



**El Dorado County**

**Health Plan Advisory Committee  
1/1/2013 Renewal Meeting**

August 17, 2012



# Agenda



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- Section 1: 2013 Renewal Overview
  - Section 2: EIAHealth Blue Shield PPO
    - MH/SA Analysis with Blue Shield
  - Section 3: Kaiser HMO
  - Section 4: UnitedHealthcare/PacifiCare HMO
  - Section 5: Delta Dental (CSAC-EIA) PPO
  - Section 6: VSP Vision
    - VSP Kaiser Vision Analysis
  - Section 7: American Specialty Health (ASH) Chiro
  - Section 8: Next Steps
  
  - Exhibit A: MHN – Disruption Report
  - Exhibit B: Women’s Preventive Health (Alliant Compliance Alert)
  - Exhibit C: Autism Spectrum Disorder (Alliant Compliance Alert)
  - Exhibit D: VSP Choice vs. Signature Flyer

# Section 1: 2013 Renewal Overview

## Renewal Schedule



Renewal Schedule 2013			
Coverages	Renewal Effective Date	Received Date	Notes
<b>Medical</b>			
Blue Shield PPO (CSAC-EIA) with Medco Rx	1/1/2013-1/1/2014	6/28/2012	
Kaiser HMO	1/1/2013-1/1/2014	6/12/2012	
UnitedHealthcare/Pacificare HMO	1/1/2013-1/1/2014	8/3/2012	
<b>Vision</b>			
VSP (Self-funded)	1/1/2013-1/1/2014	7/25/2012	
<b>Dental</b>			
Delta Dental (CSAC-EIA) PPO (Self-funded)	1/1/2013-1/1/2014	N/A	-ASO Fee: 7/1/2012-7/1/2013 (County accepted renewal) -Funding rates: 1/1/2013-1/1/2014
<b>Life &amp; Disability</b>			
SunLife Basic Life/AD&D	7/1/2010-7/1/2013	N/A	-Rate Guaranteed through 7/1/2013
SunLife Supplemental Life	7/1/2010-7/1/2013	N/A	-Rate Guaranteed through 7/1/2013
SunLife LTD	7/1/2010-7/1/2013	N/A	-Rate Guaranteed through 7/1/2013
<b>Chiropractic / Acupuncture</b>			
American Specialty Health (UnitedHealthcare/Pacificare members)	1/1/2013-1/1/2014	8/1/2012	
<b>EAP &amp; Mental Health/Substance Abuse</b>			
MHN (CSAC-EIA) EAP	7/1/2012-7/1/2015	4/5/2012	-County accepted renewal
MHN Mental Health/Substance Abuse	1/1/2013-1/1/2014	6/22/2012	-Evaluating the impact of offering MH/SA benefits through Blue Shield -Blue Shield PPO \$1,000 plan (30% or 20% for inpatient MH/SA)

# Section 1: 2013 Renewal Overview

## Financial Summary



Lines of Coverage	Current 1/1/2012-12/31/2012	Renewal 1/1/2013-12/31/2013	\$ Δ	% Δ	Negotiated Renewal 1/1/2013-12/31/2013	\$ Δ	% Δ
<b>Blue Shield PPO \$200 (Actives &amp; Retirees w/o Medicare)</b>	Blue Shield (CSAC-EIA) + MHN (MHSA) \$14,715,825	Blue Shield (CSAC-EIA) + MHN (MHSA) \$15,298,105	\$582,280	3.96%	Blue Shield (CSAC-EIA) + MHN (MHSA) \$15,298,105	\$582,280	3.96%
<b>Blue Shield PPO \$200 (Medicare Retirees)</b>	Blue Shield (CSAC-EIA) + MHN (MHSA) \$735,721	Blue Shield (CSAC-EIA) + MHN (MHSA) \$764,134	\$28,412	3.86%	Blue Shield (CSAC-EIA) + MHN (MHSA) \$764,134	\$28,412	3.86%
<b>Blue Shield PPO \$1,000 (Retirees w/o Medicare)</b>	Blue Shield (CSAC-EIA) + MHN (MHSA) \$47,976	Blue Shield (CSAC-EIA) + MHN (MHSA) \$49,865	\$1,889	3.94%	Blue Shield (CSAC-EIA) + MHN (MHSA) \$49,865	\$1,889	3.94%
<b>Blue Shield PPO \$1,000 (Medicare Retirees)</b>	Blue Shield (CSAC-EIA) + MHN (MHSA) \$482,930	Blue Shield (CSAC-EIA) + MHN (MHSA) \$501,453	\$18,522	3.84%	Blue Shield (CSAC-EIA) + MHN (MHSA) \$501,453	\$18,522	3.84%
<b>Kaiser HMO (Actives &amp; Early Retirees)</b>	Kaiser (with Vision) \$6,585,072	Kaiser (with Vision) \$6,634,410	\$49,338	0.75%	Kaiser (with Vision) \$6,634,410	\$49,338	0.75%
<b>Kaiser HMO (Retirees 65+)</b>	Kaiser (with Dental & Vision) \$547,975	Kaiser (with Dental & Vision) \$548,084	\$109	0.02%	Kaiser (with Dental & Vision) \$548,084	\$109	0.02%
<b>UnitedHealthcare/Pacificare HMO</b>	UnitedHealthcare/Pacificare \$2,953,071	UnitedHealthcare/Pacificare \$3,470,116	\$517,045	17.51%	UnitedHealthcare/Pacificare \$3,352,090	\$399,018	13.51%
<b>American Specialty Health Chiropractic</b>	ASH (UHC/Pacificare members) \$14,816	ASH (UHC/Pacificare members) \$14,816	\$0	0.00%	ASH (UHC/Pacificare members) \$14,816	\$0	0.00%
<b>Delta Dental (CSAC-EIA) DPO (Self-Funded)</b>	Delta Dental (CSAC-EIA) \$1,617,956	Delta Dental (CSAC-EIA) \$1,666,980	\$49,024	3.03%	Delta Dental (CSAC-EIA) \$1,666,980	\$49,024	3.03%
<b>VSP Vision (Self-Funded)</b>	VSP \$165,000	VSP \$165,864	\$864	0.52%	VSP \$165,864	\$864	0.52%
<b>SunLife Basic Life/AD&amp;D *Renews 7/1/2013</b>	SunLife \$48,935	SunLife \$48,935	\$0	0.00%	SunLife \$48,935	\$0	0.00%
<b>SunLife Supplemental Life/AD&amp;D *Renews 7/1/2013</b>	SunLife Employee Paid	SunLife Employee Paid	\$0	0.00%	SunLife Employee Paid	\$0	0.00%
<b>SunLife Long Term Disability *Renews 7/1/2013</b>	SunLife \$296,465	SunLife \$296,465	\$0	0.00%	SunLife \$296,465	\$0	0.00%
<b>MHN (CSAC-EIA) EAP</b>	MHN (CSAC-EIA) \$166,046	MHN (CSAC-EIA) \$159,307	(\$6,739)	-4.06%	MHN (CSAC-EIA) \$159,307	(\$6,739)	-4.06%
<b>Estimated Total Annual Premium</b>	<b>\$28,377,789</b>	<b>\$29,618,534</b>	<b>\$1,240,745</b>	<b>4.37%</b>	<b>\$29,500,507</b>	<b>\$1,122,718</b>	<b>3.96%</b>

# Section 1: 2013 Renewal Overview



## Rate Evaluation Sheet (Actives & Non-Medicare Retirees) - Status Quo

1/1/2013-12/31/2013	EE	EE + 1	Family	Enrollment based on July 2012 EBS Bill	
PPO \$200 Enrollment	290	246	210	746	
PPO \$1,000 Enrollment	3	1	0	4	
Kaiser Enrollment	175	132	146	453	
UnitedHealthcare/Pacificare Enrollment	52	50	77	179	
<b>Medical Rates</b>	<b>520</b>	<b>429</b>	<b>433</b>	<b>1,382</b>	
PPO \$200 rates (With Blue Shield Chiropractic & MHN Mental Health/Substance Abuse )	\$1,011.69	\$1,824.38	\$2,536.45		3.96%
PPO \$1,000 rates (With Blue Shield Chiropractic & MHN Mental Health/Substance Abuse )	\$854.69	\$1,591.38	\$2,210.45		3.94%
Kaiser Rates (Kaiser Total Rates W/Out Vision)	\$642.63	\$1,285.26	\$1,818.64		0.74%
UnitedHealthcare/Pacificare Rates (UnitedHealthcare/Pacificare Medical Rates + ASH Chiro)	\$742.72	\$1,522.29	\$2,153.76		13.44%
<b>Blended Medical Rates</b>	<b>\$859.68</b>	<b>\$1,622.75</b>	<b>\$2,226.36</b>		<b>4.04%</b>
Projected Monthly Medical Cost	\$447,036	\$696,158	\$964,015	\$2,107,209	
Projected 12-Month Medical Cost	\$5,364,430	\$8,353,892	\$11,568,186	\$25,286,508	
<b>Dental Rates (PPO \$1600 IN / \$1500 OON)</b>	<b>\$54.28</b>	<b>\$97.71</b>	<b>\$135.71</b>		<b>3.03%</b>
Projected Monthly Dental Cost	\$28,226	\$41,918	\$58,762	\$128,906	
Projected 12-Month Dental Cost	\$338,707	\$503,011	\$705,149	\$1,546,867	
<b>Vision Rates</b>					
Self-Funded VSP (Blue Shield & UnitedHealthcare/Pacificare: Signature Plan)	\$6.84	\$13.66	\$22.00		
Kaiser	\$6.14	\$12.28	\$17.37		
<b>Blended Vision Rates</b>	<b>\$6.60</b>	<b>\$13.24</b>	<b>\$20.44</b>		<b>0.78%</b>
Projected Monthly Vision Cost	\$3,434	\$5,678	\$8,850	\$17,962	
Projected 12-Month Vision Cost	\$41,212	\$68,136	\$106,200	\$215,548	
<b>Combined Rates</b>					
Medical	\$859.68	\$1,622.75	\$2,226.36		4.04%
Dental	\$54.28	\$97.71	\$135.71		3.03%
Vision	\$6.60	\$13.24	\$20.44		0.78%
<b>Medical, Dental &amp; Vision Combined Rates</b>	<b>\$920.57</b>	<b>\$1,733.69</b>	<b>\$2,382.51</b>		
Projected Monthly Cost <b>Total</b> Cost	\$478,696	\$743,753	\$1,031,628	\$2,254,077	
Projected 12-Month Cost <b>Total</b> Cost	\$5,744,349	\$8,925,039	\$12,379,535	\$27,048,923	
<b>EDC Service Fee</b>	<b>\$13.74</b>	<b>\$24.59</b>	<b>\$34.21</b>		
Projected Monthly Cost	\$7,143	\$10,549	\$14,811	\$32,503	
Projected 12-Month Cost	\$85,720	\$126,586	\$177,731	\$390,037	
<b>Gross Total Required Cost 1/1/13-12/31/13 (rates plus EDC Fees)</b>	<b>\$934.31</b>	<b>\$1,758.28</b>	<b>\$2,416.72</b>		<b>3.91%</b>
Projected Monthly Cost - Published Rates (based on current enrollment)	\$485,839	\$754,302	\$1,046,439	\$2,286,580	
Projected 12-Month Cost - Published Rates (based on current enrollment)	\$5,830,069	\$9,051,625	\$12,557,266	\$27,438,960	
<b>Gross Total Required Cost 1/1/13-12/31/13 (rates plus EDC Fees) with COBRA</b>	<b>\$952.99</b>	<b>\$1,793.45</b>	<b>\$2,465.05</b>		
<b>1/1/2012-12/31/2012</b>	<b>EE</b>	<b>EE + 1</b>	<b>Family</b>	<b>Total Premium</b>	
<b>Total Monthly 1/1/2012-12/31/2012 Published Rates</b>	<b>\$896.85</b>	<b>\$1,688.78</b>	<b>\$2,336.27</b>		
Projected Monthly Cost - Published rates	\$466,362	\$724,487	\$1,011,605	\$2,202,454	
Projected Annual Costs - Published Rates	\$5,596,344	\$8,693,839	\$12,139,259	\$26,429,442	

