

2020 Employee Benefits Marketing Analysis

Rancho Santiago Community College District
August 31st, 2020



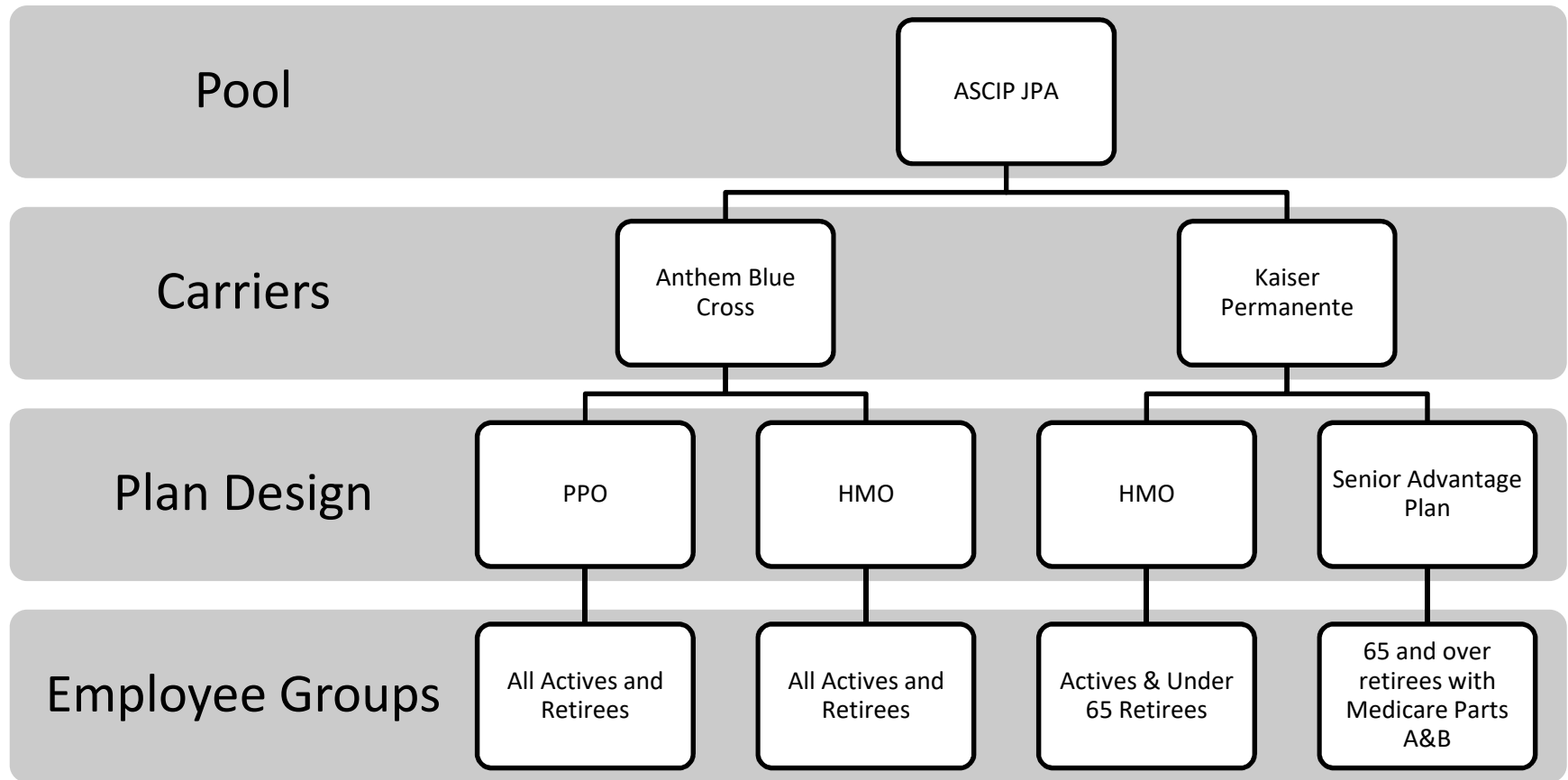
2020 Employee
Benefits Marketing

Agenda

1. Current Medical Plan Statistics
2. Marketing Background Information
3. Group #1: Status Quo
4. Group #2: Medicare Parts A+B Only
5. Group #3: All Medicare Eligible

Current Medical Plan Statistics

Current Medical Plan Offerings



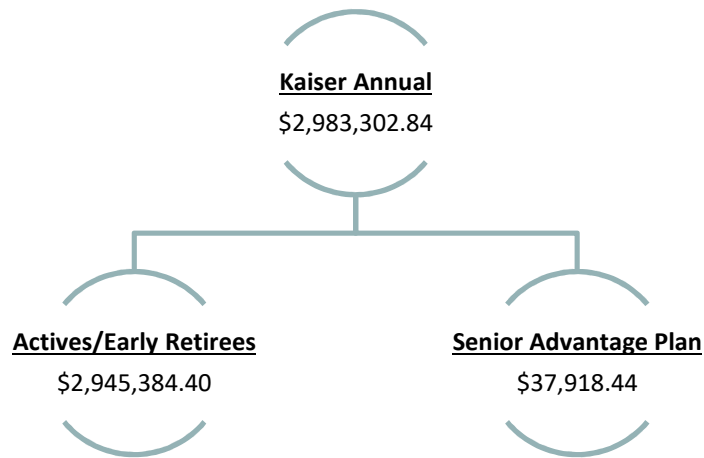
Current Enrollment Statistics

Employee Group	Kaiser	Kaiser Senior Advantage	Anthem PPO	Anthem HMO	Waive	Total
Active	190	NA	557	359	36	1,142
Early Retiree	5	NA	47	63	NA	115
Medicare Eligible Retiree	NA	5	69	278	NA	352
Total	195	5	673	700	36	1,609

2020 ASCIP Renewal

Kaiser	Kaiser Senior Advantage Plan	Anthem HMO	Anthem PPO
<ul style="list-style-type: none">• Renewal<ul style="list-style-type: none">• 11.7%• Monthly Rates<ul style="list-style-type: none">• EE: \$644.09• EE+1: \$1,288.18• Family: \$1822.76• Annual Premium<ul style="list-style-type: none">• \$2,945,384.40	<ul style="list-style-type: none">• Renewal<ul style="list-style-type: none">• 1.83%• Monthly Rates<ul style="list-style-type: none">• EE: \$245.52• EE+1: \$889.61• Annual Premium<ul style="list-style-type: none">• \$37,918.44	<ul style="list-style-type: none">• Renewal<ul style="list-style-type: none">• 4.5%• Monthly Rates<ul style="list-style-type: none">• EE: \$706.36• EE+1: \$1,481.97• Family: \$2,117.57• Annual Premium<ul style="list-style-type: none">• \$13,079,960.40	<ul style="list-style-type: none">• Renewal<ul style="list-style-type: none">• 4.5%• Monthly Rates<ul style="list-style-type: none">• EE: \$1,012.33• EE+1: \$2,125.99• Family: \$3,037.23• Annual Premium<ul style="list-style-type: none">• \$14,200,283.30

Current Premium Costs: Kaiser HMO



Actives/Early Retirees

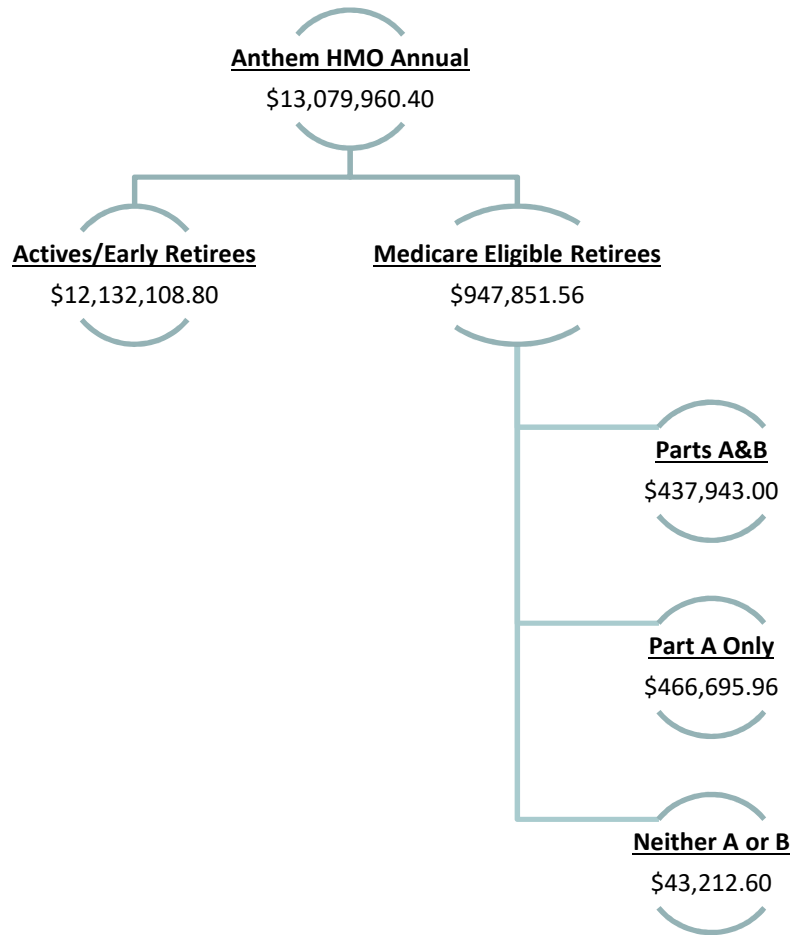
Tier	Enrollment	Premium	Monthly Cost
Employee Only	72	\$ 644.09	\$ 46,374.48
Employee + 1	47	\$ 1,288.18	\$ 60,544.46
Family	76	\$ 1,822.76	\$ 138,529.76
Premium Cost	195	NA	\$ 245,448.70

Senior Advantage Plan

Factors	Enrollment	Premium	Monthly Cost
Employee Only	2	\$ 245.52	\$ 491.04
Employee + 1	3	\$ 889.61	\$ 2,668.83
Family	0	\$ -	\$ -
Premium Cost	5	NA	\$ 3,159.87

Grand Total	200	NA	\$ 248,608.57
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Current Premium Costs: Anthem HMO



Actives/Early Retirees

Tier	Enrollment	Premium	Monthly Cost
Employee Only	121	\$ 706.36	\$ 85,469.56
Employee + 1	153	\$ 1,481.97	\$ 226,741.41
Family	330	\$ 2,117.57	\$ 698,798.10
Premium Cost	604	NA	\$ 1,011,009.07

Medicare Eligible Retirees: Parts A&B

Factors	Enrollment	Premium	Monthly Cost
Employee Only	16	\$ 706.36	\$ 11,301.76
Employee + 1	17	\$ 1,481.97	\$ 25,193.49
Family	0	\$ 2,117.57	\$ -
Premium Cost	33	NA	\$ 36,495.25

Medicare Eligible Retirees: Parts A Only

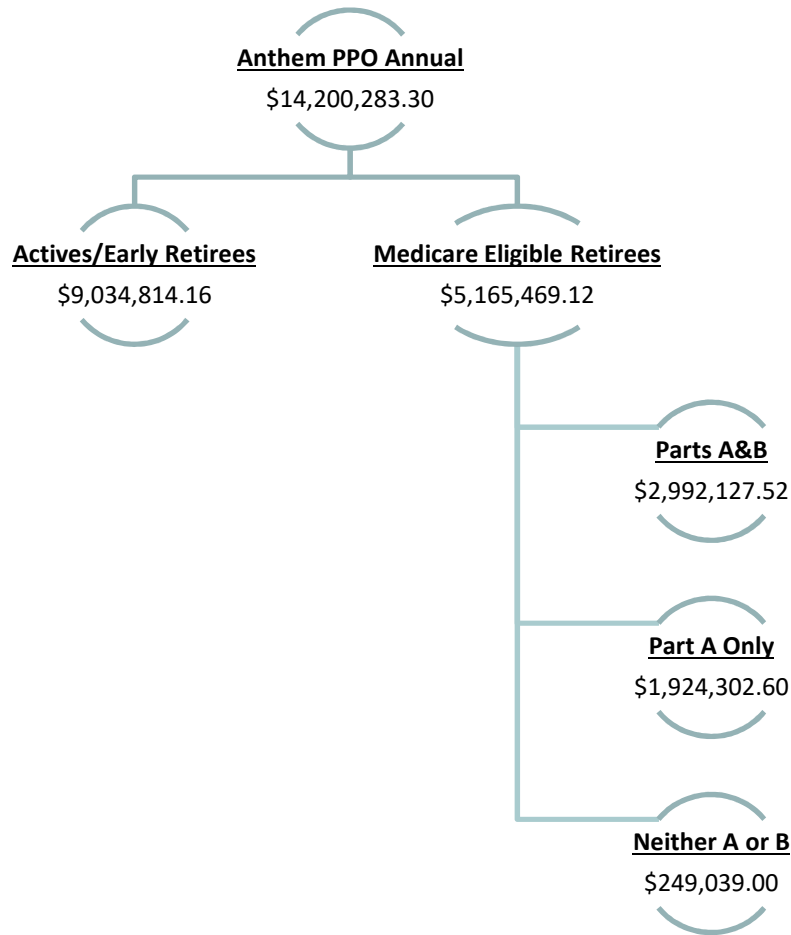
Factors	Enrollment	Premium	Monthly Cost
Employee Only	11	\$ 706.36	\$ 7,769.96
Employee + 1	21	\$ 1,481.97	\$ 31,121.37
Family	0	\$ 2,117.57	\$ -
Premium Cost	32	NA	\$ 38,891.33

