

2020 Employee Benefits Marketing Analysis

Rancho Santiago Community College District
September 3rd, 2020



2020 Employee
Benefits Marketing



LICENSE NO. 0451271

Agenda

1. Medical
2. Dental
3. Vision
4. Group Life

Medical



Group #1
Results Overview



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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



Roadmap Items

- There would be no disruption or organizational needs to achieve these options.




Group #2
Results Overview



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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



Group #2 Roadmap

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 is advised to require new retirees to enroll in Medicare Part B at eligibility to best manage future premium spend and OPEB liability.

Group #2 Calendar

Date	Actions
September 3 – 13, 2020	JBC to discuss Companion Care option and determine re-calculation of employer contribution caps
September 14, 2020	Presentation of Options to Board
September 15 – 23, 2020	Finalize JBC recommendations
September 29, 2020	Final Board Decision
October 1, 2020	Withdrawal Deadline from ASCIP JPA
Mid-October 2020	Open Enrollment for 2021 Year
January 1, 2021	Effective Date of Plans



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**
 - Open Enrollment for Medicare is from January 1st – March 31st with effective date of July 1st, 2021.
- **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.



Group #3
Results Overview



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Carrier / Pool	Estimated Annual Premium	Difference from Renewal
ASCIP – Incumbent	Awaiting Quote	Awaiting Quote
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)

Group #3 Calendar

Date	Actions
September – December 2020	Develop strategy for Medicare Part B enrollment
January – March 2021	Medicare General Open Enrollment
April – June 2021	Obtain revised Group #3 Quotes
July 1, 2021	Medicare Part B Effective
August – September 2021	JBC Final Group Decision
October 1, 2021	Withdrawal Deadline from ASCIP JPA
October 2021	Open Enrollment for 2022 Year
January 1, 2022	Effective Date of Plans

Dental PPO



Rancho Santiago CCD
Summary of Dental PPO Plans
Effective: January 1, 2021

Estimated Annual Savings

	Renewal	Proposed (Fully Insured)	Proposed (Self-Funded)	Proposed (Self-Funded)	
Effective Date	1/1/2021	1/1/2021	1/1/2021	1/1/2021	
Rate Guarantee	1 year	2 year (rate cap of 7% for year 3)	1 year	1 year	
Carrier Name	Delta Dental	MetLife	Delta Dental - CIGCS	Delta Dental - CIGCS	
Plan Name	Platinum DPPO	DPPO	DPPO	DPPO with D & P Waiver	
Eligible Class	Active and Retirees	Active and Retirees	Active and Retirees	Active and Retirees	
Rate Structure	Subs				
Employee Only	314	\$62.74	\$50.30	\$59.43	\$61.56
Employee + 1	395	\$118.13	\$96.90	\$111.95	\$115.98
Employee + 2	274	\$169.92	\$155.71	\$161.02	\$166.81
Monthly Premium		\$112,919.79	\$96,734.24	\$107,000.75	\$110,847.88
Annual Premium		\$1,355,037.48	\$1,160,810.88	\$1,284,009.00	\$1,330,174.56
% Change Over Renewal			-14.33%	-5.24%	-1.83%
\$ Change Over Renewal			-\$194,226.60	-\$71,028.48	-\$24,862.92



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Benefit Comparison



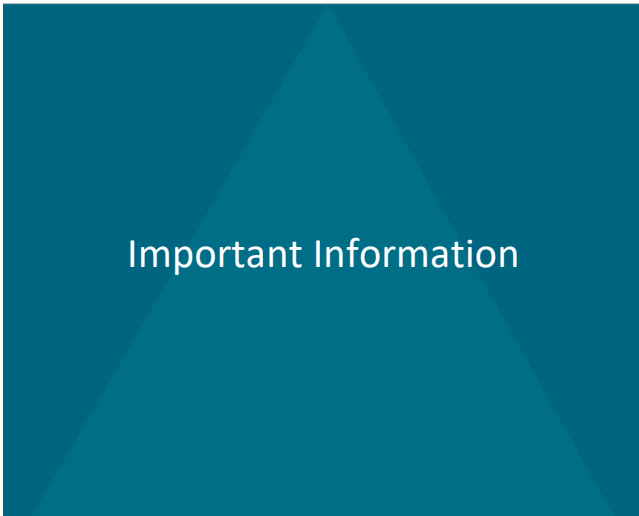
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Rancho Santiago CCD Summary of Dental PPO Plans Effective: January 1, 2021

