Revised 9/28/2012



#### SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY **STAFF REPORT**

Item No. 11

Meeting Date: OCTOBER 4, 2012

#### Subject:

#### Renewal of the Employee Benefit Program(s) for 2013

#### **Recommendation:**

The Executive Personnel and Compensation Committee recommend that the Board adopt Resolution No. 2012-0112, approving the renewal of the Employee Benefit Program(s) for 2013.

#### **Background/Justification:**

#### Updated September 28, 2012

The Executive Personnel & Compensation Committee met on September 27, 2012 with all members except for Board Member Boland in attendance. After receiving a presentation from staff, the Committee unanimously recommended that staff's recommendations be forwarded to the full Board for approval.

During the discussion, staff fielded multiple questions from Board members; many of which were clarifying questions. In addition, staff also was asked to provide the Board with additional information to supplement the initial content presented to the Committee. First, please note that San Diego County Regional Airport Authority ("Authority") employees contribute a portion toward the cost of health and welfare coverage in addition to the co-pays, deductibles, and co-insurance required within each plan. For calendar year 2012, in aggregate staff pays approximately \$627,816 toward the cost of medical coverage and for calendar year 2013's recommendations, the cost increases to \$679,365. The determination of costs are a part of the current Memorandums of Agreement between the Authority and Teamsters, Local 911, which represents three bargaining units: Airport Traffic Officers; Facilities Maintenance; and General Supervisor's. In addition, when first generation retiree healthcare eligible retirees and their dependents enroll in Medicare, the Authority's costs for medical coverage are reduced anywhere from \$576 to \$976 per year depending upon the benefits elected by the individuals.

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#### Page 2 of 4

In addition, staff was asked to share a summary of the options considered. Multiple provider and plan design options have been considered by the Employee Benefits Task Force. After considering options from competing plans from carriers other than the incumbent, staff selected plans from the current carrier, Anthem Blue Cross, for final review and consideration. This would ensure that employees would have the least amount of disruption to provider networks. Additionally, the Anthem Blue Cross's plans were competitively priced. Within the Anthem Blue Cross portfolio of products, the Task Force considered maintaining current coverage levels, which would have resulted in a \$381,131 cost increase, a closely designed set of plans which would have resulted in a \$346,140 cost increase, and ultimately elected to recommend a set of plans which resulted in a \$335,317 cost increase. The differences in plan design included varying elements of co-pays, deductibles, and co-insurance. As outlined in the PowerPoint, staff is recommending plans with increases in prescription drug deductibles as well as office visit co-pay increases in the HMO plan.

The reason staff recommends this set of healthcare plans is that they continue the organization's strategy of incremental changes designed to promote consumerism; those that heavily use the plan pay a larger portion of the cost increase than those who are infrequent users of the plan. This is the strategy which has been in effect over the past 10 years and has resulted in the Authority being able to maintain an average cost increase of 8.6% relative to the regional average increase of 12.6%.

#### Original Staff Report Submitted to Executive Personnel & Compensation Committee

The San Diego County Regional Airport Authority ("Authority") provides a comprehensive employee benefit program that is directly aligned with two organizational strategies (financial and employee) and supports the organization in executing the remaining three (operations, customer and community). The philosophy utilized in designing and sustaining the program has been to provide quality care at a sustainable price while maintaining the organization's ability to attract and retain the best and brightest employees. Over the past nine years, this approach has enabled the organization to attract and retain top talent which, in turn, has enhanced the organization's capability to execute the Authority's strategies.

Over a three month period, the 14 employee members of a cross-functional task force were educated by the Authority's consultants, Alliant Insurance Services, on various employee benefit plans and options as well as market trend data. After becoming educated, the task force received the Authority's renewal quotes from existing carriers as well as bids from Cigna and Sharp Health Plan. As a result of careful evaluation and consideration of market comparisons, existing plan options, past organizational experience, as well as employee interests and concerns, the task force selected options for recommendation to the Authority's President/CEO and Executive Team within budgetary parameters. These recommendations culminate in a net Airport Authority cost increase of 8.22% over existing rates for 2013 as compared to 2012 net costs.

#### Page 3 of 4

Coverage	Recommended Carrier	2013 Budgeted Cost	Estimated Authority Cost of Recommendation
Health	Anthem Blue Cross	\$4,074,590	\$3,519,306
Dental	Delta Dental	\$316,466	\$293,088
Vision	Vision Service Plan	\$36,968	\$31,776
Short Term Disability	The Hartford	\$111,303	\$96,302
Basic Life and AD&D	The Hartford	\$58,133	\$88,960
Health Screenings	Various (biometric health screenings, flu shots, incentives, etc.)	\$100,080	\$101,950
	TOTAL	\$4,697,540	\$4,131,382

The costs associated with the plan recommendations are as follows:

In some cases above, the recommendation includes plan design changes (see Attachment A – Medical HMO & PPO).

In support of the Authority's efforts supporting employee wellness to maintain/improve workplace productivity and decrease healthcare costs, the provisions of the proposed benefit plans are intended to maintain competitive benefits coverage and cost effectiveness for the Authority and its employees.

To further mitigate future premium increases on health insurance, staff is recommending that the Airport Authority continue to offer employee wellness programs including the Anthem Healthy Rewards and the Health Advocate to employees, eligible covered dependents and retirees at a cost of approximately \$38,600. The Healthy Rewards program provides incentives to employees and their adult dependents covered by the Authority's health plan, similar to the existing internal wellness program. Existing wellness initiatives focus exclusively on the employee. Since the Authority's health plans cover retirees, employees and their eligible dependents, there is a gap in the programs that can be addressed through the Healthy Rewards program. The Health Advocate program, centered on a team of Personal Health Advocates, typically registered nurses supported by medical directors and benefits specialists, helps members navigate the healthcare system and resolve clinical, insurance and administrative issues. In addition, solutions include Wellness Advocate, a program that features a personal wellness coach supported by online wellness tools.

