



El Camino Charter High School

Special Board Meeting

Date and Time

Thursday November 5, 2020 at 4:00 PM PST

Location

Virtual Meeting - Please See Below

REGULAR BOARD MEETING

For board meeting materials, please go to the school's main office, or call (818) 595-7500. Some board meeting materials are also posted on the school's website (<https://ecrchs.net> - click the ECR Board tab).

VIRTUAL BOARD MEETING

In accordance with Governor Newsom's Executive Order N-29-20, the meeting of the Board of Directors will take place via a virtual/teleconferencing environment.

To join the virtual Board meeting, please register through GoToWebinar at <https://attendee.gotowebinar.com/register/2654539239020666381>, webinar ID 466-583-379. You must register for the event (note you do not need to enter your legal name to participate). Once registered, you can attend the meeting through the online link, or by telephone (a call-in number and audio PIN will be provided after you register and prior to the meeting).

PUBLIC COMMENTS

If you would like to make a comment during the Public Comment section or during an agenda item, you may do so in two ways: (1) click the "Raise Hand" icon on the control panel; or (2) email your comment to comment@ecrchs.net and it will be read on the record. **Please note:** your name will be read on the record along with your comment; if you do not wish to have your name read, please indicate on your email.

Please note that, in order to conduct an orderly meeting, all members of the public will be placed on mute during the Board meeting, except during public comments. Note that for those who elect to participate through the call-in number, you will not have the option of being unmuted during the meeting.

The Public Comments agenda item is set aside for members of the audience to raise issues that are not specifically on the agenda. However, due to public meeting laws, the Board can only listen to your issue, not respond or take action. The Board may give direction to staff to respond to your concern or you may be offered the option of returning with a citizen-requested item. These presentations are limited to three (3) minutes and total time allotted to non-agenda items will not exceed thirty (30) minutes. A member of the public who requires the use of a translator, in order to receive the same opportunity as others to directly address the Board, shall have twice the allotted time to speak. When addressing the Board, speakers are requested to adhere to the time limits set forth. In order to maintain allotted time limits, the Board Chair may modify speaker time allocations or the total amount of allotted time for an item.

Consent Agenda: All matters listed under the consent agenda are considered by the Board to be routine and will be approved/enacted by the Board in one motion in the form listed below. Unless specifically requested by a Board member for further discussion or removed from the agenda, there will be no discussion of these items prior to the Board votes on them. The Executive Director recommends approval of all consent agenda items.

In compliance with the Americans with Disabilities Act (ADA) and upon request, El Camino Real Alliance may furnish reasonable auxiliary aids and services to qualified individuals with disabilities. Requests for disability related modifications or accommodations shall be made 24 hours prior to the meeting to Daniel Chang, in person, by email at d.chang@ecrchs.net, or by calling (818) 595-7537.

Agenda

	Purpose	Presenter	Time
I. Opening Items			4:00 PM
Opening Items			
A. Call the Meeting to Order		Beatriz Chen	1 m
B. Record Attendance and Guests		Daniel Chang	1 m
C. Pledge of Allegiance		Jeff Davis	3 m
D. Public Comments		Public	30 m
II. School Business			4:35 PM
A. Discuss and Vote on Healthcare Benefits Proposals			5 m
The Board will discuss the proposals received for ECRA's healthcare benefits, and will vote on selecting a plan provider. ACTION ITEM: motion to approve _____ [identify healthcare plan provider selected] for healthcare benefits starting January 1, 2021.			
III. Closed Session			4:40 PM
A. Conference with Legal Counsel: Existing Litigation	Discuss	Beatriz Chen	15 m
Discussion on existing litigation pursuant to paragraph (1) of subdivision (d) of Government Code § 54956.9: Los Angeles Superior Court Case No. 19STCV36573.			
B. Conference with Legal Counsel: Existing Litigation	Discuss	Beatriz Chen	5 m
Discussion on existing litigation pursuant to paragraph (1) of subdivision (d) of Government Code § 54956.9: Los Angeles Superior Court Case No. 19STCV41865.			
C. Conference with Legal Counsel: Anticipated Litigation	Discuss	Beatriz Chen	10 m
Significant exposure to litigation pursuant to paragraph (2) or (3) of subdivision (d) of Government Code § 54956.9: one (1) matter.			
IV. Reconvene to Open Session			5:10 PM
A. Report on Actions Taken in Closed Session, If Any	Discuss	Beatriz Chen	5 m
V. Closing Items			5:15 PM
A. Adjourn Meeting	Vote	Board Chair	1 m

Coversheet

Discuss and Vote on Healthcare Benefits Proposals

Section: II. School Business
Item: A. Discuss and Vote on Healthcare Benefits Proposals
Purpose:
Submitted by:
Related Material: Proposals and Summaries.pdf



El Camino Real Charter High School
Response to RFP for:
GROUP HEALTH INSURANCE
Due: October 12, 2020



Submitted by:

Dickerson Insurance Services
1918 Riverside Drive
Los Angeles, California 90039
CA License # 0F69768
Phone: 323.662.7200 /
800.457.6116
Tony@dickerson-group.com



October 12th, 2020

El Camino Real Charter High School
Attn: Mr. Daniel Chang – Chief Compliance Officer
5440 Valley Circle Blvd.
Woodland Hills, CA 91367

Re: El Camino Real Charter High School – RFP: Group Health Insurance

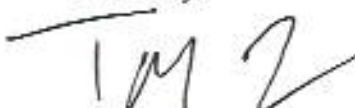
Dear Mr. Chang,

Thank you for the opportunity to continue to assist El Camino Real Charter High School in their amazing work, of educating, and molding the minds of the future. As an employee benefits Insurance consultant and broker, Dickerson has long been committed to improving the social determinants of health of our community and was founded on the principle that all people should have equal access to affordable health care. Working with El Camino Real Charter High School would allow us to help continue to shape another important social determinant of health education. The success of your faculty, staff, and administration requires the security of knowing that health benefit coverage is high quality, responsive, accessible, and affordable. We want to continue to help with that success.

This letter formally acknowledges our complete understanding of the terms and conditions as outlined in your, RFP and serves as our confirmation that we agree to abide by the terms and conditions stated therein. Our responses are in order of the line of questioning, per the instruction in the RFP.

Our company, Dickerson Insurance Services, is excited to submit this response to your RFP. We look forward to the selection process. Should you have any questions, please feel free to contact me, at any time.

Sincerely,



Tony Lee

Managing Partner, Dickerson Insurance Services

Dickerson Insurance Services Response to RFP for Group Health Insurance – El Camino Real Charter High School



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Responder's Minimum Qualifications

Responders must demonstrate that they have the resources, knowledge, experience, and capability to provide the services as described herein. All Responders must submit the documentation identified herein with their proposal. Failure to provide any of the required documentation shall be deemed an incomplete and/or non-responsive proposal and may be rejected in whole or in part.

The following minimum qualifications must be met for a Responder to be eligible for this contract:

- Responders must be authorized to do business in the State of California and must comply with all state and federal laws, including those relevant to health insurance providers.
- Responders must demonstrate that they are financially stable and that they have been in the business or providing similar services for at least the last five (5) consecutive years prior to the date of submission.
- Responders shall provide, at a minimum, three (3) references for current clients for whom services are being provided that are comparable in scope and nature to that set forth herein. Preference and emphasis shall be given to references that are educational institutions, particularly publicly funded high schools/K-12 schools.

Company History / Qualifications

Dickerson Insurance Services is in Los Angeles California, and was founded in 1965 by Carl Dickerson. Since then, Dickerson has been providing affordable insurance to individuals, companies, and institutions, throughout California. Dickerson has grown steadily from a one-person shop, to a company that has nearly seventy employees, with an annual gross revenue of \$15 million. We have no debt and are financially very healthy. There are no financial or legal concerns that will impact El Camino Real Charter High School. The diversification of our products, and services, has allowed us to grow at a double-digit pace in the last few years. There are no factors (e.g. listed above) that will impede our ability to provide the requested service El Camino Real Charter High School.

On May 1, 2018, Dickerson Insurance Services became an Alera Group Agency. Alera Group is a leading independent national employee benefits, property and casualty, risk management and wealth management firm created through a merger of 90+ like-minded entrepreneurial firms across the United States. In short, Dickerson Insurance Services has expanded our resources and expertise.

Our mission is to transform our client's experience by providing a greater depth and breadth of tools and resources, education, innovative thinking, and constant collaboration. Alera Group expands Dickerson Insurance Services' resources, technical expertise, and best practices, and provides the resources of a large multi-national firm, while Dickerson maintains the personal, local service our clients expect.

Dickerson has always operated on the principle that all people should have equal access to affordable health care. Through our partnership with The Alera Group, we are making this mission a reality.

Proposal Response

PROFESSIONAL CAPABILITY

DESCRIBE YOUR FIRM'S ABILITY TO MEET OR EXCEED THE REQUIREMENTS CONTAINED IN SECTION 4.0 ABOVE

Dickerson Insurance Services (Dickerson) is one of the few brokerage firms that identified charter schools as a target market over a decade ago. We saw the educational landscape changing and made a strategic decision to invest and build out a charter school vertical within our company. CharterLIFE was our first client in the space starting in 2008. Our unique partnership with CharterLIFE, for the past twelve (12) years, has allowed us to gain the expertise, and become a "go-to" partner, and solution provider, for charter schools throughout the state of California.

Many firms in California have tried to replicate our benefit programs for charter schools. Our history with CharterLIFE has given us a unique understanding of the challenges and puts us in a unique position to manage and service El Camino Real Charter High School (ECR). Dickerson and CharterLIFE have served over 100 charter schools as members in the CharterLIFE program. Dickerson acts as the lead consultant for the CharterLIFE program, and the schools.

PARTNERING WITH DICKERSON & CHARTERLIFE

Dickerson and CharterLIFE propose a unique partnership with ECR. Not only will we be responsible for the technical aspects of the program (consulting, actuarial, underwriting, etc.), but we would propose a relationship that extends beyond our counterparts within the ECR offices. We encourage ECR to use Dickerson, and the resources that CharterLIFE provides, as backroom support as it relates to your HR Department. In this partnership, we will take direction from ECR and provide services beyond the traditional.

These services will include no-cost platforms such as AleraHR – a human resources advisory tool, regular webinars, and HR Trainings, etc. that could all be branded under the ECR name. We will also support ECR with open enrollment, including design and distribution of open enrollment materials, provide bilingual services, and any additional membership needs. In our experience, we never want members to call insurance carriers.

Our dedicated Dickerson/CharterLIFE customer service team, in partnership with ECR human resources, will provide a much more robust member experience. Dickerson will also commit to quarterly meetings that will include presentations of industry analysis, benchmarking, and regional or national data points.

DICKERSON/CHARTERLIFE PARTNERSHIP ADVANTAGES

Unlike other large, multi-national brokerage firms, and because of our unique partnership with CharterLIFE, Dickerson's charter school clients will have access to leadership, of both Dickerson & CharterLIFE, where decisions can be made. There are not multiple layers of administrative overhead. Your service team will include Dickerson Managing Partner Tony Lee, and CharterLIFE CEO & Founder, Misti Cole. Dickerson is also one of the national leader's in the charter school industry. We know the space and have designed, managed, and built programs that have spoken to the unique needs of charters.

CharterLIFE offers charter schools exclusive access to health benefits and services created specifically for California charter schools. They understand charter school governance, fiscal accountability, and the challenges that charter schools face when obtaining quality affordable benefits. Dickerson partnered with CharterLIFE, and other leading insurance, charter, and business experts to develop and manage this program. In developing the relationships within this program structure, we are privileged to offer additional administrative support, consolidated billing, board meeting attendance, and customized benefit options - all at a negotiated rate. Dickerson and CharterLIFE are dedicated to establishing high quality, lower priced options, and a broad array of health insurance products designed specifically for charter people.

We understand the challenges in recruiting and retaining quality staff, especially when they come from "union-heavy" district, and conversion charter schools. We want to provide benefits that are "comparable or better" than a traditional school district benefits plan. We have over 12 years of charter specific utilization and data that we use to benchmark and design the most optimal plans and solutions for our clients.

We must also mention that as a client of Dickerson, and as a part of ECR's membership in CharterLIFE, our in-house actuarial services are not a billable item. Dickerson has an actuary on staff - Anil Kochhar, ASA, MAAA, who has 35 years of experience in the health care benefits space. He specializes in public sector benefits including school JPA's. Anil provided services for eight years, analyzing, forecasting, and rate-setting for California Schools Employee Benefit Association (CSEBA). CSEBA serves school districts, community college districts, and now charter schools. Dickerson can validate renewals and set rates, as well as provide third party analysis of how the carriers are underwriting their pricing.

Dickerson is a strong proponent for quarterly experience reporting. Throughout the plan year, while servicing ECR, Dickerson will provide several reports and analysis to the ECR human resources staff and leadership. This will lead to a clearer understanding of the financial direction, and utilization of the plan. Our approach will be to work with ECR leadership to build a comprehensive report that provides salient information for ECR, versus providing a cookie cutter report that is minimally useful.

TEAM

Provide a biography of those who will be responsible for handling the School's account, including, but not limited to, the principals and any account representatives who will be assigned.

Dickerson/CharterLIFE Service Team

We have assigned a service team with multiple experts, from both Dickerson and CharterLIFE. In addition, key team members are also included from our third-party administrator - Benefit Risk Management Services (BRMS). BRMS has partnered with Dickerson and CharterLIFE since 2010 and is key to quality assurance in the administration of the CharterLIFE program.

These partners bring industry expertise with decades of experience with charter schools and will provide exceptional support and member service to ECR.

The team members listed below and on the following pages will be directly engaged in fulfilling ECR's scope of service. In addition to this dynamic group of professionals, Dickerson has a vast network of employee benefit and charter school professionals around the country. We regularly engage them to brainstorm, discuss and provide expertise for best practices and for the betterment and improvement of ECR's programs.

Tony Lee

Managing Partner, Dickerson Insurance Services

Tony has been with Dickerson since 1997. Tony Lee was Dickerson's Chief Executive Officer from 2003-2018, and now is one of two Managing Partners for Dickerson. Tony provides leadership to the organization's operations, marketing, strategy, financing and development of the company's culture. Tony has extensive experience in the public sector. He and his team developed Dickerson's charter school division, and quickly became the sole consultant and broker partner to the only state-wide trust exclusively serving charter schools.

Dickerson also collaborated with California Schools Employee Benefit Association (CSEBA) to extend benefits to charters for the first time, thus creating the CSEBA charter school exchange. Tony is also experienced in strategic planning and has vast experience in carrier and labor negotiations. He has consulted with the Congressional Black Caucus Health Foundation and is the 2019 winner of the National African American Insurance Association Leadership Award.

Daisy Holmes

Sr. VP., Practice Leader, Dickerson Insurance Services

Daisy Holmes is the Senior Vice President and Practice Leader for Dickerson's benefits consulting arm and she has been with Dickerson for more than 25 years. Daisy is involved at all levels, advising corporate and educational clients on all facets of their employee benefits programs, while ensuring quality and efficient service to those clients. Daisy is directly

responsible for managing the ECR service and account management team. Daisy serves as a key person with carrier negotiations and utilization review, board meetings and labor union relations. Daisy spearheaded the charter initiative here at Dickerson over twelve years ago. She has since overseen the growth, management and retention of more than one hundred (100) charter schools in the state of CA.

Cherrise Howard

Sr. Account Executive, Dickerson Insurance Services

Cherrise is a healthcare professional offering over 15 years of experience. A dynamic leader who possesses the depth and breadth of knowledge necessary to identify opportunities, the skillset to develop the strategy and the tenacity to execute and close deals with both internal and external stakeholders. Cherrise has been responsible for conceiving, developing, and implementing innovative strategies based on market dynamics, environmental assessment and sound financial analytics. She focuses both on organizational and customer ROI, resulting in an enhancing organization's value proposition. Before her tenure with Dickerson, Cherrise spent 15 years with Kaiser Permanente as a senior account executive overseeing some of Kaiser's largest public entity accounts.

Anil Kochhar ASA, MAAA

Chief Actuary, Dickerson Insurance Services

Anil has been an Associate Member of the Society of Actuaries (ASA) for thirty-five (35) years and a member of the American Academy of Actuaries for Thirty-three (33) years. Mr. Kochhar's actuarial focus is on the healthcare industry. Mr. Kochhar holds a Bachelor of Arts in Economics from the University of North Carolina, and a Master of Actuarial Science, from Georgia State University.

Mr. Kochhar has been the lead Actuary for other public sector clients such as SRSCCD (Southern California Schools Employee Benefit Association), San Joaquin County, City of San Jose, and the City of Portland. For all these public-sector clients Mr. Kochhar conducted underwriting review based on utilization review, stop-loss determination, risk score development, premium equivalent rate development, and benefit design. He was also the lead actuary for the SFHSS, working with their current consultant.

Misti Cole

CEO & Founder, CharterLIFE

Misti Cole is the CEO and founder of California Charter Schools Employee Welfare Benefit Trust doing business as CharterLIFE. Prior to creating CharterLIFE in 2008 Misti worked with the California Charter Schools Joint Powers Authority, prominently known as CharterSAFE. Misti was also part of the founding team for the captive national charter school insurance program. Misti has a background in nursing, hospital administration, physician credentialing, pharmacy management and behavioral health. She also has over 20 years of experience in the insurance industry. Misti has managed over \$200 million in premium and worked with more than 75 producers in 40 states.

Misti provides leadership to the Trust operations - vendor management, marketing, strategic planning, utilization reviews, member relations, legal, finance and overall management of the Trust. Misti is truly passionate about making a difference in charter schools and providing access to quality affordable benefits. Her experience affords her a unique ability to understand the needs of the charter schools and the people they serve.

Misti is a widowed mother of five children, one of which will graduate from a charter high school this year. Misti earned woman of the year in 2010 and 2011 from the National Association of Professional Women.

Damon K. Johnson

Director of Membership Services & Innovation (CharterLIFE)

Damon joined CharterLIFE in 2019, after more than a decade on the consulting side of the insurance industry. Prior to Damon coming to CharterLIFE, he worked strategically, with various private, charter, and public-school districts, to secure financially sound and benefit rich employee programs for their schools. This included evaluating and assessing alternate school health programs and nurturing possible strategic relationships. He has vast experience with labor unions and their representatives, having once managed the health benefits program for an SEIU local – The Service Employee International Union. Damon has also worked strategically with some prominent JPA's in California, which provide employee benefits, risk management, policy placement for school districts, and over 600 charter schools in California.

Jane Phoong

Senior Account Executive, BRMS

Jane joined BRMS in 2007 and is a valued member of the BRMS team. She has over 13 years in the Third-Party Administration (TPA) industry, and over 20 years on building long-term relationships with outside vendor-partners. Prior to assuming her current position with BRMS, she served clients on the vendor side in various Operation roles. Jane's clients benefit from her well-rounded experience and expertise in both the TPA and vendor worlds. Jane has been working with CharterLIFE directly, as the account lead at BRMS, for over 10 years.

Caitlin Brooks

Accounting Supervisor, BRMS

Caitlin has been a part of the BRMS accounting team for over 9 years with extensive, prior work experience in the banking industry. Caitlin specializes in Trust Fund Financials and has been working directly with CharterLIFE since 2012. Clients know they can count on Caitlin's efficiency and careful attention to detail to accurately report their assets and bank activity.

EXPERIENCE

Dickerson has worked with various organizations in the education arena similar in size and make-up of ECR. We continually provide analysis and recommendations on medical, dental, vision, flexible spending accounts, life and accidental death & dismemberment insurance, short term and long-term disability insurance, voluntary benefits and ancillary employee benefits. We are also able to provide risk management consulting, and workers compensation placement.

We believe that our experience in the education sector, throughout the years, gives us unique qualifications when it comes to consulting a school, or school district, on the delivery of quality, affordable benefits. We have helped many schools weather the storm during time of financial instability with alternative solutions and spending options for continuing their programs. Dickerson has also been a shining light for our school clients, throughout the ever-changing landscape of healthcare, and the laws surrounding it.

Dickerson, as we mentioned, was at the forefront of the rise of the charter school movement, in the state of California. Dickerson offers one of the preeminent programs in all of California - CharterLIFE, and has been providing robust employee benefit programs for charter schools since the early 2000's. In July of 2008, we developed and introduced the California Charter Schools Employee Welfare Benefit Trust, now doing business as CharterLIFE. Dickerson is the lead broker and consultant for CharterLIFE.

Our experience in the public sector, specifically around educational institutions, is extensive and comprehensive. It includes, but is not limited to, several large school districts including Pasadena Unified School District, Inglewood Unified School District, and Compton Unified School District. Dickerson team members also have experience with the San Francisco Unified School District, and with the California Schools Employee Benefits Association (CSEBA) a statewide schools JPA, who's operating offices are in San Bernardino. CSEBA is the first JPA to offer a marketplace defined contribution program, which incorporates individually rated (separate premium) ACO contracted benefit programs. Dickerson assisted CSEBA in making that program available to charter schools in California.

STRATEGIC APPROACH

Your Dickerson team is built on the core belief and discipline to serve you more completely, more holistically, and more professionally than any firm in the business. Our group is dedicated to your success. Our entire team excels at service – we will always put ECR at the center of our activities, which will provide the right solutions in the quickest time possible.

What makes Dickerson unique is our approach. Our process for each client is dedicated to understanding the organization's goals, and what they are hoping to accomplish through their benefit offerings. Our objective is to continue to help ECR identify your goals—only then can we move forward with a strategic plan. Our client discovery meeting allows us to truly understand the needs of ECR, and to develop a plan that is right for your organization.

Our discovery meetings with ECR's leadership team (HR, Finance, and others involved in the benefit process) are designed to review the following areas:

- **Value Perception** – will explore your ability to be effective at keeping the value perception of your benefits offering at a high level at all times
- **Cost Containment** – how well do you understand and utilize all of the cost containment measures at your disposal
- **Education** – how well are you educating employees on their role in keeping healthcare costs down
- **Advocacy** – how well you are supporting your employees within the healthcare system
- **Wellbeing** – how well you are addressing the drivers of employee wellbeing
- **Compliance** – your ability to minimize / eliminate compliance administration and risk
- **Technology** – your ability to streamline efficiencies for your benefits and workforce initiatives so that you can focus on your core business goals

Having an actionable strategic plan is important to the long-term success of any organization's benefits program, and our process will help you develop a plan for ECR.

It's well known in our industry that you can offer your employees the most robust benefit package in the market, but if the benefits are not communicated well and understood, the result is an unhappy employee population - resulting in lower work productivity, higher use of Workers Compensation programs, and higher employee turnover.

The creative and innovative Dickerson in-house communications team will work with the ECR HR department. to assist in developing effective communication pieces, that will resonate with the employees and reinforce healthy living and lifestyle choices. These communications can be used for enrollments, health fairs and/or regularly scheduled employee communication pieces, to provide the employees guidance and help.

Not only does Dickerson provide our clients with customized employee communication materials, but we also work with our clients and their employees to understand the best method for receiving their benefits information. We will accomplish this through focus groups, participation in health and wellness and benefit fairs, and other specialized employee meetings as needed.

Dickerson also uses overlooked, and underutilized educational programs and materials from the carriers/providers, for benefits and wellness promotion and alternative treatment options. In coordination with ECR, our multilingual staff will coordinate member trainings, and orientations (as needed) to educate the employees on how to best utilize their benefit plans and take control of their own health and welfare.

REFERENCES

Provide, at a minimum, three (3) references for current clients for whom services are being provided that are comparable in scope and nature to that set forth herein. Preference and emphasis shall be given to references that are educational institutions, particularly publicly funded high schools/K-12 schools.

