

### SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 9.2

Meeting Date: November 17, 2022

| <u>Subject</u> : | Public Hearing: AB 1200 Disclosure and Approval of Agreements to provide Premier Access Dental Plan for SEIU Active Employees, Teamsters Active Employees, TCS Active Employees, UPE Active Employees, Non-Represented Active Employees |
|------------------|---|
|                  | nformation Item Only Approval on Consent Agenda Conference (for discussion only) Conference/First Reading (Action Anticipated:) Conference/Action Action Public Hearing   |

**<u>Division</u>**: Labor Relations; Business Services

<u>Recommendation</u>: Approve Agreements regarding dental benefits for SEIU, Teamsters, TCS, UPE and Non-represented active employees and their dependents.

<u>Background/Rationale</u>: The District has committed to pay 100% of the cost of the Premier Access Dental Plan for active employees and their dependents for the following employee groups:

- 1. SEIU
- 2. Teamsters
- 3. TCS
- 4. UPE
- 5. Non-Represented.

The Premier Access Dental Plan will be effective January 1, 2023.

<u>Financial Considerations</u>: Total ongoing cost of \$510,277.50 across three years and to be funded with unrestricted and restricted general fund.

**LCAP Goals:** College, Career and Life Ready Graduates; Safe, Emotionally Healthy and Engaged Students; Family and Community Empowerment; Operational Excellence.

#### **Documents Attached:**

- 1. Notice of Public Hearing
- 2. AB 1200 Disclosure
- 3. Premier Access Dental Plan

Estimated Time of Presentation: 5 Minutes

Submitted by: Rose F. Ramos, Chief Business & Operations Officer

Approved by: Jorge A. Aguilar, Superintendent

#### **Sacramento City Unified School District**

**Business Services Office** 

#### **NOTICE OF PUBLIC HEARING**

The Sacramento City Unified School District hereby gives notice that a Public Hearing will be held as follows:

#### **Topic of Hearing:**

AB 1200 Disclosure and Approval of Agreements to provide Premier Access Dental Plan for SEIU Active Employees, Teamsters Active Employees, TCS Active Employees, UPE Active Employees, Non-Represented Active Employees

Copies of this agreement may be inspected at:

Serna Educational Center 5735 47<sup>th</sup> Avenue Sacramento, CA 95824

The Sacramento City Unified School District Governing Board will approve AB 1200 Disclosure and Approval of Agreements to provide Premier Access Dental Plan for SEIU Active Employees, Teamsters Active Employees, TCS Active Employees, UPE Active Employees, Non-Represented Active Employees

**HEARING DATE:** Thursday, November 17, 2022

**TIME:** 6:30 P.M.

**LOCATION:** Serna Educational Center

5735 47<sup>th</sup> Ave

Sacramento, CA 95824

#### FOR ADDITIONAL INFORMATION CONTACT:

Business Services (916) 643-9055

#### **Sacramento City USD**

# Premier Dental/Delta Dental Plan/Rate Compare - All Bargaining Groups (except SCTA) Active Employees Only Effective: January 1 - December 31, 2023

**Delta Dental - Self-Funded CURRENT Plan** Network PPO Premier Non-Network \$1,700 PPO Network/\$1,500 Premier Network **Annual Calendar Year Maximum** 70% - 100% Based on UCR Diagnostic & Preventive 70%-100% 70%-100% Includes: Oral Exams, Full Mouth Panoramic X-Rays, Misc. X-rays, Prophylaxis, Fluoride 70% - 100% Based on UCR **Basic Services** 70%-100% 70%-100% Includes: Sealants, Space Maintainers, Restorations, Emergency (Palliative), Endodontics, Periodontics, Oral Surgery 70% - 100% Based on UCR 70%-100% **Major Services** 70%-100% Includes: Inlays, Crowns, Bridges, Implants, Dentures 70% - 100% Based on UCR 70%-100% 70%-100% Denture Repair, Reline, Rebase TMJ Not Covered Not Covered Not Covered **Orthodontics** \$500 Orthodontic Lifetime Maximum \$500 \$500 50% 50% Adult/Child Orthodontics 50% Waiting Period for Major Coverage None None None **Waiting Period for Orthodontic** None None None

| Premier Access Dental - Fully Insured |             |                  |  |  |  |  |
|---------------------------------------|-------------|------------------|--|--|--|--|
| PCN Network *                         | PPO *       | Non-Network ***  |  |  |  |  |
| \$3,000                               |             |                  |  |  |  |  |
|                                       |             | 100%             |  |  |  |  |
| 100%                                  | 100%        | Based on UCR *** |  |  |  |  |
|                                       |             |                  |  |  |  |  |
|                                       |             | 100%             |  |  |  |  |
| 100%                                  | 100%        | Based on UCR *** |  |  |  |  |
|                                       |             |                  |  |  |  |  |
|                                       |             | 100%             |  |  |  |  |
| 70%                                   | 60%         | Based on UCR *** |  |  |  |  |
|                                       |             |                  |  |  |  |  |
|                                       |             | 60% Based        |  |  |  |  |
| 70%                                   | 60%         | on UCR ***       |  |  |  |  |
| Not Covered                           | Not Covered | Not Covered      |  |  |  |  |
|                                       |             |                  |  |  |  |  |
| \$2,500                               | \$2,500     | \$2,500          |  |  |  |  |
| 50%                                   | 50%         | 50%              |  |  |  |  |
| None                                  | None        | None             |  |  |  |  |
| None                                  | None        | None             |  |  |  |  |

<sup>\*</sup> Premier Access does not guarantee all services can be rendered by a contracted PCN or PPO provider.

