



Benefits Update

February 22, 2022

Learn Today, Lead Tomorrow

Overview

- Guiding Principles: Board End Statements, Resolutions and Strategic Plan
- Historical Context
- Planning for Current and Future state of Employee Benefits
- Options for SY 2022-23 Benefit Renewal
- Lockton Recommendations

Grounding the Work

Board End Statement: Outstanding Educators and Staff

- II-A: Quality educators and staff have been recruited, developed, supported, retained and celebrated
- II-E: Educators and staff are valued and given multiple opportunities for their voices to be heard

BOE Resolution

- [Benefits Values Resolution](#) 12-13-2018

Strategic Plan

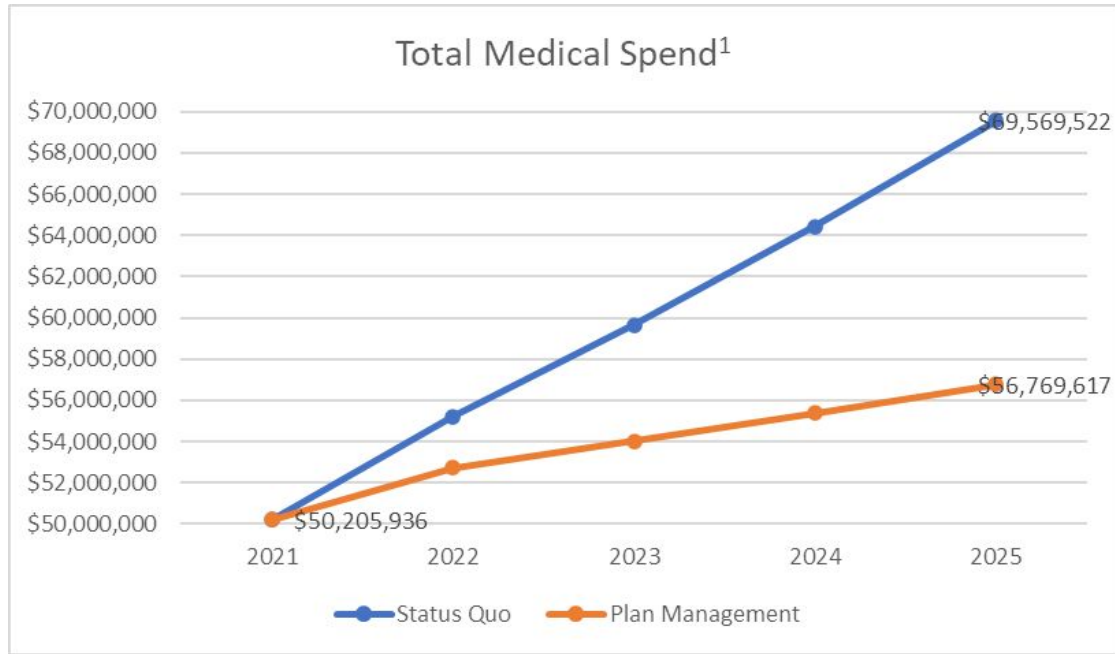
- Theme 3: Positive and Supportive Culture
- Theme 6: Recruitment, Retention and Development of High Quality Employees

DCSD Benefits Historical Snapshot

- **Employee Choice:** The District has offered employees of the District a choice between Kaiser and Allegiance (Cigna's PPO provider network) for over a decade.
- **Employee Cost Savings:**
 - Currently the District medical plan revenue budget is \$54.3M (employee and employer dollars)
 - The District % of the total is 73.9%
 - Employee % of the total 26.1%
 - Since the 2014-15 plan year, employee monthly contributions have only been increased once in 2020-2021. This means that only once since 2014-15 employees have had to pay premium increases and DCSD has absorbed the employee portion of premium increases (SY-19-20).
 - Kaiser was increased on average 2.5%
 - Allegiance was increased on average 7%
- **Benefits Stability:** During this same time frame only incremental medical benefit changes were made.
 - SY-16-17: member coinsurance increased from 10% to 20%
 - SY-17-18: increased specialist copay from \$50 to \$60; added \$250 deductible to Kaiser HMO

Managing Ever Increasing Healthcare Costs

District leadership and Lockton met in the fall of 2020 to discuss how best to manage the increasing cost of providing health insurance for District employees.



