



SOLD PLANS



2019 - 2020



Prepared For


TEACH Public Schools

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Simpolicy Insurance Solutions, LLC
CA License 0141600

The following is a benefits and pricing summary. Information provided is not intended to be an inclusive list of cost, benefits, policy provisions, limitations and/or exclusions. Please refer to carrier's proposal, contract and/or summary plan description for a complete explanation.

Companies Contacted

MEDICAL	
Company	Status
Aetna	7% Above Current
Anthem Blue Cross	8% Above Current
Blue Shield of California	Current Carrier
California Choice	7% Above Current
Health Net	7% Above Current
Kaiser Permanente	Current Carrier
Oscar Small Group	2% Below Current
United HealthCare	7% Above Current

DENTAL	
Company	Status
Anthem Blue Cross	7.87% Below Current
Assurant (now SunLife)	2.99% Above Current
Guardian	10.70% Below Current
Lincoln	Current Carrier
MetLife	Declined
Principal	23.31% Above Current
Premier Life	1.82% Below Current
Reliance Standard	Pending...
The Standard	Declined
United Concordia	4.60% Below Current
Unum	Declined

VISION	
Company	Status
Anthem Blue Cross	19% Above Current
Assurant (now SunLife)	31% Above Current
EyeMed	Pending ...
Guardian	13% Above Current
Lincoln	28% Above Current
MetLife	Declined
MES Vision	38% Above Current
Premier Access (Avesis)	Current Carrier
Principal	27% Above Current
Reliance Standard	Pending ...
The Standard	Declined
Unum	Declined
VSP	74% Above Current

LIFE / AD&D	
Company	Status
Anthem Blue Cross	4% Above Current
Assurant (now SunLife)	41% Above Current
Guardian	20% Above Current
The Hartford	17.33% Above Current
MetLife	Declined
Mutual of Omaha	Current Carrier
Lincoln	26.67% Below Current
Principal	32% Above Current
Reliance Standard	Pending...
The Standard	Declined
Unum	Declined



Summary of Plan Options / Recommendations Effective 12/01/2019



"We've Got You Covered"



	Current Plans	Renewal
MEDICAL	Blue Shield Alongside Kaiser	Blue Shield Alongside Kaiser
Monthly Premium	\$28,784.40	\$30,808.33
Annual Premium	\$345,412.80	\$369,699.96
DENTAL	Lincoln Financial	Lincoln Financial
Monthly Premium	\$2,168.04	\$2,230.82
Annual Premium	\$26,016.48	\$26,769.84
VISION	Premier Access	Premier Access
Monthly Premium	\$459.67	\$459.67
Annual Premium	\$5,516.04	\$5,516.04
LIFE/AD&D	Mutual of Omaha	Mutual of Omaha
Monthly Premium	\$277.13	\$277.13
Annual Premium	\$3,325.50	\$3,325.50
TOTAL BENEFIT COST	Current Plans	Renewal
Monthly Premium	\$31,689.24	\$33,775.95
Annual Premium	\$380,270.82	\$405,311.34
TOTAL ANNUAL DIFFERENCE	Current Plans	Renewal
Difference (\$) Over Current	N/A	\$25,040.52
Difference (%) Over Current	N/A	6.58%
Difference (\$) Over Renewal	N/A	N/A
Difference (%) Over Renewal	N/A	N/A
NOTES	Current Plans	Renewal
Plan Changes	N/A	*Renewing All Plans *Increase Basic Life/AD&D volume from \$50k to \$100K *Add Voluntary Term Life/AD&D

Current/Renewal - **SOLD** Blue Shield of CA Alongside Kaiser Permanente Medical Plans Effective: 12/01/2019

