

**Blue Oak Charter School**  
**450 W. East Avenue, Chico, CA 95926**  
**FINANCE COMMITTEE**  
**SPECIAL MEETING**

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**Meeting ID:** 823 6245 7215

**Passcode:** t39y2H

**Tuesday, November 15th, 2022 - 4:15 PM**

*Vision: To be a model for successful education of the whole child.*

*Mission: To nurture and deepen each child's academic and creative capacities using methods inspired by Waldorf education in a public school setting.*

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## AGENDA

### OPEN SESSION - 4:15 PM

#### 1. OPENING

- 1.1. Call Meeting to Order
- 1.2. Roll Call of Committee Members and Establish Quorum
- 1.3. Invocation - School Verse Read

*“This is our school, May peace dwell here, May the rooms be full of contentment. May love abide here, Love of one another, Love of our school, and Love of life itself. Let us remember that as many hands build a house, So many hearts build a school.”*

- 1.4. Agenda Modifications
- 1.5. Teleconferencing During State of Emergency  
**State of Emergency (§ 8625)**

#### 2. BUSINESS

- 2.1. Health Insurance Options

#### 3. NEXT MEETING - Tuesday, December 13th, 2022 at 4:15PM

#### 4. ADJOURNMENT

**Agenda Item:** Health Insurance Options

**Prepared by:** Susan Domenighini

**Finance Committee Date:** 11/15/2022

**Background Information:**

Approval of Employee Benefits November 2022

This is the annual review of Employee Benefits. In the Fall of 2020 administration was asked to take a closer look at health benefits and compare them to other offers.

Maggie Buckley and Susan Domenighini worked with our brokers and three other potential providers to compare benefits and rates.

Here are the results:

**Butte Schools Self-Funded Insurance Program** Due to the requirement that all employees be covered, this program would be more expensive for Blue Oak Charter and its staff. It would not increase services.

**Keenan** Declined to cover stating that we do not have enough staff to fit their requirements

**Safe Schools** Is not yet able to provide this service.

Our broker presented a comparison of over 100 potential options and recommended we stay with the current options.

**Changes in Costs** based on current enrollment

		Increase total Blue Oak	Increase total Individuals*
Medical/Anthem	7.83%	\$161.7/month	\$789.69/month
Dental/Humana	0	0	0
Vision/Blue Shield	0	0	0
Life and AD&D	25%	\$225.00/year	N/A

\*This varies based on the individual needs from \$0 increase/month to \$171.50 increase per month

Blue Oak Charter School  
Medical Comparison (Illustrative)

Network Benefits	Anthem 2022 SELECT		Anthem 2023 SELECT	
	Current		Renewal	
	Silver PPO 50/2200/40%		Silver PPO 50/2200/40%	
CY Deductible				
Individual	\$2,200		\$2,200	
Family	\$4,400		\$4,400	
CY Out-of-Pocket Max	(Includes Deductible)		(Includes Deductible)	
Individual	\$8,600		\$8,600	
Family	\$17,200		\$17,200	
Primary Office Visit Copay	<b>\$50</b>		<b>\$50</b>	
Specialist Office Visit Copay	<b>\$90</b>		<b>\$90</b>	
Urgent Care Office Visit Copay	<b>\$90</b>		<b>\$50</b>	
Livehealth Online	<b>\$0/\$90 (Specialist)</b>		<b>\$0/\$60 (Specialist)</b>	
Coinsurance	40% After Deductible		40% After Deductible	
Diagnostic Lab ( <b>Office/FSL/Other</b> )	<b>\$20/\$0/40%</b> After Deductible		<b>\$20/\$0/40%</b> After Deductible	
Diagnostic X-Ray ( <b>Office/FRC/Other</b> )	<b>\$20/40%</b> After Deductible		<b>\$20/40%</b> After Deductible	
Preventive Services	<b>No Charge</b>		<b>No Charge</b>	
Outpatient Surgery				
Surgery Center	40% After Deductible		40% After Deductible	
Hospital	\$200 + 40% After Deductible		\$200 + 40% After Deductible	
Inpatient Hospitalization	40% After Deductible		40% After Deductible	
Emergency Room Visit Copay	\$350 + 40% After Deductible		\$350 + 40% After Deductible	
Prescription Drugs	Retail	Mail Order	Retail	Mail Order
Tier 1	<b>\$15/\$20</b>	<b>\$38/NA</b>	<b>\$15/\$20</b>	<b>\$38/NA</b>
Tier 2	\$70/\$80	\$210/NA	\$70/\$80	\$210/NA
Tier 3	\$110/\$120	\$330/NA	\$110/\$120	\$330/NA
Tier 4	30%-\$250/40%-\$250	30%-\$250/NA	30%-\$250/40%-\$250	30%-\$250/NA
Drug Deductible (Tiers 2,3 & 4)	\$300/\$600		\$300/\$600	
<b>Percent Increase:</b>			<b>9.27%</b>	

Blue Oak Charter School  
Medical Comparison (Illustrative)

