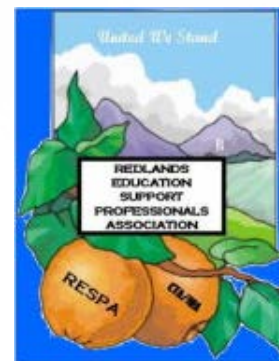
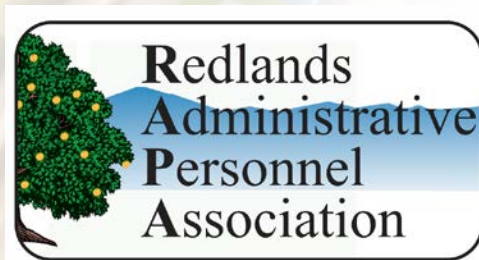




# Redlands Unified Insurance Committee

Health and Welfare Benefits Plan  
2016-2017



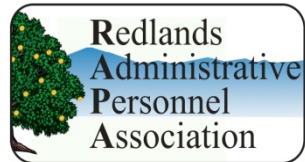
# Insurance Committee Members



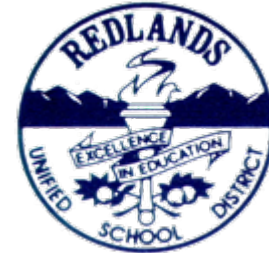
Maria Clark  
James Benanti  
Deborah Severo  
John Vigrass



Dan Kivett  
John Havard  
Michelle McCartney



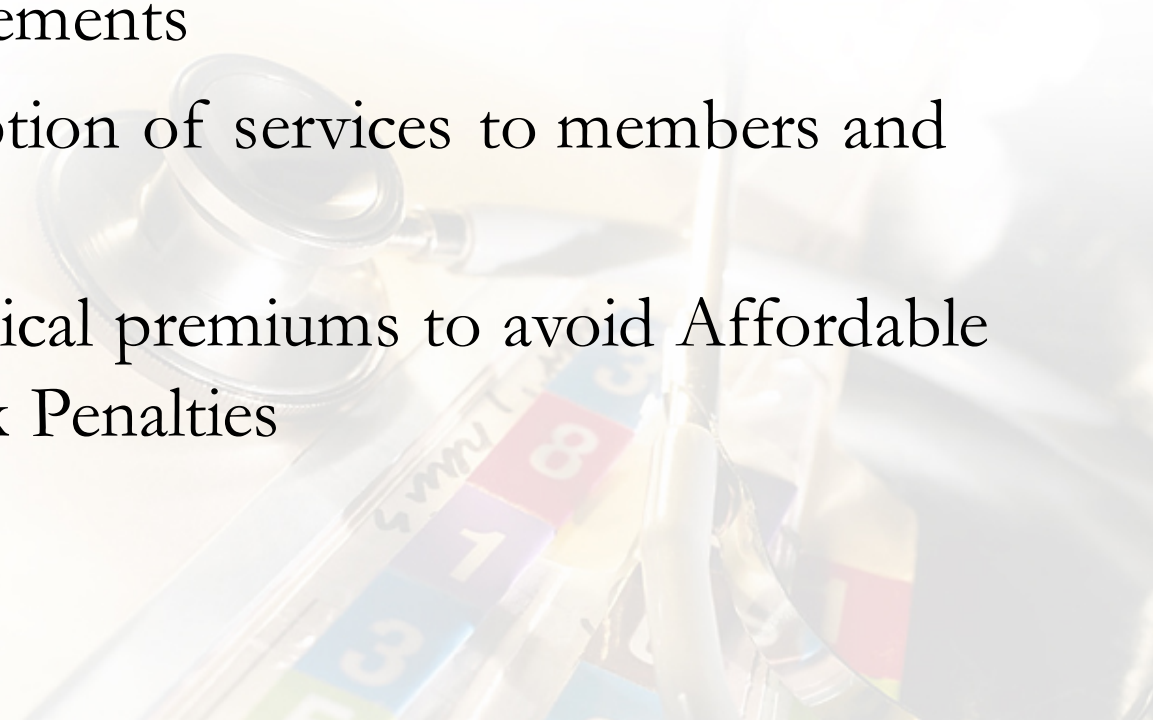
Curtis Marcell  
Brian Guggisberg



Sabine Robertson-Phillips  
Bernie Cavanagh  
Carianne Mackamul-Covey  
Felicia Robinson



