Benefits Fringe Co Meeting mittee

JANUARY 29, 2015

Agenda



Health Care Reform

- District ACA Strategy Team
- Health Care Reform Changes Effective 1/1/15
- Pay or Play 2015
- Minimal Essential Coverage
- Cost Management Best Practices

2. Consultant Update

- Request for Proposal Process under review
- Notice of Rejection of All Bids

Transition Resources

- Communications
- PCCD Benefits Homepage (medical and tax-deferred planning resources)-scrubbing underway
- Benefits Bridge
- Online Enrollment
- Online Resources

4. Sixth Annual Medicare Enrollment Campaign

- Representatives from Medicare, Kaiser Senior Advantage, CoreSource, Pension Dynamics
- 5. United Health Care Vision
- Request to update plan references
- Request for Claims Lag report

Health Care Reform

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District ACA Strategy Team

- Next phase of Health Care Reform/Affordable Care collaboration and planning by District Act/Patient Protection Act requires short- and long-term
- Finance (tax reporting forms)
- * David Yang, Finance Manager
- Payroll (some reporting)
- Fred O'Yang, Payroll Manager
- ongoing monitoring Human Resources (workforce review, enrollment compliance-
- Nikki Washington, Human Resources Director
- * Jennifer Benford Seibert, Benefits Manager
- Information Technology (report development)

Heath Care Reform Changes Effective 1/1/15

- 4
- **Employer Shared Responsibility** Employers with 50 or more full-time employees may be subject to a penalty for failing to offer its full-time employees, and their dependents, minimum essential coverage that is affordable and provides minimum value. (Also referred to as "Pay or Play".)
- **Reporting of Minimum Essential Coverage** Insurers, plan sponsors and governmental entities providing minimum essential coverage must report information to the IRS about individuals enrolled in coverage. Statements must also be provided to each responsible individual identified in the IRS reporting. The first reporting is due early 2016 and is based on the 2015 calendar year.
- **Reporting of Employer-Sponsored Coverage** Large employers subject to the Employer Shared Responsibility requirements must provide information to the IRS about their employer-sponsored coverage and to whom it is offered. Statements must also be provided to each employee identified in the IRS reporting. The first reporting is due early 2016 and is based on the 2015 calendar year.
- **Out-of-Pocket Maximums** For the 2015 plan year, out-of-pocket maximum amounts may not exceed \$6,600 for individual coverage or \$13,200 for family coverage.

Excerpts from webinar "ACA Action Item for the Next Six Months -Planning and Preparation" Keenan Webinar 1/28/15

- Peralta medical plans are on a mid-calendar year renewal which affects some of our compliance effective dates
- penalty impact analysis, workforce analysis and new recordkeeping requirements Enlist the assistance of an outside consultant (American Fidelity) to help the ACA Strategy Team perform

Pay or Play 2015



- For plan year beginning 2015
- Employers must provide coverage for employees who work 30 hours or more a week or pay a penalty
- Additional reporting to:
- Employees
- * Reporting of the value of insurance
- Internal Revenue Service (IRS)
- Reporting of number of hours worked by month by employee

Pay or Play

Applies to non-grandfathered plans as defined by the Affordable Care Act

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Penalty A

Assessed to employers who fail to offer affordable coverage to those who work 30 hours a week or more

Penalty B

 Assessed to employers when an otherwise eligible employee opts to enroll I medical benefits offered through the Health Care Exchange

Offer insurance of Minimal Essential Value (as defined by the Affordable Care Act) to employees who work more than 30 hours a week.

