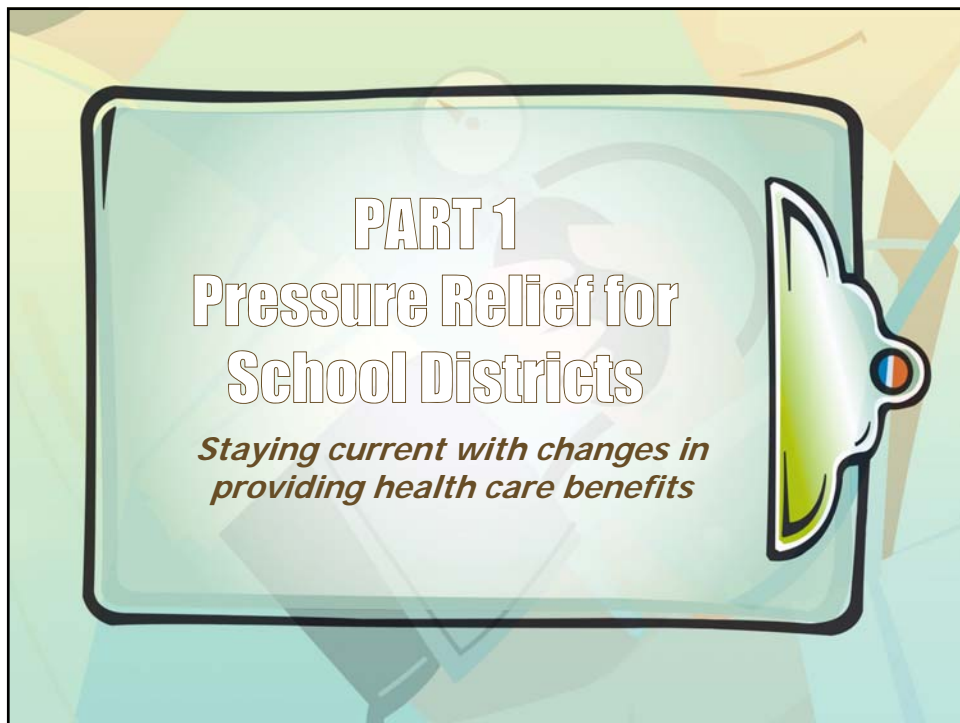


**Help Your Employees
Help Themselves
To Better and More Affordable
Health Care**

Vicki L. Barber, Ed. D.
Superintendent,
El Dorado County Office of Education

Terena Mares
Assistant Superintendent,
Marin County Office of Education

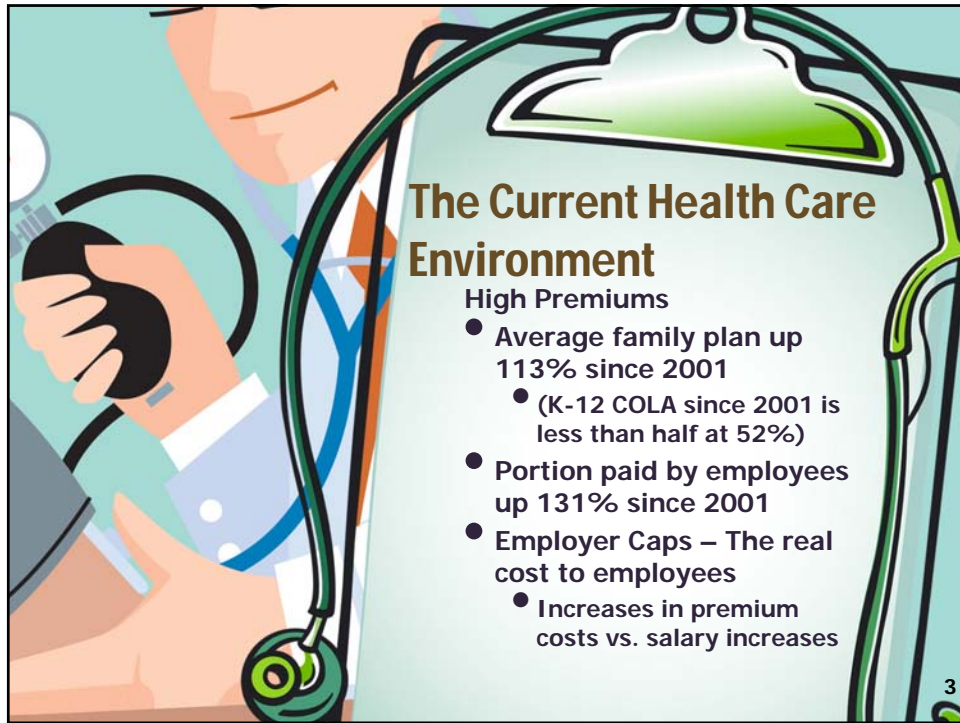
CSBA Annual Conference
December 1, 2011, San Diego



PART 1

**Pressure Relief for
School Districts**

*Staying current with changes in
providing health care benefits*

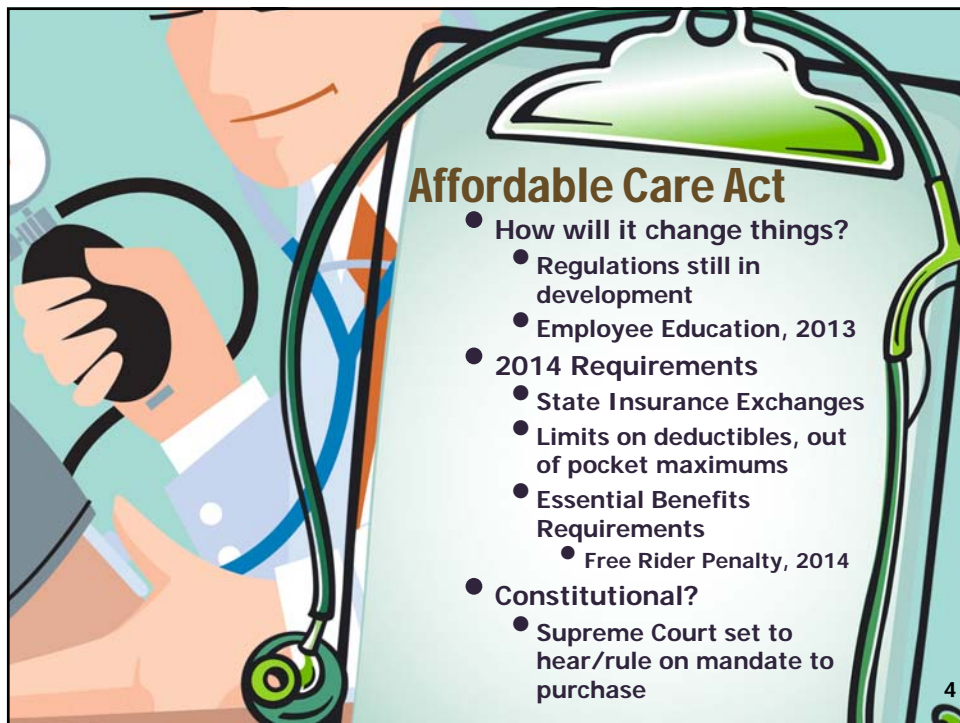


The Current Health Care Environment

High Premiums

- Average family plan up 113% since 2001
 - (K-12 COLA since 2001 is less than half at 52%)
- Portion paid by employees up 131% since 2001
- Employer Caps – The real cost to employees
 - Increases in premium costs vs. salary increases

