SACRAMENTO ASSOCIATION OF REALTORS®

# SAR Member Benefits Program

**Kaiser and WHA HMO Plans*
** HSA Plans from Kaiser and WHA*
** Low Cost Dental Plans*
** Low Cost Vision Plan*


***Prepared By: Rob Ford***

**Ames-Grenz Insurance Services, Inc.**

Contact **Cory Fulton** for Benefit information

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# Sacramento Association of Realtors

| Insurance Carrier | KAISER PERMANENTE | | | |
|---|---|---|---|---|
| Effective Date: | December 1, 2013 - November 30, 2014 | | | |
| BENEFIT | $15 Copay Plan<br>HMO | $20 Copay Plan<br>HMO | $30 Copayment Plan<br>HMO | $50 Copay Plan<br>HMO |
| Lifetime Maximum | Unlimited | Unlimited | Unlimited | Unlimited |
| Calendar Year Deductible | None | None | None | None |
| Calendar Year Max Out-of-Pocket<br>Individual / Family | $2,500 / $5,000 | $2,500 / $5,000 | $3,000 / $6,000 | $3,500 / $7,000 |
| Office Visit | $15 copay | $20 copay | $30 copay | $50 copay |
| Diagnostic X-Ray & Lab | $10 copay | $10 copay | $10 copay | $10 copay |
| MRI/CT/PET | $50 copay | $50 copay | $50 copay | $50 copay |
| Preventive Care Exam | $0 copay | $0 copay | $0 copay | $0 copay |
| Hospitalization | $200 per day | $300 per day | $400 per day | $500 per day |
| Outpatient Surgery | $100 copay per procedure | $150 copay per procedure | $200 copay per procedure | $250 copay per procedure |
| Emergency Room | $100 copay | $100 copay | $100 copay | $150 copay |
| Urgent Care Center | $15 copay | $20 copay | $30 copay | $50 copay |
| Maternity:<br>Inpatient | $200 per day | $300 per day | $400 per day | $500 per day |
| Prenatal/First Postpartum Visit | No Charge | No Charge | No Charge | No Charge |
| Mental Health:<br>Inpatient | $200 per day | $300 per day | $400 per day | $500 per day |
| Outpatient | $15 copay | $20 copay | $30 copay | $50 copay |
| Substance Abuse:<br>Inpatient Detox Only | $200 per day | $300 per day | $400 per day | $500 per day |
| Prescriptions | (30 Day Supply) | (30 Day Supply) | (up to 100 Day Supply) | (up to 100 Day Supply) |
| Generic | $10 copay | $10 copay | $10 copay | $10 copay |
| Brand Name Deductible | None | None | $250 Deductible | $250 Deductible |
| Brand | $25 copay | $30 copay | $35 copay after deductible | $35 copay after deductible |
| Optical (eyewear) | $150 allowance (every 24 months) | No Benefit | No Benefit | No Benefit |
| Vision exam | $0 copay | $0 copay | $0 copay | $0 copay |
| Provider Restrictions | Kaiser | | | |

**Eligibility Guidelines - GUARANTEED ISSUE**

| | |
|---|---|
| Kaiser Members & Dependents | New Members: May join the 1st of the month following 30 days of membership. Qualifying Events: you may join within 30 days after you have a loss of coverage, marriage, birth or adoption. Over Age Dependents: may remain on coverage up to age 26. |
| Open Enrollment | November 1, 2013 - November 30, 2013 |

# Sacramento Association of Realtors

| Insurance Carrier | KAISER PERMANENTE | | |
|---|---|---|---|
| Effective Date: | December 1, 2013 - November 30, 2014 | | |
| BENEFIT | $30/$1,000 Deductible Plan<br>HMO | $30/$1,500 Deductible Plan<br>HMO | $40/$2,000 Deductible Plan<br>HMO |
| Lifetime Maximum<br>Calendar Year Deductible<br>(Individual/family) | Unlimited<br><br>$1,000 / $2,000 (1) | Unlimited<br><br>$1,500 / $3,000 (2) | Unlimited<br><br>$2,000 / $4,000 (3) |
| Calendar Year Max Out-of-Pocket (4)<br>(Individual / Family) | $3,500 / $7,000 | $3,500 / $7,000 | $4,500 / $9,000 |
| Office Visit<br>Diagnostic X-Ray & Lab<br>MRI/CT/PET<br>Preventive Care Exam | $30 copay (5)<br>$10 copay after deductible<br>$50 copay after deductible<br>$0 copay (5) | $30 copay (5)<br>$10 copay after deductible<br>$50 copay after deductible<br>$0 copay (5) | $40 copay (5)<br>$10 copay after deductible<br>$50 copay after deductible<br>$0 copay (5) |
| Hospitalization<br>Outpatient Surgery | $500 per day after deductible<br>$250 copay after deductible | $500 per day after deductible<br>$250 copay after deductible | 30% per admission after deductible<br>30% after deductible |
| Emergency Room<br>Urgent Care Center | $100 copay after deductible<br>$30 copay after deductible | $100 copay after deductible<br>$30 copay after deductible | 30% after deductible<br>$40 copay after deductible |
| Maternity:<br>Inpatient<br>Prenatal/First Postpartum Visit | <br>$500 per day after deductible<br>No Charge (5) | <br>$500 per day after deductible<br>No Charge (5) | <br>30% per admission after deductible<br>No Charge (5) |
| Mental Health:<br>Inpatient<br>Outpatient | <br>$500 per day after deductible<br>$30 copay (5) | <br>$500 per day after deductible<br>$30 copay (5) | <br>30% per admission after deductible<br>$40 copay (5) |
| Substance Abuse:<br>Inpatient Detox Only | <br>$500 per day after deductible | <br>$500 per day after deductible | <br>30% per admission after deductible |
| Prescriptions<br>Generic<br>Brand | (up to 30 Day Supply)<br>$10 copay (5)<br>$30 copay (5) | (up to 30 Day Supply)<br>$10 copay (5)<br>$30 copay (5) | (up to 30 Day Supply)<br>$10 copay (5)<br>$35 copay (5) |
| Optical (eyewear)<br>Vision exam | No Benefit<br>$0 copay (5) | No Benefit<br>$0 copay (5) | No Benefit<br>$0 copay (5) |
| Provider Restrictions | Kaiser | | |

