

Employee Benefits, Plans & Pricing

2021 - 2022



Prepared For

TEACH Public Schools

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The following is a benefits and pricing summary. Information provided is not intended to be an inclusive list of cost, benefits, policy provisions, limitations and/or exclusions. Please refer to carrier's proposal, contract and/or summary plan description for a complete explanation.

Summary of Plan Options / Recommendations Effective 12/01/2021



"We've Got You Covered"



	Current Plans	Renewal	Proposed 1	Proposed 2
MEDICAL	Blue Shield/Kaiser	Blue Shield/Kaiser	Blue Shield/Kaiser	Blue Shield/Kaiser
Monthly Premium	\$35,243.91	\$36,943.03	\$36,943.03	\$36,943.03
Annual Premium	\$422,926.92	\$443,316.36	\$443,316.36	\$443,316.36
DENTAL	Mutual of Omaha/CalDental	Mutual of Omaha/CalDental	MetLife	Lincoln Financial Group
Monthly Premium	\$2,004.44	\$2,051.63	\$1,884.57	\$1,712.51
Annual Premium	\$24,053.28	\$24,619.56	\$22,614.84	\$20,550.12
VISION	Mutual of Omaha	Mutual of Omaha	MetLife	Lincoln Financial Group
Monthly Premium	\$473.81	\$473.81	\$658.71	\$588.28
Annual Premium	\$5,685.72	\$5,685.72	\$7,904.52	\$7,059.36
LIFE/AD&D	Mutual of Omaha	Mutual of Omaha	MetLife	Lincoln Financial Group
Monthly Premium	\$471.75	\$528.36	\$591.26	\$471.75
Annual Premium	\$5,661.00	\$6,340.32	\$7,095.12	\$5,661.00
TOTAL BENEFIT COST	Current Plans	Renewal	Proposed 1	Proposed 2
Monthly Premium	\$38,193.91	\$39,996.83	\$40,077.57	\$39,715.57
Annual Premium	\$458,326.92	\$479,961.96	\$480,930.84	\$476,586.84
TOTAL ANNUAL DIFFERENCE	Current Plans	Renewal	Proposed 1	Proposed 2
Difference (\$) Over Current	N/A	\$21,635.04	\$22,603.92	\$18,259.92
Difference (%) Over Current	N/A	4.72%	4.93%	3.98%
Difference (\$) Over Renewal	N/A	N/A	\$968.88	(\$3,375.12)
Difference (%) Over Renewal	N/A	N/A	0.20%	-0.70%
NOTES	Current Plans	Renewal	Proposed 1	Proposed 2
Plan Changes	N/A	*Renewing All Plans	* Renew KP/Blue Shield * Moving Denta/Vision/Life to MetLife	* Renew KP/Blue Shield * Moving Denta/Vision/Life back to Lincoln Financial Group

Current/ Renewal - Blue Shield of CA Alongside Kaiser Permanente Medical Plans Effective: 12/01/2021

CARRIER PLAN Benefits	Current HMO		Current HMO	Renewal HMO	Renewal HMO
	Kaiser Permanente		Blue Shield of CA	Kaiser Permanente	Blue Shield of CA
	Gold 80 HMO 250/25		Gold Trio HMO 500/35 OffEx	Gold 80 HMO 250/35	Gold Trio HMO 500/35 OffEx
	Kaiser Facilities Only		TRIO HMO Network	Kaiser Facilities Only	TRIO HMO Network
Main Features					
Calendar Year Individual Deductible	\$250	\$500	\$250	\$500	
Calendar Year Family Deductible	\$500 (embedded)	\$1,000	\$500 (embedded)	\$1,000	
Calendar Year Out-of-Pocket Maximum Individual	\$7,800 (incl ded)	\$7,500 (incl ded)	\$7,800 (incl ded)	\$7,500 (incl ded)	
Calendar Year Out-of-Pocket Maximum Family	\$15,600 (incl ded)	\$15,000 (incl ded)	\$15,600 (incl ded)	\$15,000 (incl ded)	
Co-Insurance	0%	20%	0%	20%	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	
PC/Specialist	\$25/\$50 ded waived	\$35/\$55 ded waived; \$55 ded waived Access+ SP	\$35/\$55 ded waived	\$35/\$55 ded waived; \$55 ded waived Access+ SP	
Adult/Child Preventive Care	No charge	No charge	No charge	No charge	
Physical Therapy	\$25 ded waived	\$35 ded waived	\$35 ded waived	\$35 ded waived	
Chiropractic Care	Not covered	\$15 ded waived; 20 visits/cal yr	Not covered	\$15 ded waived; 20 visits/cal yr	
Inpatient Hospital	\$600/day after ded up to 5 days	20% after ded	\$600/day after ded up to 5 days	20% after ded	
Outpatient Facility	\$340 ded waived	\$150 after ded/\$300 after ded (ASC/Hospital)	\$335 ded waived	\$150 after ded/\$300 after ded (ASC/Hospital)	
Lab/X-Ray	\$25/\$65 ded waived	\$35/\$55 ded waived	\$35/\$55 ded waived	\$35/\$55 ded waived	
Advanced Radiology	\$275 ded waived	\$50 ded waived/\$250 after ded (FS/Hospital)	\$250 ded waived	\$50 ded waived/\$250 after ded (FS/Hospital)	
Emergency Room	\$250 (waived if admitted) after ded	\$300 (waived if admitted) after ded	\$250 (waived if admitted) after ded	\$300 (waived if admitted) after ded	
Ambulance	\$250 after ded	\$175 ded waived	\$250 after ded	\$175 ded waived	
Urgent Care	\$25 ded waived	\$35 ded waived	\$35 ded waived	\$35 ded waived	
Tier 1	\$15 ded waived	\$15/\$20 ded waived	\$15 ded waived	\$15/\$20 ded waived	
Tier 2	\$50 ded waived	\$35/\$55 ded waived	\$40 ded waived	\$35/\$55 ded waived	
Tier 3	\$50 ded waived	\$55/\$85 ded waived	\$40 ded waived	\$55/\$85 ded waived	
Tier 4 Specialty	20% ded waived; \$250 max/script	20% ded waived; \$250 max/script	20% ded waived; \$250 max/script	20% ded waived; \$250 max/script	
Plan Rates	KP	BSCA	Current HMO	Current HMO	Renewal HMO
Employee Only	46	7	age rated	age rated	age rated
Employee+ Spouse	5	0	age rated	age rated	age rated
Employee + Child(ren)	3	0	age rated	age rated	age rated
Family	2	0	age rated	age rated	age rated
Estimated Monthly Premium			\$32,551.60	\$2,692.31	\$34,126.76
Estimated COMBINED Monthly Premium			\$35,243.91		\$36,943.03
Estimated COMBINED Total Annual Premium			\$422,926.92		\$443,316.36
Current Increase/Decrease % Per Carrier					4.84%
Current Increase/Decrease % COMBINED					4.82%

