

# Rancho Santiago CCD Joint Benefits Committee

**Date: May 13, 2025**

**Presenter:**

April Shoeleh, Sales Executive

Kim Gleeson, Assistant Vice President



# Agenda

Keenan Trend Report

Legislative Updates

Health, Wellness and Perks Discussion

Keenan Wellness Newsletter

Preventative Health Screenings

2026 Renewals

New Business

# KEENAN 2<sup>ND</sup> QUARTER TREND REPORT

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## Insurance Trends Report 2nd Quarter 2025 (April - June)

### CARRIER TREND

CARRIER	HMO		PPO		POS		Prescription Drugs		Dental		Vision
	North	South	North	South	North	South	Rx-PPO	Rx-HMO	PPO	DHMO	
Aetna	8.1%	7.3%	8.7%	7.6%	8.5%	7.6%	9.6%	9.6%	4.5%	3.5%	2.5%
Anthem	Capitated 6.9%	Non-Capitated 12.4%	12.6%		12.8%		Rx-PPO 14.5%	Rx-HMO 14.6%	PPO 4.0%	Dental Net 3.0%	3.0%
Blue Shield	6.2%		9.3%		6.2%		9% - 10%				
Cigna	8.11%	7.90%	8.11%	7.90%	8.0%		8.5%		PPO 5.0%	DHMO 4.0%	3.0%
Health Net	8.3%		10.4%		10.4%		11.0%		PPO 4.0%	DHMO 3.5%	350.0%
Kaiser <sup>1,2,3</sup>	North 5.5% - 7.5%	South 5.0% - 7.0%					North 12.0%	South 12.0%			
Sutter Health Plus <sup>2</sup>	North 7.9%						North 7.9%				
Western Health Advantage <sup>2</sup>	North 9.5%						North 9.5%				
Express Scripts & Empi/Rx							Schools 13.0%	HealthCare 13.3%			

<sup>1</sup> Kaiser's numbers represent the Average Commercial Rate (ACR) Increases for 2024 not the medical or pharmacy trends. The organizational goal is for most commercial groups to have an ACR in these ranges. It's important to note that not every group will see the average increase. Group specific increases vary based on claims experience, benefit plan, demographic profile and change of the group, renewal month, number of enrolled members and other factors.

<sup>2</sup> Trends are set annually for these carriers not quarterly.

<sup>3</sup> Kaiser's quarterly trend data is a blended Cap & Non-Cap trend. However, on the renewal calculation exhibits only Non-Cap Trend is used, so trend factors may differ.

Note: Trends above are not for small groups. Those trends may vary. - Trends above apply to all industries (Schools, HealthCare and Municipalities)

Note: UHC has decided not to participate in our trend report.. If their position changes, we will add them to the report.

# LEGISLATIVE UPDATES

- SB279: New Infertility Coverage Mandate for California Health Plans
- New Law Restores Full Social Security Benefits for Public Pension Retirees
- AB2843: Health Coverage Without Cost-Sharing for Sexual Assault Victims

## NEW INFERTILITY COVERAGE MANDATE FOR CALIFORNIA HEALTH PLANS

Effective for plan years beginning on or after July 1, 2025, SB 729 (Chapter 930, Statutes of 2024) will require fully insured large group health plans in California to cover infertility diagnosis and treatment. It will require small group health plans to offer coverage for fertility and infertility services, but does not require small group plans to cover infertility diagnosis or treatment.

### DEFINITION OF INFERTILITY

The law's definition of "infertility" is broad and can be based on a licensed physician's finding of infertility, a person's inability to reproduce, either by themselves or with their partner, without medical intervention, or the failure to establish a pregnancy or to carry a pregnancy to live birth after regular, unprotected sexual intercourse. "Regular, unprotected sexual intercourse" is defined in the law as "no more than 12 months of unprotected sexual intercourse for a person under 35 years of age or no more than six months of unprotected sexual intercourse for a person 35 years of age or older." The law also specifies that pregnancy resulting in miscarriage does not restart the 12-month or 6-month time period to qualify as having infertility.

The law also provides that coverage for the treatment of infertility and fertility services must be provided without discrimination on the basis of age, ancestry, color, disability, domestic partner status, gender, gender expression, gender identity, genetic information, marital status, national origin, race, religion, sex, or sexual orientation. This means that the coverage mandate will apply regardless of the covered person's age or partnership status.

