

2020 Employee Benefits Marketing Analysis

Rancho Santiago Community College District
August 17th, 2020



2020 Employee
Benefits Marketing

Agenda

1. Medical
2. Dental
 - PPO
 - HMO
3. Vision
4. Group Life & Voluntary Life

Medical

Pool Responses

Pool	Response
ASCIP – Incumbent	Renewal received
California Schools JPA (CSEBA)	Declined
California’s Valued Trust (CVT)	Quoted
California Schools Voluntary Employees Benefits Association (VEBA)	Declined
Regional Employer/Employee Partnership for Benefits (REEP)	Declined
Self-Insured School of California (SISC)	Declined

Pools – Reasons for Declination

Pool	Reason
CSEBA	<p>“Both the PPO and HMO experience and overall age of this group are less favorable than the current CSEBA pool and we do not feel that this would be a good risk for us. 1/3 of the group appears to be lifetime retirees, and that doesn't fit into our underwriting guidelines or strategies for growth.”</p>
REEP	<p>“The driving factor is that the average age of subscribers is substantially older than the REEP averages.”</p>
VEBA	<p>“We have evaluated your information and, at this time, we will not be releasing a quote. In order for VEBA to create custom solutions we begin conversations with prospective groups 9 months prior to the effective date.”</p>
SISC	<p>“Based on the information provided in the RFP, with 150 members missing parts of Medicare, we are declining to quote. Based on the information in the RFP, if Medicare were required, we believe rates for SISC plans would be about 6% higher for actives/early retirees and in the ballpark of \$600 per Medicare member.”</p>

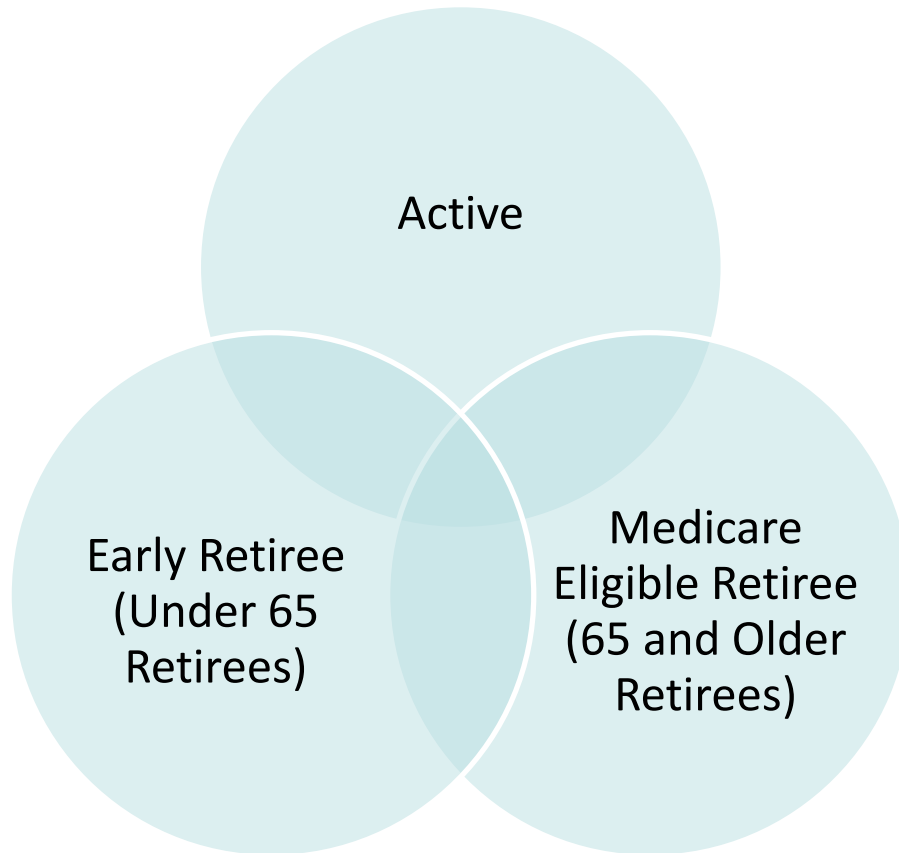


Direct to Carrier Responses

Carrier	Response
Aetna	Quoted
Anthem	Quoted
Blue Shield	Quoted
Cigna	Declined
Health Net	Quoted
UnitedHealthcare	Quoted

