OUSD Health Benefits Committee Update for Fellow Employees

May 20, 2021

This afternoon's agenda

- 1. Premiums for 2021-2022 and trends for Orcutt
- 2. The latest with SISC's health benefits offerings
- 3. Online health benefits enrollment (June 1-30)
- 4. Practical advice on health benefits
- 5. Q&A

A bit about our committee

- Includes representation from all employee groups
- Investigates options for cost containment in health benefits
- Makes recommendations and reports to board and fellow employees
- Serves as employees' eyes and ears with regard to health benefits

*Important note: **Health Benefits Committee** ≠ **Negotiations**

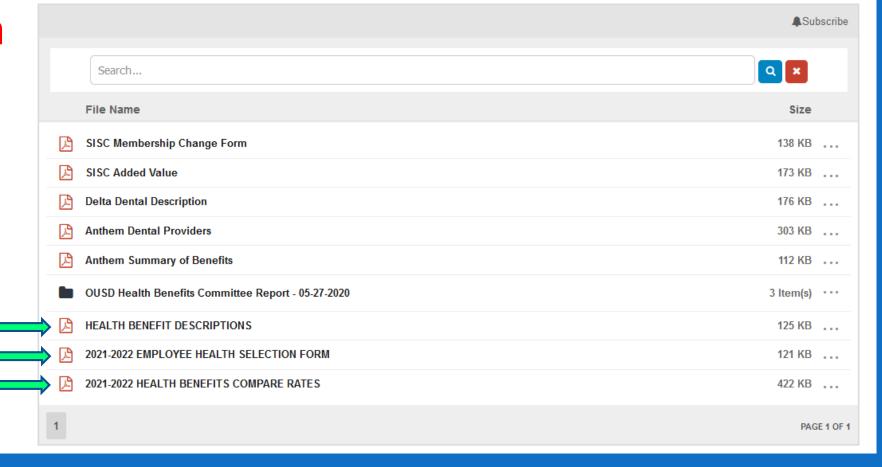
1. Premiums for 2021-2022

HEALTH BENEFIT OPEN ENROLLMENT

Orcutt Union School District / Departments / Business Services / Health Benefit Open Enrollment

Where to find health benefits information on OUSD website

Please read carefully the attached information regarding your 2021-22 Health Benefit plans.



