
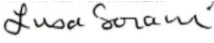


EAST BAY MUNICIPAL UTILITY DISTRICT

DATE: February 6, 2024

MEMO TO: Members of the Retirement Board

THROUGH: Cindy Charan, Director of Human Resources 

FROM: Lisa Sorani, Manager of Employee Services 

SUBJECT: Special Retirement Board Meeting – 2/6/2024

A special meeting of the Retirement Board will convene at 9:00 a.m. on Tuesday, February 6, 2024. This meeting will be conducted in person with all Retirement Board members physically present in the Administration Training Resource Center, 375 Eleventh Street, Oakland, California, which shall serve as the physical location for members of the public who wish to attend the meeting in person. Please note, however, that members of the public will also be provided the opportunity to participate via video and teleconference. Public participation will also be available by live audio stream at <https://www.ebmud.com/about-us/board-directors/board-meetings/retirement-board-meetings/>; however, listeners will not be able to provide public comment via live audio stream. To participate in the meeting or provide public comment, please see the Appendix of the Agenda for instructions on joining the Zoom meeting online or by phone.

Some staff and presenters may be attending via Zoom, which will be broadcast at the meeting.

Enclosed is the agenda for the February 6, 2024 special meeting. The package also includes the following: **(1) CONSENT items:** none; **ACTION items:** none; **(3) INFORMATION items:** HIB Study Update and Retiree HIB Utilization Correction, HIB Study:-Medicare Overview, HIB Study: Staff Administration Related to Medicare, HIB Study: Healthcare Cost Trend, **(4) REPORTS FROM THE RETIREMENT BOARD:** none.

CC:ls

Enclosure

AGENDA

EBMUD EMPLOYEES' RETIREMENT SYSTEM

February 6, 2024

A special meeting of the Retirement Board will convene at 9:00 a.m. on Tuesday, February 6, 2024. This meeting will be conducted with Retirement Board Members physically present in the Administration **Training Resource Center**, 375 Eleventh Street, Oakland, California. This location shall serve as the physical location for members of the public who wish to attend the meeting in person. Please note, however, that members of the public will also be provided the opportunity to participate via video and teleconference. Public participation will also be available by live audio stream <https://www.ebmud.com/about-us/board-directors/board-meetings/retirement-board-meetings/>; however, listeners will not be able to provide public comment via live audio stream. To participate in the meeting or provide public comment, please see the Appendix of the Agenda for instructions on joining the Zoom meeting online or by phone. Some presenters may be attending via Zoom.

Retirement Board Members: Clifford Chan, Marguerite Young, April Chan, Tim McGowan, Jae Park, and Elizabeth Grassetti

Staff to the Retirement Board: Sophia Skoda, Lourdes Matthew, Cindy Charan, Lisa Sorani, Steven Goodman-Leibof, Valerie Weekly, and Mae Shepherd

Consultants & Presenters: Alliant – Billie Brown and Thomas Sher

****Public Participation****

Please see Appendix at end of Agenda for Public Participation Details

ROLL CALL:

PUBLIC COMMENT: The Retirement Board is limited by State Law to allow public comment only on the agenda items listed in this agenda.

SPECIAL REGULAR BUSINESS MEETING

CONSENT CALENDAR:

No Items

ACTION:

No Items

INFORMATION:

1. HIB Study Update and Retiree HIB Utilization Correction – C. Charan
2. HIB Study: Medicare Overview – C. Charan
3. HIB Study: Staff Administration Related to Medicare – C. Charan
4. HIB Study: Healthcare Cost Trend – C. Charan

MEETING ADJOURNMENT:

The next regular meeting of the Retirement Board will be held on Thursday, March 21, 2024.

Retirement Board Meetings

- March 21, 2024
- April 16, 2024 (Special)
- May 23, 2024
- June 4, 2024 (Special)
- July 18, 2024
- September 19, 2024
- November 21, 2024

APPENDIX

Retirement Board Meeting
Tuesday February 6, 2024
9:00 a.m.

This meeting will be conducted with Retirement Board Members physically present in the Administration Training Resource Center, 375 Eleventh Street, Oakland, California. Members of the public are welcome to attend in person or virtually as described below. Please note that Retirement Board meetings are recorded and live-streamed.

To **view the livestream of the Retirement Board Meeting**, without making public comment, please visit: <https://www.ebmud.com/about-us/board-directors/board-meetings/retirement-board-meetings/>

If you wish to join the meeting, or to make public comment, please visit this page beforehand to familiarize yourself with Zoom. <http://support.zoom.us/hc/en-us/articles/201362193-Joining-a-Meeting>

Zoom Webinar

You are invited to a Zoom webinar.

When: Feb 6, 2024 09:00 AM Pacific Time (US and Canada)

Topic: February 6, 2024 - Retirement Board (Special) Meeting

Please click the link below to join the webinar:

<https://ebmud.zoom.us/j/84321365977>

Or One tap mobile :

+16699006833, 84321365977# US (San Jose)

+16694449171, 84321365977# US

Or Telephone:

Dial(for higher quality, dial a number based on your current location):

+1 669 900 6833 US (San Jose)

+1 669 444 9171 US

Webinar ID: 843 2136 5977

International numbers available: <https://ebmud.zoom.us/u/kMREADHp4>

Providing Public Comment

The EBMUD Retirement Board is limited by State Law to providing a brief response, asking questions for clarification, or referring a matter to staff when responding to items that are not listed on the agenda.

If you wish to provide public comment, please:


- Use the raise hand feature in Zoom to indicate you wish to make a public comment <https://support.zoom.us/hc/en-us/articles/20055661-Raising-your-hand-in-a-webinar>.
 - If you participate by phone, press *9 to raise your hand.
- When prompted by the Asst. Secretary, please state your name, affiliation, if applicable, and topic.
- The Assistant Secretary will call each speaker in the order received.
- Comments on non-agenda items will be heard at the beginning of the meeting.
- Comments on agenda items will be heard when the item is up for consideration.
- Each speaker is allotted 3 minutes to speak; The Retirement Board President has the discretion to amend this time based on the number of speakers.
- The Assistant Secretary will keep track of time and inform each speaker when time is up.

EAST BAY MUNICIPAL UTILITY DISTRICT

DATE: February 6, 2024

MEMO TO: Members of the Retirement Board

THROUGH: Cindy Charan, Director of Human Resources 

FROM: Lisa Sorani, Manager of Employee Services 

SUBJECT: HIB Study Update and Retiree HIB Utilization Correction

This memo briefly describes the information to be presented today and provides updates on additional progress made related to our Health Insurance Benefit (HIB) Study.

Correction on HIB Utilization Data

In reviewing the demographic data from the January 18, 2024 Retirement Board meeting (January meeting) and the conversation among the Board on the high number of retirees who were not utilizing the HIB, staff determined that there was an error in our data. Specifically, retirees who use external health plans but are submitting for HIB reimbursement had not been properly captured in our data. Updated reporting was created, and the number was corrected from 391 to only 78 HIB-eligible retirees who are not using the HIB benefit. The demographic data is based on the November 30, 2023 retiree payroll.

The second correction was a typo that did not change the data. In several slides, the 50% HIB maximum benefit was shown as \$125 reimbursement instead of \$225. These edits were also made to the slides. The corrected demographic slides are included as an addendum to the trend presentation from Alliant.

Stakeholders update

Staff met with the retiree Retirement Board member, Elizabeth Grassetti, and prepared a retiree survey that will be sent out next week. The survey will be run via Survey Monkey. It will be emailed to those retirees for whom we have email addresses on file. For those without an email address on file, they will receive a paper letter with instruction on how to access the survey online via phone or computer. They will also be offered the opportunity to either work with staff over the phone to complete the survey on their behalf or to receive a paper copy of the survey to complete.

Board of Directors Guidance

In response to the comment from Director Young at the January meeting on the need to understand the purpose or the goal in making an adjustment to the HIB, staff will seek guidance from the Board of Directors, in connection with discussions on labor negotiations in April, to support the build of proposals in June.

HIB Study Schedule - Remaining Meetings

Meeting Date	HIB Study Topic
April 16, 2024 (special) 9:00 a.m. – 12:00 p.m.	<i>Review and discuss detailed benchmark data related to District HIB vs. competitor retiree health benefits, historically and today.</i>
June 4, 2024 (special) 9:00 a.m. – 12:00 p.m.	<i>Working session to consider and build HIB proposals for final costing.</i>
July 18, 2024 8:30 a.m. – 1:00 p.m.	<i>Authorize proposal to send to Board of Directors</i>

The memos and presentations from today's meeting will be sent to the Board of Directors.

CC:LS:ls



Medicare & Employer-Sponsored Health Coverage

February 6, 2024

Presented By Alliant:

Tom Sher, Senior Vice President

Billie Brown, Vice President



Today's Agenda

- I. About Medicare
- II. Employer Medicare-related responsibilities
- III. What employees approaching Medicare age want to know
- IV. Educational strategies



About Medicare

The History of Medicare 2004 to Present

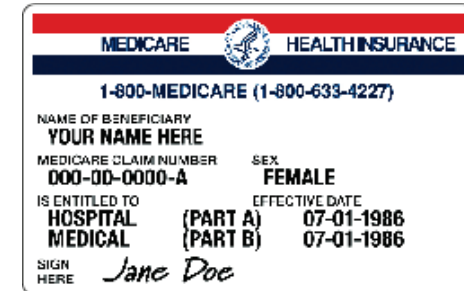
Medicare is a U.S. government program that provides health insurance for individuals aged 65 and older, as well as certain younger individuals with disabilities. From 2004 to present, several notable developments have shaped the history of Medicare:

- 1. Medicare Modernization Act (2003):** Enacted in 2003, this legislation introduced significant changes to Medicare. It created Medicare Part D, a prescription drug benefit, and allowed private insurance companies to offer Medicare Advantage plans.
- 2. Implementation of Medicare Part D (2006):** Medicare Part D, the prescription drug benefit, was launched in 2006. It provided beneficiaries with access to prescription drug coverage through private insurance plans.
- 3. Affordable Care Act (2010):** The Affordable Care Act (ACA) included provisions aimed at improving Medicare. It gradually closed the prescription drug coverage gap (known as the "donut hole") in Medicare Part D and introduced various cost-saving measures.
- 4. Quality Initiatives and Payment Reforms:** In recent years, there has been a focus on improving the quality of care provided under Medicare. Payment reforms, such as accountable care organizations (ACOs) and bundled payments, aim to enhance efficiency and outcomes.
- 5. Telehealth Expansion (2020s):** The COVID-19 pandemic accelerated the adoption of telehealth services. Medicare responded by expanding coverage for telehealth visits, allowing beneficiaries to receive medical care remotely.
- 6. Policy Adjustments and Legislative Changes:** Over the years, there have been ongoing policy adjustments and legislative changes to address challenges and adapt to the evolving healthcare landscape. These changes often involve efforts to control costs, improve access to care, and enhance the overall sustainability of the Medicare program.

About Medicare

You're eligible for Original Medicare (Parts A and B) if you are:

- 65 years old, or
- under 65 and qualify on the basis of disability or other special situation
- and you are -
- a U.S. citizen or a legal resident who has lived in the United States for at least five consecutive years



Part A

- Hospital stays
- Skilled nursing
- Home health



Part B

- Doctor's visits
- Outpatient care
- Screenings and shots
- Lab tests



Part D

- Prescription Drug Coverage

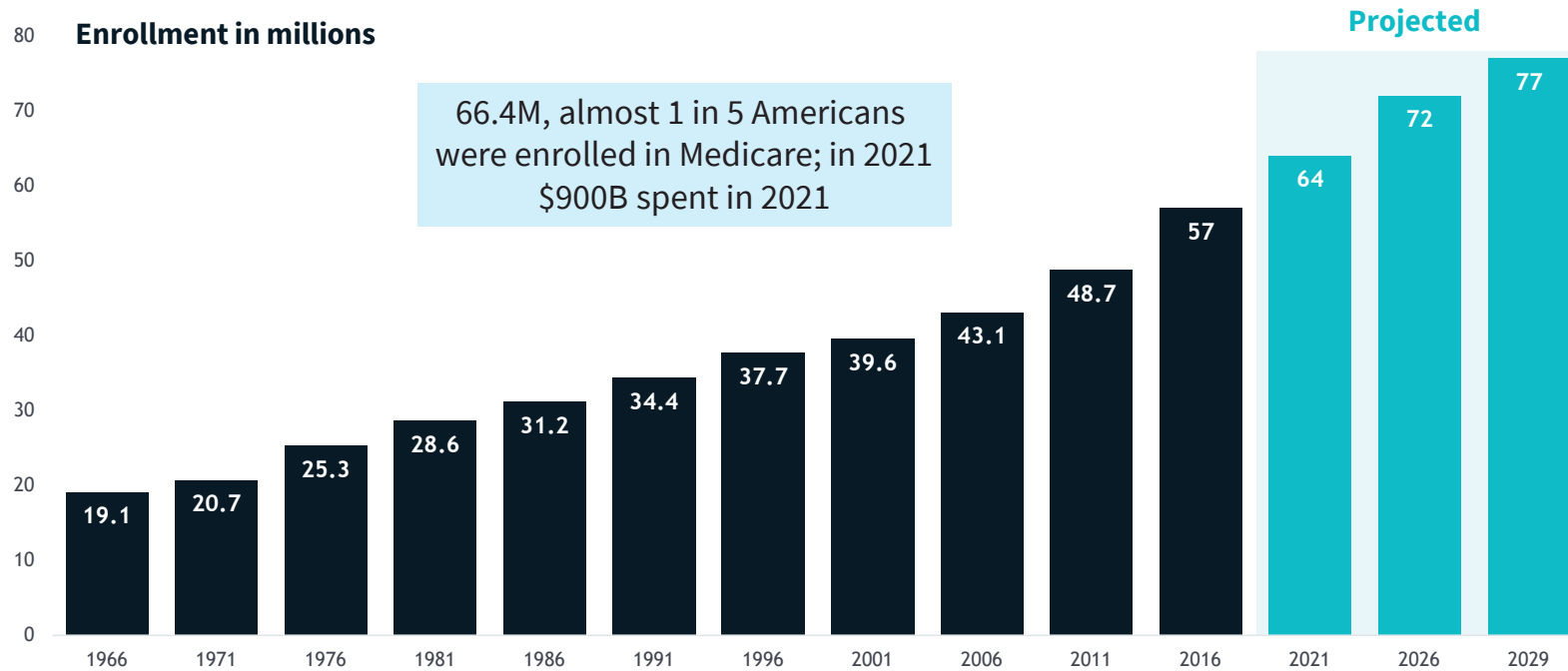


Part C

- Medicare Advantage pays in place of Parts A & B and can integrate Part D

Medicare Enrollment

Enrollment in Medicare is projected to increase an average of 1.5 million beneficiaries per year from 2021 to 2029.

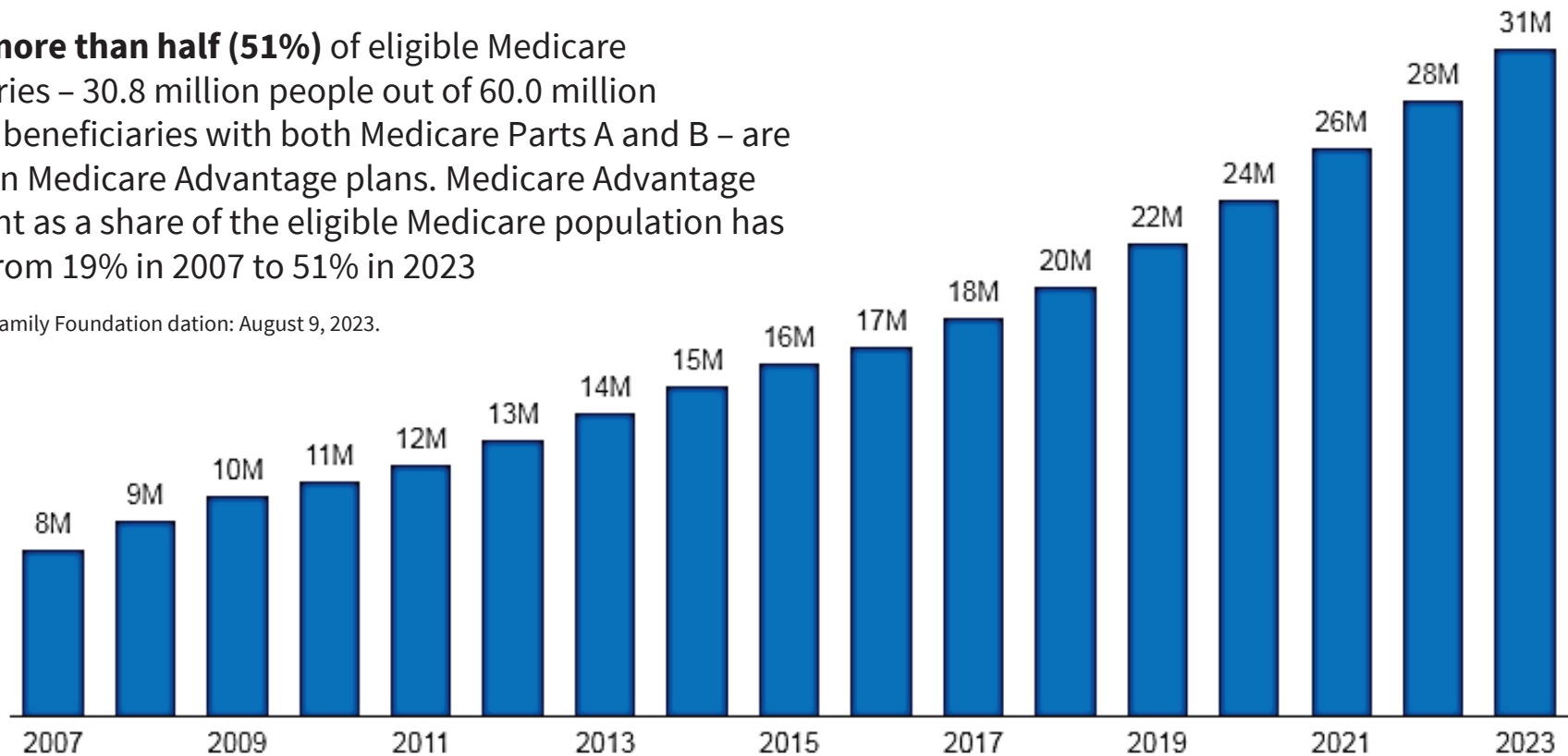


Source: Centers for Medicare and Medicaid Services, Program Statistics, 1965-2018, and Congressional Budget Office, Medicare Baseline, March 2020.

