



City of Needles, California Request for City Council Action

CITY COUNCIL NPUA SARDA Regular Special

Meeting Date: August 9, 2022

Title: Accept 2023 Employee Benefits plan.

Background: The City of Needles overall renewal plan for medical and ancillary coverage renewal for 2023 calendar year, has been received from Alliant and Special Districts Risk Management Association. Of the two Blue Shield PPO (SDRMA) plans offered to employees, the Gold PPO plan and the Silver PPO plan are increasing by 9.5%. Renewal rates include Affordable Care Act taxes and fees. The Dental plan, Vision plan, and the Life and Disability plan received 0% change. The City and the 2 bargaining units mutually agreed to share equally (50%) of any increase and/or decrease to health (medical) insurance premiums commencing on or after July 1, 2013.

Fiscal Impact: Increases for the employees will range from \$346 to \$1,242 annually depending on the coverage level (employee, employee + 1, or employee + family) The shared City portion of the cost increase was anticipated and fundable within the existing budget.

Recommended Action: Accept

Submitted By: Tracy Beck, H.R. Specialist

City Management Review: Beck **Date:** 8/2/22

Approved: <input type="checkbox"/>	Not Approved: <input type="checkbox"/>	Tabled: <input type="checkbox"/>	Other: <input type="checkbox"/>
			Agenda Item: <u>21</u>



Last Year's Renewal Results

Coverage	Decision/Outcome
SDRMA Medical	Blue Shield – Medical PPO (GOLD) – renewed with a 3.3% increase Blue Shield – Medical PPO (SILVER) – renewed with a 3.3% increase
Delta Dental PPO (PRISM)	Renewed with a 3.9% decrease with 1 year rate guarantee through 12/31/2022
VSP Vision	In a rate guarantee through 12/31/2022
Mutual of Omaha Life/AD&D, Life/AD&D, STD, LTD, EAP	In a rate guarantee through 12/31/2022 <ul style="list-style-type: none"> • Basic Life and AD&D • Short Term Disability • Long Term Disability • EAP – Added 1/1/2022



2023 Financial Summary Overview

Program Overview

City of Needles – overall renewal came in at an estimated annual increase of 8.5% or \$71,564 overall

MEDICAL

SDRMA Medical PPO renewal came in with a 9.5% increase with a 1 year rate guarantee through 12/31/2023

Rates are based on 12 month rating/claim period. For 2023 renewal, 12 month rating/claim period was March 2021-February 2022

PRISM/SDRMA saw an overall increase in healthcare utilization compared to lack of utilization during 2020 and 2021 when COVID was at its peak

Significant increase in high-cost large claims

Reinstatement of PCORI fee (built into rates)

Other factors that contributed were:

- Rising costs in Specialty meds and Compound drugs

- Public Entity population is older than the average Private groups

- The average cost of care is higher for those who are older



2023 Financial Summary Overview

Dental DPPO – Delta Dental (PRISM)

Received a rate pass (0%), rates guaranteed until 12/31/2023

Vision - VSP

Received a rate pass (0%), rates guaranteed until 12/31/2026

Plan options available for review

Life and Disability - Mutual of Omaha

Received a rate pass (0%), with a 2 year rate guarantee through 12/31/2024

Basic Life and AD&D

Short Term Disability

Long Term Disability



Financial Overview

LINE OF COVERAGE	EE's	Current	Renewal	% Δ
SDRMA - Blue Shield PPO (GOLD)	38	\$719,896	\$788,284	9.5%
SDRMA - Blue Shield PPO (SILVER)	3	\$33,434	\$36,610	9.5%
Delta Dental PPO (PRISM)	42	\$35,795	\$35,795	0.0%
VSP Vision	40	\$9,013	\$9,013	0.0%
Mutual of Omaha Basic Life / AD&D	47	\$22,308	\$22,308	0.0%
Mutual of Omaha STD	14	\$3,000	\$3,000	0.0%
Mutual of Omaha LTD	47	\$14,956	\$14,956	0.0%
TOTAL ANNUAL PREMIUM		\$838,401	\$909,965	
ANNUAL DOLLAR CHANGE			\$71,564	
ANNUAL PERCENT CHANGE			8.5%	