**Eligibility Guidelines - GUARANTEED ISSUE**

| | |
|---|---|
| Kaiser Members & Dependents<br><br>Open Enrollment | New Members: May join the 1st of the month following 30 days of membership. Qualifying Events: you may join within 30 days after you have a loss of coverage, marriage, birth or adoption. Over Age Dependents: may remain on coverage up to age<br>November 1, 2013 - November 30, 2013 |

(1) $1,000 per calendar year for any one Member and $2,000 per calendar year for an entire Family Unit of two or more Members.

(2) $1,500 per calendar year for any one Member and $3,000 per calendar year for an entire Family Unit of two or more Members.

(3) $2,000 per calendar year for any one Member and $4,000 per calendar year for an entire Family Unit of two or more Members.

(4) All Deductible payments count toward the Calendar Year Max Out-of-Pocket.

(5) Not subject to calendar year deductible or calendar year max out-of-pocket.

# Sacramento Association of Realtors

| Insurance Carrier | KAISER PERMANENTE | | |
|---|---|---|---|
| Effective Date: | December 1, 2013 - November 30, 2014 | | |
| BENEFIT | $0/$2,000 Deductible Plan with HSA HMO | $0/$2,700 Deductible Plan with HSA HMO | $30/$3,000 Deductible Plan with HSA HMO |
| Lifetime Maximum | Unlimited | Unlimited | Unlimited |
| Calendar Year Deductible (Individual/family) | $2,000 / $4,000 (1) | $2,700 / $5,450 (2) | $3,000 /$6,000 (3) |
| Calendar Year Max Out-of-Pocket (4) (Individual / Family) | $3,500 / $7,000 | $4,500 / $9,000 | $5,950 / $11,900 |
| Office Visit | $0 copay after deductible | $0 copay after deductible | $30 copay after deductible |
| Diagnostic X-Ray & Lab | $0 copay after deductible | $0 copay after deductible | $10 copay after deductible |
| MRI/CT/PET | $50 copay after deductible | $50 copay after deductible | $50 copay after deductible |
| Preventive Care Exam | $0 copay (5) | $0 copay (5) | $0 copay (5) |
| Hospitalization | $300 per day after deductible | $450 per day after deductible | 30% per admission after deductible |
| Outpatient Surgery | $150 copay after deductible | $250 copay after deductible | 30% after deductible |
| Emergency Room | $100 copay after deductible | $100 copay after deductible | 30% after deductible |
| Urgent Care Center | $0 copay after deductible | $0 copay after deductible | $30 copay after deductible |
| Maternity: | | | |
| Inpatient | $300 per day after deductible | $450 per day after deductible | 30% per admission after deductible |
| Prenatal/First Postpartum Visit | No Charge (5) | No Charge (5) | No Charge (5) |
| Mental Health: | | | |
| Inpatient | $300 per day after deductible | $450 per day after deductible | 30% per admission after deductible |
| Outpatient | $0 copay after deductible | $0 copay after deductible | $30 copay after deductible |
| Substance Abuse: | | | |
| Inpatient Detox Only | $300 per day after deductible | $450 per day after deductible | 30% per admission after deductible |
| Prescriptions | (up to 30 Day Supply) | (up to 30 Day Supply) | (up to 30 Day Supply) |
| Generic | $10 copay after deductible | $10 copay after deductible | $10 copay after deductible |
| Brand | $30 copay after deductible | $30 copay after deductible | $30 copay after deductible |
| Optical (eyewear) | No Benefit | No Benefit | No Benefit |
| Vision exam | $0 copay after deductible | $0 copay after deductible | $30 copay after deductible |
| Provider Restrictions | Kaiser | | |

**Eligibility Guidelines - GUARANTEED ISSUE**

| | |
|---|---|
| Kaiser Members & Dependents | New Members: May join the 1st of the month following 30 days of membership. Qualifying Events: you may join within 30 days after you have a loss of coverage, marriage, birth or adoption. Over Age Dependents: may remain on coverage up to age 26. |
| Open Enrollment | November 1, 2013 - November 30, 2013 |

(1) $2,000 Deductible is for a Single Member enrolled in the plan per calendar year. If you have family coverage, there is no single deductible for each family member; rather, the entire family deductible must be met before Kaiser becomes responsible for providing covered services for any individual member in the family.

(2) $2,700 Deductible is for a Single Member enrolled in the plan per calendar year. If you have family coverage, there is a single deductible for each family member. Each family member becomes eligible for copayments or coinsurance after meeting the individual deductible, or when the family deductible is satisfied.