Medicare Advantage Enrollment as % of All Medicare Enrollees

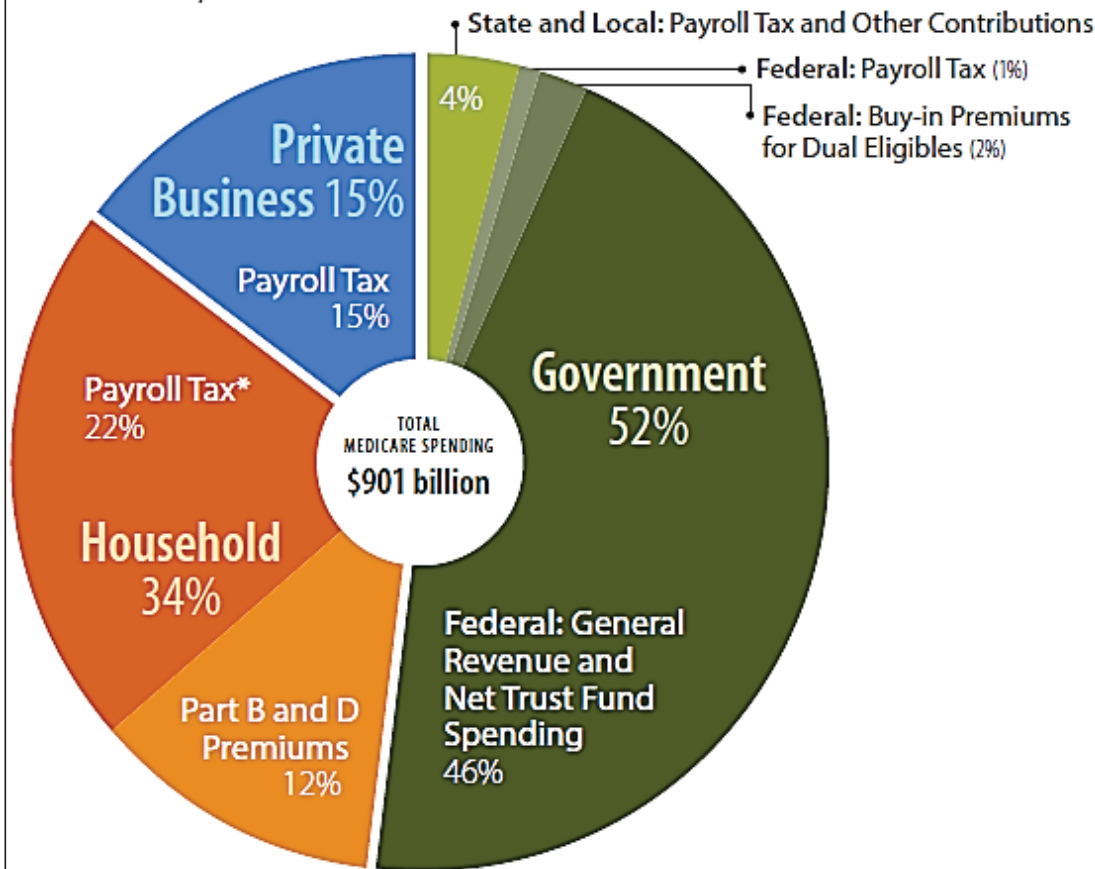
In 2023, **more than half (51%)** of eligible Medicare beneficiaries – 30.8 million people out of 60.0 million Medicare beneficiaries with both Medicare Parts A and B – are enrolled in Medicare Advantage plans. Medicare Advantage enrollment as a share of the eligible Medicare population has jumped from 19% in 2007 to 51% in 2023

Source: Kaiser Family Foundation data: August 9, 2023.



Medicare Financing

Medicare, by Sponsor
United States, 2021



Medicare is financed by general revenue, payroll taxes, and premiums.

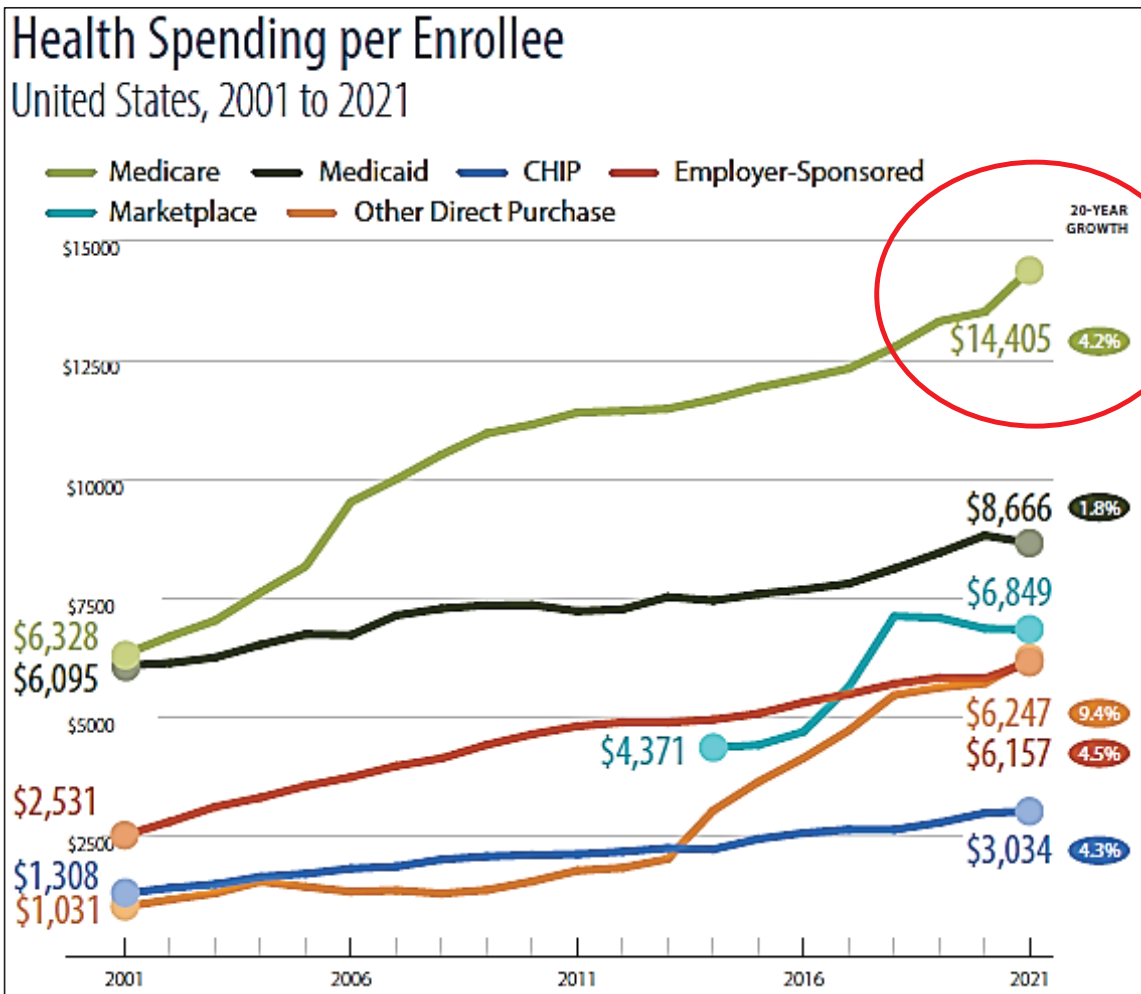
In 2021, government sources accounted for about half of Medicare spending, mainly from federal general revenue and net trust fund spending.

Households funded about a third of Medicare, by workers remitting payroll taxes and enrollees paying Medicare Part B and D premiums.

Private business payroll taxes accounted for the remaining 15%. *California Health Care Foundation, August 2023*

Source: National Health Expenditure historical data (1960–2021), Centers for Medicare & Medicaid Services.

Medicare Spending: 2001 to 2021



Since 2001, Medicare and Medicaid per enrollee spending trajectories have diverged. Expanded Medicare benefits, such as the introduction of prescription drug coverage in 2006, added to Medicare spending. Shifts in Medicaid eligibility to cover more adults who are not disabled have contributed to slower growth in Medicaid per enrollee spending. *California Health Care Foundation, August 2023*

Source: National Health Expenditure historical data (1960–2021), Centers for Medicare & Medicaid Services.



Employer Medicare-Related Responsibilities

Employers and Employees & Medicare

■ Highlights

- There are deadlines for employees approaching Medicare age to enroll in Medicare A and B
 - Deadlines vary by coverage status
- Employer-sponsored group insurance is primary for employees over-65 and eligible for Medicare
 - However, employer-sponsored COBRA coverage will be secondary to Medicare
- Medicare-eligible employees have options and may have non-Medicare eligible dependents who need full employer plan coverage
- Medicare-eligible employees may no longer contribute to an HSA

What Employees Approaching Medicare Age Want to Know

I'm About to Turn 65. Now What?



- I've paid into Medicare for my whole working life and so has my employer.
- What happens now? What is Medicare? Does my coverage change if I'm still working?
- What happens when I retire? Are the benefits as good as my employer plan?
- I have a lot of questions!

When Do Medicare Benefits Start?



Q: Does my health insurance coverage change if I'm still working when I turn 65?

A: No, your employer group insurance pays first and you don't have to sign up for Medicare until you stop working.

Q: Can I take Medicare instead of my group employer coverage, if I remain actively employed?

A: Yes. This is a great opportunity to explore your options.

Q: What do I do when I stop working?

A: You have to sign up for Medicare A and B within 8 months of the earlier of the end of your employment or the end of your employer coverage.

Medicare Benefits and Costs

Q: What health care services does Medicare cover and do I have to pay anything for coverage?

A: Medicare covers about 80% of inpatient hospital and medical expenses (Part A) at no monthly premium cost to you, but you have to pay for coverage of Part B and Part D services.



Part A

- Hospital stays
- Skilled nursing
- Home health



Part B

- Doctor's visits
- Outpatient care
- Screenings and shots
- Lab tests



Part D

- Prescription Drug Coverage



Part C

- Medicare Advantage pays in place of Parts A & B and can integrate Part D

Medicare Benefits and Costs



Q: How much will I have to pay for Medicare Parts B and D?

A: For Part B you pay \$174.70 per month (2024 rate). If your annual income exceeds \$103,000, Part B premiums increase in tiers starting at \$244.60 per month but never more than \$594.00 per month.

For Part D, the monthly cost of coverage can range from \$0 to more than \$100 depending on your income, how good the coverage is and where you live.



Part B

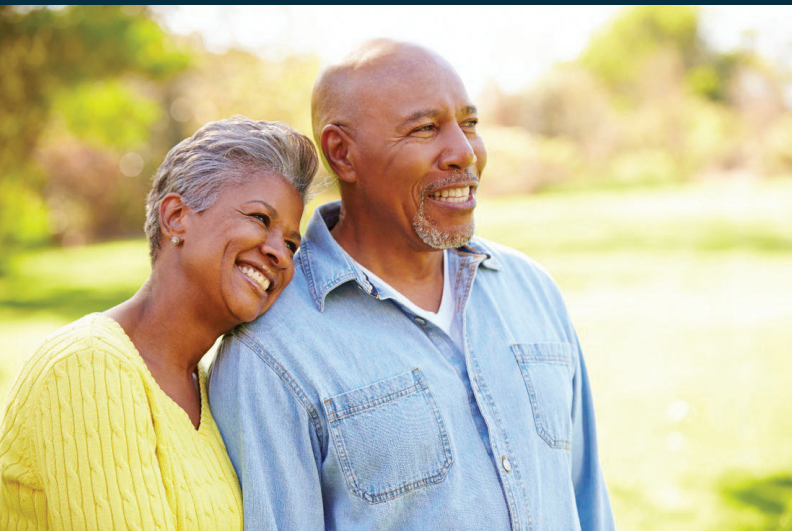
- Doctor's visits
- Outpatient care
- Screenings and shots
- Lab tests



Part D

- Prescription Drug Coverage

Gaps in Medicare Coverage



Q: Will I have to pay deductibles, co-insurance and co-pays if I have Medicare Parts A, B and D?

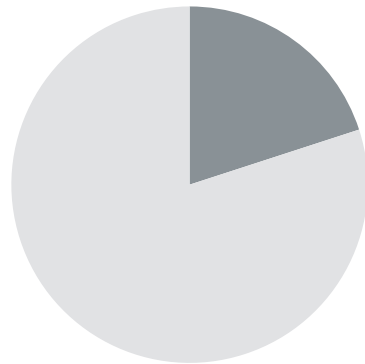
A: Yes, when taken together, without supplemental coverage Medicare Parts A, B and D cover only about 80% of the average annual cost of care for a Medicare enrollee (source: Kaiser Family Foundation).

- **Part A** has a deductible of nearly \$1,632 (2024) for each inpatient hospital benefit period and limits on the number of days it will pay for hospitalization.
- **Part B** has a deductible of \$240 and pays 80% for covered services. There is no maximum out-of-pocket limit on patient cost-sharing.
- **Part D** plans may have a deductible of as much as \$505 and co-payments or co-insurance
- Medicare does not cover dental, vision, hearing and long-term care expenses.

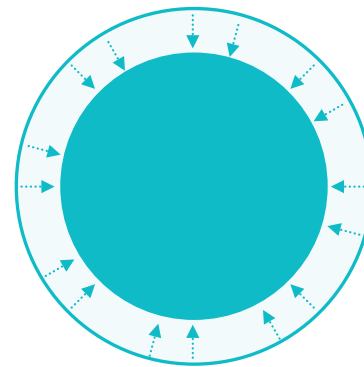
Medicare Supplemental Coverage Options

Q: What kind of plans can I get that will fill in the gaps in Medicare coverage?

A: Choices include group and individual Medicare Supplement (MediGap) and Medicare Advantage (MA) plans. They work very differently and offer different services at very different price points.



- ✓ Medicare Paid
- ✓ Suppl. Plan Paid



- ✓ MA Plan Paid

MediGap Options

Q: *What are MediGap plans?*

A: Federally standardized MediGap plans A - N offered in **most** states

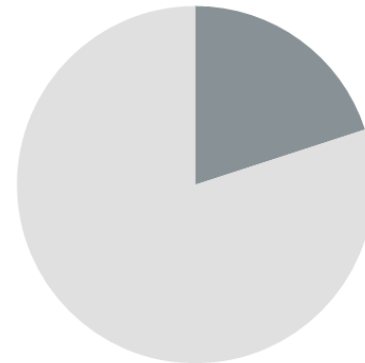
- All policies offer the same basic benefits
- Monthly premium may vary
- **These plans do not cover prescription drugs; Part D drug plans must be purchased separately**
- You must be enrolled in Medicare A and B

MediGap Options

Q: *How Do MediGap plans work?*

A: Medicare pays first, MediGap plans pay second

- Claim forms may be required
- Works best with doctors who accept Medicare



- ✓ Medicare Paid
- ✓ Suppl. Plan Paid



Medicare Part D Plans

Q: *How Do Medicare Part D plans work?*

A: Prescription drug plans, called Medicare Part D, are private insurance plans that cover medications that are not included in Medicare Part A (hospital insurance) and Medicare Part B (medical insurance).

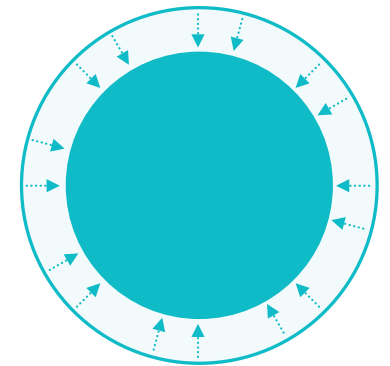
You can also bundle your prescription drug coverage into a Medicare Advantage plan that combines Medicare Parts A, B and D with other add-on benefits.

