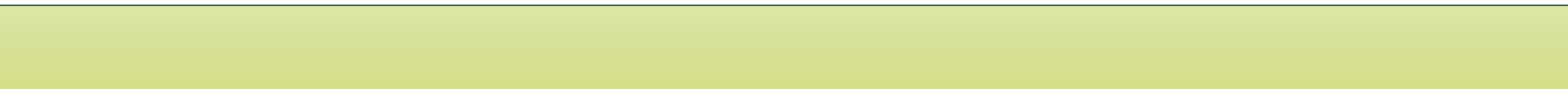




CNTA Insurance Committee

May 15, 2018



Purpose

INSURANCE

The CNTA Insurance Committee researches and communicates to the CNTA Representative Council and CNTA members the comprehensive, cost-effective health insurance (medical, dental, vision, and related fringe benefit programs) available for the certificated employees of CNUSD.

WELLNESS

The CNTA Insurance Committee organizes and communicates wellness benefits and programs available to CNTA members.

FUNCTION:

- Investigate bids received from insurance providers and communicate the findings to the CNTA membership.
- Make health insurance recommendation based on CNTA membership concerns and requests.
- Participate in the gathering and dissemination of information regarding health benefit programs and related issues to CNTA membership.
- Be informed and attend conferences related to healthcare.
- Understand the history of why we have the insurance we do.

TODAY: THE VOTE

- Stay with VEBA
- Move to SISC
 - With Dental and Vision
 - Keenan Dental and Vision
- Send to Membership
- Rebid next year

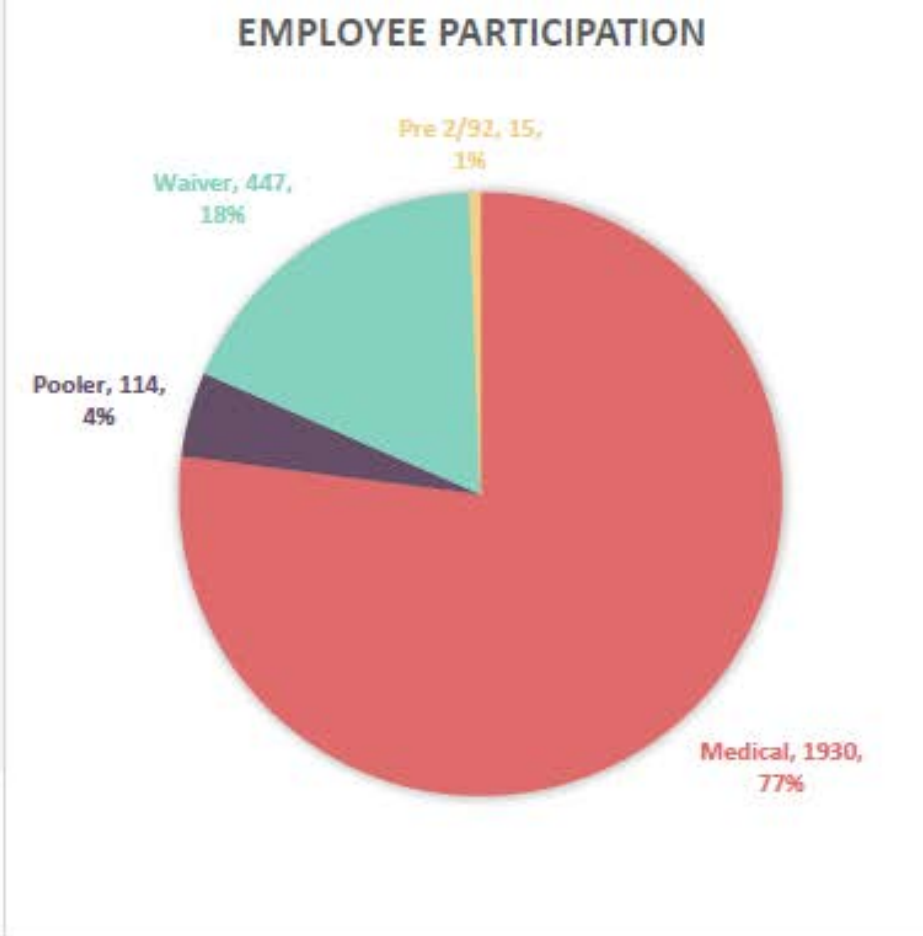
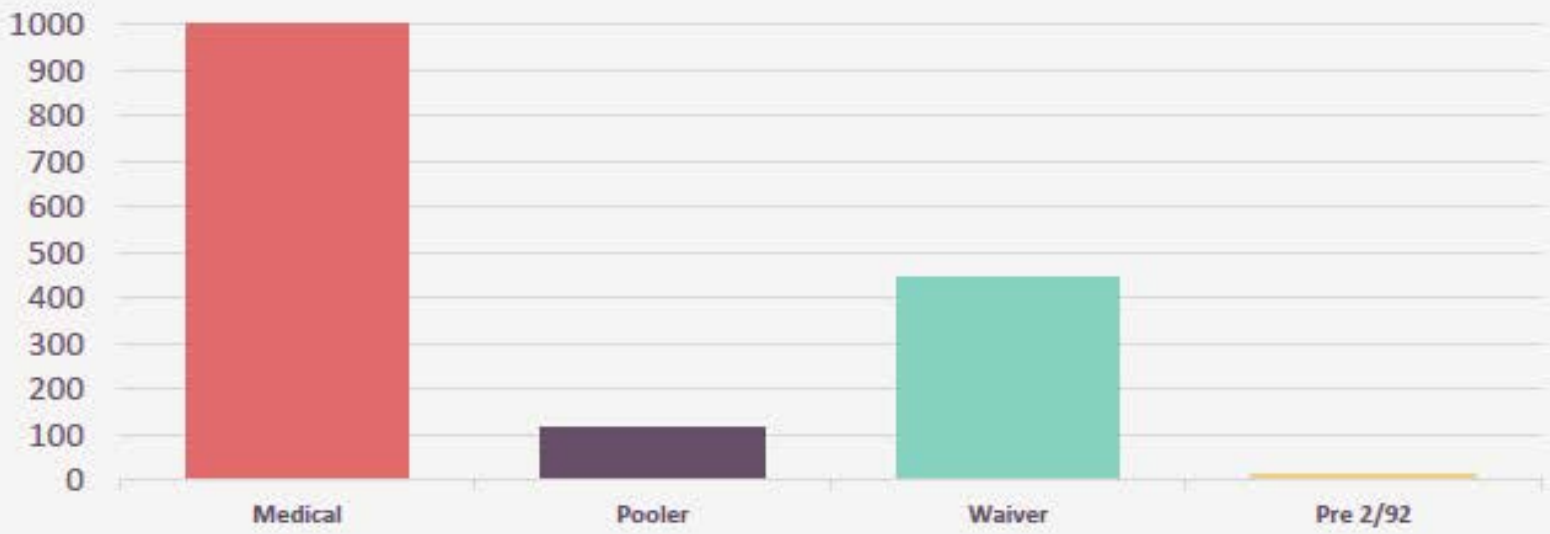
WHY VOTE NOW?

