



Cupertino Union School District

January 1, 2023 Renewal

Presented by:
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Employee Benefits

Keenan

KAISER

Kaiser 2023 Renewal Rates - HMO

Plan Name	Current		Renewal			
	Traditional HMO		Traditional HMO			
	Actives/Early Retirees		Actives/Early Retirees			
Rating Structure	Rate	Subscribers	Rate	Subscribers		
EE	\$648.27	289	\$745.09	289		
EE & 1 Dep	\$1,296.53	148	\$1,490.16	148		
EE & 2+ Deps	\$1,834.59	182	\$2,108.57	182		
Total Monthly Premium	\$713,131.85		\$819,634.43			
Total Annual Premium	\$8,557,582.20		\$9,835,613.16			
% Change over Current Monthly Premium			14.93%			
\$ Change over Current Annual Premium			\$1,278,030.96			
	Employer Contribution 70%	Employee Contribution 30%	Employer Contribution 70%	Employee Contribution 30%	Employer Difference	Employee Difference
Single	\$453.79	\$194.48	\$521.56	\$223.53	\$67.77	\$29.05
Two-Party	\$907.57	\$388.96	\$1,043.11	\$447.05	\$135.54	\$58.09
Family	\$1,284.21	\$550.38	\$1,476.00	\$632.57	\$191.79	\$82.19

Kaiser 2023 Renewal Rates – Deductible HMO

Plan Name	Current		Renewal			
	DHMO		DHMO			
	Actives/Early Retirees		Actives/Early Retirees			
Rating Structure	Rate	Subscribers	Rate	Subscribers		
EE	\$568.22	6	\$653.03	6		
EE & 1 Dep	\$1,136.44	0	\$1,306.05	0		
EE & 2+ Deps	\$1,608.05	0	\$1,848.05	0		
Total Monthly Premium	\$3,409.32		\$3,918.18			
Total Annual Premium	\$40,911.84		\$47,018.16			
% Change over Current Monthly Premium			14.93%			
\$ Change over Current Annual Premium			\$6,106.32			
	Employer Contribution 70%	Employee Contribution 30%	Employer Contribution 70%	Employee Contribution 30%	Employer Difference	Employee Difference
Single	\$397.75	\$170.47	\$457.12	\$195.91	\$59.37	\$25.44
Two-Party	\$795.51	\$340.93	\$914.24	\$391.82	\$118.73	\$50.88
Family	\$1,125.64	\$482.42	\$1,293.64	\$554.42	\$168.00	\$72.00

ANTHEM BLUE CROSS

Anthem Blue Cross 2023 Renewal

Eligible Class	Current		Negotiated Renewal		Difference over Current		
	HMO		HMO				
	Active, Early Retiree		Active, Early Retiree				
Rating Structure	Rate	Subscribers	Rate	Subscribers			
EE	\$865.18	83	\$969.00	83			
EE & 1 Dep	\$1,811.87	40	\$2,029.29	40			
EE & 2+ Deps	\$2,586.32	59	\$2,896.68	59			
Total Monthly Premium	\$296,877.62		\$332,502.72				
Total Annual Premium	\$3,562,531.44		\$3,990,032.64				
% Change over Current Monthly Premium			12.00%				
\$ Change over Current Annual Premium			\$427,501.20				
	Employer Contribution 70%	Employee Contribution 30%	Employer Contribution 70%	Employee Contribution 30%	Employer Difference	Employee Difference	
	\$605.63	\$259.55	\$678.30	\$290.70	\$72.67	\$31.15	
	\$1,268.31	\$543.56	\$1,420.50	\$608.79	\$152.19	\$65.23	
	\$1,810.42	\$775.90	\$2,027.68	\$869.00	\$217.25	\$93.11	

Anthem Blue Cross 2023 Renewal

Eligible Class	Current		Negotiated Renewal		Difference over Current		
	Deductible HMO		Deductible HMO				
	Active, Early Retiree		Active, Early Retiree				
Rating Structure	Rate	Subscribers	Rate	Subscribers			
EE	\$696.95	2	\$780.58	2			
EE & 1 Dep	\$1,439.14	0	\$1,611.84	0			
EE & 2+ Deps	\$2,083.31	2	\$2,333.31	2			
Total Monthly Premium	\$5,560.52		\$6,227.78				
Total Annual Premium	\$66,726.24		\$74,733.36				
% Change over Current Monthly Premium			12.00%				
\$ Change over Current Annual Premium			\$8,007.12				
	Employer Contribution 70%	Employee Contribution 30%	Employer Contribution 70%	Employee Contribution 30%	Employer Difference	Employee Difference	
	\$487.87	\$209.09	\$546.41	\$234.17	\$58.54	\$25.09	
	\$1,007.40	\$431.74	\$1,128.29	\$483.55	\$120.89	\$51.81	
	\$1,458.32	\$624.99	\$1,633.32	\$699.99	\$175.00	\$75.00	

Anthem Blue Cross 2023 Renewal

Eligible Class	Current		Negotiated Renewal	
	PPO		PPO	
	Active, Early Retiree		Active, Early Retiree	
Rating Structure	Rate	Subscribers	Rate	Subscribers
EE	\$1,168.12	60	\$1,488.18	60
EE & 1 Dep	\$2,351.03	34	\$2,995.21	34
EE & 2+ Deps	\$3,305.80	44	\$4,211.59	44
Total Monthly Premium	\$295,477.42		\$376,437.90	
Total Annual Premium	\$3,545,729.04		\$4,517,254.80	
% Change over Current Monthly Premium			27.40%	
\$ Change over Current Annual Premium			\$971,525.76	
	Employer Contribution 70%	Employee Contribution 30%	Employer Contribution 70%	Employee Contribution 30%
	\$817.68	\$350.44	\$1,041.73	\$446.45
	\$1,645.72	\$705.31	\$2,096.65	\$898.56
	\$2,314.06	\$991.74	\$2,948.11	\$1,263.48

The District PPO plan is a closed plan. New enrollment is not allowed. If currently enrolled in PPO plan, once the employee leaves the PPO plan, the employee will not be allowed to re-enroll into the plan at a later date.

