



APPENDIX A

**CURRENT PLANS,
ENROLLMENT, AND
ESTIMATED 2013/14 COSTS**

Sacramento City Unified School District
Active SCTA Members
 SCTA 2013-2014 Health and Welfare Rates Effective 7/1/13 - 6/30/14
 Ten Month Rates

Plan	Premium	District Pays	Emp Pays	Delta Dental emp pays	Premier Access emp pays	Vision District Paid	Life emp pays	Employee Total (Delta Dental)	Employee Total (Premier Access Dental)
KAISER									
Employee	\$705.52	\$705.52	\$ -	\$ -	\$17.25	\$23.33	\$ -	\$ -	\$17.25
Employee + 1	\$1,411.03	\$1,411.03	\$ -	\$16.80	\$31.97	\$23.33	\$0.13	\$16.93	\$32.10
Employee + 2	\$1,996.61	\$1,996.61	\$ -	\$32.40	\$45.95	\$23.33	\$0.18	\$32.58	\$46.13
HEALTH NET 278									
Employee	\$919.19	\$919.19	\$ -	\$ -	\$17.25	\$23.33	\$ -	\$ -	\$17.25
Employee + 1	\$1,838.38	\$1,838.38	\$ -	\$16.80	\$31.97	\$23.33	\$0.13	\$16.93	\$32.10
Employee + 2	\$2,601.32	\$2,601.32	\$ -	\$32.40	\$45.95	\$23.33	\$0.18	\$32.58	\$46.13
*****Please note if working in 12 month position premiums will be adjusted accordingly*****									

Sacramento City Unified School District
Retired SCTA Members
2013-2014 Health and Welfare Rates Effective 7/1/13 - 6/30/14

MEDICAL ONLY

Health Net Plan	Monthly Premium		
	*** Total Premium	District Paid*	Retiree Paid*
Retiree Only under 65	\$1,162.82	\$1,162.82	\$0.00
Retiree <65 + 1 Dep <65	\$2,325.59	\$1,162.82	\$1,162.77
Retiree < 65 + 1 dep > 65 in Seniority Plus	\$1,642.03	\$1,162.82	\$479.21
Retiree Only In Seniority Plus	\$479.21	\$479.21	\$0.00
Retiree > 65 + 1 dep > 65 Both in Seniority Plus	\$958.42	\$479.21	\$479.21

Kaiser

Retiree Only under 65	\$587.93	\$587.93	\$0.00
Retiree Only over 65 Senior Advantage (SA)	\$332.86	\$332.86	\$0.00
Retiree under 65 + 1 dependent under 65	\$1,175.86	\$587.93	\$587.93
Retiree under 65 + 1 dependent over 65 SA	\$920.79	\$587.93	\$332.86
Retiree over 65 with SA + 1 dep over 65 with SA	\$665.72	\$332.86	\$332.86
Retiree only over 65 Senior Advantage - B Only	\$643.94	\$643.94	\$0.00

Health Net - Out of Area Plans (not eligible for HMO plans Kaiser or Health Net)

Health Net PPO CA or PPO Non-CA			
Retiree Only under 65	\$1,507.49	\$1,507.49	\$0.00
Retiree < 65 + 1 Dep < 65	\$3,014.94	\$1,507.49	\$1,507.45
Retiree > 65 with Parts A & B in AARP + 1 Dep < 65	Based on Zipcode	Based on Zipcode	Based on Zipcode
Retiree > 65 + 1 dep > 65 Both with Parts A & B in AARP	Based on Zipcode	Based on Zipcode	Based on Zipcode

Contact your Sacramento City Unified School District Benefits Technician for rate

Retirees living outside Senior Advantage or Seniority Plus Service area

Retiree Only > 65 with Medicare either A & B or B only	\$924.21	\$924.21	\$0.00
Retiree > 65 with Medicare A & B or B only + 1 dep <65	\$2,087.03	\$924.21	\$1,162.82

See Open Enrollment Letter: Retiree and Dependent, upon reaching age 65, **MUST APPLY** for Medicare Part B and apply for Part A (if eligible)

Not all rates are listed - Contact your Sacramento City Unified School District Benefits Technician for rate.

DENTAL, VISION AND LIFE PLANS

DELTA DENTAL (NO CHANGE) must match health

One Party	\$61.00	\$0.00	\$61.00
Two Party	\$124.00	\$0.00	\$124.00
Family	\$183.00	\$0.00	\$183.00

ACCESS DENTAL (NO CHANGE) must match health

One Party	\$27.37	\$0.00	\$27.37
Two Party	\$49.27	\$0.00	\$49.27
Family	\$82.10	\$0.00	\$82.10

Vision (NO CHANGE)

Ret Only	\$19.44	\$0.00	\$19.44
Family	\$19.44	\$0.00	\$19.44

Life (NO CHANGE) must match health enrollment

One Party (Benefit value \$1,000)	\$1.66	\$0.00	\$1.66
Two Party (Benefit value \$500)	\$2.14	\$0.00	\$2.14
Family (Benefit value \$500)	\$2.36	\$0.00	\$2.36

PLEASE NOTE:

*District paid amount is for fully vested retirees who retired after 1974

** For those with <10 years of service or a spouse of a deceased retiree must pay the total premium amount

***For those who retired prior to 1974, the District contributes \$121 toward the total premium amount

***NOTE: Retiree and/or spouse with Medicare A & B out of HN or Kaiser area **Must be enrolled in AARP**. Questions call Benefits Office

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Welcome to Sacramento City Unified School District's MyBenefits Site!

We are committed to providing quality Employee Benefits to our employees and are pleased to offer a web based communication system to help you reduce your time spent learning about your benefits.

This site will be available to you and your dependents 24/7 either the office or at home and will serve as an important resource center to access important benefit information.

I'm here to...

- Compare Benefit Plans
- View Benefit Summaries
- Find a Form



Benefits

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Benefit Plan Information
Understanding Benefits

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Health Care Reform
iTriage Health
Financial Calculators
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Benefits Glossary A-Z

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TopHealth Newsletters

Summary of Benefits and Coverage (SBCs)

- ~~2013 Health Net HMO SBC~~
- ~~2013 Health Net EPO SBC~~
- ~~2013 Health Net PPO SBC~~
- ~~2013 Kaiser HMO SBC~~
- ~~Glossary of Health Coverage and Medical Terms~~

Health Net of CA: HMO 9FQ

Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for: All Covered Members | Plan Type: HMO**

Coverage Period: 07/01/2013-06/30/2014



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.healthnet.com or by calling 1-800-522-0088.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$0.	See the chart starting on page 2 for your costs for services this plan covers.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Yes. \$1,000 per member/\$2,000 two-party/\$2,500 each family.	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premiums, drug costs and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a network of providers?	Yes. For a list of preferred providers , see www.healthnet.com or call 1-800-522-0088.	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a specialist?	Yes. Requires written prior authorization.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have the plan's permission before you see the specialist .
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about excluded services .

Questions: Call the number on your Health Net ID card (current members) or 1-800-522-0088 or visit us at www.healthnet.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at <http://ccio.cms.gov> or call 1-800-522-0088 or the number on your Health Net ID card to request a copy.

Health Net of CA: HMO 9FQ

Coverage Period: 07/01/2013-06/30/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: All Covered Members | Plan Type: HMO



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use **participating providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$15/visit	Not covered	_____none_____
	Specialist visit	\$15/visit	Not covered	Requires prior authorization.
	Other practitioner office visit	Not covered	Not covered	If your medical group authorizes medically necessary acupuncture or chiropractic care, it is covered as a specialist visit (see above).
If you have a test	Preventive care/screening/immunization	No charge	Not covered	_____none_____
	Diagnostic test (x-ray, blood work)	No charge	Not covered	Requires referral.
	Imaging (CT/PET scans, MRIs)	No charge	Not covered	Requires prior authorization.
	Preferred generic drugs	\$10/retail order \$20/mail order	Not covered	Supply/order: up to 30 day (retail); 35-90 day (mail), except where quantity limits apply. Prior authorization is required for select drugs. If you buy a brand name drug that has a generic equivalent, you pay the difference in cost between the brand name and generic drug plus co-pay or co-insurance for the generic.
If you need drugs to treat your illness or condition	Preferred brand drugs	\$20/retail order \$40/mail order	Not covered	
	Non-preferred brand and generic drugs	\$35/retail order \$70/mail order	Not covered	
More information about prescription drug coverage is available at www.healthnet.com				

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Health Net of CA: HMO 9FQ

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Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
	Specialty drugs	No charge	Not covered	Prior authorization is required for select drugs. Quantity limits may apply to select drugs. Supply/order: up to a 30 days supply filled by specialty pharmacy
If you have outpatient surgery	Facility fee (e.g. ambulatory surgery center)	No charge	Not covered	Requires prior authorization.
	Physician/surgeon fees	No charge	Not covered	_____none_____
If you need immediate medical attention	Emergency room services	\$75/visit	\$75/visit	Co-pay waived if admitted as inpatient.
	Emergency medical transportation	No charge	No charge	_____none_____
	Urgent care	\$20/visit	\$20/visit	Co-pay waived if admitted as inpatient.
If you have a hospital stay	Facility fee (e.g. hospital room)	No charge	Not covered	Requires prior authorization.
	Physician/surgeon fee	No charge	Not covered	_____none_____
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	No charge	Not covered	Prior authorization required except for office visits.
	Mental/Behavioral health inpatient services	No charge	Not covered	Requires prior authorization.
	Substance use disorder outpatient services	No charge	Not covered	Prior authorization required except for office visits.
	Substance use disorder inpatient services	No charge	Not covered	Requires prior authorization.
If you are pregnant	Prenatal and postnatal care	No charge	Not covered	_____none_____
	Delivery and all inpatient services	No charge	Not covered	Requires prior authorization.

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Health Net of CA: HMO 9FQ

Coverage Period: 07/01/2013-06/30/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: All Covered Members | Plan Type: HMO

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	No charge	Not covered	Requires prior authorization.
	Rehabilitation services	\$5/visit	Not covered	Requires prior authorization.
	Habilitation services	Not covered	Not covered	none
	Skilled nursing care	No charge	Not covered	Requires prior authorization.
	Durable medical equipment	No charge	Not covered	Requires prior authorization.
	Hospice service	No charge	Not covered	Requires prior authorization.
If your child needs dental or eye care	Eye exam	\$15/visit	Not covered	none
	Glasses	Not covered	Not covered	none
	Dental check-up	Not covered	Not covered	none

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

<ul style="list-style-type: none"> • Cosmetic surgery • Dental care (child & adult) • Glasses 	<ul style="list-style-type: none"> • Habilitation services • Hearing aids • Long-term care 	<ul style="list-style-type: none"> • Non-emergency care when traveling outside the U.S • Private-duty nursing • Routine foot care • Weight loss programs
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Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

<ul style="list-style-type: none"> • Bariatric surgery 	<ul style="list-style-type: none"> • Chiropractic care – Your group has purchased 	<ul style="list-style-type: none"> • Infertility services
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Health Net of CA: HMO 9FQ

Coverage Period: 07/01/2013-06/30/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for: All Covered Members | Plan Type: HMO**

- | | |
|--|----------------------------|
| a chiropractic benefit rider. When you use a practitioner in the American Specialty Health Plan network, chiropractic care is covered with a copayment of \$10/visit up to 30 visits per calendar year. You may self-refer for the initial visit; subsequent visits require prior authorization. | • Routine eye care (Adult) |
|--|----------------------------|

Your Rights to Continue Coverage:

If you lose coverage under this plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-522-0088. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cchio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: Health Net's Customer Contact Center at 1-800-522-0088, submit a grievance form through www.healthnet.com, or file your complaint in writing to, Health Net Appeals and Grievance Department, P.O. Box 10348, Van Nuys, CA 91410-0348. If you have a grievance against Health Net, you can also contact the California Department of Managed Health Care, at 1-800-HMO-2219 or www.hmohelp.ca.gov. For information about group health care coverage subject to ERISA, contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444 (EBSA 3272) or www.dol.gov/ebsa/healthreform

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-522-0088.

Questions: Call the number on your Health Net ID card (current members) or **1-800-522-0088** or visit us at www.healthnet.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at <http://ccio.cms.gov> or call **1-800-522-0088** or the number on your Health Net ID card to request a copy.

Health Net of CA: HMO 9FQ

Coverage Period: 07/01/2013-06/30/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: All Covered Members | Plan Type: HMO

Tagalog (Tagalog): Kung kailangan niyo ang tulong sa Tagalog tumawag sa 1-800-522-0088.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-522-0088.

Navajo (Dine): Dinekehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-522-0088.

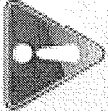
_____ *To see examples of how this plan might cover costs for a sample medical situation, see the next page.* _____

Questions: Call the number on your Health Net ID card (current members) or **1-800-522-0088** or visit us at www.healthnet.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at <http://ccio.cms.gov> or call **1-800-522-0088** or the number on your Health Net ID card to request a copy.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays: \$7,370
- Patient pays: \$170

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$0
Copays	\$20
Coinsurance	\$0
Limits or exclusions	\$150
Total	\$170

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays: \$4,260
- Patient pays: \$1,140

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$0
Copays	\$1,020
Coinsurance	\$0
Limits or exclusions	\$120
Total	\$1,140

Questions: Call the number on your Health Net ID card (current members) or 1-800-522-0088 or visit us at www.healthnet.com. If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at <http://ccio.cms.gov> or call 1-800-522-0088 or the number on your Health Net ID card to request a copy.

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

***No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

***No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓**Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓**Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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Health Net Life Ins. Co.: EPO 9FP

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 07/01/2013 – 06/30/2014
Coverage for: All Covered Persons | Plan Type: EPO



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.healthnet.com or by calling 1-800-522-0088.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$0	See the chart starting on page 2 for your costs for services this plan covers.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Yes. \$1,000 per member / \$2,000 two-party / \$2,500 per family per calendar year.	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Prescription drug costs, premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a network of providers?	Yes. For a list of preferred providers , see www.healthnet.com or call 1-800-522-0088.	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a specialist?	Yes. Requires written prior authorization.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have the plan's permission before you see the specialist .
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about excluded services .

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Health Net Life Ins. Co.: EPO 9FP

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 07/01/2013 – 06/30/2014
 Coverage for: All Covered Persons | Plan Type: EPO



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use **participating providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If		Limitations & Exceptions
		You Use an In-network EPO Provider	You Use an Out-of-network Provider	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$15/visit	Not covered	none
	Specialist visit	\$15/visit	Not covered	Requires prior authorization.
	Other practitioner office visit	Not covered	Not covered	If your medical group authorizes medically necessary acupuncture or chiropractic care, it is covered as a specialist visit (see above).
If you have a test	Preventive care/screening/immunization	No charge	Not covered	none
	Diagnostic test (x-ray, blood work)	No charge	Not covered	Requires referral
	Imaging (CT/PET scans, MRIs)	No charge	Not covered	Requires prior authorization.
	Preferred generic drugs	\$10/retail order \$20/mail order	Not covered	Supply/order: up to 30 day (retail); 35-90 day (mail), except where quantity limits apply. Prior Authorization is required for select drugs. If you buy a brand name drug that has a generic equivalent, you pay the difference in cost between the brand name and generic drug plus co-pay or co-insurance for the generic.
If you need drugs to treat your illness or condition	Preferred brand drugs	\$20/retail order \$40/mail order	Not covered	
	Non-preferred brand or generic drugs	\$35/retail order \$70/mail order	Not covered	

More information about **prescription drug coverage** is available at

Health Net Life Ins. Co.: EPO 9FP

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 07/01/2013 – 06/30/2014
 Coverage for: All Covered Persons | Plan Type: EPO

Common Medical Event	Services You May Need	Your Cost If You Use an In-network EPO Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
www.healthnet.com	Specialty drugs	No charge	Not covered	Prior authorization is required for select drugs. Quantity limits may apply to select drugs. Supply/order: up to a 30 days supply filled by specialty pharmacy.
If you have outpatient surgery	Facility fee (e.g, ambulatory surgery center)	No charge	Not covered	Requires prior authorization.
	Physician/surgeon fees	No charge	Not covered	_____none_____
If you need immediate medical attention	Emergency room services	\$75/visit	\$75/visit	Co-pay waived if admitted as inpatient.
	Emergency medical transportation	No charge	No charge	_____none_____
If you have a hospital stay	Urgent care	\$20/visit	\$20/visit	Co-pay waived if admitted as inpatient.
	Facility fee (e.g, hospital room)	No charge	Not covered	Requires prior authorization.
If you have mental health, behavioral health, or substance abuse needs	Physician/surgeon fee	No charge	Not covered	_____none_____
	Mental/Behavioral health outpatient services	No charge	Not covered	Prior authorization required except for office visits.
	Mental/Behavioral health inpatient services	No charge	Not covered	Requires prior authorization.
	Substance use disorder outpatient services	No charge	Not covered	Prior authorization required except for office visits.
If you are pregnant	Substance use disorder inpatient services	No charge	Not covered	Requires prior authorization.
	Prenatal and postnatal care	No charge	Not covered	_____none_____
	Delivery and all inpatient services	No charge	Not covered	Requires prior authorization.
	Home health care	No charge	Not covered	Requires prior authorization.
If you need help recovering or have other special health needs	Rehabilitation services	\$5/visit	Not covered	May require prior authorization.
	Habilitation services	Not covered	Not covered	_____none_____
	Skilled nursing care	No charge	Not covered	Requires prior authorization.
	Durable medical equipment	No charge	Not covered	May require prior authorization.
If your child needs dental or eye care	Hospice service	No charge	Not covered	May require prior authorization.
	Eye exam	\$15/visit	Not covered	_____none_____
	Glasses	Not covered	Not covered	_____none_____

Health Net Life Ins. Co.: EPO 9FP

Coverage Period: 07/01/2013 – 06/30/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: All Covered Persons | Plan Type: EPO

Common Medical Event	Services You May Need	Your Cost If You Use an In-network EPO Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
	Dental check-up	Not covered	Not covered	none

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Cosmetic surgery • Dental care (Child & Adult) • Glasses | <ul style="list-style-type: none"> • Hearing aids • Long-term care • Non-emergency care when traveling outside the U.S. | <ul style="list-style-type: none"> • Private-duty nursing • Routine foot care • Weight loss programs |
|--|--|---|

Health Net Life Ins. Co.: EPO 9FP

Coverage Period: 07/01/2013 – 06/30/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: All Covered Persons | Plan Type: EPO

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Acupuncture
- Chiropractic care - Your group has purchased a chiropractic benefit rider. When you use a practitioner in the American Specialty Health Plan network, chiropractic care is covered with a copayment of \$10/visit up to 30 visits per calendar year. You may self-refer for the initial visit; subsequent visits require prior authorization.
- Infertility services
- Routine eye care (Adult)
- Bariatric surgery

Your Rights to Continue Coverage:

If you lose coverage under this plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-522-0088. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.civilo.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: Health Net's Customer Contact Center at 1-800-522-0088, submit a grievance form through www.healthnet.com, or file your complaint in writing to, Health Net Appeals and Grievance Department, P.O. Box 10348, Van Nuys, CA 91410-0348. If you have a grievance against Health Net, you can also contact the California Department of Insurance, at 1-800-927-HELP (4357) or via the Consumers portal of www.insurance.ca.gov. For information about group health care coverage subject to ERISA, contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444 (EBSA (3272) or www.dol.gov/ebsa/healthreform.

