

# AGENDA

## BOARD OF DIRECTORS

GARRY BREDEFELD  
NATHAN MAGSIG  
BUDDY MENDES  
LARRY MICARI  
BRIAN PACHECO  
AMY SHUKLIAN  
PETE VANDER POEL

**Meeting Location:**  
**County of Fresno**  
**Board of Supervisors Chambers**  
**2281 Tulare Street, #301**  
**Fresno, CA 93721**  
**December 12, 2025 9:00 AM**

*In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the SJVIA Manager at 559-600-1801 or the Assistant SJVIA Manager at 559-636-4900. Notification 48 hours prior to the meeting will help enable staff to make reasonable arrangements to ensure meaningful access.*

1. Call to Order
2. Pledge of Allegiance
3. Roll Call
4. Approval of Agenda (A)
5. Approval of Consent Agenda – Item Numbers 19-24 (A)

*These matters are routine in nature and are usually approved by a single vote. Prior to action by the Board, the Board Members and the public will be given the opportunity to remove any item from the Consent Calendar. Items removed from the Consent Calendar may be heard immediately following approval of this Consent Calendar or set aside until later in the meeting.*

6. Public Comment: At this time, members of the public may comment on any item, within the jurisdiction of the SJVIA, not appearing on the agenda. In order for everyone to be heard, please limit your comments to three minutes or less. Anyone wishing to be placed on the agenda for a specific topic should contact the SJVIA Manager's Office and submit correspondence at least 14 days before the desired date of appearance.
7. Receive Update from Auditor-Treasurer on Cash Flow Projections (I)
8. Receive Consultant's Medical, Dental, and Vision Experience Reports through September 2025 with Update on Projected Plan Experience Surplus Accumulation and Projections (I)

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9. Receive Keenan Pharmacy Services' Consultant's Report on EmpiRx Pharmacy Utilization (I)
10. Receive Consultant's Report and Approve Plan Year 2026 Stop Loss/Reinsurance Renewal and Marketing Results and Authorize President to Execute Application and Agreement subject to Approval of SJVIA Counsel and Staff (A)
11. Approve Delta Dental PPO Plan Design Change to Include Posterior Composite Benefit Under Basic Services (A)
12. Approve and Authorize President to Execute Amendment No. 1 to Agreement with Keenan & Associates to Receive Health Benefits Consulting and Administration Services for a One-Year Term, Total Not to Exceed \$288,000 (A)
13. Approve and Authorize President to Execute Agreement with Keenan & Associates to Receive Pharmacy Consulting Services with Keenan Pharmacy Services (KPS) for a One-Year Term, Total Not to Exceed \$0.85 Per Member Per Month (A).
14. Receive Update for the RFP Timeline for SJVIA Consulting Services (I)
15. Approve and Authorize President to Execute Legal Services Agreement with Sheppard, Mullin, Richter & Hampton LP for specialized legal services to address the challenges presented by unanticipated high-cost out of network claims, Total Not to Exceed \$50,000, subject to approval as to legal by SJVIA counsel as to legal form (A).
16. SJVIA Director Questions, Announcements, and Activity Reports (Gov. Code, § 54954.2, subd. (a)(2)) (I)

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December 12, 2025 9:00 AM**

## 17. Closed Session

**NOTICE TO THE PUBLIC  
CLOSED SESSION**

As provided in the Ralph M. Brown Act, Government Code sections 54950 et seq., the SJVIA Board may meet in closed session with its attorneys, staff, and consultants. These sessions are not open to the public and may not be attended by members of the public. The matters the Board will meet on in closed session are identified below or are those matters appropriately identified in open session as requiring immediate attention and arising after the posting of the Agenda. Any public reports of action taken in closed session will be made in accordance with Government Code section 54957.1.

It is the intention of the Board to meet in closed session concerning:

**CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION**

Significant Exposure to Litigation (Government Code Section 54956.9(d)(2))

Number of Potential Cases: 1

***The public may comment on Closed Session items prior to the Board's recess to Closed Session.***

## 18. Adjournment

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December 12, 2025 9:00 AM**

### Consent Agenda

19. Approval of Minutes - Board Meeting of August 22, 2025 (A)
20. Approval of Minutes – Special Meeting of the Board September 9, 2025 (A)
21. Approved Proposed 2026 Board Meeting Calendar (A)
22. Approve Amendment No. 4 to Agreement with Transcarent, LLC to Continue to Provide Mobile Phone App-Based Telemedicine Services for an Additional Two-Year Term and Authorize President to Executive Amended Agreement, Total Not to Exceed \$1.30 Per Participant Per Month (A)
23. Approve and Authorize President to Execute SJVIA Participation Agreements for the County of Fresno and the County of Tulare, Effective January 1, 2026 (A)
24. Approval of Minutes – Special Meeting of the Board (Closed Session) November 20, 2025 (A)

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**December 12, 2025 9:00 AM**

**AGENDA DATE:** December 12, 2025

**ITEM NUMBER:** Item #7

**SUBJECT:** Receive Update from Auditor-Treasurer on Cash Flow Projections (I)

**REQUEST(S):** That the Board receives this update on Cash Flow Projections.

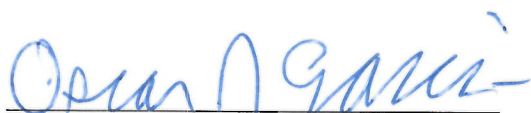
**DESCRIPTION:**

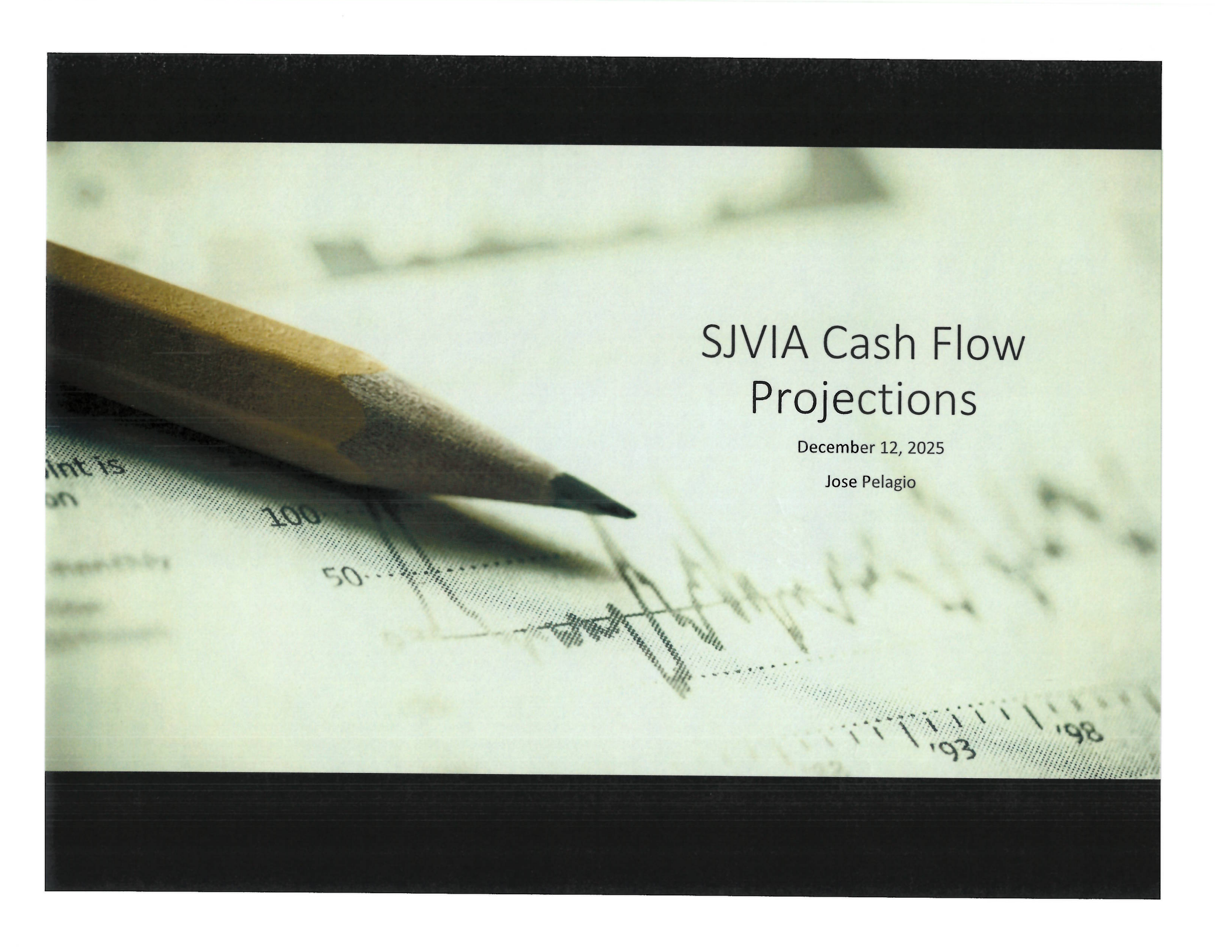
Informational item. Please see attached report.

**FISCAL IMPACT/FINANCING:**

None.

**ADMINISTRATIVE SIGN-OFF:**

  
\_\_\_\_\_  
Oscar J. Garcia, CPA  
SJVIA Auditor-Treasurer

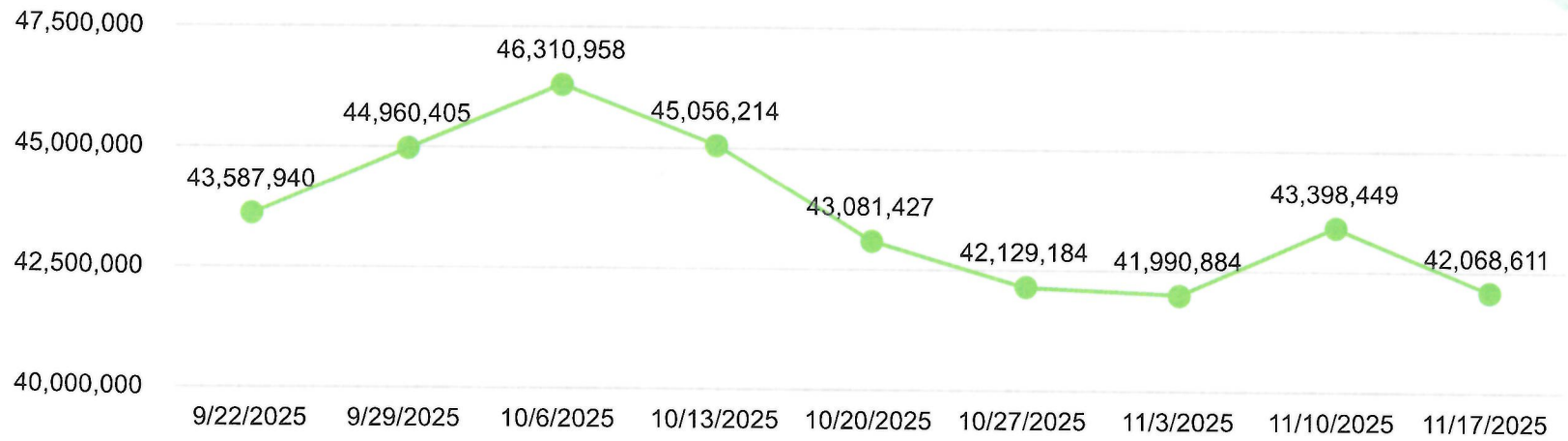
The background of the slide is a photograph of a wooden pencil with a sharpened lead tip, lying diagonally across a financial chart. The chart is a line graph with a grid. The y-axis has labels '100' and '50'. The x-axis has labels for years '93' and '98'. There are two lines plotted: a solid line and a dotted line. The solid line starts at approximately 50 in '93, rises to about 75 in '94, dips to 60 in '95, rises to 80 in '96, dips to 70 in '97, and rises to 90 in '98. The dotted line starts at approximately 50 in '93, rises to about 60 in '94, dips to 50 in '95, rises to 65 in '96, dips to 55 in '97, and rises to 70 in '98. The title 'SJVIA Cash Flow Projections' is overlaid on the right side of the chart in a large, black, sans-serif font.

# SJVIA Cash Flow Projections

December 12, 2025

Jose Pelagio

Weekly Average Cash Position



Weekly Cash Average  
\$43,620,453

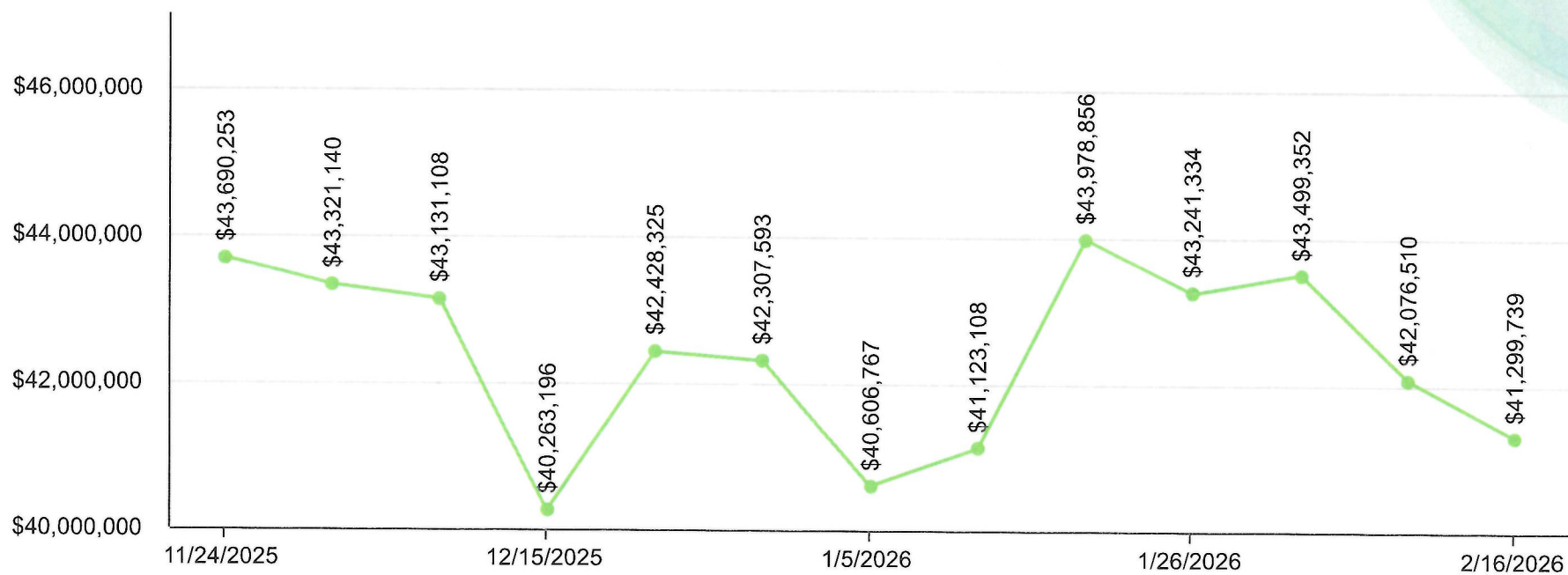
Low: \$ 41,990,884

High: \$ 46,310,958

Anthem Claims Weekly Average: \$ 1,739,679



Weekly Projected Average Cash Position



Projected Average Cash Position  
\$42,382,099

SJVIA Reserves, Liabilities & Cash Balance	
Cash Balance as of 11/20/2025	43,125,833
Incurred But Not Reported (IBNR)	(10,613,090)
Excess/(Deficit) of Cash	32,512,743
3-Month Stabilization	(20,741,256)
Excess/(Deficit) of Cash	11,771,487
COF Gallagher Settlement	(4,000,000)
COT Gallagher Settlement	(3,000,000)
Total Excess/(Deficit) of Cash	4,771,487

- This table depicts whether our current cash balance is sufficient to cover our projected Incurred But Not Reported (IBNR), maintain our 3-month stabilization target, and settlement set aside.
- As of 11/20/2025, there was enough cash on hand to cover the IBNR, 3-month stabilization target, and Gallagher Settlement.

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**AGENDA DATE:** December 12, 2025

**ITEM NUMBER:** Item 8

**SUBJECT:** Receive Consultant's Medical, Dental, and Vision Experience Reports through September 2025, with Update on Projected Plan Experience Surplus Accumulation and Projections (I)

**REQUEST(S):** That the Board receive the Consultant's medical, dental, and vision experience reports through September 2025, and update on projected plan experience accumulation.

**DESCRIPTION:**

The Consultant's report shows that on a total cost basis from January through September 2025 (2025 YTD), the self-insured medical premium of \$82,499,536 was less than the nine-month plan cost of \$88,009,143 for a deficit position of (\$5,509,606) or a 106.9% loss ratio. Quarterly prescription drug rebates for 3<sup>rd</sup> Quarter 2024, 4<sup>th</sup> Quarter 2024 and 1<sup>st</sup> Quarter 2025 amounted to \$5,170,420, which lowered the deficit position to \$339,186 for an overall net loss ratio of 100.4%.

For the self-insured dental plan, on a total cost basis, the dental premium of \$4,324,284 exceeded the total cost of \$4,057,638, for a surplus accumulation of \$266,645, or a 93.8% loss ratio.

The vision plan remains fully insured and has a surplus accumulation of \$80,175, for an 88.2% loss ratio. Under the fully insured arrangement, all deficit or surplus positions remain with the carrier.

Keenan projected a \$420,109 accumulation for the 2025 plan year. The accumulation is built from premiums exceeding plan costs, built-in margin on the Kaiser plan, prescription drug rebates, and other sources. The 2025 YTD position is \$176,428 which is 42.0% of the annual target and \$243,681 short of the annual projection.

**AGENDA:** San Joaquin Valley Insurance Authority  
**DATE:** December 12, 2025

Please note this is the Consultant's report. Prior to allocating funds for the IBNR reserve and stabilization reserve, the SJVIA Auditor will provide the unaudited reserve accumulation based on actual revenue received and actual expenses paid. Additionally, due to rounding, figures in this report may be off by de minimis amounts.

**FISCAL IMPACT/FINANCING:**

The 2025 YTD plan year experience resulted in a \$5,509,606 medical deficit and a \$266,645 dental surplus.


Other sources contributing to the SJVIA's position include:

- Prescription drug rebates of \$5,170,420, and
- Kaiser margin of \$248,969.

The collective 2025 YTD reserve accumulation is \$176,428. This is based on the Consultant's report; the Auditor will provide the unaudited reserve accumulation based on actual revenue received and actual expenses paid.

**ADMINISTRATIVE SIGN-OFF:**

  
\_\_\_\_\_  
Hollis Magill  
SJVIA Manager

  
\_\_\_\_\_  
Lupe Garza  
SJVIA Assistant Manager



December 12, 2025

## SJVIA Board Meeting: Consultant's Report – 2025 Plan Experience (Medical, Dental, and Vision) through September 2025

This report provides a summary of the plan experience from January 1 through September 30, 2025 (2025 YTD), for the self-funded medical and dental plans, as well as the fully insured vision plan (Kaiser and Delta Dental DHMO experience is not reported).

2025 SJVIA medical/Rx premium rate equivalents were developed based on underwriting plan experience, and crediting prescription drug rebates. The premium equivalent rates alone develop a deficit position of \$5,509,606. When we add in the prescription drug rebates, SJVIA's accumulated deficit is \$339,186. The self-funded dental plans developed a \$266,645 surplus. For an overall 2025 YTD SJVIA deficit position of \$72,541.

YTD (September)	COF	COT	Total
Gross Medical/RX	\$445,126	\$5,064,480	\$5,509,606
RX Rebates	\$2,998,299	\$2,172,121	\$5,170,420
<b>Net Medical/RX</b>	<b>\$2,553,173</b>	<b>\$2,892,359</b>	<b>\$339,186</b>
Dental	\$237,713	\$28,932	\$266,645
<b>Total Surplus/Deficit</b>	<b>\$2,790,886</b>	<b>\$2,863,427</b>	<b>\$72,541</b>
Vision (Insured)	\$85,449	\$5,274	\$80,175
<u>Loss Ratio</u>			
Net Medical/RX	100.8%	118.1%	106.9%
Dental	92.0%	97.8%	93.8%
Vision	83.0%	103.0%	88.7%

The SJVIA 2025 YTD -\$72,541 deficit is divided between the two Counties based on plan experience and prescription drug rebates. Fresno County's surplus is \$2,790,886. Tulare County shows a deficit of \$2,863,427.

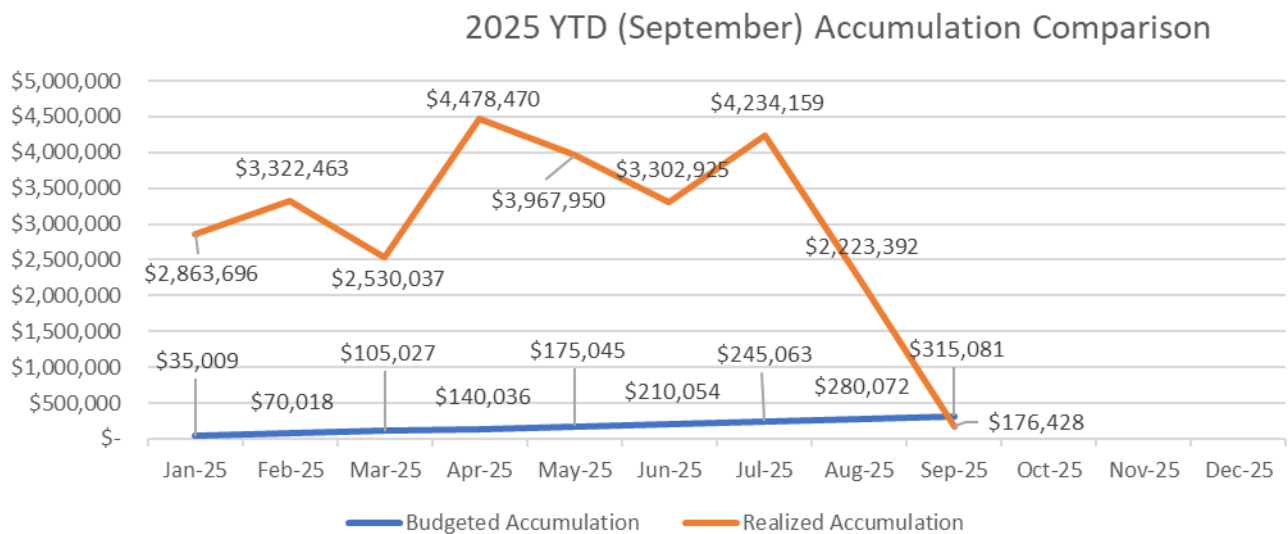
The Vision Service Plan (VSP) vision plan is fully insured and shows an accumulated position of \$80,175 for an 88.7% total cost loss ratio. Under the fully insured arrangement, all deficit or surplus positions remain with the carrier.

The SJVIA budgeted Kaiser margin is \$333,788 for 2025. The 2025 YTD calculated accumulation is \$266,645 compared to a 2025 YTD budgeted accumulation of \$250,344.

Including the Kaiser accumulated surplus, the SJVIA has an overall accumulated position of \$176,428. This is \$243,681 short of the annual budgeted accumulation of \$420,109. The 2025 medical premium equivalent rates did not include margin, thus making the annual budgeted accumulation \$0 for budgeted medical accumulation and an overall budgeted accumulation that is lower than in previous years.

Keenan's projected 2025 prescription drug rebates of \$5,258,880 are underwritten into the 2025 rates and are therefore excluded as a line item in the 2025 budget accumulation. The prescription drug rebates are included in the calculated accumulation with the first three of four quarterly rebates totaling \$5,170,420. The prescription drug rebates represent the rebates for the third quarter and fourth quarter of 2024 and first quarter of 2025. There is typically a six-month lag in the funding of prescription drug rebates.

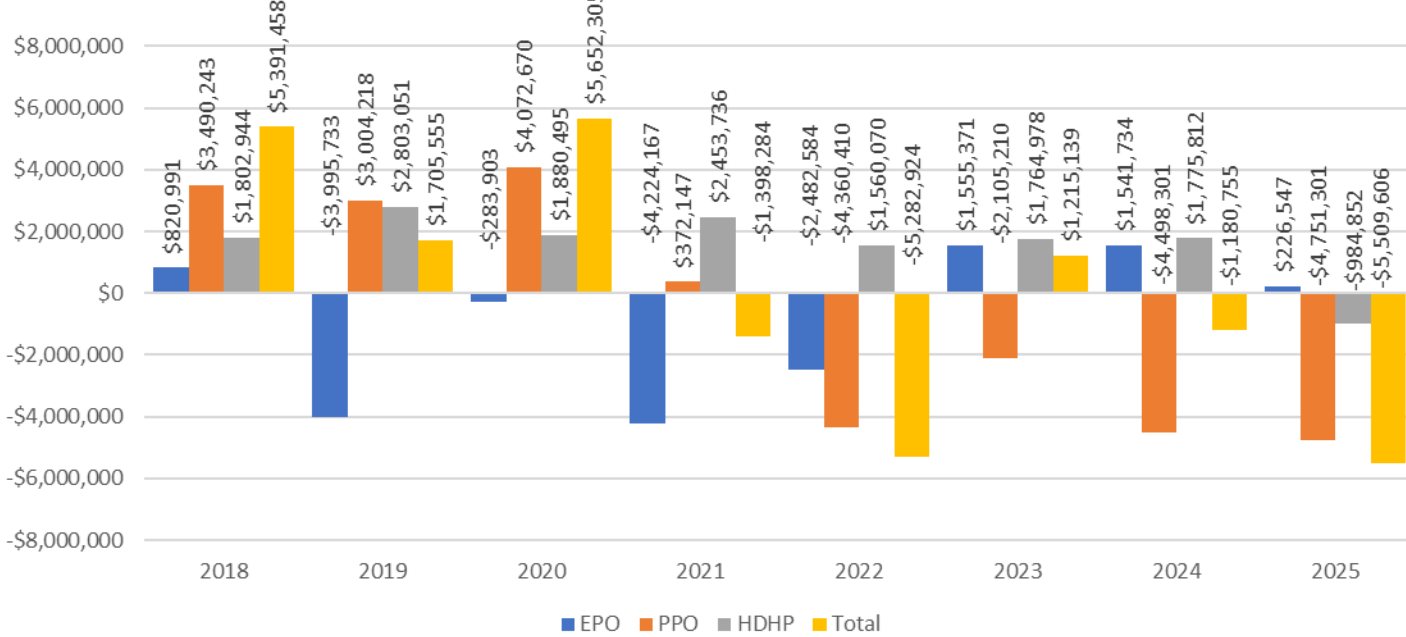
Please note, this is the Consultant's report. Prior to allocating funds for the IBNR reserve and stabilization reserve, the SJVIA Auditor will provide the unaudited cash position based on actual revenue received and actual expenses paid. Minor differences in dollar amounts may exist from the experience reports due to rounding.



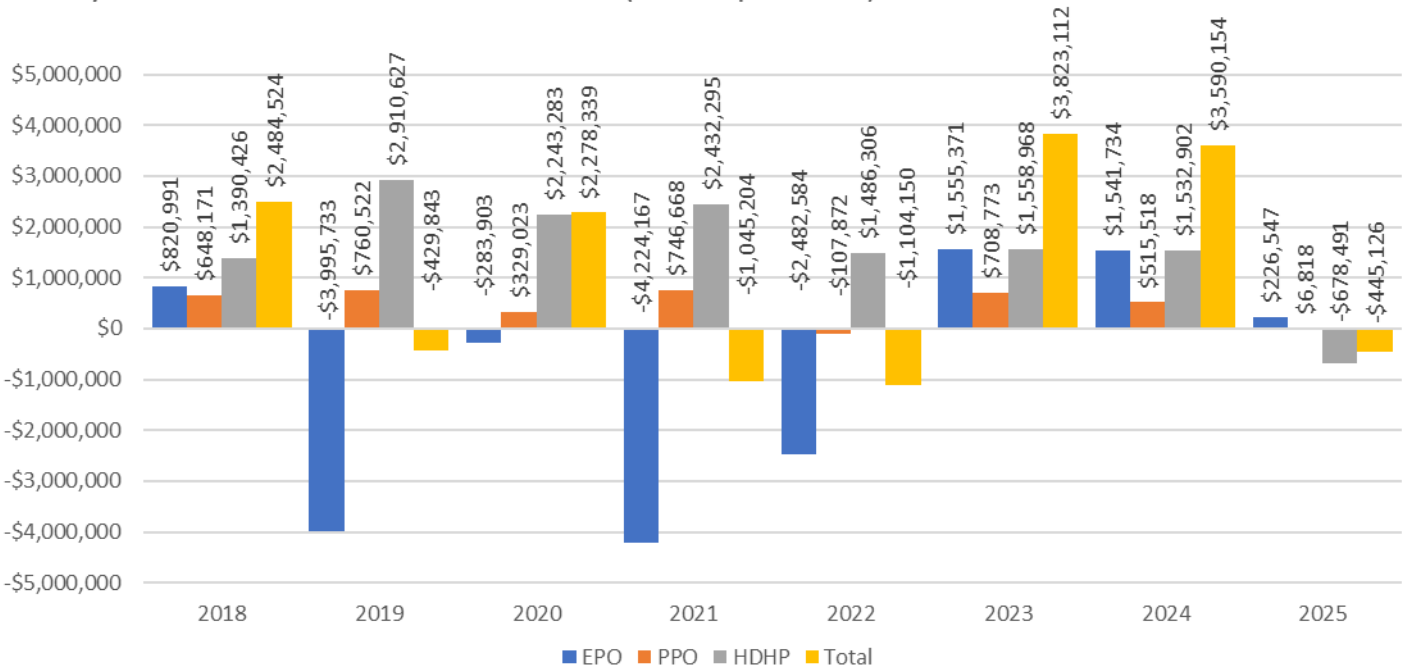
2025 Accumulation Comparison excludes \$400,000 in ARPA funds from Tulare County.

The following self-funded medical/Rx graphs compare premium rate equivalent to total medical/rx cost (prescription drug rebates, ARPA funds, and settlements are excluded)..

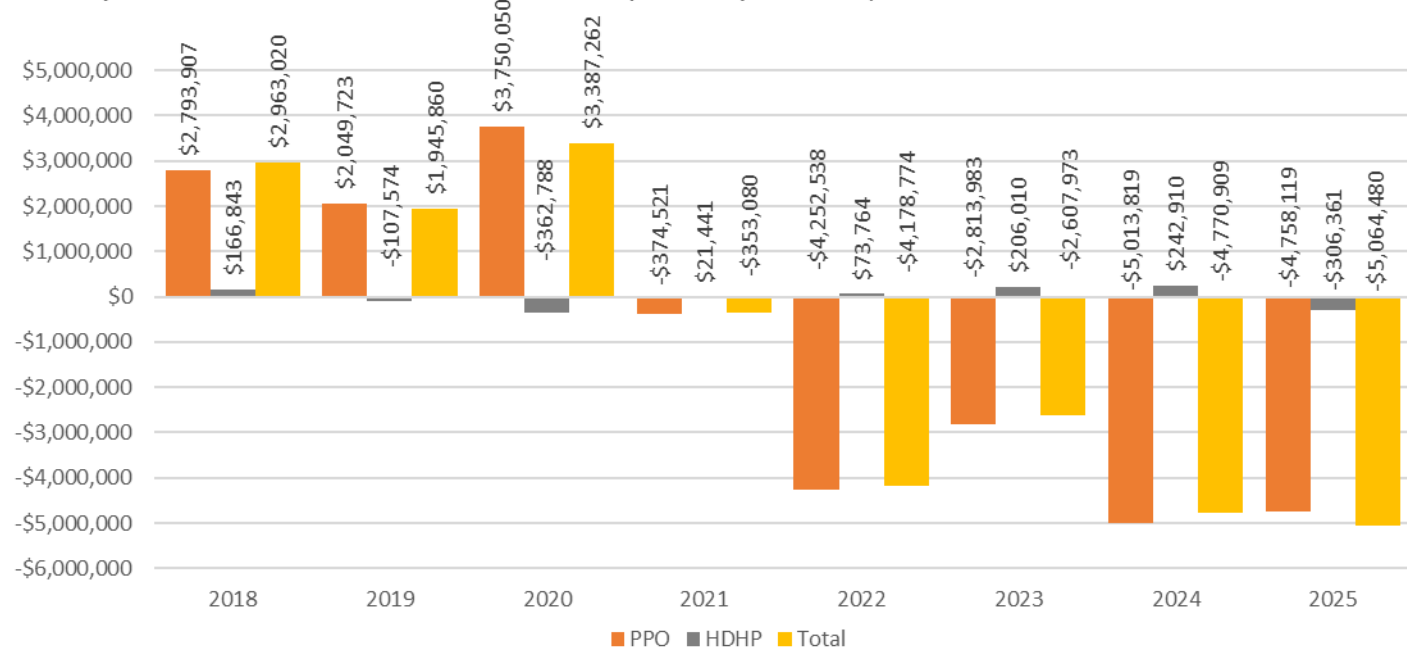
### SJVIA - Medical 2018 to 2025 (YTD September)



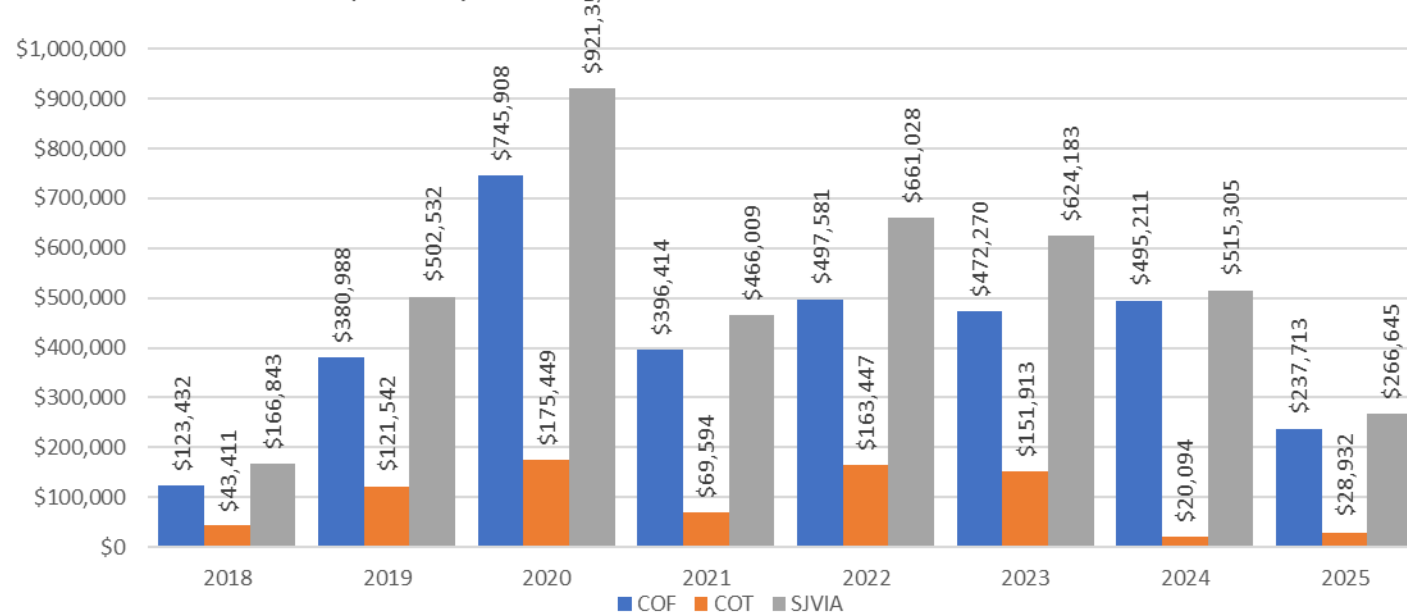
### County of Fresno - Medical 2018 to 2025 (YTD September)



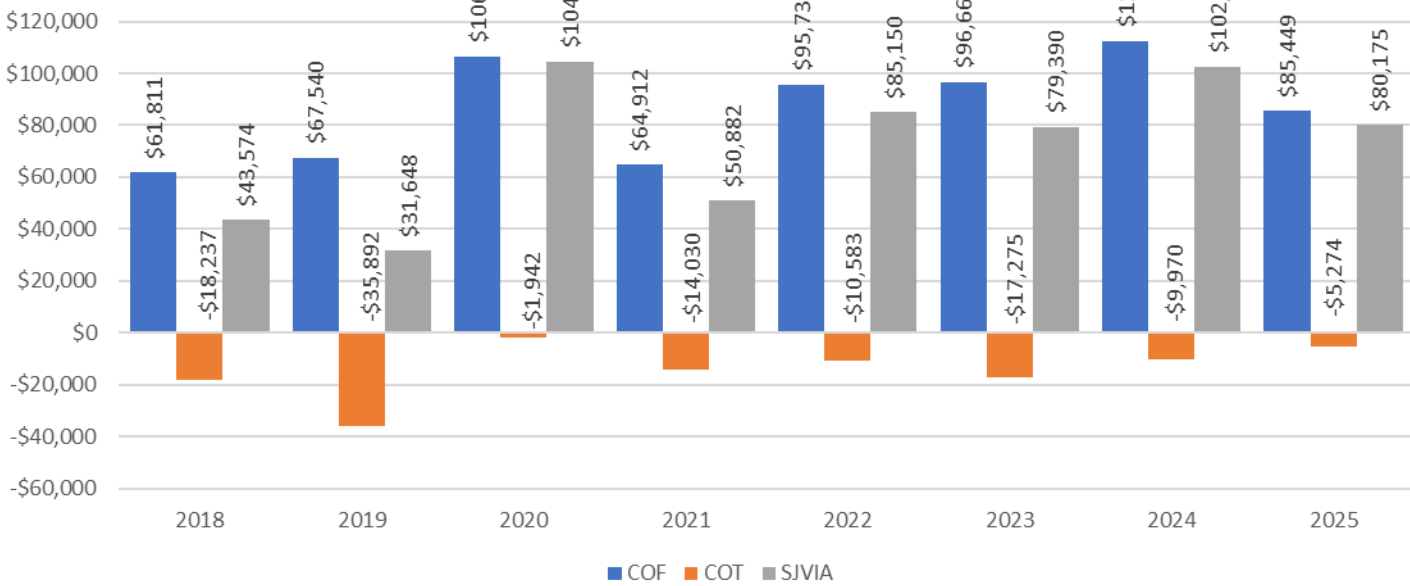
### County of Tulare - Medical 2018 to 2025 (YTD September)



### Dental - 2018 to 2025 (YTD September)



### Vision - 2018 to 2025 (YTD September)



Budget vs. Calculated Accumulation													
2023	January	February	March	April	May	June	July	August	September	October	November	December	Total
<b>Budget Accumulation</b>													
Plan Experience (Medical)	\$ 65,284	\$ 65,284	\$ 65,284	\$ 65,284	\$ 65,284	\$ 65,284	\$ 65,284	\$ 65,284	\$ 65,284	\$ 65,284	\$ 65,284	\$ 65,284	\$ 783,407
Plan Experience (Dental)	\$ 6,881	\$ 6,881	\$ 6,881	\$ 6,881	\$ 6,881	\$ 6,881	\$ 6,881	\$ 6,881	\$ 6,881	\$ 6,881	\$ 6,881	\$ 6,881	\$ 82,570
Kaiser Accumulation	\$ 34,161	\$ 34,161	\$ 34,161	\$ 34,161	\$ 34,161	\$ 34,161	\$ 34,161	\$ 34,161	\$ 34,161	\$ 34,161	\$ 34,161	\$ 34,161	\$ 409,938
Kaiser EPO Parity Accumulation	\$ 148,964	\$ 148,964	\$ 148,964	\$ 148,964	\$ 148,964	\$ 148,964	\$ 148,964	\$ 148,964	\$ 148,964	\$ 148,964	\$ 148,964	\$ 148,964	\$ 1,787,564
Prescription Drug Rebates	\$ -	\$ -	\$ 600,000	\$ -	\$ -	\$ 950,000	\$ -	\$ -	\$ 950,000	\$ -	\$ -	\$ 950,000	\$ 3,450,000
2023 Budgeted Accumulation	\$ 255,290	\$ 255,290	\$ 855,290	\$ 255,290	\$ 255,290	\$ 1,205,290	\$ 255,290	\$ 255,290	\$ 1,205,290	\$ 255,290	\$ 255,290	\$ 1,205,290	\$ 6,513,479
<b>Calculated Accumulation</b>													
Plan Experience (Medical)	\$ 515,330	\$ 1,114,156	\$ (42,789)	\$ 984,315	\$ 1,093,276	\$ 775,401	\$ 1,686,721	\$ (2,479,927)	\$ 265,617	\$ (1,173,278)	\$ (1,622,314)	\$ 98,631	\$ 1,215,139
Plan Experience (Dental)	\$ 94,579	\$ 30,896	\$ (9,934)	\$ 58,534	\$ 59,818	\$ 12,122	\$ 111,348	\$ (21,091)	\$ 103,877	\$ 52,949	\$ 23,097	\$ 107,988	\$ 624,183
Kaiser Accumulation	\$ 32,807	\$ 33,162	\$ 33,294	\$ 33,008	\$ 33,035	\$ 33,053	\$ 33,175	\$ 33,044	\$ 32,981	\$ 32,865	\$ 33,067	\$ 32,955	\$ 396,447
Kaiser EPO Parity Accumulation	\$ 163,072	\$ 164,948	\$ 165,495	\$ 164,055	\$ 164,146	\$ 164,293	\$ 164,936	\$ 164,365	\$ 164,142	\$ 163,491	\$ 164,552	\$ 164,033	\$ 1,971,527
Prescription Drug Rebates	\$ -	\$ -	\$ -	\$ 532,281	\$ -	\$ 595,228	\$ -	\$ -	\$ 1,154,820	\$ -	\$ -	\$ 1,212,184	\$ 3,494,513
CMC Claims (See Plan Experience)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2023 Calculated Accumulation	\$ 805,788	\$ 1,343,162	\$ 146,066	\$ 1,772,193	\$ 1,350,274	\$ 1,580,097	\$ 1,996,179	\$ (2,303,609)	\$ 1,721,437	\$ (923,973)	\$ (1,401,597)	\$ 1,615,791	\$ 7,701,808
2024	January	February	March	April	May	June	July	August	September	October	November	December	Total
<b>Budget Accumulation</b>													
Plan Experience (Medical)	\$ 67,568	\$ 67,568	\$ 67,568	\$ 67,568	\$ 67,568	\$ 67,568	\$ 67,568	\$ 67,568	\$ 67,568	\$ 67,568	\$ 67,568	\$ 67,573	\$ 810,821
Plan Experience (Dental)	\$ 7,193	\$ 7,193	\$ 7,193	\$ 7,193	\$ 7,193	\$ 7,193	\$ 7,193	\$ 7,193	\$ 7,193	\$ 7,193	\$ 7,193	\$ 7,198	\$ 86,321
Kaiser Accumulation	\$ 29,364	\$ 29,364	\$ 29,364	\$ 29,364	\$ 29,364	\$ 29,364	\$ 29,364	\$ 29,364	\$ 29,364	\$ 29,364	\$ 29,364	\$ 29,368	\$ 352,372
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2024 Budgeted Accumulation	\$ 104,125	\$ 104,125	\$ 104,125	\$ 104,125	\$ 104,125	\$ 104,125	\$ 104,125	\$ 104,125	\$ 104,125	\$ 104,125	\$ 104,125	\$ 104,139	\$ 1,249,514
<b>Calculated Accumulation</b>													
Plan Experience (Medical)	\$ (689,323)	\$ 1,127,342	\$ 361,034	\$ 460,842	\$ 520,544	\$ 587,223	\$ (143,893)	\$ (1,697,149)	\$ 268,336	\$ (170,380)	\$ (1,560,692)	\$ (244,639)	\$ (1,180,755)
Plan Experience (Dental)	\$ 125,029	\$ (21,595)	\$ 77,975	\$ 56,621	\$ (44,497)	\$ 40,710	\$ 85,243	\$ (54,498)	\$ 81,506	\$ 13,786	\$ 83,073	\$ 71,952	\$ 515,305
Kaiser Accumulation	\$ 28,970	\$ 28,927	\$ 28,610	\$ 28,468	\$ 28,547	\$ 28,571	\$ 28,633	\$ 32,788	\$ 28,416	\$ 28,455	\$ 28,269	\$ 26,910	\$ 345,564
Other - RX Rebates	\$ 1,186,675	\$ -	\$ -	\$ 1,220,630	\$ -	\$ -	\$ 1,235,855	\$ 382,745	\$ -	\$ 1,730,100	\$ -	\$ -	\$ 5,756,005
Other - ARPA Funds	\$ 2,426,724	\$ -	\$ -	\$ 2,593,347	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,020,071
2024 Calculated Accumulation	\$ 3,078,075	\$ 1,134,674	\$ 467,619	\$ 4,359,908	\$ 504,594	\$ 656,504	\$ 1,205,838	\$ (1,336,114)	\$ 378,258	\$ 1,601,961	\$ (1,449,350)	\$ (145,777)	\$ 10,456,190
2025	January	February	March	April	May	June	July	August	September	October	November	December	Total
<b>Budget Accumulation</b>													
Plan Experience (Medical)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Plan Experience (Dental)	\$ 7,193	\$ 7,193	\$ 7,193	\$ 7,193	\$ 7,193	\$ 7,193	\$ 7,193	\$ 7,193	\$ 7,193	\$ 7,193	\$ 7,193	\$ 7,198	\$ 86,321
Kaiser Accumulation	\$ 27,816	\$ 27,816	\$ 27,816	\$ 27,816	\$ 27,816	\$ 27,816	\$ 27,816	\$ 27,816	\$ 27,816	\$ 27,816	\$ 27,816	\$ 27,812	\$ 333,788
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2025 Budgeted Accumulation	\$ 35,009	\$ 35,009	\$ 35,009	\$ 35,009	\$ 35,009	\$ 35,009	\$ 35,009	\$ 35,009	\$ 35,009	\$ 35,009	\$ 35,009	\$ 35,010	\$ 420,109
<b>Calculated Accumulation</b>													
Plan Experience (Medical)	\$ 1,035,042	\$ 370,010	\$ (832,497)	\$ 228,655	\$ (478,744)	\$ (759,586)	\$ (823,476)	\$ (2,093,521)	\$ (2,155,489)	\$ -	\$ -	\$ -	\$ (5,509,606)
Plan Experience (Dental)	\$ 37,226	\$ 60,519	\$ 12,078	\$ 43,505	\$ (59,961)	\$ 66,507	\$ (29,091)	\$ 54,993	\$ 80,869	\$ -	\$ -	\$ -	\$ 266,645
Kaiser Accumulation	\$ 25,078	\$ 28,238	\$ 27,993	\$ 27,973	\$ 28,185	\$ 28,054	\$ 28,032	\$ 27,761	\$ 27,656	\$ -	\$ -	\$ -	\$ 248,969
Other - RX Rebates*	\$ 1,766,350	\$ -	\$ -	\$ 1,648,300	\$ -	\$ -	\$ 1,755,770	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,170,420
Other -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2025 Calculated Accumulation	\$ 2,863,696	\$ 458,767	\$ (792,426)	\$ 1,948,433	\$ (510,520)	\$ (665,025)	\$ 931,235	\$ (2,010,767)	\$ (2,046,964)	\$ -	\$ -	\$ -	\$ 176,428

Please note that this is the Consultant's report. Prior to allocating funds for the IBNR reserve and stabilization reserve, the SJVIA Auditor will provide the unaudited cash position based on actual revenue received and actual expenses paid.



