



2025 Strategic Planning and Market Updates

PRESENTED BY:

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Agenda

1. Renewal Overview
2. CalPERS Update
3. HR Update
4. Renewal Timeline

Renewal Overview



January 2025 Renewal Overview

Line of Coverage	Rate Action for 2025	Renewal
Delta Dental HMO	No rate action	2026
Delta Dental PPO	No rate action	2026
VSP Vision	No rate action	2028
The Hartford Basic Life and AD&D	No rate action	2027
The Hartford Supplemental Life and AD&D	No rate action	2026
The Hartford Short Term Disability	No rate action	2027
The Hartford Long Term Disability	No rate action	2027
Holman Group Employee Assistance Program	No rate action	2026

No changes in carriers, plans or rates in 2025.

CalPERS UPDATE



CalPERS 2025 Benefit Enhancements

Plan Network Expansions/Shrinkage

- None in Southern California

Plan Changes

- Plans will include a doula benefit for all pregnant and postpartum members to receive health education, advocacy, physical and emotional non-medical support, before, during and after pregnancy, miscarriage, stillbirth, and abortions.
- The travel benefit has been updated to include travel and lodging coverage for eligible medically necessary services, including but not limited to abortion services, gender affirming care, complex surgeries and cancer care that cannot be accessed within 50 miles for members, up to \$5,000 per occurrence. This includes transportation, lodging, and meals for the member and companion (both parents/guardians when patient is under 18).

CalPERS Benefit Rates

Region 2: Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, and Ventura

Region 2 Plan	2024			2025					
	Single	2-Party	Family	Single	Change	2-Party	Change	Family	Change
Anthem Blue Cross Select HMO	\$807.71	\$1,615.42	\$2,100.05	\$919.00	\$111.29	\$1,838.00	\$222.58	\$2,389.40	\$289.35
Anthem Blue Cross Traditional HMO	\$1,034.38	\$2,068.76	\$2,689.39	\$1,110.97	\$76.59	\$2,221.94	\$153.18	\$2,888.52	\$199.13
Blue Shield Access+ HMO	\$869.14	\$1,738.28	\$2,259.76	\$948.53	\$79.39	\$1,897.06	\$158.78	\$2,466.18	\$206.42
Blue Shield TRIO HMO	\$810.24	\$1,620.48	\$2,106.62	\$909.10	\$98.86	\$1,818.20	\$197.72	\$2,363.66	\$257.04
Health Net Salud y Mas	\$684.77	\$1,369.54	\$1,780.40	\$823.49	\$138.72	\$1,646.98	\$277.44	\$2,141.07	\$360.67
Kaiser Permanente HMO	\$904.95	\$1,809.90	\$2,352.87	\$944.34	\$39.39	\$1,888.68	\$78.78	\$2,455.28	\$102.41
PERS Gold PPO	\$799.44	\$1,598.88	\$2,078.54	\$864.75	\$65.31	\$1,729.50	\$130.62	\$2,248.35	\$169.81
PERS Platinum PPO	\$1,151.50	\$2,303.00	\$2,993.90	\$1,258.76	\$107.26	\$2,517.52	\$214.52	\$3,272.78	\$278.88
PORAC	\$926.00	\$1,863.00	\$2,371.00	\$970.00	\$44.00	\$1,951.00	\$88.00	\$2,484.00	\$113.00
Sharp Performance	\$833.24	\$1,666.48	\$2,166.42	\$868.45	\$35.21	\$1,736.90	\$70.42	\$2,257.97	\$91.55
UnitedHealthcare SignatureValue Alliance	\$837.88	\$2,178.49	\$2,178.49	\$890.66	\$52.78	\$1,781.32	-\$397.17	\$2,315.72	\$137.23
UnitedHealthcare SignatureValue Harmony	\$792.65	\$1,585.30	\$2,060.89	\$819.64	\$26.99	\$1,639.28	\$53.98	\$2,131.06	\$70.17

CalPERS Benefit Rates

Region 3: Los Angeles, Riverside, and San Bernardino

Region 3 Plan	2024			2025					
	Single	2-Party	Family	Single	Change	2-Party	Change	Family	Change
Anthem Blue Cross Select HMO	\$841.13	\$1,682.22	\$2,186.94	\$916.88	\$75.75	\$1,833.76	\$151.54	\$2,383.89	\$196.95
Anthem Blue Cross Traditional HMO	\$1,012.67	\$2,024.34	\$2,632.94	\$1,065.46	\$52.79	\$2,130.92	\$106.58	\$2,770.20	\$137.26
Blue Shield Access+ HMO	\$756.65	\$1,513.30	\$1,967.29	\$828.48	\$71.83	\$1,656.96	\$143.66	\$2,154.05	\$186.76
Blue Shield TRIO HMO	\$704.69	\$1,409.38	\$1,832.19	\$738.11	\$33.42	\$1,476.22	\$66.84	\$1,919.09	\$86.90
Health Net Salud y Mas	\$630.13	\$1,260.26	\$1,638.34	\$714.40	\$84.27	\$1,428.80	\$168.54	\$1,857.44	\$219.10
Kaiser Permanente HMO	\$865.41	\$1,730.82	\$2,250.07	\$926.52	\$61.11	\$1,853.04	\$122.22	\$2,408.95	\$158.88
PERS Gold PPO	\$785.28	\$1,570.56	\$2,041.73	\$868.15	\$82.87	\$1,736.30	\$165.74	\$2,257.19	\$215.46
PERS Platinum PPO	\$1,131.47	\$2,262.94	\$2,941.82	\$1,263.73	\$132.26	\$2,527.46	\$264.52	\$3,285.70	\$343.88
PORAC	\$926.00	\$1,863.00	\$2,371.00	\$970.00	\$44.00	\$1,951.00	\$88.00	\$2,484.00	\$113.00
UnitedHealthcare SignatureValue Alliance	\$826.44	\$1,652.88	\$2,148.74	\$866.40	\$39.96	\$1,732.80	\$79.92	\$2,252.64	\$103.90
UnitedHealthcare SignatureValue Harmony	\$734.76	\$1,469.52	\$1,910.38	\$756.28	\$21.52	\$1,512.56	\$43.04	\$1,966.33	\$55.95