Medicare Advantage Options

Q: *What are Medicare Advantage plans?*

A: The US Government pays insurers to take the risk of providing Medicare benefits and offers incentives for better care

- Less paperwork
- Lower cost
- PPO and HMO available
- You must enroll in Medicare A and B



✓ MA Plan Paid

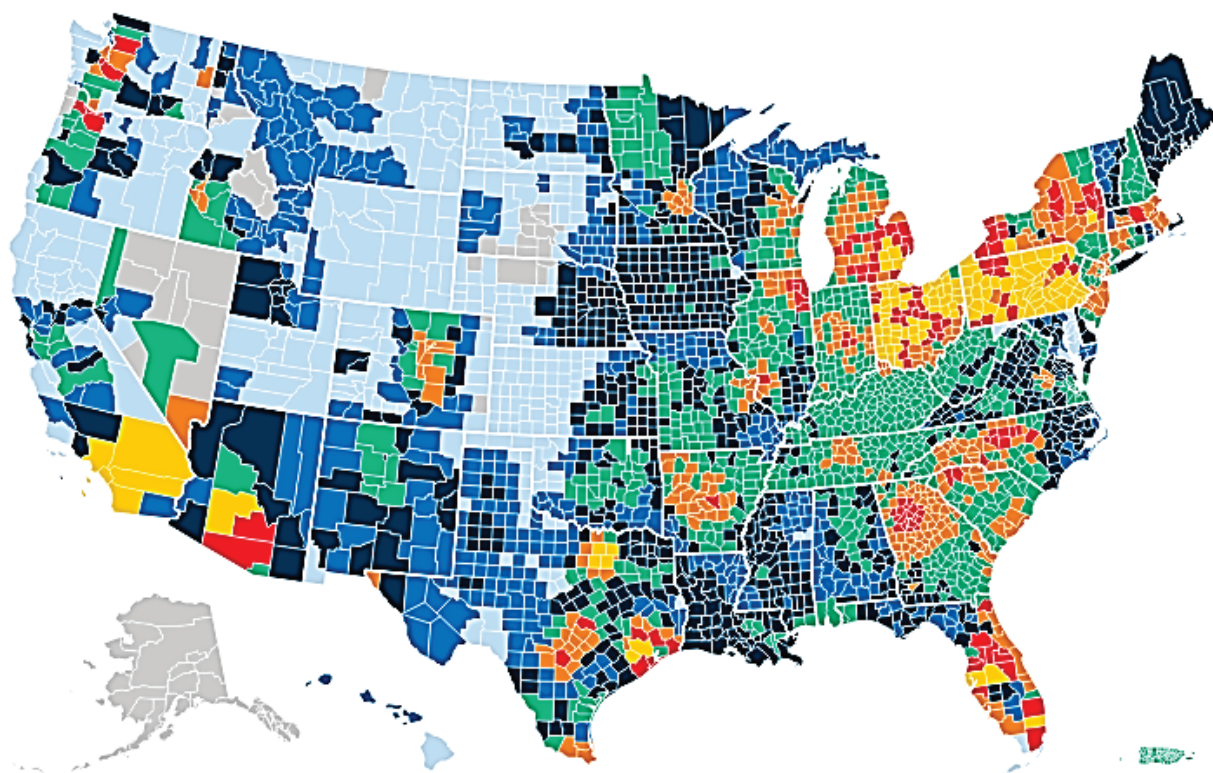
Premium Rates for Retiree Medicare Plans

Coverage (1)	Medigap		Medicare Advantage			
	Most	Least	Most		Least	
Medicare Part A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Medicare Part B (2)	\$174.70	\$174.70	\$174.70	\$174.70	\$174.70	\$174.70
UHC Medigap Plan F	\$240.16					
UHC Medigap Plan K		\$74.65				
AARP UHC MA PPO						\$0.00
UHC Part D Pref'd Rx Plan	\$121.60					
UHC Part D Saver Rx Plan		\$80.40				
EBMUD UHC MA PPO (3)			\$412.45			
EBMUD Kaiser MA HMO - High (3)				\$304.56		
EBMUD Kaiser MA HMO - Low (3)					\$245.71	
Total	\$536.46	\$329.75	\$587.15	\$479.26	\$420.41	\$174.70

1. AARP Website 1-15-24; United Healthcare (UHC) Individual plans, Alameda County Zip 94607. Male, age 70
2. Part B Premium for Medicare Part B with income less than \$103,000
3. EBMUD Group Medicare Advantage Plans

Access to Medicare Advantage Plans

0 plans (68 counties) 1-10 plans (342 counties) 11-20 plans (507 counties) 21-30 plans (783 counties)
31-40 plans (893 counties) 41-50 plans (369 counties) 51-60 plans (136 counties) 61 or more plans (125 counties)



One-third of Medicare beneficiaries (in 8 percent of counties) have more than 50 Medicare Advantage plans available where they live in 2024. Only 68 of 3,223 counties (2.1%) have no access.
Kaiser Family Foundation

NOTE: Excludes SNPs, EGHPs, HCPPs, PACE plans, cost plans, and MMPs.
SOURCE: KFF analysis of CMS Landscape files for 2024. • PNG

KFF



Educational Strategies for Employees Approaching Medicare Age



Educational Strategies for Employers

- Do it Yourself
 - Extra burden on HR Staff
 - Employee/retiree support and administration can be complex
 - Markets and options change
- Get Some Help

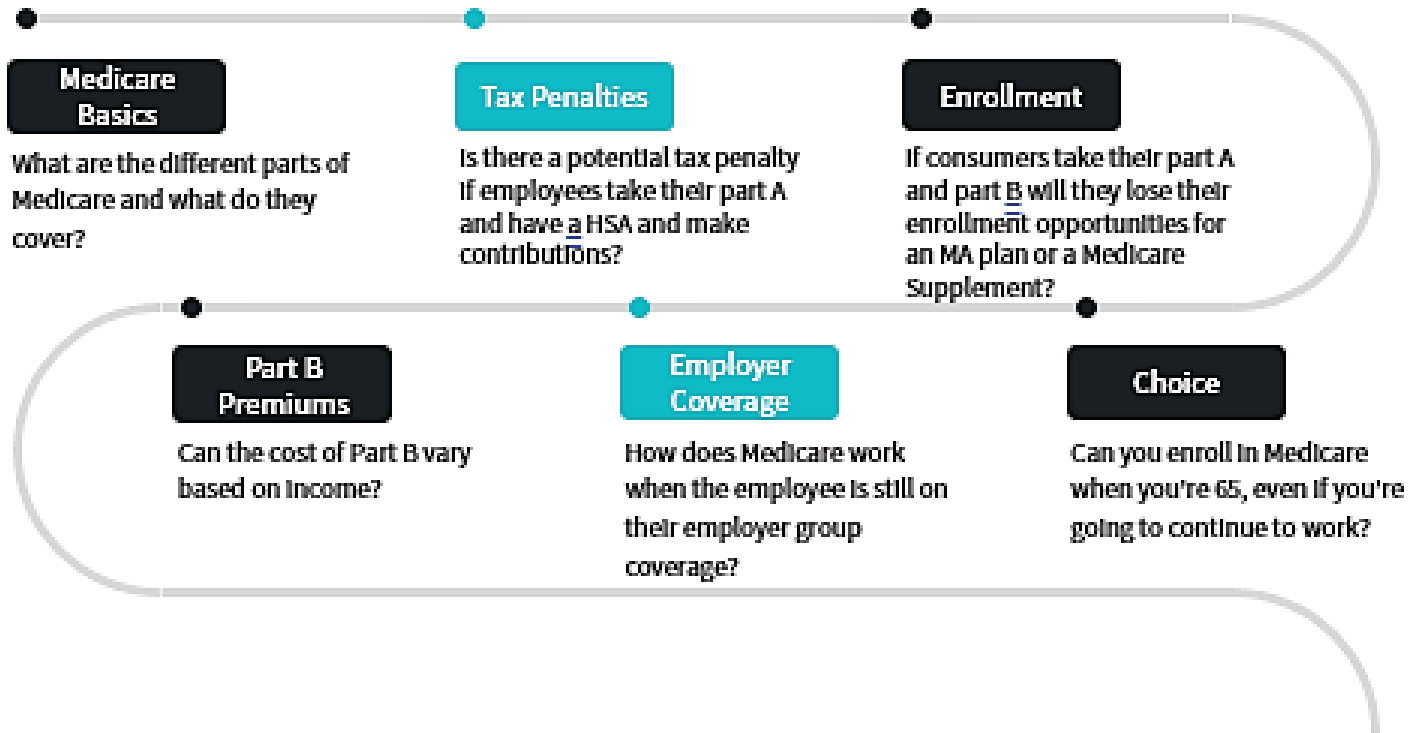
HICAP



- HICAP is the Health Insurance Counseling & Advocacy Program
- They provide free and objective information and counseling about Medicare
- Offer free educational presentations to groups of Medicare beneficiaries, their families and/or providers on a variety of Medicare and other health insurance related topics

Educational Strategies for Employers

Questions Along The Path Navigating Medicare




EAST BAY MUNICIPAL UTILITY DISTRICT

DATE: February 6, 2024

MEMO TO: Members of the Retirement Board

THROUGH: Cindy Charan, Director of Human Resources 

FROM: Lisa Sorani, Manager of Employee Services 

SUBJECT: HIB Study: Staff Administration Related to Medicare

This memo briefly describes the procedures staff follow when employees and retirees transition to Medicare eligibility at age 65.

Employees Turning Age 65

In general, District employees who are turning 65 and enrolled in District health insurance plans are not required to sign up for Medicare when they turn age 65. They may qualify for a Medicare Special Enrollment Period (SEP) that allows them to sign up for Part B when their employment ends or employer-provided medical coverage ends (whichever comes first). This will prevent delay in coverage and possible penalty.

Some employees elect to enroll in Medicare under the SEP while still employed. To enroll under a SEP, they must complete two forms and return them to the Social Security office. District staff fill out a section of one form for the employee confirming that the current healthcare coverage is based on employment.

If an employee does elect to sign up and pay for Medicare Part B while still employed, they can use Medicare benefits as secondary coverage for applicable healthcare expenses.

In addition to Parts A and B, Medicare offers prescription drug coverage under Part D. Part D benefits are available as a stand-alone plan where you pay an extra monthly premium for coverage. Similar to Parts A and B, there can be a penalty if you do not sign up when you become eligible. The District employee health plans are “creditable” plans, a Medicare term meaning a plan whose prescription drug coverage is equivalent to or more robust than a Medicare Part D plan, so employees can choose not to enroll in a Part D plan without risk of incurring a penalty for waiting to enroll in Part D until after employment ends.

Information regarding our health plan creditable coverage is required to be included in the annual Open Enrollment brochure that is mailed home to each employee in advance of the annual benefit Open Enrollment. Medicare reaches out to people via a mailed package approximately three months prior to their 65th birthday. This package includes an initial Medicare enrollment

packet, which contains information about what options exist if the person is still actively employed and has employer group health benefits.

Retirees Turning Age 65

As employees move through the retirement process, District staff will inform them about applying for Medicare if the employee will be age 65 at the time of their retirement. If the employee is already age 65, they need to apply for Medicare a few months prior to their retirement date, as Medicare Parts A and B coverage are required to enroll in a District Senior Medical Plan. If the employee is not age 65 when they retire, District staff will contact the retiree six months ahead of their 65th birthday and remind them to sign up for Medicare coverage.

The District Senior health plans are Medicare Advantage plans. Retirees must assign their Medicare Parts A and B to the plan, and the plan includes creditable prescription drug coverage, which acts as the Part D enrollment for the retiree. If retirees do not sign up for Medicare in a timely manner, they may pay a higher premium for their health plan.

Retirees need to live within the service area for their District health plan. Occasionally, some upcountry employees who are able to enroll in a Kaiser Permanente (Kaiser) plan as an employee under our “live/work” rule by using the District address will need to transition into another District Senior medical plan once they turn 65 if their home zip code is outside of the Kaiser service area.

Information regarding Medicare Part D (Notice of Creditable Coverage) is also included in the annual Open Enrollment Retiree brochure that is mailed home to each retiree in advance of the annual benefit Open Enrollment.

CC:LS:ls



EBMUD HIB Overview and Health Plans

February 6, 2024

Presented By Alliant:

Tom Sher, Senior Vice President

Billie Brown, Vice President



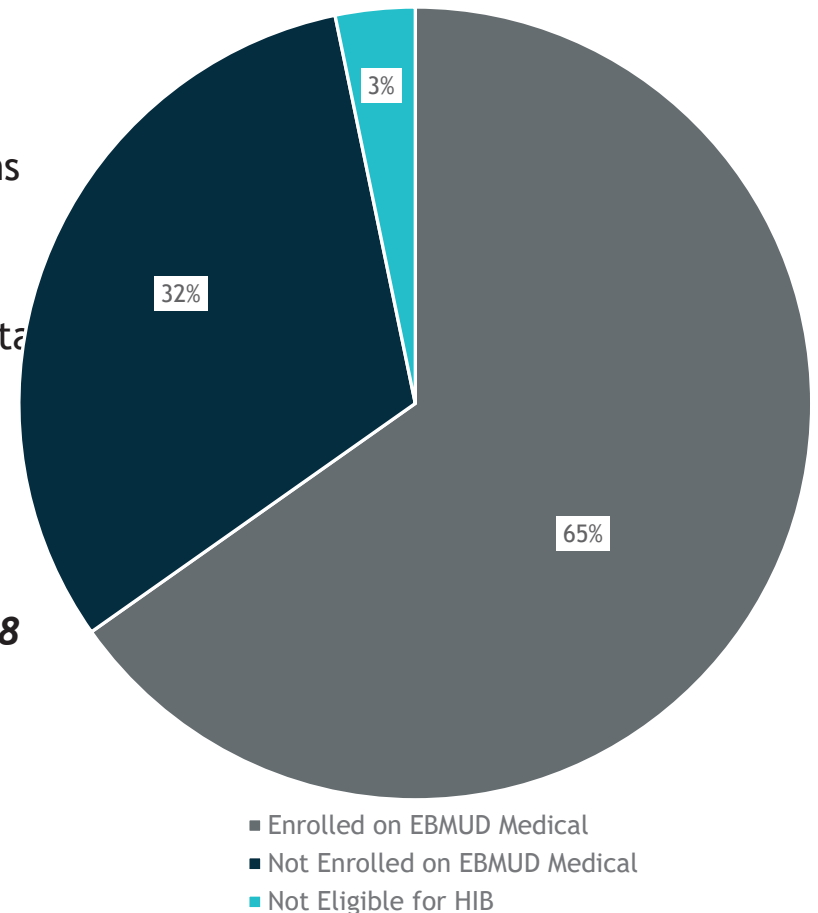
Today's Agenda

- I. Trend and Rate History
- II. Medicare Retirees
- III. Non-Medicare Retirees
- IV. HIB History
- V. Appendix:
 - I. 1/18/2024 Presentation
 - II. Current EBMUD Plan Options

Recap of HIB Retiree Status

- There are 2,034* District retirees
 - 1,967 retirees (97%) are eligible for the HIB benefit (including deferred retirees)
 - 1,326 (65%) are enrolled in District-sponsored health plans
 - 641 (32%) are NOT enrolled in District-sponsored health plans but are eligible to use the HIB benefit for other eligible expenses including non-District health plans, dental vision and long-term care insurance premiums
 - Out of the 641 retirees not enrolled on a District-sponsored health plan, **78** are not utilizing the HIB benefit
 - **Note - this number has been corrected from the 1/18 presentation after receiving updated data from EBMUD staff**
 - 67 (3%) are not eligible for the HIB benefit

EBMUD Retirees and HIB Status



*Data is as of 11/30/2023 retiree payroll



Trend and Rate History

EBMUD Medicare Plan Cost Trends 10 Year Renewal History

	Non-Medicare Plans										
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Average
Kaiser HMO	-4.4%	8.1%	-3.7%	5.6%	6.2%	6.5%	3.4%	3.2%	0.1%	22.3%	4.73%
Kaiser HDHP	N/A	8.1%	-1.3%	5.6%	6.0%	6.5%	3.4%	3.2%	0.1%	22.3%	6.00%
Health Net (HMO and HDHP)*	9.9%	7.0%	8.5%	8.2%	N/A						8.40%
Sutter Health Plus*	N/A					6.1%	5.3%	6.6%	6.5%	4.6%	5.82%
Anthem (ACWA) - Classic PPO	0.0%	13.9%	11.9%	4.5%	1.7%	-0.1%	0.0%	-5.0%	-10.0%	12.0%	2.89%
Anthem (ACWA) - CDHP	0.0%	11.1%	11.9%	4.5%	1.1%	0.2%	0.0%	-5.0%	-10.0%	12.0%	2.58%
AVERAGE RENEWAL	1.37%	9.64%	5.46%	5.68%	3.75%	3.84%	2.43%	0.62%	-2.65%	14.63%	4.48%

Notes:
 Health Net changed to SHP eff. 1/1/2019 with a significant rate decrease (-45.6%)
 Health Net Seniority Plus plan was terminated on 1/1/2019; members moved to KPSA or Anthem Classic Medicare
 Anthem Classic Medicare plan was replaced by UHC Medicare Advantage on 1/1/2022