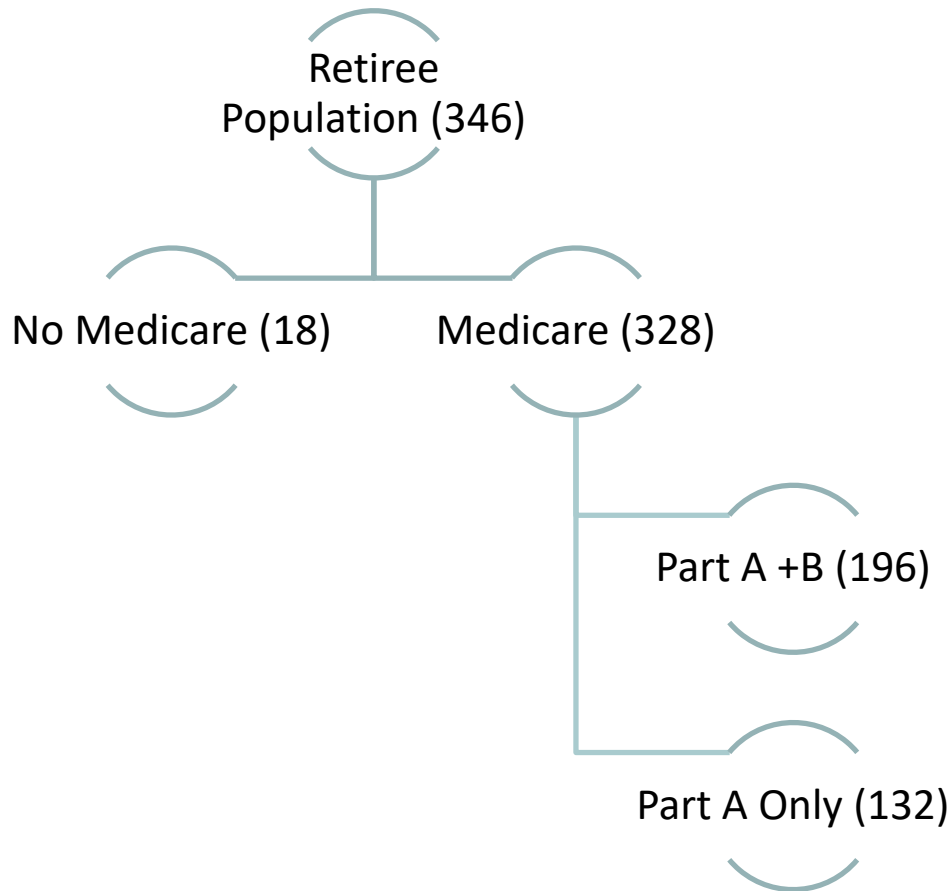


Impact of Unblended Rates



- Quote #1: Current Structure
- Quote #2: Medicare Eligible Retirees Carved-Out
- Quote #3: All Three Groups Separated

Medicare Eligible Retirees

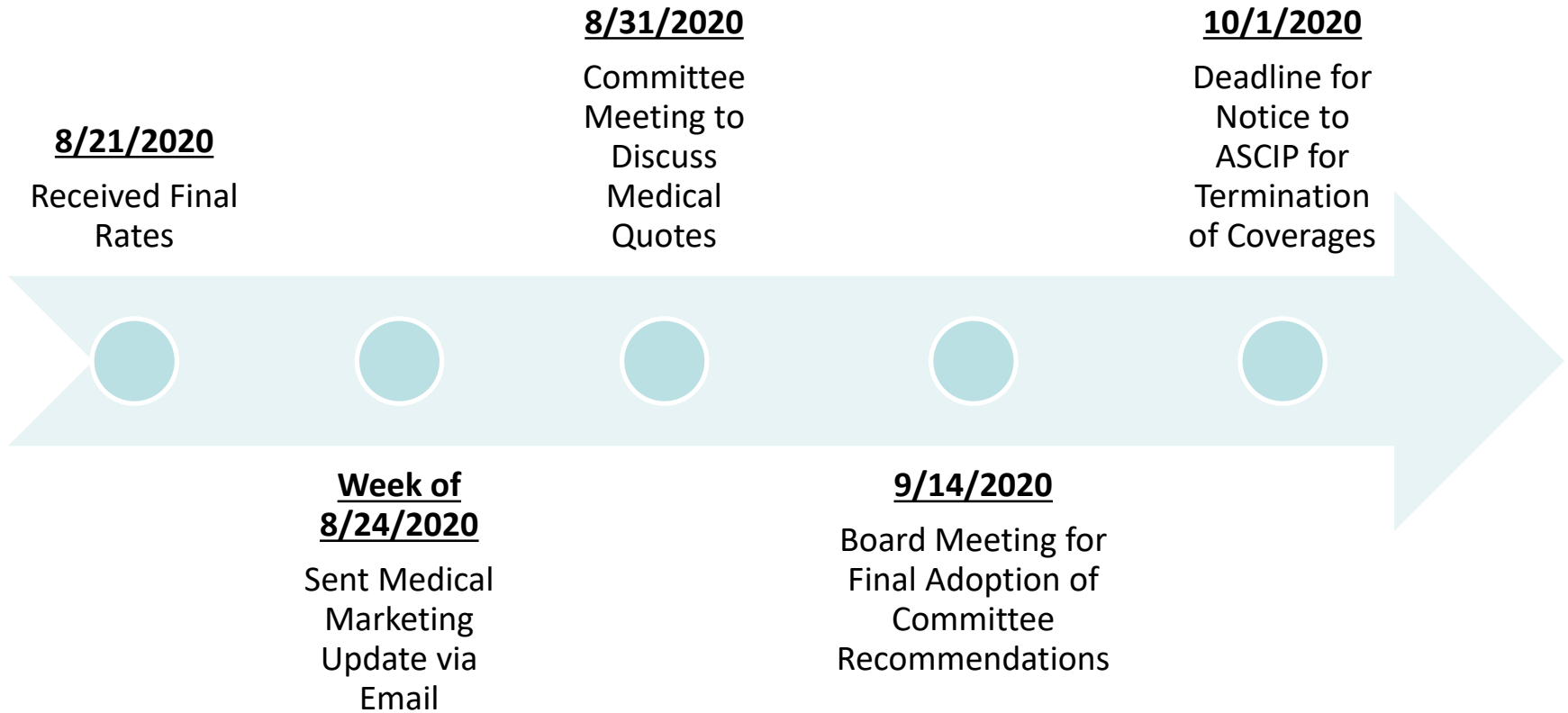


- Move current Medicare eligible to coordinated plan to reduce premium costs
- Evaluating the impacts to the remaining populations and the cost of potential Part B benefit penalties
- OPEB Liability Impacts

