



MARKETING RESULTS MEETING

VENTURA SUPERIOR COURT

March 30, 2021

Gary Delaney, Senior Vice President

Daphne Laraneta, Assistant Vice President

www.usi.com

© 2017 USI Insurance Services. All rights reserved. For public use.

THE USI  ONE ADVANTAGE[®]

Agenda

- Executive Summary
- Medical Results
- Dental Results
- Life/AD&D and Disability Results
- EAP Results
- Next Steps
- Appendix

Executive Summary

All vendors carriers are assuming a September 1st effective date.

- **Medical** – Several carriers provided proposals but the most competitive was Anthem. Anthem also confirmed that their rates would not change if offered alongside a Kaiser HMO plan so long as the Kaiser HMO plan does not exceed 30% of the total eligible. One difference that is notable in the rates quoted as compared to the county plans is how the dependent tiers are distributed. The current county plan rates do not have a common dependent tier cost structure. The proposals provided are more appropriately distributed but will result in a cost impact to those that cover dependents. Details are provided later in the presentation.
- **Dental** – Several dental carriers provided complete proposals but did not offer as much financial benefit as the Anthem dental proposal where combined with a packaging discount to be applied to the medical proposal made them the most competitive.
- **Vision** – The current county vision carrier, MES was able to provide a proposal but Anthem provided a more competitive proposal. We also included VSP, although not as competitive is one of the top vision carriers and provided a 4-year rate guarantee.
- **Voluntary Life/AD&D** – Although MetLife did provide a proposal, they were not able to provide one as compelling as other carriers. Most carriers require these products to be packaged together, making New York Life (previously Cigna) one of the most attractive.

Medical Results (as compared to the County costs)

Carrier	\$ Diff	% Diff
Anthem* + Kaiser (Classic HMO, Select HMO, Kaiser HMO, HDHP)	\$164,698	3.4%
Anthem* Only (Classic HMO, Select HMO, HDHP)	\$223,056	4.6%
UHC +Kaiser (Kaiser, HMO Opt 1, HMO Opt 2, HMO Opt 3, HDHP)	\$477,053	9.8%
Aetna + Kaiser (HMO Opt 2, HMO Opt 3, Kaiser HMO, HDHP)	\$485,299	9.9%
UHC Only (HMO Opt 1, HMO Opt 2, HMO Opt 3, HDHP)	\$565,894	11.6%
HealthNet Only (HMO Opt 1, HMO Opt 2, HMO Opt 3, HDHP)	\$615,149	12.6%
2021 CALPers (Pers Choice PPO, Trio, Full HMO)	\$796,840	16.3%
Aetna Only (HMO Opt 1, HMO Opt 2, HMO Opt 3, HDHP)	\$1,105,854	22.6%
Blue Shield	DECLINED	
Cigna	DECLINED	

* Includes 2.5% packaging discount for dental and vision

Notes:

Anthem

- Retiree – Benefit plans will be the same with different rates and Medicare will be primary
- Provided a 2% packaging discount to medical rates if dental is also sold as well as an additional \$5K towards the benefits administration allowance. ½% packaging discount for the vision is also included. (total 2.5% for packaging discounts worth approximately \$103K based on assumed enrollment)
- Quote with Kaiser assumes no more than 30% of the enrolled membership will enroll in the Kaiser plan
- Early retirees rates/plans are the same as actives
- 9.9% rate cap for the 9/1/2022 renewal (caveats in the appendix)

Kaiser

- Medicare Retiree rates are per member per month and included in the appendix

Medical Results – Actives – Rates – Anthem + Kaiser

Rates & Total Cost	CURRENT PLANS								Prem by Tier
	VCHMO	Trio	Access+	PPO HDHP	VCHMO	Trio	Access +	HDHP	
EE	113	11	14	7	\$856.83	\$892.34	\$1,031.66	\$1,088.77	\$128,702
EE+1	66	8	8	1	\$1,319.26	\$1,331.76	\$1,566.15	\$1,636.90	\$111,891
EE+2 or more	84	5	9	2	\$1,635.18	\$1,663.05	\$1,931.22	\$2,000.68	\$167,053
Total Employees	263	24	31	10					
Annual Subtotal					\$3,854,977	\$345,421	\$532,241	\$159,116	
Annual Premium Total				328				\$4,891,755	