Orcutt Union School District Anthem Health Plan - Options

Health Benefit Descriptions

### MCDICAL - CALENDAR YEAR Deductibles & Maximums Member Pays Membe	Plan	Anthem PPO	Anthem PPO 1	Anthem PPO 2	Anthem PPO 3	Anthem
	Benefit	90-D \$10	90-G \$20	80-E \$20	80-G \$20	80-L \$30
Simple S	MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
S1,000/\$3,000 S1,000/\$3,000 S2,000/\$4,000 S8,000	Individual/Family Deductibles	\$200/\$500	\$500/\$1,000	\$300/\$600	\$500/\$1,000	\$2,000/\$4,000
PROFESSIONAL SERVICES S20 S20 S20 S30	Individual/Family Out-of-Pocket (OOP) Max	04 000/00 000	44 000 (40 000	44 000 (40 000	40.000/44.000	\$4,000/
S10 S20	(includes medical deductibles, co-insurance and co-pays)	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000	\$2,000/\$4,000	\$8,000
S10 S20						
S20		F	PROFESSIONAL SERVICES			
Scans: CT, CAT, MRI, PET etc. 10% 10% 20	Office Visit (OV), Urgent Care, Specialists Co-pay	\$10	\$20	\$20	\$20	\$30
Diagnosity X-ray & Laboratory Procedures 10% 10% 10% 20%	Prenatal, postnatal office visit co-pay	\$10	\$20	\$20	\$20	\$30
Infertility (diagnosis/treatment of causes of infertility subject to plan benefits)	Scans: CT, CAT, MRI, PET etc.	10%	10%	20%	20%	20%
Preventive Care (includes physical exams & screenings)	Diagnostic X-ray & Laboratory Procedures	10%	10%	20%	20%	20%
## HOSPITAL & SKILLED NURSING FACILITY SERVICES Emergency Room visit - (waived if admitted)		Not covered	Not covered	Not covered	Not covered	Not covered
HOSPITAL & SKILLED NURSING FACILITY SERVICES 10% (\$100 co-pay) 20% (\$100 co-pay)	Preventive Care (includes physical exams & screenings)	0% - (Ded Waived)	0% - (Ded Waived)			
Inpatient Hospital (preauthorization required) 10% 10% 20%		HOSPITAL & SKIL	LED NURSING FACILITY SERV	ICES		
10% 10% 20%	Emergency Room visit - (waived if admitted)	10% (\$100 co-pay)	10% (\$100 co-pay)	20% (\$100 co-pay)	20% (\$100 co-pay)	20% (\$100 co-pay)
Surgery, Outpatient (performed in Surgery Center) 10% 10% 20%	Inpatient Hospital (preauthorization required)	10%	10%	20%	20%	20%
Surgery, Outpatient (performed in a Hospital) 10% 10% 20% 20% 20%	Outpatient Hospital	10%	10%	20%	20%	20%
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT 10% 20	Surgery, Outpatient (performed in Surgery Center)	10%	10%	20%	20%	20%
NPATIENT: Facility Based Care (preauth required) 10% 10% 2	Surgery, Outpatient (performed in a Hospital)	10%	10%	20%	20%	20%
10% 10% 20%		MENTAL HEALTH 8	& SUBSTANCE ABUSE TREATI	MENT		
Acupuncture - Limits apply 10% 10% 20%	INPATIENT: Facility Based Care (preauth required)	10%	10%	20%	20%	20%
Acupuncture - Limits apply Ambulance (Ground or Air) 10% \$100 co-pay 10% \$100 co-pay 10% \$100 co-pay 10% \$100 co-pay 20% \$100 co-pay 20	OUTPATIENT: Facility Based Care (preauth required)	10%	10%	20%	20%	20%
Ambulance (Ground or Air) 10% \$100 co-pay 10% \$100 co-pay 10% \$100 co-pay 10% \$200 co-pay 20% \$100 co-pay 20% \$200 co-pay 20% 20% 20% 20% 20% 20% 20% 20% 20% 20% 20%			OTHER SERVICES			
Chiropractic - Limits apply Durable Medical Equipment (DME) 10% 10% 10% 20% 20% 20% 20% 20% 20% 20% 20% 20% 2	Acupuncture - Limits apply	10%	10%	20%	20%	20%
Durable Medical Equipment (DME) Physical and Occupational Therapy - Limits apply 10% 10% 10% 20% 20% 20% 20% 20%	Ambulance (Ground or Air)	10% \$100 co-pay	10% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay
Physical and Occupational Therapy - Limits apply Physical and Occupational Therapy - Limits apply and Out of Pocket Maximums Physical and Out of Pocket Maximums None Physical and Occupational Therapy - Limits apply 20% Physical and Out of Pocket Maximums None Physical Algorithms apply 20% Physical Accupation Accupa	Chiropractic - Limits apply	10%	10%	20%	20%	20%
Rx Plan T-25 Individual/Family Brand & Specialty Rx Deductibles Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pay/30 days supply Generic co-pay/30 days supply Specialty co-pay/up to 30 days supply PHARMACY BENEFITS - Copays and Out of Pocket Maximums T-25 T-25 T-25 T-25 T-25 T-25 T-25 Specialty Rx Deductibles In one In on	Durable Medical Equipment (DME)	10%	10%	20%	20%	20%
Rx Plan 7-25 Individual/Family Brand & Specialty Rx Deductibles Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pay/30 days supply Sepecialty co-pay/up to 30 days supply 7-25 7-25 7-25 7-25 9-35 9-35 Individual/Family Brand & Specialty Rx Deductibles Inone Inon	Physical and Occupational Therapy - Limits apply	10%	10%	20%	20%	20%
Individual/Family Brand & Specialty Rx Deductibles Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays) So at Costco So at Other Network Brand co-pay/30 days supply Specialty co-pay/up to 30 days supply Individual/Family Rx Out-of-Pocket (OOP) Max S1,500/S2,500 S1,5		PHARMACY BENEFITS -	Copays and Out of Pocket I	Maximums		
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays) S1,500/\$2,500 S0 at Costco S7 at Other Network S7 at Other Network S7 at Other Network S7 at Other Network S9 at Other Network	Rx Plan	7-25	7-25	7-25	7-25	9-35
(includes Rx deductibles and co-pays) S1,500/S2,500 S0 at Costco S7 at Other Network S1,500/S2,500 S1,500/S2	Individual/Family Brand & Specialty Rx Deductibles	none	none	none	none	none
Generic co-pay/30 days supply S7 at Other Network S9 at Other Network		\$1,500/\$2,500	\$1,500/\$2,500	\$1,500/\$2,500	\$1,500/\$2,500	\$2500/\$3500
Specialty co-pay/up to 30 days supply \$25 Must Use Navitus Mail \$25 Must Use Navitus Mail \$25 Must Use Navitus Mail \$35 Must Use Navitus Mail	Generic co-pay/30 days supply	•	•	•		·
Specialty co-pay/up to 30 days supply \$25 Must Use Navitus Mail \$25 Must Use Navitus Mail \$25 Must Use Navitus Mail \$35 Must Use Navitus Mail \$35 Must Use Navitus Mail \$35 Must Use Navitus Mail	Brand co-pay/30 days supply	\$25	\$25	\$25	\$25	\$35
	Specialty co-pay/up to 30 days supply	\$25 Must Use Navitus Mail	•			
	Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$60	\$0-\$60	\$0-\$60	\$0-\$60	\$0-\$90

