

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

689



**FROM:** Human Resources Department

**SUBMITTAL DATE:**  
July 19, 2012

**SUBJECT:** 2013 Medical, Dental and Vision Plan Rates; and Benefit Changes for County of Riverside Employees

**RECOMMENDED MOTION:** That the Board of Supervisors 1) approve the 2013 Medical, Dental and Vision plan rates listed in Attachment A through D for active employees; 2) approve Exclusive Care and Health Net plan benefit changes; 3) approve the discontinuance of the Local Advantage dental plans; 4) approve the Wellness program changes listed in Attachment E; 5) approve the use of the Early Retiree Reinsurance Program (ERRP) reimbursement; 6) approve the Health Care Reform mandated guidelines for the Flexible Spending Account, Women's Preventative Services, and Treatment for Autism listed in Attachment F; 7) authorize the Chairperson to sign two (2) copies of the attached Amendment to the County of Riverside Health Care Reimbursement Plan (Attachment G); and 8) return the copies to Human Resources for distribution.

Departmental Concurrence

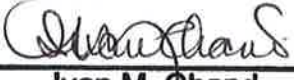
  
Barbara A. Olivier  
Asst. County Executive Officer/Human Resources Dir.

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 0	In Current Year Budget:	No
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	2012/13

<b>SOURCE OF FUNDS:</b> Employee and Retiree Health Premiums	<b>Positions To Be Deleted Per A-30</b>	<input type="checkbox"/>
	<b>Requires 4/5 Vote</b>	<input type="checkbox"/>

**C.E.O. RECOMMENDATION:**

**APPROVE**

BY:   
Ivan M. Chand      7/22/2012

**County Executive Office Signature**

- Policy
- Policy
- Consent
- Consent

Dept's Recomm.:  
Per Exec. Ofc.:

**Prev. Agn. Ref.:** | **District:** All | **Agenda Number:**

3.28

## **BACKGROUND:**

Since January 2003, the County has contracted directly with health plan carriers for the majority of County employees and retirees. To assist employees with the cost of health benefits, the County provides Flexible Benefit Credits. The Flexible Benefit Credit amount is determined by the applicable Memorandum of Understanding (MOU) governing each bargaining unit, the Resolution for Exempt Management, Management, Confidential, and other Unrepresented Employees, or the County Salary Ordinance No. 440.

### **Rates and Benefit Changes**

The Human Resources Department in conjunction with the Joint Health Care Labor Management Committee (the "Committee") comprised of representatives from the Service Employees International Union (SEIU), Laborers International Union of North America (LIUNA), management representatives and retirees, collaborated with Aon Hewitt, our benefits consultant, to obtain renewal rates from the current health plan carriers for calendar year 2013.

Human Resources has worked with Aon Hewitt and the Committee to recommend the following 2013 benefit premiums and plan provision changes:

### **Medical Plans**

#### **Active Employee Rate Changes**

Rate renewals are based on the County's group-specific claims experience and anticipated market trends of medical costs. Aon Hewitt reports the national market trend for the 2013 plan year is expected to average 10.1%. As a result of negotiations and recommended plan design changes, the County has been successful in obtaining an average rate increase for active employees of 7.2% for the 2013 plan year. Active employee rates for the 2013 plan year are listed in Attachment A.

#### **Health Net**

Despite an enrollment loss and a high cost of claims, Health Net agreed to a proposed rate increase of 8.8%, and to incorporate a plan design change which will require participants to utilize mail order prescription benefits for maintenance medications. This plan design change will assist employees in lower out-of-pocket cost towards prescriptions and allow them to have extended periods between refills, while allowing Health Net to achieve greater cost efficiencies.

The Health Net PPO plan provides coverage to employees with the option to utilize providers in-network and out-of-network. No plan design changes are recommended for the PPO plan. Plan utilization and risk support an 18.5% rate increase.

#### **Exclusive Care**

In recent years Exclusive Care has become the most frequently selected health plan option for County employees with nearly 5,600 participants enrolled in the active plan. In order to align and equalize plan benefits, the Exclusive Care plan design was compared to the County's Kaiser and Health Net plans. The review yielded the following recommended plan design changes for Exclusive Care, creating benefit parity among the three plan options:

- Eliminate 30 mile residency requirement within Riverside County for plan eligibility.
- Change the calendar year out-of-pocket maximum from \$3,000/person to \$1,500 per person/\$3,000 per family.
- Increase prescription (RX) co-payments from \$5/\$15/\$25 to \$5/\$15/\$35.
- Increase chiropractor co-payments from \$5 per visit to \$15 per visit.
- Increase infertility treatment, lifetime maximum benefit from \$5,000 to \$10,000.

- Increase physical therapy co-payments from \$0 to \$5.
- Cover preapproved Bariatric Surgery.
- Cover vision screening and refraction.
- Increase hearing aid benefit to \$2,000 every 3 years.
- Remove the \$2,000 Durable Medical Equipment (DME) benefit limit.

Underwriting analysis of the plan design changes and claim costs supports a 6.4% rate increase for the 2013 plan year, with an estimated drawdown of fund reserves of \$ 1.4 million.

