

Tulare Public Cemetery District
Audit Committee Meeting Minutes
February 18, 2022

CALL TO ORDER:

The Tulare Public Cemetery Audit Committee meeting on February 18, 2022 was called to order at 10:05 A.M., at 900 E Kern Ave, Tulare, California by Committee Chair Steve Presant. Committee Members Linda Maloy and Xavier Avila were present. District Manager Clara Bernardo was in attendance.

RECOGNITION OF VISITORS: There was one visitor.

OPEN SESSION:

2.1 – Maloy moved to approve November 30, 2021 minutes. Vote (3-0)

2.2 A) Avila moved to approve November 2021 financials. Vote (3-0),

B) Avila moved to approve December 2021 financials. Vote (3-0).

2.3 – Reviewed Spending Projections form

2.4 – District Manager Bernardo updated the committee on sprinkler repairs, pruning/reviewing health of existing trees, and color plantings in Baby Sections.

ADJOURNMENT:

Committee Chair Presant adjourned the meeting at 11:50 A.M.

Respectfully Submitted,

Audit Committee Member

Tulare Public Cemetery District
Balance Sheet
As of January 31, 2022

| | <u>Jan 31, 22</u> |
|---|----------------------------|
| ASSETS | |
| Current Assets | |
| Checking/Savings | |
| 00 · Clearing Acct. | 38,033.59 |
| 10100 · Petty Cash | 534.34 |
| 10150 · Bank of The Sierra - CHK ACCT | 68,140.37 |
| 10500 · Cash in Treasury (772) | 407,115.69 |
| 10600 · Endowment - Reserved (773) | |
| 1620 · Edowment Care 1620 | 316,017.92 |
| 10600 · Endowment - Reserved (773) - Other | 1,343,559.52 |
| Total 10600 · Endowment - Reserved (773) | <u>1,659,577.44</u> |
| 10700 · Cash in Expansion Account (807) | 95,905.58 |
| 10900 · Endowment - Unreserved (817) | 292,311.56 |
| Total Checking/Savings | <u>2,561,618.57</u> |
| Other Current Assets | |
| 12001 · Undeposited Funds | 16,184.39 |
| Total Other Current Assets | <u>16,184.39</u> |
| Total Current Assets | <u>2,577,802.96</u> |
| TOTAL ASSETS | <u><u>2,577,802.96</u></u> |
| LIABILITIES & EQUITY | |
| Liabilities | |
| Current Liabilities | |
| Accounts Payable | |
| 20000 · Accounts Payable | 33,925.51 |
| Total Accounts Payable | <u>33,925.51</u> |
| Other Current Liabilities | |
| 24000 · Payroll Liabilities | 3,088.45 |
| 24020 · Health Insurance Payable | 538.99 |
| 25500 · Sales Tax Payable | 4,756.38 |
| Total Other Current Liabilities | <u>8,383.82</u> |
| Total Current Liabilities | <u>42,309.33</u> |
| Total Liabilities | 42,309.33 |
| Equity | |
| 30000 · Fund Balance | 2,431,865.30 |
| Net Income | 103,628.33 |
| Total Equity | <u>2,535,493.63</u> |
| TOTAL LIABILITIES & EQUITY | <u><u>2,577,802.96</u></u> |

**Tulare Public Cemetery District
Reconciliation Detail**

10150 - Bank of The Sierra - CHK ACCT, Period Ending 01/31/2022

| Type | Date | Num | Name | Clr | Amount | Balance |
|---------------------------------------|------------|------|--|-----|------------|------------------|
| Beginning Balance | | | | | | 62,953.64 |
| Cleared Transactions | | | | | | |
| Checks and Payments - 58 items | | | | | | |
| Bill Pmt -Check | 12/09/2021 | 3035 | Baker Supplies and Repairs - Hollister | √ | -7.57 | -7.57 |
| Bill Pmt -Check | 12/14/2021 | 3083 | TULARE COUNTY ROLL-OFF | √ | -790.00 | -797.57 |
| Bill Pmt -Check | 12/14/2021 | 3109 | Mid-Valley Pipe & Supply, Inc. | √ | -497.30 | -1,294.87 |
| Bill Pmt -Check | 12/14/2021 | 3076 | Clara L Bernardo | √ | -174.31 | -1,469.18 |
| Bill Pmt -Check | 12/21/2021 | EFT | AT & T Internet | √ | -70.00 | -1,539.18 |
| Check | 12/29/2021 | EFT | Paychex of New York LLC | √ | -3,000.00 | -4,539.18 |
| Check | 12/29/2021 | EFT | Paychex of New York LLC | √ | -257.24 | -4,796.42 |
| Bill Pmt -Check | 12/31/2021 | 3123 | Barnes Memorials | √ | -8,400.00 | -13,196.42 |
| Bill Pmt -Check | 12/31/2021 | 3112 | Andy Hinojosa III CPA | √ | -2,770.00 | -15,966.42 |
| Bill Pmt -Check | 12/31/2021 | 3115 | California Business Machines | √ | -382.73 | -16,349.15 |
| Bill Pmt -Check | 12/31/2021 | 3094 | Tulare Chamber of Commerce | √ | -375.00 | -16,724.15 |
| Bill Pmt -Check | 12/31/2021 | 3088 | SoCalGas | √ | -341.79 | -17,065.94 |
| Bill Pmt -Check | 12/31/2021 | 3116 | Lowe's | √ | -308.78 | -17,374.72 |
| Bill Pmt -Check | 12/31/2021 | 3117 | Office Depot | √ | -133.77 | -17,508.49 |
| Bill Pmt -Check | 12/31/2021 | 3113 | AT & T Mobility | √ | -52.56 | -17,561.05 |
| Bill Pmt -Check | 01/03/2022 | 3102 | Health Benefits Unit | √ | -9,859.98 | -27,421.03 |
| Bill Pmt -Check | 01/03/2022 | 3108 | United States Treasury | √ | -1,223.87 | -28,644.90 |
| Bill Pmt -Check | 01/03/2022 | 3104 | Leaf | √ | -462.80 | -29,107.70 |
| Bill Pmt -Check | 01/03/2022 | 3105 | Linder Equip CO. | √ | -454.95 | -29,562.65 |
| Bill Pmt -Check | 01/03/2022 | 3101 | CARQUEST AUTO PARTS - CP PHELP | √ | -211.01 | -29,773.66 |
| Bill Pmt -Check | 01/03/2022 | 3106 | Morris Levin & Son | √ | -153.62 | -29,927.28 |
| Bill Pmt -Check | 01/03/2022 | 3099 | AGUILAR, ALBERTO | √ | -125.00 | -30,052.28 |
| Bill Pmt -Check | 01/03/2022 | 3100 | Ramos, Carlos | √ | -125.00 | -30,177.28 |
| Bill Pmt -Check | 01/03/2022 | 3103 | Home Depot Cedit Services | √ | -57.19 | -30,234.47 |
| Bill Pmt -Check | 01/03/2022 | 3107 | Res Com Pest Control | √ | -45.00 | -30,279.47 |
| Bill Pmt -Check | 01/06/2022 | 3091 | Uline, Inc. | √ | -2,417.01 | -32,696.48 |
| Bill Pmt -Check | 01/06/2022 | 3097 | Uline, Inc. | √ | -1,824.64 | -34,521.12 |
| Bill Pmt -Check | 01/06/2022 | 3092 | Roche Oil, Inc. | √ | -402.16 | -34,923.28 |
| Bill Pmt -Check | 01/06/2022 | 3095 | Waste Management/USA Waste | √ | -326.25 | -35,249.53 |
| Bill Pmt -Check | 01/06/2022 | 3098 | High Sierra Lumber & Supply Inc. | √ | -166.66 | -35,416.19 |
| Bill Pmt -Check | 01/06/2022 | 3096 | Tulare Glass Co. Inc. | √ | -148.01 | -35,564.20 |
| Bill Pmt -Check | 01/06/2022 | 3119 | Ramos, Carlos | √ | -100.00 | -35,664.20 |
| Bill Pmt -Check | 01/06/2022 | 3120 | AGUILAR, ALBERTO | √ | -100.00 | -35,764.20 |
| Bill Pmt -Check | 01/12/2022 | 3124 | Element Security Solutions, Inc. | √ | -2,226.25 | -37,990.45 |
| Bill Pmt -Check | 01/12/2022 | 3121 | CAL Turf Equipment & Supply Inc. | √ | -72.97 | -38,063.42 |
| Check | 01/14/2022 | EFT | Paychex of New York LLC | √ | -14,958.86 | -53,022.28 |
| Check | 01/14/2022 | EFT | Paychex of New York LLC | √ | -5,106.57 | -58,128.85 |
| Check | 01/14/2022 | EFT | Paychex of New York LLC | √ | -621.08 | -58,749.93 |
| Check | 01/14/2022 | EFT | Paychex of New York LLC | √ | -547.51 | -59,297.44 |
| Check | 01/14/2022 | EFT | Paychex of New York LLC | √ | -496.69 | -59,794.13 |
| Check | 01/14/2022 | eft | Paychex of New York LLC | √ | -114.60 | -59,908.73 |
| Check | 01/18/2022 | eft | Paychex of New York LLC | √ | -223.64 | -60,132.37 |
| Bill Pmt -Check | 01/19/2022 | 3134 | Uline, Inc. | √ | -2,000.14 | -62,132.51 |
| Bill Pmt -Check | 01/19/2022 | 3131 | Home Depot Cedit Services | √ | -392.46 | -62,524.97 |
| Bill Pmt -Check | 01/19/2022 | 3128 | Office Depot | √ | -359.17 | -62,884.14 |
| Bill Pmt -Check | 01/19/2022 | 3129 | CAL Turf Equipment & Supply Inc. | √ | -149.35 | -63,033.49 |
| Bill Pmt -Check | 01/19/2022 | 3130 | CAMARA AUTO SEVICES, INC. | √ | -78.60 | -63,112.09 |
| Bill Pmt -Check | 01/19/2022 | 3132 | Office Depot | √ | -46.44 | -63,158.53 |
| Bill Pmt -Check | 01/19/2022 | 3133 | Res Com Pest Control | √ | -45.00 | -63,203.53 |
| Bill Pmt -Check | 01/20/2022 | EFT | City of Tulare | √ | -1,372.28 | -64,575.81 |
| Bill Pmt -Check | 01/24/2022 | EFT | AT & T Phone's | √ | -297.77 | -64,873.58 |
| Bill Pmt -Check | 01/24/2022 | 3135 | AT & T Mobility | √ | -52.20 | -64,925.78 |
| Bill Pmt -Check | 01/26/2022 | EFT | Southern California Edison | √ | -416.58 | -65,342.36 |
| Bill Pmt -Check | 01/26/2022 | EFT | AT & T Phone's | √ | -83.36 | -65,425.72 |
| Check | 01/28/2022 | EFT | Paychex of New York LLC | √ | -16,081.71 | -81,507.43 |

**Tulare Public Cemetery District
Reconciliation Detail**

10150 - Bank of The Sierra - CHK ACCT, Period Ending 01/31/2022

| Type | Date | Num | Name | Clr | Amount | Balance |
|---------------------------------------|------------|---------|---|-----|------------|------------|
| Check | 01/28/2022 | EFT | Paychex of New York LLC | √ | -4,812.41 | -86,319.84 |
| Check | 01/28/2022 | EFT | Paychex of New York LLC | √ | -603.04 | -86,922.88 |
| Check | 01/28/2022 | eft | Paychex of New York LLC | √ | -270.44 | -87,193.32 |
| Total Checks and Payments | | | | | -87,193.32 | -87,193.32 |
| Deposits and Credits - 7 items | | | | | | |
| Deposit | 01/07/2022 | | | √ | 21,390.29 | 21,390.29 |
| Deposit | 01/10/2022 | Deposit | Paychex of New York LLC | √ | 500.00 | 21,890.29 |
| Deposit | 01/13/2022 | | | √ | 39,675.17 | 61,565.46 |
| Deposit | 01/20/2022 | | | √ | 18,657.17 | 80,222.63 |
| Deposit | 01/27/2022 | | | √ | 43,351.33 | 123,573.96 |
| Bill Pmt -Check | 02/14/2022 | 3173 | CARQUEST AUTO PARTS - CP PHELP | √ | 0.00 | 123,573.96 |
| Bill Pmt -Check | 02/16/2022 | | Lowe's | √ | 0.00 | 123,573.96 |
| Total Deposits and Credits | | | | | 123,573.96 | 123,573.96 |
| Total Cleared Transactions | | | | | 36,380.64 | 36,380.64 |
| Cleared Balance | | | | | 36,380.64 | 99,334.28 |
| Uncleared Transactions | | | | | | |
| Checks and Payments - 20 items | | | | | | |
| Bill Pmt -Check | 11/19/2021 | 3017 | Joey Vieira | | -393.00 | -393.00 |
| Bill Pmt -Check | 01/28/2022 | EFT | CALPERS | | -6,229.41 | -6,622.41 |
| Bill Pmt -Check | 01/31/2022 | 3145 | Van Cleve Concrete Products, INC. | | -5,808.00 | -12,430.41 |
| Bill Pmt -Check | 01/31/2022 | 3152 | California Department of Tax and Fee Admi | | -3,835.00 | -16,265.41 |
| Bill Pmt -Check | 01/31/2022 | 3136 | CAPC - Calif Assoc of Public Cemeteries | | -3,143.00 | -19,408.41 |
| Bill Pmt -Check | 01/31/2022 | 3141 | Battery Pro | | -2,835.40 | -22,243.81 |
| Bill Pmt -Check | 01/31/2022 | 3140 | Andy Hinojosa III CPA | | -2,625.00 | -24,868.81 |
| Bill Pmt -Check | 01/31/2022 | 3148 | Illinois MidWest Insurance Agency, LLC | | -893.00 | -25,761.81 |
| Bill Pmt -Check | 01/31/2022 | 3153 | MARK BORGES | | -720.72 | -26,482.53 |
| Bill Pmt -Check | 01/31/2022 | EFT | Affordable Funeral Supply.com | | -668.90 | -27,151.43 |
| Bill Pmt -Check | 01/31/2022 | 3139 | David Faria | | -665.74 | -27,817.17 |
| Bill Pmt -Check | 01/31/2022 | 3137 | Clara L Bernardo | | -665.74 | -28,482.91 |
| Bill Pmt -Check | 01/31/2022 | 3138 | Phyllis A Schneider. | | -665.74 | -29,148.65 |
| Bill Pmt -Check | 01/31/2022 | 3149 | SoCalGas | | -470.63 | -29,619.28 |
| Bill Pmt -Check | 01/31/2022 | 3151 | Petty Cash | | -452.76 | -30,072.04 |
| Bill Pmt -Check | 01/31/2022 | 3143 | California Busniness Machines | | -437.52 | -30,509.56 |
| Bill Pmt -Check | 01/31/2022 | 3155 | Waste Management/USA Waste | | -363.82 | -30,873.38 |
| Bill Pmt -Check | 01/31/2022 | 3144 | Home Depot Cedit Services | | -157.54 | -31,030.92 |
| Bill Pmt -Check | 01/31/2022 | 3142 | CAL Turf Equipment & Supply Inc. | | -133.52 | -31,164.44 |
| Bill Pmt -Check | 01/31/2022 | 3157 | CAL Turf Equipment & Supply Inc. | | -29.47 | -31,193.91 |
| Total Checks and Payments | | | | | -31,193.91 | -31,193.91 |
| Total Uncleared Transactions | | | | | -31,193.91 | -31,193.91 |
| Register Balance as of 01/31/2022 | | | | | 5,186.73 | 68,140.37 |

Tulare Public Cemetery District
Reconciliation Detail

10500 · Cash in Treasury (772), Period Ending 01/31/2022

| Type | Date | Num | Name | Clr | Amount | Balance |
|--|------------|----------|-------------------|-----|--------------------|--------------------|
| Beginning Balance | | | | | | 428,541.86 |
| Cleared Transactions | | | | | | |
| Checks and Payments - 12 items | | | | | | |
| Invoice | 12/30/2021 | 14693 | TULARE COUNTY PVQ | √ | -14,484.83 | -14,484.83 |
| Invoice | 12/30/2021 | 14694 | TULARE COUNTY PVQ | √ | -6,905.46 | -21,390.29 |
| Invoice | 01/13/2022 | 14696 | TULARE COUNTY PVQ | √ | -13,497.98 | -34,888.27 |
| Invoice | 01/13/2022 | 14697 | TULARE COUNTY PVQ | √ | -2,662.73 | -37,551.00 |
| Invoice | 01/13/2022 | 14698 | TULARE COUNTY PVQ | √ | -2,496.46 | -40,047.46 |
| Invoice | 01/20/2022 | 14699 | TULARE COUNTY PVQ | √ | -24,625.00 | -64,672.46 |
| Invoice | 01/20/2022 | 14699 | TULARE COUNTY PVQ | √ | -10,159.81 | -74,832.27 |
| Invoice | 01/20/2022 | 14700 | TULARE COUNTY PVQ | √ | -8,566.52 | -83,398.79 |
| Invoice | 01/31/2022 | 14695 | TULARE COUNTY PVQ | √ | -26,300.00 | -109,698.79 |
| Invoice | 01/31/2022 | 14695 | TULARE COUNTY PVQ | √ | -13,375.17 | -123,073.96 |
| Transfer | 01/31/2022 | | | √ | -8,982.08 | -132,056.04 |
| Check | 01/31/2022 | Deposits | Tax Apportionment | √ | -1.33 | -132,057.37 |
| Total Checks and Payments | | | | | -132,057.37 | -132,057.37 |
| Deposits and Credits - 8 items | | | | | | |
| Transfer | 01/04/2022 | | | √ | 2,823.84 | 2,823.84 |
| Transfer | 01/04/2022 | | | √ | 20,921.25 | 23,745.09 |
| Transfer | 01/06/2022 | | | √ | 60.00 | 23,805.09 |
| Transfer | 01/06/2022 | | | √ | 28,472.84 | 52,277.93 |
| Transfer | 01/12/2022 | | | √ | 7,683.50 | 59,961.43 |
| Transfer | 01/20/2022 | | | √ | 12.50 | 59,973.93 |
| Transfer | 01/20/2022 | | | √ | 35,090.35 | 95,064.28 |
| Deposit | 01/31/2022 | Deposits | Tax Apportionment | √ | 15,566.92 | 110,631.20 |
| Total Deposits and Credits | | | | | 110,631.20 | 110,631.20 |
| Total Cleared Transactions | | | | | -21,426.17 | -21,426.17 |
| Cleared Balance | | | | | -21,426.17 | 407,115.69 |
| Register Balance as of 01/31/2022 | | | | | -21,426.17 | 407,115.69 |

