

February 2009

## **The MEBA Trust**

***The Advantage of Pooling  
Together***



## The MEBA Advantage

- Established in 1994, the Metropolitan Employees Benefits Association (MEBA) Trust has been providing cost-effective, competitive benefits for over fifteen years
- MEBA is a cooperative, labor-management benefits association that combines school districts into a single large purchaser of benefits
- As a result, MEBA members share and enjoy in the strengths that pooling resources into one large buyer of benefits provides: a choice of plans at more competitive, stable rates with better cost containment measures and wellness opportunities
- MEBA currently numbers eight participating school districts covering more than 20,000 members in our Blue Cross and Kaiser medical plans



## The MEBA Advantage

- Current Districts participating in MEBA are:
  - Brea - Olinda Unified School District
  - Buena Park School District
  - Capistrano Unified School District
  - Charter Oak Unified School District
  - Fullerton Joint Union High School District
  - Fullerton School District
  - La Habra City School District
  - Orange County High School of the Arts

## The MEBA Advantage

- MEBA is governed by a 16 member Board of Trustees. Trustees serve two-year terms. Current Board of Trustees include:

- MEBA has three working Committees that assess plan information and make recommendations to the Board:
  - Benefits Committee
  - Governance, Finance & Marketing
  - Wellness

Labor	Management
John Lynch (CUSD-CSEA)	Jeff Bristow (CUSD)
Dianna Mullen (FSD-CSEA)	Ken Chandler (LHCSD)
Cheri Smith (FJUHSD-CSEA)	Mark Douglas (FSD)
Pat Prezioso (CSEA)	John Fogarty (BOUSD)
Karen Hall (FSTO)	Doug Kimberly (FJUHSD)
Frank Weirath (CUEA)	Deanna Glenn (BPSD)
Joyce Wills (BPTA)	Barbara Ott (BOUSD)
Steve Ballentine (CTA)	Steve Wagner (OCHSA)

- Committees are open to all who would like to attend. Voting for Committee recommendations to the Board are made by whoever is in attendance
- Revisions to the Trust’s common benefit plans for all Districts are considered by the Benefit Committee. Recommendations made to, and approved by the Board, are effective January 1<sup>st</sup>

## The MEBA Advantage

- MEBA currently offers the following benefit plans for participating Districts:

### **Medical – Insured**

#### Blue Cross

HMO: Plan A & Plan B

POS: Plan A & Plan B

PPO: Plan A & Plan B

#### Kaiser:

Plan A only

- District's may choose to offer one or more of the Blue Cross plans as well as Kaiser. A District can choose Plan A or Plan B for each type of Blue Cross plan offered, but not both
- All eligible employees must enroll in one of the medical plans chosen by the District



## The MEBA Advantage

- It is likely that a Kaiser Plan B will be offered as of January 1, 2010
- Summaries of the current medical plans are shown in the appendix

### **Life & Vision – Insured**

- MEBA has arrangements with Reliance Standard and VSP to offer life/AD&D and vision benefits to participating Districts
- Participation in these plans is optional. However the majority of our District's provide these benefits through MEBA to take advantage of the lower premium rates due to MEBA's leveraged volume
- Benefit design is at the discretion of each District



## The MEBA Advantage

### Dental – Self-Insured

- MEBA has an arrangement with ASCIP to participate in a low-cost Delta Dental self-funded pool
- Participation is optional. District's participating in the self-funded pool can maintain their own plan design and, of course, retain their liability for the total cost of the plan (including any run-out)

### Medical Premium Rates

- Underwriting guidelines protect the stability of the current pool by setting an appropriate entry premium rate(s) for each new District's in the first year to account for their unique demographics and past experience factors
- Subsequent renewals are based on the total combined experience of each plan and increases (or decreases) are applied uniformly for each plan to all District's



## The MEBA Advantage

- MEBA's Participation Fee is currently \$6.00 per employee per month (PEPM). The Participation Fee covers the Trust's costs for:
  - Consulting and actuarial analysis
  - Trust Administration/Billing & Eligibility
  - Legal
  - Accounting
  - Wellness Programs
- There are no commissions loaded into any MEBA premium rate
- The current \$6.00 PEPM Participation Fee is guaranteed through 2009. This fee has remained unchanged for the past 3 years

## The MEBA Advantage

- If a District would like a presentation to further discuss MEBA's advantages, please send a written request, signed on behalf of both Labor and Management at the District, to either:

Steve Balentine  
Executive Director  
North Orange County United Teachers  
Phone: 714 256 9900  
E-mail: [sbalentine@cta.org](mailto:sbalentine@cta.org)

