El Dorado County

Health Plan Advisory Committee
1/1/2012 Renewal Meeting

August 11, 2011

Agenda

Section 1:	2012 Renewal Overview
Section 2:	EIAHealth Blue Shield PPO Renewal
Section 3:	Kaiser HMO Renewal
Section 4**:**	PacifiCare HMO Renewal
Section 5:	VSP - Vision Renewal
Section 6:	Delta Dental - Dental PPO Renewal
Section 7:	American Specialty Health (ASH) Chiro
Section 8:	Next Steps

Section 1: 2012 Renewal Overview

Renewal Schedule

Coverages	Renewal Effective Date	Expected Receipt Date	Received Date	Notes
Medical				
Blue Shield PPO (CSAC-EIA) with Medco Rx	1/1/2012	8/1/2011	8/5/2011	
Kaiser HMO	1/1/2012	7/20/2011	7/20/2011	- Separate Dental (Senior Advantage) - Separate Vision (All, including Senior Advantage)
PacifiCare HMO	1/1/2012	1st week of August	8/3/2011	
Dental				
Delta Dental (CSAC-EIA) PPO (Self-funded)	1/1/2012	7/20/2011	7/19/2011	- ASO fee rate guarantee through 7/1/2012 - 1/1/2012 funding rates
Vision				
VSP (Self-funded)	1/1/2012	8/1/2011	8/4/2011	- ASO fee rate guarantee through 1/1/2013 - 1/1/2012 funding rates - Look at replacing Kaiser vision with VSP for actives and early retirees, including Kaiser Senior Advantage
Life & Disability				
SunLife Basic Life/AD&D	Rate Guaranteed through 7/1/2013			
SunLife Supplemental Life	Rate Guaranteed through 7/1/2013			
SunLife LTD	Rate Guaranteed through 7/1/2013			
Chiropractic / Acupuncture				
American Specialty Health (PacifiCare members)	Rate Guaranteed through 1/1/2013			
EAP & Mental Health/Substance Abuse				
MHN EAP	Rate Guaranteed through 7/1/2012			- Rate cannot be extended to 1/1/2013 (CSAC-EIA pool renews 7/1/2012)
MHN Mental Health/Substance Abuse	Rate Guaranteed through 7/1/2012			- Rates extended to 1/1/2013

Section 1: 2012 Renewal Overview

Financial Summary

Lines of Coverage	Current: 6-Month (1/1/2011-6/30/2011)	Current: 6-Month (7/1/2011-12/31/2011)	Renewal: 12-Month Total (1/1/2012-12/31/2012)	Renewal: Renewal % Change
Blue Shield PPO $200 (Actives & Retirees w/o Medicare)	Blue Shield (CSAC-EIA) + MHN $6,649,021	Blue Shield (CSAC-EIA) + MHN $6,978,375	Blue Shield (CSAC-EIA) + MHN $14,788,318	5.96%
Blue Shield PPO $200 (Medicare Retirees)	Blue Shield (CSAC-EIA) + MHN $363,801	Blue Shield (CSAC-EIA) + MHN $382,995	Blue Shield (CSAC-EIA) + MHN $811,136	5.89%
Blue Shield PPO $1,000 (Retirees w/o Medicare)	Blue Shield (CSAC-EIA) + MHN $121,266	Blue Shield (CSAC-EIA) + MHN $126,510	Blue Shield (CSAC-EIA) + MHN $279,356	10.41%
Blue Shield PPO $1,000 (Medicare Retirees)	Blue Shield (CSAC-EIA) + MHN $228,195	Blue Shield (CSAC-EIA) + MHN $240,451	Blue Shield (CSAC-EIA) + MHN $509,230	5.89%
Kaiser HMO (Actives & Early Retirees)	Kaiser (with Vision) $2,831,907	Kaiser (with Vision) $3,001,977	Kaiser (with Vision) $6,362,757	6.0%
Kaiser HMO (Retirees 65+)	Kaiser (with Dental) $207,539	Kaiser (with Dental) $211,850	Kaiser (without Dental) $413,663	-2.37%
PacifiCare HMO	PacifiCare $1,096,146	PacifiCare $1,279,969	PacifiCare $2,718,972	6.21%
VSP Vision (Self-Funded)	VSP (Blue Shield & PacifiCare members) $76,297	VSP (Blue Shield & PacifiCare members) $76,297	VSP (Blue Shield & PacifiCare members) $165,227	8.28%
American Specialty Health Chiropractic	ASH (PacifiCare members) $6,826	ASH (PacifiCare members) $6,826	ASH (PacifiCare members) $13,651	0.00%
Delta Dental (CSAC-EIA) DPO (Self-Funded)	Delta Dental (CSAC-EIA) $785,041	Delta Dental (CSAC-EIA) $785,041	Delta Dental (CSAC-EIA) $1,655,949	5.47%
SunLife Basic Life/AD&D	SunLife $24,467	SunLife $24,467	SunLife $48,935	0.00%
SunLife Supplemental Life/AD&D	SunLife $52,577	SunLife $52,577	SunLife $105,153	0.00%
SunLife Long Term Disability	SunLife $148,232	SunLife $148,232	SunLife $296,465	0.00%
MHN (CSAC-EIA) EAP	MHN (CSAC-EIA) $88,558	MHN (CSAC-EIA) $88,558	MHN (CSAC-EIA) $177,116	0.00%
Estimated Total Annual Premium	**$26,083,999**		**$28,345,929**	
$ Change to 2011 (1/1/2011-12/31/2011)			**$2,261,930**	
% Change to 2011 (1/1/2011-12/31/2011)			**8.67%**	
% Change to 7/1/2011 6 Month Renewal			**5.74%**	