**Tulare Public Cemetery District
Reconciliation Detail**

10600 · Endowment - Reserved (773), Period Ending 01/31/2022

| | <u>Type</u> | <u>Date</u> | <u>Num</u> | <u>Name</u> | <u>Clr</u> | <u>Amount</u> | <u>Balance</u> |
|---------------------------------------|-------------|-------------|------------|-------------|------------|------------------|---------------------|
| Beginning Balance | | | | | | | 1,640,994.36 |
| Cleared Transactions | | | | | | | |
| Deposits and Credits - 2 items | | | | | | | |
| | Transfer | 01/31/2022 | | | √ | 8,982.08 | 8,982.08 |
| | Transfer | 01/31/2022 | | | √ | 9,601.00 | 18,583.08 |
| Total Deposits and Credits | | | | | | <u>18,583.08</u> | <u>18,583.08</u> |
| Total Cleared Transactions | | | | | | <u>18,583.08</u> | <u>18,583.08</u> |
| Cleared Balance | | | | | | <u>18,583.08</u> | <u>1,659,577.44</u> |
| Register Balance as of 01/31/2022 | | | | | | 18,583.08 | 1,659,577.44 |

Tulare Public Cemetery District
Reconciliation Detail

10700 · Cash in Expansion Account (807), Period Ending 01/31/2022

| | <u>Type</u> | <u>Date</u> | <u>Num</u> | <u>Name</u> | <u>Clr</u> | <u>Amount</u> | <u>Balance</u> |
|-----------------------------------|-------------|-------------|------------|-------------|------------|---------------|------------------|
| Beginning Balance | | | | | | | 95,905.58 |
| Cleared Balance | | | | | | | 95,905.58 |
| Register Balance as of 01/31/2022 | | | | | | | 95,905.58 |

Tulare Public Cemetery District
Reconciliation Detail

10900 · Endowment - Unreserved (817), Period Ending 01/31/2022

| | <u>Type</u> | <u>Date</u> | <u>Num</u> | <u>Name</u> | <u>Clr</u> | <u>Amount</u> | <u>Balance</u> |
|-----------------------------------|-------------|-------------|------------|-------------|------------|---------------|--------------------------|
| Beginning Balance | | | | | | | <u>292,311.56</u> |
| Cleared Balance | | | | | | | <u>292,311.56</u> |
| Register Balance as of 01/31/2022 | | | | | | | <u>292,311.56</u> |
| Ending Balance | | | | | | | <u><u>292,311.56</u></u> |

Tulare Public Cemetery District Profit & Loss Budget Performance

January 2022

| | Jan 22 | Budget | Jul '21 - Jan 22 | YTD Budget | Annual Budget |
|---|----------------|----------------|------------------|----------------|------------------|
| Ordinary Income/Expense | | | | | |
| Income | | | | | |
| 3999 · Total Beginning Cash Available | 0 | 32,618 | 0 | 228,327 | 391,418 |
| 4000 · County Taxes | | | | | |
| 4001 · Current Secured | 15,566 | 13,833 | 111,337 | 96,833 | 166,000 |
| 4006 · Current Unsecured | 0 | 750 | -0 | 5,250 | 9,000 |
| 4008 · Prior Secured | 0 | 253 | 0 | 1,773 | 3,040 |
| 4009 · Prior Unsecured | 0 | 11 | 0 | 76 | 130 |
| 4030 · Suppl Current Secured | 0 | 233 | 0 | 1,633 | 2,800 |
| 4033 · Suppl Prior Secured | 0 | 33 | 0 | 233 | 400 |
| 4060 · Residual Distributions | 0 | 542 | 0 | 3,792 | 6,500 |
| 4069 · PT Facilities | 0 | 492 | 0 | 3,442 | 5,900 |
| 5000 · Aid-Other Governmental Agencies | 0 | 3 | 0 | 18 | 30 |
| 5050 · Homeowners Property Tax Relief | 0 | 100 | 0 | 700 | 1,200 |
| 4000 · County Taxes - Other | 0 | | 0 | 0 | 0 |
| Total 4000 · County Taxes | 15,566 | 16,250 | 111,337 | 113,750 | 195,000 |
| 4801 · Interest Income - 772 | 0 | 250 | 2,390 | 1,750 | 3,000 |
| 5400 · Charges for Current Services | 107,678 | 61,015 | 686,959 | 427,106 | 732,182 |
| 5450 · Concrete Base | 6,800 | | 24,000 | | |
| 5805 · Misc. Revenue | 1,701 | 167 | 23,440 | 1,167 | 2,000 |
| 5834 · Restitution | 100 | 100 | 1,489 | 700 | 1,200 |
| 5835 · Other Revenue | 2 | 1,250 | 2 | 8,750 | 15,000 |
| Total Income | 131,847 | 111,650 | 849,617 | 781,550 | 1,339,800 |
| Gross Profit | 131,847 | 111,650 | 849,617 | 781,550 | 1,339,800 |
| Expense | | | | | |
| 6000 · Payroll and Employee Benefits | | | | | |
| 6001 · Regular Payroll | 40,634 | 43,750 | 289,632 | 306,250 | 525,000 |
| 6002 · Overtime | 546 | 417 | 8,333 | 2,917 | 5,000 |
| 6004 · Health Insurance Benefits | 9,860 | 6,250 | 84,273 | 43,750 | 75,000 |
| 6005 · Extra Help | 0 | 333 | 0 | 2,333 | 4,000 |
| 6008 · Directors Fees | 200 | 333 | 1,650 | 2,333 | 4,000 |
| 6011 · Retirement-SD Portion | 6,229 | 3,750 | 24,154 | 26,250 | 45,000 |
| 6012 · Social Security and Medicare | 3,144 | 3,333 | 22,700 | 23,335 | 40,000 |
| 6015 · Workers Compensation Ins | 893 | 1,667 | 8,278 | 11,667 | 20,000 |
| 6016 · Unemployment Ins. | 1,110 | 250 | 1,849 | 1,750 | 3,000 |
| 6020 · - Prior Year Payroll Taxes | 0 | 0 | 7,648 | 0 | 0 |
| 6000 · Payroll and Employee Benefits - Other | 0 | | 0 | 0 | 0 |
| Total 6000 · Payroll and Employee Benefits | 62,617 | 60,083 | 448,517 | 420,585 | 721,000 |
| 7003 · Penalties | 0 | 42 | 40 | 292 | 500 |

Tulare Public Cemetery District Profit & Loss Budget Performance

January 2022

| | Jan 22 | Budget | Jul 21 - Jan 22 | YTD Budget | Annual Budget |
|--|--------|--------|-----------------|------------|---------------|
| 7004 · Clothing and Personal Supplies | | | | | |
| 70041 · Breakroom Supplies | 0 | | 30 | 0 | |
| 70042 · PPE - Personal Protective Equip | 0 | | 120 | 0 | |
| 70043 · First Aid Supplies | 23 | | 23 | 0 | |
| 7004 · Clothing and Personal Supplies - Other | 150 | 583 | 2,572 | 4,083 | 7,000 |
| Total 7004 · Clothing and Personal Supplies | 173 | 583 | 2,745 | 4,083 | 7,000 |
| 7005 · Telecommunications | | | | | |
| 70051 · Internet | 150 | | 150 | 0 | |
| 70052 · Phone Lines | 301 | | 301 | 0 | |
| 70053 · Tablet | 52 | | 52 | 0 | |
| 7005 · Telecommunications - Other | 0 | 500 | 3,304 | 3,500 | 6,000 |
| Total 7005 · Telecommunications | 503 | 500 | 3,807 | 3,500 | 6,000 |
| 7006 · Vaults and Liners | | | | | |
| 7008 · Freight/Delivery Fees | 13,554 | 6,250 | 64,978 | 43,750 | 75,000 |
| 7009 · Household Supplies | 241 | 125 | 241 | 875 | 1,500 |
| 7010 · Insurance | 0 | 1,667 | 919 | 11,667 | 20,000 |
| 7011 · Concrete Base for Headstones | 0 | | 16,800 | | |
| 7025 · Mileage Reimbursement Expense | 0 | 17 | 35 | 117 | 200 |
| 7030 · Maintenance and Repairs | | | | | |
| 70200 · Repair & Main. - Equipment | 6,579 | 0 | 33,400 | 0 | 0 |
| 70201 · Equipment & Supplies for Servic | 1,528 | | 2,377 | | |
| 70203 · Fuel/Diesel for Equipment | 1,052 | | 1,052 | | |
| 70300 · Repair & Main. - Outside | 542 | 0 | 79,455 | 0 | 0 |
| 70301 · Safety Supplies & Compliance | 515 | | 2,246 | | |
| 70302 · Cleaning Supplies | 0 | | 712 | | |
| 70400 · Repair & Main. - Building | 1,684 | 0 | 16,266 | 0 | 0 |
| 70401 · Pest Control | 135 | | 135 | | |
| 7030 · Maintenance and Repairs - Other | 0 | 9,167 | 0 | 64,167 | 110,000 |
| Total 7030 · Maintenance and Repairs | 12,035 | 9,167 | 135,643 | 64,167 | 110,000 |
| 7036 · Office Supplies and Expense | | | | | |
| 61000 · Copier/Equipment Lease | 0 | 0 | 463 | 0 | 0 |
| 62000 · Office Supplies | 468 | 0 | 5,184 | 0 | 0 |
| 63000 · Computer Repairs and Expense | 0 | 0 | 3,299 | 0 | 0 |
| 7036 · Office Supplies and Expense - Other | 1,073 | 1,667 | 8,271 | 11,667 | 20,000 |
| Total 7036 · Office Supplies and Expense | 1,541 | 1,667 | 17,217 | 11,667 | 20,000 |
| 7039 · Miscellaneous | 0 | 58 | 8,250 | 408 | 700 |

Tulare Public Cemetery District Profit & Loss Budget Performance

January 2022

| | Jan 22 | Budget | Jul '21 - Jan 22 | YTD Budget | Annual Budget |
|--|----------------|----------------|------------------|----------------|------------------|
| 7043 · Professional Fees | | | | | |
| 63500 · County Admin Fees | 0 | 0 | 2,296 | 0 | 0 |
| 68100 · Accounting | 1,671 | 0 | 19,545 | 0 | 0 |
| 68200 · Auditing | 0 | 0 | 0 | 0 | 0 |
| 68300 · Legal | 0 | 0 | 12,851 | 0 | 0 |
| 7043 · Professional Fees - Other | 0 | 4,167 | 1,435 | 29,167 | 50,000 |
| Total 7043 · Professional Fees | 1,671 | 4,167 | 36,127 | 29,167 | 50,000 |
| 7045 · Security | | | | | |
| 7059 · Publications and Legal Notices | 4,080 | 2,083 | 16,307 | 14,583 | 25,000 |
| 70591 · Membership Dues | 0 | 250 | 375 | 1,750 | 3,000 |
| 7059 · Publications and Legal Notices - Other | 0 | | 865 | | |
| Total 7059 · Publications and Legal Notices | 0 | 250 | 1,240 | 1,750 | 3,000 |
| 7073 · Training / Education | | | | | |
| 7074 · Transportation and Travel | 3,143 | 833 | 3,893 | 5,833 | 10,000 |
| 70741 · Lodging | 1,997 | | 1,997 | | |
| Total 7074 · Transportation and Travel | 1,997 | | 1,997 | | |
| 7081 · Utilities | | | | | |
| 77100 · SCE | 417 | 0 | 8,646 | 0 | 0 |
| 77200 · SO Cal Gas | 471 | 0 | 989 | 0 | 0 |
| 77300 · Water, Sewer and Disposal | 1,132 | 0 | 26,297 | 0 | 0 |
| 79000 · Waste Disposal | 4,848 | 0 | 9,564 | 0 | 0 |
| 7081 · Utilities - Other | 0 | 4,167 | 0 | 29,167 | 50,000 |
| Total 7081 · Utilities | 6,867 | 4,167 | 45,496 | 29,167 | 50,000 |
| 7090 · Vehicle Expense | | | | | |
| 70901 · Vehicle Repairs/Maintenance | 0 | | 79 | | |
| Total 7090 · Vehicle Expense | 0 | | 79 | | |
| 7425 · Taxes | | | | | |
| 74251 · Sales Tax on Purchases & Repair | 134 | | 143 | | |
| 7425 · Taxes - Other | 3,835 | 108 | 5,134 | 758 | 1,300 |
| Total 7425 · Taxes | 3,969 | 108 | 5,277 | 758 | 1,300 |
| 8001 · Graves Repurchase | | | | | |
| 8100 · Building and Improvements | 0 | 417 | 1,800 | 2,917 | 5,000 |
| 8300 · Equipment | 501 | 8,333 | 809 | 58,333 | 100,000 |
| Total Expense | 112,892 | 111,650 | 838,709 | 781,552 | 1,339,800 |
| Net Ordinary Income | 18,955 | 0 | 10,908 | -2 | 0 |

Tulare Public Cemetery District Profit & Loss Budget Performance

January 2022

| | Jan 22 | Budget | Jul '21 - Jan 22 | YTD Budget | Annual Budget |
|---|---------------|---------------|------------------|---------------|----------------|
| Other Income/Expense | | | | | |
| Other Income | | | | | |
| 9100 · Endowment - 773 | 11,956 | 5,000 | 75,760 | 35,000 | 60,000 |
| 9101 · Endowment Revenue -Current Serv | 0 | 2,083 | 8,209 | 14,583 | 25,000 |
| 9102 · Interest Income - Endowment 773 | 0 | 0 | 0 | 0 | 0 |
| 9100 · Endowment - 773 - Other | 0 | 0 | 0 | 0 | 0 |
| Total 9100 · Endowment - 773 | 11,956 | 7,083 | 83,969 | 49,583 | 85,000 |
| 9200 · Fund for Future Expansion - 807 | | | | | |
| 9201 · Rent and Concessions - 807 | 0 | 1,250 | 0 | 8,750 | 15,000 |
| 9203 · Interest Income - 807 | 0 | 117 | 484 | 817 | 1,400 |
| 9204 · Future Expansion Current Servic | 0 | 1,250 | 6,521 | 8,750 | 15,000 |
| 9200 · Fund for Future Expansion - 807 - Other | 0 | 0 | 0 | 0 | 0 |
| Total 9200 · Fund for Future Expansion - 807 | 0 | 2,617 | 7,005 | 18,317 | 31,400 |
| 9300 · Unreserved Funds - 817 | | | | | |
| 9301 · Interest Income - 817 | 0 | 417 | 1,746 | 2,917 | 5,000 |
| 9300 · Unreserved Funds - 817 - Other | 0 | 0 | 0 | 0 | 0 |
| Total 9300 · Unreserved Funds - 817 | 0 | 417 | 1,746 | 2,917 | 5,000 |
| Total Other Income | 11,956 | 10,117 | 92,720 | 70,817 | 121,400 |
| Other Expense | | | | | |
| 7432 · Appropriation for Contingencies | 0 | 10,117 | 0 | 70,817 | 121,400 |
| Total Other Expense | 0 | 10,117 | 0 | 70,817 | 121,400 |
| Net Other Income | 11,956 | 0 | 92,720 | 0 | 0 |
| Net Income | 30,911 | 0 | 103,628 | -2 | 0 |

2022 CalPERS Health Premiums

For Public Agency and School Members

Public agency and school health regions by county

Region 1

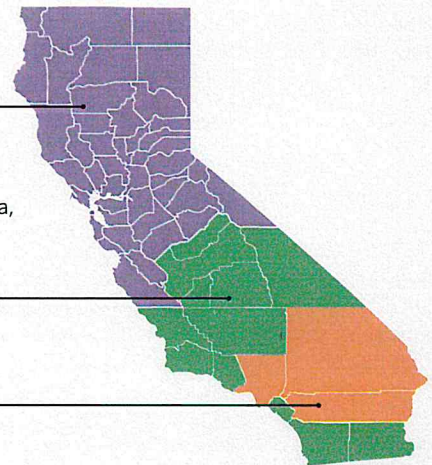
Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, and Yuba

Region 2

Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, and Ventura

Region 3

Los Angeles, Riverside, and San Bernardino



Plan type definitions

HMO Plan

A Health Maintenance Organization (HMO) plan provides health care from specific doctors and hospitals under contract with the plan. You pay copayments for some services, but you have no deductible, no claim forms, and a geographically restricted service area.

PPO Plan

A Preferred Provider Organization (PPO) is similar to a traditional "fee-for-service" plan, but you must use doctors in the PPO provider network or pay higher coinsurance (percentage of charges). You must usually meet an annual deductible before some benefits apply. You're responsible for a certain coinsurance amount and the plan pays the balance up to the allowable amount.

For more information visit our website at www.calpers.ca.gov
or contact us at 888 CalPERS (or 888-225-7377).