Considerations
Look back period
Administration period
Waiting periods

Minimal Essential Coverage

January 2014 proposal from Kaiser-for illustrative purposes

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	Current - S10 HMO Plan	Option 1 - MV 5805	Option 2 - NV 5806
dual / Family per calendar year(s)	None / None	\$4500 / \$9,000	\$4500 / \$9,000
Maximum Out-O1-Pocket	S1,500 per member, \$3,000 per family	\$6,000 per member, \$12,000 per family	\$6,000 per member, \$12,000 per family
Maximum Lifetime Benefit	None / None	None / None	None / None
		* Benefit applies to deductible	* Benefit applies to deductible
Hospital Inpatient (all services rendered while hospitalized)	No charge	40% per admit *	40% per admit *
Outpatient (specialty, routine, eye/hearing exams, and urgent care)	\$10 per visit	\$50 per visit *	40% per visit *
Well-child preventive care visits (23 months or younger)	No charge	No charge	No charge
Scheduled prenatal care and first postpartum visit	No charge	No charge	No charge
Outpatient surgery	\$10 per procedure	40% per procedure *	40% per procedure *
Allergy Injections / Immunizations	\$3 per visit	\$15 per visit *	40% per visit *
Ambulance for ions	No charge	40% per encounter *	40% per encounter *
Emergency department visits	No charge	40% per trip *	40% per trip *
Outpatient Prescription Drugs (pharmacy and mail order)	\$10 gen / \$15 brand	\$15 gen / \$35 brand, \$30 gen / \$70	40% per visit
Days supply / Deductible	. 100 days	30 days 100 days MOI / \$250	100 4000 / 6360 4040000
Mental Health Services		The state of the s	Too mays / waso deductions
Inpatient psychiatric care / days per calendar year	No charge	40% per admit *	40% per admit *
Outpatient individual therapy visits	\$10 per visit	\$50 per visit *	40% per visit *
Outpatient group therapy visits	\$5 per visit	\$25 per visit *	40% per visit *
Chemical Dependency Services			
Inpatient detoxification	No charge	40% per admit *	40% per admit *
Outpatient individual therapy visits	\$10 per visit	\$50 per visit *	40% per visit *
Outpatient group therapy visits	\$5 per visit	\$5 per visit *	40% per visit *
Transitional Residential Recovery Services	No charge	\$100 per admit *	10% per admit *
Infertility Services			
Covered services related to the diagnosis and treatment of infertility	\$10 per visit	100% per visit	100% per visit
Additional Benefits			
Supplemental Durable Medical Equipment	No charge	100% per item	100% per item
Skilled Nursing, Home and Hospice Care	No charge	40% per admit *	40% per admit *
Optical cycwear (frames, lenses, contact lenses)	\$175 per 24 months	Not covered	Not covered
Chiropractic	\$1500 allowance per 1 dev. 2 devices	Not covered	Not covered
Dental	Not covered	Not covered	Not covered
Proposed Monthly Dues Effective 07/01/2014 through 06/30/2015			
Subscriber Only		\$411.22	\$402.20
Subscriber and Dependent		\$822.44	\$804.41
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Cost Management Best Practices

(from Mercer Marketplace briefing January 26, 2015)



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Plan design

Contribution for family coverage in primary plan is at least 20% of premium

PPO in-network deductible is \$500+
Offer CDHP

HSA sponsor makes a contribution to employees' accounts
Voluntary benefits integrated with core benefits

Mandatory generics or other Rx strategies

strategies
Steer members to specialty
pharmacy for specialty drugs

Employee well-being

Offer optional (paid) wellbeing programs through plan or vendor

Provide opportunity to participate in personal/group health challenges
Offer technology-based wellbeing resources (apps, devices, web-based)

Worksite biometric screening
Encourage physical activity at work
(gym, walking trails, standing desks, etc.)

Use incentives for wellbeing programs
Spouses and/or children may
participate in programs
Smoker surcharge

Offer EAP

More advanced costmanagement strategies

High-performance networks

Data warehousing
Collective purchasing of medical or
Rx benefits

Surgical centers of excellence

Transparency tool provided by specialty vendor and/or used by 10% of members

On-site clinic

Telemedicine

Value-based design

Reference-based pricing

Medical homes

Accountable care organizations

MERCER MARKETPLACE" • N

Consultant Update

- The District is reviewing the Request for Proposal Process
- "Notice of Rejection of All Bids" sent earlier in the Allliant, Burnham and Keenan month to the four bidders (National Benefit Pros,

RE: RFP No.: 14-15/09 Employee Benefits Broker and Consulting Services – Rejection of all Bids

)ear

Thank you for submitting your proposal in response to the above-reference RFP and participating in the Peralta Community College District selection process.

As you know, the District included in the Request for Proposal a reserve right to "reject" all proposals:

- 1. "The District reserves the right to....cancel, in part or entirety, this request for information if it is in the best interest of the District." (RFP, section V.B)
- 2. "PCCD has absolute discretion with regard to......rejection of proposals." (RFP, section V.E.)
- "The District reserves the right to reject any or all offers....if deemed in the best interest of the District." (RFP, Section V.O.)

