

# Rancho Santiago CCD Joint Benefits Committee

2025 Renewal & Marketing Discussion

Date: May 9, 2024

Presenter:

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# Agenda

2025 Medical Renewal (ASCIP-Anthem)

2025 Medical Marketing Results

JBC Next Steps

# 2025 RENEWAL

# 2025 ASCIP Anthem Renewal – HMO & PPO

Anthem HMO	ASCIP		ASCIP
	Anthem		Anthem
	HMO		HMO
	2024 Current		2025 Renewal
EE Only	109	\$804.55	\$818.23
EE + 1	109	\$1,687.98	\$1,716.68
EE + Family	280	\$2,411.93	\$2,452.93
Monthly Premium	\$947,026.17		\$963,125.59
Annual Premium	\$11,364,314.04		\$11,557,507.08
% Change Over Current			+1.70%
<b>\$ Change Over Current</b>			<b>+\$193,193.04</b>

Anthem PPO	ASCIP		ASCIP
	Anthem		Anthem
	PPO		PPO
	2024 Current		2025 Renewal
EE Only	161	\$1,235.05	\$1,256.05
EE + 1	146	\$2,579.67	\$2,623.52
EE + Family	69	\$3,705.40	\$3,768.39
Monthly Premium	\$831,147.47		\$845,276.88
Annual Premium	\$9,973,769.64		\$10,143,322.56
% Change Over Current			+1.70%
<b>\$ Change Over Current</b>			<b>+\$169,552.92</b>

	2024	2025
Annual Premium	\$21,338,083.68	\$21,700,829.64
% Change Over Current	+1.70%	
<b>\$ Change Over Current</b>	<b>+\$362,745.96</b>	

# 2025 ASCIP Kaiser Renewal - HMO

## Timing of Renewal

- The fully-insured Kaiser renewal for the ASCIP JPA will be released in July/August 2024.

## Kaiser “Break In – Break Out” Policy

- Kaiser has a “break in – break out” policy that requires groups moving to or from a pool to retain their renewal for a range of 12 – 18 months to prevent rate hopping.
- As a result of this policy, they will not release a quote to a prospective group until they have released the renewal to the incumbent provider.

## Impacts

- Based on the construct of the RFP, Kaiser is not being evaluated as a carrier for change and thus there is no anticipated impact to existing Kaiser membership.
- If Rancho Santiago CCD were to pursue a direct to Kaiser contract the plan would be designed to mirror the existing plan and would be priced at the same cost due to the “break in – break out” policy.

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## Break-in/break-away policy

The Kaiser Permanente break-in/break-away policy provides customers with 101 or more employees flexibility to explore benefit solutions through pooled purchasers – joint powers authorities, trust funds, multiple employer welfare arrangements (MEWAs), and other types of arrangements. The policy is intended to keep rates neutral, help prevent unfair competition, and allow customers to make decisions based on service and overall value.


**Break-in customer – an existing Kaiser Permanente customer entering a pooled arrangement**

- ▶ When a customer enters a pool, the quote provided will be based on their current renewal rate (adjusted for benefit changes, commissions or fees, length of contract, and pool-initiated rate modifications).
- ▶ The existing customer is eligible to renew under the pooled purchaser's rating structure after an initial contract period of at least 6 months and up to a maximum of 18 months, based on the new pooled purchaser's contract anniversary date.

**Example:** An existing customer renews on January 1 and the pooled purchaser renews on March 1. The existing customer joins the pool in January. Because the entering customer has only been in the new pool for 2 months by the March renewal (which doesn't meet the 6-month minimum), they're quoted an initial 14-month contract based on their current rates. The existing customer will then be underwritten and renewed with the pooled purchaser's March renewal of the following contract year.

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1 ▶ [account.kp.org](https://account.kp.org)

 KAISER PERMANENTE.

