



Lake County

Board of Supervisors

July 9, 2024

Presented by:
Tom Sher, Senior Vice President
Chloe Smith, Account Executive



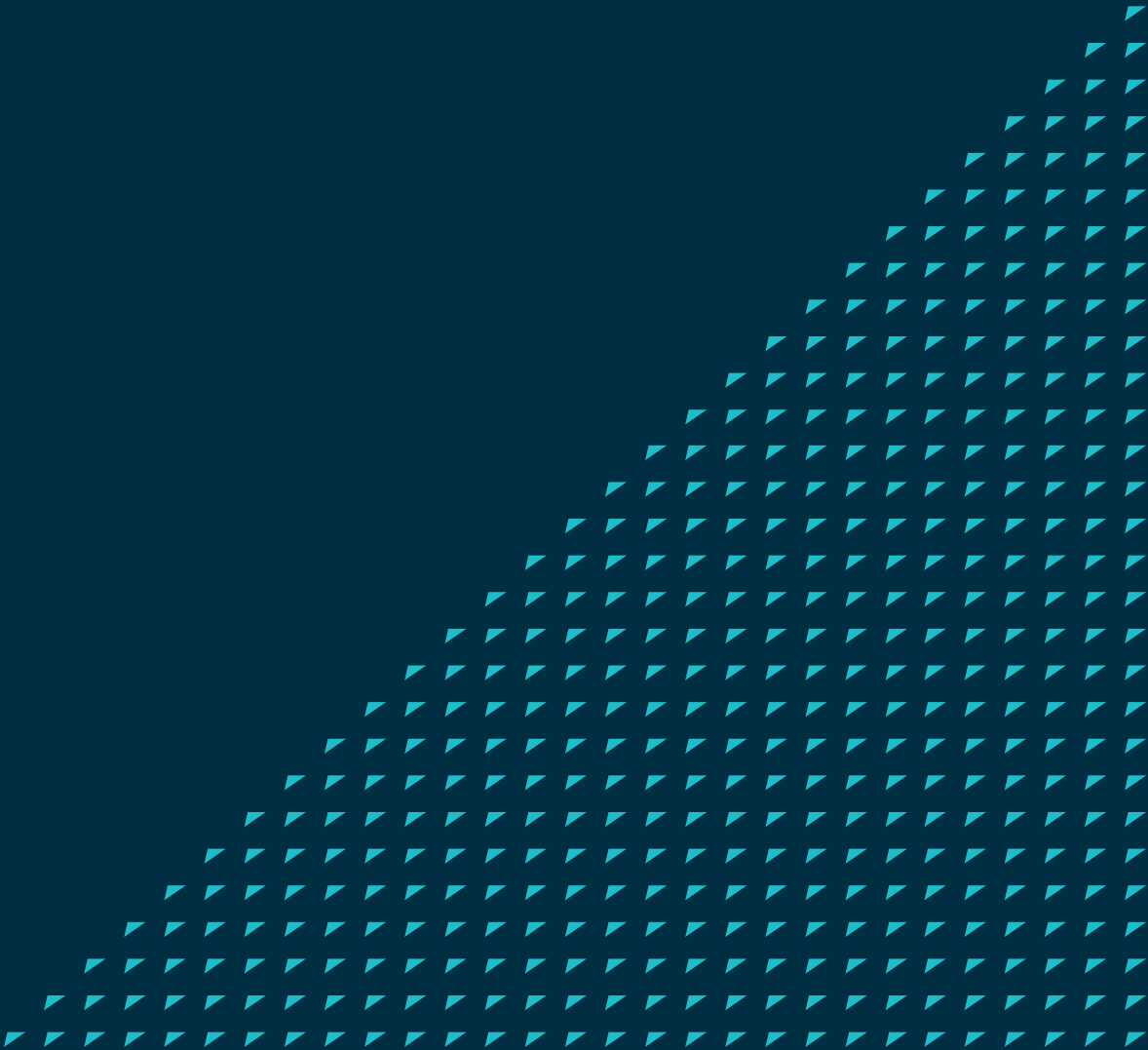
Today's Agenda

Agenda

- ▶ Renewal Overview Renewal and Options
 - Medical Option
 - Dental Option

- ▶ Appendix
 - PPO Navigator Additional Information
 - Ameritas Additional Information
 - Disclosures

Renewal Overview



PRISM Health Renewal Action & Comparison



RENEWAL HISTORY CHART				
Plan Year	Lake County PPO	PRISMHealth	California PPO (Trend)	PERS Choice / PERS Platinum PPO
2011	5.3%	11.8%	12.0%	9.9%
2012	6.0%	6.4%	10.0%	1.9%
2013	4.0%	3.8%	10.0%	16.2%
2014	8.5%	2.9%	10.0%	1.5%
2015	15.9%	8.0%	9.0%	-0.48%
2016	8.4%	9.1%	9.0%	11.8%
2017	-0.3%	2.4%	9.0%	3.52%
2018	2.4%	3.6%	9.0%	-2.3%
2019	4.35%	3.97%	9.0%	5.61%
2020	3.2%	2.8%	7.0%	2.9%
2021	6.0%	5.22%	7.0%	7.91%
2022	-1.6%	-1.7%	7.0%	11.49%
2023	10.8%	8.90%	8.0%	14.50%
2024	12.7%	12.26%	8.0%	9.51% ³
2025	9.3%	4.66%	8.0%	Pending
AVERAGE	6.3%	5.6%	8.8%	6.7%



