

GOVERNOR'S PROPOSAL FOR STATE EMPLOYEE AND RETIREE HEALTH CARE

**Assembly Budget
Subcommittee #4
March 24, 2015**



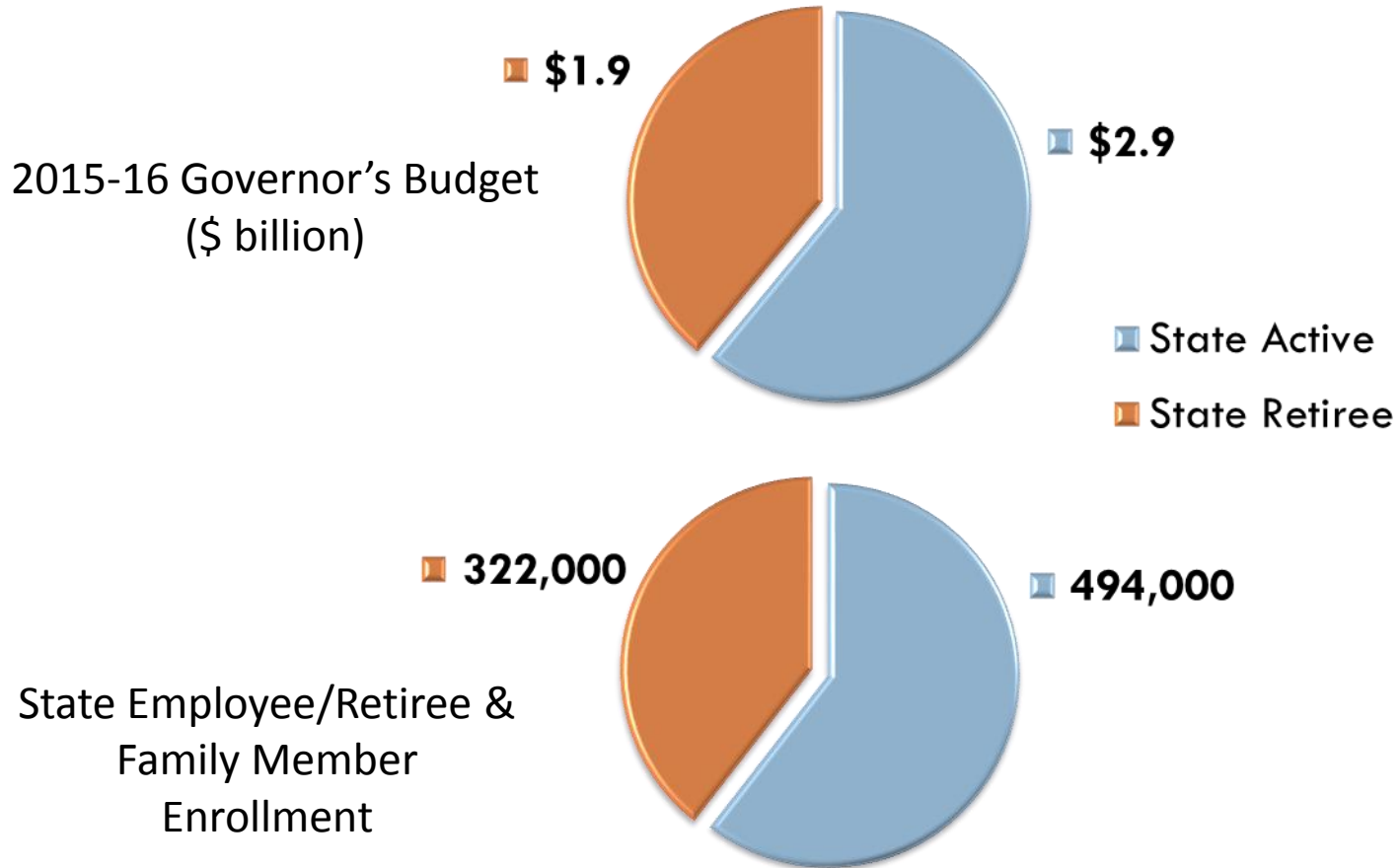
Overview

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- Goal: Sustain Benefits.
- Recommendations: (1) Prefunding, (2) Control Costs, (3) Transparency.
- Strategy: Bargaining, Legislative Changes, Administrative Efforts, and Increased Oversight.

