

BENEFITIS COMPARISON 2006

Benefits	Health Net HMO 28Q	Health Net PPO 389	Kaiser Option 5	
Hospital Services	-All medically necessary services	\$500.00 Inpatient \$500.00 Outpatient Surgery	10% After \$500.00 calendar year deductible 10% After \$500.00 calendar year deductible	\$500.00 Inpatient \$25.00—Outpatient Procedure
Physician Services	-Office visits -Specialist -House calls if necessary -Allergy testing -Allergy injections	\$25/visit \$25/visit \$40/visit No Charge No Charge	\$15/visit \$15/visit 10% After \$500 deductible \$15 \$15 (serum not included) Serum 10% After \$500	\$25/visit \$25/visit No Charge \$25/visit \$5/visit
Prescribed Medical Services	-Laboratory tests and x-ray -Physical, speech, and occupational therapy	No Charge No Charge	10% After \$500 deductible 10% After \$500 deductible	No Charge \$25/visit
Preventative Care	-Well baby care -Immunizations (birth to 18) -Immunizations (19 and older) -OB/GYN exam -Hearing screening and exam -Vision screening and exam	\$25/visit No Charge \$25/visit \$25/visit \$25/visit \$25/visit	\$15/visit \$15 (through age 16) 10% After \$500 deductible \$15/visit \$15 (through age 16) \$15 (through age 16)	\$5/visit No Charge No Charge \$25/visit \$25/visit \$25/visit
Prescription Drug Benefit	-Generic -Brand -Non-formulary -Infertility drugs & supplies -Sexual dysfunction drugs	\$10 for a 30 day supply \$25 for a 30 day supply \$35 for a 30 day supply 50% of charges 50% (limited to two doses/week or 8 tablets/month)	\$10 for a 30 day supply \$25 for a 30 day supply \$35 for a 30 day supply 10% After \$500 deductible (Lifetime max \$2000) Not covered	\$10 for a 100 day supply \$25 for a 100 day supply Available at Kaiser cost 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 (30 day maximum each calendar year combined with substance abuse) \$20/individual visit or \$10/group visit (20 day maximum each calendar year combined with substance abuse)	10% After \$500 Deductible \$15 (Severe mental disorder) 10% After \$500 (Non-severe mental disorder)	\$500 (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 - \$20/individual, \$10/group (20 visits each calendar year combined with mental health)	10% After \$500 deductible 10% After \$500 deductible	Inpatient – \$500 Hospital copay Outpatient – \$25/individual, \$5/group
Extended Care	-Skilled nursing facility stay	\$500.00/copay limited to 100 days per calendar year	10% After \$500 deductible	No Charge – limited to 100 days/benefit period
Special Services	-Ambulance Service -Voluntary sterilization by vasectomy -Voluntary sterilization by tubal ligation -Family planning and certain infertility services -Hospice	No Charge \$50.00 \$150.00 50% of Charges No Charge	10% After \$500 deductible 10% After \$500 deductible 10% After \$500 deductible 10% After \$500 deductible 10% After \$500 deductible	\$50/trip No Charge No Charge 50% of Charges No Charge
Durable Medical Equipment	-Prosthetic devices, orthotic appliances and durable medical equipment (DME) ordered by plan physician with prior Authorization	No Charge	10% After \$500 deductible	No Charge
Insulin, diabetic Supplies and Self injectables	-Insulin -Syringes & needles -Monitoring strips and supplies -Diabetic equipment	\$10/25/35 per prescription \$10/25/35 per prescription \$10/25/35 per prescription No Charge	\$25/\$35 per prescription \$25/\$35 per prescription \$25/\$35 per prescription 10% After \$500 deductible	\$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	\$100/visit – Waived if admitted to hospital	10% After \$100 deductible	\$50/visit - Waived if admitted to hospital
Out of Area Coverage	-Emergency care	\$100/visit – Waived if admitted to hospital	10% After \$100 deductible	\$50/visit - Waived if admitted to hospital
Premiums - Effective 07/06	- Single - 2-party - Family	\$ 441.39 per month \$ 948.95 per month \$1,302.06 per month	\$ 665.88 per month \$1,431.67 per month \$1,964.35 per month	\$ 273.19 per month \$ 587.36 per month \$ 805.91 per month
Premiums - Effective 01/07	- Single - 2-party - Family	\$ 498.77 per month \$1,072.31 per month \$1,471.33 per month	\$ 752.44 per month \$1,617.79 per month \$2,219.72 per month	\$ 305.90 per month \$ 657.69 per month \$ 902.41 per month

Santa Rosa Junior College Dental Plan
(Administered by Shirrell Consulting Services)

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 (July 1 – June 30). The following progression of coverage levels exists only if regular, continued preventive care occurs:

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%

Life Insurance Plan
(Insured by Provident Life & Accident Ins. Co.)

Amounts indicated below are doubled in the case of accidental death. 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.

Employees' Benefits:	
Thru age 69	\$50,000
70 and over	\$25,000
Employees' Family:	
Spouse (any age)	\$ 5,000
Children thru 23	\$ 5,000

Vision Plan
(Insured by Vision Service Plan, VSP)

Coverage detailed below is only guaranteed for Member Doctors. There is a \$10.00 deductible for the eye exam.

What is covered:

- 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)

What about contact lenses?

- \$105.00 toward lenses
- \$10.00 deductible for exam
- After obtaining contacts, you are not eligible for frames for another 2 years.

What about **extra**/non-covered glasses or contact Lenses?

- Special discounts may apply if you use the Same doctor who provided exams. (Ask Your doctor for details.)

Employee Assistance Program
(Family and Community Counseling Services)

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.*

Types of services provided:

- Stress/Depression
- Alcohol/drug programs
- Adolescent/children services
- Elder care counseling
- Marital/family relationships
- Mental health consultation
- Chronic illness

*Two additional appointments are available to employees at a cost of \$25.00 each session.

Long-Term Disability
(Insured by Principal Financial Group)

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.

Benefit Period:

- Employees vested in STRS: 1 year

- All other Employees including PERS members and non-vested STRS members:

<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

Eligibility for Fringe Benefits

*Classified – 50% or greater**
*Faculty – Regular and Contract Faculty greater than 60%**
Adjunct Faculty (40% Load) – Access to Health Net and Kaiser
Coverage at 50% cost
*Management – 50% or greater**

Call the Benefits Specialist in Human Resources Department, 527-4304 if you have any questions.

**benefits are pro rata*