

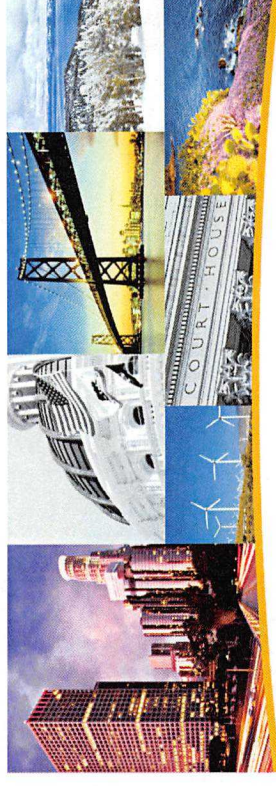


Keenan
Associates

City of Desert Hot Springs

Medical Marketing
Effective Date: July 1, 2017

Presented by: Yvette Fields



City of Desert Hot Springs

PACE Plan Comparison

Summary of EPO Plans

	CalChoice	CalChoice	PACE	Desert Hot Springs - 2015
	7/1/2017	7/1/2017	1/1/2017	7/1/2014
	7/1/2018	7/1/2018	1/1/2018	7/1/2015
	United Healthcare	United Healthcare	Anthem Blue Cross	Anthem Blue Cross
	Cal Choice - Platinum HMO A	Cal Choice - Gold HMO A	EPO 15	HMO 20/\$10/\$25/\$45/20%
General Plan Information				
Annual Deductible/Individual	\$0	\$0	\$0	\$0
Annual Deductible/Family	\$0	\$0	\$0	\$0
Coinsurance	N/A	N/A	N/A	N/A
Office Visit/Exam	\$20 copay	\$30 copay	\$15 copay	\$20 copay
Outpatient Specialist Visit	\$40 copay	\$50 copay	\$15 copay	\$20 copay
Annual Out-of-Pocket Limit/Individual	\$3,000	\$5,500	\$1,500	\$1,500
Annual Out-of-Pocket Limit/Family	\$6,000	\$11,000	\$3,000	\$3,000
Primary Care Physician Election Required	Yes	Yes	Yes	Yes
Outpatient Services				
Preventive Services				
Well-Child Care	100% Covered	100% Covered	100% covered	100% covered
Immunizations	100% Covered	100% Covered	100% covered	100% covered
Well Woman Exams	100% Covered	100% Covered	100% covered	100% covered
Mammograms	100% Covered	100% Covered	100% covered	100% covered
Adult Periodic Exams with Preventive Tests	100% Covered	100% Covered	100% covered	100% covered
Diagnostic X-Ray and Lab Tests	100% Covered	100% Covered	100% covered	100% covered
Maternity Care				
Pregnancy and Maternity Care (Pre-Natal Care)	Covered as any illness	Covered as any illness	\$15 copay	\$20 copay
Inpatient Hospital Services				
Inpatient Hospitalization	70%	70%	\$100 copay (per admit)	\$200 copay (per admit)
Pre-Authorization of Services Required	Yes	Yes	Yes	Yes
Surgical Services				
Outpatient Facility Charge	70%	70%	\$50 copay (per admit)	\$100 copay (per admit)
Emergency Services				
Emergency Room	\$200 copay (waived if admitted)	\$300 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)
Ambulance - Air	\$100 copay (per trip)	\$100 copay (per trip)	\$100 copay (per trip)	\$100 copay (per trip)
Ambulance - Ground	\$100 copay (per trip)	\$100 copay (per trip)	\$100 copay (per trip)	\$100 copay (per trip)
Urgent Care				
Urgent Care Facility	\$50 copay	\$75 copay	\$15 copay	\$20 copay
Mental Health & Substance Abuse				
Inpatient Care	70%	70%	\$100 copay (per admit; prior authorization required)	\$200 copay (per admit)
Outpatient Care	\$40 copay	\$50 copay	\$15 copay	\$20 copay

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City of Desert Hot Springs
PACE Plan Comparison
Summary of EPO Plans