### **Kaiser**

Kaiser reports that their 2013 renewal rate for their average regional commercial plan is 8%. The County's specific claim experience supports a below market rate increase of 6.3% without any plan design changes.

### **CalPERS**

On June 15, 2012, California Public Employees' Retirement System (CalPERS) released its 2013 medical plan rates. The County's Health Net HMO and Kaiser 2013 rates for active employees continues to be below comparable CalPERS plan rates within the Inland Empire. As a point of comparison and reference, the CalPERS medical plan rates are provided in Attachment B. The average CalPERS Inland Empire rate increase for the 2013 plan year was 10.06% compared to the County's average rate increase of 7.2%.

### **Dental Plans**

#### **Delta Dental**

Delta Dental offers the largest national dental provider network with a full range of dental care programs. DeltaCare is the Delta Dental HMO plan that features set copayments, no annual deductibles and no maximums for in-network benefits. Many diagnostic and preventive services are available at no cost or with very low copayments. The County offers both a low option (11A) HMO and higher option (10A) HMO to meet the needs of County employees. Delta Dental PPO and Premier plans feature freedom of choice to visit any dentist and receive lower out-of pocket cost when services are provided by contracted providers. Since January 2011, Delta Dental has successfully managed the County's dental plans and contracted with new and local service providers throughout Riverside County, including the Blythe area.

The Delta Dental PPO rates remain unchanged for 2013 due to favorable rate guarantees negotiated with Delta Dental at inception of the contract. Underwriting supports a 2% premium rate increase for 2013. Human Resources recommends a drawdown of \$153,600 in funding reserves (3.3% of available reserves) to offset the increase and leave the rates unchanged. No benefit plan changes are recommended at this time. The specific dental plan rates for 2013 are contained in Attachment C.

#### **Local Advantage and Local Advantage Blythe**

Human Resources recommends discontinuing the Local Advantage and Local Advantage Blythe self-funded DHMO plans. Currently, there are 878 employees enrolled in Local Advantage and 23 employees enrolled in the Local Advantage Blythe plan. Eligible employees will have the option to enroll in the Delta Dental plans.

Delta Dental has been successful in contracting with all of the Local Advantage network provider groups other than three (3), thus providing for service continuity. Delta Dental plans have comparable benefit coverage levels to Local Advantage (see Attachment H) and premium rates (see Attachment C). Additionally, the consolidation will create administrative efficiencies by eliminating duplicate provider contract service agreements. Employee savings of approximately \$122,000 will be realized by consolidating the plans to Delta Dental.

### **Vision Plans**

In April 2012, Human Resources directed Aon Hewitt on behalf of the County to release a Request for Proposal (RFP) for the County's fully insured and self-funded vision plans. Solicitations were mailed to eight (8) vision carriers. Seven carriers submitted bids in response to the RFP. The initial bids ranged from \$256,636 to \$1,753,993 annually.

The proposals were reviewed by a selection committee based on the following evaluation criteria: experience, ability, service, overall cost, clarification and exceptions of the contract language, and provider network. The County's selection committee entered into Best and Final negotiations and recommends retention of the current vision benefit providers Medical Eye Services (MES) for the fully insured plan and Vision Service Plan (VSP) for the self-insured plan as the most responsive bidders. MES and VSP offer extensive provider networks and proven ability to effectively administer the plans without sacrificing quality or member satisfaction.

The VSP plan is an employer paid self-funded vision program offered to Elected Officials, Management, Confidential, and Unrepresented employees, Resident Physicians and employees in bargaining units of the Deputy District Attorney Association (DDAA) and Law Enforcement Management Unit (LEMU). The MES plan is a voluntary vision program offered to employees in the Service Employees International Union (SEIU), Laborers' International Union of North America (LIUNA) and Riverside Sheriffs Association Public Safety units.

The County received a four year rate guarantee from MES and VSP and each plan will maintain their current level of benefits. The annual cost of benefits for 2012 is \$1,684,295 and the proposed rate for 2013 is \$1,664,318 saving the County \$19,997 annually. Rates for the 2013 vision plan are listed in Attachment D.

### **Wellness Program**

The Optimal Health & Wellness Program (OHWP) focuses on health management programs to engage employees in primary prevention and management of health risk factors. The OHWP incentive model is a criteria-based plan that is intended to catalyze participation in the program and change specific health behaviors. The incentive model is funded by contributions from Exclusive Care, Health Net, Kaiser Permanente, and The Standard life insurance. Additionally, an administrative fee is included in the medical plan premiums to help fund the incentive model. The administrative fee has remained unchanged for the past two years. The proposed administrative fee for the 2013 plan year is \$6.00 per month, an increase of \$2.50 per month to cover incentive payments to participants of the wellness program.

Currently, the number of participants taking advantage of the OHWP incentive model has increased by 139% since the 2010 plan year. Participants receiving the \$30 per month premium reduction have increased 445%; those receiving the \$50 per month premium reduction have increased 65%.

Notable changes to the OHWP for the 2013 plan year include a simplified incentive model, a revised biometric screening reward protocol, and a new Platinum Action plan designed to focus participants on behavior changes that will have greater impact on the health risk factors confronting the County's workforce. Refer to Attachment E for a summary of the OHWP and proposed program changes.

