



10/20/2020
City Council Meeting

Handouts received after
agenda posted

2021 Renewal Overview

City of Lemoore
Effective January 1, 2021



City of Lemoore

Agenda

- PACE Anthem Renewal
- PACE Kaiser Renewal
- Current PACE Benefits
- CalPERS vs. PACE Exhibits
- **2020** Medical Marketing Highlights
- Dental and Vision Renewals
- Life and AD&D Renewal

PACE Anthem & Kaiser Renewal

Current

Plan Name

	EPO 15		EPO 25		PPO 500		Kaiser HMO	
	\$15 OV; \$100 Hospital/Admit; \$100 ER; \$10/25/45/20% to \$150 Rx; \$1500/\$3000 OOP		\$25 OV; \$250 Hospital/Admit; \$100 ER; \$10/25/45/20% to \$1560 Rx; \$1500/\$3000 OOP		\$500/\$1500 Ded; \$30 OV; 80% Hospital; \$150 ER; \$10/30/50/30% to \$150 Rx; \$3500/\$7000 OOP		\$15 OV; 100% Hospital; \$100 ER; \$10/20 Rx; \$1500/\$3000 OOP	
Rating Structure	Rate	Subs	Rate	Subs	Rate	Subs	Rate	Subs
EE	\$760.55	23	\$741.63	2	\$693.96	1	\$730.29	1
EE & 1 Dep	\$1,521.31	12	\$1,483.26	13	\$1,387.91	5	\$1,447.97	0
EE & Family	\$1,977.70	10	\$1,928.24	16	\$1,804.28	4	\$1,878.59	1
Total Monthly Premium	\$55,525.37		\$51,617.48		\$14,850.63		\$2,608.88	
Total Annual Premium	\$666,304.44		\$619,409.76		\$178,207.56		\$31,306.56	


Renewal

Rating Structure	Rate	\$ Increase	Rate	\$ Increase	Rate	\$ Increase	Rate	\$ Increase
EE	\$827.21	\$66.66	\$806.53	\$64.90	\$754.68	\$60.72	\$733.54	\$3.25
EE & 1 Dep	\$1,654.42	\$133.11	\$1,613.04	\$129.78	\$1,509.35	\$121.44	\$1,459.06	\$11.09
EE & Family	\$2,150.75	\$173.05	\$2,096.96	\$168.72	\$1,962.16	\$157.88	\$1,894.39	\$15.80
Total Monthly Premium	\$60,386.37		\$56,133.94		\$16,150.07		\$2,627.93	
Total Annual Premium	\$724,636.44		\$673,607.28		\$193,800.84		\$31,535.16	
% Change over Current Monthly Premium	8.75%		8.75%		8.75%		0.73%	
\$ Change over Current Annual Premium	\$58,332.00		\$54,197.52		\$15,593.28		\$228.60	