TIMELINE*

May	Rep council sends vote to membership
May 19 – June 8	Membership votes for SISC
Mid June	District compiles data to send to SISC and American Fidelity
	Transition information/counseling for current members in treatment
Aug-Sept	Benefit packages issued to members
October	Open Enrollment

* If Rep Council sends vote to membership, this timeline will be followed

Employee Participation



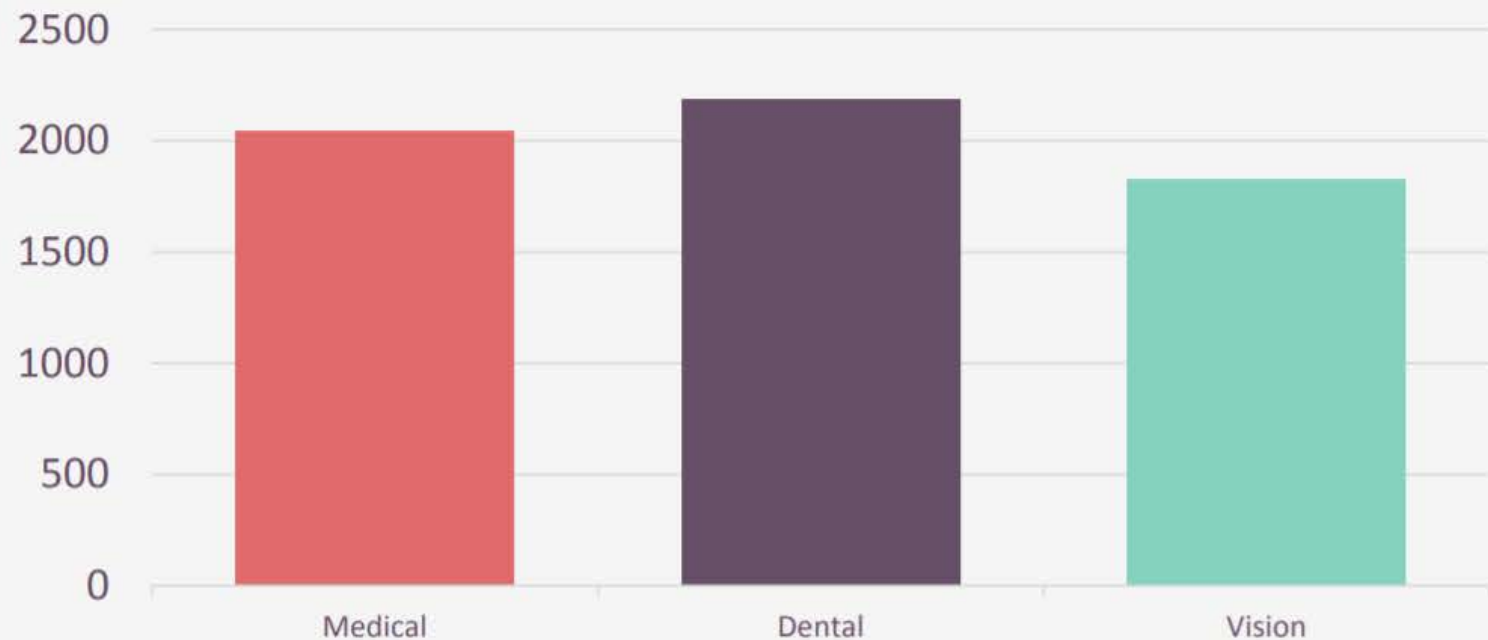
Bar Graph

Circle Graph

Type	Bar Graph	Circle Graph
Medical	1930	1930
Pooler	114	114
Waiver	447	447
Pre 2/92	15	15
TOTAL	2,506	2,506

} 2044

CNTA Membership - Employee Participation



of Employees
(Bar)

