

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

Board Members

C. April Boling
Chairman

Catherine Blakespear
Greg Cox
Mark Kersey
Robert T. Lloyd
Paul McNamara
Paul Robinson
Johanna S. Schiavoni
Mark B. West

EXECUTIVE PERSONNEL AND COMPENSATION COMMITTEE MEETING and SPECIAL BOARD MEETING *

AGENDA

Thursday, August 27, 2020
9:00 A.M.

San Diego International Airport
SDCRAA Administration Building
Board Room
3225 N. Harbor Drive
San Diego, CA 92101

Ex-Officio Board Members

Gustavo Dallarda
Col. Charles B. Dockery
Gayle Miller

President / CEO

Kimberly J. Becker

This meeting of the Board of the San Diego County Regional Airport Authority Board will be conducted pursuant to the provisions of California Executive Order N-29-20 which suspends certain requirements of the Ralph M. Brown Act. During the current State of Emergency and in the interest of public health, all Board members will be participating in the meeting electronically. In accordance with the Executive Order, there will be no members of the public in attendance at the Board Meeting. We are providing alternatives to in-person attendance for viewing and participating in the meeting. In lieu of in-person attendance, members of the public may submit their comments in the following manner.

Comment on Non-Agenda Items

Public comments on non-agenda items must be submitted to the Authority Clerk at clerk@san.org, no later than 4:00 p.m. the day prior to the posted meeting in order to be eligible to be read into the record. The Authority Clerk will read the first 30 comments received by 4:00 p.m. the day prior to the meeting into the record; each of these comments will be read for up to three minutes or for the time determined by the Chair. The maximum number of comments to be read into the record on a single issue will be 16. All other comments submitted, including those received after 4:00 p.m. the day prior and before 8:00 a.m. the day of the meeting, will be provided to the Authority Board and submitted into the written record for the meeting.

Comment on Agenda Items

Public comment on agenda items may be submitted to the Authority clerk at clerk@san.org. Comments received no later than 8:00 a.m. on the day of the meeting will be distributed to the Board and included in the record.

If you'd like to speak to the Board live during the meeting, please follow these steps to request to speak:

- **Step 1:** Fill out the online [Request to Speak Form](#) to speak during the meeting via teleconference. The form must be submitted by 4 p.m. the day before the meeting or by 4:00 p.m. the Friday before a Monday meeting. After completing the form, you'll get instructions on how to call in to the meeting.
- **Step 2:** Watch the meeting via the Webcast located at the following link, <https://stream1.sdcoe.net/wc/sdcraa082720/>
- **Step 3:** When the Board begins to discuss the agenda item you want to comment on, call in to the conference line, you will be placed in a waiting area. ***Please do not call until the item you want to comment on is being discussed.***
- **Step 4:** When it is time for public comments on the item you want to comment on, Authority Clerk staff will invite you into the meeting and unmute your phone. Staff will then ask you to state your name and begin your comments.

How to Watch the Meeting

You may also view the meeting online at the following link:

<https://www.san.org/Airport-Authority/Meetings-Agendas/Executive-Personnel-Compensation>

REQUESTS FOR ACCESSIBILITY MODIFICATIONS OR ACCOMMODATIONS

As required by the Americans with Disabilities Act (ADA), requests for agenda information to be made available in alternative formats, and any requests for disability-related modifications or accommodations required to facilitate meeting participation, including requests for alternatives to observing meetings and offering public comment as noted above, may be made by contacting the Authority Clerk at (619) 400-2550 or <mailto:clerk@san.org>. The Authority is committed to resolving accessibility requests swiftly in order to maximize accessibility

This Agenda contains a brief general description of each item to be considered. The indication of a recommended action does not indicate what action (if any) may be taken. ***Please note that agenda items may be taken out of order.*** If comments are made to the Board without prior notice or are not listed on the Agenda, no specific answers or responses should be expected at this meeting pursuant to State law.

Staff Reports and documentation relating to each item of business on the Agenda are on file in Board Services and are available for public inspection.

NOTE: Pursuant to Authority Code Section 2.15, all Lobbyists shall register as an Authority Lobbyist with the Authority Clerk within ten (10) days of qualifying as a lobbyist. A qualifying lobbyist is any individual who receives \$100 or more in any calendar month to lobby any Board Member or employee of the Authority for the purpose of influencing any action of the Authority. To obtain Lobbyist Registration Statement Forms, contact the Board Services/Authority Clerk Department.

CALL TO ORDER

ROLL CALL

Committee Members: Boling, Cox, Robinson Schiavoni (Chair)

NON-AGENDA PUBLIC COMMENT

Non-Agenda Public Comment is reserved for members of the public wishing to address the Committee on matters for which another opportunity to speak **is not provided on the Agenda**, and which is within the jurisdiction of the Committee. Please submit a completed speaker slip to the Authority Clerk. ***Each individual speaker is limited to three (3) minutes. Applicants, groups and jurisdictions referring items to the Board for action are limited to five (5) minutes.***

Note: Persons wishing to speak on specific items should reserve their comments until the specific item is taken up by the Committee.

NEW BUSINESS

1. **APPROVAL OF MINUTES:**
RECOMMENDATION: Approve the minutes of the June 25, 2020 special meeting.

2. **RENEWAL OF THE HEALTH & WELFARE BENEFITS PROGRAM FOR 2021:**
RECOMMENDATION: Forward this item to the Board with a recommendation for approval.
Presented by: Monty Bell, Director, Talent, Culture & Capability; and Jesus Mendoza, Sr. Vice President, Health & Benefits Hub International Insurance Services.

3. **SDCERS AMENDMENT NO. 7 TO THE AMENDED AND RESTATED RETIREMENT PLAN AND TRUST OF 2013:**
RECOMENNDATION: Forward this item to the Board with a recommendation for approval.
Presented by: Monty Bell, Director, Talent, Culture & Capability

COMMITTEE MEMBER COMMENTS

ADJOURNMENT

Policy for Public Participation in Board, Airport Land Use Commission (ALUC), and Committee Meetings (Public Comment)

- 1) Persons wishing to address the Board, ALUC, and Committees shall complete a "Request to Speak" form prior to the initiation of the portion of the agenda containing the item to be addressed (e.g., Public Comment and General Items). Failure to complete a form shall not preclude testimony, if permission to address the Board is granted by the Chair.
- 2) The Public Comment Section of the agenda is reserved for persons wishing to address the Board, ALUC, and Committees on any matter for which another opportunity to speak is not provided on the Agenda, and on matters that are within the jurisdiction of the Board.
- 3) Persons wishing to speak on specific items listed on the agenda will be afforded an opportunity to speak during the presentation of individual items. Persons wishing to speak on specific items should reserve their comments until the specific item is taken up by the Board, ALUC and Committees.
- 4) If many persons have indicated a desire to address the Board, ALUC and Committees on the same issue, then the Chair may suggest that these persons consolidate their respective testimonies. Testimony by members of the public on any item shall be limited to **three (3) minutes per individual speaker and five (5) minutes for applicants, groups and referring jurisdictions.**
- 5) Pursuant to Authority Policy 1.33 (8), recognized groups must register with the Authority Clerk prior to the meeting.
- 6) After a public hearing or the public comment portion of the meeting has been closed, no person shall address the Board, ALUC, and Committees without first obtaining permission to do so.

Additional Meeting Information

NOTE: This information is available in alternative formats upon request. To request an Agenda in an alternative format, or to request a sign language or oral interpreter, or an Assistive Listening Device (ALD) for the meeting, please telephone the Authority Clerk's Office at (619) 400-2400 at least three (3) working days prior to the meeting to ensure availability.

For your convenience, the agenda is also available to you on our website at www.san.org.

For those planning to attend the Board meeting, parking is available in the public parking lot located directly in front of the Administration Building. Bring your ticket to the third floor receptionist for validation.

You may also reach the Administration Building by using public transit via the San Diego Metropolitan Transit System, Route 992. The MTS bus stop at Terminal 1 is a very short walking distance from the Administration Building. ADA paratransit operations will continue to serve the Administration Building as required by Federal regulation. For MTS route, fare and paratransit information, please call the San Diego MTS at (619) 233-3004 or 511. For other Airport related ground transportation questions, please call (619) 400- 2685.

DRAFT
SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY
SPECIAL EXECUTIVE PERSONNEL AND COMPENSATION COMMITTEE
MEETING MINUTES
THURSDAY, JUNE 25, 2020
BOARD ROOM

CALL TO ORDER: Chair Schiavoni called the Special Executive Personnel and Compensation Committee meeting to order at 10:02 a.m., on Thursday, June 25, 2020, electronically and via teleconference, pursuant to Executive Order N-29-20, at the San Diego International Airport, Administration Building, 3225 N. Harbor Drive, San Diego, CA 92101.

ROLL CALL:

Present: Committee Members: Boling, Robinson, Schiavoni (Chair)

Board Members: Kersey

Absent: Committee Members: Cox

Also Present: Kimberly Becker, President/CEO; Amy Gonzalez, General Counsel;
 Tony R. Russell, Director, Board Services/Authority Clerk; Martha
 Morales, Assistant Authority Clerk I

NON-AGENDA PUBLIC COMMENT: None.

NEW BUSINESS:

1. APPROVAL OF MINUTES:

RECOMMENDATION: Approve the minutes of the January 23, 2020 regular meeting.

ACTION: Moved by Board Member Boling and seconded by Board Member Robinson to approve staff's recommendation. Motion carried unanimously, noting Board Member Cox as ABSENT.

CLOSED SESSION: The Committee recessed into Closed Session at 10:04 a.m. to discuss Items 3, 4 and 5.

2. CONFERENCE WITH LABOR NEGOTIATORS:

(Cal. Gov. Code section 54957.6)

Agency designated representatives: Monty Bell, Angela Shafer-Payne, Lola Barnes, Greg Halsey, Rod Betts

Employee organization: California Teamsters Local 911

3. PUBLIC EMPLOYEE PERFORMANCE EVALUATION:

Cal. Gov. Code §54957

Title: President/Chief Executive Officer

4. PUBLIC EMPLOYEE PERFORMANCE EVALUATION:

Cal. Gov. Code §54957
Title: General Counsel

5. PUBLIC EMPLOYEE PERFORMANCE EVALUATION:

Cal. Gov. Code §54957
Title: Chief Auditor

REPORT ON CLOSED SESSION: The Committee adjourned out of Closed Session at 12:40 p.m. There was no reportable action.

COMMITTEE MEMBER COMMENTS: None.

ADJOURNMENT: The meeting was adjourned at 12:40 p.m.

APPROVED BY A MOTION OF THE SAN DIEGO COUNTY REGIONAL AIRPORT
AUTHORITY EXECUTIVE PERSONNEL AND COMPENSATION COMMITTEE THIS
27TH DAY OF AUGUST, 2020.

MONTY BELL
DIRECTOR,
TALENT, CULTURE AND CAPABILITY

ATTEST:

TONY R. RUSSELL
DIRECTOR, BOARD SERVICES/
AUTHORITY CLERK

EXECUTIVE PERSONNEL

Meeting Date: **AUGUST 27, 2020**

Subject:

Renewal of the Health & Welfare Benefits Program for 2021

Recommendation:

Staff recommends that the Executive Personnel and Compensation Committee forward the Renewal of the Health and Welfare Benefits Program to the Board with a recommendation to approve.

Background/Justification:

The San Diego County Regional Airport Authority ("Authority") provides a comprehensive health and welfare benefits program designed to attract and retain the talent necessary to execute its business strategy successfully and to meet its obligations to eligible First-Generation retirees. For the calendar year 2021, staff is recommending a change in medical and dental providers from Blue Shield and Delta Dental to Anthem Blue Cross for both medical and dental. This recommendation maintains the Authority's ability to attract and retain top talent by balancing flexible options to meet individual employee needs while demonstrating fiscal prudence and incentivizing enrollment in more efficient plans.

Through negotiations, the Authority's Broker of Record, Hub International Insurance Services, Inc (Hub) was able to achieve a negotiated renewal resulting in a total estimated Authority cost \$4,701,909, which represents a decrease of 12.6%, with an anticipated savings of \$677,767 over the 2020 program. This also represents anticipated savings to the Authority of \$943,954 over the Blue Shield negotiated rate for the calendar year 2021 with an overall anticipated saving to the Authority and Employees of \$1,198,015. This also represents a decrease of 22.3%, with an anticipated savings of \$1,348,472 below budget.

