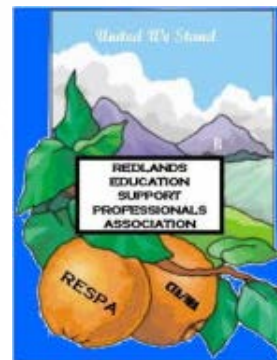
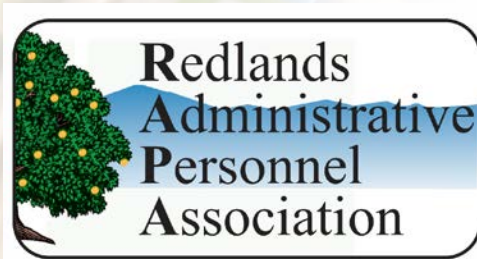




# Redlands Unified Insurance Committee

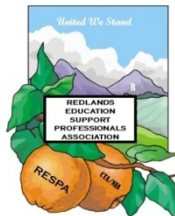
## Health and Welfare Benefits Plan 2017-2018



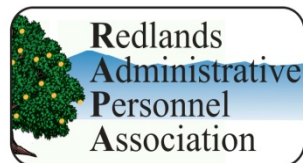
# Insurance Committee Members



Teresa Steinbroner  
James Benanti  
Debbie Prutsman  
John Vigrass



Dan Kivett  
John Havard  
Michelle McCartney



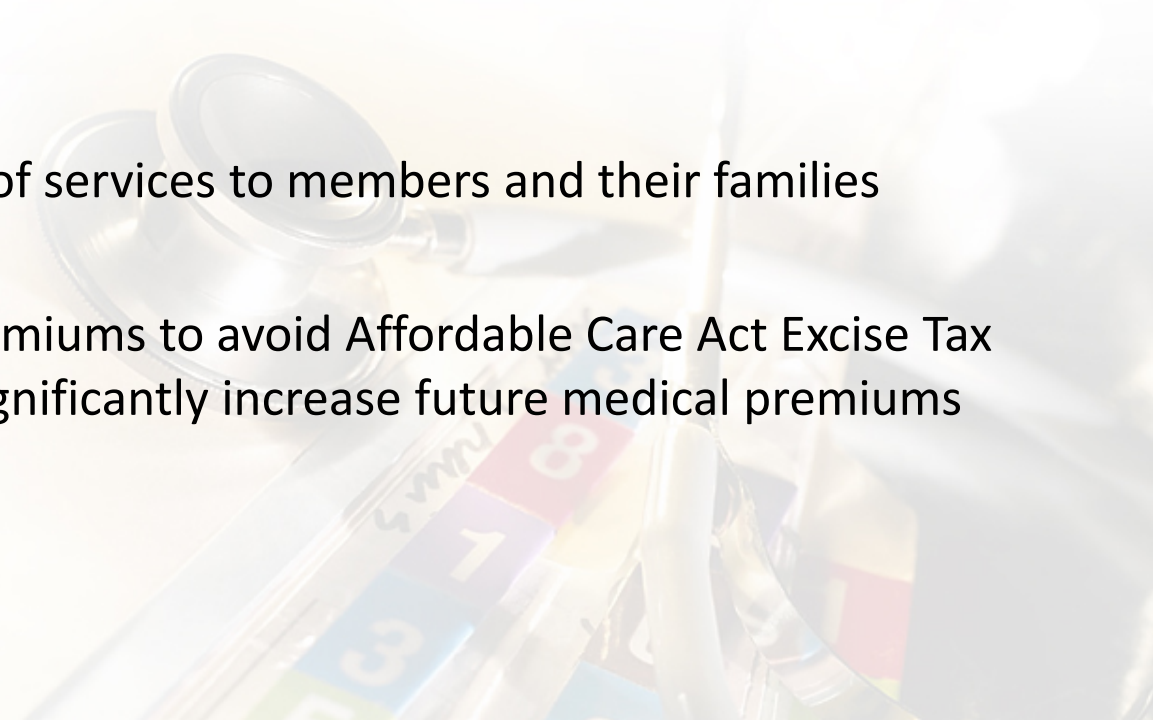
Rick Aleksak  
Brian Guggisberg



Sabine Robertson-Phillips  
Bernie Cavanagh  
Carianne Mackamul-Covey  
Karen Houston



# Insurance Committee Goals for 2017-18


- Leave no stone unturned in exploring the lowest price employee benefits available in the marketplace
  - Balance RUSD's H&W programs w/mandatory Health Care Reform requirements
  - Minimize the disruption of services to members and their families
  - Utilize tiered medical premiums to avoid Affordable Care Act Excise Tax Penalties which would significantly increase future medical premiums
- 



