



# Peralta CCD Medical Plan Alternatives

Updated August 2022

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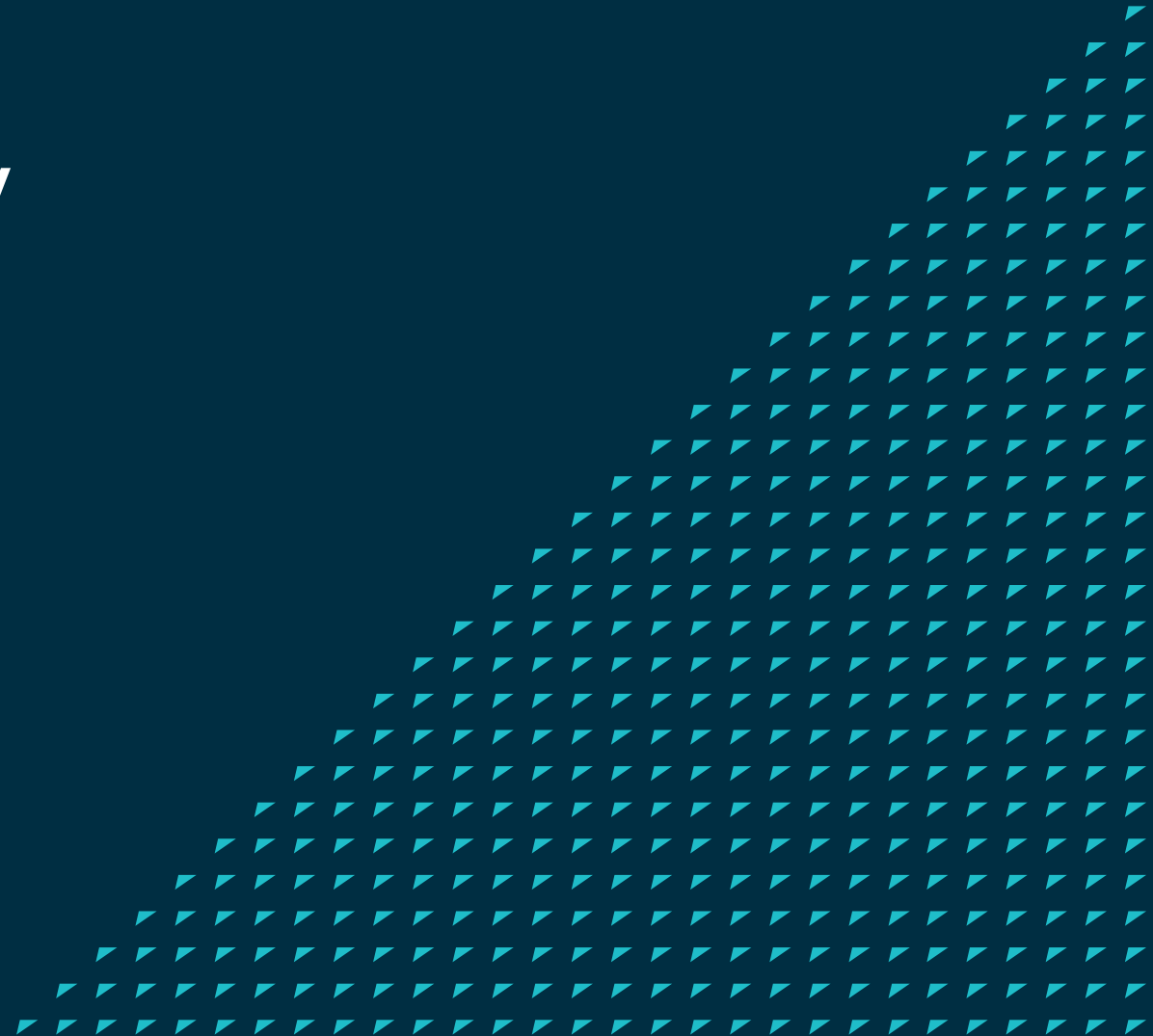


A modern conference room with a long white table, white chairs, and a wood-paneled wall with a large screen. The room has a high ceiling with recessed lights and large windows on the left side.

# Agenda

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

# 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

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# Review of Current Plans and Agreements

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# Executive Summary

## Current and Renewal Employee Contributions

	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
<b>June 30, 2004 or prior</b>	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
<b>July 1, 2004 and after</b>	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
<b>June 30, 2004 or prior</b>	Self-Funded PPO Traditional Plan: \$0 Kaiser: \$0	Self-Funded PPO Traditional Plan: \$1 Kaiser: \$5	Self-Funded PPO Traditional Plan: \$0 Kaiser: \$0
<b>Between July 1, 2004 and June 30, 2012</b>	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
<b>July 1, 2012 and after:</b>  <b>PCCD offers three medical plan options</b> <b>1. PPO Traditional with in and out of network benefits</b> <b>2. PPO Lite with in- network benefits only</b> <b>3. Kaiser HMO</b>	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 1,540 active and retired employees
  - 60% Kaiser and 40% Trustmark / Anthem
  - 348 Medicare Subscribers + Spouses/Dependents are covered by the Trustmark / Anthem plans
    - 315 Subscribers (471 Members including spouses) are 65+
    - 33 Subscribers have spouses and/or dependents who are under 65
  
- July 1, 2022 Direct Renewal
  - Trustmark / Anthem
    - 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
<b>Actives and Retirees not on Medicare</b>	Anthem PPO	Anthem / SISC PPO
	Kaiser HMO	Kaiser / SISC HMO
<b>Retirees on Medicare</b>	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 renewed on July 1, 2022
  - Trustmark / Anthem
  - Kaiser
  
- Alternative Plans Would Start on January 1, 2023
  - 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 (ALL)

Updated

<u>All Unions</u>	<u>Lives</u>	Current	Proposed	% Δ
Anthem - Actives & Early Retirees	270	<i>Anthem / Trustmark</i> \$11,925,300	<i>Anthem (SISC)</i> \$8,380,632	-29.7%
Anthem - Mixed Medicare Retirees	31	<i>Anthem / Trustmark</i> \$707,634	<i>Anthem (SISC)</i> \$918,600	29.8%
Anthem - Medicare Retirees	343	<i>Anthem / Trustmark</i> \$4,484,660	<i>Anthem Medicare Advantage (Retiree First)</i> \$2,989,974	-33.3%
Kaiser - Actives & Early Retirees	669	<i>Kaiser</i> \$12,217,375	<i>Kaiser (SISC)</i> \$12,152,520	-0.5%
Kaiser - Medicare Retirees	247	<i>Kaiser</i> \$1,689,605	<i>Kaiser (SISC)</i> \$1,542,336	-8.7%
<b>TOTAL ANNUAL PREMIUM</b>	<b>1560</b>	<b>\$31,024,574</b>	<b>\$25,984,062</b>	
<b>ANNUAL DOLLAR CHANGE</b>		<b>(\$5,040,512)</b>		
<b>ANNUAL PERCENTAGE CHANGE</b>		<b>-16.2%</b>		

Note:

- Total Premiums shown include Employer and Employee Contributions
- Enrollment as of June 2022 Census



# Executive Summary

## Financial Impact (Local 39)

Updated

Local 39	Lives	Current	Proposed	% Δ
Anthem - Actives & Early Retirees	25	Anthem / Trustmark \$1,282,525	Anthem (SISC) \$859,140	-33.0%
Anthem - Mixed Medicare Retirees	3	Anthem / Trustmark \$53,177	Anthem (SISC) \$76,284	43.5%
Anthem - Medicare Retirees	23	Anthem / Trustmark \$310,203	Anthem Medicare Advantage (Retiree First) \$206,816	-33.3%
Kaiser - Actives & Early Retirees	73	Kaiser \$1,294,147	Kaiser (SISC) \$1,287,540	-0.5%
Kaiser - Medicare Retirees	19	Kaiser \$122,609	Kaiser (SISC) \$112,476	-8.3%
<b>TOTAL ANNUAL PREMIUM</b>	<b>143</b>	<b>\$3,062,660</b>	<b>\$2,542,256</b>	
<b>ANNUAL DOLLAR CHANGE</b>			<b>(\$520,404)</b>	
<b>ANNUAL PERCENTAGE CHANGE</b>			<b>-17.0%</b>	

Note:

- Total Premiums shown include Employer and Employee Contributions
- Enrollment as of June 2022 Census





# Executive Summary Financial Impact (1021)

Updated

Local 1021	Lives	Current	Proposed	% Δ
Anthem - Actives & Early Retirees	87	<i>Anthem / Trustmark</i> \$3,512,223	<i>Anthem (SISC)</i> \$2,494,236	-29.0%
Anthem - Mixed Medicare Retirees	5	<i>Anthem / Trustmark</i> \$106,199	<i>Anthem (SISC)</i> \$146,892	38.3%
Anthem - Medicare Retirees	81	<i>Anthem / Trustmark</i> \$1,028,107	<i>Anthem Medicare Advantage (Retiree First)</i> \$685,449	-33.3%
Kaiser - Actives & Early Retirees	259	<i>Kaiser</i> \$4,778,061	<i>Kaiser (SISC)</i> \$4,750,332	-0.6%
Kaiser - Medicare Retirees	65	<i>Kaiser</i> \$390,900	<i>Kaiser (SISC)</i> \$353,496	-9.6%
<b>TOTAL ANNUAL PREMIUM</b>	<b>497</b>	<b>\$9,815,489</b>	<b>\$8,430,405</b>	
<b>ANNUAL DOLLAR CHANGE</b>		<b>(\$1,385,085)</b>		
<b>ANNUAL PERCENTAGE CHANGE</b>		<b>-14.1%</b>		

Note:

- Total Premiums shown include Employer and Employee Contributions
- Enrollment as of June 2022 Census



# Executive Summary

## Financial Impact (Confidential)

Updated

<u>Confidential</u>	Lives	Current	Proposed	% Δ
Anthem - Actives & Early Retirees	13	Anthem / Trustmark \$567,194	Anthem (SISC) \$406,092	-28.4%
Anthem - Mixed Medicare Retirees	0	Anthem / Trustmark \$0	Anthem (SISC) \$0	N/A
Anthem - Medicare Retirees	7	Anthem / Trustmark \$97,492	Anthem Medicare Advantage (Retiree First) \$64,999	-33.3%
Kaiser - Actives & Early Retirees	12	Kaiser \$198,155	Kaiser (SISC) \$197,460	-0.4%
Kaiser - Medicare Retirees	6	Kaiser \$41,736	Kaiser (SISC) \$37,080	-11.2%
<b>TOTAL ANNUAL PREMIUM</b>	<b>38</b>	<b>\$904,577</b>	<b>\$705,631</b>	
<b>ANNUAL DOLLAR CHANGE</b>			<b>(\$198,946)</b>	
<b>ANNUAL PERCENTAGE CHANGE</b>			<b>-22.0%</b>	

Note:

- Total Premiums shown include Employer and Employee Contributions
- Enrollment as of June 2022 Census



# Executive Summary

## Financial Impact (Managers & PFT)

**Updated**

<u>Managers &amp; PFT</u>	<u>Lives</u>	Current	Proposed	% Δ
Anthem - Actives & Early Retirees	144	<i>Anthem / Trustmark</i> \$6,545,384	<i>Anthem (SISC)</i> \$4,604,760	-29.6%
Anthem - Mixed Medicare Retirees	23	<i>Anthem / Trustmark</i> \$548,259	<i>Anthem (SISC)</i> \$695,424	26.8%
Anthem - Medicare Retirees	217	<i>Anthem / Trustmark</i> \$2,898,184	<i>Anthem Medicare Advantage (Retiree First)</i> \$1,932,256	-33.3%
Kaiser - Actives & Early Retirees	325	<i>Kaiser</i> \$5,947,013	<i>Kaiser (SISC)</i> \$5,917,188	-0.5%
Kaiser - Medicare Retirees	157	<i>Kaiser</i> \$1,134,360	<i>Kaiser (SISC)</i> \$1,039,284	-8.4%
<b>TOTAL ANNUAL PREMIUM</b>	<b>866</b>	<b>\$17,073,199</b>	<b>\$14,188,912</b>	
<b>ANNUAL DOLLAR CHANGE</b>		<b>(\$2,884,287)</b>		
<b>ANNUAL PERCENTAGE CHANGE</b>		<b>-16.9%</b>		

Note:

- Total Premiums shown include Employer and Employee Contributions
- Enrollment as of June 2022 Census



