



**PUBLIC NOTICE**  
**Special Meeting of the:**  
**Honey Lake Valley Resource Conservation District**  
**170 Russell Ave. Suite C**  
**Susanville, CA 96130**  
**5302574127 ext. 100**

Attachments available 3/14/2023 at [www.honeylakevalleyrcd.us](http://www.honeylakevalleyrcd.us)

**Date: Wednesday, March 15<sup>th</sup>, 2023**

**Location: 170 Russell Ave., Suite C, Susanville, CA 96130**

**Time: 1:30 PM**

**AGENDA**

NOTE: THE HONEY LAKE VALLEY RESOURCE CONSERVATION DISTRICT MAY ADVISE ACTION ON ANY OF THE AGENDA ITEMS SHOWN BELOW.

NOTE: IF YOU NEED A DISABILITY-RELATED MODIFICATION OR ACCOMMODATION, INCLUDING AUXILIARY AIDS OR SERVICES, TO PARTICIPATE IN THIS MEETING, PLEASE CONTACT THE DISTRICT OFFICE AT THE TELEPHONE NUMBER AND ADDRESS LISTED ABOVE AT LEAST A DAY BEFORE THE MEETING.

**I. CALL TO ORDER, PLEDGE OF ALLEGIANCE, ROLL CALL**

**II. APPROVAL OF AGENDA**

*Tie to the Strategic Plan: Strategic Issue 1 – Build HLVRCD leadership & organizational capacity.*

**III. PUBLIC COMMENT**

Per RCD Board Policy No. 5030.4.1, during this portion of the meeting, any member of the public is permitted to make a brief statement, express his/her viewpoint, or ask a question regarding matters related to the District. Five (5) minutes may be allotted to each speaker and a maximum of twenty (20) minutes to each subject matter.

**IV. AGENDA ITEMS**

- A. Consideration and approval of the District Manager Position Description

*Tie to the Strategic Plan: Strategic Issue 1 – Build HLVRCD leadership & organizational capacity.*

- B. Consideration and approval to post the District Manager Position Description and Job announcement.

*Tie to the Strategic Plan: Strategic Issue 1 – Build HLVRCD leadership & organizational capacity.*

- C. Consideration and approval of Resolution 2023 – 02, for the DWR IRWM Implementation Round 2 grant application.

*Tie to the Strategic Plan: Strategic Issue 1 – Build HLVRCD leadership & organizational capacity.*

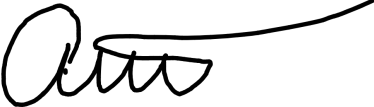
- D. Discussion: Employee benefits and health insurance coverage.

*Tie to the Strategic Plan: Strategic Issue 1 – Build HLVRCD leadership & organizational capacity.*

**V. ADJOURNMENT**

The next Honey Lake Valley RCD meeting will be **March 23rd, 2022 at 3:30 PM.**  
The location is the USDA Service Center, 170 Russell Avenue, Suite C,  
Susanville, CA.

*I certify that on Tuesday, March 15<sup>th</sup>, 2023 agendas were posted as required by Government Code Section 54956 and any other applicable law.*

X 

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Andrea Stuemky  
District Manager



**HONEY LAKE VALLEY  
RESOURCE  
CONSERVATION  
DISTRICT**

## **District Manager**

**Position Announcement**

**Susanville, CA**

**3/15/2023**

Honey Lake Valley Resource Conservation District (HLV RCD) is accepting applications for the position of a full-time District Manager. This position works at the will of the Board of Directors, and supervises HLVRCD staff members.

Our mission is to conserve, restore, and sustain local agricultural and natural resources for those who live, work, or visit the service area; and to foster a viable economy by seeking and coordinating technical, educational, and financial resources.

### **POSITION SUMMARY**

The District Manager (DM) is the driving force behind the Honey Lake Valley RCD. The DM is responsible for developing, organizing, and acquiring funding for cooperative natural resource management projects for the local area. The DM also has the large responsibility of supervising the Watermaster Service, and the Deputy Watermaster and additional staff members. Additionally, and encompassing these programs, the DM is responsible for all legal, administrative, budgetary, personnel, and all management associated with the District, while working closely with the Bookkeeper and CPA.

### **PRIMARY DUTIES AND RESPONSIBILITIES**

#### General Operations:

- Ensure statutes, governmental rules, regulations and compliance issues pertaining to or affecting District operations are adhered to.
- Organize, plan, and direct District budget, policies, programs, and staff training.
- Create and sustain partnerships between District staff, the public, county elected/appointed officials, state, tribal and federal agencies and local landowners.
- Represent and promote the District at the local, state, regional and federal levels.
- Coordinate with staff to conduct monthly board meetings, including agendas, minutes and supporting documentation.
- Attend all Board meetings and keep the Board apprised of District activities.
- Develop and prepare effective and comprehensive correspondence, reports and other written material.
- Develop and implement community outreach/involvement/immersion events

### Grants/Financial Management:

- Find opportunities, facilitate and coordinate with other agencies, and develop projects that you then prepare and submit as grant applications within the District's fields of interest.
- Manage current grant projects, communicate with Grantors, keep grant projects in compliance with guidelines
- Communicate with contractors and project partners in a professional and timely fashion
- Analyze the impact of actions on budget and staffing levels with Bookkeeper and Treasurer.
- Lead the preparation and editing of the annual budget; this includes adjusting budget items, and overseeing legally sufficient and effective financial and information systems.
- Oversee annual audit.

### Personnel Management:

- Supervise and evaluate the duties of the administrative personnel and project coordinators, providing leadership and guidance for completion of assigned duties.
- Facilitate organizational capacity building and implementation of all human resource activities, including hiring, promotions, discipline, and termination procedures regarding all District employees.

### Watermaster Service:

- Read and comprehend the Decrees and recorded Agreements that define water rights within the Susan River Watermaster Service Area and perform the duties of the Deputy Watermaster, if he/she is not available.
- Review the Watermaster's daily records on a weekly basis. Review and edit annual report to the Superior Court developed by the Watermaster and present to the RCD Board for approval at the December meeting of the RCD Board.
- Work with the Watermaster to develop an annual budget and apportionment for the March and April WAC meetings. Present the WAC approved budget and apportionment to the RCD Board at their April meeting and gain approval of the draft budget and apportionment at their May meeting. Ensure that the approved draft apportionment is filed with the Court and that Water Users are notified in writing of their individual apportionments prior to June 15th. Present the final apportionment to the RCD Board at their July Board meeting and submit the final apportionment to the County Assessor's office prior to August 15th.
- Work with the Watermaster to develop an annual Statement of Diversion and Use Report to the California State Water Resources Control Board (SWRCB), Division of Water Rights. Following approval by the WAC, seek approval from the RCD Board at their May meeting and submit to the SWRCB prior to June 30th.
- Assist the Watermaster to resolve Water Rights Holders' disputes. Present disputes that have not been resolved at the WAC level to the RCD for resolution.
- Manage any legal happenings regarding the Watermaster Service.

## QUALIFICATIONS

The DM manages all aspects of the Honey Lake Valley RCD. The applicant must be determined and self-driven, organized, and able to handle a widespread variety of tasks. We are looking for an accomplished administrator who possesses strong interpersonal communication and public relations skills, coupled with political acumen and good judgement, in addition to technical knowledge of agriculture and natural resource management. Also desired:

- Experience working with other agencies on natural resource management projects. Experience spearheading such projects; that is, creating, facilitating with other agencies, planning, and applying to funding opportunities for implementation between multiple agencies such as NRCS, USFS, BLM, Cal-Fire, Fire Safe Council, CA Department of Water Resources and the local Tribe.
- Broad knowledge of local, state and federal laws regarding operations of special districts.
- Analytical ability to assimilate and evaluate quantitative and qualitative information obtained from reports, studies, surveys and budget documents.
- The ability to develop and prepare effective and comprehensive correspondence, reports and other written material.
- The ability to analyze organizational and administrative problems and the ability to create innovative management programs and systems for organizational problem solving.
- Established experience in personnel and management.
- Experience in financial management, report preparation, and other bookkeeping items

An undergraduate degree in Resource Management, Natural Science, Public or Business Administration, or related field is desired. A minimum of five years of progressive responsible experience in administration, planning, budget and fiscal management, which must include considerable supervisory experience, is preferred. A valid CA Driver's license is required. Preference will be given to candidates with professional licensing or certificates in related fields.

**Salary Range:** \$29.00 to \$38.00/hour Depending on Experience, with paid vacation and sick leave, and health insurance stipend reimbursement. **To Apply:** Send cover letter and resume with three professional references via email to Andrea Stuemky, District Manager, at [astuemky@honeylakevalleyrcd.us](mailto:astuemky@honeylakevalleyrcd.us). **For More Information:** call (530)-260-0067 or (530)-257-7271 ext. 100.

**Application Deadline: ASAP- Open until Filled**

*It is the policy of the Honey Lake Valley Resource Conservation District to provide equal employment opportunities to all people without regard to race, religion, color, national origin, ancestry, physical or mental disability, medical condition, marital status, age, sex, or any other classification protected by law, and to promote this policy through a program of affirmative personnel action.*



215 Executive Ct, Suite A  
Yreka CA 96097  
530-572-3120  
www.svrcd.org

### JOB POSTING: DISTRICT MANAGER

**Employer:** Shasta Valley Resource Conservation District

**Work Location:** Main office in Yreka, Siskiyou County, California

**Status:** Non-Exempt/ 20-30 hours/week, varied; opportunity for full-time with project management responsibilities added

**Compensation:** \$28.00-\$35.00/hour

**Benefits:** Deferred Compensation; PTO; Cell phone allowance

**Posting Date:** December 10, 2020

**Start Date:** Open until filled First review of applications will occur on January 13<sup>th</sup>, 2021.

#### **Organizational Background**

The Shasta Valley Resource Conservation District (SVRCD) is a non-regulatory, local government entity empowered to manage soil, water, fish and wildlife resources for conservation. In existence since the 1940s, RCDs are local grassroots conservation delivery systems that identify local conservation problems and guide solutions on a voluntary basis. The SVRCD covers 1/3 of Siskiyou County, including the mid-Klamath River, Shasta River, Upper Sacramento River, and Upper McCloud River watersheds. Our mission and vision set our goals, objectives and focus our efforts with local direction from our Board of Directors. Our mission is to work with interested landowners on a voluntary basis to enhance the management and sustainable use of natural resources in order to ensure the long-term economic viability of the community. The SVRCD is almost exclusively short-term (1-5 years) grant and contract funded, with no local tax revenue. The SVRCD has an annual budget of ~\$1 Million and a small team with experience and expertise in a wide variety of natural resource and agricultural disciplines, education and outreach, policy, fundraising, and administration, and is governed by an all-volunteer board of directors. We offer a friendly and flexible work environment where dedicated professionals work together as a team to benefit our community and its natural resources. For more information visit our website at: [www.svrcd.org](http://www.svrcd.org).

## **Position Description**

The District Manager is the chief manager of the District, reporting to the Board of Directors, and is responsible for the funding and management of the District's operations and finances consistent with the strategic plan, goals and objectives, and policies and procedures established by the Board. This is an hourly part-time position; rate of pay is commensurate with experience and education. The District Manager may have the option to supplement their hours (up to a maximum of 40/week) by managing projects in addition to DM responsibilities.

## **Essential Functions**

- Actively seek out and write grant proposals, procure direct contracts and develop fee-for-service programs that continue and maintain the work of the District at the level of operations directed by the Board of Directors.
- Administer and/or supervise all aspects of the District's office operations. This includes business and personnel, insurance, policy and procedure updates, records, annual report, coordination of monthly Board meetings, office space or capital equipment needs, updates to the Board, and any other administrative activities pertaining to the operation of the District.
- Provide support to Finance Manager for the preparation of annual budgets, timely revenue and expense reporting, financial forecasts, audits, and any other information required to keep the Board advised of the District's financial condition. Supervise any outside services as required.
- Ensure that statutes and government rules and regulations pertaining to or affecting District operations are followed. Coordinate with legal counsel and auditors as required.
- Create, maintain or update the District's strategic plan and annual work plan.
- Administer and supervise the District's participation in watershed or community groups. Serve as primary spokesperson and public representative for the District.
- Coordinate with Project Managers to oversee grants and project work, including budgets, timelines, and deliverables. Approve invoices and assign costs to various projects. Support Project Managers with reporting needs and review reports.
- Supervise the District's outreach, educational, and field activities.
- Select, manage, and evaluate the personnel required to accomplish the District's objectives and responsibilities. Act as lead liaison to the Board of Directors on personnel matters. Provide leadership and guidance to District personnel as necessary.
- Support the Project Managers and Project Coordinators in the preparation of contracts with funding sources, bid documents, and contracts for contractor services and materials.
- Maintain and enhance the District Board of Directors' working relationships with appropriate officials at the local, county, state, regional, and federal levels to further promote the needs and objectives of the District.
- Promote the District and successful projects implemented by the District within the community and with the media. Coordinate with Project Managers to prepare press releases promoting District projects and activities.

