

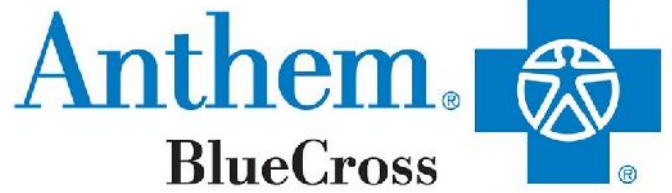
2019

Health Benefits Program Summary

Innovative Programs,
Personalized Service

GOLDEN STATE
RISK MANAGEMENT AUTHORITY

Innovative programs, personalized service



Large Benefits for Small Group

Since 1978, Golden State Risk Management Authority has provided innovative solutions specifically designed for California's public agencies. As a government risk pool offering property, liability and workers' compensation cover-age, GSRMA specializes in providing risk management and loss prevention services to our members of any size. In partnership with the CSAC Excess Insurance Authority, GSRMA is excited to offer EIAHealth as a competitive alternative to more expensive small group health benefit programs.

Historically, smaller public agencies have had limited options in the insurance market due to age-banded rates, limited plan designs and unpredictable renewals. EIAHealth was created to provide a complete health benefits program with all the benefits of a large group platform. EIAHealth creates value and long-term stability for members by securing the lowest fixed cost plan components and combining employers with similar risk profiles in a financially stable pool.

The EIAHealth Program includes three-tier rates, a variety of products, and the purchasing power of a larger entity through a shared-risk approach. Public agencies with fewer than 250 employees are eligible for the EIAHealth Small Group Program through GSRMA.

The EIAHealth Program includes:

- ▶ HMO, PPO, EPO, and HDHP options
- ▶ Portfolio plan designs and regional rates by geographical location
- ▶ Anthem Blue Cross, Blue Shield and Kaiser Provider Network options
- ▶ COBRA administration



When choosing a health plan for your agency's employees, we realize the factors and their importance in making a sound decision. This brochure is meant to provide key information to decision-makers in an efficient format. For additional information regarding our Small Group Health Benefit Program, or to request a quote please contact our employee benefits team at empben@gsrma.org.

For more information about Golden State Risk Management Authority, visit our website at www.gsrma.org

Why Choose GSRMA

Offering health coverage to employees can be a complicated and expensive endeavor. That is why Golden State Risk Management Authority (GSRMA) makes the EIAHealth Small Group Program available to public agencies.

Time and again, we have provided expert assistance and significant savings to districts through this program.

The EIAHealth, Small Group Program was created to provide smaller public agencies with a cost-effective alternative to their current health and benefits plans, with all the benefits of a large group program. In addition, the program is managed for stability. It avoids wide rate swings, making it easier for smaller entities to incorporate into annual budgets.

Comprised of employee benefits professionals from Golden State Risk Management Authority, our service team is committed to meeting the needs of CSAC EIA members through quality customer service by assisting with:

- Program implementation
- Eligibility and billing
- Claims advocacy
- Underwriting and financial analysis
- Member communications and onsite visits
- Contracts and compliance



Medical Benefits Eligibility Requirements

- 1** Entity must be public agency formed under California Law.
- 2** Entity must have a minimum of two full-time active employees to join. An active employee is an employee who is eligible for enrollment in employee sponsored benefits paid for by the Entity. Part-time employees may be covered only if they are currently part of the benefit-eligible population and work a minimum of twenty hours weekly.
- 3** Active employees: Entity must contribute a minimum of 75% of the cost for active employees.
- 4** Dependents: If the Entity offers coverage to dependents, it is recommended the Entity contribute a minimum of 50% of the cost for dependents.
- 5** Retirees: Entity may offer coverage to retirees.
- 6** Public Officials: Entity's public officials (board Members, etc.) may participate in the program only if they are currently being covered and Entity's enabling act, plans and policies allow it. Entity is required to cover 100% of the cost for public officials when covering their medical benefits. 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 covered) enrolled in order to participate. Public officials, retirees and dependents may not be covered unless active employees are covered.
- 8** Medical benefit premiums are based on a full month. Medical benefits will begin the first day of the month following notification of enrollment. There are no partial months or prorated premiums. Each Entity can establish the waiting period for medical benefits to become effective.
- 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 GSRMA Interest Form, Entity Enrollment Form and Large Claimant Disclosure Form 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 GSRMA's health benefits program and exclude the Memorandum of Understanding (MOU).
- 12** Once an Entity is approved by the underwriter and has submitted all required documentation to join the program including the MOU and resolution, the participants should receive their medical identification cards and plan booklets within three weeks.
- 13** Entities selecting one of the HDHP High Deductible Plans (HSA Compatible) are responsible for adhering to IRS rules and regulations and maintenance of the HSA account. GSRMA does not provide this service but can provide contact information for a financial institution that is currently providing this type of service.
- 14** Not all Plans will be offered and available to Entities joining the medical benefits program.
- 15** The Access+ HMO 15 and 20 Plans are not available in all areas. Please check with GSRMA at the time you are submitting your request for underwriting approval to see if GSRMA the HMO plans are available in your area.