	CalChoice 7/1/2017	CalChoice 7/1/2018	PACE 1/1/2017	Desert Hot Springs - 2015 7/1/2014
	United Healthcare 7/1/2018	United Healthcare 7/1/2018	1/1/2018	7/1/2015
	Cal Choice - Platinum HMO A	Cal Choice - Gold HMO A	Anthem Blue Cross EPO 15	Anthem Blue Cross HMO 20/\$10/\$25/\$45/20%
Prescription Drug Benefits				
Generic	\$15 copay	\$15 copay	\$10 copay	\$10 copay
Brand (Formulary)	\$35 copay	\$50 copay	\$25 copay	\$25 copay
Brand (Non-Formulary/Non-preferred)	\$35 copay	\$50 copay	\$45 copay	\$45 copay
Number of Days Supply	30 days	30 days	30 days	30 days
Mail Order				
Generic	\$30 copay	\$30 copay	\$10 copay	\$10 copay
Brand (Formulary/Preferred)	\$70 copay	\$100 copay	\$50 copay	\$50 copay
Brand (Non-Formulary/Non-preferred)	\$70 copay	\$100 copay	\$90 copay	\$90 copay
Number of Days Supply for Mail Order	90 days	90 days	90 days	90 days
Other Services and Supplies				
Durable Medical Equipment	\$50 copay	70%	80% covered	80% covered
Home Health Care	\$20 copay (100 visits/year)	\$30 copay (100 visits/year)	\$15 copay (100 visits/year)	\$20 copay (100 visits/year)
Skilled Nursing or Extended Care Facility	70% (100 days/year)	70% (100 days/year)	100% (100 days/year)	100% (100 days/year)
Hospice Care	100%	100%	100% covered	100% covered
Chiropractic Services	\$15 copay (20 visits max per year)	\$15 copay (20 visits max per year)	\$15 copay (60-day care limit)	\$20 copay (60-day care limit, combined with Rehab. and Chiro)
Acupuncture	\$10 copay	\$10 copay	\$15 copay	\$20 copay
Outpatient Rehabilitative Therapy				
Physical, Occupational, & Speech	\$20 copay	\$30 copay	\$15 copay (60-day care limit)	\$20 copay (60-day care limit, combined with Rehab. and Chiro)

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City of Desert Hot Springs

PACE Plan Comparison

Summary of EPO Plans

	CalChoice	PACE	PACE
	7/1/2017	7/1/2017	1/1/2017
	7/1/2018	7/1/2018	1/1/2018
	Kaiser Permanente	Kaiser Permanente	Kaiser Permanente
	Cal Choice - GOLD HMO A	Cal Choice - Platinum HMO 15	HMO 15
General Plan Information			
Annual Deductible/Individual	\$500	\$0	\$0
Annual Deductible/Family	\$1,000	\$0	\$0
Coinsurance	N/A	N/A	N/A
Office Visit/Exam	\$30 copay (ded waived)	\$10 copay	\$15 copay
Outpatient Specialist Visit	\$30 copay	\$10 copay	\$15 copay
Annual Out-of-Pocket Limit/Individual	\$6,750	\$3,500	\$1,500
Annual Out-of-Pocket Limit/Family	\$13,500	\$7,000	\$3,000
Deductible Included in Out-of-Pocket Limits	Yes	N/A	N/A
Primary Care Physician Election Required	No	No	No
Outpatient Services			
Preventive Services			
Well-Child Care	100% covered	100% covered	100% covered
Immunizations	100% covered	100% covered	100% covered
Well Woman Exams	100% covered	100% covered	100% covered
Mammograms	100% covered	100% covered	100% covered
Adult Periodic Exams with Preventive Tests	100% covered	100% covered	100% covered
Diagnostic X-Ray and Lab Tests	100% covered	100% covered	100% covered
Maternity Care			
Pregnancy and Maternity Care (Pre-Natal Care)	Covered as any illness	Covered as any illness	100%
Inpatient Hospital Services			
Inpatient Hospitalization	\$600 copay per day - 5 days max	\$300 copay per day - 5 days max	100%
Pre-Authorization of Services Required	Yes	Yes	Yes
Semi-Private Room & Board	\$600 copay per day - 5 days max	\$300 copay per day - 5 days max	100%
Surgical Services			
Outpatient Facility Charge	\$600 copay	\$300 copay	\$15 copay
Emergency Services			
Emergency Room	\$250 copay waived if admitted	\$250 copay waived if admitted	\$100 copay waived if admitted
Ambulance - Air	\$250 copay	\$200 copay	100%
Ambulance - Ground	\$250 copay	\$200 copay	100%

