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October 26, 2020

Board of Directors
Triunfo Water & Sanitation District
Ventura County, California

TWSD TRANSITION: WELLNESS AND ANCILLARY BENEFITS CONTRACTING AUTHORITY WITH SDRMA

Summary

As part of the Triunfo Water & Sanitation District (District) becoming an autonomous public agency, certain employee benefits are necessary to competitively recruit and hire personnel. Staff has been in discussion with various providers to obtain the best benefit plans available based on options and pricing. Initial consultation with Paychex indicated that they would provide the full range of required benefits. However, based on more recent discussions, it has been determined that the District, due to the limited number of employees, does not meet Paychex's eligibility requirements for their originally proposed plan. Paychex could however provide a plan that would be much more expensive for the same coverage. As a result, after further evaluation, Special District Risk Management Authority (SDRMA) has been selected based on their ability to offer the most comprehensive coverage for both wellness (health, dental, and vision) and ancillary (life, STD, and LTD) benefits. Although there are other providers that offer comparable services and coverage, due to the relative age and size of the District, they are not currently available at this time. Staff will continue to monitor and assess those providers and plans for future discussions.

As a precursor to possibly obtaining coverage with SDRMA, staff has been provided with the insurance options and rate plans for the various benefits. In order to move the acquisition of insurance coverage to the next phase, SDRMA requires a Memorandum Of Understanding (MOU) and authorizing Resolution by the District to establish an agreement. District Legal Counsel has reviewed and approved the MOU and Resolution No. TWSD 2020-09 for facilitating this action. Staff recommends your Board review and approve the MOU and Resolution No. TWSD 2020-09 to contract with SDRMA as the District's benefits provider.

Fiscal Impact


There is no budget adjustment required since the cost to contract with SDRMA is included in the pricing of the benefits and the funding approved for employee benefits is part of the total compensation package previously budgeted and established by Resolution No. TWSD 2020-07.

Recommendation

It is recommended that the Board:

- A. Review and approve the Memorandum Of Understanding with SDRMA and accompanying TWSD Resolution No. TWSD 2020-09 to establish an agreement to contract benefit services with SDRMA; and
- B. Authorize the Chair to sign the MOU and TWSD Resolution No. TWSD 2020-09; or
- C. Provide staff with alternative direction.

REVIEWED AND APPROVED:


Mark Norris - General Manager

Attachment: 1) 2021 SDRMA Coverage Brochure
2) MOU with SDRMA
3) Resolution No. TWSD 2020-09



SPECIAL DISTRICT RISK MANAGEMENT AUTHORITY

Simple Solutions



2021 HEALTH BENEFITS PROGRAM

MEDICAL BENEFITS & ANCILLARY COVERAGES





SPECIAL DISTRICT RISK MANAGEMENT AUTHORITY

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

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

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

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

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

IMPORTANT TERMS TO KNOW

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

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

Copay * This is a fixed amount you pay for certain covered services, like doctor's visits.

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

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

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

Medical Benefits Summary





Medical Benefits Summary

PLAN SUMMARY – BLUE SHIELD *See page 28, note 14 for Plan Selections and Combination Guidelines

DEDUCTIBLES/CO-INSURANCE	Gold PPO		Platinum PPO	
	Calendar Year Deductible(s) (Individual/Family)	\$500 / \$1,000		\$300 / \$600
Maximum Medical Out of Pocket (Individual/Family)	\$2,000 / \$4,000		\$1,300 / \$3,600	
Medicare Medical Maximum Out of Pocket	\$1,500 / \$3,000		\$1,000 / \$3,000	
Services/Coverages	Participating Providers (You Pay)	Non-Participating Providers (You Pay)	Participating Providers (You Pay)	Non-Participating Providers (You Pay)
Inpatient Hospital Room, Board & Support Services (prior authorization required)	20%	50% up to \$600 per day	10%	50% up to \$600 per day
Ambulatory Surgery Center	Deductible Waived; 10% Coinsurance	50% up to \$350 per day	Deductible Waived; No Charge	50% up to \$350 per day
Emergency Room				
Visit Results in Admission as Inpatient	20%		10%	
Visit Does Not Result in Admission	20%, \$100 co-pay		10%, \$100 co-pay	
Physician Benefits (office visits)	\$20 co-pay	50%	\$20 co-pay	50%
Preventative Care	No Charge	Not Covered	No Charge	Not Covered
Rehabilitation Service (in an office location)	20%	50% up to \$350 per day	10%	50% up to \$350 per day
Acupuncture (26 visits per calendar year/combined with Chiropractic)	20%		10%	
Durable Medical Equipment	20%	Not Covered	10%	Not Covered
Hospice	20%	Not Covered without prior authorization	10%	Not Covered without prior authorization
Ambulance	20%		10%	
Home Health Care 100 visits/year (prior authorization required)	20%	Not Covered without prior authorization	10%	Not Covered without prior authorization
Chiropractic Services (26 visits per calendar year/combined with Acupuncture)	20% up to \$50 per visit	50% up to \$25 per visit	10% up to \$50 per visit	50% up to \$25 per visit
Prescription Drugs <i>Active/Early Retiree Plans Only</i>	Express Scripts*		Express Scripts*	
Prescription Maximum Out of Pocket	\$4,600 / \$9,200		\$5,300 / \$9,600	
(At Participating Pharmacies only)	Generic / Brand / Non-Formulary / Specialty		Generic / Brand / Non-Formulary / Specialty	
Retail - 30 day supply	\$5 / \$30 / \$45 / 30% (max co-pay \$150)		\$5 / \$30 / \$45 / 30% (max co-pay \$150)	
Mail Order - 90 day supply	\$10 / \$75 / \$112.50 / 30% (max co-pay \$300)		\$10 / \$75 / \$112.50 / 30% (max co-pay \$300)	
Brand / Non-Formulary / Specialty Deductible (Individual / Family)	None		None	

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

NON-PARTICIPATING PROVIDER MEMBER COST MAY NOT APPLY TO MAXIMUM OUT OF POCKET COSTS.