# 2025 MARKETING RESULTS

# Market Results

Stand Alone Carriers				
Product	Carrier	Quoted	Declined	Comments
Medical/Rx	Aetna	X		Quoted, competitive. -1.77% to -4.77% vs. current
Medical/Rx	Anthem	X		Quoted, not competitive. +17.89% vs. current
Medical/Rx	Cigna	X		Quoted total eligible population only. +10.51% vs. current.
Medical/Rx	Blue Shield		X	Decline to Quote- due to large claims and retiree population.
Medical/Rx	Health Net	X		Quoted total eligible population only. +16.07% vs. current.
Medical/Rx	Kaiser	n/a	n/a	Per Kaiser Policy – Kaiser will not provide a quote ahead of the release of the renewal for the incumbent provider
JPAs/Trusts				
Medical/Rx	ASCIP	X		Quoted. Anthem renewal provided at +1.7% vs. current
Medical/Rx	CSEBA		X	Decline to Quote, unable to compete with current pricing.
Medical/Rx	CVT	n/a	n/a	Not Eligible due to not being able to meet RFP deadline. Quote would be available on the week of June 3 <sup>rd</sup> .
Medical/Rx	SISC		X	Decline to Quote due to membership currently under SISC JPA
Medical/Rx	VEBA	X		Quoted. +6.07% vs. current
Medical/Rx	REEP		X	Decline to Quote due to demographics and retiree population

# Medical Marketing Quote Request

## Quote #1

- All Benefit Eligible Active Employees and Early Retirees

## Quote #2

- Quote #2(a) - All Benefit Eligible Active Employees and Early Retirees except CSEA 579
- Quote #2(b) - All CSEA 579 Benefit Eligible Active Employees and Early Retirees

# AETNA PROPOSAL

DISCLAIMER: The information, materials, calculations, totals and analyses contained in and on these pages (and throughout this worksheet and workbook) are general in nature and are subject to change. These materials/calculations and analyses are not meant to replace any professional legal, actuarial, or accounting services. You may wish to consult your actuary, accountant, or attorney for specific advice as to how this information may apply to your situation.

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# Plan Comparison – HMO

	ASCIP	Stand-Alone
Carrier Name	<b>Anthem</b>	<b>Aetna</b>
Rate Guarantee	1 year	1 year
Plan Name	Custom Premier HMO	HMO
<b>General Plan Information</b>	<b>California Care</b>	<b>Full Network</b>
Annual Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0
Annual Out-of-Pocket Limit (Individual / Family)	\$1,000 / \$2,000	\$1,000 / \$2,000
Coinsurance	No charge	No charge
<b>Physician Services</b>		
Office Visit (Primary Care Physician)	\$10 copay	\$10 copay
Office Visit (Specialist)	\$10 copay	\$10 copay
Urgent Care	\$10 copay	\$10 copay
Advanced Imaging (CT, MRI, etc.)	\$100 copay	\$100 copay
<b>Hospital Services</b>		
Inpatient Hospitalization	No charge	No charge
Outpatient Surgery	No charge	No Charge
<b>Emergency Services</b>		
Emergency Room Copay (Waived if Admitted)	\$100 copay	\$100 copay
Ambulance (Air & Ground)	\$100 copay	\$100 copay
<b>Mental Health &amp; Substance Abuse</b>		
Inpatient Care	No charge	No charge
Outpatient Care	\$10 copay	No charge