Medicare Eligible Retirees: No Parts

Factors	Enrollment	Premium	Monthly Cost
Employee Only	3	\$ 706.36	\$ 2,119.08
Employee + 1	1	\$ 1,481.97	\$ 1,481.97
Family	0	\$ 2,117.57	\$ -
Premium Cost	4	NA	\$ 3,601.05

Grand Total	673	NA	\$ 1,089,996.70
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Current Premium Costs: Anthem PPO



Actives/Early Retirees

Tier	Enrollment	Premium	Monthly Cost
Employee Only	168	\$ 1,012.33	\$ 170,071.44
Employee + 1	207	\$ 2,125.99	\$ 440,079.93
Family	47	\$ 3,037.23	\$ 142,749.81
Premium Cost	422	NA	\$ 752,901.18

Medicare Eligible Retirees: Parts A&B

Factors	Enrollment	Premium	Monthly Cost
Employee Only	93	\$ 1,012.33	\$ 94,146.69
Employee + 1	73	\$ 2,125.99	\$ 155,197.27
Family	0	\$ 3,037.23	\$ -
Premium Cost	166	NA	\$ 249,343.96

Medicare Eligible Retirees: Parts A Only

Factors	Enrollment	Premium	Monthly Cost
Employee Only	42	\$ 1,012.33	\$ 42,517.86
Employee + 1	54	\$ 2,125.99	\$ 114,803.46
Family	1	\$ 3,037.23	\$ 3,037.23
Premium Cost	97	NA	\$ 160,358.55

Medicare Eligible Retirees: No Parts

Factors	Enrollment	Premium	Monthly Cost
Employee Only	10	\$ 1,012.33	\$ 10,123.30
Employee + 1	5	\$ 2,125.99	\$ 10,629.95
Family	0	\$ 3,037.23	\$ -
Premium Cost	15	NA	\$ 20,753.25

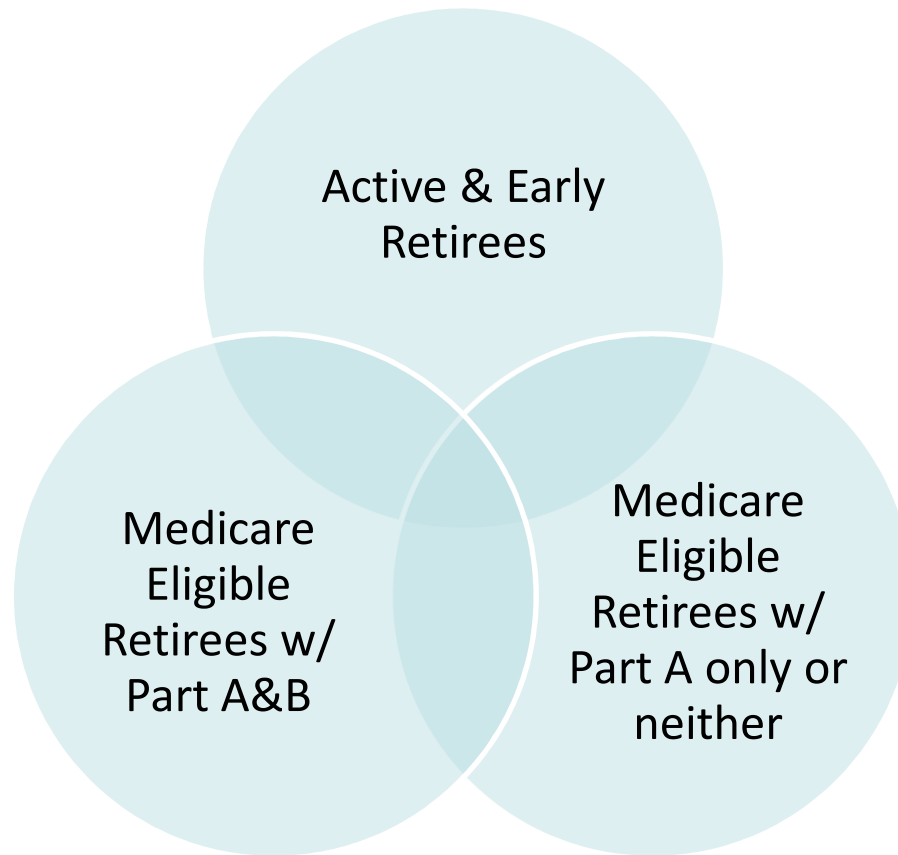
Grand Total	700	NA	\$ 1,183,356.94
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Marketing Background Information

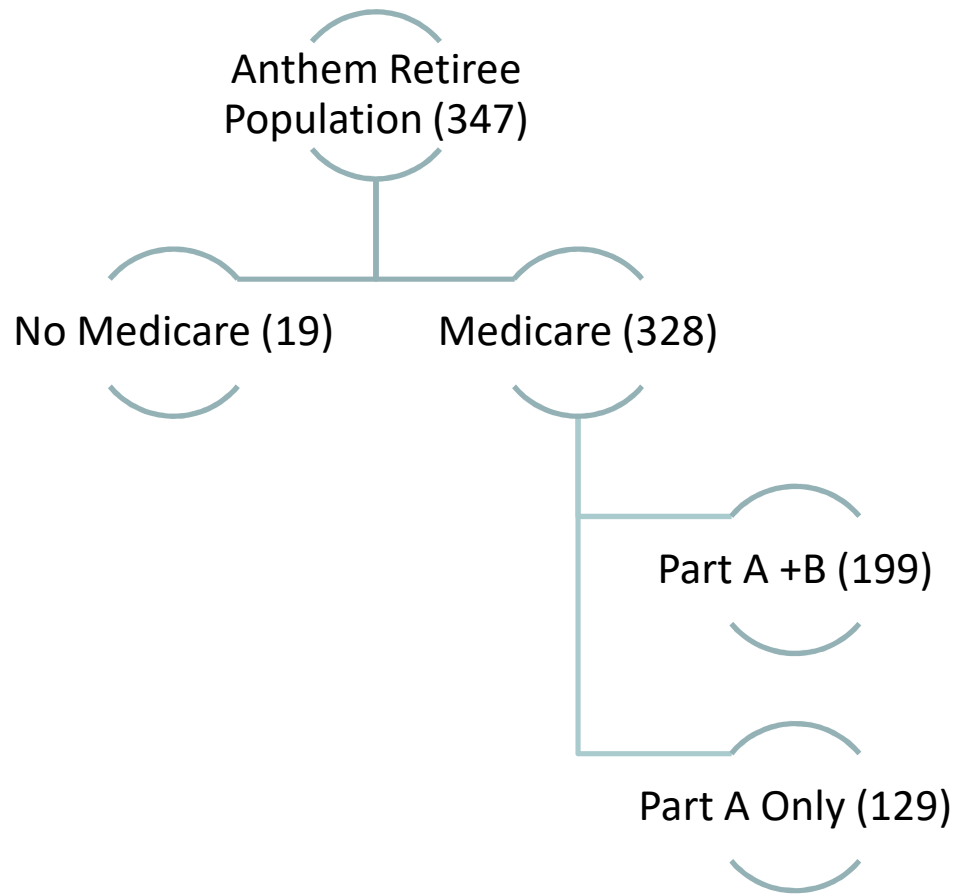
Kaiser: Break-In-Break-Out Policy

- Groups must remain with the parent group for at least 24 months before leaving the arrangement, or Kaiser Permanente has the right to re-rate the exiting group and charge the higher of the two rates.
- Upon exiting an arrangement, a group will continue to pay the previous parent group's rate (adjusted for benefit changes, commissions, or length of contract) until its renewal date, at which point the group will be rated based on its own experience or demographics.
- A group exiting a pool must retain the previous parent group's rate for at least 6 months but for no more than 18 months before being rated separately.

Employee Groups: Anthem



Carve-Out of Medicare Eligible Retirees



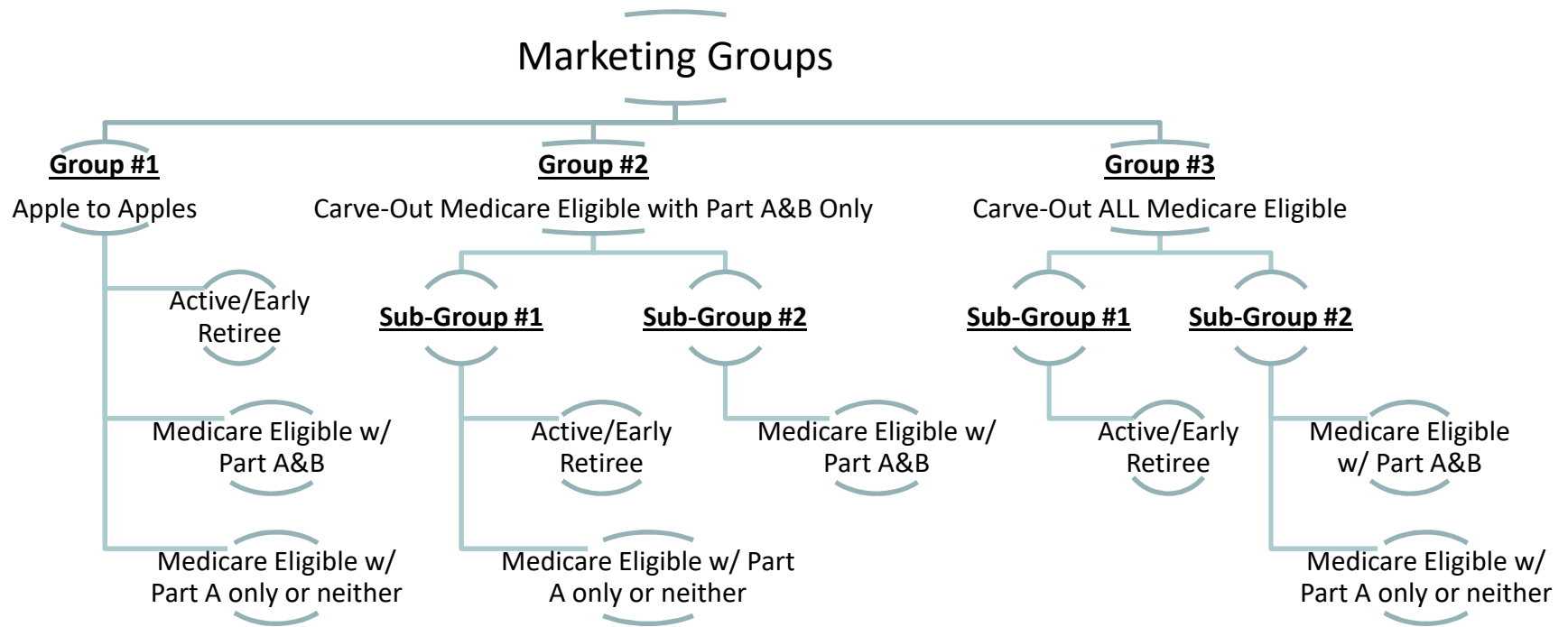
Benefits

1. Reduce total premium spend
2. Reduce OPEB liability

Impacts

1. Active/Early Retiree rates increase

Focus of Marketing Groups





Pool Responses



LICENSE NO. 0451271

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	“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.”
REEP	“The driving factor is that the average age of subscribers is substantially older than the REEP averages.”
VEBA	“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.”
SISC	“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.”



