



City of Stockton

2023 – 2024 Renewal Meeting

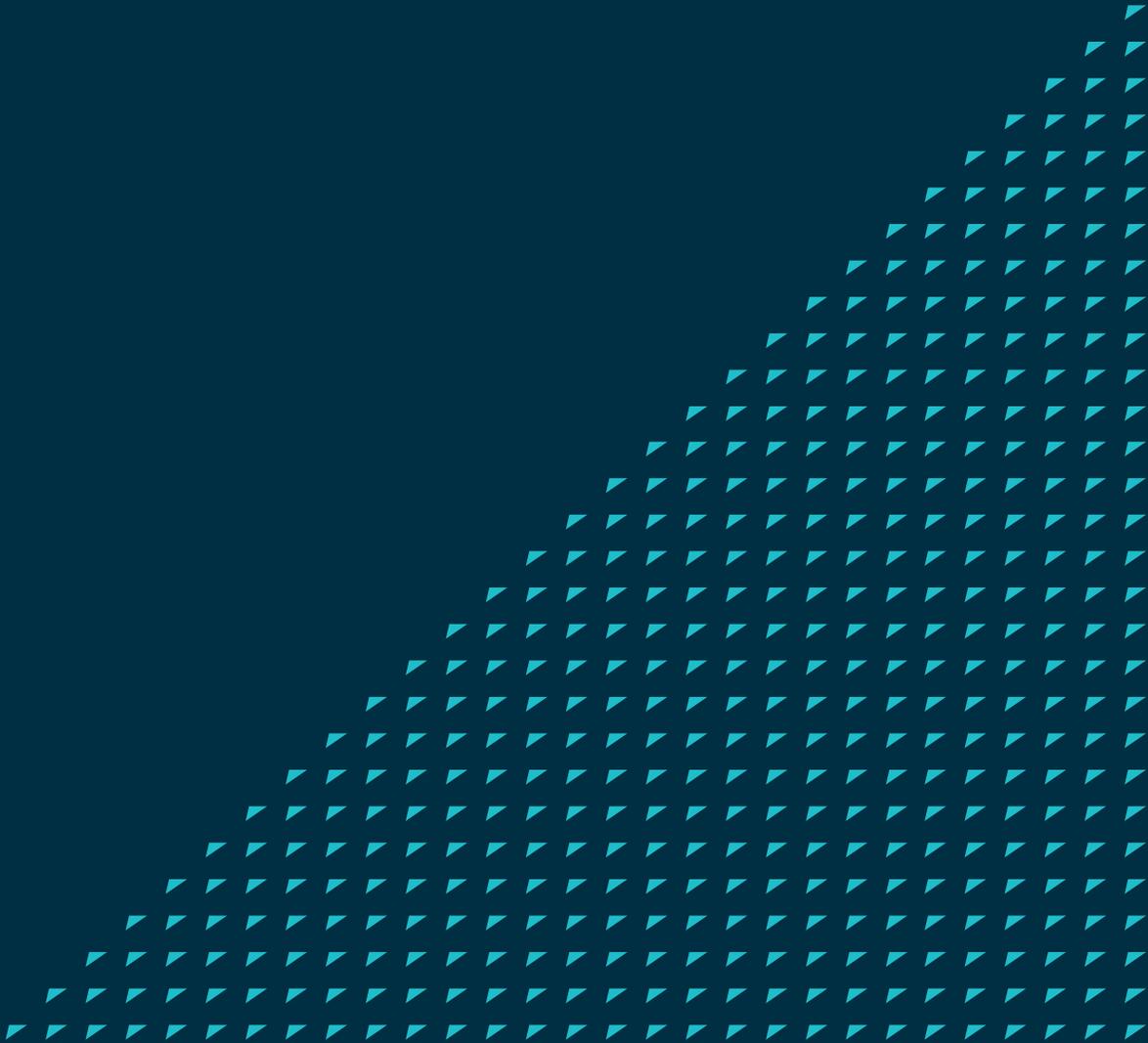
February 27, 2023

Billie Brown
Christine Kerns
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Agenda

- I. Executive Summary
- II. Medical Plan Renewal
- III. Ancillary Renewals
- IV. Contributions

Executive Summary





2023 – 2024 Renewal Results

Coverage	Carrier	Result
Medical	Kaiser	<ul style="list-style-type: none"> ▪ 18 months: <ul style="list-style-type: none"> ▪ HMO: +11.9% (admin fees included) ▪ HDHP: +5% (admin fees included) ▪ POS: +12.1% (admin fees included) ▪ PPO: +12.1% (admin fees included)
Medical	Sutter Health Plus	<ul style="list-style-type: none"> ▪ 18 months: <ul style="list-style-type: none"> ▪ HMO: +7.2% (admin fees included) ▪ HDHP: +2.5% (admin fees included / includes plan changes)
Dental PPO	Delta Dental PRISM (Self Funded)	<ul style="list-style-type: none"> ▪ PRISM Delta Dental Fee renewal: <ul style="list-style-type: none"> ▪ ASO Fee: 0% (Rate Pass) ▪ BCC Admin Fee: Increase from \$0.60 to \$0.75 ▪ Funding Rate Recommendation: <ul style="list-style-type: none"> ▪ 18 months: +2.82% (admin fees included)
Dental HMO	DeltaCare	<ul style="list-style-type: none"> ▪ 18 months: +0.7% (admin fees included)



2023 – 2024 Renewal Results, cont.

Coverage	Carrier	Result
Vision	VSP (Self Funded)	<ul style="list-style-type: none"> The direct VSP ASO Fee is in a rate guarantee through 6/30/2025 Funding Rate Recommendation: <ul style="list-style-type: none"> 18 months: +4.30% (admin fees included)
Basic Life/AD&D (Management B & C only)	SunLife	<ul style="list-style-type: none"> The plan renews on 5/1/2023 +5% increase to Basic Life; rate pass for Basic AD&D 24 month guarantee through 4/30/2025
Life/AD&D	Lincoln (PRISM)	<ul style="list-style-type: none"> The Life/AD&D plan is renewing with a rate pass (0%) and a 3 year rate guarantee (through 6/30/2026)
Long Term Disability	Lincoln (PRISM)	<ul style="list-style-type: none"> The Long Term Disability plan is renewing with a rate pass (0%) and a 3 year rate guarantee (through 6/30/2026)
EAP	Halcyon	<ul style="list-style-type: none"> Rate guarantee through 9/30/2025
FSA/HSA/HRA	P&A	<ul style="list-style-type: none"> 18 month Renewal: <ul style="list-style-type: none"> The City would need to do a short plan year 6 months) followed by a 12 month renewal to transition to a calendar year plan (no change of fees over this time period)
COBRA	APA Benefits	<ul style="list-style-type: none"> Rate guarantee through 6/30/2024



2023 – 2024 Financial Overview

Line of Coverage	Current	18-Month Renewal	% Δ
Sutter Health Plus HMO	\$6,823,761	\$7,313,596	7.2%
Sutter Health Plus HDHP	\$1,672,287	<i>\$1,800 Ded</i> \$1,714,717	2.5%
Kaiser HMO	\$8,765,079	\$9,805,971	11.9%
Kaiser POS	\$36,330	\$40,729	12.1%
Kaiser PPO	\$29,236	\$32,774	12.1%
Kaiser HDHP	\$3,228,362	<i>\$1,800 Ded</i> \$3,390,153	5.0%
Delta Dental DHMO	\$98,891	\$99,578	0.7%
Delta Dental DPPO (PRISM) - Self-Funded	\$1,488,011	\$1,530,001	2.8%
VSP Vision - Self-Funded	\$234,500	\$244,616	4.3%
Lincoln (PRISM) Basic Life and AD&D	\$91,296	\$91,296	0.0%
Lincoln (PRISM) Long Term Disability	\$292,974	\$292,974	0.0%
Halcyon EAP	<i>In Rate Guarantee</i> \$28,013	<i>In Rate Guarantee</i> \$28,013	0.0%
APA COBRA	<i>In Rate Guarantee</i> \$12,104	<i>In Rate Guarantee</i> \$12,104	0.0%
P&A FSA	\$7,018	<i>6-Month Renewal (thru 12/31/2023)</i> \$7,018	0.0%
P&A Commuter	\$546	<i>6-Month Renewal (thru 12/31/2023)</i> \$546	0.0%
P&A HSA	\$9,990	<i>6-Month Renewal (thru 12/31/2023)</i> \$9,990	0.0%
P&A HRA	\$14,580	<i>6-Month Renewal (thru 12/31/2023)</i> \$14,580	0.0%
SHP WELLNESS CREDIT		\$3,000	
TOTAL ANNUAL PREMIUM	\$22,832,978	\$24,625,655	
ANNUAL DOLLAR CHANGE		\$1,792,678	
ANNUAL PERCENTAGE CHANGE		7.9%	

Medical Plan Renewal





Medical Financial Summary

Kaiser	Current	18-Month Renewal	% Δ
Kaiser HMO	\$8,765,079	\$9,805,971	11.9%
Kaiser POS	\$36,330	\$40,729	12.1%
Kaiser PPO	\$29,236	\$32,774	12.1%
Kaiser HDHP	\$3,228,362	<i>\$1,800 Ded</i> \$3,390,153	5.0%
KAISER ANNUAL PREMIUM	\$12,059,007	\$13,269,627	
Sutter Health Plus	Current	18-Month Renewal	% Δ
SHP HMO	\$6,823,761	\$7,313,596	7.2%
SHP HDHP	\$1,672,287	<i>\$1,800 Ded</i> \$1,714,717	2.5%
SHP WELLNESS CREDIT		\$3,000	
SHP ANNUAL PREMIUM	\$8,496,048	\$9,025,312	
TOTAL MEDICAL ANNUAL PREMIUM	\$20,555,055	\$22,294,939	
ANNUAL PERCENTAGE CHANGE		8.5%	



Transitioning from a 7/1 to 1/1 Renewal Cycle

- SHP and Kaiser provided plan options to accommodate a change to a future January 1 future renewal date:
 - 18-month blended renewal – the plan would run from 7/1/2023 to 12/31/2024
- The ACA employer shared responsibility requirements indicate that there must be an offer of medical coverage (opportunity to enroll) at least once a year, therefore the City will need to offer a passive enrollment for a 1/1/2024 eff date
 - No requirement for ancillary plans (dental and vision), however the City would need to include FSA and HSA in the 1/1/2024 open enrollment



18 month renewal – Deductible and OOMP Impacts

- **Kaiser**

- Plan deductibles and out of pocket maximum amounts are currently on a calendar year basis, which would not change with a move to a calendar year plan

- **Sutter Health Plus**

- The 18 month renewal is based on 18 months of rates, and accruals (deductible/oopm) cannot be greater than 12 months
- Plan deductibles and out of pocket maximum amounts are currently on a plan year basis
- The City will change from plan year accumulation (July-June) to calendar (January-December) on 7/1/2023
 - SHP system will look at amounts accrued as of 1/1/2023 to 12/31/2023 and would reset 1/1/2024 and accrue 1/1/2024 to 12/31/2024

Kaiser Permanente



Kaiser Executive Summary

Effective July 1, 2023, Kaiser proposes a renewal rate adjustment of:

Actives	<ul style="list-style-type: none"> ▪ 18 months: <ul style="list-style-type: none"> ▪ HMO: +11.9% (admin fees included) ▪ HDHP: +5% (admin fees included) ▪ POS: +12.1% (admin fees included) ▪ PPO: +12.1% (admin fees included)
For Kaiser's 2023-2024 Renewal	<ul style="list-style-type: none"> ▪ Annual trend decreased from 5.63% to 4.78% ▪ Pooling point increased from \$325,000 to \$340,000
Rates are based on the following Underwriting factors:	<ul style="list-style-type: none"> ▪ 100% Credibility (City's utilization)
Health Care Reform Impacts:	<ul style="list-style-type: none"> ▪ PCORI fee increased slightly from \$0.23 PMPM to \$0.25 PMPM
Administrative Fees Included:	<ul style="list-style-type: none"> ▪ 2023/2024 Plan Year Internal HR Admin Fees: \$45.47 (EE Only), \$81.77 (EE+1), and \$109.01 (EE+Family) ▪ COBRA (self-pay) fees of \$0.70 PEPM
Mandatory Plan Changes	<ul style="list-style-type: none"> ▪ 18 month renewal: the HDHP plan would be required to have a higher deductible (\$1,800) to ensure it meets the minimum IRS deductible for the full 2024 calendar year



Kaiser HMO 18 Month Renewal

Enrollment as of
November 2022 from
Employee Navigator

***Current** Rates include
the following:

- City's administrative fees of \$42.88 for Employee only, \$77.19 for Employee plus one, and \$102.91 for Employee plus family.
- COBRA (self-pay) fees of \$0.70 PEPM

****Renewal** Rates
include the following:

- City's administrative fees of \$45.42 for Employee only, \$81.77 for Employee plus one, and \$109.01 for Employee plus family.
- COBRA (self-pay) fees of \$0.70 PEPM

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

Medical Plan Benefits
Plan Year Deductible Individual / Family
Annual Out-of-Pocket Maximum Individual / Family Embedded / Aggregate
Physician Office Visit
Specialist Copay
Preventative Care
Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests
Hospitalization Inpatient Outpatient
Emergency Room
Urgent Care Services
Durable Medical Equipment
Chiropractic/Acupuncture Care
PRESCRIPTION DRUGS
Rx Copay Out-of-Pocket Maximum Separate Brand Name Rx Deductible Retail - 30 day supply Mail Order - up to 100 day supply

Kaiser HMO Current
None
\$1,500 / \$3,000 Embedded
\$20 / Visit
\$20 / Visit
No Charge
\$50 / Procedure \$10 / Encounter
\$250 / Admit \$100 / Procedure
\$100 / Visit (Copay waived if admitted)
\$20 / Visit
20%
\$15 / Visit (max 30 Visits combined)
Generic / Brand-name / Specialty
Included with Medical None \$10 / \$30 / 20% up to \$150 max \$20 / \$60 / Not Covered

