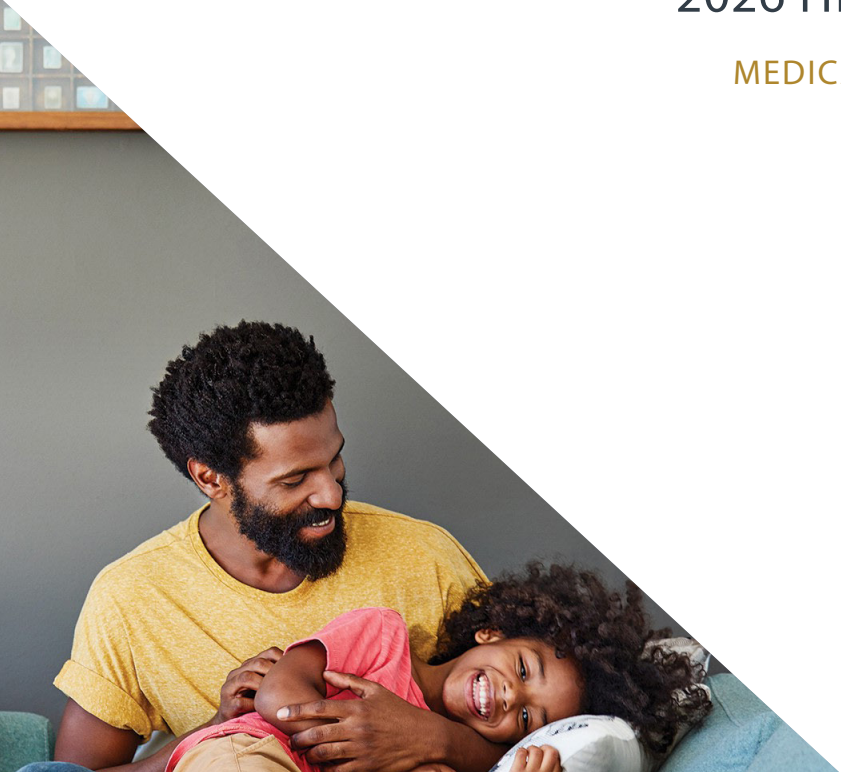


2026 HEALTH BENEFITS PROGRAM

MEDICAL BENEFITS & ANCILLARY COVERAGES





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

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

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

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

For more information, please contact us at 800.537.7790. We are ready to serve you!

IMPORTANT TERMS TO KNOW

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

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

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

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

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

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

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

Ancillary Coverages - Entity will choose the particular dental, vision, life, short term disability and/or long term disability option to offer its employees.

Ancillary Plan Selections
Subject to underwriting review and approval:

 - 2-50 enrolled lives: 1 Dental PPO plan and 1 *Dental HMO plan may be offered to an employee group. 1 Vision plan may be offered to an employee group. 1 Short Term Disability Plan may be offered to an employee group. 1 Long Term Disability Plan may be offered to an employee group.
 - Future plan changes are subject to review and approval by underwriting

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



MEDICAL BENEFITS SUMMARY

PLAN SUMMARY – BLUE SHIELD

*See page 3, note 14 for Plan Selections and Combination Guidelines

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

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

*See Rx benefits for Medicare on page 15 under the "EGWP" pharmacy co-pay structure.

PLAN SUMMARY – BLUE SHIELD

*See page 3, note 14 for Plan Selections and Combination Guidelines

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

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*See Rx benefits for Medicare on page 15 under the "EGWP" pharmacy co-pay structure.

