

# Rancho Santiago CCD Joint Benefits Committee

2024 Renewal & Marketing Discussion

Date: September 7, 2023

Presenter:

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Kim Gleeson, Senior Account Executive



# Agenda

Recap of Medical Marketing History

2024 Renewals

Medical Marketing Results

Dental Marketing Results

# RECAP OF MEDICAL MARKETING HISTORY

# 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

# Timeline

- 2024 Overview of Renewals
  - Medical Renewals
  - Ancillary Renewals
- 2024 Marketing
  - Medical
  - Dental
- Carrier Presentations
- Final Decisions
- Open Enrollment October 16<sup>th</sup> – 22<sup>nd</sup>?

# 2024 RENEWALS

# 2024 Renewals

Coverage	Plan	Renewal
Medical	Anthem HMO	+7%
	Anthem PPO	+7%
	Kaiser HMO	+8.2%
Retiree Medical (RetireeFirst)	Anthem Medicare Advantage Plan	+3.69%
Dental	MetLife PPO	+15% (Initial: 22.50%)
	DeltaCare HMO (ASCIP)	Rate Pass
Vision	VSP (CICCS)	-0.3%
Basic Life and AD&D	The Hartford	Rate Pass

# MEDICAL MARKETING RESULTS

# Market Results

Stand Alone Carriers				
Product	Carrier	Quoted	Declined	Comments
Medical/Rx	Aetna	X		
Medical/Rx	Anthem		X	We must decline to quote this group due to uncompetitive rates compared to renewal. Given their claims experience, we are not able to compete against what they already have, +32% HMO & +28% on PPO
Medical/Rx	Cigna	X		
Medical/Rx	Blue Shield		X	Not Competitive
Medical/Rx	Kaiser	X		
Medical/Rx	United Healthcare	X		HMO and PPO aggregate increase is 14.76%
JPAs/Trusts				
Medical/Rx	ASCIP	X		Incumbent
Medical/Rx	CSEBA	X		Not competitive +15%
Medical/Rx	CVT		X	Unfortunately, we are unable to provide a quote at this time considering the premiums CVT would need to charge. A move at this time would not be financially advantages for the district and/or chapters
Medical/Rx	SISC		X	Considering the ASCIP program, and that Rancho Santiago CCD's plans are already sourced through SISC, it's not worthwhile for SISC to quote
Medical/Rx	VEBA	X		Not competitive - overall +10.36%, HMO +12.9%
Medical/Rx	REEP	X		Not competitive +14.82%

# AETNA PROPOSAL

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# AETNA Proposals

## Option #1

- 1% above current with no rate cap
- Matches current benefits with the addition of a limited network option with a \$5 copay
- Wellness allowance of \$50,000

## Option #2

- 3% above current with a 9.8% rate cap for Year 2
- Matches current benefits with the addition of a limited network option with a \$5 copay
- Wellness allowance of \$50,000

# Plan Comparison – HMO

	Current	Full Network	Limited Network
Carrier Name	<b>Anthem</b>	<b>Aetna</b>	<b>Aetna</b>
Plan Name	Custom Premier HMO 10	HMO \$10	AWH HMO \$5
<b>General Plan Information</b>			
Annual Deductible/Individual	\$0	\$0	\$0
Annual Deductible/Family	\$0	\$0	\$0
Coinsurance	0%	0%	0%
Office Visit/Exam Copay	\$10 copay	\$10 copay	\$5 copay
Outpatient Specialist Visit Copay	\$10 copay	\$10 copay	\$5 copay
Annual Out-of-Pocket Limit/Individual	\$1,000 (does not include Rx OOP)	\$1,000	\$1,000
Annual Out-of-Pocket Limit/Family	\$2,000 (does not include Rx OOP)	\$2,000	\$2,000
<b>Outpatient Services</b>			
Most ACA-Mandated Preventive Care Services	No charge	No charge	No charge
Diagnostic X-Ray and Lab Tests	No charge	No charge	No charge
<b>Inpatient Hospital Services</b>			
Inpatient Hospitalization	No charge	No charge	No charge
<b>Surgical Services</b>			
Outpatient Facility Charge	No charge	No charge	No charge
<b>Emergency Services</b>			
Emergency Room Copay (waived if admitted)	\$100 copay	\$100 copay	\$100 copay
<b>Ambulance</b>			
Air & Ground	\$100 copay	\$100 copay	\$100 copay
<b>Urgent Care</b>			
Urgent Care Facility	\$10 copay	\$10 copay	\$5 copay
<b>Mental Health &amp; Substance Abuse</b>			
Inpatient Care	No charge	No charge	No charge
Outpatient Care	\$10 copay	\$10 copay	\$5 copay