Difference over Current

Employer Difference	Employee Difference
\$224.04	\$96.02
\$450.93	\$193.25
\$634.05	\$271.74

UNITEDHEALTHCARE

UnitedHealthcare – HMO Signature Network

Eligible Class	Current		Negotiated Renewal				UnitedHealthcare								
	HMO		HMO				SignatureValue Signature Network HMO T5A; RX 94U MOD								
	Active, Early Retiree		Active, Early Retiree				Active, Early Retiree								
Rating Structure	Rate	Subscribers	Rate	Subscribers			Rate	Subscribers							
EE	\$865.18	83	\$969.00	83			\$943.67	83							
EE & 1 Dep	\$1,811.87	40	\$2,029.29	40			\$1,991.14	40							
EE & 2+ Deps	\$2,586.32	59	\$2,896.68	59			\$2,849.88	59							
Total Monthly Premium	\$296,877.62		\$332,502.72				\$326,113.13								
Total Annual Premium	\$3,562,531.44		\$3,990,032.64				\$3,913,357.56								
% Change over Current Monthly Premium			12.00%					9.85%							
\$ Change over Current Annual Premium			\$427,501.20					\$350,826.12							
				Difference over Current								Difference over Renewal			
Employer Contribution 70%		Employee Contribution 30%		Employer Contribution 70%		Employee Contribution 30%		Employer Contribution 70%		Employee Contribution 30%		Employer Difference		Employee Difference	
\$605.63		\$259.55		\$678.30		\$290.70		\$660.57		\$283.10		\$54.94		\$23.55	
\$1,268.31		\$543.56		\$1,420.50		\$608.79		\$1,393.80		\$597.34		\$125.49		\$53.78	
\$1,810.42		\$775.90		\$2,027.68		\$869.00		\$1,994.92		\$854.96		\$184.49		\$79.07	
												-\$17.73		-\$7.60	
												-\$26.70		-\$11.44	
												-\$32.76		-\$14.04	

UnitedHealthcare – Deductible HMO Signature Network

Eligible Class	Current		Negotiated Renewal		UnitedHealthcare		UnitedHealthcare		UnitedHealthcare		UnitedHealthcare	
	Deductible HMO		Deductible HMO		Signature Value Signature Network HMO 2JW; RX 94U MOD		Signature Value Signature Network HMO 2JW; RX 94U MOD		Signature Value Signature Network HMO 2JW; RX 94U MOD		Signature Value Signature Network HMO 2JW; RX 94U MOD	
	Active, Early Retiree		Active, Early Retiree		Active, Early Retiree		Active, Early Retiree		Active, Early Retiree		Active, Early Retiree	
Rating Structure	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers
EE	\$696.95	2	\$780.58	2	\$789.68	2	\$789.68	2	\$789.68	2	\$789.68	2
EE & 1 Dep	\$1,439.14	0	\$1,611.84	0	\$1,666.22	0	\$1,666.22	0	\$1,666.22	0	\$1,666.22	0
EE & 2+ Deps	\$2,083.31	2	\$2,333.31	2	\$2,384.83	2	\$2,384.83	2	\$2,384.83	2	\$2,384.83	2
Total Monthly Premium	\$5,560.52		\$6,227.78		\$6,349.02		\$6,349.02		\$6,349.02		\$6,349.02	
Total Annual Premium	\$66,726.24		\$74,733.36		\$76,188.24		\$76,188.24		\$76,188.24		\$76,188.24	
% Change over Current Monthly Premium			12.00%		14.18%		14.18%		14.18%		14.18%	
\$ Change over Current Annual Premium			\$8,007.12		\$9,462.00		\$9,462.00		\$9,462.00		\$9,462.00	
	Employer Contribution 70%	Employee Contribution 30%	Employer Contribution 70%	Employee Contribution 30%	Employer Difference	Employee Difference	Employer Contribution 70%	Employee Contribution 30%	Employer Difference	Employee Difference	Employer Difference	Employee Difference
	\$487.87	\$209.09	\$546.41	\$234.17	\$58.54	\$25.09	\$552.78	\$236.90	\$64.91	\$27.82	\$6.37	\$2.73
	\$1,007.40	\$431.74	\$1,128.29	\$483.55	\$120.89	-\$197.57	\$1,166.35	\$499.87	\$158.96	\$68.12	\$38.07	\$16.31
	\$1,458.32	\$624.99	\$1,633.32	\$699.99	\$175.00	\$75.00	\$1,669.38	\$715.45	\$211.06	\$90.46	\$36.06	\$15.46

UnitedHealthcare – PPO

The District PPO Plan is a closed plan. If the district moves to UnitedHealthcare, the PPO plan will remain closed and all other enrollment requirements will be the same as currently in place.

Eligible Class	Current		Negotiated Renewal		UnitedHealthcare							
	PPO		PPO		Select Plus PPO (90/60) CMET MOD; RX L77 MOD							
	Active, Early Retiree		Active, Early Retiree		Active, Early Retiree							
Rating Structure	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers						
EE	\$1,168.12	60	\$1,488.18	60	\$1,290.69	60						
EE & 1 Dep	\$2,351.03	34	\$2,995.21	34	\$2,723.36	34						
EE & 2+ Deps	\$3,305.80	44	\$4,211.59	44	\$3,897.88	44						
Total Monthly Premium	\$295,477.42		\$376,437.90		\$341,542.36							
Total Annual Premium	\$3,545,729.04		\$4,517,254.80		\$4,098,508.32							
% Change over Current Monthly Premium			27.40%		15.59%							
\$ Change over Current Annual Premium			\$971,525.76		\$552,779.28							
			Difference over Current		Difference over Current		Difference over Current		Difference over Current		Difference over Renewal	
	Employer Contribution 70%	Employee Contribution 30%	Employer Contribution 70%	Employee Contribution 30%	Employer Difference	Employee Difference	Employer Contribution 70%	Employee Contribution 30%	Employer Difference	Employee Difference	Employer Difference	Employee Difference
	\$817.68	\$350.44	\$1,041.73	\$446.45	\$224.04	\$96.02	\$903.48	\$387.21	\$85.80	\$36.77	-\$138.24	-\$59.25
	\$1,645.72	\$705.31	\$2,096.65	\$898.56	\$450.93	\$193.25	\$1,906.35	\$817.01	\$260.63	\$111.70	-\$190.30	-\$81.55
	\$2,314.06	\$991.74	\$2,948.11	\$1,263.48	\$634.05	\$271.74	\$2,728.52	\$1,169.36	\$414.46	\$177.62	-\$219.60	-\$94.11

