

HEBER PUBLIC UTILITY DISTRICT REPORT TO BOARD OF DIRECTORS

MEETING DATE: February 15, 2024

FROM: Madeline Dessert, General Manager

SUBJECT: Employee Medical Benefit Cost Increase

FISCAL IMPACT:

During the development and approval of the Fiscal Year 2023-2024 budget, staff estimated an 8% rate increase for employee medical benefits. According to our insurance carrier the actual increase is 12.02%, resulting in a **\$2,761.39** increase. Although significant, this increase is in line with what we are seeing overall in the market for 2024.

Staff does not anticipate a budget modification will be necessary. The salary savings throughout this fiscal year will cover the underestimated increase in benefit costs.

Our insurance carrier has provided the attached documents detailing alternative options for your consideration. In order to make any insurance modifications, the Board would need to negotiate with the NRTA bargaining unit. At this time, staff does not recommend making any changes.

Respectfully Submitted,

Madeline Dessert,

General Manager

Prepared for

Heber Public Utility District Finan

GROUP INSURANCE PROPOSAL

These rates were quoted for the proposed effective date of **February 1, 2024**. If another effective date is selected or you are requesting an effective date more than 30 days in advance please confirm the rates quoted.

PRESENTED BY:

KEENAN & ASSOCIATES (SJ)

PHILIP COLE

(916) 859-7160

License No. 0D80502

December 6, 2023

Heber Public Utility District Finan

Quote Details

Company

Heber Public Utility District Finan

HEBER, CA 92249

IMPERIAL COUNTY

Prepared By

PHILIP COLE

KEENAN & ASSOCIATES (SJ)

2868 PROSPECT PARK DR STE 600

RANCHO CORDOVA, CA 95670

Phone: (916) 859-7160

Email: scole1@keenan.com

Quote Effective Date: February 1, 2024

Quote Information

Benefit Type Quoted	Medical
Nature of Business	GENERAL GOVERNMENT, NEC
SIC Code	9199
Out of State Employees	No
Total EEs COBRA	14 0

Word & Brown Insurance Administrators, Inc. ("We," "Our," or "Us") has endeavored to provide you with an accurate quote, within the parameters of Our quoting system and its capability, based on the information collected from sources that are considered reliable including, without limitation, rate information provided by the carriers. We may also provide you the ability to do hypothetical quotes that would be invalid and do not qualify for coverage and therefore, should not be relied upon for coverage decisions. In the hypothetical quotes, you may: a) quote carriers for which your group may not qualify based on the contribution you selected to quote (ensuring your group meets the quoted carriers requirements for contribution and participation); b) quote carriers for which your group may not qualify based on the number of out-of-state employees reflected on your census (ensuring your group meets the quoted carriers requirements for out-of-state quoting); or c) add a "wrap" to the out-of-state quote (ensuring your group meets the quoted carriers guidelines for plan selection, participation and employer contribution as well as the requirements for out-of-state quoting). For all the aforementioned, We have not verified, nor can We guarantee the accuracy, timeliness or completeness of such information. All quotes generated from Our quoting system are provided on an "AS-IS" basis and therefore We expressly disclaim all representations, warranties and liability related thereto. We advise that you inform your client to refrain from cancelling their prior coverage until final rating and underwriting approval have been received from the carrier. Please note that quotes provided herein will contain a summary of plan benefits and therefore, you must refer to the Master Contract, Benefit Booklet, or Summary of Benefits and Coverage for complete details of the coverage provided. This disclaimer incorporates and supplements Our other website disclaimers, Terms of Use, and similar documents.




We reserve all rights to quotes and related documents generated by Us as these are Our intellectual property. Thus, quotes may not be reproduced or transmitted, in whole or in part, in any form by any means without Our prior written permission

Please note that every person to be covered is rated individually. Rates vary by age and any change in the date of birth of an employee or dependent will cause the quoted rates to be different. Any change to the ZIP code and/or number of dependents can also cause the rates to be different.

These rates were quoted for the proposed effective date of February 1, 2024. If another effective date is selected or you are requesting an effective date more than 30 days in advance please confirm the rates quoted.