Rates & Total Cost	ANTHEM WITH KAISER								Prem by Tier	%
	Kaiser	Select HMO	Full HMO	PPO HDHP	Kaiser	Select HMO	Full HMO	PPO HDHP		
EE	28	62	48	7	\$677.82	\$593.98	\$795.09	\$653.89	\$98,547	-23%
EE+1	17	37	28	1	\$1,423.42	\$1,247.35	\$1,669.70	\$1,373.18	\$118,475	6%
EE+2 or more	21	43	34	2	\$2,033.46	\$1,781.93	\$2,385.29	\$1,961.69	\$204,349	22%
Total Employees	66	142	110	10						
Annual Subtotal					\$1,030,557	\$1,915,220	\$1,992,189	\$118,485		
Annual Premium Total				328				\$5,056,452		
Change from Current								\$164,698		
Percentage Change								3.4%		

Enrollment Notes

Assumes Kaiser is less than 30% of enrolled population

Assumes 2.5% dental and vision packaging discounts

VCHMO enrollment split not based on actual expected enrollment figures – for illustrative purposes only

- 25% to Kaiser
- 45% to Select
- 30% to Full

Medical Results – Actives – Rates – Anthem

Rates & Total Cost	CURRENT PLANS								
	VCHMO	Trio	Access+	PPO HDHP	VCHMO	Trio	Access +	HDHP	Prem by Tier
EE+1	113	11	14	7	\$856.83	\$892.34	\$1,031.66	\$1,088.77	\$128,702
EE+1	66	8	8	1	\$1,319.26	\$1,331.76	\$1,566.15	\$1,636.90	\$111,891
EE+2 or more	84	5	9	2	\$1,635.18	\$1,663.05	\$1,931.22	\$2,000.68	\$167,053
Total Employees	263	24	31	10					
Annual Subtotal					\$3,854,977	\$345,421	\$532,241	\$159,116	
Annual Premium Total				328				\$4,891,755	

Rates & Total Cost	ANTHEM ONLY								%
	Select HMO	Full HMO	PPO HDHP	Select HMO	Full HMO	PPO HDHP	Prem by Tier		
EE+1	73	65	7	\$593.98	\$795.09	\$653.89	\$99,619	-23%	
EE+1	44	38	1	\$1,247.35	\$1,669.70	\$1,373.18	\$119,705	7%	
EE+2 or more	51	47	2	\$1,781.93	\$2,385.29	\$1,961.69	\$206,910	24%	
Total Employees	168	150	10						
Annual Subtotal				\$2,269,468	\$2,726,857	\$118,485			
Annual Premium Total			328			\$5,114,811			
Change from Current						\$223,056			
Percentage Change						4.6%			

Enrollment Notes

Assumes 2.5% dental and vision packaging discounts

VCHMO enrollment split not based on actual expected enrollment figures – for illustrative purposes only

- 55% to Select
- 45% to Full

Medical Results – Actives – Benefits – Current

Benefit Outline	Ventura County HMO	BS of CA Trio HMO	BS of CA Access+ HMO	BS of CA PPO 3000
Carrier	Ventura County Health Plan	Blue Shield of CA	Blue Shield of CA	Blue Shield of CA
Plan Type, Name, Network	Commercial Benefit Plan; HMO	Medical HMO; Custom Trio HMO; Trio ACO Network	Medical HMO Custom Access+ HMO	Medical PPO; PPO Savings 3000; Full Network
Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$3,000 / \$6,000
Deductible Embedded / Non-Embedded	N/A	N/A	N/A	Embedded
Out-of-Pocket(OOP) Maximum (Individual / Family)	\$3,000 / \$6,000	\$1,500 / \$3,000	\$1,500 / \$3,000	\$5,000 / \$10,000
In-Network Coinsurance	100%	100%	100%	80%
Wellness / Preventive Care	100%	100%	100%	100% (dw)
Primary Care Office Visit	VCMC: \$10 copay; Non-VCMC: \$20 copay	\$15 copay	\$35 copay	80%
Specialist Office Visit	VCMC: \$20 copay; Non-VCMC: \$40 copay	\$15 copay (PCP referral) \$20 copay (Self-referral)	\$35 copay (PCP referral) \$40 copay (Self-referral)	80%
Tel-A-Doc Consultation	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Walk-In / Urgent Care Visit	\$50 copay	\$15 copay	\$35 copay	80%
Acupuncture / Chiropractic	Reimbursed \$20 per visit / 15 visits combined	\$15 Copay / 30 visits combined	\$15 Copay / 30 visits combined	Acu: 80% / 20 visits ; Chiro: 80% / 30 visits
Emergency Room	\$150 copay	\$100 copay	\$100 copay	80%
Outpatient Lab / X-Ray	VCMC: 100%; Non-VCMC: \$20 copay	100%	100%	80%
Complex Imaging (MRI, CAT, PET, et al.)	VCMC: 100%; Non-VCMC: \$125 copay	\$100 copay	\$100 copay	80%
Outpatient Surgical Facility	VCMC: 100%; Non-VCMC: 10% to \$250	\$50 copay	\$250 copay	80%
Inpatient Hospital Facility	VCMC: 100%; Non-VCMC: \$150 copay per day to 4-day max	\$100 copay	\$500 copay	80%
Retail Prescription Drug Copays	\$9 / \$30 / \$45	\$10 / \$25 / \$45	\$10 / \$25 / \$45	\$10 / \$30 / \$50
Mail Order Prescription Drug Copays	\$18 / \$60 / \$90	\$10 / \$50 / \$90	\$10 / \$50 / \$90	\$10 / \$60 / \$100
Specialty Prescription Drugs	Generic: 10% Up to \$100 Brand: 10% Up to \$250	20% up to \$150	20% up to \$150	30% up to \$200
Non-Network Deductible (Individual / Family)	N/A	N/A	N/A	\$3,000 / \$6,000
Non-Network OOP Max (Individual / Family)	N/A	N/A	N/A	\$10,000 / \$20,000
Non-Network Coinsurance	N/A	N/A	N/A	60%