# Plan Comparison – HMO (Continued)

	Current	Full Network	Limited Network
Carrier Name	<b>Anthem</b>	<b>Aetna</b>	<b>Aetna</b>
Plan Name	Custom Premier HMO 10	HMO \$10	AWH HMO \$5
<b>Prescription Drug Benefits</b>			
Rx Deductible	\$0	\$0	\$0
Rx Annual Out-of-Pocket Limit/Individual	\$2,500	Combined with Medical OOP	Combined with Medical OOP
Rx Drug Annual Out-of-Pocket Limit/Family	\$3,500	Combined with Medical OOP	Combined with Medical OOP
Generic	\$5 copay (\$0 at Costco)	\$5 copay	\$5 copay
Brand (Formulary/Preferred)	\$15 copay	\$15 copay	\$15 copay
Brand (Non-Formulary/Non-preferred)	\$30 copay	\$30 copay	\$30 copay
Specialty	Cost varies by tier; Mail order only	Copay by tier (\$15 or \$30 copay)	Copay by tier (\$15 or \$30 copay)
Number of Days Supply	30 days	30, 60, or 90 days (1x/2x/3x copay)	30, 60, or 90 days (1x/2x/3x copay)
<b>Mail Order</b>			
Generic	\$10 copay (Costco only)	\$10 copay	\$10 copay
Brand (Formulary/Preferred)	\$30 copay (Costco only)	\$30 copay	\$30 copay
Brand (Non-Formulary/Non-preferred)	\$75 copay (Costco only)	\$60 copay	\$60 copay
Number of Days Supply for Mail Order	90 days	90 days	90 days
<b>Other Services and Supplies</b>			
Durable Medical Equipment	No charge	No charge	No charge
Home Health Care	\$10 copay (100 visits/year)	\$10 copay (120 visits/year)	\$10 copay (120 visits/year)
Skilled Nursing or Extended Care Facility	No charge (100 days/year)	No charge (100 days/year)	No charge (100 days/year)
Hospice Care	No charge	No charge	No charge
Chiropractic Services	\$10 copay (30 visits/year, Acupuncture & Chiro combined)	\$10 copay (30 visits/year)	\$5 copay (30 visits/year)
Acupuncture		\$10 copay (20 visits/year)	\$5 copay (20 visits/year)
<b>Outpatient Rehabilitative Therapy Services</b>			
Physical, Occupational, & Speech Therapy	\$10 copay (60 days/year)	\$10 copay	\$5 copay
<b>Hearing Benefits</b>			
Hearing Evaluations	\$10 copay	No charge	No charge
Hearing Aid Services	50% (1/ear, every 3 years)	No charge (1 pair every 3 years)	No charge (1 pair every 3 years)

# Plan Comparison – PPO

Carrier Name	Current		Option 1	
	Anthem		Aetna	
Plan Name	SISC ASCIP 90-70 Optional		OAMC 90/70-\$250	
Network	Prudent Buyer PPO	Non-PPO	Aetna	Non-PPO
<b>General Plan Information</b>				
Annual Deductible/Individual	\$250	\$250	\$250	\$250
Annual Deductible/Family	\$500	\$500	\$500	\$500
Coinsurance	10%	30%	10%	30%
Office Visit/Exam	\$20 copay (deductible waived)	30%	\$20 copay (deductible waived)	30%
Outpatient Specialist Visit	\$20 copay (deductible waived)	30%	\$20 copay (deductible waived)	30%
Annual Out-of-Pocket Limit/Individual	\$1,000 (Rx OOP max is separate)	\$3,000	\$1,000	\$3,000
Annual Out-of-Pocket Limit/Family	\$2,000 (Rx OOP max is separate)	\$6,000	\$2,000	\$6,000
<b>Outpatient Services</b>				
Most ACA-Mandated Preventive Care Services	No charge (deductible waived)	30%	No charge (deductible waived)	30%
Diagnostic X-Ray and Lab Tests	10%	30%	10%	30%
<b>Inpatient Hospital Services</b>				
Inpatient Hospitalization	10%	\$250 copay + 30%; \$1,500/day max benefit for non-emergency	10%	30% after \$250 copay/visit
<b>Surgical Services</b>				
Outpatient Facility Charge	10%	30%	10%	30%
<b>Emergency Services</b>				
Emergency Room Copay (Waived if Admitted)	\$50 copay	\$50 copay	\$50 copay	\$50 copay
<b>Ambulance</b>				
Air & Ground	10%	10%	10%	10%
<b>Urgent Care</b>				
Urgent Care Facility	\$20 copay (deductible waived)	30%	\$20 copay (deductible waived)	30%
<b>Mental Health &amp; Substance Abuse Benefits</b>				
Inpatient Hospitalization	10%	\$250 copay + 30%; \$1,500/day max benefit for non-emergency	10%	30% after \$250 copay/visit
Outpatient Care	\$20 copay (deductible waived)	30%	\$20 copay (deductible waived)	30%

# Plan Comparison – PPO (Continued)

	Current		Option 1	
	Anthem		Aetna	
Carrier Name	SISC ASCIP 90-70 Optional		OAMC 90/70-\$250	
Plan Name				
Network	Prudent Buyer PPO	Non-PPO	Aetna	Non-PPO
<b>Prescription Drug Benefits</b>				
Rx Deductible	\$0	N/A	\$0	\$0
Rx Annual Out-of-Pocket Limit/Individual	\$2,500	N/A	Combined with Medical OOP	Combined with Medical OOP
Rx Drug Annual Out-of-Pocket Limit/Family	\$3,500	N/A	Combined with Medical OOP	Combined with Medical OOP
Generic	\$5 copay (\$0 at Costco)	Not covered	\$5 copay	30% up to \$250/Rx
Brand (Formulary/Preferred)	\$15 copay	Not covered	\$15 copay	30% up to \$250/Rx
Brand (Non-Formulary/Non-preferred)	\$30 copay	Not covered	\$30 copay	30% up to \$250/Rx
Specialty	Cost varies by tier; Mail order only	Not covered	Copay by tier (\$15 or \$30 copay)	30% up to \$250/Rx
Number of Days Supply	30 days	N/A	30 days	30 days
<b>Mail Order</b>				
Generic	\$10 copay (Costco only)	Not covered	\$10 copay	30% up to \$250/Rx
Brand (Formulary/Preferred)	\$30 copay (Costco only)	Not covered	\$30 copay	30% up to \$250/Rx
Brand (Non-Formulary/Non-preferred)	\$75 copay (Costco only)	Not covered	\$60 copay	30% up to \$250/Rx
Number of Days Supply for Mail Order	90 days	N/A	90 days	90 days
<b>Other Services and Supplies</b>				
Durable Medical Equipment	10%	30%	10%	30%
Home Health Care	10% (100 visits/year)	10% (100 visits/year, \$150 max benefit/day)	10% (120 visits/year)	30% (120 visits/year)
Skilled Nursing or Extended Care Facility	10% (100 days/year)	10% (100 days/year)	10% (100 days/year)	30% (100 days/year)
Hospice Care	No charge (deductible waived)	30%	No charge (deductible waived)	30%
Chiropractic Services	10% (subject to approval)	30% (subject to approval)	10%	30%
Acupuncture	\$20 copay (ded. waived; 12 visits/year)	30% (12 visits/year)	\$20 (ded waived, 12 visits/yr)	30% (12 visits/year)
<b>Outpatient Rehabilitative Therapy Services</b>				
Physical & Occupational	10%	30%	10%	30%
Speech	10%	30%	10%	30%

