

# Employee Benefits, Plans & Pricing

2024 - 2025



Prepared For

## TEACH Public Schools

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Last Updated on 8/22/2024 for an effective date of 12/01/24

Montage Insurance Solutions, LLC

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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.

## Financial Summary 2024-2025



	Current Plans	Renewal	Proposed 1
<b>MEDICAL</b>	<b>KAISER / HEALTH NET</b>	<b>KAISER / HEALTH NET</b>	<b>KAISER / HEALTH NET</b>
Monthly Premium	\$66,201.62	\$73,088.40	\$73,088.40
Annual Premium	\$794,419.44	\$877,060.80	\$877,060.80
<b>% Change</b>	<b>N/A</b>	<b>10.40%</b>	<b>10.40%</b>
<b>DENTAL</b>	<b>LINCOLN FINANCIAL</b>	<b>LINCOLN FINANCIAL</b>	<b>LINCOLN FINANCIAL</b>
Monthly Premium	\$5,392.08	\$5,392.08	\$5,392.08
Annual Premium	\$64,704.96	\$64,704.96	\$64,704.96
<b>% Change</b>	<b>N/A</b>	<b>0.00%</b>	<b>0.00%</b>
<b>VISION</b>	<b>LINCOLN FINANCIAL</b>	<b>LINCOLN FINANCIAL</b>	<b>VSP DIRECT</b>
Monthly Premium	\$810.91	\$810.91	\$871.50
Annual Premium	\$9,730.92	\$9,730.92	\$10,458.00
<b>% Change</b>	<b>N/A</b>	<b>0.00%</b>	<b>7.47%</b>
<b>LIFE/AD&amp;D</b>	<b>LINCOLN FINANCIAL</b>	<b>LINCOLN FINANCIAL</b>	<b>LINCOLN FINANCIAL</b>
Monthly Premium	\$691.47	\$691.47	\$691.47
Annual Premium	\$8,297.64	\$8,297.64	\$8,297.64
<b>% Change</b>	<b>N/A</b>	<b>0.00%</b>	<b>0.00%</b>
<b>TOTAL BENEFIT COST</b>	<b>Current Plans</b>	<b>Renewal</b>	<b>Proposed 1</b>
Monthly Premium	\$73,096.08	\$79,982.86	\$80,043.45
Annual Premium	\$877,152.96	\$959,794.32	\$960,521.40
<b>TOTAL ANNUAL DIFFERENCE</b>	<b>Current Plans</b>	<b>Renewal</b>	<b>Proposed 1</b>
Difference (\$) Over Current	N/A	\$82,641.36	\$83,368.44
Difference (%) Over Current	N/A	9.42%	9.50%
Difference (\$) Over Renewal	N/A	N/A	\$727.08
Difference (%) Over Renewal	N/A	N/A	0.08%
<b>NOTES</b>	<b>Current Plans</b>	<b>Renewal</b>	<b>Proposed 1</b>
Plan Changes	N/A	*Renewing All Plans. No changes	* Renewing Medical, Dental and Life/AD&D * Moving Vision to VSP direct