Medical Results – Actives – Benefits – Anthem + Kaiser

Benefit Outline	Kaiser	Select HMO	CACare HMO	PPO HDHP
Carrier	Kaiser	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross
Plan Type, Name, Network	Plan #2731	Classic HMO 15 / 20 Select Network	Classic 35 / 40 California Care HMO	PPO HSA 3000 Prudent Buyer PPO
Deductible (Individual / Family)	\$0 / \$0 / \$0	\$0 / \$0	\$0 / \$0	\$3,000 / \$6,000
Deductible Embedded / Non-Embedded	N/A	N/A	N/A	Embedded
Out-of-Pocket(OOP) Maximum (Individual / Family)	\$3,000 / \$3,000 / \$6,000	\$1,500 / \$3,000	\$1,500 / \$3,000	\$5,000 / \$10,000
In-Network Coinsurance	100%	100%	100%	80%
Wellness / Preventive Care	100%	100%	100%	100% (dw)
Primary Care Office Visit	\$10 copay	\$15 copay	\$35 copay	80%
Specialist Office Visit	\$10 copay	\$20 copay	\$40 copay	80%
Tel-A-Doc Consultation	\$0 copay	\$0 copay	\$0 copay	\$10 copay
Walk-In / Urgent Care Visit	\$10 copay	\$15 copay	\$35 copay	80%
Acupuncture / Chiropractic	\$15 copay / 20 visits combined	\$15 copay / 20 visits per coverage and benefit period	\$15 copay / 20 visits per coverage and benefit period	Chiro: 80% / 30 visits Acu: 80% / 20 visits
Emergency Room	\$150 copay	\$100 copay	\$100 copay	80%
Outpatient Lab / X-Ray	\$10 copay	100%	100%	80%
Complex Imaging (MRI, CAT, PET, et al.)	\$50 copay	\$100 copay	\$100 copay	80%
Outpatient Surgical Facility	\$525 copay	\$50 copay	\$250 copay	80%
Inpatient Hospital Facility	100%	\$100 copay	\$500 copay	80%
Retail Prescription Drug Copays	\$10 / \$30 / \$30	\$10 / \$25 / \$45	\$10 / \$25 / \$45	\$10 / \$30 / \$50
Mail Order Prescription Drug Copays	\$20 / \$60 / \$60	\$10 / \$50 / \$90	\$10 / \$50 / \$90	\$10 / \$60 / \$100
Specialty Prescription Drugs	\$30	20% to \$150	20% to \$150	30% to \$200
Non-Network Deductible (Individual / Family)	N/A	N/A	N/A	\$3,000 / \$6,000
Non-Network OOP Max (Individual / Family)	N/A	N/A	N/A	\$10,000 / \$20,000
Non-Network Coinsurance	N/A	N/A	N/A	60%

Medical Results – Provider Access – Anthem + Kaiser

Anthem	Select HMO	Classic HMO	PPO
Ventura County			
Adult PCPs	751	850	1610
Pediatricians	236	253	323
OBGYNs	100	110	210
Specialists	940	1091	3235
Acute Care Hospitals	9	9	9
Los Angeles County			
Adult PCPs	12498	15009	11197
Pediatricians	3325	4132	4597
OBGYNs	1217	1512	1637
Specialists	10771	14600	25434
Acute Care Hospitals	84	84	85