Health Net Life Ins. Co.: EPO 9FP

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 07/01/2013 – 06/30/2014
Coverage for: All Covered Persons | Plan Type: EPO

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-522-0088.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-522-0088.


Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-522-0088.

Navajo (Dine): Dinéek'ehgo shika ar'ohwol nínisingo, kwíijigo holne' 1-800-522-0088.

_____ *To see examples of how this plan might cover costs for a sample medical situation, see the next page.* _____

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby
(normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$7,370
- Patient pays \$170

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$0
Copays	\$20
Coinsurance	\$0
Limits or exclusions	\$150
Total	\$170

Managing type 2 diabetes
(routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$4,180
- Patient pays \$1,220

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$0
Copays	\$1,090
Coinsurance	\$0
Limits or exclusions	\$120
Total	\$1,210

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

X No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

X No. Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ Yes. An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call the number on your Health Net ID card (current members) or **1-800-522-0088** or visit us at www.healthnet.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at <http://cchio.cms.gov> or call **1-800-522-0088** or the number on your Health Net ID card to request a copy.

Health Net Life Ins. Co.: PPO 9FR

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: All Covered Persons | Plan Type: PPO

Coverage Period: 07/01/2013-06/30/2014



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.healthnet.com or by calling 1-800-522-0088.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	\$0.	See the chart starting on page 2 for your costs for services this plan covers.
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. \$1,000 per member/\$2,500 each family.	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Prescription drug costs, premiums, deductibles, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes <u>specific</u> coverage limits, such as limits on the number of office visits.
Does this plan use a <u>network of providers</u> ?	Yes. For a list of preferred providers , see www.healthnet.com or call 1-800-522-0088.	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a <u>specialist</u> ?	No.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about excluded services .

Questions: Call the number on your Health Net ID card (current members) or 1-800-522-0088 or visit us at www.healthnet.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at <http://ccio.cms.gov> or call 1-800-522-0088 or the number on your Health Net ID card to request a copy.

Health Net Life Ins. Co.: PPO 9FR

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: All Covered Persons | Plan Type: PPO

Coverage Period: 07/01/2013-06/30/2014



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use **participating providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network PPO Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$5/visit	\$5/visit	none
	Specialist visit	\$5/visit	\$5/visit	none
	Other practitioner office visit	Chiropractic- \$10/visit Acupuncture- \$5/visit	Chiropractic- \$10/visit Acupuncture- \$5/visit	Chiropractic care is limited to 30 visits max per calendar year. Acupuncture is limited to 12 visits max per calendar year. Requires prior authorization.
If you have a test	Preventive care/screening/immunization	No charge	No charge	none
	Diagnostic test (x-ray, blood work)	No charge	No charge	none
	Imaging (CT/PET scans, MRIs)	No charge	No charge	Requires prior authorization.
If you need drugs to treat your illness or condition	Preferred generic drugs	\$10/retail order \$20/mail order	\$10 + 50% AWP/retail order	Supply/order: up to 30 day (retail); 35-90 day (mail), except where quantity limits apply. Prior authorization is required for select drugs. If you buy a brand name drug that has a generic equivalent, you pay the difference in cost between the brand name drug and generic plus copay or coinsurance.
	Preferred brand drugs	\$20/retail order \$40/mail order	\$20 + 50% AWP/retail order	
	Non-preferred brand or generic drugs	\$35/retail order \$70/mail order	\$35 + 50% AWP/retail order	

More information about **prescription drug coverage** is available at

Health Net Life Ins. Co.: PPO 9FR

Coverage Period: 07/01/2013-06/30/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: All Covered Persons | Plan Type: PPO

Common Medical Event	Services You May Need	Your Cost If You Use an In-network PPO Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
www.healthnet.com	Specialty drugs	\$5/RX	\$5/RX	Supply/order: 30 day supply from specialty pharmacy except where quantity limits apply. Prior authorization is required for select drugs. Out of network provider may require up front payment from you.
If you have outpatient surgery	Facility fee (e.g. ambulatory surgery center) Physician/surgeon fees	No charge No charge	No charge No charge	May require prior authorization. _____none_____
If you need immediate medical attention	Emergency room services Emergency medical transportation Urgent care	\$25/visit No charge \$20/visit	\$25/visit No charge \$20/visit	Deductible of \$25 waived if admitted as inpatient. _____none_____
If you have a hospital stay	Facility fee (e.g. hospital room) Physician/surgeon fee	No charge No charge	No charge No charge	Requires prior authorization. _____none_____
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services Mental/Behavioral health inpatient services Substance use disorder outpatient services Substance use disorder inpatient services	No charge No charge No charge No charge	No charge No charge No charge No charge	May require prior authorization. Requires prior authorization. May require prior authorization. Requires prior authorization.
If you are pregnant	Prenatal and postnatal care Delivery and all inpatient services	No charge No charge	No charge No charge	_____none_____

Health Net Life Ins. Co.: PPO 9FR

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 07/01/2013-06/30/2014
Coverage for: All Covered Persons | Plan Type: PPO

Common Medical Event	Services You May Need	Your Cost if You Use an In-network PPO Provider	Your Cost if You Use an Out-of-network Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	No charge	No charge	May require prior authorization.
	Rehabilitation services	\$5/visit	\$5/visit	Limited to 20 combined visits per calendar year. May require prior authorization.
	Habilitation services	Not covered	Not covered	_____none_____
	Skilled nursing care	No charge	No charge	Requires prior authorization.
	Durable medical equipment	50% co-ins	50% co-ins	May require prior authorization.
If your child needs dental or eye care	Hospice service	No charge	No charge	May require prior authorization.
	Eye exam	Through age 2: No charge Age 2-17: \$5/visit	Through age 2: No charge Age 2-17: \$5/visit	Age 18 & older is not covered.
	Glasses	Not covered	Not covered	_____none_____
	Dental check-up	Not covered	Not covered	_____none_____

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

<ul style="list-style-type: none"> Cosmetic surgery Dental care (Child & Adult) Glasses Hearing aids 	<ul style="list-style-type: none"> Long-term care Non-emergency care when traveling outside the U.S. Private-duty nursing 	<ul style="list-style-type: none"> Routine eye care (Adult) Routine foot care Weight loss programs
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Health Net Life Ins. Co.: PPO 9FR

Coverage Period: 07/01/2013-06/30/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: All Covered Persons | Plan Type: PPO

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Acupuncture
- Bariatric surgery
- Chiropractic care
- Infertility treatment

Your Rights to Continue Coverage:

If you lose coverage under this plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-522-0088. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cclio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: Health Net's Customer Contact Center at 1-800-522-0088, submit a grievance form through www.healthnet.com, or file your complaint in writing to, Health Net Appeals and Grievance Department, P.O. Box 10348, Van Nuys, CA 91410-0348. If you have a grievance against Health Net, you can also contact the California Department of Insurance, at 1-800-927-HELP (4357) or via the Consumers portal of www.insurance.ca.gov. For information about group health care coverage subject to ERISA, contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444 (EBSA (3272) or www.dol.gov/ebsa/healthreform.

Health Net Life Ins. Co.: PPO 9FR

Coverage Period: 07/01/2013-06/30/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: All Covered Persons | Plan Type: PPO

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-522-0088.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-522-0088.

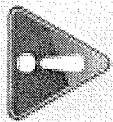
Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-522-0088.

Navajo (Dine): Dinék'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-522-0088.

_____ *To see examples of how this plan might cover costs for a sample medical situation, see the next page.* _____

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$7,370
- Patient pays \$170

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$0
Copays	\$20
Coinsurance	\$0
Limits or exclusions	\$150
Total	\$170

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$4,250
- Patient pays \$1,150

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$0
Copays	\$1,020
Coinsurance	\$10
Limits or exclusions	\$120
Total	\$1,150

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

***No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

***No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓Yes. An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call the number on your Health Net ID card (current members) or **1-800-522-0088** or visit us at www.healthnet.com. If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at <http://ceio.cms.gov> or call **1-800-522-0088** or the number on your Health Net ID card to request a copy.

Kaiser Permanente: TRADITIONAL PLAN
Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 07/01/2013-06/30/2014
 Coverage for: Individual+Family | Plan Type: HMO

 **This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.kp.org or by calling 800-278-3296.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$0	See Chart on Page 2 for your costs for services this plan covers.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Yes. \$1,500 person / \$3,000 family	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premiums, payments for health care this plan doesn't cover and cost sharing for certain services listed in plan documents.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.
Does this plan use a network of providers?	Yes. For a list of plan providers, see www.kp.org or call 800-278-3296.	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.
Do I need a referral to see a specialist?	Yes, written referral required but you may self-refer to certain specialists.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have the plan's permission before you see the specialist.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about excluded services.

Questions: Call 800-278-3296 or visit us at www.kp.org.
 If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at <http://www.dol.gov/ebsa/pdf/SBCUInformGlossary.pdf> or call 800-278-3296 to request a copy.



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use **plan providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Plan Provider	Non-Plan Provider	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$10 per visit	Not Covered	_____none_____
	Specialist visit	\$10 per visit	Not Covered	Services related to Infertility covered at \$10 per visit
	Other practitioner office visit	\$10 per visit for chiropractic services, \$10 per visit for acupuncture services.	Not Covered	Up to 30 visit(s) per Calendar Year for chiropractic services, Physician referred acupuncture.
	Preventive care/screening/immunization	No Charge	Not Covered	Some preventive screenings (such as lab and imaging) may be at a different cost share.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	Not Covered	_____none_____
	Imaging (CT/PET scans, MRIs)	No Charge	Not Covered	_____none_____
	Generic drugs	\$10 per prescription for 1 to 100 day(s)	Not Covered	Certain drugs may be covered at a higher cost share.
If you need drugs to treat your illness or condition	Preferred brand drugs	\$10 per prescription for 1 to 100 day(s)	Not Covered	Certain drugs may be covered at a higher cost share.
	Non-preferred brand drugs	\$10 per prescription for 1 to 100 day(s)	Not Covered	Same as preferred brand drugs when approved through exception process.
	Specialty drugs	\$10 per prescription for 1 to 100 day(s)	Not Covered	Same as preferred brand drugs.
More information about prescription drug coverage is available at www.kd.org/forpatients .				

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Plan Provider	Non-Plan Provider	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$10 per procedure	Not Covered	_____ none _____
	Physician/surgeon fees	No Charge	Not Covered	_____ none _____
	Emergency room services	\$75 per visit	\$75 per visit	_____ none _____
If you need immediate medical attention	Emergency medical transportation	No Charge	No Charge	_____ none _____
	Urgent care	\$10 per visit	\$10 per visit	Non plan providers covered when outside a service area.
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge	Not Covered	_____ none _____
	Physician/surgeon fee	No Charge	Not Covered	_____ none _____
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$10 per visit for Individual, \$5 per visit for Group	Not Covered	_____ none _____
	Mental/Behavioral health inpatient services	No Charge	Not Covered	_____ none _____
	Substance use disorder outpatient services	\$10 per visit Individual, \$5 per visit Group	Not Covered	_____ none _____
	Substance use disorder inpatient services	No Charge	Not Covered	_____ none _____
If you are pregnant	Prenatal and postnatal care	Prenatal care: No Charge, Postnatal care: No Charge	Not Covered	Cost sharing for prenatal care is for routine preventive care only. Cost sharing for postnatal care is for the first postnatal visit only.
	Delivery and all inpatient services	No Charge	Not Covered	_____ none _____

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Plan Provider	Non-Plan Provider	
If you need help recovering or have other special health needs	Home health care	No Charge	Not Covered	Up to 2 hour(s) Maximum per Visit, Up to 100 visit(s) Maximum per Calendar Year, Up to 3 visit(s) Maximum per Day
	Rehabilitation services	Inpatient: No Charge; Outpatient: \$10 per day	Not Covered	none
	Habilitation services	\$10 per day	Not Covered	none
	Skilled nursing care	No Charge	Not Covered	Up to 100 day maximum per benefit period.
	Durable medical equipment	No Charge	Not Covered	Must be in accordance with formulary guidelines
	Hospice service	No Charge	Not Covered	Limited to diagnoses of a terminal illness with a life expectancy of twelve months or less
If your child needs dental or eye care	Eye exam	No Charge	Not Covered	none
	Glasses	Not Covered	Not Covered	none
	Dental check-up	Not Covered	Not Covered	none

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

<ul style="list-style-type: none"> • Cosmetic Surgery • Hearing Aids • Long-Term Care 	<ul style="list-style-type: none"> • Non-Emergency Care when Travelling Outside the U.S. • Private-Duty Nursing 	<ul style="list-style-type: none"> • Routine Dental Services (Adult) • Weight Loss Programs
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Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

<ul style="list-style-type: none"> • Acupuncture with limits • Bariatric Surgery • Chiropractic Care 	<ul style="list-style-type: none"> • Infertility Treatment • Routine Eye Exam (Adult) 	<ul style="list-style-type: none"> • Routine Foot Care • Routine Hearing Tests
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Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply. For more information on your rights to continue coverage, contact the plan at 800-278-3296. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cchio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact: Kaiser Permanente at 1-800-278-3296 or online at www.kp.org/memberservices.

If this coverage is subject to ERISA, you may contact Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, and the California Department of Insurance at or 1-800-927-HELP (4357) or <http://www.insurance.ca.gov>.

If this coverage is not subject to ERISA, you may also contact: California Department of Insurance at or 1-800-927-HELP (4357) or <http://www.insurance.ca.gov>.

Additionally, a consumer assistance program can help you file your appeal.

Department of Managed Health Care Help Center (888) 466-2219
980 9th Street, Suite 500 <http://www.healthhelp.ca.gov>
Sacramento, CA 95814 helpline@dmhc.ca.gov

Language Access Services:

SPANISH (Español): Para obtener asistencia en Español, llame al 1-800-788-0616 or TTY/TDD 1-800-777-1370

TAGALOG (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 800-278-3296 or TTY/TDD 1-800-777-1370

CHINESE: 若有問題：請撥打 1-800-757-7585 或 TTY/TDD 1-800-777-1370

NAVAJO (Dine): Dimek'ehgo shika at'ohwol minisingo, kwijigo holne' 800-278-3296 or TTY/TDD 1-800-777-1370

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$7,320
- Patient pays \$220

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient Pays:

Deductibles	\$0
Co-pays	\$20
Co-insurance	\$0
Limits or exclusions	\$200
Total	\$220

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$4,720
- Patient pays \$680

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient Pays:

Deductibles	\$0
Co-pays	\$600
Co-insurance	\$0
Limits or exclusions	\$80
Total	\$680

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, co-payments, and co-insurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✘ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✘ **No.** Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✔ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays?" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✔ **Yes.** An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as co-payments, deductibles, and co-insurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 800-278-3296 or visit us at www.kp.org.

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at <http://www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf> or call 800-278-3296 to request a copy.

