



Effective October 1, 2021

| Group # 602375 | Kaiser HMO | Kaiser HSA | | |
|--------------------------------|-------------------|--------------------------|----------------|-----------------|
| Plan | \$20 Plan | \$1,500 DHMO Plan | | |
| Deductible Single | None | \$1,500 | | |
| Deductible Family | None | \$3,000 (\$2,800) | | |
| Physician's Office Care | | | | |
| Office Visit Copay | \$20 | 20% after ded | | |
| Routine Physicals | No Charge | No Charge | | |
| Well Baby Care | No Charge | No Charge | | |
| Labs and X-rays | \$10 | 20% after ded | | |
| Chiro/Acupuncture | \$15 Copay | Not Available | | |
| Prescription Drugs | | | | |
| Generic | \$10 (30 day) | \$10 (\$20) after ded | | |
| Brand Name | \$30 (30 day) | \$20 (\$40) after ded | | |
| Mail Order (100 Days) | 2 times copay | 2 times copay | | |
| Hospital Care | | | | |
| Urgent Care | \$20 | 20% after ded | | |
| In-Patient Hospital | \$500 / admit | 20% after ded | | |
| Out-Patient Services | \$250 / procedure | 20% after ded | | |
| Hospital Emergency | \$150 / visit | 20% after ded | | |
| Maximum Out-of-Pocket | | | | |
| Individual | \$3,000 | \$3,000 | | |
| Family | \$6,000 | \$6,000 | | |
| Max. Lifetime Benefit | Unlimited | Unlimited | | |
| | Premium | Emp Cost | Premium | Emp Cost |
| Employee | \$743.71 | \$120 | \$578.34 | \$40 |
| Employee + Spouse | \$1,636.18 | \$250 | \$1,272.34 | \$80 |
| Employee + Child(ren) | \$1,487.43 | \$240 | \$1,156.67 | \$80 |
| Family | \$2,231.15 | \$350 | \$1,735.01 | \$120 |

Premium and Emp cost shown is monthly



| Dental PPO | Guardian Dental, Group # 441291 | |
|-------------------------------|--|-------------------------|
| Benefits | Contracted Provider | Non-Contract Provider |
| Calendar Year Max. Benefit | \$1,500 | \$1,000 |
| Calendar Year Deductible | \$50 Per Member, 3 Per Family | |
| Preventive Services: | 100% | 80% (Subject to UCR) |
| Exam, X-rays, Cleaning | Deductible Waived | |
| General/Basic Services: | 80% | 70% (Subject to UCR) |
| Fillings, Endodontic, Perio. | | |
| Major Services: | 50% | 40% (Subject to UCR) |
| Crowns, Bridges, Dentures | | |
| Orthodontic Services: | 50% | 50% (Subject to UCR) |
| Child and Adult | | |
| Orthodontics Lifetime Maximum | \$1,000 | |
| Maximum Rollover | Threshold \$500, In network \$350 (\$250 Out), limit \$1,000 | |
| | Premium | Monthly Emp Cost |
| Employee | \$69.57 | \$35 |
| Employee + Spouse | \$131.82 | \$66 |
| Employee + Child(ren) | \$167.09 | \$84 |
| Family | \$229.34 | \$115 |



| Dental DHMO | Guardian Dental, Group # 441291 | |
|----------------------------|---|-------------------------|
| Calendar Year Max. Benefit | (Unlimited) See The Guardian Employee Kit Page 3 & 15 | |
| Calendar Year Deductible | \$0, Select a Primary Care Dentist | |
| | Premium | Monthly Emp Cost |
| Employee | \$18.83 | \$5 |
| Employee + Spouse | \$36.63 | \$10 |
| Employee + Child(ren) | \$32.73 | \$10 |
| Family | \$53.78 | \$15 |

Information provided in this handout is for comparison purposes only and is provided without any coverage guarantees. Refer to the insurance carrier plan summary to verify any specific procedures.

(888) 995-3343



| Health Savings Acct | Annual TKA Contribution |
|-----------------------|-------------------------|
| Employee | \$500 |
| Employee + Dependents | \$1,000 |

| HSA Deposit Limits Per IRS Code | | |
|---------------------------------|---------|---------|
| 2021-2022 Plan Year | 2021 | 2022 |
| Single | \$3,600 | \$3,650 |
| Family (2 or more) | \$7,200 | \$7,300 |
| Catch-Up (55 or older) | \$1,000 | |