CalPERS Timeline

June

- Preliminary Rates Released

July

- Final Rates Released

September and October

- Open Enrollment
September 16
to October 11

HR Update



Discussion

- Medical Allowance increasing to \$158
- Open Enrollment – September 16 to October 11
- Health Fair – September 25

Renewal Timeline



Timeline



May / June



May 30 BIC Meeting #1
June CalPERS Preliminary Rates Released

July / August



July CALPERS Final Rates and Plans Released
August 1 BIC Meeting #2

September / October



September 16 to October 11 Open Enrollment
September 25 Health Fair

November / December



Open Enrollment
Enrollment changes to the carriers

January



January 1 plan year effective date



THANK YOU!



Plan Summaries



Delta Dental HMO Summary

Dental HMO

	In-network services only
Calendar Year Deductible	None
Annual Maximum	Unlimited
Diagnostic and Preventive Service	\$0 - \$150 copays
Basic Services	
Filling	\$0 - \$165 copays
Root Canals	\$45 - \$205 copays
Periodontics	\$0 - \$650 copays
Major Services	\$0 - \$1,050 copays
Orthodontic Services	
Orthodontia	Child: \$1,700, Adult: \$1,900
Lifetime Maximum	Unlimited

Delta Dental PPO Summary

Dental PPO

	In-network	Premier	Out-of-network
Calendar Year Deductible	None	\$50 individual \$150 family	\$50 individual \$150 family
Annual Maximum	\$3,000	\$3,000	\$3,000
Diagnostic and Preventive Service	Plan pays 100%	Plan pays 100%	Plan pays 100%
Basic Services			
Fillings	Plan pays 90%	Plan pays 80%	Plan pays 80%
Root Canals	Plan pays 90%	Plan pays 80%	Plan pays 80%
Periodontics	Plan pays 90%	Plan pays 80%	Plan pays 80%
Major Services	Plan pays 60%	Plan pays 50%	Plan pays 50%
Orthodontia			
Orthodontia	Plan pays 50%	Plan pays 50%	Plan pays 50%
Lifetime Maximum	\$2,000	\$2,000	\$2,000

VSP Vision Summary

Vision PPO	In-network	Out-of-network
Examination Benefit	10 copay well vision / \$20 copay essential eye care	Up to \$45 reimbursed
Frequency	12 months	12 months
Materials Eyeglass Lenses	Covered at 100%	Covered at 100%
Single Vision	Plan pays 100%	Up to \$30 reimbursed
Bifocal	Plan pays 100%	Up to \$50 reimbursed
Trifocal	Plan pays 100%	Up to \$65 reimbursed
Frequency	12 months	12 months
Frames Benefit	Plan pays up to \$220 featured lenses / \$200 all frames	Up to \$70 reimbursed
Frequency	12 months	12 months
Contacts Benefit	Plan pays up to \$200	Up to \$105 reimbursed
Frequency	12 months	12 months

Hartford Basic Life/AD&D and Voluntary Life/AD&D

Basic Life and AD&D

Basic Life Amount	1X covered annual earnings, up to a maximum of \$50,000
Basic AD&D Amount	1X covered annual earnings, up to a maximum of \$50,000

Voluntary Life and AD&D

Employee Voluntary Life Amount	Increments of \$10,000, up to \$500,000
Spouse Voluntary Life Amount	Increments of \$10,000, up to the lesser of 100% employee amount or \$250,000
Child(ren) Voluntary Life Amount	Birth to 6 months: \$1,000 6 months to 26 years: Increments of \$1,500 up to \$10,000

Hartford Short Term Disability and Long Term Disability

Short Term Disability

Benefit Amount	Plan pays 66 2/3% covered weekly earnings
Maximum Benefit	\$1,847 per week
Benefits Begin	30 days after disability
Maximum Payment Period	22 weeks

Long Term Disability

Benefit Amount	Plan pays 66 2/3% covered monthly earnings
Maximum Benefit	\$15,000 per month
Benefits Begin	180 days after disability
Maximum Payment Period	Age 65 (SSNRA)