- Other duties as assigned by the Board of Directors.

**Required Qualifications, Knowledge, and Abilities**

A combination of higher education and experience that provides the knowledge and ability to oversee and guide the District according to its mission and direction of the Board of Directors is required. Minimum educational requirement is a B.S. or B.A. and 3 years of experience in management.

- Experience in an upper level management position at a Resource Conservation District or comparable 100% grant funded organization
- Displays strong written and verbal communication skills and presentation skills
- Experience in budget and fiscal management
- Proven successful grant proposal preparation
- Has Strong Microsoft Word and Excel skills
- Ability to work collaboratively with staff, funders, individuals, organizations, and agencies.
- Possesses a vehicle, valid driver’s license, good driving record, and proof of insurance.
- Ability to juggle competing priorities, adapt to organizational needs, and remain flexible in a dynamic, team-oriented work environment.
- Available the second Wednesday monthly to attend Board of Directors meetings (6:30PM to 9:00PM).
- Ability to travel throughout the District and to other locations which may include overnight stays

**Preferred Qualifications, Knowledge, and Abilities**

- Knowledge and understanding of the Shasta Valley and its agricultural community.
- Knowledge of or degree in a discipline that fits within the SVRCD such as Ecology, Agriculture, Forestry, Fisheries, etc.

**Work Environment**

Work is performed in a professional office environment shared with US Department of Agriculture’s Natural Resources Conservation Service. Office tasks include operation of standard office equipment such as computers, phones, copiers, calculators, and filing cabinets. Moderate noise levels. The office space is leased from US Department of Agriculture, and we work closely with the Natural Resources Conservation Service. Field work may include work in forests, active cattle ranches and farms, riparian, stream and river environments and other natural environments throughout the SVRCD district.

**Physical Requirements**

Ability to frequently remain in a stationary position; operate a computer and other standard office equipment; visual capacity to review and edit documents; converse by telephone and in person. Some bending, lifting up to 30 lbs., and grasping. Field work will be on varied uneven terrain and in varied weather conditions.

**Compensation/Benefits**

The District Manager compensation range is \$28.00-\$35.00/hour DOQ. Benefits for this position include paid time off, deferred compensation allowance, and cell phone allowance.

**How to Apply**

Please submit a cover letter, resume, and three (3) references to Ethan Brown, Interim District



Manager [shastavalleyrcd@snowcrest.net](mailto:shastavalleyrcd@snowcrest.net) with “District Manager” in the subject line. This position will remain open until filled. **No phone calls please.**

*Shasta Valley Resource Conservation District is an equal opportunity employer. We consider qualified applicants for employment without regard to race, religion, color, national origin, ancestry, age, sex, gender, gender identity, gender expression, sexual orientation, genetic information, medical condition, disability, marital status, or protected veteran status.*

**A RESOLUTION OF THE HONEY LAKE VALLEY RESOURCE CONSERVATION DISTRICT PROPOSING ENTERING INTO AN AGREEMENT WITH THE CALIFORNIA DEPARTMENT OF WATER RESOURCES**

Resolved by the Board of Directors of the Honey Lake Valley Resource Conservation District, that proposal be made to the California Department of Water Resources to obtain a Round 2 Integrated Regional Water Management Implementation Grant pursuant to the Water Quality, Supply, and Infrastructure Improvement Act of 2014 (Water Code § 79700 et seq.), and to enter into an agreement to receive a grant for the: 'Lahontan IRWM Regional' application, and the 'Ravendale, CA and Madeline, CA Water System Improvements' application.

The Board Chairman and District Manager of the Honey Lake Valley Resource Conservation District, or designee, is hereby authorized and directed to prepare the necessary data, conduct investigations, file such proposal, and execute a grant agreement or any amendments thereto with California Department of Water Resources.

**PASSED, APPROVED, and ADOPTED**, by the Board of Directors of the Honey Lake Valley Resource Conservation District, on this 15<sup>th</sup> day of March, 2023, by the following roll call vote:

Ayes:

Noes:

Abstained:

Absent:

APPROVED:

ATTESTED:

\_\_\_\_\_  
President/Governing Body

\_\_\_\_\_  
Administrator/Secretary



For purposes of sick leave use, a “child” is defined as a biological, foster or adopted child, stepchild or a legal ward. A “child” may also be someone you have accepted the duties and responsibilities of raising, even if he or she is not your legal child.

A “parent” is your biological, foster or adoptive parent, a stepparent or a legal guardian.

A “spouse” is your legal spouse according to California law. There is not a “common law” spouse in the state of California.

All conditions and restrictions placed on your use of sick leave apply also to sick leave used for care of a child, parent or spouse.

### **Holidays**

We observe paid holidays for full-time employees based on the El Dorado County holiday schedule which will be published every year. Please refer to the schedule for the days RCD will be closed.

Eligibility for holiday pay begins upon completion of 90 days of continuous employment. You must also be regularly scheduled to work on the day on which the holiday is observed, and must work your regularly scheduled working days immediately preceding and immediately following the holiday, unless an absence on either day is approved in advance by your manager. The District reserves the right to request a physician’s statement certifying the reason for unscheduled sick leave absences for the working day before or after the holiday, in order to pay the employee for the holiday.

When a holiday falls on a Saturday or Sunday, it is usually observed on the preceding Friday or the following Monday. However, the District may close on another day or grant compensating time off instead of closing. Holiday observance will be announced in advance.

### **Insurance Benefits**

**Health, Dental & Vision Insurance:** We provide comprehensive medical, dental & vision insurance plans for eligible full time employees and their dependents. You may be required to provide adequate proof of the dependent relationship in order to add the dependents to our insurance policies. Typically proof of the relationship may be established through a copy of a birth certificate, adoption documents, marriage license, or certificate of registered domestic partnership. We cannot guarantee your domestic partner relationship will be kept confidential.

Full-time employees are eligible on the first of the month once they have completed 60 days of continuous employment with RCD. The District will pay 70% of the employee’s premium. Part time employees working less than 40 hours per week will be eligible for health insurance benefits paid on a pro-rated basis not to exceed 70% of the employee’s premium.



If an employee chooses not to enroll in RCD provided insurance, they will be eligible for pay in-lieu of not taking the benefits at an amount not to exceed \$500.00 per month split equally between each District. If at any time the employee enrolls in the RCD insurance program, the additional pay in-lieu of will be forfeited.

Employees working less than 19 hours per week will not be eligible for health insurance.

You will be responsible for any excess premiums due for the coverage you choose for your dependents. Deductions from your paycheck will be made to cover this cost through payroll deductions. Information describing your benefits will be given to you when you join the program.

During any leave of absence such as, Pregnancy Disability or other disability leave, personal leave, or Workers' Compensation leave, health benefits will continue for a maximum of 12 weeks.

Please direct any questions you have regarding your health, dental and vision insurance to the District Manager.

**Unemployment Compensation:** We contribute each year to the California Unemployment Insurance Fund on behalf of our employees.

**Social Security:** Social Security is an important part of every employee's retirement benefit. We pay a matching contribution to each employee's Social Security taxes. GDRCD pays a survivor benefit for employees, instead of matching their Social Security taxes.

**Workers' Compensation:** The District purchases a workers' compensation insurance policy to protect you while you are employed by us. The policy covers you in case of occupational injury or illness. It is your responsibility to notify a manager immediately if injured. Please refer to the Workers' Compensation policy for additional information.

We provide workers' compensation insurance for our employees as required by state law. The insurance provides important protection for employees who suffer a work-related injury. We encourage you to report all workplace injuries immediately and to take advantage of the benefits provided by our workers' compensation insurance if you are injured on the job.

Workers' compensation insurance provides important protection for employees who suffer an injury at work. Unfortunately, we understand that some employees are encouraged to file fraudulent workers' compensation claims. For your own protection, you should know that the California Insurance Frauds Protection Act provides that it is unlawful for any person to:

*"Make or cause to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining . . . compensation . . . and shall be punished by imprisonment in county jail for one year, or in the state prison for two, three or five years, or by a fine not exceeding Fifty Thousand Dollars (\$50,000.00) . . . or by both imprisonment and fine."*



SPECIAL DISTRICT RISK MANAGEMENT AUTHORITY

# Simple Solutions

2023 HEALTH BENEFITS PROGRAM

**MEDICAL BENEFITS & ANCILLARY COVERAGES**





## SPECIAL DISTRICT RISK MANAGEMENT AUTHORITY

**Special District Risk Management Authority** is a public agency formed under California Government Code Section 6500 et seq. to provide a full-service risk management program for California's local governments including property, liability and workers' compensation coverages. In addition, SDRMA is an administrator of the Small Group Health Benefits Program under Public Risk Innovation, Solutions, and Management (PRISM).

The Health Benefits Program consists of Medical Benefits and Ancillary Coverages. Medical Benefits includes plans by Blue Shield, Anthem-Blue Cross and Kaiser. Most Blue Shield and Anthem-Blue Cross plans have prescription drug programs provided by Express Scripts. Ancillary Coverages include Delta Dental, VSP Vision, VOYA FINANCIAL Life, Short Term Disability, Long Term Disability and MHN Employee Assistance Program. Public agencies can select which programs they would like to join subject to underwriting approval.

We realize selecting a health plan for your agency and your employees is just one of the key decisions you are faced with on an on-going basis. This important decision involves not only the cost of various providers and plans, but also access to doctors and hospitals, prescription drug services, and other additional programs and services. The combination of medical plans and providers that is right for your agency depends on a variety of factors, such as your preference for a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO); your premium and out-of-pocket costs; and the need for access to specific doctors and hospitals.

We understand that comparing health plan benefits, features and costs can be complicated. This brochure provides information that will help simplify your decision making process. Our enrollment process is easy and only requires a few simple steps.

For more information, please contact us at **800-537-7790**. We are ready to serve you!

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### IMPORTANT TERMS TO KNOW

You may see and hear some unfamiliar terms as you begin to use your health plan. It's important that you understand these terms so you can get the most out of your coverage.

**Premium** \* This is the amount you pay every month to SDRMA to maintain your health insurance coverage.

**Co-pay** \* This is a fixed amount you pay for certain covered services, like doctor's visits.

**Calendar Year Deductible** \* This is the fixed amount some plans require you to pay before the plan begins to pay its share for covered benefits.

**Coinsurance** \* Once you have paid your full deductible, this is the percentage owed by you to pay for accessed services. This can fluctuate based on the cost the provider is charging and/or what has been agreed to between the Medical carrier and the Provider. Coinsurance is unlike Co-pay which is always a flat dollar amount.

**Maximum Medical Out of Pocket** \* This is the maximum you'll pay per year for medical services before your medical plan begins to pay for 100% of services, protecting you and your family from catastrophic medical expenses. Most of your co-payments, deductibles and coinsurance payments will be counted toward this limit.