2025 Financial Summary Overview

Medical, Dental and Vision coverages are due to renew January 1, 2025

Medical	<ul style="list-style-type: none">▶ County of Lake Medical renewal increase is: +9.3% overall<ul style="list-style-type: none">▪ 2025 PRISMHealth pooled renewal: 4.66% blended<ul style="list-style-type: none">▪ PPO Segment: 4.73%▪ HMO Segment: 5.6%▪ The 2025 renewal was developed to include:<ul style="list-style-type: none">▪ Data through February 2024▪ Managed Care Organization (MCO) fee, estimated \$0.17 PMPM▪ PCORI fee included at \$3.45 PMPY▪ Medical trend: 5.5%▪ Rx Trend: 7.0%
Dental	▶ Delta Dental rates will increase by +0.9%
Vision	▶ VSP Vision plan is in a rate guarantee, no change to rates
Life/AD&D	▶ Voya Life & AD&D plans are in a rate guarantee, no change to rates
EAP	▶ Anthem EAP is in a rate guarantee, no change to rates
	▶ Estimated total increase of +8.7%

Cost of Coverage for County Employees



Medical Plans	Employee Only	Employee + 1	Family
Lake County PPO 80	\$1,257.00	\$2,513.00	\$3,267.00
Lake County PPO 35	\$1,204.00	\$2,409.00	\$3,131.00
Lake County Bronze PPO - HSA	\$989.00	\$1,977.00	\$2,569.00
Lake County ABHP PPO - HSA	\$1,135.00	\$2,272.00	\$2,952.00
Lake County PPO Law Enforcement (PORAC Members Only)	\$1,203.00	\$2,247.00	\$2,852.00
Dental Plan	Employee Only	Employee + 1	Family
Delta Dental PPO	\$35.80	\$65.50	\$108.90
Vision Plan	Employee Only	Employee + 1	Family
VSP (Vision Service Plan)	\$6.51	\$13.97	\$23.27

County Contribution	\$1,500
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Monthly Employee Costs After Contributions	Employee Only	Employee + 1	Family
PPO 80 + Delta Dental PPO + VSP	\$0.00	\$1,092.47	\$1,899.17
PPO 35 + Delta Dental PPO + VSP	\$0.00	\$988.47	\$1,763.17
PPO Bronze + Delta Dental PPO + VSP	\$0.00	\$556.47	\$1,201.17
ABHP + Delta Dental PPO + VSP	\$0.00	\$851.47	\$1,584.17
PPO Law + Delta Dental PPO + VSP	\$0.00	\$826.47	\$1,484.17

- ▶ The County increased the contribution July 1, 2023 to \$1,500 per month towards Health, Dental and Vision benefits for eligible employees; any employee remaining premiums will be deducted on a pre-tax basis.¹
- ▶ ¹ Domestic Partner deductions are taken post-tax per IRS guidelines.

Medical Plan Option



Medical: Blue Shield Navigator PPO

- ▶ PRISM has a new program that Lake County and Alliant have been exploring called Navigator PPO
 - The program is offered in partnership with Blue Shield and Accolade
 - There would be **no rate impact** to for Lake County to change to the Blue Shield PPO Navigator solution; rates are the same as Anthem renewal
 - There are **no changes in core coverage** with some improvements via Accolade
 - We have included a provider analysis for County of Lake members comparing current Anthem to Blue Shield for your review
 - Using data from claims paid during the period of 3/1/23-2/29/2024 you will see that most providers utilized by the County's members are in the Blue Shield network



Navigator PPO – Improved Member Service

PRISM's Navigator PPO is a unique service designed to address key issues with Traditional EPO/PPO Products. Key Objectives:

- Simplify Insurance and Benefits for employees and dependents
- Improve the Healthcare/Health Insurance experience
- Increase Access to Primary and Mental Healthcare
- Improve Cost and Quality Transparency
- Drive awareness and employee engagement with all Health plan resources
- Reduce benefit call burden on HR teams