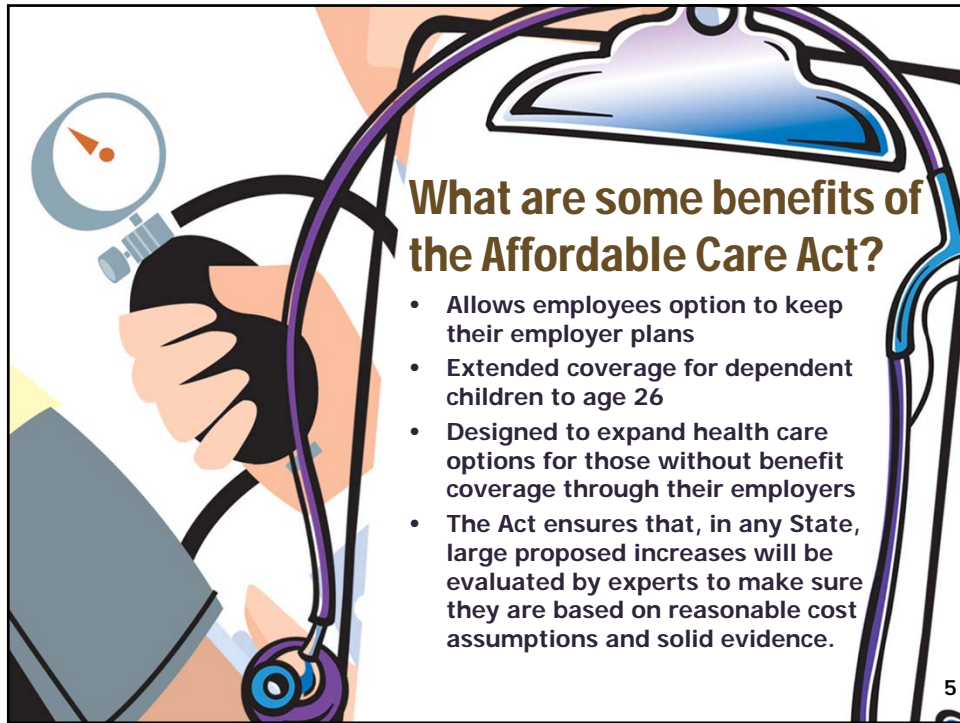
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Affordable Care Act

- How will it change things?
 - Regulations still in development
 - Employee Education, 2013
- 2014 Requirements
 - State Insurance Exchanges
 - Limits on deductibles, out of pocket maximums
 - Essential Benefits Requirements
 - Free Rider Penalty, 2014
- Constitutional?
 - Supreme Court set to hear/rule on mandate to purchase

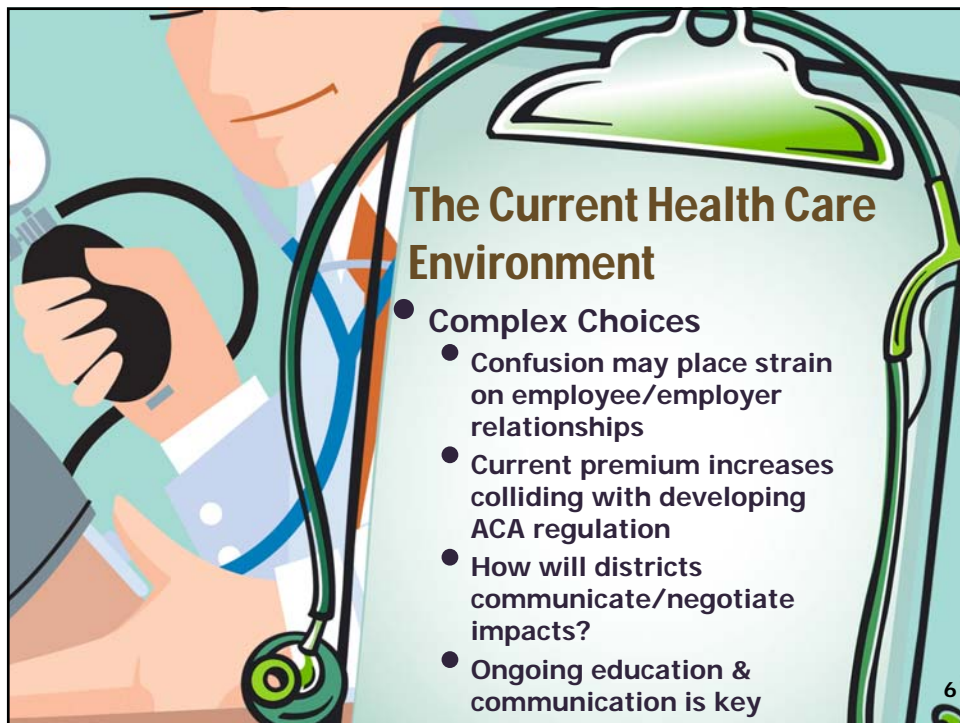
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What are some benefits of the Affordable Care Act?

- Allows employees option to keep their employer plans
- Extended coverage for dependent children to age 26
- Designed to expand health care options for those without benefit coverage through their employers
- The Act ensures that, in any State, large proposed increases will be evaluated by experts to make sure they are based on reasonable cost assumptions and solid evidence.

5



The Current Health Care Environment

- **Complex Choices**
 - Confusion may place strain on employee/employer relationships
 - Current premium increases colliding with developing ACA regulation
 - How will districts communicate/negotiate impacts?
 - Ongoing education & communication is key

6



Employee Benefits Review Committee

The membership of this committee is typically comprised of representatives from the following employee groups:

- Classified
- Certificated
- Management

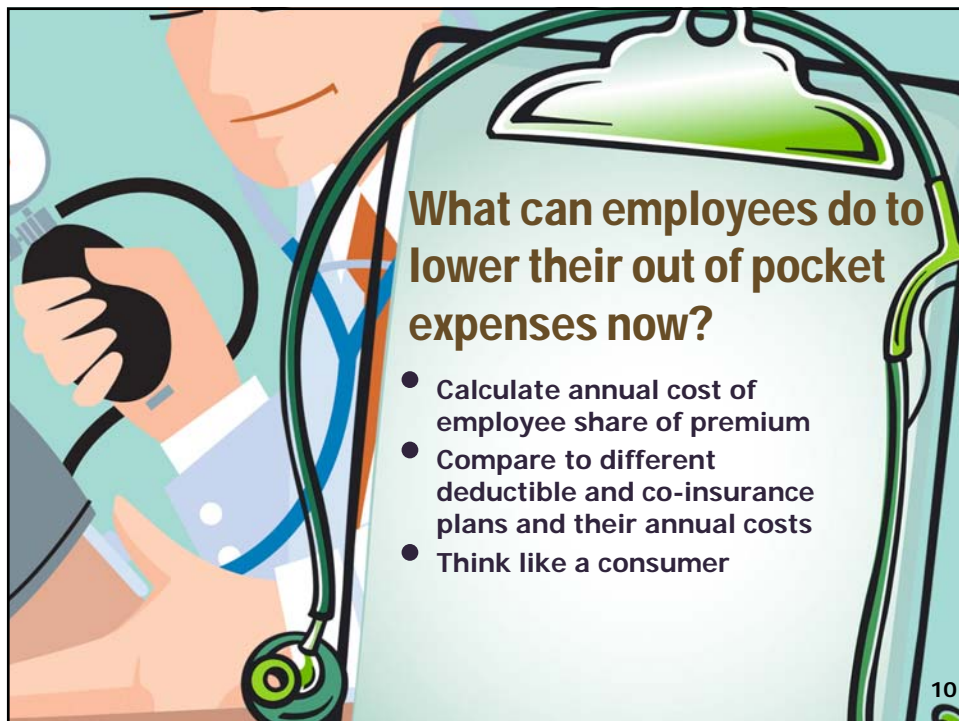
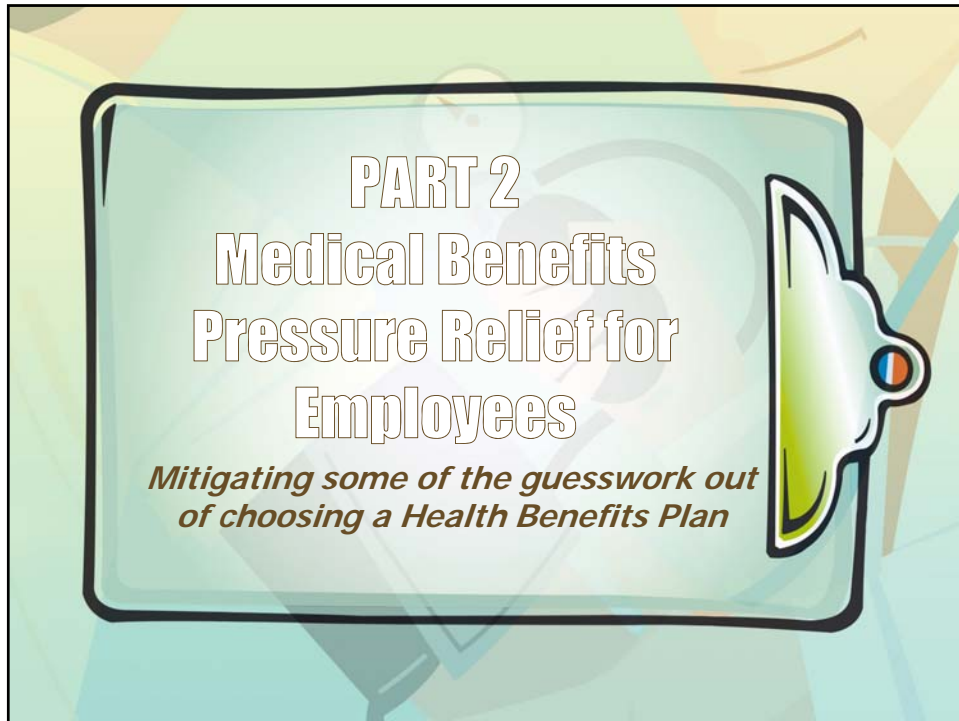
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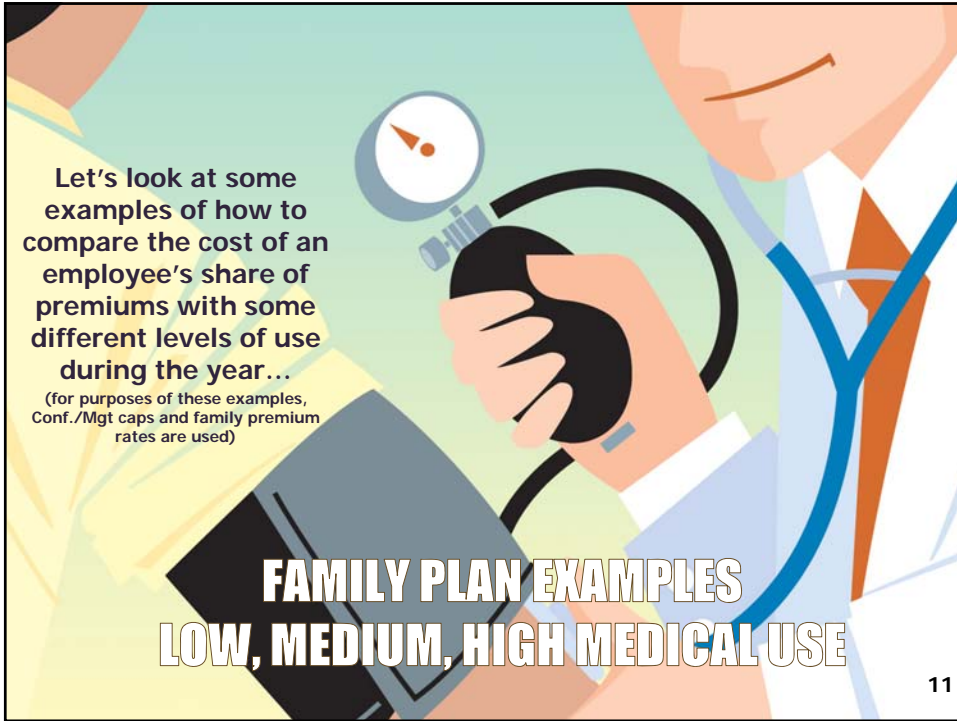


Employee Benefits Review Committee

- Meets regularly
- Reviews medical benefit plans, rates; explores options to stay current with changes
- California Education Coalition for Health Care Reform (CECHCR)
 - Training Modules
 - Use of CECHCR's Second Opinion product to assess benefits plans and pricing.
- Other benefit related topics.