PLAN SUMMARY – BLUE SHIELD

*See page 3, note 14 for Plan Selections and Combination Guidelines

DEDUCTIBLES/COINSURANCE	EPO	HDHP 10 (HSA)		HDHP 20 (HSA)	
Calendar Year Deductible(s) (Individual/Family)	\$300 / \$600	\$1,700 / \$3,400		\$3,000 / \$6,000	
Maximum Medical Out of Pocket (Individual/Family)	\$1,300 / \$2,600	\$5,000 / \$10,000		\$6,200 / \$12,400	
Medicare Medical Maximum Out of Pocket	\$1,000 / \$2,000	Non-Applicable		Non-Applicable	
Services/Coverages	Participating Providers (You Pay)	Participating Providers (You Pay)	Non-Participating Providers (You Pay)	Participating Providers (You Pay)	Non-Participating Providers (You Pay)
Inpatient Hospital Room, Board & Support Services (prior authorization required)	No Charge	10%	50% up to \$600 per day	20%	50% up to \$600 per day
Outpatient Hospital	\$30 co-pay	10%	50% up to \$350 per day	20%	50% up to \$350 per day
Ambulatory Surgery Center	No Charge; Deductible Waived	No Charge	50% up to \$350 per day	10%	50% up to \$350 per day
Emergency Room	\$100 co-pay (co-pay waived if admitted)	\$100 co-pay + 10% (co-pay waived if admitted)		\$100 co-pay + 20% (co-pay waived if admitted)	
Urgent Care	\$30 co-pay	10%	50%	20%	50%
Physician Benefits (office visits)	\$30 co-pay	10%	50%	20%	50%
Preventative Care	No Charge	No Charge	Not Covered	No Charge	Not Covered
Lab/X-ray	\$0 (\$25 co-pay if services provided by Hospital)	\$0 (\$25 co-pay + 10% if services provided by Hospital)	50% (up to \$350/per day within Hospital)	\$0 (\$25 co-pay + 20% if services provided by Hospital)	50% (up to \$350/per day within Hospital)
Complex Imaging (CT, PET, MRI, etc.)	\$0 (\$100 co-pay if services provided by Hospital)	10% (\$100 co-pay + 10% if services provided by Hospital)	50% up to \$800 per day	20% (\$100 co-pay + 20% if services provided by Hospital)	50% up to \$800 per day
Acupuncture (26 visits per calendar year/combined with Chiropractic)	\$30 co-pay	10% up to \$30 per visit		20% up to \$30 per visit	
Chiropractic Services (26 visits per calendar year/combined with Acupuncture)	\$30 co-pay	10% up to \$25 per visit	50% up to \$25 per visit	20% up to \$25 per visit	50% up to \$25 per visit
Prescription Drugs Active/Early Retiree Plans Only	Navitus*	Navitus		Navitus	
Prescription Maximum Out of Pocket	\$5,300 / \$10,600	Combined with Medical		Combined with Medical	
(At Participating Pharmacies only)	Generic / Brand / Non-Formulary/Specialty	Generic / Brand / Specialty	Generic / Brand / Specialty	Generic / Brand / Specialty	Generic / Brand / Specialty
Retail - 30 day supply	\$10 / \$20 / \$45 / 30% (max co-pay \$150)	\$7 / \$25 / 30% up to \$150 / prescription	\$7 / \$25 / 30% up to \$150 / prescription	\$7 / \$25 / 30% up to \$150 / prescription	\$7 / \$25 / 30% up to \$150 / prescription
Mail Order - 90 day supply	\$15 / \$50 / \$112.50 / 30% (max co-pay \$150)	\$14 / \$60 / 30% up to \$300 / prescription	Not Covered	\$14 / \$60 / 30% up to \$300 / prescription	Not Covered
Brand/Non-Formulary/Specialty Deductible (Individual / Family)	\$200	Subject to Deductible		Subject to Deductible	

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*See Rx benefits for Medicare on page 15 under the "EGWP" pharmacy co-pay structure.

PLAN SUMMARY – BLUE SHIELD

*See page 3, note 14 for Plan Selections and Combination Guidelines

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

PLAN SUMMARY – KAISER

*See page 3, note 14 for Plan Selections and Combination Guidelines

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

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PLAN SUMMARY – KAISER – MEDICARE

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

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ACCOLADE - CONCIERGE CUSTOMER SERVICE

Effective January 1, 2026 Blue Shield active employees and early retirees enrolled in PPO, EPO, and HDHP will now access Accolade for a concierge customer service. Blue Shield is still the medical carrier, but will no longer provide customer service to PPO, EPO and HDHP enrolled participants.

Accolade's robust services include but are not limited to Billing and Claims Support, Finding Care, Insurance Coverage, Virtual Care, ID Cards, Condition Management, Case Management, Transition Care, Maternity Management, Disease Management, and Treatment Decision Support. Accolade will also have information about SDRMA Added-Value programs and will actively remind enrolled participants of their alternative care options through Added-Value services when relevant to each enrolled individual. Added-Value Programs include: Digbi Health, Carrum Health, Hinge Health, and Rx'nGo.



ANTHEM TOTAL HEALTH SELECT - CONCIERGE CUSTOMER SERVICE

Effective January 1, 2026 Anthem Blue Cross active employees and early retirees enrolled in PPO, EPO, and HDHP will now access Anthem Total Health Select for a concierge customer service.

Anthem Total Health Select robust services include but are not limited to Billing and Claims Support, Finding Care, Insurance Coverage, Virtual Care, ID Cards, Condition Management, Case Management, Transition Care, Maternity Management, Disease Management, and Treatment Decision Support. Anthem Total Health Select will also have information about SDRMA Added-Value programs and will actively remind enrolled participants of their alternative care options through Added-Value services when relevant to each enrolled individual. Added-Value Programs include: Digbi Health, Carrum Health, Hinge Health, and Rx'nGo.