Current PACE Plan Benefits

	PPO 500		EPO 15	EPO 25	Kaiser
	In Network	Out of Network			
General Plan Information					
Deductible Individual/Family	\$500/\$1,500	\$750/\$2,250	\$0	\$0	\$0
Coinsurance	80%	60%	100%	100%	100%
Office visit and exam	\$30 copay	60% covered	\$15 copay	\$25 copay	\$15 copay
Outpatient speciality visit	\$30 copay	60% covered	\$15 copay	\$25 copay	\$15 copay
Annual Out of Pocket Individual/Family	\$3,500/\$7,000	\$7,000/\$14,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000
Outpatient Services					
Preventive Services	100% covered	60% covered	100% covered	100% covered	100% covered
Diagnostic X-Ray and Lab	80% covered	60% covered	100% covered	100% covered	100% covered
Maternity Care					
Pregnancy and Maternity Care	\$30 copay	60% covered	\$15 copay	\$25 copay	100% covered
Inpatient Hospital Services					
Inpatient Hospitalization	80% covered	60% covered	\$100 copay/admit	\$250 copay/admit	100% covered
Surgical Services					
Outpatient Surgery	80% covered	60% covered	\$50 copay	\$125 copay	\$15 copay
Emergency Services					
Emergency Room	\$150 copay + 20%	\$150 copay + 20%	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)
Ambulance	80% covered	80% covered	\$100 copay	\$100 copay	100% covered
Urgent Care					
Urgent Care	\$30 copay	60% covered	\$15 copay	\$25 copay	\$15 copay
Prescription Drug Benefits					
Generic	\$10 copay	Not covered	\$10 copay	\$10 copay	\$10 copay
Brand (Formulary/Preferred)	\$30 copay	Not covered	\$25 copay	\$25 copay	\$20 copay
Brand (Non-Formulary/Non-preferred)	\$50 copay	Not covered	\$45 copay	\$45 copay	\$20 copay
Specialty Drugs	30% up to \$150	Not covered	20% up to \$150	20% up to \$150	20% up to \$150
Number of Days Supply	30 days	N/A	30 days	30 days	30 days
Mail Order	\$10 generic/2x Brand	Not covered	\$10 generic/2x for Brand	\$10 generic/2x for Brand	2 x
Number of Days Supply	90 days	Not covered	90 days	90 days	100 days
Other Services and Supplies					
Durable Medical Equipment	80% covered	60% covered	80% covered	80% covered	100% covered
Chiropractic Services	\$30 copay up to 30 visits	60% covered up to 30 visits	\$15 copay up to 30 visits	\$25 copay up to 30 visits	\$10 copay up to 30 visits
Acupuncture	\$30 copay up to 20 visits	60% covered up to 20 visits	\$15 copay up to 20 visits	\$25 copay up to 20 visits	Not covered
Outpatient Rehabilitative Therapy					
Physical, Occupational, Speech	80% covered	60% covered	\$15 copay	\$25 copay	\$15 copay

2021 PACE & CalPERS Exhibits



What to look for when comparing plans

- Rates
- Plan Design
- Out-of-Pocket Maximums
- Full Network or Limited Network
- Availability of Network Providers
- Out-of-Network Reimbursement (PPO)
- Additional Fees or Liabilities

4 Year Average Increase in PACE

PACE	2017	2018	CHANGE	2019	CHANGE	2020	CHANGE	2021	CHANGE	TOTAL AVERAGE
Anthem EPO \$15										
Employee	\$562.96	\$613.63	9.0%	\$698.68	13.9%	\$760.65	8.9%	\$827.21	8.75%	10.1%
Employee + 1	\$1,125.93	\$1,227.26	9.0%	\$1,397.36	13.9%	\$1,521.31	8.9%	\$1,654.42	8.75%	10.1%
Employee + Family	\$1,463.71	\$1,595.44	9.0%	\$1,816.57	13.9%	\$1,977.70	8.9%	\$2,150.75	8.75%	10.1%
Anthem EPO \$25										
Employee	\$548.89	\$598.29	9.0%	\$681.21	13.9%	\$741.63	8.9%	\$806.53	8.75%	10.1%
Employee + 1	\$1,097.77	\$1,196.57	9.0%	\$1,362.41	13.9%	\$1,483.26	8.9%	\$1,613.04	8.75%	10.1%
Employee + Family	\$1,427.10	\$1,555.54	9.0%	\$1,771.14	13.9%	\$1,928.24	8.9%	\$2,096.96	8.75%	10.1%
Anthem PPO 500										
Employee	\$513.60	\$559.82	9.0%	\$637.42	13.9%	\$693.96	8.9%	\$754.68	8.75%	10.1%
Employee + 1	\$1,027.20	\$1,119.65	9.0%	\$1,274.83	13.9%	\$1,387.91	8.9%	\$1,509.35	8.75%	10.1%
Employee + Family	\$1,335.36	\$1,455.54	9.0%	\$1,657.28	13.9%	\$1,804.28	8.9%	\$1,962.16	8.75%	10.1%
Kaiser HMO 15										
Employee	\$598.95	\$644.89	7.7%	\$679.09	5.3%	\$730.29	7.5%	\$733.54	0.45%	5.2%
Employee + 1	\$1,197.89	\$1,289.79	7.7%	\$1,345.57	4.3%	\$1,447.97	7.6%	\$1,459.06	0.77%	5.1%
Employee + Family	\$1,557.27	\$1,676.72	7.7%	\$1,745.47	4.1%	\$1,878.59	7.6%	\$1,894.39	0.84%	5.1%