CARRIER PLAN Benefits	Current HMO		Current HMO	Renewal HMO - SOLD	Renewal HMO - SOLD	
	Kaiser Permanente		Blue Shield of CA	Kaiser Permanente	Blue Shield of CA	
	Gold 80 HMO 0/25		Gold Trio HMO 500/35 OffEx	Gold 80 HMO 0/30	Gold Trio HMO 500/35 OffEx	
	Kaiser Facilities Only		TRIO HMO Network	Kaiser Facilities Only	TRIO HMO Network	
Main Features						
Calendar Year Individual Deductible		\$0	\$500	\$0	\$500	
Calendar Year Family Deductible		\$0	\$1,000	\$0	\$1,000	
Calendar Year Out-of-Pocket Maximum Individual		\$6,000	\$5,600 (incl ded)	\$7,200	\$6,500 (incl ded)	
Calendar Year Out-of-Pocket Maximum Family		\$12,000	\$11,200 (incl ded)	\$14,400	\$13,000 (incl ded)	
Co-Insurance		0%	20%	0%	20%	
Lifetime Maximum		Unlimited	Unlimited	Unlimited	Unlimited	
PC/Specialist		\$25/\$55	\$35/\$55 ded waived; \$55 ded waived Access+ SP	\$30/\$55	\$35/\$55 ded waived; \$55 ded waived Access+ SP	
Adult/Child Preventive Care		No charge	No charge	No charge	No charge	
Physical Therapy		\$25	\$35 ded waived	\$30	\$35 ded waived	
Chiropractic Care		Not covered	\$15 ded waived; 15 visits/cal yr	Not covered	\$15 ded waived; 15 visits/cal yr	
Inpatient Hospital		\$600/day up to 5 days	20% after ded	\$600/day up to 5 days	20% after ded	
Outpatient Facility		\$340	20% ded waived/\$300 after ded (ASC/Hospital)	\$340	\$150 after ded/\$300 after ded (ASC/Hospital)	
Lab/X-Ray		\$35/\$55	\$35/\$50 ded waived	\$35/\$55	\$35/\$50 ded waived	
Advanced Radiology		\$275	\$50 ded waived/\$250 after ded (FS/Hospital)	\$275	\$50 ded waived/\$250 after ded (FS/Hospital)	
Emergency Room		\$325 (waived if admitted)	\$250 (waived if admitted) after ded	\$325 (waived if admitted)	\$250 (waived if admitted) after ded	
Ambulance		\$250	\$100 ded waived	\$250	\$100 ded waived	
Urgent Care		\$25	\$35 ded waived	\$30	\$35 ded waived	
Tier 1		\$15	\$15 ded waived	\$15	\$15/\$20 ded waived	
Tier 2		\$55	\$30 ded waived	\$55	\$30/\$50 ded waived	
Tier 3		\$55	\$50 ded waived	\$55	\$50/\$80 ded waived	
Tier 4 Specialty		20%; \$250 max/script	20% ded waived; \$250 max/script	20%; \$250 max/script	20% ded waived; \$250 max/script	
Rx Mail Order		2x retail (100 day supply)	2x retail copay	2x retail (100 day supply)	2x retail copay	
Plan Rates	BS	KP	Current HMO	Current HMO	Renewal HMO - SOLD	Renewal HMO - SOLD
Employee Only	1	43	age rated	age rated	age rated	age rated
Employee+ Spouse	1	3	age rated	age rated	age rated	age rated
Employee + Child(ren)	0	6	age rated	age rated	age rated	age rated
Family	0	1	age rated	age rated	age rated	age rated
Estimated Monthly Premium			\$27,772.47	\$1,011.93	\$29,706.92	\$1,101.41
Estimated Total Annual Premium			\$333,269.64	\$12,143.16	\$356,483.04	\$13,216.92
Current Increase/Decrease %					6.97%	8.84%
Estimated Combined Total Annual Premium			\$345,412.80		\$369,699.96	
Current Increase/Decrease %					7.03%	

*Plus all charges in excess of Maximum Allowable Charge.