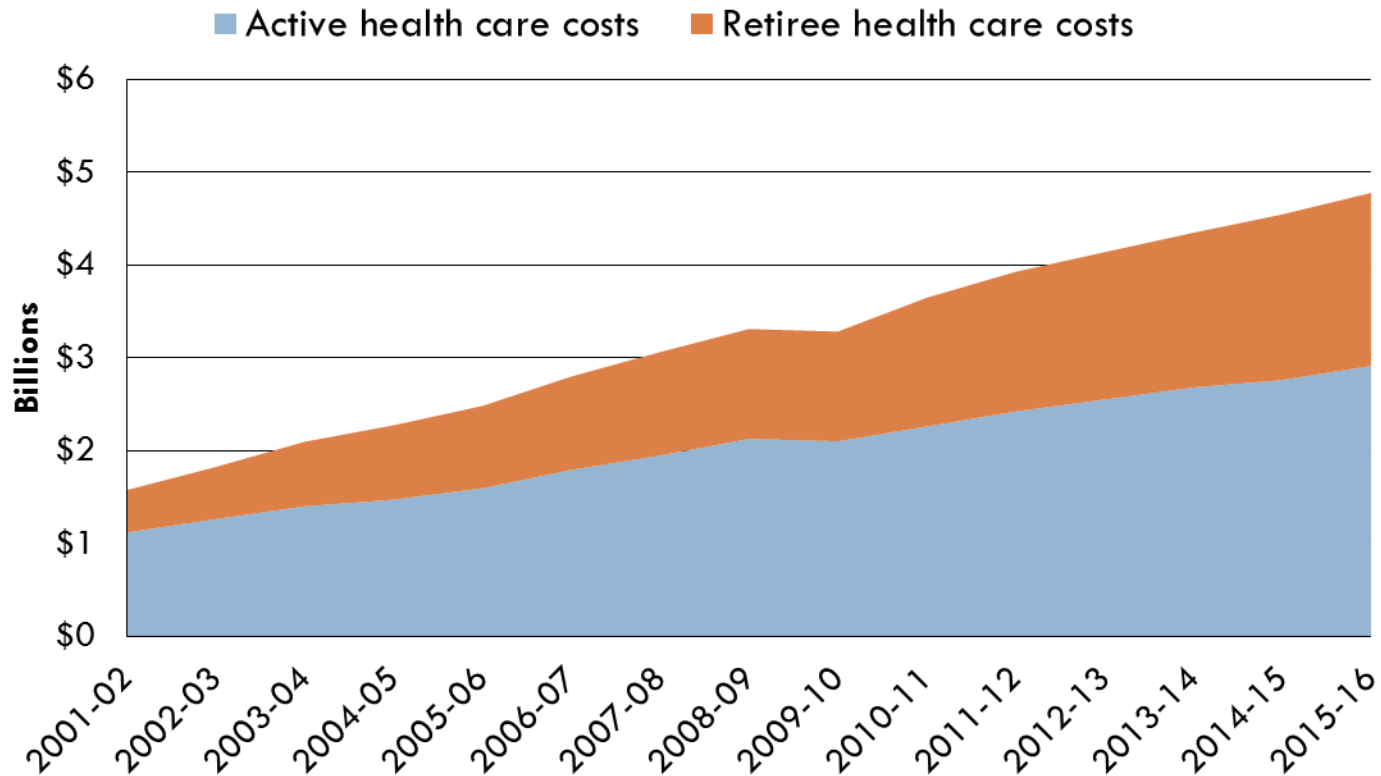
State Program Background

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Health Care Costs Growing

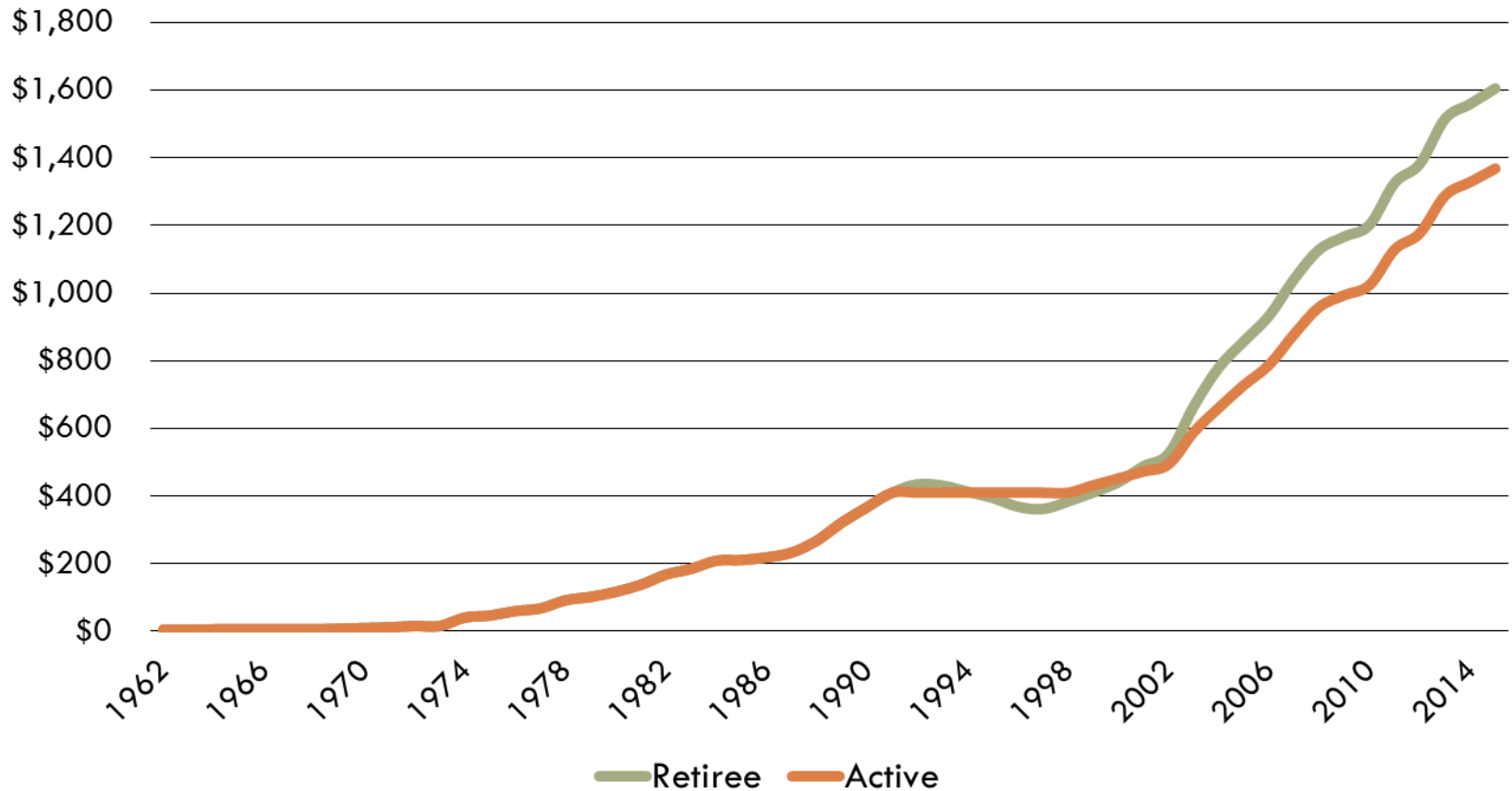
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Includes all state expenditures for Executive Branch, Legislative, Judicial, and California State University. Does not include University of California. Source: 2015-16 Governor's Budget.