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Summary of EPO Plans

	CalChoice	PACE	PACE
	7/1/2017	7/1/2017	1/1/2017
	7/1/2018	7/1/2018	1/1/2018
	Kaiser Permanente	Kaiser Permanente	Kaiser Permanente
	Cal Choice - GOLD HMO A	Cal Choice - Platinum HMO 15	HMO 15
Urgent Care			
Urgent Care Facility	\$30 copay (ded waived)	\$10 copay	\$15 copay
Mental Health & Substance Abuse			
Inpatient Care	\$600 copay per day - 5 days max	\$300 copay per day - 5 days max	100% pre-authorization required
Outpatient Care	\$30 copay (ded waived)	\$10 copay	\$15 copay
Prescription Drug Benefits			
Prescription Drug Deductible			
Rx Annual Out-of-Pocket Limit/Individual	N/A	N/A	\$1,000
Rx Annual Out-of-Pocket Limit/Family	N/A	N/A	\$2,000
Generic	\$15 copay	\$5 copay	\$10 copay
Brand (Non-Formulary/Non-preferred)	\$50 copay (with physician approval)	\$15 copay (with physician approval)	
Number of Days Supply	30 days	30 days	30 days
Mail Order			
Mail Order Mandatory	N/A	N/A	N/A
Generic			\$20 copay
Brand (Formulary/Preferred)			\$40 copay
Brand (Non-Formulary/Non-preferred)			
Number of Days Supply for Mail Order			31 - 100 days
Other Services and Supplies			
Durable Medical Equipment	80% (ded waived)	90%	100%
Home Health Care	100% (100 visits per year)	100% (100 visits/year)	100% (100 visits/year)
Skilled Nursing or Extended Care Facility	\$300 copay per day - 5 days max	\$150 copay per day - 5 days max	100% (100 days/year)
Hospice Care	100%	100%	100%
Chiropractic Services	Not covered	Not covered	\$15 copay (30 visits/year)
Acupuncture	\$30 copay (ded waived)	\$10 copay	Not covered
Outpatient Rehabilitative Therapy			
Physical	\$30 copay (ded waived)	\$10 copay	\$15 copay
Occupational	\$30 copay (ded waived)	\$10 copay	\$15 copay
Speech	\$30 copay (ded waived)	\$10 copay	\$15 copay

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City of Desert Hot Springs
PACE Plan Comparison
Summary of PPO Plans

	CalChoice		PACE		Desert Hot Springs - 2015	
	7/1/2017		1/1/2017		7/1/2014	
	7/1/2018		1/1/2018		7/1/2015	
	Anthem Blue Cross		Anthem Blue Cross		Anthem Blue Cross	
	Cal Choice - Gold PPO A		PPO 250/20/10		Premier PPO 250/20/20/\$10/\$25/\$45/20%	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
General Plan Information						
Annual Deductible/Individual	\$500	\$1,000	\$250	\$250	\$250	\$750
Annual Deductible/Family	\$1,500	\$2,000	\$750	\$750	\$750	\$2,250
Coinsurance	80.00%	50.00%	90% covered	70% covered	80%	60%
Office Visit/Exam	\$25 copay (first 3 visits) - 80% (ded waived for first three visits)	50%	\$20 (deductible waived)	70% covered	\$20 (deductible waived)	60% (after deductible)
Outpatient Specialist Visit	\$25 copay (first 3 visits) - 80% (ded waived for first three visits)	50%	\$20 (deductible waived)	70% covered	\$20 (deductible waived)	60% (after deductible)
Annual Out-of-Pocket Limit/Individual	\$6,000	\$12,000	\$2,500	\$6,500	\$3,500	\$7,000
Annual Out-of-Pocket Limit/Family	\$12,000	\$24,000	\$5,000	\$13,000	\$7,000	\$14,000
Deductible Included in Out-of-Pocket Limits	Yes	Yes	Yes	Yes	Yes	Yes
Outpatient Services						
Preventive Services						
Well-Child Care	100% (deductible waived)	50% (after deductible)	100.00%	70% (after deductible)	100% (deductible waived)	60% (after deductible)
Immunizations	100% (deductible waived)	50% (after deductible)	100.00%	70% (after deductible)	100% (deductible waived)	60% (after deductible)
Well Woman Exams	100% (deductible waived)	50% (after deductible)	100.00%	70% (after deductible)	100% (deductible waived)	60% (after deductible)
Mammograms	100% (deductible waived)	50% (after deductible)	100.00%	70% (after deductible)	100% (deductible waived)	60% (after deductible)
Adult Periodic Exams with Preventive Tests	100% (deductible waived)	50% (after deductible)	100.00%	70% (after deductible)	100% (deductible waived)	60% (after deductible)
Diagnostic X-Ray and Lab Tests	100% (deductible waived)	50% (after deductible)	100.00%	70% (after deductible)	80% (deductible waived)	60% (after deductible)
Maternity Care						
Pregnancy and Maternity Care (Pre-Natal Care)	Covered as any illness	Covered as any illness	\$20 (deductible waived)	70% covered (after deductible)	80% (deductible waived)	60% (after deductible)
Inpatient Hospital Services						
Inpatient Hospitalization	Tier 1- 80% Tier 2 - \$500 copay - 80%	50% (up to \$650 per day)	90% (after deductible)	70% (after deductible); up to \$1,000 per day for non-emergency admission	80% (after deductible)	60% (after deductible); \$500 copayment for failure to obtain pre-authorization
Pre-Authorization of Services Required	Yes	Yes	Yes	Yes	No	Yes
Surgical Services						
Outpatient Facility Charge	Tier 1- 80% Tier 2 - \$250 copay - 80%	50% (up to \$650 per day)	90% covered (after deductible)	70% covered after deductible; \$350 benefit max per admit	80% (after deductible)	60% (after deductible) \$350 benefit max