# Executive Summary

## Financial Impact (Surviving Spouse)

**Updated**

<u>Surviving Spouse</u>	<u>Lives</u>	Current	Proposed	% Δ
Anthem - Actives & Early Retirees	1	Anthem / Trustmark \$17,974	Anthem (SISC) \$16,404	-8.7%
Anthem - Mixed Medicare Retirees	0	Anthem / Trustmark \$0	Anthem (SISC) \$0	N/A
Anthem - Medicare Retirees	11	Anthem / Trustmark \$106,359	Anthem Medicare Advantage (Retiree First) \$70,908	-33.3%
Kaiser - Actives & Early Retirees	0	Kaiser \$0	Kaiser (SISC) \$0	N/A
Kaiser - Medicare Retirees	0	Kaiser \$0	Kaiser (SISC) \$0	N/A
<b>TOTAL ANNUAL PREMIUM</b>	<b>12</b>	<b>\$124,332</b>	<b>\$87,312</b>	
<b>ANNUAL DOLLAR CHANGE</b>		<b>(\$37,020)</b>		
<b>ANNUAL PERCENTAGE CHANGE</b>		<b>-29.8%</b>		

Note:

- Total Premiums shown include Employer and Employee Contributions
- Enrollment as of June 2022 Census



# Executive Summary

## Financial Impact (N/A – No Union Affiliation)

**Updated**

N/A	Lives	Current	Proposed	% Δ
Anthem - Actives & Early Retirees	0	Anthem / Trustmark \$0	Anthem (SISC) \$0	N/A
Anthem - Mixed Medicare Retirees	0	Anthem / Trustmark \$0	Anthem (SISC) \$0	N/A
Anthem - Medicare Retirees	4	Anthem / Trustmark \$44,316	Anthem Medicare Advantage (Retiree First) \$29,545	-33.3%
Kaiser - Actives & Early Retirees	0	Kaiser \$0	Kaiser (SISC) \$0	N/A
Kaiser - Medicare Retirees	0	Kaiser \$0	Kaiser (SISC) \$0	N/A
<b>TOTAL ANNUAL PREMIUM</b>	<b>4</b>	<b>\$44,316</b>	<b>\$29,545</b>	
<b>ANNUAL DOLLAR CHANGE</b>			<b>(\$14,770)</b>	
<b>ANNUAL PERCENTAGE CHANGE</b>			<b>-33.3%</b>	

Note:

- Total Premiums shown include Employer and Employee Contributions
- Enrollment as of June 2022 Census



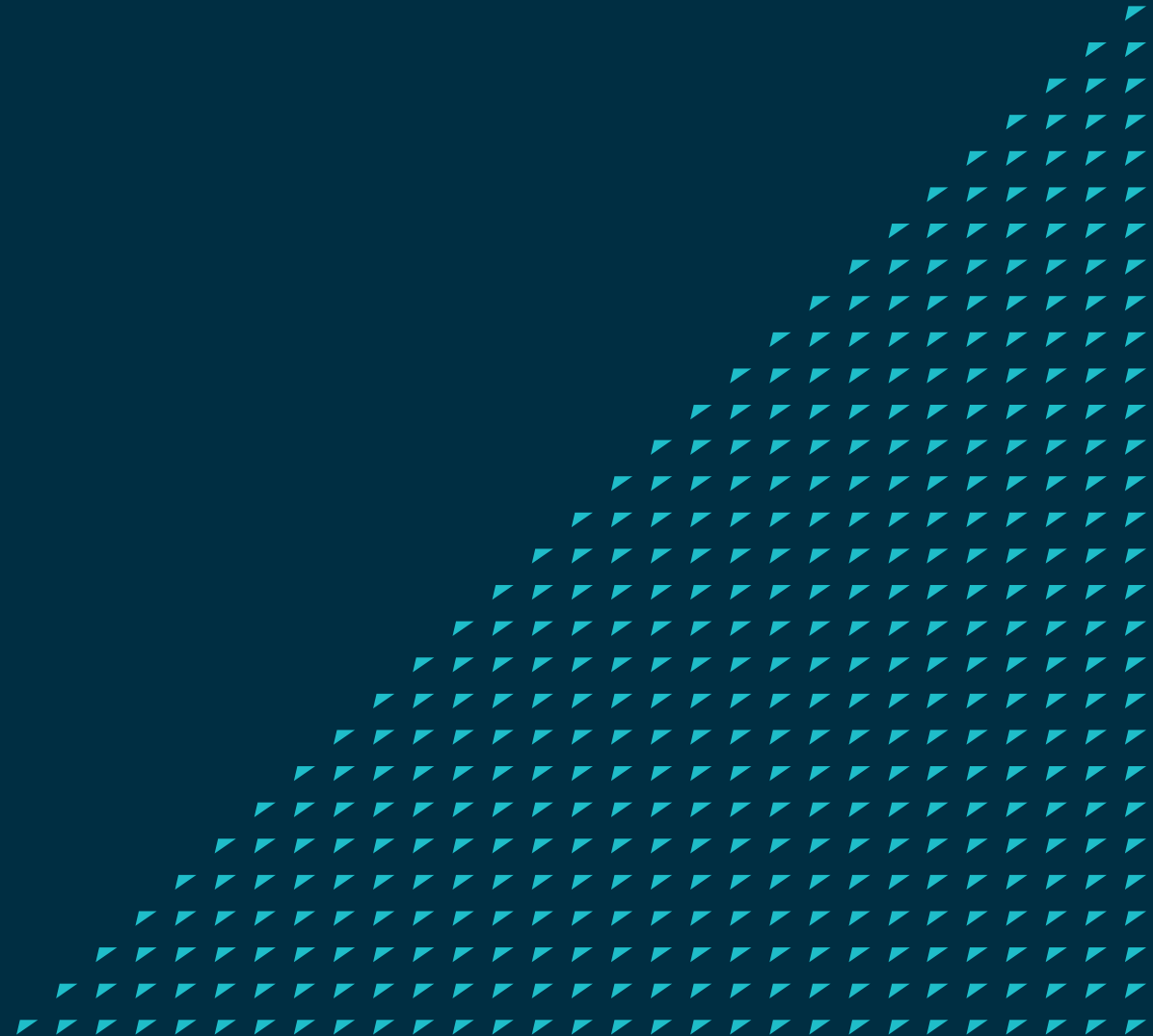
# Executive Summary

## 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
<b>MEDICAL TOTALS</b>	<b>346,265</b>

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%
<b>Average</b>	<b>5.8%</b>

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%
2022 - 2023	5.80%	5.80%	5.80%
<b>AVERAGE</b>	<b>4.91%</b>	<b>5.01%</b>	<b>4.82%</b>
<b>3 YEAR AVERAGE</b>	<b>3.43%</b>	<b>3.63%</b>	<b>3.33%</b>

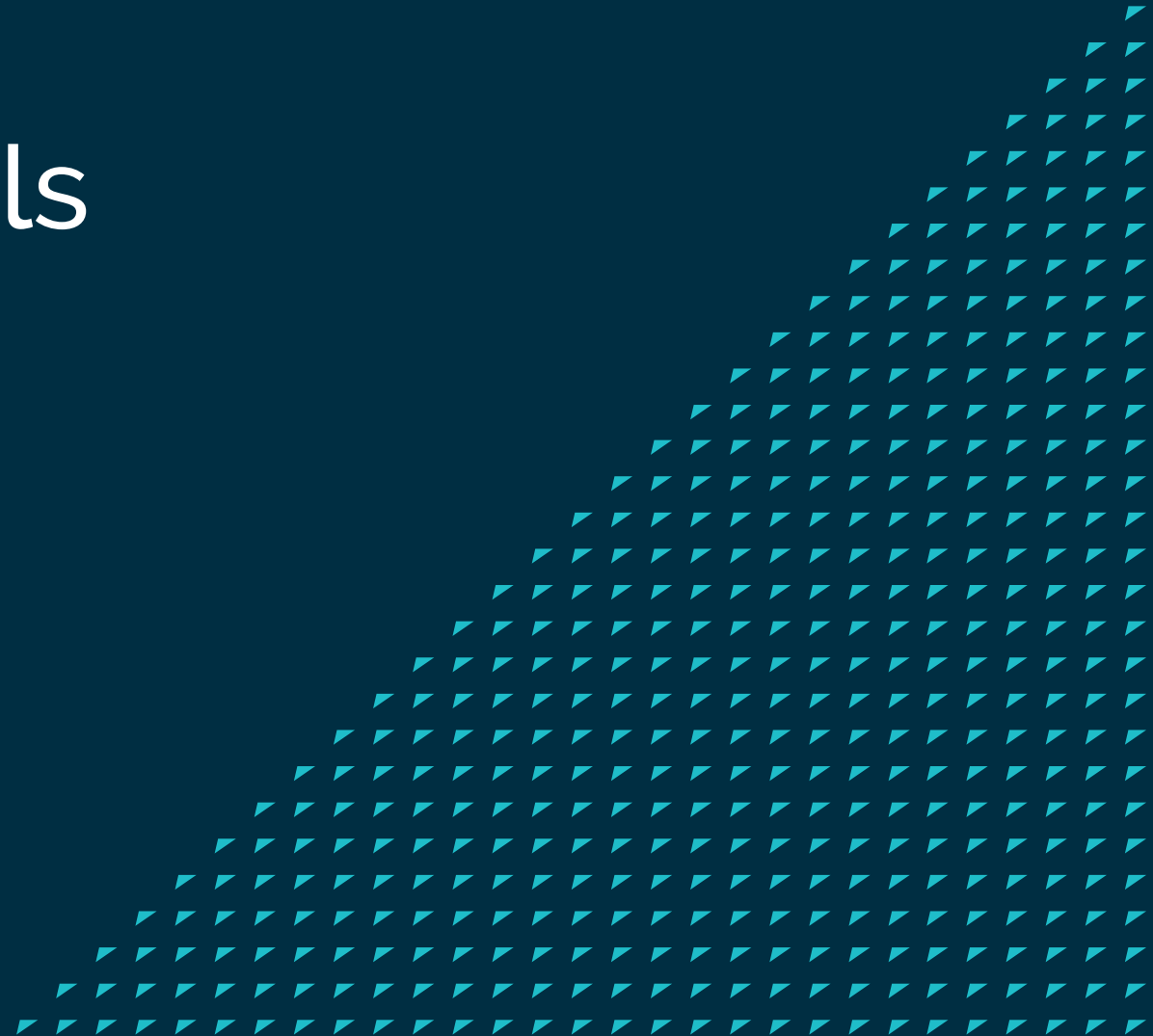




## SISC Overview: Geographic Diversity Provides Stability

- 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





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

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# 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)

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

## 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
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
<b>PRESCRIPTION DRUGS</b>
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 Embedded	\$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
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 per 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 & Post-7/1/2012 Non-Medicare Retiree Plan Design

## Anthem - Local 39

MEDICAL Local 39		Anthem / Trustmark Traditional Current		Anthem / Trustmark Lite Current		Anthem (SISC) Proposed
<b>Rate Guarantee</b>		<b>1 Year 7/1/2022 - 6/30/2023</b>		<b>1 Year 7/1/2022 - 6/30/2023</b>		<b>9 Months 1/1/2023 - 9/30/2023</b>
<b>MONTHLY RATES</b>	EEs	<b>Actives</b>	EEs	<b>Actives</b>	EEs	<b>Actives</b>
EE Only	2	\$2,017.01	2	\$1,613.49	4	\$1,367.00
EE + 1	2	\$4,506.47	3	\$3,604.91	5	\$2,687.00
EE + Family	<u>1</u> 5	\$6,770.20	<u>5</u> 10	\$5,415.79	<u>6</u> 15	\$3,789.00
<b>MONTHLY RATES</b>	EEs	<b>Retirees Post 7/2004 (No Medicare/ER)</b>			EEs	<b>All Retirees (No Medicare/ER)</b>
EE Only	0	\$1,497.80			1	\$1,367.00
EE + 1	2	\$4,248.00			5	\$2,687.00
EE + Family	<u>0</u> 2	\$5,964.50			<u>4</u> 10	\$3,789.00
<b>MONTHLY RATES</b>	EEs	<b>Retirees Post 7/2012 (No Medicare/ER)</b>	EEs	<b>Retirees Post 7/2012 (No Medicare/ER)</b>		
EE Only	0	\$2,017.01	1	\$1,613.49		
EE + 1	0	\$4,506.47	2	\$3,604.91		
EE + Family	<u>2</u> 2	\$6,770.20	<u>2</u> 5	\$5,415.79		
<b>MONTHLY RATES</b>	EEs	<b>Retirees Pre 7/2004 (No Medicare/ER)</b>				
EE Only	0	\$1,497.80				
EE + 1	1	\$4,248.00				
EE + Family	<u>0</u> 1	\$5,964.50				
<b>MONTHLY PREMIUM</b>	10	<b>\$46,102</b>	15	<b>\$60,776</b>	25	<b>\$71,595</b>
<b>ANNUAL PREMIUM</b>		<b>\$553,219</b>		<b>\$729,306</b>		<b>\$859,140</b>
<b>ANNUAL DOLLAR CHANGE</b>						<b>-\$423,385</b>
<b>ANNUAL PERCENTAGE CHANGE</b>						<b>-33.0%</b>