## Health Care Reform

### **Early Retiree Reinsurance Program**

The Early Retiree Reinsurance Program (ERRP) is part of the Health Care Reform law also known as the Patient Protection and Affordable Care Act (PPACA), which instituted the program to provide organizations like the County partial reimbursement for providing health coverage to retirees between the ages of 55-64 who are not Medicare eligible. Human Resources worked with Aon Hewitt to submit detailed claims reports and aggregate costs for reimbursement to the U.S. Department of Health and Human Services, who administers the ERRP program. The County was successful in obtaining a reimbursement of \$ 1.1 million. Human Resources is currently working with Aon to research available options of utilizing the ERRP reimbursement funds. Human Resources will submit a recommendation to the Board, recommending the use of the ERRP reimbursement in September when we submit the retiree rates for your approval.

### **Health Care Reform Mandates**

The Health Care Reform law mandates the following items to be implemented by the County's plans:

- **Coverage for treatment of Autism effective, January 1, 2013**  
As required by the Health Care Reform Act, all County health plans will be required to add coverage for the treatment of Autism.
- **Guidelines for Women's Preventative Services effective, August 1, 2012**  
On January 1, 2011, under the Patient Protection and Affordable Care Act (PPACA), all County health plans were required to add women's preventative health care such as mammograms, screenings for cervical cancer, prenatal care, and other services to ensure women receive a comprehensive set of preventive services without paying a co-payment or deductible. Our plans have previously provided most of these services but have had co-payments associated with them. Effective plan years that starts on or after August 1, 2012, the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration will require plans to include additional guidelines for women's preventative services, such as well-woman visits, support for breastfeeding equipment, contraception, and domestic violence screening that will be covered without a required co-payment or deductible.
- **\$2,500 limit on Flexible Spending Accounts (FSA) effective, January 1, 2013**  
The U.S. Internal Revenue Service issued Notice 2012-40 on May 30, 2012, and provided guidance on the pre-tax Flexible Spending Accounts (FSA) under the PPACA, which requires the County to limit employee contributions for the Health Care FSA to \$2,500 per calendar year. Starting January 1, 2013, the County's FSA contribution limit will be reduced from \$15,000 to \$2,500.

Attachment F provides a summary of the new Health Care Reform mandates. If the FSA limit is approved by the Board, Attachment G amends the County of Riverside Health Care Reimbursement Plan authorizing the reduction in Health Care FSA contributions.

## Conclusion

The annual cost of medical, dental and vision plans for active employees will increase from \$118 million in 2012 to an estimated \$126 million in 2013, an increase of \$7.9 million or 6.7%. Employees pay premiums for medical, dental and vision coverage with their Flexible Benefits Credits, supplemented by their own contributions. If approved, plan rates and benefit changes will be communicated to employees during Annual Enrollment, which is scheduled for September 10, 2012 through October 4, 2012 for active employees and October 9, 2012 through November 1, 2012 for retirees. CalPERS Annual Enrollment is scheduled to run concurrently with the County's annual enrollment period.

The 2013 retiree rates and complete plan documentation for the Medicare "Risk" plans will be brought to the Board after Medicare releases its reimbursable rates, which are expected to be published in September 2012.

County of Riverside  
 2013 County Medical Plan Renewal Rates  
 Active

	Enrollment	2012 Current	2013 Renewal	Monthly Dollar Increase	Percent Increase
<b>Exclusive Care (EPO)</b>					
Single	3,336	\$389.18	\$414.62	\$25.44	6.5%
Two-Party	898	\$784.88	\$834.48	\$49.60	6.3%
Family	1,322	\$985.00	\$1,047.08	\$62.08	6.3%
<b>Sub-Total</b>	<b>5556</b>	<b>\$3,305,297</b>	<b>\$3,516,775</b>	<b>\$211,478</b>	<b>6.4%</b>
<b>Health Net (HMO)</b>					
Single	1,813	\$539.86	\$587.78	\$47.92	8.9%
Two-Party	492	\$1,074.22	\$1,168.06	\$93.84	8.7%
Family	688	\$1,394.82	\$1,516.40	\$121.58	8.7%
<b>Sub-Total</b>	<b>2993</b>	<b>\$2,466,919</b>	<b>\$2,683,614</b>	<b>\$216,695</b>	<b>8.8%</b>
<b>Kaiser Permanente (HMO)</b>					
Single	2,467	\$524.50	\$558.00	\$33.50	6.4%
Two-Party	580	\$1,043.50	\$1,107.50	\$64.00	6.1%
Family	636	\$1,354.50	\$1,438.00	\$83.50	6.2%
<b>Sub-Total</b>	<b>3683</b>	<b>\$2,760,634</b>	<b>\$2,933,504</b>	<b>\$172,871</b>	<b>6.3%</b>
<b>Health Net (PPO)</b>					
Single	124	\$774.08	\$917.62	\$143.54	18.5%
Two-Party	16	\$1,542.68	\$1,827.74	\$285.06	18.5%
Family	12	\$2,003.82	\$2,374.00	\$370.18	18.5%
<b>Sub-Total</b>	<b>152</b>	<b>\$144,715</b>	<b>\$171,517</b>	<b>\$26,802</b>	<b>18.5%</b>
<b>ANNUAL TOTAL</b>	<b>12384</b>	<b>\$104,130,761</b>	<b>\$111,664,916</b>	<b>\$7,534,155</b>	<b>7.2%</b>

