

Tracy Joint Unified School District

TEA Chapter Meeting
5/19/2020



Five Year Rate History












Medical Trend	Pharmacy Trend	Total Trend
4.0%	8.0%	4.5%



Plan Year	PPO	Kaiser	Dental	Vision
2020 / 21	1.0%	0.0%	-2.4%	-4.7%
2019 / 20	2.9%	5.5%	0.0%	0.0%
2018 / 19	0.0%	3.3%	0.0%	0.0%
2017 / 18	0.0%	4.6%	-5.1%	-2.9%
2016 / 17	12.3%	0.0%	0.0%	0.0%
Five Year Average	3.2%	2.7%	-1.5%	-1.5%

Tracy Joint Unified School District

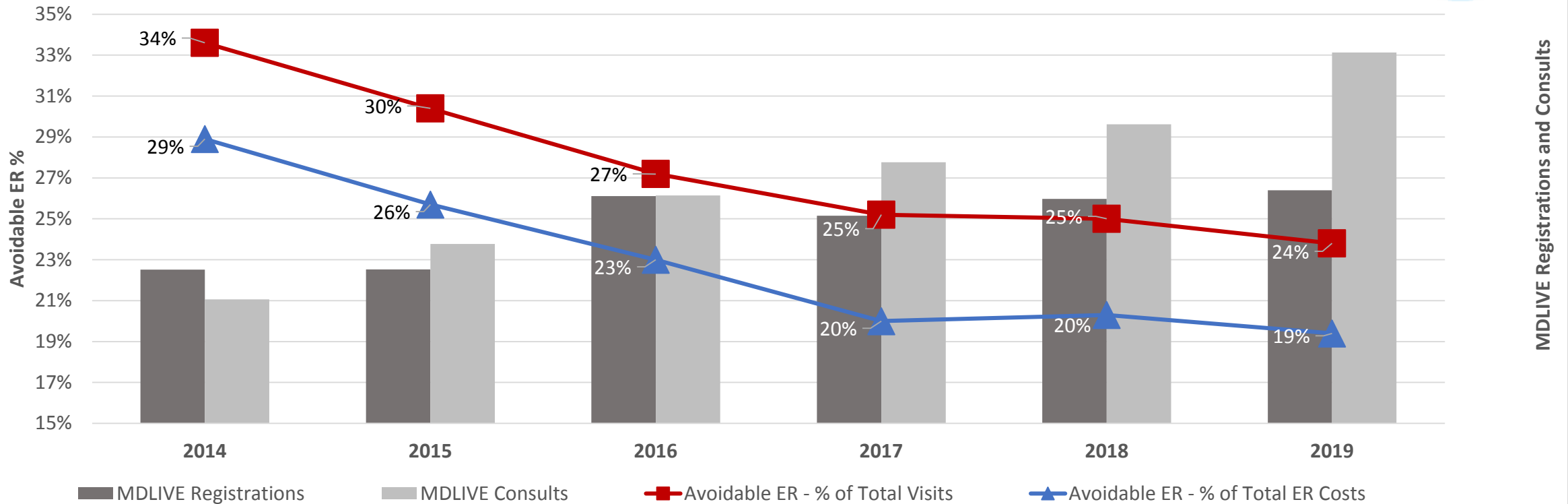
Renewal Summary

	CVT Comments	Impact	Impact		CVT Comments	Impact	Impact
Inpatient Hospital 	<p>Inpatient hospital utilization was down over last year, and overall costs decreased. This is largely attributed to the longer lengths of stay experienced this year.</p>			Emergency Room 	<p>Emergency room cost contributed to this year's renewal increase; opportunities to partner to drive improvement in the coming year</p>		
Outpatient Services 	<p>Outpatient Surgery – Surgery costs decreased over last year</p> <p>Outpatient Radiology – Radiology costs increased over last year</p> <p>Outpatient Laboratory – Lab costs increased over last year</p>		 	Pharmacy 	<p>Specialty Pharmacy – Specialty pharmacy utilization and cost increased this year</p> <p>Non-Specialty Pharmacy – Non-Specialty pharmacy utilization and cost increased this year</p>		 

