

2020 Employee Benefits Marketing Analysis - Ancillary

Rancho Santiago Community College District
August 26th, 2020



2020 Employee
Benefits Marketing

Agenda

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

Medical



Medical Responses



LICENSE NO. 0451271

Entity	Response
Aetna	Quoted
Anthem	Quoted
Blue Shield	Quoted
Health Net	Quoted
UnitedHealthcare	Quoted
California's Valued Trust	Quoted

Dental



Dental PPO
Carrier and Pool
Recommendations



LICENSE NO. 0451271

Carrier / Pool	Response
ASCIP – Incumbent (Delta Dental)	Renewal received
CICCS Trust (Delta Dental)	Quoted
MetLife	Quoted
OCFBJPA (Delta Dental)	Quoted

Dental PPO Rate Compare

		Current	Renewal	Proposed (Fully Insured)	Proposed (Self-Funded)	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
Rate Guarantee		1 year	1 year	2 year (rate cap of 7% for year 3)	1 year	1 year	1 year
Carrier Name		Delta Dental	Delta Dental	MetLife	Delta Dental - CIGCS	Delta Dental - CIGCS	Delta Dental - OCFBJPA
Plan Name		Platinum DPPO	Platinum DPPO	DPPO	DPPO	DPPO with D & P Waiver	DPPO with D & P Waiver
Eligible Class		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	\$61.17
Employee + 1	258	\$124.33	\$118.13	\$96.90	\$111.95	\$115.98	\$115.23
Employee + 2	267	\$178.83	\$169.92	\$155.71	\$161.02	\$166.81	\$165.74
Monthly Premium		\$94,740.75	\$90,025.42	\$77,942.57	\$85,306.62	\$88,373.67	\$87,806.34
Annual Premium		\$1,136,889.00	\$1,080,305.04	\$935,310.84	\$1,023,679.44	\$1,060,484.04	\$1,053,676.08
% Change Over Renewal			-4.98%	-13.42%	-5.24%	-1.83%	-2.46%
\$ Change Over Renewal			-\$56,583.96	-\$144,994.20	-\$56,625.60	-\$76,404.96	-\$26,628.96

Dental PPO Benefit Compare

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

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



LICENSE NO. 0451271

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

Dental HMO Rate Compare

		Current	Renewal	Proposed	Proposed
Effective Date		1/1/2020	1/1/2021	1/1/2021	1/1/2021
Carrier Name		Delta Dental	Delta Dental	MetLife	MetLife
Rate Guarantee		1 year	1 year	2 year	2 year
Eligible Class		Active & Retired Employees	Active & Retired Employees	Active & Retired Employees	Active & Retired Employees
Plan Name		DeltaCare USA	DeltaCare USA	MET100	MET50
Monthly Rate Structure	Subs.				
Employee Only	59	\$18.48	\$18.48	\$14.17	\$16.27
Employee + 1	69	\$30.19	\$30.19	\$26.93	\$30.92
Employee + Family	131	\$44.38	\$44.38	\$37.55	\$43.12
Total Monthly Premium		\$8,987.21	\$8,987.21	\$7,613.25	\$8,742.13
Total Annual Premium		\$107,846.52	\$107,846.52	\$91,359.00	\$104,905.56
% Over Renewal			0.00%	-15.29%	-2.73%
\$ Over Renewal			\$0.00	-\$16,487.52	-\$2,940.96