1. Estimated total medical insurance spend (Kaiser & Allegiance)

Planning for Now and Into the Future

- The current reality is that the average rate of increase (medical inflation) year over year is not sustainable to continue to offer the same level of benefits and the same cost sharing structure for our employees.
 - If alternative strategies are not urgently considered, the District will **not** be able to insulate employees from future cost increases and/or will require a reduction in benefit levels in future years.
- Actions Taken:
 - RFP was released for the 2021-2022 plan year- We surveyed the market place for alternative options to manage employer and employee cost in the future
 - The District did not implement a change for the 2021-2022 plan year as the District wanted to better understand employees needs and wants prior to making a change.
- Parameters for Change:
 - a. Any changes considered would have to continue to provide choice in insurance carriers to employees.
 - b. The District would attempt to make any future changes minimally disruptive to employees in both cost and access to current provider (physicians and facilities).
 - c. Alternative solutions would need to provide both short-term and long-term savings opportunities for employees and the district.
 - d. Be aligned with the BOE [Benefits Values Resolution](#) 12-13-2018.
 - e. Employee feedback should be solicited before any changes were made.

Survey Results and Themes

An Employee Benefits Survey of DCSD staff was conducted by Lockton in November 2021 to better understand employee needs, values and perceptions of our benefits program

- **Benefit Satisfaction**

- **56% indicated a 1 or 2 for benefit satisfaction (on a scale of 1-5 – one being the best)**
- 87% indicated 1, 2, or 3

- **Medical Plan Preferences**

- 50% choice in carriers
- 48% expressed interest in paying more monthly in exchange for a more comprehensive plan
- **39% expressed interest in a narrow network in exchange for lower premiums**
- 19% value low-cost sharing (e.g., deductibles and copays)
- 14% value low monthly contributions
- 7% value tax advantage plans (e.g., Health Savings Accounts)
- 67% gave a score of 3 or better for a Care Coordinator (Scale of 1-5 – one being the highest)

July 2022 Renewal- Option 1

Maintain Existing Plans and Carriers- Kaiser DHMO, HDHP Cigna/Allegiance PPO, HDHP

- Offer existing plan and carrier options. No Plan Changes
- Based on Lockton's underwriting if no changes are made to either the plan designs or employee contributions the District would have to increase the Cigna/Allegiance budget by ~\$3.172M to insulate employees from an increase in monthly contributions or reduction in benefit levels.
- This option will likely result in a need to reduce benefit levels and/or increase employee premiums in the future.

July 2022 Renewal- Option 2

Carrier Change to United Healthcare: Kaiser HDHP/HMO, United Healthcare PPO/HDHP, Colorado Doctor's Plan (CDP)

- No changes to the Kaiser plan offerings (DHMO & CDHP)
- Shift away from Cigna/Allegiance, replicate the current plan designs through UHC's network and add a third choice option-Colorado Doctor's Plan (CDP)
- United Health Care- replicate PPO/HDHP plans with a broad network comparable to current Cigna network.
- The CDP plan has a smaller (narrower) network of provider but in return reduces estimated claims costs by 15% - 20%.
- The CDP provider network includes Centura, Health One (HCA) and Children's Hospitals.
 - This option would allow employees the choice of selecting a narrow network of providers in exchange for much lower monthly premiums and reduced costs for employees when they seek medical care.
 - When out of network, defaults to PPO plan structure and costs
 - Nurse Care Coordinator to assist plan members with accessing care

Value Adds of UHC Proposal

- Partnership with Centura – 2 strategic meetings per year with Centura Hospital CEO's and clinicians to address cost management and service expansion beyond employees into the community
- Clinical Care Coordinator for CDP members (Centura Nurse)
- \$600K implementation credit – to be spent at the District's direction:
 - Communications
 - IT programming and data interface fees
 - Held in medical reserve
- \$307K administrative fees will be refunded if UHC does not achieve published trend for 2023 renewal

In Network Benefits	Allegiance PPO/OAP	Allegiance HDHP	UHC Colorado Doctors Plan Option 2
Out-Of-Network Coverage	Yes	Yes	No (only ER)
Deductible			
Individual	\$1,500	\$3,000	\$1,000
Family	\$3,000	\$6,000	\$2,000
Out-of-Pocket Maximum			
Individual	\$4,000	\$5,000	\$5,000
Family	\$8,000	\$10,000	\$10,000
Coinsurance	80%	80%	80%
Office Visit	\$30	80% after deductible	100% Covered
Specialist Office Visit	\$60	80% after deductible	\$75
Mental Health	\$30	80% after deductible	100% Covered
Preventive Care	100% Covered	100% Covered	100% Covered
Virtual Visits	\$15	\$45	100% Covered
Inpatient Hospital	80% after deductible	80% after deductible	80% after deductible
Outpatient Surgery	80% after deductible	80% after deductible	80% after deductible
Routine Laboratory and X-ray	80% after deductible	80% after deductible	\$25
Complex Imaging	80% after deductible	80% after deductible	\$250
Emergency	\$250	80% after deductible	80% after deductible
Urgent Care	\$50	80% after deductible	100% Covered
Retail Rx	15% Generic Max \$75 Pref Brand Max \$125 Non-Pref Brand Max \$175	80% after deductible	Tier 1: \$10 Tier 2: \$35 Tier 3: \$100 Tier 4: \$300
Mail Order Rx	15% Generic Max \$187.50 Pref Brand Max \$312.50 Non-Pref Brand Max \$437.50	80% after deductible, 2x retail copay	Tier 1: \$25 Tier 2: \$87.5 Tier 3: \$250 Tier 4: \$750