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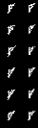
Medical Plan Renewal





Renewal Overview – Medical PPO

Renewal Year	City of Needles PPO	CA PPO Market Trend	PERS Choice / PERS Platinum PPO
2018	4.7%	9.0%	-2.7%
2019	3.0%	9.0%	5.5%
2020	3.3%	7.0%	8.5%
2021	10.5%	7.0%	7.2%
2022	3.3%	7.0%	11.5%
2023	9.5%	8.0%	14.97%
6 Year Avg	5.7%	7.8%	7.5%



Renewal Overview – Medical PPO

Medical Plan Benefits	SDRMA - Blue Shield PPO (GOLD)	SDRMA - Blue Shield PPO (SILVER)
Calendar Year Deductible Individual / Family Embedded / Aggregate	\$500 / \$1,000 Embedded	\$2,000 / \$4,000 Embedded
Annual Out-of-Pocket Maximum Individual / Family	\$2,000 / \$4,000	\$5,000 / \$10,000
Physician Office Visit	\$20	\$30
Specialist Copay	\$70	\$30
Preventative Care	50%	50%
Lab and X-Ray	50%	50%
CT, MRI, PET scans	20% (\$100 + 20% if at Hospital)	20% (\$100 + 20% if at Hospital)
Other lab and x-ray tests	\$0 (\$25 + 20% if at Hospital)	\$0 (\$25 + 20% if at Hospital)
Hospitalization Inpatient	50% (limit \$600/day)	50% (limit \$800/day)
Outpatient	50% (limit \$350/day)	50% (limit \$350/day)
Emergency Room	20%	20%
Urgent Care Services	10% (ded waived)	10% (ded waived)
Chiropractic Care	20%	20%
Acupuncture Care	20%	20%

Medical Plan Benefits	SDRMA - Blue Shield PPO (GOLD)	SDRMA - Blue Shield PPO (SILVER)
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Acupuncture Care	20%	20%

MONTHLY RATES	1 Year (1/1/2022 - 12/31/2022)	1 Year (1/1/2023 - 12/31/2023)
EE Only	\$842.54	\$922.88
EE + 1	\$1,678.90	\$1,838.55
EE + Family	\$2,183.60	\$2,390.63
MONTHLY PREMIUM ANNUAL PREMIUM	\$59,991 \$719,896	\$65,690 \$789,284

MONTHLY RATES	1 Year (1/1/2022 - 12/31/2022)	1 Year (1/1/2023 - 12/31/2023)
EE Only	\$608.73	\$666.41
EE + 1	\$1,206.13	\$1,320.46
EE + Family	\$1,588.69	\$1,718.04
MONTHLY PREMIUM ANNUAL PREMIUM	\$2,706 \$35,434	\$3,051 \$36,630

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MONTHLY PREMIUM ANNUAL PREMIUM	\$2,706 \$35,434	\$3,051 \$36,630

ANNUAL DOLLAR CHANGE	ANNUAL PERCENT CHANGE
\$68,388	9.5%

ANNUAL DOLLAR CHANGE	ANNUAL PERCENT CHANGE
\$3,177	9.5%

ANNUAL DOLLAR CHANGE	ANNUAL PERCENT CHANGE
\$3,177	9.5%

Enrollment is as of June 2022. Includes early retirees. Rates are estimates only. Actual rates may vary. If there is a change in rates, the information in this summary differs from the Plan Document, the Plan Document will prevail.

PRISM Overview



PRISM Overview

PRISM

Established in 1979, PRISM (Public Risk Innovation, Solutions and Management) is a risk sharing pool dedicated to controlling losses and providing effective risk management solutions. PRISM is a member directed pool serving California public agencies.