2020 MARKETING ANALYSIS

Dental HMO Benefit Compare

	Current/Renewal	Proposed	Proposed
Effective Date	2020/2021	1/1/2021	1/1/2021
Carrier Name	Delta Dental	MetLife	MetLife
Rate Guarantee	1 year	2 year	2 year
Eligible Class	Active & Retirees	Active & Retirees	Active & Retirees
Plan Name	DeltaCare USA	MET100	MET50
Office Visit copay	None	\$5	None
Annual Maximum	Unlimited	Unlimited	Unlimited
Diagnostic and Preventive Services			
D0150	Comprehensive Oral Evaluation	\$0	\$0
D1510	Space Maintainers - Unilateral	\$10	\$0
Restorative Services			
D2392	Composite Filling (two surfaces, posterior)	\$55	\$30
Endodontics			
D3220	Therapeutic Pulpotomy	\$0	\$0
D3310	Root Canal Therapy - Anterior	\$45	\$40
D3320	Root Canal Therapy - Bicuspid	\$90	\$65
D3330	Root Canal Therapy - Molar	\$205	\$95
Periodontics			
D4210	Gingivectomy (per quadrant)	\$80	\$50
D4260	Osseous Surgery	\$175	\$260
D4341	Scaling and Root Planing (per quadrant)	\$0	\$25
Prosthodontics			
D5110	Complete (Upper)	\$100	\$125
D5130	Immediate (Upper)	\$120	\$125
Crown and Bridge			
D6740	Crown - Porcelain/Ceramic Substrate	\$195	\$100
D6750	Crown - Porcelain Fused to High Noble Metal	\$195	\$100
D6790	Crown - Full Cast High Noble Metal	\$170	\$100
Implants			
D6000	Implant Services (D6000 - D6199)	Not Covered	Covered (\$100-\$2000)
Oral Surgery			
D7220	Extractions (impacted tooth; soft tissue)	\$25	\$20
D7230	Extractions (impacted tooth; partial bony)	\$50	\$40
D7240	Extractions (impacted tooth; full bony)	\$70	\$75
Orthodontics - Comprehensive			
D8080	Children (to age 19)	\$1,700	\$1,450
D8090	Adults	\$1,900	\$1,450

Dental HMO Network Disruption

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

Vision



Vision
Carrier and Pool Responses



LICENSE NO. 0451271

Carrier	Response
ASCIP – Incumbent (VSP)	Renewal received
CICCS (VSP)	Quoted
EyeMed	Quoted
MetLife	Quoted

Vision Rate Compare

		Current	Renewal	Proposed (Fully Insured)	Proposed (Fully Insured)	Proposed (Self-Funded)
Effective Date		1/1/2020	1/1/2021	1/1/2021	1/1/2021	1/1/2021
Rate Guarantee		1 year	1 year	4 years	1 year	1 year
Carrier Name		VSP - ASCIP	VSP - ASCIP	EyeMed	MetLife - VSP	VSP - CIGCS
Plan Name		Choice 12/12/12	Choice 12/12/12	Insight w/ Eye360	M150A-10-C/G/O	Choice 12/12/12
Eligible Class		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
Employee + 1	231	\$17.49	\$16.97	\$15.12	\$16.17	\$16.87
Employee + 2	220	\$28.44	\$27.59	\$24.57	\$26.29	\$27.43
Monthly Premium		\$13,280.88	\$12,883.67	\$11,477.97	\$12,276.37	\$12,808.99
Annual Premium		\$159,370.56	\$154,604.04	\$137,735.64	\$147,316.44	\$153,707.88
% Change Over Renewal			-2.99%	-10.91%	-4.71%	-0.58%
\$ Change Over Renewal			-\$4,766.52	-\$16,868.40	-\$7,287.60	-\$896.16

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

Vision Benefit Compare

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

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



LICENSE NO. 0451271

Carrier	Response
MetLife (Incumbent)	Renewal received
Reliance Standard	Quoted
The Hartford	Quoted
Voya	Quoted

Group Life Rate Compare

	Current	Renewal	Negotiated Renewal	Proposed	Proposed	Proposed
Effective Date	1/1/2020	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021
Carrier Name	MetLife	MetLife	MetLife	The Hartford	Reliance Standard	Voya
Rate Guarantee	1 year	1 year	2 year	3 years	3 years	3 years
Eligible Class	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
Rate Structure						
Volume Benefit	\$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	\$0.075	\$0.082	\$0.100
Monthly Premium	\$17,376.45	\$18,565.37	\$14,815.71	\$6,859.13	\$7,499.31	\$9,145.50
Annual Premium	\$208,517.40	\$222,784.38	\$177,788.52	\$82,309.50	\$89,991.72	\$109,746.00
% Change Over Renewal		6.84%	-20.20%	-63.05%	-59.61%	-50.74%
\$ Change Over Renewal		\$14,266.98	-\$44,995.86	-\$140,474.88	-\$132,792.66	-\$113,038.38