Plan Design Highlights



\$0 Primary Care Physician (PCP) visits



\$0 Urgent Care



\$0 Behavioral Health Office Visits



\$0 Virtual Visits



\$0 Convenience Care

Option 2: Proposed UHC Employee Contributions

Plan	Tier	Current	Proposed
PPO	Employee	\$ 71.66	\$ 71.66
	Employee + Spouse	\$ 648.90	\$ 648.90
	Employee + Child(ren)	\$ 631.82	\$ 631.82
	Family	\$ 970.36	\$ 970.36
HDHP	Employee	\$ 41.49	\$ 41.49
	Employee + Spouse	\$ 304.56	\$ 304.56
	Employee + Child(ren)	\$ 287.99	\$ 287.99
	Family	\$ 518.02	\$ 518.02
CDP	Employee	\$ -	\$ 31.12
	Employee + Spouse	\$ -	\$ 228.42
	Employee + Child(ren)	\$ -	\$ 215.99
	Family	\$ -	\$ 388.52

Note: Kaiser plan options and pricing will remain the same and can be found in the Appendix.

Annual Premium Savings For Employees Electing CDP

Annual Savings PPO to CDP

Enrollment	Tier	Annual Savings
805	Employee	\$ 486.51
53	Employee + Spouse	\$ 5,045.76
90	Employee + Child(ren)	\$ 4,989.93
135	Family	\$ 6,982.14

Annual Savings HDHP to CDP

Enrollment	Tier	Annual Savings
848	Employee	\$ 124.47
149	Employee + Spouse	\$ 913.68
220	Employee + Child(ren)	\$ 863.97
358	Family	\$ 1,554.06

If employees decide to move to the CDP:

- They will lower the amount of money deducted from their paycheck AND
- Will pay less in deductibles and copays
- Double Win

Initial Recommendation- Lockton

- Replace the current Allegiance plans with proposed UHC 3 plan options
- Maintain employee contributions for the PPO and HDHP at current levels
 - **NO PLAN DESIGN CHANGES**
- Implement new \$1000 CDP as an option at a lower cost than the current two plans
 - Lower monthly premiums and lower cost sharing at the time of service in exchange for the narrower network (note member care outside the service area default back the the PPO provider network)
- If 20% of Allegiance members enroll in the new plan the \$3.172M increase could be reduced to \$1.865M or a \$1.306M savings
 - Potentially further reduced by \$600K implementation credit
- No plan changes to the Kaiser program

Summary

- ✓ Medical (maintains employee choice- multiple carriers)
 - Kaiser & United Healthcare/Centura/Health One
 - Maintains the current PPO and HDHP plans with comparable provider network. Adds option for employees to considerably reduce their monthly premium costs.
- ✓ Dental & Vision
 - No changes to plan designs
- ✓ Enhancements to Benefits Offerings
 - Offers optional new 3rd plan to employees at lower cost (benefits and monthly contributions)
 - Partnership with Centura Hospital System - **COMPLETELY UNIQUE**
 - Dedicated Care Coordinator for CDP members to help navigate complex medical situations
 - Data driven cost containment strategies
 - Opportunity to have specialized health events at Centura locations that are coordinated with school calendar to allow for better access
- ✓ Affordable
 - No premium increases for employees SY 22-23 (district absorbs premium increase)
 - Improved benefit levels (lower deductibles, no copays for primary care and mental health services)
 - Reduction in cost for employees and district

Timeline for Remainder of School Year

(March) Review with Employee Council. Final BOE approval of benefits plans for SY 22-23.

(March/April) If carrier change occurs we have an entire communication strategy around this to help employees understand the changes.

(April) Benefits open enrollment preparation and communication to system of employees

(May 2-27) Benefits open enrollment for employees via Workday

(May - June) BOE approval of employment renewals and other employment actions for SY 22-23. Licensed contracts and compensation/pay statements (all employees) in Workday for employee review and acceptance.