**San Joaquin Valley Insurance Authority (SJVIA)**  
**Anthem Blue Cross Premium and Claims Report as of September 2025**  
**All Counties Combined - All Medical**

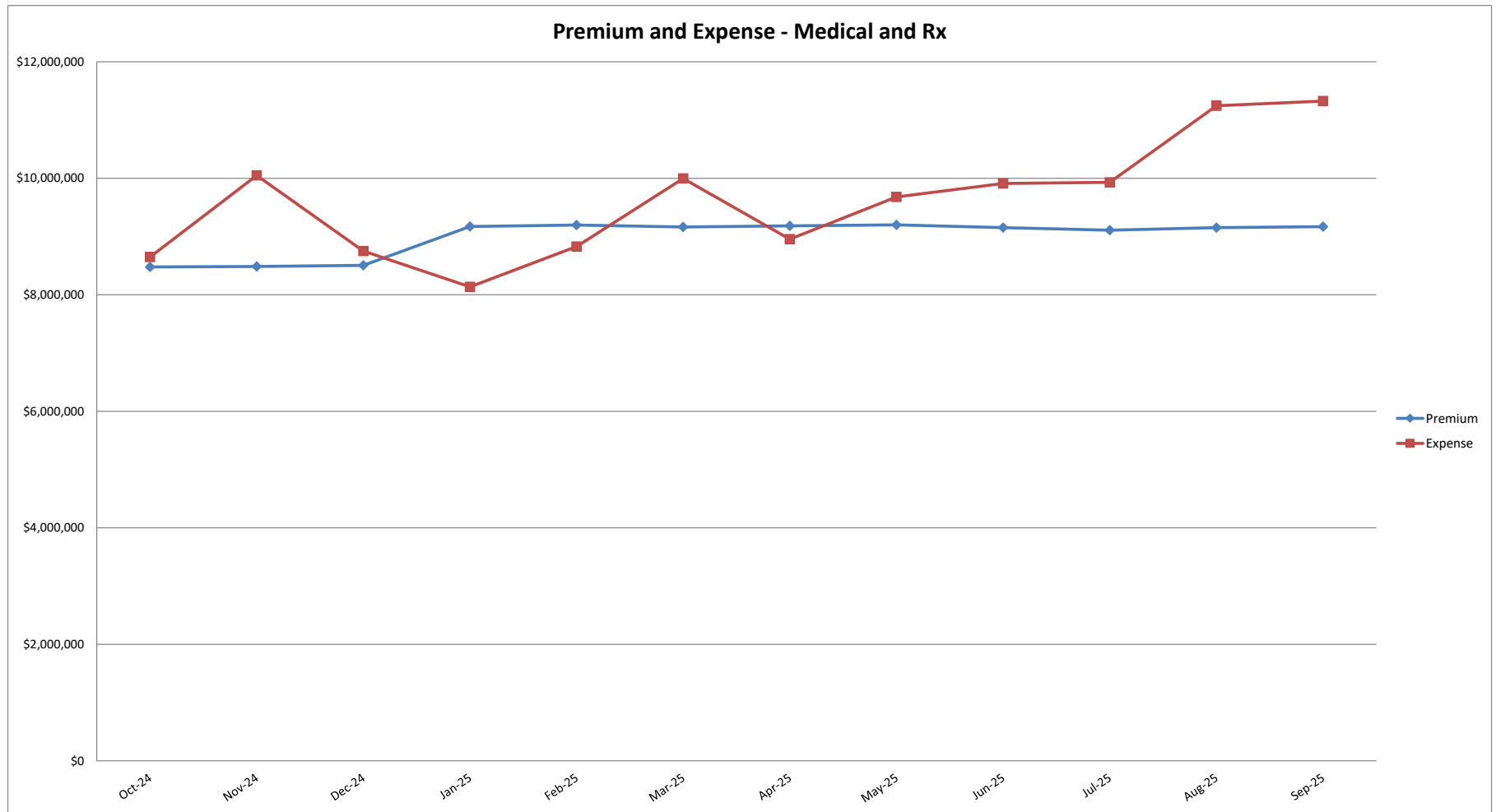
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Oct-23	7,208	\$7,357,523	\$5,649,519	\$2,248,847	\$635,708	-\$3,273	\$8,530,801	-\$1,173,277	\$1,095.32	115.9%
Nov-23	7,306	\$7,459,942	\$6,246,479	\$2,191,508	\$644,797	-\$527	\$9,082,256	-\$1,622,314	\$1,154.87	121.7%
Dec-23	7,361	\$7,505,298	\$4,728,919	\$2,087,370	\$649,883	-\$59,504	\$7,406,668	\$98,630	\$917.92	98.7%
Jan-24	7,564	\$8,155,640	\$5,715,449	\$2,460,621	\$668,893	\$0	\$8,844,963	-\$689,323	\$1,080.92	108.5%
Feb-24	7,545	\$8,181,833	\$4,253,354	\$2,133,318	\$667,820	\$0	\$7,054,491	\$1,127,342	\$846.48	86.2%
Mar-24	7,555	\$8,368,949	\$5,006,905	\$2,332,320	\$668,690	\$0	\$8,007,915	\$361,034	\$971.44	95.7%
Apr-24	7,576	\$8,213,992	\$4,637,801	\$2,483,889	\$670,701	-\$39,242	\$7,753,150	\$460,842	\$934.85	94.4%
May-24	7,596	\$8,253,131	\$4,396,287	\$2,679,803	\$672,779	-\$16,279	\$7,732,589	\$520,542	\$929.41	93.7%
Jun-24	7,660	\$8,314,026	\$4,528,533	\$2,599,845	\$679,686	-\$81,261	\$7,726,803	\$587,223	\$919.99	92.9%
Jul-24	7,723	\$8,382,971	\$5,576,897	\$2,616,517	\$685,697	-\$352,246	\$8,526,866	-\$143,894	\$1,015.30	101.7%
Aug-24	7,746	\$8,415,848	\$6,872,865	\$2,835,595	\$687,802	-\$283,264	\$10,112,997	-\$1,697,149	\$1,216.78	120.2%
Sep-24	7,768	\$8,432,968	\$4,787,410	\$2,815,868	\$690,173	-\$128,821	\$8,164,630	\$268,338	\$962.21	96.8%
Oct-24	7,813	\$8,477,854	\$5,217,548	\$2,810,721	\$694,687	-\$74,722	\$8,648,233	-\$170,380	\$1,017.99	102.0%
Nov-24	7,813	\$8,487,371	\$7,224,482	\$2,503,226	\$694,693	-\$374,337	\$10,048,063	-\$1,560,692	\$1,197.15	118.4%
Dec-24	7,836	\$8,506,112	\$5,950,733	\$2,691,017	\$696,425	-\$587,426	\$8,750,750	-\$244,639	\$1,027.86	102.9%
Jan-25	8,148	\$9,171,482	\$4,731,483	\$2,788,010	\$799,194	-\$182,247	\$8,136,440	\$1,035,042	\$900.50	88.7%
Feb-25	8,160	\$9,197,583	\$5,657,528	\$2,544,201	\$800,445	-\$174,601	\$8,827,574	\$370,009	\$983.72	96.0%
Mar-25	8,131	\$9,164,362	\$6,658,233	\$2,859,036	\$797,659	-\$318,068	\$9,996,859	-\$832,497	\$1,131.37	109.1%
Apr-25	8,129	\$9,182,974	\$5,337,952	\$3,156,906	\$797,450	-\$337,988	\$8,954,319	\$228,655	\$1,003.43	97.5%
May-25	8,139	\$9,200,493	\$5,671,115	\$3,217,563	\$798,451	-\$7,891	\$9,679,238	-\$478,745	\$1,091.14	105.2%
Jun-25	8,100	\$9,152,086	\$5,753,549	\$3,410,376	\$794,580	-\$46,834	\$9,911,671	-\$759,585	\$1,125.57	108.3%
Jul-25	8,068	\$9,107,872	\$6,098,398	\$3,188,205	\$791,343	-\$146,596	\$9,931,349	-\$823,477	\$1,132.87	109.0%
Aug-25	8,097	\$9,152,605	\$7,458,503	\$3,376,654	\$794,355	-\$383,386	\$11,246,126	-\$2,093,521	\$1,290.82	122.9%
Sep-25	8,100	\$9,170,079	\$7,546,507	\$3,620,055	\$794,672	-\$635,666	\$11,325,568	-\$2,155,489	\$1,300.11	123.5%
2022	6,835	\$81,100,311	\$58,454,782	\$23,994,864	\$7,200,801	-\$1,191,949	\$88,458,497	-\$7,358,186	\$990.73	109.1%
2023	7,183	\$88,160,015	\$54,725,873	\$25,590,898	\$7,604,207	-\$976,104	\$86,944,875	\$1,215,141	\$920.50	98.6%
2024	7,683	\$100,190,695	\$64,168,263	\$30,962,739	\$8,178,045	-\$1,937,597	\$101,371,450	-\$1,180,754	\$1,010.83	101.2%
2025 YTD	8,119	\$82,499,536	\$54,913,267	\$28,161,006	\$7,168,147	-\$2,233,278	\$88,009,143	-\$5,509,607	\$1,106.32	106.7%
Current 12 Months	8,045	\$107,970,873	\$73,306,030	\$36,165,970	\$9,253,951	-\$3,269,762	\$115,456,190	-\$7,485,317	\$1,100.15	106.9%

**Data Sources:**

Enrollment & Premium: MyWorkplace, Medical Claims: Anthem CII, Anthem CLR, Anthem MDP; Rx Claims: Envelope, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix



**San Joaquin Valley Insurance Authority (SJVIA)**  
**Anthem Blue Cross Premium and Claims Report as of September 2025**  
**All Counties Combined - All Medical**





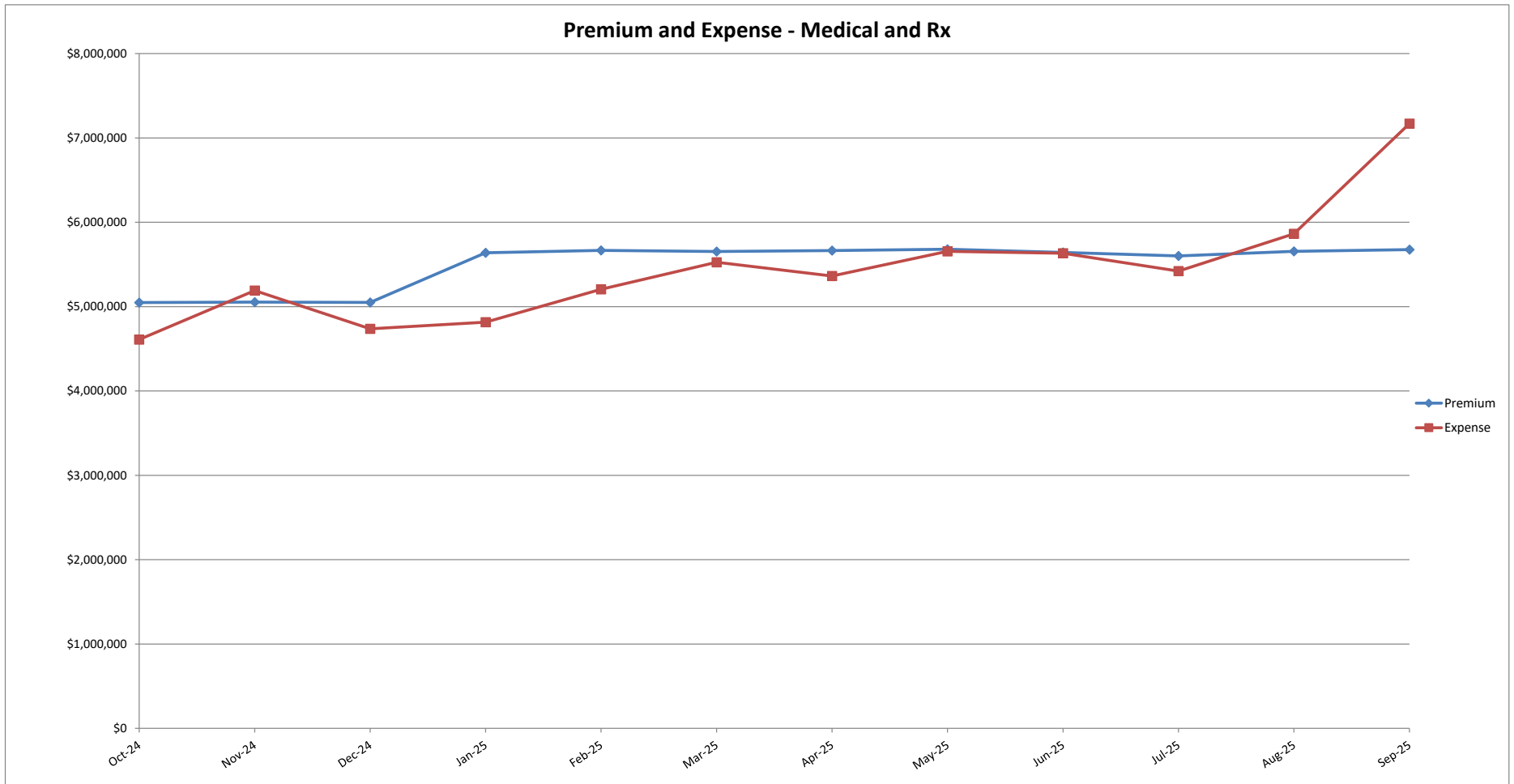
**San Joaquin Valley Insurance Authority (SJVIA)**  
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**All Counties Combined - EPO**

MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Oct-23	3,420	\$4,182,759	\$2,491,423	\$1,240,903	\$343,334	\$0	\$4,075,660	\$107,098	\$1,091.32	97.4%
Nov-23	3,486	\$4,254,006	\$3,612,935	\$1,131,860	\$349,960	\$0	\$5,094,754	-\$840,748	\$1,361.10	119.8%
Dec-23	3,522	\$4,283,144	\$2,930,943	\$1,079,945	\$353,574	\$0	\$4,364,461	-\$81,317	\$1,138.81	101.9%
Jan-24	3,664	\$4,751,459	\$3,590,446	\$1,291,924	\$367,829	\$0	\$5,250,199	-\$498,740	\$1,332.52	110.5%
Feb-24	3,681	\$4,768,686	\$2,651,372	\$1,158,956	\$369,536	\$0	\$4,179,863	\$588,823	\$1,035.13	87.7%
Mar-24	3,685	\$4,832,293	\$3,270,049	\$1,285,041	\$369,937	\$0	\$4,925,027	-\$92,735	\$1,236.12	101.9%
Apr-24	3,702	\$4,785,434	\$2,981,403	\$1,282,316	\$371,644	-\$39,242	\$4,596,121	\$189,314	\$1,141.13	96.0%
May-24	3,725	\$4,826,194	\$2,814,240	\$1,389,322	\$373,953	-\$16,279	\$4,561,235	\$264,959	\$1,124.10	94.5%
Jun-24	3,810	\$4,913,503	\$2,855,216	\$1,387,774	\$382,486	-\$80,952	\$4,544,524	\$368,978	\$1,092.40	92.5%
Jul-24	3,859	\$4,955,963	\$3,558,176	\$1,294,904	\$387,405	-\$352,246	\$4,888,239	\$67,724	\$1,166.32	98.6%
Aug-24	3,873	\$4,979,416	\$3,934,860	\$1,380,821	\$388,810	-\$71,063	\$5,633,428	-\$654,012	\$1,354.15	113.1%
Sep-24	3,902	\$4,998,853	\$2,580,631	\$1,459,674	\$391,722	-\$128,821	\$4,303,207	\$695,646	\$1,002.43	86.1%
Oct-24	3,947	\$5,048,144	\$2,897,166	\$1,391,120	\$396,239	-\$74,513	\$4,610,014	\$438,130	\$1,067.59	91.3%
Nov-24	3,947	\$5,052,964	\$3,906,392	\$1,258,119	\$396,239	-\$369,643	\$5,191,107	-\$138,143	\$1,214.81	102.7%
Dec-24	3,945	\$5,048,985	\$3,053,220	\$1,408,380	\$396,039	-\$120,444	\$4,737,195	\$311,790	\$1,100.42	93.8%
Jan-25	4,351	\$5,638,206	\$2,904,495	\$1,544,398	\$439,973	-\$72,567	\$4,816,298	\$821,907	\$1,005.82	85.4%
Feb-25	4,369	\$5,667,487	\$3,474,751	\$1,403,048	\$441,793	-\$114,727	\$5,204,866	\$462,622	\$1,090.20	91.8%
Mar-25	4,362	\$5,654,093	\$3,530,564	\$1,554,325	\$441,085	-\$53	\$5,525,922	\$128,172	\$1,165.71	97.7%
Apr-25	4,359	\$5,664,915	\$3,169,760	\$1,754,059	\$440,782	-\$1,276	\$5,363,326	\$301,589	\$1,129.28	94.7%
May-25	4,368	\$5,680,445	\$3,452,624	\$1,762,227	\$441,692	-\$970	\$5,655,573	\$24,873	\$1,193.65	99.6%
Jun-25	4,341	\$5,642,294	\$3,348,442	\$1,884,688	\$438,962	-\$39,635	\$5,632,457	\$9,836	\$1,196.38	99.8%
Jul-25	4,310	\$5,600,266	\$3,326,399	\$1,740,976	\$435,827	-\$82,990	\$5,420,212	\$180,054	\$1,156.47	96.8%
Aug-25	4,351	\$5,654,429	\$3,602,909	\$1,859,245	\$439,973	-\$39,344	\$5,862,783	-\$208,354	\$1,246.34	103.7%
Sep-25	4,356	\$5,675,416	\$5,451,175	\$1,962,265	\$440,479	-\$684,352	\$7,169,567	-\$1,494,152	\$1,544.79	126.3%
2022	3,128	\$45,908,995	\$35,461,406	\$12,379,625	\$3,768,239	-\$1,084,532	\$50,524,738	-\$4,615,743	\$1,245.64	110.1%
2023	3,416	\$50,330,431	\$31,579,185	\$13,521,462	\$4,115,588	-\$441,176	\$48,775,059	\$1,555,372	\$1,089.36	96.9%
2024	3,812	\$58,961,894	\$38,093,171	\$15,988,352	\$4,591,839	-\$1,253,202	\$57,420,160	\$1,541,734	\$1,154.97	97.4%
2025 YTD	4,352	\$50,877,551	\$32,261,120	\$15,465,232	\$3,960,567	-\$1,035,915	\$50,651,004	\$226,546	\$1,192.09	99.6%
Current 12 Months	4,251	\$66,027,644	\$42,117,898	\$19,522,851	\$5,149,084	-\$1,600,514	\$65,189,320	\$838,324	\$1,177.12	98.7%

**Data Sources:**

Enrollment & Premium: MyWorkplace, Medical Claims: Anthem CII, Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix

**San Joaquin Valley Insurance Authority (SJVIA)  
Anthem Blue Cross Premium and Claims Report as of September 2025  
All Counties Combined - EPO**





**San Joaquin Valley Insurance Authority (SJVIA)**  
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**All Counties Combined - PPO**

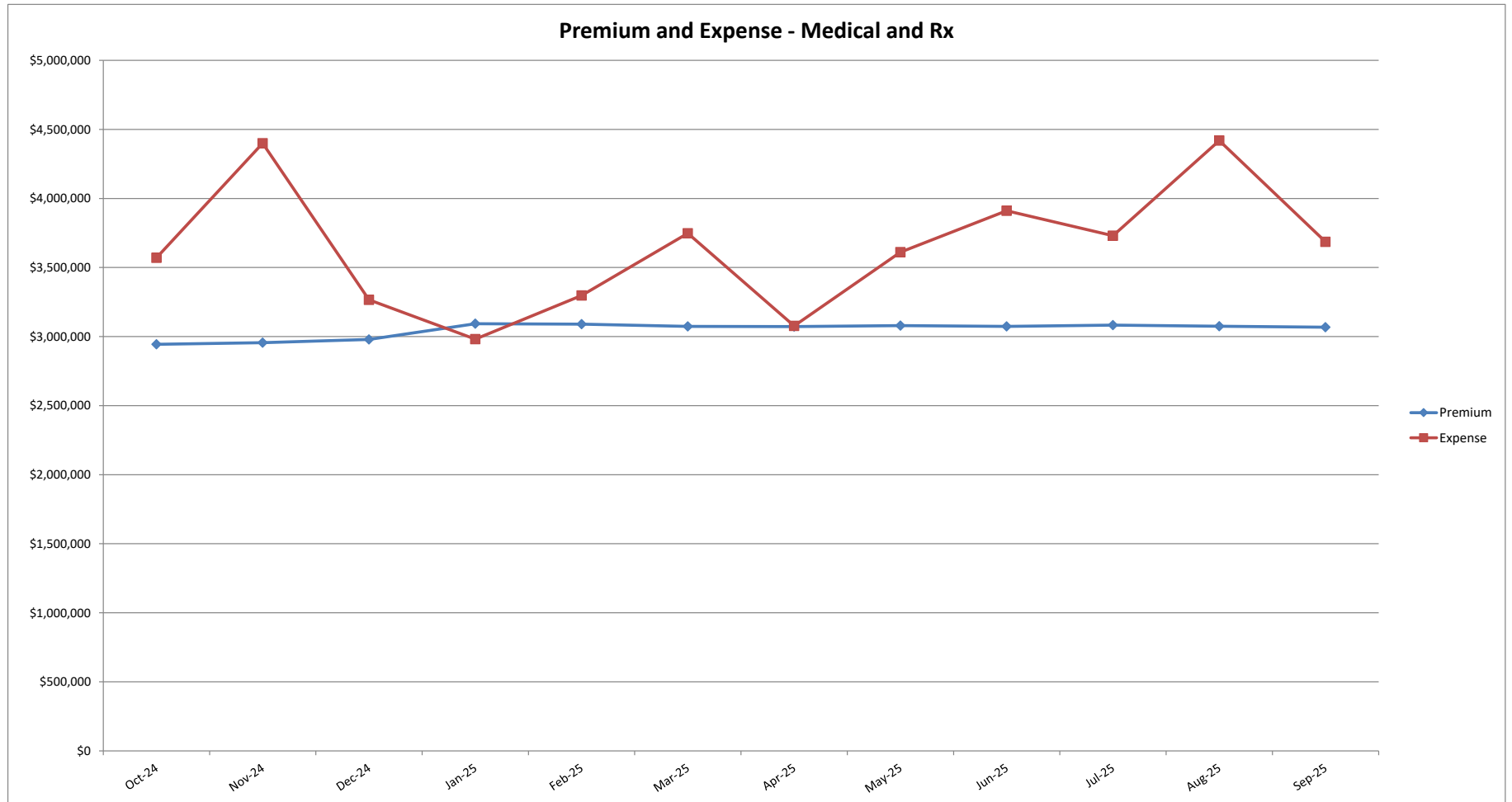
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Oct-23	3,150	\$2,673,435	\$2,639,316	\$928,266	\$243,539	\$0	\$3,811,121	-\$1,137,686	\$1,132.57	142.6%
Nov-23	3,172	\$2,696,432	\$2,440,675	\$977,965	\$245,238	\$0	\$3,663,878	-\$967,447	\$1,077.76	135.9%
Dec-23	3,194	\$2,712,499	\$1,532,682	\$924,872	\$246,939	-\$42,631	\$2,661,861	\$50,637	\$756.08	98.1%
Jan-24	3,309	\$2,911,777	\$1,885,600	\$1,106,193	\$255,822	\$0	\$3,247,615	-\$335,838	\$904.14	111.5%
Feb-24	3,279	\$2,924,031	\$1,444,099	\$918,106	\$253,500	\$0	\$2,615,705	\$308,327	\$720.40	89.5%
Mar-24	3,286	\$2,947,554	\$1,547,943	\$991,136	\$254,045	\$0	\$2,793,124	\$154,429	\$772.70	94.8%
Apr-24	3,288	\$2,935,545	\$1,537,119	\$1,129,664	\$254,198	\$0	\$2,920,981	\$14,565	\$811.07	99.5%
May-24	3,287	\$2,935,759	\$1,944,011	\$1,215,227	\$254,120	\$0	\$3,413,358	-\$477,599	\$961.13	116.3%
Jun-24	3,266	\$2,908,678	\$1,548,066	\$1,132,962	\$252,495	\$0	\$2,933,523	-\$24,845	\$820.89	100.9%
Jul-24	3,290	\$2,941,596	\$1,685,785	\$1,247,128	\$254,352	\$0	\$3,187,265	-\$245,669	\$891.46	108.4%
Aug-24	3,301	\$2,952,396	\$2,448,862	\$1,348,540	\$255,202	-\$212,201	\$3,840,404	-\$888,008	\$1,086.10	130.1%
Sep-24	3,294	\$2,949,753	\$2,072,875	\$1,268,432	\$254,660	\$0	\$3,595,967	-\$646,215	\$1,014.36	121.9%
Oct-24	3,289	\$2,943,916	\$2,027,520	\$1,288,169	\$254,274	-\$209	\$3,569,754	-\$625,838	\$1,008.05	121.3%
Nov-24	3,295	\$2,955,264	\$2,997,346	\$1,152,434	\$254,740	-\$4,694	\$4,399,826	-\$1,444,562	\$1,257.99	148.9%
Dec-24	3,323	\$2,978,985	\$2,296,434	\$1,179,679	\$256,905	-\$466,982	\$3,266,035	-\$287,050	\$905.55	109.6%
Jan-25	3,290	\$3,092,935	\$1,599,003	\$1,181,005	\$311,004	-\$109,680	\$2,981,332	\$111,602	\$811.65	96.4%
Feb-25	3,286	\$3,090,164	\$1,955,949	\$1,090,759	\$310,626	-\$59,873	\$3,297,461	-\$207,297	\$908.96	106.7%
Mar-25	3,268	\$3,073,288	\$2,527,627	\$1,229,216	\$308,927	-\$318,015	\$3,747,754	-\$674,466	\$1,052.27	121.9%
Apr-25	3,265	\$3,072,949	\$1,813,180	\$1,291,520	\$308,640	-\$336,713	\$3,076,628	-\$3,679	\$847.78	100.1%
May-25	3,272	\$3,078,860	\$1,954,626	\$1,354,074	\$309,303	-\$6,920	\$3,611,083	-\$532,222	\$1,009.10	117.3%
Jun-25	3,269	\$3,073,693	\$2,209,495	\$1,399,165	\$309,019	-\$7,200	\$3,910,479	-\$836,786	\$1,101.70	127.2%
Jul-25	3,280	\$3,083,121	\$2,088,844	\$1,335,995	\$310,058	-\$5,372	\$3,729,525	-\$646,404	\$1,042.52	121.0%
Aug-25	3,268	\$3,074,885	\$2,713,305	\$1,398,481	\$308,924	-\$1,882	\$4,418,828	-\$1,343,944	\$1,257.62	143.7%
Sep-25	3,266	\$3,068,254	\$1,851,093	\$1,526,532	\$308,735	\$0	\$3,686,360	-\$618,106	\$1,034.18	120.1%
2022	3,005	\$28,880,476	\$19,808,096	\$10,586,905	\$2,787,987	\$0	\$33,182,989	-\$4,302,513	\$842.90	114.9%
2023	3,142	\$31,943,776	\$20,094,040	\$11,347,273	\$2,915,012	-\$307,341	\$34,048,984	-\$2,105,208	\$825.77	106.6%
2024	3,292	\$35,285,253	\$23,435,660	\$13,977,669	\$3,054,313	-\$684,086	\$39,783,556	-\$4,498,303	\$929.69	112.7%
2025 YTD	3,274	\$27,708,148	\$18,713,122	\$11,806,747	\$2,785,236	-\$845,655	\$32,459,450	-\$4,751,303	\$1,007.13	117.1%
Current 12 Months	3,281	\$36,586,313	\$26,034,422	\$15,427,028	\$3,551,155	-\$1,317,540	\$43,695,066	-\$7,108,753	\$1,019.63	119.4%

**Data Sources:**

Enrollment & Premium: MyWorkplace, Medical Claims: Anthem CII, Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix



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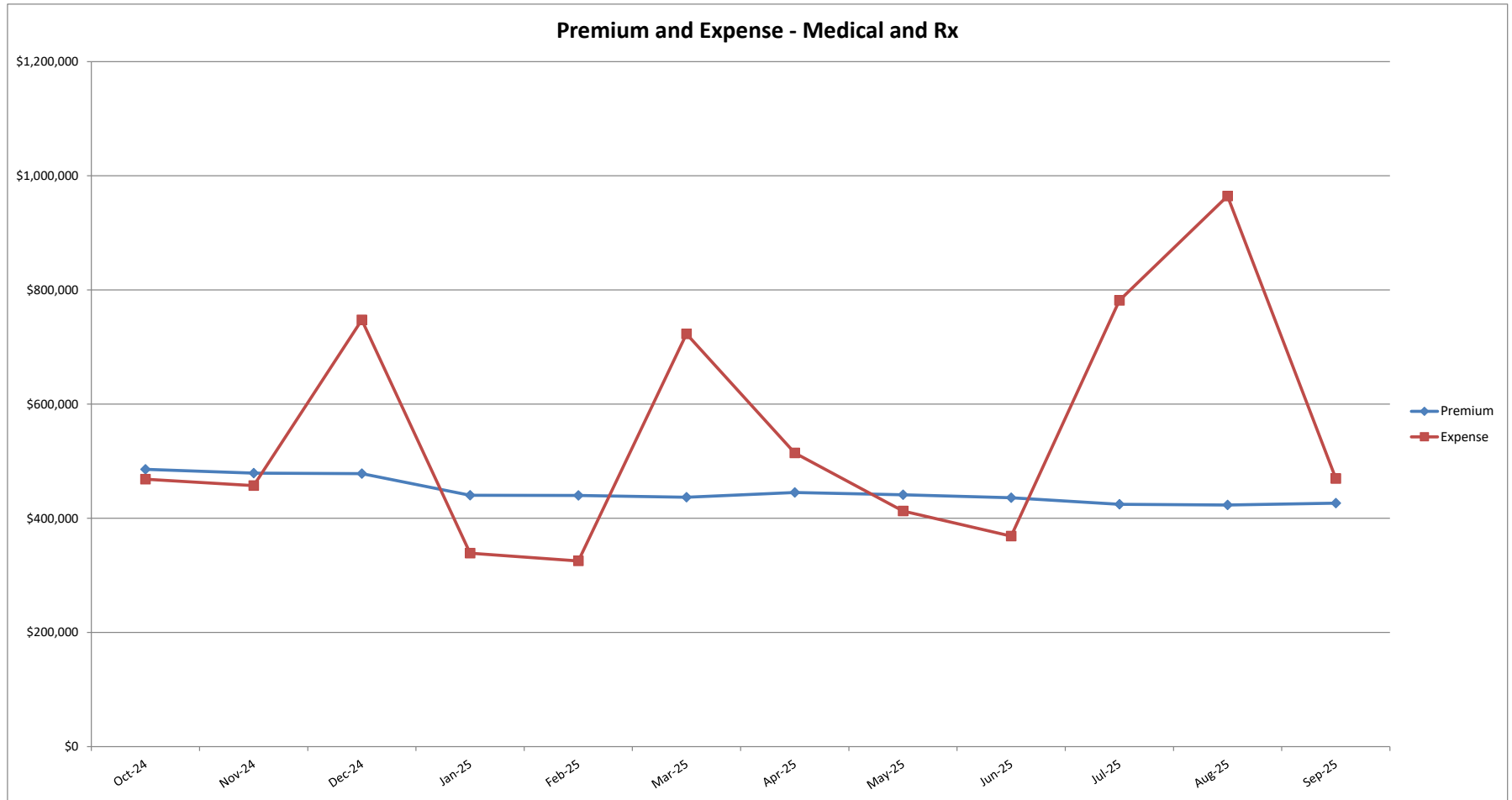
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MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Oct-23	638	\$501,329	\$518,780	\$79,678	\$48,835	-\$3,273	\$644,019	-\$142,690	\$932.89	128.5%
Nov-23	648	\$509,504	\$192,869	\$81,684	\$49,599	-\$527	\$323,624	\$185,880	\$422.88	63.5%
Dec-23	645	\$509,655	\$265,295	\$82,554	\$49,370	-\$16,873	\$380,345	\$129,310	\$513.14	74.6%
Jan-24	591	\$492,404	\$239,403	\$62,504	\$45,242	\$0	\$347,149	\$145,255	\$510.84	70.5%
Feb-24	585	\$489,116	\$157,883	\$56,256	\$44,784	\$0	\$258,923	\$230,193	\$366.05	52.9%
Mar-24	584	\$589,102	\$188,912	\$56,143	\$44,708	\$0	\$289,763	\$299,340	\$419.61	49.2%
Apr-24	586	\$493,012	\$119,278	\$71,910	\$44,860	\$0	\$236,048	\$256,963	\$326.26	47.9%
May-24	584	\$491,179	-\$361,965	\$75,253	\$44,707	\$0	-\$242,004	\$733,183	-\$490.94	-49.3%
Jun-24	584	\$491,846	\$125,251	\$79,109	\$44,706	-\$309	\$248,756	\$243,090	\$349.40	50.6%
Jul-24	574	\$485,412	\$332,936	\$74,485	\$43,940	\$0	\$451,362	\$34,051	\$709.79	93.0%
Aug-24	572	\$484,036	\$489,143	\$106,233	\$43,789	\$0	\$639,165	-\$155,129	\$1,040.87	132.0%
Sep-24	572	\$484,362	\$133,904	\$87,762	\$43,791	\$0	\$265,456	\$218,906	\$387.53	54.8%
Oct-24	577	\$485,794	\$292,861	\$131,431	\$44,173	\$0	\$468,466	\$17,328	\$735.34	96.4%
Nov-24	571	\$479,144	\$320,744	\$92,673	\$43,713	\$0	\$457,130	\$22,014	\$724.02	95.4%
Dec-24	568	\$478,141	\$601,080	\$102,958	\$43,482	\$0	\$747,520	-\$269,379	\$1,239.50	156.3%
Jan-25	507	\$440,342	\$227,986	\$62,607	\$48,216	\$0	\$338,809	\$101,533	\$573.16	76.9%
Feb-25	505	\$439,932	\$226,828	\$50,394	\$48,026	\$0	\$325,248	\$114,684	\$548.95	73.9%
Mar-25	501	\$436,981	\$600,042	\$75,495	\$47,647	\$0	\$723,183	-\$286,202	\$1,348.38	165.5%
Apr-25	505	\$445,110	\$355,011	\$111,327	\$48,027	\$0	\$514,366	-\$69,256	\$923.44	115.6%
May-25	499	\$441,187	\$263,864	\$101,262	\$47,456	\$0	\$412,582	\$28,605	\$731.72	93.5%
Jun-25	490	\$436,100	\$195,611	\$126,523	\$46,599	\$0	\$368,734	\$67,366	\$657.42	84.6%
Jul-25	478	\$424,486	\$683,155	\$111,234	\$45,457	-\$58,234	\$781,612	-\$357,126	\$1,540.07	184.1%
Aug-25	478	\$423,291	\$1,142,289	\$118,928	\$45,458	-\$342,160	\$964,514	-\$541,223	\$1,922.71	227.9%
Sep-25	478	\$426,409	\$244,238	\$131,258	\$45,458	\$48,686	\$469,641	-\$43,231	\$887.41	110.1%
2022	702	\$6,310,841	\$3,185,280	\$1,028,334	\$644,574	-\$107,418	\$4,750,770	\$1,560,070	\$487.56	75.3%
2023	625	\$5,885,808	\$3,052,648	\$722,163	\$573,606	-\$227,586	\$4,120,832	\$1,764,977	\$473.34	70.0%
2024	579	\$5,943,548	\$2,639,431	\$996,718	\$531,894	-\$309	\$4,167,734	\$1,775,814	\$523.29	70.1%
2025 YTD	493	\$3,913,838	\$3,939,025	\$889,028	\$422,344	-\$351,708	\$4,898,688	-\$984,851	\$1,007.96	125.2%
Current 12 Months	513	\$5,356,916	\$5,153,710	\$1,216,090	\$553,712	-\$351,708	\$6,571,804	-\$1,214,888	\$977.44	122.7%

**Data Sources:**

Enrollment & Premium: MyWorkplace, Medical Claims: Anthem CII, Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix

**San Joaquin Valley Insurance Authority (SJVIA)  
Anthem Blue Cross Premium and Claims Report as of September 2025  
All Counties Combined - HDHP**







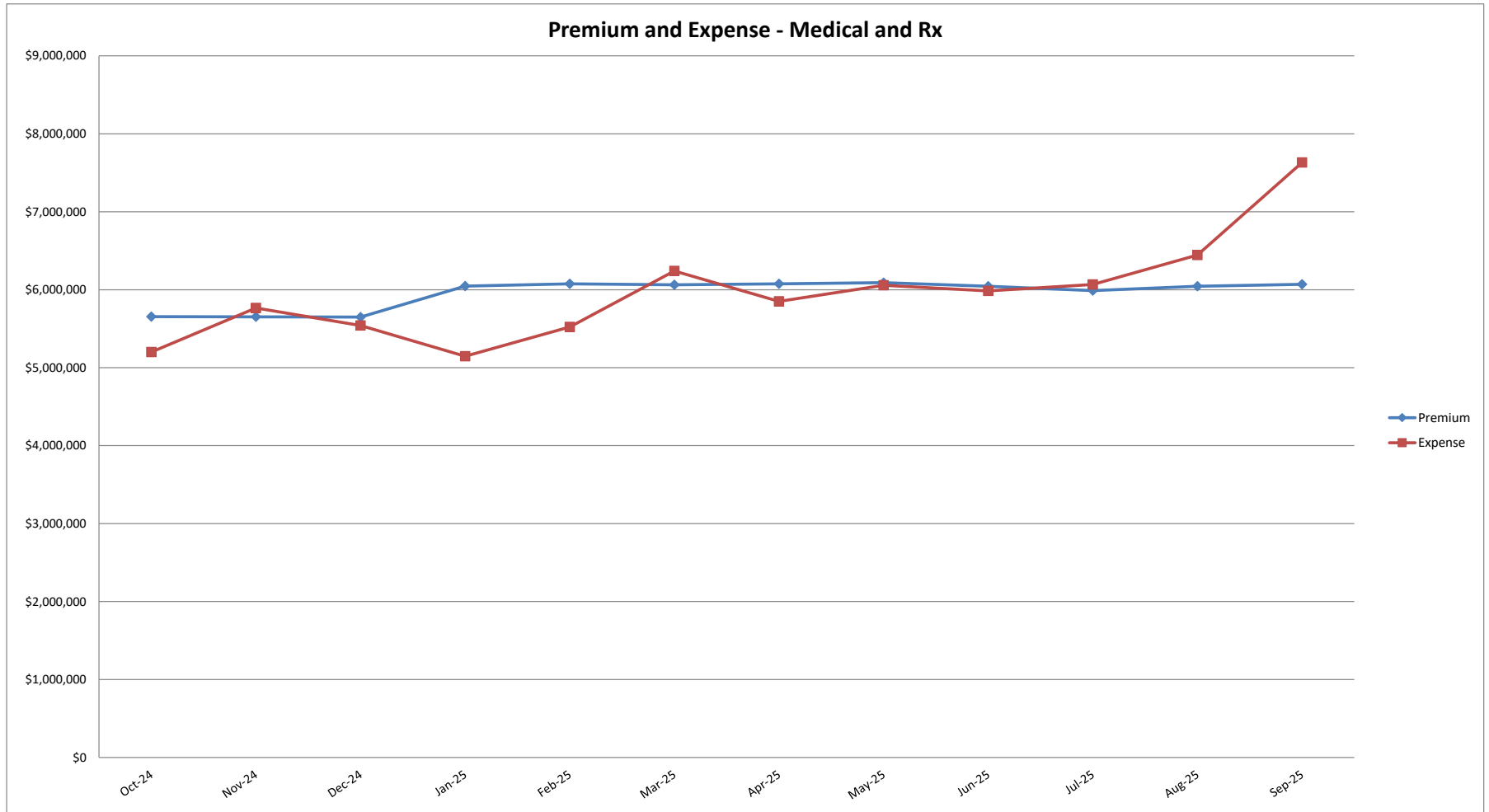
**San Joaquin Valley Insurance Authority (SJVIA)**  
**Anthem Blue Cross Premium and Claims Report as of September 2025**  
**County of Fresno - All Medical**

MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Oct-23	4,114	\$4,779,725	\$3,029,355	\$1,352,996	\$396,418	-\$3,273	\$4,775,495	\$4,230	\$1,064.43	99.9%
Nov-23	4,194	\$4,863,360	\$3,860,884	\$1,243,728	\$404,114	-\$527	\$5,508,199	-\$644,839	\$1,217.00	113.3%
Dec-23	4,227	\$4,892,605	\$3,218,823	\$1,194,836	\$407,499	-\$16,873	\$4,804,285	\$88,319	\$1,040.17	98.2%
Jan-24	4,325	\$5,360,384	\$3,827,604	\$1,388,811	\$418,389	\$0	\$5,634,804	-\$274,420	\$1,206.11	105.1%
Feb-24	4,337	\$5,379,539	\$2,822,229	\$1,247,116	\$419,713	\$0	\$4,489,058	\$890,481	\$938.29	83.4%
Mar-24	4,336	\$5,554,888	\$3,496,340	\$1,379,785	\$419,732	\$0	\$5,295,857	\$259,031	\$1,124.57	95.3%
Apr-24	4,358	\$5,397,120	\$3,178,707	\$1,409,236	\$421,821	-\$39,242	\$4,970,522	\$426,598	\$1,043.76	92.1%
May-24	4,380	\$5,437,776	\$2,535,346	\$1,524,404	\$424,054	-\$16,279	\$4,467,524	\$970,252	\$923.17	82.2%
Jun-24	4,467	\$5,525,316	\$3,023,813	\$1,520,862	\$432,740	-\$81,261	\$4,896,153	\$629,163	\$999.20	88.6%
Jul-24	4,506	\$5,561,981	\$3,943,442	\$1,438,735	\$436,894	-\$352,246	\$5,466,826	\$95,155	\$1,116.27	98.3%
Aug-24	4,516	\$5,585,042	\$4,467,300	\$1,554,103	\$437,994	-\$71,063	\$6,388,334	-\$803,291	\$1,317.61	114.4%
Sep-24	4,544	\$5,604,195	\$2,749,076	\$1,596,185	\$440,828	-\$128,821	\$4,657,269	\$946,926	\$927.91	83.1%
Oct-24	4,593	\$5,655,026	\$3,249,629	\$1,578,950	\$445,652	-\$74,513	\$5,199,718	\$455,307	\$1,035.07	91.9%
Nov-24	4,586	\$5,652,747	\$4,290,049	\$1,401,015	\$445,116	-\$369,643	\$5,766,537	-\$113,790	\$1,160.36	102.0%
Dec-24	4,584	\$5,649,043	\$3,659,179	\$1,556,648	\$444,916	-\$120,444	\$5,540,300	\$108,743	\$1,111.56	98.1%
Jan-25	4,819	\$6,046,821	\$3,129,480	\$1,605,087	\$484,503	-\$72,567	\$5,146,503	\$900,318	\$967.42	85.1%
Feb-25	4,835	\$6,074,783	\$3,697,321	\$1,452,693	\$486,133	-\$114,727	\$5,521,420	\$553,363	\$1,041.42	90.9%
Mar-25	4,829	\$6,062,973	\$4,127,305	\$1,627,997	\$485,520	-\$53	\$6,240,769	-\$177,797	\$1,191.81	102.9%
Apr-25	4,826	\$6,076,205	\$3,501,744	\$1,864,101	\$485,217	-\$1,276	\$5,849,787	\$226,418	\$1,111.60	96.3%
May-25	4,829	\$6,090,589	\$3,712,019	\$1,860,911	\$485,556	-\$970	\$6,057,516	\$33,073	\$1,153.85	99.5%
Jun-25	4,792	\$6,043,891	\$3,535,148	\$2,006,770	\$481,875	-\$39,635	\$5,984,158	\$59,733	\$1,148.22	99.0%
Jul-25	4,748	\$5,988,996	\$3,882,914	\$1,848,438	\$477,503	-\$141,224	\$6,067,631	-\$78,635	\$1,177.36	101.3%
Aug-25	4,790	\$6,044,046	\$4,043,773	\$1,974,416	\$481,744	-\$56,135	\$6,443,798	-\$399,752	\$1,244.69	106.6%
Sep-25	4,796	\$6,068,834	\$5,693,182	\$2,090,005	\$482,345	-\$634,851	\$7,630,681	-\$1,561,847	\$1,490.48	125.7%
2022	3,881	\$53,360,107	\$39,691,440	\$13,632,245	\$4,459,020	-\$1,191,949	\$56,590,757	-\$3,230,650	\$1,119.50	106.1%
2023	4,095	\$57,325,553	\$34,793,740	\$14,639,399	\$4,738,064	-\$668,762	\$53,502,441	\$3,823,112	\$992.48	93.3%
2024	4,461	\$66,363,056	\$41,242,714	\$17,595,849	\$5,187,849	-\$1,253,511	\$62,772,901	\$3,590,155	\$1,075.71	94.6%
2025 YTD	4,807	\$54,497,137	\$35,322,886	\$16,330,418	\$4,350,397	-\$1,061,438	\$54,942,263	-\$445,126	\$1,169.38	100.8%
Current 12 Months	4,752	\$71,453,952	\$46,521,744	\$20,867,031	\$5,686,081	-\$1,626,037	\$71,448,818	\$5,134	\$1,153.19	100.0%

**Data Sources:**

Enrollment & Premium: MyWorkplace, Medical Claims: Anthem CIL, Anthem CLR, Anthem MDP; Rx Claims: Envelope, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix

**San Joaquin Valley Insurance Authority (SJVIA)**  
**Anthem Blue Cross Premium and Claims Report as of September 2025**  
**County of Fresno - All Medical**





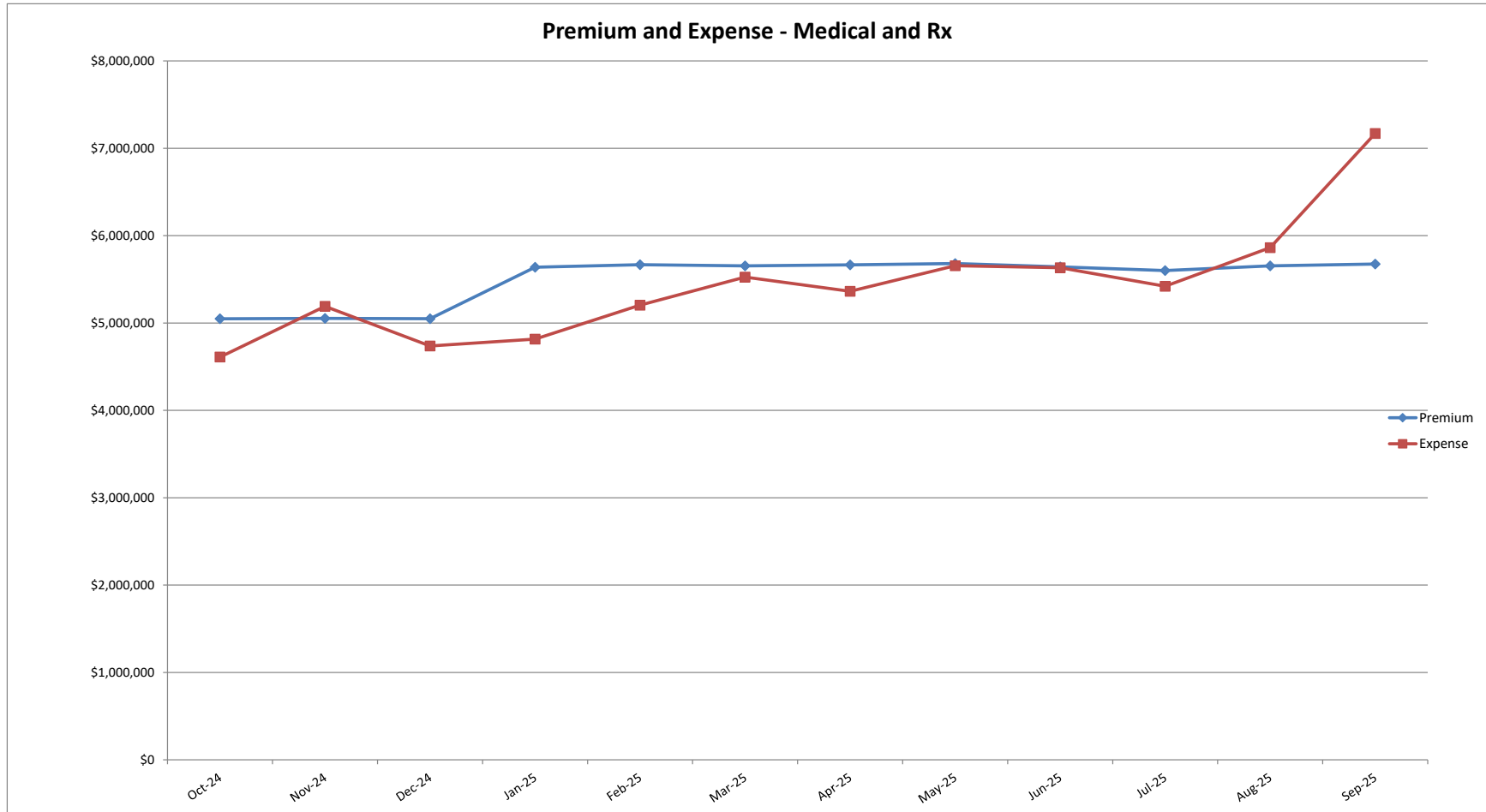
**San Joaquin Valley Insurance Authority (SJVIA)**  
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**County of Fresno - EPO**

MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Oct-23	3,420	\$4,182,759	\$2,491,423	\$1,240,903	\$343,334	\$0	\$4,075,660	\$107,098	\$1,091.32	97.4%
Nov-23	3,486	\$4,254,006	\$3,612,935	\$1,131,860	\$349,960	\$0	\$5,094,754	-\$840,748	\$1,361.10	119.8%
Dec-23	3,522	\$4,283,144	\$2,930,943	\$1,079,945	\$353,574	\$0	\$4,364,461	-\$81,317	\$1,138.81	101.9%
Jan-24	3,664	\$4,751,459	\$3,590,446	\$1,291,924	\$367,829	\$0	\$5,250,199	-\$498,740	\$1,332.52	110.5%
Feb-24	3,681	\$4,768,686	\$2,651,372	\$1,158,956	\$369,536	\$0	\$4,179,863	\$588,823	\$1,035.13	87.7%
Mar-24	3,685	\$4,832,293	\$3,270,049	\$1,285,041	\$369,937	\$0	\$4,925,027	-\$92,735	\$1,236.12	101.9%
Apr-24	3,702	\$4,785,434	\$2,981,403	\$1,282,316	\$371,644	-\$39,242	\$4,596,121	\$189,314	\$1,141.13	96.0%
May-24	3,725	\$4,826,194	\$2,814,240	\$1,389,322	\$373,953	-\$16,279	\$4,561,235	\$264,959	\$1,124.10	94.5%
Jun-24	3,810	\$4,913,503	\$2,855,216	\$1,387,774	\$382,486	-\$80,952	\$4,544,524	\$368,978	\$1,092.40	92.5%
Jul-24	3,859	\$4,955,963	\$3,558,176	\$1,294,904	\$387,405	-\$352,246	\$4,888,239	\$67,724	\$1,166.32	98.6%
Aug-24	3,873	\$4,979,416	\$3,934,860	\$1,380,821	\$388,810	-\$71,063	\$5,633,428	-\$654,012	\$1,354.15	113.1%
Sep-24	3,902	\$4,998,853	\$2,580,631	\$1,459,674	\$391,722	-\$128,821	\$4,303,207	\$695,646	\$1,002.43	86.1%
Oct-24	3,947	\$5,048,144	\$2,897,166	\$1,391,120	\$396,239	-\$74,513	\$4,610,014	\$438,130	\$1,067.59	91.3%
Nov-24	3,947	\$5,052,964	\$3,906,392	\$1,258,119	\$396,239	-\$369,643	\$5,191,107	-\$138,143	\$1,214.81	102.7%
Dec-24	3,945	\$5,048,985	\$3,053,220	\$1,408,380	\$396,039	-\$120,444	\$4,737,195	\$311,790	\$1,100.42	93.8%
Jan-25	4,351	\$5,638,206	\$2,904,495	\$1,544,398	\$439,973	-\$72,567	\$4,816,298	\$821,907	\$1,005.82	85.4%
Feb-25	4,369	\$5,667,487	\$3,474,751	\$1,403,048	\$441,793	-\$114,727	\$5,204,866	\$462,622	\$1,090.20	91.8%
Mar-25	4,362	\$5,654,093	\$3,530,564	\$1,554,325	\$441,085	-\$53	\$5,525,922	\$128,172	\$1,165.71	97.7%
Apr-25	4,359	\$5,664,915	\$3,169,760	\$1,754,059	\$440,782	-\$1,276	\$5,363,326	\$301,589	\$1,129.28	94.7%
May-25	4,368	\$5,680,445	\$3,452,624	\$1,762,227	\$441,692	-\$970	\$5,655,573	\$24,873	\$1,193.65	99.6%
Jun-25	4,341	\$5,642,294	\$3,348,442	\$1,884,688	\$438,962	-\$39,635	\$5,632,457	\$9,836	\$1,196.38	99.8%
Jul-25	4,310	\$5,600,266	\$3,326,399	\$1,740,976	\$435,827	-\$82,990	\$5,420,212	\$180,054	\$1,156.47	96.8%
Aug-25	4,351	\$5,654,429	\$3,602,909	\$1,859,245	\$439,973	-\$39,344	\$5,862,783	-\$208,354	\$1,246.34	103.7%
Sep-25	4,356	\$5,675,416	\$5,451,175	\$1,962,265	\$440,479	-\$684,352	\$7,169,567	-\$1,494,152	\$1,544.79	126.3%
2022	3,128	\$45,908,995	\$35,461,406	\$12,379,625	\$3,768,239	-\$1,084,532	\$50,524,738	-\$4,615,743	\$1,245.64	110.1%
2023	3,416	\$50,330,431	\$31,579,185	\$13,521,462	\$4,115,588	-\$441,176	\$48,775,059	\$1,555,372	\$1,089.36	96.9%
2024	3,812	\$58,961,894	\$38,093,171	\$15,988,352	\$4,591,839	-\$1,253,202	\$57,420,160	\$1,541,734	\$1,154.97	97.4%
2025 YTD	4,352	\$50,877,551	\$32,261,120	\$15,465,232	\$3,960,567	-\$1,035,915	\$50,651,004	\$226,546	\$1,192.09	99.6%
Current 12 Months	4,251	\$66,027,644	\$42,117,898	\$19,522,851	\$5,149,084	-\$1,600,514	\$65,189,320	\$838,324	\$1,177.12	98.7%

**Data Sources:**

Enrollment & Premium: MyWorkplace, Medical Claims: Anthem CII, Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix

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County of Fresno - EPO**





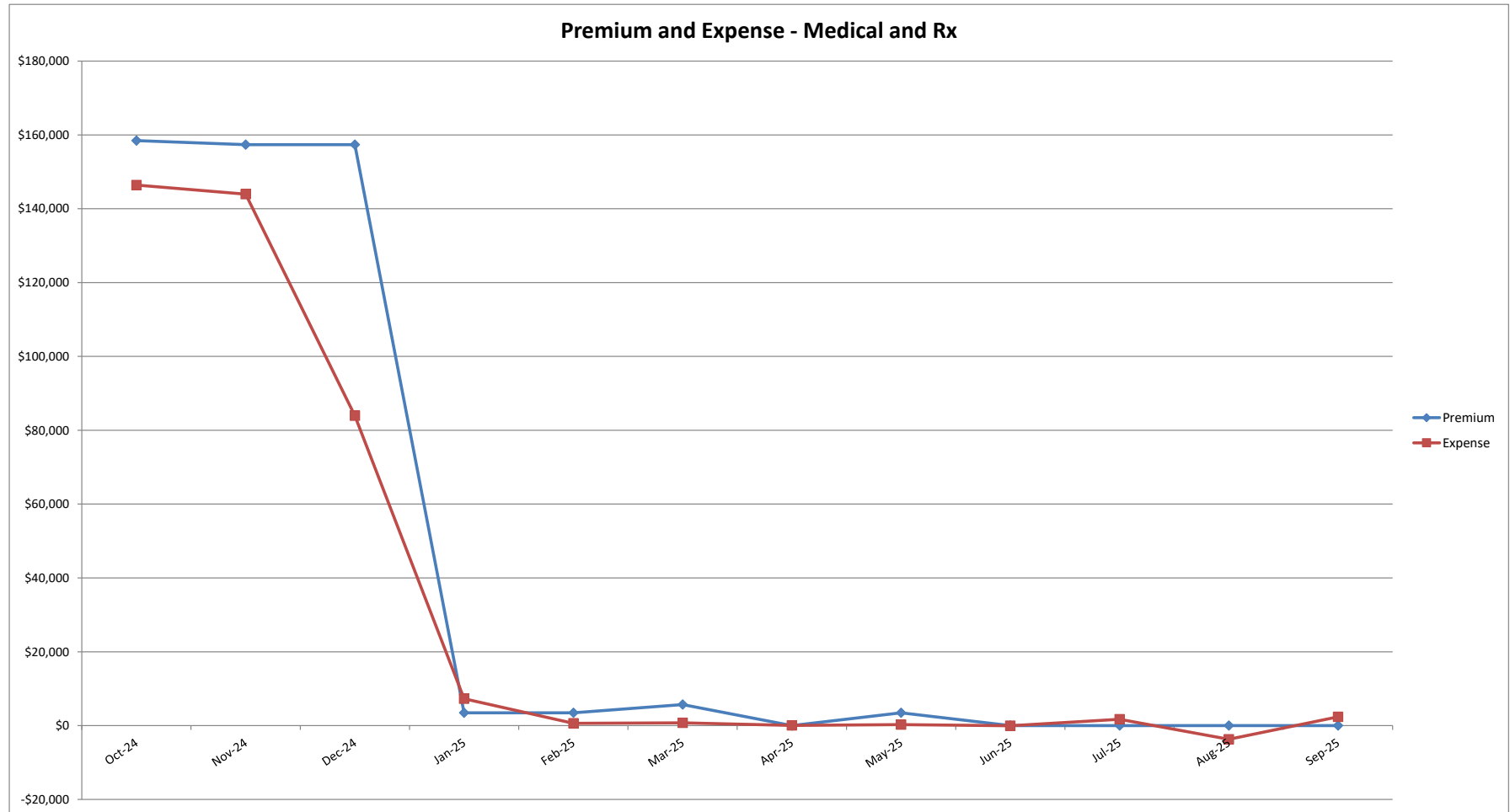
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**County of Fresno - PPO**

MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Oct-23	96	\$125,812	\$30,990	\$32,753	\$7,343	\$0	\$71,086	\$54,726	\$663.99	56.5%
Nov-23	99	\$129,415	\$76,911	\$30,832	\$7,573	\$0	\$115,315	\$14,100	\$1,088.31	89.1%
Dec-23	100	\$130,616	\$28,185	\$33,515	\$7,649	\$0	\$69,349	\$61,268	\$617.00	53.1%
Jan-24	113	\$152,626	\$4,062	\$36,880	\$8,643	\$0	\$49,586	\$103,041	\$362.32	32.5%
Feb-24	115	\$158,480	\$15,033	\$33,746	\$8,796	\$0	\$57,576	\$100,904	\$424.17	36.3%
Mar-24	111	\$171,542	\$48,682	\$41,294	\$8,490	\$0	\$98,466	\$73,076	\$810.59	57.4%
Apr-24	113	\$156,084	\$81,043	\$55,617	\$8,643	\$0	\$145,303	\$10,782	\$1,209.37	93.1%
May-24	114	\$157,282	\$93,286	\$61,419	\$8,720	\$0	\$163,425	-\$6,143	\$1,357.07	103.9%
Jun-24	115	\$156,208	\$61,526	\$57,623	\$8,796	\$0	\$127,946	\$28,262	\$1,036.08	81.9%
Jul-24	114	\$156,208	\$66,743	\$69,662	\$8,720	\$0	\$145,125	\$11,083	\$1,196.54	92.9%
Aug-24	114	\$158,469	\$46,203	\$67,930	\$8,720	\$0	\$122,853	\$35,615	\$1,001.17	77.5%
Sep-24	115	\$159,667	\$39,939	\$50,934	\$8,796	\$0	\$99,670	\$59,997	\$790.20	62.4%
Oct-24	114	\$158,469	\$79,552	\$58,148	\$8,720	\$0	\$146,420	\$12,049	\$1,207.90	92.4%
Nov-24	112	\$157,382	\$84,848	\$50,552	\$8,567	\$0	\$143,967	\$13,415	\$1,208.93	91.5%
Dec-24	113	\$157,382	\$28,407	\$46,895	\$8,643	\$0	\$83,945	\$73,437	\$666.39	53.3%
Jan-25	1	\$3,459	\$8,867	(\$1,688)	\$95	\$0	\$7,275	-\$3,816	\$7,179.38	210.3%
Feb-25	1	\$3,459	\$527	\$0	\$95	\$0	\$622	\$2,837	\$527.30	18.0%
Mar-25	4	\$5,718	\$371	\$0	\$381	\$0	\$752	\$4,967	\$92.81	13.1%
Apr-25	0	\$0	\$0	\$55	\$0	\$0	\$55	-\$55	\$0.00	0.0%
May-25	1	\$3,459	\$162	\$0	\$95	\$0	\$257	\$3,202	\$162.00	7.4%
Jun-25	0	\$0	-\$26	\$0	\$0	\$0	-\$26	\$26	\$0.00	0.0%
Jul-25	0	\$0	\$1,692	\$0	\$0	\$0	\$1,692	-\$1,692	\$0.00	0.0%
Aug-25	0	\$0	-\$3,706	\$0	\$0	\$0	-\$3,706	\$3,706	\$0.00	0.0%
Sep-25	0	\$0	\$2,357	\$0	\$0	\$0	\$2,357	-\$2,357	\$0.00	0.0%
2022	88	\$1,454,651	\$1,171,806	\$303,666	\$80,391	\$0	\$1,555,864	-\$101,213	\$1,403.87	107.0%
2023	92	\$1,462,776	\$261,364	\$408,270	\$84,368	\$0	\$754,002	\$708,773	\$607.10	51.5%
2024	114	\$1,899,799	\$649,326	\$630,700	\$104,256	\$0	\$1,384,282	\$515,517	\$939.12	72.9%
2025 YTD	1	\$16,095	\$10,245	-\$1,632	\$666	\$0	\$9,279	\$6,817	1230.36	57.6%
Current 12 Months	29	\$489,329	\$203,053	\$153,963	\$26,596	\$0	\$383,611	\$105,717	\$1,031.84	78.4%

**Data Sources:**

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**County of Fresno - PPO**





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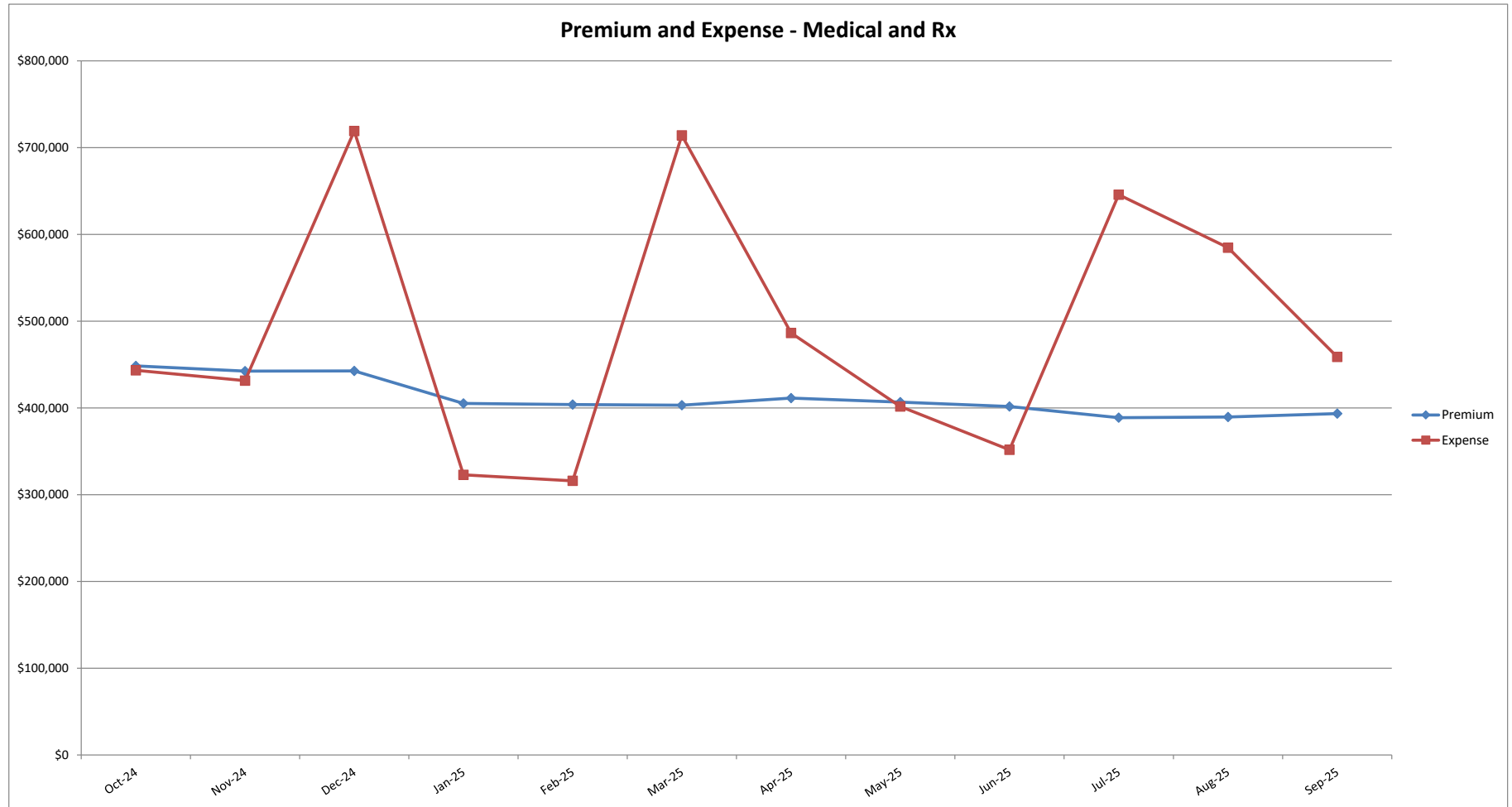
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Oct-23	598	\$471,155	\$506,941	\$79,340	\$45,741	-\$3,273	\$628,749	-\$157,594	\$974.93	133.4%
Nov-23	609	\$479,938	\$171,038	\$81,036	\$46,582	-\$527	\$298,130	\$181,808	\$413.05	62.1%
Dec-23	605	\$478,844	\$259,695	\$81,377	\$46,276	-\$16,873	\$370,475	\$108,369	\$535.87	77.4%
Jan-24	548	\$456,299	\$233,096	\$60,007	\$41,917	\$0	\$335,020	\$121,279	\$534.86	73.4%
Feb-24	541	\$452,373	\$155,824	\$54,413	\$41,381	\$0	\$251,619	\$200,754	\$388.61	55.6%
Mar-24	540	\$551,053	\$177,609	\$53,450	\$41,305	\$0	\$272,363	\$278,690	\$427.89	49.4%
Apr-24	543	\$455,601	\$116,261	\$71,303	\$41,534	\$0	\$229,099	\$226,502	\$345.42	50.3%
May-24	541	\$454,300	-\$372,181	\$73,663	\$41,381	\$0	-\$257,137	\$711,437	-\$551.79	-56.6%
Jun-24	542	\$455,606	\$107,071	\$75,465	\$41,458	-\$309	\$223,683	\$231,922	\$336.21	49.1%
Jul-24	533	\$449,810	\$318,523	\$74,169	\$40,769	\$0	\$433,461	\$16,349	\$736.76	96.4%
Aug-24	529	\$447,157	\$486,237	\$105,352	\$40,463	\$0	\$632,052	-\$184,895	\$1,118.32	141.3%
Sep-24	527	\$445,675	\$128,505	\$85,577	\$40,310	\$0	\$254,392	\$191,282	\$406.23	57.1%
Oct-24	532	\$448,413	\$272,911	\$129,681	\$40,693	\$0	\$443,285	\$5,128	\$756.75	98.9%
Nov-24	527	\$442,401	\$298,809	\$92,344	\$40,310	\$0	\$431,462	\$10,938	\$742.22	97.5%
Dec-24	526	\$442,675	\$577,552	\$101,373	\$40,234	\$0	\$719,159	-\$276,484	\$1,290.73	162.5%
Jan-25	467	\$405,156	\$216,119	\$62,377	\$44,435	\$0	\$322,930	\$82,226	\$596.35	79.7%
Feb-25	465	\$403,837	\$222,043	\$49,644	\$44,245	\$0	\$315,932	\$87,905	\$584.27	78.2%
Mar-25	463	\$403,161	\$596,369	\$73,672	\$44,054	\$0	\$714,096	-\$310,935	\$1,447.17	177.1%
Apr-25	467	\$411,290	\$331,984	\$109,987	\$44,435	\$0	\$486,406	-\$75,116	\$946.40	118.3%
May-25	460	\$406,685	\$259,233	\$98,684	\$43,769	\$0	\$401,686	\$4,998	\$778.08	98.8%
Jun-25	451	\$401,597	\$186,732	\$122,082	\$42,913	\$0	\$351,727	\$49,870	\$684.73	87.6%
Jul-25	438	\$388,731	\$554,823	\$107,462	\$41,676	-\$58,234	\$645,727	-\$256,996	\$1,379.11	166.1%
Aug-25	439	\$389,617	\$444,570	\$115,170	\$41,771	-\$16,791	\$584,721	-\$195,104	\$1,236.79	150.1%
Sep-25	440	\$393,418	\$239,649	\$127,740	\$41,866	\$49,501	\$458,757	-\$65,339	\$947.48	116.6%
2022	665	\$5,996,461	\$3,058,228	\$948,954	\$610,390	-\$107,418	\$4,510,155	\$1,486,306	\$488.69	75.2%
2023	586	\$5,532,347	\$2,953,191	\$709,668	\$538,107	-\$227,586	\$3,973,380	\$1,558,967	\$488.31	71.8%
2024	536	\$5,501,363	\$2,500,217	\$976,798	\$491,754	-\$309	\$3,968,459	\$1,532,904	\$540.78	72.1%
2025 YTD	454	\$3,603,491	\$3,051,522	\$866,819	\$389,164	-\$25,523	\$4,281,981	-\$678,489	\$951.79	118.8%
Current 12 Months	473	\$4,936,980	\$4,200,793	\$1,190,217	\$510,400	-\$25,523	\$5,875,887	-\$938,907	\$945.46	119.0%

**Data Sources:**

Enrollment & Premium: MyWorkplace, Medical Claims: Anthem CII, Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix



**San Joaquin Valley Insurance Authority (SJVIA)  
Anthem Blue Cross Premium and Claims Report as of September 2025  
County of Fresno - HDHP**





**San Joaquin Valley Insurance Authority (SJVIA)**  
**Anthem Blue Cross Premium and Claims Report as of September 2025**  
**County of Tulare - All Medical**

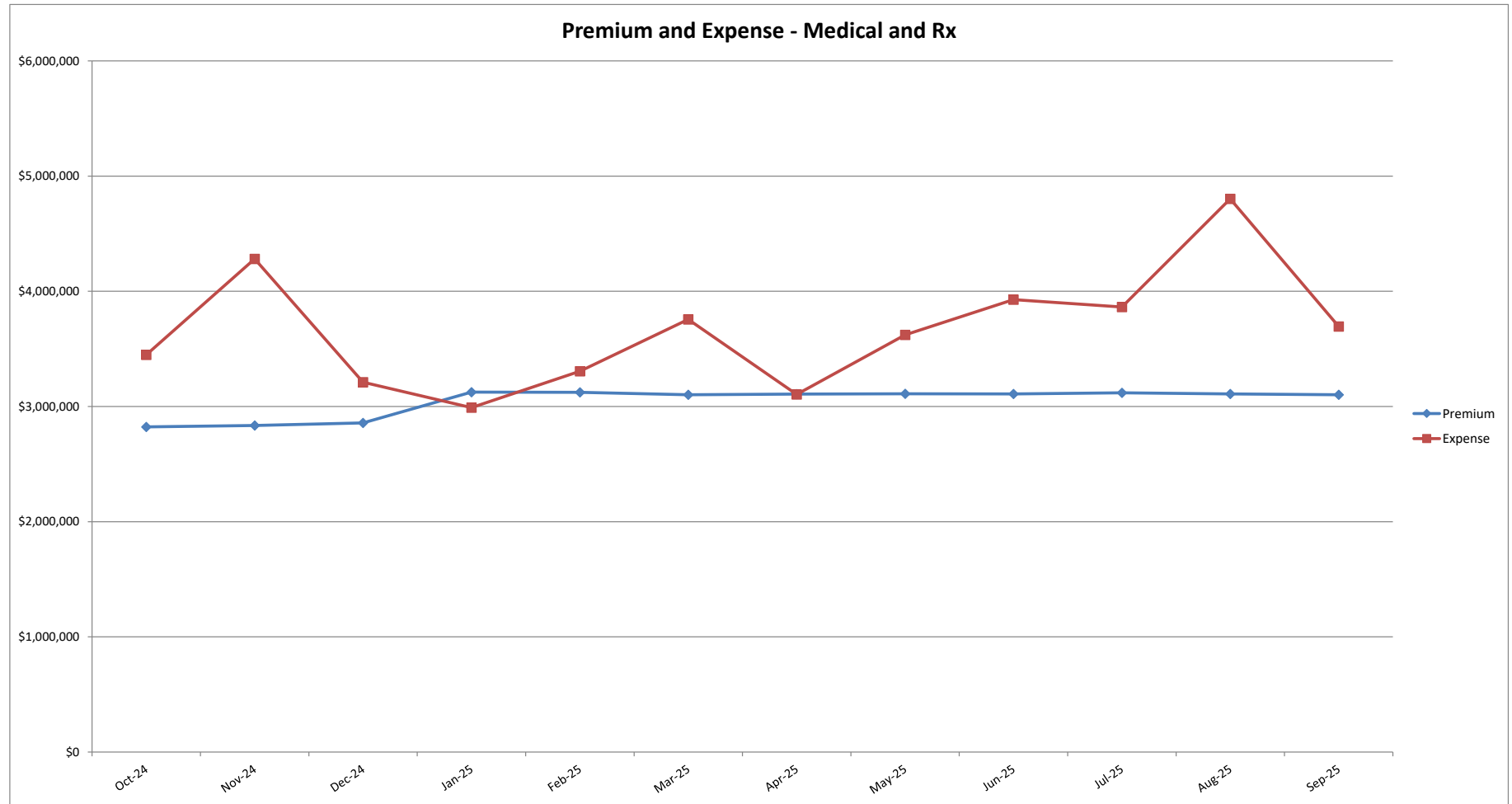
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Oct-23	3,094	\$2,577,798	\$2,620,164	\$895,851	\$239,290	\$0	\$3,755,305	-\$1,177,507	\$1,136.40	145.7%
Nov-23	3,112	\$2,596,583	\$2,385,595	\$947,780	\$240,682	\$0	\$3,574,057	-\$977,475	\$1,071.14	137.6%
Dec-23	3,134	\$2,612,693	\$1,510,096	\$892,534	\$242,384	-\$42,631	\$2,602,383	\$10,311	\$753	99.6%
Jan-24	3,239	\$2,795,255	\$1,887,845	\$1,071,810	\$250,504	\$0	\$3,210,159	-\$414,903	\$914	114.8%
Feb-24	3,208	\$2,802,294	\$1,431,124	\$886,202	\$248,107	\$0	\$2,565,433	\$236,861	\$722.36	91.5%
Mar-24	3,219	\$2,814,061	\$1,510,565	\$952,536	\$248,957	\$0	\$2,712,058	\$102,003	\$765.18	96.4%
Apr-24	3,218	\$2,816,872	\$1,459,094	\$1,074,654	\$248,880	\$0	\$2,782,628	\$34,244	\$787.37	98.8%
May-24	3,216	\$2,815,355	\$1,860,941	\$1,155,398	\$248,725	\$0	\$3,265,065	-\$449,710	\$937.92	116.0%
Jun-24	3,193	\$2,788,710	\$1,504,720	\$1,078,983	\$246,947	\$0	\$2,830,650	-\$41,939	\$809.18	101.5%
Jul-24	3,217	\$2,820,991	\$1,633,455	\$1,177,782	\$248,803	\$0	\$3,060,040	-\$239,050	\$873.87	108.5%
Aug-24	3,230	\$2,830,806	\$2,405,565	\$1,281,491	\$249,808	-\$212,201	\$3,724,663	-\$893,858	\$1,075.81	131.6%
Sep-24	3,224	\$2,828,773	\$2,038,334	\$1,219,683	\$249,344	\$0	\$3,507,362	-\$678,588	\$1,010.55	124.0%
Oct-24	3,220	\$2,822,828	\$1,967,919	\$1,231,771	\$249,035	-\$209	\$3,448,515	-\$625,687	\$993.63	122.2%
Nov-24	3,227	\$2,834,625	\$2,934,433	\$1,102,211	\$249,576	-\$4,694	\$4,281,526	-\$1,446,901	\$1,249.44	151.0%
Dec-24	3,252	\$2,857,069	\$2,291,554	\$1,134,369	\$251,510	-\$466,982	\$3,210,451	-\$353,382	\$910	112.4%
Jan-25	3,329	\$3,124,661	\$1,602,003	\$1,182,923	\$314,690	-\$109,680	\$2,989,937	\$134,724	\$804	95.7%
Feb-25	3,325	\$3,122,800	\$1,960,207	\$1,091,509	\$314,312	-\$59,873	\$3,306,154	-\$183,354	\$900	105.9%
Mar-25	3,302	\$3,101,389	\$2,530,928	\$1,231,039	\$312,138	-\$318,015	\$3,756,089	-\$654,700	\$1,043	121.1%
Apr-25	3,303	\$3,106,769	\$1,836,207	\$1,292,805	\$312,233	-\$336,713	\$3,104,532	\$2,236	\$845	99.9%
May-25	3,310	\$3,109,904	\$1,959,096	\$1,356,652	\$312,894	-\$6,920	\$3,621,722	-\$511,818	\$1,000	116.5%
Jun-25	3,308	\$3,108,195	\$2,218,401	\$1,403,606	\$312,705	-\$7,200	\$3,927,513	-\$819,318	\$1,093	126.4%
Jul-25	3,320	\$3,118,876	\$2,215,484	\$1,339,767	\$313,840	-\$5,372	\$3,863,718	-\$744,842	\$1,069	123.9%
Aug-25	3,307	\$3,108,559	\$3,414,730	\$1,402,239	\$312,611	-\$327,251	\$4,802,328	-\$1,693,769	\$1,358	154.5%
Sep-25	3,304	\$3,101,245	\$1,853,325	\$1,530,049	\$312,327	-\$815	\$3,694,887	-\$593,642	\$1,024	119.1%
2022	2,954	\$27,740,204	\$18,763,341	\$10,362,619	\$2,741,780	\$0	\$31,867,740	-\$4,127,536	\$821.58	114.9%
2023	3,088	\$30,834,462	\$19,932,133	\$10,951,499	\$2,866,143	-\$307,341	\$33,442,433	-\$2,607,971	\$825.07	108.5%
2024	3,222	\$33,827,639	\$22,925,549	\$13,366,890	\$2,990,196	-\$684,086	\$38,598,549	-\$4,770,909	\$920.99	114.1%
2025 YTD	3,312	\$28,002,399	\$19,590,381	\$11,830,588	\$2,817,750	-\$1,171,840	\$33,066,880	-\$5,064,481	\$1,014.80	118.1%
Current 12 Months	3,292	\$36,516,920	\$26,784,286	\$15,298,939	\$3,567,871	-\$1,643,725	\$44,007,371	-\$7,490,451	\$1,023.60	120.5%

**Data Sources:**

Enrollment & Premium: MyWorkplace, Medical Claims: Anthem CII, Anthem CLR, Anthem MDP; Rx Claims: Envelope, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix



San Joaquin Valley Insurance Authority (SJVIA)  
Anthem Blue Cross Premium and Claims Report as of September 2025  
County of Tulare - All Medical





**San Joaquin Valley Insurance Authority (SJVIA)**  
**Anthem Blue Cross Premium and Claims Report as of September 2025**  
**County of Tulare - PPO**

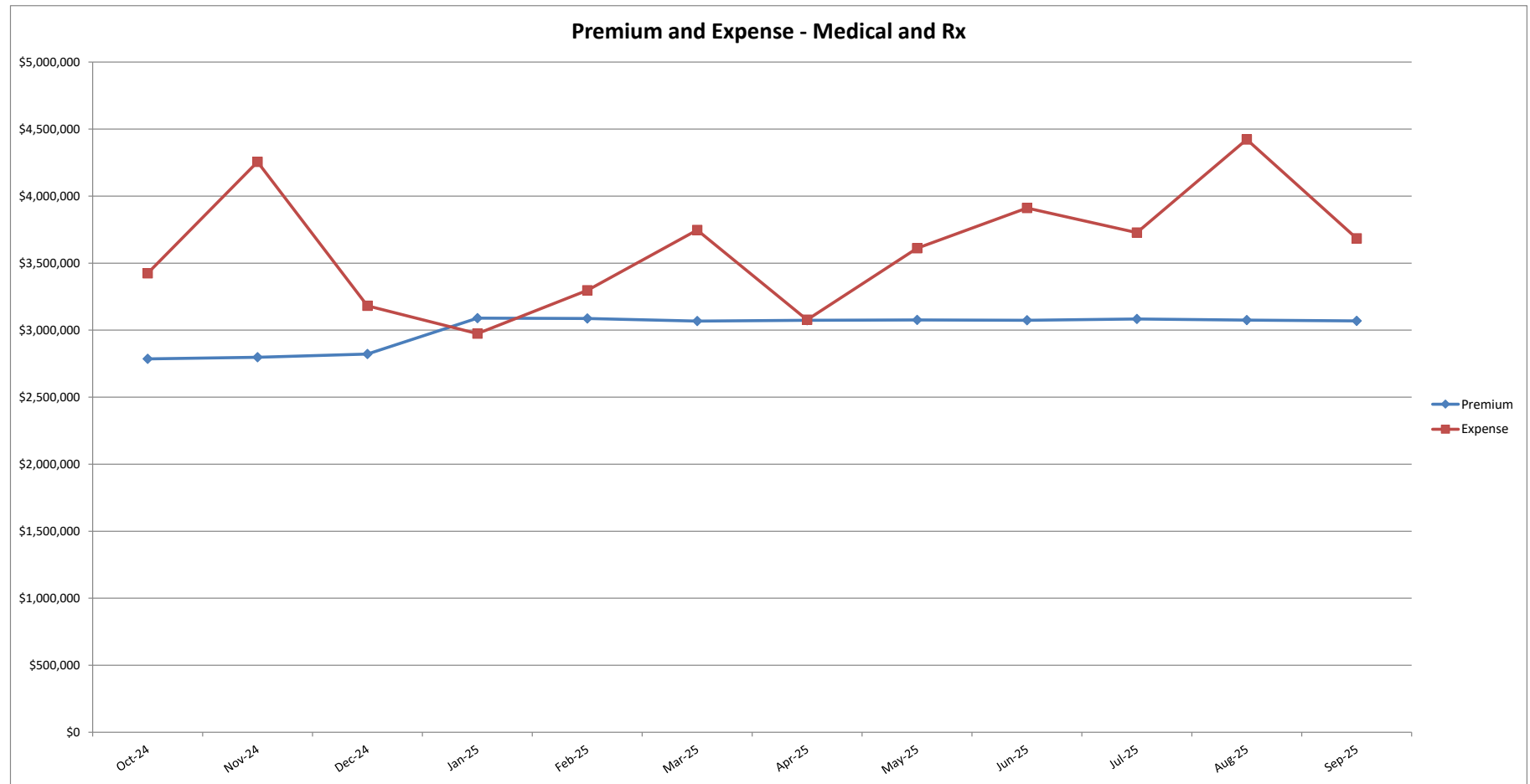
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
<b>Oct-23</b>	3,054	\$2,547,624	\$2,608,326	\$895,513	\$236,196	\$0	\$3,740,035	<b>-\$1,192,412</b>	\$1,147.30	146.8%
<b>Nov-23</b>	3,073	\$2,567,016	\$2,363,764	\$947,133	\$237,666	\$0	\$3,548,563	<b>-\$981,546</b>	\$1,077.42	138.2%
<b>Dec-23</b>	3,094	\$2,581,882	\$1,504,497	\$891,357	\$239,290	<b>-\$42,631</b>	\$2,592,513	<b>-\$10,630</b>	\$760.58	100.4%
<b>Jan-24</b>	3,196	\$2,759,151	\$1,881,538	\$1,069,313	\$247,179	\$0	\$3,198,029	<b>-\$438,878</b>	\$923.29	115.9%
<b>Feb-24</b>	3,164	\$2,765,551	\$1,429,066	\$884,359	\$244,704	\$0	\$2,558,129	\$207,422	\$731.17	92.5%
<b>Mar-24</b>	3,175	\$2,776,012	\$1,499,261	\$949,843	\$245,555	\$0	\$2,694,658	\$81,354	\$771.37	97.1%
<b>Apr-24</b>	3,175	\$2,779,461	\$1,456,076	\$1,074,047	\$245,555	\$0	\$2,775,678	\$3,783	\$796.89	99.9%
<b>May-24</b>	3,173	\$2,778,477	\$1,850,725	\$1,153,808	\$245,400	\$0	\$3,249,933	<b>-\$471,456</b>	\$946.91	117.0%
<b>Jun-24</b>	3,151	\$2,752,470	\$1,486,540	\$1,075,339	\$243,698	\$0	\$2,805,577	<b>-\$53,107</b>	\$813.04	101.9%
<b>Jul-24</b>	3,176	\$2,785,388	\$1,619,042	\$1,177,466	\$245,632	\$0	\$3,042,140	<b>-\$256,751</b>	\$880.51	109.2%
<b>Aug-24</b>	3,187	\$2,793,927	\$2,402,659	\$1,280,610	\$246,483	<b>-\$212,201</b>	\$3,717,550	<b>-\$923,623</b>	\$1,089.13	133.1%
<b>Sep-24</b>	3,179	\$2,790,086	\$2,032,936	\$1,217,498	\$245,864	\$0	\$3,496,298	<b>-\$706,212</b>	\$1,022.47	125.3%
<b>Oct-24</b>	3,175	\$2,785,447	\$1,947,968	\$1,230,021	\$245,555	<b>-\$209</b>	\$3,423,334	<b>-\$637,887</b>	\$1,000.88	122.9%
<b>Nov-24</b>	3,183	\$2,797,882	\$2,912,497	\$1,101,882	\$246,173	<b>-\$4,694</b>	\$4,255,859	<b>-\$1,457,977</b>	\$1,259.72	152.1%
<b>Dec-24</b>	3,210	\$2,821,603	\$2,268,027	\$1,132,784	\$248,261	<b>-\$466,982</b>	\$3,182,090	<b>-\$360,487</b>	\$913.97	112.8%
<b>Jan-25</b>	3,289	\$3,089,476	\$1,590,136	\$1,182,693	\$310,909	<b>-\$109,680</b>	\$2,974,058	\$115,418	\$809.71	96.3%
<b>Feb-25</b>	3,285	\$3,086,705	\$1,955,421	\$1,090,759	\$310,531	<b>-\$59,873</b>	\$3,296,838	<b>-\$210,134</b>	\$909.07	106.8%
<b>Mar-25</b>	3,264	\$3,067,570	\$2,527,256	\$1,229,216	\$308,546	<b>-\$318,015</b>	\$3,747,002	<b>-\$679,433</b>	\$1,053.45	122.1%
<b>Apr-25</b>	3,265	\$3,072,949	\$1,813,180	\$1,291,464	\$308,640	<b>-\$336,713</b>	\$3,076,572	<b>-\$3,623</b>	\$847.76	100.1%
<b>May-25</b>	3,271	\$3,075,401	\$1,954,464	\$1,354,074	\$309,208	<b>-\$6,920</b>	\$3,610,826	<b>-\$535,424</b>	\$1,009.36	117.4%
<b>Jun-25</b>	3,269	\$3,073,693	\$2,209,521	\$1,399,165	\$309,019	<b>-\$7,200</b>	\$3,910,505	<b>-\$836,813</b>	\$1,101.71	127.2%
<b>Jul-25</b>	3,280	\$3,083,121	\$2,087,152	\$1,335,995	\$310,058	<b>-\$5,372</b>	\$3,727,833	<b>-\$644,712</b>	\$1,042.00	120.9%
<b>Aug-25</b>	3,268	\$3,074,885	\$2,717,011	\$1,398,481	\$308,924	<b>-\$1,882</b>	\$4,422,534	<b>-\$1,347,649</b>	\$1,258.75	143.8%
<b>Sep-25</b>	3,266	\$3,068,254	\$1,848,736	\$1,526,532	\$308,735		\$3,684,003	<b>-\$615,749</b>	\$1,033.46	120.1%
<b>2022</b>	<b>2,917</b>	<b>\$27,425,825</b>	<b>\$18,636,290</b>	<b>\$10,283,239</b>	<b>\$2,707,596</b>	<b>\$0</b>	<b>\$31,627,125</b>	<b>-\$4,201,300</b>	<b>\$826.06</b>	<b>115.3%</b>
<b>2023</b>	<b>3,050</b>	<b>\$30,481,001</b>	<b>\$19,832,676</b>	<b>\$10,939,004</b>	<b>\$2,830,644</b>	<b>-\$307,341</b>	<b>\$33,294,982</b>	<b>-\$2,813,981</b>	<b>\$832.36</b>	<b>109.2%</b>
<b>2024</b>	<b>3,179</b>	<b>\$33,385,454</b>	<b>\$22,786,335</b>	<b>\$13,346,969</b>	<b>\$2,950,057</b>	<b>-\$684,086</b>	<b>\$38,399,274</b>	<b>-\$5,013,820</b>	<b>\$929.35</b>	<b>115.0%</b>
<b>2025 YTD</b>	<b>3,273</b>	<b>\$27,692,052</b>	<b>\$18,702,877</b>	<b>\$11,808,379</b>	<b>\$2,784,570</b>	<b>-\$845,655</b>	<b>\$32,450,172</b>	<b>-\$4,758,119</b>	<b>\$1,007.08</b>	<b>117.2%</b>
<b>Current 12 Months</b>	<b>3,252</b>	<b>\$36,096,984</b>	<b>\$25,831,369</b>	<b>\$15,273,066</b>	<b>\$3,524,559</b>	<b>-\$1,317,540</b>	<b>\$43,311,454</b>	<b>-\$7,214,470</b>	<b>\$1,019.52</b>	<b>120.0%</b>

**Data Sources:**

Enrollment & Premium: MyWorkplace, Medical Claims: Anthem CII, Anthem CLR, Anthem MDP; Rx Claims: Envelope, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix



San Joaquin Valley Insurance Authority (SJVIA)  
Anthem Blue Cross Premium and Claims Report as of September 2025  
County of Tulare - PPO





**San Joaquin Valley Insurance Authority (SJVIA)**  
**Anthem Blue Cross Premium and Claims Report as of September 2025**  
**County of Tulare - HDHP**

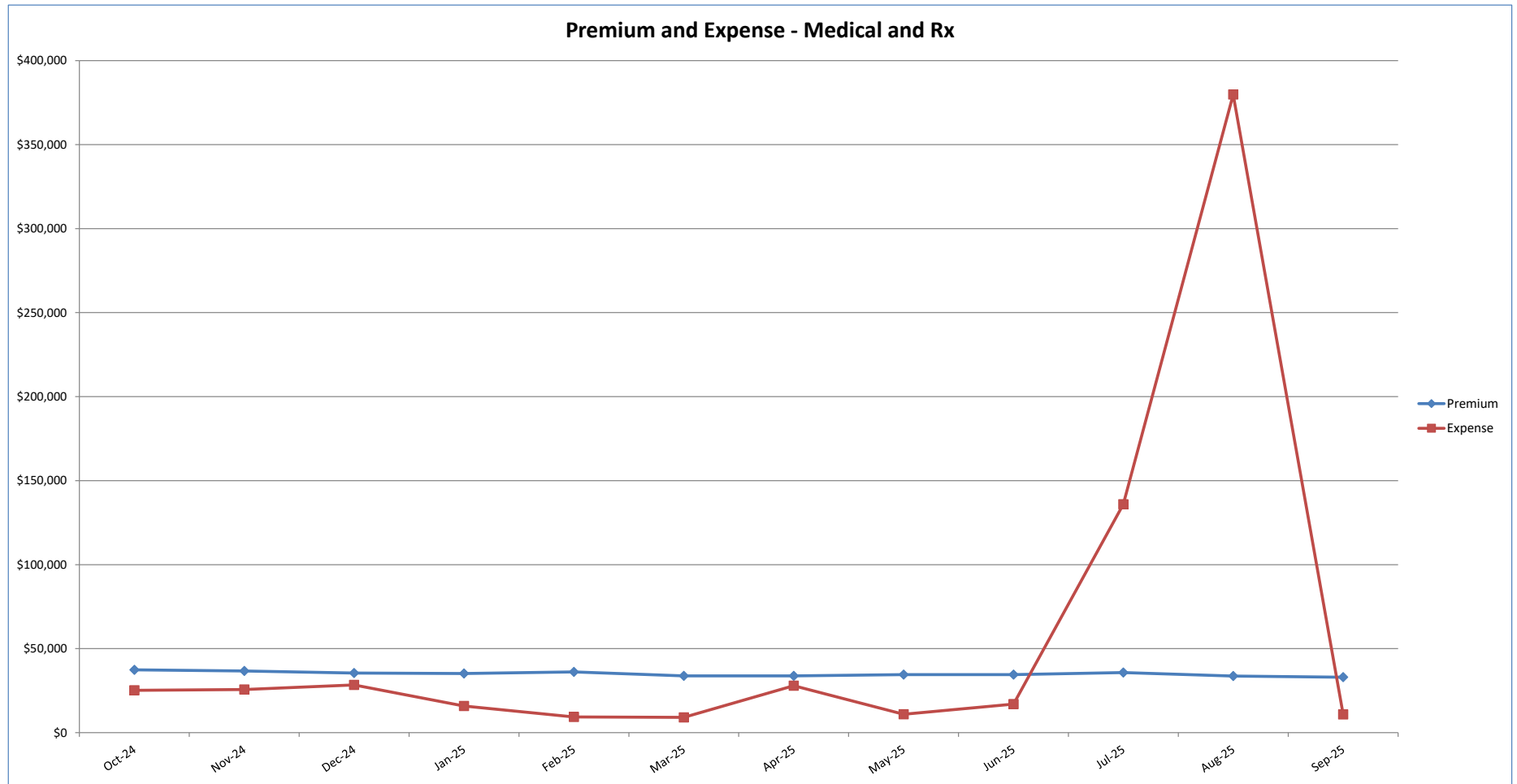
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Oct-23	40	\$30,174	\$11,839	\$338	\$3,094	\$0	\$15,270	\$14,904	\$304.40	50.6%
Nov-23	39	\$29,566	\$21,831	\$648	\$3,016	\$0	\$25,494	\$4,072	\$576.36	86.2%
Dec-23	40	\$30,811	\$5,599	\$1,177	\$3,094	\$0	\$9,870	\$20,941	\$169.41	32.0%
Jan-24	43	\$36,105	\$6,307	\$2,497	\$3,326	\$0	\$12,129	\$23,975	\$204.74	33.6%
Feb-24	44	\$36,743	\$2,059	\$1,842	\$3,403	\$0	\$7,304	\$29,439	\$88.66	19.9%
Mar-24	44	\$38,049	\$11,304	\$2,693	\$3,403	\$0	\$17,400	\$20,649	\$318.11	45.7%
Apr-24	43	\$37,411	\$3,017	\$607	\$3,326	\$0	\$6,950	\$30,461	\$84.28	18.6%
May-24	43	\$36,879	\$10,216	\$1,590	\$3,326	\$0	\$15,132	\$21,747	\$274.57	41.0%
Jun-24	42	\$36,240	\$18,180	\$3,644	\$3,248	\$0	\$25,073	\$11,168	\$519.63	69.2%
Jul-24	41	\$35,602	\$14,413	\$316	\$3,171	\$0	\$17,900	\$17,702	\$359.26	50.3%
Aug-24	43	\$36,879	\$2,906	\$882	\$3,326	\$0	\$7,113	\$29,766	\$88.08	19.3%
Sep-24	45	\$38,687	\$5,399	\$2,185	\$3,480	\$0	\$11,064	\$27,623	\$168.53	28.6%
Oct-24	45	\$37,381	\$19,951	\$1,750	\$3,480	\$0	\$25,181	\$12,200	\$482.23	67.4%
Nov-24	44	\$36,743	\$21,935	\$329	\$3,403	\$0	\$25,667	\$11,075	\$506.01	69.9%
Dec-24	42	\$35,466	\$23,528	\$1,585	\$3,248	\$0	\$28,361	\$7,105	\$597.92	80.0%
Jan-25	40	\$35,186	\$11,867	\$231	\$3,781	\$0	\$15,879	\$19,307	\$302.44	45.1%
Feb-25	40	\$36,095	\$4,785	\$749	\$3,781	\$0	\$9,316	\$26,780	\$138.36	25.8%
Mar-25	38	\$33,820	\$3,672	\$1,823	\$3,592	\$0	\$9,087	\$24,732	\$144.61	26.9%
Apr-25	38	\$33,820	\$23,027	\$1,340	\$3,592	\$0	\$27,960	\$5,860	\$641.26	82.7%
May-25	39	\$34,503	\$4,631	\$2,578	\$3,687	\$0	\$10,896	\$23,607	\$184.85	31.6%
Jun-25	39	\$34,503	\$8,880	\$4,441	\$3,687	\$0	\$17,007	\$17,495	\$341.56	49.3%
Jul-25	40	\$35,755	\$128,332	\$3,772	\$3,781	\$0	\$135,885	-\$100,130	\$3,302.60	380.0%
Aug-25	39	\$33,674	\$697,719	\$3,758	\$3,687	-\$325,370	\$379,794	-\$346,120	\$9,643.78	1127.8%
Sep-25	38	\$32,991	\$4,589	\$3,517	\$3,592	-\$815	\$10,884	\$22,108	\$191.88	33.0%
2022	37	\$314,379	\$127,051	\$79,380	\$34,184	\$0	\$240,616	\$73,764	\$467.04	76.5%
2023	38	\$353,462	\$99,457	\$12,495	\$35,499	\$0	\$147,451	\$206,010	\$243.90	41.7%
2024	43	\$442,185	\$139,214	\$19,921	\$40,139	\$0	\$199,274	\$242,911	\$306.62	45.1%
2025 YTD	39	\$310,346	\$887,504	\$22,209	\$33,180	-\$326,185	\$616,708	-\$306,362	\$1,662.47	198.7%
Current 12 Months	40	\$419,936	\$952,917	\$25,873	\$43,312	-\$326,185	\$695,917	-\$275,981	\$1,353.95	165.7%

**Data Sources:**

Enrollment & Premium: MyWorkplace, Medical Claims: Anthem CII, Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix



San Joaquin Valley Insurance Authority (SJVIA)  
Anthem Blue Cross Premium and Claims Report as of September 2025  
County of Tulare - HDHP





**San Joaquin Valley Insurance Authority (SJVIA)**  
**Delta Dental Premium and Claims Report as of September 2025**  
**County of Fresno and County of Tulare**

MONTH-YEAR	ENROLLED	FUNDING/ PREMIUM	PAID CLAIMS	DELTA ADMIN	TOTAL EXPENSE	SURPLUS / (DEFICIT)	TOTAL EXPENSE LOSS RATIO
<b>Oct-23</b>	7,590	\$416,533	\$334,211	\$29,373	\$363,585	\$52,949	87.29%
<b>Nov-23</b>	7,684	\$422,253	\$369,419	\$29,737	\$399,156	\$23,097	94.53%
<b>Dec-23</b>	7,729	\$424,463	\$286,564	\$29,911	\$316,475	\$107,988	74.56%
<b>Jan-24</b>	7,980	\$454,861	\$294,721	\$35,112	\$329,833	\$125,029	72.51%
<b>Feb-24</b>	7,984	\$454,898	\$441,363	\$35,130	\$476,493	-\$21,595	104.75%
<b>Mar-24</b>	7,960	\$499,820	\$386,822	\$35,024	\$421,846	\$77,975	84.40%
<b>Apr-24</b>	7,976	\$455,568	\$363,852	\$35,094	\$398,947	\$56,621	87.57%
<b>May-24</b>	7,998	\$457,534	\$466,839	\$35,191	\$502,030	-\$44,497	109.73%
<b>Jun-24</b>	8,044	\$460,869	\$384,765	\$35,394	\$420,159	\$40,710	91.17%
<b>Jul-24</b>	8,094	\$463,495	\$342,637	\$35,614	\$378,251	\$85,244	81.61%
<b>Aug-24</b>	8,112	\$464,731	\$483,537	\$35,693	\$519,229	-\$54,498	111.73%
<b>Sep-24</b>	8,123	\$465,324	\$348,077	\$35,741	\$383,818	\$81,506	82.48%
<b>Oct-24</b>	8,137	\$465,907	\$416,319	\$35,803	\$452,122	\$13,785	97.04%
<b>Nov-24</b>	8,136	\$466,218	\$347,348	\$35,798	\$383,146	\$83,072	82.18%
<b>Dec-24</b>	8,145	\$466,838	\$359,048	\$35,838	\$394,886	\$71,952	84.59%
<b>Jan-25</b>	8,408	\$483,071	\$408,850	\$36,995	\$445,845	\$37,226	92.29%
<b>Feb-25</b>	8,396	\$482,958	\$385,497	\$36,942	\$422,439	\$60,519	87.47%
<b>Mar-25</b>	8,363	\$480,673	\$431,797	\$36,797	\$468,594	\$12,078	97.49%
<b>Apr-25</b>	8,367	\$482,173	\$401,854	\$36,815	\$438,669	\$43,504	90.98%
<b>May-25</b>	8,360	\$481,811	\$504,987	\$36,784	\$541,771	-\$59,960	112.44%
<b>Jun-25</b>	8,334	\$479,968	\$376,792	\$36,670	\$413,462	\$66,507	86.14%
<b>Jul-25</b>	8,293	\$477,596	\$470,198	\$36,489	\$506,687	-\$29,091	106.09%
<b>Aug-25</b>	8,302	\$478,458	\$386,937	\$36,529	\$423,466	\$54,992	88.51%
<b>Sep-25</b>	8,281	\$477,575	\$360,269	\$36,436	\$396,705	\$80,870	83.07%
<b>2022</b>	<b>7,276</b>	<b>\$4,781,517</b>	<b>\$3,782,588</b>	<b>\$337,901</b>	<b>\$4,120,490</b>	<b>\$661,028</b>	<b>86.18%</b>
<b>2023</b>	<b>7,582</b>	<b>\$4,979,025</b>	<b>\$4,002,716</b>	<b>\$352,127</b>	<b>\$4,354,844</b>	<b>\$624,181</b>	<b>87.46%</b>
<b>2024</b>	<b>8,057</b>	<b>\$5,576,063</b>	<b>\$4,635,327</b>	<b>\$425,432</b>	<b>\$5,060,759</b>	<b>\$515,304</b>	<b>90.76%</b>
<b>2025 YTD</b>	<b>8,345</b>	<b>\$4,324,284</b>	<b>\$3,727,181</b>	<b>\$330,458</b>	<b>\$4,057,638</b>	<b>\$266,645</b>	<b>93.83%</b>
<b>Current 12 Months</b>	<b>8,294</b>	<b>\$5,723,247</b>	<b>\$4,849,895</b>	<b>\$437,897</b>	<b>\$5,287,792</b>	<b>\$435,455</b>	<b>92.39%</b>

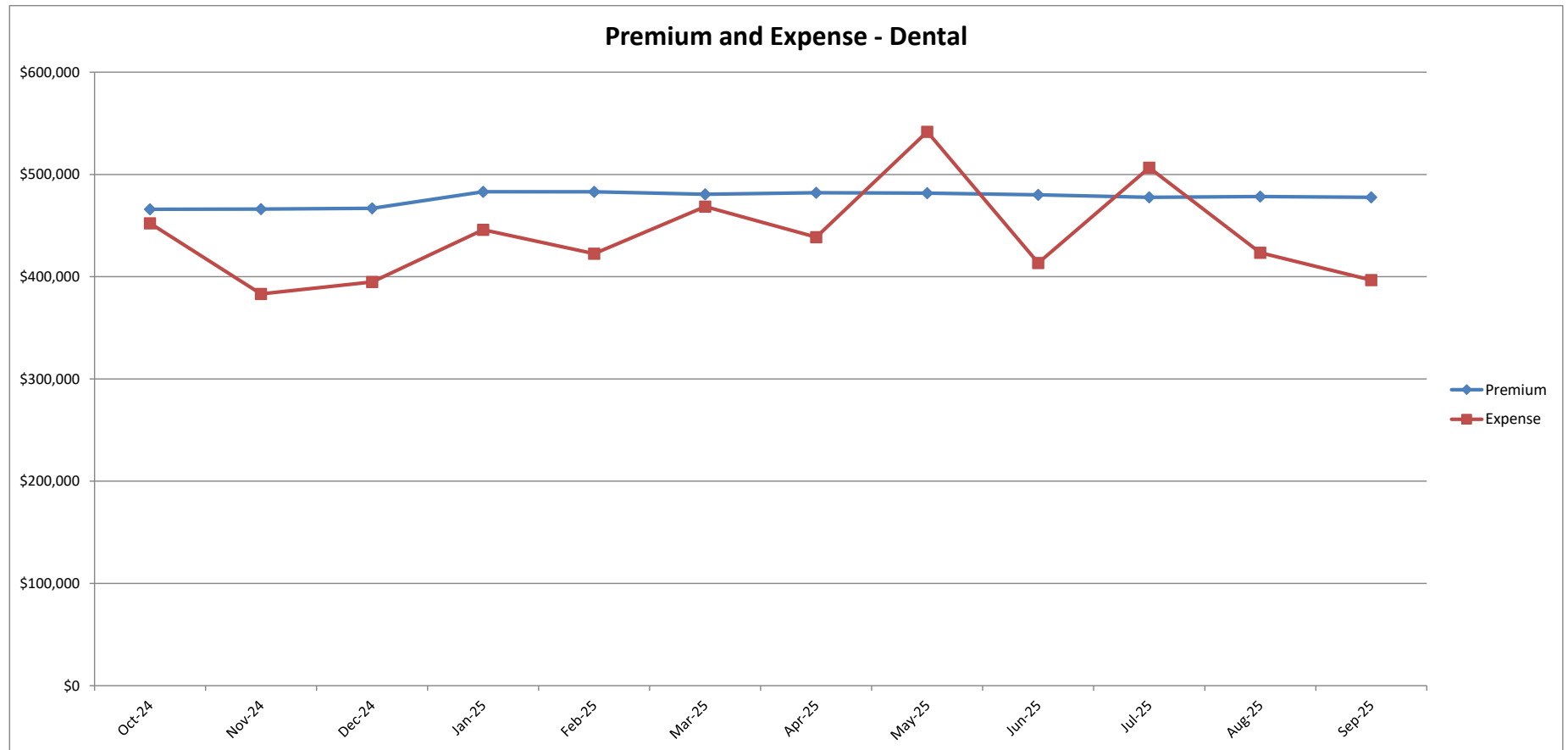
**Data Sources: Delta Dental Financial Report Package, MyWorkplace**