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





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Important Information

- **MetLife**
 - Network Disruption - A report of all current providers has been requested from ASCIP to perform a comprehensive network disruption report. This will show all providers currently utilized by RSCCD employees and whether those providers are within MetLife's dental network.

- **CICCS Trust**
 - Rollover Benefit – Up to 100% of unused annual maximum for one year
 - Diagnostic & Preventative Waiver - Preserve annual maximum
 - Governance – There is a 12 person Board of which 6 are union representatives (3 Certificated/Faculty, 3 Classified)

Dental HMO



Rancho Santiago CCD
Summary of Dental HMO Plans
Effective: January 1, 2021

Estimated Annual Savings

		Renewal	Proposed	Proposed
Effective Date		1/1/2021	1/1/2021	1/1/2021
Carrier Name		Delta Dental	MetLife	MetLife
Rate Guarantee		1 year	2 year	2 year
Eligible Class		Active & Retired Employees	Active & Retired Employees	Active & Retired Employees
Plan Name		DeltaCare USA	MET100	MET50
Monthly Rate Structure	Subs.			
Employee Only	115	\$18.48	\$14.17	\$16.27
Employee + 1	141	\$30.19	\$26.93	\$30.92
Employee + Family	137	\$44.38	\$37.55	\$43.12
Total Monthly Premium		\$12,462.05	\$10,571.03	\$12,138.21
Total Annual Premium		\$149,544.60	\$126,852.36	\$145,658.52
% Over Renewal		0.00%	-15.17%	-2.60%
\$ Over Renewal		\$0.00	-\$22,692.24	-\$3,886.08



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Benefit Comparison



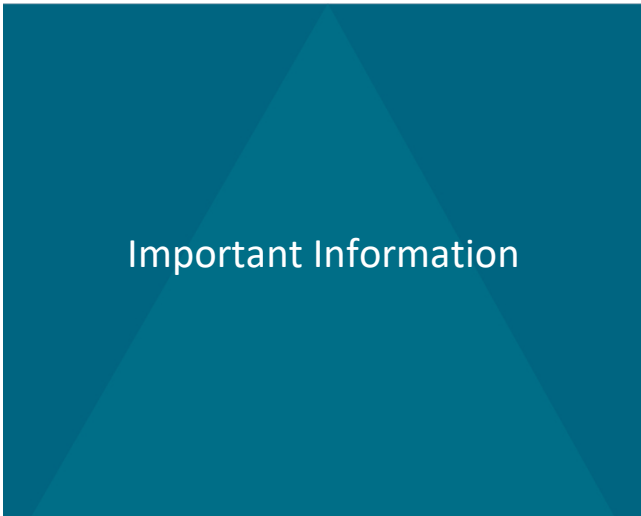
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Rancho Santiago CCD Summary of Dental HMO Plans Effective: January 1, 2021

	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
Endotics			
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
Prostodontics			
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





Important Information

- **MetLife**
 - Network Disruption - A report of all current providers has been requested from ASCIP to perform a comprehensive network disruption report. This will show all providers currently utilized by RSCCD employees and whether those providers are within MetLife's dental network.

