



2022/2023  
Roadmap

Review  
Retiree  
Strategy

Medical  
Marketing  
Process

Discussion  
Items



# Joint Benefits Committee Meeting

February 22, 2023

# 2022/2023 Roadmap

Benefits Renewal  
Overview  
(September)



Open Enrollment  
(Oct 17th - 23rd)



2023 Marketing  
Overview/ Maximize  
Your Benefits  
(November/December)



Present Marketing  
Results / Decision  
Deadline  
(May/June)



JBC Meeting / Start Marketing  
Process  
(February/March/April)



Final Renewal &  
Decisions  
(July/August)



Open Enrollment  
(October)





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# Medical Marketing Strategy

## 1. Phase #1: 2020

- Initial Medical Marketing
- Identified Need to Migrate Medicare Eligible Retirees

## 2. Phase #2: 2021/2022

- Identified Group Retiree Medicare Advantage Plan
- Facilitated Medicare enrollment between January - March 2022
- Transition Effective 7/1/2022

## 3. Phase #3: 2023

- Re-Engage Medical Marketing w/ New Risk Profile

Impact of  
Transition

# Impact of Transition

(i) Improved Risk Profile (Rate Pass for 2023 Renewal)

(ii) Fiscal Savings

<b>Anthem PPO Rates</b>	<b>EE Only</b>	<b>EE + 1</b>	<b>Family</b>
Retiree w/ Medicare A&B	\$ 880.85	\$1,839.85	\$2,642.73
<b>Anthem HMO Rates</b>	<b>EE Only</b>	<b>EE + 1</b>	<b>Family</b>
Retiree w/ Medicare A&B	\$ 580.26	\$1,217.40	\$1,739.53
<b>Anthem Medicare Advantage</b>	<b>EE Only</b>	<b>EE + 1</b>	
Retiree w/ Medicare A&B	\$ 406.29	\$ 812.58	
Average Part B Reimbursement	\$ 160.47	\$ 320.94	
<b>Total</b>	<b>\$ 566.76</b>	<b>\$1,133.52</b>	



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# Getting Started...

Review  
Marketing  
Specifics

Goal of AP  
Keenan  
Partnership

# Minimize Disruption

Goal of AP Keenan Partnership



Coverage, Eligibility,  
and Access Impacts



Fiscal Impacts & Access  
to Group #3 Rates



Operational and  
Administrative Impacts

Tools

# Marketing Tools

**Benefit  
Comparisons**

**Network  
Disruption**

**Rate  
Comparison**

# Benefit Comparison

## Color-Coded Comparisons



**Citrus Community College**  
 Summary of PPO Plans  
 Effective Date: February 1, 2019

Effective Date	2/1/2019		2/1/2019	
	Blue Shield	Custom PPO	Blue Cross	Custom PPO
Plan Name	All Benefit Eligible Employees		All Benefit Eligible Employees	
Employee Class	In-Network		Out-of-Network	
<b>General Plan Information</b>				
Annual Deductible (Individual Family)	\$100/\$300	\$100/\$300	\$100/\$300	\$100/\$300
Copay/Coinsure	80%	80%	80%	80%
Office Visit/Exam	80%	80%	80%	80%
Outpatient Specialist Visit	80%	80%	80%	80%
Telehealth Consultation	\$0 copay*	Not Covered	\$0 copay*	Not Covered
Annual Out-of-Pocket Limit (Individual)	\$380	\$1,400	\$380	\$1,400
Annual Out-of-Pocket Limit (Family)	\$760	\$3,200	\$760	\$3,200
Out-of-Pocket Max (Out-of-Pocket Limit)	Yes	Yes	Yes	Yes
<b>Outpatient Services</b>				
Well Child Care	100%*	80%	100%*	80%
Immunizations	100%*	80%	100%*	80%
Well Woman Exams	100%*	80%	100%*	80%
Mental Services	100%*	80%	100%*	80%
Acute Primary Care with Prescriptive Tests	100%*	80%	100%*	80%
Transcendental Meditation	80%	80%	80%	80%
<b>Maternity Care</b>				
Maternity and Neonatal Care (In-Network Care)	80%	80%	80%	80%
<b>Inpatient Hospital Services</b>				
Inpatient Hospitalization	80%	80% limited to \$600 maximum per day	80%	80% limited to \$1,000 maximum per day
Pre-Authorization of Services Required	Yes	Yes	Yes	Yes
Semi-Private Room & Board, including Services and Supplies	80%	60% limited \$600 maximum per day	80%	80% limited to \$1,000 maximum per day
<b>Other Services</b>				
Outpatient Fast-Track Charge	80%	80% limited to \$350 maximum per day	80%	80% limited to \$350 maximum per day
<b>Emergency Services</b>				
Emergency Room	80%	80%	80%	80%
Emergency Room	80% after a \$50 copay (included if applicable)	80% after a \$50 copay (included if applicable)	80% after a \$50 copay (included if applicable)	80% after a \$50 copay (included if applicable)
<b>Member Health Benefits</b>				
Inpatient Care	80%	60% limited \$600 maximum per day	80%	60% limited \$1,000 maximum per day
Outpatient Care	80%	60%	80%	60%
<b>Prescription Drugs</b>				
Inpatient Hospitalization	80%	60% limited \$600 maximum per day	80%	60% limited \$1,000 maximum per day
Inpatient Outpatient Services	80%	60% limited \$600 maximum per day	80%	60% limited \$1,000 maximum per day
Outpatient Services	80%	60%	80%	60%