Direct to Carrier Responses



LICENSE NO. 0451271

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

Group #1 Results



Group #1 Concept



LICENSE NO. 0451271

Important Notes

- Apple to Apples comparison against current plan



Group #1
Responses



LICENSE NO. 0451271

Carrier / Pool	Response
ASCIP – Incumbent	Renewal received
Anthem	Quoted
HealthNet	Not Available
AETNA	Not Available
UHC	Quoted
Blue Shield	Not Available
CVT	Not Available



Group #1
Results Overview



LICENSE NO. 0451271

Carrier / Pool	Estimated Annual Premium	Difference from Renewal
ASCIP – Incumbent	\$27,280,243.70	\$0
Anthem	\$34,001,324.88	\$6,721,081.18
HealthNet	Not Available	Not Available
AETNA	Not Available	Not Available
UHC	\$29,052,370.20	\$1,772,126.50
Blue Shield	Not Available	Not Available
CVT	Not Available	Not Available

2020 MARKETING ANALYSIS

Group #1: Anthem Quote

HMO: Rate

Tier	ASCIP Renewal	Quote	Difference
EE	\$ 706.36	\$ 756.49	\$ 50.13
EE+1	\$ 1,481.97	\$ 1,588.63	\$ 106.66
Family	\$ 2,117.57	\$ 2,269.47	\$ 151.90

PPO: Rate

Tier	ASCIP Renewal	Quote	Difference
EE	\$ 1,012.33	\$ 1,424.65	\$ 412.32
EE+1	\$ 2,125.99	\$ 2,991.76	\$ 865.77
Family	\$ 3,037.23	\$ 4,273.95	\$ 1,236.72

HMO: Annual Premium

Tier	ASCIP Renewal	Quote	Difference
EE	\$ 106,660.36	\$ 114,229.99	\$ 7,569.63
EE+1	\$ 284,538.24	\$ 305,016.96	\$ 20,478.72
Family	\$ 698,798.10	\$ 748,925.10	\$ 50,127.00
Total	\$ 1,089,996.70	\$ 1,168,172.05	\$ 78,175.35
Annualized	\$ 13,079,960.40	\$ 14,018,064.60	\$ 938,104.20

PPO: Annual Premium

Tier	ASCIP Renewal	Quote	Difference
EE	\$ 316,859.29	\$ 445,915.45	\$ 129,056.16
EE+1	\$ 720,710.61	\$ 1,014,206.64	\$ 293,496.03
Family	\$ 145,787.04	\$ 205,149.60	\$ 59,362.56
Total	\$ 1,183,356.94	\$ 1,665,271.69	\$ 481,914.75
Annualized	\$ 14,200,283.28	\$ 19,983,260.28	\$ 5,782,977.00

2020 MARKETING ANALYSIS

Group #1: UHC Quote

HMO: Rate

Tier	ASCIP Renewal	Quote	Difference
EE	\$ 706.36	\$ 718.24	\$ 11.88
EE+1	\$ 1,481.97	\$ 1,506.96	\$ 24.99
Family	\$ 2,117.57	\$ 2,153.30	\$ 35.73

PPO: Rate

Tier	ASCIP Renewal	Quote	Difference
EE	\$ 1,012.33	\$ 1,123.68	\$ 111.35
EE+1	\$ 2,125.99	\$ 2,357.63	\$ 231.64
Family	\$ 3,037.23	\$ 3,368.81	\$ 331.58

HMO: Annual Premium

Tier	ASCIP Renewal	Quote	Difference
EE	\$ 106,660.36	\$ 108,454.24	\$ 1,793.88
EE+1	\$ 284,538.24	\$ 289,336.32	\$ 4,798.08
Family	\$ 698,798.10	\$ 710,589.00	\$ 11,790.90
Total	\$ 1,089,996.70	\$ 1,108,379.56	\$ 18,382.86
Annualized	\$ 13,079,960.40	\$ 13,300,554.72	\$ 220,594.32

PPO: Annual Premium

Tier	ASCIP Renewal	Quote	Difference
EE	\$ 316,859.29	\$ 351,711.84	\$ 34,852.55
EE+1	\$ 720,710.61	\$ 799,236.57	\$ 78,525.96
Family	\$ 145,787.04	\$ 161,702.88	\$ 15,915.84
Total	\$ 1,183,356.94	\$ 1,312,651.29	\$ 129,294.35
Annualized	\$ 14,200,283.28	\$ 15,751,815.48	\$ 1,551,532.20



Group #1 Roadmap

Roadmap Items

- There would be no disruption or organizational needs to achieve these options.
- Movement from Pools to Direct to Carrier: In general, the benefits of moving direct to carrier include increased control and flexibility regarding plan offerings. The major risk is increasing volatility of renewals in future years.

Group #2 Results



Group #2 Concept



LICENSE NO. 0451271

Important Notes

- Movement of those Medicare eligible employees that have enrolled in Part A & B to coordinated solution.
- Mitigate disruption by only requiring those that already have Medicare Parts A&B
- Allow RSCCD to achieve premium savings and reduce OPEB liability without affecting the current providers/coverage for remaining groups



Group #2
Responses



LICENSE NO. 0451271

Carrier / Pool	Response
ASCIP – Incumbent	Renewal received
Anthem	Quoted
HealthNet	Quoted
AETNA	Not Available
UHC	Not Available
Blue Shield	Quoted
CVT	Not Available



Group #2
Results Overview



LICENSE NO. 0451271

Carrier / Pool	Estimated Annual Premium	Difference from Renewal
ASCIP – Incumbent	\$26,916,067.90	(\$364,175.78)
Anthem	\$29,623,601.40	\$2,343,357.70
HealthNet	\$27,343,113.00	\$62,869.30
AETNA	Not Available	NA
UHC	Not Available	NA
Blue Shield	\$29,129,036.20	\$1,848,792.46
CVT	Not Available	NA

2020 MARKETING ANALYSIS

Group #2: ASCIP Quote

HMO	Active	COBRA	Retiree<65	Retiree A+B	Retiree A Only	Retiree None
EE	\$ 730.02	\$ 730.02	\$ 730.02	\$ 416.24	\$ 730.02	\$ 730.02
EE +1	\$ 1,531.60	\$ 1,531.60	\$ 1,531.60	\$ 832.48	\$ 1,531.60	\$ 1,531.60
Family	\$ 2,188.49	\$ 2,188.49	\$ 2,188.49	\$ -	\$ 2,188.49	\$ 2,188.49

PPO	Active	COBRA	Retiree<65	Retiree A+B	Retiree A Only	Retiree None
EE	\$ 1,120.63	\$ 1,120.63	\$ 1,120.63	\$ 416.24	\$ 1,120.63	\$ 1,120.63
EE +1	\$ 2,353.41	\$ 2,353.41	\$ 2,353.41	\$ 832.48	\$ 2,353.41	\$ 2,353.41
Family	\$ 3,362.13	\$ 3,362.13	\$ 3,362.13	\$ -	\$ 3,362.13	\$ 3,362.13

HMO	Active	COBRA	Retiree<65	Retiree A+B	Retiree A Only	Retiree None	Total
EE	\$ 76,652.10	\$ 1,460.04	\$ 10,220.28	\$ 6,659.84	\$ 8,030.22	\$ 2,190.06	\$ 105,212.54
EE +1	\$ 197,576.40	\$ -	\$ 36,758.40	\$ 14,152.16	\$ 32,163.60	\$ 1,531.60	\$ 282,182.16
Family	\$ 702,505.29	\$ -	\$ 19,696.41	\$ -	\$ -	\$ -	\$ 722,201.70
Total	\$ 976,733.79	\$ 1,460.04	\$ 66,675.09	\$ 20,812.00	\$ 40,193.82	\$ 3,721.66	\$ 1,109,596.40

PPO	Active	COBRA	Retiree<65	Retiree A+B	Retiree A Only	Retiree None	Total
EE	\$ 177,059.54	\$ -	\$ 11,206.30	\$ 38,710.32	\$ 47,066.46	\$ 11,206.30	\$ 285,248.92
EE +1	\$ 376,545.60	\$ -	\$ 110,610.27	\$ 60,771.04	\$ 127,084.14	\$ 11,767.05	\$ 686,778.10
Family	\$ 137,847.33	\$ -	\$ 20,172.78	\$ -	\$ 3,362.13	\$ -	\$ 161,382.24
Total	\$ 691,452.47	\$ -	\$ 141,989.35	\$ 99,481.36	\$ 177,512.73	\$ 22,973.35	\$ 1,133,409.26

Grand Total	\$ 1,668,186.26	\$ 1,460.04	\$ 208,664.44	\$ 120,293.36	\$ 217,706.55	\$ 26,695.01	\$ 2,243,005.66
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Group #2: Anthem Quote

<u>HMO</u>	<u>Active</u>	<u>COBRA</u>	<u>Retiree<65</u>	<u>Retiree A+B</u>	<u>Retiree A Only</u>	<u>Retiree None</u>
EE	\$ 756.49	\$ 756.49	\$ 756.49	\$ 276.26	\$ 756.49	\$ 756.49
EE +1	\$ 1,588.63	\$ 1,588.63	\$ 1,588.63	\$ 552.52	\$ 1,588.63	\$ 1,588.63
Family	\$ 2,269.47	\$ 2,269.47	\$ 2,269.47	\$ -	\$ 2,269.47	\$ 2,269.47

<u>PPO</u>	<u>Active</u>	<u>COBRA</u>	<u>Retiree<65</u>	<u>Retiree A+B</u>	<u>Retiree A Only</u>	<u>Retiree None</u>
EE	\$ 1,334.57	\$ 1,334.57	\$ 1,334.57	\$ 395.33	\$ 1,334.57	\$ 1,334.57
EE +1	\$ 2,802.60	\$ 2,802.60	\$ 2,802.60	\$ 790.66	\$ 2,802.60	\$ 2,802.60
Family	\$ 4,003.71	\$ 4,003.71	\$ 4,003.71	\$ -	\$ 4,003.71	\$ 4,003.71

<u>HMO</u>	<u>Active</u>	<u>COBRA</u>	<u>Retiree<65</u>	<u>Retiree A+B</u>	<u>Retiree A Only</u>	<u>Retiree None</u>	<u>Total</u>
EE	\$ 79,431.45	\$ 1,512.98	\$ 10,590.86	\$ 4,420.16	\$ 8,321.39	\$ 2,269.47	\$ 106,546.31
EE +1	\$ 204,933.27	\$ -	\$ 38,127.12	\$ 9,392.84	\$ 33,361.23	\$ 1,588.63	\$ 287,403.09
Family	\$ 728,499.87	\$ -	\$ 20,425.23	\$ -	\$ -	\$ -	\$ 748,925.10
Total	\$ 1,012,864.59	\$ 1,512.98	\$ 69,143.21	\$ 13,813.00	\$ 41,682.62	\$ 3,858.10	\$ 1,142,874.50

<u>PPO</u>	<u>Active</u>	<u>COBRA</u>	<u>Retiree<65</u>	<u>Retiree A+B</u>	<u>Retiree A Only</u>	<u>Retiree None</u>	<u>Total</u>
EE	\$ 210,862.06	\$ -	\$ 13,345.70	\$ 36,765.69	\$ 56,051.94	\$ 13,345.70	\$ 330,371.09
EE +1	\$ 448,416.00	\$ -	\$ 131,722.20	\$ 57,718.18	\$ 151,340.40	\$ 14,013.00	\$ 803,209.78
Family	\$ 164,152.11	\$ -	\$ 24,022.26	\$ -	\$ 4,003.71	\$ -	\$ 192,178.08
Total	\$ 823,430.17	\$ -	\$ 169,090.16	\$ 94,483.87	\$ 211,396.05	\$ 27,358.70	\$ 1,325,758.95

Grand Total	\$ 1,836,294.76	\$ 1,512.98	\$ 238,233.37	\$ 108,296.87	\$ 253,078.67	\$ 31,216.80	\$ 2,468,633.45
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Group #2: HealthNet Quote