Navigator PPO
powered by
Accolade



Blue Shield 

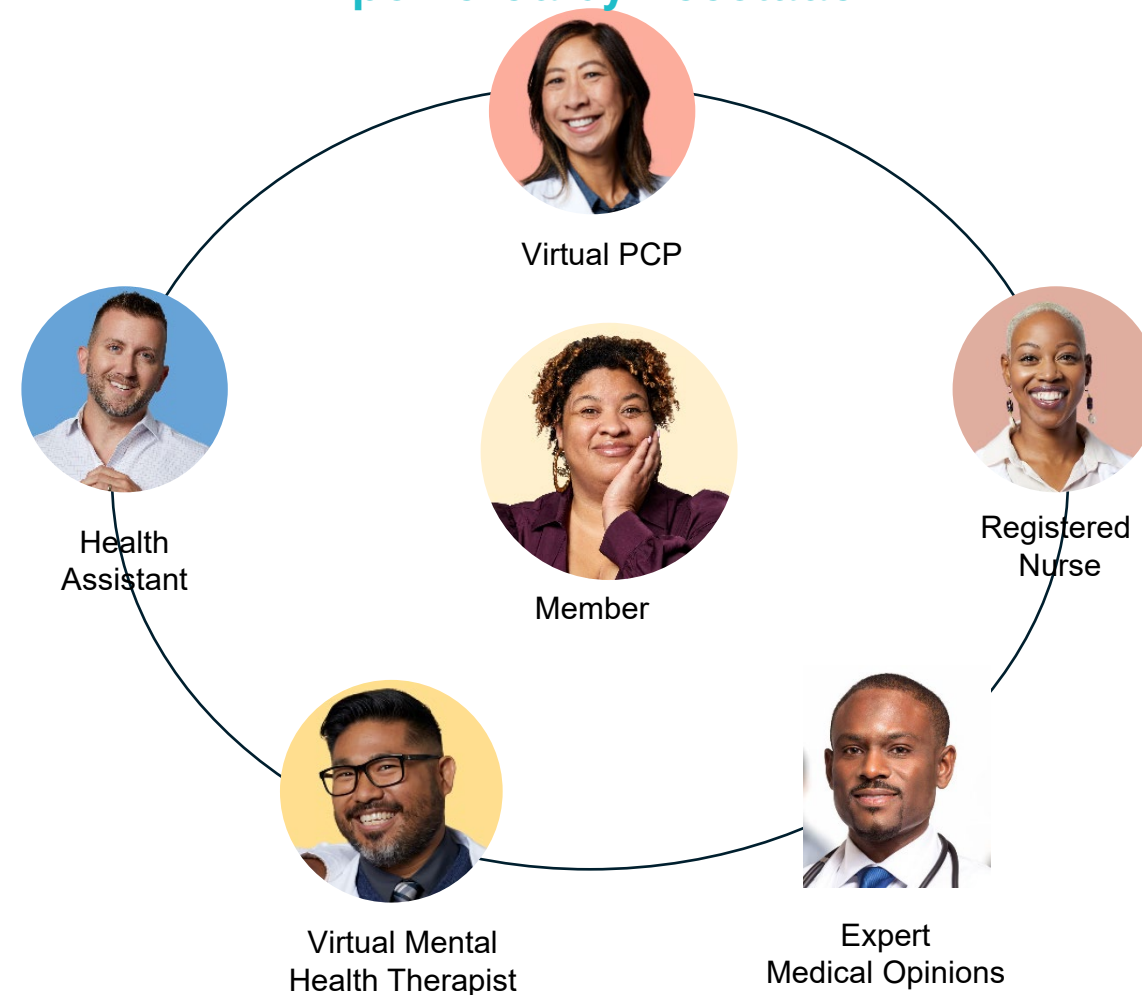


Navigator PPO – A Better Member Experience

Accolade provides a Collaborative Care Team dedicated to each member and their family

- ▶ One single point of contact for all family members
- ▶ Access via text or phone straight from the Accolade mobile app
- ▶ Health Assistants answer benefit questions, find cost efficient providers, book appointments and research claim questions
- ▶ Built in triage and referrals to Virtual Primary and Mental Healthcare, Digital Health solutions, Centers of Excellence and ancillary benefits
- ▶ ***One objective: make accessing and using healthcare easier for the member***

Concierge Member Support powered by Accolade





Blue Shield Network Providers

➤ Alliant checked Major Hospital & Medical Groups in Lake County area and found that all are currently in-network with Blue Shield:

- **Hospitals:**

- Sutter Lakeside Hospital
- Adventist Health Clear Lake
- Adventist Health Ukiah Valley
- Adventist Health St. Helena

- **Medical Groups:**

- Adventist Health Clear Lake
- Mendocino Community Health Clinic
- Sutter Pacific Medical Foundation
- Sutter Lakeside Community Clinic
- Sutter Lakeside Medical Practice

➤ Blue Shield's agreements are evergreen, meaning they auto-renew each year unless terminated by provider or Blue Shield within the terms of the agreement

- No termination requests have been received for any of the above providers

Medical Plan Change Disruption Report



NETWORK DISRUPTION

Total Records on incumbent file	1,673
N/A - Omitted Non-Applicable Providers	18
Total Applicable Incumbent Records	1,655

Provider Counts	Anthem Prudent Buyer PPO	Blue Shield BlueCard National PPO
Physician - % In Network	96.39%	92.56%
Hospital/Facility - % In Network	96.88%	98.44%
Ancillary - % In Network	80.58%	85.44%

Physician Claim Dollars	Anthem Prudent Buyer PPO	Blue Shield BlueCard National PPO
% Physician Claims (\$) In Network	98.63%	95.64%

Hospital/Facility Claim Dollars	Anthem Prudent Buyer PPO	Blue Shield BlueCard National PPO
% Facility Claims (\$) In Network	99.89%	99.78%

Ancillary Claim Dollars	Anthem Prudent Buyer PPO	Blue Shield BlueCard National PPO
% Ancillary Claims (\$) In Network	86.90%	96.01%

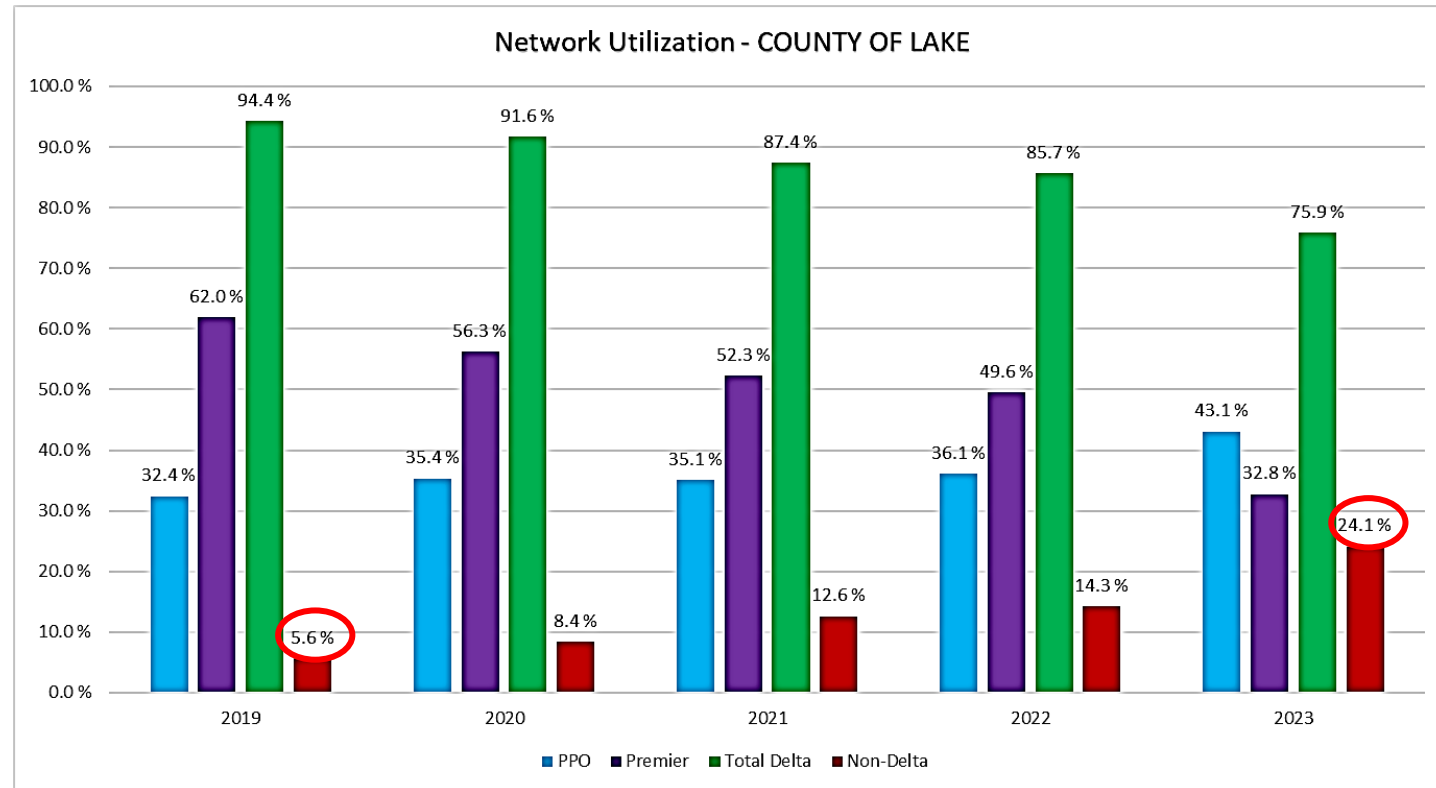
Grand Total (* All providers)		
Provider Counts	Anthem Prudent Buyer PPO	Blue Shield BlueCard National PPO
All providers: % In Network	94.44%	91.90%
Claim Dollars	Anthem Prudent Buyer PPO	Blue Shield BlueCard National PPO
All providers: Claim (\$) In Network	98.29%	98.62%