# Plan Comparison – HMO (Continued)

	SISC	Stand-Alone
Carrier Name	<b>Anthem</b>	<b>Aetna</b>
Rate Guarantee	1 year	1 year
Plan Name	Custom Premier HMO	HMO
<b>Prescription Drug Benefits</b>		
Rx Deductible (Individual/Family)	\$0 / \$0	\$0 / \$0
Rx Annual Out-of-Pocket Limit (Individual/Family)	\$2,500 / \$3,500	\$2,500 / \$5,000
<b>Retail</b>	<b>Costco (\$)</b>	
Generic / Preferred Brand / Brand / Specialty	\$(0) \$5 / \$15 / \$30 / --	\$5 / \$15 / \$30 / --
# of Days Supply	30 days	30 days
<b>Mail Order</b>	<b>Costco / Navitus</b>	
Generic / Preferred Brand / Brand / Specialty	\$10 / \$30 / \$75 / By tier	\$10 / \$30 / <b>\$60</b> / By tier
# of Days Supply	90 days	90 days (30 days specialty)
<b>Outpatient Rehabilitative Therapy Services</b>		
Physical & Occupational	\$10 copay	\$10 copay
Speech	\$10 copay	\$10 copay
Chiropractic Manipulation	\$10 copay (30 visits/year, Chiro & Acupuncture combined)	\$10 copay (20 visits/year)
Acupuncture		\$10 copay (20 visits/year)
<b>Hearing</b>		
Hearing Aids	50% (1 device/3 years)	Screening only

# Plan Comparison – PPO

	ASCIP		Stand-Alone	
Carrier Name	Anthem		Aetna	
Rate Guarantee	1 year		1 year	
Plan Name	90-70 Optional PPO		OA Managed Choice POS	
General Plan Information	Prudent Buyer PPO	Non-PPO	Aetna OAMC	Non-PPO
Annual Deductible (Individual / Family)	\$250 / \$500	\$250 / \$500	\$250 / \$500	\$250 / \$500
Annual Out-of-Pocket Limit (Individual / Family)	\$1,000 / \$2,000	\$3,000 / \$6,000	\$1,000 / \$2,000	\$3,000 / \$6,000
Coinsurance	10%	30%	10%	30%
<b>Physician Services</b>				
Office Visit (Primary Care Physician)	\$20 copay * (\$0 visits 1-3)	30%	\$20 copay * (\$0 visits 1-3)	30%
Office Visit (Specialist)	\$20 copay *	30%	\$20 copay *	30%
Urgent Care	\$20 copay *	30%	\$20 copay *	30%
Advanced Imaging (CT, MRI, etc.)	10%	30% (\$800/service max benefit)	10%	30% (\$800/test max benefit)
<b>Hospital Services</b>				
Inpatient Hospitalization	10%	\$250 copay + 30%	10%	\$250 copay + 30%
Outpatient Surgery	10% (limits apply)	30% (limits apply)	10%	30% (\$350/visit max benefit)
<b>Emergency Services</b>				
Emergency Room Copay (Waived if Admitted)	\$50 copay	\$50 copay	\$50 copay + 10%	\$50 copay + 10%
Ambulance (Air & Ground)	10%	10%	10%	10%
<b>Mental Health &amp; Substance Abuse</b>				
Inpatient Care	10%	\$250 copay + 30%	10%	\$250 copay + 30%
Outpatient Care	\$20 copay *	30%	No charge	30%

# Plan Comparison – PPO (Continued)

	ASCIP		Stand-Alone	
	Anthem		Aetna	
Carrier Name	1 year		1 year	
Rate Guarantee	90-70 Optional PPO		OA Managed Choice POS	
Plan Name				
<b>Prescription Drug Benefits</b>				
Rx Deductible (Individual/Family)	\$0 / \$0	N/A	\$0 / \$0	\$0 / \$0
Rx Annual Out-of-Pocket Limit (Individual/Family)	\$2,500 / \$3,500	N/A	\$2,500 / \$5,000	\$2,500 / \$5,000
<b>Retail</b>				
Generic / Preferred Brand / Brand / Specialty	Costco (\$)	Not covered	\$5 / \$15 / \$30 / ..	20% (\$250)
# of Days Supply	30 days		30 days	30 days
<b>Mail Order</b>				
Generic / Preferred Brand / Brand / Specialty	Costco / Navitus	Not covered	\$10 / \$30 / \$60 / ..	Not covered
# of Days Supply	90 days		90 days (30 specialty)	
<b>Outpatient Rehabilitative Therapy Services</b>				
Physical & Occupational	10%	30%	10%	30%
Speech	10%	30%	10%	30%
Chiropractic Manipulation	10%	30%	10%	30%
Acupuncture	\$20 copay * (12 visits/year)	30% (12 visits/year)	\$20 copay * (12 visits/year)	30% (12 visits/year)
<b>Hearing</b>				
Hearing Aids	10% (\$2,000 benefit/3 years)	30% (\$2,000 benefit/3 years)	10% (one pair/36 months)	30% (one pair/36 months)