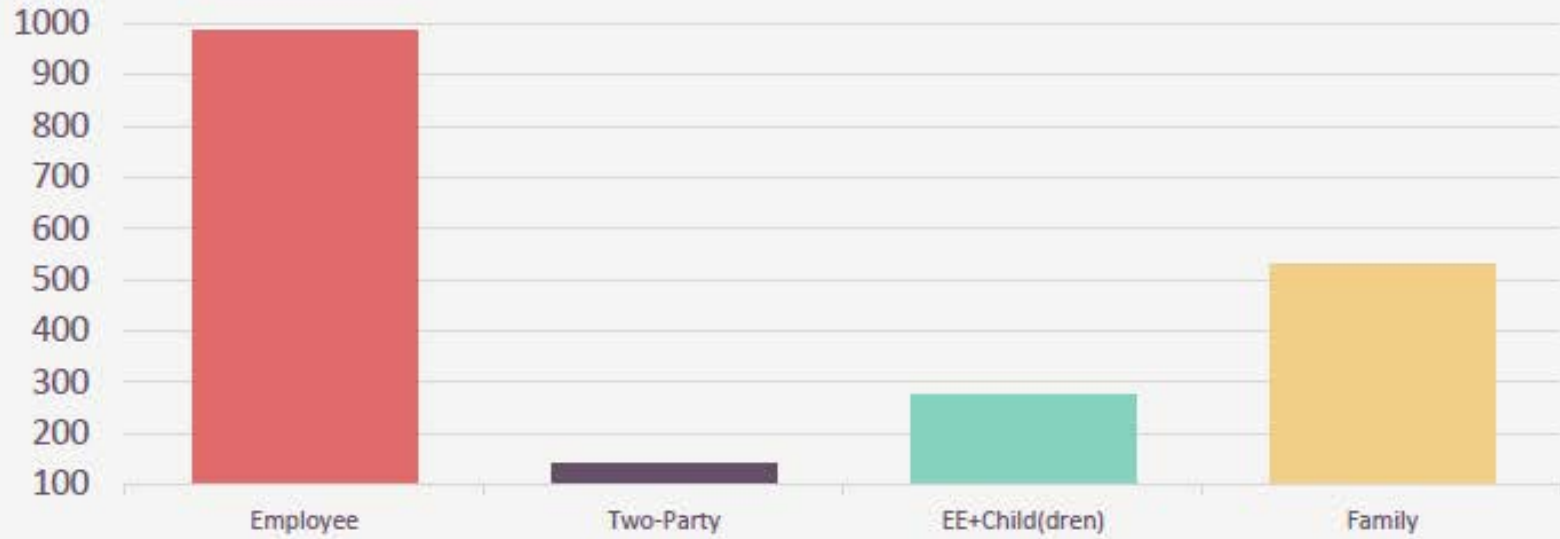
Coverage

Medical 2044

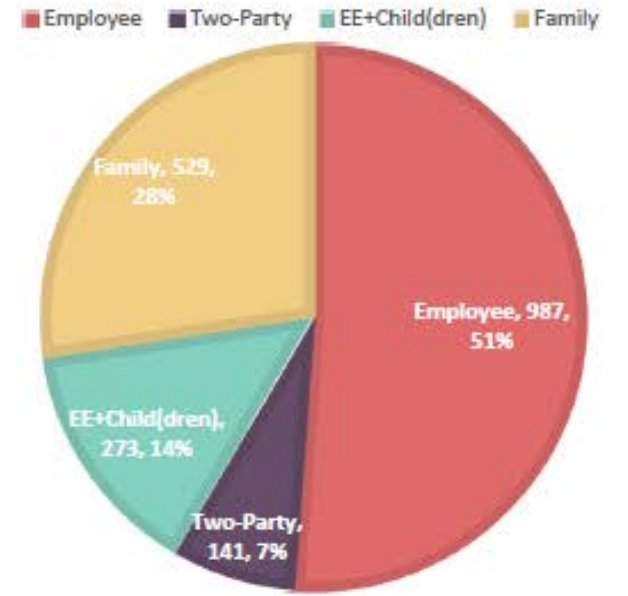
Dental 2184

Vision 1827

Medical by Tier



MEDICAL BY TIER



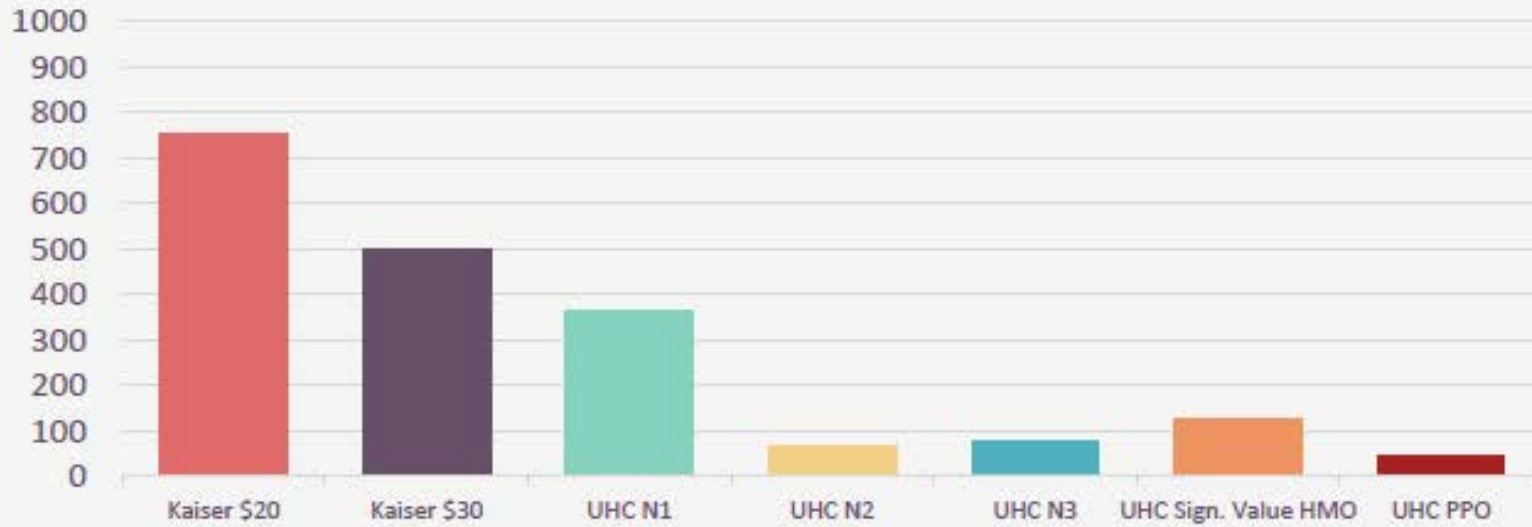
Bar Graph

Circle Graph

4 -Tier System

Employee	987	987
Two-Party	141	141
EE+Child(dren)	273	273
Family	529	529
TOTAL	1,930	1,930