2022 Basic and Medicare Plan Premiums

| | Region 1 | | |
|--|------------|------------|------------|
| | Single | 2-Party | Family |
| BASIC HMO PLANS | | | |
| Anthem Blue Cross EPO Del Norte | \$1,057.01 | \$2,114.02 | \$2,748.23 |
| Anthem Blue Cross Select HMO | 1,015.81 | 2,031.62 | 2,641.11 |
| Anthem Blue Cross Traditional HMO | 1,304.00 | 2,608.00 | 3,390.40 |
| Blue Shield Access+ EPO | 1,116.01 | 2,232.02 | 2,901.63 |
| Blue Shield Access+ HMO | 1,116.01 | 2,232.02 | 2,901.63 |
| Blue Shield Trio HMO | 898.54 | 1,797.08 | 2,336.20 |
| Health Net SmartCare HMO | 1,153.00 | 2,306.00 | 2,997.80 |
| Kaiser Permanente | 1,020.28 | 1,714.12 | 2,228.36 |
| UnitedHealthcare SignatureValue Alliance HMO | 941.17 | 2,040.56 | 2,652.73 |
| Western Health Advantage HMO | 741.26 | 1,482.52 | 1,927.28 |
| BASIC PPO PLANS | | | |
| PERS Gold | \$701.23 | \$1,402.46 | \$1,823.20 |
| PERS Platinum | 1,057.01 | 2,114.02 | 2,748.23 |
| PORAC | 799.00 | 1,725.00 | 2,219.00 |

| | Region 2 | | |
|--|----------|------------|------------|
| | Single | 2-Party | Family |
| BASIC HMO PLANS | | | |
| Anthem Blue Cross Select HMO | \$712.43 | \$1,424.86 | \$1,852.32 |
| Anthem Blue Cross Traditional HMO | 1,007.13 | 2,014.26 | 2,618.54 |
| Blue Shield Access+ HMO | 900.22 | 1,800.44 | 2,340.57 |
| Blue Shield Trio HMO | 742.70 | 1,485.40 | 1,931.02 |
| Health Net Salud y Más HMO | 548.26 | 1,096.52 | 1,425.48 |
| Health Net SmartCare HMO | 845.69 | 1,691.38 | 2,198.79 |
| Kaiser Permanente | 706.02 | 1,412.04 | 1,835.65 |
| Sharp Performance Plus HMO | 699.21 | 1,398.42 | 1,817.95 |
| UnitedHealthcare SignatureValue Alliance HMO | 775.09 | 1,550.18 | 2,015.23 |
| UnitedHealthcare Harmony HMO | 782.74 | 1,565.48 | 2,035.12 |
| BASIC PPO PLANS | | | |
| PERS Gold | \$587.78 | \$1,175.56 | \$1,528.23 |
| PERS Platinum | 882.18 | 1,764.36 | 2,293.67 |
| PORAC | 775.00 | 1,550.00 | 2,010.00 |

| | Region 3 | | |
|--|----------|------------|------------|
| | Single | 2-Party | Family |
| BASIC HMO PLANS | | | |
| Anthem Blue Cross Select HMO | \$676.48 | \$1,352.96 | \$1,758.85 |
| Anthem Blue Cross Traditional HMO | 935.57 | 1,871.14 | 2,432.48 |
| Blue Shield Access+ HMO | 779.87 | 1,559.74 | 2,027.66 |
| Blue Shield Trio HMO | 668.13 | 1,336.26 | 1,737.14 |
| Health Net Salud y Más HMO | 463.87 | 927.74 | 1,206.06 |
| Health Net SmartCare HMO | 764.96 | 1,529.92 | 1,988.90 |
| Kaiser Permanente | 719.78 | 1,439.56 | 1,871.43 |
| UnitedHealthcare SignatureValue Alliance HMO | 771.85 | 1,543.70 | 2,006.81 |
| UnitedHealthcare Harmony HMO | 714.28 | 1,428.56 | 1,857.13 |
| BASIC PPO PLANS | | | |
| PERS Gold | \$575.56 | \$1,151.12 | \$1,496.46 |
| PERS Platinum | 863.37 | 1,726.74 | 2,244.76 |
| PORAC | 775.00 | 1,475.00 | 1,894.00 |

| | Out of State | | |
|--|--------------|------------|------------|
| | Single | 2-Party | Family |
| BASIC HMO PLANS | | | |
| Kaiser Out of State | \$1,138.95 | \$2,277.90 | \$2,961.27 |
| BASIC PPO PLANS | | | |
| PERS Platinum | \$847.71 | \$1,695.42 | \$2,204.05 |
| PORAC | 899.00 | 1,899.00 | 2,223.00 |
| MEDICARE PLANS | | | |
| All Regions | | | |
| Single | | | |
| Anthem Medicare Preferred PPO ¹ | \$360.19 | \$720.38 | \$1,080.57 |
| Blue Shield Medicare PPO ² | 353.11 | 706.22 | 1,059.33 |
| Kaiser Permanente Senior Advantage ² | 302.53 | 605.06 | 907.59 |
| Kaiser Permanente Senior Advantage - Out of State (in select areas only) | 295.52 | 591.04 | 886.56 |
| UnitedHealthcare Group Medicare Advantage PPO ³ | 294.65 | 589.30 | 883.95 |
| UnitedHealthcare Edge Medicare Advantage PPO ³ | 347.21 | 694.42 | 1,041.63 |
| PERS Gold Medicare Supplement PPO (not available Out of State) | 377.41 | 754.82 | 1,132.23 |
| PERS Platinum Medicare Supplement PPO | 381.94 | 763.88 | 1,145.82 |
| PORAC Medicare Supplement PPO | 461.00 | 919.00 | 1,471.00 |
| Sharp Direct Advantage PPO* (San Diego County only) | 263.85 | 527.70 | 791.55 |

¹Dental and Vision coverage is an additional \$38.00 per member per month. The plan will bill you directly for this amount.
²Dental and Vision coverage is an additional \$38.00 per member per month. The plan will bill you directly for this amount.
³Dental and Vision coverage is an additional \$26.55 per member per month. The plan will bill you directly for this amount.
*Dental benefit is an additional \$12.00 per member per month. The plan will bill you directly for this amount.

2022 Combination Plan Premiums

A combination plan means at least one family member is enrolled in a basic health plan and at least one family member is enrolled in a Medicare health plan through the same health carrier. CalPERS requires all family members to have the same health carrier.

| | Medicare Subscriber + | | | Basic Subscriber + | | |
|---|-----------------------|---------------------|---------------------------------|----------------------|------------------------|---------------------------------|
| | 1 Basic Dependent | 2+ Basic Dependents | 1+ Basic & 1 Medicare Dependent | Region 1 | | |
| | | | | 1 Medicare Dependent | 2+ Medicare Dependents | 1 Basic & 1+ Medicare Dependent |
| BASIC HMO + MEDICARE PLANS | | | | | | |
| Anthem Blue Cross Select HMO and Medicare Preferred | \$1,376.00 | \$1,985.49 | \$1,329.87 | \$1,376.00 | \$1,736.19 | \$1,985.49 |
| Anthem Blue Cross Traditional HMO and Medicare Preferred | 1,664.19 | 2,446.59 | 1,502.78 | 1,664.19 | 2,024.38 | 2,446.59 |
| Blue Shield Access+ and Medicare PPO Health Only | 1,469.12 | 2,188.73 | 1,375.83 | 1,469.12 | 1,822.23 | 2,138.73 |
| Blue Shield Trio and Medicare PPO Health Only | 1,251.65 | 1,790.77 | 1,245.34 | 1,251.65 | 1,604.76 | 1,790.77 |
| Kaiser Permanente and Senior Advantage | 1,159.59 | 1,673.83 | 1,119.30 | 1,159.59 | 1,462.12 | 1,673.83 |
| UnitedHealthcare Group HMO and Medicare Advantage PPO | 1,314.93 | 1,927.10 | 1,201.47 | 1,314.93 | 1,609.58 | 1,927.10 |
| UnitedHealthcare Group HMO and Medicare Advantage Edge PPO | 1,367.49 | 1,979.66 | 1,306.59 | 1,367.49 | 1,714.70 | 1,979.66 |
| Western Health Advantage MyCare Select and Medicare Advantage | 1,056.20 | 1,500.96 | 1,074.64 | 1,056.20 | 1,371.14 | 1,500.96 |
| BASIC PPO + MEDICARE PLANS | | | | | | |
| PERS Platinum and Medicare Supplement | \$1,438.95 | \$2,073.16 | \$1,398.09 | \$1,438.95 | \$1,820.89 | \$2,073.16 |
| PERS Gold and Medicare Supplement | 1,078.64 | 1,499.38 | 1,175.56 | 1,078.64 | 1,456.05 | 1,499.38 |
| Peace Officers Research Assoc of CA and Medicare Supplement | 1,439.00 | 1,913.00 | 1,496.00 | 1,439.00 | 1,825.00 | 1,782.00 |

BASIC HMO + MEDICARE PLANS**Region 2**

| | | | | | | |
|--|------------|------------|------------|------------|------------|------------|
| Anthem Blue Cross Select HMO and Medicare Preferred | \$1,072.62 | \$1,500.08 | \$1,147.84 | \$1,072.62 | \$1,432.81 | \$1,500.08 |
| Anthem Blue Cross Traditional HMO and Medicare Preferred | 1,367.32 | 1,971.60 | 1,324.66 | 1,367.32 | 1,727.51 | 1,971.60 |
| Blue Shield Access+ and Medicare PPO Health Only | 1,253.33 | 1,793.46 | 1,246.35 | 1,253.33 | 1,606.44 | 1,793.46 |
| Blue Shield Trio and Medicare PPO Health Only | 1,095.81 | 1,541.43 | 1,151.84 | 1,095.81 | 1,448.92 | 1,541.43 |
| Kaiser Permanente and Senior Advantage | 1,008.55 | 1,432.16 | 1,028.67 | 1,008.55 | 1,311.08 | 1,432.16 |
| Sharp Performance Plus and Medicare Advantage | 963.06 | 1,382.59 | 947.23 | 963.06 | 1,226.91 | 1,382.59 |
| UnitedHealthcare Group HMO and Medicare Advantage PPO | 1,069.74 | 1,534.79 | 1,054.35 | 1,069.74 | 1,364.39 | 1,534.79 |
| UnitedHealthcare Group HMO and Medicare Advantage Edge PPO | 1,122.30 | 1,587.35 | 1,159.47 | 1,122.30 | 1,469.51 | 1,587.35 |
| UnitedHealthcare Signature Harmony HMO and Medicare Advantage PPO | 1,077.39 | 1,547.03 | 1,058.94 | 1,077.39 | 1,372.04 | 1,547.03 |
| UnitedHealthcare Signature Harmony HMO and Medicare Advantage Edge PPO | 1,129.95 | 1,599.59 | 1,164.06 | 1,129.95 | 1,477.16 | 1,599.59 |

BASIC PPO + MEDICARE PLANS

| | | | | | | |
|---|------------|------------|------------|------------|------------|------------|
| PERS Platinum and Medicare Supplement | \$1,264.12 | \$1,793.43 | \$1,293.19 | \$1,264.12 | \$1,646.06 | \$1,793.43 |
| PERS Gold and Medicare Supplement | 965.19 | 1,317.86 | 1,107.49 | 965.19 | 1,342.60 | 1,317.86 |
| Peace Officers Research Assoc of CA and Medicare Supplement | 1,351.00 | 1,835.00 | 1,582.00 | 1,346.00 | 1,800.00 | 1,830.00 |

BASIC HMO + MEDICARE PLANS**Region 3**

| | | | | | | |
|--|------------|------------|------------|------------|------------|------------|
| Anthem Blue Cross Select HMO and Medicare Preferred | \$1,036.67 | \$1,442.56 | \$1,126.27 | \$1,036.67 | \$1,396.86 | \$1,442.56 |
| Anthem Blue Cross Traditional HMO and Medicare Preferred | 1,295.76 | 1,857.10 | 1,281.72 | 1,295.76 | 1,655.95 | 1,857.10 |
| Blue Shield Access+ and Medicare PPO Health Only | 1,132.98 | 1,600.90 | 1,174.14 | 1,132.98 | 1,486.09 | 1,600.90 |
| Blue Shield Trio and Medicare PPO Health Only | 1,021.24 | 1,422.12 | 1,107.10 | 1,021.24 | 1,374.35 | 1,422.12 |
| Kaiser Permanente and Senior Advantage | 1,022.31 | 1,454.18 | 1,036.93 | 1,022.31 | 1,324.84 | 1,454.18 |
| UnitedHealthcare Group HMO and Medicare Advantage PPO | 1,066.50 | 1,529.61 | 1,052.41 | 1,066.50 | 1,361.15 | 1,529.61 |
| UnitedHealthcare Group HMO and Medicare Advantage Edge PPO | 1,119.06 | 1,582.17 | 1,157.53 | 1,119.06 | 1,466.27 | 1,582.17 |
| UnitedHealthcare Signature Harmony HMO and Medicare Advantage PPO | 1,008.93 | 1,437.50 | 1,017.87 | 1,008.93 | 1,303.58 | 1,437.50 |
| UnitedHealthcare Signature Harmony HMO and Medicare Advantage Edge PPO | 1,061.49 | 1,490.06 | 1,122.99 | 1,061.49 | 1,408.70 | 1,490.06 |

BASIC PPO + MEDICARE PLANS

| | | | | | | |
|---|------------|------------|------------|------------|------------|------------|
| PERS Platinum and Medicare Supplement | \$1,245.31 | \$1,763.33 | \$1,281.90 | \$1,245.31 | \$1,627.25 | \$1,763.33 |
| PERS Gold and Medicare Supplement | 952.97 | 1,298.31 | 1,100.16 | 952.97 | 1,330.38 | 1,298.31 |
| Peace Officers Research Assoc of CA and Medicare Supplement | 1,273.00 | 1,793.00 | 1,592.00 | 1,268.00 | 1,847.00 | 1,678.00 |

BASIC HMO + MEDICARE PLANS**Out of State**

| | | | | | | |
|---|----------|----------|----------|----------|----------|----------|
| Kaiser Permanente and Senior Advantage - Out of State | 1,434.47 | 2,117.84 | 1,274.41 | 1,434.47 | 1,729.99 | 2,117.84 |
|---|----------|----------|----------|----------|----------|----------|

BASIC PPO + MEDICARE PLANS

| | | | | | | |
|---|----------|----------|----------|----------|----------|----------|
| PERS Platinum and Medicare Supplement | 1,229.65 | 1,738.28 | 1,272.51 | 1,229.65 | 1,611.59 | 1,738.28 |
| Peace Officers Research Assoc of CA and Medicare Supplement | 1,461.00 | 1,886.00 | 1,444.00 | 1,461.00 | 1,974.00 | 1,830.00 |

¹ Dental and Vision coverage is an additional \$38.00 per member per month. The plan will bill you directly for this amount.

² Dental benefit is an additional \$15.05 per member per month. The plan will bill you directly for this amount.

³ Dental and Vision coverage is an additional \$25.55 per member per month. The plan will bill you directly for this amount.

⁴ Dental benefit is an additional \$12.00 per member per month. The plan will bill you directly for this amount.

2022 | Health Benefit Summary

Helping you make an informed decision about your health plan



About CalPERS

CalPERS is the largest purchaser of public employee health benefits in California, and the second largest public purchaser in the nation after the federal government. Our program provides benefits for 1.5 million public employees, retirees, and their families.

Depending on where you reside or work, CalPERS offers active employees and retirees one or more types of health plans, which may include:

- Health Maintenance Organization (HMO)
- Preferred Provider Organization (PPO)
- Exclusive Provider Organization (EPO)
(for members in certain California counties)

The CalPERS Board of Administration annually determines health plan availability, covered benefits, health premiums, and copayments.

Whether you are working or retired, your employer or former employer makes monthly contributions toward your health premiums. The amount of this contribution varies. Your cost may depend on your employer or former employer's contribution to your premium, the length of your employment, and the health plan you choose. For monthly contribution amounts, active employees should contact their employer, State retirees should contact CalPERS, and contracting agency retirees should contact their former employer.

About This Publication

The *2022 Health Benefit Summary* provides only a general overview of certain benefits. It does not include details of all covered expenses or exclusions and limitations. Please refer to each health plan's *Evidence of Coverage* (EOC) booklet for the exact terms and conditions of coverage. Health plans mail EOCs to new members at the beginning of the year, and to existing members upon request. In case of a conflict between this summary and your health plan's EOC, the EOC establishes the benefits that will be provided.

The *2022 Health Benefit Summary* provides valuable information to help you make an informed choice about your health plan and health care providers. This publication compares covered services, copayments, and benefits for each CalPERS health plan. It also provides information about plan availability by county and a chart summarizing important differences among health plan types.

You can use this information to determine which health plan offers the services you need at the cost that works for you. The 2022 health plan premiums are available at the CalPERS website at www.calpers.ca.gov. Check with your employer to find out how much they contribute toward your premium.

We recommend that you only use this publication in conjunction with the current year's health premium rate schedule and EOCs. To obtain a copy of the health premium rate schedule for any health plan, please go to the CalPERS website at www.calpers.ca.gov or contact CalPERS at 888 CalPERS (or 888-225-7377).

Other Health Publications

This publication is one of many resources CalPERS offers to help you choose and use your health plan. Others include:

- *Health Program Guide*: Describes Basic and Medicare health plan eligibility, enrollment, and choices
- *CalPERS Medicare Enrollment Guide*: Provides information about how Medicare works with your CalPERS health benefits

You can obtain the above publications and other information about your CalPERS health benefits through myCalPERS at my.calpers.ca.gov or by calling CalPERS at 888 CalPERS (or 888-225-7377).

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Considering Your Health Plan Choices

Selecting a health plan for you and your family is one of the most important decisions you will make. This decision involves balancing the cost of each plan, along with other features, such as access to doctors and hospitals, pharmacy services, and special programs for managing specific medical conditions. Choosing the right plan ensures that you receive the health benefits and services that matter to you.

If you are a new CalPERS member or you are considering changing your health plan during Open Enrollment, you will need to make two related decisions:

- Which health plan is best for you and your family?
- Which doctors and hospitals do you want to provide your care?

The combination of health plan and providers that is right for you depends on a variety of factors, such as whether you prefer a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO); your premium and out-of-pocket costs; and whether you want to have access to specific doctors and hospitals.

We realize that comparing health plan benefits, features, and costs can be complicated. This section provides information that can simplify your decision-making process. As you begin that process, the following are some questions you should ask:

- Do you prefer to receive your health care from an HMO or PPO? Your preference will impact the plans available to you, your access to health care providers, and how much you pay for certain services. See the chart on the next page for a summary of the differences among plan types.¹
- What are the costs (premiums, copayments, deductibles, and coinsurance)? Beginning on page 16 of this publication, you will find information about benefits, copayments, and covered services. Visit the CalPERS website at www.calpers.ca.gov to find out what the premiums are for the various plans.
- Does the plan provide access to the doctors and hospitals you want? Contact health plans directly for this information. See the “Health Plan Directory” on page 14 of this publication for health plan contact information.

¹ Note that in a few counties where access to HMOs is limited, a third option, Exclusive Provider Organization (EPO), is available. An EPO provides benefits similar to an HMO with some PPO features.

Understanding How CalPERS Health Plans Work

The following chart will help you understand some important differences among health plan types.

| Features | HMO | PPO | EPO |
|--|---|---|---|
| Accessing health care providers | Contracts with providers (doctors, medical groups, hospitals, labs, pharmacies, etc.) to provide you services at a fixed price | Gives you access to a network of health care providers (doctors, hospitals, labs, pharmacies, etc.) known as preferred providers | Gives you access to the EPO network of health care providers (doctors, hospitals, labs, pharmacies, etc.) |
| Selecting a primary care physician (PCP) | Most HMOs require you to select a PCP who will work with you to manage your health care needs ¹ | Does not require you to select a PCP ² | Does not require you to select a PCP |
| Seeing a specialist | Requires advance approval from the medical group or health plan for some services, such as treatment by a specialist or certain types of tests | Allows you access to many types of services without receiving a referral or advance approval | Allows you access to many types of services without receiving a referral or advance approval |
| Obtaining care | Generally requires you to obtain care from providers who are a part of the plan network Requires you to pay the total cost of services if you obtain care outside the HMO's provider network without a referral from the health plan (except for emergency and urgent care services) | Encourages you to seek services from preferred providers to ensure your coinsurance and copayments are counted toward your calendar year out-of-pocket maximums ³ Allows you the option of seeing non-preferred providers, but requires you to pay a higher percentage of the bill ⁴ | Requires you to obtain care from providers who are a part of the plan network Requires you to pay the total cost of services if you obtain care outside the EPO's provider network without a referral from the health plan (except for emergency and urgent care services) |
| Paying for services | Requires you to make a small copayment for most services | Limits the amount preferred providers can charge you for services Considers the PPO plan payment plus any deductibles and copayments you make as payment in full for services rendered by a preferred provider | Requires you to make a small copayment for most services |

¹ Your PCP may be part of a medical group that has contracted with the health plan to perform some functions, including treatment authorization, referrals to specialists, and initial grievance processing.

² Members enrolled in the PERS Gold plan may access a lower copayment if they select a personal doctor.

³ Once you meet your annual deductible and maximum coinsurance, the plan pays 100% of medical services/claims from Preferred Providers for the remainder of the calendar year; however, you will continue to be responsible for copayments for physician office visits, pharmacy, and other services, up to the annual out-of-pocket maximum.

⁴ Non-preferred providers have not contracted with the health plan; therefore, you will be responsible for paying any applicable member deductibles or coinsurance, plus any amount in excess of the allowed amount.