Plan	Anthem PPO	Anthem PPO 1	Anthem PPO 2	Anthem PPO 3	Anthem
Benefit	90-D \$10	90-G \$20	80-E \$20	80-G \$20	80-L \$30
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$200/\$500	\$500/\$1,000	\$300/\$600	\$500/\$1,000	\$2,000/\$4,000
Individual/Family Out-of-Pocket (OOP) Max	61 000/63 000	¢1 000/¢2 000	61 000/62 000	¢2.000/¢4.000	\$4,000/
(includes medical deductibles, co-insurance and co-pays)	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000	\$2,000/\$4,000	\$8,000
	P	ROFESSIONAL SERVICES			
Office Visit (OV), Urgent Care, Specialists Co-pay	\$10	\$20	\$20	\$20	\$30
Prenatal, postnatal office visit co-pay	\$10	\$20	\$20	\$20	\$30
Scans: CT, CAT, MRI, PET etc.	10%	10%	20%	20%	20%
Diagnostic X-ray & Laboratory Procedures	10%	10% 20% 20%		20%	20%
Infertility (diagnosis/treatment of causes of infertility subject to plan benefits)	Not covered	Not covered	Not covered	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	0% - (Ded Waived)	0% - (Ded Waived)			
	HOSPITAL & SKILL	ED NURSING FACILITY SERV	ICES		
Emergency Room visit - (waived if admitted)	10% (\$100 co-pay)	10% (\$100 co-pay)	20% (\$100 co-pay)	20% (\$100 co-pay)	20% (\$100 co-pay)
Inpatient Hospital (preauthorization required)	10%	10%	20%	20%	20%
Outpatient Hospital	10%	10%	20%	20%	20%
Surgery, Outpatient (performed in Surgery Center)	10%	10%	20%	20%	20%
Surgery, Outpatient (performed in a Hospital)	10%	10%	20%	20%	20%
	MENTAL HEALTH &	SUBSTANCE ABUSE TREATI	MENT		
INPATIENT: Facility Based Care (preauth required)	10%	10%	20%	20%	20%
OUTPATIENT: Facility Based Care (preauth required)	10%	10%	20%	20%	20%
		OTHER SERVICES			
Acupuncture - Limits apply	10%	10%	20%	20%	20%
Ambulance (Ground or Air)	10% \$100 co-pay	10% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay
Chiropractic - Limits apply	10%	10%	20%	20%	20%
Durable Medical Equipment (DME)	10%	10%	20%	20%	20%
Physical and Occupational Therapy - Limits apply	10%	10%	20%	20%	20%
	PHARMACY BENEFITS -	Copays and Out of Pocket N	Maximums		
Rx Plan	7-25	7-25	7-25	7-25	9-35
Individual/Family Brand & Specialty Rx Deductibles	none	none	none	none	none
Individual/Family Rx Out-of-Pocket (OOP) Max	\$1,500/\$2,500	\$1,500/\$2,500	\$1,500/\$2,500	\$1,500/\$2,500	\$2500/\$3500
(includes Rx deductibles and co-pays)	\$1,500/\$2,500	\$1,500/\$2,500	\$1,500,\$2,500	\$1,500/\$2,500	\$2500/\$5500
	\$0 at Costco	\$0 at Costco	\$0 at Costco	\$0 at Costco	\$0 at Costco
Generic co-pay/30 days supply	\$7 at Other Network	\$9 at Other Network			
Brand co-pay/30 days supply	\$25	\$25	\$25	\$25	\$35
brand co-pay/ 30 days suppry	323	323	\$23	\$23	\$35 Must Use Navitus
Specialty co-pay/up to 30 days supply	\$25 Must Use Navitus Mail	Mail Mail			
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$60	\$0-\$60	\$0-\$60	\$0-\$60	\$0-\$90

