

2018

BENEFIT GUIDE



**SCHOOL
DISTRICT**

EDUCATING LEARNERS FOR THE 21ST CENTURY



Welcome to Your Rio School District Employee Benefits!

This brochure provides a summary of your benefit options and is designed to help you make choices and enroll for coverage. If you would like more information about any of the benefits described here, please contact The Risk Management Technician at (805) 485-3111 ext. 2107.

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IMPORTANT INFORMATION

The Affordable Care Act and You

The Affordable Care Act (ACA) requires nearly every American to be enrolled in medical coverage or pay a penalty. This is referred to as the individual mandate. You have several options to satisfy this requirement:

- Enroll in a medical plan offered by The District or another group plan.
- Purchase coverage through a health insurance marketplace.
- Enroll in coverage through a government sponsored program.
- Have no coverage and incur a tax penalty.

Because The District’s medical plans are considered affordable and meet minimum value under Health Care Reform, you will not generally see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost if you choose to purchase coverage through the marketplace, and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.

For more information on your coverage options, please visit www.healthcare.gov.

Annual Notices

State and federal laws require that employers provide disclosure and annual notices to their plan participants. The District will distribute all federally required annual notices upon hire and during each annual open enrollment period. To access the Rio School District annual notice packet please visit. <https://rioschools.org/departments/human-resources/>

The following is a list of the annual notices:

- Medicare Part D Notice of Creditable Coverage
- HIPAA Notice of Privacy Practices
- Women’s Health and Cancer Rights Act (WHCRA)
- Newborns’ and Mothers’ Health Protection Act
- Special Enrollment Rights
- Medicaid & Children’s Health Insurance Program
- Summary of Benefits and Coverage

ENROLLMENT INFORMATION

Who May Enroll

All regular full-time employees and their eligible dependents may participate in Rio School District's benefits program. We will require that you submit documentation to prove dependent eligibility (marriage certificate, State registration for domestic partner, birth certificate).

Your eligible dependents include:

- Legally married spouse
- Children under age 26
- Registered same sex domestic partners

When Can You Enroll

Eligible employees may enroll at the following times:

- During open enrollment.
- As a new hire, you may participate in the District's benefit plans on the first of the month following your date of hire.
- Within 31 days of a qualified change in family status as defined by the IRS - see changes to enrollment.
- You may enroll for Supplemental Life and AD&D insurance at any time, subject to proof of good health and carrier approval.

Benefit Costs

Rio School District currently provides Medical, Dental, Vision, Basic Life and AD&D and Employee Assistance Program benefits. The Supplemental Life and AD&D benefits you elect will be paid by you at group discounted rates. You may set aside part of your pre-tax earnings to participate in our Flexible Spending Accounts. *Please refer to Page 11 of this guide for the 2018 – 2019 10thly deduction amounts.*

Changes To Enrollment

The benefit elections you make will be in effect from October 1, 2018 to September 30, 2019. There will be an annual open enrollment period next year, during which you can make new benefit elections for the following October 1st effective date. Once you make your benefit elections, you cannot change them during the year unless you experience a qualified change in family status as defined by the IRS.

Examples include, but are not limited to:

- Marriage, divorce, legal separation or annulment
- Birth or adoption of a child
- A qualified medical child support order
- Death of a spouse or child
- A change in your dependent's eligibility status
- Loss of coverage from another health plan
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Becoming eligible for a state's premium assistance program under Medicaid or CHIP

Coverage for a new spouse or newborn child is not automatic. If you experience a change in family status, you have 31 days to update your coverage. Please contact The Risk Management Technician immediately to complete the appropriate election forms as needed. If you do not update your coverage within 31 days from the family status change, you must wait until the annual open enrollment period to update your coverage.



Online Carrier Resources

Take advantage of the online resources available through our insurance carriers. You can locate network providers, manage your claims, obtain health and wellness information, and much more!