Kaiser			
Panorama City			
Canyon Coutry MOB	1	North Hollywood MOB	1
Mission Hills MOB	1		
Woodland Hills			
Woodland Hill Medical Center	5	Thousand Oaks MOB	20
Simi Valley MOB	20		
West Ventura County			
Camarillo MOB	33	Ventura MOB	218
Oxnard MOB	102		
Riverside			
Temecula MOB	1		
Irvine			
Aliso Viejo MOB	1		
Baldwin Park			
San Dimas MOB	1		

Medical Results – Provider Access – Anthem + Kaiser

- Kaiser Hospitals (sourced from Kaiser)
 - Community Memorial Hospital of San Buenaventura
 - Woodland Hills Medical Center

- Anthem Hospitals (sourced from Anthem)
 - Northridge Hospital Medical Center
 - St Johns Regional Medical Center
 - Los Robles Regional Medical Center
 - Adventist Health Simi Valley
 - West Hills Hospital and Medical Center
 - Providence Tarzana Medical Center
 - Ventura County Medical Center Santa Paula Hospital
 - Encino Hospital Medical Center
 - Community Memorial Hospital San Buenaventura
 - Ventura County Medical Center
 - Ojai Valley Community Hospital

- Provider look up websites (see flyers for instructions)
 - Kaiser <https://healthy.kaiserpermanente.org/southern-california/doctors-locations#/search-form>
 - Anthem Medial - <https://www.anthem.com/ca/find-care/> For Medical - Choose CACare Large Group for Full HMO, Select HMO for Select HMO, Blue Cross PPO Prudent Buyer Large group
 - Anthem Pharmacy – <https://www.anthem.com/ca/ms/pharmacyinformation/rxnetworks.html>

- Additional Network Notes
 - Blue Shield and Anthem have nearly identical networks
 - At least 50% of the Ventura County HMO network are in the Anthem network

Medical Results – Flex Credits ZBA, ZBP and ZBS - monthly

	Premiums	Flex Credit	Current EE Cost	Premiums	Flex Credit	Proposed EE Cost
Ventura County HMO				Kaiser		
Employee	\$856.83	\$1,040.00	(\$183.17)	\$677.82	\$1,040.00	(\$362.18)
Employee + 1 Dependent	\$1,319.26	\$1,040.00	\$279.26	\$1,423.42	\$1,126.67	\$296.75
Employee + 2 Dependent	\$1,635.18	\$1,040.00	\$595.18	\$2,033.46	\$1,235.00	\$798.46
BS of CA PPO 3000				Anthem HSA		
Employee	\$1,088.77	\$1,040.00	\$48.77	\$653.89	\$1,040.00	(\$386.11)
Employee + 1 Dependent	\$1,636.90	\$1,040.00	\$596.90	\$1,373.18	\$1,126.67	\$246.51
Employee + 2 Dependent	\$2,000.68	\$1,040.00	\$960.68	\$1,961.69	\$1,235.00	\$726.69
BS of CA Trio HMO				Anthem Select HMO 15		
Employee	\$892.34	\$1,040.00	(\$147.66)	\$593.98	\$1,040.00	(\$446.02)
Employee + 1 Dependent	\$1,331.76	\$1,040.00	\$291.76	\$1,247.35	\$1,126.67	\$120.68
Employee + 2 Dependent	\$1,663.05	\$1,040.00	\$623.05	\$1,781.93	\$1,235.00	\$546.93
BS of CA Access+ HMO				Anthem Full HMO 35		
Employee	\$1,031.66	\$1,040.00	(\$8.34)	\$795.09	\$1,040.00	(\$244.91)
Employee + 1 Dependent	\$1,566.15	\$1,040.00	\$526.15	\$1,669.70	\$1,126.67	\$543.03
Employee + 2 Dependents	\$1,931.22	\$1,040.00	\$891.22	\$2,385.29	\$1,235.00	\$1,150.29

Medical Results – Flex Credits ZBA, ZBP and ZBS – biweekly (est)

	Premiums	Flex Credit	Current EE Cost	Premiums	Flex Credit	Proposed EE Cost
Ventura County HMO				Kaiser		
Employee	\$395.46	\$480.00	(\$84.54)	\$312.84	\$480.00	(\$167.16)
Employee + 1 Dependent	\$608.89	\$480.00	\$128.89	\$656.96	\$520.00	\$136.96
Employee + 2 Dependent	\$754.70	\$480.00	\$274.70	\$938.52	\$570.00	\$368.52
BS of CA PPO 3000				Anthem HSA		
Employee	\$502.51	\$480.00	\$22.51	\$301.80	\$480.00	(\$178.20)
Employee + 1 Dependent	\$755.49	\$480.00	\$275.49	\$633.78	\$520.00	\$113.78
Employee + 2 Dependent	\$923.39	\$480.00	\$443.39	\$905.40	\$570.00	\$335.40
BS of CA Trio HMO				Anthem Select HMO 15		
Employee	\$411.85	\$480.00	(\$68.15)	\$274.14	\$480.00	(\$205.86)
Employee + 1 Dependent	\$614.66	\$480.00	\$134.66	\$575.70	\$520.00	\$55.70
Employee + 2 Dependent	\$767.56	\$480.00	\$287.56	\$822.43	\$570.00	\$252.43
BS of CA Access+ HMO				Anthem Full HMO 35		
Employee	\$476.15	\$480.00	(\$3.85)	\$366.96	\$480.00	(\$113.04)
Employee + 1 Dependent	\$722.84	\$480.00	\$242.84	\$770.63	\$520.00	\$250.63
Employee + 2 Dependents	\$891.33	\$480.00	\$411.33	\$1,100.90	\$570.00	\$530.90

