

2018/2019 RENEWAL DECISIONS

The Folsom Cordova Unified School District Insurance Committee has reviewed the health plan renewals for the 2018/2019 plan year (July 1 – June 30). In addition to the renewals and, based on the results of the recent employee survey regarding the importance of UC Davis to employees, a full medical marketing was conducted. The objectives of the marketing were provider access to UC Davis while maintaining access to Sutter, competitive price point, and plan design equivalent or better than current plan offering(s).

The marketing produced only one option to consider: Blue Shield of California. All other carriers either declined to quote or were not competitive. Blue Shield quoted three plans, all would replace the current WHA and SHP plans (leaving Kaiser).

After review of the Blue Shield plans, it was determined that there would be no plan offered to employees except the Kaiser HDHP that would be below the District contribution. The cost of the Blue Shield HDHP would also adversely impact the 233 employees currently enrolled in the WHA HDHP, and the smaller number of employees wanting access to UC Davis providers would see an increase in contributions by approximately \$300 per month for a single. Because of the disruption, plan design adverse changes, and the increased employee contributions; the decision was made not to move to Blue Shield.

The District will continue with the current three medical carriers: Kaiser, SHP and WHA. In addition, there will be two new plans offered – Kaiser Hospital Copay plan and a HDHP with SHP. Below are the 2018-2019 monthly and tenthly negotiated total premium rates. The premiums do not take into consideration any employer contributions.

	Kaiser \$20 HMO	NEW - Kaiser Hospital Copay	Kaiser HDHP	SHP ML32	NEW - SHP HDHP	WHA Premier 20	WHA Hospital Copay	WHA 1800 HDHP
MONTHLY								
Single	\$750.68	\$717.21	\$572.30	\$699.44	\$543.84	\$722.67	\$679.84	\$569.67
Family	\$1,726.55	\$1,649.57	\$1,316.29	\$1,608.61	\$1,250.45	\$1,664.12	\$1,564.97	\$1,309.85
TENTHLY								
Single	\$900.82	\$860.65	\$686.76	\$839.33	\$652.61	\$867.20	\$815.81	\$683.60
Family	\$2,071.86	\$1,979.48	\$1,579.55	\$1,930.33	\$1,500.54	\$1,996.94	\$1,877.96	\$1,571.82
% INCREASE	4.28%	N/A	4.21%	3.99%	N/A	-2.64%	0.54%	3.71%
Monthly Increases								
Single	\$30.79	N/A	\$23.13	\$26.81	N/A	-\$19.57	\$3.64	\$20.39
Family	\$70.80	N/A	\$53.20	\$61.66	N/A	-\$45.07	\$8.38	\$46.90

The District contributions are based on bargaining unit and are listed below. If you work less than 8 hours per day, the District contribution is prorated based on the number of hours per day that you work.

FULL-TIME (8 HRS PER DAY)	CERTIFICATED	CLASSIFIED	MANAGEMENT
MONTHLY			
Single	\$625	\$600	\$525
Family	\$900	\$800	\$700
TENTHLY			
Single	\$750	\$720	N/A
Family	\$1,080	\$960	N/A

There is no change to the DeltaCare or Vision premium rates. The Delta Dental PPO rates have not yet been released.

Full benefit summaries can be found on the District's MyBenefits website at: <https://pcms.plansource.com>

USER NAME: FCUSDEmployee

PASSWORD: benefits