## Medical Benefits Summary





# Medical Benefits Summary

## PLAN SUMMARY – BLUE SHIELD

\*See page 30, note 14 for Plan Selections and Combination Guidelines

| DEDUCTIBLES/COINSURANCE  | Gold PPO  |  | Platinum PPO  |  |
|--|---|--|---|--|
| Calendar Year Deductible(s) (Individual/Family)                                  | \$500 / \$1,000   |  | \$300 / \$600   |  |
| Maximum Medical Out of Pocket (Individual/Family)                                | \$2,000 / \$4,000   |  | \$1,300 / \$3,600   |  |
| Medicare Medical Maximum Out of Pocket   | \$1,500 / \$3,000   |  | \$1,000 / \$3,000   |  |
| Services/Coverages   | Participating Providers (You Pay)                         | Non-Participating Providers (You Pay)      | Participating Providers (You Pay)                         | Non-Participating Providers (You Pay)      |
| Inpatient Hospital Room, Board & Support Services (prior authorization required) | 20%   | 50% up to \$600 per day                    | 10%   | 50% up to \$600 per day                    |
| Outpatient Hospital  | 20%   | 50% up to \$350 per day                    | 10%   | 50% up to \$350 per day                    |
| Ambulatory Surgery Center  | 10%; Deductible Waived                                    | 50% up to \$350 per day                    | No Charge; Deductible Waived                              | 50% up to \$350 per day                    |
| Emergency Room   | \$100 co-pay + 20% (co-pay waived if admitted)            |  | \$100 co-pay + 10% (co-pay waived if admitted)            |  |
| Urgent Care  | \$20 co-pay   | 50%  | \$20 co-pay   | 50%  |
| Physician Benefits (office visits)   | \$20 co-pay   | 50%  | \$20 co-pay   | 50%  |
| Preventative Care  | No Charge   | Not Covered                                | No Charge   | Not Covered                                |
| Lab/X-ray  | \$0 (\$25 co-pay + 20% if services provided by Hospital)  | 50% (up to \$350/ per day within Hospital) | \$0 (\$25 co-pay + 10% if services provided by Hospital)  | 50% (up to \$350/ per day within Hospital) |
| Complex Imaging (CT, PET, MRI, etc.)   | 20% (\$100 co-pay + 20% if services provided by Hospital) | 50% up to \$800 per day                    | 10% (\$100 co-pay + 10% if services provided by Hospital) | 50% up to \$800 per day                    |
| Acupuncture (26 visits per calendar year/combined with Chiropractic)             | 20%   |  | 10%   |  |
| Chiropractic Services (26 visits per calendar year/combined with Acupuncture)    | 20% up to \$50 per visit                                  | 50% up to \$25 per visit                   | 10% up to \$50 per visit                                  | 50% up to \$25 per visit                   |
| Prescription Drugs<br><i>Active/Early Retiree Plans Only</i>                     | Express Scripts*  |  | Express Scripts*  |  |
| Prescription Maximum Out of Pocket   | \$4,600 / \$9,200   |  | \$5,300 / \$9,600   |  |
| (At Participating Pharmacies only)   | Generic / Brand / Non-Formulary / Specialty               |  | Generic / Brand / Non-Formulary / Specialty               |  |
| Retail - 30 day supply   | \$5 / \$30 / \$45 / 30% (max co-pay \$150)                |  | \$5 / \$30 / \$45 / 30% (max co-pay \$150)                |  |
| Mail Order - 90 day supply   | \$10 / \$75 / \$112.50 / 30% (max co-pay \$300)           |  | \$10 / \$75 / \$112.50 / 30% (max co-pay \$300)           |  |
| Brand / Non-Formulary / Specialty Deductible (Individual / Family)               | None  |  | None  |  |

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

NON-PARTICIPATING PROVIDER MEMBER COST MAY NOT APPLY TO MAXIMUM OUT OF POCKET COSTS.

\*See Rx benefits for Medicare on page 14 under the "EGWP" pharmacy co-pay structure.



**PLAN SUMMARY – BLUE SHIELD**

\*See page 30, note 14 for Plan Selections and Combination Guidelines

| DEDUCTIBLES/COINSURANCE  | Silver PPO  |  | Bronze PPO  |  |
|--|---|--|---|--|
| Calendar Year Deductible(s) (Individual/Family)                                  | \$2,000 / \$4,000   |  | \$5,000 / \$10,000  | \$5,000 / \$10,000                         |
| Maximum Medical Out of Pocket (Individual/Family)                                | \$5,000 / \$10,000  |  | \$7,000 / \$14,000  | No Limit Single/<br>No Limit Family        |
| Medicare Medical Maximum Out of Pocket   | \$3,000 / \$6,000   |  | \$7,000 / \$14,000  | No Limit Single/<br>No Limit Family        |
| Services/Coverages   | Participating Providers (You Pay)                         | Non-Participating Providers (You Pay)      | Participating Providers (You Pay)                         | Non-Participating Providers (You Pay)      |
| Inpatient Hospital Room, Board & Support Services (prior authorization required) | 20%   | 50% up to \$600 per day                    | 30%   | 50% up to \$600 per day                    |
| Outpatient Hospital  | 20%   | 50% up to \$350 per day                    | 30%   | 50% up to \$350 per day                    |
| Ambulatory Surgery Center  | 10%; Deductible Waived                                    | 50% up to \$350 per day                    | 20%; Deductible Waived                                    | 50% up to \$350 per day                    |
| Emergency Room   | \$100 co-pay + 20% (co-pay waived if admitted)            |  | \$250 co-pay + 30% (co-pay waived if admitted)            |  |
| Urgent Care  | \$30 co-pay   | 50%  | 30%; Deductible Waived                                    | 50%  |
| Physician Benefits (office visits)   | \$30 co-pay   | 50%  | 30%; Deductible Waived                                    | 50%  |
| Preventative Care  | No Charge   | Not Covered                                | No Charge   | Not Covered                                |
| Lab/X-ray  | \$0 (\$25 co-pay + 20% if services provided by Hospital)  | 50% (up to \$350/ per day within Hospital) | 30% (\$25 co-pay + 30% if services provided by Hospital)  | 50% (up to \$350/ per day within Hospital) |
| Complex Imaging (CT, PET, MRI, etc.)   | 20% (\$100 co-pay + 20% if services provided by Hospital) | 50% up to \$800 per day                    | 30% (\$100 co-pay + 30% if services provided by Hospital) | 50% up to \$800 per day                    |
| Acupuncture (26 visits per calendar year/combined with Chiropractic)             | 20%   |  | 30%   | 50%  |
| Chiropractic Services (26 visits per calendar year/combined with Acupuncture)    | 20% up to \$50 per visit                                  | 50% up to \$25 per visit                   | 30% up to \$50 per visit                                  | 50% up to \$25 per visit                   |
| Prescription Drugs<br><i>Active/Early Retiree Plans Only</i>                     | Express Scripts*  |  | Express Scripts*  |  |
| Prescription Maximum Out of Pocket   | \$1,600 / \$3,200   |  | \$1,500 / \$3,000   |  |
| (At Participating Pharmacies only)   | Generic / Brand / Non-Formulary / Specialty               |  | Generic / Brand / Non-Formulary / Specialty               |  |
| Retail - 30 day supply   | \$10 / \$20 / \$45 / 30% (max co-pay \$150)               |  | \$15 / \$50 / \$50 / 30% (max co-pay \$150)               |  |
| Mail Order - 90 day supply   | \$20 / \$40 / \$90 / 30% (max co-pay \$300)               |  | \$30 / \$100 / \$100 / 30% (max co-pay \$300)             |  |
| Brand / Non-Formulary / Specialty Deductible (Individual / Family)               | \$200 / \$500   |  | None  |  |

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS. NON-PARTICIPATING PROVIDER MEMBER COST MAY NOT APPLY TO MAXIMUM OUT OF POCKET COSTS.

\*See Rx benefits for Medicare on page 14 under the "EGWP" pharmacy co-pay structure.



PLAN SUMMARY – BLUE SHIELD

\*See page 30, note 14 for Plan Selections and Combination Guidelines

| DEDUCTIBLES/COINSURANCE   | EPO   | HDHP 10 (HSA)   |   | HDHP 20 (HSA)   |   |
|---|---|---|---|---|---|
| Calendar Year Deductible(s)<br>(Individual/Family)                                  | \$300 / \$600                                       | \$1,500 / \$3,000   |   | \$3,000 / \$6,000   |   |
| Maximum Medical Out of Pocket<br>(Individual/Family)                                | \$1,300 / \$2,600                                   | \$5,000 / \$10,000  |   | \$5,950 / \$11,900  |   |
| Medicare Medical Maximum Out of Pocket  | \$1,000 / \$2,000                                   | Non-Applicable  |   | Non-Applicable  |   |
| Services/Coverages  | Participating Providers<br>(You Pay)                | Participating Providers<br>(You Pay)                      | Non-Participating Providers<br>(You Pay)    | Participating Providers<br>(You Pay)                      | Non-Participating Providers<br>(You Pay)    |
| Inpatient Hospital Room, Board & Support Services<br>(prior authorization required) | No Charge   | 10%   | 50% up to \$600 per day                     | 20%   | 50% up to \$600 per day                     |
| Outpatient Hospital   | \$30 co-pay   | 10%   | 50% up to \$350 per day                     | 20%   | 50% up to \$350 per day                     |
| Ambulatory Surgery Center   | No Charge;<br>Deductible Waived                     | No Charge   | 50% up to \$350 per day                     | 10%   | 50% up to \$350 per day                     |
| Emergency Room  | \$100 co-pay (co-pay waived if admitted)            | \$100 co-pay + 10% (co-pay waived if admitted)            |   | \$100 co-pay + 20% (co-pay waived if admitted)            |   |
| Urgent Care   | \$30 co-pay   | 10%   | 50%   | 20%   | 50%   |
| Physician Benefits (office visits)  | \$30 co-pay   | 10%   | 50%   | 20%   | 50%   |
| Preventative Care   | No Charge   | No Charge   | Not Covered                                 | No Charge   | Not Covered                                 |
| Lab/X-ray   | \$0 (\$25 co-pay if services provided by Hospital)  | \$0 (\$25 co-pay + 10% if services provided by Hospital)  | 50% (up to \$350/ per day within Hospital)  | \$0 (\$25 co-pay + 20% if services provided by Hospital)  | 50% (up to \$350/ per day within Hospital)  |
| Complex Imaging (CT, PET, MRI, etc.)  | \$0 (\$100 co-pay if services provided by Hospital) | 10% (\$100 co-pay + 10% if services provided by Hospital) | 50% up to \$800 per day                     | 20% (\$100 co-pay + 20% if services provided by Hospital) | 50% up to \$800 per day                     |
| Acupuncture (26 visits per calendar year/<br>combined with Chiropractic)            | \$30 co-pay   | 10% up to \$30 per visit                                  |   | 20% up to \$30 per visit                                  |   |
| Chiropractic Services (26 visits per calendar<br>year/combined with Acupuncture)    | \$30 co-pay   | 10% up to \$25 per visit                                  | 50% up to \$25 per visit                    | 20% up to \$25 per visit                                  | 50% up to \$25 per visit                    |
| Prescription Drugs<br><i>Active/Early Retiree Plans Only</i>                        | Express Scripts*                                    | Blue Shield   |   | Blue Shield   |   |
| Prescription Maximum Out of Pocket<br>(At Participating Pharmacies only)            | \$5,300 / \$10,600                                  | Combined with Medical                                     |   | Combined with Medical                                     |   |
| Retail - 30 day supply  | \$10 / \$20 / \$45 / 30% (max co-pay \$150)         | \$7 / \$25 / 30% up to \$150 / prescription               | \$7 / \$25 / 30% up to \$150 / prescription | \$7 / \$25 / 30% up to \$150 / prescription               | \$7 / \$25 / 30% up to \$150 / prescription |
| Mail Order - 90 day supply  | \$15 / \$50 / \$112.50 / 30% (max co-pay \$150)     | \$14 / \$60 / 30% up to \$300 / prescription              | Not Covered                                 | \$14 / \$60 / 30% up to \$300 / prescription              | Not Covered                                 |
| Brand / Non-Formulary / Specialty Deductible (Individual / Family)                  | \$200   | Subject to Deductible                                     |   | Subject to Deductible                                     |   |

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

NON-PARTICIPATING PROVIDER MEMBER COST MAY NOT APPLY TO MAXIMUM OUT OF POCKET COSTS.

\*See Rx benefits for Medicare on page 14 under the "EGWP" pharmacy co-pay structure.

**PLAN SUMMARY – BLUE SHIELD**

\*See page 30, note 14 for Plan Selections and Combination Guidelines

| <b>DEDUCTIBLES/COINSURANCE</b>   |   | <b>Access+ HMO 15</b>                       | <b>Access+ HMO 20</b>                              |
|--|---|---|--|
| Calendar Year Deductible(s) (Individual/Family)                                  |   | None  | None   |
| Maximum Medical Out of Pocket (Individual/Family)                                |   | \$1,500 / \$3,000                           | \$1,500 / \$3,000                                  |
| Medicare Medical Maximum Out of Pocket   |   | Non-Applicable                              | Non-Applicable                                     |
| <b>Services/Coverages</b>  |   | <b>Participating Providers (You Pay)</b>    | <b>Participating Providers (You Pay)</b>           |
| Inpatient Hospital Room, Board & Support Services (prior authorization required) |   | No Charge                                   | \$250 / Admission                                  |
| Outpatient Hospital  |   | \$100 / Surgery                             | \$150 / Surgery                                    |
| Ambulatory Surgery Center  |   | No Charge                                   | \$50 / Surgery                                     |
| Emergency Room   |   | \$50 co-pay (co-pay waived if admitted)     | \$100 co-pay (co-pay waived if admitted)           |
| Urgent Care  |   | \$15 co-pay                                 | \$20 co-pay  |
| Physician Benefits (office visits)   | <small>Note: A woman may self-refer to an OB/GYN or family practice physician in her personal physician's medical group or IPA for OB/GYN services.</small> | \$15 co-pay                                 | \$20 co-pay  |
| Preventative Care  |   | No Charge                                   | No Charge  |
| Lab/X-ray  |   | No Charge                                   | No Charge  |
| Complex Imaging (CT, PET, MRI, etc.)   |   | No Charge                                   | No Charge  |
| Acupuncture (30 visits per calendar year/combined with Chiropractic)             |   | \$10 co-pay                                 | \$10 co-pay  |
| Chiropractic Services (30 visits per calendar year/combined with Acupuncture)    |   | \$10 co-pay                                 | \$10 co-pay  |
| <b>Prescription Drugs</b><br><i>Active/Early Retiree Plans Only</i>              |   | <b>Express Scripts</b>                      | <b>Express Scripts</b>                             |
| Prescription Maximum Out of Pocket   |   | \$5,100 / \$10,200                          | \$5,100 / \$10,200                                 |
| (At Participating Pharmacies only)   |   | Generic / Brand / Non-Formulary / Specialty | Generic / Brand / Non-Formulary / Specialty        |
| Retail - 30 day supply   |   | \$5 / \$10 / \$25 / 20% (max co-pay \$100)  | \$10 / \$25 / Not Covered / 20% (max co-pay \$100) |
| Mail Order - 90 day supply   |   | \$10 / \$20 / \$50 / 20% (max co-pay \$100) | \$20 / \$50 / Not Covered / 20% (max co-pay \$100) |
| Brand Deductible (Individual / Family)   |   | None  | None   |

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS. NON-PARTICIPATING PROVIDER MEMBER COST MAY NOT APPLY TO MAXIMUM OUT OF POCKET COSTS.



