



Peralta CCD Medical Plan Alternatives

May, 2022

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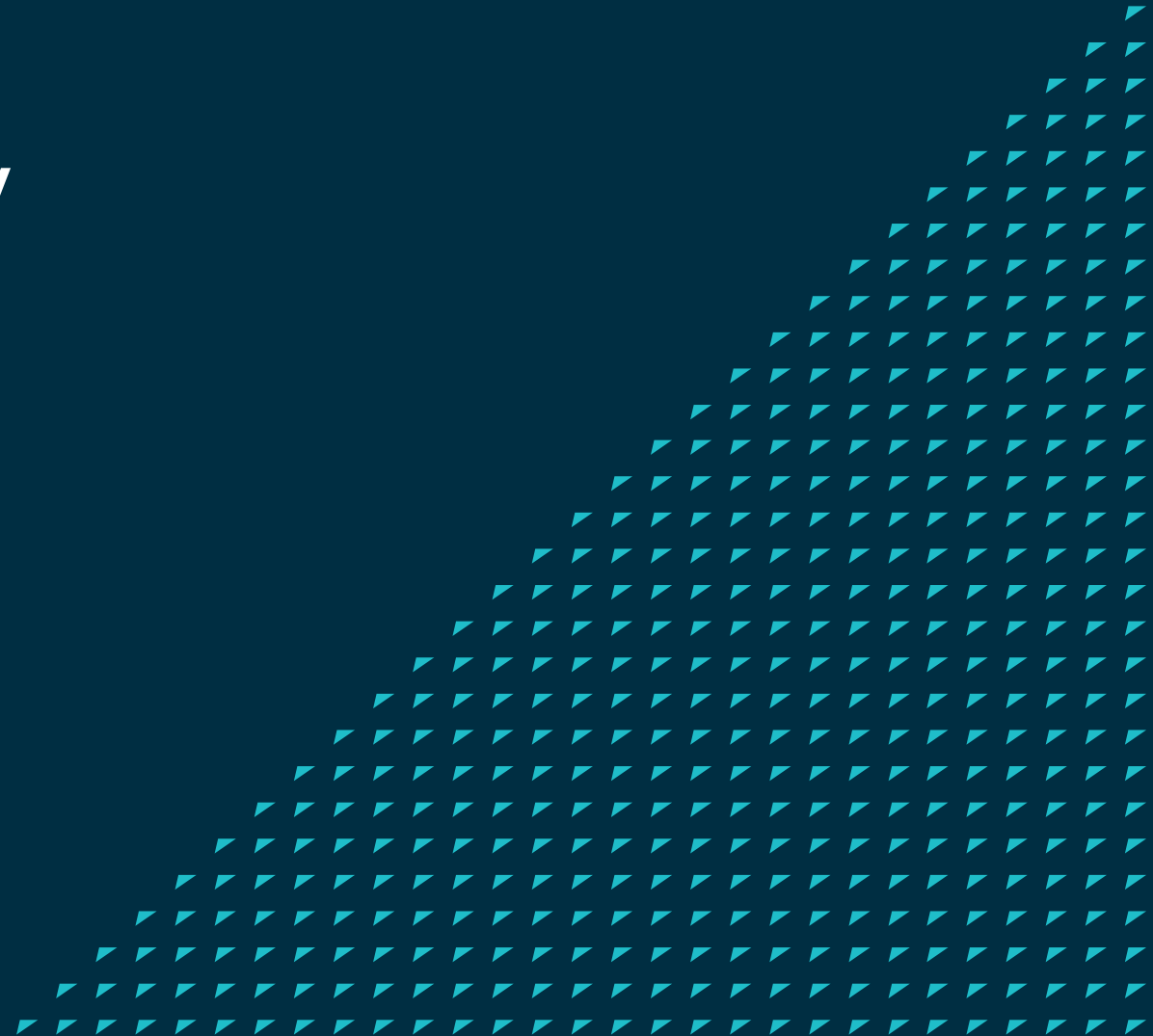


A modern conference room with a long white table, white chairs, and a wood-paneled wall with a large screen. The room has a high ceiling with recessed lights and large windows on the left side.

Agenda

- I. Executive Summary
- II. SISC Overview
- III. Alternative Proposals
- IV. Appendix
 - I. Detailed Medicare Plan Comparison
 - II. Medicare Advantage STAR Ratings
 - III. Kaiser \$0 Plan Overview

Executive Summary





Executive Summary

- Changes in the health benefits marketplace make it possible for the District to offer health benefits as good or better than current benefits at the same or lower cost
- Building on our work with the District since 2015, Alliant has developed alternative plans for consideration by management and labor
- These alternatives have been successfully implemented for active and retiree employees by a number of California Community Colleges and other public employers



Executive Summary

Guiding Principles

- The following principles guided our efforts to develop alternatives
- Priorities for alternatives:
 - Provide robust benefits to employees and retirees, matching or improving upon current benefits
 - Preserve relationships with healthcare providers
 - Cost the same or less than current plans
 - Have a history of rate stability
 - Have a track record of success with Community Colleges and other public entities' active and retired employees

Review of Current Plans and Agreements



Executive Summary

Current and Renewal Employee Contributions

Updated

	2021-2022		2022-2023	
Active Employee Premiums (Monthly)	Anthem (Trustmark) PPO Lite	Kaiser	Anthem (Trustmark) PPO Lite	Kaiser
Single	\$15	\$0	\$15	\$0
2 Party	\$30	\$0	\$30	\$0
Family	\$45	\$0	\$45	\$0
Actives and Non-Medicare Retiree Premiums (Monthly)	Anthem (Trustmark) Local 39, 1021, Confidential / All Others PPO Traditional*	Kaiser	Anthem (Trustmark) Local 39, 1021, Confidential / All Others PPO Traditional*	Kaiser
Single	\$106.41 / \$385.77	\$0	\$111.31 / \$403.52	\$0
2 Party	\$237.78 / \$861.91	\$0	\$248.71 / \$901.56	\$0
Family	\$357.20 / \$1,294.85	\$0	\$373.63 / \$1,354.41	\$0
Medicare Retiree Premiums (Monthly)	Anthem (Trustmark) Local 39, 1021, Confidential / All Others	Kaiser	Anthem (Trustmark) Local 39, 1021, Confidential / All Others	Kaiser
Single	\$0	\$0	\$0	\$0
2 Party	\$0	\$0	\$0	\$0
Family	\$0	\$0	\$0	\$0

*There is no premium contribution for pre-7/1/2012 Medicare and Non-Medicare retirees, as well as all non-Medicare retirees participating in the PPO Lite Plan

Executive Summary

Current Retiree Benefits

Duration of Post-Employment District-Paid Medical Benefits are Based Upon the Employee's Most Recent Hire Date				
If hire date is:	Duration of District-Paid Benefits for Employees.	What Happens at Age 65?	Medicare Premium Reimbursement Program	District Guidance
June 30, 2004 or prior	District-paid benefits continue for the duration of the employee's (retiree's) life for both employee and eligible dependents	Employee and eligible dependent(s) apply for Medicare and retain PCCD group coverage: 1. If on the PCCD Self-Funded PPO Plan, provide the Self-Funded PPO Plan card and Medicare card at each point of service 2. If on Kaiser enroll in Kaiser Senior Advantage Plan.	The District will reimburse Medicare premium paid Medicare premiums are income indexed and vary by each participant's individual circumstance	Collective Bargaining Agreements: SEIU 1021 (formally 790), Peralta Federation of Teachers (PFT), Stationary Engineers (39) Board Policy
July 1, 2004 and after	District-paid benefits continue until the employee (retiree) reaches age 65	No current wrap around plan in place through Peralta.	Not Applicable	

Executive Summary

Current Retiree Benefits



Other Medical Plan Features			
If retirement date is:	Office Co-Pays	Prescription Drugs Obtained at a Retail Pharmacy	Deductible
June 30, 2004 or prior	Self-Funded PPO Traditional Plan: \$0 Kaiser: \$0	Self-Funded PPO Traditional Plan: \$1 Kaiser: \$5	Self-Funded PPO Traditional Plan: \$0 Kaiser: \$0
Between July 1, 2004 and June 30, 2012	Self-Funded PPO Traditional Plan: \$10 Kaiser: \$10	Self-Funded PPO Traditional Plan: \$10 - \$15 Kaiser: \$10 - \$15	Self-Funded PPO Traditional Plan: \$100 per person per calendar year (family maximum of three individual deductibles per calendar year) Kaiser: \$0
July 1, 2012 and after: PCCD offers three medical plan options 1. PPO Traditional with in and out of network benefits 2. PPO Lite with in- network benefits only 3. Kaiser HMO	Self-Funded PPO: Traditional Plan: \$10 Lite: \$10 Kaiser: \$0 For Locals 39 and 1021: PPO Traditional: \$15 PPO Lite: \$15 Kaiser: \$15	Self-Funded PPO: Traditional Plan: \$10 - \$15 Lite: \$10 - \$15 Kaiser: \$10 - \$15 For Locals 39 and 1021 PPO Traditional: \$10 - \$20 PPO Lite: \$10 - \$20 Kaiser: \$10 - \$20	Self-Funded PPO Plan: \$100 per person per calendar year (family maximum of three individual deductibles per calendar year) Kaiser: \$0 For Locals 39 and 1021: Same as for all others



Executive Summary

Current Enrollment and Plan Information

- The District covers approximately 1,650 active and retired employees
 - 60% Kaiser and 40% Trustmark / Anthem
 - 590 Medicare members (including spouses) are covered by the Trustmark / Anthem plans

- July 1, 2022 Direct Renewal
 - Trustmark / Anthem
 - Recommended rate increase of +4.6% for all members
 - Kaiser
 - Actives and Early Retirees: +4.9% increase
 - Medicare Retirees: -5.2% decrease



Executive Summary Alternative Plan Marketing Overview

- Alliant requested proposals for alternatives:

	Current	Proposed
Actives and Retirees not on Medicare	Anthem PPO	Anthem / SISC PPO
	Kaiser HMO	Kaiser / SISC HMO
Retirees on Medicare	Anthem PPO	Anthem Medicare Advantage PPO
	Kaiser Senior Advantage	Kaiser / SISC Senior Advantage

Note: SISC requires member districts to be enrolled for a minimum of 3 years



Executive Summary

Alternative Effective Dates

- Current Plans Will Renew on July 1, 2022
 - Trustmark / Anthem
 - Kaiser

- Alternative Plans Would Start on October 1, 2022
 - SISC / Anthem
 - SISC / Kaiser
 - Anthem Medicare Advantage

- Rates Guaranteed
 - SISC / Anthem – October 1, 2023
 - SISC / Kaiser – October 1, 2023
 - Anthem Medicare Advantage – January 1, 2024