County of Riverside  
 2013 CalPERS Medical Plan Renewal Rates  
 Active and Early Retirees

2013 Plan Rates	Other Southern California Counties*			Los Angeles Region			Out-of-State Region		
	2012	2013	% Difference	2012	2013	% Difference	2012	2013	% Difference
<b>Blue Shield HMO</b>									
Employee Only	\$583.60	\$643.93	10.3%	\$510.72	\$530.75	3.9%		Plan Not Available	
Two-Party	\$1,167.20	\$1,287.86	10.3%	\$1,021.44	\$1,061.50	3.9%		Plan Not Available	
Family	\$1,517.36	\$1,674.22	10.3%	\$1,327.87	\$1,379.95	3.9%		Plan Not Available	
<b>Blue Shield NetValue</b>									
Employee Only	\$501.93	\$550.03	9.6%	\$439.25	\$453.35	3.2%		Plan Not Available	
Two-Party	\$1,003.86	\$1,100.06	9.6%	\$878.50	\$906.70	3.2%		Plan Not Available	
Family	\$1,305.02	\$1,430.08	9.6%	\$1,142.05	\$1,178.71	3.2%		Plan Not Available	
<b>Kaiser Permanente</b>									
Employee Only	\$512.76	\$558.95	9.0%	\$465.63	\$502.40	7.9%	\$816.47	\$876.46	7.3%
Two-Party	\$1,025.52	\$1,117.90	9.0%	\$931.26	\$1,004.80	7.9%	\$1,632.94	\$1,752.92	7.3%
Family	\$1,333.18	\$1,453.27	9.0%	\$1,210.64	\$1,306.24	7.9%	\$2,122.82	\$2,278.80	7.3%
<b>PERSCare PPO</b>									
Employee Only	\$943.26	\$992.61	5.2%	\$906.39	\$953.90	5.2%	\$1,163.70	\$1,224.67	5.2%
Two-Party	\$1,886.52	\$1,985.22	5.2%	\$1,812.78	\$1,907.80	5.2%	\$2,327.40	\$2,449.34	5.2%
Family	\$2,452.48	\$2,580.79	5.2%	\$2,356.61	\$2,480.14	5.2%	\$3,025.62	\$3,184.14	5.2%
<b>PERS Choice PPO</b>									
Employee Only	\$526.19	\$611.30	16.2%	\$505.63	\$587.46	16.2%	\$649.16	\$754.21	16.2%
Two-Party	\$1,052.38	\$1,222.60	16.2%	\$1,011.26	\$1,174.92	16.2%	\$1,298.32	\$1,508.42	16.2%
Family	\$1,368.09	\$1,589.38	16.2%	\$1,314.64	\$1,527.40	16.2%	\$1,687.82	\$1,960.95	16.2%
	<b>Average Percent Increase</b>		<b>10.06%</b>	<b>Average Percent Increase</b>		<b>7.28%</b>	<b>Average Percent Increase</b>		<b>9.57%</b>

\* Includes Riverside, Orange, San Diego and Imperial counties.



**County of Riverside  
2013 Dental Plan Renewal Rates**

ATTACHMENT C

2013 Rates		Enrollment	2012 Current	2013 Renewal	Monthly Dollar Increase	Percent Increase
<b>Local Advantage - Plus</b>						
Single		481	\$47.68	N/A	N/A	N/A
Two-Party		169	\$94.90	N/A	N/A	N/A
Family		210	\$140.52	N/A	N/A	N/A
	<b>Sub-total</b>	<b>860</b>	<b>\$68,481.38</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Local Advantage - Blythe</b>						
Single		12	\$34.02	N/A	N/A	N/A
Two-Party		4	\$61.56	N/A	N/A	N/A
Family		5	\$94.32	N/A	N/A	N/A
	<b>Sub-total</b>	<b>21</b>	<b>\$1,126.08</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>DeltaCare USA DHMO - High Option Plan (10A)</b>						
Single		3,011	\$20.34	\$20.34	\$0.00	0.0%
Two-Party		1,482	\$29.98	\$29.98	\$0.00	0.0%
Family		2,104	\$46.00	\$46.00	\$0.00	0.0%
	<b>Sub-total</b>	<b>6,597</b>	<b>\$202,458.10</b>	<b>\$202,458.10</b>	<b>\$0.00</b>	<b>0.0%</b>
<b>DeltaCare USA DHMO - Low Option Plan (11A)</b>						
Single		507	\$15.24	\$15.24	\$0.00	0.0%
Two-Party		194	\$21.98	\$21.98	\$0.00	0.0%
Family		232	\$33.08	\$33.08	\$0.00	0.0%
	<b>Sub-total</b>	<b>933</b>	<b>\$19,665.36</b>	<b>\$19,665.36</b>	<b>\$0.00</b>	<b>0.0%</b>
<b>Delta Dental PPO*</b>						
Single		2,452	\$43.58	\$43.58	\$0.00	0.0%
Two-Party		1,294	\$78.02	\$78.02	\$0.00	0.0%
Family		1,764	\$113.68	\$113.68	\$0.00	0.0%
	<b>Sub-total</b>	<b>5,510</b>	<b>\$348,923.96</b>	<b>\$408,347.56</b>	<b>\$59,423.60</b>	<b>0.0%</b>
	<b>ANNUAL TOTAL</b>	<b>13,040</b>	<b>\$7,687,859</b>	<b>\$7,565,652</b>	<b>-\$122,206</b>	<b>-1.6%</b>

\* 2012 Delta Dental PPO Rates reflect current enrollment in the Dental Plan. The 2013 Delta Dental PPO enrollment and projected cost assumes Local Advantage and Local Advantage Blythe participants migrate to the Delta Dental PPO plan during open enrollment.