* \$.125 with a 2
year rate guarantee
with adding dental

Group Life Benefit Compare

	Current	Renewal	Negotiated Renewal	Proposed	Proposed	Proposed
Carrier Name	MetLife	MetLife	MetLife	The Hartford	Reliance Standard	Voya
Rate Guarantee	1 year	1 year	2 year	3 years	3 years	3 years
Eligible Class	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
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
Minimum Benefit	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
Maximum Benefit	\$315,000	\$315,000	\$315,000	\$315,000	\$315,000	\$350,000
Plan Features						
Accelerated Benefit	80% to \$252,000	80% to \$252,000	80% to \$252,000	80% to \$315,000	75% to \$500,000	80% to \$652,000
Waiver of Premium	Included	Included	Included	Included	Included	Included
Conversion	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
Age 70-74						
Age 75-79						

Group Voluntary Life Rate Compare

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

Group Voluntary Life Benefit Compare

Carrier Name	MetLife	The Hartford	Reliance Standard	Voya
Effective Date	1/1/2020	1/1/2021	1/1/2021	1/1/2021
Plan Name	Voluntary Life	Voluntary Life	Voluntary Life	Voluntary Life
Rate Guarantee	1 year	3 years	3 years	3 years
Voluntary Life Benefits				
Employee	\$10,000 increments up to \$500,000; Lesser of 5 times annual salary or \$500,000	\$10,000 increments; not to exceed 5 times annual salary	\$10,000 increment up to \$500,000	\$10,000 increments up to \$500,000; not to exceed 5 times annual basic earnings
Spouse	The lesser of the employees basic and supplemental life amount \$100,000	\$10,000 increments; max. of \$100,000 not to exceed 100% of employees benefit	\$5,000 increments; up to \$250,000	\$10,000 increments; max. of \$100,000 not to exceed 100% of employees benefit
Child(ren)	\$5,000 or \$10,000	\$5,000 or \$10,000	\$5,000 or \$10,000	\$5,000 or \$10,000
Guaranteed Issue Amount				
Employee	\$250,000	\$250,000	\$250,000	\$250,000
Spouse	\$40,000	\$40,000	\$40,000	\$40,000
Child(ren)	\$10,000	\$10,000	\$10,000	\$10,000
Accelerated Benefit	80% to \$400,000	80% to \$500,000	75% to \$500,000	80% to \$652,000
Waiver of Premium	Included	Included	Included	Included
Conversion & Portability	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
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.

CONFIDENTIAL: The information in this chart is intended for the exclusive use of the recipient in connection with the recipient's review of this proposal. It is not intended for any other purpose. The information described on this page is only intended to be a summary of your benefits. It does not include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description (SPD) for a complete summary of your benefits. If the information on this page conflicts in any way with the SPD, the contract provisions of the appropriate policy or plan document (available through your employer) will prevail.



Rancho Santiago

Proposed benefits

		In-network member cost	Out-of-network member reimbursement
	Diabetic care services		
EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company	Medical Follow-Up Eye Examination	\$0 copay	\$77
	Retinal Imaging Examination	\$0 copay	\$50
Option Plan Match	Extended Ophthalmoscopy (initial and subsequent)	\$0 copay	\$15
Exam & Materials	Gonioscopy	\$0 copay	\$15
Insight Network	Scanning Laser	\$0 copay	\$33
Fully Insured	<i>Benefit frequency: All Diabetic Care Services are covered once every 6 months*</i>		
Employee Paid			
Funded Benefits			