Heber Public Utility District Finan

Summary of Benefits & Rate Comparison

	 February 1, 2024 Gold G 30/500/20% 9KF1 Prudent Buyer PPO		 February 1, 2024 Silver S 55/1950/35% 9KGQ Prudent Buyer PPO		 February 1, 2024 Gold Gold 500/30 Full PPO	
	PPO	Out-of-Network	PPO	Out-of-Network	PPO	Out-of-Network
Effective Date	February 1, 2024		February 1, 2024		February 1, 2024	
Metal Tier	Gold		Silver		Gold	
Plan Name	G 30/500/20% 9KF1		S 55/1950/35% 9KGQ		Gold 500/30	
Provider Network	Prudent Buyer PPO		Prudent Buyer PPO		Full PPO	
In Network/Out-of-Network	PPO	Out-of-Network	PPO	Out-of-Network	PPO	Out-of-Network
Deductibles / Out-of-Pocket						
Overall (Individual/Family)	N/A	N/A	N/A	N/A	N/A	N/A
Medical (Individual/Family)	\$500/\$1,500	\$2,000/\$4,000	\$1,950/\$3,900	\$3,900/\$7,800	\$500/\$1,000	\$1,000/\$2,000
Prescription Drug	None	N/A	\$300/\$600	N/A	\$100/\$200	N/A
Out-of-Pocket (Individual/Family)	\$7,900/\$15,800	\$15,800/\$31,600	\$9,100/\$18,200	\$18,200/\$36,400	\$8,500/\$17,000	\$17,000/\$34,000
Visit To A Health Care Providers Office						
Primary Care Visit	\$30 Copay	50% ^①	\$55 Copay	50% ^①	\$30 Copay	40% ^①
Specialist Visit	\$60 Copay	50% ^①	\$90 Copay	50% ^①	\$55 Copay	40% ^①
Preventive Care/Screening/Immunizations	No Charge	50% ^①	No Charge	50% ^①	No Charge	Not Covered
Test						
Laboratory Tests	\$15/No Charge/20% ^{①②}	50% ^①	\$20/No Charge/35% ^{①②}	50% ^①	\$30 Copay/20% ^{①⑨}	40% up to \$350/Day ^①
X-Rays and Diagnostic Imaging	\$15/20%/20% ^{①③}	50% ^①	\$20/35%/35% ^{①③}	50% ^①	\$50 Copay/\$100 Copay ^⑨	40% up to \$350/Day ^①
Imaging (CT/PET Scans, MRIs)	20%/20%/\$100 + 20% ^{①④}	50% ^①	35%/35%/\$100 + 35% ^{①④}	50% ^①	20%/\$100 Copay + 20% ^{①⑨}	40% up to \$350/Day ^①
Drugs						
Tier 1	\$10 Copay/\$20 Copay ^⑤	Not Covered	\$15 Copay/\$20 Copay ^⑤	Not Covered	\$15 Copay	Not Covered
Tier 2	\$50 Copay/\$60 Copay ^⑤	Not Covered	\$70 Copay/\$80 Copay ^{⑤⑥}	Not Covered	\$50 Copay ^①	Not Covered
Tier 3	\$90 Copay/\$100 Copay ^⑤	Not Covered	\$110 Copay/\$120 Copay ^{⑤⑥}	Not Covered	\$80 Copay ^①	Not Covered
Tier 4	30%/40% up to \$250 ^⑤	Not Covered	30%/40% up to \$250 ^{⑤⑥}	Not Covered	30% up to \$250 ^{①⑩}	Not Covered
Outpatient Surgery						
Facility Fee (Ambulatory Surgery Center)	\$50 + 20%/\$250 + 20% ^{①⑥}	50%/50%-Max \$380 ^{①⑥}	\$50 + 35%/\$250 + 35% ^{①⑥}	50%/50%-Max \$380 ^{①⑥}	20%/\$150 Copay + 20% ^{①⑪}	40% up to \$350/Day ^①
Need Immediate Attention						
Emergency Room Services	\$250 Copay + 20% ^①	\$250 Copay + 20% ^①	\$350 Copay + 35% ^①	\$350 Copay + 35% ^①	\$250 Copay + 20%/20% ^{①⑫}	\$250 Copay + 20%/20% ^{①⑫}
Emergency Medical Transportation	20% ^①	20% ^①	35% ^①	35% ^①	20% ^①	20% ^①
Urgent Care	\$30 Copay	50% ^①	\$55 Copay	50% ^①	\$30 Copay	40% ^①
Hospital Stay						
Facility Fee (Hospital Room)	20% ^①	50%-Max \$650/Day ^①	35% ^①	50%-Max \$650/Day ^①	20% ^①	40% up to \$2,000/Day ^①
Physician/Surgeon Fee	20% ^①	50% ^①	35% ^①	50% ^①	20% ^①	40% ^①
Mental Health, Behavioral Health/Substance Abuse						
Mental/Behavioral Health - Outpatient	\$30 Copay	50% ^①	\$55 Copay	50% ^①	\$30 Copay	40% ^①
Mental/Behavioral Health - Inpatient	20% ^①	50%-Max \$650/Day ^①	35% ^①	50%-Max \$650/Day ^①	20% ^①	40% up to \$2,000/Day ^①
Substance Use Disorder - Outpatient	\$30 Copay	50% ^①	\$55 Copay	50% ^①	\$30 Copay	40% ^①
Substance Use Disorder - Inpatient	20% ^①	50%-Max \$650/Day ^①	35% ^①	50%-Max \$650/Day ^①	20% ^①	40% up to \$2,000/Day ^①
Other Special Health Needs						
Rehabilitation	\$30 Copay/20% ^{①⑦}	50% ^①	\$55 Copay/35% ^{①⑦}	50% ^①	20% ^①	40% up to \$350/Day ^①
Durable Medical Equipment	50% ^①	50% ^①	50% ^①	50% ^①	50% ^①	Not Covered
Cost Comparison	ANTHEM BLUE CROSS		ANTHEM BLUE CROSS		BLUE SHIELD	
Premium						
Average Employee Premium		\$796.07		\$654.88		\$833.26
Employee Total		\$11,144.95		\$9,168.37		\$11,665.58
Dependent Total		\$14,972.07		\$12,316.73		\$15,671.50
Total Monthly Group Premium		\$26,117.02		\$21,485.10		\$27,337.08