Staff recommends that the following Authority benefit programs be provided for 2013:

- Continuation of Employee Assistance Program (Anthem Blue Cross) and Health Advocate resources for all employees
- Continuation of Health Risk Assessments and \$250 per employee FSA/457 Deferred Compensation deposit incentives in order to utilize data to address organizational employee wellness and health opportunities

#### Page 4 of 4

- Maintain current Medical, Dental and Vision plan providers (current carriers: Anthem, Delta Dental & VSP)
- Maintain Basic Life, Accidental Death & Dismemberment (AD&D), and Short-Term Disability (STD) Plans with The Hartford
- Maintain Third Party Administration of Flexible Spending Account (FSA), VEBA and COBRA administration with Genesis Benefits
- Anthem Health Rewards
- Health Risk Assessments

The Authority will continue to offer the following additional voluntary benefits products where 100% of the premium costs are paid by employees:

- Long-Term Disability
- Voluntary Term Life and AD&D Insurance
- Accident/Cancer/Hospital Protection/Specified Health Insurance
- Pre-paid Legal coverage
- Long Term Care Insurance

#### **Fiscal Impact:**

Adequate funds for the 2013 calendar year renewals are available in the Benefits and Human Resources line items of the FY 2013 Operating Budget for the employee benefit renewal cost of \$4,131,382.

#### **Authority Strategies:**

This item supports one or more of the Authority Strategies, as follows:

Community	Customer	🖾 Employee	🖾 Financial	Operations
Strategy	Strategy	Strategy	Strategy	Strategy

#### **Environmental Review:**

This action is not a project that would have a significant effect on the environment as defined by the California Environmental Act (CEQA), as amended. 14 Cal. Code Regs. Section 15378. This action is not a "project" subject to CEQA, Cal. Pub. Res. Code 21065.

This action is not a "development" as defined by the California Coastal Act. Cal. Pub. Res. Code Section 30106.

#### **Equal Opportunity Program:**

N/A

#### **Prepared by:**

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JEFF LINDEMAN
SENIOR DIRECTOR, ORGANIZATIONAL PERFORMANCE & DEVELOPMENT
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**OPTIONS BENEFIT AND RENEWAL RATE COMPARISON** ANTHEM BLUE CROSS

# January, 2013

# \$15/\$30 OV - 250 per Admit IP Hospital CURRENT

# ANTHEM BLUE CROSS

Classic HMO 15/30/250A/125 OP with Rx

**HMO BENEFIT HIGHLIGHTS** 

CALENDAR YEAR DEDUCTIBLE

10/20/40 30% Self-Injectable \$200 Brand Ded OWH

Brand-Name Rx \$250 deductible per member; Up

OWH

to maximum of three separate deductible per

Premier HMO 20 with Rx 10/25/50 30% Self-

Injectable \$250 Brand Ded

\$20/\$20 OV - \$200 per Admit IP Hospital

Renewal

ANTHEM BLUE CROSS

Full Network w/ABC's & DME

Brand-Name Rx **\$200 deductible** per member, Up to maximum of three separate deductible per \$4,000 \$2,000 family. None None

CALENDAR YEAR COPAY MAXIMUM

Individual

Family

Individual

Family

\$30 Copay No Charge \$15 Copay No Charge Unlimited

\$250 Copay per Admit \$125 Copay per Admit

Vo Charge

20%

DURABLE MEDICAL EQUIPMENT

(Including Hearing Aids) Well-Woman Exams

HOSPITALIZATION

Inpatient

Outpatient Surgery

CHIROPRACTIC CARE

Well-Baby & Well-Child Care

PROFESSIONAL SERVICES

LIFETIME MAXIMUM

Primary Care Physician Routine Physical Exams

Specialist

\$15 Copay per Visit; limited to a 60-day period of care after an illness or injury

\$20 Copay per Visit; limited to a 60-day period of

(Excludes Hearing Aids) \$200 Copay per Admit \$100 Copay per Admit

20%

No Charge

\$20 Copay \$20 Copay No Charge No Charge

Unlimited

\$3,000

\$1,500

None family. None

care after an illness or injury

\$20 Copa

\$15 Copay

\$100 Copay No Charge

MRI, CT scan, PET scan & nuclear cardiac scan

DIAGNOSTIC X-RAY & LAB

ACUPUNCTURE

All other X-ray & Laboratory Tests

RESCRIPTION DRUGS

Generic

Urgent Care Visit

Emergency Room Visit

EMERGENCY

Brand Name Formulary

Waived if Admitted \$150 copay \$15 Copay/\$30 Copay (out of service area) 30 Day Supply/Mail Order 2X 90 Days

\$20 Copay/\$20 Copay (out of service area)

Waived if Admitted \$100 Copay

No Charge

\$100 Copay

30 Day Supply/Mail Order 2X 90 Days

\$10 Copay

\$20 Copay after deductible \$10 Copay

30% up to a maximum of \$150 Copay \$40 Copay after deductible

> Brand Name Non-Formulary Self-administered injectable drugs, except insulin Enrollment provided by Anthem Blue Cross

ANTHEM BLUE CROSS Actives

10/20/40 30% Self-Injectable \$200 Brand Ded

Classic HMO 15/30/250A/125 OP with Rx

\$515.31 \$994.43 \$1,416.93

\$193,059

210

**ESTIMATED MONTHLY PREMIUM** 

Employee Plus Family

Employee Plus One

Employee Only

**RATE SUMMARY** 

BETIMATED ANNUAL PREMIUM:

Difference from Current

\$2,316,705

210

OMH

6 51 67

Premier HMO 20 with Rx 10/25/50 30% Self-

Injectable \$250 Brand Ded

\$206,475

\$1,063.61 \$1,515.58

\$550.95

\$2,477,704

\$160,999

6.9%

ANTHEM BLUE CROSS

\$50 Copay after deductible 30% up to a maximum of \$150 Copay

\$25 Copay after deductible

ANTHEM BLUE CROSS PPO OPTIONS BENEFIT AND RENEWAL RATE COMPARISON

# January, 2013

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ble - 80		% Self	
) deductil	ANTHEM BLUE CROSS	Premier PPO 250/20/20 with Rx 10/20/40 30% Self	Ded
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\$750	BLU	0 with	\$200
\$750 /	IEM	0/20/20	Injectable \$200 Brand Ded
\$250/	HEN	25	Intec
ż	A	dd	
\$20/\$20 OV - \$250/\$750 / \$750/\$2,250 deductible - 80		Premier	

PPO BENEFIT HIGHLIGHTS CALENDAR YEAR DEDUCTIBLE

Out of Network	(ncr)	Brand-Name Rx \$200 deductible per member, Up to	maximum of three separate deductible per family.	\$750	\$2,250	\$6.000
In Network		Brand-Name Rx \$200 de	maximum of three sepa	\$250	\$750	\$3,000

\$12,000

\$6,000

CALENDAR YEAR COPAY MAXIMUM Individual

Individual

Family

Unlimited

	0000	
_	\$20 Copay	40% after deductible
	\$20 Copay	40% after deductible
	No Charge	Not Covered
_	No Charge	40% after deductible
	No Charge	40% after deductible
	20% after deductible	40% after deductible
	\$250 deductible per admission then 20% after deductible	\$750 deductible per admission then 40% after deductible
	\$250 deductible per admission then 20% after deductible	\$750 deductible per admission then 40% after deductible; limited to \$350 per day
	20% after deductible	40% after deductible; limited to \$25 per visit
	limited to 24 visit:	limited to 24 visits per calendar year
	20% after deductible	40% after deductible

DURABLE MEDICAL EQUIPMENT (Including Hearing Aids) HOSPITALIZATION Inpatient

Well-Baby & Well-Child Care

Well-Woman Exams

Routine Physical Exams Primary Care Physician

Specialist

PROFESSIONAL SERVICES

JFETIME MAXIMUM

Family

then 40% arter deductione; limited to \$350 per day	40% after deductible; limited to \$25 per visit	limited to 24 visits per calendar year	40% after deductible	limited to \$30 per visit & 12 visits per calendar year	
deductible	20% after deductible	limited to 24 visit:	20% after deductible	limited to \$30 per visit &	

CHIROPRACTIC CARE

**ICUPUNCTURE** 

Outpatient Surgery

\$100 deductible Waived if Admitted	\$100 deductible
40% after deductible	20% after deductible
40% after deductible	20% after deductible
limited to \$30 per visit & 12 visits per calendar year	limited to \$30 per visit {

DIAGNOSTIC X-RAY & LAB MRI, CT scan, PET scan & nuclear cardiac

All other X-ray & Laboratory Tests

Emergency Room Visit

MERGENCY

RESCRIPTION DRUGS

Generic

Urgent Care Visit

\$100 deductible Waived if Admitted	20% after \$100	40% after deductible	30 Day Supply/Maii Order 2X 90 Days	copav plus 50% of the limited		exceeding the fee schedule	30% up to a maximum of \$150 Copay	
\$100 dedu	20% after \$100	\$20 Copay	30 Day Sup	\$10 Copay	\$20 copay after ded	\$40 copay after ded	30% up to a	Contraction of the second se

Self-administered injectable drugs, except

Brand Name Non-Formulary

Brand Name Formulary

Enrollment provided by Anthem Blue Cross

**RATE SUMMARY** 

ANTHEM BLUE CROSS	Premier PPO 250/20/20 with Rx 10/20/40 30% Self- Injectable \$200 Brand Ded	\$792.43	\$1,228.26	\$1,624.43	\$128,887	\$1,546,649
Actives	DPDO	70	32	21	123	123

