

NEWMAN-CROWS LANDING UNIFIED SCHOOL DISTRICT

PAYROLL PROCEDURES/BENEFIT INFORMATION

PAYROLL:

- Pay day is the last working day of the month. Checks may not be picked up early! Checks/direct deposit slips will be distributed from your site office.
- For paydays that fall during the winter holidays and the summer months when school sites are closed, checks/direct deposit slips will be mailed the day before pay day. Please be sure that your address is current on your check/direct deposit slip. Change of Address forms are available in your school office.
- It is highly recommended that employees have DIRECT DEPOSIT. This ensures that your pay is automatically deposited into your bank account each month or before pay day, which is especially important in the months that checks are mailed. You do not have to rely on the US postal service to deliver your check on time, and it also saves you a trip to the bank or ATM on payday!
- Items for payroll, such as TIMESHEETS, W-4 CHANGES, DIRECT DEPOSIT CHANGES, or a change in 403b/457 CONTRIBUTION MUST be received by the District Office by the **5th** of each month; **any items received after the deadline will be held and processed the following month.**
- If you need: Employee Self Service instructions(Pay Stubs & W-2's), direct deposit, or Tax forms you can find them here <https://www.nclusd.org/documents/staff-documents/payroll-documents/100387>

TIMESHEETS (EXTRA WORK AGREEMENTS):

- Employees must have a timesheet that has been pre-approved for any extra duty or for any time worked if you perform work daily and record your time for an entire month before submitting payroll.
- Timesheets will be generated by the site secretary and/or program supervisor and must be returned to the site secretary/supervisor at the end of the month in order for the time to be entered and set up in payroll. Please see your site secretary/supervisor for specific details on how your site will handle this process.
- Timesheets must be turned in fully completed (Date, Time-in, Time-out, # of hours worked, Initials, signed and dated) – incomplete timesheets will be returned to the employee, which will delay the processing and payment time.
- Only one month's time can be recorded on a timesheet. Timesheets cannot be accumulated and turned in at one time. Each month must be turned in at the end of the month.
- Timesheets are employee specific – they include the employee's name, the proper hourly rate, the project/task, and the funding source to be used. An altered timesheet will be returned to the employee, which will delay processing and payment.

BENEFITS:

- Employees who work 30+ hours weekly qualify for mandatory Dental/Vision insurance and voluntary Health insurance.
- Voluntary and Involuntary benefits information can be found on our website under Human Resources>Employee Benefits <https://www.nclusd.org/documents/human-resources/employee-benefits/361896>

CalPERS-Health Benefits

- Health is optional! To decline please complete and return the **Health Benefits Enrollment Form-Denial coverage** form
- Enrollment is online via <https://my.calpers.ca.gov/web/ept/public/systemaccess/selectLoginType.html>
- See the **MyCalPERS-How to register** and **Guide to understanding open enrollment** links for instructions
- Starting on page 16 in the **2023 Health Benefit Summary** link you can find specific plan deductibles and copays

CVT-Dental and Vision Benefits

- Dental/Vision is mandatory! If you already have coverage, you will now have DUAL COVERAGE
- There is a Dental Composite rate for **Admin/Management** which remains the same no matter the dependents
- Enrollment is online via <https://www.cvtrust.org/>

Contributions are applied to the total for Dental, Vision and/or Health-anything over will be deducted from your paycheck as an "offset" – please see the Contribution-Offset Estimator PDF to estimate monthly contributions

- \$700/Month (Certificated Teachers)
- \$804.17/Month (Classified Employees)
- \$1636.49/Month (Administrators, Confidential/Management employees)

NEWMAN-CROWS LANDING UNIFIED SCHOOL DISTRICT

All eligible employees receive an insurance cap in the following amounts to go toward the purchase of Dental/Vision and Health coverage:

\$700/Month (Certificated Teachers)

\$804.17/Month (Classified Employees)

\$1636.49/Month (Administrators, Confidential/Management employees)

Administrators and Confidential/Management employees have the choice of opting out of health insurance coverage and receive cash-in-lieu. Each month the employee will receive the Classified monthly cap of \$804.17, less the cost of his/her Dental/Vision premiums.

The Dental & Vision insurance premiums are deducted from the insurance cap first. All eligible employees **must enroll in Dental and Vision coverage** but may opt out of Health insurance coverage. The remaining balance of the cap is available to be applied toward the Health insurance premium. If the insurance premium exceeds the cap, the balance will be deducted from the employee's paycheck. This deduction is pre-tax.

Dental/Vision/Health Plans:

Health – (See CalPERS pamphlet for benefits and insurance providers.)

CalPERS 2023 Regional Health Premiums (Actives and Annuityants)

Effective Date: January 1, 2023

Region 1

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

Basic Monthly Premiums (B)

Plan	Subscriber	Plan Code	Party Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Code	Party Rate
Anthem Blue Cross Select HMO	1,128.83	506	1	1	2,257.66	506	2	2	2,934.96	506	3	3
Anthem Blue Cross Traditional HMO	1,210.71	509	1	1	2,421.42	509	2	2	3,147.85	509	3	3
Blue Shield Access+ HMO	1,035.21	525	1	1	2,070.42	525	2	2	2,691.55	525	3	3
Blue Shield Trio HMO*	888.94	451	1	1	1,777.88	451	2	2	2,311.24	451	3	3
Kaiser Permanente	913.74	533	1	1	1,827.48	533	2	2	2,375.72	533	3	3
PERS Gold	825.61	613	1	1	1,651.22	613	2	2	2,146.59	613	3	3
PERS Platinum	1,200.12	601	1	1	2,400.24	601	2	2	3,120.31	601	3	3

Dental/Vision premium rates: offered through CVT

	<u>Single</u>	<u>Employee + 1</u>	<u>Family</u>	<u>Composite Rate</u>
Dental	\$41.48	\$75.13	\$108.00	\$84.22 (Admin/Mgt only)
Vision	<u>\$11.52</u>	<u>\$21.39</u>	<u>\$32.95</u>	
TOTAL:	\$53.00	\$96.52	\$140.95	

Delta Dental (incentive plan) **Group # 7901-0701**

70%(Yr 1), 80%(Yr 2), 90%(Yr 3), 100%(Yr 4)

No card received. A card can be printed through your MyCVT.org account.

Any questions about dental coverage, you can call (866) 499-3001 – Delta Dental school plans.

VSP (Vision Service Plan) - **Group #0900039AS**

No card received. Your eye care office will handle the insurance with VSP online.

You can visit VSP.com or MyCvt.org to check your annual exam and eligibility status.

A packet containing benefits/coverage information for Dental/Vision will be sent to the employee's home address by California's Valued Trust upon receipt of enrollment form.

Health Insurance ID cards/benefits/coverage will be sent to employees by the insurance provider.

Estimate your monthly contributions using the table below

***Classified** = \$804.17/month (Must work a minimum of 6 hours to receive contribution)

***Certificated** = \$700.00/month (Pro-rated for positions under 1 FTE)

***Admin. /Classified Mgmt.** = \$1636.49/month (Pro-rated for positions under 1 FTE)

Employer Contributions: _____ (This is one of the amounts above)

Premium rate for medical: _____ (This is the amount for your chosen medical plan)

Premium rates for dental/vision: _____ (This is the amount for your dental/vision plan)

*Your Contribution= _____

*If positive-you are completely covered

*If negative-that is your portion that will be deducted from your monthly paycheck

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Basic Monthly Premiums (B)

Plan	Subscriber	Plan Code	Party Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Code	Party Rate
Anthem Blue Cross Select HMO	1,128.83	506	1	1	2,257.66	506	2	2	2,934.96	506	3	3
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PERS Platinum	1,200.12	601	1	1	2,400.24	601	2	2	3,120.31	601	3	3

Dental/Vision premium rates: offered through CVT

	<u>Single</u>	<u>Employee + 1</u>	<u>Family</u>	<u>Composite Rate</u>
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Vision	<u>\$11.52</u>	<u>\$21.39</u>	<u>\$32.95</u>	
TOTAL:	\$53.00	\$96.52	\$140.95	

EXAMPLES ON NEXT PAGE

EXAMPLES

Certificated Teacher chooses to take Kaiser for her entire family and dental/vision for herself only

Employer Contributions: \$700

Premium rate for medical: \$2,375.72

Premium rates for dental/vision: \$53.00

Your Contribution= -\$1,728.72 (amount is negative so there will be a monthly offset amount of \$1,728.72 from the employees check)

Certificated Teacher chooses to take opt out health and enroll in dental/vision for the family

Employer Contributions: \$700

Premium rate for medical: \$0

Premium rates for dental/vision: \$140.95

Your Contribution= \$559.05 (amount is positive so there will be NO monthly offset amount from the employees check. This amount is a wash as Certificate and Classified employees DO NOT qualify for cash-in-lieu)

Classified Employee chooses to take PERS Gold for him and his wife and dental/vision for the family

Employer Contributions: \$804.17

Premium rate for medical: \$1,651.22

Premium rates for dental/vision: \$140.95

Your Contribution= -\$988.00 (amount is negative so there will be a monthly offset amount of \$988.00 from the employees check)

Admin/Management chooses to take Anthem Blue Cross Select and dental/vision for themselves only

Employer Contributions: \$1,636.49

Premium rate for medical: \$1,128.83

Premium rates for dental/vision: \$95.74

Your Contribution= \$411.92 (amount is positive so there will be NO monthly offset amount from the employees check. This amount is a wash as a health plan was chosen)

***Admin/Management chooses to take opt out health and enroll in dental/vision for the family**

Employer Contributions: \$804.17 (Classified cap for cash-in-lieu)

Premium rate for medical: \$0 (OPTED OUT)

Premium rates for dental/vision: \$117.17

Your Contribution= \$687.00 (This will be the allowable cash-in-lieu monthly amount paid to the employee)

*only applicable for Admin/Management staff. Monthly amount is the Classified cap minus your choice for dental/vision.



Your Guide to Choosing a Health Plan

While CalPERS provides a variety of health plans, only you can decide which one best fits your specific situation. Consider the following factors when choosing a new health plan for you and your family. Plus, there are many tools and resources available to help in your research. If you want to keep your current health plan, no action is needed.

Factors to Consider

☐ Costs

- Your monthly premium
- Your employer's contribution
- Your contribution
- Copays, deductibles, and treatment costs

☐ Available health plans¹

- Your eligibility ZIP code determines the health plans available to you

☐ Available networks and doctors¹

- Doctors, medical groups, hospitals, specialists, labs, pharmacies, etc.
- You may be able to keep your current doctor and switch to a more cost-efficient plan

☐ Covered benefits

- Acupuncture, chiropractic, diabetes services, physical/occupational/speech therapies, skilled nursing, home health services, etc.