KAISER PERMANENTE ALONGSIDE HEALTH NET EFFECTIVE 12/01/2024

				CURRENT	CURRENT	CURRENT		RENEWAL (ESTIMATED)	RENEWAL	RENEWAL		
CARRIER				Kaiser Permanente	Health Net	Health Net		Kaiser Permanente	Health Net	Health Net		
PLAN				Gold 80 HMO 250/35	HMO Platinum \$10	Platinum PPO 250/15.		Gold 80 HMO 250/35	HMO Platinum \$10	Platinum PPO 250/15.		
Benefits				Kaiser Facilities Only	SmartCare Network	In-Network	Out of Network	Kaiser Facilities Only	SmartCare Network	In-Network	Out of Network	
<b>Main Features</b>												
Calendar Year Individual Deductible				\$250	\$0	\$250	\$1,000	\$250	\$0	\$250	\$1,000	
Calendar Year Family Deductible				\$500 (embedded)	\$0	\$500	\$2,000	\$500 (embedded)	\$0	\$500	\$2,000	
Calendar Year Out-of-Pocket Maximum Individual				\$7,800 (incl ded)	\$1,900	\$3,800 (incl ded)	\$9,000 (incl ded)	\$7,800 (incl ded)	\$2,100	\$3,800 (incl ded)	\$9,000 (incl ded)	
Calendar Year Out-of-Pocket Maximum Family				\$15,600 (incl ded)	\$3,800	\$7,600 (incl ded)	\$18,000 (incl ded)	\$15,600 (incl ded)	\$4,200	\$7,600 (incl ded)	\$18,000 (incl ded)	
Co-Insurance				20% DME	0%	10%*	50%*^	20% DME	0%	10%*	50%*^	
Lifetime Maximum				Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
<b>PC/Specialist</b>				\$35/\$55 ded waived	\$10/\$30	\$15/\$30 ded waived	50% after ded	\$35/\$55 ded waived	\$10/\$30	\$15/\$30 ded waived	50% after ded	
<b>Adult/Child Preventive Care</b>				No charge	No charge	No charge	50% after ded	No charge	No charge	No charge	50% after ded	
<b>Physical Therapy</b>				\$35 ded waived	\$10	\$15 ded waived	50% after ded	\$35 ded waived	\$10	\$15 ded waived	50% after ded	
<b>Chiropractic Care</b>				Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	
<b>Inpatient Hospital</b>				\$600/day after ded up to 5 days	\$250/day; 3 days/admit	10% after ded	50% after ded	\$600/day after ded up to 5 days	\$250/day; 3 days/admit	10% after ded	50% after ded	
<b>Outpatient Facility**</b>				\$335 ded waived	\$60/\$150 (ASC/Hospital)	10% after ded	50% after ded	\$335 ded waived	\$60/\$150 (ASC/Hospital)	10% after ded	50% after ded	
<b>Infertility Rider (see next page)</b>					Rider Available	Rider Available			Rider Available	Rider Available		
<b>Lab/X-Ray</b>				\$35/\$55 ded waived	\$20	\$30 ded waived	50% after ded	\$35/\$55 ded waived	\$20	\$30 ded waived	50% after ded	
<b>Advanced Radiology</b>				\$250 ded waived	\$150	10% after ded	50% after ded	\$250 ded waived	\$150	10% after ded	50% after ded	
<b>Emergency Room</b>				\$250 (waived if admitted) after ded	\$150 (waived if admitted)	10% after ded	10% after ded	\$250 (waived if admitted) after ded	\$150 (waived if admitted)	10% after ded	10% after ded	
<b>Ambulance</b>				\$250 after ded	\$150	10% after ded	10% after ded	\$250 after ded	\$150	10% after ded	10% after ded	
<b>Urgent Care</b>				\$35 ded waived	\$30	\$30 ded waived	50% after ded	\$35 ded waived	\$30	\$30 ded waived	50% after ded	
<b>Tier 1</b>				\$15 ded waived	\$5	\$10 ded waived	Not covered	\$15 ded waived	\$5	\$10 ded waived	Not covered	
<b>Tier 2</b>				\$40 ded waived	\$30	\$35 ded waived	Not covered	\$40 ded waived	\$30	\$35 ded waived	Not covered	
<b>Tier 3</b>				\$40 ded waived	\$50	\$60 ded waived	Not covered	\$40 ded waived	\$50	\$60 ded waived	Not covered	
<b>Tier 4 Specialty</b>				20% ded waived; \$250 max/script	30%; \$250 max/script	10% ded waived; \$250 max/script	Not covered	20% ded waived; \$250 max/script	30%; \$250 max/script	10% ded waived; \$250 max/script	Not covered	
Plan Rates				KP	HN HMO	HN PPO	CURRENT	CURRENT	CURRENT	RENEWAL (ESTIMATED)	RENEWAL	RENEWAL
Employee Only				43	9	5	age rated	age rated	age rated	age rated	age rated	age rated
Employee+ Spouse				4	2	2	age rated	age rated	age rated	age rated	age rated	age rated
Employee + Child(ren)				12	1	1	age rated	age rated	age rated	age rated	age rated	age rated
Family				6	1	0	age rated	age rated	age rated	age rated	age rated	age rated
Estimated Monthly Premium							\$50,620.58	\$15,581.04	\$56,588.97	\$16,499.43		
Estimated TOTAL ANNUAL Premium							\$607,446.96	\$186,972.48	\$679,067.64	\$197,993.16		
Current Increase/Decrease %							N/A	N/A	11.79%	5.89%		
Estimated TOTAL ANNUAL COMBINED							\$794,419.44		\$877,060.80			
Current Increase/Decrease %							N/A		10.40%			

