



FDAC
FIRE DISTRICTS ASSOCIATION OF CALIFORNIA

EBA
EMPLOYMENT BENEFITS AUTHORITY

2016 Renewal Proposal

Bodega Bay Fire Protection District

FDAC EBA Benefit Program

2016 Benefit Program Outline



Dear FDAC EBA Member:

We are pleased to present to you the 2016 FDAC EBA Benefit Program for your consideration. The EBA benefit program offers medical, dental, vision, Life/AD&D and EAP coverage. You may elect one or all lines coverage. In this guide you will find the plan designs and rates of each program. 2016 Open Enrollment for the FDAC EBA coverage commences October 1, 2015 and will conclude on November 15, 2015. FDAC EBA is committed to providing comprehensive and affordable health benefits to its members. The following bullet points provide a summary for 2016:

Medical	Dental, Vision, Life, EAP
<ul style="list-style-type: none">• Medical rates will decrease an average of 10.1% from 2015.• Health Net will be replaced by Blue Shield.• Blue Shield medical plan designs will remain unchanged from Health Net. The Blue Shield EPO is only available in those areas where Kaiser is also available.• Kaiser medical plan designs remain unchanged.• A new dividend-eligible HRA plan has been added with funding levels at either \$1,000 or \$2,000. The HRA plan allows agencies to participate in the partial return of unused HRA balances.	<ul style="list-style-type: none">• Delta Dental plans: no changes in the plans or rates from 2015.• MetLife DHMO: rates will increase 5% from 2015.• Vision Service Plan: no changes in benefit plans or rates. A new VSP safety glasses program is available, allowing agencies to add coverage for prescription and non-prescription safety glasses.• Standard Life insurance: no change in benefit plans. Rates will be rounded to two decimal spots (from three), otherwise rates will remain unchanged.• EAP: Horizon Health will become Aetna Resource for Living. No changes in the plan design or rates. The website domain will change to www.mylifevalues.com. The login/password will remain the same.

As an FDAC EBA member, you will receive online open enrollment support. Additionally, our customer service center will be available to assist your agency and its members in enrolling into the program. We ask that you confirm your choice in the coverages you plan to offer for 2016 by completing the attached renewal confirmation page and remitting it by September 15, 2015. If you have any questions, please contact our customer service center at 800-557-5593 and ask for Carol Anderson at extension 2506 or Kelly Furtado at extension 2507.

Sincerely,

Melissa Dixon
FDAC EBA Administrator

FDAC EBA Medical Program

HMO and PPO Plan Designs

FDAC EBA Medical/RX Plans	Kaiser Premium HMO	Kaiser Basic HMO	Blue Shield Premium EPO	Blue Shield Basic EPO	Blue Shield Premium PPO		Blue Shield Basic PPO		Blue Shield HSA/HRA PPO	
	In-Network Only	In-Network Only	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	None	None	None	None	\$500 / \$1,500		\$500 / \$1,500		\$2,000 / \$4,000	
Out-of-Pocket Max-Ind/Fam	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$4,500	\$1,500 / \$4,500	\$2,000 / \$6,000	\$4,000 / \$12,000	\$3,000 / \$9,000	\$6,000 / \$18,000	\$5,000 / \$10,000	
Office Visit	\$15 Copay	\$30 Copay	\$15 Copay	\$30 Copay	\$15 Copay	30%	\$30 Copay	40%	30%	50%
Specialist Visit	\$15 Copay	\$30 Copay	\$15 Copay	\$30 Copay	\$15 Copay	30%	\$30 Copay	40%	30%	50%
Laboratory Outpatient	No Charge	No Charge	No Charge	No Charge	10%	30%	20%	40%	30%	50%
Xray and Diagnostic Imaging	No Charge	No Charge	No Charge	No Charge	10%	30%	20%	40%	30%	50%
Imaging (CT/PET Scans, MRIs)	No Charge	No Charge	\$100 Copay	\$100 Copay	10%	30%	20%	40%	30%	50%
Emergency Room	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 + 10%	\$100 + 30%	\$100 + 20%	\$100 + 40%	\$100 + 30%	\$100 + 50%
Hospital Services	No Charge	\$500/admit	No Charge	20%	10%	30%	20%	40%	30%	50%
Inpatient Physician	100%	100%	\$250 / admission	20%	10%	30%	20%	40%	30%	50%
Outpatient Facility Charge	\$15 / occurrence	\$30 / occurrence	\$250 / surgery	20%	10%	30%	20%	40%	30%	50%
Rehabilitative Speech Therapy	\$15 Copay	\$30 Copay	\$10 Copay	\$30 Copay	10%	30%	20%	40%	30%	50%
Occupational/Physical Therapy	\$15 Copay	\$30 Copay	\$10 Copay	\$30 Copay	10%	30%	20%	40%	30%	50%
Skilled Nursing Facility	No Charge	No Charge	No Charge	No Charge	10%	30%	20%	40%	30%	50%
Mental Health Outpatient	\$15 Copay	\$30 Copay	\$15 Copay	\$30 Copay	\$15 Copay	30%	\$30 Copay	40%	30%	50%
RX - Deductible	None	None	\$100	\$100	None		None		Medical Deductible Applies	
RX BENEFITS - Generic	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$15 Copay + 50% AWP	\$10 Copay	\$15 Copay + 50% AWP	\$15 Copay	\$15 Copay + 50% AWP
RX BENEFITS - Formulary Brand (Non-Formulary Brand)	\$30 Copay	\$35 Copay	\$20 (\$35) Copay	\$25 (\$40) Copay	\$20 (\$35) Copay	\$20 (\$35) Copay + 50% AWP	\$20 (\$35) Copay	\$20 (\$35) Copay + 50% AWP	\$30 (\$50) Copay	\$30 (\$50) Copay + 50% AWP