☐ Other factors

- What services are available when you travel?
- Are provider locations convenient?
- What programs for wellness, fitness, and health education are offered by the plan?
- Take advantage of [Health Plan Events & Resources](#)

Tools & Resources

☐ Search Health Plans tool¹

- Monthly premiums for each plan
- Side-by-side benefit comparisons and copay information
- Doctor availability by health plan
- Member satisfaction ratings

☐ Plans & Rates

- Premiums and employer contributions for State & CSU members
- Health plan links:
 - Health plan's website
 - Prescription drug services
 - Evidence of Coverage

☐ Health Program Guide

- Eligibility and enrollment requirements
- How and when to make health plan changes

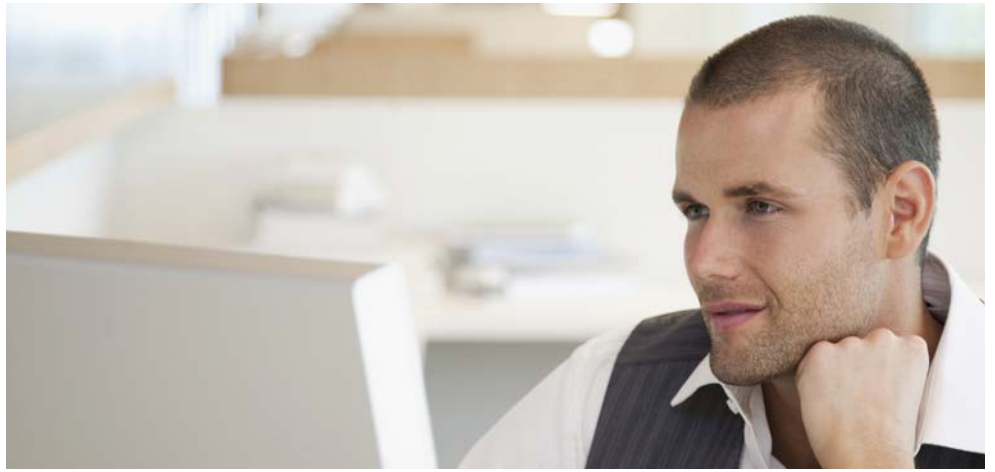
☐ Health Benefit Summary

- Side-by-side health plan comparisons
- Covered services and copayment information

☐ Medicare Enrollment Guide

- How Medicare works with your CalPERS health benefits
- When and how to enroll in a CalPERS Medicare health plan

¹ Log in to your myCalPERS account or register at my.calpers.ca.gov.



CLICK BELOW FOR HOW-TO VIDEOS

How to Register for my|CalPERS

Not registered yet?

Go to my.calpers.ca.gov and follow these steps:

- 1 On the Pre-Log In page, select **Participant** and **Continue**.
- 2 Select **Register Now**.
- 3 Accept the terms and conditions under the Security Agreement.
- 4 Identify yourself by providing your name, date of birth, last four digits of your Social Security number or your CalPERS Identification number.
- 5 Answer a set of questions about your CalPERS account to verify your identity.
- 6 Create a Username and Password, and enter your email address.
- 7 Choose a personal security image and message.
- 8 Choose your security questions and answers. It's important to choose questions and answers you will remember.
- 9 Log in to my|CalPERS.

- [Health Enrollment in myCalPERS](#)
- [A Step-by-Step Guide for Active Members](#)

1 **Participant**
You are a participant if you are a member or non-member, a community property payee, beneficiary, survivor, subscriber, dependent, conservator, or have power of attorney.
[Continue](#) ←

2 New to my|CalPERS? [Register Now](#) ←

3 [I Accept](#)

4 **First Name (required)**
[Text Input Field]
Don't include your middle name or initial.

5 **Verify Your Identity (1 of 3)**
To verify your identity, choose the option that best answers the statement

6 **Password (required)**
[Text Input Field]
At least 8 characters.
No spaces, case sensitive.

7 [Image of a dolphin] [Image of a person on a boat] [Image of a bird] [Image of a flower]

8 **Question 1 (required)**
[Text Input Field]

9 Welcome to my|CalPERS
[Image of a hand pointing] [Image of a laptop with a bar chart]
[Log In](#)
Username [Text Input Field]
[Continue](#)



How to Access my|CalPERS

Can't remember your username?

- 1 Select **Forgot Your Username?**
- 2 Identify yourself by providing your name, date of birth, last four digits of your Social Security number or your CalPERS Identification number.
- 3 Select how you want to recover your username. You can choose to answer your security questions or have a temporary passcode sent to your email address or mobile number on record. Once you enter your temporary passcode, your username will appear.

Can't remember your password?

- 1 Select **Forgot Your Password?**
- 2 Identify yourself by providing your name, date of birth, last four digits of your Social Security number or your CalPERS Identification number.
- 3 Select how you want to reset your password. You can choose to reset your password by answering your security questions or by having a temporary passcode sent to your email address or mobile number on record. Once you enter the temporary passcode, you can create a new password.

If you exceed the allowed number of attempts to validate your identity, your account will be locked to protect your security. To unlock your account, contact us at 888 CalPERS (or 888-225-7377).

1

Username (required)

[Forgot your Username?](#) ←

2

Identify Yourself

Complete all of the fields below so we can confirm your identity. The information you enter must current Benefit Statement **exactly**.

First Name (required)

Don't include your middle name or initial.

Last Name (required)

Don't include a suffix such as Jr., Sr., I, II, etc.

3

Recover Your Username

How would you like to recover your username? (required)

☒ By Email

Send a passcode to sxxxxxxxxx@calpers.ca.gov

☐ By Phone

Send a passcode to XXX-XXX-2390

Text message fees may apply depending on your carrier.

1

Password (required)

[Forgot Your Password?](#) ←

2

Identify Yourself

Complete all of the fields below so we can confirm your identity. The information you enter must current Benefit Statement **exactly**.

First Name (required)

Don't include your middle name or initial.

Last Name (required)

Don't include a suffix such as Jr., Sr., I, II, etc.

3

Reset Your Password

How would you like to reset your password? (required)

☒ By Email

Send a passcode to sxxxxxxxxx@calpers.ca.gov

☐ By Phone

Send a passcode to XXX-XXX-2390

A Guide to Understanding Your myCalPERS Health Open Enrollment Information

Access Your Health Open Enrollment Information Online Through myCalPERS

The myCalPERS Health Open Enrollment page provides you with customized health information that will help you make informed decisions about your health plan options during Open Enrollment. This guide outlines the information available to you and highlights online tools you can use to discover your options for health benefits.

Accessing Your Health Open Enrollment Page

1. Log in to your myCalPERS account at my.calpers.ca.gov.
2. Select the **Health** tab, from the home page.
3. Select the secondary **Open Enrollment** tab.

If you experience difficulties logging in to your account or need to retrieve your username or password, please follow the prompts to identify yourself and answer your security questions in the myCalPERS login screen.

Additional myCalPERS Information and Tools

For additional information under the **Health** tab, go to:

Health Plan Summary — View your current health coverage summary and list of enrolled dependents.

Search Health Plans — Use your eligibility ZIP code to search for available health plans, compare monthly premiums, and discover which CalPERS health plans your personal doctors participate in. Medicare members need to contact the health plans or their doctors directly for availability.

Viewing Your Health Open Enrollment Page

- 1 Special Message Just for You**
Informs you of specific health benefit changes that may impact you in the upcoming year.
- 2 Open Enrollment**
Informs you of Open Enrollment dates and what you can do during the Open Enrollment period.
- 3 Your Plan & Premium**
Review your current health plan, current and upcoming year's monthly premium, and your cost increase or decrease for the upcoming year if you keep your current plan.
- 4 Ready to Get Started**
Review factors to consider before making a health plan change, such as costs, available doctors, and covered benefits.
- 5 Things You Need to Know**
View your current year Health Plan Statement and obtain information about your employer contribution.
- 6 Tools to Help You Choose the Right Health Plan**
View publications and additional resources to research and educate yourself to help you make an informed decision about your health plan options.

CLICK BELOW FOR HOW-TO VIDEOS

- **CalPERS Quick Tip | Choosing the Right Health Plan for You**

myCalPERS Health Open Enrollment Page

myCalPERS My Account Messages

Home Retirement Health Statements Education

Home > Health > Open Enrollment

Open Enrollment

Special Message Just for You

1

Open Enrollment starts September 20, 2021 and ends October 15, 2021. Changes made during Open Enrollment take effect on January 1, 2022.

During Open Enrollment, you can:

- Change your CalPERS health plan.
- Add eligible dependents.
- Remove dependents.
- Cancel your existing CalPERS health coverage.
- Do nothing and keep your current plan.

2

Your Plan & Premium

Search Health Plans to compare all plans and premiums available to you.

2021	2022
Your Share	Your Share
Employer's Share	Employer's Share
Coverage	Coverage
Health Plan	Health Plan

3

Health Plan Changes

Keeping Your Current Plan?

We recommend you review next year's health plan information, as aspects of your coverage may change. If you decide to keep your current plan and aren't making changes to your coverage, you don't need to take any action.

Ready to Get Started?

4

It's important to understand how your health plan may impact your coverage. Use the information and tools here to learn about these factors:

- Costs
- Availability for:
 - Plans
 - Networks
 - Doctors
- Covered Benefits

Download [Your Guide to Choosing a Health Plan \(PDF\)](#) and use the included checklist to help with the decision-making process.

5

6

Changing Your Health Benefits?

Open Enrollment is here. You can make changes to your health benefits now through October 15, 2021. To make changes, complete the [Health Benefit Plan Enrollment Form \(Active\) \(HBD-12\) \(PDF\)](#) or based on the change you'd like to make and submit to your employer. Contact them for how to send it electronically.

Instructions:
[Health Benefit Plan Enrollment Form Instructions \(HBD-12\) \(PDF\)](#)

Dental Benefits

The California Department of Human Resources (CalHR) administers dental plans for active state employees. To learn about plan options and premiums, view [Dental Benefits](#) on the CalHR website, or call (916) 322-4300.

For dental enrollment changes or questions about dental benefits, contact your health benefits officer or personnel office.

Vision Benefits

The California Department of Human Resources (CalHR) administers vision plans for active state employees. To learn about plan options and premiums, view [Vision Benefits](#) on the CalHR website, or call (916) 322-4300.

To make changes to your vision plan, contact your health benefits officer or personnel office.

For questions about vision benefits, contact Vision Service Plan (VSP) at (800) 877-7195.

2023 | Health Benefit Summary

Helping you make an informed decision about your health plan



About CalPERS

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

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

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

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

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

About This Publication

The **2023 Health Benefit Summary** provides only a general overview of certain benefits. It does not include details of all covered expenses or exclusions and limitations. Please refer to each health plan's *Evidence of Coverage* (EOC) booklet for the exact terms and conditions of coverage. Health plans mail EOCs to new members at the beginning of the year, and to existing members upon request. In case of a conflict between this summary and your health plan's EOC, the EOC establishes the benefits that will be provided.

The **2023 Health Benefit Summary** provides valuable information to help you make an informed choice about your health plan and health care providers. This publication compares covered services, copayments, and benefits for each CalPERS health plan. It also provides information about plan availability by county and a chart summarizing important differences among health plan types.

You can use this information to determine which health plan offers the services you need at the cost that works for you. The 2023 health plan premiums are available at the CalPERS website at www.calpers.ca.gov. Check with your employer to find out how much they contribute toward your premium.

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

Other Health Publications

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

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

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

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Considering Your Health Plan Choices

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

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

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

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

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

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

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

Understanding How CalPERS Health Plans Work

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

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

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

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

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

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

CalPERS Health Plan Choices

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

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

Contacting a Health Plan

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

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

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

Choosing Your Doctor and Hospital

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

Many people find their doctor by asking neighbors or co-workers for a doctor's name. Others receive referrals from doctors they already know. Still others simply select a physician from their health plan who happens to be nearby. You can also use the *Search Health Plans* tool (described on page 11), which is available by logging into your myCalPERS account at my.calpers.ca.gov. Before you

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

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

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

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

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

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

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

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

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

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

Health Plan Availability by County: Basic Plans

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

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

All counties subject to regulatory approval.

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

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

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

Health Plan Availability by County: Medicare Plans

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

also use our online service, the *Health Plan Search by ZIP Code*, available at www.calpers.ca.gov. All counties subject to regulatory approval.

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

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

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

Tools to Help You Choose Your Health Plan

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

Accessing Health Plan Information with myCalPERS

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

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

myCalPERS Health Plan Comparison Feature

Health Plan Resources

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

Evaluate Plan Features

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

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

- Monthly premiums for each plan available to you
- Side-by-side comparisons of covered benefits, deductibles, and copayments for up to three plans at one time.

Your myCalPERS Account

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

Comparing Your Options: Search Health Plans

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

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

- Review health plan options during Open Enrollment.
- Evaluate your health plan options and estimate costs.
- Review a health plan option when your employer first begins offering the CalPERS Health Benefits Program.
- Search doctors and specialists to see which plans they participate in.
- Review health plan options due to changes in your marital status or enrollment area.
- Explore health plan options because you are planning for retirement or have become Medicare eligible.