\* Deductible waived for services marked with a 'star'

# Rate Comparison – AETNA HMO & PPO (Actives & Early Retirees) Option 1

Anthem HMO	ASCIP		Direct to Carrier
	Anthem		AETNA
	HMO		HMO
	2025 Renewal		2025 Proposed
EE Only	109	\$818.23	\$766.18
EE + 1	109	\$1,716.68	\$1,607.48
EE + Family	280	\$2,452.93	\$2,296.90
Monthly Premium	\$963,125.59		\$901,860.94
Annual Premium	\$11,557,507.08		\$10,822,331.28
% Change Over Current	+1.7%		-4.77%
<b>\$ Change Over Current</b>	<b>+\$193,193.04</b>		<b>-\$541,982.76</b>

Anthem PPO	ASCIP		Direct to Carrier
	Anthem		AETNA
	PPO		PPO
	2025 Renewal		2025 Proposed
EE Only	161	\$1,256.05	\$1,176.09
EE + 1	146	\$2,623.52	\$2,456.51
EE + Family	69	\$3,768.39	\$3,528.50
Monthly Premium	\$845,276.88		\$791,467.45
Annual Premium	\$10,143,322.56		\$9,497,609.40
% Change Over Current	+1.7%		-4.77%
<b>\$ Change Over Current</b>	<b>+\$169,552.92</b>		<b>-\$476,160.24</b>

**Total Estimated Savings from Current**

**-\$1,018,143.00**

# Rate Comparison – AETNA HMO & PPO Option 2a

Quote #2 (a) - All Benefit Eligible Active Employees and Early Retirees except CSEA 579

Anthem HMO	ASCIP		Direct to Carrier
	Anthem		AETNA
	HMO		HMO
	2025 Renewal		2025 Proposed – 2a
EE Only	59	\$818.23	\$761.41
EE + 1	43	\$1,716.68	\$1,597.47
EE + Family	129	\$2,452.93	\$2,282.61
Monthly Premium	\$438,520.78		\$408,071.09
Annual Premium	\$5,262,249.36		\$4,896,853.08
% Change Over Current	+1.7%		-5.36%
<b>\$ Change Over Current</b>			<b>-\$277,433.64</b>

Anthem PPO	ASCIP		Direct to Carrier
	Anthem		AETNA
	PPO		PPO
	2025 Renewal		2025 Proposed – 2a
EE Only	106	\$1,256.05	\$1,168.77
EE + 1	95	\$2,623.52	\$2,452.12
EE + Family	63	\$3,768.393	\$3,503.80
Monthly Premium	\$619,784.27		\$577,580.42
Annual Premium	\$7,437,411.24		\$6,930,965.04
% Change Over Current	+1.7%		-5.23%
<b>\$ Change Over Current</b>			<b>-\$382,124.76</b>

**Total Estimated Savings from Current**

**-\$659,558.40**

# Rate Comparison – AETNA HMO & PPO Option 2b

Quote #2 (b) - All CSEA 579 Benefit Eligible Active Employees and Early Retirees

Anthem HMO	ASCIP		Direct to Carrier
	Anthem		AETNA
	HMO		HMO
	2025 Renewal		2025 Proposed – 2b
EE Only	50	\$818.23	\$851.82
EE + 1	66	\$1,716.68	\$1,787.16
EE + Family	151	\$2,452.93	\$2,553.64
Monthly Premium	\$524,604.81		\$546,143.20
Annual Premium	\$6,295,257.72		\$6,553,718.40
% Change Over Current	+1.7%		+5.88%
\$ Change Over Current	+\$105,230.40		+\$363,691.08