# Section 1: 2013 Renewal Overview



## Rate Evaluation Sheet (Actives & Non-Medicare Retirees) - Kaiser vision in Medical rates

1/1/2013-12/31/2013	EE	EE + 1	Family	Enrollment based on July 2012 EBS Bill	
PPO \$200 Enrollment	290	246	210	746	
PPO \$1,000 Enrollment	3	1	0	4	
Kaiser Enrollment	175	132	146	453	
UnitedHealthcare/Pacificare Enrollment	52	50	77	179	
<b>Medical Rates</b>	520	429	433	1,382	
PPO \$200 rates (With Blue Shield Chiropractic & MHN Mental Health/Substance Abuse )	\$1,011.69	\$1,824.38	\$2,536.45		3.96%
PPO \$1,000 rates (With Blue Shield Chiropractic & MHN Mental Health/Substance Abuse )	\$854.69	\$1,591.38	\$2,210.45		3.94%
Kaiser Rates (Kaiser Total Rates with Vision)	\$648.77	\$1,297.54	\$1,836.01		0.75%
UnitedHealthcare/Pacificare Rates (UnitedHealthcare/Pacificare Medical Rates + ASH Chiro)	\$742.72	\$1,522.29	\$2,153.76		13.44%
<b>Blended Medical Rates</b>	<b>\$861.75</b>	<b>\$1,626.52</b>	<b>\$2,232.22</b>		<b>4.30%</b>
Projected Monthly Medical Cost	\$448,110	\$697,779	\$966,551	\$2,112,440	
Projected 12-Month Medical Cost	\$5,377,324	\$8,373,344	\$11,598,618	\$25,349,286	
<b>Dental Rates (PPO \$1600 IN / \$1500 OON)</b>	<b>\$54.28</b>	<b>\$97.71</b>	<b>\$135.71</b>		<b>3.03%</b>
Projected Monthly Dental Cost	\$28,226	\$41,918	\$58,762	\$128,906	
Projected 12-Month Dental Cost	\$338,707	\$503,011	\$705,149	\$1,546,867	
<b>Vision Rates</b>					
Self-Funded VSP (Blue Shield & UnitedHealthcare/Pacificare: Signature Plan)	\$6.84	\$13.66	\$22.00		
<b>Blended Vision Rates</b>	<b>\$6.84</b>	<b>\$13.66</b>	<b>\$22.00</b>		<b>5.61%</b>
Projected Monthly Vision Cost	\$2,360	\$4,057	\$6,314	\$12,731	
Projected 12-Month Vision Cost	\$28,318	\$48,684	\$75,768	\$152,770	
<b>Combined Rates</b>					
Medical	\$861.75	\$1,626.52	\$2,232.22		4.30%
Dental	\$54.28	\$97.71	\$135.71		3.03%
Vision	\$6.84	\$13.66	\$22.00		5.61%
<b>Medical, Dental &amp; Vision Combined Rates</b>	<b>\$922.87</b>	<b>\$1,737.89</b>	<b>\$2,389.93</b>		
Projected Monthly Cost <b>Total Cost</b>	\$479,893	\$745,556	\$1,034,840	\$2,260,289	
Projected 12-Month Cost <b>Total Cost</b>	\$5,758,713	\$8,946,676	\$12,418,079	\$27,123,468	
<b>EDC Service Fee</b>	<b>\$13.74</b>	<b>\$24.59</b>	<b>\$34.21</b>		
Projected Monthly Cost	\$7,143	\$10,549	\$14,811	\$32,503	
Projected 12-Month Cost	\$85,720	\$126,586	\$177,731	\$390,037	
<b>Gross Total Required Cost 1/1/13-12/31/13 (rates plus EDC Fees)</b>	<b>\$936.61</b>	<b>\$1,762.48</b>	<b>\$2,424.14</b>		<b>4.19%</b>
Projected Monthly Cost - Published Rates (based on current enrollment)	\$487,036	\$756,105	\$1,049,651	\$2,292,792	
Projected 12-Month Cost - Published Rates (based on current enrollment)	\$5,844,433	\$9,073,263	\$12,595,810	\$27,513,505	
<b>Gross Total Required Cost 1/1/13-12/31/13 (rates plus EDC Fees) with COBRA</b>	<b>\$955.34</b>	<b>\$1,797.73</b>	<b>\$2,472.62</b>		
<b>1/1/2012-12/31/2012</b>	<b>EE</b>	<b>EE + 1</b>	<b>Family</b>	<b>Total Premium</b>	
<b>Total Monthly 1/1/2012-12/31/2012 Published Rates</b>	<b>\$896.85</b>	<b>\$1,688.78</b>	<b>\$2,336.27</b>		
Projected Monthly Cost - Published rates	\$466,362	\$724,487	\$1,011,605	\$2,202,454	
Projected Annual Costs - Published Rates	\$5,596,344	\$8,693,839	\$12,139,259	\$26,429,442	

# Section 1: 2013 Renewal Overview



## Rate Evaluation Sheet (Actives & Non-Medicare Retirees) - Medical only with Kaiser vision

1/1/2013-12/31/2013	EE	EE + 1	Family	Enrollment based on July 2012 EBS Bill	
PPO \$200 Enrollment	290	246	210	746	
PPO \$1,000 Enrollment	3	1	0	4	
Kaiser Enrollment	175	132	146	453	
UnitedHealthcare/Pacificare Enrollment	52	50	77	179	
<b>Medical Rates</b>	<b>520</b>	<b>429</b>	<b>433</b>	<b>1,382</b>	
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Kaiser Rates (Kaiser Total Rates with Vision)	\$648.77	\$1,297.54	\$1,836.01		0.75%
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<b>Blended Medical Rates</b>	<b>\$861.75</b>	<b>\$1,626.52</b>	<b>\$2,232.22</b>		
Projected Monthly Medical Cost	\$448,110	\$697,779	\$966,551	\$2,112,440	
Projected 12-Month Medical Cost	\$5,377,324	\$8,373,344	\$11,598,618	\$25,349,286	
<b>EDC Service Fee</b>	<b>\$13.74</b>	<b>\$24.59</b>	<b>\$34.21</b>		
Projected Monthly Cost	\$7,143	\$10,549	\$14,811	\$32,503	
Projected 12-Month Cost	\$85,720	\$126,586	\$177,731	\$390,037	
<b>Gross Total Required Cost 1/1/13-12/31/13 (rates plus EDC Fees)</b>	<b>\$875.49</b>	<b>\$1,651.11</b>	<b>\$2,266.43</b>		
Projected Monthly Cost - Published Rates (based on current enrollment)	\$455,254	\$708,327	\$981,362	\$2,144,944	
Projected 12-Month Cost - Published Rates (based on current enrollment)	\$5,463,044	\$8,499,930	\$11,776,349	\$25,739,323	

# Section 1: 2013 Renewal Overview

## Renewal & Enrollment History



	July 2008	July 2009	July 2010	July 2011	Jan 2012	Jan 2013
<b>Renewal</b> (Actives & Early Retirees)						
Blue Shield PPO	5.62%	4.31%	19.87%	4.95% (EIAHealth)	6.00% (EIAHealth)	3.9% (EIAHealth)
Kaiser HMO	10.72%	17.93%	4.36%	6.01%	6.00% (with Vision)	0.75% (with Vision)
UnitedHealthcare/Pacificare HMO	6.11%	11.79%	11.18%	16.77%	6.21%	Initial: 17.51% Negotiated: 13.51%
<b>Enrollment (Subscribers)</b>	<b>Mar-08</b>	<b>Mar-09</b>	<b>Mar-10</b>	<b>Mar-11</b>	<b>Jul-11</b>	<b>Mar-12</b>
Blue Shield PPO (Actives)	962	925	834	735	615	618
Blue Shield PPO (Early Retirees & Retirees 65+)	257	272	274	266	280	246
Kaiser HMO (Actives)	376	426	348	372	363	379
Kaiser HMO (Early Retirees & Retirees 65+)	115	120	115	130	152	157
UnitedHealthcare/Pacificare HMO (Actives & Early Retirees)	189	187	186	181	168	179
Operating Engineers Plan	N/A	N/A	228	N/A	236	251
<b>Total (OE 3 excluded)</b>	<b>1,899</b>	<b>1,930</b>	<b>1,757</b>	<b>1,684</b>	<b>1,578</b>	<b>1,579</b>
<b>Kaiser % (OE 3 excluded)</b>	<b>25.86%</b>	<b>28.29%</b>	<b>26.35%</b>	<b>29.81%</b>	<b>32.64%</b>	<b>33.95%</b>



## Section 2: EIAHealth Blue Shield PPO



### Renewal Summary

- El Dorado County’s 1/1/2013 EIAHealth renewal increase will be the PPO pooled increase of 3.9%
- Review of EIAHealth Rating Methodology

EIAHealth Rating Methodology - with Claims Experience			
Jul-11	Jan-12	Jan-13	Jan-14
EIAH rates are specific to EDC	EDC receives pool increase	EDC receives pool increase	EDC receives pool increase subject to annual CPRA adjustment

\*CPRA = Claims Performance Review Adjustment

- The financial impact attributable to Health Care Reform for the 1/1/2013 renewal are as follows:
  - Women’s Preventive Services (Federal)– 0% impact
  - Autism Spectrum Disorder (State) – As a self-funded program, the County has the option to elect to include the Autism Spectrum Disorder. Alliant is working on the financial impact; we anticipate that it will be less than 1% of 2013 claims
  - Summary of Benefit Coverage (SBC) – The SBC is intended to serve as an easy to read, informative summary of benefits available under a plan (Format is mandated by HCR)
    - The final regulations apply beginning with the first open enrollment period beginning on or after September 23, 2012
    - For individuals enrolling other than through open enrollment (e.g., new hires or special enrollees via qualifying event), the requirement applies beginning on the first day of the first plan year that begins on or after September 23, 2012
- First EIAHealth utilization report due approximately April 2013

## Section 2: EIAHealth Blue Shield PPO



### *Renewal Summary*

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- Currently, the Mental Health & Substance Abuse (MH/SA) benefit for Blue Shield members is offered through MHN
- Effective 1/1/2013 the MH/SA MHN benefit will renew as follows:
  - Actives – 13.76%
    - This renewal increase is due to higher levels of care and inpatient utilization over the past 3 years, as well as the mandated California Senate Bill 946 Autism Spectrum Disorder legislation
  - Retirees – 0%
- Alliant has also evaluated the impact of the County offering the Mental Health/Substance Abuse benefits through Blue Shield
  - The results of this analysis can be found on page 14

## Section 2: EIAHealth Blue Shield PPO

Actives & Retirees w/out Medicare (Standard PPO \$200)

Benefits	Blue Shield (EIAHealth) PPO MH/SA Carved Out with MHN Current			Blue Shield (EIAHealth) PPO MH/SA Carved Out with MHN Renewal		
	In-Network	Out-of-Network		In-Network	Out-of-Network	
<b>Calendar Year Deductible</b> Individual / Family	\$200 / \$400			\$200 / \$400		
<b>Annual Out-of-Pocket Maximum</b> Individual / Family	\$1,000 / \$2,000			\$1,000 / \$2,000		
<b>Lifetime Maximum</b> Per Person	Unlimited			Unlimited		
Physician Office Visit	20%	40%		20%	40%	
Specialist Copay	20%	40%		20%	40%	
Preventative Care	No Charge	40%		No Charge	40%	
Lab and X-Ray	20%	40%		20%	40%	
<b>Hospitalization</b>						
Inpatient	20%	40%		20%	40%	
Outpatient Surgery	20%	40%		20%	40%	
Emergency Room	\$50/visit + 20% (\$50 waived if admitted)	\$50/visit + 20% (\$50 waived if admitted)		\$50/visit + 20% (\$50 waived if admitted)	\$50/visit + 20% (\$50 waived if admitted)	
Ambulance Services	20%	20%		20%	20%	
Durable Medical Equipment	20%	40%		20%	40%	
Home Health Services	20%	Not Covered		20%	Not Covered	
Hospice Care	20%	Not Covered		20%	Not Covered	
Chiropractic	\$10/visit	50% (Max \$30/visit)		\$10/visit	50% (Max \$30/visit)	
	(30 visits/calendar year)			(30 visits/calendar year)		
Acupuncture (smoking cessation only)	20%	20%		20%	20%	
<b>Prescription Drugs</b>	<b>Medco:</b> <b>Generic / Brand /Non-Formulary</b>			<b>Medco:</b> <b>Generic / Brand /Non-Formulary</b>		
Retail	\$10/\$15/\$30 (34 day)			\$10/\$15/\$30 (34 day)		
Mail Order	\$10/\$15/\$30 (90 day)	Not Covered		\$10/\$15/\$30 (90 day)	Not Covered	
<b>Rate Guarantee</b>	<b>1/1/12-1/1/13</b>			<b>1/1/13-1/1/14</b>		
<b>Rates</b>	<b>Medical</b>	<b>MHN (MH/SA)</b>	<b>Total</b>	<b>Medical</b>	<b>MHN (MH/SA)</b>	<b>Total</b>
Employee Only	290 \$967.38	\$5.88	\$973.26	\$1,005.00	\$6.69	\$1,011.69
Two Party	246 \$1,743.30	\$11.76	\$1,755.06	\$1,811.00	\$13.38	\$1,824.38
Family	210 \$2,422.56	\$17.10	\$2,439.66	\$2,517.00	\$19.45	\$2,536.45
<b>Monthly Premium</b>	746 \$1,218,130	\$8,189	\$1,226,319	\$1,265,526	\$9,316	\$1,274,842
<b>Annual Premium</b>	\$14,617,555	\$98,270	\$14,715,825	\$15,186,312	\$111,793	\$15,298,105
<b>\$ Change to Current</b>				\$568,757	\$13,523	\$582,280
<b>% Change to Current</b>				3.89%	13.76%	3.96%

