CALIFORNIA SCHOOLS EMPLOYEE BENEFITS ORGANIZATION (CSEBO)

OVERVIEW OF CSEBO

PLANS AVAILABLE TO EMPLOYEES

CONSUMER-DIRECTED HEALTH PLANS (CDHP) OVERVIEW

INSPIRE · THRIVE · EMPOWER · TOGETHER, EVERY DAY

CSEBO

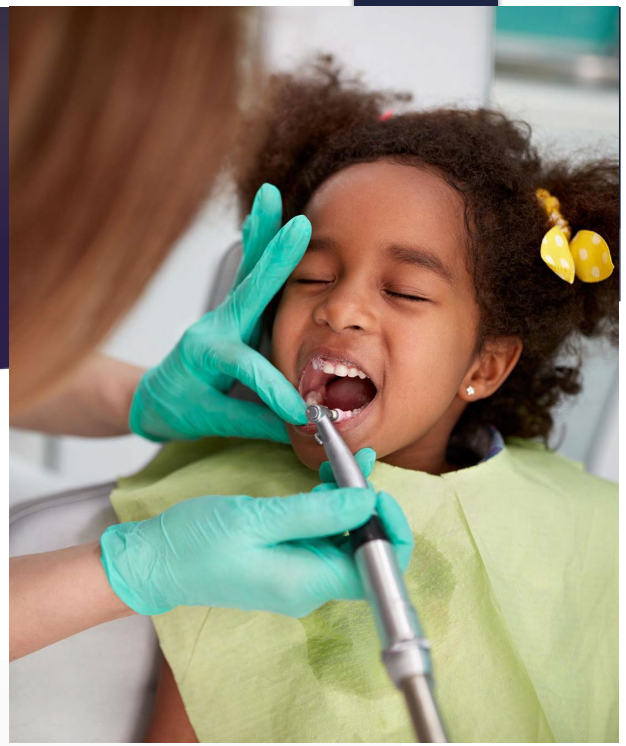
California Schools Employee Benefits Organization

CSEBO OVERVIEW

INSPIRE · THRIVE · EMPOWER
TOGETHER, EVERY DAY

CSEBO

CSEBO OVERVIEW



Our Purpose

- CSEBO is a Joint Powers Authority (JPA) established in 1991
- Providing affordable medical, dental, vision and life insurance benefits for employees and officers of public educational member agencies
  - Governed by its Member LEAs, including both labor and management representatives
  - Acts as a resource to its Member LEAs to help reduce, control, and/or eliminate risks, thereby saving money to use for educational purposes
- **CSEBO is not an insurance company**
  - Programs are created and administered by their Member LEAs to mutually provide what they could not obtain separately
  - Unlike an insurance company with a profit motive, CSEBO's self-insured plans typically have lower administration and risk charges, which are passed on directly to Members through its competitive premium rates

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PLANS AVAILABLE TO MEMBERS

MEDICAL OPTIONS

DENTAL OPTIONS

VISION OPTIONS

CSEBO

PLAN OFFERINGS

Medical plans offered:

- Anthem Blue Cross
  - Anthem Blue Cross Indemnity IV PPO ***existing***
  - Anthem Blue Cross CDHP PPO 90 ***new***
- Kaiser Permanente
  - Kaiser Traditional HMO ***existing***
  - Kaiser CDHP HMO $1,500 ***new***

Dental plan offered:

- Delta Dental PPO ***closely matches existing***

Vision plans offered:

- VSP Base PPO ***closely matches existing***
- VSP Buy-Up PPO ***new; offers richer benefits***

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Existing | New | Existing | New