County of Riverside  
2013 Vision Plan Renewal Rates

	Enrollment	2012 Current	2013 Renewal	Monthly Dollar Decrease	Percent Decrease
<b>MES - Hardware only (Active Employees)</b>					
Single	364	\$7.98	\$7.80	0.18	2.3%
Two-Party	90	\$12.72	\$12.42	0.30	2.4%
Family	86	\$17.54	\$17.14	0.40	2.3%
<b>Sub-Total</b>	<b>540</b>	<b>\$5,558</b>	<b>\$5,430</b>	<b>127.83</b>	<b>2.4%</b>
<b>MES - Exam &amp; Hardware (Active Employees)</b>					
Single	4080	\$9.46	\$9.23	0.23	2.4%
Two-Party	1787	\$14.28	\$13.95	0.33	2.3%
Family	2238	\$19.32	\$18.88	0.44	2.3%
<b>Sub-Total</b>	<b>8105</b>	<b>\$107,353</b>	<b>\$104,860</b>	<b>2,493.66</b>	<b>2.4%</b>
<b>Vision Service Plan</b>					
Self-Funded Fee		13% of claims	10.5% of claims	N/A	N/A
Recommended funding level		\$12.91	\$13.36	\$0.45	3.5%
<b>Sub-total</b>	<b>2126</b>	<b>\$27,446.66</b>	<b>\$28,403.36</b>	<b>-\$956.70</b>	<b>-3.4%</b>
<b>Annual Total</b>	<b>10,771</b>	<b>\$1,684,295</b>	<b>\$1,664,318</b>	<b>\$19,977</b>	<b>1.2%</b>

MES rates include a 8% pepm Benefits Admin. fee

## Optimal Health & Wellness Program Summary | 2012 – 2013

The challenge for leaders today is to create an organizational culture that promotes a high-performing workforce in a high-performance workplace. Meeting this challenge cannot be accomplished without healthy and productive employees. Workforce health and productivity translate into direct and indirect costs for every employer, and both the workplace environment and the lifestyles of employees and their families influence those costs.

The total costs of an unhealthy workforce are growing at an unsustainable pace. Beyond medical and pharmacy claims, total costs also include lost productivity from absenteeism and from presenteeism, which is a decrease in job performance due to health problems. Enlightened employers look for creative ways to help employees and their families maintain or improve their health by elevating employee health to an integral part of their human capital “asset management” strategy.

The mission of the Optimal Health & Wellness Program (OHWP) is to promote the strategic investment in health promotion and disease prevention as an important part of the long-term solution to unsustainable health care costs and the associated loss of productivity. Investing in health management programs across the entire health care continuum, beginning with programs that promote and engage employees in primary prevention and management of risk factors can significantly reduce risks and their associated costs across our employee population. The net effect of this investment will be a more productive and engaged workforce, as well as a reduced trend of health care spending.

The OHWP is a voluntary, integrated benefits program that encourages employees, their covered spouse or registered domestic partner (RDP), and retirees to work with a team of health and wellness professionals to design a customized plan to improve their health and wellbeing. The OHWP provides support by engaging the participant in their own journey (path) towards optimal health and wellness by providing a variety of resources and an integrated medical management model.

### **Incentive Model**

The incentive model includes a criteria-based plan that is intended to catalyze participation in the program and specific health behaviors.

Three different levels of rewards are provided for meeting various numbers of the criteria: Silver (Level 1), Gold (Level 2) and Platinum (Level 3).

If an eligible employee wishes to take advantage of the program’s incentive model, the employee is required to enroll in the program by completing a Wellness Program Orientation, a health risk assessment, and a biometric screening; these three steps comprise Level 1. Participants are encouraged to complete these steps early in the program year and may complete them while concurrently pursuing Action Plan points.

Level 2 is complete when participants achieve eighteen (18) Action Plan points. Participants may elect to pursue Level 3 by, in addition to achieving eighteen (18) Action Plan points, agreeing to report their weight, the number of steps taken, calories burned, and distance traveled, monthly. To facilitate the activity logging necessary to meet the reporting criteria, eligible employees will receive (at no charge) an electronic exercise tracker. The exercise tracker is theirs to keep; if lost or stolen, the employee is responsible for replacing the tracker. See deadlines in summary below.