Executive Summary

Financial Impact

	Lives	Current	Renewal	% Δ	Proposed	% Δ
Anthem - Actives & Early Retirees	284	<i>Anthem / Trustmark</i> \$11,112,695	<i>Anthem / Trustmark</i> \$11,623,879	4.6%	<i>Anthem (SISC)</i> \$8,797,752	-20.8%
Anthem - Medicare Retirees	380	<i>Anthem / Trustmark</i> \$5,065,482	<i>Anthem / Trustmark</i> \$5,298,495	4.6%	<i>Anthem Medicare Advantage</i> \$3,474,516	-31.4%
Kaiser - Actives & Early Retirees	672	<i>Kaiser</i> \$11,893,293	<i>Kaiser</i> \$12,473,687	4.9%	<i>Kaiser (SISC)</i> \$12,403,752	4.3%
Kaiser - Medicare Retirees	237	<i>Kaiser</i> \$1,724,422	<i>Kaiser</i> \$1,634,762	-5.2%	<i>Kaiser (SISC)</i> \$1,514,043	-12.2%
TOTAL ANNUAL PREMIUM	1573	\$16,178,177	\$16,922,373		\$12,272,268	
ANNUAL DOLLAR CHANGE		\$744,196			(\$3,905,910)	
ANNUAL PERCENTAGE CHANGE		4.6%			-24.1%	

* Total Premiums shown include Employer and Employee Contributions



Executive Summary

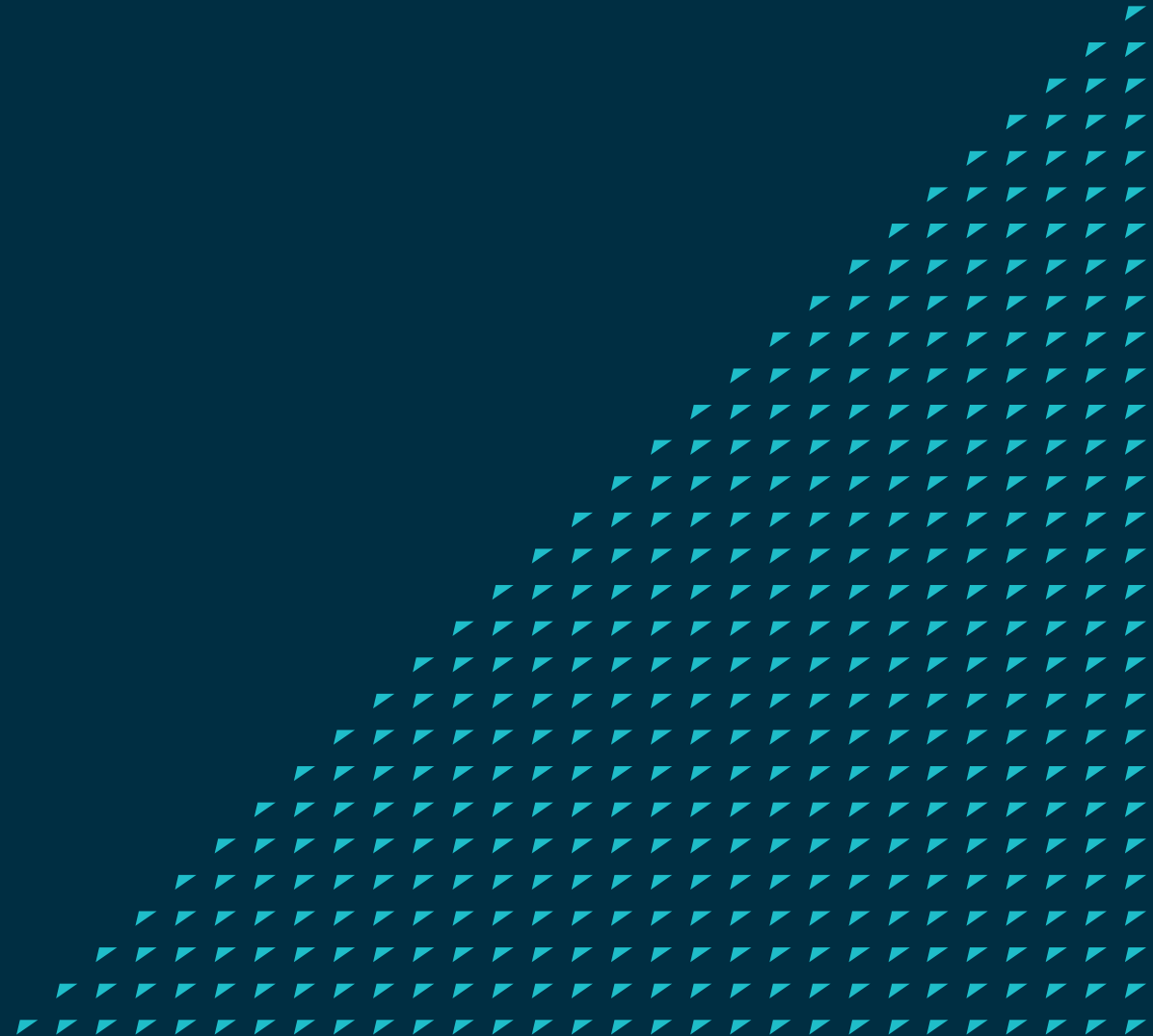
Provider Disruption Analysis

- SISC Anthem
 - Actives and Early Retirees: no disruption

- SISC Kaiser
 - Actives: no disruption
 - Retirees: SISC does not contract with Kaiser regions outside of California; there are currently 3 members on a Kaiser Georgia plan, 1 member on a Kaiser Colorado plan, and 9 members on Kaiser Northwest
 - These members would have to enroll in the Anthem SISC or Medicare Advantage plans, or individual Kaiser plans could be secured (District would reimburse individual plan premiums for retirees if enrolled in Kaiser with proof of enrollment).

- Anthem Medicare Advantage
 - Anthem Medicare Retirees: no disruption

SISC Overview





SISC Overview: Background

- SISC = Self-Insured Schools of California. Established in 1979 and operate as a public school Joint Powers Authority (JPA) administered by the Kern County Superintendent of Schools Office
- **SISC is not an insurance company**
- SISC is a cooperative of more than 400 California public schools joining together to reduce costs and spread risk over a large population...Schools Helping Schools.
- SISC is not a corporation; they are a public entity
- All SISC staff members are public school employees
- Like public schools, SISC is subject to the Brown Act. Board meetings are open to the public and financial statements are a public record
- SISC understands and support the needs of public schools. One way they do this is by releasing their rate renewals in the early spring. This gives everyone adequate time to prepare for the coming year
- SISC is run in the best interests of their membership
- SISC's focus is the value they provide their members - not perks, politics or profits



SISC Overview

- More than 180 educational agencies have joined SISC in the last 10 years
- SISC serves 457 Educational Agencies in 44 counties
 - Bay 10 colleges with SISC include the following:
 - College of Marin
 - Ohlone College
 - San Jose Evergreen Community College District

Carrier	Members
PPO	224,359
HMO	33,368
Kaiser	88,538
MEDICAL TOTALS	346,265

Membership count as of November 2021



SISC Overview: Renewal History

CURRENT TRUSTMARK / ANTHEM RENEWAL HISTORY	
YEAR	Trustmark / Anthem
2020 - 2021	6.1%
2021 - 2022	6.8%
2022 - 2023	4.6%
Average	5.8%

SISC RENEWAL HISTORY			
YEAR	PPO	HMO	KAISER
2011 - 2012	6.40%	6.40%	12.40%
2012 - 2013	8.30%	8.30%	5.50%
2013 - 2014	8.20%	8.20%	9.60%
2014 - 2015	6.60%	6.60%	0.80%
2015 - 2016	2.80%	2.80%	2.80%
2016 - 2017	3.00%	3.00%	3.00%
2017 - 2018	5.00%	8.10%	5.90%
2018 - 2019	.70%	1.20%	1.00%
2019 - 2020	5.60%	5.50%	5.90%
2020 - 2021	1.90%	2.10%	2.60%
2021 - 2022	2.60	3.00	1.60
AVERAGE	4.81%	4.92%	4.71%


SISC

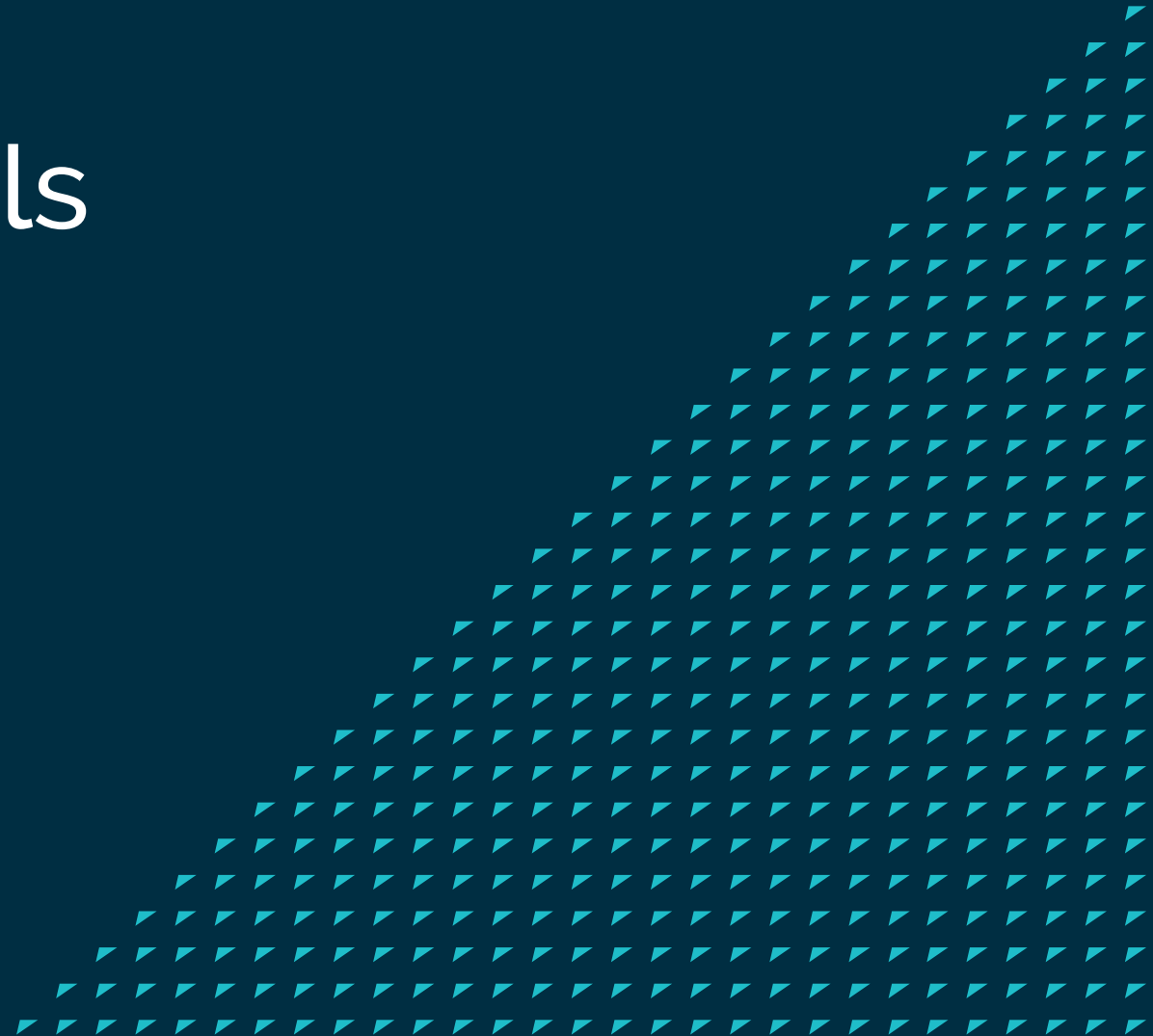
 Self-Insured Schools of California
 Schools Helping Schools