# Insurance Committee Goals for 2016-17

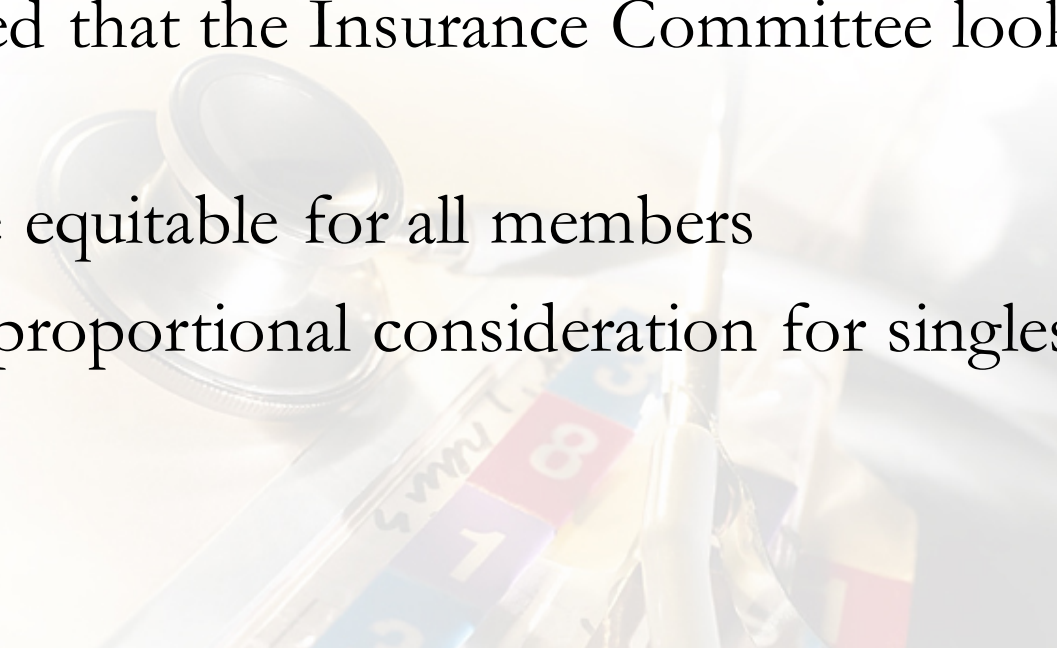
- Leave no stone unturned in exploring the lowest price employee benefits available in the marketplace
  - Balance RUSD's H&W programs w/mandatory Health Care Reform requirements
  - Minimize the disruption of services to members and their families
  - Evaluate tiered medical premiums to avoid Affordable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



# New Tiered Plans

## Effective July 1, 2016

### Why Tiered Plans?

- For ACA Compliance Purposes
  - Membership requested that the Insurance Committee look at this option
  - Tiered rates are more equitable for all members
  - Tiered rates provide proportional consideration for singles and families
- 



# Benefit Plan Renewals Effective July 1, 2016

	<u>Final Renewal</u>	<u>With Plan Change</u>
REEP for Benefits		
Kaiser HMO	.96%	.96%
Plan Changes – Improved Benefits		
Kaiser Deductible HMO	-6.76%	-6.76%
No Plan Changes		
UHC/ABC HMO	7.13%	2.55%
Rx Plan Copay Change		
UHC PPO & PPO H.S.A.	14.50%	14.50%

