



RENEWAL STRATEGY MEETING



IN
PARTNERSHIP
WITH

JEWISH FAMILY SERVICE LA

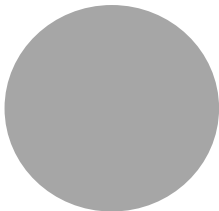


YOUR

TEAM



Anthony Bird
Client Executive



Gabe Cervantes
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AGENDA

EMPLOYEE SURVEY RESULTS
MARKET OVERVIEW
MEDICAL RENEWAL
ANCILLARY RENEWAL
RECOMMENDATION



Satisfaction Survey Results



Key Takeaways

- Top concerns for medical plans were paycheck impact, network of care, and out of pocket costs
- 97% of respondents noted that their out of pocket costs from the last year were between \$0 and \$1,000
- Employees note a moderate confidence in benefit decision making, indicating a need for more impactful communication



SATISFACTION RESULTS

(on a scale of 1 to 5)

MEDICAL: 3.70

DENTAL: 3.53

VISION 3.89

Top 3 Most Requested Voluntary Benefits:

1. Student Loan Repayment
2. Pet Insurance
3. Cancer Screening

Market Overview

2022 RFP Results

MEDICAL

Aetna: -2.9%
Anthem: DTQ
Cigna: DTQ
HealthNet: Uncompetitive
UHC: -7.6%

SUPPLEMENTAL HEALTH

Competitive Carrier(s):
Voya & Transamerica

ANCILLARY

Competitive Carrier(s):
MetLife, The Hartford &
Mutual of Omaha

Medical Renewal Summary

RENEWAL AS IS

Initial Renewal: +11.6%

Negotiated Renewal: +9.9%

- Blue Shield cited high cost claims and general plan performance as reasoning for renewal rates.
- Trend for renewals sits at 10.9%

RENEWAL OPTION

UHC: % from Current: **-7.6%**

Benefit Changes:

- Enhancements in Deductible and OOP Maximums
- Decrements in certain copays

Network Changes:

- 98% physician replacement in the UHC full network

NOTES

- OneDigital utilized relationships with carrier partners to receive competitive offers for next year
- A transition would involve minor plan and network changes

CURRENT MEDICAL COSTS – BLUE SHIELD

Current Rates & Contributions						
Blue Shield Trio HMO per Admit 20-500 (Negotiated Renewal)						
	Enroll	Monthly Premium	24 EE Contribution	EE % Contri	24 ER Contribution	ER % Contri
Employee Only	51	\$703.39	\$0.00	0.0%	\$351.70	100.0%
Employee + 1 Dependent	3	\$1,477.09	\$338.79	87.6%	\$399.76	54.1%
Employee + 2 or More Dependents	0	\$2,110.14	\$655.32	62.1%	\$399.76	37.9%
Blue Shield Access+ HMO Per Admit 20-500 (Negotiated Renewal)						
	Enroll	Monthly Premium	24 EE Contribution	EE % Contri	24 ER Contribution	ER % Contri
Employee Only	92	\$880.13	\$40.31	9.2%	\$399.76	90.8%
Employee + 1 Dependent	5	\$1,848.28	\$524.39	56.7%	\$399.76	43.3%
Employee + 2 or More Dependents	3	\$2,640.39	\$920.44	69.7%	\$399.76	30.3%
Blue Shield Split Ded. 35-1000 80/60 PPO (Negotiated Renewal)						
	Enroll	Monthly Premium	24 EE Contribution	EE % Contri	24 ER Contribution	ER % Contri
Employee Only	11	\$1,173.16	\$186.83	31.8%	\$399.76	68.2%
Employee + 1 Dependent	0	\$2,463.64	\$832.07	67.5%	\$399.76	32.5%
Employee + 2 or More Dependents	0	\$3,519.49	\$1,359.99	77.3%	\$399.76	22.7%
Blue Shield Savings Embedded Ded. 2800 (Negotiated Renewal)						
	Enroll	Monthly Premium	24 EE Contribution	EE % Contri	24 ER Contribution	ER % Contri
Employee Only	7	\$880.23	\$40.36	9.2%	\$399.76	90.8%
Employee + 1 Dependent	1	\$1,848.49	\$524.49	56.7%	\$399.76	43.3%
Employee + 2 or More Dependents	0	\$2,640.69	\$920.59	69.7%	\$399.76	30.3%