*See Rx benefits for Medicare on page 13 under the "EGWP" pharmacy co-pay structure.

PLAN SUMMARY – BLUE SHIELD *See page 28, note 14 for Plan Selections and Combination Guidelines

DEDUCTIBLES/CO-INSURANCE	Silver PPO		EPO	HDHP 10% and (20%)	
Calendar Year Deductible(s) (Individual/Family)	\$2,000 / \$4,000		\$300 / \$600	\$1,400 / \$2,800 (\$3,000 / \$6,000)	
Maximum Medical Out of Pocket (Individual/Family)	\$5,000 / \$10,000		\$1,300 / \$2,600	\$5,000 / \$10,000 (\$5,950 / \$11,900)	
Medicare Medical Maximum Out of Pocket	\$3,000 / \$6,000		\$1,000 / \$2,000	Non-Applicable	
Services/Coverages	Participating Providers (You Pay)	Non-Participating Providers (You Pay)	Participating Providers (You Pay)	Participating Providers (You Pay)	Non-Participating Providers (You Pay)
Inpatient Hospital Room, Board & Support Services (prior authorization required)	20%	50% up to \$600 per day	No Charge	10% (20%)	50% up to \$600 per day
Ambulatory Surgery Center	Deductible Waived; 10% Coinsurance	50% up to \$350 per day	Deductible Waived; No Charge	(10%) No Charge	50% up to \$350 per day
Emergency Room					
Visit Results in Admission as Inpatient	20%		No Charge	10% (20%)	
Visit Does Not Result in Admission	20%, \$100 co-pay		\$100 co-pay	10% (20%), \$100 co-pay	
Physician Benefits (office visits)	\$30 co-pay	50%	\$30 co-pay	10% (20%)	50%
Preventative Care	No Charge	Not Covered	No Charge	No Charge	Not Covered
Rehabilitation Service (in an office location)	20%	50% up to \$350 per day	\$30 co-pay	10% (20%)	50% up to \$350 per day
Acupuncture (26 visits per calendar year/ combined with Chiropractic)	20%		\$30 co-pay	10% (20%) up \$30 per visit	
Durable Medical Equipment	20%	Not Covered	20%	10% (20%)	Not Covered
Hospice	20%	Not Covered without prior authorization	No Charge	10% (20%)	Not Covered without prior authorization
Ambulance	20%		\$50 Per Transport	10% (20%)	
Home Health Care 100 visits/year (prior authorization required)	20%	Not Covered without prior authorization	\$30 co-pay (100 visits/ year)	10% (20%)	Not Covered without prior authorization
Chiropractic Services (26 visits per calendar year/combined with Acupuncture)	20% up to \$50 per visit	50% up to \$25 per visit	\$30 co-pay	10% (20%) up \$25 per visit	50% up \$25 per visit
Prescription Drugs <i>Active/Early Retiree Plans Only</i>	Express Scripts*		Express Scripts*	Blue Shield	
Prescription Maximum Out of Pocket	\$1,600 / \$3,200		\$5,300 / \$10,600	Combined with Medical	
(At Participating Pharmacies only)	Generic / Brand / Non-Formulary / Specialty		Generic / Brand / Non-Formulary / Specialty	Generic / Brand / Specialty	Generic / Brand
Retail - 30 day supply	\$10 / \$20 / \$45 / 30% (max co-pay \$150)		\$10 / \$20 / \$45 / 30% (max co-pay \$150)	\$7 / \$25 / Not Covered	\$7 / \$25
Mail Order - 90 day supply	\$20 / \$40 / \$90 / 30% (max co-pay \$300)		\$15 / \$50 / \$112.50 / 30% (max co-pay \$150)	\$14 / \$60 / 30% (max co-pay \$150)	Not Covered
Brand / Non-Formulary / Specialty Deductible (Individual / Family)	\$200 / \$500		\$200	Subject to Deductible	

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NON-PARTICIPATING PROVIDER MEMBER COST MAY NOT APPLY TO MAXIMUM OUT OF POCKET COSTS. *See Rx benefits for Medicare on page 13 under the "EGWP" pharmacy co-pay structure.



PLAN SUMMARY – BLUE SHIELD *See page 28, note 14 for Plan Selections and Combination Guidelines