Kaiser HMO 18-Month Renewal Option
None
\$1,500 / \$3,000 Embedded
\$20 / Visit
\$20 / Visit
No Charge
\$50 / Procedure \$10 / Encounter
\$250 / Admit \$100 / Procedure
\$100 / Visit (Copay waived if admitted)
\$20 / Visit
20%
\$15 / Visit (max 30 Visits combined)
Generic / Brand-name / Specialty
Included with Medical None \$10 / \$30 / 20% up to \$150 max \$20 / \$60 / Not Covered

RATE GUARANTEE
MONTHLY RATES
EE Only
EE + 1
EE + Family

EEs
206
107
259
572

1 Year (7/1/2022 - 6/30/2023)
Current
\$716.27
\$1,288.73
\$1,718.06

1 Year and 6 Months (7/1/2023 - 12/31/2024)
18-Month Renewal Option
\$801.29
\$1,441.77
\$1,922.12

MONTHLY PREMIUM
ANNUAL PREMIUM

\$730,423
\$8,765,079

\$817,164
\$9,805,971

ANNUAL DOLLAR CHANGE
ANNUAL PERCENT CHANGE

\$1,040,891
11.9%



Kaiser HDHP 18 Month Renewal

Enrollment as of November 2022
from Employee Navigator

***Current** Rates include the following:

- City's administrative fees of \$42.88 for Employee only, \$77.19 for Employee plus one, and \$102.91 for Employee plus family.
- COBRA (self-pay) fees of \$0.70 PEPM

****Renewal** Rates include the following:

- City's administrative fees of \$45.42 for Employee only, \$81.77 for Employee plus one, and \$109.01 for Employee plus family.
- COBRA (self-pay) fees of \$0.70 PEPM

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Medical Plan Benefits	Kaiser HDHP Current	Kaiser HDHP 18-Month Renewal Option w/ \$1,800 Ded
	In-Network	In-Network
Plan Year Deductible Individual / Family ¹ / Family ² Embedded / Aggregate	\$1,400 / \$2,800 / \$2,800 Aggregate	\$1,800 / \$3,000 / \$3,600 Aggregate
Annual Out-of-Pocket Maximum Individual / Family ¹ / Family ² Embedded / Aggregate	\$2,800 / \$2,800 / \$2,800 Embedded	3,600 / \$3,600 / \$7,200 Embedded
Physician Office Visit	No Charge (after ded)	No Charge (after ded)
Specialist Copay	No Charge (after ded)	No Charge (after ded)
Preventative Care	No Charge	No Charge
Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests	No Charge (after ded) No Charge (after ded)	No Charge (after ded) No Charge (after ded)
Hospitalization Inpatient Outpatient	No Charge (after ded) No Charge (after ded)	No Charge (after ded) No Charge (after ded)
Emergency Room	No Charge (after ded)	No Charge (after ded)
Urgent Care Services	No Charge (after ded)	No Charge (after ded)
Durable Medical Equipment	No Charge (after ded)	No Charge (after ded)
Chiropractic Care	\$15 (after ded) (30 Visits / calendar year)	\$15 (after ded) (30 Visits / calendar year)
Acupuncture Care	Not Covered	Not Covered
PRESCRIPTION DRUGS	Generic / Brand-name / Specialty	Generic / Brand-name / Specialty
Rx Copay Out-of-Pocket Maximum	Combined with Medical	Combined with Medical
Rx Deductible	N/A	N/A
Retail - 30 day supply	\$10 / \$20 / \$20	\$10 / \$20 / 20% up to \$150
Mail Order - 100 day supply	\$20 / \$40 / Not Covered	\$20 / \$60 / Not Covered
RATE GUARANTEE	1 Year (7/1/2022 - 6/30/2023)	1 Year and 6 Months (7/1/2023 - 12/31/2024)
MONTHLY RATES	Current	18-Month Renewal Option w/ \$1,800 Ded
EE Only	58 \$633.05	\$664.76
EE + 1	32 \$1,138.94	\$1,196.02
EE + Family	129 \$1,518.35	\$1,594.45
	219	
MONTHLY PREMIUM	\$269,030	\$282,513
ANNUAL PREMIUM	\$3,228,362	\$3,390,153
ANNUAL DOLLAR CHANGE		\$161,792
ANNUAL PERCENT CHANGE		5.0%

Additional Footnotes:

¹ Each Member in a Family of two or more Members

² Entire Family of two or more Members



Kaiser POS 18 Month Renewal

Enrollment as of November 2022 from Employee Navigator

***Current** Rates include the following:

- City's administrative fees of \$42.88 for Employee only, \$77.19 for Employee plus one, and \$102.91 for Employee plus family.
- COBRA (self-pay) fees of \$0.70 PEPM

****Renewal** Rates include the following:

- City's administrative fees of \$45.42 for Employee only, \$81.77 for Employee plus one, and \$109.01 for Employee plus family.
- COBRA (self-pay) fees of \$0.70 PEPM

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Medical Plan Benefits	Kaiser POS Current			Kaiser POS 18-Month Renewal Option		
	HMO Tier	Participating Provider Tier	Non-Participating Provider Tier	HMO Tier	Participating Provider Tier	Non-Participating Provider Tier
Plan Year Deductible Individual / Family Embedded / Aggregate	None	\$500 / \$1,000 Embedded	\$1,000 / \$2,000	None	\$500 / \$1,000 Embedded	\$1,000 / \$2,000
Annual Out-of-Pocket Maximum Individual / Family Embedded / Aggregate	\$1,500 / \$3,000	\$3,000 / \$6,000 Embedded	\$6,000 / \$12,000	\$1,500 / \$3,000	\$3,000 / \$6,000 Embedded	\$6,000 / \$12,000
Physician Office Visit	\$20	\$35 (ded waived)	40%	\$20	\$35 (ded waived)	40%
Specialist Copay	\$20	\$35 (ded waived)	40%	\$20	\$35 (ded waived)	40%
On-line Visit	No charge	\$35 (ded waived)	40%	No charge	\$35 (ded waived)	40%
Preventative Care	No charge	No charge (ded waived)	40% (ded waived)	No charge	No charge (ded waived)	40% (ded waived)
Lab and X-Ray CT, MRI, PET scans	No Charge	\$35 (ded waived)	40%	No Charge	\$35 (ded waived)	40%
Other lab and x-ray tests	No Charge	\$35 (ded waived)	40%	No Charge	\$35 (ded waived)	40%
Hospitalization Inpatient	\$250 Copay	\$250 Copay + 20%	\$500 Copay + 40%	\$250 Copay	\$250 Copay + 20%	\$500 Copay + 40%
Outpatient	\$100 Copay / Procedure	20% per procedure	40% per procedure	\$100 Copay / Procedure	20% per procedure	40% per procedure
Emergency Room		\$150 Copay ¹ (waived if admitted)			\$150 Copay ¹ (waived if admitted)	
Urgent Care Services	\$20	20%	40%	\$20	20%	40%
Durable Medical Equipment ¹	30%	30%	50%	30%	30%	50%
Chiropractic Care	\$15	\$15	Not Covered (combined 30 chiro + acu visits / calendar year)	\$15	\$15	Not Covered (combined 30 chiro + acu visits / calendar year)
Acupuncture Care	\$15	\$15	Not Covered (combined 30 chiro + acu visits / calendar year)	\$15	\$15	Not Covered (combined 30 chiro + acu visits / calendar year)
PRESCRIPTION DRUGS	Generic Preferred / Generic Non-Preferred / Brand Preferred / Brand Non-Preferred / Specialty			Generic Preferred / Generic Non-Preferred / Brand Preferred / Brand Non-Preferred / Specialty		
Rx Copay Out-of-Pocket Maximum Separate Brand Name Rx Deductible	Combined with Medical None			Combined with Medical None		
Retail - 30 day supply	\$10 / \$10 / \$30 / \$30	\$20 / \$50 / \$40 / \$50 / 20% to \$250 max / 30% to \$250 max	Not Covered	\$10 / \$10 / \$30 / \$30	\$20 / \$50 / \$40 / \$50 / 20% to \$250 max / 30% to \$250 max	Not Covered
Mail Order - 100 day supply	\$20 / \$60 ¹	Not Covered	Not Covered	\$20 / \$60 ²	Not Covered	Not Covered
RATE GUARANTEE	1 Year (7/1/2022 - 6/30/2023)			1 Year and 6 Months (7/1/2023 - 12/31/2024)		
MONTHLY RATES	Current			18-Month Renewal Option		
EE Only	2	\$1,513.76			\$1,697.04	
EE + 1	0	\$2,724.21			\$3,054.12	
EE + Family	0	\$3,632.04			\$4,071.91	
MONTHLY PREMIUM	\$3,028			\$3,394		
ANNUAL PREMIUM	\$36,330			\$40,729		
ANNUAL DOLLAR CHANGE				\$4,399		
ANNUAL PERCENT CHANGE				12.1%		

Additional Footnotes:

¹ Certain Durable Medical Equipment is limited to a maximum of \$2,000 per accumulation period combined for services provided by Participating Providers and Non-Participating Providers. Certain Durable Medical Equipment is not subject to the Deductible nor contributes to the Out-of-Pocket Maximum.

² Generic / Brand



Kaiser PPO 18 Month Renewal

Enrollment as of November 2022 from Employee Navigator

***Current** Rates include the following:

- City's administrative fees of \$42.88 for Employee only, \$77.19 for Employee plus one, and \$102.91 for Employee plus family.
- COBRA (self-pay) fees of \$0.70 PEPM

****Renewal** Rates include the following:

- City's administrative fees of \$45.42 for Employee only, \$81.77 for Employee plus one, and \$109.01 for Employee plus family.
- COBRA (self-pay) fees of \$0.70 PEPM

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Medical Plan Benefits
Plan Year Deductible Individual / Family Embedded / Aggregate
Annual Out-of-Pocket Maximum Individual / Family Embedded / Aggregate
Physician Office Visit
Specialist Copay
On-line Visit
Preventative Care
Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests
Hospitalization Inpatient Outpatient
Emergency Room
Urgent Care Services
Durable Medical Equipment ¹
Chiropractic Care
Acupuncture Care
PRESCRIPTION DRUGS
Rx Copay Out-of-Pocket Maximum Separate Brand Name Rx Deductible Retail - 30 day supply Mail Order - 100 day supply

Kaiser PPO Current / Renewal	
In-Network	Out-of-Network
\$500 / \$1,000 Embedded	\$1,500 / \$3,000 Embedded
\$3,500 / \$7,000 Embedded	\$7,000 / \$14,000 Embedded
\$20 (ded waived)	40%
\$20 (ded waived)	40%
\$20 (ded waived)	40%
No Charge	40% (ded waived)
20%	40%
20%	40%
\$250 Copay / Admit + 20% \$100 Copay + 20%	\$500 Copay / Admit + 40% \$150 Copay + 40%
\$150 Copay / Visit + 20% (Copay waived if admitted)	
\$35 (ded waived)	40%
30%	50%
\$15 (30 visits / calendar year)	30%
\$15 (30 visits / calendar year)	30%
Generic / Brand / Specialty	
Combined with Medical	
None	
\$15 / \$40 / 30% to \$250 max	Not Covered
\$30 / \$80 / Not Covered	Not Covered

Kaiser PPO 18-Month Renewal Option	
In-Network	Out-of-Network
\$500 / \$1,000 Embedded	\$1,500 / \$3,000 Embedded
\$3,500 / \$7,000 Embedded	\$7,000 / \$14,000 Embedded
\$20 (ded waived)	40%
\$20 (ded waived)	40%
\$20 (ded waived)	40%
No Charge	40% (ded waived)
20%	40%
20%	40%
\$250 Copay / Admit + 20% \$100 Copay + 20%	\$500 Copay / Admit + 40% \$150 Copay + 40%
\$150 Copay / Visit + 20% (Copay waived if admitted)	
\$35 (ded waived)	40%
30%	50%
\$15 (30 visits / calendar year)	30%
\$15 (30 visits / calendar year)	30%
Generic / Brand / Specialty	
Combined with Medical	
None	
\$15 / \$40 / 30% to \$250 max	Not Covered
\$30 / \$80 / Not Covered	Not Covered

RATE GUARANTEE
MONTHLY RATES
EE Only
EE + 1
EE + Family

1 Year (7/1/2022 - 6/30/2023)
Current
1 \$2,436.35
0 \$4,384.88
0 \$5,846.27

1 Year and 6 Months (7/1/2023 - 12/31/2024)
18-Month Renewal Option
\$2,731.16
\$4,915.55
\$6,553.81

MONTHLY PREMIUM
ANNUAL PREMIUM

\$2,436
\$29,236

\$2,731
\$32,774

ANNUAL DOLLAR CHANGE
ANNUAL PERCENT CHANGE

\$3,538
12.1%

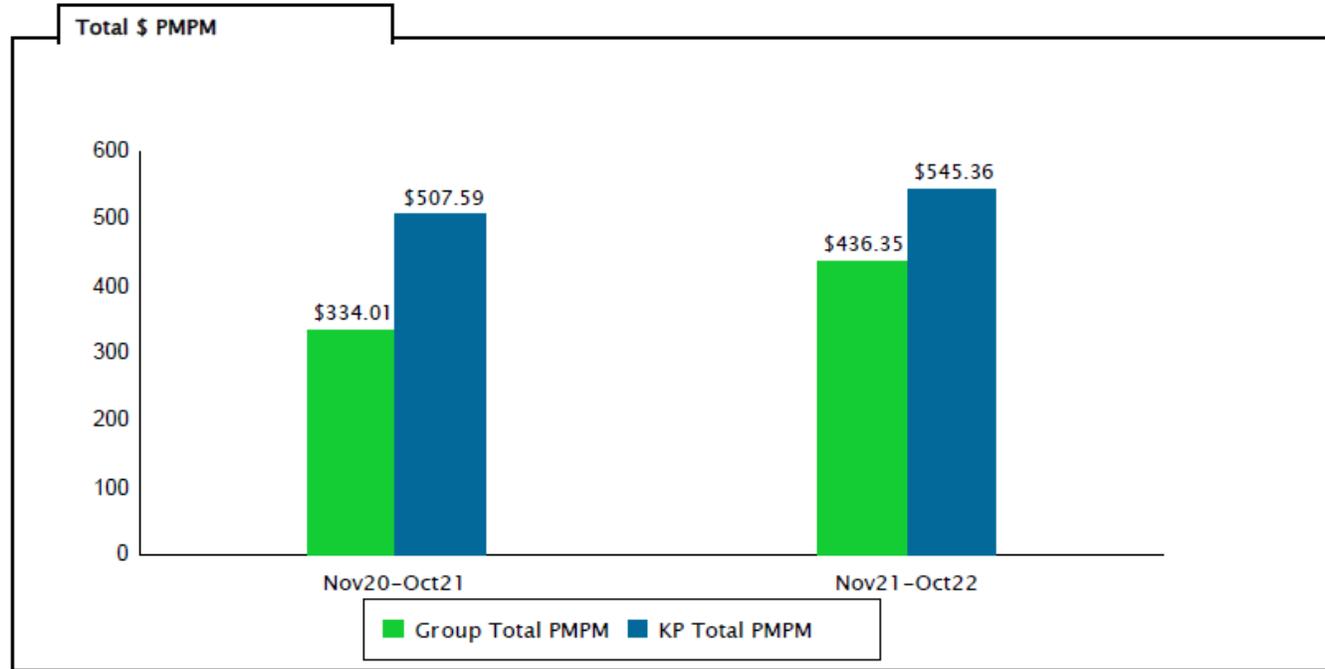
Additional Footnotes:

¹ Certain Durable Medical Equipment is limited to a maximum of \$2,000 per accumulation period combined for services provided by Participating Providers and Non-Participating Providers. Certain Durable Medical Equipment is not subject to the Deductible nor contributes to the Out-of-Pocket Maximum



Kaiser - Periodic Utilization Review (PUR)

PMPM by Service Category



Service Category	Nov20 - Oct21	Change	Nov21 - Oct22
Inpatient	\$69.10	92.9%	\$133.31
Outpatient	159.57	16.8%	186.45
Pharmacy	30.61	19.6%	36.60
Other	74.72	7.1%	80.00
Total \$ PMPM	\$334.01	30.6%	\$436.35
Group to Health Plan Ratio	65.8%	21.6%	80.0%

* Includes Actives and/or pre 65 Retirees only.



Kaiser - Periodic Utilization Review (PUR) Comparison

Experience Period	Oct 19 - Sept 20 Exp Period used in the July 21 Renewal	Aug 20 July 21 Exp Period 9 month PUR	Nov 20 - Oct 21 Exp Period used in the July 22 Renewal	Aug 21 July 22 Exp Period 9 month PUR	Nov 21 - Oct 22 Exp Period used in the July 23 Renewal
Average Members	2,363	2,234	2,230	2,194	2,181
Average Age	28.8	29	29.1	29.4	29.3
Inpatient \$ PMPM (Includes Medical, surgical, maternity, etc.)	\$66.09	\$79.89	\$69.08	\$82.22	\$133.31
Inpatient \$/Day	\$8,144.05	\$10,926.86	\$9,679.41	\$9,097.32	\$13,217.24
Inpatient Average Length of Stay	3.5 Days	2.5 Days	2.5 Days	3.2 Days	4.1 Days
Inpatient Days/ 1000	97.4	87.7	85.6	108.5	121.0
Inpatient Admits/ 1000	28	34.9	34.1	34.2	29.8
Outpatient \$ PMPM (Includes outpatient visits, ER, surgical procedures, lab and radiology)	\$145.90	\$161.24	\$169.08	\$182.12	\$186.45
Pharmacy \$ PMPM	\$28.55	\$27.96	\$30.61	\$34.90	\$36.60
Other \$ PMPM	\$64.01	\$74.01	\$74.71	\$79.72	\$80.00
Total Claims PMPM	\$304.55	\$343.11	\$333.93	\$378.95	\$436.35
High Cost Claimants	1 individual with claims over \$162,500 representing 6.5% of total claims; claimant at \$513,300.49	None over \$170,000	1 individual with claims over \$162,500 representing 2.5% of total claims; claimant at \$222,119.83	None over \$170,000	1 individual with claims over \$170,000 representing 15% of total claims; claimant at \$1,716,155



Sutter Health Plus





SHP Executive Summary

Effective July 1, 2023, SHP proposes a renewal rate adjustment of:

Actives	<ul style="list-style-type: none"> ▪ 18 months: <ul style="list-style-type: none"> ▪ HMO: +6.1% (admin fees included) ▪ HDHP: +2.5% (admin fees included / includes plan changes)
Factors for SHPs renewal include:	<ul style="list-style-type: none"> ▪ Annual trend was 6.8% (no change from 2022 renewal)
Administrative Fees Included:	<ul style="list-style-type: none"> ▪ 2023/2024 Plan Year Internal HR Admin Fees: \$45.47 (EE Only), \$81.77 (EE+1), and \$109.01 (EE+Family) ▪ COBRA (self-pay) fees of \$0.70 PEPM
Wellness Credit	<ul style="list-style-type: none"> ▪ SHP provided a \$3,000 wellness credit for the 2022-2023 plan year, and they have confirmed this can be carried over to the 2023-2024 plan year. <ul style="list-style-type: none"> ▪ It can be used towards the cost of programs, materials, healthy snacks, exercise equipment, incentive programs for challenges ▪ To use the wellness program credit, submit the request for reimbursement and supporting documentation (e.g., receipts, invoices, etc.) to the SHP Account Manager Jill Kelley at kelleyj4@sutterhealth.org
Mandatory changes	<ul style="list-style-type: none"> ▪ 18 month renewal: <ul style="list-style-type: none"> ▪ HDHP Changes: <ul style="list-style-type: none"> ▪ The HDHP plan would be required to have a higher deductible (\$1,800) to ensure it meets the minimum IRS deductible for the full 2024 calendar year



SHP HMO

18 Month Renewal

Enrollment as of November 2022 from Employee Navigator

- *Current** Rates include the following:
- City's administrative fees of \$42.88 for Employee only, \$77.19 for Employee plus one, and \$102.91 for Employee plus family.
 - COBRA (self-pay) fees of \$0.70 PEPM

- **Renewal** Rates include the following:
- City's administrative fees of \$45.42 for Employee only, \$81.77 for Employee plus one, and \$109.01 for Employee plus family.
 - COBRA (self-pay) fees of \$0.70 PEPM

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

Medical Plan Benefits	
Calendar Year Deductible Individual / Family	
Annual Out-of-Pocket Maximum Individual / Family Embedded / Aggregate	
Physician Office Visit	
Telehealth/Virtual Visits	
Sutter Walk-In Care Visits	
Specialist Copay	
Preventative Care	
Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests	
Hospitalization Inpatient Outpatient	
Emergency Room	
Urgent Care Services	
Durable Medical Equipment	
Infertility	
Chiropractic / Acupuncture Care	
PRESCRIPTION DRUGS	
Rx Copay Out-of-Pocket Maximum	
Separate Brand Name Rx Deductible	
Retail - 30 day supply	
Mail Order - up to 100 day supply	

RATE GUARANTEE	
MONTHLY RATES	
EE Only	137
EE + 1	84
EE + Family	189

MONTHLY PREMIUM
ANNUAL PREMIUM

ANNUAL DOLLAR CHANGE
ANNUAL PERCENT CHANGE

EEs
137
84
189
410

Sutter Health Plus HMO Current	
Calendar Year Deductible Individual / Family	None
Annual Out-of-Pocket Maximum Individual / Family Embedded / Aggregate	\$1,500 / \$3,000 Embedded
Physician Office Visit	\$20 / Visit
Telehealth/Virtual Visits	\$20 / Visit
Sutter Walk-In Care Visits	\$20 / Visit
Specialist Copay	\$20 / Visit
Preventative Care	No Charge
Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests	No Charge Lab: \$20 / Visit; X-Ray: No Charge
Hospitalization Inpatient Outpatient	\$250 / Admit \$100 / Visit
Emergency Room	\$100 / Visit (Copay waived if admitted)
Urgent Care Services	\$20 / Visit
Durable Medical Equipment	20%
Infertility	50%
Chiropractic / Acupuncture Care	\$20 / Visit Unlimited Visits
PRESCRIPTION DRUGS	
Rx Copay Out-of-Pocket Maximum	Generic / Brand / Non-Formulary / Specialty
Separate Brand Name Rx Deductible	Included with Medical
Retail - 30 day supply	None
Mail Order - up to 100 day supply	\$10 / \$30 / \$60 / 20% up to \$250 max \$20 / \$60 / \$120 / Not Covered

1 Year (7/1/2022 - 6/30/2023)	
Current	
EE Only	\$766.28
EE + 1	\$1,379.59
EE + Family	\$1,840.11

MONTHLY PREMIUM	\$568,647
ANNUAL PREMIUM	\$6,823,761

Sutter Health Plus HMO 18-Month Renewal Option	
Calendar Year Deductible Individual / Family	None
Annual Out-of-Pocket Maximum Individual / Family Embedded / Aggregate	\$1,500 / \$3,000 Embedded
Physician Office Visit	\$20 / Visit
Telehealth/Virtual Visits	\$10 / Visit
Sutter Walk-In Care Visits	\$10 / Visit
Specialist Copay	\$20 / Visit
Preventative Care	No Charge
Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests	No Charge Lab: \$20 / Visit; X-Ray: No Charge
Hospitalization Inpatient Outpatient	\$250 / Admit \$100 / Visit
Emergency Room	\$100 / Visit (Copay waived if admitted)
Urgent Care Services	\$20 / Visit
Durable Medical Equipment	20%
Infertility	50%
Chiropractic / Acupuncture Care	\$20 / Visit Unlimited Visits
PRESCRIPTION DRUGS	
Rx Copay Out-of-Pocket Maximum	Generic / Brand / Non-Formulary / Specialty
Separate Brand Name Rx Deductible	Included with Medical
Retail - 30 day supply	None
Mail Order - up to 100 day supply	\$10 / \$30 / \$60 / 20% up to \$250 max \$20 / \$60 / \$120 / Not Covered

1 Year and 6 Months (7/1/2023 - 12/31/2024)	
18-Month Renewal Option	
EE Only	\$821.32
EE + 1	\$1,478.77
EE + Family	\$1,972.11

MONTHLY PREMIUM	\$609,466
ANNUAL PREMIUM	\$7,313,596

ANNUAL DOLLAR CHANGE	\$489,835
ANNUAL PERCENT CHANGE	7.2%



SHP HDHP

18 Month Renewal

Enrollment as of November 2022 from Employee Navigator

- *Current** Rates include the following:
- City's administrative fees of \$42.88 for Employee only, \$77.19 for Employee plus one, and \$102.91 for Employee plus family.
 - COBRA (self-pay) fees of \$0.70 PEPM

- **Renewal** Rates include the following:
- City's administrative fees of \$45.42 for Employee only, \$81.77 for Employee plus one, and \$109.01 for Employee plus family.
 - COBRA (self-pay) fees of \$0.70 PEPM

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

Medical Plan Benefits	
Calendar Year Deductible Individual / Family Embedded / Aggregate	
Annual Out-of-Pocket Maximum Individual / Family Embedded / Aggregate	
Physician Office Visit	
Specialist Copay	
Preventative Care	
Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests	
Hospitalization Inpatient Outpatient	
Emergency Room	
Urgent Care Services	
Durable Medical Equipment	
Chiropractic Care	
Acupuncture Care	
PRESCRIPTION DRUGS	
Rx Copay Out-of-Pocket Maximum	
Rx Deductible	
Retail - 30 day supply	
Mail Order - 100 day supply	

Sutter Health Plus HDHP Current	
In-Network	
	\$1,400 / \$2,800 Embedded
	\$2,800 / \$2,800 Embedded
	No Charge
	No Charge
	No Charge (ded waived)
	No Charge
	Not Covered
	Provided for treatment of nausea or chronic pain only
Generic / Brand / Non-Formulary / Specialty	
	Combined with Medical Medical Deductible Applies \$10 / \$20 / \$35 / No Charge \$20 / \$40 / \$70 / No Charge

Sutter Health Plus HDHP 18-Month Renewal Option w/ \$1,800 Ded	
In-Network	
	\$1,800 / \$3,000 Embedded
	\$3,000 / \$3,000 Embedded
	No Charge
	No Charge
	No Charge (ded waived)
	No Charge
	Not Covered
	Provided for treatment of nausea or chronic pain only
Generic / Brand / Non-Formulary / Specialty	
	Combined with Medical Medical Deductible Applies \$10 / \$20 / \$35 / No Charge \$20 / \$40 / \$70 / No Charge

RATE GUARANTEE	
MONTHLY RATES	
EE Only	35
EE + 1	20
EE + Family	56

EEs
111

1 Year (7/1/2022 - 6/30/2023)	
Current	
	\$678.78
	\$1,221.29
	\$1,628.11

1 Year and 6 Months (7/1/2023 - 12/31/2024)	
18-Month Renewal Option w/ \$1,800 Ded	
	\$696.02
	\$1,252.27
	\$1,669.41

MONTHLY PREMIUM
ANNUAL PREMIUM

\$139,357
\$1,672,287

\$142,893
\$1,714,717

ANNUAL DOLLAR CHANGE
ANNUAL PERCENT CHANGE

\$42,430
2.5%



SHP Utilization Overview

High Claimants (Sept 2021 – Aug 2022)