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123		

MALEU ANNUAL PREMIUM:	ference from Current	ference from Current
MALEI	Suere	督

MATED ANNUAL PREMIU erence from Current freefice from Current	4

Employee Prus Family

Employee, Plus One

Employee Only

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ESTIM

ESTIMATED MONTHLY PREMIUM: i

C's Plan Changes & w/DME Renewal 00V -\$250(3750 deductible - 80/80 017 HEM BLUE CROSS 250(2010 with Rx 10/25)50 30% Self- Inyectable 5250 Brand Ded Inyectable 5250 Brand Ded Invertible Per member, Up to of three separate deductible per family.	\$750 \$6,000 \$12,000 Unlimited	40% after deductible 40% after deductible Not Covered 40% after deductible 40% after deductible 40% after deductible (Excludes Hearing Aids)	\$500 deductible per admission then 40% after deductible \$500 deductible per \$500 deductible per admission then 40% after 40% after deductible		30 Day SupplyMail Order 2X 90 Days \$10 Copay copay after ded any amounts exceeding copay after ded any amounts exceeding copay after ded the fee schedule 30% up to a maximum of \$150 Copay A NTHE M BLUE CROSS A NTHE M BLUE CROSS A NTHE M BLUE CROSS finjectable \$250 Brand Ded \$50 Stress of Stress of Stress bijectable \$250 Brand Ded \$50 Stress of Stress of Stress of Stress bijectable \$250 Brand Ded	1,367,19 1,808,73 143,414 143,414 7,20,967 17,318 11,3%
w/ABC's Plan Changes & w/DME Renewal \$20/\$20 OV - \$250/\$750 deductible - 80/8 ANTHEM BLUE CROSS Classic PPO 250/20/20 with Rx 10/25/50 30% In Network   Out of Networt In Network   Out of Networt Brand-Name Rx \$250 deductible per member; maximum of three separate deductible per member;	\$7, \$2,000 \$4,000 Unlin	\$20 Copay \$20 Copay %20 Copay No Charge No Charge No Charge 20% after deductible (Excludes Hearing Alds)	20% after deductible 20% after deductible 20% after deductible	Ifimited to 24 visits 20% after deductible limited to \$30 per visit & 1 20% after deductible \$150 deductible \$150 deductible w 20% after \$150 \$20% after \$150	30 Day SupplyMail Order 22 80 Days       \$10 Copay     copay plus 50%       \$10 Copay after ded     Imited fee sched any amounts exc any amounts exc \$50 copay after ded       \$50 copay after ded     In y amounts exc any amounts exc any amounts exc \$50 copay after ded       \$60 copay after ded     In Y amounts exc any amounts exc any amounts exc \$50 copay after ded       ANTHEM BLUE CROSS     Construction \$50 contex and both       Classic PP0 250/20/20 with Rx 10/25/50 a Injectable \$530 frond Ded       \$81.15	\$1,367.19 \$1,806.73 \$1,806.73 \$1,306.73 \$1,720,967 \$174.318

#### **RESOLUTION NO. 2012-0112**

#### A RESOLUTION OF THE BOARD OF THE SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY, APPROVING THE RENEWAL OF THE EMPLOYEE BENEFIT PROGRAM(S) FOR 2013

WHEREAS, the San Diego County Regional Airport Authority ("Authority") now provides a health and welfare benefits program for Authority employees; and

WHEREAS, the Authority intends to renew the benefits program(s); and

WHEREAS, in order to assist the Board with evaluating options during the renewal process, staff, through the Authority's broker of record, Alliant Insurance Services, has evaluated the competitive marketplace and obtained bids from insurance carriers as well as benefit providers and carefully analyzed same; and

WHEREAS, the Board has also determined that investing in various wellness initiatives has the impact of reducing future plan costs and wishes to continue to support such programs; and

WHEREAS, the Board considered the information provided by staff, reviewed and discussed the various options to provide a comprehensive and competitive benefits program to Authority employees; and

NOW, THEREFORE, BE IT RESOLVED that the Board hereby approves the renewal of the employee benefit program for 2013 including Employee Assistance Program (EAP); Basic Life; Accidental Death & Dismemberment (AD&D); Short Term Disability (STD); and

BE IT FURTHER RESOLVED that the Board approves staff's request to maintain all current providers: Anthem Blue Cross; Delta Dental; Vision Service Plan; Genesis and The Hartford as they are all competitive; and

BE IT FURTHER RESOLVED that the Board further approves staff's request to maintain Health Advocate; Health Risk Assessment programs and incentives in order to maintain the organization's focus on employee health and wellness as cost containment and workforce productivity initiatives; and

BE IT FURTHER RESOLVED that the Board wishes to expand the cost saving benefits of the organization's wellness initiatives through offering the Anthem Healthy Rewards program to employees eligible dependents and retirees; and BE IT FURTHER RESOLVED that this Board action is not a project as defined by the California Environmental Quality Act (CEQA) Pub. Res. Code Section 21065 and is not a "development" as defined by the California Coastal Act, Pub. Res. Code Section 30106.

PASSED, ADOPTED, AND APPROVED by the Board of the San Diego County Regional Airport Authority at a regular meeting this 4th day of October, 2012, by the following vote:

AYES: Board Members:

NOES: Board Members:

ABSENT: Board Members:

ATTEST:

TONY R. RUSSELL DIRECTOR, CORPORATE SERVICES/ AUTHORITY CLERK

APPROVED AS TO FORM:

BRETON K. LOBNER GENERAL COUNSEL

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**OPTIONS BENEFIT AND RENEWAL RATE COMPARISON** ANTHEM BLUE CROSS

**ATTACHMENT A** 

January, 2013

# \$15/\$30 OV - 250 per Admit IP Hospital CURRENT

ANTHEM BLUE CROSS

10/20/40 30% Self-Injectable \$200 Brand Ded Classic HMO 15/30/250A/125 OP with Rx

**HMO BENEFIT HIGHLIGHTS** 

**CALENDAR YEAR DEDUCTIBLE** 

Brand-Name Rx \$200 deductible per member, Up to maximum of three separate deductible per family. None OWH

None

CALENDAR YEAR COPAY MAXIMUM

Individual

Family

Individual

Family

Brand-Name Rx \$250 deductible per member; Up

OMH

to maximum of three separate deductible per

None None family.