HMO	Active	COBRA	Retiree<65	Retiree A+B	Retiree A Only	Retiree None
EE	\$773.25	\$773.25	\$773.25	\$737.08	\$737.08	\$773.25
EE +1	\$1,622.38	\$1,622.38	\$1,622.38	\$1,474.16	\$1,474.16	\$1,622.38
Family	\$2,318.22	\$2,318.22	\$2,318.22	\$0.00	\$0.00	\$2,318.22

PPO	Active	COBRA	Retiree<65	Retiree A+B	Retiree A Only	Retiree None
EE	\$1,022.02	\$1,022.02	\$1,022.02	\$799.32	\$799.32	\$1,022.02
EE +1	\$2,134.73	\$2,134.73	\$2,134.73	\$1,598.64	\$1,598.64	\$2,134.73
Family	\$3,066.29	\$3,066.29	\$3,066.29	\$0.00	\$2,397.96	\$3,066.29

HMO	Active	COBRA	Retiree<65	Retiree A+B	Retiree A Only	Retiree None	Total
EE	\$81,191.25	\$1,546.50	\$10,825.50	\$11,793.28	\$8,107.88	\$2,319.75	\$115,784.16
EE +1	\$209,287.02	\$0.00	\$38,937.12	\$25,060.72	\$30,957.36	\$1,622.38	\$305,864.60
Family	\$744,148.62	\$0.00	\$20,863.98	\$0.00	\$0.00	\$0.00	\$765,012.60
Total	\$1,034,626.89	\$1,546.50	\$70,626.60	\$36,854.00	\$39,065.24	\$3,942.13	\$1,186,661.36

PPO	Active	COBRA	Retiree<65	Retiree A+B	Retiree A Only	Retiree None	Total
EE	\$161,479.16	\$0.00	\$10,220.20	\$74,336.76	\$33,571.44	\$10,220.20	\$289,827.76
EE +1	\$341,556.80	\$0.00	\$100,332.31	\$116,700.72	\$86,326.56	\$10,673.65	\$655,590.04
Family	\$125,717.89	\$0.00	\$18,397.74	\$0.00	\$2,397.96	\$0.00	\$146,513.59
Total	\$628,753.85	\$0.00	\$128,950.25	\$191,037.48	\$122,295.96	\$20,893.85	\$1,091,931.39

Grand Total	\$1,663,380.74	\$1,546.50	\$199,576.85	\$227,891.48	\$161,361.20	\$24,835.98	\$2,278,592.75
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Group #2: Blue Shield Quote

HMO	Active	COBRA	Retiree<65	Retiree A+B	Retiree A Only	Retiree None
EE	\$ 824.50	\$ 824.50	\$ 824.50	\$ 303.55	\$ 824.50	\$ 824.50
EE +1	\$ 1,729.91	\$ 1,729.91	\$ 1,729.91	\$ 607.09	\$ 1,729.91	\$ 1,729.91
Family	\$ 2,471.87	\$ 2,471.87	\$ 2,471.87	\$ 910.65	\$ 2,471.87	\$ 2,471.87

PPO	Active	COBRA	Retiree<65	Retiree A+B	Retiree A Only	Retiree None
EE	\$ 1,181.70	\$ 1,181.70	\$ 1,181.70	\$ 385.85	\$ 1,181.70	\$ 1,181.70
EE +1	\$ 2,481.64	\$ 2,481.64	\$ 2,481.64	\$ 771.69	\$ 2,481.64	\$ 2,481.64
Family	\$ 3,545.33	\$ 3,545.33	\$ 3,545.33	\$ 1,157.55	\$ 3,545.33	\$ 3,545.33

HMO	Active	COBRA	Retiree<65	Retiree A+B	Retiree A Only	Retiree None	Total
EE	\$ 86,572.50	\$ 1,649.00	\$ 11,543.00	\$ 4,856.80	\$ 9,069.50	\$ 2,473.50	\$ 116,164.30
EE +1	\$ 223,158.39	\$ -	\$ 41,517.84	\$ 10,320.53	\$ 36,328.11	\$ 1,729.91	\$ 313,054.78
Family	\$ 793,470.27	\$ -	\$ 22,246.83	\$ -	\$ -	\$ -	\$ 815,717.10
Total	\$ 1,103,201.16	\$ 1,649.00	\$ 75,307.67	\$ 15,177.33	\$ 45,397.61	\$ 4,203.41	\$ 1,244,936.18

PPO	Active	COBRA	Retiree<65	Retiree A+B	Retiree A Only	Retiree None	Total
EE	\$ 186,708.60	\$ -	\$ 11,817.00	\$ 35,884.05	\$ 49,631.40	\$ 11,817.00	\$ 295,858.05
EE +1	\$ 397,062.40	\$ -	\$ 116,637.08	\$ 56,333.37	\$ 134,008.56	\$ 12,408.20	\$ 716,449.61
Family	\$ 145,358.53	\$ -	\$ 21,271.98	\$ -	\$ 3,545.33	\$ -	\$ 170,175.84
Total	\$ 729,129.53	\$ -	\$ 149,726.06	\$ 92,217.42	\$ 187,185.29	\$ 24,225.20	\$ 1,182,483.50

Grand Total	\$ 1,832,330.69	\$ 1,649.00	\$ 225,033.73	\$ 107,394.75	\$ 232,582.90	\$ 28,428.61	\$ 2,427,419.68
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Group #2 Roadmap



LICENSE NO. 0451271

Roadmap Items

- Re-Calculation of Employer Cap Amounts: The impact under these scenarios is the increased premiums for the remaining groups. To mitigate any out of pocket costs for the remaining groups the employer contribution caps will need to be calculated to redistribute the savings achieved back to the remaining groups.
- New Retirees: It would be advisable to require new retirees to enroll in Medicare Part B at eligibility to best manage future premium spend and OPEB liability.

Group #3 Results



Group #3 Concept



LICENSE NO. 0451271

Important Notes

- Movement of ALL Medicare eligible employees to Medicare solution
- Allow RSCCD to achieve maximum premium savings and OPEB liability reduction
- These quotes are “all-in” quotes which require all Medicare eligible to migrate.
- This is the ideal structure for RSCCD when it can be organizationally achieved



Group #3
Responses



LICENSE NO. 0451271

Carrier / Pool	Response
ASCIP – Incumbent	Not Available
Anthem	Quoted
HealthNet	Quoted
AETNA	Quoted
UHC	Quoted
Blue Shield	Quoted
CVT	Quoted

Group #3
Results Overview

Carrier / Pool	Estimated Annual Premium	Difference from Renewal
ASCIP – Incumbent	Not Available	Not Available
Anthem	\$ 25,503,501.60	\$ (1,776,742.08)
HealthNet	\$ 26,015,850.00	\$ (1,264,393.68)
AETNA	\$ 24,417,614.16	\$ (2,862,629.52)
UHC	\$ 25,175,105.28	\$ (2,105,138.40)
Blue Shield	\$ 27,009,183.72	\$ (271,059.96)
CVT	\$ 23,603,100.00	\$ (3,677,143.68)

2020 MARKETING ANALYSIS

Group #3: Anthem Quote

HMO	Active	COBRA	Retiree<65	Retiree A+B	Retiree A Only	Retiree None
EE	\$ 732.94	\$ 732.94	\$ 732.94	\$ 276.26	\$ 276.26	\$ 732.94
EE +1	\$ 1,537.80	\$ 1,537.80	\$ 1,537.80	\$ 552.52	\$ 552.52	\$ 1,537.80
Family	\$ 2,197.36	\$ 2,197.36	\$ 2,197.36	\$ -	\$ -	\$ 2,197.36

PPO	Active	COBRA	Retiree<65	Retiree A+B	Retiree A Only	Retiree None
EE	\$ 1,188.25	\$ 1,188.25	\$ 1,188.25	\$ 395.33	\$ 276.26	\$ 1,188.25
EE +1	\$ 2,495.37	\$ 2,495.37	\$ 2,495.37	\$ 790.66	\$ 552.52	\$ 2,495.37
Family	\$ 3,564.95	\$ 3,564.95	\$ 3,564.95	\$ -	\$ -	\$ 3,564.95

HMO	Active	COBRA	Retiree<65	Retiree A+B	Retiree A Only	Retiree None	Total
EE	\$ 76,958.70	\$ 1,465.88	\$ 10,261.16	\$ 4,420.16	\$ 3,038.86	\$ 2,198.82	\$ 98,343.58
EE +1	\$ 198,376.20	\$ -	\$ 36,907.20	\$ 9,392.84	\$ 11,602.92	\$ 1,537.80	\$ 257,816.96
Family	\$ 705,352.56	\$ -	\$ 19,776.24	\$ -	\$ -	\$ -	\$ 725,128.80
Total	\$ 980,687.46	\$ 1,465.88	\$ 66,944.60	\$ 13,813.00	\$ 14,641.78	\$ 3,736.62	\$ 1,081,289.34

PPO	Active	COBRA	Retiree<65	Retiree A+B	Retiree A Only	Retiree None	Total
EE	\$ 187,743.50	\$ -	\$ 11,882.50	\$ 36,765.69	\$ 11,602.92	\$ 11,882.50	\$ 259,877.11
EE +1	\$ 399,259.20	\$ -	\$ 117,282.39	\$ 57,718.18	\$ 29,836.08	\$ 12,476.85	\$ 616,572.70
Family	\$ 146,162.95	\$ -	\$ 21,389.70	\$ -	\$ -	\$ -	\$ 167,552.65
Total	\$ 733,165.65	\$ -	\$ 150,554.59	\$ 94,483.87	\$ 41,439.00	\$ 24,359.35	\$ 1,044,002.46

Grand Total	\$ 1,713,853.11	\$ 1,465.88	\$ 217,499.19	\$ 108,296.87	\$ 56,080.78	\$ 28,095.97	\$ 2,125,291.80
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Group #3: HealthNet Quote

<u>HMO</u>	<u>Active</u>	<u>COBRA</u>	<u>Retiree<65</u>	<u>Retiree A+B</u>	<u>Retiree A Only</u>	<u>Retiree None</u>
EE	\$ 773.25	\$ 773.25	\$ 773.25	\$ 560.00	\$ 560.00	\$ 560.00
EE +1	\$ 1,622.38	\$ 1,622.38	\$ 1,622.38	\$ 1,120.00	\$ 1,120.00	\$ 1,120.00
Family	\$ 2,318.22	\$ 2,318.22	\$ 2,318.22	\$ -	\$ -	\$ -

<u>PPO</u>	<u>Active</u>	<u>COBRA</u>	<u>Retiree<65</u>	<u>Retiree A+B</u>	<u>Retiree A Only</u>	<u>Retiree None</u>
EE	\$ 1,222.56	\$ 1,222.56	\$ 1,222.56	\$ 222.01	\$ 222.01	\$ 222.01
EE +1	\$ 2,567.43	\$ 2,567.43	\$ 2,567.43	\$ 444.02	\$ 444.02	\$ 444.02
Family	\$ 3,667.90	\$ 3,667.90	\$ 3,667.90	\$ -	\$ 666.03	\$ 666.03

<u>HMO</u>	<u>Active</u>	<u>COBRA</u>	<u>Retiree<65</u>	<u>Retiree A+B</u>	<u>Retiree A Only</u>	<u>Retiree None</u>	<u>Total</u>
EE	\$ 81,191.25	\$ 1,546.50	\$ 10,825.50	\$ 8,960.00	\$ 6,160.00	\$ 1,680.00	\$ 110,363.25
EE +1	\$ 209,287.02	\$ -	\$ 38,937.12	\$ 19,040.00	\$ 23,520.00	\$ 1,120.00	\$ 291,904.14
Family	\$ 744,148.62	\$ -	\$ 20,863.98	\$ -	\$ -	\$ -	\$ 765,012.60
Total	\$ 1,034,626.89	\$ 1,546.50	\$ 70,626.60	\$ 28,000.00	\$ 29,680.00	\$ 2,800.00	\$ 1,167,279.99