4 Year Average Increase for CalPERS

CalPERS	2017	2018	CHANGE	2019	CHANGE	2020	CHANGE	2021	CHANGE	TOTAL AVERAGE
PERS Choice PPO										
Employee	\$714.43	\$698.96	-2.2%	\$721.11	3.2%	\$736.28	2.1%	\$783.19	6.4%	2.4%
Employee + 1	\$1,428.86	\$1,397.92	-2.2%	\$1,442.22	3.2%	\$1,472.56	2.1%	\$1,566.38	6.4%	2.4%
Employee + Family	\$1,857.52	\$1,817.30	-2.2%	\$1,874.89	3.2%	\$1,914.33	2.1%	\$2,036.29	6.4%	2.4%
PERS Select PPO										
Employee	\$633.46	\$654.74	3.4%	\$462.71	-29.3%	\$451.54	-2.4%	\$476.92	5.6%	-5.7%
Employee + 1	\$1,266.92	\$1,309.48	3.4%	\$925.42	-29.3%	\$903.08	-2.4%	\$953.84	5.6%	-5.7%
Employee + Family	\$1,647.00	\$1,702.32	3.4%	\$1,203.05	-29.3%	\$1,174.00	-2.4%	\$1,239.99	5.6%	-5.7%
Blue Shield Access+ HMO										
Employee	\$778.45	\$695.97	-10.6%	\$760.04	9.2%	\$909.87	19.7%	\$938.96	3.2%	5.4%
Employee + 1	\$1,556.90	\$1,391.94	-10.6%	\$1,520.08	9.2%	\$1,819.74	19.7%	\$1,877.92	3.2%	5.4%
Employee + Family	\$2,023.97	\$1,809.52	-10.6%	\$1,976.10	9.2%	\$2,365.66	19.7%	\$2,441.30	3.2%	5.4%
HealthNet SmartCare HMO										
Employee	\$537.20	\$607.68	13.1%	\$642.71	5.8%	\$719.26	11.9%	\$769.11	6.9%	9.4%
Employee + 1	\$1,074.40	\$1,215.36	13.1%	\$1,285.42	5.8%	\$1,438.52	11.9%	\$1,538.22	6.9%	9.4%
Employee + Family	\$1,396.72	\$1,579.97	13.1%	\$1,671.05	5.8%	\$1,870.08	11.9%	\$1,999.69	6.9%	9.4%
Kaiser HMO										
Employee	\$599.54	\$666.80	11.2%	\$628.63	-5.7%	\$645.24	2.6%	\$669.77	3.8%	3.0%
Employee + 1	\$1,199.08	\$1,333.60	11.2%	\$1,257.26	-5.7%	\$1,290.48	2.6%	\$1,339.54	3.8%	3.0%
Employee + Family	\$1,558.80	\$1,733.68	11.2%	\$1,634.44	-5.7%	\$1,677.62	2.6%	\$1,741.40	3.8%	3.0%
UnitedHealthcare HMO										
Employee	\$549.76	\$616.66	12.2%	\$646.65	4.9%	\$671.60	3.9%	\$723.84	7.8%	7.2%
Employee + 1	\$1,099.52	\$1,233.32	12.2%	\$1,293.30	4.9%	\$1,343.20	3.9%	\$1,447.68	7.8%	7.2%
Employee + Family	\$1,429.38	\$1,603.32	12.2%	\$1,681.29	4.9%	\$1,746.16	3.9%	\$1,881.98	7.8%	7.2%