Section 1: 2012 Renewal Overview

Rate Evaluation Sheet - Actives & Non-Medicare Retirees

1/1/2012-12/31/2012	EE	EE + 1	Family	Enrollment based on July 2011 EBS Bill	
PPO $200 Enrollment	297	240	214	751	
PPO $1,000 Enrollment	19	5	0	24	
Kaiser Enrollment	188	138	127	453	
PacifiCare Enrollment	55	41	72	168	
Medical Rates	559	424	413	1,396	
PPO $200 rates (With Blue Shield Nurseline, Blue Shield Chiropractic & MHN Mental Health/Substance Abuse)	$973.26	$1,755.06	$2,439.66		5.96%
PPO $1,000 rates (With Blue Shield Nurseline, Blue Shield Chiropractic & MHN Mental Health/Substance Abuse	$822.40	$1,530.82	$2,125.80		10.41%
Kaiser Rates (Kaiser Total Rates W/Out Vision)	$637.93	$1,275.84	$1,805.32		5.00%
PacifiCare Rates (PacifiCare Medical Rates + ASH Chiro)	$654.70	$1,341.87	$1,898.52		6.18%
Blended Medical Rates	**$824.01**	**$1,556.49**	**$2,150.26**		**4.87%**
Projected Monthly Medical Cost	$460,623	$659,951	$888,056	$2,008,631	
Projected 12-Month Medical Cost	$5,527,478	$7,919,413	$10,656,676	$24,103,567	
Dental Rates (PPO $1600 IN / $1500 OON)	**$52.68**	**$94.84**	**$131.72**		**5.47%**
Projected Monthly Dental Cost	$29,448	$40,212	$54,400	$124,061	
Projected 12-Month Dental Cost	$353,377	$482,546	$652,804	$1,488,728	
Vision Rates					
Self-Funded VSP (Blue Shield & PacifiCare: Signature Plan)	$6.80	$13.59	$21.88		
Kaiser	$6.02	$12.04	$17.04		
Blended Vision Rates	**$6.54**	**$13.09**	**$20.39**		**5.89%**
Projected Monthly Vision Cost	$3,655	$5,548	$8,422	$17,625	
Projected 12-Month Vision Cost	$43,855	$66,579	$101,061	$211,495	
Combined Rates					
Medical	$824.01	$1,556.49	$2,150.26		4.87%
Dental	$52.68	$94.84	$131.72		5.47%
Vision	$6.54	$13.09	$20.39		5.89%
Medical, Dental & Vision Combined Rates	**$883.23**	**$1,664.41**	**$2,302.37**		
Projected Monthly Cost **Total** Cost	$493,726	$705,712	$950,878	$2,150,316	
Projected 12-Month Cost **Total** Cost	$5,924,710	$8,468,538	$11,410,541	$25,803,789	
EDC Service Fee	**$13.61**	**$24.37**	**$33.90**		
Projected Monthly Cost	$7,611	$10,333	$14,001	$31,945	
Projected 12-Month Cost	$91,329	$123,999	$168,015	$383,343	
Gross Total Required Cost 1/1/12-12/31/12 (rates plus EDC Fees)	**$896.85**	**$1,688.78**	**$2,336.27**		**5.04%**
Projected Monthly Cost - Published Rates (based on current enrollment)	$501,337	$716,045	$964,880	$2,182,261	
Projected 12-Month Cost - Published Rates (based on current enrollment)	$6,016,039	$8,592,537	$11,578,556	**$26,187,132**	
Gross Total Required Cost 1/1/12-12/31/12 (rates plus EDC Fees) with **COBRA**	$914.78	$1,722.56	$2,383.00		

Section 1: 2012 Renewal Overview

Renewal & Enrollment History

	July 2008	July 2009	July 2010	July 2011	Jan 2012
Renewal (Actives & Early Retirees)					
Blue Shield PPO	5.62%	4.31%	19.87%	4.95% (EIAHealth)	6.00% (EIAHealth)
Kaiser HMO	10.72%	17.93%	4.36%	6.01%	6.00% (with Vision)
PacifiCare HMO	6.11%	11.79%	11.18%	16.77%	6.21%
Enrollment (Subscribers)	**Mar-08**	**Mar-09**	**Mar-10**	**Mar-11**	**Based on July 2011 EBS Bill**
Blue Shield PPO (Actives)	962	925	834	735	615
Blue Shield PPO (Early Retirees & Retirees 65+)	257	272	274	266	280
Kaiser HMO (Actives)	376	426	348	372	363
Kaiser HMO (Early Retirees & Retirees 65+)	115	120	115	130	152
PacifiCare HMO	189	187	186	181	168
Operating Engineers Plan	N/A	N/A	228	N/A	236
Total (OE 3 excluded)	**1,899**	**1,930**	**1,757**	**1,684**	**1,578**

Section 2: EIAHealth Blue Shield PPO Renewal

Renewal Summary

- El Dorado County joined CSAC-EIA EIAHealth on 7/1/2011 with a rate increase of 4.95% and a renewal guarantee that rates would not exceed 9.6% for the January 2012 renewal

- Effective 1/1/2012, based on a review of the Program's medical and pharmacy claims experience and projected increases for future medical and pharmacy costs, it has been determined that a 6.4% increase is required for the EIAHealth Program

- 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

- El Dorado County's 1/1/2012 EIAHealth renewal increase will be the PPO pooled increase of 6%

Section 2: EIAHealth Blue Shield PPO Renewal

Actives & Retirees w/out Medicare – Standard $200 PPO

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	
Calendar Year Deductible Individual / Family		$200 / $400			$200 / $400		
Annual Out-of-Pocket Maximum Individual / Family		$1,000 / $2,000			$1,000 / $2,000		
Lifetime Maximum 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%	
Hospitalization							
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%	
Prescription Drugs		**Medco: Generic / Brand /Non-Formulary**			**Medco: Generic / Brand /Non-Formulary**		
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	
Rate Guarantee		**7/1/11-1/1/12**			**1/1/12-1/1/13**		
Rates		**Medical**	**MHN (MH/SA)**	**Total**	**Medical**	**MHN (MH/SA)**	**Total**
Employee Only	297	**$912.62**	**$5.88**	**$918.50**	**$967.38**	**$5.88**	**$973.26**
Two Party	240	**$1,644.61**	**$11.76**	**$1,656.37**	**$1,743.30**	**$11.76**	**$1,755.06**
Family	214	**$2,285.42**	**$17.10**	**$2,302.52**	**$2,422.56**	**$17.10**	**$2,439.66**
Monthly Premium	751	**$1,154,834**	**$8,228**	**$1,163,063**	**$1,224,132**		**$1,232,360**
% Change to Current					**6.00%**		**5.96%**

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Section 2: CSAC-EIA Blue Shield PPO Renewal

Medicare Retirees - Standard $200 PPO

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	
Calendar Year Deductible Individual / Family		$200 / $400			$200 / $400		
Annual Out-of-Pocket Maximum Individual / Family		$1,000 / $2,000			$1,000 / $2,000		
Lifetime Maximum 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%	
Hospitalization Inpatient Outpatient Surgery		 20% 20%	 40% 40%		 20% 20%	 40% 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	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%	
Prescription Drugs		**Medco:** **Generic / Brand /Non-Formulary**			**Medco:** **Generic / Brand /Non-Formulary**		
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	
Rate Guarantee		**7/1/11-1/1/12**			**1/1/12-11/13**		
Rates		**Medical**	**MHN (MH/SA)**	**Total**	**Medical**	**MHN (MH/SA)**	**Total**
One in Medicare A & B	46	**$644.60**	**$6.42**	**$651.02**	**$683.28**	**$6.42**	**$689.70**
One in Medicare A & B and one not on Medicare	20	**$1,376.64**	**$12.84**	**$1,389.48**	**$1,459.24**	**$12.84**	**$1,472.08**
Two in Medicare	5	**$1,200.50**	**$18.69**	**$1,219.19**	**$1,272.54**	**$12.84**	**$1,285.38**
Retiree+Spouse with Deps (1 Medicare)	0	**$2,198.03**	**$18.69**	**$2,216.72**	**$2,329.92**	**$18.69**	**$2,348.61**
Retiree+Spouse with Deps (2 Medicare)	0	**$2,108.63**	**$18.69**	**$2,127.32**	**$2,235.16**	**$18.69**	**$2,253.85**
Monthly Premium	71	**$63,187**	**$646**	**$63,832**	**$66,978**		**$67,595**
% Change to Current					**6.00%**		**5.89%**
Medicare A Only (Not Assigned)		**$912.62**	**$5.88**	**$918.50**	**$967.38**	**$5.88**	**$973.26**
Medicare B Only (Not Assigned)		**$912.62**	**$5.88**	**$918.50**	**$967.38**	**$5.88**	**$973.26**