CSEBO MEDICAL INSURANCE
HEALTH PLAN COMPARISON
EFFECTIVE 7/1/2023 – 12/31/2023

CARRIER	ANTHEM BLUE CROSS				KAISER PERMANENTE	
PLAN NAME	INDEMNITY IV PPO		CDHP PPO 90		HMO 30	CDHP HMO $1,500
GENERAL PLAN INFORMATION	IN-NETWORK	OUT-OF-NETWORK[1]	IN-NETWORK	OUT-OF-NETWORK[1]	IN-NETWORK ONLY	IN-NETWORK ONLY
Annual Medical Out-of-Pocket Limit						
Individual/Individual in Family/Family	$2,000/$2,000/$4,000[2]	Unlimited	$3,000/$6,000/$6,000 (Combined Medical & Rx Out-of-Pocket Max)	Unlimited	$1,500/$1,500/$3,000[3]	$3,000/$3,000/$6,000 (Combined Medical & Rx Out-of-Pocket Max)[3]
Annual Medical Deductible - Plan Deductible Applies Unless Otherwise Stated						
Individual/Individual in Family/Family	$800/$800/$2,400[2]	$800/$800/$2,400[2]	$1,500/$3,000/$3,000 (Combined Medical & Rx Deductible)	$4,000/$8,000/$8,000 (Combined Medical & Rx Deductible)	$0	$1,500/$3,000/$3,000 (Combined Medical & Rx Deductible)
Plan Information						
Type of Plan	Preferred Provider Organization (PPO)		Preferred Provider Organization (PPO)		Health Maintenace Organization (HMO	Health Maintenace Organization (HMO
Referrals Required?	No		No		Yes	Yes
Plan Coinsurance	Plan Pays 85% (After Deductible)	Plan Pays 50% Coinsurance (After Deductible)	Plan Pays 90% (After Deductible)	Plan Pays 50% Coinsurance (After Deductible)	N/A	Plan Pays 90% (After Deductible)
Health Savings Account (HSA) Compatibility:						
HSA-Compatible Plan?	No		Yes		No	Yes
2023 Individual Maximum Contribution	N/A		$3,850		N/A	$3,850
2023 Family Maximum Contribution	N/A		$7,750		N/A	$7,750
Over 55 HSA Contribution Catch-Up	N/A		$1,000		N/A	$1,000
Physician/Diagnostic Services						
Preventive Care	No Charge	Not Covered	No Charge	Not Covered	No Charge	No Charge
Primary Care Office Visit	15% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	10% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	$30 Copay	10% Coinsurance (After Deductible)
Specialist Office Visit	15% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	10% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	$30 Copay	10% Coinsurance (After Deductible)
Diagnostic X-Ray and Lab Tests	15% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	10% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	No Charge	10% Coinsurance (After Deductible)
Advanced Imaging (MRI/PET/CAT Scans)	15% Coinsurance (After Deductible)	50% Coinsurance (After Deductible) up to $800 per Procedure Maximum	10% Coinsurance (After Deductible)	50% Coinsurance (After Deductible) up to $800 per Procedure Maximum	No Charge	10% Coinsurance (After Deductible)

CSEBO DENTAL INSURANCE
DELTA DENTAL PPO
EFFECTIVE 7/1/2023 - 12/31/2023

New

Existing

PLAN NAME		
GENERAL PLAN INFORMATION	DELTA DENTAL	PPO[1] REMIER & PPO PR
Calendar Year Annual Maximum		
	$1,700	$1,500
Incentive Levels		
Percentage level increases 10% for each consecutive year the dentist is visited, to a maximum of 100%.	80/90/100%	80/90/100%
Diagnostic and Preventive Benefits	**Incentive Level Coverage**	
Prophylaxis (Cleaning) Treatments	Plan Pays 100%; limited to 2 per calendar year[2]	Plan Pays 100%; limited to 2 per calendar year[2]
Oral Examinations	Plan Pays 100%; limited to 2 per calendar year[2]	Plan Pays 100%; limited to 2 per calendar year[2]
Full-Mouth X-Rays	Plan Pays 100%; limited to 1 per 36 months[2]	Plan Pays 100%; limited to 1 per 36 months[2]
Bitewing X-Rays	Plan Pays 100%; upon provider request, maximum of 2 per calendar year[2]	Plan Pays 100%; upon provider request, maximum of 2 per calendar year[2]
Periodontal Scaling and Root Planing	Plan Pays 100%; limited to 1 each quadrant every 24 months	Plan Pays 100%; limited to 1 each quadrant every 24 months
Fluoride Treatments	Plan Pays 100% limited to 4 per calendar year.[2]	Plan Pays 100% limited to 4 per calendar year.[2]
Space Maintainers	Plan Pays 100%[2]	Plan Pays 100%[2]
Basic Benefits	**Incentive Level Coverage**	
Oral Surgery - Extractions	Plan Pays 80/90/100%; limited to once per tooth per lifetime	Plan Pays 80/90/100%; limited to once per tooth per lifetime
Oral Surgery - Other Surgical Procedures	Plan Pays 50-100% depending on procedure	Plan Pays 50-100% depending on procedure
Restorative Procedures - Amalgam, Silicate or Composite (Resin) Restorations (Fillings)	Plan Pays 80/90/100%; limited to once per surface, per tooth within a 2 year period	Plan Pays 80/90/100%; limited to once per surface, per tooth within a 2 year period
Endodontic Treatments	Plan Pays 80/90/100%; limitations apply	Plan Pays 80/90/100%; limitations apply