<sup>\*\*</sup> Allowed Charge Limited to Covered Fee Schedule.

<sup>\*\*\*</sup> Member may be subject to a deductible and co-insurance for an out of network Specialist.

## **Sacramento City USD**

## Premier Dental/Delta Dental Plan/Rate Compare - All Bargaining Groups (except SCTA) Active Employees Only

Effective: January 1 - December 31, 2023

Delta Dental - Self-Funded CURRENT Plan

**Premier Access Dental - Fully Insured** 

| Cost Analysis TOTAL                               | - Assumes current enrolli | ment for all bargaining groups |                     |
|---|---------------------------|--------------------------------|---------------------|
|   |                           | Delta Dental Plan              | Premier Access Plan |
| Single  | 472                       | \$56.59                        | \$65.25             |
| Two-Party   | 401                       | \$113.17                       | \$120.97            |
| -amily  | 671                       | \$160.14                       | \$173.95            |
| Estimated Monthly Cost                            |                           | \$179,545.59                   | \$196,027.42        |
| Estimated Annual Cost                             |                           | \$2,154,547.08                 | \$2,352,329.04      |
| % Difference Current Plan to P                    | remier Access Plan        |                                | 9.18%               |
| \$ Difference Current Plan to Pr                  | emier Access Plan         |                                | \$197,781.96        |
|   |                           | _                              |                     |
| Enrollment - Assumes current SEIU Enrollment      |                           | Delta Dental Plan              | Premier Access Plan |
| Single  | 355                       | \$56.59                        | \$65.25             |
| Two-Party   | 319                       | \$113.17                       | \$120.97            |
| Family  | 506                       | \$160.14                       | \$173.95            |
| Estimated Monthly Cost                            |                           | \$137,221.52                   | \$149,771.88        |
| Estimated Annual Cost                             |                           | \$1,646,658.24                 | \$1,797,262.56      |
| % Difference Current Plan to Premier Access Plan  |                           |                                | 9.15%               |
| \$ Difference Current Plan to Pr                  | emier Access Plan         |                                | \$150,604.32        |
|   |                           |                                |                     |
| Enrollment - Assumes current Teamsters Enrollment |                           | Delta Dental Plan              | Premier Access Plan |
| Single  | 22                        | \$56.59                        | \$65.25             |
| Two-Party   | 23                        | \$113.17                       | \$120.97            |
| Family  | 31                        | \$160.14                       | \$173.95            |
| Estimated Monthly Cost                            |                           | \$8,812.23                     | \$9,610.26          |
| Estimated Annual Cost                             |                           | \$105,746.76                   | \$115,323.12        |
| % Difference Current Plan to Premier Access Plan  |                           |                                | 9.06%               |
| \$ Difference Current Plan to Premier Access Plan |                           |                                | \$9,576.36          |

## **Sacramento City USD**

## Premier Dental/Delta Dental Plan/Rate Compare - All Bargaining Groups (except SCTA) Active Employees Only

Effective: January 1 - December 31, 2023

|   |                    | Delta Dental - Self-Funded<br>CURRENT Plan | Premier Access Dental - Fully Insured |
|---|--------------------|--|---------------------------------------|
| Enrollment - Assumes current TCS Enrollment       |                    | Delta Dental Plan                          | Premier Access Plan                   |
| Single  | 5                  | \$56.59                                    | \$65.25                               |
| Two-Party   | 10                 | \$113.17                                   | \$120.97                              |
| amily   | 7                  | \$160.14                                   | \$173.95                              |
| Estimated Monthly Cost                            |                    | \$2,535.63                                 | \$2,753.60                            |
| Estimated Annual Cost                             |                    | \$30,427.56                                | \$33,043.20                           |
| % Difference Current Plan to P                    | remier Access Plan |  | 8.60%                                 |
| \$ Difference Current Plan to Premier Access Plan |                    |  | \$2,615.64                            |
| Enrollment - Assumes current                      | UPE Enrollment     | Delta Dental Plan                          | Premier Access Plan                   |
| Single  | 35                 | \$56.59                                    | \$65.25                               |
| Two-Party   | 16                 | \$113.17                                   | \$120.97                              |
| amily   | 69                 | \$160.14                                   | \$173.95                              |
| Estimated Monthly Cost                            |                    | \$14,841.03                                | \$16,221.82                           |
| Estimated Annual Cost                             |                    | \$178,092.36                               | \$194,661.84                          |
| % Difference Current Plan to Premier Access Plan  |                    |  | 9.30%                                 |
| Difference Current Plan to P                      | remier Access Plan |  | \$16,569.48                           |
| Enrollment - Assumes current                      | Unrep Enrollment   | Delta Dental Plan                          | Premier Access Plan                   |
| Single  | 55                 | \$56.59                                    | \$65.25                               |
| wo-Party  | 33                 | \$113.17                                   | \$120.97                              |
| amily   | 58                 | \$160.14                                   | \$173.95                              |
| Estimated Monthly Cost                            |                    | \$16,135.18                                | \$17,669.86                           |
| Estimated Annual Cost                             |                    | \$193,622.16                               | \$212,038.32                          |
| % Difference Current Plan to Premier Access Plan  |                    |  | 9.51%                                 |
| Difference Current Plan to P                      | remier Access Plan |  | \$18,416.16                           |