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City of Desert Hot Springs

PACE Plan Comparison

Summary of PPO Plans

	CalChoice		PACE		Desert Hot Springs - 2015	
	7/1/2017		1/1/2017		7/1/2014	
	7/1/2018		1/1/2018		7/1/2015	
	Anthem Blue Cross		Anthem Blue Cross		Anthem Blue Cross	
	Cal Choice - Gold PPO A		PPO 250/20/10		Premier PPO 250/20/20/\$10/\$25/\$45/20%	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency Services						
Emergency Room	\$250 Copay - 80%	\$250 Copay - 80%	\$150 (waived if admitted)	\$150 (waived if admitted)	\$100 (waived if admitted)	\$100 (waived if admitted)
Ambulance						
Air	80%	80%	90% (after deductible)	90% (after deductible)	80% (after deductible)	80% (after deductible)
Ground	80%	80%	90% (after deductible)	90% (after deductible)	80% (after deductible)	80% (after deductible)
Urgent Care						
Urgent Care Facility	80%	50%	\$20 copay; deductible waived	70% (after deductible)	\$20 (deductible waived)	60% (after deductible)
Mental Health & Substance Abuse						
Inpatient Care	Tier 1- 80% Tier 2 - \$500 copay - 80%	50% (up to \$650 per day)	90% (after deductible)	70% after deductible; up to \$1,000 per day for non-emergency admission	80% (after deductible)	60% (after deductible)
Outpatient Care	\$25 copay (first 3 visits) - 80% (ded waived for first three visits)	50.00%	90% (after deductible)	70% after deductible; \$350 max per visit	\$20 (deductible waived)	60% (after deductible)
Prescription Drug Benefits						
Rx Deductible	None		None		None	
Generic	\$5 copay/\$20 copay	\$5 copay/\$20 copay	\$10	\$10 + 50%	\$10	\$10 + 50%
Brand (Formulary/Preferred)	\$40 copay	\$40 copay	\$30	\$30 + 50%	\$25	\$25 + 50%
Brand (Non-Formulary/Non-preferred)	\$80 copay	\$80 copay	\$50	\$50 + 50%	\$45	\$45 + 50%
Number of Days Supply	30 days	30 days	30 days	30 days	30 days	30 days
Mail Order						
Generic			\$10	Not covered	\$10	Not covered
Brand (Formulary/Preferred)			\$60	Not covered	\$50	Not covered
Brand (Non-Formulary/Non-preferred)			\$100	Not covered	\$90	Not covered
Number of Days Supply for Mail Order			90 days	N/A	90 days	N/A
Other Services and Supplies						
Durable Medical Equipment	50%	50%	90% (after deductible)	70% (after deductible)	80% (after deductible)	60% (after deductible)
Home Health Care	80%; up to 100 visits per cal yr	50% up to \$75/visit; 100 visits/year	90% (100 visits/year)	70% (100 visits/year)	80% (100 visits/year)	60% (100 visits/year)
Skilled Nursing or Extended Care Facility	80% (Tier II: \$500 deductible)	50% (up to \$150 per day)	90% (100 days/year)	70% (100 days/year)	80% (100 days/year)	60% (100 days/year)
Hospice Care	100%	50%	100% (deductible waived)	70% (after deductible)	100% (deductible waived)	60% (after deductible)
Chiropractic Services	50% (20 visits/year)	Not covered	\$20 copay (30 visits/year)	70% (30 visits/year)	80% after ded. (24 visits/year)	60% after ded. (24 visits/year)
Acupuncture	80%	Not covered	\$20 copay (20 visits/year)	70% (20 visits/year)	80% after ded. (12 visits/year)	60% after ded. (12 visits/year)
Outpatient Rehabilitative Therapy						
Physical, Occupational, and Speech	80%	50%	90% (after deductible)	70% (after deductible)	80% after ded. (24 visits/year)	60% after ded. (24 visits/year)

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City of Desert Hot Springs

Rate Comparison

Effective July 1, 2017

Carrier Name Plan Name	PACE	
	Anthem EPO \$15	Anthem PPO \$250
Rating Structure		
Employee-Only	\$ 650.19	\$ 624.45
Employee + Spouse	\$ 1,332.89	\$ 1,280.12
Employee + Child(ren)	\$ 1,202.85	\$ 1,155.23
Employee + Family	\$ 1,820.53	\$ 1,748.46

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City of Desert Hot Springs
Rate Comparison
Effective July 1, 2017

PACE		
Carrier Name	Kaiser	
Plan Name	EPO \$15	
Rating Structure		
Employee-Only	\$ 442.78	
Employee + Spouse	\$ 929.83	
Employee + Child(ren)	\$ 841.27	
Employee + Family	\$ 1,284.05	

MARKETING 2017

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