RENEWAL MEDICAL COSTS – UNITED HEALTHCARE

Renewal Rates & Contributions						
UHC Advantage HMO T5D						
	Enroll	Monthly Premium	24 EE Contribution	EE % Contri	24 ER Contribution	ER % Contri
Employee Only	51	\$669.74	\$0.00	0.0%	\$334.87	100.0%
Employee + 1 Dependent	3	\$1,406.46	\$303.47	43.2%	\$399.76	56.8%
Employee + 2 or More Dependents	0	\$2,009.22	\$604.85	60.2%	\$399.76	39.8%
UHC Signature Value HMO T3U						
	Enroll	Monthly Premium	24 EE Contribution	EE % Contri	24 ER Contribution	ER % Contri
Employee Only	92	\$797.44	\$0.00	0.0%	\$399.76	100.0%
Employee + 1 Dependent	5	\$1,674.63	\$437.56	52.3%	\$399.76	47.7%
Employee + 2 or More Dependents	3	\$2,392.32	\$796.40	66.6%	\$399.76	33.4%
UHC Select Plus PPO C18H						
	Enroll	Monthly Premium	24 EE Contribution	EE % Contri	24 ER Contribution	ER % Contri
Employee Only	11	\$1,084.76	\$142.62	26.3%	\$399.76	73.7%
Employee + 1 Dependent	0	\$2,278.00	\$739.24	64.9%	\$399.76	35.1%
Employee + 2 or More Dependents	0	\$3,254.28	\$1,227.38	75.4%	\$399.76	24.6%
UHC Select Plus HSA CQCS						
	Enroll	Monthly Premium	24 EE Contribution	EE % Contri	24 ER Contribution	ER % Contri
Employee Only	7	\$885.66	\$43.07	9.7%	\$399.76	90.3%
Employee + 1 Dependent	1	\$1,859.89	\$530.19	57.0%	\$399.76	43.0%
Employee + 2 or More Dependents	0	\$2,656.98	\$928.73	69.9%	\$399.76	30.1%

RENEWAL MEDICAL COSTS – EMPLOYER CONTRIBUTION COMPARISON

	Blue Shield (Current)	Blue Shield (Renewal)	UHC	Blue Shield vs UHC Per Pay Period	Blue Shield vs UHC Annual Savings
HMO (Narrow Network) Per Pay Period					
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	
Employee +1	\$338.79	\$384.23	\$303.47	-\$80.76	-\$1,938.24
Employee + Family	\$655.31	\$720.22	\$604.85	-\$115.37	-\$2,768.88
Doctor/Specialist Co-Pay	\$20.00/\$20.00	\$20.00/\$20.00	\$20.00/ \$40.00		
HMO (Includes UCLA and Cedars) Per Pay Period					
Employee Only	\$40.31	\$89.38	\$0.00	-\$89.38	-\$2,145.12
Employee +1	\$524.38	\$627.42	\$437.56	-\$189.86	-\$4,556.64
Employee + Family	\$920.44	\$1,067.64	\$796.40	-\$271.24	-\$6,509.76
Doctor/Specialist Co-Pay	\$20.00/\$20.00	\$20.00/\$20.00	\$20.00/ \$40.00		
PPO - Per Pay Period					
Employee Only	\$186.82	\$252.23	\$142.62	-\$109.61	-\$2,630.64
Employee +1	\$832.06	\$969.41	\$739.24	-\$230.17	-\$5,524.08
Employee + Family	\$1,359.99	\$1,556.20	\$1,227.38	-\$328.82	-\$7,891.68
PPO(HSA) - Per Pay Period					
Employee Only	\$40.36	\$89.43	\$43.07	-\$46.36	-\$1,112.64
Employee +1	\$524.79	\$627.42	\$530.18	-\$97.24	-\$2,333.76
Employee + Family	\$920.59	\$1,067.80	\$928.73	-\$139.07	-\$3,337.68
Employer Portion (Monthly)	\$799.52	\$799.52	\$799.52		