**Citrus Community College**  
 Summary of PPO Plans  
 Effective Date: February 1, 2019

Effective Date	2/1/2019		2/1/2019	
	Blue Shield	Custom PPO	Blue Cross	Custom PPO
Plan Name	All Benefit Eligible Employees		All Benefit Eligible Employees	
Employee Class	In-Network		Out-of-Network	
<b>General Plan Information - In-Network</b>				
Annual Deductible (Individual Family)	\$0 copay	Member pays 10% of total amount of the claim up to \$5,000 per year per person	\$0 copay	Member pays 20% of total amount of the claim up to \$5,000 per year per person
Outpatient Specialist Visit	\$10 copay	Member pays 10% of total amount of the claim up to \$100 per year per person	\$10 copay	Member pays 20% of total amount of the claim up to \$100 per year per person
Maternity (Non-Professional Services)	\$10 copay	Member pays 10% of total amount of the claim up to \$100 per year per person	\$10 copay	Member pays 20% of total amount of the claim up to \$100 per year per person
Number of Days Supply	Up to a 30 day supply	Up to a 30 day supply	Up to a 30 day supply	Up to a 30 day supply
<b>General Plan Information - Out-of-Network</b>				
Annual Deductible (Individual Family)	\$0 copay	Not Covered	\$0 copay	Not Covered
Outpatient Specialist Visit	\$0 copay	Not Covered	\$0 copay	Not Covered
Maternity (Non-Professional Services)	\$0 copay	Not Covered	\$0 copay	Not Covered
Number of Days Supply for Max. Dose	Up to a 30 day supply	N/A	Up to a 30 day supply	N/A
<b>Other Services and Supplies</b>				
Over-the-Counter Medication	80%	80%	80%	80%
Home Health Care	80% up to 100 prior authorized visits per calendar year	Not Covered	80% up to 100 prior authorized visits per benefit period combined in and out of network	80% up to 100 prior authorized visits per benefit period combined in and out of network
Skilled Nursing (not stand-up)	80% up to 100 prior authorized days per benefit period combined in and out of network	80% up to 100 prior authorized days per benefit period combined in and out of network	80% up to 100 prior authorized days per benefit period combined in and out of network	80% up to 100 prior authorized days per benefit period combined in and out of network
Respite Care	100%	Not Covered unless prior authorization	100%	80% up to 30 prior authorized visits per benefit period combined in and out of network
Chiropractic Services	80% up to 30 visits per calendar year combined in and out of network	80% up to 30 visits per calendar year combined in and out of network	80% up to 30 visits per calendar year combined in and out of network	80% up to 30 visits per benefit period combined in and out of network
Acupuncture	80% copay up to 10 visits per calendar year combined in and out of network	80% up to 10 visits per calendar year combined in and out of network	80% up to 10 visits per calendar year combined in and out of network	80% up to 10 visits per benefit period combined in and out of network
<b>Optional Alternative Therapy Services</b>				
Physical Therapy	80%	60%	80%	60%
Occupational Speech	80%	60%	80%	60%

\* Annual Deductible Waiver  
 The above information is provided as a benefit summary only. It does not include all of the benefit provisions, limitations and exclusions. If this information conflicts in any way with the contract, the contract will prevail.