CVT Overall Success-Statewide Emergency Room



MDLIVE Registrations/Consults Compared to Avoidable ER Trendlines














California's
Valued Trust

Kaiser Renewal Drivers

2020 – 2021
Rate Renewal



Kaiser – Northern California Region

	CVT Comments	Impact	Impact		CVT Comments	Impact	Impact
 <p>Inpatient Hospital</p>	<p>Kaiser North saw improvement in inpatient hospitalizations this year, which helped the overall renewal.</p> <ul style="list-style-type: none"> • 11% Increase in Inpatient Hospital Claims • 21% Decrease in Inpatient Hospital Costs • Slight decrease in length of inpatient hospital stays 			 <p>Emergency Room</p>	<p>Emergency room utilization and cost contributed to this year's renewal increase</p> <ul style="list-style-type: none"> • -2% decrease in Emergency Room claims • 6% increase in Emergency Room costs 		
 <p>Outpatient Services</p>	<p>Outpatient Surgery – OP Surgery Claims costs increased 2%</p> <p>Outpatient Radiology – Radiology costs were flat</p> <p>Outpatient Laboratory – Lab costs were flat</p>			 <p>Pharmacy</p>	<p>Specialty Pharmacy</p> <ul style="list-style-type: none"> • -6% decrease in specialty drug utilization • -6% decrease in specialty drug costs <p>Non-Specialty Pharmacy</p> <ul style="list-style-type: none"> • -16% decrease in non-specialty drug costs 		

2020 / 21 Plan Benefit Changes

PPO Medical Plans

- CVT's High Deductible Health Plans (HDHP) will change in order to continue to be Health Savings Account (HSA) compatible with the Internal Revenue Service (IRS)
- As a reminder, effective 4/1/2020, copays will no longer be charged for MDLIVE for members on PPO plans 1 – 10, Wellness, Bronze, Medicare Supplement 1 & 2 and Medicare Advantage

2020 / 21 Plan Benefit Changes

All Medical Plans



CVT is please to announce our new partnership with CredibleMind, a new, innovative online platform for individuals looking for mental and emotional wellbeing tools. CredibleMind is backed by a deep bench of clinical professionals who vet, review, and rate resources available for individual self-service. Find out more at <https://cvt.crediblemind.com/>

2020 / 21 Plan Benefit Changes

Eligibility Update

Active Employees

Medical opt out provision for those who provide proof of coverage for:

- Tricare
- Medi-Cal
- Subsidized Covered California

District Paid Retirees

CVT will also recognize retirement as a qualifying event if the following criteria is met:

- Retiree is in opt-out status through CVT at the time of retirement
- Retiree is eligible for benefits based on: individual school, board-approved contract, district policy for health and welfare benefits or retiree eligibility stated in the Collective Bargaining Agreement (CBA)
 - Proof of other continuous coverage

* These provisions will be allowed upon receipt of an executed Participation Agreement