2021-2022 Comparison Rates Medical

COMPARE 2020/2021 TO 2021/2022

Orcutt Union School District

INCREASE 2020-2021

10thly Rates

	Anthem PPO (current plan)						
	90-D \$10; RX 7-25						
		2020-2021				2021-2022	
_	Employee	Employer	Premium		Employee	Employer	Premium
Single	\$254.40	\$816.00	\$1,070.40		\$308.40	\$816.00	\$1,124.40
Two Party	\$822.72	\$1,270.08	\$2,092.80		\$928.32	\$1,270.08	\$2,198.40
Family	\$1,162.08	\$1,777.92	\$2,940.00		\$1,308.48	\$1,777.92	\$3,086.40

DIFFERENCE	

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	\$54.00
	\$105.60
	\$146.40

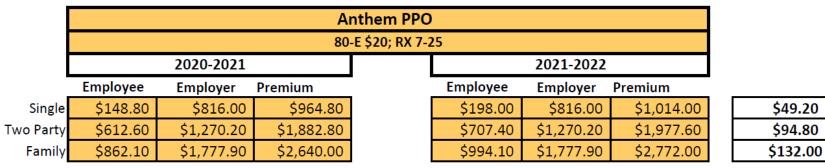
Keep in mind that these figures are 10thly

	Allthem PPO						
	90-G \$20; RX 7-25						
	2020-2021					2021-2022	
	Employee	Employer	Premium		Employee	Employer	Premium
Single	\$171.60	\$816.00	\$987.60		\$225.60	\$816.00	\$1,041.60
Two Party	\$657.12	\$1,270.08	\$1,927.20		\$762.72	\$1,270.08	\$2,032.80
Family	\$924.50	\$1,777.90	\$2,702.40		\$1,073.30	\$1,777.90	\$2,851.20

Anthem DDO

\$54.00
\$105.60
\$148.80

2021-2022 Comparison Rates Medical



	Anthem PPO						
	80-G \$20; RX 7-25						
	2020-2021					2021-2022	
	Employee	Employer	Premium		Employee	Employer	Premium
Single	\$94.80	\$816.00	\$910.80		\$141.60	\$816.00	\$957.60
Two Party	\$504.60	\$1,270.20	\$1,774.80		\$594.60	\$1,270.20	\$1,864.80
Family	\$708.50	\$1,777.90	\$2,486.40		\$833.30	\$1,777.90	\$2,611.20

Keep in mind that these figures are 10thly

\$46.80 \$90.00 \$124.80

\$6.00

\$80.40

\$111.60

[Anthem PPO						
[80-L \$30; RX 9-35						
	2020-2021					2021-2022	
_	Employee	Employer	Premium		Employee	Employer	Premium
Single	\$0.00	\$816.00	\$780.00		\$6.00	\$816.00	\$822.00
Two Party	\$249.00	\$1,270.20	\$1,519.20		\$329.40	\$1,270.20	\$1,599.60
Family	\$349.70	\$1,777.90	\$2,127.60		\$461.30	\$1,777.90	\$2,239.20

Meanwhile, some good news ...

- Dental plans have no premium increase
- Vision plan has no premium increase



What is the trend for Orcutt?