Medical Plan Participation

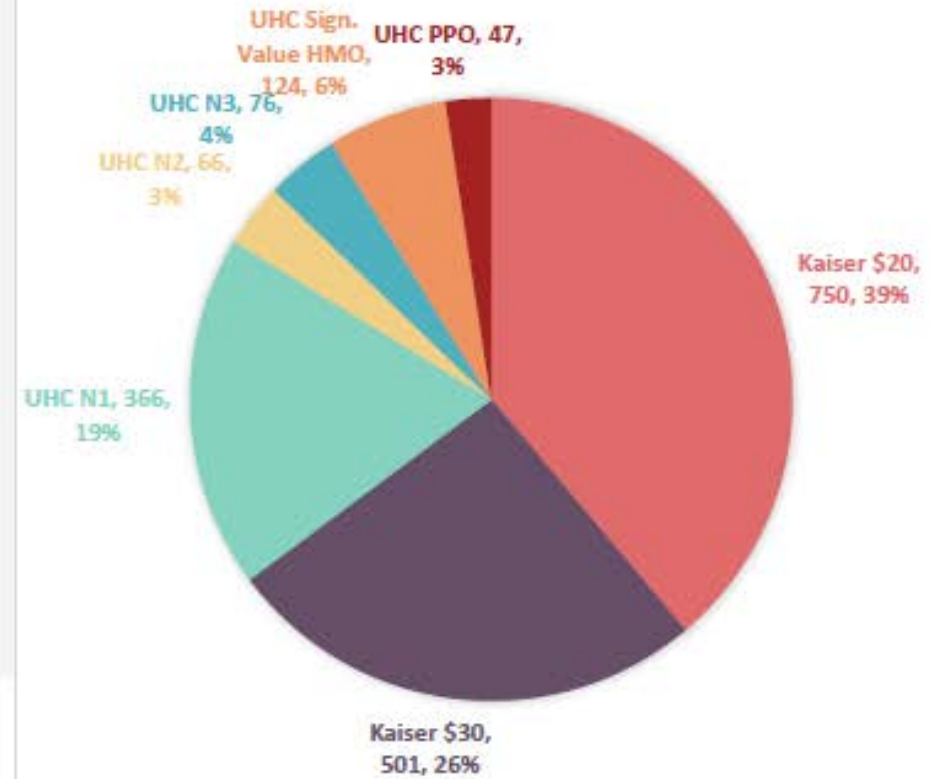


Bar Graph

Circle Graph

Plan	Bar Graph	Circle Graph
Kaiser \$20	750	750
Kaiser \$30	501	501
UHC N1	366	366
UHC N2	66	66
UHC N3	76	76
UHC Sign. Value HMO	124	124
UHC PPO	47	47

MEDICAL PLAN PARTICIPATION



BROKER COMPARISON

	VEBA	SISC
Broker Participation	64 Public Agencies and School Districts 135,000 Employees and Dependents	440 School Districts
Medical	UnitedHealthcare and Kaiser	Anthem BlueCross and Kaiser
Dental	Delta Dental	Delta Dental*
Vision	MES	MES*
CNUSD Participation	Optional	100% - WABE**
Waivers and Poolers	Yes	No - WABE (new employees)***
Renewal	January 1, 2019	January 1, 2019 (Rates for 9 mos.) October 1, 2019
Enrollment	Electronic	Paper (Electronic through American Fidelity)

*SISC requires ALL employees to carry medical, dental, and vision. Another option: use SISC for medical only and use Keenan for dental and vision (same rate until October 2020).

**WABE – Special Rate for participants who do not wish to carry CNUSD Insurance.

***Current waivers and poolers will be grandfathered in.

BROKER COMPARISON

	VEBA	SISC
Prescription Drugs	Express Scripts	Costco
Second Opinion Services	Best Doctors	Advance Medical
Well Being	VEBA has their own mobile health vehicle. They offer exercise, coaching, and cooking classes.	Classes are offered through Anthem BlueCross and Kaiser.