Medical Results – Flex Credits ZBA, ZBP and ZBS – biweekly v2 (est)

	Premiums	Flex Credit	Current EE Cost	Premiums	Flex Credit	Proposed EE Cost
Ventura County HMO				Kaiser		
Employee	\$395.46	\$480.00	(\$84.54)	\$312.84	\$480.00	(\$167.16)
Employee + 1 Dependent	\$608.89	\$520.00	\$88.89	\$656.96	\$520.00	\$136.96
Employee + 2 Dependent	\$754.70	\$570.00	\$184.70	\$938.52	\$570.00	\$368.52
BS of CA PPO 3000				Anthem HSA		
Employee	\$502.51	\$480.00	\$22.51	\$301.80	\$480.00	(\$178.20)
Employee + 1 Dependent	\$755.49	\$520.00	\$235.49	\$633.78	\$520.00	\$113.78
Employee + 2 Dependent	\$923.39	\$570.00	\$353.39	\$905.40	\$570.00	\$335.40
BS of CA Trio HMO				Anthem Select HMO 15		
Employee	\$411.85	\$480.00	(\$68.15)	\$274.14	\$480.00	(\$205.86)
Employee + 1 Dependent	\$614.66	\$520.00	\$94.66	\$575.70	\$520.00	\$55.70
Employee + 2 Dependent	\$767.56	\$570.00	\$197.56	\$822.43	\$570.00	\$252.43
BS of CA Access+ HMO				Anthem Full HMO 35		
Employee	\$476.15	\$480.00	(\$3.85)	\$366.96	\$480.00	(\$113.04)
Employee + 1 Dependent	\$722.84	\$520.00	\$202.84	\$770.63	\$520.00	\$250.63
Employee + 2 Dependents	\$891.33	\$570.00	\$321.33	\$1,100.90	\$570.00	\$530.90

Dental Results

Carrier	\$ Diff	% Diff
Delta	(\$11,469)	-3.3%
MetLife	(\$6,760)	-1.9%
Anthem	\$17,576	5.0%
United HealthCare	\$41,819	11.9%
Cigna	\$61,141	17.4%

Notes:

Only listed carriers that were able to match the plan designs exactly and include retirees

2% Medical savings to add Anthem dental with Anthem medical is worth approximately \$83K

(already included in medical marketing numbers)

Dental Results – Rates & Benefits

Benefit Outline	Current	
	MetLife	Anthem
Carrier	MetLife	Anthem
Plan Type	Dental PPO	Dental PPO
Deductible (Individual / Family)	\$15 / \$45	\$15 / \$45
Waived For Preventive	Yes	Yes
Annual Maximum	\$2,500	\$2,500
Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Endodontics / Periodontics	Basic	Basic
Implants	Major	Major
Orthodontia	50%	50%
Eligibility	Adult and Child	Adult and Child
Lifetime Maximum	\$1,500	\$1,500
Waiting Periods (Prev. / Basic / Major)	0 / 0 / 0	0 / 0 / 0
Non-Network	80th UCR	80th UCR
Deductible (Individual / Family)	\$25 / \$75	\$25 / \$75
Annual Maximum	\$1,500	\$1,500
Prev. / Basic / Major	100% / 70% / 40%	100% / 70% / 40%
Participation (Req. / Actual)	Current	80%
Rate Guarantee	Until 9/1/2021	2 Years

Rates & Total Cost

Employee	138	\$45.65	\$47.93
Employee + 1 Dependent	101	\$87.01	\$91.36
Employee + 2 Dependent	108	\$131.58	\$138.16
Total Employees	347		
Annual Total		\$351,580	\$369,156
Change From Current			\$17,576
Percentage Change			5.0%

Notes:

Anthem

- Provided a 2% packaging discount to medical rates if dental is also
- Rates are for actives and retirees
- For Provider lookup- see flyer for details
<https://www.anthem.com/ca/find-care/>