CURRENT MEDICAL BENEFITS – BLUE SHIELD

Benefit Summary		Trio HMO Network	Access+ HMO Network	PPO Network	PPO Network
Calendar Year Medical Deductible (Single/Family)	Embedded	None	None	\$1,000/\$3,000	\$2,800/\$5,200
Out-of-pocket Maximum(Single/Family)	Embedded	N/A	N/A	Embedded	Embedded
	Embedded	\$2,500/\$5,000	\$2,500/\$5,000	\$5,500/\$11,000	\$5,500/\$11,000
Physician Services		Embedded	Embedded	Embedded	Embedded
	Primary Care/Office Visit	\$20 Copay	\$20 Copay	\$35 Copay	20%*
	Specialist Office Visit	\$20 Copay \$20 Self-Referral Copay	\$20 Copay \$30 Self-Referral Copay	\$35 Copay	20%*
	Urgent Care	\$20 Copay	\$20 Copay	\$35 Copay	20%*
	Chiropractic	\$10 Copay Max 30 Visits per Year	\$10 Copay Max 30 Visits per Year	\$25 Copay Max 20 Visits per Year	20%* Max 20 Visits per Year
	Preventive Care	0%	0%	0%	0%
	Laboratory/X-Ray	0%	0%	\$35 Copay*	20%*
Hospital Services					
	Inpatient Care (Includes Maternity)	\$500 per Admission	\$500 per Admission	20%*	20%*
	Outpatient Surgery	\$300 per Surgery	\$300 per Surgery	25%*	20%*
	Emergency Room (Waived If Admitted)	\$100 Copay	\$100 Copay	\$150 Copay 20%	\$150 Copay* 20%
Prescriptions					
	Separate Prescription Deductible	None	None	None	Same As Medical Deductible Above
	Generic/Tier 1	\$15 Copay	\$15 Copay	\$15 Copay	\$10 Copay*
	Brand/Tier 2	\$30 Copay	\$30 Copay	\$30 Copay	\$25 Copay*
	Non-Formulary/Tier 3	\$45 Copay	\$45 Copay	\$45 Copay	\$40 Copay*
	Specialty/Tier 4	20% Max \$250 Copay per Drug	20% Max \$250 Copay per Drug	30% Max \$250 Copay per Drug	30%* \$250 Copay Max per Drug
Out of Network Benefits					
	Calendar Year Medical Deductible (Single/Family)	N/A	N/A	\$3,000/\$9,000	\$2,800/\$5,200 (Combined with In Network)
	Coinsurance	N/A	N/A	40%*	40%*
	Out-of-pocket Maximum(Single/Family)	N/A	N/A	\$10,000/\$20,000	\$10,000/\$20,000
	Preventative Care Covered Out Of Network?	N/A	N/A	Not Covered	Not Covered
	Prescription Drugs Covered Out of Network?	N/A	N/A	Covered	Covered