Monthly State Contribution: Family

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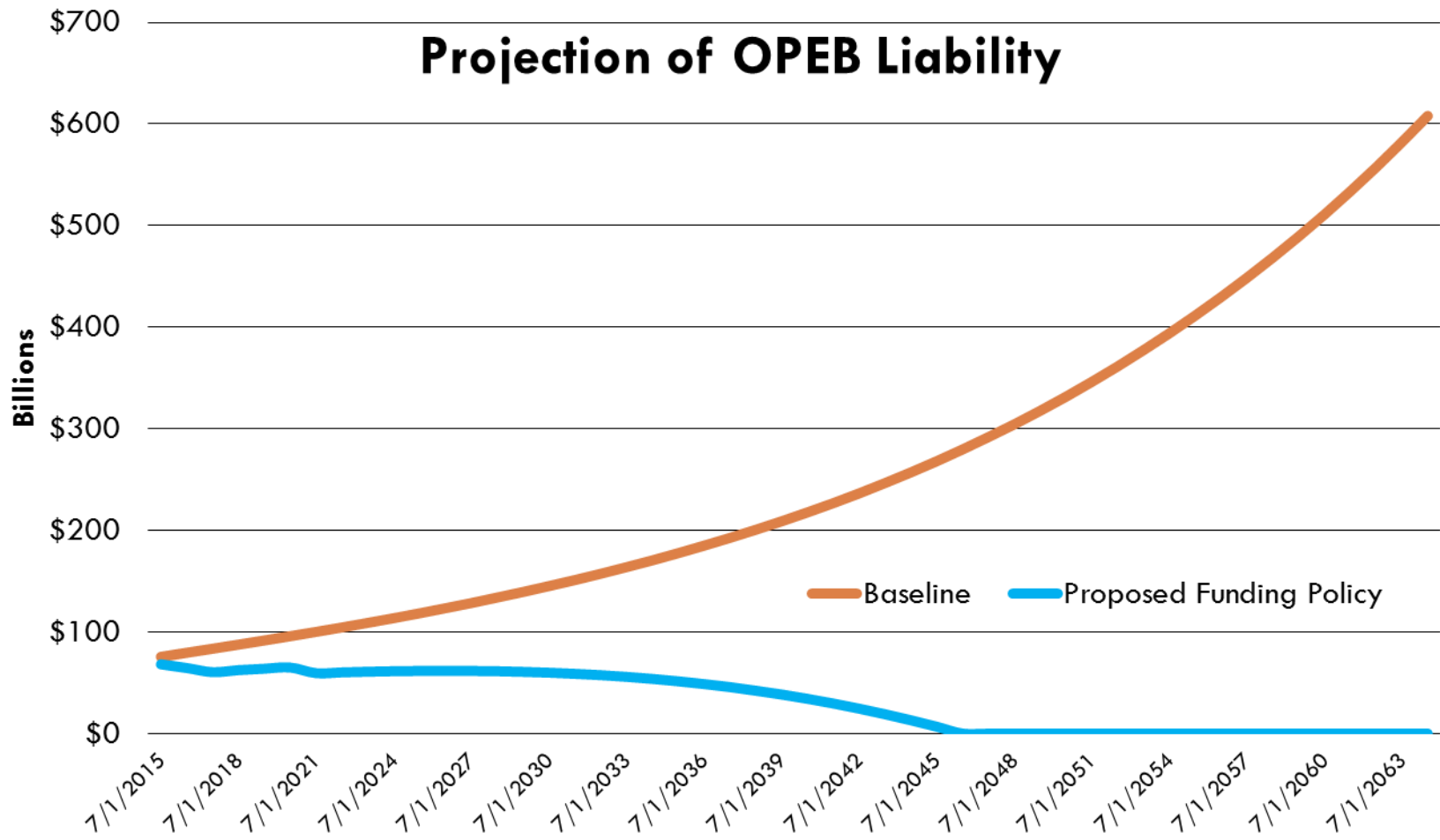
1. Eliminating Unfunded Liability

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- OPEB unfunded liability was **\$72 billion**, as of June 30, 2014.