# Tiered Medical Premiums

## Effective July 1, 2017

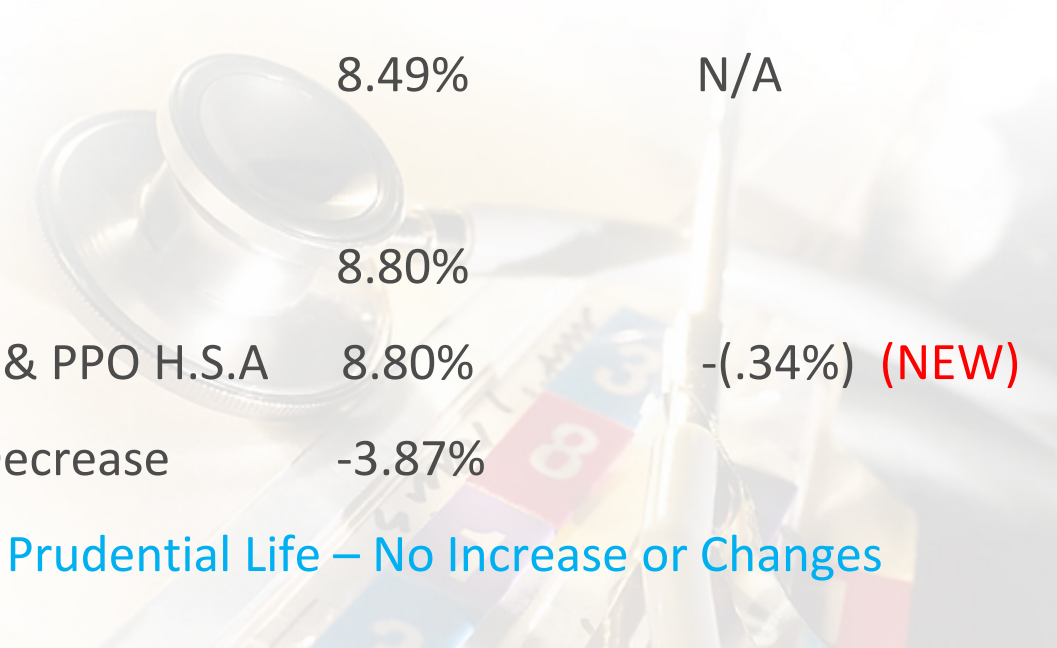
### Why Tiered Plans?

- For Affordable Care Act (ACA) Compliance Purposes
  - Membership requested that the Insurance Committee evaluate
  - Tiered rates are more equitable for all members
  - Tiered rates provide proportional consideration for singles and families
- 



# Health Plan Renewals Effective July 1, 2017

	<u>Final Renewal</u>	<u>With Plan Change</u>
REEP for Benefits		
Kaiser HMO	8.9%	N/A
Kaiser Deductible HMO	8.9%	6.91%
Rx Plan Copay Change		
UHC/ABC HMO	8.49%	N/A
No Plan Changes		
UHC PPO & PPO H.S.A.	8.80%	
UHC Narrow Navigate PPO & PPO H.S.A	8.80%	-(.34%) <b>(NEW)</b>
CICCS Delta Dental - Rate Decrease	-3.87%	
CICCS MES, EPIC Hearing & Prudential Life – No Increase or Changes		





# 2017-2018 Benefit Plans

REEP UnitedHealthCare (UHC) – 3 HMO Plans, 2 PPO/H.S.A. & 2 PPO Plans - **No Plan Changes**

- Managed Health Network (MHN) – Mental Health/Substance Abuse
- Express Scripts – Prescription Drug

REEP PPO UHC Narrow Navigate PPO – **New Plan Offering**

- Same Benefit Plan as Current PPO Plans
- Narrow Network of PPO Physicians

REEP Anthem Blue Cross (ABC) – 3 HMO Plans - **No Plan Changes**

- Managed Health Network (MHN) – Mental Health/Substance Abuse
- Express Scripts – Prescription Drug

REEP Kaiser – 1 High HMO Plan – HMO 30 - **No Plan Changes**

REEP Kaiser - 1 Deductible HMO Plan – HMO 40

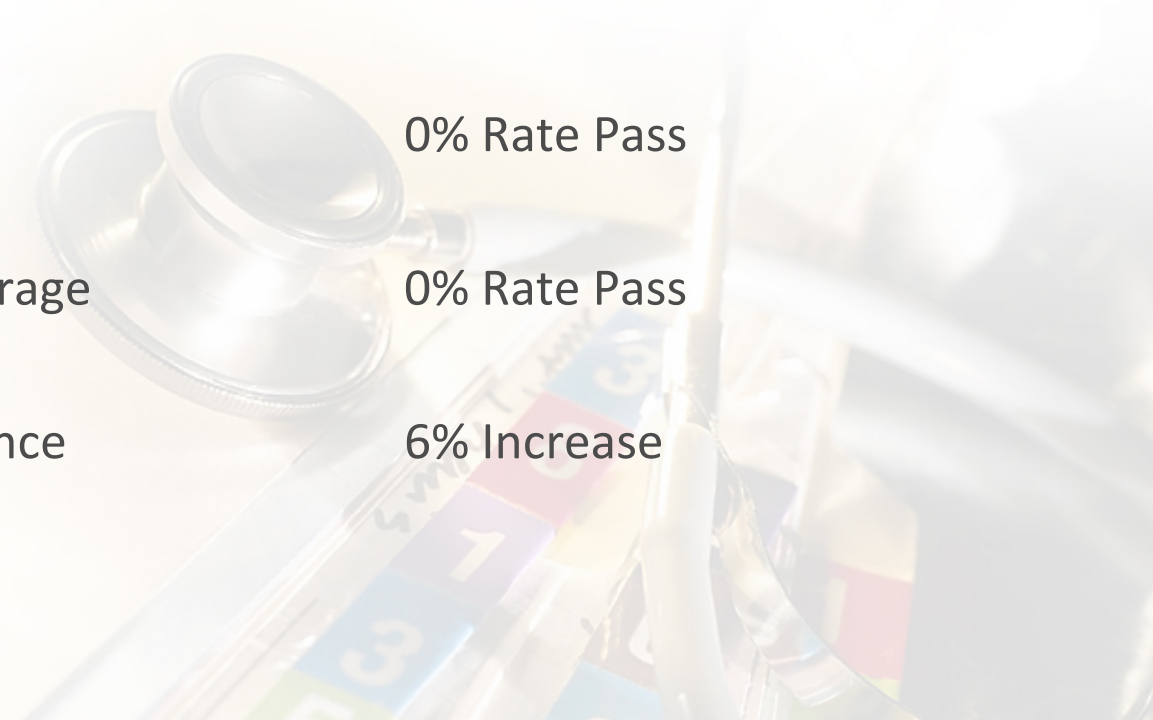
- **Modify Rx quantity from 100 Day Supply to 30 Day Supply**