Insurance carrier website addresses are located on page 10 of this guide.

MEDICAL INSURANCE

Kaiser HMO Medical Plan: With the Kaiser Health Maintenance Organization (HMO) plan, services must be obtained at a Kaiser facility. Kaiser integrates all elements of healthcare such as physicians, medical centers, pharmacy and administration in one convenient facility.

Blue Shield HMO Medical Plan: Under the Blue Shield Health Maintenance Organization (HMO) plan, you must choose a primary care physician (PCP) or medical group. All of your care must be directed through your PCP or medical group. Any specialty care you need will be coordinated through your PCP and will generally require a referral or authorization. You will receive benefits only if you use the doctors, clinics and hospitals that belong to the medical group in which you are enrolled, except in the case of an emergency.



Benefits	Kaiser Permanente HMO	Blue Shield HMO
	Kaiser Facilities Only	Network
Lifetime Maximum	unlimited	unlimited
Deductible (Annual) - Individual / Family	\$0 / \$0	\$0 / \$0
Co-insurance (Plan Pays)	100%	100%
Physician Office Visit - PCP - Specialist	\$10 copay \$10 copay	\$10 copay \$30 Access+ Specialist
Out of Pocket Maximum - Individual / Family	\$1,500 / \$3,000	\$1,000/\$2,000
Hospitalization - Inpatient - Outpatient Facility - Outpatient Surgery	100% 100% \$10 copay	100% 100% 100%
Emergency Services	\$100 copay	\$100 copay
Urgent Care	\$10 copay	\$10 copay
Wellness Exams	100%	100%
Chiropractic	\$10 / 30 visits (includes Acupuncture)	\$10 copay/30 visits/year (includes Acupuncture)
Prescription Drugs - Retail Supply Limit - Generic Formulary - Brand Name Formulary - Non Formulary - Mail Order - Mail Order Supply Limit Out of Pocket Maximum	100 days \$10 copay \$10 copay not covered \$10 / \$10 100 days n/a	30 days \$5 copay \$20 copay not covered \$10 / \$50 90 days \$1,500 / \$2,500
10thly Contributions		
Dental \$1,500 Plan	\$ 49.25 / Month	\$184.85 / Month
Dental \$3,000 Plan	\$51.65 / Month	\$187.25 / Month

MEDICAL INSURANCE

Blue Shield PPO Medical Plan: With the Blue Shield Preferred Provider Organization (PPO) plan, you have the freedom to choose your doctor without using a primary care physician (PCP) and you may self-refer to specialists. You may use a PPO provider whose negotiated rates provide richer levels of benefits with claim forms filed by the providers. You may also obtain services using a non-network provider; however, you will be responsible for the difference between the covered amount and the actual charges (balance billing) and you may be responsible for filing claims.

