JANUARY 29, 2015

Benefits Fringe Committee Meeting
Agenda

1. Health Care Reform
2. Consultant Update
   - Cost Management Best Practices
   - Essential Coverage
   - Pay as of Play 2015
   - Health Care Reform Changes Effective 1/1/15
3. Transition Resources
   - Notice of Rejection of All Bids
   - Request for Proposal Process under Review
4. Online Enrollment
5. United Health Care Vision
   - Representatives from Medicare, Kaiser, Senior Advantage, CoreSource, Pension Dynamics
6. Request to Update Plan References
7. Request for Claims Tax Report
8. Benefits Bridge
9. PCCD Benefits Homepage (medical and tax-deferred planning resources - scrubbing underway)
Information Technology (report development)
Jennifer Bendford Seibert, Benefits Manager
Nilla Washington, Human Resources Director
Ongoing monitoring

Human Resources (workforce review, enrollment compliance)
Fred O'Yang, Payroll Manager
Payroll (some reporting)
David Yang, Finance Manager
Finance (tax reporting forms)

collaboration and planning by district
Act/Patient Protection Act requires short- and long-term
Next phase of Health Care Reform/Affordable Care

District ACA Strategy Team

Health Care Reform
pension impact analysis, workforce analysis, and new recordkeeping requirements

- Enlist the assistance of an outside consultant (American Benefits) to help the ACA Strategy Team perform

- Per Diem medical plans are on a mid-calendar year renewal which affects some of our compliance effective dates

Excerpt from webinar: "ACA Action Items for the Next Six Months: Planning and Preparation. Kenya Webinar 1/26/15"

- Out-of-Pocket Maximums for the 2015 Plan Year, out-of-pocket maximum amounts may not exceed $6100 per individual coverage or $13,200 for family coverage.

- Reporting. The first reporting is due early 2016 and is based on the 2015 calendar year.

- Reporting of Employer-Sponsored Coverage. Large employers subject to the Employer Shared

- Reporting of Minimum Essential Coverage. Insurers, plan sponsors, and governmental entities providing

- Affordable and provides minimum value (also referred to as "Pay or Play") for failing to offer its full-time employees and their dependents minimum essential coverage that is

Employer Shared Responsibility. Employers with 50 or more full-time employees may be subject to a
Report of number of hours worked by month by employee

Internal Revenue Service (IRS)

Report of the value of insurance for employees

Additional reporting to:

Work 30 hours or more a week or pay a penalty

Employers must provide coverage for employees who

For plan year beginning 2015
Waiting Periods
Administration Period
Look Back Period

Considerations

Pay

Exchange through the Health Care
medicaid benefits offered
when employees opting to enroll
in otherwise eligible

Penalty B

Pay

Penalty A

30 hours a week or more
covered to those who work

Penalties

Offer insurance of Minimal
Essential Value (as defined by the
Affordable Care Act)

Penalties

Appplies to non-grandfathered plans as defined by the Affordable Care Act

Pay or Play
<table>
<thead>
<tr>
<th>Plan Code</th>
<th>Class</th>
<th>Plan Name</th>
<th>Plan Type</th>
<th>Plan Year</th>
<th>Plan Description</th>
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<tbody>
<tr>
<td>11202000</td>
<td>EMP</td>
<td>Kaiser Permanente OTC</td>
<td>Indemnity</td>
<td>2015</td>
<td>Employer-Sponsored Indemnity Plan</td>
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<tr>
<td>11202001</td>
<td>EMP</td>
<td>Kaiser Permanente PPO</td>
<td>PPO</td>
<td>2015</td>
<td>Employer-Sponsored PPO Plan</td>
</tr>
</tbody>
</table>

**Premium Details**

- **Network**: Kaiser Permanente
- **Deductible**: $500 Individual / $1,000 Family
- **Out-of-Pocket Maximum**: $7,500 Individual / $8,000 Family

**Coverage**

- **Inpatient Hospital**: 100%
- **Outpatient Hospital**: 100%
- **Bariatric Surgery**: 100%
- **Emergency Room**: 100%
- **Primary Care**: 100%
- **Specialty Care**: 100%
- **Medications**: 80%

**Out-of-Pocket Limits**

- **Dental**: $1,500
- **Vision**: $750

**Service Area**

- **Northern California**: San Francisco, San Jose, Oakland, Sacramento

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**Benefits Effective Date**: 01/01/15

**Plan Change Effective Dates**:
- 01/01/15
- 01/01/16
- 01/01/17

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**Appendix**

- **Cost Sharing Table**:
  - **Inpatient Hospital**: $500
  - **Outpatient Hospital**: $250
  - **Bariatric Surgery**: $500
  - **Emergency Room**: $500
  - **Primary Care**: $50
  - **Specialty Care**: $50
  - **Medications**: $50

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**Notes**

- **Specialty Care**: Covered within the primary care provider network.
- **Bariatric Surgery**: Requires pre-authorization.
- **Dental**: Covered up to $1,500 annually.