### COVERAGE REQUIRED

The statute specifies that the fertility services covered include in vitro fertilization (IVF) with a maximum of three completed oocyte retrievals with unlimited embryo transfers in accordance with the guidelines of the American Society for Reproductive Medicine (ASRM), using single embryo transfer when recommended and medically appropriate.

As part of the legislative process, SB 729 was analyzed by the California Health Benefits Review Program (CHBRP). CHBRP's analysis assumed that all nonexperimental fertility treatments would need to be covered for a plan to be compliant with the law. Those services include diagnosis, medications, surgery, artificial insemination, IVF, and IVF with intracytoplasmic sperm injection (ICSI). It is unclear whether SB 729 would require coverage for biological donor materials, gestational carriers or surrogacy services, or medical costs for the utilization of gestational carriers or surrogates. We are watching to see if these items are clarified by the Department of Managed Healthcare (DMHC) and the Department of Insurance (CDI) prior to the law's effective date.

The statute also prohibits the following:

- Any exclusion, limitation, or restriction on coverage of fertility medications that are different from those imposed on other prescription medications;

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- Any exclusion or denial of coverage of any fertility services based on a covered individual's participation in fertility services provided by or to a third party (such as an oocyte, sperm, or embryo donor, gestational carrier, or surrogate); or
- Any deductible, copayment, coinsurance, benefit maximum, waiting period, or any other limitation on coverage for the diagnosis and treatment of infertility that are different from those imposed upon benefits for services not related to infertility.

## PLANS IMPACTED

As stated above, these rules will apply to fully insured large group health plans issued in California on or after July 1, 2025. This means that plans that run on a calendar year will not incorporate this coverage until January 1, 2026. The law will apply to plans offered through CalPERS pursuant to the Public Employees' Medical and Hospital Care Act (PEMHCA), but the effective date for those plans is delayed until July 1, 2027.

The law does not apply to self-funded plans, specialized plans (like dental-only or vision-only plans) or Medi-Cal. It does not apply to individual market coverage, and it does not mandate that small group plans cover infertility diagnosis or treatment.

The mandate also does not apply to religious employers, defined as those for whom each of the following is true:

- The inculcation of religious values is the purpose of the entity;
- The entity primarily employs persons who share the religious tenets of the entity;
- The entity serves primarily persons who share the religious tenets of the entity; and
- The entity is a nonprofit organization as described in Section 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code of 1986, as amended.

## COSTS

CHBRP projected an initial 0.4% increase in employer premiums attributable to this mandate, rising to 0.55% two years after the mandate goes into effect (0.52% and 0.77% respectively for employers in CalPERS plans). While the mandate does not apply to self-funded plans, employers offering both self-funded and fully insured plans, and aiming to provide the same coverage across both, will need to work with their administrators and actuaries to determine the cost of incorporating SB 729 equivalent infertility coverage into their plans.

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## NEW LAW RESTORES FULL SOCIAL SECURITY BENEFITS FOR PUBLIC PENSION RETIREES

On January 5, 2025, then-President Joe Biden signed into law the Social Security Fairness Act, a law which eliminates the Social Security Governmental Pension Offset (GPO) and the Windfall Elimination Provision (WEP), two federal rules that had reduced Social Security payments for the more than 3.2 million workers eligible for public pensions based on work not covered by Social Security. The enactment of this law will allow retirees participating in public pension systems to receive their full Social Security benefits.

The law is effective for benefits payable after December 2023, but the Social Security Administration (SSA) has indicated that it could take more than a year for some beneficiaries to see an adjustment in benefits and retroactive payments.

Employers can find more information about the Social Security Fairness Act at <https://www.ssa.gov/benefits/retirement/social-security-fairness-act.html>.

Under the heading “What should people do now that the Social Security Fairness Act is law?” SSA provides the following information:

Because the GPO could reduce or eliminate spouses' or surviving spouses' Social Security benefits, some non-covered pension recipients may have never applied for benefits.

### **If you never applied for spouses' or surviving spouses' benefits:**

You may need to file an application. The date of your application might affect when your benefits begin. Filing sooner might help you get a higher benefit amount.

- The most convenient way to apply for **retirement or spouses' benefits** is online at [www.ssa.gov/apply](http://www.ssa.gov/apply). The online application will still collect pension information until the application is changed; however, SSA will not offset the benefit.
- The **survivor benefit** application is not available online.
- People who cannot apply online for benefits should call 1-800-772-1213 Monday through Friday 8:00 a.m. to 7:00 p.m. to learn other ways to apply.