*Deductible Applies

*Deductible Applies

RENEWAL MEDICAL BENEFITS – UNITED HEALTHCARE

Benefit Summary		Advantage HMO Network	HMO Network	PPO Network	PPO Network
Calendar Year Medical Deductible (Single/Family)		None	None	\$1,000/\$2,000	\$2,800/ \$5,600
Out-of-pocket Maximum(Single/Family)	Embedded	N/A	N/A	Embedded	Embedded
	Embedded	\$2,000/\$4,000	\$2,000/\$4,000	\$5,000/\$10,000	\$4,000/\$8,000
Physician Services					
	Primary Care/Office Visit	\$20 Copay	\$20 Copay	\$25 Copay	20%*
	Specialist Office Visit	\$40 Copay	\$40 Copay	\$50 Copay	20%*
	Urgent Care	\$20 Copay	\$20 Copay	\$50 Copay	20%*
	Chiropractic	\$15 Copay Max 20 Visits per Year	\$15 Copay Max 20 Visits per Year	\$25 Copay Max 24 Visits per Year	20%*
	Preventive Care	0%	0%	0%	0%
	Laboratory/X-Ray	\$20 Copay	\$20 Copay	20%	20%*
Hospital Services					
	Inpatient Care (Includes Maternity)	\$500 Copay	\$500 Copay	20%*	20%*
	Outpatient Surgery	\$125 per Surgery	\$125 per Surgery	20%*	20%*
	Emergency Room (Waived If Admitted)	\$250 Copay	\$250 Copay	20%*	20%*
Prescriptions					
	Separate Prescription Deductible	None	None	None	Same As Medical Deductible Above
	Generic/Tier 1	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay*
	Brand/Tier 2	\$35 Copay	\$35 Copay	\$35 Copay	\$35 Copay*
	Non-Formulary/Tier 3	\$60 Copay	\$60 Copay	\$60 Copay	\$70 Copay*
	Specialty/Tier 4	N/A	N/A	N/A	N/A
Out of Network Benefits					
	Calendar Year Medical Deductible (Single/Family)	N/A	N/A	\$3,000/\$6,000	\$5,400/\$11,200
	Coinsurance	N/A	N/A	50%*	50%*
	Out-of-pocket Maximum(Single/Family)	N/A	N/A	\$15,000/\$30,000	\$8,000/\$16,000
	Preventative Care Covered Out Of Network?	N/A	N/A	Not Covered	Not Covered
	Prescription Drugs Covered Out of Network?	N/A	N/A	Covered	Covered

*Deductible Applies

*Deductible Applies

Provider Displacement Summary - HMO



Blue Shield vs United Healthcare

	Blue Shield Full	UHC Full	Blue Shield Narrow	UHC Narrow
Network Providers #	125	122	60	33
Non-Network Providers #	0	3	0	27
Cannot Locate #	0	0	0	0
Network Providers %	100%	98%	100%	55%
Non-Network Providers %	0%	2%	0%	45%
Cannot Locate %	0%	0%	0%	0%

Ancillary Renewal Summary

2022

	DENTAL	VISION	LIFE/DISABILITY	VOLUNTARY
Initial Renewal	+4.0% increase	Rate Pass	Rate Pass	Rate Pass
Negotiated Renewal	+4.0% increase			
Competitive Options	MetLife: -14.4%			Voya and Transamerica
Notes				

Current			Guardian HMO	Guardian PPO		Renewal			Guardian HMO	Guardian PPO	
	HMO	PPO					HMO	PPO			
Employee Only	66	76	\$17.16		\$54.67	Employee Only	66	76	\$17.16		\$57.40
Employee + 1 Dependent	11	18	\$34.32		\$113.96	Employee + 1 Dependent	11	18	\$34.32		\$119.66
Employee + 2 or More Dependents	5	5	\$55.76		\$183.38	Employee + 2 or More Dependents	5	5	\$55.76		\$192.55
Total	82	99				Total	82	99			
Combined Total Cost			Total Costs			Combined Total Cost/% from Current			Total Costs		
			HMO	PPO					HMO	PPO	
Total Monthly Cost			\$8,912	\$1,789		Total Monthly Cost			\$9,268	\$1,789	
Annualized Premium			\$106,944	\$21,467		Annualized Premium			\$111,215	\$21,467	
						Percent from Current			0.0%	5.0%	
						Annualized Premium from Current			\$0	\$4,271	
Benefit Summary			HMO	PPO Network	Non Network	Benefit Summary			HMO	PPO Network	Non Network
Deductible (Single/Family)			\$5 Office Visit	\$50/\$150	\$50/\$150	Deductible (Single/Family)			\$5 Office Visit	\$50/\$150	\$50/\$150
Maximum Calendar Benefit			Unlimited	\$2,000	\$1,000	Maximum Calendar Benefit			Unlimited	\$2,000	\$1,000
Preventative Services						Preventative Services					
Clinical Oral Examinations			0%	0%	0%*	Clinical Oral Examinations			0%	0%	0%*
X-Rays			0%	0%	0%*	X-Rays			0%	0%	0%*
Prophylaxis			0%	0%	0%*	Prophylaxis			0%	0%	0%*
Basic Services						Basic Services					
Amalgam Restorations			0%	10%*	20%*	Amalgam Restorations			0%	10%*	20%*
Resin-Based Composite Restorations			0%	10%*	20%*	Resin-Based Composite Restorations			0%	10%*	20%*
Endodontic Therapy (Root Canal)			\$70 - \$140	10%*	20%*	Endodontic Therapy (Root Canal)			\$70 - \$140	10%*	20%*
Gingivectomy-Surgical Services			\$60 per Quadrant	10%*	20%*	Gingivectomy-Surgical Services			\$60 per Quadrant	10%*	20%*
Perio Scaling-Deep Cleaning			\$25 per Quadrant	10%*	20%*	Perio Scaling-Deep Cleaning			\$25 per Quadrant	10%*	20%*
Single Extraction			\$5	10%*	20%*	Single Extraction			\$5	10%*	20%*
Impaction			\$35 - \$85	10%*	20%*	Impaction			\$35 - \$85	10%*	20%*
Major Services						Major Services					
Complete Denture			\$110	40%*	50%*	Complete Denture			\$110	40%*	50%*
Partial Denture			\$90	40%*	50%*	Partial Denture			\$90	40%*	50%*
Crowns-Single Restorations			\$90 - \$100	40%*	50%*	Crowns-Single Restorations			\$90 - \$100	40%*	50%*
Implants			Not Covered	Not Covered	Not Covered	Implants			Not Covered	Not Covered	Not Covered
Orthodontics						Orthodontics					
Child / Adult			\$1,500 / \$2,175	40% Lifetime Max Benefit	40% Lifetime Max Benefit	Child / Adult			\$1,500 / \$2,175	40% Lifetime Max Benefit	40% Lifetime Max Benefit
			*Deductible Applies						*Deductible Applies		