UnitedHealthcare – HMO/Ded. HMO Benefit Compare

Plan Name	Current	Proposed	Current	Proposed
	Anthem Blue Cross	UnitedHealthcare	Anthem Blue Cross	UnitedHealthcare
	HMO 0 Ded	SignatureValue Harmony HMO T2Y; RX 94U MOD 20/250A	Deductible HMO	RX 94U 25-50/20%/1000 Ded
General Plan Information				
Annual Deductible/Individual	\$0	\$0		\$1,000
Annual Deductible/Family	\$0	\$0	\$1,000 per person	\$2,000
Annual Out-of-Pocket Limit/Individual	\$1,000	\$1,000	\$3,000	\$3,000
Annual Out-of-Pocket Limit/Family	\$3,000	\$3,000	\$6,000	\$6,000
Office/Specialist Visit	\$20 copay	\$20 copay	\$40 copay	PCP \$25 copay; Specialist \$50 copay
Preventive Services	No Charge	No Charge	No Charge	No Charge
Diagnostic X-Ray and Lab Tests	No charge	No charge	No charge	\$25 copay
Outpatient Rehabilitative Therapy Services	\$20 copay; up to 60 days physical therapy, occupational therapy, and speech therapy combined	\$20 copay	\$40 copay; up to 60 days physical therapy, occupational therapy, and speech therapy combined	\$25 copay
Inpatient Hospitalization	\$250 copay	\$250 copay	10% after deductible	20% after deductible
Outpatient Facility Charge	No charge	No charge	10% after deductible	20% after deductible
Emergency Room	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$150 copay and 10% after deductible (copay waived if admitted)	\$250 copay (waived if admitted)
Urgent Care Facility	\$20 copay	\$20 copay	\$40 copay	\$25 copay within geographic area served by your medical group otherwise \$50 copay
Ambulance (Air and Ground)	\$100 copay	\$100 copay	\$100 copay	\$150 copay
Durable Medical Equipment & Prosthetic Devices	No charge	No charge	50% after deductible	\$70 copay per item
Hearing Aids	No charge; 1 hearing aid every 3 years	No charge; 1 hearing aid every 3 years; \$5,000 annual benefit maximum per calendar year	No charge; 1 hearing aid every 3 years	\$70 copay; 1 hearing aid every 3 years; \$5,000 annual benefit maximum per calendar year

UnitedHealthcare – HMO/Ded. HMO Benefit Compare

	Current	Proposed	Current	Proposed
	Anthem Blue Cross	UnitedHealthcare	Anthem Blue Cross	UnitedHealthcare
Plan Name	HMO 0 Ded	SignatureValue Harmony HMO T2Y; RX 94U MOD 20/250A	Deductible HMO	RX 94U 25-50/20%/1000 Ded
Prescription Drug Benefits				
Generic	\$10 copay	\$10 copay	\$20 copay	\$10 copay
Brand (Formulary/Preferred)	\$30 copay	\$30 copay	\$40 copay	\$35 copay
Brand (Non-Formulary/Non-preferred)	\$50 copay	\$50 copay	\$60 copay	\$70 copay
Specialty Drugs	\$50 copay	Injectables covered under medical; Oral covered under retail tier copay	30% up to \$250/prescription	Injectables covered under medical; Oral covered under retail tier copay
Number of Days Supply	30 days	30 days	30 days	30 days
Mail Order				
Generic	\$10 copay	\$10 copay	\$50 copay	\$25 copay
Brand (Formulary/Preferred)	\$60 copay	\$60 copay	\$120 copay	\$87.50 copay
Brand (Non-Formulary/Non-preferred)	\$100 copay	\$100 copay	\$180 copay	\$175 copay
Speciality Drugs	\$100 copay	Not covered; Only covered by retail	30% up to \$250/prescription (30-day supply)	Not covered
Number of Days Supply for Mail Order	100 days	90 days	90 days	90 days

UnitedHealthcare – PPO Benefit Compare

Plan Name	Current		Proposed	
	Anthem Blue Cross		UnitedHealthcare	
	PPO-90/60 \$20		Select Plus 90/60 CMET MOD; RX L77 MOD	
	In-Network	Out-of-Network	In-Network	Out-of-Network
General Plan Information				
Annual Deductible/Individual	\$500	\$1,000	\$500	\$1,000
Annual Deductible/Family	\$1,500	\$3,000	\$1,500	\$3,000
Annual Out-of-Pocket Limit/Individual	\$1,000	\$20,000	\$1,000	\$20,000
Annual Out-of-Pocket Limit/Family	\$2,000	\$40,000	\$2,000	\$40,000
Office Visit/Exam	\$20 copay	40% after deductible	\$20 copay	40% after deductible
Outpatient Specialist Visit	\$20 copay	40% after deductible	\$20 copay	40% after deductible
Preventive Services	No charge	40% after deductible	No charge	40% after deductible
Diagnostic X-Ray and Lab Tests	10% after deductible	40% after deductible	10% after deductible	40% after deductible
Outpatient Rehabilitative Therapy Services	10% after deductible	40% after deductible	\$20 copay	40% after deductible
Inpatient Hospitalization	10% after deductible	40% after deductible	10% after deductible	40% after deductible
Outpatient Facility Charge	10% after deductible	40% after deductible	\$20 copay	40% after deductible
Emergency Room	\$150 copay then 10% after deductible (copay waived if admitted)	Covered as in-network	\$150 copay then 10% after deductible	\$150 copay then 10% after deductible
Urgent Care Facility	\$20 copay	40% after deductible	\$20 copay	40% after deductible
Durable Medical Equipment & Prosthetic Devices	10% after deductible	40% after deductible	10% after deductible	40% after deductible
Hearing Aid	No charge; 1 hearing aid every 3 benefit period(s)	Not covered	10% after deductible (up to \$2,500 every year limited to a single purchase per hearing impaired ear every 3 years; in and out of network combined)	40% after deductible