Medical

The renewal evaluation process with Blue Shield of CA is made up of enrolled demographics, claim experience and medical trends. The Authority's demographic factors have remained consistent, but a change in other contributing factors includes thirteen (13) large claims of over \$50k each (4 HMO and 9 PPO).

Hub requested competitive bids from five potential alternative providers: Aetna, Anthem Blue Cross, Cigna, Health Net, and United Health Care. Based on our population, plan design, and experience rating, all five carriers provided quotes, but only three were competitive.

The initial 2021 renewal proposal from our current medical provider, Blue Shield of CA, was an increase of 13.5% in premiums over the 2020 plan year. Through negotiations, Hub was able to achieve a renegotiated renewal increase of 5.5% with minimal decrements to the current plan designs.

However, Anthem Blue Cross provided the most advantageous quote at a decrease of 6.3%. This option includes a medical premium bundling discount of 2% if the Authority moves both the medical and dental plans to Anthem. Additionally, a \$35,000 wellness credit, \$10,000 communications credit, a rate cap of 9.5% to 2022, and ½ month premium credit of an estimated \$243,624 are included. While this option does impact the network coverage for a few enrolled members, it offers significant savings for the Authority and its enrolled employees/pre-Medicare retirees.

Dental

Hub requested competitive bids from five potential alternative providers: Anthem, Cigna, Guardian, MetLife, and United Concordia. Based on our population, plan design, and experience rating, all five carriers provided competitive quotes. However, Anthem Blue Cross provided the most advantageous quote, which includes a decrease in total dental premiums of 16.6%. Additionally, a \$7,000 communication credit, a two year rate guarantee, and a ½ month premium credit, estimated at \$33,159, is included. While this option does impact the Dental HMO network coverage for a few enrolled members, it offers a savings to both employees, 1st Generation retirees and the Authority.

Wellness

The Wellness Program is another component of the proposed medical renewal for active employees and their enrolled spouses/domestic partners. Wellness offers individual incentives for identifying and managing potential health risks and is supported by a contribution of \$35,000 from the Anthem Blue Cross option.

Staff is also recommending that the renewal maintains the Authority's Wellness Program for active employees and their enrolled spouses/domestic partners. The Wellness Program would continue to offer two primary incentives. Those who voluntarily complete an online health questionnaire receive a 5% reduction in the individual medical premium cost share rate. Those same employees and their spouses/domestic partners enrolled in the Authority's medical plan will also have an opportunity to earn a \$250 employee and \$200 spouse incentive. These incentives may be deposited into the Flexible Spending Account or Health Savings Account or rolled into the 457 deferred savings account on a pretax basis. The Wellness Program promotes health risk awareness and management by employees and spouses enrolled in medical plans.

Ancillary Lines

A decrease of 26.8% for Basic Life and Accidental Death & Dismemberment (AD&D). An increase of 31.6% or \$51,078 for Short-Term Disability. Thus, resulting in an overall increase of 10.05% for both plans in the 2021 plan year.

Leave of Absence Administration, Employee Assistance Program, and Health Advocate offerings have been issued with rate passes for the 2021 plan year.

In addition to the above benefits, the Authority will continue to offer the following voluntary benefits products with 100% of the premium costs paid by employees:

- Voluntary Vision Care

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

**Direct billed to the employee*

In summary, the recommended renewal for the 2021 health and welfare benefits program includes:

- Medical coverage:
 - Anthem Blue Cross for active employees and pre-Medicare retirees with four plan options: Select HMO, Priority Select HMO, PPO, and HDHP.
 - United Healthcare for Medicare enrolled retirees.
 - Increasing the Authority's funding for the Health Savings Account (HSA)
 - Employee from \$750 to \$1500
 - Employee + One Dep from \$1500 to \$3000
 - Employee + Family from \$1500 to \$3000
- Dental coverage:
 - Anthem Blue Cross for active employees and retirees.
- Employee Wellness Program voluntary online health risk assessment participation incentives include:
 - A 10% Wellness and 15% Non-Wellness individual employee premium cost share model.
 - \$250 FSA/HSA deposit or 457 Deferred Compensation pretax election for employee participation; and/or
 - \$200 FSA/HSA deposit or 457 Deferred Compensation pretax election for enrolled covered spouses and registered domestic partners.
- All other lines of coverage to remain in place.

The recommended renewal balances quality of care, wellness, and employer costs to achieve a market competitive employee benefits program that supports employee retention and engagement for the 2021 plan year.

Therefore, staff is recommending the Executive Personnel & Compensation Committee move the proposed recommendation to the full Board for approval.

Fiscal Impact:

Adequate funding for 2021 health and welfare benefits renewal is included in the adopted FY 2021 and conceptually approved FY 2022 Budgets.

Active and Budgeted only

Description	Current	Recommended Renewal	% Change	Budgeted Costs CY 2021	\$ Difference Between Recommended and Budgeted	% Difference Between Recommended and Budgeted
Medical (Includes HSA Fund of \$1500/\$3000) ^{1, 2}	\$ 4,658,002	\$ 4,036,862	-13.3%	\$ 5,306,458	\$ (1,269,596)	-23.9%
Dental ¹	\$ 328,427	\$ 245,638	-25.2%	\$ 348,311	\$ (102,673)	-29.5%
Basic Life/AD&D	\$ 92,827	\$ 67,910	-26.8%	\$ 92,512	\$ (24,602)	-26.6%
Short Term Disability	\$ 161,748	\$ 212,826	31.6%	\$ 164,236	\$ 48,590	29.6%
Leave of Absence Admin. Fee	\$ 10,862	\$ 10,862	0.0%	\$ 10,800	\$ 62	0.6%
Health Advocate	\$ 17,682	\$ 17,682	0.0%	\$ 17,935	\$ (253)	-1.4%
Employee Credits ^{1,3} (See note below)	\$ 110,130	\$ 110,130	0.0%	\$ 110,130	\$ -	0.0%
TOTAL	\$ 5,379,678	\$ 4,701,910	-33.8%	\$ 6,050,382	\$ (1,348,472)	-22.3%

¹Includes 3 budgeted positions FY'21

²Totals are calculated based on Wellness and Non-Wellness rate for current and recommended renewal

³Per Pay Period Credits include MedWaive \$41.67 (49), DenWaive\$2.42 (26), Med EE Only \$ 4 (200), Vision \$4 (421)

Note: Medical Budget CY2021 assumed 11% increase over CY2020 rates, Dental Budget CY2021 assumed 4% increase over CY2020 rates

Authority Strategies/Focus Areas:

This item supports one or more of the following (*select at least one under each area*):

Strategies

- Community Strategy
 Customer Strategy
 Employee Strategy
 Financial Strategy
 Operations Strategy

Focus Areas

- Advance the Airport Development Plan
 Transform the Customer Journey
 Optimize Ongoing Business

Environmental Review:

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

B. California Coastal Act Review: This Board action is not a "development" as defined by the California Coastal Act. Cal. Pub. Res. Code §30106.

C. NEPA: This Board action is not a project that involves additional approvals or actions by the Federal Aviation Administration ("FAA") and, therefore, no formal review under the National Environmental Policy Act ("NEPA") is required.

Application of Inclusionary Policies:

Not Applicable

Prepared by:

MONTY BELL
DIRECTOR OF TALENT, CULTURE & CAPABILITY



Renewal of the Health & Welfare Benefits Program for 2021

Presented by:

Monty Bell | Director, Talent, Culture & Capability

Spencer Beers-Mulroy | Account Executive

Hub International Insurance Services Inc.

August 27, 2020

Agenda

- Executive Summary
- Medical
- Dental
- Vision, Life/Disability & Other Plans
- Retirees

Executive Summary

Executive Summary

	Carrier	Current 2020	Initial Renewal 2021		Negotiated Renewal 2021		Medical & Dental Moves to Anthem		Other plans remain with incumbent
Medical (includes HSA Fund)	Blue Shield	\$6,367,276	\$7,224,017	13.5%	\$6,714,462	5.5%	Anthem	\$5,965,758	-6.3%
	Bundling Discount ³	--	--	--	--	--	Anthem	-\$118,790	--
	Premium Credit ³	--	--	--	--	--	Anthem	-\$243,624	--
Medical - Medicare Retirees	UnitedHealthcare	\$310,275	\$291,658	-6.0%	\$291,658	-6.0%	UnitedHealthcare	\$291,658	-6.0%
Dental	Delta Dental	\$476,958	\$477,843	0.2%	\$451,644	-5.3%	Anthem	\$397,905	-16.6%
	Premium Credit ³	--	--	--	--	--	Anthem	-\$33,159	--
Basic Life/AD&D	The Hartford	\$94,468	\$69,111	-26.8%	\$69,111	-26.8%	The Hartford	\$69,111	-26.8%
Short Term Disability	The Hartford	\$161,748	\$212,826	31.6%	\$212,826	31.6%	The Hartford	\$212,826	31.6%
Leave of Absence Administration	The Hartford	\$10,862	\$10,862	0.0%	\$10,862	0.0%	The Hartford	\$10,862	0.0%
Health Advocate	Health Advocate	\$18,690	\$18,690	0.0%	\$18,690	0.0%	Health Advocate	\$18,690	0.0%
Credits to Employees²	SDCRAA	\$110,130	\$110,130	0.0%	\$110,130	0.0%	SDCRAA	\$110,130	0.0%
GRAND TOTAL - ALL^{1, 2}		\$7,550,408	\$8,415,138		\$7,879,383			\$6,681,367	
	\$ Change from Current		\$864,730		\$328,975			-\$869,040	
	% Change from Current		11.5%		4.4%			-11.5%	
	\$ Change from Negotiated Renewal							-\$1,198,015	
GRAND TOTAL - ACTIVE & BUDGETED EEs^{1,2}		\$6,762,271	\$7,594,210		\$7,094,209			\$5,954,269	
	\$ Change from Current		\$831,939		\$331,938			-\$808,002	
	% Change from Current		12.3%		4.9%			-11.9%	
Employer Cost⁴		\$5,379,677	\$5,645,864		\$5,645,864			\$4,701,909	
	\$ Change from Current		\$266,187		\$266,187			-\$677,767	
	% Change from Current		4.9%		4.9%			-12.6%	
Employee Contribution⁴		\$1,382,594	\$1,448,345		\$1,448,345			\$1,252,360	
	\$ Change from Current		\$65,750		\$65,750			-\$130,235	
	% Change from Current		4.8%		4.8%			-9.4%	
GRAND TOTAL - RETIREES¹		\$788,137	\$820,928		\$785,174			\$727,098	
	\$ Change from Current		\$32,791		-\$2,963			-\$61,038	
	% Change from Current		4.2%		-0.4%			-7.7%	
Employer Cost⁴		\$651,039	\$647,749		\$647,749			\$587,551	
	\$ Change from Current		-\$3,290		-\$3,290			-\$63,488	
	% Change from Current		-0.5%		-0.5%			-9.8%	
Employee Contribution⁴		\$137,098	\$137,425		\$137,425			\$139,548	
	\$ Change from Current		\$327		\$327			\$2,450	
	% Change from Current		0.2%		0.2%			1.8%	

¹Voluntary lines (Vision, Voluntary Life/AD&D, Voluntary Long Term Disability, Aflac & Long Term Care), EAP, FSA/COBRA are excluded from the above totals.

²Employee credits (funded by SDCRAA) include the following:

Waive Credits: Medical: \$41.67 per pay period | Dental: \$2.42 per pay period | **Enrollment Credits:** Medical EE Only enrollment: \$4 per pay period | Vision All EEs regardless of enrollment: \$4 per pay period

³The bundling discounts and premium credit are calculated using the migration assumptions and will vary based on the actual enrollment.

⁴Employer and Employee contributions are calculated using the current contribution structure in place for Actives & Retirees.

NOTES:

- Blue Shield Negotiated Renewal includes a \$35,000 wellness fund.