Medicare Benefits Eligibility

To enroll in Medicare you must be at least age 65 or older. Medicare Supplemental Plans are designed specifically for members enrolled in EIA health benefits program who are also enrolled in Parts A (hospital insurance), B (medical insurance) and D (prescription enrollment completed by Express Scripts) of Medicare.

Value-Added Program Features

- 1** Easy Switch From Prior Plans
- 2** Simple Enrollment Process
- 3** Fixed Rates – Not Based on Age
- 4** Cobra Administration Assistance
- 5** Consolidated Billing
- 6** Pooled Renewal Rating to Ensure More Predictable Rates

Medical Benefits Summary – Blue Shield/Anthem

DEDUCTIBLES/CO-INSURANCE/MAXIMUM	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	20%	50% up to \$350 per day	10%	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%	10%	50%
Acupuncture (26 visits per calendar year/combined with Chiropractic)	20%		10%	50%
Durable Medical Equipment	20%	50%	10%	50%
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 Active/Early Retiree Plans Only*	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	

*See Rx benefits for Medicare on page 9 under the "EGWP" pharmacy co-pay structure.

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

Medical Benefits Summary – Blue Shield/Anthem

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

*See Rx benefits for Medicare on page 9 under the "EGWP" pharmacy co-pay structure.

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Medical Benefits Summary – Blue Shield/Anthem

DEDUCTIBLES/CO-INSURANCE/MAXIMUM	HDHP – 10%		HDHP – 20%	
Calendar Year Deductible(s) (Individual/Family)	\$1,350 / \$2,700		\$3,000 / \$6,000	
Maximum Medical Out of Pocket (Individual/Family)	\$5,000 / \$10,000		\$5,950 / \$11,900	
Medicare Medical Maximum Out of Pocket	Not Applicable		Not Applicable	
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)	10%	50% up to \$600 per day	20%	50% up to \$600 per day
Ambulatory Surgery Center	10%	50% up to \$350 per day	20%	50% up to \$350 per day
Emergency Room				
Visit Results in Admission as Inpatient	10%		20%	
Visit Does Not Result in Admission	10%, \$100 co-pay		20%, \$100 co-pay	
Physician Benefits (office visits)	10%	50%	20%	50%
Preventative Care	No Charge	Not Covered	No Charge	Not Covered
Rehabilitation Service (in an office location)	10%	50%	20%	50%
Acupuncture (26 visits per calendar year/combined with Chiropractic)	10% up to \$30 per visit		20% up to \$30 per visit	
Durable Medical Equipment	10%	50%	20%	50%
Hospice	10%	Not covered without prior authorization	20%	Not covered without prior authorization
Ambulance	10%		20%	
Home Health Care 100 visits/year (prior authorization required)	10%	Not Covered without Prior Authorization	20%	Not Covered without Prior Authorization
Chiropractic Services (26 visits per calendar year/combined with Acupuncture)	10% up to \$25 per visit	50% up to \$25 per visit	20% up to \$25 per visit	50% up to \$25 per visit
Prescription Drugs Active/Early Retiree Plans Only	Blue Shield		Blue Shield	
Prescription Maximum Out of Pocket	Combined with Medical		Combined with Medical	
(At Participating Pharmacies only)	Generic / Brand / Specialty	Generic / Brand	Generic / Brand / Specialty	Generic / Brand
Retail - 30 day supply	\$7/ \$25 /Not Covered	\$7 / \$25	\$7 /\$25 /Not Covered	\$7 / \$25
Mail Order - 90 day supply	\$14 / \$60 / 30% (max co-pay \$150)	Not covered	\$14 / \$60 / 30% (max co-pay \$150)	Not covered
Brand / Non-Formulary / Specialty Deductible (Individual / Family)	Subject to deductible		Subject to deductible	

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Medical Benefits Summary – Blue Shield/Anthem

DEDUCTIBLES/CO-INSURANCE/MAXIMUM	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	Not applicable	Not applicable
Services/Coverages	Participating Providers (You Pay)	Participating Providers (You Pay)
Inpatient Hospital Room, Board & Support Services (prior authorization required)	No Charge	\$250 per admission
Non-Emergency Outpatient Services: Ambulatory Surgery Center Hospital Facility Outpatient Treatment	No Charge	\$100 / 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 an 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 100 visits/year (prior authorization required)	\$15 co-pay (100 visits per year)	\$20 co-pay (100 visits 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 Active/Early Retiree Plans Only	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 / Non-Formulary / Specialty Deductible (Individual / Family)	None	None

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Medical Benefits Summary – Kaiser

DEDUCTIBLES/CO-INSURANCE/MAXIMUM	Traditional HMO 15	Traditional 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	No Applicable	No Applicable
Services/Coverages	Participating Providers (You Pay)	Participating Providers (You Pay)
Inpatient Hospital Room, Board & Support Services (Prior Authorization Required)	No Charge	\$250 per 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 100 visits/year (prior authorization required)	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 Active/Early Retiree Plans Only	Kaiser	Kaiser
(At Participating Pharmacies only)	Generic / Brand / Specialty	Generic / Brand / Specialty
Retail - 30 day supply	\$5/ \$20 / \$20	\$10 / \$25 / 20% (max co-pay \$150)
Mail Order - 100 day supply	\$10 / \$40	\$20 / \$50
Brand / Non-Formulary / Specialty Deductible (Individual / Family)	None	None

