

- United Healthcare stated a 2022-2023 loss ratio of 151%, meaning their payment of medical expenses were 151% of ATCAA premiums.
- Our Insurance broker USI presented us with options that included a 52% annual premium cost increase (\$774K to \$1,178K), or a significantly higher deductible with increased ATCAA HSA contributions. Both options were painful to consider.
- ATCAA reached out to another known Insurance Broker who offered 5 additional plans. Each plan starts with an underlying high-deductible plan with nearly identical coverages to existing plans. Then another underwriter “Nonstop,” issues a pre-paid card of incremental amounts from \$2,500 to \$6,500 at different premium prices.
- The ATCAA Leadership team met to weigh in on plan options and made a unanimous decision to choose the \$1K Backend option, while accepting the added cost to programs and participating staff members.
- There are no changes to Dental or Vision benefits except with a different carrier, Humana instead of UHC at a lower premium. Also, there are no changes to Voluntary Life / AD&D Insurance, Involuntary \$10K Life and EAP benefits.
- The following charts are details of reviewed options.

*Requesting Board Approval of Change in Health Insurance*

# 2024 Health Benefit Old/New Premium & Coverage

		Current Plans						Renewal Plans					
		UHC CUJC Select Plus 1000		UHC CUJB Select plus 1000		UHC DIXW select plus 3000 HSA		UHC CUJC Select Plus 1000		UHC CUJB Select plus 1000		UHC DIXW select plus 3000 HSA	
<b>Tier</b>													
Employee Only	41	\$644.47	4	\$667.37	27	\$587.99	10	\$986.63	4	\$1019.67	27	\$883.94	10
Employee + Spouse	10	\$1,417.84	1	\$1,468.21	4	\$1,293.58	5	\$2,170.60	1	\$2,243.27	4	\$1,944.67	5
Employee + Child(ren)	7	\$1,160.05	2	\$1,201.27	4	\$1,058.39	1	\$1,775.94	2	\$1,835.41	4	\$1,591.10	1
Employee + Family	7	\$2,320.09	2	\$2,402.53	3	\$2,116.77	2	\$3,551.86	2	\$3,670.81	3	\$3,182.19	2
	65												
HRA/HSA Spend		\$0.00						\$0.00					
Monthly		\$64,500.23						\$98,149.19					
Annual		\$774,002.76						\$1,177,790.28					
Variance from Current		-						\$403,787.52					
% Variance from Current		-%						52.17%					
Employee Out-of-Pocket Savings		N/A						N/A					
		UHC Coverage						UHC Coverage					
<b>Calendar Year Annual</b>													
Individual		\$1,000		\$1,000		\$1,600		\$1,000		\$1,000		\$1,600	
Family		\$2,000		\$2,000		\$3,200		\$2,000		\$2,000		\$3,200	
<b>Calendar Year Out-of-Pocket</b>													
Individual		\$5,000		\$5,000		\$4,500		\$5,000		\$5,000		\$4,500	
Family		\$10,000		\$10,000		\$9,000		\$10,000		\$10,000		\$9,000	
<b>Professional Services</b>													
Primary Care Physician (PCP)		\$25 Copay		\$25 Copay		20% Coinsurance		\$25 Copay		\$25 Copay		20% Coinsurance AD	
Specialist		\$50 Copay		\$50 Copay		20% Coinsurance		\$50 Copay		\$50 Copay		20% Coinsurance AD	
Preventive Care Exam		\$0		\$0		\$0		\$0		\$0		\$0	
<b>Hospital Services</b>													
Inpatient		30% Coinsurance		20% Coinsurance		20% Coinsurance		30% Coinsurance		20% Coinsurance		20% Coinsurance AD	
Emergency Room		30% Coinsurance		20% Coinsurance		20% Coinsurance		30% Coinsurance		20% Coinsurance		20% Coinsurance AD	
<b>Prescription Drugs</b>													
Rx Deductible		-		-		-		-		-		-	
Generic brand		\$10 Copay		\$10 Copay		\$10 Copay AD		\$10 Copay		\$10 Copay		\$10 Copay AD	
Preferred brand		\$35 Copay		\$35 Copay		\$35 Copay AD		\$35 Copay		\$35 Copay		\$35 Copay AD	
Non-preferred brand		\$70 Copay		\$70 Copay		\$70 Copay AD		\$70 Copay		\$70 Copay		\$70 Copay AD	
Specialty		\$150 Copay (tier 3 specialty:		\$150 Copay (tier 3 specialty:		\$150 Copay AD (tier 3 specialty:		\$150 Copay (tier 3 specialty:		\$150 Copay (tier 3 specialty:		\$150 Copay AD (tier 3 specialty:	