- Anthem Blue Cross medical offer includes a \$35,000 wellness fund and a 1/2 month premium credit. The medical offer consists of 2 limited network HMOs, a PPO and a HDHP. A 2% bundling discount applies if the Authority moves to Anthem Dental.

Overview-Medical Active & Budgeted

Medical Renewal Components

Blue Shield

HMO: Rated on a blend of manual and experience factors (58.9% credible)
PPO: Manually rated because of low enrollment numbers

HMO Experience Period: May 2019 - April 2020 -- 91.47% Loss Ratio (Target 85%)
HMO: 4 large claims over \$50k
PPO: 9 large claims over \$50k

Teladoc and Teladoc Behavioral Health:

For all plans except the HDHP, Teladoc and the NEW Teladoc Behavioral Health will now be covered at \$0.
The HDHP will be \$45 until the ded is met, then will go to \$0. For Teladoc Behavioral Health, the member cost share is listed in plan summary.

RX changes to the PPO and Access+ HMO:

The max for Tier 4 drugs is changing from \$200/RX to \$250/RX
The RX plan for Trio will not change

Medical Marketing Rates - Active & Budgeted

			Blue Shield	
Full Network HMO	Enrollment ¹		CURRENT	NEG. RENEWAL
	Active	Budgeted	Full Network HMO	
Employee Only	113	0	\$734.14	\$773.67
Employee + Dependent	42	0	\$1,534.35	\$1,616.97
Employee + Family	64	0	\$2,187.74	\$2,305.54
HMO Annualized Premium (All)	219	0	\$3,599,988	\$3,793,833
% Change from Current				5.4%
HMO Annualized Active & Budgeted Premium			\$3,448,991	\$3,634,704
% Change from Current				5.4%
			CURRENT	NEG. RENEWAL
Trio HMO	Enrollment ¹		Trio HMO	
	Active	Budgeted		
Employee Only	35	0	\$647.19	\$682.04
Employee + Dependent	16	0	\$1,352.63	\$1,425.47
Employee + Family	18	0	\$1,928.63	\$2,032.48
Trio HMO Annualized Premium (All)	69	0	\$987,484	\$1,040,658
% Change from Current				5.4%
Trio HMO Active & Budgeted Premium			\$948,109	\$999,163
% Change from Current				5.4%
			CURRENT	NEG. RENEWAL
PPO	Enrollment ¹		PPO	
	Active	Budgeted		
Employee Only	39	3	\$1,036.95	\$1,087.83
Employee + Dependent	18	0	\$2,167.23	\$2,273.57
Employee + Family	10	0	\$3,090.11	\$3,241.73
PPO Annualized Premium (All)	67	3	\$1,565,132	\$1,641,928
% Change from Current				4.9%
PPO Annualized Active & Budgeted Premium			\$1,361,558	\$1,428,365
% Change from Current				4.9%
			CURRENT	NEG. RENEWAL
HDHP - Separate HSA Fund	Enrollment ¹		HDHP -- Separate HSA Fund*	
	Active	Budgeted		
Employee Only	10	0	\$913.09	\$957.89
Employee + Dependent	4	0	\$1,908.36	\$2,002.00
Employee + Family	0	0	\$2,721.01	\$2,854.52
HDHP Annualized Premium (All)	14	0	\$201,172	\$211,043
% Change from Current				4.9%
HDHP Annualized Active & Budgeted Premium			\$201,172	\$211,043
% Change from Current				4.9%
HSA Fund			\$13,500	\$27,000
			CURRENT	NEG. RENEWAL
Total Annualized Premium w/ Fund (All)	Active	Budgeted		
	369	3	\$6,367,276	\$6,714,462
\$ Change from Current				-\$347,185
% Change from Current				5.5%
Total Annualized Active & Budgeted Premium w/ Fund			\$5,973,329	\$6,300,275
\$ Change from Current				\$326,946
% Change from Current				5.5%

Anthem Blue Cross Option	
Assumes 2% Bundling Discount	
Select Net. HMO	\$656.52
	\$1,378.69
	\$1,969.56
	\$2,095,611
	\$2,031,797
Assumes 2% Bundling Discount	
Priority Select HMO	
	\$527.03
	\$1,106.77
	\$1,581.10
	\$1,720,866
	\$1,631,060
Assumes 2% Bundling Discount	
PPO	
	\$1,189.51
	\$2,497.98
	\$3,568.55
	\$1,801,399
	\$1,567,303
	\$1,567,303
Assumes 2% Bundling Discount	
HDHP*	
	\$915.27
	\$1,922.07
	\$2,745.82
	\$202,092
	-\$4.2%
	\$202,092
	-\$4.2%
	\$27,000
Assumes 2% Bundling Discount	
	\$5,846,968
	-\$867,494
	-12.9%
	\$5,459,252
	-\$841,023
	-13.3%

¹Enrollment figures provided by SDCRAA in May 2020 finance census. 49 active employees have waived. 3 budgeted positions in PPO employee only plan. Enrollment figures for Retirees provided by SDCRAA in April 2020 census.

Anthem Blue Cross medical offer includes a \$35,000 wellness fund and a 1/2 month premium credit. The medical offer consists of 2 limited network HMOs, a PPO and a HDHP.

Enrollment Assumptions

ANTHEM: 50% of total HMO enrollment assumed to enroll in the Priority Select HMO Network plan. The remainder of the HMO enrollment assumed to enroll in the Select Network HMO plan. Anthem's proposal does not include a Full HMO Network Option.

* HSA Admin Fees are included in the premium.

% and \$ Change above is from Negotiated Renewal



Medical Marketing Overview

Carrier	Status	\$ Change from Current	% Change from Current	Notes
Blue Shield	Incumbent - Initial Renewal	\$843,240	13.2%	\$35,000 Wellness Fund
	Incumbent - Negotiated Renewal	\$333,685	5.2%	
Cigna	Quoted Select HMO (Limited Network) HMO (Full Network) PPO HDHP	\$170,299	2.7%	\$35,000 Wellness Fund 9% 2nd Year Renewal Rate Cap 1 Year Performance Guarantee - \$18,000 combined at risk (Implementation & Service) 1% bundling discount off Medical if Cigna Dental is placed (~\$65,000)
Aetna	Quoted Whole Health HMO (Limited Network) HMO (Full Network) PPO HDHP	\$192,194	3.0%	\$35,000 Wellness Fund \$15,000 Implementation
UHC	Quoted - Uncompetitive	--	--	--
Health Net	Quoted - Uncompetitive	--	--	--
Carrier	Status	\$ Change from Neg. Renewal	% Change from Neg. Renewal	Notes
Anthem	Quoted Priority Select HMO (Limited Network) Select HMO (Limited Network) PPO HDHP	-\$748,704	-11.2%	\$35,000 Wellness Fund \$10,000 for Customized HUB Communications 1/2 month premium credit 2% bundling discount off Medical if Anthem Dental is placed Performance Guarantee for Implementation & 1st year Account Management Anthem ID Cards to include SDCRAA Logo 9.5% Renewal Rate Cap with caveats 2022 renewal to include both \$35K Wellness & \$10K Communication Fund

Note: Cost savings based on migration assumptions and will vary based on actual enrollment.

Medical HMO Network Disruption Analysis

HMO Medical Groups	Enrolled Members by Plan		Blue Shield		Anthem	
	Trio HMO	Access+ HMO	Trio HMO	Access+ HMO	Priority Select	Select
BUTTE COUNTY BSC ADMIN		1		x	OON	OON
FACEY MEDICAL FOUNDATION BURBANK		1	x	x	x	x
HEMET COMM MG TEMECULA		2		x	x	
HERITAGE VICTOR VALLEY MED GRP		1		x	x	x
MERCY PHYSICIANS MEDICAL GRP	10	15	x	x	x	
PRIMARY CARE ASSOC MED GRP INC		1		x	x	x
RADY CHILDRENS HLTH NETWORK		44		x	x	x
REGAL MED GRP TEMECULA VLY		4		x	x	x
RIVERSIDE MEDICAL CLINIC		5		x	OON	OON
SCRIPPS CLINIC MEDICAL GRP	78	31	x	x	x	
SCRIPPS COASTAL MED CTR	35	25	x	x	x	
SCRIPPS PHYSICIANS MEDICAL GROUP	17	15	x	x	x	x
SHARP COMM INLAND NORTH		3		x		x
SHARP COMM MG GRAYBILL ESCONDIDO FALLBROOK		9		x		x
SHARP COMMUNITY MEDICAL GRP CHULA VISTA		29		x		x
SHARP COMMUNITY MEDICAL GRP GROSSMONT		10		x		x
SHARP COMMUNITY MEDICAL GRP SAN DIEGO		21		x		x
SHARP REES STEALY		223		x	x	x
UC SAN DIEGO HEALTH COMMUNITY GROUP		2		x		x
UCSD MEDICAL GROUP		24		x		x
UCSD PHYSICIANS NETWORK-PRIMARY CARE		14		x		x
Total Count of Members by Network	140	480	227	620	502	418
% of Total Members In-Network		620	36.6%	100%	81.0%	67.4%

This list was created based on the Authority's HMO Enrollment and does not include full list of facilities. Please note that each carrier may represent a medical groups name differently: for example, abbreviating the name, or listing each location separately. Be aware that medical groups name changes, merges, and acquisitions may not be represented in this list.

Medical Contributions

			BLUE SHIELD – NEGOTIATED RENEWAL				
			Wellness 90% EE / 55% DEP				
Full Network HMO	EEs ¹	Monthly Premium	EEs	EE Monthly	EE %	ER Monthly	ER %
Employee Only	113	\$773.67	107	\$77.37	10.0%	\$696.30	90.0%
Employee + One Dep	42	\$1,616.97	39	\$379.49	23.5%	\$1,237.49	76.5%
Employee + Family	64	\$2,305.54	59	\$689.34	29.9%	\$1,616.20	70.1%
TRIO HMO	EE ¹	Monthly Premium	EEs	EE Monthly	EE %	ER Monthly	ER %
Employee Only	35	\$682.04	33	\$68.20	10.0%	\$613.84	90.0%
Employee + One Dep	16	\$1,425.47	16	\$334.54	23.5%	\$1,090.93	76.5%
Employee + Family	18	\$2,032.48	18	\$607.70	29.9%	\$1,424.78	70.1%
PPO	EE ¹	Monthly Premium	EEs	EE Monthly	EE %	ER Monthly	ER %
Employee Only	42	\$1,087.83	35	\$108.78	10.0%	\$979.05	90.0%
Employee + One Dep	18	\$2,273.57	15	\$533.58	23.5%	\$1,739.99	76.5%
Employee + Family	10	\$3,241.73	9	\$969.26	29.9%	\$2,272.48	70.1%
HDHP	EE ¹	Monthly Premium	EEs	EE Monthly	EE %	ER Monthly	ER %
Employee Only	10	\$957.89	10	\$95.79	10.0%	\$862.10	90.0%
Employee + One Dep	4	\$2,002.00	4	\$469.85	23.5%	\$1,532.15	76.5%
Employee + Family	0	\$2,854.52	0	\$853.48	29.9%	\$2,001.04	70.1%

¹ Enrollment figures provided by SDCRAA in May 2020 finance census. 49 active employees have waived. 3 budgeted positions in PPO employee only plan.

Employee credits (funded by SDCRAA) include the following:

Waive Credits: Medical: \$41.67 per pay period. This amounts \$49,004 annually based on current waivers.

Enrollment Credits: Medical EE Only enrollment: \$4 per pay period. This amounts to \$19,200 annually based on current enrollment.