Note:

1. The above figures include all the divisions under the County of Fresno and County of Tulare.
2. The number of primary enrollees may change to include retroactive additions and/or deletions in eligibility.
3. Delta Admin Fee: Effective 1/1/2024 through 12/31/2026 the Dental PPO ASO fee is \$4.40



**San Joaquin Valley Insurance Authority (SJVIA)  
Delta Dental Premium and Claims Report as of September 2025  
County of Fresno and County of Tulare**





**San Joaquin Valley Insurance Authority (SJVIA)**  
**Delta Dental Premium and Claims Report as of September 2025**  
**County of Fresno**

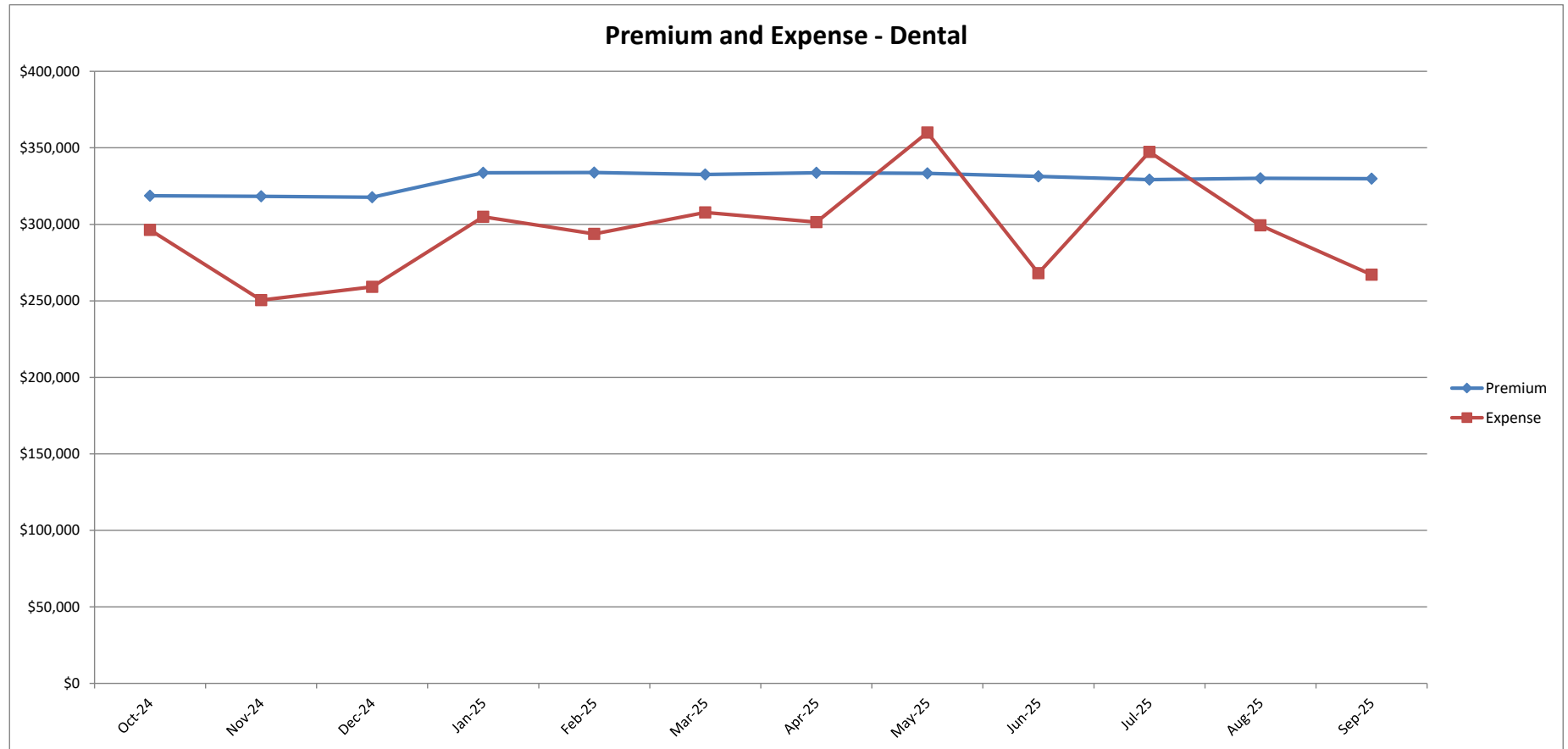
MONTH-YEAR	ENROLLED	FUNDING/ PREMIUM	PAID CLAIMS	DELTA ADMIN	TOTAL EXPENSE	SURPLUS / (DEFICIT)	TOTAL EXPENSE LOSS RATIO
<b>Oct-23</b>	4,819	\$290,112	\$233,684	\$18,650	\$252,333	\$37,779	86.98%
<b>Nov-23</b>	4,893	\$294,711	\$264,271	\$18,936	\$283,207	\$11,504	96.10%
<b>Dec-23</b>	4,914	\$295,849	\$192,877	\$19,017	\$211,895	\$83,954	71.62%
<b>Jan-24</b>	5,095	\$309,716	\$193,048	\$22,418	\$215,466	\$94,250	69.57%
<b>Feb-24</b>	5,091	\$309,496	\$278,882	\$22,400	\$301,283	\$8,214	97.35%
<b>Mar-24</b>	5,062	\$353,918	\$245,645	\$22,273	\$267,918	\$86,001	75.70%
<b>Apr-24</b>	5,077	\$309,394	\$236,683	\$22,339	\$259,022	\$50,371	83.72%
<b>May-24</b>	5,100	\$311,408	\$305,964	\$22,440	\$328,404	-\$16,996	105.46%
<b>Jun-24</b>	5,158	\$315,027	\$251,584	\$22,695	\$274,279	\$40,748	87.07%
<b>Jul-24</b>	5,188	\$316,592	\$242,393	\$22,827	\$265,220	\$51,371	83.77%
<b>Aug-24</b>	5,187	\$316,967	\$331,922	\$22,823	\$354,745	-\$37,777	111.92%
<b>Sep-24</b>	5,203	\$317,674	\$224,450	\$22,893	\$247,343	\$70,331	77.86%
<b>Oct-24</b>	5,222	\$318,693	\$273,425	\$22,977	\$296,402	\$22,292	93.01%
<b>Nov-24</b>	5,213	\$318,262	\$227,538	\$22,937	\$250,476	\$67,787	78.70%
<b>Dec-24</b>	5,202	\$317,716	\$236,208	\$22,889	\$259,097	\$58,619	81.55%
<b>Jan-25</b>	5,385	\$333,689	\$281,180	\$23,694	\$304,874	\$28,814	91.36%
<b>Feb-25</b>	5,380	\$333,873	\$270,121	\$23,672	\$293,793	\$40,080	88.00%
<b>Mar-25</b>	5,366	\$332,511	\$284,151	\$23,610	\$307,762	\$24,749	92.56%
<b>Apr-25</b>	5,368	\$333,658	\$277,871	\$23,619	\$301,491	\$32,168	90.36%
<b>May-25</b>	5,358	\$333,300	\$336,416	\$23,575	\$359,991	-\$26,692	108.01%
<b>Jun-25</b>	5,330	\$331,295	\$244,646	\$23,452	\$268,098	\$63,197	80.92%
<b>Jul-25</b>	5,295	\$329,164	\$324,041	\$23,298	\$347,339	-\$18,175	105.52%
<b>Aug-25</b>	5,307	\$330,102	\$276,023	\$23,351	\$299,374	\$30,729	90.69%
<b>Sep-25</b>	5,296	\$329,884	\$243,738	\$23,302	\$267,040	\$62,843	80.95%
<b>2022</b>	<b>4,628</b>	<b>\$3,350,615</b>	<b>\$2,638,106</b>	<b>\$214,928</b>	<b>\$2,853,034</b>	<b>\$497,581</b>	<b>85.15%</b>
<b>2023</b>	<b>4,818</b>	<b>\$3,468,153</b>	<b>\$2,772,137</b>	<b>\$223,748</b>	<b>\$2,995,885</b>	<b>\$472,269</b>	<b>86.38%</b>
<b>2024</b>	<b>5,150</b>	<b>\$3,814,863</b>	<b>\$3,047,742</b>	<b>\$271,911</b>	<b>\$3,319,653</b>	<b>\$495,210</b>	<b>87.02%</b>
<b>2025 YTD</b>	<b>5,343</b>	<b>\$2,987,475</b>	<b>\$2,538,188</b>	<b>\$211,574</b>	<b>\$2,749,762</b>	<b>\$237,713</b>	<b>92.04%</b>
<b>Current 12 Months</b>	<b>5,310</b>	<b>\$3,942,146</b>	<b>\$3,275,359</b>	<b>\$280,377</b>	<b>\$3,555,736</b>	<b>\$386,410</b>	<b>90.20%</b>

**Data Sources: Delta Dental Financial Report Package, MyWorkplace**

**Note:**

1. The number of primary enrollees may change to include retroactive additions and/or deletions in eligibility.
2. Delta Admin Fee: Effective 1/1/2024 through 12/31/2026 the Dental PPO ASO fee is \$4.40

**San Joaquin Valley Insurance Authority (SJVIA)  
Delta Dental Premium and Claims Report as of September 2025  
County of Fresno**





**San Joaquin Valley Insurance Authority (SJVIA)**  
**Delta Dental Premium and Claims Report as of September 2025**  
**County of Tulare**

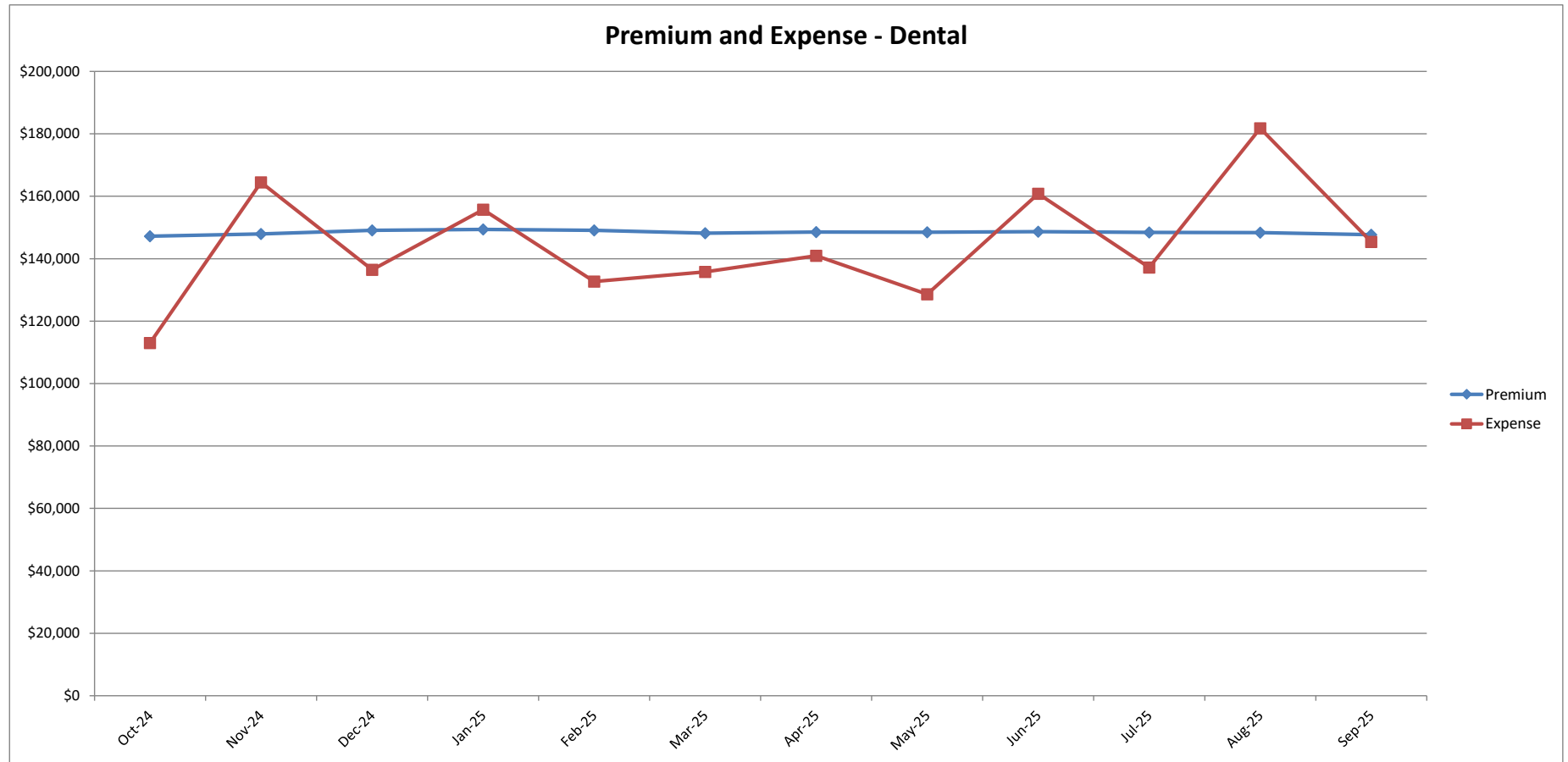
MONTH-YEAR	ENROLLED	FUNDING/ PREMIUM	PAID CLAIMS	DELTA ADMIN	TOTAL EXPENSE	SURPLUS / (DEFICIT)	TOTAL EXPENSE LOSS RATIO
Oct-23	2,771	\$126,422	\$100,528	\$10,724	\$111,252	\$15,170	88.00%
Nov-23	2,791	\$127,543	\$105,148	\$10,801	\$115,949	\$11,593	90.91%
Dec-23	2,815	\$128,614	\$93,687	\$10,894	\$104,581	\$24,034	81.31%
Jan-24	2,885	\$145,145	\$101,672	\$12,694	\$114,366	\$30,779	78.79%
Feb-24	2,893	\$145,402	\$162,481	\$12,729	\$175,210	-\$29,809	120.50%
Mar-24	2,898	\$145,902	\$141,177	\$12,751	\$153,928	-\$8,026	105.50%
Apr-24	2,899	\$146,175	\$127,169	\$12,756	\$139,925	\$6,250	95.72%
May-24	2,898	\$146,126	\$160,876	\$12,751	\$173,627	-\$27,501	118.82%
Jun-24	2,886	\$145,842	\$133,181	\$12,698	\$145,880	-\$38	100.03%
Jul-24	2,906	\$146,903	\$100,245	\$12,786	\$113,031	\$33,872	76.94%
Aug-24	2,925	\$147,764	\$151,615	\$12,870	\$164,485	-\$16,721	111.32%
Sep-24	2,920	\$147,650	\$123,627	\$12,848	\$136,475	\$11,175	92.43%
Oct-24	2,915	\$147,214	\$142,894	\$12,826	\$155,720	-\$8,506	105.78%
Nov-24	2,923	\$147,956	\$119,809	\$12,861	\$132,670	\$15,286	89.67%
Dec-24	2,943	\$149,121	\$122,839	\$12,949	\$135,788	\$13,333	91.06%
Jan-25	3,023	\$149,383	\$127,669	\$13,301	\$140,970	\$8,412	94.37%
Feb-25	3,016	\$149,085	\$115,376	\$13,270	\$128,646	\$20,439	86.29%
Mar-25	2,997	\$148,162	\$147,646	\$13,187	\$160,832	-\$12,671	108.55%
Apr-25	2,999	\$148,515	\$123,983	\$13,196	\$137,179	\$11,337	92.37%
May-25	3,002	\$148,511	\$168,571	\$13,209	\$181,780	-\$33,269	122.40%
Jun-25	3,004	\$148,674	\$132,146	\$13,218	\$145,364	\$3,310	97.77%
Jul-25	2,998	\$148,433	\$146,157	\$13,191	\$159,348	-\$10,916	107.35%
Aug-25	2,995	\$148,356	\$110,914	\$13,178	\$124,092	\$24,264	83.64%
Sep-25	2,985	\$147,691	\$116,531	\$13,134	\$129,665	\$18,026	87.79%
2022	2,648	\$1,430,902	\$1,144,483	\$122,973	\$1,267,456	\$163,447	88.58%
2023	2,764	\$1,510,871	\$1,230,580	\$128,380	\$1,358,959	\$151,912	89.95%
2024	2,908	\$1,761,200	\$1,587,585	\$153,520	\$1,741,106	\$20,094	98.86%
2025 YTD	3,002	\$1,336,809	\$1,188,993	\$118,884	\$1,307,877	\$28,933	97.84%
Current 12 Months	2,983	\$1,781,101	\$1,574,536	\$157,520	\$1,732,056	\$49,045	97.25%

**Data Sources: Delta Dental Financial Report Package, MyWorkplace**

**Note:**

1. The number of primary enrollees may change to include retroactive additions and/or deletions in eligibility.
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**San Joaquin Valley Insurance Authority (SJVIA)  
Delta Dental Premium and Claims Report as of September 2025  
County of Tulare**





**San Joaquin Valley Insurance Authority (SJVIA)**  
**VSP Premium and Claims Report as of September 2025**  
**County of Fresno and County of Tulare**

MONTH-YEAR	ENROLLED	FUNDING/ PREMIUM	PAID CLAIMS	VSP ADMIN	TOTAL EXPENSE	SURPLUS / (DEFICIT)	TOTAL EXPENSE LOSS RATIO
Oct-23	7,442	\$63,872	\$51,633	\$8,303	\$59,937	\$3,935	93.84%
Nov-23	7,514	\$64,487	\$45,134	\$8,383	\$53,517	\$10,969	82.99%
Dec-23	7,695	\$66,256	\$47,749	\$8,613	\$56,362	\$9,894	85.07%
Jan-24	7,787	\$67,832	\$51,925	\$8,818	\$60,743	\$7,089	89.55%
Feb-24	7,796	\$67,952	\$55,077	\$8,834	\$63,911	\$4,041	94.05%
Mar-24	7,820	\$68,215	\$56,182	\$8,868	\$65,050	\$3,165	95.36%
Apr-24	7,826	\$68,332	\$59,570	\$8,883	\$68,453	-\$121	100.18%
May-24	7,822	\$68,354	\$43,619	\$8,886	\$52,505	\$15,848	76.81%
Jun-24	7,891	\$69,115	\$56,499	\$8,985	\$65,484	\$3,631	94.75%
Jul-24	7,967	\$69,925	\$45,984	\$9,090	\$55,074	\$14,851	78.76%
Aug-24	7,994	\$70,206	\$59,866	\$9,127	\$68,993	\$1,213	98.27%
Sep-24	8,003	\$70,353	\$55,670	\$9,146	\$64,815	\$5,538	92.13%
Oct-24	8,055	\$70,722	\$49,964	\$9,194	\$59,158	\$11,564	83.65%
Nov-24	8,052	\$70,786	\$48,054	\$9,202	\$57,256	\$13,530	80.89%
Dec-24	8,312	\$74,774	\$43,177	\$9,721	\$52,897	\$21,877	70.74%
Jan-25	8,366	\$75,155	\$57,557	\$9,770	\$67,328	\$7,827	89.59%
Feb-25	8,393	\$75,461	\$68,149	\$9,810	\$77,959	-\$2,497	103.31%
Mar-25	8,411	\$75,634	\$56,803	\$9,832	\$66,636	\$8,999	88.10%
Apr-25	8,395	\$75,703	\$63,032	\$9,841	\$72,873	\$2,830	96.26%
May-25	8,406	\$75,783	\$51,478	\$9,852	\$61,330	\$14,454	80.93%
Jun-25	8,395	\$75,766	\$54,594	\$9,850	\$64,443	\$11,323	85.06%
Jul-25	8,381	\$75,669	\$45,762	\$9,837	\$55,599	\$20,070	73.48%
Aug-25	8,345	\$75,358	\$55,261	\$9,797	\$65,058	\$10,300	86.33%
Sep-25	8,337	\$75,330	\$58,667	\$9,793	\$68,460	\$6,870	90.88%
2022	7,137	\$739,521	\$558,234	\$96,138	\$654,371	\$85,150	88.49%
2023	7,395	\$764,801	\$585,987	\$99,424	\$685,411	\$79,389	89.62%
2024	7,944	\$836,565	\$625,586	\$108,753	\$734,339	\$102,226	87.78%
2025 YTD	8,381	\$679,859	\$511,302	\$88,382	\$599,684	\$80,175	88.21%
Current 12 Months	8,321	\$896,140	\$652,497	\$116,498	\$768,995	\$127,145	85.81%

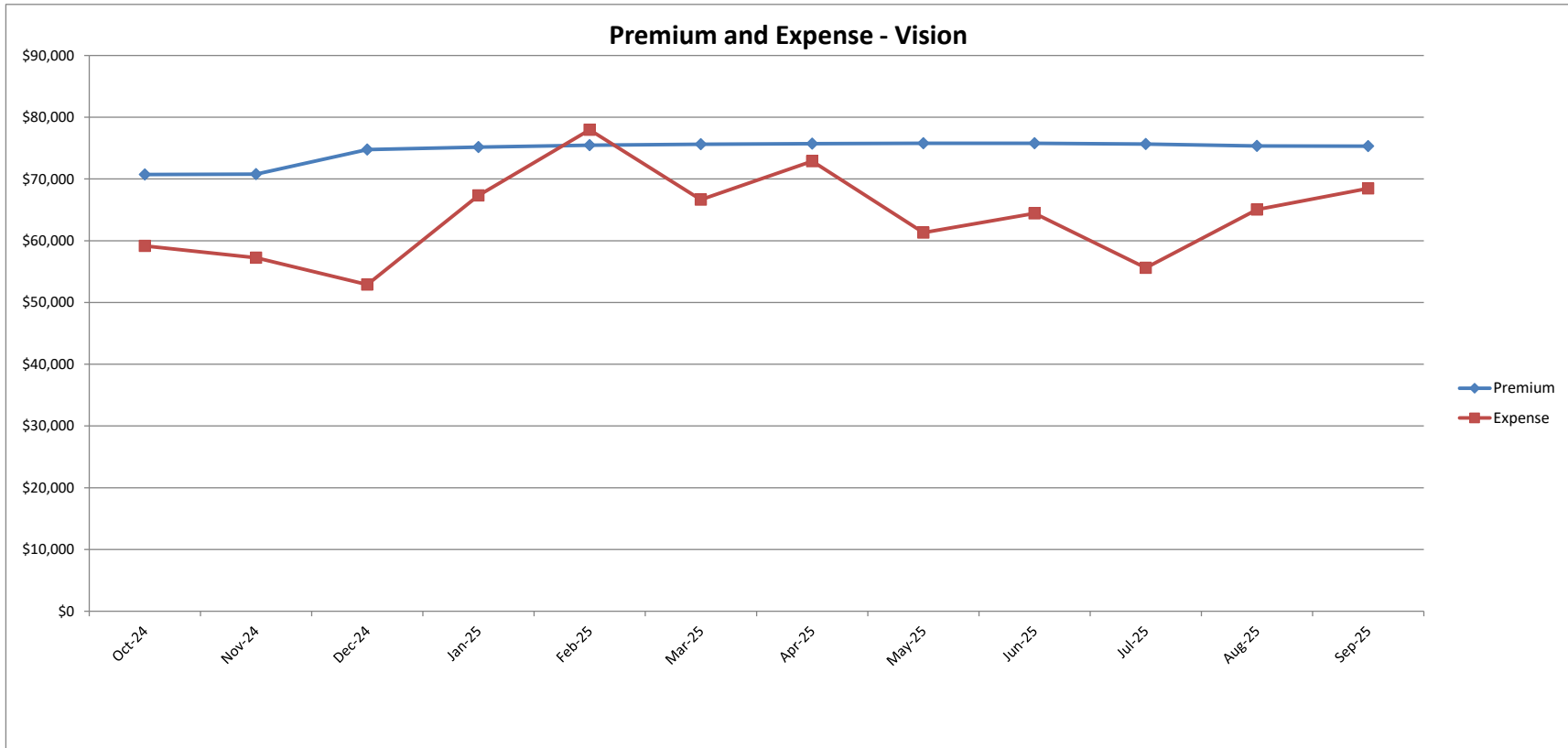
**Data Source: VSP SJVIA Utilization Reports**

*Note:*

1. The above figures include all the divisions under the County of Fresno, and County of Tulare.



San Joaquin Valley Insurance Authority (SJVIA)  
VSP Premium and Claims Report as of September 2025  
County of Fresno and County of Tulare







**San Joaquin Valley Insurance Authority (SJVIA)**  
**VSP Premium and Claims Report as of September 2025**  
**County of Fresno**

MONTH-YEAR	ENROLLED	FUNDING/ PREMIUM	PAID CLAIMS	VSP ADMIN	TOTAL EXPENSE	SURPLUS / (DEFICIT)	TOTAL EXPENSE LOSS RATIO
<b>Oct-23</b>	4,454	\$45,730	\$32,880	\$5,945	\$38,825	\$6,905	84.90%
<b>Nov-23</b>	4,486	\$46,093	\$29,455	\$5,992	\$35,447	\$10,646	76.90%
<b>Dec-23</b>	4,646	\$47,733	\$30,538	\$6,205	\$36,743	\$10,990	76.98%
<b>Jan-24</b>	4,705	\$49,063	\$33,839	\$6,378	\$40,217	\$8,846	81.97%
<b>Feb-24</b>	4,704	\$49,147	\$35,857	\$6,389	\$42,246	\$6,900	85.96%
<b>Mar-24</b>	4,719	\$49,328	\$32,883	\$6,413	\$39,295	\$10,032	79.66%
<b>Apr-24</b>	4,727	\$49,441	\$38,983	\$6,427	\$45,410	\$4,031	91.85%
<b>May-24</b>	4,724	\$49,466	\$28,858	\$6,431	\$35,289	\$14,177	71.34%
<b>Jun-24</b>	4,799	\$50,254	\$41,270	\$6,533	\$47,803	\$2,451	95.12%
<b>Jul-24</b>	4,869	\$50,992	\$29,114	\$6,629	\$35,743	\$15,249	70.10%
<b>Aug-24</b>	4,880	\$51,184	\$41,654	\$6,654	\$48,308	\$2,876	94.38%
<b>Sep-24</b>	4,897	\$51,374	\$39,623	\$6,679	\$46,302	\$5,073	90.13%
<b>Oct-24</b>	4,950	\$51,764	\$35,003	\$6,729	\$41,732	\$10,031	80.62%
<b>Nov-24</b>	4,945	\$51,780	\$32,357	\$6,731	\$39,088	\$12,692	75.49%
<b>Dec-24</b>	5,176	\$55,582	\$28,520	\$7,226	\$35,746	\$19,837	64.31%
<b>Jan-25</b>	5,184	\$55,670	\$42,020	\$7,237	\$49,257	\$6,413	88.48%
<b>Feb-25</b>	5,189	\$55,832	\$46,855	\$7,258	\$54,113	\$1,719	96.92%
<b>Mar-25</b>	5,192	\$55,924	\$38,449	\$7,270	\$45,719	\$10,205	81.75%
<b>Apr-25</b>	5,195	\$56,070	\$44,929	\$7,289	\$52,218	\$3,852	93.13%
<b>May-25</b>	5,194	\$56,087	\$32,673	\$7,291	\$39,965	\$16,122	71.26%
<b>Jun-25</b>	5,180	\$56,050	\$38,160	\$7,287	\$45,446	\$10,604	81.08%
<b>Jul-25</b>	5,176	\$56,017	\$30,357	\$7,282	\$37,639	\$18,378	67.19%
<b>Aug-25</b>	5,150	\$55,761	\$38,966	\$7,249	\$46,215	\$9,546	82.88%
<b>Sep-25</b>	5,143	\$55,724	\$39,870	\$7,244	\$47,114	\$8,610	84.55%
<b>2022</b>	<b>4,271</b>	<b>\$533,217</b>	<b>\$368,166</b>	<b>\$69,318</b>	<b>\$437,485</b>	<b>\$95,733</b>	<b>82.05%</b>
<b>2023</b>	<b>4,432</b>	<b>\$549,561</b>	<b>\$381,453</b>	<b>\$71,443</b>	<b>\$452,896</b>	<b>\$96,664</b>	<b>82.41%</b>
<b>2024</b>	<b>4,841</b>	<b>\$609,374</b>	<b>\$417,961</b>	<b>\$79,219</b>	<b>\$497,180</b>	<b>\$112,195</b>	<b>81.59%</b>
<b>2025 YTD</b>	<b>5,178</b>	<b>\$503,135</b>	<b>\$352,278</b>	<b>\$65,407</b>	<b>\$417,685</b>	<b>\$85,449</b>	<b>83.02%</b>
<b>Current 12 Months</b>	<b>5,140</b>	<b>\$662,261</b>	<b>\$448,158</b>	<b>\$86,094</b>	<b>\$534,252</b>	<b>\$128,009</b>	<b>80.67%</b>

**Data Source: VSP SJVIA Utilization Reports**

*Note:*

1. The above figures include the following divisions: 0015, 0016, 0017, 0018, 0019, 0020, and 0021.



San Joaquin Valley Insurance Authority (SJVIA)  
VSP Premium and Claims Report as of September 2025  
County of Fresno





**San Joaquin Valley Insurance Authority (SJVIA)**  
**VSP Premium and Claims Report as of September 2025**  
**County of Tulare**

MONTH-YEAR	ENROLLED	FUNDING/ PREMIUM	PAID CLAIMS	VSP ADMIN	TOTAL EXPENSE	SURPLUS / (DEFICIT)	TOTAL EXPENSE LOSS RATIO
Oct-23	2,988	\$18,142	\$18,753	\$2,358	\$21,112	-\$2,969	116.37%
Nov-23	3,028	\$18,394	\$15,679	\$2,391	\$18,070	\$324	98.24%
Dec-23	3,049	\$18,523	\$17,211	\$2,408	\$19,619	-\$1,096	105.92%
Jan-24	3,082	\$18,769	\$18,086	\$2,440	\$20,525	-\$1,757	109.36%
Feb-24	3,092	\$18,805	\$19,220	\$2,445	\$21,665	-\$2,860	115.21%
Mar-24	3,101	\$18,888	\$23,299	\$2,455	\$25,755	-\$6,867	136.36%
Apr-24	3,099	\$18,891	\$20,587	\$2,456	\$23,043	-\$4,152	121.98%
May-24	3,098	\$18,888	\$14,761	\$2,455	\$17,217	\$1,671	91.15%
Jun-24	3,092	\$18,861	\$15,229	\$2,452	\$17,681	\$1,180	93.75%
Jul-24	3,098	\$18,933	\$16,870	\$2,461	\$19,331	-\$398	102.10%
Aug-24	3,114	\$19,023	\$18,212	\$2,473	\$20,685	-\$1,662	108.74%
Sep-24	3,106	\$18,979	\$16,047	\$2,467	\$18,514	\$465	97.55%
Oct-24	3,105	\$18,958	\$14,961	\$2,465	\$17,426	\$1,532	91.92%
Nov-24	3,107	\$19,006	\$15,697	\$2,471	\$18,167	\$838	95.59%
Dec-24	3,136	\$19,192	\$14,657	\$2,495	\$17,151	\$2,040	89.37%
Jan-25	3,182	\$19,485	\$15,538	\$2,533	\$18,071	\$1,414	92.74%
Feb-25	3,204	\$19,629	\$21,294	\$2,552	\$23,846	-\$4,216	121.48%
Mar-25	3,219	\$19,710	\$18,354	\$2,562	\$20,917	-\$1,206	106.12%
Apr-25	3,200	\$19,633	\$18,103	\$2,552	\$20,655	-\$1,023	105.21%
May-25	3,212	\$19,697	\$18,805	\$2,561	\$21,365	-\$1,668	108.47%
Jun-25	3,215	\$19,716	\$16,434	\$2,563	\$18,997	\$719	96.35%
Jul-25	3,205	\$19,652	\$15,405	\$2,555	\$17,960	\$1,692	91.39%
Aug-25	3,195	\$19,597	\$16,295	\$2,548	\$18,843	\$754	96.15%
Sep-25	3,194	\$19,606	\$18,797	\$2,549	\$21,345	-\$1,740	108.87%
<b>2022</b>	<b>2,866</b>	<b>\$206,304</b>	<b>\$190,067</b>	<b>\$26,820</b>	<b>\$216,887</b>	<b>-\$10,583</b>	<b>105.13%</b>
<b>2023</b>	<b>2,963</b>	<b>\$215,240</b>	<b>\$204,534</b>	<b>\$27,981</b>	<b>\$232,515</b>	<b>-\$17,275</b>	<b>108.03%</b>
<b>2024</b>	<b>3,103</b>	<b>\$227,190</b>	<b>\$207,625</b>	<b>\$29,535</b>	<b>\$237,160</b>	<b>-\$9,969</b>	<b>104.39%</b>
<b>2025 YTD</b>	<b>3,203</b>	<b>\$176,724</b>	<b>\$159,024</b>	<b>\$22,974</b>	<b>\$181,999</b>	<b>-\$5,274</b>	<b>102.98%</b>
<b>Current 12 Months</b>	<b>3,181</b>	<b>\$233,880</b>	<b>\$204,339</b>	<b>\$30,404</b>	<b>\$234,743</b>	<b>-\$863</b>	<b>100.37%</b>

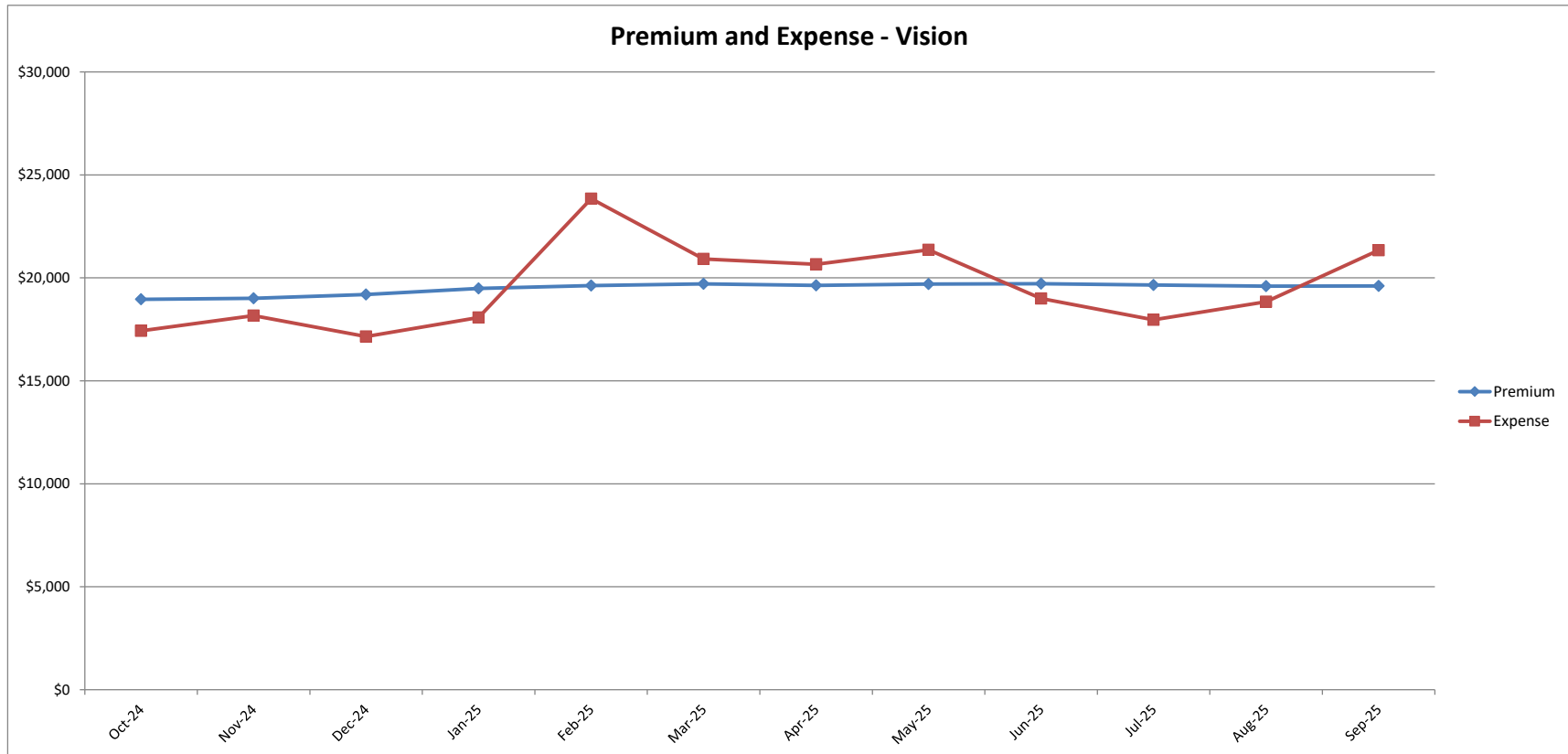
**Data Source: VSP SJVIA Utilization Reports**

*Note:*

1. The above figures include the following divisions: 0001, 0002, 0003, and 0004.



San Joaquin Valley Insurance Authority (SJVIA)  
VSP Premium and Claims Report as of September 2025  
County of Tulare





#### BOARD OF DIRECTORS

GARRY BREDEFELD  
NATHAN MAGSIG  
BUDDY MENDES  
LARRY MICARI  
BRIAN PACHECO  
AMY SHUKLIAN  
PETE VANDER POEL

**Meeting Location:**  
**County of Fresno**  
**Board of Supervisors Chambers**  
**2281 Tulare Street, #301**  
**Fresno, CA 93721**

**AGENDA DATE:** December 12, 2025

**ITEM NUMBER:** Item 9

**SUBJECT:** Receive Keenan Pharmacy Services' Consultant's Report on EmpiRx Pharmacy Utilization (I)

**REQUEST(S):** That the Board receive the Consultant's Report on EmpiRx pharmacy utilization.

**DESCRIPTION:**

Keenan Pharmacy Services (KPS) has completed their analysis of the EmpiRx pharmacy utilization reports for Q3 2025 and will also provide an update on the Patient Saver Plus Program (formerly known as VCAP aka bWell). The Consultant's report is a summary of this data.

**FISCAL IMPACT/FINANCING:**

Informational only, no financial impact.

**ADMINISTRATIVE SIGN-OFF:**

  
\_\_\_\_\_  
Hollis Magill  
SJVIA Manager

  
\_\_\_\_\_  
Lupe Garza  
SJVIA Assistant Manager



*Keenan*<sup>®</sup>

Keenan Pharmacy Services  
San Joaquin Valley Insurance Authority  
(SJVIA)  
Consultants Report: Q3 2025

# SJVIA- EmpiRx Health – Q3 2025 Highlights

- SJVIA's total plan cost increased by 4% in Q3 2025

	Q2 2025	Q3 2025	QoQ Change
<b>SJVIA</b>	\$9,784,845	\$10,184,947	4%
<b>Tulare</b>	\$4,053,063	\$4,272,075	5%
<b>Fresno</b>	\$5,731,782	\$5,912,872	3%

- While overall Script Count increased there were count decreases in all Retail Generic, Retail90 Brand & Specialty

Category	SJVIA Q2 2025	SJVIA Q3 2025	QoQ Change	Tulare Q2 2025	Tulare Q3 2025	QoQ Change	Fresno Q2 2025	Fresno Q3 2025	QoQ Change
<b>Retail Brand</b>	4,363	5,431	1,068	1,927	2,315	388	2,436	3,116	680
<b>Retail Generic</b>	16,985	16,277	(708)	6,846	6,593	(253)	10,139	9,684	(455)
<b>Retail 90 Brand</b>	1,069	1,048	(21)	369	357	(12)	700	691	(9)
<b>Retail 90 Generic</b>	8,748	8,815	67	3,367	3,346	(21)	5,381	5,469	88
<b>Mail Brand</b>	104	139	35	58	63	5	46	76	30
<b>Mail Generic</b>	318	384	66	138	181	43	180	203	23
<b>Specialty</b>	868	826	(42)	292	273	(19)	576	553	(23)
<b>TOTAL</b>	<b>32,455</b>	<b>32,920</b>	<b>465</b>	<b>12,997</b>	<b>13,128</b>	<b>131</b>	<b>19,458</b>	<b>19,792</b>	<b>334</b>

- Specialty claims plan cost decreased in Q3 2025

Category	SJVIA Q2 2025	SJVIA Q3 2025	QoQ Change	Tulare Q2 2025	Tulare Q3 2025	QoQ Change	Fresno Q2 2025	Fresno Q3 2025	QoQ Change
<b>Retail Brand</b>	\$3,822,493	\$4,533,356	\$710,863	\$1,740,307	\$2,052,269	\$311,962	\$2,082,186	\$2,481,087	\$398,901
<b>Retail Generic</b>	\$572,586	\$541,785	(\$30,801)	\$230,366	\$211,835	(\$18,531)	\$342,220	\$329,950	(\$12,271)
<b>Retail 90 Brand</b>	\$1,370,500	\$1,345,398	(\$25,102)	\$452,961	\$445,085	(\$7,876)	\$917,539	\$900,313	(\$17,226)
<b>Retail 90 Generic</b>	\$525,346	\$508,563	(\$16,783)	\$208,647	\$202,082	(\$6,566)	\$316,699	\$306,481	(\$10,218)
<b>Mail Brand</b>	\$163,396	\$236,283	\$72,887	\$89,752	\$103,865	\$14,113	\$73,645	\$132,419	\$58,774
<b>Mail Generic</b>	\$27,738	\$36,513	\$8,776	\$12,777	\$18,864	\$6,087	\$14,961	\$17,650	\$2,689
<b>Specialty</b>	<b>\$3,302,785</b>	<b>\$2,983,049</b>	<b>(\$319,736)</b>	<b>\$1,318,253</b>	<b>\$1,238,076</b>	<b>(\$80,177)</b>	<b>\$1,984,533</b>	<b>\$1,744,973</b>	<b>(\$239,560)</b>





# SJVIA- EmpiRx Health – Q3 2025 Highlights

- Enrollment Changes

	Jun-25	Sep-25	QoQ Change
<b>SJVIA</b>	13,583	13,578	(5)
<b>Tulare</b>	4,752	4,783	31
<b>Fresno</b>	8,831	8,795	(36)

- Patient Saver Plus Program Savings *(formerly known as Variable Copay Assistance (VCAP) aka bWell)*

	May 2025 - Sept 2025
<b>SJVIA</b>	\$562,621
<b>Tulare</b>	\$203,629
<b>Fresno</b>	\$358,992

- Rebates

<b>Q1 - 2025</b>	<b>\$1,755,770</b>
<b>Q2 - 2025</b>	<b>\$2,175,410</b>
<b>Q3 - 2025</b>	<b>Due by January 8, 2026</b>
<b>Q4 - 2025</b>	<b>Due by April 10, 2026</b>

- Estimated Clinical Savings: Annual Guarantee is \$1,800,000

<b>Q1 - 2025</b>	<b>\$1,051,335</b>
<b>Q2 - 2025</b>	<b>\$2,070,405</b>
<b>Q3 - 2025</b>	<b>Due by January 8, 2026</b>
<b>Q4 - 2025</b>	<b>Due by April 10, 2026</b>



# Top Clinical Cost Drivers by Drug Q1 – Q3 2025

Top Drugs by Ingredient Cost							
Based on Paid Date: 01/01/2025-09/30/2025							
Drug Label Name	Drug Group	Brand Generic Indicator	Formulary Tier	Specialty Indicator	Claim Count	Utilizers	Ingredient Cost
WEGOVY	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIAN'TS	B	3	N	2,170	420	\$3,075,822.86
ZEPBOUND	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIAN'TS	B	3	N	2,217	494	\$2,596,725.48
MOUNJARO	ANTIDIABETICS	B	2	N	1,697	322	\$2,219,636.07
OZEMPIC	ANTIDIABETICS	B	2	N	1,987	586	\$2,541,295.21
DUPIXENT	DERMATOLOGICALS	B	2	Y	260	38	\$1,097,547.60
JARDIANCE	ANTIDIABETICS	B	2	N	434	168	\$631,049.74
HUMIRA	ANALGESICS - ANTI-INFLAMMATORY	B	2	Y	58	11	\$444,466.26
RINVOQ	ANALGESICS - ANTI-INFLAMMATORY	B	2	Y	59	11	\$429,762.74
SKYRIZI PEN	DERMATOLOGICALS	B	2	Y	18	9	\$410,549.92
EMPAVELI	HEMATOLOGICAL AGENTS - MISC.	B	2	Y	10	1	\$404,894.26
JYNARQUE	ENDOCRINE AND METABOLIC AGENTS - MISC.	B	3	Y	17	2	\$381,805.60
BIKTARVY	ANTIVIRALS	B	2	Y	75	12	\$321,038.01
ELIQUIS	ANTICOAGULANTS	B	2	N	271	86	\$311,699.91
STELARA	DERMATOLOGICALS	B	2	Y	11	4	\$296,809.71
TREMFYA ONE-PRESS	DERMATOLOGICALS	B	2	Y	20	9	\$296,353.08
FARXIGA	ANTIDIABETICS	B	2	N	172	78	\$260,919.53
TREMFYA	DERMATOLOGICALS	B	2	Y	17	7	\$250,899.63
RYBELSUS	ANTIDIABETICS	B	2	N	147	41	\$243,275.25
TRULICITY	ANTIDIABETICS	B	2	N	161	44	\$237,565.48
PAXLOVID (300/100)	ANTIVIRALS	B	2	N	153	170	\$234,469.31
SPRYCEL	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	B	3	Y	15	2	\$229,123.72
NURTEC	MIGRAINE PRODUCTS	B	2	N	130	39	\$217,239.80
ICLUSIG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	B	2	Y	9	1	\$215,005.44



# Pharmacy Market Updates

- **Oral GLP-1 Medications in Development**

- Several oral GLP-1 medications are in development, with potential FDA approval in the coming years.
- **Oral Wegovy® (higher-dose semaglutide):** The manufacturer has submitted an application for a higher-dose oral semaglutide specifically for weight loss, with a decision expected in late 2025.
- **Orforglipron:** This is a promising, next-generation, non-peptide GLP-1 receptor agonist developed by Eli Lilly that is taken as a daily pill and does not require specific timing around meals. Clinical trials have shown significant results for both type 2 diabetes and weight loss, and the manufacturer aims for regulatory approval in late 2025 or 2026
- **Danuglipron:** Development of this once-daily oral tablet was discontinued by Pfizer in 2025 due to concerns over side effects and potential liver injury signals.
- The only oral GLP-1 medication currently **FDA-approved and available on the market is Rybelsus® (oral semaglutide)**, which is indicated for the treatment of type 2 diabetes.





#### BOARD OF DIRECTORS

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NATHAN MAGSIG

BUDDY MENDES

LARRY MICARI

BRIAN PACHECO

AMY SHUKLIAN

PETE VANDER POEL

**Meeting Location:**  
**County of Fresno**  
**Board of Supervisors Chambers**  
**2281 Tulare Street, #301**  
**Fresno, CA 93721**

**AGENDA DATE:** December 12, 2025

**ITEM NUMBER:** Item 10

**SUBJECT:** Receive Consultant's Report and Approve Plan Year 2026 Stop Loss/Reinsurance Renewal and Marketing Results and Authorize President to Execute Application and Agreement Subject to Approval of SJVIA Counsel and Staff (A)

**REQUEST(S):** That the Board approve the recommended vendor and authorize the President to execute application and agreement subject to approval of SJVIA Counsel and Staff.

#### **DESCRIPTION:**

As part of the Plan Year 2026 SJVIA self-funded medical and prescription reinsurance renewal, Keenan obtained the renewal from the incumbent vendor in addition to conducting a marketing to secure the most competitive stop loss/reinsurance rates.

#### **Stop Loss Renewal with Granular (incumbent)**

In the 2026 SJVIA overall renewal presented and approved at the August 22, 2025 SJVIA Board meeting, SJVIA budgeted a 15% or \$534,071 renewal increase for stop loss reinsurance.

For Plan Year 2026, Granular offered a renewal at the current \$475k specific deductible for a +36.3% increase, or an additional \$1,290,858, in estimated overall annual premium.

In 2025 YTD (9 months), there have been five large claims over \$475,000 and a total of 14 claimants with claims above \$200,000.

**AGENDA:** San Joaquin Valley Insurance Authority

**DATE:** December 12, 2025

### **Stop Loss Marketing**

Keenan marketed to 15 carriers. Seven carriers declined to quote due to uncompetitive rates. Five carriers provided illustrative rates that ranged between 30% and 42%. Three carriers, including the incumbent, provided binding rates.

### **Recommendation**

It is recommended that the SJVIA:

- Select ClearPoint/Coverys as the reinsurer for the 2026 Plan Year;
- Renew at the \$475,000 pooling level, with a captive layer from \$475,000 to \$775,000, and reinsurance from \$775,000 and beyond;
- Accept the proposal with the 19.4% increase and a \$278,348 collateral reserve, and
- Fund the 19.4% and the collateral reserve from the \$3,453,535 annual savings achieved from changing the Pharmacy Benefit Manager (PBM) for 2026.

### **FISCAL IMPACT/FINANCING:**

The reinsurance rates used in the development of the 2026 Plan Year budget was 15% over the PY 2025 reinsurance rates.

The captive/reinsurance option (19.4%) with the \$278,348 collateral reserve will be higher than the 15% budget for the PY 2025 renewal. The \$434,461 increase for reinsurance coverage is offset by the \$3,453,535 savings achieved from changing the PBM for 2026. This would reduce the PBM savings to \$3,019,074.

### **ADMINISTRATIVE SIGN-OFF:**

  
\_\_\_\_\_  
Hollis Magill  
SJVIA Manager

  
\_\_\_\_\_  
Lupe Garza  
SJVIA Assistant Manager

## **SJVIA Board Meeting**

### **Consultant's Report – 2026 Stop Loss Marketing Results**

#### **Overview**

Each year, Keenan conducts stop loss marketing for SJVIA to secure reinsurance for the self-funded medical and prescription drug plans. This report summarizes the 2026 plan year marketing results.