Premier HMO 20 with Rx 10/25/50 30% Self-

Injectable \$250 Brand Ded

\$20/\$20 OV - \$200 per Admit IP Hospital

Renewal

ANTHEM BLUE CROSS

Full Network w/ABC's & DME

No Charge \$15 Copay No Charge \$30 Copay No Charge Jnlimited \$2,000 \$4,000 20%

DURABLE MEDICAL EQUIPMENT

(Including Hearing Aids)

HOSPITALIZATION

Well-Baby & Well-Child Care

Well-Woman Exams

Routine Physical Exams Primary Care Physician

Specialist

PROFESSIONAL SERVICES

LIFETIME MAXIMUM

\$20 Copay No Charge No Charge

\$20 Copay

\$1,500 \$3,000 Jnlimited

> \$15 Copay per Visit; limited to a 60-day period of \$250 Copay per Admit \$125 Copay per Admit

care after an illness or injury

\$20 Copay per Visit; limited to a 60-day period of

\$200 Copay per Admit \$100 Copay per Admit

> I 1

(Excludes Hearing Aids)

20%

No Charge

care after an illness or injury

20 Copa

\$15 Copay

\$100 Copay MRI, CT scan, PET scan & nuclear cardiac scan

All other X-ray & Laboratory Tests

EMERGENCY

DIAGNOSTIC X-RAY & LAB

ACUPUNCTURE

CHIROPRACTIC CARE

Outpatient Surgery

Inpatient

Waived if Admitted No Charge

\$15 Copay/\$30 Copay (out of service area) \$150 copay

\$20 Copay/\$20 Copay (out of service area)

\$100 Copay

Waived if Admitted

No Charge

\$100 Copay

30 Day Supply/Mall Order 2X 90 Days

\$10 Copay

30 Day Supply/Mail Order 2X 90 Days \$10 Copay

\$20 Copay after deductible \$40 Copay after deductible

30% up to a maximum of \$150 Copay

Self-administered injectable drugs, except insulin

Brand Name Non-Formulary

Brand Name Formulary

PRESCRIPTION DRUGS Emergency Room Visit

Generic

Urgent Care Visit

Enrollment provided by Anthem Blue Cross

ANTHEM BLUE CROSS Actives

10/20/40 30% Self-Injectable \$200 Brand Ded

Classic HMO 15/30/250A/125 OP with Rx

OMH

8 5 67

Premier HMO 20 with Rx 10/25/50 30% Self-

Injectable \$250 Brand Ded

\$1,063.61 \$1,515.58 \$206,475

\$550.95

\$2,477,704

\$2,316,705

210 210

**ESTIMATED MONTHLY PREMIUM:** 

Employee Plus Family

Employee Plus One

Employee Only

**RATE SUMMARY** 

**BSTIMATED ANNUAL PREMIUM:** 

Difference from Current

\$1,416.93 \$193,059

\$994.43

\$515.31

\$160,999

6.9%

ANTHEM BLUE CROSS

\$50 Copay after deductible 30% up to a maximum of \$150 Copay

\$25 Copay after deductible

ANTHEM BLUE CROSS PPO OPTIONS BENEFIT AND RENEWAL RATE COMPARISON

# January, 2013

# CURRENT

w/ABC's Plan Changes & w/DME Renewal

\$20/\$20 OV - \$250/\$750 / \$750/\$2,250 deductible - 80/80
ANTHEM BLUE CROSS
Premier PPO 250/20/20 with Rx 10/20/40 30% Self-
Injectable \$200 Brand Ded

PPO BENEFIT HIGHLIGHTS CALENDAR YEAR DEDUCTIBLE

-				_						-	in the second				_
Out of Network (UCR)	Brand-Name Rx \$200 deductible per member; Up to maximum of three separate deductible per family. \$250	\$2,250	000'9\$	\$12,000	Unlimited	40% after deductible	40% after deductible	Not Covered	40% after deductible	40% after deductible	40% after deductible	\$750 deductible per admission then 40% after deductible	\$750 deductible per admission then 40% after deductible; limited to \$350 per day	40% after deductible; limited to \$25 per visit	limited to 24 visits per calendar year
in Network	Brand-Name Rx \$200 de maximum of three sepa \$250	\$750	\$3,000	\$6,000	5	\$20 Copay	\$20 Copay	No Charge	No Charge	No Charge	20% after deductible	\$250 deductible per admission then 20% after deductible	₹250 deductible per admission then 20% after deductible	20% after deductible	limited to 24 visit

DURABLE MEDICAL EQUIPMENT (Including Hearing Aids) HOSPITALIZATION Inpatient

Well-Baby & Well-Child Care

Well-Woman Exams

Routine Physical Exams

Specialist

PROFESSIONAL SERVICES Primary Care Physician

LIFETIME MAXIMUM

Family

CALENDAR YEAR COPAY MAXIMUM Individual

Individual

Family

concerning 50% of the limited	\$10 Copay
30 Day Supply/Mall Order 2X 90 Days	30 Day Supply/M
40% after deductible	\$20 Copay
20% after \$100	20% after \$100
\$100 deductible Waived if Admitted	\$100 deductible
40% after deductible	20% after deductible
40% after deductible	20% after deductible
limited to \$30 per visit & 12 visits per calendar year	limited to \$30 per visit &
40% after deductible	20% after deductible
limited to 24 visits per calendar year	limited to 24 visi
40% after deductible; limited to \$25 per visit	20% after deductible
limited to \$350 per day	deductible
\$750 deductible per admission then 40% after deductible;	\$250 deductible per admission then 20% after
then 40% after deductible	admission then 20% after deductible

DIAGNOSTIC X-RAY & LAB MRI, CT scan, PET scan & nuclear cardiac

CHIROPRACTIC CARE

ACUPUNCTURE

Outpatient Surgery

All other X-ray & Laboratory Tests

EMERGENCY Emergency Room Visit

£		
	\$100 deductible	\$100 deductible Waived if Admitted
	20% after \$100	20% after \$100
	\$20 Copay	40% after deductible
	30 Day Supply/Ma	30 Day Supply/Mall Order 2X 90 Days
	\$10 Copay	copav plus 50% of the limited
	\$20 copay after ded	fee schedule plus any amounts
	\$40 copay after ded	exceeding the fee schedule
	30% up to a maxir	30% up to a maximum of \$150 Copay
	ANTHEM B	ANTHEM BLUE CROSS