ANTHEM BLUE CROSS OPTION - MEDICAL & DENTAL - ASSUMES 2% BUNDLING DISCOUNT					
		Wellness 90% EE / 55% DEP			
Select HMO*	EEs	EE Monthly	EE %	ER Monthly	ER %
\$656.52	70	\$65.65	10.0%	\$590.87	90.0%
\$1,378.69	27	\$324.98	23.6%	\$1,053.71	76.4%
\$1,969.56	39	\$590.87	30.0%	\$1,378.69	70.0%
Priority Select HMO*	EEs	EE Monthly	EE %	ER Monthly	ER %
\$527.03	70	\$52.70	10.0%	\$474.33	90.0%
\$1,106.77	27	\$260.88	23.6%	\$845.89	76.4%
\$1,581.10	39	\$474.33	30.0%	\$1,106.77	70.0%
PPO*	EEs	EE Monthly	EE %	ER Monthly	ER %
\$1,189.51	35	\$118.95	10.0%	\$1,070.56	90.0%
\$2,497.98	15	\$588.81	23.6%	\$1,909.17	76.4%
\$3,568.55	9	\$1,070.57	30.0%	\$2,497.98	70.0%
HDHP*	EEs	EE Monthly	EE %	ER Monthly	ER %
\$915.27	10	\$91.53	10.0%	\$823.74	90.0%
\$1,922.07	4	\$453.06	23.6%	\$1,469.01	76.4%
\$2,745.82	0	\$823.75	30.0%	\$1,922.07	70.0%

*NOTES:

- Anthem contributions assume 94% of the HMO population would qualify for the Wellness contribution based on the current HMO participation of 94%.

Medical Plan Comparison-Full HMO Network

	Current/Renewal	
Benefit Comparison	Blue Shield	Anthem
	Full Network HMO	Premier Select HMO
Annual Deductible - Individual/Family	None	None
Out-of-Pocket Maximum - Individual/Family	\$1,500 / \$3,000	\$1,500 / \$3,000
Office Visits - PCP/Specialist	\$30 copay / \$30 copay	\$20 copay / \$20 copay
Preventive Care	No charge	No charge
Inpatient Hospital - Including Maternity Inpatient / MHSA	\$200 copay	No charge
Outpatient Surgery - Hospital/Surgical Center	\$100 copay	No charge
Maternity - Prenatal Care	No charge	No charge
Emergency Room (Waived if admitted)	\$150 copay	\$100 copay
Urgent Care	\$30 copay	\$20 copay
Ambulance	\$100 copay	\$100 copay
X-Ray/Laboratory - Standard/Complex	No charge / \$100 copay	No charge / \$100 copay
Acupuncture	\$15 copay 60 combined visits per year	\$5 copay 40 combined visits per year
Chiropractic	\$15 copay 60 combined visits per year	\$5 copay 40 combined visits per year
Prescriptions		
Generic / Tier 1	\$10 copay	\$10 copay
Brand / Tier 2	\$30 copay	\$30 copay
Non-Formulary / Tier 3	\$50 copay	\$50 copay
Specialty / Tier 4	20% up to \$200 (\$250 at Renewal)	30% up to \$250
Mail Order (90 Day Supply)	\$20/\$60/\$100/20% up to \$400	\$20/\$60/\$100/30% up to \$400

This is a summary only. Consult the certificate of insurance to determine the exact terms and conditions of coverage.

Medical Plan Comparison-Trio HMO Network

	Current/Renewal	
Benefit Comparison	Blue Shield	Anthem
	Trio HMO	Premier Priority Select HMO
Annual Deductible - Individual/Family	None	None
Out-of-Pocket Maximum - Individual/Family	\$1,500 / \$3,000	\$1,500 / \$3,000
Office Visits - PCP/Specialist	\$20 copay / \$20 copay	\$20 copay / \$20 copay
Preventive Care	No charge	No charge
Inpatient Hospital - Including Maternity Inpatient / MHSA	\$200 copay	No charge
Outpatient Surgery - Hospital/Surgical Center	\$100 copay	No charge
Maternity - Prenatal Care	No charge	No charge
Emergency Room (Waived if admitted)	\$150 copay	\$100 copay
Urgent Care	\$20 copay	\$20 copay
Ambulance	\$100 copay	\$100 copay
X-Ray/Laboratory - Standard/Complex	No charge / \$100 copay	No charge / \$100 copay
Acupuncture	\$15 copay 60 combined visits per year	\$5 copay 40 combined visits per year
Chiropractic	\$15 copay 60 combined visits per year	\$5 copay 40 combined visits per year
Prescriptions		
Generic / Tier 1	\$10 copay	\$10 copay
Brand / Tier 2	\$30 copay	\$30 copay
Non-Formulary / Tier 3	\$50 copay	\$50 copay
Specialty / Tier 4	20% up to \$200	30% up to \$250
Mail Order (90 Day Supply)	\$20/\$60/\$100/20% up to \$400	\$20/\$60/\$100/30% up to \$400

This is a summary only. Consult the certificate of insurance to determine the exact terms and conditions of coverage.

Medical Plan Comparison-PPO Network

	Current/Renewal			
Benefit Comparison	Blue Shield		Anthem	
	PPO		Custom Classic PPO	
	In Network	Out of Network	In Network	Out of Network
Annual Deductible - Individual/Family	\$250 / \$750	\$250 / \$750	\$250 / \$750	\$250 / \$750
Out-of-Pocket Maximum - Individual/Family	\$3,000 / \$6,000	\$8,000 / \$16,000	\$3,000 / \$6,000	\$8,000 / \$16,000
Office Visits - PCP/Specialist	\$30 copay / \$30 copay	40% after deductible	\$30 copay / \$30 copay	40% after deductible
Preventive Care	No charge	40% after deductible	No charge	40% after deductible
Inpatient Hospital - Including Maternity Inpatient / MHSA	20% after deductible	40% after deductible (\$1,000 benefit max)	20% after deductible	40% after deductible (\$1,000 max benefit per day)
Outpatient Surgery - Hospital/Surgical Center	20% after deductible	40% after deductible (\$350 benefit max)	20% after deductible	40% after deductible (\$350 max benefit per service)
Maternity - Prenatal Care	20% after deductible	40% after deductible	\$30 copay	40% after deductible
Emergency Room (Copay waived if admitted)	\$150 copay + 20%		\$150 copay + 20%	
Urgent Care	\$30 copay	40% after deductible	\$30 copay	40% after deductible
Ambulance	20% after deductible		20% after deductible	
X-Ray/Laboratory - Standard/Complex	20% after deductible	40% after deductible (\$350 benefit max)	20% after deductible	40% after deductible (Standard: \$350 max benefit per service/ Complex:\$800 per service)
Acupuncture	\$20 copay 20 visits per year	40% after deductible	\$30 copay 20 visits per year	40% after deductible
Chiropractic	\$20 copay 30 visits per year	40% after deductible	\$30 copay 30 visits per year	40% after deductible
Prescriptions				
Generic / Tier 1	\$10 copay	Copay + 25%	\$10 copay	50% coinsurance up to \$250 per prescription
Brand / Tier 2	\$30 copay		\$30 copay	
Non-Formulary / Tier 3	\$50 copay		\$50 copay	
Specialty / Tier 4	30% up to \$200 (\$250 at Renewal)	30% up to \$200 + 25% purchase price	30% up to \$250	
Mail Order (90 Day Supply)	\$20/\$60/\$100/30% up to \$400	Not covered	\$20/\$60/\$100/30% up to \$400	Not covered

Unless noted, services where a copay is required is not subject to the deductible but services where coinsurance is noted must first meet the deductible. This is a summary only. Consult the certificate of insurance to determine the exact terms and conditions of coverage.



Medical Plan Comparison-HDHP

Network

Benefit Comparison	Current/Renewal		Anthem	
	Blue Shield		Custom PPO HSA	
	HDHP			
	In Network	Out of Network	In Network	Out of Network
Annual Deductible - Individual/Individual in a Family/Family	\$1,500 / \$2,800 / \$3,000		\$1,500 / \$2,800 / \$3,000	
Out-of-Pocket Maximum - Individual/Individual in a Family/Family	\$3,000 / \$3,000 / \$6,000	\$9,000 / \$9,000 / \$18,000	\$3,000 / \$3,000 / \$6,000	\$9,000 / \$9,000 / \$18,000
Office Visits - PCP/Specialist	10% after deductible	30% after deductible	10% after deductible	30% after deductible
Preventive Care	No charge	30% after deductible	No charge	30% after deductible
Inpatient Hospital - Including Maternity Inpatient / MHSA	10% after deductible	30% after deductible (\$600 max benefit)	10% after deductible	30% after deductible (\$1,000 max benefit per day)
Outpatient Surgery - Hospital/Surgical Center	10% after deductible	30% after deductible (\$350 max benefit)	10% after deductible	30% after deductible (\$350 max benefit per service)
Maternity - Prenatal Care	10% after deductible	30% after deductible	10% after deductible	30% after deductible
Emergency Room	10% after deductible		10% after deductible	
Urgent Care	10% after deductible	30% after deductible	10% after deductible	30% after deductible
Ambulance	10% after deductible		10% after deductible	
X-Ray/Laboratory - Standard/Complex	10% after deductible	30% after deductible (\$350 max benefit)	10% after deductible	30% after deductible (Standard: \$350 max benefit per service/ Complex:\$800 per service)
Acupuncture	10% after deductible 20 visits per year	30% after deductible	10% after deductible	30% after deductible 20 visits per year
Chiropractic	10% after deductible 30 visits per year	30% after deductible	10% after deductible	30% after deductible 30 visits per year
Prescriptions (Deductible applies)				
Generic / Tier 1	\$10 copay	Copay + 25%	\$10 copay	30% up to \$250
Brand / Tier 2	\$25 copay		\$25 copay	
Non-Formulary / Tier 3	\$40 copay		\$40 copay	
Specialty / Tier 4	30% up to \$200	30% up to \$200		
Mail Order (90 Day Supply)	\$20/\$50/\$80/30% up to \$400	Not covered	\$20/\$50/\$80/30% up to \$400	Not covered

Unless noted, services where a copay is required is not subject to the deductible but services where coinsurance is noted must first meet the deductible.

This is a summary only. Consult the certificate of insurance to determine the exact terms and conditions of coverage.



Overview-Dental Active & Budgeted



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INTERNATIONAL AIRPORT.

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Dental Marketing Rates

Enrollment ¹			CURRENT	INITIAL RENEWAL	NEGOTIATED RENEWAL
PPO	Active	Budgeted	PPO Plan		
Employee Only	140	3	\$60.48	\$60.48	\$57.46
Employee + Dependent	83	0	\$108.59	\$108.59	\$103.16
Employee + Family	88	0	\$147.65	\$147.65	\$140.27
PPO Annualized Premium	311	3	\$447,469	\$447,469	\$425,106
% Change from Current				0.0%	-5.0%
PPO Annualized Active & Budgeted Premium			\$367,858	\$367,858	\$349,474
% Change from Current				0.0%	-5.0%

Anthem Option
Anthem
\$50.02
\$89.81
\$122.11
\$370,076
-12.9%
\$304,233
-12.9%

Enrollment ¹			CURRENT	INITIAL RENEWAL	NEGOTIATED RENEWAL
DHMO	Active	Budgeted	DHMO		
Employee Only	42	0	\$18.86	\$19.43	\$16.97
Employee + Dependent	18	0	\$31.16	\$32.09	\$28.04
Employee + Family	21	0	\$46.03	\$47.41	\$41.43
DHMO Annualized Premium	81	0	\$29,489	\$30,374	\$26,537
% Change from Current				3.0%	-10.0%
DHMO Annualized Active & Budgeted Premium			\$27,836	\$28,671	\$25,050
% Change from Current				3.0%	-10.0%

Anthem Option
Anthem
\$14.93
\$29.87
\$49.28
\$27,829
4.9%
\$26,395
5.4%

Total Annualized Premium	392	3	\$476,958	\$477,843	\$451,644
\$ Change from Current				\$886	-\$25,314
% Change from Current				0.2%	-5.3%
Total Annualized Active & Budgeted Premium			\$395,693	\$396,529	\$374,524
\$ Change from Current				\$836	-\$21,170
% Change from Current				0.2%	-5.3%

\$397,905
-\$53,739
-11.9%
\$330,628
-\$43,895
-11.7%

¹Enrollment figures provided by SDCRAA in May 2020 Finance census. 26 active employees have waived. 3 budgeted positions in PPO employee only plan.

Enrollment figures for Retirees provided by SDCRAA in April 2020 census.

Note:

- Delta Dental Renewal includes a 1 Year Rate Guarantee
- Anthem Blue Cros offer includes 2 Year Rate Guarantee (PPO & HMO) & 2% bundling discount off Medical if Anthem Dental is placed (~\$119,000)

DHMO Disruption

- Anthem's DHMO network varies from Delta Dental's. As a result 44% (31) of current providers are out of network, this would impact 42% (66) of members currently covered on the plan.