- The state has only **\$41 million** in assets for future OPEB costs.
- The state's funded ratio is effectively **0%**.

Governor's Prefunding Proposal

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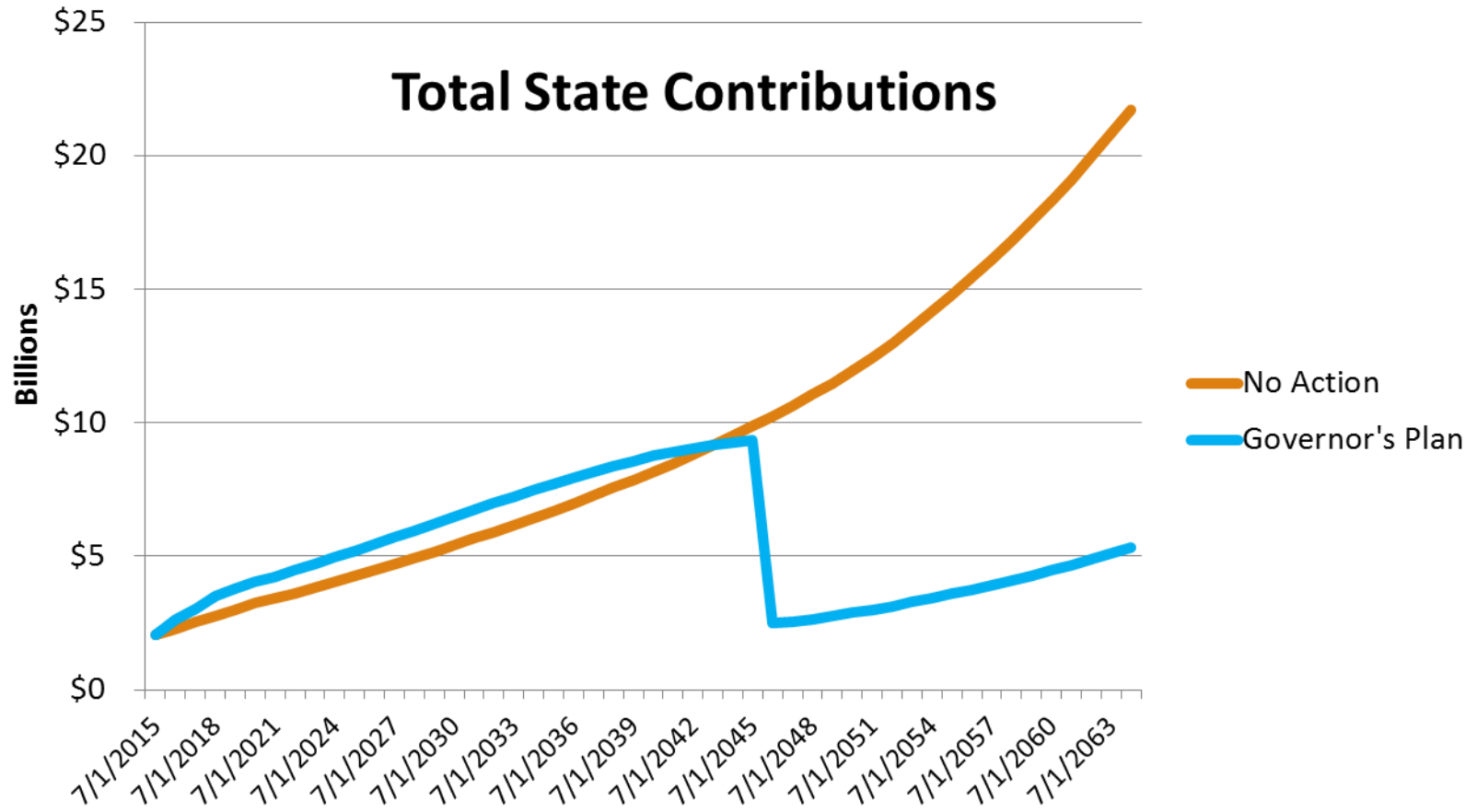