REEP Kaiser & Anthem - ACA Compliance Minimum Value Medical Plans - **No Plan Changes**



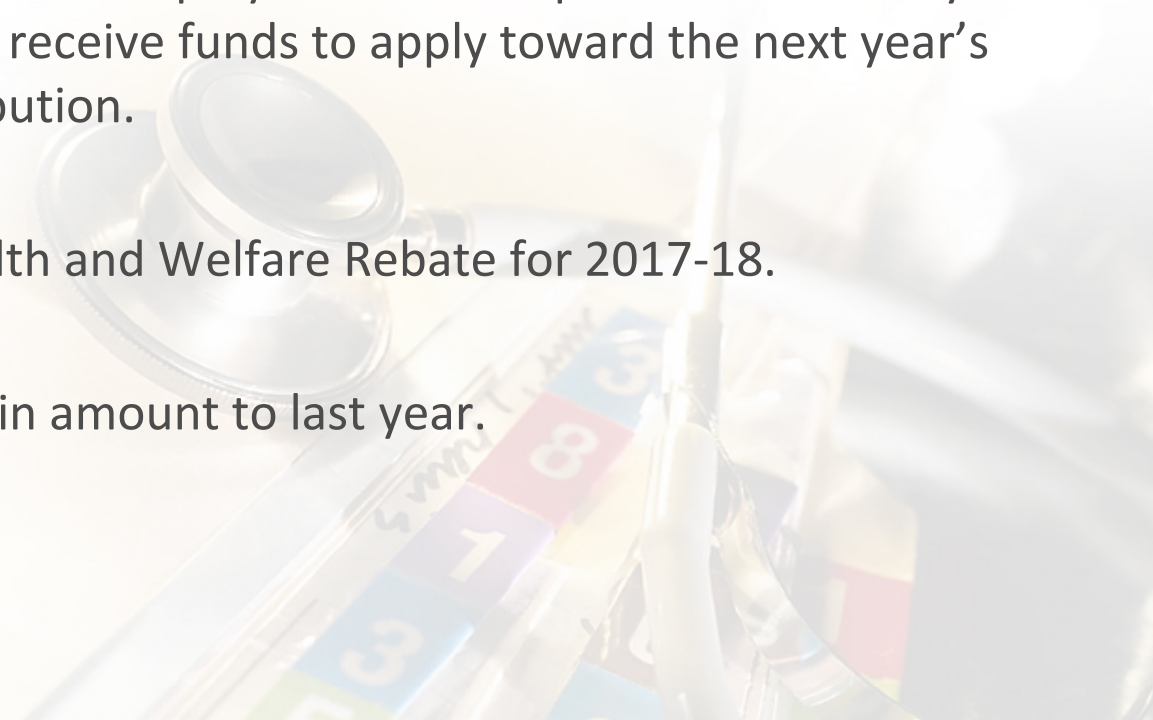
# Medical Plan Renewals Effective July 1, 2017

<i>CICCS</i> Trust Renewals	Final <u>Renewal</u>
Delta Dental	-3.87% Decrease
MES Vision	0% Rate Pass
EPIC Hearing Aid Coverage	0% Rate Pass
Prudential Life Insurance	6% Increase