Rate History Comparison

VEBA POOL Average

<u>Year</u>	<u>Renewal</u>
2015	3.03%
2016	6.10%
2017	4.90%
2018	3.85%

VEBA CNUSD Range

<u>Year</u>	<u>Renewal</u>
2015	2-8%
2016	5-10%
2017	2-7%
2018	2-6%

SISC POOL History

<u>Year</u>	<u>PPO</u>	<u>HMO</u>	<u>Kaiser</u>
2013-2014	8.2%	8.2%	9.6%
2014-2015	6.6%	6.6%	0.8%
2015-2016	2.8%	2.8%	2.8%
2016-2017	3.0%	3.0%	3.0%

SISC Riverside Co. History

<u>Year</u>	<u>Renewal</u>
2014-2015	3-5%
2015-2016	3-5%
2016-2017	2-5%
2017-2018	5-9%
2018-2019	0-2%

BROKER COMPARISON

SISC Anthem Medical Plan OPTIONS					
PLAN FEATURES	ANTHEM PREMIER HMO \$10	ANTHEM CLASSIC HMO \$20	ANTHEM VALUE HMO \$30	ANTHEM CLASSIC PPO 20	
				PPO Provider	Non-PPO Provider
Calendar Year Deductible					
Individual	None	None	None	\$500	
Family				\$1,000	
Calendar Year Co-Pay Max (excluding Prescription Drug)					
Individual	\$1,000	\$2,000	\$2,500	\$2,000	
Family	\$2,000	\$4,000	\$5,000	\$4,000	
Hospital					
Inpatient Copay (per admission)	No charge	\$250 copay	\$500 per day (3 day max copay)	20%	0% (up to \$600/day)
Outpatient Facility / Surgery Services	No charge	\$125 copay	\$250 copay	20%	50% of max allowable
Emergency Services					
Emergency Room	\$100 copay	\$100 copay	\$150 copay	\$100 visit+20%	
Ambulance	\$100 per trip	\$100 per trip	\$100 per trip	20%	
Physician Services (Includes Mental Health and Substance Abuse)					
Office Visits - Primary	\$10 copay	\$20 copay	\$30 copay	\$20 copay	Billed for charges
Office Visits - Specialist	\$10 copay	\$40 copay	\$40 copay	\$20 copay	Billed for charges
Urgent Care Visits (Out of service area)	\$10 copay	\$20 copay	\$30 copay	\$20 copay	Billed for charges
Diagnostic X-Ray/Lab					
Lab and X-Ray	No charge	No charge	No charge	20%	Not covered
Advanced Imaging (CT, MRI, PET)	\$100 copay	\$100 copay	\$100 copay	20%	Billed for charges
Prescription Drugs					
Retail Pharmacy					
Generic (up to 30-day supply)	\$9 copay	\$10 copay	\$9 copay	\$9 copay	
Brand - Formulary (up to 30-day supply)	\$35 copay	\$35 copay	\$35 copay	\$35 copay	
Mail Order Pharmacy					
Generic (up to 90-day supply)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Brand - Formulary (up to 90-day supply)	\$90 copay	\$90 copay	\$90 copay	\$90 copay	
Durable Medical Equipment					
DME	20%	20%	50%	20%	Not Covered
Infertility Testing/Treatment					
Infertility Services	Not Covered	Not Covered	Not Covered	Not covered	
Chiropractic/Acupuncture					
Office Visit	\$10 copay	\$10 copay	\$10 copay	20%	Not Covered
# of combined visits per year (max)	30 per year	30 per year	30 per year	12 Visits a Calendar Year	
Single	\$715.20	\$676.80	\$596.40	\$766.80	
Employee + Spouse	\$1,438.80	\$1,359.60	\$1,196.40	\$1,542.00	
Employee + Child(ren)	\$1,359.60	\$1,280.40	\$1,117.20	\$1,462.80	
Family	\$2,058.00	\$1,941.60	\$1,700.40	\$2,210.40	

