



Insurance Rates for 2021-22

HTA Insurance Committee Presentation

*If something is underlined in this presentation, it is a hyperlink to more information

Benefits Overview

CSEBA

California Schools Employee Benefits Association

VOYA

Blue
Shield

Kaiser

Delta
Dental

VSP

MES
(new vision
option)

*American
Fidelity*

Go 365

EPIC
Hearing

Health Advocate

CSEBA Store: Pet Insurance (**No Longer paid through payroll deduction; now self-pay during enrollment*)

Medical, Vision, Dental, Life Providers

CSEBA

California Schools Employee Benefits Association

Life Insurance

VOYA

Medical

**Blue
Shield** **Kaiser**

Dental

**Delta
Dental**

Vision

VSP MES

Selection Options:

- Medical + Vision/Dental + Life
- Vision/Dental + Life (aka Partial Waive)
- WAIVE ALL

Additional Benefits for MEDICAL Only

CSEBA

California Schools Employee Benefits Association



Go 365

EPIC
Hearing

Health Advocate

These 3 additional benefits are tied to the Medical Plans at no additional cost

Go 365 = Fitness & Wellness Tracking

EPIC Hearing = Free Hearing Screenings Annually; Hearing Aids offered at Deeply Discounted Prices

Health Advocate = Employee Assistance Program Help with finding practitioners; explanation of benefits; help with contesting bills, etc.

CSEBA Store--no longer a payroll deduction

CSEBA

Pet Insurance

- Offered through Nationwide
- 2 Plans available
- [Plan Descriptions](#)
- Premiums based upon Species & State of Residence
- Multi-pet discount
- \$250 annual deductible
- Covers 90% of vet bills up to \$7,500 annually

Will need to enter payment information at time of enrollment.

Outside of CSEBA

None of the American Fidelity Plans are available through the Benefits Portal. You **HAVE** to make an appointment with American Fidelity to update or add to/change them.

American Fidelity: *Voluntary*

- Voluntary Policies
 - Specific Illness Policy
 - Accident Policy
 - Disability Policy
 - Cancer Policy
- Plan 125--Everyone is enrolled in Pre-tax **by default** now
- If you have an **FSA**, an **HSA**, or **Dependent Care Account** (or want one) you have to sign up through American Fidelity **annually**

Plan Designs

- We have **not** made any changes to the plan designs or to the number of plans offered
- The **ONLY** changes are to the rates (what we pay for the plans)

Vision

VSP-- +1.34% Rate Change

\$22.67 11thly (a 30¢ per month increase)

- \$20 exam/glasses copay
- 1 Vision Exam every 12 months
- \$150 towards frames (once every 24 months)
- New lenses every 12 months
- Standard progressive lenses fully covered
- \$150 towards contacts every 12 months (in lieu of lenses & frames)

MES-- + 1.45% Rate Change

\$11.39 11thly (a 16¢ per month increase)

- \$20 exam/glasses copay
- 1 Vision Exam every 12 months
- \$150 towards frames (once every 24 months)
- New lenses every 12 months
- \$89 allowance toward progressive lenses
- \$150 towards contacts every 12 months (in lieu of lenses & frames)

\$124.08 annual savings in rate

Vision

VSP-- +1.34% Rate Change

\$22.67 11thly (a 30¢ per month increase)

MES-- + 1.45% Rate Change

\$11.39 11thly (a 16¢ per month increase)

What's the difference between the Plans?

The difference between VSP and MES is **the out of pocket costs at the time of service**, since the allowances are the same. MES has a lower premium but the member may have more out of pocket expenses on lens enhancements such as progressives, anti-reflective coating polycarbonate for adults, etc. Under the VSP Signature plan, the lens enhancements are all cost-controlled in-network which is on average a 35-45% discount.

Dental--0% Rate Change

Without Ortho

\$94.63 11thly

- **No Deductible**
- **\$2,000** Annual Max. Covers:
 - 100% of Cleanings/Exams
 - **100%** Fillings/Oral Surgery/Root Canals/etc.
 - **100%** Dentures/Bridges/Implants
 - NO Orthodontics
 - \$500 (lifetime) "Night Guard" benefits

\$140.64 savings in annual rate

With Ortho

\$107.42 11thly

- **No Deductible**
- **\$2,500** Annual Max. Covers:
 - 100% of Cleanings/Exams
 - **90%** Fillings/Oral Surgery/Root Canals/etc.
 - **60%** Dentures/Bridges/Implants
 - 75% of Orthodontics up to \$1,500 lifetime
 - \$500 (lifetime) "Night Guard" Benefits