Benefits	Blue Shield PPO 90% Plan C \$30		Blue Shield PPO 80% Plan G \$30		Blue Shield PPO 80% Plan E \$20	
	Network	Non-Network	Network	Non-Network	Network	Not-Network
Lifetime Maximum	unlimited		unlimited		unlimited	
Deductible (Annual)						
- Individual	\$200		\$500		\$300	
- Family	\$500		\$1,000		\$600	
Co-insurance (Plan Pays)	90%	50%*	80%	50%	80%	50%
Physician Office Visit						
- PCP	\$30 copay	50%*	\$30	50%*	\$20	50%*
- Specialist	\$30 copay	50%*	\$30	50%*	\$20	50%*
Out of Pocket Maximum						
- Individual	\$1,000		\$2,000		\$1,000	
- Family	\$3,000		\$4,000		\$3,000	
Hospitalization						
- Inpatient	90%	100% (max \$600/day)	80%	100% (max \$600/day)	80%	100% (max \$600/day)
- Outpatient Facility	90%	50%*	80%	50%*	80%	50%*
- Outpatient Surgery	90%	100% (max \$350/day)	80%	100% (max \$350/day)	80%	100% (max \$350/day)
Emergency Services	\$100 copay, 90%		\$100 copay, 80%		\$100 copay, 80%	
Urgent Care	\$30 copay	50%*	\$30 copay	50%*	\$20	50%*
Wellness Exams	100%	not covered	100%	not covered	100%	not covered
Chiropractic	90%	50%*	80%	50%*	80%	50%*
	20 visits/year	20 visits/year	20 visits/year	20 visits/year	20 visits/ year	20 visits/ year
Prescription Drugs						
- Retail Supply Limit	30 days	n/a	30 days	n/a	30 days	n/a
- Generic Formulary	\$7 copay	not covered	\$9 copay	not covered	\$9 copay	not covered
- Brand Name Formulary	\$25 copay	not covered	\$35 copay	not covered	\$35 copay	not covered
- Non Formulary	not covered	n/a	Not covered	n/a	Not covered	n/a
Out of Pocket Maximum						
- Individual	\$1,500	n/a	\$2,500	n/a	\$2,500	n/a
- Family	\$2,500		\$3,500		\$3,500	
10thly Contributions						
Dental \$1,500 Plan	\$205.37/ Month		\$105.41/ Month		\$151.97/ Month	
Dental \$3,000 Plan	\$207.77 / Month		\$107.81/ Month		\$154.81/ Month	

Deductibles and copayments marked with a (*) do not accrue to calendar-year copayment maximum. This is only a brief summary of the benefits. Please refer to the Evidence of Coverage or Summary Plan Description for details on the limitations and exclusions.

MEDICAL INSURANCE – MEMBER DISCOUNTS

Kaiser Permanente

- **10,000 Steps® Program:** Reap the benefits of a healthier lifestyle with a program designed to help you increase your physical activity level and work toward a goal of walking 10,000 steps each day. As a participant in this program, you can use a pedometer to record your steps each day.
- **Complementary Health and Fitness Programs:** You can feel more relaxed with massage therapy, sign up for acupuncture and chiropractic care, and get in shape with select fitness club memberships.

Visit <https://members.kaiserpermanente.org> for more information

Blue Shield

- **Prenatal Program:** This program gives expectant parents 24/7 access to experienced maternity nurses as well as prenatal information including a popular pregnancy or parenting book at no additional cost.
- **Chronic Disease Management:** Programs include Asthma Management, Diabetes Management, Coronary Artery Disease (CAD) Management, Congestive Heart Failure, and Chronic Obstructive Pulmonary Disease (COPD).
- **Care Management:** Programs include LifeMAP and Guided Imagery Program, Neonatal Intensive Care Unit (NICU) Case Management Program, Complex and Chronic Complex Case Management Programs, Catastrophic Injury Case Management Program, and Transplant Program.
- **24 Hour Fitness:** Enjoy waived enrollment fees and discounts on monthly membership dues
- **Weight Watchers:** Get discounts on three- and 12-month subscriptions, monthly passes, and at-home kits.
- **Alternative Care:** Get access to alternative health and wellness services at a discount – at least 25% off published fees from participating acupuncture, massage therapy, and chiropractic practitioners.
- **Health and Wellness Products:** Receive discounted rates on quality health improvement products with free shipping on most items such as vitamins, herbal supplements, homeopathic remedies, diet and sports nutrition, yoga and fitness equipment, personal body care, health and wellness books, audio, and DVD products.
- **Vision Service:** Get 20% off published retail prices when you use a participating provider in the Discount Vision Program network for exams, frames, lenses, and more.
- **QualSight LASIK:** Members in California receive a 20% discount off providers' usual and customary fees on traditional and custom LASIK surgery.