1. Birmingham Community Charter High School

William Covington, III | Chief Business Officer

Phone: 818.758.5251 | w.covington@birminghamcharter.com

Charter School Website: www.birminghamcharter.com

2. Drew Child Development Corporation

Jacqueline Clarke, CPA | Chief Financial & Chief Operating Officer

Phone: 323.249.2950, ext.139 | jclarke@drewcdc.org

Organization Website: www.drewcdc.org

3. Foundation for Early Childhood Education

Marcie Houchen | Director

Phone: 626.572.5107 | mhouchen@foundationheadstart.org

Organization Website: www.foundationheadstart.org

4. California Schools Employee Benefit Association (CSEBA)

Ellen Alcala | Employee Benefits Manager

Phone: 909.763.4900 | ealcala@scsjpa.org

Organization Website: wwwcsjpa.org/cseba-homepage

PRICING

Provide detailed information as to the cost for the services identified in Section 3.0 above. The scope of services provided for in Responder’s proposal should be comparable to those currently in place for the School, as identified in Section 3.0. In consideration of ECRCHS’s current plan, and if available, Responders shall provide a comparison of the cost of a multi-tiered plan like that currently used versus a composite plan.

Our rates include the following services:

- | | |
|---|--|
| 1. Dedicated Customer/Member Support | 12. Form 5500 Filing |
| 2. HR and Back Office Support | 13. Lobbying Support |
| 3. Consolidated Electronic Billing and Reconciliation | 14. Grievance Support |
| 4. Consolidated Voluntary Benefits Billing | 15. Wellness / Well-Being Services |
| 5. Cobra Services | 16. Benefits Education - Communications |
| 6. HRA Administration | 17. On-Site/Virtual Open Enrollment Support & Health Fairs |
| 7. FSA Administration | 18. Electronic Document Library |
| 8. EDI File Transfers | 19. Online Enrollment and Eligibility Platform (VBAS). **Please note that this is exclusive to CharterLIFE and cannot be provided to schools leaving the trust for 2 years. |
| 9. Actuarial Services | |
| 10. Legal Services | |
| 11. Compliance Support | |

Traditionally there are fees associated with these services, whether you pay directly or indirectly for them. Typically, the industry standard fee is upward of 5% or more, whereas CharterLIFE factors less than 2% for the above listed services.

2021-2022 PROGRAM RENEWAL STATUS

The 2021-2022 renewal negotiations are currently underway. Offers have been received by carriers, however further actuarial and rate setting is still being conducted. While we truly understand the importance of having the rates for the purpose of consideration, we simply could not have the renewal rates finalized by the deadline provided for this RFP.

The underwriting and rate setting is a painstaking process that CharterLIFE takes very seriously. ECR currently represents a high percentage of the total PPO population and as a market indicator of what other carriers/pools quote, our strategy will be to minimize any rate actions that unfairly target ECR. These are transparent data points that any prospective entity would need to know so that an apples to apples underwriting evaluation can take place. We are committed to ensuring rate stability, and capping any increase at 4%, and would certainly consider a multiyear commitment.

As the incumbent provider for ECR, we feel it is of the upmost importance to express our commitment to ensuring you reach your budgetary goals and obligations to your staff. We

can assure you that there are no benefit changes, and no rate increases to our ancillary benefits package, and we ask for the opportunity to work with you to achieve your financial goals for 2021-2022 benefit year.

HISTORICAL PRICING & PROGRAM RENEWAL

CharterLIFE was created to serve all charters from start-up, conversion, and established charters of all sizes schools to provide comprehensive health coverage to their employees in a cost-effective manner and also create cost-savings through centralized administration, plan design flexibility and pooling of resources.

Additionally, to offer pricing flexibility, stability and predictability, CharterLIFE's employer policies include being able to offer tiered rating, defined or percentage contribution, premium payment flexibility, direct bill to employee and composite-rating. The composite rating methodology allows our members to pay a set "flat" rate across its work force.

Eliminating age rating allows employers to have a better handle on their health care costs, because adding a 25-year old employee costs the same as adding a 63-year old one. It also makes it easier for the employer to offer the same employee contribution for insurance, regardless of the employee's age. ***Since 2015 CharterLIFE has saved ECR approximately \$1,326,593 in premium by providing a composite rate, Approximately 16% of premium.***

In addition to having saved over \$1.3 million during that time period, ECR's annual benefits program increase has never been greater than 8.5%, and over the last three years the increase has been 3% or less, thus resulting in an average increase of just a 4.37% over the last six years. The financial savings, paired with the stability, and predictability of renewals less than 4.5% overall year after year, is unheard of in the healthcare industry.

CharterLIFE takes tremendous pride in keeping costs down, in-depth monitoring of utilization, and diligent negotiations with carriers and vendors. While there is always room for improvement, we are constantly evolving. CharterLIFE was built on a moral compass of always putting people before profit and was created by and for charter people. It is no mistake that ECR has established a relationship with CharterLIFE for over 10 years. CharterLIFE will always operate with integrity and your bottom line in mind. We look forward to the opportunity to continue to serve ECR.

We have included an illustration in the supporting document section, showing the composite rate savings and negotiation history for ECR over the past 5 years. Please feel free to contact us with any questions about the information.

SUPPORTING INFORMATION

CharterLIFE PROGRAM FEATURES



Established and doing business in California since 2008, CharterLIFE has been partnering with charter schools throughout California, providing robust benefit plans, benefit education, and invaluable back-office support. CharterLIFE provides employee health benefits, customer service, partner/carrier resources, legal and lobbying resources, and administrative support exclusively for charter schools and their staff. CharterLIFE offers charter schools exclusive access to health benefits and services created specifically for California charter schools. CharterLIFE understand charter school governance, fiscal accountability, and the challenges that charter schools face when obtaining quality affordable benefits.

CharterLIFE is a 501 (c) (9) Employee Welfare Benefit Trust. The Trust was created by and for charters school professionals.

CharterLIFE Administrative Support

Health insurance plans, underwriting, and regulations continue to evolve and become more complicated to understand all of the time. We provide every CharterLIFE member school with a dedicated service team to support you and your staff. Your direct "team" consists of a senior benefits consultant, an account manager, and an account specialist to assist you in all aspects of your day-today benefits. This team will be your HR director's primary contact for enrollment, billing, and customer service.

CharterLIFE offers electronic billing, online employee self-service, dedicated member service number, and instant 24-hour access to reports and HR tools. Your enrollments are easy, informative, and hassle free with our customized step-by-step implementation process. CharterLIFE will attend board meetings, provide budget analysis, conduct on-site enrollments, conduct webinars for staff and employees, and provide educational updates throughout the year. And for those moments in between, when HR questions arise or clarification is needed, every CharterLIFE member school is given complimentary access to a robust on-line HR advisory web site that gives you the answers you want when you need them. CharterLIFE also has an on-staff ERISA attorney to address questions, and ensure compliance as needed.

CharterLIFE Factors & Highlights

- ✚ Rate Setting Authority
- ✚ Pooled Group Rating
- ✚ Composite or Tiered Rating
- ✚ Custom Plan Offerings
- ✚ Large Group ACA Compliant Plans
- ✚ Financial Flexibility
- ✚ Ease of Administration
- ✚ Consolidated Billing
- ✚ EAP, COBRA & FSA Administration
- ✚ Wellness Resource

CharterLIFE Advantages

- ✚ CharterLIFE conducts comprehensive benefits and rate evaluations for your charter
- ✚ CharterLIFE will present to your school's board and HR committee
- ✚ CharterLIFE provides vendor/carrier management & oversight
- ✚ CharterLIFE provides on-site or virtual open enrollment & health fairs

CharterLIFE Third Party Administrator – Benefit Risk Management Services (BRMS)



Established in 1993, Benefit Risk Management Services (BRMS) is a nationwide Third-Party Administrator helping employers manage their total healthcare costs with exceptional customer service and innovative solutions. BRMS has proprietary billing & eligibility technology solutions that allows for a more streamlined approach to online communication, enrollment, management, billing, and reporting. BRMS is headquarters located in Folsom, CA; with all services preformed in-house.

BRMS has partnered with CharterLIFE and Dickerson since 2010, in administering the CharterLIFE program. Below are some of BRMS' current partners, to which they provide many of the same services for the CharterLIFE program.



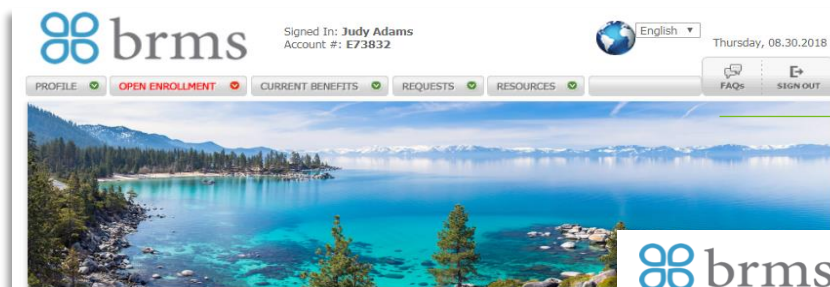
CharterLIFE TECHNOLOGY – Virtual Benefits Administration System (VBAS)



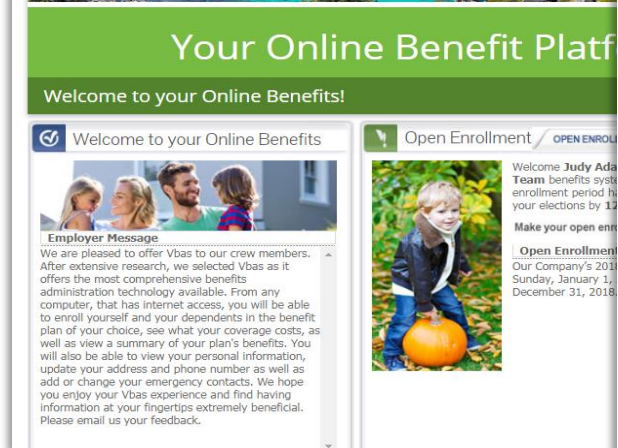
Vbas is a proprietary, secure database that internally manages benefit data, empowering Employers to enter, store and access both employee and benefit information — anytime, anywhere.

24/7 Benefit Administration

- Online Enrollment
- Centralized Data Management
- EDI Transfers
- Automated Reports
- Benefit Statements
- Consolidated Billing



Vbas Employee Self Service allows employees to manage their own benefits.



Available in English & Spanish

CharterLIFE TECHNOLOGY – Virtual Benefits Administration System (VBAS)

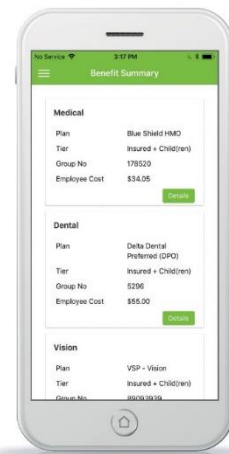
VBAS Mobile

VBAS Mobile is available for members on their phone! The Vbas app is available free of charge and allows members to access their benefits information via their mobile devices.

- Check FSA Claims Status and History
- Submit FSA Receipts
- Browse FSA Claims
- View Personal Information
- View Company Resources
- Available on Android and iPhone

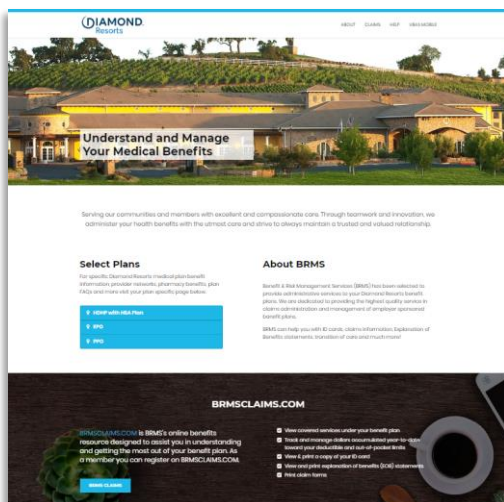


Vbas Mobile Login



Benefit Summary

Custom/Personalized Online Benefit Solutions



Customize Your School’s Benefit Home Page & Enhanced Member Portal Development Capabilities

CharterLIFE Employee Assistance Program (EAP)



Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.



Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™
— helps you save on medical bills



Who is covered?

Unum's EAP services are available to all eligible employees, their spouses or domestic partners, dependent children, parents and parents-in-law.



Employee Assistance Program — Work/Life Balance

Toll-free 24/7 access:

- 1-800-854-1446 (multi-lingual)
- www.unum.com/lifebalance



Turn to us, when you don't know where to turn.

Employee Assistance Program (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Family and parenting problems
- Relationship issues, divorce
- Anger, grief and loss
- Job stress, work conflicts
- And more

Work/Life Balance

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child care
- Financial services, debt management, credit report issues
- Elder care
- Even reducing your medical/dental bills!
- Legal questions
- And more
- Identity theft

Help is easy to access:

- **Online/phone support:** Unlimited, confidential, 24/7.
- **In-person:** You can get up to 3 visits available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

* The counselors must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority.

Unum's Employee Assistance Program and Work/Life Balance services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult

your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Insurance products are underwritten by the subsidiaries of Unum Group.

www.unum.com

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COMMUNICATION PIECES

For Employees

BENEFITS INSIGHTS

Designed by you for the insurance professionals at Dickerson Employee Benefits.

Educating Employees on Voluntary Benefits

Offering voluntary benefits is a great way to enhance your benefits package. Offering them competitively and thoughtfully can help you attract and retain top talent. But while employees may choose to opt out of some voluntary benefits, they will still want to know what you offer. Educating your employees on the advantages of your voluntary benefits is the best way to help them decide.

Offering voluntary benefits is a great way to enhance your benefits package, differentiate from competitors and increase employee satisfaction—all with little impact on your budget.

When considering a voluntary benefit, many employees may not be aware of the value of voluntary benefits that they must personally finance. For example, you may be able to voluntarily finance a term life insurance policy through an employer group-term life insurance plan, but you may not be able to do so if you purchase a term life insurance policy on your own. This means that the cost of going without and paying the convenience and ease of purchasing through the company may be worth the extra cost.

Coverage Education
It is important that employees fully understand their policy as they make their decision. It is important that employees fully understand their policy as they make their decision. It is important that employees fully understand their policy as they make their decision.

When offering any benefit option, employer-paid or voluntary, you should be sure your employees understand the details of the benefit. This is a key to making sure your employees are fully informed about their options. This is a key to making sure your employees are fully informed about their options.

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KNOW YOUR BENEFITS.

Consumer Driven Health Care: Creating Choices For You

Consumer driven plans are not designed to replace a plan to pay for medical care during an emergency. They are designed to help you manage your health care costs. They are designed to help you manage your health care costs.

With a consumer plan and a consumer-driven health plan (CDHP) you can control your own health care costs. You can control your own health care costs. You can control your own health care costs.

A high deductible health plan with an HSA has grown from 4% of all employer-sponsored health plans in 2010 to 25% in 2019. This is a significant increase in the number of employees who have access to these plans.

CDHPs are a result of a combination of factors including the rise of high deductible health plans, the rise of health savings accounts, and the rise of consumer-driven health plans.

CDHPs are a result of a combination of factors including the rise of high deductible health plans, the rise of health savings accounts, and the rise of consumer-driven health plans.

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Live Well, Work Well

Health and wellness tips for your work, home and on-the-go brought to you by the insurance professionals at Dickerson Employee Benefits.

Changes in medicine, science and technology in the last century have helped more people live longer, healthier lives.

STAYING HEALTHY FOR LIFE

There are many ways to stay healthy. You can eat a healthy diet, exercise regularly, and get enough sleep. You can eat a healthy diet, exercise regularly, and get enough sleep.

Stay Healthy
You can eat a healthy diet, exercise regularly, and get enough sleep. You can eat a healthy diet, exercise regularly, and get enough sleep.

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For HR and Benefits Team

STATE EMPLOYMENT LAWS

CALIFORNIA

Benefits for Same-sex Couples and Domestic Partners

Due to recent changes in federal and state law, employers may be considering their policies and obligations for providing employee benefits, such as health insurance, coverage, for their employees' domestic partners or same-sex partners.

As of January 1, 2015, there are no laws that specifically require domestic partner or same-sex partner benefits in the workplace. However, many laws regarding same-sex couples and domestic partners have been enacted that affect benefits for domestic partners.

The Employment Law Summary provides an overview of the federal and state laws that affect domestic partner benefits for employers, including when employers may be required to provide health plan coverage to domestic partners.

STATE LAWS
Same-Sex Marriage
Supreme Court Decision
Until recently, laws in some states prohibited same-sex marriage. On June 26, 2015, the U.S. Supreme Court ruled in favor of same-sex marriage. This decision means that all states must recognize the rights of same-sex couples to marry. This decision means that all states must recognize the rights of same-sex couples to marry.

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LEGISLATIVE BRIEF

Brought to you by Dickerson Employee Benefits

HIPAA Privacy Common Questions: Definitions

On Oct. 20, 2009, the Department of Health and Human Services (HHS) released the regulations governing the privacy of health information (the Privacy Rule). By August 2012, HHS released the final rule and created rights for individuals with respect to their own information.

Most covered entities need to comply with the Privacy Rule by no later than April 14, 2013. Small health plans had an additional year to comply, until April 14, 2014.

On May 17, 2009, President Obama signed the HITECH Act into law. The HITECH Act revised the Privacy Rule by making some provisions directly applicable to business associations, including new protected health information (PHI) to provide services to covered entities (other than business associations) may also comply with certain provisions of the Privacy Rule.

WHAT IS COVERED ENTITY?
The HIPAA Privacy Rule directly applies to covered entities. Covered entities include:
• Health plans
• Health care clearinghouses, and
• Health care providers that conduct certain transactions electronically.

The HIPAA Privacy Rule indirectly regulates health plan sponsors. Other third parties that use protected health information (PHI) to provide services to covered entities (other than business associations) may also comply with certain provisions of the Privacy Rule.

WHAT IS PROTECTED HEALTH INFORMATION (PHI)?
Protected health information (PHI) is:
• Data, whether or electronic
• Individually identifiable health information;
• Created or received by a covered entity, and
• Relates to an individual's past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual.

PHI does not include employment records held by a covered entity in its role as an employer.

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LEGISLATIVE BRIEF

Brought to you by Dickerson Employee Benefits

HIPAA Special Enrollment Rights

Group health plans often provide eligible employees with two regular opportunities to elect health coverage—an initial enrollment period when an employee first becomes eligible for coverage and an annual open enrollment period before the start of each plan year.

In addition, to ensure health coverage more portable, the Health Insurance Portability and Accountability Act (HIPAA) requires group health plans to provide special enrollment opportunities outside of the plan's regular enrollment periods in certain situations.

Special enrollment may be available in these situations:
• A loss of eligibility for other health coverage;
• Termination of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP);
• The acquisition of a new spouse or dependent by marriage, birth, adoption or placement for adoption; and
• Becoming eligible for a premium assistance subsidy under Medicaid or a state CHIP.

The Legislative Brief summarizes HIPAA's special enrollment events. It also discusses the interaction between HIPAA's special enrollment provisions and the California plan election change law.

APPLICABLE HEALTH PLANS
HIPAA's special enrollment rules primarily apply to group health plans and health insurance issuers offering group health insurance coverage.

However, certain categories of coverage called "extended benefits" are not subject to HIPAA's special enrollment rules. Extended benefits, for example, are the following:
• Benefits that are generally not health coverage (such as accidental coverage, liability insurance, workers' compensation and accidental death and dismemberment coverage);
• Limited scope dental or vision benefits; and
• Most health flexible spending accounts (FSAs).

HIPAA also includes an exemption for very small group health plans, including retiree-only plans. HIPAA's special enrollment rules do not apply to a group that, on the first day of the plan year, has fewer than two participants who are current employees.

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Posters

SAVE A LIFE

Checking due to an obstructed airway is a critical situation that can lead to death. If you notice someone who is choking but not coughing or able to speak, call 911 immediately. Then you should perform the Heimlich maneuver.

Here's how:

- Place your right hand behind the victim and place your arms around their waist.
- Place your right hand behind the victim and place your arms around their waist.
- Place your right hand behind the victim and place your arms around their waist.

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JOB STRESS

Increased stress at work often negatively impacts otherwise happy employees.

Watch for signs of job stress, including:

- Anxiety
- Sleeplessness
- Loss of interest
- Difficulty concentrating and focusing
- Irritability
- Low morale
- Negative relationships with family and friends

To avoid these health problems and maintain high job satisfaction, consider the following tips:

- Set realistic goals and don't put unnecessary pressure on yourself.
- Try to take priority about tasks at work—avoid negative thoughts and stress.
- Take a short break if you need to rest.

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Bananas

1 medium banana contains 400 mg potassium

The potassium you get from eating bananas gives you many health benefits:

- Ensures proper nerve signals and heart beats
- Contributes to proper muscle contraction
- Helps protect against high blood pressure
- Reduces risk of stroke

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Evidence of Insurance and Bus. Tax Registration Cert.

State of California Insurance License

California Department of Insurance
 DICKERSON EMPLOYEE BENEFITS, AN ALERA GROUP AGENCY,
 LLC
 License # 0M29112

DBA: ALERA-DEB INSURANCE AGENCY, LLC
 DBA: DICKERSON INSURANCE SERVICES

Pursuant to the requirements of the State of California Insurance Code,
 DICKERSON EMPLOYEE BENEFITS, AN ALERA GROUP AGENCY, LLC is authorized to act in the following capacity:

License	Effective Date	Expiration Date
Resident Insurance Producer	04/10/2018	04/30/2022
Qualifications		
Accident and Health Agent	04/10/2018	
Casualty Broker-Agent	04/10/2018	
Life-Only Agent	04/10/2018	
Property Broker-Agent	04/10/2018	
Variable Contracts Agent	04/10/2018	

Business Address: 1918 Riverside Drive, Los Angeles, California 90039


 Ricardo Lara, Insurance Commissioner





State of California Business Tax Registration

CITY OF LOS ANGELES TAX REGISTRATION CERTIFICATE
 THIS CERTIFICATE IS GOOD UNTIL SUSPENDED OR CANCELLED


ACCOUNT NO.	FUND/CLASS	DESCRIPTION	STARTED	STATUS
0003108441-0001-8	L049	Professions / Occupations	5/1/2018	Active

ISSUED: 5/13/2019

DICKERSON EMPLOYEE BENEFITS
 1918 RIVERSIDE DR
 LOS ANGELES CA 90039-3705



ISSUED FOR TAX COMPLIANCE PURPOSES ONLY
 NOT A LICENSE, PERMIT, OR LAND USE AUTHORIZATION

ISSUED BY:

 Claire Bantel
 DIRECTOR OF FINANCE

ISSUED TO:
 1918 RIVERSIDE DRIVE
 LOS ANGELES, CA 90039-3705

No registration certificate or permit issued under the provisions of the Business Tax ordinances of the LAMC, or the payment of any tax required under the provisions of the Business Tax ordinances of the LAMC shall be construed as authorizing the conduct or continuance of any illegal business or of a legal business in an illegal manner.

NOTIFY THE OFFICE OF FINANCE IN WRITING OF ANY CHANGE IN OWNERSHIP OR ADDRESS - Office of Finance, P.O. Box 53250, Los Angeles CA 90053-6200

FORM 2000 (Rev. 11/15) IMPORTANT - READ REVERSE SIDE

Kaiser - Break-In/Break-Away Policy

The Kaiser Permanente break-in/break-away policy provides customers with 101 or more employees flexibility to explore benefit solutions through pooled purchasers — joint powers authorities, trust funds, multiple employer welfare arrangements (MEWAs), and other types of arrangements. The policy is intended to keep rates neutral, help prevent unfair competition, and allow customers to make decisions based on service and overall value.

BREAK-IN CUSTOMER — *an existing Kaiser Permanente customer entering a pooled arrangement*

- When a customer enters a pool, the quote provided will be based on their current renewal rate (adjusted for benefit changes, commissions or fees, length of contract, and pool-initiated rate modifications).
- The existing customer is eligible to renew under the pooled purchaser's rating structure after an initial contract period of at least 6 months and up to a maximum of 18 months, based on the new pooled purchaser's contract anniversary date.