# Rate Comparison

## Illustration of Fiscal Implications



RENEWAL **2020**

**0**  
Rate Comparison  
Effective Date

	Current		Renewal		Proposed		Proposed		Proposed		Proposed	
Carrier Name	0		0		0		0		0		0	
Effective Date	0		0		0		0		0		0	
Plan Name	0		0		0		0		0		0	
Eligible Class	0		0		0		0		0		0	
Additional Risk Information/Rate Covers	0		0		0		0		0		0	
Rating Structure	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers
1	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0
2	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0
3	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0
4	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0
5	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0
<b>Total Terrible Premium</b>	<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>	
<b>Total Renewal Premium</b>	<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>	
<b>% Change over Current Terrible Premium</b>			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
<b>% Change over Current Annual Premium</b>			\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	

CONFIDENTIAL: The information contained 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 rates reflected are intended as a simple rate comparison only. Final rates may differ and are based upon actual conditions, plan design, related, and underwriting approval.

Keenan & Associates  
1.4.16000 01/01/21  
4/28/2020

# Market Access

- Direct to Carrier
  - Aetna
  - Anthem
  - Blue Shield
  - Cigna
  - Health Net
  - Kaiser
  - UnitedHealthcare
- Pools: Trusts, JPA, Purchasing Pools
  - ASCIP
  - SISC
  - CVT
  - REEP
  - CSEBA
  - VEBA

## Kaiser: Break-In-Break-Out Policy

- Groups must remain with the parent group for at least 24 months before leaving the arrangement, or Kaiser 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.

Carrier  
Direct

Pools

Marketing  
Detail

Marketing  
Timeline

# Carrier Trend History

2022	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
Aetna	5.20%	5.20%	5.20%	9.58%
Anthem	7.80%	8.40%	8.40%	8.70%
Blue Shield	8.10%	8.10%	8.10%	7.00%
Cigna	5.45%	6.07%	6.07%	5.42%
Health Net	7.20%	7.20%	7.20%	7.20%
Kaiser	3.00-5.00%	3.00-5.00%	3.00-5.00%	3.00-5.00%

2021	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
Aetna	5.00%	5.00%	5.30%	5.30%
Anthem	5.75%	5.14%	5.14%	7.80%
Blue Shield	7.90%	7.90%	8.00%	8.00%
Cigna	5.14%	7.48%	6.74%	6.74%
Health Net	7.20%	7.20%	7.20%	7.20%
Kaiser	3.5-5.5%	3.5-5.5%	3.5-5.5%	3.5-5.5%

2020	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
Aetna	6.27%	6.27%	6.58%	6.58%
Anthem	6.16%	6.16%	5.73%	5.73%
Blue Shield	7.80%	7.80%	7.90%	7.90%
Cigna	5.23%	5.23%	5.23%	5.23%
Health Net	8.40%	7.20%	7.20%	7.20%
Kaiser	4.40%	4.40%	4.40%	4.40%

2019	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
Aetna	6.80%	6.80%	6.80%	6.80%
Anthem	5.52%	5.79%	5.79%	6.97%
Blue Shield	7.80%	7.80%	7.80%	7.80%
Cigna	6.29%	6.29%	5.23%	5.23%
Health Net	8.40%	8.40%	8.40%	8.40%
Kaiser	4.60%	4.60%	4.60%	4.60%

2018	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
Anthem	6.07%	6.07%	5.30%	5.52%
Blue Shield	7.80%	7.90%	7.90%	7.60%
Cigna	7.00%	7.00%	7.60%	7.10%
Health Net	8.90%	8.90%	8.90%	8.90%
Kaiser	4.90%	4.90%	4.90%	4.90%

UHC has declined to participate in our trend report.

# Pools

- Alliance of Schools for Cooperative Insurance Programs (ASCIP) - Incumbent
- California Schools JPA (CSEBA)
- California's Valued Trust (CVT)
- California Schools Voluntary Employees Benefits Association (VEBA)
- Regional Employer/Employee Partnership for Benefits (REEP)
- Self-Insured School of California (SISC)