*Plus all charges in excess of Maximum Allowable Charge.

**Refer to the Evidence of Coverage Booklet for complete details including Mental Health Parity

Current/Renewal Blue Shield of CA Alongside Kaiser Permanente Small Group Rates Effective 12/01/2021

First Name	Last Name	Plan	Coverage	Current	Current Dependent	Total	Renewal	Renewal	Total
				Employee Rates	Rates	Monthly Rates	Employee Rates	Dependent Rates	Monthly Rates
Christian	Banks	BS	Employee	\$313.82	\$0.00	\$313.82	\$332.82	\$0.00	\$332.82
Beth	Bulgeron	BS	Employee	\$510.85	\$0.00	\$510.85	\$546.84	\$0.00	\$546.84
Adam	Eberlein	BS	Employee	\$363.53	\$0.00	\$363.53	\$374.16	\$0.00	\$374.16
Jodi	Gallegos	BS	Employee	\$406.35	\$0.00	\$406.35	\$427.74	\$0.00	\$427.74
Asuncion	Mendoza	BS	Employee	\$358.73	\$0.00	\$358.73	\$371.71	\$0.00	\$371.71
Maria	Pimienta	BS	Employee	\$365.92	\$0.00	\$365.92	\$376.60	\$0.00	\$376.60
Reginald	Woods	BS	Employee	\$373.11	\$0.00	\$373.11	\$386.40	\$0.00	\$386.40
Uju	Anaebere	KP	Employee/Spouse	\$421.79	\$421.79	\$843.58	\$434.61	\$434.61	\$869.22
Bridgette	Brown	KP	Employee	\$419.07	\$0.00	\$419.07	\$431.82	\$0.00	\$431.82
Matthew	Brown	KP	Employee/Child(ren)	\$419.07	\$549.26	\$968.33	\$431.82	\$561.64	\$993.46
Ryan	Burke	KP	Employee	\$381.25	\$0.00	\$381.25	\$395.89	\$0.00	\$395.89
Raul	Carranza	KP	Employee/Child(ren)	\$581.24	\$1,242.60	\$1,823.84	\$622.96	\$1,292.04	\$1,915.00
Jessica	Centeno	KP	Employee	\$370.35	\$0.00	\$370.35	\$390.31	\$0.00	\$390.31
Ann	Chau	KP	Employee	\$408.17	\$0.00	\$408.17	\$423.45	\$0.00	\$423.45
Gillian	Childs	KP	Employee	\$357.06	\$0.00	\$357.06	\$379.15	\$0.00	\$379.15
Porsche	Clemmings McAdams	KP	Employee/Spouse	\$413.62	\$416.34	\$829.96	\$426.24	\$429.03	\$855.27
Curtis	Cornell	KP	Employee	\$424.52	\$0.00	\$424.52	\$440.19	\$0.00	\$440.19
Michael	Ellis	KP	Employee	\$665.06	\$0.00	\$665.06	\$711.56	\$0.00	\$711.56
Graciela	Flores-Toledo	KP	Employee	\$511.06	\$0.00	\$511.06	\$545.18	\$0.00	\$545.18
Jason	Garcia	KP	Employee	\$435.42	\$0.00	\$435.42	\$454.14	\$0.00	\$454.14
DeAnna	Garrett	KP	Employee	\$381.25	\$0.00	\$381.25	\$395.89	\$0.00	\$395.89
Matthew	Gayomali	KP	Employee	\$394.88	\$0.00	\$394.88	\$412.63	\$0.00	\$412.63
Tanya	Goff	KP	Employee	\$532.52	\$0.00	\$532.52	\$570.29	\$0.00	\$570.29
Christian	Gomez	KP	Employee	\$348.88	\$0.00	\$348.88	\$365.54	\$0.00	\$365.54
Rosario	Gomez	KP	Employee	\$511.06	\$0.00	\$511.06	\$545.18	\$0.00	\$545.18
Jazmin	Haydel	KP	Employee	\$394.88	\$0.00	\$394.88	\$412.63	\$0.00	\$412.63
Angela	Jang	KP	Employee	\$340.71	\$0.00	\$340.71	\$350.20	\$0.00	\$350.20
Joanna	Jimenez	KP	Employee	\$665.06	\$0.00	\$665.06	\$711.56	\$0.00	\$711.56
Shashawanna	Lawson	KP	Employee	\$413.62	\$0.00	\$413.62	\$426.24	\$0.00	\$426.24
Ho Yin J	Leung	KP	Employee	\$424.52	\$0.00	\$424.52	\$440.19	\$0.00	\$440.19
Claudia	Lopez	KP	Employee	\$511.06	\$0.00	\$511.06	\$545.18	\$0.00	\$545.18