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

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

Comparing Your Options: Health Plan Choice Worksheet

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

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

Health Plan Choice Worksheet

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

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

CalPERS Health Plan Member Survey Results

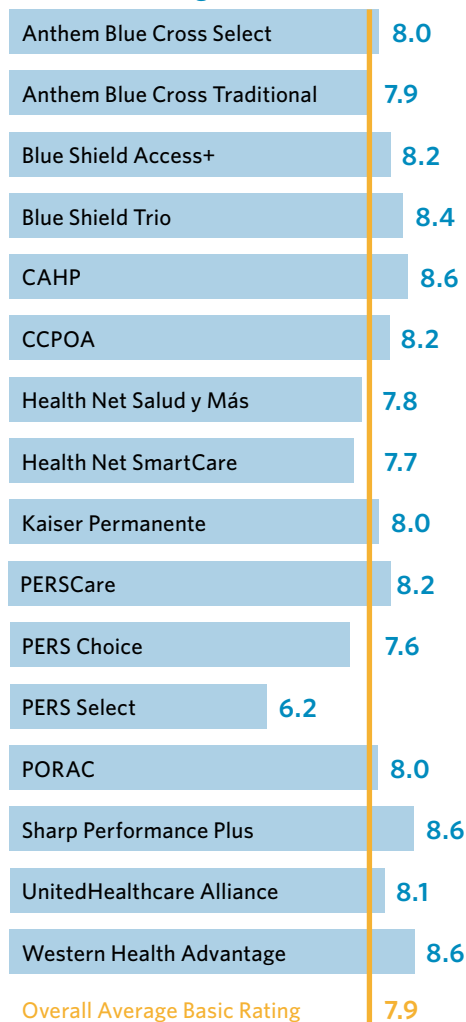
CalPERS conducts an annual Health Plan Member Survey to assess members' satisfaction with their health plans during the previous 12-month period. We use a modified version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey, a standard tool for measuring health plans. CalPERS evaluates the survey results to compare satisfaction ratings across health plans and over time. The results below reflect health plan satisfaction during the 2021 plan year.

Member ratings offer another tool to help you choose a plan that is right for you. Please note that your experience may differ. The health plan ratings are based on the experience of the individuals who participated in the survey.

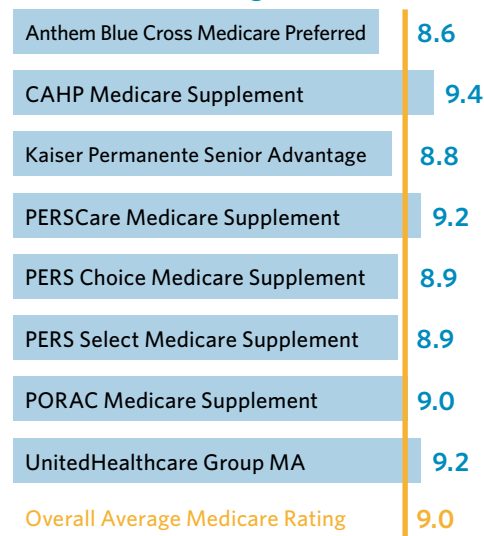
Member Rating of Health Plans

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

Basic Plan Ratings



Medicare Plan Ratings



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

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

In 2022, PERS Choice and PERSCare transitioned to PERS Platinum and PERS Select transitioned to PERS Gold.

Additional Resources

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

Health Plan Directory

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

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

Anthem Blue Cross² HMO & EPO

(855) 839-4524

www.anthem.com/ca/calpers

Anthem Medicare Preferred² PPO

(855) 251-8825

www.anthem.com/ca/calpers

Blue Shield of California

Active Member Services

(800) 334-5847

Medicare Member Services

(888) 802-4599

www.blueshieldca.com/calpers

California Association of Highway Patrolmen (CAHP)

(800) 734-2247

www.thecahp.org

California Correctional Peace Officers Association (CCPOA)

Active Member Services

(800) 257-6213

Medicare Member Services

(800) 776-4466

www.ccpoabtbf.org

Health Net of California¹

(888) 926-4921

www.healthnet.com/calpers

Kaiser Permanente

(800) 464-4000

www.kp.org/calpers

OptumRx

Pharmacy Benefit Manager

Active Member Services

(855) 505-8110

Medicare Member Services

(855) 505-8106

www.optumrx.com/calpers

PERS Gold² and PERS Platinum²

Administered by Anthem Blue Cross

(877) 737-7776

www.anthem.com/ca/calpers

Supplement to Medicare

(877) 737-7776

Peace Officers Research

Association of California (PORAC)

(800) 655-6397

<http://ibtoforporac.org>

Sharp Health Plan¹

Active Member Services

(855) 955-5004

Retiree Member Services

(833) 346-4322

sharphealthplan.com/CalPERS

UnitedHealthcare

Active Member Services

(877) 359-3714

www.uhc.com/calpers

Retiree Member Services

(888) 867-5581

www.UHCRetiree.com/calpers

Western Health Advantage²

Active Member Services

(888) 942-7377

Medicare Member Services

(888) 942-7377

www.westernhealth.com/calpers

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

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

Obtaining Health Care Quality Information

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

Hospitals

Cal Hospital Compare

www.calhospitalcompare.org

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

U.S. Department of Health and Human Services

www.medicare.gov/hospitalcompare

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

The Leapfrog Group

www.leapfroggroup.org

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

Doctors and Medical Groups

Medical Board of California

www.mbc.ca.gov

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

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

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

Office of the Patient Advocate

www.opa.ca.gov

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

Benefit Comparison Charts

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

CalPERS Health Plan Benefit Comparison— Basic Plans

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

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

		PPO Basic Plans									
BENEFITS			PERS Gold		PERS Platinum		CAHP <i>(Association Plan)</i>		PORAC <i>(Association Plan)</i>		
			PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	
Calendar Year Deductible											
N/A		N/A		Individual		\$1,000 ^{1,3}		\$500 ³		N/A	
N/A		N/A		Family		\$2,000 ^{1,3}		\$1,000 ³		N/A	
Maximum Calendar Year Copay or Coinsurance <i>(excluding pharmacy)</i>											
\$1,500 (copay)		\$1,500 (copay)		Individual		\$3,000 (coinsurance)		Unlimited		\$2,000 (coinsurance)	
\$3,000 (copay)		\$4,500 (copay)		Family		\$6,000 (coinsurance)		Unlimited		\$4,000 (coinsurance)	
Hospital <i>(including Mental Health and Substance Abuse)</i>											
N/A		N/A		Deductible (per admission)		N/A		\$250		N/A	
No Charge		\$100/ admission		Inpatient		20% ²		40% ⁴		10%	
No Charge		\$50		Outpatient Facility/ Surgery Services		20%		40% ⁴		10%	

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

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

³ Deductible is transferable between PERS Gold and PERS Platinum.

⁴ Of the allowable amount as defined in the EOC.

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

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

All benefits subject to regulatory approval.

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

		BENEFITS	PPO Basic Plans							
Western Health Advantage HMO	CCPOA <i>(Association Plan)</i>		PERS Gold		PERS Platinum		CAHP <i>(Association Plan)</i>		PORAC <i>(Association Plan)</i>	
			PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Emergency Services										
N/A	N/A	Emergency Room Deductible	\$50 (applies to hospital emergency room facility charge only)		\$50 (applies to hospital emergency room charges only)		\$50 (copay reduced to \$25 if admitted on an inpatient basis)		N/A	
\$50	\$75	Emergency	20% (applies to other services such as physician, x-ray, lab, etc.)		10% (applies to other services such as physician, x-ray, lab, etc.)		10% (applies to other services such as physician, x-ray, lab, etc.)		20%	
\$50	\$75	Non-Emergency	20% (payment for physician charges only; emergency room facility charge is not covered)	40%	10% (payment for physician charges only; emergency room facility charge is not covered)	40%	\$50+10% (copay reduced to \$25 if admitted on an inpatient basis)	\$50+40%	50% (for non-emergency services provided by hospital emergency room)	
Physician Services <i>(including Mental Health and Substance Abuse)</i>										
\$15	\$15	Office Visits (copay for each service provided)	\$35 ¹	40% ³	\$20 ²	40% ³	\$20	40% ³	\$10/\$35 ²	20% ³
No Charge	No Charge	Inpatient Visits	20%	40% ³	10%	40% ³	10%	40% ³	20%	20% ³
\$15	\$15	Outpatient Visits	\$35	40% ³	\$20	40% ³	10%	40% ³	20%	20% ³
\$15	\$15	Urgent Care Visits	\$35	40% ³	\$35	40% ³	\$20	40% ³	\$35	20% ³
No Charge	No Charge	Preventive Services	No Charge	40% ³	No Charge	40% ³	No Charge	40% ³	No Charge	
No Charge	No Charge	Surgery/Anesthesia	20%	40% ³	10%	40% ³	10%	40% ³	20%	20% ³
Diagnostic X-Ray/Lab										
No Charge	No Charge		20%	40% ³	10%	40% ³	10%	40% ³	20%	20% ³

¹ Reduced to \$10 when seen by primary physician² \$35 for specialist visit³ Of the allowable amount as defined in the EOC

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

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

All benefits subject to regulatory approval.

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

¹ Tier Formulary is for BSC Trio HMO only

Tier 1 refers to medications classified as 'Generic'; Tier 2 refers to medications classified as "Preferred Brand"; and Tier 3 refers to medications classified as "Non-Preferred Brand".

		BENEFITS	PPO Basic Plans							
Western Health Advantage HMO	CCPOA <i>(Association Plan)</i>		PERS Gold		PERS Platinum		CAHP <i>(Association Plan)</i>		PORAC <i>(Association Plan)</i>	
			PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Prescription Drugs										
N/A	Tier 2, 3, and 4: \$50 (not to exceed \$150/family)	Deductible	N/A		N/A		N/A		N/A	
Tier 1: \$5 Tier 2: \$20 Tier 3: \$50	Tier 1: \$10 Tier 2: \$25 Tier 3 and 4: \$50	Retail Pharmacy (30-day supply)	Tier 1: \$5 Tier 2: \$20 Tier 3: \$50		Tier 1: \$5 Tier 2: \$20 Tier 3: \$50		Generic: \$5 Formulary: \$20 Non-Formulary: \$50		Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$45 Compound: \$45	
Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$30 Tier 2: \$75 Tier 3 and 4: \$150	Retail Preferred Pharmacy Maintenance Medications	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100		Tier 1: \$10 Tier 2: \$40 Tier 3: \$100		Generic: \$10 Formulary: \$40 Non-Formulary: \$100		N/A	
Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$30 Tier 2: \$75 Tier 3 and 4: \$100	Mail Order Pharmacy Program (not to exceed 90-day supply for maintenance drugs)	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100		Tier 1: \$10 Tier 2: \$40 Tier 3: \$100		Generic: \$10 Formulary: \$40 Non-Formulary: \$100		Generic: \$20 Brand Formulary: \$40 Non-Formulary: \$75	N/A
\$1,000	N/A	Mail order maximum copayment per person per calendar year	\$1,000		\$1,000		N/A		N/A	
Durable Medical Equipment										
No Charge	No Charge		20%	40% ¹	10%	40% ¹				
		(pre-certification required for specific equipment)	(pre-certification required for the purchase of equipment priced at \$1,000 or more)		10%	40% ¹	20%	20% ¹		

¹ Of the allowable amount as defined in the EOC

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

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

All benefits subject to regulatory approval.