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**Kaiser Permanente OTC**

- **OEM**: 01/01/15
- **Premium**: $500

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**Kaiser Permanente PPO**

- **OEM**: 01/01/15
- **Premium**: $500

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**Kaiser Permanente HMO**

- **OEM**: 01/01/15
- **Premium**: $500

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**Kaiser Permanente CCO**

- **OEM**: 01/01/15
- **Premium**: $500

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**Kaiser Permanente Medicare**

- **OEM**: 01/01/15
- **Premium**: $500

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**Kaiser Permanente Medicare-Medicaid**

- **OEM**: 01/01/15
- **Premium**: $500
Cost Management Best Practices

(from Mercer Marketplace Briefing January 26, 2015)
Alliant, Burnham and Keenan
March to the four bidders (National Benefit Pros, "Notice of Rejection of All Bids" sent earlier in the Process
The District is reviewing the Request for Proposal

Consultant Update
Demographic changes (name and address)

- New hires
- Marriage, newborns
- Life events

Over 200 transactions processed since October 2014

- Has been in use since October 2014
- Has been under development for over a year

Information on portal currently housing reference material and plan.

Benefits Bridge is an online enrollment portal and plan.
Need Help? Contact Benchebridge Support: (800) 541-9202; Mon. - Fri., 8:00 am - 5:00 pm PST

Access the Enrollment Center via the enrollment tab on the Begin The Event Enrollment button (see sample below).

Enrolling in Benchebridge

Before you begin:
- Read the term and conditions
- Click to agree

Step 1: Account
- Select “Register”

Step 2: Register
- Create an account
- Select “Continue”

Step 3: Password
- Create a password

Existing Benchebridge
- Log in to Benchebridge at www.benchebridge.com/benefits
- Already have a Benchebridge log in? Select “Continue” at www.benchebridge.com/benefits

Resources
- Quick links: Contact us, Help, Event Calendar, and more
- Event options: View events, plan options
- View Event Calendar
- Direct access to the Benchebridge enrollment system is easy with Benchebridge

Transition Resources
- LIF Event Online Bencche Enrollment

Peralta Community College
Password: Benefiel
Username: Portal
Portal Login Information

www.benefieldbridge.com/portal
All are welcome, employees, retirees, caregivers,
Address questions about claims reimbursement process, direct deposit services
- Pension Dynamics
- Current secondary or other coverage information
- How does crossover work, how consumers can ensure that providers have most
- CoreSource
- Dental & vision coverage
- What are additional features available under Kaiser Senior Advantage, such as
- Kaiser Senior Advantage Programs
- Answers questions about federal programs, A, B, C, D and more
- Provides on-site enrollment assistance
- Medicare

Our partners:
As in the past, those who come will receive on-site assistance from
Sixth Annual Medicare Campaign Wednesday, February 4, 2015
December 12, 2014 Perata Benefits Everyone

Life Refreshments will be provided.

On-site assistance with Medicare part A/B, Kadar, and/or Kaiser Senior Advantige enrollment.
The Perata Benefits Office will be located in the Perata Boardroom.

Kaiser Permanente

Invited Guests included:

- What are the different Medicare Programs available?
- How, when, and why enroll in Medicare?
- Medicare, Perata, and More!

Join us for Workshops, free.

Come and bring a friend or caregiver.

Retirees and active employees are welcome.

Annual Medicare Enrollment Campaign

The Perata District Benefits Office

Wednesday, February 4, 2015

Sixth Annual Medicare Campaign
Days of receipt.

Receives the insurance companies deny or pay a claim within 90 days of receipt. Generally speaking, the United States Department of Insurance requires the insurance company to review the claim and determine if it is covered.

Claims are reviewed once received. Claims are also reviewed by the United States Department of Insurance.

We received a request for a claim. The request is pending but will be forwarded once received.

For a claims lag report, progressive lenses are an option. To update literature and claim form to reflect coverage for progressive lenses.
<table>
<thead>
<tr>
<th>Group ID:</th>
<th>125311</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim ID:</td>
<td>61702102193/10131714</td>
</tr>
<tr>
<td>Service Date Range:</td>
<td>06/20/11 to 12/31/17</td>
</tr>
</tbody>
</table>

Perata Community College District

Client Paid Claim by Provider Type and Cost Category

Last Report Forthcoming With Line By Line Detail

United Health Care Claim Paid Claims Report
Next Meeting-March 26, 2015
@ 10am District Board Room

Agenda Topics
- United Health Care Claims
- Audit Report
- State of the District
- Budget Review
- Other Topics?