Anthem PPO	ASCIP		Direct to Carrier
	Anthem		AETNA
	PPO		PPO
	2025 Renewal		2025 Proposed – 2b
EE Only	55	\$1,256.05	\$1307.55
EE + 1	51	\$2,623.52	\$2743.29
EE + Family	6	\$3,768.393	\$3919.84
Monthly Premium	\$225,492.61		\$235,342.08
Annual Premium	\$2,705,911.32		\$2,824,104.96
% Change Over Current	+1.7%		+6.14%
\$ Change Over Current	+\$45,231.48		+\$163,425.12

<b>Total Estimated Increase from Current</b>	<b>+\$527,116.20</b>
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# Rate Comparison – AETNA HMO & PPO (Actives & Early Retirees)

## Rate Cap – 9.9% rate cap for first renewal

Anthem HMO	ASCIP		Direct to Carrier
	Anthem		AETNA
	HMO		HMO
	2025 Renewal		2025 Proposed
EE Only	109	\$818.23	\$789.17
EE + 1	109	\$1,716.68	\$1,655.70
EE + Family	280	\$2,452.93	\$2,365.81
Monthly Premium	\$963,125.59		\$928,916.77
Annual Premium	\$11,557,507.08		\$11,147,001.22
% Change Over Current	+1.7%		-1.91%
\$ Change Over Current	+\$193,193.04		-( \$217,312.82)

Anthem PPO	ASCIP		Direct to Carrier
	Anthem		AETNA
	PPO		PPO
	2025 Renewal		2025 Proposed
EE Only	161	\$1,256.05	\$1,211.37
EE + 1	146	\$2,623.52	\$2,530.21
EE + Family	69	\$3,768.39	\$3,634.36
Monthly Premium	\$845,276.88		\$815,211.47
Annual Premium	\$10,143,322.56		\$9,782,537.68
% Change Over Current	+1.7%		-1.92%
\$ Change Over Current	+\$169,552.92		-( \$191,231.96)

**Total Estimated Savings from Current**

**-\$408,544.78**

# Aetna Proposal Considerations

- A comparison of medical groups shows a 96% match on the Full HMO
- Includes \$30,000 implementation/communications allowance (for Aetna plans) and a \$20,000 Wellness allowance – The District can decide how they would like allocate these funds. For example, combine for \$50,000 wellness allowance.
- Will allow orphan dependents

# VEBA PROPOSAL

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# Plan Comparison – HMO

	ASCIP	VEBA
Carrier Name	<b>Anthem</b>	<b>UnitedHealthcare</b>
Rate Guarantee	1 year	1 year
Plan Name	Custom Premier HMO	HMO
<b>General Plan Information</b>	<b>California Care</b>	<b>Full HMO</b>
Annual Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0
Annual Out-of-Pocket Limit (Individual / Family)	\$1,000 / \$2,000	\$1,500 / \$3,000
Coinsurance	No charge	No charge
<b>Physician Services</b>		
Office Visit (Primary Care Physician)	\$10 copay	\$10 copay
Office Visit (Specialist)	\$10 copay	\$10 copay
Urgent Care	\$10 copay	\$10 copay
Advanced Imaging (CT, MRI, etc.)	\$100 copay	No charge
<b>Hospital Services</b>		
Inpatient Hospitalization	No charge	No charge
Outpatient Surgery	No charge	No charge
<b>Emergency Services</b>		
Emergency Room Copay (Waived if Admitted)	\$100 copay	\$100 copay
Ambulance (Air & Ground)	\$100 copay	No charge
<b>Mental Health &amp; Substance Abuse</b>		
Inpatient Care	No charge	No charge
Outpatient Care	\$10 copay	\$10 copay