(June) Final approval of budget for SY 22-23

Questions

Appendix

Dedicated RN Care Manager

CHN Care Manager Roles and Responsibilities

- Direct interface and first point of contact for the District's CDP membership for care coordination needs.
- Leverage clinically integrated data to identify high risk members for enrollment in one of Centura's care management programs.
- RN Care Managers will clinically assess and develop patient centered, individualized care plans, provide coaching, resources and education, consistent with the function of a registered nurse (RN). Ongoing collaboration with the members' PCP team to support the treatment plan and addressing care gaps.
- Navigate members through the continuum of care supporting them as they move between care settings, assuring a safe transition.
- Act as a resource and provide feedback to the District's leadership team. Participate in regularly occurring and strategic meetings to share clinical observation and patient experiences.



UnitedHealthcare Members Services

- Answer Benefit Questions
- Help a member find an in-network provider
- Explain an EOB
- Resolve disputes on claim issues

UHC and Centura Partnership Opportunity Recap

“**Change in the Spirit of Progress**” rather than disruption or take-aways

- Enhance the member / patient experience: Cost, Access, Choice, Care Coordination
- Bring forth strategic plan management opportunities to improve outcomes and bend the cost curve over time

Immediate (UHC Proposal)

- Trend Guarantee with \$307K at risk
- \$600K Implementation Credit
- \$200K Customer Delight Guarantee
- \$100K of Performance Guarantees
- Competitive Pharmacy Pricing
- \$32K Pharmacy management allowance

Short Term (First Year)

- CDP (initial enrollment)
- Centura Care Coordinator
- Centura Partnership
 - (2 annual strategic meetings with focus on clinical and community engagement)
- Robust Behavioral Health Solutions
- Enhanced Member Resources
- Student Behavioral Health Support

Long Term (Year 2 & Beyond)

- CDP (matured enrollment)
- Centura Partnership (matured)
- Behavioral Health (matured)
- Premium Designated Provider Program
- Orthopedic and other COE's
- Pharmacy Clinical Programs
- Specialty Drug Copay Card
- Level 2 – Diabetes Program
- ACO and Site of Service Steerage
- Onsite clinical and behavioral care

Cigna PPO v. UHC PPO Network

- Lockton provided UHC with 12 months of historical claims to perform a provider disruption analysis based on the providers that employees are currently utilizing through the Cigna PPO.
- The UHC PPO analysis resulted in the following:
 - Of the \$22,355,715 in claims - \$21,021,400 are in-network with UHC (98.4% match)
 - Of the 59,916 unique claims – 58,903 are in-network with UHC (98.3% match)
 - Of the 24,280 members incurring claims* – 23,790 are in-network with UHC (98.0%).
*members can be counted multiple times
- Based on these results current PPO and HDHP members would experience minimal disruption.

Transition of Care (TOC)

- TOC gives new UHC members the option to request extended coverage from an out-of-network health care professional at network rates for a limited time due to a specific medical condition until the safe transfer to a network health care professional can be arranged.
- Examples of medical conditions that may qualify for Transition of Care are:
 - Pregnancy, Cancer, Transplants, Major Surgeries including Post-Op, Heart Attack, Stroke, Other chronic conditions that require active treatment.
- UHC can customize what would be eligible for TOC to meet the needs of the district.
- UHC will use a traditional PDL for the current PPO and HDHP plan.
 - There are no exclusions on the traditional PDL so we will not have disruption from excluded drugs. This is the most significant kind of pharmacy disruption which will be avoided.

Proposed UHC Implementation Timeline

(Getting Updated Timeline from UHC with 2.22.2022 start date)

Item/Task	Responsible Party	Target Date	Actual Date	Comments
Pre-Implementation Activities				
Initial Implementation Kick Off Meeting: - Review and finalize all inclusive plans sold as well as any additional services - Confirm Open Enrollment Dates / Expectations (Video Recordings, Fliers, Etc.)	UHC	2/8/2022		
Schedule weekly implementation meetings with DCSD	UHC	2/8/2022		
Client Profile				
Obtain DCSD policy number	UHC	2/15/2022		
Obtain DCSD demographic information: - Primary Contacts (including Banking & Billing), tax ID, eligibility preferences, structure, logo, etc.	UHC	2/15/2022		
NYHCRA (New York Health Care Reform Act)				
Determine NYHCRA Status	UHC / DCSD	2/22/2022		
Forward NYHCRA forms to DCSD	UHC	3/1/2022		
DCSD signs and returns NYHCRA forms	DCSD	3/8/2022		
Receive signed NYHCRA Forms and forward to State of New York	UHC	3/10/2022		
NYHCRA setup complete	UHC	5/6/2022		
Billing Structure/Rates				
Create and distribute billing structure draft	UHC	2/22/2022		
Obtain DCSD approval of billing structure	UHC / DCSD	3/1/2022		
Medical Benefit Grids				
Schedule benefit intent meeting	UHC / DCSD	2/22/2022		
UHC prepares medical benefit grids	UHC	2/25/2022		
Detailed review of medical benefit grids	UHC / DCSD	3/1/2022		
Obtain DCSD approval of medical benefit grids	UHC / DCSD	3/8/2022		
Pharmacy Benefit Intent				
Schedule pharmacy benefit meeting	UHC / OptumRX / DC	3/1/2022		
Preparation of pharmacy benefit templates	UHC / OptumRX	3/4/2022		
Detailed review of pharmacy benefits	UHC / OptumRX	3/8/2022		
Obtain DCSD approval of pharmacy benefits	UHC / OptumRX / DC	3/15/2022		