**PLAN SUMMARY – KAISER**

\*See page 30, note 14 for Plan Selections and Combination Guidelines

| DEDUCTIBLES/COINSURANCE/MAXIMUM  | Kaiser HMO 15                           | Kaiser HMO 20                            |
|--|---|--|
| Calendar Year Deductible(s) (Individual/Family)                                  | None                                    | None                                     |
| Maximum Medical Out of Pocket (Individual/Family)                                | \$1,500 / \$3,000                       | \$1,500 / \$3,000                        |
| Medicare Medical Maximum Out of Pocket   | Non-Applicable                          | Non-Applicable                           |
| Services/Coverages   | Participating Providers (You Pay)       | Participating Providers (You Pay)        |
| Inpatient Hospital Room, Board & Support Services (prior authorization required) | No Charge                               | \$250 / Admission                        |
| Outpatient Hospital  | \$15 / Surgery                          | \$20 / Surgery                           |
| Ambulatory Surgery Center  | \$15 / Surgery                          | \$20 / Surgery                           |
| Emergency Room   | \$50 co-pay (co-pay waived if admitted) | \$100 co-pay (co-pay waived if admitted) |
| Urgent Care  | \$15 co-pay                             | \$20 co-pay                              |
| Physician Benefits (office visits)   | \$15 co-pay                             | \$20 co-pay                              |
| Preventative Care  | No Charge                               | No Charge                                |
| Lab/X-ray  | No Charge                               | No Charge                                |
| Complex Imaging (CT, PET, MRI, etc.)   | No Charge                               | No Charge                                |
| Acupuncture (30 visits per calendar year/combined with Chiropractic)             | \$10 co-pay                             | \$10 co-pay                              |
| Chiropractic Services (30 visits per calendar year/combined with Acupuncture)    | \$10 co-pay                             | \$10 co-pay                              |
| Prescription Drugs<br><i>Active/Early Retiree Plans Only</i>                     | Kaiser                                  | Kaiser                                   |
| (At Participating Pharmacies only)   | Generic / Brand / Specialty             | Generic / Brand / Specialty              |
| Retail - 30 day supply   | \$5 / \$20 / \$20                       | \$10 / \$25 / 20% (max co-pay \$150)     |
| Mail Order - 100 day supply  | \$10 / \$40                             | \$20 / \$50                              |
| Brand Deductible (Individual / Family)   | None                                    | None                                     |

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS. NON-PARTICIPATING PROVIDER MEMBER COST MAY NOT APPLY TO MAXIMUM OUT OF POCKET COSTS.

PLAN SUMMARY – KAISER – MEDICARE

| DEDUCTIBLES/COINSURANCE/MAXIMUM  | Kaiser Permanente Senior Advantage (KPSA)<br>HMO with Part D |
|--|--|
| Calendar Year Deductible(s) (Individual/Family)  | None   |
| Maximum Medical Out of Pocket (Individual/Family)                                      | \$1,000 / \$2,000  |
| Medicare Medical Maximum Out of Pocket   | Non-Applicable   |
| Services/Coverages   | Participating Providers<br>(You Pay)                         |
| Inpatient Hospital<br>Room, Board & Support Services<br>(prior authorization required) | No Charge  |
| Outpatient Hospital  | \$10 / Surgery   |
| Ambulatory Surgery Center  | \$10 / Surgery   |
| Emergency Room   | \$50 co-pay<br>(co-pay waived if admitted)                   |
| Urgent Care  | \$10 co-pay  |
| Physician Benefits (office visits)   | \$10 co-pay  |
| Preventative Care  | No Charge  |
| Lab/X-ray  | No Charge  |
| Complex Imaging (CT, PET, MRI, etc.)   | No Charge  |
| Acupuncture (30 visits per calendar year/combined<br>with Chiropractic)                | \$10 co-pay  |
| Chiropractic Services (30 visits per calendar<br>year/combined with Acupuncture)       | \$10 co-pay  |
| Prescription Drugs   | Kaiser   |
| (At Participating Pharmacies only)   | Generic / Brand  |
| 30 day supply  | \$5 / \$20   |
| 31 – 60 day supply   | \$10 / \$40  |
| 61 - 100 day supply  | \$15 / \$60  |
| (Mail Order Refills only)  | Generic / Brand  |
| 30 day supply  | \$5 / \$20   |
| 31 – 100 day supply  | \$10 / \$40  |

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS. NON-PARTICIPATING PROVIDER MEMBER COST MAY NOT APPLY TO MAXIMUM OUT OF POCKET COSTS.

**CARRUM HEALTH (CARRUM) – SURGERY BENEFIT PROGRAM**

Carrum Health is a special surgery benefit that provides exclusive access to “Centers of Excellence.” These hospitals and doctors provide for an improved patient experience and top-quality, more affordable care. The Carrum Health Surgery Benefit is provided at no additional cost and is an option outside of your surgery benefit provided by your medical carrier. Please note HMO plans are not eligible to participant in the Carrum Surgery Benefit.



**EMPLOYEE SERVICES**

**Personalized “Care Concierge” support** – Helps guide patient through the process

**Recovery** – Personalized support through total care coordination

**Access to top-Quality Surgeons** – perform hundreds of surgeries

**All medical expenses** – covered for the patient\*\*

**Travel Expenses** – covered for patient and companion\*

**Voluntary participation** – Employee Initiates the service by phone or online

\*IRS Rules a portion of the covered travel will be reported as taxable income to employee.

\*\*IRS regulations on HSA plans the deductible applies but coinsurance is waived.

Eligible procedures include:

- Hip Replacement
- Knee replacement
- Cervical Spinal fusion
- Lumbar Spinal Fusion
- Coronary Bypass Surgery
- Bariatric (Weight Loss)
- Shoulder Repair
- Elbow Repair
- Wrist/Hand Repair
- Ankle/Foot Repair
- Pain Management

Additional procedures will become eligible on a regular basis.

**CARRUM ONCOLOGY – BREAST CANCER TREATMENT/SECOND OPINION PROGRAM**

Carrum has expanded services to now include Oncology Treatment and Second Opinion/guidance plan services for individuals diagnosed with Breast Cancer. The Carrum Oncology Benefit is provided at no additional cost and is an option outside of your cancer benefit provided by your medical carrier. Treatment and/or second opinion/guidance plan options are provided through City of Hope in Los Angeles. Travel expenses are included when treatment is required. Please note HMO plans are not eligible to participate in the Carrum Oncology Benefit.

**HINGE HEALTH – VIRTUAL/DIGITAL PHYSICAL THERAPY SOLUTION**

Hinge Health is a “no cost” digital Physical Therapy option to help prevent injury, prevent surgery, and address acute or chronic pain. Eligible plan participants will receive wearable devices free of charge. Please note HMO plans are not eligible to participate in the Hinge Health benefit.



Hinge Health pairs a complete clinical care team with advanced technology to deliver an all in one solution:

- **Dedicated physical therapist** for 1:1 video visits
- **Dedicated health coach** trained in motivation and behavioral support
- **Customized exercise therapy** with wearable sensors for real-time feedback
- **Wearable pain management technology** for immediate pain relief
- **Education** on lifestyle, condition and pain management
- **Expert Medical Opinion** with in-house orthopedic surgeons

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

## ADDITIONAL PROGRAMS

### LIVONGO BY TELADOC HEALTH – DIABETES CARE MANAGEMENT PROGRAM

Livongo is a virtual diabetes care management and monitoring program that provides active real-time care support from live health coaches using digital management tools. The Livongo benefit is provided at no additional cost and eligible participants will receive a free glucose test meter that connects with health coaches using cellular technology. Participants will also receive free test strips, whenever needed. Please note cellular connectivity is covered by Livongo at no cost. Anthem and Kaiser HMO plan participants are not eligible to participate. Anthem and Blue Shield HDHP plan participants are not eligible to participate.



Individuals diagnosed as diabetic or pre-diabetic can learn more and sign-up at [join.livongo.com/PRISM-EXPRESSSCRIPTS/enter](https://join.livongo.com/PRISM-EXPRESSSCRIPTS/enter) using the registration code **PRISM-EXPRESSSCRIPTS**.

### GOTZOOM-STUDENT LOAN REPAYMENT PROGRAM

#### What's GotZoom?

- A company with a singular focus on Department of Education student loan repayment programs
- Seven-year performance record



#### Why We're Better?

Large student debt reduction achieved with federal repayment or forgiveness programs:

- Provides employee immediate relief
- Costs employer significantly less

#### Employer Benefits

- Retention: equates to a 5% - 20% raise
- Recruitment: 83% of millennials prefer organizations with a student loan benefit
- Value: 3-year ROI 140%

#### Employee Benefit

- Average student debt reduction of 65%
- Upfront visibility of savings (free loan status analysis and benefit summary)

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.



MEDICAL BENEFIT RATES FOR 2023 – GUARANTEED UNTIL JANUARY 1, 2024

| PLAN  | Employee  | Employee + 1 | Employee + 2 or More |            |
|---|---|--------------|----------------------|------------|
|   | <b>AREA I - Northern CA:<br/>Bay Area</b><br><br>Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yolo, Yuba | Gold PPO     | \$1,116.52           | \$2,229.95 |
| Platinum PPO  | \$1,220.55  | \$2,436.98   | \$3,171.37           |            |
| Silver PPO  | \$799.28  | \$1,602.68   | \$2,081.63           |            |
| Bronze PPO  | \$732.33  | \$1,468.78   | \$1,907.56           |            |
| EPO   | \$1,341.06  | \$2,681.09   | \$3,485.52           |            |
| HDHP 10   | \$915.67  | \$1,831.34   | \$2,379.30           |            |
| HDHP 20   | \$790.01  | \$1,577.96   | \$2,051.76           |            |
| Access+ HMO 15  | \$1,244.24  | \$2,486.42   | \$3,236.26           |            |
| Access+ HMO 20  | \$1,155.66  | \$2,313.38   | \$3,005.54           |            |
| Kaiser HMO 15   | \$1,060.90  | \$2,097.08   | \$2,718.17           |            |
| Kaiser HMO 20   | \$1,022.79  | \$2,019.83   | \$2,620.32           |            |
| <b>AREA II - Northern CA:<br/>Other Counties</b><br><br>Alpine, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity, Tuolumne | Gold PPO  | \$1,084.59   | \$2,170.21           | \$2,820.14 |
| Platinum PPO  | \$1,161.84  | \$2,323.68   | \$3,019.96           |            |
| Silver PPO  | \$778.68  | \$1,556.33   | \$2,020.86           |            |
| Bronze PPO  | \$712.76  | \$1,425.52   | \$1,850.91           |            |
| EPO   | \$1,297.80  | \$2,598.69   | \$3,380.46           |            |
| HDHP 10   | \$903.31  | \$1,811.77   | \$2,353.55           |            |
| HDHP 20   | \$746.75  | \$1,489.38   | \$1,939.49           |            |
| Access+ HMO 15  | \$1,256.60  | \$2,510.11   | \$3,264.07           |            |
| Access+ HMO 20  | \$1,170.08  | \$2,339.13   | \$3,037.47           |            |
| Kaiser HMO 15   | \$1,060.90  | \$2,097.08   | \$2,718.17           |            |
| Kaiser HMO 20   | \$1,022.79  | \$2,019.83   | \$2,620.32           |            |
| <b>AREA III - Southern CA:<br/>Los Angeles Area</b><br><br>Los Angeles, San Bernardino, Ventura   | Gold PPO  | \$922.88     | \$1,838.55           | \$2,390.63 |
| Platinum PPO  | \$1,008.37  | \$2,011.59   | \$2,613.11           |            |
| Silver PPO  | \$666.41  | \$1,320.46   | \$1,718.04           |            |
| Bronze PPO  | \$609.76  | \$1,210.25   | \$1,573.84           |            |
| EPO   | \$1,078.41  | \$2,149.61   | \$2,792.33           |            |
| HDHP 10   | \$807.52  | \$1,616.07   | \$2,099.14           |            |
| HDHP 20   | \$667.44  | \$1,331.79   | \$1,731.43           |            |
| Access+ HMO 15  | \$968.20  | \$1,936.40   | \$2,514.23           |            |
| Access+ HMO 20  | \$903.31  | \$1,800.44   | \$2,339.13           |            |
| Kaiser HMO 15   | \$877.56  | \$1,731.43   | \$2,244.37           |            |
| Kaiser HMO 20   | \$841.51  | \$1,658.30   | \$2,148.58           |            |

Rates shown are for active, early retiree and public officials.