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DEDUCTIBLES/CO-INSURANCE/MAXIMUM	Kaiser Permanente Senior Advantage (KPSA) HMO with Part D You Pay
Calendar Year Deductible(s) (Individual/Family)	None
Maximum Medical Out of Pocket (Individual/Family)	\$1,500 / \$3,000
Medicare Medical Maximum Out of Pocket	Not 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 Per procedure
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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What is a medical Cost Share limit?

Medical Member Cost Share:

A copayment and co-insurance is the member's portion of the cost (aka: Cost Share). Cost Shares are outlined in the benefit summaries and may differ based on the type of service. A co-pay is a flat dollar amount that is fixed per service and will not vary regardless of the total cost of the service. Co-insurance is based on a percentage of the total billed minus any contract discounts. The cost will vary depending on how much the provider bills for the service and the contracted rate allowed by the provider. (Out of network providers can charge more than the contracted rate. Anything the plan doesn't pay for will be the responsibility of the member to pay. This is known as balanced billed charges)

Example co-pay: \$20 Office co-pay	Example of co-insurance: 20% co-insurance
<p>Office Visit Charge: \$200 Office Copay: \$20.00 Subscriber Responsibility: \$20.00 based on flat fee <i>Non-Network providers may charge in excess of the co-pay</i></p>	<p>X-Ray Charge: \$300.00 Member Co-insurance: 20% Subscriber Responsibility: \$60.00 (\$300 x 20% = \$60.00) <i>Non-Network providers may charge in excess of the co-insurance</i></p>

Medical Plan Deductible:

An annual plan deductible is the total amount a subscriber will pay before certain health care services are paid by the insurance plan. This is also known as part of the member's cost share. Once the deductible has been met, a member will begin to pay the aforementioned "cost shares" (i.e., co-pay/insurance). There are some services that are not subject to the deductible, so the cost share may begin right away. Please see the benefit booklet provided to identify which services require the deductible be met before the plan begins sharing the cost of the services. Note: The deductibles reset at the beginning of each plan year.

An individual on a family plan will only need to meet the individual deductible before the plan will begin to pay*. As a member pays their cost shares it is added to the total family deductible until the family deductible has been met. *Due to IRS regulations on Health Savings Account (HSA) plans, the total Deductible amount for the family must first be met before the plan can pay.

Example: Subscriber with a \$3,500 deductible

Medical Plan Deductible: \$3,500

Subscriber Responsibility: \$3,500

Subscribers pays 100% of the services based on the contracted rate agreed to by the Provider and the Insurance Carrier. After satisfying the \$3,500 deductible the subscriber will begin to pay according to the cost share. Excluded services and Out of Network services may be subject to much higher cost shares. Non-network providers do not have a contract and can charge as much as they normally bill for services, these added costs may not be added to the member's deductible.

What is a medical Cost Share limit? - Continued

Out-Of-Pocket Maximum (OOPM):

The OOPM is the total cost share a subscriber would pay for covered services in a plan year (not including Non-Network provider costs and excluded services). After the subscriber satisfies their cost share, the health plan pays 100% of the costs of covered benefits. The out-of-pocket maximum will reset each plan year.

An individual on a family plan will only need to meet the individual OOPM before the plan will pay 100% of in-network costs for that individual. The total family OOPM will still need to be met to cover the entire family at 100% for in-network covered services.

Example: Subscriber with a \$5,000 Out-of-Pocket maximum

Medical Plan Out-Of-Pocket Maximum: \$5,000

Subscriber Responsibility: \$0 after subscriber meets the \$5,000 - Balanced billed charges paid to non-network providers and excluded services don't accrue to the OOPM

The member cost shares will be applied to the total Annual Member out of pocket maximum(s) (OOPM). This will ensure that a member will not pay more than the total Annual Out of Pocket Maximum for any in-network covered services. Maximums for Medical and Pharmacy are separate totals for all plans except the following plans: High Deductible, the Kaiser HMO and the Anthem HMO plans. Consequently Medical cost share will apply towards the Medical OOPM, and the Pharmacy cost share will apply towards the Pharmacy OOPM, and will not be combined if they are noted as separate totals and are not one of the aforementioned plans.