Network Benefits	Anthem 2022 SELECT		Anthem 2023 SELECT	
	Current		Renewal	
	Silver PPO 55/2500/45%		Silver PPO 55/2500/45%	
CY Deductible				
Individual	\$2,500		\$2,500	
Family	\$5,000		\$5,000	
CY Out-of-Pocket Max	(Includes Deductible)		(Includes Deductible)	
Individual	\$8,700		\$8,700	
Family	\$17,400		\$17,400	
Primary Office Visit Copay	<b>\$55</b>		<b>\$55</b>	
Specialist Office Visit Copay	<b>\$90</b>		<b>\$90</b>	
Urgent Care Office Visit Copay	<b>\$90</b>		<b>\$55</b>	
Livehealth Online	<b>\$0/\$90 (Specialist)</b>		<b>\$0/\$60 (Specialist)</b>	
Coinsurance	45% After Deductible		45% After Deductible	
Diagnostic Lab ( <b>Office/FSL/Other</b> )	<b>\$20/\$0/45%</b> After Deductible		<b>\$20/\$0/45%</b> After Deductible	
Diagnostic X-Ray ( <b>Office/FRC/Other</b> )	<b>\$20/45%</b> After Deductible		<b>\$20/45%</b> After Deductible	
Preventive Services	<b>No Charge</b>		<b>No Charge</b>	
Outpatient Surgery				
Surgery Center	45% After Deductible		45% After Deductible	
Hospital	\$200 + 45% After Deductible		\$200 + 45% After Deductible	
Inpatient Hospitalization	45% After Deductible		45% After Deductible	
Emergency Room Visit Copay	\$100 + 45% After Deductible		\$100 + 45% After Deductible	
Prescription Drugs	Retail	Mail Order	Retail	Mail Order
Tier 1	<b>\$15/\$20</b>	<b>\$38/NA</b>	<b>\$15/\$20</b>	<b>\$38/NA</b>
Tier 2	\$70/\$80	\$210/NA	\$70/\$80	\$210/NA
Tier 3	\$110/\$120	\$330/NA	\$110/\$120	\$330/NA
Tier 4	30%-\$250/40%-\$250	30%-\$250/NA	30%-\$250/40%-\$250	30%-\$250/NA
Drug Deductible (Tiers 2,3 & 4)	\$200/\$400		\$200/\$400	
<b>Percent Increase:</b>			<b>7.41%</b>	

Blue Oak Charter School  
Medical Comparison (Illustrative)

Network Benefits	Anthem 2022 SELECT		Anthem 2023 SELECT	
	Current		Renewal	
	Bronze PPO 60/6850/40%		Bronze PPO 60/6850/40%	
CY Deductible				
Individual	\$6,850		\$6,850	
Family	\$13,700		\$13,700	
CY Out-of-Pocket Max	(Includes Deductible)		(Includes Deductible)	
Individual	\$8,200		\$8,200	
Family	\$16,400		\$16,400	
Primary Office Visit Copay	\$60 After Deductible		\$60 After Deductible	
Specialist Office Visit Copay	\$80 After Deductible		\$80 After Deductible	
Urgent Care Office Visit Copay	40% After Deductible		\$60 After Deductible	
Livehealth Online	\$0/\$80 (Specialist) After Deductible		\$0/\$60 (Specialist)	
Coinsurance	40% After Deductible		40% After Deductible	
Diagnostic Lab (Office/FSL/Other)	40%/\$0/40% After Deductible		40%/\$0/40% After Deductible	
Diagnostic X-Ray (Office/FRC/Other)	40% After Deductible		40% After Deductible	
Preventive Services	<b>No Charge</b>		<b>No Charge</b>	
Outpatient Surgery				
Surgery Center	40% After Deductible		40% After Deductible	
Hospital	\$200 + 40% After Deductible		\$200 + 40% After Deductible	
Inpatient Hospitalization	40% After Deductible		40% After Deductible	
Emergency Room Visit Copay	\$250 + 40% After Deductible		\$250 + 40% After Deductible	
Prescription Drugs	Retail	Mail Order	Retail	Mail Order
Tier 1	<b>\$20/\$20</b>	<b>\$50/NA</b>	<b>\$20/\$20</b>	<b>\$50/NA</b>
Tier 2	\$90/\$100	\$270/NA	\$90/\$100	\$270/NA
Tier 3	\$160/\$170	\$480/NA	\$160/\$170	\$480/NA
Tier 4	30%-\$400/40%-\$500	30%-\$400/NA	30%-\$400/40%-\$500	30%-\$400/NA
Drug Deductible (Tiers 2,3 & 4)	\$650/\$1,300		\$650/\$1,300	
<b>Percent Increase:</b>			<b>7.37%</b>	

Blue Oak Charter School  
Medical Comparison (Illustrative)