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

		PPO Basic Plans								
BENEFITS			PERS Gold		PERS Platinum		CAHP <i>(Association Plan)</i>		PORAC <i>(Association Plan)</i>	
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO		
Infertility Testing/Treatment										
	50% of Covered Charges	50% of Allowed Charges	50%		50%		Not Covered		50%	50% ²
Occupational / Physical / Speech Therapy										
No Charge	No Charge	Inpatient (hospital or skilled nursing facility)	No Charge		No Charge		10%	40%	20% (no copay for in-patient PT/OT by a PAR provider)	20% ²
\$15	No Charge	Outpatient (office and home visits)	20% (pre-certification required for more than 24 visits)	40%; Occupational therapy: 20%	10% (pre-certification required for more than 24 visits)	40%; Occupational therapy: 10%	10% (pre-certification required for more than 24 visits)	40%	\$15/visit (all other services 20%) ³	20% ²
Diabetes Services										
Coverage varies	Coverage varies	Glucose monitors	Coverage Varies		Coverage Varies		Coverage Varies		Coverage Varies	
\$15	\$15	Self-management training	\$20 ¹	40% ²	\$20 ¹	40% ²	\$20	60% ²	\$20	60% ²
Acupuncture										
\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	N/A		\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	40% ²	\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	40% ²	10% (acupuncture/chiropractic; combined 20 visits per calendar year)	40% ²	\$15 copay (all other services 20%) ³	20% ²
Chiropractic										
\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	\$15 exam (up to 20 visits per calendar year) chiropractic appliances benefit: \$50		\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	40% ²	\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	40% ²	10% (acupuncture/chiropractic; combined 20 visits per calendar year)	40% ²	\$15/visit (combined 20 visits per calendar year)	20% ²

¹ \$35 for specialist visit² Of the allowable amount as defined in the EOC³ Combined 20 visits per calendar year. Speech therapy is not included in the 20 visit per calendar year combination; see EOC for Speech Therapy benefit.

CalPERS Health Plan Benefit Comparison— Medicare Plans

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

All benefits subject to regulatory approval.

BENEFITS	Medicare Plans					
	Kaiser Permanente Senior Advantage (HMO)	Kaiser Permanente Senior Advantage Summit (HMO)	Anthem Medicare Preferred (PPO)	Blue Shield Medicare (PPO)	Sharp Direct Advantage (HMO)	UnitedHealthcare Group Medicare Advantage (PPO)
Calendar Year Deductible						
Individual	N/A	N/A	N/A	N/A	N/A	N/A
Family	N/A	N/A	N/A	N/A	N/A	N/A
Maximum Calendar Year Copay or Coinsurance (excluding pharmacy)						
Individual	\$1,500 (copay)	\$1,500 (copay)	\$1,500 (copay/coinsurance)	\$1,500 (copay)	\$1,500 (copay/coinsurance)	\$1,500 (copay)
Family	N/A	N/A	N/A	N/A	N/A	N/A
Hospital (including Mental Health and Substance Abuse)						
Inpatient	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Outpatient Facility/ Surgery Services	\$10	No Charge	No Charge	No Charge	No Charge	No Charge
Skilled Nursing Facility (up to 100 days/benefit period)						
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Home Health Services						
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Hospice						
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Emergency Services (waived if admitted or hospitalized as an outpatient)						
	\$50	\$50	\$50	\$50	\$50	\$50
Ambulance Services						
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

UnitedHealthcare Group Medicare Advantage Edge (PPO)	Western Health Advantage MyCare Select (HMO)	CCPOA Medical Plan Medicare (PPO)
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N/A	N/A	N/A
N/A	N/A	N/A

\$0 (copay)	\$1,500 (copay/coinsurance)	\$1,500 (copay)
N/A	N/A	N/A

No Charge	No Charge	\$100/admission
No Charge	No Charge	No Charge

No Charge	No Charge	No Charge
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No Charge	No Charge	\$15/visit
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No Charge	No Charge	No Charge
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No Charge	\$50	No Charge
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No Charge	No Charge	No Charge
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BENEFITS	Medicare Plans				
	PERS Gold		PERS Platinum		CAHP Medicare Supplement (Association Plan)
	PPO	Non-PPO	PPO	Non-PPO	

Calendar Year Deductible

Individual	N/A	N/A	N/A	N/A
Family	N/A	N/A	N/A	N/A

Maximum Calendar Year Copay or Coinsurance (excluding pharmacy)

Individual	N/A	\$3,000 ^{1,2} (co-insurance)	N/A	N/A	N/A
Family	N/A	N/A	N/A	N/A	N/A

Hospital (including Mental Health and Substance Abuse)

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

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

No Charge	No Charge	No Charge	No Charge
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Home Health Services

No Charge	No Charge	No Charge	No Charge
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Hospice

No Charge	No Charge	No Charge	No Charge
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Emergency Services (waived if admitted or hospitalized as an outpatient)

No Charge	No Charge	No Charge	No Charge
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Ambulance Services

No Charge	No Charge	No Charge	No Charge
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¹ See EOC for additional details

² For Benefits Beyond Medicare

³ Of the allowed amount

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

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

All benefits subject to regulatory approval.

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

UnitedHealthcare Group Medicare Advantage Edge (PPO)	Western Health Advantage MyCare Select (HMO)	CCPOA Medical Plan Medicare (PPO)
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No Charge	No Charge	No Charge
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No Charge	No Charge	\$10
No Charge	No Charge	No Charge
No Charge	No Charge	\$10
No Charge	No Charge	No Charge
No Charge	No Charge	No Charge

No Charge	No Charge	No Charge
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No Charge	No Charge	No Charge
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BENEFITS	Medicare Plans					
	PERS Gold		PERS Platinum		CAHP Medicare Supplement (Association Plan)	PORAC (Association Plan)
	PPO	Non-PPO	PPO	Non-PPO		

Surgery/Anesthesia

No Charge	No Charge	No Charge	No Charge	No Charge
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Physician Services *(including Mental Health and Substance Abuse)*

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

Diagnostic X-Ray/Lab

No Charge	No Charge	No Charge	No Charge	No Charge
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Durable Medical Equipment

No Charge	No Charge	No Charge	No Charge	No Charge
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CalPERS Health Plan Benefit Comparison—**Medicare Plans, Continued**

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

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

UnitedHealthcare Group Medicare Advantage Edge (PPO)	Western Health Advantage MyCare Select (HMO)	CCPOA Medical Plan Medicare (PPO)
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N/A	N/A	N/A
Tier 1: \$5 Tier 2: \$20 Tier 3: \$50	Tier 1: \$5 Tier 2: \$20 Tier 3: \$50	Tier 1: \$5 Tier 2: \$20 Tier 3: \$35 Tier 4: \$50
Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Generic: \$10 Preferred: \$40 Tier 3: \$100	Tier 1: \$10 Tier 2: \$40 Tier 3: \$70 Tier 4: N/A
Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$10 Tier 2: \$40 Tier 3: \$70 Tier 4: N/A
\$1,000	\$1,000	N/A

No Charge	No Charge	No Charge
No Charge	No Charge	No Charge

No Charge	No Charge	No Charge
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BENEFITS	Medicare Plans				
	PERS Gold		PERS Platinum		CAHP Medicare Supplement (Association Plan)
	PPO	Non-PPO	PPO	Non-PPO	PORAC (Association Plan)

Prescription Drugs

Deductible	N/A	N/A	N/A	\$100
Retail Pharmacy (30-day supply)	Tier 1: \$5 Tier 2: \$20 Tier 3: \$50	Tier 1: \$5 Tier 2: \$20 Tier 3: \$50	Generic: \$5 Formulary: \$20 Non-Formulary: \$50	Generic: \$10 Preferred: \$25 Non-Preferred: \$45
Retail Preferred Pharmacy Maintenance Medication (90-day supply)	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Generic: \$5 Formulary: \$20 Non-Formulary: \$50	N/A
Mail Order Pharmacy Program (not to exceed 90-day supply for maintenance drugs)	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Generic: \$10 Formulary: \$40 Non-Formulary: \$100	Generic: \$20 Preferred: \$40 Non-Preferred: \$75
Mail order maximum copayment per person per calendar year	\$1,000	\$1,000	N/A	N/A

Occupational / Physical / Speech Therapy

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

Diabetes Services

Glucose monitors	No Charge	No Charge	No Charge	\$25
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¹ Of the allowed amount

² See EOC for additional details

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

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

All benefits subject to regulatory approval.

BENEFITS	Medicare Plans					
	Kaiser Permanente Senior Advantage (HMO)	Kaiser Permanente Senior Advantage Summit (HMO)	Anthem Medicare Preferred (PPO)	Blue Shield Medicare (PPO)	Sharp Direct Advantage (HMO)	UnitedHealthcare Group Medicare Advantage (PPO)
Hearing Services						
Routine Hearing Exam	\$10	No Charge	No Charge	No Charge	No Charge	No Charge
Physician Services	\$10	No Charge	\$10	\$10	\$10	\$10
Hearing Aids	\$1,000 max/ 36 months	\$1,000 max/ 36 months	\$1,000 max/ 36 months	\$1,000 max/ 36 months	\$1,000 max/ 36 months	\$1,000 max/ 36 months
Vision Care						
Vision Exam	\$10	No Charge	\$10	\$10	\$10	\$10
Eyeglasses (following cataract surgery)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Contact Lenses (following cataract surgery)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Benefits Beyond Medicare <i>(Services covered beyond Medicare coverage)</i>						
Acupuncture	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$10/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)
Chiropractic	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$10/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)

UnitedHealthcare Group Medicare Advantage Edge (PPO)	Western Health Advantage MyCare Select (HMO)	CCPOA Medical Plan Medicare (PPO)
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No Charge	No Charge	No Charge
No Charge	No Charge	\$10
\$2,000 allowance every 24 months	\$1,000 max/ 36 months	\$500 max/ 12 months

No Charge	No Charge	\$10
No Charge	No Charge	No Charge
No Charge	No Charge	No Charge

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

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

Hearing Services

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

Vision Care

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

Benefits Beyond Medicare (Services covered beyond Medicare coverage)

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

[illegible]

Notes

[illegible]



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

HBD-110
Produced by CalPERS
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Office of Public Affairs
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MyCVT Online Member Enrollment

Quick steps for account set-up

MyCVT is a web-based site where you can enroll as a new member of California's Valued Trust (CVT), choose a plan from several options that have been selected by your district or unit and make changes to your plan such as adding dependents or a change of address.

MyCVT can be accessed by most computer browsers, including Microsoft Internet Explorer Version 7-11, Mozilla Firefox, Safari and Google Chrome. If you don't have any of these browsers you may not be able to access the site.

Getting started

1. To access the site directly from your browser, type: <https://mycvt.cvtrust.org>.
2. You may also access the portal from www.cvtrust.org. Click on the MyCVT logo in the upper, right-hand corner of the page.
3. You will need the following information to create your account:
 - Unique email address (you cannot use a shared or group email)
 - Social Security number (do not use dashes in the form)
 - Your district name and classification
 - Password (eight-digits minimum)
 - Date of Birth

Creating your account

1. From the MyCVT home page, select "Register a new account." Complete the requested information and submit.
2. Verify your date of birth.
3. A registration link will be sent to the unique email you submitted.
4. **Click on the link in the email** to complete the registration process.

You're ready to go!

1. Now you're logged into the MyCVT portal and are ready to complete your member enrollment.
2. Or, if you want to come back later and complete enrollment, simply log-out. When you're ready to return, use your newly set up Email and Password to access your account.
3. If you've forgotten your password, don't worry. Select "Request new password" on the login page and follow the directions sent to your account email.

Questions

If you have any questions about how to create your account, help is only a phone call away. Contact your district office or CVT Member Services at 800-288-9870



CALIFORNIA'S
VALUED TRUST
Healthcare Benefits for the Education Community

www.cvtrust.org



CALIFORNIA'S
VALUED TRUST
Healthcare Benefits for the Education Community

Who Do I Call?

