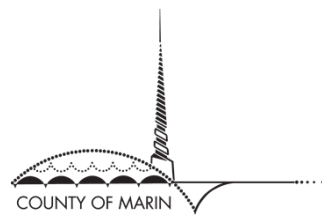

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07.31.19



COUNTY OF MARIN

M E D I C A L B E N E F I T S R E N E W A L D I S C U S S I O N

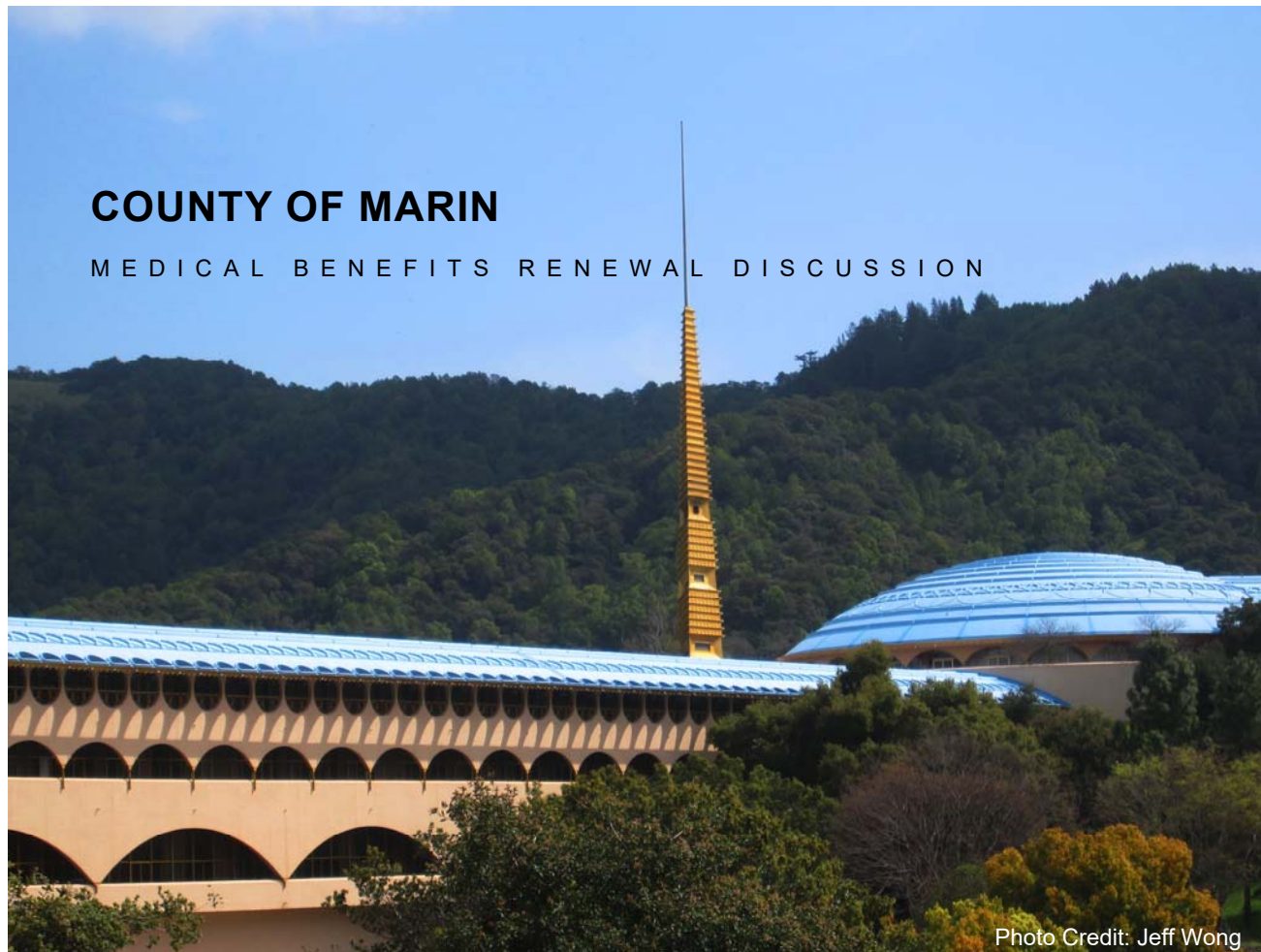


Photo Credit: Jeff Wong

COUNTY OF MARIN

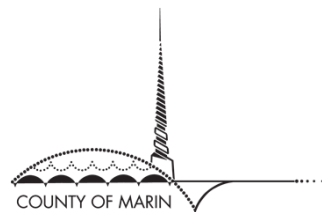
MEDICAL BENEFITS RENEWAL - 1.1.2020

Welcome & Introductions:

Lisa Hatt, Benefits Manager

Jake Hurley, ELR Principal

Robert Mitchell, Vice President, Segal Consulting

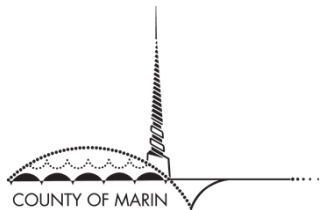


COUNTY OF MARIN

MEDICAL BENEFITS RENEWAL - 1.1.2020

Today's Agenda:

- Welcome and Introductions
- 2020 Medical Benefits Renewal
- 2020 Employer Fringe
- Review of Medical Plans
- Important Dates

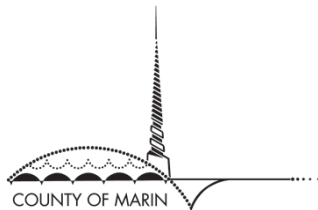


COUNTY OF MARIN

M E D I C A L B E N E F I T S R E N E W A L - 1 . 1 . 2 0 2 0

Benefits Team Members:

- Lisa Hatt, Benefits Manager
- Meloni Page, Sr. Human Resources Technician
- Freeman Suen, Human Resources Technician
- Suzanne Griffiths, Human Resources Technician
- Kori Graf, Wellness Coordinator



County of Marin
Renewal Rates Effective January 1, 2020
Active Plans

Medical Plans	Current Enrollment	1/1/2019-12/31/2019 Current Rates		1/1/2020-12/31/2020 Renewal Rates		Dollar Difference	Percentage Change
		Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly	
Kaiser ⁽¹⁾							
HMO - Plan L							
Subscriber Only	797	\$364.25	\$789.21	\$394.61	\$854.99	\$30.36	8.3%
Subscriber and 1 dependent	191	\$728.51	\$1,578.41	\$789.22	\$1,709.98	\$60.71	8.3%
Subscriber and 2 or more dependents	237	\$968.91	\$2,099.29	\$1,049.67	\$2,274.27	\$80.76	8.3%
	1,225						
HMO - Plan S							
Subscriber Only	209	\$329.03	\$712.87	\$356.47	\$772.35	\$27.44	8.3%
Subscriber and 1 dependent	151	\$658.05	\$1,425.75	\$712.94	\$1,544.70	\$54.89	8.3%
Subscriber and 2 or more dependents	289	\$875.21	\$1,896.25	\$948.22	\$2,054.45	\$73.01	8.3%
	649						
HDHP							
Subscriber Only	23	\$180.16	\$390.33	\$195.21	\$422.94	\$15.05	8.4%
Subscriber and 1 dependent	2	\$360.32	\$780.66	\$390.42	\$845.88	\$30.10	8.4%
Subscriber and 2 or more dependents	1	\$479.23	\$1,038.27	\$519.26	\$1,125.00	\$40.03	8.4%
	26						
Western Health Advantage ⁽²⁾							
HMO							
Subscriber Only	7	\$360.39	\$780.85	\$395.67	\$857.28	\$35.28	9.8%
Subscriber and 1 dependent	3	\$720.78	\$1,561.69	\$791.34	\$1,714.57	\$70.56	9.8%
Subscriber and 2 or more dependents	3	\$958.64	\$2,077.05	\$1,052.48	\$2,280.37	\$93.84	9.8%
	13						
Teamsters Anthem Plan ⁽³⁾							
PPO							
Subscriber Only	173	\$344.41	\$746.22	\$361.02	\$782.20	\$16.61	4.8%
Subscriber and 1 dependent	41	\$687.79	\$1,490.21	\$722.03	\$1,564.40	\$34.24	5.0%
Subscriber and 2 or more dependents	48	\$962.29	\$2,084.97	\$1,010.84	\$2,190.16	\$48.55	5.0%
	262						
Total Medical	2,175						

⁽¹⁾ Enrollment provided by Kaiser and was collected in February 2019.