#### **Renewal Assumptions**

For the 2026 renewal, the following assumptions were applied:

- Budgeted increase: 15% (Estimated cost increase: \$534,071)
- Individual stop-loss level: \$475,000

#### **Marketing Process and Results**

Keenan requested stop-loss proposals from 15 vendors. The responses were as follows:

- **7 carriers** declined to quote (unable to provide competitive rates)
- **5 carriers** provided illustrative quotes (30%–42% increase)
- **3 carriers** provided binding proposals

#### **Binding Proposal Summary**

- **Renewal Option (Incumbent – Wellpoint/Sigmatico):**
  - Increase: **36.3%**
  - Cost increase: **\$1,290,858**
- **Option 1 (Symetra):**
  - Increase: **32.5%**
  - Cost increase: **\$1,156,599**
- **Option 2 (ClearPoint – Captive/Reinsurance):**
  - Increase: **19.4%**
  - Cost increase: **\$690,184**
  - Collateral reserve: **\$278,348**

## Plan Experience

- 2024 large claim reimbursements: **\$1,937,597**
- 2025 YTD (through September): **\$2,233,278**
- Projected 2025 premium: **\$3,560,471**
- Based on this experience, a 30%+ increase is not justified for the 2026 plan year.

## Market Conditions

- The reinsurance market is currently experiencing a hard market, driven by:
  - Increasing large-claim activity
  - External risk factors beyond healthcare, including:
    - Property exposure from natural disasters (floods, fires, hurricanes, earthquakes)
    - Liability exposure from rising settlement costs
    - These factors have significantly impacted reinsurance pricing across all sectors.
    -

## Captive/Reinsurance Structure (Option 2)

- Maintains pooling layer at **\$475,000**
- Adds captive layer: **\$300,000** (up to \$775,000)
- Reinsurance applies above **\$775,000**
- The captive structure isolates healthcare risk from property and liability exposures, reducing volatility and aligning costs more closely with actual healthcare risk.

## Financial Impact

- Budgeted increase: **15%**
- Option 2 increase: **19.4%** (+\$156,113)
- Including collateral: **\$434,461** total impact
- Offset by PBM savings for 2026: **\$3,453,535**
  - Net PBM savings after funding Option 2: **\$3,019,074**

## Recommendation

Keenan recommends adopting Option 2 (Captive/Reinsurance). This option provides the most cost-effective solution while reducing exposure to non-healthcare risks and leveraging PBM savings to offset additional costs

Keenan is available for questions.





# San Joaquin Valley Insurance Authority (SJVIA)

2026 Stop Loss Renewal and Marketing Presentation

Presented by:

*Keenan*

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# San Joaquin Valley Insurance Authority (SJVIA)

## Executive Summary

### FINAL RESULTS

Effective Date: January 1, 2026

*Keenan*

#### I. Stop Loss Marketing and Renewal Results:

- Stop loss RFP marketed to 15, stop loss carriers and MGU's

#### II. Wellpoint/Sigmatico

- Renewal offer at the current \$475,000 Specific Deductible , is an approximate **+36.3% increase**, or an additional \$1,290,858, in estimated annual premium.

##### Proposal Contingencies:

- Contract Basis 12/18
- Includes Mirroring Endorsement
- Includes Simultaneous Funding
- Includes No New Lasers with a 50% Renewal Rate Cap

#### III. Symetra

- Proposal offer at the current \$475,000 Specific Deductible, is an approximate **+32.5% increase**, or an additional \$1,156,599, in estimated annual premium.

##### Proposal Contingencies:

- Contract Basis 12/18
- Includes Mirroring Endorsement
- Includes Simultaneous Funding
- Includes No New Lasers with a 50% Renewal Rate Cap

#### IV. ClearPoint Health/Coverys/ProSelect Ins. Co.

- Proposal offer at the current \$475,000 Specific Deductible, is an approximate **+19.4% increase**, or an additional \$690,184, in estimated annual premium.

##### Proposal Contingencies:

- Contract Basis 12/12
- Terminal Liability Provision (3 months)
- Includes Mirroring Endorsement
- Includes Simultaneous Funding
- Includes No New Lasers with a 50% Renewal Rate Cap

# San Joaquin Valley Insurance Authority

## Stop Loss RFP Analysis

### Carrier Responses

*Keenan*

Carrier	Financial Rating	Status	Note
Carrier 1	A+(Excellent)	Declined	Uncompetitive with renewal rates
Carrier 2	A+ (Excellent)	Declined	Uncompetitive with renewal rates
Carrier 3	A++(Superior)	Declined	Uncompetitive with renewal rates
Carrier 4	A+ (Superior)	Declined	Uncompetitive with renewal rates
Carrier 5	A+(Superior)	Declined	Uncompetitive with renewal rates
Carrier 6	A++(Superior)	Declined	Uncompetitive with renewal rates
Carrier 7	A (Excellent)	Declined	Uncompetitive with renewal rates
<b>Carrier 8</b>	<b>A (Excellent)</b>	<b>Quoted</b>	<b>Finalist - FIRM at 32% above Current</b>
<b>Carrier 9</b>	<b>A (Excellent)</b>	<b>Quoted</b>	<b>Finalist - FIRM at 19.4% above Current - CAPTIVE SOLUTION</b>
<b>Carrier 10 (Incumbent)</b>	<b>A- (Excellent)</b>	<b>Quoted</b>	<b>Finalist - FIRM at 36.3% above Current</b>
Carrier 11	A+ (Superior)	Quoted	+30% above current illustrative only
Carrier 12	A (Excellent)	Quoted	+34% above current illustrative only
Carrier 13	A (Excellent)	Quoted	+36% above current illustrative only
Carrier 14	A- (Excellent)	Quoted	+40% above current illustrative only
Carrier 15	A (Excellent)	Quoted	+42% above current illustrative only

CARRIER		<u>Wellpoint/Sigmatigo</u>	<u>Symetra</u>	<u>ClearPoint Health /Coverys/ProSelect Ins. Co.</u>
SPECIFIC DEDUCTIBLE		\$475,000	\$475,000	\$475,000
Specific Coverage	EE Count	Current Premium	Final Renewal	Proposed Option
Composite Rate	7,843	\$37.83	\$51.55	\$45.16
Contract Basis		12/18	12/18	*12/12
Projected Annual Premium		\$3,560,471	\$4,851,329	\$4,250,655
% Increase/Decrease over Current			36.3%	19.4%
\$ Increase/Decrease over Current			\$1,290,858	\$690,184
**Collateral Requirement to Join (held as asset)				\$278,348

\* **3 Month - Terminal Liability Options (TLO )** This offer includes specific terminal liability options, subject to the terms and conditions set forth in the stop loss contract. These options provide run-out coverage for covered expenses incurred prior to the stop loss contract termination date and paid within 90 days after the termination date. These options are void under early termination or moving to another self-funded arrangement. Option election must occur at least 90 days prior to the end of the contract period.

**Specific (TLO)** - Provides 90 days of run-out on Specific Stop Loss Coverage. In consideration for this option, the group will be required to pay an additional three months of specific premium which is due upon option election.

\*\* **Collateral** - Shared underwriting surplus retained by captive members. Collateral commonly paid annually, monthly, or through a proprietary PBM rebate program.

**San Joaquin Valley Insurance Authority (SJVIA)**
**ANALYSIS DETAILS**
*Keenan*

Effective Date: January 1, 2026

Stop Loss Marketing Analysis Specific - \$475,000 SSL Deductible

SPECIFIC STOP LOSS		Current	Final Renewal	Proposed Option	Proposed Option
Carrier Name		Wellpoint/Sigmatco		Symetra	ClearPoint Health /Coverys/ProSelect Ins. Co.
Stop Loss Deductible		\$ 475,000	\$ 475,000	\$ 475,000	\$ 475,000
Annual Max Reimbursement		Unlimited	Unlimited	Unlimited	Unlimited
Contract Basis		12/18	12/18	12/18	*12/12
Commissions		0%	0%	0%	0%
Covered Expense		Medical, Rx	Medical, Rx	Medical, Rx	Medical, Rx
Renewal Rate Cap		40%	50%	50%	50%
No New Laser Provision		Included	Included	Included	Included
SPECIFIC COVERAGE					
Specific Premium					
Ee	5,220	\$ 27.54	\$ 38.55	\$ 28.00	\$ 42.68
Family	2,623	\$ 58.31	\$ 77.41	\$ 94.14	\$ 42.68
Composite Rate	7,843	\$ 37.83	\$ 51.55	\$ 50.12	\$ 42.68
Annual Premium	7,843	\$ 3,560,471	\$ 4,851,329	\$ 4,717,071	\$ 4,016,871
% Difference			36.3%	32.5%	12.8%
\$ Difference			\$ 1,290,858	\$ 1,156,599	\$ 456,400
Captive Fees (Innovu/APSLC)					
Composite Rate	7,843				\$ 2.48
Monthly					\$ 19,482
Annual Premium					\$ 233,784
Total Specific Premium/Fees					
Composite Rate		\$ 37.83	\$ 51.55	\$ 50.12	\$ 45.16
Monthly		\$ 296,706	\$ 404,277	\$ 393,089	\$ 354,221
Annual Premium	7,843	\$ 3,560,471	\$ 4,851,329	\$ 4,717,071	\$ 4,250,655
% Difference			36.3%	32.5%	19.4%
\$ Difference			\$ 1,290,858	\$ 1,156,599	\$ 690,184
Collateral Requirement					\$ 278,348

\* **3 Month - Terminal Liability Options (TLO)** This offer includes specific and aggregate terminal liability options, subject to the terms and conditions set forth in the stop loss contract. These options provide run-out coverage for covered expenses incurred prior to the stop loss contract termination date and paid within 90 days after the termination date. These options are void under early termination or moving to another self-funded arrangement. Option election must occur at least 90 days prior to the end of the contract period.

**Specific (TLO):** Provides 90 days of run-out on Specific Stop Loss Coverage. In consideration for this option, the group will be required to pay an additional three months of specific premium which is due upon option election.

**San Joaquin Valley Insurance Authority (SJVIA)**  
**Proposal Assumptions and Contingencies**  
**Effective Date: January 1, 2026**

*Keenan*

**Symetra - Please review Proposal Assumptions and Contingencies:**

- Rate cap option: Renewal rates are capped at a maximum increase of 50% assuming no material changes to the group plan have taken place (i.e. plan changes, changes in specific deductible, commission level or administrator). If there are material changes, first the specific rates will be produced using the rate cap, then material changes will be accounted for in order to arrive at the renewal rate level. The cap applies to both the rates and aggregating specific deductible (if applicable).
- The terms of this proposal are based upon the prospective policyholder having exercised commercially reasonable efforts to obtain and provide to Symetra all information set forth in this offer, together with all information identified in any prior proposal for coverage for the upcoming policy period. Except for the Plan Document or Plan Amendment, all requested information must be received no later than 15 days prior to the proposed effective date of coverage, otherwise we reserve the right to withdraw the proposed terms and return any premiums remitted.
- Any secondary documents (i.e. “stop loss agreements”, “procurement documents”, “service contracts”, etc.) must be disclosed to and approved by Symetra prior to the Employer’s acceptance of our proposal. Subsequent undisclosed agreements may not be approved.
- By delivering this proposal for coverage, the producer represents and warrants to Symetra that it and each of the persons or entities acting with or on behalf of the producer in the sale or solicitation of such coverage maintains such insurance producer licenses and appointments as are required by each state in which the coverage has been or will be solicited, and in all states in which the policy(is) will be issued. This proposal is authorized for delivery only if the foregoing representation and warranty is true and correct.
- This is a firm offer, which may be bound with no additional underwriting requirements provided that:
  1. It is accepted in writing by the expiration date as shown above;
  2. The prospective policyholder has exercised commercially reasonable efforts to obtain and provide to Symetra all information requested in this proposal and any prior proposal for
  3. The data and information submitted to Symetra is, to the best of the prospective policyholder’s knowledge after due inquiry, materially accurate and materially complete as of the date of prospective policyholder’s written acceptance of this firm offer. Any material inaccuracies or material omissions in the data or other information submitted may require changes in underwriting, including but not limited to changes in the terms, rates and/or factors; and
  4. The prospective policyholder and its authorized agent agree that following acceptance of this firm offer, the prospective policyholder or its authorized agent promptly notify Symetra upon becoming aware of any covered individual who (i) receives prior authorization approval for hospital confinement exceeding 30 days or more and/or (ii) becomes a listed transplant candidate, in each case so that Symetra can initiate appropriate cost containment efforts. For the avoidance of doubt, the provision of such notice pursuant to this item 4. will not change terms of the accepted offer. If updated information is received by Symetra prior to written acceptance or the expiration date has passed, we retain the right to alter the terms, rates and/or factors. We will not be bound by any typographical errors or omissions contained herein.
- The terms of this proposal are based upon the prospective policyholder having exercised commercially reasonable efforts to obtain and provide to Symetra all information set forth in this offer, together with all information identified in any prior proposal for coverage for the upcoming policy period. Except for the Plan Document or Plan Amendment, all requested information must be received no later than 15 days prior to the proposed effective date of coverage, otherwise we reserve the right to withdraw the proposed terms and return any premiums remitted. Any secondary documents (e.g. “stop loss agreements”, “procurement documents”, “service contracts”, etc.) must be disclosed to and approved by Symetra prior to the Employer’s acceptance of our proposal. Subsequent undisclosed agreements may not be approved. By delivering this proposal for coverage, the producer represents and warrants to Symetra that it and each of the persons or entities acting with or on behalf of the producer in the sale or solicitation of such coverage maintains such insurance producer licenses and appointments as are required by each state in which the coverage has been or will be solicited, and in all states in which the policy(ies) will be issued. This proposal is authorized for delivery only if the foregoing representation and warranty is true and correct.



# San Joaquin Valley Insurance Authority (SJVIA)

## Proposal Assumptions and Contingencies

*Keenan*

Effective Date: January 1, 2026

- This is a firm offer, which may be bound with no additional underwriting requirements provided that:
  1. It is accepted in writing by the expiration date as shown above;
  2. The prospective policyholder has exercised commercially reasonable efforts to obtain and provide to Symetra all information requested in this proposal and any prior proposal for coverage for the upcoming policy period;
  3. The data and information submitted to Symetra is, to the best of the prospective policyholder's knowledge after due inquiry, materially accurate and materially complete as of the date of prospective policyholder's written acceptance of this firm offer. Any material inaccuracies or material omissions in the data or other information submitted may require changes in underwriting, including but not limited to changes in the terms, rates and/or factors; and
  4. The prospective policyholder and its authorized agent agree that following acceptance of this firm offer, the prospective policyholder or its authorized agent promptly notify Symetra upon becoming aware of any covered individual who (i) receives prior authorization approval for hospital confinement exceeding 30 days or more and/or (ii) becomes a listed transplant candidate, in each case so that Symetra can initiate appropriate cost containment efforts. For the avoidance of doubt, the provision of such notice pursuant to this item 4. will not change terms of the accepted offer.

If updated information is received by Symetra prior to written acceptance or the expiration date has passed, we retain the right to alter the terms, rates and/or factors. We will not be bound by any typographical errors or omissions contained herein.

- This proposal is based upon the following network(s): Blues ASO
- Please provide details on any individual who has been hospital confined for 30 days or more in the most recent 12 months or is on an organ transplant list.
- Network fees are ineligible expenses.
- Where available, if a policyholder purchases Stop Loss and offers a Symetra Critical Illness plan to its employees, the policyholder may be eligible for our Critical Illness Step-Down Endorsement which provides a one-time, \$5,000 reduction to the Stop Loss deductible for a stop loss claim submitted with an eligible critical illness diagnosis.
- In certain states, discounts to the specific stop loss premiums of up to 2% may be available if the group purchases, or has an inforce, insured Symetra Workforce Benefits product that may include Group Life, Disability, and/or Supplemental Health insurance. This discount will apply during the first Policy Period that is either commensurate with or immediately following the effective date in which the new Group Life, Disability, and/or Supplemental Health policy becomes effective, or if already inforce, the effective date of the Stop Loss Policy.
- Prior to Symetra issuing your Stop Loss Insurance Policy and before your coverage can commence, the initial premium must be received by Symetra within thirty-one (31) days of the proposed policy Effective Date. Additionally, all other requirements and conditions contained within your Proposal must be fulfilled by the Policyholder. If the initial premium is not received, or any conditions not met, within the thirty-one (31) days, Symetra reserves the right to request additional information, modify the proposed terms and conditions of your Proposal, or rescind your Proposal for coverage in its entirety.
- Composite rates are illustrative and for comparative purposes only.
- Plan must have utilization review and case management.
- Terms are subject to change if final enrollment varies by more than 10% from the proposal assumptions. A current census not older than 60 days prior to the effective date will be needed for final review.
- Any unfunded or pended claims balance must be disclosed, otherwise such claims will not be considered eligible under the excess loss policy.
- For inclusion of RX coverage under the specific and/or aggregate when there is a separate PBM, we require written documentation that we are in receipt of all prescription drug experience reports. Otherwise, RX will not be a covered expense under the excess loss policy.
- Eligibility is assumed to be all full time employees working 30 hours or more per week at their normal place of business.

## San Joaquin Valley Insurance Authority (SJVIA) Proposal Assumptions and Contingencies

*Keenan*

Effective Date: January 1, 2026

- COBRA participation enrollment growth to more than 15% of the entire enrolled group will be deemed to be a material change under the policy.
- Retirees are generally excluded from coverage under the Stop Loss Policy, unless they are included on the census and their experience data is included in the RFP along with a request to cover the retirees.
- This quote is subject to Symetra's stop loss policy provisions, limitations and exclusions.
- No producer has the authority to bind or modify the terms of this offer without the approval of Symetra.
- In the event of early terminations (mid-policy period), Symetra will not provide coverage for run out claims.
- This quote/renewal excludes state assessment fees and is based on the group (through its TPA) collecting any such fee assessed with respect to the group's self-insured benefit plan and remitting such fee to the state on the group's behalf. The group may be required to notify their TPA of any covered residents that would fall under an assessment program. Symetra's quote excludes coverage of such fees. In the event Symetra is required to be involved in the administration or collection of an assessment fee on the group's behalf, the assessment fee will be charged to and collected monthly from the group pursuant to the Premium Taxes and State Assessments provision of the Stop Loss Insurance Policy.
- This proposal is based on data and information (data) provided to us on behalf of the prospective policyholder as part of the Request for Proposal/Renewal. Symetra does not independently verify such data but assumes its completeness and accuracy as represented by the provider thereof. To the extent that the data upon which Symetra relied in preparing this proposal contains errors and omissions that can materially alter the risk or the pricing of such risk, Symetra reserves the right to withdraw the proposal or alter the terms of the offer of coverage.

**San Joaquin Valley Insurance Authority (SJVA)**  
**Proposal Assumptions and Contingencies**  
**Effective Date: January 1, 2026**

*Keenan*

**Coverys/ProSelect** - Please review Proposal Assumptions and Contingencies:

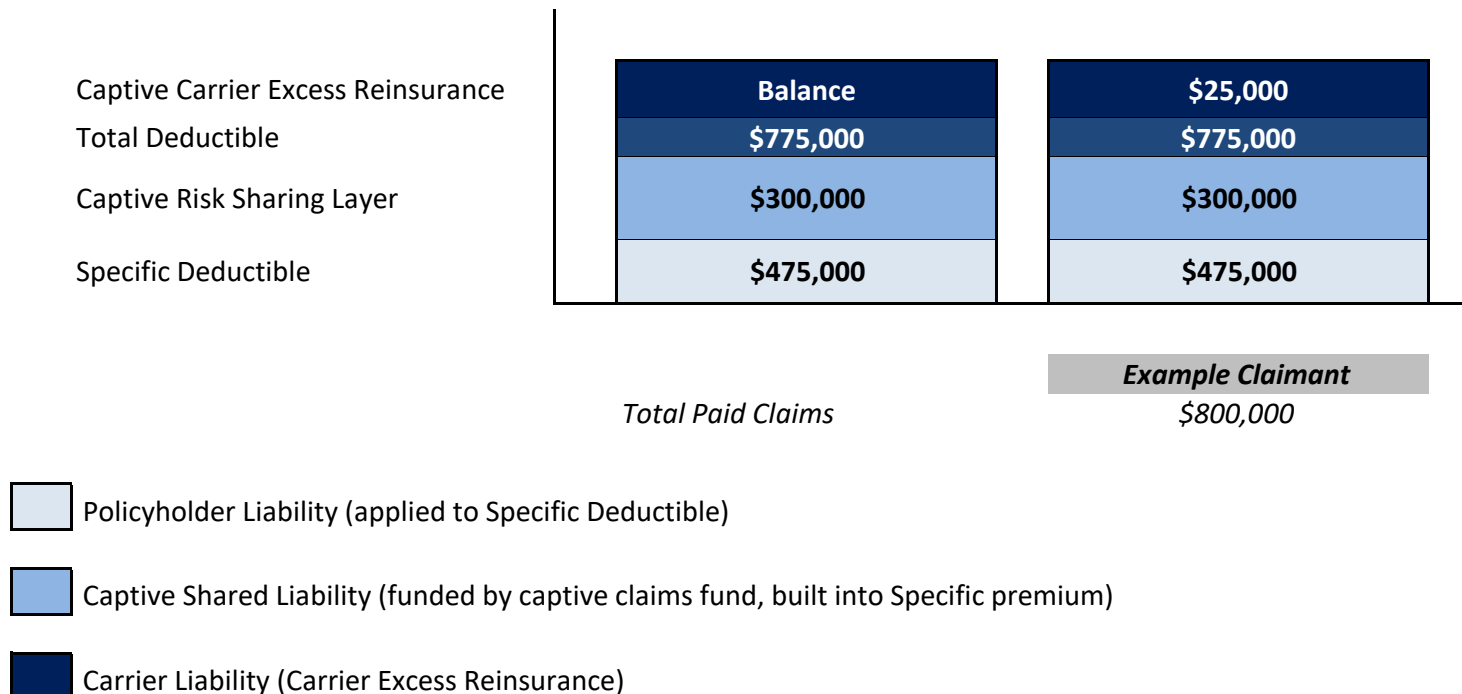
**Terminal Liability Options:**

- This offer includes specific terminal liability options, subject to the terms and conditions set forth in the stop loss contract. These options provide run-out coverage for covered expenses incurred prior to the stop loss contract termination date and paid within 90 days after the termination date. These options are void under early termination or moving to another self-funded arrangement. Option election must occur at least 90 days prior to the end of the contract period.
  - **Specific:** Provides 90 days of run-out on Specific Stop Loss Coverage. In consideration for this option, the group will be required to pay an additional three months of specific premium which is due upon option election.
- This proposal was underwritten based on the Medical and Rx claims experience through 09/30/2025 provided to Coverys.
- Mirroring the plan document - Coverys shall accept as a covered expense(s), medical or other expenses paid in compliance with the terms and limitations set forth in the plan document. In the event of a conflict as to what is considered a covered expense between this policy and the plan document, the plan document will govern.
- This proposal is based on a minimum participation level of 60% which applies for all eligible enrollees under a contributory plan (excluding valid waivers), and 100% under a non-contributory plan.
- An actively-at-work provision shall apply to all employees to be covered as of the effective date of the stop loss coverage. If a plan sponsor disclosure form is provided and approved by Underwriting, this provision may be removed.
- The Policyholder will be liable for any taxes including any state implemented surcharges assessed at any time against the Company, except premium taxes payable by Coverys.
- Specific coverage includes Advanced Reimbursement to provide cash flow assistance with funding of eligible specific stop loss claims.
- This proposal includes a no new laser and 50% rate cap at renewal.

# San Joaquin Valley Insurance Authority (SJVIA)

## Captive Deductible and Risk Sharing Example

Keenan



*Floating layer above spec: captive \$300K floating shared layer per claimant above the spec.*

*Risk sharing, shared by the captive, funded by the premium, and potentially by the collateral if captive's overall claims are underfunded*

# San Joaquin Valley Insurance Authority (SJVIA)

Total Claims Paid

Exceeding \$225,000

*Keenan*

Incurred Date Range: 1/1/2025 To 9/30/2025

Paid Date Range: 1/1/2025 To 9/30/2025

# of Claimant	Relationship	County	Primary Health Condition	Medical Plan	Med Amount Paid	RX Amount Paid	Total Amount Paid	Specific Deductible	Expected Reimbursement
1	Employee/Self	COF	Neoplasms - Malignant	EPO	\$ 846,195	\$ 54,005	\$ 900,199	\$ 475,000	\$ 425,199
2	Child/Dependent	COF	Newborn	EPO	\$ 896,089	\$ 33	\$ 896,122	\$ 475,000	\$ 421,122
3	Employee/Self	COT	Digestive System	PPO	\$ 795,193	\$ 5,992	\$ 801,185	\$ 475,000	\$ 326,185
4	Child/Dependent	COT	Congenital Abnormalities	PPO	\$ 757,060	\$ 2,307	\$ 759,367	\$ 475,000	\$ 284,367
5	Spouse/Partner	COF	Circulatory System	HDPPPO	\$ 493,162	\$ 7,361	\$ 500,523	\$ 475,000	\$ 25,523
6	Spouse/Partner	COT	Immune System	PPO	\$ 6,878	\$ 388,525	\$ 395,403	\$ -	\$
7	Employee/Self	COF	Neoplasms - Malignant	EPO	\$ 349,756	\$ 80	\$ 349,836	\$ -	\$
8	Employee/Self	COT	Neoplasms - Malignant	PPO	\$ 329,157	\$ 9,136	\$ 338,293	\$ -	\$
9	Employee/Self	COT	Circulatory System	PPO	\$ 323,765	\$ 5,895	\$ 329,660	\$ -	\$
10	Employee/Self	COT	Infectious/Parasitic	PPO	\$ 305,384	\$ 2,463	\$ 307,847	\$ -	\$
11	Spouse/Partner	COF	Neoplasms - Malignant	EPO	\$ 251,368	\$ 37,337	\$ 288,705	\$ -	\$
12	Employee/Self	COT	Circulatory System	PPO	\$ 272,129	\$ 621	\$ 272,751	\$ -	\$
13	Spouse/Partner	COF	Nervous System	EPO	\$ 238,843	\$ 15,901	\$ 254,743	\$ -	\$
14	Spouse/Partner	COF	Musculoskeletal System	EPO	\$ 230,809	\$ 12,925	\$ 243,734	\$ -	\$
<b>Total</b>					<b>\$ 6,095,787</b>	<b>\$ 542,582</b>	<b>\$ 6,638,369</b>		<b>\$ 1,482,396</b>

# San Joaquin Valley Insurance Authority (SJVIA)

Total Claims Paid

Exceeding \$225,000

*Keenan*

Incurred Date Range: 1/1/2024 To 12/31/2024

Paid Date Range: 1/1/2024 To 6/30/2025

# of Claimant	Relation	County	Primary Health Condition	Medical Plan	Med Amount Paid	RX Amount Paid	Total Amount Paid	Specific Deductible	Expected Reimbursement
1	Employee/Self	COF	Neoplasms - Malignant	EPO	\$ 1,346,620	\$ 33,183	\$ 1,379,803	\$ 475,000	\$ 904,803
2	Employee/Self	COT	Neoplasms - Malignant	PPO	\$ 926,986	\$ -	\$ 926,986	\$ 475,000	\$ 451,986
3	Child/Dependent	COT	Injury & Poisoning	PPO	\$ 891,023	\$ 3,514	\$ 894,537	\$ 475,000	\$ 419,537
4	Employee/Self	COF	Neoplasms - Malignant	EPO	\$ 539,654	\$ 187,106	\$ 726,760	\$ 475,000	\$ 251,760
5	Child/Dependent	COT	Neoplasms - Malignant	PPO	\$ 685,508	\$ 93	\$ 685,601	\$ 475,000	\$ 210,601
6	Child/Dependent	COF	Injury & Poisoning	EPO	\$ 599,574	\$ 40,946	\$ 640,520	\$ 475,000	\$ 165,520
7	Employee/Self	COT	Diseases of the Skin	PPO	\$ 590,298	\$ 3,808	\$ 594,106	\$ 475,000	\$ 119,106
8	Employee/Self	COF	Neoplasms - Malignant	EPO	\$ 490,045	\$ 89,554	\$ 579,598	\$ 475,000	\$ 104,598
9	Spouse/Partner	COF	Neoplasms - Malignant	EPO	\$ 397,753	\$ 3,804	\$ 401,556		\$ -
10	Employee/Self	COT	Respiratory System	PPO	\$ 352,705	\$ 13,738	\$ 366,443		\$ -
11	Employee/Self	COF	Neoplasms - Malignant	EPO	\$ 361,539	\$ 95	\$ 361,635		\$ -
12	Spouse/Partner	COF	Nervous System	EPO	\$ 324,829	\$ 19,507	\$ 344,336		\$ -
13	Employee/Self	COF	Endocrine/Metabolic	EPO	\$ 317,226	\$ 19,371	\$ 336,597		\$ -
14	Child/Dependent	COT	Maternity	PPO	\$ 304,002	\$ -	\$ 304,002		\$ -
15	Employee/Self	COT	Neoplasms - Malignant	PPO	\$ 280,223	\$ 11,954	\$ 292,178		\$ -
16	Employee/Self	COF	Genitourinary System	EPO	\$ 286,737	\$ 4,132	\$ 290,869		\$ -
17	Employee/Self	COT	Genitourinary System	PPO	\$ 285,288	\$ -	\$ 285,288		\$ -
18	Spouse/Partner	COT	Nervous System	PPO	\$ 244,742	\$ 36,310	\$ 281,053		\$ -
19	Employee/Self	COF	Neoplasms - Malignant	EPO	\$ 248,372	\$ 28,336	\$ 276,707		\$ -
20	Employee/Self	COF	Circulatory System	EPO	\$ 273,399	\$ 50	\$ 273,448		\$ -
21	Employee/Self	COT	Musculoskeletal System	PPO	\$ 247,232	\$ 25,813	\$ 273,044		\$ -
22	Employee/Self	COT	Neoplasms - Malignant	PPO	\$ 235,449	\$ 35,181	\$ 270,630		\$ -
23	Employee/Self	COT	Endocrine/Metabolic	EPO	\$ 263,669	\$ 1,258	\$ 264,927		\$ -
24	Child/Dependent	COT	Nervous System	PPO	\$ 254,701	\$ 1,187	\$ 255,887		\$ -
25	Employee/Self	COT	Ill-Defined Conditions	PPO	\$ 255,471	\$ 325	\$ 255,795		\$ -
26	Employee/Self	COF	Neoplasms - Malignant	EPO	\$ 236,534	\$ 1,161	\$ 237,695		\$ -
<b>Total</b>					<b>\$ 11,239,576</b>	<b>\$ 560,425</b>	<b>\$ 11,800,001</b>		<b>\$ 2,627,911</b>

# San Joaquin Valley Insurance Authority (SJVIA)

*Keenan*

## Loss History - 4 Year Loss Ratio

Effective	Carrier	Specific Deductible	Basis	Covg.	Claimants Exceeding	Paid Premium**	Paid Claims	Stop Loss Recovery
YTD 1/1/25 - 9/30/25	Granular /Wellpoint	\$ 475,000	12/18	MED/RX	4	\$ 2,072,195	\$ 1,482,396	71.5%
2024	Granular	\$ 475,000	12/18	MED/RX	8	\$ 2,436,689	\$ 2,221,827	91.2%
2023	Granular	\$ 450,000	12/18	MED/RX	5	\$ 1,810,927	\$ 682,125	37.7%
2022	Granular	\$ 450,000	12/18	MED/RX	8	\$ 1,483,631	\$ 1,364,581	92.0%
						<b>\$ 7,803,443</b>	<b>\$ 5,750,929</b>	<b>74%</b>

\*\* Estimated annual premium from projected renewal for contract 2022, 2023, 2024 and 2025 YTD.

**BOARD OF DIRECTORS**

GARRY BREDEFELD

NATHAN MAGSIG

BUDDY MENDES

LARRY MICARI

BRIAN PACHECO

AMY SHUKLIAN

PETE VANDER POEL

**Meeting Location:**  
**County of Fresno**  
**Board of Supervisors Chambers**  
**2281 Tulare Street, #301**  
**Fresno, CA 93721**

**AGENDA DATE:** December 12, 2025

**ITEM NUMBER:** Item 11

**SUBJECT:** Approve Delta Dental PPO Plan Design Change to Include Posterior Composite Benefit Under Basic Services (A)

**REQUEST(S):** That the Board approve adding Posterior Composite Benefits under Basic Services under the self-funded dental PPO plan.

**DESCRIPTION:**

Recently, staff was made aware of an issue regarding dental fillings. Current dental practice is to use composite material (a type of resin) as fillings for molars. This provides a more natural-looking restoration than traditional metal fillings and is bonded directly to the tooth. The Delta Dental plan design has not been updated for several years and does not cover this material.

Some members have been informed by their dentists that they no longer use metal filling material and they have had to pay out of pocket for the use of composite fillings.

To address this issue, staff requested that Delta Dental update the plan design to cover the cost of posterior composite fillings, effective January 1, 2026.

**FISCAL IMPACT/FINANCING:**

The projected claims impact to add posterior composite coverage would be a +2.61% annually, from \$3,672,346 to \$3,768,184. There would be no change to the administration fee.

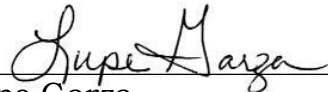


**AGENDA:** San Joaquin Valley Insurance Authority

**DATE:** December 12, 2025

**ADMINISTRATIVE SIGN-OFF:**

  
\_\_\_\_\_  
Hollis Magill  
SJVIA Manager

  
\_\_\_\_\_  
Lupe Garza  
SJVIA Assistant Manager

**Meeting Location:**  
**County of Fresno**  
**Board of Supervisors Chambers**  
**2281 Tulare Street, #301**  
**Fresno, CA 93721**

**AGENDA DATE:** December 12, 2025

**ITEM NUMBER:** Item 12

**SUBJECT:** Approve and Authorize President to Execute Amendment No. 1 to Agreement with Keenan & Associates to Receive Health Benefits Consulting and Administrative Services for a One-Year Term, Total Not to Exceed \$288,000 (A)

**REQUEST(S):** That the Board approve and authorize the President to execute agreement with Keenan & Associates.

**DESCRIPTION:**

On December 10, 2021, the SJVIA entered into an agreement with Keenan & Associates (Keenan) to provide health benefits consultation and administration services with specific experience in the public sector, risk-sharing pools, underwriting, self-funded health benefit plans, and the Affordable Care Act. The three-year contract expired on December 31, 2024, with an option to extend the contract for two one-year terms.

Additionally, on January 1, 2024, the SJVIA entered into a separate agreement with Keenan to provide pharmacy benefit manager (PBM) management services through its Keenan Pharmacy Services (KPS) division. The contract expired on December 31, 2024.

In order to continue the services of Keenan and Associates and KPS, a new agreement was drafted that incorporated both agreements into one with no changes to the Scope of Services or Compensation, as referenced in the previous agreements.

On May 30, 2025, the SJVIA approved this agreement, retroactive to January 1, 2025, providing for a one-year extension of the Keenan health benefits consulting and KPS PBM management services. This agreement is set to

**AGENDA:** San Joaquin Valley Insurance Authority

**DATE:** December 12, 2025

expire on December 31, 2025. The agreement allows for an extension for one additional year for only the health benefits consultation and administration services of the contract.

The PBM management services and health benefit consulting services will be broken out into separate agreements to allow staff more flexibility in selecting services to contract out. Staff recommends approval of extending the Keenan agreement for health benefits consulting services for a one-year term to expire on December 31, 2026.

**FISCAL IMPACT/FINANCING:**

The Health Benefits Consultation and Administration Services fee will increase from \$23,500 per month to \$24,000 per month.

**ADMINISTRATIVE SIGN-OFF:**

  
\_\_\_\_\_  
Hollis Magill  
SJVIA Manager

  
\_\_\_\_\_  
Lupe Garza  
SJVIA Assistant Manager

## AMENDMENT NO. 1 TO AGREEMENT

This Amendment No. 1 to Agreement ("Amendment 1") is dated December 12, 2025, and is between KEENAN & ASSOCIATES, a California corporation ("**Consultant**"), and the SAN JOAQUIN VALLEY INSURANCE AUTHORITY, a California joint powers agency ("**SJVIA**").

### Recitals

On May 30, 2025, the SJVIA entered into an agreement with Consultant to provide health benefits consultation and administration services with specific experience in the public sector, risk-sharing pools, underwriting, self-funded health benefit plans, and the Affordable Care Act, as well as pharmacy benefit manager (PBM) management services through Keenan Pharmacy Services (the "Agreement"). The Agreement was retroactive to January 1, 2025.

The Contractor represents and warrants to the SJVIA that it is ready, willing, and able to continue providing services to the SJVIA subject to the terms of the Agreement and this Amendment 1, and in cooperation with and under the direction of the SJVIA Board of Directors and SJVIA management.

This Amendment 1 will extend the Agreement for an additional one-year term for only the health benefits consultation and administration services component of the Agreement. The SJVIA will not extend the PBM management services component of the Agreement under this Amendment 1.

### The Parties therefore agree as follows:

1. **Term:** The term of the Agreement is hereby extended until December 31, 2026 (Year 2), which is the only optional additional one-year term provided by Section 4.1 of the Agreement.
2. **Exhibit A:** Exhibit A is deleted and a new Revised Exhibit A is attached and incorporated by this reference. All references to Exhibit A are replaced by references to Revised Exhibit A.

3.

**Compensation:** Exhibit B, "Compensation," is hereby modified to read in its entirety as follows:

#### Health Benefits Consulting Fees

The SJVIA agrees to pay, and the Consultant agrees to receive, the following compensation in the form of a monthly flat fee, as follows:

Year 1	\$23,500 per month (completed)
Year 2	\$24,000 per month

Consultant is not entitled to any compensation for Health Benefits Consulting services except for the flat fee described above.

#### Portion of Fee "At Risk"

Ten percent of the Consultant's total fee for each year is at risk based on service performance under this Agreement. Service performance shall be measured by a satisfaction survey to be completed by each SJVIA Board Director and SJVIA management. The satisfaction survey shall include five categories, as provided in Exhibit C. An average survey result in each category that is below the Minimum Standard, as set forth in Exhibit C, shall result in the forfeiture of a percentage of the Consultant's total fee for the prior year at the rates set forth in Exhibit C. Any forfeited amount shall be, at the SJVIA's sole discretion, either offset against current fees, or payable directly by the Consultant within 15 days of the SJVIA's written notice of election to receive direct payment of the forfeited amount.

3. When both parties have signed this Amendment 1, the Agreement and this Amendment 1 together shall constitute the Agreement.
4. The Agreement as amended by this Amendment 1 is ratified and continued. All terms of the Agreement not amended by this Amendment 1 remain in full force and effect.

*[SIGNATURE PAGE FOLLOWS]*

The parties are signing this Amendment 1 to the Agreement on the date stated in the introductory clause.

KEENAN & ASSOCIATES

SAN JOAQUIN VALLEY INSURANCE  
AUTHORITY

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Laurie LoFranco  
Employee Benefits Distribution Leader

---

Amy Shuklian  
President, Board of Directors

Reviewed and recommended for approval.

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SJVIA Manager

## **SCOPE OF SERVICES**

Consultant shall provide all of the following services:

### **1. Strategic Planning**

The Consultant shall:

- Coordinate annual strategic planning meeting with SJVIA Board and staff;
- Develop reporting outlining the agreed upon strategic initiatives;
- Facilitate quarterly meetings covering the progress of strategic initiatives;
- Conduct ongoing meetings with current participating entities;
- Provide ongoing feedback covering benefit alternatives;
- Author timely agenda items for SJVIA meetings and drive the preparation for the meetings;
- Attend SJVIA Board meetings and present information and respond to questions;
- Participate in weekly calls with SJVIA principals; and
- Provide timely and accurate updates regarding the Affordable Care Act.

### **2. Financial Monitoring and Reporting**

The Consultant shall:

- Develop annual budgets for SJVIA programs;
- Provide quarterly summary loss experience reports to the SJVIA;
- Provide quarterly reports covering actual versus budgeted costs;
- Provide year-end financial reports on the programs in consultation with the SJVIA Auditor-Treasurer;
- Work with the SJVIA to develop the annual financial report;
- Provide other financial reporting including actuarial valuations
- Benchmark costs by specific line of coverage
- Provide underwriting for participating entities;
- Collect and present detailed claims and utilization results;
- Provide data & claims analysis and reporting; and
- Develop and present Executive Claims Report at SJVIA Board meetings.

### **3. Renewal Services:**

The Consultant shall:

- Facilitate annual renewal planning meeting with SJVIA to set objectives;
- Conduct renewal meetings with program carriers/vendors;
- Provide preliminary renewal report to SJVIA;
- Negotiate with all carriers and vendors regarding financial and benefit terms;

## Revised Exhibit A

- Market programs for viable alternatives as necessary;
- Provide final renewal report to SJVIA with recommendations on actions;
- Work with SJVIA to communicate renewals to all participating entities; and
- Clarify and confirm final renewal terms with SJVIA and all carriers and vendors.

### **4. Renewal Rate Setting:**

The Consultant shall:

- Review program rating models with the SJVIA Board and staff;
- Develop initial renewal rates using actuarial models and performing the required actuarial valuations;
- Develop recommended final renewal rate action
- Develop and provide accurate rate information for each individual participating entity;
- Discuss rating methods and processes with members as needed;
- Provide preliminary renewal report to SJVIA, including
  - Having preliminary renewal underwriting complete for presentation to the SJVIA Board at the annual July meeting,
  - Gathering all claims data for all participating entities,
  - Determining loss ratios for SJVIA and participating entities,
  - Projecting renewal costs based on established underwriting parameters, and
  - Reviewing plans relative to value differentials;
- Review rating results and models as needed, and meet and discuss with SJVIA management and staff;
- Project, review and adjust reserve requirements, and perform actuarial certification of anticipated rates and reserves; and
- Present final rating action to the SJVIA Board of Directors.

### **5. Vendor Management:**

The Consultant shall:

- Work with the SJVIA to identify and address any vendor issues;
- Work with all vendors to address all billing, claim payment, and other service issues;
- Review and track vendor contracts and agreements for accuracy;
- Work to develop performance agreements where appropriate; and
- Meet with each vendor's senior management team to assure the highest level of service to the SJVIA members.



## **6. Compliance Services:**

The Consultant shall:

- Review current programs with regard to overall compliance with state and federal legal requirements;
- Provide timely compliance updates and alerts to SJVIA management;
- Recommend necessary compliance procedures to the SJVIA and participating entities;
- Review the impact of proposed and enacted legislation on SJVIA programs and
  - Recommend applicable plan modifications to comply with the ACA;
  - Monitor legislative initiatives, regulatory developments, court cases and industry changes, and analyze their impact on the SJVIA; and
  - Evaluate the design of benefit plans and review relevant documents such as summary plan descriptions, required Summary of Benefit and Coverage, insurance contracts, and employee benefit communications.

## **7. Participating Entity Support Services:**

The Consultant shall:

- Provide assistance with difficult service or vendor issues, including providing a dedicated claims manager and advocate;
- Provide assistance with participating entity and employee level communication pieces;
- Provide educational support to understand new program options developed by the SJVIA;
- Provide prompt response to SJVIA staff on any day-to-day questions or issues requiring assistance;
- Coordinate and host a weekly meeting or conference call regarding SJVIA operations, including:
  - Preparing agendas and forward-looking calendars,
  - Providing ongoing contract management,
  - Coordinating on SJVIA legal issues; and
- For the SJVIA Wellness Program,
  - Work with SJVIA staff to develop a proposed wellness program that each participating entity may consider for implementation;
  - Assist with all aspects of health management programs chosen by each participating entity, program launch and ongoing strategic account management and reporting; and
  - Coordinate the annual “Walking Works” challenge between participating entities including sponsor and vendor communication, marketing materials, sponsor giveaways and daily reporting to participating entities.

## **8. Program Marketing and Promotion:**

The Consultant shall:

- Develop communication materials that depict SJVIA programs and services offered to potential JPA members as directed by the SJVIA Board;
- Develop underwriting of prospective new members as approved by the SJVIA Board;
- Conduct benchmark of plan data with other joint purchasing arrangements, JPAs, and Trust programs; and
- Facilitate on-boarding new participating entities as approved by the SJVIA Board, including:
  - Coordinating all contracts with new participating entities;
  - Confirming and providing the following (but not limited to):
    - Client payment information,
    - Final rate structure,
    - Interface with eligibility vendor (currently MyWorkplace, Inc.), and
    - Submit group structure to carriers

## **9. Day to Day Program Management**

The Consultant shall:

- Interface with eligibility reporting firms; and
- Manage SJVIA Board meeting preparation, including:
  - Preparing meeting agendas and agenda items and materials to allow sufficient time, as determined by SJVIA staff, for review and preparation of SJVIA Board meeting packets;
  - Adhering to the Brown Act and internal SJVIA timing issues for posting agenda items;
  - Presenting items to the SJVIA Board as directed by SJVIA staff; and
  - Recording and distributing minutes of SJVIA Board meetings.

**BOARD OF DIRECTORS**

GARRY BREDEFELD

NATHAN MAGSIG

BUDDY MENDES

LARRY MICARI

BRIAN PACHECO

AMY SHUKLIAN

PETE VANDER POEL

**Meeting Location:**  
**County of Fresno**  
**Board of Supervisors Chambers**  
**2281 Tulare Street, #301**  
**Fresno, CA 93721**

**AGENDA DATE:** December 12, 2025

**ITEM NUMBER:** Item 13

**SUBJECT:** Approve and Authorize President to Execute Agreement with Keenan & Associates to Receive Pharmacy Consulting Services with Keenan Pharmacy Services (KPS) for a One-Year Term, Total Not to Exceed \$0.85 Per Member Per Month (A)

**REQUEST(S):** That the Board approve and authorize the President to execute agreement with Keenan Pharmacy Services.

**DESCRIPTION:**

On December 10, 2021, the SJVIA entered into an agreement with Keenan & Associates (Keenan) to provide health benefits consultation and administration services with specific experience in the public sector, risk-sharing pools, underwriting, self-funded health benefit plans, and the Affordable Care Act. The three-year contract expired on December 31, 2024, with an option to extend the contract for two one-year terms.

Additionally, on January 1, 2024, the SJVIA entered into a separate agreement with Keenan to provide pharmacy benefit manager (PBM) management services through its Keenan Pharmacy Services (KPS) division. The contract expired on December 31, 2024.

In order to continue the services of Keenan and Associates and KPS, a new agreement was drafted that incorporated both agreements into one with no changes to the Scope of Services or Compensation, as referenced in the previous agreements.

On May 30, 2025, the SJVIA approved this agreement, retroactive to January 1, 2025, providing for a one-year extension of the Keenan health benefits

**AGENDA:** San Joaquin Valley Insurance Authority

**DATE:** December 12, 2025

consulting and KPS PBM management services. This agreement is set to expire on December 31, 2025. The agreement allows for an extension for one additional year.


The PBM management services and benefit consulting services will be broken out into separate agreements to allow staff more flexibility in selecting services to contract out. Staff recommends approval of extending the KPS agreement for PBM management services for a one-year term to expire on December 31, 2026.

**FISCAL IMPACT/FINANCING:**

The KPS PBM Management fee will remain \$0.85 per member per month.

**ADMINISTRATIVE SIGN-OFF:**

  
\_\_\_\_\_  
Hollis Magill  
SJVIA Manager

  
\_\_\_\_\_  
Lupe Garza  
SJVIA Assistant Manager

## **SJVIA CONSULTANT AGREEMENT**

This agreement is dated December 12, 2025 is between Keenan & Associates, a California corporation, through its division Keenan Pharmacy Services (KPS) ("**Consultant**"), and the SAN JOAQUIN VALLEY INSURANCE AUTHORITY, a joint powers agency ("**SJVIA**").

The SJVIA is a joint exercise of powers authority that negotiates, purchases, or otherwise funds health, pharmacy, vision, and dental insurance (each an "**Insurance Program**," and collectively "**Insurance Programs**"). The SJVIA makes Insurance Programs available to participating entities, subject to the terms and conditions of an agreement by each participating entity to pay for its respective costs for the Insurance Programs in which it participates.

The SJVIA desires to continue to retain the services of a consultant for pharmacy benefits manager (PBM) management services through Keenan Pharmacy Services.

The Consultant represents and warrants to the SJVIA that it is ready, willing, and able to provide the services desired by the SJVIA subject to the terms and conditions of this agreement, and in cooperation with and under the direction of the SJVIA Board of Directors and SJVIA management.

The parties therefore agree as follows:

### **Article 1 Consultant's Obligations**

1.1 **Scope of Services.** The Consultant shall perform all of the services described in Exhibit A to this agreement, titled "Scope of Services."

1.2 **Additional Services.** The Consultant may perform additional services as the SJVIA and the Consultant mutually agree in writing.

1.3 **Key Persons.** The Consultant shall perform all services under this agreement through the following key persons:

Bordan Darm  
Lead Senior Consultant

Michele Porter  
Assistant Vice President of Account Management, KPS

LaShai Payne  
Senior Vice President, KPS

Jeff Hall  
Senior Vice President, KPS

1.4 **Standard of Care.** The Consultant acknowledges that the SJVIA is governed by a

board of local elected officials, and staffed by local government employees, without health benefits expertise, and without expertise in self-funded pooled-risk plan rate development actuarial valuations, reserve requirements, reserve calculations, or rate-setting for a self-funded pooled-risk plan. In performance of services under this agreement, the Consultant shall at all times conform to the standard of care in the industry for a full-service health benefits consultant to a complex, self-funded client such as the SJVIA. The Consultant's conformance to that standard of care under this agreement includes, but is not limited to, the following:

(A) The Consultant shall perform as an informed, experienced, and highly educated advisor providing expert advice that is delivered in an educational, informational, competent, reliable, consistent, and objective manner.

(B) The Consultant shall conduct a review of all information and data related to pharmacy utilization, cost, rebates, service, and other related items.

(C) The Consultant shall provide regular reporting that enables the SJVIA to make well-informed decisions, which includes and is not limited to level of pharmacy coverage, programs to better manage pharmacy benefits, and cost-saving strategies.

(D) The Consultant shall provide sufficient information to allow the SJVIA to make informed decisions, including scenarios regarding the effects of the Consultant's recommendations.

(E) The Consultant shall adequately explain the risks to the SJVIA of the Consultant's proposed recommendations and strategies.

**1.5 Cooperation with Management.** The Consultant shall at all times cooperate with SJVIA management, which includes the SJVIA Manager, the SJVIA Assistant Manager, the SJVIA Auditor-Treasurer, any employee of the County of Fresno or the County of Tulare who is designated by one of those persons to administer the business and activities of the SJVIA, and legal counsel to the SJVIA. That cooperation includes reporting promptly to the SJVIA Manager and the SJVIA Assistant Manager any material oral or written communications received by the Consultant from a participating entity, prospective participating entity, or contractor of the SJVIA.

**1.6 Communications to Participating Entities.** The Consultant shall provide to SJVIA management contemporaneous copies of all written communications of the Consultant on behalf of the SJVIA with any participating entity or prospective participating entity. The Consultant shall maintain written records of oral communications by the Consultant on behalf of the SJVIA to any participating entity or prospective participating entity and shall, promptly upon request by SJVIA management, provide copies of those records.