CalPERS Health Plan Choices

Depending on where you reside or work, your Basic and Medicare health plan options may include the following:

| Basic EPO & HMO Health Plans | Basic PPO Health Plans | Supplement to Medicare PPO & HMO Health Plans | Medicare Managed Care Plans (Medicare Advantage) | Out-of-State Plan Choices |
|--|--|---|--|--|
| Anthem Blue Cross EPO | California Association of Highway Patrolmen (CAHP) Health Plan ¹ | CAHP Health Plan ¹ | Anthem Medicare Preferred (PPO) | Blue Shield Medicare (PPO) |
| Anthem Blue Cross Select HMO | PERS Gold | CCPOA Medical Plan ¹ | Blue Shield Medicare (PPO) | Kaiser Permanente (HMO) ² |
| Anthem Blue Cross Traditional HMO | PERS Platinum | PERS Gold | Kaiser Permanente Senior Advantage | PERS Platinum (PPO) |
| Blue Shield Access+ HMO | Peace Officers Research Association of California (PORAC) Police and Fire Health Plan ¹ | PERS Platinum | Sharp Direct Advantage (HMO) | PORAC Police and Fire Health Plan (PPO) ¹ |
| Blue Shield Access+ EPO | | | UnitedHealthcare Group Medicare Advantage (PPO) | UnitedHealthcare Group Medicare Advantage (PPO) |
| Blue Shield Trio HMO | | | UnitedHealthcare Group Medicare Advantage Edge (PPO) | UnitedHealthcare Group Medicare Advantage Edge (PPO) |
| California Correctional Peace Officers Association (CCPOA) Medical Plan ¹ | | | Western Health Advantage MyCare Select (HMO) | |
| Health Net Salud y Más | | | | |
| Health Net SmartCare | | | | |
| Kaiser Permanente | | | | |
| Sharp Performance Plus | | | | |
| UnitedHealthcare SignatureValue Alliance | | | | |
| UnitedHealthcare SignatureValue Harmony | | | | |
| Western Health Advantage | | | | |

Contacting a Health Plan

If you have a specific question about a plan's coverage, benefits, or participating providers, please contact the plan directly. See the "Health Plan Directory" on page 14 for health plan contact information.

¹ You must belong to the specific employee association and pay applicable dues to enroll in an Association Plan (CCPOA, CAHP or PORAC)

² Plan only available in certain states. Benefits out-of-state may differ from those in California.

Choosing Your Doctor and Hospital

Once you choose a health plan, you should select a primary care physician. Except in the case of an emergency, the doctors you can use — and the medical groups and hospitals you will have access to — will depend on your choice of health plan.

Many people find their doctor by asking neighbors or co-workers for a doctor's name. Others receive referrals from doctors they already know. Still others simply select a physician from their health plan who happens to be nearby. You can also use the *Search Health Plans* tool (described on page 10), which is available by logging into your myCalPERS account at my.calpers.ca.gov. Before you

choose a health plan, you should call the health plan's member services to inquire about physician availability. When choosing an HMO plan, you should confirm that the doctor is taking new patients in the plan you select.

If you need to be hospitalized, your health plan or medical group will have certain hospitals that you are able to use. If you prefer a particular hospital, you should make sure the health plan you select contracts with that hospital. See page 15 for a list of resources that can help you evaluate and select a doctor and hospital.

Enrolling in a Health Plan Using Your Residential or Work ZIP Code

Some of our health plans are available only in certain counties and/or ZIP Codes. As you consider your health plan choices, you should determine which health plans are available in the ZIP Code in which you are enrolling.

In general, if you are an active employee or a working CalPERS retiree, you may enroll in a health plan using either your residential or work ZIP Code.

If you are a retired CalPERS member, you may select any health plan in your residential ZIP Code area. You cannot use the address of the CalPERS-covered employer from which you retired to establish ZIP Code eligibility.

To enroll in a Medicare Advantage plan, you must use your residential address. In addition, Medicare Part D Employer Group Waiver plans require you to provide a physical address.

If you have a combination of Basic and Medicare members on your health plan, you must choose a health plan that has both Basic and Medicare plan options available within your residential ZIP Code area.

If you use your residential ZIP Code, all enrolled dependents must reside in the health plan's service area. When you use your work ZIP Code, all enrolled dependents must receive all covered services (except emergency and urgent care) within the health plan's service area, even if they do not reside in that area.

To determine if the health plan you are considering provides services where you reside or work, see the "Health Plan Availability by County" chart on the following page. You can also use the *Health Plan search by ZIP Code*, which is available on the CalPERS website at www.calpers.ca.gov, to find out which plans are available in your area. If you have questions about plan availability or coverage, or wish to obtain a copy of the *Evidence of Coverage*, contact the health plans using the "Health Plan Directory" on page 14.

Health Plan Availability by County: Basic Plans

Some health plans are available only in certain counties and/or ZIP Codes. Use the chart below to determine if the health plan you are considering provides services where you reside or work. Contact the plan before enrolling to make sure they cover your ZIP Code and that their provider network is accepting new patients in your area. You may

also use our online service, the *Health Plan Search by ZIP Code*, available at www.calpers.ca.gov.

- Health plan covers all or part of county.
- ▲ Only PERS Platinum is available out-of-state.
- Only applies to some agencies; does not apply to public agencies or schools.

| County | Anthem Blue Cross EPO | Anthem Blue Cross Select HMO | Anthem Blue Cross Traditional HMO | Blue Shield Access+ HMO | Blue Shield Access+ EPO | Blue Shield Trio HMO | CAHP | CCPOA | Health Net Salud y Más | Health Net SmartCare | Kaiser Permanente | PERS Gold & PERS Platinum | PORAC | Sharp Performance Plus | UnitedHealthcare SignatureValue Alliance | UnitedHealthcare SignatureValue Harmony | Western Health Advantage HMO |
|--------------|-----------------------|------------------------------|-----------------------------------|-------------------------|-------------------------|----------------------|------|-------|------------------------|----------------------|-------------------|---------------------------|-------|------------------------|--|---|------------------------------|
| Alameda | | ● | ● | ● | | | ● | ● | | ● | ● | ● | ● | | ■ | | |
| Alpine | | | | | | | ● | | | | | ● | ● | | | | |
| Amador | | | | | | | ● | | | | ● | ● | ● | | | | |
| Butte | | | ● | ● | | | ● | ● | | | | ● | ● | | | | |
| Calaveras | | | | | | | ● | | | | | ● | ● | | | | |
| Colusa | | | | | ● | | ● | | | | | ● | ● | | | | ● |
| Contra Costa | | ● | ● | ● | | | ● | ● | | ● | ● | ● | ● | | ■ | | |
| Del Norte | ● | | | | | | ● | | | | | ● | ● | | | | |
| El Dorado | | ● | ● | ● | | ● | ● | ● | | ● | ● | ● | ● | | | | ● |
| Fresno | | ● | ● | ● | | | ● | ● | | ● | ● | ● | ● | | ● | | |
| Glenn | | | ● | ● | | | ● | | | | | ● | ● | | | | |
| Humboldt | | | ● | ● | | | ● | | | | | ● | ● | | | | ● |
| Imperial | | ● | ● | ● | | | ● | ● | | | | ● | ● | | | | |
| Inyo | | | | | | | ● | | | | | ● | ● | | | | |
| Kern | | ● | ● | ● | | | ● | ● | ● | ● | ● | ● | ● | | ● | | |
| Kings | | | ● | ● | | | ● | ● | | ● | ● | ● | ● | | ● | | |
| Lake | | | | | | | ● | | | | | ● | ● | | | | |
| Lassen | | | | | ● | | ● | | | | | ● | ● | | | | |
| Los Angeles | | ● | ● | ● | | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | |
| Madera | | | ● | ● | | | ● | ● | | | ● | ● | ● | | ● | | |
| Marin | | | ● | ● | | | ● | ● | | ● | ● | ● | ● | | ■ | | ● |
| Mariposa | | | | ● | | | ● | ● | | ● | ● | ● | ● | | | | |
| Mendocino | | | ● | | ● | | ● | | | | | ● | ● | | | | |
| Merced | | ● | ● | ● | | | ● | ● | | | | ● | ● | | ■ | | |
| Modoc | | | | | | | ● | | | | | ● | ● | | | | |
| Mono | | | | | | | ● | | | | | ● | ● | | | | |
| Monterey | | ● | | | | | ● | | | | | ● | ● | | | | |
| Napa | | | ● | | | | ● | | | ● | ● | ● | ● | | | | ● |
| Nevada | | ● | ● | ● | | ● | ● | ● | | | | ● | ● | | | | |
| Orange | | ● | ● | ● | | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | |

| County | Anthem Blue Cross EPO | Anthem Blue Cross Select HMO | Anthem Blue Cross Traditional HMO | Blue Shield Access+ HMO | Blue Shield Access+ EPO | Blue Shield Trio HMO | CAHP | CCPOA | Health Net Salud y Más | Health Net SmartCare | Kaiser Permanente | PERS Gold & PERS Platinum | PORAC | Sharp Performance Plus | UnitedHealthcare SignatureValue Alliance | UnitedHealthcare SignatureValue Harmony | Western Health Advantage HMO |
|-----------------|-----------------------|------------------------------|-----------------------------------|-------------------------|-------------------------|----------------------|------|-------|------------------------|----------------------|-------------------|---------------------------|-------|------------------------|--|---|------------------------------|
| Placer | | ● | ● | ● | | ● | ● | ● | | | ● | ● | ● | | ● | | ● |
| Plumas | | | | | | | ● | | | | | ● | ● | | | | |
| Riverside | | ● | ● | ● | | | ● | ● | ● | ● | ● | ● | ● | | ● | ● | |
| Sacramento | | ● | ● | ● | | ● | ● | ● | | | ● | ● | ● | | ● | | ● |
| San Benito | | | ● | | | | ● | | | | | ● | ● | | | | |
| San Bernardino | | ● | ● | ● | | | ● | ● | ● | ● | ● | ● | ● | | ● | ● | |
| San Diego | | ● | | ● | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| San Francisco | | ● | ● | ● | | | ● | ● | | ● | ● | ● | ● | | ■ | | |
| San Joaquin | | ● | ● | ● | | | ● | ● | | ● | ● | ● | ● | | ■ | | |
| San Luis Obispo | | | ● | ● | | ● | ● | ● | | | | ● | ● | | ● | | |
| San Mateo | | | ● | ● | | | ● | ● | | ● | ● | ● | ● | | ■ | | |
| Santa Barbara | | | ● | ● | | ● | ● | ● | | | | ● | ● | | | | |
| Santa Clara | | ● | ● | ● | | | ● | ● | | ● | ● | ● | ● | | ■ | | |
| Santa Cruz | | ● | ● | ● | | ● | ● | ● | | ● | ● | ● | ● | | ■ | | |
| Shasta | | | | | ● | | ● | | | | | ● | ● | | | | |
| Sierra | | | | | ● | | ● | | | | | ● | ● | | | | |
| Siskiyou | | | | | | | ● | | | | | ● | ● | | | | |
| Solano | | | ● | ● | | | ● | ● | | ● | ● | ● | ● | | ■ | | ● |
| Sonoma | | | ● | ● | | | ● | ● | | ● | ● | ● | ● | | ■ | | ● |
| Stanislaus | | ● | ● | ● | | ● | ● | ● | | | ● | ● | ● | | ■ | | |
| Sutter | | | | | | | ● | | | | ● | ● | ● | | | | |
| Tehama | | | | | | | ● | | | | | ● | ● | | | | |
| Trinity | | | | | | | ● | | | | | ● | ● | | | | |
| Tulare | | ● | ● | ● | | | ● | ● | | ● | ● | ● | ● | | | | |
| Tuolumne | | | | | | | ● | | | | | ● | ● | | | | |
| Ventura | | ● | ● | ● | | ● | ● | ● | | | ● | ● | ● | | ● | | |
| Yolo | | ● | ● | ● | | ● | ● | ● | | | ● | ● | ● | | ● | | ● |
| Yuba | | | | | | | ● | | | | ● | ● | ● | | | | |
| Out-of-State | | | | | | | | | | ● | ▲ | ● | | | | | |

Health Plan Availability by County: Medicare Plans

Some health plans are available only in certain counties and/or ZIP Codes. Use the chart below to determine if the health plan you are considering provides services where you reside or work. Contact the plan before enrolling to make sure they cover your ZIP Code and that their provider network is accepting new patients in your area. You may

also use our online service, the *Health Plan Search by ZIP Code*, available at www.calpers.ca.gov.

- Health plan covers all or part of county.
- ▲ Only PERS Platinum is available out-of-state.

| County | Anthem Medicare Preferred PPO | Blue Shield Medicare PPO | CAHP Medicare Supplement | CCPOA Medicare Supplement | Kaiser Permanente Senior Advantage | PERS Gold Medicare Supplement | PERS Platinum Medicare Supplement | PORAC Medicare Supplement | Sharp Direct Advantage HMO | UnitedHealthcare Group Medicare Advantage PPO | UnitedHealthcare Group Medicare Advantage Edge PPO | Western Health Advantage MyCare Select HMO |
|--------------|-------------------------------|--------------------------|--------------------------|---------------------------|------------------------------------|-------------------------------|-----------------------------------|---------------------------|----------------------------|---|--|--|
| Alameda | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | |
| Alpine | ● | ● | ● | | | ● | ● | ● | | ● | ● | |
| Amador | ● | ● | ● | | ● | ● | ● | ● | | ● | ● | |
| Butte | ● | ● | ● | ● | | ● | ● | ● | | ● | ● | |
| Calaveras | ● | ● | ● | | | ● | ● | ● | | ● | ● | |
| Colusa | ● | ● | ● | | | ● | ● | ● | | ● | ● | ● |
| Contra Costa | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | |
| Del Norte | ● | ● | ● | | | ● | ● | ● | | ● | ● | |
| El Dorado | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | ● |
| Fresno | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | |
| Glenn | ● | ● | ● | | | ● | ● | ● | | ● | ● | |
| Humboldt | ● | ● | ● | | | ● | ● | ● | | ● | ● | |
| Imperial | ● | ● | ● | ● | | ● | ● | ● | | ● | ● | |
| Inyo | ● | ● | ● | | | ● | ● | ● | | ● | ● | |
| Kern | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | |
| Kings | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | |
| Lake | ● | ● | ● | | | ● | ● | ● | | ● | ● | |
| Lassen | ● | ● | ● | | | ● | ● | ● | | ● | ● | |
| Los Angeles | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | |
| Madera | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | |
| Marin | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | ● |
| Mariposa | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | |
| Mendocino | ● | ● | ● | | | ● | ● | ● | | ● | ● | |
| Merced | ● | ● | ● | ● | | ● | ● | ● | | ● | ● | |
| Modoc | ● | ● | ● | | | ● | ● | ● | | ● | ● | |
| Mono | ● | ● | ● | | | ● | ● | ● | | ● | ● | |
| Monterey | ● | ● | ● | | | ● | ● | ● | | ● | ● | |
| Napa | ● | ● | ● | | ● | ● | ● | ● | | ● | ● | ● |
| Nevada | ● | ● | ● | ● | | ● | ● | ● | | ● | ● | |
| Orange | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | |

| County | Anthem Medicare Preferred PPO | Blue Shield Medicare PPO | CAHP Medicare Supplement | CCPOA Medicare Supplement | Kaiser Permanente Senior Advantage | PERS Gold Medicare Supplement | PERS Platinum Medicare Supplement | PORAC Medicare Supplement | Sharp Direct Advantage HMO | UnitedHealthcare Group Medicare Advantage PPO | UnitedHealthcare Group Medicare Advantage Edge PPO | Western Health Advantage MyCare Select HMO |
|-----------------|-------------------------------|--------------------------|--------------------------|---------------------------|------------------------------------|-------------------------------|-----------------------------------|---------------------------|----------------------------|---|--|--|
| Placer | • | • | • | • | • | • | • | • | | • | • | • |
| Plumas | • | • | • | | | • | • | • | | • | • | |
| Riverside | • | • | • | • | • | • | • | • | | • | • | |
| Sacramento | • | • | • | • | • | • | • | • | | • | • | • |
| San Benito | • | • | • | | | • | • | • | | • | • | |
| San Bernardino | • | • | • | • | • | • | • | • | | • | • | |
| San Diego | • | • | • | • | • | • | • | • | • | • | • | |
| San Francisco | • | • | • | • | • | • | • | • | | • | • | |
| San Joaquin | • | • | • | • | • | • | • | • | | • | • | |
| San Luis Obispo | • | • | • | • | | • | • | • | | • | • | |
| San Mateo | • | • | • | • | • | • | • | • | | • | • | |
| Santa Barbara | • | • | • | • | | • | • | • | | • | • | |
| Santa Clara | • | • | • | • | • | • | • | • | | • | • | |
| Santa Cruz | • | • | • | • | • | • | • | • | | • | • | |
| Shasta | • | • | • | | | • | • | • | | • | • | |
| Sierra | • | • | • | | | • | • | • | | • | • | |
| Siskiyou | • | • | • | | | • | • | • | | • | • | |
| Solano | • | • | • | • | • | • | • | • | | • | • | • |
| Sonoma | • | • | • | • | • | • | • | • | | • | • | • |
| Stanislaus | • | • | • | • | • | • | • | • | | • | • | |
| Sutter | • | • | • | | • | • | • | • | | • | • | |
| Tehama | • | • | • | | | • | • | • | | • | • | |
| Trinity | • | • | • | | | • | • | • | | • | • | |
| Tulare | • | • | • | • | • | • | • | • | | • | • | |
| Tuolumne | • | • | • | | | • | • | • | | • | • | |
| Ventura | • | • | • | • | • | • | • | • | | • | • | |
| Yolo | • | • | • | • | • | • | • | • | | • | • | • |
| Yuba | • | • | • | | • | • | • | • | | • | • | |
| Out-of-State | | • | • | | • | • | • | • | | • | • | |

Tools to Help You Choose Your Health Plan

This section provides a variety of information that can help you evaluate your health plan choices. Included here are details about using your myCalPERS account, the *Search Health Plans* tool, and the *Health Plan Choice Worksheet*.

Accessing Health Plan Information with myCalPERS

You can use myCalPERS at my.calpers.ca.gov, our secure, personalized website, to get one-stop access to all of your current health plan information, including details about which family members are enrolled. You can also use it to search for other health plans that are available in your area, compare health plans, access CalPERS Health Program

forms, and find additional information about CalPERS health plans. If you are a retiree, CalPERS is your Health Benefits Officer. Retirees may change their health plan during Open Enrollment by calling CalPERS toll free at 888 CalPERS (or 888-225-7377) or by using your myCalPERS account.

myCalPERS Health Plan Comparison Feature

Health Plan Resources

Choosing a health plan that's right for you is unique for every person or family. myCalPERS includes additional resources to help you choose a health plan. These resources provide access to more detailed health benefit information that can help you when selecting what is most important to you in determining the plan that best fits your needs.

Evaluate Plan Features

Available health plans for you will be displayed based on the physical or mailing health eligibility ZIP Code in our system.

Create a customized plan search where you'll be able to review:

- Monthly premiums for each plan available to you
- Side-by-side comparisons of covered benefits, deductibles, and copayments

Save Your Searches

Save as many as ten comparison scenarios with ability to review, rename, or delete at a later date.