8

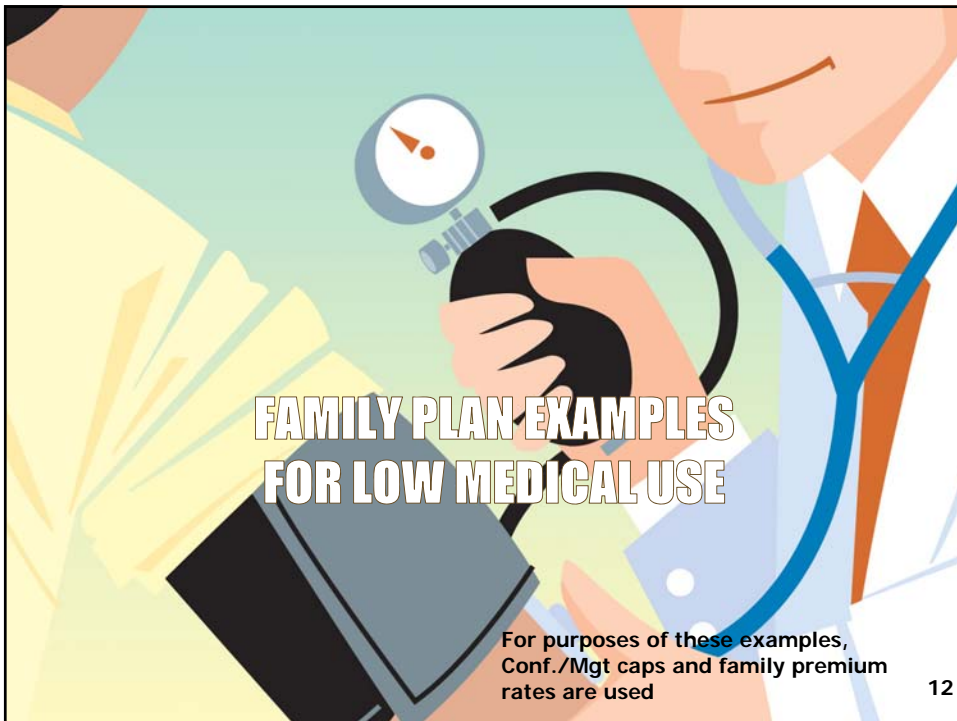




Let's look at some examples of how to compare the cost of an employee's share of premiums with some different levels of use during the year...
(for purposes of these examples, Conf./Mgt caps and family premium rates are used)

**FAMILY PLAN EXAMPLES
LOW, MEDIUM, HIGH MEDICAL USE**

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**FAMILY PLAN EXAMPLES
FOR LOW MEDICAL USE**

For purposes of these examples, Conf./Mgt caps and family premium rates are used

12

Sample Estimate Low Level Annual Medical Cost & Use

Step 3: Select your estimated annual medical costs & usage for you and your dependents.

Selected Employee Group	Selected Employment Hours	Selected Plan Tier
MANAGEMENT/CONFIDENTIAL	40 Hrs Per Week or 1.000 FTE	Family

Estimate Your Annual Medical Costs & Usage <small>(for yourself and your dependents)</small>		
	Patient Responsibility Before Insurance *	# of Doctor Visits
Employee:	1800	14
Dependent 1:	160	2
Dependent 2:	55	1
Dependent 3:	190	6
Dependent 4:	\$0.00	0
Dependent 5:	\$0.00	0
Dependent 6:	\$0.00	0
Dependent 7:	\$0.00	0
Dependent 8:	\$0.00	0
Dependent 9:	\$0.00	0

[Click to View Results](#)

For purposes of these examples, Conf./Mgt caps and family premium rates are used

13

What's This?

Step 3: Select your estimated annual medical costs & usage for you and your dependents.

Selected Employee Group	Selected Employment Hours
MANAGEMENT/CONFIDENTIAL	40 Hrs Per Week or 1.000 FTE

Estimate Your Annual Medical Costs & Usage <small>(for yourself and your dependents)</small>	
	Patient Responsibility Before Insurance *
Employee:	\$1,000.00

Estimations of actual annual medical costs that your insurance is billed. This is not your deductible or what you pay after insurance. This is the annual amount(s) that would be your responsibility, without health insurance; costs should include network discount pricing – in other words, what the medical provider charges your insurance company. Please contact Human Resources if you have questions on how to calculate this estimate. It is helpful to have your EOBs (Explanation of Benefits) from prior years.

Example: If you anticipate having medical procedures costing \$5,000.00 for the year (actual medical costs before insurance), you would enter \$5,000.00 in the 'Employee' patient responsibility area and your estimated total number of doctor visits for the year - (Doing the same for any dependents you may have as well).

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Plan Summaries Calculated on Low Level Use

Plans Listing Summary <small>(To view full details, click on Plan Name)</small>	
Plan Name <small>(Name - Plan Percentage / Ind. Ded. / Family Ded. / Max. Out-of-Pocket Co-Insurance)</small>	Total Out-of-Pocket Annual Estimated Expenses
Blue Cross Plan 1A - (100% / \$0.00 / \$0.00 / \$0.00)	\$15,602.00
Blue Cross Plan 6A - (80% / \$250.00 / \$750.00 / \$1,000.00)	\$13,689.00
Blue Cross Plan 8B - (80% / \$500.00 / \$1,500.00 / \$2,000.00)	\$11,785.00
Blue Cross Plan 10B - (80% / \$2,000.00 / \$6,000.00 / \$4,000.00)	\$9,405.00
Kaiser 2 - (100% / \$0.00 / \$0.00 / \$1,500.00)	\$13,389.00
Kaiser 5 - (100% / \$0.00 / \$0.00 / \$1,500.00)	\$13,117.00
Wellness - (90% / \$500.00 / \$1,000.00 / \$500.00)	\$13,831.00

For purposes of these examples, Conf./Mgt caps and family premium rates are used

Details for Each Plan

Details for plan
Blue Cross Plan 1A

This Insurance Plan Pays: 100%

	Coverage Limits	Premium
Coinsurance Percentage:	0%	
Maximum Individual deductible:	\$0.00	
Maximum Family deductible:	\$0.00	
Out-of-pocket Individual Maximum:	\$0.00	
Office visit co-pay:	\$10.00	

* Monthly Premium, Employer Paid Monthly Cap, & Monthly Net Premium are calculated based on 12 monthly payments	* Total Premium per month:	\$1,694.00
	* Employer paid monthly cap:	\$413.00
Change to 10 months? / 11 months? (click on number)	* Net premium per month:	\$1,281.00
	Net premium per year:	\$15,372.00

Estimated Annual Medical Costs and Usage (for yourself and your dependents)					
	Patient Responsibility Before Insurance	# of Doctor Visits	Deductible	Co-Insurance	Doctor Visits
Employee:	\$1,800.00	14	\$0.00	\$0.00	\$140.00
Dependent 1:	\$160.00	2	\$0.00	\$0.00	\$20.00
Dependent 2:	\$55.00	1	\$0.00	\$0.00	\$10.00
Dependent 3:	\$190.00	6	\$0.00	\$0.00	\$60.00
Usage Subtotals:	\$2,205.00	23	\$0.00	\$0.00	\$230.00

Net Premium Annual Cost:	\$15,372.00
Estimated Annual Deduction(s) Cost:	\$0.00
Estimated annual Co-Insurance Cost:	\$0.00
Estimated Annual Doctor Visit Co-payments:	\$230.00

Estimated Total Annual Medical Expenses using plan - Blue Cross Plan 1A: \$15,602.00