### Summary:

#### Silver (Level 1)

Complete a Health Risk Assessment (see definition, page 5) **and**

Complete a Biometric Screening (see definition, page 5) **and**

Complete a Wellness Program Orientation (Live Lunch & Learn; Live webinar; On-demand webinar)

Incentive: \$50.00 one time per Wellness Program year (November 1, 2012 – October 31, 2013)

### And:

#### Gold (Level 2)

Complete Silver (Level 1) **and**

Complete an Action Plan yielding 18 points by **October 31, 2013**

Incentive: \$30.00 contribution per month toward the cost of medical coverage sponsored by the County of Riverside for the following Benefit year (January 1, 2014 – December 31, 2014)

### Or:

#### Platinum (Level 3)

Complete Silver (Level 1) **and**

Complete an Action Plan yielding 18 points by **May 31, 2013 and**

Complete the Platinum Action Plan by **October 31, 2013** (see page 4)

Incentive: \$50.00 contribution per month toward the cost of medical coverage sponsored by the County of Riverside for the following Benefit year (January 1, 2014 – December 31, 2014)

### Eligibility Requirement

Eligibility to participate in the OHWP Incentive Model is based on enrollment in one of the County of Riverside Sponsored Health Plans – Exclusive Care, Health Net, or Kaiser Permanente. The Gold and Platinum incentives are regarded as additional employer contributions toward medical insurance coverage. If an employee achieves the Gold or Platinum incentive and waives or cancels medical insurance coverage at any time, the employee is no longer eligible to receive the reward.

Spouses and RDPs may enroll in the program and receive the Silver incentive. Spouses and RDPs are not entitled to the Gold or Platinum incentives. Eligible retirees are not entitled to any incentives.

## 2013 Action Plan Alternatives

Action plan alternatives may change from year to year to improve the quality of the biometric data available to the program and to be fair to all participants.

If an eligible employee expects to pursue the 2013 Platinum Action Plan (see page 4), eighteen (18) Action Plan points must be completed by **May 31, 2013**; otherwise all Action Plan points must be completed by **October 31, 2013**.

### Menu of Action Plan Alternatives

Category	Allowable Points
<b>Biometric Screening (See Note 1 below)</b>	
<b>LDL (mg/dl)</b>	
Optimal (<100)	2 points
Near Optimal (100 - 129)	1 points
<b>HDL (mg/dl)</b>	
Normal (40 - 59)	1 points
High (60+)	2 points
<b>Triglycerides (mg/dl)</b>	
Optimal (<100)	2 points
Normal (100 - 149)	1 points
<b>Glucose (mg/dl)</b>	
Normal (70 - 99)	2 points
Prediabetes (100 - 125)	1 point
<b>HbA1c</b>	
Decreased Risk (<5.7)	2 points
Increased Risk (5.7 - 6.0)	1 points
<b>BMI (See Note 2 below)</b>	
Normal (18.5 - 24.9)	2 points
Overweight (25.0 - 29.9)	1 point
<b>Blood Pressure (diastolic, mm Hg; See Note 2 below)</b>	
Optimal (<76)	2 points
Normal (76 - 79)	1 point
<b>Waist Girth (inches; See Note 2 below)</b>	
Women (≤35)	1 point
Men (≤40)	1 point
Less than half your height (inches)	2 points

#### NOTES

1. If participants elect a second screening, a minimum of 6 months must elapse from the date of the initial screening. Only the better of the two screenings will be considered for points. (See Biometric Screening Definition, page 5)
2. Requires original measurement by a Physician or Wellness Team Member.

#### Resiliency Classes

1 point per class

Live Lunch & Learn; Live webinar; On-demand webinar

You cannot accrue points for the same Resiliency topic more than once a year.

## Menu of Action Plan Alternatives

Category	Allowable Points
<p><b>Nutrition Classes</b> Live Lunch &amp; Learn; Live webinar; On-demand webinar You cannot accrue points for the same Nutrition topic more than once a year.</p>	1 point per class
<p><b>Physical Activity Classes</b> Live Lunch &amp; Learn; Live webinar; On-demand webinar</p>	1 point per class
<p><b>Center for Government Excellence Classes</b> Crucial Conversations (multi-day course) The 5 Choices to Extraordinary Productivity (one-day course)</p>	1 point per class
<p><b>Health Challenges</b> Each Health Challenge is a self-paced activity that takes 3 to 4 weeks to complete. You cannot accrue credits for the same Challenge more than once a year.</p>	1 point per challenge
<p><b>Food Challenges</b> Each Food Challenge is a self-paced activity that takes 3 to 4 weeks to complete. You cannot accrue credits for the same Challenge more than once a year.</p>	1 point per challenge
<p><b>MyStart! Tracker</b> Track daily physical activities with the MyStart! Tracker tool from the American Heart Association.</p>	1 – 4 points
<p><b>Human Resources Safety Ergonomic Assessment</b> Live Lunch &amp; Learn; Live webinar; On-demand webinar; on-site evaluation</p>	1 point
<p><b>Smoking Cessation Program (Certificate of Completion Required)</b> Live Class</p>	3 points
<p><b>One-on-One Personalized Coaching</b> 15-20 minutes sessions bi-weekly Available to 'High' Risk Individuals</p>	Maximum Allowable: 6 points 1 point per session

## 2013 Platinum Action Plan

If an eligible employee wishes to take advantage of the program's 2013 Platinum Action Plan, they must complete an Action Plan yielding eighteen (18) points by **May 31, 2013**, then commit to a process of logging and reporting results to the OHWP Team. Monthly, participants will report their weight, the number of steps taken, calories burned, and distance traveled. This action plan must be completed by **October 31, 2013**.