Log in to your myCalPERS account at my.calpers.ca.gov and select the "Health" tab and then select "Search Health Plans" to see what's available to you. To speak with someone at CalPERS about your health plan choices, call 888 CalPERS (or 888-225-7377).

Comparing Your Options: Search Health Plans

Access your myCalPERS account for a convenient way to evaluate your health plan options and make a decision about which plan is best for you and your family. With this easy-to-use health plan comparison tool, you can weigh plan benefits and costs, and view how the plans compare.

You can access your account 24/7 to help you make health plan decisions at any time. You can use it to:

- Review health plan options during Open Enrollment.
- Evaluate your health plan options and estimate costs.
- Review a health plan option when your employer first begins offering the CalPERS Health Benefits Program.

- Review health plan options due to changes in your marital status or enrollment area.
- Explore health plan options because you are planning for retirement or have become Medicare eligible.

Be sure to tell us what you think about your myCalPERS plan search experience by completing a survey at the end of your research.

Get customized assistance selecting the health plan that is right for you and your family by logging into your myCalPERS account at my.calpers.ca.gov, selecting the "Health" tab and then selecting "Search Health Plans."

Comparing Your Options: Health Plan Choice Worksheet

An alternative tool we provide to help you choose the best plan for yourself and your family is the *Health Plan Choice Worksheet*, which you can find on page 12 of this publication. This worksheet can be used to compare factors such as cost, availability, benefits, and quality of care measures. Simply follow the steps listed in the left column

of the Worksheet. Several questions can be answered with a simple "yes" or "no," while others will require you to insert information or call the health plan. Some of the information can be found on the CalPERS website at www.calpers.ca.gov. If you need assistance completing the form, contact CalPERS at 888 CalPERS (or 888-225-7377).

Health Plan Choice Worksheet

| Plan name and phone numbers: | | | | | | | | |
|---|-----|-----|-----|--------------------------|-----|-----|-----|--------------------------|
| Select the type of plan: <i>(circle choice)</i> | HMO | PPO | EPO | Assoc. Plan ¹ | HMO | PPO | EPO | Assoc. Plan ¹ |
| Step 1 — Cost | | | | | | | | |
| <p>Calculate your monthly cost. Enter the monthly premium (see current year's rate schedule). Premium amounts will vary based on 1-party/2-party/family and Basic/Medicare.</p> | | | | | | | | |
| <p>Enter your employer's contribution. For contribution amounts, active members should contact their employer; retired members should contact CalPERS.</p> | | | | | | | | |
| <p>Calculate your cost. Subtract your employer's contribution from the monthly premium. If the total is \$0 or less, your cost is \$0.</p> | | | | | | | | |
| Step 2 — Availability | | | | | | | | |
| <p>Search available plans online. Use our online service, the Health Plan Search by Zip Code, at www.calpers.ca.gov to find out if the plan is available in your residential or work ZIP Code. You may also call the plan's customer service center.</p> | | | | | | | | |
| <p>Call the doctor's office. Confirm that they contract with the plan and are accepting new patients. Ask what specialists are available and the hospitals with which they are affiliated.</p> | | | | | | | | |
| Step 3 — Comparisons | | | | | | | | |
| <p>How does the plan rate in quality of care measures? See page 15 to find out.</p> | | | | | | | | |
| <p>Compare the benefits. See pages 16–31. CalPERS plans offer a standard package of benefits, but there are some differences: acupuncture, chiropractic, etc.</p> | | | | | | | | |
| Step 4 — Other | | | | | | | | |
| <p>Other considerations: Does the plan offer health education? Do you or your family have special medical needs? What services are available when you travel? Are the provider locations convenient?</p> | | | | | | | | |
| <p>What changes are you planning in the upcoming year (e.g., retirement, transfer, move, etc.)?</p> | | | | | | | | |
| Other information | | | | | | | | |
| Compare and select a plan. | | | | | | | | |

¹ You must belong to the specific employee association and pay applicable dues to enroll in the Association Plans.

CalPERS Health Plan Member Survey Results

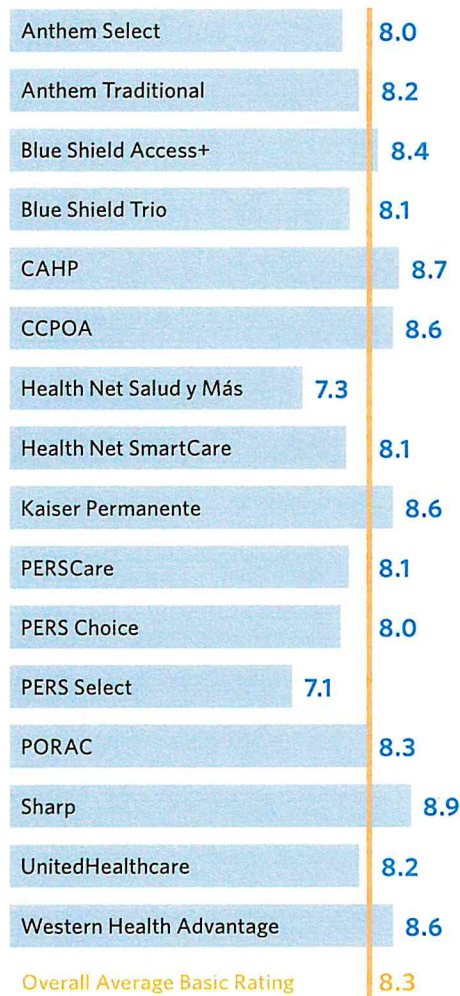
CalPERS conducts an annual Health Plan Member Survey to assess members' satisfaction with their health plans during the previous 12-month period. We use a modified version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey, a standard tool for measuring health plans. CalPERS evaluates the survey results to compare satisfaction ratings across health plans and over time. The results below reflect health plan satisfaction during the 2020 plan year.

Member ratings offer another tool to help you choose a plan that is right for you. Please note that your experience may differ depending on your needs, behavior, and expectations, as well as your provider and treatment choices.

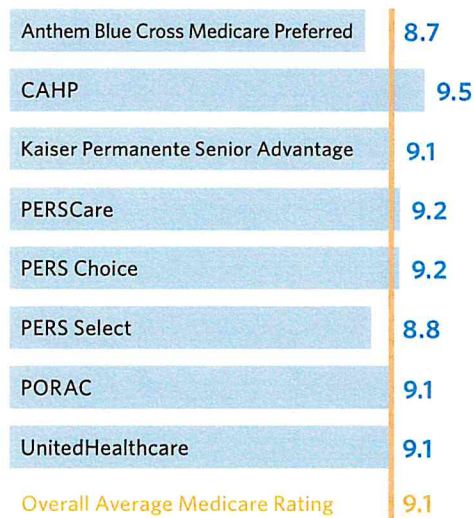
Member Rating of Health Plans

Members were asked to rate their health plan on a 10-point scale with 10 being the best health plan possible. The following charts show the average rating by plan respondents in eligible Basic and Medicare health plans.

Basic Rating



Medicare Ratings



* Association Plans (CCPOA, CAHP, and PORAC) are available only to members who belong to the applicable association.

The CalPERS Health Benefits Program Annual Report displays additional health care satisfaction scores and other valuable information about the Health Program. To view the report, visit CalPERS online at www.calpers.ca.gov.

Additional Resources

As a health care consumer, you have access to many resources, services, and tools that can help you find the right health plan, doctor, medical group, and hospital for yourself and your family.

Health Plan Directory

Following is contact information for the health plans. Contact your health plan with questions about: ID cards; verification of provider participation; service area

boundaries (covered ZIP Codes); benefits, deductibles, limitations, exclusions; and *Evidence of Coverage* booklets.

Anthem Blue Cross² HMO & EPO

(855) 839-4524

www.anthem.com/ca/calpers

Anthem Medicare Preferred² PPO

(855) 251-8825

www.anthem.com/ca/calpers

Blue Shield of California

Active Member Services

(800) 334-5847

Medicare Member Services

(888) 802-4599

www.blueshieldca.com/calpers

California Association of

Highway Patrolmen (CAHP)

(800) 734-2247

www.theca hp.org

California Correctional Peace Officers Association (CCPOA)

Medical Plan

(800) 257-6213

www.ccpoabt f.org

Health Net of California¹

(888) 926-4921

www.healthnet.com/calpers

Kaiser Permanente

(800) 464-4000

www.kp.org/calpers

OptumRx

Pharmacy Benefit Manager

Active Member Services

(855) 505-8110

Medicare Member Services

(855) 505-8106

www.optumrx.com/calpers

PERS Gold² and PERS Platinum²

Administered by Anthem Blue Cross

(877) 737-7776

www.anthem.com/ca/calpers

Supplement to Medicare

(877) 737-7776

Peace Officers Research

Association of California (PORAC)

(800) 288-6928

<http://ibtoforac.org>

Sharp Health Plan¹

Active Member Services

(855) 955-5004

Retiree Member Services

(833) 346-4322

sharphealthplan.com/CalPERS

UnitedHealthcare²

Active Member Services

(877) 359-3714

www.uhc.com/calpers

Retiree Member Services

(888) 867-5581

www.UHCRetiree.com/calpers

Western Health Advantage¹

Active Member Services

(888) 942-7377

Medicare Member Services

(888) 942-7377

www.westernhealth.com/calpers

¹ Pharmacy benefits administered by OptumRx for the Basic plan only.

² Pharmacy benefits administered by OptumRx for both Basic and Medicare plans.

Obtaining Health Care Quality Information

Following is a list of resources you can use to evaluate and select a doctor and hospital.

Hospitals

Cal Hospital Compare

www.calhospitalcompare.org

Cal Hospital Compare makes it easy to find and compare the quality of hospitals in California.

U.S. Department of Health and Human Services

www.medicare.gov/hospitalcompare

Hospital Compare has information about the quality of care at over 4,000 Medicare-certified hospitals across the country.

The Leapfrog Group

www.leapfroggroup.org

This is a coalition of health purchasers who have found that hospitals meeting certain standards have better care results.

Doctors and Medical Groups

Medical Board of California

www.mbc.ca.gov

This is the California State agency that licenses medical doctors, investigates complaints, disciplines those who violate the law, conducts physician evaluations, and facilitates rehabilitation where appropriate.

Have you done a checkup on your doctor's license?

The Medical Board of California encourages consumers to check up on their doctor's license. Such a checkup is simple and helps you make an informed choice when choosing a doctor. To determine a doctor's status, go to the Medical Board's website at www.mbc.ca.gov or if you do not have a computer, call (800) 633-2322 and Medical Board staff will look up the doctor for you.

Office of the Patient Advocate

www.opa.ca.gov

This website includes a State of California-sponsored "Report Card" that contains additional clinical and member experience data on HMOs, PPOs and medical groups in California.

Benefit Comparison Charts

The benefit comparison charts on pages 16-31 summarize the benefit information for each health plan. For more details, see each plan's *Evidence of Coverage* (EOC) booklet.

CalPERS Health Plan Benefit Comparison— Basic Plans

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

| BENEFITS | EPO & HMO Basic Plans | | | | | | |
|--|---|---|--|-------------------|------------------------|--|---|
| | Anthem Blue Cross EPO Select HMO Traditional HMO | Blue Shield Access+ HMO & Access+ EPO Trio HMO | Health Net Salud y Más & SmartCare | Kaiser Permanente | Sharp Performance Plus | UnitedHealthcare SignatureValue Alliance | UnitedHealthcare SignatureValue Harmony |
| Calendar Year Deductible | | | | | | | |
| Individual | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Family | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Maximum Calendar Year Copay or Coinsurance (excluding pharmacy) | | | | | | | |
| Individual | \$1,500 (copay) | \$1,500 (copay) | \$1,500 (copay) | \$1,500 (copay) | \$1,500 (copay) | \$1,500 (copay) | \$1,500 (copay) |
| Family | \$3,000 (copay) | \$3,000 (copay) | \$3,000 (copay) | \$3,000 (copay) | \$3,000 (copay) | \$3,000 (copay) | \$3,000 (copay) |
| Hospital (including Mental Health and Substance Abuse) | | | | | | | |
| Deductible (per admission) | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Inpatient | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| Outpatient Facility/Surgery Services | No Charge | No Charge | No Charge | \$15 | No Charge | No Charge | No Charge |

| Western Health Advantage HMO | CCPOA (Association Plan) |
|------------------------------|--------------------------|
|------------------------------|--------------------------|

| | |
|-----|-----|
| N/A | N/A |
| N/A | N/A |

| | |
|-----------------|-----------------|
| \$1,500 (copay) | \$1,500 (copay) |
| \$3,000 (copay) | \$4,500 (copay) |

| | |
|-----------|-----------------|
| N/A | N/A |
| No Charge | \$100/admission |
| No Charge | \$50 |

| BENEFITS | PPO Basic Plans | | | | | | | |
|----------|-----------------|---------|---------------|---------|-------------------------|---------|--------------------------|---------|
| | PERS Gold | | PERS Platinum | | CAHP (Association Plan) | | PORAC (Association Plan) | |
| | PPO | Non-PPO | PPO | Non-PPO | PPO | Non-PPO | PPO | Non-PPO |

Calendar Year Deductible

| | | | | | | | | |
|------------|------------------------|--|----------------------|--|-----|--|-------|---------|
| Individual | \$1,000 ^{1,3} | | \$500 ³ | | N/A | | \$300 | \$600 |
| Family | \$2,000 ^{1,3} | | \$1,000 ³ | | N/A | | \$900 | \$1,800 |

Maximum Calendar Year Copay or Coinsurance (excluding pharmacy)

| | | | | | | | | |
|------------|-----------------------|-----------|-----------------------|-----------|-----------------------|-----------|---------|-----------|
| Individual | \$3,000 (coinsurance) | Unlimited | \$2,000 (coinsurance) | Unlimited | \$3,000 (coinsurance) | Unlimited | \$2,000 | Unlimited |
| Family | \$6,000 (coinsurance) | Unlimited | \$4,000 (coinsurance) | Unlimited | \$6,000 (coinsurance) | Unlimited | \$4,000 | Unlimited |

Hospital (including Mental Health and Substance Abuse)

| | | | | | | | | |
|--------------------------------------|------------------|------------------|-----|------------------|-----|------------------|-----|------------------|
| Deductible (per admission) | | N/A | | \$250 | | N/A | | N/A |
| Inpatient | 20% ² | 40% ⁴ | 10% | 40% ⁴ | 10% | Varies | 20% | 20% ⁴ |
| Outpatient Facility/Surgery Services | 20% | 40% ⁴ | 10% | 40% ⁴ | 10% | 40% ⁴ | 20% | 20% ⁴ |

¹ Incentives available to reduce individual deductible (max. \$500) or family deductible (max. \$1,000) include: getting a biometric screening (\$100 credit); receiving a flu shot (\$100 credit); getting a non-smoking certification (\$100 credit); getting a virtual second opinion (\$100 credit); and getting a condition care certification (\$100 credit).

² Coinsurance waived for deliveries if enrolled in Future Moms Program.

³ Deductible is transferable between PERS Gold and PERS Platinum.

⁴ Of the allowable amount as defined in the EOC.

CalPERS Health Plan Benefit Comparison—Basic Plans, *Continued*

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

| BENEFITS | EPO & HMO Basic Plans | | | | | | |
|--|---|---|--|-------------------|------------------------|--|---|
| | Anthem Blue Cross EPO Select HMO Traditional HMO | Blue Shield Access+ HMO & Access+ EPO Trio HMO | Health Net Salud y Más & SmartCare | Kaiser Permanente | Sharp Performance Plus | UnitedHealthcare SignatureValue Alliance | UnitedHealthcare SignatureValue Harmony |
| Emergency Services | | | | | | | |
| Emergency Room Deductible | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Emergency (copay waived if admitted as an inpatient or for observation as an outpatient) | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 |
| Non-Emergency (copay waived if admitted as an inpatient or for observation as an outpatient) | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 |
| Physician Services (including Mental Health and Substance Abuse) | | | | | | | |
| Office Visits (copay for each service provided) | \$15 | \$15 | \$15 | \$15 | \$15 | \$15 | \$15 |
| Inpatient Visits | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| Outpatient Visits | \$15 | \$15 | \$15 | \$15 | \$15 | \$15 | \$15 |
| Urgent Care Visits | \$15 | \$15 | \$15 | \$15 | \$15 | \$15 | \$15 |
| Preventive Services | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| Surgery/Anesthesia | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| Diagnostic X-Ray/Lab | | | | | | | |
| | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |

| | |
|------------------------------|--------------------------|
| Western Health Advantage HMO | CCPOA (Association Plan) |
|------------------------------|--------------------------|

PPO Basic Plans

| BENEFITS | PERS Gold | | PERS Platinum | | CAHP (Association Plan) | | PORAC (Association Plan) | |
|----------|-----------|---------|---------------|---------|-------------------------|---------|--------------------------|---------|
| | PPO | Non-PPO | PPO | Non-PPO | PPO | Non-PPO | PPO | Non-PPO |

Emergency Services

| | | | | |
|---------------------------|--|--|--|---|
| Emergency Room Deductible | \$50 (applies to hospital emergency room facility charge only) | \$50 (applies to hospital emergency room charges only) | \$50 (copay reduced to \$25 if admitted on an inpatient basis) | N/A |
| Emergency | 20% (applies to other services such as physician, x-ray, lab, etc.) | 10% (applies to other services such as physician, x-ray, lab, etc.) | 10% (applies to other services such as physician, x-ray, lab, etc.) | 20% |
| Non-Emergency | 20% 40% (payment for physician charges only; emergency room facility charge is not covered) | 10% 40% (payment for physician charges only; emergency room facility charge is not covered) | \$50+10% \$50+40% (copay reduced to \$25 if admitted on an inpatient basis) | 50% (for non-emergency services provided by hospital emergency room) |

Physician Services (including Mental Health and Substance Abuse)

| | | | | | | | | |
|---|-------------------|------------------|-------------------|------------------|-----------|------------------|------------------------|------------------|
| Office Visits (copay for each service provided) | \$35 ¹ | 40% ³ | \$20 ² | 40% ³ | \$20 | 40% ³ | \$10/\$35 ² | 20% ³ |
| Inpatient Visits | 20% | 40% ³ | 10% | 40% ³ | 10% | 40% ³ | 20% | 20% ³ |
| Outpatient Visits | \$35 | 40% ³ | \$20 | 40% ³ | 10% | 40% ³ | 20% | 20% ³ |
| Urgent Care Visits | \$35 | 40% ³ | \$35 | 40% ³ | \$20 | 40% ³ | \$35 | 20% ³ |
| Preventive Services | No Charge | 40% ³ | No Charge | 40% ³ | No Charge | 40% ³ | No Charge | |
| Surgery/Anesthesia | 20% | 40% ³ | 10% | 40% ³ | 10% | 40% ³ | 20% | 20% ³ |

Diagnostic X-Ray/Lab

| | | | | | | | | |
|--|-----|------------------|-----|------------------|-----|------------------|-----|------------------|
| | 20% | 40% ³ | 10% | 40% ³ | 10% | 40% ³ | 20% | 20% ³ |
|--|-----|------------------|-----|------------------|-----|------------------|-----|------------------|

| | |
|------|------|
| N/A | N/A |
| \$50 | \$75 |
| \$50 | \$75 |

| | |
|-----------|-----------|
| \$15 | \$15 |
| No Charge | No Charge |
| \$15 | \$15 |
| \$15 | \$15 |
| No Charge | No Charge |
| No Charge | No Charge |

| | |
|-----------|-----------|
| No Charge | No Charge |
|-----------|-----------|

¹ Reduced to \$10 when seen by primary physician.