### **If you are not sure whether you ever applied for spouses' or surviving spouses' benefits:**

You may need to file an application. The date of your application might affect when your benefits begin. Filing sooner might help you get a higher benefit amount.

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**If you are entitled to spouses' or surviving spouses' benefits, and your benefits are currently being reduced or eliminated by GPO; OR if you are entitled to retired or disabled workers' benefits, and your benefits are currently being reduced by WEP:**

Consider reviewing the mailing address and/or direct deposit information that SSA has on file for you. This will allow SSA to adjust your benefits as quickly as possible. Generally, no other actions are needed at this time.

The easiest way for most beneficiaries to update their address or direct deposit information with SSA, if needed, is online with a personal *my* Social Security account. There is no need to call or visit SSA. Visit [www.ssa.gov/myaccount](https://www.ssa.gov/myaccount) to sign in or create an account.

## **ADDITIONAL RESOURCES**

CalPERS provides information and resources for its members at <https://www.calpers.ca.gov/page/active-members/retirement-benefits/service-disability-retirement/social-security-and-your-pension>.

CalSTRS does not provide additional information or resources on its website for members at this time.

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### AB 2843: HEALTH COVERAGE WITHOUT COST-SHARING FOR SEXUAL ASSAULT VICTIMS

Due to the passage of AB 2843 (Chapter 971, Statutes of 2024), a new coverage mandate will go into effect for fully insured health plans issued, amended, renewed or delivered on or after July 1, 2025. This law will require plans to provide coverage without cost-sharing for emergency room medical care and follow-up health care treatment for an insured who is treated following a rape or sexual assault for the first nine months after the enrollee initiates treatment.

Under the new law, follow-up health care treatment includes medical or surgical services for the diagnosis, prevention, or treatment of medical conditions arising from an instance of rape or sexual assault.

While the law requires the treating provider to submit all requests for claims payments using accurate diagnosis codes specific to rape or sexual assault, the law specifically does not require the insured to file a police report on the rape or sexual assault. The law does not require charges to be brought against an assailant, and it does not require the assailant to be convicted in order for the insured to receive coverage of medical care and follow-up treatment without cost-sharing.

The law does not require carriers to cover follow-up treatment without cost-sharing if the treatment is furnished by a nonparticipating provider, except under two limited circumstances: (1) if follow-up care is unavailable within the carrier's network within the time required by statutory timely access standards, or (2) if services are for "emergency services and care." Emergency services and care include the following:

- Medical screening, examination, and evaluation by a doctor (or other licensed provider under the supervision of a doctor) to determine if an emergency medical condition or active labor exists and, if it does, the care, treatment, and surgery, if within the scope of that person's license, necessary to relieve or eliminate the emergency medical condition; and
- Additional screening, examination, and evaluation by a doctor (or other licensed provider under the supervision of a doctor) to determine if a psychiatric emergency medical condition exists, and the care and treatment necessary to relieve or eliminate the psychiatric emergency medical condition.

The law does not apply to self-funded plans. It also does not apply to specialized health insurance, Medicare supplement insurance, CHAMPUS supplement insurance, TRI-CARE supplement insurance, or hospital indemnity, accident-only, or specified disease insurance. Finally, for persons covered under a high deductible health plan (HDHP), the law does not require coverage without cost-sharing until the person has met their deductible.

#### BACKGROUND AND ANALYSIS

A 2022 New England Journal of Medicine "Correspondence" signed by seven physicians describes the physicians' findings upon analyzing nationally representative data on emergency department visits. The letter stated, in part:

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Our findings indicate that an estimated 17,842 persons who sought emergency department care related to sexual assault were expected to pay the often-substantial costs themselves. Other data indicate that even privately insured sexual assault victims pay, on average, 14% of emergency department costs out-of-pocket. Such costs may particularly burden low-income women and girls who disproportionately are victims of sexual assault.

Emergency department charges may discourage the reporting of rape and seeking of medical care for both short-term and long-term sequelae of sexual assault. Incurring such charges may further harm survivors — even those with full insurance coverage — by serving to disclose a potentially stigmatizing event to parents, partners, or employers. Moreover, such bills may further traumatize survivors by suggesting that they are personally responsible for their assault.

Prior to passage, AB 2843 was analyzed by the California Health Benefits Review Program (CHBRP) to analyze the effectiveness and costs of the bill. CHBRP estimated the coverage mandate would result in an increase of \$600,000 (0.0004%) total net annual expenditures for fully insured plans statewide.