# Plan Comparison – HMO (Continued)

	ASCIP	VEBA
Carrier Name	<b>Anthem</b>	<b>UnitedHealthcare</b>
Rate Guarantee	1 year	1 year
Plan Name	Custom Premier HMO	HMO
<b>Prescription Drug Benefits</b>		
Rx Deductible (Individual/Family)	\$0 / \$0	\$0 / \$0
Rx Annual Out-of-Pocket Limit (Individual/Family)	\$2,500 / \$3,500	\$3,000 / \$6,000
<b>Retail</b>	<b>Costco (\$)</b>	
Generic / Preferred Brand / Brand / Specialty	\$(0) \$5 / \$15 / \$30 / --	\$10 / \$25 / 50% (\$175) / By tier
# of Days Supply	30 days	30 days
<b>Mail Order</b>	<b>Costco / Navitus</b>	
Generic / Preferred Brand / Brand / Specialty	\$10 / \$30 / \$75 / By tier	\$10 / \$50 / 50% (\$350) / --
# of Days Supply	90 days	90 days
<b>Outpatient Rehabilitative Therapy Services</b>		
Physical & Occupational	\$10 copay	\$10 copay
Speech	\$10 copay	\$10 copay
Chiropractic Manipulation	\$10 copay (30 visits/year, Chiro & Acupuncture combined)	\$10 copay
Acupuncture		\$10 copay
<b>Hearing</b>		
Hearing Aids	50% (1 device/3 years)	\$5,000 (1 device/3 years)

# Plan Comparison – PPO

	ASCIP		VEBA	
	Anthem 1 year 90-70 Optional PPO		UnitedHealthcare 1 year Select Plus PPO	
<b>General Plan Information</b>	<b>Prudent Buyer PPO</b>	<b>Non-PPO</b>	<b>Select Plus PPO</b>	<b>Non-PPO</b>
Carrier Name	Anthem		UnitedHealthcare	
Rate Guarantee	1 year		1 year	
Plan Name	90-70 Optional PPO		Select Plus PPO	
Annual Deductible (Individual / Family)	\$250 / \$500	\$250 / \$500	\$250 / \$500	\$250 / \$500
Annual Out-of-Pocket Limit (Individual / Family)	\$1,000 / \$2,000	\$3,000 / \$6,000	\$2,000 / \$4,000	\$4,000 / \$8,000
Coinsurance	10%	30%	10%	30%
<b>Physician Services</b>				
Office Visit (Primary Care Physician)	\$20 copay * (\$0 visits 1-3)	30%	\$20 copay *	30%
Office Visit (Specialist)	\$20 copay *	30%	\$20 copay *	30%
Urgent Care	\$20 copay *	30%	\$50 copay *	30%
Advanced Imaging (CT, MRI, etc.)	10%	30% (\$800/service max benefit)	10%	30%
<b>Hospital Services</b>				
Inpatient Hospitalization	10%	\$250 copay + 30%	10%	30%
Outpatient Surgery	10% (limits apply)	30% (limits apply)	10%	30%
<b>Emergency Services</b>				
Emergency Room Copay (Waived if Admitted)	\$50 copay	\$50 copay	\$100 copay	\$100 copay
Ambulance (Air & Ground)	10%	10%	10%	10%
<b>Mental Health &amp; Substance Abuse</b>				
Inpatient Care	10%	\$250 copay + 30%	10%	30%
Outpatient Care	\$20 copay *	30%	\$20 copay *	30%