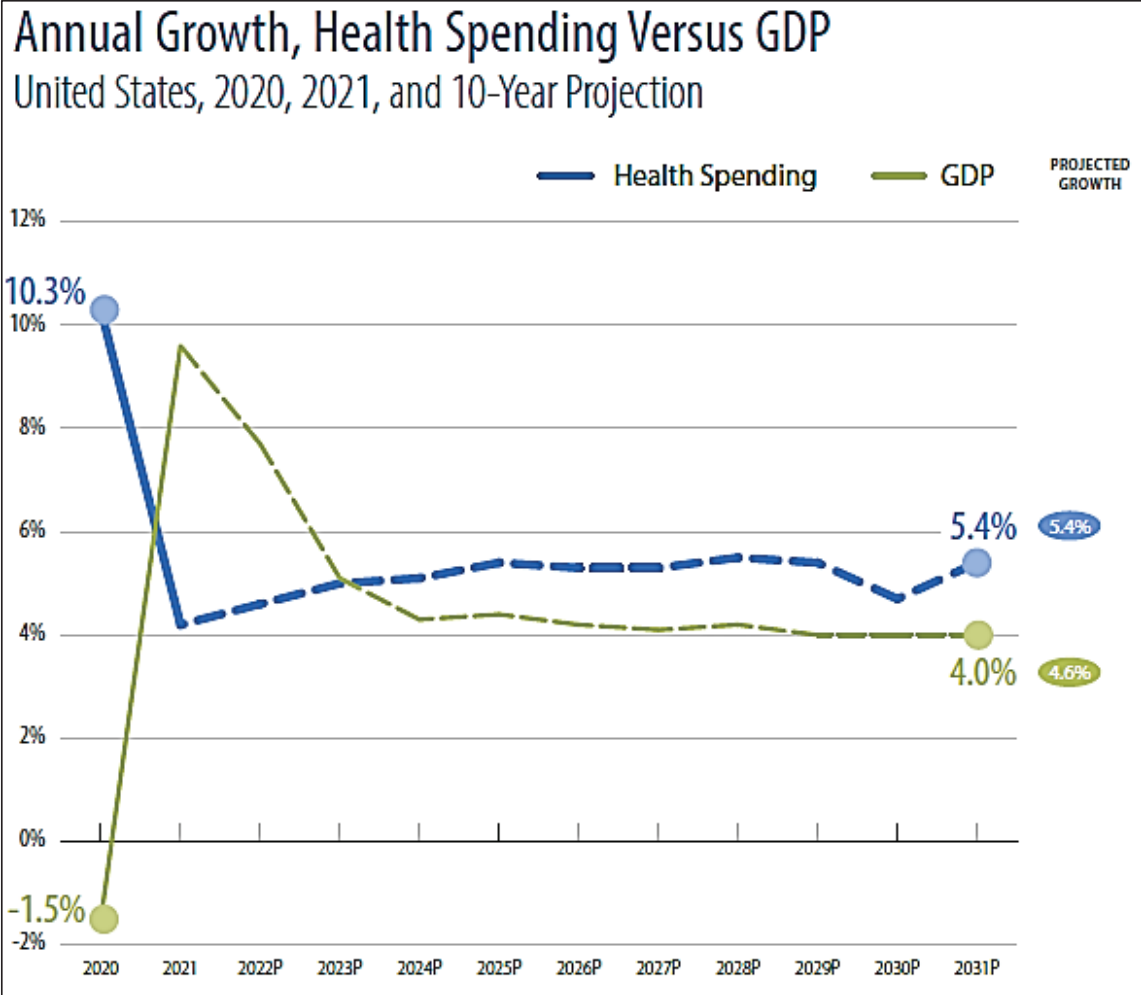
EBMUD Medicare Plan Cost Trends 10 Year Renewal History

	Medicare Plans										
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Average
Anthem (ACWA) - Classic Medicare*	0.00%	0.00%	11.40%	4.40%	1.00%	-0.03%	0%	N/A			2.40%
Health Net Seniority Plus*	5.00%	5.00%	-4.60%	3.50%	N/A						2.23%
UHC Medicare Advantage (ACWA)*	N/A							3.10%	1.90%		2.50%
KPSA - Low	0.51%	0.70%	0.60%	4.40%	7.80%	0.40%	-8.60%	-8.76%	-12.58%	17.10%	0.16%
KPSA - High	-0.46%	1.30%	6.30%	7.10%	7.90%	2.70%	-7.28%	-7.20%	-10.15%	15.20%	1.54%
AVERAGE RENEWAL	1.26%	1.75%	3.43%	4.85%	5.57%	1.02%	-5.29%	-7.98%	-6.54%	11.40%	0.95%

Notes:

Health Net Seniority Plus plan was terminated on 1/1/2019; members moved to KPSA or Anthem Classic Medicare
 Anthem Classic Medicare plan was replaced by UHC Medicare Advantage on 1/1/2022

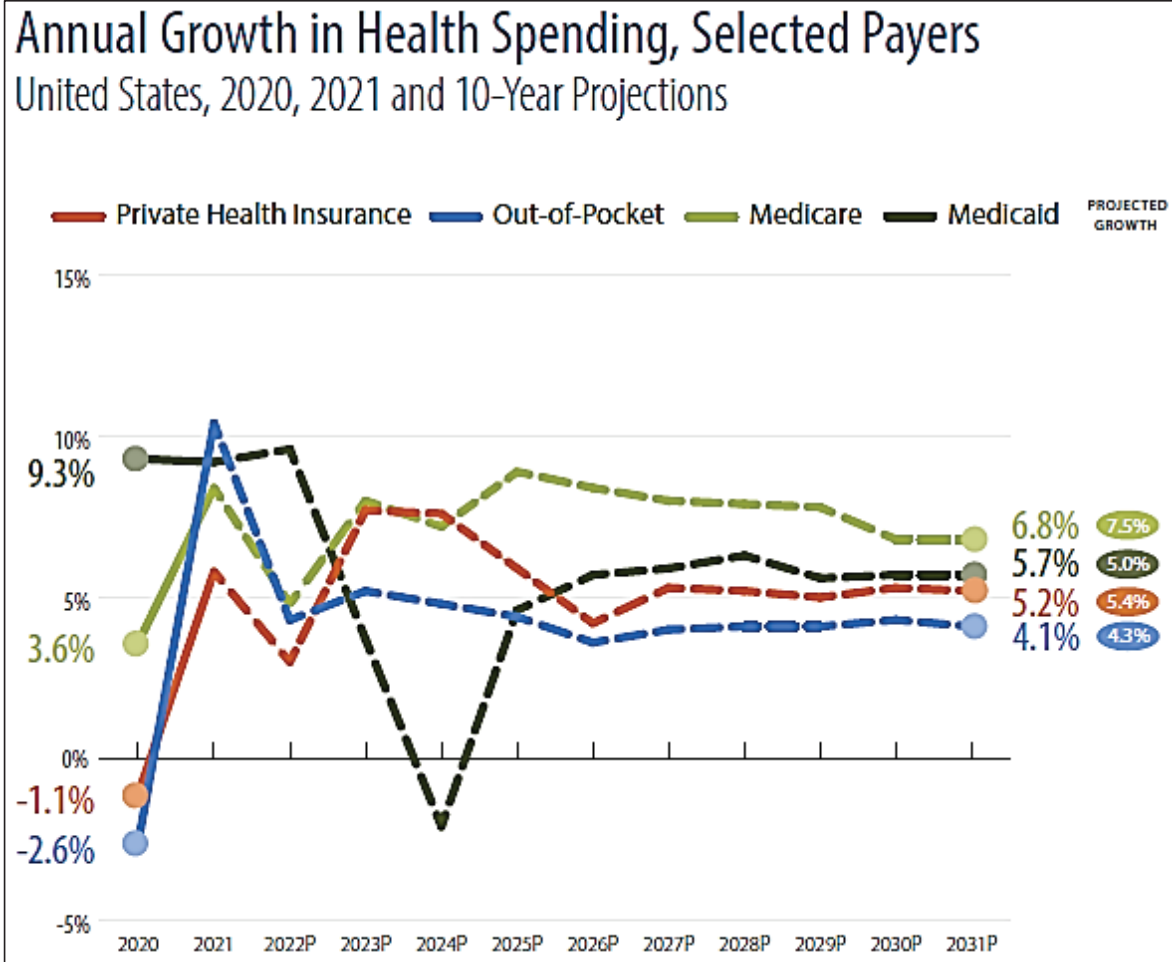
Health Insurance and Medical Trend



Between 2022 and 2031, the 5.4% average annual growth rate for health spending is expected to outpace the gross domestic product (GDP) growth of 4.6%. As a result, health spending's share of GDP is projected to be 19.6% in 2031 (not shown). *California Health Care Foundation, August 2023*

Sources: National Health Expenditure (NHE) historical data (1960–2020), Centers for Medicare & Medicaid Services (CMS); and NHE projections (2022–31), CMS.

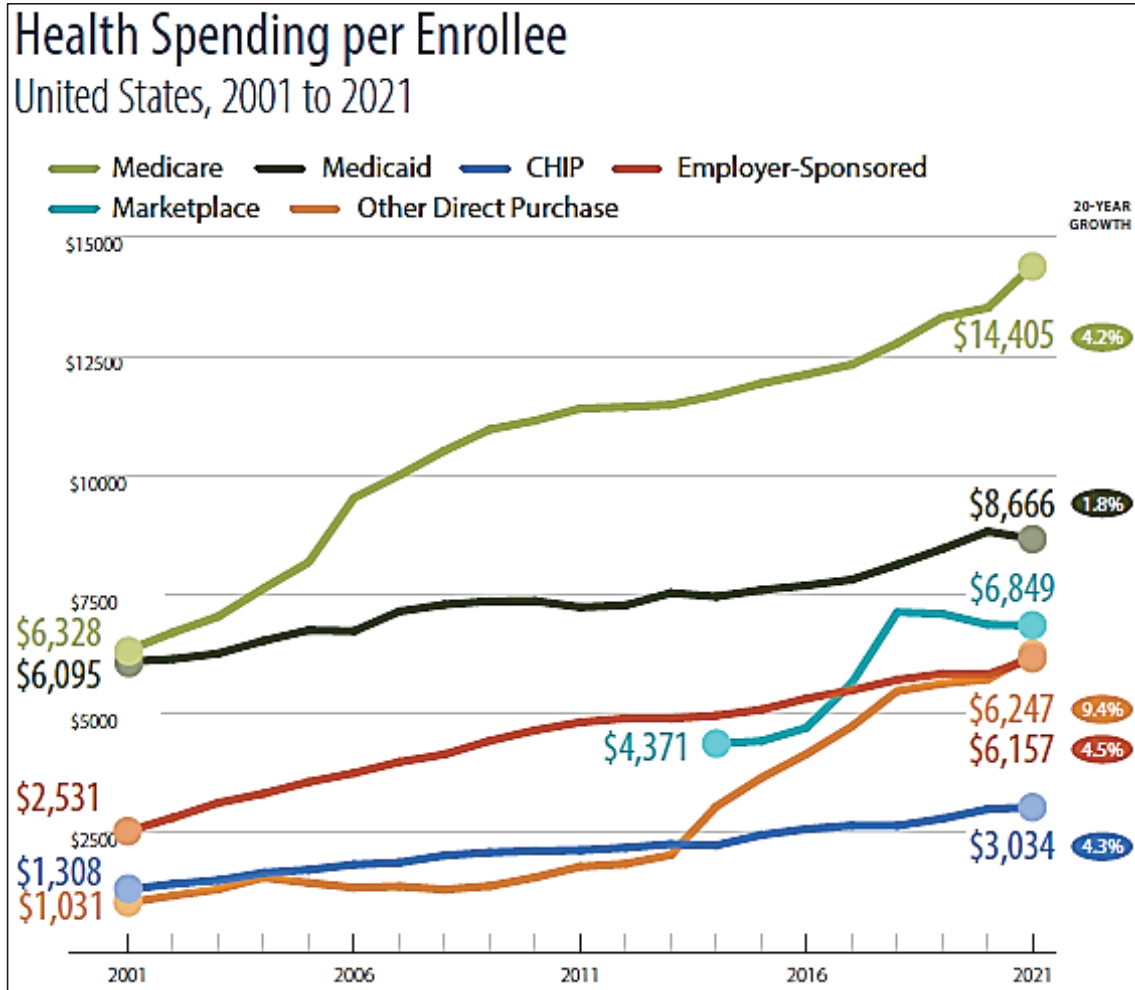
Health Insurance and Medical Trend



Medicare is projected to grow faster than other payers between 2022 and 2031. *California Health Care Foundation, August 2023*

Sources: Anne B. Martin et al., "National Health Care Spending in 2021: Decline in Federal Spending Outweighs Greater Use of Health Care," *Health Affairs* 42, no. 1 (Jan. 2023), exhibit 4; National Health Expenditure (NHE) historical data (1960–2021), Centers for Medicare & Medicaid Services (CMS); and NHE projections (2022–31), CMS..

Health Insurance and Medical Trend



Since 2001, Medicare and Medicaid per enrollee spending trajectories have diverged. Expanded Medicare benefits, such as the introduction of prescription drug coverage in 2006, added to Medicare spending. Shifts in Medicaid eligibility to cover more adults who are not disabled have contributed to slower growth in Medicaid per enrollee spending. *California Health Care Foundation, August 2023*

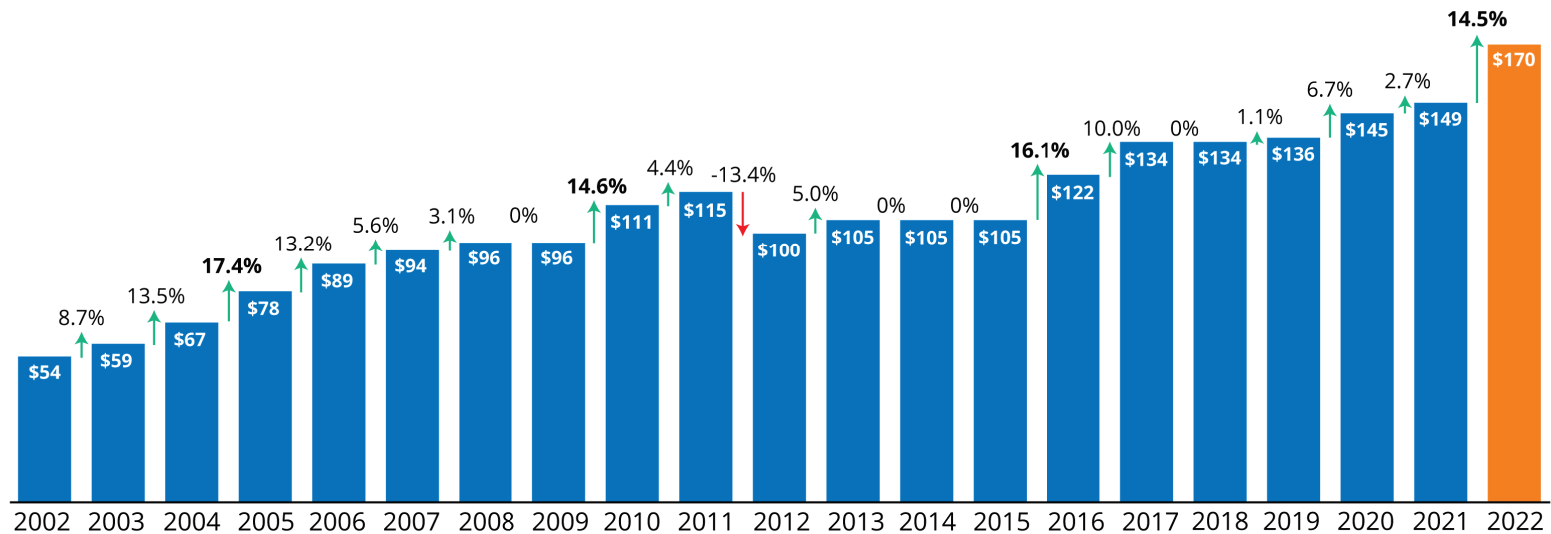
Source: National Health Expenditure historical data (1960–2021), Centers for Medicare & Medicaid Services.

History of Medicare Part B Premiums

- 2023 Part B premiums decreased by -3.3% and 2024 Part B premiums increased by +5.7%.
- Since 2002 the average increase was 5.7% (5.37% over the last 10 years).

The Medicare Part B Premium Rose to \$170.10 per Month in 2022

14.5% Increase is Among the Largest in Program History



NOTE: Monthly premiums are rounded in this exhibit.

SOURCE: KFF analysis of the 2021 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds and CMS, "Medicare Program; Medicare Part B Monthly Actuarial Rates, Premium Rates, and Annual Deductible Beginning January 1, 2022," 86 Federal Register 64205, November 17, 2021.