² \$35 for specialist visit.

³ Of the allowable amount as defined in the EOC.

CalPERS Health Plan Benefit Comparison—Basic Plans, *Continued*

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

| BENEFITS | EPO & HMO Basic Plans | | | | | | |
|---|--|---|--|---|--|--|--|
| | Anthem Blue Cross EPO Select HMO Traditional HMO | Blue Shield Access+ HMO & Access+ EPO Trio HMO | Health Net Salud y Más & SmartCare | Kaiser Permanente | Sharp Performance Plus | UnitedHealthcare SignatureValue Alliance | UnitedHealthcare SignatureValue Harmony |
| Prescription Drugs | | | | | | | |
| Deductible | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Retail Pharmacy (30-day supply) | Generic: \$5 Preferred Brand: \$20 Non-Preferred Brand: \$50 | Generic/Tier 1 ¹ : \$5 Preferred Brand/ Tier 2 ¹ : \$20 Non-Preferred/ Tier 3 ¹ : \$50 Tier 4 ¹ : \$30 | Generic: \$5 Preferred Brand: \$20 Non-Preferred Brand: \$50 | Generic: \$5 Brand: \$20 | Generic: \$5 Preferred Brand: \$20 Non-Preferred Brand: \$50 | Generic: \$5 Preferred Brand: \$20 Non-Preferred Brand: \$50 | Generic: \$5 Preferred Brand: \$20 Non-Preferred Brand: \$50 |
| Retail Preferred Pharmacy Maintenance Medications (90-day supply) | Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100 | Generic/Tier 1 ¹ : \$10 Preferred Brand/ Tier 2 ¹ : \$40 Non-Preferred/ Tier 3 ¹ : \$100 Tier 4 ¹ : \$60 | Generic: \$10 Brand Formulary: \$40 Non-Preferred Brand: \$100 | N/A | Generic: \$10 Brand Formulary: \$40 Non-Preferred Brand: \$100 | Generic: \$10 Brand Formulary: \$40 Non-Preferred Brand: \$100 | Generic: \$10 Brand Formulary: \$40 Non-Preferred Brand: \$100 |
| Mail Order Pharmacy Program (not to exceed 90-day supply for maintenance drugs) | Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100 | Generic/Tier 1 ¹ : \$10 Preferred Brand/ Tier 2 ¹ : \$40 Non-Preferred/ Tier 3 ¹ : \$100 Tier 4 ¹ : \$60 | Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100 | Generic: \$10 Brand: \$40 (31-100 day supply) | Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100 | Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100 | Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100 |
| Mail order maximum copayment per person per calendar year | \$1,000 | \$1,000 | \$1,000 | N/A | \$1,000 | \$1,000 | \$1,000 |
| Durable Medical Equipment | | | | | | | |
| | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |

¹ Tier Formulary is for BSC Trio HMO only

| | |
|------------------------------|--------------------------|
| Western Health Advantage HMO | CCPOA (Association Plan) |
|------------------------------|--------------------------|

| | |
|--|---|
| N/A | Tier 2, 3, and 4: \$50 (not to exceed \$150/family) |
| Generic: \$5 Preferred Brand: \$20 Non-Preferred Brand: \$50 | Tier 1: \$10 Tier 2: \$25 Tier 3 and 4: \$50 |
| Generic: \$10 Brand Formulary: \$40 Non-Preferred Brand: \$100 | Tier 1: \$20 Tier 2: \$50 Tier 3 and 4: \$100 |
| Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100 | Tier 1: \$20 Tier 2: \$50 Tier 3 and 4: \$100 |
| \$1,000 | N/A |

| | |
|-----------|-----------|
| No Charge | No Charge |
|-----------|-----------|

PPO Basic Plans

| BENEFITS | PERS Gold | | PERS Platinum | | CAHP (Association Plan) | | PORAC (Association Plan) | |
|----------|-----------|---------|---------------|---------|-------------------------|---------|--------------------------|---------|
| | PPO | Non-PPO | PPO | Non-PPO | PPO | Non-PPO | PPO | Non-PPO |

Prescription Drugs

| | | | | | |
|---|--|--|--|--|---|
| Deductible | N/A | N/A | N/A | N/A | N/A |
| Retail Pharmacy (30-day supply) | Generic: \$5 Preferred Brand: \$20 Non-Preferred Brand: \$50 | Generic: \$5 Preferred Brand: \$20 Non-Preferred Brand: \$50 | Generic: \$5 Preferred Brand: \$20 Non-Preferred Brand: \$50 | Generic: \$5 Formulary: \$20 Non-Formulary: \$50 | Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$45 Compound: \$45 |
| Retail Preferred Pharmacy Maintenance Medications | Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100 | Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100 | Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100 | Generic: \$10 Formulary: \$40 Non-Formulary: \$100 | N/A |
| Mail Order Pharmacy Program (not to exceed 90-day supply for maintenance drugs) | Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100 | Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100 | Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100 | Generic: \$10 Formulary: \$40 Non-Formulary: \$100 | Generic: \$20 Brand Formulary: \$40 Non-Formulary: \$75 |
| Mail order maximum copayment per person per calendar year | \$1,000 | \$1,000 | \$1,000 | N/A | N/A |

Durable Medical Equipment

| | | | | | | | |
|---|------------------|--|------------------|-----|------------------|-----|------------------|
| 20% | 40% ¹ | 10% | 40% ¹ | 10% | 40% ¹ | 20% | 20% ¹ |
| (pre-certification required for specific equipment) | | (pre-certification required for the purchase of equipment priced at \$1,000 or more) | | | | | |

¹ Of the allowable amount as defined in the EOC

CalPERS Health Plan Benefit Comparison—Basic Plans, *Continued*

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

| BENEFITS | EPO & HMO Basic Plans | | | | | | |
|--|--|--|--|--|--|--|--|
| | Anthem Blue Cross EPO Select HMO Traditional HMO | Blue Shield Access+ HMO & Access+ EPO Trio HMO | Health Net Salud y Más & SmartCare | Kaiser Permanente | Sharp Performance Plus | UnitedHealthcare SignatureValue Alliance | UnitedHealthcare SignatureValue Harmony |
| Infertility Testing/Treatment | 50% of Covered Charges | 50% of Covered Charges | 50% of Covered Charges | 50% of Covered Charges | 50% of Covered Charges | 50% of Covered Charges | 50% of Covered Charges |
| Occupational / Physical / Speech Therapy | | | | | | | |
| Inpatient (hospital or skilled nursing facility) | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| Outpatient (office and home visits) | \$15 | \$15 | \$15 | \$15 | \$15 | \$15 | \$15 |
| Diabetes Services | | | | | | | |
| Glucose monitors | Coverage varies | No Charge | Coverage varies | No Charge | Coverage varies | Coverage varies | Coverage varies |
| Self-management training | \$15 | \$15 | \$15 | \$15 | \$15 | \$15 | \$15 |
| Acupuncture | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) |
| Chiropractic | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) |

| | |
|------------------------------|--------------------------|
| Western Health Advantage HMO | CCPOA (Association Plan) |
|------------------------------|--------------------------|

| | |
|------------------------|------------------------|
| 50% of Covered Charges | 50% of Allowed Charges |
|------------------------|------------------------|

| | |
|-----------|-----------|
| No Charge | No Charge |
| \$15 | No Charge |

| | |
|-----------------|-----------------|
| Coverage varies | Coverage varies |
| \$15 | \$15 |

| | |
|---|-----|
| \$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year) | N/A |
|---|-----|

| | |
|---|---|
| \$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year) | \$15 exam (up to 20 visits per calendar year) chiropractic appliances benefit: \$50 |
|---|---|

PPO Basic Plans

| BENEFITS | PERS Gold | | PERS Platinum | | CAHP (Association Plan) | | PORAC (Association Plan) | |
|----------|-----------|---------|---------------|---------|-------------------------|---------|--------------------------|---------|
| | PPO | Non-PPO | PPO | Non-PPO | PPO | Non-PPO | PPO | Non-PPO |

Infertility Testing/Treatment

| | | | | | |
|--|-----|-----|-------------|-----|------------------|
| | 50% | 50% | Not Covered | 50% | 50% ² |
|--|-----|-----|-------------|-----|------------------|

Occupational / Physical / Speech Therapy

| | | | | | | | |
|--|---|-----------------------------------|---|-----------------------------------|---|------------------|---|
| Inpatient (hospital or skilled nursing facility) | No Charge | No Charge | 10% | 40% | 20% (no copay for in-patient PT/OT by a PAR provider) | 20% ² | |
| Outpatient (office and home visits) | 20% (pre-certification required for more than 24 visits) | 40%; Occupational therapy: 20% | 10% (pre-certification required for more than 24 visits) | 40%; Occupational therapy: 10% | 10% (pre-certification required for more than 24 visits) | 40% | \$15/visit (combined 20 visits per calendar year) 20% ² |

Diabetes Services

| | | | | | |
|--------------------------|------------------------------------|------------------------------------|-----------------------|-----------------------|-----------------------|
| Glucose monitors | Coverage Varies | Coverage Varies | Coverage Varies | Coverage Varies | Coverage Varies |
| Self-management training | \$20 ¹ 40% ² | \$20 ¹ 40% ² | \$20 60% ² | \$20 60% ² | \$20 60% ² |

Acupuncture

| | | | | |
|---|---|---|--|---|
| \$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year) | \$15/visit 40% ² (acupuncture/chiropractic; combined 20 visits per calendar year) | \$15/visit 40% ² (acupuncture/chiropractic; combined 20 visits per calendar year) | 10% 40% ² (acupuncture/chiropractic; combined 20 visits per calendar year) | \$15 copay (all other services 20%) 20% ² |
|---|---|---|--|---|

Chiropractic

| | | | | |
|---|---|---|--|---|
| \$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year) | \$15/visit 40% ² (acupuncture/chiropractic; combined 20 visits per calendar year) | \$15/visit 40% ² (acupuncture/chiropractic; combined 20 visits per calendar year) | 10% 40% ² (acupuncture/chiropractic; combined 20 visits per calendar year) | \$15/visit (combined 20 visits per calendar year) 20% ² |
|---|---|---|--|---|

¹ \$35 for specialist visit.

² Of the allowable amount as defined in the EOC

CalPERS Health Plan Benefit Comparison— Medicare Plans

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

| BENEFITS | Medicare Plans | | | | | |
|--|------------------------------------|---------------------------------|----------------------------|------------------------------|---|--|
| | Kaiser Permanente Senior Advantage | Anthem Medicare Preferred (PPO) | Blue Shield Medicare (PPO) | Sharp Direct Advantage (HMO) | UnitedHealthcare Group Medicare Advantage (PPO) | UnitedHealthcare Group Medicare Advantage Edge (PPO) |
| Calendar Year Deductible | | | | | | |
| Individual | N/A | N/A | N/A | N/A | N/A | N/A |
| Family | N/A | N/A | N/A | N/A | N/A | N/A |
| Maximum Calendar Year Copay or Coinsurance (excluding pharmacy) | | | | | | |
| Individual | \$1,500 (copay) | \$1,500 (copay/coinsurance) | \$1,500 (copay) | \$1,500 (copay/coinsurance) | \$1,500 (copay) | \$0 (copay) |
| Family | \$3,000 (copay) | N/A | N/A | N/A | N/A | N/A |
| Hospital (including Mental Health and Substance Abuse) | | | | | | |
| Inpatient | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| Outpatient Facility/ Surgery Services | \$10 | No Charge | No Charge | No Charge | No Charge | No Charge |
| Skilled Nursing Facility (up to 100 days/benefit period) | | | | | | |
| | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| Home Health Services | | | | | | |
| | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| Hospice | | | | | | |
| | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |

| | |
|--|--|
| Western Health Advantage MyCare Select (HMO) | CCPOA Medicare Supplement (Association Plan) |
|--|--|

| | |
|-----|-----|
| N/A | N/A |
| N/A | N/A |

| | |
|-----------------------------|---------------------|
| \$1,500 (copay/coinsurance) | \$1,500 (copay) |
| N/A | \$4,500 (3 or more) |

| | |
|-----------|-----------------|
| No Charge | \$100/admission |
| No Charge | No Charge |

| | |
|-----------|-----------|
| No Charge | No Charge |
|-----------|-----------|

| | |
|-----------|---|
| No Charge | \$15/visit (up to 100 visits per calendar year) |
|-----------|---|

| | |
|-----------|-----------|
| No Charge | No Charge |
|-----------|-----------|

Medicare Plans

| BENEFITS | PERS Gold | | PERS Platinum | | CAHP Medicare Supplement (Association Plan) | PORAC (Association Plan) |
|----------|-----------|---------|---------------|---------|---|--------------------------|
| | PPO | Non-PPO | PPO | Non-PPO | | |

Calendar Year Deductible

| | | | | | |
|------------|-----|-----|-----|-----|-----|
| Individual | N/A | N/A | N/A | N/A | N/A |
| Family | N/A | N/A | N/A | N/A | N/A |

Maximum Calendar Year Copay or Coinsurance (excluding pharmacy)

| | | | | | |
|------------|-----|-------------------------------------|-----|-----|-----|
| Individual | N/A | \$3,000 ¹ (co-insurance) | N/A | N/A | N/A |
| Family | N/A | N/A | N/A | N/A | N/A |

Hospital (including Mental Health and Substance Abuse)

| | | | | |
|---------------------------------------|-----------|-----------|-----------|-----------|
| Inpatient | No Charge | No Charge | No Charge | No Charge |
| Outpatient Facility/ Surgery Services | No Charge | No Charge | No Charge | No Charge |

Skilled Nursing Facility (up to 100 days/benefit period)

| | | | |
|-----------|-----------|-----------|-----------|
| No Charge | No Charge | No Charge | No Charge |
|-----------|-----------|-----------|-----------|

Home Health Services

| | | | | |
|-----------|-----------|-----------|-----------|-----------|
| No Charge | No Charge | No Charge | No Charge | No Charge |
|-----------|-----------|-----------|-----------|-----------|

Hospice

| | | | |
|-----------|-----------|-----------|-----------|
| No Charge | No Charge | No Charge | No Charge |
|-----------|-----------|-----------|-----------|

¹ See EOC for additional details.

CalPERS Health Plan Benefit Comparison—Medicare Plans, *Continued*

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

| BENEFITS | Medicare Plans | | | | | |
|--|--------------------------------------|---------------------------------|----------------------------|------------------------------|---|--|
| | Kaiser Permanente Senior Advantage | Anthem Medicare Preferred (PPO) | Blue Shield Medicare (PPO) | Sharp Direct Advantage (HMO) | UnitedHealthcare Group Medicare Advantage (PPO) | UnitedHealthcare Group Medicare Advantage Edge (PPO) |
| Emergency Services <i>(waived if admitted or hospitalized as an outpatient)</i> | \$50 | \$50 | \$50 | \$50 | \$50 | No Charge |
| Ambulance Services | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| Surgery/Anesthesia | No Charge inpatient; \$10 outpatient | No Charge | No Charge | No Charge | No Charge | No Charge |
| Physician Services <i>(including Mental Health and Substance Abuse)</i> | | | | | | |
| Office Visits | \$10 | \$10 | No Charge | No Charge | No Charge | No Charge |
| Inpatient Visits | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| Outpatient Visits | \$10 | \$10 | No Charge | No Charge | \$10 | No Charge |
| Urgent Care Visits | \$10 | \$25 | No Charge | No Charge | No Charge | No Charge |
| Preventive Services | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| Diagnostic X-Ray/Lab | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| Durable Medical Equipment | No Charge | 10% (coinsurance) | No Charge | No Charge | No Charge | No Charge |

| Western Health Advantage MyCare Select (HMO) | CCPOA Medicare Supplement (Association Plan) |
|--|--|
|--|--|

| | |
|------|-----------|
| \$50 | No Charge |
|------|-----------|

| | |
|-----------|-----------|
| No Charge | No Charge |
|-----------|-----------|

| | |
|-----------|-----------|
| No Charge | No Charge |
|-----------|-----------|

| | |
|-----------|-----------|
| No Charge | \$10 |
| No Charge | No Charge |
| No Charge | \$10 |
| No Charge | No Charge |
| No Charge | No Charge |

| | |
|-----------|-----------|
| No Charge | No Charge |
|-----------|-----------|

| | |
|-----------|-----------|
| No Charge | No Charge |
|-----------|-----------|

| Medicare Plans | | | | | | |
|----------------|-----------|---------|---------------|---------|---|--------------------------|
| BENEFITS | PERS Gold | | PERS Platinum | | CAHP Medicare Supplement (Association Plan) | PORAC (Association Plan) |
| | PPO | Non-PPO | PPO | Non-PPO | | |

Emergency Services (waived if admitted or hospitalized as an outpatient)

| | | | | |
|-----------|-----------|-----------|-----------|-----------|
| No Charge | No Charge | No Charge | No Charge | No Charge |
|-----------|-----------|-----------|-----------|-----------|

Ambulance Services

| | | | | |
|-----------|-----------|-----------|-----------|-----------|
| No Charge | No Charge | No Charge | No Charge | No Charge |
|-----------|-----------|-----------|-----------|-----------|

Surgery/Anesthesia

| | | | | |
|-----------|-----------|-----------|-----------|-----------|
| No Charge | No Charge | No Charge | No Charge | No Charge |
|-----------|-----------|-----------|-----------|-----------|

Physician Services (including Mental Health and Substance Abuse)

| | | | | |
|---------------------|-----------|-----------|-----------|-----------|
| Office Visits | No Charge | No Charge | \$10 | No Charge |
| Inpatient Visits | No Charge | No Charge | No Charge | No Charge |
| Outpatient Visits | No Charge | No Charge | No Charge | No Charge |
| Urgent Care Visits | No Charge | No Charge | No Charge | No Charge |
| Preventive Services | No Charge | No Charge | No Charge | No Charge |

Diagnostic X-Ray/Lab

| | | | | |
|-----------|-----------|-----------|-----------|-----------|
| No Charge | No Charge | No Charge | No Charge | No Charge |
|-----------|-----------|-----------|-----------|-----------|

Durable Medical Equipment

| | | | | |
|-----------|-----------|-----------|-----------|-----------|
| No Charge | No Charge | No Charge | No Charge | No Charge |
|-----------|-----------|-----------|-----------|-----------|