Dental Plan Option



Delta Dental Network Challenges

- ▶ The County offers Delta Dental through PRISM
 - Delta Dental has been a long-standing partner of the County and PRISM
- ▶ Over the last few years, County of Lake employees have expressed concerns with access to Delta Dental network providers
- ▶ **Non-Delta (Out of Network) Utilization has increased from 5.6% to 24.1% from 2019-2023**





Delta vs Ameritas – Member Experience

- ▼ “Pay Up Front” = Delta Dental Out-of-Network Claims vs. Ameritas
 - Under Delta, a patient must pay the entire bill to the non-network dentist and then submit a claim to Delta for reimbursement
 - Ameritas allows the member to ‘assign’ benefits to their Out-of-Network dentist so the dentist gets paid directly and members do not have to “pay up front”
 - Most dentists will bill the insurance and not make patients pay up front
 - Ameritas pays over 90% of all claims directly to the dentists
 - Ultimately, it’s up to the dentist

- ▼ Amount of Out-of-Network Reimbursement - Delta Dental vs. Ameritas
 - Delta Dental’s reimbursement is “Maximum Allowable Charge” - at approx. 50th Percentile of U&C and much lower than Ameritas
 - Ameritas pays Out-of-Network dentists based on 90th Percentile of Usual & Customary (U&C) (payment based on fees charged by 9 out of 10 dentist in the geographical area)



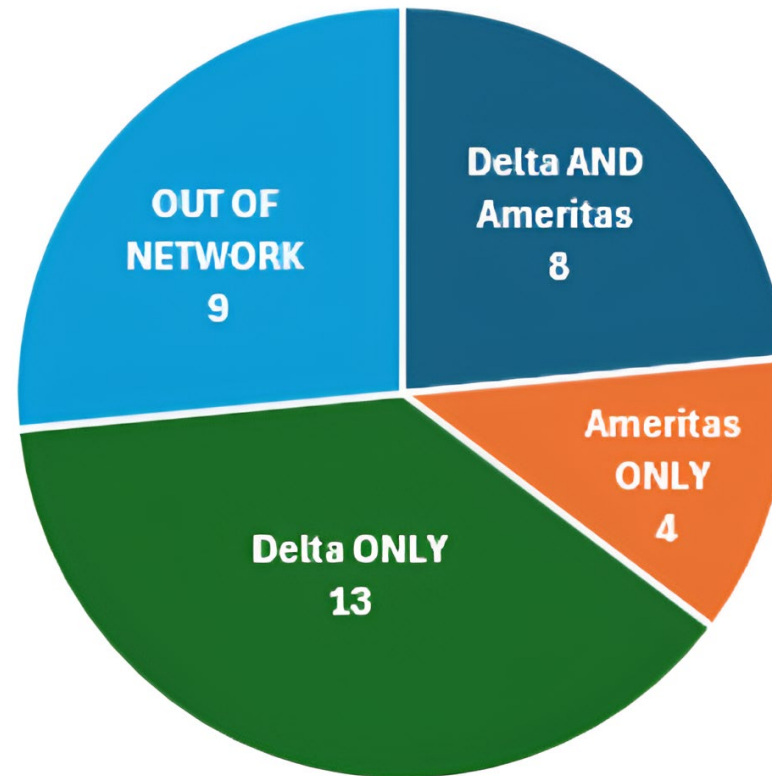
Delta Dental (PRISM) – Plan Options: Ameritas

- ▼ The County's Dental plan renews January 1, 2024
 - Delta Dental rates will increase by +0.9%
- ▼ Alliant quoted two options with Ameritas
 - **Option 1:** Matches current benefits except out of network claims are paid at the 90th percentile compared to Delta's "Maximum Allowable Charge" which is approximately 50th Percentile of Usual & Customary (U&C)
 - **Estimated annual premium would be reduced by (-2%) over current Delta cost**
 - **Option 2:** Matches Option 1 plus add Dental Rewards
 - **Estimated annual premium would increase costs by +.03% over current Delta, slightly less than Delta renewal**
 - Dental Rewards allow members to rollover up to \$250 of unused maximum to the next plan year if member has not spent more than \$750 (Benefit Threshold)
 - Dental Rewards are earned by submitting a minimum of one dental claim
 - If member sees a PPO provider, they can roll-over an additional \$100
 - Total Maximum lifetime rollover can't exceed \$1,100