Example: An existing customer renews on January 1 and the pooled purchaser renews on March 1. The existing customer joins the pool in January. Because the entering customer has only been in the new pool for 2 months by the March renewal (which doesn't meet the 6-month minimum), they're quoted an initial 14-month contract based on their current rates. The existing customer will then be underwritten and renewed with the pooled purchaser's March renewal of the following

BREAK AWAY EXISTING CUSTOMERS — *exiting a pool or moving to a different purchasing pool*

- Existing customers must stay within the purchasing pool for at least 24 months before leaving, or Kaiser Permanente has the right to re-rate the exiting customer and charge the higher of the 2 rates
- When exiting a purchasing pool, an existing customer will get a quote based on their current rate (adjusted for benefit changes, commissions or fees, length of contract, and pool-initiated rate modifications).
- An existing customer is eligible to be underwritten and renewed separately after an initial contract period of at least 6 months and up to a maximum of 18 months, depending on the contract anniversary date. If the existing customer is entering a new purchasing pool, they'll be underwritten and renewed under the new purchasing pool's rating structure and contract anniversary date (see the break-in customer example above)

Example: The new purchasing pool's contract anniversary date is January 1. The existing customer breaks away from their current purchasing pool on May 1 and chooses a new contract anniversary date of January 1. Because the existing customer will be out of the purchasing pool for more than the 6-month minimum, they're quoted an 8-month initial contract based on their current rates. The existing customer will then be underwritten and renewed separately on January 1.

Kaiser - Break-In/Break-Away Policy (contd.)

Customers breaking in that don't currently offer Kaiser Permanente

A customer not currently offering Kaiser Permanente may be eligible to enter a pooled arrangement at the purchasing pool's rates if the customer's number of eligible subscribers, or employees, is less than 10% of the current eligible subscribers in the purchasing pool. If the new break-in customer meets or exceeds 10% of the purchasing pool, underwriting will review and rate as appropriate. Talk to your Kaiser Permanente representative to learn more about the underwriting process for each pooled purchaser.

***** Important information when considering breaking in or breaking away *****

Break-in/break-away policy notifications and requirements

- Existing customers should break into a new pooled purchasing arrangement on their existing contract anniversary date.
- Kaiser Permanente should be notified at least 90 days before the proposed break-in/break-away date.
- An appropriate Letter of Authorization dated within 6 months of the request must be submitted by the existing customer's contract holder, consultant or broker of record, administrator, or authorized representative before the release of any information.

Break-in/break-away policy exceptions and clarifications

- Small business groups (with 100 or fewer employees) aren't subject to this policy unless they're currently part of a large group contract.
- This policy doesn't apply to professional employer organizations. A separate policy for these organizations is under development.
- CalPERS follows its own break-in/break-away guidelines and is exempt from this policy.
- Application of the break-in/break-away policy may be subject to federal laws on collective bargaining.
- Additional information that could affect a group's size or risk may be considered during underwriting.
- Kaiser Permanente reserves the right to modify this policy at any time and all standard underwriting assumptions apply.



Five Year Rate/Renewal Comparison – El Camino Real Charter High School

	High				Low				High+Low	
	Tier	Enrollment#	Composite Rate	Tier Rates	Tier	Enrollment#	Composite Rate	Tier Rates	Composite Rate	Tier Rates
2019-2020	EE	29	\$1,137.18	\$665.77	EE	3	\$1,054.28	\$617.55		
	EE+1	28		\$1,331.53	EE+1	1		\$1,235.08		
	EF+2 or more	45		\$1,884.12	EF+2 or more	5		\$1,747.65		
	Total	102	\$115,992.36	\$141,375.57	Total	9	\$9,488.52	\$11,825.98		
	Annual		\$1,391,908.32	\$1,696,506.84	Annual		\$113,862.24	\$141,911.76	\$1,505,770.56	\$1,838,418.60
	Diff.		-\$304,598.52	-18%			-\$28,049.52	-20%	-\$332,648.04	-18%
2018-2019	EE	23	\$1,141.52	\$623.42	EE	3	\$1,038.70	\$564.70		
	EE+1	27		\$1,246.84	EE+1	0		\$1,129.42		
	EF+2 or more	44		\$1,764.27	EF+2 or more	5		\$1,598.11		
	Total	94	\$107,302.88	\$125,631.22	Total	8	\$8,309.60	\$9,684.65		
	Annual		\$1,287,634.56	\$1,507,574.64	Annual		\$99,715.20	\$116,215.80	\$1,387,349.76	\$1,623,790.44
	Diff.		-\$219,940.08	-15%			-\$16,500.60	-14%	-\$236,440.68	-15%
2017-2018	EE+1	30		\$1,277.42	EE+1	1		\$1,157.00		
	EF+2 or more	50		\$1,807.54	EF+2 or more	6		\$1,637.94		
	Total	103	\$118,114.22	\$143,389.70	Total	9	\$9,390.15	\$12,141.64		
	Annual		\$1,417,370.64	\$1,720,676.40	Annual		\$112,681.80	\$145,699.68	\$1,530,052.44	\$1,866,376.08
	Diff.		-\$303,305.76	-18%			-\$33,017.88	-23%	-\$336,323.64	-18%
	2016-2017	EE+1	25		\$1,199.20	EE+1	3		\$1,086.19	
EF+2 or more		46		\$1,696.86	EF+2 or more	6		\$1,536.96		
Total		95	\$103,064.55	\$122,425.72	Total	11	\$10,858.21	\$13,566.53		
Annual			\$1,236,774.60	\$1,469,108.64	Annual		\$130,298.52	\$162,798.36	\$1,367,073.12	\$1,631,907.00
Diff.			-\$232,334.04	-16%			-\$32,499.84	-20%	-\$264,833.88	-16%
2015-2016		EE+1	19		\$1,134.96	EE+1	2		\$1,028.03	
	EF+2 or more	47		\$1,605.97	EF+2 or more	6		\$1,454.65		
	Total	95	\$101,631.95	\$113,501.75	Total	12	\$11,680.80	\$12,839.96		
	Annual		\$1,219,583.40	\$1,362,021.00	Annual		\$140,169.60	\$154,079.52	\$1,359,753.00	\$1,516,100.52
	Diff.		-\$142,437.60	-10%			-\$13,909.92	-9%	-\$156,347.52	-10%
	Total Savings Over 5-years									\$7,149,998.88
									-\$1,326,593.76	-16%



Submit Renewal Acceptance/Enrollment To: BRMS

Secure Email: CharterLIFE@brmsonline.com

Phone: 866.755.6651 (option 2)

Fax: 916.467.1404

Member ID: Vbas # 2050

2021/2022 El Camino Real Charter High School Benefits Renewal

Pre-HR Meeting Scheduled/Completed:

CharterLIFE™ Renewal Rates 2021/2022							SCc		ANNUAL DRAFT									
Tier	BC HMO High	BC HMO Low	BC HMO Base	BC PPO High	BC PPO Low	BC PPO Base	Kaiser HMO High	Kaiser HMO Low	Kaiser HMO HDP \$1500	Kaiser HMO HRA \$3000	Dental PPO 2000	Dental PPO 1000	DeltaCare HMO	VSP VISION	Life 25,000	Life 50,000		
Employee Only	\$651.85	\$611.69	\$566.66	\$1,105.34	\$1,017.14	\$791.32	\$1,194.85	\$1,128.45	\$565.38	\$454.32	\$55.09	\$46.04	\$13.91	\$9.38				
Employee+1							\$1,194.85	\$1,128.45	\$1,130.75	\$908.65	\$106.26	\$89.57	\$26.52	\$18.54	\$2.68	\$5.37		
EE + Sp	\$1,434.09	\$1,345.72	\$1,246.67	\$2,431.77	\$2,237.73	\$1,740.89												
EE + Child/ren	\$1,173.34	\$1,101.04	\$1,020.02	\$1,989.63	\$1,830.87	\$1,424.38												
Family	\$2,020.42	\$1,896.24	\$1,756.68	\$3,426.58	\$3,153.16	\$2,453.09	\$1,194.85	\$1,128.45	\$1,600.03	\$1,285.74	\$176.94	\$147.01	\$42.76	\$30.36	-	226		
Total EE's	37		2	26	29	2	106	10			66	144	29	206				

Current Enrollment and Premium Summary																
Tier	BC HMO High	BC HMO Low	BC HMO Base	BC PPO High	BC PPO Low	BC PPO Base	Kaiser HMO High Composite	Kaiser HMO Low Composite	Kaiser HMO HDP \$1500	Kaiser HMO HRA \$3000	Dental PPO 2000	Dental PPO 1000	DeltaCare HMO	VSP VISION	Life 25,000	Life 50,000
Employee Only	4		1	14	12	0	31	5			21	42	7	57		
Employee+1							24	0			21	32	13	52		
EE + Sp	6		0	5	3	0										
EE + Child/ren	9		0	3	2	0										226
Family	18		1	4	12	2	51	5			24	70	9	97		
Total EE's	37		2	26	29	2	106	10			66	144	29	206		226
Monthly	\$ 291,429	\$ 55,696.39	\$ 2,222.87	\$ 43,001.06	\$ 54,921.44	\$ 4,503.78	\$ 120,541.08	\$ 10,542.80			\$ 7,634.91	\$ 15,090.62	\$ 826.97	\$ 4,443.66		\$ 1,213.60
Monthly New	\$ 311,035	\$ 58,139.56	\$ 2,323.34	\$ 47,308.82	\$ 60,418.53	\$ 4,906.18	\$ 126,654.10	\$ 11,284.50			\$ 7,634.91	\$ 15,090.62	\$ 826.97	\$ 4,443.66		\$ 1,213.60
Annual	\$ 668,356.68	\$ 26,674.44	\$ 516,012.72	\$ 659,057.28	\$ 54,045.36	\$ 1,446,492.96	\$ 126,513.60				\$ 91,618.92	\$ 181,087.44	\$ 9,923.64	\$ 53,323.92		\$ 14,563.20
Annual New	\$ 697,674.72	\$ 27,880.08	\$ 567,705.84	\$ 725,022.36	\$ 58,874.16	\$ 1,519,849.20	\$ 135,414.00				\$ 91,618.92	\$ 181,087.44	\$ 9,923.64	\$ 53,323.92		\$ 14,563.17
Change (+/-) %	4.39%		4.52%	10.02%	10.01%	8.93%	5.07%	7.04%			0.00%	0.00%	0.00%	0.00%		0.00%
	\$ 1,571.34	\$ 1,161.67	\$ 1,819.57	\$ 2,083.40	\$ 2,453.09	\$ 1,194.85	\$ 1,128.45				\$ 115.68	\$ 104.80	\$ 28.52	\$ 21.57		\$ 5.37

*some figures may be rounded up/down for this presentation, please refer to your bill for the exact cost.

** Cobra participants may not be included in this representation of your renewal

Premium Summary	CURRENT	RENEWAL
Monthly Premium*	\$320,639.18	\$340,244.79
Annual Premium*	\$3,847,676.16	\$4,082,937.45
Monthly Increase*		\$19,605.61
Annual Increase*		\$235,267.29
Increase %		6.11%

*Plus loyalty credit of \$81,000 (not included above)

CharterLIFE™

Administered by: Benefit & Risk Management Services, Inc. PO BOX 2080, Folsom, CA 95630
 Secure Email: CharterLIFE@brmsonline.com Phone: 866.755.6651 (option 2) Fax: 916.467.1404

Monthly with Loyalty Credit **\$ 333,495**
 Revised Annual Amount \$4,001,937
 Increase % 4.0%

CharterLIFE™ - In Partnership with Dickerson Employee Benefits License# OF69768



SISC

Self-Insured Schools of California
Schools Helping Schools

Health Benefits Proposal

for

El Camino Real Charter High School

October 30, 2020

Armando Cabrera, Account Manager
arcabrera@kern.org

Self-Insured Schools of California
2000 K Street – Larry E. Reider Building
Bakersfield, CA 93301-4533
P.O. Box 1847, Bakersfield, CA 93303-1847
(661) 636-4410 / (800) 972-1727
<http://sisc.kern.org>

A Joint Powers Agreement Administered by the Kern County Superintendent of Schools Office
Mary C. Barlow, Superintendent

Professional Capability

SISC has long been the leader in school focused health care pooling in California. We have been servicing public school districts for over 40 years. We are the largest public entity pool in the USA. Our size allows us to spread our administrative costs and claims risks over a very large membership base.

We have districts all over of California. Unlike pools whose membership is primarily in one region, SISC is able to spread our risk over our statewide pool. This offers the kind of safety associated with having a diversified investment. SISC can smooth out rate changes so no region has to deal with sharp increases in any given year.

We maintain a strong financial standing. We are fully-funded. Our member districts know that should they decide at some point to terminate from the program, no district leaving our statewide pool has ever had to pay any fee, penalty or claims run-out.

We are passionate about our motto, "Schools Helping Schools". Just like those we serve, SISC staff members are certificated and classified public school employees.

Team

SISC Account Manager: Armando Cabrera

A total of over 28+ years of healthcare experience:

- 5+ years as an Account Manager with SISC – Working with Districts to support all aspects of their Medical, Dental, Vision and Life insurance needs.
- 8 years of Health Care Administration with Federally Qualified Health Clinics – Worked in a variety of administrative functions including project management, grant writing, supervision of interns and billing.
- 7 years as a Provider/Community Relations Specialist with Anthem Blue Cross - Working with provider offices and community based organizations towards membership enrollment, ensuring access to care and quality assurance.
- 8 years as a Supervisor of Sales with Health Net - Working with provider offices and community based organizations towards membership enrollment, ensuring access to care, and explanation of benefits.

References

1. Robin Mauro – Benefits/Disability Management Specialist
Redondo Beach Unified School District
(310) 937-1215
2. Ross Perry – Assistant Superintendent
San Gabriel Unified School District
(626) 451-5418
3. Claudia Granger – Personnel Services
Monrovia Unified School District
(626) 471-2022



**El Camino Real Charter High School
Proposal Assumptions**

10/30/2020

Proposed Effective Date: January 1, 2021

- 1 Census:**
Rates were determined based on the census information provided for El Camino Real Charter High School. The proposal is valid for the entire group being quoted. SISC reserves the right to re-evaluate the rates and/or the offer of coverage for any sub-group.

- 2 Rates:**
This is a 9 month quote effective 1/1/2021. The district will renew on 10/1/2021 and every October thereafter.

- 3 Participation:**
The rates quoted are based on 100% participation of full-time employees (FTE ≥ 90%) in SISC sponsored medical plans (or WABE) and adherence to SISC Health Benefit Manual Guidelines. SISC will grandfather currently waiving full-time active employees (FTE ≥ 90%) one-time with proof of other group coverage and a list of names. An employees grandfathered status ends with participation on a medical plan. All subsequent new hires would be required to participate.

- 4 Eligible Employee Definition:**
Classified permanent or probationary employees who work a minimum of 20 hours per week; Certificated employees currently under contract and who work a minimum of 50% of a Certificated job (even though the hours worked may be less than 20 hours per week) are eligible to participate in one of the options offered by the district.

Active employees (employees who are not on an approved leave of absence) who work less than these minimums or who do not district paid benefits based on a pro rata share of what is contributed towards an eight hour or full-time employee are not eligible.

- 5 Dependent Definition:**
Eligible dependents include a legally married spouse, domestic partner, or child to age 26 (guardianship to age 18). Proof of eligibility is required. SISC III reserves the right to request documentation or proof of his or her eligibility (that is a marriage certificate, tax return, birth certificate, court decree, adoption papers or any other documentation that SISC deems relevant and appropriate).

- 6 Medicare Requirement:**
Retirees and their spouses/domestic partners that are 65 years of age or older are required to provide proof of Medicare Parts A & B. A copy of the retiree's and spouse's/domestic partner's Medicare card must be sent to SISC prior to the first of the month in which they turn 65 (or first of the prior month if their birthday is on the 1st). Retirees must have continuous enrollment in Medicare while enrolled in a SISC retiree plan.

- 7 Employer Contribution:**
We assume the district will maintain its current contribution strategy.

- 8 Benefit Communication:**
The group plan benefits must be communicated without modification to the members. The district may not partially pay, reimburse or otherwise reduce the member's responsibility to the group plan.

- 9 Benefit Designs:**
Rates are based upon the attached proposed benefit plans.

- 10 Additional Plan Offerings:**
SISC's proposal assumes no other medical plan offerings.

- 11 Timing:**
Should El Camino Real Charter High School decide to join SISC, the signed JPA agreement must received no later than 11/6/2020.

- 12 Subject to SISC III Executive Committee Approval**

(initials here) Accepted by El Camino Real Charter High School

El Camino Real Charter High SISC PPO Medical Plan Options

1/1/2021 - 9/30/2021 Monthly Composite Rates for Active Employees

100% Participation Requirement: The rates on these pages are based on 100% participation of full-time employees in SISC sponsored medical plans.

Use Of These Pages: These pages should be used as a starting point to find the cost of various medical plan combinations. For more details, please refer to the separate benefit summaries for medical and prescription drug coverage.

Pharmacy				100% Plans					90% Plans				
30 days													
Generic*	Other			Medical	A	B	C	D	G	A	C	G	
	Deductible	Brand	Specialty		Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	
				Deductible	0	100/300	200/400	300/600	500/1,000	100/300	200/500	500/1,000	
				Med OOP	1,000/3,000	1,000/3,000	1,000/3,000	1,000/3,000	1,000/3,000	1,000/3,000	1,000/3,000	1,000/3,000	
				Coverage	100%	100%	100%	100%	100%	90%	90%	90%	
				Office Visit	\$10	\$20	\$20	\$20	\$20	\$20	\$20	\$20	
5	20	20	†		2,059	1,981	1,947	1,929	1,893	1,852	1,883	1,814	1,753
7	25	25	†		2,036	1,958	1,924	1,906	1,870	1,829	1,860	1,791	1,730
9	35	35	‡		2,006	1,928	1,894	1,876	1,840	1,799	1,830	1,761	1,700
10	200	35	‡		1,972	1,894	1,860	1,842	1,806	1,765	1,796	1,727	1,666
15	200	50	‡		1,956	1,878	1,844	1,826	1,790	1,749	1,780	1,711	1,650

Pharmacy				80% Plans								
30 days												
Generic*	Other			Medical	C	E	G	J	K	L	M	
	Deductible	Brand	Specialty		Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	
				Deductible	200/500	300/600	500/1,000	750/1,500	1,000/2,000	2,000/4,000	3,000/6,000	
				Med OOP	1,000/3,000	1,000/3,000	2,000/4,000	3,000/6,000	3,000/6,000	4,000/8,000	4,000/8,000	
				Coverage	80%	80%	80%	80%	80%	80%	80%	
				Office Visit	\$20	\$20	\$20	\$30	\$30	\$30	\$40	
5	20	20	†		1,765	1,713	1,616	1,600	1,558	1,538	1,417	1,274
7	25	25	†		1,742	1,690	1,593	1,577	1,535	1,515	1,394	1,251
9	35	35	‡		1,712	1,660	1,563	1,547	1,505	1,485	1,364	1,221
10	200	35	‡		1,678	1,626	1,529	1,513	1,471	1,451	1,330	1,187
15	200	50	‡		1,662	1,610	1,513	1,497	1,455	1,435	1,314	1,171

Medical & Rx Combined Plans	HSA Plans			
	A	B	Minimum Value PPO	2-Tier Anchor Bronze ²
	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam
Deductible	1,500 ¹ /3,000	3,000/5,200	5,000/10,000	5,000/10,000
Max OOP	3,000/6,000	5,000/10,000	6,350/12,700	6,350/12,700
Coverage	90%	90%	70%	70%
Office Visit	Medical	Medical	Medical	Medical
	Rx Subject to Deductible, then: Generics: \$9 Brands: \$35		Rx Subject to Deductible, then: Generics: \$9 Brands: \$35	
	1,388	1,250	1,123	Employee Only: 565 Employee+Child(ren): 887

* Generic Drugs are FREE at Costco (exceptions: 200/15-50 Rx Plan and the Medical & Rx Combined Plans)

† Rx out of pocket maximum of \$1,500/\$2,500

‡ Rx out of pocket maximum of \$2,500/\$3,500

¹ \$1,500 deductible for single contract only. Family contracts have a \$2,800/individual deductible.

² 2-Tier Anchor Bronze plan cannot be offered with Dental, Vision, or Life.

El Camino Real Charter High SISC PPO Medical Plan Options

1/1/2021 - 9/30/2021 Monthly 3-Tiered Rates for Retirees Under Age 65

100% Participation Requirement: The rates on these pages are based on 100% participation of full-time employees in SISC sponsored medical plans.

Use Of These Pages: These pages should be used as a starting point to find the cost of various medical plan combinations. For more details, please refer to the separate benefit summaries for medical and prescription drug coverage.

Pharmacy			100% Plans					90% Plans					
30 days													
Generic*	Other		Medical	A		B	C	D	G	A		C	G
	Deductible	Brand		Specialty	Indiv/Fam		Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam
			Deductible	0		100/300	200/400	300/600	500/1,000	100/300	200/500	500/1,000	
			Med OOP	1,000/3,000		1,000/3,000	1,000/3,000	1,000/3,000	1,000/3,000	1,000/3,000	1,000/3,000	1,000/3,000	
			Coverage	100%		100%	100%	100%	100%	90%	90%	90%	
			Office Visit	\$10	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	
5	20	20 †	Single	1,454	1,397	1,373	1,359	1,333	1,303	1,326	1,275	1,231	
			2-Party	2,046	1,968	1,934	1,916	1,880	1,839	1,870	1,801	1,740	
			Family	2,601	2,502	2,459	2,436	2,390	2,338	2,378	2,289	2,213	
7	25	25 †	Single	1,442	1,385	1,361	1,347	1,321	1,291	1,314	1,263	1,219	
			2-Party	2,025	1,947	1,913	1,895	1,859	1,818	1,849	1,780	1,719	
			Family	2,574	2,475	2,432	2,409	2,363	2,311	2,351	2,262	2,186	
9	35	35 ‡	Single	1,425	1,368	1,344	1,330	1,304	1,274	1,297	1,246	1,202	
			2-Party	1,996	1,918	1,884	1,866	1,830	1,789	1,820	1,751	1,690	
			Family	2,537	2,438	2,395	2,372	2,326	2,274	2,314	2,225	2,149	
10	200	35 35 ‡	Single	1,406	1,349	1,325	1,311	1,285	1,255	1,278	1,227	1,183	
			2-Party	1,963	1,885	1,851	1,833	1,797	1,756	1,787	1,718	1,657	
			Family	2,495	2,396	2,353	2,330	2,284	2,232	2,272	2,183	2,107	
15	200	50 50 ‡	Single	1,397	1,340	1,316	1,302	1,276	1,246	1,269	1,218	1,174	
			2-Party	1,948	1,870	1,836	1,818	1,782	1,741	1,772	1,703	1,642	
			Family	2,475	2,376	2,333	2,310	2,264	2,212	2,252	2,163	2,087	

Pharmacy			80% Plans								
30 days											
Generic*	Other		Medical	C		E	G	J	K	L	M
	Deductible	Brand		Specialty	Indiv/Fam		Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam
			Deductible	200/500		300/600	500/1,000	750/1,500	1,000/2,000	2,000/4,000	3,000/6,000
			Med OOP	1,000/3,000		1,000/3,000	2,000/4,000	3,000/6,000	3,000/6,000	4,000/8,000	4,000/8,000
			Coverage	80%		80%	80%	80%	80%	80%	80%
			Office Visit	\$20	\$20	\$20	\$30	\$30	\$30	\$30	\$40
5	20	20 †	Single	1,239	1,201	1,131	1,119	1,088	1,074	986	881
			2-Party	1,752	1,700	1,603	1,587	1,545	1,525	1,404	1,261
			Family	2,227	2,161	2,038	2,018	1,965	1,939	1,786	1,604
7	25	25 †	Single	1,227	1,189	1,119	1,107	1,076	1,062	974	869
			2-Party	1,731	1,679	1,582	1,566	1,524	1,504	1,383	1,240
			Family	2,200	2,134	2,011	1,991	1,938	1,912	1,759	1,577
9	35	35 ‡	Single	1,210	1,172	1,102	1,090	1,059	1,045	957	852
			2-Party	1,702	1,650	1,553	1,537	1,495	1,475	1,354	1,211
			Family	2,163	2,097	1,974	1,954	1,901	1,875	1,722	1,540
10	200	35 35 ‡	Single	1,191	1,153	1,083	1,071	1,040	1,026	938	833
			2-Party	1,669	1,617	1,520	1,504	1,462	1,442	1,321	1,178
			Family	2,121	2,055	1,932	1,912	1,859	1,833	1,680	1,498
15	200	50 50 ‡	Single	1,182	1,144	1,074	1,062	1,031	1,017	929	824
			2-Party	1,654	1,602	1,505	1,489	1,447	1,427	1,306	1,163
			Family	2,101	2,035	1,912	1,892	1,839	1,813	1,660	1,478

El Camino Real Charter High SISC PPO Medical Plan Options

1/1/2021 - 9/30/2021 Monthly 3-Tiered Rates for Retirees Under Age 65

Medical & Rx Combined Plans	HSA Plans		
	A	B	Minimum Value PPO
	Indiv/Fam	Indiv/Fam	Indiv/Fam
Deductible	1,500 ¹ /3,000	3,000/5,200	5,000/10,000
Max OOP	3,000/6,000	5,000/10,000	6,350/12,700
Coverage	90%	90%	70%
Office Visit	Medical	Medical	Medical
	Rx Subject to Deductible, then: Generics: \$9 Brands: \$35		Rx Subject to Deductible, then: Generics: \$9 Brands: \$35
Single	1,013	912	820
2-Party	1,388	1,250	1,123
Family	1,763	1,587	1,426

* Generic Drugs are FREE at Costco (exceptions: 200/15-50 Rx Plan and the Medical & Rx Combined Plans)

[†] Rx out of pocket maximum of \$1,500/\$2,500

[‡] Rx out of pocket maximum of \$2,500/\$3,500

¹ \$1,500 deductible for single contract only. Family contracts have a \$2,800/individual deductible.