Jeff Bristow – Co-Chair  
Executive Dir. – Risk Mgmt  
& Compliance Services  
Capistrano Unified School Dist.  
Phone: 949 234 9423  
E-mail: [jbristow@capousd.org](mailto:jbristow@capousd.org)

- MEBA Trustees will then be happy to arrange a mutually convenient opportunity to meet

# Appendix

# MEBA Plan Design

## Plan A

	Prudent Buyer PPO	Blue Cross Plus (POS)	CaliforniaCare HMO	Kaiser***
Deductible				
▪ Individual	\$300 PPO / \$600 Non-PPO	\$0 / \$200 / \$200	N/A	N/A
▪ Family	\$600 PPO / \$1,500 Non-PPO	\$0 / \$400 / \$400	N/A	N/A
▪ Hospital admit	\$250 if no precert Non-PPO	\$500 Non-PPO	N/A	N/A
Out-of-pocket				
▪ Individual	\$1,000 PPO / \$3,000 Non-PPO	\$1,000 / \$2,000 / \$3,000	\$1,000	\$1,500
▪ Family	\$3,000 PPO / \$9,000 Non-PPO	\$2,000 / \$4,000 / \$6,000	\$2,000	\$3,000
Coordination of benefits	Standard	Standard	Standard	Standard
Hospital				
▪ Inpatient	90% / 60%	100% / 80% / 60%	100%	100%
▪ Outpatient	90% / 60%	100% / 80% / 60%	100%	100%
▪ Emergency	\$100 copay; then 90%	\$35	\$50	\$35 waived if admitted
Physician services				
▪ Office Visits	\$20 / 60%*	\$20 / 80% / 60%	\$15	\$15
▪ Surgery	90% / 60%	100%/ 80% / 60%	100%	100%
▪ Anesthesia	90% / 60%	100% / 80% / 60%	100%	100%
▪ X-ray, Lab	90% / 60%	100%/ 80% / 60%	100%	100%
▪ Chiropractic	\$20 / 60%**	\$20 / 80% / 60% to 60 days per illness/injury	\$15 up to 90 visits/year	\$15 copay/30 visits
▪ Physical therapy	90% up to 90 visits/ 60% up to 10 visits/year	\$20 / 80% / 60% to 60 days per illness/injury	\$15 up to 90 visits/year	\$15 for short-term
▪ Speech therapy	90% / 60%	100% / 80% / 60%	\$15 up to 90 visits/year	\$15
▪ Emergency care	90% / 60%	100% / 80% / 60%	100%	\$15
▪ Vision Exam	Not covered	\$20 / Not covered	\$15	\$15 exam / \$150 materials
Nursery charges	90% / 60%	100% / 80% / 60%	100%	100%
Immunizations	90% / 60%	100% / 80% / Not covered	100%	100%
Physical Exams	\$20/ 60%*	\$20 / 80% / 60% up to \$250/year	\$15	\$15
Mammography	90% / 60%	100% / 80% /60%	100%	100%
Durable Medical Equipment	90% / 60%	100% / 80% / 60%	100%	100%
External prosthetics	90% / 60%	100% / 80% / 60%	100%	100%
Out-patient drugs				
▪ Retail	\$10 generic/\$20 brand/ \$40 Non-formulary	\$10 generic/\$20 brand/ \$40 Non-formulary	\$5 generic/\$15 brand/ \$25 Non-formulary	\$5 generic/\$15 brand up to 100 day supply
▪ Mail Order	Mail Order 2x Retail Copay	Mail Order 2x Retail Copay	Mail Order 2x Retail Copay	
EAP	Up to 6 visits per issue	Up to 6 visits per issue	Up to 6 visits per issue	Up to 6 visits per issue provided through Blue Cross
Mental Health Outpatient ****	\$20 / 60% up to \$30, 50 visits/year	\$20 / 80% / 50%, 20 visits/year	\$15, 50 visits/year	\$15 copay, 20 visits
Substance Abuse Outpatient	\$20 / 60% up to \$30, 50 visits/year	\$20 / 80% / 50%, 20 visits/year	\$15, 50 visits/year	\$15 copay
Mental Health Inpatient ****	90% payable, 30 days/year	100% / 100% / 50%, 10 days/year	100% payable, 30 days/year	100%; 30 days
Substance Abuse Inpatient	\$250 copay, then 100% payable 30 days/year	100% / 100% / 50%, 10 days/year	\$250 copay, then 100% payable 30 days/year	100% for detox only
Maximum	Unlimited	Unlimited	Unlimited	Unlimited

\* Deductible does not apply to PPO office visit charges (does apply to lab and x-ray). \*\*Limited to \$250 out-of-network in Blue Cross and 30 visits per year in-network.