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VEBA UNITED HEALTH CARE PLANS						
Plan Features	VEBA PHMO Network 1	VEBA PHMO Network 2	VEBA PHMO Network 3	VEBA UHC HMO SVA (Signature Value Advantage)	VEBA UHC PPO Select Plus (In Network)	VEBA UHC PPO Select Plus (Out of Network)
Individual				\$500	\$500	
Family	None	None	None	\$1,500	\$1,000	
Calendar Year Co-Pay Max (excluding Prescription Drug)						
Individual	\$3,000	\$3,000	\$3,000	\$3,000	\$2,000	\$4,000
Family	\$6,000	\$6,000	\$6,000	\$6,000	\$4,000	\$8,000
Hospital						
Inpatient Copay (per admission)	No charge	No charge	\$250 copay	\$500 copay	20% after deductible	50% after deductible
Outpatient Facility / Surgery Services	No charge	No charge	No charge	\$100 copay	20% after deductible	50% after deductible
Emergency Services						
Emergency Room	\$100 copay	\$100 copay	\$200 copay	\$100 copay	\$100 copay	
Ambulance	No charge	No charge	No charge	No charge	20% after deductible	
Physician Services (Includes Mental Health and Substance Abuse)						
Office Visits - Primary	\$10 copay	\$20 copay	\$35 copay	\$20 copay	\$20 copay	50% after deductible
Office Visits - Specialist	\$10 copay	\$20 copay	\$35 copay	\$30 copay	\$20 copay	50% after deductible
Urgent Care Visits (Part of Medical Group)	\$10 copay	\$20 copay	\$35 copay	\$20 copay	\$50 copay	50% after deductible
Urgent Care Visits (Out of service area)	\$50 copay	\$50 copay	\$50 copay	\$50 copay	N/A	
Diagnostic X-Ray/Lab						
Lab and X-Ray	No charge	No charge	No charge	No charge	No charge	50% after deductible
Advanced Imaging (CT, MRI, PET)	No charge	No charge	No charge	\$200 copay	20% after deductible	50% after deductible
Prescription Drugs						
*Retail Pharmacy (\$5 extra pharmacy co-pay when filled at a non Express Advantage Network Pharmacy)						
Generic	\$15 copay*	\$15 copay*	\$15 copay*	\$20 copay*	\$15 copay	
Brand - Formulary	\$30 copay*	\$30 copay*	\$30 copay*	\$35 copay*	\$30 copay	
Non-Formulary	50%	50%	50%	50%	50% * no out of network Rx	
Mail Order Pharmacy (90 day supply)						
Generic	\$30 copay	\$30 copay	\$30 copay	\$40 copay	\$30 copay	
Brand - Formulary	\$60 copay	\$60 copay	\$60 copay	\$70 copay	\$60 copay	
Non-Formulary	50%	50%	50%	50%	50% copay	
Durable Medical Equipment						
DME	No charge	No charge	No charge	No charge	20% after deductible	50% after deductible
Infertility Testing/Treatment						
Infertility Services	Not covered	Not covered	Not covered	Not covered	Not covered	
Chiropractic *No Acupuncture on HMO Plans*						
Office Visit	\$10 copay	\$20 copay	\$30 copay	\$30 copay	\$20 copay per visit (24 visits per year)	50% coinsurance after deductible is met
# of visits per year (max)	Unlimited	Unlimited	Unlimited	Unlimited		
Tenthly rates: Deductions : Jan. - Dec 2018						
Single	\$705.00	\$775.00	\$809.00	\$591.00	\$1,062.00	
Employee + Spouse	\$1,419.00	\$1,563.00	\$1,632.00	\$1,187.00	\$2,141.00	
Employee + Child(ren)	\$1,341.00	\$1,476.00	\$1,541.00	\$1,121.00	\$1,977.00	
Family	\$2,030.00	\$2,236.00	\$2,335.00	\$1,696.00	\$3,066.00	

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BROKER COMPARISON

SISC Kaiser Medical Plan OPTIONS		
Plan Features	KAISER \$15	KAISER \$20
Calendar Year Deductible		
Individual	None	None
Calendar Year Co-Pay Max (excluding Prescription Drug)		
Individual	\$1,500	\$1,500
Family	\$3,000	\$3,000
Hospital		
Inpatient Copay (per admission)	No charge	No charge
Outpatient Facility / Surgery Services	\$15 copay	\$20 copay
Emergency Services		
Emergency Room	\$100 copay	\$100 copay
Ambulance	\$50 per trip	\$50 per trip
Physician Services (Includes Mental Health and Substance Abuse)		
Office Visits - Primary & Specialist	\$15 copay	\$20 copay
Urgent Care	\$15 copay	\$20 copay
Routine physical maintenance exams	No charge	No charge
Well-child preventive exams (to age 23 months)	No charge	No charge
Eye Exams	No charge	No charge
Diagnostic X-Ray/Lab		
Lab and X-Ray	No charge	No charge
Prescription Drugs		
Retail Pharmacy		
Generic	\$5 copay up to 30 day	\$10 copay up to 30 day
Brand - Formulary	\$20 copay up to 30 day	\$30 copay up to 30 day
Mail Order Pharmacy		
Generic	\$10 up to 100 day supply	\$20 up to 100 day supply
Brand - Formulary	\$40 up to 100 day supply	\$60 up to 100 day supply
Durable Medical Equipment		
DME	No Charge	No charge
Infertility Testing/Treatment		
Infertility Services	Limited Services	Limited Services
Chiropractic/Acupuncture		
Office Visit	\$10 copay/30 visits per year	\$10 copay/30 visits per year
Single	\$697.20	\$687.60
Employee + Spouse	\$1,470.00	\$1,449.60
Employee + Child(ren)	\$1,342.80	\$1,323.60
Family	\$1,886.40	\$1,858.80