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Section 2: CSAC-EIA Blue Shield PPO Renewal

Retirees w/out Medicare - Low $1,000 PPO

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	
Calendar Year Deductible Individual / Family		$1,000 / $2,000		$1,000 / $2,000		
Annual Out-of-Pocket Maximum Individual / Family		$3,000 / $6,000		$3,000 / $6,000		
Lifetime Maximum 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%	
Hospitalization 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)	
		(30 visits/calendar year)		(30 visits/calendar year)		
Acupuncture (smoking cessation only)		30%	30%	30%	30%	
Prescription Drugs		**Medco: Generic / Brand /Non-Formulary**		**Medco: Generic / Brand /Non-Formulary**		
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	
Rate Guarantee		**7/1/11-1/1/12**		**1/1/12-11/13**		
Rates		**Total (rates on Rate Card)**		**Medical**	**MHN (MH/SA)**	**Total**
Employee Only	19	**$745.00**		**$816.52**	**$5.88**	**$822.40**
Two Party	5	**$1,386.00**		**$1,519.06**	**$11.76**	**$1,530.82**
Family	0	**$1,924.00**		**$2,108.70**	**$17.10**	**$2,125.80**
Monthly Premium	24	**$21,085**		**$23,109**		**$23,280**
% Change to Current				**9.60%**		**10.41%**

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Section 2: CSAC-EIA Blue Shield PPO Renewal

Medicare Retirees - Low $1,000 PPO

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	
Calendar Year Deductible Individual / Family		$1,000 / $2,000			$1,000 / $2,000		
Annual Out-of-Pocket Maximum Individual / Family		$3,000 / $6,000			$3,000 / $6,000		
Lifetime Maximum 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%	
Hospitalization 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)	
		(30 visits/calendar year)			(30 visits/calendar year)		
Acupuncture (smoking cessation only)		30%	30%		30%	30%	
Prescription Drugs		**Medco: Generic / Brand /Non-Formulary**			**Medco: Generic / Brand /Non-Formulary**		
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	
Rate Guarantee		**7/1/11-1/1/12**			**7/1/11-1/1/12**		
Rates		**Medical**	**MHN (MH/SA)**	**Total**	**Medical**	**MHN (MH/SA)**	**Total**
One in Medicare A & B	32	**$588.38**	**$6.42**	**$594.80**	**$623.68**	**$6.42**	**$630.10**
One in Medicare A & B and one not on Medicare	14	**$1,252.97**	**$12.84**	**$1,265.81**	**$1,328.16**	**$12.84**	**$1,341.00**
Two in Medicare	3	**$1,088.07**	**$18.69**	**$1,106.76**	**$1,153.36**	**$12.84**	**$1,166.20**
Retiree+Spouse with Deps (1 Medicare)	0	**$2,141.81**	**$18.69**	**$2,160.50**	**$2,270.32**	**$18.69**	**$2,289.01**
Retiree+Spouse with Deps (2 Medicare)	0	**$1,984.96**	**$18.69**	**$2,003.65**	**$2,104.06**	**$18.69**	**$2,122.75**
Monthly Premium	49	**$39,634**	**$441**	**$40,075**	**$42,012**		**$42,436**
% Change to Current					**6.00%**		**5.89%**
Medicare A Only (Not Assigned)		**$745.00**	**$0.00**	**$745.00**	**$890.00**	**$5.88**	**$895.88**
Medicare B Only (Not Assigned)		**$745.00**	**$0.00**	**$745.00**	**$890.00**	**$5.88**	**$895.88**

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Section 3: Kaiser HMO

Renewal Overview

- Effective 1/1/2012, Kaiser is offering a 12 month renewal at:
  - 5% for Actives and Early Retirees WITHOUT Vision
  - 6% 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 1/1/2012, the current plan will renew with a 2.37% decrease
  - The plan would renew with a 5.81% decrease WITHOUT Dental, but with Vision
  - The plan would renew with a 6.14% decrease WITHOUT Dental and WITHOUT Vision
    - The County can keep Dental in at $17.34 per Medicare retiree
    - Dental Utilization Report shown on page 17

- PMPM claims costs decreased/increased between the experience period of March 2010 and February 2011 as follows:
  - Inpatient (23.3%)
  - Outpatient 17%
  - Pharmacy 4.6%
  - Other 8.8%

- Key Renewal Factors:
  - Kaiser utilized a lower trend for this renewal period:
    - 8.68% for 7/1/2011
    - 8.02% for 1/1/2012
  - Rating Methodology :
    - 1/1/2012 – <1,000 members is 90% credible and 10% risk score
  - Large Claim Pooling Credit:
    - $443,719 of claims were removed due to the new $125,000 claim pooling point (was $100k last year, but Kaiser adjusted book-of-business levels for 2012)
    - PMPM Pooling Level charge reduced from $44.08 ($488K) to $28.85 ($320K)

Section 3: Kaiser HMO

Renewal Rates & Benefits – Actives & Early Retirees (Without and With Vision)

Benefits	Kaiser HMO Current (7/1/2011-1/1/2012)	Kaiser HMO Renewal (1/1/2012-1/1/2013)
Annual Out-of-Pocket Maximum		
Individual / Family	$1,500 / $3,000	$1,500 / $3,000
Lifetime Maximum	Unlimited	Unlimited
Hospital		
All Inpatient Services	No Charge	No Charge
Outpatient Surgery	$15/procedure	$15/procedure
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)	$15/visit	$15/visit
Mental Health		
Inpatient	No Charge	No Charge
Outpatient	Individual: $15/visit; Group: $7/visit	Individual: $15/visit; Group: $7/visit
Substance Abuse		
Inpatient (Detox Only)	No Charge	No Charge
Outpatient	Individual: $15/visit; Group: $5/visit	Individual: $15/visit; Group: $5/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	$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)
Vision Benefit		
Eye Exam (Refraction Only)	$15/visit	$15/visit
Eyewear	$175 Allowance every 24 Months	$175 Allowance every 24 Months
Prescription Drug	**Generic / Brand / Non-Formulary**	**Generic / Brand / Non-Formulary**
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

Rate Guarantee		**7/1/2011-1/1/2012**				**1/1/2012-1/1/2013**				
Rates		**Medical**	**Chiro**	**Vision**	**Total with Vision**	**Medical**	**Chiro**	**Vision**	**Total without Vision**	**Total with Vision**
Employee Only	188	$599.98	$1.71	$5.94	**$607.63**	$636.22	$1.71	$6.02	**$637.93**	**$643.95**
Two Party	138	$1,199.97	$3.43	$11.86	**$1,215.26**	$1,272.43	$3.41	$12.04	**$1,275.84**	**$1,287.88**
Family	127	$1,697.95	$4.85	$16.80	**$1,719.60**	$1,800.49	$4.83	$17.04	**$1,805.32**	**$1,822.36**
Monthly Premium	453				**$500,330**				**$525,272**	**$530,230**
% Change to Current									**5.0%**	**6.0%**