Therefore, the District has determined it is in its best interest to exercise its discretion to cancel RFP No.: 14-15/09 and reject all proposals. This letter provides that the District has cancelled the RFP and rejected all proposals.

In the near future, the District will re-bid its request for Employee Benefits Insurance Broker and Consultant Services. The District will notify you when the RFP is issued and encourage you to submit a proposal at that time.

Peralta Benefits Everyone December 2014 Notice to Employees and Retirees





PERALTA BENEFITS EVERYONE

M 375, 2054

Effective January 3, 2015, this District Barrett Office will handle customer service impairies directed to our former claims assistance toam to trivit Barrett Barrette. Departing on the volume of impairies, we will enake every attempt to provide an initial response to incoming calls and events.

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 Call the Ber

Staff Assistant Bornie Bolberts McCare

policy questions, call

\$10 587 7808, option 5

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Transition-PCCD Benefits Homepage

http://web.peralta.edu/benefits/





Duty Statement

 Marketplace Coverage HealthCare.gov Options Notice - Part A III

 Marketplace Mailing 9-23-2013 □

Peralta Medical Benefit Rate Matrix 2012-2013

Quick Links

Change of Address Form

Contact Information

Manager Employee & Retiree Benefits Jennifer Benford Seibert

address:

Oakland, CA 94606 333 East 8th Street Peralta Colleges

email: benefits@peralta.edu fax: (510)986-6903 office: (510)466-7229

> Exciting news - Electronic Enrollment for medical and dental benefits is here. Click here to get started: www.benefilbridge.com/peralta.

Recent Newsletters and Updates

February 1, 2015 and end on Monday, March 2, 2015 for coverage March 1 -August 2015. Mailing will go out and website to be updated with new Open enrollment for part-time hourly faculty will begin on Monday, downloads no later than January 23, 2015.

New for this open enrollment period: Online enrollment-no more paper forms, details forthcoming.

Peralta Benefits Everyone Newsletter December 19, 2014

- Customer Service Telephone Numbers
- New 403(b)Plan and 457(b) Plan Contribution Plan Limits for 2015
- Teachers Pension returns to provide Dinner Seminar January 15, 2015 to assist with financial planning: Click Here to Register Online

New Employee Benefit Orientation Schedule and Retirement Schedule January - Marc

Peralta Benefits Everyone Newsletter (August/September 2014)

Peralta Benefits Everyone Newsletter (May/June/July 2014) New Employee Benefit Orientation Schedule And Retirement Schedule July-Decemb

Peralta Benefits Everyone - Open Enrollment Edition (April 28, 2014)

Medicare Parts A and B Premium Reimbursement Plan Document PCCD Kaiser Medical Expense Reimbursement Form and Kaiser 2014 Medicare A and B Premium Claim Form

Reimbursement Plan Reminder 2014

is as easy as 1-2-31 Call to make an appointment for yourself and your spouse/partner Premium discounts are back for employees and family members! The Spring 2014 term care benefits again! Learn about your options. Reserve your personal appointment Employee and Retiree Survey responses indicate that there is interest in exploring long-This newly designed program features 'Unisex Rates', and simplified underwriting Call toll free 866-710-2893 x118 or go to Long Term Care Enrollment Deadline Extended through December 15



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Transition and Advancement-Benefits Bridge

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- Benefits Bridge is an online enrollment portal and portal currently housing reference material and plan information.
- Has been under development for over a year
- o Has been in use since October 2014
- Over 200 transactions processed since October 2014
- Life events
- * Marriage, newborns
- o New hires
- o Demographic changes (name and address)

Transition Resources



Life Event Online Benefits Enrollment

Peralta Community College District Life Event online benefits enrollment is easy with BenefitBridgel

- View current plan year benefits
- Compare plan options
- Complete qualifying life event benefits enrollment
- Quick links: carriers, health resource libraries and employer documents
- Planning tools: retirement and other life events Available 24/7 via the Internet

Registration & Login

- Already have login credentials? Login to BenefitBridge at: www.benefitbridge.com/peralta
- Forgot your username or password? Click on "Forgot Username/Password?"
- Need to create login credentials? Go to www.benefitbridge.com/peralta and follow the instructions Please add or update your email address to receive an email confirmation of your enrollment approval.



below.