SISC Overview: Geographic Diversity Provides Stability

- SISC does not bring in new groups below cost
- New member districts receive the same renewal range as those who are already in the pool
- Low costs and stability are major reasons groups join SISC and stay for decades
- SISC groups can depend on predictable and fair rate renewals
- **SISC is the only large pool with a statewide presence that has a five year history of delivering single digit renewals on every PPO, HMO and Kaiser plan to each member entity**

Alternative Proposals



Actives & Non-Medicare Retirees – SISC Plan Design & Rates



Active and Non-Medicare Retirees Plan Marketing Overview

- Alliant requested proposals for alternatives:

Current	Proposed
Anthem PPO	Anthem (SISC) PPO
Kaiser HMO	Kaiser (SISC) HMO



SISC Proposal Overview

- SISC Anthem and SISC Kaiser Plans offer:
 - Comparable or better benefits
 - No disruption in provider access
 - Key elements of the proposals discussed in this presentation include:
 - Rate proposals
 - Plan Design Overviews
 - Value Add Programs

Actives & Early Retirees – SISC Plan Design & Rates (Local 39, 1021 and Confidential)



SISC Proposal: Active & Post-7/1/2012 Non-Medicare Retiree Plan Design **Updated**

Anthem - Local 39

**When using non-network providers, the SISC plan will pay the lesser of the benefit maximum or the maximum allowed amount. If the maximum allowed amount is less than the listed benefit maximum, the plan will not exceed the maximum allowed amount.*

This document is intended as a quick reference, not a comprehensive description. Limitations and exclusions can be found in the official plan documents. In case of any discrepancies, the official plan documents will govern.

MEDICAL PLAN BENEFITS	Anthem / Trustmark Traditional (Local 39) Current		Anthem / Trustmark Lite (Local 39) Current		Anthem (SISC) Proposed	
	In-Network	Out-of-Network	In-Network Only		In-Network	Out-of-Network
Calendar Year Deductible Individual / Family Embedded / Aggregate	\$100 / \$300 Embedded		\$100 / \$300 Embedded		None N/A	
Annual Out-of-Pocket Maximum Individual / Family Embedded / Aggregate	\$300 / \$900 Embedded	\$1,000 / \$3,000	\$300 / \$900 Embedded		\$1,000 / \$3,000 Embedded	No Limit
Physician Office Visit	\$15 copay (ded waived)	20% of R&C	\$15 copay (ded waived)		\$10 copay; copay waived for visits 1-3 in a benefit period	Member pays difference between max allowed and actual charges
Specialist Copay	\$15 copay (ded waived)	20% of R&C	\$15 copay (ded waived)		\$10 copay	Member pays difference between max allowed and actual charges
Preventative Care	No charge (ded waived)	20% of R&C	No charge		No charge	Not Covered
Lab and X-Ray						
CT, MRI, PET scans	No charge	20% of R&C	No charge		No charge	Member pays all billed amounts exceeding \$800 per test*
Other lab and x-ray tests	No charge	20% of R&C	No charge		No charge	Not Covered
Hospitalization						
Inpatient	No charge	20% of R&C	No charge		No charge	All billed amounts exceeding \$600 per day*
Outpatient	No charge	20% of R&C	No charge		No charge	All billed amounts exceeding \$350 per day*
Emergency Room	\$35 copay (ded waived) (Waived if admitted)		\$35 copay (ded waived) (Waived if admitted)		\$100 copay (Waived if admitted)	
Urgent Care Services	\$15 copay	20% of R&C	\$15 copay		\$10 copay	Member pays difference between max allowed and actual charges
Durable Medical Equipment	No charge	20% of R&C	No charge		No charge	Not Covered
PRESCRIPTION DRUGS	Generic / Brand / Non-Formulary		Generic / Brand / Non-Formulary		Generic / Brand	
Rx Copay Out-of-Pocket Maximum	\$6,300 / \$12,300		\$6,300 / \$12,300		\$1,500 / \$2,500	
Retail - 30 day supply	\$10 / \$20 / \$20		\$10 / \$20 / \$20		\$5 / \$20 (At a network pharmacy provider)	
Mail Order - 90 day supply	\$20 / \$30 / \$30		\$20 / \$30 / \$30		\$0 / \$50 (Costco Mail Order)	



SISC Proposal: Active & Post-7/1/2012 Non-Medicare Retiree Plan Design **Updated**

Anthem - 1021 and Confidential

**When using non-network providers, the SISC plan will pay the lesser of the benefit maximum or the maximum allowed amount. If the maximum allowed amount is less than the listed benefit maximum, the plan will not exceed the maximum allowed amount.*

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MEDICAL PLAN BENEFITS	Anthem / Trustmark Traditional (1021 / Confidential) Current		Anthem / Trustmark Lite (1021 / Confidential) Current		Anthem (SISC) Proposed	
	In-Network	Out-of-Network	In-Network		In-Network	Out-of-Network
Calendar Year Deductible Individual / Family Embedded / Aggregate	\$100 / \$300 Embedded		\$100 / \$300 Embedded		None N/A	
Annual Out-of-Pocket Maximum Individual / Family Embedded / Aggregate	\$300 / \$900 Embedded	\$1,000 / \$3,000	\$300 / \$900 Embedded		\$1,000 / \$3,000 Embedded	No Limit
Physician Office Visit	\$15 copay (ded waived)	20% of R&C	\$15 copay (ded waived)		\$10 copay; copay waived for visits 1-3 in a benefit period	Member pays difference between max allowed and actual charges
Specialist Copay	\$15 copay (ded waived)	20% of R&C	\$15 copay (ded waived)		\$10 copay	Member pays difference between max allowed and actual charges
Preventative Care	No charge (ded waived)	20% of R&C	No charge		No charge	Not Covered
Lab and X-Ray						
CT, MRI, PET scans	No charge	20% of R&C	No charge		No charge	Member pays all billed amounts exceeding \$800 per test*
Other lab and x-ray tests	No charge	20% of R&C	No charge		No charge	Not Covered
Hospitalization						
Inpatient	No charge	20% of R&C	No charge		No charge	All billed amounts exceeding \$600 per day*
Outpatient	No charge	20% of R&C	No charge		No charge	All billed amounts exceeding \$350 per day*
Emergency Room	\$35 copay (ded waived) (Waived if admitted)		\$35 copay (ded waived) (Waived if admitted)		\$100 copay (Waived if admitted)	
Urgent Care Services	\$15 copay	20% of R&C	\$15 copay		\$10 copay (ded waived)	Member pays difference between max allowed and actual charges
Durable Medical Equipment	No charge	20% of R&C	No charge		No charge	Not Covered
PRESCRIPTION DRUGS	Generic / Brand / Non-Formulary		Generic / Brand / Non-Formulary		Generic / Brand	
Rx Copay Out-of-Pocket Maximum	\$6,300 / \$12,300		\$6,300 / \$12,300		\$1,500 / \$2,500	
Retail - 30 day supply	\$15 / \$20 / \$20		\$15 / \$20 / \$20		\$5 / \$20 (At a network pharmacy provider)	
Mail Order - 90 day supply	\$5 / \$5 / \$5		\$5 / \$5 / \$5		\$0 / \$50 (Costco Mail Order)	



SISC Proposal: Active & Post-7/1/2012 Non-Medicare Retiree Plan Design

Anthem - Local 39, 1021 and Confidential

Rate Guarantee		1 Year 7/1/2021 - 6/30/2022	1 Year 7/1/2022 - 6/30/2023	1 Year 7/1/2021 - 6/30/2022	1 Year 7/1/2022 - 6/30/2023	18 Months* 7/1/2022 - 9/30/2023
		Anthem - Traditional		Anthem - Lite		Anthem (SISC)
		Current Published Rate	Projected / Suggested Renewal	Current Published Rate	Projected / Suggested Renewal	Proposed
MONTHLY RATES	EEs	Actives		EEs	Actives	
EE Only	18	\$1,416.36	\$1,481.51	24	\$1,309.95	\$1,370.20
EE + 1	8	\$3,164.52	\$3,310.09	27	\$2,926.75	\$3,061.38
EE + Family	3	\$4,754.15	\$4,972.84	27	\$4,396.95	\$4,599.21
	29			78		
MONTHLY RATES	EEs	Retirees Post 7/2012 (No Medicare)		EEs	Retirees Post 7/2012 (No Medicare)	
EE Only	1	\$1,416.36	\$1,481.51	3	\$1,309.95	\$1,370.20
EE + 1	2	\$3,164.52	\$3,310.09	3	\$2,926.75	\$3,061.38
EE + Family	4	\$4,754.15	\$4,972.84	2	\$4,396.95	\$4,599.21
	7			8		
MONTHLY PREMIUM		\$91,835	\$96,060		\$250,682	\$262,214
ANNUAL PREMIUM		\$1,102,021.49	\$1,152,714		\$3,008,189	\$3,146,566
ANNUAL DOLLAR CHANGE			\$50,693		\$138,377	-\$429,019
ANNUAL PERCENTAGE CHANGE			4.6%		4.6%	-10.4%

*SISC: PCCD is approved to implement anytime between 7/1/2022 and 10/1/2022. Initial effective dates between 11/1/2022 and 1/1/2023 will require updated claims through April 2022