Visit www.blueshieldca.com for more information

PHARMACY BENEFITS

Navitus Health Solutions is the Pharmacy Benefits Manager (PBM) for our Medical plans. You are urged to use generic drugs when they are available. Costco makes it easy for you to receive a 90 day supply of your long-term or maintenance medications. In addition, when you use the Costco pharmacy, your generic medications will be free of charge! Visit any Costco retail location or use the mail order feature and benefit by having your prescriptions delivered to your door, saving you a trip to the pharmacy.

Here's how it works:

1. Take your prescription to any Costco pharmacy, You do not need to be a Costco member.
2. Present the pharmacist with your insurance card.
3. Get your generic medications (excluding some narcotic plan medications and some cough medications) for free. You will pay \$35 for a 30 day supply of brand name drugs or \$90 for a 90 day supply of brand name drugs.

Due to Medicare Part D restrictions, this program does not apply to the CompanionCare pharmacy benefit.

DENTAL INSURANCE

The Delta Dental PPO plans are preferred provider dental plans. You may visit a PPO dentist, a Premier dentist, or a non-network dentist. When you utilize a PPO or Premier dentist, your out of pocket expenses will be less, however, you will usually pay the lowest amount for services when you visit a Delta Dental PPO dentist. If you obtain services using a non-network dentist, you will incur much higher out-of-pocket expenses and you may be responsible for filing claims. **It is important to note that if you** chose the Delta PPO, it is a limited provider network. You must check with your Dentist to make sure they are a Delta PPO provider. If you chose the Delta PPO Plan and then return to the Delta Incentive Plan at the next Open Enrollment, you will begin your coverage at the 70% level.

	Delta Dental Incentive PPO Plan 1500			Delta Dental PPO 3000		
	PPO Network	Premier Network	Non-Network	PPO Network	Premier Network	Non-Network
Calendar Year Maximum	\$1,700	\$1,500		\$3,000	\$1,000	
Deductible (Annual) - Individual / Family	None / None	None / None		None / None	\$25 / \$75	
Preventive (Plan Pays)	70%-100%*	70%-100%*	70%-100%*	100%	50%	50%
Basic Services (Plan Pays)	70%-100%*	70%-100%*	70%-100%*	100%	50%	50%
Major Services (Plan Pays)	70%-100%*	70%-100%*	70%-100%*	100%	50%	50%
Prosthodontics Services (Plan Pays)	50%	50%	50%	50%	50%	50%
Orthodontia - Child Only	50% to \$500 benefit per lifetime			50% to \$500 benefit per lifetime		

*Incentive Plan: Delta Dental will pay 70% of the allowed fees for covered diagnostic, preventive, basic, cast and crown benefits during the first year you are eligible. This percentage will increase 10% each year (to a maximum of 100%) if you visit the dentist at least once during the year. If you do not use the plan during a calendar year, your percentage will remain.

VISION INSURANCE

The MES vision plan provides professional vision care and high quality lenses and frames through a broad network of optical specialists. You will receive richer benefits if you utilize a network provider. If you utilize a non-network provider, you will be responsible to pay all charges at the time of your appointment and will be required to file an itemized claim with MES Vision.

	MES Vision PPO Plan	
	Network	Non-Network
Examination (One Every Cal Year)	\$20 Copay	Plan pays up to \$40
Lenses (One Every Cal Year) - Single Vision - Bifocal - Trifocal	100% 100% 100%	Plan pays up to \$30 Plan pays up to \$50 Plan pays up to \$65
Frames (One Every Other Cal Year)	Plan pays up to \$150	Plan pays up to \$40
Contact Lenses (One Pair Every Cal Year)	In Lieu of Frames and Lenses	
- Cosmetic / Elective - Medically Necessary	Plan pays up to \$150 100%	Plan pays up to \$100 Plan pays up to \$250

BASIC LIFE AND AD&D INSURANCE

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with the company. Rio School District pays for coverage, offered through Mutual of Omaha, in the amount of \$12,000. If your death is due to a covered accident or injury, your beneficiary will receive an additional amount through Accidental Death and Dismemberment (AD&D) coverage.