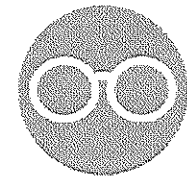
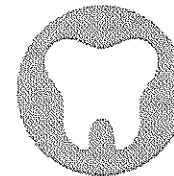
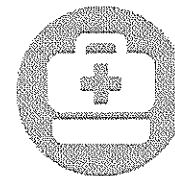
Membership in Property & Casualty and Employee Benefit coverages has expanded to include 95% of counties, 60% of cities, as well as numerous school districts, special districts, housing authorities, fire districts, and other Joint Powers Authorities.

Employee Benefit Coverages Offered

- ▣ Medical (PRISMHealth – Anthem/Blue Shield/Kaiser)
- ▣ Dental (Delta Dental)
- ▣ Vision (VSP/MES)
- ▣ EAP (MHN/Anthem)
- ▣ Life & Disability (Voya/Lincoln)

PRISM Membership Highlights

- ▣ Medical – 45 member groups – 40,000 covered
- ▣ Dental – 181 member groups – 88,200 covered
- ▣ Vision – 114 member groups – 49,900 covered
- ▣ EAP – 104 member groups – 49,000 covered
- ▣ Life & DI – 148 member groups – 90,000 covered



Ancillary Renewals



PRISM Dental Renewal Summary Delta Dental

PRISM Dental Renewal

▪ PPO January 2023 results

- Delta Dental PRISM proposes a rate pass (0%)
- Dental Trend Used: 1.5%
- Subsidy was applied to buy-down PPO renewal and dividends were issued

- The PRISM Dental Pool includes 181 member groups and 88,200 covered members.
- EIA Employee Benefits Committee approved a \$2M dividend for those members participating in the Fixed Rate Dental PPO Program. The dividend is available to members of record as of January 1, 2022, with premium paid during the previously three completed plan years.
- As a PRISM member, City of Needles was mailed a check of \$1,942.81

City of Needles 5 year renewal history:

Delta (PRISM)	2019	2020	2021	2022	2023	Average
Dental PPO	-3.4%	0.0%	-1.3%	3.9%	0.0%	-0.1%



Delta Dental PPO (PRISM)

Dental Benefits		Delta Dental PPO (PRISM) Current / Renewal	
		In-Network	Out-of-Network
Calendar Year Maximum		\$1,000 (Per patient per calendar year)	
Calendar Year Deductible	Individual/Family	\$50 / \$150 (Waived for Preventive)	
Diagnostic and Preventive	Oral Exam X-Rays Teeth Cleaning Fluoride Treatment Space Maintainers	100%	
Basic Services	Amalgam/Composite Fillings Periodontics (Gum disease) Endodontics (Root Canal) Extractions & Other Oral Surgery	80%	
Major Services	Crowns Inlays and Onlays Prosthodontics Implants	50%	
Orthodontics	Benefit Lifetime Maximum	50% \$1,000	
Out-of-Network Reimbursement		Fee Schedule	
RATE GUARANTEE		1 Year 1/1/2022 - 12/31/2022	1 Year 1/1/2023 - 12/31/2023
MONTHLY RATES		Current	Renewal
Employee Only	15	\$34.70	\$34.70
Employee + Family	22	\$91.20	\$91.20
MONTHLY PREMIUM		\$2,983	\$2,983
ANNUAL PREMIUM		\$35,795	\$35,795
ANNUAL DOLLAR CHANGE		\$0	
ANNUAL PERCENT CHANGE		0.0%	

Enrollment is as of March 2022

Dependent age max changed to 26 at no rate impact.