CICCS Delta Dental – Rate Decrease

CICCS MES Vision – No Increase



# 2016-2017 Benefit Plans

REEP UnitedHealthCare (UHC) – 3 HMO, 2 PPO/H.S.A. and 2 PPO Plans

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

REEP Anthem Blue Cross (ABC) – 3 HMO Plans

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

REEP Kaiser – 1 HMO Plan & 1 Deductible HMO Plan

REEP Kaiser & Anthem - ACA Compliance Minimum Value Medical Plans

CICCS Delta Dental – No Plan Changes

CICCS MES Vision – No Plan Changes

**New Benefit EPIC Hearing Aid Coverage - 1 Year Trial**



# 2016-2017 Benefit Plans

REEP UnitedHealthCare (UHC) – 3 HMO, 2 PPO/H.S.A. and 2 PPO Plans

- Managed Health Network – Mental Health/Substance Abuse
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REEP Kaiser & Anthem - ACA Compliance Minimum Value Medical Plans

CICCS Delta Dental – No Plan Changes

CICCS MES Vision – No Plan Changes

**New Benefit EPIC Hearing Aid Coverage - 1 Year Trial**



# Kaiser HMO Plans

Plan Changes for Kaiser HMO 40 – Now becomes HMO 30		
<b>Kaiser HMO 30</b>  <b>Plan Changes</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>	<b>\$30 copay</b> No charge None <b>100%</b> <b>\$30 copay</b> \$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 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



# Kaiser Benefit Package Options

Redlands Unified School District  
 2016-17 Employee Benefits Package Costs - Preliminary  
 REEP for Benefit Kaiser HMO Options

			2015-16	2016-17 Single	2016-17 Family
<i><b>Kaiser</b></i>	Number of Employees	District Contribution	2015-16 EE 10thly	2016-17 EE 10thly	2016-17 EE 10thly
Kaiser HMO	754	\$11,916	\$257.66	\$170.00	\$260.00
Kaiser DHMO	66	\$11,916	\$184.62	\$85.00	\$105.00



# UHC and Anthem HMO Plans

## 3 HMO Plans offered by UnitedHealthCare and Anthem Blue Cross

	<b>HMO 40 Narrow Network</b>	<b>HMO 30 Full Network</b>	<b>HMO 20 Full Network</b>
<b>Office Visit</b>	\$40 copay	\$30 copay	<b>\$20 copay</b>
<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>	<b>\$15 Generic</b> <b>\$250 Individual/\$500 Family Brand Deductible</b> <b>\$40 Preferred Brand</b> <b>\$80 Non-Preferred Brand</b>	<b>\$15 Generic</b> <b>\$250 Individual/\$500 Family Brand Deductible</b> <b>\$40 Preferred Brand</b> <b>\$80 Non-Preferred Brand</b>	<b>\$15 Generic</b> <b>\$250 Individual/\$500 Family Brand Deductible</b> <b>\$40 Preferred Brand</b> <b>\$80 Non-Preferred Brand</b>
<b>Plan Changes</b>			
<b>Prescription Drugs Tier 1 Pharmacy Tier 2 Pharmacy</b>	Rite Aid, Target, Wal-Mart, Costco, Kmart, Safeway, Albertson's Additional \$15 added to each copay; CVS, Walgreens, The Medicine Shoppe		
	<b>HMO 40 Utilizes a Narrow Network of Providers</b>	<b>Full Network</b>	<b>Full Network</b>

# UHC/ABC HMO

## Redlands Unified School District

### 2016-17 Employee Benefits Package Costs - Preliminary

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

			2015-16	2016-17 Single	2016-17 Family
<i><b>UHC/ABC</b></i>	Number of Employees	District Contribution	2015-16 EE 10thly	2016-17 EE 10thly	2016-17 EE 10thly
HMO 20	66	\$11,916	\$594.62	\$400.00	\$595.00
HMO 30	64	\$11,916	\$476.18	\$300.00	\$475.00
HMO 40	435	\$11,916	\$338.62	\$210.00	\$340.00