UnitedHealthcare – PPO Benefit Compare

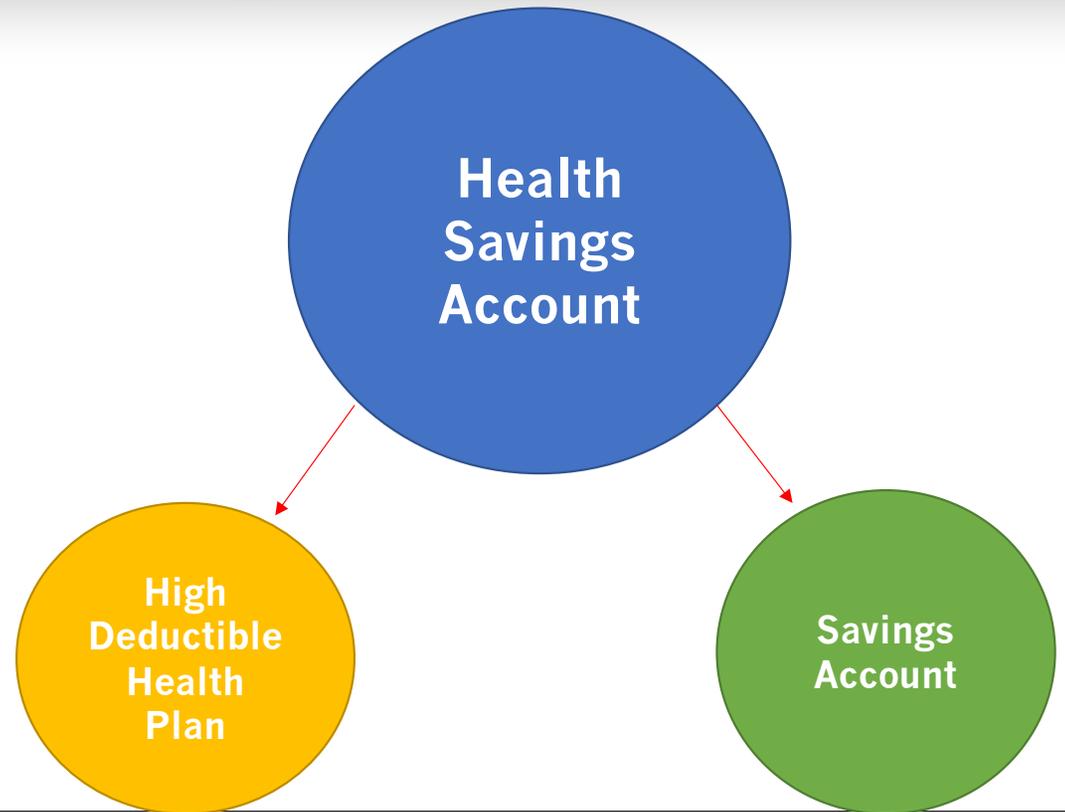
Plan Name	Current		Proposed	
	Anthem Blue Cross		UnitedHealthcare	
	PPO-90/60 \$20		Select Plus 90/60 CMET MOD; RX L77 MOD	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Drug Benefits				
Generic	\$10 copay	50%, up to \$250	\$10 copay	50%; Up to \$250
Brand (Formulary/Preferred)	\$30 copay	50%, up to \$250	\$30 copay	50%; Up to \$250
Brand (Non-Formulary/Non-preferred)	\$50 copay	50%, up to \$250	\$50 copay	50%; Up to \$250
Specialty Drugs	30% after ded, Up to \$250	50%, up to \$250	30%; Up to \$250	50%; Up to \$250
Number of Days Supply	30 days	30 days	30 days	30 days
Mail Order				
Generic	\$20 copay	50%, up to \$250	\$20 copay	Not covered
Brand (Formulary/Preferred)	\$60 copay	50%, up to \$250	\$60 copay	Not covered
Brand (Non-Formulary/Preferred)	\$100 copay	50%, up to \$250	\$100 copay	Not covered
Specialty Drugs	Not covered	Not covered	30%; Up to \$500	Not covered
Number of Days Supply for Mail Order	90 days	90 days	90 days	Not covered



Health Savings Account Options

What is an H.S.A.?

- Triple Tax Advantage – Contributions, earning (investment opportunities) and withdrawals are tax free
- Opportunity to save for future qualified medical expenses, including retirement
- Only available with high deductible health insurance plan
- Funds roll over and can be used the following year – Not subject to the ‘use it or lose it’ policy
- Money can be used for non-medical expenses after the age of 65



What is an H.S.A.?

Contribution and Out-of-Pocket Limits for Health Savings Accounts and High-Deductible Health Plans			
	2023	2022	Change
HSA contribution limit (employer + employee)	Self-only: \$3,850 Family: \$7,750	Self-only: \$3,650 Family: \$7,300	Self-only: +\$200 Family: +\$450
HSA catch-up contributions (age 55 or older)	\$1,000	\$1,000	No change (set by statute)
HDHP minimum deductibles	Self-only: \$1,500 Family: \$3,000	Self-only: \$1,400 Family: \$2,800	Self-only: +\$100 Family: +\$200
HDHP maximum out-of-pocket amounts (deductibles, co-payments and other amounts, but not premiums)	Self-only: \$7,500 Family: \$15,000	Self-only: \$7,050 Family: \$14,100	Self-only: +\$450 Family: +\$900
Source: IRS, Revenue Procedure 2022-24.			