To facilitate the logging criteria, eligible employees will receive (at no charge) an electronic exercise tracker. The exercise tracker is theirs to keep; if lost or stolen, the employee is responsible for replacing the tracker.

## Worksite Wellness Advisory Teams

County Departments are strongly encouraged to establish and promote Worksite Wellness Advisory Teams. Successful wellness initiatives rely heavily on teams; teams are a critical part of the longevity factor in results-oriented worksite wellness programs. Contact the Optimal Health & Wellness Program Coordinator for direction and assistance (Rodger Lehl; [rlehl@rc-hr.com](mailto:rlehl@rc-hr.com); 951-778-3976).

## Health Care Provider Integration – Team Approach

An Authorization to Release Protected Health Information will be provided to participants to allow risk factors detected by the biometric screening to be addressed by the participant's health care provider.

Physical Fitness and Nutrition recommendations made by a participant's health care provider(s) may be integrated, whenever possible, into the participant's action plan. Action plans are monitored by the OHWP Team.

Moderate and High Risk individuals will work with the Wellness Coordinator, the Center for Optimal Health & Wellness, a Registered Dietician and Employee Assistance Services to create a customized plan to engage the participant to improve their health and wellbeing.

## Definitions

Health Risk Assessment. A Health Risk Assessment (HRA) is a web-based health survey that asks questions about an individual's health habits, medical conditions, current symptoms, health risks, readiness to change, learning preferences and other issues. Each individual completing a HRA receives a personalized profile with an assessment of their likely future health and recommendations for how they can improve their health. HRAs may be used to shape proactive personalized interventions with those who can benefit from a specific behavior change. Eligible employees, their spouse or register domestic partner (RDP), and retirees are allowed one HRA screening per plan year (November 1, 2012 – October 31, 2013).

Biometric Screening. Biometric screening for cholesterol (LDL and HDL), fasting triglycerides, fasting blood glucose, average blood glucose, BMI, blood pressure, and/or waist girth are performed in connection with the completion of an HRA. The results of the initial biometric screening are valid for 12 months. If participants elect a second screening, a minimum of 6 months must elapse from the date of the initial screening. More frequent biometric screening has been proven to be a relatively poor use of a program's resources. Eligible employees, their spouse or RDP, and retirees are allowed two biometric screenings per plan year (November 1, 2012 – October 31, 2013).

## HEALTH CARE REFORM MANDATES

## ATTACHMENT F

### Women’s Preventive Services Required Health Plan Coverage Guidelines

Type of Preventive Service*	HHS Guideline for Health Insurance Coverage	Frequency
<b>Well-woman visits.</b>	Well-woman preventive care visit annually for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception and prenatal care. This well-woman visit should include other preventive services listed in this set of guidelines.	Annual, although HHS recognizes that several visits may be needed to obtain all necessary recommended preventive services, depending on a woman’s health status, health needs, and other risk factors.
<b>Screening for gestational diabetes.</b>	Screening for gestational diabetes.	In pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes.
<b>Human papillomavirus testing.</b>	High-risk human papillomavirus DNA testing in women with normal cytology results.	Screening should begin at 30 years of age and then every 3 years.
<b>Counseling for sexually transmitted infections.</b>	Counseling on sexually transmitted infections for all sexually active women.	Annual.
<b>Counseling and screening for human immune-deficiency virus.</b>	Counseling and screening for human immune-deficiency virus infection for all sexually active women.	Annual.
<b>Contraceptive methods and counseling.</b>	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	As prescribed.
<b>Breastfeeding support, supplies, and counseling.</b>	Comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment.	In conjunction with each birth.
<b>Screening and counseling for interpersonal and domestic violence.</b>	Screening and counseling for interpersonal and domestic violence.	Annual.

\*Services that will be covered without cost sharing requirements.



**Coverage for treatment of Autism effective, January 1, 2013**

As required by the Health Care Reform Act, all County health plans will be required to add coverage for the treatment of Autism. The coverage for treatment has not been clearly defined, but assists with early diagnosis and treatment of young children with autism to develop to their full potential. The primary goal of treatment is to improve the overall ability of the child to function.

**\$2,500 limit on Flexible Spending Accounts (FSA) effective, January 1, 2013**

The U.S. Internal Revenue Service issued Notice 2012-40 on May 30, 2012, with guidance on the pre-tax Flexible Spending Accounts (FSA) under the Patient Protection and Affordable Care Act, which requires the County to limit employee contributions from \$15,000 to \$2,500 per calendar year:

- The \$2,500 limit applies only to salary reduction contributions under a health FSA.
- Unused contributions to the health FSA for plan years beginning in 2012 or later that are carried over into the grace period for that plan year will not count against the \$2,500 limit for the 2013 plan year.