- *\*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates*
- *Premium and savings are annualized (multiplied by 12) regardless of Rate Guarantee*
- *Enrollment as of June 2022 Census*





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

## Kaiser - Local 39

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

\*\$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 & Post-7/1/2012 Non-Medicare Retiree Plan Design

## Kaiser - Local 39

Kaiser Local 39		Kaiser HMO \$10 Copay Current		Kaiser HMO (SISC) \$10 Copay Proposed		Kaiser HMO \$15 Copay Current		Kaiser HMO (SISC) \$15 Copay Proposed
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023
Monthly Rates	EEs	Current	EEs	Proposed	EEs	Current	EEs	Proposed
EE Only	0	\$826.03	0	\$837.00	28	\$805.90	28	\$816.00
EE + 1	1	\$1,652.06	1	\$1,640.00	25	\$1,611.80	25	\$1,600.00
EE + Family	0	\$2,337.66	0	\$2,309.00	19	\$2,280.70	19	\$2,253.00
	1		1		72		72	
MONTHLY PREMIUM		\$1,652		\$1,640		\$106,194		\$105,655
ANNUAL PREMIUM		\$19,825		\$19,680		\$1,274,322		\$1,267,860
ANNUAL DOLLAR CHANGE				(\$145)				(\$6,462)
ANNUAL PERCENTAGE CHANGE				-0.7%				-0.5%

- *\*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates*
- *Premium and savings are annualized (multiplied by 12) regardless of Rate Guarantee*
- *Enrollment as of June 2022 Census*

# Actives & Early Retirees – SISC Plan Design & Rates (1021)

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

## Anthem - 1021

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 Embedded	\$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
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	Member pays all billed amounts exceeding \$800 per Not Covered
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)	

*\*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.*



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

## Anthem - 1021

MEDICAL Local 1021		Anthem / Trustmark Traditional Current		Anthem / Trustmark Lite Current		Anthem (SISC) Proposed
<b>Rate Guarantee</b>		<b>1 Year 7/1/2022 - 6/30/2023</b>		<b>1 Year 7/1/2022 - 6/30/2023</b>		<b>9 Months 1/1/2023 - 9/30/2023</b>
<b>MONTHLY RATES</b>	<b>EEs</b>	<b>Actives</b>	<b>EEs</b>	<b>Actives</b>	<b>EEs</b>	<b>Actives</b>
EE Only	14	\$2,017.01	20	\$1,613.49	34	\$1,367.00
EE + 1	4	\$4,506.47	20	\$3,604.91	24	\$2,687.00
EE + Family	<u>3</u> 21	\$6,770.20	<u>18</u> 58	\$5,415.79	<u>21</u> 79	\$3,789.00
<b>MONTHLY RATES</b>	<b>EEs</b>	<b>Retirees Post 7/2004 (No Medicare/ER)</b>			<b>EEs</b>	<b>All Retirees (No Medicare/ER)</b>
EE Only	1	\$1,497.80			4	\$1,367.00
EE + 1	2	\$4,248.00			3	\$2,687.00
EE + Family	<u>0</u> 3	\$5,964.50			<u>1</u> 8	\$3,789.00
<b>MONTHLY RATES</b>	<b>EEs</b>	<b>Retirees Post 7/2012 (No Medicare/ER)</b>	<b>EEs</b>	<b>Retirees Post 7/2012 (No Medicare/ER)</b>		
EE Only	1	\$2,017.01	2	\$1,613.49		
EE + 1	0	\$4,506.47	1	\$3,604.91		
EE + Family	<u>0</u> 1	\$6,770.20	<u>1</u> 4	\$5,415.79		
<b>MONTHLY RATES</b>	<b>EEs</b>	<b>Retirees Pre 7/2004 (No Medicare/ER)</b>				
EE Only	0	\$1,497.80				
EE + 1	0	\$4,248.00				
EE + Family	<u>0</u> 0	\$5,964.50				
<b>MONTHLY PREMIUM</b>	25	<b>\$78,585</b>	62	<b>\$214,100</b>	87	<b>\$207,853</b>
<b>ANNUAL PREMIUM</b>		<b>\$943,025</b>		<b>\$2,569,198</b>		<b>\$2,494,236</b>
<b>ANNUAL DOLLAR CHANGE</b>						<b>-\$1,017,987</b>
<b>ANNUAL PERCENTAGE CHANGE</b>						<b>-29.0%</b>

- *\*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates*
- *Premium and savings are annualized (multiplied by 12) regardless of Rate Guarantee*
- *Enrollment as of June 2022 Census*



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

## Kaiser - 1021

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

\*\$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 & Post-7/1/2012 Non-Medicare Retiree Plan Design

## Kaiser – 1021

Kaiser Local 1021		Kaiser HMO \$10 Copay Current		Kaiser HMO (SISC) \$10 Copay Proposed		Kaiser HMO \$15 Copay Current		Kaiser HMO (SISC) \$15 Copay Proposed
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023
Monthly Rates	EEs	Current	EEs	Proposed	EEs	Current	EEs	Proposed
EE Only	2	\$826.03	2	\$837.00	101	\$805.90	101	\$816.00
EE + 1	2	\$1,652.06	2	\$1,640.00	59	\$1,611.80	59	\$1,600.00
EE + Family	<u>1</u>	\$2,337.66	<u>1</u>	\$2,309.00	<u>94</u>	\$2,280.70	<u>94</u>	\$2,253.00
	5		5		254		254	
MONTHLY PREMIUM		\$7,294		\$7,263		\$390,878		\$388,598
ANNUAL PREMIUM		\$87,526		\$87,156		\$4,690,535		\$4,663,176
ANNUAL DOLLAR CHANGE				(\$370)				(\$27,359)
ANNUAL PERCENTAGE CHANGE				-0.4%				-0.6%

- *\*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates*
- *Premium and savings are annualized (multiplied by 12) regardless of Rate Guarantee*
- *Enrollment as of June 2022 Census*

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# Actives & Early Retirees – SISC Plan Design & Rates (Confidential)

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

## Anthem - 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.*

*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 Current		Anthem / Trustmark Lite 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	\$1,000 / \$3,000	\$300 / \$900		\$1,000 / \$3,000	No Limit
	Embedded		Embedded		Embedded	
Physician Office Visit	\$10 copay (ded waived)	20% of R&C	\$10 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	\$10 copay (ded waived)	20% of R&C	\$10 copay (ded waived)		\$10 copay	Member pays difference between max allowed and actual charges
Preventative Care	No charge	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
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	\$10 copay	20% of R&C	\$10 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
<b>PRESCRIPTION DRUGS</b>	<b>Generic / Brand / Non-Formulary</b>		<b>Generic / Brand / Non-Formulary</b>		<b>Generic / Brand</b>	
Rx Copay Out-of-Pocket Maximum	\$6,300 / \$12,300		\$6,300 / \$12,300		\$1,500 / \$2,500	
Retail - 30 day supply	\$10 / \$15 / \$15		\$10 / \$15 / \$15		\$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 and Non-Medicare Retiree Rates

## Anthem – Confidential

MEDICAL Confidential		Anthem / Trustmark Traditional Current		Anthem / Trustmark Lite Current		Anthem (SISC) Proposed
<b>Rate Guarantee</b>		<b>1 Year 7/1/2022 - 6/30/2023</b>		<b>1 Year 7/1/2022 - 6/30/2023</b>		<b>9 Months 1/1/2023 - 9/30/2023</b>
<b>MONTHLY RATES</b>	EEs	<b>Actives</b>	EEs	<b>Actives</b>	EEs	<b>Actives</b>
EE Only	1	\$2,017.01	4	\$1,613.49	5	\$1,367.00
EE + 1	1	\$4,506.47	2	\$3,604.91	3	\$2,687.00
EE + Family	0	\$6,770.20	5	\$5,415.79	5	\$3,789.00
	2		11		13	
<b>MONTHLY RATES</b>	EEs	<b>Retirees Post 7/2004 (No Medicare/ER)</b>			EEs	<b>All Retirees (No Medicare/ER)</b>
EE Only	0	\$1,497.80			0	\$1,367.00
EE + 1	0	\$4,248.00			0	\$2,687.00
EE + Family	0	\$5,964.50			0	\$3,789.00
	0				0	
<b>MONTHLY RATES</b>	EEs	<b>Retirees Post 7/2012 (No Medicare/ER)</b>	EEs	<b>Retirees Post 7/2012 (No Medicare/ER)</b>		
EE Only	0	\$2,017.01	0	\$1,613.49		
EE + 1	0	\$4,506.47	0	\$3,604.91		
EE + Family	0	\$6,770.20	0	\$5,415.79		
	0		0			
<b>MONTHLY RATES</b>	EEs	<b>Retirees Pre 7/2004 (No Medicare/ER)</b>				
EE Only	0	\$1,497.80				
EE + 1	0	\$4,248.00				
EE + Family	0	\$5,964.50				
	0					
<b>MONTHLY PREMIUM</b>	2	<b>\$6,523</b>	11	<b>\$40,743</b>	13	<b>\$33,841</b>
<b>ANNUAL PREMIUM</b>		<b>\$78,282</b>		<b>\$488,913</b>		<b>\$406,092</b>
<b>ANNUAL DOLLAR CHANGE</b>						<b>-\$161,102</b>
<b>ANNUAL PERCENTAGE CHANGE</b>						<b>-28.4%</b>

- *\*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates*
- *Premium and savings are annualized (multiplied by 12) regardless of Rate Guarantee*
- *Enrollment as of June 2022 Census*



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

## Kaiser - Confidential

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

\*\$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 & Post-7/1/2012 Non-Medicare Retiree Plan Design

## Kaiser – Confidential

Kaiser <u>Confidential</u>		Kaiser HMO \$15 Copay Current		Kaiser HMO (SISC) \$15 Copay Proposed	
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023	
Monthly Rates		Current	EEs	Proposed	EEs
EE Only		\$805.90	6	\$816.00	6
EE + 1		\$1,611.80	3	\$1,600.00	3
EE + Family		\$2,280.70	3	\$2,253.00	3
			12		12
MONTHLY PREMIUM		\$16,513		\$16,455	
ANNUAL PREMIUM		\$198,155		\$197,460	
ANNUAL DOLLAR CHANGE					
ANNUAL PERCENTAGE CHANGE					(\$695) -0.4%

- *\*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates*
- *Premium and savings are annualized (multiplied by 12) regardless of Rate Guarantee*
- *Enrollment as of June 2022 Census*

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

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# SISC Proposal: Active and Non-Medicare Retiree Plan Design

## Anthem – Managers & PFT

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 Embedded	\$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 per 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)	

*\*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.*



# SISC Proposal: Active and Non-Medicare Retiree Rates

## Anthem – Managers & PFT

MEDICAL Managers & PFT		Anthem / Trustmark Traditional Current		Anthem / Trustmark Lite Current		Anthem (SISC)  Proposed
<b>Rate Guarantee</b>		<b>1 Year 7/1/2022 - 6/30/2023</b>		<b>1 Year 7/1/2022 - 6/30/2023</b>		<b>9 Months 1/1/2023 - 9/30/2023</b>
<b>MONTHLY RATES</b>	EEs	<b>Actives</b>	EEs	<b>Actives</b>	EEs	<b>Actives</b>
EE Only	23	\$2,017.01	17	\$1,613.49	40	\$1,367.00
EE + 1	8	\$4,506.47	32	\$3,604.91	40	\$2,687.00
EE + Family	4	\$6,770.20	47	\$5,415.79	51	\$3,789.00
	35		96		131	
<b>MONTHLY RATES</b>	EEs	<b>Retirees Post 7/2004 (No Medicare/ER)</b>			EEs	<b>All Retirees (No Medicare/ER)</b>
EE Only	0	\$1,497.80			5	\$1,367.00
EE + 1	2	\$4,248.00			8	\$2,687.00
EE + Family	0	\$5,964.50			0	\$3,789.00
	2				13	
<b>MONTHLY RATES</b>	EEs	<b>Retirees Post 7/2012 (No Medicare/ER)</b>	EEs	<b>Retirees Post 7/2012 (No Medicare/ER)</b>		
EE Only	1	\$2,017.01	4	\$1,613.49		
EE + 1	0	\$4,506.47	6	\$3,604.91		
EE + Family	0	\$6,770.20	0	\$5,415.79		
	1		10			
<b>MONTHLY RATES</b>	EEs	<b>Retirees Pre 7/2004 (No Medicare/ER)</b>				
EE Only	0	\$1,497.80				
EE + 1	0	\$4,248.00				
EE + Family	0	\$5,964.50				
	0					
<b>MONTHLY PREMIUM</b>	38	<b>\$120,037</b>	106	<b>\$425,412</b>	144	<b>\$383,730</b>
<b>ANNUAL PREMIUM</b>		<b>\$1,440,441</b>		<b>\$5,104,943</b>		<b>\$4,604,760</b>
<b>ANNUAL DOLLAR CHANGE</b>						<b>-\$1,940,624</b>
<b>ANNUAL PERCENTAGE CHANGE</b>						<b>-29.6%</b>