**1.7 Confidentiality.** The Consultant acknowledges that certain confidential information may be furnished by the SJVIA to the Consultant in connection with the services provided by the Consultant under this agreement ("**Confidential Information**"). The Consultant agrees that it will disclose Confidential Information only to persons who, in the Consultant's reasonable determination, need to know such information in order for the Consultant to provide services under this agreement. Disclosure by the Consultant of any Confidential Information pursuant to

the terms of a valid and effective subpoena or order issued by a court of competent jurisdiction, judicial or administrative agency, or by a legislative body or committee is not a violation of this agreement. Confidential Information does not include information that:

(A) Is in the possession of the Consultant prior to its receipt of such information from the SJVIA;

(B) Is or becomes publicly available other than as a result of a breach of this agreement by the Consultant; or

(C) Is or can be independently acquired or developed by the Consultant without violating any of its obligations under this agreement.

1.8 **Compliance with Laws.** The Consultant shall, at its own cost, comply with all applicable federal, state, and local laws in performance of its services under this agreement, including but not limited to workers compensation, labor, and confidentiality laws and regulations.

## **Article 2 SJVIA's Obligations**

2.1 **Information and Data.** Subject to the terms of this agreement, the SJVIA will provide, or authorize the vendors of its Insurance Programs to provide, the Consultant with data and information that is necessary to the Consultant's provision of services under this agreement.

2.2 **Insurance Program Premiums.** The SJVIA acknowledges that it is responsible for payment of premiums for all Insurance Programs.

## **Article 3 Compensation, Invoices, and Payments**

3.1 **Compensation.** The SJVIA agrees to pay, and the Consultant agrees to receive, compensation for the performance of its services under this agreement as described in Exhibit B to this agreement, titled "Compensation."

3.2 **Invoices.** The Consultant shall submit monthly invoices to the SJVIA.

3.3 **Payment.** The SJVIA will pay all timely-submitted invoices within 30 days of receipt. The Consultant acknowledges that the SJVIA is a local government entity, and does so with notice that the SJVIA's powers are limited by the California Constitution and by State law, and with notice that the Consultant may receive compensation under this agreement only for services performed according to the terms of this agreement, while this agreement is in effect, and subject to the maximum amount payable under this section. The Consultant further acknowledges that SJVIA staff have no authority to pay the Consultant except as expressly provided in this agreement.

3.4 **Incidental Expenses.** The Consultant is solely responsible for all expenses that are incidental to its performance under this agreement.

#### **Article 4**

##### **Term and Termination**

4.1 **Term.** This agreement is effective January 1, 2026 and terminates on December 31, 2026.

4.2 **Termination for Non-Allocation of Funds.** Both parties' obligations under this agreement are contingent on the approval of funds by the appropriating government agency or agencies. If sufficient funds are not allocated, then the SJVIA, upon 30 days advance written notice to the Consultant, may:

- (A) Modify either or both of the parties' obligations under this agreement; or
- (B) Terminate this agreement.

4.3 **Termination for Breach; Reinstatement.**

(A) Upon determining that a breach (as defined below) has occurred, the SJVIA Manager may give written notice of the breach to the Consultant. The written notice may suspend performance under this agreement and shall provide a reasonable time for the Consultant to cure the breach.

(B) If the Consultant fails to cure the breach within the reasonable time stated in the written notice, the SJVIA may terminate this agreement immediately.

(C) For purposes of this section, a breach occurs when the Consultant has:

- (1) Obtained or used funds illegally or improperly;
- (2) Failed to comply with any part of this agreement;
- (3) Submitted a substantially incorrect or incomplete report to the SJVIA; or
- (4) Improperly performed any of its obligations under this agreement.

4.4 **Termination for HIPAA Violation.** The SJVIA may terminate this agreement as provided in Article 8 of this agreement.

4.5 **Termination without Cause.** In circumstances other than those set forth above, the SJVIA may terminate this agreement by giving 30 days advance written notice to the Consultant.

4.6 **No Penalty or Further Obligation.** Any termination of this agreement by the SJVIA under this Article 4, or under Article 8, is without penalty to or further obligation of the SJVIA.

4.7 **SJVIA's Rights upon Termination.** Upon termination for breach under this Article 4, or under Article 8, the SJVIA may demand repayment by the Consultant of any moneys disbursed to the Consultant under this agreement that, in the SJVIA's sole judgment, were not



expended in compliance with this agreement. The Consultant shall promptly refund all such monies upon demand.

4.8 **Consultant Responsibilities Upon Termination.** Upon termination for any reason listed in this Article 4, Consultant agrees to reasonably cooperate with SJVIA to ensure a smooth transition to the new Consultant. Additionally, if payment has been advanced to Consultant by SJVIA, and this agreement is terminated before the end of a month, Consultant agrees to refund a prorated portion (for the portion of the month not utilized) of the pre-payment to SJVIA. This section survives the expiration or termination of this agreement.

## **Article 5**

### **Independent Contractor**

5.1 **Status.** In performing under this agreement, the Consultant, including its officers, agents, and employees, is at all times acting and performing as an independent contractor, in an independent capacity, and not as an officer, agent, servant, employee, joint venturer, partner, or associate of the SJVIA.

5.2 **Supervision.** The SJVIA has no right to control, supervise, or direct the manner or method of the Consultant's performance under this agreement, but the SJVIA may verify that the Consultant is performing according to the terms and conditions of this agreement (for example by requesting records of communications under section 1.5 of this agreement).

5.3 **Benefits.** Because of its status as an independent contractor, the Consultant has no right to employment rights or benefits. The Consultant is solely responsible for providing to its own employees all employee benefits required by law. The Consultant shall save the SJVIA harmless from all matters relating to the payment of the Consultant's employees, including compliance with Social Security withholding and all related regulations.

5.4 **Services to Others.** The parties acknowledge that, during the term of this agreement, the Consultant may provide services to others unrelated to the SJVIA.

## **Article 6**

### **Notices**

6.1 **Contact Information.** The persons and their addresses having authority to give and receive notices provided for or permitted under this agreement include the following:

**For the SJVIA:**

SJVIA Manager  
SAN JOAQUIN VALLEY INSURANCE AUTHORITY  
2220 Tulare Street, 14<sup>th</sup> Floor  
Fresno, CA 93721  
SJVIA-Admin@fresnocountyca.gov  
(559) 600-1810

**For the Consultant:**

**Legal Notices:**

Keenan & Associates  
Attn: Legal Dept.  
2355 Crenshaw Blvd., Ste. 200  
Torrance, CA 90501

**Non-Legal Notices:**

Keenan & Associates  
Attn: Jeffrey Hall, Senior Vice President, Keenan Pharmacy Services  
2355 Crenshaw Blvd., Suite 200  
Torrance, CA 90501

**With a second courtesy copy, not alone sufficient as notice to:**

Bordan Darm  
Lead Senior Consultant  
Keenan & Associates  
2868 Prospect Park Drive, Suite 600  
Rancho Cordova, CA 95670  
[Bdarm@keenan.com](mailto:Bdarm@keenan.com) / (916) 859-7160 ext. 4180 / (916) 712-2529 (cell)

**6.2 Method of Delivery.** All notices between the SJVIA and the Consultant provided for or permitted under this agreement must be in writing and delivered either by personal service, by first-class United States mail, by an overnight commercial courier service, or by telephonic facsimile transmission.

(A) A notice delivered by personal service is effective upon service to the recipient.

(B) A notice delivered by first-class United States mail is effective three SJVIA business days after deposit in the United States mail, postage prepaid, addressed to the recipient

(C) A notice delivered by an overnight commercial courier service is effective on the SJVIA business day after deposit with the overnight commercial courier service, delivery fees prepaid, with delivery instructions given for next day delivery, addressed to the recipient.

(D) A notice delivered by telephonic facsimile is effective when transmission to the recipient is completed (but, if such transmission is completed outside of SJVIA business hours, then such delivery shall be deemed to be effective at the next beginning of a SJVIA business day), provided that the sender maintains a machine record of the completed transmission.

**6.3 Claims Presentation.** For all claims arising from or related to this agreement, nothing in this agreement establishes, waives, or modifies any claims presentation requirements or procedures provided by law, including but not limited to the Government Claims Act (Division 3.6 of Title 1 of the Government Code, beginning with section 810).

## **Article 7**

### **Audits, Inspections, and Public Records**

**7.1 On-Site Audits and Inspections.** The Consultant shall at any time during business hours, and as often as the SJVIA may deem necessary for any reason, make available to the SJVIA for examination all of its records and data with respect to the matters covered by this agreement.

**7.2 Document Requests.** The Consultant shall at any time, and as often as the SJVIA may deem necessary for any reason, provide copies of any records or data with respect to the matters covered by this agreement as the SJVIA may request.

**7.3 Public Records.** The SJVIA may publicly disclose this agreement under the Ralph M. Brown Act (California Government Code, Title 5, Division 2, Part 1, Chapter 9, beginning with section 54950). Except as required by Article 8 of this agreement, this agreement, and any record or data that the Consultant may provide to the SJVIA, regardless of whether it is marked as confidential or having restricted access, is subject to public disclosure as a public record under the California Public Records Act (California Government Code, Title 1, Division 10, beginning with section 7920.000) ("**CPRA**").

**7.4 Public Records Act Requests.** If the SJVIA receives a written or oral request under the CPRA or a similar law to disclose any document that is in the Consultant's possession but which the SJVIA has a right to possessor control, then the SJVIA may demand, in writing, that the Consultant deliver to the SJVIA, for purposes of public disclosure, the requested records that may be in the possession or control of the Consultant. Within five business days after the SJVIA's demand, the Consultant shall (a) deliver to the SJVIA all of the requested records that are in the Consultant's possession or control, together with a written statement that the Consultant has produced all requested records that are in the Consultant's possession or control, or (b) provide to the SJVIA a written statement that the Consultant does not possess or control any of the requested records. The Consultant shall cooperate with the SJVIA with respect to any SJVIA demand for such records. The Consultant shall indemnify the SJVIA for any award of costs or attorney's fees under the CPRA that results from the Consultant's delay, claim of exemption, failure to produce such records, or failure to cooperate with the SJVIA with respect to any SJVIA demand for such records.

**7.5 State Audit Requirements.** If this agreement exceeds \$10,000, the Consultant is subject to the examination and audit of the California State Auditor, as provided in Government Code section 8546.7, for a period of three years after final payment under this agreement. The obligations under this section survive the termination of this agreement.

**7.6 Ownership of Records.**

(A) Upon the performance of services under this agreement by the Consultant and payment by the SJVIA to the Consultant for those services, every written or electronic writing, document, data, tables, analysis, or reports, including, but not limited to, all insurance documents, insurance policies, memoranda of coverage, certificates of coverage, endorsements to coverage, claims reports and records, loss reports, financial

records and statements, claims management agreements and audits, program promotional materials and correspondence between the Consultant and the SJVIA, its participating entities, or both, that is generated as a result of the Consultant's performance of services under this agreement shall remain the exclusive property of the SJVIA. The consultant shall be entitled to keep a copy of such files and documents as may be necessary to demonstrate its performance under this agreement.

(B) In the event of termination or cancellation of this agreement, the Consultant shall promptly return all such records and files to the SJVIA unless the SJVIA requests the Consultant to process any work or file in progress, which the Consultant will continue to process on a time and expense basis or as mutually agreed by the parties in writing. When such work is completed, all records and files relating to the work shall be promptly returned to the SJVIA.

## **Article 8**

### **Health Insurance Portability and Accountability Act**

8.1 The parties to this agreement shall be in strict conformance with all applicable federal and State of California laws and regulations, including but not limited to: Sections 5328, 10850, and 14100.2 et seq. of the California Welfare and Institutions Code; Sections 2.1 and 431.300 et seq. of Title 42, Code of Federal Regulations ("**CFR**"); Section 56 et seq. of the California Civil Code; Sections 11977 and 11812 of Title 22 of the California Code of Regulations; the Health Insurance Portability and Accountability Act, as amended, including but not limited to Section 1320 D et seq. of Title 42, United States Code, and its implementing regulations, including but not limited to Title 45, CFR, Parts 142, 160, 162, and 164 (collectively, "**HIPAA**"); the Health Information Technology for Economic and Clinical health Act, as amended ("**HITECH**"), regarding the confidentiality and security of patient information; and the Genetic Information Nondiscrimination Act of 2008, as amended ("**GINA**"), regarding the confidentiality of genetic information.

8.2 Except as otherwise provided in this agreement, the Consultant, as a business associate of the SJVIA, may use or disclose Protected Health Information ("**PHI**") to perform functions, activities, or services for or on behalf of the SJVIA, as specified in this agreement provided that such use or disclosure does not violate HIPAA. The uses and disclosures of PHI may not be more expansive than those applicable to SJVIA, as the covered entity under the HIPAA Privacy Rule (45 CFR § 164.500 et seq.), except as authorized for management, administrative, or legal responsibilities of the business associate.

8.3 The Consultant, including its authorized subcontractors and employees, shall protect from unauthorized access, use, or disclosure the names and other identifying information, including genetic information, concerning persons receiving services under the Insurance Programs, except where permitted in order to carry out data aggregation for purposes of health care operations (45 CFR §§ 164.504(e)(2)(i), 164.504(e)(2)(ii)(A), and 164.504(e)(4)(i)). This requirement applies to electronic PHI. The Consultant shall not use such identifying information or genetic information for any purpose other than carrying out the Consultant's obligations under this agreement.

8.4 The Consultant, including its authorized subcontractors and employees, shall not disclose any such identifying information or genetic information to any person or entity, except as otherwise specifically permitted by this agreement, authorized by Subpart E of 45 CFR Part 164 or other law, required by the Secretary, or authorized by the client or patient in writing. In using or disclosing PHI that is permitted by this agreement or authorized by law, the Consultant shall make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

8.5 For the purposes of the above sections, identifying information includes, but is not limited to, name, identifying number, symbol, or other identifying particular assigned to an individual, such as a finger- or voiceprint, or photograph.

8.6 For purposes of the above sections, genetic information includes, but is not limited to, genetic tests of an individual or family members of the individual, manifestation of disease or disorder of an individual or family members of the individual, or any request for or receipt of genetic services by an individual or family members of the individual. Family member means a dependent or any person who is a first, second, third, or fourth degree relative.

8.7 At the request of the SJVIA, and in the time and manner specified by the SJVIA, the Consultant shall provide, to the SJVIA or to an individual, PHI in a designated record set (as defined in 45 CFR § 164.501) in order to meet the requirements of 45 CFR § 164.524 regarding access by individuals to their PHI. With respect to individual requests, the Consultant shall provide access within 30 days of the request. That deadline may be extended if the Consultant cannot provide access and provides the reasons for the delay and the reasonable date when access may be granted. The consultant shall provide PHI in the form and format requested by the SJVIA or the individual.

8.8 The Consultant shall make amendment or amendments to PHI in a designated record set in accordance with 45 CFR § 164.526.

8.9 The Consultant shall provide to the SJVIA or to an individual, in the time and manner specified by the SJVIA, information collected in accordance with 45 CFR § 164.528, to permit the SJVIA to respond to a request by the individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528. The Consultant shall, immediately and without unreasonable delay and in no case later than two business days after discovery, report to the SJVIA's Privacy Officer, in writing, any knowledge or reasonable belief that there has been unauthorized access, viewing, use, disclosure, security incident, or breach of unsecured PHI not permitted by this agreement of which it becomes aware. The notification shall include, to the extent possible, the identification of each individual whose unsecured PHI has been, or is reasonably believed to have been, accessed, acquired, used, disclosed, or breached. The Consultant shall take prompt corrective action to cure any deficiencies and any action pertaining to such unauthorized disclosure required by applicable federal and State of California laws and regulations. The Consultant shall investigate such breach and is responsible for all notifications required by law, regulation, or both, or deemed necessary by the SJVIA, and shall provide a written report of the investigation and reporting required to the SJVIA's Privacy

Officer. This written investigation and description of any reporting necessary shall be postmarked as mailed to the SJVIA's Privacy Officer within 30 working days of the discovery of the breach.

8.10 The Consultant shall make its internal practices, books, and records relating to the use and disclosure of PHI received from SJVIA, or created or received by the Consultant on behalf of the SJVIA, in compliance with the HIPAA Privacy Rule, including but not limited to the requirements set forth in 45 CFR Parts 160 and 164. The Consultant shall make its internal practices, books, and records relating to the use and disclosure of PHI received from the SJVIA, or created or received by the Consultant on behalf of the SJVIA, available to the United States Department of Health and Human Services upon demand.

8.11 The Consultant shall cooperate with the compliance and investigation reviews conducted by the Secretary. The Consultant must provide PHI access to the Secretary during the Consultant's normal business hours, but upon exigent circumstances shall also grant access at any time. Upon the Secretary's compliance or investigation review, if PHI is unavailable to the Consultant and in possession of a subcontractor, the Consultant must certify to the Secretary its efforts to obtain the information.

8.12 **Safeguards.** The Consultant shall implement administrative, physical, and technical safeguards as required by the HIPAA Security Rule, Subpart C of 45 CFR Part 164, that reasonably and appropriately protects the confidentiality, integrity, and availability of PHI, including electronic PHI, that it creates, receives, maintains or transmits on behalf of the SJVIA and to prevent unauthorized access, viewing, use, disclosure, or breach of PHI other than as provided for by this agreement. The Consultant shall conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidential, integrity and availability of electronic PHI. The Consultant shall develop and maintain a written information privacy and security program that includes administrative, technical and physical safeguards appropriate to the size and complexity of the Consultant's operations and the nature and scope of its activities. Upon the SJVIA's request, the Consultant shall provide the SJVIA with information concerning such safeguards. **Security Safeguards and Precautions.** The Consultant shall implement strong access controls and other security safeguards and precautions in order to restrict logical and physical access to confidential, personal (e.g., PHI) or sensitive data to authorized users only.

8.13 **Password Controls.** Those safeguards and precautions shall include the following administrative and technical password controls for all systems used to process or store confidential, personal, or sensitive data.

(A) Passwords must not be:

(1) Shared or written down where they are accessible or recognizable by anyone else; such as taped to computer screens, stored under keyboards, or visible in a work area;

(2) A dictionary word; or

(3) Stored in clear text

(B) Passwords must be:

(1) Eight characters or more in length;

(2) Changed every 90 days;

(3) Changed immediately if revealed or compromised; and

(4) Composed of characters from at least three of the following four groups from the standard keyboard: (i) upper case letters (A-Z); (ii) lowercase letters (a-z); (iii) Arabic numerals (0 through 9); and (iv) non-alphanumeric characters (punctuation symbols).

**8.14 Security Controls.** The Consultant shall implement the following security controls on each workstation or portable computing device (e.g., laptop computer) containing confidential, personal, or sensitive data:

(A) Network-based firewall and/or personal firewall;

(B) Continuously updated anti-virus software; and

(C) Patch management process including installation of all operating system/software vendor security patches.

**8.15 Encryption.** The Consultant shall use a commercial encryption solution that has received FIPS 140-2 validation to encrypt all confidential, personal, or sensitive data stored on portable electronic media (including, but not limited to, compact disks and thumb drives) and on portable computing devices (including, but not limited to, laptop and notebook computers)

**8.16 Data Transmission.** The Consultant shall not transmit confidential, personal, or sensitive data via e-mail or other internet transport protocol unless the data is encrypted by a solution that has been validated by the National Institute of Standards and Technology (NIST) as conforming to the Advanced Encryption Standard (AES) Algorithm. The Consultant must apply appropriate sanctions against its employees who fail to comply with these safeguards. The Consultant must adopt procedures for terminating access to PHI when employment of employee ends.

**8.17 Mitigation of Harmful Effects.** The Consultant shall mitigate, to the extent practicable, any harmful effect that is suspected or known to the Consultant of an unauthorized access, viewing, use, disclosure, or breach of PHI by the Consultant or its subcontractors in violation of the requirements of this Article 8. The Consultant must document suspected or known harmful effects and the outcome of any mitigation.

**8.18 Consultant's Subcontractors.** The Consultant shall ensure that each of its contractors, including subcontractors, if applicable, to whom the Consultant provides PHI received from or created or received by the Consultant from or on behalf of the SJVIA, agrees to the same restrictions, safeguards, and conditions that apply to the Consultant with respect to such PHI and to incorporate, when applicable, the relevant provisions of these provisions into each subcontract or sub-award to such agents or subcontractors.

**8.19 Employee Training and Discipline.** The Consultant shall train and use reasonable measures to ensure compliance with the requirements of the provisions of this Article 8 by employees who assist in the performance of functions or activities on behalf of the SJVIA under this agreement and use or disclose PHI and discipline such employees who intentionally violate any provisions of these provisions, including termination of employment.

**8.20 Termination for Breach.** Upon the SJVIA's knowledge of a material breach of these provisions by the Consultant, the SJVIA shall either:

8.20.1 Provide an opportunity for the Consultant to cure the breach or end the violation, and the terminate this agreement if the Consultant does not cure the breach or end the violation within the time specified by the SJVIA; or

8.20.2 Immediately terminate this agreement if the Consultant has breached a material term of these provisions and cure is not possible.

8.20.3 If neither cure nor termination is feasible, the SJVIA's Privacy Officer shall report the violation to the Secretary.

**8.21 Termination after Judicial or Administrative Proceedings.** The SJVIA may terminate this agreement if: (1) the Consultant is found guilty in a criminal proceeding for a violation of the HIPAA Privacy or Security Laws or the HITECH Act; or (2) there is a finding or stipulation that the Consultant has violated a privacy or security standard or requirement of the HITECH Act, HIPAA, or other security or privacy laws in an administrative or civil proceeding in which the Consultant is a party.

**8.22 Obligations upon Termination.** Upon termination or expiration of this agreement for any reason, the Consultant shall return or destroy all PHI received from the SJVIA (or created or received by the Consultant on behalf of SJVIA) that the Consultant still maintains in any form, and shall retain no copies of such PHI. If return or destruction of PHI is not feasible, the Consultant shall continue to extend the protections of these provisions to such information, and limit further use of such PHI to those purposes that make the return or destruction of such PHI infeasible. This provision applies to PHI that is in the possession of subcontractors or agents, if applicable, of the Consultant. If the Consultant destroys the PHI data, the Consultant shall provide to the SJVIA a certification of date and time of destruction

**8.23 Disclaimer.** The SJVIA makes no warranty or representation that compliance by the Consultant with the provisions of this Article 8, HIPAA, or HITECH will be adequate or satisfactory for the Consultant's own purposes or that any information in the Consultant's possession or control, or transmitted or received by the Consultant, is or will be secure from unauthorized access, viewing, use, disclosure, or breach. The Consultant is solely responsible for all decisions made by the Consultant regarding the safeguarding of PHI.

**8.24 Amendment.** The parties acknowledge that federal and state laws relating to electronic data security and privacy are rapidly evolving and that amendment of these provisions may be required to provide for procedures to ensure compliance with such



developments. The parties specifically agree to take such action as is necessary to amend this agreement in order to implement the standards and requirements of HIPAA, HITECH, and other applicable laws relating to the security or privacy of PHI. The SJVIA may terminate this agreement upon 30 days written notice if the Consultant does not enter into an amendment providing assurances regarding the safeguarding of PHI that the SJVIA in its sole discretion, deems sufficient to satisfy the standards and requirements of HIPAA and HITECH.

8.25 **Interpretation.** The terms of this Article 8 shall be interpreted as broadly as necessary to implement and comply with HIPAA and applicable State of California laws. The parties agree that any ambiguity in the terms and conditions of these provisions shall be resolved in favor of a meaning that complies and is consistent with HIPAA.

8.26 **Regulatory References.** Any reference in this agreement to a law or regulation means the law or regulation as in effect or as amended.

8.27 **Survival.** The obligations of the Consultant as provided in this Article 8 survive the termination or expiration of this agreement.

8.28 **Definitions.** For purposes of this Article 8:

8.28.1 The SJVIA's Privacy Officer is the SJVIA Manager.

8.28.2 The Secretary is as defined in 45 CFR § 160.103

## **Article 9 Indemnity**

9.1 **Indemnification.** The consultant shall indemnify and defend the SJVIA (including its officers, agents, employees, and volunteers) against all claims, demands, injuries, damages, costs, expenses (including attorney fees and costs), fines, penalties, and liabilities of any kind to the SJVIA, the Consultant, or any third party that arise from or relate to the performance or failure to perform by the Consultant (or any of its officers, agents, or employees) under this agreement. The SJVIA may conduct or participate in its own defense without affecting the Consultant's obligation to indemnify or defend the SJVIA.

9.2 **Limitation.** The indemnity required by this agreement, including section 9.1, is not intended, and shall not be construed, to exceed the limitations in California Civil Code sections 2782 through 2784.5.

9.3 **Survival.** This Article 9 survives the expiration or termination of this agreement.

## **Article 10 Data Security**

10.1 **Definitions.** Capitalized terms used in this agreement have the meanings set forth in this section 10.1:

(A) **"Authorized Employees"** means the Consultant's employees who have access to Personal Information.

(B) “**Authorized Persons**” means: (i) any and all Authorized Employees; and (ii) any and all of the Consultant’s subcontractors, representatives, agents, outsourcers, and consultants, and providers of professional services to the Consultant, who have access to Personal Information and are bound by law or in writing by confidentiality obligations sufficient to protect Personal Information in accordance with the terms of this Article 10.

(C) “**Disclose**” or any derivative of that word means to disclose, release, transfer, disseminate, or otherwise provide access to or communicate all or any part of any Personal Information orally, in writing, or by electronic or any other means to any person.

(D) “**Manager**” means the SJVIA Manager or the SJVIA Assistant Manager.

(E) “**Person**” means any natural person, corporation, partnership, limited liability company, firm, or association.

(F) “**Personal Information**” means any and all information, including any data, provided, or to which access is provided, to the Consultant by or upon the authorization of the SJVIA, under this Agreement, including but not limited to vital records, that: (i) identifies, describes, or relates to, or is associated with, or is capable of being used to identify, describe, or relate to, or associate with, a person (including, without limitation, names, physical descriptions, signatures, addresses, telephone numbers, e-mail addresses, education, financial matters, employment history, and other unique identifiers, as well as statements made by or attributable to the person); (ii) is used or is capable of being used to authenticate a person (including, without limitation, employee identification numbers, government-issued identification numbers, passwords or personal identification numbers (PINs), financial account numbers, credit report information, answers to security questions, and other personal identifiers); or (iii) is personal information within the meaning of California Civil Code section 1798.3, subdivision (a), or 1798.80, subdivision (e). Personal Information does not include publicly available information that is lawfully made available to the general public from federal, state, or local government records.

(G) “**Privacy Practices Complaint**” means a complaint received by the SJVIA relating to the Consultant’s (or any Authorized Person’s) privacy practices, or alleging a Security Breach. Such complaint shall have sufficient detail to enable the SJVIA to promptly investigate and take remedial action under this Article 10.

(H) “**Security Breach**” means (i) any act or omission that compromises either the security, confidentiality, value, or integrity of any Personal Information or the Security Safeguards, or (ii) any unauthorized Use, Disclosure, or modification of, or any loss or destruction of, or any corruption of or damage to, any Personal Information.

(I) “**Security Safeguards**” means physical, technical, administrative or organizational security procedures and practices put in place by the Consultant (or any Authorized Persons) that relate to the protection of the security, confidentiality, value, or integrity of Personal Information. Security Safeguards shall satisfy the minimal requirements set forth in section 10.3(C) of this agreement.

(J) **“Use”** or any derivative thereof means to receive, acquire, collect, apply, manipulate, employ, process, transmit, disseminate, access, store, disclose, or dispose of Personal Information.

## 10.2 **Standard of Care.**

(A) The Consultant acknowledges that, in the course of its engagement by the SJVIA under this agreement, the Consultant, or any Authorized Persons, may Use Personal Information only as permitted in this agreement.

(B) The Consultant acknowledges that Personal Information is deemed to be confidential information of, or owned by, the SJVIA (or persons from whom the SJVIA receives or has received Personal Information) and is not confidential information of, or owned or by, the Consultant, or any Authorized Persons. The Consultant further acknowledges that all right, title, and interest in or to the Personal Information remains in the SJVIA (or persons from whom the SJVIA receives or has received Personal Information) regardless of the Consultant’s, or any Authorized Person’s, Use of that Personal Information.

(C) The Consultant agrees and covenants in favor of the SJVIA that the Consultant shall:

(1) Keep and maintain all Personal Information in strict confidence, using such degree of care under this section 10.2 as is reasonable and appropriate to avoid a Security Breach;

(2) Use Personal Information exclusively for the purposes for which the Personal Information is made accessible to the Consultant pursuant to the terms of this Article 10;

(3) not Use, Disclose, sell, rent, license, or otherwise make available Personal Information for the Consultant’s own purposes or for the benefit of anyone other than the SJVIA, without the SJVIA’s express prior written consent, which the SJVIA may give or withhold in its sole and absolute discretion; and

(4) not, directly or indirectly, Disclose Personal Information to any person (an **“Unauthorized Third Party”**) other than Authorized Persons pursuant to this Agreement, without the Manager’s express prior written consent.

(D) Notwithstanding the foregoing paragraph, in any case in which the Consultant believes it, or any Authorized Person, is required to disclose Personal Information to government regulatory authorities, or pursuant to a legal proceeding, or otherwise as may be required by applicable law, Consultant shall (i) immediately notify the SJVIA of the specific demand for, and legal authority for the disclosure, including providing the SJVIA with a copy of any notice, discovery demand, subpoena, or order, as applicable, received by the Consultant, or any Authorized Person, from any government regulatory authorities, or in relation to any legal proceeding, and (ii) promptly notify the SJVIA before such Personal Information is offered by the Consultant for such disclosure so that the SJVIA may have sufficient time to obtain a court order or take any other action the

SJVIA may deem necessary to protect the Personal Information from such disclosure, and the Consultant shall cooperate with the SJVIA to minimize the scope of such disclosure of such Personal Information.

(E) The Consultant shall remain liable to the SJVIA for the actions and omissions of any Unauthorized Third Party concerning its Use of such Personal Information as if they were the Consultant's own actions and omissions.

### **10.3 Information Security.**

(A) The Consultant covenants, represents and warrants to the SJVIA that the Consultant's Use of Personal Information under this Agreement does and will at all times comply with all applicable federal, state, and local, privacy and data protection laws, as well as all other applicable regulations and directives, including but not limited to California Civil Code, Division 3, Part 4, Title 1.81 (beginning with section 1798.80), and the Song-Beverly Credit Card Act of 1971 (California Civil Code, Division 3, Part 4, Title 1.3, beginning with section 1747). If the Consultant Uses credit, debit or other payment cardholder information, the Consultant shall at all times remain in compliance with the Payment Card Industry Data Security Standard ("PCI DSS") requirements, including remaining aware at all times of changes to the PCI DSS and promptly implementing and maintaining all procedures and practices as may be necessary to remain in compliance with the PCI DSS, in each case, at the Consultant's sole cost and expense.

(B) The Consultant covenants, represents and warrants to the SJVIA that, as of the effective date of this agreement, the Consultant has not received notice of any violation of any privacy or data protection laws, as well as any other applicable regulations or directives, and is not the subject of any pending legal action or investigation by, any government regulatory authority regarding same.

(C) Without limiting the Consultant's obligations under section 10.3(A) of this agreement, the Consultant's (or Authorized Person's) Security Safeguards shall be no less rigorous than accepted industry practices and, at a minimum, include the following:

(1) limiting Use of Personal Information strictly to the Consultant's and Authorized Persons' technical and administrative personnel who are necessary for the Consultant's, or Authorized Persons', Use of the Personal Information pursuant to this agreement;

(2) ensuring that all of the Consultant's connectivity to SJVIA computing systems will only be through the SJVIA's security gateways and firewalls, and only through security procedures approved upon the express prior written consent of the Manager;

(3) to the extent that they contain or provide access to Personal Information, (a) securing business facilities, data centers, paper files, servers, back-up systems and computing equipment, operating systems, and software applications, including, but not limited to, all mobile devices and other equipment, operating systems, and software applications with information storage capability; (b) employing adequate controls and data security measures, both internally and externally, to protect (1) the Personal

Information from potential loss or misappropriation, or unauthorized Use, and (2) the SJVIA's operations from disruption and abuse; (c) having and maintaining network, device application, database and platform security; (d) maintaining authentication and access controls within media, computing equipment, operating systems, and software applications; and (e) installing and maintaining in all mobile, wireless, or handheld devices a secure internet connection, having continuously updated anti-virus software protection and a remote wipe feature always enabled, all of which is subject to express prior written consent of the Manager;

(4) encrypting all Personal Information at advance encryption standards of Advanced Encryption Standards (AES) of 128 bit or higher (a) stored on any mobile devices, including but not limited to hard disks, portable storage devices, or remote installation, or (b) transmitted over public or wireless networks (the encrypted Personal Information must be subject to password or pass phrase, and be stored on a secure server and transferred by means of a Virtual Private Network (VPN) connection, or another type of secure connection, all of which is subject to express prior written consent of the Manager);

(5) strictly segregating Personal Information from all other information of the Consultant, including any Authorized Person, or anyone with whom the Consultant or any Authorized Person deals so that Personal Information is not commingled with any other types of information;

(5) having a patch management process including installation of all operating system and software vendor security patches;

(6) maintaining appropriate personnel security and integrity procedures and practices, including, but not limited to, conducting background checks of Authorized Employees consistent with applicable law; and

(7) providing appropriate privacy and information security training to Authorized Employees.

(D) During the term of each Authorized Employee's employment by the Consultant, the Consultant shall cause such Authorized Employees to abide strictly by the Consultant's obligations under this Article 10. The Consultant shall maintain a disciplinary process to address any unauthorized Use of Personal Information by any Authorized Employees.

(E) The Consultant shall, in a secure manner, backup daily, or more frequently if it is the Consultant's practice to do so more frequently, Personal Information received from the SJVIA, and the SJVIA shall have immediate, real time access, at all times, to such backups via a secure, remote access connection provided by the Consultant, through the Internet.

(F) The Consultant shall provide the SJVIA with the name and contact information for each Authorized Employee (including such Authorized Employee's work shift, and at

least one alternate Authorized Employee for each Authorized Employee during such work shift) who shall serve as the SJVIA's primary security contact with the Consultant and shall be available to assist the SJVIA twenty-four (24) hours per day, seven (7) days per week as a contact in resolving the Consultant's and any Authorized Persons' obligations associated with a Security Breach or a Privacy Practices Complaint.

(G) The Consultant shall not knowingly include or authorize any Trojan Horse, back door, time bomb, drop dead device, worm, virus, or other code of any kind that may disable, erase, display any unauthorized message or otherwise impair SJVIA computing systems, with or without the intent to cause harm.

#### **10.4 Security Breach Procedures.**

(A) Immediately upon the Consultant's awareness or reasonable belief of a Security Breach, the Consultant shall (i) notify the Manager of the Security Breach, such notice to be given first by telephone at the following telephone number, followed promptly by email at the following email address: (559) 600-1810 / SJVIA-Admin@fresnocountyca.gov (which telephone number and email address the SJVIA may update by providing notice to the Consultant), and (ii) preserve all relevant evidence (and cause any affected Authorized Person to preserve all relevant evidence) relating to

the Security Breach. The notification shall include, to the extent reasonably possible, the identification of each type and the extent of Personal Information that has been, or is reasonably believed to have been, breached, including but not limited to, compromised, or subjected to unauthorized Use, Disclosure, or modification, or any loss or destruction, corruption, or damage.

(B) Immediately following the Consultant's notification to the SJVIA of a Security Breach, as provided pursuant to section 10.4(A) of this agreement, the parties shall coordinate with each other to investigate the Security Breach. The Consultant agrees to fully cooperate with the SJVIA, including, without limitation:

- (1) assisting the SJVIA in conducting any investigation;
- (2) providing the SJVIA with physical access to the facilities and operations affected;
- (3) facilitating interviews with Authorized Persons and any of the Consultant's other employees knowledgeable of the matter; and
- (4) making available all relevant records, logs, files, data reporting and other materials required to comply with applicable law, regulation, industry standards, or as otherwise reasonably required by the SJVIA.

To that end, the Consultant shall, with respect to a Security Breach, be solely responsible, at its cost, for all notifications required by law and regulation, or deemed reasonably necessary by the SJVIA, and the Consultant shall provide a written report of

the investigation and reporting required to the Manager within 30 days after the Consultant's discovery of the Security Breach.

(C) The SJVIA shall promptly notify the Consultant of the Manager's knowledge, or reasonable belief, of any Privacy Practices Complaint, and upon the Consultant's receipt of notification thereof, the Consultant shall promptly address such Privacy Practices Complaint, including taking any corrective action under this Article 10, all at the Consultant's sole expense, in accordance with applicable privacy rights, laws, regulations and standards. If the Consultant discovers a Security Breach, the Consultant shall treat the Privacy Practices Complaint as a Security Breach. Within 24 hours of the Consultant's receipt of notification of such Privacy Practices Complaint, the Consultant shall notify the SJVIA whether the matter is a Security Breach, or otherwise has been corrected and the manner of correction, or determined not to require corrective action and the reason therefor.

(D) The Consultant shall take prompt corrective action to respond to and remedy any Security Breach and take mitigating actions, including but not limiting to, preventing any reoccurrence of the Security Breach and correcting any deficiency in Security Safeguards as a result of such incident, all at the Consultant's sole expense, in accordance with applicable privacy rights, laws, regulations and standards. The Consultant shall reimburse the SJVIA for all reasonable costs incurred by the SJVIA in responding to, and mitigating damages caused by, any Security Breach, including all costs of the SJVIA incurred relation to any litigation or other action described section 10.4(E) of this agreement.

(E) The Consultant agrees to cooperate, at its sole expense, with the SJVIA in any litigation or other action to protect the SJVIA's rights relating to Personal Information, including the rights of persons from whom the SJVIA receives Personal Information.

#### **10.5 Oversight of Security Compliance.**

(A) The Consultant shall have and maintain a written information security policy that specifies Security Safeguards appropriate to the size and complexity of the Consultant's operations and the nature and scope of its activities.

(B) Upon the SJVIA's written request, to confirm the Consultant's compliance with this Article 10, as well as any applicable laws, regulations and industry standards, the Consultant grants the SJVIA or, upon the SJVIA's election, a third party on the SJVIA's behalf, permission to perform an assessment, audit, examination or review of all controls in the Consultant's physical and technical environment in relation to all Personal Information that is Used by the Consultant pursuant to this agreement. The Consultant shall fully cooperate with such assessment, audit or examination, as applicable, by providing the SJVIA or the third party on the SJVIA's behalf, access to all Authorized Employees and other knowledgeable personnel, physical premises, documentation, infrastructure and application software that is Used by the Consultant for Personal Information pursuant to this agreement. In addition, the Consultant shall provide the

SJVIA with the results of any audit by or on behalf of the Consultant that assesses the effectiveness of the Consultant's information security program as relevant to the security and confidentiality of Personal Information Used by the Consultant or Authorized Persons during the course of this agreement under this Article 10.

(C) The Consultant shall ensure that all Authorized Persons who Use Personal Information agree to the same restrictions and conditions in this Article 10 that apply to the Consultant with respect to such Personal Information by incorporating the relevant provisions of these provisions into a valid and binding written agreement between the Consultant and such Authorized Persons, or amending any written agreements to provide same.

**10.6 Return or Destruction of Personal Information.** Upon the expiration or termination of this agreement, the Consultant shall, and shall instruct all Authorized Persons to, promptly return to the SJVIA all Personal Information, whether in written, electronic or other form or media, in its possession or the possession of such Authorized Persons, in a machine readable form used by the SJVIA at the time of such return, or upon the express prior written consent of the Manager, securely destroy all such Personal Information, and certify in writing to the the SJVIA that such Personal Information have been returned to the SJVIA or disposed of securely, as applicable. If the Consultant is authorized to dispose of any such Personal Information, as provided in this Article 10, such certification shall state the date, time, and manner (including standard) of disposal and by whom, specifying the title of the individual. The Consultant shall comply with all reasonable directions provided by the Manager with respect to the return or disposal of Personal Information and copies thereof. If return or disposal of such Personal Information or copies of Personal Information is not feasible, the Consultant shall notify the SJVIA accordingly, specifying the reason, and continue to extend the protections of this Article 10 to all such Personal Information and copies of Personal Information. The Consultant shall not retain any copy of any Personal Information after returning or disposing of Personal Information as required by this section 10.6. The Consultant's obligations under this section 10.6 survive the expiration or termination of this agreement and apply to all Personal Information that the Consultant retains if return or disposal is not feasible and to all Personal Information that the Consultant may later discover.

**10.7 Equitable Relief.** The Consultant acknowledges that any breach of its covenants or obligations set forth in this Article 10 may cause the SJVIA irreparable harm for which monetary damages would not be adequate compensation and agrees that, in the event of such breach or threatened breach, the SJVIA is entitled to seek equitable relief, including a restraining order, injunctive relief, specific performance and any other relief that may be available from any court, in addition to any other remedy to which the SJVIA may be entitled at law or in equity. Such remedies shall not be deemed to be exclusive but shall be in addition to all other remedies available to the SJVIA at law or in equity or under this agreement.

**10.8 Indemnity.** The Consultant shall defend, indemnify and hold harmless the SJVIA, its officers, employees, and agents, (each, an "**SJVIA Indemnitee**") from and against any and all infringement of intellectual property including, but not limited to infringement of copyright,



trademark, and trade dress, invasion of privacy, information theft, and extortion, unauthorized Use, Disclosure, or modification of, or any loss or destruction of, or any corruption of or damage to, Personal Information, Security Breach response and remedy costs, credit monitoring expenses, forfeitures, losses, damages, liabilities, deficiencies, actions, judgments, interest, awards, fines and penalties (including regulatory fines and penalties), costs or expenses of whatever kind, including attorneys' fees and costs, the cost of enforcing any right to indemnification or defense under this Article 10 and the cost of pursuing any insurance providers, arising out of or resulting from any third party claim or action against any SJVIA Indemnatee in relation to the Consultant's, its officers, employees, or agents, or any Authorized Employee's or Authorized Person's, performance or failure to perform under this Article 10 or arising out of or resulting from the Consultant's failure to comply with any of its obligations under this section 10.8. The provisions of this section 10.8 do not apply to the acts or omissions of the SJVIA. The provisions of this section 10.8 are cumulative to any other obligation of the SJVIA to defend, indemnify, or hold harmless any SJVIA Indemnatee under this agreement. The provisions of this section 10.8 shall survive the expiration or termination of this agreement.

**10.9 Survival.** The respective rights and obligations of the Consultant and the SJVIA as stated in this Article 10 shall survive the expiration or termination of this agreement.

**10.10 No SJVIA Warranty.** The SJVIA does not make any warranty or representation whether any Personal Information in the Consultant's (or any Authorized Person's) possession or control, or Use by the Consultant (or any Authorized Person), pursuant to the terms of this agreement is or will be secure from unauthorized Use, or a Security Breach or Privacy Practices Complaint.

## **Article 11**

### **Insurance**

**11.1 Policy and Coverage Requirements.** Without limiting the SJVIA's right to obtain indemnification from the Consultant or any third parties, the Consultant, at its sole expense, shall maintain in full force and effect, the following insurance policies throughout the term of this agreement.

(A) **Commercial General Liability.** Commercial general liability insurance with limits of not less than Two Million Dollars (\$2,000,000) per occurrence and an annual aggregate of Four Million Dollars (\$4,000,000). The Consultant shall obtain an endorsement to this policy naming the SJVIA, its officers, agents, employees, and volunteers, individually and collectively, as additional insureds, but only insofar as the operations under this agreement are concerned. Such coverage for additional insureds will apply as primary insurance and any other insurance, or self-insurance, maintained by the SJVIA is excess only and not contributing with insurance provided under the Consultant's policy. The Consultant's deductible or self-insured retention may not exceed Zero Dollars (\$0).

(B) **Automobile Liability.** Automobile liability insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence for bodily injury and for property damages. Coverage must include any auto used in connection with this Agreement.

(C) **Professional Liability.** Professional liability insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence and an annual aggregate of Three Million Dollars (\$3,000,000). If this is a claims-made policy, then (1) the retroactive date must be prior to the date on which services began under this Agreement; (2) the Consultant shall maintain the policy and provide to the SJVIA annual evidence of insurance for not less than five years after completion of services under this agreement; and (3) if the policy is canceled or not renewed, and not replaced with another claims-made policy with a retroactive date prior to the date on which services begin under this agreement, then the Consultant shall purchase extended reporting coverage on its claims-made policy for a minimum of five years after completion of services under this agreement. The Consultant's deductible or self-insured retention may not exceed Two Hundred Fifty Thousand Dollars (\$250,000).

(D) **Workers Compensation.** Workers compensation insurance as required by the California Labor Code.

(E) **Cyber Liability.** Cyber liability insurance with limits of not less than Two Million Dollars (\$2,000,000) per occurrence. Coverage must include, but not be limited to, claims involving Cyber Risks. The cyber liability policy must be endorsed to cover the full replacement value of damage to, alteration of, loss of, or destruction of intangible property (including but not limited to information or data) that is in the care, custody, or control of the Consultant.

(F) **Definition of Cyber Risks.** "Cyber Risks" include but are not limited to (i) Security Breaches, which may include Disclosure of Personal Information to an Unauthorized Third Party; (ii) breach of any of the Consultant's obligations under Article 10 of this Agreement; (iii) infringement of intellectual property, including but not limited to infringement of copyright, trademark, and trade dress; (iv) invasion of privacy, including release of private information; (v) information theft; (vi) damage to or destruction or alteration of electronic information; (vii) extortion related to the Consultant's obligations under this Agreement regarding electronic information, including Personal Information; (viii) network security; (ix) data breach response costs, including Security Breach response costs; (x) regulatory fines and penalties related to the Consultant's obligations under this Agreement regarding electronic information, including Personal Information; and (xi) credit monitoring expenses.

**11.2 Verification of Coverage.** Within 30 days after the Consultant signs this agreement, the Consultant shall deliver, or cause its broker or producer to deliver, to SJVIA Administration, at 2220 Tulare Street, Suite 1400, Fresno, California 93721, or SJVIA-Admin@fresnocountyca.gov, copies of insurance policies as produced by the broker or producer, and certificates of insurance and endorsements for all of the coverages required under this agreement.

(A) Except as provided below, all insurance certificates must state that: (1) the insurance coverage has been obtained and is in full force; (2) the SJVIA, its officers, agents, employees, and volunteers are not responsible for any premiums on the policy;

(3) the Consultant's deductible or self-insured retention does not exceed the amount provided in this Agreement; and (4) the Consultant has waived its right to recover from the SJVIA, its officers, agents, employees, and volunteers any amounts paid under any insurance policy required by this agreement and that waiver does not invalidate the insurance policy. The insurance certificate for the Consultant's professional liability insurance may omit item (4) above.

(B) The commercial general liability insurance certificate must also state that: (1) the SJVIA, its officers, agents, employees, and volunteers, individually and collectively, are additional insureds insofar as the operations under this agreement are concerned; (2) the coverage shall apply as primary insurance and any other insurance, or self-insurance, maintained by the SJVIA shall be excess only and not contributing with insurance provided under the Consultant's policy.

(C) The automobile liability insurance certificate must state that the policy covers any auto used in connection with this agreement.

(D) The professional liability insurance certificate, if it is a claims-made policy, must also state the retroactive date of the policy, which must be prior to the date on which services began under this agreement.

(E) The cyber liability insurance certificate must also state that it is endorsed to cover the full replacement value of damage to, alteration of, loss of, or destruction of intangible property (including but not limited to information or data) that is in the care, custody, or control of the Consultant.

**11.3 Acceptability of Insurers.** All insurance policies required under this agreement must be issued by admitted insurers licensed to do business in the State of California and possessing at all times during the term of this agreement an A.M. Best, Inc. rating of A:VII or greater.

**11.4 Notice of Cancellation or Change.** For each insurance policy required under this agreement, the Consultant shall provide to the SJVIA, or ensure that the policy requires the insurer to provide to the SJVIA, written notice of any cancellation or change in the policy as required in this paragraph. For cancellation of the policy for nonpayment of premium, the Consultant shall, or shall cause the insurer to, provide written notice to the SJVIA not less than 10 days in advance of cancellation. For cancellation of the policy for any other reason, and for any other change to the policy, the Consultant shall, or shall cause the insurer to, provide written notice to the SJVIA not less than 30 days in advance of cancellation or change. The SJVIA in its sole discretion may determine that the failure of the Consultant or its insurer to timely provide a written notice required by this paragraph is a breach of this agreement.

**11.5 SJVIA's Entitlement to Greater Coverage.** If the Consultant has or obtains insurance with broader coverage, higher limits, or both, than what is required under this agreement, then the SJVIA requires and is entitled to the broader coverage, higher limits, or both. To that end, the Consultant shall deliver, or cause its broker or producer to deliver, to SJVIA Administration certificates of insurance and endorsements for all of the coverages that

have such broader coverage, higher limits, or both, as required under this agreement.

**11.6 Waiver of Subrogation.** The Consultant waives its right to recover from the SJVIA, its officers, agents, employees, and volunteers any amounts paid under the policy of worker's compensation insurance required by this agreement. The Consultant is solely responsible to obtain any policy endorsement that may be necessary to accomplish that waiver, but the Consultant's waiver of subrogation under this paragraph is effective whether or not the Consultant obtains such an endorsement.

**11.7 SJVIA's Remedy for Consultant's Failure to Maintain.** If the Consultant fails to keep in effect at all times any insurance coverage required under this agreement, the SJVIA may, in addition to any other remedies it may have, suspend or terminate this agreement upon the occurrence of that failure, or purchase such insurance coverage, and charge the cost of that coverage to the Consultant. The SJVIA may offset such charges against any amounts owed by the SJVIA to the Consultant under this agreement.

## **Article 12**

### **General Provisions**

**12.1 Modification.** Except as provided in Article 4, this agreement may not be modified, and no waiver is effective, except by written agreement signed by both parties.

**12.2 Non-Assignment.** Neither party may assign its rights or delegate its obligations under this agreement without the prior written consent of the other party.

**12.3 Governing Law.** The laws of the State of California govern all matters arising from or related to this agreement.

**12.4 Jurisdiction and Venue.** This agreement is signed and performed in Fresno County, California. The Consultant consents to California jurisdiction for actions arising from or related to this agreement, and, subject to the Government Claims Act, all such actions must be brought and maintained in the Fresno County Superior Court.

**12.5 Construction.** The final form of this agreement is the result of the parties' combined efforts. If anything in this agreement is found by a court of competent jurisdiction to be ambiguous, that ambiguity shall not be resolved by construing the terms of this agreement against either party.

**12.6 Headings.** The headings and section titles in this agreement are for convenience only and are not part of this agreement.

**12.7 Severability.** If anything in this agreement is found by a court of competent jurisdiction to be unlawful or otherwise unenforceable, the balance of this agreement remains in effect, and the parties shall make best efforts to replace the unlawful or unenforceable part of this agreement with lawful and enforceable terms intended to accomplish the parties' original intent.

12.8 **Nondiscrimination.** During the performance of this agreement, the Consultant shall not unlawfully discriminate against any employee or applicant for employment, or recipient of services, because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, military status or veteran status pursuant to all applicable State of California and federal statutes and regulation.

12.9 **No Waiver.** Payment, change, waiver, or discharge by the SJVIA of any liability or obligation of the Consultant under this agreement on any one or more occasions is not a waiver of performance of any continuing or other obligation of the Consultant and does not prohibit enforcement by the SJVIA of any obligation on any other occasion. Nothing in this agreement, nor the execution of this agreement by the SJVIA, is a waiver or release by the SJVIA of any claim that the SJVIA might have against the Consultant in relation to any prior dealings between the SJVIA and the Consultant.

