It has come to my attention that there are many people upset with the dramatic rise in our Aetna PPO and HMO policies in the High Desert & Inland Employee/Employer Trust (HDIEET). Along with the dissatisfaction is some misinformation. Allow me to clarify. The trust is NOT an insurance company, it IS a jointly managed trust of local school district management, classified and certificated employees. Our trust represents Adelanto USD, Apple Valley USD, Morongo USD, Victor Elementary SD, Excelsior Charter, and Hesperia USD.

Each district has board representation. The board makes decisions that will collectively benefit and affect all members. The insinuation of impropriety by Kaiser and the trust being “payed off” to go with them is nothing simply not true. All of these districts have seen similar migration to Kaiser and away from the Aetna PPO/HMO, mainly because their members have seen the benefits of the lower cost of Kaiser. It is that simple as people going to the least expensive insurance for the most coverage.

The unfortunate result of the migration away from Aetna (Blue Shield in the past) and into Kaiser, is the shrinking pool of people in that PPO/HMO. The smaller the pool, the greater the negative affect of those with high cost use. If the pool of users were offset with a greater amount of healthy people, that negative impact wouldn’t be as significant as our current rates.

Another big factor to affect the pool of people, is the number of people opting out of insurance. In our district, we have 222 people opting out. Some insurance companies will not quote rates to groups that allow opt outs. Rates for groups that do not allow opt outs are significantly better. That healthy population tends to balance out those with significant claims. We have a long history of allowing opt outs, in fact, the district once paid people who opted out. As it is, now, our trust does not want opt outs, but has “grandfathered” in Hesperia’s opt outs.

Our district administration would love to have us join them in CSEBA, their current JPA. Our lower age group demographic would benefit them in lowering their rates. They would also want us to tier rates and lose the super composite. That would make rates for our single members much better, but same or higher for couples and much higher for families for the same level of insurance we currently have. The only way it would be cheaper for everybody is if we start raising deductibles (taking a gold, silver, or bronze level), since ours is a platinum plus level. This change to CSEBA would take a vote by members, but it would first need approval from our eBoard (HTA) and then our site reps.

Here, again, is a problem. With 65 % of our membership in Kaiser, 22% opting out, that leaves only about 13% in Aetna (10% in PPO, 3% in HMO). Would there be enough members wanting to leave Kaiser to come back to Aetna, Blue Shield or whatever insurance group?

I’ve requested rates for limited pharmacy and limited provider access, but that is only going to drop the increase down about 4%, along with limited pharmacy and open provider access for a 1.5% decrease. Beyond that, we would have to significantly lower the coverage and increase the deductibles to get real rate relief.

Steve Trudeau

HTA Benefits Chairperson