Please click this link to learn more about Key Health Insurance Terms:

[Key Health Insurance Terms explained](#)

KPSA and EGWP Prescription Program Structure

KPSA Pharmacy co-pay structure	Retail 30 Days	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



EGWP Prescription Program Structure

EGWP pharmacy co-pay structure	Retail 30 Days	Retail 60 Day Supply	Retail 90 Day Supply	Mail Order 90 Day Supply
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

- **Kaiser Medicare Part D program offered through Kaiser Permanente Senior Advantage (KPSA)**
- **Anthem and Blue Shield Medicare Part D offered through the Employer Group Waiver Program (EGWP)**

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2019 Golden State Risk Management Authority - **Monthly Plan Rates**
Kaiser Permanente Senior Advantage KPSA HMO with Part D RX Coverage
Medical Plan Rates

Kaiser Permanente Senior Advantage (KPSA) HMO with Part D Rx Coverage*	Kaiser 15 Area 1, Area 2 and Area 6 Rates (Total Rate)	Kaiser 20 Area 1, Area 2 and Area 6 Rates (Total Rate)	Kaiser 15 Area 3 and Area 4** Rates (Total Rate)	Kaiser 20 Area 3 and Area 4** Rates (Total Rate)
Single (Medicare)	\$383.00	\$383.00	\$249.00	\$249.00
Two Party (Both Medicare)	\$745.00	\$745.00	\$478.00	\$478.00
Family (All Medicare) (Reflects rate for 3 Medicare enrolled)	N/A	N/A	N/A	N/A
Two Party (1 Medicare, 1 Without)	\$1,185.00	\$1,155.00	\$925.00	\$894.00
Family (1 Medicare, 2 or more Without)	\$1,666.00	\$1,619.00	\$1,331.00	\$1,282.00
Family (2 Medicare, 1 or more Without)	\$1,227.00	\$1,209.00	\$884.00	\$865.00

* 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 6 Rates



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2019 Golden State Risk Management Authority - Monthly Plan Rates
Medicare Supplemental Plans (EGWP)**
Medical Plan Rates

Medicare Supplemental Plans (EGWP) Rates	Gold PPO	Platinum PPO	Silver PPO	EPO
Single (Retiree with Medicare)	\$540	\$598	\$422	\$648
Two Party (Retiree + Dependent both with Medicare)	\$1,079	\$1,195	\$845	\$1,295
*Family (All Medicare – (Reflects rate for 3 Medicare enrolled)	\$1,619	\$1,793	\$1,267	\$1,943
Two Party (1 Medicare, 1 Without)	\$1,404	\$1,541	\$1,041	\$1,685
Family (1 Medicare, 2 or more Without)	\$2,265	\$2,485	\$1,664	\$2,723
Family (2 Medicare, 1 or more Without)	\$1,943	\$2,139	\$1,464	\$2,333

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

***EGWP = Employer Group Waiver Plans*

Medicare Supplemental Plans (EGWP)

GSRMA Medicare Supplemental Plans are available for retirees, retiree spouses and/or dependents. These plans are only available to retirees at least 65 or older who are also enrolled in Parts A (hospital insurance), B (medical insurance) and D (prescription enrollment completed by Express Scripts) of Medicare.

The rates shown in the table above show cost options based on coverage needs and combinations. Note these rates apply to in and out-of-state age 65 or older members. Program coverages remain the same whether Medicare Supplemental Coverages are Primary or Secondary.

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.

2019 Golden State Risk Management Authority - Monthly Plan Rates Northern California Area

AREA 1 – Northern CA/ Bay Area Includes: Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yolo, Yuba	Plan Name	Employee	Employee + 1	Employee + 2 or More
	Gold PPO	\$864	\$1,726	\$2,245
	Platinum PPO	\$944	\$1,887	\$2,454
	Silver PPO	\$619	\$1,241	\$1,612
	EPO	\$1,037	\$2,076	\$2,698
	HDHP 10%	\$709	\$1,418	\$1,842
	HDHP 20%	\$611	\$1,221	\$1,588
	Access+ HMO 15	\$963	\$1,926	\$2,504
	Access+ HMO 20	\$895	\$1,790	\$2,327
	Kaiser HMO 15	\$821	\$1,623	\$2,104
	Kaiser HMO 20	\$792	\$1,564	\$2,028

AREA 2 – Northern CA/ Other Counties Includes: 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 Name	Employee	Employee + 1	Employee + 2 or More
	Gold PPO	\$839	\$1,681	\$2,182
	Platinum PPO	\$900	\$1,798	\$2,336
	Silver PPO	\$602	\$1,205	\$1,565
	EPO	\$1,004	\$2,011	\$2,616
	HDHP 10%	\$699	\$1,403	\$1,822
	HDHP 20%	\$577	\$1,154	\$1,501
	Access+ HMO 15	\$972	\$1,943	\$2,527
	Access+ HMO 20	\$906	\$1,811	\$2,351
	Kaiser HMO 15	\$821	\$1,623	\$2,104
	Kaiser HMO 20	\$792	\$1,564	\$2,028

AREA 6 – Northern CA/ Sacramento Includes: El Dorado, Placer, Sacramento *Fresno County Kaiser Active and Early Retiree Rates	Plan Name	Employee	Employee + 1	Employee + 2 or More
	Gold PPO	\$785	\$1,570	\$2,041
	Platinum PPO	\$859	\$1,717	\$2,231
	Silver PPO	\$566	\$1,133	\$1,473
	EPO	\$917	\$1,837	\$2,386
	HDHP 10%	\$691	\$1,382	\$1,795
	HDHP 20%	\$569	\$1,137	\$1,478
	Access+ HMO 15	\$923	\$1,847	\$2,403
	Access+ HMO 20	\$837	\$1,718	\$2,233
	Kaiser HMO 15*	\$812	\$1,604	\$2,080
	Kaiser HMO 20*	\$783	\$1,547	\$2,005



* 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 6 Rates

Rates shown are for active and retired employees, and public officials.