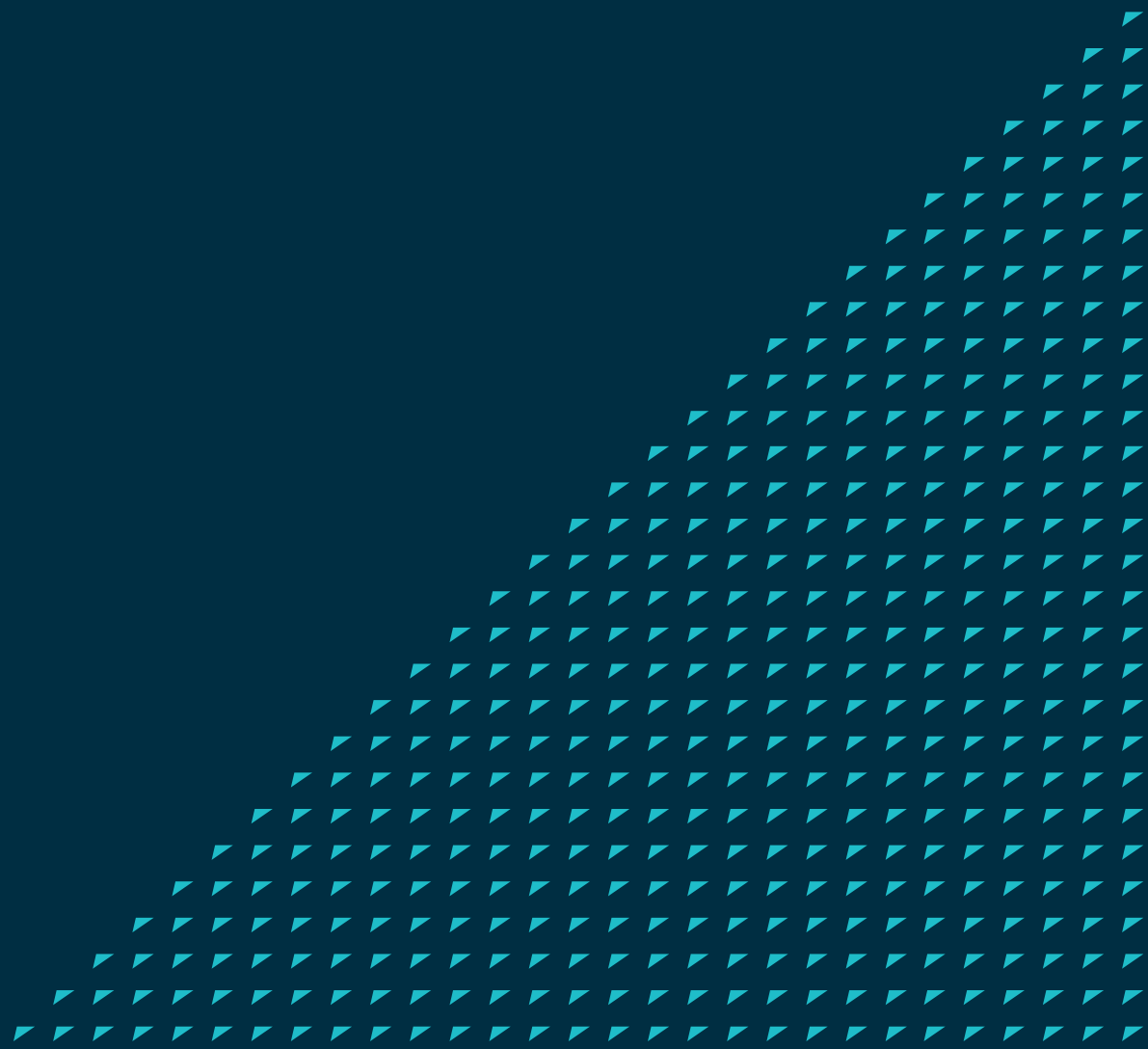


PPO Provider Disruption Top Providers

- Of the Top 34 dental care providers that were utilized by Lake County members between April 1, 2023 - March 31, 2024