SISC Proposal: Active & Post-7/1/2012 Non-Medicare Retiree Plan Design

Kaiser - Local 39, 1021 and Confidential

MEDICAL PLAN BENEFITS	Kaiser HMO \$15 Copay Current	Kaiser HMO (SISC) \$15 Copay Proposed
	In-Network Only	In-Network Only
Calendar Year Deductible Individual / Family Embedded / Aggregate	None Embedded	None Embedded
Annual Out-of-Pocket Maximum Individual / Family Embedded / Aggregate	\$1,500 / \$3,000 Embedded	\$1,500 / \$3,000 Embedded
Physician Office Visit	\$15 copay	\$15 copay
Specialist Copay	\$15 copay	\$15 copay
Preventative Care	No Charge	No Charge
Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests	No Charge No Charge	No Charge No Charge
Hospitalization Inpatient Outpatient	No Charge \$15 per procedure	No Charge \$15 per procedure
Emergency Room	\$35 copay (waived if admitted)	\$100 copay (waived if admitted)
Urgent Care Services	\$15 copay	\$15 copay
Durable Medical Equipment	No Charge	No Charge
Chiropractic Care	Not Covered	\$10 copay (30 visits combined)
Vision		
Copay (Vision Correction)	No Charge	No Charge
Copay (Injury/Disease)	\$15	\$15
Allowance	\$175	\$150
Frequency	24 Months	24 or 12*
PRESCRIPTION DRUGS	Generic / Brand	Generic / Brand
Rx Copay Out-of-Pocket Maximum	Combined with Medical	Combined with Medical
Retail - 100 day supply	\$10 / \$20 (30 day supply)	\$5 / \$20 (30 day supply)
Mail Order - up to 100 day supply	\$20 / \$40	\$10 / \$40

*\$150 Allowance for eyeglass frames every 24 months or \$150 Allowance for contacts every 12 months.

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SISC Proposal: Active & Post-7/1/2012 Non-Medicare Retiree Plan Design

Kaiser - Local 39, 1021 and Confidential

MEDICAL PLAN BENEFITS		Kaiser HMO \$15 Copay Current			Kaiser HMO (SISC) \$15 Copay Proposed	
Rate Guarantee		1 Year 7/1/2021 - 6/30/2022	1 Year 7/1/2022 - 6/30/2023		15 Months 7/1/2022 - 9/30/2023	
Monthly Rates	<u>EEs</u>	Current	Renewal	<u>EEs</u>	Proposed	
EE Only	127	\$768.40	\$805.90	127	\$816.00	
EE + 1	87	\$1,536.80	\$1,611.80	87	\$1,600.00	
EE + Family	118	\$2,174.58	\$2,280.70	118	\$2,253.00	
	332			332		
MONTHLY PREMIUM		\$487,889	\$511,699		\$508,686	
ANNUAL PREMIUM		\$5,854,666	\$6,140,382		\$6,104,232	
ANNUAL DOLLAR CHANGE			\$285,716		\$249,566	
ANNUAL PERCENTAGE CHANGE			4.9%		4.3%	

Actives & Early Retirees – SISC Plan Design & Rates (Managers & PFT)



SISC Proposal: Active and Non-Medicare Retiree Plan Design

Anthem – Managers & PFT

Updated

**When using non-network providers, the SISC plan will pay the lesser of the benefit maximum or the maximum allowed amount. If the maximum allowed amount is less than the listed benefit maximum, the plan will not exceed the maximum allowed amount.*

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MEDICAL PLAN BENEFITS
Calendar Year Deductible Individual / Family Embedded / Aggregate
Annual Out-of-Pocket Maximum Individual / Family Embedded / Aggregate
Physician Office Visit
Specialist Copay
Preventative Care
Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests
Hospitalization Inpatient Outpatient
Emergency Room
Urgent Care Services
Durable Medical Equipment
PRESCRIPTION DRUGS
Rx Copay Out-of-Pocket Maximum
Retail - 30 day supply
Mail Order - 90 day supply

Anthem / Trustmark Traditional Current	
In-Network	Out-of-Network
\$100 / \$300 Embedded	
\$300 / \$900 \$1,000 / \$3,000 Embedded	
\$10 copay (ded waived)	20% of R&C
\$10 copay (ded waived)	20% of R&C
No charge	20% of R&C
No charge	20% of R&C
No charge	20% of R&C
No charge	20% of R&C
\$35 copay (ded waived) (Waived if admitted)	
\$10 copay	20% of R&C
No charge	20% of R&C
Generic / Brand / Non-Formulary	
\$6,300 / \$12,300	
\$10 / \$15 / \$15	
\$5 / \$5 / \$5	

Anthem / Trustmark Lite Current	
In-Network	
\$100 / \$300 Embedded	
\$300 / \$900 Embedded	
\$10 copay (ded waived)	
\$10 copay (ded waived)	
No charge	
No charge	
No charge	
No charge	
\$35 copay (ded waived) (Waived if admitted)	
\$10 copay	
No charge	
Generic / Brand / Non-Formulary	
\$6,300 / \$12,300	
\$10 / \$15 / \$15	
\$5 / \$5 / \$5	

Anthem (SISC) Proposed	
In-Network	Out-of-Network
None N/A	
\$1,000 / \$3,000 Embedded	No Limit
\$10 copay; copay waived for visits 1-3 in a benefit period	Member pays difference between max allowed and actual charges
\$10 copay	Member pays difference between max allowed and actual charges
No charge	Not Covered
No charge No charge	Member pays all billed amounts exceeding \$800 Not Covered
No charge No charge	All billed amounts exceeding \$600 per day* All billed amounts exceeding \$350 per day*
\$100 copay (Waived if admitted)	
\$10 copay	Member pays difference between max allowed and actual charges
No charge	Not Covered
Generic / Brand	
\$1,500 / \$2,500 \$5 / \$20 (At a network pharmacy provider) \$0 / \$50 (Costco Mail Order)	



SISC Proposal: Active and Non-Medicare Retiree Rates

Anthem - Managers & PFT

Rate Guarantee		1 Year 7/1/2021 - 6/30/2022	1 Year 7/1/2022 - 6/30/2023		1 Year 7/1/2021 - 6/30/2022	1 Year 7/1/2022 - 6/30/2023		18 Months* 7/1/2022 - 9/30/2023
		Anthem - Traditional			Anthem - Lite			Anthem (SISC)
		Current Published Rate	Projected / Suggested Renewal		Current Published Rate	Projected / Suggested Renewal		Proposed
MONTHLY RATES	EEs	Actives		EEs	Actives		EEs	Actives
EE Only	22	\$1,928.30	\$2,017.01	20	\$1,542.53	\$1,613.49	42	\$1,367.00
EE + 1	9	\$4,308.29	\$4,506.47	36	\$3,446.38	\$3,604.91	45	\$2,687.00
EE + Family	4	\$6,472.47	\$6,770.20	50	\$5,177.62	\$5,415.79	54	\$3,789.00
	35			106			141	
MONTHLY RATES	EEs	Retirees Post 7/2004 (No Medicare)		EEs	Retirees Post 7/2012 (No Medicare)		EEs	Retirees (No Medicare)
EE Only	2	\$1,431.93	\$1,497.80	4	\$1,542.53	\$1,613.49	8	\$1,367.00
EE + 1	6	\$4,061.19	\$4,248.00	8	\$3,446.38	\$3,604.91	15	\$2,687.00
EE + Family	0	\$5,702.20	\$5,964.50	1	\$5,177.62	\$5,415.79	1	\$3,789.00
	8			13			24	
MONTHLY RATES	EEs	Retirees Post 7/2012 (No Medicare)						
EE Only	2	\$1,928.30	\$2,017.01					
EE + 1	0	\$4,308.29	\$4,506.47					
EE + Family	0	\$6,472.47	\$6,770.20					
	2							
MONTHLY RATES	EEs	Retirees Pre 7/2004 (No Medicare)						
EE Only	0	\$1,431.93	\$1,497.80					
EE + 1	1	\$4,061.62	\$4,248.45					
EE + Family	0	\$5,702.20	\$5,964.50					
	1							
MONTHLY PREMIUM		\$142,236	\$148,779		\$452,720	\$473,545		\$437,965
ANNUAL PREMIUM		\$1,706,837	\$1,785,352		\$5,432,638	\$5,682,540		\$5,255,580
ANNUAL DOLLAR CHANGE			\$78,515			\$249,901		-\$1,883,895
ANNUAL PERCENTAGE CHANGE			4.6%			4.6%		-26.4%

*SISC: PCCD is approved to implement anytime between 7/1/2022 and 10/1/2022. Initial effective dates between 11/1/2022 and 1/1/2023 will require updated claims through April 2022



SISC Proposal: Active and Non-Medicare Retiree Plan Design

Kaiser – Managers & PFT

MEDICAL PLAN BENEFITS	Kaiser HMO \$10 Copay Current	Kaiser HMO (SISC) \$10 Copay Proposed
	In-Network Only	In-Network Only
Calendar Year Deductible Individual / Family Embedded / Aggregate	None Embedded	None Embedded
Annual Out-of-Pocket Maximum Individual / Family Embedded / Aggregate	\$1,500 / \$3,000 Embedded	\$1,500 / \$3,000 Embedded
Physician Office Visit	\$10 copay	\$10 copay
Specialist Copay	\$10 copay	\$10 copay
Preventative Care	No Charge	No Charge
Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests	No Charge No Charge	No Charge No Charge
Hospitalization Inpatient Outpatient	No Charge \$10 per procedure	No Charge \$10 per procedure
Emergency Room	\$35 copay (waived if admitted)	\$100 copay (waived if admitted)
Urgent Care Services	\$10 copay	\$10 per visit
Durable Medical Equipment	No Charge	No Charge
Chiropractic Care	Not Covered	\$10 copay (30 visits combined)
Vision		
Copay (Vision Correction)	No Charge	No Charge
Copay (Injury/Disease)	\$10	\$10
Allowance	\$175	\$150
Frequency	24 Months	24 or 12*
PRESCRIPTION DRUGS	Generic / Brand	Generic / Brand
Rx Copay Out-of-Pocket Maximum	Combined with Medical	Combined with Medical
Retail - 100 day supply	\$10 / \$15	\$10 / \$10
Mail Order - up to 100 day supply	\$10 / \$15	\$10 / \$10

*\$150 Allowance for eyeglass frames every 24 months or \$150 Allowance for contacts every 12 months.

This document is intended as a quick reference, not a comprehensive description. Limitations and exclusions can be found in the official plan documents. In case of any discrepancies, the official plan documents will govern.



