

BENEFITS COMPARISON 2013-2014

MEDICAL SERVICES		BLUE SHIELD/MEDCO	KAISER
Hospital Services	-All medically necessary services	No Charge	No Charge
Physician Services	-Office visits -Specialist -Allergy testing -Allergy injections	No Charge \$30/visit \$30/visit No Charge	\$25/ - Outpatient Procedure \$25/visit \$25/visit \$5/visit
Prescribed Medical Services	-Laboratory tests and x-ray -Physical Medicine (PT, OT)	No Charge No Charge	No Charge \$25/visit
Preventative Care	-Well baby care -Immunizations (birth to 18) -Annual routine physical exam for employee and spouse -OB/GYN exam -Hearing screening and exam -Vision screening and exam	No Charge No Charge No Charge No Charge No Charge \$30/visit	No Charge No Charge \$25/visit \$25/visit \$25/visit \$25/visit
Prescription Drug Benefit	-Generic -Brand -Sexual dysfunction drugs	\$10 for a 30 day supply \$35 for a 30 day supply after \$200/\$500 deductible Above co-pays apply, quantity limits may apply	\$10 for a 100 day supply \$25 for a 100 day supply 50% of charges up to 100 day supply
Mental Health	-Services that are medically necessary and appropriate for the diagnosis and treatment of mental conditions -Inpatient -Outpatient	No Charge No Charge \$30/visit (Within network)	No Charge No Charge \$25/individual visit or \$12/group visit
Alcohol and Drug Dependency Rehabilitation	-Services available for treatment of chronic drug, alcohol or other dependency	Inpatient – No Charge Outpatient – \$30/visit	Inpatient – No Charge Outpatient – \$25/individual, \$5/group
Extended Care	-Skilled nursing facility stay	No Charge - limited to 100 days per confined period	No Charge – limited to 100 days per benefit period
Special Services	-Ambulance Service -Voluntary sterilization by vasectomy -Voluntary sterilization by tubal ligation -Family planning and certain infertility services -Hospice -Chiropractic Care	No Charge No Charge No Charge 50% of Charges No Charge No Charge (up to 20 visits per calendar year)	\$50/trip \$25 per procedure \$25 per procedure 50% of Charges No Charge \$10 (Up to 30 visits/year)
Durable Medical Equipment	-Prosthetic devices, orthotic appliances and durable medical equipment (DME) ordered by plan physician with prior Authorization	No Charge	No Charge
Insulin, diabetic Supplies and Self Injectables	-Insulin -Syringes & needles -Monitoring strips and supplies -Diabetic equipment	\$10/35 per prescription (30 day supply) \$10/35 per prescription (30 day supply) \$10/35 per prescription (30 day supply) No Charge	\$10/25 per prescription (up to 100-day supply) \$10/25 per prescription (up to 100-day supply) \$10/25 per prescription (up to 100-day supply) No Charge
Emergency Coverage	-Emergency care	\$100/visit – Waived if admitted to hospital	\$100/visit - Waived if admitted to hospital
Out of Area Coverage	-Emergency care	\$100/visit - Waived if admitted to hospital	\$100/visit - Waived if admitted to hospital

This is only a brief summary of benefits. The information provided above reflects benefits from an in-network provider and are superseded by the Plan Documents. For details and other differences including limits and exclusions, please refer to the evidence of coverage book.