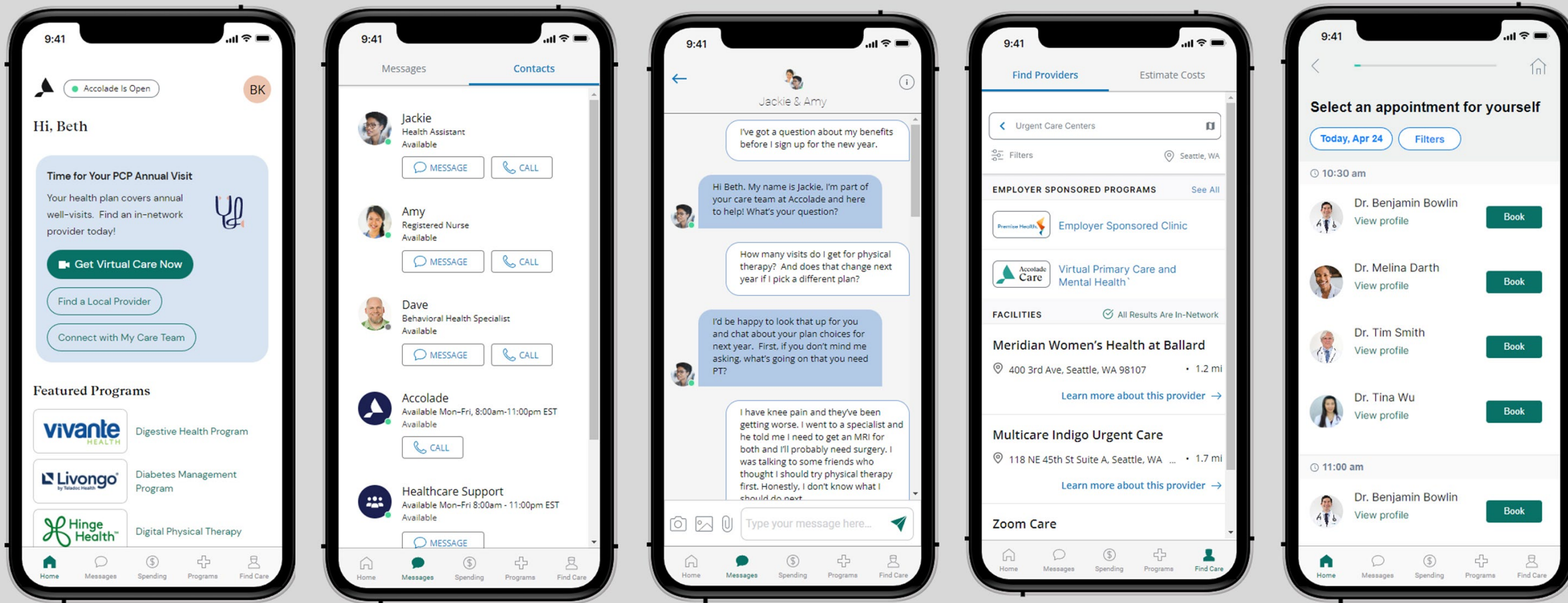
Appendix



PPO Navigator Additional Information

Navigator PPO – Enhanced Mobile Experience

- Accolade's Mobile Platform makes accessing care and getting your questions answered easy





Navigator PPO – The Accolade Difference

Accolade provides a high touch member experience that yields a 90% Customer Satisfaction rating



“(My Health Assistant) is fantastic with **helping me with information on medication, procedures and any other questions** that I may have on my health issues.”

“The **behavioral expert** I spoke to about my child **was amazing**... I was given all types of info on my situation and the assistance available for me and my son.”

“I use this service all the time. My Health Assistant helps me with even the smallest issues. **Don't know how I would navigate through the insurance world without her.** Also love my maternity nurse, she answers questions I didn't even know I had. Best service ever!”

“I love that I can **send a message** to my Accolade Health Assistant. She makes things **less complicated** for us. I feel more **confident with her support.**”



Navigator PPO – Improved Access to Quality Care

A PPO that ensures members have access to care when they need it most



Primary Care

- **\$0 Virtual Primary Care Visits via AccoladeCare**
- Diagnosis and treatment for preventive care and general health
- 24/7 Access to Urgent Care
- Same Day PCP Appointments
- Referrals for labs and specialty care

Mental Health Care

- **\$0 Virtual Mental Health Care Visits via AccoladeCare**
- Access to licensed therapists within **2-5 days**
- No referrals needed
- **Unlimited therapy visits** with the same provider

Conditions Treated:

- Anxiety
- Depression
- Grief/loss
- Trauma/PTSD
- Relationship struggles
- Career struggles
- Stage of life concerns
- Life changes/transitions
- ADD/ADHD
- Parenting support
- Postpartum support
- Caregiver support
- Family history
- Generational trauma
- Stress management
- Insomnia

92

Net Promoter
Score for
AccoladeCare



Navigator PPO – Improved Access to Quality Care

A PPO that rewards members for choosing efficient (high quality, lower cost) healthcare options

Primary Care

- **\$0 Virtual Primary Care Visits**
- Diagnosis and treatment for preventive care and general health
- 24/7 Access to Urgent Care
- Same Day PCP Appointments
- Referrals for labs and specialty care
- *NPS Score of 90 for Virtual Primary Care*

Mental Health Care

- **\$0 Virtual Mental Health Care Visits**
- Access to Behavioral Health Coaches within 24 hrs
- Access to Psychologists and Psychiatrists within **5 days**
- No referrals needed
- Self Care Content included to help manage stress, anxiety and other day to day challenges

Specialty Care

- **\$0 virtual care for a variety of specialty care needs**
- Conditions include: Diabetes, Gastro-intestinal issues, physical therapy
- Digital equipment and monitors included
- Care teams include clinicians, coaches and nutritionists
- **\$0 Expert Medical Opinions**

Centers of Excellence

- **\$0 surgical procedures and cancer care**
- Care provided at Carrum Centers of Excellence in CA
- Procedures include:
 - Bariatric Surgery
 - Orthopedic Procedures
 - Knee and Hip replacement
 - Cancer Care



Navigator PPO – Key Differences

	Traditional PPO/EPO/HDHP Products	Navigator Platform for PPO/EPO/HDHP Products
Provider Networks	Anthem and Blue Shield	United Healthcare and Blue Shield
Customer Service	1-800 number with no consistent contacts; transactional in nature	Concierge customer Service provided by Accolade; ability to call or text health assistant via the mobile application. Health Assistant helps with Benefits Navigation, claims Assistance, finding providers, appointment scheduling, nurse triage and clinical guidance. One consistent
Provider Search Tool	Provider Search Tools don't highlight cost or quality of providers	Provider search tool automatically highlights high value options (high quality and lower cost) within the network
Digital/Mobile Platform	Includes carrier customer service number, access to benefits, claim and deductible information. Does not highlight or provide access to other virtual care or digital health options available within PRISM.	Good user experience that highlights available services and easily allows member to connect with care team. Includes access to benefits, claim and deductible information, and all virtual care, digital health and COE programs.
Engagement in Disease Mgmt Programs	Typically 1%-2% of eligible population	Engagement is typically 7-10x higher than traditional carrier models
Virtual Care	Virtual Urgent Care provided through separate mobile apps (LiveHealth Online and Teledoc)	Accolade Mobile Platform includes integrated Virtual Primary Care and Expert Second Opinions in the same app
Digital Health Programs	Digital Health Providers include Livongo and Hinge Health	Digital Health Providers include Ginger, Livongo, Hinge Health, Vivante Health
Expert Medical Second Opinion Service	Not Included	Included
Member Satisfaction Scores	NPS Scores typically in 5-20 range	NPS average score of 87; Customer Satisfaction Scores of 90%