Sacramento City Unified School District
 CalPERS 2014 Health and Welfare Rates Effective 1/01/14
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 SEIU

Sacramento Region

Plan	Premium	District Pays	Employee Pays	Single Health Refund	Dental Employee Pays	Vision (VSP) District	Life Employee Pays	Employee Total Cost
Anthem Select HMO								
Employee Only	\$ 750.27	\$ 681.59	\$ 68.68	\$87.83	\$ -	\$16.05	0.00	N/A
Employee + One	\$ 1,500.54	\$ 1,363.18	\$ 137.36		\$ 13.00	\$16.05	0.18	\$ 150.54
Employee + Family	\$ 1,950.70	\$ 1,772.13	\$ 178.57		\$ 24.00	\$16.05	0.37	\$ 202.94
Anthem Traditional HMO								
Employee Only	\$ 840.43	\$ 681.59	\$ 158.84	\$87.83	\$ -	\$16.05	0.00	\$ 71.01
Employee + One	\$ 1,680.86	\$ 1,363.18	\$ 317.68		\$ 13.00	\$16.05	0.18	\$ 330.86
Employee + Family	\$ 2,185.12	\$ 1,772.13	\$ 412.99		\$ 24.00	\$16.05	0.37	\$ 437.36
Blue Shield Access +								
Employee Only	\$ 734.87	\$ 681.59	\$ 53.28	\$87.83	\$ -	\$16.05	0.00	N/A
Employee + One	\$ 1,469.74	\$ 1,363.18	\$ 106.56		\$ 13.00	\$16.05	0.18	\$ 119.74
Employee + Family	\$ 1,910.66	\$ 1,772.13	\$ 138.53		\$ 24.00	\$16.05	0.37	\$ 162.90
Blue Shield Net Value								
Employee Only	\$ 618.39	\$ 618.59	\$ -	\$87.83	\$ -	\$16.05	0.00	N/A
Employee + One	\$ 1,236.78	\$ 1,236.78	\$ -		\$ 13.00	\$16.05	0.18	\$ 13.18
Employee + Family	\$ 1,607.81	\$ 1,607.81	\$ -		\$ 24.00	\$16.05	0.37	\$ 24.37
Kaiser								
Employee Only	\$ 681.59	\$ 681.59	\$ -	\$87.83	\$ -	\$16.05	0.00	N/A
Employee + One	\$ 1,363.18	\$ 1,363.18	\$ -		\$ 13.00	\$16.05	0.18	\$ 13.18
Employee + Family	\$ 1,772.13	\$ 1,772.13	\$ -		\$ 24.00	\$16.05	0.37	\$ 24.37
PERS Choice								
Employee Only	\$ 665.99	\$ 665.99	\$ -	\$87.83	\$ -	\$16.05	0.00	N/A
Employee + One	\$ 1,331.98	\$ 1,331.98	\$ -		\$ 13.00	\$16.05	0.18	\$ 13.18
Employee + Family	\$ 1,731.57	\$ 1,731.57	\$ -		\$ 24.00	\$16.05	0.37	\$ 24.37
PERS Select								
Employee Only	\$ 637.85	\$ 637.85	\$ -	\$87.83	\$ -	\$16.05	0.00	N/A
Employee + One	\$ 1,275.70	\$ 1,275.70	\$ -		\$ 13.00	\$16.05	0.18	\$ 13.18
Employee + Family	\$ 1,658.41	\$ 1,658.41	\$ -		\$ 24.00	\$16.05	0.37	\$ 24.37
PERS Care								
Employee Only	\$ 694.26	\$ 681.59	\$ 12.67	\$87.83	\$ -	\$16.05	0.00	N/A
Employee + One	\$ 1,388.52	\$ 1,363.18	\$ 25.34		\$ 13.00	\$16.05	0.18	\$ 38.52
Employee + Family	\$ 1,805.08	\$ 1,772.13	\$ 32.95		\$ 24.00	\$16.05	0.37	\$ 57.32
United Healthcare								
Employee Only	\$ 643.34	\$ 643.34	\$ -	\$87.83	\$ -	\$16.05	0.00	N/A
Employee + One	\$ 1,286.68	\$ 1,286.68	\$ -		\$ 13.00	\$16.05	0.18	\$ 13.18
Employee + Family	\$ 1,672.68	\$ 1,672.68	\$ -		\$ 24.00	\$16.05	0.37	\$ 24.37

Sacramento Counties: El Dorado Placer Sacramento

Sacramento City Unified School District
 CalPERS 2014 Health and Welfare Rates Effective 1/01/14
 Twelve Month Rates
 SEIU

Bay Area Region

Plan	Premium	District Pays	Employee Pays	Single Health Refund	Dental Employee Pays	Vision (VSP) District	Life Employee Pays	Employee Total Cost
Anthem Select HMO								
Employee Only	\$ 657.33	\$ 657.33	\$ -	\$ 87.83	\$ -	\$16.05	0.00	N/A
Employee + One	\$ 1,314.66	\$1,314.66	\$ -		\$ 13.00	\$16.05	0.18	\$ 13.18
Employee + Family	\$ 1,709.06	\$1,709.06	\$ -		\$ 24.00	\$16.05	0.37	\$ 24.37
Anthem Traditional HMO								
Employee Only	\$ 728.41	\$ 681.59	\$ 46.82	\$ 87.83	\$ -	\$16.05	0.00	N/A
Employee + One	\$ 1,456.82	\$1,363.18	\$ 93.64		\$ 13.00	\$16.05	0.18	\$ 106.82
Employee + Family	\$ 1,893.87	\$1,772.13	\$ 121.74		\$ 24.00	\$16.05	0.37	\$ 146.11
Blue Shield Access +								
Employee Only	\$ 836.59	\$ 681.59	\$ 155.00	\$ 87.83	\$ -	\$16.05	0.00	\$ 67.17
Employee + One	\$ 1,673.17	\$1,363.18	\$ 309.99		\$ 13.00	\$16.05	0.18	\$ 323.17
Employee + Family	\$ 2,175.13	\$1,772.13	\$ 403.00		\$ 24.00	\$16.05	0.37	\$ 427.37
Blue Shield Net Value								
Employee Only	\$ 704.01	\$ 681.59	\$ 22.42	\$ 87.83	\$ -	\$16.05	0.00	N/A
Employee + One	\$ 1,408.02	\$1,363.18	\$ 44.84		\$ 13.00	\$16.05	0.18	\$ 58.02
Employee + Family	\$ 1,830.43	\$1,772.13	\$ 58.30		\$ 24.00	\$16.05	0.37	\$ 82.67
Kaiser								
Employee Only	\$ 742.72	\$ 681.59	\$ 61.13	\$ 87.83	\$ -	\$16.05	0.00	N/A
Employee + One	\$ 1,485.44	\$1,363.18	\$ 122.26		\$ 13.00	\$16.05	0.18	\$ 135.44
Employee + Family	\$ 1,931.07	\$1,772.13	\$ 158.94		\$ 24.00	\$16.05	0.37	\$ 183.31
PERS Choice								
Employee Only	\$ 690.77	\$ 681.59	\$ 9.18	\$ 87.83	\$ -	\$16.05	0.00	N/A
Employee + One	\$ 1,381.54	\$1,363.18	\$ 18.36		\$ 13.00	\$16.05	0.18	\$ 31.54
Employee + Family	\$ 1,796.00	\$1,772.13	\$ 23.87		\$ 24.00	\$16.05	0.37	\$ 48.24
PERS Select								
Employee Only	\$ 661.52	\$ 661.52	\$ -	\$87.83	\$ -	\$16.05	0.00	N/A
Employee + One	\$ 1,323.04	\$1,323.04	\$ -		\$ 13.00	\$16.05	0.18	\$ 13.18
Employee + Family	\$ 1,719.95	\$1,719.95	\$ -		\$ 24.00	\$16.05	0.37	\$ 24.37
PERS Care								
Employee Only	\$ 720.04	\$ 681.59	\$ 38.45	\$ 87.83	\$ -	\$16.05	0.00	N/A
Employee + One	\$ 1,440.08	\$1,363.18	\$ 76.90		\$ 13.00	\$16.05	0.18	\$ 90.08
Employee + Family	\$ 1,872.10	\$1,772.13	\$ 99.97		\$ 24.00	\$16.05	0.37	\$ 124.34
United Healthcare								
Employee Only	\$ 764.24	\$ 681.59	\$ 82.65	\$ 87.83	\$ -	\$16.05	0.00	N/A
Employee + One	\$ 1,528.48	\$1,363.18	\$ 165.30		\$ 13.00	\$16.05	0.18	\$ 178.48
Employee + Family	\$ 1,987.02	\$1,772.13	\$ 214.89		\$ 24.00	\$16.05	0.37	\$ 239.26

Bay Area Counties: Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yolo, and Yuba

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Other Northern CA Region

Plan	Premium	District Pays	Employee Pays	Single Health Refund	Dental Employee Pays	(VSP) District Pays	Life Employee Pay	Employee Total Cost
Anthem Select HMO								
Employee Only	\$ 706.20	\$ 706.20	\$ -	\$ 87.83	\$ -	\$16.05	0.00	N/A
Employee + One	\$ 1,412.40	\$ 1,363.18	\$ 49.22		\$ 13.00	\$16.05	0.18	\$ 62.40
Employee + Family	\$ 1,836.12	\$ 1,772.13	\$ 63.99		\$ 24.00	\$16.05	0.37	\$ 88.36
Anthem Traditional HMO								
Employee Only	\$ 767.36	\$ 681.59	\$ 85.77	\$ 87.83	\$ -	\$16.05	0.00	N/A
Employee + One	\$ 1,534.72	\$ 1,363.18	\$ 171.54		\$ 13.00	\$16.05	0.18	\$ 184.72
Employee + Family	\$ 1,995.14	\$ 1,772.13	\$ 223.01		\$ 24.00	\$16.05	0.37	\$ 247.38
Blue Shield Access +								
Employee Only	\$ 729.76	\$ 681.59	\$ 48.17	\$ 87.83	\$ -	\$16.05	0.00	N/A
Employee + One	\$ 1,459.52	\$ 1,363.18	\$ 96.34		\$ 13.00	\$16.05	0.18	\$ 109.52
Employee + Family	\$ 1,897.38	\$ 1,772.13	\$ 125.25		\$ 24.00	\$16.05	0.37	\$ 149.62
Blue Shield Net Value								
Employee Only	\$ 614.13	\$ 614.13	\$ -	\$ 87.83	\$ -	\$16.05	0.00	N/A
Employee + One	\$ 1,228.26	\$ 1,228.26	\$ -		\$ 13.00	\$16.05	0.18	\$ 13.18
Employee + Family	\$ 1,596.74	\$ 1,596.74	\$ -		\$ 24.00	\$16.05	0.37	\$ 24.37
Kaiser								
Employee Only	\$ 745.30	\$ 681.59	\$ 63.71	\$ 87.83	\$ -	\$16.05	0.00	N/A
Employee + One	\$ 1,490.60	\$ 1,363.18	\$ 127.42		\$ 13.00	\$16.05	0.18	\$ 140.60
Employee + Family	\$ 1,937.78	\$ 1,772.13	\$ 165.65		\$ 24.00	\$16.05	0.37	\$ 190.02
PERS Choice								
Employee Only	\$ 641.08	\$ 641.08	\$ -	\$ 87.83	\$ -	\$16.05	0.00	N/A
Employee + One	\$ 1,282.16	\$ 1,282.16	\$ -		\$ 13.00	\$16.05	0.18	\$ 13.18
Employee + Family	\$ 1,666.81	\$ 1,666.81	\$ -		\$ 24.00	\$16.05	0.37	\$ 24.37
PERS Select								
Employee Only	\$ 613.99	\$ 613.99	\$ -	\$87.83	\$ -	\$16.05	0.00	N/A
Employee + One	\$ 1,227.98	\$ 1,227.98	\$ -		\$ 13.00	\$16.05	0.18	\$ 13.18
Employee + Family	\$ 1,596.37	\$ 1,596.37	\$ -		\$ 24.00	\$16.05	0.37	\$ 24.37
PERS Care								
Employee Only	\$ 668.27	\$ 668.27	\$ -	\$ 87.83	\$ -	\$16.05	0.00	N/A
Employee + One	\$ 1,336.54	\$ 1,336.54	\$ -		\$ 13.00	\$16.05	0.18	\$ 13.18
Employee + Family	\$ 1,737.50	\$ 1,737.50	\$ -		\$ 24.00	\$16.05	0.37	\$ 24.37
United Healthcare								
Employee Only	\$ 659.06	\$ 659.06	\$ -	\$ 87.83	\$ -	\$16.05	0.00	N/A
Employee + One	\$ 1,318.12	\$ 1,318.12	\$ -		\$ 13.00	\$16.05	0.18	\$ 13.18
Employee + Family	\$ 1,713.56	\$ 1,713.56	\$ -		\$ 24.00	\$16.05	0.37	\$ 24.37

Other Northern CA Counties: Alpine, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity, and Tuolumne

Sacramento City Unified School District
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Sacramento Region

Plan	Premium	District Pays	Employee Pays	Single Health Refund	Dental Employee Pays	Vision (VSP) District	Life Employee Pays	Employee Total Cost
Anthem Select HMO								
Employee Only	\$ 750.27	\$ 708.04	\$ 42.24	\$ 87.83	\$ -	\$25.42	\$ -	\$ (45.60)
Employee + One	\$ 1,500.54	\$ 1,416.07	\$ 84.47		\$13.00	\$25.42	\$ 0.181	\$ 97.65
Employee + Family	\$ 1,950.70	\$ 1,840.89	\$ 109.81		\$24.00	\$25.42	\$ 0.371	\$ 134.18
Anthem Traditional HMO								
Employee Only	\$ 840.43	\$ 708.04	\$ 132.40	\$ 87.83	\$ -	\$25.72	\$ -	\$ 44.57
Employee + One	\$ 1,680.86	\$ 1,295.02	\$ 385.84		\$13.00	\$25.42	\$ 0.181	\$ 399.02
Employee + Family	\$ 2,185.12	\$ 1,683.52	\$ 501.60		\$24.00	\$25.42	\$ 0.371	\$ 525.97
Blue Shield Access +								
Employee Only	\$ 734.87	\$ 708.04	\$ 26.84	\$ 87.83	\$ -	\$25.42	\$ -	\$ (61.00)
Employee + One	\$ 1,469.74	\$ 1,295.02	\$ 174.72		\$13.00	\$25.42	\$ 0.181	\$ 187.90
Employee + Family	\$ 1,910.66	\$ 1,683.52	\$ 227.14		\$24.00	\$25.42	\$ 0.371	\$ 251.51
Blue Shield Net Value								
Employee Only	\$ 618.39	\$ 618.39	\$ -	\$ 87.83	\$ -	\$25.42	\$ -	\$ (87.83)
Employee + One	\$ 1,236.78	\$ 1,236.78	\$ -		\$13.00	\$25.42	\$ 0.181	\$ 13.18
Employee + Family	\$ 1,607.81	\$ 1,607.81	\$ -		\$24.00	\$25.42	\$ 0.371	\$ 24.37
Kaiser								
Employee Only	\$ 681.59	\$ 681.59	\$ -	\$ 87.83	\$ -	\$25.42	\$ -	\$ (87.83)
Employee + One	\$ 1,363.18	\$ 1,363.18	\$ -		\$13.00	\$25.42	\$ 0.181	\$ 13.18
Employee + Family	\$ 1,772.13	\$ 1,772.13	\$ -		\$24.00	\$25.42	\$ 0.371	\$ 24.37
PERS Choice								
Employee Only	\$ 665.99	\$ 708.04	\$ (42.05)	\$ 87.83	\$ -	\$25.42	\$ -	\$ (129.88)
Employee + One	\$ 1,331.98	\$ 1,295.02	\$ 36.96		\$13.00	\$25.42	\$ 0.181	\$ 50.14
Employee + Family	\$ 1,731.57	\$ 1,683.52	\$ 48.05		\$24.00	\$25.42	\$ 0.371	\$ 72.42
PERS Select								
Employee Only	\$ 637.85	\$ 708.04	\$ (70.18)	\$ 87.83	\$ -	\$25.42	\$ -	\$ (158.02)
Employee + One	\$ 1,275.70	\$ 1,275.70	\$ -		\$13.00	\$25.42	\$ 0.181	\$ 13.18
Employee + Family	\$ 1,658.41	\$ 1,658.41	\$ -		\$24.00	\$25.42	\$ 0.371	\$ 24.37
PERS Care								
Employee Only	\$ 694.26	\$ 647.51	\$ 46.75	\$ 87.83	\$ -	\$25.42	\$ -	\$ (41.08)
Employee + One	\$ 1,388.52	\$ 1,295.02	\$ 93.50		\$13.00	\$25.42	\$ 0.181	\$ 106.68
Employee + Family	\$ 1,805.08	\$ 1,683.52	\$ 121.56		\$24.00	\$25.42	\$ 0.371	\$ 145.93
United Healthcare								
Employee Only	\$ 643.34	\$ 643.34	\$ -	\$ 87.83	\$ -	\$25.42	\$ -	\$ (87.83)
Employee + One	\$ 1,286.68	\$ 1,286.68	\$ -		\$13.00	\$25.42	\$ 0.181	\$ 13.18
Employee + Family	\$ 1,672.68	\$ 1,672.68	\$ -		\$24.00	\$25.42	\$ 0.371	\$ 24.37

Sacramento Counties: El Dorado, Placer, Sacramento

Sacramento City Unified School District
CalPERS 2014 Health and Welfare Rates Effective 1/01/14
Twelve Month Rates
Teamsters