Maria	Lopez	KP	Employee	\$695.04	\$0.00	\$695.04	\$744.69	\$0.00	\$744.69
Christopher	Mohan	KP	Employee	\$413.62	\$0.00	\$413.62	\$426.24	\$0.00	\$426.24
Robert	Monterroso	KP	Employee	\$435.42	\$0.00	\$435.42	\$454.14	\$0.00	\$454.14
Jimmy	Morales	KP	Family	\$511.06	\$792.82	\$1,303.88	\$545.18	\$836.08	\$1,381.26
Racquel	Nunley	KP	Employee	\$394.88	\$0.00	\$394.88	\$412.63	\$0.00	\$412.63
Jesus	Ojeda	KP	Employee	\$394.88	\$0.00	\$394.88	\$412.63	\$0.00	\$412.63
David	Ortiz	KP	Employee	\$581.24	\$0.00	\$581.24	\$622.96	\$0.00	\$622.96
Aisha	Owens	KP	Employee	\$451.44	\$0.00	\$451.44	\$473.32	\$0.00	\$473.32
Sandra	Pe	KP	Employee	\$886.86	\$0.00	\$886.86	\$946.65	\$0.00	\$946.65
Sonia	Perez Acosta	KP	Employee	\$429.97	\$0.00	\$429.97	\$445.77	\$0.00	\$445.77
Juan	Pineda	KP	Employee	\$665.06	\$0.00	\$665.06	\$711.56	\$0.00	\$711.56
Citlalli	Ramirez	KP	Employee	\$370.35	\$0.00	\$370.35	\$390.31	\$0.00	\$390.31
Luis	Ramirez	KP	Employee	\$491.98	\$0.00	\$491.98	\$523.20	\$0.00	\$523.20
Adriana	Rangel	KP	Employee	\$342.07	\$0.00	\$342.07	\$357.17	\$0.00	\$357.17
Elena	Ranosa	KP	Employee	\$924.68	\$0.00	\$924.68	\$980.13	\$0.00	\$980.13
Jaziel	Reyes	KP	Employee	\$340.71	\$0.00	\$340.71	\$348.80	\$0.00	\$348.80
Sharon	Rhee	KP	Family	\$462.34	\$1,025.23	\$1,487.57	\$487.28	\$1,065.31	\$1,552.59
Geoffrey	Rickett	KP	Employee	\$424.52	\$0.00	\$424.52	\$440.19	\$0.00	\$440.19
Enrique	Robles	KP	Employee/Spouse	\$419.07	\$421.79	\$840.86	\$431.82	\$434.61	\$866.43
Marlene	Romero	KP	Employee	\$443.60	\$0.00	\$443.60	\$462.16	\$0.00	\$462.16
Lizbeth	Ruvalcaba	KP	Employee	\$381.25	\$0.00	\$381.25	\$395.89	\$0.00	\$395.89
Karla	Salguero	KP	Employee	\$416.34	\$0.00	\$416.34	\$429.03	\$0.00	\$429.03
Artisha	Thompson	KP	Employee	\$357.06	\$0.00	\$357.06	\$379.15	\$0.00	\$379.15
Suzette	Torres	KP	Employee	\$695.04	\$0.00	\$695.04	\$744.69	\$0.00	\$744.69
Maritza	Trillo	KP	Employee/Child(ren)	\$443.60	\$549.26	\$992.86	\$462.16	\$561.64	\$1,023.80
Kevin	White	KP	Employee	\$394.88	\$0.00	\$394.88	\$412.63	\$0.00	\$412.63
Shawnise	Willis	KP	Employee	\$475.97	\$0.00	\$475.97	\$503.67	\$0.00	\$503.67
Monique	Woodly	KP	Employee/Spouse	\$419.07	\$416.34	\$835.41	\$431.82	\$429.03	\$860.85
Alicia	Woosley	KP	Employee/Spouse	\$491.98	\$635.42	\$1,127.40	\$523.20	\$680.86	\$1,204.06
Jourdan	Ysaguirre	KP	Employee	\$340.71	\$0.00	\$340.71	\$348.80	\$0.00	\$348.80
Wendy	Zaragoza	KP	Employee	\$443.60	\$0.00	\$443.60	\$462.16	\$0.00	\$462.16
Yuri	Zepeda	KP	Employee	\$416.34	\$0.00	\$416.34	\$429.03	\$0.00	\$429.03
Blue Shield Monthly				\$2,692.31	\$0.00	\$2,692.31	\$2,816.27	\$0.00	\$2,816.27
Kaiser Monthly				\$26,080.75	\$6,470.85	\$32,551.60	\$27,401.91	\$6,724.85	\$34,126.76
Total Monthly									
Premium				\$28,773.06	\$6,470.85	\$35,243.91	\$30,218.18	\$6,724.85	\$36,943.03

Proposed Additional Kaiser & Blue Shield of CA Medical Plans Effective: 12/01/2021