² 2-Tier Anchor Bronze plan cannot be offered with Dental, Vision, or Life.

El Camino Real Charter High SISC Anthem Select Network HMO Medical Plan Options

1/1/2021 - 9/30/2021 Monthly Rates for Active Employees & Retirees Under Age 65

100% Participation Requirement: The rates on these pages are based on 100% participation of full-time employees in SISC sponsored medical plans.

Use Of These Pages: These pages should be used as a starting point to find the cost of various medical plan combinations. For more details, please refer to the separate benefit summaries for medical and prescription drug coverage.

Pharmacy				Composite Rates for Active Employees				
30 days				Premier 10/0	Premier 20/200	Classic 20/40/250	Value 30/40/500/day	
Other				Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	
Generic*	Deductible	Brand	Specialty	Medical				
				Deductible	\$0	\$0	\$0	\$0
				Med OOP	\$1,000/\$2,000	\$1,500/\$3,000	\$2,000/\$4,000	\$2,500/\$5,000
				Office Visit	\$10	\$20	\$20	\$30
				Specialist Visit	\$10	\$20	\$40	\$40
Inpatient Admit				\$0	\$200	\$250	\$500/day	
Network				Select Network	Select Network	Select Network	Select Network	
5	20	20	†	1,547	1,505	1,462	1,396	
7	25	25	†	1,524	1,482	1,439	1,373	
9	35	35	‡	1,494	1,452	1,409	1,343	
10	200	35	‡	1,460	1,418	1,375	1,309	
15	200	50	‡	1,444	1,402	1,359	1,293	

Pharmacy				3-Tiered Rates for Retirees Under Age 65				
30 days				Premier 10/0	Premier 20/200	Classic 20/40/250	Value 30/40/500/day	
Other				Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	
Generic*	Deductible	Brand	Specialty	Medical				
				Deductible	\$0	\$0	\$0	\$0
				Med OOP	\$1,000/\$2,000	\$1,500/\$3,000	\$2,000/\$4,000	\$2,500/\$5,000
				Office Visit	\$10	\$20	\$20	\$30
				Specialist Visit	\$10	\$20	\$40	\$40
Inpatient Admit				\$0	\$200	\$250	\$500/day	
Network				Select Network	Select Network	Select Network	Select Network	
5	20	20	†	Single 1,080	1,049	1,018	970	
				2-Party 1,534	1,492	1,449	1,383	
				Family 1,950	1,897	1,843	1,759	
7	25	25	†	Single 1,068	1,037	1,006	958	
				2-Party 1,513	1,471	1,428	1,362	
				Family 1,923	1,870	1,816	1,732	
9	35	35	‡	Single 1,051	1,020	989	941	
				2-Party 1,484	1,442	1,399	1,333	
				Family 1,886	1,833	1,779	1,695	
10	200	35	‡	Single 1,032	1,001	970	922	
				2-Party 1,451	1,409	1,366	1,300	
				Family 1,844	1,791	1,737	1,653	
15	200	50	‡	Single 1,023	992	961	913	
				2-Party 1,436	1,394	1,351	1,285	
				Family 1,824	1,771	1,717	1,633	

* Generic Drugs are FREE at Costco (exceptions: 200/15-50 Rx Plan and the Medical & Rx Combined Plans)

† Rx out of pocket maximum of \$1,500/\$2,500

‡ Rx out of pocket maximum of \$2,500/\$3,500

El Camino Real Charter High SISC Kaiser HMO Medical Plan Options

1/1/2021 - 9/30/2021 Monthly Rates for Active Employees & Retirees Under Age 65

100% Participation Requirement: The rates on these pages are based on 100% participation of full-time employees in SISC sponsored medical plans.

Use Of These Pages: These pages should be used as a starting point to find the cost of various medical plan combinations. For more details, please refer to the separate benefit summaries for medical and prescription drug coverage.

Traditional Plans				
Medical	\$0 OV, \$5 Rx	\$10 OV, \$10 Rx	\$15 OV, \$5-20(30) Rx	\$20 OV, \$10-30(30) Rx
	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam
Deductible	\$0	\$0	\$0	\$0
Med OOP	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000
Office Visit	\$0	\$10	\$15	\$20
Inpatient Admit	\$0	\$0	\$0	\$0
Rx Generic/Brand	\$5/\$5	\$10/\$10	\$5/\$20	\$10/\$30
Rx Day Supply	100 day supply	100 day supply	30 day supply	30 day supply
Active Composite	1,208	1,157	1,129	1,106
Retiree Single	851	815	795	779
2-Party	1,208	1,157	1,129	1,106
Family	1,514	1,450	1,415	1,386

Medical	DHMO Plans		HSA Plans	
	DHMO \$500	DHMO \$1,000	HSA \$1,500	HSA \$3,000
	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam
Deductible	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000
Med OOP	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$5,950/\$11,900
Office Visit	\$20	\$20	10%	20%
Inpatient Admit	10% (after ded)	20% (after ded)	10%	20%
Rx Generic/Brand	\$10/\$30	\$10/\$30	\$10/\$30 (after ded)	\$10/\$30 (after ded)
Rx Day Supply	30 day supply	30 day supply	30 day supply (after ded)	30 day supply (after ded)
Active Composite	1,076	1,008	892	771
Retiree Single	758	710	628	543
2-Party	1,076	1,008	892	771
Family	1,349	1,263	1,118	966

El Camino Real Charter High SISC PPO Medical Plan Options

1/1/2021 - 9/30/2021 Monthly 4-Tiered Rates for Active Employees & Retirees Under Age 65

100% Participation Requirement: The rates on these pages are based on 100% participation of full-time employees in SISC sponsored medical plans.

Use Of These Pages: These pages should be used as a starting point to find the cost of various medical plan combinations. For more details, please refer to the separate benefit summaries for medical and prescription drug coverage.

Pharmacy				100% Plans						90% Plans			
				A		B		C		D		G	
Generic*	30 days			Medical	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam
	Deductible	Brand	Specialty		\$10	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20
5	20	20	†	EE	957	921	906	898	882	863	877	846	819
				EE+SPS	1,994	1,920	1,888	1,870	1,836	1,797	1,827	1,760	1,702
				EE+CH(N)	1,642	1,580	1,552	1,537	1,508	1,476	1,501	1,445	1,396
				EE+FAM	2,832	2,724	2,677	2,651	2,601	2,545	2,588	2,491	2,407
7	25	25	†	EE	945	909	894	886	870	851	865	834	807
				EE+SPS	1,971	1,897	1,865	1,847	1,813	1,774	1,804	1,737	1,679
				EE+CH(N)	1,626	1,564	1,536	1,521	1,492	1,460	1,485	1,429	1,380
				EE+FAM	2,804	2,696	2,649	2,623	2,573	2,517	2,560	2,463	2,379
9	35	35	‡	EE	928	892	877	869	853	834	848	817	790
				EE+SPS	1,939	1,865	1,833	1,815	1,781	1,742	1,772	1,705	1,647
				EE+CH(N)	1,604	1,542	1,514	1,499	1,470	1,438	1,463	1,407	1,358
				EE+FAM	2,765	2,657	2,610	2,584	2,534	2,478	2,521	2,424	2,340
10	200	35	35 ‡	EE	909	873	858	850	834	815	829	798	771
				EE+SPS	1,902	1,828	1,796	1,778	1,744	1,705	1,735	1,668	1,610
				EE+CH(N)	1,578	1,516	1,488	1,473	1,444	1,412	1,437	1,381	1,332
				EE+FAM	2,720	2,612	2,565	2,539	2,489	2,433	2,476	2,379	2,295
15	200	50	50 ‡	EE	900	864	849	841	825	806	820	789	762
				EE+SPS	1,885	1,811	1,779	1,761	1,727	1,688	1,718	1,651	1,593
				EE+CH(N)	1,566	1,504	1,476	1,461	1,432	1,400	1,425	1,369	1,320
				EE+FAM	2,699	2,591	2,544	2,518	2,468	2,412	2,455	2,358	2,274

El Camino Real Charter High SISC PPO Medical Plan Options

1/1/2021 - 9/30/2021 Monthly 4-Tiered Rates for Active Employees & Retirees Under Age 65

Pharmacy				80% Plans									
30 days				C	E	G	J	K	L	M			
Generic*	Other			Medical									
	Deductible	Brand	Specialty	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam		
				Deductible	200/500	300/600	500/1,000	750/1,500	1,000/2,000	2,000/4,000	3,000/6,000		
				Med OOP	1,000/3,000	1,000/3,000	2,000/4,000	3,000/6,000	3,000/6,000	4,000/8,000	4,000/8,000		
				Coverage	80%	80%	80%	80%	80%	80%	80%		
				Office Visit	\$20	\$20	\$20	\$30	\$30	\$30	\$40		
5	20	20	†	EE	824	800	757	750	731	722	667	603	
				EE+SPS	1,713	1,663	1,571	1,556	1,516	1,497	1,381	1,245	
				EE+CH(N)	1,405	1,363	1,285	1,272	1,238	1,222	1,125	1,010	
				EE+FAM	2,424	2,351	2,217	2,194	2,136	2,109	1,941	1,743	
7	25	25	†	EE	812	788	745	738	719	710	655	591	
				EE+SPS	1,690	1,640	1,548	1,533	1,493	1,474	1,358	1,222	
				EE+CH(N)	1,389	1,347	1,269	1,256	1,222	1,206	1,109	994	
				EE+FAM	2,396	2,323	2,189	2,166	2,108	2,081	1,913	1,715	
9	35	35	‡	EE	795	771	728	721	702	693	638	574	
				EE+SPS	1,658	1,608	1,516	1,501	1,461	1,442	1,326	1,190	
				EE+CH(N)	1,367	1,325	1,247	1,234	1,200	1,184	1,087	972	
				EE+FAM	2,357	2,284	2,150	2,127	2,069	2,042	1,874	1,676	
10	200	35	35	†	EE	776	752	709	702	683	674	619	555
				EE+SPS	1,621	1,571	1,479	1,464	1,424	1,405	1,289	1,153	
				EE+CH(N)	1,341	1,299	1,221	1,208	1,174	1,158	1,061	946	
				EE+FAM	2,312	2,239	2,105	2,082	2,024	1,997	1,829	1,631	
15	200	50	50	†	EE	767	743	700	693	674	665	610	546
				EE+SPS	1,604	1,554	1,462	1,447	1,407	1,388	1,272	1,136	
				EE+CH(N)	1,329	1,287	1,209	1,196	1,162	1,146	1,049	934	
				EE+FAM	2,291	2,218	2,084	2,061	2,003	1,976	1,808	1,610	

Medical & Rx Combined Plans	HSA Plans			
	A	B	Minimum Value PPO	2-Tier Anchor Bronze ²
	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam
	Deductible	1,500 ¹ /3,000	3,000/5,200	5,000/10,000
Max OOP	3,000/6,000	5,000/10,000	6,350/12,700	6,350/12,700
Coverage	90%	90%	70%	70%
Office Visit	Medical	Medical	Medical	Medical
	Rx Subject to Deductible, then: Generics: \$9 Brands: \$35		Rx Subject to Deductible, then: Generics: \$9 Brands: \$35	Rx Subject to Deductible, then: Generics: \$9 Brands: \$35
EE	625	563	506	506
EE+SPS	1,326	1,194	1,073	
EE+CH(N)	1,120	1,008	906	906
EE+FAM	1,926	1,734	1,559	

* Generic Drugs are FREE at Costco (exceptions: 200/15-50 Rx Plan and the Medical & Rx Combined Plans)

† Rx out of pocket maximum of \$1,500/\$2,500

‡ Rx out of pocket maximum of \$2,500/\$3,500

¹ \$1,500 deductible for single contract only. Family contracts have a \$2,800/individual deductible.

² 2-Tier Anchor Bronze plan cannot be offered with Dental, Vision, or Life.

El Camino Real Charter High SISC Anthem Select Network HMO Medical Plan Options

1/1/2021 - 9/30/2021 Monthly 4-Tiered Rates for Active Employees & Retirees Under Age 65

100% Participation Requirement: The rates on these pages are based on 100% participation of full-time employees in SISC sponsored medical plans.

Use Of These Pages: These pages should be used as a starting point to find the cost of various medical plan combinations. For more details, please refer to the separate benefit summaries for medical and prescription drug coverage.

Pharmacy			4-Tiered Rates for Active Employees & Retirees Under Age 65				
30 days			Premier 10/0	Premier 20/200	Classic 20/40/250	Value 30/40/500/day	
Generic*	Other		Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	
	Deductible	Brand	Specialty	Medical			
			Deductible	\$0	\$0	\$0	\$0
			Med OOP	\$1,000/\$2,000	\$1,500/\$3,000	\$2,000/\$4,000	\$2,500/\$5,000
			Office Visit	\$10	\$20	\$20	\$30
			Specialist Visit	\$10	\$20	\$40	\$40
			Inpatient Admit	\$0	\$200	\$250	\$500/day
			Network	Select Network	Select Network	Select Network	Select Network
5	20	20 †	EE	726	707	688	658
			EE+SPS	1,505	1,465	1,424	1,361
			EE+CH(N)	1,229	1,196	1,161	1,108
			EE+FAM	2,121	2,063	2,003	1,912
7	25	25 †	EE	714	695	676	646
			EE+SPS	1,482	1,442	1,401	1,338
			EE+CH(N)	1,213	1,180	1,145	1,092
			EE+FAM	2,093	2,035	1,975	1,884
9	35	35 †	EE	697	678	659	629
			EE+SPS	1,450	1,410	1,369	1,306
			EE+CH(N)	1,191	1,158	1,123	1,070
			EE+FAM	2,054	1,996	1,936	1,845
10	200	35 35 †	EE	678	659	640	610
			EE+SPS	1,413	1,373	1,332	1,269
			EE+CH(N)	1,165	1,132	1,097	1,044
			EE+FAM	2,009	1,951	1,891	1,800
15	200	50 50 †	EE	669	650	631	601
			EE+SPS	1,396	1,356	1,315	1,252
			EE+CH(N)	1,153	1,120	1,085	1,032
			EE+FAM	1,988	1,930	1,870	1,779

* Generic Drugs are FREE at Costco (exceptions: 200/15-50 Rx Plan and the Medical & Rx Combined Plans)

† Rx out of pocket maximum of \$1,500/\$2,500

‡ Rx out of pocket maximum of \$2,500/\$3,500

El Camino Real Charter High SISC Kaiser HMO Medical Plan Options

1/1/2021 - 9/30/2021 Monthly 4-Tiered Rates for Active Employees & Retirees Under Age 65

100% Participation Requirement: The rates on these pages are based on 100% participation of full-time employees in SISC sponsored medical plans.

Use Of These Pages: These pages should be used as a starting point to find the cost of various medical plan combinations. For more details, please refer to the separate benefit summaries for medical and prescription drug coverage.

Traditional Plans				
	\$0 OV, \$5 Rx	\$10 OV, \$10 Rx	\$15 OV, \$5-20(30) Rx	\$20 OV, \$10-30(30) Rx
Medical	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam
Deductible	\$0	\$0	\$0	\$0
Med OOP	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000
Office Visit	\$0	\$10	\$15	\$20
Inpatient Admit	\$0	\$0	\$0	\$0
Rx Generic/Brand	\$5/\$5	\$10/\$10	\$5/\$20	\$10/\$30
Rx Day Supply	100 day supply	100 day supply	30 day supply	30 day supply
EE	617	591	576	565
EE+SPS	1,283	1,229	1,199	1,175
EE+CH(N)	1,061	1,016	991	971
EE+FAM	1,825	1,748	1,706	1,671

	DHMO Plans		HSA Plans	
	DHMO \$500	DHMO \$1,000	HSA \$1,500	HSA \$3,000
Medical	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam
Deductible	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000
Med OOP	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$5,950/\$11,900
Office Visit	\$20	\$20	10%	20%
Inpatient Admit	10% (after ded)	20% (after ded)	10%	20%
Rx Generic/Brand	\$10/\$30	\$10/\$30	\$10/\$30 (after ded)	\$10/\$30 (after ded)
Rx Day Supply	30 day supply	30 day supply	30 day supply (after ded)	30 day supply (after ded)
EE	550	515	455	394
EE+SPS	1,143	1,071	947	819
EE+CH(N)	945	885	783	677
EE+FAM	1,626	1,523	1,347	1,165

DENTAL PLANS AND RATES

DELTA DENTAL—PPO INCENTIVE PLAN

Benefit Summary and 2020–2021 Monthly Rates

Services	In-Network	Out-Of-Network	
Provider Network	PPO Dentists	Premier Network Dentists	Non-Delta Dentists
	When using a PPO contracted dentist, the annual maximum will be increased by \$200.	When using a Delta Premier contracted dentist, Delta will pay up to the Annual Maximum elected by the district or bargaining unit.	When using a non-Delta Dentist, Delta will pay Usual, Customary and Reasonable (UCR) Charges, up to the Annual Maximum elected by the district or bargaining unit.
Diagnostic and Preventive Exams, X-rays, Cleanings	70% 1st year 80% 2nd year 90% 3rd year 100% 4th year and after	70% 1st year 80% 2nd year 90% 3rd year 100% 4th year and after	70% UCR 1st year 80% UCR 2nd year 90% UCR 3rd year 100% UCR 4th year and after
Other Basic Services Oral Surgery, Fillings, Periodontic Procedures, Root Canals and Sealants	70% 1st year 80% 2nd year 90% 3rd year 100% 4th year and after	70% 1st year 80% 2nd year 90% 3rd year 100% 4th year and after	70% UCR 1st year 80% UCR 2nd year 90% UCR 3rd year 100% UCR 4th year and after
Crowns Crowns, Jackets and Cast Restorations	70% 1st year 80% 2nd year 90% 3rd year 100% 4th year and after	70% 1st year 80% 2nd year 90% 3rd year 100% 4th year and after	70% UCR 1st year 80% UCR 2nd year 90% UCR 3rd year 100% UCR 4th year and after
Prosthodontics Dentures, Bridges, and Implants**	50%	50%	50% UCR

**If the plan has an unlimited annual maximum, members will receive 60% coverage for Prosthodontics when using a PPO dentist and 50% for a Non-PPO dentist.

Annual Plan Maximum	\$1,000	\$1,500	\$2,000	Unlimited**
Rates for Active Employees Only				
Single	\$40.00	\$49.00	\$55.00	\$67.00
Two-party	\$82.00	\$101.00	\$113.00	\$138.00
Family	\$114.00	\$139.00	\$156.00	\$190.00
Composite	\$80.00	\$98.00	\$109.00	\$133.00
Rates for All Retirees				
Single	\$50.00	\$61.00	\$68.00	\$83.00
Two-party	\$100.00	\$122.00	\$136.00	\$166.00
Family	\$132.00	\$160.00	\$179.00	\$218.00

All SISC Incentive Plans were enhanced to include a PPO advantage. As a result, when the member or dentist accesses benefit information from Delta Dental the subscriber will show active on a PPO plan. This does not mean that their benefits are being reduced in any way. The title of the plan has been changed to include the PPO indicator for dental network purposes.

The PPO Incentive plan can be offered as a dual choice with one of the Delta Dental PPO Plans. You may not have two PPO Incentive plans or two PPO plans.

The Unlimited Plan choice has an annual \$2,000 in-network maximum for dental implants.

The group plan benefits must be communicated without modification to the members. The district may not partially pay, reimburse or otherwise reduce the member's responsibility for deductibles, co-pays, coinsurance, etc.

Locate a provider at: www.deltadentalins.com

DENTAL PLANS AND RATES

SISC Health Benefits Manual rev. 3/1/2020

ORTHODONTIC BENEFITS (NON-VOLUNTARY) FOR ALL DELTA DENTAL PLANS—100% DISTRICT-PAID PARTICIPATION

2020–2021 Monthly Rates

Maximum*	\$500	\$1,000	\$1,500	\$2,000	\$3,000
Coverage for Dependent Children Only					
Single	N/A	N/A	N/A	N/A	N/A
Two-party	\$0.40	\$0.80	\$1.20	\$1.60	\$2.40
Family	\$3.80	\$7.60	\$11.40	\$15.20	\$22.80
Composite	\$3.50	\$7.00	\$10.50	\$14.00	\$21.00
Coverage for Adults and Dependent Children					
Single	\$0.40	\$0.80	\$1.20	\$1.60	\$2.40
Two-party	\$1.00	\$2.00	\$3.00	\$4.00	\$6.00
Family	\$4.80	\$9.60	\$14.40	\$19.20	\$28.80
Composite	\$4.10	\$8.20	\$12.30	\$16.40	\$24.60

* Coverage is 100% of the lifetime maximum per covered individual. Restrictions apply.

Third Cleaning Option	
Single	\$1.30
Two-party	\$2.60
Family	\$3.90
Composite	\$2.60

Dental benefit includes two cleanings per calendar year.

Districts can offer more by adding the third cleaning benefit listed above for an additional cost.

Pro-rated orthodontia payments are not made after the coverage termination date. Delta pays 50% when patient is banded and 50% 12 months later. If member terminates coverage before 12 months of initial banding, no further payments will be made.

The group plan benefits must be communicated without modification to the members. The district may not partially pay, reimburse or otherwise reduce the member's responsibility for deductibles, co-pays, coinsurance, etc.