<u>PPO</u>	<u>Active</u>	<u>COBRA</u>	<u>Retiree<65</u>	<u>Retiree A+B</u>	<u>Retiree A Only</u>	<u>Retiree None</u>	<u>Total</u>
EE	\$ 193,164.48	\$ -	\$ 12,225.60	\$ 20,646.93	\$ 9,324.42	\$ 2,220.10	\$ 237,581.53
EE +1	\$ 410,788.80	\$ -	\$ 120,669.21	\$ 32,413.46	\$ 23,977.08	\$ 2,220.10	\$ 590,068.65
Family	\$ 150,383.90	\$ -	\$ 22,007.40	\$ -	\$ 666.03	\$ -	\$ 173,057.33
Total	\$ 754,337.18	\$ -	\$ 154,902.21	\$ 53,060.39	\$ 33,967.53	\$ 4,440.20	\$ 1,000,707.51

Grand Total	\$ 1,788,964.07	\$ 1,546.50	\$ 225,528.81	\$ 81,060.39	\$ 63,647.53	\$ 7,240.20	\$ 2,167,987.50
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Group #3: AETNA Quote

<u>HMO</u>	<u>Active</u>	<u>COBRA</u>	<u>Retiree<65</u>	<u>Retiree A+B</u>	<u>Retiree A Only</u>	<u>Retiree None</u>
EE	\$ 842.40	\$ 842.40	\$ 842.40	\$ 352.68	\$ 352.68	\$ 842.40
EE +1	\$ 1,767.45	\$ 1,767.45	\$ 1,767.45	\$ 705.36	\$ 705.36	\$ 1,767.45
Family	\$ 2,525.51	\$ 2,525.51	\$ 2,525.51	\$ -	\$ -	\$ 2,525.51

<u>PPO</u>	<u>Active</u>	<u>COBRA</u>	<u>Retiree<65</u>	<u>Retiree A+B</u>	<u>Retiree A Only</u>	<u>Retiree None</u>
EE	\$ 850.76	\$ 850.76	\$ 850.76	\$ 352.68	\$ 352.68	\$ 850.76
EE +1	\$ 1,786.62	\$ 1,786.62	\$ 1,786.62	\$ 705.36	\$ 705.36	\$ 1,786.62
Family	\$ 2,552.41	\$ 2,552.41	\$ 2,552.41	\$ -	\$ 1,058.04	\$ 2,552.41

<u>HMO</u>	<u>Active</u>	<u>COBRA</u>	<u>Retiree<65</u>	<u>Retiree A+B</u>	<u>Retiree A Only</u>	<u>Retiree None</u>	<u>Total</u>
EE	\$ 88,451.81	\$ 1,684.80	\$ 11,793.57	\$ 5,642.88	\$ 3,879.48	\$ 2,527.19	\$ 113,979.74
EE +1	\$ 228,001.00	\$ -	\$ 42,418.79	\$ 11,991.12	\$ 14,812.56	\$ 1,767.45	\$ 298,990.92
Family	\$ 810,688.39	\$ -	\$ 22,729.58	\$ -	\$ -	\$ -	\$ 833,417.97
Total	\$ 1,127,141.20	\$ 1,684.80	\$ 76,941.95	\$ 17,634.00	\$ 18,692.04	\$ 4,294.64	\$ 1,246,388.63

<u>PPO</u>	<u>Active</u>	<u>COBRA</u>	<u>Retiree<65</u>	<u>Retiree A+B</u>	<u>Retiree A Only</u>	<u>Retiree None</u>	<u>Total</u>
EE	\$ 134,420.08	\$ -	\$ 8,507.60	\$ 32,799.24	\$ 14,812.56	\$ 8,507.60	\$ 199,047.08
EE +1	\$ 285,859.20	\$ -	\$ 83,971.14	\$ 51,491.28	\$ 38,089.44	\$ 8,933.10	\$ 468,344.16
Family	\$ 104,648.81	\$ -	\$ 15,314.46	\$ -	\$ 1,058.04	\$ -	\$ 121,021.31
Total	\$ 524,928.09	\$ -	\$ 107,793.20	\$ 84,290.52	\$ 53,960.04	\$ 17,440.70	\$ 788,412.55

Grand Total	\$ 1,652,069.29	\$ 1,684.80	\$ 184,735.15	\$ 101,924.52	\$ 72,652.08	\$ 21,735.34	\$ 2,034,801.18
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2020 MARKETING ANALYSIS

Group #3: UHC Quote

HMO	Active	COBRA	Retiree<65	Retiree A+B	Retiree A Only	Retiree None
EE	\$ 718.24	\$ 718.24	\$ 718.24	\$ 451.39	\$ 451.39	\$ 451.39
EE +1	\$ 1,506.96	\$ 1,506.96	\$ 1,506.96	\$ 902.78	\$ 902.78	\$ 902.78
Family	\$ 2,153.30	\$ 2,153.30	\$ 2,153.30	\$ 1,354.17	\$ 1,354.17	\$ 1,354.17

PPO	Active	COBRA	Retiree<65	Retiree A+B	Retiree A Only	Retiree None
EE	\$ 1,123.68	\$ 1,123.68	\$ 1,123.68	\$ 451.39	\$ 451.39	\$ 451.39
EE +1	\$ 2,357.63	\$ 2,357.63	\$ 2,357.63	\$ 902.78	\$ 902.78	\$ 902.78
Family	\$ 3,368.81	\$ 3,368.81	\$ 3,368.81	\$ 1,354.17	\$ 1,354.17	\$ 1,354.17

HMO	Active	COBRA	Retiree<65	Retiree A+B	Retiree A Only	Retiree None	Total
EE	\$ 75,415.20	\$ 1,436.48	\$ 10,055.36	\$ 7,222.24	\$ 4,965.29	\$ 1,354.17	\$ 100,448.74
EE +1	\$ 194,397.84	\$ -	\$ 36,167.04	\$ 15,347.26	\$ 18,958.38	\$ 902.78	\$ 265,773.30
Family	\$ 691,209.30	\$ -	\$ 19,379.70	\$ -	\$ -	\$ -	\$ 710,589.00
Total	\$ 961,022.34	\$ 1,436.48	\$ 65,602.10	\$ 22,569.50	\$ 23,923.67	\$ 2,256.95	\$ 1,076,811.04

PPO	Active	COBRA	Retiree<65	Retiree A+B	Retiree A Only	Retiree None	Total
EE	\$ 177,541.44	\$ -	\$ 11,236.80	\$ 41,979.27	\$ 18,958.38	\$ 4,513.90	\$ 254,229.79
EE +1	\$ 377,220.80	\$ -	\$ 110,808.61	\$ 65,902.94	\$ 48,750.12	\$ 4,513.90	\$ 607,196.37
Family	\$ 138,121.21	\$ -	\$ 20,212.86	\$ -	\$ 1,354.17	\$ -	\$ 159,688.24
Total	\$ 692,883.45	\$ -	\$ 142,258.27	\$ 107,882.21	\$ 69,062.67	\$ 9,027.80	\$ 1,021,114.40

Grand Total	\$ 1,653,905.79	\$ 1,436.48	\$ 207,860.37	\$ 130,451.71	\$ 92,986.34	\$ 11,284.75	\$ 2,097,925.44
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2020 MARKETING ANALYSIS

Group #3: Blue Shield Quote

HMO	Active	COBRA	Retiree<65	Retiree A+B	Retiree A Only	Retiree None
EE	\$ 824.50	\$ 824.50	\$ 824.50	\$ 303.55	\$ 303.55	\$ 303.55
EE +1	\$ 1,729.91	\$ 1,729.91	\$ 1,729.91	\$ 607.09	\$ 607.09	\$ 607.09
Family	\$ 2,471.87	\$ 2,471.87	\$ 2,471.87	\$ 910.65	\$ 910.65	\$ 910.65

PPO	Active	COBRA	Retiree<65	Retiree A+B	Retiree A Only	Retiree None
EE	\$ 1,181.70	\$ 1,181.70	\$ 1,181.70	\$ 385.85	\$ 385.85	\$ 385.85
EE +1	\$ 2,481.64	\$ 2,481.64	\$ 2,481.64	\$ 771.69	\$ 771.69	\$ 771.69
Family	\$ 3,545.33	\$ 3,545.33	\$ 3,545.33	\$ 1,157.55	\$ 1,157.55	\$ 1,157.55

HMO	Active	COBRA	Retiree<65	Retiree A+B	Retiree A Only	Retiree None	Total
EE	\$ 86,572.50	\$ 1,649.00	\$ 11,543.00	\$ 4,856.80	\$ 3,339.05	\$ 910.65	\$ 108,871.00
EE +1	\$ 223,158.39	\$ -	\$ 41,517.84	\$ 10,320.53	\$ 12,748.89	\$ 607.09	\$ 288,352.74
Family	\$ 793,470.27	\$ -	\$ 22,246.83	\$ -	\$ -	\$ -	\$ 815,717.10
Total	\$ 1,103,201.16	\$ 1,649.00	\$ 75,307.67	\$ 15,177.33	\$ 16,087.94	\$ 1,517.74	\$ 1,212,940.84

PPO	Active	COBRA	Retiree<65	Retiree A+B	Retiree A Only	Retiree None	Total
EE	\$ 186,708.60	\$ -	\$ 11,817.00	\$ 35,884.05	\$ 16,205.70	\$ 3,858.50	\$ 254,473.85
EE +1	\$ 397,062.40	\$ -	\$ 116,637.08	\$ 56,333.37	\$ 41,671.26	\$ 3,858.45	\$ 615,562.56
Family	\$ 145,358.53	\$ -	\$ 21,271.98	\$ -	\$ 1,157.55	\$ -	\$ 167,788.06
Total	\$ 729,129.53	\$ -	\$ 149,726.06	\$ 92,217.42	\$ 59,034.51	\$ 7,716.95	\$ 1,037,824.47

Grand Total	\$ 1,832,330.69	\$ 1,649.00	\$ 225,033.73	\$ 107,394.75	\$ 75,122.45	\$ 9,234.69	\$ 2,250,765.31
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Group #3: CVT Quote

<u>HMO</u>	<u>Active</u>	<u>COBRA</u>	<u>Retiree<65</u>	<u>Retiree A+B</u>	<u>Retiree A Only</u>	<u>Retiree None</u>
EE	\$ 725.00	\$ 725.00	\$ 725.00	\$ 501.00	\$ 501.00	\$ 501.00
EE +1	\$ 1,505.00	\$ 1,505.00	\$ 1,505.00	\$ 952.00	\$ 952.00	\$ 952.00
Family	\$ 2,143.00	\$ 2,143.00	\$ 2,143.00	\$ 1,290.00	\$ 1,290.00	\$ 1,290.00

<u>PPO</u>	<u>Active</u>	<u>COBRA</u>	<u>Retiree<65</u>	<u>Retiree A+B</u>	<u>Retiree A Only</u>	<u>Retiree None</u>
EE	\$ 928.00	\$ 928.00	\$ 928.00	\$ 501.00	\$ 501.00	\$ 501.00
EE +1	\$ 1,948.00	\$ 1,948.00	\$ 1,948.00	\$ 952.00	\$ 952.00	\$ 952.00
Family	\$ 2,784.00	\$ 2,784.00	\$ 2,784.00	\$ 1,290.00	\$ 1,290.00	\$ 1,290.00

<u>HMO</u>	<u>Active</u>	<u>COBRA</u>	<u>Retiree<65</u>	<u>Retiree A+B</u>	<u>Retiree A Only</u>	<u>Retiree None</u>	<u>Total</u>
EE	\$ 76,125.00	\$ 1,450.00	\$ 10,150.00	\$ 8,016.00	\$ 5,511.00	\$ 1,503.00	\$ 102,755.00
EE +1	\$ 194,145.00	\$ -	\$ 36,120.00	\$ 16,184.00	\$ 19,992.00	\$ 952.00	\$ 267,393.00
Family	\$ 687,903.00	\$ -	\$ 19,287.00	\$ -	\$ -	\$ -	\$ 707,190.00
Total	\$ 958,173.00	\$ 1,450.00	\$ 65,557.00	\$ 24,200.00	\$ 25,503.00	\$ 2,455.00	\$ 1,077,338.00

<u>PPO</u>	<u>Active</u>	<u>COBRA</u>	<u>Retiree<65</u>	<u>Retiree A+B</u>	<u>Retiree A Only</u>	<u>Retiree None</u>	<u>Total</u>
EE	\$ 146,624.00	\$ -	\$ 9,280.00	\$ 46,593.00	\$ 21,042.00	\$ 5,010.00	\$ 228,549.00
EE +1	\$ 311,680.00	\$ -	\$ 91,556.00	\$ 69,496.00	\$ 51,408.00	\$ 4,760.00	\$ 528,900.00
Family	\$ 114,144.00	\$ -	\$ 16,704.00	\$ -	\$ 1,290.00	\$ -	\$ 132,138.00
Total	\$ 572,448.00	\$ -	\$ 117,540.00	\$ 116,089.00	\$ 73,740.00	\$ 9,770.00	\$ 889,587.00

Grand Total	\$ 1,530,621.00	\$ 1,450.00	\$ 183,097.00	\$ 140,289.00	\$ 99,243.00	\$ 12,225.00	\$ 1,966,925.00
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Group #3 Roadmap

Roadmap Items

- **Mandate Enrollment of Medicare Part A and B:** A strategy will need to be developed to mandate enrollment in Medicare Part A & B for those who are not currently enrolled. This will require an additional plan for how to pay for the Part B late enrollment penalties.
- **Timing of Medicare Open Enrollment:** Due to the difference in timelines for Open Enrollment between RSCCD and Medicare, these options are most likely a two-year endeavor.
- **Re-Calculation of Employer Cap Amounts:** The impact under these scenarios is the increased premiums for the remaining groups. To mitigate any out of pocket costs for the remaining groups the employer contribution caps will need to be calculated to redistribute the savings achieved back to the remaining groups.