Governor's Prefunding Proposal

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- Different than CalSTRS Funding Plan.
- 50-50 employee-employer sharing of “normal costs” going forward.
- Contributions and investment income held in trust fund until assets reach 100% funded status.
- Freezes unfunded liability from growing and gradually eliminates it.
- State continues to make paygo payments until retiree health care plan is fully funded (July 1, 2046).

State Costs Increase in Short Term, Lead to Long-Term Savings



2. Controlling Costs

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- New state employees—beginning January 1, 2016.
- Extends the number of years needed to work for state contribution to 15-25 years of service.
- Sets employer contribution for benefits to 80/80 formula for Basic and Medicare plans.
- Eliminates Part B Medicare subsidy.

Increase Competition, Choice

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 **Platinum:** 90%
Actuarial Value

 **Gold:** 80%
Actuarial Value

 **Silver:** 70%
Actuarial Value

 **Bronze:** 60%
Actuarial Value

- CalPERS offers only Platinum (HMO) and Gold (PPO) plans.
- State of CA plans are richer than most other states (Pew, CalPERS).
- 80% enrolled in Platinum plans with no deductible.

High Deductible Health Plan (HDHP)

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- Add High Deductible/Health Savings Account plan for state members—no mandatory enrollment.
- Employer HSA contribution to be negotiated in bargaining.
- Minimum deductible: \$1,300 individuals and \$2,600 for families.

Advantages

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- More money in employee's paycheck.
- State will make an employer contribution to the HSA to offset out-of-pocket costs.
 - Owned by the employee.
 - No use or lose it.
 - Tax-advantages for employees.
- Cushion against Cadillac Tax.

Common Concerns:

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- Shifts costs to employees.
- Employees will face financial hardship if they get sick and avoid medical care.
- Younger, healthier employees will join the cheaper plan, leading to increased costs on other plans.

Response:

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- Not mandatory.
- Value to employee: Lower monthly premiums.
- HSA contributions from state.
- Annual out-of-pocket max.
- ACA requires preventative care without co-pay.
- Risk is already redistributed every year during open enrollment, when premiums and plans change.
 - Function of competition.
- Fairness. Why force healthier employees to pay for insurance they don't need/want?

3. Increasing Transparency and Accountability

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- Update reporting requirements in Budget Bill Language and Trailer Bill.
 - Reconcile premium changes.
 - Annual report.
 - Medicare cost/benefit analysis.
- Increase oversight.
- Engage employees.

Trailer Bill 1: Health Benefit Administration

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- High Deductible Health Plan for state employees.
- Regular verification of dependents.
- More transparency on health care program.
- 50-50 standard for prefunding OPEB.
- OPEB “lock box.”

Trailer Bill 2: Retiree Health Benefits

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- Replaces the 100/90 contribution with 80/80 formula for Basic and Medicare plans.
- Replaces graduated vesting for retiree health care benefits from 10-20 years to 15-25 years.
- Eliminates Part B reimbursement.
- Applies to all new employees hired after January 1, 2016. Applies to all state entities, including CSU, legislative, and judicial branches.