**MEDICAL BENEFIT RATES FOR 2023 – GUARANTEED UNTIL JANUARY 1, 2024**

|  | PLAN   | Employee   | Employee + 1 | Employee + 2 or More |
|--|--|------------|--------------|----------------------|
|  | <b>AREA IV - Southern CA:<br/>Other Counties</b><br><br>Fresno,* Imperial, Inyo, Kern, Kings, Madera, Riverside, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare<br><br>*Fresno County: For Kaiser Active and Early Retiree rates please refer to Area VI rates per Kaiser Guidelines. | Gold PPO   | \$988.80     | \$1,970.39           |
| Platinum PPO   |  | \$1,087.68 | \$2,164.03   | \$2,814.99           |
| Silver PPO   |  | \$711.73   | \$1,420.37   | \$1,841.64           |
| Bronze PPO   |  | \$651.99   | \$1,300.89   | \$1,687.14           |
| EPO  |  | \$1,101.07 | \$2,192.87   | \$2,848.98           |
| HDHP 10  |  | \$868.29   | \$1,731.43   | \$2,248.49           |
| HDHP 20  |  | \$713.79   | \$1,427.58   | \$1,856.06           |
| Access+ HMO 15                                       |  | \$1,067.08 | \$2,134.16   | \$2,767.61           |
| Access+ HMO 20                                       |  | \$993.95   | \$1,980.69   | \$2,576.03           |
| Kaiser HMO 15  |  | \$898.16   | \$1,769.54   | \$2,294.84           |
| Kaiser HMO 20  |  | \$857.99   | \$1,690.23   | \$2,191.84           |
| <b>AREA V - Out of State<br/>Early Retirees Only</b> |  | Gold PPO   | \$1,159.78   | \$2,316.47           |
|  | Platinum PPO   | \$1,267.93 | \$2,538.95   | \$3,298.06           |
|  | Silver PPO   | \$833.27   | \$1,665.51   | \$2,163.00           |
|  | Bronze PPO   | \$763.23   | \$1,526.46   | \$1,981.72           |
|  | EPO  | \$1,354.45 | \$2,707.87   | \$3,521.57           |
|  | HDHP 10  | \$996.01   | \$1,987.90   | \$2,586.33           |
|  | HDHP 20  | \$815.76   | \$1,630.49   | \$2,120.77           |
|  | Access+ HMO 15   | N/A        | N/A          | N/A                  |
|  | Access+ HMO 20   | N/A        | N/A          | N/A                  |
|  | Kaiser HMO 15  | N/A        | N/A          | N/A                  |
|  | Kaiser HMO 20  | N/A        | N/A          | N/A                  |
|  | <b>AREA VI - Northern CA:<br/>Sacramento</b><br><br>El Dorado, Placer, Sacramento<br><br>*Fresno County Kaiser Active and Early Retiree Rates  | Gold PPO   | \$1,013.52   | \$2,028.07           |
| Platinum PPO   |  | \$1,109.31 | \$2,218.62   | \$2,881.94           |
| Silver PPO   |  | \$731.30   | \$1,463.63   | \$1,903.44           |
| Bronze PPO   |  | \$669.50   | \$1,341.06   | \$1,743.79           |
| EPO  |  | \$1,185.53 | \$2,374.15   | \$3,081.76           |
| HDHP 10  |  | \$890.95   | \$1,786.02   | \$2,319.56           |
| HDHP 20  |  | \$735.42   | \$1,469.81   | \$1,909.62           |
| Access+ HMO 15                                       |  | \$1,193.77 | \$2,387.54   | \$3,105.45           |
| Access+ HMO 20                                       |  | \$1,107.25 | \$2,219.65   | \$2,885.03           |
| Kaiser HMO 15  |  | \$1,048.54 | \$2,073.39   | \$2,686.24           |
| Kaiser HMO 20  |  | \$1,011.46 | \$1,999.23   | \$2,590.45           |

Rates shown are for active, early retiree and public officials.

**MEDICARE COORDINATION OF BENEFITS (COB)**

Medicare Supplemental Plans are designed specifically for retirees, their spouse and/or dependents enrolled in the SDRMA medical benefits program who are also enrolled in Parts A (hospital insurance), B (medical insurance) and D (prescription enrollment completed by Express Scripts) of Medicare. This plan is designed to help defray some of the costs for those members enrolled in Medicare, such as Medicare deductibles, co-pays and other costs. The rates shown in the table provide a number of cost options depending on the coverage needs of a retiree and their dependent(s). Each option includes additional rates for those members who need rates appropriate for a variety of combinations where one or two members of a household have Medicare and others do not.

**The retiree and their spouse and/or dependents must enroll in Medicare Part A and Part B coverage at their own expense when they turn 65 to be able to continue their coverage under SDRMA. A Retiree and/or their spouse may be directly charged additional premiums by Medicare for Part D coverage if their income is above a certain level. The additional premium is referred to as the Medicare Income-Related Monthly Adjustment Amount (IRMAA). The retiree and/or spouse should contact Medicare for additional information about IRMAA.**

To enroll in Medicare you must be at least age 65 or older - these rates are the same for out of state 65 or older members as well. SDRMA Medical Benefits Program coverages remain the same whether Medicare Supplemental Coverages are Primary or Secondary.

| Medicare Supplemental Plans (EGWP)                     | Gold PPO - EGWP | Platinum PPO - EGWP | Silver PPO - EGWP | Bronze PPO – EGWP | EPO - EGWP |
|--|-----------------|---------------------|-------------------|-------------------|------------|
| Single (Retiree with Medicare)                         | \$697.31        | \$771.47            | \$545.90          | \$511.91          | \$836.36   |
| Two Party (Retiree + Dependent both with Medicare)     | \$1,392.56      | \$1,542.94          | \$1,092.83        | \$1,023.82        | \$1,672.72 |
| * Family (All Medicare - reflects rate for 3 enrolled) | \$2,089.87      | \$2,314.41          | \$1,638.73        | \$1,535.73        | \$2,509.08 |
| Two Party (1 Medicare, 1 Without)                      | \$1,813.83      | \$1,992.02          | \$1,345.18        | \$1,244.24        | \$2,177.42 |
| Family (1 Medicare, 2 or more Without)                 | \$2,927.26      | \$3,208.45          | \$2,148.58        | \$1,980.69        | \$3,517.45 |
| Family (2 Medicare, 1 or more Without)                 | \$2,509.08      | \$2,763.49          | \$1,892.11        | \$1,756.15        | \$3,013.78 |

\* This rate increases for every family member enrolled in Medicare by the single Medicare rate.

| EGWP (Part D) Prescription Program co-pays | Retail 31 Day | Retail 60 Day | Retail 90 Day | Mail 90 Day |
|--|---------------|---------------|---------------|-------------|
| Generic                                    | \$5.00        | \$10.00       | \$15.00       | \$10.00     |
| Brand                                      | \$20.00       | \$40.00       | \$60.00       | \$40.00     |
| Non Preferred                              | \$50.00       | \$100.00      | \$150.00      | \$100.00    |

Please note that the above Rx co-pays are for the plans noted in the Medicare Supplemental Plans COB Rates table.

\*Coordination of Benefits (COB): SDRMA insurance plans will coordinate with Medicare to determine which entity may or may not pay towards a particular service received by covered individuals under this plan. The coordination will determine how much of the expense Medicare covers (if any) and how much of the expense the SDRMA insurance carrier would cover. Medicare pays first and the SDRMA carrier will then pay additional monies towards the service if the carrier's contracted payable amount is higher than Medicare's contracted payable amount.

If Medicare's contracted amount is less than the SDRMA carrier's contracted amount, the SDRMA carrier will pay the difference between Medicare and the SDRMA carrier amount so that the provider is paid up to the SDRMA carrier limits through both parties combined. If Medicare's contracted amount is the same or covers a higher amount than the SDRMA carrier, the SDRMA carrier will not pay any monies towards the service and will consider payment made by Medicare to be payment in full. When services are considered covered by Medicare and initial payments are made by Medicare, the SDRMA carrier's co-pays, coinsurance, and/or deductible will not apply.

If a service is not covered by Medicare, but the service is covered by the SDRMA carrier's plan, the claim will be paid exclusively through the SDRMA carrier's plan. If a service is not considered covered by Medicare and therefore no initial payment is made by Medicare, the SDRMA carrier's co-pays, coinsurance, and/or deductible will apply.

**MEDICAL BENEFIT RATES FOR 2023 – GUARANTEED UNTIL JANUARY 1, 2024**

| <b>Kaiser Permanente Senior Advantage (KPSA) HMO with Part D Rx Coverage*</b> | <b>Kaiser 15 Area I, Area II and Area VI Rates</b> | <b>Kaiser 20 Area I, Area II and Area VI Rates</b> | <b>Kaiser 15 Area III and Area IV** Rates</b> | <b>Kaiser 20 Area III and Area IV** Rates</b> |
|---|--|--|---|---|
| Single (Medicare)   | \$329.60   | \$329.60   | \$214.24                                      | \$214.24                                      |
| Two Party (Both Medicare)   | \$642.72   | \$642.72   | \$410.97                                      | \$410.97                                      |
| Two Party (1 Medicare, 1 Without)   | \$1,365.78   | \$1,326.64   | \$1,085.62                                    | \$1,046.48                                    |
| Family (1 Medicare, 2 or more Without)  | \$1,986.87   | \$1,927.13   | \$1,610.92                                    | \$1,548.09                                    |
| Family (2 Medicare, 1 or more Without)  | \$1,263.81   | \$1,243.21   | \$936.27                                      | \$912.58                                      |

\* The KPSA plan is for agencies that offer Medicare retirees the Kaiser plan option. The KPSA plan is for Kaiser retirees, their spouse and/or dependents of retirees that are enrolled in Medicare Part A and Part B. If a retiree, their spouse and/or dependent have a combination rate where a participant in their family does not have Medicare, the participant without Medicare will be covered under the Kaiser HMO 15 or Kaiser HMO 20 plan depending on the agency's offering.

\*\* Per Kaiser Guidelines Fresno County Kaiser Rates are under Area VI Rates

| <b>KPSA (Part D) Prescription Program co-pays</b> | <b>Retail 30 Day Supply</b> | <b>Retail 31-60 Day Supply</b> | <b>Retail 61-100 Day Supply</b> | <b>Mail Order 30 Day Supply</b> | <b>Mail Order 31-100 Day Supply</b> |
|---|-----------------------------|--------------------------------|---------------------------------|---------------------------------|-------------------------------------|
| Generic   | \$5.00                      | \$10.00                        | \$15.00                         | \$5.00                          | \$10.00                             |
| Brand   | \$20.00                     | \$40.00                        | \$60.00                         | \$20.00                         | \$40.00                             |

For further details of the Kaiser Permanente Senior Advantage (KPSA) HMO plan please refer to page 9.

Please note that the above Rx co-pays are for the plans noted in the Kaiser Permanente Senior Advantage (KPSA) HMO with Part D Rx Coverage rate table.