QL-0000028771

Definitions:

- **Medical Follow-Up Eye Examination** means an office visit for diabetic vision care.
Some or all of the diagnostic services described below will be provided as deemed appropriate, subject to provider determination and the benefit frequency limitations referenced above. More comprehensive descriptions of these services are available in the Certificate of Insurance.
- **Retinal Imaging Examination** means the recording of portion(s) or the complete retina surface and structures. (*The Retinal Imaging Examination is not covered if an Extended Ophthalmoscopy was provided within the previous six-month period.)
- **Extended Ophthalmoscopy** means an examination of the interior of the eye, focusing on the posterior segment of the eye, including the lens, retina, and optic nerve, by direct or indirect ophthalmoscopy, and includes a retinal drawing with interpretation and report. (*The Extended Ophthalmoscopy is not covered if Retinal Imaging Examination was provided within the previous six-month period.)
- **Gonioscopy** means an eye examination of the front part of the eye (anterior chamber) to check the angle where the iris meets the cornea with a gonioscope or with a contact prism lens.
- **Scanning Laser** means a computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report.

Exclusions

In addition to the Exclusions in the Policy/Certificate, no benefits are payable for services connected with or charges arising from any Vision Materials; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; medical, pathological and/or surgical treatment of the eye, eyes or supporting structures; any Vision Examination required by a Policyholder as a condition of employment; or services, supplies, prescription medication or treatment for diabetes, except as specifically included.

PPO Dental Questions

Q. Are Dental Accident Services covered with Met Life, Delta Dental CICCS or OCFBPA?

All Plans - Yes. These benefits were matched at 100% coverage up to \$1000 per person per year.

Q. If there is a rate guarantee with Met Life for one year what is the likelihood of a substantial increase thereafter?

MetLife - To ensure rate stability for a multi-year period, MetLife has approved a 2-year rate guarantee with a 7% rate cap for the 3rd year renewal. Thus, the first year without any contractual protection for the renewal would be 1/1/2024.

Q. For Non-PPO Claim Payment Basis is the 80th and 90th U&C solely for OON providers? On the comparison chart it appears to represent both INN/OON for Met Life and Ameritas.

MetLife - Correct, that would apply to out of network claims only.

Q. Are all plans available throughout the U.S.?

MetLife - Yes, all plans are available nationwide. International claims are also allowed and processed as out of network claims if a receipt is received.

HMO Dental Questions

Q. Are Special Need Benefits available among the plans?

MetLife – Yes, as it relates to General Anesthesia/IV Sedation. Claims for Anesthesia/IV Sedation are reviewed for medical necessity when the patient is over 8 years old.

Q. Do the plans provide Emergency Service Benefits?

MetLife – Yes.

Q. Is there an allowance for Teeth Whitening/Bleaching?

MetLife - No. MetLife DHMO plans cover the most services in the industry and focus on promoting and maintaining good oral health. This is why we cover implants for example, which are not covered today, as well as brush biopsies to screen for oral cancer, etc. New technology and options available for cosmetic work such as teeth whitening provide various options available at or below the \$125 copay that is within Delta's plan today.

Q. Our current plan provides greater Ortho coverage (\$1,700 children/\$1,900 adults) benefits than both MetLife plans. The comparison highlights MetLife benefits in green as greater (both children & adults \$1,450).

MetLife – For the DHMO plan, the dollar amount shown is the amount an employee would pay out of pocket for the service. The copays for the MetLife plans ortho are lower at \$1,450 than current \$1,700/\$1,900 which is why this would be considered an enhanced benefit.

Vision

Q. Would the Hearing Aid benefit listed on the comparison be in addition to any current Hearing Aid allowance available with our medical plans?

CICCS – No. If the medical plan has a hearing aid benefit, the do not coordinate. However, in the event of a loss of hearing aid the benefit could be used in addition. Also, Kaiser typically doesn't include a hearing aid benefit and thus this could benefit the Kaiser members.