CARRIER PLAN Benefits	Current HMO		Current HMO	Buy UP Kaiser	Buy UP HMO	Buy UP PPO	
	Kaiser Permanente		Blue Shield of CA	Kaiser Permanente	Blue Shield of CA	Blue Shield of CA	
	Gold 80 HMO 250/25		Gold Trio HMO 500/35 OffEx	Platinum 90 HMO 0/20	Platinum ACCESS PLUS HMO 0/25	Gold PPO 1200/35	
	Kaiser Facilities Only		TRIO HMO Network	Kaiser Facilities Only	FULL HMO Network	In Network	Out of Network
Main Features							
Calendar Year Individual Deductible	\$250	\$500	\$0	\$0	\$1,200	\$2,400	\$2,400
Calendar Year Family Deductible	\$500 (embedded)	\$1,000	\$0	\$0	\$2,400	\$4,800	\$4,800
Calendar Year Out-of-Pocket Maximum Individual	\$7,800 (incl ded)	\$7,500 (incl ded)	\$4,500	\$2,350	\$8,150 (incl ded)	\$16,300 (incl ded)	\$16,300 (incl ded)
Calendar Year Out-of-Pocket Maximum Family	\$15,600 (incl ded)	\$15,000 (incl ded)	\$9,000	\$4,700	\$16,300 (incl ded)	\$32,600 (incl ded)	\$32,600 (incl ded)
Co-Insurance	0%	20%	0%	0%	20%	40%	40%
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
PC/Specialist	\$25/\$50 ded waived	\$35/\$55 ded waived; \$55 ded waived Access+ SP	\$20/\$30	\$25/\$50; \$50 SP	\$35/\$55 ded waived	40% after ded	40% after ded
Adult/Child Preventive Care	No charge	No charge	No charge	No charge	No charge	Not covered	Not covered
Physical Therapy	\$25 ded waived	\$35 ded waived	\$20	\$25	20% after ded	40% after ded	40% after ded
Chiropractic Care	Not covered	\$15 ded waived; 20 visits/cal yr	Not covered	\$15; 20 visits/cal yr	\$10 ded waived; 20 visits/cal yr	50% after ded; 20 visits/cal yr	50% after ded; 20 visits/cal yr
Inpatient Hospital	\$600/day after ded up to 5 days	20% after ded	\$250/day up to 5 days	\$250/day; 3 days/admit	20% after ded	40% after ded; \$2,000 benefit max/day	40% after ded; \$2,000 benefit max/day
Outpatient Facility	\$340 ded waived	\$150 after ded/\$300 after ded (ASC/Hospital)	\$125	\$100/\$150 (ASC/Hospital)	20% after ded/\$150 + 20% after ded (ASC/Hospital)	40% after ded; \$350 benefit max/day	40% after ded; \$350 benefit max/day
Lab/X-Ray	\$25/\$65 ded waived	\$35/\$55 ded waived	\$20/\$30	\$20/\$50	L-\$35 ded waived/20% after ded; X-\$50/\$100 ded waived (FS/Hospital)	40% after ded; \$350 benefit max/day Hospital	40% after ded; \$350 benefit max/day Hospital
Advanced Radiology	\$275 ded waived	\$50 ded waived/\$250 after ded (FS/Hospital)	\$100	\$50/\$200 (FS/Hospital)	20% after ded/\$100 + 20% after ded (FS/Hospital)	40% after ded; \$350 benefit max/day Hospital	40% after ded; \$350 benefit max/day Hospital
Emergency Room	\$250 (waived if admitted) after ded	\$300 (waived if admitted) after ded	\$150 (waived if admitted)	\$250 (waived if admitted)	\$250 (waived if admitted) + 20% after ded	\$250 (waived if admitted) + 20% after ded	\$250 (waived if admitted) + 20% after ded
Ambulance	\$250 after ded	\$175 ded waived	\$150	\$150	20% after ded	20% after ded	20% after ded
Urgent Care	\$25 ded waived	\$35 ded waived	\$20	\$25	\$35 ded waived	40% after ded	40% after ded
Tier 1	\$15 ded waived	\$15/\$20 ded waived	\$5	\$5/\$10	\$10/\$15 ded waived	Not covered	Not covered
Tier 2	\$50 ded waived	\$35/\$55 ded waived	\$20	\$15/\$30	\$40/\$60 after \$300	Not covered	Not covered
Tier 3	\$50 ded waived	\$55/\$85 ded waived	\$20	\$25/\$45	\$70/\$100 after \$300	Not covered	Not covered
Tier 4 Specialty	20% ded waived; \$250 max/script	20% ded waived; \$250 max/script	10%; \$250 max/script	20%; \$250 max/script	30% after \$300; \$250 max/script	Not covered	Not covered
Plan Rates	KP	BSCA	Current HMO	Current HMO	Buy UP Kaiser	Buy UP HMO	Buy UP PPO
Employee Only	46	7	age rated	age rated	age rated	age rated	age rated
Employee+ Spouse	5	0	age rated	age rated	age rated	age rated	age rated
Employee + Child(ren)	3	0	age rated	age rated	age rated	age rated	age rated
Family	2	0	age rated	age rated	age rated	age rated	age rated
Estimated Monthly Premium					Buy up HMO to the Full HMO Network with Access to UCLA/CEDARS	Buy UP PPO with access to UCLA/CEDARS. In addition, NV employees can be added with access to the blue cross/blue shield traditional network	
Estimated COMBINED Monthly Premium							
Estimated COMBINED Total Annual Premium							
Current Increase/Decrease % Per Carrier							
Current Increase/Decrease % COMBINED							

*Plus all charges in excess of Maximum Allowable Charge.