(3) $3,000 Deductible is for a Single Member enrolled in the plan per calendar year. If you have family coverage, there is a single deductible for each family member. Each family member becomes eligible for copayments or coinsurance after meeting the individual deductible, or when the family deductible is satisfied.

(4) All Deductible payments count toward the Calendar Year Max Out-of-Pocket.

(5) Not subject to calendar year deductible or Calendar Year Max Out-of-Pocket.

SACRAMENTO ASSOCIATION OF REALTORS®

# KAISER MEDICAL PLAN RATES

## EFFECTIVE DATE: DECEMBER 01, 2013 - NOVEMBER 30, 2014

The following counties are entirely within Rate Region 1: Alameda, Sacramento, San Francisco, San Joaquin, San Mateo, and Santa Clara. Portions of the following counties are also within Rate Area 1: Amador, Contra Costa, El Dorado, Placer, Sutter, Yolo, and Yuba.

### KAISER MEDICAL PLANS

| | | Traditional Copay Plans | | | | Deductible Plans | | | HSA Qualified Plans | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Monthly Rates | $15 Copay | $20 Copay | $30 Copay | $50 Copay | $30/$1000 Deductible Plan | $30/$1500 Deductible Plan | $40/$2000 Deductible Plan | $0/$2000 Deductible Plan | $0/$2700 Deductible Plan | $30/$3000 Deductible Plan |
| Member Only | <30 | $410.00 | $385.00 | $351.00 | $321.00 | $298.00 | $264.00 | $245.00 | $263.00 | $217.00 | $195.00 |
| | 30-39 | $451.00 | $423.00 | $386.00 | $353.00 | $349.00 | $308.00 | $286.00 | $307.00 | $253.00 | $226.00 |
| | 40-49 | $576.00 | $540.00 | $492.00 | $449.00 | $464.00 | $409.00 | $379.00 | $408.00 | $335.00 | $299.00 |
| | 50-54 | $744.00 | $697.00 | $634.00 | $578.00 | $613.00 | $540.00 | $500.00 | $538.00 | $441.00 | $392.00 |
| | 55-59 | $935.00 | $876.00 | $796.00 | $726.00 | $757.00 | $665.00 | $616.00 | $663.00 | $542.00 | $482.00 |
| | 60-64 | $1,149.00 | $1,075.00 | $977.00 | $890.00 | $964.00 | $847.00 | $784.00 | $844.00 | $690.00 | $612.00 |
| | 65+ | $1,300.00 | $1,217.00 | $1,105.00 | $1,007.00 | $1,165.00 | $1,023.00 | $946.00 | $1,019.00 | $832.00 | $739.00 |
| Member + Spouse | <30 | $1,110.00 | $1,039.00 | $944.00 | $861.00 | $782.00 | $687.00 | $636.00 | $685.00 | $560.00 | $498.00 |
| | 30-39 | $1,191.00 | $1,115.00 | $1,014.00 | $924.00 | $899.00 | $789.00 | $730.00 | $786.00 | $643.00 | $571.00 |
| | 40-49 | $1,300.00 | $1,217.00 | $1,105.00 | $1,007.00 | $926.00 | $814.00 | $753.00 | $811.00 | $663.00 | $589.00 |
| | 50-54 | $1,525.00 | $1,427.00 | $1,296.00 | $1,180.00 | $1,252.00 | $1,099.00 | $1,016.00 | $1,095.00 | $894.00 | $793.00 |
| | 55-59 | $1,941.00 | $1,817.00 | $1,649.00 | $1,502.00 | $1,552.00 | $1,361.00 | $1,259.00 | $1,357.00 | $1,106.00 | $981.00 |
| | 60-64 | $2,164.00 | $2,024.00 | $1,838.00 | $1,673.00 | $1,909.00 | $1,675.00 | $1,549.00 | $1,669.00 | $1,360.00 | $1,205.00 |
| | 65+ | $2,786.00 | $2,606.00 | $2,365.00 | $2,153.00 | $2,631.00 | $2,306.00 | $2,132.00 | $2,298.00 | $1,872.00 | $1,659.00 |
| Member + Child(ren) | <30 | $1,092.00 | $1,022.00 | $929.00 | $847.00 | $649.00 | $572.00 | $529.00 | $570.00 | $466.00 | $416.00 |
| | 30-39 | $1,122.00 | $1,050.00 | $955.00 | $870.00 | $684.00 | $601.00 | $557.00 | $599.00 | $490.00 | $436.00 |
| | 40-49 | $1,077.00 | $1,008.00 | $916.00 | $835.00 | $715.00 | $628.00 | $582.00 | $627.00 | $513.00 | $456.00 |
| | 50-54 | $1,214.00 | $1,136.00 | $1,032.00 | $940.00 | $832.00 | $732.00 | $677.00 | $729.00 | $596.00 | $530.00 |
| | 55-59 | $1,388.00 | $1,299.00 | $1,180.00 | $1,075.00 | $975.00 | $856.00 | $793.00 | $854.00 | $697.00 | $619.00 |
| | 60-64 | $1,530.00 | $1,431.00 | $1,300.00 | $1,184.00 | $1,187.00 | $1,042.00 | $964.00 | $1,038.00 | $848.00 | $752.00 |
| | 65+ | $1,944.00 | $1,819.00 | $1,651.00 | $1,504.00 | $1,379.00 | $1,210.00 | $1,119.00 | $1,206.00 | $984.00 | $873.00 |
| Member + Family | <30 | $1,537.00 | $1,438.00 | $1,306.00 | $1,190.00 | $938.00 | $824.00 | $762.00 | $821.00 | $671.00 | $596.00 |
| | 30-39 | $1,696.00 | $1,588.00 | $1,442.00 | $1,314.00 | $1,049.00 | $920.00 | $851.00 | $917.00 | $749.00 | $665.00 |
| | 40-49 | $1,709.00 | $1,600.00 | $1,452.00 | $1,323.00 | $1,171.00 | $1,029.00 | $951.00 | $1,025.00 | $837.00 | $743.00 |
| | 50-54 | $1,944.00 | $1,818.00 | $1,651.00 | $1,503.00 | $1,384.00 | $1,214.00 | $1,123.00 | $1,210.00 | $988.00 | $876.00 |
| | 55-59 | $2,229.00 | $2,087.00 | $1,894.00 | $1,724.00 | $1,699.00 | $1,490.00 | $1,378.00 | $1,486.00 | $1,210.00 | $1,073.00 |
| | 60-64 | $2,523.00 | $2,359.00 | $2,142.00 | $1,950.00 | $2,110.00 | $1,851.00 | $1,712.00 | $1,845.00 | $1,503.00 | $1,331.00 |
| | 65+ | $3,061.00 | $2,863.00 | $2,598.00 | $2,365.00 | $2,759.00 | $2,418.00 | $2,236.00 | $2,410.00 | $1,963.00 | $1,739.00 |