Sample communications timeline

Douglas County School District - Member Engagement Plan				Pre-enrollment			OE	Post-enrollment		
Tactics list	Audience	Owner	Content (in addition to key messages)	Feb	March	April	May	June	July	Aug
Key Messages	All DCSD employees	UHC and DCSD	Key messages that will be used throughout OE. What is happening, why is it happening, what do I need to do, and when?	●						
Internal email to all employees announcing the change	All DCSD employees	UHC/DCSD	Superintendent endorsement of change		●					
Mail to home introducing UHC	All DCSD employees	UHC	Introducing UHC (high level, OE guide comes later). You have some time before OE, and there's only a few things to do (with check boxes).			●				
Internal email to all employees announcing OE	All DCSD employees	UHC/DCSD	Identify active enrollment process, UHC plan choices			●				
Pre-member website	All DCSD employees	UHC				●	●			
Video	All DCSD employees	UHC	Video providing overview of plan options. CTA: Choose the right plan for you during OE.			●	●			
Targeted high-risk patient letter	high-risk members	Optum	Ease the minds of members managing a condition that there will be support similar to what they are familiar with after 7/1.			●				
OE Guide	All DCSD employees	UHC	overview of plan choices, what's included in plans, differentiators, etc.			●	●			
Digital sign (wide screen PPT) Poster (11x17)	All DCSD employees	UHC	New provider, and OE dates. To be posted during OE, with reminder of dates and how to enroll.			●	●			
Health Plan ID cards	All enrolled in UHC	UHC	Includes activation sticker and standard welcome letter					●		
Mobile benefits directory	All enrolled in UHC	UHC	Includes links to all benefit resources						●	
Welcome Brochure (mail) Continue to use throughout year for new hires	All enrolled in UHC 3 versions: - HDHP - PPO - Colorado Doctor's Plan	UHC	<ul style="list-style-type: none"> •myuhc.com and app, •Where to go for care, premium, etc. •Programs 						●	
myuhc.com campaign to collect email addresses	All enrolled in UHC not registered on myuhc.com	UHC	benefits of of myuhc.com. CTA: register							●

Communication Samples

State of Nebraska -

<http://uhc4health.com/video/NEbenefits.html>

State of Arizona -

<https://uhc4health.com/video/stateofazbenefits.html>

State of Arizona



Health Plan Options

ARIZONA
DEPARTMENT OF ADMINISTRATION
HUMAN RESOURCES

United
Healthcare

0:03 / 5:04

[View Transcript](#)

UnitedHealthcare

DCSD Monthly Insurance Plan Contributions 2021 – 2022

Kaiser Permanente

DHMO	Total Monthly Premium	Full-time Employees Monthly Deduction Amount	Part-time Employees Monthly Deduction Amount	2021/2022 COBRA Rates
Employee	608.74	12.25	270.03	620.91
Employee + Spouse	1247.92	535.10	817.75	1272.88
Employee + Child(ren)	1217.49	513.70	793.48	1241.84
Family (Employee + Spouse + Children)	1759.27	796.38	1174.12	1794.46

HDHP	Total Monthly Premium	Full-time Employees Monthly Deduction Amount	Part-time Employees Monthly Deduction Amount	2021/2022 COBRA Rates
Employee	406.69	8.73	170.16	414.82
Employee + Spouse	833.72	192.90	438.71	850.39
Employee + Child(ren)	813.38	172.46	419.83	829.65
Family (Employee + Spouse + Children)	1175.34	350.34	658.86	1198.85

CIGNA/Allegiance

PPO/OAP	Total Monthly Premium	Full-time Employees Monthly Deduction Amount	Part-time Employees Monthly Deduction Amount	2021/2022 COBRA Rates
Employee	766.18	71.66	321.48	781.50
Employee + Spouse	1570.80	648.90	926.82	1602.22
Employee + Child(ren)	1532.48	631.82	903.54	1563.13
Family (Employee + Spouse + Children)	2214.48	970.37	1336.24	2258.77

HDHP	Total Monthly Premium	Full-time Employees Monthly Deduction Amount	Part-time Employees Monthly Deduction Amount	2021/2022 COBRA Rates
Employee	579.21	41.49	239.94	590.79
Employee + Spouse	1187.51	304.56	608.98	1211.26
Employee + Child(ren)	1158.53	287.99	589.24	1181.70
Family (Employee + Spouse + Children)	1674.14	518.02	905.81	1707.62