CalPERS Health Plan Benefit Comparison—Medicare Plans, *Continued*

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

| BENEFITS | Medicare Plans | | | | | |
|--|---|--|--|---|---|--|
| | Kaiser Permanente Senior Advantage | Anthem Medicare Preferred (PPO) | Blue Shield Medicare (PPO) | Sharp Direct Advantage (HMO) | UnitedHealthcare Group Medicare Advantage (PPO) | UnitedHealthcare Group Medicare Advantage Edge (PPO) |
| Prescription Drugs | | | | | | |
| Deductible | N/A | N/A | N/A | N/A | N/A | N/A |
| Retail Pharmacy (30-day supply) | Generic: \$5 Preferred: \$20 | Generic: \$5 Preferred Brand: \$20 Non-Preferred Brand: \$50 | Tier 1: \$5 Tier 2: \$20 Tier 3: \$50 Tier 4: \$20 | Preferred Generic: \$5 Generic: \$5 Preferred Brand: \$20 Non-Preferred: \$50 Specialty: \$20 Select Care: \$0 | Generic: \$5 Preferred: \$20 Specialty: \$20 Non-Preferred: \$50 | Generic: \$5 Preferred Brand: \$20 Non-Preferred Brand: \$50 |
| Retail Preferred Pharmacy Long-Term Prescription Medications | N/A | Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100 | Tier 1: \$10 Tier 2: \$40 Tier 3: \$100 Tier 4: N/A | Preferred Generic: \$15 Generic: \$15 Preferred Brand: \$60 Non-Preferred: \$150 Specialty: N/A Select Care: \$0 | Generic: \$10 Preferred: \$40 Specialty: \$40 Non-Preferred: \$100 | Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100 |
| Mail Order Pharmacy Program (not to exceed 90-day supply) | Generic: \$10 Preferred: \$40 (31-100 day supply) | Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100 | Tier 1: \$10 Tier 2: \$40 Tier 3: \$100 Tier 4: N/A | Preferred Generic: \$10 Generic: \$10 Preferred Brand: \$40 Non-Preferred: \$100 Specialty: N/A Select Care: \$0 | Generic: \$10 Preferred: \$40 Specialty: \$40 Non-Preferred: \$100 | Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100 |
| Mail order maximum copayment per person per calendar year | N/A | \$1,000 | \$1,000 | N/A | \$1,000 | \$1,000 |
| Occupational / Physical / Speech Therapy | | | | | | |
| Inpatient (hospital or skilled nursing facility) | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| Outpatient (office and home visits) | \$10 | \$10 | No Charge | \$10 | \$10 | No Charge |

| | |
|---|---|
| Western Health Advantage MyCare Select (HMO) | CCPOA Medicare Supplement (Association Plan) |
|---|---|

| | |
|--|---|
| N/A | N/A |
| Generic: \$5 Preferred: \$20 Non-Preferred Brand: \$50 | Tier 1: \$5 Tier 2: \$20 Tier 3: \$35 Tier 4: \$50 |
| Generic: \$10 Preferred: \$40 Non-Preferred Brand: \$100 | Tier 1: \$10 Tier 2: \$40 Tier 3: \$70 Tier 4: \$150 |
| Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100 | Tier 1: \$10 Tier 2: \$40 Tier 3: \$70 Tier 4: \$100 |
| \$1,000 | N/A |

| | |
|-----------|-----------|
| No Charge | No Charge |
| No Charge | No Charge |

| Medicare Plans | | | | | | |
|----------------|-----------|---------|---------------|---------|---|--------------------------|
| BENEFITS | PERS Gold | | PERS Platinum | | CAHP Medicare Supplement (Association Plan) | PORAC (Association Plan) |
| | PPO | Non-PPO | PPO | Non-PPO | | |

Prescription Drugs

| | | | | | |
|---|--|--|--|--|---|
| Deductible | N/A | N/A | N/A | \$100 | |
| Retail Pharmacy (30-day supply) | Generic: \$5 Preferred Brand: \$20 Non-Preferred Brand: \$50 | Generic: \$5 Preferred Brand: \$20 Non-Preferred Brand: \$50 | Generic: \$5 Preferred Brand: \$20 Non-Preferred Brand: \$50 | Generic: \$5 Formulary: \$20 Non-Formulary: \$50 | Generic: \$10 Preferred: \$25 Non-Preferred: \$45 |
| Retail Preferred Pharmacy Maintenance Medication (90-day supply) | Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100 | Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100 | Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100 | Generic: \$5 Formulary: \$20 Non-Formulary: \$50 | N/A |
| Mail Order Pharmacy Program (not to exceed 90-day supply for maintenance drugs) | Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100 | Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100 | Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100 | Generic: \$10 Formulary: \$40 Non-Formulary: \$100 | Generic: \$20 Preferred: \$40 Non-Preferred: \$75 |
| Mail order maximum copayment per person per calendar year | \$1,000 | \$1,000 | \$1,000 | N/A | N/A |

Occupational / Physical / Speech Therapy

| | | | | |
|--|-----------|-----------|-----------|-----------|
| Inpatient (hospital or skilled nursing facility) | No Charge | No Charge | No Charge | No Charge |
| Outpatient (office and home visits) | No Charge | No Charge | No Charge | No Charge |

CalPERS Health Plan Benefit Comparison—Medicare Plans, *Continued*

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

| BENEFITS | Medicare Plans | | | | | |
|---|--|--|--|--|--|--|
| | Kaiser Permanente Senior Advantage | Anthem Medicare Preferred (PPO) | Blue Shield Medicare (PPO) | Sharp Direct Advantage (HMO) | UnitedHealthcare Group Medicare Advantage (PPO) | UnitedHealthcare Group Medicare Advantage Edge (PPO) |
| Diabetes Services | | | | | | |
| Glucose monitors | No Charge | 10% (coinsurance) | No Charge | No Charge | No Charge | No Charge |
| Hearing Services | | | | | | |
| Routine Hearing Exam | \$10 | No Charge | No Charge | No Charge | No Charge | No Charge |
| Physician Services | \$10 | \$10 | \$10 | \$10 | \$10 | No Charge |
| Hearing Aids | \$1,000 max/ 36 months | \$1,000 max/ 36 months | \$1,000 max/ 36 months | \$1,000 max/ 36 months | \$1,000 max/ 36 months | \$2,000 allowance every 24 months |
| Vision Care | | | | | | |
| Vision Exam | \$10 | \$10 | \$10 | \$10 | \$10 | No Charge |
| Eyeglasses (following cataract surgery) | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| Contact Lenses (following cataract surgery) | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| Benefits Beyond Medicare (Services covered beyond Medicare coverage) | | | | | | |
| Acupuncture | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) |
| Chiropractic | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) |

| | |
|---|---|
| Western Health Advantage MyCare Select (HMO) | CCPOA Medicare Supplement (Association Plan) |
|---|---|

| | |
|-----------|-----------|
| No Charge | No Charge |
|-----------|-----------|

| | |
|---------------------------|----------------------|
| No Charge | No Charge |
| No Charge | \$15 |
| \$1,000 max/ 36 months | \$500 max/ member |

| | |
|-----------|-----------|
| No Charge | \$10 |
| No Charge | No Charge |
| No Charge | No Charge |

| | |
|--|--|
| \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | N/A |
| \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | \$15/visit (up to 20 visits per calendar year) |

| Medicare Plans | | | | | | |
|----------------|-----------|---------|---------------|---------|---|--------------------------|
| BENEFITS | PERS Gold | | PERS Platinum | | CAHP Medicare Supplement (Association Plan) | PORAC (Association Plan) |
| | PPO | Non-PPO | PPO | Non-PPO | | |

| | | | | | | |
|--------------------------|-----------|-----------|-----------|-----------|-----------|------|
| Diabetes Services | | | | | | |
| Glucose monitors | No Charge | No Charge | No Charge | No Charge | No Charge | \$25 |

| | | | | | | |
|-------------------------|--------------------------------|--------------------------------|------------------------------------|------------------------------------|----------------------------------|----------------------------------|
| Hearing Services | | | | | | |
| Routine Hearing Exam | No Charge | No Charge | No Charge | No Charge | No Charge | 20% |
| Physician Services | No Charge | No Charge | No Charge | No Charge | No Charge | 20% |
| Hearing Aids | 20% (\$1,000 max/36 months) | 20% (\$2,000 max/24 months) | 20% (\$1,000 max/ 36 months) | 10% (\$1,000 max/ 36 months) | 20% (\$900 max/ 36 months) | 20% (\$900 max/ 36 months) |

| | | | | | | |
|--------------------|--|--|--|-----------|-----------|------------------------------------|
| Vision Care | | | | | | |
| Vision Exam | One exam per calendar year | One exam per calendar year | One exam per calendar year | N/A | N/A | 20% |
| Eyeglasses | One set of frames during a 24-month period; \$30 maximum allowance | One set of frames during a 24-month period; \$30 maximum allowance | One set of frames during a 24-month period; \$30 maximum allowance | N/A | N/A | 20% (\$40 maximum allowance) |
| Contact Lenses | \$100 maximum allowance | \$100 maximum allowance | \$100 maximum allowance | No Charge | No Charge | 20% (\$40 maximum allowance) |

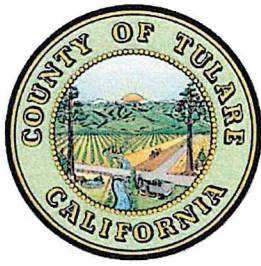
Benefits Beyond Medicare (Services covered beyond Medicare coverage)

| | | | | | | |
|--------------|--|--|--|-----|-----|-----|
| Acupuncture | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | 20% | 20% | 20% |
| Chiropractic | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) | 20% | 20% | 20% |



CalPERS Health Benefits Program
P.O. Box 942715
Sacramento, CA 94229-2715
888 CalPERS (or 888-225-7377)
www.calpers.ca.gov

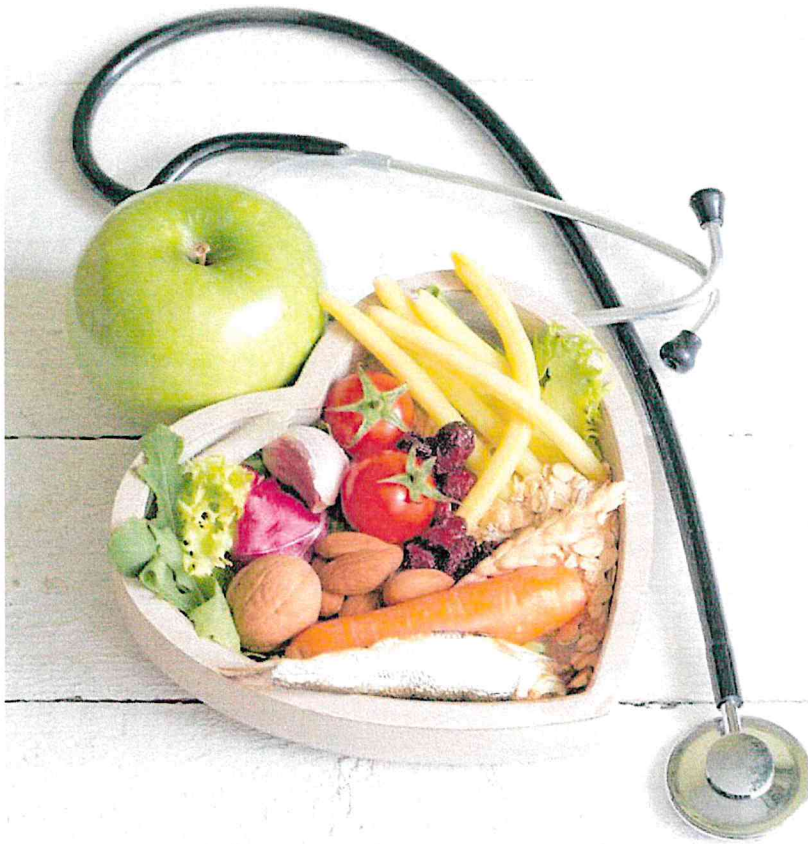
HBD - 110
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2022

SPECIAL DISTRICTS

Open Enrollment Benefits Guide



Open Enrollment:

October 4 – October 22, 2021

Human Resources & Development

2500 West Burrel Avenue

Visalia, CA 93291

(559) 636-4900

www.tularecounty.ca.gov/hrd

Benefits Customer Service

(559) 636-4911

OEHealth@tularecounty.ca.gov

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Enrollment Options

In an effort to practice social distancing due to COVID-19, most open enrollment changes will be completed by telephone, online or Fax.



Open Enrollment is Here Again!

Open Enrollment is your annual opportunity to change plans, add or drop eligible dependents from coverage, or cancel coverage. Open enrollment begins **October 4, 2021** and ends **October 22, 2021**.

We are providing you with this overview to help you understand the benefits that are available to you and how to best use them. Please review it carefully and make sure to ask about any important issues that are not addressed here. While we have made every effort to make sure that this guide is comprehensive, it cannot provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

2022 Health Plan Options

- Anthem Blue Cross PPO \$0 Deductible Plan Option – No Change in Premium
- Anthem Blue Cross PPO \$750 Deductible Plan Option – No Change in Premium
- Anthem Blue Cross PPO \$2,500 High Deductible Plan Option – No Change in Premium
- Anthem Blue Cross PPO \$500 Deductible Plan Option – No Change in Premium
 - Office/Specialist Visit/Exam Copay decreases from \$35 to \$25
 - Elimination of \$250 copay for hospital admission
- Pharmacy Benefit Manager – EmpiRx Health
- Delta Dental PPO and DeltaCare USA Dental HMO Plan Options – No Change in Premium
- Vision Service Plan (VSP) as vision provider – No Change in Premium
- Rate increase of 9.73% for Kaiser Permanente Traditional HMO Plan Option
- Rate increase of 9.73% for Kaiser Permanente Deductible HMO Plan Option

What Must You Know?

Participation **IS REQUIRED** if you are:

- Newly electing health plan coverage, changing plans, or adding or removing a dependent
- Cancelling health coverage

Participation is **NOT REQUIRED** if no changes are being made to your current health plan coverage.

Benefit elections will begin January 1, 2022 and will stay in effect until December 31, 2022. Changes during the year can only be made if you have a Qualified Life Event Change.

Due to COVID-19, most open enrollment appointments will be done by phone. If you are planning to elect, change or cancel health coverage, or add or cancel dependent coverage, please contact HRD Benefits Customer Service at (559) 636-4911 or email OEHealth@tularecounty.ca.gov and we will assist you with your Open Enrollment changes.

If you are not making any changes to your coverage, you do not need to make an appointment, your benefits will automatically continue in 2022.

Who Can You Cover?

Who Is Eligible?

Regular full-time Special District employees are eligible for the benefits outlined in this overview.

You can enroll the following family members in our medical, dental and vision plans.

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse.)
- Your domestic partner is eligible for coverage if you and your domestic partner are under a legally registered and valid domestic partnership. An individual who is registered with the State of California as a domestic partner of a Special District Employee. For more information on registered domestic partners, visit the California Secretary of State's website at: www.sos.ca.gov/dpregistry.
- Your children (including your Domestic Partner's Child, a Child under your Legal Guardianship, Adoptive Child):
 - Under the age of 26 are eligible to enroll in medical coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
 - Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
 - Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

Please refer to the Summary Plan Description for complete details on how benefits eligibility is determined.

Who Is Not Eligible?

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.
- Employees who work less than 20 hours per week, temporary employees, contract employees, or employees residing outside the United States.

Qualifying Event

Coverage for new employees begins on the first of the month following 30 days of employment. Open enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying life event.


An employee may make a new election upon the occurrence of certain events described below as they pertain to the applicable benefit. Make sure to notify Benefits Customer Services right away if you do have a qualifying life event. You have 30 days to make a change (add or drop) to your coverage election. These changes include (but are not limited to):

- Birth or adoption of a baby or child
- Marriage
- Divorce or Legal Separation
- Loss of other healthcare coverage
- Eligibility for new healthcare coverage

Anthem Medical PPO Plans

Medical coverage provides you with benefits that help keep you healthy like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition.

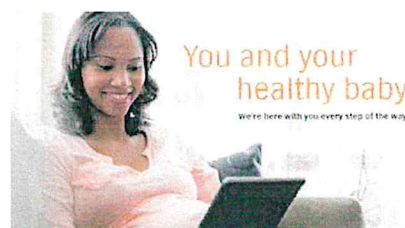
County of Tulare gives you a choice of four Anthem Blue Cross PPO Plans. Please refer to Summary Benefits Coverage for a description of Out-Of-Network coverage.

|  | Anthem BC PPO \$0 Deductible | Anthem BC PPO \$500 Deductible | Anthem BC PPO \$750 Deductible | Anthem BC PPO \$2,500 Deductible |
|---|--|--|--|---|
| Covered Services | In-Network | In-Network | In-Network | In-Network |
| Annual Deductible | \$0 per individual \$0 family limit | \$500 per individual \$1,000 family limit | \$750 per individual \$1,500 family limit | \$2,500 per individual \$5,000 family limit |
| Annual Out-of-Pocket Max | \$2,000 per individual \$4,000 family limit | \$3,000 per individual \$6,000 family limit | \$3,500 per individual \$7,000 family limit | \$5,000 per individual \$10,000 family limit |
| Lifetime Max | Unlimited | Unlimited | Unlimited | Unlimited |
| Office Visit – Primary | \$20 copay | \$25 copay | \$25 copay | Plan pays 90% after deductible |
| Office Visit – Specialist | \$20 copay | \$25 copay | \$35 copay | Plan pays 90% after deductible |
| Preventive Services | Plan pays 100% | Plan pays 100% | Plan pays 100% | Plan pays 100% |
| Chiropractic Care | \$25 copay (up to 12 visits per year) | \$25 copay (up to 12 visits per year) | \$25 copay (up to 12 visits per year) | Plan pays 90% after deductible (up to 12 visits per year) |
| Diagnostic X-ray & Lab | Plan pays 100% | Plan pays 100% | Plan pays 100% | Plan pays 90% after deductible |
| Complex Imaging | Plan pays 90% after deductible | Plan pays 80% after deductible | Plan pays 80% after deductible | Plan pays 90% after deductible |
| Inpatient Hospitalization | Plan pays 90% | Plan pays 80% after deductible (no admission copay) | Plan pays 80% after deductible (no admission copay) | Plan pays 90% after deductible |
| Outpatient Surgery | Plan pays 90% | Plan pays 80% after deductible | Plan pays 80% after deductible | Plan pays 90% after deductible |
| Urgent Care | \$20 copay | \$25 copay | \$25 copay | Plan pays 90% after deductible |
| Emergency Room | \$100 copay (copay waived if admitted) | \$100 copay Plan pays 80% after deductible (copay waived if admitted) | \$100 copay Plan pays 80% after deductible (copay waived if admitted) | Plan pays 90% after deductible |

Future Moms Program


The Future Moms Program will give you the information, tools and resources you need for a healthy pregnancy, delivery and baby. Through the program’s app, MyAdvocate, you’ll have lots of features to choose from: personalize to-do lists, pregnancy calendar, baby kick counter, updates on your pregnancy, how you can prepare for labor and delivery, and more. Register at anthem.com/ca or download the My Advocate Helps app or go to MyAdvocatehelps.com.

For more information, contact Benefits Customer Service or visit www.tularecounty.ca.gov/hrd.