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VSP Vision

Vision Benefits	VSP (Signature) Current / Renewal		VSP (Signature) Option 1		VSP (Signature) Option 2	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Exam	Copay: \$10	Pays Up To: \$50	Copay: \$10	Pays Up To: \$50	Copay: \$10	Pays Up To: \$50
Lenses						
Single	\$25	\$50	\$25	\$50	\$25	\$50
Bifocal	\$25	\$75	\$25	\$75	\$25	\$75
Trifocal	\$25	\$100	\$25	\$100	\$25	\$100
Len Enhancements						
Standard Progressive Lenses	No Charge	\$75	No Charge	\$75	No Charge	\$75
Premium Progressive Lenses	\$80 - \$90		\$80 - \$90		\$80 - \$90	
Custom Progressive Lenses	\$120 - \$160		\$120 - \$160		\$120 - \$160	
Frames						
Frames	\$120 Allowance; 20% off amount over allowance	\$70	\$120 Allowance; 20% off amount over allowance	\$70	\$130 Allowance; 20% off amount over allowance	\$70
Contact Lenses²						
Elective	\$120 Allowance; Copay does not apply	\$105	\$120 Allowance; Copay does not apply	\$105	\$130 Allowance; Copay does not apply	\$105
Frequency of Services						
Eye Examination	12 Months		12 Months		12 Months	
Lenses	12 Months		12 Months		12 Months	
Frames	24 Months		24 Months		24 Months	
Contact Lenses*	12 Months		12 Months		12 Months	
LightCare (Blue Light/Sun Glasses)	Not Covered		Covered ²	Not Covered	Not Covered	
Rate Guarantee	2 Years (1/1/2021 - 12/31/2022)		4 Years (1/1/2023 - 12/31/2026)		4 Years (1/1/2023 - 12/31/2026)	
MONTHLY RATES	EE's	Current	Renewal	Option 1	Option 2	
Employee Only	14	\$10.89	\$10.89	\$11.24	\$11.38	
Employee + 1	11	\$15.80	\$15.80	\$16.29	\$16.51	
Employee + Family	15	\$28.32	\$28.32	\$29.21	\$29.60	
	40					
MONTHLY PREMIUM		\$751	\$751	\$775	\$785	
ANNUAL PREMIUM		\$9,013	\$9,013	\$9,296	\$9,419	
ANNUAL DOLLAR CHANGE			\$0	\$284	\$406	
ANNUAL PERCENT CHANGE			0.0%	3.1%	4.5%	

1. Contact lenses are in lieu of spectacle lenses and frame.

2. With VSP LightCare, you can use your frame and lens benefit to get non-prescription eyewear from your VSP network doctor towards: blue light filtering glasses, and non prescription sunglasses.

Enrollment is as of June 2022; Includes COBRA

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Mutual Of Omaha - Basic Life and AD&D

Basic Life/AD&D Benefits		Mutual of Omaha Current / Renewal																
Eligibility		Must be actively working a minimum of 30 hours per week to be eligible for coverage																
Class 1		2x Salary up to \$200,000																
Life/AD&D Benefits		2x Salary up to \$200,000																
Employee		100% of employee amount to \$100,000																
Spouse																		
Child																		
Benefit Reduction On Account of Age		<table border="1"> <thead> <tr> <th>Age</th> <th>% of Original Benefit</th> </tr> </thead> <tbody> <tr><td>70</td><td>65%</td></tr> <tr><td>75</td><td>45%</td></tr> <tr><td>80</td><td>30%</td></tr> <tr><td>85</td><td>20%</td></tr> <tr><td>90</td><td>15%</td></tr> </tbody> </table>		Age	% of Original Benefit	70	65%	75	45%	80	30%	85	20%	90	15%			
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70	65%																	
75	45%																	
80	30%																	
85	20%																	
90	15%																	
Accelerated Death Benefit		50% of life benefit up to \$100K																
Seat Belt Benefit		Included																
AIR Bag Benefit		10% up to \$50,000																
Waiver of Premium		Included																
Rate Guarantee		<table border="1"> <thead> <tr> <th>2 Years</th> <th>2 Years</th> </tr> <tr> <th>1/1/2021 - 12/31/2022</th> <th>1/1/2023 - 12/31/2024</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>		2 Years	2 Years	1/1/2021 - 12/31/2022	1/1/2023 - 12/31/2024											
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Employee Rates		<table border="1"> <thead> <tr> <th></th> <th>Current</th> <th>Renewal</th> </tr> </thead> <tbody> <tr> <td>Estimated Insurance Volume</td> <td colspan="2">\$5,549,750</td> </tr> <tr> <td>Basic Life Rate per \$1,000</td> <td>\$0.250</td> <td>\$0.250</td> </tr> <tr> <td>AD&D Rate per \$1,000</td> <td>\$0.022</td> <td>\$0.022</td> </tr> <tr> <td>Monthly Premium</td> <td>\$1,510</td> <td>\$1,510</td> </tr> </tbody> </table>			Current	Renewal	Estimated Insurance Volume	\$5,549,750		Basic Life Rate per \$1,000	\$0.250	\$0.250	AD&D Rate per \$1,000	\$0.022	\$0.022	Monthly Premium	\$1,510	\$1,510
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MONTHLY PREMIUM		\$1,859																
ANNUAL PREMIUM		\$22,308																