**Refer to the Evidence of Coverage Booklet for complete details including Mental Health Parity

Current/Renewal Blue Shield of CA Alongside Kaiser Permanente Small Group Rates Effective 12/01/2021 PLUS PROPOSED NEW PLANS							
First Name	Last Name	Plan	Current Employee Rates	Renewal Employee Rates	Proposed Kaiser Platinum HMO Employee Rates	Proposed Blue Shield Platinum HMO Employee Rates	Proposed Blue Shield Gold PPO 1200 Employee Rates
Christian	Banks	BS	\$313.82	\$332.82	\$421.87	\$446.06	\$474.38
Beth	Bulgeron	BS	\$510.85	\$546.84	\$693.15	\$732.90	\$779.43
Adam	Eberlein	BS	\$363.53	\$374.16	\$474.26	\$501.46	\$533.29
Jodi	Gallegos	BS	\$406.35	\$427.74	\$542.18	\$573.27	\$609.67
Asuncion	Mendoza	BS	\$358.73	\$371.71	\$471.15	\$498.18	\$529.80
Maria	Pimienta	BS	\$365.92	\$376.60	\$477.36	\$504.74	\$536.79
Reginald	Woods	BS	\$373.11	\$386.40	\$489.78	\$517.88	\$550.75
Uju	Anaebere	KP	\$421.79	\$434.61	\$483.57	\$511.31	\$543.77
Bridgette	Brown	KP	\$419.07	\$431.82	\$480.47	\$508.03	\$540.28
Matthew	Brown	KP	\$419.07	\$431.82	\$480.47	\$508.03	\$540.28
Ryan	Burke	KP	\$381.25	\$395.89	\$440.49	\$465.76	\$495.33
Raul	Carranza	KP	\$581.24	\$622.96	\$693.15	\$732.90	\$779.43
Jessica	Centeno	KP	\$370.35	\$390.31	\$434.28	\$459.19	\$488.34
Ann	Chau	KP	\$408.17	\$423.45	\$471.15	\$498.18	\$529.80
Gillian	Childs	KP	\$357.06	\$379.15	\$421.87	\$446.06	\$474.38
Porsche	Clemmings McAdams	KP	\$413.62	\$426.24	\$474.26	\$501.46	\$533.29
Curtis	Cornell	KP	\$424.52	\$440.19	\$489.78	\$517.88	\$550.75
Michael	Ellis	KP	\$665.06	\$711.56	\$791.73	\$837.14	\$890.28
Graciela	Flores-Toledo	KP	\$511.06	\$545.18	\$606.60	\$641.39	\$682.11
Jason	Garcia	KP	\$435.42	\$454.14	\$505.31	\$534.29	\$568.21
DeAnna	Garrett	KP	\$381.25	\$395.89	\$440.49	\$465.76	\$495.33
Matthew	Gayomali	KP	\$394.88	\$412.63	\$459.12	\$485.46	\$516.27
Tanya	Goff	KP	\$532.52	\$570.29	\$634.54	\$670.94	\$713.53
Christian	Gomez	KP	\$348.88	\$365.54	\$406.73	\$430.06	\$457.36
Rosario	Gomez	KP	\$511.06	\$545.18	\$606.60	\$641.39	\$682.11
Jazmin	Haydel	KP	\$394.88	\$412.63	\$459.12	\$485.46	\$516.27
Angela	Jang	KP	\$340.71	\$350.20	\$389.65	\$412.00	\$438.16
Joanna	Jimenez	KP	\$665.06	\$711.56	\$791.73	\$837.14	\$890.28
Shashawna	Lawson	KP	\$413.62	\$426.24	\$474.26	\$501.46	\$533.29
Ho Yin J	Leung	KP	\$424.52	\$440.19	\$489.78	\$517.88	\$550.75
Claudia	Lopez	KP	\$511.06	\$545.18	\$606.60	\$641.39	\$682.11
Maria	Lopez	KP	\$695.04	\$744.69	\$828.59	\$876.12	\$931.74
Christopher	Mohan	KP	\$413.62	\$426.24	\$474.26	\$501.46	\$533.29
Robert	Monterroso	KP	\$435.42	\$454.14	\$505.31	\$534.29	\$568.21
Jimmy	Morales	KP	\$511.06	\$545.18	\$606.60	\$641.39	\$682.11
Racquel	Nunley	KP	\$394.88	\$412.63	\$459.12	\$485.46	\$516.27
Jesus	Ojeda	KP	\$394.88	\$412.63	\$459.12	\$485.46	\$516.27
David	Ortiz	KP	\$581.24	\$622.96	\$693.15	\$732.90	\$779.43
Aisha	Owens	KP	\$451.44	\$473.32	\$526.65	\$556.86	\$592.21
Sandra	Pe	KP	\$886.86	\$946.65	\$1,053.31	\$1,113.72	\$1,184.42
Sonia	Perez Acosta	KP	\$429.97	\$445.77	\$495.99	\$524.44	\$557.73
Juan	Pineda	KP	\$665.06	\$711.56	\$791.73	\$837.14	\$890.28
Citlalli	Ramirez	KP	\$370.35	\$390.31	\$434.28	\$459.19	\$488.34
Luis	Ramirez	KP	\$491.98	\$523.20	\$582.15	\$615.54	\$654.62
Adriana	Rangel	KP	\$342.07	\$357.17	\$397.42	\$420.21	\$446.89
Elena	Ranosa	KP	\$924.68	\$980.13	\$1,090.56	\$1,153.11	\$1,226.32
Jaziel	Reyes	KP	\$340.71	\$348.80	\$388.10	\$410.36	\$436.41
Sharon	Rhee	KP	\$462.34	\$487.28	\$542.18	\$573.27	\$609.67
Geoffrey	Rickett	KP	\$424.52	\$440.19	\$489.78	\$517.88	\$550.75
Enrique	Robles	KP	\$419.07	\$431.82	\$480.47	\$508.03	\$540.28
Marlene	Romero	KP	\$443.60	\$462.16	\$514.23	\$543.73	\$578.25
Lizbeth	Ruvalcaba	KP	\$381.25	\$395.89	\$440.49	\$465.76	\$495.33
Karla	Salguero	KP	\$416.34	\$429.03	\$477.36	\$504.74	\$536.79
Artisha	Thompson	KP	\$357.06	\$379.15	\$421.87	\$446.06	\$474.38
Suzette	Torres	KP	\$695.04	\$744.69	\$828.59	\$876.12	\$931.74
Maritza	Trillo	KP	\$443.60	\$462.16	\$514.23	\$543.73	\$578.25
Kevin	White	KP	\$394.88	\$412.63	\$459.12	\$485.46	\$516.27
Shawnise	Willis	KP	\$475.97	\$503.67	\$560.42	\$592.56	\$630.18
Monique	Woodly	KP	\$419.07	\$431.82	\$480.47	\$508.03	\$540.28
Alicia	Woosley	KP	\$491.98	\$523.20	\$582.15	\$615.54	\$654.62
Jourdan	Ysaguirre	KP	\$340.71	\$348.80	\$388.10	\$410.36	\$436.41
Wendy	Zaragoza	KP	\$443.60	\$462.16	\$514.23	\$543.73	\$578.25
Yuri	Zepeda	KP	\$416.34	\$429.03	\$477.36	\$504.74	\$536.79
			\$28,773.06	\$30,218.18	\$34,058.89	\$36,012.44	\$38,298.60