Pending Items

- Revised Carrier Rates
 - On 8/14, Keenan received large claims reports and timelines for data that were requested to finalize the carrier quotes
- ASCIP Renewal
 - On 8/14, Keenan received the ASCIP renewal. We are currently awaiting the additional quotes which would allow us to compare options ASCIP has for managing Medicare eligible retirees.

Timeline for Medical Marketing



Dental

Dental PPO
Carrier and Pool Responses

Carrier / Pool	Response
ASCIP – Incumbent (Delta Dental)	Renewal received
Ameritas	Quoted
CICCS Trust – Keenan (Delta Dental)	Quoted
Dental Coalition (Delta Dental)	Quoted
Guardian	Quoted (uncompetitive)
MetLife	Quoted
OCFBJPA (Delta Dental)	Quoted
UnitedHealthcare	Quoted

Dental PPO Rate Compare

		Current	Renewal	Proposed (Fully Insured)	Proposed (Self-Funded)	Proposed (Self-Funded)	Proposed (Fully Insured)	Proposed (Self-Funded)	Proposed (Self-Funded)	Proposed (Fully Insured)
Effective Date		1/1/2020	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021
Rate Guarantee		1 year	1 year	1 year	1 year	1 year	2 years	1 year	2 years	2 years
Carrier Name		Delta Dental	Delta Dental	MetLife	Delta Dental - CICCS	Delta Dental - CICCS	Ameritas	Delta Dental - OCFBJPA	Delta Dental - Keenan Dental Coalition	UnitedHealthcare
Plan Name		Platinum DPPO	Platinum DPPO	DPPO	DPPO	DPPO with D & P Waiver	Plan 1	DPPO with D & P Waiver	DPPO	DPPO-13841571
Eligible Class		Active and Retirees	Active and Retirees	Active and Retirees	Active and Retirees	Active and Retirees	Active and Retirees	Active and Retirees	Active and Retirees	Active and Retirees
Rate Structure	Subs									
Employee Only	226	\$66.00	\$62.74	\$50.30	\$59.43	\$61.56	\$56.32	\$61.17	\$61.17	\$62.72
Employee + 1	258	\$124.33	\$118.13	\$96.90	\$111.95	\$115.98	\$107.92	\$115.23	\$115.23	\$118.15
Employee + 2	267	\$178.83	\$169.92	\$155.71	\$161.02	\$166.81	\$174.84	\$165.74	\$165.74	\$169.94
Monthly Premium		\$94,740.75	\$90,025.42	\$77,942.57	\$85,306.62	\$88,373.67	\$87,253.96	\$87,806.34	\$87,806.34	\$90,031.40
Annual Premium		\$1,136,889.00	\$1,080,305.04	\$935,310.84	\$1,023,679.44	\$1,060,484.04	\$1,047,047.52	\$1,053,676.08	\$1,053,676.08	\$1,080,376.80
% Change Over Current			-4.98%	-17.73%	-9.96%	-6.72%	-7.90%	-7.32%	-7.32%	-4.97%
\$ Change Over Current			-\$56,583.96	-\$201,578.16	-\$113,209.56	-\$76,404.96	-\$89,841.48	-\$83,212.92	-\$83,212.92	-\$56,512.20