SUPPLEMENTAL LIFE AND AD&D INSURANCE

In addition to the company provided Basic Life and AD&D benefits, you may elect to purchase Supplemental Term Life and AD&D insurance at group rates provided by Mutual of Omaha. You pay for this coverage with after-tax dollars through convenient payroll deductions.

Employee: You may purchase Supplemental Life insurance coverage for yourself in increments of \$10,000 up to a maximum of \$500,000, not to exceed 5 times your basic annual earnings. Guarantee issue is available for new hires during the initial eligibility period for an amount of 5 times your annual salary, or \$150,000, whichever is less.

Spouse: If you buy coverage for yourself, you may also purchase coverage for your eligible spouse. Benefits for your spouse are available in increments of \$5,000 to a maximum of \$250,000 and may not exceed 100% of your employee election. If you elect this benefit during your initial eligibility period (upon hire), you will not have to complete the health statement, except for amounts that exceed the guarantee issue amount of 100% of your employee election or \$50,000.

Child(ren): If you buy coverage for yourself, you may also purchase coverage for your eligible dependent child(ren) in the amount of \$10,000.

You may enroll for Supplemental Life and AD&D insurance anytime during the year as long as you provide proof of good health. To provide proof of good health, you will be asked to complete a health questionnaire and are subject to insurance carrier approval. The insurance company may approve or decline coverage based on a review of your health history.

Important Note:

A beneficiary is the person or entity who you designate to receive your death benefits. Choosing a beneficiary and keeping your beneficiary up-to-date is an essential part of owning life insurance. Please remember to review your beneficiary designation as new situations arise, such as the birth or adoption of a child, marriage or divorce. You may call the Human Resources Department for a copy of the Beneficiary Designation Form as needed.

EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (EAP) provides employees and their household members with free, confidential assistance to help with personal or professional problems that may interfere with work or family responsibilities and obligations.

Services are available 24 hours a day, 7 days a week via a toll-free nationwide number. Employees and their household members can receive up to 6 counseling sessions per person, per problem, per year.

To Access EAP Benefits: Go to www.anthemEAP.com or you may call (800) 999-7222 to be immediately connected to an EAP counselor.

ADVANCE MEDICAL

SISC is now offering a valuable expert second opinion service through **Advance Medical**. This benefit can be used to ensure that you and your family get the best healthcare possible. The service is free, easy and 100% confidential.

ADVANCE MEDICAL matches patients to the leading doctors on their specific conditions. They will work with the patient to be sure of their diagnosis and recommend the best path for treatment. You should use Advance Medical when you:

FLEXIBLE SPENDING ACCOUNTS

You can set aside money in Flexible Spending Accounts (FSA) before taxes are deducted to pay for certain health and dependent care expenses, lowering your taxable income and increasing your take home pay. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts. You choose how you want to receive reimbursement for your eligible expenses. A new enrollment is required each year, even if you do not plan to change the amount(s) set aside. Please remember you will be asked to submit your receipts to American Fidelity for verification. Also, all receipts should be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient per IRS guidelines.

Health Care Spending Account (HCSA): This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays and expenses that exceed plan limits. Employees may defer up to **\$2,550** pre-tax per year.

Dependent Care Assistance Plan (DCAP): This plan is used to pay for eligible expenses you incur for child care, or for the care of a disabled dependent, while you work. Employees may defer up to **\$5,000** per year.

Important Note About the FSA

FSAs offer sizable tax advantages. The trade-off is that these accounts are subject to strict IRS regulations, including the use-it-or-lose-it rule. According to this rule, you must forfeit any money left in your account(s) after your expenses for the year have been reimbursed. The IRS does not allow the return of unused account balances at the end of the plan year, and remaining balances cannot be carried forward to a future plan year. If you are unable to estimate your health care and dependent care expenses accurately, it is better to be conservative and underestimate rather than overestimate your expenses.