2019 Golden State Risk Management Authority - Monthly Plan Rates Southern California and Out of Service Area

AREA 3 – Southern CA/ Los Angeles Area Includes: Los Angeles, San Bernardino, Ventura	Plan Name	Employee	Employee + 1	Employee + 2 or More
	Gold PPO	\$714	\$1,423	\$1,850
	Platinum PPO	\$780	\$1,558	\$2,023
	Silver PPO	\$515	\$1,023	\$1,329
	EPO	\$834	\$1,664	\$2,161
	HDHP 10%	\$625	\$1,251	\$1,625
	HDHP 20%	\$516	\$1,031	\$1,340
	Access+ HMO 15	\$750	\$1,498	\$1,946
	Access+ HMO 20	\$699	\$1,393	\$1,811
	Kaiser HMO 15	\$679	\$1,340	\$1,737
	Kaiser HMO 20	\$651	\$1,283	\$1,663

AREA 5 – Out of State	Plan Name	Employee	Employee + 1	Employee + 2 or More
	Gold PPO	\$898	\$1,793	\$2,332
	Platinum PPO	\$981	\$1,965	\$2,553
	Silver PPO	\$645	\$1,289	\$1,675
	EPO	\$1,049	\$2,096	\$2,725
	HDHP 10%	\$771	\$1,539	\$2,002
	HDHP 20%	\$631	\$1,263	\$1,641
	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 4 – Southern CA/ Other Counties Includes: Fresno,* Imperial, Inyo, Kern, Kings, Madera, Riverside, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare	Plan Name	Employee	Employee + 1	Employee + 2 or More
	Gold PPO	\$765	\$1,525	\$1,981
	Platinum PPO	\$842	\$1,676	\$2,179
	Silver PPO	\$551	\$1,099	\$1,426
	EPO	\$852	\$1,697	\$2,205
	HDHP 10%	\$671	\$1,340	\$1,741
	HDHP 20%	\$553	\$1,106	\$1,436
	Access+ HMO 15	\$826	\$1,651	\$2,143
	Access+ HMO 20	\$769	\$1,533	\$1,993
	Kaiser HMO 15	\$695	\$1,370	\$1,776
	Kaiser HMO 20	\$664	\$1,309	\$1,696

*Fresno County: For Kaiser Active and Early Retiree rates please refer to Area 6 rates per Kaiser Guidelines.



* 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 6 Rates

Rates shown are for active and retired employees, and public officials.

Dental Plan PPO– Delta Dental

The CSAC EIA Dental Program was created to provide GSRMA members with comprehensive dental coverage and flexible benefits plan designs at the lowest possible rates.

Delta Dental is the nation’s leading dental benefits system and offers the largest network of dentists in the U.S.A. The Delta Dental networks have more than 125,000 dentists nearly 61,000 more than the next closest national competitor.

Program Highlights

- Largest dental network in California
- Dental PPO and Premier networks available



Dental Benefits – Delta Dental	Low DPPO Plan		Med DPPO Plan		High DPPO Plan	
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Calendar Year Maximum	\$1,000	\$750	\$1,500	\$1,250	\$2,000	\$1,500
Calendar Year Deductible	(Per patient per calendar year)		(Per patient per calendar year)		(Per patient per calendar year)	
Individual / Family	\$50 / \$150 (Waived for Preventive)		\$50 / \$150 (Waived for Preventive)		\$50 / \$150 (Waived for Preventive)	
Age Limitations	Dependents to Age 26		Dependents to Age 26		Dependents to Age 26	
Diagnostic and Preventive						
Oral Exam						
Routine Cleaning						
X-Rays	100%		100%		100%	
Fluoride Treatment						
Space Maintainers						
Specialist Consultations						
Basic Services						
Fillings						
Endodontics (Root Canal)	80%		80%		80%	
Periodontics (Gum Treatment)						
Tissue Removal (Biopsy)						
Extractions & Other Oral Surgery						
Sealants						
Major Services						
Crown Repair						
Inlays, Onlays	50%		60%		80%	
Cast Restorations						
Bridges						
Partial and Full Dentures						
Orthodontics			50%		50%	
Eligible for Benefit	Not Covered		Child & Adults		Child & Adults	
Lifetime Maximum			\$500		\$1,000	

Low Plan - Dental DPO	
Employer Contributes 51-100% of dependent cost	
Dental Rates - Monthly	
Employee Only	\$30.14
Employee + 1 Dependent	\$51.77
Employee + 2 or More Dependents	\$83.58