% and \$ Change above is from Negotiated Renewal

Dental Marketing Overview

Dental Renewal & Marketing Overview

Carrier	Status	\$ Change from Current	% Change from Current	Notes
Delta Dental	Incumbent - Initial Renewal	\$886	0.2%	1 Year Rate Guarantee (PPO & HMO)
	Incumbent - Negotiated Renewal	-\$25,314	-5.3%	
MetLife	Quoted	-\$116,665	-24.5%	2 Year Rate Guarantee (PPO & HMO) 5% 3rd Year Renewal Rate Cap (PPO & HMO)
Guardian	Quoted	-\$108,919	-22.8%	1 Month Premium Credit on PPO (~\$28,000) & 1 Year Rate Guarantee (PPO & HMO) <u>OR</u> 2 Year Rate Guarantee (PPO & HMO)
Cigna	Quoted	-\$88,629	-18.6%	PPO: 2 Year Rate Guarantee HMO: 1 Year Rate Guarantee 1% bundling discount off Medical if Cigna Dental is placed (~\$65,000) Dental rates assume medical is sold alongside. 1% load to PPO rates if sold standalone.
United Concordia	Quoted	\$0	0.0%	2 Year Rate Guarantee (PPO & HMO)
Carrier	Status	\$ Change from Neg. Renewal	% Change from Neg. Renewal	Notes
Anthem	Quoted - Illustrated	-\$53,739	-11.9%	2 Year Rate Guarantee (PPO & HMO) 2% bundling discount off Medical if Anthem Dental is placed \$7,500 for Customized HUB Communications 1 month premium credit DHMO Network Recruitment Campaign

Dental Contributions

		Delta Dental – Current 100% EE / 55% DEP			Delta Dental – Negotiated Renewal 100% EE / 55% DEP				Anthem Dental Option 100% EE / 55% DEP			
Dental PPO	Enrollment ¹	Monthly Premium	EE Monthly	ER Monthly	Monthly Premium	EE Monthly	ER Monthly	ER %	Monthly Premium	EE Monthly	ER Monthly	ER %
Employee Only	143	\$60.48	\$0.00	\$60.48	\$57.46	\$0.00	\$57.46	100.0%	\$50.02	\$0.00	\$50.02	100.0%
Employee + One Dep	83	\$108.59	\$21.65	\$86.94	\$103.16	\$20.57	\$82.60	80.1%	\$89.81	\$17.91	\$71.90	80.1%
Employee + Family	88	\$147.65	\$39.23	\$108.42	\$140.27	\$37.26	\$103.01	73.4%	\$122.11	\$32.44	\$89.67	73.4%
Annual Total	314	\$367,858	\$62,990	\$304,867	\$349,474	\$59,834	\$289,640		\$304,233	\$52,091	\$252,142	
Dental HMO												
Employee Only	42	\$18.86	\$0.00	\$18.86	\$16.97	\$0.00	\$16.97	100.0%	\$14.93	\$0.00	\$14.93	100.0%
Employee + One Dep	18	\$31.16	\$5.53	\$25.63	\$28.04	\$4.98	\$23.06	82.2%	\$29.87	\$6.72	\$23.15	77.5%
Employee + Family	21	\$46.03	\$12.23	\$33.80	\$41.43	\$11.01	\$30.42	73.4%	\$49.28	\$15.46	\$33.82	68.6%
Annual Total	81	\$27,836	\$4,276	\$23,559	\$25,050	\$3,850	\$21,200		\$26,395	\$5,347	\$21,048	
COMBINED TOTAL	395	\$395,693	\$67,267	\$328,427	\$374,524	\$63,684	\$310,840		\$330,628	\$57,439	\$273,190	
\$ Change from Current					-\$21,170	-\$3,583	-\$17,587		-\$65,065	-\$9,828	-\$55,237	
% Change from Current					-5.3%	-5.3%	-5.4%		-16.4%	-14.6%	-16.8%	

¹Enrollment figures provided by SDCRAA in May 2020 Finance census. 26 active employees have waived. 3 budgeted positions in PPO employee only plan.

Waiver Credits: \$2.42 per pay period credit for dental waivers. This amounts to \$1,510 annually based on current waivers.

Dental HMO Disruption Analysis

Facility Name	City	State	ZIP	Member Count	Delta Dental	Anthem Blue Cross Dental Network
MISSION VALLEY DENTISTS	SAN DIEGO	CA	92108	7	Y	Y
CLAIREMONT SMILES DENTISTRY	SAN DIEGO	CA	92111	7	Y	Y
AFFINITY DENTAL OF HILLCREST	SAN DIEGO	CA	92103	7	Y	Y
BONITA SMILES DENTISTRY	CHULA VISTA	CA	91913	7	Y	N
SANTEE TOWN CENTER DENTAL GROUP	SANTEE	CA	92071	5	Y	Y
EAST COUNTY FAMILY DENTAL CENTER	EL CAJON	CA	92021	4	Y	N
LAJAS SMILES	LA MESA	CA	91942	4	Y	N
DOWNTOWN SD MODERN DENTISTRY DENTAL GROUP	SAN DIEGO	CA	92101	4	Y	Y
THOMAS TOMA DMD	NATIONAL CITY	CA	91950	4	Y	Y
GENTLE DENTAL-GROSSMONT	LA MESA	CA	91942	4	Y	Y
LA MESA FAMILY DENTAL	LA MESA	CA	91942	4	Y	N
LA JOLLA DENTAL GROUP	LA JOLLA	CA	92037	3	Y	Y
BERNARDO HEIGHTS DENTAL GROUP	SAN DIEGO	CA	92128	3	Y	Y
AFFINITY DENTAL OF SOUTH BAY	CHULA VISTA	CA	91910	3	Y	N
OTAY LAKES DENTAL GROUP	CHULA VISTA	CA	91913	3	Y	N
PRIME DENTAL CARE	SAN DIEGO	CA	92126	3	Y	Y
MISSION FAMILY DENTAL	SAN DIEGO	CA	92126	3	Y	N
GRAND DENTAL SPA	SAN DIEGO	CA	92109	3	Y	N
UNIVERSITY AVENUE DENTAL GROUP	SAN DIEGO	CA	92115	3	Y	N
WESTERN DENTAL SERVICES INC	SAN DIEGO	CA	92114	3	Y	Y
GLENN E HADY DDS	SAN DIEGO	CA	92117	3	Y	Y
RANCHO DENTAL GROUP	SAN DIEGO	CA	92103	3	Y	N
TWIN OAKS FAMILY DENTISTRY	CHULA VISTA	CA	91910	2	Y	Y
BONITA FAMILY DENTAL	BONITA	CA	91902	2	Y	N
COSMETIC AND FAMILY DENTISTRY	SAN DIEGO	CA	92126	2	Y	Y
OAK GROVE DENTAL GROUP	LAKE ELSINORE	CA	92530	2	Y	Y
SMILEBURST DENTISTRY	LEMON GROVE	CA	91945	2	Y	N
VILLAGE DENTAL GROUP	CHULA VISTA	CA	91914	2	Y	Y
IMPERIAL BEACH DENTAL GROUP	IMPERIAL BEACH	CA	91932	2	Y	N
MENIFEE SMILES DENTISTRY	MENIFEE	CA	92584	2	Y	Y
WESTERN DENTAL SERVICES	NATIONAL CITY	CA	91950	2	Y	Y
SAMUEL HAYAT DMD	CHULA VISTA	CA	91915	2	Y	N
ANDREW K JOHN DDS INC	OCEANSIDE	CA	92054	2	Y	N
KENSINGTON DENTAL GROUP	SAN DIEGO	CA	92116	2	Y	Y
EXTREME SMILE MAKEOVER	SAN DIEGO	CA	92108	2	Y	N
COASTAL DENTAL ARTS	SAN DIEGO	CA	92101	2	Y	N
CONVOY DENTAL AND ORTHODONTICS	SAN DIEGO	CA	92111	2	Y	Y
SMILE DENTAL OF SAN DIEGO	LA MESA	CA	91942	2	Y	Y
CARDINAL DENTAL GROUP	LA MESA	CA	91942	2	Y	N
VILLAGE DENTAL CENTER	ESCONDIDO	CA	92026	2	Y	Y
HOMA SHAHRIARI DDS INC	NORTHBRIDGE	CA	91325	1	Y	N
TOWNE CENTER DENTAL GROUP	SANTEE	CA	92071	1	Y	Y
WESTVIEW DENTAL OFFICE	SAN DIEGO	CA	92129	1	Y	Y
LUIS CONTRERAS DDS	IMPERIAL BEACH	CA	91932	1	Y	N
ASSURE DENTAL	CULVER CITY	CA	90232	1	Y	Y
SMILEBURST DENTISTRY #1	SPRINGS VALLEY	CA	91977	1	Y	Y
SANTEE COTTONWOOD DENTAL	SANTEE	CA	92071	1	Y	Y
HEALTHY HABIT DENTAL	POWAY	CA	92064	1	Y	N
MEIGS FAMILY DENTAL	CHULA VISTA	CA	91910	1	Y	N
GUPTAS DENTAL GROUP	FONTANA	CA	92336	1	Y	N
RSD DENTAL GROUP AND ORTHODONTICS	EL CAJON	CA	92021	1	Y	Y
BRIGHT NOW DENTAL RANCHO	EL CAJON	CA	92019	1	Y	Y
WESTERN DENTAL SERVICES	POWAY	CA	92064	1	Y	Y
RENAISSANCE DENTAL CENTER	LA JOLLA	CA	92037	1	Y	Y
SMART DENTAL CARE	NATIONAL CITY	CA	91950	1	Y	N
DENAMIEL JARDIN DDS	LA MESA	CA	91942	1	Y	Y
GREGORY CULYON DMD	LAJESIDE	CA	92040	1	Y	N
PB SMILES DENTISTRY DENTAL GROUP	SAN DIEGO	CA	92109	1	Y	Y
MISSION HILLS DENTAL GROUP	SAN DIEGO	CA	92103	1	Y	Y
RANCHO SAN DIEGO DENTISTS DENTAL GROUP	LA MESA	CA	91941	1	Y	Y
SIA DENTAL GROUP	CHULA VISTA	CA	91911	1	Y	N
EAST VILLAGE DENTAL GROUP	SAN DIEGO	CA	92101	1	Y	N
BAY PARK DENTISTRY DENTAL GROUP	SAN DIEGO	CA	92117	1	Y	Y
GENTLE DENTAL MURRIETA	MURRIETA	CA	92562	1	Y	Y
CARMEL VALLEY DENTIST OFFICE AND ORTHODONTICS	SAN DIEGO	CA	92130	1	Y	Y
PLACERVILLE DENTISTRY GROUP	PLACERVILLE	CA	95667	1	Y	N
HILL DENTAL GROUP	SAN DIEGO	CA	92106	1	Y	N
STEELE CANYON SMILES AND ORTHODONTICS	EL CAJON	CA	92019	1	Y	Y
GENTLE DENTAL CHULA VISTA	CHULA VISTA	CA	91910	1	Y	Y
HORIZON DENTAL GROUP	EL CAJON	CA	92021	1	Y	Y
MISSION BAY DENTAL	SAN DIEGO	CA	92109	1	Y	N

Provider & Membership Data provided
by Delta Dental

Providers In-Network

71
100%

40
56.3%

Members with In-Network Provider

157
100%

91
58.0%

Dental Marketing Rates

	ADA Code	Current/Renewal	Anthem Option
Benefit Comparison		Delta Dental	Anthem
Office Visit		No Charge	No Charge
Preventive			
Periodic Exams	0120	No Charge	No Charge
Adult Cleaning	1110	No Charge	No Charge
Bitewing X-Rays (4 films)	0274	No Charge	No Charge
Basic			
Amalgam Fillings - 1 surface	2140	\$3	No Charge
Root canal - molar	3330	\$150	\$125
Surgical Extraction	7210	\$10	\$5
Periodontal Scaling/Root Planning (per quadrant)	4341	\$15	\$15
Major			
Crown - porcelain fused to noble metal	6752	\$100	\$75
Full Denture	5110	\$125	\$110
Partial Denture	5211	\$125	\$90
Orthodontia			
Child/Adult	8080/8090*	\$1,600/\$1,800	\$1,695/\$1,895

*Additional fees may apply
 This is a summary only. Consult the certificate of insurance to determine the exact terms and conditions of coverage.



