

BENEFITS COMPARISON 2008

Benefits	SISC III PPO	Kaiser	
Hospital Services	-All medically necessary services	No Charge No Charge - Outpatient Procedure	No Charge \$25.00 - Outpatient Procedure
Physician Services	-Office visits -Specialist -Allergy testing -Allergy injections	\$30/visit \$30/visit No Charge No Charge	\$25/visit \$25/visit \$25/visit \$5/visit
Prescribed Medical Services	-Laboratory tests and x-ray -Physical, speech, and occupational therapy	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 \$30/visit No Charge \$30/visit	No Charge No Charge \$25/visit \$25/visit \$25/visit \$25/visit
Prescription Drug Benefit	-Generic -Brand -Infertility drugs & supplies -Sexual dysfunction drugs	\$7 for a 30 day supply \$25 for a 30 day supply Not Covered 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 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 (up to 30 days per calendar year combined with substance abuse) 1-6 visits No Charge, 7-20 visits \$15, 21-50 Visits \$30 (Within network)	No Charge (up to 30 days per calendar year) \$25/individual visit or \$12/group visit (up to 20 individual and/or group visits per calendar year)
Alcohol and Drug Dependency Rehabilitation	-Services available for treatment of chronic drug, alcohol or other dependency	Inpatient – No Charge Covered in full (30 day maximum each calendar year combined with mental health) Outpatient – No Charge (one chemical dependency treatment program per calendar year, three treatment programs per lifetime)	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 \$50.00 per visit (Up to 26 visit/year)	\$50/trip \$25 per procedure \$25 per procedure 50% of Charges No Charge \$15 (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	\$7/25 per prescription (30 day supply) \$7/25 per prescription (30 day supply) \$7/25 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) No Charge No Charge
Emergency Coverage	-Emergency care	No Charge	\$50/visit - Waived if admitted to hospital
Out of Area Coverage	-Emergency care	No Charge	\$50/visit - Waived if admitted to hospital
Premiums Effective 01/08	-Single -2-party -Family	\$ 524.00 per month \$1,127.00 per month \$1,547.00 per month	\$ 308.96 per month \$ 664.27 per month \$ 911.44 per month

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>Santa Rosa Junior College Dental Plan</u> (Administered by Shirrell Consulting Services)</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 \$1,750.00 per contract year (October 1 - September 30). The following progression of coverage levels exists <u>only if regular, continued preventive care occurs</u>:</p> <table border="0"> <tr> <td>1st Contract Year:</td> <td></td> <td></td> </tr> <tr> <td>Preventive Care</td> <td>80%</td> <td></td> </tr> <tr> <td>Restorative Care</td> <td>60%</td> <td></td> </tr> <tr> <td>2nd Contract Year:</td> <td></td> <td></td> </tr> <tr> <td>Preventive Care</td> <td>90%</td> <td></td> </tr> <tr> <td>Restorative Care</td> <td>70%</td> <td></td> </tr> <tr> <td>3rd Contract Year:</td> <td></td> <td></td> </tr> <tr> <td>Preventive Care</td> <td>100%</td> <td></td> </tr> <tr> <td>Restorative Care</td> <td>90%</td> <td></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>Life Insurance Plan</u> (Insured by Standard Insurance Company)</p> <p>Amounts indicated below are doubled in the case of accidental death. Employees who qualify may purchase up to \$100,000 in supplemental coverage <u>for employees only</u> 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></td> <td></td> </tr> <tr> <td>Thru age 69</td> <td>\$50,000</td> <td></td> </tr> <tr> <td>70 and over</td> <td>\$25,000</td> <td></td> </tr> <tr> <td>Employees' Family:</td> <td></td> <td></td> </tr> <tr> <td>Spouse (any age)</td> <td>\$ 5,000</td> <td></td> </tr> <tr> <td>Children thru 23</td> <td>\$ 5,000</td> <td></td> </tr> </table>	Employees' Benefits:			Thru age 69	\$50,000		70 and over	\$25,000		Employees' Family:			Spouse (any age)	\$ 5,000		Children thru 23	\$ 5,000		<p><u>Vision Plan</u> (Insured by Vision Service Plan, VSP)</p> <p><u>Coverage detailed below is only guaranteed for Member Doctors.</u> There is a \$10.00 deductible 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 year (\$120.00 allowance) (only some frames are fully paid) <p>What about contact lenses?</p> <ul style="list-style-type: none"> - \$105.00 toward lenses - \$10.00 deductible for exam - After obtaining contacts, you are not eligible for frames for another 2 years. <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>Employee Assistance Program</u> (Family and Community Counseling Services)</p> <p>You and/or your family can receive counseling assistance. This is completely confidential. No one at work will know unless you tell them. Just call the Family and Community Counseling Services (545-4551). The first two appointments (for assessment and referral) are a free benefit.*</p> <p>Types of services provided:</p> <ul style="list-style-type: none"> Stress/Depression Alcohol/drug programs Adolescent/children services Elder care counseling Marital/family relationships Mental health consultation Chronic illness <p>*Two additional appointments are available to employees at a cost of \$25.00 each session.</p>	<p><u>Long-Term Disability</u> (Insured by Principal Financial Group)</p> <p>Coverage is 66 2/3% of your salary. Coverage begins 60 calendar days after the incident or after expiration of all available leaves, whichever is greater.</p> <p>Benefit Period: - Employees vested in STRS: 1 year</p> <p>- All other Employees including PERS members and non-vested STRS members:</p> <table border="0"> <thead> <tr> <th><u>Age at Disability</u></th> <th><u>Maximum Period</u></th> </tr> </thead> <tbody> <tr> <td>Under 64</td> <td>through normal Social Security retirement age</td> </tr> <tr> <td>65 – 67</td> <td>24 Months</td> </tr> <tr> <td>68 – 69</td> <td>18 Months</td> </tr> <tr> <td>70 – 71</td> <td>15 Months</td> </tr> <tr> <td>72 & Over</td> <td>12 Months</td> </tr> </tbody> </table>	<u>Age at Disability</u>	<u>Maximum Period</u>	Under 64	through normal Social Security retirement age	65 – 67	24 Months	68 – 69	18 Months	70 – 71	15 Months	72 & Over	12 Months	<p><u>Eligibility for Fringe Benefits</u></p> <p><i>Classified – 50% or greater*</i> <i>Faculty – Regular and Contract Faculty greater than 60%*</i> <i>Adjunct Faculty (40% Load) – Access to Blue Shield or Kaiser Coverage at 50% cost</i> <i>Management – 50% or greater*</i></p> <p>Call the Benefits Specialist in Human Resources Department, 527-4304 if you have any questions.</p> <p style="text-align: right;">*benefits are pro rata</p>																																	
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2/13/2008