| Voluntary Vision Plan - VSP Guardian | |
|--------------------------------------|----------------------------|
| Exams (Every 12 months) | \$10 |
| Materials (Every 24 months) | \$25 |
| Lenses | Contracted Provider |
| Single, Bifocal | Covered in Full |
| Trifocal | Covered in Full |
| Frames | \$120 + 20% |
| Contacts | \$120.00 |
| | Monthly Emp Cost |
| Employee | \$13.81 |
| Employee + Spouse | \$23.24 |
| Employee + Child(ren) | \$23.70 |
| Family | \$37.50 |

| Guardian Life Insurance |
|------------------------------|
| \$30,000 Basic Life and AD&D |

| Optional FSA Plan Available (800) 473-9595 |
|---|
| Pre-Tax Contributions may be made to your FSA up to \$2,750 Medical, \$5000 Dependent Care, Transit |



| Group # 222304 | Sutter Health HMO | Sutter Health HSA | | |
|--|----------------------|--|----------------|-------------------------|
| Plan | HMO 20 | HSA 1500 | | |
| Deductible Single | \$500 | \$1,500 | | |
| Deductible Family | \$1,000 | \$3,000 (Single person \$2,800) | | |
| Physician's Office Care | | | | |
| Office Visit Copay | \$20 | \$20 after deductible | | |
| Routine Physicals | No Charge | No Charge | | |
| Well Baby Care | No Charge | No Charge | | |
| Labs and X-rays | \$10 - \$50 | \$10 - \$50 after deductible | | |
| Chiro/Acupuncture | \$10 (30 visits) | Not Available | | |
| Prescription Drugs- (Mail Order -90 Days) | | | | |
| Generic | \$10 (\$20) | \$10 (\$20) after deductible | | |
| Brand Name | \$30 (\$60) | \$30 (\$60) after deductible | | |
| Non-Formulary | \$60 (\$120) | \$60 (\$120) after deductible | | |
| Hospital Care | | | | |
| Urgent Care | \$20 | \$20 after deductible | | |
| In-Patient Hospital | 10% after deductible | \$250 per day (5 max) after deductible | | |
| Out-Patient Services | 10% after deductible | \$20 copay after deductible | | |
| Hospital Emergency | 10% after deductible | \$100 copay after deductible | | |
| Maximum Out-of-Pocket | | | | |
| Individual | \$3,000 | \$3,000 | | |
| Family | \$6,000 | \$6,000 | | |
| Max. Lifetime Benefit | Unlimited | Unlimited | | |
| | Premium | Monthly Emp Cost | Premium | Monthly Emp Cost |
| Employee | \$890.20 | \$120 | \$757.10 | \$40 |
| Employee + Spouse | \$1,958.20 | \$250 | \$1,665.60 | \$80 |
| Employee + Child(ren) | \$1,780.20 | \$240 | \$1,514.20 | \$80 |
| Family | \$2,670.60 | \$350 | \$2,271.30 | \$120 |

ded = deductible

Premium and Emp cost shown is monthly

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*If the eligible employee elects not to receive the medical insurance benefit, a \$500 FSA contribution will be automatically made on an annual basis.



| Voluntary Life | Guardian, Group # 441291 |
|--|---|
| Employee Benefit | Additional life insurance up to \$500,000 |
| Spouse & Child | Spouse 50% of emp amount, Child 10% of emp amount |
| Guarantee Issue | \$200,000 Employee, \$50,000 Spouse, \$10,000 Child |
| Voluntary Life Insurance is Voluntary, See BeneTrac for rates | |



| Accident - Monthly Cost | Guardian Accident Insurance |
|---|---------------------------------------|
| Employee Only - \$18.27 | Hospital Admission - \$1,000 |
| Employee+Spouse - \$30.85 | Knee Cartilage, Tendon/Ligament \$500 |
| Employee+Child(ren) - \$31.80 | Physical Therapy \$25 |
| Employee+Family - \$44.38 | Urgent Care \$75 |
| Accident Insurance is Voluntary, See Plan Summary for Coverage | |



| Cancer - Monthly Cost | Guardian Cancer Insurance |
|---|------------------------------------|
| Employee Only - \$18.54 | Initial Diagnosis \$2,500 |
| Employee+Spouse - \$37.34 | Chemotherapy, up to \$4,000 |
| Employee+Child(ren) - \$21.48 | Surgery \$500-\$2,000 |
| Employee+Family - \$40.28 | Hospital Confinement \$300 per day |
| Cancer Insurance is Voluntary, See Plan Summary for Coverage | |

Retirement Plan - The Standard

During the 2021-2022 school year TKA will contribute 3% of each eligible individual's base salary or hourly compensation to a 403(b) account in that employee's name. A matching 3% is also available when the employee contributes 3% or more to this fund. Eligibility for this plan begins immediately upon employment.

Additional voluntary contributions may be made by the employee to their 403(b) account administered by The Standard. Please visit: www.standard.com/retirement or (800) 858-5420