Vision, Dental, and Life Only Plan

- Partial Waive
 - ***Must*** still provide proof of medical coverage
 - Includes Life Insurance
 - **Available to all employees**
 - No out-of-pocket cost to member
 - Annual Cost: **\$1,479.60** (Covered by District Cap of \$11,000)
 - Remainder of District Cap dollars (\$9,520.40) returns to Fund 03 Account
 - Coordination of Benefits/Dual Coverage is Allowed (make sure your dependents are listed)
 - [Delta Dental Coordination of Benefits Flyer](#)
 - [VSP Coordination of Benefits Flyer](#)

Current Plans & Enrollments (2020-21, as of January 2021)

- Kaiser Plan 7 (530)
- Kaiser Plan 11 (34)
- Kaiser HSA 1 (26)
- Kaiser Plan 13 (1) (tiered)
- Blue Shield PPO 3 (35)
- Blue Shield PPO 3 Tandem (2)
- Blue Shield PPO HSA 1 (4)
- Blue Shield PPO HSA 1 Tandem (1)
- Blue Shield HMO 2 Access+ (33)
- Blue Shield HMO 2 Trio (26)
- Blue Shield HMO 9A Access+ (74)
- Blue Shield HMO 9A Trio (106)
- Blue Shield HMO 12 Access+ (17) (tiered)
- Blue Shield HMO 12 Trio (15) (tiered)
- Medical Waives (226)

Rate Increase History

	Kaiser	Blue Shield Trio	Blue Shield Access	Blue Shield PPO
2018-19	2.00%	3.90%	3.90%	9.90%
2019-20	8.10%	6.85%	6.85%	17.50%
 2020-21	4.26%	4.44%	4.44%	4.44%*

* When CSEBA started “blending” the Blue Shield HMO/PPO Rates

Plan Summaries

*All 11thly plan rates in the following slides are calculated using **VSP for Vision & Delta Dental w/Ortho for Dental**; **your choice for dental/vision may lower your rate.**

SC = Supercomposite (rate not affected by number of dependents covered)

Tiered = Rate is dependent on number of dependents covered (employee, employee +1, employee +2 or more/family)

All rates take into account the annual 'waive subsidy' of up to \$2,200 (\$200.00/mo.)

Kaiser Plan 7 (SC)

Out of Pocket Max.	Max Annual OOP (ind/fam)	\$1,500/\$3,000
Deductible	Has No Deductible	\$0/\$0
Office Visit copay	PC/Spec	\$15/\$15
Outpatient Services	copay	\$15
Emergency Room	per visit	\$50
Hospital	n/c for inpatient services	\$0
Rx	100 days	\$10/\$20
11thly payroll ded.	supercomposite rate	\$428.20

Kaiser Plan 11 (SC)**deductible option**

Out of Pocket Max.	Max Annual OOP (ind/fam)	\$3,000/\$6,000
Deductible	Amount you pay before coinsurance begins	\$500/\$1,000
Office Visit copay	PC/Spec	\$20/\$20
Outpatient Services	after deductible	20%
Emergency Room	after deductible	20%
Hospital	20% after ded.	20%
Rx	100 days/\$100 ded.	\$10/\$30
11thly payroll ded.	supercomposite rate	\$224.92

Kaiser Plan 1 (SC)**HSA option****Out of Pocket Max.**

Max Annual OOP (ind/fam)

\$3,000/\$6,000

DeductibleAmount you pay before coinsurance
begins

\$1,400/\$2,800

Office Visit copay

after deductible

\$20

Outpatient Services

after deductible

\$150 per procedure

Emergency Room

after deductible

\$100

Hospital

\$250 per, after ded.

\$250

Rx

30 days

\$10/\$30

11thly payroll ded.

supercomposite rate

\$88.39

Kaiser Plan 13 (tiered)**MVP option**

Out of Pocket Max.	Max Annual OOP (sub, emp. + 1, fam)	\$6,000/\$12,000
Deductible	Amount you pay before coinsurance begins	\$4,500/\$9,000
Office Visit copay	after deductible	\$20
Outpatient Services	after deductible	40%
Emergency Room	after deductible	\$250
Hospital	40% coins., after ded.	40%
Rx	30 days, \$250 brand ded, Spec 30%, \$150 max	\$15/\$35
11thly payroll ded.	emp only	\$0.00
11thly payroll ded.	emp+1	\$0.00
11thly payroll ded.	family	\$122.50

Tandem Network for PPO Subscribers and Trio Network for HMO Subscribers

- Trio and Tandem plans are “narrow network” options (“NrwNet” on the following slides)
- Blue Shield HMO and PPO plans
- Participating providers work with Blue Shield to reduce costs
- Check the Blue Shield website for provider participation information (blueshieldca.com/networkTandemPPO).
- Annual premium savings for the “narrow network” options range from \$800 to \$3,000, depending on the plan.