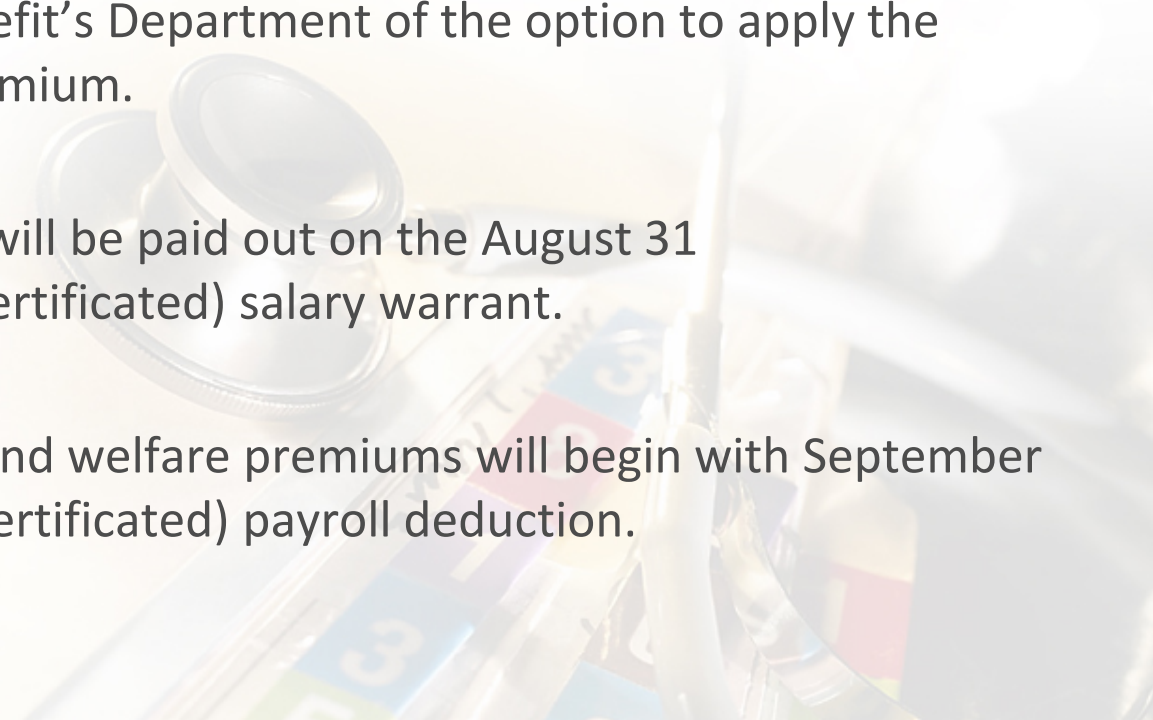
# Health and Welfare Rebate

- Last year the District and the Association negotiated a Health and Welfare Rebate based on savings due to member opt-outs and District married couples.
  - This rebate was negotiated for employees who completed the school year as a way for employees to receive funds to apply toward the next year's health and welfare contribution.
  - There will be another Health and Welfare Rebate for 2017-18.
  - Anticipate it being similar in amount to last year.
- 





# Health and Welfare Rebate

- Members will designate by June 23, 2017 whether they want the rebate paid out as a one-time payment or whether they want it applied to reduce their health and welfare premiums for 2017-18.
  - Qualified employees will automatically receive the one-time payment unless they notify the District Benefit's Department of the option to apply the rebate to their benefits premium.
  - One-time rebate payment will be paid out on the August 31 (classified)/September 1 (certificated) salary warrant.
  - Amount applied to health and welfare premiums will begin with September 30 (classified)/October 1 (certificated) payroll deduction.
- 

# Kaiser HMO Plans

<b>Kaiser High Option #3 HMO</b>	<b>Office Visit</b> <b>Preventive Care</b> <b>Annual Deductible</b> <b>In-Patient Hospitalization</b> <b>Out-Patient Surgery</b> <b>Emergency Room</b> <b>Chiropractic</b> <b>Out-of-Pocket Maximum</b> <b>Prescription Drugs</b>	\$30 copay No charge None 100% \$30 copay \$100 copay; waived if admitted \$10 copay/visit; 20 visits per year \$1,500/Single; \$3,000/Family \$15 Generic/ \$35 Preferred Brand ; 30 day supply
<b>Kaiser Low Option #2 Deductible HMO</b>	<b>Office Visit</b> <b>Preventive Care</b> <b>Annual Deductible</b> <b>In-Patient Hospitalization</b> <b>Out-Patient Surgery</b> <b>Emergency Room</b> <b>Chiropractic</b> <b>Out-of-Pocket Maximum</b> <b>Prescription Drugs</b>	\$20 copay (Deductible waived) No charge \$500/Individual; \$1,000/Family 20% coinsurance, after deductible 20% coinsurance, after deductible 20% coinsurance, after deductible \$10 copay/visit; 30 visits per year \$3,000/Single; \$6,000/Family \$10 Generic/\$30 Brand after \$100 Rx deductible <b>Change - 30 day supply</b>

# Kaiser Benefit Package Options

Redlands Unified School District

2017-18 Employee Benefits Package Costs - Preliminary

REEP for Benefit Kaiser HMO Options

		2016-17 Single	2016-17 Family		2017-18 Single	2017-18 Family
<i><b>Kaiser</b></i>	District Contribution	2016-17 EE 10thly	2016-17 EE 10thly		2017-18 EE 10thly	2017-18 EE 10thly
Kaiser HMO	\$11,916	\$ 170.00	\$ 260.00		\$ 215.00	\$ 335.00
Kaiser DHMO	\$11,916	\$ 85.00	\$ 105.00		\$ 125.00	\$ 165.00

# UHC and Anthem HMO Plans

## 3 HMO Plans offered by UnitedHealthCare and Anthem Blue Cross - No Change

Network	HMO 40 Narrow Network	HMO 30 Full Network	HMO 20 Full Network
<b>Office Visit</b>	\$40 copay	\$30 copay	\$20 copay
<b>Annual Deductible</b>	\$500/Single; \$1,000/Family	None	None
<b>In-Patient Hospital</b>	Deductible, then \$250/admit	100%	100%
<b>Out-Patient Surgery</b>	Deductible, then \$250/admit	100%	100%
<b>Out-of-Pocket Max</b>	\$1,500/Single; 4,500/Family	\$500/Single; \$1,500/Family	\$500/Single; \$1,500/Family
<b>Prescription Drugs Rx Copays</b>	\$15 Generic \$250 Individual/\$500 Family Brand Deductible \$40 Preferred Brand \$80 Non-Preferred Brand	\$15 Generic \$250 Individual/\$500 Family Brand Deductible \$40 Preferred Brand \$80 Non-Preferred Brand	\$15 Generic \$250 Individual/\$500 Family Brand Deductible \$40 Preferred Brand \$80 Non-Preferred Brand
<b>Prescription Drugs Tier 1 Pharmacy Tier 2 Pharmacy</b>	Rite Aid, Wal-Mart, Costco, Kmart, Safeway, Albertson's Additional \$15 added to each copay; CVS, Walgreens, The Medicine Shoppe, <b>Target</b>		