Health Insurance and Medical Trend

Fiscal Year	Approximate Trend Rate (%)		Calendar Year	Trend Rate Applied to Calculate Following Year Premium (%)	
	Non-Medicare	Medicare		Non-Medicare	Medicare
2024-2025	7.375	6.375	2024	7.50	6.50
2025-2026	7.125	6.125	2025	7.25	6.25
2026-2027	6.875	5.875	2026	7.00	6.00
2027-2028	6.625	5.625	2027	6.75	5.75
2028-2029	6.375	5.375	2028	6.50	5.50
2029-2030	6.125	5.125	2029	6.25	5.25
2030-2031	5.875	4.875	2030	6.00	5.00
2031-2032	5.625	4.625	2031	5.75	4.75
2032-2033	5.375	4.500	2032	5.50	4.50
2033-2034	5.125	4.500	2033	5.25	4.50
2034-2035	4.875	4.500	2034	5.00	4.50
2035-2036	4.625	4.500	2035	4.75	4.50
2036 and later	4.500	4.500	2036	4.50	4.50

The health insurance premium 5 and 10 year rate forecasts in this presentation are intended to be consistent with health care premium trend rate assumptions from the Segal Report “*Governmental Accounting Standards Board Statement (GASBS) 74 Actuarial Valuation for the Health Insurance Benefit Plan, As of June 30, 2023.*”

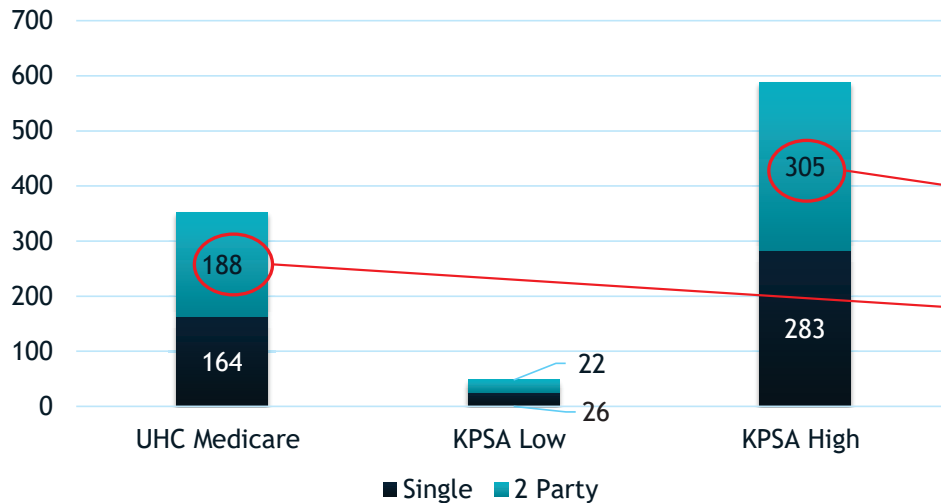


Medicare Plans

Medicare Retirees

- 988 Medicare retirees with 20 or more years of service are eligible for 100% of the HIB reimbursement benefit
 - The out-of-pocket costs listed in the chart below now include the \$174.70 Part B Premium
 - The KPSA low plan continues to have a \$0 out of pocket premium however this is the plan with the least amount of enrollment
 - The KPSA High plan has the most enrollment, with 305 2-party retirees paying \$409

Retirees Eligible for 100% Reimbursement



Medicare Plan	Single	2 Party
KPSA Low	\$0	\$291
KPSA High	\$29	\$409
UHC Medicare	\$137	\$624

EBMUD Medicare Plans Enrollment Based on HIB Tier

Enrollment	Medicare Plans						TOTALS	% Enrolled by Plan	% Enrolled of HIB-Eligible by Tier
	UHC Medicare PPO		KPSA Low		KPSA High				
	Single	2-Party	Single	2-Party	Single	2-Party			
0% Reimbursement (>5 years) - Enrollment	0	0	0	0	0	0	0	0.0%	0.0%
25% Reimbursement (5 but <10) - Enrollment	1	0	0	2	3	9	15	1.4%	14.9%
50% Reimbursement (10 but < 15) - Enrollment	10	8	1	2	10	13	44	4.0%	41.5%
75% Reimbursement (15 but < 20) - Enrollment	6	6	1	3	9	20	45	4.1%	63.4%
100% Reimbursement (20+ years) - Enrollment	164	188	26	22	283	305	988	90.5%	82.4%
							1,092		

Enrollment Counts

No Enrollment
Under 10 Enrolled
10 to 20 Enrolled
21+ Enrolled

EBMUD Medicare Plans

HIB Reimbursements and Retiree Out of Pocket Amounts

Total Premium includes Medicare Part B premiums (\$174.70 in 2024)

HIB Reimbursements	Medicare Plans					
	UHC Medicare PPO		KPSA Low		KPSA High	
	Single	2-Party	Single	2-Party	Single	2-Party
Current Monthly Premium	\$412	\$825	\$246	\$491	\$305	\$609
Medicare Part B Premium	\$174.70	\$349.40	\$174.70	\$349.40	\$174.70	\$349.40
TOTAL Premium	\$587	\$1,174	\$420	\$841	\$479	\$959
0% Reimbursement (>5 years)	\$0	\$0	\$0	\$0	\$0	\$0
Member Out of Pocket Premium	\$587	\$1,174	\$420	\$841	\$479	\$959
25% Reimbursement (5 but <10)	\$112.50	\$137.50	\$112.50	\$137.50	\$112.50	\$137.50
Member Out of Pocket Premium	\$475	\$1,037	\$308	\$703	\$367	\$821
50% Reimbursement (10 but < 15)	\$225.00	\$275.00	\$225.00	\$275.00	\$225.00	\$275.00
Member Out of Pocket Premium	\$362	\$899	\$195	\$566	\$254	\$684
75% Reimbursement (15 but < 20)	\$337.50	\$412.50	\$337.50	\$412.50	\$337.50	\$412.50
Member Out of Pocket Premium	\$250	\$762	\$83	\$428	\$142	\$546
100% Reimbursement (20+ years)	\$450.00	\$550.00	\$450.00	\$550.00	\$450.00	\$550.00
Member Out of Pocket Premium	\$137	\$624	\$0	\$291	\$29	\$409

EBMUD Medicare Plans Out of Pocket Expense – Trended 5 and 10 Years

Non-Medicare	Out-of-Pocket Expense (100% Tier) - Includes Part B Premiums					
	Current		5 Years		10 Years	
	Single Tier	2 Party Tier	Single Tier	2 Party Tier	Single Tier	2 Party Tier
UHC Medicare PPO	\$137	\$624	\$336	\$1,021	\$543	\$1,437
KPSA Low	\$0	\$291	\$113	\$575	\$261	\$872
KPSA High	\$29	\$409	\$191	\$733	\$361	\$1,071

EBMUD Medicare Plan Cost Trends 5 Year Trend Forecast (Declining Trend)

- Rates trended forward 5 years

Trend Rates	
Year 1:	6.50%
Year 2:	6.25%
Year 3:	6.00%
Year 4:	5.75%
Year 5:	5.50%

HIB Reimbursements
Current Monthly Premium
Medicare Part B Premium
TOTAL Premium
Trended Monthly Premium - 5 Years
0% Reimbursement (>5 years)
Member Out of Pocket Premium - 5 Years
25% Reimbursement (5 but <10)
Member Out of Pocket Premium - 5 Years
50% Reimbursement (10 but < 15)
Member Out of Pocket Premium - 5 Years
75% Reimbursement (15 but < 20)
Member Out of Pocket Premium - 5 Years
100% Reimbursement (20+ years)
Member Out of Pocket Premium - 5 Years

Medicare Plans					
UHC Medicare PPO		KPSA Low		KPSA High	
Single	2-Party	Single	2-Party	Single	2-Party
\$412	\$825	\$246	\$491	\$305	\$609
\$174.70	\$349.40	\$174.70	\$349.40	\$174.70	\$349.40
\$587	\$1,174	\$420	\$841	\$479	\$959
\$786	\$1,571	\$563	\$1,125	\$641	\$1,283
\$0	\$0	\$0	\$0	\$0	\$0
\$786	\$1,571	\$563	\$1,125	\$641	\$1,283
\$112.50	\$137.50	\$112.50	\$137.50	\$112.50	\$137.50
\$673	\$1,434	\$450	\$988	\$529	\$1,145
\$225.00	\$275.00	\$225.00	\$275.00	\$225.00	\$275.00
\$561	\$1,296	\$338	\$850	\$416	\$1,008
\$337.50	\$412.50	\$337.50	\$412.50	\$337.50	\$412.50
\$448	\$1,159	\$225	\$713	\$304	\$870
\$450.00	\$550.00	\$450.00	\$550.00	\$450.00	\$550.00
\$336	\$1,021	\$113	\$575	\$191	\$733

EBMUD Medicare Plan Cost Trends

10 Year Trend Forecast (Declining Trend)

- Rates trended forward 10 years

Trend Rates	
Year 1:	6.50%
Year 2:	6.25%
Year 3:	6.00%
Year 4:	5.75%
Year 5:	5.50%
Year 6:	5.25%
Year 7:	5.00%
Year 8:	4.75%
Year 9:	4.50%
Year 10:	4.50%

	Medicare Plans					
	UHC Medicare PPO		KPSA Low		KPSA High	
	Single	2-Party	Single	2-Party	Single	2-Party
HIB Reimbursements						
Current Monthly Premium	\$412	\$825	\$246	\$491	\$305	\$609
Medicare Part B Premium	\$174.70	\$349.40	\$174.70	\$349.40	\$174.70	\$349.40
TOTAL Premium	\$587	\$1,174	\$420	\$841	\$479	\$959
Trended Monthly Premium - 10 Years	\$993	\$1,987	\$711	\$1,422	\$811	\$1,621
0% Reimbursement (>5 years)	\$0	\$0	\$0	\$0	\$0	\$0
Member Out of Pocket Premium - 10 Years	\$993	\$1,987	\$711	\$1,422	\$811	\$1,621
25% Reimbursement (5 but <10)	\$112.50	\$137.50	\$112.50	\$137.50	\$112.50	\$137.50
Member Out of Pocket Premium - 10 Years	\$881	\$1,849	\$599	\$1,285	\$698	\$1,484
50% Reimbursement (10 but < 15)	\$225.00	\$275.00	\$225.00	\$275.00	\$225.00	\$275.00
Member Out of Pocket Premium - 10 Years	\$768	\$1,712	\$486	\$1,147	\$586	\$1,346
75% Reimbursement (15 but < 20)	\$337.50	\$412.50	\$337.50	\$412.50	\$337.50	\$412.50
Member Out of Pocket Premium - 10 Years	\$656	\$1,574	\$374	\$1,010	\$473	\$1,209
100% Reimbursement (20+ years)	\$450.00	\$550.00	\$450.00	\$550.00	\$450.00	\$550.00
Member Out of Pocket Premium - 10 Years	\$543	\$1,437	\$261	\$872	\$361	\$1,071

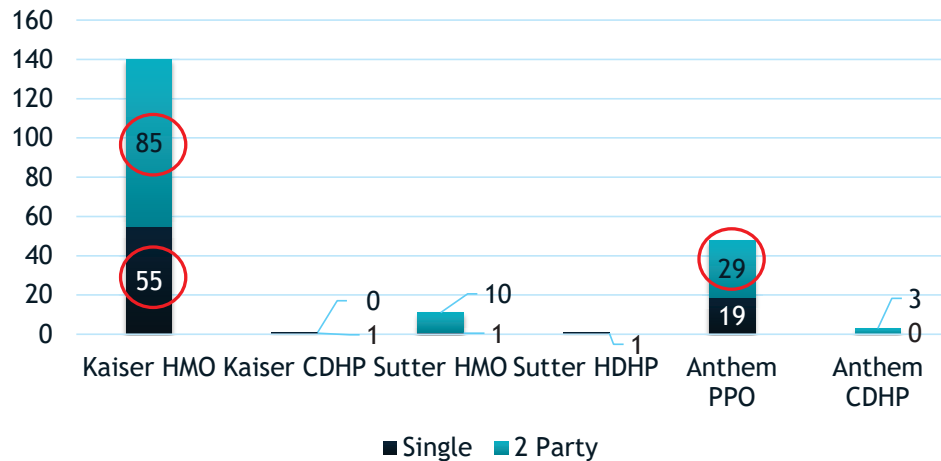


Non-Medicare Plans

Non-Medicare Retirees

- There are 513 Non-Medicare retirees eligible for the HIB reimbursement benefit and 234 are enrolled in EBMUD medical plans
- 355 Non-Medicare retirees with 20 or more years of service are eligible for 100% of the HIB reimbursement benefit; 204 are enrolled in EBMUD medical plans
 - All of these retirees currently have an out-of-pocket cost, with 124 (61%) retirees paying over \$1,300 out-of-pocket for monthly coverage (after the reimbursement)

Non-Medicare Retirees Eligible for 100% Reimbursement



Non-Medicare Plan Out of Pocket Cost	Single	2 Party
Kaiser HMO	\$481	\$1,312
Kaiser HDHP	\$374	\$1,099
Sutter HMO	\$527	\$1,404
Sutter HDHP	\$321	\$992
Anthem PPO	\$532	\$1,414
Anthem HDHP	\$335	\$1,021

EBMUD Non-Medicare Plans Enrollment Based on HIB Tier

Enrollment	Non-Medicare Plans												TOTALS	% Enrolled by Plan	% Enrolled of HIB-Eligible by Tier	
	Kaiser HMO		Kaiser CDHP		Sutter HMO		Sutter HDHP		Anthem PPO		Anthem CDHP					
	Single	2-Party	Single	2-Party	Single	2-Party	Single	2-Party	Single	2-Party	Single	2-Party				
0% Reimbursement (>5 years) - Enrollment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	0.0%
25% Reimbursement (5 but <10) - Enrollment	0	2	0	0	0	0	0	0	1	1	0	0	0	4	1.7%	8.7%
50% Reimbursement (10 but < 15) - Enrollment	6	3	1	0	0	1	0	0	2	0	0	0	0	13	5.6%	26.0%
75% Reimbursement (15 but < 20) - Enrollment	2	5	0	0	1	2	0	0	2	1	0	0	0	13	5.6%	33.3%
100% Reimbursement (20+ years) - Enrollment	55	85	1	0	1	10	1	0	19	29	0	3	0	204	87.2%	57.5%
													234			

Enrollment Counts

No Enrollment
Under 10 Enrolled
10 to 20 Enrolled
21+ Enrolled

EBMUD Non-Medicare Plans

HIB Reimbursements and Retiree Out of Pocket Amounts

HIB Reimbursements	Non-Medicare Plans											
	Kaiser HMO		Kaiser CDHP		Sutter HMO		Sutter HDHP		Anthem PPO		Anthem CDHP	
	Single	2-Party	Single	2-Party	Single	2-Party	Single	2-Party	Single	2-Party	Single	2-Party
Current Monthly Premium	\$931	\$1,862	\$824	\$1,649	\$977	\$1,954	\$771	\$1,542	\$982	\$1,964	\$785	\$1,571
0% Reimbursement (>5 years)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Member Out of Pocket Premium	\$931	\$1,862	\$824	\$1,649	\$977	\$1,954	\$771	\$1,542	\$982	\$1,964	\$785	\$1,571
25% Reimbursement (5 but <10)	\$112.50	\$137.50	\$112.50	\$137.50	\$112.50	\$137.50	\$112.50	\$137.50	\$112.50	\$137.50	\$112.50	\$137.50
Member Out of Pocket Premium	\$819	\$1,725	\$712	\$1,511	\$865	\$1,817	\$658	\$1,404	\$869	\$1,826	\$673	\$1,433
50% Reimbursement (10 but < 15)	\$225.00	\$275.00	\$225.00	\$275.00	\$225.00	\$275.00	\$225.00	\$275.00	\$225.00	\$275.00	\$225.00	\$275.00
Member Out of Pocket Premium	\$706	\$1,587	\$599	\$1,374	\$752	\$1,679	\$546	\$1,267	\$757	\$1,689	\$560	\$1,296
75% Reimbursement (15 but < 20)	\$337.50	\$412.50	\$337.50	\$412.50	\$337.50	\$412.50	\$337.50	\$412.50	\$337.50	\$412.50	\$337.50	\$412.50
Member Out of Pocket Premium	\$594	\$1,450	\$487	\$1,236	\$640	\$1,542	\$433	\$1,129	\$644	\$1,551	\$448	\$1,158
100% Reimbursement (20+ years)	\$450.00	\$550.00	\$450.00	\$550.00	\$450.00	\$550.00	\$450.00	\$550.00	\$450.00	\$550.00	\$450.00	\$550.00
Member Out of Pocket Premium	\$481	\$1,312	\$374	\$1,099	\$527	\$1,404	\$321	\$992	\$532	\$1,414	\$335	\$1,021

EBMUD Non-Medicare Plans Out of Pocket Expense – Trended 5 and 10 Years

Non-Medicare	Out-of-Pocket Expense (100% Tier)					
	Current		5 Years		10 Years	
	Single Tier	2 Party Tier	Single Tier	2 Party Tier	Single Tier	2 Party Tier
Kaiser HMO	\$481	\$1,312	\$856	\$2,062	\$1,277	\$2,904
Kaiser HDHP	\$374	\$1,099	\$706	\$1,763	\$1,079	\$2,509
Sutter HMO	\$527	\$1,404	\$920	\$2,191	\$1,362	\$3,074
Sutter CDHP	\$321	\$992	\$631	\$1,612	\$980	\$2,309
Anthem PPO	\$532	\$1,414	\$927	\$2,204	\$1,371	\$3,092
Anthem CDHP	\$335	\$1,021	\$652	\$1,653	\$1,007	\$2,364

EBMUD Non-Medicare Plan Cost Trends 5 Year Trend Forecast (Declining Trend)