Bay Area Region

Plan	Premium	District Pays	Employee Pays	Single Health Refund	Dental Employee Pays	(VSP) District Pays	Life Employee Pays	Employee Total Cost
Anthem Select HMO								
Employee Only	\$ 657.33	\$ 647.51	\$ 9.82	\$ 87.83	\$ -	\$25.42	0.00	\$ (78.01)
Employee + One	\$ 1,314.66	\$ 1,295.02	\$ 19.64		\$13.00	\$25.42	0.18	\$ 32.82
Employee + Family	\$ 1,709.06	\$ 1,683.52	\$ 25.54		\$24.00	\$25.42	0.37	\$ 49.91
Anthem Traditional HMO								
Employee Only	\$ 728.41	\$ 647.51	\$ 80.90	\$ 87.83	\$ -	\$25.42	0.00	\$ (6.93)
Employee + One	\$ 1,456.82	\$ 1,295.02	\$ 161.80		\$13.00	\$25.42	0.18	\$ 174.98
Employee + Family	\$ 1,893.87	\$ 1,683.52	\$ 210.35		\$24.00	\$25.42	0.37	\$ 234.72
Blue Shield Access +								
Employee Only	\$ 836.59	\$ 647.28	\$ 189.31	\$ 87.83	\$ -	\$25.42	0.00	\$ 101.48
Employee + One	\$ 1,673.17	\$ 1,295.02	\$ 378.15		\$13.00	\$25.42	0.18	\$ 391.33
Employee + Family	\$ 2,175.13	\$ 1,683.52	\$ 491.61		\$24.00	\$25.42	0.37	\$ 515.98
Blue Shield Net Value								
Employee Only	\$ 704.01	\$ 647.51	\$ 56.50	\$ 87.83	\$ -	\$25.42	0.00	\$ (31.33)
Employee + One	\$ 1,408.02	\$ 1,295.02	\$ 113.00		\$13.00	\$25.42	0.18	\$ 126.18
Employee + Family	\$ 1,830.43	\$ 1,683.52	\$ 146.91		\$24.00	\$25.42	0.37	\$ 171.28
Kaiser								
Employee Only	\$ 742.72	\$ 647.51	\$ 95.21	\$ 87.83	\$ -	\$25.42	0.00	\$ 7.38
Employee + One	\$ 1,485.44	\$ 1,295.02	\$ 190.42		\$13.00	\$25.42	0.18	\$ 203.60
Employee + Family	\$ 1,931.07	\$ 1,683.52	\$ 247.55		\$24.00	\$25.42	0.37	\$ 271.92
PERS Choice								
Employee Only	\$ 690.77	\$ 647.51	\$ 43.26	\$ 87.83	\$ -	\$16.05	0.00	\$ (44.57)
Employee + One	\$ 1,381.54	\$ 1,295.02	\$ 86.52		\$13.00	\$16.05	0.18	\$ 99.70
Employee + Family	\$ 1,796.00	\$ 1,683.52	\$ 112.48		\$24.00	\$16.05	0.37	\$ 136.85
PERS Select								
Employee Only	\$ 661.52	\$ 647.51	\$ 14.01	\$ 87.83	\$ -	\$16.05	0.00	\$ (73.82)
Employee + One	\$ 1,323.04	\$ 1,295.02	\$ 28.02		\$13.00	\$16.05	0.18	\$ 41.20
Employee + Family	\$ 1,719.95	\$ 1,683.52	\$ 36.43		\$24.00	\$16.05	0.37	\$ 60.80
PERS Care								
Employee Only	\$ 720.04	\$ 647.51	\$ 72.53	\$ 87.83	\$ -	\$16.05	0.00	\$ (15.30)
Employee + One	\$ 1,440.08	\$ 1,295.02	\$ 145.06		\$13.00	\$16.05	0.18	\$ 158.24
Employee + Family	\$ 1,872.10	\$ 1,683.52	\$ 188.58		\$24.00	\$16.05	0.37	\$ 212.95
United Healthcare								
Employee Only	\$ 764.24	\$ 647.51	\$ 116.73	\$ 87.83	\$ -	\$16.05	0.00	\$ 28.90
Employee + One	\$ 1,528.48	\$ 1,295.02	\$ 233.46		\$13.00	\$16.05	0.18	\$ 246.64
Employee + Family	\$ 1,987.02	\$ 1,683.52	\$ 303.50		\$24.00	\$16.05	0.37	\$ 327.87

Bay Area Counties: Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yolo, and Yuba.

Sacramento City Unified School District
CalPERS 2014 Health and Welfare Rates Effective 1/01/14
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Teamsters

Other Northern CA Region

Plan	Premium	District Pays	Employee Pays	Single Health Refund	Dental Employee Pays	Vision (VSP) District	Life Employee Pays	Employee Total Cost
Anthem Select HMO								
Employee Only	\$ 706.20	\$ 647.51	\$ 58.69	\$ 87.83		\$25.42	\$0.00	\$ (29.14)
Employee + One	\$ 1,412.40	\$ 1,295.02	\$ 117.38		\$13.00	\$25.42	\$0.18	\$ 130.56
Employee + Family	\$ 1,836.12	\$ 1,683.52	\$ 152.60		\$24.00	\$25.42	\$0.37	\$ 176.97
Anthem Traditional HMO								
Employee Only	\$ 767.36	\$ 647.51	\$ 119.85	\$ 87.83		\$25.42	\$0.00	\$ 32.02
Employee + One	\$ 1,534.72	\$ 1,295.02	\$ 239.70		\$13.00	\$25.42	\$0.18	\$ 252.88
Employee + Family	\$ 1,995.14	\$ 1,683.52	\$ 311.62		\$24.00	\$25.42	\$0.37	\$ 335.99
Blue Shield Access +								
Employee Only	\$ 729.76	\$ 647.51	\$ 82.25	\$ 87.83	\$0.00	\$25.42	\$0.00	\$ (5.58)
Employee + One	\$ 1,459.52	\$ 1,295.02	\$ 164.50		\$13.00	\$25.42	\$0.18	\$ 177.68
Employee + Family	\$ 1,897.38	\$ 1,683.52	\$ 213.86		\$24.00	\$25.42	\$0.37	\$ 238.23
Blue Shield Net Value								
Employee Only	\$ 614.13	\$ 614.13	\$ -	\$ 87.83	\$0.00	\$25.42	\$0.00	\$ (87.83)
Employee + One	\$ 1,228.26	\$ 1,228.26	\$ -		\$13.00	\$25.42	\$0.18	\$ 13.18
Employee + Family	\$ 1,596.74	\$ 1,596.74	\$ -		\$24.00	\$25.42	\$0.37	\$ 24.37
Kaiser								
Employee Only	\$ 745.30	\$ 647.51	\$ 97.79	\$ 87.83	\$0.00	\$25.42	\$0.00	\$ 9.96
Employee + One	\$ 1,490.60	\$ 1,295.02	\$ 195.58		\$13.00	\$25.42	\$0.18	\$ 13.18
Employee + Family	\$ 1,937.78	\$ 1,683.52	\$ 254.26		\$24.00	\$25.42	\$0.37	\$ 304.05
PERS Choice								
Employee Only	\$ 641.08	\$ 641.08	\$ -	\$ 87.83	\$0.00	\$25.42	\$0.00	\$ (87.83)
Employee + One	\$ 1,282.16	\$ 1,282.16	\$ -		\$13.00	\$25.42	\$0.18	\$ 13.18
Employee + Family	\$ 1,666.81	\$ 1,666.81	\$ -		\$24.00	\$25.42	\$0.37	\$ 24.37
PERS Select								
Employee Only	\$ 613.99	\$ 613.99	\$ -	\$87.83	\$0.00	\$25.42	\$0.00	\$ (87.83)
Employee + One	\$ 1,227.98	\$ 1,227.98	\$ -		\$13.00	\$25.42	\$0.18	\$ 13.18
Employee + Family	\$ 1,596.37	\$ 1,596.37	\$ -		\$24.00	\$25.42	\$0.37	\$ 24.37
PERS Care								
Employee Only	\$ 668.27	\$ 647.51	\$ 20.76	\$ 87.83	\$0.00	\$25.42	\$0.00	\$ (67.07)
Employee + One	\$ 1,336.54	\$ 1,295.02	\$ 41.52		\$13.00	\$25.42	\$0.18	\$ 54.70
Employee + Family	\$ 1,737.50	\$ 1,683.52	\$ 53.98		\$24.00	\$25.42	\$0.37	\$ 78.35
United Healthcare								
Employee Only	\$ 659.06	\$ 647.51	\$ 11.55	\$ 87.83	\$0.00	\$25.42	\$0.00	\$ (76.28)
Employee + One	\$ 1,318.12	\$ 1,295.02	\$ 23.10		\$13.00	\$25.42	\$0.18	\$ 36.28
Employee + Family	\$ 1,713.56	\$ 1,683.52	\$ 30.04		\$24.00	\$25.42	\$0.37	\$ 54.41

Other Northern CA Counties: Alpine, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity, and Tuolumne

Sacramento City Unified School District
CalPERS 2014 Health and Welfare Rates Effective 1/01/14
Twelve Month Rates
CSA

Sacramento Region

Plan	Premium	District Pays	Employee Pays	Delta Dental Employee Pays	Vision (VSP) Employee Pays	Life Employee Pays	Total Employee Cost
Anthem Select HMO							
Employee Only	\$ 750.27	\$ 340.80	\$ 409.47	\$ 104.00	\$ 25.42	0.00	\$ 538.89
Employee + One	\$ 1,500.54	\$ 340.80	\$ 1,159.74	\$ 104.00	\$ 25.42	0.18	\$ 1,289.34
Employee + Family	\$ 1,950.70	\$ 340.80	\$ 1,609.90	\$ 104.00	\$ 25.42	0.37	\$ 1,739.69
Anthem Traditional HMO							
Employee Only	\$ 840.43	\$ 340.80	\$ 499.63	\$ 104.00	\$ 25.42	0.00	\$ 629.05
Employee + One	\$ 1,680.86	\$ 340.80	\$ 1,340.06	\$ 104.00	\$ 25.42	0.18	\$ 1,469.66
Employee + Family	\$ 2,185.12	\$ 340.80	\$ 1,844.32	\$ 104.00	\$ 25.42	0.37	\$ 1,974.11
Blue Shield Access +							
Employee Only	\$ 734.87	\$ 340.80	\$ 394.08	\$ 104.00	\$ 25.42	0.00	\$ 523.50
Employee + One	\$ 1,469.74	\$ 340.80	\$ 1,128.95	\$ 104.00	\$ 25.42	0.18	\$ 1,258.55
Employee + Family	\$ 1,910.66	\$ 340.80	\$ 1,569.87	\$ 104.00	\$ 25.42	0.37	\$ 1,699.66
Blue Shield Net Value							
Employee Only	\$ 618.39	\$ 340.80	\$ 277.59	\$ 104.00	\$ 25.42	0.00	\$ 407.01
Employee + One	\$ 1,236.78	\$ 340.80	\$ 895.98	\$ 104.00	\$ 25.42	0.18	\$ 1,025.58
Employee + Family	\$ 1,607.81	\$ 340.80	\$ 1,267.01	\$ 104.00	\$ 25.42	0.37	\$ 1,396.80
Kaiser							
Employee Only	\$ 681.59	\$ 340.80	\$ 340.79	\$ 104.00	\$ 16.05	0.00	\$ 460.84
Employee + One	\$ 1,363.18	\$ 340.80	\$ 1,022.38	\$ 104.00	\$ 16.05	0.18	\$ 1,142.61
Employee + Family	\$ 1,772.13	\$ 340.80	\$ 1,431.33	\$ 104.00	\$ 16.05	0.37	\$ 1,551.75
PERS Choice							
Employee Only	\$ 665.99	\$ 340.80	\$ 325.19	\$ 104.00	\$ 25.42	0.00	\$ 454.61
Employee + One	\$ 1,331.98	\$ 340.80	\$ 991.18	\$ 104.00	\$ 25.42	0.18	\$ 1,120.78
Employee + Family	\$ 1,731.57	\$ 340.80	\$ 1,390.77	\$ 104.00	\$ 25.42	0.37	\$ 1,520.56
PERS Select							
Employee Only	\$ 637.85	\$ 340.80	\$ 297.05	\$ 104.00	\$ 25.42	0.00	\$ 426.47
Employee + One	\$ 1,275.70	\$ 340.80	\$ 934.90	\$ 104.00	\$ 25.42	0.18	\$ 1,064.50
Employee + Family	\$ 1,658.41	\$ 340.80	\$ 1,317.61	\$ 104.00	\$ 25.42	0.37	\$ 1,447.40
PERS Care							
Employee Only	\$ 694.26	\$ 340.80	\$ 353.46	\$ 104.00	\$ 25.42	0.00	\$ 482.88
Employee + One	\$ 1,388.52	\$ 340.80	\$ 1,047.72	\$ 104.00	\$ 25.42	0.18	\$ 1,177.32
Employee + Family	\$ 1,805.08	\$ 340.80	\$ 1,464.28	\$ 104.00	\$ 25.42	0.37	\$ 1,594.07
United Healthcare							
Employee Only	\$ 643.34	\$ 340.80	\$ 302.54	\$ 104.00	\$ 25.42	0.00	\$ 431.96
Employee + One	\$ 1,286.68	\$ 340.80	\$ 945.88	\$ 104.00	\$ 25.42	0.18	\$ 1,075.48
Employee + Family	\$ 1,672.68	\$ 340.80	\$ 1,331.88	\$ 104.00	\$ 25.42	0.37	\$ 1,461.67

Sacramento Counties: El Dorado Placer Sacramento

Sacramento City Unified School District
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Bay Area Region

Plan	Premium	District Pays	Employee Pays	Dental Employee Pays	(VSP) Employee Pays	Life Employee Pay	Total Employee Cost
Anthem Select HMO							
Employee Only	\$ 657.33	\$ 340.80	\$ 316.53	\$ 104.00	\$ 25.42	0.00	\$ 445.95
Employee + One	\$ 1,314.66	\$ 340.80	\$ 973.86	\$ 104.00	\$ 25.42	0.18	\$ 1,103.46
Employee + Family	\$ 1,709.06	\$ 340.80	\$ 1,368.26	\$ 104.00	\$ 25.42	0.37	\$ 1,498.05
Anthem Traditional HMO							
Employee Only	\$ 728.41	\$ 340.80	\$ 387.61	\$ 104.00	\$ 25.42	0.00	\$ 517.03
Employee + One	\$ 1,456.82	\$ 340.80	\$ 1,116.02	\$ 104.00	\$ 25.42	0.18	\$ 1,245.62
Employee + Family	\$ 1,893.87	\$ 340.80	\$ 1,553.07	\$ 104.00	\$ 25.42	0.37	\$ 1,682.86
Blue Shield Access +							
Employee Only	\$ 836.59	\$ 340.80	\$ 495.79	\$ 104.00	\$ 25.42	0.00	\$ 625.21
Employee + One	\$ 1,673.18	\$ 340.80	\$ 1,332.38	\$ 104.00	\$ 25.42	0.18	\$ 1,461.98
Employee + Family	\$ 2,175.13	\$ 340.80	\$ 1,834.33	\$ 104.00	\$ 25.42	0.37	\$ 1,964.12
Blue Shield Net Value							
Employee Only	\$ 704.01	\$ 340.80	\$ 363.21	\$ 104.00	\$ 25.42	0.00	\$ 492.63
Employee + One	\$ 1,408.02	\$ 340.80	\$ 1,067.22	\$ 104.00	\$ 25.42	0.18	\$ 1,196.82
Employee + Family	\$ 1,830.43	\$ 340.80	\$ 1,489.63	\$ 104.00	\$ 25.42	0.37	\$ 1,619.42
Kaiser							
Employee Only	\$ 742.72	\$ 340.80	\$ 401.92	\$ 104.00	\$ 25.42	0.00	\$ 531.34
Employee + One	\$ 1,485.44	\$ 340.80	\$ 1,144.64	\$ 104.00	\$ 25.42	0.18	\$ 1,274.24
Employee + Family	\$ 1,931.07	\$ 340.80	\$ 1,590.27	\$ 104.00	\$ 25.42	0.37	\$ 1,720.06
PERS Choice							
Employee Only	\$ 690.77	\$ 340.80	\$ 349.97	\$ 104.00	\$ 25.42	0.00	\$ 479.39
Employee + One	\$ 1,381.54	\$ 340.80	\$ 1,040.74	\$ 104.00	\$ 25.42	0.18	\$ 1,170.34
Employee + Family	\$ 1,796.00	\$ 340.80	\$ 1,455.20	\$ 104.00	\$ 25.42	0.37	\$ 1,584.99
PERS Select							
Employee Only	\$ 661.52	\$ 340.80	\$ 320.72	\$ 104.00	\$ 25.42	0.00	\$ 450.14
Employee + One	\$ 1,323.04	\$ 340.80	\$ 982.24	\$ 104.00	\$ 25.42	0.18	\$ 1,111.84
Employee + Family	\$ 1,719.95	\$ 340.80	\$ 1,379.15	\$ 104.00	\$ 25.42	0.37	\$ 1,508.94
PERS Care							
Employee Only	\$ 720.04	\$ 340.80	\$ 379.24	\$ 104.00	\$ 25.42	0.00	\$ 508.66
Employee + One	\$ 1,440.08	\$ 340.80	\$ 1,099.28	\$ 104.00	\$ 25.42	0.18	\$ 1,228.88
Employee + Family	\$ 1,872.10	\$ 340.80	\$ 1,531.30	\$ 104.00	\$ 25.42	0.37	\$ 1,661.09
United Healthcare							
Employee Only	\$ 764.24	\$ 340.80	\$ 423.44	\$ 104.00	\$ 25.42	0.00	\$ 552.86
Employee + One	\$ 1,528.48	\$ 340.80	\$ 1,187.68	\$ 104.00	\$ 25.42	0.18	\$ 1,317.28
Employee + Family	\$ 1,987.02	\$ 340.80	\$ 1,646.22	\$ 104.00	\$ 25.42	0.37	\$ 1,776.01