Q. With Eye Med, does the plan allow in/out network benefits to optometrists/ophthalmologist's offices not affiliated with the Participating Insight Providers?

EyeMed – Yes, members can certainly go to a provider out of network and receive a reimbursement for their visit. But we always recommend going in-network to utilize the most of their benefit, and for lower out of pocket costs.

Q. Our current VSP Plan offers the following:

Diabetic Eyecare Plus Program

EyeMed – See attached pdf for diabetic program available for members with a \$0 copay per visit, 2 times per year.

Retinal Screening Enhanced WellVision Exam

EyeMed – Our proposal offers a \$0 copay for retinal imaging, as opposed to \$39 with the current carrier.

Laser Vision Correction Discounts

EyeMed – Our Lasik discounts include 5-15% off Lasik procedures

Q. Are these programs available with non-VSP proposed providers?

EyeMed – Our discounts are exclusive to in-network EyeMed providers, however, we find that there is large overlap in providers who are both VSP & EyeMed providers. So members may find that their current provider accepts EyeMed as well.

Group Life & Voluntary Life

Q. In the event a new carrier is chosen will Guaranteed Issue be offered during Open Enrollment for new enrollment or increasing current coverage?

Reliance Standard – Yes.

The Hartford – Yes. Their underwriter has approved to offer a full open enrollment allowing (i) anyone who previously waived can elect up to the GI amounts without EOI. Anyone who is currently enrolled can increase current coverage up to the GI amounts without EOI.

Q. Based on the comparison it appears Reliance allows an employee to enroll more than 5 x annual salary. Is that correct?

Reliance Standard – Our proposal includes a combined basic and supplemental benefit of 7x annual salary. An Insured can elect up to 6x on voluntary life.

Q. Does Reliance allow Spouse Life to exceed Employee Voluntary Life?

Reliance Standard – Spousal coverage is limited to 100% of EE amount

Q. Our current Met Life Plan offers Will Prep and Estate Planning at no charge for employees enrolled with Voluntary Life Insurance in addition to a discounted Employee-paid Voluntary Pet Insurance and prepaid legal plan called Hyatt Legal Plans. Do the plans on the comparison also offer these products?

MetLife – Legal and Pet Insurance are both stand along products. These are separate from the Voluntary Life plan and can be offered to all employees on a voluntary basis.

Reliance Standard – We do not have prepaid legal and pet insurance. We can add our EAP, which includes will prep and legal consultation such as estate planning at no charge.

The Hartford - Our plans do not include any discounted pet insurance nor pre-paid legal plans.

However, there are a number of value-added services included with our proposed plan at no additional cost that can be utilized by the employees and their eligible dependent family members.

Here is a summary of the value-added services included with our plans;

Ability Assist^{®2} Counseling Services Employees receive professional counseling for financial, legal and emotional issues, 24/7/365. Includes unlimited phone access and three face-to-face sessions per year. Services are also available to spouses and dependent children.

Funeral Concierge Services¹ A service that helps guide employees through key decisions before a loss, including help comparing funeral-related costs. After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers-often resulting in significant financial savings. In addition, Express Pay is a service that provides Beneficiaries benefits within 48 hours. It honors Funeral Home assignments within 48 hours.

Estate Guidance^{®2} (online will preparation) A service that helps employees protect their family's future by creating a customized and legally binding online will. Online support is also available from licensed attorneys, if needed.

HealthChampion^{SM2} Health Care Support Services A service that offers unlimited access to Benefit Specialists and nurses for administrative and clinical support to address medical care and claims concerns. Service includes: claim and billing support, explanation of benefits, cost estimates/fee negotiation, information related to conditions and available treatments, and support to help prepare for medical visits.

Beneficiary Assist^{®2} Services that provide compassionate expertise to help employees or their loved ones cope with emotional, financial and legal issues that arise after a loss. Includes unlimited phone contact with professionals, as well as five face-to-face sessions *. Health ChampionSM is available for those employees that are terminally ill.