**Refer to the Evidence of Coverage Booklet for complete details including Mental Health Parity
10/14/2019

Current/Renewal-SOLD Blue Shield of CA Alongside Kaiser Permanente Small Group Rates Effective 12/01/2019

First Name	Last Name	Plan	Coverage	Current Employee	Current Dependent	Total	Renewal	Renewal	Total
				Rates	Rates	Monthly Rates	Employee Rates	Dependent Rates	Monthly Rates
Hand	Allison	BSC	Employee + Spouse	\$332.20	\$338.77	\$670.97	\$360.84	\$367.92	\$728.76
Linderwell	Jill	BSC	Employee Only	\$340.96	\$0.00	\$340.96	\$372.65	\$0.00	\$372.65
Anaebere	Uju Amanda	KP	Employee Only	\$390.24	\$0.00	\$390.24	\$412.69	\$0.00	\$412.69
Benavides	Marcela	KP	Employee Only	\$377.78	\$0.00	\$377.78	\$401.95	\$0.00	\$401.95
Brown	Matthew	KP	Employee + Child(ren)	\$387.68	\$516.58	\$904.26	\$410.01	\$541.32	\$951.33
Calderon	Michael	KP	Employee Only	\$408.12	\$0.00	\$408.12	\$436.85	\$0.00	\$436.85
Carranza	Raul	KP	Employee + Child(ren)	\$499.13	\$1,132.53	\$1,631.66	\$548.58	\$1,219.98	\$1,768.56
Coffey	Andrew	KP	Employee Only	\$327.01	\$0.00	\$327.01	\$351.63	\$0.00	\$351.63
Cunningham	Mildred	KP	Employee Only	\$958.02	\$0.00	\$958.02	\$1,006.56	\$0.00	\$1,006.56
D'Entremont	Jessica	KP	Employee Only	\$320.62	\$0.00	\$320.62	\$343.57	\$0.00	\$343.57
Ellis	Michael	KP	Employee Only	\$570.34	\$0.00	\$570.34	\$625.75	\$0.00	\$625.75
Flores-Toledo	Graciela	KP	Employee Only	\$446.12	\$0.00	\$446.12	\$484.49	\$0.00	\$484.49
Gomez	Rosario	KP	Employee Only	\$446.12	\$0.00	\$446.12	\$484.49	\$0.00	\$484.49
Gonzalez	Nancy	KP	Employee Only	\$392.79	\$0.00	\$392.79	\$415.37	\$0.00	\$415.37
Haydel	Jazmin	KP	Employee Only	\$357.34	\$0.00	\$357.34	\$380.82	\$0.00	\$380.82
Henderson	Christin	KP	Employee Only	\$319.34	\$0.00	\$319.34	\$335.52	\$0.00	\$335.52
Hollis	Thurston	KP	Employee Only	\$357.34	\$0.00	\$357.34	\$380.82	\$0.00	\$380.82
Hunter	Rochelle	KP	Employee Only	\$387.68	\$0.00	\$387.68	\$410.01	\$0.00	\$410.01
Johnson	Jerry	KP	Employee Only	\$745.02	\$0.00	\$745.02	\$817.66	\$0.00	\$817.66
Jones	Sterling	KP	Employee Only	\$377.78	\$0.00	\$377.78	\$401.95	\$0.00	\$401.95
Juarez	Lucia	KP	Employee Only	\$347.12	\$0.00	\$347.12	\$375.45	\$0.00	\$375.45
Lawson	Shashawna	KP	Employee Only	\$377.78	\$0.00	\$377.78	\$401.95	\$0.00	\$401.95
Lee	Eva	KP	Employee Only	\$334.67	\$0.00	\$334.67	\$364.71	\$0.00	\$364.71
Lopez	Claudia	KP	Employee Only	\$446.12	\$0.00	\$446.12	\$484.49	\$0.00	\$484.49
Lopez	Luis	KP	Employee Only	\$392.79	\$0.00	\$392.79	\$415.37	\$0.00	\$415.37
Lopez	Maria	KP	Employee Only	\$595.57	\$0.00	\$595.57	\$654.94	\$0.00	\$654.94
Manning	Erik	KP	Employee Only	\$461.13	\$0.00	\$461.13	\$503.28	\$0.00	\$503.28