Medium Plan - Dental DPO	
Employer Contributes 51-100% of dependent cost	
Dental Rates - Monthly	
Employee Only	\$41.27
Employee + 1 Dependent	\$70.14
Employee + 2 or More Dependents	\$110.15

High Plan - Dental DPO	
Employer Contributes 51-100% of dependent cost	
Dental Rates - Monthly	
Employee Only	\$53.13
Employee + 1 Dependent	\$89.46
Employee + 2 or More Dependents	\$135.98

Low Plan - Dental DPO	
Employer Contributes 0-50% of dependent cost	
Dental Rates - Monthly	
Employee Only	\$30.14
Employee + 1 Dependent	\$55.13
Employee + 2 or More Dependents	\$91.46

Medium Plan - Dental DPO	
Employer Contributes 0-50% of dependent cost	
Dental Rates - Monthly	
Employee Only	\$41.27
Employee + 1 Dependent	\$74.55
Employee + 2 or More Dependents	\$120.54

High Plan - Dental DPO	
Employer Contributes 0-50% of dependent cost	
Dental Rates - Monthly	
Employee Only	\$53.13
Employee + 1 Dependent	\$94.82
Employee + 2 or More Dependents	\$148.89

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 Plan DHMO– Delta Dental

Delta Dental is the nation’s leading dental benefits system and offers the largest network of dentists in the U.S.A. The Delta Dental networks have more than 125,000 dentists nearly 61,000 more than the next closest national competitor.

Program Highlights

- Largest dental network in California
- Dental DHMO and Premier networks available

Dental Benefits – Delta Dental	DHMO – Plan 10A	DHMO – Plan 11A	DHMO – Plan 12A
Age Limitations	Dependents to Age 26	Dependents to Age 26	Dependents to Age 26
Diagnostic and Preventive			
Oral Exam			
Routine Cleaning	100%	100%	100%
X-Rays			
Fluoride Treatment			
Basic Services			
Amalgam Fillings (1-4 surfaces)	100%	100%	\$5 - \$20
Resin – One surface, anterior	100%	100%	\$22
Endodontics (Root Canal)	\$45	\$55	\$85
Endodontics (Therapeutic Pulpotomy)	100%	100%	\$15
Endodontics (Pulp Cap)	100%	100%	100%
Periodontics (Gingivectomy – per quadrant)	\$80	\$130	\$135
Periodontics (Osseous Surgery – per quadrant)	\$175	\$280	\$300
Periodontics (Scaling and Root Planning – per quadrant)	100%	\$25	\$40
Extractions & Other Oral Surgery (Impacted tooth: soft tissue)	\$25	\$50	\$55
Extractions & Other Oral Surgery (Impacted tooth: partial bony)	\$50	\$70	\$75
Extractions & Other Oral Surgery (Impacted tooth: full bony)	\$70	\$90	\$95
Sealants	\$5	\$10	\$10
Major Services			
Inlays, Onlays	100%	100%	\$45 - \$55
Crowns – 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
Partial and Full Dentures			
Prosthetics			
Complete - Upper or Lower	\$100	\$145	\$215
Immediate - Upper or Lower	\$120	\$165	\$235
Partial Denture - Upper or Lower	\$120	\$160	\$240
Orthodontics			
Child to age 19	\$1,700	\$1,700	\$1,700
Member over age 19	\$1,900	\$1,900	\$1,900

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. Rates shown are for active and retired employees, and public officials.

Dental Plan DHMO– Delta Dental

Region 1:

Los Angeles, Tulare, and Ventura Counties

	DHMO Rates	Plan CA 10A	Plan CA 11A	Plan CA 12A
Employee Only		\$20.37	\$17.64	\$17.12
Employee + 1 Dependent		\$36.33	\$31.40	\$30.35
Employee + 2 or More Dependents		\$53.55	\$45.99	\$44.73

Region 2:

Alameda, El Dorado, Fresno, Imperial, Kern, Kings, Lake, Madera, Monterey, Napa, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Mateo, and Santa Clara Counties

	DHMO Rates	Plan CA 10A	Plan CA 11A	Plan CA 12A
Employee Only		\$20.37	\$17.64	\$17.12
Employee + 1 Dependent		\$36.33	\$31.40	\$30.35
Employee + 2 or More Dependents		\$53.55	\$45.99	\$44.73

Region 3:

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, and Yuba Counties

	DHMO Rates	Plan CA 10A	Plan CA 11A	Plan CA 12A
Employee Only		\$21.11	\$18.27	\$17.64
Employee + 1 Dependent		\$37.59	\$32.45	\$31.29
Employee + 2 or More Dependents		\$55.44	\$47.67	\$46.10

Region 4:

Humboldt, Marin, Santa Barbara, Santa Cruz, Shasta, Sutter, and Yolo Counties

	DHMO Rates	Plan CA 10A	Plan CA 11A	Plan CA 12A
Employee Only		\$21.74	\$18.80	\$18.06
Employee + 1 Dependent		\$38.64	\$33.39	\$32.03
Employee + 2 or More Dependents		\$57.02	\$49.14	\$47.15

Region 5:

Butte and San Luis Obispo Counties

	DHMO Rates	Plan CA 10A	Plan CA 11A	Plan CA 12A
Employee Only		\$42.42	\$39.48	\$38.64
Employee + 1 Dependent		\$72.87	\$67.52	\$66.05
Employee + 2 or More Dependents		\$107.52	\$99.54	\$97.34

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.