SISC Proposal: Active and Non-Medicare Retiree Rates

Kaiser – Managers & PFT

MEDICAL PLAN BENEFITS		Kaiser HMO \$10 Copay Current			Kaiser HMO (SISC) \$10 Copay Proposed	
Rate Guarantee		1 Year 7/1/2021 - 6/30/2022	1 Year 7/1/2022 - 6/30/2023		15 Months 7/1/2022 - 9/30/2023	
Monthly Rates	<u>EEs</u>	Current	Renewal	<u>EEs</u>	Proposed	
EE Only	141	\$787.60	\$826.03	141	\$837.00	
EE + 1	79	\$1,575.19	\$1,652.06	79	\$1,640.00	
EE + Family	117	\$2,228.89	\$2,337.66	117	\$2,309.00	
	337			337		
MONTHLY PREMIUM		\$496,272	\$520,489		\$517,730	
ANNUAL PREMIUM		\$5,955,261	\$6,245,870		\$6,212,760	
ANNUAL DOLLAR CHANGE			\$290,609			\$257,499
ANNUAL PERCENTAGE CHANGE			4.9%			4.3%



SISC Programs





SISC Overview – Value Added Programs Available to Kaiser and Anthem members

- **Costco Flu Shot Clinics**
 - Free flu shot clinics for districts and bargaining units who participate in the SISC Health Smarts (free) program
- **Biometric Screenings**
 - Free onsite health screening events for Member Districts
 - The screening event provides an opportunity for members to learn their blood pressure, cholesterol and blood glucose, along with other health indicators
- **Gym Membership Discounts**
 - Active & Fit cost is \$25 a month (plus \$25 enrollment fee and taxes)
- **SISC Expert Medical Opinion Service**
 - Allows all SISC members to obtain an expert medical opinion on their medical condition and treatment plan
 - Members speak directly with a Teladoc physician at no cost
 - They collect all relevant medical records, retest pathology, engage leading experts, complete the expert report for the member, review the report with the member and answer any remaining questions they may have
- **SISC Anthem EAP**
 - All SISC members may access free resources if they need help with personal concerns--emotional, marital, financial, interpersonal addiction and recovery, legal, stress, and more
- **Learn to Live Program (SISC Digital EAP):**
 - Members can receive individualized support to help live their happiest, healthiest lives
 - Built on the proven principles of Cognitive Behavioral Therapy (CBT), the digital tools are available anywhere, anytime
 - The SISC EAP benefits are available to all employees of a SISC district and their household members



SISC Overview – Value Added Programs Available to Anthem Members

- **Costco Free Generics**

- Free generic medications at Costco Retail and Mail Order (excludes certain pain and cough medications)

- **Vida Digital Coaching Application**

- Vida offers members access to a virtual care platform that treats a full range of lifestyle, chronic and behavioral health conditions
- Members have access to a mobile app, 1:1 health coaching and therapy available through a virtual platform, progress through the trackers and connected devices, and tools and resources

- **Lark Diabetes Prevention Coaching**

- No cost program to help members with prediabetes reduce their risk of developing diabetes.

- **Hinge Health**

- Members have free access to a program that provides personalized, interactive physical therapy using the latest technology
- With Hinge, members are empowered with tools to address knee or back pain whenever and wherever it works best for them

- **Maven Virtual Care**

- Free 24/7 virtual access to one-on-one maternity and postpartum support
- Eligibility members are matched with a Care Advocate who connects them to trustworthy maternity and postpartum content



SISC Overview – Value Added Programs Available to Anthem Members

- **Carrum Health**

- Surgery benefit available to members which waives co-insurance and deductibles for hip/knee replacements and many spine surgeries when utilizing Scripps “Center of Excellence.”
- Travel Expenses covered for patient and one companion

- **City of Hope – Oncology Center of Excellence Program:**

- SISC partnered with Contigo Health to provide SISC PPO plans with an enhanced cancer benefit.
- This enhanced benefit provides members facing a cancer diagnosis with the opportunity to have an in-person or virtual comprehensive consultation at City of Hope at no cost
- In Person Evaluation with confirmation of diagnosis and development of a customized treatment plan
- Transition of care and collaboration with home oncologist to carry out the recommended treatment plan, track progress, adjust treatment as needed and measure patient outcomes and experience

- **MDLive**

- Members can consult with doctors and pediatricians over the phone or using online video for medical conditions such as cough, cold, fever, sore throat, flu, infection, bronchitis and children's health issues
- Online behavioral health visits are also available for confidential sessions with a licensed therapist or psychiatrist



Medicare Retirees Plan Design & Rates



Medicare Retirees Plan Marketing Overview

- Alliant requested proposals for alternatives:

Current	Proposed
Anthem	Anthem Medicare Advantage
Kaiser Senior Advantage	Kaiser (SISC) Senior Advantage



Medicare Retirees Proposal Overview

Anthem Medicare Advantage

- The Anthem Medicare Advantage Prescription Drug (MAPD) PPO plan offers the following:
 - Comparable or better benefits
 - Virtually no disruption in provider access
 - High-touch customer service to covered individuals
- Key elements of the proposal include:
 - Concierge Services (Retiree First)
 - Value Add Programs
 - Rate proposals
 - Plan Design Overviews
 - Provider disruption analysis
 - Overview of Medicare Advantages plans and ratings (See Appendix)



Retiree First: Member Advocates (Anthem MAPD)

Each retiree is assigned a single-source “lead” Member Advocate to help guide them through all aspects of their retirement health benefit experience

Member Focused Engagement Philosophy

- Member and client dedicated advocacy team
- Group devoted phone number- 300+ languages
- Real-time provider support & proactive outreach
- Special handling of “high touch” members

Lead Advocate



Member Advocate Level Two



Member Service Manager



Member Advocate Service Highlights

- | | | |
|------------------------|-----------------------------------|-----------------------|
| • Prior Authorizations | • Preventive Initiatives | • Provider Network |
| • ID Card Replacements | • Lower Cost Generics | • Billing Questions |
| • CMS Coordination | • Wellness Appointment Scheduling | • Formulary Questions |
| • Medicare Confusion | • Enrollment Questions | • CMS Plan Documents |



Anthem Medicare Advantage Supplementary Benefits to Retirees

- Simpler plan design
- Streamlined claims administration
- One ID card
- Gym membership benefits
- Maximization of government funding sources
- STARS financial incentives for well performing plans
 - Impacts premiums, member experience, and health outcomes
 - **Anthem Medicare Advantage has a 4.5 STAR Rating in 2022**
- Prompts from customer service representatives to schedule routine screenings/exams

Value Added Programs

Anthem Medicare Advantage

- Silver Sneakers Fitness
- Healthy Meals
- Healthy Pantry
- Fitness Tracker
- Community Resource Support
- Community Care Coordination
- Member Connect



2019 Claim Disruption: Anthem Providers Based on PCCD Claim History

Updated

- Anthem ran a provider disruption analysis using provider data / claims experience with dates from 1/1/2019 through 12/31/2019 – there were 3,406 total providers on this list
 - The report confirms that 97.94% (3,336) of these providers accept Anthem's Medicare Advantage PPO plan
 - 2.00% (68 providers) are Medicare providers, however Anthem has never processed a Medicare Advantage claim for these providers, so there is no data to confirm that these providers will or will not accept the plan
 - 0.06% (2 providers) do not accept Anthem's MA PPO plan. Note – these were both Sharp (San Diego) providers
- **For these 70 providers (2.06%), claims can be submitted for 100% reimbursement**
- Anthem's network team can make a provider outreach for any provider that is in the unknown category



2021 Claim Disruption: Anthem Providers

Based on PCCD Claim History

- Anthem ran a provider disruption analysis using provider data / claims experience with dates from 1/1/2021 through 12/29/2021 – there were 3,773 total providers on this list
 - The report confirms that 97.11% (3,664) of these providers accept Anthem's Medicare Advantage PPO plan
 - 2.76% (104 providers) are Medicare providers, however Anthem has never processed a Medicare Advantage claim for these providers, so there is no data to confirm that these providers will or will not accept the plan
 - 0.13% (5 providers) do not accept Anthem's MA PPO plan and 3 of those providers are physical therapy, radiology and optometry. Note – these were all Sharp (San Diego) providers
 - **For these 109 providers (2.89%), claims can be submitted for 100% reimbursement**
- Anthem's network team can make a provider outreach for any provider that is in the unknown category



Medicare Retiree Plan Design

Anthem Medicare Advantage

Updated

Medical Benefits	Current Anthem / Trustmark		Proposed Anthem Medicare Advantage
	Preferred Provider	Nonpreferred Provider	Medicare Provider
Lifetime Max	\$2,000,000		None
Out-of-Pocket Maximum	\$0	\$1,000	\$0
Deductible	None	None	None
Hospital	\$0	20%	\$0
Dr. Office Visits	\$0	20%	\$0
Preventive Care	\$0	20%	\$0
Emergency Room	\$0 Copay		\$0 Copay
Chiropractic	\$0	20%	\$0
Vision	Not Covered		\$100 material allowance every 24 months
Hearing Aids	Not Covered		\$500 allowance every 12 months (both ears)
Rx	Retail / Mail		Retail / Mail
Generic	\$1 / \$1	Not Covered	\$1 / \$1
Preferred Brand	\$1 / \$1	Not Covered	\$1 / \$1
Non-Preferred Brand	\$1 / \$1	Not Covered	\$1 / \$1

This document is intended as a quick reference, not a comprehensive description. Limitations and exclusions can be found in the official plan documents. In case of any discrepancies, the official plan documents will govern.

For more detailed plan design information, see slides 54-61

Medicare Retiree Rate Proposal

Anthem Medicare Advantage

Rate Guarantee		1 Year 7/1/2022 - 6/30/2023		18 Months* 7/1/2022 - 12/31/2023
All Groups Combined (Local 39 & All others)		Current Anthem / Trustmark		Proposed Anthem Medicare Advantage
MONTHLY RATES	<u>EEs</u>	Current Published Rate	Renewal Suggested Rate	Proposed
Single	182	\$706.13	\$738.61	\$492.42
Two-Party	188	\$1,412.17	\$1,477.13	\$984.84
Family	<u>10</u>	\$2,812.06	\$2,941.41	\$1,477.26
	380			
Annual Premium		\$5,065,482	\$5,298,495	\$3,474,516
Annual Dollar Change			\$233,012	-\$1,590,967
Annual Percentage Change			4.6%	-31.4%

*PCCD is approved to implement anytime between 7/1/2022 and 1/1/2023 with no change to proposed rates



Medicare Retirees Proposal Overview Kaiser (SISC)

- The Kaiser (SISC) plan offers the following:
 - Similar benefits to current
 - No disruption in provider access
- Key elements of the proposal include:
 - Rate proposals
 - Plan Design Overviews



SISC Proposal: Medicare Retiree Plan Design

Kaiser (\$0 Copay)

¹ Chiropractic services are not covered; however, manual manipulation of the spine to correct subluxation, in accord with Medicare guidelines, is covered when provided by a Plan Provider or a chiropractor when referred by a Plan Provider
² \$150 Allowance for eyeglass frames every 24 months or \$150 Allowance for contacts every 12 months.