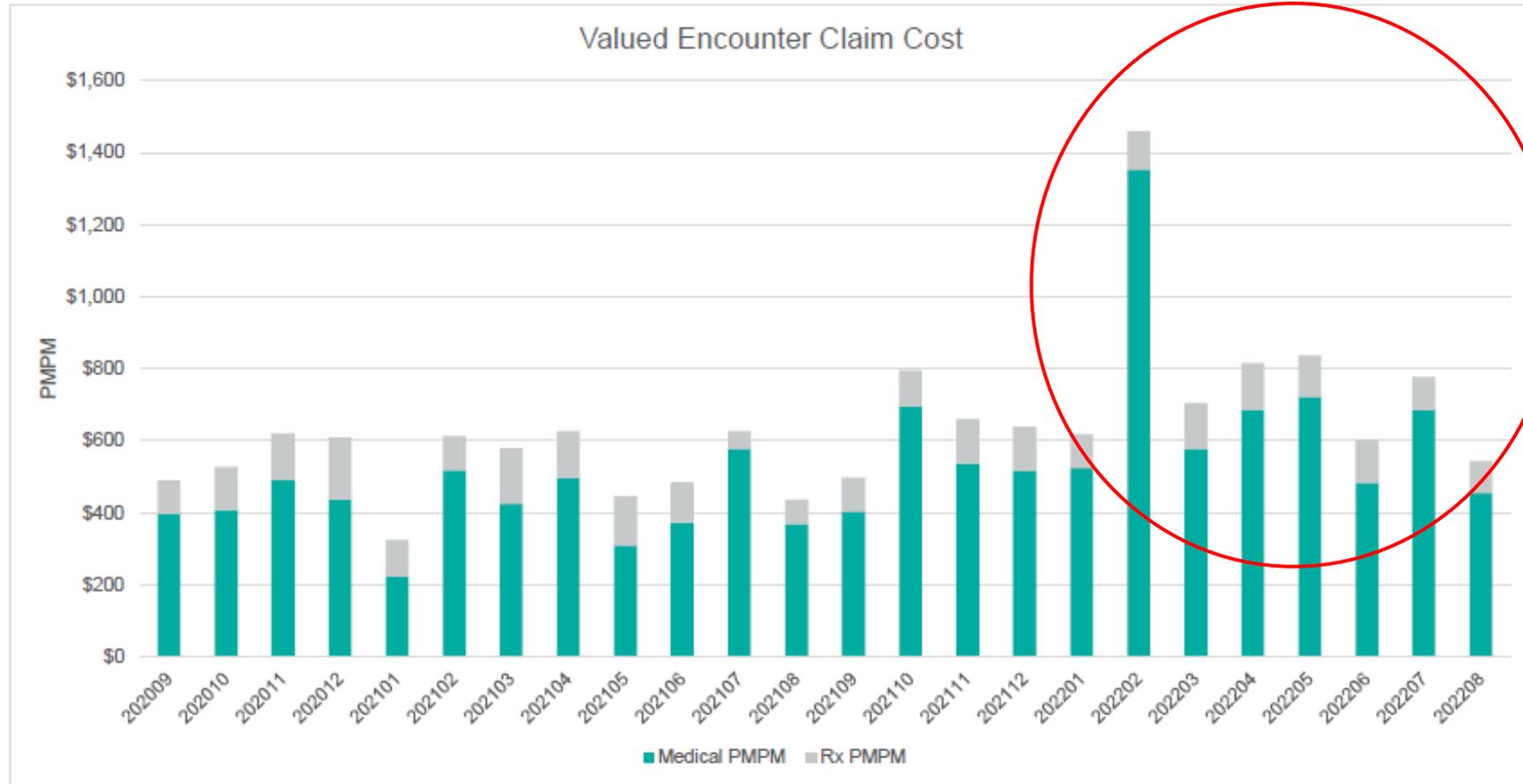
Large claimant threshold is over \$100,000 in either Medical or Rx cost.
Large claimants are estimated by using valued encounter claims.

Medical High Cost Claimants					RX High Cost Claimants		
Current Period					Current Period - None		
Member Rank	Top Diagnosis	Diag Desc.	Cost	Status	Member Rank	Top Drug	Cost
1	A41.01	Sepsis due to Methicillin susceptible Staphylococcus aureus	\$2,202,782	Member expired Closed			
2	K43.0	Incisional hernia with obstruction, without gangrene	\$819,817	Ongoing			
3	J21.8	Acute bronchiolitis due to other specified organisms	\$295,353	Ongoing			
4	P24.81	Other neonatal aspiration with respiratory symptoms	\$182,573	Ongoing			
5	I47.1	Supraventricular tachycardia	\$180,050	Ongoing			
6	H20.821	Vogt-Koyanagi syndrome, right eye	\$116,102	Ongoing			



SHP Utilization Overview

Claim Costs (Sept 2020 – Aug 2022)



Note:

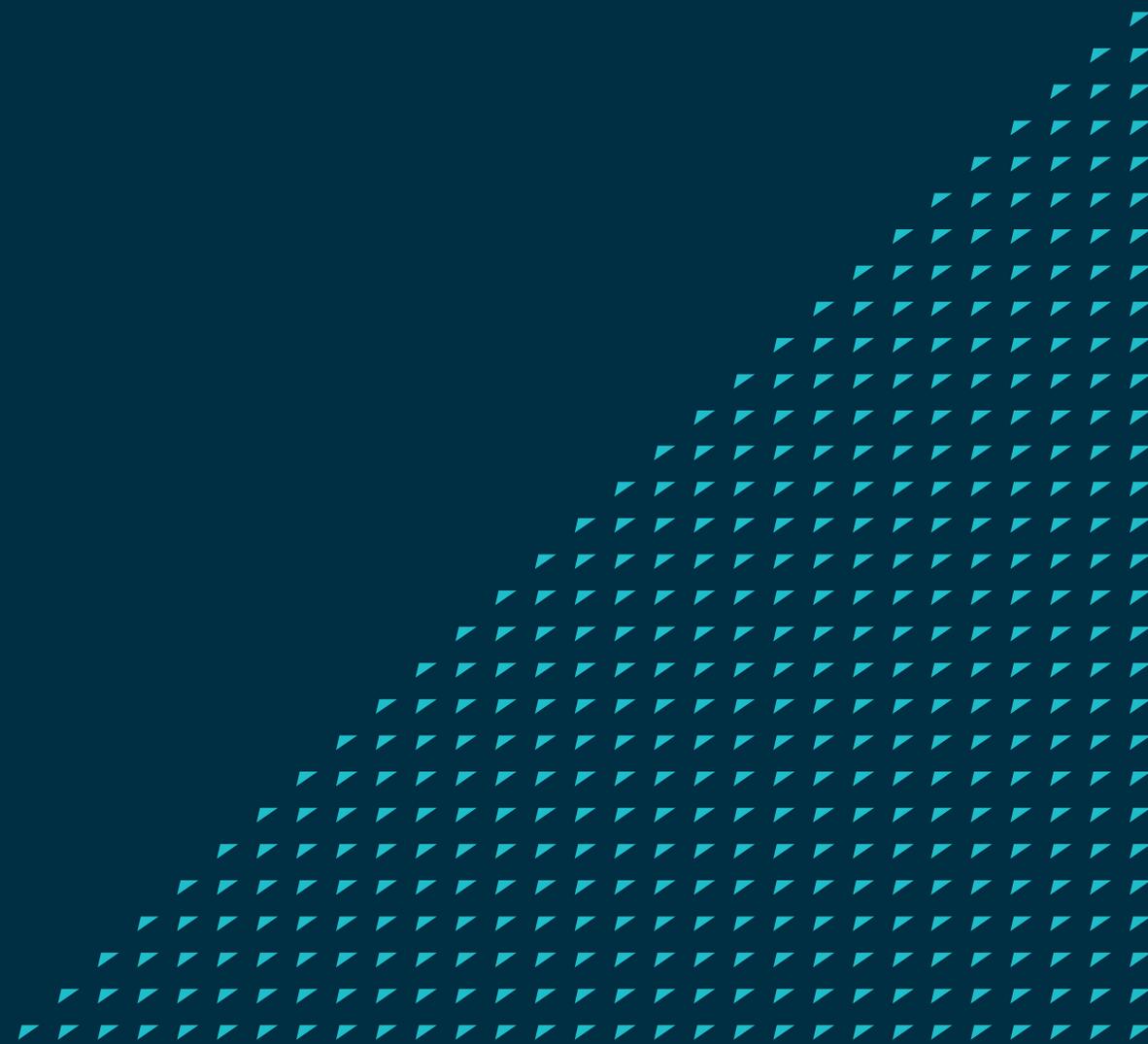
Data as of November 2022

* Medical includes valued encounter claims, OOA, and ancillary capitation costs.

** Please note that 2020 claim experience is likely understated due to COVID-19.

*** Claims above have been trended to the mid-point of the rating period and completed as necessary.

Ancillary Renewals





Dental





Dental Renewal Overview

The Dental PPO plan is self-insured through PRISM

- Alliant recommends a dental reserve fund of approximately \$118,000 to cover one month of claims
- Effective 7/1/2023, Alliant's underwriting analysis for the Dental renewal is as follows:
 - 18 month renewal: **+2.82%**
 - The underwriting analysis includes the following:
 - Claims through December 2022
 - 1.5% Trend
 - 3% margin
 - The most recent 12 months are weighted 80% for current 12 months and 20% for the prior 12 months
 - 2023-2024 Administrative Fees:

• Delta Dental ASO:	6.7% of Paid Claims
• BCC Eligibility Fees	\$0.75 PEPM (increase from \$0.60 in 2022/2023)
• Program Management Fees	\$2.00 PEPM
• Internal HR Admin Fees:	\$4.58 PEPM

The DHMO plan is fully insured with Delta Dental (DeltaCare)

- 18 month renewal: Rate Pass (0%); +0.7% with administrative fees

Dental Underwriting Analysis

18 Month Renewal

PPO UNDERWRITING FORECAST

Proposed Effective Date **July 1, 2023**
 Proposed Contract Duration (Months) **18**
 Most Recent Month of Data **December 2022**

Period
 Beginning Date (Historical Data)
 End Date (Historical Data)
 Months of Data

Current Premium / Funding Rate PEPM¹

Paid Claims²

Beginning IBNR Reserve
 Ending IBNR Reserve

Incurring Claims

Historical Benefit Design Adjustment Factor

Adjusted Incurred Claims

Annual Subscriber Lives

Adjusted Incurred Claims PEPM

Annual Trend
 Applied Trend Factor

Trended Claims PEPM

Benefit Change Adjustment Factor

Projected Claims PEPM

Period Blending Weight

Blended Projected Claims

Margin Adjustment³

Fixed Costs

PRISM Delta Dental Admin Fee 6.70%
 BCC Fee \$0.75
 Program Management Fee
 Additional Admin

Total Fixed Costs

Net Required Funding PEPM

Required Funding Change Percentage

RENEWAL PROJECTION*

Period 1	Period 2
Dec 1, 2020	Dec 1, 2021
Dec 1, 2021	Dec 1, 2022
12	12

\$110.64

\$1,452,135	\$1,408,515
--------------------	--------------------

(\$119,223)	(\$121,011)
\$121,011	\$117,376

\$1,453,923	\$1,404,880
--------------------	--------------------

1.000	1.000
--------------	--------------

\$1,453,923	\$1,404,880
--------------------	--------------------

15,535	14,905
--------	--------

\$93.59	\$94.26
----------------	----------------

1.5%	1.5%
-------------	-------------

1.043	1.028
-------	-------

\$97.62	\$96.86
----------------	----------------

1.000	1.000
--------------	--------------

\$97.62	\$96.86
----------------	----------------

20.0%	80.0%
-------	-------

\$97.02

\$2.91

\$6.50

\$0.75

\$2.00

\$4.58

\$13.83

\$113.76

2.82%

¹ Current composite funding rate is based on current period funding rates

² Paid claims are for the time period indicated at the top of each column

³ Margin is recommended in order to provide a higher likelihood that suggested funding rates are sufficient if actual claims do not adhere to projections

*** Projections are estimates and do not represent guarantees**



Dental PPO (PRISM) 18 Month Renewal

Enrollment as of November 2022 from Employee Navigator

*Current Rates include the following:

- City's composite internal administration fee of \$4.98 PEPM
- BCC eligibility fee of \$0.60 PEPM and Program Management Fee of \$2.00 PEPM

**Renewal Rates include the following:

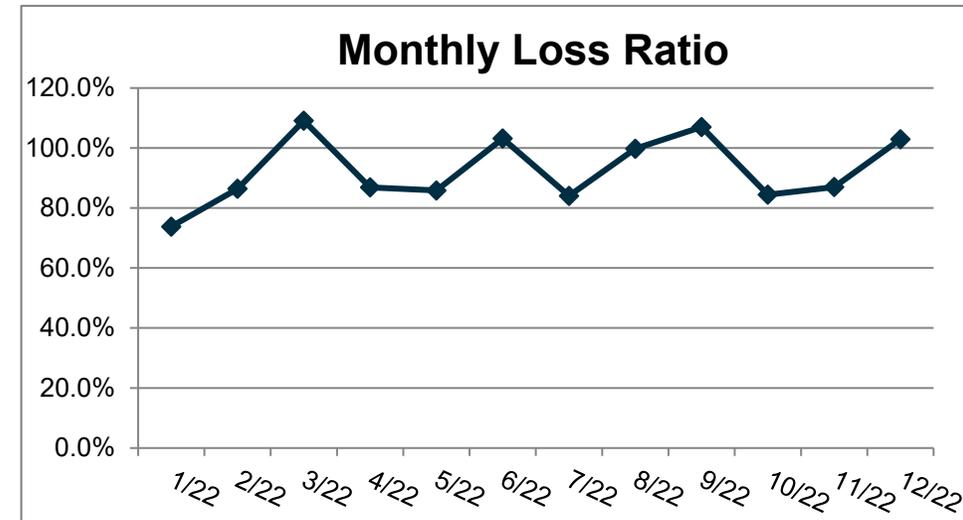
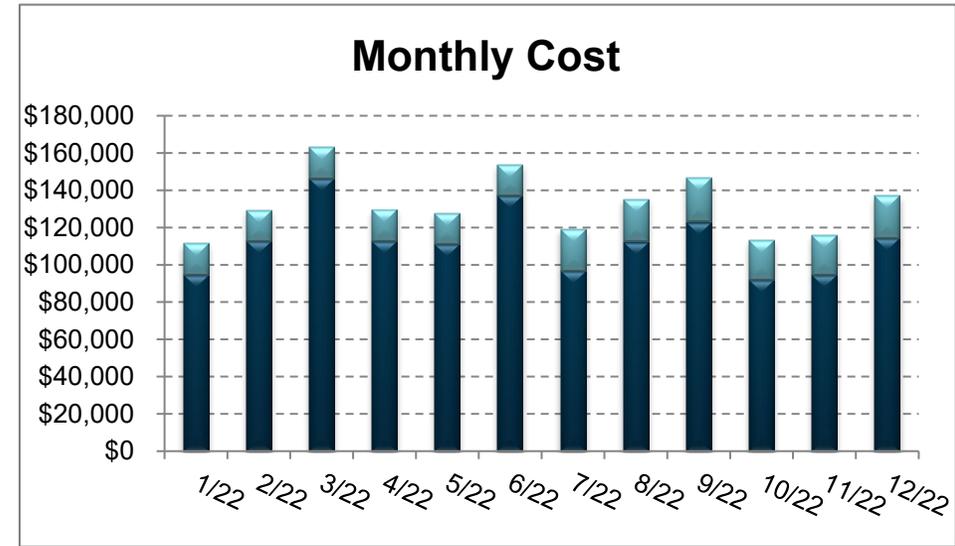
- City's composite internal administration fee of \$4.58 PEPM
- BCC eligibility fee of \$0.75 PEPM and Program Management Fee of \$2.00 PEPM

