

MIRMA



HEALTH

Running strong since October 1, 2019!



Welcome to the 2nd General Membership Meeting of MIRMA Health

Matthew Brodersen, Executive Director, MIRMA & MIRMA Health

Election of the Board of Directors

Report on the State of the Pool

Member eligibility

Wellness program

Announcement of Election Results

MIRMA Health Board of Directors Meeting

Board Member election – Vote for 3

GREG CAMP - City of Festus

Greg Camp was appointed City Administrator for the City of Festus in May of 2017. Prior to that, he served the City of Desloge as Alderman, Mayor and City Administrator since 1997. Greg also spent 25+ years in broadcasting, working at several radio stations across Missouri. He has a Bachelor's Degree in Public Administration from Upper Iowa University.

Greg is a Credentialed Manager through the International City Managers Association (ICMA) and is an active member of the Missouri City Managers Association (MCMA) serving on several committees. He serves on the Board of Directors for Leadco Community Credit Union and is a member of the Twin City Rotary Club.

Greg is married to Kristie and they have 5 children from previous marriages; Riley, Melissa, Holly, Cameron, and Maci. Together they enjoy camping and their Jeep.

Greg is a true believer in MIRMA's proactive approach to managing costs and liability and in the MIRMA Health plan, helping bring that program to both the City of Desloge and Festus.



Any nominations from the floor?

HEATHER RUSSELL - Centralia

Heather Russell has worked with the City of Centralia since October 2004. She was elected as City Clerk by the Board of Aldermen in 2011 and became the City Administrator in 2018. Heather holds a BA degree in Psychology and has almost two decades of experience working with governmentally funded agencies. In addition to her regular duties, Heather has helped to implement new billing and accounting software programs for the City, as well as develop the current social media policy. Since 2016, Heather has also worked as a Realtor in the Centralia area. Although she grew up in West Plains, mid-Missouri quickly became home to Heather and her family in 2004. She currently resides in Centralia with her husband Ryan and four of their five children, and they welcomed a new son-in-law to the family in October 2017.



CRAIG SABO – Eureka

Craig Sabo is the City Administrator from Eureka. Eureka joined MIRMA Health on January 1, 2021.

Statistics

- We have 31 participating members, with the two most recent joining on July 1st.
- Three cities gave notice to leave on January 1st.
 - Arnold wanted more control over their program.
 - Huntsville & Doniphan were disappointed with their 13% increase last year.
- We have 1,220 participating employees.
- In 2021, through June 30th, we have collected \$8,134,351 and spent \$6,785,117, leaving a net balance of \$1,349,234.
- We project an additional \$1,000,000 of net balance by the end of the year.
- We now collect over \$1,350,000 per month in assessments.
- We have a strong cash flow with \$4,388,919.47 in the bank on June 30th.