- *\*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates*
- *Premium and savings are annualized (multiplied by 12) regardless of Rate Guarantee*
- *Enrollment as of June 2022 Census*



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

## Kaiser - Managers & PFT

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

\*\$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.*



# Kaiser – Managers & PFT

Kaiser Managers & PFT		Kaiser HMO \$10 Copay Current		Kaiser HMO (SISC) \$10 Copay Proposed
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023
Monthly Rates	EEs	Current	EEs	Proposed
EE Only	143	\$826.03	143	\$837.00
EE + 1	70	\$1,652.06	70	\$1,640.00
EE + Family	112	\$2,337.66	112	\$2,309.00
	325		325	
MONTHLY PREMIUM		\$495,584		\$493,099
ANNUAL PREMIUM		\$5,947,013		\$5,917,188
ANNUAL DOLLAR CHANGE				(\$29,825)
ANNUAL PERCENTAGE CHANGE				-0.5%

- *\*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates*
- *Premium and savings are annualized (multiplied by 12) regardless of Rate Guarantee*
- *Enrollment as of June 2022 Census*

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## Actives & Early Retirees – SISC Plan Design & Rates (Surviving Spouse)

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# SISC Proposal: Active and Non-Medicare Retiree Plan Design

## Anthem – Surviving Spouse

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
<b>PRESCRIPTION DRUGS</b>
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 Embedded	\$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
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 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 per 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)	

*\*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.*



# SISC Proposal: Active and Non-Medicare Retiree Rates

## Anthem – Surviving Spouse

MEDICAL Surviving Spouse		Anthem / Trustmark Traditional Current		Anthem / Trustmark Lite Current		Anthem (SISC) Proposed
<b>Rate Guarantee</b>		<b>1 Year 7/1/2022 - 6/30/2023</b>		<b>1 Year 7/1/2022 - 6/30/2023</b>		<b>9 Months 1/1/2023 - 9/30/2023</b>
<b>MONTHLY RATES</b>	EEs	<b>Actives</b>	EEs	<b>Actives</b>	EEs	<b>Actives</b>
EE Only	0	\$2,017.01	0	\$1,613.49	0	\$1,367.00
EE + 1	0	\$4,506.47	0	\$3,604.91	0	\$2,687.00
EE + Family	0	\$6,770.20	0	\$5,415.79	0	\$3,789.00
	0		0		0	
<b>MONTHLY RATES</b>	EEs	<b>Retirees Post 7/2004 (No Medicare/ER)</b>			EEs	<b>All Retirees (No Medicare/ER)</b>
EE Only	0	\$1,497.80			1	\$1,367.00
EE + 1	0	\$4,248.00			0	\$2,687.00
EE + Family	0	\$5,964.50			0	\$3,789.00
	0				1	
<b>MONTHLY RATES</b>	EEs	<b>Retirees Post 7/2012 (No Medicare/ER)</b>	EEs	<b>Retirees Post 7/2012 (No Medicare/ER)</b>		
EE Only	0	\$2,017.01	0	\$1,613.49		
EE + 1	0	\$4,506.47	0	\$3,604.91		
EE + Family	0	\$6,770.20	0	\$5,415.79		
	0		0			
<b>MONTHLY RATES</b>	EEs	<b>Retirees Pre 7/2004 (No Medicare/ER)</b>				
EE Only	1	\$1,497.80				
EE + 1	0	\$4,248.00				
EE + Family	0	\$5,964.50				
	1					
<b>MONTHLY PREMIUM</b>	1	<b>\$1,498</b>	0	<b>\$0</b>	1	<b>\$1,367</b>
<b>ANNUAL PREMIUM</b>		<b>\$17,974</b>		<b>\$0</b>		<b>\$16,404</b>
<b>ANNUAL DOLLAR CHANGE</b>						<b>-\$1,570</b>
<b>ANNUAL PERCENTAGE CHANGE</b>						<b>-8.7%</b>

- *\*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates*
- *Premium and savings are annualized (multiplied by 12) regardless of Rate Guarantee*
- *Enrollment as of June 2022 Census*



# SISC Proposal: Active and Non-Medicare Retirees

## Part Time Temporary Faculty Only – Benefits and Rates

<b>MEDICAL PLAN BENEFITS</b>
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
Hospitalization Inpatient Outpatient
Emergency Room
Urgent Care Services
Durable Medical Equipment
<b>PRESCRIPTION DRUGS</b>
Retail - 30 day supply
Mail Order - 90 day supply

<b>MONTHLY RATES</b>
EE Only
EE + Child(ren)

2-Tier Anchor Bronze HSA PPO SISC	
<b>In-Network</b>	<b>Out-of-Network</b>
\$5,000 / \$10,000 Embedded	
\$6,350 / \$12,700 Embedded	\$1,000 / \$3,000 Embedded
30% (after ded)	Member pays difference between max allowed and actual charges
30% (after ded)	
No charge (ded waived)	Not Covered
30% (after ded)	Not Covered
30% (after ded)	Member pays difference between max allowed and actual charges
30% (after ded) 30% (after ded)	Member pays difference between max allowed and actual charges
\$100 Copay / Visit + 30% (after ded) (Copoly Waived if admitted)	
30% (after ded)	Member pays difference between max allowed and actual charges
30% (after ded)	Not Covered
<b>Generic / Brand</b>	
\$9 / \$35	
\$0 / \$90	

<b>Proposed</b>
\$641.00
\$1,269.00

*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 Programs

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# 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

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## Medicare Retirees Proposal Overview

### Subscriber over 65 / Dependent under 65

- SISC does not allow a “split contract” which would give Retirees the option to divide their family health contract into a non-SISC Medicare plan and a SISC non-Medicare plan
- Accordingly, we have worked with SISC to make available the best possible SISC coverage at the lowest price for these members
- Pre-2004 Members (10 total)
  - 10 subscribers with spouses (or other dependents) under 65
    - 1 spouse will turn 65 in March 2023
    - 2 subscribers enrolled in family coverage (spouse and child dependents)

#### ➤ **Option under SISC:**

- \$0 Copay Plan (including Rx) for both the subscriber (Medicare Retiree) and dependent(s)



# Medicare Retirees Proposal Overview

## Subscriber over 65 / Dependent under 65 (Pre-2004 Retirees)

Medical Benefits
Lifetime Max
Out-of-Pocket Maximum
Deductible
Hospital
Dr. Office Visits
Preventive Care
Emergency Room
Urgent Care
Lab, X-Ray, Advanced Imaging
Chiropractic Max Visits
Accupuncture
Vision
Hearing Aids
Routine Podiatry
Private Duty Nursing Max Visits
<b>Rx</b>
Rx Copay OOP Max
Generic
Preferred Brand
Non-Preferred Brand

Anthem / Trustmark Pre-2004 \$0 Copay	
In-Network	Out-of-Network
\$2,000,000	
\$0	\$1,000
None	None
\$0	20%
\$0	20%
\$0 (up to \$250 / year for routine office exams)	20%
\$0 Copay	
\$0	20%
\$0	20%
\$0	20%
No Limit of covered visits	
Only covered if to induce surgical anesthesia for therapeutic purposes	
Not Covered	
Not Covered	
\$0	20%
\$0	20%
100 visits	
<b>Retail / Mail</b>	
None	
\$1 / \$1	Not Covered
\$1 / \$1	Not Covered
\$1 / \$1	Not Covered

Anthem (SISC) \$0 Copay	
In-Network	Out-of-Network
<b>None</b>	
<b>\$1,000 / \$3,000</b>	<b>No Limit</b>
None	None
\$0	Member pays difference between max allowed and actual charges
\$0	
<b>\$0</b>	<b>Not Covered</b>
<b>\$100 Copay</b> (Waived if admitted)	
\$0	Member pays difference between max allowed and actual charges <sup>1</sup>
\$0	
\$0	<b>Not Covered</b>
No limit of covered visits <sup>2</sup>	
<b>\$0</b> <b>(12 visits/year)</b>	<b>50%</b>
Not Covered	
<b>\$700 every 24 months</b>	
\$0	Member pays difference between max allowed and actual charges <sup>1</sup>
\$0	\$0 (\$150/day max)
100 visits(up to 4 hours each)	
<b>Retail / Mail</b>	
<b>\$1,500 / \$2,500</b>	
<b>\$0</b>	Not Covered
<b>\$0</b>	Not Covered
<b>\$0</b>	Not Covered

1. Lab and X-Ray not covered Out-of-Network.  
2. Precertification is required after 5 visits.  
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.



# Medicare Retirees Proposal Overview

## Subscriber over 65 / Dependent under 65 (Pre-2004 Retirees)

### ALL

**Updated**

Medical Benefits All Unions		Anthem / Trustmark Pre-2004 \$0 Copay		Anthem (SISC) \$0 Copay
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023
MONTHLY RATES		Current Published Rate		Retiree 65+ Proposed Rates
Single		\$738.61		Dependent Under 65 Proposed Rates
Two-Party	8	\$1,477.13		\$876.00
Family	2	\$2,941.41		\$1,751.00
				\$2,168.00
MONTHLY RATES				Proposed Mixed Rates
2-Party (1 Over, 1 Under)			8	\$2,451.00
Family (1 Over, 2 Under)			2	\$3,931.00
Family(2 Over, 1 Under)			0	\$3,326.00
Monthly Premium	10	\$17,700	10	\$27,470
Annual Premium		\$212,398		\$329,640
Annual Dollar Change				\$117,242
Annual Percentage Change				55.2%

- *\*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates*
- *Premium and savings are annualized (multiplied by 12) regardless of Rate Guarantee*



# Medicare Retirees Proposal Overview

## Subscriber over 65 / Dependent under 65 (Pre-2004 Retirees)

### Local 39

**Updated**

Medical Benefits <u>Local 39</u>		Anthem / Trustmark Pre-2004 \$0 Copay		Anthem (SISC) \$0 Copay	
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023	
MONTHLY RATES		Current Published Rate		Retiree 65+ Proposed Rates	Dependent Under 65 Proposed Rates
Single		\$738.61		\$876.00	\$1,575.00
Two-Party	1	\$1,477.13		\$1,751.00	\$3,055.00
Family	0	\$2,941.41		\$2,168.00	\$4,267.00
MONTHLY RATES				Proposed Mixed Rates	
2-Party (1 Over, 1 Under)			1	\$2,451.00	
Family (1 Over, 2 Under)			0	\$3,931.00	
Family(2 Over, 1 Under)			0	\$3,326.00	
Monthly Premium	1	\$1,477	1	\$2,451	
Annual Premium		\$17,726		\$29,412	
Annual Dollar Change					\$11,686
Annual Percentage Change					65.9%

- *\*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates*
- *Premium and savings are annualized (multiplied by 12) regardless of Rate Guarantee*



# Medicare Retirees Proposal Overview

## Subscriber over 65 / Dependent under 65 (Pre-2004 Retirees)

### 1021

**Updated**

Medical Benefits <u>Local 1021</u>		Anthem / Trustmark Pre-2004 \$0 Copay		Anthem (SISC) \$0 Copay	
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023	
MONTHLY RATES		Current Published Rate		Retiree 65+ Proposed Rates	Dependent Under 65 Proposed Rates
Single		\$738.61		\$876.00	\$1,575.00
Two-Party	1	\$1,477.13		\$1,751.00	\$3,055.00
Family	1	\$2,941.41		\$2,168.00	\$4,267.00
MONTHLY RATES				Proposed Mixed Rates	
2-Party (1 Over, 1 Under)			1	\$2,451.00	
Family (1 Over, 2 Under)			1	\$3,931.00	
Family(2 Over, 1 Under)			0	\$3,326.00	
Monthly Premium	2	\$4,419	2	\$6,382	
Annual Premium		\$53,023		\$76,584	
Annual Dollar Change					\$23,561
Annual Percentage Change					44.4%