DEDUCTIBLES/CO-INSURANCE		Access+ HMO 15	Access+ HMO 20
Calendar Year Deductible(s) (Individual/Family)		None	None
Maximum Medical Out of Pocket (Individual/Family)		\$1,500 / \$3,000	\$1,500 / \$3,000
Medicare Medical Maximum Out of Pocket		Non-Applicable	Non-Applicable
Services/Coverages		Participating Providers (You Pay)	Participating Providers (You Pay)
Inpatient Hospital Room, Board & Support Services (prior authorization required)		No Charge	\$250 / Admission
Non Emergency Outpatient Services: Ambulatory Surgery Center Hospital Facility Outpatient Treatment		No Charge \$100 / Surgery No Charge	\$50 / Surgery \$150 / Surgery No Charge
Emergency Room			
Visit Results in Admission as Inpatient		No Charge	No Charge
Visit Does Not Result in Admission		\$50 co-pay	\$100 co-pay
Preventative Care		No Charge	No Charge
Office Visits	Note: A woman may self-refer to an OB/GYN or family practice physician in her personal physician's medical group or IPA for OB/GYN services.	\$15 co-pay	\$20 co-pay
Rehabilitation Service (in a office location)		\$15 co-pay	\$20 co-pay
Durable Medical Equipment		20%	20%
Hospice		No Charge	Routine Home Care and Inpatient Respite Care - No Charge 24 Hour Continuous Home Care and General Inpatient Care - \$150 / day
Ambulance		\$50 co-pay	\$100 co-pay
Home Health Care (prior authorization required)		\$15 co-pay (100 per year)	\$20 co-pay (100 per year)
Chiropractic Services (combined with Acupuncture)		\$10 co-pay (30 visits per year)	\$10 co-pay (30 visits per year)
Acupuncture (combined with Chiropractic)		\$10 co-pay (30 visits per year)	\$10 co-pay (30 visits per year)
Prescription Drugs <i>Active/Early Retiree Plans Only</i>		Express Scripts	Express Scripts
Prescription Maximum Out of Pocket		\$5,100 / \$10,200	\$5,100 / \$10,200
(At Participating Pharmacies only)		Generic / Brand / Non-Formulary / Specialty	Generic / Brand / Non-Formulary / Specialty
Retail - 30 day supply		\$5 / \$10 / \$25 / 20% (max co-pay \$100)	\$10 / \$25 / Not Covered / 20% (max co-pay \$100)
Mail Order - 90 day supply		\$10 / \$20 / \$50 / 20% (max co-pay \$100)	\$20 / \$50 / Not Covered / 20% (max co-pay \$100)
Brand Deductible (Individual / Family)		None	None

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PLAN SUMMARY – KAISER *See page 28, note 14 for Plan Selections and Combination Guidelines

DEDUCTIBLES/CO-INSURANCE/MAXIMUM	HMO 15	HMO 20
Calendar Year Deductible(s) (Individual/Family)	None	None
Maximum Medical Out of Pocket (Individual/Family)	\$1,500 / \$3,000	\$1,500 / \$3,000
Medicare Medical Maximum Out of Pocket	Non-Applicable	Non-Applicable
Services/Coverages	Participating Providers (You Pay)	Participating Providers (You Pay)
Inpatient Hospital Room, Board & Support Services (prior authorization required)	No Charge	\$250 / Admission
Non Emergency Outpatient Services: Ambulatory Surgery Center Hospital Facility Outpatient Treatment	\$15 / Surgery No Charge \$15 / Surgery	\$20 / Surgery No Charge \$20 / Surgery
Emergency Room		
Visit Results in Admission as Inpatient	See Inpatient hospital	See Inpatient hospital
Visit Does Not Result in Admission	\$50 co-pay	\$100 co-pay
Preventative Care	No Charge	No Charge
Office Visits	\$15 co-pay	\$20 co-pay
Rehabilitation Service (Outpatient)	\$15 co-pay	\$20 co-pay
Durable Medical Equipment	No Charge	20%
Hospice	No Charge	No Charge
Ambulance	No Charge	\$50 co-pay
Home Health Care (prior authorization, up to 100 visits)	No Charge	No Charge
Chiropractic Services (combined with Acupuncture)	\$10 / up to 30 visits	\$10 / up to 30 visits
Acupuncture (combined with Chiropractic)	\$10 / up to 30 visits	\$10 / up to 30 visits
Prescription Drugs <i>Active/Early Retiree Plans Only</i>	Kaiser	Kaiser
(At Participating Pharmacies only)	Generic / Brand / Specialty	Generic / Brand / Specialty
Retail - 30 day supply	\$5 / \$20 / \$20	\$10 / \$25 / 20% (max co-pay \$150)
Mail Order - 100 day supply	\$10 / \$40	\$20 / \$50
Brand Deductible (Individual / Family)	None	None

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Kaiser HMO Member Services 800-464-4000



PLAN SUMMARY – KAISER – MEDICARE

DEDUCTIBLES/CO-INSURANCE/MAXIMUM	Kaiser Permanente Senior Advantage (KPSA) HMO with Part D
Calendar Year Deductible(s) (Individual/Family)	None
Maximum Medical Out of Pocket (Individual/Family)	\$1,500 / \$3,000
Medicare Medical Maximum Out of Pocket	Non-Applicable
Services/Coverages	Participating Providers (You Pay)
Inpatient Hospital Room, Board & Support Services (prior authorization required)	No Charge
Non Emergency Outpatient Services: Ambulatory Surgery Center Hospital Facility Outpatient Treatment	\$10 / Surgery See Outpatient specific service co-pay \$10 / Surgery
Emergency Room	
Visit Results in Admission as Inpatient	See Inpatient hospital
Visit Does Not Result in Admission	\$50 co-pay
Preventative Care	No Charge
Office Visits	\$10 co-pay
Rehabilitation Service (Outpatient)	\$10 co-pay
Durable Medical Equipment	No Charge
Ambulance	No Charge
Home Health Care (prior authorization required)	No Charge
Chiropractic Services (combined with Acupuncture)	\$10 / up to 30 visits
Acupuncture (combined with Chiropractic)	\$10 / up to 30 visits
Prescription Drugs	Kaiser
(At Participating Pharmacies only)	Generic / Brand
30 day supply	\$5 / \$20
31 – 60 day supply	\$10 / \$40
61 - 100 day supply	\$15 / \$60
(Mail Order Refills only)	Generic / Brand
30 day supply	\$5 / \$20
31 – 100 day supply	\$10 / \$40

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Kaiser HMO Member Services 800-464-4000

ADDITIONAL PROGRAMS

CARRUM HEALTH (CARRUM) – SURGERY BENEFIT PROGRAM

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

EMPLOYEE SERVICES

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

Recovery – Personalized support through total care coordination

Access to top-Quality Surgeons – perform hundreds of surgeries

All medical expenses – covered for the patient**

Travel Expenses – covered for patient and companion*

Voluntary participation – Employee Initiates the service by phone or online



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

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

Eligible procedures include:

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

Additional procedures will become eligible on a regular basis.