District Office

- Payroll deductions
- Plan coverage begins or ends
- Change address or phone number
- Enrolling dependents (family member, spouse, domestic partner, newborn, etc.)
- Removing family member due to divorce, an over-age dependent getting married, or death in the family

(Your district office will forward the paperwork to CVT, when applicable)

California's Valued Trust (CVT)

- Eligibility questions
- COBRA coverage, (continuing benefit coverage through CVT, after terminating employment)

(CVT may need to refer you to another office when appropriate)

Delta Dental / VSP

- Explanation of benefits (EOB)
- Claim status
- Billing or balance billing by a provider or service
- Coordination of benefits

California's Valued Trust (CVT) Member Services	(800) 288-9870	www.cvtrust.org
Delta Dental	(866) 499-3001	www.deltadentalins.com
Vision Service Plan (VSP)	(800) 877-7195	www.vsp.com

WHAT IS THE DIFFERENCE BETWEEN 403(b) and 457(b) PLANS?

403(b) and 457(b) – How Do They Compare?		
FEATURES	403(b)	457(b)
Type of plan	Voluntary Defined Contribution Plan	Voluntary Defined Contribution Plan
Elective deferral limits*	\$19,000; or 100% of compensation (<i>whichever is less</i>)	\$19,000; or 100% of compensation (<i>whichever is less</i>)
Age 50+ catch-up	\$6,000	\$6,000
‘Special catch-up provisions’ (<i>please consult a financial services professional</i>)	Yes; 15 year catch up \$3000 Requires calculation for eligibility determination (Employee may not qualify)	Yes; Final 3 year catch up \$19,000 Requires calculation for eligibility determination (Employee may not qualify)
Roth (after-tax) Contributions	Yes, if adopted by Plan Sponsor	Yes, if adopted by Plan Sponsor
Loans**	Yes; up to 50% of account balance and no more than \$50,000 per calendar year	Yes; 1 loan at a time, up to 50% of account balance and no more than \$50,000 per calendar year
Required Minimum Distribution rules apply	Yes	Yes
Rollovers from other qualified plan	Yes	Yes***
Rollovers from 403(b) plan	Yes	Yes***
Rollovers from governmental 457(b) plan	Yes	Yes
Eligible Distribution w/out IRS penalty	Age 55 with severance from employment; or Age 59 ½ if still in service	Any age with severance from employment; or 70 ½ if still in service
Hardship Withdrawal Requirements*	Safe Harbor Rules: • Eviction/foreclosure • Medical • Purchase primary residence • Post-secondary education • Burial/funeral • Repair of casualty damage to principal residence	Unforeseeable Emergency: • Illness or accident of participant, spouse or dependent • Loss of property due to casualty • Other extraordinary events beyond participant control

This chart reflects what is permissible by the Internal Revenue Service as well as within plans administered by TDS. Please note that all plans may differ and each listed option may not be allowable in your Employer’s 403(b) or 457(b) Plan.

*The limits on contributions to a 457(b) plan are not combined with the limits allowed to be contributed to the same employee’s 403(b) account. The 403(b) limits are aggregated with 401(k) and / or 401(a) limits. Roth account and traditional account limits are aggregated.

**Some investment providers may not permit for all options such as loans or hardship withdrawals. Please contact your investment provider for details on your account’s loan/hardship availability. Contact TDS for obtaining transaction authorization at (866) 446-1072.

*** Vendor must confirm ability to track funds separately in accordance with IRS requirements.

Stanislaus County Office of Education
Investment Provider Listing



Below is a list of the approved Investment providers for the Employer's 403(b) Plan.
 The Salary Reduction Agreement can be found following the Investment Provider Listing.

403bcompare Number	Investment Provider Name	No Monthly Fee	\$3 Monthly Fee (through payroll deduction)
1164	American Century Investments		X
1062	American Fidelity Assurance Company	X	
1057	American Funds Distributors, Inc. (AFD)		X
1128	American United Life (AUL), a OneAmerica Financial Partner		X
1041	Ameriprise Financial Inc.	X	
1021	Athene Annuity and Life Company	X	
1067	AXA Equitable Life Insurance Company	X	
1073	Brighthouse Financial (MetLife Insurance Company USA)	X	
1097	CalSTRS Pension 2		X
1184	Cambridge Investment Research		X
1926	CTA Voluntary Retirement Plans for Educators, LLC		X
1133	Fidelity Investments		X
1025	Fiduciary Trust International of the South ('FTIOS')(Franklin Templeton Investment)		X
1077	First Investors funds distributed by Foresters Financial	X	
1148	FTJ FundChoice, LLC (aka Orion Portfolio Services)		X
1018	Global Atlantic Financial Group		X
1817	GLP Investment Services, LLC		X
1096	Great American Insurance Group (Annuity Investors Life Insurance Company) **	X	
1113	GWN Securities, Inc	X	
1963	Horace Mann Investors, Inc.	X	
1014	Horace Mann Life Insurance Company	X	
1135	Industrial-Alliance Pacific Life Insurance Company, US Branch	X	
1966	IPX (FPS Group)	X	
1108	Jackson National Life Ins. Co.		X
1052	Legend Group; The	X	
1068	Lincoln Investment Planning, Inc.	X	
1029	Lincoln Nat'l Life Ins Co (Lincoln Fin Grp), The	X	
1024	Metropolitan Life Insurance Co -aka- MetLife, MetLife Resources	X	
1043	Midland National	X	
1015	Modern Woodmen of America	X	
1036	National Life Group (Life Insurance Company of the Southwest-LSW)	X	
1144	Nationwide Life Insurance Company		X
1083	New York Life Ins. & Annuity Corp.	X	
1472	North American Company for Life and Health	X	
1121	Oppenheimer Funds Distributor, Inc (aka Invesco)	X	
1925	Pacific Funds		X
1130	Pacific Life Insurance Company		X
1030	PFS Investments Inc	X	
1127	PlanMember Services Corp	X	
1145	Putnam Investments	X	
1164	ROTH – American Century Investments		X
1067	ROTH – AXA Equitable Life Insurance Company	X	
1097	ROTH – CalSTRS Pension 2	X	
1926	ROTH – CTA Voluntary Retirement Plans for Educators, LLC		X
1133	ROTH – Fidelity Investments		X
1077	ROTH – First Investors funds distributed by Foresters Financial	X	
1148	ROTH – FTJ Fund Choice, LLC		X
1014	ROTH – Horace Mann Life Insurance Company	X	
1966	ROTH – IPX (FPS Group)	X	
1052	ROTH – Legend Group: The	X	
1068	ROTH – Lincoln Investment Planning, Inc.	X	
1029	ROTH – Lincoln National Life Insurance Co (Lincoln Financial Group)	X	
1024	ROTH – Metropolitan Life Insurance Co –aka- MetLife, MetLife Resources	X	
1036	ROTH – National Life Group (Life Insurance Company of the Southwest-LSW)	X	
1083	ROTH – New York Life Ins. & Annuity Corp.	X	

1121	ROTH – Oppenheimer Funds Distributor, Inc (aka Invesco)	X	
1030	ROTH – PFS Investments Inc	X	
1127	ROTH – PlanMember Services Corp	X	
1022	ROTH – Security Benefit	X	
1117	ROTH – VALIC (AIG Retirement Services)	X	
1102	ROTH – Vanguard Group; The		X
1060	ROTH – Voya - ReliaStar Life Insurance Company	X	
1961	ROTH – Voya Retirement Insurance and Annuity Company	X	
1042	ROTH – Waddell & Reed, Inc		X
1022	Security Benefit	X	
1038	Thrivent Financial for Lutherans, Thrivent Investment Management Inc.	X	
1076	Transamerica Fund Services, Inc.		X
1142	USRA Investment Management Company	X	
1053	USRA Life Insurance Company	X	
1117	VALIC (aka AIG Retirement Services)	X	
1102	Vanguard Group, The		X
1060	Voya – ReliaStar Life Insurance Company	X	
1961	Voya Retirement Insurance and Annuity Company	X	
1042	Waddell & Reed, Inc	X	
1162	Western National Life Insurance Company		X

Monthly Fee

A fee of \$3 per month for every month of participation is charged to each investment provider by the employer's third party administrator to cover the costs of administering the employer's 403(b) plan. Many investment providers have agreed to pay this fee and not pass it along to participants. Other investment providers will require that the fee be paid by the participant; participant payments are completed through an after-tax payroll deduction.

Investment Information

Please consult with your financial advisor regarding your investment options. Investment information and comparisons are available at www.403bcompare.com. If you do not have a financial advisor and would like to be referred to one, please contact the TDS Service Center.

Contact TDS

If you need further assistance or have additional questions, please don't hesitate to call us! Our Toll Free number is (866) 446-1072 and following a short prompt, please hold the line for the next available representative. The TDS Service Center is available Monday through Friday during the hours of 8:00am to 5:00pm, Pacific Time. Our general fax line is (916) 221-5040 and you may also contact us via email, at customerservice@tdsplans.org.

TDS HOMPAGE: <https://tdsplans.org>

TDS LANDING PAGE DEDICATED FOR DISTRICT: https://tdsplans.org/forms_PD.aspx?orgID=5872

403(b) Salary Reduction Agreement

The Salary Reduction Agreement is used to establish, change, or cancel elective deferrals withheld from your paycheck and contributed to an account within the employer-sponsored 403(b) Plan on your behalf. This completed and signed Salary Reduction Agreement is to be used only for the 403(b)-plan offered by **Stanislaus County Office of Education (SCOE)** (hereinafter referred to as 'Employer')

INSTRUCTIONS: Please complete the appropriate boxes and **forward to your employing school district**. If you have questions concerning this form, please contact your Personnel/Payroll Department. **(PLEASE PRINT OR TYPE ALL INFORMATION)**.

Pursuant to the provisions and conditions set forth on the bottom of this page, I hereby request and authorize the Payroll Department of _____ (Select employing school district name from drop-down menu) to reduce my salary by the amount indicated and direct the amount of such reduction to the Insurance and/or Mutual Fund Company specific below.

Employee Information	Employee Name			Social Security Number
	Employee Street Address			Home Phone
	City	State	Zip Code	Mobile Phone

Contribution Information	<p>Unless utilizing a catch-up provision, your Maximum Allowable Contribution ("MAC") cannot exceed \$19,500 (\$26,000 if age 50 or over) for 2021. You may also be eligible to utilize a service based catch-up depending on your years of service and prior plan contributions. Please refer to your financial advisor or tax professional to determine eligibility for contributions over the normal limit. The Plan Administrator (TDS) must approve the calculations of the Service Based Catch-Up provision prior to use.</p> <p><input type="checkbox"/> Please check here if you have contributed to another 403(b), 401(k), or 401(a) plan this calendar year. If so, please provide the amount of the year-to-date contributions you have made to the other plan(s): \$ _____ and, if applicable, the name of the other plan: _____</p>
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Pre-tax 403(b) Contributions

- ☐ BEGIN contributions to a *pre-tax* 403(b) account
☐ CHANGE contributions to a *pre-tax* 403(b) account
☐ CANCEL all contributions to a *pre-tax* 403(b) account

After-tax (Roth) 403(b) Contribution

- ☐ BEGIN contributions to a *Roth* 403(b) account
☐ CHANGE contributions to a *Roth* 403(b) account
☐ CANCEL all contributions to a *Roth* 403(b) account

Effective Date: This Salary Reduction Agreement will go into effect as soon as administratively feasible but no sooner than the first day of the month following the date of submission and acceptance (e.g. If the form is received in May, contributions may begin no sooner than June). The first payroll in the month following the submission and acceptance of this form is deemed the effective date.