**Renewal of Same Plans = 52% Premium Increase (\$404K Annual Impact)**

# 2024 Health Benefit Nonstop Options

Nonstop Quoted Analysis - Amador Tuolumne Community Action Agency - UHC Select plus HSA 5500 - 01/01/2024					
Underlying Plan	Option 0K	Option 1K	Option 2K	Option 3K	Option 4K
UHC Select plus HSA 5500	Nonstop \$0 Backend Exposure	Nonstop \$1,000 Backend Exposure	Nonstop \$2,000 Backend Exposure	Nonstop \$3,000 Backend Exposure	Nonstop \$4,000 Backend Exposure
\$676.20	\$922.25	\$908.29	\$894.34	\$880.39	\$866.43
\$1,487.64	\$1,938.71	\$1,909.38	\$1,880.05	\$1,850.72	\$1,821.39
\$1,217.17	\$1,639.89	\$1,612.68	\$1,585.48	\$1,558.28	\$1,531.07
\$2,434.33	\$3,128.57	\$3,081.00	\$3,033.44	\$2,985.87	\$2,938.30
-	-	-	-	-	-
-	\$90,578.44	\$89,189.64	\$87,800.84	\$86,412.04	\$85,023.24
-	\$1,086,941.33	\$1,070,275.72	\$1,053,610.11	\$1,036,944.50	\$1,020,278.89
-	\$312,938.57	<b>\$296,272.96</b>	\$279,607.35	\$262,941.74	\$246,276.13
-%	40.43%	38.28%	36.12%	33.97%	31.82%
N/A	(\$126,492)	(\$109,827)	(\$93,161)	(\$76,495)	(\$59,830)
UHC Coverage	Nonstop Coverage	Nonstop Coverage	Nonstop Coverage	Nonstop Coverage	Nonstop Coverage
\$5,500 \$11,000  \$6,500 \$13,000  30% Coinsurance 30% Coinsurance \$0)	In-Network Services Covered in full* up to: \$6,500 individual coverage \$13,000 family coverage *\$100 ER Copay*	In-Network Services Covered in full* up to: \$5,500 individual coverage \$11,000 family coverage *\$100 ER Copay*	In-Network Services Covered in full* up to: \$4,500 individual coverage \$9,000 family coverage *\$100 ER Copay*	In-Network Services Covered in full* up to: \$3,500 individual coverage \$7,000 family coverage *\$100 ER Copay*	In-Network Services Covered in full* up to: \$2,500 individual coverage \$5,000 family coverage *\$100 ER Copay*
30% Coinsurance 30% Coinsurance					
-					
\$10 Copay AD \$50 Copay AD \$120 Copay AD \$250 Copay AD					