① Deductible applies.

② Office (Deductible Waived)/Lab (Deductible Waived)/OP Hospital (Deductible Applies)




③ Office (Deductible Waived)/Radiology Center (Deductible Applies)/OP Hospital (Deductible Applies)

④ Office/Radiology Center/OP Hospital

- ⑤ Level 1 Pharmacies/Level 2 Pharmacies: Please refer to Anthem's Rx Choice Tiered Network List
- ⑥ ASC/Hospital
- ⑦ Office (Deductible Waived)/OP Hospital (Deductible Applies)
- ⑧ Laboratory Center (Deductible Waived)/OP Hospital (Deductible Applies)
- ⑨ OP Radiology Center/OP Hospital
- ⑩ Benefit shown is the member's per- prescription maximum cost share.
- ⑪ ASC/OP Hospital
- ⑫ ER Services/ER Physician Services

Heber Public Utility District Finan

Summary of Benefits & Rate Comparison

	 February 1, 2024 Silver Silver 2000/60 Full PPO		 February 1, 2024 Gold G 30/500/20% DI-AF Select Plus PPO		 February 1, 2024 Silver S 55/1950/40% DI-AG Select Plus PPO	
	PPO	Out-of-Network	PPO	Out-of-Network	PPO ^(b)	Out-of-Network
Effective Date	February 1, 2024		February 1, 2024		February 1, 2024	
Metal Tier	Silver		Gold		Silver	
Plan Name	Silver 2000/60		G 30/500/20% DI-AF		S 55/1950/40% DI-AG	
Provider Network	Full PPO		Select Plus PPO		Select Plus PPO	
In Network/Out-of-Network	PPO	Out-of-Network	PPO	Out-of-Network	PPO ^(b)	Out-of-Network
Deductibles / Out-of-Pocket						
Overall (Individual/Family)	N/A	N/A	N/A	N/A	N/A	N/A
Medical (Individual/Family)	\$2,000/\$4,000	\$4,000/\$8,000	\$500/\$1,000	\$1,000/\$2,000	\$1,950/\$3,900	\$3,900/\$7,800
Prescription Drug	\$350/\$700	N/A	\$300/\$600	N/A	\$350/\$700	N/A
Out-of-Pocket (Individual/Family)	\$8,750/\$17,500	\$17,500/\$35,000	\$8,950/\$17,900	\$17,900/\$35,800	\$9,450/\$18,900	\$18,900/\$37,800
Visit To A Health Care Providers Office						
Primary Care Visit	\$60 Copay	50% ⁽¹⁾	\$30 Copay	50% ⁽¹⁾	\$55 Copay	50% ⁽¹⁾
Specialist Visit	\$80 Copay	50% ⁽¹⁾	\$60 Copay	50% ⁽¹⁾	\$95 Copay	50% ⁽¹⁾
Preventive Care/Screening/Immunizations	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered
Test						
Laboratory Tests	\$60 Copay/35% ⁽¹⁾⁽²⁾	50% up to \$350/Day ⁽¹⁾	20%/40% ⁽¹⁾⁽⁷⁾	Not Covered	40%/50% ⁽¹⁾⁽⁷⁾	Not Covered
X-Rays and Diagnostic Imaging	\$80 Copay/\$130 Copay ⁽³⁾	50% up to \$350/Day ⁽¹⁾	20%/40% ⁽¹⁾⁽⁷⁾	50% ⁽¹⁾	40%/50% ⁽¹⁾⁽⁷⁾	50% ⁽¹⁾
Imaging (CT/PET Scans, MRIs)	35%/\$150 Copay + 35% ⁽¹⁾⁽³⁾	50% up to \$350/Day ⁽¹⁾	20%/40% ⁽¹⁾⁽⁷⁾	50% ⁽¹⁾⁽¹¹⁾	40%/50% ⁽¹⁾⁽⁷⁾	50% ⁽¹⁾⁽¹¹⁾
Drugs						