Dental Plan Benefits	Delta Dental DPPO (PRISM) ALL - Consolidated Self-Funded - Current	Delta Dental DPPO (PRISM) ALL - Consolidated Self-Funded - 12-Month Renewal Option	Delta Dental DPPO (PRISM) ALL - Consolidated Self-Funded - 18-Month Renewal Option
	PPO	PPO	PPO
	Non-PPO	Non-PPO	Non-PPO
Calendar Year Maximum			
Per Member	\$1,500 <i>(D & P does not count towards maximum)</i>	\$1,500 <i>(D & P does not count towards maximum)</i>	\$1,500 <i>(D & P does not count towards maximum)</i>
Calendar Year Deductible			
Individual / Family	None	None	None
Diagnostic and Preventive			
Oral Exam			
X-Rays	100%	100%	100%
Teeth Cleaning			
Fluoride Treatment			
Basic Services			
Sealants			
Anesthesia			
Periodontics (Gum disease)	80%	80%	80%
Endodontics (Root Canal)			
Simple & Surgical Extractions			
Major Services			
Single Crowns	80%	80%	80%
Inlays, Onlays, Veneers			
Dental Implants			
Bridges & Dentures	50%	50%	50%
Repair & Maintenance of Bridgework & Dentures			
Orthodontics			
Benefit Percentage	Adult & Child 50%	Adult & Child 50%	Adult & Child 50%
Lifetime Maximum	\$2,000	\$2,000	\$2,000
Out-of-Network Reimbursement	Contracted Fees	Contracted Fees	Contracted Fees
ADMINISTRATION RATE GUARANTEE	1 Year (7/1/22 - 6/30/23)	1 Year (7/1/2023 - 6/30/2024)	1 Year and 6 Months (7/1/2023 - 12/31/2024)
PRISM Delta Dental Admin Fee	6.7% of Paid Claims	6.7% of Paid Claims	6.7% of Paid Claims
BCC Eligibility and Prog Mgmt Fees	\$2.60 PEPM	\$2.75 PEPM	\$2.75 PEPM
MONTHLY RATES	Current	12-Month Renewal Option	18-Month Renewal Option
Employee Only	350 \$55.20	\$56.56	\$56.76
Employee + 1	206 \$110.40	\$113.12	\$113.51
Employee + Family	571 \$143.50	\$147.03	\$147.55
	1127		
TOTAL MONTHLY PREMIUM	\$124,001	\$127,053	\$127,500
TOTAL ANNUAL PREMIUM	\$1,488,011	\$1,524,634	\$1,530,011
ANNUAL DOLLAR CHANGE		\$36,623	\$41,991
ANNUAL PERCENT CHANGE		2.5%	2.8%



Delta Dental PPO Loss Ratio Report

Month	Enrollment	Premium	Costs			Paid
	Employees	Funding Rate	Claims	Admin	Total Cost	L/R
10/20	1,319	\$154,119	\$148,896	\$16,919	\$165,815	107.6%
11/20	1,317	\$154,003	\$105,639	\$16,898	\$122,537	79.6%
12/20	1,316	\$154,214	\$117,887	\$16,899	\$134,786	87.4%
1/21	1,300	\$152,172	\$129,408	\$16,687	\$146,095	96.0%
2/21	1,301	\$151,799	\$112,381	\$16,679	\$129,060	85.0%
3/21	1,302	\$151,844	\$128,903	\$16,689	\$145,592	95.9%
4/21	1,304	\$151,867	\$137,726	\$16,705	\$154,431	101.7%
5/21	1,299	\$151,706	\$111,429	\$16,659	\$128,088	84.4%
6/21	1,294	\$151,254	\$122,458	\$16,601	\$139,059	91.9%
7/21	1,303	\$153,973	\$132,853	\$17,237	\$150,090	97.5%
8/21	1,296	\$153,622	\$99,151	\$17,164	\$116,315	75.7%
9/21	1,286	\$152,779	\$131,125	\$17,046	\$148,171	97.0%
10/21	1,294	\$153,586	\$113,139	\$17,146	\$130,285	84.8%
11/21	1,289	\$153,247	\$116,360	\$17,091	\$133,451	87.1%
12/21	1,278	\$151,819	\$117,202	\$16,940	\$134,142	88.4%
1/22	1,278	\$151,327	\$94,730	\$16,919	\$111,649	73.8%
2/22	1,263	\$149,723	\$112,659	\$16,728	\$129,387	86.4%
3/22	1,264	\$149,442	\$146,373	\$16,724	\$163,097	109.1%
4/22	1,263	\$149,044	\$112,810	\$16,699	\$129,509	86.9%
5/22	1,259	\$148,799	\$111,073	\$16,656	\$127,729	85.8%
6/22	1,262	\$149,197	\$137,237	\$16,697	\$153,935	103.2%
7/22	1,275	\$142,027	\$96,887	\$22,489	\$119,375	84.1%
8/22	1,217	\$135,603	\$112,462	\$22,806	\$135,268	99.8%
9/22	1,233	\$137,126	\$123,047	\$23,704	\$146,751	107.0%
10/22	1,210	\$134,190	\$92,017	\$21,320	\$113,337	84.5%
11/22	1,206	\$133,516	\$94,696	\$21,439	\$116,135	87.0%
12/22	1,204	\$133,207	\$114,364	\$22,728	\$137,092	102.9%
PY 2020-2021	15,690	\$1,834,000	\$1,434,659	\$201,287	\$1,635,946	89.2%
PY 2021-2022	15,335	\$1,816,557	\$1,424,713	\$203,047	\$1,627,760	89.6%
2022-2023 YTD	3,725	\$414,756	\$332,395	\$68,999	\$401,394	96.8%
Rolling 12	14,934	\$1,770,940	\$1,393,979	\$220,599	\$1,614,579	91.2%





DeltaCare DHMO 18 Month Renewal

Enrollment as of November 2022 from Employee Navigator

*Current Rates include the City's administrative fees of \$2.28 for Employee only, \$4.40 for Employee plus one, and \$9.60 for Employee plus family.

**Renewal Rates include the City's administrative fees of \$2.42 for Employee only, \$4.66 for Employee plus one, and \$10.17 for Employee plus family.

Dental Plan Benefits	ADA code
Diagnostic and Preventive	
Office Visit	101
Teeth Cleaning	1110
X-Rays	210
Sealants - per tooth	1351
Restorative	
Amalgam Filling 1-3 Surfaces	2140
Composite Filling	2380
Periodontics	
Scaling and Root Planning - per quad	4341
Gingivectomy (Per Quadrant)	4210
Osseus Surgery	4260
Endodontics (Root Canal Therapy)	
Pulp Cap	3110
Therapeutic Pulpotomy	3220
Root Canal Therapy - (anterior)	3310
Prosthodontics	
Immediate - Upper or Lower	5130-40
Complete - Upper or Lower	5110-20
Partial Denture - Upper or Lower	5213-14
Crown and Bridge	
Inlay (one surface)	2510
Crown - Porcelain/Ceramic Substrate	2740
Crown - Porcelain Fused to High Noble Metal	2750-52
Crown - Full Cast High Noble Metal	2790-92
Oral Surgery	
Extractions - Impacted tooth: soft tissue	7220
Extractions - Impacted tooth: partial bony	7230
Extractions - Impacted tooth: full bony	7240
Orthodontics - comprehensive	
Child to age 19	
Member over age 19	

DeltaCare DHMO Current
\$0
\$0
\$0
\$10
\$0
\$0
\$25
\$130
\$280
\$0
\$0
\$55
\$165
\$145
\$160
\$0
\$240
\$140 - \$240
\$150 - \$210
\$50
\$70
\$90
\$1,700
\$1,900

DeltaCare DHMO 18-Month Renewal Option
\$0
\$0
\$0
\$10
\$0
\$0
\$25
\$130
\$280
\$0
\$0
\$55
\$165
\$145
\$160
\$0
\$240
\$140 - \$240
\$150 - \$210
\$50
\$70
\$90
\$1,700
\$1,900

RATE GUARANTEE	
MONTHLY RATES	
Employee Only	
Employee + 1	
Employee + Family	

EE'S
88
37
62
187

2 Years (7/1/21 - 6/30/23)	
Current	
	\$19.60
	\$37.80
	\$82.54

1 Year and 6 Months (7/1/2023 - 12/31/2024)	
18-Month Renewal Option	
	\$19.74
	\$38.06
	\$83.11

TOTAL MONTHLY PREMIUM
TOTAL ANNUAL PREMIUM

\$8,241
\$98,891

\$8,298
\$99,578

ANNUAL DOLLAR CHANGE
ANNUAL PERCENT CHANGE

\$687
0.7%



Vision





Vision Renewal Overview

- The VSP plan is currently self-insured directly through VSP
- Alliant recommends a vision reserve fund of approximately \$12,000 to cover 3 weeks of claims
- Effective 7/1/2023, Alliant's underwriting analysis for the Vision renewal is as follows:
 - 18 month renewal: **+4.30%**
 - The underwriting analysis includes the following:
 - Claims through January 2023
 - 1.0% Trend
 - 3% margin
 - The most recent 12 months are weighted 50% for current 12 months and 50% for the prior 12 months
 - 2023-2024 Administrative Fees:
 - VSP ASO: \$1.25 PEPM
 - Internal HR Admin Fees: \$0.75 PEPM



VSP Vision 18 Month Renewal

Enrollment as of November 2022 from Employee Navigator

*Current Rates include the composite internal administration fee of \$0.72 PEPM

**Proposed Renewal Rates include the composite internal administration fee of \$0.75 PEPM

Vision Plan Benefits	VSP Choice Plan Self-Funded - Current		VSP Choice Plan Self-Funded - 18-Month Renewal Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Exam	Copay \$10	Plan pays up to: \$37	Copay \$10	Plan pays up to: \$37
Lenses				
Single	\$20	\$34	\$20	\$34
Bifocal	\$20	\$51	\$20	\$51
Trifocal	\$20	\$68	\$20	\$68
Contact Lenses	\$120 Allowance (Copay Waived)	\$100	\$120 Allowance (Copay Waived)	\$100
Frames	\$120 Allowance + 20% Discount	\$40	\$120 Allowance + 20% Discount	\$40
Frequency of Services				
Eye Examination	12 months		12 months	
Lenses	12 months		12 months	
Frames	12 months		12 months	
Contact Lenses*	12 months		12 months	
Administration Rate Guarantee	5 Years (7/1/2020-6/30/2025)		5 Years (7/1/2020-6/30/2025)	
Admin Fee	\$1.25 PEPM		\$1.25 PEPM	
MONTHLY RATES	Current (through 6/30/2023)		18-Month Renewal Option (through 12/31/2024)	
Employee Only	\$7.60		\$7.93	
Employee + 1 Dependent	\$15.22		\$15.88	
Employee + Family	\$19.77		\$20.62	
TOTAL MONTHLY PREMIUM	\$19,542		\$20,385	
TOTAL ANNUAL PREMIUM	\$234,500		\$244,616	
ANNUAL \$ DIFFERENCE			\$10,116	
ANNUAL % DIFFERENCE			4.3%	

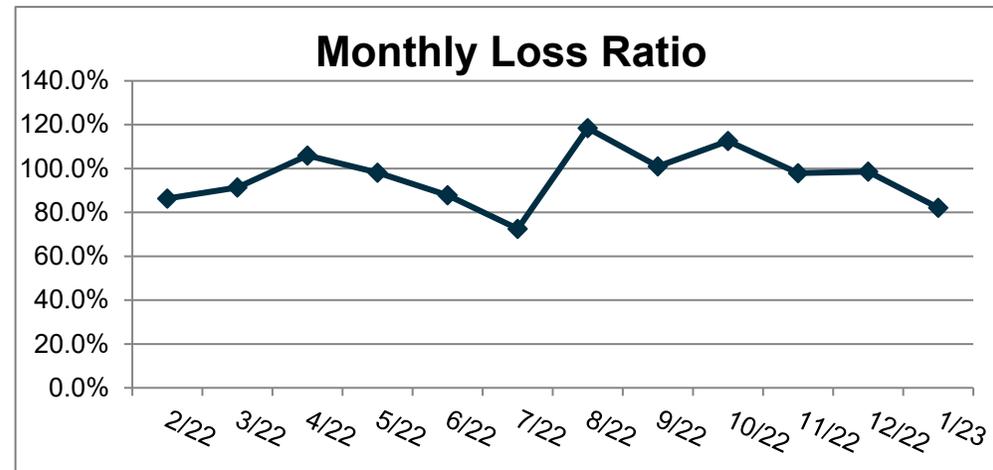
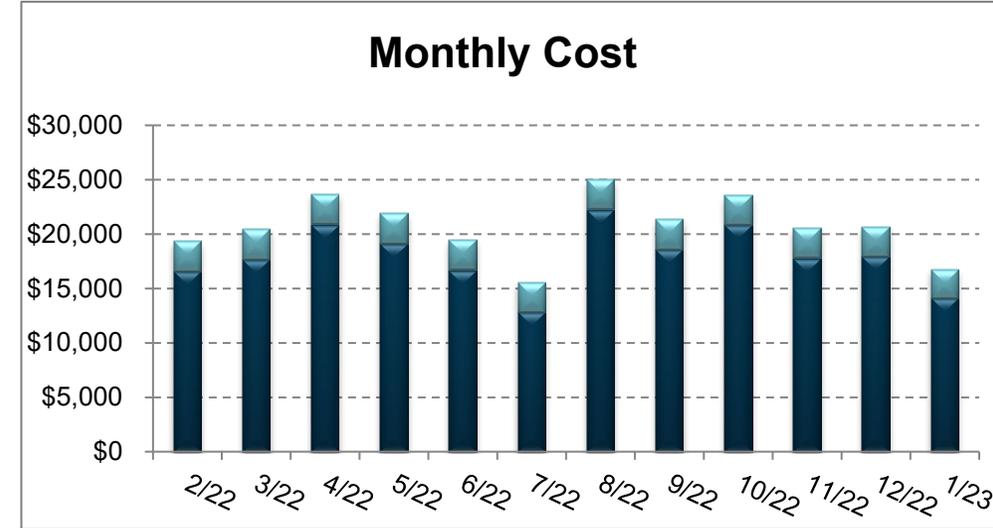
* In lieu of frames