Dental PPO Benefit Compare

	Current/Renewal		Proposed (Fully Insured)		Proposed (Self-Funded)		Proposed (Self-Funded)		Proposed (Fully Insured)		Proposed (Self-Funded)		Proposed (Self-Funded)		Proposed (Fully Insured)	
Effective Date	2020/2021		1/1/2021		1/1/2021		1/1/2021		1/1/2021		1/1/2021		1/1/2021		1/1/2021	
Rate Guarantee	1 year		1 year		1 year		1 year		2 years		1 year		2 years		2 years	
Carrier Name	Delta Dental		MetLife		Delta Dental - CIGCS		Delta Dental - CIGCS		Ameritas		Delta Dental - OCFBJPA		Delta Dental - Keenan		United Healthcare	
Plan Name	Platinum DPPO		DPPO		DPPO		DPPO with D & P Waiver		Plan 1		DPPO with D & P Waiver		DPPO		DPPO-13841571	
Eligible Class	Active & Retirees		Active & Retirees		Active & Retirees		Active & Retirees		Active & Retirees		Active & Retirees		Active & Retirees		Active & Retirees	
Network	INN	OON	INN	OON	INN	OON	INN	OON	INN	OON	INN	OON	INN	OON	INN	OON
General Plan Information																
Annual Deductible/Individual	\$50	\$50	\$0	\$0	\$50	\$50	\$50	\$50	\$0	\$0	\$50	\$50	\$50	\$50	\$0	\$0
Annual Deductible/Family	\$150	\$150	\$0	\$0	\$150	\$150	\$150	\$150	\$0	\$0	\$150	\$150	\$150	\$150	\$0	\$0
Waived for Preventive	Yes				Yes		Yes		Yes		Yes		Yes		Yes	
Annual Plan Maximum	\$2,000		\$2,000		\$2,000		\$2,000		\$2,000		\$2,000		\$2,000		\$2,000	
Lifetime Orthodontia Plan Maximum	N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A	
Waiting Period	None		None		None		None		None		None		None		None	
Non-PPO Claim Payment Basis	Fee Schedule		80th U & C		Fee Schedule		Fee Schedule		90th U & C		Fee Schedule		Fee Schedule		90th U & C	
Carryover	N/A		N/A		N/A		N/A		Included		N/A		Included		N/A	
Covered Services																
Diagnostic and Preventive Services																
Oral Exams	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Bitewing X-Rays	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Full Mouth X-Rays	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Routine Cleaning	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Prophylaxis Treatments	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Fluoride Treatments	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Space Maintainers	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sealants	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Basic Services																
Oral Surgery: Extractions and Surgery	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Restorations (Fillings)	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Periodontic Treatment	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Endodontic Treatment	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Major Services																
Crowns, inlays, onlays and Cast Restoration	90%	90%	90%	90%	90%	90%	90%	90%	70%	50%	90%	90%	90%	90%	70%	50%
Prosthodontics (Bridges, Dentures)	70%	50%	70%	50%	70%	50%	70%	50%	70%	50%	70%	50%	70%	50%	70%	50%
Orthodontia Services																
Children	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Adults (and Adult Dependent Children)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Dental PPO Value Add Programs

- CICCS Trust
 - Roll-Over Benefit: Up to 100% of unused annual maximum for one year
 - D&P Waiver
- Orange County Fringe Benefits JPA
 - Implant Rider of \$1,500
 - D&P Waiver

Dental PPO Network Disruption

Network Factor	Match
Top 25 Providers	11 of 25 are Premier Providers which are considered out of network
Dental PPO Providers	12 of 14 Top 25 Providers
Dental Premier Providers	7 of 11 are in MetLife network which would receive cost share of 70% vs. 50%

Dental HMO
Carrier and Pool Responses

Carrier / Pool	Response
ASCIP – Incumbent (Delta Dental)	Renewal received
Liberty	Quoted
Guardian	Quoted
MetLife	Quoted
UnitedHealthcare	Quoted

Dental HMO Rate Compare

Effective Date	Current 1/1/2020	Renewal 1/1/2021	Proposed 1/1/2021	Proposed 1/1/2021	Proposed 1/1/2021	Proposed 1/1/2021	Proposed 1/1/2021	Proposed 1/1/2021	
Carrier Name	Delta Dental	Delta Dental	MetLife	MetLife	Liberty Dental (Ameritas)	Guardian	Liberty Dental (Ameritas)	United Healthcare	
Rate Guarantee	1 year	1 year	2 year	2 year	1 year	2 year	1 year	2 year	
Eligible Class	Active & Retirees	Active & Retirees	Active & Retirees	Active & Retirees	Active & Retirees	Active & Retirees	Active & Retirees	Active & Retirees	
Plan Name	DeltaCare USA	DeltaCare USA	MET100	MET50	LDP-400	N600	LDP-200	DHMO D125H	
Monthly Rate	Subs.								
Employee Only	59	\$18.48	\$18.48	\$14.17	\$16.27	\$15.04	\$13.88	\$17.30	\$19.62
Employee + 1	69	\$30.19	\$30.19	\$26.93	\$30.92	\$27.08	\$26.51	\$31.13	\$32.38
Employee + Family	131	\$44.38	\$44.38	\$37.55	\$43.12	\$39.11	\$44.97	\$44.98	\$47.79
Total Monthly		\$8,987.21	\$8,987.21	\$7,613.25	\$8,742.13	\$7,879.29	\$8,539.18	\$9,061.05	\$9,652.29
Total Annual Premium		\$107,846.52	\$107,846.52	\$91,359.00	\$104,905.56	\$94,551.48	\$102,470.16	\$108,732.60	\$115,827.48
% Over Current			0.00%	-15.29%	-2.73%	-12.33%	-4.99%	0.82%	7.40%
\$ Over Current			\$0.00	-\$16,487.52	-\$2,940.96	-\$13,295.04	-\$5,376.36	\$886.08	\$7,980.96