County	General Dentists and Specialists	
	Anthem	MetLife
Los Angeles	5585	3817
Santa Barbara	318	180
Ventura	792	538
Total	6,695	4,535

Vision Results – Rates & Benefits

Benefit Outline	Current			
Carrier	MES	Anthem (Blue View)	VSP Choice	MES
Exam Copay	\$20	\$20	\$20	\$20
Materials Copay	\$20	\$20	\$20	\$20
Exam	100%	100%	100%	100%
Lenses				
Single	100%	100%	100%	100%
Bifocal	100%	100%	100%	100%
Trifocal	100%	100%	100%	100%
Frames	\$100 allowance	\$100 allowance	\$100 allowance	\$100 allowance
Elective Contacts	\$105 allowance	\$100 allowance	\$100 allowance	\$105 allowance
Benefit Frequencies (E / L / F / C)	12 / 12 / 24 / 12	12 / 12 / 24 / 12	12 / 12 / 24 / 12	12 / 12 / 24 / 12
Non-Network Benefits	Scheduled	Scheduled	Scheduled	Scheduled
Participation (Req. / Actual)	Current	50%	51 enrolled	75%
Rate Guarantee	Until 9/1/2021	Until 9/1/2024	Until 9/1/2025	Until 9/1/2025

Rates & Total Cost

Employee	134	\$4.40	\$4.96	\$7.65	\$5.37
Employee + 1 Dependent	87	\$7.93	\$8.94	\$11.10	\$9.66
Employee + 2 Dependent	88	\$11.35	\$12.80	\$19.90	\$18.85
Total Employees	309				
Annual Total		\$27,340	\$30,826	\$44,904	\$38,626
Change From Current			\$3,486	\$17,564	\$11,286
Percentage Change			12.8%	64.2%	41.3%

Vision Results – Provider Access

Anthem

- Provided a 0.5% packaging discount to medical rates if vision is also sold (worth approximately \$20K – already included in the medical marketing numbers)
- Blue View network includes retail store in-network (Lenscrafters, Target Optical, Glasses.com, 1800-Contacts, Pearl Vision, ContactsDirect)
- Retiree rates are the same as actives.
- For Provider lookup- see flyer for details
<https://www.anthem.com/ca/find-care/>;

VSP

- Provider network included retailers such as Costco, Walmart, Sam’s Club, Peale Vision and others
- Rates include actives and retirees
- For provider look up <https://www.vsp.com/eye-doctor>

MES

- Provider network includes retailers such as Costco, Sam’s Club, Walmart, Lenscrafters, Target Optical, Pearl vision and others.
- Rates include actives and future retirees
- VSC is currently at 75% participation based on the census provided.

	Blue View	MES	VSP
Ophthalmology			
Los Angeles	174	299	249
Santa Barbara	10	50	16
Ventura	16	67	27
Total	200	416	292
Optometry			
Los Angeles	1364	1182	1201
Santa Barbara	70	67	39
Ventura	190	142	112
Total	1624	1391	1352
Retail Vision Centers			
Los Angeles	60	151	3
Santa Barbara	3	11	0
Ventura	2	20	0
Total	65	182	3

Voluntary Life/AD&D Results – Rates and Benefits

Benefit Outline	Current		
	MetLife	New York Life	Standard
Carrier	MetLife	New York Life	Standard
Definition of Earnings	Base Salary Only	Base Salary Only	Base Salary Only
Eligibility	See Eligibility Notes	See Eligibility Notes	See Eligibility Notes
Child Age Requirement	Birth to Age 26	Birth to Age 26	Birth to Age 26
Benefit Maximums			
Employee	1 - 3 x annual earnings to \$500,000	1 - 3 x annual earnings to \$500,000	1 - 3 x annual earnings to \$500,000
Spouse	\$5,000, \$10,000	\$5,000, \$10,000	\$5,000, \$10,000
Children	\$2,000, \$5,000	\$2,000, \$5,000	\$2,000, \$5,000
Guarantee Issue			
Employee	\$10,000	\$150,000	\$200,000
Spouse	\$10,000	\$10,000	\$10,000
Children	\$5,000	\$5,000	\$5,000
Benefit Reductions	Reduces To: 65% at Age 70; 50% at Age 75	Reduces To: 65% at Age 70; 50% at Age 75	Reduces To: 65% at Age 70; 50% at Age 75
Waiver of Premium	6 Mo. Elimination Period	9 Mo. Elimination Period	[select]
Benefits Extend to	Length of disability	SSNRA	Age 65
If Disabled Prior to	Age 60	Age 60	Age 60
Accelerated Benefits	Included	Included	Included
Benefit Amount Accessible	100%	100%	80%
Portability	Included	Included	Included
Conversion	Included	Included	Included
Participation (Req. / Actual)	Current	25%	25%
Rate Guarantee	Until 9/1/2021	Until 9/1/2024	Until 9/1/2024