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Section 3: Kaiser HMO

Renewal Rates & Benefits – 65+ Retirees (With and Without Dental/Vision)

Benefits	Kaiser HMO Current (7/1/2011-1/1/2012)	Kaiser HMO Renewal (1/1/2012-1/1/2013)
Annual Out-of-Pocket Maximum		
Individual / Family	$1,500 / $3,000	$1,500 / $3,000
Lifetime Maximum	Unlimited	Unlimited
Hospital		
All Inpatient Services	No Charge	No Charge
Outpatient Surgery	$5/procedure	$5/procedure
Physician & Specialist Office Visit	$5/visit	$5/visit
Preventative Care	$5/visit	$5/visit
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
Mental Health		
Inpatient	No Charge	No Charge
Outpatient	Individual: $5/visit; Group: $2/visit	Individual: $5/visit; Group: $2/visit
Substance Abuse		
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	Not Covered
Chiropractic	$10/visit (30 visits/calendar year)	$10/visit (30 visits/calendar year)
Vision Benefit		
Eye Exam (Refraction Only)	$5/visit	$5/visit
Eyewear	$175 Allowance every 24 Months	$175 Allowance every 24 Months
Prescription Drug	**Generic / Brand / Non-Formulary**	**Generic / Brand / Non-Formulary**
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

Rate Guarantee		**7/1/2011-1/1/2012**				**1/1/2012-1/1/2013**						
Rates		**Medical + Vision**	**Chiro**	**Dental**	**Total with Dental with Vision**	**Medical**	**Vision**	**Chiro**	**Dental**	**Total with Dental with Vision**	**Total without Dental with Vision**	**Total without Dental without Vision**
Sub (M)	45	$407.57	$1.71	$17.00	$426.28	$389.69	$1.70	$1.71	$17.34	$410.44	$393.10	$391.40
Sub (M)+Spouse (M)	8	$815.14	$3.43	$34.00	$852.57	$779.38	$3.40	$3.41	$34.68	$820.87	$786.19	$782.79
Sub (M)+Spouse (Non-M)	9	$1,013.48	$3.43	$17.00	$1,033.91	$1,025.90	$1.70	$3.41	$17.34	$1,048.35	$1,031.01	$1,029.31
Monthly Premium	62				**$35,308**					**$34,472**	**$33,258**	**$33,139**
% Change to Current										**-2.37%**	**-5.81%**	**-6.14%**

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Section 3: Kaiser HMO

Renewal Rates & Benefits – 65+ Retirees – Dental Utilization

Kaiser KPSA Dental Procedures

Month	Diagnostic & Preventive	Restorative (Crowns)	Periodontics (Root)	Prosthodontics (Dentures)	Total Procedures *
January-10	0	0	0	0	0
February-10	0	0	0	0	0
March-10	5	0	0	0	5
April-10	6	0	3	0	9
May-10	4	0	0	4	8
June-10	6	4	12	2	24
July-10	5	0	6	0	11
August-10	0	0	0	0	0
September-10	1	0	0	0	1
October-10	4	0	5	0	9
November-10	5	0	0	6	11
December-10	0	0	0	0	0
					78

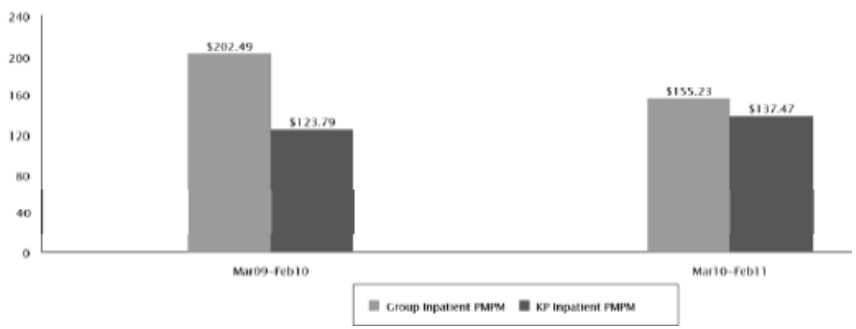
* More than 1 procedures is likely for an individual

Section 3: Kaiser HMO

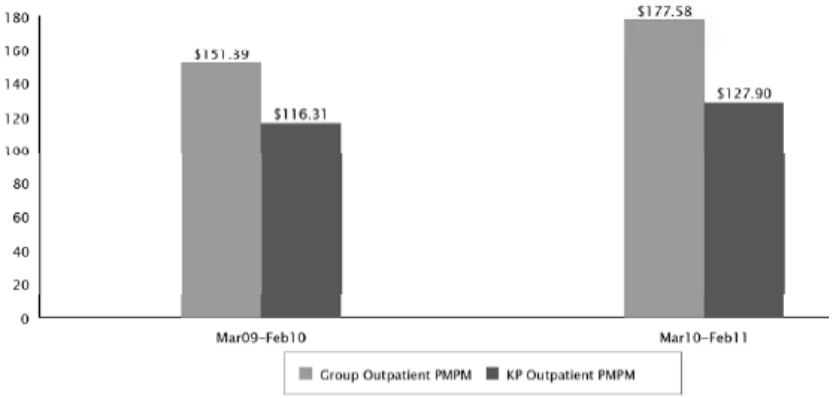
Utilization Review – Medical & Pharmacy Claims PMPM Comparison

$ PMPM	Prior March 09 - Feb 10	Current March 10 - Feb 11	% Change	% of Total
Inpatient	$202.49	$155.23	-23.3%	35.5%
Outpatient	$151.39	$177.58	17.3%	40.6%
Pharmacy	$43.77	$45.78	4.6%	10.5%
Others	$53.93	$58.30	8.1%	13.3%
Total	**$451.58**	**$436.89**	**-3.3%**	**100.0%**

Inpatient PMPM Comparison



Outpatient PMPM Comparison



Section 3: Kaiser HMO

Utilization Review – Large Medical Claims

KAISER PERMANENTE®

KAISER FOUNDATION HEALTH PLAN, INC.

High Cost Claimants

Group Name: EL DORADO COUNTY

Group Number(s): 34936

Subgroup(s): 0000,0001,4900,7000

Product Type: HMO

Region: Northern California

Contract Period: 01/01/2012-12/31/2012

Mar10 – Feb11

Average Members*: 934

Claims In Excess Of: $62,500

Pooling Point: $125,000

Person	Member Status	Claims Per Member	% of Total Claims	Claims Over Pooling Point
Person 1	Active	$538,326.12	11.0%	$413,326.12
Person 2	Active	155,392.90	3.2%	30,392.90
Person 3	Active	91,921.43	1.9%	0.00
Person 4	Active	81,503.91	1.7%	0.00
Person 5	Active	73,508.58	1.5%	0.00
Person 6	Active	72,456.64	1.5%	0.00
Person 7	Active	67,045.07	1.4%	0.00
Total for High Cost Members:		**$1,080,154.65**	**22.1 %**	
All Other Claimants Total:		**$3,816,150.86**	**77.9 %**	
Total for All Claimants:		**$4,896,305.51**	**100.0 %**	**$443,719.02**

* Includes Actives and /or pre 65 Retirees Only.