FAMILY PLAN EXAMPLES FOR MEDIUM MEDICAL USE

For purposes of these examples,
Conf./Mgt caps and family premium
rates are used

17

Sample Estimate Medium Level Annual Medical Cost & Usage

Estimated Annual Medical Costs & Usage <small>(for yourself and your dependents)</small>		
	Patient Responsibility Before Insurance	# of Doctor Visits
Employee:	\$10,000.00	29
Dependent 1:	\$2,000.00	6
Dependent 2:	\$3,000.00	9
Dependent 3:	\$300.00	2
Dependent 4:	\$0.00	0
Dependent 5:	\$0.00	0
Dependent 6:	\$0.00	0
Dependent 7:	\$0.00	0
Dependent 8:	\$0.00	0
Dependent 9:	\$0.00	0

For purposes of these examples, Conf./Mgt caps and family
premium rates are used

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Plan Summaries Calculated on Medium Level Use

Plans Listing Summary
(To view full details, click on Plan Name)

Plan Name <small>(Name - Plan Percentage / Ind. Ded. / Family Ded. / Max. Out-of-Pocket Co-Insurance)</small>	Total Out-of-Pocket Annual Estimated Expenses
Blue Cross Plan 1A - (100% / \$0.00 / \$0.00 / \$0.00)	\$15,832.00
Blue Cross Plan 6A - (80% / \$250.00 / \$750.00 / \$1,000.00)	\$15,894.00
Blue Cross Plan 8B - (80% / \$500.00 / \$1,500.00 / \$2,000.00)	\$14,880.00
Blue Cross Plan 10B - (80% / \$2,000.00 / \$6,000.00 / \$4,000.00)	\$15,060.00
Kaiser 2 - (100% / \$0.00 / \$0.00 / \$1,500.00)	\$13,734.00
Kaiser 5 - (100% / \$0.00 / \$0.00 / \$1,500.00)	\$13,922.00
Wellness - (90% / \$500.00 / \$1,000.00 / \$500.00)	\$15,236.00

For purposes of these examples, Conf./Mgt caps and family premium rates are used

Compare Details for Each Plan

Details for plan
Blue Cross Plan 1A

This Insurance Plan Pays: **100%**

	Coverage Limits	Premium
Coinurance Percentage:	0%	
Maximum Individual deductible:	\$0.00	
Maximum Family deductible:	\$0.00	
Out-of-pocket Individual Maximum:	\$0.00	
* Office visit co-pay:	\$10.00	

* Monthly Premium, Employer Paid Monthly Cap, & Monthly Net Premium are calculated based on 12 monthly payments	* Total Premium per month:	\$1,694.00
Change to <u>10</u> months? / <u>11</u> months? (click on number)	* Employer paid monthly cap:	\$413.00
	* Net premium per month:	\$1,281.00
	Net premium per year:	\$15,372.00

Estimated Annual Medical Costs and Usage (for yourself and your dependents)

	Patient Responsibility Before Insurance	# of Doctor Visits	Deductible	Co-Insurance	Doctor Visits
Employee:	\$10,000.00	29	\$0.00	\$0.00	\$290.00
Dependent 1:	\$2,000.00	6	\$0.00	\$0.00	\$60.00
Dependent 2:	\$3,000.00	9	\$0.00	\$0.00	\$90.00
Dependent 3:	\$300.00	2	\$0.00	\$0.00	\$20.00
Usage Subtotals:	\$15,300.00	46	\$0.00	\$0.00	\$460.00

Net Premium Annual Cost:	\$15,372.00
Estimated Annual Deduction(s) Cost:	\$0.00
Estimated Annual Co-Insurance Cost:	\$0.00
Estimated Annual Doctor Visit Co-payments:	\$460.00
Estimated Total Annual Medical Expenses using plan - Blue Cross Plan 1A:	\$15,832.00

**FAMILY PLAN EXAMPLES
FOR HIGH MEDICAL USE**

For purposes of these examples,
Conf./Mgt caps and family
premium rates are used

21

Sample Estimate High Level Annual Medical Cost & Usage

Estimated Annual Medical Costs & Usage
(for yourself and your dependents)

	Patient Responsibility Before Insurance	# of Doctor Visits
Employee:	\$50,000.00	50
Dependent 1:	\$50,000.00	50
Dependent 2:	\$50,000.00	50
Dependent 3:	\$50,000.00	50
Dependent 4:	\$50,000.00	50
Dependent 5:	\$0.00	0
Dependent 6:	\$0.00	0
Dependent 7:	\$0.00	0
Dependent 8:	\$0.00	0
Dependent 9:	\$0.00	0

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Plan Summaries Calculated on High Level Use

Plans Listing Summary
(To view full details, click on Plan Name)

Plan Name <small>(Name - Plan Percentage / Ind. Ded. / Family Ded. / Max. Out-of-Pocket Co-Insurance)</small>	Total Out-of-Pocket Annual Estimated Expenses
Blue Cross Plan 1A - (100% / \$0.00 / \$0.00 / \$0.00)	\$17,872.00
Blue Cross Plan 6A - (80% / \$250.00 / \$750.00 / \$1,000.00)	\$23,014.00
Blue Cross Plan 8B - (80% / \$500.00 / \$1,500.00 / \$2,000.00)	\$22,120.00
Blue Cross Plan 10B - (80% / \$2,000.00 / \$6,000.00 / \$4,000.00)	\$33,200.00
Kaiser 2 - (100% / \$0.00 / \$0.00 / \$1,500.00)	\$16,794.00
Kaiser 5 - (100% / \$0.00 / \$0.00 / \$1,500.00)	\$21,062.00
Wellness - (90% / \$500.00 / \$1,000.00 / \$500.00)	\$20,836.00

For purposes of these examples, Conf./Mgt caps and family premium rates are used

Compare Details for Each Plan

Details for plan
Blue Cross Plan 1A

This Insurance Plan Pays: **100%**

	Coverage Limits	Premium
Coinsurance Percentage:	0%	
Maximum Individual deductible:	\$0.00	
Maximum Family deductible:	\$0.00	
Out-of-pocket Individual Maximum:	\$0.00	
Office visit co-pay:	\$10.00	

* Monthly Premium, Employer Paid Monthly Cap, & Monthly Net Premium are calculated based on 12 monthly payments	* Total Premium per month:	\$1,694.00
Change to 10 months? / 11 months? (click on number)	* Employer paid monthly cap:	\$413.00
	* Net premium per month:	\$1,281.00
	Net premium per year:	\$15,372.00

Estimated Annual Medical Costs and Usage (for yourself and your dependents)

	Patient Responsibility Before Insurance	# of Doctor Visits	Deductible	Co-Insurance	Doctor Visits
Employee:	\$50,000.00	50	\$0.00	\$0.00	\$500.00
Dependent 1:	\$50,000.00	50	\$0.00	\$0.00	\$500.00
Dependent 2:	\$50,000.00	50	\$0.00	\$0.00	\$500.00
Dependent 3:	\$50,000.00	50	\$0.00	\$0.00	\$500.00
Dependent 4:	\$50,000.00	50	\$0.00	\$0.00	\$500.00
Usage Subtotals:	\$250,000.00	250	\$0.00	\$0.00	\$2,500.00

Net Premium Annual Cost:	\$15,372.00
Estimated Annual Deduction(s) Cost:	\$0.00
Estimated annual Co-Insurance Cost:	\$0.00
Estimated Annual Doctor Visit Co-payments:	\$2,500.00
Estimated Total Annual Medical Expenses using plan - Blue Cross Plan 1A:	\$17,872.00



What's the potential annual cost for this Family?