GOTZOOM-STUDENT LOAN REPAYMENT PROGRAM

What's GotZoom?

- A company with a singular focus on Department of Education student loan repayment programs
- Seven-year performance record

Why We're Better?

Large student debt reduction achieved with federal repayment or forgiveness programs:

- Provides employee immediate relief
- Costs employer significantly less

Employer Benefits

- Retention: equates to a 5% - 20% raise
- Recruitment: 83% of millennials prefer organizations with a student loan benefit
- Value: 3-year ROI 140%

Employee Benefit

- Average student debt reduction of 65%
- Upfront visibility of savings (free loan status analysis and benefit summary)



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



MEDICAL BENEFIT RATES FOR 2021 – GUARANTEED UNTIL JANUARY 1, 2022

AREA I - Northern CA: Bay Area Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yolo, Yuba	PLAN	Employee	Employee + 1	Employee + 2 or More
	Gold PPO	\$986.74	\$1,971.42	\$2,564.70
Platinum PPO	\$1,078.41	\$2,154.76	\$2,803.66	
Silver PPO	\$706.58	\$1,417.28	\$1,840.61	
EPO	\$1,185.53	\$2,370.03	\$3,080.73	
HDHP 10%	\$809.58	\$1,619.16	\$2,104.29	
HDHP 20%	\$698.34	\$1,394.62	\$1,813.83	
Access+ HMO 15	\$1,100.04	\$2,199.05	\$2,860.31	
Access+ HMO 20	\$1,021.76	\$2,044.55	\$2,657.40	
Kaiser HMO 15	\$938.33	\$1,854.00	\$2,402.99	
Kaiser HMO 20	\$904.34	\$1,786.02	\$2,316.47	

AREA II - Northern CA: Other Counties Alpine, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity, Tuolumne	PLAN	Employee	Employee + 1	Employee + 2 or More
	Gold PPO	\$958.93	\$1,918.89	\$2,492.60
Platinum PPO	\$1,026.91	\$2,053.82	\$2,669.76	
Silver PPO	\$688.04	\$1,376.08	\$1,787.05	
EPO	\$1,147.42	\$2,296.90	\$2,988.03	
HDHP 10%	\$798.25	\$1,601.65	\$2,080.60	
HDHP 20%	\$660.23	\$1,317.37	\$1,714.95	
Access+ HMO 15	\$1,110.34	\$2,219.65	\$2,886.06	
Access+ HMO 20	\$1,034.12	\$2,068.24	\$2,685.21	
Kaiser HMO 15	\$938.33	\$1,854.00	\$2,402.99	
Kaiser HMO 20	\$904.34	\$1,786.02	\$2,316.47	

AREA III - Southern CA: Los Angeles Area Los Angeles, San Bernardino, Ventura	PLAN	Employee	Employee + 1	Employee + 2 or More
	Gold PPO	\$815.76	\$1,625.34	\$2,113.56
Platinum PPO	\$890.95	\$1,778.81	\$2,310.29	
Silver PPO	\$589.16	\$1,168.02	\$1,518.22	
EPO	\$952.75	\$1,900.35	\$2,468.91	
HDHP 10%	\$713.79	\$1,428.61	\$1,856.06	
HDHP 20%	\$590.19	\$1,177.29	\$1,530.58	
Access+ HMO 15	\$855.93	\$1,711.86	\$2,222.74	
Access+ HMO 20	\$798.25	\$1,591.35	\$2,068.24	
Kaiser HMO 15	\$775.59	\$1,530.58	\$1,983.78	
Kaiser HMO 20	\$743.66	\$1,465.69	\$1,899.32	

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

MEDICAL BENEFIT RATES FOR 2021 – GUARANTEED UNTIL JANUARY 1, 2022

	PLAN	Employee	Employee + 1	Employee + 2 or More
AREA IV - Southern CA: Other Counties Fresno,* Imperial, Inyo, Kern, Kings, Madera, Riverside, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare *Fresno County: For Kaiser Active and Early Retiree rates please refer to Area VI rates per Kaiser Guidelines.	Gold PPO	\$874.47	\$1,741.73	\$2,261.88
	Platinum PPO	\$960.99	\$1,913.74	\$2,488.48
	Silver PPO	\$629.33	\$1,255.57	\$1,628.43
	EPO	\$973.35	\$1,938.46	\$2,518.35
	HDHP 10%	\$767.35	\$1,530.58	\$1,987.90
	HDHP 20%	\$631.39	\$1,262.78	\$1,640.79
	Access+ HMO 15	\$943.48	\$1,886.96	\$2,447.28
	Access+ HMO 20	\$878.59	\$1,751.00	\$2,277.33
	Kaiser HMO 15	\$794.13	\$1,564.57	\$2,029.10
	Kaiser HMO 20	\$759.11	\$1,494.53	\$1,937.43
	AREA V - Out of State	Gold PPO	\$1,024.85	\$2,047.64
Platinum PPO		\$1,120.64	\$2,244.37	\$2,915.93
Silver PPO		\$736.45	\$1,472.90	\$1,912.71
EPO		\$1,197.89	\$2,393.72	\$3,112.66
HDHP 10%		\$880.65	\$1,758.21	\$2,286.60
HDHP 20%		\$721.00	\$1,442.00	\$1,874.60
Access+ HMO 15		N/A	N/A	N/A
Access+ HMO 20		N/A	N/A	N/A
Kaiser HMO 15		N/A	N/A	N/A
Kaiser HMO 20		N/A	N/A	N/A
AREA VI - Northern CA: Sacramento El Dorado, Placer, Sacramento *Fresno County Kaiser Active and Early Retiree Rates		Gold PPO	\$896.10	\$1,793.23
	Platinum PPO	\$981.59	\$1,961.12	\$2,547.19
	Silver PPO	\$645.81	\$1,294.71	\$1,683.02
	EPO	\$1,047.51	\$2,099.14	\$2,724.35
	HDHP 10%	\$787.95	\$1,578.99	\$2,050.73
	HDHP 20%	\$649.93	\$1,298.83	\$1,688.17
	Access+ HMO 15	\$1,054.72	\$2,110.47	\$2,744.95
	Access+ HMO 20	\$979.53	\$1,962.15	\$2,550.28
	Kaiser HMO 15	\$927.00	\$1,832.37	\$2,375.18
	Kaiser HMO 20	\$894.04	\$1,767.48	\$2,290.72