Investment Provider Information	Investment Provider Name	Contribution Type	403bcompare Number*	Contribution Amount**	Account Number†
		<input type="checkbox"/> Pre-tax <input type="checkbox"/> After-tax	#	\$	#
		<input type="checkbox"/> Pre-tax <input type="checkbox"/> After-tax	#	\$	#

*New 403(b) accounts must have a 403bcompare.com number listed
**Per payroll cycle

†403(b) account must be established PRIOR to submitting a Salary Reduction Agreement to your Employer

Total PRE-TAX contribution amount each payroll cycle: \$ _____

Total AFTER-TAX contribution amount each payroll cycle: \$ _____

Financial Advisor Information	Advisor Name	Advisor Phone
	Email Address	Firm Name

Employee Approval	<p>I understand and agree to the following:</p> <ul style="list-style-type: none"> This Salary Reduction Agreement is an agreement between me and my Employer which I have entered into voluntarily. This Agreement supersedes all prior 403(b) Salary Reduction Agreements and will automatically terminate if my employment is terminated. This Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect. This Agreement may be terminated at any time and may be changed with respects to amounts not yet paid or available. <p>I certify that I have read this complete agreement and that my contributions to the 403(b) Plan do not result in a contribution amount that exceeds the contribution limits under applicable law. I understand my responsibilities as an employee under the 403(b) Plan, and by signing this agreement, I direct Employer to take the actions specified in this agreement unless deemed inappropriate by my Employer or the Plan Administrator.</p> <p>I understand that I am responsible for notifying TDS if the employee is currently contributing to another 403(b), 401(k), or 401(a) at the time that this Salary Reduction Agreement is signed. Furthermore, I agree to notify TDS in the event the employee begins contributions to another 403(b), 401(k), or 401(a) Plan.</p> <p>I have read and understand all information contained on page 4 of this Agreement</p> <p>Employee Signature: _____ Date: _____</p> <p>X</p>
--------------------------	---

Employer Authorization	<p>Employer Acceptance (Signature): _____ Date: _____</p> <p>X</p>
-------------------------------	---

403(b) Salary Reduction Agreement

Important Information	<p>The Employee is solely responsible for the completion of all documents to establish the annuity contract or custodial account which <u>must</u> be established prior to the submission of this Agreement.</p> <p>Employee acknowledges that they have received Employer's list of approved providers and understands that participation in the 403(b) plan with some providers will result in a \$3.00 fee to Employee each month. In the event Employee selects a provider that does not cover the cost of administration as listed in the Employer's list of approved providers, Employee authorizes and directs Employer to deduct the administration fee directly from their paycheck through an after-tax payroll deduction.</p> <p>Employee acknowledges that neither the Employer nor Tax Deferred Solutions (TDS) has made any representation regarding the advisability, appropriateness or tax consequences of the investment, distribution or any other transaction related to the 403(b) plan.</p> <p>Participation in a 403(b) Plan is voluntary and the Employee agrees to hold harmless and indemnify the Employer and Tax Deferred Solutions against any and all actions, claims, and demands that may arise from the purchase of annuities or custodial accounts within the 403(b) Plan.</p> <p>Employee understands and agrees that Employee is responsible for determining that annual salary reduction contributions to all elective deferral plans do not exceed the limits of the Applicable Law.</p> <p>Neither the Employer nor TDS shall have any liability for any and all losses suffered by the Employee with regard to his/her selection of the annuity and/or custodial account; its terms; the selection of Investment Provider; the solvency of, operation of, or benefits provided by said Investment Provider; or his/her selection and purchase of annuity contracts and/or shares of regulated investments from an Investment Provider.</p> <p>It is understood by the Employee that the Employer is authorized to utilize the services of a Plan Administrator at the discretion of the Employer, and as such, the Employer may direct the amount of salary reduction/deduction from the Employee to the Plan Administrator with the intent of having the Plan Administrator distribute such funds to the designated Investment Providers.</p> <p>Employers are responsible for all distributions and any other transactions with the Investment Providers. All rights under the annuity contracts or custodial accounts are enforceable solely by Employee, Employee's beneficiary or Employee's authorized representative. However, Employer has certain responsibilities under the 403(b) Plan with respect to the integrity of the transactions for the Plan and may require an authorized representative from Employer to approve any requested transactions by Employees. Employee must cooperate directly with any Investment Provider or Employer representative, as directed by Employer to exchange contract(s) or custodial account(s) to another investment provider, make distributions, request loans, exchanges or otherwise access 403(b) Plan assets.</p> <p>By submitting this Agreement, the release of confidential information to third parties including Investment Providers, Plan Administrators and their representatives may occur as necessary to administer the Plan in accordance with applicable State and Federal law.</p> <p>Employer reserves the right to alter the terms of this Agreement as required to facilitate Plan compliance with State and Federal law.</p>
Instruction	<p>Please review this form carefully and once completed and signed, please submit the form to the appropriate office of your employer. For further information on this form please contact:</p> <p style="text-align: right;">Tax Deferred Solutions 6939 Sunrise Blvd, Suite 250 Citrus Heights, CA 95610 866.446.1072 – toll free 916.221.5040 – fax customerservice@tdsplans.org – email https://tdsplans.org/forms_PD.aspx?orgID=5872 – TDS district website</p>

Stanislaus County Office of Education
457 - Investment Provider Listing



Investment Provider Name	No Monthly Fee	\$3 Monthly Fee (through payroll deduction)
[REDACTED]	<input type="radio"/>	
[REDACTED]	<input type="radio"/>	
[REDACTED]	<input type="radio"/>	
VALIC (aka AIG Retirement Services)	X	

Monthly Fee

A fee of \$3 per month for every month of participation is charged to each investment provider by the employer's third party administrator to cover the costs of administering the employer's 457 plan. Many investment providers have agreed to pay this fee and not pass it along to participants. Other investment providers will require that the fee be paid by the participant; participant payments are completed through an after-tax payroll deduction.

Investment Information

Please consult with your financial advisor regarding your investment options. If you do not have a financial advisor and would like to be referred to one, please contact the TDS Service Center.

Contact TDS

If you need further assistance or have additional questions, please don't hesitate to call us! Our Toll Free number is (866) 446-1072 and following a short prompt, please hold the line for the next available representative. The TDS Service Center is available Monday through Friday during the hours of 8:00am to 5:00pm, Pacific Time. Our general fax line is (916) 221-5040 and you may also contact us via email, at customerservice@tdsplans.org.

TDS HOMPAGE: <https://tdsplans.org>

TDS LANDING PAGE DEDICATED FOR DISTRICT: https://tdsplans.org/forms_PD.aspx?orgID=5872

457 Salary Reduction Agreement – **COUNTY EMPLOYEES ONLY**

The Salary Reduction Agreement is used to establish, change, or cancel elective deferrals withheld from your paycheck and contributed to an account within the employer-sponsored 457 Plan on your behalf. This completed and signed Salary Reduction Agreement is to be used only for the 457 plan offered by **Stanislaus County Office of Education (SCOE)** (hereinafter referred to as 'Employer')

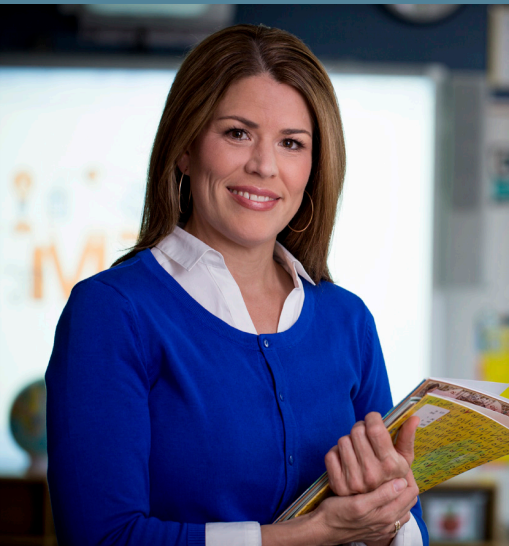
INSTRUCTIONS: Please complete the appropriate boxes and forward to County Payroll.

Pursuant to the provisions and conditions set forth on the bottom of this page, I hereby request and authorize the Stanislaus County Office of Education Payroll Department to reduce my salary by the amount indicated and direct the amount of such reduction to the Insurance and/or Mutual Fund Company specific below.

Employee Information	Employee Name			Social Security Number													
	Employee Street Address			Home Phone													
	City	State	Zip Code	Mobile Phone													
Contribution Information	<p>Unless utilizing a catch-up provision, your Maximum Allowable Contribution ("MAC") cannot exceed \$19,500 (\$26,000 if age 50 or over) for 2021. You may also be eligible to utilize a service based catch-up depending on your years of service and prior plan contributions. Please refer to your financial advisor or tax professional to determine eligibility for contributions over the normal limit. The Plan Administrator (TDS) must approve the calculations of the Service Based Catch-Up provision prior to use.</p> <p><input type="checkbox"/> Please check here if you have contributed to another 457 plan this calendar year. If so, please provide the amount of the year-to-date contributions you have made to the other plan(s): \$ _____ and, if applicable, the name of the other plan: _____</p>																
	<p>Pre-tax 457 Contribution</p> <p><input type="checkbox"/> BEGIN contributions to a <i>pre-tax</i> 457 account</p> <p><input type="checkbox"/> CHANGE contributions to a <i>pre-tax</i> 457 account</p> <p><input type="checkbox"/> CANCEL all contributions to a <i>pre-tax</i> 457 account</p>																
	<p>Effective Date: This Salary Reduction Agreement will go into effect as soon as administratively feasible but no sooner than the first day of the month following the date of submission and acceptance (e.g. If the form is received in May, contributions may begin no sooner than June). The first payroll in the month following the submission and acceptance of this form is deemed the effective date.</p>																
Investment Provider Information	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Investment Provider Name</th> <th style="width: 15%;">Contribution Type</th> <th style="width: 15%;">Contribution Amount**</th> <th style="width: 20%;">Account Number†</th> </tr> </thead> <tbody> <tr> <td>**Please Select From Dop-Down Box**</td> <td><input type="checkbox"/> Pre-tax</td> <td>\$</td> <td></td> </tr> <tr> <td>**Please Select From Dop-Down Box**</td> <td><input type="checkbox"/> Pre-tax</td> <td>\$</td> <td></td> </tr> </tbody> </table>				Investment Provider Name	Contribution Type	Contribution Amount**	Account Number†	**Please Select From Dop-Down Box**	<input type="checkbox"/> Pre-tax	\$		**Please Select From Dop-Down Box**	<input type="checkbox"/> Pre-tax	\$		<p style="text-align: right;">**Per payroll cycle</p> <p>†457 account must be established PRIOR to submitting a Salary Reduction Agreement to your Employer</p>
Investment Provider Name	Contribution Type	Contribution Amount**	Account Number†														
Please Select From Dop-Down Box	<input type="checkbox"/> Pre-tax	\$															
Please Select From Dop-Down Box	<input type="checkbox"/> Pre-tax	\$															
	<p>Total <u>PRE-TAX</u> contribution amount each payroll cycle: \$ _____</p>																
Financial Advisor Information	Advisor Name		Advisor Phone														
	Email Address		Firm Name														
Employee Approval	<p>I understand and agree to the following:</p> <ul style="list-style-type: none"> This Salary Reduction Agreement is an agreement between me and my Employer which I have entered into voluntarily. This Agreement supersedes all prior 457 Salary Reduction Agreements and will automatically terminate if my employment is terminated. This Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect. This Agreement may be terminated at any time and may be changed with respects to amounts not yet paid or available. <p>I certify that I have read this complete agreement and that my contributions to the 457 Plan do not result in a contribution amount that exceeds the contribution limits under applicable law. I understand my responsibilities as an employee under the 457 Plan, and by signing this agreement, I direct Employer to take the actions specified in this agreement unless deemed inappropriate by my Employer or the Plan Administrator.</p> <p>I understand that I am responsible for notifying TDS if the employee is currently contributing to another 457 at the time that this Salary Reduction Agreement is signed. Furthermore, I agree to notify TDS in the event the employee begins contributions to another 457 Plan.</p> <p>I have read and understand all information contained on page 3 of this Agreement</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Employee Signature: X</td> <td>Date:</td> </tr> </table>					Employee Signature: X	Date:										
Employee Signature: X	Date:																
Employer Authorization	Employer Acceptance (Signature): X			Date:													