**Please Note: Rx Annual Deductible is Calendar year. If you enroll for July 01, 2017 effective date, your deductible will apply July 1 thru Dec 31, 2017 and a new deductible will apply from Jan 01, 2018 thru Dec 31, 2018**

# UHC/ABC HMO Benefit Package Options

Redlands Unified School District

2017-18 Employee Benefits Package Costs - Preliminary

REEP for Benefits UnitedHealthCare (UHC) & Anthem Blue Cross (ABC) Options

		2016-17 Single	2016-17 Family	2017-18 Single	2017-18 Family
<i><b>UHC/ABC</b></i>	District Contribution	2016-17 EE 10thly	2016-17 EE 10thly	2017-18 EE 10thly	2017-18 EE 10thly
HMO 20	\$11, 916	\$ 400.00	\$ 595.00	\$ 445.00	\$ 670.00
HMO 30	\$11, 916	\$ 300.00	\$ 475.00	\$ 345.00	\$ 550.00
HMO 40	\$11, 916	\$ 210.00	\$ 340.00	\$ 255.00	\$ 415.00



# HMO Providers in the Inland Empire

## UHC Advantage Network HMO 40 Medical Groups

- Beaver Medical Group
- Chaffey Medical Group
- Choice Medical Group
- Family Practice Medical Group San Bern
- PrimeCare Redlands, SB, Riv., Chino
- Redlands-Yucaipa Medical Group
- Regal Medical Group/Riverside
- Pinnacle Medical Group

## UHC Signature Full Network HMO 20 & 30

- Loma Linda University Health Care
- Lake Arrowhead Network
- San Bernardino Medical Group

## ABC Select HMO Network HMO 40 Medical Groups

- Beaver Medical Group
- Choice Medical Group
- **Chaffey Medical Group - BMG**
- Pinnacle Medical Group
- PrimeCare Redlands, SB, Riv., Chino
- Redlands-Yucaipa Medical Group

## ABC Select Plus Full Network HMO 20 & 30

- Loma Linda University Health Care
- Riverside Medical Group
- San Bernardino Medical Group



# UHC PPO Plans

## 2 PPO Plans offered by UnitedHealthCare - Full Network PPO Plans & NEW Navigate PPO with Narrow Network

		In-Network	Out-of-Network
<b>PPO 500</b>	<b>Office Visit</b>	\$30 copay (deductible waived)	30% after deductible
	<b>Annual Deductible</b>	\$500/Single; \$1,500/Family	\$1,000/Single; \$3,000/ Family
	<b>In-Patient Hospital</b>	10% after deductible	30% plus \$500 fee after deductible
	<b>Out-of-Pocket Max</b>	\$3,000/Single; \$9,000/Family	\$6,000/Single; \$18,000/Family
	<b>Prescription Drugs</b>		
	<b>Tier 1 Pharmacy</b>	\$10 Generic , \$30 Preferred Brand, \$10 plus difference in cost between the generic and brand name drug when a generic equivalent is available	
	<b>Tier 2 Pharmacy</b>	Additional \$15 added to each copay	
<b>PPO 750</b>	<b>Office Visit</b>	\$40 copay (deductible waived)	40% after deductible
	<b>Annual Deductible</b>	\$750/Single; \$2,250/Family	\$1,500/Single; \$4,500 /Family
	<b>In-Patient Hospital</b>	20% after deductible	40% plus \$500 fee after deductible
	<b>Out-of-Pocket Max</b>	\$3,000/Single; \$9,000/Family	\$6,000/Single; \$18,000/Family
	<b>Prescription Drugs</b>		
	<b>Tier 1 Pharmacy</b>	\$15 Generic, \$50 Preferred Brand, \$15 plus difference in cost between the generic and brand name drug when a generic equivalent is available	
	<b>Tier 2 Pharmacy</b>	Additional \$15 added to each copay	

# UHC HSA Compatible PPO Plans

## 2 HSA Compatible Plans offered by UnitedHealthCare

		In-Network	Out-of-Network
<b>HSA 1</b>	<b>Annual Deductible</b>	\$1,500/Single; \$3,000/Family	\$1,500/Single; \$3,000 /Family
	<b>Office Visit</b>	10% after deductible	30% after deductible
	<b>In-Patient Hospital</b>	10% after deductible	30% plus \$500 fee after deductible
	<b>Out-of-Pocket Max</b>	\$3,000/Single; \$6,000/Family	\$9,000/Single; \$18,000/Family
	<b>Prescription Drugs</b>	After Deductible	
	<b>Tier 1 Pharmacy</b>	\$10 Generic/ \$30 Preferred Brand, after deductible	In-Network copay + 50%
	<b>Tier 2 Pharmacy</b>	Additional \$15 added to each copay	
<b>HSA 2</b>	<b>Annual Deductible</b>	\$3,000/Single; \$6,000/Family	\$3,000/Single; \$6,000/ Family
	<b>Office Visit</b>	10% after deductible	30% after deductible
	<b>In-Patient Hospital</b>	10% after deductible	30% plus \$500 fee after deductible
	<b>Out-of-Pocket Max</b>	\$4,000/Single; \$8,000/Family	\$9,000/Single; \$18,000/Family
	<b>Prescription Drugs</b>	After deductible	
	<b>Tier 1 Pharmacy</b>	\$10 Generic/ \$30 Preferred Brand, after deductible	In-Network copay + 50%
	<b>Tier 2 Pharmacy</b>	Additional \$15 added to each copay	