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



MEDICAL BENEFIT RATES FOR 2021 – GUARANTEED UNTIL JANUARY 1, 2022

MEDICARE COORDINATION OF BENEFITS (COB)

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

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

Medicare Supplemental Plans (EGWP)	Gold PPO - EGWP	Platinum PPO - EGWP	Silver PPO - EGWP	EPO - EGWP
Single (Retiree with Medicare)	\$615.94	\$681.86	\$483.07	\$739.54
Two Party (Retiree + Dependent both with Medicare)	\$1,231.88	\$1,363.72	\$966.14	\$1,479.08
* Family (All Medicare - reflects rate for 3 enrolled)	\$1,847.82	\$2,045.58	\$1,449.21	\$2,218.62
Two Party (1 Medicare, 1 Without)	\$1,602.68	\$1,760.27	\$1,189.65	\$1,925.07
Family (1 Medicare, 2 or more Without)	\$2,587.36	\$2,836.62	\$1,900.35	\$3,109.57
Family (2 Medicare, 1 or more Without)	\$2,218.62	\$2,442.13	\$1,672.72	\$2,664.61

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

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

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

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

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

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

MEDICAL BENEFIT RATES FOR 2021 – GUARANTEED UNTIL JANUARY 1, 2022

RATES WILL BE RELEASED BY THE END OF AUGUST

Kaiser Permanente Senior Advantage (KPSA) HMO with Part D Rx Coverage*	Kaiser 15 Area I, Area II and Area VI Rates	Kaiser 20 Area I, Area II and Area VI Rates	Kaiser 15 Area III and Area IV** Rates	Kaiser 20 Area III and Area IV** Rates
	Total Rate	Total Rate	Total Rate	Total Rate
Single (Medicare)	N/A	N/A	N/A	N/A
Two Party (Both Medicare)	N/A	N/A	N/A	N/A
Family (All Medicare) (reflects rate for 3 medicare enrolled)	N/A	N/A	N/A	N/A
Two Party (1 Medicare, 1 Without)	N/A	N/A	N/A	N/A
Family (1 Medicare, 2 or more Without)	N/A	N/A	N/A	N/A
Family (2 Medicare, 1 or more Without)	N/A	N/A	N/A	N/A

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

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

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

For further details of the Kaiser Permanente Senior Advantage (KPSA) HMO plan please refer to page 8.

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

Ancillary Coverages Summary



Ancillary Coverages Summary

DELTA DENTAL PPO – RATES GUARANTEED UNTIL JANUARY 1, 2022 *See page 28, note 14 for Plan Selections and Combination Guidelines

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

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

Rates	
Employee Only	\$30.18
Employee + 1 Dependent	\$51.71
Employee + 2 or More Dependents	\$83.43

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

Rates	
Employee Only	\$30.18
Employee + 1 Dependent	\$55.00
Employee + 2 or More Dependents	\$91.26

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



Ancillary Coverages Summary

DELTA DENTAL PPO – RATES GUARANTEED UNTIL JANUARY 1, 2022 *See page 28, note 14 for Plan Selections and Combination Guidelines

DENTAL BENEFITS	Medium Plan		High Plan	
	PPO	Non-PPO	PPO	Non-PPO
Calendar Year Maximum	\$1,500	\$1,000	\$2,000	\$1,250
	(Per patient per calendar year)		(Per patient per calendar year)	
Calendar Year Deductible Individual / Family	\$50 / \$150 (Waived for Preventive)		\$50 / \$150 (Waived for Preventive)	
Age Limitations	Dependents to Age 26		Dependents to Age 26	
Diagnostic and Preventive	100%	100%	100%	100%
Oral Exam				
Routine Cleaning				
X-Rays				
Fluoride Treatment				
Space Maintainers				
Specialist Consultations				
Basic Services	80%	80%	80%	80%
Fillings				
Endodontics (Root Canal)				
Periodontics (Gum Treatment)				
Tissue Removal (Biopsy)				
Extractions & Other Oral Surgery				
Sealants				
Major Services	60%	60%	80%	80%
Crown Repair				
Inlays, Onlays				
Cast Restorations				
Bridges				
Partial and Full Dentures				
Orthodontics	50%	50%	50%	50%
Eligible for Benefit	Child & Adult		Child & Adult	
Lifetime Maximum	\$500		\$1,000	
(Employer Contributes 51-100% of dependent cost):				
Rates				
Employee Only	\$40.99		\$52.63	
Employee + 1 Dependent	\$69.63		\$88.68	
Employee + 2 or More Dependents	\$109.28		\$134.93	
(Employer Contributes 0-50% of dependent cost):				
Rates				
Employee Only	\$40.99		\$52.63	
Employee + 1 Dependent	\$73.95		\$94.04	
Employee + 2 or More Dependents	\$119.58		\$147.70	