Vision Plan – VSP

Vision Benefit	Option 3 – Plan B (\$15)		Option 4 – Plan C (\$25)		Option 5 – Plan C (\$0)	
	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 Co-Pay	Plan pays up to \$50	Covered after Co-Pay	Plan pays up to \$50	Covered after Co-Pay	Plan pays up to \$50
Lenses						
Single	Covered after Co-Pay	\$50	Covered after Co-Pay	\$50	Covered after Co-Pay	\$50
Bifocal	Covered after Co-Pay	\$75	Covered after Co-Pay	\$75	Covered after Co-Pay	\$75
Trifocal	Covered after Co-Pay	\$100	Covered after Co-Pay	\$100	Covered after Co-Pay	\$100
Frames	\$130 Allowance 20% off amount over allowance	\$70	\$130 Allowance 20% off amount over allowance	\$70	\$130 Allowance 20% off amount over allowance	\$70
Contact Exam and Fitting	Up to \$60	\$0	Up to \$60	\$0	Up to \$60	\$0
Contact Lenses – Elective	\$130 Allowance	\$105	\$130 Allowance	\$105	\$130 Allowance	\$105
Contact Lenses – Medically Necessary	Covered after Co-Pay	\$210	Covered after Co-Pay	\$210	Covered after Co-Pay	\$210
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

Option 3 – Plan B (\$15)	
Vision Rates - Monthly	
Employee Only	\$8.19
Employee + 1 Dependent	\$15.75
Employee + 2 or More Dependents	\$25.10

Option 4 – Plan C (\$25)	
Vision Rates - Monthly	
Employee Only	\$11.13
Employee + 1 Dependent	\$21.84
Employee + 2 or More Dependents	\$34.76

Option 5 – Plan C (\$0)	
Vision Rates - Monthly	
Employee Only	\$17.75
Employee + 1 Dependent	\$34.86
Employee + 2 or More Dependents	\$55.86



¹ Contact lenses are in lieu of spectacle lenses and frames

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

Basic Life and Basic AD&D Insurance – Voya Financial

Groups with 10(+) Lives* Basic Life and AD&D Benefits			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:			Life Benefits:		
Groups must 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			Groups must 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 Insurance		AD&D Benefits:	Same as Life Insurance	
Guarantee Issue Amount:	\$100,000		Guarantee 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 Life Benefit:	50% of Life Benefits if less than 6 Month Life Expectancy		Accelerated Life 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	

Groups with 10(+) Lives Basic Life and AD&D Benefits Monthly Rate per \$1,000 of Coverage	Groups with less than 10 lives Basic Life and AD&D Benefits Monthly Rate per \$1,000 of Coverage										
\$0.285											
Sample Calculation for 10+ lives: 1 employee with 100,000 of life insurance Volume X rate/1000 100,000 X 0.285/1000 = \$28.50	<table border="1"> <thead> <tr> <th>Age</th> <th>Rate per \$1,000</th> </tr> </thead> <tbody> <tr> <td>Under age 30</td> <td>\$0.210</td> </tr> <tr> <td>Age 30 to 39</td> <td>\$0.276</td> </tr> <tr> <td>Age 40 to 49</td> <td>\$0.385</td> </tr> <tr> <td>Age 49 and over</td> <td>\$0.531</td> </tr> </tbody> </table>	Age	Rate per \$1,000	Under age 30	\$0.210	Age 30 to 39	\$0.276	Age 40 to 49	\$0.385	Age 49 and over	\$0.531
Age	Rate per \$1,000										
Under age 30	\$0.210										
Age 30 to 39	\$0.276										
Age 40 to 49	\$0.385										
Age 49 and over	\$0.531										



*Entities must contribute a minimum of 100% of the cost for active employees only.
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
Rates shown are for active and retired employees, and public officials.

Supplemental Life and Supplemental AD&D Insurance—Voya Financial

Supplemental Life and Supplemental AD&D Insurance Benefits*		
Eligibility	All Eligible Employees working at least 20 hour per week	
Employee Benefit		
Minimum	\$20,000	
Maximum	\$250,000	
Increments of:	\$10,000	
Guaranteed Issue Amount Employee	Under Age 60: \$100,000 Age 60 and Over: \$50,000	
Spouse Benefit		
	Not to Exceed 50% of Employee's Supplemental Life Benefit	
Minimum	\$20,000	
Maximum	\$125,000	
Increments of:	\$5,000	
Guaranteed Issue Amount Spouse	\$25,000	
Dependent Child(ren) Benefit		
Minimum	\$5,000	
Maximum	\$10,000	
Increments of:	\$5,000	
Guaranteed Issue Amount Dependent	\$10,000	
Benefit Reduction Formula		
	Age	% of Original Benefit
	65	65%
	70	50%
Waiver of Premium	Included	
Portability	Included	