Travel Assistance & ID Theft Protection Services³ A service that includes pre-trip information that helps employees feel safe and secure while traveling. It also gives them access to medical professionals across the globe for medical assistance when traveling 100+ miles away from home for 90 days or less when unexpected detours arise. Another important service is ID theft protection, available 24/7 whether home or away. Protection is provided two ways: Educational materials to help prevent identity theft. And access to caseworkers who can help victims resolve problems that result from identity theft.

memo

To: Health Benefits Committee
Entity: Rancho Santiago Community College District
Date: 8.21.2020
From: Keenan and Associates
Re: 2020 Ancillary Marketing Results

Based on the proposals obtained on behalf of Rancho Santiago Community College District, Keenan has put together the following memorandum to assist the Health Benefits Committee in making placement decisions regarding their ancillary benefits for the upcoming policy year beginning on January 1st, 2021. This memorandum shall provide additional information to the presentation made on August 17th, 2020.

#1: Dental PPO

Based on the results of the marketing, Keenan recommends that the Health Benefits Committee consider the following placements for the upcoming policy year:

- (i) Placements for Consideration
 - ASCIP - Incumbent
 - MetLife
 - CICC Trust
 - Orange County Fringe Benefits JPA

(ii) Rate Comparison

Entity	Estimated Total Annual Premium	Potential Annual Savings compared to Current Renewal
ASCIP	\$1,080,305.04	\$0
MetLife	\$935,310.84	\$144,994.20
CICC	\$1,023,679.44	\$56,625.60
CICC w/ D&P Waiver	\$1,060,484.04	\$19,821.00
OCFBJPA w/ D&P Waiver	\$1,053,676.08	\$26,628.96

(iii) Renewal Protection

Entity	2020/2021	2019/2020	2018/2019	2017/2018	2016/2017
CICCS	-6.04%	-5.00%	-2.10%	-3.00%	-3.67%
OCFBJPA	Rate Pass	-5.00%	Rate Pass	Rate Pass	Rate Pass

Since the MetLife proposal is not a pooled option there is no rate history. However, Keenan has negotiated a 2-year rate guarantee with a maximum 7% rate cap in year 3 for the MetLife proposal.

(iv) Value Added Programs

The following are value enhancements that are offered at no additional cost.

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

(v) Network Disruption

The following outlines the potential disruption to employees regarding their dental providers.

- CICCS
 - No disruption due to same carrier (Delta Dental)
- Orange County Fringe Benefit JPA
 - No disruption due to same carrier (Delta Dental)
- MetLife
 - Of the top 25 dental providers for RSCCD employees
 - 12 of 14 currently in-network are also in MetLife network. MetLife has indicated that they would work to recruit these two providers into their network.
 - 7 of the 11 currently out of network providers under Delta Dental would be IN-NETWORK providers for MetLife which would reduce out of pocket costs for all employees attending those 7 dentists and would also decrease total program utilization
 - All Out-of-Network dentist would receive reimbursements up to the 80th percentile vs. the approximate 51st percentile they are currently reimbursed under the Delta Dental plan

#2: Dental HMO

Based on the results of the marketing, Keenan recommends that the Health Benefits Committee consider the following placements for the upcoming policy year:

(i) Placements for Consideration

- ASCIP - Incumbent
- MetLife

(ii) Rate Comparison

Entity	Estimated Total Annual Premium	Potential Annual Savings compared to Current Renewal
ASCIP	\$107,846.52	\$0
MetLife (MET100)	\$91,359.00	\$16,487.52
MetLife (MET 50)	\$104,905.56	\$2,940.96

(iii) Renewal Protection

Since the MetLife proposal is not a pooled option there is no rate history. However, Keenan has negotiated a 2-year rate guarantee.

(iv) Network Disruption

The following outlines the potential disruption to employees regarding their dental providers.