457 Salary Reduction Agreement

Important Information	<p>The Employee is solely responsible for the completion of all documents to establish the annuity contract or custodial account which <u>must</u> be established prior to the submission of this Agreement.</p> <p>Employee acknowledges that they have received Employer's list of approved providers and understands that participation in the 457 plan with some providers will result in a \$3.00 fee to Employee each month. In the event Employee selects a provider that does not cover the cost of administration as listed in the Employer's list of approved providers, Employee authorizes and directs Employer to deduct the administration fee directly from their paycheck through an after-tax payroll deduction.</p> <p>Employee acknowledges that neither the Employer nor Tax Deferred Solutions (TDS) has made any representation regarding the advisability, appropriateness or tax consequences of the investment, distribution or any other transaction related to the 457 plan.</p> <p>Participation in a 457 Plan is voluntary and the Employee agrees to hold harmless and indemnify the Employer and Tax Deferred Solutions against any and all actions, claims, and demands that may arise from the purchase of annuities or custodial accounts within the 457 Plan.</p> <p>Employee understands and agrees that Employee is responsible for determining that annual salary reduction contributions to all elective deferral plans do not exceed the limits of the Applicable Law.</p> <p>Neither the Employer nor TDS shall have any liability for any and all losses suffered by the Employee with regard to his/her selection of the annuity and/or custodial account; its terms; the selection of Investment Provider; the solvency of, operation of, or benefits provided by said Investment Provider; or his/her selection and purchase of annuity contracts and/or shares of regulated investments from an Investment Provider.</p> <p>It is understood by the Employee that the Employer is authorized to utilize the services of a Plan Administrator at the discretion of the Employer, and as such, the Employer may direct the amount of salary reduction/deduction from the Employee to the Plan Administrator with the intent of having the Plan Administrator distribute such funds to the designated Investment Providers.</p> <p>Employers are responsible for all distributions and any other transactions with the Investment Providers. All rights under the annuity contracts or custodial accounts are enforceable solely by Employee, Employee's beneficiary or Employee's authorized representative. However, Employer has certain responsibilities under the 457 Plan with respect to the integrity of the transactions for the Plan and may require an authorized representative from Employer to approve any requested transactions by Employees. Employee must cooperate directly with any Investment Provider or Employer representative, as directed by Employer to exchange contract(s) or custodial account(s) to another investment provider, make distributions, request loans, exchanges or otherwise access 457 Plan assets.</p> <p>By submitting this Agreement, the release of confidential information to third parties including Investment Providers, Plan Administrators and their representatives may occur as necessary to administer the Plan in accordance with applicable State and Federal law.</p> <p>Employer reserves the right to alter the terms of this Agreement as required to facilitate Plan compliance with State and Federal law.</p>
Instruction	<p>Please review this form carefully and once completed and signed, please <u>submit the form to the appropriate office of your employer</u>. For further information on this form please contact:</p> <p style="text-align: right;">Tax Deferred Solutions 6939 Sunrise Blvd, Suite 250 Citrus Heights, CA 95610 866.446.1072 – toll free 916.221.5040 – fax customerservice@tdsplans.org – email https://tdsplans.org/forms_PD.aspx?orgID=5872 – TDS district website</p>



Plan for tomorrow, today.

Everyone knows health insurance doesn't pay for everything. Do you feel fully protected? Reviewing and updating your coverage each year is important.

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- may help manage out-of-pocket costs to treat injuries resulting from a covered accident
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Cancer Insurance

AF™ Limited Benefit Individual Cancer Insurance

- may help ease the financial burden of cancer treatment, so you can focus on recovery
- provides benefit payments directly to you

americanfidelity.com/info/cancer



Disability Income Insurance

AF™ Disability Income Insurance

- can help protect your finances in case of a covered injury or illness
- provides a benefit to help cover costs while you are unable to work
- pays some of your gross monthly earnings

americanfidelity.com/info/disability



Flexible Spending Accounts

- help with out-of-pocket medical expenses and dependent day care costs
- let you take money from your paycheck, pre-tax
- allow you to use the funds for eligible costs incurred during the plan year

americanfidelity.com/info/fsa

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Each year, about **2.8 million children** between the ages of 5 and 14 are treated for sports and recreational-related injuries.

National Safety Council, Injury Facts; 2019 Web.

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Fresno, CA 93711
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americanfidelity.com



Have You Ever

- ☐ Needed your Will prepared or updated?
- ☐ Signed a contract?
- ☐ Received a moving traffic violation?

The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** on unlimited personal issues
- **Letters/Calls** made on your behalf
- **Contracts/Documents Reviewed** up to 15 pages
- **Residential Loan Document Assistance** for the purchase of your primary residence
- **Will Preparation** - Will/Living Will/Health Care Power of Attorney
- **Traffic Ticket Consultation** (15 day waiting period)
- **IRS Audit Assistance** (begins with the tax return due April 15th of the year you enroll)
- **Trial Defense** (if named defendant/respondent in a covered civil action suit)
- **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (available 90 days after enrollment)
- **25% Preferred Member Discount** (bankruptcy, criminal charges, DUI, personal injury, etc.)
- **24/7 Emergency Access** for covered situations

- ☐ Worried about being a victim of identity theft?
- ☐ Been concerned about your child's identity?
- ☐ Lost your wallet?

The IDShield Membership Includes:

- **Continuous Credit Monitoring** IDShield continuously monitors your credit report. If changes occur, you'll receive an instant alert.
- **Auto-Monitoring** Provides monitoring services directly upon enrollment using member-provided Personally Identifiable Information (PII) such as name, Social Security number and date of birth.
- **Hard Credit Inquiry Alerts** Monitors your credit report for new hard inquiries. When an inquiry is made by the creditor, a notification is triggered in real-time and you will receive an alert.
- **Credit Freeze and Fraud Alert Assistance** We help in placing a credit freeze and/or fraud alert on your credit reports.
- **Unlimited Consultation** On any cyber security issue.
- **Full-Service Restoration** Our Licensed Private Investigators will work tirelessly to restore your identity to its pre-theft status.
- **IDShield Mobile App** Features include identity threat and credit inquiry alerts, the ability to track and edit monitored information and direct access to IDShield Licensed Private Investigators.
- **24/7 Emergency Access** We're here in the event of an identity theft emergency.



Put your law firm and identity theft protection in the palm of your hand with the LegalShield & IDShield mobile apps

Plan	Family Price	Individual Price
LegalShield		
IDShield		
Combined		

Prepared for:

For more
information, contact
your Independent
Associate:

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see www.idshield.com. All Licensed Private Investigators are licensed in the state of Oklahoma. A \$1 million insurance policy is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. Certain limitations apply. IDShield plans are available at individual or family rates. A family rate covers the member, member's spouse and up to 10 dependents up to the ages 18. It also provides consultation and restoration for dependent children age 18 to 26. This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See plan details for your state of residence for complete terms, coverage, amounts, conditions and limitations.

Save with these incredible MEMBERPERKS

Your LegalShield and IDShield Memberships are simply amazing. In addition to the privileges that are already yours, we have added these MEMBERPERKS with hundreds of merchants and thousands of discounts. Members can access savings at both national and local companies on everyday purchases such as tickets, electronics, apparel, travel and more. Members have the opportunity to save, on average, over \$2,000 per year. MEMBERPERKS can save you enough to pay for your membership for years to come!

RECEIVE EXCLUSIVE DISCOUNTS

Access your members-only discounts in categories such as:



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AUTOMOTIVE



BOOKS, MOVIES & MUSIC



CELL PHONES



ELECTRONICS



FINANCE



FLOWERS & GIFTS



FOOD



HEALTH & WELLNESS



HOME SERVICES



INSURANCE & PROTECTION SERVICES



OFFICE & BUSINESS



REAL ESTATE & MOVING SERVICES



SPORTS & OUTDOORS



TICKETS & ENTERTAINMENT



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WHAT MEMBERS ARE SAYING:

"MEMBERPerks pays for my membership!"

— Martha S.

"I saved 20% at Advance Auto and I also saved 30% on movie tickets on date night with my wife. This membership is it!"

— Andre E.

"I saved hundreds of dollars on a new laptop."

— Anna W.

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THEATRES

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Club Vacations

Lenovo

MAJOR LEAGUE BASEBALL

AND MANY MORE!

Getting Started

To sign up, simply log in at legalshield.perkspot.com. If you don't already have an account, follow the simple on-screen instructions to make an account with your personal or work email and LegalShield Membership number.

These benefits are for LegalShield and IDShield Members. All offers or promotions are subject to change without notice.



101 Reasons to Use Legalshield

Unexpected legal questions arise every day, and with LegalShield on your side, you'll have access to a quality law firm for covered personal situations, even 24/7 for emergency situations, no matter how traumatic or how trivial they may seem. Because our dedicated law firms are prepaid, their sole focus is to serve you, rather than bill you.

1. You don't have an up-to-date Will.
2. You don't understand the difference between a trust and a Will.
3. Family members challenge your parent's Will.
4. You don't understand your health insurance plan or new legislation.
5. You are selected for an audit.
6. Your parents die and leave you executor of their estate.
7. You are tired of hidden cell phone fees.
8. You do not have a retirement savings plan.
9. You lose your personal identification.
10. You receive a speeding ticket.
11. You are buying or selling your home.
12. Your driver's license is suspended.
13. Your landlord raises rent in violation of your verbal agreement.
14. Your teenager is accused of shoplifting.
15. You decide to change your name.
16. Your new washing machine doesn't wash.
17. Creditors threaten to take action against you for your ex-spouse's debts.
18. A neighbor or school reports you for child abuse.
19. You adopt a child.
20. A friend or neighbor is injured on your property.
21. You need child support enforced.
22. A friend owes you money and files bankruptcy.
23. A caller demands money or damaging information will be released.
24. Your car is damaged by a hit and-run driver.
25. You accidentally back over a neighbor's garbage can.
26. A hairdresser damages your hair with harsh chemicals.
27. Your car is repossessed unjustly.
28. You are subpoenaed or served with legal papers.
29. You are called to jury duty.
30. Your long drive off the tee injures another player.
31. You need your lease agreement reviewed.
32. Your son is injured in a football game.
33. A neighbor trips over a rake in your yard.
34. A jeweler sells you defective merchandise.
35. A car dealership gains illegal access to your credit history.
36. You are hit by a bottle at a baseball game.
37. A friend falls down your stairs and sues you.
38. You need help with credit card liability resolution.
39. You are injured when you slip on a wet floor in a public building.
40. Your livestock trample a neighbor's garden.
41. Your neighbor's dog barks for hours every night.
42. Your teenager gets a speeding ticket.
43. Your landlord enters your apartment without permission.
44. Your child throws a baseball through a neighbor's car window.
45. You don't have a Living Will or Medical Power of Attorney.
46. Your boat is damaged while in storage.
47. Your landlord refuses to refund your cleaning deposit.
48. You lose an expensive watch in a hotel and the manager denies liability.
49. A speeding car nicks your bumper because you parked in the street.
50. A merchant refuses to honor a guarantee.
51. You have an accident driving your friend's boat.
52. Your ex-spouse claims a right to your earnings.
53. A club sends merchandise after you cancel your membership.
54. You are refused service at a restaurant.
55. A property manager refuses to rent to you.
56. You are denied credit for no apparent reason.
57. An online auction goes sour.
58. The repair shop threatens small claims court for money you don't owe.
59. Your car insurance is canceled when your teenager has an accident.
60. Your child needs special education in public school.
61. You made a sizable gift to charity.
62. Angry words result in a slander law suit.
63. You need a patent for an invention.
64. You need a copyright for your manuscript.
65. You are wrongly accused of committing a crime.
66. Your right to privacy has been invaded.
67. Your car is vandalized in a parking lot.
68. A postal carrier slips on your unshoveled walk and breaks his or her leg.
69. You have questions about escrow in a home purchase.
70. You're stopped for speeding and a friend is in possession of marijuana.
71. Your teenager wrecks the car and a friend is injured.
72. You care for your elderly parents.
73. You receive disability.
74. You are cheated by a door-to-door salesman.
75. A repairman charges more than a given estimate.
76. A creditor tries illegal collection tactics.
77. An accident results in a personal injury.
78. You are scheduled to appear in small claims court.
79. Your new house has bad plumbing and a leaky roof.
80. You take a vacation and your room has a view of the trash dumpster.
81. A minor is caught breaking into your home.
82. You have a fender bender while driving a friend's car.
83. Law enforcement enters your property without a warrant.
84. You have a question about an easement on your property.
85. Your neighbor's dog bites your child.
86. You have a property line dispute over a newly installed fence.
87. You're asked to testify as a witness to a crime.
88. You need a premarital agreement.
89. You're buying or selling a car.
90. Your child's school demands a drug or alcohol test.
91. Your bank sends a foreclosure notice after one house payment is late.
92. A retail store won't accept the return of defective merchandise.
93. A repairman won't stand behind his work.
94. A trespasser is caught poaching on your land.
95. You are leasing an apartment.
96. You receive a letter from a creditor and it is not your debt.
97. A bank reports bad credit activity unjustly.
98. You need advice concerning a divorce.
99. Someone injures your dog on your property.
100. You can't make heads or tails out of the new tax forms.
101. Your spouse uses physical force against you.