# Network Comparison

- A comparison of medical groups shows a 100% match on the Full HMO and 37.9% match on the Narrow Network HMO

# Rate Comparison – AETNA HMO (Actives)

Anthem HMO	ASCIP		Direct to Carrier		Direct to Carrier	
	Anthem		AETNA		AETNA	
	HMO		Option 1: No Rate Cap on Year 2		Option 2: With Rate Cap on Year 2	
	2024 Renewal		Full Network HMO	AWH HMO \$5	Full Network HMO	AWH HMO \$5
EE Only	81	\$804.55	\$759.44	\$587.74	\$774.48	\$599.38
EE + 1	91	\$1,687.98	\$1,593.33	\$1,233.10	\$1,624.88	\$1,257.51
EE + Family	263	\$2,411.93	\$2,276.68	\$1,761.95	\$2,321.76	\$1,796.85
Monthly Premium	\$853,112.32		\$805,274.51	\$623,211.89	\$821,219.84	\$635,554.74
Annual Premium	\$10,237,347.84		\$9,663,294.12	\$7,478,542.68	\$9,854,638.08	\$7,626,656.88
% Change Over Current	7.00%		1.00%	-21.83%	3.00%	-20.29%
<b>\$ Change Over Current</b>	<b>+\$669,731.16</b>		<b>+\$95,677.44</b>	<b>(\$2,089,074.00)</b>	<b>+\$287,021.40</b>	<b>(\$1,940,959.80)</b>
<b>Savings vs. Renewal</b>	<b>N/A</b>		<b>(\$574,053.72)</b>	<b>(\$2,758,805.16)</b>	<b>(\$382,709.76)</b>	<b>(\$2,610,690.96)</b>

\*If offered the limited network (AWH HMO \$5) plan, 37.9% of the population would be able to move to the Narrow Network pricing.

# Rate Comparison – AETNA HMO (Early Retirees)

Anthem HMO	ASCIP		Direct to Carrier		Direct to Carrier	
	Anthem		AETNA		AETNA	
	HMO		Option 1: No Rate Cap on Year 2		Option 2: With Rate Cap on Year 2	
	2024 Renewal		Full Network HMO	AWH HMO \$5	Full Network HMO	AWH HMO \$5
EE Only	22	\$804.55	\$759.44	\$587.74	\$774.48	\$599.38
EE + 1	11	\$1,687.98	\$1,593.33	\$1,233.10	\$1,624.88	\$1,257.51
EE + Family	10	\$2,411.93	\$2,276.68	\$1,761.95	\$2,321.76	\$1,796.85
Monthly Premium		\$60,387.18	\$57,001.11	\$44,113.88	\$58,129.84	\$44,987.47
Annual Premium		\$724,646.16	\$684,013.32	\$529,366.56	\$697,558.08	\$539,849.64
% Change Over Current		7.00%	1.00%	-21.83%	3.00%	-20.29%
<b>\$ Change Over Current</b>		<b>+\$47,405.88</b>	<b>+\$6,773.04</b>	<b>(\$147,873.72)</b>	<b>+\$20,317.80</b>	<b>(\$137,390.64)</b>
<b>Savings vs. Renewal</b>		<b>N/A</b>	<b>(\$40,632.84)</b>	<b>(\$195,279.60)</b>	<b>(\$27,088.08)</b>	<b>(\$184,796.52)</b>

\*If offered the limited network (AWH HMO \$5) plan, 37.9% of the population would be able to move to the Narrow Network pricing.

# Rate Comparison – AETNA PPO (Actives)

Anthem PPO	ASCIP		Direct to Carrier	Direct to Carrier
	Anthem		AETNA	AETNA
	PPO		Option 1: No Rate Cap on Year 2	Option 2: With Rate Cap on Year 2
	2024 Renewal		OAMC 90/70	OAMC 90/70
EE Only	117	\$1,235.05	\$1,165.79	\$1,188.88
EE + 1	148	\$2,579.67	\$2,435.02	\$2,483.24
EE + Family	56	\$3,705.40	\$3,497.62	\$3,566.88
Monthly Premium	\$733,794.41		\$692,647.11	\$706,363.76
Annual Premium	\$8,805,532.92		\$8,311,765.32	\$8,476,365.12
% Change Over Current	7.00%		1.00%	3.00%
<b>\$ Change Over Current</b>	<b>+\$576,067.50</b>		<b>+\$82,299.90</b>	<b>+\$246,899.70</b>
<b>Savings vs. Renewal</b>	<b>N/A</b>		<b>(\$493,767.60)</b>	<b>(\$329,167.80)</b>

# Rate Comparison – AETNA PPO (Early Retirees)

Anthem PPO	ASCIP		Direct to Carrier	Direct to Carrier
	Anthem		AETNA	AETNA
	PPO		Option 1: No Rate Cap on Year 2	Option 2: With Rate Cap on Year 2
	2024 Renewal		OAMC 90/70	OAMC 90/70
EE Only	23	\$1,235.05	\$1,165.79	\$1,188.88
EE + 1	14	\$2,579.67	\$2,435.02	\$2,483.24
EE + Family	3	\$3,705.40	\$3,497.62	\$3,566.88
Monthly Premium	\$75,637.73		\$71,396.31	\$72,810.24
Annual Premium	\$907,652.76		\$856,755.72	\$873,722.88
% Change Over Current	7.00%		1.00%	3.00%
<b>\$ Change Over Current</b>	<b>+\$59,380.62</b>		<b>+\$8,483.58</b>	<b>+\$25,450.74</b>
<b>Savings vs. Renewal</b>	<b>N/A</b>		<b>(\$50,897.04)</b>	<b>(\$33,929.88)</b>