CSEBO VISION INSURANCE
PPO COMPARISON
EFFECTIVE 7/1/2023 - 12/31/2023

Close Match

vsp vision

New

GENERAL PLAN INFORMATION	BASE		ENHANCED BUY-UP	
Service Frequencies	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Exam Every	12 Months	12 Months	12 Months	12 Months
Lenses Every	12 Months	12 Months	12 Months	12 Months
Frame Every	24 Months	24 Months	12 Months	12 Months
Benefits				
Copays	$10	$10	$10	$10
Examination	Covered After Copay	Up To $45	Covered After Copay	Up To $45
Prescription Glasses				
Coverage	Contacts **OR** Glasses		Contacts **AND** Glasses	
Frame Allowance	$150	Up To $70	$250	Up To $70
Elective Contact Allowance	$150	Up To $90	$250	Up To $105
Lenses				
Single Vision	Covered After Copay	Up To $30	Covered After Copay	Up To $30
Lined Bifocal	Covered After Copay	Up To $50	Covered After Copay	Up To $50
Lined Trifocal	Covered After Copay	Up To $65	Covered After Copay	Up To $65
Lense Enhancements (Negotiated Member Share Savings of 20-25%)[1]				
Anti-Reflective Coatings	$41 - $85	Provider Rate	$40 copay[2]	Provider Rate
Custom Progressive Lenses	$150 - $175	Provider Rate	$150 - $175	Provider Rate
Edge Polish	$36	Provider Rate	$36	Provider Rate
High Index Lenses	$50 - $125	Provider Rate	$50 - $125	Provider Rate
Light-Reactive Lenses	$75	Provider Rate	$75	Provider Rate
Polarized Lenses	$57 - $101	Provider Rate	$57 - $101	Provider Rate
Impact-Resistant Lenses	$31 - $35	Provider Rate	$31 - $35	Provider Rate
Premium Progressive Lenses	$95 - $105	Provider Rate	$95 - $105	Provider Rate
Scratch-Resistant Coating	$17 - $33	Provider Rate	$17 - $33	Provider Rate
Standard Progressive Lenses	$55	Provider Rate	$55	Provider Rate
Tinted (Colored) Lenses	$15 - $17	Provider Rate	$15 - $17	Provider Rate
UV Protection	$16	Provider Rate	$16	Provider Rate

CHANGE IN LOGINS

Medical Plans:

- Anthem: login at www.anthem.com to access claims, providers, and benefits for medical and pharmacy ***new login***
  - New ID cards with the CSEBO logo (bottom right) will be sent in June, effective July 1, 2023.
- Kaiser: login at www.kp.org ***existing login***

Dental Plans:

- Login at: www.deltadentalins.com ***existing login***

Vision Plans:

- Login at: www.vsp.com ***existing login***

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CONSUMER-DIRECTED HEALTH PLANS (CDHP)

JULY 1, 2023, THROUGH DECEMBER 31, 2023

IMPORTANT HEALTH PLAN TERMS DEFINED

Deductible: the amount you pay for covered health care services before your insurance starts to pay.

The deductible may not apply for all services, such as preventive care.

- Deductibles run January 1st to December 31st of each year. After your deductible is met, you will pay **coinsurance**, or your percentage of the negotiated billed amount of cost share for services (for example, 10%); the plan picks up the remainder.

Out-of-pocket maximum (OOPM): the maximum you will pay for medical and prescription drug expenses in a calendar year.

- OOPM run January 1st to December 31st of each year. Once the OOPM is met, you are covered at 100% for all in-network expenses until the accumulation period resets.

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CSEBO MEDICAL INSURANCE
HEALTH PLAN COMPARIS
EFFEC 7/1/2023 – 12

Out-of-pocket

Deductible

Coinsurance

CARRIER	ANTHEM BLUE CROSS				KAISER PERMANENTE	
PLAN NAME	INDEMNITY IV PPO		CDHP PPO 90		HMO 30	CDHP HMO $1,500
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WHAT IS A CDHP?

- A Consumer-Directed Health Plan (CDHP) is a **high-deductible health plan** paired with a spending account for out-of-pocket expenses, most commonly a **Health Savings Account (HSA).**

WHAT IS AN HSA?