Dental PPO Plan Comparison

	Current/Renewal		Anthem Option	
Benefit Comparison	Delta Dental		Anthem	
	In Network	Out of Network	In Network	Out of Network
Deductibles				
Individual/Family	\$50/\$150	\$100/\$300	\$50/\$150	\$100/\$300
Deductible applies to:	Basic & Major Only	Basic & Major Only	Basic & Major Only	Basic & Major Only
Coinsurance				
Preventive	100%	80%	100%	80%
Basic	80%	80%	80%	80%
Major	50%	50%	50%	50%
Orthodontia (Child & Adult)	50%	50%	50%	50%
UCR Ceiling	n/a	n/a	n/a	90th
Maximums				
Annual Maximum	\$2,000	\$1,500	\$2,000	\$1,500
Orthodontia Lifetime	\$1,500	\$1,500	\$1,500	\$1,500
Special Considerations				
Endodontics	Basic		Basic	
Periodontics	Basic		Basic	
Implants	Included under major		Included under major	
No. of Routine Cleanings	2 per calendar year		2 per 12 months	

This is a summary only. Consult the certificate of insurance to determine the exact terms and conditions of coverage.



Overview-Vision, Life/Disability & Other Plans



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Vision Renewal Rates - Active & Budgeted

			VSP	
			CURRENT	RENEWAL
			Enrollment¹	
PPO	Active	Budgeted	PPO Plan	
Employee Only	155	0	\$10.24	\$10.24
Employee + Dependent	86	0	\$15.90	\$15.90
Employee + Family	62	0	\$25.23	\$25.23
PPO Annualized Premium	303	0	\$61,790	\$61,790
% Change from Current				0.0%
PPO Annualized Active & Budgeted Premium			\$54,226	\$54,226
% Change from Current				0.0%

¹Enrollment figures provided by SDCRAA in April 2020 census. 118 active employees waived.

Life & Disability Renewal Rates -

Active & Budgeted

	Volume ²	Current	Renewal
Life/AD&D¹			
Basic Life (per \$1,000 of benefit) - EE only	\$40,713,526	\$0.171	\$0.120
Basic AD&D (per \$1,000 of benefit) - EE only	\$40,713,526	\$0.019	\$0.019
Annualized Premium		\$92,827	\$67,910
\$ Change from Current			-\$24,917
% Change from Current			-26.8%
Retiree Life/AD&D¹			
Basic Life (per \$1,000 of benefit) - EE only	\$720,000	\$0.171	\$0.120
Basic AD&D (per \$1,000 of benefit) - EE only	\$720,000	\$0.019	\$0.019
Annualized Premium		\$1,642	\$1,201
\$ Change from Current			-\$441
% Change from Current			-26.8%
STD			
STD (per \$10 of benefit)	\$394,123	\$0.342	\$0.450
Annualized Premium		\$161,748	\$212,826
\$ Change from Current			\$51,078
% Change from Current			31.6%
LTD			
Voluntary LTD (per \$100 of payroll)	\$997,272	\$0.530	\$0.420
Annualized Premium		\$63,427	\$50,263
\$ Change from Current			-\$13,164
% Change from Current			-20.8%
LOA			
Per employee	421	\$2.150	\$2.150
Annualized Premium		\$10,862	\$10,862
\$ Change from Current			\$0
% Change from Current			0.0%
TOTAL Estimated Annual Premium³		\$267,078	\$292,799
\$ Change from Current			\$25,721
% Change from Current			9.6%
Estimated Annual Active & Budgeted Premium³		\$265,437	\$291,598
\$ Change from Current			\$26,162
% Change from Current			9.9%
Rate Guarantee		Through 12/31/2022	

¹Volumes for Basic Life/AD&D (Actives & Retirees) pulled from SDCRAA census, April 2020.

²Volumes for all other benefits pulled from The Hartford 2021 renewal, May 2020.

³Does not include Voluntary LTD as it is paid by the employee.
Includes 418 Active, 3 budgeted (ER Paid Plans), and 84 retirees.

Marketing Report-Basic Life/AD&D

Carrier	Status	\$ Change from Current	% Change from Current
The Hartford	Incumbent - Final Renewal	-\$24,917	-26.8%
The Standard	Quoted	-\$24,917	-26.8%
Lincoln Financial	Quoted - Uncompetitive	N/A	N/A
Prudential	Quoted - Uncompetitive	N/A	N/A
Reliance Standard	Quoted - Uncompetitive	N/A	N/A
Cigna	DTQ - Uncompetitive	N/A	N/A
Guardian	DTQ - Uncompetitive	N/A	N/A
MetLife	DTQ - Uncompetitive	N/A	N/A
Principal	DTQ - Uncompetitive	N/A	N/A
Sun Life	DTQ - Uncompetitive	N/A	N/A
Unum	DTQ - Uncompetitive	N/A	N/A
VOYA	DTQ - Uncompetitive	N/A	N/A

Marketing Report Disability

STD			
Carrier	Status	\$ Change from Current	% Change from Current
The Hartford	Incumbent - Final Renewal	\$51,078	31.6%
The Standard	Quoted	\$23,174	14.3%
Lincoln Financial	Quoted - Uncompetitive	N/A	N/A
Prudential	Quoted - Uncompetitive	N/A	N/A
Reliance Standard	Quoted - Uncompetitive	N/A	N/A
Cigna	DTQ - Uncompetitive	N/A	N/A
Guardian	DTQ - Uncompetitive	N/A	N/A
MetLife	DTQ - Uncompetitive	N/A	N/A
Principal	DTQ - Uncompetitive	N/A	N/A
Sun Life	DTQ - Uncompetitive	N/A	N/A
Unum	DTQ - Uncompetitive	N/A	N/A
VOYA	DTQ - Uncompetitive	N/A	N/A

LTD			
Carrier	Status	\$ Change from Current	% Change from Current
The Hartford	Incumbent - Final Renewal	-\$13,164	-20.8%
The Standard	Quoted	-\$13,164	-20.8%
Lincoln Financial	Quoted - Uncompetitive	N/A	N/A
Prudential	Quoted - Uncompetitive	N/A	N/A
Reliance Standard	Quoted - Uncompetitive	N/A	N/A
Cigna	DTQ - Uncompetitive	N/A	N/A
Guardian	DTQ - Uncompetitive	N/A	N/A
MetLife	DTQ - Uncompetitive	N/A	N/A
Principal	DTQ - Uncompetitive	N/A	N/A
Sun Life	DTQ - Uncompetitive	N/A	N/A
Unum	DTQ - Uncompetitive	N/A	N/A
VOYA	DTQ - Uncompetitive	N/A	N/A

Employee Assistance Program (EAP) and Health Advocate

Costs	Employee Assistance Program	Anthem Current/Renewal
Enrollment ¹		505
Monthly Cost Per Employee		\$2.14
Annualized Premium		\$12,968
Annualized Active & Budgeted Premium		\$10,811
Rate Guarantee		Through 12/31/2021

¹Enrollment includes active and budgeted employees, as well as eligible retirees.

Costs	Health Advocate
Enrollment ¹	505
PEPM Advocacy Cost	\$1.00
PEPM Wellness Cost	\$2.50
Annualized Premium	\$18,690
Annualized Active & Budgeted Premium	\$17,682

¹Enrollment includes active and budgeted employees, as well as eligible retirees.

Note: Wellness cost only applies to active and budgeted employees.



Flexible Spending Accounts (FSA) and COBRA

	Current	Renewal
FSA Administration	TASC	
Monthly Rate	\$3.80	\$3.80
Enrollment	245	
Monthly Total	\$931	\$931
Annual Total	\$11,172	\$11,172

Note: Annual totals assume the minimum amount of Administrative fees as shown above. Additional fees may apply.

This is a summary only. Consult the certificate of insurance to determine the exact terms and conditions of coverage.

Enrollment obtained from TASC, June 2020

Renewal rate is pending confirmation from TASC

	Current	Renewal
COBRA Administration	TASC	
Monthly Rate	\$7.30	\$7.30
Enrollment	2	
Monthly Total	\$15	\$15
Annual Total	\$175	\$175

Note: Annual totals assume the minimum amount of Administrative fees as shown above. Additional fees may apply for specialized notices, etc.

This is a summary only. Consult the certificate of insurance to determine the exact terms and conditions of coverage.

Enrollment obtained from TASC, June 2020

Renewal rate is pending confirmation from TASC



Overview-Retirees



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Medical Marketing Rates - Early Retirees

Full Network HMO		Blue Shield	
		CURRENT	NEG. RENEWAL
Full Network HMO		Full Network HMO	
Employee Only	7	\$734.14	\$773.67
Employee + Dependent	2	\$1,534.35	\$1,616.97
Employee + Family	2	\$2,187.74	\$2,305.54
HMO Annualized Premium (All)	11	\$3,599,988	\$3,793,833
% Change from Current			5.4%
HMO Annualized Retiree Premium		\$150,998	\$159,129
% Change from Current			5.4%
Trio HMO		CURRENT	NEG. RENEWAL
Trio HMO		Trio HMO	
Employee Only	0	\$647.19	\$682.04
Employee + Dependent	1	\$1,352.63	\$1,425.47
Employee + Family	1	\$1,928.63	\$2,032.48
Trio HMO Annualized Premium (All)	2	\$987,484	\$1,040,658
% Change from Current			5.4%
Trio HMO Annualized Retiree Premium		\$39,375	\$41,495
% Change from Current			5.4%
PPO		CURRENT	NEG. RENEWAL
PPO		PPO	
Employee Only	8	\$1,036.95	\$1,087.83
Employee + Dependent	4	\$2,167.23	\$2,273.57
Employee + Family	0	\$3,090.11	\$3,241.73
PPO Annualized Premium (All)	12	\$1,565,132	\$1,641,928
% Change from Current			4.9%
PPO Annualized Retiree Premium		\$203,574	\$213,563
% Change from Current			4.9%
HDHP - Separate HSA Fund		CURRENT	NEG. RENEWAL
HDHP - Separate HSA Fund*		HDHP - Separate HSA Fund*	
Employee Only	0	\$913.09	\$957.89
Employee + Dependent	0	\$1,908.36	\$2,002.00
Employee + Family	0	\$2,721.01	\$2,854.52
HDHP Annualized Premium (All)	0	\$201,172	\$211,043
% Change from Current			4.9%
HDHP Annualized Retiree Premium		\$0	\$0
% Change from Current			0.0%
HSA Fund		\$13,500	\$27,000
HSA Fund		HSA Fund	
Total Annualized Premium w/ Fund (All)	25	\$6,367,276	\$6,714,462
\$ Change from Current			\$347,185
% Change from Current			5.5%
Total Annualized Retiree Premium		\$393,947	\$414,187
\$ Change from Current			\$20,240
% Change from Current			5.1%

Anthem Blue Cross Option	
Assumes 2% Bundling Discount	
Select Net. HMO	
	\$656.52
	\$1,378.69
	\$1,969.56
	\$2,095,611
	\$63,814
Assumes 2% Bundling Discount	
Priority Select HMO	
	\$527.03
	\$1,106.77
	\$1,581.10
	\$1,720,866
	\$89,806
Assumes 2% Bundling Discount	
PPO	
	\$1,189.51
	\$2,497.98
	\$3,568.55
	\$1,801,399
	9.7%
	\$234,096
	9.6%
Assumes 2% Bundling Discount	
HDHP*	
	\$915.27
	\$1,922.07
	\$2,745.82
	\$202,092
	-4.2%
	\$0
	0.0%
	\$27,000
Assumes 2% Bundling Discount	
Assumes 2% Bundling Discount	
	\$5,846,968
	-\$867,494
	-12.9%
	\$387,716
	-\$26,471
	-6.4%

% and \$ Change above is from Negotiated Renewal

*Enrollment figures provided by SDCRAA in May 2020 finance census. 49 active employees have waived. 3 budgeted positions in PPO employee only plan. Enrollment figures for Retirees provided by SDCRAA in April 2020 census.