# Savings Summary – AETNA

Input	Option #1		Option #2	
	Full Network	Narrow Network	Full Network	Narrow Network
Network Option	Full Network	Narrow Network	Full Network	Narrow Network
HMO (Actives)	\$574,053.72	\$2,758,805.16	\$382,709.76	\$2,610,690.96
HMO (Early Retirees)	\$40,632.84	\$195,279.60	\$27,088.08	\$184,796.52
PPO (Actives)	\$493,767.60		\$329,167.80	
PPO (Early Retirees)	\$50,897.04		\$33,929.88	
<b>Total Estimated Savings</b>	<b>\$1,159,351.23</b>	<b>\$3,498,749.40</b>	<b>\$772,895.52</b>	<b>\$3,158,585.16</b>

# CIGNA PROPOSAL

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# CIGNA Proposals

## Option #1

- 2% above current for the HMO & PPO with a rate cap of 12% in Year 2.
- Matches current benefits with the addition of a limited network option with a \$5 copay and a rate cap of 8% on the Select HMO
- Wellness allowance of \$75,000

## Option #2

- 2% above current for the HMO & PPO with a rate cap of 12% in Year 2.
- Full Network Option Only
- Wellness allowance of \$75,000

# Plan Comparison – HMO

	Current	Full-Network HMO	Limited Network
Carrier Name	Anthem	Cigna	Cigna
Plan Name	Custom Premier HMO 10	Full-Network HMO \$10	Select HMO - \$5
<b>General Plan Information</b>			
Annual Deductible/Individual	\$0	\$0	\$0
Annual Deductible/Family	\$0	\$0	\$0
Coinsurance	0%	0%	0%
Office Visit/Exam Copay	\$10 copay	\$10 copay	\$5 copay
Outpatient Specialist Visit Copay	\$10 copay	\$10 copay	\$5 copay
Annual Out-of-Pocket Limit/Individual	\$1,000 (does not include Rx OOP)	\$1,000	\$1,000
Annual Out-of-Pocket Limit/Family	\$2,000 (does not include Rx OOP)	\$2,000	\$2,000
<b>Outpatient Services</b>			
Most ACA-Mandated Preventive Care Services	No charge	No charge	No charge
Diagnostic X-Ray and Lab Tests	No charge	No charge	No charge
<b>Inpatient Hospital Services</b>			
Inpatient Hospitalization	No charge	No charge	No charge
<b>Surgical Services</b>			
Outpatient Facility Charge	No charge	No charge	No charge
<b>Emergency Services</b>			
Emergency Room Copay (waived if admitted)	\$100 copay	\$100 copay	\$100 copay
<b>Ambulance</b>			
Air & Ground	\$100 copay	No charge	No charge
<b>Urgent Care</b>			
Urgent Care Facility	\$10 copay	\$10 copay	\$5 copay
<b>Mental Health &amp; Substance Abuse</b>			
Inpatient Care	No charge	No charge	No charge
Outpatient Care	\$10 copay	\$10 copay	\$5 copay

# Plan Comparison – HMO (Continued)

	Current	Full-Network HMO	Limited Network
Carrier Name	Anthem	Cigna	Cigna
Plan Name	Custom Premier HMO 10	Full-Network HMO \$10	Select HMO - \$5
<b>Prescription Drug Benefits</b>			
Rx Deductible	\$0	\$0	\$0
Rx Annual Out-of-Pocket Limit/Individual	\$2,500	Combined with Medical OOP	Combined with Medical OOP
Rx Drug Annual Out-of-Pocket Limit/Family	\$3,500	Combined with Medical OOP	Combined with Medical OOP
Generic	\$5 copay (\$0 at Costco)	\$5 copay (30)   \$15 copay (90)	\$5 copay (30)   \$15 copay (90)
Brand (Formulary/Preferred)	\$15 copay	\$15 copay (30)   \$45 copay (90)	\$15 copay (30)   \$45 copay (90)
Brand (Non-Formulary/Non-preferred)	\$30 copay	\$30 copay (30)   \$90 copay (90)	\$30 copay (30)   \$90 copay (90)
Specialty	Cost varies by tier; Mail order only	Cost varies by tier; Mail order only	Cost varies by tier; Mail order only
Number of Days Supply	30 days	30 or 90 days	30 or 90 days
<b>Mail Order</b>			
Generic	\$10 copay (Costco only)	\$10 copay	\$10 copay
Brand (Formulary/Preferred)	\$30 copay (Costco only)	\$30 copay	\$30 copay
Brand (Non-Formulary/Non-preferred)	\$75 copay (Costco only)	\$75 copay	\$75 copay
Number of Days Supply for Mail Order	90 days	90 days	90 days
<b>Other Services and Supplies</b>			
Durable Medical Equipment	No charge	No charge	No charge
Home Health Care	\$10 copay (100 visits/year)	No charge (100 visits/year)	No charge (100 visits/year)
Skilled Nursing or Extended Care Facility	No charge (100 days/year)	No charge (100 days/year)	No charge (100 days/year)
Hospice Care	No charge	No charge	No charge
Chiropractic Services	\$10 copay (30 visits/year, Acupuncture & Chiro combined)	\$10 copay (unlimited visits)	\$5 copay (unlimited visits)
Acupuncture		\$10 copay (12 visits/year)	\$5 copay (12 visits/year)
<b>Outpatient Rehabilitative Therapy Services</b>			
Physical, Occupational, & Speech Therapy	\$10 copay (60 days/year)	\$10 copay (unlimited visits)	\$5 copay (unlimited visits)
<b>Hearing Benefits</b>			
Hearing Evaluations	\$10 copay	No charge	No charge
Hearing Aid Services	50% (1/ear, every 3 years)	0% (Up to \$2k, 1/ear, every 3 years)	0% (Up to \$2k, 1/ear, every 3 years)