# 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

New Carriers/Change

## ABC Select HMO Network HMO 40 Medical Groups

- Beaver Medical Group
- Choice Medical Group
- Family Practice Medical Group San Bern
- Heritage/Victor Valley Medical Group
- 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



# Express Scripts HMO, UHC and Anthem Plan Rx Plan Changes

- **UHC/ABC HMO Plan Only - Copay Changes**
  - Generic Copay \$15 for a 30 Day Supply
  - Brand Name Medications will now have a deductible of \$250 per individual with a max of \$500 per family
    - Brand Preferred \$40 Copay after deductible
    - Brand Non-Preferred \$80 Copay after deductible
- **Select Home Delivery** for Maintenance Medications
- **Utilization Management** programs to control rising prescription costs and save members money



# Express Scripts Rx for UHC and Anthem

- **Specialty Medications Including Injectibles**
  - Express Scripts: Acredo Specialty
  - 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, Target, Albertsons, Vons, Stater Bros.
  - Tier 2 Pharmacies include but are not limited to: CVS, Walgreens and The Medicine Shoppe
  - Call Express Scripts if you have questions



# UHC PPO Plans

## 2 PPO Plans offered by UnitedHealthCare

		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/ABC, PPO, H.S.A. Package Option

Redlands Unified School District						
2016-17 Employee Benefits Package Costs - Preliminary						
REEP for Benefits UnitedHealthCare (UHC) & Anthem Blue Cross (ABC) Options						
			2015-16	2016-17 Single	2016-17 Family	
<b><i>UHC/ABC</i></b>	Number of Employees	District Contribution	2015-16 EE 10thly	2016-17 EE 10thly	2016-17 EE 10thly	
PPO 500/1500	1	\$11,916	\$1,180.27	\$700.00	\$1,180.00	
PPO 750/2250	3	\$11,916	\$962.72	\$350.00	\$960.00	
PPO/HSA 1500/3000	1	\$11,916	\$369.19	\$300.00	\$370.00	
PPO/HSA 3000/6000	3	\$11,916	\$240.84	\$200.00	\$240.00	



# 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



# 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	



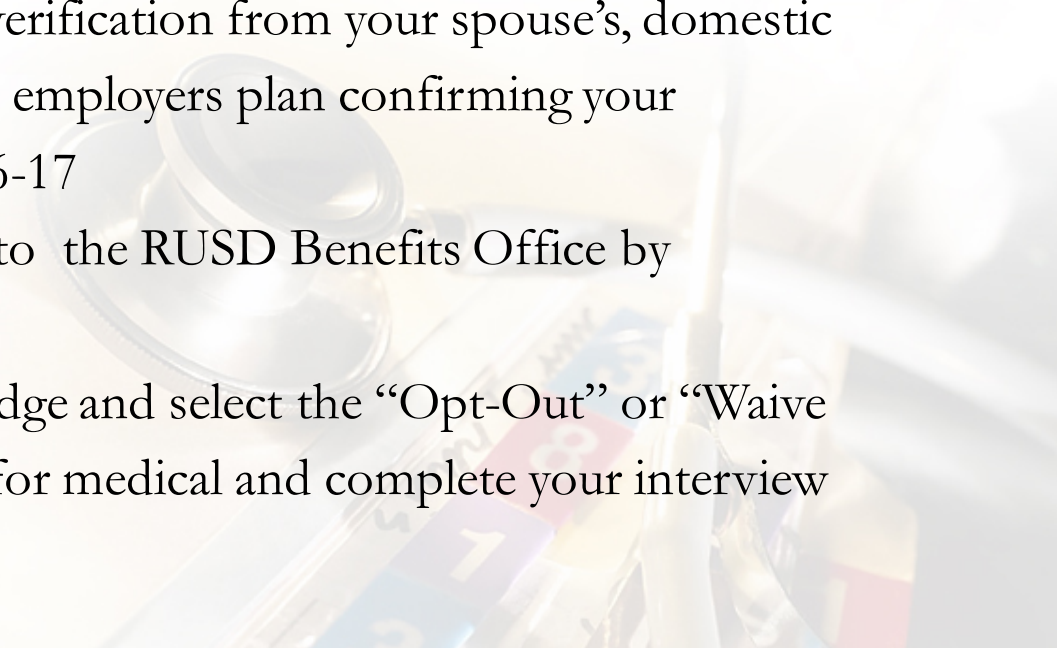
# Minimum Value ACA Compliance Package Options