<p><u>Eligibility for Fringe Benefits</u></p> <p>Classified – 50% or greater** Contract Faculty – Greater than 67%* Management – 50% or greater**</p> <p>Call the Benefits Specialist in Human Resources Department, 527-4304 if you have any questions.</p> <p>**benefits are pro rata</p>	<p><u>Santa Rosa Junior College Dental Plan</u> (Administered by The SSM Group)</p> <p>Coverage levels listed below are only guaranteed. If a Participating Dentist is used. A list of Participating Dentists is available in Human Resources. Every eligible person is covered to a maximum of \$1,700.00 per contract year (October 1 - September 30). The following progression of coverage levels exists only if regular, continued preventive care occurs:</p> <table border="0"> <tr> <td>1st Contract Year:</td> <td>Preventive Care</td> <td>80%</td> </tr> <tr> <td></td> <td>Restorative Care</td> <td>60%</td> </tr> <tr> <td>2nd Contract Year:</td> <td>Preventive Care</td> <td>90%</td> </tr> <tr> <td></td> <td>Restorative Care</td> <td>70%</td> </tr> <tr> <td>3rd Contract Year:</td> <td>Preventive Care</td> <td>100%</td> </tr> <tr> <td></td> <td>Restorative Care</td> <td>90%</td> </tr> </table>	1 st Contract Year:	Preventive Care	80%		Restorative Care	60%	2 nd Contract Year:	Preventive Care	90%		Restorative Care	70%	3 rd Contract Year:	Preventive Care	100%		Restorative Care	90%	<p><u>Vision Plan</u> (Insured by Vision Service Plan, VSP)</p> <p>Coverage detailed below is only guaranteed for Member Doctors. There is a \$10.00 co-payment for the eye exam.</p> <p>What is covered:</p> <ul style="list-style-type: none"> • Eye exam 1x per calendar year • Spectacle lenses 1x per year • Frames 1x every other plan year (\$120.00 allowance) <p>(only some frames are fully paid)</p> <p>What about contact lenses?</p> <ul style="list-style-type: none"> • \$120.00 toward lenses • \$10.00 co-payment for exam <p>After obtaining contacts, you are not eligible for frames for another 2 years.</p> <p>What about extra/non-covered glasses or contact lenses?</p> <ul style="list-style-type: none"> • Special discounts may apply if you use the same doctor who provided exams. (Ask your doctor for details.) 						
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<p><u>Life Insurance Plan</u> (Insured by Standard Insurance Company)</p> <p>Amounts indicated below are doubled in the case of accidental death.</p> <p>Employees who qualify may purchase up to \$100,000 in supplemental coverage for employees only at a cost of \$10.00 per month for each \$50,000 of coverage. This optional cost can be deducted from your pay; contact Human Resources if interested.</p> <table border="0"> <tr> <td>Employees' Benefits:</td> <td>\$50,000</td> </tr> <tr> <td>Thru age 69</td> <td>\$25,000</td> </tr> <tr> <td>70 and over</td> <td></td> </tr> </table> <p>Employees' Family:</p> <table border="0"> <tr> <td>Spouse (any age)</td> <td>\$ 5,000</td> </tr> <tr> <td>Children thru 23</td> <td>\$ 5,000</td> </tr> </table>	Employees' Benefits:	\$50,000	Thru age 69	\$25,000	70 and over		Spouse (any age)	\$ 5,000	Children thru 23	\$ 5,000	<p><u>Long-Term Disability</u> (Insured by Sun Life Financial)</p> <p>Coverage is 66 2/3% of your salary. Coverage begins 60 calendar days after the elimination period and after expiration of all available leaves, whichever is greater.</p> <p>Benefit Period:</p> <ul style="list-style-type: none"> • Employees vested in CalSTRS: 1 year • All other Employees including CalPERS members and non-vested STRS members: <table border="0"> <tr> <td><u>Age at Disability</u></td> <td><u>Maximum Period</u></td> </tr> <tr> <td>Less than age 60</td> <td>To age 65, but not less than 60 months</td> </tr> <tr> <td>65</td> <td>24 Months</td> </tr> <tr> <td>66</td> <td>21 Months</td> </tr> <tr> <td>67</td> <td>18 Months</td> </tr> <tr> <td>68</td> <td>15 Months</td> </tr> <tr> <td>69 & over</td> <td>12 months</td> </tr> </table>	<u>Age at Disability</u>	<u>Maximum Period</u>	Less than age 60	To age 65, but not less than 60 months	65	24 Months	66	21 Months	67	18 Months	68	15 Months	69 & over	12 months	
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