# Plan Comparison – PPO

Carrier Name	Current		Option 2	
	Anthem		Cigna	
	SISC ASCIP 90-70 Optional		Open Access Plus	
Plan Name				
Network	Prudent Buyer PPO	Non-PPO	Cigna	Non-PPO
<b>General Plan Information</b>				
Annual Deductible/Individual	\$250	\$250	\$250	\$250
Annual Deductible/Family	\$500	\$500	\$500	\$500
Coinsurance	10%	30%	10%	30%
Office Visit/Exam	\$20 copay (deductible waived)	30%	\$20 copay (deductible waived)	30%
Outpatient Specialist Visit	\$20 copay (deductible waived)	30%	\$20 copay (deductible waived)	30%
Annual Out-of-Pocket Limit/Individual	\$1,000 (Rx OOP max is separate)	\$3,000	\$1,000	\$3,000
Annual Out-of-Pocket Limit/Family	\$2,000 (Rx OOP max is separate)	\$6,000	\$2,000	\$6,000
<b>Outpatient Services</b>				
Most ACA-Mandated Preventive Care Services	No charge (deductible waived)	30%	No charge (deductible waived)	30%
Diagnostic X-Ray and Lab Tests	10%	30%	10%	30%
<b>Inpatient Hospital Services</b>				
Inpatient Hospitalization	10%	\$250 copay + 30%; \$1,500/day max benefit for non-emergency	10%	\$250 copay/admit + 30%
<b>Surgical Services</b>				
Outpatient Facility Charge	10%	30%	10%	30%
<b>Emergency Services</b>				
Emergency Room Copay (Waived if Admitted)	\$50 copay	\$50 copay	\$50 copay	\$50 copay
<b>Ambulance</b>				
Air & Ground	10%	10%	10%	10%
<b>Urgent Care</b>				
Urgent Care Facility	\$20 copay (deductible waived)	30%	\$20 copay (deductible waived) + 10%	30%
<b>Mental Health &amp; Substance Abuse Benefits</b>				
Inpatient Hospitalization	10%	\$250 copay + 30%; \$1,500/day max benefit for non-emergency	10%	\$250 copay/admit + 30%
Outpatient Care	\$20 copay (deductible waived)	30%	\$20 copay (deductible waived)	30%

# Plan Comparison – PPO (Continued)

	Current		Option 2	
Carrier Name	Anthem		Cigna	
Plan Name	SISC ASCIP 90-70 Optional		Open Access Plus	
Network	Prudent Buyer PPO	Non-PPO	Cigna	Non-PPO
<b>Prescription Drug Benefits</b>				
Rx Deductible	\$0	N/A	\$0	N/A
Rx Annual Out-of-Pocket Limit/Individual	\$2,500	N/A	Combined with Medical OOP	N/A
Rx Drug Annual Out-of-Pocket Limit/Family	\$3,500	N/A	Combined with Medical OOP	N/A
Generic	\$5 copay (\$0 at Costco)	Not covered	\$5 copay (30)   \$15 copay (90)	Not covered
Brand (Formulary/Preferred)	\$15 copay	Not covered	\$15 copay (30)   \$45 copay (90)	Not covered
Brand (Non-Formulary/Non-preferred)	\$30 copay	Not covered	\$30 copay (30)   \$90 copay (90)	Not covered
Specialty	Cost varies by tier; Mail order only	Not covered	Cost varies by tier (30 days only)	Not covered
Number of Days Supply	30 days	N/A	Up to 90 days (30 for Specialty)	N/A
<b>Mail Order</b>				
Generic	\$10 copay (Costco only)	Not covered	\$10 copay	Not covered
Brand (Formulary/Preferred)	\$30 copay (Costco only)	Not covered	\$30 copay	Not covered
Brand (Non-Formulary/Non-preferred)	\$75 copay (Costco only)	Not covered	\$75 copay	Not covered
Number of Days Supply for Mail Order	90 days	N/A	90 days	N/A
<b>Other Services and Supplies</b>				
Durable Medical Equipment	10%	30%	10%	30%
Home Health Care	10% (100 visits/year)	10% (100 visits/year, \$150 max benefit/day)	10% (100 visits/year)	30% (100 visits/year)
Skilled Nursing or Extended Care Facility	10% (100 days/year)	10% (100 days/year)	10% (100 days/year)	30% (100 days/year)
Hospice Care	No charge (deductible waived)	30%	10%	30%
Chiropractic Services	10% (subject to approval)	30% (subject to approval)	\$20 copay (ded. waived; 12 visits/year)	30% (12 visits/days per year)
Acupuncture	\$20 copay (ded. waived; 12 visits/year)	30% (12 visits/year)	\$20 copay (ded. waived; 12 visits/year)	30% (12 visits/days per year)
<b>Outpatient Rehabilitative Therapy Services</b>				
Physical & Occupational	10%	30%	\$20 copay (deductible waived)	30%
Speech	10%	30%	\$20 copay (deductible waived)	30%

# Network Comparison

- A comparison of medical groups shows a 98% match on the Full HMO and 67% match on the Select HMO

GRP_NM	PMG_Site	PMG_Name	No_Subscriber	No_Dependent	No_Members	Medical Group Full HMO Contracted	Medical Group Select HMO Contracted
SISC (SELF INSURED SCHOOLS OF CALIFORNIA)	OAF	PIH HEALTH PHYSICIANS - GROUP	4	14	18	NO	NO
SISC (SELF INSURED SCHOOLS OF CALIFORNIA)	OLK	PIH HEALTH SYSTEMS - LONG BEACH	0	1	1	NO	NO
SISC (SELF INSURED SCHOOLS OF CALIFORNIA)	ABO	ALTAMED IPA	1	0	1	NO	NO
SISC (SELF INSURED SCHOOLS OF CALIFORNIA)	LKC	PIH HEALTH SYSTEMS - CERRITOS	0	1	1	NO	NO
SISC (SELF INSURED SCHOOLS OF CALIFORNIA)	LKD	PIH HEALTH SYSTEMS - DOWNEY	1	1	2	NO	NO
SISC (SELF INSURED SCHOOLS OF CALIFORNIA)	RSA	LA SALLE MEDICAL ASSOC IPA - SAN BERNARDINO	1	0	1	NO	NO
SISC (SELF INSURED SCHOOLS OF CALIFORNIA)	X4U	ALTAMED - SANTA ANA BRISTOL	3	1	4	NO	NO