Here are the last nine years of medical premium increases at springtime benefits renewal meetings:

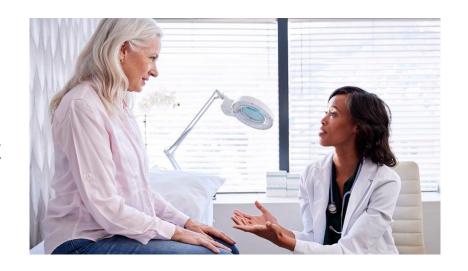
2013	2014	2015	2016	2017	2018	2019	2020	2021
2.8%	8.0%	9.3%	10.0%	12.0%	4.9%	9.2%	8.0%	4.9%

*Important to note that this is the trend for <u>overall premium increases</u>, **NOT** the percentage increase of the employee contribution

2. The Latest with SISC

Office visit copays (\$0)

- All PPO plans will have \$0 copays for the first three visits with a primary care provider each calendar year
 - This does not include visits to specialists
- Copays for **MDLive** will remain **\$0** through September 30, 2022







Anthem Essential Choice Dental Plan

- Offers richer benefits (including orthodontia) for lower premiums than the Delta Dental Incentive Plan
- Has a narrower network; to see a list of providers go to www.anthem.com/ca/sisc

ANTHEM DENTAL PLAN - KEY FEATURES

Annual Benefit Maximum	\$4,000
Annual Deductible	\$0
Annual Dental Implant Maximum	\$2,000
Lifetime Orthodontic Maximum**	\$2,000
Office Visit Copay	\$0

Telehealth options for Delta Dental

- **Toothpic:** photo-based tele-dentistry option that offers virtual dental screenings from a Delta Dental dentist
 - Will count as one of patient's annual dental exams
 - For information, go to deltadental.toothpick.com
- Virtual Consult: real-time video appointments with a Delta Dental dentist
 - Can help with an urgent dental issue; if needed dentist can write a prescription
 - Offers patients follow-up instructions
 - Will count as one of patient's annual dental exams
 - To sign up, go to <u>deltadentalins.com/virtual-consult</u>

Vida Health

- Free, personal, online health coaching
- Download the Vida Health app from your phone's app store, visit www.vida.com/sisc
- Programs available to handle a host of conditions/needs



Hinge Health

- Free access to Hinge Health digital programs for back, knee, hip, neck, or shoulder pain
- Free wearable sensors and monitoring device
- Personal health coaching and personalized exercise therapy
- Apply at <u>www.hingehealth.com/sisc</u>



SISC Enhanced Cancer Benefit

- Free access to City of Hope for an in-person or virtual evaluation
- Recommended care plan from a cancer expert who will discuss it with you and your treating oncologist
- Continued access to cancer care experts for 12 months following the evaluation
- Go to Contigo Health at sisc.contigohealth.com



For second opinions ...

- Teladoc Medical Expert can be helpful in following cases:
 - Complex, rare, serious medical conditions
 - Unresolved, confusing, or unclear medical situations
 - Mental or behavioral health
- Data show program often can improve diagnosis, change treatment, avoid surgeries, or reduce medication
- Two ways to initiate services: online at www.teladoc.com/sisc or by phone at 800-835-2362
- All services provided for free

Employee Assistance Program

- Help for employees and their families with "life issues" that cause stress and difficulty
- EAP
 help. when you need it.
- Anyone in employee's household is eligible; no SISC or Anthem membership is required
- 24/7/365 assistance available by phone at **800-999-7222**
- Services include counseling (up to six free sessions), legal consultation, financial consultation, ID recovery, child care resources, elder care resources, help with tobacco or substance use cessation, and more
- All services provided for free

MyStrength (through SISC EAP)

- Smartphone application with free emotional health and wellness tools
- Can help with anxiety, depression, stress, chronic pain, and more
- Download MyStrength to your smartphone and call EAP at **800-999-7222** for an access code



Positivity-training tools.



A daily mood tracker.



Inspirational videos, articles and quotes.



Step-by-step eLearning programs.