Anthem Blue Cross medical offer includes a \$35,000 wellness fund and a 1/2 month premium credit. The medical offer consists of 2 limited network HMOs, a PPO and a HDHP.

Enrollment Assumptions

ANTHEM: 50% of total HMO enrollment assumed to enroll in the Priority Select HMO Network plan. The remainder of the HMO enrollment assumed to enroll in the Select Network HMO plan. Anthem's proposal does not include a Full HMO Network Option.

* HSA Admin Fees are included in the premium.

Medical Renewal Rates

	UHC Retiree Medical CURRENT				UHC Retiree Medical RENEWAL		
	Enrollment ¹	Monthly Premium	EE Monthly	ER Monthly	Monthly Premium	EE Monthly	ER Monthly
Medicare Advantage PPO							
Medicare Retiree	28	\$478.82	\$47.88	\$430.94	\$450.09	\$45.01	\$405.08
Medicare Retiree & Spouse	13	\$957.64	\$215.47	\$742.17	\$900.18	\$202.54	\$697.64
Annual Total	41	\$310,275	\$49,702	\$260,574	\$291,658	\$46,719	\$244,939
\$ Difference from Current					-\$18,617		
% Difference from Current					-6.0%		

¹Enrollment figures provided by SDCRAA in April 2020 census.

Health Insurer Fee

As we discussed in last three years' renewals, the Affordable Care Act of 2010 requires insurers to pay an insurer fee that applies to all fully insured premiums. The fee was permanently waived starting in 2021 and beyond.

Plan Changes

	2020	2021
Deductible	\$435	\$445
Initial Coverage Limit	\$4,020	\$4,130
Catastrophic Phase Begins	\$6,350 TrOOP	\$6,550 TrOOP
Standard Catastrophic Member Cost Share	The greater of \$3.60 or 5% coinsurance for generic drugs	The greater of \$3.70 or 5% coinsurance for generic drugs
	The greater of \$8.95 or 5% coinsurance for brand name drugs	The greater of \$9.20 or 5% coinsurance for brand name drugs

Medicare Retirees

Medical Contributions-Early Retirees

BLUE SHIELD – CURRENT								BLUE SHIELD – NEGOTIATED RENEWAL					ANTHEM BLUE CROSS OPTION - MEDICAL & DENTAL - ASSUMES 2% BUNDLING DISCOUNT				
Wellness 90% EE / 55% DEP								Wellness 90% EE / 55% DEP					Wellness 90% EE / 55% DEP				
Full Network HMO	Enrollment ¹	Monthly Premium	Enrollment	EE Monthly	EE %	ER Monthly	ER %	Monthly Premium	EE Monthly	EE %	ER Monthly	ER %	Select HMO*	EE Monthly	EE %	ER Monthly	ER %
Employee Only	7	\$734.14	7	\$73.41	10.0%	\$660.73	90.0%	\$773.67	\$77.37	10.0%	\$696.30	90.0%	\$656.52	\$65.65	10.0%	\$590.87	90.0%
Employee + One Dep	2	\$1,534.35	2	\$360.09	23.5%	\$1,174.26	76.5%	\$1,616.97	\$379.49	23.5%	\$1,237.49	76.5%	\$1,378.69	\$390.63	28.3%	\$988.06	71.7%
Employee + Family	2	\$2,187.74	2	\$654.12	29.9%	\$1,533.62	70.1%	\$2,305.54	\$689.34	29.9%	\$1,616.20	70.1%	\$1,969.56	\$656.52	33.3%	\$1,313.04	66.7%
TRIO HMO	Enrollment ¹	Monthly Premium	Enrollment	EE Monthly	EE %	ER Monthly	ER %	Monthly Premium	EE Monthly	EE %	ER Monthly	ER %	Priority Select HMO*	EE Monthly	EE %	ER Monthly	ER %
Employee Only	0	\$647.19	0	\$64.72	10.0%	\$582.47	90.0%	\$682.04	\$68.20	10.0%	\$613.84	90.0%	\$527.03	\$52.70	10.0%	\$474.33	90.0%
Employee + One Dep	1	\$1,352.63	1	\$317.45	23.5%	\$1,035.18	76.5%	\$1,425.47	\$334.54	23.5%	\$1,090.93	76.5%	\$1,106.77	\$313.59	28.3%	\$793.18	71.7%
Employee + Family	1	\$1,928.63	1	\$576.65	29.9%	\$1,351.98	70.1%	\$2,032.48	\$607.70	29.9%	\$1,424.78	70.1%	\$1,581.10	\$527.03	33.3%	\$1,054.07	66.7%
PPO	Enrollment ¹	Monthly Premium	Enrollment	EE Monthly	EE %	ER Monthly	ER %	Monthly Premium	EE Monthly	EE %	ER Monthly	ER %	PPO*	EE Monthly	EE %	ER Monthly	ER %
Employee Only	8	\$1,036.95	8	\$103.70	10.0%	\$933.26	90.0%	\$1,087.83	\$108.78	10.0%	\$979.05	90.0%	\$1,189.51	\$118.95	10.0%	\$1,070.56	90.0%
Employee + One Dep	4	\$2,167.23	4	\$508.63	23.5%	\$1,658.60	76.5%	\$2,273.57	\$533.58	23.5%	\$1,739.99	76.5%	\$2,497.98	\$707.76	28.3%	\$1,790.22	71.7%
Employee + Family	0	\$3,090.11	0	\$923.92	29.9%	\$2,166.19	70.1%	\$3,241.73	\$969.26	29.9%	\$2,272.48	70.1%	\$3,568.55	\$1,189.52	33.3%	\$2,379.03	66.7%
HDHP	Enrollment ¹	Monthly Premium	Enrollment	EE Monthly	EE %	ER Monthly	ER %	Monthly Premium	EE Monthly	EE %	ER Monthly	ER %	HDHP*	EE Monthly	EE %	ER Monthly	ER %
Employee Only	0	\$913.09	0	\$91.31	10.0%	\$821.78	90.0%	\$957.89	\$95.79	10.0%	\$862.10	90.0%	\$915.27	\$91.53	10.0%	\$823.74	90.0%
Employee + One Dep	0	\$1,908.36	0	\$447.87	23.5%	\$1,460.49	76.5%	\$2,002.00	\$469.85	23.5%	\$1,532.15	76.5%	\$1,922.07	\$544.59	28.3%	\$1,377.48	71.7%
Employee + Family	0	\$2,721.01	0	\$813.56	29.9%	\$1,907.45	70.1%	\$2,854.52	\$853.48	29.9%	\$2,001.04	70.1%	\$2,745.82	\$915.27	33.3%	\$1,830.55	66.7%

¹Enrollment figures provided by SDCAA in April 2020 census.

Dental Marketing Rates Retirees

		CURRENT	INITIAL RENEWAL	NEGOTIATED RENEWAL	Anthem Option
PPO	Retirees	PPO Plan			Anthem
Employee Only	34	\$60.48	\$60.48	\$57.46	\$50.02
Employee + Dependent	34	\$108.59	\$108.59	\$103.16	\$89.81
Employee + Family	6	\$147.65	\$147.65	\$140.27	\$122.11
PPO Annualized Premium	74	\$447,469	\$447,469	\$425,106	\$370,076
% Change from Current			0.0%	-5.0%	-12.9%
PPO Annualized Retiree Premium		\$79,611	\$79,611	\$75,632	\$65,843
% Change from Current			0.0%	-5.0%	-12.9%
DHMO					
DHMO	Retirees	DHMO			Anthem
Employee Only	4	\$18.86	\$19.43	\$16.97	\$14.93
Employee + Dependent	2	\$31.16	\$32.09	\$28.04	\$29.87
Employee + Family	0	\$46.03	\$47.41	\$41.43	\$49.28
DHMO Annualized Premium	6	\$29,489	\$30,374	\$26,537	\$27,829
% Change from Current			3.0%	-10.0%	4.9%
DHMO Annualized Retiree Premium		\$1,653	\$1,703	\$1,488	\$1,434
% Change from Current			3.0%	-10.0%	-3.6%
Total Annualized Premium	80	\$476,958	\$477,843	\$451,644	\$397,905
\$ Change from Current			\$886	-\$25,314	-\$53,739
% Change from Current			0.2%	-5.3%	-11.9%
Total Annualized Retiree Premium		\$81,264	\$81,314	\$77,120	\$67,276
\$ Change from Current			\$50	-\$4,145	-\$9,844
% Change from Current			0.1%	-5.1%	-12.8%

¹Enrollment figures provided by SDCRAA in May 2020 Finance census. 26 active employees have waived. 3 budgeted positions in PPO employee only plan.

Enrollment figures for Retirees provided by SDCRAA in April 2020 census.

Note:

- Delta Dental Renewal includes a 1 Year Rate Guarantee
- Anthem Blue Cros offer includes 2 Year Rate Guarantee (PPO & HMO) & 2% bundling discount off Medical if Anthem Dental is placed (~\$119,000)

DHMO Disruption

- Anthem's DHMO network varies from Delta Dental's. As a result 44% (31) of current providers are out of network, this would impact 42%₃(66) of members currently covered on the plan.

% and \$ Change above is from Negotiated Renewal

Dental Contributions

Early Retirees

		Delta Dental – Current 100% EE / 55% DEP		
Dental PPO	Enrollment ¹	Monthly Premium	EE Monthly	ER Monthly
Employee Only	34	\$60.48	\$0.00	\$60.48
Employee + One Dep	34	\$108.59	\$21.65	\$86.94
Employee + Family	6	\$147.65	\$39.23	\$108.42
Annual Total	74	\$79,611	\$11,658	\$67,954
Dental HMO				
Employee Only	4	\$18.86	\$0.00	\$18.86
Employee + One Dep	2	\$31.16	\$5.53	\$25.63
Employee + Family	0	\$46.03	\$12.23	\$33.80
Annual Total	6	\$1,653	\$133	\$1,520

Delta Dental – Negotiated Renewal 100% EE / 55% DEP			
Monthly Premium	EE Monthly	ER Monthly	ER %
\$57.46	\$0.00	\$57.46	100.0%
\$103.16	\$20.57	\$82.60	80.1%
\$140.27	\$37.26	\$103.01	73.4%
\$75,632	\$11,074	\$64,559	
\$16.97	\$0.00	\$16.97	100.0%
\$28.04	\$4.98	\$23.06	82.2%
\$41.43	\$11.01	\$30.42	73.4%
\$1,488	\$120	\$1,368	

Anthem Dental Option 100% EE / 55% DEP			
Monthly Premium	EE Monthly	ER Monthly	ER %
\$50.02	\$0.00	\$50.02	100.0%
\$89.81	\$17.91	\$71.90	80.1%
\$122.11	\$32.44	\$89.67	73.4%
\$65,843	\$9,641	\$56,201	
\$14.93	\$0.00	\$14.93	100.0%
\$29.87	\$6.72	\$23.15	77.5%
\$49.28	\$15.46	\$33.82	68.6%
\$1,434	\$161	\$1,272	

COMBINED TOTAL	80	\$81,264	\$11,790	\$69,474
\$ Difference from Current				
% Difference from Current				

\$77,120	\$11,193	\$65,927	
-\$4,145	-\$597	-\$3,547	
-5.1%	-5.1%	-5.1%	

\$67,276	\$9,803	\$57,474	
-\$13,988	-\$1,988	-\$12,000	
-17.2%	-16.9%	-17.3%	

¹Enrollment figures provided by SDCRAA in April 2020 census.

Vision Renewal Rates - Retirees

		VSP	
		CURRENT	RENEWAL
PPO	Retirees	PPO Plan	
Employee Only	20	\$10.24	\$10.24
Employee + Dependent	22	\$15.90	\$15.90
Employee + Family	3	\$25.23	\$25.23
PPO Annualized Premium	45	\$61,790	\$61,790
% Change from Current			0.0%
PPO Annualized Retiree Premium		\$7,563	\$7,563
% Change from Current			0.0%

¹Enrollment figures provided by SDCRAA in April 2020 census. 118 active employees waived.