Enrollment as of 6/30/2012

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# Section 2: EIAHealth Blue Shield PPO

## Medicare Retirees (Standard PPO \$200)



Benefits	Blue Shield (EIAHealth) PPO Standard MH/SA Carved Out with MHN Current			Blue Shield (EIAHealth) PPO Standard MH/SA Carved Out with MHN Renewal			
	In-Network	Out-of-Network		In-Network	Out-of-Network		
<b>Calendar Year Deductible</b> Individual / Family	\$200 / \$400			\$200 / \$400			
<b>Annual Out-of-Pocket Maximum</b> Individual / Family	\$1,000 / \$2,000			\$1,000 / \$2,000			
<b>Lifetime Maximum</b> Per Person	Unlimited			Unlimited			
Physician Office Visit	20%	40%		20%	40%		
Specialist Copay	20%	40%		20%	40%		
Preventative Care	No Charge	40%		No Charge	40%		
Lab and X-Ray	20%	40%		20%	40%		
<b>Hospitalization</b>							
Inpatient	20%	40%		20%	40%		
Outpatient Surgery	20%	40%		20%	40%		
Emergency Room	\$50/visit + 20% (\$50 waived if admitted)	\$50/visit + 20% (\$50 waived if admitted)		\$50/visit + 20% (\$50 waived if admitted)	\$50/visit + 20% (\$50 waived if admitted)		
Durable Medical Equipment	20%	40%		20%	40%		
Home Health Services	20%	Not Covered		20%	Not Covered		
Hospice Care	20%	Not Covered		20%	Not Covered		
Chiropractic	\$10/visit (30 visits/calendar year)	50% (Max \$30/visit)		\$10/visit (30 visits/calendar year)	50% (Max \$30/visit)		
Acupuncture (smoking cessation only)	20%	20%		20%	20%		
<b>Prescription Drugs</b>	<b>Medco:</b> <b>Generic / Brand / Non-Formulary</b>			<b>Medco:</b> <b>Generic / Brand / Non-Formulary</b>			
Retail	\$8/\$15/\$30 (30-day)			\$8/\$15/\$30 (30-day)			
Mail Order	\$8/\$15/\$30 (90-day)	Not Covered		\$8/\$15/\$30 (90-day)	Not Covered		
<b>Rate Guarantee</b>	1/1/12-1/1/13			1/1/13-1/1/14			
<b>Rates</b>	<b>Medical</b>	<b>MHN (MH/SA)</b>	<b>Total</b>	<b>Medical</b>	<b>MHN (MH/SA)</b>	<b>Total</b>	
One in Medicare A & B	42	\$683.28	\$6.42	\$689.70	\$710.00	\$6.42	\$716.42
One in Medicare A & B and one not on Medicare	8	\$1,459.24	\$12.84	\$1,472.08	\$1,516.00	\$12.84	\$1,528.84
Two in Medicare	16	\$1,272.54	\$12.84	\$1,285.38	\$1,322.00	\$12.84	\$1,334.84
Retiree+Spouse with Deps (1 Medicare)	0	\$2,329.92	\$18.69	\$2,348.61	\$2,423.00	\$18.69	\$2,441.69
Retiree+Spouse with Deps (2 Medicare)	0	\$2,235.16	\$18.69	\$2,253.85	\$2,028.00	\$18.69	\$2,046.69
<b>Monthly Premium</b>	66	\$60,732	\$578	\$61,310	\$63,100	\$578	\$63,678
<b>Annual Premium</b>		\$728,788	\$6,934	\$735,721	\$757,200	\$6,934	\$764,134
<b>\$ Change to Current</b>				\$28,412	\$0		\$28,412
<b>% Change to Current</b>				3.90%	0.00%		3.86%
Medicare A Only (Not Assigned)		\$967.38	\$5.88	\$973.26	\$1,005.00	\$6.69	\$1,011.69
Medicare B Only (Not Assigned)		\$967.38	\$5.88	\$973.26	\$1,005.00	\$6.69	\$1,011.69

Enrollment as of 6/30/2012

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## Section 2: EIAHealth Blue Shield PPO

Retirees w/out Medicare (Low PPO \$1,000)



Benefits	Blue Shield (EIAHealth) PPO Low MH/SA Carved Out with MHN Current			Blue Shield (EIAHealth) PPO Low MH/SA Carved Out with MHN Renewal		
	In-Network	Out-of-Network		In-Network	Out-of-Network	
<b>Calendar Year Deductible</b> Individual / Family	\$1,000 / \$2,000			\$1,000 / \$2,000		
<b>Annual Out-of-Pocket Maximum</b> Individual / Family	\$3,000 / \$6,000			\$3,000 / \$6,000		
<b>Lifetime Maximum</b> Per Person	Unlimited			Unlimited		
Physician Office Visit	30%	50%		30%	50%	
Specialist Copay	30%	50%		30%	50%	
Preventative Care	No Charge	50%		No Charge	50%	
Lab and X-Ray	20%	50%		20%	50%	
<b>Hospitalization</b>						
Inpatient	20%	50%		20%	50%	
Outpatient Surgery	20%	50%		20%	50%	
Emergency Room	\$50/visit + 20% (\$50 waived if admitted)	\$50/visit + 20% (\$50 waived if admitted)		\$50/visit + 20% (\$50 waived if admitted)	\$50/visit + 20% (\$50 waived if admitted)	
Durable Medical Equipment	20%	50%		20%	50%	
Home Health Services	20%	Not Covered		20%	Not Covered	
Hospice Care	20%	Not Covered		20%	Not Covered	
Chiropractic	\$10/visit	50% (Max \$30/visit)		\$10/visit	50% (Max \$30/visit)	
Acupuncture (smoking cessation only)	(30 visits/calendar year)			(30 visits/calendar year)		
	30%	30%		30%	30%	
<b>Prescription Drugs</b>	<b>Medco:</b> <b>Generic / Brand /Non-Formulary</b>			<b>Medco:</b> <b>Generic / Brand /Non-Formulary</b>		
Retail	\$8/\$15/\$30 (30-day)			\$8/\$15/\$30 (30-day)		
Mail Order	\$8/\$15/\$30 (90-day)	Not Covered		\$8/\$15/\$30 (90-day)	Not Covered	
<b>Rate Guarantee</b>	1/1/12-1/1/13			1/1/13-1/1/14		
<b>Rates</b>	<b>Medical</b>	<b>MHN (MH/SA)</b>	<b>Total</b>	<b>Medical</b>	<b>MHN (MH/SA)</b>	<b>Total</b>
Employee Only	\$816.52	\$5.88	\$822.40	\$848.00	\$6.69	\$854.69
Two Party	\$1,519.06	\$11.76	\$1,530.82	\$1,578.00	\$13.38	\$1,591.38
Family	\$2,108.70	\$17.10	\$2,125.80	\$2,191.00	\$19.45	\$2,210.45
<b>Monthly Premium</b>	<b>\$3,969</b>	<b>\$29</b>	<b>\$3,998</b>	<b>\$4,122</b>	<b>\$33</b>	<b>\$4,155</b>
<b>Annual Premium</b>	<b>\$47,623</b>	<b>\$353</b>	<b>\$47,976</b>	<b>\$49,464</b>	<b>\$401</b>	<b>\$49,865</b>
<b>\$ Change to Current</b>				<b>\$1,841</b>	<b>\$49</b>	<b>\$1,889</b>
<b>% Change to Current</b>				<b>3.86%</b>	<b>13.78%</b>	<b>3.94%</b>

Enrollment as of 6/30/2012

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# Section 2: EIAHealth Blue Shield PPO

## Medicare Retirees (Low PPO \$1,000)



Benefits	Blue Shield (EIAHealth) PPO Low MH/SA Carved Out with MHN Current			Blue Shield (EIAHealth) PPO Low MH/SA Carved Out with MHN Renewal		
	In-Network	Out-of-Network		In-Network	Out-of-Network	
<b>Calendar Year Deductible</b> Individual / Family	\$1,000 / \$2,000			\$1,000 / \$2,000		
<b>Annual Out-of-Pocket Maximum</b> Individual / Family	\$3,000 / \$6,000			\$3,000 / \$6,000		
<b>Lifetime Maximum</b> Per Person	Unlimited			Unlimited		
Physician Office Visit	30%	50%		30%	50%	
Specialist Copay	30%	50%		30%	50%	
Preventative Care	No Charge	50%		No Charge	50%	
Lab and X-Ray	20%	50%		20%	50%	
<b>Hospitalization</b>						
Inpatient	20%	50%		20%	50%	
Outpatient Surgery	20%	50%		20%	50%	
Emergency Room	\$50/visit + 20% (\$50 waived if admitted)	\$50/visit + 20% (\$50 waived if admitted)		\$50/visit + 20% (\$50 waived if admitted)	\$50/visit + 20% (\$50 waived if admitted)	
Durable Medical Equipment	20%	50%		20%	50%	
Home Health Services	20%	Not Covered		20%	Not Covered	
Hospice Care	20%	Not Covered		20%	Not Covered	
Chiropractic	\$10/visit	50% (Max \$30/visit)		\$10/visit	50% (Max \$30/visit)	
Acupuncture (smoking cessation only)	(30 visits/calendar year)			(30 visits/calendar year)		
	30%	30%		30%	30%	
<b>Prescription Drugs</b>	<b>Medco: Generic / Brand / Non-Formulary</b>			<b>Medco: Generic / Brand / Non-Formulary</b>		
Retail	\$8/\$15/\$30 (30-day)			\$8/\$15/\$30 (30-day)		
Mail Order	\$8/\$15/\$30 (90-day)	Not Covered		\$8/\$15/\$30 (90-day)	Not Covered	
<b>Rate Guarantee</b>	<b>1/1/12-1/1/13</b>			<b>1/1/13-1/1/14</b>		
<b>Rates</b>	<b>Medical</b>	<b>MHN (MH/SA)</b>	<b>Total</b>	<b>Medical</b>	<b>MHN (MH/SA)</b>	<b>Total</b>
One in Medicare A & B	\$623.68	\$6.42	\$630.10	\$648.00	\$6.42	\$654.42
One in Medicare A & B and one not on Medicare	\$1,328.16	\$12.84	\$1,341.00	\$1,378.00	\$12.84	\$1,390.84
Two in Medicare	\$1,153.36	\$12.84	\$1,166.20	\$1,198.00	\$12.84	\$1,210.84
Retiree+Spouse with Deps (1 Medicare)	\$2,270.32	\$18.69	\$2,289.01	\$2,128.00	\$18.69	\$2,146.69
Retiree+Spouse with Deps (2 Medicare)	\$2,104.06	\$18.69	\$2,122.75	\$1,811.00	\$18.69	\$1,829.69
<b>Monthly Premium</b>	\$39,820	\$424	\$40,244	\$41,364	\$424	\$41,788
<b>Annual Premium</b>	\$477,846	\$5,085	\$482,930	\$496,368	\$5,085	\$501,453
<b>\$ Change to Current</b>				\$18,522	\$0	\$18,522
<b>% Change to Current</b>				3.88%	0.00%	3.84%
Medicare A Only (Not Assigned)	\$816.52	\$5.88	\$822.40	\$848.00	\$6.69	\$854.69
Medicare B Only (Not Assigned)	\$816.52	\$5.88	\$822.40	\$848.00	\$6.69	\$854.69

Enrollment as of 6/30/2012

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# Section 2: EIAHealth Blue Shield PPO