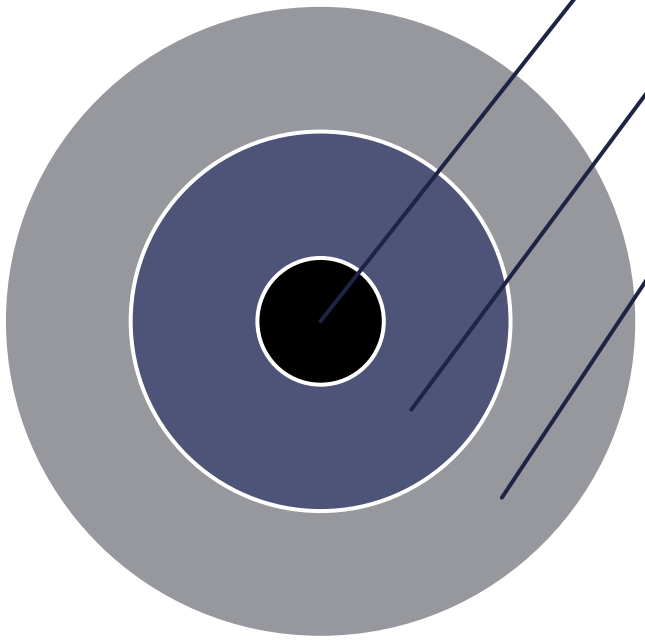
- A Health Savings Account (HSA) is a savings account that lets you put aside money on a pre-tax basis to pay for qualified medical, dental or vision expenses (as defined by the IRS).
- **By using untaxed dollars in an HSA to pay for deductibles, copays, coinsurance and other qualified expenses, you can lower your overall health care cost.**

WHAT IS A HIGH-DEDUCTIBLE HEALTH PLAN?

- A high-deductible health plan (HDHP) is a health plan that has a minimum deductible and a maximum out-of-pocket, as determined annually by the IRS.

HDHP 2023 IRS PLAN DESIGN REQUIREMENTS

Individual Coverage

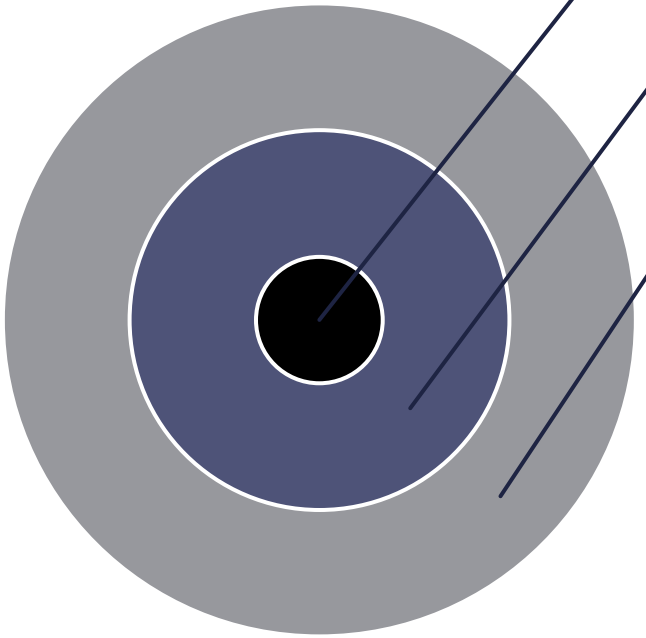


A deductible greater than or equal to **$1,500**

A health plan design within this range is considered HSA-qualified

A maximum out-of-pocket less than or equal to **$7,500**

Family Coverage



A deductible greater than or equal to **$3,000**

A health plan design within this range is considered HSA-qualified

A maximum out-of-pocket less than or equal to **$15,000**

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A CDHP HAS TWO PARTS: HIGH-DEDUCTIBLE HEALTH PLAN + HEALTH SAVINGS ACCOUNT

- High-deductible health plan that is considered HSA-qualified through CSEBO:
  - Anthem CDHP PPO 90.
  - Kaiser CDHP DHMO $1,500.
- Protects you from high costs by having an annual out-of-pocket maximum.

- Tax-free savings account for qualified medical, dental and vision expenses.
  - Option to reimburse expenses from the account.
- Works in conjunction with the HSA-powered plan.