H.S.A. Options – Kaiser

Plan Name	Current		Renewal			
	Traditional HMO		HSA \$1,800 with Chiro			
	Actives/Early Retirees		Actives/Early Retirees			
Rating Structure	Rate	Subscribers	Rate	Subscribers		
EE	\$648.27	289	\$612.56	289		
EE & 1 Dep	\$1,296.53	148	\$1,225.12	148		
EE & 2+ Deps	\$1,834.59	182	\$1,733.55	182		
Total Monthly Premium	\$713,131.85		\$673,853.70			
Total Annual Premium	\$8,557,582.20		\$8,086,244.40			
% Change over Current Monthly Premium			-5.51%			
\$ Change over Current Annual Premium			-\$471,337.80			
	Employer Contribution 70%	Employee Contribution 30%	Employer Contribution 70%	Employee Contribution 30%	Employer Difference	Employee Difference
Single	\$453.79	\$194.48	\$428.79	\$183.77	-\$25.00	-\$10.71
Two-Party	\$907.57	\$388.96	\$857.58	\$367.54	-\$49.99	-\$21.42
Family	\$1,284.21	\$550.38	\$1,213.49	\$520.07	-\$70.73	-\$30.31

H.S.A. Options – Kaiser

Plan Name	Current		Renewal			
	Traditional HMO		HSA \$2,500 with Chiro			
	Actives/Early Retirees		Actives/Early Retirees			
Rating Structure	Rate	Subscribers	Rate	Subscribers		
EE	\$648.27	289	\$517.54	289		
EE & 1 Dep	\$1,296.53	148	\$1,035.08	148		
EE & 2+ Deps	\$1,834.59	182	\$1,464.64	182		
Total Monthly Premium	\$713,131.85		\$569,325.38			
Total Annual Premium	\$8,557,582.20		\$6,831,904.56			
% Change over Current Monthly Premium			-20.17%			
\$ Change over Current Annual Premium			-\$1,725,677.64			
	Employer Contribution 70%	Employee Contribution 30%	Employer Contribution 70%	Employee Contribution 30%	Employer Difference	Employee Difference
Single	\$453.79	\$194.48	\$362.28	\$155.26	-\$91.51	-\$39.22
Two-Party	\$907.57	\$388.96	\$724.56	\$310.52	-\$183.02	-\$78.44
Family	\$1,284.21	\$550.38	\$1,025.25	\$439.39	-\$258.97	-\$110.99

H.S.A. Benefits – Kaiser

	Proposed	Proposed
	Kaiser	Kaiser
Plan Name	HSA \$1,800 with Chiro	HSA \$2,500 with Chiro
General Plan Information		
Annual Deductible/Individual	\$1,800 Individual/\$3,000 per member	\$2,500 Individual/\$3,000 per member
Annual Deductible/Family	\$3,600	\$5,000
Coinsurance	100%	80%
Office Visit/Exam	No charge after deductible	20% after deductible
Outpatient Specialist Visit	No charge after deductible	20% after deductible
Annual Out-of-Pocket Limit/Individual	\$3,600	\$5,000
Annual Out-of-Pocket Limit/Family	\$7,200	\$10,000
Outpatient Services		
Preventive Services	No Charge	No Charge
Diagnostic X-Ray and Lab Tests	No charge after deductible	20% after deductible
Outpatient Rehabilitative Therapy Services	No charge after deductible	20% after deductible
Durable Medical Equipment & Prosthetic Devices	No charge after deductible	20% after deductible
Maternity Care		
Pregnancy and Maternity Care (Pre-Natal Care)	No charge	No charge
Inpatient Hospital Services		
Inpatient Hospitalization	No charge after deductible	20% after deductible
Surgical Services		
Outpatient Facility Charge	No charge after deductible	20% after deductible
Emergency Services		
Emergency Room	No charge after deductible	20% after deductible
Urgent Care Facility	No charge after deductible	20% after deductible

H.S.A. Benefits – Kaiser

	Proposed Kaiser	Proposed Kaiser
Plan Name	HSA \$1,800 with Chiro	HSA \$2,500 with Chiro
Prescription Drug Benefits		
Generic	\$10 copay after deductible	20% after deductible, not to exceed \$50
Brand (Formulary/Preferred)	\$30 copay after deductible	20% after deductible, not to exceed \$100
Brand (Non-Formulary/Non-preferred)	\$30 copay after deductible	50% after deductible, not to exceed \$100
Specialty Drugs	\$30 copay after deductible	50% after deductible, not to exceed \$250
Number of Days Supply	30 days	30 days
Mail Order		
Generic	\$20 copay after deductible	20% after deductible, not to exceed \$50
Brand (Formulary/Preferred)	\$60 copay after deductible	20% after deductible, not to exceed \$100
Brand (Non-Formulary/Non-preferred)	\$60 copay after deductible	50% after deductible, not to exceed \$100
Number of Days Supply for Mail Order	100 days	100 days

H.S.A. Anthem Blue Cross

Eligible Class	Current		Negotiated Renewal		Anthem		Anthem		Anthem	
	PPO		PPO		PPO HSA 1500/3000/3200 10/30		PPO HSA 1500/3000/3200 10/30		PPO HSA 1500/3000/3200 10/30	
	Active, Early Retiree		Active, Early Retiree		Active, Early Retiree		Active, Early Retiree		Active, Early Retiree	
Rating Structure	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers
EE	\$1,168.12	60	\$1,488.18	60	\$1,058.49	60	\$1,058.49	60	\$1,058.49	60
EE & 1 Dep	\$2,351.03	34	\$2,995.21	34	\$2,130.30	34	\$2,130.30	34	\$2,130.30	34
EE & 2+ Deps	\$3,305.80	44	\$4,211.59	44	\$2,995.47	44	\$2,995.47	44	\$2,995.47	44
Total Monthly Premium	\$295,477.42		\$376,437.90		\$267,740.28		\$267,740.28		\$267,740.28	
Total Annual Premium	\$3,545,729.04		\$4,517,254.80		\$3,212,883.36		\$3,212,883.36		\$3,212,883.36	
% Change over Current Monthly Premium			27.40%		-9.39%		-9.39%		-9.39%	
\$ Change over Current Annual Premium			\$971,525.76		-\$332,845.68		-\$332,845.68		-\$332,845.68	
	Employer Contribution 70%	Employee Contribution 30%	Employer Contribution 70%	Employee Contribution 30%	Difference over Current Employer Difference	Difference over Current Employee Difference	Employer Contribution 70%	Employee Contribution 30%	Difference over Current Employer Difference	Difference over Current Employee Difference
	\$817.68	\$350.44	\$1,041.73	\$446.45	\$224.04	\$96.02	\$740.94	\$317.55	-\$76.74	-\$32.89
	\$1,645.72	\$705.31	\$2,096.65	\$898.56	\$450.93	\$193.25	\$1,491.21	\$639.09	-\$154.51	-\$66.22
	\$2,314.06	\$991.74	\$2,948.11	\$1,263.48	\$634.05	\$271.74	\$2,096.83	\$898.64	-\$217.23	-\$93.10