Bay Area Counties: Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yolo, and Yuba

Sacramento City Unified School District
CalPERS 2014 Health and Welfare Rates Effective 1/01/14
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Other Northern
California Counties

Plan	Premium	District Pays	Employee Pays	Delta Dental Employee Pays	Vision (VSP) Employee Pays	Life Employee Pays	Total Employee Cost
Anthem Select							
Employee Only	\$ 706.20	\$ 340.80	\$ 365.40	\$ 104.00	\$ 25.42	0.00	\$ 494.82
Employee + One	\$ 1,412.40	\$ 340.80	\$ 1,071.60	\$ 104.00	\$ 25.42	0.18	\$ 1,201.20
Employee + Family	\$ 1,836.12	\$ 340.80	\$ 1,495.32	\$ 104.00	\$ 25.42	0.37	\$ 1,625.11
Anthem Traditional							
Employee Only	\$ 767.36	\$ 340.80	\$ 426.56	\$ 104.00	\$ 25.42	0.00	\$ 555.98
Employee + One	\$ 1,534.72	\$ 340.80	\$ 1,193.92	\$ 104.00	\$ 25.42	0.18	\$ 1,323.52
Employee + Family	\$ 1,995.14	\$ 340.80	\$ 1,654.34	\$ 104.00	\$ 25.42	0.37	\$ 1,784.13
Blue Shield Access +							
Employee Only	\$ 729.76	\$ 340.80	\$ 388.96	\$ 104.00	\$ 25.42	0.00	\$ 518.38
Employee + One	\$ 1,459.52	\$ 340.80	\$ 1,118.72	\$ 104.00	\$ 25.42	0.18	\$ 1,248.32
Employee + Family	\$ 1,897.38	\$ 340.80	\$ 1,556.58	\$ 104.00	\$ 25.42	0.37	\$ 1,686.37
Blue Shield Net Value							
Employee Only	\$ 614.13	\$ 340.80	\$ 273.33	\$ 104.00	\$ 25.42	0.00	\$ 402.75
Employee + One	\$ 1,228.26	\$ 340.80	\$ 887.46	\$ 104.00	\$ 25.42	0.18	\$ 1,017.06
Employee + Family	\$ 1,596.74	\$ 340.80	\$ 1,255.94	\$ 104.00	\$ 25.42	0.37	\$ 1,385.73
Kaiser							
Employee Only	\$ 745.30	\$ 340.80	\$ 404.50	\$ 104.00	\$ 25.42	0.00	\$ 533.92
Employee + One	\$ 1,490.60	\$ 340.80	\$ 1,149.80	\$ 104.00	\$ 25.42	0.18	\$ 1,279.40
Employee + Family	\$ 1,937.78	\$ 340.80	\$ 1,596.98	\$ 104.00	\$ 25.42	0.37	\$ 1,726.77
PERS Choice							
Employee Only	\$ 641.08	\$ 340.80	\$ 300.28	\$ 104.00	\$ 25.42	0.00	\$ 429.70
Employee + One	\$ 1,282.16	\$ 340.80	\$ 941.36	\$ 104.00	\$ 25.42	0.18	\$ 1,070.96
Employee + Family	\$ 1,666.81	\$ 340.80	\$ 1,326.01	\$ 104.00	\$ 25.42	0.37	\$ 1,455.80
PERS Select							
Employee Only	\$ 613.99	\$ 340.80	\$ 273.19	\$ 104.00	\$ 25.42	0.00	\$ 402.61
Employee + One	\$ 1,227.98	\$ 340.80	\$ 887.18	\$ 104.00	\$ 25.42	0.18	\$ 1,016.78
Employee + Family	\$ 1,596.37	\$ 340.80	\$ 1,255.57	\$ 104.00	\$ 25.42	0.37	\$ 1,385.36
PERS Care							
Employee Only	\$ 668.27	\$ 340.80	\$ 327.47	\$ 104.00	\$ 25.42	0.00	\$ 456.89
Employee + One	\$ 1,336.54	\$ 340.80	\$ 995.74	\$ 104.00	\$ 25.42	0.18	\$ 1,125.34
Employee + Family	\$ 1,737.50	\$ 340.80	\$ 1,396.70	\$ 104.00	\$ 25.42	0.37	\$ 1,526.49
United Healthcare							
Employee Only	\$ 659.06	\$ 340.80	\$ 318.26	\$ 104.00	\$ 25.42	0.00	\$ 447.68
Employee + One	\$ 1,318.12	\$ 340.80	\$ 977.33	\$ 104.00	\$ 25.42	0.18	\$ 1,106.93
Employee + Family	\$ 1,713.56	\$ 340.80	\$ 1,372.77	\$ 104.00	\$ 25.42	0.37	\$ 1,502.56

Other Northern CA Counties: Alpine, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity, and Tuolumne

Sacramento City Unified School District
 CALPERS 2014 Health and Welfare Rates Rates Effective 01/01/14
 Twelve Month Rates
 Management

Sacramento Region

Plan	Premium	Dental Employee Pay	Vision (VSP) Employee Pay	Life Employee Pay	Employee Total Cost
Anthem Select HMO					
Employee Only	\$ 750.27	\$ 104.00	\$ 25.42	\$0.00	\$ 879.69
Employee + One	\$ 1,500.54	\$ 104.00	\$ 25.42	\$0.20	\$ 1,630.16
Employee + Family	\$ 1,950.70	\$ 104.00	\$ 25.42	\$0.39	\$ 2,080.51
Anthem Traditional HMO					
Employee Only	\$ 840.43	\$ 104.00	\$ 25.42	\$0.00	\$ 969.85
Employee + One	\$ 1,680.86	\$ 104.00	\$ 25.42	\$0.20	\$ 1,810.48
Employee + Family	\$ 2,185.12	\$ 104.00	\$ 25.42	\$0.39	\$ 2,314.93
Blue Shield Access +					
Employee Only	\$ 734.87	\$ 104.00	\$ 25.42	\$0.00	\$ 864.29
Employee + One	\$ 1,469.74	\$ 104.00	\$ 25.42	\$0.20	\$ 1,599.36
Employee + Family	\$ 1,910.66	\$ 104.00	\$ 25.42	\$0.39	\$ 2,040.47
Blue Shield Net Value					
Employee Only	\$ 618.39	\$ 104.00	\$ 25.42	\$0.00	\$ 747.81
Employee + One	\$ 1,236.78	\$ 104.00	\$ 25.42	\$0.20	\$ 1,366.40
Employee + Family	\$ 1,607.81	\$ 104.00	\$ 25.42	\$0.39	\$ 1,737.62
Kaiser					
Employee Only	\$ 681.59	\$ 104.00	\$ 25.42	\$0.00	\$ 811.01
Employee + One	\$ 1,363.18	\$ 104.00	\$ 25.42	\$0.20	\$ 1,492.80
Employee + Family	\$ 1,772.13	\$ 104.00	\$ 25.42	\$0.39	\$ 1,901.94
PERS Choice					
Employee Only	\$ 665.99	\$ 104.00	\$ 25.42	\$0.00	\$ 795.41
Employee + One	\$ 1,331.98	\$ 104.00	\$ 25.42	\$0.20	\$ 1,461.60
Employee + Family	\$ 1,731.57	\$ 104.00	\$ 25.42	\$0.39	\$ 1,861.38
PERS Select					
Employee Only	\$ 637.85	\$ 104.00	\$ 25.42	\$0.00	\$ 767.27
Employee + One	\$ 1,275.70	\$ 104.00	\$ 25.42	\$0.20	\$ 1,405.32
Employee + Family	\$ 1,658.41	\$ 104.00	\$ 25.42	\$0.39	\$ 1,788.22
PERS Care					
Employee Only	\$ 694.26	\$ 104.00	\$ 25.42	\$0.00	\$ 823.68
Employee + One	\$ 1,388.52	\$ 104.00	\$ 25.42	\$0.20	\$ 1,518.14
Employee + Family	\$ 1,805.08	\$ 104.00	\$ 25.42	\$0.39	\$ 1,934.89
United Healthcare					
Employee Only	\$ 643.34	\$ 104.00	\$ 25.42	\$0.00	\$ 772.76
Employee + One	\$ 1,286.68	\$ 104.00	\$ 25.42	\$0.20	\$ 1,416.30
Employee + Family	\$ 1,672.68	\$ 104.00	\$ 25.42	\$0.39	\$ 1,802.49
Sacramento Counties:	El Dorado	Placer	Sacramento		

Sacramento City Unified School District
CALPERS 2014 Health and Welfare Rates Rates Effective 01/01/14
Twelve Month Rates
Management

Bay Area Region

Plan	Premium	Dental Employee Pay	Vision (VSP) Employee Pay	Life Employee Pay	Employee Total Cost
Anthem Select HMO					
Employee Only	\$ 657.33	\$ 104.00	\$ 25.42	0.00	\$ 786.75
Employee + One	\$ 1,314.66	\$ 104.00	\$ 25.42	0.20	\$ 1,444.28
Employee + Family	\$ 1,709.06	\$ 104.00	\$ 25.42	0.39	\$ 1,838.87
Anthem Traditional HMO					
Employee Only	\$ 728.41	\$ 104.00	\$ 25.42	0.00	\$ 857.83
Employee + One	\$ 1,456.82	\$ 104.00	\$ 25.42	0.20	\$ 1,586.44
Employee + Family	\$ 1,893.87	\$ 104.00	\$ 25.42	0.39	\$ 2,023.68
Blue Shield Access +					
Employee Only	\$ 836.59	\$ 104.00	\$ 25.42	0.00	\$ 966.01
Employee + One	\$ 1,673.17	\$ 104.00	\$ 25.42	0.20	\$ 1,802.79
Employee + Family	\$ 2,175.13	\$ 104.00	\$ 25.42	0.39	\$ 2,304.94
Blue Shield Net Value					
Employee Only	\$ 704.01	\$ 104.00	\$ 25.42	0.00	\$ 833.43
Employee + One	\$ 1,408.02	\$ 104.00	\$ 25.42	0.20	\$ 1,537.64
Employee + Family	\$ 1,830.43	\$ 104.00	\$ 25.42	0.39	\$ 1,960.24
Kaiser					
Employee Only	\$ 742.72	\$ 104.00	\$ 25.42	0.00	\$ 872.14
Employee + One	\$ 1,485.44	\$ 104.00	\$ 25.42	0.20	\$ 1,615.06
Employee + Family	\$ 1,931.07	\$ 104.00	\$ 25.42	0.39	\$ 2,060.88
PERS Choice					
Employee Only	\$ 690.77	\$ 104.00	\$ 25.42	0.00	\$ 820.19
Employee + One	\$ 1,381.54	\$ 104.00	\$ 25.42	0.20	\$ 1,511.16
Employee + Family	\$ 1,796.00	\$ 104.00	\$ 25.42	0.39	\$ 1,925.81
PERS Select					
Employee Only	\$ 661.52	\$ 104.00	\$ 25.42	0.00	\$ 790.94
Employee + One	\$ 1,323.04	\$ 104.00	\$ 25.42	0.20	\$ 1,452.66
Employee + Family	\$ 1,719.95	\$ 104.00	\$ 25.42	0.39	\$ 1,849.76
PERS Care					
Employee Only	\$ 720.04	\$ 104.00	\$ 25.42	0.00	\$ 849.46
Employee + One	\$ 1,440.08	\$ 104.00	\$ 25.42	0.20	\$ 1,569.70
Employee + Family	\$ 1,872.10	\$ 104.00	\$ 25.42	0.39	\$ 2,001.91
United Healthcare					
Employee Only	\$ 764.24	\$ 104.00	\$ 25.42	0.00	\$ 893.66
Employee + One	\$ 1,528.48	\$ 104.00	\$ 25.42	0.20	\$ 1,658.10
Employee + Family	\$ 1,987.02	\$ 104.00	\$ 25.42	0.39	\$ 2,116.83
Bay Area Counties: Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yolo, and Yuba					

Sacramento City Unified School District
CALPERS 2014 Health and Welfare Rates Rates Effective 01/01/14
Twelve Month Rates
Management

Other Northern CA Region

Plan	Premium	Dental Employee Pays	Vision (VSP) Employee Pays	Life Employee Pays	Employee Total Cost
Anthem Select HMO					
Employee Only	\$ 706.20	\$ 104.00	\$ 25.42	0.00	\$ 835.62
Employee + One	\$ 1,412.40	\$ 104.00	\$ 25.42	0.20	\$ 1,542.02
Employee + Family	\$ 1,836.12	\$ 104.00	\$ 25.42	0.39	\$ 1,965.93
Anthem Traditional HMO					
Employee Only	\$ 767.36	\$ 104.00	\$ 25.42	0.00	\$ 896.78
Employee + One	\$ 1,534.72	\$ 104.00	\$ 25.42	0.20	\$ 1,664.34
Employee + Family	\$ 1,995.14	\$ 104.00	\$ 25.42	0.39	\$ 2,124.95
Blue Shield Access +					
Employee Only	\$ 729.76	\$ 104.00	\$ 25.42	0.00	\$ 859.18
Employee + One	\$ 1,459.52	\$ 104.00	\$ 25.42	0.20	\$ 1,589.14
Employee + Family	\$ 1,897.38	\$ 104.00	\$ 25.42	0.39	\$ 2,027.19
Blue Shield Net Value					
Employee Only	\$ 614.13	\$ 104.00	\$ 25.42	0.00	\$ 743.55
Employee + One	\$ 1,228.26	\$ 104.00	\$ 25.42	0.20	\$ 1,357.88
Employee + Family	\$ 1,596.74	\$ 104.00	\$ 25.42	0.39	\$ 1,726.55
Kaiser					
Employee Only	\$ 745.30	\$ 104.00	\$ 25.42	0.00	\$ 874.72
Employee + One	\$ 1,490.60	\$ 104.00	\$ 25.42	0.20	\$ 1,620.22
Employee + Family	\$ 1,937.78	\$ 104.00	\$ 25.42	0.39	\$ 2,067.59
PERS Choice					
Employee Only	\$ 641.08	\$ 104.00	\$ 25.42	0.00	\$ 770.50
Employee + One	\$ 1,282.16	\$ 104.00	\$ 25.42	0.20	\$ 1,411.78
Employee + Family	\$ 1,666.81	\$ 104.00	\$ 25.42	0.39	\$ 1,796.62
PERS Select					
Employee Only	\$ 613.99	\$ 104.00	\$ 25.42	0.00	\$ 743.41
Employee + One	\$ 1,227.98	\$ 104.00	\$ 25.42	0.20	\$ 1,357.60
Employee + Family	\$ 1,596.37	\$ 104.00	\$ 25.42	0.39	\$ 1,726.18
PERS Care					
Employee Only	\$ 668.27	\$ 104.00	\$ 25.42	0.00	\$ 797.69
Employee + One	\$ 1,336.54	\$ 104.00	\$ 25.42	0.20	\$ 1,466.16
Employee + Family	\$ 1,737.50	\$ 104.00	\$ 25.42	0.39	\$ 1,867.31
United Healthcare					
Employee Only	\$ 659.06	\$ 104.00	\$ 25.42	0.00	\$ 788.48
Employee + One	\$ 1,318.12	\$ 104.00	\$ 25.42	0.20	\$ 1,447.74
Employee + Family	\$ 1,713.56	\$ 104.00	\$ 25.42	0.39	\$ 1,843.37
Other Northern CA Counties: Alpine, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity, and Tuolumne					

Sacramento City Unified School District
CalPERS 2014 Health and Welfare Rates Effective 1/01/14
Twelve Month Rates
UPE