2021 PACE & CalPERS Rates

PACE	2021
PACE PPO 500	
Employee	\$754.68
Employee + 1	\$1,509.35
Employee + Family	\$1,962.16
PACE Anthem EPO \$15	
Employee	\$827.21
Employee + 1	\$1,654.42
Employee + Family	\$2,150.75
PACE Anthem EPO \$25	
Employee	\$806.53
Employee + 1	\$1,613.04
Employee + Family	\$2,096.96
CalPERS	
PERS Choice PPO	
Employee	\$783.19
Employee + 1	\$1,566.38
Employee + Family	\$2,036.29
Blue Shield Access+ HMO	
Employee	\$938.96
Employee + 1	\$1,877.92
Employee + Family	\$2,441.30
UnitedHealthcare HMO	
Employee	\$723.84
Employee + 1	\$1,447.68
Employee + Family	\$1,881.98

Sample ER Claim with PACE EPO 15 & PERS Choice PPO

PACE EPO 15 (Anthem)

Mia's Simple Fracture (in-network emergency room visit and follow-up care)	
■ The plan's overall deductible	\$0
■ PCP/Specialist office visit copayment	\$15/\$15
■ Hospital (facility/professional) copay	\$100
■ Emergency Room copay	\$100
■ Out-of-pocket maximum	\$1,500
This EXAMPLE event includes services like: Emergency room care (including medical supplies) Diagnostic tests (x-ray) Durable medical equipment (crutches) Rehabilitation services (physical therapy)	
Total Example Cost	\$2,010
In this example, Mia would pay:	
<u>Cost Sharing</u>	
Deductibles	\$0
Copayments	\$160
Coinsurance	\$10
The total Mia would pay is	\$170
Annual Premium (Employee only)	\$9,927

PERS Choice PPO (Anthem)

Mia's Simple Fracture (in-network emergency room visit and follow-up care)	
■ The plan's overall deductible	\$500
■ PCP/Specialist office visit copayment	\$20/\$35
■ Hospital (facility/professional) coinsurance	20%
■ Emergency Room copay/coinsurance	\$50/20%
■ Out-of-pocket maximum	\$3,000
This EXAMPLE event includes services like: Emergency room care (including medical supplies) Diagnostic tests (x-ray) Durable medical equipment (crutches) Rehabilitation services (physical therapy)	
Total Example Cost	\$2,010
In this example, Mia would pay:	
<u>Cost Sharing</u>	
Deductibles	\$500
Copayments	\$50
Coinsurance	\$292
The total Mia would pay is	\$842
Annual Premium (Employee only)	\$9,398

Sample Maternity Claim with PACE EPO 15 & PERS Choice PPO

PACE EPO 15 (Anthem)

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)	
■ The plan's overall deductible	\$0
■ PCP/Specialist office visit copayment	\$15/\$15
■ Hospital (facility/professional) copay	\$100
■ Emergency Room copay	\$100
■ Out-of-pocket maximum	\$1,500
This EXAMPLE event includes services like:	
Specialist office visits (prenatal care)	
Childbirth/Delivery Professional Services	
Childbirth/Delivery Facility Services	
Diagnostic Tests (ultrasounds and blood work)	
Specialist visit (anesthesia)	
Total Example Cost	\$12,800
In this example, Peg would pay:	
<u>Cost Sharing</u>	
Deductibles	\$0
Copayments	\$340
Coinsurance	\$0
The total Peg would pay is	\$340
Annual Premium (Employee only)	\$9,927

PERS Choice PPO (Anthem)