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

DENTAL HMO BENEFITS *See page 28, note 14 for Plan Selections and Combination Guidelines

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



DENTAL HMO RATES – RATES GUARANTEED UNTIL JANUARY 1, 2022

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

VSP VISION – RATES GUARANTEED UNTIL JANUARY 1, 2022 *See page 28, note 14 for Plan Selections and Combination Guidelines

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

¹ Contact lenses are in lieu of spectacle lenses and frames

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VSP VISION – RATES GUARANTEED UNTIL JANUARY 1, 2022 *See page 28, note 14 for Plan Selections and Combination Guidelines

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

¹ Contact lenses are in lieu of spectacle lenses and frames

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VOYA FINANCIAL BASIC LIFE AND AD&D – RATES GUARANTEED UNTIL JULY 1, 2023

For Groups with 10(+) lives Basic Life and AD&D Benefits			For Groups with less than 10 lives Basic Life and AD&D Benefits		
Eligibility:	All Eligible Employees working at least 20 hrs/wk		Eligibility:	All Eligible Employees working at least 20 hrs/wk	
Life Benefits:	Groups may elect a flat amount of: \$10,000-\$100,000 in \$10,000 increments Basic life benefits have to be defined by class of employee; i.e. City manager, confidential employees, etc. or All employees as one class or 1x Annual Salary or 2x Annual Salary		Life Benefits:	Groups may elect a flat amount of: \$10,000-\$100,000 in \$10,000 increments Basic life benefits have to be defined by class of employee; i.e. City manager, confidential employees, etc. or All employees as one class or 1x Annual Salary or 2x Annual Salary	
AD&D Benefits:	Same as Life		AD&D Benefits:	Same as Life	
Guaranteed Issue Amount	\$100,000		Guaranteed Issue Amount	\$100,000	
Benefit Reduction Formula	Age	% of Original Benefit	Benefit Reduction Formula	Age	% of Original Benefit
	65	65%		65	65%
	70	50%		70	50%
Accelerated Death Benefit	50% of Life Benefits if less than 6 Month Life Expectancy		Accelerated Death Benefit	50% of Life Benefits if less than 6 Month Life Expectancy	
Waiver of Premium	Included		Waiver of Premium	Included	
Seat Belt Benefit (AD&D)	Included		Seat Belt Benefit (AD&D)	Included	
Rate per \$1,000	\$0.272 *		Basic Life Rate per \$1,000: Under Age 30	\$0.202 *	
			Basic Life Rate per \$1,000: Age 30-39	\$0.264 *	
			Basic Life Rate per \$1,000: Age 40-49	\$0.368 *	
			Basic Life Rate per \$1,000: Over Age 49	\$0.507 *	

Example Calculation

Sample for 10+ lives

1 employee with 100,000 of life insurance

Volume X rate/1000

100,000 X 0.29/1000 = \$29.00

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

Entities must contribute a minimum of 75% of the cost for active employees only. See page 28, note 3 for underwriting guideline of entity contribution for active employees.

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VOYA FINANCIAL SUPPLEMENTAL LIFE – RATES GUARANTEED UNTIL JULY 1, 2023

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

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

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

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

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

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VOYA FINANCIAL SHORT TERM DISABILITY – RATES GUARANTEED UNTIL JULY 1, 2023

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

Example Calculations

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

Covered weekly must be capped if it surpasses maximum weekly benefit

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

Definitions:

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

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

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VOYA FINANCIAL SHORT TERM DISABILITY – RATES GUARANTEED UNTIL JULY 1, 2023

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

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

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VOYA FINANCIAL LONG TERM DISABILITY – RATES GUARANTEED UNTIL JULY 1, 2023

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

Example Calculation

Monthly Covered Salary X Rate/100

Monthly Covered Salary = Annual Salary/12

50,000/12 = \$4,166

\$4,166 (monthly covered salary) X 0.511 (rate)/100 = \$21.28

(1) Benefit begins after 90 days

(2) Benefit begins after 180 days

Definitions:

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

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

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

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

NOTE: THIS SUMMARY IS FOR INFORMATIONAL PURPOSE ONLY. IT DOES NOT AMEND, EXTEND, OR ALTER THE CURRENT POLICY IN ANY WAY. IN THE EVENT INFORMATION IN THIS SUMMARY DIFFERS FROM THE PLAN DOCUMENT, THE PLAN DOCUMENT WILL PREVAIL.

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



VOYA FINANCIAL LONG TERM DISABILITY – RATES GUARANTEED UNTIL JULY 1, 2023

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

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

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

NOTE: THIS SUMMARY IS FOR INFORMATIONAL PURPOSE ONLY. IT DOES NOT AMEND, EXTEND, OR ALTER THE CURRENT POLICY IN ANY WAY. IN THE EVENT INFORMATION IN THIS SUMMARY DIFFERS FROM THE PLAN DOCUMENT, THE PLAN DOCUMENT WILL PREVAIL.