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.

	Current - Actives/Retirees		Proposed - Retirees		Proposed - Retirees		Proposed - Retirees		Proposed - Retirees		Proposed - Retirees		Proposed	
Effective Date	1/1/2020		1/1/2021		1/1/2021		1/1/2021		1/1/2021		1/1/2021		1/1/2021	
Renewal Date	1/1/2021		1/1/2022		1/1/2022		1/1/2022		1/1/2022		1/1/2022		1/1/2022	
Carrier Name	ASCP Anthem		ASCP/SISC		Aetna		Anthem		CVT		HealthNet		UnitedHealthcare	
Plan Name	90-70 Optional		Medicare Supplement - CompanionCare*		Medicare Advantage - (C04) ESA PPO		Medicare Advantage - PPO Plan OP		Medicare Supplement - PPO Plan - Plan 1		Medicare Supplement - Plan F		Medicare Advantage PPO - Option 2	
	In-Network Benefits	Out-of-Network Benefits	In and Out-of-Network	In and Out-of-Network	In and Out-of-Network	In and Out-of-Network	In and Out-of-Network	In and Out-of-Network	In and Out-of-Network	In and Out-of-Network	In and Out-of-Network	In and Out-of-Network	In and Out-of-Network	In and Out-of-Network
General Plan Information														
Annual Deductible/Individual	\$250	\$0	\$0	\$0	\$0	\$0	\$0	\$198 Deductible	\$0	\$0	\$0	\$0	\$0	\$0
Annual Deductible/Family	\$500	\$0	\$0	\$0	\$0	\$0	\$198 Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Coinurance	90%	70%	100%*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Office Visit/Exam	\$20 copay	70% covered after cal year deductible	100%*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Outpatient Specialist Visit	\$20 copay	70% covered after cal year deductible	100%*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Annual Out-of-Pocket Limit/Individual	\$1,000	\$3,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annual Out-of-Pocket Limit/Family	\$2,000	\$6,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Deductible Included in Out-of-Pocket Limits	Yes	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
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Outpatient Services														
Preventive Services														
Immunizations	100%	70% covered after cal year deductible	100%*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Well Woman Exams	100%	70% covered after cal year deductible	100%*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Mammograms	100%	70% covered after cal year deductible	100%*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Adult Periodic Exams with Preventive Tests	100%	70% covered after cal year deductible	100%*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Diagnostic X-Ray and Lab Tests	90% covered after cal year deductible	70% covered after cal year deductible	100%*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Inpatient Hospital Services														
Inpatient Hospitalization	90% covered after cal year deductible	\$250 admit then 70% covered after cal year deductible	100%*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Skilled Nursing Facility														
Skilled Nursing Facility	90% covered after cal year deductible (limited to 100 days per year)	90% covered after cal year deductible (limited to 100 days per year)	100% for days 1-100	100% for days 1-100	100% for days 1-100	100% for days 1-100	100% for days 1-100	100% for days 1-100	100% for days 1-100	100% for days 1-100	100% for days 1-100	100% for days 1-100	100% for days 1-100	100%
Surgical Services														
Outpatient Facility Charge	90% covered after cal year deductible	70% covered after cal year deductible	100%*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Emergency Services														
Emergency Room	\$50 copay/visit	\$50 copay/visit	100%*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Ambulance														
Air	90% covered after cal year deductible	70% covered after cal year deductible	100%*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Ground	90% covered after cal year deductible	70% covered after cal year deductible	100%*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Urgent Care														
Urgent Care Facility	\$20 copay/visit	70% covered after cal year deductible	100%*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Mental Health Benefits														
Inpatient Care	90% covered after cal year deductible	\$250 admit then 70% covered after cal year deductible	100%*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Outpatient Care	\$20 copay/visit	70% covered after cal year deductible	100%*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Substance Abuse														
Inpatient Care														
Inpatient Hospitalization	90% covered after cal year deductible	\$250 admit then 70% covered after cal year deductible	100%*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Inpatient Detoxification Services	90% covered after cal year deductible	\$250 admit then 70% covered after cal year deductible	100%*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Outpatient Care														
Outpatient Services	\$20 copay/visit	70% covered after cal year deductible	100%*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Additional Benefits Include														
Hearing Exam	90% covered after cal year deductible	70% covered after cal year deductible	100%*	100%	\$0 copay with \$70 maximum benefit	100%	100%	N/A	100%	N/A	100%	N/A	100%	100%
Hearing Aids	90% covered after cal year deductible (up to \$2,000/year every 3 years)	70% covered after cal year deductible	N/A	N/A	\$1,500 maximum benefit every 12 months	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$4,000 maximum benefit every 36 months (in-network only)	100%
Fitness Program	N/A	N/A	N/A	N/A	Included	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Included	100%
Healthy Food Deliveries	N/A	N/A	N/A	N/A	14 meals per qualifying event up to 4 events each year	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Post-Discharge 3 meals/day for a 4 week period per qualifying event	100%
Assistive Devices	N/A	N/A	N/A	N/A	Up to \$200/year Includes ADA toilet seats, shower stools, temporary wheel chair ramps and more	N/A	N/A	N/A	N/A	N/A	N/A	N/A	If covered by Medicare will be 100% covered by the plan	100%
Prescription Drug Benefits														
			Self-Insured Schools of California (SISC) Plan 8X35	Rx \$0/\$15/\$30	Premier 5/15/30 (Senior Rx Plus)	CVT Medicare Supplement PPO Plan 1	HealthNet Part D - Willow Plan	Medicare Part D Custom Plan - Option 2						
Generic	\$5 copay (\$0 copay at Costco)	\$9 copay	\$9 copay	\$0 Preferred / \$5 Standard	\$0 Preferred / \$0 Standard - Select Generics \$0 Preferred / \$5 Standard - Generics	\$7 copay	\$5 copay	\$5 copay						
Brand (Formulary/Preferred)	\$15 copay	\$35 copay	\$35 copay	\$15 Standard	\$5 Preferred / \$15 Standard	\$25 copay	\$15 copay	\$15 copay						
Brand (Non-Formulary/Non-preferred)	\$30 copay	Not Identified	\$30 copay	\$30 Standard	\$20 Preferred / \$30 Standard	\$40 copay	\$30 copay	\$30 copay						
Number of Days Supply	30 days	30 days	30 days	30 days	30 days	30 days	30 days	30 days						
Mail Order														
Generic	\$10 copay	\$18 copay	\$18 copay	\$0 Preferred / \$15 Standard	\$0 Select Generics / \$10 Generics	\$15 copay	\$10 copay	\$10 copay						
Brand (Formulary/Preferred)	\$30 copay	\$90 copay	\$90 copay	\$30 Preferred / \$45 Standard	\$30 copay	\$60 copay	\$30 copay	\$30 copay						
Brand (Non-Formulary/Non-preferred)	\$75 copay	Not Identified	\$75 copay	\$75 Standard	\$60 copay	\$90 copay	\$70 copay	\$75 copay						
Number of Days Supply for Mail Order	90 days	90 days	90 days	90 days	90 days	90 days	90 days	90 days						
Other Services and Supplies														
Chiropractic Services (Medical necessity)	90% covered after cal year deductible (20 visits per year)	70% covered after cal year deductible (20 visits per year)	N/A	\$0 copay - Limited to Original Medicare	\$10 copay (30 visits per year)	N/A	100%	100% (Medicare-covered services only)						
Acupuncture (Medical necessity)	\$20 copay (12 visits per cal. year)	70% covered after cal year deductible	N/A	N/A	\$10 copay (30 visits per year)	N/A	100%	\$20 copay (12 routine visits per year)						
Outpatient Rehabilitative Therapy Services														
Physical	90% covered after cal year deductible	70% covered after cal year deductible	100%*	100%	100%	100%	100%	100%						
Occupational	90% covered after cal year deductible	70% covered after cal year deductible	100%*	100%	100%	100%	100%	100%						
Speech	90% covered after cal year deductible	70% covered after cal year deductible	100%*	100%	100%	100%	100%	100%						

Approved by SISC Approved by Aetna Approved by Anthem Waiting CVT Approval Approved by HealthNet Approved by UHC

*Providers accepting Medicare Assignment for Medicare Allowable Expenses

Rancho Santiago CCD
Summary of HMO Plans
January 1, 2021

	Current/Renewal	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
Renewal Date	1/1/2021	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022
Carrier Name	ASCIP Anthem Blue Cross	Aetna	Anthem	Anthem (CVT)	Blue Shield	HealthNet
Plan Name	Custom Premier HMO 10/100%	HMO	HMO	HMO 1	Custom Access HMO	Full HMO
General Plan Information						
Annual Deductible/Individual	\$0	\$0	\$0	\$0	\$0	\$0
Annual Deductible/Family	\$0	\$0	\$0	\$0	\$0	\$0
Coinsurance	100%	100%	100%	100%	100%	100%
Office Visit/Exam	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Outpatient Specialist Visit	\$10 copay	\$10 copay	\$10 copay	\$30 copay	\$10 copay (\$20 self-referred)	\$10 copay
Annual Out-of-Pocket Limit/Individual	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Annual Out-of-Pocket Limit/Family	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
Primary Care Physician Election Required	Yes	Yes	Yes	Yes	Yes	Yes
Outpatient Services						
Preventive Services						
Well-Child Care	100%	100%	100%	100%	100%	100%
Immunizations	100%	100%	100%	100%	100%	100%
Well Woman Exams	100%	100%	100%	100%	100%	100%
Mammograms	100%	100%	100%	100%	100%	100%
Adult Periodic Exams with Preventive Tests	100%	100%	100%	100%	100%	100%
Diagnostic X-Ray and Lab Tests	100% (advanced imaging \$100 copay)	100% (advanced imaging \$100 copay)	100% (advanced imaging \$100 copay)	100% (advanced imaging \$100 copay)	100% (advanced imaging \$100 copay)	100% (advanced imaging \$100 copay)
Inpatient Hospital Services						
Inpatient Hospitalization	100%	100%	100%	100%	100%	100%
Surgical Services						
Outpatient Facility Charge	100%	100%	100%	100%	100%	100%
Emergency Services						
Emergency Room	\$100 copay/visit (waived if admitted)	\$100 copay/visit (waived if admitted)	\$100 copay/visit (waived if admitted)	\$100 copay/visit (waived if admitted)	\$100 copay/visit (waived if admitted)	\$100 copay/visit (waived if admitted)
Ambulance						
Air	\$100 copay per trip	\$100 copay per trip	\$100 copay per trip	\$100 copay per trip	\$100 copay per trip	\$100 copay per trip
Ground	\$100 copay per trip	\$100 copay per trip	\$100 copay per trip	\$100 copay per trip	\$100 copay per trip	\$100 copay per trip
Urgent Care						
Urgent Care Facility	\$10 copay per visit	\$10 copay per visit	\$10 copay per visit	\$30 copay per visit	\$10 copay per visit	\$10 copay per visit