- Rates trended forward 5 years

Trend Rates

Year 1:	7.50%
Year 2:	7.25%
Year 3:	7.00%
Year 4:	6.75%
Year 5:	6.50%

HIB Reimbursements
Current Monthly Premium
Trended Monthly Premium - 5 Years

0% Reimbursement (>5 years)
Member Out of Pocket Premium - 5 Years

25% Reimbursement (5 but <10)
Member Out of Pocket Premium - 5 Years

50% Reimbursement (10 but < 15)
Member Out of Pocket Premium - 5 Years

75% Reimbursement (15 but < 20)
Member Out of Pocket Premium - 5 Years

100% Reimbursement (20+ years)
Member Out of Pocket Premium - 5 Years

Non-Medicare Plans											
Kaiser HMO		Kaiser CDHP		Sutter HMO		Sutter HDHP		Anthem PPO		Anthem CDHP	
Single	2-Party	Single	2-Party	Single	2-Party	Single	2-Party	Single	2-Party	Single	2-Party
\$931	\$1,862	\$824	\$1,649	\$977	\$1,954	\$771	\$1,542	\$982	\$1,964	\$785	\$1,571
\$1,306	\$2,612	\$1,156	\$2,313	\$1,370	\$2,741	\$1,081	\$2,162	\$1,377	\$2,754	\$1,102	\$2,203
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$1,306	\$2,612	\$1,156	\$2,313	\$1,370	\$2,741	\$1,081	\$2,162	\$1,377	\$2,754	\$1,102	\$2,203
\$112.50	\$137.50	\$112.50	\$137.50	\$112.50	\$137.50	\$112.50	\$137.50	\$112.50	\$137.50	\$112.50	\$137.50
\$1,194	\$2,475	\$1,044	\$2,175	\$1,258	\$2,603	\$969	\$2,025	\$1,265	\$2,617	\$989	\$2,066
\$225.00	\$275.00	\$225.00	\$275.00	\$225.00	\$275.00	\$225.00	\$275.00	\$225.00	\$275.00	\$225.00	\$275.00
\$1,081	\$2,337	\$931	\$2,038	\$1,145	\$2,466	\$856	\$1,887	\$1,152	\$2,479	\$877	\$1,928
\$337.50	\$412.50	\$337.50	\$412.50	\$337.50	\$412.50	\$337.50	\$412.50	\$337.50	\$412.50	\$337.50	\$412.50
\$969	\$2,200	\$819	\$1,900	\$1,033	\$2,328	\$744	\$1,750	\$1,040	\$2,342	\$764	\$1,791
\$450.00	\$550.00	\$450.00	\$550.00	\$450.00	\$550.00	\$450.00	\$550.00	\$450.00	\$550.00	\$450.00	\$550.00
\$856	\$2,062	\$706	\$1,763	\$920	\$2,191	\$631	\$1,612	\$927	\$2,204	\$652	\$1,653

EBMUD Non-Medicare Plan Cost Trends 10 Year Trend Forecast (Declining Trend)

- Rates trended forward 10 years

Trend Rates

Year 1:	7.50%
Year 2:	7.25%
Year 3:	7.00%
Year 4:	6.75%
Year 5:	6.50%
Year 6:	6.25%
Year 7:	6.00%
Year 8:	5.75%
Year 9:	5.50%
Year 10:	5.25%

HIB Reimbursements
Current Monthly Premium
Trended Monthly Premium - 10 Years
0% Reimbursement (>5 years)
Member Out of Pocket Premium - 10 Years
25% Reimbursement (5 but <10)
Member Out of Pocket Premium - 10 Years
50% Reimbursement (10 but < 15)
Member Out of Pocket Premium - 10 Years
75% Reimbursement (15 but < 20)
Member Out of Pocket Premium - 10 Years
100% Reimbursement (20+ years)
Member Out of Pocket Premium - 10 Years

Non-Medicare Plans											
Kaiser HMO		Kaiser CDHP		Sutter HMO		Sutter HDHP		Anthem PPO		Anthem CDHP	
Single	2-Party	Single	2-Party	Single	2-Party	Single	2-Party	Single	2-Party	Single	2-Party
\$931	\$1,862	\$824	\$1,649	\$977	\$1,954	\$771	\$1,542	\$982	\$1,964	\$785	\$1,571
\$1,727	\$3,454	\$1,529	\$3,059	\$1,812	\$3,624	\$1,430	\$2,859	\$1,821	\$3,642	\$1,457	\$2,914
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$1,727	\$3,454	\$1,529	\$3,059	\$1,812	\$3,624	\$1,430	\$2,859	\$1,821	\$3,642	\$1,457	\$2,914
\$112.50	\$137.50	\$112.50	\$137.50	\$112.50	\$137.50	\$112.50	\$137.50	\$112.50	\$137.50	\$112.50	\$137.50
\$1,615	\$3,317	\$1,417	\$2,921	\$1,700	\$3,487	\$1,317	\$2,722	\$1,709	\$3,505	\$1,344	\$2,776
\$225.00	\$275.00	\$225.00	\$275.00	\$225.00	\$275.00	\$225.00	\$275.00	\$225.00	\$275.00	\$225.00	\$275.00
\$1,502	\$3,179	\$1,304	\$2,784	\$1,587	\$3,349	\$1,205	\$2,584	\$1,596	\$3,367	\$1,232	\$2,639
\$337.50	\$412.50	\$337.50	\$412.50	\$337.50	\$412.50	\$337.50	\$412.50	\$337.50	\$412.50	\$337.50	\$412.50
\$1,390	\$3,042	\$1,192	\$2,646	\$1,475	\$3,212	\$1,092	\$2,447	\$1,484	\$3,230	\$1,119	\$2,501
\$450.00	\$550.00	\$450.00	\$550.00	\$450.00	\$550.00	\$450.00	\$550.00	\$450.00	\$550.00	\$450.00	\$550.00
\$1,277	\$2,904	\$1,079	\$2,509	\$1,362	\$3,074	\$980	\$2,309	\$1,371	\$3,092	\$1,007	\$2,364



HIB History

History of HIB

HIB Amendments

- #309, July 1989 Establishes Health Insurance Benefit at \$50
- #313, January 1991 Benefit increase to \$100
- #325 June 1986 Amends Section 36
- #331 July 1998 Amends Section 36 to ensure HIB is tax exempt.
- #335 January 1999 Amends Section 36 extends HIB to separated members.
- #337, July 1999 Benefit increase to \$200, adds spouse and Domestic Partners (DP)
- #339, November 2000 Benefit increase to \$250
- #344, July 2002 Benefit increase to \$400, changes vesting schedule
- #345, July 2003 Benefit increase to \$450
- #348, January 2004 Benefit increase to \$550 for members with spouses or DPs.
- #349, November 2004 Adds Section 39 to comply with AB 205 in defining domestic partnerships.
- #360-13 September 2013 Contributions to 401H for HIB only, affirms primacy of retirement



Appendix

1/18/2024 Presentation

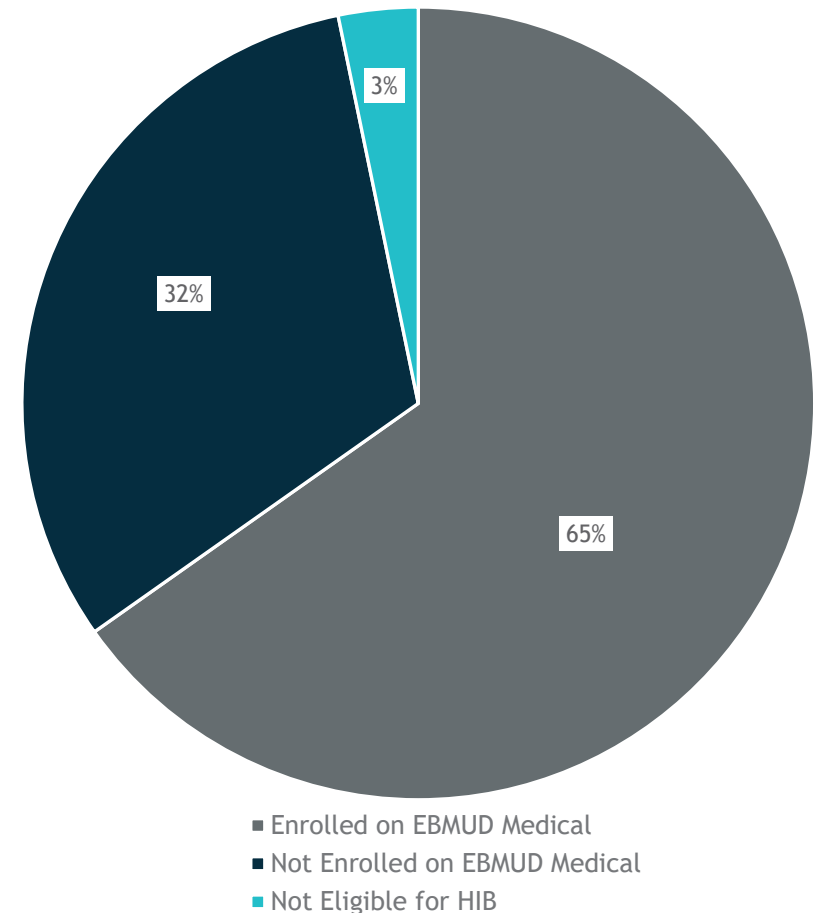
Executive Summary

- The data provided today are intended to lay the foundation for the HIB Study sessions by describing the current state of EBMUD retirees as of November 30, 2023 to include retirees' eligibility for and use of the HIB benefit and District Health Plans
- For retirees enrolled in District-sponsored Health Plans we have tabulated:
 - Enrollment for each District-sponsored health plan
 - The total cost of each health plan
 - The out-of-pocket cost to retirees of each plan in excess of the HIB benefit

Recap of HIB Retiree Status

- There are 2,034* District retirees
 - 1,967 retirees (97%) are eligible for the HIB benefit (including deferred retirees)
 - 1,326 (65%) are enrolled in District-sponsored health plans
 - 641 (32%) are NOT enrolled in District-sponsored health plans but are eligible to use the HIB benefit for other eligible expenses including non-District health plans, dental, vision and long-term care insurance premiums
 - Out of the 641 retirees not enrolled on a District-sponsored health plan, **78** are not utilizing the HIB benefit
 - **Note – this number has been corrected from the 1/18 presentation after receiving updated data from EBMUD staff**
 - 67 (3%) are not eligible for the HIB benefit

EBMUD Retirees and HIB Status

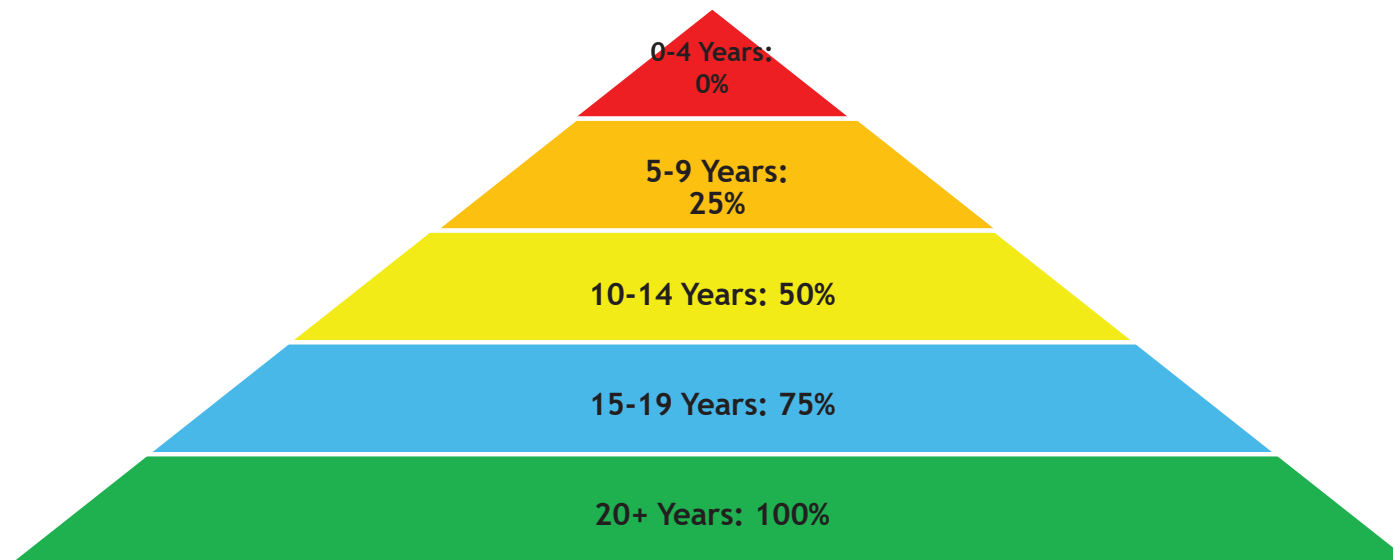


*Data is as of 11/30/2023 retiree payroll

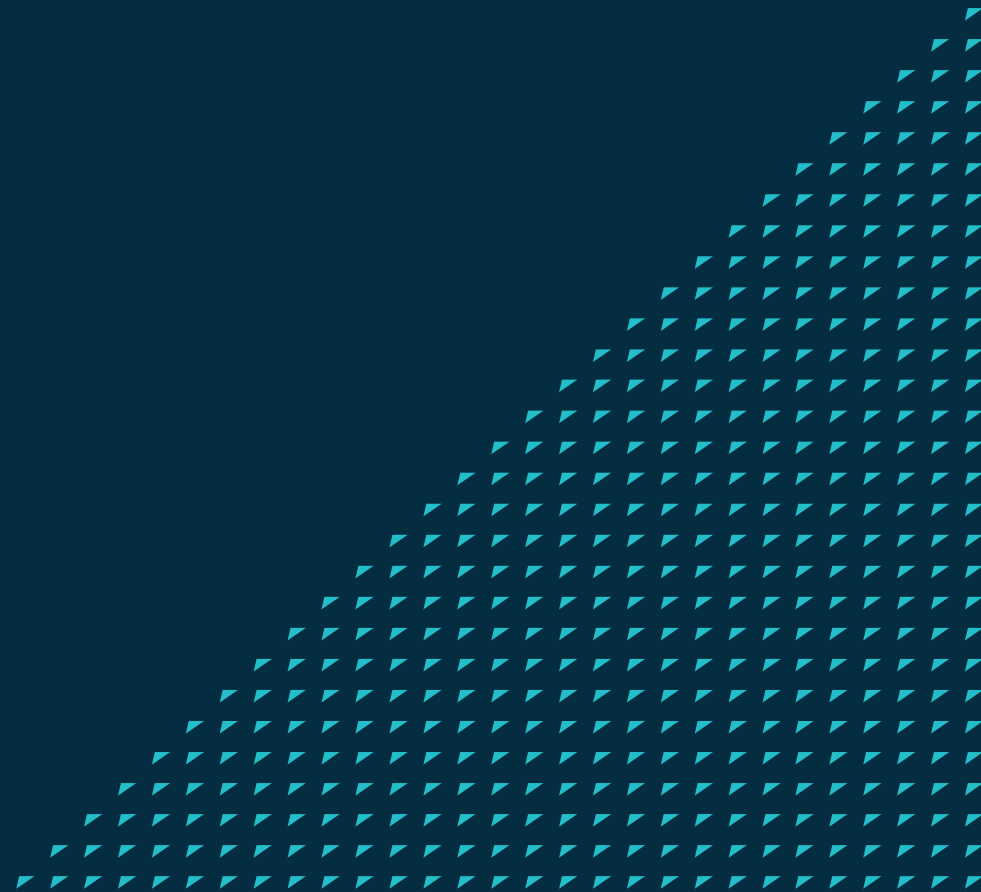
HIB Reimbursement Overview

- **HIB Reimbursement**

- The maximum amount of reimbursement is \$450 for a single employee and \$550 for an employee with one dependent (spouse or state registered domestic partner)
- Years of service determines the amount of the benefit
- The current structure provides a greater benefit to employees who work longer for the District



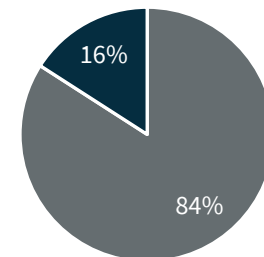
Retiree Demographic Overview



Demographic Overview Geography Statistics

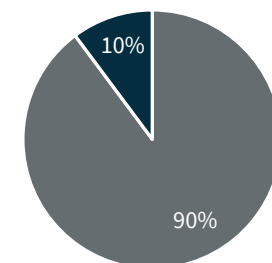
- There are 1,967 District retirees who are eligible for the HIB reimbursement
 - 1,654 (84%) of the HIB eligible retirees live in California vs. 313 (16%) outside of California
- There are 1,326 retirees enrolled in a District-sponsored Health Plan
 - 1,191 (90%) of these retirees are in California*
 - 955 (80%) are age 65+
 - 236 are (20%) under age 65
 - 135 (10%) of these retirees are outside of California
 - 104 (77%) are age 65+
 - 31 (23%) are under age 65

HIB-Eligible Retiree Geography



■ Retirees in California ■ Retirees outside of California

HIB-Eligible District-Sponsored Plan Retiree Geography



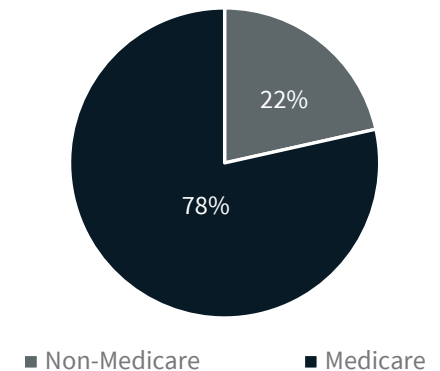
■ Retirees in California ■ Retirees outside of California