FDAC EBA Dental Program

Delta Dental PPO Plan Design

District	Bodega Bay
Division	0004, 9004
<u>Coinsurance</u>	
Preventive and Diagnostic	100%
Basic	80%
Crowns, jackets and cast restorations	50%
Prosthodontics	50%
<u>Deductible (Does not apply to Preventive and Diagnostic)</u>	
Per Patient per Calendar Year	\$50
Per Family per Calendar Year	\$150
<u>Maximum</u>	
Per Patient per Calendar Year	\$1,500
<u>Orthodontia</u>	
Coinsurance	50%
Lifetime Maximum per Patient	\$1,500

FDAC EBA Vision Program

Vision Service Plan Design

VSP Signature Plan	Plan B
<u>Plan Frequency (Benefit Every # of Months)</u>	
WellVision Exam	12
Lenses	12
Frames	24
Contact Lens	12
<u>VSP Provider Copayment Schedule</u>	
WellVision Exam	\$10
Lenses:	Combined with Exam
• Single vision, lined bifocal, and lined trifocal lenses	
• Polycarbonate lenses for dependent children	
Lens Options:	
• Standard progressive lenses	\$50
• Premium progressive lenses	\$80 - \$90
• Custom progressive lenses	\$120 - \$160
Contacts (instead of glasses):	
• \$120 allowance for contacts; copay does not apply	Up to \$60
• Contact lens exam (fitting and evaluation)	
Frames:	
• \$130 allowance for a wide selection of frames	Combined with Exam
• \$150 allowance for featured frame brands	
• 20% off amount over your allowance	
<u>Non-VSP Providers Allowance</u>	
WellVision Exam	Up to \$50
Lenses	
Single Vision	Up to \$50
Lined Bifocal	Up to \$75
Lined Trifocal	Up to \$100
Contact Lens	Up to \$105
Frames	Up to \$70