Marchand	Omar	KP	Employee Only	\$319.34	\$0.00	\$319.34	\$336.86	\$0.00	\$336.86
McAdams Clemmings	Porsche	KP	Employee + Spouse	\$377.78	\$382.57	\$760.35	\$401.95	\$407.32	\$809.27
Morales	Jimmy	KP	Family	\$446.12	\$721.33	\$1,167.45	\$484.49	\$760.28	\$1,244.77
Morgan	E'bow	KP	Employee Only	\$397.90	\$0.00	\$397.90	\$423.43	\$0.00	\$423.43
Munoz	Xenia	KP	Employee Only	\$382.57	\$0.00	\$382.57	\$407.32	\$0.00	\$407.32
Newell	La Chanel	KP	Employee Only	\$362.45	\$0.00	\$362.45	\$388.87	\$0.00	\$388.87
Ojeda	Jesus	KP	Employee Only	\$357.34	\$0.00	\$357.34	\$380.82	\$0.00	\$380.82
Perez Acosta	Sonia	KP	Employee Only	\$395.34	\$0.00	\$395.34	\$418.06	\$0.00	\$418.06
Pimienta	Maria	KP	Employee Only	\$382.57	\$0.00	\$382.57	\$407.32	\$0.00	\$407.32
Ramirez	Danny	KP	Employee + Child(ren)	\$397.90	\$258.29	\$656.19	\$423.43	\$270.66	\$694.09
Ramirez	Luis	KP	Employee Only	\$433.35	\$0.00	\$433.35	\$468.72	\$0.00	\$468.72
Raygoza	Valeria	KP	Employee Only	\$370.12	\$0.00	\$370.12	\$396.92	\$0.00	\$396.92
Rhee	Sharon	KP	Employee Only	\$415.78	\$0.00	\$415.78	\$444.56	\$0.00	\$444.56
Rickett	Geoffrey	KP	Employee Only	\$392.79	\$0.00	\$392.79	\$415.37	\$0.00	\$415.37
Rivera	Priscilla	KP	Employee Only	\$382.57	\$0.00	\$382.57	\$407.32	\$0.00	\$407.32
Robles	Enrique	KP	Employee + Spouse	\$387.68	\$390.24	\$777.92	\$410.01	\$412.69	\$822.70
Salas	Isabel	KP	Employee + Child(ren)	\$382.57	\$516.58	\$899.15	\$407.32	\$541.32	\$948.64
Salguero	Karla	KP	Employee Only	\$382.57	\$0.00	\$382.57	\$407.32	\$0.00	\$407.32
Sao	Gilbert	KP	Employee + Spouse	\$712.13	\$433.35	\$1,145.48	\$782.77	\$468.72	\$1,251.49
Trillo	Maritza	KP	Employee + Child(ren)	\$403.01	\$258.29	\$661.30	\$428.79	\$270.66	\$699.45
Vasquez	Jose	KP	Employee Only	\$319.34	\$0.00	\$319.34	\$335.52	\$0.00	\$335.52
Villacreses	Oswaldo	KP	Employee Only	\$958.02	\$0.00	\$958.02	\$1,006.56	\$0.00	\$1,006.56
Williams	Frank	KP	Employee Only	\$595.57	\$0.00	\$595.57	\$654.94	\$0.00	\$654.94
Williams	Mjumbe	KP	Employee + Child(ren)	\$390.24	\$258.29	\$648.53	\$412.69	\$270.66	\$683.35
Willis	Shawnise	KP	Employee Only	\$423.13	\$0.00	\$423.13	\$455.30	\$0.00	\$455.30
Wright	Knowle	KP	Employee Only	\$327.01	\$0.00	\$327.01	\$351.63	\$0.00	\$351.63
Zaragoza	Wendy	KP	Employee Only	\$403.01	\$0.00	\$403.01	\$428.79	\$0.00	\$428.79
Zepeda	Yuri	KP	Employee Only	\$382.57	\$0.00	\$382.57	\$407.32	\$0.00	\$407.32
Kaiser Monthly Total				\$22,904.42	\$4,868.05	\$27,772.47	\$24,543.31	\$5,163.61	\$29,706.92
Blue Shield Monthly				\$673.16	\$338.77	\$1,011.93	\$733.49	\$367.92	\$1,101.41
Total Monthly Premium				\$23,577.58	\$5,206.82	\$28,784.40	\$25,276.80	\$5,531.53	\$30,808.33