12.10 **Entire Agreement.** This agreement, including its exhibits, is the entire agreement between the Consultant and the SJVIA with respect to the subject matter of this agreement, and it supersedes all previous negotiations, proposals, commitments, writings, advertisements, publications, and understandings of any nature unless those things are expressly included in this agreement. If there is any inconsistency between the terms of this agreement without its exhibits and the terms of the exhibits, then the inconsistency will be resolved by giving precedence first to the terms of this agreement without its exhibits, and then to the terms of the exhibits.

12.11 **No Third-Party Beneficiaries.** This agreement does not and is not intended to create any rights or obligations for any person or entity except for the parties.

12.12 **Authorized Signatures.** The Consultant represents and warrants to the SJVIA that:

(A) The Consultant is duly authorized and empowered to sign and perform its obligations under this agreement.

(B) The individual signing this agreement on behalf of the Consultant is duly authorized to do so and his or her signature on this agreement will legally bind the Consultant to the terms of this agreement.

12.13 **Counterparts.** This agreement may be signed in counterparts, each of which is an original, and all of which together constitute this agreement.

*[SIGNATURE PAGE FOLLOWS]*

The parties are signing this Amendment 1 to the Agreement on the date stated in the introductory clause.

KEENAN PHARMACY SERVICES

SAN JOAQUIN VALLEY INSURANCE  
AUTHORITY

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Jeff Hall  
Senior Vice President  
Keenan Pharmacy Services

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Amy Shuklian  
President, Board of Directors

Reviewed and recommended for approval.

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SJVIA Manager

## SCOPE OF SERVICES

### PBM Management Services

The Consultant shall:

- Evaluation of PBM Services
  - Conduct annual reviews of PBM services, contract compliance, and performance guarantees
  - Assist in developing a plan to rectify any deficiencies
  - Perform follow-up activities as necessary to ensure contract compliance, efficient program management and responsive account management
  - Update pharmacy rates and effect contract addenda as needed
  - Recommend whether a given PBM contract should be renewed, modified or terminated
- Pharmacy Benefit Consulting Services
  - Review pharmacy benefit packages options and assist SJVIA in selecting best option for their business needs
  - Evaluate and recommend options for managing specialty pharmacy products
  - Analyze the performance of the retail, mail order, and specialty pharmacy benefit option and make recommendations to improve the management of the drug cost trends
  - Select clinical and other optional programs of behalf of SJVIA or assist SJVIA in making selections on their own behalf
  - Assist SJVIA in securing and interpreting utilization and other key reports
  - Provide independent oversight for the formulary
  - Provide oversight of performance of rebate agreements between the PBM and drug companies on behalf of SJVIA
  - Meet with SJVIA at least once quarterly to review drug plan performance and identify recommended changes going forward before final renewal. This review, with Contractor's recommendations, must occur prior to the Board meeting addressing final renewal.
- Account Management Services
  - Manage the ongoing relationship and communications with the PBM including SJVIA specific eligibility and benefit updates
  - Represent and advocate for the SJVIA's needs to the PBM
  - Participate in all PBM and SJVIA meetings related to pharmacy benefit and mail order services
- Underwriting Services
  - Project preliminary and final funding/renewal calculations
  - Perform financial and utilization analysis of paid claims with quarterly, semi-annual or annual reporting
  - Generate drug cost trend analysis based on market, SJVIA group (e.g., coalition), and individual SJVIA basis

- Perform annual risk assessment projecting future value of claims vs. existing claims data
- Develop IBNR (incurred but not reported) claims reserves
- Supply monthly/quarterly reports on premium, claims and lives loss ratio and funding, claims and lives loss ratio
- Perform claims lag analysis
- Provide annual accounting true-up or profit/loss analysis as needed
- Auditing Services
  - Perform quarterly review of all claims paid
  - Ensure contract compliance and appropriate rebate administration.
  - Keep the KPS members apprised of industry updates and provide recommendations and guidance
  - Provide specific oversight on emerging Specialty Rx trends
- PBM Implementation Services
  - Facilitate implementation of the new PBM services including transition of benefit design, formulary, eligibility and pre-existing prior authorization approvals to new PBM



## Exhibit B

### **COMPENSATION**

In consideration of the services rendered by Consultant pursuant to this Agreement, Consultant shall receive a monthly administrative services fee (KPS Fee), based upon the Monthly Enrollment of enrolled members of SJVIA and their dependents. The SJVIA's Pharmacy Benefit Manager (PBM) shall report to Consultant and SJVIA the actual Monthly Enrollment for each month.

Consultant shall not receive any commission, rebates, overrides, or any other compensation or benefit from the SJVIA's PBM.

The fees received by Consultant under this Agreement shall not be considered "compensation" or "commission" for the purposes of the Consultant Broker and Consulting, and Pharmacy Management Services Agreement and/or any other agreement executed by and between SJVIA and Consultant. No fees collected by Consultant pursuant to this Agreement shall be considered for the purpose of determining the maximum amount of Consultant's compensation due or permitted under any such agreement(s).

The fees for the one (1) year term of this Agreement are based on Per Member Per Month (PMPM) and are:

\$0.85 PMPM



**BOARD OF DIRECTORS**

GARRY BREDEFELD

NATHAN MAGSIG

BUDDY MENDES

LARRY MICARI

BRIAN PACHECO

AMY SHUKLIAN

PETE VANDER POEL

**Meeting Location:**  
**County of Fresno**  
**Board of Supervisors Chambers**  
**2281 Tulare Street, #301**  
**Fresno, CA 93721**

**AGENDA DATE:** December 12, 2025

**ITEM NUMBER:** Item 14

**SUBJECT:** Receive Update for the RFP Timeline for SJVIA Consulting Services (I)

**REQUEST(S):** That the Board receives this update on the upcoming RFP for SJVIA Consulting Services.

**DESCRIPTION:**

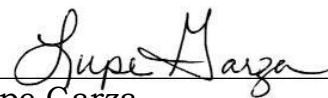
Informational item.

**FISCAL IMPACT/FINANCING:**

None

**ADMINISTRATIVE SIGN-OFF:**

  
\_\_\_\_\_  
Hollis Magill  
SJVIA Manager

  
\_\_\_\_\_  
Lupe Garza  
SJVIA Assistant Manager

**Meeting Location:**  
**County of Fresno**  
**Board of Supervisors Chambers**  
**2281 Tulare Street, #301**  
**Fresno, CA 93721**

**AGENDA DATE:** December 12, 2025

**ITEM NUMBER:** Item 15

**SUBJECT:** Approve and Authorize President to Execute Legal Services Agreement with Sheppard, Mullin, Richter & Hampton LP for specialized legal services to address the challenges presented by unanticipated high-cost out of network claims, Total Not to Exceed \$50,000, subject to approval As to Legal by SJVIA counsel as to legal form (A).

**REQUEST(S):** That the Board approve a recommended agreement with Sheppard, Mullin, Richter & Hampton LP for specialized legal services, total not to exceed \$50,000, subject to approval by SJVIA counsel as to legal form.

**DESCRIPTION:**

SJVIA legal counsel conducted an extensive search for law firms and attorneys specializing in healthcare law who could provide specialized legal counsel to SJVIA to address the challenges presented by multiple recent unanticipated high-cost out of network claims.

Sheppard Mullin represents that it is uniquely suited to assist SJVIA in this matter because of its expertise in the No Surprises Act, its deep familiarity and positive working relationships with California's state health insurance regulatory agencies, and its deep experience advising public agencies on strategic business and litigation matters.

It is anticipated that provision of these specialized legal services will include analysis and advice related to the application of the No Surprises Act to these recent claims, advice about options to proactively manage these claims, advice about potential liability exposure, and pursuit or defense of litigation if necessary, which would likely require additional funds beyond the \$50,000 budgeted initially.

**AGENDA:** San Joaquin Valley Insurance Authority

**DATE:** December 12, 2025

The two partners who would provide these services to SJVIA are Elizabeth Balfour, Esq. and Margia Corner, Esq., as well as Kendall Kohlmeyer, who is an associate with Sheppard Mullin. Sheppard Mullin has provided discounted rates of \$992.25 per hour for the work performed by Ms. Balfour and Ms. Corner, and \$780 per hour for the work performed by Ms. Kohlmeyer.

**FISCAL IMPACT/FINANCING:**

Rates will be billed hourly as outlined above. Total not to exceed \$50,000.

**ADMINISTRATIVE SIGN-OFF:**

  
\_\_\_\_\_  
Hollis Magill  
SJVIA Manager

  
\_\_\_\_\_  
Lupe Garza  
SJVIA Assistant Manager

**SheppardMullin**

# Healthcare and Regulatory Capabilities

Presented to

**San Joaquin Valley Insurance Authority**

December 2025





## Healthcare Team

Sheppard Mullin's diverse Healthcare Team is one of the largest and fastest-growing national healthcare practices among firms of our pedigree. *Law360* recently named us as the U.S. Health Law Practice Group of the Year and, with over 230 healthcare lawyers, we are ranked by *Modern Healthcare* as one of the "Largest Healthcare Law Firms." We represent all sectors within the healthcare industry, including start-ups and early-stage healthcare businesses, healthcare finance companies, private equity, hospitals and healthcare facilities, health plans, physician practices, and healthcare technology companies, among others, in finance, transactional, regulatory, litigation, tax, labor and employment, real estate, privacy, information technology, intellectual property, and antitrust matters. This gives us a bird's-eye view of the industry that allows us to help our clients anticipate trends and navigate a highly dynamic and competitive environment.

### Services

Mergers, Acquisitions and Joint Ventures	Strategic Planning, Growth Initiatives and Value Creation
Compliance - Fraud and Abuse	Commercial Litigation
False Claims Act Litigation	Appeals, Disputes and Protests Involving Governmental Agencies
Value-Based and Global Risk Arrangements	HIPAA, Data Privacy, and Cybersecurity
Healthcare Real Estate and Finance	FDA
Digital Health and Telemedicine	Artificial Intelligence, Machine Learning, Information Technology
Provider Alignment Transactions	Health Plan Strategic Transactions, Licensing, Contracting and Compliance
Antitrust Counseling and Compliance	Defense of Antitrust Investigations and Federal, State and Private Party Litigation
Medicare Advantage, Medicare Prescription Drug, Medicaid Managed Care and ACA Marketplace Operations and Compliance	
Tax and Employee Benefits	HCC-RAF Contracting Programs and Provider Incentive Programs
Emerging Growth/ Venture Capital	Labor and Employment
Certificate of Need	Capital Markets and IPOs

### Accolades

#### What Our Clients Say

- "Their healthcare team is responsive and solution-oriented, providing excellent client service."
- "Particularly strong in large transactions."
- "Deep bench strength."
- "Strong; capable of serving us in any capacity."
- "Distinguished by its innovative healthcare information technology practice."

#### How We Rank

##### Best Lawyers

- Ranked Tier 1 nationally in Healthcare as a "Best Law Firm", **Best Lawyers**, 2026



- Ranked Band 1 National Healthcare: Highly Regarded, **Chambers USA** 2025

- Practice ranks in California, New York, Washington, DC, Illinois and Texas, **Chambers USA**, 2025



- Ranked eighth largest healthcare law firm by **Modern Healthcare**, 2025



- Most recommended Law Firm in Healthcare, **BTI Consulting Report** 2025



- Healthcare Practice group of the Year, **Law360**, 2024 (named four times)



- Nationally ranked in: Healthcare-Service Providers and Healthcare-Insurers, **Legal 500 US**



- National Tier 1 Healthcare Practice by **U.S. News and World Report** with **Best Lawyers**

#### Practice Group Rankings

##### GlobeSt.

- Named a 2024 Healthcare Real Estate Influencer by **Globe St.**



- Ranked "Top 10 U.S. Law Firm in Healthcare M&A", **Levin Associates**



- Named Healthcare Firm of the Year, Americas M&A Deal of the Year (Large Deal Category) and USA Private Equity Deal of the Year, **M&A Atlas Awards**



Brussels | Century City | Chicago | Dallas | Houston | London | Los Angeles | New York | Orange County  
San Diego (Downtown) | San Diego (Del Mar) | San Francisco | Seoul | Shanghai | Silicon Valley | Washington, D.C.

[www.sheppardmullin.com](http://www.sheppardmullin.com)

## Healthcare Regulatory and Compliance

Operating in the healthcare industry today means navigating a highly complex and constantly evolving array of federal, state, and local laws and regulations. We provide counsel to healthcare clients in virtually all manner of regulatory compliance and enforcement issues. We routinely advise on physician self-referral laws, fraud and abuse laws, corporate practice of medicine and fee-splitting prohibitions, HIPAA privacy, charitable trust law, private inurement, private benefit and excess benefit restrictions, antitrust, licensure, accreditation, Medicare and Medicaid reimbursement, certificate of need/certificate of exemption laws, and medical staff bylaws issues.

We serve as legal counsel to a wide variety of healthcare organizations involved in the financing and delivery of healthcare. We advise clients on a multitude of regulatory issues associated with mergers and acquisitions, joint ventures, network building and adequacy, acquisition of physician practices, physician contracts, physician practice management arrangements, governmental investigations and audits, whistleblower suits, Medicare and Medicaid coverage and reimbursement requirements, attorney general investigations, corporate governance/ fiduciary duty issues, corporate compliance matters, and medical staff disputes.



Our broad base of experience enables us to provide comprehensive, insightful, and cost-effective legal services to healthcare clients. Likewise, our experience representing providers, payers, and ancillary services vendors uniquely positions us to assist with the development of integrated service entities and navigate the regulatory hurdles that may adversely impact such entities.

Whether you need sophisticated advice to develop a business model that clears regulatory hurdles, or a seasoned veteran to defend an enforcement action or respond to a regulatory challenge, we can help. We provide sophisticated counsel on reimbursement issues arising under Medicare, Medicaid, and other governmental health programs. We assist clients in evaluating appropriate billing and coding practices; pursuing alternative pricing and reimbursement mechanisms; and seeking rate “exceptions” under various pricing methodologies. We also represent providers and suppliers in pre- and post-payment audits and reimbursement appeals. Because today’s enforcement environment for healthcare entities often requires a proactive approach to regulatory operations, our attorneys regularly seek Advisory Opinions on behalf of clients and assist clients in making and resolving voluntary disclosures with federal and state regulatory and enforcement agencies. Our experience includes working both with individual entities and with coalitions of diverse participants seeking broad policy changes.

For most healthcare entities, the federal and state civil and criminal laws governing fraud and abuse pose the single most significant area of legal risk. Our attorneys are familiar with false claims acts, self-referral and anti-kickback limitations, and fee-splitting laws. We work closely with clients to develop compliance programs, structure transactions and other financial relationships, establish pricing and guide business operations consistent with these laws. We consult, as appropriate, with government administrative agency and legislative officials to keep our clients informed of the latest enforcement developments and trends.

We also have extensive experience in the emerging and evolving area of telehealth, including the formation, development, and implementation of telehealth networks and institutional programs, drafting and negotiation of agreements between providers and service vendors, and navigating the unique regulatory obstacles confronting telehealth services on the state and federal level, including cross-border issues.

## Health Plan Practice

Sheppard Mullin has one of the most active healthcare practices in the country. *Law360* recently named us as the **U.S. Health Law Practice Group of the Year** and we are ranked by *Modern Healthcare* as one of the **"Largest Healthcare Law Firms."** With over 230 healthcare lawyers, our national healthcare team is the "go-to" law firm for health plans and providers considering convergence transactions that result in successful plan/provider alignment. We have led some of the largest and most complex industry transactions, and are working on multiple multi-billion health plan and provider transactions. Additionally, our representation of publicly traded and privately-held health plans has included obtaining licensure under state HMO and insurance laws including the California Knox-Keene Health Care Service Plan Act, contracts under the Medicare Advantage, Medicare Prescription Drug and state Medicaid managed care programs, and compliance with Medicare Advantage, Medicare Part D, Medicaid managed care, Federal Employees Health Benefits Program and Marketplace requirements, as well as appeals of agency decisions and dispute resolution if necessary. Our lawyers regularly provide education and training to health plan administration, inhouse counsel, and compliance staff on an array of issues including fraud and abuse, risk adjustment, medical loss ratio and other compliance matters.



### What We Do

- Represent leading HMOs and insurance companies on projects such as mergers and acquisitions, vendor and provider contracting, joint ventures, risk-based arrangements, physician alignment and population health management initiatives.
- Our Healthcare Antitrust practice has been actively involved in multiple negotiations with federal and state antitrust regulators on some of the most complex and heavily scrutinized transactions and has been at the forefront of structuring innovative relationships for both providers and payors undertaking significant transactions, including mergers, joint ventures, intellectual property licenses, and a variety of other affiliations and collaborations.
- Advise health plans that are federal healthcare program contractors on a broad array of issues related to program participation including application submissions, bidding and rating requirements, benefit design, provider contracting and compensation issues including the federal Physician Incentive Plan regulations, medical loss ratio requirements, risk adjustment payment issues, employer group waiver plans, marketing, internal investigations, and program and inspector general audits.
- Provide strategic advice and counseling to health plans in response to state and federal agency investigations, such as market conduct exams, medical loss ratio audits, Mental Health Parity and Addiction Equity Act compliance, and ACA Section 1557 discrimination complaints.
- Represent health plans in litigation, administrative proceedings, and appeals such as denials of initial and service area expansion applications and the imposition of civil money penalties by the Centers for Medicare and Medicaid Services.
- Active in the development and implementation of health plan vertical integration strategies including the alignment of physician groups and networks with plans that are designed to lower health plan provider-related costs, increase patient care quality and secure member access to providers by stabilizing the plan's provider network.
- Represent full service and specialty health plans (including dental and vision plans) in a wide variety of licensing, regulatory, transactional and litigation matters, such as L.A. Care Health Plan, one of the largest public health plans in the country serving low-income and vulnerable populations in Los Angeles County.
- Provide counseling to health plans in dealing with solvency issues involving their provider networks, working with multiple companies that provide support and outsourcing solutions to health plans, including utilization review, sales and marketing and independent review organizations.



## Approach to Current Matter

Our proposed approach to help the San Joaquin Valley Insurance Authority (SJVIA) address the challenges presented by multiple unanticipated high-cost out of network claims for spinal surgeries would include:

- Analysis and advice related to the application of No Surprises Act to spine surgeries performed by contracted physician at separately contracted facility
- Analysis and advice related to SJVIA's existing agreement with Anthem to serve as its Administrative Services Organization (ASO)
- Advice about options to pro-actively manage these claims if No Surprises Act does not apply
  - Via business relationship conversation with Anthem regarding their performance as the ASO
  - Via amendment to the Anthem ASO agreement
- Advice about options to manage these claims if No Surprises Act does apply
  - Via amendment to Anthem ASO agreement
  - Via “initial payment” offered to physician prior to IDR process
  - Via conversation with applicable state regulatory agencies
  - Via consumer/enrollee complaint
- Advice about potential liability exposure (e.g. due to provider litigation and/or regulatory enforcement) for non-payment
- Upon the request of SJVIA, attend one or more SJVIA board meetings to provide updates, discuss options, answer questions, and provide guidance
- Pursue or defend litigation against Anthem or the provider, if authorized by SJVIA.

Sheppard Mullin is uniquely suited to assist SJVIA in this matter because of the combination of our expertise in the No Surprises Act, our deep familiarity and positive working relationships with California's state health insurance regulatory agencies, and our deep experience advising public agencies on strategic business and litigation matters.

## Sheppard Mullin Rates for San Joaquin Valley Insurance Authority

We value the opportunity to work with SJVIA and are pleased to offer significantly discounted rates for the duration of our representation. Throughout each stage of our engagement, we will stay in close communication and provide regular updates regarding anticipated legal fees, ensuring that we deliver meaningful value and help you achieve your objectives with clarity and transparency.

Timekeeper	Title	Standard Rate	Discounted Rate
Elizabeth Balfour	Partner	\$1,260	\$992.25
Margia Corner	Partner	\$1,440	\$992.25
Kendall Kohlmeyer	Associate	\$895	\$780

With respect to the 2 initial steps in the scope of work, we expect that each will involve fees of \$7,000 - \$10,000. Once we complete this work, we will be able to assess next steps and we expect the time already invested in understanding these issues will allow us to be efficient in pursuing the next steps to address and resolve the problem.

- Analysis and advice related to the application of No Surprises Act to spine surgeries performed by contracted physician at separately contracted facility (\$7,000 - \$10,000)
- Analysis and advice related to SJVIA's existing agreement with Anthem to serve as its Administrative Services Organization (ASO) (\$7,000 - \$10,000)



## → Margia Corner

**Partner**

Four Embarcadero Center  
Seventeenth Floor  
San Francisco, CA 94111

T: +1.415.774.2913

mcorner@sheppardmullin.com

Margia Corner is a partner in the Governmental Practice in the firm's San Francisco and Washington, D.C. offices and a member of the firm's Healthcare Team.

**Areas of Practice**

Margia is a trusted advisor and proactive problem-solver who brings together executive-level stakeholders to support clients' innovative approaches to transforming healthcare delivery towards value-based models of care. She has over ten years' experience in Medicare and Medicaid reimbursement and other federal and state health care laws and regulations. She has advised academic and non-profit health systems, federally-qualified health centers, clinical laboratories, pharmacies, and health care professionals as well as pharmaceutical manufacturers, medical device companies and health plans.

Prior to joining the firm, Margia served as Co-Interim Deputy General Counsel for Health Affairs, Privacy & Data Protection in the University of California Office of General Counsel, where she advised on Medicare and Medicaid requirements, state licensing and certification laws, the Stark, Anti-Kickback, and Civil Monetary Penalties laws, the 340B Drug Discount Program, federal and state civil rights laws and regulations, managed care contracts, health care litigation and health care transactions.

## Articles

- Medicare Payment Policies in 2026  
*Chicago Medicine*, 11.2025
- "Moving the Needle? Recent CMS Efforts to Advance Health Equity," AHLA Connections Magazine, March 2023
- "Change Remains on the Horizon for Medicare Payment Policies for Organ Acquisition," AHLA Bulletin, November 2022
- "CMS Proposes to Expand Its Authority to Deny or Revoke Provider/Supplier Enrollment," AHLA Bulletin, August 2021
- "Questions and Answers to Consider When Finding and Taking Advantage of a Clerkship or Fellowship at a Health Care Organization," AHLA Connections Magazine, September 2019
- "The Medicare Quality Payment Program: Transforming Health Care Delivery to Paying for Value," AHLA, Health Care Compliance Professional's Manual, 2017

## Healthcare Law Blog Posts

- "CMS Finalizes Mandatory Ambulatory Specialty Model for Cardiology and Low-Back Pain," November 21, 2025
- "CMS Announces Application Details for Rural Health Transformation Program," September 26, 2025
- "Major Policy Changes Proposed for Medicare Payment, Accreditation, and Prior Authorization for DME Suppliers," August 20, 2025
- "Proposed Medicare Payment Policies for Hospital Outpatient and Ambulatory Surgery Center Services," August 13, 2025
- "State-Directed Payments, Value-Based Care, and the 'One Big Beautiful' Bill: A Comprehensive Analysis," August 1, 2025
- "Federal District Court Upholds Authority of HHS to Pre-Approve 340B Rebate Programs; HRSA Submits Proposed 340B Rebate Guidance," June 4, 2025
- "Proposed Rule on Medicaid Tax Waivers: CMS Moves to Close a Loophole Shifting Costs to the Federal Government," May 28, 2025
- "CMS Administrator Outlines His Vision for CMS at NFP Healthcare Investors Conference," May 22, 2025
- "CMS Proposes Medicare Payment Policies for Hospital Inpatient Services for Federal Fiscal Year 2026," May 6, 2025
- "Recent Legal and Regulatory Developments Involving Gender-Affirming Care," April 29, 2025
- "CMS to Withdraw Federal Medicaid Match for Workforce, Social Needs, and Infrastructure: What States, Health Care Providers and Community Organizations Need to Know," April 16, 2025

## Media Mentions

Hospitals Risk Penalties As Trump Pushes Price Transparency  
*Law360*, 03.04.2025

## Speaking Engagements

"Realizing the Value in Value-Based Care," California Society for Healthcare Attorneys Annual Spring Meeting, April 2025

"Institute for Medicare & Medicaid Payment Issues, Health Equity Initiatives in Medicare and Medicaid," American Health Law Association, March 2024

"Advising Providers: Legal Strategies for AMCs, Physicians and Hospitals, Advancing Diversity in Academic Medicine After the Harvard/UNC Cases," American Health Law Association, February 2024

"Fostering a Just Culture to Promote Patient Safety," California Society for Health Care Attorneys, May 2023

"340 Program Compliance," UC Ethics Compliance and Audit Symposium, November 2022

"The Future of Medi-Cal," California Society for Health Care Attorneys, April 2022

"Institute for Medicare & Medicaid Payment Issues, Advancing Accountability and Equity through Payment and Care Delivery," American Health Law Association, March 2022

"Academic Medical Centers and Teaching Hospitals Institute, Advancing Accountability and Equity through Payment and Care Delivery," American Health Law Association, February 2022

"Institute for Medicare & Medicaid Payment Issues, Key Recent CMS Innovation Initiatives: Exploration of Policy and Legal Issues," American Health Law Association, March 2021

"Strategic Legal and Business Considerations Regarding Contract Pharmacy Arrangements," 340B Health Winter Conference 2021, February 2021

"Medicare and Other Value-Based Payment Programs and Compliance Oversight," Health Care Compliance Association, December 2019

"340 Program Compliance," UC Ethics Compliance and Audit Symposium, November 2019

"Institute for Medicare & Medicaid Payment Issues, Innovation in a Nutshell: Key Recent CMS Payment Initiatives, Where They Came From, and What You Should Know," American Health Law Association, March 2019

"MACRA - Compliance Oversight," Health Care Compliance Association, December 2017

## Events

Changes to Medicare Reimbursement

Healthcare Insights: Navigating Change Under the New Administration  
Webinar Series, 10.15.2025

2025 Women in Healthcare Leadership Collaborative (WHLC) Leadership Summit  
October 8 - 9, 2025

Institute on Medicare and Medicaid Payment Issues  
Health Equity in Medicare and Medicaid  
Baltimore, MD, 03.27.2025

Insights and Pathways: Careers In Health Law (Part 2)  
Webinar, 01.28.2025

## Memberships

- American Health Law Association (2011-Present)
  - Vice Chair, Education, Academic Medical Center and Teaching Hospital Practice Group (2023-Present)
  - Special Topic Advisor, Regulation, Accreditation and Payment Practice Group Leader (2021-2022)

- Regulation, Accreditation and Payment Practice Group Leadership Development Program (2020-2021)
- Young Professionals Council (2019-2020)
- California Society for Health Care Attorneys (2022-Present)
- American Bar Association, Health Law Section (2022-Present)

## Podcasts & Webinars

WHLC Summit - Day Two Recording  
10.09.2025

## Practices

Governmental

Healthcare

Women in Healthcare Leadership Collaborative

## Industries

Education

## Education

J.D., University of Michigan Law School, 2010, *magna cum laude*, Order of the Coif

B.A., Stanford University, 2004, with distinction

## Clerkships

Law clerk to the Honorable Cormac J. Carney, U.S. District Court for the Central District of California

## Admissions

California

District of Columbia

## Additional Office

Washington, DC



## → Elizabeth S. Balfour

**Partner**

12275 El Camino Real  
Suite 100  
San Diego, CA 92130

T: +1.858.720.8985

C: +1.619.665.3537

F: +1.858.509.3691

ebalfour@sheppardmullin.com

Elizabeth Balfour is a litigator and works out of the firm's Del Mar Heights (Northern San Diego) office.

**Areas of Practice****Commercial Litigation**

Elizabeth advises her real estate brokerage clients in relation to breach of fiduciary duty and broker liability claims. She handles franchise disputes related to breach of contract, indemnification, and business transfers. Her securities litigation practice includes shareholder derivative claims, class actions, SEC enforcement actions, and internal investigations. She helps clients navigate corporate governance disputes, violations of buy-sell agreements, and claims arising out of mergers and divestitures. Elizabeth serves as a trusted advisor to her clients, providing guidance on risk management issues such as insurance coverage, conflicts of interest, and record retention.

**Healthcare**

Elizabeth's healthcare practice includes representing provider and payor clients in proceedings initiated by the Office of the Inspector General, the Department of Health and Human Services Office for Civil Rights and other federal and state regulatory agencies. She advises hospitals, medical groups, health systems, managed care plans, and payors in relation to HIPAA, the Stark Law, anti-fraud and abuse compliance, and mandates arising out of the Affordable Care Act. She also assists clients in the information technology, pharmacy and medical device arenas on healthcare regulatory compliance.

**Nonprofit Governance**

Elizabeth advises public entities in compliance with the Brown Act and the California Public Records Act. She served as outside general counsel for El Centro Regional Medical Center while it was a municipal hospital and advised on contracting, regulatory investigations, and operational matters. Her nonprofit clients include Start Early, a national early childhood development organization, TrueCare, a Federally Qualified Health Center, and Gary and Mary West Health Institute, which is dedicated to advancing access to healthcare for the elderly and operates Gary and Mary West Program of All-Inclusive Care for the Elderly. Elizabeth undertakes bylaws revisions and addresses Board governance questions. She also provides Board training on conflict of interest, ethics, and fiduciary obligations.

## Honors

2023 Distinguished Pro Bono Attorney of the Year, Casa Cornelia Law Center

2022 Bob Gerber Pro Bono Award, *Sheppard Mullin*

2021-2026, Recognized for Commercial Litigation, *Best Lawyers*

2017 Recognized as BTI Client Service All-Star

2016 Recipient of YWCA of San Diego's TWIN (Tribute to Women in Industry) Award

AV® Rated, Martindale-Hubbell®

2014 Rated one of the Top Lawyers in Healthcare by *San Diego Magazine*

## Experience

### Representative Matters

#### Franchise and Securities Litigation

- Represented a former officer of a publicly traded pharmaceutical company in relation to the Board of Directors Special Litigation Committee's investigation of allegations in a derivative shareholder suit in Delaware Chancery Court.
- Represented a footwear company in a derivative lawsuit brought by a shareholder alleging breach of fiduciary duty. Obtained a favorable settlement.
- Represented a national bank in an action brought by franchisees of a tax preparation service in which plaintiffs asserted unfair business practices and sought to certify a nationwide class. Obtained a complete dismissal of the action before any discovery had occurred.
- Represented a biologics company in a dispute involving indemnification for a third-party claim. Obtained a favorable resolution after litigation was initiated.
- Represented national franchisor in litigation filed by a franchise group regarding franchise agreement compliance. Obtained complete dismissal of all claims.
- Won a two-week trial on behalf of a home health and hospice franchisee.
- Represented a national weight loss franchisor in a class action lawsuit alleging unfair business practices and misrepresentation. Defeated motion for class certification and negotiated a class-wide settlement involving minimal payments to the two named plaintiffs and a coupon offer for company product to any other putative class-members.

#### Healthcare

- Represented a healthcare provider in a contractual dispute with its former management services company. Negotiated a resolution that facilitated the sale of the healthcare provider.
- Represented a medical group in an investigation initiated by the Department of Health and Human Services Office for Civil Rights.
- Represented a California municipal hospital in the role of outside General Counsel in relation to contracting, governance, joint ventures and strategic alliances, fraud and abuse and Stark compliance, litigation oversight, HIPAA and state privacy law, public bond financing and Brown Act compliance.



- Representing a California district hospital in relation to state and federal healthcare regulatory matters, HIPAA compliance, and OCR reporting and internal investigations.

## Articles

- When Common Provisions in Franchise Agreements Yield Uncommon Results  
*The Franchise Lawyer*, Summer 2025
- To Win our Case, Organization and Delegation were Key  
*ABA Journal*, 12.01.2024
- Revive, reinvigorate document-retention policies in light of CPRA  
*Daily Journal*, 12.10.2021

## Corporate & Securities Law Blog Posts

- "SCOTUS (Almost) Weighs in on Attorney-Client Privilege for Dual Purpose Communications: 5 Practical Tips to Protect Privilege," February 9, 2023

## Eye on Privacy Blog Posts

- "Sharing PHI Without Consent: An OCR Reminder," November 6, 2017

## Healthcare Law Blog Posts

- "Navigating Dual Purpose Communications After SCOTUS (Almost) Weighs in on Attorney-Client Privilege: 5 Practical Tips for Healthcare Attorneys," February 13, 2023
- "Are You Ready for 2023? Here's a Quick Checklist to Reduce Legal Risks in the New Year," January 4, 2023
- "California Issues New Health Facility Breach Reporting Requirements," August 2, 2021
- "Patient Empowerment Through Technology is Focus of ENGAGE Conference," December 7, 2018
- "Blog Series Part 7: CMS Proposed Rule on Policy and Technical Changes to the Medicare Advantage, Medicare Prescription Drug Benefit, Medicaid Fee-For-Service, and Medicaid Managed Care Programs for 2020 and 2021," November 28, 2018

## Media Mentions

Member Spotlight: Elizabeth Balfour

*Federal Bar Association, San Diego Chapter*, 06.12.2024

Trial Call with Elizabeth Balfour

*The Trial Call 10*, 04.05.2024

Sheppard Mullin Team Receives Litigator of the Week Honor in Falcon Healthcare Case

*ALM*, 01.12.2024

Sheppard Mullin Helps Afghans Put Down New Roots In Calif.

*Law360*, 07.07.2023

Sheppard Mullin aids Afghans resettling in the US  
*Daily Journal*, 07.03.2023

## Speaking Engagements

"AI and the Future of Legal Practice: Perspectives from In-House and Outside Counsel," The Harvard Law School Association of San Diego, February 20, 2025

"Civility in the Legal Profession: Why Civility Makes Good Business Sense," Lunchtime CLE with the ACC San Diego Chapter, June 6, 2024

"Top 5 Priorities for Getting Your Privacy House in Order in 2022," Association of Corporate Counsel, April 26, 2022

"If Your Clients Don't Have a Document Retention Policy, They Will Need One Under the CPRA," San Diego County Bar Association, August 23, 2021

"Covid & Our Courts: Responses, Challenges, and Access to Justice," YCSD Alumni Perspectives, Virtual Event, December 2, 2020

"COVID-19 and Commercial Contracts – Can we get out of theirs? Can they get out of ours?" Association of Corporate Counsel, San Diego Chapter, April 9, 2020

"Plugging Into the Internet of Things: Demystifying the Regulatory Landscape," Association of Corporate Counsel, San Diego Chapter, March 19, 2019

## Memberships

Board of Directors, Center for Employment Opportunities

Advisory Board Member, Genesis International Orphanage Foundation

Advisory Board Member, Girls on the Run San Diego

Served on the Judicial Evaluation Committee of the San Diego County Bar Association (2011-2012)

Vice President and Secretary, Board of Directors of the San Diego County Bar Association (2008 - 2010)

Board Member, Legal Aid Society of San Diego (2008 - 2010)

Co-Chair, Children at Risk Committee of the San Diego County Bar Association (2004 - 2006)

Fundraising Chair, Women's Resource Fair Task Force

Member, American Bar Association

Member, Federal Bar Association

Member, California Women Lawyers

Member, Lawyers Club of San Diego

## Podcasts & Webinars

Stress OUT!  
04.23.2025

Better Sleep, Better You  
05.15.2024

## Practices

Litigation  
Healthcare  
White Collar Defense and Investigations  
Securities Litigation  
Securities Enforcement  
Class Action Defense  
Real Estate, Energy, Land Use & Environmental

## Industries

Financial Services  
Healthcare  
Insurance  
Nonprofit  
Retail, Fashion & Beauty

## Education

J.D., Harvard University, 1999, *cum laude*  
B.A., Yale University, 1996, *magna cum laude*

## Clerkships

Served for one year as Law Clerk to the Honorable Marilyn L. Huff, Chief Judge of the U.S. District Court for the Southern District of California

## Admissions

California  
United States District Court for the Southern District of California  
United States District Court for the Central District of California



## → Kendall Kohlmeyer

### **Associate**

1901 Avenue of the Stars  
Suite 1600  
Los Angeles, CA 90067

T: +1.310.228.3719

F: +1.310.228.3995

kkohlmeyer@sheppardmullin.com

Kendall Kohlmeyer is an associate in the Corporate Practice Group in the firm's Century City office and is a member of the firm's Healthcare team.

### **Areas of Practice**

Kendall advises healthcare companies on regulatory and transactional matters. Kendall represents entities including individual providers, IPAs, hospitals, medical groups, ambulatory surgery centers, academic medical centers, pharmacies, digital health companies, hospice and home health agencies, and PACE organizations. Her areas of expertise include: the corporate practice of medicine and fee-splitting laws; facility and practitioner licensing requirements; and issues surrounding physician referrals, including the Stark Law and Anti-Kickback Statute, and similar regulations under the laws of various states.

She enjoys advising clients on compliance issues and serving as a healthcare regulatory specialist for mergers, acquisitions, and joint ventures. Kendall helps sellers and buyers on a variety of transactions to identify, assess, and resolve compliance concerns from the start of the due diligence process through post-closing operations.

During her first year at Sheppard Mullin, Kendall proudly dedicated more than 130 pro bono hours to several immigration matters, including petitioning for a family reunification and successfully obtaining status for an asylum-seeker.

### **Honors**

Private Equity Deal of the Year: Lee Fish's sale to Sole Source Capital, *M&A Advisor*, 2023

### **Articles**

- Tracking the Waivers: Implications of the Wind Down of the COVID-19 Public Health Emergency  
03.27.2023

### **Healthcare Law Blog Posts**

- "California Issues Two-Year Freeze on PACE Applications: What Providers Need to Know," December 4, 2025
- "Federal District Court Upholds Authority of HHS to Pre-Approve 340B Rebate Programs; HRSA Submits Proposed 340B Rebate Guidance," June 4, 2025

- "FDA's Semaglutide Shortage Resolution: Legal Implications and Risks for Compounding Pharmacies," March 21, 2025
- "Massachusetts Senate Passes Bill to Increase Oversight of Private Equity Healthcare Transactions," July 25, 2024
- "OHCA Proposes Amendments to its Cost and Market Impact Review Program," June 13, 2024
- "California is Capping Health Care Cost Increases – Starting at 3.5% in 2025," May 7, 2024
- "CMS Issues CY2025 Medicare Advantage and Part D Final Rule," April 15, 2024
- "OIG Sparks Public Excitement about Managed Care and Alludes to Incoming Enforcement Guidance," April 1, 2024
- "OHCA Published Near-Final Draft of Regulations Requiring Notice and Review of Material Healthcare Transactions in 2024," December 6, 2023
- "CMS Promotes Competition, Transparency, Health Equity and More in the CY2025 Medicare Advantage and Part D Proposed Rule," November 13, 2023
- "OHCA's Revised Regulations Following Comments from Industry Stakeholders," October 24, 2023
- "Public Workshop for OHCA's Proposed Regulations Sparks Lively Discussion Among Industry Stakeholders," September 7, 2023
- "Part 3: An Update on the Federal and State E-Roe-sion or P-Roe-tection of Abortion Rights," August 9, 2023
- "HHS OIG Publishes Eagerly-Anticipated Federal Information Blocking Enforcement Final Rule," July 5, 2023
- "OIG 2022 Advisory Opinions: Year in Review," May 8, 2023
- "Key Healthcare Provisions of the Consolidated Appropriations Act, 2023," January 6, 2023

## Practices

Corporate

Women in Healthcare Leadership Collaborative

## Industries

Healthcare

Life Sciences

## Education

J.D., University of California, Hastings, 2022, *cum laude*

B.S., Marquette University, 2019, *cum laude*

## Admissions

California

1                                   **AGREEMENT FOR SPECIALIZED LEGAL SERVICES**

2           THIS AGREEMENT ("Agreement") is made and entered into this \_\_\_\_ day of December,  
3 2025, by and between the San Joaquin Valley Insurance Authority, a joint powers authority  
4 ("SJVIA"), and the law firm of Sheppard, Mullin, Richter & Hampton LLP ("ATTORNEY").

5                                   **Recitals**

6           A.       SJVIA needs to seek the advice of specialized legal counsel to address the  
7 challenges presented by unanticipated high-cost out of network claims in conjunction with the  
8 No Surprises Act;

9           B.       SJVIA wishes to engage the specialized legal services of specialized legal  
10 counsel who is expert in legal matters concerning such issues.

11          C.       ATTORNEY represents that it is specially trained and experienced, and that it  
12 possesses such expertise.

13          D.       Such specialized legal services are either not available or not expected to be  
14 available in the Offices of the County Counsel for the counties of Tulare and Fresno.

15                   **The parties therefore agree as follows:**

16          1.       Engagement of Attorney: SJVIA hereby engages ATTORNEY as an  
17 independent contractor through the services of the following key person(s): Elizabeth Balfour,  
18 partner of ATTORNEY, Margia Corner, partner of ATTORNEY, and Kendall Kohlmeyer,  
19 associate of ATTORNEY, and such other partners of, and associate lawyers and staff members  
20 employed by, ATTORNEY as ATTORNEY deems necessary, and who SJVIA's Counsel  
21 ("SJVIA Counsel"), or their designees, approve pursuant to section 3 of this Agreement, except  
22 that the foregoing key persons may, from time to time, consult with such of ATTORNEY's other  
23 lawyers on a "limited basis" (as defined below) as ATTORNEY reasonably deems prudent and  
24 necessary under the circumstances. ATTORNEY may not replace any of the aforementioned  
25 key persons named above without the prior, express, written approval of SJVIA Counsel, or  
26 their designee. In case of death, illness or other incapacity, or departure of any of the foregoing  
27 key persons, ATTORNEY shall provide a replacement of at least equal professional ability and

1 experience as the key person replaced.

2           A.     Scope of Work: ATTORNEY shall perform specialized legal services  
3 pursuant to the scope of services attached as Exhibit A and incorporated by this reference, and  
4 pursuant to the terms and conditions of this Agreement. Additionally, SJVIA Counsel may make  
5 further requests for legal services from ATTORNEY, and ATTORNEY shall within a reasonable  
6 time thereafter document such request for services and acknowledgment thereof. Except as  
7 ATTORNEY and SJVIA may agree otherwise in writing, ATTORNEY will be representing only  
8 SJVIA and will not representing any parent, subsidiary, or other affiliated entity nor any  
9 shareholder, partner, member, director, officer, employee, agent or insurer of SJVIA and such  
10 individuals or entities will be treated as separate for conflicts purposes. Except as ATTORNEY  
11 and SJVIA may otherwise agree, the terms of this letter apply to other engagements for SJVIA  
12 that ATTORNEY may undertake.

13           2.     Performance by Attorney: ATTORNEY agrees to timely perform all services  
14 provided under this Agreement. ATTORNEY agrees to avoid unnecessary duplicative efforts on  
15 the part of ATTORNEY and ATTORNEY's partners, associate lawyers, and staff members in  
16 ATTORNEY's performance of services for SJVIA under this Agreement.

17           SJVIA shall not be obligated to compensate ATTORNEY for intra-office conferences  
18 between or among ATTORNEY's partners, associate lawyers, and staff members, unless such  
19 intra-office conferences promote efficiency in the performance of ATTORNEY's work on a  
20 matter, or a reduction in the cost of compensation paid or reimbursement made for related,  
21 reasonable and necessary, out-of-pocket expenses to ATTORNEY, or both.

22           In the performance of the tasks identified in section 1 under this Agreement, ATTORNEY  
23 shall provide only those services that are necessary to carry out such tasks in an efficient and  
24 effective manner.

25           ATTORNEY shall provide lawyers who possess the following qualities and skills:

26           A.     the lawyer possesses a high level of professional ethics and personal  
27 integrity, and exercises good judgment;



1 B. the lawyer has experience and expertise in the particular matter for which  
2 they are providing services;

3 C. the lawyer has exceptional technical legal skills;

4 D. the lawyer vigorously represents SJVIA so that SJVIA's best  
5 interests are served;

6 E. the lawyer efficiently and timely completes assigned tasks;

7 F. the lawyer anticipates potential problems and advises SJVIA Counsel  
8 regarding same; and

9 G. the lawyer cooperates with SJVIA Counsel, or their designees.

10 3. Compensation of ATTORNEY: SJVIA shall compensate ATTORNEY pursuant  
11 to the terms and conditions of this Agreement only for the performance of those tasks, to the  
12 reasonable satisfaction of SJVIA, that relate to the subject matter of this Agreement. **The**  
13 **maximum compensation payable to ATTORNEY under this agreement is \$50,000.** It is  
14 understood that SJVIA shall not be obligated to compensate ATTORNEY for any work,  
15 services, or functions performed by ATTORNEY: (i) in seeking to obtain SJVIA's business or  
16 negotiating with SJVIA to enter into this Agreement or (ii) in providing SJVIA with  
17 documentation, explanations, or justifications concerning the adequacy or accuracy of its  
18 invoices for the performance of services under this Agreement and resolving same to the  
19 reasonable satisfaction of SJVIA. However, SJVIA understands and agrees that should the fees  
20 and costs near \$50,000, SJVIA shall negotiate in good faith with ATTORNEY to amend this  
21 Agreement so that the Services can be completed.

22 SJVIA agrees to pay, and ATTORNEY agrees to accept as full compensation for  
23 performance of tasks under this Agreement the following sum per hour per person:

<u>Elizabeth Balfour</u>	\$992.25
<u>Margia Corner</u>	\$992.25
<u>Kendall Kohlmeyer</u>	\$780

27 In addition, ATTORNEY shall be reimbursed for reasonable, and necessary out-of-

1 pocket expenses, as follows: telephone charges, telephonic facsimile transmission charges,  
2 computer research charges, filing fees, courier charges, postage charges, printing and  
3 photographic reproduction expenses, in-State travel, and all such directly-related expenses.

4 It is understood that ATTORNEY shall not be reimbursed for its secretarial or clerical  
5 services (including overtime hours worked), or normal office operating expenses, with the  
6 exception of those charges and expenses stated in the immediately preceding paragraph of this  
7 Agreement. In addition, ATTORNEY shall not be reimbursed for its secretarial or clerical  
8 services performed or expenses incurred, regardless of whether such tasks are performed or  
9 expenses are incurred by ATTORNEY's partners, associate lawyers, or anyone else.

10 4. Payment and Record-Keeping:

11 SJVIA agrees to deposit with ATTORNEY the sum of \$5,000 (the "Fee Deposit") to be  
12 held in the Firm's Client Trust Account and applied as provided below. ATTORNEY may require  
13 that the SJVIA deposit an additional sum as a Fee Deposit for any reason that Attorney deems  
14 appropriate to protect its firm. If so requested, any increase in the Fee Deposit must be paid  
15 within fifteen (15) days of ATTORNEY's written request. The amounts requested to be  
16 deposited as a Fee Deposit will not represent ATTORNEY's estimate of the total Fees and  
17 Charges to be incurred in the course of this engagement or for any time period of our  
18 engagement. The Fee Deposit will be applied to ATTORNEY's final invoice, or at ATTORNEY's  
19 option, ATTORNEY may apply some or all of the Fee Deposit to the payment of such invoice.  
20 In such event, the SJVIA agrees that, within ten (10) days of ATTORNEY notice, it will deposit  
21 the amount so applied in order to restore the Fee Deposit to its amount prior to such application.  
22 Any unearned portion of the Fee Deposit will be returned to the SJVIA at the conclusion,  
23 termination or closure of the matter.

24 Subject to section 3 of this Agreement, payment of compensation for the services  
25 provided under this Agreement and reimbursement for related, reasonable and necessary out-  
26 of-pocket expenses incurred shall be made by SJVIA after submission of an itemized invoice  
27 by ATTORNEY to the SJVIA Counsel, which invoice may be submitted in the month following

1 the month in which such services were rendered or expenses incurred, or from time to time as  
2 such invoice is requested by SJVIA Counsel or their designee. All payments of compensation  
3 and reimbursement for related, reasonable and necessary out-of-pocket expenses incurred  
4 shall be made by SJVIA no later than forty-five (45) days following the date that SJVIA receives  
5 a properly completed invoice requesting the payment for such services rendered and expenses  
6 incurred. SJVIA shall remit any payment to ATTORNEY's address specified in the invoice for  
7 payment.

8 SJVIA shall notify ATTORNEY promptly in writing if the SJVIA disputes any entry for  
9 legal services or charges on any statement. In the absence of any written objection thereto  
10 within thirty (30) days of the SJVIA's receipt of an invoice, the SJVIA will be deemed to have  
11 accepted and acknowledged the invoice as correct through the period covered by the invoice.  
12 Pursuant to the Rules of Professional Conduct, ATTORNEY will withdraw from the  
13 representation if invoices are not paid per the terms of this Agreement.

14 All such invoices shall reflect accurately the tasks performed by ATTORNEY under this  
15 Agreement. In addition, all such invoices shall have sufficient detail as may be required by  
16 SJVIA's Auditor-Controller/Treasurer-Tax Collector, including, but not limited to:

17 A. The specific nature of each task performed under this Agreement;  
18 B. The name of the person performing each such task;  
19 C. The number of hours worked by each such person for each such task;  
20 D. The hourly rate per each such person performing each such task; and  
21 E. The related, reasonable and necessary, out-of-pocket expenses  
22 incurred, as provided for in section 3 of this Agreement.

23 In addition to the requirements of this section 4 of this Agreement, each invoice shall set  
24 forth a summary of hours worked by each partner and associate lawyer for the applicable billing  
25 period. Furthermore, each such invoice shall set forth the product of such summary of hours  
26 worked by each person multiplied by such person's billing rate, as set forth herein (*e.g.*, lawyer's  
27 total hours worked = 10 hours; lawyer's hourly billing rate is \$425; 10 hours x lawyer's billing

1 rate of \$425 per hour = \$4,250).

2 In preparing invoices, ATTORNEY shall segregate each task performed on a daily basis.  
3 If requested by SJVIA Counsel, or their designee, ATTORNEY shall segregate work performed  
4 and related, reasonable and necessary, out-of-pocket expenses incurred on the basis of each  
5 project. ATTORNEY shall not combine unrelated tasks as a single entry in lieu of setting forth  
6 the hours of work performed by a partner, associate lawyer, or paralegal on each specific task.

7 ATTORNEY shall prepare its invoices in an organized manner that facilitates an efficient  
8 review of the services performed and the expenses incurred in order to provide SJVIA with a  
9 clear and complete understanding of how much time was devoted to specific tasks and projects,  
10 and the associated cost.

11 ATTORNEY shall keep complete records of the services provided, as described in this  
12 section 4 of this Agreement, together with all related reasonable and necessary, out-of-pocket  
13 expenses applicable to the work provided under this Agreement. SJVIA's Auditor-  
14 Controller/Treasurer-Tax Collector, or their duly authorized representatives, shall be given  
15 reasonable access to all of these records for the purposes of audit of this Agreement.

16 In addition, ATTORNEY shall be subject to the examination and audit of such records  
17 by the Auditor General for a period of three (3) years after final payment under this Agreement  
18 (Gov. Code, § 8546.7).

19 The SJVIA agrees that ATTORNEY's work product including the ATTORNEY's internal  
20 emails, internal drafts, notes and mental impressions belong to the ATTORNEYS as lawyers  
21 and are not part of the SJVIA's client file.

22 5. Term of Agreement: This Agreement shall be effective as of December 12, 2025,  
23 and shall continue in effect through the pendency of all Actions upon which ATTORNEY is  
24 engaged, unless earlier terminated hereunder by either or both parties.