# Rate Comparison – CIGNA HMO (Actives)

Anthem HMO	ASCIP		Direct to Carrier		Direct to Carrier
	Anthem		CIGNA		CIGNA
	HMO		Full & Narrow Network		Full Network Only
	2024 Renewal		Full Network Split	Select HMO Split	Full Network Only
EE Only	81	\$804.55	\$765.08	\$735.09	\$765.32
EE + 1	91	\$1,687.98	\$1,601.90	\$1,539.01	\$1,602.37
EE + Family	263	\$2,411.93	\$2,287.67	\$2,197.83	\$2,288.34
Monthly Premium	\$853,112.32		\$809,400.44	\$777,620.22	\$809.639.36
Annual Premium	\$10,237,347.84		\$9,712,805.24	\$9,331,442.64	\$9,715,672.29
% Change Over Current	7.00%		1.52%	-2.47%	1.55%
<b>\$ Change Over Current</b>	<b>+\$669,731.16</b>		<b>+\$145,188.56</b>	<b>(\$236,174.04)</b>	<b>+\$148,055.61</b>
<b>Savings vs. Renewal</b>	<b>N/A</b>		<b>(\$524,542.60)</b>	<b>(\$905,905.20)</b>	<b>(\$521,675.55)</b>

\*If offered the limited network (Select HMO) plan, 67% of the population would be able to move to the Narrow Network pricing.

# Rate Comparison – CIGNA HMO (Early Retirees)

Anthem HMO	ASCIP		Direct to Carrier		Direct to Carrier
	Anthem		CIGNA		CIGNA
	HMO		Full & Narrow Network		Full Network Only
	2024 Renewal		Full Network Split	Select HMO Split	Full Network Only
EE Only	22	\$804.55	\$765.08	\$735.09	\$765.32
EE + 1	11	\$1,687.98	\$1,601.90	\$1,539.01	\$1,602.37
EE + Family	10	\$2,411.93	\$2,287.67	\$2,197.83	\$2,288.34
Monthly Premium		\$60,387.18	\$57,329.25	\$55,079.27	\$57,346.51
Annual Premium		\$724,646.16	\$687,951.00	\$660,951.21	\$688,158.08
% Change Over Current		7.00%	1.58%	-2.41%	1.61%
<b>\$ Change Over Current</b>		<b>+\$47,405.88</b>	<b>+\$10,710.72</b>	<b>(\$16,289.07)</b>	<b>+\$10,917.80</b>
<b>Savings vs. Renewal</b>		<b>N/A</b>	<b>(\$36,695.16)</b>	<b>(\$63,694.95)</b>	<b>(\$36,488.08)</b>

\*If offered the limited network (Select HMO) plan, 67% of the population would be able to move to the Narrow Network pricing.

# Rate Comparison – CIGNA PPO (Actives)

Anthem PPO	ASCIP		Direct to Carrier	Direct to Carrier
	Anthem		CIGNA	CIGNA
	PPO		Full and Narrow Network	Full Network Only
	2024 Renewal		OAP 1	OAP 2
EE Only	117	\$1,235.05	\$1,182.40	\$1,181.85
EE + 1	148	\$2,579.67	\$2,465.26	\$2,463.75
EE + Family	56	\$3,705.40	\$3,538.43	\$3,536.78
Monthly Premium	\$733,794.41		\$701,352.38	\$700,971.39
Annual Premium	\$8,805,532.92		\$8,416,228.55	\$8,411,656.71
% Change Over Current	7.00%		2.27%	2.21%
<b>\$ Change Over Current</b>	<b>+\$576,067.50</b>		<b>+\$186,763.13</b>	<b>+\$182,191.29</b>
<b>Savings vs. Renewal</b>	<b>N/A</b>		<b>(\$389,304.37)</b>	<b>(\$393,876.21)</b>

# Rate Comparison – CIGNA PPO (Early Retirees)

Anthem PPO	ASCIP		Direct to Carrier	Direct to Carrier
	Anthem		CIGNA	CIGNA
	PPO		Full and Narrow Network	Full Network Only
	2024 Renewal		OAP 1	OAP 2
EE Only	23	\$1,235.05	\$1,182.40	\$1,181.85
EE + 1	14	\$2,579.67	\$2,465.26	\$2,463.75
EE + Family	3	\$3,705.40	\$3,538.43	\$3,536.78
Monthly Premium	\$75,637.73		\$72,324.23	\$72,285.38
Annual Premium	\$907,652.76		\$867,890.74	\$867,424.56
% Change Over Current	7.00%		2.31%	2.26%
<b>\$ Change Over Current</b>	<b>+\$59,380.62</b>		<b>+\$19,618.60</b>	<b>+\$19,152.42</b>
<b>Savings vs. Renewal</b>	<b>N/A</b>		<b>(\$39,762.02)</b>	<b>(\$40,228.20)</b>

# Savings Summary - CIGNA

Input	Option #1		Option #2
Network Option	Full Network	Narrow Network	Full Network
HMO (Actives)	\$524,542.60	\$905,905.20	\$521,675.55
HMO (Early Retirees)	\$36,695.16	\$63,694.95	\$36,488.08
PPO (Actives)	\$389,304.37		\$393,876.21
PPO (Early Retirees)	\$39,762.02		\$40,228.20
<b>Total Estimated Savings</b>	<b>\$990,304.15</b>	<b>\$1,398,666.54</b>	<b>\$992,268.04</b>