# Sacramento Association of Realtors

| Insurance Carrier<br>Effective Date: | Western Health Advantage<br>December 1, 2013 - November 30, 2014 | | | |
|---|---|---|---|---|
| BENEFIT | Advantage 15-30 Rx H<br>HMO | Advantage 70 Rx H<br>HMO | Western 1800<br>HSA Compatible Plan<br>HMO | Western 2800<br>HSA Compatible Plan<br>HMO |
| Lifetime Maximum | Unlimited | Unlimited | Unlimited | Unlimited |
| Calendar Year Deductible<br>Individual / Family | None | None | $1,800 / $3,600 (1) | $2,800 / $5,600 (2) |
| Calendar Year Max Out-of-Pocket<br>Individual / Family | $1,500 / $2,500 | $3,000 / $5,000 | $1,800 / $3,600 (3) | $4,000 / $8,000 (3) |
| Office Visit | $15-$30 copay (6) | $20 copay | No Charge after Deductible | $40 copay after Deductible |
| Diagnostic X-Ray & Lab | No Charge | No Charge | No Charge after Deductible | No Charge after Deductible |
| Periodic Physical Exam | No Charge (5) | No Charge (5) | No Charge (4,5) | No Charge (4,5) |
| Hospitalization | $250 per day (days 1-3) | 30% copay | No Charge after Deductible | $500 per day after Deductible |
| Outpatient Surgery Facility | $100 copay | 30% copay | No Charge after Deductible | $250 copay after Deductible |
| Outpatient Surgery Office Setting | $15-$30 copay (6) | $20 copay | No Charge after Deductible | $40 copay after Deductible |
| Emergency Room | $100 copay | $100 copay | No Charge after Deductible | $100 copay after Deductible |
| Urgent Care Center | $50 copay | $50 copay | No Charge after Deductible | $50 copay after Deductible |
| Maternity: | | | | |
| Inpatient | $250 per day (days 1-3) | 30% copay | No Charge after Deductible | $500 per day after Deductible |
| Prenatal/First Postpartum Visit | No Charge | No Charge | No Charge (4) | No Charge (4) |
| Mental Health: | | | | |
| Inpatient | $250 per day (days 1-3) | 30% copay | No Charge after Deductible | $500 per day after Deductible |
| Outpatient | $15 copay | $20 copay | No Charge after Deductible | $40 copay visits after Deductible |
| Substance Abuse: | | | | |
| Inpatient Detox Only | $250 per day (days 1-3) | 30% copay | No Charge after Deductible | $500 per day after Deductible |
| Prescriptions | (30 Day Supply) | (30 Day Supply) | (30 Day Supply) | (30 Day Supply) |
| Generic | $10 copay | $10 copay | No Charge after Deductible | $10 copay after Deductible |
| Brand | $30 copay | $30 copay | No Charge after Deductible | $30 copay after Deductible |
| Non Formulary | $50 copay | $50 copay | No Charge after Deductible | $50 copay after Deductible |
| Optical (eyewear) | No Benefit | No Benefit | No Benefit | No Benefit |
| Vision exam | $15-$30 copay (6) | $20 copay | No Charge (4) | $40 copay (4) |
| Provider Restrictions | Western Health Advantage HMO | | | |

## Eligibility Guidelines - GUARANTEED ISSUE

| | |
|---|---|
| WHA Members & Dependents | Members may apply at anytime except if you are a new member, then it is the 1st of the month following new membership. Qualifying Events: you may join within 30 days after you have a loss of coverage, marriage, birth or adoption. Over Age Dependents: may remain on coverage up to age 26. |
| Open Enrollment | November 1, 2013 - November 30, 2013 |

(1) $1,800 Deductible is for a Single Member enrolled in plan per calendar year. If you have family coverage, there is no single deductible for each family member; rather, the entire family deductible must be met before WHA becomes responsible for providing covered services for any individual member in the family.