	Total Out of Pocket		
	Low Use	Medium Use	High Use
<i>Blue Cross Plan 1A</i>	\$15,602	\$15,832	\$17,872
<i>Blue Cross Plan 6A</i>	\$13,689	\$15,894	\$23,014
<i>Blue Cross Plan 8B</i>	\$11,785	\$14,880	\$22,120
<i>Blue Cross Plan 10B</i>	\$9,405	\$15,060	\$33,200
<i>Kaiser 2</i>	\$13,389	\$13,734	\$16,794
<i>Kaiser 5</i>	\$13,117	\$13,922	\$21,062
<i>Wellness</i>	\$13,831	\$15,236	\$20,836

For purposes of these examples, Conf./Mgt caps and family premium rates are used



27

Employee Only Low Use

Selected Employee Group	Selected Employment Hours	Selected Plan Tier
MANAGEMENT/CONFIDENTIAL	40 Hrs Per Week or 1.000 FTE	Employee Only

Estimated Annual Medical Costs & Usage <small>(for yourself and your dependents)</small>		
	Patient Responsibility Before Insurance	# of Doctor Visits
Employee:	<input type="text" value="\$1,800.00"/>	<input type="text" value="14"/>
<input type="button" value="Recalculate Amounts"/>		

Plans Listing Summary <small>(To view full details, click on Plan Name)</small>	
Plan Name <small>(Name - Plan Percentage / Ind. Ded. / Family Ded. / Max. Out-of-Pocket Co-Insurance)</small>	Total Out-of-Pocket Annual Estimated Expenses
Blue Cross Plan 1A - (100% / \$0.00 / \$0.00 / \$0.00)	\$4,544.00
Blue Cross Plan 6A - (80% / \$250.00 / \$750.00 / \$1,000.00)	\$3,780.00
Blue Cross Plan 8B - (80% / \$500.00 / \$1,500.00 / \$2,000.00)	\$2,956.00
Blue Cross Plan 10B - (80% / \$2,000.00 / \$6,000.00 / \$4,000.00)	\$2,448.00
Kaiser 2 - (100% / \$0.00 / \$0.00 / \$1,500.00)	\$3,558.00
Kaiser 5 - (100% / \$0.00 / \$0.00 / \$1,500.00)	\$3,502.00
Wellness - (90% / \$500.00 / \$1,000.00 / \$500.00)	\$3,934.00

28

Employee Only Medium Use

Selected Employee Group	Selected Employment Hours	Selected Plan Tier
MANAGEMENT/CONFIDENTIAL	40 Hrs Per Week or 1.000 FTE	Employee Only

Estimated Annual Medical Costs & Usage <small>(for yourself and your dependents)</small>		
	Patient Responsibility Before Insurance	# of Doctor Visits
Employee:	\$10,000.00	29
<input type="button" value="Recalculate Amounts"/>		

Plans Listing Summary <small>(To view full details, click on Plan Name)</small>	
Plan Name <small>(Name - Plan Percentage / Ind. Ded. / Family Ded. / Max. Out-of-Pocket Co-Insurance)</small>	Total Out-of-Pocket Annual Estimated Expenses
Blue Cross Plan 1A - (100% / \$0.00 / \$0.00 / \$0.00)	\$4,694.00
Blue Cross Plan 6A - (80% / \$250.00 / \$750.00 / \$1,000.00)	\$4,770.00
Blue Cross Plan 8B - (80% / \$500.00 / \$1,500.00 / \$2,000.00)	\$4,596.00
Blue Cross Plan 10B - (80% / \$2,000.00 / \$6,000.00 / \$4,000.00)	\$4,248.00
Kaiser 2 - (100% / \$0.00 / \$0.00 / \$1,500.00)	\$3,783.00
Kaiser 5 - (100% / \$0.00 / \$0.00 / \$1,500.00)	\$4,027.00
Wellness - (90% / \$500.00 / \$1,000.00 / \$500.00)	\$4,604.00

29

Employee Only High Use

Selected Employee Group	Selected Employment Hours	Selected Plan Tier
MANAGEMENT/CONFIDENTIAL	40 Hrs Per Week or 1.000 FTE	Employee Only

Estimated Annual Medical Costs & Usage <small>(for yourself and your dependents)</small>		
	Patient Responsibility Before Insurance	# of Doctor Visits
Employee:	\$50,000.00	50
<input type="button" value="Recalculate Amounts"/>		

Plans Listing Summary <small>(To view full details, click on Plan Name)</small>	
Plan Name <small>(Name - Plan Percentage / Ind. Ded. / Family Ded. / Max. Out-of-Pocket Co-Insurance)</small>	Total Out-of-Pocket Annual Estimated Expenses
Blue Cross Plan 1A - (100% / \$0.00 / \$0.00 / \$0.00)	\$4,904.00
Blue Cross Plan 6A - (80% / \$250.00 / \$750.00 / \$1,000.00)	\$5,190.00
Blue Cross Plan 8B - (80% / \$500.00 / \$1,500.00 / \$2,000.00)	\$4,696.00
Blue Cross Plan 10B - (80% / \$2,000.00 / \$6,000.00 / \$4,000.00)	\$6,648.00
Kaiser 2 - (100% / \$0.00 / \$0.00 / \$1,500.00)	\$4,098.00
Kaiser 5 - (100% / \$0.00 / \$0.00 / \$1,500.00)	\$4,762.00
Wellness - (90% / \$500.00 / \$1,000.00 / \$500.00)	\$5,024.00

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What's the potential annual cost for this Employee only?