EE'S
438
243
633
1314



VSP Vision Loss Ratio Report

Month	Enrollment	Premium	Costs			Paid
	Employees	Funding Rate	Claims	Admin	Total Cost	L/R
11/20	1,471	\$21,061	\$19,984	\$2,892	\$22,876	108.6%
12/20	1,473	\$21,126	\$14,681	\$2,898	\$17,579	83.2%
1/21	1,457	\$20,883	\$17,678	\$2,865	\$20,543	98.4%
2/21	1,458	\$20,848	\$17,910	\$2,865	\$20,775	99.7%
3/21	1,455	\$20,786	\$23,269	\$2,858	\$26,127	125.7%
4/21	1,465	\$20,848	\$19,173	\$2,874	\$22,047	105.8%
5/21	1,464	\$20,881	\$15,262	\$2,874	\$18,136	86.9%
6/21	1,467	\$20,905	\$18,470	\$2,879	\$21,349	102.1%
7/21	1,481	\$23,205	\$15,880	\$2,910	\$18,790	81.0%
8/21	1,446	\$22,806	\$18,434	\$2,848	\$21,282	93.3%
9/21	1,432	\$22,645	\$20,600	\$2,823	\$23,423	103.4%
10/21	1,444	\$22,786	\$20,854	\$2,845	\$23,699	104.0%
11/21	1,446	\$22,821	\$20,672	\$2,849	\$23,521	103.1%
12/21	1,445	\$22,791	\$18,023	\$2,846	\$20,869	91.6%
1/22	1,432	\$22,514	\$20,081	\$2,817	\$22,898	101.7%
2/22	1,428	\$22,445	\$16,564	\$2,809	\$19,373	86.3%
3/22	1,436	\$22,450	\$17,686	\$2,819	\$20,506	91.3%
4/22	1,435	\$22,376	\$20,884	\$2,815	\$23,699	105.9%
5/22	1,430	\$22,330	\$19,101	\$2,806	\$21,907	98.1%
6/22	1,423	\$22,194	\$16,692	\$2,791	\$19,483	87.8%
7/22	1,429	\$21,529	\$12,798	\$2,808	\$15,607	72.5%
8/22	1,402	\$21,132	\$22,262	\$2,756	\$25,018	118.4%
9/22	1,408	\$21,160	\$18,596	\$2,765	\$21,360	100.9%
10/22	1,395	\$20,953	\$20,841	\$2,738	\$23,580	112.5%
11/22	1,406	\$21,003	\$17,806	\$2,755	\$20,561	97.9%
12/22	1,410	\$21,014	\$17,952	\$2,760	\$20,712	98.6%
1/23	1,368	\$20,447	\$14,113	\$2,681	\$16,794	82.1%
PY 2020-2021	17,576	\$251,423	\$228,210	\$34,542	\$262,752	104.5%
PY 2021-2022	17,278	\$271,363	\$225,471	\$33,978	\$259,449	95.6%
2022-2023 YTD	9,818	\$147,238	\$124,369	\$19,262	\$143,631	97.6%
Rolling 12	9,818	\$147,238	\$124,369	\$19,262	\$143,631	97.6%



FSA, Commuter HRA and HSA Renewal



FSA, HRA and HSA Plan Considerations

18 month renewal

■ FSA and Commuter Considerations

- When changing ongoing eff. dates from a fiscal year plan to a calendar year plan, the FSA would initially have a short plan year from 7/1/2023 to 12/31/2023, and then a full 12 month plan year beginning 1/1/2024
 - Note: The IRS does not allow an 18 month renewal
- The short plan year would have prorated maximum elections
 - Note: The DCAP is not required to be prorated for the short plan year, however it is recommended that the City prorate as employees cannot exceed the \$5,000 calendar year maximum (otherwise this could be difficult to monitor)
- The City would be required to allow for another open enrollment for the 1/1/2024 plan year
- Although P&A would not change the fee on 1/1/2024, there would be a \$250 fee to amend the plan documents

■ HRA Considerations

- The PCORI fee applies for short plan years
- Therefore, the City would need to do a short plan year PCORI fee filing prorating the fee for the short plan year
- As with a standard plan year, the PCORI filing due date is July 31 of the year following the last day of the short plan year

■ HSA Considerations

- The maximum HSA contribution must be in proportion to the number of months the member was covered by the HDHP (for example, if the member is only enrolled for 6 months, they would prorate contributions by 6 months; if enrolled for the full year, they could make a full year of contributions)



P&A FSA

FSA Plan Benefits	P&A FSA Current	P&A FSA 12-Month Renewal Option	P&A FSA 6-Month Renewal Option
General Information			
Debit Card	Included	Included	Included
Direct Deposit	Included	Included	Included
Online Account Access	Included	Included	Included
Plan Document Creation and Modification			
Plan Document and Summary Plan Description (SPD)	Included	Included	Included
Current Participant Count			
Unique FSA Participants (HCFSA Only, DCFSA Only or HCFSA and DCFSA)	172	172	172
RATE GUARANTEE	1 Year (7/1/2022 - 6/30/2023)	1 Year (7/1/2023 - 6/30/2024)	6 Months (7/1/2023 - 12/31/2023)
FEES	Current	12-Month Renewal Option	6-Month Renewal Option¹
Annual Fee	N/A	N/A	N/A
Amendment Fee	N/A	\$250	\$250
Monthly Administration Fee (PPPM) ¹	\$3.40	\$3.40	\$3.40
FIRST YEAR FEE	\$7,018	\$7,268	\$7,268
ANNUAL FEES	\$7,018	\$7,018	\$7,018
ANNUAL \$ DIFFERENCE		\$0	\$0
ANNUAL % DIFFERENCE		0.0%	0.0%

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Enrollment as of November 2022 from P&A

¹Employees participating in both the Health Care FSA (HCFSA) and Dependent Care FSA (DCFSA) will be counted as one participant

¹An 18 month renewal is not allowable by the IRS. In order to change to a 1/1 renewal, the City would need to run a short plan year from 7/1-12/31. They would then renew again on 1/1 and continue with a 1/1 plan renewal moving forward. This would require a plan amendment (+\$250 amendment fee). Please note the 7/1-12/31/23 plan year would have prorated maximum elections and all eligible employees must be given the opportunity to sign up for both 7/1 and again for 1/1 (2 open enrollment periods).



P&A Commuter Benefits

Commuter Plan Plan Benefits	P&A Commuter Current	P&A Commuter 12-Month Renewal Option	P&A Commuter 6-Month Renewal Option
General Information			
Debit Card	Included	Included	Included
Current Participant Count			
Commuter Participants	14	14	14
RATE GUARANTEE	1 Year (7/1/2022 - 6/30/2023)	1 Year (7/1/2023 - 6/30/2024)	6 Months (7/1/2023 - 12/31/2023)
FEES	Current	12-Month Renewal Option	6-Month Renewal Option ¹
Annual Fee	N/A	N/A	N/A
Monthly Administration Fee (PPPM)	\$3.25	\$3.25	\$3.25
FIRST YEAR FEES	\$546	\$546	\$546
ANNUAL FEES	\$546	\$546	\$546
ANNUAL \$ DIFFERENCE		\$0	\$0
ANNUAL % DIFFERENCE		0.0%	0.0%

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Enrollment as of November 2022 from P&A

¹ An 18 month renewal is not allowable by the IRS. In order to change to a 1/1 renewal, the City would need to run a short plan year from 7/1-12/31. They would then renew again on 1/1 and continue with a 1/1 plan renewal moving forward. Please note the 7/1-12/31/23 plan year would have prorated maximum elections and all eligible employees must be given the opportunity to sign up for both 7/1 and again for 1/1 (2 open enrollment periods).



P&A HSA

HSA Plan Benefits	P&A HSA Current	P&A HSA 12-Month Renewal Option	P&A HSA 6-Month Renewal Option
Core Services			
Debit Cards	Included	Included	Included
Current Participant Count			
Participants	333	333	333
RATE GUARANTEE	1 Year (7/1/2022 - 6/30/2023)	1 Year (7/1/2023 - 6/30/2024)	6 Months (7/1/2023 - 12/31/2023)
FEES	Current	12-Month Renewal Option	6-Month Renewal Option¹
Annual Fee	N/A	N/A	N/A
Monthly Administration Fee (PPPM)	\$2.50	\$2.50	\$2.50
FIRST YEAR FEES	\$9,990	\$9,990	\$9,990
ANNUAL FEES	\$9,990	\$9,990	\$9,990
ANNUAL \$ DIFFERENCE		\$0	\$0
ANNUAL % DIFFERENCE		0.0%	0.0%

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Enrollment as of November 2022 from P&A

¹ An 18 month renewal is not allowable by the IRS. In order to change to a 1/1 renewal, the City would need to run a short plan year from 7/1-12/31. They would then renew again on 1/1 and continue with a 1/1 plan renewal moving forward. Please note the 7/1-12/31/23 plan year would have prorated maximum elections and all eligible employees must be given the opportunity to sign up for both 7/1 and again for 1/1 (2 open enrollment periods).



P&A HRA

HRA Plan Benefits	P&A HRA Current	P&A HRA 12-Month Renewal Option	P&A HRA 6-Month Renewal Option
Core Services			
Debit Cards	Included	Included	Included
Current Participant Count			
Participants	270	270	270
RATE GUARANTEE	1 Year (7/1/2022 - 6/30/2023)	1 Year (7/1/2023 - 6/30/2024)	6 Months (7/1/2023 - 12/31/2023)
FEES	Current	12-Month Renewal Option	6-Month Renewal Option ¹
Annual Fee	N/A	N/A	N/A
Amendment Fee	N/A	\$250	\$250
Monthly Administration Fee (PPPM)	\$4.50	\$4.50	\$4.50
FIRST YEAR FEES	\$14,580	\$14,830	\$14,830
ANNUAL FEES	\$14,580	\$14,580	\$14,580
ANNUAL \$ DIFFERENCE		\$0	\$0
ANNUAL % DIFFERENCE		0.0%	0.0%

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Enrollment as of November 2022 from P&A

¹ An 18 month renewal is not allowable by the IRS. In order to change to a 1/1 renewal, the City would need to run a short plan year from 7/1-12/31. They would then renew again on 1/1 and continue with a 1/1 plan renewal moving forward. This would require a plan amendment (+\$250 amendment fee). Please note the 7/1-12/31/23 plan year would have prorated maximum elections and all eligible employees must be given the opportunity to sign up for both 7/1 and again for 1/1 (2 open enrollment periods).

All Other Renewals



Management B & C Employees Group – 5/1/2023 Renewal

	Class 1
Class description	All Eligible Employees
Waiting Period	First of the month coincident with or next following 30 days of employment
Benefit amount	Flat \$10,000
Maximum benefit	\$10,000
Guaranteed Issue amount	Up to the maximum benefit
Contributions	Noncontributory
Participation requirement	100%

Employee Basic Life and AD&D Current Rates

Coverage	Total employees	Current monthly rate	Total current monthly volume	Total current monthly premium	Total current annual premium
Employee Basic Life	29	\$0.540	\$269,900	\$146	\$1,749
Employee Basic AD&D	29	\$0.030	\$269,900	\$8	\$97
Total current premium				\$154	\$1,846
Rate basis: Per \$1,000 of volume					

Basic Life:
+5%
increase

Basic AD&D:
Rate Pass

Employee Basic Life and AD&D Renewal Rates

Coverage	Total employees	Monthly rate	Total estimated monthly volume	Total estimated monthly premium	Total estimated annual premium
Employee Basic Life	29	\$0.567	\$269,900	\$153	\$1,836
Employee Basic AD&D	29	\$0.030	\$269,900	\$8	\$97
Total estimated premium				\$161	\$1,933
Rate basis: Per \$1,000 of volume					

24 month
rate
guarantee



Lincoln (PRISM) Basic Life / AD&D

Basic Life and AD&D Plan Benefits	Lincoln (PRISM) Current / Renewal	
Class 1	All Full-Time members classified as Mayor, City Manager, Unrepresented Department Heads, City Attorney Executives, Represented Mid-Management Members, Unrepresented Mid-Management Members, City Attorney Professionals, Police Management and Operations and Maintenance Unit Members, Represented Supervisors, Unrepresented Supervisors, Unrepresented Confidential Members, City Attorney Support Personnel, Water Supervisory Unit Members working 40 hours per week	
Class 2	All Full-Time members classified as Fire Management, Sworn Fire Members, Sworn Police Members, Administrative and Clerical Unit Members, Professional and Technical Unit Members and Trades and Maintenance Unit Members working 40 hours per week	
Life Benefits: Class 1	\$50,000	
Life Benefits: Class 2	\$50,000	
AD&D Benefits: Class 1	Equal to Life Benefit	
AD&D Benefits: Class 2	Not Covered	
Guaranteed Issue Amount	\$50,000	
Benefit Reduction Formula	Age	Reduction
	70	35%
	75	50%
	Retirement	100%
Accelerated Death Benefit	Included	
Waiver of Premium	Included	
Seat Belt Provision (AD&D)	Included	
Air Bag Provision (AD&D)	Included	
Portability	Included	
RATE GUARANTEE	1 Year (7/1/2022 - 6/30/2023)	3 Years (7/1/2023 - 6/30/2026)
MONTHLY RATES	Current	Renewal
Class 1 Volume	\$20,150,000	
Class 2 Volume	\$51,900,000	
Basic Life Rate per \$1,000	\$0.100	\$0.100
Basic AD&D Rate per \$1,000	\$0.020	\$0.020
Combined Rate	\$0.120	\$0.120
MONTHLY PREMIUM	\$7,608	\$7,608
ANNUAL PREMIUM	\$91,296	\$91,296
ANNUAL \$ DIFFERENCE	\$0	
ANNUAL % DIFFERENCE	0.0%	