TEACH Public Schools

Current/Renewal - SOLD Lincoln Financial Dental Plans Effective: 12/01/2019

COMPANY	CURRENT / RENEWAL-SOLD		CURRENT / RENEWAL-SOLD			
	Lincoln Financial		Lincoln Financial			
Plan Benefits	DHMO LDCCAC4C DMO Copays		DPPO Option 1 In-Network Non-Network			
Annual Maximum	Unlimited		\$1,500			
Office Visit Copay	\$5		N/A			
Annual Deductible - Preventive	None		Waived			
Annual Deductible - Basic/Major	None		\$50 Ind. / \$150 Family			
DPPO Coinsurance						
Preventative	N/A		0%	0%		
Basic	N/A		20%	20%		
Major	N/A		50%	50%		
DHMO Coinsurance						
Preventive (1110) Prophylaxis - Adult/Child	No Copay		N/A			
Basic (2140) Amalgam, 1 Surface	No Copay		N/A			
Basic (3330) Root Canal - Molar	\$100		N/A			
Major (4210) Gingivectomy Per Quadrant	\$40		N/A			
Major (2750) Crown-Porcelain with metal	\$100		N/A			
Orthodontia	Adult: \$1,895/Child: \$1,895 Copay		Not Covered			
Endodontics	Based on Copays		Falls Under Basic Services			
Periodontics	Based on Copays		Falls Under Basic Services			
Crowns	Based on Copays		Falls Under Major Services			
Waiting Periods	N/A		N/A			
Out-of-Network Reimbursement	N/A		MAC			
Rates (DMO/DPO)	<i>HMO</i>	<i>PPO</i>	<u>Current</u>	<u>Renewal</u>	<u>Current</u>	<u>Renewal</u>
Employee Only	22	17	\$16.63	\$16.63	\$41.95	\$43.63
Employee & Spouse	3	1	\$32.43	\$32.43	\$83.07	\$86.39
Employee & Child(ren)	1	5	\$35.09	\$35.09	\$128.69	\$133.84
Family	2	1	\$50.72	\$50.72	\$128.69	\$133.84
Estimated Monthly Premium			\$599.68	\$599.68	\$1,568.36	\$1,631.14
Combined Monthly Premium			\$2,168.04	\$2,230.82		
Combined Annual Premium			\$26,016.48	\$26,769.84		
Current Increase/Decrease			2.90%			

Notes:

TEACH Public Schools

Current/Renewal - SOLD Premier Life Vision Plans Effective: 12/01/2019

CURRENT / RENEWAL - SOLD

Company Network Plan		Premier Life Guardian Network Avesis	
Benefit			
Exam Copay		\$10	
Material Copay		\$25	
Benefits Frequency:			
Examination		Once Every 12 Months	
Lenses		Once Every 12 Months	
Contact Lenses		Once Every 12 Months	
Frames		Once Every 12 Months	
Benefit Summary:		In-Network	Non-Network
Examination		\$10	plan pays up to \$35
Single Vision Lenses		\$25	plan pays up to \$25
Bifocal Lenses		\$25	plan pays up to \$40
Frames		plan pays up to \$130	plan pays up to \$45
Contact Lenses:			
Visually Necessary		100%	plans pays up to \$250
Elective		plans pays up to \$130	plans pays up to \$110
Premiums		<u>Current</u>	<u>Renewal</u>
Employee Only	Vision 40	\$6.43	\$6.43
Employee & Spouse	4	\$11.25	\$11.25
Employee & Child(ren)	3	\$13.50	\$13.50
Family	7	\$16.71	\$16.71
Estimated Monthly Premium		\$459.67	\$459.67
Estimated Annual Premium		\$5,516.04	\$5,516.04
Percentage Increase		0%	