H.S.A. Options – Anthem Blue Cross

Eligible Class	Current		Negotiated Renewal		Anthem						
	PPO		PPO		PPO HSA 3000/0						
	Active, Early Retiree		Active, Early Retiree		Active, Early Retiree						
Rating Structure	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers					
EE	\$1,168.12	60	\$1,488.18	60	\$949.08	60					
EE & 1 Dep	\$2,351.03	34	\$2,995.21	34	\$1,910.11	34					
EE & 2+ Deps	\$3,305.80	44	\$4,211.59	44	\$2,685.56	44					
Total Monthly Premium	\$295,477.42		\$376,437.90		\$240,053.18						
Total Annual Premium	\$3,545,729.04		\$4,517,254.80		\$2,880,638.16						
% Change over Current Monthly Premium			27.40%			-18.76%					
\$ Change over Current Annual Premium			\$971,525.76			-\$665,090.88			Difference over Current		
	Employer Contribution 70%	Employee Contribution 30%	Employer Contribution 70%	Employee Contribution 30%	Employer Difference	Employee Difference	Employer Contribution 70%	Employee Contribution 30%	Employer Difference	Employee Difference	
	\$817.68	\$350.44	\$1,041.73	\$446.45	\$224.04	\$96.02	\$664.36	\$284.72	-\$153.33	-\$65.71	
	\$1,645.72	\$705.31	\$2,096.65	\$898.56	\$450.93	\$193.25	\$1,337.08	\$573.03	-\$308.64	-\$132.28	
	\$2,314.06	\$991.74	\$2,948.11	\$1,263.48	\$634.05	\$271.74	\$1,879.89	\$805.67	-\$434.17	-\$186.07	

H.S.A. Benefits – Anthem Blue Cross

Plan Name	Proposed		Proposed	
	Anthem Blue Cross		Anthem Blue Cross	
	1500/3000/3200 10/30		3000/0	
	In-Network	Out-of-Network	In-Network	Out-of-Network
General Plan Information				
Annual Deductible/Individual	\$1,500 Individual/\$3,000 per member	\$4,500 Individual/\$4,500 per member	\$3,000	\$9,000
Annual Deductible/Family	\$3,200	\$9,000	\$6,000	\$18,000
Annual Out-of-Pocket Limit/Individual	\$3,500	\$10,500	\$5,000	\$15,000
Annual Out-of-Pocket Limit/Family	\$7,000	\$21,000	\$10,000	\$30,000
Office Visit/Exam	10% after deductible	30% after deductible	0% after deductible	30% after deductible
Outpatient Specialist Visit	10% after deductible	30% after deductible	0% after deductible	30% after deductible
Preventive Services	No charge	30% after deductible	No charge	30% after deductible
Diagnostic X-Ray and Lab Tests	10% after deductible	30% after deductible	0% after deductible	30% after deductible
Outpatient Rehabilitative Therapy Services (includes physical, occupational, and speech therapies)	10% after deductible	30% after deductible	0% after deductible	30% after deductible
Inpatient Hospitalization	10% after deductible	30% after deductible; Anthem's maximum payment is up to \$1,000 per day for non-emergency inpatient admissions	0% after deductible	30% after deductible; Anthem's maximum payment is up to \$1,000 per day for non-emergency inpatient admissions
Outpatient Facility Charge	10% after deductible	30% after deductible	0% after deductible	30% after deductible
Emergency Room	10% after deductible	Covered as in-network	0% after deductible	Covered as in-network
Urgent Care Facility	10% after deductible	30% after deductible	0% after deductible	30% after deductible
Durable Medical Equipment & Prosthetic Devices	10% after deductible	30% after deductible	0% after deductible	30% after deductible
Hearing Aid	No charge; 1 hearing aid every 3 benefit period(s)	Not covered	No charge; 1 hearing aid every 3 benefit period(s)	Not covered

H.S.A. Benefits – Anthem Blue Cross

Plan Name	Proposed		Proposed	
	Anthem Blue Cross		Anthem Blue Cross	
	1500/3000/3200 10/30		3000/0	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Drug Benefits				
Pharmacy Deductible	Combined with medical deductible	Combined with medical deductible	Combined with medical deductible	Combined with medical deductible
Preventive	Tier 1a, 1b, and 2 - no charge	30% after deductible; up to \$250/prescription	Tier 1b and 2 - no charge	30% after deductible; up to \$250/prescription
Generic	Tier 1a - \$5 copay after deductible Tier 1b - \$15 copay after deductible	30% after deductible; up to \$250/prescription	Tier 1a - \$5 copay after deductible Tier 1b - \$15 copay after deductible	30% after deductible; up to \$250/prescription
Brand (Formulary/Preferred)	\$40 copay after deductible	30% after deductible; up to \$250/prescription	\$40 copay after deductible	30% after deductible; up to \$250/prescription
Brand (Non-Formulary/Non-preferred)	\$60 copay after deductible	30% after deductible; up to \$250/prescription	\$60 copay after deductible	30% after deductible; up to \$250/prescription
Specialty Drugs	30% after deductible; up to \$250/prescription	30% after deductible; up to \$250/prescription	30% after deductible; up to \$250/prescription	30% after deductible; up to \$250/prescription
Number of Days Supply	30 days	30 days	30 days	30 days