# Plan Comparison – PPO (Continued)

	ASCIP		VEBA	
Carrier Name	Anthem		UnitedHealthcare	
Rate Guarantee	1 year		1 year	
Plan Name	90-70 Optional PPO		Select Plus PPO	
<b>Prescription Drug Benefits</b>				
Rx Deductible (Individual/Family)	\$0 / \$0	N/A	\$0 / \$0	N/A
Rx Annual Out-of-Pocket Limit (Individual/Family)	\$2,500 / \$3,500	N/A	\$1,600 / \$3,200	N/A
<b>Retail</b>				
Generic / Preferred Brand / Brand / Specialty	Costco (\$)			
# of Days Supply	30 days			
	\$ (0) / \$5 / \$15 / \$30 / --	Not covered	\$10 / \$30 / 50% (\$175) / By tier	Not covered
<b>Mail Order</b>				
Generic / Preferred Brand / Brand / Specialty	Costco / Navitus		Express Scripts	
# of Days Supply	90 days		90 days	
	\$10 / \$30 / \$75 / By tier	Not covered	\$20 / \$60 / 50% (\$350) / By tier	Not covered
<b>Outpatient Rehabilitative Therapy Services</b>				
Physical & Occupational	10%	30%	\$20 copay *	30%
Speech	10%	30%	\$20 copay *	30%
Chiropractic Manipulation	10%	30%	\$20 copay *	30%
Acupuncture	\$20 copay * (12 visits/year)	30% (12 visits/year)	\$20 copay *	30%
<b>Hearing</b>				
Hearing Aids	10% (\$2,000 benefit/3 years)	30% (\$2,000 benefit/3 years)	Not covered	Not covered

\* Deductible waived for services marked with a 'star'

# Rate Comparison – VEBA HMO & PPO (Actives & Early Retirees) Option 1

Anthem HMO	ASCIP		VEBA
	Anthem		United HealthCare
	HMO		Full HMO Network
	2025 Renewal		2025 Proposed
EE Only	109	\$818.23	\$846.00
EE + 1	109	\$1,716.68	\$1,775.00
EE + Family	280	\$2,452.93	\$2,536.00
Monthly Premium	\$963,125.59		\$995,769.00
Annual Premium	\$11,557,507.08		\$11,949,228.00
% Change Over Current	+1.7%		+5.15%
<b>\$ Change Over Current</b>	<b>+\$193,193.04</b>		<b>+584,913.96</b>

Anthem PPO	ASCIP		VEBA
	Anthem		United HealthCare
	PPO		PPO
	2025 Renewal		2025 Proposed
EE Only	161	\$1,256.05	\$1,323.00
EE + 1	146	\$2,623.52	\$2,763.00
EE + Family	69	\$3,768.39	\$3,969.00
Monthly Premium	\$845,276.88		\$890,262.00
Annual Premium	\$10,143,322.56		\$10,683,144
% Change Over Current	+1.7%		+7.11%
<b>\$ Change Over Current</b>	<b>+\$169,552.92</b>		<b>+\$709,374.36</b>

**Total Estimated Increase from Current**

**+\$1,294,288.32**

# Rate Comparison – VEBA HMO & PPO Option 2a

Quote #2 (a) - All Benefit Eligible Active Employees and Early Retirees except CSEA 579

Anthem HMO	ASCIP		VEBA
	Anthem		United HealthCare
	HMO		HMO Full Network
	2025 Renewal		2025 Proposed – 2a
EE Only	59	\$818.23	\$844.00
EE + 1	43	\$1,716.68	\$1,771.00
EE + Family	129	\$2,452.93	\$2,530.00
Monthly Premium	\$438,520.78		\$452,319.00
Annual Premium	\$5,262,249.36		\$5,427,828.00
% Change Over Current	+1.7%		+4.90%
<b>\$ Change Over Current</b>			<b>+\$253,541.28</b>

Anthem PPO	ASCIP		VEBA
	Anthem		United HealthCare
	PPO		PPO
	2025 Renewal		2025 Proposed – 2a
EE Only	106	\$1,256.05	\$1,324.00
EE + 1	95	\$2,623.52	\$2,765.00
EE + Family	63	\$3,768.393	\$3,972.00
Monthly Premium	\$225,492.61		\$653,255.00
Annual Premium	\$2,705,911.32		\$7,839,060.00
% Change Over Current	+1.7%		+7.19%
<b>\$ Change Over Current</b>			<b>+\$525,970.20</b>