DIGBI HEALTH - CHRONIC CONDITIONS AND WEIGHT MANAGEMENT

Effective January 1, 2026 Digbi Health will be available to all Blue Shield and Anthem Blue Cross participants. Digbi Health focuses on chronic conditions and weight management. Digbi Health utilizes an analysis of genetic data, gut microbiome, and lifestyle information to create personalized care plans. Their holistic approach addresses the root causes of chronic conditions such as obesity, diabetes, and hypertension. Digbi will replace Livongo as the diabetes management program. Digbi will also be the sole prescriber for all non-diabetic GLP-1's, beginning January 1, 2026.



HINGE HEALTH - VIRTUAL/DIGITAL PHYSICAL THERAPY SOLUTION

Hinge Health is a "no cost" digital Physical Therapy option to help prevent injury, prevent surgery, and address acute or chronic pain. Eligible plan participants will receive wearable devices free of charge. Available to all Blue Shield and Anthem Blue Cross enrolled participants 18 or older.

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

- Dedicated physical therapist for 1:1 video visits
- Dedicated health coach trained in motivation and behavioral support
- Customized exercise therapy with wearable sensors for real-time feedback
- Wearable pain management technology for immediate pain relief

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



CARRUM HEALTH (CARRUM) – SURGERY BENEFIT PROGRAM

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

EMPLOYEE SERVICES

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

Recovery – Personalized support through total care coordination

Access to top-Quality Surgeons – perform hundreds of surgeries

All medical expenses – covered for the patient**

Travel Expenses – covered for patient and companion*

Voluntary participation – Employee Initiates the service by phone or online

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

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

Eligible procedures include:

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

Additional procedures will become eligible on a regular basis.

CARRUM ONCOLOGY – BREAST CANCER TREATMENT/SECOND OPINION PROGRAM

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



RX'NGO - OPTIONAL PHARMACY BENEFIT

Rx'nGo is an option pharmacy benefit for all Blue Shield and Anthem Blue Cross participants. Rx'nGo provides a 90-day supply for certain generic maintenance prescriptions and insulin products/needles/syringes at \$0 copay and \$0 shipping!

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

MEDICAL BENEFIT RATES FOR 2026 – GUARANTEED UNTIL JANUARY 1, 2027

	PLAN	Employee	Employee + 1	Employee + 2 or More
AREA I - Northern CA: Bay Area Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yolo, Yuba	Gold PPO	\$1,528.52	\$3,051.89	\$3,970.65
	Platinum PPO	\$1,670.66	\$3,335.14	\$4,341.45
	Silver PPO	\$1,094.89	\$2,194.93	\$2,848.98
	Bronze PPO	\$1,002.19	\$2,010.56	\$2,611.05
	EPO	\$1,836.49	\$3,670.92	\$4,771.99
	HDHP 10	\$1,253.51	\$2,508.05	\$3,257.89
	HDHP 20	\$1,081.50	\$2,160.94	\$2,808.81
	Access+ HMO 15	\$1,703.62	\$3,405.18	\$4,431.06
	Access+ HMO 20	\$1,583.11	\$3,167.25	\$4,113.82
	Kaiser HMO 15	\$1,452.30	\$2,871.64	\$3,720.36
	Kaiser HMO 20	\$1,399.77	\$2,764.52	\$3,587.49
	AREA II - Northern CA: Other 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, Tuolumne	Gold PPO	\$1,484.23	\$2,970.52
Platinum PPO		\$1,591.35	\$3,180.64	\$4,135.45
Silver PPO		\$1,066.05	\$2,131.07	\$2,766.58
Bronze PPO		\$976.44	\$1,950.82	\$2,534.83
EPO		\$1,776.75	\$3,558.65	\$4,627.79
HDHP 10		\$1,237.03	\$2,481.27	\$3,221.84
HDHP 20		\$1,022.79	\$2,039.40	\$2,665.34
Access+ HMO 15		\$1,720.10	\$3,436.08	\$4,468.14
Access+ HMO 20		\$1,601.65	\$3,203.30	\$4,159.14
Kaiser HMO 15		\$1,452.30	\$2,871.64	\$3,720.36
Kaiser HMO 20		\$1,399.77	\$2,764.52	\$3,587.49
AREA III - Southern CA: Los Angeles Area Los Angeles, San Bernardino, Ventura		Gold PPO	\$1,263.81	\$2,517.32
	Platinum PPO	\$1,381.23	\$2,754.22	\$3,578.22
	Silver PPO	\$913.61	\$1,806.62	\$2,351.49
	Bronze PPO	\$834.30	\$1,656.24	\$2,153.73
	EPO	\$1,475.99	\$2,942.71	\$3,822.33
	HDHP 10	\$1,105.19	\$2,212.44	\$2,873.70
	HDHP 20	\$914.64	\$1,823.10	\$2,371.06
	Access+ HMO 15	\$1,325.61	\$2,652.25	\$3,442.26
	Access+ HMO 20	\$1,237.03	\$2,464.79	\$3,203.30
	Kaiser HMO 15	\$1,200.98	\$2,371.06	\$3,072.49
	Kaiser HMO 20	\$1,152.57	\$2,270.12	\$2,941.68