H.S.A. Benefits – Anthem Blue Cross

Plan Name	Proposed		Proposed	
	Anthem Blue Cross		Anthem Blue Cross	
	1500/3000/3200 10/30		3000/0	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Drug Benefits				
Pharmacy Deductible	Combined with medical deductible	Combined with medical deductible	Combined with medical deductible	Combined with medical deductible
Mail Order				
Preventive	Tier 1a, 1b, and 2 - no charge	Not covered	Tier 1b and 2 - no charge	Not covered
Generic	Tier 1a - \$12.50 copay after deductible Tier 1b - \$37.50 copay after deductible	Not covered	Tier 1a - \$12.50 copay after deductible Tier 1b - \$37.50 copay after deductible	Not covered
Brand (Formulary/Preferred)	\$120 copay after deductible	Not covered	\$120 copay after deductible	Not covered
Brand (Non-Formulary/Preferred)	\$180 copay after deductible	Not covered	\$180 copay after deductible	Not covered
Specialty Drugs	30% after deductible; up to \$250/prescription (30 day supply only)	Not covered	30% after deductible; up to \$250/prescription (30 day supply only)	Not covered
Number of Days Supply for Mail Order	90 days	Not covered	90 days	Not covered

H.S.A. Options – UnitedHealthcare

Eligible Class	Current		Negotiated Renewal		UnitedHealthcare		UnitedHealthcare		UnitedHealthcare		UnitedHealthcare	
	PPO		PPO		Select Plus HSA 1500 CQBK; J70-IntRx		Select Plus HSA 1500 CQBK; J70-IntRx		Select Plus HSA 1500 CQBK; J70-IntRx		Select Plus HSA 1500 CQBK; J70-IntRx	
	Active, Early Retiree		Active, Early Retiree		Active, Early Retiree		Active, Early Retiree		Active, Early Retiree		Active, Early Retiree	
Rating Structure	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers
EE	\$1,168.12	60	\$1,488.18	60	\$1,178.54	60	\$1,178.54	60	\$1,178.54	60	\$1,178.54	60
EE & 1 Dep	\$2,351.03	34	\$2,995.21	34	\$2,486.72	34	\$2,486.72	34	\$2,486.72	34	\$2,486.72	34
EE & 2+ Deps	\$3,305.80	44	\$4,211.59	44	\$3,559.19	44	\$3,559.19	44	\$3,559.19	44	\$3,559.19	44
Total Monthly Premium	\$295,477.42		\$376,437.90		\$311,865.24		\$311,865.24		\$311,865.24		\$311,865.24	
Total Annual Premium	\$3,545,729.04		\$4,517,254.80		\$3,742,382.88		\$3,742,382.88		\$3,742,382.88		\$3,742,382.88	
% Change over Current Monthly Premium			27.40%		5.55%		5.55%		5.55%		5.55%	
\$ Change over Current Annual Premium			\$971,525.76		\$196,653.84		\$196,653.84		\$196,653.84		\$196,653.84	
	Employer Contribution 70%	Employee Contribution 30%	Employer Contribution 70%	Employee Contribution 30%	Difference over Current Employer Difference	Difference over Current Employee Difference	Employer Contribution 70%	Employee Contribution 30%	Difference over Current Employer Difference	Difference over Current Employee Difference	Difference over Renewal Employer Difference	Difference over Renewal Employee Difference
	\$817.68	\$350.44	\$1,041.73	\$446.45	\$224.04	\$96.02	\$824.98	\$353.56	\$7.29	\$3.13	-\$216.75	-\$92.89
	\$1,645.72	\$705.31	\$2,096.65	\$898.56	\$450.93	\$193.25	\$1,740.70	\$746.02	\$94.98	\$40.71	-\$355.94	-\$152.55
	\$2,314.06	\$991.74	\$2,948.11	\$1,263.48	\$634.05	\$271.74	\$2,491.43	\$1,067.76	\$177.37	\$76.02	-\$456.68	-\$195.72

H.S.A. Options – UnitedHealthcare

Eligible Class	Current		Negotiated Renewal		UnitedHealthcare							
	PPO		PPO		Select Plus HSA 2000 CQAS; J70-IntRx							
	Active, Early Retiree		Active, Early Retiree		Active, Early Retiree							
Rating Structure	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers						
EE	\$1,168.12	60	\$1,488.18	60	\$1,161.56	60						
EE & 1 Dep	\$2,351.03	34	\$2,995.21	34	\$2,450.89	34						
EE & 2+ Deps	\$3,305.80	44	\$4,211.59	44	\$3,507.91	44						
Total Monthly Premium	\$295,477.42		\$376,437.90		\$307,371.90							
Total Annual Premium	\$3,545,729.04		\$4,517,254.80		\$3,688,462.80							
% Change over Current Monthly Premium			27.40%		4.03%							
\$ Change over Current Annual Premium			\$971,525.76		\$142,733.76							
	Employer Contribution 70%	Employee Contribution 30%	Employer Contribution 70%	Employee Contribution 30%	Employer Difference	Employee Difference	Employer Contribution 70%	Employee Contribution 30%	Employer Difference	Employee Difference	Employer Difference	Employee Difference
	\$817.68	\$350.44	\$1,041.73	\$446.45	\$224.04	\$96.02	\$813.09	\$348.47	-\$4.59	-\$1.97	-\$228.63	-\$97.99
	\$1,645.72	\$705.31	\$2,096.65	\$898.56	\$450.93	\$193.25	\$1,715.62	\$735.27	\$69.90	\$29.96	-\$381.02	-\$163.30
	\$2,314.06	\$991.74	\$2,948.11	\$1,263.48	\$634.05	\$271.74	\$2,455.54	\$1,052.37	\$141.48	\$60.63	-\$492.58	-\$211.10

H.S.A. Benefits – UnitedHealthcare

Plan Name	Proposed		Proposed	
	UnitedHealthcare		UnitedHealthcare	
	Select Plus HSA 1500		Select Plus HSA 2000	
	CQBK (new CQOZ); RX Plan J70-IntRx		CQAS (new CQOH); RX Plan J70-IntRx	
	In-Network	Out-of-Network	In-Network	Out-of-Network
General Plan Information				
Annual Deductible/Individual	\$1,500	\$4,500	\$2,000	\$6,000
Annual Deductible/Family	\$3,000	\$8,400	\$3,000	\$12,000
Annual Out-of-Pocket Limit/Individual	\$4,500	\$10,500	\$3,000	\$12,000
Annual Out-of-Pocket Limit/Family	\$9,000	\$21,000	\$6,000	\$24,000
Office Visit/Exam	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Outpatient Specialist Visit	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Preventive Services	No charge	Not covered	No charge	Not covered
Diagnostic X-Ray and Lab Tests	0% after deductible	X-Ray 50% after deductible Lab - Not covered	0% after deductible	X-Ray 50% after deductible Lab - Not covered
Outpatient Rehabilitative Therapy Services	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Inpatient Hospitalization	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Outpatient Facility Charge	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Emergency Room	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Urgent Care Facility	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Durable Medical Equipment & Prosthetic Devices	0% after deductible	Not covered	0% after deductible	Not covered