\*\*\* Kaiser chiropractic coverage is offered by Brea Olinda, Buena Park, Capistrano and Fullerton. Kaiser coverage also includes family vision coverage for exams, frames, and lenses for Brea Olinda, Buena Park, Fullerton and La Habra.

\*\*\*\* Certain mental health conditions are not subject to the annual limits on visits or days

*This is a general description. Please see your booklet for covered charges and exclusions*

# MEBA Plan Design

## Plan B

	Prudent Buyer PPO	Blue Cross Plus (POS)	CaliforniaCare HMO	Kaiser***
Deductible				
▪ Individual	\$450 PPO / \$900 Non-PPO	\$0 / \$500 / \$500	N/A	
▪ Family	\$700 PPO / \$1,200 Non-PPO	\$0 / \$1,000 / \$1,000	N/A	
▪ Hospital admit	\$250 if no precert Non-PPO	\$500 Non-PPO	\$250	
Out-of-pocket				
▪ Individual	\$2,000 PPO / \$4,000 Non-PPO	\$2,000 / \$3,000 / \$4,000	\$1,000	
▪ Family	\$4,000 PPO / \$8,000 Non-PPO	\$4,000 / \$6,000 / \$8,000	\$3,000	
Coordination of benefits	Standard	Standard	Standard	
Hospital				
▪ Inpatient	80% / 60%	100% / 80% / 60%	100%	
▪ Outpatient	80% / 60%	100% / 80% / 60%	100%	
▪ Emergency	\$100 copay; then 80%	\$100	\$50	
Physician services				
▪ Office visits	\$25 / 60%*	\$25 / 80% / 60%	\$25	
▪ Surgery	80% / 60%	100% / 80% / 60%	100%	
▪ Anesthesia	80% / 60%	100% / 80% / 60%	100%	
▪ X-ray, lab	80% / 60%	100% / 80% / 60%	100%	
▪ Chiropractic	\$25 / 60%**	\$25 / 80% / 60% to 60 days per illness /injury	\$25 up to 60 visits/year	
▪ Physical therapy	80% up to 90 visits/year; 60% up to 10 visits/year	\$25 / 80% / 60% to 60 days per illness /injury	\$25 up to 60 visits/year	
▪ Speech therapy	80% / 60%	100% / 80% / 60%	\$25 up to 60 visits/year	
▪ Emergency care	80% / 60%	100% / 80% / 60%	100%	
▪ Vision Exam	Not covered	\$25 / Not covered	\$25	
Nursery charges	80% / 60%	100% / 80% / 60%	100%	
Immunizations	80% / 60%	100% / 80% / Not covered	100%	
Physical Exams	\$25 / 60%*	\$25 / 80% / 60% up to \$250/year	\$25	
Mammography	80% / 60%	100% / 80% / 60%	100%	
Durable Medical Equipment	80% / 60%	100% / 80% / 60%	100%	
External prosthetics	80% / 60%	100% / 80% / 60%	100%	
Out-patient drugs				
▪ Retail	\$15 generic / \$25 brand / \$40 Non-formulary;	\$15 generic / \$25 brand / \$40 Non-formulary;	\$10 generic / \$25 brand / \$40 Non-formulary;	
▪ Mail Order	mail order \$30 generic / \$50 brand / \$80 Non-formulary	mail order \$30 generic / \$50 brand / \$80 Non-formulary	mail order \$20 generic / \$50 brand / \$80 Non-formulary	
EAP	Up to 6 visits per issue	Up to 6 visits per issue	Up to 6 visits per issue	
Mental Health Outpatient ****	\$25 / 20% up to \$30, 50 visits/year	\$25 / 80% / 50%, 20 visits/year	\$25, 30 visits/year	
Substance Abuse Outpatient	\$25 / 20% up to \$30, 50 visits/year	\$25 / 80% / 50%, 20 visits/year	\$25, 30 visits/year	
Mental Health Inpatient ****	20% payable, 30 days/year	100% / 100% / 50%, 10 days/year	\$250 copay, 30 days/year	
Substance Abuse Inpatient	\$250 copay, 30 days/year	100% / 100% / 50%, 10 days/year	\$250 copay, 30 days/year	
Maximum	Unlimited	Unlimited	Unlimited	

\* Deductible does not apply to PPO office visit charges (does apply to lab and x-ray). \*\*Limited to \$250 out-of-network in Blue Cross and 30 visits per year in-network.

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