Corporate Offices: One Pre-Paid Way • Ada, OK 74820
www.LegalShield.com • 800-654-7757

LegalShield is the trade name of Pre-Paid Legal Services, Inc. and its subsidiaries.

Select Applicable Subsidiary:

- ☐ Pre-Paid Legal Services, Inc.
☐ Pre-Paid Legal Casualty, Inc.

- ☐ Legal Service Plans of Virginia, Inc.
☐ Pre-Paid Legal Services, Inc. of Florida
☐ Pre-Paid Legal Access, Inc.



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FOB		FRAN	
MODE		GR#	

EMPLOYEE BENEFIT MEMBERSHIP APPLICATION

Today's Date ____/____/____ **Time of Day** ____ ☐ A.M. ☐ P.M.
MM DD YYYY

A \$10 non-refundable fee (\$25 for CDLP) is waived due to your employer offering this at work.

Home Business Supplement members should attach a document and provide:

- 1) business name, 2) tax identification number, and
3) a general description of the business.

Please Choose plan:

- ☐ Legal Plan ____ Individual ____ Family
☐ IDShield ____ Individual ____ Family
☐ Trial Defense Supplement ☐ CDLP
☐ Home Business Supplement
☐ Other _____

1 Personal Information

The information you provide on this application is considered non-public information and LegalShield takes care to protect your information.

☐ Mr. ☐ Mrs. ☐ Ms. **Applicant's SSN** _____ **DOB** ____/____/____
For Internal Use Only MM DD YYYY

Applicant's Name _____
Last First MI

****Email** _____

***Co-Applicant's Name** _____
Last First MI

****Email** _____

Address _____
Apt.#/Ste.#

City State Zip + 4

Phone # (____) _____
Business Ext. Home Cell

(*Co-Applicant refers to Spouse or Domestic Partners, Civil Union Partners, Same-Sex Partners, or other term specifically defined by any local, state or federal statute. Not applicable to Individual plans.)

DOB ____/____/____
MM DD YYYY

(**Provide your email to receive member benefits. We do not sell your personal information to any third parties.)

Please indicate below, on a voluntary basis, if you are either blind or deaf. All information will be kept confidential, and used only to enhance the services provided by LegalShield.

- ☐ Blind ☐ Deaf

Associate Use Only

Associate # _____ **Bus. Phone** (____) _____ **Associate SSN** _____
(If Licensed)

Associate Name _____
Last First MI

Associate Lic. # _____ **Producer Identification Name/Number** _____
(In Florida)

Associate Signature X _____

2 Dependent Information

If you have more than five (5) dependents, please attach a separate piece of paper.

Name	_____	_____	MI	DOB	____/____/____
	Last	First			MM DD YYYY
Name	_____	_____	MI	DOB	____/____/____
	Last	First			MM DD YYYY
Name	_____	_____	MI	DOB	____/____/____
	Last	First			MM DD YYYY
Name	_____	_____	MI	DOB	____/____/____
	Last	First			MM DD YYYY
Name	_____	_____	MI	DOB	____/____/____
	Last	First			MM DD YYYY

Foreign Language: In the event of a dispute between LegalShield and the Member, the dispute shall be settled using the approved English version of the form. In the event of a dispute, the provisions of the approved English version of the form will control. Should a dispute or complaint in the interpretation of a Spanish plan, other foreign language, or non-English language arise, the approved English version of the plan will take preference or control in all matters. The English version is the official version and the non-English or foreign language is for informational purposes only.

In AL, any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof. **In FL**, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **In NJ**, any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **In OR**, any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information concerning a material fact may be subject to criminal or civil penalties and/or cancellation of the contract. **In TN**, it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicant: I agree the contract sets forth the terms of my membership. Such terms include any exclusions and limitations. I agree to be bound by the contract, and its terms and conditions, which will be provided to me by LegalShield, unless I cancel the contract, which I may do at any time by calling 1-800-654-7757. LegalShield may send the contract to me at my email address unless I communicate in writing that I do not agree to delivery by electronic means. If I have not listed an email address, or if required by a particular state, the contract will be sent by mail. My membership cards will be sent by mail. I may ask for a mailed copy of the contract at any time, or if I have not received my contract in 10 days from this application, I can request a copy by calling Member Services at 1-800-654-7757. The contract, with this application, is the entire agreement between LegalShield and me with respect to the membership and there are no agreements or representations other than as set forth herein and in the membership contract.

I acknowledge that I purchased this membership plan in the city of _____ in the state of _____. By signing this application I confirm I am legally residing in the United States and agree to the below Payroll Deduction Authorization, the membership fees selected below, and the terms of the selected membership plan.

Employer _____ Occupation _____
Signature of Applicant **X** _____

3 Payroll Deduction Authorization

Today's Date ____/____/____ Applicant's SSN _____
MM DD YYYY For Internal Use Only

Applicant's Name _____
Last First MI

I hereby authorize (Company Name) _____

City _____ State _____ to deduct \$

per (Circle one: week / month / other _____) from my earnings for my LegalShield, and subsidiaries membership and to remit such amount directly to LegalShield. I agree that the company will not be responsible or liable for my decision to purchase the LegalShield membership or the services provided through my membership and that company's sole responsibility is to withhold and pay my membership fee to LegalShield.

Signature of Applicant **X** _____



Get help with expenses health insurance doesn't cover

Are you among the 57% of Americans who've had to pay an unexpected medical bill?¹ Did you think, "But I have health insurance. I should be covered?" That's why there's Aflac. We can pay you money directly² to help cover that bill. And for your prescriptions. And to help with your rent. And help with peace of mind when you need it most.

Isn't it time to learn more about Aflac? Call your benefits consultant today. Don't miss this opportunity to apply for coverage.

Lance Walusko

209.985.6562 | lance_walusko@us.aflac.com
CA Insurance Lic. #0E38796
An Independent Agent Representing Aflac



INDIVIDUAL INSURANCE POLICIES*

Short-Term Disability

Provides a source of income if your employee becomes disabled due to a covered accident or illness.

- Guaranteed-issue options available with monthly benefit amounts up to \$4,000 (subject to income requirements) and 3 or 6 month benefit periods

- Monthly benefit amounts \$500-\$6,000 (subject to income requirements)
- Portable coverage

Life

Helps the family through the tough times with funds to help pay the bills if something happens to your employee.

- Whole and Term Life options available
- Accelerated Death Benefit
- Optional Accidental-Death Benefit Rider

- Optional Spouse and Child Term Life Riders
- Guaranteed-issue options available on Whole and Term Life

Hospital Confinement Indemnity

Helps ease the financial burden of hospital stays due to a covered accident or illness by providing cash benefits.

- \$500-\$3,000 Hospital Confinement Benefit
- Medical Diagnostic and Imaging Benefit

- Surgical and Hospital Emergency Room Benefits
- Ambulance Benefit

To learn more and see rates, Scan the QR code with your phone or go to

<https://www.aflacenrollment.com/NewmanCrowsLandingUnitedSchoolDistrict/B4X781839093>

Open Enrollment begins June 1st, coverages begin July 1st.
New Hires coverages begin 1st of the month following eligibility.

Accident

Helps reduce the financial impact of a covered accident by providing cash benefits.

- Four options of coverage for injuries such as fractures, dislocations, lacerations, concussions, burns, emergency dental work, eye injuries and surgical procedures

- Organized Sporting Activity Benefit with an additional benefit payout for injuries sustained while playing an organized sport

Cancer/Specified-Disease

Helps with the costs of cancer treatment.

- One rate for all ages – no age bands
- Dependent children are covered at no additional cost

- Several plan options
- Guaranteed-renewable for life

Critical Illness/Specified Health Event

Helps with the costs of treatment if you experience a covered health event, such as a heart attack, stroke, or paralysis.

- Three coverage options
- First occurrence and subsequent specified health event coverage
- Continuing Care benefit

- Ambulance, Transportation, and Lodging benefits
- Waiver of Premium and Continuation of Coverage benefits

Aflac Plus Rider

Pays a lump sum benefit amount along with additional benefits when you are diagnosed with a covered health event.

- Adds extra cash payouts—up to \$5,000—to existing/eligible Aflac Accident, Hospital and Short-Term Disability policies

*Unless otherwise assigned.

Short-Term Disability: In Idaho, Policy A57600IDR. In Oklahoma, Policies A57600OK & A57600LBOK. In Virginia, Policies A57600VA & A57600LBVA. Hospital Confinement Indemnity: In Idaho, Policies B40100ID & B4010HID. In Oklahoma, Policies B40100OK & B4010HOK. In Virginia, Policies A49100VAR-A49400VAR & A4910HVAR. Accident: In Idaho, Policies A36100ID-A36400ID, & A363OFID. In Oklahoma, Policies A36100OK-A36400OK, & A363OFOK. In Virginia, Policies A35100VA-A35400VA, A35B24VA and A35BOFVA. Cancer/Specified-Disease: In Idaho, Policies A78100ID - A78400ID. In Oklahoma, Policies B70100OK; B70200OK; B70300OK; B7010EPOK; B7020EPO. Critical Illness: In Idaho, Policies A74100ID - A74300ID. In Oklahoma, Policies A74100OK - A74300OK. In Virginia, Policies A74100VA - A74300VA. Aflac Plus Rider: In Oklahoma, Riders CIRIDEROK, CIRIDERHOK. This rider is not available in Idaho or Virginia. Lump Sum Critical Illness: In Idaho, Policies A73100ID and A7310HID. In New York, Policy NY72100. In Oklahoma, Policies A73100OK and A7310HOK. In Pennsylvania, Policy A73100PA and A7310HPA. In Texas, Policies A73100TX and A7310HTX. In Virginia, Policy A73100VA. Lump Sum Cancer: In Idaho, Policy A72200ID. In Oklahoma, Policy A72000OK. In Virginia, Policy A72200VA. Dental: In Idaho, Policies A82100RID - A82400RID. In Oklahoma, Policies A82100ROK - A82400ROK. In Virginia, Policies A82100RVA - A82400RVA. Vision: In Idaho, Policy VSN100ID. In Oklahoma, Policy VSN100OKR. In Virginia, Policy VSN100VA. Term Life: In Arkansas, Idaho, Oklahoma, Oregon, Pennsylvania, Texas, and Virginia, Policies: ICC1368200, ICC1368300, ICC1368400. Juvenile Life: In Idaho, Oklahoma, & Virginia, Policies ICC0965JTO and ICC0965JWO. This is a brief product overview only. Coverage may not be available in all states. Policies have limitations, exclusions, and/or waiting periods that may affect benefits payable. For costs and complete details of the coverage, please contact your local Aflac agent. Coverage is underwritten by American Family Life Assurance Company of Columbus. In New York, coverage is underwritten by American Family Life Assurance Company of New York. Aflac WWHQ | 1932 Wynnton Road Columbus, GA 31999.