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# HEALTH, WELLNESS AND PERKS DISCUSSION

- Discuss Future Topics
- Timing of Presentation

# KEENAN WELLNESS NEWSLETTER



# WELLNESS CONNECTION

## Social Connection

Social connection is the size and diversity of one’s social network and roles, the functions these relationships serve, and their positive or negative qualities.

Social connectedness reflects the continuum of meeting social connection needs. It is the degree to which you have the number, quality, and variety of relationships that you want. It is when you feel like you belong and have the support and care that you need.



### Why it’s Important

High-quality relationships can help people live longer, healthier lives. Social connection can help reduce the risk of chronic disease and serious illness, such as:

- Heart disease
- Stroke
- Dementia
- Depression and anxiety

### Positive Health Benefits

Social connection can lead to longer life, better health, and well-being. It can improve:

- Our ability to manage stress, anxiety, and depression
- Healthy eating habits and physical activity
- Quality of sleep

### Creating Social Connections

People are social creatures by nature. Our relationships with family, friends, coworkers, and community members are important to our survival.

Stable and supportive relationships give us the support we need to cope with stressful life challenges.

People with healthy relationships are more likely to make healthy choices that lead to better mental and physical health.

Social connections give us:

- Emotional support
- Physical support

### Community Connections

Communities that offer supportive connections are just as important. They can help create trust and resilience among community members in public places, such as:

- Neighborhoods
- Schools
- Places of worship
- Workplaces
- Parks and recreation centers

Having safe access to public areas for people to connect encourages:

- Connections among people in the community
- Less social isolation and loneliness
- Community members to give back, further strengthening the bonds

**Source:** <https://www.cdc.gov/social-connectedness/about/index.html#:~:text=Staying%20connected%20to%20others%20creates,against%20serious%20illness%20and%20disease>



# Spring into Health



Winter is behind us and it's time to enjoy the benefits of spring! The world is waking up and shaking off the past months of cold. And of course, longer days means spending more time in the great outdoors!

### Here are some fun ways to spring into health:

- Get outside and discover a park near you! Run, fish, bike, hike, and swim your way through our national parks.
- Spring clean your brain! Write in a journal, meditate, or let your mind relax in nature. Prioritize positivity and wellness.
- Enjoy seasonal foods! Fresh fruits and vegetables are plentiful in the spring.

Spring is the perfect time to reboot and rejuvenate your health and wellness habits. The change of season is not only a symbol of rebirth in nature, but it can also be a renewal of healthy lifestyle practices.

Here are some healthy habits, recommended by the Centers for Disease Control and Prevention (CDC), that you can integrate into your life to help refresh and revitalize your wellness plan:

- **Exercise regularly:** Aim for 30 minutes of physical activity at least five days a week.
- **Make healthier food choices:** Choose foods like fruits, vegetables, whole grains, lean meats, and low-fat dairy products.
- **Prioritize your beverage health:** Drink more water and limit alcohol and sugary drinks.
- **Practice healthy sleep hygiene:** Prioritize consistent bedtime and a comfortable sleep environment for optimal sleep quality.
- **Be sun safe:** Wear clothing to cover skin exposed to the sun and use broad spectrum sunscreen with at least SPF 15.
- **Quit smoking and using tobacco products:** Avoid secondhand smoke
- **Know your family health history:** Talk with your family about your health history and consult your health care provider to determine risk factors for disease and ways to reduce your risk.

Always consult your physician before starting any diet or exercise plan.

**Source:** <https://www.nps.gov/subjects/healthandsafety/spring-into-health.htm> (only first paragraph) and <https://www.dhs.gov/employee-resources/news/2024/03/13/spring-wellness>

# Positive Social Wellness Habits

Close and meaningful relationships reduce stress and increase your ability to cope and overcome challenges. Those who build support systems and have solid relationships tend to sleep better, live longer, and stay healthier mentally and physically.

In contrast, loneliness and social isolation are associated with a higher risk of health problems such as heart disease, depression, stress, and reduced physical and mental health.

### Here are some positive wellness habits to help you stay socially connected:

- Take care of yourself
- Make connections
- Make social plans
- Consider adopting a pet
- Maintain Connections
- Seek help when you need it



**Source:** <https://www.dhs.gov/employee-resources/news/2022/09/13/positive-social-wellness-habits>

# PREVENTIVE HEALTH SCREENINGS UPDATE



# Preventive Health Screening Program Tailored Exclusively For ASCIP School Districts

Welcome! Life Line Screening is proud to partner with ASCIP to offer an exclusive, tailored preventive health screening program for ASCIP school district employees.