# UHC/PPO H.S.A. Package Option

Redlands Unified School District  
 2017-18 Employee Benefits Package Costs - Preliminary  
 REEP for Benefits UnitedHealthCare (UHC)

		2016-17 Single	2016-17 Family		2017-18 Single	2017-18 Family
<b>UHC</b>	District Contribution	2016-17 EE 10thly	2016-17 EE 10thly		2017-18 EE 10thly	2017-18 EE 10thly
500/1500	\$11,916	\$ 700.00	\$ 1,180.00		\$ 745.00	\$ 1,255.00
750/2250	\$11,916	\$ 350.00	\$ 960.00		\$ 395.00	\$ 1,035.00
1500/3000	\$11,916	\$ 300.00	\$ 370.00		\$ 345.00	\$ 445.00
3000/6000	\$11,916	\$ 200.00	\$ 240.00		\$ 245.00	\$ 315.00



# Minimum Value ACA Compliance Plans

## 2 MVP Plans offered by Anthem Blue Cross and Kaiser

		In-Network	Out-of-Network
<b>Anthem</b>	<b>Annual Deductible</b> <b>Office Visit</b> <b>In-Patient Hospital</b> <b>Out-of-Pocket Max</b> <b>Prescription Drugs</b> <b>Tier 1 Pharmacy</b> <b>Tier 2 Pharmacy</b>	\$5,900/Single; \$11,800/Family \$35 1 <sup>st</sup> 3 visits, the subject to ded 100% after deductible \$6,100/Single; \$12,200/Family After Deductible \$19 Generic/ \$50 Preferred Brand/ \$75 Non-Preferred Brand Additional \$15 added to each copay	\$11,800/Single; \$23,600 /Family 50% after deductible 50% after deductible \$12,700/Single; \$25,400/Family After Deductible \$19 Generic/ \$50 Preferred Brand/ \$75 Non-Preferred Brand Additional \$15 added to each copay
<b>Kaiser</b>	<b>Annual Deductible</b> <b>Office Visit</b> <b>In-Patient Hospital</b> <b>Out-of-Pocket Max</b> <b>Prescription Drugs</b>	\$4,500/Single; \$9,000/Family \$50 after deductible 40% after deductible \$6,000/Single; \$12,000/Family \$250 Deductible \$15 Generic; deductible waived \$35 Brand; after deductible	



# Minimum Value ACA Compliance Plans

## Redlands Unified School District

### 2017-18 Employee Benefits Package Costs - Preliminary

#### EP for Benefits Anthem Blue Cross (ABC) & Kaiser - Minimum Value Plan Options - Preliminary

The Minimum Value Plans (MVP) have been offered for Affordable Care Act compliance. These benefits are significantly different from the Redlands traditional HMO & PPO plans offered. Please carefully review the benefits including deductible and out-of-pocket maximums to ensure you understand the employee cost share for medical care prior to enrolling.

		2016-17 Single	2016-17 Family	2017-18 Single	2017-18 Family
	District Contribution	2016-17 EE 10thly	2016-17 EE 10thly	2017-18 EE 10thly	2017-18 EE 10thly
<b>Anthem MVP</b>					
Anthem MVP EE Only	\$11,916	\$ -	\$ -	\$ -	\$ -
Anthem MVP EE + Spouse	\$11,916	\$ -	\$ -	\$ -	\$ -
Anthem MVP EE + Child or Children	\$11,916	\$ -	\$ -	\$ -	\$ -
Anthem MVP EE + Spouse + Children	\$11,916	\$ -	\$ -	\$ -	\$ 75.00
<b>Kaiser MVP</b>					
Kaiser MVP EE Only	\$11,916	\$ -	\$ -	\$ -	\$ -
Kaiser MVP EE + Spouse	\$11,916	\$ -	\$ -	\$ -	\$ -
Kaiser MVP EE + Child or Children	\$11,916	\$ -	\$ -	\$ -	\$ -
Kaiser MVP EE + Spouse + Children	\$11,916	\$ -	\$ -	\$ -	\$ 75.00



# Express Scripts Rx for UHC and Anthem

- **Specialty Medications Including Injectibles**
  - Express Scripts: Acredo Specialty Prescriptions Division
  - Up to a 30 day supply per copay
- **Express Advantage 2 Tiered Pharmacy Network**
  - Tier 1 Pharmacies include but are not limited to: Rite Aid, Costco, Wal-Mart, Albertsons, Vons, Stater Bros.
  - Tier 2 Pharmacies include but are not limited to: CVS, Walgreens, **Target** (CVS) and The Medicine Shoppe - \$15 Additional Copayment
  - Call Express Scripts if you have questions

A stethoscope is positioned in the top left corner, and a calculator with colorful buttons is visible in the bottom right corner, both serving as background elements for the slide.