Tier 1	\$25 Copay	Not Covered	\$15 Copay/\$15 Copay ⁽⁸⁾	Not Covered	\$20 Copay/\$20 Copay ⁽⁸⁾	Not Covered
Tier 2	\$80 Copay ⁽¹⁾	Not Covered	\$50 Copay/\$150 Copay ⁽¹⁾⁽⁸⁾	Not Covered	\$85 Copay/\$150 Copay ⁽¹⁾⁽⁸⁾	Not Covered
Tier 3	\$115 Copay ⁽¹⁾	Not Covered	\$90 Copay/\$250 Copay ⁽¹⁾⁽⁸⁾	Not Covered	\$135 Copay/\$250 Copay ⁽¹⁾⁽⁸⁾	Not Covered
Tier 4	30% up to \$250 ⁽¹⁾⁽⁴⁾	Not Covered	25% up to \$250 ⁽¹⁾⁽⁹⁾	Not Covered	25% up to \$250 ⁽¹⁾⁽⁴⁾	Not Covered
Outpatient Surgery						
Facility Fee (Ambulatory Surgery Center)	35%/\$250 Copay + 35% ⁽¹⁾⁽⁵⁾	50% up to \$350/Day ⁽¹⁾	20%/40% ⁽¹⁾⁽¹⁰⁾	50%-Max \$760/Svc ⁽¹⁾	40%/50% ⁽¹⁾⁽¹⁰⁾	50%-Max \$760/Svc ⁽¹⁾
Need Immediate Attention						
Emergency Room Services	\$300 Copay + 35%/35% ⁽¹⁾⁽⁶⁾	\$300 Copay + 35%/35% ⁽¹⁾⁽⁶⁾	\$250 Copay + 20% ⁽¹⁾	\$250 Copay + 20% ⁽¹⁾	\$300 Copay + 40% ⁽¹⁾	\$300 Copay + 40% ⁽¹⁾
Emergency Medical Transportation	35% ⁽¹⁾	35% ⁽¹⁾	20% ⁽¹⁾	20% ⁽¹⁾	40% ⁽¹⁾	40% ⁽¹⁾
Urgent Care	\$60 Copay	50% ⁽¹⁾	\$50 Copay	50% ⁽¹⁾	\$80 Copay	50% ⁽¹⁾
Hospital Stay						
Facility Fee (Hospital Room)	35% ⁽¹⁾	50% up to \$2,000/Day ⁽¹⁾	\$250 Copay + 20% ⁽¹⁾	\$250 Copay + 50% ⁽¹⁾	\$250 Copay + 40% ⁽¹⁾	\$250 Copay + 50% ⁽¹⁾
Physician/Surgeon Fee	35% ⁽¹⁾	50% ⁽¹⁾	20% ⁽¹⁾	50% ⁽¹⁾	40% ⁽¹⁾	50% ⁽¹⁾
Mental Health, Behavioral Health/Substance Abuse						
Mental/Behavioral Health - Outpatient	\$60 Copay	50% ⁽¹⁾	\$30 Copay	50% ⁽¹⁾	\$55 Copay	50% ⁽¹⁾
Mental/Behavioral Health - Inpatient	35% ⁽¹⁾	50% up to \$2,000/Day ⁽¹⁾	20% ⁽¹⁾	50% ⁽¹⁾	40% ⁽¹⁾	50% ⁽¹⁾
Substance Use Disorder - Outpatient	\$60 Copay	50% ⁽¹⁾	\$30 Copay	50% ⁽¹⁾	\$55 Copay	50% ⁽¹⁾
Substance Use Disorder - Inpatient	35% ⁽¹⁾	50% up to \$2,000/Day ⁽¹⁾	20% ⁽¹⁾	50% ⁽¹⁾	40% ⁽¹⁾	50% ⁽¹⁾
Other Special Health Needs						
Rehabilitation	\$60 Copay	50% up to \$350/Day ⁽¹⁾	\$30 Copay	50% ⁽¹⁾	\$55 Copay	50% ⁽¹⁾
Durable Medical Equipment	50% ⁽¹⁾	Not Covered	20% ⁽¹⁾	Not Covered	40% ⁽¹⁾	Not Covered ⁽¹⁾
Cost Comparison	BLUE SHIELD		UNITEDHEALTHCARE		UNITEDHEALTHCARE	
Premium						
Average Employee Premium		\$745.95		\$777.31		\$666.69
Employee Total		\$10,443.23		\$10,882.32		\$9,333.62
Dependent Total		\$14,029.43		\$14,619.23		\$12,538.74
Total Monthly Group Premium		\$24,472.66		\$25,501.55		\$21,872.36

⁽¹⁾ Deductible applies.

⁽²⁾ Laboratory Center (Deductible Waived)/OP Hospital (Deductible Applies)

⁽³⁾ OP Radiology Center/OP Hospital

⁽⁴⁾ Benefit shown is the member's per- prescription maximum cost share.