Note: Not all retirees in California live in a Kaiser service area

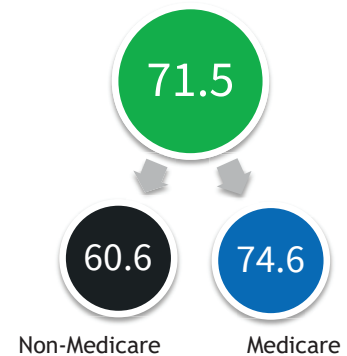
Demographic Overview All HIB-eligible Retirees

- There are a total of 1,967 HIB-Eligible Retirees
 - 1,544 are of Medicare age (78%)
 - 423 (22%) are below Medicare age
- The current average age of these retirees is 71.5
 - The current average age of Non-Medicare retirees is 60.6
 - The current average age of Medicare retirees is 74.6
- The average age at retirement for these retirees is 60.3
- The demographics for HIB-eligible retirees enrolled in District-sponsored health plans are similar to those not enrolled in a District-sponsored health plan

Medicare Status



Average Age

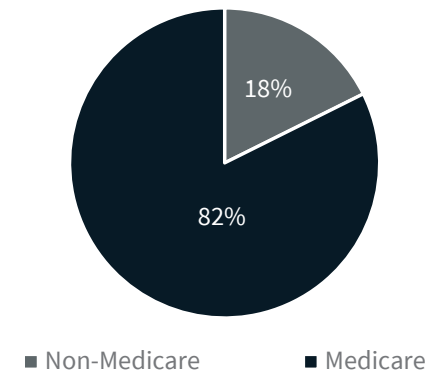


Demographic Overview

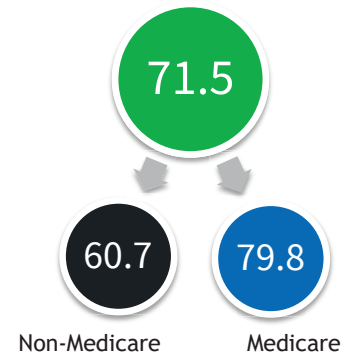
HIB-eligible Retirees Enrolled in District-Sponsored Plans

- 1,326 HIB-eligible retirees are enrolled in a District-sponsored health plan:
 - 1,092 are enrolled in a Medicare plan (82%)
 - 234 (18%) are not enrolled in a Medicare plan
- The current average age of these retirees is 71.5
 - The current average age of Non-Medicare retirees is 60.7
 - The current average age of Medicare retirees is 79.8
- The average age at retirement for these retirees is 60.4

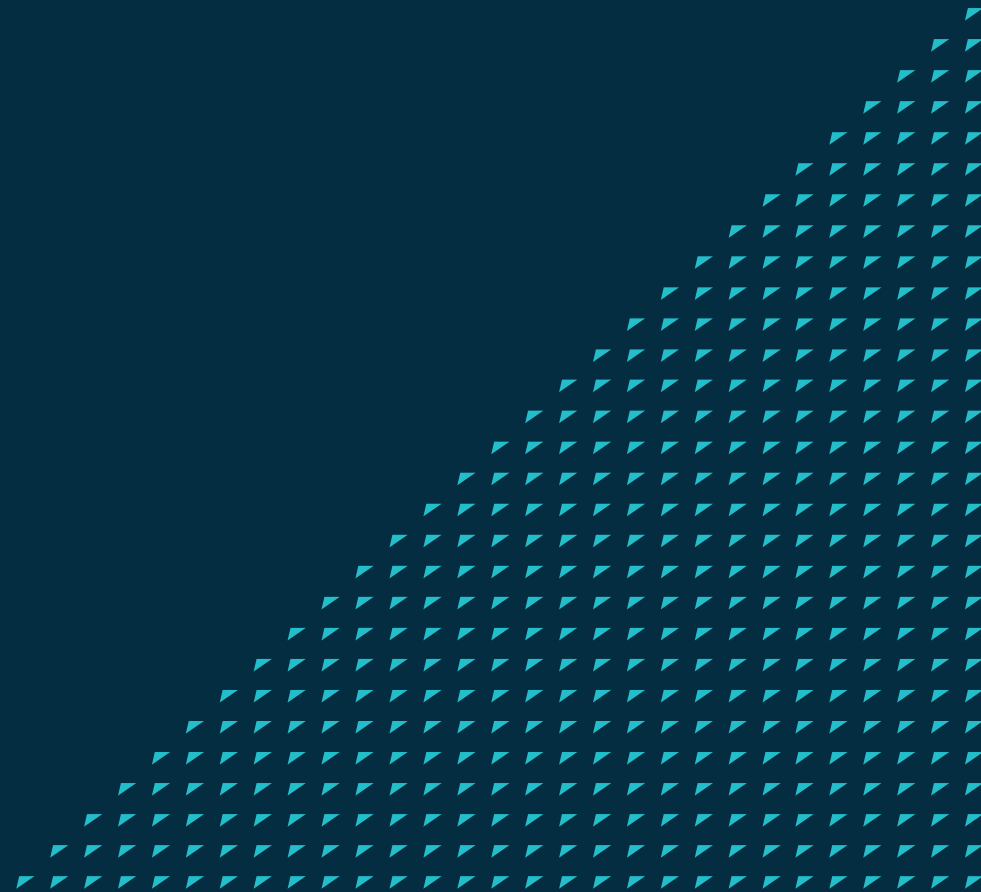
Medicare Status



Average Age

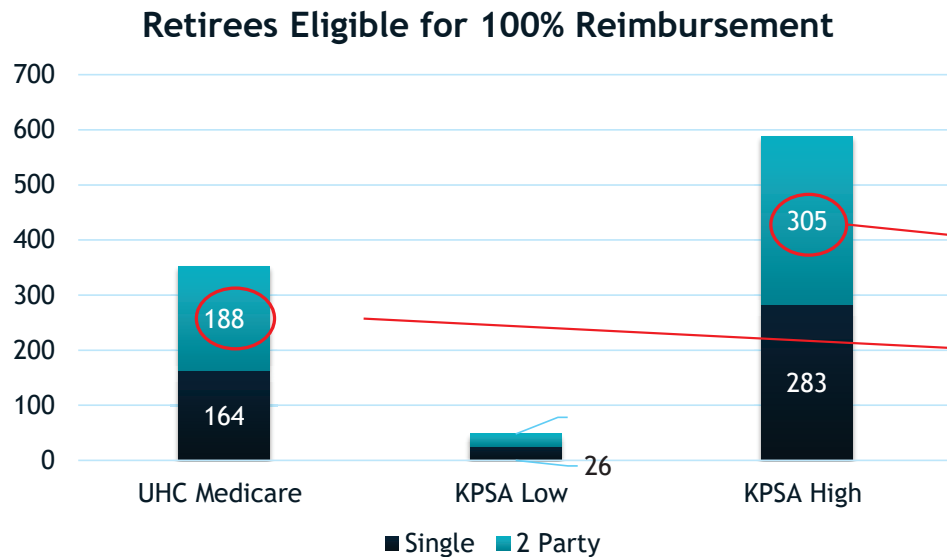


Medicare Retirees



Medicare Retirees

- 988 Medicare retirees with 20 or more years of service are eligible for 100% of the HIB reimbursement benefit
- Of these, 495 (50%) are enrolled in an EBMUD-sponsored health plan for which there is \$0 out-of-pocket cost for coverage
- All Medicare retirees (single and 2-party) who are eligible for 100% HIB reimbursement currently have access to enroll in a plan with \$0 out-of-pocket costs, however there are only 50% currently enrolled in these plans



Medicare Plan Out of Pocket Cost	Single	2 Party
KPSA Low	\$0	\$0
KPSA High	\$0	\$59
UHC Medicare	\$0	\$275

EBMUD Medicare Plans

HIB Reimbursements and Retiree Out of Pocket Amounts

- Indicates retirees eligible for 100% HIB reimbursement and enrolled in an EBMUD-sponsored Health plan

- KPSA rates assume both individuals are Medicare
- Rates are reflective of the 2024 renewal and are rounded to the nearest dollar

HIB Reimbursements	Medicare Plans					
	UHC Medicare PPO		KPSA Low		KPSA High	
	Single	2-Party	Single	2-Party	Single	2-Party
Monthly Premium	\$412	\$825	\$246	\$491	\$305	\$609
0% Reimbursement (>5 years)	\$0	\$0	\$0	\$0	\$0	\$0
Member Out of Pocket Premium	\$412	\$825	\$246	\$491	\$305	\$609
25% Reimbursement (5 but <10)	\$112.50	\$137.50	\$112.50	\$137.50	\$112.50	\$137.50
Member Out of Pocket Premium	\$300	\$687	\$133	\$354	\$192	\$472
50% Reimbursement (10 but < 15)	\$225.00	\$275.00	\$225.00	\$275.00	\$225.00	\$275.00
Member Out of Pocket Premium	\$187	\$550	\$21	\$216	\$80	\$334
75% Reimbursement (15 but < 20)	\$337.50	\$412.50	\$337.50	\$412.50	\$337.50	\$412.50
Member Out of Pocket Premium	\$75	\$412	\$0	\$79	\$0	\$197
100% Reimbursement (20+ years)	\$450.00	\$550.00	\$450.00	\$550.00	\$450.00	\$550.00
Member Out of Pocket Premium	\$0	\$275	\$0	\$0	\$0	\$59

EBMUD Medicare Plans Enrollment Based on HIB Tier

Enrollment	Medicare Plans						TOTALS	% Enrolled by Plan	% Enrolled of HIB-Eligible by Tier
	UHC Medicare PPO		KPSA Low		KPSA High				
	Single	2-Party	Single	2-Party	Single	2-Party			
0% Reimbursement (>5 years) - Enrollment	0	0	0	0	0	0	0	0.0%	0.0%
25% Reimbursement (5 but <10) - Enrollment	1	0	0	2	3	9	15	1.4%	14.9%
50% Reimbursement (10 but < 15) - Enrollment	10	8	1	2	10	13	44	4.0%	41.5%
75% Reimbursement (15 but < 20) - Enrollment	6	6	1	3	9	20	45	4.1%	63.4%
100% Reimbursement (20+ years) - Enrollment	164	188	26	22	283	305	988	90.5%	82.4%
Enrollment Counts							1,092		

No Enrollment
Under 10 Enrolled
10 to 20 Enrolled
21+ Enrolled

EBMUD Medicare Plans Enrollment and Cost by Plan and HIB Tier

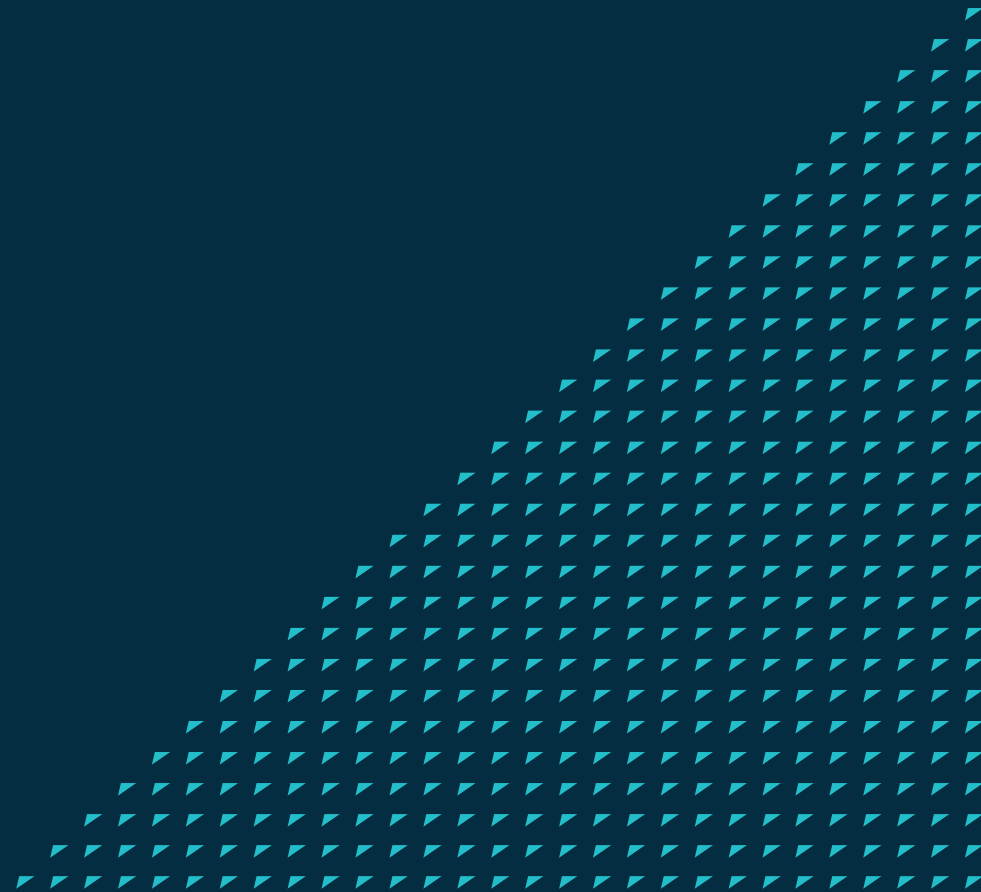
Indicates retirees who have a \$0 out of pocket cost

HIB Reimbursements
Monthly Premium
0% Reimbursement (>5 years) - Enrollment Counts
Member Out of Pocket Premium
25% Reimbursement (5 but <10) - Enrollment Counts
Member Out of Pocket Premium
50% Reimbursement (10 but < 15) - Enrollment Counts
Member Out of Pocket Premium
75% Reimbursement (15 but < 20) - Enrollment Counts
Member Out of Pocket Premium
100% Reimbursement (20+ years) - Enrollment Counts
Member Out of Pocket Premium

Medicare Plans					
UHC Medicare PPO		KPSA Low		KPSA High	
Single	2-Party	Single	2-Party	Single	2-Party
\$412	\$825	\$246	\$491	\$305	\$609
0	0	0	0	0	0
\$412	\$825	\$246	\$491	\$305	\$609
1	0	0	2	3	9
\$300	\$687	\$133	\$354	\$192	\$472
10	8	1	2	10	13
\$187	\$550	\$21	\$216	\$80	\$334
6	6	1	3	9	20
\$75	\$412	\$0	\$79	\$0	\$197
164	188	26	22	283	305
\$0	\$275	\$0	\$0	\$0	\$59

Enrollment Counts
No Enrollment
Under 10 Enrolled
10 to 20 Enrolled
21+ Enrolled

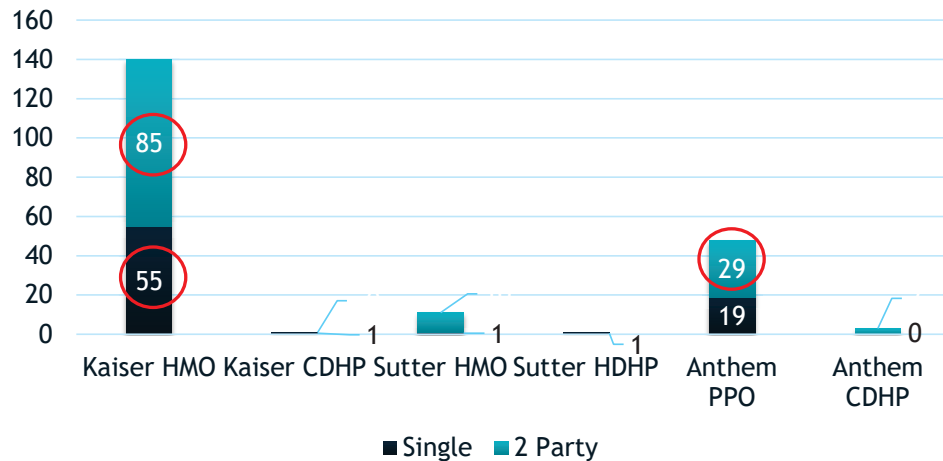
Non-Medicare Retirees



Non-Medicare Retirees

- There are 513 Non-Medicare retirees eligible for the HIB reimbursement benefit and 234 are enrolled in EBMUD medical plans
- 355 Non-Medicare retirees with 20 or more years of service are eligible for 100% of the HIB reimbursement benefit; 204 are enrolled in EBMUD medical plans
 - All of these retirees currently have an out-of-pocket cost, with 124 (61%) retirees paying over \$1,300 out-of-pocket for monthly coverage (after the reimbursement)

Non-Medicare Retirees Eligible for 100% Reimbursement



Non-Medicare Plan	Single	2 Party
Kaiser HMO	\$481	\$1,312
Kaiser HDHP	\$374	\$1,099
Sutter HMO	\$527	\$1,404
Sutter HDHP	\$321	\$992
Anthem PPO	\$532	\$1,414
Anthem HDHP	\$335	\$1,021