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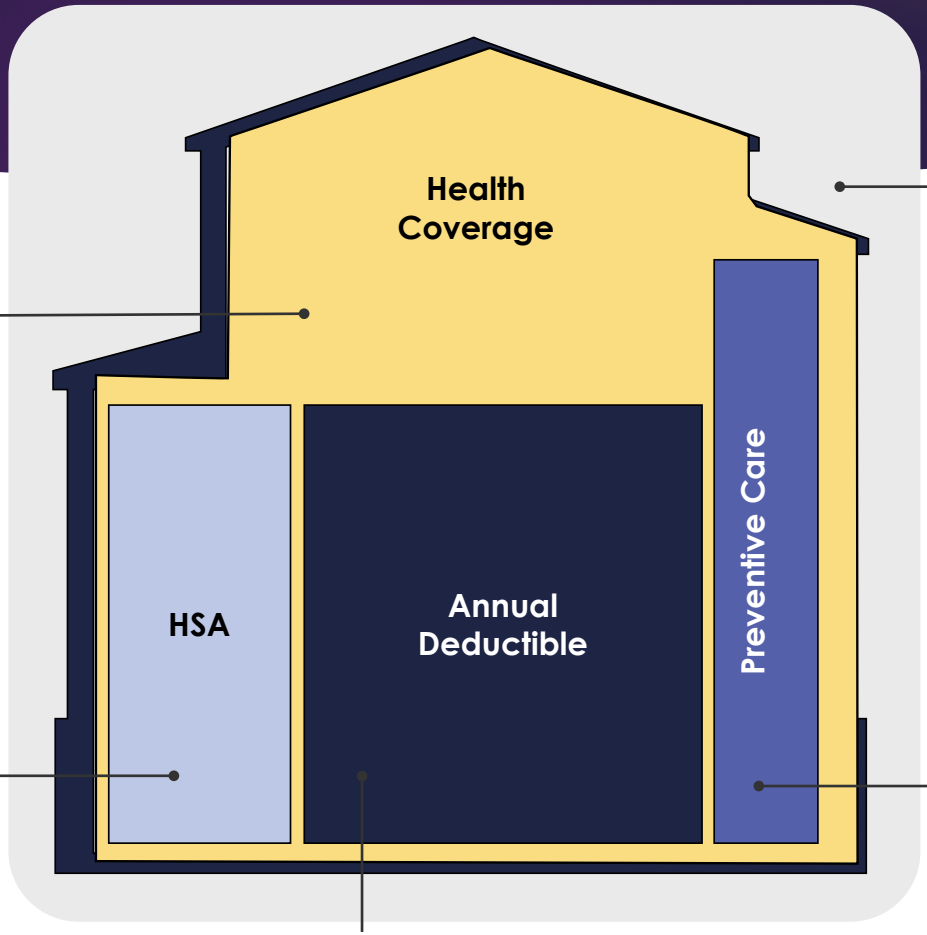
CDHP & HSA PLANS

- Protects you from high costs
- **Coinsurance** similar to "traditional" plans
  - Percent of bill you pay after deductible is met
- **Out-of-pocket maximums** are in place for added peace of mind
  - Maximum you will pay for in-network services in a calendar year



- Resources and Tools
- Available via phone or web
- Health Coaches
- Cost / Quality Comparisons
- More…

- Option to reimburse from this account
- Receive tax-free interest earnings while your money remains in your HSA

- Preventive Care covered 100% by your employer to provide incentive for use

- **Amount that needs to be satisfied before health coverage begins**
- Preventive care not subject to deductible

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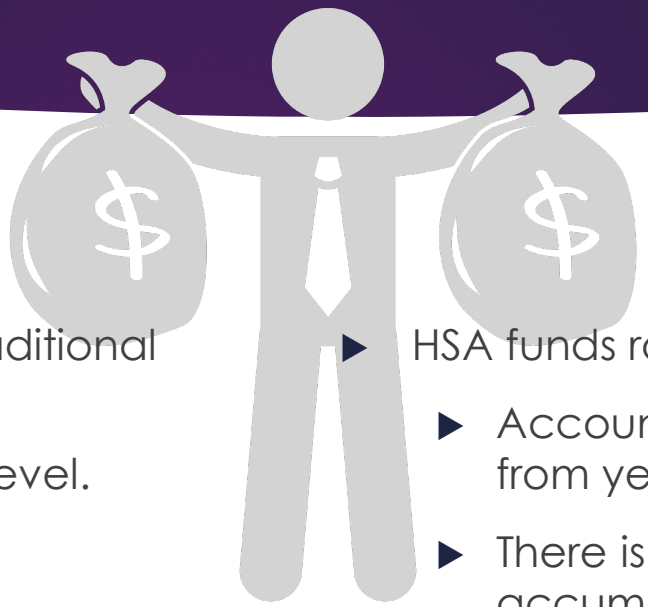
WHY CHOOSE A CDHP?