Ameritas Additional Information



Delta Dental (PRISM) – Plan Options Ameritas

Dental Plan Benefits	Delta Dental DPPO (PRISM) Current			Ameritas Match Proposed 1		Ameritas Dental Rewards Value Add Proposed 2	
	PPO Network	Premier Network	Non-Delta Providers	PPO Network	Out-of-Network	PPO Network	Out-of-Network
Calendar Year Maximum	\$1,100			\$1,100		\$1,100	
Per Member							
Calendar Year Deductible	\$25 / \$75 (waived for Diagnostic & Preventive and Ortho)			\$25 / \$75 (waived for Diagnostic & Preventive and Ortho)		\$25 / \$75 (waived for Diagnostic & Preventive and Ortho)	
Individual / Family							
Diagnostic and Preventive							
Oral Exam X-Rays Teeth Cleaning Fluoride Treatment Space Maintainers	100%	100%	100%	100%	100%	100%	100%
Basic Services							
Amalgam/Composite Fillings Sealants Periodontics (Gum disease) Endodontics (Root Canal) Extractions & Other Oral Surgery	80%	80%	80%	80%	80%	80%	80%
Major Services							
Crowns Inlays, Onlays and cast restoration Bridges and Dentures Prosthodontics Implants	75%	75%	75%	75%	75%	75%	75%
Orthodontics							
Benefit Eligibility Lifetime Maximum	50% Adult & Child(ren) \$1,250			50% Adult & Child(ren) \$1,250		50% Adult & Child(ren) \$1,250	
Rewards	N/A			N/A		\$250 Rollover up to \$1,100 max; \$100 PPO Bonus; available if at least one dental claim and member spent less than \$750	
Out of Network Reimbursement	Maximum Allowable Charge			90th Percentile		90th Percentile	
Rate Guarantee	1 Year 1/1/2024 - 12/31/2024		1 Year 1/1/2025 - 12/31/2025	1 Year 1/1/2025 - 12/31/2025		1 Year 1/1/2025 - 12/31/2025	
Monthly Rates - Actives and Retirees	EEs	Current	Renewal	Proposed 1		Proposed 2	
Employee Only	655	\$35.50	\$35.80	\$34.80		\$35.60	
Employee + 1	227	\$64.90	\$65.50	\$63.60		\$65.10	
Employee + 2 or More	121	\$107.90	\$108.90	\$105.80		\$108.40	
Monthly Premium	1003	\$51,041	\$51,494	\$50,033		\$51,212	
Annual Premium		\$612,488	\$617,933	\$600,396		\$614,545	
Annual \$ Change			\$5,444		-\$12,092		\$2,057
Annual % Change			0.9%		-2.0%		0.3%

Enrollment from PRISM as of December 2023 (including both Actives and Retirees, excluding COBRA)



Ameritas Dental Rewards

Dental Rewards®

- ▶ Allows members to carryover a portion of their unused annual maximum
- ▶ Dental Rewards are earned by submitting a minimum of one dental claim
 - Extra reward for claims by using in-network providers
- ▶ Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount
- ▶ Dental Rewards can increase your annual maximum for the next plan year, and can be used for any covered dental procedure.

Example:

Benefit Threshold	\$750	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Dental Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$150	Additional bonus is earned if the member sees a network provider
Maximum Carryover	\$1,100	Maximum possible accumulation for Dental Rewards and PPO Bonus combined



Ameritas Added Benefits

\$150 Fusion Benefit

- ▼ Members can spend \$150 of their unused dental maximum to pay for eye care services
 - Includes frames, contacts, and exams
- ▼ This vision benefit is not meant to replace any vision plan in place but is to be used as a supplemental benefit to offset eye care costs
- ▼ There is no network. Members can see any eye care provider of their choice
- ▼ Member pays the provider for all services, and then submits a claim form for reimbursement.

LASIK Advantage®

- ▼ Provides coverage for LASIK and related procedures
- ▼ Members earn a lifetime benefit per eye over time.
- ▼ Benefit amounts increase over time
 - Highest coverage provided at year three (up to \$700 per eye)
 - Benefits are earned for each eye and cannot be combined
- ▼ Members can select any provider, there is no network



Ameritas Added Benefits

SoundCare[®] Hearing Health Benefits

- ▶ Members can receive reimbursement for hearing exam costs, as well as costs associated with hearing aids and hearing aid maintenance.
- ▶ Hearing Aid benefit amounts increase over time
 - Highest coverage provided at year three (up to \$800 per ear)
 - Can be replaced every 5 years
- ▶ Members select any hearing provider, pay the doctor for all services, and then submit a claim form for reimbursement.

Plan Benefit	SoundCare SM
Annual Hearing Exam	100%
Hearing Aid	50%
Hearing Aid Maintenance	100%
Deductible	
Annual Hearing Exam	\$0
Hearing Aid	\$0
Hearing Aid Maintenance	\$0
Maximum (per benefit period)	
Annual Hearing Exam	Up to \$75
Hearing Aids (per ear)	
Year One	Up to \$400
Year Two	Up to \$600
Year Three	Up to \$800
Hearing Aid Maintenance	Up to \$40



Disclosures

Alliant embraces a policy of transparency with respect to its compensation from insurance transactions. Details on our compensation policy, including the types of income that Alliant may earn on a placement, are available on our website at www.alliant.com. For a copy of our policy or for any inquiries regarding compensation issues pertaining to your account you may also contact us at: Alliant Insurance Services, Inc., Attention: General Counsel, 701 B Street, 6th Floor, San Diego, CA 92101.

Plans are rates presented are generally effective 01/01/2025 through 12/31/2025.