Life/AD&D Per \$1,000	Employee	Employee / Spouse	Employee
Under Age 25	\$0.065	\$0.045	\$0.040
25-29	\$0.076	\$0.056	\$0.051
30-34	\$0.095	\$0.075	\$0.070
35-39	\$0.106	\$0.086	\$0.081
40-44	\$0.158	\$0.138	\$0.133
45-49	\$0.215	\$0.195	\$0.190
50-54	\$0.306	\$0.286	\$0.281
55-59	\$0.533	\$0.513	\$0.508
60-64	\$0.780	\$0.760	\$0.755
65-69	\$1.285	\$1.265	\$1.260
70-74	\$2.076	\$2.056	\$2.051
75-99	\$2.076	\$2.056	\$2.051

Dep Life/AD&D		AD&D - \$.020	AD&D - \$.025
Hi (SP \$10k/Ch \$5k)	\$2.490	\$2.470	\$2.490
Lo (SP \$5k/Ch \$2k)	\$1.890	\$1.870	\$1.890

EAP Results

Benefit Outline	Current	
	County	Anthem
Number of In-Person Counseling Visits	5 per issue	6 per issue
Telephonic Counseling	Included	Included
Child Care Consultation	Included	Included
Elder Care Consultation	Included	Included
Financial Consultation	Included	Included
Legal Consultation	Included	Included
Rate Guarantee		2 year

Rates & Total Cost

Number of Employees		455
PEPM Fee		\$1.55
Annual Total	\$0	\$8,463

Next Steps

- Would VSC like to see any plan design changes to the proposed plans?
 - Medical?
 - Dental?
 - Vision?
- Would VSC be interested in any carrier finalists' "meetings"?
- Other Clients that have moved to their own benefits
 - San Bernardino Superior Court
 - City of Ventura
 - San Diego Superior Court

Appendix

- **Anthem rate cap caveats**
- **Kaiser Medicare Retiree Rates**
- **Anthem Medicare Retiree Rates**
- **Carrier Disclosures**

Anthem Rate Cap Caveats

- ❑ This guarantee applies to our HMO, HSA and PPO commercial medical and Rx products. This guarantee does not apply to any senior products, any Medicaid products or any specialty products.
- ❑ This guarantee assumes that the experience period used to project the 9/1/2022 – 8/31/2023 rating will be from 9/1/2021 – 3/31/2021.
- ❑ This guarantee assumes that Ventura Superior Court's enrollment does not change by more than +20% or -10% from the assumed enrollment of 260 subs. If enrollment is less than 229 subs using the ending # of the experience period, then this guarantee is invalid.
- ❑ Anthem remains sole carrier with the exception of Kaiser. The group must maintain Kaiser enrollment of less than 30% of enrolled population.
- ❑ This guarantee applies to the aggregate increase spread across all products covered under this guarantee. Individual products and/or rates could exceed this aggregate guaranteed increase, so long as the total increase does not.
- ❑ This guarantee assumes there will be no change in the benefits, or network offered.
- ❑ This guarantee assumes there will be no change in the employee contribution percentage of more than 5%.
- ❑ This guarantee assumes that the member/subscriber ratio does not change by more than 5%. The current member/subscriber ratio is 2.16.
- ❑ This guarantee assumes that Ventura Superior Court selects the fully insured non-refunding funding arrangement for all products.
- ❑ Premium increases associated with the cost impact of the following changes are NOT subject to the caps:
 - State or Federal mandated benefit enhancements or administrative requirements (which could be taxes, fees or any other administrative requirements) that has a cost impact.
 - ACA Health Care Reform fees, taxes and/or mandated benefits applicable during the guarantee period.
 - State surcharges and assessments
 - Customer requested benefit enhancements, or other product changes.
 - Customer requested administration changes.
- ❑ This guarantee applies for the renewal effective date noted above and is non-renewable.
- ❑ This guarantee assumes that no change in carriers providing benefits will occur or that a previously integrated benefit is carved out for administration by a 3rd party.
- ❑ If Anthem Blue Cross is pre-notified by Ventura Superior Court of a condition that would void this agreement, Anthem, at its discretion, may agree to modify the existing agreement to compensate for its estimate of the impact of the voidable event.
- ❑ The rate cap is invalid if there is a pandemic (an outbreak of a disease over a wide geographic area that affects an exceptionally high proportion of members) declared by the Centers for Disease Control to have occurred during the policy period.
- ❑ If a Force Majeure event occurs during the policy period, this rate cap may be revoked. "Force Majeure" means any cause beyond the reasonable control of a Party, including but not limited to acts of God, civil or military disruption, terrorism, fire, strike, flood, riot or war.