- *\*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates*
- *Premium and savings are annualized (multiplied by 12) regardless of Rate Guarantee*



# Medicare Retirees Proposal Overview

## Subscriber over 65 / Dependent under 65 (Pre-2004 Retirees)

### Confidential

**Updated**

Medical Benefits <u>Confidential</u>		Anthem / Trustmark Pre-2004 \$0 Copay		Anthem (SISC) \$0 Copay	
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023	
MONTHLY RATES		Current Published Rate		Retiree 65+ Proposed Rates	Dependent Under 65 Proposed Rates
Single		\$738.61		\$876.00	\$1,575.00
Two-Party	0	\$1,477.13		\$1,751.00	\$3,055.00
Family	0	\$2,941.41		\$2,168.00	\$4,267.00
MONTHLY RATES				Proposed Mixed Rates	
2-Party (1 Over, 1 Under)			0	\$2,451.00	
Family (1 Over, 2 Under)			0	\$3,931.00	
Family(2 Over, 1 Under)			0	\$3,326.00	
Monthly Premium	0	\$0	0	\$0	
Annual Premium		\$0		\$0	
Annual Dollar Change					\$0
Annual Percentage Change					N/A

- *\*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates*
- *Premium and savings are annualized (multiplied by 12) regardless of Rate Guarantee*





# Medicare Retirees Proposal Overview

## Subscriber over 65 / Dependent under 65 (Pre-2004 Retirees)

### Managers & PFT

**Updated**

Medical Benefits Managers & PFT		Anthem / Trustmark Pre-2004 \$0 Copay		Anthem (SISC) \$0 Copay
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023
MONTHLY RATES		Current Published Rate		Retiree 65+ Proposed RatesDependent Under 65 Proposed Rates
Single		\$738.61		\$876.00\$1,575.00
Two-Party	6	\$1,477.13		\$1,751.00\$3,055.00
Family	1	\$2,941.41		\$2,168.00\$4,267.00
MONTHLY RATES				Proposed Mixed Rates
2-Party (1 Over, 1 Under)			6	\$2,451.00
Family (1 Over, 2 Under)			1	\$3,931.00
Family(2 Over, 1 Under)			0	\$3,326.00
Monthly Premium	7	\$11,804	7	\$18,637
Annual Premium		\$141,650		\$223,644
Annual Dollar Change				\$81,994
Annual Percentage Change				57.9%

- *\*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates*
- *Premium and savings are annualized (multiplied by 12) regardless of Rate Guarantee*



# Medicare Retirees Proposal Overview

## Subscriber over 65 / Dependent under 65 (Pre-2004 Retirees)

### Surviving Spouse

**Updated**

Medical Benefits <u>Surviving Spouse</u>		Anthem / Trustmark Pre-2004 \$0 Copay		Anthem (SISC) \$0 Copay	
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023	
MONTHLY RATES		Current Published Rate		Retiree 65+ Proposed Rates	Dependent Under 65 Proposed Rates
Single		\$738.61		\$876.00	\$1,575.00
Two-Party	0	\$1,477.13		\$1,751.00	\$3,055.00
Family	0	\$2,941.41		\$2,168.00	\$4,267.00
MONTHLY RATES				Proposed Mixed Rates	
2-Party (1 Over, 1 Under)				0	\$2,451.00
Family (1 Over, 2 Under)				0	\$3,931.00
Family(2 Over, 1 Under)				0	\$3,326.00
Monthly Premium	0	\$0		0	\$0
Annual Premium		\$0			\$0
Annual Dollar Change					\$0
Annual Percentage Change					N/A

- *\*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates*
- *Premium and savings are annualized (multiplied by 12) regardless of Rate Guarantee*



# Medicare Retirees Proposal Overview

## Subscriber over 65 / Dependent under 65 (Pre-2004 Retirees)

### N/A – No Union Affiliation

**Updated**

Medical Benefits N/A		Anthem / Trustmark Pre-2004 \$0 Copay		Anthem (SISC) \$0 Copay	
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023	
MONTHLY RATES		Current Published Rate		Retiree 65+ Proposed Rates	Dependent Under 65 Proposed Rates
Single		\$738.61		\$876.00	\$1,575.00
Two-Party	0	\$1,477.13		\$1,751.00	\$3,055.00
Family	0	\$2,941.41		\$2,168.00	\$4,267.00
MONTHLY RATES				Proposed Mixed Rates	
2-Party (1 Over, 1 Under)			0	\$2,451.00	
Family (1 Over, 2 Under)			0	\$3,931.00	
Family(2 Over, 1 Under)			0	\$3,326.00	
Monthly Premium	0	\$0	0	\$0	
Annual Premium		\$0		\$0	
Annual Dollar Change				\$0	
Annual Percentage Change				N/A	

- *\*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates*
- *Premium and savings are annualized (multiplied by 12) regardless of Rate Guarantee*



## Medicare Retirees Proposal Overview

### Subscriber over 65 / Dependent under 65

- Post 2004 Members (14 total)
  - 14 subscribers with spouses (or other dependents) under 65
  - 3 subscribers enrolled in family coverage (spouse and child(ren) dependents)
- Post-2012 Members (8 total)
  - 1 Post 2012 PPO Lite (All Other) subscriber with a spouse under 65
  - 5 Post 2012 PPO Traditional (All Other) subscribers with a spouse/child dependent under 65
    - 1 spouse will turn 65 on 1/3/2023
    - 1 subscriber enrolled in family coverage (spouse and child dependents)
  - 2 Post 2012 PPO Traditional (Local 39) subscribers with spouses (or other dependents) under 65

#### ➤ Options under SISC:

- **Enroll the subscriber (Medicare retiree) in a \$0 copay plan with a \$0 Generic / \$20 Brand Rx Copay (Note – SISC only offers a \$0 copay plan for Medicare members)**
  - The medical plan is exactly the same as the plan proposed for the pre-2004 retirees; the only difference is the \$20 copay for Preferred Brand medications
- **Enroll the dependents in the \$10 copay plan proposed for all other active members**
  - There is one caveat: there are 2 members who have 3 dependents (spouse and 2 children); in this situation it is less expensive to enroll all members of the family in the \$0 copay plan (with the \$20 Preferred Brand Rx Copay)



# Medicare Retirees Proposal Overview

## Subscriber over 65 / Dependent under 65 (Post-2004 and Post 2012 Retirees)

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 Post 2004 \$10 Copay Traditional Plan - Current	
In-Network	Out-of-Network
\$100 / \$300 Embedded	
\$300 / \$900 Embedded	\$1,000 / \$3,000
\$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
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 (SISC) Post 2004 \$10 Copay 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	Member pays all billed amounts exceeding \$800 per test*
No charge	Not Covered
No charge	All billed amounts exceeding \$600 per day*
No charge	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)	

Anthem (SISC) Post 2004 \$0 Copay Rx 0-20 EGWP Proposed	
In-Network	Out-of-Network
None N/A	
\$1,000 / \$3,000 Embedded	No Limit
\$0 copay	Member pays difference between max allowed and actual charges
\$0 copay	Member pays difference between max allowed and actual charges
No charge	Not Covered
No charge	Member pays all billed amounts exceeding \$800 per test*
No charge	Not Covered
No charge	All billed amounts exceeding \$600 per day*
No charge	All billed amounts exceeding \$350 per day*
\$100 copay (Waived if admitted)	
\$0 copay	Member pays difference between max allowed and actual charges
No charge	Not Covered
Generic / Brand	
\$1,500 / \$2,500 \$0 / \$20 (At a network pharmacy provider)	
\$0 / \$50 (Costco Mail Order)	

*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.*



# Medicare Retirees Proposal Overview

## Subscriber over 65 / Dependent under 65 (Post-2004 and Post 2012 Retirees)

### ALL

Mixed Medicare - Post 2004 <u>All Unions</u>		Anthem / Trustmark Post 2004 \$10 Copay  Current		Anthem (SISC) Post 2004 \$10 Copay  Proposed	Anthem (SISC) Post 2004 \$0 Copay Rx 0-20 EGWP Proposed
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023	
MONTHLY RATES		Current Published Rate		Retiree 65+ Proposed Rates	Dependent Under 65 Proposed Rates
Single		\$738.61		\$586.00	\$1,367.00
Two-Party	14	\$1,477.13		\$1,171.00	\$2,687.00
Family	7	\$2,941.41		\$1,530.00	\$3,789.00
MONTHLY RATES				Proposed Mixed Rates	
2-Party (1 Over, 1 Under)			14	\$1,953.00	
Family (1 Over, 2 Under)			2	\$3,273.00	
Family(2 Over, 1 Under)			3	\$2,538.00	
Family(3+ Under) <sup>1</sup>			2	\$3,789.00	
Monthly Premium	21	\$41,270	21	\$49,080	
Annual Premium		\$495,236		\$588,960	
Annual Dollar Change					\$93,724
Annual Percentage Change					18.9%



Mixed Medicare - Post 2004 <u>Local 39</u>		Anthem / Trustmark Post 2004 \$10 Copay  Current		Anthem (SISC) Post 2004 \$10 Copay  Proposed	Anthem (SISC) Post 2004 \$0 Copay Rx 0-20 EGWP Proposed
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023	
MONTHLY RATES		Current Published Rate		Retiree 65+ Proposed Rates	Dependent Under 65 Proposed Rates
Single		\$738.61		\$586.00	\$1,367.00
Two-Party	2	\$1,477.13		\$1,171.00	\$2,687.00
Family	0	\$2,941.41		\$1,530.00	\$3,789.00
MONTHLY RATES				Proposed Mixed Rates	
2-Party (1 Over, 1 Under)			2	\$1,953.00	
Family (1 Over, 2 Under)			0	\$3,273.00	
Family(2 Over, 1 Under)			0	\$2,538.00	
Family(3+ Under) <sup>1</sup>			0	\$3,789.00	
Monthly Premium	2	\$2,954	2	\$3,906	
Annual Premium		\$35,451		\$46,872	
Annual Dollar Change				\$11,421	
Annual Percentage Change				32.2%	

- *PCCD is approved to implement on 1/1/2023 with no change to proposed rates*
- *Premium and savings are annualized (multiplied by 12) regardless of Rate Guarantee*



Mixed Medicare - Post 2004 <u>Local 1021</u>		Anthem / Trustmark Post 2004 \$10 Copay  Current		Anthem (SISC) Post 2004 \$10 Copay  Proposed	Anthem (SISC) Post 2004 \$0 Copay Rx 0-20 EGWP  Proposed
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023	
MONTHLY RATES		Current Published Rate		Retiree 65+ Proposed Rates	Dependent Under 65 Proposed Rates
Single		\$738.61		\$586.00	\$1,367.00
Two-Party	3	\$1,477.13		\$1,171.00	\$2,687.00
Family	0	\$2,941.41		\$1,530.00	\$3,789.00
MONTHLY RATES				Proposed Mixed Rates	
2-Party (1 Over, 1 Under)			3	\$1,953.00	
Family (1 Over, 2 Under)			0	\$3,273.00	
Family(2 Over, 1 Under)			0	\$2,538.00	
Family(3+ Under) <sup>1</sup>			0	\$3,789.00	
Monthly Premium	3	\$4,431	3	\$5,859	
Annual Premium		\$53,177		\$70,308	
Annual Dollar Change				\$17,131	
Annual Percentage Change				32.2%	

- *PCCD is approved to implement on 1/1/2023 with no change to proposed rates*
- *Premium and savings are annualized (multiplied by 12) regardless of Rate Guarantee*





## Confidential

Mixed Medicare - Post 2004

ConfidentialAnthem / Trustmark  
Post 2004 \$10 Copay

Current

Anthem (SISC)  
Post 2004 \$10 Copay

Proposed

Anthem (SISC)  
Post 2004 \$0 Copay Rx 0-20  
EGWP  
Proposed

Rate Guarantee

MONTHLY RATES

Single

Two-Party

Family

0

0

1 Year  
7/1/2022 - 6/30/2023

Current Published Rate

\$738.61

\$1,477.13

\$2,941.41

9 Months  
1/1/2023 - 9/30/2023Retiree 65+  
Proposed Rates

\$586.00

\$1,171.00

\$1,530.00

Dependent Under 65  
Proposed Rates

\$1,367.00

\$2,687.00

\$3,789.00

MONTHLY RATES

2-Party (1 Over, 1 Under)