**Total Estimated Increase from Current**

**+\$779,511.48**

# Rate Comparison – VEBA HMO & PPO Option 2b

Quote #2 (b) - All CSEA 579 Benefit Eligible Active Employees and Early Retirees

Anthem HMO	ASCIP		VEBA
	Anthem		United HealthCare
	HMO		HMO Full Network
	2025 Renewal		2025 Proposed – 2b
EE Only	50	\$818.23	\$849.00
EE + 1	66	\$1,716.68	\$1,781.00
EE + Family	151	\$2,452.93	\$2,545.00
Monthly Premium	\$524,604.81		\$544,291.00
Annual Premium	\$6,295,257.72		\$6,531,492.00
% Change Over Current	1.7%		5.52%
\$ Change Over Current	+\$105,230.40		+\$341,464.68

Anthem PPO	ASCIP		VEBA
	Anthem		United HealthCare
	PPO		PPO
	2025 Renewal		2025 Proposed – 2b
EE Only	55	\$1,256.05	\$1,326.00
EE + 1	51	\$2,623.52	\$2,769.00
EE + Family	6	\$3,768.393	\$3,978.00
Monthly Premium	\$225,492.61		\$238,017.00
Annual Premium	\$2,705,911.32		\$2,856,204.00
% Change Over Current	1.7%		7.36%
\$ Change Over Current	+\$45,231.48		+\$195,524.16

<b>Total Estimated Increase from Current</b>	<b>+\$536,988.84</b>
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# JBC NEXT STEPS & FUTURE MEETINGS

# JBC Meeting #2

Item	Detail
Purpose	Presentation of Medical Marketing Results based on Illustrative Quotes
Date	May 9, 2024
Keenan Responsibility	Assess the proposals and develop the comparison tools to provide critical insights related to (i) Benefit Comparison (ii) Network Disruption (iii) Fiscal Implications ( <i>potentially illustrative</i> )
JBC Responsibility	The JBC will be asked to vote to narrow down the list of finalists to ideally 2-3 potential markets

# JBC Meeting #3

Item	Detail
Purpose	Carrier/Pool Finalist Interviews
Date	May 29, 2024
Keenan Responsibility	Keenan will work with RSCCD HR team to schedule finalist interviews for the 2-3 potential markets selected by the JBC during JBC Meeting #2
JBC Responsibility	The JBC will be asked to vote on which finalist or finalists they would like to recommend moving forward so that union membership will have sufficient time to research disruption and provide union leadership their feedback and conduct a vote. This timeline has been designed to provide a 60 day window for RSCCD employees to evaluate their options during the months of June and July 2024.

# JBC Meeting #4

Item	Detail
Purpose	Presentation of Fiscal Impact with Final Rates from Selected Finalists and ASCIP Renewal
Date	Late July 2024
Keenan Responsibility	Work with finalists to obtain final binding quotes and perform a fiscal comparison against the ASCIP Renewal to provide transparency and education on fiscal impacts
JBC Responsibility	No Action will be taken by JBC. This meeting is informational and designed to provide transparency and final confirmation of the fiscal impacts of RFP finalist market options.

# JBC Meeting #5

Item	Detail
Purpose	Vote by JBC on Recommendation to the Chancellor
Date	Mid August 2024
Keenan Responsibility	Keenan will work with RSCCD HR Office to facilitate meeting for JBC membership to cast final votes on recommendation to the Chancellor to be presented to RSCCD Board on September 9 <sup>th</sup> , 2024
JBC Responsibility	The JBC will be asked to cast their votes on the JBC recommendation to the Chancellor

**QUESTIONS?**