- ⑤ ASC/OP Hospital
- ⑥ ER Services/ER Physician Services
- ⑦ Office or Lab/OP Hospital
- ⑧ Non-Specialty/Specialty. Refer to SBC and UHC Prescription Drug List for details.
- ⑨ Benefit shown is the member's per-prescription maximum cost share.
- ⑩ ASC/Hospital
- ⑪ Office / Outpatient Hospital
- ⑫ Care Cash & Core Rewards

November 24, 2023

HEBER PUBLIC UTILITY DISTRICT FINANCING CORP
1078 DOGWOOD RD
HEBER, CA 92249

It's time to renew your benefits. We've included what you need to make renewing with us simple.

Dear Valued Customer,

Thank you for choosing Anthem for your coverage. As your trusted partner in health, we will continue to help you take care of your most important business assets – your employees – with holistic, community-centered, and forward-thinking plans.

What's included in this package

This package has what you need to renew your current plan or choose a different one that might work better for you. It includes:

- The current rates and the renewal rates for your new proposed plan(s). **Please provide a copy of the current and new renewal rates to your employees.** Anthem rates and benefits are subject to regulatory review and approval.
- Other plan options if you want to make a change. Please review all of the plan details in this packet. For more information, you can visit EasyRenew at anthem.com/easyrenew or visit anthem.com/ca.
- Important plan information highlights. Some of the changes may include new plan names, new contract codes, cost-sharing changes, benefit changes, metal level changes from the current plan(s), and which plans have been amended. Please provide copies of these important documents to your employees.
- Documents required for renewal. These can be found on the following pages: Monthly Premium Comparison, Your Alternate Option, Medical Benefit Selection Form, and Benefit to Benefit Comparison chart. **Please provide a copy of the Benefit to Benefit Comparison chart to your employees.**

Benefits that work better together

You can add dental, vision, life or disability plans to your medical coverage for a more comprehensive, cost-effective, and coordinated care. Through Anthem Whole Health Connection®, we integrate data across our plans to present a personalized and more complete picture of an employee's health. This helps to identify issues earlier, bridge any gaps in care, and promote whole-health management. Your renewal may include a dental and/or vision quote if you have a minimum of 5 enrolled medical subscribers. However, additional plans and possibly better rates can be provided. Have your broker request a quote by contacting our Connect team at 877-567-1802 or connect@anthem.com. Click here for more [Specialty Plan Information](#).

To make your renewal easier, you have a couple of options:

- Renew into the proposed plan – you don't have to do anything!
- Select another plan – we've given you a couple of different options to help you select the right plan(s) for your employees. If you choose one of the alternatives, all you need to do is complete the Medical Benefit Selection Form and return it to us no later than 30 days before your renewal date.
- **For HMO plans** - enrollment in the selected plan is dependent upon the employee residing or working within a plan's geographical service area, and the network, provider, and physician availability within the geographical service area. If at the time of enrollment, the network or physician/medical group is not available or an employee does not reside or work in the geographical service area of the plan, the employee may be assigned to or be required to choose a different provider, network, and/or plan.



P.O. Box 9062
Oxnard, CA 93031

You may have received a letter requesting you to confirm your group continues to meet the definition of a Small Group. **This renewal is only valid if your group is in compliance with the Group Contract.**

Please work with your broker to return paperwork to us 30 days before your effective date.

Your broker can help you choose the right plan for you and your employees. For your convenience, your renewal packet is also available on our dedicated employer portal, EmployerAccess, at [anthem.com/ca/employer](https://www.anthem.com/ca/employer).

Thank you again for choosing us. We're happy you're here.

Your Anthem Small Group Team

Enclosures

Summary of Benefits and Coverage/Summary of Dental Benefits and Coverage Disclosure - Please access these at [sbc.anthem.com](https://www.sbc.anthem.com) and provide a copy to your employees.

Your trusted partner in health

We'll help you take care of your team with competitive, well-rounded health plans.

Renewal Packet

for HEBER PUBLIC UTILITY DISTRICT
FINANCING CORP

Your Agent/Broker as of 11/07/2023 12:32

KEENAN & ASSOCIATES

Group #: H37703

Effective Date: February 01, 2024

Group State: California

Zip Code: 92249

Rating Area: 13



In California Anthem Blue Cross is the trade name of Blue Cross of California, Inc. Also serving California: Anthem Blue Cross Life and Health Insurance Company. In 11 northeastern counties of New York Anthem Blue Cross is the trade name of Anthem Healthchoice Assurance, Inc., and Anthem Healthchoice HMO, Inc., and Anthem Blue Cross HP is the trade name of Anthem HP, LLC. Independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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11/07/2023 14:49



Helping your employees live healthier lives

At Anthem, our goal is to support you and your employees so they feel covered, protected, and confident in their care. With our tools and resources, your employees can access the benefits they need, connect those benefits across the healthcare spectrum, and make informed healthcare decisions with digital and professional support.



