

## Reduced Rates with Kavira



Roseville Area Schools

Medical | Fully-Insured Renewal | Effective 07/01/2025

UNALIGNED RATES	with K	avira								
			CURI	RENT	RENE	WAL	ALTNE	TWORK	ALTNE	TWORK
		NETWORK	Open /	Access	Open A	Access	Sel	ect	Ach	ieve
	F	Plan Name	\$1,500 Ded Plan	\$35 Copay Plan	\$1,500 Ded Plan	\$35 Copay Plan	\$1,500 Ded Plan	\$35 Copay Plan	\$1,500 Ded Plan	\$35 Copay Plan
COST ANALYSIS										
PEPM Rates	Plan 1	Plan 2	\$1,500 Ded Plan	\$35 Copay Plan	\$1,500 Ded Plan	\$35 Copay Plan	\$1,500 Ded Plan	\$35 Copay Plan	\$1,500 Ded Plan	\$35 Copay Plan
Employee (EE) Only	495	35	\$872.88	\$1,015.36	\$939.83	\$1,093.24	\$798.86	\$931.81	\$883.44	\$1,030.47
EE + Family	392	19	\$2,331.49	\$2,712.04	\$2,510.32	\$2,920.05	\$2,133.77	\$2,488.89	\$2,359.70	\$2,752.41
Total Enrollment	887	54								
Estimated Monthly Premium			\$1,346,020	\$87,066	\$1,449,261	\$93,744		difference from /AL OA		n difference from VAL OA
Estimated Annual Premium			\$16,152,236	\$1,044,796	\$17,391,135	\$1,124,932	(\$140.97)	(\$161.43)	(\$56.39)	(\$62.77)
Dollar Diff	erence fro	m Current			\$1,238,899	\$80,136	(\$376.55)	(\$431.16)	(\$150.62)	(\$167.64)
Percent Change from Current					7.67%	7.67%				
Total Combined Annual Cost							اعتصاصا			
			CURRENT		RENEWAL					
Estimated Annual Premium			\$17,197,032		\$18,516,068					
Dollar Difference from Current (Open Access Network)					\$1,319,035					

7.67%

Annual Premium Savings with Kavira: \$572,779 \$307,920 Annual Kavira Cost:

Percent Change from Current (Open Access Network)

\$264,859 Net "Savings"

# kavira.



**Virtual First** 

On-demand messaging and video chats with expert providers



**House Visits** 

When in-person care is needed, our clinicians come to you - providing inhome tests, bloodwork, x-rays, and exams



Free Care

Employees and their families receive \*free, ondemand access

\*First dollar coverage regulations apply for HSA-eligible individuals. Some labs may cost extra.



Rx Refills & Delivery

Prescription management, free Rxs, and Rx delivery

High ROI: HealthPartners will consider up to a 3% reduction on premiums when a company implements Kavira



# kavira.

## **Services List**

#### **Acute Conditions We Treat:**

- Asthma
- Athlete's foot
- Bronchitis
- Bug bites
- Cold sores
- Cough, cold & flu
- Diarrhea
- Ear concerns (pain, drainage, wax)
- Gout flare up
- Hand, foot, mouth
- Insomnia
- Muscle or joint pain
- Pink eye
- Rashes, skin conditions, burns
- Sprains and strains
- Sinus infection
- Sore throat
- Stitch removal
- UTI (female)
- Vaginitis (yeast or BV infection)
- Various viral illnesses
- Wart evaluation
- Many more

discretion.

Note: Behavioral Health Counseling services are an additional \$3 PEPM. This is not a comprehensive list of treatable conditions. Decisions to treat specific medical conditions will be based on patient medical history, complexity, and provider

#### **Chronic Conditions We Treat:**

- Acne
- Anemia (mild) evaluation
- Anxiety / Mild-moderate depression
- Asthma
- Constipation
- Diabetes type 2
- Eczema
- Epi-pen refills
- Gout
- Hair Loss
- Heartburn (GERD)
- High cholesterol
- Hypertension
- Hypothyroidism
- Obesity
- Osteoarthritis
- Seasonal allergies Imaging (non-emergency):

### X-ravs

# EKGs

#### Additional Services:

- 30 free labs
- 300 free Rxs

#### Preventive:

- Wellness exams
- Contraception
- Sports physicals
- Tobacco / nicotine cessation
- Wellness goals

#### Behavioral Health Counseling:

- Abuse
- Addiction
- Anxiety
- Depression
- Domestic violence
- \* Trauma
- Relationship counseling
- Stress
- Workplace challenges Corporate Benefits:
- DOT physicals
- In-office biometric screens
- Facilitate vaccine clinics





# Your All-Inclusive Membership

### Kavira Pricing for all Employees Enrolled in the Medical Plan

	# of Employees	PEPM	<b>Monthly Cost</b>	<b>Annual Cost</b>
In-Person Care + Telehealth	950	\$27.00	\$25,650	\$307,800
Telehealth Only	1	\$10.00	\$10	\$120
No Services Available	1	\$0.00	\$0	\$0
Total	952		\$25,660	\$307,920

Note: Monthly billing will fluctuate as employees are added (hired) / removed (fired, or otherwise leave) the company.

Note: Behavioral Health Services would be an additional cost of \$3 PEPM.

**Note**: Employee in Aitkin, MN would be eligible for telehealth only based on March 2025 service area (<a href="https://www.kavirahealth.com/service-area">www.kavirahealth.com/service-area</a>).

**Note**: Employee in Florida would not be covered by Kavira services.



# kavira.

## **Utilization Guarantee**

We are so confident that your employees and their families will love and utilize Kavira, that we provide a utilization guarantee.

Kavira guarantees that over the full 12-month term of this Agreement, the Total Value Provided (as defined below) by Kavira to Program Members will be at least equivalent to the Membership Fees paid by the Company. If, at the end of the 12-month term of this Agreement, the Total Value Provided by Kavira to Program Members is not at least equivalent to the Membership Fees paid by the Company, Kavira will provide an invoice credit to the Company equivalent to the difference between the Membership Fees and the actual Total Value Provided, not exceeding the entire Membership Fees paid by the company. This credit will be provided upon renewal of a 12-month Kavira contract.

Total Value Provided is calculated as:

Per Chat Visit, Videochat, or Home Visit: \$340

Per Visit Follow-Up: \$100

Per In-Home X-Ray or EKG: \$150

Per Lab Drawn: \$75

Per Month's Supply of Free Kavira Medication: \$50

Per In-Office Biometric Screen: \$150

Per Care Navigation / Specialty Referral: \$85

Total Value Provided equals: (# of chat, videochat, or home visits x \$340) + (# of follow-ups x \$100) + (# of x-rays or EKGs x \$150) + (# of labs x \$75) + (# of month's supply of free Kavira medications x \$50) + (# of in-office biometric screens x \$150) + (# of care navigation referrals x \$85)