How You Can Save Money With the FSA	Without the Health Care FSA	With the Health Care FSA
Gross Annual Pay	\$45,000	\$45,000
Pre-Tax Health Care FSA	Not Elected	\$1,200
Taxable Gross Income	\$45,000	\$43,800
Payroll Taxes (at 30%)	\$13,500	\$13,140
Health Care Cost	\$1,200	\$0
Net Pay	\$30,300	\$30,660
Annual Net Pay Increase	\$0	\$360



SOLERA4ME

Blue Shield PPO and HMO members are able to join a 16-week, cutting-edge program that can help you lose weight, adopt healthy habits and significantly reduce your risk of developing diabetes. The program is available at no cost and most programs have access to personal health coach, group support, weekly lessons and tools such as a wireless scale or an activity tracker.

Members are able to choose from array of national and local programs like

- Weight Watchers
- Retrofit
- Jenny Craig
- Healthslate

ACTIVE&FIT DIRECT

Available to employees enrolled in a Kaiser plan offered through SISC. Members have access to more than 9000+ participating fitness centers and YMCAs nationwide for a low price of \$25.00 (+\$25 enrollment fee and applicable taxes).

The program offers:

- Online Directory Map Locator
- Free Guest Pass
- Option to Switch Fitness Centers
- Online Fitness Tracking

Health Smart's Health Improvement Program

Health Smarts is voluntary, confidential and offered to you at no cost if you participate in a district-offered medical plan. Health Smart is a comprehensive program that includes an online health assessment, digital health coaching, and condition management (administered by Anthem Blue Cross).

MDLIVE

As a Medical plan participant, you have access to MDLIVE, a service that provides 24/7 access to board certified doctors and pediatricians by online video, phone or secure email. Doctors will ask you some questions to help determine your health care needs. Based on the information you provide, advice will include general health care and pediatric care specific to you or your dependent's condition. This service is subject to a \$5 copay regardless of your Medical plan's regular office visit copay.

When to use MDLive

- If you're considering a visit to an emergency room or urgent care center for a non-emergency medical issue.
- When your primary care doctor is not available.
- When you are traveling and in need of medical care.
- During or after normal business hours, nights, weekends and holidays.
- To request prescription drugs or to get refills.

How to use MDLive: Visit www.mdlive.com/sisc or call (888) 632-2738. Be prepared to provide your name, the patient's name, your member identification number and your phone number.

Accessing Additional Benefits

- Take the 1 minute quiz at solera4me.com/sisc to see if you qualify.
- To enroll in Active&Fit Direct, Kaiser members can go www.choosehealthy.com or call (877) 335-2746.
- Health Smart's Health Improvement Program: Contact SISC
- MDLIVE: Go to www.mdlive.com/sisc or call 888.632.2738. Be prepared to provide your name, the patient's name (if you're not calling for yourself), your member identification number, and your phone number.
- Advance Medical: Go to advance-medical.net/sisc or call 855.201.9925 to get more information.

RESOURCES AND CONTACTS

Below is a list of insurance carrier contacts should you require assistance with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers, please contact The Risk Management Technician at 805-485-3111 ext 2107.

Medical – Kaiser Permanente

Member Services	(800) 464-4000
Carrier Website	www.kaiserpermanente.org

Medical – Blue Shield of California

HMO Member Services	(800) 642-6155
PPO Member Services	(800) 642-6155
Navitus Member Services.....	(866) 333-2757
Costco Mail Order Pharmacy	(800) 607-6861
Blue Shield Website	www.blueshieldca.com/sisc
Navitus Website	www.navitus.com

Medical – Individual Retiree Plans / Medicare Advantage Plans

Kaiser Senior Advantage	(800) 464-4000
Blue Shield 65+ HMO Medicare Advantage	(800) 776-4466
Companion Care	(800) 825-5541