⁽²⁾ Enrollment provided by Western Health Advantage and was collected in May 2019.

⁽³⁾ Enrollment provided by Teamsters Administrative Staff and was collected in July 2019.

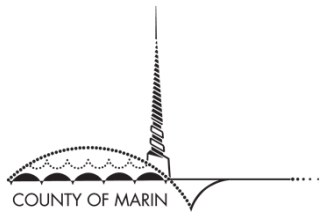
County of Marin
Renewal Rates Effective January 1, 2020
Active Plans

Dental and Vision Plans	Current Enrollment	1/1/2019-12/31/2019 Current Rates		1/1/2020-12/31/2020 Renewal Rates		Dollar Difference	Percentage Change
		Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly	
Delta Dental ⁽¹⁾							
<i>DPPO</i>							
Subscriber Only	2,030	\$23.61	\$51.16	\$24.31	\$52.67	\$0.70	3.0%
Subscriber and 1 dependent	1,123	\$44.52	\$96.47	\$45.84	\$99.33	\$1.32	3.0%
Subscriber and 2 or more dependents	877	\$69.95	\$151.55	\$72.02	\$156.04	\$2.07	3.0%
	4,030						
VSP ⁽²⁾							
<i>Vision</i>							
Subscriber Only	986	\$2.34	\$5.07	\$2.34	\$5.07	\$0.00	0.0%
Subscriber and 1 dependent	570	\$5.25	\$11.37	\$5.25	\$11.37	\$0.00	0.0%
Subscriber and 2 or more dependents	642	\$7.48	\$16.21	\$7.48	\$16.21	\$0.00	0.0%
	2,198						

⁽¹⁾ Enrollment provided by Delta Dental and collected in February 2019.

⁽²⁾ Rates are guaranteed from January 1, 2019 through December 31, 2022. Enrollment was provided with the most recent renewal in February 2018.



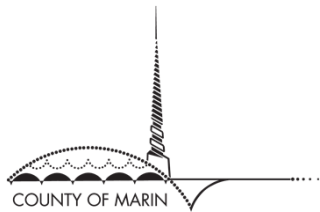


2020 Bi-Weekly Employer Fringe Contributions

BUFGs: MCMEA, All MAPE, [*] Unrepresented, PMA, Probation, DDA, SSOA ^{**}	Employee Only	Employee +1	Employee +Family
Bi-weekly Fringe – Under 74k	\$514.60	\$657.68	\$890.03
Increase from 2019		+ \$31.32	+ \$42.38
Bi-weekly Fringe – Over 74k	\$514.60	\$645.39	\$865.47
Increase from 2019		+ \$30.73	+ \$41.21
BUFG: Bat Chiefs ^{**}	Employee Only	Employee +1	Employee +Family
Bi-weekly Fringe	\$540.33	\$645.39	\$865.47
Increase from 2019		+ \$30.73	+ \$41.21

^{*} RN Agreement Pending Board Approval. ^{**} SSOA and Bat Chiefs Agreements Pending Board Approval.

^{***} DSA/Firefighters – Fringe Benefits TBD.



KAISER MEDICAL PLAN HIGHLIGHTS

Plan Component	Current Kaiser S	Current Kaiser L
CY Deductible	None	None
CY OOP Max		
Single	\$1,500	\$1,500
Family	\$3,000	\$3,000
Primary Care Visit	\$25	\$5
Specialist Visit	\$25	\$5
ER Visit	\$50	\$50
Hospitalization		
Inpatient	\$0	\$0
Outpatient	\$25	\$5
Prescriptions	30-day supply	100-day supply
Generic	\$10	\$5
Brand Name	\$25	\$5
Specialty	\$25	\$5

COUNTY OF MARIN

MEDICAL BENEFITS RENEWAL - 1.1.2020

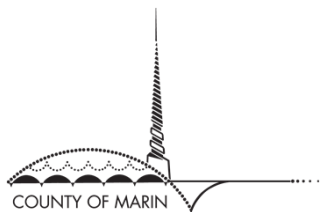
Kaiser Rate History: 2018: -2.51% 2019: 6.4% 2020: 8.3%

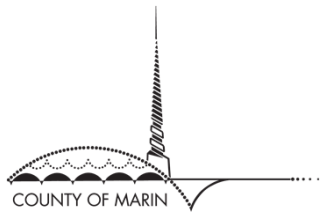
Increase Contributors:

- 18.5% Increase in Claim Costs
- 280% (\$2.5 million) Increase in Large Claims over Pooling Point (\$295K)

Total \$ PMPM *			
<u>Service Category</u>	<u>Jan17 - Dec17</u>	<u>Change</u>	<u>Jan18 - Dec18</u>
Inpatient	\$152.52	40.3%	\$214.01
Outpatient	238.45	10.6%	263.73
Pharmacy	63.65	(2.5)%	62.08
Other	83.65	17.4%	98.22
Total \$ PMPM	\$538.27	18.5%	\$638.05
Group to Health Plan Ratio	122.0%	15.7%	141.1%

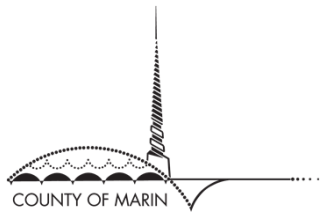
* Includes Actives and/or pre 65 Retirees only.





TEAMSTERS ANTHEM BLUE CROSS PPO HIGHLIGHTS

Plan Component	In Network	Out of Network
CY Deductible Single Family	\$250 \$500	\$250 \$500
Annual OOP Max	\$2000 per family coinsurance maximum	N/A
Primary Care Visit	\$20 – Ded. waived	60%
Specialist Visit	\$20 – Ded waived	60%
ER Visit	80%	80%
Hospitalization Inpatient Outpatient	80% 80%	50% 60%
Prescriptions Generic Brand Name Specialty (30-day only)	100-day supply \$10 \$20 M.O. Specialty Pharmacy	100-day supply \$10 (+cost diff) \$20 (+cost diff) Not Covered



WESTERN HEALTH ADVANTAGE (WHA) HIGHLIGHTS

Plan Component	In Network	Out of Network
CY Deductible	None	Not Covered
Annual OOP Max Individual Family	\$1500 \$3000	Not Covered
Primary Care Visit	\$15	Not Covered
Specialist Visit	\$15	Not Covered
ER Visit	\$75	\$75
Hospitalization Inpatient Outpatient	No Charge \$15	Not Covered Not Covered
Prescriptions Generic Brand Name (Pref/NP) Specialty	30-day supply \$5 \$20 / \$50 \$50	Not Covered Not Covered Not Covered

COUNTY OF MARIN

MEDICAL BENEFITS RENEWAL - 1.1.2020

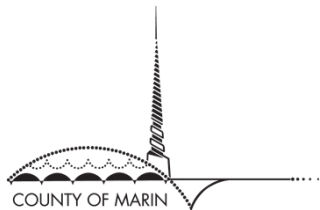
Western Health Advantage (WHA):

1st renewal year with this HMO plan.

- Initial Renewal was a 19.4% increase request
 - Components: ~5% Trend, ~4% Removal of Initial Discount, ~10% Demographic change from RFP quote
 - Segal's negotiations first resulted in WHA reinstating the 4% Discount, then after significant additional discussions, agreement from WHA to phase the demographic adjustment over 2 years
- Final renewal for 2020 - 9.8% increase

ISSUE -WHA is losing the Canopy Health Network effective 1.1.2020

- Significant loss of Providers in Marin, including Marin General Hospital
 - Low Enrollment – 15 subscribers and 12 dependents (27 members total)
 - 10 subscribers & 7 dependents (17 members) in Canopy Health
-



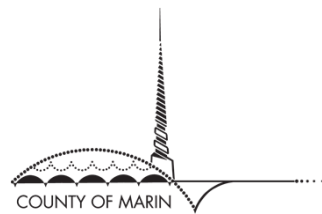
COUNTY OF MARIN

MEDICAL BENEFITS RENEWAL - 1.1.2020

Important Dates:

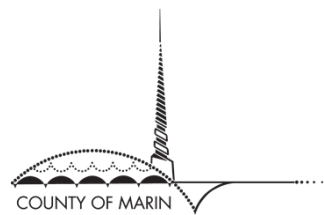
- Open Enrollment Period – October 14th – November 12th
- Benefits and Wellness Fair – October 31st
- AHA Heart Walk – 9/21/19

Questions ?



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THANK YOU



Photo Credit: Jeff Wong