California's
Valued Trust

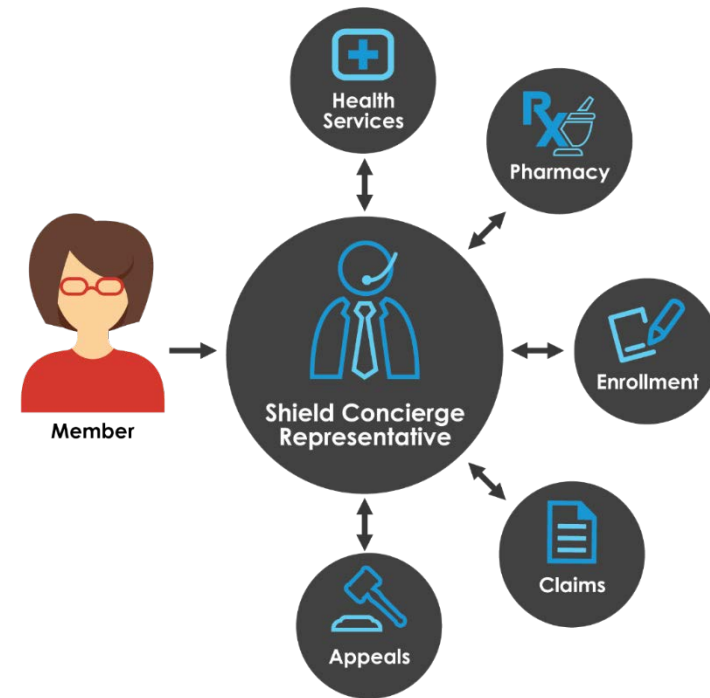
New Plan Offering Blue Shield Trio



Services

Shield Concierge takes employees out of the middle and gets things resolved for them

- Answers to questions about member HMO plans
- Help transferring their medical records and prescriptions
- Help finding doctors, hospitals, or urgent care centers near them
- Get connected to condition management programs specific to their needs
- Enroll them in health and wellness programs
- Offer foreign language assistance



Blue Shield Trio Availability

Q4-2016 22 Trio Counties	Coverage
Nevada	Partial
Solano	Partial
El Dorado	Partial
Placer	Partial
Sacramento	Partial
Yolo	Partial
San Francisco	Full
Contra Costa	Partial
Alameda	Partial
Santa Clara	Full
San Mateo	Full
Santa Cruz	Full
San Joaquin	Full
Stanislaus	Partial
Tulare	Partial
Ventura	Partial
Kern	Partial
Los Angeles	Partial
Riverside	Partial
San Bernardino	Partial
Orange	Full
San Diego	Partial



Providers in Tracy

- Physicians
 - Hill Physicians Group
- Hospitals
 - Sutter Tracy Community Hospital
- Urgent Care
 - Sutter Gould Medical Foundation
 - Patel Pulliam and Med Assoc
 - Tracy Urgent Care Med Clinic

Plan Summaries

Plans

- 3 plans
- \$0 deductibles
- Lower OOPM and cost share than many of the PPO plans

Blue Shield of California HMO OPTIONS 2019 / 2020 – Trio Network			
SERVICES	HMO 1	HMO 2	HMO 3
CALENDAR YEAR DEDUCTIBLE	\$0	\$0	\$0
CALENDAR YEAR OUT OF POCKET MAXIMUM (includes deductible, coinsurance & medical copays)	\$1,000 Individual \$2,000 Family	\$1,500 Individual \$3,000 Family	\$3,500 Individual \$6,000 Family
DOCTOR VISITS	\$10 Copay	\$15 Copay	\$25 Copay
TELEDOC	\$5 Copay	\$5 Copay	\$5 Copay
ACCESS+ SPECIALIST BENEFIT*	\$30 Copay	\$30 Copay	\$40 Copay
PREVENTIVE CARE AND IMMUNIZATIONS FOR ADULTS AND CHILDREN (Covered, as long as eligible)	Paid at 100% of Covered Expenses	Paid at 100% of Covered Expenses	Paid at 100% of Covered Expenses
OUTPATIENT IMAGING TESTS & LAB	Paid at 100% of Covered Expenses	Paid at 100% of Covered Expenses	Paid at 100% of Covered Expenses
RADIATION THERAPY/CHEMOTHERAPY	\$10 Copay	\$15 Copay	\$25 Copay
DURABLE MEDICAL EQUIPMENT	Paid at 100% of Covered Expenses	Paid at 100% of Covered Expenses	Paid at 100% of Covered Expenses
AMBULANCE-GROUND/AIR	\$100 Copay	\$100 Copay	\$100 Copay
PHYSICAL THERAPY	\$10 per visit	\$15 per visit	\$25 per visit
CHIROPRACTIC 30 visits per calendar year (Prior authorization not required)	\$10 Copay per visit	\$10 Copay per visit	\$10 Copay per visit
ACUPUNCTURE	Not Covered	Not Covered	Not Covered
HOSPITAL INPATIENT Semi private room (Skilled Nursing limited to 100 visits per calendar year)	Paid at 100% of Covered Expenses; unlimited days	Physician paid at 100% Inpatient facility services-\$250 Copay per admission Skilled Nursing-\$50 per day Copay	Physician paid at 100% Inpatient facility services-\$750 per day Copay for up to 3 days, per admission Skilled Nursing-\$150 per day Copay
HOSPITAL EMERGENCY ROOM (Copay waived if admitted as in-patient)	\$100 Copay	\$100 Copay	\$150 Copay
HOME HEALTH CARE (limited to 100 visits per calendar year)	\$10 per visit	\$15 per visit	\$25 per visit
HOSPICE	Paid at 100% of Covered Expenses	Paid at 100% of Covered Expenses	Paid at 100% of Covered Expenses
HMO Prescription Benefit	Plan 1	Plan 2	Plan 3
Retail 30-Day Supply	\$5 Tier 1 \$10 Tier 2 \$25 Tier 3	\$10 Tier 1 \$20 Tier 2 \$35 Tier 3	\$15 Tier 1 \$30 Tier 2 \$45 Tier 3
Mail Order 90-Day Supply	\$10 Tier 1 \$20 Tier 2 \$50 Tier 3	\$20 Tier 1 \$40 Tier 2 \$70 Tier 3	\$30 Tier 1 \$60 Tier 2 \$90 Tier 3
Retail Specialty Drugs	80% (Up to \$100 copayment maximum per prescription) 30-Day Supply	80% (Up to \$100 copayment maximum per prescription) 30-Day Supply	80% (Up to \$100 copayment maximum per prescription) 30-Day Supply