Rates quoted assume current employer contribution levels and participation levels unless otherwise stated. Final rates will be based on final enrollment underwriting. Updated claims experience or other information may be required to finalize rates. If group demographics, enrollment levels or employer contributions change, rates may change or the quote may be withdrawn.

In general, employees must be actively at work on the effective date of the plan. When implementing new coverage, employees who are not actively at work will not be covered under the plan until they return to active state. It may be possible to waive the actively at work provision.

This proposal should not be interpreted as inclusive of all plan provisions and limitations. For further details, refer to the insurance carrier proposals and carrier plan documents. Benefit coverage and eligibility provisions for fully insured health plans may vary from state to state, based on state mandates. Illustrated enrollment is based on the information provided (employee census, current premium statement and or carrier renewal).

Coverage is not in effect until it is approved by the insurance carrier's underwriter.

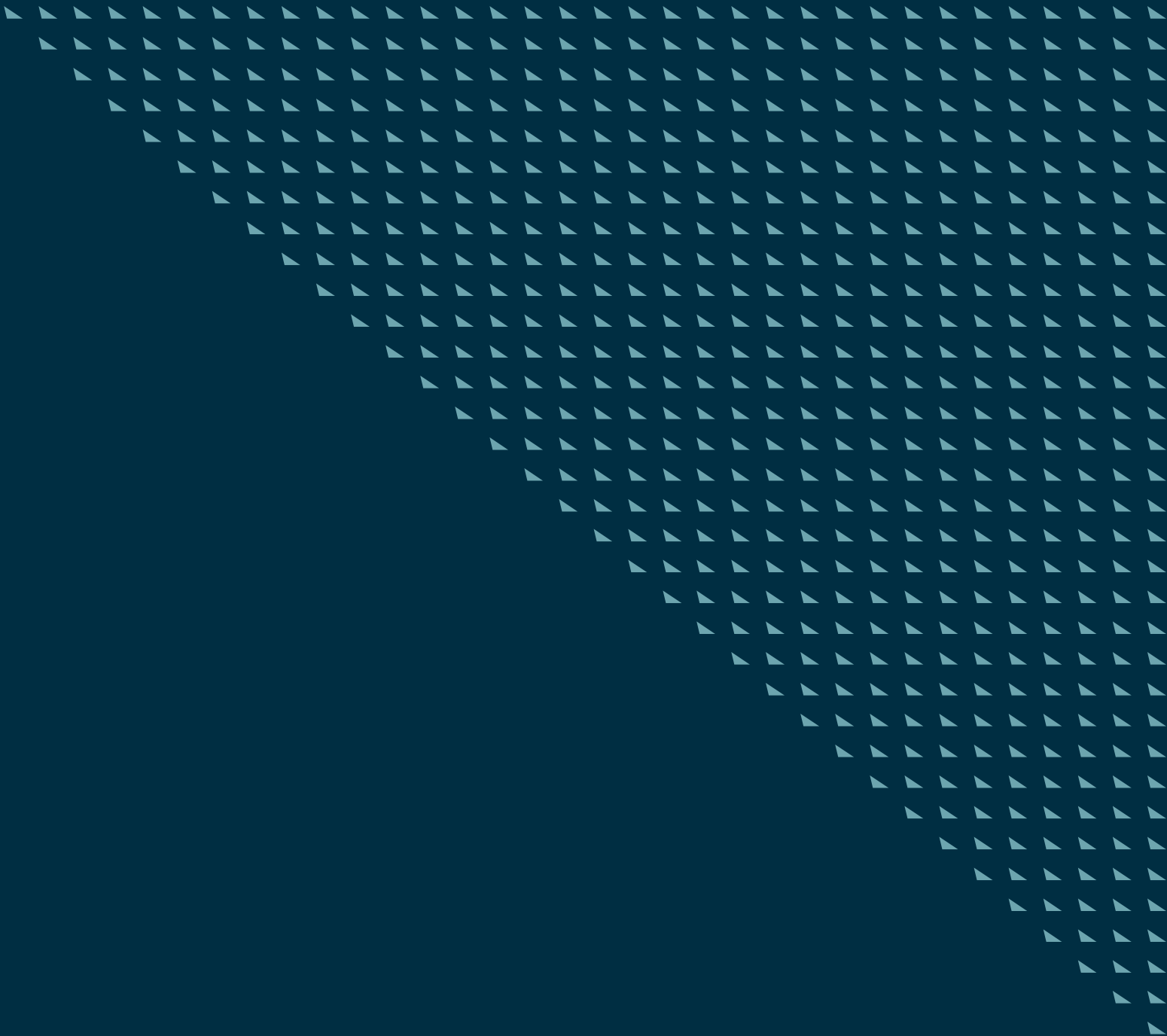
Analyzing insurers' over-all performance and financial strength is a task that requires specialized skills and in-depth technical understanding of all aspects of insurance company finances and operations. Insurance brokerages such as Alliant typically rely upon rating agencies for this type of market analysis. A.M. Best has been an industry leader in this area for many decades, utilizing a combination of quantitative and qualitative analysis of the information available in formulating their ratings.

Alliant's standard protocol is to only place coverage with carriers with no less than an "A-" rating from A.M. Best. However, where Alliant determines that it is prudent to consider coverage with a lower rated carrier, the financial rating of the carrier is to be disclosed to the client. Should Alliant become aware of a carrier's rating dropping below "A-" mid-policy period we will review and advise you of the situation and consider if an alternative carrier can be reasonably provided prior to renewal.

A.M. Best has an extensive database of nearly 6,000 Life/Health, Property Casualty and International companies. You can visit them at www.ambest.com.

Ratings for Carriers included in this presentation are:

Carrier	A.M. Best Rating	Product(s)
Anthem	A	Medical
Blue Shield	A	Medical
Delta Dental	A	Dental
Ameritas	A	Dental
VSP	A-	Vision
Voya	A+	Life/AD&D



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