## ASCIP + Life Line Screening Onsite Preventive Health Screening Program Overview



- **No Cost Benefit:** ASCIP has negotiated the following VIP Total Wellness preventive health screening package available at no cost to eligible school district employees (subscribers only)


### VIP Total Wellness Package Included Screenings:

Signature Cardiovascular Disease & Stroke Risk Screenings	Chronic Disease Package <sup>1</sup>	Men's & Women's Essential Health														
<ul style="list-style-type: none"> <li>✓ Carotid Artery</li> <li>✓ Abdominal Aortic Aneurysm Test</li> <li>✓ Peripheral Artery Disease Screening</li> <li>✓ Atrial Fibrillation Test</li> </ul>	<ul style="list-style-type: none"> <li>✓ Heart Disease</li> <li>✓ Heart Failure</li> <li>✓ Stroke</li> <li>✓ Diabetes</li> <li>✓ Chronic Obstructive Pulmonary Disease (COPD)<sup>2</sup></li> <li>✓ Lung Cancer<sup>2</sup></li> </ul>	<table border="0"> <tr> <td>Women:</td> <td>Men:</td> </tr> <tr> <td>✓ Liver</td> <td>✓ Liver</td> </tr> <tr> <td>✓ Kidney</td> <td>✓ Kidney</td> </tr> <tr> <td>✓ Thyroid</td> <td>✓ Testosterone</td> </tr> <tr> <td>✓ Osteoporosis Risk Screening</td> <td>✓ Prostate Cancer</td> </tr> <tr> <td>✓ A1C</td> <td>✓ A1C</td> </tr> <tr> <td>✓ Colorectal Cancer Screening<sup>3</sup></td> <td>✓ Colorectal Cancer Screening<sup>3</sup></td> </tr> </table>	Women:	Men:	✓ Liver	✓ Liver	✓ Kidney	✓ Kidney	✓ Thyroid	✓ Testosterone	✓ Osteoporosis Risk Screening	✓ Prostate Cancer	✓ A1C	✓ A1C	✓ Colorectal Cancer Screening <sup>3</sup>	✓ Colorectal Cancer Screening <sup>3</sup>
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✓ A1C	✓ A1C															
✓ Colorectal Cancer Screening <sup>3</sup>	✓ Colorectal Cancer Screening <sup>3</sup>															

1: Disease risk assessment for 6 chronic conditions: Coronary Heart Disease, Congestive Heart Failure, Stroke, Diabetes, Chronic Obstructive Pulmonary Disease, Lung Cancer, a 10-year risk of first-time heart attack risk assessment, Blood Pressure, Waist Size Body Mass index and finger stick blood tests for Cholesterol and Glucose

2: Risk assessment based on self-reported information

3: A take home kit given at time of screening

- **Convenient Screening Locations:** Each participating school district will have the opportunity to host one or more private Life Line Screening events at a location convenient for your employees.
- **Flexible Event Timeframes:** Private Life Line Screening events can be scheduled between **September 1st, 2025**, and **November 30th, 2025**, to ensure optimal convenience for your team. 
- **Advanced Scheduling:** Specific appointment times will be available for up to **50 participants per day**, allowing employees to choose times that fit their schedules.
- **Efficient Process:** Each screening will take approximately **60 minutes** to complete from start to finish, ensuring a thorough yet time-efficient experience for all participants.
- **Personalized and Private Results:** Each employee will receive personalized results in Life Line Screening's secure, private **MyLifeLine** portal, which is accessible only to the individual. Results will not be shared with ASCIP or their employer, ensuring privacy and confidentiality.

## Contact Information:



We look forward to serving the members of the ASCIP community this fall! Please contact **Shabbir Ahmed, Executive Director of Health Benefits, ASCIP** at **(562) 404-8029** or [Ahmed@ascip.org](mailto:Ahmed@ascip.org) to get your school district started today



# 2026 RENEWALS

# 2026 Renewals



- Medical (ASCIP) Anthem & Kaiser – Release end of August
- Dental PPO (CICCS) Delta Dental - Release end of May
- Dental HMO (ASCIP) Delta Dental - Release end of August
- Vision (ASCIP) VSP - Release end of May
- Basic Life & Voluntary Life (Hartford) - Release July
- Legal (MetLife) - Release July
- RetireeFirst – Release end of August

# NEW BUSINESS

Next Meeting: TBD