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MHN EMPLOYEE ASSISTANCE PROGRAM – RATES GUARANTEED UNTIL JULY 1, 2023

Employee Assistance Program	
Number of Sessions/Frequency	3 Face to Face, telephonic/web-video sessions per incident per member
Employee Services	Telephonic Counseling & Referral for Counselling Sessions
Work Life	Life Management Services
Legal	Legal Referral Service – Up to 30 minutes/session and 25% discount for additional services
Dependent Care	Child & Elder Care Referral Service
Financial	Financial Consultations to include Pre-retirement and tax consultations
Education Referrals	Education and Schooling Referrals
Concierge	Daily Living Services
Employer Services	
Brown Bag Seminars	10 hours/year/member group
CISD – Critical Incident Stress Debriefing	20 hours per incident/member group
Management Consultations	Unlimited
Management Training	Unlimited
On-site Orientation	No Limits
Reports	Annual Utilization reports
Newsletter and Collateral Materials	Yes, No Charge
Internet Service	members.mhn.com
EAP Rate – Per Employee Per Month	\$2.82
Identity Theft Assistance:	30-minute free consultation with a trained fraud specialist
Daily Living:	Assistance with pet care, consumer services, home contractors, travel arrangements and more

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



HEALTH BENEFITS PROGRAM ELIGIBILITY REQUIREMENTS

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

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

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blue  of california

 businessolver[™]

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 DELTA DENTAL[®]

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A Health Net CompanySM



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SPECIAL DISTRICT RISK MANAGEMENT AUTHORITY

800.537.7790 * WWW.SDRMA.ORG



SPECIAL DISTRICT RISK MANAGEMENT AUTHORITY

1112 I Street, Suite 300

Sacramento, CA 95814-2865

T 916.231.4141 * T 800.537.7790 * F 916.231.4111



MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING (HEREAFTER "MEMORANDUM") IS ENTERED INTO BY AND BETWEEN THE SPECIAL DISTRICT RISK MANAGEMENT AUTHORITY (HEREAFTER "SDRMA") AND THE PARTICIPATING PUBLIC ENTITY (HEREAFTER "ENTITY") WHO IS SIGNATORY TO THIS MEMORANDUM.

WHEREAS, on August 1, 2006, SDRMA was appointed administrator for the purpose of enrolling small public entities into the Public Risk Innovation, Solutions and Management (PRISM) Health and/or Employee Benefits Small Group Program (hereinafter "PROGRAM"); and

WHEREAS, the terms and conditions of the PROGRAM as well as benefit coverage, rates, assessments, and premiums are governed by the PRISM Health Committee and/or PRISM Employee Benefits Committee for the PROGRAM (the "COMMITTEE") and not SDRMA; and

WHEREAS, ENTITY desires to enroll and participate in the PROGRAM.

NOW THEREFORE, SDRMA and ENTITY agree as follows:

1. **PURPOSE.** ENTITY is signatory to this MEMORANDUM for the express purpose of enrolling in the PROGRAM.
2. **ENTRY INTO PROGRAM.** ENTITY shall enroll in the PROGRAM by making application through SDRMA which shall be subject to approval by the PROGRAM's Underwriter and governing documents and in accordance with applicable eligibility guidelines.
3. **MAINTENANCE OF EFFORT.** PROGRAM is designed to provide an alternative health benefit solution to all participants of the ENTITY including active employees, retired employees (optional), dependents (optional) and public officials (optional). ENTITY public officials may participate in the PROGRAM only if they are currently being covered and their own ENTITY's enabling act, plans and policies allow it. ENTITY must contribute at least the minimum percentage required by the eligibility requirements.
4. **PREMIUMS.** ENTITY understands that premiums and rates for the PROGRAM are set by the COMMITTEE. ENTITY will remit monthly premiums based upon rates established for each category of participants and the census of covered employees, public officials, dependents and retirees.

Rates for the ENTITY and each category of participant will be determined by the COMMITTEE designated for the PROGRAM based upon advice from its consultants and/or a consulting Benefits Actuary and insurance carriers. In addition, SDRMA adds an administrative fee to premiums and rates for costs associated with administering the PROGRAM. Rates may vary depending upon factors including, but not limited to,

demographic characteristics, loss experience of all public entities participating in the PROGRAM and differences in benefits provided (plan design), if any.

SDRMA will administrate a billing to ENTITY each month, with payments due by the date specified by SDRMA. Payments received after the specified date will accrue penalties up to and including termination from the PROGRAM. Premiums are based on a full month, and there are no partial months or prorated premiums. Enrollment for mid-year qualifying events and termination of coverage will be made in accordance with the SDRMA Program Administrative Guidelines.

5. **BENEFITS.** Benefits provided to ENTITY participants shall be as set forth in ENTITY's Plan Summary for the PROGRAM and as agreed upon between the ENTITY and its recognized employee organizations as applicable. Not all plan offerings will be available to ENTITY, and plans requested by ENTITY must be submitted to PROGRAM underwriter for approval.
6. **COVERAGE DOCUMENTS.** Except as otherwise provided herein, coverage documents from each carrier outlining the coverage provided, including terms and conditions of coverage, are controlling with respect to the coverage of the PROGRAM and will be provided by SDRMA to each ENTITY. SDRMA will provide each ENTITY with additional documentation, defined as the SDRMA Program Administrative Guidelines which provide further details on administration of the PROGRAM.
7. **PROGRAM FUNDING.** It is the intent of this MEMORANDUM to provide for a fully funded PROGRAM by any or all of the following: pooling risk; purchasing individual stop loss coverage to protect the pool from large claims; and purchasing aggregate stop loss coverage.
8. **ASSESSMENTS.** Should the PROGRAM not be adequately funded for any reason, pro-rata assessments to the ENTITY may be utilized to ensure the approved funding level for applicable policy periods. Any assessments which are deemed necessary to ensure approved funding levels shall be made upon the determination and approval of the COMMITTEE in accordance with the following:
 - a. Assessments/dividends will be used sparingly. Generally, any over/under funding will be factored into renewal rates.
 - b. If a dividend/assessment is declared, allocation will be based upon each ENTITY's proportional share of total premiums paid for the preceding 3 years. An ENTITY must be a current participant to receive a dividend, except upon termination of the PROGRAM and distribution of assets.