## MH/SA Options



### Blue Shield PPO (Actives & Early Retirees) - Firm Rates

Rates		MH/SA Carved Out with MHN 1/1/2013			MH/SA Carved In with Blue Shield 1/1/2013		
		Medical	MHN (MH/SA)	Total	Medical	MHN (MH/SA)	Total
Employee Only	290	\$1,005.00	\$6.69	\$1,011.69	\$1,016.00	\$0.00	\$1,016.00
Two Party	246	\$1,811.00	\$13.38	\$1,824.38	\$1,832.00	\$0.00	\$1,832.00
Family	210	\$2,517.00	\$19.45	\$2,536.45	\$2,546.00	\$0.00	\$2,546.00
<b>Monthly Premium</b>	<b>746</b>	<b>\$1,265,526</b>	<b>\$9,316</b>	<b>\$1,274,842</b>	<b>\$1,279,972</b>	<b>\$0</b>	<b>\$1,279,972</b>
<b>Annual Premium</b>		<b>\$15,186,312</b>	<b>\$111,793</b>	<b>\$15,298,105</b>	<b>\$15,359,664</b>	<b>\$0</b>	<b>\$15,359,664</b>
<b>\$ Change</b>			2013 MHN % Increase		\$173,352	-\$111,793	\$61,559
<b>% Change</b>			13.80%		1.14%	-100.00%	0.40%

### Blue Shield PPO (Retirees Over 65) Standard Option

Rates		MH/SA Carved Out with MHN 1/1/2013			MH/SA Carved In with Blue Shield 1/1/2013		
		Medical	MHN (MH/SA)	Total	Medical	MHN (MH/SA)	Total
One in Medicare A & B	42	\$710.00	\$6.42	\$716.42	\$718.00	\$0.00	\$718.00
One in Medicare A & B and one not on Medicare	8	\$1,516.00	\$12.84	\$1,528.84	\$1,534.00	\$0.00	\$1,534.00
Two in Medicare	16	\$1,322.00	\$12.84	\$1,334.84	\$1,337.00	\$0.00	\$1,337.00
Retiree+Spouse with Deps (1 Medicare)	0	\$2,423.00	\$18.69	\$2,441.69	\$2,451.00	\$0.00	\$2,451.00
Retiree+Spouse with Deps (2 Medicare)	0	\$2,028.00	\$18.69	\$2,046.69	\$2,051.00	\$0.00	\$2,051.00
<b>Monthly Premium</b>	<b>66</b>	<b>\$63,100</b>	<b>\$578</b>	<b>\$63,678</b>	<b>\$63,820</b>	<b>\$0</b>	<b>\$63,820</b>
<b>Annual Premium</b>		<b>\$757,200</b>	<b>\$6,934</b>	<b>\$764,134</b>	<b>\$765,840</b>	<b>\$0</b>	<b>\$765,840</b>
<b>\$ Change</b>			2013 MHN % Increase		\$8,640	-\$6,934	\$1,706
<b>% Change</b>			0%		1.14%	-100.00%	0.22%

### Blue Shield PPO (Early Retirees) Low Option

Rates		MH/SA Carved Out with MHN 1/1/2013			MH/SA Carved In with Blue Shield 1/1/2013		
		Medical	MHN (MH/SA)	Total	Medical	MHN (MH/SA)	Total
Employee Only	3	\$848.00	\$6.69	\$854.69	\$858.00	\$0.00	\$858.00
Two Party	1	\$1,578.00	\$13.38	\$1,591.38	\$1,596.00	\$0.00	\$1,596.00
Family	0	\$2,191.00	\$19.45	\$2,210.45	\$2,216.00	\$0.00	\$2,216.00
<b>Monthly Premium</b>	<b>4</b>	<b>\$4,122</b>	<b>\$33</b>	<b>\$4,155</b>	<b>\$4,170</b>	<b>\$0</b>	<b>\$4,170</b>
<b>Annual Premium</b>		<b>\$49,464</b>	<b>\$401</b>	<b>\$49,865</b>	<b>\$50,040</b>	<b>\$0</b>	<b>\$50,040</b>
<b>\$ Change</b>			2013 MHN % Increase		\$576	-\$401	\$175
<b>% Change</b>			13.80%		1.16%	-100.00%	0.35%

### Blue Shield PPO (Retirees Over 65) Low Option

Rates		MH/SA Carved Out with MHN 1/1/2013			MH/SA Carved In with Blue Shield 1/1/2013		
		Medical	MHN (MH/SA)	Total	Medical	MHN (MH/SA)	Total
One in Medicare A & B	30	\$648.00	\$6.42	\$654.42	\$655.00	\$0.00	\$655.00
One in Medicare A & B and one not on Medicare	2	\$1,378.00	\$12.84	\$1,390.84	\$1,393.00	\$0.00	\$1,393.00
Two in Medicare	16	\$1,198.00	\$12.84	\$1,210.84	\$1,212.00	\$0.00	\$1,212.00
Retiree+Spouse with Deps (1 Medicare)	0	\$2,128.00	\$18.69	\$2,146.69	\$2,153.00	\$0.00	\$2,153.00
Retiree+Spouse with Deps (2 Medicare)	0	\$1,811.00	\$18.69	\$1,829.69	\$1,832.00	\$0.00	\$1,832.00
<b>Monthly Premium</b>	<b>48</b>	<b>\$41,364</b>	<b>\$424</b>	<b>\$41,788</b>	<b>\$41,828</b>	<b>\$0</b>	<b>\$41,828</b>
<b>Annual Premium</b>		<b>\$496,368</b>	<b>\$5,085</b>	<b>\$501,453</b>	<b>\$501,936</b>	<b>\$0</b>	<b>\$501,936</b>
<b>\$ Change</b>			2013 MHN % Increase		\$5,568	-\$5,085	\$483
<b>% Change</b>			0%		1.12%	-100.00%	0.10%

<b>TOTAL Annual Premium</b>		
<b>TOTAL \$ Change</b>		
<b>TOTAL % Change</b>		

<b>\$16,613,557</b>
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<b>\$16,677,480</b>
<b>\$63,923</b>
<b>0.4%</b>

## Section 2: EIAHealth Blue Shield PPO



### MH/SA Option Benefit Comparison – Standard \$200

**Mental Health/Substance Abuse**  
**PPO \$200 (Standard Option)**  
 Effective Date: 1/1/2013

Benefits
<b>Calendar Year Deductible</b> Individual / Family
<b>Annual Out-of-Pocket Maximum</b> Individual / Family
Lifetime Maximum
<b>Mental Health</b>
Inpatient
Outpatient
<b>Substance Abuse</b>
Inpatient (Rehab & Detox)
Outpatient

MH/SA Carved Out with MHN PPO \$200 Current	
In-Network	Out-of-Network
\$200 / \$400	
\$1,000 / \$2,000	
None	
20%	40%
20%	40%
20%	40%
20%	40%

MH/SA Carved In with Blue Shield PPO \$200 Proposed	
In-Network	Out-of-Network
\$200 / \$400	
\$1,000 / \$2,000	
None	
20%	40%
20%	40%
20%	40%
20%	40%



## Section 2: EIAHealth Blue Shield PPO



### MH/SA Option Benefit Comparison - Low Option \$1,000

**Mental Health/Substance Abuse**  
**PPO \$1,000 (Low Option)**  
 Effective Date: 1/1/2013

Benefits
<b>Calendar Year Deductible</b> Individual / Family
<b>Annual Out-of-Pocket Maximum</b> Individual / Family
Lifetime Maximum
<b>Mental Health</b>
Inpatient
Outpatient
<b>Substance Abuse</b>
Inpatient (Rehab & Detox)
Outpatient

MH/SA Carved Out with MHN PPO \$1,000 Current	
In-Network	Out-of-Network
\$1,000 / \$2,000	
\$3,000 / \$6,000	
None	
20%	50%
20%	50%
20%	50%
20%	50%

MH/SA Carved In with Blue Shield PPO \$1,000 Proposed	
In-Network	Out-of-Network
\$1,000 / \$2,000	
\$3,000 / \$6,000	
None	
20%	50%
30%	50%
20%	50%
30%	50%

## Section 3: Kaiser HMO

### Renewal Overview



- Effective 1/1/2013, Kaiser is offering a 12 month renewal at:
  - .74% for Actives and Early Retirees WITHOUT Vision
  - .75% for Actives and Early Retirees WITH Vision
  
- Currently, the County's Kaiser Senior Advantage plan includes a Delta Dental PMI plan and a vision plan
  - Effective 1/1/2013, the current plan will renew at .02%
  - We looked at removing the PMI plan last year, but ultimately decided not to due to utilization on the plan
  
- PMPM claims costs decreased/increased between the experience period of March 2011 and February 2012 as follows:
  - Inpatient (12.2%)
  - Outpatient (13.1%)
  - Pharmacy (4.9%)
  - Other 8.6%

\$ PMPM	Prior March 09 - Feb 10	Prior March 10 - Feb 11	% Change	Current March 11 - Feb 12	% Change	% of Total
Inpatient	\$202.49	\$155.19	-23.4%	\$136.23	-12.2%	34.3%
Outpatient	\$151.39	\$177.53	17.3%	\$154.31	-13.1%	38.8%
Pharmacy	\$43.77	\$45.77	4.6%	\$43.55	-4.9%	11.0%
Others	\$53.93	\$58.29	8.1%	\$63.31	8.6%	15.9%
<b>Total</b>	<b>\$451.58</b>	<b>\$436.78</b>	<b>-3.3%</b>	<b>\$397.40</b>	<b>-9.0%</b>	<b>100.0%</b>

## Section 3: Kaiser HMO

### *Renewal Overview*

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- **Key Renewal Factors:**
  - Kaiser utilized a lower trend for this renewal period:
    - 8.68% for 7/1/2011
    - 8.02% for 1/1/2012
    - 7.53% for 1/1/2013
  - Large Claim Pooling Credit:
    - \$157,008 of claims were removed due to the new \$135,000 claim pooling point (was \$125k last year)
    - The pooling charge for the \$135,000 pooling point is \$34.92 PMPM (\$411k), 2012 was \$28.85 PMPM (\$320k) last year
- The financial impact attributable to Health Care Reform for the 1/1/2013 renewal are as follows:
  - Women's Preventive Services & Autism Spectrum Disorder = 0.2%
  - Summary of Benefit Coverage (SBC) – Same as Blue Shield

# Section 3: Kaiser HMO

## Actives & Early Retirees (with & without Vision)



Benefits	Kaiser HMO Current					Kaiser HMO Renewal					
	Medical	Chiro	Vision	Total without Vision	Total with Vision	Medical	Chiro	Vision	Total without Vision	Total with Vision	
<b>Annual Out-of-Pocket Maximum</b>	\$1,500 / \$3,000					\$1,500 / \$3,000					
Individual / Family	Unlimited					Unlimited					
<b>Lifetime Maximum</b>											
<b>Hospital</b>	No Charge					No Charge					
All Inpatient Services	\$15/procedure					\$15/procedure					
Outpatient Surgery											
<b>Physician &amp; Specialist Office Visit</b>	\$15/visit					\$15/visit					
Preventative Care	No Charge					No Charge					
Vision Exam (Refraction)	\$15/visit					\$15/visit					
Diagnostic X-Ray and Lab	No Charge					No Charge					
Ambulance Service	No Charge					No Charge					
Emergency Room (waived if admitted)	\$15/visit					\$15/visit					
<b>Mental Health</b>	No Charge					No Charge					
Inpatient	Individual: \$15/visit; Group: \$7/visit					Individual: \$15/visit; Group: \$7/visit					
Outpatient											
<b>Substance Abuse</b>	No Charge					No Charge					
Inpatient (Detox Only)	Individual: \$15/visit; Group: \$5/visit					Individual: \$15/visit; Group: \$5/visit					
Outpatient											
<b>Durable Medical Equipment</b>	No Charge					No Charge					
Hearing Aid	\$2,500 Allowance per aid every 36 Months					\$2,500 Allowance per aid every 36 Months					
Skilled Nursing Facility Care	No Charge (100 days/benefit period)					No Charge (100 days/benefit period)					
Speech/Physical/Occupational Therapy	\$15/visit					\$15/visit					
Hospice	No Charge					No Charge					
Acupuncture	Not Covered					Not Covered					
Chiropractic	\$10/visit (30 visits/calendar year)					\$10/visit (30 visits/calendar year)					
<b>Vision Benefit</b>	\$15/visit					\$15/visit					
Eye Exam (Refraction Only)	\$175 Allowance every 24 Months					\$175 Allowance every 24 Months					
Eyewear											
<b>Prescription Drug</b>	<b>Generic / Brand / Non-Formulary</b>					<b>Generic / Brand / Non-Formulary</b>					
Retail (100-Day Supply)	\$10 / \$10 / N/A					\$10 / \$10 / N/A					
Mail Order Program (100-Day Supply)	\$10 / \$10 / N/A					\$10 / \$10 / N/A					
<b>Rate Guarantee</b>	1/1/12-1/1/13					1/1/13-1/1/14					
<b>Rates</b>	<b>Total</b>	<b>Medical</b>	<b>Chiro</b>	<b>Vision</b>	<b>Total without Vision</b>	<b>Total with Vision</b>	<b>Medical</b>	<b>Chiro</b>	<b>Vision</b>	<b>Total without Vision</b>	<b>Total with Vision</b>
Employee Only	175	\$636.22	\$1.71	\$6.02	\$637.93	\$643.95	\$640.83	\$1.80	\$6.14	\$642.63	\$648.77
Two Party	132	\$1,272.43	\$3.41	\$12.04	\$1,275.84	\$1,287.88	\$1,281.66	\$3.60	\$12.28	\$1,285.26	\$1,297.54
Family	146	\$1,800.49	\$4.83	\$17.04	\$1,805.32	\$1,822.36	\$1,813.55	\$5.09	\$17.37	\$1,818.64	\$1,836.01
<b>Monthly Premium</b>	453				\$543,625	\$548,756				\$547,636	\$552,867
<b>Annual Premium</b>					\$6,523,504	\$6,585,072				\$6,571,632	\$6,634,410
<b>\$ Change to Current</b>										\$48,128	\$49,338
<b>% Change to Current</b>										0.74%	0.75%