Dental HMO Benefit Compare

Effective Date	Current/Renewal	Proposed	Proposed	Proposed	Proposed	Proposed	
Carrier Name	Delta Dental	MetLife	MetLife	Liberty Dental (Ameritas)	Guardian	Liberty Dental (Ameritas)	
Rate Guarantee	1 year	2 year	2 year	1 year	2 year	1 year	
Eligible Class	Active & Retirees	Active & Retirees	Active & Retirees	Active & Retirees	Active & Retirees	Active & Retirees	
Plan Name	DeltaCare USA	MET100	MET50	LDP-400	N600	LDP-200	
Office Visit copay	None	\$5	None	None	\$5	None	
Annual Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Diagnostic and Preventive Services							
D0150	Comprehensive Oral Evaluation	\$0	\$0	\$0	\$0	\$0	
D1510	Space Maintainers - Unilateral	\$10	\$0	\$0	\$15	\$0	
Restorative Services							
D2392	Composite Filling (two surfaces, posterior)	\$55	\$30	\$30	\$49	\$0	
Endodontics							
D3220	Therapeutic Pulpotomy	\$0	\$0	\$0	\$0	\$10	
D3310	Root Canal Therapy - Anterior	\$45	\$40	\$30	\$34	\$70	
D3320	Root Canal Therapy - Bicuspid	\$90	\$65	\$45	\$80	\$80	
D3330	Root Canal Therapy - Molar	\$205	\$95	\$75	\$105	\$140	
Periodontics							
D4210	Gingivectomy (per quadrant)	\$80	\$50	\$35	\$40	\$62	
D4260	Osseous Surgery	\$175	\$260	\$160	\$175	\$165	
D4341	Scaling and Root Planing (per quadrant)	\$0	\$25	\$15	\$15	\$30	
Prosthetics							
D5110	Complete (Upper)	\$100	\$125	\$100	\$85	\$110	
D5130	Immediate (Upper)	\$120	\$125	\$100	\$110	\$110	
Crown and Bridge							
D6740	Crown - Porcelain/Ceramic Substrate	\$195	\$100	\$50	\$70 (max. chargeable amount \$250)	\$125	\$40 (max. chargeable amount \$250)
D6750	Crown - Porcelain Fused to High Noble Metal	\$195	\$100	\$50	\$70 (max. chargeable amount \$250)	\$95	\$55 (max. chargeable amount \$250)
D6790	Crown - Full Cast High Noble Metal	\$170	\$100	\$50	\$70 (max. chargeable amount \$250)	\$95	\$40 (max. chargeable amount \$250)
Implants							
D6000	Implant Services (D6000 - D6199)	Not Covered	Covered (\$100-\$2000)	Covered (\$100-\$2000)	Not Covered	Not Covered	Not Covered
Oral Surgery							
D7220	Extractions (impacted tooth; soft tissue)	\$25	\$20	\$10	\$18	\$50	\$0
D7230	Extractions (impacted tooth; partial bony)	\$50	\$40	\$30	\$34	\$50	\$0
D7240	Extractions (impacted tooth; full bony)	\$70	\$75	\$55	\$45	\$70	\$0
Orthodontics - Comprehensive							
D8080	Children (to age 19)	\$1,700	\$1,450	\$1,450	\$1,775	\$1,495	\$1,775
D8090	Adults	\$1,900	\$1,450	\$1,450	\$1,950	\$2,195	\$1,950

Dental HMO Network Disruption

Network Factor	Match
Top 25 Providers	22 of 25 are within MetLife network

Vision

Vision
Carrier and Pool Responses

Carrier	Response
ASCIP – Incumbent (VSP)	Renewal received
CICCS (VSP)	Quoted
EyeMed	Quoted
OCFBJPA (VSP)	Quoted
MetLife	Quoted
VSP (Direct)	Quoted
VSP (Self-Insured Keenan)	Quoted

Vision Rate Compare

	Current	Renewal	Proposed (Fully Insured)	Proposed (Fully Insured)	Proposed (Self-Funded)	Proposed (Fully Insured)	Proposed (Self-Funded)	Proposed (Self-Funded)	
Effective Date	1/1/2020	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	
Rate Guarantee	1 year	1 year	4 years	1 year	1 year	4 years	1 year	4 years	
Carrier Name	VSP - ASCIP	VSP - ASCIP	EyeMed	MetLife - VSP	VSP - CIGCS	VSP	VSP - OCFBJPA	VSP - Keenan Vision Coalition	
Plan Name	Choice 12/12/12	Choice 12/12/12	Insight w/ Eye360	M150A-10-C/G/O	Choice 12/12/12	Choice 12/12/12	Choice 12/12/12	Choice 12/12/12	
Eligible Class	Active & Retirees	Active & Retirees	Active & Retirees	Active & Retirees	Active & Retirees	Active & Retirees	Active & Retirees	Active & Retirees	
Rate Structure	Subs								
Employee Only	273	\$10.93	\$10.60	\$9.45	\$10.10	\$10.54	\$9.78	\$11.88	\$11.98
Employee + 1	231	\$17.49	\$16.97	\$15.12	\$16.17	\$16.87	\$19.54	\$19.01	\$19.18
Employee + 2	220	\$28.44	\$27.59	\$24.57	\$26.29	\$27.43	\$31.48	\$30.91	\$31.18
Monthly Premium		\$13,280.88	\$12,883.67	\$11,477.97	\$12,276.37	\$12,808.99	\$14,109.28	\$14,434.75	\$14,560.72
Annual Premium		\$159,370.56	\$154,604.04	\$137,735.64	\$147,316.44	\$153,707.88	\$169,311.36	\$173,217.00	\$174,728.64
% Change Over			-2.99%	-13.58%	-7.56%	-3.55%	6.24%	8.69%	9.64%
\$ Change Over			-\$4,766.52	-\$21,634.92	-\$12,054.12	-\$5,662.68	\$9,940.80	\$13,846.44	\$15,358.08