Save Now:

- CDHP premiums are typically lower than traditional health plans.
- HSA deposits are tax-free from the federal level.
  - You will pay state taxes in CA.
  - Contribution maximums set annually by the IRS.
  - Allows employees and employers to contribute to the account.
- **HSA withdrawals for qualified medical, dental or vision expenses are tax-free for the life of the account.**
  - Defined in IRC Section 213(d).
  - Penalties apply for non-qualified expenses under 65.

Save for the Future:

- HSA funds roll over year to year.
  - Accounts grow over time as unused funds roll over from year to year earning tax-free interest.
  - There is no cap to the amount you can accumulate in your account.
- **You own the account and the money, even if you change jobs or insurance plans.**
- Interest is earned tax-free, with diverse investment options.

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HSA FUNDS FOR HEALTH INSURANCE PREMIUMS

Any Age:

- COBRA continuation coverage.
- Health insurance for individuals receiving unemployment compensation.
- Long-term care insurance.
  - Capped annually by the IRS based on age.

Over 65:

- Medicare Part A premiums (if applicable).
- Medicare Part B premiums.
  - Excludes Medicare Advantage or Medigap premiums.
- **Funds for non-qualified disbursements can be withdrawn and taxed as ordinary income, without an additional penalty.**

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CDHP PLANS

- Pay in full (less network discounts) for **all** services until plan deductible is met.
- Combined medical and Rx deductible & out-of-pocket maximum.
- Copays, deductibles and coinsurance can be paid pre-tax (even out-of-network providers).
- Retirement vehicle: accounts grow over time as pre-tax contributions and unused funds roll over from year to year, earning tax-free interest.

- Same network, doctors and prescription drug coverage (either HMO or PPO).
- Same pricing discounts for providers.
- Once deductible is met, coinsurance applies until out-of-pocket maximum met.
- Preventive care covered at 100% (when using in-network).

TRADITIONAL PLANS

- Office visit and Rx copays apply before deductible is met; all other services, deductible applies.
- Separate medical and Rx out-of-pocket maximums.
- Copays, deductibles and coinsurance are paid after-tax.

HSA ANNUAL MAXIMUMS & HESD EMPLOYER CONTRIBUTIONS

IRS 2023 ANNUAL MAXIMUMS

2023 HESD FULL-TIME EMPLOYER HSA CONTRIBUTIONS

JULY 1, 2023, THROUGH DECEMBER 31, 2023

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2023 HSA CONTRIBUTION MAXIMUMS

Tier	Under Age 55	Over Age 55
Individual:	$3,850	$4,850
Family (2 or more covered):	$7,750	$8,750

Total maximum contribution allowed in a calendar year of employee & employer contributions, if applicable.

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HESD EMPLOYER CONTRIBUTIONS INTO AN HSA

HESD will contribute a total of **$2,725** into employee HSAs between July 1, 2023, and December 31, 2023.

- **$1,762 will be deposited July 2023.**

Employees have the option to contribute additional funds into their HSA, less the employer's $2,725.

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TRANSITIONING TO A CDHP

HSA ELIGIBILITY REQUIREMENTS

- Being eligible means that a person can make or receive contributions into a health savings account.

TO BE AN ELIGIBLE INDIVIDUAL, THE FOLLOWING REQUIREMENTS MUST BE MET:

1. Cannot be claimed as a dependent.

- You cannot be claimed as a dependent on somebody else's tax return.

2. Must be enrolled in an HSA-qualified health plan.

- These plans are known as **high-deductible health plans (HDHP).**
  - Anthem CDHP PPO 90
  - Kaiser CDHP DHMO $1,500

3. Must not be enrolled in other coverage.

- Includes Medicare or Medicaid.
- Additional health coverage that is **not** an HSA-qualified deductible plan.
  - **Including enrollment in a spouse's non-HSA-qualified plan as secondary coverage.**
  - Can have secondary coverage that is HSA-qualified.
- Includes full-purpose Flexible Spending Accounts (FSA).