VISION PLANS AND RATES

SISC Health Benefits Manual rev. 3/1/2020

VISION SERVICE PLAN (VSP) SIGNATURE PLAN

Benefit Summary 2020-2021

Services	Benefits
Eligibility	Spouse/domestic partner, and dependent children to age 26.
Benefits Renew	January 1 of each year or every other year depending on the plan frequency.
Standard Lenses	Covered in full up to 60mm.
Progressive Lenses	See Patient Options below
Diabetic Eyecare Plus Program	Supplemental Eyecare for patients with Type I and II diabetes. See your vision provider for extended services beyond the initial eye exam. \$20 co-pay per visit.
Laser Vision Care (Lasik)	Benefits provided at a discount through VSP approved center. Visit www.vsp.com or contact VSP's Customer Service for additional information. NOTE: Your health plan does not provide benefits for eye surgery solely for the purpose of correcting refractive defects of the eye.
Polycarbonate Lenses	Covered for dependent children up to age 18
Sunglasses	See Value-Added Discounts below
Tinted Lenses	See Patient Options below
Photochromic Lenses (transition)	Covered up to schedule of allowances under Plan C only
Elective Contact Lenses (in lieu of frames and lenses)	\$150 paid towards the cost of the contact fitting and evaluation and contact lenses when a member doctor is used.
Medically Necessary Contact Lenses	Covered in full with pre-certification (applies to certain medical conditions).
Warranty	No specified warranty. If the member is unsatisfied with the services rendered, please contact VSP's Customer Service Department at 1-800-877-7195.
Choice of Frames	You will receive a \$150 allowance toward any frame of your choice plus 20% off any amount over the allowance.
Provider Network	VSP Signature network includes independent contracted providers nationwide. Member's may also choose to go outside of the network and use the out of network reimbursement. To find a provider, visit www.vsp.com and register or search as a guest.
Participating Retail Locations	Participating Retail Locations includes Costco, Visionworks and RxOptical. To find Participating Retail Locations visit www.vsp.com or call VSP customer service at 1-800-877-7195.
Value-Added Discounts	30% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses, including lens options (same day as the members eye exam and from the same doctor). Or get 20% off unlimited additional pairs of glasses 12 months from the covered eye exam with any VSP doctor.

Patient Options

Patients who choose to purchase lens options may do so with a **35–40% savings on all non covered lens options**. The patient should check with a VSP participating doctor to verify whether items are covered or are considered options. Examples of options patients may choose include:

- Progressive lenses
- Blended (seamless) bifocals
- Contact lenses (except as noted)
- Oversize lenses (61mm or greater)
- Tinted lenses
- Fashion and gradient tinting
- Scratch coating
- Laminating of lenses
- A frame that costs more than the plan allowance
- Cosmetic lenses
- Ultra-violet coating
- Polycarbonate lenses for adults age 18 and older

These cosmetic options are not covered in full by VSP; however, due to our agreements with VSP participating doctors and laboratories, these services are provided at a controlled cost, available only to VSP subscribers.

VISION PLANS AND RATES

SISC Health Benefits Manual rev. 3/1/2020

Plan	Examination	Lenses	Frames
A*	Every calendar year	Every other calendar year	Every other calendar year
B*	Every calendar year	Every calendar year	Every other calendar year
C**	Every calendar year	Every calendar year	Every calendar year

* Plans A and B cover tinted pink #1 and #2 only. Basic benefits are the same on Plans A and B with the exception of frequency on lenses.

** Plan C covers all tints and photochromic lenses (transition lenses).

Plan A provides lenses every 24 months, with new lenses available at a 12-month interval if there is a change in prescription.

Districts/Employee Group may offer only one SISC vision plan option and cannot be offered as a dual choice with MES.

Locate a provider at: www.vsp.com

VISION PLANS AND RATES

SISC Health Benefits Manual rev. 3/1/2020

VISION SERVICE PLAN (VSP)—SIGNATURE PLAN—ACTIVE EMPLOYEES ONLY

2020-2021 Monthly Rates

Single Co-pay Plans*					
Exam and Materials Co-pay	\$0	\$5	\$10	\$15	\$20
PLAN A (Exam every 12 months, lenses and frames every 24 months)					
Single	\$8.40	\$7.70	\$7.50	\$7.00	\$6.60
Two-party	\$16.80	\$15.40	\$15.00	\$14.00	\$13.20
Family	\$25.20	\$23.10	\$22.50	\$21.00	\$19.80
Composite	\$18.60	\$17.10	\$16.60	\$15.60	\$14.70
PLAN B (Exam and lenses every 12 months, frames every 24 months)					
Single	\$10.00	\$9.20	\$8.90	\$8.40	\$7.90
Two-party	\$20.00	\$18.40	\$17.80	\$16.80	\$15.80
Family	\$30.00	\$27.60	\$26.70	\$25.20	\$23.70
Composite	\$22.10	\$20.40	\$19.70	\$18.60	\$17.50
PLAN C (Exam, lenses and frames every 12 months)					
Single	\$12.50	\$11.50	\$11.10	\$10.50	\$9.90
Two-party	\$25.00	\$23.00	\$22.20	\$21.00	\$19.80
Family	\$37.50	\$34.50	\$33.30	\$31.50	\$29.70
Composite	\$27.70	\$25.50	\$24.70	\$23.30	\$21.90
Dual Co-pay Plans*					
Exam Co-pay	\$0	\$5	\$10	\$15	\$20
Materials Co-pay	\$25	\$25	\$25	\$25	\$25
PLAN A (Exam every 12 months, lenses and frames every 24 months)					
Single	\$7.10	\$6.50	\$6.30	\$5.90	\$5.60
Two-party	\$14.20	\$13.00	\$12.60	\$11.80	\$11.20
Family	\$21.30	\$19.50	\$18.90	\$17.70	\$16.80
Composite	\$15.70	\$14.40	\$14.00	\$13.20	\$12.40
PLAN B (Exam and lenses every 12 months, frames every 24 months)					
Single	\$8.40	\$7.70	\$7.50	\$7.10	\$6.60
Two-party	\$16.80	\$15.40	\$15.00	\$14.20	\$13.20
Family	\$25.20	\$23.10	\$22.50	\$21.30	\$19.80
Composite	\$18.70	\$17.20	\$16.60	\$15.70	\$14.70
PLAN C (Exam, lenses and frames every 12 months)					
Single	\$10.50	\$9.70	\$9.40	\$8.80	\$8.30
Two-party	\$21.00	\$19.40	\$18.80	\$17.60	\$16.60
Family	\$31.50	\$29.10	\$28.20	\$26.40	\$24.90
Composite	\$23.40	\$21.50	\$20.80	\$19.60	\$18.50

* Your benefit and co-pay amounts renew on January 1.

VISION PLANS AND RATES

SISC Health Benefits Manual rev. 3/1/2020

Supplemental Benefits (Available with Plan C only)	2nd Pair of Glasses w/ \$20 Deductible (subject to annual frame allowance) OR \$150 Annual contact lens allowance
Single	\$1.70
Two-party	\$3.40
Family	\$5.10
Composite	\$3.70



Your summary of benefits

Anthem Blue Cross

Your Plan: Your Plan: SISC 90-G \$20 Anthem Classic PPO

Your Network: Prudent Buyer PPO

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation that may apply to the coverage. For more details, important limitations and exclusions, please review the Benefit Booklet. If there is a difference between this summary and the Benefit Booklet, the Benefit Booklet will prevail.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Overall Deductible for all providers (calendar year) <i>See notes section to understand how your deductible works. Fourth quarter carryover applies. Deductible applies to out-of-pocket maximum.</i></p>	\$500 single / \$1,000 family	
<p>Out-of-Pocket Limit <i>When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. Member copays and coinsurance for Emergency medical care with a Non-Network PPO provider also apply to the In-Network PPO out-of-pocket maximums. See notes section for additional information regarding your out of pocket maximum.</i></p>	\$1,000 single / \$3,000 family	No limit single / No limit family
<p>Preventive care/screening/immunization <i>In-network preventive care is not subject to deductible, if your plan has a deductible.</i></p>	No charge	Not covered
<p>Doctor Home and Office Services</p> <p>Primary care visit to treat an injury or illness <i>Office visit copay does not apply to the first three office visits to In-Network providers. (See footnote 1) Deductible does not apply to In-Network providers.</i></p>	\$0 copay per visit for visits 1-3, then \$20 copay per visit for visits 4+.	All billed amounts exceeding the maximum allowed amount. (See footnote 2)
<p>Specialist care visit <i>Deductible does not apply to In-Network providers.</i></p>	\$20 copay per visit	All billed amounts exceeding the maximum allowed amount. (See footnote 2)
<p>Prenatal and Post-natal Care <i>Office visit copay does not apply to the first three office visits to In-Network providers. (See footnote 1) Deductible does not apply to In-Network providers.</i></p>	\$0 copay per visit for visits 1-3, then \$20 copay per visit for visits 4+.	All billed amounts exceeding the maximum allowed amount. (See footnote 2)

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Other practitioner visits: Retail health clinic <i>Deductible does not apply to In-Network providers.</i></p> <p>Preferred Online Visits <i>Includes Mental/Behavioral Health and Substance Abuse. Deductible does not apply to In-Network providers.</i></p> <p>Chiropractor services <i>Subject to medically necessity review administered by American Specialty Health (ASH).</i></p> <p>Acupuncture <i>Coverage for In-Network Provider and Non-Network Provider combined is limited to 12-visit limit per calendar year. (See footnote 3)</i></p>	<p>\$20 copay per visit</p> <p>\$20 copay per visit</p> <p>10% coinsurance</p> <p>10% coinsurance</p>	<p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p> <p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p> <p>Not covered</p> <p>50% of maximum allowed amount (See footnote 2)</p>
<p>Other services in an office: Allergy testing</p> <p>Chemo/radiation therapy</p> <p>Hemodialysis <i>Coverage for Out-of-Network Provider is limited to \$350 maximum per visit. (See footnote 3)</i></p> <p>Prescription drugs <i>For the drugs itself dispensed in the office thru infusion/injection</i></p>	<p>10% coinsurance</p> <p>10% coinsurance</p> <p>10% coinsurance</p> <p>10% coinsurance</p>	<p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p> <p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p> <p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p> <p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p>

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Diagnostic Services</p> <p>Lab:</p> <ul style="list-style-type: none"> Office Freestanding Lab Outpatient Hospital 	<ul style="list-style-type: none"> 10% coinsurance 10% coinsurance 10% coinsurance 	<ul style="list-style-type: none"> Not covered Not covered Not covered
<p>X-ray:</p> <ul style="list-style-type: none"> Office Freestanding Radiology Center Outpatient Hospital 	<ul style="list-style-type: none"> 10% coinsurance 10% coinsurance 10% coinsurance 	<ul style="list-style-type: none"> Not covered Not covered Not covered
<p>Advanced diagnostic imaging (for example, MRI/PET/CAT scans):</p> <ul style="list-style-type: none"> Office <i>Coverage for Out-of-Network Provider is limited to \$800 maximum per test. (See footnote 3)</i> Freestanding Radiology Center <i>Coverage for Out-of-Network Provider is limited to \$800 maximum per test. (See footnote 3)</i> Outpatient Hospital <i>Coverage for Out-of-Network Provider is limited to \$800 maximum per test. (See footnote 3)</i> 	<ul style="list-style-type: none"> 10% coinsurance 10% coinsurance 10% coinsurance 	<ul style="list-style-type: none"> All billed amounts exceeding the maximum allowed amount. (See footnote 2) All billed amounts exceeding the maximum allowed amount. (See footnote 2) All billed amounts exceeding the maximum allowed amount. (See footnote 2)
<p>Emergency and Urgent Care</p> <p>Emergency room facility services <i>Copay waived if admitted as inpatient. This is for the hospital/facility charge only. The ER physician charge may be separate.</i></p>	<p>\$100 copay per admission and then 10% coinsurance</p>	<p>Covered at the In-Network level of benefits (See footnote 2)</p>

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Emergency room doctor and other services</p>	<p>10% coinsurance</p>	<p>Covered at the In-Network level of benefits (See footnote 2))</p>
<p>Ambulance (air and ground)</p>	<p>\$100 copay per trip, then 10% coinsurance</p>	<p>Covered at the In-Network level of benefits (See footnote 2)</p>
<p>Urgent Care (physician services) <i>Deductible does not apply to In-Network providers.</i></p>	<p>\$20 copay per visit</p>	<p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p>
<p>Outpatient Mental/Behavioral Health and Substance Abuse</p> <p>Doctor office visit <i>Deductible does not apply to In-Network providers.</i></p> <p>Facility visit: Facility fees</p>	<p>\$20 copay per visit.</p> <p>10% coinsurance</p>	<p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p> <p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p>
<p>Outpatient Surgery</p> <p>Facility fees: Hospital</p>	<p>10% coinsurance</p>	<p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p>

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Rehabilitation Habilitation services (for example, physical/occupational therapy):</p> <p>Office</p> <p>Outpatient hospital</p>	<p>10% coinsurance</p> <p>10% coinsurance</p>	<p>Not covered</p> <p>Not covered</p>
<p>Cardiac rehabilitation</p> <p>Office</p> <p>Outpatient hospital</p>	<p>10% coinsurance</p> <p>10% coinsurance</p>	<p>Not covered</p> <p>Not covered</p>
<p>Skilled nursing care (in a facility) <i>Coverage for In-Network Provider and Non-Network Provider combined is limited to 100-day limit per calendar year. (See footnote 3)</i> <i>Coverage for Out-of-Network Provider is limited to \$600 maximum per day. (See footnote 3)</i></p>	<p>10% coinsurance</p>	<p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p>
<p>Hospice <i>Deductible does not apply to In-Network providers.</i></p>	<p>No charge</p>	<p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p>
<p>Durable Medical Equipment</p>	<p>10% coinsurance</p>	<p>Not covered</p>
<p>Prosthetic Devices <i>Therapeutic shoes and inserts for members with diabetes are limited to 2 pairs per calendar year. (See footnote 3)</i></p>	<p>10% coinsurance</p>	<p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p>
<p>Hearing Aids <i>Benefit is limited to \$700 every 24 months. (See footnote 3)</i></p>	<p>10% coinsurance</p>	<p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p>
<p>Hip/Knee/Spine <i>For inpatient services, this benefit is covered only when performed at a designated Blue Distinction Plus Center for Specialty Care. Subject to utilization review.</i></p>	<p>10% coinsurance</p>	<p>Not covered</p>

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Hemodialysis in an Outpatient facility <i>Coverage for Out-of-Network Provider is limited to \$350 maximum per visit. (See footnote 3)</i></p>	10% coinsurance	All billed amounts exceeding the maximum allowed amount. (See footnote 2)
<p>Home Infusion Therapy <i>Coverage for Out-of-Network Provider is limited to \$600 per day. Subject to utilization review. (See footnote 3)</i></p>	10% coinsurance	All billed amounts exceeding the maximum allowed amount. (See footnote 2)
<p>Speech Therapy</p>	10% coinsurance	All billed amounts exceeding the maximum allowed amount. (See footnote 2)

Footnote 1: The office visit copay is waived for the first three office visits to a primary care provider per calendar year. The copay waiver applies to the actual office visit and additional cost shares may apply for any other service performed in the office (i.e., X-ray, lab, surgery), after any applicable deductible. Primary care providers are defined as General and Family Practitioners, Internists, Gynecologists, Obstetrics/Gynecology, Pediatricians and Nurse Practitioners. The office visit copay will apply to all other provider specialties.

Footnote 2: When using Non-Network PPO Providers, members are responsible for any difference between the maximum allowed amount and actual charges, as well as any deductible & percentage copay.

Footnote 3: The plan may pay for the following services and supplies up to the maximum number of days or visits shown. When using non-network providers, the plan will pay the lesser of the benefit maximum or the maximum allowed amount. If the maximum allowed amount is less than the listed benefit maximum, the plan will not exceed the maximum allowed amount. Likewise, if the listed benefit maximum is less than the maximum allowed amount, the plan will not exceed the listed benefit maximum.

Your summary of benefits

Notes:

- This Summary of Benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this Summary of Benefits.
- The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to the individual deductible and individual out-of-pocket maximum; in addition, amounts for all family members apply to the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.
- All medical services subject to a coinsurance are also subject to the annual medical deductible.
- Annual Out-of-Pocket Maximums includes deductible, copays, and coinsurance.
- In-network and out-of-network out of pocket maximums are exclusive of each other (i.e. non-emergency out-of-network expenses do not apply to the in-network out of pocket maximum).
- Any copays and coinsurance you make for covered services and supplies provided by a *non-participating provider*, except emergency services and supplies, will not be applied toward the satisfaction of your Out-of-Pocket amount. In addition, you will be required to continue to pay your copayment and/or coinsurance for such services even after you have reached that amount.
- For plans with an office visit copay, the copay applies to the actual office visit and additional cost shares may apply for any other service performed in the office (i.e., X-ray, lab, surgery), after any applicable deductible.
- Preventive Care Services includes physical exam, preventive screenings (including screenings for cancer, HPV, diabetes, cholesterol, blood pressure, hearing and vision, immunization, health education, intervention services, HIV testing) and additional preventive care for women provided for in the guidance supported by Health Resources and Service Administration.
- For Medical Emergency care rendered by a Non-Participating Provider or Non-Contracting Hospital, reimbursement is based on the maximum allowed amount. Members may be responsible for any amount in excess of the maximum allowed amount.
- If your plan includes an emergency room facility copay and you are directly admitted to a hospital, your emergency room facility copay is waived.
- If your plan includes out of network benefit and you use a non-network provider, you are responsible for any difference between the covered expense and the actual non-participating providers charge.
- Non-emergency, out-of-network air ambulance services are limited to Anthem maximum payment of \$50,000 per trip.
- Certain services are subject to the utilization review program. Before scheduling services, the member must make sure utilization review is obtained. If utilization review is not obtained, benefits may be reduced or not paid, according to the plan.
- Additional visits maybe authorized if medically necessary. Pre-service review must be obtained prior to receiving the additional services.
- If your plan includes out of network benefits, all services with calendar/plan year visit limits are combined both in and out of network, except if otherwise noted.
- Transplants covered only when performed at Centers of Medical Excellence or Blue Distinction Centers.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Questions: visit us at www.anthem.com/ca/sisc

CA/L/F/PPO/LP2011/01-20-C

Your summary of benefits

- Bariatric Surgery covered only when performed at Blue Distinction Center for Specialty Care for Bariatric Surgery.
- Hip/Knee/Spine surgeries covered only when performed at Blue Distinction Plus Center for Specialty Care.
- Hip/Knee/Spine travel expenses are covered up to a maximum travel benefit of \$6,000 when member's home is 50 miles or more from the nearest hip/knee/spine Blue Distinction Plus Center.
- Skilled Nursing Facility day limit does not apply to mental health and substance abuse.
- Respite Care limited to 5 consecutive days per admission.
- Freestanding Lab and Radiology Center is defined as services received in a non-hospital based facility.
- Coordination of Benefits: The benefits of this plan may be reduced if the member has any other group health or dental coverage so that the services received from all group coverage do not exceed 100% of the covered expense
- For additional information on limitations and exclusions and other disclosure items that apply to this plan, please see your Benefit Booklet for full details on your covered benefits.

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Questions: visit us at www.anthem.com/ca/sisc

CA/L/F/PPO/LP2011/01-20-C



Self-Insured Schools of California (SISC) Pharmacy Benefit Schedule

PLAN RX 7-25

	Walk-In				Mail	
	Network		Costco		Costco	Navitus
Days' Supply*	30	90	30	90	90	30
Generic	\$7	N/A	FREE	FREE	FREE	N/A
Brand	\$25	N/A	\$25	\$60	\$60	N/A
Specialty	N/A	N/A	N/A	N/A	N/A	\$25
Out-of-Pocket Maximum	\$1,500 Individual / \$2,500 Family					

SISC urges members to use generic drugs when available. If you or your physician requests the brand name when a generic equivalent is available, you will pay the generic copay plus the difference in cost between the brand and generic. The difference in cost between the brand and generic will not count toward the Annual Out-of-Pocket Maximum.

*Members may receive up to 30 days and/or up to 90 days supply of medication at participating pharmacies. Some narcotic pain and cough medications are not included in the Costco Free Generic or 90-day supply programs. Navitus contracts with most independent and chain pharmacies with the exception of Walgreens.

Mail Order Service

The Mail Order Service allows you to receive a 90-day supply of maintenance medications. This program is part of your pharmacy benefit and is **voluntary**.

Specialty Pharmacy

Navitus SpecialtyRx helps members who are taking medications for certain chronic illnesses or complex diseases by providing services that offer convenience and support. This program is part of your pharmacy benefit and is **mandatory**.

For information regarding the Prescription Drug Program call or visit on-line:

Navitus Customer Care 1-866-333-2757 (toll-free) TTY (toll free) 711 www.navitus.com

Navi-Gate® for Members allows you to access personalized pharmacy benefit information online at www.navitus.com. For information specific to your plan, visit Navi-Gate® for Members. Activate your account online using the Member Login link and an activation email will be sent to you. The site provides access to prescription benefits, pharmacy locator, drug search, drug interaction information, medication history, and mail order information. The site is available 24 hours a day, seven days a week.