Your plan information destination

EmployerAccess is now the hub for plan administration, marketing resources, and news. This updated site has everything you need to administer your plan and manage your benefits, including helpful tools and resources for both you and your employees.



Anthem Whole Health Connection®

We put you and your employees at the center of a whole-person, team-based care model, transforming healthcare into a truly collaborative process. By combining all aspects of coverage — medical, behavioral health, pharmacy, dental, vision, life and disability — doctors can see the whole picture of a person's health for simpler, smarter, and more cost-effective care.

- Programs to motivate employees to take charge of their well-being.
- Engaged care management teams who can identify potential health issues and coordinate health action plans.
- Digital tools to help employees connect to resources, as well as receive alerts and updates.



Wellbeing Solutions

Our health and wellness programs are included in all our Affordable Care Act (ACA) plans, and focus on awareness, prevention, and the right resources to help enable better health and cost savings.



Pharmacy

Our integrated medical and pharmacy benefits work together to improve employee health and manage costs. With 24/7 access to pharmacy experts and digital tools that can help with pricing a medication, finding a pharmacy, or requesting a refill, we're working to make it easier for employees to stay on top of their medications, their health, and their budgets.



Emotional Wellbeing Resources

Our ACA plans also include access to the Emotional Wellbeing Resources program. Your employees' mental health deserves the same care as their physical health. Connecting them with behavioral health resources is an important way to support their overall well-being so they can lead healthier, more productive lives.



SydneySM Health delivers industry-leading experiences that drive high-quality, affordable care with expanded virtual care options. It provides a simple, guided, and intuitive experience using data, artificial intelligence, and machine learning to create deep employee personalization. Empowering your employees to:

- Search for in-person or virtual care, including virtual primary care and urgent care.
- Video chat with a board-certified healthcare professional or therapist.
- Order and refill prescriptions.
- Easily access their health plan ID card on their mobile devices.
- Find answers to health questions through interactive chat or our Symptom Checker.

Anthem is empowering you and your employees to confidently navigate the path to good health. As your trusted partner, we will help you simplify benefits, manage costs, and improve employee satisfaction — every step of the way.

Your Medical Renewal Snapshot

Your current medical plan(s) and the new proposed plan(s) are reflected in the grid(s) below. All of our ACA-compliant plans cover Preventative Care at 100% in network. In-Network benefits are shown below. A complete listing of benefit details can be found on the Summary of Benefits at sbc.anthem.com. Or click on the plan name in electronic copies, then enter your renewal effective date into the top box of that page.

Total Medical Subscribers: 14

		Monthly Medical Premium % Change	Deductible (individual/ family)	Out of Pocket Maximum (individual/ family)	Office Visits PCP/SPC	Inpatient Hospital	ER/ Urgent Care	Prescription Drugs-Retail Network Formulary	Vision/ Dental Benefits Included
Current Plan 1	# OF SUBSCRIBERS ENROLLED IN PLAN: 14 Anthem Gold PPO 30/500/20%	\$22968.67	\$500/ \$1500	\$7900/ \$15800	\$30/ \$60	Ded;20%	Ded;\$250; 20%/\$30	Rx Choice Tiered Network with R90 Select Level 1- \$10/ \$50/ \$90/ 30% up to \$250/script Level 2- \$20/ \$60/ \$100/ 40% up to \$250/script	V2/ D1
	Contract Code: 6RG9	Current							
	CalendarYear Embedded								
Proposed Plan 1	# OF SUBSCRIBERS ENROLLED IN PLAN: 14 Anthem Gold PPO 30/500/20%	\$25730.06	\$500/ \$1500	\$7900/ \$15800	\$30/ \$60	Ded;20%	Ded;\$250; 20%/\$30	Rx Choice Tiered Network with R90 Select Level 1- \$10/ \$50/ \$90/ 30% up to \$250/script Level 2- \$20/ \$60/ \$100/ 40% up to \$250/script	V2/ D1
	Contract Code: 9KF1	12.02%							
	CalendarYear Embedded								

Note: In the **Vision/Dental** column, please refer to the following codes to call out additional vision and/or dental benefits included within the medical plan:

- D1: Dental Embedded Pediatric Only
- V2: Vision Embedded Adult Exam Plus Pediatric

Monthly Premium Comparison Details (continued)

Coverage Types - EMP=Employee Only, ESP=Employee/Spouse, ECH=Employee/Child(ren), FAM = Family