This document is intended as a quick reference, not a comprehensive description. Limitations and exclusions can be found in the official plan documents. In case of any discrepancies, the official plan documents will govern.

MEDICAL PLAN BENEFITS	Kaiser SA HMO \$0 Copay Current	Kaiser SA HMO (SISC) \$0 Copay Proposed
	In-Network Only	In-Network Only
Calendar Year Deductible Individual / Family Embedded / Aggregate	None Embedded	None Embedded
Annual Out-of-Pocket Maximum Individual / Family Embedded / Aggregate	\$1,500 / \$3,000 Embedded	\$1,500 / \$3,000 Embedded
Physician Office Visit	No Charge	No Charge
Specialist Copay	No Charge	No Charge
Preventative Care	No Charge	No Charge
Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests	No Charge No Charge	No Charge No Charge
Hospitalization Inpatient Outpatient	No Charge No Charge	No Charge No Charge
Emergency Room	No Charge (waived if admitted)	\$50 copay (waived if admitted)
Urgent Care Services	No Charge	No Charge
Durable Medical Equipment	No Charge	No Charge
Chiropractic / Acupuncture	Not Covered ¹	\$10 copay (30 visits combined)
Vision		
Copay (Vision Correction)	No Charge	No Charge
Copay (Injury/Disease)	No Charge	No Charge
Allowance	\$175	\$150
Frequency	24 Months	24 or 12 ²
PRESCRIPTION DRUGS	Generic / Brand	Generic / Brand
Rx Copay Out-of-Pocket Maximum	Combined with Medical	Combined with Medical
Retail - 100 day supply	\$5 / \$5	\$5 / \$5
Mail Order - up to 100 day supply	\$5 / \$5	\$5 / \$5



SISC Proposal: Medicare Retiree Rates Kaiser (\$0 Copay)

MEDICAL PLAN BENEFITS		Kaiser SA HMO \$0 Copay Current			Kaiser SA HMO (SISC) \$0 Copay Proposed	
Rate Guarantee		1 Year 7/1/2021 - 6/30/2022	1 Year 7/1/2022 - 6/30/2023		3 Months 7/1/2022 - 9/30/2022	1 Year 10/1/2022 - 9/30/2023
Monthly Rates	EEs	Current	Renewal	EEs	Proposed	
Single	53	\$465.60	\$442.95	53	\$432.00	\$412.00
2 Party	35	\$931.20	\$885.90	35	\$864.00	\$824.00
2 Party + Child(ren) Non-Medicare	<u>3</u>	\$1,610.37	\$1,598.21	<u>3</u>	\$1,563.00	\$1,523.00
	91			91		
MONTHLY PREMIUM		\$62,100	\$59,277		\$57,825	\$55,245
ANNUAL PREMIUM		\$745,199	\$711,330		\$670,680	
ANNUAL DOLLAR CHANGE			(\$33,869)			(\$74,519)
ANNUAL PERCENTAGE CHANGE			-4.5%			-10.0%

- SISC Premiums above are annualized (12 months of premium). The annual premiums are calculated to include 3 months of the 2022 rates, and the remaining 9 months at the 2022-2023 rates.*



SISC Proposal: Medicare Retiree Plan Design

Kaiser / SISC (\$10 / \$15 Copay)

¹ Chiropractic services are not covered; however, manual manipulation of the spine to correct subluxation, in accord with Medicare guidelines, is covered when provided by a Plan Provider or a chiropractor when referred by a Plan Provider

² \$150 Allowance for eyeglass frames every 24 months or \$150 Allowance for contacts every 12 months.

All enrollees on the current Trustmark \$10 and \$15 Copay Plan are assumed to enroll in the \$10 SISC Copay Plan

This document is intended as a quick reference, not a comprehensive description. Limitations and exclusions can be found in the official plan documents. In case of any discrepancies, the official plan documents will govern.

MEDICAL PLAN BENEFITS	Kaiser SA HMO \$10 Copay Current	Kaiser SA HMO \$15 Copay Current	Kaiser SA HMO (SISC) \$10 Copay Proposed
	In-Network Only	In-Network Only	In-Network Only
Calendar Year Deductible Individual / Family Embedded / Aggregate	None Embedded	None Embedded	None Embedded
Annual Out-of-Pocket Maximum Individual / Family Embedded / Aggregate	\$1,500 / \$3,000 Embedded	\$1,500 / \$3,000 Embedded	\$1,500 / \$3,000 Embedded
Physician Office Visit	\$10 copay	\$15 copay	\$10 copay
Specialist Copay	\$10 copay	\$15 copay	\$10 copay
Preventative Care	No Charge	No Charge	No Charge
Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests	No Charge No Charge	No Charge No Charge	No Charge No Charge
Hospitalization Inpatient Outpatient	No Charge \$10 per procedure	No Charge \$15 per procedure	No Charge \$10 per procedure
Emergency Room	\$35 copay (waived if admitted)	\$35 copay (waived if admitted)	\$50 copay (waived if admitted)
Urgent Care Services	\$10 copay	\$15 copay	\$10 copay
Durable Medical Equipment	No Charge	No Charge	No Charge
Chiropractic Care	Not Covered ¹	Not Covered ¹	\$10 copay (30 visits combined)
Vision			
Copay (Vision Correction)	No Charge	No Charge	No Charge
Copay (Injury/Disease)	\$10	\$15	\$10
Allowance	\$175	\$175	\$150
Frequency	24 Months	24 Months	24 or 12 ²
PRESCRIPTION DRUGS	Generic / Brand	Generic / Brand	Generic / Brand
Rx Copay Out-of-Pocket Maximum	Combined with Medical	Combined with Medical	Combined with Medical
Retail - 100 day supply	\$10 / \$15	\$10 / \$20	\$10 / \$20
Mail Order - up to 100 day supply	\$10 / \$15	\$10 / \$20	\$10 / \$20



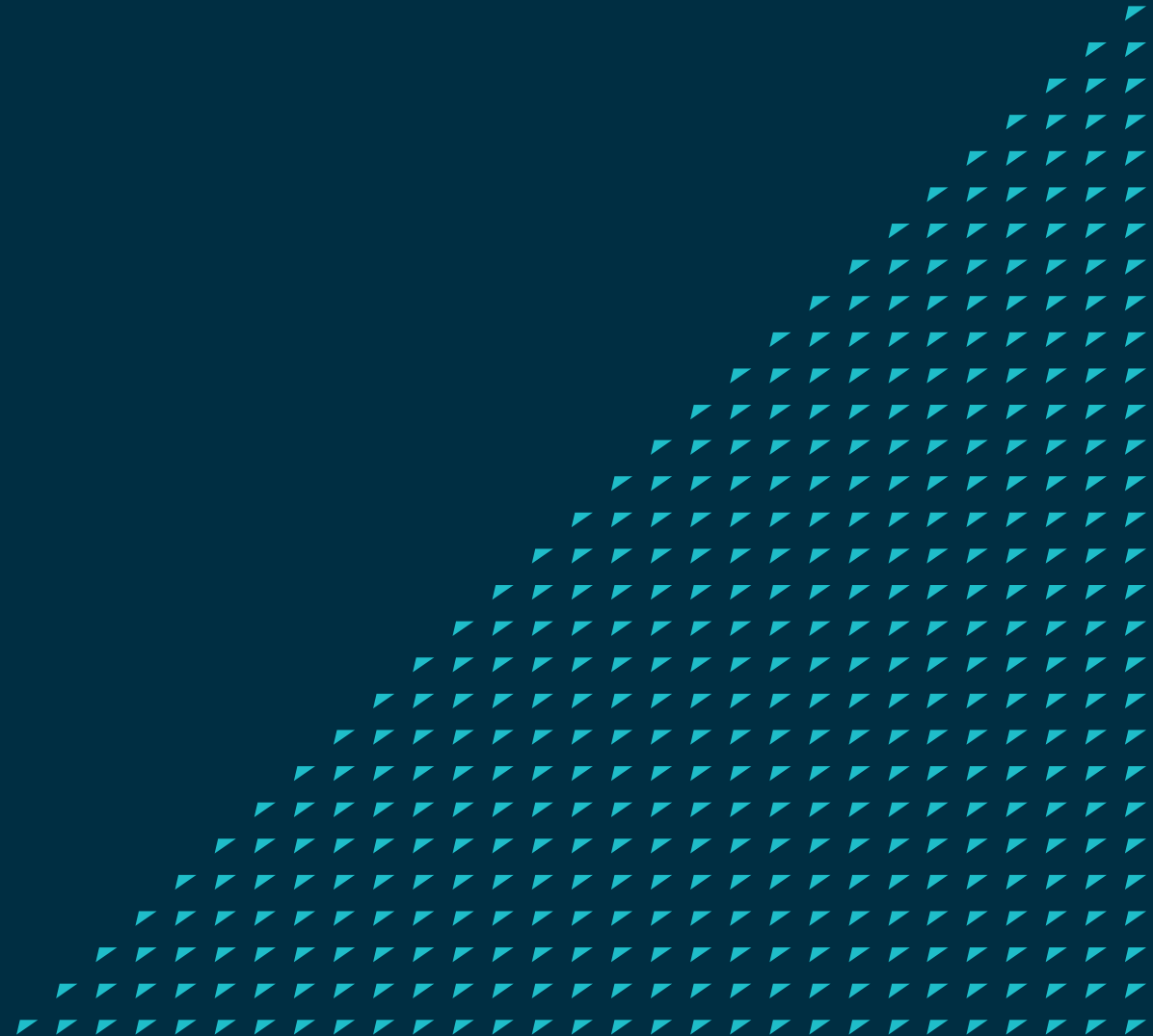
SISC Proposal: Medicare Retiree Rates

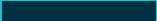
Kaiser / SISC (\$10 / \$15 Copay)