Kaiser Permanente HMO Plans

Here is an overview of the two HMO medical plans offered through Kaiser Permanente. Must reside in KP service area (Fresno County, Kern County, Kings County, or Tulare County).

|  KAISER PERMANENTE | Kaiser Permanente Deductible HMO - Low Plan | Kaiser Permanente Traditional HMO - High Plan |
|---|--|--|
| Covered Services | In-Network | In-Network |
| Annual Deductible | \$1,000 per individual \$2,000 family limit | \$0 per individual \$0 family limit |
| Annual Out-of-Pocket Max | \$3,000 per individual \$6,000 family limit | \$1,500 per individual \$3,000 family limit |
| Lifetime Max | Unlimited | Unlimited |
| Office Visit – Primary | \$20 copay | \$25 copay |
| Office Visit - Specialist | \$20 copay | \$25 copay |
| Preventive Services | Plan pays 100% | Plan pays 100% |
| Chiropractic Care | Not covered | \$10 copay (up to 30 visits per year) |
| Lab and X-ray | Preventive: plan pays 100% after deductible; all other: \$10 copay after deductible; Complex imaging: \$50 copay | Plan pays 100% |
| Inpatient Hospitalization | Plan pays 80% after deductible | \$250 admission copay |
| Outpatient Surgery | Plan pays 80% after deductible | \$25 copay |
| Urgent Care | \$20 copay | \$25 copay |
| Emergency Room | Plan pays 80% after deductible | \$100 copay (copay waived if admitted) |

| Kaiser Permanente Zip Code Listing | | | | | | | |
|------------------------------------|-------------|-------------|-------|---------------|-------|--------------|-------|
| Fresno County | | | | Tulare County | | Kings County | |
| Fresno | 93650-93888 | Selma | 93662 | Dinuba | 93618 | Hanford | 93230 |
| Clovis | 93611-93619 | Parlier | 93648 | Kingsburg | 93631 | Hanford | 93232 |
| Del Rey | 93616 | Kerman | 93630 | Orange Cove | 93646 | Kern County | |
| Fowler | 93625 | Laton | 93242 | Sultana | 93666 | Delano | 93215 |
| Reedley | 93654 | Riverdale | 93656 | Traver | 93673 | Delano | 93216 |
| Sanger | 93657 | San Joaquin | 93660 | Richgrove | 93261 | McFarland | 93250 |

For a complete list of Zip Codes within the service area, contact Benefits Customer Service.

Cost of Coverage

2022 Monthly Health Plan Rates

The amount that you pay for your coverage is outlined below and depends on the health plan you select and whether you cover dependents.

| Medical Plans | | Dental PPO | Dental HMO |
|-----------------------------------|-----------------------|---------------|---------------|
| Plan Name | Tier | Monthly Rates | Monthly Rates |
| ANTHEM BC PPO \$0 DED | EMPLOYEE ONLY | \$1,021.89 | \$1,013.84 |
| | EMPLOYEE + SPOUSE | \$2,023.07 | \$2,009.16 |
| | EMPLOYEE + CHILD(REN) | \$1,861.64 | \$1,840.49 |
| | EMPLOYEE + FAMILY | \$3,068.32 | \$3,039.03 |
| ANTHEM BC PPO \$500 DED | EMPLOYEE ONLY | \$781.62 | \$773.57 |
| | EMPLOYEE + SPOUSE | \$1,544.29 | \$1,530.38 |
| | EMPLOYEE + CHILD(REN) | \$1,429.04 | \$1,407.89 |
| | EMPLOYEE + FAMILY | \$2,432.09 | \$2,402.80 |
| ANTHEM BC PPO \$750 DED | EMPLOYEE ONLY | \$692.55 | \$684.50 |
| | EMPLOYEE + SPOUSE | \$1,364.53 | \$1,350.62 |
| | EMPLOYEE + CHILD(REN) | \$1,266.56 | \$1,245.41 |
| | EMPLOYEE + FAMILY | \$2,080.62 | \$2,051.33 |
| ANTHEM BC PPO \$2,500 HDHP | EMPLOYEE ONLY | \$658.94 | \$650.89 |
| | EMPLOYEE + SPOUSE | \$1,297.24 | \$1,283.33 |
| | EMPLOYEE + CHILD(REN) | \$1,204.82 | \$1,183.67 |
| | EMPLOYEE + FAMILY | \$1,978.09 | \$1,948.80 |
| KAISER TRADITIONAL HMO | EMPLOYEE ONLY | \$959.22 | \$951.17 |
| | EMPLOYEE + SPOUSE | \$1,889.70 | \$1,875.79 |
| | EMPLOYEE + CHILD(REN) | \$1,725.40 | \$1,704.25 |
| | EMPLOYEE + FAMILY | \$2,831.01 | \$2,801.72 |
| KAISER DEDUCTIBLE HMO | EMPLOYEE ONLY | \$748.02 | \$739.97 |
| | EMPLOYEE + SPOUSE | \$1,467.31 | \$1,453.40 |
| | EMPLOYEE + CHILD(REN) | \$1,343.13 | \$1,321.98 |
| | EMPLOYEE + FAMILY | \$2,197.41 | \$2,168.12 |

Kaiser Members are eligible for medical and dental only, not vision

Prescription Drugs

Prescription drug coverage provides a benefit that is important to your overall health, whether you need a prescription for a short-term health issue like bronchitis or an ongoing condition like high blood pressure.

Here are the prescription drug plans that are included with our medical plans. This is not a complete summary of benefits, further limitations and exclusions may apply.

| Pharmacy Provider | EmpiRx Health | IngenioRx | Kaiser | Kaiser |
|------------------------------|--|---|---|---|
| Health Plans | Anthem PPO \$0, \$500, \$750 Ded | Anthem PPO \$2,500 HDHP | Kaiser HMO Deductible-Low | Kaiser HMO Traditional-High |
| Prescription Drug Deductible | None | Subject to medical calendar year deductible | None | None |
| Annual Out-of-Pocket Limit | \$2,000 per individual \$4,000 per family | Prescriptions subject to medical out-of-pocket maximums | Prescriptions subject to medical out-of-pocket maximums | Prescriptions subject to medical out-of-pocket maximums |
| Pharmacy: | | | | |
| Generic | \$10 copay | \$7 copay after deductible | \$10 copay | \$10 copay |
| Preferred Brand | \$20 copay | \$25 copay after deductible | \$30 copay | \$20 copay |
| Non-preferred Brand | \$35 copay | Not covered | Not covered | Not Covered |
| Supply Limit | 30 days | 30 days | 30 days | 100 days |
| Mail Order: | * | | | |
| Generic | \$15 copay | \$14 copay after deductible | \$20 copay | \$10 copay |
| Formulary Brand | \$30 copay | \$50 copay after deductible | \$60 copay | \$20 copay |
| Non-Formulary Brand | \$50 copay | Not covered | Not covered | Not covered |
| Supply Limit | 90 days | 90 days | 100 days | 100 days |

~EmpiRx Pharmacy Copay Savings with Mail Order~

With the 2022 Plan Year, when you use mail order for your 90-day medication fills, copays are lower than retail. Your plan allows for a 90-day supply with three (3) refills – up to one year of medication refills – according to your physician’s instructions.

90-Day Prescriptions

| Drug Type | Retail Pharmacy Copay | Mail Order Pharmacy Copay | Savings per prescription! |
|---------------------|-----------------------|---------------------------|---------------------------|
| Generic | \$20 | \$15 | \$5 |
| Formulary Brand | \$40 | \$30 | \$10 |
| Non-Formulary Brand | \$60 | \$50 | \$10 |

Registration is easy! Call Member Services toll-free, 1-877-241-7123, 24 hours a day, 7 days a week and use the prompts to set up your account. Have your identification number and credit card information ready.

Vision Plan



Routine vision exams are important, not only for correcting vision but because they can detect other serious health conditions.

We offer you a vision plan through **Vision Service Plan (VSP)**. VSP is only available to members enrolled in the Anthem Blue Cross Medical PPO Plans. Kaiser members should refer to the Benefits Summary for vision benefits information.

| VSP | VSP Vision | |
|----------------------------|---|--|
| | In-Network | Out-Of-Network |
| Covered Services | | |
| Examination | | |
| Benefit | \$10 copay then plan pays 100% | Plan pays up to \$45 |
| Frequency | 1 x every 12 months from last date of service | In-network limitations apply |
| Materials | | |
| Benefit | \$25 copay then plan pays 100% | Plan pays (see schedule below): |
| Eyeglass Lenses | | |
| Single Vision Lens | Plan pays 100% of basic lens (material copay applies) | Reimbursed up to \$30 |
| Bifocal Lens | Plan pays 100% of basic lens (material copay applies) | Reimbursed up to \$50 |
| Trifocal Lens | Plan pays 100% of basic lens (material copay applies) | Reimbursed up to \$65 |
| Frequency | 1 x every 12 months from last date of service | In-network limitations apply |
| Frames | | |
| Benefit | \$130 allowance (20% off amount over allowance) | Reimbursed up to \$70 |
| Frequency | 1 x every 24 months from last date of service | In-network limitations apply |
| Contacts (Elective) | | |
| Benefit | \$120 allowance (instead of eyeglasses) | Reimbursed up to \$105 (instead of eyeglasses) |
| Frequency | 1 x every 12 months from last date of service | 1 x every 12 months from last date of service |

❖ VSP Special Offers


Getting the most out of your VSP benefits has never been easier. VSP members get more and save more through extra offers that are exclusive to Premier Program locations. For information on the Special Offers for VSP members, visit www.vsp.com.

Dental Plans



Regular visits to your dentists can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease.

County of Tulare gives you a choice of two dental plans.

|  DELTA DENTAL | Delta Dental PPO | | DeltaCare USA DHMO |
|--|--------------------------------------|--|--|
| Covered Services | In-Network | Out-Of-Network | In-Network |
| Calendar Year Deductible | \$0 per individual \$0 per family | \$25 per individual \$75 per family | \$0 per individual \$0 per family |
| Annual Plan Maximum | \$1,000 per individual | \$1,000 per individual (combined with in-network) | Unlimited |
| Waiting Period | None | None | |
| Diagnostic and Preventive | Plan pays 100% | Plan pays 100% | \$0-\$45 (varies by service; see contract for fee schedule) copay then plan pays 100% |
| Basic Services | | | |
| Fillings | Plan pays 80% | Plan pays 80% after deductible | \$0-\$50 (varies by service; see contract for fee schedule) copay then plan pays 100% |
| Root Canals | Plan pays 80% | Plan pays 80% after deductible | \$0-\$95 (varies by service; see contract for fee schedule) copay then plan pays 100% |
| Periodontics | Plan pays 80% | Plan pays 80% after deductible | \$0-\$140 (varies by service; see contract for fee schedule) copay then plan pays 100% |
| Major Services | Plan pays 50% | Plan pays 50% after deductible | \$0-\$345 (varies by service; see contract for fee schedule) copay then plan pays 100% |
| Orthodontic Services | | | |
| Orthodontia | Plan pays 50% | Plan pays 50% | \$1,700-\$1,900 (see contract for limitations) copay then plan pays 100% |
| Lifetime Maximum | \$1,500 | \$1,500 (combined with in-network) | Unlimited |
| Adults | Covered | Covered | Covered |
| Dependent Children | Covered | Covered | Covered |
| Full-time Students | Covered | Covered | Covered |

Visit www.deltadentalins.com to learn more about your dental plan, to find a dentist, to print an ID card, and much more.

Anthem LiveHealth Online

You and your family can see a doctor when it fits your schedule. No need for an appointment and no long wait at the urgent care center. All you need is the LiveHealth Online app or a computer with a webcam. Best of all, LiveHealth Online is part of your health plan benefits. So using LiveHealth Online may cost as little as a regular office visit or at most \$49.

Sign up now to get:

- Immediate, 24/7 access to doctors
- Secure and private video chats with Board-Certified doctors
- Prescriptions sent to your pharmacy, if needed
- Help with colds, the flu, allergies, fevers, and more
- Available anywhere you have a computer or mobile device with Internet access

Co-pays are:

- Anthem BC PPO \$0 Deductible Plan = \$20
- Anthem BC PPO \$500 Deductible Plan = \$25
- Anthem BC PPO \$750 Deductible Plan = \$25
- Anthem BC PPO \$2,500 High Deductible Plan = \$49 (and your deductible does not need to be met)

Virtual Primary Care – 98point6

98point6 offers on-demand primary care delivered by board-certified physicians via the ease of a mobile app. The subscription-based service means you can get diagnosis and treatment or simply consult on a health issue from anywhere. So whether you're on the go, home sick in bed or multi-tasking throughout your day, immediate care is available on your schedule.

- On-demand, text-based diagnosis and treatment
- Expert care from board-certified physicians
- **FREE**-No Co-pay (\$2,500 HDHP \$5 copay)
- No appointments, no travel, no waiting rooms
- Get primary care anywhere, in any context
- Up to 35 visits (\$5 copay after 35 visits)



Virtual Primary Care

On-demand primary care via secure in-app, text-based messaging accessible wherever you are at **no cost** to members

98point6

On-demand expert care

START YOUR VISIT

During your morning commute

While relaxing at home

In between meetings

At the airport

While home sick in bed

Marie Frazer, MD
Board-certified Family Medicine

Thank you for seeing me! I hope things work out for you!

Marie will meet with you on Monday at 10:00 AM. Please call if you need to reschedule.

Important Plan Notices

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan (see Summary Plan Description for deductibles and coinsurance). If you would like more information on WHCRA benefits, call your plan administrator (559) 636-4900.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at (559) 636-4900.

Michelle's Law

The County of Tulare plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from school. Coverage may continue for up to a year, unless your child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school — or change in school enrollment status (for example, switching from full-time to part-time status) — starts while the child has a serious illness or injury, is medically necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, notify Human Resources in writing as soon as the need for the leave is recognized. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in The County of Tulare plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in the County of Tulare plan without waiting for the next open enrollment period if you:

Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.

Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request [medical plan OR health plan] enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30-day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in The County of Tulare medical plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment rights, you may add the dependent to your current coverage.

Notice of Grandfathered Plan Status

The County of Tulare believes the County of Tulare medical plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at (559) 636-4900. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for your health plan describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting your plan administrator.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20220 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

You may be eligible for assistance paying your employer health plan premiums. Please contact Benefits Customer Service to see a list of the states. Contact your State for more information on eligibility.

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov

Medicare Part D Notice

Important Notice from County of Tulare About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with County of Tulare and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. County of Tulare has determined that the prescription drug coverage offered by the health plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your County of Tulare coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Important Note for Retiree Plans: Certain retiree plans will terminate RX coverage when an individual enrolls in Medicare Part D and individuals might not be able to re-enroll in that coverage. If completing this Notice for a retiree plan, review the plan provisions before completing this form and modify this section as needed.

Since the existing prescription drug coverage under health plan is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your County of Tulare prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with County of Tulare and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

2022 OPEN ENROLLMENT BENEFITS GUIDE - SPECIAL DISTRICTS

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through County of Tulare changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [medicare.gov](https://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 800-772-1213 (TTY 800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 1, 2021
Name of Entity/Sender: County of Tulare
Contact-Position/Office: HRD Benefits
Address: 2500 West Burrel Ave., Visalia, CA 93291
Phone Number: (559) 636-4911

Plan Contacts

If you need to reach our plan providers, here is their contact information:

| Plan Type | Provider | Phone | Website |
|--------------|-----------------------------|--------------|---|
| Medical | Anthem Blue Cross | 888-831-2238 | www.anthem.com/ca |
| Medical | Foundation for Medical Care | 559-733-3127 | |
| Medical | LiveHealth Online | 888-548-3432 | www.livehealthonline.com |
| Medical | Kaiser Permanente | 800-464-4000 | www.kp.org |
| Prescription | EmpiRx Health | 877-262-7435 | www.empirxhealth.com |
| Dental PPO | Delta Dental | 888-335-8227 | www.deltadentalins.com |
| Dental HMO | DeltaCare USA | 800-422-4234 | www.deltadentalins.com |
| Vision | Vision Service Plan | 800-877-7195 | www.vsp.com |

Have Questions? Need Assistance with Open Enrollment?

Contact Human Resources and Development

Benefits Customer Service

(559) 636-4911

OEHealth@tularecounty.ca.gov



HUMAN RESOURCES
& DEVELOPMENT
TULARE COUNTY

2500 West Burrel Ave.
Visalia, California 93291-4583

Enrollment Options

In an effort to practice social distancing due to COVID-19, Open Enrollment presentations will be conducted virtually and most open enrollment appointments will be completed online or by telephone. HRD Benefit Staff will be available outside of our building at 2500 W Burrel Avenue on October 6th, 13th, and 20th.

Contact HRD Benefits:

Phone (559) 636-4911

Email OEHealth@tularecounty.ca.gov

FAX (559) 730-2597

www.tularecounty.ca.gov/HRD

It's that time ...
Benefits
OPEN
ENROLLMENT



2022 HEALTHCARE ENROLLMENT LIST

District Name TULARE PUBLIC CEMETERY DISTRICT

| Last, First, MI | Tier | Benefit | | | | | ADMIN FEE | Grand Total |
|--------------------|---------------|-----------------|-----------------|----------------|-----------------|-----------|-------------|-------------|
| | | BCCA \$0 DED | BCCA \$500 DED | DELTA DENTAL - | VSP VISION SPCL | | | |
| | | PPO - SPCL DIST | PPO - SPCL DIST | SPCL DIST | DIST | | | |
| | EMPLOYEE ONLY | | \$ 732.56 | \$ 35.43 | \$ 4.96 | \$ 8.67 | \$ 781.62 | |
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| | EMPLOYEE ONLY | | \$ 732.56 | \$ 35.43 | \$ 4.96 | \$ 8.67 | \$ 781.62 | |
| | EMPLOYEE ONLY | \$ 972.83 | | \$ 35.43 | \$ 4.96 | \$ 8.67 | \$ 1,021.89 | |
| | EMPLOYEE ONLY | | \$ 732.56 | \$ 35.43 | \$ 4.96 | \$ 8.67 | \$ 781.62 | |
| | EMPLOYEE ONLY | | \$ 732.56 | \$ 35.43 | \$ 4.96 | \$ 8.67 | \$ 781.62 | |
| | EMPLOYEE ONLY | | \$ 732.56 | \$ 35.43 | \$ 4.96 | \$ 8.67 | \$ 781.62 | |
| | EMPLOYEE ONLY | \$ 972.83 | | \$ 35.43 | \$ 4.96 | \$ 8.67 | \$ 1,021.89 | |
| | EMPLOYEE ONLY | | \$ 732.56 | \$ 35.43 | \$ 4.96 | \$ 8.67 | \$ 781.62 | |
| | EMPLOYEE ONLY | | \$ 732.56 | \$ 35.43 | \$ 4.96 | \$ 8.67 | \$ 781.62 | |
| | EMPLOYEE ONLY | | \$ 732.56 | \$ 35.43 | \$ 4.96 | \$ 8.67 | \$ 781.62 | |
| Grand Total | | \$ 1,945.66 | \$ 7,325.60 | \$ 425.16 | \$ 59.52 | \$ 104.04 | \$ 9,859.98 | |