# KAISER PROPOSAL

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# Plan Comparison

	Current/Renewal	Direct Option
Carrier Name	Kaiser	Kaiser
Plan Name	HMO \$10	HMO \$10
<b>General Plan Information</b>		
Annual Deductible/Individual	\$0	\$0
Annual Deductible/Family	\$0	\$0
Coinsurance	0%	0%
Office Visit/Exam Copay	\$10 copay	\$10 copay
Outpatient Specialist Visit Copay	\$10 copay	\$10 copay
Annual Out-of-Pocket Limit/Individual	\$1,500	\$1,500
Annual Out-of-Pocket Limit/Family	\$3,000	\$3,000
<b>Outpatient Services</b>		
<b>Preventive Services</b>		
Most ACA-Mandated Preventive Care Services	No charge	No charge
Diagnostic X-Ray and Lab Tests	No charge	No charge
<b>Inpatient Hospital Services</b>		
Inpatient Hospitalization	No charge	No charge
<b>Surgical Services</b>		
Outpatient Facility Charge	\$10 copay/procedure	\$10 copay/procedure
<b>Emergency Services</b>		
Emergency Room Copay (waived if admitted)	\$35 copay	\$35 copay
<b>Ambulance</b>		
Air & Ground	No charge	No charge
<b>Urgent Care</b>		
Urgent Care Facility	\$10 copay	\$10 copay
<b>Mental Health &amp; Substance Abuse</b>		
Inpatient Care	No charge	No charge
Outpatient Care	\$10 copay	\$10 copay

# Plan Comparison

	Current/Renewal	Direct Option
Carrier Name	Kaiser	Kaiser
Plan Name	HMO \$10	HMO \$10
<b>Prescription Drug Benefits</b>		
Rx Deductible	\$0	\$0
Rx Annual Out-of-Pocket Limit/Individual	Combined with Medical OOP	Combined with Medical OOP
Rx Drug Annual Out-of-Pocket Limit/Family	Combined with Medical OOP	Combined with Medical OOP
Generic	\$5 copay	\$5 copay
Brand (Formulary/Preferred)	\$10 copay	\$10 copay
Brand (Non-Formulary/Non-preferred)	\$10 copay	\$10 copay
Specialty	\$10 copay	\$10 copay
Number of Days Supply	100 days	100 days
<b>Mail Order</b>		
Generic	\$5 copay	\$5 copay
Brand (Formulary/Preferred)	\$10 copay	\$10 copay
Brand (Non-Formulary/Non-preferred)	\$10 copay	\$10 copay
Number of Days Supply for Mail Order	100 days	100 days
<b>Other Services and Supplies</b>		
Durable Medical Equipment	No charge (authorization required)	No charge (authorization required)
Home Health Care	No charge (2 hrs max/visit, 3	No charge (2 hrs max/visit, 3
Skilled Nursing or Extended Care Facility	No charge (100 days/year)	No charge (100 days/year)
Hospice Care	No charge	No charge
Chiropractic Services	\$10 copay (20 visits/year)	\$10 copay (20 visits/year)
Acupuncture	Covered; See EOC	Covered; See EOC
<b>Outpatient Rehabilitative Therapy Services</b>		
Physical, Occupational, & Speech Therapy	\$10 copay	\$10 copay

# Rate Comparison – Kaiser HMO (Actives)

Kaiser HMO	ASCIP		Direct to Carrier
	Kaiser		Kaiser
	HMO		HMO
	2024 Renewal		
EE Only	83	\$746.20	\$741.35
EE + 1	44	\$1,492.39	\$1,482.70
EE + Family	93	\$2,111.76	\$2,098.04
Monthly Premium		\$323,993.44	\$321,888.57
Annual Premium		\$3,887,921.28	\$3,862,662.84
% Change Over Current		8.2%	7.5%
<b>\$ Change Over Current</b>		<b>+\$293,891.04</b>	<b>+\$268,632.60</b>
<b>Savings vs. Renewal</b>		<b>N/A</b>	<b>(\$25,258.44)</b>

# Rate Comparison – Kaiser HMO (Early Retirees)

Kaiser HMO	ASCIP		Direct to Carrier
	Kaiser		Kaiser
	HMO		HMO
	2024 Renewal		
EE Only	0	\$746.20	\$741.35
EE + 1	4	\$1,492.39	\$1,482.70
EE + Family	1	\$2,111.76	\$2,098.04
Monthly Premium		\$8,081.32	\$8,028.84
Annual Premium		\$96,975.84	\$96,364.08
% Change Over Current		8.2%	7.5%
<b>\$ Change Over Current</b>		<b>+\$7,330.08</b>	<b>+\$6,700.32</b>
<b>Savings vs. Renewal</b>		<b>N/A</b>	<b>(\$629.76)</b>

# 2024 DENTAL MARKETING

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# Plan Comparison

	Current		Option 1		Option 2		Option 3		Option 4	
Carrier Name	MetLife		Delta Dental (CICCS)		Delta Dental (CICCS)		Delta Dental (CICCS)		Delta Dental (CICCS)	
Rate Guarantee	1 year		1 year		1 year		1 year		1 year	
Plan Name	PDP Plus		PPO		PPO		PPO		PPO	
Network	MetLife	Non-PPO	Delta	Non-PPO	Delta	Non-PPO	Delta	Non-PPO	Delta	Non-PPO
<b>General Plan Information</b>										
Annual Deductible/Individual	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annual Deductible/Family	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annual Plan Maximum	\$2,000	\$2,000	\$2,000	\$2,000	\$2,500	\$2,500	\$2,000	\$2,000	\$2,500	\$2,500
Waiting Period	None		None		None		None		None	
Out-of-Network Reimbursement	N/A	80th	N/A	Premier or Program Allowance	N/A	Premier or Program Allowance	N/A	Premier or Program Allowance	N/A	Premier or Program Allowance
<b>Covered Services</b>										
<b>Diagnostic and Preventive</b>										
Diagnostic and Preventive	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Sealants	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%
<b>Basic Services</b>										
Basic	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%
Endodontic Treatment	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%
Periodontic Treatment	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%
<b>Major Services</b>										
Major	30%	50%	30%	50%	30%	50%	30%	50%	30%	50%
Prosthodontics	30%	50%	30%	50%	30%	50%	30%	50%	30%	50%
Implants	30%	50%	30%	50%	30%	50%	30%	50%	30%	50%
<b>Orthodontia Services</b>										
Lifetime Maximum	N/A		N/A		N/A		\$2,000		\$2,000	
Orthodontia (Child) - to age 26	N/A		N/A		N/A		50%		50%	
Orthodontia (Adult)	N/A		N/A		N/A		50%		50%	