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PERMITTED INSURANCE COVERAGE WITH AN HSA

- Accident insurance
- Dental insurance
- Vision insurance
- Specified disease coverage
- Hospital indemnity insurance
  - Must pay a fixed cost per day, per admission, or other period
- Long-term care insurance
- Disability insurance

KEEPING TRACK OF HSA EXPENSES

The account holder is responsible for keeping track of HSA expenses.

- Not the employer's responsibility.
- Not the HSA administrator's responsibility.

Substantiation of claims is **not** required with an HSA.

- Unlike an FSA when the account administrator is responsible for ensuring all dollars reimbursed are for eligible expenses.

No receipts are due to the IRS unless audited.

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CLAIM EXAMPLES

BEFORE AND AFTER DEDUCTIBLE

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ANTHEM ADVANCED IMAGING EXAMPLE: BEFORE PLAN DEDUCTIBLE MET

Indemnity IV Plan

- Member self-refers to specialist office visit, total billed to plan: $155.
  - Member pays provider **$155**.
- CT of abdomen and pelvis, total billed to plan: $262.
  - Member pays provider **$262.**
- **Total Member Cost Share: $417**

CDHP PPO 90

- Member self-refers to specialist office visit, total billed to plan: $155.
  - Member pays provider **$155** with pre-tax dollars in HSA.
- CT of abdomen and pelvis, total billed to plan: $262.
  - Member pays provider **$262** with pre-tax dollars in HSA.
- **Total Member Cost Share: $417**

ANTHEM ADVANCED IMAGING EXAMPLE: AFTER PLAN DEDUCTIBLE MET

Indemnity IV Plan

- Member self-refers to specialist office visit, total billed to plan: $155.
  - Member pays provider 15% coinsurance for total billed: **$23.25**; plan pays rest.
- CT of abdomen and pelvis, total billed to plan: $262.
  - Member pays provider 15% coinsurance for total billed: **$39.30**; plan pays rest.
- **Total Member Cost Share: $62.55**

CDHP PPO 90

- Member self-refers to specialist office visit, total billed to plan: $155.
  - Member pays provider 10% coinsurance for total billed: **$15.50** with pre-tax dollars in HSA; plan pays rest.
- CT of abdomen and pelvis, total billed to plan: $262.
  - Member pays provider 10% coinsurance for total billed: **$26.20** with pre-tax dollars in HSA; plan pays rest.
- **Total Member Cost Share: $41.70**

KAISER ADVANCED IMAGING EXAMPLE: BEFORE PLAN DEDUCTIBLE MET

Kaiser Traditional HMO (No Deductible)

- Member is referred to specialist office visit, total billed to plan: $145.
  - Member pays provider **$30 office visit copay**.
- CT of abdomen and pelvis, total billed to plan: $515.
  - No charge; plan pays in full.
- **Total Member Cost Share: $30**

Kaiser CDHP HMO $1,500

- Member is referred to specialist office visit, total billed to plan: $145.
  - Member pays provider **$145** with pre-tax dollars in HSA.
- CT of abdomen and pelvis, total billed to plan: $515.
  - Member pays provider **$515** with pre-tax dollars in HSA.
- **Total Member Cost Share: $660**

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KAISER ADVANCED IMAGING EXAMPLE: AFTER PLAN DEDUCTIBLE MET

Kaiser Traditional HMO (No Deductible)

- Member is referred to specialist office visit, total billed to plan: $145.
  - Member pays provider **$30 office visit copay**.
- CT of abdomen and pelvis, total billed to plan: $515.
  - No charge; plan pays in full.
- **Total Member Cost Share: $30**

Kaiser CDHP HMO $1,500

- Member is referred to specialist office visit, total billed to plan: $145.
  - Member pays provider 10% coinsurance for total billed: **$14.50** with pre-tax dollars in HSA; plan pays rest.
- CT of abdomen and pelvis, total billed to plan: $515.
  - Member pays provider 10% coinsurance for total billed: **$51.50** with pre-tax dollars in HSA; plan pays rest.
- **Total Member Cost Share: $66**

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RESOURCES

IRS Publication 969: HSA and Other Tax-Favored Health Plans

https://www.irs.gov/publications/p969

IRS Publication 502: Medical and Dental Expenses

https://www.irs.gov/publications/p502

HealthEquity

https://www.healthequity.com/

Kaiser Permanente HSA

https://info.kaiserpermanente.org/html/deductibleplans/manageyourhsa.html?#top

http://kp.visualcalc.com/kp_tft/kp_tft.jsp?region=SCA

CSEBO Uniform Glossary

www.csebo.net/Resources/Uniform-Glossary

MyPlan Choices

Decision Support Tool

HESD

What is MyPlanChoices?