Sacramento Region

Plan	Premium	District Pays	Employee Pays	Dental District Pays	Vision (VSP) District Pays	Life Employee Pays	Total Employee Cost
Anthem Select HMO							
Employee Only	\$ 750.27	\$ 511.19	\$ 239.08	\$104.00	\$25.42	0.00	\$ 239.08
Employee + One	\$ 1,500.54	\$ 511.19	\$ 989.35	\$104.00	\$25.42	0.18	\$ 989.53
Employee + Family	\$ 1,950.70	\$ 511.19	\$ 1,439.51	\$104.00	\$25.42	0.37	\$ 1,439.88
Anthem Traditional HMO							
Employee Only	\$ 840.43	\$ 511.19	\$ 329.24	\$104.00	\$25.42	0.00	\$ 329.24
Employee + One	\$ 1,680.86	\$ 511.19	\$ 1,169.67	\$104.00	\$25.42	0.18	\$ 1,169.85
Employee + Family	\$ 2,185.12	\$ 511.19	\$ 1,673.93	\$104.00	\$25.42	0.37	\$ 1,674.30
Blue Shield Access +							
Employee Only	\$ 734.87	\$ 511.19	\$ 223.68	\$104.00	\$25.42	0.00	\$ 223.68
Employee + One	\$ 1,469.74	\$ 511.19	\$ 958.55	\$104.00	\$25.42	0.18	\$ 958.73
Employee + Family	\$ 1,910.66	\$ 511.19	\$ 1,399.47	\$104.00	\$25.42	0.37	\$ 1,399.84
Blue Shield Net Value							
Employee Only	\$ 618.39	\$ 511.19	\$ 107.20	\$104.00	\$25.42	0.00	\$ 107.20
Employee + One	\$ 1,236.78	\$ 511.19	\$ 725.59	\$104.00	\$25.42	0.18	\$ 725.77
Employee + Family	\$ 1,607.81	\$ 511.19	\$ 1,096.62	\$104.00	\$25.42	0.37	\$ 1,096.99
Kaiser							
Employee Only	\$ 681.59	\$ 511.19	\$ 170.40	\$104.00	\$25.42	0.00	\$ 170.40
Employee + One	\$ 1,363.18	\$ 511.19	\$ 851.99	\$104.00	\$25.42	0.18	\$ 852.17
Employee + Family	\$ 1,772.13	\$ 511.19	\$ 1,260.94	\$104.00	\$25.42	0.37	\$ 1,261.31
PERS Choice							
Employee Only	\$ 665.99	\$ 511.19	\$ 154.80	\$104.00	\$25.42	0.00	\$ 154.80
Employee + One	\$ 1,331.98	\$ 511.19	\$ 820.79	\$104.00	\$25.42	0.18	\$ 820.97
Employee + Family	\$ 1,731.57	\$ 511.19	\$ 1,220.38	\$104.00	\$25.42	0.37	\$ 1,220.75
PERS Select							
Employee Only	\$ 637.85	\$ 511.19	\$ 126.66	\$104.00	\$25.42	0.00	\$ 126.66
Employee + One	\$ 1,275.70	\$ 511.19	\$ 764.51	\$104.00	\$25.42	0.18	\$ 764.69
Employee + Family	\$ 1,658.41	\$ 511.19	\$ 1,147.22	\$104.00	\$25.42	0.37	\$ 1,147.59
PERS Care							
Employee Only	\$ 694.26	\$ 511.19	\$ 183.07	\$104.00	\$25.42	0.00	\$ 183.07
Employee + One	\$ 1,388.52	\$ 511.19	\$ 877.33	\$104.00	\$25.42	0.18	\$ 877.51
Employee + Family	\$ 1,805.08	\$ 511.19	\$ 1,293.89	\$104.00	\$25.42	0.37	\$ 1,294.26
United Healthcare							
Employee Only	\$ 643.34	\$ 511.19	\$ 132.15	\$104.00	\$25.42	0.00	\$ 132.15
Employee + One	\$ 1,286.68	\$ 511.19	\$ 775.49	\$104.00	\$25.42	0.18	\$ 775.67
Employee + Family	\$ 1,672.68	\$ 511.19	\$ 1,161.49	\$104.00	\$25.42	0.37	\$ 1,161.86

Sacramento Counties: El Dorado, Placer, Sacramento

Sacramento City Unified School District
CalPERS 2014 Health and Welfare Rates Effective 1/01/14
Twelve Month Rates
UPE

Bay Area Region

Plan	Premium	District Pays	Employee Pays	Dental District Pays	Vision District Pays	Life Employee Pays	Total Employee Cost
Anthem Select HMO							
Employee Only	\$ 657.33	\$ 511.19	\$ 146.14	\$104.00	\$25.42	0.00	\$ 146.14
Employee + One	\$ 1,314.66	\$ 511.19	\$ 803.47	\$104.00	\$25.42	0.18	\$ 803.65
Employee + Family	\$ 1,709.06	\$ 511.19	\$ 1,197.87	\$104.00	\$25.42	0.37	\$ 1,198.24
Anthem Traditional HMO							
Employee Only	\$ 728.41	\$ 511.19	\$ 217.22	\$104.00	\$25.42	0.00	\$ 217.22
Employee + One	\$ 1,456.82	\$ 511.19	\$ 945.63	\$104.00	\$25.42	0.18	\$ 945.81
Employee + Family	\$ 1,893.87	\$ 511.19	\$ 1,382.68	\$104.00	\$25.42	0.37	\$ 1,383.05
Blue Shield Access +							
Employee Only	\$ 836.59	\$ 511.19	\$ 325.40	\$104.00	\$25.42	0.00	\$ 325.40
Employee + One	\$ 1,673.18	\$ 511.19	\$ 1,161.99	\$104.00	\$25.42	0.18	\$ 1,162.17
Employee + Family	\$ 2,175.13	\$ 511.19	\$ 1,663.94	\$104.00	\$25.42	0.37	\$ 1,664.31
Blue Shield Net Value							
Employee Only	\$ 704.01	\$ 511.19	\$ 192.82	\$104.00	\$25.42	0.00	\$ 192.82
Employee + One	\$ 1,408.02	\$ 511.19	\$ 896.83	\$104.00	\$25.42	0.18	\$ 897.01
Employee + Family	\$ 1,830.43	\$ 511.19	\$ 1,319.24	\$104.00	\$25.42	0.37	\$ 1,319.61
Kaiser							
Employee Only	\$ 742.72	\$ 511.19	\$ 231.53	\$104.00	\$25.42	0.00	\$ 231.53
Employee + One	\$ 1,485.44	\$ 511.19	\$ 974.25	\$104.00	\$25.42	0.18	\$ 974.43
Employee + Family	\$ 1,931.07	\$ 511.19	\$ 1,419.88	\$104.00	\$25.42	0.37	\$ 1,420.25
PERS Choice							
Employee Only	\$ 690.77	\$ 511.19	\$ 179.58	\$104.00	\$25.42	0.00	\$ 179.58
Employee + One	\$ 1,381.54	\$ 511.19	\$ 870.35	\$104.00	\$25.42	0.18	\$ 870.53
Employee + Family	\$ 1,796.00	\$ 511.19	\$ 1,284.81	\$104.00	\$25.42	0.37	\$ 1,285.18
PERS Select							
Employee Only	\$ 661.52	\$ 511.19	\$ 150.33	\$104.00	\$25.42	0.00	\$ 150.33
Employee + One	\$ 1,323.04	\$ 511.19	\$ 811.85	\$104.00	\$25.42	0.18	\$ 812.03
Employee + Family	\$ 1,719.95	\$ 511.19	\$ 1,208.76	\$104.00	\$25.42	0.37	\$ 1,209.13
PERS Care							
Employee Only	\$ 720.04	\$ 511.19	\$ 208.85	\$104.00	\$25.42	0.00	\$ 208.85
Employee + One	\$ 1,440.08	\$ 511.19	\$ 928.89	\$104.00	\$25.42	0.18	\$ 929.07
Employee + Family	\$ 1,872.10	\$ 511.19	\$ 1,360.91	\$104.00	\$25.42	0.37	\$ 1,361.28
United Healthcare							
Employee Only	\$ 764.24	\$ 511.19	\$ 253.05	\$104.00	\$25.42	0.00	\$ 253.05
Employee + One	\$ 1,528.48	\$ 511.19	\$ 1,017.29	\$104.00	\$25.42	0.18	\$ 1,017.47
Employee + Family	\$ 1,987.02	\$ 511.19	\$ 1,475.83	\$104.00	\$25.42	0.37	\$ 1,476.20

Bay Area Counties: Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yolo, and Yuba.

**Sacramento City Unified School District
CalPERS 2014 Health and Welfare Rates Effective 1/01/14**

Other Northern
California Co

**Twelve Month Rates
UPE**

Plan	Premium	District Pays	Employee Pays	Dental District pays	Vision District Pays	Life Employee pays	Total Employee Cost
Anthem Select							
Employee Only	\$ 706.20	\$ 511.19	\$ 195.01	\$104.00	\$25.42	0.00	\$ 195.01
Employee + One	\$ 1,412.40	\$ 511.19	\$ 901.21	\$104.00	\$25.42	0.18	\$ 901.39
Employee + Family	\$ 1,836.12	\$ 511.19	\$ 1,324.93	\$104.00	\$25.42	0.37	\$ 1,325.30
Anthem Traditional							
Employee Only	\$ 767.36	\$ 511.19	\$ 256.17	\$104.00	\$25.42	0.00	\$ 256.17
Employee + One	\$ 1,534.72	\$ 511.19	\$ 1,023.53	\$104.00	\$25.42	0.18	\$ 1,023.71
Employee + Family	\$ 1,995.14	\$ 511.19	\$ 1,483.95	\$104.00	\$25.42	0.37	\$ 1,484.32
Blue Shield Access							
Employee Only	\$ 729.76	\$ 511.19	\$ 218.57	\$104.00	\$25.42	0.00	\$ 218.57
Employee + One	\$ 1,459.52	\$ 511.19	\$ 948.33	\$104.00	\$25.42	0.18	\$ 948.51
Employee + Family	\$ 1,897.38	\$ 511.19	\$ 1,386.19	\$104.00	\$25.42	0.37	\$ 1,386.56
Blue Shield Net Value							
Employee Only	\$ 614.13	\$ 511.19	\$ 102.94	\$104.00	\$25.42	0.00	\$ 102.94
Employee + One	\$ 1,228.26	\$ 511.19	\$ 717.07	\$104.00	\$25.42	0.18	\$ 717.25
Employee + Family	\$ 1,596.74	\$ 511.19	\$ 1,085.55	\$104.00	\$25.42	0.37	\$ 1,085.92
Kaiser							
Employee Only	\$ 745.30	\$ 511.19	\$ 234.11	\$104.00	\$25.42	\$0.00	\$ 234.11
Employee + One	\$ 1,490.60	\$ 511.19	\$ 979.41	\$104.00	\$25.42	\$0.18	\$ 979.59
Employee + Family	\$ 1,937.78	\$ 511.19	\$ 1,426.59	\$104.00	\$25.42	\$0.37	\$ 1,426.96
PERS Choice							
Employee Only	\$ 641.08	\$ 511.19	\$ 129.89	\$104.00	\$25.42	\$0.00	\$ 129.89
Employee + One	\$ 1,282.16	\$ 511.19	\$ 770.97	\$104.00	\$25.42	\$0.18	\$ 771.15
Employee + Family	\$ 1,666.81	\$ 558.98	\$ 1,107.84	\$104.00	\$25.42	\$0.37	\$ 1,108.21
PERS Select							
Employee Only	\$ 613.99	\$ 511.19	\$ 102.80	\$104.00	\$25.42	\$0.00	\$ 102.80
Employee + One	\$ 1,227.98	\$ 511.19	\$ 716.79	\$104.00	\$25.42	\$0.18	\$ 716.97
Employee + Family	\$ 1,596.37	\$ 511.19	\$ 1,085.18	\$104.00	\$25.42	\$0.37	\$ 1,085.55
PERS Care							
Employee Only	\$ 668.27	\$ 511.19	\$ 157.08	\$104.00	\$25.42	\$0.00	\$ 157.08
Employee + One	\$ 1,336.54	\$ 511.19	\$ 825.35	\$104.00	\$25.42	\$0.18	\$ 825.53
Employee + Family	\$ 1,737.50	\$ 511.19	\$ 1,226.31	\$104.00	\$25.42	\$0.37	\$ 1,226.68
United Healthcare							
Employee Only	\$ 659.06	\$ 511.19	\$ 147.87	\$104.00	\$25.42	\$0.00	\$ 147.87
Employee + One	\$ 1,318.12	\$ 511.19	\$ 806.93	\$104.00	\$25.42	\$0.18	\$ 807.11
Employee + Family	\$ 1,713.56	\$ 511.19	\$ 1,202.37	\$104.00	\$25.42	\$0.37	\$ 1,202.74

Other Northern CA Counties: Alpine, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity, and Tuolumne.

**CALPERS HEALTH PREMIUMS
ALL ELIGIBLE RETIREES
JANUARY 1, 2014 - DECEMBER 31, 2014
SUPPLEMENT TO ORIGINAL MEDICARE PLANS**

100 % Sacramento Area

BLUE SHIELD								
Retiree Age	Depend Age	PLAN NUM	Full Premium	Max Dist Cont	Dist Cost Mandated	Total from Pension	Reimbursement *	* Retiree Pays
<65			\$ 734.87	\$ 681.59	\$ 119.00	\$ 615.87	\$ 562.59	\$ 53.28
<65	1 <65		\$ 1,469.74	\$ 681.59	\$ 119.00	\$ 1,350.74	\$ 562.59	\$ 788.15
<65	2 <65		\$ 1,910.66	\$ 681.59	\$ 119.00	\$ 1,791.66	\$ 562.59	\$ 1,229.07
>65			\$ 298.21	\$ 294.97	\$ 119.00	\$ 179.21	\$ 175.97	\$ 3.24
>65	1 >65		\$ 596.42	\$ 294.97	\$ 119.00	\$ 477.42	\$ 175.97	\$ 301.45
>65	2 >65		\$ 894.63	\$ 294.97	\$ 119.00	\$ 775.63	\$ 175.97	\$ 599.66
>65	1 <65		\$ 1,033.08	\$ 294.97	\$ 119.00	\$ 914.08	\$ 175.97	\$ 738.11
>65	2 <65		\$ 1,474.00	\$ 294.97	\$ 119.00	\$ 1,355.00	\$ 175.97	\$ 1,179.03
>65 (2)	1 <65		\$ 1,037.34	\$ 294.97	\$ 119.00	\$ 918.34	\$ 175.97	\$ 742.37
<65	1 >65		\$ 1,033.08	\$ 681.59	\$ 119.00	\$ 914.08	\$ 562.59	\$ 351.49
<65	2 >65		\$ 1,331.29	\$ 681.59	\$ 119.00	\$ 1,212.29	\$ 562.59	\$ 649.70
<65 (2)	1 >65		\$ 1,474.00	\$ 681.59	\$ 119.00	\$ 1,355.00	\$ 562.59	\$ 792.41
BLUE SHIELD - NET VALUE								
Retiree Age	Depend Age	PLAN NUM	Full Premium	Max Dist Cont	Dist Cost Mandated	Total from Pension	Reimbursement *	* Retiree Pays
<65			\$ 618.39	\$ 618.39	\$ 119.00	\$ 499.39	\$ 499.39	\$ -
<65	1 <65		\$ 1,236.78	\$ 618.39	\$ 119.00	\$ 1,117.78	\$ 499.39	\$ 618.39
<65	2 <65		\$ 1,607.81	\$ 618.39	\$ 119.00	\$ 1,488.81	\$ 499.39	\$ 989.42
>65			\$ 298.21	\$ 294.97	\$ 119.00	\$ 179.21	\$ 175.97	\$ 3.24
>65	1 >65		\$ 596.42	\$ 294.97	\$ 119.00	\$ 477.42	\$ 175.97	\$ 301.45
>65	2 >65		\$ 894.63	\$ 294.97	\$ 119.00	\$ 775.63	\$ 175.97	\$ 599.66
>65	1 <65		\$ 916.60	\$ 294.97	\$ 119.00	\$ 797.60	\$ 175.97	\$ 621.63
>65	2 <65		\$ 1,287.63	\$ 294.97	\$ 119.00	\$ 1,168.63	\$ 175.97	\$ 992.66
>65 (2)	1 <65		\$ 967.45	\$ 294.97	\$ 119.00	\$ 848.45	\$ 175.97	\$ 672.48
<65	1 >65		\$ 916.60	\$ 618.39	\$ 119.00	\$ 797.60	\$ 499.39	\$ 298.21
<65	2 >65		\$ 1,214.81	\$ 618.39	\$ 119.00	\$ 1,095.81	\$ 499.39	\$ 596.42
<65 (2)	1 >65		\$ 1,287.63	\$ 618.39	\$ 119.00	\$ 1,168.63	\$ 499.39	\$ 669.24
KAISER								
Retiree Age	Depend Age	PLAN NUM	Full Premium	Max Dist Cont	Dist Cost Mandated	Total from Pension	Reimbursement *	* Retiree Pays
<65			\$ 681.59	\$ 681.59	\$ 119.00	\$ 562.59	\$ 562.59	\$ -
<65	1 <65		\$ 1,363.18	\$ 681.59	\$ 119.00	\$ 1,244.18	\$ 562.59	\$ 681.59
<65	2 <65		\$ 1,772.13	\$ 681.59	\$ 119.00	\$ 1,653.13	\$ 562.59	\$ 1,090.54
>65			\$ 294.97	\$ 294.97	\$ 119.00	\$ 175.97	\$ 175.97	\$ -
>65	1 >65		\$ 589.94	\$ 294.97	\$ 119.00	\$ 470.94	\$ 175.97	\$ 294.97
>65	2 >65		\$ 884.91	\$ 294.97	\$ 119.00	\$ 765.91	\$ 175.97	\$ 589.94
>65	1 <65		\$ 976.56	\$ 294.97	\$ 119.00	\$ 857.56	\$ 175.97	\$ 681.59
>65	2 <65		\$ 1,385.51	\$ 294.97	\$ 119.00	\$ 1,266.51	\$ 175.97	\$ 1,090.54
>65 (2)	1 <65		\$ 998.89	\$ 294.97	\$ 119.00	\$ 879.89	\$ 175.97	\$ 703.92
<65	1 >65		\$ 976.56	\$ 681.59	\$ 119.00	\$ 857.56	\$ 562.59	\$ 294.97
<65	2 >65		\$ 1,271.53	\$ 681.59	\$ 119.00	\$ 1,152.53	\$ 562.59	\$ 589.94
<65 (2)	1 >65		\$ 1,385.51	\$ 681.59	\$ 119.00	\$ 1,266.51	\$ 562.59	\$ 703.92

Covered Areas for Sacramento Area -**Blue Shield Net Value (HMO) - Complete or Partial Coverage
El Dorado Placer ** Sacramento

Note: Dental and Life must match medical enrollment:

Delta Dental		Vision		Life	
1 Party	\$61.00	SEIU Retired	\$16.05	1 Party	\$1.66
2 Party	\$124.00	Teamsters Retired	\$25.42	2 Party	\$2.14
Family	\$183.00	All Retired MGMT	\$25.42	Family	\$2.36
UPE, CSA, Unrep (Conf., Supv., Mgmt.)					