Blue Shield Costs

- All costs quoted here are based on “in-network” rates.
- Deductibles for out-of-network services and facilities are generally about twice as high, while the subscriber’s co-insurance burden can be two to three times greater.

Refer to the plan descriptions and evidence of coverage documents for more complete information.

Take advantage of the Benefit Focus cost estimate calculator (Kaiser subscribers, too). It can help you to save hundreds of dollars per year.

Blue Shield PPO 3 (SC)

Out of Pocket Max.	Max Annual OOP (ind/fam)	\$2,500/\$5,000
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Deductible	Amount you pay before coinsurance begins	\$250/\$500
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Office Visit copay	no ded. for in-network office visits	\$10
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Outpatient Services	after deductible	10%
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Emergency Room	per visit waived if admitted	\$100 per visit
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Hospital	after deductible	10%
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Rx	no ded. 30 day supply (90 day mail order supply for twice the cost of 30 day supply)	\$10/\$20/\$35
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NrwNet

11thly payroll ded.	supercomposite rate	\$1,619.37	\$1,458.28
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Blue Shield HSA 1 (SC)**new HSA option**

Out of Pocket Max.	Max Annual OOP (ind/fam)	\$3,400/\$6,800
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Deductible	Amount you pay before coinsurance begins	\$1,500/\$3,000
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Office Visit copay	after deductible	10%
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Outpatient Services	after deductible	10%
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Emergency Room	after deductible	10%
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Hospital	after deductible	10%
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Rx	after ded. 30 day supply (90 day mail order supply for twice the cost of 30 day supply)	\$10/\$25/\$40
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NrwNet

11thly payroll ded.	supercomposite rate	\$888.15	\$770.94
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Blue Shield HMO Plan 2 (SC)**new HMO option**

Out of Pocket Max.	Max Annual OOP (ind/fam)	\$500/\$1,500
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Deductible	No Deductible	\$0/\$0
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Office Visit copay	no deductible	\$15/\$25
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Outpatient Services	(no ded.)	n/c
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Emergency Room	waived if admitted to hosp.	\$50/visit
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Hospital	n/c	\$0
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Rx	90 day supply	\$10/\$20/\$35
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NrwNet

11thly payroll ded.	supercomposite rate	\$891.41	\$597.87
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Blue Shield HMO Plan 9A (SC)

Out of Pocket Max.	Max Annual OOP (ind/fam)	\$3,500/\$7,000
Deductible	Has a "Facilities" Deductible	\$1,000/\$2,000
Office Visit copay	no ded. for in-network office visits	\$25/\$40
Outpatient Services	100% covered, after ded.	\$0
Emergency Room	n/c if admitted, facilities ded. comes into play instead	\$150/visit
Hospital	100% covered after ded.	\$0
Rx	no ded. 30 day supply (90 day mail order supply for twice the cost of 30 day supply)	\$10/\$30/\$60
11thly payroll ded.	supercomposite rate	\$427.79

NrwNet

\$203.79

Blue Shield HMO Plan 12, tiered**MVP option****Out of Pocket Max.** Max Annual OOP (emp) \$6,450/\$12,900**Deductible** Amount you pay before coinsurance begins \$5,800/\$11,600**Office Visit copay** facility deductible \$40/\$50**Outpatient Services** ambulatory surgery 40%**Emergency Room** waived if admitted to hosp. \$250/visit**Hospital** 40% after ded. 40%**Rx** \$250 ded; 90 days \$15/\$30/\$45/20%**NrwNet****11thly payroll ded.** emp only **\$0.00**emp+1 **\$0.00**family **\$384.60** **\$167.08**

Fund 03

- We are changing the annual subsidy per member who elects medical insurance to be **\$2,200 or \$200.00 a month** (eleventhly)

Open Enrollment

- May 3 - May 14, 2021
- **Your plan selections from last year should still be “loaded” in Benefit Focus. Please log in and Verify during Open Enrollment Time.**
- Dependents are still “loaded” from previous years
- This is your change to add dependents

HSA/FSA/Dependent Care Accounts + Voluntary Benefits

- You will receive a link from the District’s Benefits Department. The link will lead you to a sign-up form (by site?) to sign up for a “virtual meeting” with **American Fidelity**
- HTA will be posting materials explaining how an HSA works

Class dismissed...