	Total Out of Pocket		
	Low Use	Medium Use	High Use
Blue Cross Plan 1A	\$4,544	\$4,694	\$4,904
Blue Cross Plan 6A	\$3,780	\$4,770	\$5,190
Blue Cross Plan 8B	\$2,956	\$4,596	\$4,696
Blue Cross Plan 10B	\$2,448	\$4,248	\$6,648
Kaiser 2	\$3,558	\$3,783	\$4,098
Kaiser 5	\$3,502	\$4,027	\$4,762
Wellness	\$3,934	\$4,604	\$5,024

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Employee + 1 Dependent Low Use

Selected Employee Group	Selected Employment Hours	Selected Plan Tier
MANAGEMENT/CONFIDENTIAL	40 Hrs Per Week or 1.000 FTE	Employee + 1

Estimated Annual Medical Costs & Usage <small>(for yourself and your dependents)</small>		
	Patient Responsibility Before Insurance	# of Doctor Visits
Employee:	\$1,800.00	14
Dependent 1:	\$16.00	2

Plans Listing Summary <small>(To view full details, click on Plan Name)</small>	
Plan Name <small>(Name - Plan Percentage / Ind. Ded. / Family Ded. / Max. Out-of-Pocket Co-Insurance)</small>	Total Out-of-Pocket Annual Estimated Expenses
Blue Cross Plan 1A - (100% / \$0.00 / \$0.00 / \$0.00)	\$11,284.00
Blue Cross Plan 6A - (80% / \$250.00 / \$750.00 / \$1,000.00)	\$9,560.00
Blue Cross Plan 8B - (80% / \$500.00 / \$1,500.00 / \$2,000.00)	\$8,144.00
Blue Cross Plan 10B - (80% / \$2,000.00 / \$6,000.00 / \$4,000.00)	\$6,484.00
Kaiser 2 - (100% / \$0.00 / \$0.00 / \$1,500.00)	\$9,552.00
Kaiser 5 - (100% / \$0.00 / \$0.00 / \$1,500.00)	\$9,296.00
Wellness - (90% / \$500.00 / \$1,000.00 / \$500.00)	\$9,690.00

33

Employee + 1 Dependent Medium Use

Selected Employee Group	Selected Employment Hours	Selected Plan Tier
MANAGEMENT/CONFIDENTIAL	40 Hrs Per Week or 1.000 FTE	Employee + 1

Estimated Annual Medical Costs & Usage <small>(for yourself and your dependents)</small>		
	Patient Responsibility Before Insurance	# of Doctor Visits
Employee:	\$10,000.00	29
Dependent 1:	\$2,000.00	6

Plans Listing Summary <small>(To view full details, click on Plan Name)</small>	
Plan Name <small>(Name - Plan Percentage / Ind. Ded. / Family Ded. / Max. Out-of-Pocket Co-Insurance)</small>	Total Out-of-Pocket Annual Estimated Expenses
Blue Cross Plan 1A - (100% / \$0.00 / \$0.00 / \$0.00)	\$11,474.00
Blue Cross Plan 6A - (80% / \$250.00 / \$750.00 / \$1,000.00)	\$11,214.00
Blue Cross Plan 8B - (80% / \$500.00 / \$1,500.00 / \$2,000.00)	\$10,568.00
Blue Cross Plan 10B - (80% / \$2,000.00 / \$6,000.00 / \$4,000.00)	\$10,268.00
Kaiser 2 - (100% / \$0.00 / \$0.00 / \$1,500.00)	\$9,837.00
Kaiser 5 - (100% / \$0.00 / \$0.00 / \$1,500.00)	\$9,961.00
Wellness - (90% / \$500.00 / \$1,000.00 / \$500.00)	\$11,074.00

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Employee + 1 Dependent High Use

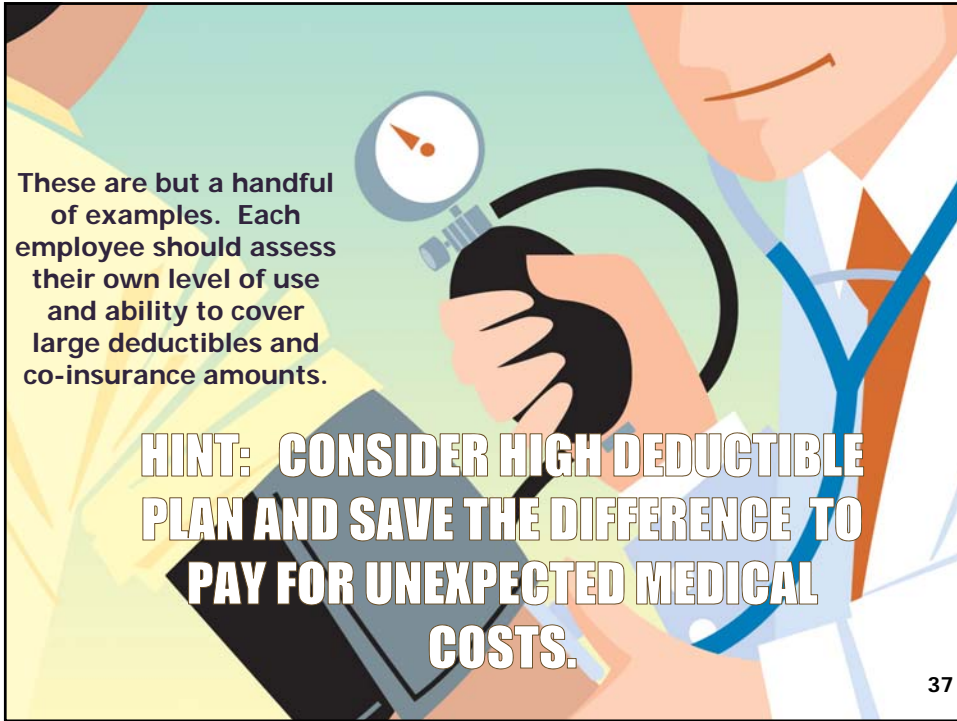
Selected Employee Group	Selected Employment Hours	Selected Plan Tier
MANAGEMENT/CONFIDENTIAL	40 Hrs Per Week or 1.000 FTE	Employee + 1
Estimated Annual Medical Costs & Usage <small>(for yourself and your dependents)</small>		
	Patient Responsibility Before Insurance	# of Doctor Visits
Employee:	\$50,000.00	50
Dependent 1:	\$50,000.00	50
<input type="button" value="Recalculate Amounts"/>		
Plans Listing Summary <small>(To view full details, click on Plan Name)</small>		
Plan Name <small>(Name - Plan Percentage / Ind. Ded. / Family Ded. / Max. Out-of-Pocket Co-Insurance)</small>	Total Out-of-Pocket Annual Estimated Expenses	
Blue Cross Plan 1A - (100% / \$0.00 / \$0.00 / \$0.00)	\$12,124.00	
Blue Cross Plan 6A - (80% / \$250.00 / \$750.00 / \$1,000.00)	\$13,164.00	
Blue Cross Plan 8B - (80% / \$500.00 / \$1,500.00 / \$2,000.00)	\$12,368.00	
Blue Cross Plan 10B - (80% / \$2,000.00 / \$6,000.00 / \$4,000.00)	\$16,668.00	
Kaiser 2 - (100% / \$0.00 / \$0.00 / \$1,500.00)	\$10,812.00	
Kaiser 5 - (100% / \$0.00 / \$0.00 / \$1,500.00)	\$12,236.00	
Wellness - (90% / \$500.00 / \$1,000.00 / \$500.00)	\$12,724.00	

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What's the potential annual cost for this Employee +1 Dependent?