Select "Register" to Create an



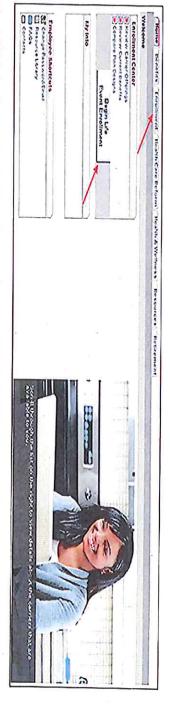
Create a
Username
& Password



Select "Continue" to access BenefitBridge (Print page with account information.)

Enrolling in Benefits

screen below). Access the Enrollment Center via the Enrollment tab or the Begin Life Event Enrollment button (see sample



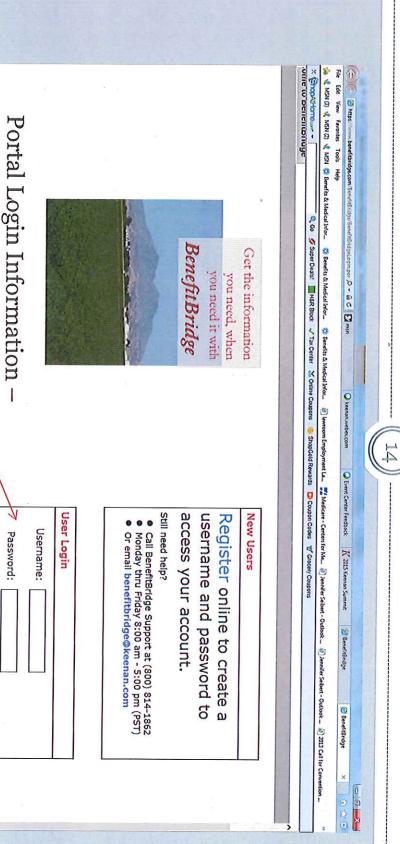
Need Help? Contact BenefitBridge Support: (800) 814-1862; Mon. - Fri., 8:00 am - 5:00 pm PST

License No. 0451271 Confidential: Client Use Only

Innovative Solutions, Enduring Principles.

Keenan

www.benefitbridge.com/peralta



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Password: Benefits1!

By clicking LOGIN you accept the terms and conditions of the Keenan & Associates Privacy and Legal

Forgot Username/Password?

Password:

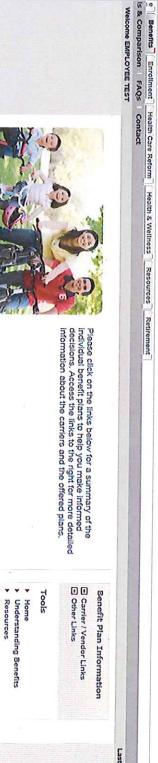
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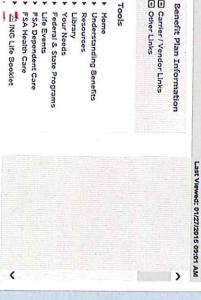
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1/28/2015

Informational Resources







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Health

Current Year Next Year All Years

- 1 → 1 40 1/28/2015

Sixth Annual Medicare Campaign

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- Sixth Annual Medicare Campaign Wednesday, February 4, 2015
- As in the past, those who come will receive on-site assistance from our partners:
- Medicare
- provides onsite enrollment assistance
- Answers questions about federal programs A, B, C, D and more
- Kaiser Senior Advantage Programs
- What are additional features available under Kaiser Seniors Advantage, such as dental & vision coverage
- o CoreSource
- How does crossover work, how consumers can ensure that providers have most current secondary (or other coverage information
- Pension Dynamics
- Address questions about claims reimbursement process, direct deposit services All are welcome, employees, retirees, caregivers

http://web.peralta.edu/benefits/files/2011/04/December-19-2014-Newsletter.pdf

Sixth Annual Medicare Campaign



Annual Medicare Enrollment Campaign — Wednesday, February 4, 2015



The Peralta District Benefits Office Invites You to the

Annual Medicare Enrollment Campaign Wednesday, February 4, 2015

11:00am – 2:00pm Informational Sessions to be held in the PCCD Boardroom

Retirees and Active Employees are Welcome. Come and Bring a Friend or Caregiver.

Join us for workshops, free information and more!

11:00am-Noon

Planning a Peralta Retirement?