Enrollment and volume updated as of June 2022

¹Children from 14 day to 6 months are eligible for a \$1,000 benefit

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Mutual Of Omaha - Short Term Disability

Short Term Disability Benefits		Mutual of Omaha Current / Renewal							
Eligibility									
Class 1		NUEA - Unclassified							
Elimination Period - Sickness		30 Days							
Elimination Period - Accident		30 Days							
Weekly Benefit Percentage		60%							
Maximum Weekly Benefit		\$2,500							
Minimum Weekly Benefit		None							
Maximum Benefit Duration		9 Weeks							
Rate Guarantee		<table border="1"> <thead> <tr> <th>2 Years</th> <th>2 Years</th> </tr> </thead> <tbody> <tr> <td>1/1/2021 - 12/31/2022</td> <td>1/1/2023 - 12/31/2024</td> </tr> </tbody> </table>		2 Years	2 Years	1/1/2021 - 12/31/2022	1/1/2023 - 12/31/2024		
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\$0.210	\$0.210								
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Rate per \$100									
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\$250	\$250								
\$3,000	\$3,000								
ANNUAL PREMIUM									

FF's
14

Enrollment and volume updated as of June 2022

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Mutual Of Omaha - Long Term Disability

Long Term Disability Benefits		Mutual of Omaha Current / Renewal					
Eligibility							
Class 1		NUEA-Unclassified					
Class 2		Teamsters Local 1932					
Elimination Period							
Class 1 & Class 2		90 Days					
Monthly Benefit Percentage							
Class 1 & Class 2		66%					
Definition of Disability		Own Occ & Earnings					
Earnings test		99% / 85%					
Maximum Monthly Benefit		\$6,500					
Own Occupation Definition		24 Months					
Maximum Benefit Duration		SSNRA					
Mental Health Limitations		24 Months					
Pre-Existing Condition		3 / 12					
Rate Guarantee		<table border="1"> <thead> <tr> <th>2 Years 1/1/2021 - 12/31/2022</th> <th>2 Years 1/1/2023 - 12/31/2024</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>		2 Years 1/1/2021 - 12/31/2022	2 Years 1/1/2023 - 12/31/2024		
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Current	Renewal						
Insurance Volume	EE's 47	\$246,797					
Rate per \$100		\$0.505	\$0.505				
MONTHLY PREMIUM		\$1,246	\$1,246				
ANNUAL PREMIUM		\$14,956	\$14,956				

Enrollment and volume updated as of June 2022

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Mutual Of Omaha - EAP

EAP Plan Benefits	
Sessions	
Face-to-Face	
Telephonic	
Employee Services	
Legal	
Financial	
Dependent Care	
Employer Services	
Management Consultations	
CISD Seminar(s)	
Wellness/Training	
Internet Services	
Reporting	

Mutual of Omaha Current	
	3 sessions per issue
	Unlimited
	One 30 minute consultation per issue, Unlimited Issues
	One 30 minute consultation per issue, Unlimited Issues
	Unlimited Consultations
	Not Included
	Fee for service basis
	Not Included
	Unlimited 24/7
	Included

Rate Guarantee
MONTHLY RATES
Per Employee Per Month

EE's
47

1 Year 1/1/2022 - 12/31/2022	2 Years 1/1/2023 - 12/31/2024
Current/Renewal	
Included in LTD rate	

1 - Rate is included in LTD rate, adding the EAP increases LTD rate from \$0.50 to \$0.505

2 - \$300/hour for additional CIRs

3 - \$250/hour for additional trainings

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 Employee Count from LTD Counts, June 2022