*Plus Providers:
\$0 exam,
Frame allowance:
\$200

Vision Benefit Compare

	Current/Renewal		Proposed (Direct)		Proposed (Direct)		Proposed (Self-Funded)		Proposed (Direct)		Proposed (Self-Funded)		Proposed (Self-Funded)	
Effective Date	1/1/2020		1/1/2021		1/1/2021		1/1/2021		1/1/2021		1/1/2021		1/1/2021	
Rate Guarantee	1 year		4 years		1 year		1 year		4 years		1 year		4 years	
Carrier Name	VSP - ASCIP		EyeMed		MetLife - VSP		VSP - CIGCS		VSP		VSP - OCFBJPA		VSP- Keenan Vision	
Plan Name	Choice 12/12/12		Insight w/ Eye360		M150A-10-C/G/O		Choice 12/12/12		Choice 12/12/12		Choice 12/12/12		Choice 12/12/12	
Eligible Class	Active and Retirees		Active and Retirees		Active and Retirees		Active and Retirees		Active and Retirees		Active and Retirees		Active and Retirees	
Network	VSP	Non-Network	Insight	Non-Network	VSP	Non-Network	VSP	Non-Network	VSP	Non-Network	VSP	Non-Network	VSP	Non-Network
General Plan Information														
Copay														
Examination and Glasses	\$10	up to \$50	\$10*	up to \$40	\$10	up to \$45	\$10	up to \$50	\$10	up to \$45	\$10	up to \$50	\$10	up to \$50
Benefit Frequency														
Examination	12 months		12 months		12 months		12 months		12 months		12 months		12 months	
Lenses	12 months		12 months		12 months		12 months		12 months		12 months		12 months	
Frames	12 months		12 months		12 months		12 months		12 months		12 months		12 months	
Covered Services														
Frames	\$150 allowance	up to \$70	\$150 allowance	up to \$105	\$150 allowance	up to \$70	\$150 allowance	up to \$70	\$150 allowance	up to \$70	\$150 allowance	up to \$70	\$150 allowance	up to \$70
Lenses														
Single Vision Lenses	\$0	up to \$50	\$0	up to \$30	\$0	up to \$30	\$0	up to \$50	\$0	up to \$30	\$0	up to \$50	\$0	up to \$50
Bifocal Lenses	\$0	up to \$75	\$0	up to \$50	\$0	up to \$50	\$0	up to \$75	\$0	up to \$50	\$0	up to \$75	\$0	up to \$75
Trifocal Lenses	\$0	up to \$100	\$0	up to \$70	\$0	up to \$65	\$0	up to \$100	\$0	up to \$65	\$0	up to \$100	\$0	up to \$100
Contact Lenses														
Medically-Necessary	\$0	up to \$210	\$0	up to \$210	\$0	up to \$210	\$0	up to \$210	\$0	up to \$210	\$0	up to \$210	\$0	up to \$210
Elective	\$140 allowance	up to \$90	\$140 allowance	up to \$105	\$150 allowance	up to \$105	\$140 allowance	up to \$90	\$140 allowance	up to \$105	\$140 allowance	up to \$90	\$140 allowance	up to \$90

Vision Value Add Programs

- CICCS Trust
 - Hearing Aid Benefit – Epic Hearing
 - Hearing Exam Benefit of \$70 every 5 years
 - \$1000 Hearing Aid benefit per ear every 5 years

Vision Network Disruption



Want more? Check out the participating Insight retailers below*:

Abba Eye Care	FirstSight Vision Services	OPTYX
All About Eyes	For Eyes Optical	Ossip Optometry
America's Best	Gulf Coast Optometry	Rx Optical
Bard Optical	Heartland Vision	Schaeffer Eye Center
C&B Optical One	Henry Ford OptimEyes	SEE, Inc.
Clarkson Eyecare	ILORI	Shopko
Crown Optical	Marion Eye Centers & Optical	Site for Sore Eyes
Devlyn Optical	Meijer Optical	Southwestern Eye Center
Doctor's Vision Center	Midwest Eye Consultants	SVS Vision
Dr. Tavel Family Eye Care	Midwest Vision Centers	Texas State Optical
Drs. May & Hettler	MyEyeDr.	Today's Vision
Eye Assoc. of New Mexico	National Vision	Union Eye Care
Eye Boutique	Northeastern Eye Institute	US Vision
Eyecarecenter OD PA	Oakley Store	Vision World
Eyeglass World	Optical Shop of Aspen	Vogue Vision Centers
Eyemart Express	Optical Shoppe in Fred Meyer	Wing Eyecare
Eyemart Optical Outlet		Wisconsin Vision

**Listing is not all-inclusive. Actual insurance acceptance may vary by location.*

Group Life & Voluntary Life

Pool and Carrier Responses

Carrier	Response
Colonial Life	Quoted (uncompetitive)
Guardian	Quoted (uncompetitive)
MetLife (Incumbent)	Renewal received
Reliance Standard	Quoted
The Hartford	Quoted
UnitedHealthcare	Quoted
UNUM	Quoted
Voya	Quoted