Insured Subscribers	Subscriber Age	Spouse Age	# Deps <21	# of Deps 21+	Medical		Dental		Vision		Life & Disability		Total		
					Coverage Type	Current Rate	New Rate	Coverage Type	Current Rate	New Rate	Coverage Type	Current Rate	New Rate	Current Rate	New Rate
Subtotal						22968.67	25730.06		0.00	0.00		0.00	0.00	22968.67	25730.06

	<i>Medical</i>	<i>Dental</i>	<i>Vision</i>	<i>Life & Disability</i>	<i>Grand Total</i>
<i>Current Premium</i>	<i>\$22968.67</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$22968.67</i>
<i>New Premium</i>	<i>\$25730.06</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$25730.06</i>
<i>Premium Rate Change</i>	<i>\$2761.39</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$2761.39</i>
<i>Premium Percent Change</i>	<i>12.02%</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>12.02%</i>

Please note that your total premium may change for various reasons, including but not limited to changes in your employee census, changes in your employees' tobacco use status where applicable, and changes to the ACA requirements. If your group has multiple products, changes made to coverage and/or participation levels may also result in the loss of any multi-product discounts.

Per the Affordable Care Act (or health care reform law), Summary of Benefits and Coverage (SBCs) can be accessed through our Internet Posting Site at sbc.anthem.com. The benefit information included in this packet is intended to present only a general overview of the benefits. The entire provisions of benefits and exclusions are contained in the Certificate of Coverage. In the event of a conflict between the Certificate of Coverage and the description included in this packet, the terms of the Certificate of Coverage will prevail.

Monthly Premium Rate and Product(s) Selected-Schedule B



Effective date of this Addendum is 12:01 a.m. on 02/01/2024.

This Addendum applies to the Employer and its affiliated companies as agreed to in writing by Anthem Blue Cross.

The Employer will pay a per Subscriber per month fee calculated by adding the sum of the rates for each of the Member categories (Subscriber, Spouse, up to 3 oldest Dependents 20 years and younger, and Dependents 21 years and over) set forth in the tables below:

Proposed Plan 1					
Anthem Gold PPO 30/500/20% Contract Code: 9KF1 Rating Area: 13					
Age	Rate	Age	Rate	Age	Rate
0-14	\$386.96	31	\$586.26	48	\$827.03
15	\$421.36	32	\$598.40	49	\$862.95
16	\$434.51	33	\$605.98	50	\$903.41
17	\$447.66	34	\$614.08	51	\$943.37
18	\$461.82	35	\$618.12	52	\$987.38
19	\$475.99	36	\$622.17	53	\$1,031.89
20	\$490.66	37	\$626.22	54	\$1,079.95
21	\$505.83	38	\$630.26	55	\$1,128.00
22	\$505.83	39	\$638.36	56	\$1,180.10
23	\$505.83	40	\$646.45	57	\$1,232.71
24	\$505.83	41	\$658.59	58	\$1,288.85
25	\$507.85	42	\$670.22	59	\$1,316.68
26	\$517.97	43	\$686.41	60	\$1,372.82
27	\$530.11	44	\$706.64	61	\$1,421.38
28	\$549.84	45	\$730.42	62	\$1,453.25
29	\$566.02	46	\$758.75	63	\$1,493.21
30	\$574.12	47	\$790.61	64+	\$1,517.49

Additional Fees or Charges:

Payment by Phone: \$10 NSF Charge: \$25 Late Payment Fee: \$25 Reinstatement Fee: \$50

The rates listed above may include charges for riders that have been purchased by the group. These additional charges are not applicable to the dependent rates. Please refer to your Monthly Premium Comparison page for dependent rates.

Anthem Blue Cross

Beth P Andersen, President

Interested in adding a Dental Plan?

Employers, for more information please work directly with your broker or Anthem Sales Representative to obtain final rates.
Brokers, our Anthem Connect team is here to assist. For our lowest rates, additional coverage options and to take advantage of all available discounts, please contact the Anthem Connect team at 866-956-8602 or Connect@anthem.com.

This illustration is based on the medical enrollment and the **proposed rates may not be final**. Final dental rates are determined by the total number of eligible employees and the Group Standard Industry Code (SIC).

Your small group medical plan may include embedded dental benefits. Please check with your broker or Anthem Sales Representative before purchasing additional dental coverage to ensure the best coordination of your benefits.

To add or change dental coverage on an existing Anthem plan, completion of the Specialty [Benefit Modification Form](#) is required.