Current/Renewal - MUTUAL OF OMAHA/CALDENTAL Dental Plans Effective: 12/01/2021 VS Lincoln Financial Group

COMPANY	Current/Renewal		Current/Renewal		Proposed		Proposed	
	Mutual of Omaha		Mutual of Omaha		Lincoln Financial Group		Lincoln Financial Group	
Plan Benefits	CAL DENTAL NET DMO		Dental 1		LDCCAC3 DMO		Option 1	
			In-Network	Non-Network			In-Network	Non-Network
Annual Maximum	Unlimited		\$1,500		Unlimited		\$1,500	
Office Visit Copay	\$5		N/A		\$5		N/A	
Annual Deductible - Preventive	None		Waived		None		Waived	
Annual Deductible - Basic/Major	None		\$50 Ind. / \$150 Family		None		\$50 Ind. / \$150 Family	
DPPO Coinsurance								
Preventative	N/A		0%	0%	N/A		0%	0%
Basic	N/A		20%	20%	N/A		20%	20%
Major	N/A		50%	50%	N/A		50%	50%
DHMO Coinsurance								
Preventive (1110) Prophylaxis - Adult/Child	No Copay		N/A		No Copay		N/A	
Basic (2140) Amalgam, 1 Surface	No Copay		N/A		No Copay		N/A	
Basic (3330) Root Canal - Molar	\$150		N/A		\$225		N/A	
Major (4210) Gingivectomy Per Quadrant	\$40		N/A		\$35		N/A	
Major (2750) Crown-Porcelain with metal	\$225		N/A		\$150		N/A	
Orthodontia	Adult: \$1,975/Child: \$1,775 Copay		Not Covered		Adult: \$1,895/Child: \$1,895 Copay		Not Covered	
Endodontics	Based on Copays		Falls Under Basic Services		Based on Copays		Falls Under Basic Services	
Periodontics	Based on Copays		Falls Under Basic Services		Based on Copays		Falls Under Basic Services	
Crowns	Based on Copays		Falls Under Major Services		Based on Copays		Falls Under Major Services	
Waiting Periods	N/A		Late Entrant		N/A		Late Entrant	
Out-of-Network Reimbursement	N/A		MAC		N/A		MAC	
Rates (DMO/DPO)	<i>HMO</i>	<i>PPO</i>	<u>Current</u>	<u>Renewal</u>	<u>Current</u>	<u>Renewal</u>	<u>Proposed</u>	<u>Proposed</u>
Employee Only	12	21	\$15.19	\$15.19	\$43.63	\$44.94	\$13.56	\$35.80
Employee & Spouse	3	6	\$25.69	\$25.69	\$86.89	\$89.50	\$26.43	\$71.28
Employee & Child(ren)	2	0	\$27.92	\$27.92	\$119.90	\$123.50	\$28.60	\$98.36
Family	3	1	\$39.28	\$39.28	\$133.84	\$137.86	\$41.34	\$109.80
Estimated Monthly Premium			\$433.03	\$433.03	\$1,571.41	\$1,618.60	\$423.23	\$1,289.28
Combined Monthly Premium			\$2,004.44	\$2,051.63			\$1,712.51	
Combined Annual Premium			\$24,053.28	\$24,619.56			\$20,550.12	
Current Increase/Decrease			2.35%				-14.56%	

Notes: 1 year rate guarantee. 1 year rate guarantee.