Your summary of benefits

Anthem Blue Cross

Your Plan: Your Plan: SISC 80-G \$20 Anthem Classic PPO

Your Network: Prudent Buyer PPO

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation that may apply to the coverage. For more details, important limitations and exclusions, please review the Benefit Booklet. If there is a difference between this summary and the Benefit Booklet, the Benefit Booklet will prevail.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Overall Deductible for all providers (calendar year) <i>See notes section to understand how your deductible works. Fourth quarter carryover applies. Deductible applies to out-of-pocket maximum.</i></p>	\$500 single / \$1,000 family	
<p>Out-of-Pocket Limit <i>When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. Member copays and coinsurance for Emergency medical care with a Non-Network PPO provider also apply to the In-Network PPO out-of-pocket maximums. See notes section for additional information regarding your out of pocket maximum.</i></p>	\$2,000 single / \$4,000 family	No limit single / No limit family
<p>Preventive care/screening/immunization <i>In-network preventive care is not subject to deductible, if your plan has a deductible.</i></p>	No charge	Not covered
<p>Doctor Home and Office Services</p> <p>Primary care visit to treat an injury or illness <i>Office visit copay does not apply to the first three office visits to In-Network providers. (See footnote 1) Deductible does not apply to In-Network providers.</i></p>	\$0 copay per visit for visits 1-3, then \$20 copay per visit for visits 4+.	All billed amounts exceeding the maximum allowed amount. (See footnote 2)
<p>Specialist care visit <i>Deductible does not apply to In-Network providers.</i></p>	\$20 copay per visit	All billed amounts exceeding the maximum allowed amount. (See footnote 2)
<p>Prenatal and Post-natal Care <i>Office visit copay does not apply to the first three office visits to In-Network providers. (See footnote 1) Deductible does not apply to In-Network providers.</i></p>	\$0 copay per visit for visits 1-3, then \$20 copay per visit for visits 4+.	All billed amounts exceeding the maximum allowed amount. (See footnote 2)

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Other practitioner visits:</p> <p>Retail health clinic <i>Deductible does not apply to In-Network providers.</i></p> <p>Preferred Online Visits <i>Includes Mental/Behavioral Health and Substance Abuse. Deductible does not apply to In-Network providers.</i></p> <p>Chiropractor services <i>Subject to medically necessity review administered by American Specialty Health (ASH).</i></p> <p>Acupuncture <i>Coverage for In-Network Provider and Non-Network Provider combined is limited to 12-visit limit per calendar year. (See footnote 3)</i></p>	<p>\$20 copay per visit</p> <p>\$20 copay per visit</p> <p>20% coinsurance</p> <p>20% coinsurance</p>	<p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p> <p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p> <p>Not covered</p> <p>50% of maximum allowed amount (See footnote 2)</p>
<p>Other services in an office:</p> <p>Allergy testing</p> <p>Chemo/radiation therapy</p> <p>Hemodialysis <i>Coverage for Out-of-Network Provider is limited to \$350 maximum per visit. (See footnote 3)</i></p> <p>Prescription drugs <i>For the drugs itself dispensed in the office thru infusion/injection</i></p>	<p>20% coinsurance</p> <p>20% coinsurance</p> <p>20% coinsurance</p> <p>20% coinsurance</p>	<p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p> <p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p> <p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p> <p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p>

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Diagnostic Services</p> <p>Lab:</p> <ul style="list-style-type: none"> Office Freestanding Lab Outpatient Hospital 	<p>20% coinsurance</p> <p>20% coinsurance</p> <p>20% coinsurance</p>	<p>Not covered</p> <p>Not covered</p> <p>Not covered</p>
<p>X-ray:</p> <ul style="list-style-type: none"> Office Freestanding Radiology Center Outpatient Hospital 	<p>20% coinsurance</p> <p>20% coinsurance</p> <p>20% coinsurance</p>	<p>Not covered</p> <p>Not covered</p> <p>Not covered</p>
<p>Advanced diagnostic imaging (for example, MRI/PET/CAT scans):</p> <ul style="list-style-type: none"> Office <i>Coverage for Out-of-Network Provider is limited to \$800 maximum per test. (See footnote 3)</i> Freestanding Radiology Center <i>Coverage for Out-of-Network Provider is limited to \$800 maximum per test. (See footnote 3)</i> Outpatient Hospital <i>Coverage for Out-of-Network Provider is limited to \$800 maximum per test. (See footnote 3)</i> 	<p>20% coinsurance</p> <p>20% coinsurance</p> <p>20% coinsurance</p>	<p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p> <p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p> <p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p>
<p>Emergency and Urgent Care</p> <p>Emergency room facility services <i>Copay waived if admitted as inpatient. This is for the hospital/facility charge only. The ER physician charge may be separate.</i></p>	<p>\$100 copay per admission and then 20% coinsurance</p>	<p>Covered at the In-Network level of benefits (See footnote 2)</p>

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Emergency room doctor and other services</p>	<p>20% coinsurance</p>	<p>Covered at the In-Network level of benefits (See footnote 2))</p>
<p>Ambulance (air and ground)</p>	<p>\$100 copay per trip, then 20% coinsurance</p>	<p>Covered at the In-Network level of benefits (See footnote 2)</p>
<p>Urgent Care (physician services) <i>Deductible does not apply to In-Network providers.</i></p>	<p>\$20 copay per visit</p>	<p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p>
<p>Outpatient Mental/Behavioral Health and Substance Abuse</p> <p>Doctor office visit <i>Deductible does not apply to In-Network providers.</i></p> <p>Facility visit: Facility fees</p>	<p>\$20 copay per visit.</p> <p>20% coinsurance</p>	<p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p> <p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p>
<p>Outpatient Surgery</p> <p>Facility fees: Hospital</p>	<p>20% coinsurance</p>	<p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p>

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Rehabilitation Habilitation services (for example, physical/occupational therapy):</p> <ul style="list-style-type: none"> Office Outpatient hospital 	<p>20% coinsurance</p> <p>20% coinsurance</p>	<p>Not covered</p> <p>Not covered</p>
<p>Cardiac rehabilitation</p> <ul style="list-style-type: none"> Office Outpatient hospital 	<p>20% coinsurance</p> <p>20% coinsurance</p>	<p>Not covered</p> <p>Not covered</p>
<p>Skilled nursing care (in a facility) <i>Coverage for In-Network Provider and Non-Network Provider combined is limited to 100-day limit per calendar year. (See footnote 3)</i> <i>Coverage for Out-of-Network Provider is limited to \$600 maximum per day. (See footnote 3)</i></p>	<p>20% coinsurance</p>	<p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p>
<p>Hospice <i>Deductible does not apply to In-Network providers.</i></p>	<p>No charge</p>	<p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p>
<p>Durable Medical Equipment</p>	<p>20% coinsurance</p>	<p>Not covered</p>
<p>Prosthetic Devices <i>Therapeutic shoes and inserts for members with diabetes are limited to 2 pairs per calendar year. (See footnote 3)</i></p>	<p>20% coinsurance</p>	<p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p>
<p>Hearing Aids <i>Benefit is limited to \$700 every 24 months. (See footnote 3)</i></p>	<p>20% coinsurance</p>	<p>All billed amounts exceeding the maximum allowed amount. (See footnote 2)</p>
<p>Hip/Knee/Spine <i>For inpatient services, this benefit is covered only when performed at a designated Blue Distinction Plus Center for Specialty Care. Subject to utilization review.</i></p>	<p>20% coinsurance</p>	<p>Not covered</p>

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Hemodialysis in an Outpatient facility <i>Coverage for Out-of-Network Provider is limited to \$350 maximum per visit. (See footnote 3)</i>	20% coinsurance	All billed amounts exceeding the maximum allowed amount. (See footnote 2)
Home Infusion Therapy <i>Coverage for Out-of-Network Provider is limited to \$600 per day. Subject to utilization review. (See footnote 3)</i>	20% coinsurance	All billed amounts exceeding the maximum allowed amount. (See footnote 2)
Speech Therapy	20% coinsurance	All billed amounts exceeding the maximum allowed amount. (See footnote 2)

Footnote 1: The office visit copay is waived for the first three office visits to a primary care provider per calendar year. The copay waiver applies to the actual office visit and additional cost shares may apply for any other service performed in the office (i.e., X-ray, lab, surgery), after any applicable deductible. Primary care providers are defined as General and Family Practitioners, Internists, Gynecologists, Obstetrics/Gynecology, Pediatricians and Nurse Practitioners. The office visit copay will apply to all other provider specialties.

Footnote 2: When using Non-Network PPO Providers, members are responsible for any difference between the maximum allowed amount and actual charges, as well as any deductible & percentage copay.

Footnote 3: The plan may pay for the following services and supplies up to the maximum number of days or visits shown. When using non-network providers, the plan will pay the lesser of the benefit maximum or the maximum allowed amount. If the maximum allowed amount is less than the listed benefit maximum, the plan will not exceed the maximum allowed amount. Likewise, if the listed benefit maximum is less than the maximum allowed amount, the plan will not exceed the listed benefit maximum.

Your summary of benefits

Notes:

- This Summary of Benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this Summary of Benefits.
- The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to the individual deductible and individual out-of-pocket maximum; in addition, amounts for all family members apply to the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.
- All medical services subject to a coinsurance are also subject to the annual medical deductible.
- Annual Out-of-Pocket Maximums includes deductible, copays, and coinsurance.
- In-network and out-of-network out of pocket maximums are exclusive of each other (i.e. non-emergency out-of-network expenses do not apply to the in-network out of pocket maximum).
- Any copays and coinsurance you make for covered services and supplies provided by a *non-participating provider*, except emergency services and supplies, will not be applied toward the satisfaction of your Out-of-Pocket amount. In addition, you will be required to continue to pay your copayment and/or coinsurance for such services even after you have reached that amount.
- For plans with an office visit copay, the copay applies to the actual office visit and additional cost shares may apply for any other service performed in the office (i.e., X-ray, lab, surgery), after any applicable deductible.
- Preventive Care Services includes physical exam, preventive screenings (including screenings for cancer, HPV, diabetes, cholesterol, blood pressure, hearing and vision, immunization, health education, intervention services, HIV testing) and additional preventive care for women provided for in the guidance supported by Health Resources and Service Administration.
- For Medical Emergency care rendered by a Non-Participating Provider or Non-Contracting Hospital, reimbursement is based on the maximum allowed amount. Members may be responsible for any amount in excess of the maximum allowed amount.
- If your plan includes an emergency room facility copay and you are directly admitted to a hospital, your emergency room facility copay is waived.
- If your plan includes out of network benefit and you use a non-network provider, you are responsible for any difference between the covered expense and the actual non-participating providers charge.
- Non-emergency, out-of-network air ambulance services are limited to Anthem maximum payment of \$50,000 per trip.
- Certain services are subject to the utilization review program. Before scheduling services, the member must make sure utilization review is obtained. If utilization review is not obtained, benefits may be reduced or not paid, according to the plan.
- Additional visits maybe authorized if medically necessary. Pre-service review must be obtained prior to receiving the additional services.
- If your plan includes out of network benefits, all services with calendar/plan year visit limits are combined both in and out of network, except if otherwise noted.
- Transplants covered only when performed at Centers of Medical Excellence or Blue Distinction Centers.

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Questions: visit us at www.anthem.com/ca/sisc

CA/L/F/PPO/LP2011/01-20-C

Your summary of benefits

- Bariatric Surgery covered only when performed at Blue Distinction Center for Specialty Care for Bariatric Surgery.
- Hip/Knee/Spine surgeries covered only when performed at Blue Distinction Plus Center for Specialty Care.
- Hip/Knee/Spine travel expenses are covered up to a maximum travel benefit of \$6,000 when member's home is 50 miles or more from the nearest hip/knee/spine Blue Distinction Plus Center.
- Skilled Nursing Facility day limit does not apply to mental health and substance abuse.
- Respite Care limited to 5 consecutive days per admission.
- Freestanding Lab and Radiology Center is defined as services received in a non-hospital based facility.
- Coordination of Benefits: The benefits of this plan may be reduced if the member has any other group health or dental coverage so that the services received from all group coverage do not exceed 100% of the covered expense
- For additional information on limitations and exclusions and other disclosure items that apply to this plan, please see your Benefit Booklet for full details on your covered benefits.

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CA/L/F/PPO/LP2011/01-20-C



Self-Insured Schools of California (SISC) Pharmacy Benefit Schedule

PLAN RX 200DED/10-35

	Walk-In				Mail	
	Network		Costco		Costco	Navitus
Days' Supply*	30	90	30	90	90	30
Generic	\$10	N/A	FREE	FREE	FREE	N/A
Brand	\$35	N/A	\$35	\$90	\$90	N/A
Specialty	N/A	N/A	N/A	N/A	N/A	\$35

Out-of-Pocket Maximum	\$2,500 Individual / \$3,500 Family
Brand/Specialty Deductible	\$200 Individual / \$500 Family

SISC urges members to use generic drugs when available. If you or your physician requests the brand name when a generic equivalent is available, you will pay the generic copay plus the difference in cost between the brand and generic. The difference in cost between the brand and generic will not count toward the Annual Out-of-Pocket Maximum. Monies paid in the 4th quarter (October-December) towards the deductible are carried over to the next calendar year.

*Members may receive up to 30 days and/or up to 90 days supply of medication at participating pharmacies. Some narcotic pain and cough medications are not included in the Costco Free Generic or 90-day supply programs. Navitus contracts with most independent and chain pharmacies with the exception of Walgreens.

Mail Order Service

The Mail Order Service allows you to receive a 90-day supply of maintenance medications. This program is part of your pharmacy benefit and is **voluntary**.

Specialty Pharmacy

Navitus SpecialtyRx helps members who are taking medications for certain chronic illnesses or complex diseases by providing services that offer convenience and support. This program is part of your pharmacy benefit and is **mandatory**.

For information regarding the Prescription Drug Program call or visit on-line:

Navitus Customer Care 1-866-333-2757 (toll-free) TTY (toll free) 711 www.navitus.com

Navi-Gate® for Members allows you to access personalized pharmacy benefit information online at www.navitus.com. For information specific to your plan, visit Navi-Gate® for Members. Activate your account online using the Member Login link and an activation email will be sent to you. The site provides access to prescription benefits, pharmacy locator, drug search, drug interaction information, medication history, and mail order information. The site is available 24 hours a day, seven days a week.



Self-Insured Schools of California (SISC) Pharmacy Benefit Schedule

PLAN RX 7-25

	Walk-In				Mail	
	Network		Costco		Costco	Navitus
Days' Supply*	30	90	30	90	90	30
Generic	\$7	N/A	FREE	FREE	FREE	N/A
Brand	\$25	N/A	\$25	\$60	\$60	N/A
Specialty	N/A	N/A	N/A	N/A	N/A	\$25
Out-of-Pocket Maximum	\$1,500 Individual / \$2,500 Family					

SISC urges members to use generic drugs when available. If you or your physician requests the brand name when a generic equivalent is available, you will pay the generic copay plus the difference in cost between the brand and generic. The difference in cost between the brand and generic will not count toward the Annual Out-of-Pocket Maximum.

*Members may receive up to 30 days and/or up to 90 days supply of medication at participating pharmacies. Some narcotic pain and cough medications are not included in the Costco Free Generic or 90-day supply programs. Navitus contracts with most independent and chain pharmacies with the exception of Walgreens.

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Your summary of benefits

Anthem Blue Cross

Your Plan: Value HMO 30/40/500/3 day

Your Network: Select HMO

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

Anthem Blue Cross HMO benefits are covered only when services are provided or coordinated by the primary care physician and authorized by the participating medical group or independent practice association (IPA); except OB/GYN services received within the member's medical group/IPA, and services for mental and nervous disorders and substance abuse. Benefits are subject to all terms, conditions, limitations, and exclusions of the EOC.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible <i>See notes section to understand how your deductible works. Your plan may also have a separate Prescription Drug Deductible. See Prescription Drug Coverage section.</i>	\$0	Not covered
Out-of-Pocket Limit <i>When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. See notes section for additional information regarding your out of pocket maximum.</i>	\$2,500 single / \$5,000 family	Not covered
Preventive care/screening/immunization <i>In-network preventive care is not subject to deductible, if your plan has a deductible.</i>	No charge	Not covered
Doctor Home and Office Services		
Primary care visit to treat an injury or illness	\$30 copay per visit	Not covered
Specialist care visit	\$40 copay per visit	Not covered
Prenatal and Post-natal Care	\$30 copay per visit	Not covered
Other practitioner visits: Retail health clinic Preferred On-line Visit <i>Includes Mental/Behavioral Health and Substance Abuse.</i>	\$30 copay per visit \$10 copay per visit	Not covered Not covered

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Chiropractor services <i>Coverage for In-Network Provider is limited to 60 day limit per benefit period for Physical, Occupational and Speech Therapy combined. Chiropractor visits count towards your physical and occupational therapy limit.</i></p> <p>Acupuncture</p>	<p>\$30 copay per visit</p> <p>\$30 copay per visit</p>	<p>Not covered</p> <p>Not covered</p>
<p>Other services in an office:</p> <p>Allergy testing</p> <p>Chemo/radiation therapy</p> <p>Hemodialysis</p> <p>Prescription drugs <i>For the drugs itself dispensed in the office thru infusion/injection</i></p>	<p>\$30 copay per visit</p> <p>\$40 copay per visit</p> <p>\$40 copay per visit</p> <p>30% coinsurance up to \$150 per visit</p>	<p>Not covered</p> <p>Not covered</p> <p>Not covered</p> <p>Not covered</p>
<p>Diagnostic Services</p> <p>Lab:</p> <p>Office</p> <p>Freestanding Lab</p> <p>Outpatient Hospital</p>	<p>No charge</p> <p>No charge</p> <p>No charge</p>	<p>Not covered</p> <p>Not covered</p> <p>Not covered</p>
<p>X-ray:</p> <p>Office</p> <p>Freestanding Radiology Center</p> <p>Outpatient Hospital</p>	<p>No charge</p> <p>No charge</p> <p>No charge</p>	<p>Not covered</p> <p>Not covered</p> <p>Not covered</p>
<p>Advanced diagnostic imaging (for example, MRI/PET/CAT scans):</p> <p>Office <i>Costs may vary by site of service.</i></p> <p>Freestanding Radiology Center <i>Costs may vary by site of service.</i></p> <p>Outpatient Hospital <i>Costs may vary by site of service.</i></p>	<p>\$100 copay per test</p> <p>\$100 copay per test</p> <p>\$100 copay per test</p>	<p>Not covered</p> <p>Not covered</p> <p>Not covered</p>

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Emergency and Urgent Care</p> <p>Emergency room facility services <i>This is for the hospital/facility charge only. The ER physician charge may be separate. Copay waived if admitted.</i></p> <p>Emergency room doctor and other services</p>	<p>\$150 copay per visit</p> <p>No charge</p>	<p>Covered as In-Network</p> <p>Covered as In-Network</p>
<p>Ambulance (air and ground)</p>	<p>\$100 copay per trip for ground and air</p>	<p>Covered as In-Network</p>
<p>Urgent Care (office setting) <i>Copay waived if admitted. Costs may vary by site of service.</i></p>	<p>\$30 copay per visit</p>	<p>Covered as In-Network</p>
<p>Outpatient Mental/Behavioral Health and Substance Abuse</p> <p>Doctor office visit</p> <p>Facility visit: Facility fees</p>	<p>\$30 copay per visit.</p> <p>No charge</p>	<p>Not covered</p> <p>Not covered</p>
<p>Outpatient Surgery</p> <p>Facility fees: Hospital Freestanding Surgical Center</p> <p>Doctor and other services</p>	<p>\$250 copay per admission</p> <p>\$250 copay per admission</p> <p>No charge</p>	<p>Not covered</p> <p>Not covered</p> <p>Not covered</p>
<p>Hospital Stay (all inpatient stays including maternity, mental / behavioral health, and substance abuse)</p> <p>Facility fees (for example, room & board) <i>3 days copay max per admission</i></p> <p>Doctor and other services</p>	<p>\$500 copay per day</p> <p>No charge</p>	<p>Not covered</p> <p>Not covered</p>
<p>Recovery & Rehabilitation</p> <p>Home health care <i>Coverage for In-Network Provider is limited to 100 visit limit per benefit period.</i></p>	<p>\$30 copay per visit</p>	<p>Not covered</p>

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Rehabilitation services (for example, physical/speech/occupational therapy):</p> <p>Office <i>Coverage for In-Network Provider is limited to 60 day limit per benefit period for Physical, Occupational and Speech Therapy combined. Costs may vary by site of service. Chiropractor visits count towards your physical and occupational therapy limit.</i></p> <p>Outpatient hospital <i>Coverage for In-Network Provider is limited to 60 day limit per benefit period for Physical, Occupational and Speech Therapy combined. Costs may vary by site of service.</i></p> <p>Habilitation services (for example, physical/speech/occupational therapy):</p> <p>Office <i>Coverage for In-Network Provider is limited to 60 day limit per benefit period for Physical, Occupational and Speech Therapy combined. Costs may vary by site of service. Chiropractor visits count towards your physical and occupational therapy limit.</i></p> <p>Outpatient hospital <i>Coverage for In-Network Provider is limited to 60 day limit per benefit period for Physical, Occupational and Speech Therapy combined. Costs may vary by site of service.</i></p>	<p>\$30 copay per visit</p> <p>\$40 copay per visit</p> <p>\$30 copay per visit</p> <p>\$40 copay per visit</p>	<p>Not covered</p> <p>Not covered</p> <p>Not covered</p> <p>Not covered</p>
<p>Cardiac rehabilitation</p> <p>Office</p> <p>Outpatient hospital</p>	<p>\$30 copay per visit</p> <p>\$40 copay per visit</p>	<p>Not covered</p> <p>Not covered</p>
<p>Skilled nursing care (in a facility) <i>Coverage for In-Network Provider is limited to 100 day limit per benefit period.</i></p>	<p>No charge</p>	<p>Not covered</p>
<p>Hospice</p>	<p>No charge</p>	<p>Not covered</p>
<p>Durable Medical Equipment</p>	<p>50% coinsurance</p>	<p>Not covered</p>
<p>Prosthetic Devices</p>	<p>No charge</p>	<p>Not covered</p>

Your summary of benefits

Notes:

- This Summary of Benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this Summary of Benefits. This Summary of Benefits, as updated, is subject to the approval of the California Department of Insurance and the California Department of Managed Health Care (as applicable).
- In addition to the benefits described in this summary, coverage may include additional benefits, depending upon the member's home state. The benefits provided in this summary are subject to federal and California laws. There are some states that require more generous benefits be provided to their residents, even if the master policy was not issued in their state. If the member's state has such requirements, we will adjust the benefits to meet the requirements.
- Your plan requires a selection of a Primary Care Physician. Your plan requires a referral from your Primary Care Physician for select covered services.
- Preventive Care Services includes physical exam, preventive screenings (including screenings for cancer, HPV, diabetes, cholesterol, blood pressure, hearing and vision, immunization, health education, intervention services, HIV testing) and additional preventive care for women provided for in the guidance supported by Health Resources and Service Administration.
- For Medical Emergency care rendered by a Non-Participating Provider or Non-Contracting Hospital, reimbursement is based on the reasonable and customary value. Members may be responsible for any amount in excess of the reasonable and customary value.
- If your plan includes an emergency room facility copay and you are directly admitted to a hospital, your emergency room facility copay is waived.
- Certain services are subject to the utilization review program. Before scheduling services, the member must make sure utilization review is obtained. If utilization review is not obtained, benefits may be reduced or not paid, according to the plan.
- Additional visits maybe authorized if medically necessary. Pre-service review must be obtained prior to receiving the additional services.
- Skilled Nursing Facility day limit does not apply to mental health and substance abuse.
- Respite Care limited to 5 consecutive days per admission.
- Freestanding Lab and Radiology Center is defined as services received in a non-hospital based facility.
- Infertility services are not included in the out of pocket amount.
- Coordination of Benefits: The benefits of this plan may be reduced if the member has any other group health or dental coverage so that the services received from all group coverage do not exceed 100% of the covered expense
- For additional information on limitations and exclusions and other disclosure items that apply to this plan, go to https://le.anthem.com/pdf?x=CA_LG_HMO
- For additional information on this plan, please visit sbc.anthem.com to obtain a Summary of Benefit Coverage.



Chiropractic Care and Acupuncture Rider Plan 10/30

HMO Benefits

The benefits described in this Rider are provided through an agreement between Anthem Blue Cross and American Specialty Health Plans of California (ASH Plans). The services listed below are covered only if provided by an ASH Plans Chiropractor and/or ASH Plans Acupuncturist. These benefits are provided in addition to the benefits described in the Anthem Blue Cross HMO Evidence of Coverage (EOC) document. However, when expenses are incurred for treatment received from an ASH Plans Chiropractor or ASH Plans Acupuncturist, no other benefits other than the benefits described in this Rider will be paid.

Covered Services	Member's Copayment
Office Visit to a Chiropractor or Acupuncturist	\$10/visit
Maximum Benefits	
Office visits to a Chiropractor or Acupuncturist	30 visits per calendar year (chiropractic and acupuncture visits combined)
Chiropractic appliances	\$50 per calendar year

Covered Services

Chiropractor Services: Member has up to 30 visits, combined with visits for acupuncture services, in a calendar year for chiropractor care services that are determined by ASH PLANS to be medically/clinically necessary. All visits to an ASH Plans chiropractor or ASH Plans acupuncturist will be applied towards the maximum number of visits in a calendar year. The ASH Plans chiropractor is responsible for submitting a treatment plan to ASH Plans for prior approval.

Covered services include:

- An initial new patient exam by an ASH Plans chiropractor to determine the appropriateness of chiropractic services.
- Follow-up office visits as set forth in a treatment plan approved by ASH Plans and provided by an ASH Plans chiropractor
- An established patient exam performed by an ASH Plans chiropractor to assess the need to continue, extend or change a treatment plan approved by ASH Plans.
- Adjunctive physiotherapy modalities and procedures as set forth in a treatment plan approved by ASH Plans and provided by ASH Plans chiropractor.
- Radiological x-rays and laboratory tests when prescribed by an ASH Plans chiropractor and approved by ASH Plans. Covered services include radiological consultations when determined by ASH Plans to be medically/clinically necessary and provided by a licensed chiropractic radiologist, medical radiologist, radiology group or hospital which has contracted with ASH Plans to provide those services.
- **Chiropractic Appliances:** Up to \$50 per calendar year when prescribed by an ASH Plans chiropractor and approved by ASH Plans. Covered chiropractic appliances are limited to:
 - elbow supports, back supports (thoracic), lumbar braces and supports, rib supports, or wrist supports;
 - cervical collars or cervical pillows;
 - ankle braces, knee braces, or wrist braces;
 - heel lifts;
 - hot or cold packs;
 - lumbar cushions;
 - rib belts or orthotics; and
 - home traction units for treatment of the cervical or lumbar regions.