* Some members are not eligible for a Reimbursement. Reimbursement varies by Bargaining Unit.

**CALPERS HEALTH PREMIUMS
ALL ELIGIBLE RETIREES
JANUARY 1, 2014 - DECEMBER 31, 2014
SUPPLEMENT TO ORIGINAL MEDICARE PLANS**

100 % Sacramento Area

PERS CARE								
Retiree Age	Depend Age	PLAN NUM	Full Premium	Max Dist Cont	Dist Cost Mandated	Total from Pension	Reimbursement *	* Retiree Pays
<65			\$ 694.26	\$ 681.59	\$ 119.00	\$ 575.26	\$ 562.59	\$ 12.67
<65	1 <65		\$ 1,388.52	\$ 681.59	\$ 119.00	\$ 1,269.52	\$ 562.59	\$ 706.93
<65	2 <65		\$ 1,805.08	\$ 681.59	\$ 119.00	\$ 1,686.08	\$ 562.59	\$ 1,123.49
>65			\$ 327.56	\$ 294.97	\$ 119.00	\$ 208.56	\$ 175.97	\$ 32.59
>65	1 >65		\$ 654.72	\$ 294.97	\$ 119.00	\$ 535.72	\$ 175.97	\$ 359.75
>65	2 >65		\$ 982.08	\$ 294.97	\$ 119.00	\$ 863.08	\$ 175.97	\$ 687.11
>65	1 <65		\$ 1,021.62	\$ 294.97	\$ 119.00	\$ 902.62	\$ 175.97	\$ 726.65
>65	2 <65		\$ 1,438.18	\$ 294.97	\$ 119.00	\$ 1,319.18	\$ 175.97	\$ 1,143.21
>65 (2)	1 <65		\$ 1,071.28	\$ 294.97	\$ 119.00	\$ 952.28	\$ 175.97	\$ 776.31
<65	1 >65		\$ 1,021.62	\$ 681.59	\$ 119.00	\$ 902.62	\$ 562.59	\$ 340.03
<65	2 >65		\$ 1,348.98	\$ 681.59	\$ 119.00	\$ 1,229.98	\$ 562.59	\$ 667.39
<65 (2)	1 >65		\$ 1,438.18	\$ 681.59	\$ 119.00	\$ 1,319.18	\$ 562.59	\$ 756.59
PERS CHOICE								
Retiree Age	Depend Age	PLAN NUM	Full Premium	Max Dist Cont	Dist Cost Mandated	Total from Pension	Reimbursement *	* Retiree Pays
<65			\$ 665.99	\$ 665.99	\$ 119.00	\$ 546.99	\$ 546.99	\$ -
<65	1 <65		\$ 1,331.98	\$ 665.99	\$ 119.00	\$ 1,212.98	\$ 546.99	\$ 665.99
<65	2 <65		\$ 1,731.57	\$ 665.99	\$ 119.00	\$ 1,612.57	\$ 546.99	\$ 1,065.58
>65			\$ 307.23	\$ 294.97	\$ 119.00	\$ 188.23	\$ 175.97	\$ 12.26
>65	1 >65		\$ 614.46	\$ 294.97	\$ 119.00	\$ 495.46	\$ 175.97	\$ 319.49
>65	2 >65		\$ 921.69	\$ 294.97	\$ 119.00	\$ 802.69	\$ 175.97	\$ 626.72
>65	1 <65		\$ 973.22	\$ 294.97	\$ 119.00	\$ 854.22	\$ 175.97	\$ 678.25
>65	2 <65		\$ 1,372.81	\$ 294.97	\$ 119.00	\$ 1,253.81	\$ 175.97	\$ 1,077.84
>65 (2)	1 <65		\$ 1,014.05	\$ 294.97	\$ 119.00	\$ 895.05	\$ 175.97	\$ 719.08
<65	1 >65		\$ 973.22	\$ 665.99	\$ 119.00	\$ 854.22	\$ 546.99	\$ 307.23
<65	2 >65		\$ 1,280.45	\$ 665.99	\$ 119.00	\$ 1,161.45	\$ 546.99	\$ 614.46
<65 (2)	1 >65		\$ 1,372.81	\$ 665.99	\$ 119.00	\$ 1,253.81	\$ 546.99	\$ 706.82
PERS SELECT								
Retiree Age	Depend Age	PLAN NUM	Full Premium	Max Dist Cont	Dist Cost Mandated	Total from Pension	Reimbursement *	* Retiree Pays
<65			\$ 637.85	\$ 637.85	\$ 119.00	\$ 518.85	\$ 518.85	\$ -
<65	1 <65		\$ 1,275.70	\$ 637.85	\$ 119.00	\$ 1,156.70	\$ 518.85	\$ 637.85
<65	2 <65		\$ 1,658.41	\$ 637.85	\$ 119.00	\$ 1,539.41	\$ 518.85	\$ 1,020.56
>65			\$ 307.23	\$ 294.97	\$ 119.00	\$ 188.23	\$ 175.97	\$ 12.26
>65	1 >65		\$ 614.46	\$ 294.97	\$ 119.00	\$ 495.46	\$ 175.97	\$ 319.49
>65	2 >65		\$ 921.69	\$ 294.97	\$ 119.00	\$ 802.69	\$ 175.97	\$ 626.72
>65	1 <65		\$ 945.08	\$ 294.97	\$ 119.00	\$ 826.08	\$ 175.97	\$ 650.11
>65	2 <65		\$ 1,327.79	\$ 294.97	\$ 119.00	\$ 1,208.79	\$ 175.97	\$ 1,032.82
>65 (2)	1 <65		\$ 997.17	\$ 294.97	\$ 119.00	\$ 878.17	\$ 175.97	\$ 702.20
<65	1 >65		\$ 945.08	\$ 637.85	\$ 119.00	\$ 826.08	\$ 518.85	\$ 307.23
<65	2 >65		\$ 1,252.31	\$ 637.85	\$ 119.00	\$ 1,133.31	\$ 518.85	\$ 614.46
<65 (2)	1 >65		\$ 1,327.79	\$ 637.85	\$ 119.00	\$ 1,208.79	\$ 518.85	\$ 689.94

Covered Areas for Sacramento Area Regions- * Not in PERS Select

Placer* El Dorado Sacramento

Note: Dental and Life must match medical enrollment:

Delta Dental		Vision		Life	
1 Party	\$61.00	SEIU Retired	\$16.05	1 Party	\$1.66
2 Party	\$124.00	Teamsters Retired	\$25.42	2 Party	\$2.14
Family	\$183.00	All Retired MGMT	\$25.42	Family	\$2.36
		UPE, CSA, Unrep (Conf., Supv., Mgmt.)			

* Some members are not eligible for a Reimbursement. Reimbursement varies by Bargaining Unit.

**CALPERS HEALTH PREMIUMS
ALL ELIGIBLE RETIREES
JANUARY 1, 2014 - DECEMBER 31, 2014
SUPPLEMENT TO ORIGINAL MEDICARE PLANS**

100 % Sacramento Area

NEW

ANTHEM SELECT HMO								
Retiree Age	Depend Age	PLAN NUM	Full Premium	Max Dist Cont	Dist Cost Mandated	Total from Pension	Reimbursement*	* Retiree Pays
<65			\$ 750.27	\$ 681.59	\$ 119.00	\$ 631.27	\$ 562.59	\$ 68.68
<65	1 <65		\$ 1,500.54	\$ 681.59	\$ 119.00	\$ 1,381.54	\$ 562.59	\$ 818.95
<65	2 <65		\$ 1,950.70	\$ 681.59	\$ 119.00	\$ 1,831.70	\$ 562.59	\$ 1,269.11
>65			\$ 341.12	\$ 294.97	\$ 119.00	\$ 222.12	\$ 175.97	\$ 46.15
>65	1 >65		\$ 682.24	\$ 294.97	\$ 119.00	\$ 563.24	\$ 175.97	\$ 387.27
>65	2 >65		\$ 1,023.36	\$ 294.97	\$ 119.00	\$ 904.36	\$ 175.97	\$ 728.39
>65	1 <65		\$ 1,091.39	\$ 294.97	\$ 119.00	\$ 972.39	\$ 175.97	\$ 796.42
>65	2 <65		\$ 1,541.55	\$ 294.97	\$ 119.00	\$ 1,422.55	\$ 175.97	\$ 1,246.58
>65 (2)	1 <65		\$ 1,132.40	\$ 294.97	\$ 119.00	\$ 1,013.40	\$ 175.97	\$ 837.43
<65	1 >65		\$ 1,091.39	\$ 681.59	\$ 119.00	\$ 972.39	\$ 562.59	\$ 409.80
<65	2 >65		\$ 1,432.51	\$ 681.59	\$ 119.00	\$ 1,313.51	\$ 562.59	\$ 750.92
<65 (2)	1 >65		\$ 1,541.55	\$ 681.59	\$ 119.00	\$ 1,422.55	\$ 562.59	\$ 859.96
ANTHEM TRADITIONAL HMO								
Retiree Age	Depend Age	PLAN NUM	Full Premium	Max Dist Cont	Dist Cost Mandated	Total from Pension	Reimbursement*	* Retiree Pays
<65			\$ 840.43	\$ 681.59	\$ 119.00	\$ 721.43	\$ 562.59	\$ 158.84
<65	1 <65		\$ 1,680.86	\$ 681.59	\$ 119.00	\$ 1,561.86	\$ 562.59	\$ 999.27
<65	2 <65		\$ 2,185.12	\$ 681.59	\$ 119.00	\$ 2,066.12	\$ 562.59	\$ 1,503.53
>65			\$ 341.12	\$ 294.97	\$ 119.00	\$ 222.12	\$ 175.97	\$ 46.15
>65	1 >65		\$ 682.24	\$ 294.97	\$ 119.00	\$ 563.24	\$ 175.97	\$ 387.27
>65	2 >65		\$ 1,023.36	\$ 294.97	\$ 119.00	\$ 904.36	\$ 175.97	\$ 728.39
>65	1 <65		\$ 1,181.55	\$ 294.97	\$ 119.00	\$ 1,062.55	\$ 175.97	\$ 886.58
>65	2 <65		\$ 1,685.81	\$ 294.97	\$ 119.00	\$ 1,566.81	\$ 175.97	\$ 1,390.84
>65 (2)	1 <65		\$ 1,186.50	\$ 294.97	\$ 119.00	\$ 1,067.50	\$ 175.97	\$ 891.53
<65	1 >65		\$ 1,181.55	\$ 681.59	\$ 119.00	\$ 1,062.55	\$ 562.59	\$ 499.96
<65	2 >65		\$ 1,522.67	\$ 681.59	\$ 119.00	\$ 1,403.67	\$ 562.59	\$ 841.08
<65 (2)	1 >65		\$ 1,685.81	\$ 681.59	\$ 119.00	\$ 1,566.81	\$ 562.59	\$ 1,004.22
UNITED HEALTHCARE								
Retiree Age	Depend Age	PLAN NUM	Full Premium	Max Dist Cont	Dist Cost Mandated	Total from Pension	Reimbursement*	* Retiree Pays
<65			\$ 643.34	\$ 643.34	\$ 119.00	\$ 524.34	\$ 524.34	\$ -
<65	1 <65		\$ 1,286.68	\$ 643.34	\$ 119.00	\$ 1,167.68	\$ 524.34	\$ 643.34
<65	2 <65		\$ 1,672.68	\$ 643.34	\$ 119.00	\$ 1,553.68	\$ 524.34	\$ 1,029.34
>65			\$ 193.33	\$ 193.33	\$ 119.00	\$ 74.33	\$ 74.33	\$ -
>65	1 >65		\$ 386.66	\$ 193.33	\$ 119.00	\$ 267.66	\$ 74.33	\$ 193.33
>65	2 >65		\$ 579.99	\$ 193.33	\$ 119.00	\$ 460.99	\$ 74.33	\$ 386.66
>65	1 <65		\$ 836.67	\$ 193.33	\$ 119.00	\$ 717.67	\$ 74.33	\$ 643.34
>65	2 <65		\$ 1,222.67	\$ 193.33	\$ 119.00	\$ 1,103.67	\$ 74.33	\$ 1,029.34
>65 (2)	1 <65		\$ 772.66	\$ 193.33	\$ 119.00	\$ 653.66	\$ 74.33	\$ 579.33
<65	1 >65		\$ 836.67	\$ 643.34	\$ 119.00	\$ 717.67	\$ 524.34	\$ 193.33
<65	2 >65		\$ 1,030.00	\$ 643.34	\$ 119.00	\$ 911.00	\$ 524.34	\$ 386.66
<65 (2)	1 >65		\$ 1,222.67	\$ 643.34	\$ 119.00	\$ 1,103.67	\$ 524.34	\$ 579.33

Covered Areas for Sacramento Area --**Blue Shield Net Value (HMO) - Complete or Partial Coverage
El Dorado Placer ** Sacramento

Note: Dental and Life must match medical enrollment:

Delta Dental		Vision		Life	
1 Party	\$61.00	SEIU Retired	\$16.05	1 Party	\$1.66
2 Party	\$124.00	Teamsters Retired	\$25.42	2 Party	\$2.14
Family	\$183.00	All Retired MGMT	\$25.42	Family	\$2.36
UPE, CSA, Unrep (Conf., Supv., Mgmt.)					

* Some members are not eligible for a Reimbursement. Reimbursement varies by Bargaining Unit.

**CALPERS HEALTH PREMIUMS
ALL ELIGIBLE RETIREES
JANUARY 1, 2014 - DECEMBER 31, 2014
SUPPLEMENT TO ORIGINAL MEDICARE PLANS**