New Partnership



- CVT first to offer five new Sutter Health | Aetna EPO plan designs
- 1,700+ primary care doctors, 9,400+ specialists; 33 hospitals; 74 urgent care centers; 25 walk in clinics
- Northern California - El Dorado, Sutter, Yuba San Joaquin, Sonoma counties
- Highly recognized, high performance network of doctors, hospitals and care services
- Best in class network pricing and programs to drive best overall cost of care savings

Sutter Health | Aetna's goal is to deliver

We're striving to create affordable health care products that give your employees seamless access to the care you need



Simplified and holistic member experience designed to support a member's health ambition



Care connected through analytics and data sharing



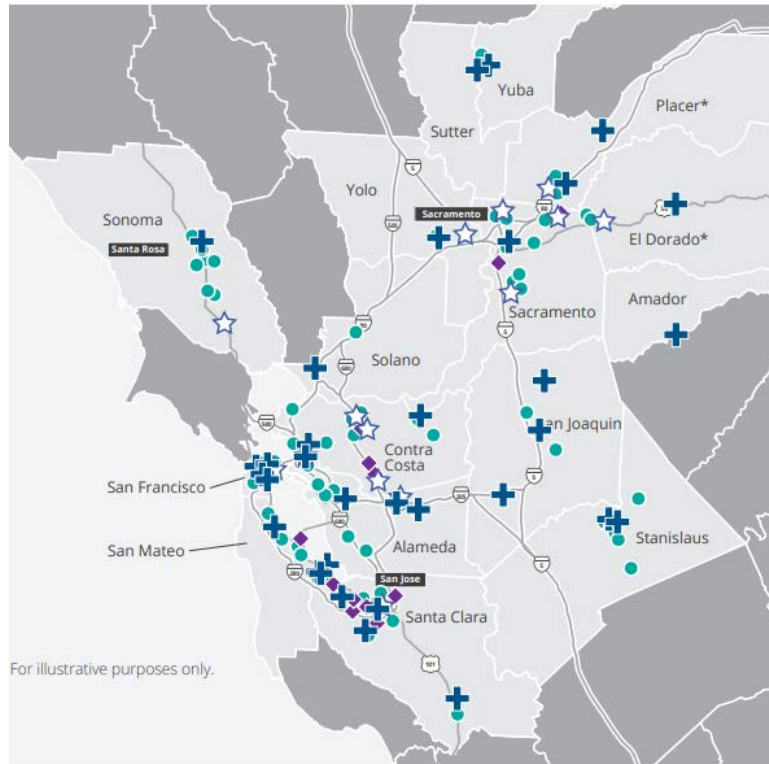
Convenient access to local hospitals, local physicians and care teams, and local non-clinical resources