Brand Name Non-Formulary Self-administered injectable drugs, except

Brand Name Formulary

PRESCRIPTION DRUGS

Generic

Urgent Care Visit

Enroliment provided by Anthem Blue Cross

**RATE SUMMARY** 

Employee Only

ANTHEM BLUE CROSS	Premier PPO 250/20/20 with Rx 10/20/40 30% Self. Injectable \$200 Brand Ded	\$792.43	\$1,228.26	\$1,624.43	\$128,887	\$1,546,649
Actives	РРО	20	32	21	123	123

Employee, Plus One Employee Plus Family

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15	5
ference from Current	ε
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ESTIMATED MONTHLY PREMIUM:

\$ Diff % Diff

\$20/\$20 OV - \$250/\$750 deducible ANTHEM BLUE CROS Classic PPO 250/2015 with R. 10/250	5250/5750 deductible - 80/50 5250/5750 deductible - 80/50 EM BLUE CROSS 2020 with 1: 0/25/50 30% Self-
Injectable 525 In Network	50 Brand Ded Out of Network
	(MAA)
Brand-Name Rx \$250 deductible per member; Up maximum of three separate deductible per family	uctible per member; Up to ate deductible per family.
\$3	\$250
\$120	00
\$2,000	\$6,000
Unlimited	a iz,000
\$20 Conav	40% after deductible
\$20 Copay	40% after deductible
No Charge	Not Covered
No Charge	40% after deductible
20% after deductible (Excludes Hearing Aids)	40% after deductible (Excludes Hearing Aids)
20% after deductible	\$500 deductible per admission then 40% after deductible
20% after deductible	\$500 deductible per admission then 40% after deductible
20% after deductible	40% after deductible; limited to \$25 per visit
ad to 24 visits	per calendar year
after deductible to \$30 per visit &	40% after deductible 12 visits per calendar year
	40% after deductible 40% after rieductible
\$150 deductible	Vaived if Admitted
20% after \$150	20% after \$150
30 Day Supply/Mail Order 2X 80 Days	40 % after deductible Order 2X 80 Days
\$10 Copay	copay ptus 50% of the limited fee schedule ptus
\$50 copay after ded	co copay after ded any amounts exceeding 50 copay after ded the fee schedule
30% up to a maxim	um of \$150 Copay
ANTHEM BLUE Classic PPO 250/20/20 with R Injectable \$250 Bi	ANTHEM BLUE CROSS PPO 2507202 with Rx 10/25/50 30% Self- Injectable 2250 Brand Ded
\$1,367.19	7.19
\$1,808.73	8.73
\$143,414	,414
\$1,720,967	0,967
\$17.4,318 11.3%	,318 3%

#### RESOLUTION NO. 2012-0112

#### A RESOLUTION OF THE BOARD OF THE SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY, APPROVING THE RENEWAL OF THE EMPLOYEE BENEFIT PROGRAM(S) FOR 2013

WHEREAS, the San Diego County Regional Airport Authority ("Authority") now provides a health and welfare benefits program for Authority employees; and

WHEREAS, the Authority intends to renew the benefits program(s); and

WHEREAS, in order to assist the Board with evaluating options during the renewal process, staff, through the Authority's broker of record, Alliant Insurance Services, has evaluated the competitive marketplace and obtained bids from insurance carriers as well as benefit providers and carefully analyzed same; and

WHEREAS, the Board has also determined that investing in various wellness initiatives has the impact of reducing future plan costs and wishes to continue to support such programs; and

WHEREAS, the Board considered the information provided by staff, reviewed and discussed the various options to provide a comprehensive and competitive benefits program to Authority employees; and

NOW, THEREFORE, BE IT RESOLVED that the Board hereby approves the renewal of the employee benefit program for 2013 including Employee Assistance Program (EAP); Basic Life; Accidental Death & Dismemberment (AD&D); Short Term Disability (STD); and

BE IT FURTHER RESOLVED that the Board approves staff's request to maintain all current providers: Anthem Blue Cross; Delta Dental; Vision Service Plan; Genesis and The Hartford as they are all competitive; and

BE IT FURTHER RESOLVED that the Board further approves staff's request to maintain Health Advocate; Health Risk Assessment programs and incentives in order to maintain the organization's focus on employee health and wellness as cost containment and workforce productivity initiatives; and

BE IT FURTHER RESOLVED that the Board wishes to expand the cost saving benefits of the organization's wellness initiatives through offering the Anthem Healthy Rewards program to employees eligible dependents and retirees; and BE IT FURTHER RESOLVED that this Board action is not a project as defined by the California Environmental Quality Act (CEQA) Pub. Res. Code Section 21065 and is not a "development" as defined by the California Coastal Act, Pub. Res. Code Section 30106.

PASSED, ADOPTED, AND APPROVED by the Board of the San Diego County Regional Airport Authority at a regular meeting this 4th day of October, 2012, by the following vote:

AYES: Board Members:

NOES: Board Members:

ABSENT: Board Members:

ATTEST:

TONY R. RUSSELL DIRECTOR, CORPORATE SERVICES/ AUTHORITY CLERK

APPROVED AS TO FORM:

BRETON K. LOBNER GENERAL COUNSEL



### RENEWAL OF THE EMPLOYEE BENEFIT PROGRAM(S) FOR 2013

Presented by:

Jeff Lindeman; Senior Director, Organizational Performance & Development

**ITEM 11** 

Tony Russell; Director, Corporate Services/Authority Clerk

Paul LaBounty, Alliant Insurance Services

San Diego International Airport

October 4, 2012

# Employee Benefits Task Force (EBTF) Chartered

### **Purpose:**

Identify a way forward with offering employees benefits that provide quality care at a sustainable price. The program should also be able to support the Authority in attracting and retaining the best and brightest employees. The budgetary commitment is that employee benefits cost would be within budget in FY2013.