50 % Sacramento Area

BLUE SHIELD								
Retiree Age	Depend Age	PLAN NUM	Full Premium	Max Dist Cont	Dist Cost Mandated	Total from Pension	Reimbursement *	* Retiree Pays
<65			\$ 734.87	\$ 340.80	\$ 119.00	\$ 615.87	\$ 221.80	\$ 394.07
<65	1 <65		\$ 1,469.74	\$ 340.80	\$ 119.00	\$ 1,350.74	\$ 221.80	\$ 1,128.94
<65	2 <65		\$ 1,910.66	\$ 340.80	\$ 119.00	\$ 1,791.66	\$ 221.80	\$ 1,569.86
>65			\$ 298.21	\$ 147.49	\$ 119.00	\$ 179.21	\$ 28.49	\$ 150.72
>65	1 >65		\$ 596.42	\$ 147.49	\$ 119.00	\$ 477.42	\$ 28.49	\$ 448.93
>65	2 >65		\$ 894.63	\$ 147.49	\$ 119.00	\$ 775.63	\$ 28.49	\$ 747.14
>65	1 <65		\$ 1,033.08	\$ 147.49	\$ 119.00	\$ 914.08	\$ 28.49	\$ 885.59
>65	2 <65		\$ 1,474.00	\$ 147.49	\$ 119.00	\$ 1,355.00	\$ 28.49	\$ 1,326.51
>65 (2)	1 <65		\$ 1,034.34	\$ 147.49	\$ 119.00	\$ 915.34	\$ 28.49	\$ 886.85
<65	1 >65		\$ 1,033.08	\$ 340.80	\$ 119.00	\$ 914.08	\$ 221.80	\$ 692.28
<65	2 >65		\$ 1,331.29	\$ 340.80	\$ 119.00	\$ 1,212.29	\$ 221.80	\$ 990.49
<65 (2)	1 >65		\$ 1,474.00	\$ 340.80	\$ 119.00	\$ 1,355.00	\$ 221.80	\$ 1,133.20
BLUE SHIELD - NET VALUE								
Retiree Age	Depend Age	PLAN NUM	Full Premium	Max Dist Cont	Dist Cost Mandated	Total from Pension	Reimbursement *	* Retiree Pays
<65			\$ 618.39	\$ 309.20	\$ 119.00	\$ 499.39	\$ 190.20	\$ 309.19
<65	1 <65		\$ 1,236.78	\$ 309.20	\$ 119.00	\$ 1,117.78	\$ 190.20	\$ 927.58
<65	2 <65		\$ 1,607.81	\$ 309.20	\$ 119.00	\$ 1,488.81	\$ 190.20	\$ 1,298.61
>65			\$ 298.21	\$ 147.49	\$ 119.00	\$ 179.21	\$ 28.49	\$ 150.72
>65	1 >65		\$ 596.42	\$ 147.49	\$ 119.00	\$ 477.42	\$ 28.49	\$ 448.93
>65	2 >65		\$ 894.63	\$ 147.49	\$ 119.00	\$ 775.63	\$ 28.49	\$ 747.14
>65	1 <65		\$ 916.60	\$ 147.49	\$ 119.00	\$ 797.60	\$ 28.49	\$ 769.11
>65	2 <65		\$ 1,287.63	\$ 147.49	\$ 119.00	\$ 1,168.63	\$ 28.49	\$ 1,140.14
>65 (2)	1 <65		\$ 967.45	\$ 147.49	\$ 119.00	\$ 848.45	\$ 28.49	\$ 819.96
<65	1 >65		\$ 916.60	\$ 309.20	\$ 119.00	\$ 797.60	\$ 190.20	\$ 607.40
<65	2 >65		\$ 1,214.81	\$ 309.20	\$ 119.00	\$ 1,095.81	\$ 190.20	\$ 905.61
<65 (2)	1 >65		\$ 1,287.63	\$ 309.20	\$ 119.00	\$ 1,168.63	\$ 190.20	\$ 978.43
KAISER								
Retiree Age	Depend Age	PLAN NUM	Full Premium	Max Dist Cont	Dist Cost Mandated	Total from Pension	Reimbursement *	* Retiree Pays
<65			\$ 681.59	\$ 340.80	\$ 119.00	\$ 562.59	\$ 221.80	\$ 340.79
<65	1 <65		\$ 1,363.18	\$ 340.80	\$ 119.00	\$ 1,244.18	\$ 221.80	\$ 1,022.38
<65	2 <65		\$ 1,772.13	\$ 340.80	\$ 119.00	\$ 1,653.13	\$ 221.80	\$ 1,431.33
>65			\$ 294.97	\$ 147.49	\$ 119.00	\$ 175.97	\$ 28.49	\$ 147.48
>65	1 >65		\$ 589.94	\$ 147.49	\$ 119.00	\$ 470.94	\$ 28.49	\$ 442.45
>65	2 >65		\$ 884.91	\$ 147.49	\$ 119.00	\$ 765.91	\$ 28.49	\$ 737.42
>65	1 <65		\$ 976.56	\$ 147.49	\$ 119.00	\$ 857.56	\$ 28.49	\$ 829.07
>65	2 <65		\$ 1,385.51	\$ 147.49	\$ 119.00	\$ 1,266.51	\$ 28.49	\$ 1,238.02
>65 (2)	1 <65		\$ 998.89	\$ 147.49	\$ 119.00	\$ 879.89	\$ 28.49	\$ 851.40
<65	1 >65		\$ 976.56	\$ 340.80	\$ 119.00	\$ 857.56	\$ 221.80	\$ 635.76
<65	2 >65		\$ 1,271.53	\$ 340.80	\$ 119.00	\$ 1,152.53	\$ 221.80	\$ 930.73
<65 (2)	1 >65		\$ 1,385.51	\$ 340.80	\$ 119.00	\$ 1,266.51	\$ 221.80	\$ 1,044.71

Covered Areas for Sacramento Area -**Blue Shield Net Value (HMO) - Complete or Partial Coverage
El Dorado Placer** Sacramento

Note: Dental and Life must match medical enrollment:

Delta Dental		Vision		Life	
1 Party	\$61.00	SEIU Retired	\$16.05	1 Party	\$1.66
2 Party	\$124.00	Teamsters Retired	\$25.42	2 Party	\$2.14
Family	\$183.00	All Retired MGMT	\$25.42	Family	\$2.36
		UPE, CSA, Unrep (Conf., Supv., Mgmt.)			

* Some members are not eligible for a Reimbursement. Reimbursement varies by Bargaining Unit.

**CALPERS HEALTH PREMIUMS
ALL ELIGIBLE RETIREES
JANUARY 1, 2014 - DECEMBER 31, 2014
SUPPLEMENT TO ORIGINAL MEDICARE PLANS**

50 % Sacramento Area

PERS CARE								
Retiree Age	Depend Age	PLAN NUM	Full Premium	Max Dist Cont	Dist Cost Mandated	Total from Pension	Reimbursement *	* Retiree Pays
<65			\$ 694.26	\$ 340.80	\$ 119.00	\$ 575.26	\$ 221.80	\$ 353.46
<65	1 <65		\$ 1,388.52	\$ 340.80	\$ 119.00	\$ 1,269.52	\$ 221.80	\$ 1,047.72
<65	2 <65		\$ 1,805.08	\$ 340.80	\$ 119.00	\$ 1,686.08	\$ 221.80	\$ 1,464.28
>65			\$ 327.36	\$ 147.49	\$ 119.00	\$ 208.36	\$ 28.49	\$ 179.87
>65	1 >65		\$ 654.72	\$ 147.49	\$ 119.00	\$ 535.72	\$ 28.49	\$ 507.23
>65	2 >65		\$ 982.08	\$ 147.49	\$ 119.00	\$ 863.08	\$ 28.49	\$ 834.59
>65	1 <65		\$ 1,021.62	\$ 147.49	\$ 119.00	\$ 902.62	\$ 28.49	\$ 874.13
>65	2 <65		\$ 1,438.18	\$ 147.49	\$ 119.00	\$ 1,319.18	\$ 28.49	\$ 1,290.69
>65 (2)	1 <65		\$ 1,071.28	\$ 147.49	\$ 119.00	\$ 952.28	\$ 28.49	\$ 923.79
<65	1 >65		\$ 1,021.62	\$ 340.80	\$ 119.00	\$ 902.62	\$ 221.80	\$ 680.82
<65	2 >65		\$ 1,348.98	\$ 340.80	\$ 119.00	\$ 1,229.98	\$ 221.80	\$ 1,008.18
<65 (2)	1 >65		\$ 1,438.18	\$ 340.80	\$ 119.00	\$ 1,319.18	\$ 221.80	\$ 1,097.38
PERS CHOICE								
Retiree Age	Depend Age	PLAN NUM	Full Premium	Max Dist Cont	Dist Cost Mandated	Total from Pension	Reimbursement *	* Retiree Pays
<65			\$ 665.99	\$ 333.00	\$ 119.00	\$ 546.99	\$ 214.00	\$ 332.99
<65	1 <65		\$ 1,331.98	\$ 333.00	\$ 119.00	\$ 1,212.98	\$ 214.00	\$ 998.98
<65	2 <65		\$ 1,731.57	\$ 333.00	\$ 119.00	\$ 1,612.57	\$ 214.00	\$ 1,398.57
>65			\$ 307.23	\$ 147.49	\$ 119.00	\$ 188.23	\$ 28.49	\$ 159.74
>65	1 >65		\$ 614.46	\$ 147.49	\$ 119.00	\$ 495.46	\$ 28.49	\$ 466.97
>65	2 >65		\$ 921.69	\$ 147.49	\$ 119.00	\$ 802.69	\$ 28.49	\$ 774.20
>65	1 <65		\$ 973.22	\$ 147.49	\$ 119.00	\$ 854.22	\$ 28.49	\$ 825.73
>65	2 <65		\$ 1,372.81	\$ 147.49	\$ 119.00	\$ 1,253.81	\$ 28.49	\$ 1,225.32
>65 (2)	1 <65		\$ 1,014.05	\$ 147.29	\$ 119.00	\$ 895.05	\$ 28.29	\$ 866.76
<65	1 >65		\$ 973.22	\$ 333.00	\$ 119.00	\$ 854.22	\$ 214.00	\$ 640.22
<65	2 >65		\$ 1,280.45	\$ 333.00	\$ 119.00	\$ 1,161.45	\$ 214.00	\$ 947.45
<65 (2)	1 >65		\$ 1,372.81	\$ 333.00	\$ 119.00	\$ 1,235.81	\$ 214.00	\$ 1,021.81
PERS SELECT								
Retiree Age	Depend Age	PLAN NUM	Full Premium	Max Dist Cont	Dist Cost Mandated	Total from Pension	Reimbursement *	* Retiree Pays
<65			\$ 637.85	\$ 318.93	\$ 119.00	\$ 518.85	\$ 199.93	\$ 318.92
<65	1 <65		\$ 1,275.70	\$ 318.93	\$ 119.00	\$ 1,156.70	\$ 199.93	\$ 956.77
<65	2 <65		\$ 1,658.41	\$ 318.93	\$ 119.00	\$ 1,539.41	\$ 199.93	\$ 1,339.48
>65			\$ 307.23	\$ 147.49	\$ 119.00	\$ 188.23	\$ 28.49	\$ 159.74
>65	1 >65		\$ 614.46	\$ 147.49	\$ 119.00	\$ 495.46	\$ 28.49	\$ 466.97
>65	2 >65		\$ 921.69	\$ 147.49	\$ 119.00	\$ 802.69	\$ 28.49	\$ 774.20
>65	1 <65		\$ 945.08	\$ 147.49	\$ 119.00	\$ 826.08	\$ 28.49	\$ 797.59
>65	2 <65		\$ 1,327.79	\$ 147.49	\$ 119.00	\$ 1,208.79	\$ 28.49	\$ 1,180.30
>65 (2)	1 <65		\$ 997.17	\$ 147.49	\$ 119.00	\$ 878.17	\$ 28.49	\$ 849.68
<65	1 >65		\$ 945.08	\$ 318.93	\$ 119.00	\$ 826.08	\$ 199.93	\$ 626.15
<65	2 >65		\$ 1,252.31	\$ 318.93	\$ 119.00	\$ 1,133.31	\$ 199.93	\$ 933.38
<65 (2)	1 >65		\$ 1,327.79	\$ 318.93	\$ 119.00	\$ 1,208.79	\$ 199.93	\$ 1,008.86

Covered Areas for Sacramento Area Regions- * Not in PERS Select

Placer* El Dorado Sacramento

Note: Dental and Life must match medical enrollment:

Delta Dental		Vision		Life	
1 Party	\$61.00	SEIU Retired	\$16.05	1 Party	\$1.66
2 Party	\$124.00	Teamsters Retired	\$25.42	2 Party	\$2.14
Family	\$183.00	All Retired MGMT	\$25.42	Family	\$2.36
		UPE, CSA, Unrep (Conf., Supv., Mgmt.)			

**CALPERS HEALTH PREMIUMS
ALL ELIGIBLE RETIREES
JANUARY 1, 2014 - DECEMBER 31, 2014
SUPPLEMENT TO ORIGINAL MEDICARE PLANS**

50 % Sacramento Area

NEW

ANTHEM SELECT HMO & MEDICARE PREFERRED								
Retiree Age	Depend Age	PLAN NUM	Full Premium	Max Dist Cont	Dist Cost Mandated	Total from Pension	Reimbursement *	* Retiree Pays
<65			\$ 750.27	\$ 340.80	\$ 119.00	\$ 631.27	\$ 221.80	\$ 409.48
<65	1 <65		\$ 1,500.54	\$ 340.80	\$ 119.00	\$ 1,381.54	\$ 221.80	\$ 1,159.75
<65	2 <65		\$ 1,950.70	\$ 340.80	\$ 119.00	\$ 1,831.70	\$ 221.80	\$ 1,609.91
>65			\$ 341.12	\$ 147.49	\$ 119.00	\$ 222.12	\$ 28.49	\$ 193.64
>65	1 >65		\$ 682.24	\$ 147.49	\$ 119.00	\$ 563.24	\$ 28.49	\$ 534.76
>65	2 >65		\$ 1,023.36	\$ 147.49	\$ 119.00	\$ 904.36	\$ 28.49	\$ 875.88
>65	1 <65		\$ 1,091.39	\$ 147.49	\$ 119.00	\$ 972.39	\$ 28.49	\$ 943.91
>65	2 <65		\$ 1,541.55	\$ 147.49	\$ 119.00	\$ 1,422.55	\$ 28.49	\$ 1,394.07
>65 (2)	1 <65		\$ 1,132.40	\$ 147.49	\$ 119.00	\$ 1,013.40	\$ 28.49	\$ 984.92
<65	1 >65		\$ 1,091.39	\$ 340.80	\$ 119.00	\$ 972.39	\$ 221.80	\$ 750.60
<65	2 >65		\$ 1,432.51	\$ 340.80	\$ 119.00	\$ 1,313.51	\$ 221.80	\$ 1,091.72
<65 (2)	1 >65		\$ 1,541.55	\$ 340.80	\$ 119.00	\$ 1,422.55	\$ 221.80	\$ 1,200.76
ANTHEM TRADITIONAL HMO & MEDICARE PREFERRED								
Retiree Age	Depend Age	PLAN NUM	Full Premium	Max Dist Cont	Dist Cost Mandated	Total from Pension	Reimbursement *	* Retiree Pays
<65			\$ 840.43	\$ 340.80	\$ 119.00	\$ 721.43	\$ 221.80	\$ 499.64
<65	1 <65		\$ 1,680.86	\$ 340.80	\$ 119.00	\$ 1,561.86	\$ 221.80	\$ 1,340.07
<65	2 <65		\$ 2,185.12	\$ 340.80	\$ 119.00	\$ 2,066.12	\$ 221.80	\$ 1,844.33
>65			\$ 341.12	\$ 147.49	\$ 119.00	\$ 222.12	\$ 28.49	\$ 193.64
>65	1 >65		\$ 682.24	\$ 147.49	\$ 119.00	\$ 563.24	\$ 28.49	\$ 534.76
>65	2 >65		\$ 1,023.36	\$ 147.49	\$ 119.00	\$ 904.36	\$ 28.49	\$ 875.88
>65	1 <65		\$ 1,181.55	\$ 147.49	\$ 119.00	\$ 1,062.55	\$ 28.49	\$ 1,034.07
>65	2 <65		\$ 1,685.81	\$ 147.49	\$ 119.00	\$ 1,566.81	\$ 28.49	\$ 1,538.33
>65 (2)	1 <65		\$ 1,186.50	\$ 147.49	\$ 119.00	\$ 1,067.50	\$ 28.49	\$ 1,039.02
<65	1 >65		\$ 1,181.55	\$ 340.80	\$ 119.00	\$ 1,062.55	\$ 221.80	\$ 840.76
<65	2 >65		\$ 1,522.67	\$ 347.49	\$ 119.00	\$ 1,403.67	\$ 228.49	\$ 1,175.19
<65 (2)	1 >65		\$ 1,685.81	\$ 347.49	\$ 119.00	\$ 1,566.81	\$ 228.49	\$ 1,338.33
UNITED HEALTHCARE								
Retiree Age	Depend Age	PLAN NUM	Full Premium	Max Dist Cont	Dist Cost Mandated	Total from Pension	Reimbursement *	* Retiree Pays
<65			\$ 643.34	\$ 321.67	\$ 119.00	\$ 524.34	\$ 202.67	\$ 321.67
<65	1 <65		\$ 1,286.68	\$ 321.67	\$ 119.00	\$ 1,167.68	\$ 202.67	\$ 965.01
<65	2 <65		\$ 1,672.68	\$ 321.67	\$ 119.00	\$ 1,553.68	\$ 202.67	\$ 1,351.01
>65			\$ 193.33	\$ 193.33	\$ 119.00	\$ 74.33	\$ 74.33	\$ -
>65	1 >65		\$ 386.66	\$ 193.33	\$ 119.00	\$ 267.66	\$ 74.33	\$ 193.33
>65	2 >65		\$ 579.99	\$ 193.33	\$ 119.00	\$ 460.99	\$ 74.33	\$ 386.66
>65	1 <65		\$ 836.67	\$ 193.33	\$ 119.00	\$ 717.67	\$ 74.33	\$ 643.34
>65	2 <65		\$ 1,222.67	\$ 193.33	\$ 119.00	\$ 1,103.67	\$ 74.33	\$ 1,029.34
>65 (2)	1 <65		\$ 772.66	\$ 193.33	\$ 119.00	\$ 653.66	\$ 74.33	\$ 579.33
<65	1 >65		\$ 836.67	\$ 321.67	\$ 119.00	\$ 717.67	\$ 202.67	\$ 515.00
<65	2 >65		\$ 1,030.00	\$ 321.67	\$ 119.00	\$ 911.00	\$ 202.67	\$ 708.33
<65 (2)	1 >65		\$ 1,222.67	\$ 321.67	\$ 119.00	\$ 1,103.67	\$ 202.67	\$ 901.00

Covered Areas for Sacramento Area --Blue Shield Net Value (HMO) - Complete or Partial Coverage
EI Dorado Placer ** Sacramento

Note: Dental and Life must match medical enrollment:

Delta Dental		Vision		Life	
1 Party	\$61.00	SEIU Retired	\$16.05	1 Party	\$1.66
2 Party	\$124.00	Teamsters Retired	\$25.42	2 Party	\$2.14
Family	\$183.00	All Retired MGMT	\$25.42	Family	\$2.36
		UPE, CSA, Unrep (Conf., Supv., Mgmt.)			

* Some members are not eligible for a Reimbursement. Reimbursement varies by Bargaining Unit.