3. Online Enrollment

Open enrollment in June

- Starting on June 1 and continuing through June 30, all employees with benefits need to go to an **online portal** set up by American Fidelity that enables the following:
 - Plan enrollment
 - Plan changes
 - Enrollment in American Fidelity offerings utilizing Section 125 (Cafeteria Plan)
- All employees, even if they do not wish to make changes, must log on to the American Fidelity portal and complete open enrollment by June 30
- Any questions, please email Zina Chavez at zchavez@orcutt-schools.net
 - Note: Zina is <u>not</u> able to provide advice on which plan is best for you and your family

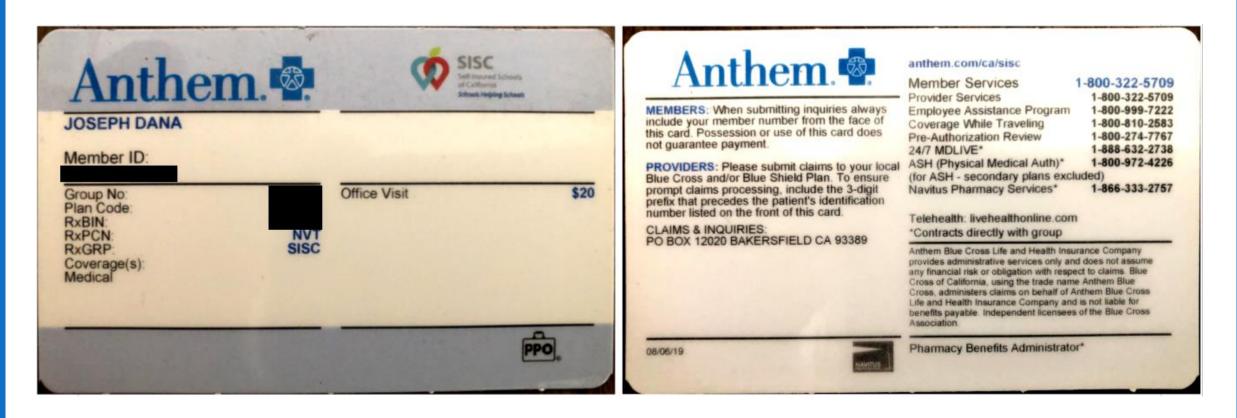
4. Practical Advice

Be an advocate

From one anecdote after another involving fellow employees, the committee strongly believes that in the area of health benefits **employees need to be committed advocates for themselves and their families**.

- Ask questions of your physician(s) and other providers
- Look at EOB (Explanation of Benefits) statements
- Know what your plans cover and don't cover, and pay attention to what you are being billed for
- If something doesn't make sense to you or needs clarification, say so
- Email Zina Chavez at <u>zchavez@orcutt-schools.net</u> if you have questions about your plans

Know your card

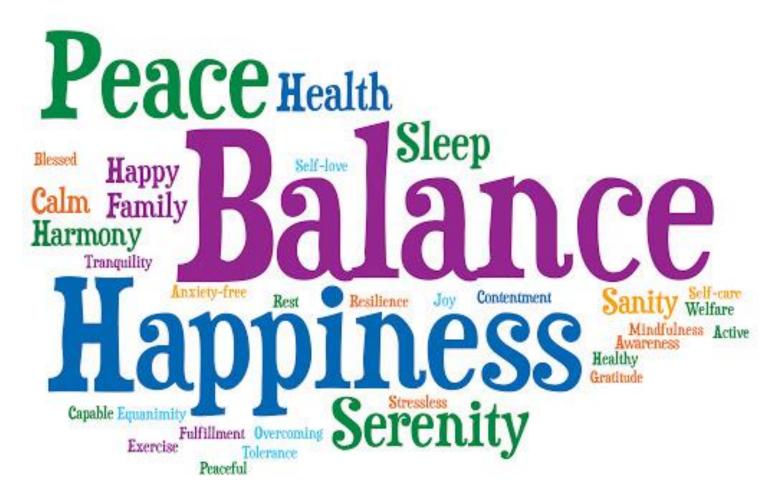


Digital cards coming in 2021-2022!

Know www.anthem.com/ca/sisc



Take care of yourself



In closing ...

Thanks to the members of the OUSD Health Benefits Committee for their time on behalf of fellow employees and the district:

- OEA: Monique Segura, Scott Gelotti, Lisa Wilkanoski, Anna Zucker
- CSEA: Veronica Barrios-Timbrook, Michele Bello, Bret Cupp, Kathleen Stevenson
- Management: Sandy Knight, Susan Salucci, Nick Taylor
- OUSD Business Services: Zina Chavez

Note: If you want to be sent the full PowerPoint presentation shown today, please email Joe Dana at jdana@orcutt-schools.net.

5. Q & A