2022 cost projections

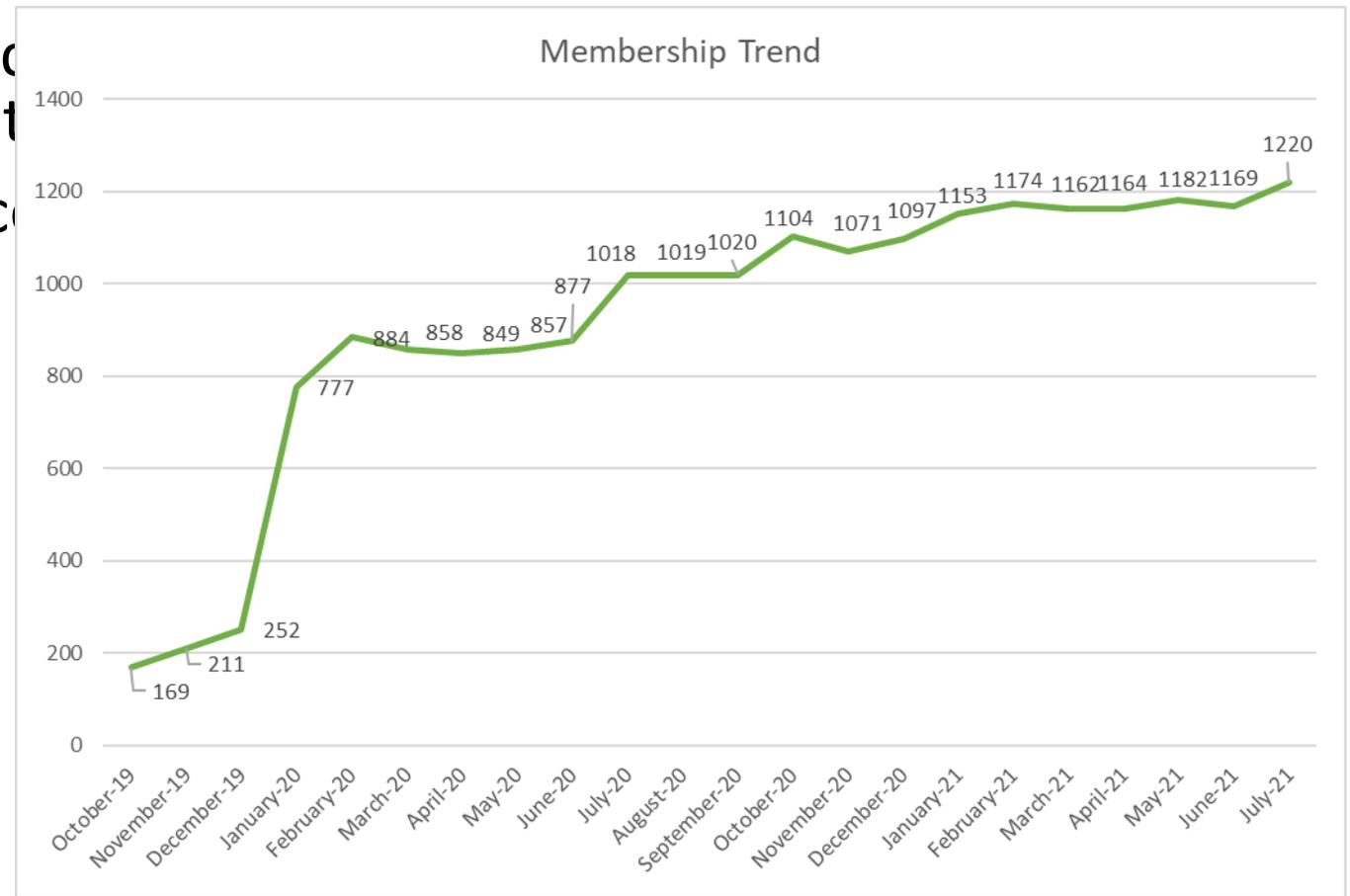
- In June your Board of Directors projected a 7% rate increase for 2022.
- This means the amount of money the pool collects per person is projected to be 7% higher.
- **This does not mean the amount each city pays will be 7% higher.** Some will be more than 7% and some will be less than 7%, based on each city's demographics, region and loss experience.
- Last summer we projected a flat increase, by ultimately did a 4.2% increase. However the most disruptive change was last summer we moved the +/-15% from base rate cap to +/- 25%.
- This changed caused some cities to see increases of almost 14% at their 2021 renewal.
- We are not planning any similar rating methodology changes this year.
- We are also continuing the cap for each city's change from their current 2021 rate to 2022 of no more than 15%
- Our tier slopes are not as sharp as commercial insurance. By being flatter ours shift more program cost to the employee tier and away from the spouse, child(ren) and family tiers. This makes us less competitive on employee only groups. However, we do not plan to address this at this time.

2022 cost projections

- To give a better understanding of the cost projections:
 - Our actuaries use past years' losses to project future losses;
 - We then add our stop loss costs; and
 - We then add our administrative costs
- To prepare for the June meeting, the claims data was pulled as of the end of April, with an update at the end of May.
- This still leaves 7 months of the year yet to take place before final rates are set.
- By June we had seen our first covid claim exceed \$1,000,000 and the Delta variant seems to be increasing cases right now.
- While these are projections, the theory behind them is sound and only significant changes in the next few months should make a major adjustment.
- These projections were developed since our bylaws require all members to give notice by June 30th if they want to terminate membership for the following January 1st, and it seems unfair not to tell the membership where the pool stands.

Projects

- The wellness initiative has been approved and is rolling out now.
- Providing our own ancillary benefits continues to be a long term goal.
- Evolving plan designs – We inc revisit the plan designs again t
- MASA air & ground ambulance
- Continuing growing the pool!