Enrollment as of 6/30/2012

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# Section 3: Kaiser HMO

## 65+ Retirees (with Dental & Vision)



Benefits	Kaiser HMO Current				Kaiser HMO Renewal			
	Medical + Vision	Chiro	Dental	Total with Dental with Vision	Medical + Vision	Chiro	Dental	Total with Dental with Vision
<b>Annual Out-of-Pocket Maximum</b>								
Individual / Family	\$1,500 / \$3,000				\$1,500 / \$3,000			
<b>Lifetime Maximum</b>	Unlimited				Unlimited			
<b>Hospital</b>								
All Inpatient Services	No Charge				No Charge			
Outpatient Surgery	\$5/procedure				\$5/procedure			
Physician & Specialist Office Visit	\$5/visit				\$5/visit			
Preventative Care	No Charge				No Charge			
Vision Exam (Refraction)	\$5/visit				\$5/visit			
Diagnostic X-Ray and Lab	No Charge				No Charge			
Ambulance Service	No Charge				No Charge			
Emergency Room (waived if admitted)	\$5/visit				\$5/visit			
<b>Mental Health</b>								
Inpatient	No Charge				No Charge			
Outpatient	Individual: \$5/visit; Group: \$2/visit				Individual: \$5/visit; Group: \$2/visit			
<b>Substance Abuse</b>								
Inpatient (Detox Only)	No Charge				No Charge			
Outpatient	Individual: \$5/visit; Group: \$2/visit				Individual: \$5/visit; Group: \$2/visit			
Durable Medical Equipment	No Charge				No Charge			
Hearing Aid	\$2,500 Allowance per aid every 36 Months				\$2,500 Allowance per aid every 36 Months			
Skilled Nursing Facility Care	No Charge (100 days/benefit period)				No Charge (100 days/benefit period)			
Speech/Physical/Occupational Therapy	\$5/visit				\$5/visit			
Hospice (Members without Medicare Part A)	No Charge				No Charge			
Acupuncture	Not Covered				No Charge			
Chiropractic	\$10/visit (30 visits/calendar year)				\$10/visit (30 visits/calendar year)			
<b>Vision Benefit</b>								
Eye Exam (Refraction Only)	\$5/visit				\$5/visit			
Eyewear	\$175 Allowance every 24 Months				\$175 Allowance every 24 Months			
<b>Prescription Drug</b>	<b>Generic / Brand / Non-Formulary</b>				<b>Generic / Brand / Non-Formulary</b>			
Retail (100-day supply)	\$10 / \$10 / N/A				\$10 / \$10 / N/A			
Mail Order Program (100-day supply)	\$10 / \$10 / N/A				\$10 / \$10 / N/A			
<b>Rate Guarantee</b>	<b>1/1/12-1/1/13</b>				<b>1/1/13-1/1/14</b>			
<b>Rates</b>	<b>Medical + Vision</b>	<b>Chiro</b>	<b>Dental</b>	<b>Total with Dental with Vision</b>	<b>Medical + Vision</b>	<b>Chiro</b>	<b>Dental</b>	<b>Total with Dental with Vision</b>
Sub (M)	\$391.39	\$1.71	\$17.34	\$410.44	\$390.48	\$1.80	\$17.69	\$409.97
Sub (M)+Spouse (M)	\$782.78	\$3.41	\$34.68	\$820.87	\$780.96	\$3.60	\$35.38	\$819.94
Sub (M)+Spouse (Non-M)	\$1,033.62	\$3.41	\$17.34	\$1,054.37	\$1,037.45	\$3.60	\$17.69	\$1,058.74
Sub (Non-M)+Spouse (M)	\$1,033.63	\$3.41	\$17.34	\$1,054.38	\$1,037.45	\$3.60	\$17.69	\$1,058.74
<b>Monthly Premium</b>								
<b>Annual Premium</b>								
<b>\$ Change to Current</b>								
<b>% Change to Current</b>								

Enrollment as of 6/30/2012

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## Section 3: Kaiser HMO



### Utilization Review – Monthly Claims

Month	Members	Medical Claims	Rolling 12 Medical Claims PMPM	Rx Claims	Rolling 12 Rx Claims PMPM	Total Claims	Rolling 12 Total Claims PMPM
March-10	905	\$665,596	\$442.73	\$53,829	\$44.28	\$719,425	\$492.31
April-10	909	\$264,244	\$415.85	\$37,810	\$43.77	\$302,054	\$464.98
May-10	906	\$269,917	\$422.64	\$39,956	\$44.21	\$309,873	\$470.54
June-10	913	\$187,442	\$416.57	\$46,183	\$44.70	\$233,625	\$463.34
July-10	953	\$424,297	\$421.86	\$36,666	\$44.87	\$460,963	\$468.30
August-10	940	\$327,983	\$414.07	\$45,774	\$45.34	\$373,757	\$461.24
September-10	963	\$248,365	\$408.98	\$43,245	\$45.57	\$291,610	\$455.73
October-10	945	\$419,693	\$408.27	\$49,896	\$46.36	\$469,589	\$455.84
November-10	943	\$717,146	\$449.36	\$32,615	\$46.21	\$749,761	\$496.57
December-10	946	\$267,622	\$397.12	\$46,467	\$46.08	\$314,089	\$443.12
January-11	943	\$343,548	\$403.13	\$38,729	\$45.57	\$382,277	\$448.89
February-11	944	\$247,405	<b>\$391.01</b>	\$41,876	<b>\$45.77</b>	\$289,281	<b>\$436.78</b>
March-11	937	\$474,264	\$372.88	\$40,288	\$44.43	\$514,552	\$417.31
April-11	933	\$199,575	\$366.35	\$46,042	\$45.07	\$245,617	\$411.41
May-11	932	\$171,863	\$356.82	\$35,520	\$44.57	\$207,383	\$401.39
June-11	924	\$356,798	\$371.46	\$42,798	\$44.23	\$399,596	\$415.68
July-11	1,008	\$213,731	\$351.12	\$43,772	\$44.64	\$257,503	\$395.76
August-11	996	\$383,519	\$354.26	\$45,095	\$44.36	\$428,614	\$398.62
September-11	991	\$450,208	\$371.03	\$38,056	\$43.80	\$488,264	\$414.83
October-11	998	\$502,723	\$376.55	\$51,653	\$43.75	\$554,376	\$420.30
November-11	1,008	\$242,367	\$333.36	\$38,465	\$44.01	\$280,832	\$377.37
December-11	1,012	\$231,507	\$328.36	\$45,380	\$43.67	\$276,887	\$372.03
January-12	1,022	\$441,444	\$334.51	\$45,173	\$43.92	\$486,617	\$378.43
February-12	1,013	\$498,202	<b>\$353.85</b>	\$40,548	<b>\$43.55</b>	\$538,750	<b>\$397.40</b>
	<b>11,774</b>	<b>\$4,166,201</b>	<b>-9.5%</b>	<b>\$512,790</b>	<b>-4.8%</b>	<b>\$4,678,991</b>	<b>-9.0%</b>

## Section 4: UnitedHealthcare/PacifiCare HMO



### *Renewal Overview*

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- Effective 1/1/2013, UnitedHealthcare/PacifiCare is offering a 12 month renewal at 17.5%
- Alliant negotiated the renewal to 13.51% (estimated annual savings of \$118,000)
- Key Renewal Factors:
  - The loss ratio for the current renewal experience period of July 2011/June 2012 is running at 102%, as compared to 92.5% at the 7/1/2011 renewal
  - Overall, medical claims increased by approximately 26.1% (was 22% at prior renewal)
  - Total pharmacy increased by approximately 56.2% for this experience period (had decreased 7.4% at prior renewal)
  - The majority of UnitedHealthcare/PacifiCare contracts in El Dorado County and surrounding areas are fully capitated
  - In 2013, UnitedHealthcare/PacifiCare medical trend for non-capitated contracts is 12.97% and Pharmacy trend is 10.5%
- Pooling point is \$75,000
  - \$441,500 of claims were removed due to the pooling point
- The financial impact attributable to Health Care Reform for the 1/1/2013 renewal are as follows:
  - Women's Preventive Services & Autism Spectrum Disorder = 0.0%

# Section 4: UnitedHealthcare/PacifiCare HMO

## Actives & Early Retirees



Benefits	UnitedHealthcare/PacifiCare HMO	
	Current	Renewal
<b>Annual Out-of-Pocket Maximum</b>		
Individual / Family	\$2,000 / \$6,000	\$2,000 / \$6,000
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Hospital</b>		
All Inpatient Services	No Charge	No Charge
Outpatient Surgery	No Charge	No Charge
Physician & Specialist Office Visit	\$15/visit	\$15/visit
Preventative Care	No Charge	No Charge
Vision Exam (Refraction)	\$15/visit	\$15/visit
Diagnostic X-Ray and Lab	No Charge	No Charge
Ambulance Service	No Charge	No Charge
Emergency Room (waived if admitted)	\$50/visit	\$50/visit
<b>Mental Health</b>		
Inpatient	No Charge	No Charge
Outpatient	\$15/visit	\$15/visit
<b>Substance Abuse</b>		
Inpatient (Detox Only)	No Charge	No Charge
Outpatient	No Charge	No Charge
Infertility	50% (Lifetime Maximum)	50% (Lifetime Maximum)
Durable Medical Equipment	No Charge (Max \$5,000/calendar year)	No Charge (Max \$5,000/calendar year)
Hearing Aid	No Charge (Max \$5,000/calendar year)	No Charge (Max \$5,000/calendar year)
Skilled Nursing Facility Care	No Charge (100 days/calendar year)	No Charge (100 days/calendar year)
Speech/Physical/Occupational Therapy	No Charge	No Charge
Hospice	No Charge	No Charge
Acupuncture	Not Covered	Not Covered
Chiropractic	Not Covered	Not Covered
<b>Vision Benefit</b>	Please see VSP Vision Plan	
<b>Prescription Drug</b>	<b>Generic / Brand / Non-Formulary</b>	
Retail (30-day supply)	\$10 / \$20 / \$25	\$10 / \$20 / \$25
Mail Order Program (90-day supply)	\$20 / \$40 / \$50	\$20 / \$40 / \$50
<b>Rate Guarantee</b>	<b>1/1/2012-1/1/2013</b>	
<b>Rates</b>	<b>Current</b>	<b>Renewal</b>
Employee Only	\$651.41	\$765.46
Two Party	\$1,335.29	\$1,569.08
Family	\$1,888.98	\$2,219.72
<b>Monthly Premium</b>	<b>\$246,089</b>	<b>\$289,176</b>
<b>Annual Premium</b>	<b>\$2,953,071</b>	<b>\$3,470,116</b>
<b>\$ Change to Current</b>		<b>\$517,045</b>
<b>% Change to Current</b>		<b>17.51%</b>
<b>\$ Change to Renewal</b>		<b>(118,027)</b>
<b>% Change to Renewal</b>		<b>-3.40%</b>