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Volume as of November 2022 from Employee Navigator



Lincoln (PRISM) Voluntary Life

Voluntary Life Plan Benefits	
Eligibility	
Employee Life Benefit	
Maximum	
Minimum	
Increments of:	
Guaranteed Issue Amount	
Spouse Life Benefit	
Maximum	
Minimum	
Increments of:	
Guaranteed Issue Amount	
Spouse Rate Basis	
Dependent Child(ren) Life Benefit	
Maximum	
Minimum	
Increments of:	
Guaranteed Issue Amount	
Waiver of Premium	
AD&D Benefit	
Portability	

Lincoln (PRISM) Current / Renewal	
All full-time employees working 40 hours per week	
Lesser of 5 times BAE or \$500,000	
\$10,000	
\$10,000	
\$300,000	
Lesser of 50% of EE amount or \$100,000	
\$5,000	
\$5,000	
\$30,000	
Based on spouse's age as of their last birthday	
Under 15 days old: \$500 6 months and older: \$10,000	
\$1,000	
\$1,000	
\$10,000	
Included	
Equal to Life Benefit	
Included	

RATE GUARANTEE	
MONTHLY RATES	
Monthly Rates per \$1,000	
Under age 30	
Age 30-39	
Age 40-49	
Age 50-59	
Age 60-69	
Age 70+	
Dependent Child(ren) Rates per \$1,000	
Employee AD&D	
Spouse AD&D	
Child AD&D	

1 Year (7/1/2022 - 6/30/2023)		3 Years (7/1/2023 - 6/30/2026)	
Current		Renewal	
Employee Rates	Spouse Rates	Employee Rates	Spouse Rates
\$0.060	\$0.080	\$0.060	\$0.080
\$0.090	\$0.120	\$0.090	\$0.120
\$0.150	\$0.250	\$0.150	\$0.250
\$0.430	\$0.740	\$0.430	\$0.740
\$1.270	\$2.350	\$1.270	\$2.350
\$2.060	\$4.350	\$2.060	\$4.350
\$0.232		\$0.232	
\$0.028		\$0.028	
\$0.021		\$0.021	
\$0.055		\$0.055	

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Lincoln (PRISM) Long Term Disability

Long Term Disability Plan Benefits	Lincoln (PRISM) LTD Current / Renewal
Eligibility:	
Class 1:	Assistant City Manager, Chief Financial Officer, Chief of Police, City Attorney, City Manager, Deputy Chief of Police II, Deputy City Manager II, Director of Municipal Utilities and Director of Public Works working 40 hours per week
Class 2:	All Other Full-Time Employees working 40 hours per week
Elimination Period	90 Days
Monthly Benefit Percentage	66.67%
Maximum Monthly Benefit	
Class 1:	\$14,000
Class 2:	\$10,000
Own Occupation Definition	24 Months
Disability Earnings Test	Basic Annual Income including commissions, excluding overtime and bonuses
Definition of Disability	Own Occupation
Mental Health/Substance Abuse Limit	24 Months
Maximum Benefit Duration	Later of age 65 or SSNRA
Pre-Existing Condition	3/12

RATE GUARANTEE	1 Year (7/1/2022 - 6/30/2023)	3 Years (7/1/2023 - 6/30/2026)
	Current	Renewal
MONTHLY RATES		
Covered Payroll Volume	\$5,812,983	
Rate per \$100 of Covered Payroll	\$0.420	\$0.420

MONTHLY PREMIUM	\$24,415	\$24,415
ANNUAL PREMIUM	\$292,974	\$292,974

ANNUAL \$ DIFFERENCE	\$0
ANNUAL % DIFFERENCE	0.0%

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Volume as of November 2022 from Employee Navigator



Halcyon EAP

EAP Plan Benefits	Halcyon EAP Current
Sessions	
All Other	3 Sessions every 6 months ¹
First Responder	N/A
Digital Capabilities	
Digital Platforms	Web Portal, eConnect mobile app, and textcoach text therapy
Telephonic	Included
Video	Included
Text	Included
Employee Services	
Legal	Included
Financial	Included
Dependent Care	Included
Employer Services	
Management Consultations	Unlimited
CISD Seminar(s)	Unlimited
Onsite Orientations	10 Hours
Add-On	
Coaching	N/A

RATE GUARANTEE		5 Years (10/1/2020 - 9/30/2025)
MONTHLY RATES	EE's	Current
Per Employee Per Month	1441	\$1.62

MONTHLY PREMIUM	\$2,334
ANNUAL PREMIUM	\$28,013

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Employee Count as of November 2022 from Employee Navigator



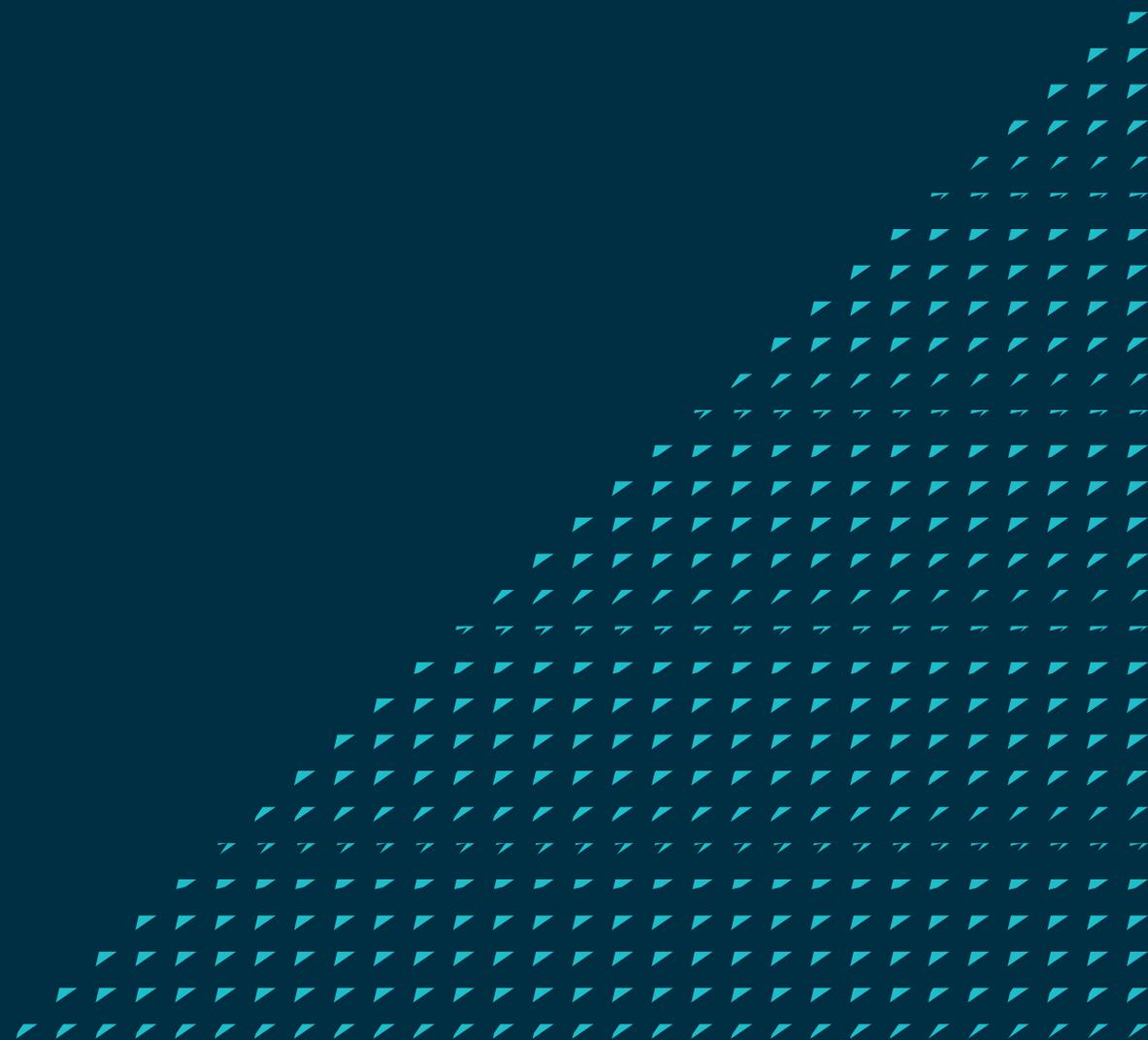
APA COBRA

COBRA Plan Benefits	APA COBRA Current
Core Services	
Eligibility updates to Carrier or TPA	Included
Optional Services	
Open Enrollment Packets	Included
Current Participant Count	
COBRA eligible employees	1441
RATE GUARANTEE	5 Years (7/1/2020 - 6/30/25)
FEES	Current
Annual Fee	N/A
Monthly Administration Fee (PEPM)	\$0.70
FIRST YEAR FEES	\$12,104
ANNUAL FEES	\$12,104
ANNUAL \$ DIFFERENCE	\$0
ANNUAL % DIFFERENCE	0.0%

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Employee Count as of November 2022 from Employee Navigator

Contributions





Contributions (Fire Mgt, Fire, SPMA, and SPOA) – 18 months

Employee Contributions		Current Monthly Contributions			Current Per Paycheck	18-Month Renewal Option Monthly Contributions			Proposed Per Paycheck
		Total	ER Cost	EE Cost	EE Cost	Total	ER Cost	EE Cost	EE Cost
Sutter Health HMO, DHMO, and Vision	Lives								
EE Only	16	\$793.48	\$697.00	\$96.48	\$48.24	\$848.99	\$711.00	\$137.99	\$68.99
EE + 1	4	\$1,432.61	\$1,265.00	\$167.61	\$83.81	\$1,532.71	\$1,290.00	\$242.71	\$121.36
EE + Family	<u>6</u>	<u>\$1,942.42</u>	<u>\$1,685.00</u>	<u>\$257.42</u>	<u>\$128.71</u>	<u>\$2,075.84</u>	<u>\$1,719.00</u>	<u>\$356.84</u>	<u>\$178.42</u>
Annual Premium	26	\$360,968	\$315,864	\$45,104	\$22,552	\$386,037	\$322,200	\$63,837	\$31,918
Sutter Health HMO, DPPO, and Vision	Lives								
EE Only	39	\$829.08	\$697.00	\$132.08	\$66.04	\$886.01	\$711.00	\$175.01	\$87.50
EE + 1	17	\$1,505.21	\$1,265.00	\$240.21	\$120.11	\$1,608.16	\$1,290.00	\$318.16	\$159.08
EE + Family	<u>84</u>	<u>\$2,003.38</u>	<u>\$1,685.00</u>	<u>\$318.38</u>	<u>\$159.19</u>	<u>\$2,140.28</u>	<u>\$1,719.00</u>	<u>\$421.28</u>	<u>\$210.64</u>
Annual Premium	140	\$2,714,479	\$2,282,736	\$431,743	\$215,872	\$2,900,120	\$2,328,660	\$571,460	\$285,730
Sutter Health HDHP, DHMO, and Vision	Lives								
EE Only	3	\$705.98	\$697.00	\$8.98	\$4.49	\$723.69	\$711.00	\$12.69	\$6.34
EE + 1	1	\$1,274.31	\$1,265.00	\$9.31	\$4.66	\$1,306.21	\$1,290.00	\$16.21	\$8.11
EE + Family	<u>2</u>	<u>\$1,730.42</u>	<u>\$1,685.00</u>	<u>\$45.42</u>	<u>\$22.71</u>	<u>\$1,773.14</u>	<u>\$1,719.00</u>	<u>\$54.14</u>	<u>\$27.07</u>
Annual Premium	6	\$82,237	\$80,712	\$1,525	\$763	\$84,283	\$82,332	\$1,951	\$975
Sutter Health HDHP, DPPO, and Vision	Lives								
EE Only	8	\$741.58	\$697.00	\$44.58	\$22.29	\$760.71	\$711.00	\$49.71	\$24.86
EE + 1	4	\$1,346.91	\$1,265.00	\$81.91	\$40.96	\$1,381.66	\$1,290.00	\$91.66	\$45.83
EE + Family	<u>23</u>	<u>\$1,791.38</u>	<u>\$1,685.00</u>	<u>\$106.38</u>	<u>\$53.19</u>	<u>\$1,837.58</u>	<u>\$1,719.00</u>	<u>\$118.58</u>	<u>\$59.29</u>
Annual Premium	35	\$630,264	\$592,692	\$37,572	\$18,786	\$646,520	\$604,620	\$41,900	\$20,950