- MetLife
 - Of the top 25 dental providers for RSCCD employees
 - 22 of 25 are within MetLife network

#3 Vision

Based on the results of the marketing, Keenan recommends that the Health Benefits Committee consider the following placements for the upcoming policy year:

(i) Placements for Consideration

- ASCIP - Incumbent
- EyeMed
- MetLife
- CICC Trust

(ii) Rate Comparison

Entity	Estimated Total Annual Premium	Potential Annual Savings compared to Current Renewal
ASCIP	\$154,604.04	\$0
EyeMed	\$137,735.64	\$16,868.40
MetLife	\$147,316.44	\$7,287.60
CICCS Trust	\$153,707.88	\$896.52

(iii) Renewal Protection

Entity	2020/2021	2019/2020	2018/2019	2017/2018	2016/2017
CICCS	-3.26%	Rate Pass	-3.12%	-4.87%	Rate Pass

Since the EyeMed proposal is not a pooled option there is no rate history. However, Keenan has negotiated a 4-year rate guarantee.

Since the MetLife proposal is not a pooled option there is no rate history.

(iv) Value Added Programs

The following are value enhancements that are offered at no additional cost.

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

(v) Network Disruption

The following outlines the potential disruption to employees regarding their dental providers.

- CICCS
 - No disruption due to same carrier (VSP)
- MetLife
 - No disruption due to same carrier (VSP)

- EyeMed
 - EyeMed has a larger network than VSP nationwide and includes retail options like LensCrafters, Target Optical, Pearl Vision, and America’s Best. 98% of EyeMed members go in network due to the size of the EyeMed network. Below are statistics provide to us by EyeMed:

Top Ten CBSAs			EyeMed Insight				VSP Choice	
Core Based Statistical Area (CBSA)	Eligible Employees	% of Total EE's	Providers		Locations		Providers	Locations
			Total	Eye360	Total	Eye360		
Los Angeles-Long Beach-Anaheim, CA	1,316	85.4%	4,909	122	1,206	103	2,860	1,179
Riverside-San Bernardino-Ontario, CA	130	8.4%	1,223	30	317	41	638	253
San Diego-Carlsbad, CA	16	1.0%	1,135	15	250	25	653	238
Prescott, AZ	6	0.4%	188	3	29	1	84	20
Tucson, AZ	4	0.3%	775	29	95	8	382	50
Las Vegas-Henderson-Paradise, NV	4	0.3%	1,078	537	178	19	685	133
Oxnard-Thousand Oaks-Ventura, CA	3	0.2%	310	19	74	11	218	71
Oklahoma City, OK	3	0.2%	204	40	100	7	231	119
Durango, CO	2	0.1%	8	0	3	0	12	6
Santa Rosa, CA	2	0.1%	54	3	27	4	89	38
Top CBSA Total:	1,486	96.4%	9,884	798	2,279	219	5,852	2,107
Non-CBSA:	3	0.2%						

#4: Group Life

Based on the results of the marketing, Keenan recommends that the Health Benefits Committee consider the following placements for the upcoming policy year:

(i) Placements for Consideration

- MetLife - Incumbent
- Reliance Standard
- Voya
- The Hartford

(ii) Rate Comparison

Entity	Estimated Total Annual Premium	Potential Annual Savings compared to Current Renewal
MetLife	\$177,788.52	\$0
MetLife (Bundle w/ Dental)	\$137,182.50	\$40,606.02
Reliance Standard	\$89,991.72	\$87,796.80
Voya	\$109,746.00	\$68,042.52
The Hartford	\$109,746.00	\$68,042.52

(iii) Renewal Protection

- MetLife: Keenan has negotiated a 2-year rate guarantee
- Reliance Standard: Keenan has negotiated a 3-year rate guarantee
- Voya: Keenan has negotiated a 3-year rate guarantee
- The Hartford: Keenan has negotiated a 3-year rate guarantee

(iv) Network Disruption

Unlike Dental and Vision there is no network disruption with Group Life policies.