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

MEDICAL BENEFIT RATES FOR 2026 – GUARANTEED UNTIL JANUARY 1, 2027

	PLAN	Employee	Employee + 1	Employee + 2 or More
	AREA IV - Southern CA: Other Counties Fresno,* Imperial, Inyo, Kern, Kings, Madera, Riverside, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare *Fresno County: For Kaiser Active and Early Retiree rates please refer to Area VI rates per Kaiser Guidelines.	Gold PPO	\$1,354.45	\$2,697.57
Platinum PPO		\$1,489.38	\$2,962.28	\$3,854.26
Silver PPO		\$974.38	\$1,943.61	\$2,520.41
Bronze PPO		\$891.98	\$1,781.90	\$2,309.26
EPO		\$1,507.92	\$3,002.45	\$3,900.61
HDHP 10		\$1,188.62	\$2,371.06	\$3,077.64
HDHP 20		\$977.47	\$1,952.88	\$2,542.04
Access+ HMO 15		\$1,460.54	\$2,922.11	\$3,789.37
Access+ HMO 20		\$1,361.66	\$2,711.99	\$3,526.72
Kaiser HMO 15		\$1,228.79	\$2,423.59	\$3,141.50
Kaiser HMO 20		\$1,175.23	\$2,314.41	\$3,001.42
AREA V - Out of State Early Retirees Only		Gold PPO	\$1,587.23	\$3,171.37
	Platinum PPO	\$1,736.58	\$3,476.25	\$4,515.52
	Silver PPO	\$1,141.24	\$2,280.42	\$2,960.22
	Bronze PPO	\$1,044.42	\$2,088.84	\$2,713.02
	EPO	\$1,855.03	\$3,706.97	\$4,822.46
	HDHP 10	\$1,363.72	\$2,721.26	\$3,541.14
	HDHP 20	\$1,117.55	\$2,232.01	\$2,902.54
	Access+ HMO 15	N/A	N/A	N/A
	Access+ HMO 20	N/A	N/A	N/A
	Kaiser HMO 15	N/A	N/A	N/A
	Kaiser HMO 20	N/A	N/A	N/A
	AREA VI - Northern CA: Sacramento El Dorado, Placer, Sacramento *Fresno County Kaiser Active and Early Retiree Rates	Gold PPO	\$1,388.44	\$2,775.85
Platinum PPO		\$1,518.22	\$3,037.47	\$3,944.90
Silver PPO		\$1,001.16	\$2,003.35	\$2,605.90
Bronze PPO		\$916.70	\$1,836.49	\$2,387.54
EPO		\$1,622.25	\$3,249.65	\$4,219.91
HDHP 10		\$1,219.52	\$2,444.19	\$3,176.52
HDHP 20		\$1,007.34	\$2,012.62	\$2,614.14
Access+ HMO 15		\$1,633.58	\$3,269.22	\$4,250.81
Access+ HMO 20		\$1,516.16	\$3,038.50	\$3,949.02
Kaiser HMO 15		\$1,435.82	\$2,838.68	\$3,678.13
Kaiser HMO 20		\$1,384.32	\$2,737.74	\$3,545.26

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

MEDICAL BENEFIT RATES FOR 2026 – GUARANTEED UNTIL JANUARY 1, 2027

MEDICARE COORDINATION OF BENEFITS (COB)

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

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

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

Medicare Supplemental Plans (EGWP)	Gold PPO - EGWP	Platinum PPO - EGWP	Silver PPO - EGWP	Bronze EPO - EGWP	EPO - EGWP
Single (Retiree with Medicare)	\$954.81	\$1,054.72	\$747.78	\$701.43	\$1,145.36
Two Party (Retiree + Dependent both with Medicare)	\$1,906.53	\$2,112.53	\$1,495.56	\$1,400.80	\$2,289.69
Family (All Medicare - reflects for 3 enrolled)	\$2,860.31	\$3,168.28	\$2,243.34	\$2,103.26	\$3,435.05
Two Party (1 Medicare, 1 Without)	\$2,483.33	\$2,725.38	\$1,842.67	\$1,703.62	\$2,981.85
Family (1 Medicare, 2 or more Without)	\$4,006.70	\$4,389.86	\$2,942.71	\$2,711.99	\$4,816.28
Family (2 Medicare, 1 or more Without)	\$3,435.05	\$3,783.19	\$2,590.45	\$2,402.99	\$4,126.18