# Plan Comparison (continued)

	Current		Option 5		Option 6		Option 7		Option 8		Option 9	
Carrier Name	MetLife		Ameritas		Cigna		Sun Life		Aetna		Dental Dental ASCIP	
Rate Guarantee	1 year		1 year		2 year		2 year		1 year		1 year	
Plan Name	PDP Plus		PPO		PPO		PPO		PPO		PPO	
Network	MetLife	Non-PPO	Delta	Non-PPO	Delta	Non-PPO	Delta	Non-PPO	Delta	Non-PPO	Delta	Non-PPO
<b>General Plan Information</b>												
Annual Deductible/Individual	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annual Deductible/Family	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annual Plan Maximum	\$2,000	\$2,000	\$2,000	\$2,000	<b>\$2,000</b>	<b>\$2,000</b>	\$2,000	\$2,000	<b>\$2,000</b>	<b>\$2,000</b>	\$2,000	\$2,000
Waiting Period	None		None		None		None		None		None	
Out-of-Network Reimbursement	N/A	80th	N/A	90th	N/A	90th	N/A	90th	N/A	90th	N/A	90th
<b>Covered Services</b>												
<b>Diagnostic and Preventive</b>												
Diagnostic and Preventive	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Sealants	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%
<b>Basic Services</b>												
Basic	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%
Endodontic Treatment	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%
Periodontic Treatment	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%
<b>Major Services</b>												
Major	30%	50%	30%	50%	30%	50%	30%	50%	30%	50%	30%	50%
Prosthodontics	30%	50%	30%	50%	30%	50%	30%	50%	30%	50%	30%	50%
Implants	30%	50%	30%	50%	30%	50%	30%	50%	30%	50%	30%	50%
<b>Orthodontia Services</b>												
Lifetime Maximum	N/A		N/A		N/A		N/A		N/A		N/A	
Orthodontia (Child) - to age 26	N/A		N/A		N/A		N/A		N/A		N/A	
Orthodontia (Adult)	N/A		N/A		N/A		N/A		N/A		N/A	

# Rate Comparison

MetLife Dental PPO		Current	Renewal	Neg. Renewal	Option 1	Option 2	Option 3	Option 4
Actives & Early Retirees			MetLife 1 year PDP Plus		Delta Dental (CICCS) 1 year PPO	Delta Dental (CICCS) 1 year PPO	Delta Dental (CICCS) 1 year PPO	Delta Dental (CICCS) 1 year PPO
Rate Structure		Subs						
Employee Only	342	\$52.82	\$64.70	\$60.74	\$44.75	\$46.09	\$49.67	\$51.16
Employee + Spouse	440	\$101.75	\$124.64	\$117.01	\$90.53	\$93.25	\$100.49	\$103.50
Employee + Family	307	\$163.50	\$200.29	\$188.03	\$145.47	\$149.83	\$161.47	\$166.32
<b>Monthly Premium</b>		<b>\$113,028.94</b>	<b>\$138,458.03</b>	<b>\$129,982.69</b>	<b>\$99,796.99</b>	<b>\$102,790.59</b>	<b>\$110,774.03</b>	<b>\$114,096.96</b>
<b>Annual Premium</b>		<b>\$1,356,347.28</b>	<b>\$1,661,496.36</b>	<b>\$1,559,792.28</b>	<b>\$1,197,563.88</b>	<b>\$1,233,487.08</b>	<b>\$1,329,288.36</b>	<b>\$1,369,163.52</b>
% Change Over Current			22.50%	15.00%	-11.71%	-9.06%	-1.99%	0.94%
\$ Change Over Current			\$305,149.08	\$203,445.00	-\$158,783.40	-\$122,860.20	-\$27,058.92	\$12,816.24

MetLife Dental PPO		Current	Renewal	Neg. Renewal	Option 5	Option 6	Option 7	Option 8	Option 9
Actives & Early Retirees			MetLife 1 year PDP Plus		Ameritas 1 year PPO	Cigna 2 years PPO	Sun Life 2 years PPO	Aetna 1 year PPO	Delta Dental ASCIP 1 year PPO
Rate Structure		Subs							
Employee Only	342	\$52.82	\$64.70	\$60.74	\$57.89	\$60.55	\$61.22	\$64.09	\$62.74
Employee + Spouse	440	\$101.75	\$124.64	\$117.01	\$111.52	\$116.63	\$117.93	\$123.46	\$118.13
Employee + Family	307	\$163.50	\$200.29	\$188.03	\$179.20	\$187.42	\$189.50	\$198.38	\$169.92
<b>Monthly Premium</b>		<b>\$113,028.94</b>	<b>\$138,458.03</b>	<b>\$129,982.69</b>	<b>\$123,881.58</b>	<b>\$129,563.24</b>	<b>\$131,002.94</b>	<b>\$137,143.84</b>	<b>\$125,599.72</b>
<b>Annual Premium</b>		<b>\$1,356,347.28</b>	<b>\$1,661,496.36</b>	<b>\$1,559,792.28</b>	<b>\$1,486,578.96</b>	<b>\$1,554,758.88</b>	<b>\$1,572,035.28</b>	<b>\$1,645,726.08</b>	<b>\$1,507,196.64</b>
% Change Over Current			22.50%	15.00%	9.60%	14.63%	15.90%	21.34%	11.12%
\$ Change Over Current			\$305,149.08	\$203,445.00	\$130,231.68	\$198,411.60	\$215,688.00	\$289,378.80	\$150,849.36

**QUESTIONS?**