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)	
■ The plan's overall deductible	\$500
■ PCP/Specialist office visit copayment	\$20/\$35
■ Hospital (facility/professional) coinsurance	20%
■ Emergency Room deductible/coinsurance	\$50/20%
■ Out-of-pocket maximum	\$3,000
This EXAMPLE event includes services like:	
Office visits (prenatal care)	
Childbirth/Delivery Professional Services	
Childbirth/Delivery Facility Services	
Diagnostic Tests (ultrasounds and blood work)	
Specialist visit (anesthesia)	
Total Example Cost	\$12,800
In this example, Peg would pay:	
<u>Cost Sharing</u>	
Deductibles	\$500
Copayments	\$160
Coinsurance	\$2,460
The total Peg would pay is	\$3,120
Annual Premium (Employee only)	\$9,398

Sample Diabetes Claim with PACE EPO 25 & PERS Choice PPO

PACE EPO 25 (Anthem)

Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)	
■ The plan's overall deductible	\$0
■ PCP/Specialist office visit copayment	\$25/\$25
■ Hospital (facility/professional) copay	\$250
■ Emergency Room copay	\$100
■ Out-of-pocket maximum	\$1,500
This EXAMPLE event includes services like: PCP office visits (including disease education) Diagnostic tests (blood work) Prescription drugs Durable medical equipment (glucose meter)	
Total Example Cost	\$7,400
In this example, Joe would pay:	
<u>Cost Sharing</u>	
Deductibles	\$0
Copayments	\$300
Coinsurance	\$5
The total Joe would pay is	\$305
Annual Premium (Employee only)	\$9,678

PERS Choice PPO (Anthem)

Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)	
■ The plan's overall deductible	\$500
■ PCP/Specialist office visit copayment	\$20/\$35
■ Hospital (facility/professional) coinsurance	20%
■ Emergency Room deductible/coinsurance	\$50/20%
■ Out-of-pocket maximum	\$3,000
This EXAMPLE event includes services like: PCP office visits (including disease education) Diagnostic tests (blood work) Prescription drugs Durable medical equipment (glucose meter)	
Total Example Cost	\$7,460
In this example, Joe would pay:	
<u>Cost Sharing</u>	
Deductibles	\$500
Copayments	\$240
Coinsurance	\$1,344
The total Joe would pay is	\$2,084
Annual Premium (Employee only)	\$9,398

2020 Medical Marketing

2020 Medical Marketing Highlights

Anthem (direct) and Blue Shield Proposals

Anthem (direct)

- Quoted PPO and HMO options
- Limited to 2 plan options
- Reduced premium available with an HMO and PPO offer
- Typical annual renewals are between 10% -12% for groups around 100 lives

Blue Shield

- Quoted PPO and HMO options
- Can offer 3 plan options
- Reduced premium available with HMO and PPO offer
- Typical annual renewals are between 10% -12% for groups around 100 lives

Aetna

- Declined to Quote

Neither Anthem or Blue Shield had a match to current EPO plan designs.

2020 Anthem Premium Summary – Option 1

PACE (Anthem)

	Current	Current	Current
Carrier Name	PACE	PACE	PACE
Plan Name	Anthem EPO 15	Anthem EPO 25	Anthem PPO \$500
Total Monthly Premium by Plan	\$70,985.92	\$41,689.84	\$13,768.18
Total Annual Premium by Plan	\$851,831.04	\$500,278.08	\$165,218.16
Total Monthly Premium (All Plans)	\$126,443.94		
Total Annual Premium (All Plans)	\$1,517,327.28		

Anthem (Direct)

Option 1—Exclusive PPO 20/Classic PPO 500

	Proposed	Proposed
Carrier Name	Anthem Blue Cross	Anthem Blue Cross
Plan Name	Exclusive Classic 20/250 3 Day	Classic PPO 500/30/20
Total Monthly Premium by Plan	\$143,829.59	\$17,615.42
Total Annual Premium by Plan	\$1,725,955.08	\$211,385.04
Total Monthly Premium (All Plans)	\$161,445.01	
Total Annual Premium (All Plans)	\$1,937,340.12	
% Change over Current Monthly Premium	27.68%	
\$ Change over Current Annual Premium	\$420,012.84	