(2) $2,800 Deductible is for a Single Member enrolled in plan per calendar year. If you have family coverage, there is no single deductible for each family member; rather, the entire family deductible must be met before WHA becomes responsible for providing covered services for any individual member in the family.

(3) All Deductible payments count toward the Calendar Year Max Out-of-Pocket.

(4) Not subject to calendar year deductible.

(5) See EOB for more details.

(6) Primary Care Physician copay $15 - Specialist copay $30

SACRAMENTO ASSOCIATION OF REALTORS®

# WESTERN HEALTH ADVANTAGE MEDICAL PLAN RATES

**EFFECTIVE DATE: DECEMBER 01, 2013 - NOVEMBER 30, 2014**

**The following counties are entirely within Rate Regions 1 and 3: El Dorado, Placer, Sacramento, Solano and Yolo.**

## WESTERN HEALTH ADVANTAGE MEDICAL PLANS

| | | Traditional Copay Plans | | HSA Qualified Plans | |
|---|---|---|---|---|---|
| | Monthly Rates | Advantage 15-30 | Advantage 70 | Western 1800 HSA Compatible | Western 2800 HSA Compatible |
| Member Only | <30 | $458.96 | $394.14 | $285.74 | $208.91 |
| | 30-39 | $519.92 | $446.09 | $338.30 | $246.21 |
| | 40-49 | $610.54 | $523.34 | $471.61 | $340.97 |
| | 50-54 | $818.88 | $700.90 | $604.08 | $435.12 |
| | 55-59 | $985.84 | $843.20 | $763.24 | $548.24 |
| | 60-64 | $1,193.14 | $1,019.90 | $949.07 | $680.31 |
| | 65+ | $1,188.94 | $1,016.28 | $1,134.87 | $812.38 |
| Member + Spouse | <30 | $951.41 | $813.83 | $729.51 | $524.30 |
| | 30-39 | $1,098.83 | $939.53 | $836.18 | $600.05 |
| | 40-49 | $1,303.95 | $1,114.37 | $906.72 | $650.21 |
| | 50-54 | $1,617.27 | $1,381.37 | $1,155.24 | $826.85 |
| | 55-59 | $1,898.25 | $1,620.88 | $1,439.09 | $1,028.59 |
| | 60-64 | $2,318.10 | $1,978.72 | $1,794.23 | $1,280.98 |
| | 65+ | $2,350.43 | $2,006.27 | $2,291.27 | $1,634.28 |
| Member + Child(ren) | <30 | $1,087.89 | $930.17 | $593.09 | $427.33 |
| | 30-39 | $1,180.03 | $1,008.69 | $622.10 | $447.94 |
| | 40-49 | $1,231.05 | $1,052.22 | $651.15 | $468.57 |
| | 50-54 | $1,439.46 | $1,229.84 | $765.62 | $549.93 |
| | 55-59 | $1,621.87 | $1,385.31 | $880.10 | $631.29 |
| | 60-64 | $1,901.30 | $1,623.46 | $1,080.74 | $773.90 |
| | 65+ | $1,895.04 | $1,618.12 | $1,253.27 | $896.52 |
| Member + Family | <30 | $1,598.59 | $1,365.45 | $956.11 | $685.34 |
| | 30-39 | $1,843.17 | $1,573.91 | $1,096.48 | $785.05 |
| | 40-49 | $1,975.69 | $1,686.86 | $1,189.74 | $851.38 |
| | 50-54 | $2,187.27 | $1,867.23 | $1,377.14 | $984.53 |
| | 55-59 | $2,395.98 | $2,045.12 | $1,610.78 | $1,150.60 |
| | 60-64 | $2,825.15 | $2,410.89 | $1,938.50 | $1,383.52 |
| | 65+ | $2,826.26 | $2,411.81 | $2,452.79 | $1,749.08 |