Section 3: Kaiser HMO

Utilization Review – Pharmacy Top 12 Drugs

Rank	Drug Name	B/G	RX Paid	Class / Description
1	AVONEX	Brand	$32,396	Multiple Sclerosis
2	VFEND	Brand	$28,059	Anti-Infective
3	COPAXONE	Brand	$20,633	Multiple Sclerosis
4	HUMIRA	Brand	$16,212	Anti-Inflamatory
5	SINGULAIR	Brand	$10,821	Respiratory
6	ABILIFY	Brand	$9,500	Central Nervous System
7	OPANA	Brand	$9,298	Analgesic/Pain Killer
8	NOVOLOG	Brand	$6,739	Endocrine
9	SEROQUEL	Brand	$6,606	Central Nervous System
10	LANTUS	Brand	$6,278	Endocrine
11	NEXIUM	Brand	$6,222	Gastrointestinal
12	OXYCONTIN	Brand	$6,136	Analgesic/Pain Killer
	$ Total Drug Spend (Top 12)		**$158,900**	
	Total Drug Spend		**$513,046**	
	% of Total Drug Spend		**30.97%**	

Section 4: PacifiCare HMO

Renewal Overview

- Effective 1/1/2012, PacifiCare is offering a 12 month renewal at 6.21%
- Key Renewal Factors:
  - The loss ratio for the current renewal experience period of Jul y 2010/June 2011i s running at 92.5% , as compared to 94% at the 7/1/2011 renewal
  - Overall, medical claims increased by approximately 22% (was 37% at 7/1/2011 renewal) as compared to the 7/1/2010 renewal, but current experience is improving and is expected to continue to improve, which is indicated by the 6.21% renewal increase
  - Total pharmacy decreased by approximately 7.4% for this experience period (had increased 11% at 7/1/2011 renewal)
  - The majority of PacifiCare contracts in El Dorado County and surrounding areas are fully capitated
  - In 2011 and 2012, PacifiCare capitated contracts are expected to increase:
    - Providers 9% - 10%
    - Hospitals 11% - 13%
  - In 2012, PacifiCare medical trend for non-capitated contracts is 12.99% and Pharmacy trend is 12.5%

Section 4: PacifiCare HMO

Renewal Rates & Benefits

Benefits		PacifiCare HMO Current (7/1/2011-1/1/2012)	PacifiCare HMO Renewal (1/1/2012-1/1/2013)
Annual Out-of-Pocket Maximum			
Individual / Family		$2,000 / $6,000	$2,000 / $6,000
Lifetime Maximum		Unlimited	Unlimited
Hospital			
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
Mental Health			
Inpatient		No Charge	No Charge
Outpatient		$15/visit	$15/visit
Substance Abuse			
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
Vision Benefit		Please see VSP Vision Plan	Please see VSP Vision Plan
Prescription Drug		**Generic / Brand / Non-Formulary**	**Generic / Brand / Non-Formulary**
Retail (30-day supply)		$10 / $20 / $25	$10 / $20 / $25
Mail Order Program (90-day supply)		$20 / $40 / $50	$20 / $40 / $50
Rate Guarantee		**7/1/2011-1/1/2012**	**1/1/2012-1/1/2013**
Rates		**Current**	**Renewal**
Employee Only	55	**$613.31**	**$651.41**
Two Party	41	**$1,257.19**	**$1,335.29**
Family	72	**$1,778.49**	**$1,888.98**
Monthly Premium	168	**$213,328**	**$226,581**
% Change to Current			**6.21%**

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Section 4: PacifiCare HMO

Utilization Review – Large Medical Claims

UnitedHealthcare

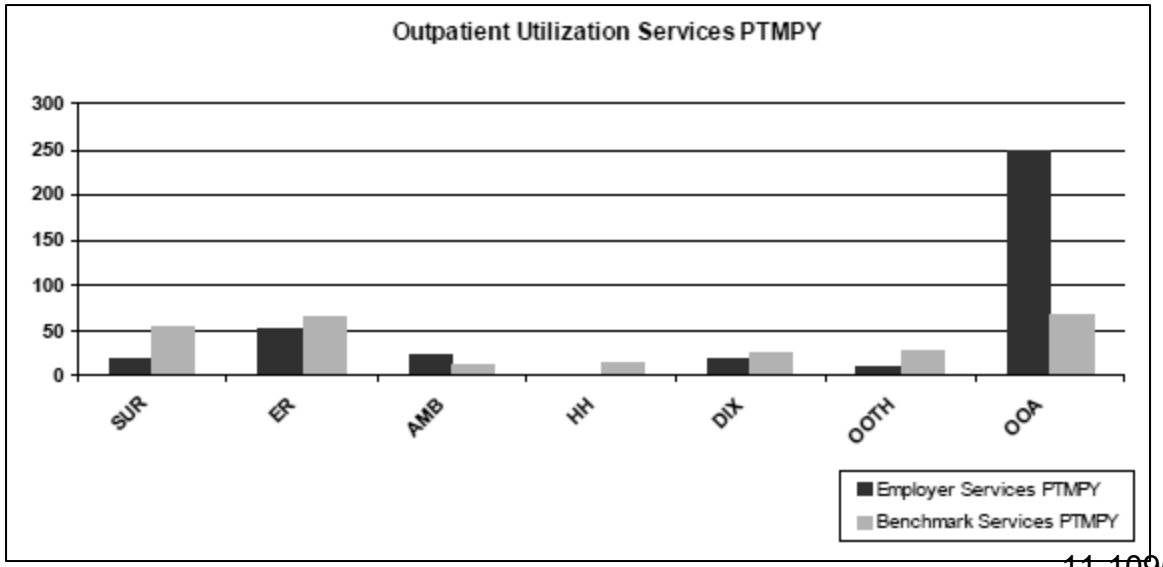
Pooling Point is $75,000
Claims over pooling: $0

High Dollar Claim Diagnosis Report

Customer: El Dorado County
Time Period: 7/1/2010 – 6/30/2011
Threshold: $ 25,000

Renewal: January 1, 2012

Claimant #	Claim Amount:	Status:	Main Diagnosis:
1	$ 56,888	Ongoing	cancer
2	$ 54,712	Closed	subdural hemorrhage, lung contusion
3	$ 47,113	Ongoing	heart disease
4	$ 44,970	Ongoing	COPD
5	$ 41,335	Ongoing	knee surgery, infections
6	$ 39,601	Closed	Hernia repair, sepsis, appendectomy
7	$ 38,402	Ongoing	cancer