\$1,800 Deductible

\$1,800 Deductible



Contributions (Fire Mgt, Fire, SPMA, and SPOA) – 18 months

Employee Contributions		Current Monthly Contributions			Current Per Paycheck	18-Month Renewal Option Monthly Contributions			Proposed Per Paycheck
		Total	ER Cost	EE Cost	EE Cost	Total	ER Cost	EE Cost	EE Cost
Kaiser HMO, DHMO, and Vision	Lives								
EE Only	17	\$743.47	\$697.00	\$46.47	\$23.24	\$828.96	\$711.00	\$117.96	\$58.98
EE + 1	4	\$1,341.75	\$1,265.00	\$76.75	\$38.38	\$1,495.71	\$1,290.00	\$205.71	\$102.86
EE + Family	<u>12</u>	<u>\$1,820.37</u>	<u>\$1,685.00</u>	<u>\$135.37</u>	<u>\$67.69</u>	<u>\$2,025.85</u>	<u>\$1,719.00</u>	<u>\$306.85</u>	<u>\$153.43</u>
Annual Premium	33	\$478,205	\$445,548	\$32,657	\$16,329	\$532,624	\$454,500	\$78,124	\$39,062
Kaiser HMO, DPPO and Vision	Lives								
EE Only	61	\$779.07	\$697.00	\$82.07	\$41.04	\$865.98	\$711.00	\$154.98	\$77.49
EE + 1	18	\$1,414.35	\$1,265.00	\$149.35	\$74.68	\$1,571.16	\$1,290.00	\$281.16	\$140.58
EE + Family	<u>102</u>	<u>\$1,881.33</u>	<u>\$1,685.00</u>	<u>\$196.33</u>	<u>\$98.17</u>	<u>\$2,090.29</u>	<u>\$1,719.00</u>	<u>\$371.29</u>	<u>\$185.65</u>
Annual Premium	181	\$3,178,527	\$2,845,884	\$332,643	\$166,321	\$3,531,783	\$2,903,148	\$628,635	\$314,317
Kaiser HDHP, DHMO, and Vision	Lives						<i>\$1,800 Deductible</i>		
EE Only	4	\$660.25	\$660.25	\$0.00	\$0.00	\$692.43	\$692.43	\$0.00	\$0.00
EE + 1	3	\$1,191.96	\$1,191.96	\$0.00	\$0.00	\$1,249.96	\$1,249.96	\$0.00	\$0.00
EE + Family	<u>3</u>	<u>\$1,620.66</u>	<u>\$1,620.66</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$1,698.18</u>	<u>\$1,698.18</u>	<u>\$0.00</u>	<u>\$0.00</u>
Annual Premium	10	\$132,946	\$132,946	\$0	\$0	\$139,370	\$139,370	\$0	\$0
Kaiser HDHP, DPPO, and Vision	Lives						<i>\$1,800 Deductible</i>		
EE Only	19	\$695.85	\$695.85	\$0.00	\$0.00	\$729.45	\$711.00	\$18.45	\$9.22
EE + 1	4	\$1,264.56	\$1,264.56	\$0.00	\$0.00	\$1,325.41	\$1,290.00	\$35.41	\$17.71
EE + Family	<u>61</u>	<u>\$1,681.62</u>	<u>\$1,681.62</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$1,762.62</u>	<u>\$1,719.00</u>	<u>\$43.62</u>	<u>\$21.81</u>
Annual Premium	84	\$1,450,299	\$1,450,299	\$0	\$0	\$1,520,172	\$1,482,336	\$37,836	\$18,918
Kaiser POS, DHMO, and Vision	Lives								
EE Only	0	\$1,540.96	\$697.00	\$843.96	\$421.98	\$1,724.71	\$711.00	\$1,013.71	\$506.86
EE + 1	0	\$2,777.23	\$1,265.00	\$1,512.23	\$756.12	\$3,108.06	\$1,290.00	\$1,818.06	\$909.03
EE + Family	<u>0</u>	<u>\$3,734.35</u>	<u>\$1,685.00</u>	<u>\$2,049.35</u>	<u>\$1,024.68</u>	<u>\$4,175.64</u>	<u>\$1,719.00</u>	<u>\$2,456.64</u>	<u>\$1,228.32</u>
Annual Premium	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Kaiser POS, DPPO, and Vision	Lives								
EE Only	1	\$1,576.56	\$697.00	\$879.56	\$439.78	\$1,761.73	\$711.00	\$1,050.73	\$525.37
EE + 1	0	\$2,849.83	\$1,265.00	\$1,584.83	\$792.42	\$3,183.51	\$1,290.00	\$1,893.51	\$946.76
EE + Family	<u>0</u>	<u>\$3,795.31</u>	<u>\$1,685.00</u>	<u>\$2,110.31</u>	<u>\$1,055.16</u>	<u>\$4,240.08</u>	<u>\$1,719.00</u>	<u>\$2,521.08</u>	<u>\$1,260.54</u>
Annual Premium	1	\$18,919	\$8,364	\$10,555	\$5,277	\$21,141	\$8,532	\$12,609	\$6,304
TOTAL	516	\$9,046,844	\$8,155,045	\$891,799	\$445,899	\$9,762,049	\$8,325,698	\$1,436,351	\$718,175
<i>Change from current - \$</i>						<i>\$715,205</i>	<i>\$170,653</i>	<i>\$544,552</i>	
<i>Change from current - %</i>						<i>7.9%</i>	<i>2.1%</i>	<i>61.1%</i>	

Contributions (SCEA/UNREP, B&C, O&M, T&M, and WS) – 18 months

Employee Contributions		Current Monthly Contributions			Current Per Paycheck	18-Month Renewal Option Monthly Contributions			Proposed Per Paycheck
		Total	ER Cost	EE Cost	EE Cost	Total	ER Cost	EE Cost	EE Cost
Sutter Health HMO, DHMO, and Vision	Lives								
EE Only	11	\$793.48	\$697.00	\$96.48	\$48.24	\$848.99	\$697.00	\$151.99	\$75.99
EE + 1	7	\$1,432.61	\$1,265.00	\$167.61	\$83.81	\$1,532.71	\$1,265.00	\$267.71	\$133.86
EE + Family	<u>16</u>	<u>\$1,942.42</u>	<u>\$1,685.00</u>	<u>\$257.42</u>	<u>\$128.71</u>	<u>\$2,075.84</u>	<u>\$1,685.00</u>	<u>\$390.84</u>	<u>\$195.42</u>
Annual Premium	34	\$598,023	\$521,784	\$76,239	\$38,120	\$639,376	\$521,784	\$117,592	\$58,796
Sutter Health HMO, DPPO, and Vision	Lives								
EE Only	71	\$829.08	\$697.00	\$132.08	\$66.04	\$886.01	\$697.00	\$189.01	\$94.50
EE + 1	56	\$1,505.21	\$1,265.00	\$240.21	\$120.11	\$1,608.16	\$1,265.00	\$343.16	\$171.58
EE + Family	<u>83</u>	<u>\$2,003.38</u>	<u>\$1,685.00</u>	<u>\$318.38</u>	<u>\$159.19</u>	<u>\$2,140.28</u>	<u>\$1,685.00</u>	<u>\$455.28</u>	<u>\$227.64</u>
Annual Premium	210	\$3,713,244	\$3,122,184	\$591,060	\$295,530	\$3,967,283	\$3,122,184	\$845,099	\$422,549
Sutter Health HDHP, DHMO, and Vision	Lives						<i>\$1,800 Deductible</i>		
EE Only	7	\$705.98	\$697.00	\$8.98	\$4.49	\$723.69	\$697.00	\$26.69	\$13.35
EE + 1	2	\$1,274.31	\$1,265.00	\$9.31	\$4.66	\$1,306.21	\$1,265.00	\$41.21	\$20.61
EE + Family	<u>4</u>	<u>\$1,730.42</u>	<u>\$1,685.00</u>	<u>\$45.42</u>	<u>\$22.71</u>	<u>\$1,773.14</u>	<u>\$1,685.00</u>	<u>\$88.14</u>	<u>\$44.07</u>
Annual Premium	13	\$172,946	\$169,788	\$3,158	\$1,579	\$177,250	\$169,788	\$7,462	\$3,731
Sutter Health HDHP, DPPO, and Vision	Lives						<i>\$1,800 Deductible</i>		
EE Only	17	\$741.58	\$697.00	\$44.58	\$22.29	\$760.71	\$697.00	\$63.71	\$31.86
EE + 1	13	\$1,346.91	\$1,265.00	\$81.91	\$40.96	\$1,381.66	\$1,265.00	\$116.66	\$58.33
EE + Family	<u>27</u>	<u>\$1,791.38</u>	<u>\$1,685.00</u>	<u>\$106.38</u>	<u>\$53.19</u>	<u>\$1,837.58</u>	<u>\$1,685.00</u>	<u>\$152.58</u>	<u>\$76.29</u>
Annual Premium	57	\$941,807	\$885,468	\$56,339	\$28,170	\$966,100	\$885,468	\$80,632	\$40,316

Contributions (SCEA/UNREP, B&C, O&M, T&M, and WS) – 18 months

Employee Contributions		Current Monthly Contributions			Current Per Paycheck	18-Month Renewal Option Monthly Contributions			Proposed Per Paycheck
		Total	ER Cost	EE Cost	EE Cost	Total	ER Cost	EE Cost	EE Cost
Kaiser HMO, DHMO, and Vision	Lives								
EE Only	23	\$743.47	\$697.00	\$46.47	\$23.24	\$828.96	\$697.00	\$131.96	\$65.98
EE + 1	13	\$1,341.75	\$1,265.00	\$76.75	\$38.38	\$1,495.71	\$1,265.00	\$230.71	\$115.36
EE + Family	<u>17</u>	<u>\$1,820.37</u>	<u>\$1,685.00</u>	<u>\$135.37</u>	<u>\$67.69</u>	<u>\$2,025.85</u>	<u>\$1,685.00</u>	<u>\$340.85</u>	<u>\$170.43</u>
Annual Premium	53	\$785,866	\$733,452	\$52,414	\$26,207	\$875,397	\$733,452	\$141,945	\$70,973
Kaiser HMO, DPPO and Vision	Lives								
EE Only	105	\$779.07	\$697.00	\$82.07	\$41.04	\$865.98	\$697.00	\$168.98	\$84.49
EE + 1	72	\$1,414.35	\$1,265.00	\$149.35	\$74.68	\$1,571.16	\$1,265.00	\$306.16	\$153.08
EE + Family	<u>128</u>	<u>\$1,881.33</u>	<u>\$1,685.00</u>	<u>\$196.33</u>	<u>\$98.17</u>	<u>\$2,090.29</u>	<u>\$1,685.00</u>	<u>\$405.29</u>	<u>\$202.65</u>
Annual Premium	305	\$5,093,349	\$4,559,340	\$534,009	\$267,005	\$5,659,302	\$4,559,340	\$1,099,962	\$549,981
Kaiser HDHP, DHMO, and Vision	Lives								
EE Only	7	\$660.25	\$660.25	\$0.00	\$0.00	\$692.43	\$692.43	\$0.00	\$0.00
EE + 1	3	\$1,191.96	\$1,191.96	\$0.00	\$0.00	\$1,249.96	\$1,249.96	\$0.00	\$0.00
EE + Family	<u>2</u>	<u>\$1,620.66</u>	<u>\$1,620.66</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$1,698.18</u>	<u>\$1,685.00</u>	<u>\$13.18</u>	<u>\$6.59</u>
Annual Premium	12	\$137,267	\$137,267	\$0	\$0	\$143,919	\$143,603	\$316	\$158
Kaiser HDHP, DPPO, and Vision	Lives								
EE Only	28	\$695.85	\$695.85	\$0.00	\$0.00	\$729.45	\$697.00	\$32.45	\$16.23
EE + 1	22	\$1,264.56	\$1,264.56	\$0.00	\$0.00	\$1,325.41	\$1,265.00	\$60.41	\$30.21
EE + Family	<u>63</u>	<u>\$1,681.62</u>	<u>\$1,681.62</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$1,762.62</u>	<u>\$1,685.00</u>	<u>\$77.62</u>	<u>\$38.81</u>
Annual Premium	113	\$1,838,954	\$1,838,954	\$0	\$0	\$1,927,544	\$1,842,012	\$85,532	\$42,766
Kaiser POS, DHMO, and Vision	Lives								
EE Only	0	\$1,540.96	\$697.00	\$843.96	\$421.98	\$1,724.71	\$697.00	\$1,027.71	\$513.86
EE + 1	0	\$2,777.23	\$1,265.00	\$1,512.23	\$756.12	\$3,108.06	\$1,265.00	\$1,843.06	\$921.53
EE + Family	<u>0</u>	<u>\$3,734.35</u>	<u>\$1,685.00</u>	<u>\$2,049.35</u>	<u>\$1,024.68</u>	<u>\$4,175.64</u>	<u>\$1,685.00</u>	<u>\$2,490.64</u>	<u>\$1,245.32</u>
Annual Premium	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Kaiser POS, DPPO, and Vision	Lives								
EE Only	1	\$1,576.56	\$697.00	\$879.56	\$439.78	\$1,761.73	\$697.00	\$1,064.73	\$532.37
EE + 1	0	\$2,849.83	\$1,265.00	\$1,584.83	\$792.42	\$3,183.51	\$1,265.00	\$1,918.51	\$959.26
EE + Family	<u>0</u>	<u>\$3,795.31</u>	<u>\$1,685.00</u>	<u>\$2,110.31</u>	<u>\$1,055.16</u>	<u>\$4,240.08</u>	<u>\$1,685.00</u>	<u>\$2,555.08</u>	<u>\$1,277.54</u>
Annual Premium	1	\$18,919	\$8,364	\$10,555	\$5,277	\$21,141	\$8,364	\$12,777	\$6,388
TOTAL	798	\$13,300,376	\$11,976,602	\$1,323,775	\$661,887	\$14,377,311	\$11,985,995	\$2,391,317	\$1,195,658
<i>Change from current - \$</i>						<i>\$1,076,935</i>	<i>\$9,393</i>	<i>\$1,067,542</i>	
<i>Change from current - %</i>						<i>8.1%</i>	<i>0.1%</i>	<i>80.6%</i>	

\$1,800 Deductible

\$1,800 Deductible



Disclosures

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

Plans are rates presented are generally effective July 1, 2022 through June 30, 2023

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

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

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

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

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

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

A.M. Best has an extensive database of nearly 6,000 Life/Health, Property Casualty and International companies. You can visit them at www.ambest.com. **Ratings for Carriers included in this presentation are:**

Carrier	A.M. Best	Carrier	A.M. Best
Kaiser	NR	Halcyon	NR
Sutter Health	NR	APA	NR
Delta Dental	A	P&A	NR
VSP	A-		
Lincoln	A		