# California Association of Realtors (CAR)

## Anthem Blue Cross of California - Effective June 1, 2013 to May 31, 2014

**Benefits shown are for Preferred Providers *ONLY. Benefits shown are always based on the Blue Cross Allowed amount.***

***Benefits for Non Preferred Providers are significantly reduced.***

| Plan Name<br>Plan Type | Saver $20 HMO<br>HMO | PPO $30 copay plan<br>PPO | PPO $35 Copay GenRx<br>PPO | Lumenos HSA 3500<br>PPO |
|---|---|---|---|---|
| MAX LIFETIME BENEFIT | Unlimited | Unlimited | Unlimited | Unlimited |
| DEDUCTIBLE: Single | No Deductible | $500 per member | $500 per member | $3,500 per member (1,2) |
| DEDUCTIBLE: Family | No Deductible | 2 member family max | 2 member family max | $7,000 aggregate (2) |
| OUT OF POCKET MAX: Single | $2,500 | $4,500 per member | $4,500 per member | $5,000 member (1,2) |
| OUT OF POCKET MAX: Family | $5,000 | 2 member family max | 2 member family max | $10,000 family aggregate(2) |
| ALL BENEFITS LISTED *AFTER* ANNUAL DEDUCTIBLE HAS BEEN MET UNLESS OTHERWISE NOTED | | | | |
| DOCTOR OFFICE VISIT | $20 copay/$30 Specialist | $30 copay (3) | $35 copay (3) | 20% after Deductible |
| DIAGNOSTIC LAB & X-RAY/ | | 30% of Max Allowed | 35% of Max Allowed | 20% after Deductible |
| MRI/CT/CAT/PET | $100 copay | 30% of Max Allowed | 35% of Max Allowed | 20% after Deductible |
| PHYSICAL EXAM Routine | No charge | No charge (3) | No charge (3) | No charge (3) |
| HOSPITALIZATION (Facility) | $400 per day up to 3 day max copay | 30% of Max Allowed | 35% of Max Allowed | 20% after Deductible |
| OUTPATIENT Surgery (Facility) | $300 copay per admission | 30% of Max Allowed | 35% of Max Allowed | 20% after Deductible |
| EMERGENCY Room: | $150 copay | $150 copay+30% of Max Allowed | $150 copay+35% of Max Allowed | 20% after Deductible |
| AMBULANCE | $150 Copay/trip | 30% of max allowed amount | 35% of max allowed amount | 20% of max allowed amount |
| MATERNITY: | | | | |
| Prenatal & Postnatal | $20 copay | $30 copay+30%for all other services | $35 copay+35% for all other services | 20% after Deductible |
| Hospitalization | $400 per day up to 3 day max copay | 30% of Max Allowed | 35% of Max Allowed | 20% after Deductible |
| MENTAL HEALTH | | | | |
| Inpatient | NA | 30% of Max Allowed | 35% of Max Allowed | 20% after Deductible |
| Outpatient | $30 copay | 30% of Max Allowed | 35% of Max Allowed | 20% after Deductible |
| SUBSTANCE ABUSE | | | | |
| Inpatient Detoxification | $400 per day/3day max | 30% of Max Allowed | 35% of Max Allowed | 20% after Deductible |
| Outpatient | N/A | 30% of Max Allowed | 35% of Max Allowed | 20% after Deductible |
| PRESCRIPTION 30 day supply | | | | |
| Brand Name Deductible | $150 per member | $150 per member | None | None |
| Generic | $10 copay (3) | $10 copay (3) | $10 copay | $10 copay |
| Brand | $30 copay (4) | $30 Copay (4) | NO COVERAGE | $30 copay (4) |
| Non-formulary | $50 copay (4) | $50 Copay (4) | NO COVERAGE | $50 copay (4) |

| Application Requirements | New Members: May join the 1st of the month following 60 days of membership. Qualifying Events: you may join within 30 days after you have a loss of coverage, marriage, birth or adoption. Over Age Dependents: may remain on coverage up to age 26. OPEN ENROLLMENT; May 1, 2013 to May 31, 2013 |
|---|---|

(1)Lumenos HSA 3500 In & Out of Network plan annual deductible and annual out of pocket maximums are NOT Combined; Medical & pharmacy ARE combined

(2)Family aggregate, i.e. if one or more family member's eligible covered expenses (combined) meet this amount, the requirement is satisfied for all covered family members

(3) Not subject to deductible

(4)If a member selects a brand drug when a generic exists,EVEN if Physician has stated no substitude The member will be responsible for Tier 1 copay PLUS the cost difference between generic and the cost of the brand name drug

SACRAMENTO ASSOCIATION OF REALTORS®

ANTHEM BLUE CROSS

# CAR REGION 2

## EFFECTIVE DATE: JUNE 01, 2013 - MAY 31, 2014

**PPO PLANS Includes counties, Alpine, Amador (95646 only), Butte (95980 only), Del Norte, El Dorado (zip codes beginning with 961), Inyo, Lassen, Marin, Modoc, Neveda, Placer, Plumas, Sacramento (94243, 94253, 95857, 95873), San Benito, San Joaquin, San Mateo, Shasta, Sierra, Siskiyou, Solano, Stanislaus (except 95329), Tehama, Trinity, Yuba (95977 only)**

**HMO PLANS Includes counties Marin, Neveda (except 95724, 95728, 96111, 96160-96162), Placer (except 96140,96141, 96143, 96145, 96146, 96148), Sacramento (94243, 94253, 95857, 95873 only), San Benito (except 95043), San Joaquin, San Mateo, Solano, Stanislaus (except 95329)**