Section 4: PacifiCare HMO

Utilization Review – Pharmacy Top 10 Drugs

Rank	Drug Name	# of Scripts	% of Total Scripts	Therapeutic Class
1	HYDROCODONE BIT/ACETAMINOPHEN	205	4.50%	OPIATE AGONISTS
2	AZITHROMYCIN	114	2.50%	MACROLIDES
3	LEVOTHYROXINE SODIUM	113	2.48%	THYROID AGENTS
4	SIMVASTATIN	101	2.22%	HMG-COA REDUCTASE INHIBITO
5	OMEPRAZOLE	98	2.15%	PROTON-PUMP INHIBITORS
6	AMOXICILLIN TRIHYDRATE	93	2.04%	PENICILLINS
7	LISINOPRIL	84	1.84%	ANGIOTENSIN-CONVERTING ENZ
8	HYDROCHLOROTHIAZIDE	82	1.80%	THIAZIDE DIURETICS
9	ADVAIR DISKUS	70	1.54%	ADRENALS
10	ZOLPIDEM TARTRATE	66	1.45%	MISC. ANXIOLYTICS, SEDATIVES
	Total Scripts (Top 10)	**1,026**		
	Total Scripts (All)	**4,553**		
	% of Total Drug Spend	**22.53%**		

Report period: 7/1/2010-6/30/2011

Section 4: PacifiCare HMO

Utilization Review – Providers Utilization

Rank	Medical Group	Members Count	% of Total
1	Hill Physicians Sacramento	174	40.1%
2	Mercy Medical Group	98	22.6%
3	Sutter Medical Group	75	17.3%
4	UC Davis Medical Group	64	14.7%
5	Sutter Independent Physicians	12	2.8%
6	Sutter West Medical Group	3	0.7%
7	Coastal Community Network	2	0.5%
8	Woodland Clinic Medical Group	2	0.5%
9	Encompass Medical Group	1	0.2%
10	Hill Physicians Auburn	1	0.2%
11	Sharp Community Med Group	1	0.2%
12	St. Vincent Medical Group	1	0.2%
	Total	434	100.0%

Section 5: VSP Vision

Plan Overview

- Currently, the County is in a rate guarantee for the VSP ASO (Administrative Services Only) contract through 12/31/2012

- Alliant has reviewed the most recent vision claims experience, and recommends that the County increase current funding rates by 8.28% for 1/1/2012 through 12/31/2012

- Currently, the County has two vision plans:
  - VSP for Blue Shield and 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

- Results:

  - Total VSP Vision “estimated” monthly Premium = $13,769
  - Total Kaiser Vision “fixed” monthly Premium = $4,957
  - Total Monthly Vision premium for EDC = $18,726

  - Kaiser vision moves to VSP 1/1/2012
  - By moving Kaiser to VSP, the total “estimated” monthly vision Premium = $19,595
  - The County will pay an “estimated” $869 more each month to consolidate the Vision benefit with VSP
  - All employees would have Vision benefits provided through VSP

Section 5: VSP Vision

Rates & Benefits – Kaiser Vision versus VSP Vision

Benefits	Kaiser Vision Current		VSP Signature 12-Month Renewal	
	In-Network	Non-Network	In-Network	Non-Network
Eligibility	All Employees on Kaiser Plan		All Employees on Blue Shield, PacifiCare and Kaiser Plans **	
	Copay		Copay	
Exam	$15		$25	
Prescription Glasses	N/A			
	Coverage		Coverage	Pays Up To
Exam	Eyewear purchased from plan optical sales offices every 24 months. Member pays amount in excess of $175 Allowance.		Covered in Full	$50
Frames			$115 Allowance (20% off over allowed amount)	$70
Lenses				
Single Lenses			Covered in Full	$50
Bifocal Lenses			Covered in Full	$75
Trifocal Lenses			Covered in Full	$100
Lenticular Lenses			Covered in Full	$125
Contact Lenses				
Elective			$105 Allowance (15% off contact lens services)	$105
Medically Necessary			Covered in Full	$210
Frequency				
Exam	24 Months		12 Months	
Lenses			24 Months	
Frames			24 Months	
Contact Lenses *			24 Months	

Rate Guarantee		1 Year (1/1/12-1/1/13)		30-Months (7/1/10-1/1/13)
Monthly ASO Fee & Claims		**Current**		**Rate Guarantee**
Administration Fee (PEPM)	453	**$0.00**	453	**$1.33**

Rates		1/1/12-1/1/13		12-Month (1/1/12-1/1/13)
Employee Only	188	**$6.02**	188	**$6.76**
Two Party	138	**$12.04**	138	**$13.52**
Family	127	**$17.04**	127	**$21.76**
Monthly Premium		**$4,957**		**$5,901**
% Change to Kaiser				**19.03%**

* 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 5: VSP Vision

Rates & Benefits – All Others

Benefits		VSP Signature Current		VSP Signature 12-Month Renewal			VSP Signature 12-Month Renewal	
		In-Network	Non-Network	In-Network	Non-Network		In-Network	Non-Network
Eligibility		All Active Employees on Blue Shield and PacifiCare plans		All Active Employees on Blue Shield and PacifiCare plans			All Active Employees on Blue Shield, PacifiCare and Kaiser Plans	
		Copay		Copay			Copay	
Exam Prescription Glasses		$25		$25			$25	
		Coverage	Pays Up To	Coverage	Pays Up To		Coverage	Pays Up To
Exam		Covered in Full	$50	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		$115 Allowance (20% off over allowed amount)	$70
Lenses								
Single Lenses		Covered in Full	$50	Covered in Full	$50		Covered in Full	$50
Bifocal Lenses		Covered in Full	$75	Covered in Full	$75		Covered in Full	$75
Trifocal Lenses		Covered in Full	$100	Covered in Full	$100		Covered in Full	$100
Lenticular Lenses		Covered in Full	$125	Covered in Full	$125		Covered in Full	$125
Contact Lenses								
Elective		$105 Allowance (15% off contact lens services)	$105	$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		Covered in Full	$210
Frequency								
Exam		12 Months		12 Months			12 Months	
Lenses		24 Months		24 Months			24 Months	
Frames		24 Months		24 Months			24 Months	
Contact Lenses *		24 Months		24 Months			24 Months	

Rate Guarantee		30-Months (7/1/10-1/1/13)		30-Months (7/1/10-1/1/13)		30-Months (7/1/10-1/1/13)
Monthly ASO Fee & Claims		**Rate Guarantee**		**Rate Guarantee**		**Rate Guarantee**
Administration Fee (PEPM)	952	**$1.40**		**$1.40**	1,364	**$1.33**

Recommended Funding Rates (include ASO Fee)		6-Month (7/1/11-1/1/12)		12-Month (1/1/12-1/1/13)		12-Month (1/1/12-1/1/13)
Employee Only	411	**$6.28**		**$6.80**	588	**$6.76**
Two Party	304	**$12.55**		**$13.59**	438	**$13.52**
Family	237	**$20.21**		**$21.88**	338	**$21.76**
Monthly Premium		**$11,186**		**$12,112**		**$17,253**
% Change to Current Rates				**8.28%**		**7.69%**