Current/Renewal - MUTUAL OF OMAHA/CALDENTAL Dental Plans Effective: 12/01/2021 VS MetLife

COMPANY	Current/Renewal		Current/Renewal		Proposed		Proposed	
	Mutual of Omaha		Mutual of Omaha		MetLife		MetLife	
Plan Benefits	CAL DENTAL NET DMO		Dental 1		Met185 DMO		Dental Option 2	
			In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Annual Maximum	Unlimited		\$1,500		Unlimited		\$1,500	
Office Visit Copay	\$5		N/A		\$5		N/A	
Annual Deductible - Preventive	None		Waived		None		Waived	
Annual Deductible - Basic/Major	None		\$50 Ind. / \$150 Family		None		\$50 Ind. / \$150 Family	
DPPO Coinsurance								
Preventative	N/A		0%	0%	N/A		0%	0%
Basic	N/A		20%	20%	N/A		20%	20%
Major	N/A		50%	50%	N/A		50%	50%
DHMO Coinsurance								
Preventive (1110) Prophylaxis - Adult/Child	No Copay		N/A		No Copay		N/A	
Basic (2140) Amalgam, 1 Surface	No Copay		N/A		\$10		N/A	
Basic (3330) Root Canal - Molar	\$150		N/A		\$200		N/A	
Major (4210) Gingivectomy Per Quadrant	\$40		N/A		\$40		N/A	
Major (2750) Crown-Porcelain with metal	\$225		N/A		\$185		N/A	
Orthodontia	Adult: \$1,975/Child: \$1,775 Copay		Not Covered		Adult: \$1,695/Child: \$1,695 Copay		Not Covered	
Endodontics	Based on Copays		Falls Under Basic Services		Based on Copays		Falls Under Basic Services	
Periodontics	Based on Copays		Falls Under Basic Services		Based on Copays		Falls Under Basic Services	
Crowns	Based on Copays		Falls Under Major Services		Based on Copays		Falls Under Major Services	
Waiting Periods	N/A		Late Entrant		N/A		Late Entrant	
Out-of-Network Reimbursement	N/A		MAC		N/A		MAC	
Rates (DMO/DPO)	<i>HMO</i>	<i>PPO</i>	<u>Current</u>	<u>Renewal</u>	<u>Current</u>	<u>Renewal</u>	<u>Proposed</u>	<u>Proposed</u>
Employee Only	12	21	\$15.19	\$15.19	\$43.63	\$44.94	\$15.94	\$38.74
Employee & Spouse	3	6	\$25.69	\$25.69	\$86.89	\$89.50	\$30.27	\$76.85
Employee & Child(ren)	2	0	\$27.92	\$27.92	\$119.90	\$123.50	\$31.87	\$81.74
Family	3	1	\$39.28	\$39.28	\$133.84	\$137.86	\$45.42	\$127.84
Estimated Monthly Premium			\$433.03	\$433.03	\$1,571.41	\$1,618.60	\$482.09	\$1,402.48
Combined Monthly Premium			\$2,004.44	\$2,051.63			\$1,884.57	
Combined Annual Premium			\$24,053.28	\$24,619.56			\$22,614.84	
Current Increase/Decrease			2.35%				-5.98%	

Notes:

1 year rate guarantee.

1 year rate guarantee.

Current/Renewal - MUTUAL OF OMAHA/CALDENTAL Dental Plans Effective: 12/01/2021 VS SunLife

COMPANY	Current/Renewal		Current/Renewal		Proposed		Proposed	
	Mutual of Omaha		Mutual of Omaha		SunLife		SunLife	
Plan Benefits	CAL DENTAL NET DMO		Dental 1		PLUS DHMO DMO		Group Dental PPO	
			In-Network	Non-Network			In-Network	Non-Network
Annual Maximum	Unlimited		\$1,500		Unlimited		\$1,500	
Office Visit Copay	\$5		N/A		\$5		N/A	
Annual Deductible - Preventive	None		Waived		None		Waived	
Annual Deductible - Basic/Major	None		\$50 Ind. / \$150 Family		None		\$50 Ind. / \$150 Family	
DPPO Coinsurance								
Preventative	N/A		0%	0%	N/A		0%	0%
Basic	N/A		20%	20%	N/A		20%	20%
Major	N/A		50%	50%	N/A		50%	50%
DHMO Coinsurance								
Preventive (1110) Prophylaxis - Adult/Child	No Copay		N/A		No Copay		N/A	
Basic (2140) Amalgam, 1 Surface	No Copay		N/A		No Copay		N/A	
Basic (3330) Root Canal - Molar	\$150		N/A		\$165		N/A	
Major (4210) Gingivectomy Per Quadrant	\$40		N/A		\$60		N/A	
Major (2750) Crown-Porcelain with metal	\$225		N/A		\$195		N/A	
Orthodontia	Adult: \$1,975/Child: \$1,775 Copay		Not Covered		Adult: \$1,895/Child: \$1,695 Copay		Not Covered	
Endodontics	Based on Copays		Falls Under Basic Services		Based on Copays		Falls Under Basic Services	
Periodontics	Based on Copays		Falls Under Basic Services		Based on Copays		Falls Under Basic Services	
Crowns	Based on Copays		Falls Under Major Services		Based on Copays		Falls Under Major Services	
Waiting Periods	N/A		Late Entrant		N/A		Late Entrant	
Out-of-Network Reimbursement	N/A		MAC		N/A		MAC	
Rates (DMO/DPO)	<i>HMO</i>	<i>PPO</i>	<u>Current</u>	<u>Renewal</u>	<u>Current</u>	<u>Renewal</u>	<u>Proposed</u>	<u>Proposed</u>
Employee Only	12	21	\$15.19	\$15.19	\$43.63	\$44.94	\$12.27	\$40.88
Employee & Spouse	3	6	\$25.69	\$25.69	\$86.89	\$89.50	\$22.00	\$81.41
Employee & Child(ren)	2	0	\$27.92	\$27.92	\$119.90	\$123.50	\$30.49	\$112.34
Family	3	1	\$39.28	\$39.28	\$133.84	\$137.86	\$35.99	\$125.41
Estimated Monthly Premium			\$433.03	\$433.03	\$1,571.41	\$1,618.60	\$382.19	\$1,472.35
Combined Monthly Premium			\$2,004.44	\$2,051.63			\$1,854.54	
Combined Annual Premium			\$24,053.28	\$24,619.56			\$22,254.48	
Current Increase/Decrease			2.35%				-7.48%	

Notes: 1 year rate guarantee. 1 year rate guarantee.