H.S.A. Benefits – UnitedHealthcare

Plan Name	Proposed		Proposed	
	UnitedHealthcare		UnitedHealthcare	
	Select Plus HSA 1500 CQBK (new CQOZ); RX Plan J70-IntRx		Select Plus HSA 2000 CQAS (new CQOH); RX Plan J70-IntRx	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Drug Benefits				
Pharmacy Deductible	Combined with medical deductible	Combined with medical deductible	Combined with medical deductible	Combined with medical deductible
Generic	\$10 copay after deductible	\$10 copay after deductible	\$10 copay after deductible	\$10 copay after deductible
Brand (Formulary/Preferred)	\$35 copay after deductible	\$35 copay after deductible	\$35 copay after deductible	\$35 copay after deductible
Brand (Non-Formulary/Non-preferred)	\$70 copay after deductible	\$70 copay after deductible	\$70 copay after deductible	\$70 copay after deductible
Specialty Drugs	Not covered	Not covered	Not covered	Not covered
Number of Days Supply	30 days	30 days	30 days	30 days
Mail Order				
Generic	\$25 copay after deductible	Not covered	\$25 copay after deductible	Not covered
Brand (Formulary/Preferred)	\$87.50 after deductible	Not covered	\$87.50 after deductible	Not covered
Brand (Non-Formulary/Preferred)	\$175 after deductible	Not covered	\$175 after deductible	Not covered
Specialty Drugs	Not covered	Not covered	Not covered	Not covered
Number of Days Supply for Mail Order	90 days	Not covered	90 days	Not covered

DENTAL RENEWALS

Delta Care HMO Renewal

Rating Structure	Current		Renewal 2 Year Rate Guarantee		Employer Difference	Employee Difference
	Rate	Subscribers	Rate	Subscribers		
Composite	\$54.49	66	\$54.49	66		
Total Monthly Premium	\$3,596.34		\$3,596.34			
Total Annual Premium	\$43,156.08		\$43,156.08			
% Change over Current Monthly Premium			0%			
\$ Change over Current Annual Premium			\$0.00			
	Employer Contribution 70%	Employee Contribution 30%	Employer Contribution 70%	Employee Contribution 30%		
	\$38.14	\$16.35	\$38.14	\$16.35	\$0.00	\$0.00

Delta Dental – High Plan Option

Increase Adult/Child Ortho Lifetime Max to \$2,000

PPO Premier - High Plan	Current		Renewal - Enhanced Benefit Ortho Lifetime Maximum to \$2,000			
	Rate	Subscribers	Rate	Subscribers		
Rating Structure						
EE	\$77.54	458	\$76.14	458		
EE & 1 Dep	\$151.20	410	\$148.48	410		
EE & 2+ Deps	\$237.65	317	\$233.37	317		
Total Monthly Premium	\$172,841.37		\$169,727.21			
Total Annual Premium	\$2,074,096.39		\$2,036,726.52			
% Change over Current Monthly Premium			-1.80%			
	Employer Contribution 70%	Employee Contribution 30%	Employer Contribution 70%	Employee Contribution 30%	Employer Difference	Employee Difference
	\$54.28	\$23.26	\$53.30	\$22.84	-\$0.98	-\$0.42
	\$105.84	\$45.36	\$103.94	\$44.54	-\$1.91	-\$0.82
	\$166.36	\$71.30	\$163.36	\$70.01	-\$3.00	-\$1.28

Delta Dental – Low Plan

PPO - Low Cost Plan Rating Structure	Current		Renewal			
	Rate	Subscribers	Rate	Subscribers		
EE	\$42.65	3	\$40.52	3		
EE & 1 Dep	\$83.16	3	\$79.00	3		
EE & 2+ Deps	\$130.17	0	\$123.66	0		
Total Monthly Premium	\$377.43		\$358.56			
Total Annual Premium	\$4,529.16		\$4,302.70			
% Change over Current Monthly Premium			-5.00%			
	Contribution 70%	Contribution 30%	Contribution 70%	Contribution 30%	Employer Difference	Employee Difference
	\$29.86	\$12.80	\$28.36	\$12.16	-\$1.49	-\$0.64
	\$58.21	\$24.95	\$55.30	\$23.70	-\$2.91	-\$1.25
	\$91.12	\$39.05	\$86.56	\$37.10	-\$4.56	-\$1.95

VISION RENEWAL

Vision Renewal – Increase Frequency to 12/12/12

Rating Structure	Current		Renewal - Enhanced Benefit + 12/12/12 Frequency			
	Rate	Subscribers	Rate	Subscribers	Employer Contribution 70%	Employee Contribution 30%
EE	\$7.16	550	\$7.44	550	\$5.01	\$2.15
EE & 1 Dep	\$14.33	434	\$14.90	434	\$10.03	\$4.30
EE & 2+ Deps	\$23.07	312	\$23.99	312	\$16.15	\$6.92
Total Monthly Premium	\$17,355.06		\$18,044.06			
Total Annual Premium	\$208,260.72		\$216,528.67			
% Change over Current Monthly Premium			3.97%			
	Employer Contribution 70%	Employee Contribution 30%	Employer Contribution 70%	Employee Contribution 30%	Employer Difference	Employee Difference
	\$5.01	\$2.15	\$5.21	\$2.23	\$0.20	\$0.09
	\$10.03	\$4.30	\$10.43	\$4.47	\$0.40	\$0.17
	\$16.15	\$6.92	\$16.79	\$7.20	\$0.64	\$0.27

QUESTIONS