MEDICAL PLAN BENEFITS		Kaiser SA HMO \$10 Copay Current			Kaiser SA HMO \$15 Copay Current			Kaiser SA HMO (SISC) \$10 Copay Proposed	
Rate Guarantee		1 Year 7/1/2021 - 6/30/2022	1 Year 7/1/2022 - 6/30/2023		1 Year 7/1/2021 - 6/30/2022	1 Year 7/1/2022 - 6/30/2023		3 Months 7/1/2022 - 9/30/2022	1 Year 10/1/2022 - 9/30/2023
Monthly Rates	EEs	Current	Renewal	EEs	Current	Renewal	EEs	Proposed	
Single	68	\$370.64	\$347.80	11	\$347.94	\$325.33	79	\$330.00	\$309.00
2 Party	54	\$741.28	\$695.60	8	\$695.88	\$650.66	62	\$660.00	\$618.00
2 Party + Child(ren) Non-Medicare	5	\$1,394.98	\$1,391.20	0	\$1,333.66	\$1,319.56	5	\$1,329.00	\$1,287.00
	127			19			146		
MONTHLY PREMIUM		\$72,208	\$68,169		\$9,394	\$8,784		\$73,635	\$69,162
ANNUAL PREMIUM		\$866,490	\$818,026		\$112,733	\$105,407		\$843,363	
ANNUAL DOLLAR CHANGE			(\$48,465)			(\$7,326)			(\$135,860)
ANNUAL PERCENTAGE CHANGE			-5.6%			-6.5%			-13.9%

- SISC Premiums above are annualized (12 months of premium). The annual premiums are calculated to include 3 months of the 2022 rates, and the remaining 9 months at the 2022-2023 rates.*
- All enrollees on the Trustmark \$10 and \$15 Copay Plan are assumed to enroll in the \$10 SISC Copay Plan.*

Appendix





Detailed Medicare Plan Comparison



Current Anthem /Trustmark vs. Anthem Medicare Advantage **Updated**

Description	Anthem / Trustmark (Current)		ANTHEM MAPD
	Preferred Provider	Nonpreferred Provider	Medicare Provider
Annual Medical Deductible	\$0		\$0
Annual Medical Out-of-Pocket Maximum	None	\$1,000	None
Lifetime Maximum	\$2,000,000		Unlimited
PHYSICIAN SERVICES			0
Primary Care Physician Office Visit (includes Non-MD office visits)	\$0	20%	\$0
Specialist Office Visit	\$0	20%	\$0
Virtual Office Visit	\$0	20%	\$0
Telemedicine	\$0	20%	\$0
INPATIENT SERVICES			
Inpatient Hospital Stay	0% (as long as pre-certified)	20%	\$0
Skilled Nursing Facility Care - 3 day prior hospital stay requirement	Yes	20%	No (waived)
Skilled Nursing Facility Care	\$0 (100 day limit, if discharged for 14 days a new benefit period would start)	20%	\$0 (100 day limit, if discharged for 60 days a new benefit period would start)



Current Anthem COB vs. Anthem Medicare Advantage

Updated

Description	Anthem / Trustmark (Current)		ANTHEM MAPD
	Preferred Provider	Nonpreferred Provider	Medicare Provider
OUTPATIENT SERVICES			
Outpatient Surgery	\$0	20%	\$0
Outpatient Hospital Services	\$0	20%	\$0
Outpatient Mental Health/Substance Abuse (Individual Visit)	\$0	20%	\$0
Outpatient Mental Health/Substance Abuse (Group Visit)	\$0	20%	\$0
Partial Hospitalization (Mental Health Day Treatment) per day	\$0	20%	\$0
Comprehensive Outpatient Rehabilitation Facility (CORF)	\$0	20%	\$0
Occupational Therapy	\$0	20%	\$0
Physical Therapy and Speech/Language Therapy	\$0	20%	\$0
Cardiac/Pulmonary Rehabilitation	\$0	20%	\$0
Kidney Dialysis	\$0	20%	\$0



Current Anthem COB vs. Anthem Medicare Advantage

Updated

Description	Anthem / Trustmark (Current)		ANTHEM MAPD
	Preferred Provider	Nonpreferred Provider	Medicare Provider
AMBULANCE/EMERGENCY ROOM/URGENT CARE			
Ambulance Services	\$0	20%	\$0
Ambulance Copay Waived if Admitted	No	20%	N/A
Emergency Room	\$0 (\$25 for non-emergency ER visits)	0% (\$25 for non-emergency ER visits)	\$0
Emergency Room Copay Waived if Admitted	Yes	Yes	N/A
Urgently Needed Care	\$0	20%	\$0
PART B DRUGS AND BLOOD			
Part B Drugs - Immunosuppressives, Anti-nausea, Inhalation Solutions, Hemophilia Clotting Factors, Antigens, Outpatient Injectable Medications Administered in a Physician's Office	\$0	20%	\$0
Chemotherapy Drugs	\$0	20%	\$0
Blood	\$0	20%	\$0
Blood 3 pint deductible waived	Yes	Yes	Yes

Current Anthem COB vs. Anthem Medicare Advantage

Updated

Description	Anthem / Trustmark (Current)		ANTHEM MAPD
	Preferred Provider	Nonpreferred Provider	Medicare Provider
DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES			
Durable Medical Equipment	\$0	20%	\$0
Prosthetics	\$0	20%	\$0
Orthotics	\$0	20%	\$0
Medical Supplies	\$0	20%	\$0
Diabetes Monitoring Supplies	\$0	20%	\$0
Insulin Pumps & Supplies	\$0	20%	\$0
HOME HEALTHCARE AGENCY & HOSPICE			
Home Health Services	0% 100 visits maximum benefit per calendar year	20% 100 visits maximum benefit per calendar year	\$0 No Visit Maximum
Hospice	\$0	20%	\$0
TRANSPLANT BENEFITS			
Maximum Benefit Per Transplant for Travel, Meals, & Lodging	\$10,000		No Limitation
Travel, lodging, meals	\$0	0%	\$0
All other covered transplant expenses	\$0	20%	\$0



Current Anthem COB vs. Anthem Medicare Advantage

Updated

Description	Anthem / Trustmark (Current)		ANTHEM MAPD
	Preferred Provider	Nonpreferred Provider	Medicare Provider
PROCEDURES			
Clinical Laboratory Services	\$0	20%	\$0
Outpatient X-ray Services	\$0	20%	\$0
Diagnostic Procedure/Test (includes non-radiological diagnostic services)	\$0	20%	\$0
Diagnostic Radiology Service	\$0	20%	\$0
Therapeutic Radiology Service	\$0	20%	\$0
PREVENTIVE SERVICES	\$250 maximum benefit per calendar year for covered persons age 19 and up; limit only applies to office calls associated with routine exams		No Maximum If Medically Necessary & Medicare eligible
Cardiovascular Screenings	\$0	20%	\$0
Immunizations (Flu, Pneumococcal, Hepatitis B Vaccines)	\$0 (not subject to \$250 limit)	20% (not subject to \$250 limit)	\$0
Pap Smears and Pelvic Exams	\$0	20%	\$0
Prostate Cancer Screening	\$0	20%	\$0
Colorectal Cancer Screenings	\$0	20%	\$0
Bone Mass Measurement (Bone Density)	\$0	20%	\$0
Mammography	\$0 (not subject to \$250 limit)	20% (not subject to \$250 limit)	\$0
Diabetes - Self-Management Training	\$0	20%	\$0
Medical Nutrition Therapy and Counseling	\$0	20%	\$0
Annual Wellness Exam and One-time Welcome-to-Medicare Exam	\$0	20%	\$0

Current Anthem vs. Anthem Medicare Advantage

Updated

Description
PREVENTIVE SERVICES
Smoking Cessation Visit
Diabetes Screening
HIV Screening
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse
Screening for Depression in Adults
Screening for Sexually Transmitted Infections (STIs) and high intensity Behavioral Counseling to prevent STIs
Intensive Behavioral Therapy to reduce Cardiovascular Disease Risk
Screening and Counseling for Obesity
Glaucoma Screening
Kidney Disease Education
Dialysis Training
Hepatitis C Screening
Lung Cancer Screening

Anthem / Trustmark (Current)	
Preferred Provider	Nonpreferred Provider
\$250 maximum benefit per calendar year for covered persons age 19 and up; limit only applies to office calls associated with routine exams	
\$0 Screening for tobacco use and 2 tobacco cessation attempts per calendar year and tobacco cessation medications for a 90 day treatment regimen when prescribed by a physician.	20%
\$0	20%
\$0	20%
\$0	20%
\$0	20%
\$0	20%
\$0	20%
\$0	20%
\$0	20%
\$0	20%
\$0	20%
\$0	20%
\$0	20%

ANTHEM MAPD
Medicare Provider
No Maximum If Medically Necessary & Medicare eligible
\$0 Screening for tobacco use and 2 counseling quit attempts within a 12 month period, each counseling attempt includes up to 4 face-to-face visits.
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0



Current Anthem COB vs. Anthem Medicare Advantage

Updated

Description	Anthem / Trustmark (Current)		ANTHEM MAPD
	Preferred Provider	Nonpreferred Provider	Medicare Provider
ADDITIONAL BENEFITS/PROGRAMS			
Fitness	Not Covered	Not Covered	Silver Sneakers Membership Included
Routine Podiatry	\$0	20%	\$0
Routine Podiatry - Number of visits per year	No limitation if medically necessary	No limitation if medically necessary	No limit if Medically Necessary plus 12 Non-Medicare visits per year
Acupuncture Services	\$0 (Acupuncture to induce surgical anesthesia for therapeutic purposes is covered)	20%	\$0 for routine acupuncture visits
Acupuncture - Number of visits per year	No limitation	No limitation	No limitation
Chiropractic Services	\$0 (Covered expenses include initial consultation, x-rays and treatment)	20%	\$0
Chiropractic - Number of visits per year	No limitation	No limitation	No limitation
Routine Eye Exam Refraction	Not Covered	Not Covered	\$0 (every 12 months)
Vision Allowance	Not Covered	Not Covered	\$100 Combined materials allowance 24 months
Routine Hearing Exam for Hearing Aids	\$0 every 12 months (limited to \$250 preventive care maximum benefit)	20% every 12 months	\$0 every 12 months (\$70 maximum)
Hearing Aid Allowance - includes Digital Hearing Aids	Not Covered	Not Covered	\$0 (\$500 maximum for both ears)
Hearing Aid frequency	Not Covered	Not Covered	Every 12 months
Annual Routine Physical Exam	\$0 (limited to \$250 preventive care maximum benefit)	20%	\$0
Private Duty Nursing	\$0 (No limitation if medically necessary)	20% (no limitation if medically necessary)	\$0 (No limits if Medically Necessary plus \$10,000 Maximum Allowance for Non-Medicare)



