

SJVIA 2016-17 FISCAL BUDGET

REVENUE

SJVIA Health Plan Revenue	
Medical & Rx	\$ 103,240,277
Dental	\$ 7,093,243
Vision	\$ 1,095,560
Kaiser Premium	\$ 25,793,474
TOTAL REVENUE	\$ 137,222,553

EXPENSES: Fixed

1 Specific & Aggregate Stop Loss Insurance (PPO)	\$ 1,096,417
2 Administration & Network Fees (Anthem PPO)	\$ 1,716,856
2 Administration & Network Fees (Blue Shield PPO)	\$ 74,063
3 Chimienti Associates/Hourglass Administration (Anthem & Kaiser)	\$ 705,505
4 GBS Consulting	\$ 508,778
5 SJVIA Association Fee	\$ 271,348
6 SJVIA Non-Founding Member Fee	\$ 57,808
7 Wellness/Communications	\$ 407,022
8 Anthem HMO Pooling	\$ 1,259,547
9 Anthem HMO Administration/Retention	\$ 2,037,507
10 ACA Reinsurance/PCORI (PPO)	\$ 134,203
10 ACA Reinsurance/PCORI (HMO)	\$ 148,434
TOTAL FIXED EXPENSES	\$ 8,417,488

EXPENSES: Claims

11 Projected Paid Claims PPO	\$ 49,236,815
12 Projected Non-Cap HMO Claims	\$ 33,649,143
13 Anthem MMP HMO Capitation (Fixed Claims Cost)	\$ 14,268,779

TOTAL CLAIMS EXPENSES	\$ 97,154,737
------------------------------	----------------------

14 Delta Dental	\$ 7,093,243
15 VSP	\$ 1,095,560
16 Kaiser Permanente	\$ 25,644,432

	\$ 33,833,234
--	----------------------

17 Discretionary Unallocated Claims Expense	-
---	---

TOTAL PROJECTED EXPENSES	\$ 139,405,459
---------------------------------	-----------------------

Glossary of Terms:

1 **Specific & Aggregate Stop Loss Insurance (PPO)**

Specific: Insurance coverage for eligible individual specific claims in excess of the \$450,000 plan year deductible up to the lifetime maximum of \$6 million

Aggregate: Insurance coverage for eligible claims under the specific deductible on the aggregated amount for all member claims

2 **Administration & Network Fees (Anthem and Blue Shield PPO):**

Administrative services for the PPO plans. This definition includes Anthem Blue Cross and Health Now Administrative Services administration fees and includes access fees to use the Anthem Blue Cross and Blue Shield networks of providers. These services do not include the Anthem HMO plan.

3 **Chimienti Associates/Hourglass Administration (Anthem and Kaiser)**

Chimienti & Associates is an independent vendor providing consolidated billing, eligibility, automated enrollment and Section 125 administrative services. Hourglass and ASI are subcontractors to Chimienti Associates that assist in these administrative processes.

This line is for health plans excluding HealthNow/Blue Shield.

4 **GBS Consulting**

Gallagher Benefit Services (GBS) is a national benefit consultant who provides professional guidance to SJVIA and respective members concerning health plan matters including but not limited to compliance, underwriting, renewal bidding, employee communication, cost analysis, actuarial, etc. GBS played a significant role in the formation and establishment of SJVIA.

5 **SJVIA Association Fee**

The association fee will be used by SJVIA for administrative, management, legal, accounting and other services needed to effectively establish and maintain proper functioning of the Joint Powers Authority.

6 **SJVIA Non-Founding Member Fee**

This additional fee will be assessed to non-founding member entities and be used to offset administrative, management, legal, accounting and other services needed to effectively establish and maintain proper functioning of the Joint Powers Authority.

7 **Wellness**

This rate category is earmarked for special claims management services and may include some wellness applications that are outside and additional to the claims management services provided by the insurance company.

7 **Communications**

This rate category is earmarked for special employee communication materials and prospective new City/County member promotional materials. It may include fees for maintaining a presence at such trade associations as CALPELRA, etc.

8 **Anthem HMO Pooling**

This is for the specific stop loss pooling insurance for claims in excess of \$400k within the HMO (not PPO).

9 **Anthem HMO Administration/Retention**

Anthem Blue Cross administration fees and includes access fees to use the Blue Cross network of providers for the HMO plan.

10 **ACA Reinsurance/PCORI (PPO)**

The Affordable Care Act (ACA) includes the following fees on insurance plans: 1) Patient Centered Outcomes Research Institute (PCORI) - this fee is \$2.26 per covered member per year. 2) Transitional Reinsurance Fee - this fee is \$27.00 for the 2016 calendar year, which is the last year this fee is collected.

10 **ACA Reinsurance/PCORI (HMO)**

The Affordable Care Act (ACA) includes the following fees on insurance plans: 1) Patient Centered Outcomes Research Institute (PCORI) - this fee is \$2.26 per covered member per year. 2) Transitional Reinsurance Fee - this fee is \$27.00 for the 2016 calendar year, which is the last year this fee is collected.

11 **Projected Paid Claims PPO**

Projected self-insured PPO claims for medical and Rx and non-capitated HMO claims (hospital)

12 **Projected Non-Cap HMO Claims**

Projected self-insured PPO claims for medical and Rx and non-capitated HMO claims (hospital)

13 **Anthem MMP HMO Capitation**

Amount paid in advance of services on a fixed per member per month basis for professional services (physician) as part of the HMO

14 **Delta Dental**

Premium for entities covered under the SJVIA Delta Dental program

15 **VSP**

Premium for entities covered under the SJVIA VSP Vision program

16 **Kaiser Permanente**

Premium for entities covered under the SJVIA Kaiser HMO program less fixed costs including items 6,7

17 **Discretionary Unallocated Claims Expense**

Net of premium less expenses to be added to reserve if not expended.