Delta Dental

Premier	Total Monthly Premium	Full-time Employees Monthly Deduction Amount	Part-time Employees Monthly Deduction Amount	2021/2022 COBRA Rates
Employee	41.48	25.59	32.47	42.31
Employee + Spouse	82.96	64.97	71.83	84.62
Employee + Child(ren)	93.34	74.82	81.67	95.21
Family (Employee + Spouse + Children)	147.25	126	132.83	150.20

Basic	Total Monthly Premium	Full-time Employees Monthly Deduction Amount	Part-time Employees Monthly Deduction Amount	2021/2022 COBRA Rates
Employee	14.28	0.00	6.89	14.57
Employee + Spouse	28.56	14.28	20.67	29.13
Employee + Child(ren)	32.13	17.22	24.11	32.77
Family (Employee + Spouse + Children)	50.69	35.13	42.02	51.70

Vision Service Plan

Vision	Total Monthly Premium	Full-time Employees Monthly Deduction Amount	Part-time Employees Monthly Deduction Amount	2021/2022 COBRA Rates
Employee	7.90	7.90	7.90	8.06
Employee + Spouse	17.81	17.81	17.81	18.17
Employee + Child(ren)	19.27	19.27	19.27	19.66
Family (Employee + Spouse + Children)	30.80	30.80	30.80	31.42

Medical Comparison Chart
July 1, 2021 - June 30, 2022

	CIGNA / Allegiance PPO/OAP		CIGNA / Allegiance HDHP (HSA Eligible)		Kaiser DHMO	Kaiser HDHP (HSA Eligible)
	In Network	Out-of-Network	In Network	Out-of-Network	In-Network Only	In-Network Only
Type Of Plan	Preferred Provider Option		Preferred Provider Option		Health Maintenance Organization	Health Maintenance Organization
Out-Of-Network Coverage	N/A	Yes Limited to Reasonable and Customary	N/A	Yes Limited to Reasonable and Customary	Only For Emergency Care Limited to Reasonable and Customary	Only For Emergency Care Limited to Reasonable and Customary
Plan Year Deductible	Individual \$1,500 Family \$3,000 If you have dependent coverage, the single deductible is met on a per covered person basis, never to exceed the family deductible for all covered persons in the family.	Individual \$3,000 Family \$6,000	Individual \$3,000 Family \$6,000 If you have dependent coverage, the single deductible is met on a per covered person basis, never to exceed the family deductible for all covered persons in the family.	Individual \$6,000 Family \$12,000	Individual \$250 Family \$500 If you have dependent coverage, the single deductible is met on a per covered person basis, never to exceed the family deductible for all covered persons in the family.	Individual \$3,000 Family \$6,000 If you have dependent coverage, the single deductible is met on a per covered person basis, never to exceed the family deductible for all covered persons in the family.
Plan Year Out-of-Pocket Maximum	Individual \$4,000 Family \$8,000 Deductible and Copays Included	Individual \$16,000 Family \$32,000	Individual \$5,000 Family \$10,000 Deductible, Copays and Coinsurance Included	Individual \$20,000 Family \$40,000	Individual \$2,000 Family \$4,500 Deductible, Copays and Coinsurance Included	Individual \$5,000 Family \$10,000 Deductible, Copays and Coinsurance Included
Lifetime Maximum	Unlimited		Unlimited		Unlimited	Unlimited
Dependent Eligibility	End of the Month in Which the Child Turns Age 26		End of the Month in Which the Child Turns Age 26		End of the Month in Which the Child Turns Age 26	End of the Month in Which the Child Turns Age 26
Service Availability	CIGNA PPO Network Physicians and Hospitals	Any Physician Any Facility	CIGNA PPO Network Physicians and Hospitals	Any Physician Any Facility	* Kaiser Permanente Colorado Medical Group	* Kaiser Permanente Colorado Medical Group
Office Visit	\$30 Copay	Deductible Applies; Paid at 60%	Deductible Applies; Paid at 80%	Deductible Applies; Paid at 60%	\$30 Copay Per Visit Per Visit; 20% Coinsurance for Office-administered Drugs up to Out-of-pocket Max	Deductible Applies; Paid at 80%
Specialist Office Visit	\$60 Copay	Deductible Applies; Paid at 60%	Deductible Applies; Paid at 80%	Deductible Applies; Paid at 60%	\$60 Copay Per Visit Per Visit; 20% Coinsurance for Office-administered Drugs up to Out-of-pocket Max	Deductible Applies; Paid at 80%
Preventive Care	Covered at 100%	Deductible Applies; Paid at 60%	Covered at 100%	Deductible Applies; Paid at 60%	Covered at 100%	Covered at 100%
Infertility Office Visit (Diagnosis Only)	Deductible Applies; Paid at 80%	Deductible Applies; Paid at 60%	Deductible Applies; Paid at 80%	Deductible Applies; Paid at 60%	Covered at 50%	Not Covered