Acupuncture Services. Member has up to 30 visits, combined with visits for chiropractic care, in a calendar year for acupuncture services that are determined by ASH Plans to be medically/clinically necessary. All visits to an ASH Plans chiropractor or ASH Plans acupuncturist will be applied towards the maximum number of visits in a calendar year. The ASH Plans acupuncturist is responsible for submitting a treatment plan to ASH Plans for prior approval.

Covered services include:

- An initial new patient exam by an ASH Plans acupuncturist to determine the appropriateness of acupuncture services.
- Follow-up office visits as set forth in a treatment plan approved by ASH Plans and provided by an ASH Plans acupuncturist
- An established patient exam performed by an ASH Plans acupuncturist to assess the need to continue, extend or change a treatment plan approved by ASH Plans.
- Adjunctive physiotherapy modalities and procedures as set forth in a treatment plan approved by ASH Plans and provided by ASH Plans acupuncturist.

Chiropractic Care and Acupuncture Rider Exclusions & Limitations

Care Not Approved: Any services provided by an ASH Plans chiropractor or an ASH Plans acupuncturist that are not approved by ASH Plans except as specified as covered in the Evidence of Coverage (EOC). An ASH Plans chiropractor or ASH Plans acupuncturist is responsible for submitting a treatment plan to ASH Plans for prior approval.

Care Not Covered: In addition to any service or supply specifically excluded in the EOC, no benefits will be provided for chiropractic or acupuncture services or supplies in connection with:

- Diagnostic scanning, such as magnetic resonance imaging (MRI) or computerized axial tomography (CAT) scans. Diagnostic services for acupuncture.
- Thermography.
- Hypnotherapy.
- Behavior training.
- Sleep therapy.
- Weight programs.
- Any non-medical program or service.
- Pre-employment examinations, any chiropractic or acupuncture services required by an employer that are not medically/clinically necessary, or vocational rehabilitation.
- Services and/or treatments which are not documented as medically/clinically necessary.
- Massage therapy.
- Acupuncture performed with reusable needles.
- Acupuncture services benefits are not provided for magnets used for diagnostic or therapeutic use, ion cord devices, manipulation or adjustments of the joints, physical therapy services, iridology, hormone replacement products, acupuncture point or trigger-point injections (including injectable substances), laser/laser biostim, colorpuncture, NAET diagnosis and/or treatment, and direct moxibustion.
- Any service or supply for the exam and/or treatment by an ASH chiropractor for conditions other than those related to neuromusculoskeletal disorders.
- Services from an ASH Plans acupuncturist for exam and/or treatment for conditions not related to neuromusculoskeletal disorders, nausea or pain, including, without limitation, asthma or addictions such as nicotine addiction.
- Transportation costs including local ambulance charges.
- Education programs, non-medical self-care or self-help, or any self-help physical exercise training or any related diagnostic testing.
- Hospitalization, surgical procedures, anesthesia, manipulation under anesthesia, proctology, colonic irrigation, injections and injection services, or other related services;

- All auxiliary aids and services, including, but not limited to, interpreters, transcription services, written materials, telecommunications devices, telephone handset amplifiers, television decoders and telephone compatible with hearing aids;
- Adjunctive therapy not associated with spinal, muscle or joint manipulation.
- Laboratory and diagnostic x-ray studies, except as specified as covered in the EOC.

Non-ASH Plans Chiropractors or non-ASH Plans Acupuncturists: Services and supplies provided by a chiropractor or an acupuncturists who does not have an agreement with ASH Plans to provide covered services under this plan.

Work Related: Care for health problems that are work-related if such health problems are covered by workers' compensation, an employer's liability law or similar law. We will provide care for a work-related health problem, but we have the right to be paid back for that care as described in the EOC.

Government Treatment: Any services actually given to the member by a local, state or federal government agency, except when this plan's benefits, must be provided by law. We will not cover payment for these services if the member is not required to pay for them or they are given to the member for free.

Drugs: Prescription drugs or medicines, including a non-legend or proprietary medicine or medication not requiring a prescription.

Supplement. Vitamins, minerals, dietary and nutritional supplements or other similar products and any herbal supplements.

Air Conditioners: Air purifiers, air conditioners, humidifiers, supplies or any other similar devices or appliances. All appliances or durable medical equipment, except as specified as covered in the EOC..

Personal Items: Any supplies for comfort, hygiene or beauty purposes, including therapeutic mattresses.

Out-Of-Area and Emergency Care: Out-of-area care is not covered under this Chiropractic and Acupuncture Care benefit, except for emergency services. The member should follow the procedures specified by their Anthem Blue Cross HMO plan to obtain emergency or out-of-area care.

Third Party Liability

Anthem Blue Cross is entitled to reimbursement of benefits paid if the member recovers damages from a legally liable third party.

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Hearing Aid Rider

This Summary of Benefits is a brief overview of your plan's benefits only. For more detailed information about the benefits in your plan, please refer to your Certificate of Insurance or Evidence of Coverage (EOC), which explains the full range of covered services, as well as any exclusions and limitations for your plan.

What Is Covered

Hearing Aid Services

This benefit covers one medically necessary hearing aid, per ear, every three years when ordered by or purchased as a result of a written recommendation from an otolaryngologist or a state-certified audiologist. The member is responsible for **50%** coinsurance. Member coinsurance is included in the annual out of pocket max.

Covered services include:

- Audiological evaluations to:
 - measure the extent of hearing loss; and
 - determine the most appropriate make and model of hearing aid.

These evaluations will be covered under the plan benefits for office visits to doctors.

- Hearing aids (monaural or binaural) including:
 - ear mold(s), the hearing aid instrument; and
 - batteries, cords and other ancillary equipment.
- Visits for fitting, counseling, adjustments and repairs for the covered hearing aid.

What Is Not Covered

Hearing Aid Services

The benefit does not include the following:

1. Charges for a hearing aid which exceeds specifications prescribed for the correction of hearing loss;
2. Surgically implanted hearing devices (i.e., cochlear implants, audient bone conduction devices). Medically necessary surgically implanted hearing devices may be covered under your plan's benefits for prosthetic devices (see "Prosthetic Devices"); or
3. Charges for a hearing aid which is not determined to be medically necessary.

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PLAN RX 200DED/10-35

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Brand	\$35	N/A	\$35	\$90	\$90	N/A
Specialty	N/A	N/A	N/A	N/A	N/A	\$35

Out-of-Pocket Maximum	\$2,500 Individual / \$3,500 Family
Brand/Specialty Deductible	\$200 Individual / \$500 Family

SISC urges members to use generic drugs when available. If you or your physician requests the brand name when a generic equivalent is available, you will pay the generic copay plus the difference in cost between the brand and generic. The difference in cost between the brand and generic will not count toward the Annual Out-of-Pocket Maximum. Monies paid in the 4th quarter (October-December) towards the deductible are carried over to the next calendar year.

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Navitus Customer Care 1-866-333-2757 (toll-free) TTY (toll free) 711 www.navitus.com

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Disclosure Form

SISC - Self-Insured Schools of California

Principal benefits for Kaiser Permanente Traditional HMO Plan

(10/1/20—9/30/21)

Accumulation Period

The Accumulation Period for this plan is January 1 through December 31.

Out-of-Pocket Maximum(s) and Deductible(s)

For Services that apply to the Plan Out-of-Pocket Maximum, you will not pay any more Cost Share for the rest of the Accumulation Period once you have reached the amounts listed below.

Amounts Per Accumulation Period	Self-Only Coverage (a Family of one Member)	Family Coverage Each Member in a Family of two or more Members	Family Coverage Entire Family of two or more Members
Plan Out-of-Pocket Maximum	\$1,500	\$1,500	\$3,000
Plan Deductible	None	None	None
Drug Deductible	None	None	None

Professional Services (Plan Provider office visits)

	You Pay
Most Primary Care Visits and most Non-Physician Specialist Visits	\$10 per visit
Most Physician Specialist Visits	\$10 per visit
Routine physical maintenance exams, including well-woman exams	No charge
Well-child preventive exams (through age 23 months)	No charge
Family planning counseling and consultations	No charge
Scheduled prenatal care exams	No charge
Routine eye exams with a Plan Optometrist	No charge
Urgent care consultations, evaluations, and treatment	\$10 per visit
Most physical, occupational, and speech therapy	\$10 per visit

Outpatient Services

	You Pay
Outpatient surgery and certain other outpatient procedures	\$10 per procedure
Allergy injections (including allergy serum)	No charge
Most immunizations (including the vaccine)	No charge
Most X-rays and laboratory tests	No charge

Hospitalization Services

	You Pay
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	No charge

Emergency Health Coverage

	You Pay
Emergency Department visits	\$100 per visit
Note: This Cost Share does not apply if you are admitted directly to the hospital as an inpatient for covered Services (see "Hospitalization Services" for inpatient Cost Share).	

Ambulance Services

	You Pay
Ambulance Services	\$50 per trip

Prescription Drug Coverage

	You Pay
Covered outpatient items in accord with our drug formulary guidelines:	
Most generic items at a Plan Pharmacy or through our mail-order service	\$10 for up to a 100-day supply
Most brand-name items at a Plan Pharmacy or through our mail-order service	\$10 for up to a 100-day supply
Most specialty items at a Plan Pharmacy	\$10 for up to a 30-day supply

Durable Medical Equipment (DME)

	You Pay
DME items as described in the EOC	No charge

Mental Health Services

	You Pay
Inpatient psychiatric hospitalization	No charge
Individual outpatient mental health evaluation and treatment	\$10 per visit
Group outpatient mental health treatment	\$5 per visit

Substance Use Disorder Treatment

	You Pay
Inpatient detoxification	No charge
Individual outpatient substance use disorder evaluation and treatment	\$10 per visit
Group outpatient substance use disorder treatment	\$5 per visit

Home Health Services

	You Pay
Home health care (up to 100 visits per Accumulation Period)	No charge

Other

	You Pay
Hearing aid(s) every 36 months	Amount in excess of \$500 Allowance per aid

(continues)

Disclosure Form

(continued)

Other	You Pay
Skilled nursing facility care (up to 100 days per benefit period)	No charge
Prosthetic and orthotic devices as described in the <i>EOC</i>	No charge
Services to diagnose or treat infertility and artificial insemination (such as outpatient procedures or laboratory tests) as described in the <i>EOC</i>	the Cost Share you would pay if the Services were to treat any other condition
Assisted reproductive technology ("ART") Services	Not covered
Hospice care	No charge

Chiropractic and Acupuncture Coverage (through ASH Plans)	You Pay
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Up to a combined total of 30 Chiropractic and Acupuncture visits per year	\$10 copay per visit
<p>Kaiser Permanente contracts with American Specialty Health Plans (ASH) to provide chiropractic and acupuncture care. Members must receive all their benefits from ASH Plans participating providers. ASH Plans contracts with Participating Providers and other licensed providers to provide covered Chiropractic Services (including laboratory tests, X-rays, and chiropractic appliances). ASH Plans contracts with Participating Providers to provide acupuncture care (including adjunctive therapies, such as acupressure, moxibustion, or breathing techniques, when provided during the same course of treatment and in conjunction with acupuncture). You must receive covered Services from a Participating Provider or another licensed provider with which ASH contracts, except for Emergency Chiropractic Services, Emergency Acupuncture Services, Urgent Chiropractic Services, and Urgent Acupuncture Services, and Services that are not available from Participating Providers or other licensed providers with which ASH contracts to provide covered Services that are authorized in advance by ASH Plans.</p> <p>The list of Participating Providers is available on the ASH Plans website at www.ashlink.com/ash/kp or from the ASH Plans Customer Service Department at 1-800-678-9133. The list of Participating Providers is subject to change at any time without notice.</p>	

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the *EOC*. Please note that we provide all benefits required by law (for example, diabetes testing supplies).

Disclosure Form

SISC - Self-Insured Schools of California

Principal benefits for Kaiser Permanente Traditional HMO Plan

(10/1/20—9/30/21)

Accumulation Period

The Accumulation Period for this plan is January 1 through December 31.

Out-of-Pocket Maximum(s) and Deductible(s)

For Services that apply to the Plan Out-of-Pocket Maximum, you will not pay any more Cost Share for the rest of the Accumulation Period once you have reached the amounts listed below.

Amounts Per Accumulation Period	Self-Only Coverage (a Family of one Member)	Family Coverage Each Member in a Family of two or more Members	Family Coverage Entire Family of two or more Members
Plan Out-of-Pocket Maximum	\$1,500	\$1,500	\$3,000
Plan Deductible	None	None	None
Drug Deductible	None	None	None

Professional Services (Plan Provider office visits)

	You Pay
Most Primary Care Visits and most Non-Physician Specialist Visits	\$20 per visit
Most Physician Specialist Visits	\$20 per visit
Routine physical maintenance exams, including well-woman exams	No charge
Well-child preventive exams (through age 23 months)	No charge
Family planning counseling and consultations	No charge
Scheduled prenatal care exams	No charge
Routine eye exams with a Plan Optometrist	No charge
Urgent care consultations, evaluations, and treatment	\$20 per visit
Most physical, occupational, and speech therapy	\$20 per visit

Outpatient Services

	You Pay
Outpatient surgery and certain other outpatient procedures	\$20 per procedure
Allergy injections (including allergy serum)	No charge
Most immunizations (including the vaccine)	No charge
Most X-rays and laboratory tests	No charge

Hospitalization Services

	You Pay
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	No charge

Emergency Health Coverage

	You Pay
Emergency Department visits	\$100 per visit
Note: This Cost Share does not apply if you are admitted directly to the hospital as an inpatient for covered Services (see "Hospitalization Services" for inpatient Cost Share).	

Ambulance Services

	You Pay
Ambulance Services	\$50 per trip

Prescription Drug Coverage

	You Pay
Covered outpatient items in accord with our drug formulary guidelines:	
Most generic items at a Plan Pharmacy	\$10 for up to a 30-day supply
Most generic refills through our mail-order service	\$20 for up to a 100-day supply
Most brand-name items at a Plan Pharmacy	\$30 for up to a 30-day supply
Most brand-name refills through our mail-order service	\$60 for up to a 100-day supply
Most specialty items at a Plan Pharmacy	\$30 for up to a 30-day supply

Durable Medical Equipment (DME)

	You Pay
DME items as described in the EOC	No charge

Mental Health Services

	You Pay
Inpatient psychiatric hospitalization	No charge
Individual outpatient mental health evaluation and treatment	\$20 per visit
Group outpatient mental health treatment	\$10 per visit

Substance Use Disorder Treatment

	You Pay
Inpatient detoxification	No charge
Individual outpatient substance use disorder evaluation and treatment	\$20 per visit
Group outpatient substance use disorder treatment	\$5 per visit

Home Health Services

	You Pay
Home health care (up to 100 visits per Accumulation Period)	No charge

(continues)

Disclosure Form

(continued)

Other	You Pay
Hearing aid(s) every 36 months	Amount in excess of \$500 Allowance per aid
Skilled nursing facility care (up to 100 days per benefit period)	No charge
Prosthetic and orthotic devices as described in the <i>EOC</i>	No charge
Services to diagnose or treat infertility and artificial insemination (such as outpatient procedures or laboratory tests) as described in the <i>EOC</i>	the Cost Share you would pay if the Services were to treat any other condition
Assisted reproductive technology ("ART") Services.....	Not covered
Hospice care	No charge

Chiropractic and Acupuncture Coverage (through ASH Plans)	You Pay
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Up to a combined total of 30 Chiropractic and Acupuncture visits per year	\$10 copay per visit
<p>Kaiser Permanente contracts with American Specialty Health Plans (ASH) to provide chiropractic and acupuncture care. Members must receive all their benefits from ASH Plans participating providers. ASH Plans contracts with Participating Providers and other licensed providers to provide covered Chiropractic Services (including laboratory tests, X-rays, and chiropractic appliances). ASH Plans contracts with Participating Providers to provide acupuncture care (including adjunctive therapies, such as acupressure, moxibustion, or breathing techniques, when provided during the same course of treatment and in conjunction with acupuncture). You must receive covered Services from a Participating Provider or another licensed provider with which ASH contracts, except for Emergency Chiropractic Services, Emergency Acupuncture Services, Urgent Chiropractic Services, and Urgent Acupuncture Services, and Services that are not available from Participating Providers or other licensed providers with which ASH contracts to provide covered Services that are authorized in advance by ASH Plans.</p> <p>The list of Participating Providers is available on the ASH Plans website at www.ashlink.com/ash/kp or from the ASH Plans Customer Service Department at 1-800-678-9133. The list of Participating Providers is subject to change at any time without notice.</p>	

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the *EOC*. Please note that we provide all benefits required by law (for example, diabetes testing supplies).



Your summary of benefits

Anthem Blue Cross

Your Plan: Your Plan: SISC Anchor Bronze HSA

Your Network: Prudent Buyer PPO

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation that may apply to the coverage. For more details, important limitations and exclusions, please review the Benefit Booklet. If there is a difference between this summary and the Benefit Booklet, the Benefit Booklet will prevail.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Overall Deductible for all providers (calendar year) <i>See notes section to understand how your deductible works. All medical services subject to a copay and coinsurance are also subject to the annual medical deductible. Deductible applies to out-of-pocket maximum.</i></p>	\$5,000 member / \$10,000 family	
<p>Out-of-Pocket Limit <i>When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. Member copays and coinsurance for Emergency medical care with a Non-Network PPO provider also apply to the In-Network PPO out-of-pocket maximums. See notes section for additional information regarding your out of pocket maximum.</i></p>	\$6,350 single / \$12,700 family	No limit single / No limit family
<p>Preventive care/screening/immunization <i>In-network preventive care is not subject to deductible, if your plan has a deductible.</i></p>	No charge	Not covered
<p>Doctor Home and Office Services</p> <p>Primary care visit to treat an injury or illness</p>	30% coinsurance.	All billed amounts exceeding the maximum allowed amount. (See footnote 1)
<p>Specialist care visit</p>	30% coinsurance.	All billed amounts exceeding the maximum allowed amount. (See footnote 1)
<p>Prenatal and Post-natal Care</p>	30% coinsurance.	All billed amounts exceeding the maximum allowed amount.

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
		(See footnote 1)
<p>Other practitioner visits: Retail health clinic</p> <p>Preferred Online Visits <i>Includes Mental/Behavioral Health and Substance Abuse.</i></p> <p>Chiropractor services <i>Subject to medically necessity review administered by American Specialty Health (ASH).</i></p> <p>Acupuncture <i>Coverage for In-Network Provider and Non-Network Provider combined is limited to 12-visit limit per calendar year. (See footnote 2)</i></p>	<p>30% coinsurance.</p> <p>30% coinsurance.</p> <p>30% coinsurance</p> <p>30% coinsurance</p>	<p>All billed amounts exceeding the maximum allowed amount. (See footnote 1)</p> <p>All billed amounts exceeding the maximum allowed amount. (See footnote 1)</p> <p>Not covered</p> <p>50% of maximum allowed amount (See footnote 1)</p>
<p>Other services in an office: Allergy testing</p> <p>Chemo/radiation therapy</p> <p>Hemodialysis <i>Coverage for Out-of-Network Provider is limited to \$350 maximum per visit. (See footnote 2)</i></p> <p>Prescription drugs <i>For the drugs itself dispensed in the office thru infusion/injection</i></p>	<p>30% coinsurance</p> <p>30% coinsurance</p> <p>30% coinsurance</p> <p>30% coinsurance</p>	<p>All billed amounts exceeding the maximum allowed amount. (See footnote 1)</p> <p>All billed amounts exceeding the maximum allowed amount. (See footnote 1)</p> <p>All billed amounts exceeding the maximum allowed amount. (See footnote 1)</p> <p>All billed amounts exceeding the</p>

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
		maximum allowed amount. (See footnote 1)
<p>Diagnostic Services</p> <p>Lab:</p> <ul style="list-style-type: none"> Office Freestanding Lab Outpatient Hospital 	<ul style="list-style-type: none"> 30% coinsurance 30% coinsurance 30% coinsurance 	<ul style="list-style-type: none"> Not covered Not covered Not covered
<p>X-ray:</p> <ul style="list-style-type: none"> Office Freestanding Radiology Center Outpatient Hospital 	<ul style="list-style-type: none"> 30% coinsurance 30% coinsurance 30% coinsurance 	<ul style="list-style-type: none"> Not covered Not covered Not covered
<p>Advanced diagnostic imaging (for example, MRI/PET/CAT scans):</p> <ul style="list-style-type: none"> Office <i>Coverage for Out-of-Network Provider is limited to \$800 maximum per test. (See footnote 2)</i> Freestanding Radiology Center <i>Coverage for Out-of-Network Provider is limited to \$800 maximum per test. (See footnote 2)</i> Outpatient Hospital <i>Coverage for Out-of-Network Provider is limited to \$800 maximum per test. (See footnote 2)</i> 	<ul style="list-style-type: none"> 30% coinsurance 30% coinsurance 30% coinsurance 	<ul style="list-style-type: none"> All billed amounts exceeding the maximum allowed amount. (See footnote 1) All billed amounts exceeding the maximum allowed amount. (See footnote 1) All billed amounts exceeding the maximum allowed amount. (See footnote 1)
<p>Emergency and Urgent Care</p>		

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Emergency room facility services <i>Copay waived if admitted as inpatient. This is for the hospital/facility charge only. The ER physician charge may be separate.</i></p>	<p>\$100 copay per admission and then 30% coinsurance</p>	<p>Covered at the In-Network level of benefits (See footnote 1)</p>
<p>Emergency room doctor and other services</p>	<p>30% coinsurance</p>	<p>Covered at the In-Network level of benefits (See footnote 1))</p>
<p>Ambulance (air and ground)</p>	<p>\$100 copay per trip, then 30% coinsurance</p>	<p>Covered at the In-Network level of benefits (See footnote 1)</p>
<p>Urgent Care (physician services)</p>	<p>30% coinsurance.</p>	<p>All billed amounts exceeding the maximum allowed amount. (See footnote 1)</p>
<p>Outpatient Mental/Behavioral Health and Substance Abuse</p> <p>Doctor office visit</p> <p>Facility visit: Facility fees</p>	<p>30% coinsurance.</p> <p>30% coinsurance</p>	<p>All billed amounts exceeding the maximum allowed amount. (See footnote 1)</p> <p>All billed amounts exceeding the maximum allowed amount. (See footnote 1)</p>
<p>Outpatient Surgery</p> <p>Facility fees: Hospital</p>	<p>30% coinsurance</p>	<p>All billed amounts exceeding the</p>

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Home health care <i>Coverage for In-Network Provider and Non-Network Provider combined is limited to 100-visit limit per calendar year. (See footnote 2)</i> <i>Coverage for Out-of-Network Provider is limited to \$150 maximum per day. (See footnote 2)</i></p>	30% coinsurance	All billed amounts exceeding the maximum allowed amount. (See footnote 1)
<p>Rehabilitation Habilitation services (for example, physical/occupational therapy):</p> <ul style="list-style-type: none"> Office Outpatient hospital 	30% coinsurance 30% coinsurance	Not covered Not covered
<p>Cardiac rehabilitation</p> <ul style="list-style-type: none"> Office Outpatient hospital 	30% coinsurance 30% coinsurance	Not covered Not covered
<p>Skilled nursing care (in a facility) <i>Coverage for In-Network Provider and Non-Network Provider combined is limited to 100-day limit per calendar year. (See footnote 2)</i> <i>Coverage for Out-of-Network Provider is limited to \$600 maximum per day. (See footnote 2)</i></p>	30% coinsurance	All billed amounts exceeding the maximum allowed amount. (See footnote 1)
<p>Hospice</p>	No charge	All billed amounts exceeding the maximum allowed amount. (See footnote 1)
<p>Durable Medical Equipment</p>	30% coinsurance	Not covered
<p>Prosthetic Devices <i>Therapeutic shoes and inserts for members with diabetes are limited to 2 pairs per calendar year. (See footnote 2)</i></p>	30% coinsurance	All billed amounts exceeding the maximum allowed amount. (See footnote 1)
<p>Hearing Aids <i>Benefit is limited to \$700 every 24 months. (See footnote 2)</i></p>	30% coinsurance	All billed amounts exceeding the

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
		maximum allowed amount. (See footnote 1)
Hip/Knee/Spine <i>For inpatient services, this benefit is covered only when performed at a designated Blue Distinction Plus Center for Specialty Care. Subject to utilization review.</i>	30% coinsurance	Not covered
Hemodialysis in an Outpatient facility <i>Coverage for Out-of-Network Provider is limited to \$350 maximum per visit. (See footnote 2)</i>	30% coinsurance	All billed amounts exceeding the maximum allowed amount. (See footnote 1)
Home Infusion Therapy <i>Coverage for Out-of-Network Provider is limited to \$600 per day. Subject to utilization review. (See footnote 2)</i>	30% coinsurance	All billed amounts exceeding the maximum allowed amount. (See footnote 1)
Speech Therapy	30% coinsurance	All billed amounts exceeding the maximum allowed amount. (See footnote 1)

Footnote 1: When using Non-Network PPO Providers, members are responsible for any difference between the maximum allowed amount and actual charges, as well as any deductible & percentage copay.