Current Anthem COB vs. Anthem Medicare Advantage

Updated

Outpatient Prescription Drug Coverage			
	Anthem / Trustmark (Current)		ANTHEM MAPD
Part D Gap Coverage	N/A		Full Gap
Formulary	N/A		Enhanced
Bonus Drug List	N/A		ECDHLP (Yes)
Formulary Edits (step therapy, quantity limits, prior authorization)	N/A		ST, QL, PA
Rx Deductible	N/A		N/A
Part D Retail Copay (up to a 30 day supply) Note: 90 day retail supply is available for 3X copay amount			Part D Retail Copay (up to a 30 day supply) Note: 90 day retail supply is available for 3X copay amount
Tier 1: Generic	\$1.00		\$1.00
Tier 2: Preferred Brand	\$1.00		\$1.00
Tier 3: Non-Preferred Brand	\$1.00		\$1.00
Tier 4: Specialty Tier	\$1.00		\$1.00
Part D Preferred Mail Order Copay (up to a 90 day supply)			Part D Preferred Mail Order Copay (up to a 90 day supply)
Tier 1: Generic	\$1.00		\$1.00
Tier 2: Preferred Brand	\$1.00		\$1.00
Tier 3: Non-Preferred Brand	\$1.00		\$1.00
Tier 4: Specialty Tier	\$1.00		\$1.00
Initial Coverage Limit	N/A		\$4,430
TrOOP Threshold	N/A		\$7,050
Catastrophic Coverage over TrOOP (greater amount of)			
Copay for generics	N/A		\$1.00
Copay for all other drugs	N/A		\$1.00
OR Coinsurance	N/A		Flat



Medicare Advantage STAR Ratings



STAR Ratings

- Quality metrics developed by Centers for Medicare & Medicaid Services (CMS)
- Financial incentive for quality care, improved health outcomes, and member satisfaction
- Rating impacts CMS reimbursement to plans
 - Impacts premiums, 2 years after measurement period
 - Impacts carrier competitiveness
- Use continuously evolving scoring methodology
- Quality bonus for plans rate 4.0 or above

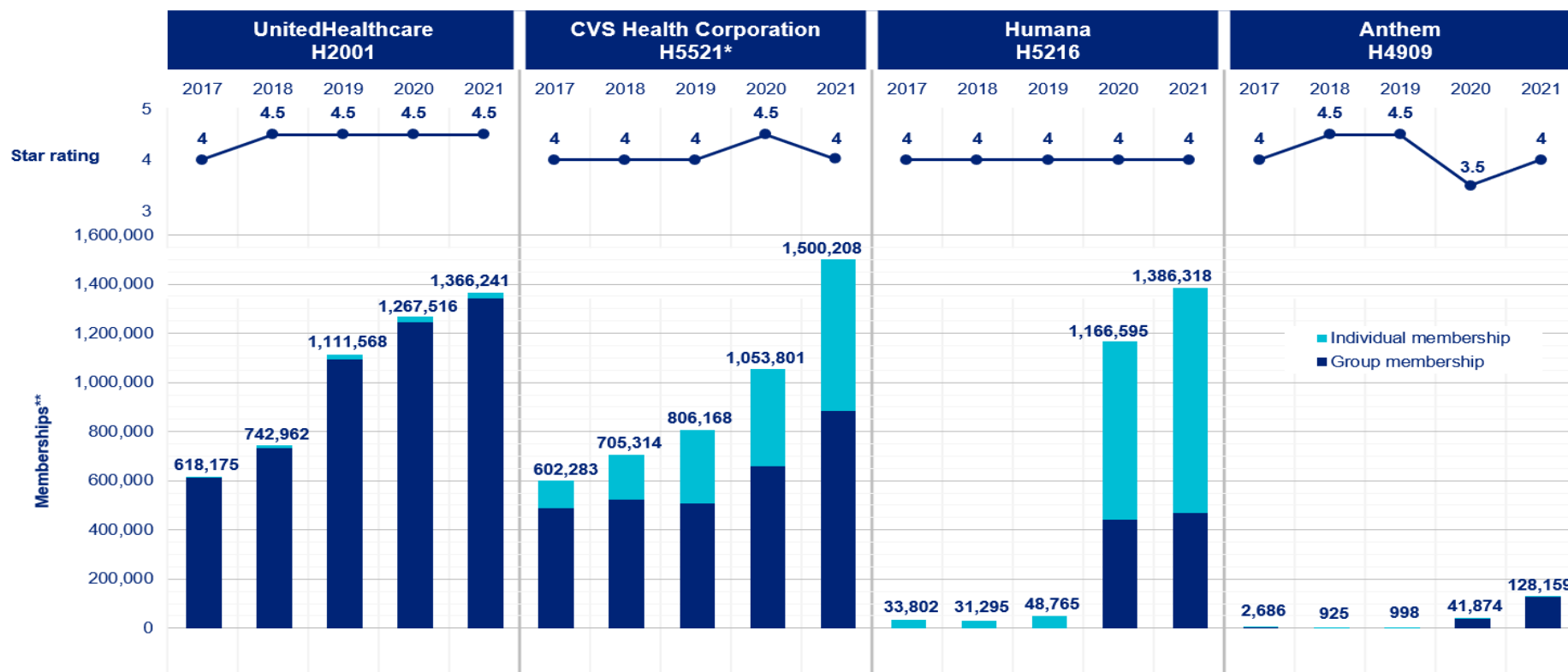


STAR Ratings and Enrollment

2022 STAR Ratings:

- UHC = 5 Stars
- Anthem = 4.5 Stars
- Blue Shield PPO = Not yet Rated

2017 – 2021 STAR Ratings and Enrollment:



* Formerly known as Aetna prior to 2020.
 ** Membership from plan year 2019.



Active & Non-Medicare Retiree Kaiser \$0 Copay Plan



SISC Proposal: Active and Non-Medicare Retiree Plan Design

Kaiser - Local 39, 1021 and Confidential

MEDICAL PLAN BENEFITS	Kaiser HMO \$0 Copay Current	Kaiser HMO (SISC) \$0 Copay Proposed
	In-Network Only	In-Network Only
Calendar Year Deductible Individual / Family Embedded / Aggregate	None Embedded	None Embedded
Annual Out-of-Pocket Maximum Individual / Family Embedded / Aggregate	\$1,500 / \$3,000 Embedded	\$1,500 / \$3,000 Embedded
Physician Office Visit	No Charge	No Charge
Specialist Copay	No Charge	No Charge
Preventative Care	No Charge	No Charge
Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests	No Charge No Charge	No Charge No Charge
Hospitalization Inpatient Outpatient	No Charge No Charge	No Charge No Charge
Emergency Room	No Charge (waived if admitted)	\$100 copay (waived if admitted)
Urgent Care Services	No Charge	No Charge
Durable Medical Equipment	No Charge	No Charge
Chiropractic / Acupuncture	Not Covered	\$10 copay (30 visits combined)
Vision		
Copay (Vision Correction)	No Charge	No Charge
Copay (Injury/Disease)	No Charge	No Charge
Allowance	\$175	\$150
Frequency	24 Months	24 or 12*
PRESCRIPTION DRUGS	Generic / Brand	Generic / Brand
Rx Copay Out-of-Pocket Maximum	Combined with Medical	Combined with Medical
Retail - 100 day supply	\$5 / \$5	\$5 / \$5
Mail Order - up to 100 day supply	\$5 / \$5	\$5 / \$5

*\$150 Allowance for eyeglass frames every 24 months or \$150 Allowance for contacts every 12 months.

This document is intended as a quick reference, not a comprehensive description. Limitations and exclusions can be found in the official plan documents. In case of any discrepancies, the official plan documents will govern.



SISC Proposal: Active and Non-Medicare Retiree Rates

Kaiser - Local 39, 1021 and Confidential

MEDICAL PLAN BENEFITS		Kaiser HMO \$0 Copay Current			Kaiser HMO (SISC) \$0 Copay Proposed	
Rate Guarantee		1 Year 7/1/2021 - 6/30/2022	1 Year 7/1/2022 - 6/30/2023		15 Months 7/1/2022 - 9/30/2023	
Monthly Rates	EEs	Current	Renewal	EEs	Proposed	
EE Only	0	\$818.28	\$858.21	0	\$873.00	
EE + 1	0	\$1,636.56	\$1,716.42	0	\$1,711.00	
EE + Family	<u>3</u>	\$2,315.73	\$2,428.73	<u>3</u>	\$2,410.00	
	3			3		
MONTHLY PREMIUM		\$6,947	\$7,286		\$7,230	
ANNUAL PREMIUM		\$83,366	\$87,434		\$86,760	
ANNUAL DOLLAR CHANGE			\$4,068			\$3,394
ANNUAL PERCENTAGE CHANGE			4.9%			4.1%



Disclosures

Alliant embraces a policy of transparency with respect to its compensation from insurance transactions. Details on our compensation policy, including the types of income that Alliant may earn on a placement, are available on our website at www.alliant.com. For a copy of our policy or for any inquiries regarding compensation issues pertaining to your account you may also contact us at: Alliant Insurance Services, Inc., Attention: General Counsel, 701 B Street, 6th Floor, San Diego, CA 92101.

Plans and rates presented are generally effective 7/1/2022 through 12/31/2023

Rates quoted assume current employer contribution levels and participation levels unless otherwise stated. Final rates will be based on final enrollment underwriting. Updated claims experience or other information may be required to finalize rates. If group demographics, enrollment levels or employer contributions change, rates may change or the quote may be withdrawn.

In general, employees must be actively at work on the effective date of the plan. When implementing new coverage, employees who are not actively at work will not be covered under the plan until they return to active state. It may be possible to waive the actively at work provision.

This proposal should not be interpreted as inclusive of all plan provisions and limitations. For further details, refer to the insurance carrier proposals and carrier plan documents. Benefit coverage and eligibility provisions for fully insured health plans may vary from state to state, based on state mandates. Illustrated enrollment is based on the information provided (employee census, current premium statement and or carrier renewal).

Coverage is not in effect until it is approved by the insurance carrier's underwriter.

Analyzing insurers' over-all performance and financial strength is a task that requires specialized skills and in-depth technical understanding of all aspects of insurance company finances and operations. Insurance brokerages such as Alliant typically rely upon rating agencies for this type of market analysis. A.M. Best has been an industry leader in this area for many decades, utilizing a combination of quantitative and qualitative analysis of the information available in formulating their ratings.

Alliant's standard protocol is to only place coverage with carriers with no less than an "A-" rating from A.M. Best. However, where Alliant determines that it is prudent to consider coverage with a lower rated carrier, the financial rating of the carrier is to be disclosed to the client. Should Alliant become aware of a carrier's rating dropping below "A-" mid-policy period we will review and advise you of the situation and consider if an alternative carrier can be reasonably provided prior to renewal.

A.M. Best has an extensive database of nearly 6,000 Life/Health, Property Casualty and International companies. You can visit them at www.ambest.com.

Ratings for Carriers included in this presentation are:

Carrier	A.M. Best
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Anthem Blue Cross	A
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Kaiser Permanente	NR
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