RENEWAL MEDICAL BENEFITS – METLIFE

Alternative Option			MetLife HMO MET 100	MetLife PPO	
	HMO	PPO			
Employee Only	66	76	\$15.10	\$46.47	
Employee + 1 Dependent	11	18	\$30.20	\$96.87	
Employee + 2 or More Dependents	5	5	\$49.07	\$155.87	
Total	82	99			
Combined Total Cost/% from Current			Total Costs		
			HMO	PPO	
Total Monthly Cost	\$7,629		\$1,574	\$6,055	
Annualized Premium	\$91,547	-14.4%	\$18,890	\$72,657	
	Percent from Current		-12.0%	-15.0%	
	Annualized Premium from Current		(\$2,577)	(\$12,820)	
Benefit Summary			HMO	PPO Network	Non Network
Deductible (Single/Family)			\$5 Office Visit	\$50/\$150	\$50/\$150
Maximum Calendar Benefit			Unlimited	\$2,000	\$1,000
Preventative Services					
Clinical Oral Examinations			0%	0%	0%*
X-Rays			0%	0%	0%*
Prophylaxis			0%	0%	0%*
Basic Services					
Amalgam Restorations			0%	10%*	20%*
Resin-Based Composite Restorations			\$0-\$40	10%*	20%*
Endodontic Therapy (Root Canal)			\$40-\$95	10%*	20%*
Gingivectomy-Surgical Services			\$50 per Quadrant	10%*	20%*
Perio Scaling-Deep Cleaning			\$25 per Quadrant	10%*	20%*
Single Extraction			\$0	10%*	20%*
Impaction			\$5 - \$90	10%*	20%*
Major Services					
Complete Denture			\$125	40%*	50%*
Partial Denture			\$110	40%*	50%*
Crowns-Single Restorations			\$30-\$225	40%*	50%*
Implants			\$770-\$1,860	40%*	50%*
Orthodontics					
Child / Adult			\$1,450 / \$1,450	40% \$1,000 Lifetime Max Benefit	40% \$1,000 Lifetime Max Benefit
*Deductible Applies					

Provider Displacement Summary - DHMO



Guardian vs MetLife

	Guardian	MetLife
Network Providers #	91	82
Non-Network Providers #	0	5
Cannot Locate #	0	4
Network Providers %	100%	91%
Non-Network Providers %	0%	5%
Cannot Locate %	0%	4%



ONEDIGITAL RECOMMENDATION



Transition medical plan to UHC
Transition dental plan to MetLife
Add installation of point solutions in
accordance with survey results to long
term strategy