Life/AD&D Renewal Rates

Retirees

	Volume ²	Current	Renewal
Life/AD&D¹			
Basic Life (per \$1,000 of benefit) - EE only	\$40,713,526	\$0.171	\$0.120
Basic AD&D (per \$1,000 of benefit) - EE only	\$40,713,526	\$0.019	\$0.019
Annualized Premium		\$92,827	\$67,910
\$ Change from Current			-\$24,917
% Change from Current			-26.8%
Retiree Life/AD&D¹			
Basic Life (per \$1,000 of benefit) - EE only	\$720,000	\$0.171	\$0.120
Basic AD&D (per \$1,000 of benefit) - EE only	\$720,000	\$0.019	\$0.019
Annualized Premium		\$1,642	\$1,201
\$ Change from Current			-\$441
% Change from Current			-26.8%
STD			
STD (per \$10 of benefit)	\$394,123	\$0.342	\$0.450
Annualized Premium		\$161,748	\$212,826
\$ Change from Current			\$51,078
% Change from Current			31.6%
LTD			
Voluntary LTD (per \$100 of payroll)	\$997,272	\$0.530	\$0.420
Annualized Premium		\$63,427	\$50,263
\$ Change from Current			-\$13,164
% Change from Current			-20.8%
LOA			
Per employee	421	\$2.150	\$2.150
Annualized Premium		\$10,862	\$10,862
\$ Change from Current			\$0
% Change from Current			0.0%
TOTAL Estimated Annual Premium³		\$267,078	\$292,799
\$ Change from Current			\$25,721
% Change from Current			9.6%
Estimated Annual Retiree Premium³		\$1,642	\$1,201
\$ Change from Current			-\$441
% Change from Current			-26.8%
Rate Guarantee		Through 12/31/2022	

¹Volumes for Basic Life/AD&D (Actives & Retirees) pulled from SDCRAA census, April 2020.

²Volumes for all other benefits pulled from The Hartford 2021 renewal, May 2020.

³Does not include Voluntary LTD as it is paid by the employee.
Includes 418 Active, 3 budgeted (ER Paid Plans), and 84 retirees.

Employee Assistance Program and Health Advocate-Retirees

Costs	Anthem Current/Renewal
Employee Assistance Program	
Enrollment ¹	505
Monthly Cost Per Employee	\$2.14
Annualized Premium	\$12,968
Annualized Retiree Premium	\$2,157
Rate Guarantee	Through 12/31/2021

¹Enrollment includes active and budgeted employees, as well as eligible retirees.

Costs	Health Advocate
Enrollment ¹	505
PEPM Advocacy Cost	\$1.00
PEPM Wellness Cost	\$2.50
Annualized Premium	\$18,690
Annualized Retiree Premium	\$1,008

¹Enrollment includes active and budgeted employees, as well as eligible retirees.

Note: Wellness cost only applies to active and budgeted employees.

Summary



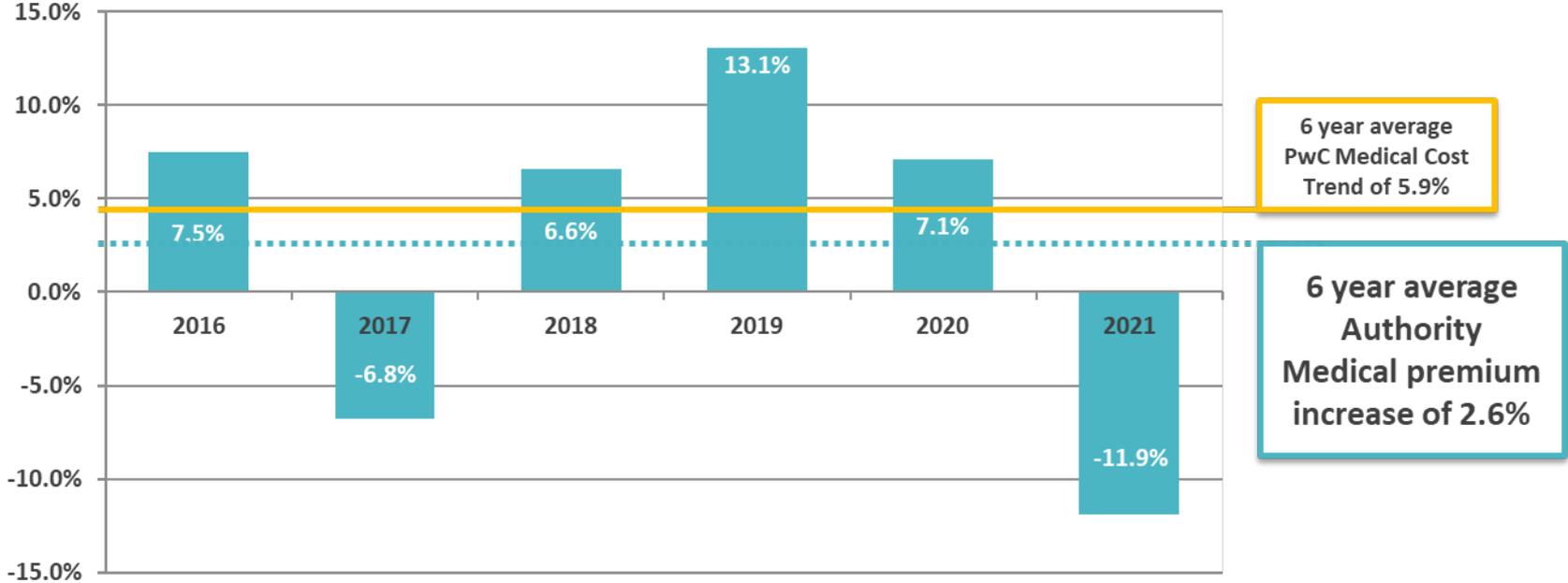
SAN DIEGO
INTERNATIONAL AIRPORT.
LET'S GO.



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Historical Medical Renewal

Authority Renewal (Active & Retirees)



Note:

- Renewals illustrated include both the Active and Retiree populations
- 2021: Medical coverage provided by Anthem Blue Cross
- 2017 – 2020: Medical coverage is provided by Blue Shield of CA & UnitedHealthcare
- 2016: Medical coverage is provided by Anthem Blue Cross

Budgeted Cost 2021 Comparrison

Active and Budgeted only

Description	Current	Recommended Renewal	% Change	Budgeted Costs CY 2021	\$ Difference Between Recommended and Budgeted	% Difference Between Recommended and Budgeted
Medical (Includes HSA Fund of \$1500/\$3000) ^{1, 2}	\$ 4,658,002	\$ 4,036,862	-13.3%	\$ 5,306,458	\$ (1,269,596)	-23.9%
Dental ¹	\$ 328,427	\$ 245,638	-25.2%	\$ 348,311	\$ (102,673)	-29.5%
Basic Life/AD&D	\$ 92,827	\$ 67,910	-26.8%	\$ 92,512	\$ (24,602)	-26.6%
Short Term Disability	\$ 161,748	\$ 212,826	31.6%	\$ 164,236	\$ 48,590	29.6%
Leave of Absence Admin. Fee	\$ 10,862	\$ 10,862	0.0%	\$ 10,800	\$ 62	0.6%
Health Advocate	\$ 17,682	\$ 17,682	0.0%	\$ 17,935	\$ (253)	-1.4%
Employee Credits ^{1,3} (See note below)	\$ 110,130	\$ 110,130	0.0%	\$ 110,130	\$ -	0.0%
TOTAL	\$ 5,379,678	\$ 4,701,910	-33.8%	\$ 6,050,382	\$ (1,348,472)	-22.3%

¹Includes 3 budgeted positions FY'21

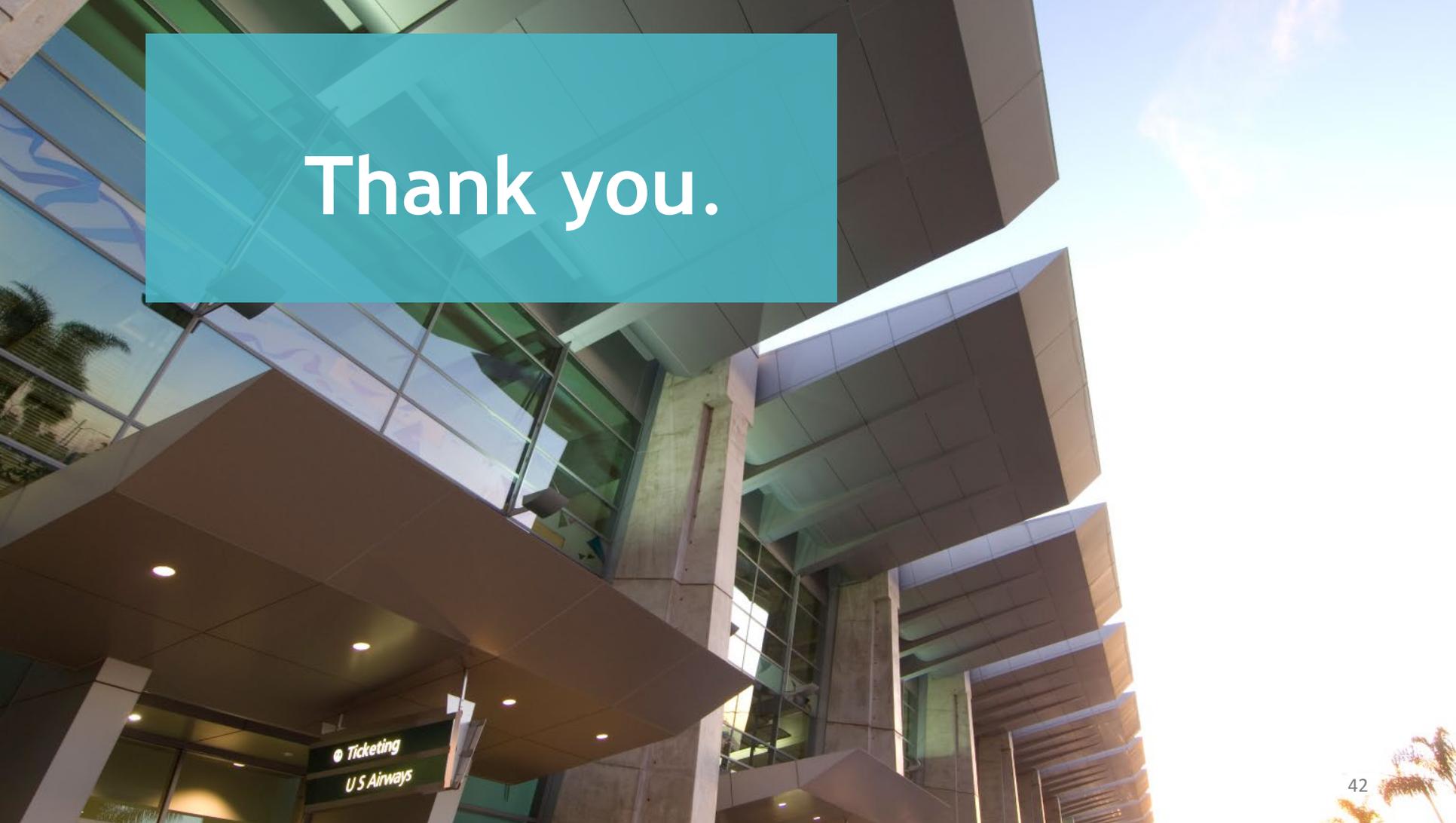
²Totals are calculated based on Wellness and Non-Wellness rate for current and recommended renewal

³Per Pay Period Credits include MedWaive \$41.67 (49), DenWaive\$2.42 (26), Med EE Only \$ 4 (200), Vision \$4 (421)

Note: Medical Budget CY2021 assumed 11% increase over CY2020 rates, Dental Budget CY2021 assumed 4% increase over CY2020 rates



Questions?

A low-angle photograph of a modern airport terminal building. The building features a prominent glass facade and a large, cantilevered overhang. The sky is bright and clear. A teal-colored rectangular overlay is positioned in the upper left quadrant, containing the text "Thank you." in white. In the lower left, a sign for "Ticketing" and "U.S. Airways" is visible.

Thank you.

● Ticketing
U.S. Airways

ITEM 3

**SDCERS AMENDMENT NO.7 TO
THE AMENDED AND RESTATED
RETIREMENT PLAN AND TRUST
OF 2013:**

**This item will no longer be heard
by the Committee.**