Group Life Rate Compare

	Current	Renewal	Negotiated Renewal	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed
Effective Date	1/1/2020	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021
Carrier Name	MetLife	MetLife	MetLife	Reliance Standard	Voya	The Hartford	UNUM	Lincoln	UHC
Rate Guarantee	1 year	1 year	2 year	3 years	3 years	3 years	2 year	2 years	3 years
Eligible Class	Active Full Time	Active Full Time	Active Full Time	Active Full Time	Active Full Time	Active Full Time	Active Full Time	Active Full Time	Active Full Time
Plan Name	Basic Life	Basic Life	Basic Life	Basic Life	Basic Life	Basic Life	Basic Life	Basic Life	Basic Life
Rate Structure									
Volume Benefit	\$91,455,000	\$91,455,000	\$91,455,000	\$91,455,000	\$91,455,000	\$91,455,000	\$91,455,000	\$91,455,000	\$91,455,000
Premium Rate (Basic Life) per \$1,000	\$0.190	\$0.203	\$0.162	\$0.082	\$0.100	\$0.100	\$0.115	\$0.125	\$0.160
Monthly Premium	\$17,376.45	\$18,565.37	\$14,815.71	\$7,499.31	\$9,145.50	\$9,145.50	\$10,517.33	\$11,431.88	\$14,632.80
Annual Premium	\$208,517.40	\$222,784.38	\$177,788.52	\$89,991.72	\$109,746.00	\$109,746.00	\$126,207.90	\$137,182.50	\$175,593.60
% Change Over Current		6.84%	-14.74%	-56.84%	-47.37%	-47.37%	-39.47%	-34.21%	-15.79%
\$ Change Over Current		\$14,266.98	-\$30,728.88	-\$118,525.68	-\$98,771.40	-\$98,771.40	-\$82,309.50	-\$71,334.90	-\$32,923.80

** \$.130 with a 2
year rate guarantee
with adding dental*

Group Life Benefit Compare

	Current	Renewal	Negotiated Renewal	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed
Carrier Name	MetLife	MetLife	MetLife	Reliance Standard	Voya	The Hartford	UNUM	Lincoln	UHC
Rate Guarantee	1 year	1 year	2 year	3 years	3 years	3 years	2 year	2 years	3 years
Eligible Class	Active Full Time	Active Full Time	Active Full Time	Active Full Time	Active Full Time	Active Full Time	Active Full Time	Active Full Time	Active Full Time
Plan Name	Group Life	Group Life	Group Life	Group Life	Group Life	Group Life	Group Life	Group Life	Group Life
Life-AD&D Benefits									
Active Employees	1 x annual salary rounded to the \$1,000	1 x annual salary rounded to the \$1,000	1 x annual salary rounded to the \$1,000	1 x annual salary rounded to the next \$1,000	1 x annual salary rounded to the next \$1,000	1 x annual salary rounded to the next \$1,000	1 x annual salary rounded to the next \$1,000	1 x annual salary rounded to the next \$1,000	1 x annual salary rounded to the next \$1,000
Minimum Benefit	\$50,000	\$50,000	\$50,000	None	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
Maximum Benefit	\$315,000	\$315,000	\$315,000	\$315,000	\$350,000	\$315,000	\$315,000	\$315,000	\$315,000
Plan Features									
Accelerated Benefit	80% to \$252,000	80% to \$252,000	80% to \$252,000	75% to \$500,000	80% to \$652,000	80% to \$315,000	75% to \$500,000	80% to \$252,000	80% of applicable benefit
Waiver of Premium	Included	Included	Included	Included	Included	Included	Included	Included	Included
Conversion	Included	Included	Included	Included	Included	Included	Included	Included	Included
Reduction of Benefits Schedule									
Age 65-69	No Age Reduction, coverage terminates at retirement	No Age Reduction, coverage terminates at retirement	No Age Reduction, coverage terminates at retirement	No Age Reduction, coverage terminates at retirement	No Age Reduction, coverage terminates at retirement	No Age Reduction, coverage terminates at retirement	No Age Reduction, coverage terminates at retirement	No Age Reduction, coverage terminates at retirement	No Age Reduction, coverage terminates at retirement
Age 70-74									
Age 75-79									