EBMUD Non-Medicare Plans

HIB Reimbursements and Out of Pocket Amounts

HIB Reimbursements	Non-Medicare Plans											
	Kaiser HMO		Kaiser CDHP		Sutter HMO		Sutter HDHP		Anthem PPO		Anthem CDHP	
	Single	2-Party	Single	2-Party	Single	2-Party	Single	2-Party	Single	2-Party	Single	2-Party
Current Monthly Premium	\$931	\$1,862	\$824	\$1,649	\$977	\$1,954	\$771	\$1,542	\$982	\$1,964	\$785	\$1,571
0% Reimbursement (>5 years)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Member Out of Pocket Premium	\$931	\$1,862	\$824	\$1,649	\$977	\$1,954	\$771	\$1,542	\$982	\$1,964	\$785	\$1,571
25% Reimbursement (5 but <10)	\$112.50	\$137.50	\$112.50	\$137.50	\$112.50	\$137.50	\$112.50	\$137.50	\$112.50	\$137.50	\$112.50	\$137.50
Member Out of Pocket Premium	\$819	\$1,725	\$712	\$1,511	\$865	\$1,817	\$658	\$1,404	\$869	\$1,826	\$673	\$1,433
50% Reimbursement (10 but < 15)	\$225.00	\$275.00	\$225.00	\$275.00	\$225.00	\$275.00	\$225.00	\$275.00	\$225.00	\$275.00	\$225.00	\$275.00
Member Out of Pocket Premium	\$706	\$1,587	\$599	\$1,374	\$752	\$1,679	\$546	\$1,267	\$757	\$1,689	\$560	\$1,296
75% Reimbursement (15 but < 20)	\$337.50	\$412.50	\$337.50	\$412.50	\$337.50	\$412.50	\$337.50	\$412.50	\$337.50	\$412.50	\$337.50	\$412.50
Member Out of Pocket Premium	\$594	\$1,450	\$487	\$1,236	\$640	\$1,542	\$433	\$1,129	\$644	\$1,551	\$448	\$1,158
100% Reimbursement (20+ years)	\$450.00	\$550.00	\$450.00	\$550.00	\$450.00	\$550.00	\$450.00	\$550.00	\$450.00	\$550.00	\$450.00	\$550.00
Member Out of Pocket Premium	\$481	\$1,312	\$374	\$1,099	\$527	\$1,404	\$321	\$992	\$532	\$1,414	\$335	\$1,021

Rates are reflective of the 2024 renewal and are rounded to the nearest dollar

EBMUD Non-Medicare Plans Enrollment Based on HIB Tier

Enrollment	Non-Medicare Plans												TOTALS	% Enrolled by Plan	% Enrolled of HIB-Eligible by Tier	
	Kaiser HMO		Kaiser CDHP		Sutter HMO		Sutter HDHP		Anthem PPO		Anthem CDHP					
	Single	2-Party	Single	2-Party	Single	2-Party	Single	2-Party	Single	2-Party	Single	2-Party				
0% Reimbursement (>5 years) - Enrollment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	0.0%
25% Reimbursement (5 but <10) - Enrollment	0	2	0	0	0	0	0	0	1	1	0	0	0	4	1.7%	8.7%
50% Reimbursement (10 but <15) - Enrollment	6	3	1	0	0	1	0	0	2	0	0	0	0	13	5.6%	26.0%
75% Reimbursement (15 but <20) - Enrollment	2	5	0	0	1	2	0	0	2	1	0	0	0	13	5.6%	33.3%
100% Reimbursement (20+ years) - Enrollment	55	85	1	0	1	10	1	0	19	29	0	3	0	204	87.2%	57.5%
													234			

Enrollment Counts

No Enrollment
Under 10 Enrolled
10 to 20 Enrolled
21+ Enrolled

EBMUD Non-Medicare Plans Enrollment and Cost by Plan and HIB Tier

HIB Reimbursements
Monthly Premium
0% Reimbursement (>5 years) - Enrollment Counts
Member Out of Pocket Premium
25% Reimbursement (5 but <10) - Enrollment Counts
Member Out of Pocket Premium
50% Reimbursement (10 but < 15) - Enrollment Counts
Member Out of Pocket Premium
75% Reimbursement (15 but < 20) - Enrollment Counts
Member Out of Pocket Premium
100% Reimbursement (20+ years) - Enrollment Counts
Member Out of Pocket Premium

Non-Medicare Plans												
Kaiser HMO		Kaiser CDHP		Sutter HMO		Sutter HDHP		Anthem PPO		Anthem CDHP		
Single	2-Party	Single	2-Party	Single	2-Party	Single	2-Party	Single	2-Party	Single	2-Party	
\$931	\$1,862	\$824	\$1,649	\$977	\$1,954	\$771	\$1,542	\$982	\$1,964	\$785	\$1,571	
0	0	0	0	0	0	0	0	0	0	0	0	
\$931	\$1,862	\$824	\$1,649	\$977	\$1,954	\$771	\$1,542	\$982	\$1,964	\$785	\$1,571	
0	2	0	0	0	0	0	0	1	1	0	0	
\$819	\$1,725	\$712	\$1,511	\$865	\$1,817	\$658	\$1,404	\$869	\$1,826	\$673	\$1,433	
6	3	1	0	0	1	0	0	2	0	0	0	
\$706	\$1,587	\$599	\$1,374	\$752	\$1,679	\$546	\$1,267	\$757	\$1,689	\$560	\$1,296	
2	5	0	0	1	2	0	0	2	1	0	0	
\$594	\$1,450	\$487	\$1,236	\$640	\$1,542	\$433	\$1,129	\$644	\$1,551	\$448	\$1,158	
55	85	1	0	1	10	1	0	19	29	0	3	
\$481	\$1,312	\$374	\$1,099	\$527	\$1,404	\$321	\$992	\$532	\$1,414	\$335	\$1,021	

Enrollment Counts
No Enrollment
Under 10 Enrolled
10 to 20 Enrolled
21+ Enrolled

EBMUD Health Plans

UHC Medicare Advantage PPO

Medical Plan Benefits	United HealthCare Medicare
	In-Network
Calendar Year Deductible Individual / Family	None
Physician Office Visit	No Charge
Preventative Care	No Charge
Lab and X-Ray	No Charge
Hospitalization - All Inpatient Services	No Charge
Hospitalization - Outpatient Surgery	No Charge
Emergency Room	\$50 Copay (Copay waived if admitted, deductible waived)
Ambulance Services	No Charge
Durable Medical Equipment	No Charge
Chiropractic Therapy	No Charge
Acupuncture (12 Visits PCY)	30 Visits for Accupuncture and Chiro Combined)
Hearing Aid Benefit	No Charge
	\$2,500

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Kaiser Senior Advantage

Medical Plan Benefits	Kaiser - KPSA (Low) Current			Kaiser - KPSA (High) Current
Calendar Year Deductible Individual / Family	None			None
Annual Out-of-Pocket Maximum Individual / Individual Family Member/ Family	Individual / Individual Family Member/ Family \$1,500 / \$1,500 / \$3,000			Individual / Individual Family Member/ Family \$1,500 / \$1,500 / \$3,000
Physician & Specialist Office Visit	\$25 / Visit			\$15 / Visit
Preventative Care	No Charge			No Charge
Diagnostic X-Ray and Lab	No Charge			No Charge
Hospitalization - All Inpatient Services	\$250 / Admit			No Charge
Hospitalization - Outpatient Surgery	\$100 / Procedure			\$15 / Procedure
Emergency Room (waived if admitted)	\$50 / Visit			\$50 / Visit
Ambulance Service	\$75 / Trip			No Charge
Durable Medical Equipment	No Charge			No Charge
Skilled Nursing Facility Care	No Charge			No Charge
Speech/Physical/Occupational Therapy	\$25 / Visit			\$15 / Visit
Hearing Exam	\$25 / Visit			\$15 / Visit
Hearing Aid	\$1,000 Allowance/Device, 1 Device/Ear, 2 Devices (36 months)			\$1,000 Allowance/Device, 1 Device/Ear, 2 Devices (36 months)
Eye Exam	\$25 / Visit			\$15 / Visit
Eyewear (Every 24 Months)	\$150 Allowance			\$150 Allowance
Mental Health & Substance Abuse				
MH/SA - Inpatient (Substance Abuse- Detox Only)	\$250			No Charge
MHSA - Outpatient	MH/SA: \$25 Group: \$12 (Group Sub. Abuse: \$5)			MH/SA: \$15 / Group: \$7
Prescription Drug				
Rx Out-of-Pocket Maximum: Individual / Family	Integrated with Medical			Integrated with Medical
Rx Brand Deductible	None			None
Rx- Day Supply	30 Day	31-60 Day	60 - 100 Day	Up to 100 day supply
Retail	\$10 / \$25	\$20 / \$50	\$30 / \$75	\$10 / \$15
Mail Order Program	\$10 / \$25	\$20 / \$50	\$20 / \$50	\$10 / \$15

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Anthem Classic PPO

Medical Plan Benefits
Calendar Year Deductible
Individual / Family
Annual Out-of-Pocket Maximum
Individual / Family
Physician & Specialist Office Visit
Preventative Care
Lab and X-Ray
Hospitalization - All Inpatient Services
Hospitalization - Outpatient Surgery
Emergency Room
Ambulance Services
Durable Medical Equipment
Skilled Nursing Facility (100 Visits PCY)
Hospice Care
Speech/Physical/Occu. Therapy (30 Visits PCY)
Chiropractic (30 Visits PCY)
Acupuncture (12 Visits PCY)
Mental Health & Substance Abuse
MHSA - Inpatient
MHSA - Outpatient
Prescription Drug
Rx Out-of-Pocket Maximum: Individual / Family
Retail (30-Day Supply)
Mail Order Program (90-Day Supply)

Anthem Blue Cross Classic PPO Current / Renewal	
In-Network	Out-of-Network
\$200 / \$600	\$200 / \$600
\$2,000 / \$4,000	\$2,000 / Member
\$15 / Visit (Ded. Waived)	20% After Deductible
No Charge (Ded. Waived)	20% After Deductible
20% After Deductible	20% After Deductible
10% After Deductible	20% After Deductible
10% After Deductible	20% After Deductible
\$50 Copay + 20% (Copay waived if admitted, deductible waived)	
20% After Deductible	20% After Deductible
20% After Deductible	20% After Deductible
10% After Deductible	20% After Deductible
10% After Deductible	10% After Deductible
20% After Deductible	20% After Deductible
20% After Deductible	20% After Deductible
20% After Deductible	40% After Deductible
10% after deductible	20% after deductible
\$15 / Visit (Ded. Waived)	20% after deductible
Generic / Preferred / Non-preferred	
\$5,350 / \$10,200	None
\$5 / \$20 / \$50	Copay + 50%
\$10 / \$40 / \$100	Not Covered

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Anthem CDHP

Medical Plan Benefits
Calendar Year Deductible Individual / Family
Annual Out-of-Pocket Maximum Individual / Family
Physician & Specialist Office Visit
Preventative Care
Lab and X-Ray
Hospitalization - All Inpatient Services
Hospitalization - Outpatient Surgery
Emergency Room
Ambulance Services
Durable Medical Equipment
Skilled Nursing Facility (100 Visits PCY)
Hospice Care
Speech/Physical/Occu./Chiropractic Therapy
Acupuncture (12 Visits PCY)
Mental Health & Substance Abuse
MHSA - Inpatient
MHSA - Outpatient
Prescription Drug
Rx Out-of-Pocket Maximum: Individual / Family Retail (30-Day Supply)
Mail Order Program (90-Day Supply)

Anthem Blue Cross CDHP Current / Renewal	
In-Network	Out-of-Network
\$1,500 / \$3,000	\$1,500 / \$3,000
\$2,500 / \$4,000	\$2,500 / \$4,000
20% After Deductible	40% After Deductible
No Charge (Ded. Waived)	40% After Deductible
20% After Deductible	40% After Deductible
20% After Deductible	40% After Deductible
20% After Deductible	40% After Deductible
\$100 Copay + 20% (Copay waived if admitted, deductible waived)	
20% After Deductible	
20% After Deductible	40% After Deductible
20% After Deductible	40% After Deductible
20% After Deductible	20% After Deductible
20% After Deductible	40% After Deductible
Limited to 30 Visits PCY	
20% After Deductible	40% After Deductible
20% After Deductible	40% After Deductible
Generic / Preferred / Non-preferred	
Combined with Medical	
\$5 / \$20 / \$50	Copay + 50%
\$10 / \$40 / \$100	Not Covered

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Sutter Health Plus HMO

Medical Plan Benefits
Calendar Year Deductible Individual / Family
Annual Out-of-Pocket Maximum Individual / Two Party / Family
Physician & Specialist Office Visit
Preventative Care
Diagnostic X-Ray and Lab
Hospitalization - All Inpatient Services
Hospitalization - Outpatient Surgery
Emergency Room (waived if admitted)
Ambulance Service
Durable Medical Equipment
Skilled Nursing Facility (100 Visits PCY)
Hospice
Chiropractic
Acupuncture
Mental Health & Substance Abuse
MHSA - Inpatient (Substance Abuse: Detox Only)
MHSA - Outpatient
Prescription Drug
Rx Out-of-Pocket Maximum: Individual / Family
Retail (30-Day Supply)
Mail Order Program (100-Day Supply)
Specialty Rx (30-Day Supply)

Sutter Health Plus HMO Current
None
\$750 / \$750 / \$1,500
\$10 / Visit
No Charge
\$10 Labs; No Charge X Rays
No Charge
No Charge
\$30 / Visit
\$30 / Trip
No Charge
No Charge
No Charge
Not Covered
\$10*
No Charge
Individual \$10 / visit (Group \$5 / visit)
Generic / Brand / Non-Formulary
Combined with Medical
\$5 / \$20 / \$40
\$10 / \$40 / \$80
\$40 Copay

*Acupuncture is provided for treatment of nausea or chronic pain with a doctor's referral.

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Sutter Health Plus HDHP

Medical Plan Benefits
Calendar Year Deductible² Individual / Family Member/ Family
Annual Out-of-Pocket Maximum Individual / Family Member/ Family
Physician & Specialist Office Visit
Preventative Care
Diagnostic X-Ray and Lab
Hospitalization - Outpatient Surgery
Emergency Room (waived if admitted)
Ambulance Service
Durable Medical Equipment
Skilled Nursing Facility Care
Hospice
Mental Health & Substance Abuse
MHSA - Inpatient (Substance Abuse: Detox Only)
MHSA - Outpatient
Prescription Drug
Pharmacy: Individual / Family
Retail (30-Day Supply)
Mail Order Program (100-Day Supply)
Specialty Rx

Sutter Health Plus HDHP Current
In-Network
Embedded \$1,500 / \$3,000 / \$3,000
Embedded \$3,000 / \$3,000 / \$6,000
No Charge (After Ded.)
No Charge (Ded. Waived)
No Charge (After Ded.)
No Charge (After Ded.)
No Charge (After Ded.)
No Charge (After Ded.)
No Charge (After Ded.)
No Charge (After Ded.)
No Charge (After Ded.)
\$50 / Admit (After Ded.)
No Charge (After Ded.)
Generic / Brand / Non-Formulary (After Ded.)
Integrated with Medical
No Charge (After Ded.)
No Charge (After Ded.)
No Charge (After Ded.)

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Kaiser HMO

Medical Plan Benefits
Calendar Year Deductible Individual / Family
Annual Out-of-Pocket Maximum Individual / Family Member/ Family
Physician & Specialist Office Visit
Preventative Care
Diagnostic X-Ray and Lab
Hospitalization - All Inpatient Services
Hospitalization - Outpatient Surgery
Emergency Room (waived if admitted)
Ambulance Service
Durable Medical Equipment
Skilled Nursing Facility Care
Hospice
Speech/Physical/Occupational Therapy
Hearing Aids
Chiropractic
Prescription Drug
Retail (100-Day Supply)
Mail Order Program (100-Day Supply)

Kaiser HMO (Actives & Early Retirees) Current
None
\$1,500 / \$1,500 / \$3,000
\$20 / Visit
No Charge
No Charge
No Charge
\$20 Procedure
\$75 / Visit
No Charge
No Charge
No Charge (100 Days Max Benefit Period)
No Charge
\$20 / Visit
1,000 Allowance/Device, 1 Device/Ear, 2 Devices (36 month)
Not Covered
Generic / Brand
\$10 / \$15
\$10 / \$15

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Kaiser HDHP

Medical Plan Benefits	Kaiser CDHP (Actives & Early Retirees) Current
Calendar Year Deductible² Individual / Family Member / Family	Embedded \$1,500 / \$3,000 / \$3,000
Annual Out-of-Pocket Maximum Individual / Family Member / Family	\$3,000 / \$3,000 / \$6,000
Major Medical	
Physician & Specialist Office Visit	10% After Deductible
Preventative Care	No Charge (ded. waived)
Diagnostic X-Ray and Lab	10% After Deductible
Hospitalization - All Inpatient Services	10% After Deductible
Hospitalization - Outpatient Surgery	10% After Deductible
Emergency Room	10% After Deductible
Ambulance Service	10% After Deductible
Durable Medical Equipment	10% After Deductible
Skilled Nursing Facility Care	10% After Deductible
Hospice	No Charge After Deductible
Speech/Physical/Occupational Therapy	10% After Deductible
Hearing Aids	Not Covered
Chiropractic	Not Covered
Prescription Drug	Generic / Brand
Retail (30-Day Supply)	\$10 / \$30 After Medical Deductible
Mail Order Program (100-Day Supply)	\$20 / \$60 After Medical Deductible

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