Enrollment as of 6/30/2012

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# Section 4: UnitedHealthcare/PacifiCare HMO

## HDHP Options



Benefits	UnitedHealthcare/PacifiCare HMO Renewal	UnitedHealthcare/PacifiCare HDHP \$1,500 Option 1		UnitedHealthcare/PacifiCare HDHP \$2,000 Option 2	
		In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>					
Individual / Family	None	\$1,500/\$3,000	\$3,500/\$7,000	\$2,000/\$4,000	\$4,000/\$8,000
<b>Annual Out-of-Pocket Maximum</b>					
Individual / Family	\$2,000/\$6,000	\$3,500/\$7,000	\$6,000/\$12,000	\$4,000/\$8,000	\$9,000/\$18,000
<b>Lifetime Maximum</b>	Unlimited				
<b>Hospital</b>					
All Inpatient Services	No Charge	20%	40%	20%	40%
Outpatient Surgery	No Charge	20%	40%	20%	40%
Physician & Specialist Office Visit	\$15/visit	20%	40%	20%	40%
Preventative Care	No Charge	No Charge (Ded.Waived)	Not Covered	No Charge (Ded.Waived)	Not Covered
Vision Exam	Refraction: \$15/visit	20% (1 per 2 yrs)	Not Covered	20% (1 per 2 yrs)	Not Covered
Diagnostic X-Ray and Lab	No Charge	20%	40%	20%	40%
Ambulance Service	No Charge	20%	20% (In-Network Ded.applies)	20%	20% (In-Network Ded.applies)
Emergency Room	\$50/visit (waived if admitted)	20%	20% (In-Network Ded.applies)	20%	20% (In-Network Ded.applies)
<b>Mental Health</b>					
Inpatient	No Charge	20%	40%	20%	40%
Outpatient	\$15/visit	20%	40%	20%	40%
<b>Substance Abuse</b>					
Inpatient	No Charge	20%	40%	20%	40%
Outpatient	No Charge	20%	40%	20%	40%
Infertility	50% (Lifetime Maximum)	Not Covered	Not Covered	Not Covered	Not Covered
Durable Medical Equipment	No Charge (Max \$5,000/calendar year)	20%	40%	20%	40%
Hearing Aid	No Charge (Max \$5,000/calendar year)	20%	40%	20%	40%
Skilled Nursing Facility Care	No Charge (100 days/calendar year)	20%	40%	20%	40%
Speech/Physical/Occupational Therapy	No Charge	20%	40%	20%	40%
Hospice	No Charge	20%	40%	20%	40%
Acupuncture	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Chiropractic	Not Covered	20%	40%	20%	40%
	N/A	(24 visits/calendar year)		(24 visits/calendar year)	
<b>Vision Benefit</b>	Please see VSP Vision Plan	Please see VSP Vision Plan		Please see VSP Vision Plan	
<b>Prescription Drug</b>	<b>Generic / Brand / Non-Formulary</b>	<b>Generic / Brand / Non-Formulary</b>		<b>Generic / Brand / Non-Formulary</b>	
Retail	\$10 / \$20 / \$25 (30-day)	\$10 / \$30 / \$50 (31-day)		\$10 / \$30 / \$50 (31-day)	
Mail Order Program	\$20 / \$40 / \$50 (90-day)	\$25 / \$75 / \$125 (90-day)	Not Covered	\$25 / \$75 / \$125 (90-day)	Not Covered
<b>Rate Guarantee</b>	1/1/2013-1/1/2014	1/1/2013-1/1/2014		1/1/2013-1/1/2014	
<b>Rates</b>	<b>Negotiated Renewal</b>	<b>Option 1 *</b>		<b>Option 2 *</b>	
Employee Only	\$739.43	\$643.48		\$610.23	
Two Party	\$1,515.71	\$1,319.13		\$1,250.97	
Family	\$2,144.22	\$1,866.09		\$1,769.67	
<b>% Change to Renewal</b>		<b>-12.97%</b>		<b>-17.47%</b>	

\* The rates are on an illustrative basis. Rates are subject to underwriting approval. Enrollment as of 6/30/2012

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## Section 4: UnitedHealthcare/PacifiCare HMO



### Monthly Claims Utilization

Month	Members	Premium	Medical Claims	Rolling 12 Medical Claims PMPM	Rx Claims	Rolling 12 Rx Claims PMPM	Total Claims	Rolling 12 Total Claims	Loss Ratio by Month	Loss Ratio by Year
June-10	465	\$175,232	\$156,425	\$271.48	\$27,954	\$65.62	\$184,379	\$337.10	105%	92%
July-10	455	\$191,803	\$103,906	\$273.82	\$23,719	\$67.12	\$127,625	\$340.94	67%	
August-10	462	\$194,928	\$192,419	\$291.69	\$25,236	\$66.54	\$217,655	\$358.23	112%	
September-10	467	\$196,819	\$142,310	\$298.81	\$23,714	\$64.94	\$166,024	\$363.75	84%	
October-10	461	\$194,744	\$156,383	\$303.43	\$23,197	\$63.70	\$179,580	\$367.12	92%	
November-10	460	\$194,219	\$143,558	\$311.47	\$31,040	\$62.65	\$174,598	\$374.12	90%	
December-10	458	\$193,247	\$153,829	\$317.85	\$18,275	\$60.28	\$172,104	\$378.13	89%	
January-11	450	\$190,753	\$160,940	\$324.13	\$30,357	\$60.73	\$191,297	\$384.86	100%	
February-11	442	\$187,628	\$151,935	\$319.20	\$26,443	\$59.81	\$178,378	\$379.01	95%	
March-11	433	\$184,582	\$160,870	\$326.78	\$31,104	\$59.80	\$191,974	\$386.58	104%	
April-11	445	\$190,201	\$118,029	\$323.70	\$29,646	\$59.66	\$147,675	\$383.36	78%	
May-11	437	\$186,630	\$126,213	<b>\$325.08</b>	\$35,733	<b>\$60.06</b>	\$161,946	<b>\$385.14</b>	87%	
June-11	437	\$186,656	\$174,201	\$330.05	\$30,061	\$60.76	\$204,263	\$390.81	109%	102%
July-11	462	\$226,666	\$115,726	\$331.81	\$30,146	\$61.87	\$145,872	\$393.68	64%	
August-11	456	\$222,405	\$117,739	\$318.37	\$43,680	\$65.35	\$161,419	\$383.71	73%	
September-11	462	\$225,350	\$353,000	\$357.66	\$36,355	\$67.75	\$389,355	\$425.40	173%	
October-11	466	\$226,513	\$164,764	\$358.88	\$44,312	\$71.59	\$209,076	\$430.47	92%	
November-11	464	\$225,963	\$149,329	\$359.68	\$34,986	\$72.26	\$184,315	\$431.94	82%	
December-11	459	\$223,019	\$171,570	\$362.89	\$36,619	\$75.64	\$208,189	\$438.53	93%	
January-12	460	\$240,322	\$172,564	\$364.36	\$45,016	\$78.20	\$217,580	\$442.57	91%	
February-12	470	\$243,648	\$362,539	\$401.13	\$46,492	\$81.48	\$409,032	\$482.61	168%	
March-12	473	\$244,853	\$137,269	\$393.91	\$63,921	\$86.86	\$201,191	\$480.77	82%	
April-12	474	\$245,537	\$176,612	\$402.45	\$47,206	\$89.59	\$223,818	\$492.04	91%	
May-12	474	\$245,537	\$182,139	<b>\$409.84</b>	\$62,658	<b>\$93.84</b>	\$244,797	<b>\$503.67</b>	100%	
	<b>5,557</b>	<b>\$ 2,756,469</b>	<b>\$ 2,277,454</b>	<b>26.1%</b>	<b>\$ 521,451</b>	<b>56.2%</b>	<b>\$ 2,798,905</b>	<b>30.8%</b>		

## Section 4: UnitedHealthcare/PacifiCare HMO

### Provider Utilization



UnitedHealthcare/PacifiCare HMO Providers List

Rank	Medical Group	Members Count	% of Total
1	Hill Physicians / Sacramento	198	41.90%
2	Medclinic Medical Group	111	23.50%
3	UC Davis Medical Group	68	14.40%
4	Sutter Medical Group	66	14.00%
5	Sutter Independent Physicians	9	1.90%
6	Woodland Clinic Med Group	4	0.80%
7	Hill Physicians / Auburn	4	0.80%
8	Sutter West Medical Group	3	0.60%
9	Regal East Ventura County	2	0.40%
10	Coastal Community Network	2	0.40%
11	Sharp Community Med Group	1	0.20%
12	SLO Select IPA So County	1	0.20%
13	St Vincent Medical Group	1	0.20%
14	UCLA Medical Group	1	0.20%
15	Marshall Medical Center	1	0.20%
	<b>Total</b>	<b>472</b>	<b>100%</b>

## Section 5: Delta Dental (CSAC-EIA) PPO



### *Renewal Overview*

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- The ASO fee for the County's CSAC-EIA Delta Dental PPO renewed on 07/01/2012 through 6/30/2013
  - 07/01/2012 Renewal ASO fee: 7.5% of claims (estimated \$6.26 PEPM)
  - The Program Management fee will remain \$0.85
  
- Alliant conducted an underwriting analysis of most current claims and recommends the County increase dental funding rates by 3.03% effective 1/1/2013 through 12/31/2013 based on the most recent claims activity through June 2012

# Section 5: Delta Dental (CSAC-EIA) PPO



## Actives & Retirees

Benefits	Delta Dental (CSAC-EIA) PPO Current		Delta Dental (CSAC-EIA) PPO Renewal	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Calendar Year Maximum</b>				
Per Patient per Calendar Year	\$1,600	\$1,500	\$1,600	\$1,500
<b>Calendar Year Deductible</b>				
Individual / Family	\$50 / \$150 (Waived for Diagnostic & Preventive)	\$50 / \$150 (Waived for Diagnostic & Preventive)	\$50 / \$150 (Waived for Diagnostic & Preventive)	\$50 / \$150 (Waived for Diagnostic & Preventive)
<b>Diagnostic &amp; Preventive</b>				
Oral Examinations Routine Cleanings X-Rays Fluoride Treatment Space Maintainers Sealants	100%	100%	100%	100%
<b>Basic Services</b>				
Fillings Root Canals Periodontics (Gum Treatment) Oral Surgery/Extractions	80%	80%	80%	80%
<b>Major Services</b>				
Crowns & Cast Restorations Inlays / Onlays	60%	60%	60%	60%
<b>Prosthodontics</b>				
Bridges Partial / Full Dentures Implants	60%	60%	60%	60%
<b>Orthodontics</b>				
Adult & Child Orthodontics	None		None	
<b>Dental Accident Benefits</b>				
Maximum Coverage	None 100% (Must be treated within 90 Days of Accident)		None 100% (Must be treated within 90 Days of Accident)	
<b>Rate Guarantee</b>				
<b>Monthly ASO Fee</b>				
Program Management Fee PEPM	1,528	7.5% of projected claims PEPM <b>\$0.85</b>	1,528	7.5% of projected claims PEPM <b>\$0.85</b>
<b>Monthly ASO Fee</b>		<b>\$1,299</b>		<b>\$1,299</b>
<b>Recommended Funding Rates (include ASO Fee)</b>				
Employee Only	618	<b>\$52.68</b>		<b>\$54.28</b>
Two Party	477	<b>\$94.84</b>		<b>\$97.71</b>
Family	433	<b>\$131.72</b>		<b>\$135.71</b>
<b>Monthly Premium</b>	1,528	<b>\$134,830</b>		<b>\$138,915</b>
<b>Annual Premium</b>		<b>\$1,617,956</b>		<b>\$1,666,980</b>
<b>\$ Change to Current</b>				<b>\$49,024</b>
<b>% Change to Current</b>				<b>3.03%</b>

Enrollment as of 6/30/2012

Note: This summary is for informational purpose only. It does not amend, extend, or alter the current policy in any way. In the event information in this summary differs from the Plan Document, the Plan Document will prevail. Please contact the Human Resources office for more information on your plans.