Group Voluntary Life Rate Compare

	Current/Renewal	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed
Carrier Name	MetLife	Reliance Standard	Voya	The Hartford	UNUM	Lincoln	UHC
Effective Date	2020/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021
Plan Name	Voluntary Life	Voluntary Life	Voluntary Life	Voluntary Life	Voluntary Life	Voluntary Life	Voluntary Life
Rate Guarantee	1 year	3 years	3 years	3 years	2 year	2 years	3 years
Voluntary AD&D Rates (per \$1,000)							
Voluntary AD&D (per \$1,000)	N/A	N/A	N/A	N/A	\$0.034	N/A	N/A
Tenths Voluntary Life Rates (per							
Age							
Under 20	\$0.060	\$0.060	\$0.060	\$0.060	\$0.060	\$0.060	\$0.060
20-24	\$0.060	\$0.060	\$0.060	\$0.060	\$0.060	\$0.060	\$0.060
25-29	\$0.065	\$0.065	\$0.065	\$0.065	\$0.065	\$0.065	\$0.065
30 - 34	\$0.086	\$0.086	\$0.084	\$0.086	\$0.086	\$0.086	\$0.086
35 - 39	\$0.097	\$0.097	\$0.096	\$0.097	\$0.097	\$0.097	\$0.097
40 - 44	\$0.108	\$0.108	\$0.108	\$0.108	\$0.108	\$0.108	\$0.108
45 - 49	\$0.180	\$0.180	\$0.180	\$0.180	\$0.180	\$0.180	\$0.180
50 - 54	\$0.276	\$0.276	\$0.276	\$0.276	\$0.276	\$0.276	\$0.276
55 - 59	\$0.516	\$0.516	\$0.516	\$0.516	\$0.516	\$0.516	\$0.516
60 - 64	\$0.713	\$0.713	\$0.708	\$0.713	\$0.713	\$0.713	\$0.713
65 - 69	\$1.372	\$1.372	\$1.368	\$1.372	\$1.372	\$1.372	\$1.372
70 - 74	\$2.220	\$2.220	\$2.220	\$2.220	\$2.220	\$2.220	\$2.220
75 - 79	\$3.588	\$3.588	\$2.472	\$3.588	\$3.588	\$3.588	\$3.588
Dependent Child per \$1,000	\$0.148	\$0.10	\$0.146	\$0.147	\$0.145	\$0.148	\$0.120
Voluntary Child AD&D (per \$1,000)	N/A	N/A	N/A	N/A	\$0.034		N/A

Group Voluntary Life Benefit Compare

	Current/Renewal	Proposed	Proposed	Proposed	Proposed	Proposed
Carrier Name	MetLife	Reliance Standard	Voya	The Hartford	UNUM	Lincoln
Effective Date	1/1/2020	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021
Plan Name	Voluntary Life	Voluntary Life	Voluntary Life	Voluntary Life	Voluntary Life	Voluntary Life
Rate Guarantee	1 year	3 years	3 years	3 years	2 year	2 years
Voluntary Life Benefits						
Employee	\$10,000 increments up to \$500,000; Lesser of 5 times annual salary or \$500,000	\$10,000 increment up to \$500,000	\$10,000 increments up to \$500,000; not to exceed 5 times annual basic earnings	\$10,000 increments; not to exceed 5 times annual salary	\$10,000 increments up to \$500,000; not to exceed 5 times annual basic earnings	\$10,000 increments; not to exceed 5 times annual salary; rounded to the next
Spouse	The lesser of the employees basic and supplemental life amount \$100,000	\$5,000 increments; up to \$250,000	\$10,000 increments; max. of \$100,000 not to exceed 100% of employees benefit	\$10,000 increments; max. of \$100,000 not to exceed 100% of employees benefit	\$5,000 increments; lesser of 100% of employee up to \$100,000	\$5,000 increments; not to exceed 2.5 times employee's salary or 50% of employee's benefit amount;
Child(ren)	\$5,000 or \$10,000	\$5,000 or \$10,000	\$5,000 or \$10,000	\$5,000 or \$10,000	\$5,000 or \$10,000	\$10,000
Guaranteed Issue Amount						
Employee	\$250,000	\$250,000	\$250,000	\$250,000	Lesser of annual earnings or \$250,000	\$450,000
Spouse	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000	\$30,000
Child(ren)	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Accelerated Benefit	80% to \$400,000	75% to \$500,000	80% to \$652,000	80% to \$500,000	75% to \$500,000	80% to \$252,000
Waiver of Premium	Included	Included	Included	Included	Included	Included
Conversion & Portability	Included	Included	Included	Included	Included	Included
Coverage Reduction Schedule (by Age)						
65 - 69	No Age Reduction	No Age Reduction, coverage terminates at retirement	No Age Reduction, coverage terminates at retirement	No Age Reduction, coverage terminates at retirement	No Age Reduction, coverage terminates at retirement	No Age Reduction, coverage terminates at retirement
70 - 74						

Your Dedicated Keenan Service Team

Name:	Jeffrey Mizokawa, Assistant Vice President
Phone:	(949) 940-1760 Ext. 5140
Cell:	(808) 375-6143
Email:	jmizokawa@keenan.com
Responsibilities:	Responsible for overall account management, including renewals, contract negotiations, questions and review.

Name:	Kim Gleeson
Phone:	(949) 940-1760 Ext. 5175
Cell:	(714) 616-0456
Email:	kgleeson@Keenan.com
Responsibilities:	<ul style="list-style-type: none">• Negotiates renewals/contract changes• Coordinates implementation of new/existing plan and benefit programs• Communicates Keenan Resources• Preparation for Benefit Committee Meetings• Coordinates open enrollment meetings, health & wellness fairs

About Keenan



Thank you for choosing Keenan.

We truly appreciate your business and look forward to working with you and RSCCD employees for many years to come.

We believe in forming a mutually beneficial partnership and welcome your feedback on how we may serve you better.

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