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

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

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

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

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

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



MEDICAL BENEFIT RATES FOR 2026 – GUARANTEED UNTIL JANUARY 1, 2027

Kaiser Permanente Senior Advantage (KPSA) HMO with Part D Rx Coverage*	Kaiser 15 Area I, Area II and Area VI Rates	Kaiser 20 Area I, Area II and Area VI Rates	Kaiser 15 Area III and Area IV** Rates	Kaiser 20 Area III and Area IV** Rates
Single (Medicare)	\$452.17	\$452.17	\$295.61	\$295.61
Two Party (Both with Medicare)	\$884.77	\$884.77	\$564.44	\$564.44
Two Party (1 Medicare, 1 Without)	\$1,871.51	\$1,816.92	\$1,490.41	\$1,434.79
Family (1 Medicare, 2 or more Without)	\$2,720.23	\$2,639.89	\$2,208.32	\$2,121.80
Family (2 Medicare, 1 or more Without)	\$1,733.49	\$1,707.74	\$1,282.35	\$1,251.45

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

Please note: KPSA services areas/regions and plan access are determined by The Centers for Medicare and Medicaid Services (CMS) and are subject to change based on CMS regulations. KPSA plans are not always available in the same service areas/regions as Kaiser active plans. Check with SDRMA when an eligible employee wishes to select a KPSA plan at retirement and SDRMA will work with Kaiser to verify service area availability. If Kaiser confirms KPSA is not available in the given area, the retiring employee will need to select an alternate plan offered by their employer through SDRMA.

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

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

For further details of the Kaiser Permanente Senior Advantage (KPSA) HMO plan please refer to page 10.

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



ANCILLARY COVERAGES SUMMARY

DELTA DENTAL PPO – RATES GUARANTEED UNTIL JANUARY 1, 2027

*See page 3, note 14 for Plan Selections and Combination Guidelines

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

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

Rates	
Employee Only	\$30.39
Employee + 1 Dependent	\$51.81
Employee + 2 or More Dependents	\$83.53

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

Rates	
Employee Only	\$30.39
Employee + 1 Dependent	\$55.11
Employee + 2 or More Dependents	\$91.26

*Reimbursement is based on Delta Dental contracted fees and program allowance for non-Delta Dental dentists.

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

DELTA DENTAL PPO – RATES GUARANTEED UNTIL JANUARY 1, 2027

*See page 3, note 14 for Plan Selections and Combination Guidelines

DENTAL BENEFITS	Medium Plan		High Plan	
	PPO/Premier	Non-Participating Providers*	PPO/Premier	Non-Participating Providers*
Calendar Year Maximum	\$1,500	\$1,000	\$2,000	\$1,750
	(Per patient per calendar year)		(Per patient per calendar year)	
Calendar Year Deductible Individual / Family	\$50 / \$150 (Waived for Preventive)		\$50 / \$150 (Waived for Preventive)	
Age Limitations	Dependents to Age 26		Dependents to Age 26	
Diagnostic and Preventive	100%	100%	100%	100%
Oral Exam				
Routine Cleaning				
X-Rays				
Fluoride Treatment				
Space Maintainers				
Specialist Consultations				
Basic Services	80%	80%	80%	80%
Fillings				
Endodontics (Root Canal)				
Periodontics (Gum Treatment)				
Tissue Removal (Biopsy)				
Extractions & Other Oral Surgery				
Sealants				
Major Services	60%	60%	80%	80%
Crown Repair				
Inlays, Onlays				
Cast Restorations				
Bridges				
Partial and Full Dentures				
Orthodontics	50%	50%	50%	50%
Eligible for Benefit	Child & Adult		Child & Adult	
Lifetime Maximum	\$500		\$1,500	

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

Rates	Medium Plan	High Plan
Employee Only	\$41.10	\$53.46
Employee + 1 Dependent	\$69.63	\$89.92
Employee + 2 or More Dependents	\$109.18	\$136.68

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

Rates	Medium Plan	High Plan
Employee Only	\$41.10	\$53.46
Employee + 1 Dependent	\$74.06	\$95.17
Employee + 2 or More Dependents	\$119.58	\$149.66

*Reimbursement is based on Delta Dental contracted fees and program allowance for non-Delta Dental dentists.