Notes:

TEACH Public Schools

Current/Renewal Mutual of Omaha Basic Life/AD&D Plans Effective: 12/01/2019

CARRIER Benefits	CURRENT / RENEWAL		PROPOSED
	Mutual of Omaha <i>Life/AD&D</i>		Mutual of Omaha <i>Life/AD&D</i>
Face Amount- flat amount	Flat \$50,000		Flat \$100,000
Guarantee Issue Amount	\$50,000		\$100,000
Age Reduction Schedule	65% at 65, 40% at 70; 25% at 75		65% at 65, 40% at 70; 25% at 75
Rate Guarantee	N/A		24 months
Monthly Volume*	\$3,695,000	\$3,695,000	\$7,490,000
Basic Life Rate	\$0.050	\$0.050	\$0.050
AD&D Rate	\$0.025	\$0.025	\$0.025
Combined Rate	\$0.075	\$0.075	\$0.075
Estimated Monthly Premium	\$277.13	\$277.13	\$561.75
Estimated Annual Premium	\$3,325.50	\$3,325.50	\$6,741.00
Current Increase/Decrease %	0.00%		102.71%

* Per \$1,000 of benefit

TEACH Public Schools

PROPOSED Voluntary Life/AD&D Effective: 12/01/2019

PROPOSED

CARRIER Benefits	MUTUAL OF OMAHA Employee Life/AD&D
Maximums	
Employee	5x annual salary up to \$500,000 (\$10,000 increments)
Spouse	100% of employee's benefit up to \$250,000 (\$5,000 increments)
Child(ren)	\$10,000 (\$1,000 increments)
Guarantee Issue Amounts	
Employee	5x annual salary up to \$100,000
Spouse	100% of employee's benefit up to \$25,000
Child(ren)	\$10,000
Age Reduction Schedule	65% at 65, 40% at 70, 25% at 75, Terms at Retirement

Rates Per \$1,000 Benefit		
AGE	EMPLOYEE	SPOUSE
UNDER 30	\$0.060	\$0.060
30-34	\$0.070	\$0.070
35-39	\$0.080	\$0.080
40-44	\$0.130	\$0.130
45-49	\$0.220	\$0.220
50-54	\$0.370	\$0.370
55-59	\$0.570	\$0.570
60-64	\$0.890	\$0.890
65-69	\$1.600	\$1.600
70-74	\$2.860	\$2.860
75-79	\$4.720	\$4.720
AD&D	\$0.030	\$0.030
CHILD LIFE RATE	\$0.110	
CHILD AD&D RATE	\$0.050	
(SAMPLE) 50 year old - \$100,000	\$37.00	

25% of Eligible Employees

Disclaimer

This presentation and the information contained herein is a summary of current and optional employee benefit insurance plans. The benefits and rates shown are taken from the quotes received and/or plan summaries issued by the carriers. The quotes are based upon census and plan information you provided.

This presentation does not in any way confirm acceptance of coverage by any of the proposed insurance carriers. The presenter of this proposal has no underwriting determination authority. Only the issuing carrier may determine the acceptance or denial of coverage once all underwriting requirements have been submitted.

Please refer to the carrier produced quotes and summaries that follow for detailed plan benefits, rates and underwriting requirements.

If enrollment changes from the quoting enrollment census, Underwriting reserves the right to re-evaluate the rates.