Learn Today, Lead Tomorrow

Medical Comparison Chart
July 1, 2021 - June 30, 2022

	CIGNA / Allegiance PPO/OAP		CIGNA / Allegiance HDHP (HSA Eligible)		Kaiser DHMO	Kaiser HDHP (HSA Eligible)
	In Network	Out-of-Network	In Network	Out-of-Network	In-Network Only	In-Network Only
Prescription Drugs Retail	15% Generic Max \$75 Pref Brand Max \$125 Non-Pref Brand Max \$175 30-day Supply 20% Specialty/Injectible Max \$250	Not Covered	Preventive Drug List: Not Subject to Deductible Generic Covered at 100% Pref Brand \$30 All Other Prescriptions: Deductible Applies, Paid at 80% 30-day Supply	Not Covered	Preventive Drug List: Covered at 100% Generic \$20 Brand \$40 30-day Supply 20% Coinsurance for Specialty Drugs Including Self-administered Injectibles (does not include insulin) Up to a Maximum of \$250, Per Drug Dispensed/Per Prescription	Preventive Drug List: Not Subject to Deductible Deductible Applies Generic \$15 Pref Brand \$30 Non-Pref Brand 50% 30-day Supply 20% Coinsurance for Specialty Drugs Including Self-administered Injectibles (does not include insulin) Per Drug Dispensed/Per Prescription
Prescription Drugs Mail Order	15% Generic Max \$187.50 Pref Brand Max \$312.50 Non-Pref Brand Max \$437.50 90-day Supply 20% Specialty/Injectible Max \$625	N/A	Preventive Drug List: Not Subject to Deductible Generic Covered at 100% Pref Brand \$60 All Other Prescriptions: Deductible Applies, Paid at 80% 90-day Supply	N/A	Generic \$40 Brand \$80 90-day Supply 20% Coinsurance for Specialty Drugs Including Self-administered Injectibles (does not include insulin) Up to a Max of \$500, Per Drug Dispensed/Per Prescription	Deductible Applies Generic \$30 Pref Brand \$60 Non-Pref Brand 50% (Copays and Coinsurance Apply Towards Out-of-pocket Maximum) 90-day Supply 20% Coinsurance for Specialty Drugs Including Self-administered Injectibles (does not include insulin) Per Drug Dispensed/Per Prescription
Inpatient Hospital	Deductible Applies; Paid at 80%	Deductible Applies; Paid at 60%	Deductible Applies; Paid at 80%	Deductible Applies; Paid at 60%	Paid at 80%	Deductible Applies; Paid at 80%
Outpatient Surgical Procedures	Deductible Applies; Paid at 80%	Deductible Applies; Paid at 60%	Deductible Applies; Paid at 80%	Deductible Applies; Paid at 60%	\$500 Copay Per Visit	Deductible Applies; Paid at 80%
Routine Laboratory and X-ray	Deductible Applies; Paid at 80%	Deductible Applies; Paid at 60%	Deductible Applies; Paid at 80%	Deductible Applies; Paid at 60%	No Copay Therapeutic X-ray \$30 Copay Per Visit	Deductible Applies; Paid at 80%