Rancho Santiago CCD
Summary of HMO Plans
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	Current/Renewal	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
Renewal Date	1/1/2021	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022
Carrier Name	ASCIP Anthem Blue Cross	Aetna	Anthem	Anthem (CVT)	Blue Shield	HealthNet
Plan Name	Custom Premier HMO 10/100%	HMO	HMO	HMO 1	Custom Access HMO	Full HMO
Prescription Drug Benefits		Advanced Control Rx Plan	Advanced Control Rx Plan	RX B		
Prescription Drug Deductible	None	None	None	None	None	None
Generic	\$5 copay (\$0 copay at Costco)	\$5 copay	\$5 copay	\$7 copay	\$5 copay	\$5 copay
Brand (Formulary/Preferred)	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Brand (Non-Formulary/Non-preferred)	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay
Number of Days Supply	30 days	30 days	30 days	30 days	30 days	30 days
Mail Order						
Generic	\$10 copay	\$10 copay	\$10 copay	\$15 copay	\$10 copay	\$10 copay
Brand (Formulary/Preferred)	\$30 copay	\$30 copay	\$30 copay	\$35 copay	\$30 copay	\$30 copay
Brand (Non-Formulary/Non-preferred)	\$75 copay	\$75 copay	\$75 copay	\$70 copay	\$75 copay	\$75 copay
Number of Days Supply for Mail Order	90 days	90 days	90 days	90 days	90 days	90 days
Other Services and Supplies						
Chiropractic Services (Medical necessity)	\$10 copay/visit (30 visits/year combined w/ acu)	\$10 copay (60 visits per year)	\$10 copay/visit (30 visits/year combined w/ acu)	\$10 copay/visit (30 visits/year combined w/ acu)	\$10 copay/visit (30 visits/year combined w/ acu)	\$10 copay/visit (30 visits per cal. year combined w/ acu.)
Acupuncture (Medical necessity)	\$10 copay/visit (30 visits/year combined with chiro)	\$10 copay (20 visits per year)	\$10 copay/visit (30 visits/year combined with chiro)	\$10 copay/visit (30 visits/year combined with chiro)	\$10 copay/visit (30 visits/year combined with chiro)	\$10 copay/visit (30 visits per cal. year combined w/ chiro)
Hearing						
Screening	100%	100%	100%	100%	100%	100%
Aid(s)	50% of charges per ear every 3 years	Not covered	Not covered	Not covered	100% covered for 1 pair of hearing aids per 36-month period	Not covered
Outpatient Rehabilitative Therapy Services						
Physical	\$10 copay/visit	\$10 copay/visit	\$10 copay/visit	\$10 copay/visit	\$10 copay/visit	\$10 copay/visit
Occupational	\$10 copay/visit	\$10 copay/visit	\$10 copay/visit	\$10 copay/visit	\$10 copay/visit	\$10 copay/visit
Speech	\$10 copay/visit	\$10 copay/visit	\$10 copay/visit	\$10 copay/visit	\$10 copay/visit	\$10 copay/visit

Rancho Santiago CCD
Summary of HMO Plans
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	Current/Renewal	Proposed
Effective Date	1/1/2020	1/1/2021
Renewal Date	1/1/2021	1/1/2022
Carrier Name	ASCIP Anthem Blue Cross	United Healthcare
Plan Name	Custom Premier HMO 10/100%	Signature Value Full HMO
General Plan Information		
Annual Deductible/Individual	\$0	\$0
Annual Deductible/Family	\$0	\$0
Coinsurance	100%	100%
Office Visit/Exam	\$10 copay	\$10 copay
Outpatient Specialist Visit	\$10 copay	\$10 copay
Annual Out-of-Pocket Limit/Individual	\$1,000	\$1,000
Annual Out-of-Pocket Limit/Family	\$2,000	\$2,000
Primary Care Physician Election Required	Yes	Yes
Outpatient Services		
Preventive Services		
Well-Child Care	100%	100%
Immunizations	100%	100%
Well Woman Exams	100%	100%
Mammograms	100%	100%
Adult Periodic Exams with Preventive Tests	100%	100%
Diagnostic X-Ray and Lab Tests	100% (advanced imaging \$100 copay)	100% (advanced imaging \$100 copay)
Inpatient Hospital Services		
Inpatient Hospitalization	100%	100%
Surgical Services		
Outpatient Facility Charge	100%	100%
Emergency Services		
Emergency Room	\$100 copay/visit (waived if admitted)	\$100 copay/visit (waived if admitted)
Ambulance		
Air	\$100 copay per trip	\$100 copay per trip
Ground	\$100 copay per trip	\$100 copay per trip
Urgent Care		
Urgent Care Facility	\$10 copay per visit	\$10 copay per visit

Rancho Santiago CCD
Summary of HMO Plans
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	Current/Renewal	Proposed
Effective Date	1/1/2020	1/1/2021
Renewal Date	1/1/2021	1/1/2022
Carrier Name	ASCIP Anthem Blue Cross	United Healthcare
Plan Name	Custom Premier HMO 10/100%	Signature Value Full HMO
Prescription Drug Benefits		
Prescription Drug Deductible	None	None
Generic	\$5 copay (\$0 copay at Costco)	\$5 copay
Brand (Formulary/Preferred)	\$15 copay	\$15 copay
Brand (Non-Formulary/Non-preferred)	\$30 copay	\$30 copay
Number of Days Supply	30 days	30 days
Mail Order		
Generic	\$10 copay	\$10 copay
Brand (Formulary/Preferred)	\$30 copay	\$30 copay
Brand (Non-Formulary/Non-preferred)	\$75 copay	\$60 copay
Number of Days Supply for Mail Order	90 days	90 days
Other Services and Supplies		
Chiropractic Services (Medical necessity)	\$10 copay/visit (30 visits/year combined w/ acu)	\$10 copay/visit (30 visits per cal. year combined w/ acu.)
Acupuncture (Medical necessity)	\$10 copay/visit (30 visits/year combined with chiro)	\$10 copay/visit (30 visits per cal. year combined w/ chiro)
Hearing		
Screening	100%	100%
Aid(s)	50% of charges per ear every 3 years	50% copay; \$5,000 annual benefit max. per cal. year; limited to 1 ear every 3 years
Outpatient Rehabilitative Therapy Services		
Physical	\$10 copay/visit	100%
Occupational	\$10 copay/visit	100%
Speech	\$10 copay/visit	100%

	Current		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	
Renewal Date	1/1/2021		1/1/2022		1/1/2022		1/1/2022		1/1/2022		1/1/2022		1/1/2022	
Carrier Name	ASOP Anthem		Aetna		Anthem		Anthem (CVT)		Blue Shield		HealthNet		United Healthcare	
Plan Name	90-70 Optional		OAMC POS		Classic PPO 250/20/10		PPO Plan 4		Custom Full PPO 20-250 90/70		Custom PPO		Select Plus PPO	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits *	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	
General Plan Information														
Annual Deductible/Individual	\$250		\$250		\$250		\$100	\$250		\$250		\$250		
Annual Deductible/Family	\$500		\$500		\$500		\$500	\$500		\$500		\$500		
Coinurance	10%	30%	10%	30%	10%	30%	10%	10%	30%	10%	30%	10%	30%	
Office Visit/Exam	\$20 copay	70% covered after cal year deductible	\$20 copay	70% covered after cal year deductible	\$20 copay	70% covered after cal year deductible	\$20 copay	\$20 copay	70% covered after cal year deductible	\$20 copay	70% covered after cal year deductible	\$20 copay	70% covered after cal year deductible	
Outpatient Specialist Visit	\$30 copay	70% covered after cal year deductible	\$20 copay	70% covered after cal year deductible	\$20 copay	70% covered after cal year deductible	\$20 copay	\$20 copay	70% covered after cal year deductible	\$20 copay	70% covered after cal year deductible	\$20 copay	70% covered after cal year deductible	
Annual Out-Of-Pocket Limit/Individual	\$1,000	\$3,000	\$1,000	\$3,000	\$1,000	\$3,000	\$1,250	\$1,000	\$3,000	\$2,000	\$3,000	\$1,000	\$3,000	
Annual Out-Of-Pocket Limit/Family	\$2,000	\$6,000	\$2,000	\$6,000	\$2,000	\$6,000	\$2,500	\$2,000	\$6,000	\$2,000	\$6,000	\$2,000	\$6,000	
Deductible Included in Out-of-Pocket Limit	Yes		Yes		Yes		Yes	Yes		Yes		Yes		
Outpatient Services														
Preventive Services														
Well-Child Care	100%	70% covered after cal year deductible	100%	70% covered after cal year deductible	100%	70% covered after cal year deductible	100%	100%	70% covered after cal year deductible	100%	70% covered after cal year deductible	100%	70% covered after cal year deductible	
Immunizations	100%	70% covered after cal year deductible	100%	70% covered after cal year deductible	100%	70% covered after cal year deductible	100%	100%	70% covered after cal year deductible	100%	70% covered after cal year deductible	100%	70% covered after cal year deductible	
Well Woman Exams	100%	70% covered after cal year deductible	100%	70% covered after cal year deductible	100%	70% covered after cal year deductible	100%	100%	70% covered after cal year deductible	100%	70% covered after cal year deductible	100%	70% covered after cal year deductible	
Mammograms	100%	70% covered after cal year deductible	100%	70% covered after cal year deductible	100%	70% covered after cal year deductible	100%	100%	70% covered after cal year deductible	100%	70% covered after cal year deductible	100%	70% covered after cal year deductible	
Adult Periodic Exams with Preventive Tests	100%	70% covered after cal year deductible	100%	70% covered after cal year deductible	100%	70% covered after cal year deductible	100%	100%	70% covered after cal year deductible	100%	70% covered after cal year deductible	100%	70% covered after cal year deductible	
Diagnostic X-Ray and Lab Tests	90% covered after cal year deductible	70% covered after cal year deductible	90% covered after cal year deductible	70% covered after cal year deductible	90% covered after cal year deductible	70% covered after cal year deductible	90% covered after cal year deductible; \$800 max applies advanced diagnostic imaging (MRI, PET, CAT)	90% covered after cal year deductible	90% covered after cal year deductible	70% covered after cal year deductible	90% covered after cal year deductible	70% covered after cal year deductible	90% covered after cal year deductible	
Inpatient Hospital Services														
Inpatient Hospitalization	90% covered after cal year deductible	\$250/admit then 70% covered after cal year deductible	90% covered after cal year deductible	\$250 admit then 70% covered after cal year deductible	90% covered after cal year deductible	\$250 admit then 70% covered after cal year deductible	90% covered after cal year deductible	90% covered after cal year deductible	\$250 admit then 70% covered after cal year deductible; up to \$2000/day	90% covered after cal year deductible	\$250 admit then 70% covered after cal year deductible	90% covered after cal year deductible	70% covered after cal year deductible	
Subsidiary Services														
Outpatient Facility Charge	90% covered after cal year deductible	70% covered after cal year deductible	90% covered after cal year deductible	70% covered after cal year deductible	90% covered after cal year deductible	70% covered after cal year deductible; \$350 max	90% covered after cal year deductible	90% covered after cal year deductible	70% covered after cal year deductible; up to \$500/day	90% covered after cal year deductible	70% covered after cal year deductible	90% covered after cal year deductible	70% covered after cal year deductible; \$760 max	