# Out-of-State Options

## Dependents Living Out-of-State

### Kaiser

- HMO Urgent Care & Emergency Care **ONLY**

### UHC HMO

- HMO Urgent Care & Emergency Care only or
- PPO plan for Nationwide Network Coverage

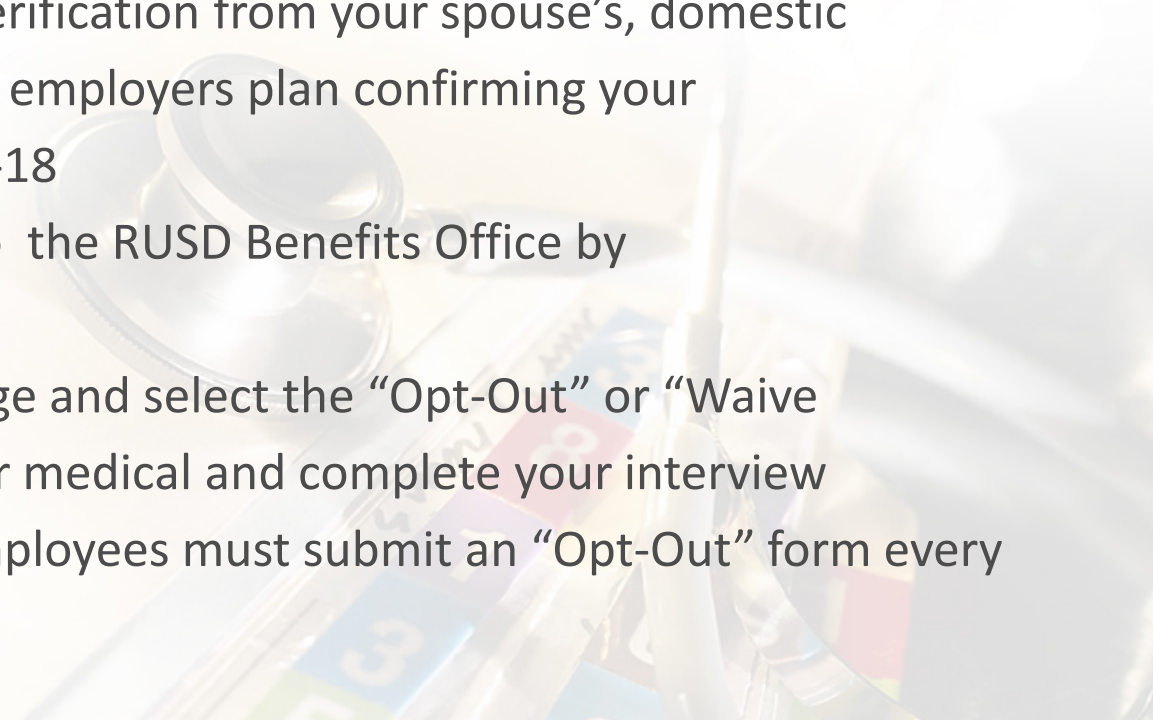
### ABC HMO

- Away From Home Guest Membership – 800-827-6422
- HMO Coverage if Contract HMO is Available in the Area
- Must Complete Application to Qualify & Enroll



# Redlands Opt-Out/Waiver of Medical Coverage

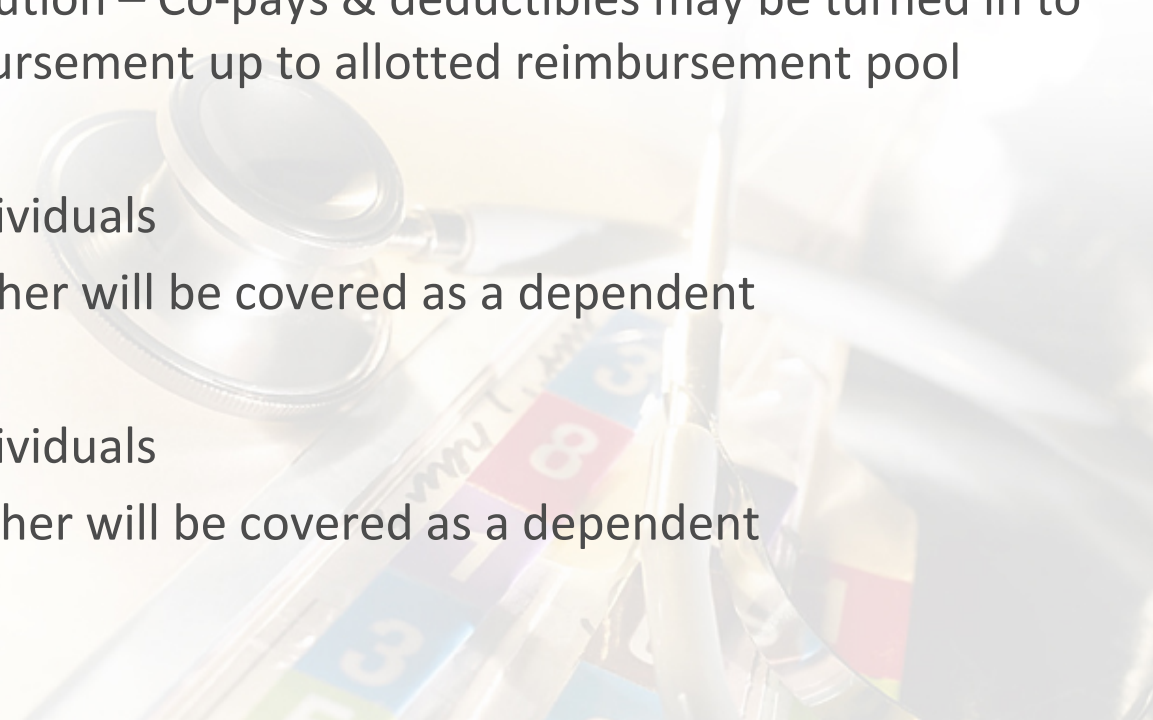
REEP allows employees to waive medical coverage with proof of other group health insurance coverage. If you're choosing to waive medical coverage, you will be asked to:

1. Sign the RUSD "Opt-Out" form
  2. Provide a letter of verification from your spouse's, domestic partner's or parent's employers plan confirming your enrollment for 2017-18
  3. Turn both forms into the RUSD Benefits Office by May 19, 2017
  4. Log into BenefitBridge and select the "Opt-Out" or "Waive Coverage" Option for medical and complete your interview
  5. New and existing employees must submit an "Opt-Out" form every year
- 



# Redlands Married Couples

## District married couples:

- Medical
    - May not enroll as individuals
    - One is primary the other will be covered as a dependent
    - No employee contribution – Co-pays & deductibles may be turned in to the district for reimbursement up to allotted reimbursement pool
  - Dental
    - May not enroll as individuals
    - One is primary the other will be covered as a dependent
  - Vision
    - May not enroll as individuals
    - One is primary the other will be covered as a dependent
- 

# MHN Employee Assistance Program (EAP) with MHN For All Employees

- 5-Sessions Face-to-Face with Licensed Clinician per Problem; No Copay

–Stress, Anxiety

Depression

–Work Issues

Substance Abuse

–Bereavement

Grief and Loss

–Relationship Problems Anger Management

–Domestic Violence

Other Emotional Health Issues

- Work & Life Services
- Legal and Financial Counseling
- Identity Theft Recovery Services
- Daily Living Services







# Voluntary Option ID Theft Protection Plan

## REEP ID Theft Protection & Resolution Services

- Helps families fight the fastest-growing crime in America – Identity Fraud
  - Covers Employees, Spouses/DP's and Children 21 or under who live at home or to age 24 for full time students for \$12 per family 10thly
  - Unlimited 24 x 7 x 365 toll-free customer access to multilingual Worldwide Assistant Center
  - Access to your credit report & score
  - \$1,000,000 Cash Asset and Expense Reimbursement Protection
  - Lost wallet/purse assistance

**In February 2017, Identity Theft program had a partner change and members were notified via an email. We are requesting All previously registered members re-register to activate monitoring benefits, please visit the website: <https://idandcredit.com/idtheftassist>**



# Changes Only BenefitBridge Online Enrollment

## To Make a change Login and:

- Select a new medical plan
- Add or delete a dependent from any of the plans – proof of eligibility required
- Change HMO medical groups
- Opt out of medical coverage with proof of other coverage
- Enroll or delete enrollment in the ID Theft plans
- Note: If enrolling in a HMO plan, you elect the Primary Care Physician by inputting their Medical Provider Number (MPN) for each family member into BenefitBridge. A list of the MPN numbers is available on the BenefitBridge Home Screen or the District Website.

## To complete your BenefitBridge enrollment interview, please do the following:

- Family member Social Security numbers (required for ACA reporting)
- Enrolling in UHC HMO or ABC HMO? Please insert the Primary Care Physician MPN to assign the correct physician for each family member in BenefitBridge
- Please update your address and phone number as necessary
- District Paid Life, Voluntary Life and Voluntary AD&D will be moving from Prudential to a new carrier. More information to follow. All Prudential information has been removed from BenefitBridge.



# Open Enrollment Meeting Important Dates

## Open Enrollment - May 08, 2017 thru May 19, 2017

- April 26, 2017 - 3:30 p.m. - General Information – DO Conference Room
- April 28, 2017 – 10:30 a.m. - General Information – DO Conference Room
- May 2, 2017 - 3:00 p.m. - General Information – DO Conference Room
- May 2, 2017 - 11:00 a.m. - General Information – DO Board Room Room
- May 3, 2017 - 4:00 p.m. - Retiree Information – DO Conference Room

***Computer Assistance with Benefit Bridge is available in the District Office Computer Lab  
May 8-19, from 1:00 p.m. – 5:00 p.m. and from 7:30 a.m. – 11:30 a.m. in the District  
Office Benefits Department.***



# Questions?



**Thank you!**



# NEW REEP Spousal Advantage Medical Expense Reimbursement Plan (MERP)

- The MERP is VOLUNTARY and available to employees who have group Medical and Prescription Drug Coverage available to them elsewhere (i.e. spouse's plan or retiree benefits)
- There are little or no deductibles, co-pays or coinsurances under the MERP
- MERP will reimburse co-pays, coinsurance and deductibles up to an annual maximum of \$6,850/single and \$13,700/family and any additional monthly premium contributions that exceed the current REEP premium contributions up to a maximum of \$100 per family per month up to a maximum of \$300
- MERP is only available for employees who are enrolled in an Redlands REEP medical plan in 2016-17, and elect to waive coverage in the Redlands REEP medical plan and enroll in MERP for the 2017-18 program year.



# NEW REEP Spousal Advantage Medical Expense Reimbursement Plan (MERP)

## Who Is Eligible?

- Active employees, their spouse and dependents who are currently enrolled in a Redlands REEP medical plan as of 6/30/16 – Note: employee may remain on REEP medical plan and spouse/dependents may move to alternate coverage
  - New hires who join the District after 7/1/17 as long as they enroll in MERP within 31 days of hire
  - Eligible Employee's Spouse's healthcare coverage must not be provided by a REEP Member District medical plan
- 