Advanced Medical

Member Services	(855) 201.9925
Website	www.advance-medical.net/sisc

Dental – Delta Dental

Member Services	(866) 499-3001
Carrier Website	www.deltadentalins.com

Vision – MES Vision

Member Services	(800) 877-6372
Carrier Website	www.mesvision.com

Life and AD&D Insurance – Mutual of Omaha

Member Services	(800) 775-8805
Carrier Website	www.mutualofomaha.com

Employee Assistance Program – Anthem Blue Cross

Counselor Services	(800) 999-7222
Carrier Website	www.anthem.com/ca/sisc

Flexible Spending Accounts – American Fidelity

Member Services	(800) 325-0654
Carrier Website	www.afadvantage.com

Additional Benefits Provided by SISC

MDLIVE Member Services	888.632.2738
MDLIVE Website	www.mdlive.com/sisc
SOLERA4ME Website.....	www.solera4me.com/sisc
Active&Fit Direct Website	www.anthem.com/ca/sisc

2018 – 2019 HEALTH & WELFARE EMPLOYEE PORTION PAYMENTS TENTHLY DEDUCTIONS

Health plans include Delta Dental 1500 Plan					
	Option 1	Option 2	Option 3	Option 4	Option 5
	Kaiser HMO	Blue Shield HMO	Blue Shield PPO 90% Plan C	Blue Shield PPO 80% Plan G	Blue Shield PPO 80% Plan E
Medical	\$14,904.00	\$18,294.00	\$18,807.00	\$16,308.00	\$17,472.00
Dental	\$1,269.60	\$1,269.60	\$1,269.60	\$1,269.60	\$1,269.60
Vision	\$151.20	\$151.20	\$151.20	\$151.20	\$151.20
Life	\$16.56	\$16.56	\$16.56	\$16.56	\$16.56
TOTAL ANNUAL	\$16,341.36	\$19,731.36	\$20,244.36	\$17,745.36	\$19,909.36
CAP	\$15,110.00	\$15,110.00	\$15,110.00	\$15,110.00	\$15,110.00
DIFFERENCE	\$1,231.36	\$4,621.36	\$5,134.36	\$2,635.36	\$3,799.36
EMPLOYEE 40%	\$492.54	\$1,848.54	\$2,053.74	\$1,054.14	\$1,519.74
10thly Deduction	\$49.25	\$184.85	\$205.37	\$105.41	\$151.97

Health plans include Delta Dental 3000 Plan					
	Option 6	Option 7	Option 8	Option 9	Option 10
	Kaiser HMO	Blue Shield HMO	Blue Shield PPO 90% Plan C	Blue Shield PPO 80% Plan G	Blue Shield PPO 80% Plan E
Medical	\$14,904.00	\$18,294.00	\$18,807.00	\$16,308.00	\$17,472.00
Dental	\$1,329.60	\$1,329.60	\$1,329.60	\$1,329.60	\$1,329.60
Vision	\$151.20	\$151.20	\$151.20	\$151.20	\$151.20
Life	\$16.56	\$16.56	\$16.56	\$16.56	\$16.56
TOTAL ANNUAL	\$16,401.36	\$19,791.36	\$20,304.36	\$17,805.36	\$18,969.36
CAP	\$15,110.00	\$15,110.00	\$15,110.00	\$15,110.00	\$15,110.00
DIFFERENCE	\$1,291.36	\$4,681.36	\$5,194.36	\$2,695.36	\$3,859.36
EMPLOYEE 40%	\$516.54	\$1,872.54	\$2,077.74	\$1,078.14	\$1,543.74
10thly DEDUCTION	\$51.65	\$187.25	\$207.77	\$107.81	\$154.37

Cap reflected above applies to 100% FTEs.

NOTE: 10thly Deduction is based on your current plan selection. If you make a plan change at renewal, please contact Yvonne Corral for your updated 10thly Deduction.

This brochure provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this brochure are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact Risk Management Technician at 805-485-3111 ext. 2107.