Family (1 Over, 2 Under)

Family(2 Over, 1 Under)

Family(3+ Under)<sup>1</sup>

0

0

0

0

Proposed Mixed Rates

\$1,953.00

\$3,273.00

\$2,538.00

\$3,789.00

Monthly Premium

Annual Premium

0

\$0

\$0

0

\$0

\$0

Annual Dollar Change

Annual Percentage Change

\$0  
N/A

- *PCCD is approved to implement on 1/1/2023 with no change to proposed rates*
- *Premium and savings are annualized (multiplied by 12) regardless of Rate Guarantee*



## Subscriber over 65 / Dependent under 65 (Post-2004 and Post 2012 Retirees) Managers & PFT

**Updated**

Mixed Medicare - Post 2004  
Managers & PFT

Anthem / Trustmark  
Post 2004 \$10 Copay  
Current

Anthem (SISC) Post 2004 \$10 Copay Proposed	Anthem (SISC) Post 2004 \$0 Copay Rx 0-20 EGWP Proposed
---	--

Rate Guarantee
MONTHLY RATES
Single
Two-Party
Family

1 Year 7/1/2022 - 6/30/2023
Current Published Rate
\$738.61
\$1,477.13
\$2,941.41

9 Months 1/1/2023 - 9/30/2023	
Retiree 65+ Proposed Rates	Dependent Under 65 Proposed Rates
\$586.00	\$1,367.00
\$1,171.00	\$2,687.00
\$1,530.00	\$3,789.00

MONTHLY RATES
2-Party (1 Over, 1 Under)
Family (1 Over, 2 Under)
Family(2 Over, 1 Under)
Family(3+ Under) <sup>1</sup>

Proposed Mixed Rates
\$1,953.00
\$3,273.00
\$2,538.00
\$3,789.00

Monthly Premium  
Annual Premium

16

\$33,884  
\$406,609

16

\$39,315  
\$471,780

Annual Dollar Change  
Annual Percentage Change

\$65,171  
16.0%

<sup>1</sup>There are 2 members who have 3 dependents (spouse and 2 children); in this situation it is less expensive to enroll ALL members of the family in the \$10 Under 65 plan

- PCCD is approved to implement on 1/1/2023 with no change to proposed rates
- Premium and savings are annualized (multiplied by 12) regardless of Rate Guarantee



# Subscriber over 65 / Dependent under 65 (Post-2004 and Post 2012 Retirees) Surviving Spouse

**Updated**

Mixed Medicare - Post 2004 <u>Surviving Spouse</u>	Anthem / Trustmark Post 2004 \$10 Copay  Current	Anthem (SISC) Post 2004 \$10 Copay  Proposed	Anthem (SISC) Post 2004 \$0 Copay Rx 0-20 EGWP  Proposed
Rate Guarantee	1 Year 7/1/2022 - 6/30/2023	9 Months 1/1/2023 - 9/30/2023	
MONTHLY RATES	Current Published Rate	Retiree 65+ Proposed Rates	Dependent Under 65 Proposed Rates
Single	\$738.61	\$586.00	\$1,367.00
Two-Party	\$1,477.13	\$1,171.00	\$2,687.00
Family	\$2,941.41	\$1,530.00	\$3,789.00
MONTHLY RATES		Proposed Mixed Rates	
2-Party (1 Over, 1 Under)		\$1,953.00	
Family (1 Over, 2 Under)		\$3,273.00	
Family(2 Over, 1 Under)		\$2,538.00	
Family(3+ Under) <sup>1</sup>		\$3,789.00	
Monthly Premium	\$0	\$0	
Annual Premium	\$0	\$0	
Annual Dollar Change			\$0
Annual Percentage Change			N/A

- *PCCD is approved to implement on 1/1/2023 with no change to proposed rates*
- *Premium and savings are annualized (multiplied by 12) regardless of Rate Guarantee*

## Medicare Retirees Proposal Overview



Subscriber over 65 / Dependent under 65 (Post-2004 and Post 2012 Retirees)

Updated

N/A – No Union Affiliation

Mixed Medicare - Post 2004 <u>N/A</u>	Anthem / Trustmark Post 2004 \$10 Copay  Current	Anthem (SISC) Post 2004 \$10 Copay  Proposed	Anthem (SISC) Post 2004 \$0 Copay Rx 0-20 EGWP  Proposed
Rate Guarantee	1 Year 7/1/2022 - 6/30/2023	9 Months 1/1/2023 - 9/30/2023	
MONTHLY RATES	Current Published Rate	Retiree 65+ Proposed Rates	Dependent Under 65 Proposed Rates
Single	\$738.61	\$586.00	\$1,367.00
Two-Party	\$1,477.13	\$1,171.00	\$2,687.00
Family	\$2,941.41	\$1,530.00	\$3,789.00
MONTHLY RATES		Proposed Mixed Rates	
2-Party (1 Over, 1 Under)		\$1,953.00	
Family (1 Over, 2 Under)		\$3,273.00	
Family(2 Over, 1 Under)		\$2,538.00	
Family(3+ Under) <sup>1</sup>		\$3,789.00	
Monthly Premium	\$0	\$0	
Annual Premium	\$0	\$0	
Annual Dollar Change			\$0
Annual Percentage Change			N/A

- *PCCD is approved to implement on 1/1/2023 with no change to proposed rates*
- *Premium and savings are annualized (multiplied by 12) regardless of Rate Guarantee*



# 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

- 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

Medical Benefits	Current Anthem / Trustmark		Proposed Anthem Medicare Advantage
	Preferred Provider	Nonpreferred Provider	Medicare Provider
Lifetime Max	\$2,000,000		<b>None</b>
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		<b>\$100 material allowance every 24 months</b>
Hearing Aids	Not Covered		<b>\$500 allowance every 12 months (both ears)</b>
<b>Rx</b>	<b>Retail / Mail</b>		<b>Retail / Mail</b>
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 95 - 102***

# Medicare Retiree Rate Proposal

## Anthem Medicare Advantage

### ALL

Medical Benefits <u>All Unions</u>		Current Anthem / Trustmark	Proposed Anthem Medicare Advantage
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023	1 Year 1/1/2023 - 12/31/2023
MONTHLY RATES		Current Published Rate	Proposed
Single	180	\$738.61	\$492.42
Two-Party	163	\$1,477.13	\$984.84
	343		
Annual Premium		\$4,484,660	\$2,989,974
Annual Dollar Change Annual Percentage Change			-\$1,494,686 -33.3%

\* PCCD is approved to implement on 1/1/2023 with no change to proposed rates

# Medicare Retiree Rate Proposal

## Anthem Medicare Advantage

### Local 39

**Updated**

Medical Benefits <u>Local 39</u>		Current Anthem / Trustmark	Proposed Anthem Medicare Advantage
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023	1 Year 1/1/2023 - 12/31/2023
MONTHLY RATES		Current Published Rate	Proposed
Single	11	\$738.61	\$492.42
Two-Party	12	\$1,477.13	\$984.84
	23		
Annual Premium		\$310,203	\$206,816
Annual Dollar Change			-\$103,387
Annual Percentage Change			-33.3%

\* PCCD is approved to implement on 1/1/2023 with no change to proposed rates

# Medicare Retiree Rate Proposal

## Anthem Medicare Advantage

### 1021

**Updated**

Medical Benefits <u>Local 1021</u>		Current Anthem / Trustmark	Proposed Anthem Medicare Advantage
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023	1 Year 1/1/2023 - 12/31/2023
MONTHLY RATES		Current Published Rate	Proposed
Single	46	\$738.61	\$492.42
Two-Party	35	\$1,477.13	\$984.84
	81		
Annual Premium		\$1,028,107	\$685,449
Annual Dollar Change			-\$342,658
Annual Percentage Change			-33.3%

\* PCCD is approved to implement on 1/1/2023 with no change to proposed rates

# Medicare Retiree Rate Proposal

## Anthem Medicare Advantage

### Confidential

Updated

Medical Benefits <u>Confidential</u>		Current Anthem / Trustmark	Proposed Anthem Medicare Advantage
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023	1 Year 1/1/2023 - 12/31/2023
MONTHLY RATES	EEs	Current Published Rate	Proposed
Single	3	\$738.61	\$492.42
Two-Party	4	\$1,477.13	\$984.84
	7		
Annual Premium		\$97,492	\$64,999
Annual Dollar Change			-\$32,493
Annual Percentage Change			-33.3%

\* PCCD is approved to implement on 1/1/2023 with no change to proposed rates

# Medicare Retiree Rate Proposal

## Anthem Medicare Advantage Managers & PFT

**Updated**

Medical Benefits Managers & PFT		Current Anthem / Trustmark	Proposed Anthem Medicare Advantage
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023	1 Year 1/1/2023 - 12/31/2023
MONTHLY RATES		Current Published Rate	Proposed
Single	107	\$738.61	\$492.42
Two-Party	110	\$1,477.13	\$984.84
	217		
Annual Premium		\$2,898,184	\$1,932,256
Annual Dollar Change Annual Percentage Change			-\$965,928 -33.3%

\* PCCD is approved to implement on 1/1/2023 with no change to proposed rates



# Medicare Retiree Rate Proposal

## Anthem Medicare Advantage

### Surviving Spouse

**Updated**

Medical Benefits <u>Surviving Spouse</u>		Current Anthem / Trustmark	Proposed Anthem Medicare Advantage
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023	1 Year 1/1/2023 - 12/31/2023
MONTHLY RATES	EEs	Current Published Rate	Proposed
Single	10	\$738.61	\$492.42
Two-Party	<u>1</u> 11	\$1,477.13	\$984.84
Annual Premium		\$106,359	\$70,908
Annual Dollar Change Annual Percentage Change			-\$35,450 -33.3%

\* PCCD is approved to implement on 1/1/2023 with no change to proposed rates

# Medicare Retiree Rate Proposal

## Anthem Medicare Advantage

### N/A – No Union Affiliation

**Updated**

Medical Benefits <u>N/A</u>		Current Anthem / Trustmark	Proposed Anthem Medicare Advantage
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023	1 Year 1/1/2023 - 12/31/2023
<b>MONTHLY RATES</b>	<u>EEs</u>	<b>Current Published Rate</b>	<b>Proposed</b>
Single	3	\$738.61	\$492.42
Two-Party	<u>1</u>	\$1,477.13	\$984.84
	4		
Annual Premium		\$44,316	\$29,545
Annual Dollar Change			-\$14,770
Annual Percentage Change			-33.3%

\* PCCD is approved to implement on 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)

<sup>1</sup>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

<sup>2</sup>\$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
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
Chiropractic / Acupuncture
<b>Vision</b>
Copay (Vision Correction)
Copay (Injury/Disease)
Allowance
Frequency
<b>PRESCRIPTION DRUGS</b>
Rx Copay Out-of-Pocket Maximum
Retail - 100 day supply
Mail Order - up to 100 day supply

Kaiser SA HMO \$0 Copay Current
<b>In-Network Only</b>
None Embedded
\$1,500 / \$3,000 Embedded
No Charge
No Charge
No Charge
No Charge
No Charge
No Charge
No Charge
No Charge
No Charge (waived if admitted)
No Charge
No Charge
Not Covered <sup>1</sup>
No Charge
No Charge
\$175
24 Months
<b>Generic / Brand</b>
Combined with Medical
\$5 / \$5
\$5 / \$5

Kaiser SA HMO (SISC) \$0 Copay Proposed
<b>In-Network Only</b>
None Embedded
\$1,500 / \$3,000 Embedded
No Charge
No Charge
No Charge
No Charge
No Charge
No Charge
No Charge
No Charge
<b>\$50 copay</b> (waived if admitted)
No Charge
No Charge
<b>\$10 copay</b> (30 visits combined)
No Charge
No Charge
<b>\$150</b> <b>24 or 12 <sup>2</sup></b>
<b>Generic / Brand</b>
Combined with Medical
\$5 / \$5
\$5 / \$5