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# Retirement Project Update

- Focus of this project is on retirement programs retiree healthcare program addressed in 2008/2009
- **Task Force has met on multiple occasions over last several months to:** 
  - Receive overview of retirement plans (conducted by Aon/Hewitt)
    - Defined Benefit Plans
    - Defined Contribution Plans
  - Become educated on current plan provisions (conducted by SDCERS)
    - Plan benefits
    - Plan funding
  - Understand fiscal impact on Authority budget (conducted by Scott Brickner)
    - FY 13 Budget and FY 14 Conceptual Budget costs
    - Authority's Plan of Finance

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# Retirement Project Update

- □ Future meetings scheduled to:
  - Receive presentation on Total Rewards Strategy (presented by Barney & Barney)
    - Understand impact to recruitment and retention, both current and future
  - Understand impact of CA Assembly Bill 340 on the work being done by the Task Force
  - Workshops to evaluate, consider, and select option(s) for management consideration (facilitated by Aon/Hewitt)
  - Task Force to make recommendations to Executive Team February/March 2013

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# Retirement Project Update

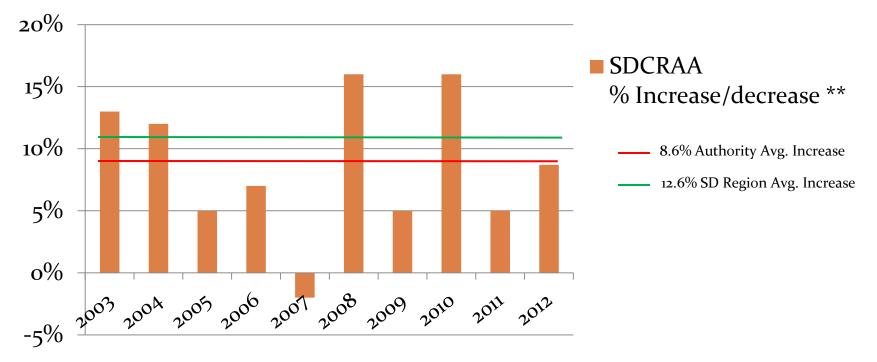
### Board and Management Consideration

- Management will receive Employee Benefits Task Force Recommendations in February/March
- Management will then be able to consider and discuss options, as well as management recommendations, with the Board
- Current contractual obligations remain intact through September 2013

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### Airport Authority Medical Plan Historical

### SDCRAA % Increase/decrease \*\*



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# **Renewal Process**

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#### Marketing analysis conducted by Alliant

#### Carrier proposals illustrated along with renewal options

- Seven (7) medical carrier quotes were requested three (3) received to include current carrier, Anthem Blue Cross
- Six (6) dental carrier quotes were requested/received including current carrier, Delta Dental (rate pass for 2013)
- Two (2) vision plan carrier quotes requested/received-including current carrier VSP (current rate guarantee through 2016)
- Six (6) carrier quotes were requested Five (5) were received for Short Term Disability; Long Term Disability; Accidental Death & Dismemberment; and Basic Life Insurance policies and were competitively bid – The Hartford most competitive

#### Plan design change options considered

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## Negotiated Renewal

### Anthem Blue Cross

	Gross Annual Premiums	Gross % Increase	FY' 13 Budgeted Increase
Current	\$3,863,355	-	
Original Renewal	\$4,476,945	15.9% increase from current	14%
Negotiated Renewal	\$4,244,485	9.87%	

Note: Gross Premiums includes employee cost

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# Task Force Composition and Meetings

- **EBTF chartered in April 2011 consisting of:** 
  - 14 voting team members; 3 support team members; and 1 Executive Team Sponsor;
- Initial focus on health/welfare plan renewals
- Met on 8 occasions over 3 months to:
  - Receive presentations from Authority's consultants (Alliant Insurance) to:
    - Educate members on market conditions,
    - Review health care reform factors,
    - Available health plans
  - Evaluate options
  - Develop recommendations to Executive Team
- Culminating in today's presentation

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# Team Members' Consideration(s)

- Quality, depth, and breadth of coverage
- Satisfied with Anthem Blue Cross as a provider which has been validated through Employee Opinion Survey
- Market factors (e.g., solicit other bids, etc)
- Cost: both Authority and individual premiums as well as co-pay/deductible, etc.
- Positioning the Authority for future years' renewal and anticipated changes
- Educate employees about anticipated changes in future years

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# **Options/Strategy**

### Options explored

- HMO Narrow Network (excluding Scripps),
- Anthem Benefit Changes (ABC's),
- Sharp Health Plan HMO/POS,
- Cigna Health Plan
- Bundled (medical + dental ) Rates
- Strategy
  - Educate employees
  - 2012 Plan design changes (not required by budget)
  - Sync up with contractual and federal/state obligations

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# Summary of Current Plan Recommendations

- Continue to offer the following plan with no cost change for 2013:
  - Anthem Health Rewards
- Continue to offer Health Risk Assessment and incentives as a means to increase employee health and reduce healthcare costs
- Effective January 1, 2013, the health care reform law caps annual FSA contributions at \$2,500 per year

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### Recommendations For <u>HMO</u> Medical Plan Renewal