Vision



Rancho Santiago CCD
Summary of Vision Plans
Effective: January 1, 2021

Estimated Annual Savings

		Renewal	Proposed (Fully Insured)	Proposed (Self-Funded)
Effective Date		1/1/2021	1/1/2021	1/1/2021
Rate Guarantee		1 year	4 years	1 year
Carrier Name		VSP - ASCIP	EyeMed	VSP - CICCS
Plan Name		Choice 12/12/12	Insight w/ Eye360	Choice 12/12/12
Eligible Class		Active & Retirees	Active & Retirees	Active & Retirees
Rate Structure	Subs			
Employee Only	340	\$10.60	\$9.45	\$10.54
Employee + 1	334	\$16.97	\$15.12	\$16.87
Employee + 2	224	\$27.59	\$24.57	\$27.43
Monthly Premium		\$15,452.14	\$13,766.76	\$15,362.50
Annual Premium		\$185,425.68	\$165,201.12	\$184,350.00
% Change Over Renewal			-10.91%	-0.58%
\$ Change Over Renewal			-\$20,224.56	-\$1,075.68

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



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Benefit Comparison



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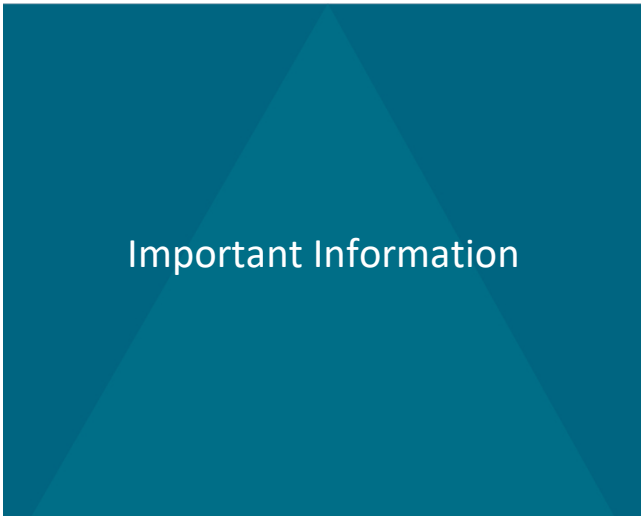


Rancho Santiago CCD
Summary of Vision Plans
Effective: January 1, 2021

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

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





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Important Information

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

Group Life

Estimated Annual Savings

	Current	Renewal	Negotiated Renewal	Proposed
Effective Date	1/1/2020	1/1/2021	1/1/2021	1/1/2021
Carrier Name	MetLife	MetLife	MetLife	The Hartford
Rate Guarantee	1 year	1 year	2 year	3 years
Eligible Class	Active Full Time	Active Full Time	Active Full Time	Active Full Time
Plan Name	Basic Life	Basic Life	Basic Life	Basic Life
Rate Structure				
Volume Benefit	\$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
Monthly Premium	\$17,376.45	\$18,565.37	\$14,815.71	\$6,859.13
Annual Premium	\$208,517.40	\$222,784.38	\$177,788.52	\$82,309.50
% Change Over Renewal		6.84%	-20.20%	-63.05%
\$ Change Over Renewal		\$14,266.98	-\$44,995.86	-\$140,474.88



Benefit Comparison



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Group Life/AD&D
Effective: January 1, 2021

	Current	Renewal	Proposed
Carrier Name	MetLife	MetLife	The Hartford
Rate Guarantee	1 year	1 year	3 years
Eligible Class	Active Full Time	Active Full Time	Active Full Time
Plan Name	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 next \$1,000
Minimum Benefit	\$50,000	\$50,000	\$50,000
Maximum Benefit	\$315,000	\$315,000	\$315,000
Plan Features			
Accelerated Benefit	80% to \$252,000	80% to \$252,000	80% to \$315,000
Waiver of Premium	Included	Included	Included
Conversion	Included	Included	Included
Reduction of Benefits Schedule			
Age 65-69			
Age 70-74	No Age Reduction, coverage terminates at retirement	No Age Reduction, coverage terminates at retirement	No Age Reduction, coverage terminates at retirement
Age 75-79			



Your Dedicated Keenan Service Team

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

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

About Keenan



Thank you for choosing Keenan.

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

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

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