FDAC EBA 2016 Renewal

2016 Rate Proposal

Bodega Bay Fire Protection District			Enrollment				Annual Premium				2015 Gross Rates*			2016 Gross Rates		
Coverage	Divisions		EE Only	EE + 1 Dep	EE + Family	Total	2015 Premium	2016 Premium	% Diff.	\$ Diff.	EE Only	EE + 1 Dep	EE + Family	EE Only	EE + 1 Dep	EE + Family
Kaiser Basic HMO			0	0	0	0	\$ -	\$ -	0.0%	\$ -	\$ 631.47	\$ 1,262.93	\$ 1,641.81	\$ 563.92	\$ 1,127.84	\$ 1,466.19
Kaiser Premium HMO			2	0	4	6	\$ 97,379	\$ 86,158	-11.5%	\$ (11,221)	\$ 654.42	\$ 1,308.84	\$ 1,701.51	\$ 578.57	\$ 1,158.20	\$ 1,505.67
Kaiser Medicare Basic HMO**			0	0	0	0	\$ -	\$ -	0.0%	\$ -	\$ 293.86	\$ 587.73	\$ 925.32	\$ 272.26	\$ 544.50	\$ 836.18
Kaiser Medicare Premium HMO**			0	0	0	0	\$ -	\$ -	0.0%	\$ -	\$ 375.44	\$ 750.88	\$ 1,023.83	\$ 349.85	\$ 699.68	\$ 928.94
Blue Shield Basic EPO			0	0	0	0	\$ -	\$ -	0.0%	\$ -	\$ 745.38	\$ 1,490.76	\$ 1,937.98	\$ 676.79	\$ 1,353.57	\$ 1,759.62
Blue Shield Premium EPO			1	2	2	5	\$ 105,457	\$ 95,685	-9.3%	\$ (9,772)	\$ 861.44	\$ 1,722.28	\$ 2,241.05	\$ 781.75	\$ 1,563.48	\$ 2,032.52
Blue Shield Basic PPO			0	0	0	0	\$ -	\$ -	0.0%	\$ -	\$ 967.63	\$ 1,935.27	\$ 2,516.06	\$ 883.08	\$ 1,766.17	\$ 2,296.01
Blue Shield Premium PPO			0	0	0	0	\$ -	\$ -	0.0%	\$ -	\$ 1,054.33	\$ 2,108.70	\$ 2,741.30	\$ 956.23	\$ 1,912.51	\$ 2,486.25
Blue Shield HSA			0	0	0	0	\$ -	\$ -	0.0%	\$ -	\$ 708.70	\$ 1,417.41	\$ 1,842.64	\$ 644.72	\$ 1,289.46	\$ 1,676.30
Blue Shield HRA 1000			0	0	0	0	\$ -	\$ -	0.0%	\$ -	n/a	n/a	n/a	\$ 733.06	\$ 1,377.79	\$ 1,764.63
Blue Shield HRA 2000			0	0	0	0	\$ -	\$ -	0.0%	\$ -	n/a	n/a	n/a	\$ 816.39	\$ 1,461.13	\$ 1,847.97
Blue Shield Medicare HMO**			1	0	0	1	\$ 7,519	\$ 6,214	-17.4%	\$ (1,305)	\$ 626.56	\$ 1,253.13	n/a	\$ 517.80	\$ 1,035.62	n/a
Blue Shield Meidcare PPO**			0	0	0	0	\$ -	\$ -	0.0%	\$ -	\$ 733.57	\$ 1,467.13	\$ 1,745.34	\$ 483.73	\$ 967.45	\$ 1,535.58
Delta Dental	00004	09004	2	2	6	10	\$ 16,605	\$ 16,605	0.0%	\$ -	\$ 52.25	\$ 103.90	\$ 178.58	\$ 52.25	\$ 103.90	\$ 178.58
MetLife DHMO			0	0	0	0	\$ -	\$ -	0.0%	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
VSP Vision	B	4	1	2	3	6	\$ 1,129	\$ 1,130	0.1%	\$ 1	\$ 6.41	\$ 12.84	\$ 20.67	\$ 6.41	\$ 12.85	\$ 20.68
Coverage	Description	Volume				Ees	Carrier Premium	Gross Premium	% Diff.	\$ Diff.	2015 Rate			2016 Rate		
Group Life						0	\$ -	\$ -	0.0%	\$ -	\$ 0.143 / \$1,000 / month			\$ 0.140 / \$1,000 / month		
Group AD&D						0	\$ -	\$ -	0.0%	\$ -	\$ 0.055 / \$1,000 / month			\$ 0.060 / \$1,000 / month		
Group Family Life						0	\$ -	\$ -	0.0%	\$ -	\$ 1.35 / unit / month			\$ 1.35 / unit / month		
Voluntary Employee Life						0	\$ -	\$ -	0.0%	\$ -	age banded rates			age banded rates		
Voluntary Spouse Life						0	\$ -	\$ -	0.0%	\$ -	age banded rates			age banded rates		
Voluntary Child Life						0	\$ -	\$ -	0.0%	\$ -	\$ 0.055 / \$1,000 / month			\$ 0.060 / \$1,000 / month		
EAP						0	\$ -	\$ -	0.0%	\$ -	\$ 0.79 / employee / month			\$ 0.79 / employee / month		
Total							\$228,089	\$205,791	-9.8%	\$ (22,298)						