Footnote 2: The plan may pay for the following services and supplies up to the maximum number of days or visits shown. When using non-network providers, the plan will pay the lesser of the benefit maximum or the maximum allowed amount. If the maximum allowed amount is less than the listed benefit maximum, the plan will not exceed the maximum allowed amount. Likewise, if the listed benefit maximum is less than the maximum allowed amount, the plan will not exceed the listed benefit maximum.

Your summary of benefits

Notes:

- This Summary of Benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this Summary of Benefits.
- The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to the individual deductible and individual out-of-pocket maximum; in addition, amounts for all family members apply to the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.
- All medical services subject to a copay and coinsurance are also subject to the annual medical deductible.
- Annual Out-of-Pocket Maximums includes deductible, copays, and coinsurance.
- In-network and out-of-network out of pocket maximums are exclusive of each other (i.e. non-emergency out-of-network expenses do not apply to the in-network out of pocket maximum).
- Any copays and coinsurance you make for covered services and supplies provided by a *non-participating provider*, except emergency services and supplies, will not be applied toward the satisfaction of your Out-of-Pocket amount. In addition, you will be required to continue to pay your copayment and/or coinsurance for such services even after you have reached that amount.
- For plans with an office visit copay, the copay applies to the actual office visit and additional cost shares may apply for any other service performed in the office (i.e., X-ray, lab, surgery), after any applicable deductible.
- Preventive Care Services includes physical exam, preventive screenings (including screenings for cancer, HPV, diabetes, cholesterol, blood pressure, hearing and vision, immunization, health education, intervention services, HIV testing) and additional preventive care for women provided for in the guidance supported by Health Resources and Service Administration.
- For Medical Emergency care rendered by a Non-Participating Provider or Non-Contracting Hospital, reimbursement is based on the maximum allowed amount. Members may be responsible for any amount in excess of the maximum allowed amount.
- If your plan includes an emergency room facility copay and you are directly admitted to a hospital, your emergency room facility copay is waived.
- If your plan includes out of network benefit and you use a non-network provider, you are responsible for any difference between the covered expense and the actual non-participating providers charge.
- Non-emergency, out-of-network air ambulance services are limited to Anthem maximum payment of \$50,000 per trip.
- Certain services are subject to the utilization review program. Before scheduling services, the member must make sure utilization review is obtained. If utilization review is not obtained, benefits may be reduced or not paid, according to the plan.
- Additional visits maybe authorized if medically necessary. Pre-service review must be obtained prior to receiving the additional services.
- If your plan includes out of network benefits, all services with calendar/plan year visit limits are combined both in and out of network, except if otherwise noted.
- Transplants covered only when performed at Centers of Medical Excellence or Blue Distinction Centers.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Questions: visit us at www.anthem.com/ca/sisc

CA/L/F/PPO/LP2011/01-20-C

Your summary of benefits

- Bariatric Surgery covered only when performed at Blue Distinction Center for Specialty Care for Bariatric Surgery.
- Hip/Knee/Spine surgeries covered only when performed at Blue Distinction Plus Center for Specialty Care.
- Hip/Knee/Spine travel expenses are covered up to a maximum travel benefit of \$6,000 when member's home is 50 miles or more from the nearest hip/knee/spine Blue Distinction Plus Center.
- Skilled Nursing Facility day limit does not apply to mental health and substance abuse.
- Respite Care limited to 5 consecutive days per admission.
- Freestanding Lab and Radiology Center is defined as services received in a non-hospital based facility.
- Coordination of Benefits: The benefits of this plan may be reduced if the member has any other group health or dental coverage so that the services received from all group coverage do not exceed 100% of the covered expense
- For additional information on limitations and exclusions and other disclosure items that apply to this plan, please see your Benefit Booklet for full details on your covered benefits.

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Questions: visit us at www.anthem.com/ca/sisc

CA/L/F/PPO/LP2011/01-20-C



Self-Insured Schools of California (SISC) Pharmacy Benefit Schedule

PLAN RX 9-35 (MVP)

	Walk-In				Mail	
	Network		Costco		Costco	Navitus
Days' Supply*	30	90	30	90	90	30
Generic	\$9	N/A	FREE	FREE	FREE	N/A
Brand	\$35	N/A	\$35	\$90	\$90	N/A
Specialty	N/A	N/A	N/A	N/A	N/A	\$35
Out-of-Pocket Maximum**	\$6,350 Individual / \$12,700 Family					
Deductible**	\$5,000 Individual / \$10,000 Family					

SISC urges members to use generic drugs when available. If you or your physician requests the brand name when a generic equivalent is available, you will pay the generic copay plus the difference in cost between the brand and generic. The difference in cost between the brand and generic will not count toward the Annual Out-of-Pocket Maximum.

*Members may receive up to 30 days and/or up to 90 days supply of medication at participating pharmacies. Some narcotic pain and cough medications are not included in the Costco Free Generic or 90-day supply programs. Navitus contracts with most independent and chain pharmacies with the exception of Walgreens.

**Both the Deductible and Out-of-Pocket Maximum apply to medical and pharmacy benefits. Free generics at Costco will only apply after deductible is satisfied.

Mail Order Service

The Mail Order Service allows you to receive a 90-day supply of maintenance medications. This program is part of your pharmacy benefit and is **voluntary**.

Specialty Pharmacy

Navitus SpecialtyRx helps members who are taking medications for certain chronic illnesses or complex diseases by providing services that offer convenience and support. This program is part of your pharmacy benefit and is **mandatory**.

For information regarding the Prescription Drug Program call or visit on-line:

Navitus Customer Care 1-866-333-2757 (toll-free) TTY (toll free) 711 www.navitus.com

Navi-Gate® for Members allows you to access personalized pharmacy benefit information online at www.navitus.com. For information specific to your plan, visit Navi-Gate® for Members. Activate your account online using the Member Login link and an activation email will be sent to you. The site provides access to prescription benefits, pharmacy locator, drug search, drug interaction information, medication history, and mail order information. The site is available 24 hours a day, seven days a week.

2020 RX 9-35 MVP

Plan Benefit Highlights for:	PPO Incentive (\$1,200/\$1,000) with Orthodontic
Group No:	Active, Retirees, and COBRA
Network:	PPO/Premier *The plan provides an additional \$200 toward the calendar year maximum when you visit a PPO dentist. Look for this information for the dentist of your choice on the Delta find a provider website to take advantage of this additional amount: (Other network affiliations: Delta Dental PPO)

In this incentive plan, Delta Dental pays 70% of the contract allowance for covered basic services and major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26	
Deductibles	N/A	
Deductibles waived for D & P?	N/A	
Maximums	The maximum benefit paid per calendar year is \$1,200* per person in-network (this amount includes the additional \$200 for using a PPO dentist. See note above under Network) The maximum benefit paid per calendar year is \$1,000 per person out-of-network	
Waiting Period(s)	Basic Benefits None	Major Benefits None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D & P) Exams, 2 cleanings per cal year, x-rays	70-100 %	70-100%
Basic Services Fillings, simple tooth extractions, sealants	70-100 %	70-100%
Endodontics (root canals) Covered Under Basic Services	70-100 %	70-100%
Periodontics (gum treatment) Covered Under Basic Services	70-100 %	70-100%
Oral Surgery Covered Under Basic Services	70-100 %	70-100%
Major Services Crowns, inlays, onlays, and cast restorations	70-100 %	70-100%
Prostodontics Bridges, dentures, implants	50 %	50%
Orthodontic Benefits Adults and dependent children	100 %	50%
Orthodontic Maximums	Separate \$1,000 Lifetime maximum per person	
Dental Accident Benefits	100% (separate \$1,000 maximum per person per calendar year)	

- * Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.
- ** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for out-of-network dentists.

Delta Dental of California
100 First St.
San Francisco, CA 94105

Customer Service
866-499-3001

Claims Address
P.O. Box 997330
Sacramento, CA 95899-7330

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Plan Benefit Highlights for:	PPO Incentive (\$2,200/\$2,000) with Orthodontic
Group No:	Active, Retirees, and COBRA
Network:	PPO/Premier *The plan provides an additional \$200 toward the calendar year maximum when you visit a PPO dentist. Look for this information for the dentist of your choice on the Delta find a provider website to take advantage of this additional amount: (Other network affiliations: Delta Dental PPO)

In this incentive plan, Delta Dental pays 70% of the contract allowance for covered basic services and major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26	
Deductibles	N/A	
Deductibles waived for D & P?	N/A	
Maximums	The maximum benefit paid per calendar year is \$2,200* per person in-network (this amount includes the additional \$200 for using a PPO dentist. See note above under Network) The maximum benefit paid per calendar year is \$2,000 per person out-of-network	
Waiting Period(s)	Basic Benefits None	Major Benefits None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D & P) Exams, 2 cleanings per cal year, x-rays	70-100 %	70-100%
Basic Services Fillings, simple tooth extractions, sealants	70-100 %	70-100%
Endodontics (root canals) Covered Under Basic Services	70-100 %	70-100%
Periodontics (gum treatment) Covered Under Basic Services	70-100 %	70-100%
Oral Surgery Covered Under Basic Services	70-100 %	70-100%
Major Services Crowns, inlays, onlays, and cast restorations	70-100 %	70-100%
Prosthodontics Bridges, dentures, implants	50 %	50%
Orthodontic Benefits Adults and dependent children	100 %	50%
Orthodontic Maximums	Separate \$1,000 Lifetime maximum per person	
Dental Accident Benefits	100% (separate \$1,000 maximum per person per calendar year)	

- * Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.
- ** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for out-of-network dentists.

Delta Dental of California
100 First St.
San Francisco, CA 94105

Customer Service
866-499-3001

Claims Address
P.O. Box 997330
Sacramento, CA 95899-7330

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.



A LOOK AT YOUR VSP VISION COVERAGE

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM SISC AND VSP.



SISC
Self-Insured Schools of California
Schools Helping Schools

Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.



Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.



With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor or retail chain. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

Prefer to shop online? Use your vision benefits on Eyeconic®—the VSP preferred online retailer.

QUALITY VISION CARE YOU NEED.



You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

Using your benefit is easy!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

GET YOUR PERFECT PAIR

EXTRA \$20

TO SPEND ON
FEATURED FRAME BRANDS*

bebe CALVIN KLEIN COLE HAAN FLEXON
LACOSTE NINE WEST

SEE MORE BRANDS AT [VSP.COM/OFFERS](https://vsp.com/offers).

UP TO 40%

SAVINGS ON LENS
ENHANCEMENTS



Contact us: **800.877.7195** or vsp.com



YOUR VSP VISION BENEFITS SUMMARY

PLAN B, \$10/\$25 COPAYS

SISC and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Signature

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every calendar year
PRESCRIPTION GLASSES		\$25	See frame and lenses
Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Costco® frame allowance 	Included in Prescription Glasses	Every other calendar year
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every calendar year
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements 	\$50 \$80 - \$90 \$120 - \$160	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every calendar year
DIABETIC EYECARE PLUS PROGRAM	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	As needed
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. 		
	<p>Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	<p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Once your benefit is effective, visit vsp.com for details. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

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HEALTH BENEFITS COVERAGE COMPARISON

CharterLife 2021 Rates

	<u>Anthem PPO</u>	<u>Anthem SELECT HMO</u>	<u>Kaiser Traditional</u>			
	90% \$20-\$500; Rx 5-25-30%	80% \$15- \$1,500; Rx \$150/10-35-	\$10/30- \$250/admit; Rx 5-30-30%	\$35/45- \$750/admit; Rx \$150/5-30-	\$10 OV, Rx \$10-25(30)	\$20 OV, Rx \$15-30(30)
Deductible	\$500	\$1,500 / Rx \$150	\$0	\$0 / Rx \$150	\$0	\$0
Office Visit	\$20	\$15	\$10/\$30	\$35/\$45	\$10	\$20
Co-Insurance	90%	80%	100%	100%	100%	100%
Rx Copays	\$5/\$25/30%	\$10/\$35/30%	\$5/\$30/30%	\$5/\$30/30%	\$10/\$25/20%	\$15/\$30/20%

SISC (1/21-9/21)

	<u>Anthem PPO</u>	<u>Anthem SELECT HMO</u>	<u>Kaiser Traditional</u>			
	90-G \$20; Rx 7-25	80-G \$20; Rx \$200/10-35	\$20-\$200/admit; Rx 7-25	\$30/40- \$500/day; Rx \$200/10-	\$10 OV, \$10 Rx	\$20 OV, \$10-30(30) Rx
Deductible	\$500	\$500 / Rx \$200	\$0	\$0 / Rx \$200	\$0	\$0
Office Visit	\$20	\$20	\$20/\$20	\$30/\$40	\$10	\$20
Co-Insurance	90%	80%	100%	100%	100%	100%
Rx Copays	\$7*/\$25/\$25	\$10*/\$35/\$35	\$7*/\$25/\$25	\$10*/\$35/\$35	\$10/\$10/\$10	\$10/\$30/\$30

EE Only	\$1,730	\$1,529	\$1,482	\$1,309	\$1,157	\$1,106
EE + Spouse	\$1,730	\$1,529	\$1,482	\$1,309	\$1,157	\$1,106
EE + Child(ren)	\$1,730	\$1,529	\$1,482	\$1,309	\$1,157	\$1,106
EE + Family	\$1,730	\$1,529	\$1,482	\$1,309	\$1,157	\$1,106
Charter Life Composite- (Prior page)	\$2,083	\$1,820	\$1,571	\$1,162	\$1,195	\$1,128
SISC vs, Charter Life	(\$353)	(\$291)	(\$89)	\$147	(\$38)	(\$22)

Enrollment (Active EE)

EE Only	11	12	4	1	28	5	
EE + Spouse	5	2	4		18		
EE + Child(ren)	2	2	9		9	2	
EE + Family	4	12	21		43	3	
	22	28	38	1	98	10	
CharterLife Counts	26	29	37	2	106	10	
SISC Total Cost by Type	\$44,980	\$44,341	\$54,834	\$2,618	\$122,642	\$11,060	210

***\$0 generics at Costco**

EL CAMINO REAL CHARTER HIGH SCHOOL HEALTH BENEFITS COST COMPARISON

**Total Savings
by Type**

\$223,761

**MEDICAL SAVINGS
(9 months)**

\$82,695 \$75,839 \$29,750 (\$2,652) \$36,109 \$2,021

DENTAL/VISION/LIFE

	Plan	CharterLife	SISC	\$ Difference	# of Employees	Mo. Cost/ (Savings)
Dental	2000	\$ 115.68	\$117.20	\$ 1.52	66	\$100
	1000	\$ 104.80	\$88.20	\$ (16.60)	144	(\$2,390)
						(\$2,290)
Vision		\$ 21.57	\$16.60	\$ (4.97)	206	(\$1,024)
Life Insurance		\$ 5.27	\$ 4.75	\$ (0.52)	226	(\$118)

\$20,606

\$9,217

\$1,058

Savings by Type

\$254,641

Excludes Annual Loyalty
Credit

Total Costs

Differences

	Medical	Dental	Vision	Life	Total	Loyalty Credit	Adjusted Monthly Total	Medical Only	All * Plans	Differences
CharterLife 12 month Quote	\$ 291,429	\$ 23,553	\$ 4,444	\$ 1,214	\$ 320,639					
Current-Tier New-Composite	\$ 311,035	\$ 23,553	\$ 4,444	\$ 1,214	\$ 340,245	(\$7,083)	\$333,161	4.27%	3.93%	Charter Life 2020 vs. 2021
SISC Composite (9 Month Plan) 12 months thereafter	\$ 280,475	\$ 20,436	\$ 3,420	\$1,074	\$ 305,404	\$0	\$305,404	-3.76%	-4.75%	CharterLife 2021 vs. SISC CharterLife PY-PY vs. SISC
New vs. Current Plan New vs. CL Proposal								-9.83%	-8.33%	

9 months Savings vs. Charter Life Proposal \$249,816 *- Includes Charter Life Loyalty Credit

CharterLIFE

Anthem Blue Cross High PPO Plan 90%

Deductible	\$500 Indiv/\$1,000 Fam
Medical Out of Pocket	\$1,500 Indiv/\$3,000 Fam
Coverage	90%
Office Visit	\$20
Specialist Visit	\$20
Lab	10%
Xrays	10%
Emergency Room	\$150 then 10%
Urgent Care	\$20
Ambulance	10%
Chiropractic	\$20 the 10%

Pharmacy Benefits	Retail	Mail Order
Day's Supply	30	90
Tier 1a - Generic	\$5	\$12.50
Tier 1b - Generic	\$15	\$37.50
Tier 2 - Brand	\$25	\$75
Tier 3 - Non-Preferred Specialty	\$45	\$135
Tier 4 - Specialty	30% up to \$250	30% up to \$250
Prescription Deductibles	None	

Anthem Blue Cross Low PPO Plan 80%

Deductible	\$1,500 Indiv/\$3,000 Fam
Medical Out of Pocket	\$3,500 Indiv/\$7,000 Fam
Coverage	80%
Office Visit	\$15
Specialist Visit	\$15
Lab	20%
Xrays	20%
Emergency Room	\$100
Urgent Care	\$15
Ambulance	20%
Chiropractic	\$15 then 20%

Pharmacy Benefits	Retail	Mail Order
Day's Supply	30	90
Tier 1 - Generic	\$10	\$25
Tier 2 - Brand	\$35	\$105
Tier 3 - Non-Preferred Specialty	\$70	\$210
Tier 4 - Specialty	30% up to \$250	30% up to \$250
Prescription Deductibles	\$150 Individual / \$450 Family for Tiers 2, 3, and 4	

SISC

Anthem Blue Cross High PPO Plan 90%

Deductible	\$500 Indiv/\$1,000 Fam
Medical Out of Pocket	\$1,000 Indiv/\$3,000 Fam
Coverage	90%
Office Visit	\$20
Specialist Visit	\$20
Lab	10%
Xrays	10%
Emergency Room	\$100
Urgent Care	\$20
Ambulance	\$100 then 10%
Chiropractic	10%

Pharmacy Benefits	Walk-In/Retail		Mail	
Plan 7-25	Network	Costco	Costco	Navitus
Days' Supply	30	90	30	90
Generic	\$7	N/A	Free	Free
Brand	\$25	N/A	\$25	\$60
Specialty	N/A	N/A	N/A	N/A
Out-of-Pocket Maximum	\$1,500 Individual / \$2,500 Family			

Anthem Blue Cross Low PPO Plan 80%

Deductible	500 Indiv/1,000 Fam
Medical Out of Pocket	\$2,000 Indiv/\$4,000 Fam
Coverage	80%
Office Visit	\$20
Specialist Visit	\$20
Lab	20%
Xrays	20%
Emergency Room	\$100
Urgent Care	\$20
Ambulance	\$100 then 20%
Chiropractic	20%

Pharmacy Benefits Plan	Walk-In/Retail		Mail	
Plan RX 9-35	Network	Costco	Costco	Navitus
Days' Supply	30	90	30	90
Generic	\$9	N/A	Free	Free
Brand	\$35	N/A	\$35	\$90
Specialty	N/A	N/A	N/A	N/A
Out-of-Pocket Maximum	\$2,500 Individual / \$3,500 Family			

Anthem Blue Cross High HMO

Deductible	0
Medical Out of Pocket	\$2,000 Indiv/\$4,000 Fam
Office Visit	\$10
Specialist Visit	\$30
Lab	No Charge
Xrays	No Charge
Emergency Room	\$100
Urgent Care	\$10
Ambulance	\$100
Chiropractic	\$10

Pharmacy Benefits	Retail	Mail Order
Day's Supply	30	90
Tier 1a - Generic	\$5	\$12.50
Tier 1b - Generic	\$15	\$37.50
Tier 2 - Brand	\$30	\$90
Tier 3 - Non-Preferred Specialty	\$50	\$150
Tier 4 - Specialty	30% up to \$250	30% up to \$250
Prescription Deductibles	None	

Anthem Blue Cross High HMO Plan

Deductible	\$0
Medical Out of Pocket	\$1,500 Indiv/\$3,000 Fam
Office Visit	\$20
Specialist Visit	\$20
Lab	No Charge
Xrays	No Charge
Emergency Room	\$100
Urgent Care	\$20
Ambulance	\$100
Chiropractic	\$20

Pharmacy Benefits	Walk-In/Retail		Mail	
Plan 7-25	Network	Costco	Costco	Navitus
Days' Supply	30	90	30	90
Generic	\$7	N/A	Free	Free
Brand	\$25	N/A	\$25	\$60
Specialty	N/A	N/A	N/A	N/A
Out-of-Pocket Maximum	\$1,500 Individual / \$2,500 Family			

Anthem Blue Cross Low HMO

Deductible	0
Medical Out of Pocket	\$2,500 Indiv/\$5,000 Fam
Office Visit	\$30
Specialist Visit	\$40
Lab	No Charge
Xrays	No Charge
Emergency Room	\$100
Urgent Care	\$30
Ambulance	\$100
Chiropractic	\$20

Pharmacy Benefits	Retail	Mail Order
Day's Supply	30	90
Tier 1a - Generic	\$5	\$12.50
Tier 1b - Generic	\$15	\$37.50
Tier 2 - Brand	\$25	\$75
Tier 3 - Non-Preferred Specialty	\$45	\$135
Tier 4 - Specialty	30% up to \$250	30% up to \$250
Prescription Deductibles	None	

Anthem Blue Cross Low HMO

Deductible	\$0
Medical Out of Pocket	\$2,500 Indiv/\$5,000 Fam
Office Visit	\$30
Specialist Visit	\$40
Lab	No Charge
Xrays	No Charge
Emergency Room	\$150
Urgent Care	\$30
Ambulance	\$100
Chiropractic	\$30

Pharmacy Benefits	Walk-In/Retail		Mail	
PLAN RX 200DED/10-35	Network	Costco	Costco	Navitus
Days' Supply	30	90	30	90
Generic	\$10	N/A	Free	Free
Brand	\$35	N/A	\$35	\$90
Specialty	N/A	N/A	N/A	N/A
Out-of-Pocket Maximum	\$1,500 Individual / \$2,500 Family			
Brand/Specialty Deductible	\$200 Individual / \$500 Family			