# SISC Proposal: Medicare Retiree Rates

## Kaiser (\$0 Copay)

### ALL

**Updated**

KPSA <u>All Unions</u>		Kaiser SA HMO \$0 Copay Current		Kaiser SA HMO (SISC) \$0 Copay Proposed	
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023	
Monthly Rates		EEs	Current	EEs	Proposed
Single		77	\$442.95	77	\$412.00
2 Party		42	\$885.90	42	\$824.00
2 Party + Child(ren) Non-Medicare		<u>3</u>	\$1,598.21	<u>3</u>	\$1,523.00
		122		122	
MONTHLY PREMIUM		\$76,110		\$70,901	
ANNUAL PREMIUM		\$913,315		\$850,812	
ANNUAL DOLLAR CHANGE				(\$62,503)	
ANNUAL PERCENTAGE CHANGE				-6.8%	

- Premium and savings are annualized(multiplied by 12) regardless of Rate Guarantee
- \*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates



# SISC Proposal: Medicare Retiree Rates

## Kaiser (\$0 Copay)

### Local 39

**Updated**

KPSA Local 39		Kaiser SA HMO \$0 Copay Current		Kaiser SA HMO (SISC) \$0 Copay Proposed
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023
Monthly Rates	EEs	Current	EEs	Proposed
Single	6	\$442.95	6	\$412.00
2 Party	5	\$885.90	5	\$824.00
2 Party + Child(ren) Non-Medicare	0	\$1,598.21	0	\$1,523.00
	11		11	
<b>MONTHLY PREMIUM</b>		<b>\$7,087</b>		<b>\$6,592</b>
<b>ANNUAL PREMIUM</b>		<b>\$85,046</b>		<b>\$79,104</b>
<b>ANNUAL DOLLAR CHANGE</b>				<b>(\$5,942)</b>
<b>ANNUAL PERCENTAGE CHANGE</b>				<b>-7.0%</b>

- Premium and savings are annualized(multiplied by 12) regardless of Rate Guarantee
- \*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates



# SISC Proposal: Medicare Retiree Rates

## Kaiser (\$0 Copay)

### 1021

**Updated**

KPSA <u>Local 1021</u>		Kaiser SA HMO \$0 Copay Current		Kaiser SA HMO (SISC) \$0 Copay Proposed	
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023	
Monthly Rates		EEs	Current	EEs	Proposed
Single		20	\$442.95	20	\$412.00
2 Party		4	\$885.90	4	\$824.00
2 Party + Child(ren) Non-Medicare		<u>0</u>	\$1,598.21	<u>0</u>	\$1,523.00
		24		24	
MONTHLY PREMIUM			\$12,403		\$11,536
ANNUAL PREMIUM			\$148,831		\$138,432
ANNUAL DOLLAR CHANGE					(\$10,399)
ANNUAL PERCENTAGE CHANGE					-7.0%

- Premium and savings are annualized(multiplied by 12) regardless of Rate Guarantee
- \*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates



# SISC Proposal: Medicare Retiree Rates

## Kaiser (\$0 Copay)

### Confidential

**Updated**

KPSA <u>Confidential</u>		Kaiser SA HMO \$0 Copay Current		Kaiser SA HMO (SISC) \$0 Copay Proposed	
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023	
Monthly Rates		EEs	Current	EEs	Proposed
Single		0	\$442.95	0	\$412.00
2 Party		0	\$885.90	0	\$824.00
2 Party + Child(ren) Non-Medicare		0	\$1,598.21	0	\$1,523.00
		0		0	
MONTHLY PREMIUM			\$0		\$0
ANNUAL PREMIUM			\$0		\$0
ANNUAL DOLLAR CHANGE					\$0
ANNUAL PERCENTAGE CHANGE					N/A

- Premium and savings are annualized(multiplied by 12) regardless of Rate Guarantee
- \*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates





# SISC Proposal: Medicare Retiree Rates

## Kaiser (\$0 Copay)

### Managers & PFT

**Updated**

KPSA Managers & PFT		Kaiser SA HMO \$0 Copay Current		Kaiser SA HMO (SISC) \$0 Copay Proposed	
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023	
Monthly Rates		Current	EEs	Proposed	EEs
Single		\$442.95	51	\$412.00	51
2 Party		\$885.90	33	\$824.00	33
2 Party + Child(ren) Non-Medicare		\$1,598.21	<u>3</u>	\$1,523.00	<u>3</u>
			87		87
MONTHLY PREMIUM		\$56,620		\$52,773	
ANNUAL PREMIUM		\$679,437		\$633,276	
ANNUAL DOLLAR CHANGE				(\$46,161)	
ANNUAL PERCENTAGE CHANGE				-6.8%	

- Premium and savings are annualized(multiplied by 12) regardless of Rate Guarantee
- \*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates



# SISC Proposal: Medicare Retiree Rates

## Kaiser (\$0 Copay)

### Surviving Spouse

**Updated**

KPSA <u>Surviving Spouse</u>		Kaiser SA HMO \$0 Copay Current		Kaiser SA HMO (SISC) \$0 Copay Proposed	
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023	
Monthly Rates		EEs	Current	EEs	Proposed
Single		0	\$442.95	0	\$412.00
2 Party		0	\$885.90	0	\$824.00
2 Party + Child(ren) Non-Medicare		0	\$1,598.21	0	\$1,523.00
MONTHLY PREMIUM			\$0		\$0
ANNUAL PREMIUM			\$0		\$0
ANNUAL DOLLAR CHANGE					\$0
ANNUAL PERCENTAGE CHANGE					N/A

- Premium and savings are annualized(multiplied by 12) regardless of Rate Guarantee
- \*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates



# SISC Proposal: Medicare Retiree Rates

## Kaiser (\$0 Copay)

### N/A – No Union Affiliation

**Updated**

KPSA N/A		Kaiser SA HMO \$0 Copay Current		Kaiser SA HMO (SISC) \$0 Copay Proposed	
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023	
Monthly Rates		EEs	Current	EEs	Proposed
Single		0	\$442.95	0	\$412.00
2 Party		0	\$885.90	0	\$824.00
2 Party + Child(ren) Non-Medicare		0	\$1,598.21	0	\$1,523.00
MONTHLY PREMIUM			\$0		\$0
ANNUAL PREMIUM			\$0		\$0
ANNUAL DOLLAR CHANGE					\$0
ANNUAL PERCENTAGE CHANGE					N/A

- Premium and savings are annualized(multiplied by 12) regardless of Rate Guarantee
- \*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates

SISC Proposal: Medicare Retiree Plan Design  
Kaiser / SISC (\$10 / \$15 Copay)

<sup>1</sup>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

<sup>2</sup> \$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)	<b>\$50 copay</b> (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 <sup>1</sup>	Not Covered <sup>1</sup>	<b>\$10 copay</b> <b>(30 visits combined)</b>
Vision			
Copay (Vision Correction)	No Charge	No Charge	No Charge
Copay (Injury/Disease)	\$10	\$15	<b>\$10</b>
Allowance	\$175	\$175	<b>\$150</b>
Frequency	24 Months	24 Months	<b>24 or 12 <sup>2</sup></b>
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 / <b>\$20</b>
Mail Order - up to 100 day supply	\$10 / \$15	\$10 / \$20	\$10 / <b>\$20</b>



# SISC Proposal: Medicare Retiree Rates

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

### ALL

KPSA All Unions		Kaiser SA HMO \$10 Copay Current		Kaiser SA HMO \$15 Copay Current		Kaiser SA HMO (SISC) \$10 Copay Proposed	
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023	
Monthly Rates		EEs	Current	EEs	Current	EEs	Proposed
Single		70	\$347.80	0	\$325.33	70	\$309.00
2 Party		52	\$695.60	0	\$650.66	52	\$618.00
2 Party + Child(ren) Non-Medicare		3	\$1,391.20	0	\$1,319.56	3	\$1,287.00
		125		0		125	
MONTHLY PREMIUM			\$64,691		\$0		\$57,627
ANNUAL PREMIUM			\$776,290		\$0		\$691,524
ANNUAL DOLLAR CHANGE							(\$84,766)
ANNUAL PERCENTAGE CHANGE							-10.9%

- All enrollees on the Kaiser \$10 and \$15 Copay Plan are assumed to enroll in the \$10 SISC Copay Plan
- Premium and savings are annualized (multiplied by 12) regardless of Rate Guarantee
- \*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates



# SISC Proposal: Medicare Retiree Rates

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

### Local 39

**Updated**

KPSA Local 39		Kaiser SA HMO \$10 Copay Current		Kaiser SA HMO \$15 Copay Current		Kaiser SA HMO (SISC) \$10 Copay Proposed
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023
Monthly Rates	EEs	Current	EEs	Current	EEs	Proposed
Single	7	\$347.80	0	\$325.33	7	\$309.00
2 Party	1	\$695.60	0	\$650.66	1	\$618.00
2 Party + Child(ren) Non-Medicare	0	\$1,391.20	0	\$1,319.56	0	\$1,287.00
	8		0		8	
<b>MONTHLY PREMIUM</b>		<b>\$3,130</b>		<b>\$0</b>		<b>\$2,781</b>
<b>ANNUAL PREMIUM</b>		<b>\$37,562</b>		<b>\$0</b>		<b>\$33,372</b>
<b>ANNUAL DOLLAR CHANGE</b>						<b>(\$4,190)</b>
<b>ANNUAL PERCENTAGE CHANGE</b>						<b>-11.2%</b>

- All enrollees on the Kaiser \$10 and \$15 Copay Plan are assumed to enroll in the \$10 SISC Copay Plan
- *\*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates*
- Premium and savings are annualized (multiplied by 12) regardless of Rate Guarantee



# SISC Proposal: Medicare Retiree Rates

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

### 1021

**Updated**

KPSA Local 1021		Kaiser SA HMO \$10 Copay Current		Kaiser SA HMO \$15 Copay Current		Kaiser SA HMO (SISC) \$10 Copay Proposed
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023
Monthly Rates	EEs	Current	EEs	Current	EEs	Proposed
Single	24	\$347.80	0	\$325.33	24	\$309.00
2 Party	17	\$695.60	0	\$650.66	17	\$618.00
2 Party + Child(ren) Non-Medicare	0	\$1,391.20	0	\$1,319.56	0	\$1,287.00
	41		0		41	
<b>MONTHLY PREMIUM</b>		<b>\$20,172</b>		<b>\$0</b>		<b>\$17,922</b>
<b>ANNUAL PREMIUM</b>		<b>\$242,069</b>		<b>\$0</b>		<b>\$215,064</b>
<b>ANNUAL DOLLAR CHANGE</b>						<b>(\$27,005)</b>
<b>ANNUAL PERCENTAGE CHANGE</b>						<b>-11.2%</b>

- All enrollees on the Kaiser \$10 and \$15 Copay Plan are assumed to enroll in the \$10 SISC Copay Plan
- Premium and savings are annualized (multiplied by 12) regardless of Rate Guarantee
- \*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates



# SISC Proposal: Medicare Retiree Rates

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

### Confidential

**Updated**

KPSA Confidential		Kaiser SA HMO \$10 Copay Current		Kaiser SA HMO \$15 Copay Current		Kaiser SA HMO (SISC) \$10 Copay Proposed
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023
Monthly Rates	EEs	Current	EEs	Current	EEs	Proposed
Single	2	\$347.80	0	\$325.33	2	\$309.00
2 Party	4	\$695.60	0	\$650.66	4	\$618.00
2 Party + Child(ren) Non-Medicare	0	\$1,391.20	0	\$1,319.56	0	\$1,287.00
	6		0		6	
MONTHLY PREMIUM		\$3,478		\$0		\$3,090
ANNUAL PREMIUM		\$41,736		\$0		\$37,080
ANNUAL DOLLAR CHANGE						(\$4,656)
ANNUAL PERCENTAGE CHANGE						-11.2%

- All enrollees on the Kaiser \$10 and \$15 Copay Plan are assumed to enroll in the \$10 SISC Copay Plan
- Premium and savings are annualized (multiplied by 12) regardless of Rate Guarantee
- \*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates





# SISC Proposal: Medicare Retiree Rates

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

### Managers & PFT

**Updated**

KPSA Managers & PFT		Kaiser SA HMO \$10 Copay Current		Kaiser SA HMO \$15 Copay Current		Kaiser SA HMO (SISC) \$10 Copay Proposed
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023
Monthly Rates	EEs	Current	EEs	Current	EEs	Proposed
Single	37	\$347.80	0	\$325.33	37	\$309.00
2 Party	30	\$695.60	0	\$650.66	30	\$618.00
2 Party + Child(ren) Non-Medicare	3	\$1,391.20	0	\$1,319.56	3	\$1,287.00
	70		0		70	
<b>MONTHLY PREMIUM</b>		<b>\$37,910</b>		<b>\$0</b>		<b>\$33,834</b>
<b>ANNUAL PREMIUM</b>		<b>\$454,922</b>		<b>\$0</b>		<b>\$406,008</b>
<b>ANNUAL DOLLAR CHANGE</b>						<b>(\$48,914)</b>
<b>ANNUAL PERCENTAGE CHANGE</b>						<b>-10.8%</b>