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



DENTAL HMO BENEFITS

*See page 3, note 14 for Plan Selections and Combination Guidelines

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

DENTAL HMO RATES – RATES GUARANTEED UNTIL JANUARY 1, 2027

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

VSP VISION – RATES GUARANTEED UNTIL JANUARY 1, 2029
 *See page 3, note 14 for Plan Selections and Combination Guidelines

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

¹ Contact lenses are in lieu of spectacle lenses and frames

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

VSP VISION – RATES GUARANTEED UNTIL JANUARY 1, 2029

*See page 3, note 14 for Plan Selections and Combination Guidelines

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

¹ Contact lenses are in lieu of spectacle lenses and frames

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

VOYA FINANCIAL BASIC LIFE AND AD&D – RATES GUARANTEED UNTIL JULY 1, 2027

For Groups with 10(+) Employee lives Basic Life and AD&D Benefits			For Groups with less than 10 Employee lives Basic Life and AD&D Benefits		
Eligibility:	All Eligible Employees working at least 20 hrs/wk		Eligibility:	All Eligible Employees working at least 20 hrs/wk	
Life Benefits:	Groups may elect a flat amount of: \$10,000-\$200,000 in \$10,000 increments Basic life benefits have to be defined by class of employee; i.e. City manager, confidential employees, etc. or All employees as one class or 1x Annual Salary or 2x Annual Salary		Life Benefits:	Groups may elect a flat amount of: \$10,000-\$200,000 in \$10,000 increments Basic life benefits have to be defined by class of employee; i.e. City manager, confidential employees, etc. or All employees as one class or 1x Annual Salary or 2x Annual Salary	
AD&D Benefits:	Same as Life		AD&D Benefits:	Same as Life	
Guaranteed Issue Amount	\$200,000		Guaranteed Issue Amount	\$200,000	
Benefit Reduction Formula	Age	% of Original Benefit	Benefit Reduction Formula	Age	% of Original Benefit
	65	65%		65	65%
	70	50%		70	50%
Accelerated Death Benefit	50% of Life Benefits if less than 6 Month Life Expectancy		Accelerated Death Benefit	50% of Life Benefits if less than 6 Month Life Expectancy	
Waiver of Premium	Included		Waiver of Premium	Included	
Seat Belt Benefit (AD&D)	Included		Seat Belt Benefit (AD&D)	Included	
Basic Life and AD&D Rate per \$1,000:	\$0.272 *		Basic Life and AD&D Rate per \$1,000: Under Age 30	\$0.202 *	
			Basic Life and AD&D Rate per \$1,000: Age 30-39	\$0.264 *	
			Basic Life and AD&D Rate per \$1,000: Age 40-49	\$0.368 *	
			Basic Life and AD&D Rate per \$1,000: Over Age 49	\$0.507 *	

Example Calculation

Sample for 10+ Employee lives

1 employee with 100,000 of life insurance

Volume X rate/1000

100,000 X 0.272/1000 = \$27.20

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

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

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VOYA FINANCIAL SUPPLEMENTAL LIFE – RATES GUARANTEED UNTIL JULY 1, 2027

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

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

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

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

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

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VOYA FINANCIAL SHORT TERM DISABILITY – RATES GUARANTEED UNTIL JULY 1, 2027

For Groups with 10(+) Employee lives			
Short-Term Disability Benefits	Option 1	Option 2	Option 3
Eligibility:	All Eligible Employees working at least 20 hrs/wk	All Eligible Employees working at least 20 hrs/wk	All Eligible Employees working at least 20 hrs/wk
Elimination Period:			
Accident	7 Days	7 Days	7 Days
Illness	7 Days	7 Days	7 Days
Weekly Benefit Percentage	60%	60%	60%
Minimum Weekly Benefit	\$50	\$50	\$50
Maximum Weekly Benefit	\$1,252	\$1,500	\$1,500
Maximum Covered Salary/Pay/Earnings	\$108,506	\$130,000	\$130,000
Definition of Disability	Non-Occupational	Non-Occupational	Non-Occupational
Maximum Benefit Duration	52 Weeks	13 Weeks	26 Weeks
Benefit Integration	Offset Applies	Offset Applies	Offset Applies
Pre-Existing Condition	None	None	None
Rate per \$10 weekly benefit	Option 1	Option 2	Option 3
Rate (per \$10 weekly benefit)	\$0.79*	\$0.46*	\$0.62*

Example Calculations

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

Covered weekly must be capped if it surpasses maximum weekly benefit

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

Definition:

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

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

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VOYA FINANCIAL SHORT TERM DISABILITY – RATES GUARANTEED UNTIL JULY 1, 2027

For Groups with less than 10 Employee lives			
Short-Term Disability Benefits	Option 1	Option 2	Option 3
Eligibility:	All Eligible Employees working at least 20 hrs/wk	All Eligible Employees working at least 20 hrs/wk	All Eligible Employees working at least 20 hrs/wk
Elimination Period:			
Accident	7 Days	7 Days	7 Days
Illness	7 Days	7 Days	7 Days
Weekly Benefit Percentage	60%	60%	60%
Minimum Weekly Benefit	\$50	\$50	\$50
Maximum Weekly Benefit	\$1,252	\$1,500	\$1,500
Maximum Covered Salary/Pay/Earnings	\$108,506	\$130,000	\$130,000
Definition of Disability	Non-Occupational	Non-Occupational	Non-Occupational
Maximum Benefit Duration	52 Weeks	13 Weeks	26 Weeks
Benefit Integration	Offset Applies	Offset Applies	Offset Applies
Pre-Existing Condition	None	None	None
Age Banded Rates	Option 1	Option 2	Option 3
Rate per \$10: Under age 30	\$0.88*	\$0.50*	\$0.67*
Rate per \$10: 30-34	\$0.90*	\$0.52*	\$0.68*
Rate per \$10: 35-39	\$0.67*	\$0.38*	\$0.52*
Rate per \$10: 40-44	\$0.50*	\$0.30*	\$0.39*
Rate per \$10: 45-49	\$0.57*	\$0.34*	\$0.44*
Rate per \$10: 50-54	\$0.68*	\$0.40*	\$0.54*
Rate per \$10: 55-59	\$0.93*	\$0.55*	\$0.72*
Rate per \$10: 60-64	\$1.10*	\$0.64*	\$0.87*
Rate per \$10: 65+	\$1.31*	\$0.75*	\$1.03*

Example Calculations

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

Covered weekly must be capped if it surpasses maximum weekly benefit

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

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

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VOYA FINANCIAL LONG TERM DISABILITY – RATES GUARANTEED UNTIL JULY 1, 2027

For Groups with 10(+) Employee lives				
Long Term Disability Benefits	Option 1	Option 2	Option 3	Option 4
Eligibility:	All Eligible Employees working at least 20 hrs/wk	All Eligible Employees working at least 20 hrs/wk	All Eligible Employees working at least 20 hrs/wk	All Eligible Employees working at least 20 hrs/wk
Elimination Period	90 Days (1)	180 Days (2)	90 Days (1)	180 Days (2)
Monthly Benefit Percentage	60%	60%	60%	60%
Maximum Monthly Benefit	\$5,000	\$5,000	\$10,000	\$10,000
Maximum Covered Salary/Pay/Earnings	\$100,000	\$100,000	\$200,000	\$200,000
Own Occupation Timeframe or Coverage Period	24 Months	24 Months	24 Months	24 Months
Disability Earnings Test	80%	80%	80%	80%
Definition of Disability	Earnings & Occupation	Earnings & Occupation	Earnings & Occupation	Earnings & Occupation
Recurrent Disabilities	6 Months	6 Months	6 Months	6 Months
Mental Health/Substance Abuse Limitations	24 Months	24 Months	24 Months	24 Months
Maximum Benefit Duration	To Age 65 or SSNRA	To Age 65 or SSNRA	To Age 65 or SSNRA	To Age 65 or SSNRA
Pre-Existing Condition	3/12	3/12	3/12	3/12
Rates	Option 1 – 90 days	Option 2 – 180 days	Option 3 – 90 days	Option 4 – 180 days
Rate per \$100	\$0.485 *	\$0.365 *	\$0.534 *	\$0.401 *

Example Calculation

Monthly Covered Salary X Rate/100

Monthly Covered Salary = Annual Salary/12

50,000/12 = \$4,166

\$4,166 (monthly covered salary) X 0.485 (rate)/100 = 20.21

(1) Benefit begins after 90 days

(2) Benefit begins after 180 days

Definitions:

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

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

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

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

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VOYA FINANCIAL LONG TERM DISABILITY – RATES GUARANTEED UNTIL JULY 1, 2027