## Ancillary Coverages Summary



# Ancillary Coverages Summary

DELTA DENTAL PPO – RATES GUARANTEED UNTIL JANUARY 1, 2024

\*See page 30, note 14 for Plan Selections and Combination Guidelines

| DENTAL BENEFITS                                 | Low Plan                                |         |
|---|---|---------|
|   | PPO                                     | Non-PPO |
| Calendar Year Maximum                           | \$1,000                                 | \$500   |
|   | (Per patient per calendar year)         |         |
| Calendar Year Deductible<br>Individual / Family | \$50 / \$150<br>(Waived for Preventive) |         |
| Age Limitations                                 | Dependents to Age 26                    |         |
| Diagnostic and Preventive                       | 100%                                    | 100%    |
| Oral Exam                                       |   |         |
| Routine Cleaning                                |   |         |
| X-Rays  |   |         |
| Fluoride Treatment                              |   |         |
| Space Maintainers                               |   |         |
| Specialist Consultations                        |   |         |
| Basic Services                                  | 80%                                     | 80%     |
| Fillings  |   |         |
| Endodontics (Root Canal)                        |   |         |
| Periodontics (Gum Treatment)                    |   |         |
| Tissue Removal (Biopsy)                         |   |         |
| Extractions & Other Oral Surgery                |   |         |
| Sealants  |   |         |
| Major Services                                  | 50%                                     | 50%     |
| Crown Repair                                    |   |         |
| Inlays, Onlays                                  |   |         |
| Cast Restorations                               |   |         |
| Bridges   |   |         |
| Partial and Full Dentures                       |   |         |
| Orthodontics                                    |   |         |
| Eligible for Benefit                            | Not Covered                             |         |
| Lifetime Maximum                                |   |         |

(Employer Contributes 51-100% of dependent cost):

| Rates                           |         |
|---------------------------------|---------|
| Employee Only                   | \$30.18 |
| Employee + 1 Dependent          | \$51.71 |
| Employee + 2 or More Dependents | \$83.33 |

(Employer Contributes 0-50% of dependent cost):

| Rates                           |         |
|---------------------------------|---------|
| Employee Only                   | \$30.18 |
| Employee + 1 Dependent          | \$55.00 |
| Employee + 2 or More Dependents | \$91.05 |

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.





# Ancillary Coverages Summary

DELTA DENTAL PPO – RATES GUARANTEED UNTIL JANUARY 1, 2024

\*See page 30, note 14 for Plan Selections and Combination Guidelines

| DENTAL BENEFITS                                   | Medium Plan                             |         | High Plan                               |         |
|---|---|---------|---|---------|
|   | PPO                                     | Non-PPO | PPO                                     | Non-PPO |
| Calendar Year Maximum                             | \$1,500                                 | \$1,000 | \$2,000                                 | \$1,250 |
|   | (Per patient per calendar year)         |         | (Per patient per calendar year)         |         |
| Calendar Year Deductible Individual / Family      | \$50 / \$150<br>(Waived for Preventive) |         | \$50 / \$150<br>(Waived for Preventive) |         |
| Age Limitations                                   | Dependents to Age 26                    |         | Dependents to Age 26                    |         |
| Diagnostic and Preventive                         | 100%                                    | 100%    | 100%                                    | 100%    |
| Oral Exam   |   |         |   |         |
| Routine Cleaning                                  |   |         |   |         |
| X-Rays  |   |         |   |         |
| Fluoride Treatment                                |   |         |   |         |
| Space Maintainers                                 |   |         |   |         |
| Specialist Consultations                          |   |         |   |         |
| Basic Services                                    | 80%                                     | 80%     | 80%                                     | 80%     |
| Fillings  |   |         |   |         |
| Endodontics (Root Canal)                          |   |         |   |         |
| Periodontics (Gum Treatment)                      |   |         |   |         |
| Tissue Removal (Biopsy)                           |   |         |   |         |
| Extractions & Other Oral Surgery                  |   |         |   |         |
| Sealants  |   |         |   |         |
| Major Services                                    | 60%                                     | 60%     | 80%                                     | 80%     |
| Crown Repair                                      |   |         |   |         |
| Inlays, Onlays                                    |   |         |   |         |
| Cast Restorations                                 |   |         |   |         |
| Bridges   |   |         |   |         |
| Partial and Full Dentures                         |   |         |   |         |
| Orthodontics                                      | 50%                                     | 50%     | 50%                                     | 50%     |
| Eligible for Benefit                              | Child & Adult                           |         | Child & Adult                           |         |
| Lifetime Maximum                                  | \$500                                   |         | \$1,000                                 |         |
| (Employer Contributes 51-100% of dependent cost): |   |         |   |         |
| Rates   |   |         |   |         |
| Employee Only                                     | \$40.99                                 |         | \$52.63                                 |         |
| Employee + 1 Dependent                            | \$69.53                                 |         | \$88.58                                 |         |
| Employee + 2 or More Dependents                   | \$109.08                                |         | \$134.72                                |         |
| (Employer Contributes 0-50% of dependent cost):   |   |         |   |         |
| Rates   |   |         |   |         |
| Employee Only                                     | \$40.99                                 |         | \$52.63                                 |         |
| Employee + 1 Dependent                            | \$73.85                                 |         | \$93.83                                 |         |
| Employee + 2 or More Dependents                   | \$119.38                                |         | \$147.50                                |         |

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

## DENTAL HMO BENEFITS

\*See page 30, note 14 for Plan Selections and Combination Guidelines

| DENTAL HMO BENEFITS                         | DeltaCare Plan 10A<br>Participating Providers<br>(You Pay) | DeltaCare Plan 11A<br>Participating Providers<br>(You Pay) | DeltaCare Plan 12A<br>Participating Providers<br>(You Pay) |
|---|--|--|--|
| Diagnostic and Preventive                   |  |  |  |
| Periodic Oral Evaluation                    | No Charge  | No Charge  | No Charge  |
| X-Rays                                      | No Charge  | No Charge  | No Charge  |
| Teeth Cleaning                              | No Charge  | No Charge  | No Charge  |
| Topical Flouride                            | No Charge  | No Charge  | No Charge  |
| Sealants - per tooth                        | \$5  | \$10   | \$10   |
| Restorative                                 |  |  |  |
| Amalgam Filling 1-4 Surfaces                | \$0  | \$0  | \$5 - \$20   |
| Resin - one surface, anterior               | \$0  | \$0  | \$22   |
| Endodontics (Root Canal Therapy)            |  |  |  |
| Pulp Cap                                    | No Charge  | No Charge  | No Charge  |
| Therapeutic Pulpotomy                       | \$0  | \$0  | \$15   |
| Root Canal Therapy - anterior               | \$45   | \$55   | \$85   |
| Periodontics                                |  |  |  |
| Gingivectomy - per quadrant                 | \$80   | \$130  | \$135  |
| Osseous Surgery - per quadrant              | \$175  | \$280  | \$300  |
| Scaling and Root Planning - per quadrant    | \$0  | \$25   | \$40   |
| Oral Surgery                                |  |  |  |
| Extractions - Impacted tooth: soft tissue   | \$25   | \$50   | \$55   |
| Extractions - Impacted tooth: partial bony  | \$50   | \$70   | \$75   |
| Extractions - Impacted tooth: full bony     | \$70   | \$90   | \$95   |
| Prosthodontics                              |  |  |  |
| Complete - Upper or Lower                   | \$100  | \$145  | \$215  |
| Immediate - Upper or Lower                  | \$120  | \$165  | \$235  |
| Partial Denture - Upper or Lower            | \$120  | \$160  | \$240  |
| Crown and Bridge                            |  |  |  |
| Inlay / Onlay                               | \$0  | \$0  | \$45 - \$55  |
| Crown - Porcelain/Ceramic Substrate         | \$195  | \$240  | \$295  |
| Crown - Porcelain Fused to High Noble Metal | \$195  | \$240  | \$295  |
| Crown - Full Cast High Noble Metal          | \$170  | \$210  | \$260  |
| Orthodontics - comprehensive                |  |  |  |
| Child to age 19                             | \$1,700  | \$1,700  | \$1,700  |
| Member over age 19                          | \$1,900  | \$1,900  | \$1,900  |



DENTAL HMO RATES – RATES GUARANTEED UNTIL JANUARY 1, 2025

|   | PLAN          | Employee | Employee + 1 | Employee + 2 or More |
|---|---------------|----------|--------------|----------------------|
| <b>Region I</b><br><br>Los Angeles, Tulare, Ventura   | DeltaCare 10A | \$19.98  | \$35.64      | \$52.53              |
|   | DeltaCare 11A | \$17.30  | \$30.80      | \$45.11              |
|   | DeltaCare 12A | \$16.79  | \$29.77      | \$43.88              |
|   |               |          |              |                      |
| <b>Region II</b><br><br>Alameda, El Dorado, Fresno, Imperial, Kern, Kings, Lake, Madera, Monterey, Napa, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Mateo, Santa Clara   | DeltaCare 10A | \$19.98  | \$35.64      | \$52.53              |
|   | DeltaCare 11A | \$17.30  | \$30.80      | \$45.11              |
|   | DeltaCare 12A | \$16.79  | \$29.77      | \$43.88              |
|   |               |          |              |                      |
| <b>Region III</b><br><br>Alpine, Amador, Calaveras, Colusa, Contra Costa, Del Norte, Glenn, Inyo, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Nevada, Placer, Plumas, San Benito, San Francisco, San Joaquin, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Tehama, Trinity, Tuolumne, Yuba | DeltaCare 10A | \$20.70  | \$36.87      | \$54.38              |
|   | DeltaCare 11A | \$17.92  | \$31.83      | \$46.76              |
|   | DeltaCare 12A | \$17.30  | \$30.69      | \$45.22              |
|   |               |          |              |                      |
| <b>Region IV</b><br><br>Humboldt, Marin, Santa Barbara, Santa Cruz, Shasta, Sutter, Yolo  | DeltaCare 10A | \$21.32  | \$37.90      | \$55.93              |
|   | DeltaCare 11A | \$18.44  | \$32.75      | \$48.20              |
|   | DeltaCare 12A | \$17.72  | \$31.42      | \$46.25              |
|   |               |          |              |                      |
| <b>Region V</b><br><br>Butte, San Luis Obispo   | DeltaCare 10A | \$41.61  | \$71.48      | \$105.47             |
|   | DeltaCare 11A | \$38.73  | \$66.23      | \$97.64              |
|   | DeltaCare 12A | \$37.90  | \$64.79      | \$95.48              |
|   |               |          |              |                      |



**VSP VISION – RATES GUARANTEED UNTIL JANUARY 1, 2026**  
 \*See page 30, note 14 for Plan Selections and Combination Guidelines

| VISION BENEFITS                      | Option 1  |                          | Option 2  |                          |
|--------------------------------------|---|--------------------------|---|--------------------------|
|                                      | In-Network  | Non-Network              | In-Network  | Non-Network              |
| Co-pay                               | \$25 for Exam and/or Materials                      |                          | \$25 for Exam and/or Materials                      |                          |
| Exam                                 | Covered after Co-pay                                | Plan pays up to:<br>\$50 | Covered after Co-pay                                | Plan pays up to:<br>\$50 |
| Lenses                               |   |                          |   |                          |
| Single                               | Covered after Co-pay                                | \$50                     | Covered after Co-pay                                | \$50                     |
| Bifocal                              | Covered after Co-pay                                | \$75                     | Covered after Co-pay                                | \$75                     |
| Trifocal                             | Covered after Co-pay                                | \$100                    | Covered after Co-pay                                | \$100                    |
| Frames                               | \$130 Allowance<br>20% off amount<br>over allowance | \$70                     | \$130 Allowance<br>20% off amount<br>over allowance | \$70                     |
| Contact Lenses - Elective            | \$130 Allowance                                     | \$105                    | \$130 Allowance                                     | \$105                    |
| Contact Lenses - Medically Necessary | Covered after Co-pay                                | \$210                    | Covered after Co-pay                                | \$210                    |
| Contact Exam and Fitting             | Up to \$60  | \$0                      | Up to \$60  | \$0                      |
| Frequency of Services                |   |                          |   |                          |
| Eye Examination                      | 12 months   |                          | 12 months   |                          |
| Lenses                               | 24 months   |                          | 12 months   |                          |
| Frames                               | 24 months   |                          | 24 months   |                          |
| Contact Lenses <sup>1</sup>          | 24 months   |                          | 12 months   |                          |
| Rates                                |   |                          |   |                          |
| Employee Only                        | \$6.59  |                          | \$7.62  |                          |
| Employee + 1 Dependent               | \$12.77   |                          | \$14.83   |                          |
| Employee + 2 or More Dependents      | \$20.19   |                          | \$23.48   |                          |

<sup>1</sup> Contact lenses are in lieu of spectacle lenses and frames

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.