- All enrollees on the Kaiser \$10 and \$15 Copay Plan are assumed to enroll in the \$10 SISC Copay Plan
- Premium and savings are annualized (multiplied by 12) regardless of Rate Guarantee
- \*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates



# SISC Proposal: Medicare Retiree Rates

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

### Surviving Spouse

**Updated**

KPSA Surviving Spouse		Kaiser SA HMO \$10 Copay Current		Kaiser SA HMO \$15 Copay Current		Kaiser SA HMO (SISC) \$10 Copay Proposed
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023
Monthly Rates	EEs	Current	EEs	Current	EEs	Proposed
Single	0	\$347.80	0	\$325.33	0	\$309.00
2 Party	0	\$695.60	0	\$650.66	0	\$618.00
2 Party + Child(ren) Non-Medicare	0	\$1,391.20	0	\$1,319.56	0	\$1,287.00
	0		0		0	
MONTHLY PREMIUM		\$0		\$0		\$0
ANNUAL PREMIUM		\$0		\$0		\$0
ANNUAL DOLLAR CHANGE						\$0
ANNUAL PERCENTAGE CHANGE						N/A

- All enrollees on the Kaiser \$10 and \$15 Copay Plan are assumed to enroll in the \$10 SISC Copay Plan
- Premium and savings are annualized (multiplied by 12) regardless of Rate Guarantee
- \*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates



# SISC Proposal: Medicare Retiree Rates

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

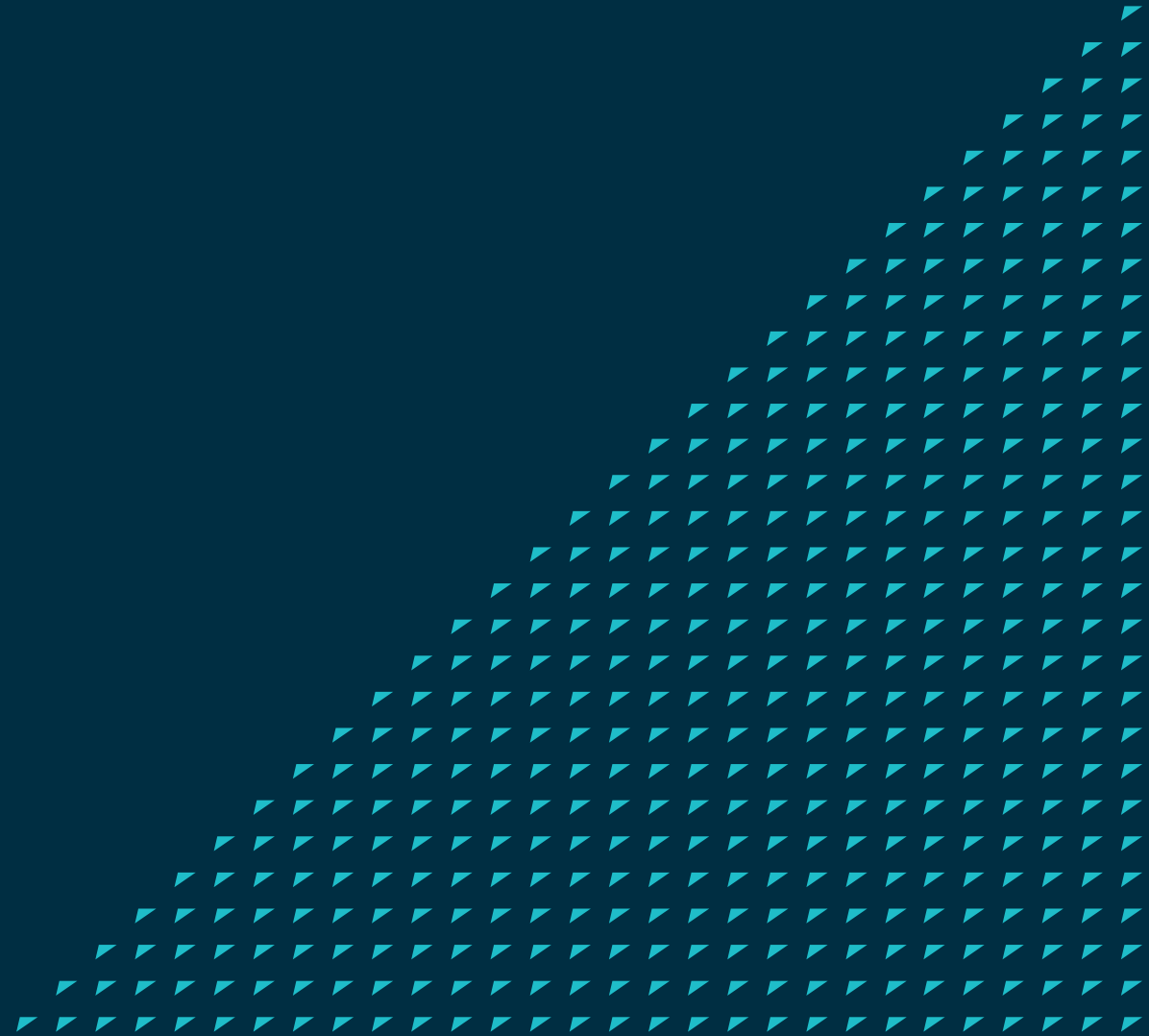
### N/A – No Union Affiliation


**Updated**

KPSA N/A		Kaiser SA HMO \$10 Copay Current		Kaiser SA HMO \$15 Copay Current		Kaiser SA HMO (SISC) \$10 Copay Proposed	
Rate Guarantee		1 Year 7/1/2022 - 6/30/2023		1 Year 7/1/2022 - 6/30/2023		9 Months 1/1/2023 - 9/30/2023	
Monthly Rates		EEs	Current	EEs	Current	EEs	Proposed
Single		0	\$347.80	0	\$325.33	0	\$309.00
2 Party		0	\$695.60	0	\$650.66	0	\$618.00
2 Party + Child(ren) Non-Medicare		0	\$1,391.20	0	\$1,319.56	0	\$1,287.00
		0		0		0	
MONTHLY PREMIUM			\$0		\$0		\$0
ANNUAL PREMIUM			\$0		\$0		\$0
ANNUAL DOLLAR CHANGE							\$0
ANNUAL PERCENTAGE CHANGE							N/A

- All enrollees on the Kaiser \$10 and \$15 Copay Plan are assumed to enroll in the \$10 SISC Copay Plan
- Premium and savings are annualized (multiplied by 12) regardless of Rate Guarantee
- \*SISC: PCCD is approved to implement on 1/1/2023 with no change to proposed rates

# Appendix





# Detailed Medicare Plan Comparison

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# Current Anthem COB vs. Anthem Medicare Advantage

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

Description	Anthem / Trustmark (Current)		ANTHEM MAPD
	Preferred Provider	Nonpreferred Provider	Medicare Provider
<b>OUTPATIENT SERVICES</b>			
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

Description	Anthem / Trustmark (Current)		ANTHEM MAPD
	Preferred Provider	Nonpreferred Provider	Medicare Provider
<b>AMBULANCE/EMERGENCY ROOM/URGENT CARE</b>			
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
<b>PART B DRUGS AND BLOOD</b>			
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

Description
<b>DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES</b>
Durable Medical Equipment
Prosthetics
Orthotics
Medical Supplies
Diabetes Monitoring Supplies
Insulin Pumps & Supplies
<b>HOME HEALTHCARE AGENCY &amp; HOSPICE</b>
Home Health Services
Hospice
<b>TRANSPLANT BENEFITS</b>
Maximum Benefit Per Transplant for Travel, Meals, & Lodging
Travel, lodging, meals
All other covered transplant expenses

Anthem / Trustmark (Current)	
Preferred Provider	Nonpreferred Provider
\$0	20%
\$0	20%
\$0	20%
\$0	20%
\$0	20%
\$0	20%
0% 100 visits maximum benefit per calendar year	20% 100 visits maximum benefit per calendar year
\$0	20%
\$10,000	
\$0	0%
\$0	20%

ANTHEM MAPD
Medicare Provider
\$0
\$0
\$0
\$0
\$0
\$0
\$0 No Visit Maximum
\$0
No Limitation
\$0
\$0



# Current Anthem COB vs. Anthem Medicare Advantage

Description	Anthem / Trustmark (Current)		ANTHEM MAPD
	Preferred Provider	Nonpreferred Provider	Medicare Provider
<b>PROCEDURES</b>			
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
<b>PREVENTIVE SERVICES</b>	\$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

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

Description	Anthem / Trustmark (Current)		ANTHEM MAPD
	Preferred Provider	Nonpreferred Provider	Medicare Provider
<b>ADDITIONAL BENEFITS/PROGRAMS</b>			
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

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

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## 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

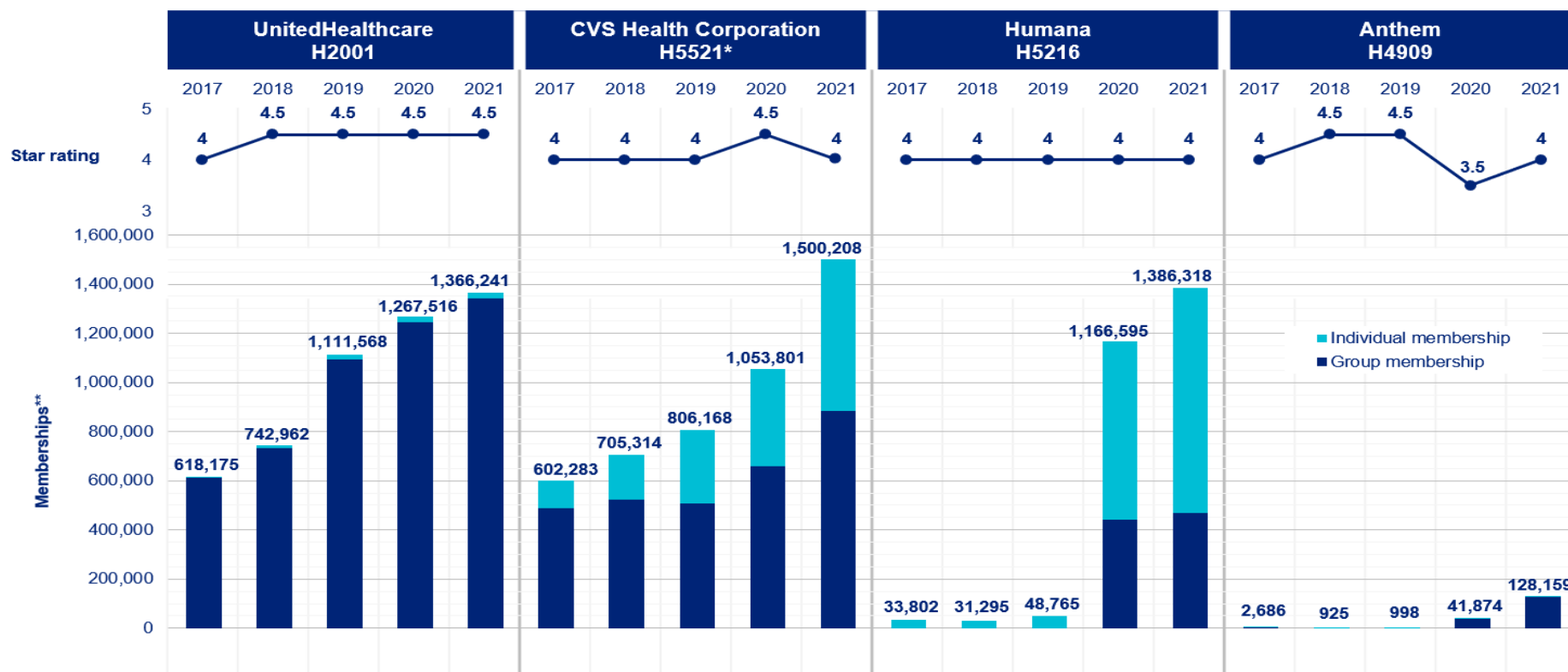


# STAR Ratings and Enrollment

## 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.







# 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](http://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.

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**Ratings for Carriers included in this presentation are:**

**Carrier      A.M. Best**

Anthem Blue Cross    A

Kaiser Permanente    NR