-
- c. ENTITY will be liable for assessments for 12 months following withdrawal from the PROGRAM.
 - d. Fund equity will be evaluated on a total PROGRAM-wide basis as opposed to each year standing on its own.
9. WITHDRAWAL. ENTITY may withdraw subject to the following condition: ENTITY shall notify SDRMA and the PROGRAM in writing of its intent to withdraw at least 90 days prior to their requested withdrawal date. ENTITY may rescind its notice of intent to withdraw. Once ENTITY withdraws from the PROGRAM, there is a 3-year waiting period to come back into the PROGRAM, and the ENTITY will be subject to underwriting approval again.
 10. LIAISON WITH SDRMA. Each ENTITY shall maintain staff to act as liaison with SDRMA and between the ENTITY and SDRMA's designated PROGRAM representative.
 11. GOVERNING LAW. This MEMORANDUM shall be governed in accordance with the laws of the State of California.
 12. VENUE. Venue for any dispute or enforcement shall be in Sacramento, California.
 13. ATTORNEY FEES. The prevailing party in any dispute shall be entitled to an award of reasonable attorney fees.
 14. COMPLETE AGREEMENT. This MEMORANDUM together with the related PROGRAM documents constitutes the full and complete agreement of the ENTITY.
 15. SEVERABILITY. Should any provision of this MEMORANDUM be judicially determined to be void or unenforceable, such determination shall not affect any remaining provision.
 16. AMENDMENT OF MEMORANDUM. This MEMORANDUM may be amended by the SDRMA Board of Directors and such amendments are subject to approval of ENTITY's designated representative, or alternate, who shall have authority to execute this MEMORANDUM. Any ENTITY who fails or refuses to execute an amendment to this MEMORANDUM shall be deemed to have withdrawn from the PROGRAM on the next annual renewal date.
 17. EFFECTIVE DATE. This MEMORANDUM shall become effective on the later of the first date of coverage for the ENTITY or the date of signing of this MEMORANDUM by the Chief Executive Officer or Board President of SDRMA.
 18. EXECUTION IN COUNTERPARTS. This MEMORANDUM may be executed in several counterparts, each of which shall be an original, all of which shall constitute but one and the same instrument.

In Witness Whereof, the undersigned have executed the MEMORANDUM as of the date set forth below.

Dated: _____

By: _____

Special District Risk
Management Authority

Dated: _____

By: _____

Triunfo Water and Sanitation District

TRIUNFO WATER & SANITATION DISTRICT

RESOLUTION NO. TWSD 2020-09

A RESOLUTION OF THE TRIUNFO WATER & SANITATION DISTRICT BOARD OF DIRECTORS APPROVING THE FORM OF AND AUTHORIZING THE EXECUTION OF A MEMORANDUM OF UNDERSTANDING AND AUTHORIZING PARTICIPATION IN THE SPECIAL DISTRICT RISK MANAGEMENT AUTHORITY'S HEALTH BENEFITS PROGRAM

WHEREAS, Triunfo Water & Sanitation District, a public agency duly organized and existing under and by virtue of the laws of the State of California (the "ENTITY"), has determined that it is in the best interest and to the advantage of the ENTITY to participate in the Health Benefits Program offered by Special District Risk Management Authority (the "Authority"); and

WHEREAS, the Authority was formed in 1986 in accordance with the provisions of California Government Code 6500 *et seq.*, for the purpose of providing risk financing, risk management programs and other coverage protection programs; and

WHEREAS, participation in Authority programs requires the ENTITY to execute and enter into a Memorandum of Understanding which states the purpose and participation requirements for the Health Benefits Program; and

WHEREAS, all acts, conditions and things required by the laws of the State of California to exist, to have happened and to have been performed precedent to and in connection with the consummation of the transactions authorized hereby do exist, have happened and have been performed in regular and due time, form and manner as required by law, and the ENTITY is now duly authorized and empowered, pursuant to each and every requirement of law, to consummate such transactions for the purpose, in the manner and upon the terms herein provided.

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE ENTITY AS FOLLOWS:

Section 1. Findings. The ENTITY's Governing Body hereby specifically finds and determines that the actions authorized hereby relate to the public affairs of the ENTITY.

Section 2. Memorandum of Understanding. The Memorandum of Understanding, to be executed and entered into by and between the ENTITY and the Authority, in the form presented at this meeting and on file with the ENTITY's Secretary, is hereby approved. The ENTITY's Governing Body and/or Authorized Officers ("The Authorized Officers") are hereby authorized and directed, for and in the name and on behalf of the ENTITY, to execute and deliver to the Authority the Memorandum of Understanding.

Section 3. Program Participation. The ENTITY's Governing Body approves participating in the Special District Risk Management Authority's Health Benefits Program.

Section 4. Other Actions. The Authorized Officers of the ENTITY are each hereby authorized and directed to execute and deliver any and all documents which are necessary in order to consummate the transactions authorized hereby and all such actions heretofore taken by such officers are hereby ratified, confirmed and approved.

Section 5. Effective Date. This resolution shall take effect immediately upon its passage.

PASSED, APPROVED, AND ADOPTED this 26th day of October, 2020 by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

James Wall, Chair
Triunfo Water & Sanitation District
Board of Directors

Attest:

Juliet Rodriguez
Clerk of the Board