	Total Out of Pocket		
	Low Use	Medium Use	High Use
<i>Blue Cross Plan 1A</i>	\$11,284	\$11,474	\$12,124
<i>Blue Cross Plan 6A</i>	\$9,560	\$11,214	\$13,164
<i>Blue Cross Plan 8B</i>	\$8,144	\$10,568	\$12,368
<i>Blue Cross Plan 10B</i>	\$6,484	\$10,268	\$16,668
<i>Kaiser 2</i>	\$9,552	\$9,837	\$10,812
<i>Kaiser 5</i>	\$9,269	\$9,961	\$12,236
<i>Wellness</i>	\$9,690	\$11,074	\$12,724


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These are but a handful of examples. Each employee should assess their own level of use and ability to cover large deductibles and co-insurance amounts.

HINT: CONSIDER HIGH DEDUCTIBLE PLAN AND SAVE THE DIFFERENCE TO PAY FOR UNEXPECTED MEDICAL COSTS.

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Questions?

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Resources

- ACA - <http://www.whitehouse.gov/healthreform/healthcare-overview>
- American Fidelity - <http://www.afadvantage.com/for-employers/health-care-reform.aspx#>
- CalPERS - <http://www.calpers.ca.gov/index.jsp?bc=/about/resources-e-library/health-plans.xml>
- CECHCR - <http://www.ccscenter.org/cechcr>
- CVT - <http://cvtrust.org>
- Delta Dental - <http://www.deltadentalins.com/>
- El Dorado County Office of Education - http://www.edcoe.org/departments/human_resources/healthbenefitforum.html
- SISC - <http://sisc.kern.org/>
- VSP - <https://www.vsp.com>

To name a few....

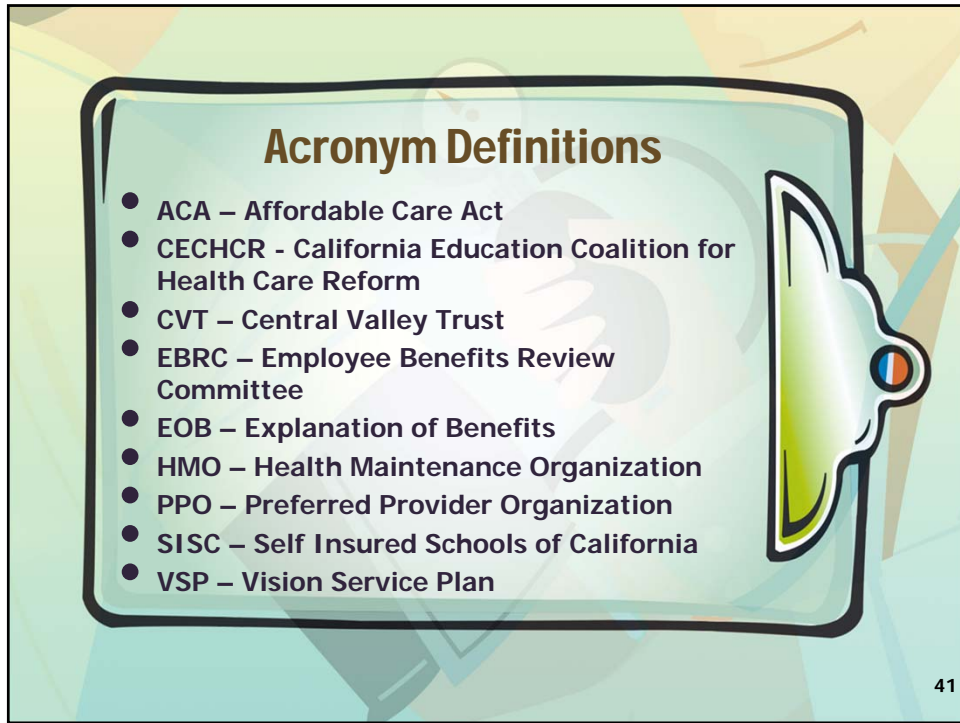
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More Resources

- Definition of Terms (attached)
- Sample EOB, Explanation of Benefits (attached)
- Kaiser Fees, Northern California (attached)
- El Dorado County Office of Education's Employee Medical Health Benefit Calculator
<http://www.edcoe.org/hcc/edcoe19342/SelectGroup.asp>

To name a few more....

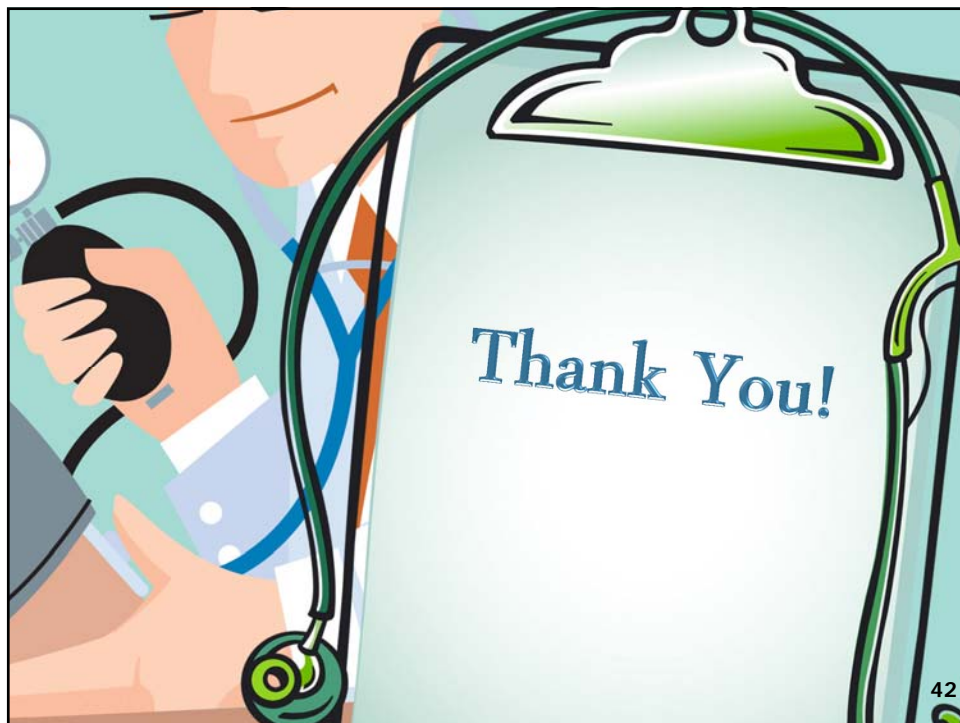
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Acronym Definitions

- ACA – Affordable Care Act
- CECHCR - California Education Coalition for Health Care Reform
- CVT – Central Valley Trust
- EBRC – Employee Benefits Review Committee
- EOB – Explanation of Benefits
- HMO – Health Maintenance Organization
- PPO – Preferred Provider Organization
- SISC – Self Insured Schools of California
- VSP – Vision Service Plan

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Thank You!

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