Redlands Unified School District						
2016-17 Employee Benefits Package Costs - Preliminary						
REEP for Benefits Anthem Blue Cross (ABC) & Kaiser - Minimum Value Plan Options - Preliminary						
The Minimum Value Plans (MVP) have been offered for Affordable Care Act complians. These benefits are significantly different form 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.						
			2015-16	2016-17	2016-17	
	Number of Employees	District Contribution	2015-16 EE 10thly	2016-17 EE 10thly	2016-17 EE 10thly	2016-17 Family
<b>Anthem MVP</b>						
Anthem MVP EE Only	9	\$11, 916	\$0.00	\$0.00	\$0.00	\$0.00
Anthem MVP EE + Spouse	0	\$11, 916	\$0.00	\$0.00	\$0.00	\$0.00
Anthem MVP EE + Child or Children	2	\$11, 916	\$0.00	\$0.00	\$0.00	\$0.00
Anthem MVP EE + Spouse + Children	0	\$11, 916	\$172.92	\$347.25	\$347.25	\$347.25
<b>Kaiser MVP</b>						
Kaiser MVP EE Only	1	\$11, 916	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser MVP EE + Spouse	3	\$11, 916	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser MVP EE + Child or Children	0	\$11, 916	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser MVP EE + Spouse + Children	0	\$11, 916	\$244.00	\$208.00	\$208.00	\$208.00



# Opt-Out/Waiver of 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 2016-17
  3. Turn both forms into the RUSD Benefits Office by May 23, 2016
  4. Log into BenefitBridge and select the "Opt-Out" or "Waive Coverage" Option for medical and complete your interview
- 



# District 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

# 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





# New 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 a month; 10thly

- Unlimited 24 x 7 x 365 toll-free customer access to multilingual

(25 languages spoken) Worldwide Assistant Center





# Open Enrollment Important Dates

Open enrollment is May 9 – May 20, 2016

April 28, 2016 - 10:30 a.m. - General Information Meeting- District Office Conference Room

May 3, 2016 - 3:00 p.m. - General Information Meeting – District Office Board Room

May 4, 2016 - 10:30 a.m. - General Information Meeting - District Office Conference Room

May 4, 2016 - 4:30 p.m. - General Information Meeting – District Office PDC

May 6, 2016 - 3:00 p.m. - Retiree Information Meeting – District Office Board Room

***RETIREEES ONLY***

May 9, 2016

May 20, 2016

Open Enrollment Begins

Open Enrollment Closes

New Benefit ID Cards will be received by staff prior to July 1, 2016 (effective date)

***Computer Lab open daily 8:00 a.m. – 5:00 p.m. during Open Enrollment Period***



# BenefitBridge Online Enrollment

We're having a **Mandatory** Open Enrollment on *BenefitBridge*

Login to make changes:

- Select a medical plan, add or delete a dependent, change medical groups or opt out of medical coverage with proof of other coverage
- To enroll or delete a voluntary product or update your Life insurance beneficiary
- Log in to enroll in the new ID Theft Protection plan

Note: If enrolling in a UHC or ABC HMO plan, you will need to input the medical provider number for each family members Primary Care Physician. A list of these numbers is available on the BenefitBridge Home Screen or the District Website.

To complete your enrollment interview, you need the following:

- Enrolling in UHC HMO or ABC HMO? The Primary Care Physician code to assign the correct physician for each family member
- Family member Social Security numbers (required for ACA reporting)
- Update your address and phone number as required
- Current life insurance beneficiary information

Questions?



Thank you