\*After deductible is met

^Plus all charges in excess of Maximum Allowable Charge

\*\*Refer to the Evidence of Coverage Booklet for complete details including Mental Health Parity

## INFERTILITY RIDERS

### KAISER PERMANENTE

#### Benefits

50% coinsurance, no annual maximum

- Services for diagnosis and treatment of infertility
- Artificial insemination
- Services for gamete intrafallopian transfer (GIFT), limited to 1 treatment cycle per lifetime
- Benefits aren't subject to deductible and don't accrue to the out-of-pocket maximum, except for High Deductible Health Plans (HDHPs)

#### Exclusions

- Services to reverse voluntary, surgically induced infertility
- All other services related to conception by artificial means (except for GIFT), such as:
  - In vitro fertilization (IVF)
  - Zygote intrafallopian transfer (ZIFT)
  - Ovum transplants
  - Procurement and storage of semen and eggs

### HEALTH NET

## Infertility Benefits

Health Net offers an infertility option with each of our California Small Business Group plans. The same plans are available without infertility benefits at a lower cost.

A summary of covered and excluded infertility services for plans with the infertility option is outlined below. Please see the *Evidence of Coverage (EOC)* or *Certificate of Insurance (COI)* for complete details on coverage and exclusions.

#### Covered services (infertility services are covered only for the Health Net member):

- ✓ Artificial insemination.
- ✓ Office visits (professional services).
- ✓ Gamete intrafallopian transfer (GIFT).
- ✓ Follicle ultrasounds.
- ✓ Sperm washing.
- ✓ Prescription drugs (oral).
- ✓ Inpatient and outpatient care.
- ✓ Treatment by injections (only when provided in connection with services that are covered by the plan).
- ✓ Medically necessary services and supplies for established fertility preservation treatments in connection with iatrogenic infertility are covered. Iatrogenic infertility is infertility that is caused by a medical intervention, including reactions from prescribed drugs or from medical or surgical procedures for conditions such as cancer or gender dysphoria.<sup>1</sup>

#### Excluded services:

- ⊗ In vitro fertilization (IVF), zygote intrafallopian transfer (ZIFT), or any process that involves harvesting, transplanting or manipulating a human ovum, other than GIFT. Also not covered are services or supplies (including injections and injectable medications) which prepare the member to receive these services.
- ⊗ The collection, storage or purchase of sperm.
- ⊗ Gamete or embryo storage.
- ⊗ Use of frozen gametes or embryos to achieve future conception.
- ⊗ Pre-implantation genetic diagnosis.
- ⊗ Donor eggs, sperm or embryos.
- ⊗ Gestational carriers (surrogates).