Questions
Comments
Concerns



MIRMA HEALTH

The logo for MIRMA Health features the word "MIRMA" in a large, black, serif font. A red heart is positioned between the two 'M's, and a red ECG line extends from the heart across the top of the letters 'I', 'R', 'M', and 'A'. Below "MIRMA" is the word "HEALTH" in a smaller, black, serif font. A thick black horizontal line is positioned below "HEALTH".

MIRMA HEALTH POOL BENEFIT ELIGIBILITY POLICY

The most important aspect of operating the MIRMA Health pool is to maintain the financial integrity of the pool funds to allow for payment of claims. In today's regulatory environment, the pool has unlimited claim liability for eligible member claims. To protect against catastrophic claim events, MIRMA Health purchases reinsurance protection from liability carriers. To ensure that any potential claim is covered by the reinsurance contract, we must make sure that only eligible members are being covered under MIRMA Health.

DEFINITIONS FOR BENEFIT ELIGIBILITY

Regulations stipulate the following as the minimal definition to be eligible for enrollment in a group medical plan:

“A regularly scheduled workweek of 30 hours or more”

The following is the maximum time period from the date an eligible employee is hired or obtains full-time status designation:

“The start of benefits cannot exceed 90 days from the date of hire or date full-time status is obtained”

ESTABLISHING PLAN YEARS

MIRMA Health will provide each member organization with an enrollment period at the initial inception of coverage into MIRMA Health. Subsequent to that initial inception date, each member organization will be transitioned to a calendar basis plan year if not already on such a plan year process.

OPEN ENROLLMENT/QUALIFIED LIFE EVENTS

Employees may not alter their benefit elections after their initial election, outside of annual open enrollment events, unless they have a Qualified Life Event. If such an event is to occur, this would allow the eligible employee to make a membership election change. The request for a membership coverage change must be made within 31 days of the Life Event.

Qualified Life Events as defined by current regulations are:

- *Marriage*
 - *Divorce or Legal Separation*
 - *Birth or adoption of a child*
 - *Death*
 - *Loss of Employment*
 - *Loss or Gain of Eligibility in a Government Medical Program*
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TERMINATION OF COVERAGE

Eligible employees and/or covered dependents will continue to be members of the MIRMA Health plan as elected until such time as they lose eligibility to participate. This can be for one or more of the following reasons:

- *Termination of employment of the employee*
- *Reduction in hours for the employee below the required level for eligibility*
- *Dependent spouse no longer being legally married to the employee*
- *Dependent children reaching maximum age under applicable regulations*
- *Dependent children becoming enrolled into another group medical plan*

Termination of coverage shall require notification to MIRMA Health by the member organization, providing details as to the date and reason for the employee and/or dependents no longer being eligible.

MAINTAINING BENEFIT ELIGIBILITY

Member organization's employees must be eligible to participate and that is defined by a set definition of actively working. Certainly, there are times that an employee must be off work for either medical or personal reasons. However, there cannot be unlimited time events for an employee and they be allowed to continue to participate in an active status under the plan.

Member organizations must adopt and follow a defined process for employees who are away from work for personal medical, family medical, occupational injuries/illness, and personal leave events. MIRMA Health's Board of Directors have agreed that the best process for each member organization is to allow a maximum of 480 hours per rolling 12 month period, that an eligible employee may be away from work for the following reasons:

- *Employee's own serious medical condition (occupational or non-occupational)*
- *Care for the employee's spouse, child or parent with a serious medical condition*
- *Birth or adoption of a child by the employee*
- *A qualifying exigency arising from the employee's spouse, child or parent is active duty military*

Employees who exceed 480 hours of absence must become ineligible and offered COBRA. This mirrors the Family Medical Leave Act (FMLA) provisions.

MIRMA HEALTH BOARD OF DIRECTORS MEETING

OLD BUSINESS

Item #1: Approve Minutes of the Board of Directors Meeting held June 10, 2021.

NEW BUSINESS

Item #1: Election of Officers for the upcoming year.

Item #2: Review and approval of standard eligibility policy for active employees in MIRMA Health.

Item #3: Discussion of current coverage exclusion on stomach bypass procedures.

REPORTS AND PRESENTATIONS

Item #1: Report on membership and claims activity.

Item #2: Report on financials and cash accounts.

Item #3: Marketing report.