<u>HMO</u>	<u>Current</u>	Option 1
CALENDAR YEAR COPAY	\$2,000	\$1,500
MAX. PER INDIVIDUAL		
Primary Care Physician	\$15 Copay	\$20 Copay
HOSPITALIZATION		
Inpatient	\$250 Copay per Admit	\$200 Copay per Admit
Outpatient Surgery	\$125 Copay per Admit	\$100 Copay per Admit
CHIROPRACTIC CARE	\$15 Copay	\$20 Copay
ACUPUNCTURE	\$15 Copay	\$20 Copay
EMERGENCY	Waived if Admitted	Waived if Admitted
Emergency Room Visit	\$150 copay	\$100 Copay
Urgent Care Visit	\$15 Copay/ <b>\$30 Copay</b> (out	\$20 Copay/\$20 Copay (out
	of service area)	of service area)
PRESCRIPTION DRUGS	Brand-Name Rx <b>\$200</b>	Brand-Name Rx <b>\$250</b>
	deductible per member	deductible per member
Generic	\$10 Copay	\$10 Copay
Brand Name Formulary	\$20 Copay after deductible	\$25 Copay after deductible
Brand Name Non-Formulary	\$40 Copay after deductible	\$50 Copay after deductible

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### Recommendations For <u>PPO</u> Medical Plan Renewal

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Int

<u>PPO</u>		<u>Current</u>		Option 1	
Individual-Calendar Yr. Deductible		\$250	\$750	\$250	
Individual-Calendar Yr. CoPay Max.		\$3,000	\$6,000	\$2,000	\$6,000
HOSPITALIZATION					· · ·
Inpatient-Per Admission		\$250 then 20%	\$750 then 40%	20% after	\$500 then
		after deductible	after deductible	deductible	40% after
					deductible
Outpatient Surgery-Per Admission		\$250 deductible	\$750 deductible	20% after	\$500
		per admission	per admission	deductible	deductible
		+ 20% after	+ 40% after		per
		deductible	deductible		admission +
					40% after
					deductible
EMERGENCY					
Emergency Room Visit (admitted)				20% after	20% after
Urgent Care Visit		20% after \$100	20% after \$100	\$150	\$150
			40% after		40% after
		\$20 Copay	deductible	\$20 Copay	deductible
PRESCRIPTION DRUGS					
(Same as HMO above)					
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# Medical ONLY Net Cost of Recommendations

	Authority Net Cost	Authority Net \$ Diff. from Current	Authority Net % Diff. from Current
CURRENT	\$3,235,539	n/a	n/a
STAFF Recommendation	\$3,519,306	\$283,767	8.77%

#### Note: Net Cost excludes employee share

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## Dental and Vision Plan Recommendations

### Delta Dental

	GROSS Annual Cost	<b>\$ Difference from Current</b>	% Difference from Current
Current	\$353,736		
Original Renewal	\$367,550	\$13,814	3.8%
Negotiated Renewal	\$353,736		о%

### Vision Service Plan (VSP) The Vision plan is currently in a multi-year rate guarantee until January 1, 2016.

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# Basic Term Life/AD&D

### The Hartford- Basic Life/AD&D

	Annual Cost	C	% Difference from Current	
Current	\$48,187	¢ (0, <b>772</b> )	9,60%	
Renewal	\$88,960	\$40,773	84.6%	

<u>Note</u>: Several claims on all lines of coverage plus a change in demographics led to the increase.

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# Short Term Disability and Health Advocate

### The Hartford- Short Term Disability

	Net Annual Cost	<pre>\$ Difference from Current</pre>	% Difference from Current
Current	\$106,516		-9.6%
Renewal	\$96,302	(\$10,214)	

### Health Advocate

The Health Advocate plan received an increase of \$.05 PEPM from \$1.93 PEPM to \$1.98 PEPM for 12 months until January 1, 2014.

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# ALL Benefits Net Cost of Recommendation

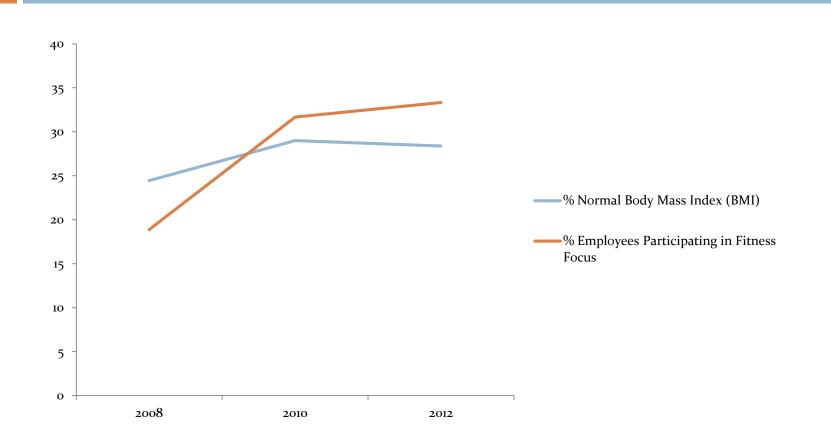
	Authority Net Cost	Authority \$ Diff. from Current	Authority % Diff. from Current
CURRENT	\$3,568,447	n/a	n/a
STAFF Recommendation	\$4,131,382	\$313,826	8.22%

**Note**: Net Cost <u>excludes</u> employee share.

Includes medical, dental, vision credit, basic life/AD&D, short term disability,, wellness screenings and employee wellness incentive.

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## Wellness Value Added



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# EBTF Recommended Considerations for the Future

- Review Sharp Health Plan HMO/POS
- Changes to medical PPO cost sharing
- Medical HMO provider network change to narrow network (e.g., excluding Scripps)
- 2013 Employee communication regarding anticipated health care options/costs for 2014 plan year
- Align actions with contractual and federal/state obligations
- Sustainable contribution strategy

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# Questions?

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