- A tool to empower HESD employees and their families to choose the best fit health plan for their unique needs and preferences
- The tool is free to use and inputs and results are confidential
- The survey takes about 5-10 minutes to complete

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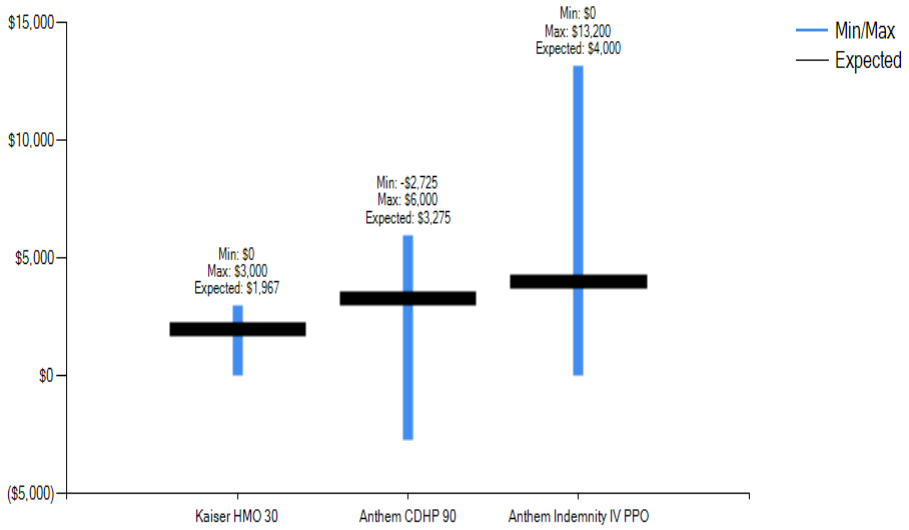
Example Use Case

- Jill is a 30-year-old teacher planning to enroll in health insurance to cover her husband and 2 children. Her husband has Type 2 Diabetes and they expect a moderate amount of medical needs this coming year. They are currently enrolled in the Indemnity IV plan.
- Based on her responses around needs and preferences, the following plan ranking options are generated. Note that rankings and results are custom to your individual responses

Rank	Plan	Paycheck Contribution	Predicted Annual out of Pocket Plan Costs (per your Responses)	Max Annual Cost (Annual Paycheck Deductions + Out of Pocket Maximum)	Employer HSA Contribution for Stub Year 2023 (7/1/2023-12/31/2023)	Total Expected Annual Cost
1	Kaiser HMO 30	$0	$1,967	$3,000	$0	$1,967
2	Anthem CDHP 90	$0	$6,000	$6,000	$2,725	$3,275
3	Anthem Indemnity IV PPO	$0	$4,000	$13,200	$0	$4,000



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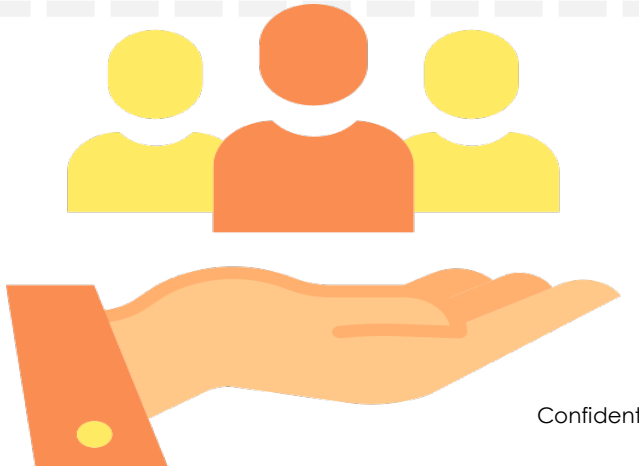
2021 Open Enrollment KPIs

93% found the tool helpful

80% said they chose one of the top 3 recommended plans

81% said they know more about their plan and plan options after using the tool



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MyPlanChoices Link

- You can access MyPlanChoices here:

  https://myplanchoices.com/Default?Client=HESD61521

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Questions?

CALIFORNIA SCHOOLS EMPLOYEE BENEFITS ORGANIZATION (CSEBO)