## Section 5: Delta Dental (CSAC-EIA) PPO



### 24-Month Claims Review

Month	Enrollment	Estimated Monthly Funding	Monthly Admin Fee	Claims	Total Cost	Claims PMPM	Rolling 12 Claims PMPM	Monthly Loss Ratio	Annual Loss Ratio
July-10	1,672	\$137,087	\$10,417	\$130,712	\$141,129	\$78.18	\$71.10	102.95%	94.90%
August-10	1,669	\$136,841	\$10,398	\$105,153	\$115,551	\$63.00	\$70.81	84.44%	
September-10	1,672	\$137,087	\$10,417	\$125,328	\$135,745	\$74.96	\$72.04	99.02%	
October-10	1,674	\$137,251	\$10,429	\$106,077	\$116,506	\$63.37	\$70.39	84.89%	
November-10	1,659	\$136,021	\$10,336	\$98,281	\$108,617	\$59.24	\$70.21	79.85%	
December-10	1,645	\$134,874	\$10,248	\$111,147	\$121,395	\$67.57	\$69.98	90.01%	
January-11	1,643	\$134,710	\$8,502	\$113,363	\$121,865	\$69.00	\$70.65	90.47%	
February-11	1,647	\$135,038	\$10,066	\$134,212	\$144,278	\$81.49	\$71.41	106.84%	
March-11	1,639	\$134,382	\$9,803	\$130,706	\$140,509	\$79.75	\$71.46	104.56%	
April-11	1,634	\$133,972	\$8,442	\$112,558	\$121,000	\$68.89	\$69.86	90.32%	
May-11	1,636	\$134,136	\$8,802	\$117,362	\$126,164	\$71.74	\$69.83	94.06%	
June-11	1,622	\$132,988	\$10,383	\$138,442	\$148,825	\$85.35	<b>\$71.84</b>	111.91%	
July-11	1,577	\$129,298	\$6,668	\$88,909	\$95,577	\$56.38	\$70.07	73.92%	97.56%
August-11	1,564	\$128,232	\$7,465	\$99,531	\$106,995	\$63.64	\$70.16	83.44%	
September-11	1,566	\$128,396	\$8,952	\$119,355	\$128,306	\$76.22	\$70.23	99.93%	
October-11	1,566	\$128,396	\$7,591	\$101,211	\$108,802	\$64.63	\$70.37	84.74%	
November-11	1,559	\$127,822	\$7,662	\$102,155	\$109,816	\$65.53	\$70.94	85.91%	
December-11	1,547	\$126,839	\$10,523	\$140,302	\$150,825	\$90.69	\$72.82	118.91%	
January-12	1,528	\$131,041	\$8,741	\$116,548	\$125,289	\$76.28	\$73.42	95.61%	
February-12	1,534	\$131,556	\$8,838	\$117,838	\$126,676	\$76.82	\$73.00	96.29%	
March-12	1,537	\$131,813	\$10,805	\$144,067	\$154,872	\$93.73	\$74.10	117.49%	
April-12	1,538	\$131,899	\$8,819	\$117,587	\$126,406	\$76.45	\$74.75	95.84%	
May-12	1,535	\$131,642	\$11,712	\$156,161	\$167,873	\$101.73	\$77.23	127.52%	
June-12	1,528	\$131,041	\$8,268	\$110,235	\$118,502	\$72.14	<b>\$76.10</b>	90.43%	
<b>Recent 12-Month Total</b>	<b>18,579</b>	<b>\$1,557,976</b>	<b>\$106,042</b>	<b>\$1,413,898</b>	<b>\$1,519,941</b>		<b>5.9%</b>		

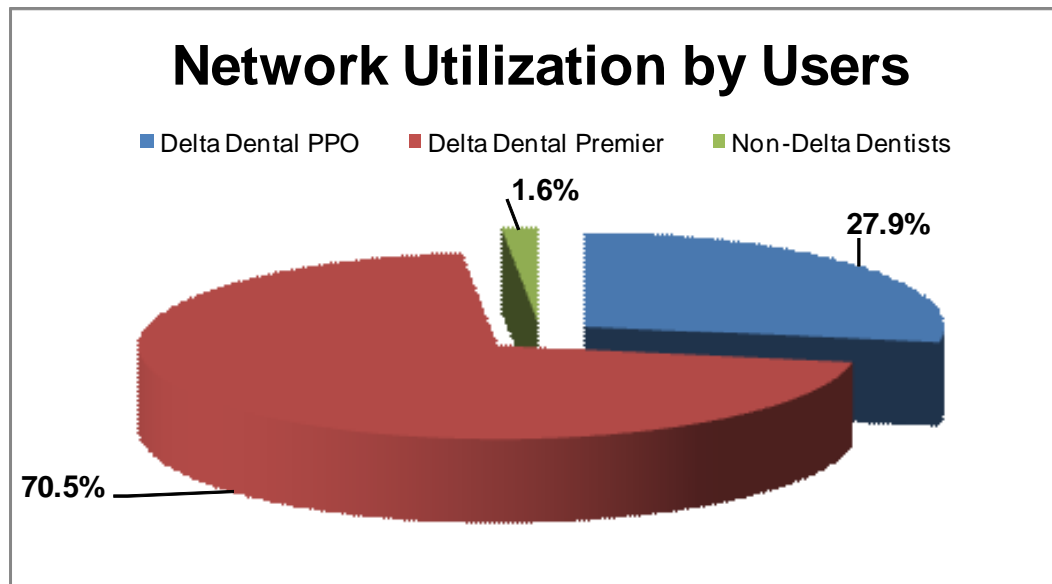
## Section 5: Delta Dental (CSAC-EIA) PPO



### Network Utilization Report

#### Delta Dental Network Utilization Experience Period: January 1, 2011 - December 31, 2011

Network	Number of Users	% of Users	Number of Procedures	% of Procedures
Delta Dental PPO	828	27.9%	4,503	25.9%
Delta Dental Premier	2,097	70.5%	12,668	72.8%
<b>Total</b>	<b>2,925</b>	<b>98.4%</b>	<b>17,171</b>	<b>98.7%</b>
Non-Delta Dentists	48	1.6%	233	1.3%
<b>Total</b>	<b>48</b>	<b>1.6%</b>	<b>233</b>	<b>1.3%</b>
<b>Grand Total</b>	<b>2,973</b>	<b>100%</b>	<b>17,404</b>	<b>100%</b>



# Section 5: Delta Dental (CSAC-EIA) PPO



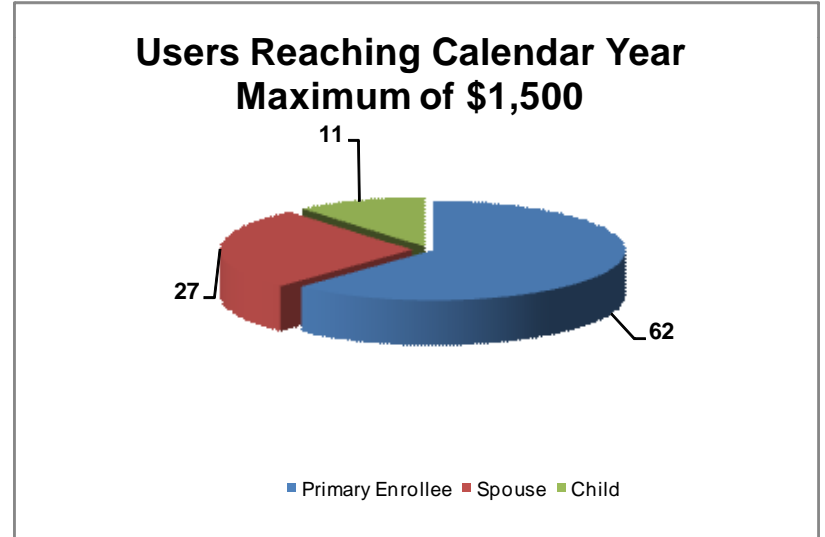
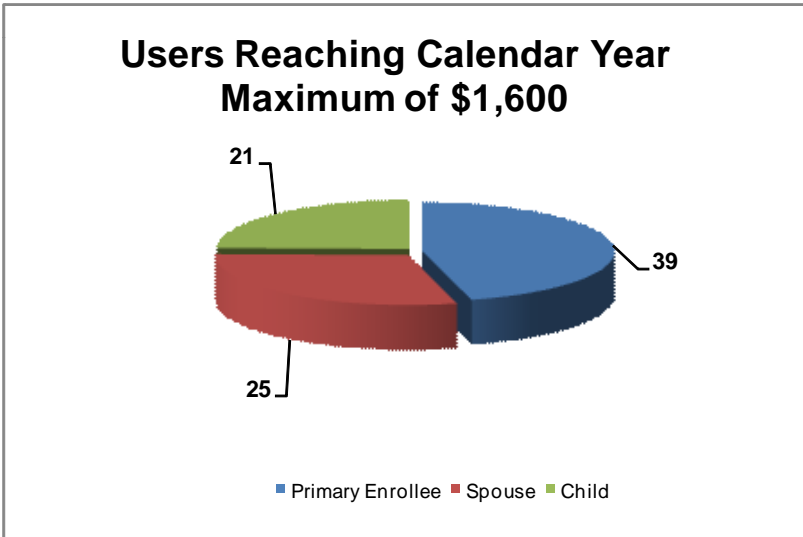
## Calendar Year Maximum Report

### Users Reaching Calendar Year Maximum (In-Network) Experience Period: January 1, 2011 - December 31, 2011

Member Type	Total Users	Reaching \$1,600 Maximum	
		Number of Users	Percentage
Primary Enrollee	1,308	39	3.0%
Spouse	660	25	3.8%
Child	741	21	2.8%
<b>Total</b>	<b>2,709</b>	<b>85</b>	<b>3.1%</b>

### Users Reaching Calendar Year Maximum (OON) Experience Period: January 1, 2011 - December 31, 2011

Member Type	Total Users	Reaching \$1,500 Maximum	
		Number of Users	Percentage
Primary Enrollee	1308	62	4.7%
Spouse	660	27	4.1%
Child	741	11	1.5%
<b>Total</b>	<b>2,709</b>	<b>100</b>	<b>3.7%</b>





## Section 5: Delta Dental (CSAC-EIA) PPO



### Deductible Report

<b>Deductible Report</b> 1/1/2011 - 12/31/2011			
	<b>Total Users</b>	<b>Users Reaching \$50 Deductible</b>	<b>Ratio</b>
Primary Enrollee	1,308	667	51.0%
Spouse	660	344	52.1%
Child	741	261	35.2%
Total	2,709	1,272	47.0%

## Section 6: VSP Vision

### *Renewal Overview*

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- Currently, the County is in a rate guarantee for the VSP ASO (Administrative Services Only) contract through 12/31/2015, 3 years
- Alliant has reviewed the most recent vision claims experience, and recommends that the County increase current funding rates by 0.52% for 1/1/2013 through 12/31/2013
- Currently, the County has two vision plans:
  - VSP for Blue Shield and UnitedHealthcare/PacifiCare members
  - Kaiser “built-in” vision allowance for Kaiser members
- The County asked Alliant to evaluate consolidating the current Kaiser Vision benefit into one plan offering with VSP
- Status Quo -
  - Total VSP Vision “estimated” monthly Premium = \$13,822
  - Total Kaiser Vision “fixed” monthly Premium = \$5,231
  - Total Monthly Vision premium for EDC = \$19,053
- Migrating Kaiser enrollment to VSP -
  - Kaiser vision moves to VSP 1/1/2013
  - By moving Kaiser to VSP, the total “estimated” monthly vision Premium = \$19,941
  - The County will pay an “estimated” \$888 more each month to consolidate the Vision benefit with VSP
  - All employees would have Vision benefits provided through VSP
- Diabetic Eyecare Plus – New!
  - Coverage of additional eyecare services specifically for members with type 1 or type 2 diabetes. Eligible members can receive both routine and follow-up medical eyecare from their VSP Preferred Provider.