Affordability and efficiency with transparent and predictable costs

Sutter Health | Aetna's network

Sutter Health | Aetna network coverage area



☆ Sutter Walk-In Clinics

● Urgent Care Centers

◆ Retail Walk-In Clinics

⊕ Hospitals

- **Hospitals**
 - Memorial Medical Center
 - Stanislaus Surgical Hospital
 - Sutter Tracy Community Hospital
- **Physician Groups**
 - Sutter Gould Medical Foundation
- **Emergency Room**
 - Sutter Urgent Care – Tracy
 - Sutter Urgent Care – Modesto
 - U.S. Healthworks Medical Group

Sutter Health | Aetna plan summaries

Plans

- 5 plans (HSA)
- Variety of deductibles, cost shares and OOPM – similar to PPO plans

BENEFIT	EPO 100 PLAN	EPO 90 PLAN	EPO 80 PLAN	EPO 70 PLAN	EPO HSA PLAN
Calendar Year Deductible	Individual: \$300 Family: \$600	Individual: \$750 Family: \$1,500	Individual: \$1,500 Family: \$3,000	Individual: \$5,000 Family: \$10,000	Individual: \$1,350 Family: \$2,700 (No individual limit applies to family)
Coinsurance	Paid at 100% after deductible is met	Paid at 90% after deductible is met	Paid at 80% after deductible is met	Paid at 70% after deductible is met	Paid at 80% after deductible is met
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)	Individual: \$1,250 Family: \$2,500	Individual: \$2,000 Family: \$4,000	Individual: \$3,000 Family: \$6,000	Individual: \$6,350 Family: \$12,700	Individual: \$4,250 Family: \$8,500 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$6,850.
Doctor Visits	Primary Care – \$20 copay per visit; deductible waived Specialty – \$40 copay per visit; deductible waived	Primary Care – \$20 copay per visit; deductible waived Specialty – \$40 copay per visit; deductible waived	Primary Care – \$30 copay per visit; deductible waived Specialty – \$50 copay per visit; deductible waived	Primary Care – \$60 copay - 1 st 3 visits per year; deductible waived Paid at 70% - 4 th and all subsequent visits; after deductible Specialty – \$75 copay per visit; after deductible	Primary Care – Paid at 80% after deductible is met Specialty – Paid at 80% after deductible is met
Preventive Care/Immunizations	Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%
Outpatient Laboratory	Paid at 100% after deductible is met	Paid at 90% after deductible is met	Paid at 80% after deductible is met	Paid at 70% after deductible is met	Paid at 80% after deductible is met
Outpatient Radiology	Paid at 100% after deductible is met	Paid at 90% after deductible is met	Paid at 80% after deductible is met	Paid at 70% after deductible is met	Paid at 80% after deductible is met
Durable Medical Equipment	Paid at 100% after deductible is met	Paid at 90% after deductible is met	Paid at 80% after deductible is met	Paid at 70% after deductible is met	Paid at 80% after deductible is met
Ambulance – Ground/Air	Paid at 100% after deductible is met	Paid at 90% after deductible is met	Paid at 80% after deductible is met	Paid at 70% after deductible is met	Paid at 80% after deductible is met
Outpatient Surgery	Non-Hospital - Paid at 100% after deductible is met Hospital - \$250 Copay, then paid at 100% after deductible is met	Non-Hospital - Paid at 90% after deductible is met Hospital - Paid at 90% after \$250 Copay, then paid at 100% after deductible is met	Non-Hospital - Paid at 80% after deductible is met Hospital - Paid at 80% after \$250 Copay, then paid at 100% after deductible is met	Non-Hospital - Paid at 70% after deductible is met Hospital - Paid at 70% after \$250 Copay, then paid at 100% after deductible is met	Non-Hospital - Paid at 80% after deductible is met Hospital - Paid at 80% after deductible is met
Hospital Inpatient	Paid at 100% after deductible is met	Paid at 90% after deductible is met	Paid at 80% after deductible is met	Paid at 70% after deductible is met	Paid at 80% after deductible is met