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

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Section 5: VSP Vision

Rates & Benefits – Sheriffs

Benefits		VSP Signature Current			VSP Signature 12-Month Renewal			VSP Signature 12-Month Renewal	
		In-Network	Non-Network		In-Network	Non-Network		In-Network	Non-Network
Eligibility		All Active Employees on Blue Shield and PacifiCare plans			All Active Employees on Blue Shield and PacifiCare plans			All Active Employees on Blue Shield, PacifiCare and Kaiser Plans	
		Copay			Copay			Copay	
Exam Prescription Glasses		$10			$10			$10	
		Coverage	Pays Up To		Coverage	Pays Up To		Coverage	Pays Up To
Exam		Covered in Full	$50		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		$115 Allowance (20% off over allowed amount)	$70
Lenses									
Single Lenses		Covered in Full	$50		Covered in Full	$50		Covered in Full	$50
Bifocal Lenses		Covered in Full	$75		Covered in Full	$75		Covered in Full	$75
Trifocal Lenses		Covered in Full	$100		Covered in Full	$100		Covered in Full	$100
Lenticular Lenses		Covered in Full	$125		Covered in Full	$125		Covered in Full	$125
Contact Lenses									
Elective		$50 Allowance (15% off contact lens services)	N/A		$50 Allowance (15% off contact lens services)	N/A		$50 Allowance (15% off contact lens services)	N/A
Medically Necessary		Covered in Full	$250		Covered in Full	$250		Covered in Full	$250
Frequency									
Exam		12 Months			12 Months			12 Months	
Lenses		12 Months			12 Months			12 Months	
Frames		24 Months			24 Months			24 Months	
Contact Lenses *		12 Months			12 Months			12 Months	
Rate Guarantee		**30-Months (7/1/10-1/1/13)**			**30-Months (7/1/10-1/1/13)**			**30-Months (7/1/10-1/1/13)**	
Monthly ASO Fee & Claims		**Rate Guarantee**			**Rate Guarantee**			**Rate Guarantee**	
Administration Fee (PEPM)	111	**$1.40**			**$1.40**		152	**$1.33**	
Recommended Funding Rates (include ASO Fee)		**6-Month (7/1/11-1/1/12)**			**12-Month (1/1/12-1/1/13)**			**12-Month (1/1/12-1/1/13)**	
Employee Only	38	**$6.28**			**$6.80**		49	**$6.76**	
Two Party	24	**$12.55**			**$13.59**		28	**$13.52**	
Family	49	**$20.21**			**$21.88**		75	**$21.76**	
Monthly Premium		**$1,530**			**$1,657**			**$2,342**	
% Change to Current Rates					**8.28%**			**7.69%**	

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

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: VSP Vision

24-Month Claims Review

Month	Enrollment	Estimated Funding PEPM	Estimated Monthly Funding	Estimated Monthly Admin Fee	Claims	Total Cost	Claims PEPM	Monthly Loss Ratio	Annual Loss Ratio
Aug-09	1,168	$12.28	$14,343	$1,682	$12,984	$14,666	$11.12	102.25%	
Sep-09	1,166	$12.28	$14,318	$1,679	$10,954	$12,633	$9.39	88.23%	
Oct-09	1,165	$12.28	$14,306	$1,678	$12,394	$14,072	$10.64	98.36%	
Nov-09	1,114	$12.28	$13,680	$1,604	$14,232	$15,836	$12.78	115.76%	
Dec-09	1,103	$12.28	$13,545	$1,588	$11,373	$12,961	$10.31	95.69%	
Jan-10	1,093	$12.28	$13,422	$1,574	$8,165	$9,739	$7.47	72.56%	
Feb-10	1,085	$12.28	$13,324	$1,562	$8,731	$10,293	$8.05	77.26%	
Mar-10	1,081	$12.28	$13,275	$1,557	$10,225	$11,782	$9.46	88.75%	
Apr-10	1,084	$12.28	$13,312	$1,561	$9,403	$10,964	$8.67	82.36%	
May-10	1,086	$12.28	$13,336	$1,564	$10,614	$12,178	$9.77	91.31%	
Jun-10	1,087	$12.28	$13,348	$1,565	$10,433	$11,998	$9.60	89.89%	
Jul-10	1,270	$11.96	$15,189	$1,778	$10,118	$11,896	$7.97	78.32%	90.10%
Aug-10	1,196	$11.96	$14,304	$1,674	$17,620	$19,294	$14.73	134.89%	
Sep-10	1,191	$11.96	$14,244	$1,667	$14,757	$16,424	$12.39	115.30%	
Oct-10	1,184	$11.96	$14,161	$1,658	$16,198	$17,856	$13.68	126.09%	
Nov-10	1,176	$11.96	$14,065	$1,646	$16,463	$18,109	$14.00	128.76%	
Dec-10	1,173	$11.96	$14,029	$1,642	$11,527	$13,169	$9.83	93.87%	
Jan-11	1,158	$11.96	$13,850	$1,621	$13,100	$14,721	$11.31	106.29%	
Feb-11	1,155	$11.96	$13,814	$1,617	$12,588	$14,205	$10.90	102.83%	
Mar-11	1,152	$11.96	$13,778	$1,613	$10,625	$12,238	$9.22	88.82%	
Apr-11	1,151	$11.96	$13,766	$1,611	$10,816	$12,427	$9.40	90.28%	
May-11	1,153	$11.96	$13,790	$1,614	$9,851	$11,465	$8.54	83.14%	
Jun-11	1,149	$11.96	$13,742	$1,609	$10,351	$11,960	$9.01	87.03%	
Jul-11	1,115	$11.96	$13,335	$1,561	$11,666	$13,227	$10.46	99.19%	104.92%
Recent 12-Month Total	**13,953**		**$166,878**	**$19,534**	**$155,562**	**$175,096**			

Section 6: CSAC-EIA Delta Dental PPO

Renewal Overview

- The ASO renewal increase for the County's current CSAC-EIA Delta Dental PPO plan is not scheduled to renew until 7/1/2012
  - 7/1/2010 Current ASO fee: $6.23 PEPM
  - Effective 7/1/2011, all Delta Dental CSAC-EIA ASO fees must be on a "% of claims" basis
  - 7/1/2011 Renewal ASO fee: 7.5% of claims (estimated $5.92 PEPM)
- The Program Management fee will increase from $0.50 to $0.85 effective 1/1/2012
- Alliant conducted an underwriting analysis of most current claims and recommends the County increase dental funding rates by 5.47% effective 1/1/2012 through 12/31/2012 based on the most recent claims activity through June 2011