2020 - Anthem Premium Summary – Options 2 & 3

Anthem (Direct)

Option 2—Premier HMO 15/Classic PPO 500

	Proposed	Proposed
Carrier Name	Anthem Blue Cross	Anthem Blue Cross
Plan Name	Premier HMO 15/100%	Classic PPO 500/30/20
Total Monthly Premium by Plan	\$94,607.41	\$17,615.42
Total Annual Premium by Plan	\$1,135,288.92	\$211,385.04
Total Monthly Premium (All Plans)	\$112,222.83	
Total Annual Premium (All Plans)	\$1,346,673.96	
% Change over Current Monthly Premium	-11.25%	
\$ Change over Current Annual Premium	(\$170,653.32)	

Anthem (Direct)

Option 3—Classic HMO 20/Classic PPO 500

	Proposed	Proposed
Carrier Name	Anthem Blue Cross	Anthem Blue Cross
Plan Name	Classic HMO 20/40/250 Admit	Classic PPO 500/30/20
Total Monthly Premium by Plan	\$90,926.34	\$17,615.42
Total Annual Premium by Plan	\$1,091,116.08	\$211,385.04
Total Monthly Premium (All Plans)	\$108,541.76	
Total Annual Premium (All Plans)	\$1,302,501.12	
% Change over Current Monthly Premium	-14.16%	
\$ Change over Current Annual Premium	(\$214,826.16)	

2020 Blue Shield Premium Summary – Option 1

PACE (Anthem)

Carrier Name Plan Name	Current PACE Anthem EPO 15	Current PACE Anthem EPO 25	Current PACE Anthem PPO \$500
Total Monthly Premium by Plan	\$70,985.92	\$41,689.84	\$13,768.18
Total Annual Premium by Plan	\$851,831.04	\$500,278.08	\$165,218.16
Total Monthly Premium (All Plans)	\$126,443.94		
Total Annual Premium (All Plans)	\$1,517,327.28		

Blue Shield of California Option 1 — HMO/HMO/PPO

Carrier Name Plan Name	Proposed Blue Shield of California Access+ HMO Zero Admit 10	Proposed Blue Shield of California Access+ HMO Zero Admit 20	Proposed Blue Shield of California Full PPO Combined Deductible 35-500 80/60
Total Monthly Premium by Plan	\$66,769.50	\$39,943.28	\$14,479.22
Total Annual Premium by Plan	\$801,234.00	\$479,319.36	\$173,750.64
Total Monthly Premium (All Plans)	\$121,192.00		
Total Annual Premium (All Plans)	\$1,454,304.00		
% Change over Current Monthly Premium	-4.15%		
\$ Change over Current Annual Premium	(\$63,023.28)		

2020 Blue Shield Premium Summary – Option 2

Blue Shield of California
Option 2 — PPO/PPO/PPO

	Proposed	Proposed	Proposed
Carrier Name	Blue Shield of California	Blue Shield of California	Blue Shield of California
Plan Name	PPO \$0 Network Ded 10 100/50	PPO \$0 Network Ded 20 100/50	PPO Combined Ded 35-500 80/60
Total Monthly Premium by Plan	\$80,166.67	\$46,792.52	\$14,479.88
Total Annual Premium by Plan	\$962,000.04	\$561,510.24	\$173,758.56
Total Monthly Premium (All Plans)	\$141,439.07		
Total Annual Premium (All Plans)	\$1,697,268.84		
% Change over Current Monthly Premium	11.86%		
\$ Change over Current Annual Premium	\$179,941.56		