	Current		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		
Renewal Date	1/1/2021		1/1/2022		1/1/2022		1/1/2022		1/1/2022		1/1/2022		
Carrier Name	ASOP Anthem		Anthem		Anthem		Anthem (CVT)		Blue Shield		HealthNet		
Plan Name	90/70 Optional		OAMC POS		Classic PPO 250/20/10		PPO Plan 4		Custom Full PPO 20-250 90/70		Custom PPO		
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits *	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Emergency Services													
Emergency Room	\$50 copay/visit; 90% for non-emergency	\$50 copay/visit; 90% for non-emergency	\$50 copay/visit	\$50 copay/visit	\$50 copay/visit	\$50 copay/visit	\$100 copay/visit; \$175 non-emergency	\$50 copay/visit	\$50 copay/visit	\$50 copay/visit then 90% covered after cal year deductible	\$50 copay/visit then 90% covered after cal year deductible	\$50 copay/visit	\$50 copay/visit
Ambulance													
Air	90% covered after cal year deductible	70% covered after cal year deductible	90% covered after cal year deductible	90% covered after cal year deductible	90% covered after cal year deductible	90% covered after cal year deductible	90% covered after cal year deductible	90% covered after cal year deductible	90% covered after cal year deductible	90% covered after cal year deductible	70% covered after cal year deductible	90% covered after cal year deductible	90% covered after cal year deductible
Ground	90% covered after cal year deductible	90% covered after cal year deductible	90% covered after cal year deductible	90% covered after cal year deductible	90% covered after cal year deductible	90% covered after cal year deductible	90% covered after cal year deductible	90% covered after cal year deductible	90% covered after cal year deductible	90% covered after cal year deductible	70% covered after cal year deductible	90% covered after cal year deductible	90% covered after cal year deductible (70% non-emergency)
Urgent Care													
Urgent Care Facility	\$20 copay/visit	70% covered after cal year deductible	\$25 copay/visit	70% covered after cal year deductible	\$20 copay/visit	70% covered after cal year deductible	\$20 copay/visit	\$20 copay/visit	70% covered after cal year deductible	\$20 copay/visit	70% covered after cal year deductible	\$20 copay/visit	70% covered after cal year deductible
Mental Health Benefits													
Inpatient Care	90% covered after cal year deductible	\$250/admit then 70% covered after cal year deductible	90% covered after cal year deductible	\$250 admit then 70% covered after cal year deductible	90% covered after cal year deductible	\$250 admit then 70% covered after cal year deductible	90% covered after cal year deductible	90% covered after cal year deductible	\$250 admit then 70% covered after cal year deductible; up to \$2000/day	90% covered after cal year deductible	\$250 admit then 70% covered after cal year deductible	90% covered after cal year deductible	70% covered after cal year deductible
Outpatient Care	\$20 copay/visit	70% covered after cal year deductible	\$20 copay	70% covered after cal year deductible	\$20 copay	70% covered after cal year deductible	\$20 copay/visit	\$20 copay/visit	70% covered after cal year deductible	\$20 copay	70% covered after cal year deductible	\$20 copay/visit	70% covered after cal year deductible
Substance Abuse													
Inpatient Care													
Inpatient Hospitalization	90% covered after cal year deductible	\$250 admit then 70% covered after cal year deductible	90% covered after cal year deductible	\$250 admit then 70% covered after cal year deductible	90% covered after cal year deductible	\$250 admit then 70% covered after cal year deductible	90% covered after cal year deductible	90% covered after cal year deductible	\$250 admit then 70% covered after cal year deductible; up to \$2000/day	90% covered after cal year deductible	\$250 admit then 70% covered after cal year deductible	90% covered after cal year deductible	70% covered after cal year deductible
Inpatient Detoxification Services	90% covered after cal year deductible	\$250 admit then 70% covered after cal year deductible	90% covered after cal year deductible	\$250 admit then 70% covered after cal year deductible	90% covered after cal year deductible	\$250 admit then 70% covered after cal year deductible	90% covered after cal year deductible	90% covered after cal year deductible	\$250 admit then 70% covered after cal year deductible; up to \$2000/day	90% covered after cal year deductible	\$250 admit then 70% covered after cal year deductible	90% covered after cal year deductible	70% covered after cal year deductible
Outpatient Care													
Outpatient Services	\$20 copay/visit	70% covered after cal year deductible	\$20 copay/visit	70% covered after cal year deductible	\$20 copay/visit	70% covered after cal year deductible	\$20 copay/visit	\$20 copay/visit	70% covered after cal year deductible	\$20 copay/visit	70% covered after cal year deductible	\$20 copay/visit	70% covered after cal year deductible
Prescription Drug Benefits													
Prescription Drug Deductible	None	None	None	None	None	None	None	None	None	None	None	None	None
Generic	\$5 copay (\$0 copay at Costco)	\$5 copay	\$5 copay	Not covered	\$5 copay	Not covered	\$7 copay	\$5 copay	None	\$5 copay	Not covered	\$5 copay	\$5 copay
Brand (Formulary/Preferred)	\$15 copay	\$15 copay	\$15 copay	Not covered	\$15 copay	Not covered	\$15 copay	\$15 copay	25% plus \$5 copay	\$15 copay	Not covered	\$15 copay	\$15 copay
Brand (Non-Formulary/Non-Preferred)	\$30 copay	\$30 copay	\$30 copay	Not covered	\$30 copay	Not covered	\$30 copay	\$30 copay	25% plus \$15 copay	\$30 copay	Not covered	\$30 copay	\$30 copay
Number of Days Supply	30 days	30 days	30 days	30 days	30 days	30 days	30 days	30 days	30 days	30 days	30 days	30 days	30 days
Mail Order													
Generic	\$10 copay	\$10 copay	\$10 copay	Not covered	\$10 copay	Not covered	\$15 copay	\$10 copay	Not covered	\$10 copay	Not covered	\$10 copay	Not covered
Brand (Formulary/Preferred)	\$30 copay	\$30 copay	\$30 copay	Not covered	\$30 copay	Not covered	\$35 copay	\$30 copay	Not covered	\$30 copay	Not covered	\$30 copay	Not covered
Brand (Non-Formulary/Non-Preferred)	\$75 copay	\$75 copay	\$75 copay	Not covered	\$75 copay	Not covered	\$70 copay	\$75 copay	Not covered	\$75 copay	Not covered	\$80 copay	Not covered
Number of Days Supply for Mail Order	90 days	90 days	90 days	90 days	90 days	90 days	90 days	90 days	90 days	90 days	90 days	90 days	90 days

	Current		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		
Renewal Date	1/1/2021		1/1/2022		1/1/2022		1/1/2022		1/1/2022		1/1/2022		
Carrier Name	ASOP Anthem		Aetna		Anthem		Anthem (CVT)		Blue Shield		HealthNet		
Plan Name	90-70 Optional		OAMC PDS		Classic PPO 250/20/10		PPO Plan 4		Custom Full PPO 20-250 90/70		Custom PPO		
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits *	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Other Services and Supplies													
Chiropractic Services (Medical necessity)	90% covered after cal year deductible	70% covered after cal year deductible	90% covered after cal year deductible (20 visits per year)	70% covered after cal year deductible (20 visits per year)	90% covered after cal year deductible (30 visits per year)	70% covered after cal year deductible (30 visits per year)	90% covered after cal year deductible (13 visits/year)	90% covered after cal year deductible	70% covered after cal year deductible	90% covered after cal year deductible	70% covered after cal year deductible	\$20 copay (12 visits per cal year)	70% covered after cal year deductible
Acupuncture (Medical necessity)	\$20 copay (12 visits per cal year)	70% covered after cal year deductible	\$20 copay (12 visits per year)	70% covered after cal year deductible (12 visits per year)	\$20 copay (12 visits per year)	70% covered after cal year deductible (12 visits per year)	90% covered after cal year deductible	\$20 copay (12 visits per year)	70% covered after cal year deductible	\$20 copay	70% covered after cal year deductible	Not covered	Not covered
Hearing													
Screening	90% covered after cal year deductible	70% covered after cal year deductible	100%	70% covered after cal year deductible	100%	70% covered after cal year deductible	90% covered after cal year deductible	100%	70% covered after cal year deductible	100%	70% covered after cal year deductible	90% covered after cal year deductible	70% covered after cal year deductible
Aids)	90% covered after cal year deductible (up to \$2,000/year every 3 years)	70% covered after cal year deductible	90% covered after cal year deductible (limited to \$2,000 every 36 months)	70% covered after cal year deductible (limited to \$2,000 every 36 months)	90% covered after cal year deductible (limited to every 36 months)	70% covered after cal year deductible (limited to every 36 months)	Not covered	100% covered for 1 pair of hearing aids per 36-month period	Not covered	90% covered after cal year deductible (limited to \$4000 every 36 months)	70% covered after cal year deductible (limited to \$4000 every 36 months)	90% covered after cal year deductible (up to \$2,500/year every 3 years)	70% covered after cal year deductible (up to \$2,500/year every 3 years)
Outpatient Rehab. Therapy Services													
Physical	90% covered after cal year deductible	70% covered after cal year deductible	90% covered after cal year deductible	70% covered after cal year deductible	90% covered after cal year deductible	70% covered after cal year deductible	90% covered after cal year deductible	90% covered after cal year deductible	70% covered after cal year deductible	90% covered after cal year deductible	70% covered after cal year deductible	\$20 copay/visit	Not covered
Occupational	90% covered after cal year deductible	70% covered after cal year deductible	90% covered after cal year deductible	70% covered after cal year deductible	90% covered after cal year deductible	70% covered after cal year deductible	90% covered after cal year deductible	90% covered after cal year deductible	70% covered after cal year deductible	90% covered after cal year deductible	70% covered after cal year deductible	\$20 copay/visit	Not covered
Speech	90% covered after cal year deductible	70% covered after cal year deductible	90% covered after cal year deductible	70% covered after cal year deductible	90% covered after cal year deductible	70% covered after cal year deductible	90% covered after cal year deductible	90% covered after cal year deductible	70% covered after cal year deductible	90% covered after cal year deductible	70% covered after cal year deductible	\$20 copay/visit	Not covered

* Refer to EOC for OON benefits

Rancho Santiago CCD
Summary of Kaiser Plans
January 1, 2021

**Current/Renewal
Break-in Policy Applies**

Effective Date	1/1/2020
Renewal Date	1/1/2021
Carrier Name	Kaiser
Plan Name	HMO
General Plan Information	
Annual Deductible/Individual	\$0
Annual Deductible/Family	\$0
Coinsurance	100%
Office Visit/Exam	\$10 copay
Outpatient Specialist Visit	\$10 copay
Annual Out-of-Pocket Limit/Individual	\$1,500
Annual Out-of-Pocket Limit/Family	\$3,000
Primary Care Physician Election Required	Yes
Outpatient Services	
Preventive Services	
Well-Child Care	100%
Immunizations	100%
Well Woman Exams	100%
Mammograms	100%
Adult Periodic Exams with Preventive Tests	100%
Diagnostic X-Ray and Lab Tests	100%
Allergy Testing	\$10 copay
Inpatient Hospital Services	
Inpatient Hospitalization	100%
Surgical Services	
Outpatient Facility Charge	\$10 copay per procedure
Emergency Services	
Emergency Room	\$35 copay per visit (waived if admitted)
Ambulance	
Air	100%
Ground	100%
Urgent Care	
Urgent Care Facility	\$10 copay per visit

Rancho Santiago CCD
Summary of Kaiser Plans
January 1, 2021

**Current/Renewal
Break-in Policy Applies**

Effective Date	1/1/2020
Renewal Date	1/1/2021
Carrier Name	Kaiser
Plan Name	HMO
Mental Health Benefits	
Inpatient Care	100%
Outpatient Care	\$10 copay
Substance Abuse	
Inpatient Care	
Inpatient Hospitalization	100%
Inpatient Detoxification Services	100%
Outpatient Care	
Outpatient Services	\$10 copay
Prescription Drug Benefits	
Prescription Drug Deductible	N/A
Prescription Drug Annual Out-of-Pocket Limit/Individual	N/A
Prescription Drug Annual Out-of-Pocket Limit/Family	N/A
Generic	\$5 copay
Brand (Formulary/Preferred)	\$10 copay
Brand (Non-Formulary/Non-preferred)	N/A
Number of Days Supply	100 days
Mail Order	
Mail Order Mandatory	No
Generic	\$5 copay
Brand (Formulary/Preferred)	\$10 copay
Brand (Non-Formulary/Non-preferred)	N/A
Number of Days Supply for Mail Order	100 days
Other Services and Supplies	
Chiropractic Services (Medical necessity)	\$10 copay (20 visits/year, combined)
Acupuncture (Medical necessity)	\$10 copay (20 visits/year, combined)
Hearing	
Screening	100%
Aid(s)	\$2,000 allowance (limited to 1 pair every 36 months)
Infertility	
Diagnosis	Covered the same as other expenses under the plan

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 CCD
Summary of Kaiser Plans
January 1, 2021

**Current/Renewal
Break-in Policy Applies**

Effective Date	1/1/2020
Renewal Date	1/1/2021
Carrier Name	Kaiser
Plan Name	HMO
Outpatient Rehabilitative Therapy Services	
Physical	\$10 copay/visit
Occupational	\$10 copay/visit
Speech	\$10 copay/visit