Kaiser Medicare Retiree Rates

Benefit Outline	Kaiser
Carrier	Kaiser
Plan Type, Name, Network	Senior Adv w/ Part D
Out-of-Pocket(OOP) Maximum (Per Member)	\$1,500
In-Network Coinsurance	100%
Wellness / Preventive Care	100%
Primary Care Office Visit	\$10 copay
Specialist Office Visit	\$10 copay
Walk-In / Urgent Care Visit	\$10 copay
Chiropractic	\$10 copay
Emergency Room	\$50 copay
Outpatient Lab / X-Ray	Most no charge
Complex Imaging (MRI, CAT, PET, et al.)	
Outpatient Surgical Facility	\$10 per procedure
Inpatient Hospital Facility	\$250 per admission
Prescription Drug Copays (Formulary applies)	\$10 per 100-day supply

Rates	Kaiser
Medicare A&B Per Member	\$209.62
Medicare B Only Per Member	\$499.78

Anthem Medicare Retiree Rates

MEDICARE RETIREES - ANTHEM Rates & Total Cost

	Select HMO	Full HMO	PPO 500/20/40/20
EE	\$528.64	\$707.64	\$776.09
EE+1	\$1,110.14	\$1,486.03	\$1,629.79
EE+2 or more	\$1,585.92	\$2,122.91	\$2,328.27

Disclaimers

Disclaimer

The information contained in this report is for general information purposes only. The information is provided by USI Insurance Services and while we endeavor to keep the information up to date and correct, we make no representations or warranties of any kind, express or implied, about the completeness, accuracy, reliability, suitability or availability with respect to the report or the information, products, services, or related graphics contained in the report for any purpose. Any reliance you place on such information is therefore strictly at your own risk. In no event will we be liable for any loss or damage including without limitation, indirect or consequential loss or damage, or any loss or damage whatsoever arising from loss of data or profits arising out of, or in connection with, the use of this report. In this report you may view information which is not under the control of USI Insurance Services. We have no control over the nature, content and availability of that information. The inclusion of information does not necessarily imply a recommendation or endorse the views expressed within them.

Commissions and Fees

As a licensed insurance producer, USI is authorized to confer with or advise our clients and prospective clients concerning substantive benefits, terms or conditions of insurance contracts, to sell insurance and to obtain insurance coverages for our clients. Our compensation for placement of insurance coverage, unless otherwise specifically negotiated and agreed to with our client, is customarily based on commission calculated as a percentage of the premium collected by the insurer and is paid to us by the insurer. We may also receive from insurers and insurance intermediaries (which may include USI affiliated companies) additional compensation (monetary and non-monetary) based in whole or in part on the insurance contract we sell, which is contingent on volume of business and/or profitability of insurance contracts we supply to them and/or other factors pursuant to agreements we may have with them relating to all or part of the business we place with those insurers or through those intermediaries. Some of these agreements with insurers and/or intermediaries include financial incentives for USI to grow its business or otherwise strengthen the distribution relationship with the insurer or intermediary. Such agreements may be in effect with one or more of the insurers with whom your insurance is placed, or with the insurance intermediary we use to place your insurance. You may obtain information about the nature and source of such compensation expected to be received by us, and, if applicable, compensation expected to be received on any alternative quotes pertinent to your placement upon your request. USI values your feedback regarding compliance with our disclosure policy. You may contact the toll-free USI Compliance Hotline (866-657-0861) at any time, and your call will be referred to applicable company management for further investigation.

USI Insurance Services Copyright

The contents of this USI Insurance Services report are protected by applicable copyright laws. No permission is granted to copy, distribute, modify, post or frame any text, graphics, data, content, design or logos. All information and content in this USI Insurance Services report is subject to applicable statutes and regulations, furnished "as is," without warranty of any kind, express or implied, including but not limited to implied warranties of merchantability, fitness for a particular purpose, or noninfringement.



CONFIDENTIAL AND PROPRIETARY: This document and the information contained herein is confidential and proprietary information of USI Insurance Services, LLC ("USI"). Recipient agrees not to copy, reproduce or distribute this document, in whole or in part, without the prior written consent of USI. Estimates are illustrative given data limitation, may not be cumulative and are subject to change based on carrier underwriting.

© 2017 USI Insurance Services. All rights reserved.