TEACH Public Schools

**CURRENT / RENEWAL LINCOLN FINANCIAL Dental Plans effective 12/01/2024**

<i>Renewal Effective Date: 12/1/2024</i>			CURRENT/RENEWAL		CURRENT/RENEWAL	
COMPANY Plan Benefits			Lincoln Financial Group LDCCAC3 DMO		Lincoln Financial Group Dental PPO	
					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			\$225		N/A	
Major (4210) Gingivectomy Per Quadrant			\$35		N/A	
Major (2750) Crown-Porcelain with metal			\$150		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		Late Entrant	
Out-of-Network Reimbursement			N/A		90th Percentile	
Rates (DMO/DPO)	<i>HMO</i>	<i>PPO</i>	<u>Current</u>	<u>Renewal</u>	<u>Current</u>	<u>Renewal</u>
Employee Only	23	32	\$13.56	\$13.56	\$54.16	\$54.16
Employee & Spouse	2	4	\$26.43	\$26.43	\$108.49	\$108.49
Employee & Child(ren)	5	6	\$28.60	\$28.60	\$150.84	\$150.84
Family	3	10	\$41.34	\$41.34	\$168.82	\$168.82
Estimated Monthly Premium			\$631.76	\$631.76	\$4,760.32	\$4,760.32
Combined Monthly Premium			\$5,392.08	\$5,392.08		
Combined Annual Premium			\$64,704.96	\$64,704.96		
Current Increase/Decrease			0.00%			

Notes:

1 year rate guarantee.

**CURRENT / RENEWAL LINCOLN FINANCIAL Vision Plans vs. Others**

Renewal Effective Date: 12/1/2024		CURRENT/RENEWAL		PROPOSED	
Company Network Plan		Lincoln Financial Group Spectera Option 1		VSP DIRECT CHOICE PLAN Plan 3	
Benefit					
Exam Copay		\$10		\$10	
Material Copay		\$25		\$25	
Benefits Frequency:					
Examination		Once Every 12 Months		Once Every 12 Months	
Lenses		Once Every 12 Months		Once Every 12 Months	
Contact Lenses		Once Every 12 Months		Once Every 12 Months	
Frames		Once Every 12 Months		Once Every 12 Months	
Benefit Summary:		<u>In-Network</u>	<u>Non-Network</u>	<u>In-Network</u>	<u>Non-Network</u>
Examination		\$10	plan pays up to \$40	\$10	plan pays up to \$45
Single Vision Lenses		\$25	plan pays up to \$40	\$25	plan pays up to \$30
Bifocal Lenses		\$25	plan pays up to \$60	\$25	plan pays up to \$50
Frames		plan pays up to \$130	plan pays up to \$45	plan pays up to \$130	plan pays up to \$70
Contact Lenses:					
Visually Necessary		100%	plans pays up to \$210	100%	plans pays up to \$210
Elective		plans pays up to \$130	plans pays up to \$125	plans pays up to \$130	plans pays up to \$105
Premiums	<i>Vision</i>	<u>Current</u>	<u>Renewal</u>	<u>PROPOSED</u>	
Employee Only	47	\$7.12	\$7.12	\$8.54	
Employee & Spouse	5	\$13.48	\$13.48	\$14.65	
Employee & Child(ren)	9	\$15.79	\$15.79	\$11.95	
Family	12	\$22.23	\$22.23	\$24.11	
Estimated Monthly Premium		\$810.91	\$810.91	\$871.50	
Estimated Annual Premium		\$9,730.92	\$9,730.92	\$10,458.00	
Percentage Increase		0.00%		7.47%	

Notes:

1 year rate guarantee

2 year rate guarantee

**TEACH Public Schools**

**CURRENT / RENEWAL LINCOLN FINANCIAL Basic Life/AD&D Plans vs. Others**

Renewal Effective Date: 12/1/2024		CURRENT/RENEWAL	
CARRIER	Lincoln Financial Group		
Benefits	Life/AD&D		
Face Amount- flat amount	Flat \$100,000		
Guarantee Issue Amount	\$100,000		
Age Reduction Schedule	35% at 65, 25% at 70, 15% at 75		
Rate Guarantee	1 year		
Monthly Volume*	\$8,865,000	\$8,865,000	
Basic Life Rate	\$0.053	\$0.053	
AD&D Rate	\$0.025	\$0.025	
Combined Rate	\$0.078	\$0.078	
Estimated Monthly Premium	\$691.47	\$691.47	
Estimated Annual Premium	\$8,297.64	\$8,297.64	
<b>Current Increase/Decrease %</b>	<b>0.00%</b>		

\* Per \$1,000 of benefit

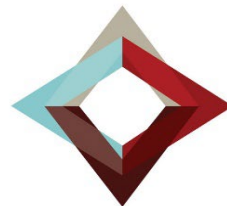
## **Disclaimer**

**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.**



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