Employee and Spouse Supplemental Life Insurance Rates		
Monthly Rates		
Rate per \$1,000 of coverage		
Age	Employee Rate (included AD&D)	Spouse Rate (1) (2) (no AD&D)
Under Age 25	\$0.120	\$0.074
Age 25-29	\$0.120	\$0.074
Age 30-34	\$0.151	\$0.105
Age 35-39	\$0.172	\$0.126
Age 40-44	\$0.225	\$0.179
Age 45-49	\$0.309	\$0.263
Age 50-54	\$0.498	\$0.452
Age 55-59	\$0.802	\$0.756
Age 60-64	\$1.201	\$1.155
Age 65-69	\$2.251	\$2.205
Over age 70	\$3.616	\$3.570

Children Dependent Supplemental Life Insurance Rates	
Monthly Rates	
Rate per \$1,000 of Coverage	
Dependent Child Rate	\$0.210
Sample Calculation:	
1 employee with 100,000 of life insurance Volume X rate/1000 100,000 X 0.29/1000 = \$29.00	

(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.

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.

Long Term Disability Insurance – Voya Financial

For Groups with 10(+) lives		
Long Term Disability Benefits	Option 1	Option 2
Eligibility	All Eligible Employees working at least 20 hours/week	All Eligible Employees working at least 20 hours/week
Elimination Period	90 Days (1)	180 Days (2)
Monthly Benefit Percentage	60%	60%
Maximum Monthly Benefit	\$5,000	\$5,000
Own Occupation Definition	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

Monthly Rate per \$100 of Monthly Covered Gross Salary	Monthly Rate per \$100 of Monthly Covered Gross Salary
Option 1: 90 Day Elimination Period	Option 2: 180 Day Elimination Period
\$0.511	\$0.384

Sample 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 – 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.

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

Rates shown are for active and retired employees, and public officials.

Long Term Disability Insurance – Voya Financial

For Groups with less than 10 lives		
Long Term Disability Benefits	Option 1	Option 2
Eligibility:	All Eligible Employees working at least 20 hours/week	All Eligible Employees working at least 20 hours/week
Elimination Period	90 Days (1)	180 Days (2)
Monthly Benefit Percentage	60%	60%
Maximum Monthly Benefit	\$5,000	\$5,000
Own Occupation Definition	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

Long Term Disability Benefits	Monthly Rate per \$100 of Monthly Covered Gross Salary	Monthly Rate per \$100 of Monthly Covered Gross Salary
Age Banded Rates	Option 1: 90 Day Elimination Period	Option 2: 180 Day Elimination Period
Under age 25	\$0.138	\$0.108
Age 25-29	\$0.187	\$0.138
Age 30-34	\$0.236	\$0.177
Age 35-39	\$0.306	\$0.226
Age 40-44	\$0.394	\$0.295
Age 45-49	\$0.511	\$0.384
Age 50-54	\$0.669	\$0.502
Age 55-59	\$0.876	\$0.659
Over age 60	\$1.141	\$0.856

(1) Benefit begins after 90 days

(2) Benefit begins after 180 days

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.

Employee Assistance Program (EAP) – MHN

Employee Services	
Number of Sessions/Frequency	3 Face to Face, telephonic/web-video sessions per incident per member
Services	Telephonic Counseling and Referral for Counselling Sessions
Work Life	Life Management Services
Legal	Referral Service – Up to 30 minutes/session & 25% discount for additional services
Dependent Care	Child and Elder Care Referral Service
Financial	Financial Consultations to include Pre-retirement and tax consultations
Education Referrals	Education & 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	Yes, No Charge
Internet Service	members.mhn.com
EAP Rate – Per Employee	\$2.76
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. Rates shown are for active and retired employees, and public officials.

Carrum Health (Carrum) – Surgery Benefit Program

Employee Services

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.

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.



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Health Benefits Program Quote Interest

For a quote please fill out this form and then FAX to 530.934.8133 or e-mail to empben@gsrma.org. You may also contact a professional health plan representative at 530.934.5633 for more information

Employee Name	Gender M/F	Enrollment Code <i>See Below</i>	Plan <i>Gold, Silver, HMO</i>	Date of Birth	Status <i>See Below</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Comments	Enrollment code	Status Code
	Employee Only E	Active A
	Employee + 1 E + 1	Retiree under 65 R65
	Employee + Family F	Retiree with Medicare RMC
		Board member/directors/ council/trustee GB
		Cobra C

Current Plan/Provider

Current Plan Renewal Date

Agency Name

Agency Mailing Address

Agency City

State

Zip

Agency Phone Number

Agency City

Phone Number

Contact e-mail

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.

The logo features a stylized yellow map of California with a textured, brushstroke-like appearance. The text "GOLDEN STATE" is centered over the map in a large, bold, black serif font. Below it, "RISK MANAGEMENT AUTHORITY" is written in a smaller, black, all-caps sans-serif font.

GOLDEN STATE
RISK MANAGEMENT AUTHORITY

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