* 2015 Medical Rates are based on standard rates (rate fluctuations may exist from District to District).

** Family Rate represents combination rate (1 Medicare and 1 non-Medicare member)

FDAC EBA Benefit Program

2016 Additional Coverage Proposal

FDAC Benefit Program additional coverage the District may want to consider for 2016:

- MetLife Dental DHMO
- Basic Life and AD&D
- Voluntary Life Coverage (Employee Paid)
 - Voluntary Employee Life
 - Voluntary Spouse Life
 - Voluntary Dependent Life
 - Employee Assistance Program

Rates and plan designs have been provided for these proposals. Please let us know if you are interested in participating in these programs.

FDAC EBA Dental Program

MetLife Dental HMO (DHMO)

DHMO Services	Member Copayment		Code
	EE Only	EE + 1 Dep	EE + Family
Office visit - per visit	\$5		
Diagnostic Treatment	\$0		D0120 - D0180
Radiographs/Diagnostic Imaging (X-rays)	\$0		D0210 - D0350
Tests and Examinations	\$0		D0460 - D0470
Preventive Services	\$0 to \$30		D1110 - D1555
Restorative Treatment	\$0 to \$80		D2140 - D2394
Crowns	\$0 to \$225		D2510 - D2970
Endodontics	\$0 to \$210		D3110 - D3920
Periodontics	\$19 to \$300		D4210 - D4910
Removable Prosthodontics	\$0 to \$150		D5110 - D5851
Crowns/Fixed Bridges - Per Unit	\$0 to \$100		D6210 - D6930
Oral Surgery	\$0 to \$175		D7140 - D7971
Orthodontics	\$0 to \$1,450		D8020 - D8693
Adjunctive General Services	\$0 to \$25		D9110 - D9952
2016 Rates	EE Only	EE + 1 Dep	EE + Family
MetLife DHMO	\$19.79	\$37.60	\$52.46

FDAC EBA Life/AD&D Program

The Standard Plan Design

The Standard - Life and AD&D	Benefit Range	
	Minimum	Maximum
Basic Life - Employer Paid	\$10,000	\$100,000
Basic AD&D - Employer Paid	\$10,000	\$100,000
Supplemental Life Insurance - Voluntary Employee Paid		
Supplemental Employee Life Insurance	\$20,000	\$500,000
Guaranteed Issue Amount - \$200,000		
Purchased in increments of \$10,000		
Supplemental Spouse Life Insurance	\$10,000	\$150,000
Guaranteed Issue Amount - \$50,000		
Employees can purchase up to 50% of their Supplemental Employee Life		
Purchased in increments of \$5,000		
Supplemental Dependent Child Life Insurance	\$2,000	\$10,000
Guaranteed Issue Amount - \$10,000		
Single purchase covers all household child(ren) to age 18		
Purchased in increments of \$2,000		

FDAC EBA Supplemental Life

2016 Rates

Coverage	2015 Premium	2016 Premium	% Diff.	\$ Diff.
Voluntary EE and SP Life - Age Banded				
0 - 29	\$ 0.067	\$ 0.070	4.5%	\$ 0.003
30 - 34	\$ 0.088	\$ 0.090	2.3%	\$ 0.002
35 - 39	\$ 0.111	\$ 0.110	-0.9%	\$ (0.001)
40 - 44	\$ 0.132	\$ 0.130	-1.5%	\$ (0.002)
45 - 49	\$ 0.143	\$ 0.140	-2.1%	\$ (0.003)
50 - 54	\$ 0.209	\$ 0.210	0.5%	\$ 0.001
55 - 59	\$ 0.331	\$ 0.330	-0.3%	\$ (0.001)
60 - 64	\$ 0.605	\$ 0.610	0.8%	\$ 0.005
65 - 69	\$ 0.935	\$ 0.940	0.5%	\$ 0.005
70 - 74	\$ 1.804	\$ 1.800	-0.2%	\$ (0.004)
75 - +	\$ 2.915	\$ 2.920	0.2%	\$ 0.005