For Groups with less than 10 Employee lives				
Long Term Disability Benefits	Option 1	Option 2	Option 3	Option 4
Eligibility:	All Eligible Employees working at least 20 hrs/ wk	All Eligible Employees working at least 20 hrs/ wk	All Eligible Employees working at least 20 hrs/ wk	All Eligible Employees working at least 20 hrs/ wk
Elimination Period	90 Days (1)	180 Days (2)	90 Days (1)	180 Days (2)
Monthly Benefit Percentage	60%	60%	60%	60%
Maximum Monthly Benefit	\$5,000	\$5,000	\$10,000	\$10,000
Maximum Covered Salary/Pay/Earnings	\$100,000	\$100,000	\$200,000	\$200,000
Own Occupation Timeframe or Coverage Period	24 Months	24 Months	24 Months	24 Months
Disability Earnings Test	80%	80%	80%	80%
Definition of Disability	Earnings & Occupation	Earnings & Occupation	Earnings & Occupation	Earnings & Occupation
Recurrent Disabilities	6 Months	6 Months	6 Months	6 Months
Mental Health/Substance Abuse Limitations	24 Months	24 Months	24 Months	24 Months
Maximum Benefit Duration	To Age 65 or SSNRA	To Age 65 or SSNRA	To Age 65 or SSNRA	To Age 65 or SSNRA
Pre-Existing Condition	3/12	3/12	3/12	3/12
Age Banded Rates	Option 1 – 90 days	Option 2 – 180 days	Option 3 – 90 days	Option 4 – 180 days
Rate per \$100: 0-24 (Under age 25)	\$0.131*	\$0.103*	\$0.144*	\$0.113*
Rate per \$100: Age 25-29	\$0.177*	\$0.130*	\$0.195*	\$0.143*
Rate per \$100: Age 30-34	\$0.225*	\$0.168*	\$0.247*	\$0.192*
Rate per \$100: Age 35-39	\$0.289*	\$0.214*	\$0.318*	\$0.236*
Rate per \$100: Age 40-44	\$0.374*	\$0.280*	\$0.411*	\$0.308*
Rate per \$100: Age 45-49	\$0.485*	\$0.365*	\$0.534*	\$0.415*
Rate per \$100: Age 50-54	\$0.634*	\$0.476*	\$0.698*	\$0.542*
Rate per \$100: Age 55-59	\$0.830*	\$0.625*	\$0.914*	\$0.688*
Rate per \$100: 60+ (Over age 60)	\$1.083*	\$0.812*	\$1.191*	\$0.893*

Example Calculation

Example based on an individual under age 25

Monthly Covered Salary X Rate/100

Monthly Covered Salary = Annual Salary/12

50,000/12 = \$4,166

\$4,166 (monthly covered salary) X 0.131 (rate)/100 = 5.46

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

Definitions:

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

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

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

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CONCERN AND CONCERN+ EMPLOYEE ASSISTANCE PROGRAMS

Employee Assistance Program	Concern Standard Plan-Rates Guaranteed Until July 1, 2026	Concern+ First Responder Plan-Rates Guaranteed Until January 1, 2027
Number of Sessions/Frequency	3 Face to Face, telephonic/web-video, live chat sessions per incident per member	10 Face to Face, telephonic/web-video, live chat sessions per incident per member
Employee Services	Telephonic Counseling & Referral for Counselling Sessions	Telephonic Counseling & Referral for Counselling Sessions
Work Life	Life Management Services	Life Management Services
Legal	Legal Referral Service - One 30 minute session and 25% discount if attorney retained	Legal Referral Service - One 30 minute session and 25% discount if attorney retained
Dependent Care	Child & Elder Care Referral Service	Child & Elder Care Referral Service
Financial	Up to two 30 minute sessions - Financial Consultations to include Pre-retirement and tax consultations	Up to two 30 minute sessions - Financial Consultations to include Pre-retirement and tax consultations
Parent Coaching	3 telephonic sessions/year (60 minutes initial/30 minutes follow-up)	3 telephonic sessions/year (60 minutes initial/30 minutes follow-up)
Employer Services		
CISD – Critical Incident Stress Debriefing	4 hours per agency (CISD and Management Training hours are shared)	\$450/hour (culturally competent trainers)
Management Consultations	Unlimited	Unlimited
Management Training	4 hours per agency (CISD and Management Training hours are shared)	\$400/hour (culturally competent trainers)
Virtual Orientation	No Limits	No Limits
Reports	Annual Utilization Reports	Annual Utilization Reports
Newsletter and Collateral Materials	Yes, No Charge	Yes, No Charge
Internet Service	employees.concernhealth.com	employees.concernhealth.com
Identity Theft Assistance	60-minute free consultation with a trained fraud resolution specialist	60-minute free consultation with a trained fraud resolution specialist
Substance Abuse Professional	10 Visits (no additional charge)	10 Visits (no additional charge)
EAP Rate – Per Employee Per Month	\$3.32	\$16.74





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