Network Benefits	Anthem 2022 SELECT		Anthem 2023 SELECT	
	Current		Renewal	
	Bronze PPO 40/6200/40%		Bronze PPO 40/6200/40%	
CY Deductible				
Individual	\$6,200		\$6,200	
Family	\$12,400		\$12,400	
CY Out-of-Pocket Max	(Includes Deductible)		(Includes Deductible)	
Individual	\$8,700		\$8,700	
Family	\$17,400		\$17,400	
Primary Office Visit Copay	\$40 After Deductible		\$40 After Deductible	
Specialist Office Visit Copay	\$80 After Deductible		\$80 After Deductible	
Urgent Care Office Visit Copay	40% After Deductible		\$40 After Deductible	
Livehealth Online	\$0/\$80 (Specialist) After Deductible		\$0/\$60 (Specialist)	
Coinsurance	40% After Deductible		40% After Deductible	
Diagnostic Lab (Office/FSL/Other)	40%/\$0/40% After Deductible		40%/\$0/40% After Deductible	
Diagnostic X-Ray (Office/FRC/Other)	40% After Deductible		40% After Deductible	
Preventive Services	<b>No Charge</b>		<b>No Charge</b>	
Outpatient Surgery				
Surgery Center	40% After Deductible		40% After Deductible	
Hospital	\$200 + 40% After Deductible		\$200 + 40% After Deductible	
Inpatient Hospitalization	40% After Deductible		40% After Deductible	
Emergency Room Visit Copay	\$250 + 40% After Deductible		\$250 + 40% After Deductible	
Prescription Drugs	Retail	Mail Order	Retail	Mail Order
Tier 1	\$20/\$20	\$50/NA	\$20/\$20	\$50/NA
Tier 2	\$80/\$90	\$240/NA	\$80/\$90	\$240/NA
Tier 3	\$120/\$130	\$360/NA	\$120/\$130	\$360/NA
Tier 4	30%-\$400/40%-\$500	30%-\$400/NA	30%-\$400/40%-\$500	30%-\$400/NA
Drug Deductible (Tiers 2,3 & 4)	Subject to Medical Deductible		Subject to Medical Deductible	
<b>Percent Increase:</b>			<b>7.72%</b>	

Blue Oak Charter School  
Medical Comparison (Illustrative)

Humana	CA PPO 1.5K U&C 14	
	PPO	Non-PPO
Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Waived for Prev?	Yes	Yes
Calendar Year Maximum	Unlimited	
Preventive Care	100%	100% UCR <sup>1</sup>
Basic Services	100%	80% UCR <sup>1</sup>
Major Services	60%	50% UCR <sup>1</sup>
Orthodontia (Adult/Child)	50% (no deductible)	
Orthodontia Lifetime Maximum	\$1,500	
Waiting Periods	None	
Endo/Perio	Basic	
OON UCR	90th%	
<b>Monthly Premium</b>	<b>Current Rates</b>	<b>Renewal Rates</b>
Employee Only (14)	\$49.18	\$49.18
Employee + Spouse (4)	\$98.36	\$98.36
Employee + Child(ren) (2)	\$133.50	\$133.50
Employee + Family (3)	\$184.92	\$184.92
<b>Total (23)</b>	<b>\$1,903.72</b>	<b>\$1,903.72</b>
% Annual Increase		0.0%
\$ Annual Increase		\$0.00

<sup>1</sup> UCR - If a member sees an out-of-network dentist, coinsurance will apply to the usual customary reasonable charge. Out-of-network dentists may bill you for charges above the

\*\*No Rate Change

Blue Oak Charter School  
Medical Comparison (Illustrative)

Vision Insurance	Blue Shield	
	Basic Vision for Small Business 0/0/150	
	Network	Non-Network
Exam Copay	\$0	
Materials Copay	\$0	
Exam Frequency	12 Months	
Exam	100%	Up to \$50
Lenses Frequency	24 Months in Lieu of Contacts	
Single Vision	100%	Up to \$43
Bifocal	100%	Up to \$60
Trifocal	100%	Up to \$75
Frames Frequency	24 Months	
Frame Allowance	\$150 allowance	\$40 allowance
Contact Lens Frequency	24 Months in Lieu of Contacts	
Medically Necessary	Up to \$250 - \$350*	\$200 - \$250 allowance
Elective	\$120 allowance	\$120 allowance
Monthly Premium	Current	Renewal
Employee (15)	\$11.10	\$11.10
Emp + Spouse (3)	\$20.80	\$20.80
Emp + Child(ren) (1)	\$19.20	\$19.20
Emp + Family (3)	\$27.10	\$27.10
<b>Total</b>	<b>\$329.40</b>	<b>\$329.40</b>
% Annual Increase		0.0%
\$ Annual Increase		\$0.00

\*Based on diagnosis (See plan summary for details)

**\*\*No Rate Change**



Blue Oak Charter School  
 Medical Comparison (Illustrative)

Basic Life and AD&D Volume	Flat \$25k	
Rates	Current Rates	Renewal Rates
Total Rate / \$1000	\$0.12	\$0.15
Cost/Employee	\$3.00	\$3.75
<b>TOTAL Employee Life (25)</b>	<b>\$75.00</b>	<b>\$93.75</b>
% Annual Increase	25.0%	
\$ Annual Increase	\$225.00	

**Voluntary Life** - no change in age banded rates. Covered individuals who change age bands on anniversary will see an increase in overall premium charged.