**Preferred Option is 1K; No Deductible Risk only \$2K Max OOP**

# 2024 Health Benefit Cost of Options

		Estimated Monthly Premium Cost Increase by Department			
		Option 3	Option 6	Option 3K	Option 1K
Department	QTY	\$ 303.31	\$ 321.45	\$ 209.29	\$ 230.51
Housing	6	\$ 1,819.84	\$ 1,928.69	\$ 1,255.77	\$ 1,383.05
Foodbank	4	\$ 1,213.23	\$ 1,285.80	\$ 837.18	\$ 922.03
Energy	9	\$ 2,729.76	\$ 2,893.04	\$ 1,883.65	\$ 2,074.57
Prevention	1	\$ 303.31	\$ 321.45	\$ 209.29	\$ 230.51
Communication	1	\$ 303.31	\$ 321.45	\$ 209.29	\$ 230.51
ECS	29	\$ 8,795.89	\$ 9,322.02	\$ 6,069.55	\$ 6,684.72
CAL EITC / VITA	2	\$ 606.61	\$ 642.90	\$ 418.59	\$ 461.02
Admin	9	\$ 2,729.76	\$ 2,893.04	\$ 1,883.65	\$ 2,074.57
Monthly Agency Cost Increase:		\$ 18,501.69	\$ 19,608.39	\$ 12,766.98	\$ 14,060.96
Annual Agency Cost Increase:		\$ 222,020.28	\$ 235,300.65	\$ 153,203.74	\$ 168,731.51
Employee Premium Increase (avg.):		65.09	224.79	\$ 42.73	\$ 64.24
Plan Deductible		\$1,600 / \$3,200	\$2,500 / \$5,000	\$5,500 / \$11,000	\$5,500 / \$11,000
Plan Max OOP		\$4,500 / \$9,000	\$3,500 / \$7,000	\$6,500 / \$13,000	\$6,500 / \$13,000
HSA / FSA		HSA	HSA	FSA	FSA
Employee Deductible Risk:		\$1,600 / \$3,200	\$2,500 / \$5,000	\$2,500 / \$4,000	\$0,000 / \$0,000
Employee OOP Risk:		\$4,500 / \$9,000	\$3,500 / \$7,000	\$3,000 / \$6,000	\$1,000 / \$2,000
Coinsurance (after Deductible):		80%	70%	0%	0%
<b>Prepay Card:</b>		N/A	N/A	\$3,500 / \$7,000	\$5,500 / \$11,000
Agency % Paid Employee:		90%	90%	90%	90%
Agency % Paid Dependent:		83%	50%	85%	83%
Agency Annual Paid HSA (EE):		\$ 900.00	\$ 3,900.00	\$ -	\$ -
Agency Annual Paid HSA (ES/EF):		\$ 1,800.00	\$ 4,800.00	\$ -	\$ -

**Option 1K: \$64 avg. Monthly Increase to Staff for More Coverage**

# 2024 Health Benefit Dental / Vision Options

	CIGNA	COPOWER	HUMANA	METLIFE	MUTUAL OF OMAHA	BEST VALUE STANDALONE	
<b>DENTAL PPO</b>						<b>HUMANA</b>	
Monthly Premium	\$5,813.58	\$5,294.07	\$4,487.01	\$5,054.80	\$5,273.30	\$4,487.01	
Annual Premium	\$69,762.96	\$63,528.84	\$53,844.12	\$60,657.60	\$63,279.60	\$53,844.12	
Change From Current (%)	1.2%	-7.8%	-21.9%	-12.0%	-8.2%	-21.9%	
Annual Change From Current (\$)	\$831.48	-\$5,402.64	-\$15,087.36	-\$8,273.88	-\$5,651.88	-\$15,087.36	
<b>VISION PLAN</b>						<b>HUMANA</b>	
Monthly Premium	\$687.71	\$602.75	\$538.55	\$728.95	\$562.33	\$538.55	
Annual Premium	\$8,252.52	\$7,233.00	\$6,462.60	\$8,747.40	\$6,747.96	\$6,462.60	
Change From Current (%)	15.5%	1.2%	-9.6%	22.4%	-5.6%	-9.6%	
Annual Change From Current (\$)	\$1,105.56	\$86.04	-\$684.36	\$1,600.44	-\$399.00	-\$684.36	
<b>CURRENT TOTAL</b>		<b>CIGNA TOTAL</b>	<b>COPOWER TOTAL</b>	<b>HUMANA TOTAL</b>	<b>METLIFE TOTAL</b>	<b>MUTUAL OF OMAHA TOTAL</b>	<b>STANDALONE TOTAL</b>
\$6,339.87	← MONTHLY PREMIUM →	\$6,501.29	\$5,896.82	\$5,025.56	\$5,783.75	\$5,835.63	\$5,025.56
\$76,078.44	← ANNUAL PREMIUM →	\$78,015.48	\$70,761.84	\$60,306.72	\$69,405.00	\$70,027.56	\$60,306.72
	<b>CHANGE (%)</b>	2.5%	-7.0%	-20.7%	-8.8%	-8.0%	-20.7%
	<b>ANNUAL CHANGE (\$)</b>	\$1,937.04	-\$5,316.60	-\$15,771.72	-\$6,673.44	-\$6,050.88	-\$15,771.72

*Humana: Same coverage at ~\$20/mo lower cost.*