Section 6: CSAC-EIA Delta Dental PPO

Renewal Rates & Benefits

Benefits	Delta Dental (CSAC-EIA) PPO 6-Month Renewal		Delta Dental (CSAC-EIA) PPO 12-Month Renewal	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Maximum				
Per Patient per Calendar Year	$1,600	$1,500	$1,600	$1,500
Calendar Year Deductible				
Individual / Family	$50 / $150	$50 / $150	$50 / $150	$50 / $150
	(Waived for Diagnostic & Preventive)		(Waived for Diagnostic & Preventive)	
Diagnostic & Preventive				
Oral Examinations Routine Cleanings X-Rays Fluoride Treatment Space Maintainers Sealants	100%	100%	100%	100%
Basic Services				
Fillings Root Canals Periodontics (Gum Treatment) Oral Surgery/Extractions	80%	80%	80%	80%
Major Services				
Crowns & Cast Restorations Inlays / Onlays	60%	60%	60%	60%
Prosthodontics				
Bridges Partial / Full Dentures Implants	60%	60%	60%	60%
Orthodontics				
Adult & Child Orthodontics	None		None	
Dental Accident Benefits				
Maximum	None		None	
Coverage	100% (Must be treated within 90 Days of Accident)		100% (Must be treated within 90 Days of Accident)	

Rate Guarantee		**6-Month (7/1/11-1/1/12)**	**6-Month (1/1/12-7/1/12)**
Monthly ASO Fee		**7.5% of projected claims PEPM**	**7.5% of projected claims PEPM**
Program Management Fee PEPM	1609	**$0.50**	**$0.85**
Monthly ASO Fee		**$805**	**$1,368**

Recommended Funding Rates (include ASO Fee)		**Current (7/1/11-1/1/12)**	**Renewal (1/1/12-1/1/13)**
Employee Only	691	**$49.95**	**$52.68**
Two Party	524	**$89.92**	**$94.84**
Family	394	**$124.89**	**$131.72**
Monthly Premium	1609	**$130,840**	**$137,996**
% Change to Current			**5.47%**

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Section 6: CSAC-EIA Delta Dental PPO

Monthly Claims Review

Month	Enrollment	Estimated Funding PEPM	Estimated Monthly Funding	Estimated Monthly Admin Fee	Claims	Total Cost	Claims PMPM	Monthly Loss Ratio	Annual Loss Ratio
July-09	1,896	$82.53	$156,477	$9,821	$138,616	$148,437	$73.11	94.86%	
August-09	1,892	$82.53	$156,147	$9,801	$127,122	$136,923	$67.19	87.69%	
September-09	1,878	$82.53	$154,991	$9,728	$114,512	$124,240	$60.98	80.16%	
October-09	1,776	$82.53	$146,573	$9,200	$147,273	$156,473	$82.92	106.75%	
November-09	1,764	$82.53	$145,583	$9,138	$109,344	$118,482	$61.99	81.38%	
December-09	1,728	$82.53	$142,612	$8,951	$121,624	$130,575	$70.38	91.56%	
January-10	1,728	$82.53	$142,612	$8,951	$105,779	$114,730	$61.21	80.45%	
February-10	1,715	$82.53	$141,539	$8,951	$123,762	$132,713	$72.16	93.76%	
March-10	1,712	$82.53	$141,291	$8,951	$134,747	$143,698	$78.71	101.70%	
April-10	1,711	$82.53	$141,209	$8,951	$150,124	$159,075	$87.74	112.65%	
May-10	1,710	$82.53	$141,126	$8,951	$123,134	$132,085	$72.01	93.59%	
June-10	1,703	$82.53	$140,549	$8,951	$104,203	$113,154	$61.19	80.51%	92.00%
July-10	1,672	$81.99	$137,087	$10,417	$130,712	$141,129	$78.18	102.95%	
August-10	1,669	$81.99	$136,841	$10,398	$105,153	$115,551	$63.00	84.44%	
September-10	1,672	$81.99	$137,087	$10,417	$125,328	$135,745	$74.96	99.02%	
October-10	1,674	$81.99	$137,251	$10,429	$106,077	$116,506	$63.37	84.89%	
November-10	1,659	$81.99	$136,021	$10,336	$98,281	$108,617	$59.24	79.85%	
December-10	1,645	$81.99	$134,874	$10,248	$111,147	$121,395	$67.57	90.01%	
January-11	1,653	$81.99	$135,529	$10,298	$113,363	$123,661	$68.58	91.24%	
February-11	1,619	$81.99	$132,742	$10,086	$134,212	$144,298	$82.90	108.71%	
March-11	1,637	$81.99	$134,218	$10,199	$130,706	$140,905	$79.84	104.98%	
April-11	1,624	$81.99	$133,152	$10,118	$112,558	$122,676	$69.31	92.13%	
May-11	1,625	$81.99	$133,234	$10,124	$117,362	$127,486	$72.22	95.69%	
June-11	1,613	$81.99	$132,250	$10,049	$138,442	$148,491	$85.83	112.28%	95.44%
Recent 12-Month Total	**19,762**		**1,620,286**	**123,117**	**1,423,341**	**1,546,458**			

Section 6: CSAC-EIA Delta Dental PPO

Network Utilization Report

DELTA DENTAL

DELTA DENTAL OF CALIFORNIA
NETWORK UTILIZATION REPORT

El Dorado County
Group Number 353
January 1, 2010 to December 31, 2010

	Number of Users	% to Total	Number of Procedures	% to Total
Delta Dental PPO*	535	16.5%	1,952	11.2%
Delta Dental Premier	2,662	82.1%	15,284	87.7%
Delta Dental Dentists Total	3,197	98.6%	17,236	98.9%
Non-Network Dentists	44	1.4%	195	1.1%
TOTAL	**3,241**	**100.0%**	**17,431**	**100.0%**

Note: Actual Report
*Includes specialists.

El Dorado County and Delta members benefit from Delta Dental's unique contracts with Delta Dental Premier and Delta Dental PPO network dentists. For the time period shown, 98.9% of all procedures were performed by Delta dentists. Benefits from using Delta dentists include:

Section 7: American Specialty Health

Current Plan - Renews 1/1/2013

Benefits	American Specialty Health Current		FINAL American Specialty Health 18-Month Renewal	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Eligibility	PacifiCare Members Only		PacifiCare Members Only	
Coverage	Chiropractic Only		Chiropractic Only	
Services				
Initial New Patient Exam (one every three years) Established Patient Exams Follow-Up Office Visits Adjunctive physiotherapy modalities and procedures	$10/visit	50% (Max $30/ visit/member)	$10/visit	50% (Max $30/visit/member)
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)	

Rate Guarantee		**7/1/10-7/1/11**	**7/1/11-1/1/13**
Rates		**Current**	**18-Month Renewal**
Employee Only	55	**$3.29**	**$3.29**
Two Party	41	**$6.58**	**$6.58**
Family	72	**$9.54**	**$9.54**
Monthly Premium	168	**$1,138**	**$1,138**
% Change to Current			**0.00%**

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Section 8: Next Steps

- Develop Published Rate Cards
- Board Approval of Rates
- Open Enrollment
  - Last two weeks of October
  - Develop Open Enrollment Communications
  - Health Fair

Public Entity Benefits Group
100 Pine Street, 11th Floor
San Francisco, CA 94111