## ANTHEM BLUE CROSS MEDICAL PLANS

| | Monthly Rates | Saver HMO | PPO $30 Copay | PPO $35 Copay GenRx | Lumenos HSA 3500 (80/50) |
|---|---|---|---|---|---|
| Member Only | <30 | $722.00 | $622.00 | $370.00 | $376.00 |
| | 30-39 | $921.00 | $771.00 | $468.00 | $503.00 |
| | 40-49 | $984.00 | $1,037.00 | $641.00 | $729.00 |
| | 50-54 | $1,256.00 | $1,392.00 | $855.00 | $870.00 |
| | 55-59 | $1,596.00 | $1,716.00 | $1,042.00 | $1,114.00 |
| | 60-64 | $2,091.00 | $2,208.00 | $1,349.00 | $1,395.00 |
| | 65+ | $2,526.00 | $2,833.00 | $1,725.00 | $1,817.00 |
| Member + Spouse | <30 | $1,808.00 | $1,833.00 | $1,113.00 | $787.00 |
| | 30-39 | $2,137.00 | $2,150.00 | $1,313.00 | $1,071.00 |
| | 40-49 | $2,308.00 | $2,134.00 | $1,309.00 | $1,483.00 |
| | 50-54 | $2,417.00 | $2,911.00 | $1,769.00 | $1,812.00 |
| | 55-59 | $3,432.00 | $3,608.00 | $2,196.00 | $2,299.00 |
| | 60-64 | $3,664.00 | $4,419.00 | $2,697.00 | $2,811.00 |
| | 65+ | $5,107.00 | $6,644.00 | $4,040.00 | $3,460.00 |
| Member + Child(ren) | <30 | $1,771.00 | $1,427.00 | $869.00 | $732.00 |
| | 30-39 | $1,958.00 | $1,537.00 | $939.00 | $916.00 |
| | 40-49 | $1,932.00 | $1,613.00 | $987.00 | $1,186.00 |
| | 50-54 | $1,942.00 | $1,922.00 | $1,157.00 | $1,304.00 |
| | 55-59 | $2,279.00 | $2,266.00 | $1,378.00 | $1,492.00 |
| | 60-64 | $2,805.00 | $2,810.00 | $1,705.00 | $1,736.00 |
| | 65+ | $3,229.00 | $3,468.00 | $2,109.00 | $2,184.00 |
| Member + Family | <30 | $2,489.00 | $2,120.00 | $1,300.00 | $1,106.00 |
| | 30-39 | $2,899.00 | $2,384.00 | $1,457.00 | $1,450.00 |
| | 40-49 | $3,050.00 | $2,730.00 | $1,657.00 | $1,865.00 |
| | 50-54 | $3,483.00 | $3,224.00 | $1,969.00 | $1,948.00 |
| | 55-59 | $3,859.00 | $3,920.00 | $2,390.00 | $2,472.00 |
| | 60-64 | $4,625.00 | $4,947.00 | $3,019.00 | $2,917.00 |
| | 65+ | $6,067.00 | $6,944.00 | $4,239.00 | $3,694.00 |

**RealCare Insurance Marketing Inc will charge a separate $20 monthly fee for administrative services provided to C.A.R. Members**

ANTHEM BLUE CROSS

# CAR REGION 3

## EFFECTIVE DATE: JUNE 01, 2013 - MAY 31, 2014

**PPO PLANS Includes counties, Alameda, Amador (95629 only), Butte (except 95980), Colusa, Contra Costa, El Dorado (zip codes beginning with 956 & 957), Glenn, Humboldt, Lake, Mendocino, Napa, Sacramento (except 94243, 94253, 95857, 95873), San Francisco, Santa Clara, Santa Cruz, Sonoma, Stanislaus (95329 only), Sutter, Tuolumne, Yolo, Yuba (except 95977)**
**HMO PLANS Includes counties Alameda, Contra Costa, El Dorado (zip codes beginning with 956 & 957 except 95720, 95721, 95735, 96142, 96150-96152, 96154-96158), Humboldt, Sacramento (except 94243, 94253, 95857, 95873), San Francisco, Santa Clara, Santa Cruz, Sonoma (except 95412, 95480, 95497), Stanislaus (95329 only), Yolo**

| | Monthly Rates | Saver HMO | PPO $30 Copay | PPO $35 Copay GenRx | Lumenos HSA 3500 (80/50) |
|---|---|---|---|---|---|
| Member Only | <30 | $662.00 | $546.00 | $337.00 | $334.00 |
| | 30-39 | $818.00 | $671.00 | $409.00 | $445.00 |
| | 40-49 | $899.00 | $899.00 | $557.00 | $643.00 |
| | 50-54 | $1,123.00 | $1,206.00 | $735.00 | $772.00 |
| | 55-59 | $1,427.00 | $1,486.00 | $914.00 | $983.00 |
| | 60-64 | $1,918.00 | $1,939.00 | $1,189.00 | $1,230.00 |
| | 65+ | $2,470.00 | $2,410.00 | $1,474.00 | $1,606.00 |
| Member + Spouse | <30 | $1,678.00 | $1,586.00 | $970.00 | $695.00 |
| | 30-39 | $2,004.00 | $1,874.00 | $1,147.00 | $946.00 |
| | 40-49 | $2,197.00 | $1,874.00 | $1,146.00 | $1,316.00 |
| | 50-54 | $2,271.00 | $2,534.00 | $1,548.00 | $1,603.00 |
| | 55-59 | $3,208.00 | $3,127.00 | $1,912.00 | $2,032.00 |
| | 60-64 | $3,505.00 | $3,876.00 | $2,372.00 | $2,483.00 |
| | 65+ | $5,053.00 | $5,627.00 | $3,445.00 | $3,053.00 |
| Member + Child(ren) | <30 | $1,585.00 | $1,233.00 | $752.00 | $650.00 |
| | 30-39 | $1,774.00 | $1,337.00 | $823.00 | $805.00 |
| | 40-49 | $1,768.00 | $1,410.00 | $862.00 | $1,050.00 |
| | 50-54 | $1,753.00 | $1,666.00 | $1,014.00 | $1,156.00 |
| | 55-59 | $2,032.00 | $1,958.00 | $1,206.00 | $1,322.00 |
| | 60-64 | $2,555.00 | $2,467.00 | $1,510.00 | $1,534.00 |
| | 65+ | $3,187.00 | $2,939.00 | $1,795.00 | $1,929.00 |
| Member + Family | <30 | $2,230.00 | $1,841.00 | $1,124.00 | $981.00 |
| | 30-39 | $2,601.00 | $2,069.00 | $1,262.00 | $1,281.00 |
| | 40-49 | $2,773.00 | $2,369.00 | $1,455.00 | $1,647.00 |
| | 50-54 | $3,146.00 | $2,803.00 | $1,717.00 | $1,719.00 |
| | 55-59 | $3,474.00 | $3,392.00 | $2,070.00 | $2,185.00 |
| | 60-64 | $4,219.00 | $4,331.00 | $2,656.00 | $2,576.00 |
| | 65+ | $5,992.00 | $5,908.00 | $3,625.00 | $3,265.00 |