**VSP VISION – RATES GUARANTEED UNTIL JANUARY 1, 2026**  
 \*See page 30, note 14 for Plan Selections and Combination Guidelines

| VISION BENEFITS                      | Option 3   |                  | Option 4   |                  | Option 5   |                  |
|--------------------------------------|--|------------------|--|------------------|--|------------------|
|                                      | In-Network                                       | Non-Network      | In-Network                                       | Non-Network      | In-Network                                       | Non-Network      |
| Co-pay                               | \$15 for Exam and/or Materials                   |                  | \$25 for Exam and/or Materials                   |                  | \$0 for Exam and/or Materials                    |                  |
| Exam                                 | Covered after Co-pay                             | Plan pays up to: | Covered after Co-pay                             | Plan pays up to: | Covered after Co-pay                             | Plan pays up to: |
|                                      |  | \$50             |  | \$50             |  | \$50             |
| Lenses                               |  |                  |  |                  |  |                  |
| Single                               | Covered after Co-pay                             | \$50             | Covered after Co-pay                             | \$50             | Covered  | \$50             |
| Bifocal                              | Covered after Co-pay                             | \$75             | Covered after Co-pay                             | \$75             | Covered  | \$75             |
| Trifocal                             | Covered after Co-pay                             | \$100            | Covered after Co-pay                             | \$100            | Covered  | \$100            |
| Frames                               | \$130 Allowance<br>20% off amount over allowance | \$70             | \$130 Allowance<br>20% off amount over allowance | \$70             | \$130 Allowance<br>20% off amount over allowance | \$70             |
| Contact Lenses - Elective            | \$130 Allowance                                  | \$105            | \$130 Allowance                                  | \$105            | \$130 Allowance                                  | \$105            |
| Contact Lenses - Medically Necessary | Covered after Co-pay                             | \$210            | Covered after Co-pay                             | \$210            | No Co-pay  | \$210            |
| Contact Exam and Fitting             | Up to \$60                                       | \$0              | Up to \$60                                       | \$0              | Up to \$60                                       | \$0              |
| Frequency of Services                |  |                  |  |                  |  |                  |
| Eye Examination                      | 12 months  |                  | 12 months  |                  | 12 months  |                  |
| Lenses                               | 12 months  |                  | 12 months  |                  | 12 months  |                  |
| Frames                               | 24 months  |                  | 12 months  |                  | 12 months  |                  |
| Contact Lenses <sup>1</sup>          | 12 months  |                  | 12 months  |                  | 12 months  |                  |
| Rates                                |  |                  |  |                  |  |                  |
| Employee Only                        | \$8.03   |                  | \$10.92  |                  | \$17.41  |                  |
| Employee + 1 Dependent               | \$15.45  |                  | \$21.42  |                  | \$34.20  |                  |
| Employee + 2 or More Dependents      | \$24.62  |                  | \$34.09  |                  | \$54.80  |                  |

<sup>1</sup> Contact lenses are in lieu of spectacle lenses and frames

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

**VOYA FINANCIAL BASIC LIFE AND AD&D – RATES GUARANTEED UNTIL JULY 1, 2023**

| For Groups with 10(+) Employee lives<br>Basic Life and AD&D Benefits  |   |                       | For Groups with less than 10 Employee lives<br>Basic Life and AD&D Benefits |   |                       |
|---|---|-----------------------|---|---|-----------------------|
| Eligibility:  | All Eligible Employees working at least 20 hrs/wk   |                       | Eligibility:  | All Eligible Employees working at least 20 hrs/wk   |                       |
| Life Benefits:  | Groups may elect a flat amount of: \$10,000-\$100,000 in \$10,000 increments<br>Basic life benefits have to be defined by class of employee; i.e. City manager, confidential employees, etc.<br>or All employees as one class<br>or 1x Annual Salary<br>or 2x Annual Salary |                       | Life Benefits:  | Groups may elect a flat amount of: \$10,000-\$100,000 in \$10,000 increments<br>Basic life benefits have to be defined by class of employee; i.e. City manager, confidential employees, etc.<br>or All employees as one class<br>or 1x Annual Salary<br>or 2x Annual Salary |                       |
| AD&D Benefits:  | Same as Life  |                       | AD&D Benefits:  | Same as Life  |                       |
| Guaranteed Issue Amount   | \$100,000   |                       | Guaranteed Issue Amount   | \$100,000   |                       |
| Benefit Reduction Formula   | Age   | % of Original Benefit | Benefit Reduction Formula   | Age   | % of Original Benefit |
|   | 65  | 65%                   |   | 65  | 65%                   |
|   | 70  | 50%                   |   | 70  | 50%                   |
| Accelerated Death Benefit   | 50% of Life Benefits if less than 6 Month Life Expectancy   |                       | Accelerated Death Benefit   | 50% of Life Benefits if less than 6 Month Life Expectancy   |                       |
| Waiver of Premium   | Included  |                       | Waiver of Premium   | Included  |                       |
| Seat Belt Benefit (AD&D)  | Included  |                       | Seat Belt Benefit (AD&D)  | Included  |                       |
| Basic Life and AD&D Rate per \$1,000:   | \$0.272 *   |                       | Basic Life and AD&D Rate per \$1,000: Under Age 30                          | \$0.202 *   |                       |
|   |   |                       | Basic Life and AD&D Rate per \$1,000: Age 30-39                             | \$0.264 *   |                       |
|   |   |                       | Basic Life and AD&D Rate per \$1,000: Age 40-49                             | \$0.368 *   |                       |
|   |   |                       | Basic Life and AD&D Rate per \$1,000: Over Age 49                           | \$0.507 *   |                       |
| <p><b>Example Calculation</b></p> <p>Sample for 10+ Employee lives</p> <p>1 employee with 100,000 of life insurance</p> <p>Volume X rate/1000</p> <p>100,000 X 0.272/1000 = \$27.20</p> |   |                       |   |   |                       |

\* Rates provided on Ancillary invoice may vary slightly because of rounding.

Entities must contribute a minimum of 75% of the cost for active employees only. See page 30, note 3 for underwriting guideline of entity contribution for active employees.

NOTE: THIS SUMMARY IS FOR INFORMATIONAL PURPOSE ONLY. IT DOES NOT AMEND, EXTEND, OR ALTER THE CURRENT POLICY IN ANY WAY. IN THE EVENT INFORMATION IN THIS SUMMARY DIFFERS FROM THE PLAN DOCUMENT, THE PLAN DOCUMENT WILL PREVAIL.

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.



| Supplemental Life Benefits*                  |   |                               |
|--|---|-------------------------------|
| Eligibility                                  | All Eligible Employees working at least 20 hrs/wk |                               |
| Employee Benefit                             |   |                               |
| Minimum                                      | \$20,000  |                               |
| Maximum                                      | \$250,000   |                               |
| Increments of:                               | \$10,000  |                               |
| Guaranteed Issue Amount                      | Under Age 60: \$100,000 Age 60 and Over: \$50,000 |                               |
| Spouse Benefit                               |   |                               |
| Not to Exceed 50% of Employee's Life Benefit |   |                               |
| Minimum                                      | \$20,000  |                               |
| Maximum                                      | \$125,000   |                               |
| Increments of:                               | \$5,000   |                               |
| Guaranteed Issue Amount                      | \$25,000  |                               |
| Dependent Child(ren) Benefit                 |   |                               |
| Minimum                                      | \$5,000   |                               |
| Maximum                                      | \$10,000  |                               |
| Increments of:                               | \$5,000   |                               |
| Guaranteed Issue Amount                      | \$10,000  |                               |
| Benefit Duration                             | Age   | % of Original Benefit         |
|  | 65  | 65%                           |
|  | 70  | 50%                           |
| Waiver of Premium                            | Included  |                               |
| Portability                                  | Included  |                               |
| Rates  |   |                               |
| Rates per \$1,000                            | Employee Rate (AD&D)                              | Spouse Rate (1) (2) (No AD&D) |
| Under age 25                                 | \$0.117 **  | \$0.072 **                    |
| Age 25-29                                    | \$0.117 **  | \$0.072 **                    |
| Age 30-34                                    | \$0.148 **  | \$0.103 **                    |
| Age 35-39                                    | \$0.169 **  | \$0.124 **                    |
| Age 40-44                                    | \$0.220 **  | \$0.175 **                    |
| Age 45-49                                    | \$0.303 **  | \$0.258 **                    |
| Age 50-54                                    | \$0.488 **  | \$0.443 **                    |
| Age 55-59                                    | \$0.787 **  | \$0.742 **                    |
| Age 60-64                                    | \$1.178 **  | \$1.133 **                    |
| Age 65-69                                    | \$2.208 **  | \$2.163 **                    |
| Over age 70                                  | \$3.547 **  | \$3.502 **                    |
| Dependent Child Rate per \$1,000             | \$0.206 **  | \$0.206 **                    |

(1) The age of the employee is used when calculating the premium for Supplemental Life for the spouse.

(2) The spouse or dependents can only enroll in Supplemental Life if the employee is enrolled in Supplemental Life.

\* Supplemental Life is only available if the Entity is enrolled in VOYA Financial Basic Life and AD&D.

\*\* Rates provided on Ancillary Invoice may vary slightly because of rounding.

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**VOYA FINANCIAL SHORT TERM DISABILITY – RATES GUARANTEED UNTIL JULY 1, 2023**

| For Groups with 10(+) Employee lives |   |   |   |
|--------------------------------------|---|---|---|
| Short-Term Disability Benefits       | Option 1  | Option 2  | Option 3  |
| Eligibility:                         | All Eligible Employees working at least 20 hrs/wk | All Eligible Employees working at least 20 hrs/wk | All Eligible Employees working at least 20 hrs/wk |
| Elimination Period:                  |   |   |   |
| Accident                             | 7 Days  | 7 Days  | 7 Days  |
| Illness                              | 7 Days  | 7 Days  | 7 Days  |
| Weekly Benefit Percentage            | 60%   | 60%   | 60%   |
| Minimum Weekly Benefit               | \$50  | \$50  | \$50  |
| Maximum Weekly Benefit               | \$1,252   | \$1,500   | \$1,500   |
| Definition of Disability             | Non-Occupational                                  | Non-Occupational                                  | Non-Occupational                                  |
| Maximum Benefit Duration             | 52 Weeks  | 26 Weeks  | 13 Weeks  |
| Benefit Integration                  | Offset Applies                                    | Offset Applies                                    | Offset Applies                                    |
| Pre-Existing Condition               | None  | None  | None  |
| <b>Rate per \$10 weekly benefit</b>  | <b>Option 1</b>                                   | <b>Option 2</b>                                   | <b>Option 3</b>                                   |
| Rate (per \$10 weekly benefit)       | \$0.79 *  | \$0.62 *  | \$0.46 *  |

**Example Calculations**

|   | Option 1    | Option 2    | Option 3    |
|---|-------------|-------------|-------------|
| Annual Salary                                     | \$50,000.00 | \$50,000.00 | \$50,000.00 |
| Weekly salary (annual/52)                         | \$961.54    | \$961.54    | \$961.54    |
| <b>Covered weekly salary (weekly X .60)</b>       | \$576.92    | \$576.92    | \$576.92    |
| Divide by 10 (covered weekly/10)                  | \$57.69     | \$57.69     | \$57.69     |
| Multiply above by Premium Rate (.79*, .62*, .46*) | \$45.58     | \$35.77     | \$26.54     |

Covered weekly must be capped if it surpasses maximum weekly benefit

|   | Option 1     | Option 2     | Option 3     |
|---|--------------|--------------|--------------|
| Annual Salary                                     | \$150,000.00 | \$150,000.00 | \$150,000.00 |
| Weekly salary (annual/52)                         | \$2,884.62   | \$2,884.62   | \$2,884.62   |
| <b>Covered weekly salary (weekly X .60)</b>       | \$1,730.77   | \$1,730.77   | \$1,730.77   |
| <b>Capped maximum weekly coverage/benefit</b>     | \$1,252.00   | \$1,500.00   | \$1,500.00   |
| Divide capped by 10 (capped weekly/10)            | \$125.20     | \$150.00     | \$150.00     |
| Multiply above by Premium Rate (.79*, .62*, .46*) | \$98.91      | \$93.00      | \$69.00      |

Definitions:

*Elimination period – Benefits begin the day after the elimination period ends.*

\* Rates provided on Ancillary invoice may vary slightly because of rounding.