FDAC EBA EAP Program

Aetna Resource for Living Plan Design

Plan	Benefit
Employee Assistance Program (EAP)	The EAP service is designed to help you successfully manage a wide variety of work/life issues.
Who is Eligible?	The EAP is available to all employees and their dependents, i.e., anyone who depends on the employee for their financial or emotional well-being.
What does it provide?	The EAP provides free, confidential, comprehensive assistance to help you find specific resources and workable solutions to problems that may arise in your personal life.
What kind of "assistance" can my EAP provide to me?	
- Work/Life Resource and Referral Services	Assistance with finding / evaluating resources needed for child care and elder care. Assistance in locating the appropriate resources within your community that help you solve many of life's typical issues, i.e., cleaning, relocating, traveling, automotive maintenance, home remodeling, and pet care.
- Legal and Financial Consultation and Referrals	Program includes an initial 30-minute face-to-face consultation, for help with personal legal or financial issues. If you choose to retain the legal professional for ongoing service, a 25% discount is available to you.
- Professional Counseling Sessions	You can make appointments for many types of counseling issues each year. The program covers up to three free sessions per issue, per year.
- 24-hour Counseling Service	For crisis situations, trained EAP counselors are available to answer calls 24 hours a day, 365 days per year.

FDAC EBA

2016 Renewal Acceptance Confirmation

Coverage			
Medical	<input type="checkbox"/>	The Standard Life and AD&D Coverage	<input type="checkbox"/>
• Kaiser Premier HMO	—	• Group Insurance - Employee Life	—
• Kaiser Basic HMO	—	• Group Insurance - Employee AD&D	—
• Blue Shield Premier PPO	—	• Group Insurance - Life Insurance	—
• Blue Shield Basic PPO	—	• Supplemental Life Insurance - Employee	—
• Blue Shield Premier EPO	—	• Supplemental Life Insurance - Spouse	—
• Blue Shield Basic EPO	—	• Supplemental Life Insurance - Child(ren)	—
• Blue Shield HSA	—		
• Blue Shield HRA 1000	—	Dental	<input type="checkbox"/>
• Blue Shield HRA 2000	—	• Delta Dental	—
• Kaiser Premier HMO Medicare	—	• MetLife DHMO	—
• Kaiser Basic HMO Medicare	—		
• Blue Shield HMO Medicare	—	Vision	<input type="checkbox"/>
• Blue Shield PPO Medicare	—	• Vision Service Plan (VSP)	—
		• Protec Safety Glasses Program Option 1	—
		• Protec Safety Glasses Program Option 2	—
		Aetna Resources for Living:	<input type="checkbox"/>
		• Employee Assistance Program - EAP	

To Confirm coverage to be offered for 2016, please check each box for desired benefit and each line for coverage for coverage to be offered and sign below. Please return by September 15, 2016 by either e-mailing, faxing 866-597-7568, or contacting the FDAC EBA customer service center at 800-557-5593 and asking for Carol Anderson (Carol_Anderson@ajg.com) at extension 2506 or Kelly Furtado (Kelly_Furtado@ajg.com) at extension 2507.

I accept the FDAC EBA 2016 renewal and agree to offer the coverage confirmed in the above table.

Signature _____ Print Name _____ Fire District _____ Date _____



FDAC | **EBA**
FIRE DISTRICTS ASSOCIATION OF CALIFORNIA | EMPLOYMENT BENEFITS AUTHORITY

2016 Benefit Program Renewal

FDAC EBA employee benefits are presented in this packet in summary format. A complete detailed outline of benefits is available through the summary plan description (SPD). FDAC EBA rates are valid for the plan year 2016. If you have any questions or would like to add any lines of coverage, please contact our customer service center at 800-557-5593 and ask for Carol Anderson at extension 2506 or Kelly Furtado at extension 2507.