2021 Dental and Vision

Ameritas Self-Funded Dental

Plan Description		Current	0% Margin	3% Margin	5% Margin
		\$0/25/25; 100/80/50%; \$1,000/1,000/1,000 Child/Adult Ortho up to \$2,000	\$0/25/25; 100/80/50%; \$1,000/1,000/1,000 Child/Adult Ortho up to \$2,000	\$0/25/25; 100/80/50%; \$1,000/1,000/1,000 Child/Adult Ortho up to \$2,000	\$0/25/25; 100/80/50%; \$1,000/1,000/1,000 Child/Adult Ortho up to \$2,000
Eligible Class		All Eligible Employees	All Eligible Employees	All Eligible Employees	All Eligible Employees
Recommended Premium Equivalents		Current	0% Margin	3% Margin	5% Margin
Enrollment Tier					
Employee	31	\$51.00	\$55.41	\$57.05	\$57.89
Employee + 1	35	\$63.75	\$69.26	\$71.31	\$72.36
Employee + 2+	26	\$76.50	\$83.12	\$85.59	\$86.84
Total Employees	92				
ASO Fee PEPM*		\$7.25	\$7.25	\$7.25	\$7.25
Total Monthly Premium		\$6,279.75	\$6,781.43	\$6,968.24	\$7,063.53
Total Annual Premium		\$75,357.00	\$81,377.16	\$83,618.88	\$84,762.36
% Change over Current Monthly Premium			8.0%	11.0%	12%
\$ Change over Current Annual Premium		--	\$6,020.16	\$8,261.88	\$9,405.36

*ASO Fee of \$7.25 is included in the rate equivalents. Above rates do not take into account current reserve balance.

VSP and EyeMed Renewal

Network Plan Name Plan Design Eligible Class	Current EyeMed ViewPoint Plan H 12/12/24; \$10 copay; \$100 allowance for Frames; Up to \$115 for Elective Contacts All Eligible Employees		Renewal EyeMed ViewPoint Plan H 12/12/24; \$10 copay; \$100 allowance for Frames; Up to \$115 for Elective Contacts All Eligible Employees	
	Rate	Subscribers	Rate	Subscribers
EE	\$9.92	8	\$9.92	8
EE & 1 Dep	\$18.68	8	\$18.68	8
EE & 2+ Deps	\$26.60	8	\$26.60	8
Total Monthly Premium	\$441.60		\$441.60	
Total Annual Premium	\$5,299.20		\$5,299.20	
% Change over Current Monthly Premium			0%	
\$ Change over Current Annual Premium			\$0.00	

Network Rate Guarantee Plan Name Plan Design Eligible Class	Current VSP -- VSP Focus Plan 12/12/24; \$10 copay; \$105 allowance for Frames & Contacts All Eligible Employees		Renewal VSP 1 year VSP Focus Plan 12/12/24; \$10 copay; \$105 allowance for Frames & Contacts All Eligible Employees	
	Rate	Subscribers	Rate	Subscribers
EE	\$10.84	22	\$10.84	22
EE & 1 Dep	\$20.40	29	\$20.40	29
EE & 2+ Deps	\$29.00	22	\$29.00	22
Total Monthly Premium	\$1,468.08		\$1,468.08	
Total Annual Premium	\$17,616.96		\$17,616.96	
% Change over Current Monthly Premium			0%	
\$ Change over Current Annual Premium			\$0.00	

2021 Life and AD&D

Principal Life and AD&D

	Current		Option 1	
Carrier Name	Principal		Principal	
Rate Guarantee	-		1 year	
Plan Name	Life/AD&D		Life/AD&D	
Eligible Class	All Eligible Employees		All Eligible Employees	
Rating Structure				
Current Benefit	\$20,000		\$50,000	
Insured Volume	\$2,160,000		\$5,365,000	
Total Employees	108		108	
	Rate		Rate	
Employee Basic Life	\$0.195	per \$1,000 of coverage	\$0.205	per \$1,000 of coverage
Employee Basic AD&D	\$0.031	per \$1,000 of coverage	\$0.031	per \$1,000 of coverage
Total Monthly Premium	\$488.16		\$1,266.14	
Total Annual Premium	\$5,857.92		\$15,193.68	
\$ Change over Current Annual Premium			\$9,335.76	