TEACH Public Schools

Current/Renewal - MUTUAL OF OMAHA Vision Plans Effective: 12/01/2021 VS OTHERS

Company Network Plan		Current/Renewal Mutual of Omaha EyeMed Vision 1		Proposed Lincoln Financial Group EyeMed Option 1		Proposed MetLife VSP M130A-10/25		Proposed SunLife VSP	
Benefit									
Exam Copay		\$10		\$10		\$10		\$10	
Material Copay		\$25		\$25		\$25		\$25	
Benefits Frequency:									
Examination		Once Every 12 Months		Once Every 12 Months		Once Every 12 Months		Once Every 12 Months	
Lenses		Once Every 12 Months		Once Every 12 Months		Once Every 12 Months		Once Every 12 Months	
Contact Lenses		Once Every 12 Months		Once Every 12 Months		Once Every 12 Months		Once Every 12 Months	
Frames		Once Every 12 Months		Once Every 12 Months		Once Every 12 Months		Once Every 12 Months	
Benefit Summary:									
		<u>In-Network</u>		<u>In-Network</u>		<u>In-Network</u>		<u>In-Network</u>	
		<u>Non-Network</u>		<u>Non-Network</u>		<u>Non-Network</u>		<u>Non-Network</u>	
Examination		\$10		\$10		\$10		\$10	
		plan pays up to \$37		plan pays up to \$40		plan pays up to \$45		plan pays up to \$45	
Single Vision Lenses		\$25		\$25		\$25		\$25	
		plan pays up to \$20		plan pays up to \$40		plan pays up to \$30		plan pays up to \$30	
Bifocal Lenses		\$25		\$25		\$25		\$25	
		plan pays up to \$36		plan pays up to \$60		plan pays up to \$50		plan pays up to \$50	
Frames		plan pays up to \$130		plan pays up to \$130		plan pays up to \$130		plan pays up to \$130	
		plan pays up to \$58		plan pays up to \$45		plan pays up to \$70		plan pays up to \$70	
Contact Lenses:									
Visually Necessary		100%		100%		100%		100%	
		plans pays up to \$210		plans pays up to \$210		plans pays up to \$210		plans pays up to \$210	
Elective		plans pays up to \$130		plans pays up to \$130		plans pays up to \$130		plans pays up to \$130	
		plans pays up to \$104		plans pays up to \$125		plans pays up to \$105		plans pays up to \$105	
Premiums		<u>Current/Renewal</u>		<u>Proposed</u>		<u>Proposed</u>		<u>Proposed</u>	
Employee Only		38 \$6.43		\$7.49		\$8.89		\$9.11	
Employee & Spouse		4 \$11.25		\$14.19		\$17.82		\$15.94	
Employee & Child(ren)		5 \$13.50		\$16.62		\$15.09		\$19.12	
Family		7 \$16.71		\$23.40		\$24.88		\$23.67	
Estimated Monthly Premium		\$473.81		\$588.28		\$658.71		\$671.23	
Estimated Annual Premium		\$5,685.72		\$7,059.36		\$7,904.52		\$8,054.76	
Percentage Increase		0%		24%		39%		42%	

Notes:

TEACH Public Schools

Current/Renewal -Mutual of Omaha Basic Life/AD&D Plans Effective: 12/01/2021

CARRIER Benefits	CURRENT / RENEWAL		PROPOSED	PROPOSED	PROPOSED
	Mutual of Omaha Life/AD&D		Lincoln Financial Group Life/AD&D	Metlife Life/AD&D	SunLife Life/AD&D
Face Amount- flat amount	Flat \$100,000		Flat \$100,000	Flat \$100,000	Flat \$100,000
Guarantee Issue Amount	\$100,000		\$100,000	\$100,000	\$100,000
Age Reduction Schedule	65% at 65, 40% at 70; 25% at 75		35% at 65, 25% at 70, 15% at 75	35% at 65, 60% at 70; 75% at 75	35% at 65, 60% at 70; 75% at 75
Rate Guarantee	N/A		24 months	24 months	24 months
Monthly Volume*	\$6,290,000	\$6,290,000	\$6,290,000	\$6,290,000	\$6,290,000
Basic Life Rate	\$0.050	\$0.059	\$0.050	\$0.078	\$0.084
AD&D Rate	\$0.025	\$0.025	\$0.025	\$0.016	\$0.021
Combined Rate	\$0.075	\$0.084	\$0.075	\$0.094	\$0.105
Estimated Monthly Premium	\$471.75	\$528.36	\$471.75	\$591.26	\$660.45
Estimated Annual Premium	\$5,661.00	\$6,340.32	\$5,661.00	\$7,095.12	\$7,925.40
Current Increase/Decrease %	12.00%		0.00%	25.33%	40.00%

* Per \$1,000 of benefit

Must sell with Dental and Vision

Must sell with Dental and Vision

Must sell with Dental and Vision

Disclaimer

This presentation and the information contained herein is a summary of current and optional employee benefit insurance plans. The benefits and rates shown are taken from the quotes received and/or plan summaries issued by the carriers. The quotes are based upon census and plan information you provided.

This presentation does not in any way confirm acceptance of coverage by any of the proposed insurance carriers. The presenter of this proposal has no underwriting determination authority. Only the issuing carrier may determine the acceptance or denial of coverage once all underwriting requirements have been submitted.

Please refer to the carrier produced quotes and summaries that follow for detailed plan benefits, rates and underwriting requirements.

If enrollment changes from the quoting enrollment census, Underwriting reserves the right to re-evaluate the rates.