**Amendment to the County of Riverside  
Health Care Reimbursement Plan**

**AMENDMENT TO THE COUNTY OF RIVERSIDE  
FLEXIBLE BENEFIT PLAN**

This Amendment to the County of Riverside Health Care Reimbursement Plan (the "Plan") is adopted by the County of Riverside (the "County"), a political subdivision of the State of California, effective as of the dates set forth herein.

**NOW, THEREFORE**, effective as set forth below, the Plan is amended as follows:

A. Effective January 1, 2013, the amount of employee contributions that an employee may elect to be deducted from his or her salary and contributed to the flexible spending account, currently set forth in Article IV of the Plan as \$15,000.00, shall not exceed the total amount of \$2,500.00 per Plan participant, per plan year.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Employer: COUNTY OF RIVERSIDE

\_\_\_\_\_  
Chairman, Board of Supervisors

Delta Dental PPO Plan Design Summary Comparison

*This summary comparison only highlights your benefits. They are not Summary Plan Descriptions (SPDs). If any discrepancy exists between this summary and the official plan documents, the official plan documents will prevail.*

	Local Advantage		Delta Dental PPO		DeltaCare USA	
	In-Network	Delta Dental PPO Dentist	Premier Dentist Out-of-Network Dentists	High-Option Plan (10A)	Low-Option Plan (11A)	
Annual deductible	None	None	\$50 Individual   \$150 Family	None	None	
Calendar year maximum benefit	\$1,500/person	\$1,500/person	\$1,200/person	None	None	
<b>Diagnostic &amp; Preventive</b>						
Exams	No charge	No charge	No charge	No charge	No charge	
Cleaning	No charge	No charge	No charge	No charge	No charge	
Full mouth X-rays	No charge	No charge	No charge	No charge	No charge	
Topical fluoride - child	No charge	No charge	No charge	No charge	No charge	
Sealants (per tooth)	No charge (under age 14)	No charge	No charge	\$5	\$10	
<b>Restorative</b>						
Fillings-amalgam (silver)	You pay 10%	You pay 20% of the PPO fee	You pay 50% of the PPO fee after the deductible	No charge	No charge	
Fillings-composite resin (tooth-colored) for anterior (front) teeth	You pay 10%	You pay 20% of the PPO fee	You pay 50% of the PPO fee after the deductible	No charge	No charge	
Fillings-composite resin (tooth-colored) for posterior (back) teeth	When decay is present, you pay the cost difference between amalgam and resin. For cosmetic purposes to replace an alloy/amalgam filling, you pay 50%	Not covered	Not covered	\$45-\$75	\$55-\$85	
<b>Endodontics</b>						
Single root canal	You pay 10%	You pay 20% of the PPO fee	You pay 50% of the PPO fee after the deductible	\$45	\$55	
Bicuspid root canal	You pay 10%	You pay 20% of the PPO fee	You pay 50% of the PPO fee after the deductible	\$90	\$120	
Molar root canal	You pay 10%	You pay 20% of the PPO fee	You pay 50% of the PPO fee after the deductible	\$205	\$250	

Delta Dental PPO Plan Design Summary Comparison

	Local Advantage		Delta Dental PPO		DeltaCare USA	
	In-Network	Delta Dental PPO Dentist	Premier Dentist Out-of-Network Dentists	High-Option Plan (10A)	Low-Option Plan (11A)	
<b>Periodontics</b>						
Periodontal scaling and root planing 4 or more teeth/quadrant	You pay 10%	You pay 20% of the PPO fee	You pay 50% of the PPO fee after the deductible	No charge	\$25	
<b>Crowns &amp; Bridges</b>						
Crowns	You pay 35%	You pay 40% of the PPO fee	You pay 50% of the PPO fee after the deductible	\$35-\$195	\$50-\$240	
Bridges	You pay 35%	You pay 40% of the PPO fee	You pay 50% of the PPO fee after the deductible	\$55-\$195	\$95-\$240	
<b>Prosthetics</b>						
Complete upper denture	You pay 35%	You pay 40% of the PPO fee	You pay 50% of the PPO fee after the deductible	\$100	\$145	
Complete lower denture	You pay 35%	You pay 40% of the PPO fee	You pay 50% of the PPO fee after the deductible	\$100	\$145	
<b>Oral Surgery</b>						
Simple extraction	You pay 10%	You pay 20% of the PPO fee	You pay 50% of the PPO fee after the deductible	No charge	\$5	
Impaction	You pay 10%	You pay 20% of the PPO fee	You pay 50% of the PPO fee after the deductible	\$25-\$90	\$50-\$110	
<b>Cosmetic</b>						
Veneers	You pay 50%	Not covered	Not covered	No benefit	No benefit	
Teeth whitening	You pay 50%	Not covered	Not covered	\$125	\$125	
Replacement of existing amalgam filling with composite	You pay 50%	Not covered	Not covered	Not covered	Not covered	
<b>Orthodontics</b>						
Child	You pay \$120 down, \$120 per month for 24 months	You pay 50% of the PPO fee	You pay 50% of the PPO fee after the deductible	\$1,700	\$1,700	
Adult (19 & up)		You pay 50% of the PPO fee	You pay 50% of the PPO fee after the deductible	\$1,900	\$1,900	
Lifetime maximum benefit	None	\$1,500/person	\$1,200/person	None	None	