# Section 6: VSP Vision

All Others



Benefits	VSP Signature Current		VSP Signature Renewal	
	In-Network	Non-Network	In-Network	Non-Network
Eligibility	All Active Employees on Blue Shield and UnitedHealthcare/PacificCare plans		All Active Employees on Blue Shield and UnitedHealthcare/PacificCare plans	
	<b>Copay</b>		<b>Copay</b>	
Exam	\$25		\$25	
Prescription Glasses	Not Covered		\$20 per visit	
Diabetic EyeCare Plus	Not Covered			
	<b>Coverage</b>	<b>Pays Up To</b>	<b>Coverage</b>	<b>Pays Up To</b>
Exam	Covered in Full	\$50	Covered in Full	\$50
Frames	\$115 Allowance (20% off over allowed amount)	\$70	\$115 Allowance (20% off over allowed amount)	\$70
<b>Lenses</b>				
Single Lenses	Covered in Full	\$50	Covered in Full	\$50
Bifocal Lenses	Covered in Full	\$75	Covered in Full	\$75
Trifocal Lenses	Covered in Full	\$100	Covered in Full	\$100
Lenticular Lenses	Covered in Full	\$125	Covered in Full	\$125
<b>Contact Lenses</b>				
Elective	\$105 Allowance (15% off contact lens services)	\$105	\$105 Allowance (15% off contact lens services)	\$105
Medically Necessary	Covered in Full	\$210	Covered in Full	\$210
<b>Frequency</b>				
Exam	12 Months		12 Months	
Lenses	24 Months		24 Months	
Frames	24 Months		24 Months	
Contact Lenses *	24 Months		24 Months	
<b>Rate Guarantee</b>	<b>30-Months (7/1/10-1/1/13)</b>		<b>36-Months (1/1/13-1/1/16)</b>	
<b>Monthly ASO Fee &amp; Claims</b>				
Administration Fee (PEPM)	979	\$1.40		\$1.54
<b>Recommended Funding Rates (include ASO Fee)</b>	<b>12-Month (1/1/12-1/1/13)</b>		<b>12-Month (1/1/13-1/1/14)</b>	
Employee Only	416	\$6.80		\$6.84
Two Party	325	\$13.59		\$13.66
Family	238	\$21.88		\$22.00
Monthly Premium	979	\$12,453		\$12,519
Annual Premium		\$149,441		\$150,224
\$ Change to Current				\$783
% Change to Current				0.52%

\* Contact lenses are in lieu of spectacle lenses and frame.

Enrollment as of 6/30/2012

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# Section 6: VSP Vision

## Sheriffs



Benefits	
Eligibility	
Exam	
Prescription Glasses	
Diabetic EyeCare Plus	
Exam	
Frames	
<b>Lenses</b>	
Single Lenses	
Bifocal Lenses	
Trifocal Lenses	
Lenticular Lenses	
<b>Contact Lenses</b>	
Elective	
Medically Necessary	
<b>Frequency</b>	
Exam	
Lenses	
Frames	
Contact Lenses *	
<b>Rate Guarantee</b>	
<b>Monthly ASO Fee &amp; Claims</b>	
Administration Fee (PEPM)	73
<b>Recommended Funding Rates (include ASO Fee)</b>	
Employee Only	15
Two Party	9
Family	49
Monthly Premium	73
Annual Premium	
\$ Change to Current	
% Change to Current	

VSP Signature Current		
In-Network	Non-Network	
All Active Employees on Blue Shield and UnitedHealthcare/PacificCare plans		
<b>Copay</b>		
\$10		
Not Covered		
<b>Coverage</b>	<b>Pays Up To</b>	
Covered in Full	\$50	
\$115 Allowance (20% off over allowed amount)	\$70	
Covered in Full	\$50	
Covered in Full	\$75	
Covered in Full	\$100	
Covered in Full	\$125	
\$50 Copay (15% off contact lens services)	\$105	
Covered in Full	\$210	
	12 Months	
	12 Months	
	24 Months	
	12 Months	

30-Months (7/1/10-1/1/13)
\$1.40

12-Month (1/1/12-1/1/13)
\$6.80
\$13.59
\$21.88
\$1,297
\$15,559

VSP Signature Renewal		
In-Network	Non-Network	
All Active Employees on Blue Shield and UnitedHealthcare/PacificCare plans		
<b>Copay</b>		
\$10		
\$20 per visit		
<b>Coverage</b>	<b>Pays Up To</b>	
Covered in Full	\$50	
\$115 Allowance (20% off over allowed amount)	\$70	
Covered in Full	\$50	
Covered in Full	\$75	
Covered in Full	\$100	
Covered in Full	\$125	
\$50 Copay (15% off contact lens services)	\$105	
Covered in Full	\$210	
	12 Months	
	12 Months	
	12 Months	
	24 Months	
	12 Months	

36-Months (1/1/13-1/1/16)
\$1.54

12-Month (1/1/13-1/1/14)
\$6.84
\$13.66
\$22.00
\$1,303
\$15,640
\$82
0.52%

\* Contact lenses are in lieu of spectacle lenses and frame.  
Enrollment as of 6/30/2012

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# Section 6: VSP Vision

## Kaiser Vision versus VSP Vision



Benefits	Kaiser Vision Current		VSP Signature Option	
	In-Network	Non-Network	In-Network	Non-Network
Eligibility	All Employees on Kaiser Plan		All Employees on Blue Shield, UnitedHealthcare/Pacificare and Kaiser Plans **	
	<b>Copay</b>		<b>Copay</b>	
Exam	\$15		\$25	
Prescription Glasses	N/A			
Diabetic EyeCare Plus	Not Covered			
	<b>Coverage</b>		<b>Coverage</b>	
Exam	Eyewear purchased from plan optical sales offices every 24 months. Member pays amount in excess of \$175 Allowance.		Pays Up To	
Frames			Covered in Full	\$50
			\$115 Allowance (20% off over allowed amount)	\$70
<b>Lenses</b>				
Single Lenses			Covered in Full	\$50
Bifocal Lenses	Covered in Full	\$75		
Trifocal Lenses	Covered in Full	\$100		
Lenticular Lenses	Covered in Full	\$125		
<b>Contact Lenses</b>				
Elective		\$105 Allowance (15% off contact lens services)	\$105	
Medically Necessary		Covered in Full	\$210	
<b>Frequency</b>				
Exam	24 Months		12 Months	
Lenses			24 Months	
Frames			24 Months	
Contact Lenses *			24 Months	
<b>Rate Guarantee</b>	<b>12-Month (1/1/13-1/1/14)</b>		<b>36-Months (1/1/13-1/1/16)</b>	
<b>Monthly ASO Fee &amp; Claims</b>				
Administration Fee (PEPM)	453	\$0.00	453	\$1.48
<b>Rates</b>	<b>12-Month (1/1/13-1/1/14)</b>		<b>12-Month (1/1/13-1/1/14)</b>	
Employee Only	175	\$6.14	175	\$6.80
Two Party	132	\$12.28	132	\$13.60
Family	146	\$17.37	146	\$21.90
<b>Monthly Premium</b>	\$5,231		\$6,182	
<b>Annual Premium</b>	\$62,778		\$74,189	
<b>\$ Change to Current</b>			\$11,411	
<b>% Change to Current</b>			18.18%	

\* Contact lenses are in lieu of spectacle lenses and frame.

\*\* For comparison purposes, the enrollment of Kaiser members are included on this table

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## Section 6: VSP Vision

### 24-Month Claims Review



Month	Enrollment	Estimated Monthly Funding	Estimated Monthly Admin Fee	Claims	Total Cost	Rolling-12 Claims PEPM	Monthly Loss Ratio	Annual Loss Ratio
Jul-10	1,270	\$15,189	\$1,778	\$10,118	\$11,896	\$9.60	78.32%	102.98%
Aug-10	1,196	\$14,304	\$1,674	\$17,620	\$19,294	\$9.92	134.89%	
Sep-10	1,191	\$14,244	\$1,667	\$14,757	\$16,424	\$10.19	115.30%	
Oct-10	1,184	\$14,161	\$1,658	\$16,198	\$17,856	\$10.45	126.09%	
Nov-10	1,176	\$14,065	\$1,646	\$16,463	\$18,109	\$10.57	128.76%	
Dec-10	1,173	\$14,029	\$1,642	\$11,527	\$13,169	\$10.52	93.87%	
Jan-11	1,158	\$13,850	\$1,621	\$13,100	\$14,721	\$10.83	106.29%	
Feb-11	1,155	\$13,814	\$1,617	\$12,588	\$14,205	\$11.06	102.83%	
Mar-11	1,152	\$13,778	\$1,613	\$10,625	\$12,238	\$11.03	88.82%	
Apr-11	1,151	\$13,766	\$1,611	\$10,816	\$12,427	\$11.08	90.28%	
May-11	1,153	\$13,790	\$1,614	\$9,851	\$11,465	\$10.97	83.14%	
Jun-11	1,149	\$13,742	\$1,609	\$10,351	\$11,960	<b>\$10.92</b>	87.03%	
Jul-11	1,115	\$13,335	\$1,561	\$11,666	\$13,227	\$11.15	99.19%	98.89%
Aug-11	1,112	\$13,300	\$1,557	\$11,390	\$12,947	\$10.77	97.35%	
Sep-11	1,099	\$13,144	\$1,539	\$14,304	\$15,843	\$10.81	120.53%	
Oct-11	1,091	\$13,048	\$1,527	\$10,120	\$11,647	\$10.44	89.26%	
Nov-11	1,085	\$12,977	\$1,519	\$12,620	\$14,139	\$10.22	108.96%	
Dec-11	1,082	\$12,941	\$1,515	\$12,228	\$13,743	\$10.34	106.20%	
Jan-12	1,065	\$13,792	\$1,491	\$14,957	\$16,448	\$10.55	119.26%	
Feb-12	1,059	\$13,714	\$1,483	\$12,043	\$13,526	\$10.59	98.62%	
Mar-12	1,049	\$13,585	\$1,469	\$10,270	\$11,739	\$10.64	86.41%	
Apr-12	1,055	\$13,663	\$1,477	\$9,604	\$11,081	\$10.63	81.10%	
May-12	1,054	\$13,650	\$1,476	\$11,470	\$12,946	\$10.84	94.84%	
Jun-12	1,048	\$13,572	\$1,467	\$10,181	\$11,648	<b>\$10.91</b>	85.83%	
Recent 12-Month Total	12,914	\$160,720	\$18,080	\$140,853	\$158,933	-0.09%		

# Section 7: American Specialty Health (ASH) Chiro



UnitedHealthcare/PacifiCare HMO Members

Benefits	American Specialty Health Current		American Specialty Health Renewal	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Eligibility	PacifiCare Members Only		PacifiCare Members Only	
Coverage	Chiropractic Only		Chiropractic Only	
<b>Services</b>				
Initial New Patient Exam (one every three years)	\$10/visit	50% (Max \$30/visit/member)	\$10/visit	50% (Max \$30/visit/member)
Established Patient Exams				
Follow-Up Office Visits				
Adjunctive physiotherapy modalities and procedures				
Maximum annual visits per insured	30 visits	10 visits	30 visits	10 visits
X-rays, Radiological Consultations, & Clinical Lab Studies	No Charge (Max \$300/member/year)	50% (Max \$100/member/year)	No Charge (Max \$300/member/year)	50% (Max \$100/member/year)
Supports and Appliances	No Charge	50% (Max \$20/member/item)	No Charge	50% (Max \$20/member/item)
	(Max \$50/member/year)		(Max \$50/member/year)	
<b>Rate Guarantee</b>	<b>7/1/11-1/1/13</b>		<b>1/1/13-1/1/14</b>	
<b>Rates</b>	<b>Current</b>		<b>Renewal</b>	
Employee Only	52	\$3.29	\$3.29	\$3.29
Two Party	50	\$6.58	\$6.58	\$6.58
Family	77	\$9.54	\$9.54	\$9.54
<b>Monthly Premium</b>	179	\$1,235	\$1,235	\$1,235
<b>Annual Premium</b>		\$14,816	\$14,816	\$14,816
<b>\$ Change to Current</b>			\$0	\$0
<b>% Change to Current</b>			0.00%	0.00%

Enrollment as of 6/30/2012

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## Section 8: Next Steps

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- Decisions on any Plan Changes
- Develop Published Rate Cards
- Board Approval of Rates
- Open Enrollment
  - Last two weeks of October
  - Develop Open Enrollment Communications
  - Health Fair





San Francisco Office  
100 Pine Street, 11th Floor  
San Francisco, CA 94111-5101

This proposal is for information purposes only and does not amend, extend or alter the policy in any way. Please refer to the policy form for completed coverage and exclusion information.

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.alliantinsurance.com](http://www.alliantinsurance.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.

\*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 Insurance typically rely upon rating agencies for this type of market analysis. Both A.M. Best and Standard and Poor's have been industry leaders in this area for many decades, utilizing a combination of quantitative and qualitative analysis of the information available in formulating their ratings.

A.M. Best has an extensive database of nearly 6,000 Life/Health, Property Casualty and International companies. You can visit them at [www.ambest.com](http://www.ambest.com). For additional information regarding insurer financial strength ratings visit Standard and Poor's website at [www.standardandpoors.com](http://www.standardandpoors.com).

To learn more about companies doing business in California, visit the California Department of Insurance website at [www.insurance.ca.gov](http://www.insurance.ca.gov).