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VEBA KAISER PERMANENTE PLANS		
Plan Features	VEBA Kaiser Standard \$20	VEBA Kaiser Standard \$30
Calendar Year Deductible		
Individual	None	None
Family		
Calendar Year Co-Pay Max (excluding Prescription Drug)		
Individual	\$1,500	\$1,500
Family	\$3,000	\$3,000
Hospital		
Inpatient Copay (per admission)	No charge	No charge
Outpatient Facility / Surgery Services	\$20 copay	\$30 copay
Emergency Services		
Emergency Room	\$50 copay	\$100 copay
Ambulance	No charge	\$150 copay
Physician Services (Includes Mental Health and Substance Abuse)		
Office Visits - Primary & Specialist	\$20 copay	\$30 copay
Urgent Care	\$20 copay	\$30 copay
Diagnostic X-Ray/Lab		
Lab and X-Ray	No charge	No charge
Prescription Drugs		
Retail Pharmacy		
Generic	\$15-30 day \$30-60 day \$45-100 day	\$15-30 day \$30-60 day \$45-100 day
Brand - Formulary	\$30-30 day \$60-60day \$90-100 day	\$30-30 day \$60-60 day \$90-100 day
Mail Order Pharmacy		
Generic	\$15-30 day \$30-100 day	\$15-30 day \$30-100 day
Brand - Formulary	\$30-30 day \$60-100 day	\$30-30 day \$60-100 day
Durable Medical Equipment		
DME	No charge	20%
Infertility Testing/Treatment		
Infertility Services	\$20 copay	50%
Chiropractic *No Acupuncture*		
Office Visit	\$20 copay	\$30 copay
# of visits per year (max)	Unlimited	Unlimited
Tenthly rates: Deductions Jan - Dec 18		
Single:	\$699.60	\$681.60
Employee + Spouse	\$1,476.00	\$1,441.20
Employee + Child(ren)	\$1,347.60	\$1,323.60
Family	\$1,893.60	\$1,849.20

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Rate Comparison

		Single	Two-Party	Employee & Children	Family
Kaiser \$20	2018	\$699.60	\$1,476.00	\$1,347.60	\$1,893.60
Kaiser \$15 (SISC)	SISC	\$697.20	\$1,470.00	\$1,342.80	\$1,886.40
	Change	-\$2.40	-\$6.00	-\$4.80	-\$7.20
Kaiser \$30	2018	\$681.60	\$1,441.20	\$1,323.60	\$1,849.20
Kaiser \$20 (SISC)	SISC	\$687.60	\$1,449.60	\$1,323.60	\$1,858.80
	Change	\$6.00	\$8.40	\$0.00	\$9.60

Rate Comparison

UHC Network 1	2018	\$705.00	\$1,419.00	\$1,341.00	\$2,030.00
Anthem Premier HMO \$10	SISC	\$715.20	\$1,438.80	\$1,359.60	\$2,058.00
	Change	\$10.20	\$19.80	\$18.60	\$28.00

UHC Network 2	2018	\$775.00	\$1,563.00	\$1,476.00	\$2,236.00
Anthem Classic HMO \$20	SISC	\$676.80	\$1,359.60	\$1,280.40	\$1,941.60
	Change	-\$98.20	-\$203.40	-\$195.60	-\$294.40

UHC Network 3	2018	\$809.00	\$1,632.00	\$1,541.00	\$2,335.00
Anthem Classic HMO \$20	SISC	\$676.80	\$1,359.60	\$1,280.40	\$1,941.60
	Change	-\$132.20	-\$272.40	-\$260.60	-\$393.40

Rate Comparison

UHC Signature Value	2018	\$591.00	\$1,187.00	\$1,121.00	\$1,696.00
Anthem Value \$30	SISC	\$596.40	\$1,196.40	\$1,117.20	\$1,700.40
	Change	\$5.40	\$9.40	-\$3.80	\$4.40
UHCPPO	2018	\$1,062.00	\$2,141.00	\$1,977.00	\$3,066.00
Anthem PPO 80-G \$20	SISC	\$766.80	\$1,542.00	\$1,462.80	\$2,210.40
	Change	-\$295.20	-\$599.00	-\$514.20	-\$855.60

Next Step: THE VOTE

- Stay with VEBA
- Move to SISC
 - With Dental and Vision
 - Keenan Dental and Vision
- Send to Membership
- Rebid next year