During this workshop we will cover

*What happens to medical coverage

*What dental coverage options are available

*The timeline for effecting a Peralta retirement &

How, when and why enroll in Medicare Whal are the different Medicare Programs A-De What a Poralta retiroc should know What survivors of a Peralta retiree should know

Medicare, Peralta & You

12:30am-

-2:00pm

invited Guests Include:

Social Security/Medicare Administration Kaiser Permanente

Ponsion Dynamics
Delta Delta/AARP plans
The Peralta Benefits Office
On-site assistance with Medicare and/or Kaiser Senior Advantage Enrollment Will be provided!

Life refreshments will be provided

December 19, 2014 Peralta Benefits Everyone

United Health Care Vision

(81)

- We received a request
- o to update literature and claim form to reflect coverage for progressive lenses
- o For a claims lag report
- * Claims Lag report is pending but will be forwarded once received and reviewed
- Generally speaking, the United States Department of Insurance requires the insurance companies deny or pay a claim within 90 days of receipt.

United Health Care Claim Paid Claims Report

Lag report forthcoming with line by line detail



Client Paid Claim by Provider Type and Cost Category

Peralta Community College Dist

Selection Parameters

Client Effective Date: 06/01/2013 Client Renew Date: 07/01/2014 Client Renew Date: Client Policy ID:

Service Date Range: 6/1/2014 To 12/31/2014

Client ID: 12851

Group ID: *

Provider Type	Cost Category	Jul-2014	Aug-2014	Sep-2014	Oct-2014	Nov-2014	Dec-2014	Grand Total
NN-Panel	Paid Claims	\$170.00	\$145.00	\$85.00	\$95.00	\$40.00	\$120.00	\$655.00
	Exam	\$935.00	\$755.00	\$480.00	\$515.00	\$235.00	\$650.00	\$3,570.00
	Frames	\$288.90	\$510.13	\$227.57	\$550.09	\$134,40	\$114.41	\$1,825.50
	Contact Lens	\$375.00	\$223.00	\$0.00	\$125.00	\$0.00	\$259.26	\$982.26
	Single Lens	\$89.80	\$184.50	\$69.80	\$244.30	\$0.00	\$34.90	\$623.30
	Bifocal Lens	\$0.00	\$0.00	\$0.00	\$76.90	\$0.00	\$38,45	\$115.35
	Trifocal Lens	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Progressive Lens	\$66.38	\$144.57	\$66.38	\$33.19	\$66.38	\$33.19	\$410.09
	Multifocal Lens	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Lens with Options	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Exam Only	\$935,00	\$755.00	\$480.00	\$515.00	\$235.00	\$650.00	\$3,570.00
	Exam Dispense	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Dispense Only	\$820.08	\$1,062.20	\$363.75	\$1,029.48	\$200.78	\$480.21	\$3,956.50
NN-Retail	Paid Claims	\$50.00	\$10.00	\$20.00	\$40.00	\$30.00	\$30.00	\$180.00
	Exam	\$236.50	\$40.00	\$83.25	\$173.00	\$150.00	\$159.00	\$841.75
	Frames	\$1,133.27	\$547,36	\$144.98	\$731.82	\$811.34	\$472.94	\$3,841.71
	Contact Lens	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$102.00	\$102.00
	Single Lens	\$213.25	\$27.99	\$27.99	\$176.50	\$160.99	\$83.97	\$690.69
	Bifocal Lens	\$0.00	\$40.00	\$0.00	\$0.00	\$0.00	\$80.00	\$120.00
	Trifocal Lens	\$0,00	\$114.00	\$0.00	\$57.00	\$0.00	\$0.00	\$171.00
	Progressive Lens	\$235.00	\$139.99	\$89.99	\$224.98	\$224.99	\$89.99	\$1,004.94
	Multifocal Lens	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Lens with Options	\$0.00	\$5.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.00
	Exam Only	\$236.50	\$40.00	\$83.25	\$173.00	\$150.00	\$159.00	\$841.75
	Exam Dispense	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Dispense Only	\$1,581.52	\$874.34	\$262.96	\$1,190.30	\$1,197.32	\$828.90	\$5,935.34

Next Meeting-March 26, 2015 @ 10am District Board Room

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- Agenda Topics
- United Health Care Claims Lag Report
- Budget Review
- State of the District
- Audit Updates
- Other Topics?