SISC

REEP

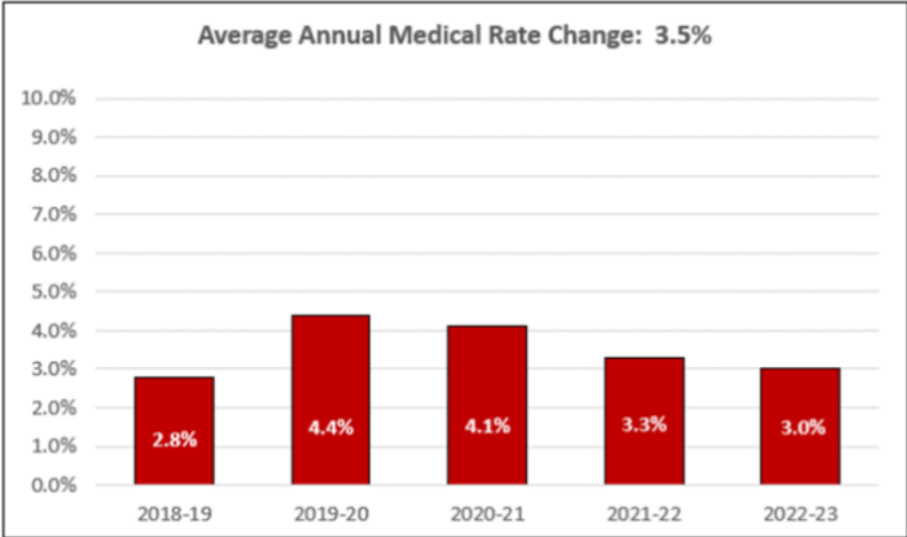
VEBA

ASCIP  
(Incumbent)

# Alliance of Schools for Cooperative Insurance Programs (ASCIP) - Incumbent

- Anthem, Blue Shield and Kaiser

The average rate change for the past 5 years is shown below.



Self-Funded Anthem and Blue Shield HMO & PPO Medical Pool

5-Year Average Rate Change	
Kaiser	2.90%
United Healthcare	5.60%

# California Schools Voluntary Employees Benefits Association (VEBA)

- United Healthcare and Kaiser

Health Plan	2019	2020	2021	2022
Kaiser HMO Plans	4.60%	4.30% to 4.50%	6.27% to 6.46%	1.20% to 1.30%
UHC Performance HMO Network 1	4.75%	1.70% to 1.80%	2.90% to 3.13%	3.40% to 3.50%
UHC Performance HMO Network 2	4.80%	2.30% to 2.50%	2.80% to 2.93%	3.40% to 3.50%
UHC Harmony Plans	N/A	N/A	-0.39% to -0.53%	2.50% to 3.00%
UHC Alliance Plans	3.50%	1.50% to 1.60%	2.70% to 2.75%	3.00% to 3.90%
UHC PPO	4.50%	8.80% to 9.80%	4.82% to 4.85%	3.80% to 3.90%

# REEP

- Anthem and Kaiser

Plan Year	HMO	PPO/HSA	MVP	HSA Stand-Alone	Kaiser
2018-19	2.99%	2.99%	0.00%	2.99%	3.70%
2019-20	2.00%	13.75%	0.00%	13.75%	4.49%
2020-21	4.00%	0.00%	0.00%	0.00%	2.26%
2021-22	1.00%	1.00%	1.00%	1.00%	1.40%
2022-23	4.50%	3.40%	3.40%	3.40%	4.59%

*Note: UHC Medical was offered alongside Anthem until the 2015-16 plan year*

<b>5-year avg</b>	2.90%	4.23%	0.88%	4.23%	3.29%
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## Self-Insured School of California (SISC)

- Anthem, Blue Shield and Kaiser

Year	PPO	HMO	Kaiser
2017 – 2018	5.0%	8.1%	5.9%
2018 – 2019	0.7%	1.2%	1.0%
2019 – 2020	5.6%	5.5%	5.9%
2020 – 2021	1.9%	2.1%	2.6%
2021 – 2022	2.6%	3.0%	1.6%

# Marketing Details:

- Rate guarantees/rate caps
- Plan Design customization
  - Copays, Deductibles, etc.
  - Bargaining units
  - Actives/Early Retiree bundled or unbundled
- Disruption reports
  - Hospital listing
  - Network information
- Wellness program/budget
- "Orphan" Dependent Allowances



## February 2023

Discuss Market Options, Design Strategy



## March 2023

RFP Released



## April 2023

Proposals Due; Review and Analyze



## May/June 2023

Presentation of Marketing



## June 2023

Marketing Decision Deadline



## July 2023

Review Ancillary Renewals (Dental, Vision, Life)



## August 2023

Finalize Renewal/Transition Implementation of New Plans



## September 2023

Preparation for Open Enrollment  
ASCIP Notice of Withdrawal Deadline  
(9/30/23), if applicable





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# Joint Benefits Committee Meeting

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# Discussion Items:

- Employee Survey - Don Maus



## Input for RSCCD Health Benefits Program, 2023

The Joint Benefits Committee (JBC) is comprised of members from CSEA 579, FARSCCD, CSEA 888 and management. This committee periodically reviews the District's health benefits program to ensure we are offering high quality benefits to our employees while maintaining costs for the district. The Committee would like your opinion on our current benefit offerings to ensure we continue to offer the benefits you want.

1. My primary employment group:

- CSEA 579
- CSEA 888
- FARSCCD
- Management

2. I am enrolled in the following medical plan:

- Blue Cross PPO
- Blue Cross HMO
- Kaiser Permanente



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