14 Eligible Employees used for rating

SIC Code used for rating: 9199

Add	Plan Name/Contract Code	Ded Ind/Fam	Annual Max	Diag/Prev In/Out Net	Basic In/Out Net	Major In/Out Net	Ortho	Additional Features	EMP	ESP	ECH	FAM
<input type="checkbox"/>	Bronze PPO 100/80/50 Active 50/1000 MAC E&P Basic OON Reimbursement: Maximum Allowable Charge - 3RH7	\$50/\$150	\$1000	100%/80%	80%/60%	50%/50%	Not Covered	Endo/Perio/Oral: Basic Waiting Period: None Implants : Covered	\$34.28	\$69.93	\$74.05	\$112.55
<input type="checkbox"/>	Silver PPO 100/80/50 Passive 50/1500 90th E&P Basic OON Reimbursement: 90th percentile of FAIR Health - 3RH3	\$50/\$150	\$1500	100%/100%	80%/80%	50%/50%	Not Covered	Endo/Perio/Oral: Basic Waiting Period: None Implants : Covered	\$52.07	\$106.23	\$113.08	\$171.88
<input type="checkbox"/>	Gold PPO 100/90/60 Active 50/1500 90th E&P Basic OON Reimbursement: 90th percentile of FAIR Health - 3RGY	\$50/\$150	\$1500	100%/100%	90%/80%	60%/50%	Not Covered	Endo/Perio/Oral: Basic Waiting Period: None Implants : Covered	\$54.97	\$112.14	\$117.76	\$178.99
<input type="checkbox"/>	Platinum PPO 100/90/60 Active 50/2000 90th E&P Basic OON Reimbursement: 90th percentile of FAIR Health - 3RGX	\$50/\$150	\$2000	100%/100%	90%/80%	60%/50%	Not Covered	Endo/Perio/Oral: Basic Waiting Period: None Implants : Covered	\$57.84	\$117.99	\$123.90	\$188.33
<input type="checkbox"/>	Platinum PPO 100/90/60 Active 50/2500 90th E&P Basic OON Reimbursement: 90th percentile of FAIR Health - 3SND	\$50/\$150	\$2500	100%/100%	90%/80%	60%/50%	Not Covered	Endo/Perio/Oral: Basic Waiting Period: None Implants : Covered	\$59.99	\$122.38	\$128.51	\$195.34

Coverage Types - EMP=Employee Only, ESP=Employee/Spouse, ECH=Employee/Child(ren), FAM = Family

Authorization for ANY Plan Change

Group Email Address: _____ Date: _____

Printed Name: _____ Signature: _____

COMPLETE, SIGN, and Email to sguwca@anthem.com.

Interested in adding a Vision Plan?

Employers, for more information please work directly with your broker or Anthem Sales Representative to obtain final rates.
Brokers, our Anthem Connect team is here to assist. For our lowest rates, additional coverage options and to take advantage of all available discounts, please contact the Anthem Connect team at 866-956-8602 or Connect@anthem.com.

This illustration is based on the medical enrollment and the **proposed rates may not be final**.

Small Group Medical plans may include some form of vision care for eligible adults and children. Add a Material Only Plan to complete the Vision package, or a Full Service Plan for members who are not covered by a Medical plan.

To add or change vision coverage on an existing Anthem plan, completion of the Specialty [Benefit Modification Form](#) is required.

14 Eligible Employees used for rating

Add	Plan Name/Contract Code	Plan Type	Exam Frequency	Lens Frequency	Frame Frequency	Exam Copay	Lens Copay	Frame Benefit	Contact Benefit	EMP	ESP	ECH	FAM
<input type="checkbox"/>	MO.A.10.150.150 4CC7	Materials Only	Unlimited	Once every calendar year	Once every calendar year	Not Covered	\$10	\$150	\$150	\$6.52	\$13.03	\$13.26	\$22.00
<input type="checkbox"/>	MO.B.10.150.150 4BHM	Materials Only	Unlimited	Once every calendar year	Once every other calendar year	Not Covered	\$10	\$150	\$150	\$6.04	\$12.08	\$12.29	\$20.39
<input type="checkbox"/>	FS.A.10.25.150.150 4B5L	Full Service	Once every calendar year	Once every calendar year	Once every calendar year	\$10	\$25	\$150	\$150	\$7.60	\$15.20	\$15.27	\$25.40
<input type="checkbox"/>	FS.B.10.25.130.130 4BFU	Full Service	Once every calendar year	Once every calendar year	Once every other calendar year	\$10	\$25	\$130	\$130	\$6.78	\$13.57	\$13.68	\$22.73
<input type="checkbox"/>	FS.C.20.20.130.80 4C2S	Full Service	Once every calendar year	Once every other calendar year	Once every other calendar year	\$20	\$20	\$130	\$80	\$4.51	\$9.02	\$9.25	\$15.32

Plans shown are for Employer Paid options, which are subject to minimum participation requirements. Please refer to your state specific guidelines. Voluntary plans are available for eligible groups.

Coverage Types - EMP=Employee Only, ESP=Employee/Spouse, ECH=Employee/Child(ren), FAM = Family

Authorization for ANY Plan Change

Group Email Address: _____ Date: _____

Printed Name: _____ Signature: _____

COMPLETE, SIGN, and Email to sguwca@anthem.com.