**RealCare Insurance Marketing Inc will charge a separate $20 monthly fee for administrative services provided to C.A.R. Members**

# Delta Dental Plan Options through the Associations

## Effective Date: December 01, 2013 - November 30, 2014

| Insurance Carrier | DeltaCare USA #06266-0001 | Delta Dental #7314-0190 |
|---|---|---|
| Plan Name | Plan 11B | Fee For Service |
| Plan Type | DHMO | Premier DPO |
| Calendar Year Maximum | Unlimited | $1,000 |
| Deductible: | None | Single $50/Family $ 150 |
| Waived for Preventive | Not Applicable | Yes |
| Diagnostic | | *"Delta Pays"* (A) |
| Office Visit | $20 copay | $26.00 |
| Periodic Oral Evaluation | No Charge | $17.00 |
| Comprehensive Oral Evaluation | No Charge | $22.00 |
| Bitewing X-rays | No Charge | $12.00 - $26.00 |
| Other X-rays | No Charge | $5.00 - $50.00 |
| Preventive | | *"Delta Pays"* (A) |
| Cleanings Adult | No Charge | $40.00 |
| | Additional Cleanings: $45.00 | Not Applicable |
| Child through Age 13 | No Charge | $32.00 |
| | Additional Cleanings: $35.00 | Not Applicable |
| | | *"Delta Pays"* (A) |
| Restorative | No Charge - $240 copay | $53.00 - $148.00 |
| Oral Surgery | No Charge - $110 copay | $26.00 - $175.00 |
| Endodontics (Root Canals) | No Charge - $250 copay | $50.00 - $402.00 |
| Periodontics (Deep Cleaning) | $80 copay - $280 copay | $39.00 - $448.00 |
| | | *"Delta Pays"* (A) |
| Waiting Period | None | None |
| Crowns | $55 copay - $240 copay | $343.00 - $391.00 |
| Prosthodontics, Removable | $20 copay - $210 copay | $255.00 - $676.00 |
| Prosthodontics, Fixed | $40 copay - $240 copay | $191.00 - $605.00 |
| Orthodontia | | |
| Pretreatment/Post Treatment | $200 copay / $70 copay | NOT COVERED |
| Limited Treatment Child to 19 | $950 copay | |
| Limited Treatment 19 to Adult | $1,150 copay | |
| Comprehensive Treatment Child to 19 | $1,700 copay | |
| Comprehensive Treatment 19 to Adult | $1,900 copay | |
| **Monthly Premium Rate** | | |
| Subscriber Only | 38.80 | 53.10 |
| Subscriber+1 | 58.47 | 93.24 |
| Subscriber+2 or more | 82.42 | 122.25 |

(A) For each procedure, you are responsible for the portion of the dentist's fee that is more than the amount listed in the "Delta Dental Pays" column.

# Vision Plan through Associations

**Effective Date December 01, 2013 - November 30, 2014**

| MEDICAL EYE SERVICES (MES) | | |
|---|---|---|
| **Vision Benefits** | **In-Network** | **Out-of-Network** |
| **Deductible:**<br>**Exams**<br>**Material** | <br>**$10 deductible**<br>**$15 deductible** | <br>**$10 deductible**<br>**$15 deductible** |
| **Exam** | **One comprehensive exam in any 24 consecutive months, with a follow-up exam at a 12 month interval.** | |
| **Comprehensive Exam**<br>**Follow-Up Exam** | **No Charge**<br>**No Charge** | **Up to $40**<br>**Up to $20** |
| **Lenses (per pair)** | **1 pair of standard lenses in any 24 consecutive months, or at a 12 month interval if the prescription changes.** | |
| **Frames** | **1 standard frame in any 24 consecutive months.** | |
| | **Up to retail cost of $100** | **Up to $40** |
| **Contact Lenses** | **1 pair of standard lenses in any 24 consecutive months, or at a 12 month interval if the prescription changes.** | |
| **Cosmetic/Convenience**<br>**Medically Necessary** | **Up to $105**<br>**No Charge** | **Up to $100**<br>**Up to $250** |

**Application Requirements**

Member/Employer group applications may be submitted at any time. Applications for new hires should be enrolled within 30 days following the date of eligibility. Dependents must be enrolled during initial enrollment period. If a member enrolls at any other time than December, the annual rate will be pro-rated.

**Premium Rates**

| | **Subscriber** | **Subscriber & Spouse OR Subscriber & (1) Child** | **Subscriber & Family** |
|---|---|---|---|
| **Annual Rates** | **$95.40** | **$179.40** | **$241.20** |

**Monthly rates available for groups with medical coverage upon request.**

## Other Services:

Long Term Care Plans
Long Term Disability Plans
Life Insurance Options
Medicare Supplements