Rate and Benefit Disclaimer – Applies to Slides 3 through 23

CONFIDENTIAL: The information contained in this chart is intended for the exclusive use of the recipient in connection with the recipient's review of this proposal. It is not intended for any other purpose. The information described on this page is only intended to be a summary of your benefits. It does not include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description (SPD) for a complete summary of your benefits. If the information on this page conflicts in any way with the SPD, the contract provisions of the appropriate policy or plan document (available through your employer) will prevail. The rates outlined are intended as a sample rate comparison only. Final rates may differ and are based upon actual enrollment, plan design(s) selected, and underwriting approval.

Your Dedicated Keenan Service Team

Name:	Stacey Comerchero, Senior Account Manager/AVP
Phone:	(916) 859-7160 x 4281
Cell:	(530) 417-2935
Email:	scomerchero@keenand.com
Responsibilities:	<ul style="list-style-type: none">* Coordinates Keenan resources, in order to fulfill the scope of services and responsible for overall account management* Work with the City on short and long term strategic goals and planning

Name:	Marie Edmondson, Senior Service Representative
Phone:	(916) 859-7160 x 4144
Cell:	(916) 995-7621
Email:	medmondson@keenand.com
Responsibilities:	<ul style="list-style-type: none">* Day-to-day customer service and support* Resolution of claims or billing issues* Assists with member services, health & wellness fairs* Coordinates implementation of new/existing plan and benefit programs

Thank you for choosing Keenan.

We truly appreciate your business and look forward to working with you and City employees for many years to come.

We believe in forming a mutually beneficial partnership and welcome your feedback on how we may serve you better.

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Is the City going to load the budget figures into the system so we can truly evaluate the budget standing as the year goes on? All the budgeted amounts say zero.

Why are we still paying DirectTV when all the offices are closed?

Why do we pay for bottled water to Sparkletts when the citizens are told we don't need an alternate drinking water source?

Why is everything dated 10/1/20 or 10/8/2020? Why aren't real invoice dates used?

Thank you,

Nancy Padjan

Lemoore, CA



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On this agenda item for leasing farmland for the cultivation of cannabis products, the only item listed as a con was "public perception". Considering agricultural theft is already a problem for regular crops and equipment, was a potential increase in agricultural crimes and plant theft already considered? I apologize if this has already been discussed, I just didn't see it mentioned on the agenda item.

Thank you,
Nancy Padjan
Lemoore, CA



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I have a few questions that I didn't see answered on the agenda item.

How much is the fiscal impact of agreeing to pay this increase? What is the current benefit rate per employee? Is the City absorbing the entire 8.75% increase? If we are already operating in a deficit, why would we make the situation even worse by absorbing more costs or was this already in the 20/21 budget?

Nancy Padjan
Lemoore, CA



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Frank,

Here you go.....

My dad, Manual Luis and our family have occupied the building on the corner of Heinlen and E Street for 46 years. We started out renting from Art DeRaad for 19 years and we have owned the building for the last 27 years.

On Monday, May 4, 2020 we discovered an interior wall had come down. We immediately made the building safe and began working with our insurance company to reach a resolution on a claim.

Despite maintaining insurance on the property for all 46 years, including the last 7 with the current insurer, our claim has thus far been denied. We are working with lawyers and public adjusters to resolve the insurance matter. We are working diligently to resolve this matter and we are not leaving any stone unturned.

We are asking the City for patience while we work through this process. We request 60 days to try to resolve the issue and at that time we will come back to the council with an update and a path to resolution.

Cheri Ospital
Doris Luis
Ron Luis