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| For Groups with less than 10 Employee lives |   |   |   |
|---|---|---|---|
| Short-Term Disability Benefits              | Option 1  | Option 2  | Option 3  |
| Eligibility:                                | All Eligible Employees working at least 20 hrs/wk | All Eligible Employees working at least 20 hrs/wk | All Eligible Employees working at least 20 hrs/wk |
| Elimination Period:                         |   |   |   |
| Accident                                    | 7 Days  | 7 Days  | 7 Days  |
| Illness                                     | 7 Days  | 7 Days  | 7 Days  |
| Weekly Benefit Percentage                   | 60%   | 60%   | 60%   |
| Minimum Weekly Benefit                      | \$50  | \$50  | \$50  |
| Maximum Weekly Benefit                      | \$1,252   | \$1,500   | \$1,500   |
| Definition of Disability                    | Non-Occupational                                  | Non-Occupational                                  | Non-Occupational                                  |
| Maximum Benefit Duration                    | 52 Weeks  | 26 Weeks  | 13 Weeks  |
| Benefit Integration                         | Offset Applies                                    | Offset Applies                                    | Offset Applies                                    |
| Pre-Existing Condition                      | None  | None  | None  |
| Age Banded Rates                            | Option 1  | Option 2  | Option 3  |
| Rate per \$10: Under age 30                 | \$0.88 *  | \$0.67 *  | \$0.50 *  |
| Rate per \$10: 30-34                        | \$0.90 *  | \$0.68 *  | \$0.52 *  |
| Rate per \$10: 35-39                        | \$0.67 *  | \$0.52 *  | \$0.38 *  |
| Rate per \$10: 40-44                        | \$0.50 *  | \$0.39 *  | \$0.30 *  |
| Rate per \$10: 45-49                        | \$0.57 *  | \$0.44 *  | \$0.34 *  |
| Rate per \$10: 50-54                        | \$0.68 *  | \$0.54 *  | \$0.40 *  |
| Rate per \$10: 55-59                        | \$0.93 *  | \$0.72 *  | \$0.55 *  |
| Rate per \$10: 60-64                        | \$1.10 *  | \$0.87 *  | \$0.64 *  |
| Rate per \$10: 65+                          | \$1.31 *  | \$1.03 *  | \$0.75 *  |

**Example Calculations**

|                                      | Option 1    | Option 2    | Option 3    |
|--------------------------------------|-------------|-------------|-------------|
| Annual Salary                        | \$50,000.00 | \$50,000.00 | \$50,000.00 |
| Weekly salary (annual/52)            | \$961.54    | \$961.54    | \$961.54    |
| Covered weekly salary (weekly X .60) | \$576.92    | \$576.92    | \$576.92    |
| Divide by 10 (covered weekly/10)     | \$57.69     | \$57.69     | \$57.69     |
| Multiply above by Premium Rate       | \$45.58     | \$35.77     | \$26.54     |

Covered weekly must be capped if it surpasses maximum weekly benefit

|  | Option 1     | Option 2     | Option 3     |
|--|--------------|--------------|--------------|
| Annual Salary                          | \$150,000.00 | \$150,000.00 | \$150,000.00 |
| Weekly salary (annual/52)              | \$2,884.62   | \$2,884.62   | \$2,884.62   |
| Covered weekly salary (weekly X .60)   | \$1,730.77   | \$1,730.77   | \$1,730.77   |
| Capped maximum weekly coverage/benefit | \$1,252.00   | \$1,500.00   | \$1,500.00   |
| Divide capped by 10 (capped weekly/10) | \$125.20     | \$150.00     | \$150.00     |
| Multiply above by Premium Rate         | \$98.91      | \$93.00      | \$69.00      |

\* Rates provided on Ancillary invoice may vary slightly because of rounding.

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**VOYA FINANCIAL LONG TERM DISABILITY – RATES GUARANTEED UNTIL JULY 1, 2023**

| For Groups with 10(+) Employee lives        |   |   |
|---|---|---|
| Long Term Disability Benefits               | Option 1  | Option 2  |
| Eligibility:                                | All Eligible Employees working at least 20 hrs/wk | All Eligible Employees working at least 20 hrs/wk |
| Elimination Period                          | 90 Days (1)                                       | 180 Days (2)                                      |
| Monthly Benefit Percentage                  | 60%   | 60%   |
| Maximum Monthly Benefit                     | \$5,000   | \$5,000   |
| Own Occupation Timeframe or Coverage Period | 24 Months   | 24 Months   |
| Disability Earnings Test                    | 80%   | 80%   |
| Definition of Disability                    | Earnings & Occupation                             | Earnings & Occupation                             |
| Recurrent Disabilities                      | 6 Months  | 6 Months  |
| Mental Health/Substance Abuse Limitations   | 24 Months   | 24 Months   |
| Maximum Benefit Duration                    | To Age 65 or SSNRA                                | To Age 65 or SSNRA                                |
| Pre-Existing Condition                      | 3/12  | 3/12  |
| <b>Rates</b>                                | <b>Option 1 – 90 days</b>                         | <b>Option 2 – 180 days</b>                        |
| Rate per \$100                              | \$0.485 *   | \$0.365 *   |

**Example Calculation**

Monthly Covered Salary X Rate/100  
 Monthly Covered Salary = Annual Salary/12  
 50,000/12 = \$4,166  
 \$4,166 (monthly covered salary) X 0.485 (rate)/100 = 20.21

- (1) Benefit begins after 90 days
- (2) Benefit begins after 180 days

Definitions:

*Elimination Period – Benefits begin the day after the elimination period ends.*

*Own Occupation Timeframe or Coverage Period – Employee’s disability will be evaluated on their ability to perform their own occupations to a certain degree.*

*Recurrent Disabilities – Refers to the instance where an employee recovers temporarily from a disability and returns to work, but then the disability resurfaces. If the disability resurfaces within a set time frame, the elimination period does not have to be satisfied again.*

\* Rates provided on Ancillary invoice may vary slightly because of rounding.

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| For Groups with less than 10 Employee lives |   |   |
|---|---|---|
| Long Term Disability Benefits               | Option 1  | Option 2  |
| Eligibility:                                | All Eligible Employees working at least 20 hrs/wk | All Eligible Employees working at least 20 hrs/wk |
| Elimination Period                          | 90 Days (1)                                       | 180 Days (2)                                      |
| Monthly Benefit Percentage                  | 60%   | 60%   |
| Maximum Monthly Benefit                     | \$5,000   | \$5,000   |
| Own Occupation Timeframe or Coverage Period | 24 Months   | 24 Months   |
| Disability Earnings Test                    | 80%   | 80%   |
| Definition of Disability                    | Earnings & Occupation                             | Earnings & Occupation                             |
| Recurrent Disabilities                      | 6 Months  | 6 Months  |
| Mental Health/Substance Abuse Limitations   | 24 Months   | 24 Months   |
| Maximum Benefit Duration                    | To Age 65 or SSNRA                                | To Age 65 or SSNRA                                |
| Pre-Existing Condition                      | 3/12  | 3/12  |
| Age Banded Rates                            | Option 1 – 90 days                                | Option 2 – 180 days                               |
| Rate per \$100: Under age 25                | \$0.131 *   | \$0.103 *   |
| Rate per \$100: Age 25-29                   | \$0.177 *   | \$0.130 *   |
| Rate per \$100: Age 30-34                   | \$0.225 *   | \$0.168 *   |
| Rate per \$100: Age 35-39                   | \$0.289 *   | \$0.214 *   |
| Rate per \$100: Age 40-44                   | \$0.374 *   | \$0.280 *   |
| Rate per \$100: Age 45-49                   | \$0.485 *   | \$0.365 *   |
| Rate per \$100: Age 50-54                   | \$0.634 *   | \$0.476 *   |
| Rate per \$100: Age 55-59                   | \$0.830 *   | \$0.625 *   |
| Rate per \$100: Over age 60                 | \$1.083 *   | \$0.812 *   |

**Example Calculation**

Example based on an individual under age 25  
 Monthly Covered Salary X Rate/100  
 Monthly Covered Salary = Annual Salary/12  
 50,000/12 = \$4,166  
 \$4,166 (monthly covered salary) X 0.131 (rate)/100 = 5.46

- (1) Benefit begins after 90 days
- (2) Benefit begins after 180 days

**Definitions:**

*Elimination Period – Benefits begin the day after the elimination period ends.*

*Own Occupation Timeframe or Coverage Period – Employee’s disability will be evaluated on their ability to perform their own occupations to a certain degree.*

*Recurrent Disabilities – Refers to the instance where an employee recovers temporarily from a disability and returns to work, but then the disability resurfaces. If the disability resurfaces within a set time frame, the elimination period does not have to be satisfied again.*

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MHN EMPLOYEE ASSISTANCE PROGRAM – RATES GUARANTEED UNTIL JULY 1, 2023

| Employee Assistance Program                |   |
|--|---|
| Number of Sessions/Frequency               | 3 Face to Face, telephonic/web-video sessions per incident per member                       |
| Employee Services                          | Telephonic Counseling & Referral for Counselling Sessions                                   |
| Work Life                                  | Life Management Services  |
| Legal                                      | Legal Referral Service – Up to 30 minutes/session and 25% discount for additional services  |
| Dependent Care                             | Child & Elder Care Referral Service   |
| Financial                                  | Financial Consultations to include Pre-retirement and tax consultations                     |
| Education Referrals                        | Education and Schooling Referrals   |
| Concierge                                  | Daily Living Services   |
| Employer Services                          |   |
| Brown Bag Seminars                         | 10 hours/year/member group  |
| CISD – Critical Incident Stress Debriefing | 20 hours per incident/member group  |
| Management Consultations                   | Unlimited   |
| Management Training                        | Unlimited   |
| On-site Orientation                        | No Limits   |
| Reports                                    | Annual Utilization reports  |
| Newsletter and Collateral Materials        | Yes, No Charge  |
| Internet Service                           | members.mhn.com   |
| EAP Rate – Per Employee Per Month          | \$2.82  |
| Identity Theft Assistance:                 | 30-minute free consultation with a trained fraud specialist                                 |
| Daily Living:                              | Assistance with pet care, consumer services, home contractors, travel arrangements and more |

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1. Entity must be a public agency formed under California law.
2. Entity must have a minimum of two full-time active employees to join. An active full-time employee is an employee who is eligible for enrollment in employee sponsored benefits paid for by the Entity. Part-time employees may be considered active employees only if they are currently part of the benefit eligible population and work a minimum of twenty hours weekly.
3. **Active Employees:**  
*Medical Benefits* - Entity must contribute a minimum of 75% of the cost for active employees.  
*Ancillary Coverages* - Entity must contribute a minimum of 75% of the cost for active employees.
4. **Dependents:**  
*Medical Benefits* - If the Entity offers coverage to dependents, it is recommended the Entity contribute a minimum of 50% of the cost for dependents.  
*Ancillary Coverages* - If the Entity offers coverage to dependents, it is recommended the Entity contribute a minimum of 50% of the cost for dependents.
5. **Retirees:**  
*Medical Benefits* - Entity may offer coverage to retirees.  
*Ancillary Coverages* - Entity may offer coverage to retirees. Retirees are only eligible for Dental and Vision.
6. **Public Officials:**  
 Entity may offer coverage to public officials (board members, etc.) only if they are currently being covered and Entity's enabling act, plans and policies allow it. Entity is required to cover 75% of the cost for public officials when covering their medical benefits/ ancillary coverages. Participation for public officials is limited to their term of office.
7. Entity must have at least 75% of eligible employees (and public officials if they are offered coverage by the Entity) enrolled in order to participate. Public Officials, retirees and dependents may not be covered unless active employees are covered.
8. Premiums are based on a full month. There are no partial months or prorated premiums and participant changes will be effective first of the month following the qualifying event. The waiting period for medical benefits/ancillary coverages is effective 1st of the following the date of hire of an employee.
9. The maximum dependent child age is 26. Disabled dependent children are not subject to the dependent age restrictions; however, a verification form will be required certifying the disability.
10. Each prospective new Entity must complete and submit the SDRMA Interest Forms including a large claimant disclosure form (Medical Benefits only) detailing any knowledge of and information pertaining to large and/or ongoing claims. Each Entity is subject to underwriting review and may or may not be accepted for coverage. The underwriting process may take up to two weeks for completion.
11. Entity's governing body must approve a resolution authorizing participation in SDRMA's health benefits program and execute the Memorandum of Understanding (MOU).
12. Once an Entity is approved by underwriting they must submit the Resolution and MOU to SDRMA 45 days before the requested effective date of coverage.
13. *Medical Benefits* - Not all Plans will be offered and available to Entities joining the medical benefits program. The Access+ HMO 15, HMO 20 and Kaiser Plans are not available in all areas. Please check with SDRMA at the time you are submitting your request for underwriting approval to see if the HMO plans are available in your area. Entities selecting one of the medical benefits program High Deductible Health Plans (HDHP) are responsible for adhering to IRS rules, regulations and maintenance of the Health Savings Account (HSA). SDRMA does not provide HSA services but can provide contact information for a financial institution that currently offers this type of service.
14. **Plan Selections and Combination Guidelines:**  
*Medical Plan Selection*  
 Subject to underwriting review and approval:
  - 2-100 enrolled lives: 2 plans + 1 Kaiser plan
  - 101-200 enrolled lives: 3 plans + 1 Kaiser plan*Medical Plan Combinations*
  - Only 1 HMO or HDHP plan may be offered to an employee group
  - Future plan changes are subject to review and approval by underwriting. An entity cannot offer a Silver PPO plan and a Bronze PPO plan at the same time per Underwriting guidelines.*Ancillary Coverages* - Entity will choose the particular dental, vision, life, short term disability and/or long term disability option to offer its employees.  
  
*Ancillary Plan Selections*  
 Subject to underwriting review and approval:
  - 2-50 enrolled lives: 1 Dental PPO plan and 1 \*Dental HMO plan may be offered to an employee group. 1 Vision plan may be offered to an employee group. 1 Short Term Disability Plan may be offered to an employee group. 1 Long Term Disability Plan may be offered to an employee group.
  - Future plan changes are subject to review and approval by underwriting

\* Dental HMO is not available in all areas. Please check with SDRMA at the time you are submitting your request for underwriting approval to see if the Dental HMO plan is available in your area

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