**Medical Comparison Chart
July 1, 2021 - June 30, 2022**

	CIGNA / Allegiance PPO/OAP		CIGNA / Allegiance HDHP (HSA Eligible)		Kaiser DHMO	Kaiser HDHP (HSA Eligible)
	In Network	Out-of-Network	In Network	Out-of-Network	In-Network Only	In-Network Only
MRI, CAT, and PET Scans	Deductible Applies; Paid at 80%	Deductible Applies; Paid at 60%	Deductible Applies; Paid at 80%	Deductible Applies; Paid at 60%	\$200 Copay Per Scan (waived if hospitalized)	Deductible Applies; Paid at 80%
Emergency	\$250 Copay Per Visit	Care Provided at In-Network Level if the Condition Meets the Definition of an Emergency	Deductible Applies; Paid at 80%	Care Provided at In-Network Level if the Condition Meets the Definition of an Emergency	\$300 Copay Per Visit	Deductible Applies; Paid at 80%
Urgent Care	\$50 Copay Per Visit	Deductible Applies; Paid at 60%	Deductible Applies; Paid at 80%	Deductible Applies; Paid at 60%	\$75 Copay After Hours (Non-Kaiser Facility Emergency Claims Limited to Reasonable and Customary Charges)	Deductible Applies; Paid at 80%
Hearing Aids	Covered Every Three Years; Deductible Applies; Paid at 80%		Covered Every Three Years; Deductible Applies; Paid at 80%		Not Covered	Not Covered
Mental Health Inpatient	Deductible Applies; Paid at 80%	Deductible Applies; Paid at 60%	Deductible Applies; Paid at 80%	Deductible Applies; Paid at 60%	Paid at 80%	Deductible Applies; Paid at 80%
Mental Health Outpatient	\$50 Co-pay Per Visit	Deductible Applies; Paid at 60%	Deductible Applies; Paid at 80%	Deductible Applies; Paid at 60%	\$30 Copay Per Visit	Deductible Applies; Paid at 80%
Outpatient Group Therapy	Deductible Applies; Paid at 80%	Deductible Applies; Paid at 60%	Deductible Applies; Paid at 80%	Deductible Applies; Paid at 60%	\$15 Copay Per Visit	Deductible Applies; Paid at 80%
Physical, Occupational and Speech Therapy	Deductible Applies; Paid at 80% 60-visit Maximum Per Plan Year for All Therapies Combined	Deductible Applies; Paid at 60% 60-visit Maximum Per Plan Year for All Therapies Combined	Deductible Applies; Paid at 80% 60-visit Maximum Per Plan Year for All Therapies Combined	Deductible Applies; Paid at 60% 60-visit Maximum Per Plan Year for All Therapies Combined	\$30 Copay Per Visit For Each Therapy (i.e. Physical, occupational and speech therapy). There will be a 20-visit Limit Per Therapy Per Year	Deductible Applies; Paid at 80% For Each Therapy (i.e. Physical, occupational and speech therapy). There will be a 20-visit Limit Per Therapy Per Year
Chiropractic Care	\$60 Copay Per Visit 60-visit Maximum Per Plan Year for All Therapies Combined	Deductible Applies; Paid at 60% 60-visit Maximum Per Plan Year for All Therapies Combined	Deductible Applies; Paid at 80% 60-visit Maximum Per Plan Year for All Therapies Combined	Deductible Applies; Paid at 60% 60-visit Maximum Per Plan Year for All Therapies Combined	\$30 Copay Per Visit 30-visit Maximum Per Plan Year	Not Covered
Referral required for specialist care	No		No		Yes	Yes
Prior authorization required for surgical procedures	Yes		Yes		Yes	Yes
Medical Video Visits (Teladoc, Telemedicine)	Teladoc.com: 1-800-835-2362 \$15 per consult Access to a Doctor	24/7/365	Teladoc.com: 1-800-835-2362 \$45 per consult Access to a Doctor	24/7/365	E-Visit: 24/7 Medical Advice No cost	

* Denver metro area - Kaiser physicians and facilities. Colorado Springs area - Kaiser network of private practice physicians.

Disclaimer: This document is a summary for comparison purposes only. It is not intended to replace the legal plan documents, which describe the plan benefits in full. For complete plan information, please refer to the summary plan description for the plan you have chosen.



DENTAL BENEFIT SUMMARY

Preventive Basic - Group # 9626-2222

Preventive & Diagnostic Services	100%
Basic Services - Fillings & Extractions	0%
Major Services - Root Canal, Crowns, Oral Surgery	0%
Orthodontics - (Braces) Dependent Children to age 19	0%
Annual Maximum Benefit	\$300 / per person per year
Annual Deductible	\$0

Premier Plan - Group # 9626-0001

Preventive & Diagnostic Services	100%
Basic Services- Fillings & Extractions	Up to 80%
Major Services - Root Canal, Crowns, Oral Surgery	50%
Orthodontics - (Braces) Dependent Children to age 19	50% / \$1250 per person
Annual Maximum Benefit	\$2,000 / per person per year
Annual Deductible	\$50 -Individual / \$150- Family

Premier Right Start 4 Kids – covers children up to 13th Birthday @ 100% no deductible, this includes fillings, effective (effective 7/1/19).

Benefit	Description	Copay	Frequency
Well Vision Exam	Focus on your eyes and overall wellness	Copay - \$10	Per plan year
Frame	\$180 Allowance	Copay - Included in your prescription glasses	Per plan year
Lenses	Single vision, lined bifocal, and lined trifocal lenses, Polycarbonate lenses for dependent children	Copay - Included in your prescription glasses	Per plan year
Contacts (instead of glasses)	\$150 allowance for contacts; copay does not apply; Contact lens exam (fitting and evaluation)	Copay - up to \$60	Per plan year
Primary Eye Care	Treatment and diagnosis of eye conditions like pink eye, vision loss and monitoring of cataracts, glaucoma, and diabetic retinopathy	Copay - \$20	As needed