25 Either party may terminate this Agreement at any time, either in whole or in part.  
26 However, if ATTORNEY elects to terminate this Agreement, SJVIA's rights under any pending  
27 matter which may arise from ATTORNEY's services hereunder shall not be prejudiced due to

1 such termination as required by the Rules of Professional Conduct of the State Bar of California.  
2 Subject to section 3 of this Agreement, ATTORNEY shall be paid for all services performed to  
3 the date of termination of this Agreement, which are done to the reasonable satisfaction of  
4 SJVIA.

5 ATTORNEY's work for the SJVIA and our attorney-client relationship on any matter for  
6 which ATTORNEY is engaged will end upon the earliest of: ATTORNEY's completion of its work  
7 on the matter; the passage of six (6) months with no work performed on the matter; ATTORNEY  
8 sending the SJVIA written notice that our representation has ended; or sending ATTORNEY's  
9 final bill for services rendered. Upon the occurrence of any one of the foregoing, the SJVIA will  
10 be deemed a former client on such matter for conflict purposes. That will be the case whether  
11 or not, as is not uncommon, ATTORNEY is designated to receive copies or courtesy copies of  
12 notices under one or more transaction documents. If the SJVIA asks ATTORNEY to represent  
13 the SJVIA on another matter, ATTORNEY may agree or decline to do so in its discretion.

14 6. Independent Contractor: In performance of the work, duties and obligations  
15 assumed by ATTORNEY under this Agreement, it is mutually understood and agreed that  
16 ATTORNEY, including any and all of ATTORNEY's officers, agents, and employees will at all  
17 times be acting and performing as an independent contractor, and shall act in an independent  
18 capacity and not as an officer, agent, servant, employee, joint venturer, partner, or associate of  
19 SJVIA. Furthermore, SJVIA shall have no right to control or supervise or direct the manner or  
20 method by which ATTORNEY shall perform its obligations under this Agreement. However,  
21 SJVIA shall retain the right to administer this Agreement so as to verify that ATTORNEY is  
22 performing its obligations in accordance with the terms and conditions hereof. ATTORNEY and  
23 SJVIA shall comply with all applicable provisions of law and the rules and regulations, if any, of  
24 governmental authorities having jurisdiction over matters of the subject hereof.

25 Because of its status as an independent contractor, ATTORNEY shall have absolutely  
26 no right to employment rights and benefits available to SJVIA employees. ATTORNEY shall be  
27 solely liable and responsible for providing to, or on behalf of, its employees all legally-required

1 employee benefits. In addition, ATTORNEY shall be solely responsible and save SJVIA  
2 harmless from all matters related to payment of ATTORNEY's employees, including compliance  
3 with social security, withholding, and all other regulations governing such matters. Both parties  
4 acknowledge that during the term of this Agreement, ATTORNEY may be providing services to  
5 others unrelated to SJVIA or to this Agreement.

6 7. Hold Harmless: ATTORNEY shall hold SJVIA, its officers, agents, and  
7 employees harmless and indemnify and defend SJVIA, its officers, agents, and employees  
8 against payment of any and all costs and expenses (excluding attorney's fees and court cost),  
9 claims, suits, losses, damages, and liability arising from or arising out of any actual or alleged  
10 negligent or wrongful acts or omissions of ATTORNEY, including its partners, officers, agents,  
11 and employees, in performing or failing to perform the services provided herein. SJVIA's receipt  
12 of any insurance certificates required herein does not in any way relieve the ATTORNEY from  
13 its obligations under this section 7 of this Agreement.

14 The provisions of this section 7 shall survive the termination or expiration of this  
15 Agreement.

16 8. Insurance: Without limiting SJVIA's rights to obtain indemnification from  
17 ATTORNEY or any third parties, ATTORNEY, at its sole expense, shall maintain in full force  
18 and effect the following insurance policies throughout the entire term of this Agreement:

19 A. Professional liability insurance with limits of not less than One Million  
20 Dollars (\$1,000,000.00) per occurrence, and Three Million Dollars (\$3,000,000.00) annual  
21 aggregate.

22 B. Comprehensive general liability insurance with limits of coverage of not  
23 less than Two Million Dollars (\$2,000,000) per occurrence and an annual aggregate of Four  
24 Million Dollars (\$4,000,000). This policy must be issued on a per occurrence basis. ATTORNEY  
25 shall obtain an endorsement to this policy naming the SJVIA, its officers, agents, employees,  
26 and volunteers, individually and collectively, as additional insureds, but only insofar as the  
27 operations under this Agreement are concerned. Such coverage for additional insureds will

1 apply as primary insurance and any other insurance, or self-insurance, maintained by the SJVIA  
2 is excess only and not contributing with insurance provided under ATTORNEY's policy.

3 C. Workers compensation insurance as required by the laws of the State of  
4 California with statutory limits.

5 D. Additional Insurance Requirements

6 Within 30 days after ATTORNEY signs this Agreement, and at any time during the term  
7 of this Agreement as requested by the SJVIA, ATTORNEY shall deliver, or cause its broker or  
8 producer to deliver, to the County Counsel's Office, at 2220 Tulare Street, Suite 500, Fresno,  
9 California 93721, or CountyCounselMailbox@fresnocountyca.gov, copies of insurance policies  
10 as produced by the broker or producer, and certificates of insurance and endorsements for all  
11 of the coverages required under this Agreement.

12 (i) Each insurance certificate must state that: (1) the insurance coverage has been  
13 obtained and is in full force; (2) SJVIA, its officers, agents, employees, and  
14 volunteers are not responsible for any premiums on the policy; and (3)  
15 ATTORNEY has waived its right to recover from SJVIA, its officers, agents,  
16 employees, and volunteers any amounts paid under any insurance policy  
17 required by this Agreement and that waiver does not invalidate the insurance  
18 policy.

19 (ii) The comprehensive general liability insurance certificate must also state that: (1)  
20 the SJVIA, its officers, agents, employees, and volunteers, individually and  
21 collectively, are additional insureds insofar as the operations under this  
22 Agreement are concerned; (2) the coverage shall apply as primary insurance  
23 and any other insurance, or self-insurance, maintained by SJVIA shall be excess  
24 only and not contributing with insurance provided under ATTORNEY's policy.

25 All such insurance policies shall be issued by insurers who have at least have an A.M.  
26 Best, Inc. rating of A:VII or greater (except for the Professional Liability Insurance policy, which  
27 shall be issued by an insurer who has at least a Standard & Poor's and Fitch's rating of AA-

1 because the specialized carrier is fulfilling a need in a specialty market) and shall be acceptable  
2 to the SJVIA.

3 For each insurance policy required under this Agreement, ATTORNEY shall provide to  
4 SJVIA, or ensure that the policy requires the insurer to provide to SJVIA, written notice of any  
5 cancellation or change in the policy as required in this paragraph. For cancellation of the policy  
6 for nonpayment of premium, ATTORNEY shall, or shall cause the insurer to, provide written  
7 notice to SJVIA not less than 10 days in advance of cancellation. For cancellation of the policy  
8 for any other reason, and for any other change to the policy, ATTORNEY shall, or shall cause  
9 the insurer to, provide written notice to SJVIA not less than 30 days in advance of cancellation  
10 or change. SJVIA in its sole discretion may determine that the failure of ATTORNEY or its  
11 insurer to timely provide a written notice required by this paragraph is a breach of this  
12 Agreement.

13 If ATTORNEY has or obtains insurance with broader coverage, higher limits, or both,  
14 than what is required under this Agreement, then SJVIA requires and is entitled to the broader  
15 coverage, higher limits, or both. To that end, ATTORNEY shall deliver, or cause its broker or  
16 producer to deliver, to SJVIA's Risk Manager copies of insurance policies that have such  
17 broader coverage, higher limits, or both, as produced by the broker or producer, and certificates  
18 of insurance and endorsements for all of the coverages that have such broader coverage, higher  
19 limits, or both, as required under this Agreement.

20 ATTORNEY waives its right to recover from the SJVIA, its officers, agents, employees,  
21 and volunteers any amounts paid under the policy of worker's compensation insurance required  
22 by this Agreement. ATTORNEY is solely responsible to obtain any policy endorsement that may  
23 be necessary to accomplish that waiver, but ATTORNEY's waiver of subrogation under this  
24 paragraph is effective whether or not ATTORNEY obtains such an endorsement.

25 If ATTORNEY fails to keep in effect at all times any insurance coverage required under  
26 this Agreement, SJVIA may, in addition to any other remedies it may have, suspend or terminate  
27 this Agreement upon the occurrence of that failure, or purchase such insurance coverage, and



1 charge the cost of that coverage to ATTORNEY. SJVIA may offset such charges against any  
2 amounts owed by SJVIA to ATTORNEY under this Agreement.

3 In addition to its obligations set forth above, ATTORNEY agrees that it shall maintain, at  
4 its sole expense, in full force and effect for a period of three (3) years following the termination  
5 of this Agreement a policy of professional liability insurance with limits of coverage of not less  
6 than One Million Dollars (\$1,000,000.00) per occurrence; provided, however, in the event that  
7 ATTORNEY does not maintain such policy of insurance for such entire three (3) year period,  
8 ATTORNEY shall maintain, at its sole expense, in full force and effect extended claims reporting  
9 coverage insurance in lieu thereof in the amount of not less than One Million Dollars  
10 (\$1,000,000.00) per occurrence.

11 If any of the insurance policies required to be maintained under this section 8 of this  
12 Agreement have a self-insured retention, such self-insured retentions shall be funded by  
13 ATTORNEY and approved by SJVIA's Risk Management Division.

14 The provisions of this section 8 shall survive the termination or expiration of this  
15 Agreement.

16 9. Agreement is Binding Upon Successors: This Agreement shall be binding upon  
17 SJVIA and ATTORNEY and their respective successors, executors, administrators, legal  
18 representatives, and assigns with respect to all the covenants and conditions set forth herein.

19 10. Assignment and Subcontracting: Notwithstanding anything stated to the contrary  
20 in section 9 of this Agreement, neither party hereto shall assign, transfer, or sub-contract this  
21 Agreement nor its rights or duties hereunder without the written consent of the other.

22 11. Amendments: This Agreement may only be amended in writing signed by the  
23 parties hereto.

24 12. Conflict of Interest:

25 ATTORNEY further promises, covenants, and warrants that it will keep reasonably  
26 informed of its services to the SJVIA and other clients to ensure that the performance of its  
27 services and representation to SJVIA under this Agreement will not result in a "conflict of

1 interest.” In the event a “conflict of interest” occurs, ATTORNEY will request SJVIA’s Board of  
2 Directors to waive such “conflict of interest” on a case-by-case basis. For purposes of this  
3 paragraph 12, the phrase “conflict of interest” has the same meaning as in the California Rules  
4 of Professional Conduct.

5 13. Limited Advance Transactional Waiver. Notwithstanding the foregoing,  
6 ATTORNEY may be asked to be involved in a matter where SJVIA is working at “arm’s length”  
7 with a person or entity who happens to be another one of ATTORNEY’s clients (e.g.,  
8 transactional negotiations). Although this scenario is often not particularly adversarial, our  
9 involvement as lawyer for either party is considered a conflict of interest (at least under U.S.  
10 ethical standards).

11 Given the frequency with which this type of conflict can arise, as well as the fact that  
12 most such conflicts are routinely waived, SJVIA agrees in advance to waive certain conflicts of  
13 interest which ATTORNEY believes pose little, if any, risk to the SJVIA. SJVIA grants  
14 ATTORNEY advance consent to represent another client adverse to the SJVIA in matters  
15 where: (1) the work for the other client is not substantially related to any of our work for SJVIA;  
16 (2) ATTORNEY does not have confidential information from SJVIA that is material to  
17 ATTORNEY’S work for the other client; and (3) ATTORNEY’S work for the other client does not  
18 involve litigation against SJVIA.

19 Similarly, in scenarios where ATTORNEY represents the SJVIA adverse to a  
20 person/entity which happens to be or become a firm client in other unrelated matters, SJVIA  
21 grants ATTORNEY advance consent to represent the other client in any ongoing or future  
22 matters which meet the three criteria set forth above. The types of matters where ATTORNEY  
23 will rely on this waiver include, but are not limited to financings, IP advice, corporate  
24 transactions, land use and real estate transactions, co-creditor representations and the service  
25 of records subpoenas.

26 Finally, SJVIA agrees that in the event SJVIA or one of its affiliates is a bidder or  
27 potential purchaser of an asset, ATTORNEY may simultaneously represent other bidders or

1 purchasers in that bidding process with the understanding that ATTORNEY will have separate  
2 lawyers represent each client.

3 By consenting to this arrangement, SJVIA is waiving future conflicts of interest so long  
4 as ATTORNEY: (i) maintains confidentiality, and (ii) adheres to the foregoing limitations.

5 14. In-Firm Privilege. ATTORNEY may have occasion to seek legal advice about its  
6 own rights and responsibilities regarding this Agreement by the SJVIA. ATTORNEY may seek  
7 such advice from attorneys in its internal Office of the General Counsel who do not do work for  
8 the SJVIA or from outside attorneys at our own expense. The SJVIA agrees that any such  
9 communications and advice are protected by ATTORNEY's own attorney-client privilege and  
10 neither the fact of any communication nor their substance is subject to disclosure to the SJVIA.

11 15. Further Assurances by ATTORNEY: ATTORNEY represents that it has read and  
12 is familiar with Government Code §§ 1090 et seq. and §§ 87100 et seq. ATTORNEY promises,  
13 covenants, and warrants that, after having performed a reasonable investigation, the  
14 performance of its services under this Agreement shall not result in or cause a violation by it of  
15 Government Code §§ 1090 et seq. and §§ 87100 et seq.

16 16. Compliance With Laws: ATTORNEY shall comply with all federal, state, and local  
17 laws and regulations applicable to the performance of its obligations under this Agreement.

18 17. Notices: The persons and their addresses having authority to give and receive  
19 notices under this Agreement include the following:

<u>SJVIA</u>	<u>ATTORNEY</u>
County Counsel	Elizabeth S. Balfour
COUNTY OF FRESNO	SHEPPARD, MULLIN, RICHTER & HAMPTON LLP
2220 Tulare Street,	12275 El Camino Real, Suite 100
5th Floor	San Diego, CA 92130
Fresno, CA 9372	
County Counsel	
COUNTY OF TULARE	
2900 W. Burrel Ave	
Visalia, CA 93291	

26 Any and all notices between SJVIA and ATTORNEY provided for or permitted under  
27 this Agreement must be in writing and delivered either by personal service, by first-class

1 United States mail, or by an overnight commercial courier service. A notice delivered by  
2 personal service is effective upon service to the recipient. A notice delivered by first-class  
3 United States mail is effective three (3) SJVIA business days after deposit in the United States  
4 mail, postage prepaid, addressed to the recipient. A notice delivered by an overnight  
5 commercial courier service is effective one (1) SJVIA business day after deposit with the  
6 overnight commercial courier service, delivery fees prepaid, with delivery instructions given for  
7 next day delivery, addressed to the recipient. For all claims arising out of or related to this  
8 Agreement, nothing in this section establishes, waives, or modifies any claims presentation  
9 requirements or procedures provided by law, including but not limited to the Government  
10 Claims Act (Division 3.6 of Title 1 of the Government Code, beginning with section 810).

11 18. Venue and Governing Law: The parties agree that, for purposes of venue,  
12 performance under this Agreement is to be in Fresno County, California. The rights and  
13 obligations of the parties and all interpretations and performance of this Agreement shall be  
14 governed in all respects by the laws of the State of California.

15 19. Disclosures and Public Announcements. The ATTORNEY will be permitted to  
16 disclose to third parties the fact that the ATTORNEY represented the SJVIA in transactions on  
17 its behalf after such transactions are completed, and to describe in general terms our role, the  
18 services ATTORNEY has performed, and the nature of the transaction. These disclosures may  
19 be made to current or prospective clients or to others, and may consist of announcements and  
20 advertisements placed at ATTORNEY's own expense in legal, business, financial and other  
21 periodicals and publications

22 20. Entire Agreement: This Agreement constitutes the entire agreement between  
23 SJVIA and ATTORNEY with respect to the specialized legal services to be provided herein and  
24 supersedes any previous agreement concerning the subject matter hereof, negotiations,  
25 proposals, commitments, writings, or understandings of any nature whatsoever unless  
26 expressly included in this Agreement.

27 If any part of this Agreement is found to violate any law or is found to be otherwise legally

1 defective, ATTORNEY and SJVIA shall use their best efforts to replace that part of this  
2 Agreement with legal terms and conditions most readily approximating the original intent of the  
3 parties.

4       21.     Counterparts: This Agreement may be executed in one or more counterparts,  
5 each of which when executed shall be deemed to be an original, and such counterparts shall  
6 together constitute one and the same instrument.

7       22.     Electronic Signatures: The parties agree that this Agreement may be executed  
8 by electronic signature as provided in this section. An “electronic signature” means any symbol  
9 or process intended by an individual signing this Agreement to represent their signature,  
10 including but not limited to (1) a digital signature; (2) a faxed version of an original handwritten  
11 signature; or (3) an electronically scanned and transmitted (for example by PDF document)  
12 version of an original handwritten signature. Each electronic signature affixed or attached to this  
13 Agreement (1) is deemed equivalent to a valid original handwritten signature of the person  
14 signing this Agreement for all purposes, including but not limited to evidentiary proof in any  
15 administrative or judicial proceeding, and (2) has the same force and effect as the valid original  
16 handwritten signature of that person. The provisions of this section satisfy the requirements of  
17 Civil Code section 1633.5, subdivision (b), in the Uniform Electronic Transaction Act (Civil Code,  
18 Division 3, Part 2, Title 2.5, beginning with section 1633.1). Each party using a digital signature  
19 represents that it has undertaken and satisfied the requirements of Government Code section  
20 16.5, subdivision (a), paragraphs (1) through (5), and agrees that each other party may rely  
21 upon that representation. This Agreement is not conditioned upon the parties conducting the  
22 transactions under it by electronic means and either party may sign this Agreement with an  
23 original handwritten signature.

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IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be  
executed as of the day and year first above written.

Sheppard, Mullin, Richter & Hampton LLP

San Joaquin Valley Insurance Authority

By *Elizabeth A. Balfour*  
Partner

By \_\_\_\_\_  
Amy Shuklian  
SJVIA Board President

## **EXHIBIT A**

### **SCOPE OF SERVICES**

ATTORNEY's proposed approach to help the San Joaquin Valley Insurance Authority (SJVIA) address the challenges presented by multiple unanticipated high-cost out of network claims for surgeries performed for employee members would include:

- Analysis and advice related to the application of No Surprises Act to spine surgeries performed by contracted physician at separately contracted facility
- Analysis and advice related to SJVIA's existing agreement with Anthem to serve as its Administrative Services Organization (ASO)
- Advice about options to pro-actively manage these claims if No Surprises Act does not apply
  - Via business relationship conversation with Anthem regarding their performance as the ASO
  - Via amendment to the Anthem ASO agreement
- Advice about options to manage these claims if No Surprises Act does apply
  - Via amendment to Anthem ASO agreement
  - Via "initial payment" offered to physician prior to IDR process
  - Via conversation with applicable state regulatory agencies
  - Via consumer/enrollee complaint
- Advice about potential liability exposure (e.g. due to provider litigation and/or regulatory enforcement) for non-payment
- Upon the request of SJVIA, attend one or more SJVIA board meetings to provide updates, discuss options, answer questions, and provide guidance
- Pursue or defend litigation against Anthem or the provider, if authorized by SJVIA.

Sheppard Mullin is uniquely suited to assist SJVIA in this matter because of the combination of our expertise in the No Surprises Act, our deep familiarity and positive working relationships with California's state health insurance regulatory agencies, and our deep experience advising public agencies on strategic business and litigation matters.

With respect to the 2 initial steps in the scope of work, we expect that each will involve fees of \$7,000 - \$10,000. Once ATTORNEY completes this work, we will be able to assess next steps and we expect the time already invested in understanding these issues will allow us to be efficient in pursuing the next steps to address and resolve the problem.

- Analysis and advice related to the application of No Surprises Act to spine surgeries performed by contracted physician at separately contracted facility (\$7,000 - \$10,000)
- Analysis and advice related to SJVIA's existing agreement with Anthem to serve as its Administrative Services Organization (ASO) (\$7,000 - \$10,000)

# MINUTES

## BOARD OF DIRECTORS

GARRY BREDEFELD  
NATHAN MAGSIG  
BUDDY MENDES  
LARRY MICARI  
BRIAN PACHECO  
AMY SHUKLIAN  
PETE VANDER POEL

**Meeting Location:  
County of Tulare  
Board of Supervisors Chambers  
2800 West Burrel Avenue  
Visalia, CA 93291  
August 22, 2025 9:00 AM**

*In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the SJVIA Manager at 559-600-1801 or the Assistant SJVIA Manager at 559-636-4900. Notification 48 hours prior to the meeting will help enable staff to make reasonable arrangements to ensure meaningful access.*

### 1. Call to Order

The meeting was called to order by Director Shuklian at 9:00 AM

### 2. Pledge of Allegiance

Led by Director Pacheco

### 3. Roll Call

#### Directors Present:

Garry Bredefeld  
Larry Micari  
Nathan Magsig  
Brian Pacheco  
Amy Shuklian  
Pete Vander Poel

#### Directors not in attendance:

Buddy Mendes

### ***Item 5, Approval of Consent Agenda, was conducted before Item 4, Approval of Agenda***

### 5. Approval of Consent Agenda – Item Numbers 19-22 (A)

*In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the SJVIA Manager at 559-600-1801 or the Assistant SJVIA Manager at 559-636-4900. Notification 48 hours prior to the meeting will enable staff to make reasonable arrangements to ensure accessibility. Documents related to the items on this Agenda submitted to the Board after distribution of the Agenda packet are available for public inspection at the County of Fresno plaza Building, 2220 Tulare St, 14<sup>th</sup> Floor, Fresno, CA during normal business hours. All documents are also posted online to [www.sjvia.org](http://www.sjvia.org).*



# MINUTES

**BOARD OF DIRECTORS**

GARRY BREDEFELD  
NATHAN MAGSIG  
BUDDY MENDES  
LARRY MICARI  
BRIAN PACHECO  
AMY SHUKLIAN  
PETE VANDER POEL

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Board of Supervisors Chambers  
2800 West Burrel Avenue  
Visalia, CA 93291  
August 22, 2025 9:00 AM**

*These matters are routine in nature and are usually approved by a single vote. Prior to action by the Board, the Board Members and the public will be given the opportunity to remove any item from the Consent Calendar. Items removed from the Consent Calendar may be heard immediately following approval of this Consent Calendar or set aside until later in the meeting.*

Motion to Approve by Director Magsig; Second by Director Vander Poel;  
Motion Approved Unanimously

4. Approval of Agenda (A)

Motion to Approve by Director Vander Poel; Second by Director Magsig;  
Motion Approved Unanimously

6. Public Comment: At this time, members of the public may comment on any item, within the jurisdiction of the SJVIA, not appearing on the agenda. In order for everyone to be heard, please limit your comments to three minutes or less. Anyone wishing to be placed on the agenda for a specific topic should contact the SJVIA Manager's Office and submit correspondence at least 14 days before the desired date of appearance.

No Public Comments were made

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# MINUTES

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PETE VANDER POEL

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County of Tulare  
Board of Supervisors Chambers  
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Visalia, CA 93291  
August 22, 2025 9:00 AM**

7. Receive Update from Auditor-Treasurer on Cash Flow Projections (I)  
Presented by Jose Pelagio, County of Fresno
8. Receive Request from Auditor-Treasurer for Fiscal Year 2025 Appropriation Transfer (A)  
Presented by Jose Pelagio, County of Fresno with comments made by Rochelle Garcia, County of Fresno  
  
Motion to Approve by Director Magsig; Second by Director Micari; Motion Approved Unanimously
9. Approve and Authorize the President to Execute an Agreement with CliftonLarsonAllen, LLP (CLA) for Independent Auditor Services in Connection with SJVIA's Financial Statements for FY 2024-25 through FY 2026-27, Including Two Optional One-Year Extensions for a Total Amount Not To Exceed \$151,990 (A)  
  
Presented by Jose Pelagio, County of Fresno  
  
Motion to Approve by Director Vander Poel; Second by Director Bredefeld; Motion Approved Unanimously
10. Receive Update on Anthem's Network Contract Negotiations With Stanford (I)  
Presented by Eddie Barfield, Keenan  
  
It was noted on August 21, 2025, Anthem shared with SJVIA Staff that a contract agreement has been reached; therefore, there will be no disruption with provider access

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# MINUTES

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PETE VANDER POEL

**Meeting Location:  
County of Tulare  
Board of Supervisors Chambers  
2800 West Burrel Avenue  
Visalia, CA 93291  
August 22, 2025 9:00 AM**

11. Receive Consultant's Medical, Dental, and Vision Experience Reports through June 2025 with Update on Projected Plan Experience Surplus Accumulation and Projections (I)

Presented by Eddie Barfield, Keenan

12. Receive Consultant's SJVIA Actuarially Certified Incurred But Not Reported (IBNR) Reserve Report as of June 30, 2025, and Maintain the Fully-Funded Status of the IBNR Reserve (A)

Presented virtually, via Zoom, by Arthur Ternersesian, Keenan

Motion to Approve By Director Micari; Second By Director Bredefeld;  
Motion Approved Unanimously

13. Receive Keenan Pharmacy Services' Consultant's Report on EmpiRx Pharmacy Utilization (I)

Presented by Michele Porter, Keenan Pharmacy Services

The Board inquired whether a breakdown could be provided regarding the various conditions treated by GLP-1 medications

Board members also noted that, in some cases, prescription costs through services like Amazon Pharmacy or GoodRx are lower than insurance-covered prices, and requested clarification on why this occurs

14. Receive and Approve Plan Year 2026 Dental Marketing Report and Recommendation (A)

Motion to Renew with Delta Dental by Director Micari; Second By Director Vander Poel; Motion Approved Unanimously

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# MINUTES

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Visalia, CA 93291  
August 22, 2025 9:00 AM**

15. Receive and Approve Plan Year 2026 PBM Marketing Report and Recommendation (A)

Presented by Bordan Darm, Keenan

Motion by Director Magsig to:

Form an ad-hoc committee consisting of Director Micari and Director Magsig. The SJVIA Board of Directors empowers this committee to work with Staff to evaluate vendor proposals. If the committee and Staff identify a preferred vendor within two to three weeks, the ad-hoc committee will call a Special Meeting of the SJVIA Board to take action. However, if it becomes apparent that a decision cannot be made within that timeframe, the Board authorizes the ad-hoc committee and Staff to renew with the incumbent vendor for up to six months, allowing additional time to fully review proposals and make a recommendation that best serves the members of the SJVIA.

Second by Director Micari; Motion Approved Unanimously

Public Comment was made by Riley Talford, HBAC representative, County of Fresno

16. Receive Consultant's Plan Year 2026 Underwriting Renewal Report, Approve 2026 Plan Designs, Rates and Fees, Authorize Consultant and SJVIA Staff to Negotiate Agreements and President to Execute Agreements, Subject to Approval of SJVIA Counsel and Staff (A)

Presented by Bordan Darm, Keenan

Public Comment was made by Riley Talford, HBAC representative, County of Fresno

Please note that on page 6 of the Consultant's Report, under the "Renewal Recommendation" section, the chart for the County of Tulare incorrectly lists

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# MINUTES

## BOARD OF DIRECTORS

GARRY BREDEFELD  
NATHAN MAGSIG  
BUDDY MENDES  
LARRY MICARI  
BRIAN PACHECO  
AMY SHUKLIAN  
PETE VANDER POEL

**Meeting Location:**  
**County of Tulare**  
**Board of Supervisors Chambers**  
**2800 West Burrel Avenue**  
**Visalia, CA 93291**  
**August 22, 2025 9:00 AM**

the Delta Dental PPO renewal rate as 6.99%; the correct rate should be 0.00%, as reflected in the final renewal action chart provided below.

Motion to approve the Plan Year 2026 Renewal Recommendation as outlined in the chart below by Director Magsig; Second by Director Bredefeld; Motion Approved Unanimously

### SJVIA: Final Renewal Action - Plan Year 2026

Fresno County	Rate Action	Plan Design Change
Anthem EPO 0 (excludes VSP Vision)	2.86%	The Pre-65 Retiree High Deductible Health Plan (HDHP) will be increasing the deductible from \$1,650/\$3,300 to \$2,000/\$4,000 (single/family) so the plan can maintain HSA (Health Savings Account) eligibility
Anthem EPO 500 (excludes VSP Vision)	0.00%	
Anthem EPO 1000 (excludes VSP Vision)	0.00%	
Anthem HDPPO	0.00%	
Anthem HDPPO Retiree	0.00%	
Kaiser	6.24%	
Kaiser HDHP	6.27%	
Dental PPO	0.00%	
Dental HMO	2.49%	
Vision	0.00%	

Tulare County	Rate Action Option3A	Plan Changes
Anthem \$0	17.77%	<b><u>New Plan Implementation</u></b> A new EPO 1250 Deductible Plan will be implemented under the self-funded program with Anthem
Anthem \$500	17.77%	
Anthem \$750	12.00%	
Anthem EPO \$1,250	New Plan	<b><u>Plan Design Change</u></b> The Emergency Room Copay will be increasing from \$100 copay + applicable coinsurance to \$250 copay + applicable coinsurance for each Tulare County self-funded Anthem Plan
Anthem \$2,500	0.45%	
Kaiser	6.25%	
Kaiser HDHP	6.27%	
Kaiser Senior Advantage	7.87%	
Dental PPO	0.00%	
Dental HMO	2.49%	
Vision	0.00%	

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# MINUTES

## BOARD OF DIRECTORS

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August 22, 2025 9:00 AM**

17. SJVIA Director Questions, Announcements, and Activity Reports (Gov. Code, § 54954.2, subd. (a)(2)) (I)

No announcements or activity reports were made.

18. Adjournment

The meeting adjourned at 10:42 AM

## Consent Agenda

19. Approval of Minutes - Board Meeting of July 18, 2025 (A)
20. Approve Amendment 1 to Agreement With Navia Benefit Solutions, Inc. to Provide COBRA and FMLA Billing Services and Authorize President to Executive Amended Agreement (A)
21. Approve Amendment 1 to Agreement With MyWorkplace, Inc. to Provide Benefits Management and Enrollment SaaS System Management Services and Authorize President to Execute Amended Agreement (A)
22. Receive Update on the Consultant's Report on the SJVIA Stop Loss Historical Rate and Utilization Review and the Marketing and Renewal Process Presented at the July 18, 2025 Board Meeting (I)
23. Approve Amendment 1 to Agreement With Pacific Coast Mobile Radiology, Inc. To Update Compensation and Scope of Services for Providing Mammography Screening Services to Participating Entities of the SJVIA (A)

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# **SPECIAL MEETING MINUTES**

**BOARD OF DIRECTORS**

GARRY BREDEFELD  
NATHAN MAGSIG  
BUDDY MENDES  
LARRY MICARI  
BRIAN PACHECO  
AMY SHUKLIAN  
PETE VANDER POEL

**Meeting Location:  
County of Fresno  
Board of Supervisors Chambers  
2281 Tulare Street, #301  
Fresno, CA 93721  
September 12, 2025 8:30 AM**

*In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the SJVIA Manager at 559-600-1801 or the Assistant SJVIA Manager at 559-636-4900. Notification 48 hours prior to the meeting will help enable staff to make reasonable arrangements to ensure meaningful access.*

1. Call to Order

The meeting was called to order by Director Shuklian at 8:35 AM

2. Pledge of Allegiance

Led by Director Mendes

3. Roll Call

Directors Present:

Nathan Magsig  
Buddy Mendes  
Larry Micari  
Amy Shuklian  
Pete Vander Poel

Directors not in Attendance:

Garry Bredefeld  
Brian Pacheco

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# **SPECIAL MEETING MINUTES**

**BOARD OF DIRECTORS**

GARRY BREDEFELD  
NATHAN MAGSIG  
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Fresno, CA 93721  
September 12, 2025 8:30 AM**

4. Public Comment: At this time, members of the public may comment on any item within the jurisdiction of the SJVIA not appearing on the agenda. In order for everyone to be heard, please limit your comments to three minutes or less.

No public comments were made

5. Item One (A)

- a. Receive Pharmacy Benefits Manager Marketing Report and Recommendation from Ad Hoc Committee;
- b. Discuss and Vote to Approve a Pharmacy Benefits Manager between three choices as follows:
  - i. EmpiRx, with an adjusted claim cost of \$32,726,268 and an administration fee of \$565,296, for a total 2026 cost of \$33,291,564.
  - ii. CarelonRx, with an adjusted claim cost of \$29,677,649 and an administration fee of \$317,979, for a total 2026 cost of \$29,937,308.
  - iii. CVS Caremark, with an adjusted claim cost of \$30,227,902, with an administration fee of \$227,236 and a coalition fee of \$252,484, for a total 2026 cost of \$30,707,621.
- c. Authorize Consultant and SJVIA Staff to Negotiate Agreement with Awarded Pharmacy Benefits Manager, and Authorize SJVIA President to Execute Agreement with Awarded Pharmacy Benefits Manager, Subject to Approval of SJVIA Counsel and Staff.

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# **SPECIAL MEETING MINUTES**

## **BOARD OF DIRECTORS**

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Fresno, CA 93721  
September 12, 2025 8:30 AM**

Motion to award the Pharmacy Benefit Manager vendor contract to CarelonRx for a three-year term by Director Micari; second by Director Mendes; Motion approved unanimously

## **6. Adjournment**

9:25 AM

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**BOARD OF DIRECTORS**

GARRY BREDEFELD

NATHAN MAGSIG

BUDDY MENDES

LARRY MICARI

BRIAN PACHECO

AMY SHUKLIAN

PETE VANDER POEL

**Meeting Location:**  
**County of Fresno**  
**Board of Supervisors Chambers**  
**2281 Tulare Street, #301**  
**Fresno, CA 93721**

**AGENDA DATE:** December 12, 2025

**ITEM NUMBER:** Item 21

**SUBJECT:** Approve Proposed 2026 Board Meeting Calendar  
(A)

**REQUEST(S):** That the Board of Directors approve the proposed  
2026 Board Meeting Calendar.

**DESCRIPTION:**

The proposed schedule recommends five meetings of the Board in 2026 and maintains the tradition of alternating meeting locations between the County of Fresno and the County of Tulare. The Board may elect to adopt other dates and times or add meetings based on SJVIA business and Board availability. Adopting dates today will allow staff to reserve locations and publish the final 2026 SJVIA Board Calendar.

**FISCAL IMPACT/FINANCING:**

None.

**ADMINISTRATIVE SIGN-OFF:**

  
\_\_\_\_\_  
Hollis Magill  
SJVIA Manager

  
\_\_\_\_\_  
Lupe Garza  
SJVIA Assistant Manager

**BOARD OF DIRECTORS**

GARRY BREDEFELD

NATHAN MAGSIG

BUDDY MENDES

LARRY MICARI

BRIAN PACHECO

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PETE VANDER POEL

## Board of Directors Meetings 2026 SCHEDULE

Date	City	Location
February 27, 2026 (Friday)	Visalia	Tulare County BOS Chambers
May 1, 2026 (Friday)	Fresno	Fresno County BOS Chambers
July 17, 2026 (Friday)	Visalia	Tulare County BOS Chambers
August 21, 2026 (Friday)	Fresno	Fresno County BOS Chambers
December 11, 2026 (Friday)	Visalia	Tulare County BOS Chambers

**LOCATIONS:**

**Fresno County Board of Supervisors Chambers**

2281 Tulare Street, #301

Fresno, CA 93721

**Fresno County Plaza Ballroom\***

2220 Tulare Street

Fresno, CA 93721

**FCERA - Fresno County Employees' Retirement Association\***

7772 N. Palm Avenue

Fresno, CA 93711

**Tulare County Board of Supervisors Chambers**

2800 W. Burrell Avenue

Visalia, CA 93291

**TCERA - Tulare County Employee Retirement Association\***

136 N. Akers Street

Visalia, CA 93291

\*Alternate location should County Board of Supervisors Chambers not be available

**BOARD OF DIRECTORS**

GARRY BREDEFELD

NATHAN MAGSIG

BUDDY MENDES

LARRY MICARI

BRIAN PACHECO

AMY SHUKLIAN

PETE VANDER POEL

**Meeting Location:**  
**County of Fresno**  
**Board of Supervisors Chambers**  
**2281 Tulare Street, #301**  
**Fresno, CA 93721**

**AGENDA DATE:** December 12, 2025

**ITEM NUMBER:** Item 22

**SUBJECT:** Approve Amendment No. 4 to Agreement with Transcarent LLC to Continue to Provide Mobile Phone App-Based Telemedicine Services for an Additional Two-Year Term and Authorize President to Execute Amended Agreement, Total Not to Exceed \$1.30 Per Participant Per Month (A)

**REQUEST(S):** That the Board approve and authorize the President to execute Amendment No. 4 to the agreement with Transcarent.

**DESCRIPTION:**

The SJVIA entered into an agreement with 98point6 on January 1, 2021 to provide mobile phone app-based telemedicine services through December 31, 2021.

Effective January 1, 2022 the SJVIA and 98point6 executed Amendment No. 1 to the Agreement renewing for a twenty-four month (two year) renewal term with updated fees. The renewal also acknowledged the addition of the County of Tulare as a participant under the SJVIA Agreement, effective March 1, 2022. Amendment No. 2 updated contractual language and expanded services with no change in rates.

Amendment No. 3 provides notice of assignment from 98point6 to Transcarent, LLC and renews the agreement, with updated fees, for an additional two-year term.

Amendment No. 4 renews the Agreement for another twenty-four month (two year) term with updated fees, effective January 1, 2026 through December 31, 2027.

**AGENDA:** San Joaquin Valley Insurance Authority

**DATE:** December 12, 2025

**FISCAL IMPACT/FINANCING:**

Estimated fees for the renewal, effective January 1, 2026 are calculated pursuant to the fee table below. The renewal includes an estimate for Eligible Participants. Actual fees billed for the renewal will be based on the actual number of Eligible Participants listed on the Eligibility File.

Primary Care (PC) Renewal Fees					
A	B	C	D	E	F
Subscription Period	Estimated Number of Eligible Participants	Fees per Eligible Participants per month	Fees per month (B x C)	Estimated Annual Fees (D x 12 months)	Invoice Date
1/1/2026 - 12/31/2026	County of Fresno: 6,817 Count of Tulare: 4,428 Total: 11,245	\$1.30	\$14,681.50	\$176,178	1/1/2026
1/1/2027 – 12/31/2027	County of Fresno: 6,817 Count of Tulare: 4,428 Total: 11,245	\$1.30	\$14,681.50	\$176,178	1/1/2027
				<b>Total: \$352,356</b>	

**ADMINISTRATIVE SIGN-OFF:**

  
\_\_\_\_\_  
Hollis Magill  
SJVIA Manager

  
\_\_\_\_\_  
Lupe Garza  
SJVIA Assistant Manager



## **AMENDMENT 4 TO SUBSCRIPTION AGREEMENT RENEWAL AMENDMENT**

This Renewal Amendment (this "Amendment") is effective as January 1, 2026 (the "Effective Date") by and among Transcarent, LLC ("Transcarent"), Health & Care Medical, P.C. and its affiliates ( previously 98point6 Physicians PC) ("Provider Group") and San Joaquin Valley Insurance Authority ("SJVA"). Transcarent, Provider Group and Employer are each referred to herein individually as a "Party" or collectively as the "Parties."

### **RECITALS**

- A. Employer, Transcarent and Provider Group are parties to a certain Subscription Agreement dated October 30, 2020 (as amended, and together with any service orders, statements of work, subscriptions for access to services and the like thereunder, collectively, the "Agreement").
- B. 98point6 Physicians PC changed its legal name to Health & Care Medical, P.C., effective July 11, 2024.
- C. The Parties wish to amend and renew Employer's subscription to the Services (the "Subscription") upon the terms and subject to the conditions set forth herein.

### **AGREEMENT**

The Parties hereby agree as follows:

- 1. Renewal. Employer's Subscription is hereby amended and renewed for the Subscription Period (defined in Attachment A) upon the terms and subject to the conditions set forth in Attachment A, and the Agreement is amended so as to be extended accordingly.
- 2. General Terms.
  - a. Capitalized terms used but not otherwise defined in this Amendment shall have the meaning ascribed in the Agreement.
  - b. This Amendment, together with the Agreement and any other documents and instruments referred to herein, constitutes the final and complete expression of the Parties with respect to the subject matter hereof. This Amendment may not be amended except by a written instrument duly executed and delivered by each of the Parties.
  - c. In the event of any inconsistency or conflict between the terms of this Amendment and the terms of the Agreement, the terms of this Amendment shall control.
  - d. The governing law and dispute resolution provisions of the Agreement shall apply to this Amendment.
  - e. Transcarent does not practice medicine and does not direct or exercise any control over the professional judgment exercised by any medical professional. Customer agrees that: (i) the treatments, procedures, workflows, information, medications, processes, products and other items referenced by Transcarent or its software are not intended as a recommendation or endorsement of any course of treatment, procedure, information, product or medication; (ii) Medical Services are performed based on the independent medical judgment of the applicable Provider and is the sole responsibility of that Provider; and (iii) responsibility for diagnosing, treating, operating on, or prescribing for any patient rests with the individual Provider treating such patient.
  - f. This Amendment may be executed in any number of counterparts, each of which shall be deemed an original, and all of which, taken together, shall constitute one and the same instrument, with the same effect as though such signatures were on the same instrument. This Amendment shall be effective upon full execution by original or electronic signature (such as DocuSign), and such signature shall be deemed to be and shall be as effective as an original signature.
  - g. Except as expressly amended by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect as set forth therein.



The Parties intending to be legally bound have signed this Amendment as of the date of their signatures below.

**Employer**

By:

Name:

Title:

Date:

**Transcarent, LLC**

Signed by:  
By:   
BD973B56788143E...

Name: Laurie McGraw

Title: Chief Commercial Officer

Date: 12/4/2025

**Health & Care Medical, P.C.,  
on behalf of itself and its affiliates**

Signed By:  
By:   
7522874EF6D04AB...

Name: Mina Obbehart

Title: President

Date: 12/4/2025



**Attachment A**  
**Renewal Terms**

“Subscription Period” means the period commencing on the next anniversary of the current Subscription term and ending on as set forth in the table, below.

Primary Care (PC) Renewal Fees					
A	B	C	D	E	F
Subscription Period	Estimated Number of Eligible Participants	Fees per Eligible Participants per month	Fees per month (B x C)	Estimated Annual Fees (D x 12 months)	Invoice Date
1/1/2026 - 12/31/2026	County of Fresno: 6,817 County of Tulare: 4,428 Total: 11,245	\$1.30	\$14,681.50	\$176,178	1/1/2026
1/1/2027 – 12/31/2027	County of Fresno: 6,817 County of Tulare: 4,428 Total: 11,245	\$1.30	\$14,681.50	\$176,178	1/1/2027
				<b>Total: \$352,356</b>	

Changes in Total Number of Eligible Participants. The Fees above are based upon the total number of Eligible Participants as of the Effective Date. Employer shall send Eligibility Files to Transcarent on a mutually agreeable cadence. The total number of Eligible Participants may be increased up to a maximum of 10% before a fee is assessed. After the total number of Eligible Participants increases above 10%, Employer will be invoiced a fee for the total amount of additional Eligible Participants at Employer's current per Eligible Participant per month rate times the remaining months in the current invoicing cycle (the “Increase Fee”). Invoices for subsequent invoicing cycles will account for the new total number of Eligible Participants. No further Increase Fees shall be invoiced until the new total number of Eligible Participants increases by more than 10% again. Further, this Agreement includes an estimate for Eligible Participants. If the number of Eligible Participants increases after execution of this Agreement, Transcarent reserves the right to invoice Employer based upon the number of Eligible Participants listed on the Eligibility File as of the Effective Date or the subsequent Invoice Date.

Payment. Fees for the first invoicing cycle of the Subscription Period shall be due as of the Subscription Period Start Date, net 30. Fees for each successive invoicing cycle of the Subscription Period shall be due on the anniversary of the Subscription Period Start Date, net 30. Increase Fees shall be invoiced upon each notification of an increase above 10% of the total number of Eligible Participants.. Fees per Eligible Participant per month are subject to change upon subsequent renewals not described in this Amendment. If Employer requires a purchase order to be included on invoices, please provide PO number here: \_\_\_\_\_ (leave blank if N/A).

Billing Contact:  
Name: SJVIA Administration  
Email: sjvia-admin@fresnocountyca.gov



**BOARD OF DIRECTORS**

GARRY BREDEFELD

NATHAN MAGSIG

BUDDY MENDES

LARRY MICARI

BRIAN PACHECO

AMY SHUKLIAN

PETE VANDER POEL

**Meeting Location:**  
**County of Fresno**  
**Board of Supervisors Chambers**  
**2281 Tulare Street, #301**  
**Fresno, CA 93721**

**AGENDA DATE:** December 12, 2025

**ITEM NUMBER:** Item 23

**SUBJECT:** Approve and Authorize President to Execute SJVIA Participation Agreements for the County of Fresno and the County of Tulare, Effective January 1, 2026 (A)

**REQUEST(S):** That the Board approve and authorize President to execute SJVIA Participation Agreements for the County of Fresno and the County of Tulare for the 2026 Plan Year.

**DESCRIPTION:**


Each entity that participates in the SJVIA's program offerings executes a participation agreement with the SJVIA. Each participation agreement includes exhibits that cover the programs the entity has chosen and the benefits and rates that apply to those programs.

**FISCAL IMPACT/FINANCING:**

None.

**ADMINISTRATIVE SIGN-OFF:**

  
Hollis Magill  
SJVIA Manager

  
Lupe Garza  
SJVIA Assistant Manager

**SJVIA PARTICIPATION AGREEMENT FOR 2026**

THIS AGREEMENT ("Agreement") is made and entered into this day of December 12, 2025, by and between **COUNTY OF FRESNO**, a political subdivision of the State of California, hereinafter referred to as "**COUNTY OF FRESNO**," and the **SAN JOAQUIN VALLEY INSURANCE AUTHORITY**, a joint powers agency, hereinafter referred to as "**SJVIA**."

**WITNESSETH:**

WHEREAS, the purpose of the SJVIA is to develop and provide various health insurance programs for health, pharmacy, vision, dental, mental health and life insurance, including related administrative services for such programs to be provided by the insurance provider(s) and the SJVIA and its agents and consultants (collectively, "Various Benefits"), for the benefit of participating entities; and

WHEREAS, the COUNTY OF FRESNO wishes to participate in the SJVIA Various Benefits for the purpose of purchasing health insurance programs, and/or other benefits in a cost-effective manner for each of the COUNTY OF FRESNO's participating employees; and

WHEREAS, the COUNTY OF FRESNO elects to participate in the selected SJVIA health insurance programs as referenced in Exhibit "A" (collectively, "SELECTED PROGRAMS"); and

WHEREAS, a true and correct copy of a summary of applicable SJVIA health insurance programs is attached hereto and incorporated herein by reference as Exhibit "A"; and

WHEREAS, the SJVIA represents that it will contract with Insurance Providers which will provide its Various Benefits under the terms and conditions of a written contract, including amendments thereof, if any, between the SJVIA and the Insurance Provider (the "Insurance Contract") for each of the COUNTY OF FRESNO's participating employees; and

WHEREAS, the SJVIA represents that the rates for the Various Benefits under the SELECTED PROGRAMS to be provided to COUNTY OF FRESNO under the Insurance Contract and by the SJVIA, including the costs of its agents and consultants, are set forth in Exhibit "B" which is attached hereto and incorporated herein by reference; and

WHEREAS, the COUNTY OF FRESNO and the SJVIA now desire to enter into this Agreement to secure the COUNTY OF FRESNO's commitment to remit premium payments to the SJVIA for the Various Benefits to be provided under the Insurance Contract, and the COUNTY OF FRESNO's portion of the costs of the SJVIA's agents and consultants, as provided herein.

**NOW THEREFORE**, in consideration of their mutual promises, covenants and conditions, the parties agree as follows:

1. **COUNTY OF FRESNO's OBLIGATIONS:** The COUNTY OF FRESNO acknowledges that this agreement requires a commitment to participate in SJVIA Various Benefits effective January 1, 2026 through December 31, 2026, subject to the terms and conditions of this Agreement. Within ten (10) business days of the date that SJVIA is required under the Insurance Contract to pay any insurance premium and/or similar charge to the Insurance Provider, the COUNTY OF FRESNO shall remit to SJVIA the amount necessary to pay the required premium payment based on the intervals of such payments under the Insurance Contract.

The COUNTY OF FRESNO may also participate in SELECTED PROGRAMS as referenced in Exhibit "A" and shall comply with all applicable terms and provisions of the Insurance Contract and this Agreement, effective January 1, 2026. The attached rates in Exhibit "B" reference only the SELECTED PROGRAMS the COUNTY OF FRESNO is electing. Exhibit "B" also references the effective term such rates apply to the COUNTY OF FRESNO which are effective January 1, 2026 through December 31, 2026. The COUNTY OF FRESNO agrees that it may only elect to participate in additional health insurance programs, or elect to make changes to the SELECTED PROGRAMS, through subsequent amendment to this Agreement or separate agreement. Subsequent renewals are based on the SJVIA underwriting guidelines.

**2. SJVIA'S OBLIGATIONS:** The SJVIA shall timely approve and execute all Insurance Contracts. Following execution of the Insurance Contracts, (i) SJVIA shall make available the fully-executed copy of the Insurance Contract to COUNTY OF FRESNO, (ii) SJVIA shall enforce SJVIA's rights under the Insurance Contract for the benefit of COUNTY OF FRESNO, (iii) SJVIA shall perform SJVIA's obligations under the terms and conditions of the Insurance Contracts, including making timely payment of premium payments, and/or any similar charges, necessary to keep the Insurance Contracts in full force and effect, and (iv) provide COUNTY OF FRESNO with the then-current total amounts required to be paid by COUNTY OF FRESNO each eligibility period in order for SJVIA to pay any insurance premium and/or similar charge to the Insurance Provider, including the costs of its agents and consultants, allocable to the COUNTY OF FRESNO. The SJVIA represents and covenants to the COUNTY of FRESNO that the SJVIA shall use actuarially-based underwriting standards with respect to all SJVIA operations.

**3. MODIFICATION:** Any matters of this Agreement may be modified from time to time but only by the written consent of all the parties hereto without, in any way, affecting the remainder hereof. Any proposed modifications to the rates referenced in Exhibit "B" will need approval by the Board of Directors of the SJVIA and the Board of Supervisors of the COUNTY OF FRESNO.

**4. NON-ASSIGNMENT:** Neither party hereto shall assign, transfer, or subcontract this Agreement nor their rights or duties under this Agreement without the prior written consent of the other party hereto.

**5. AUDITS AND INSPECTIONS:** The SJVIA shall at any time during usual SJVIA business hours, upon request by the COUNTY OF FRESNO, and as often as the COUNTY OF FRESNO may deem necessary, make available to the COUNTY OF FRESNO for examination all SJVIA records and data for inspection, examination, and audit by the COUNTY OF FRESNO with respect to the matters covered by this Agreement. SJVIA shall be subject to the examination and audit of the State Auditor General for a period of three (3) years after final payment under contract (Government Code section 8546.7).

**6. NOTICES:** The persons having authority to give and receive notices under this Agreement and their addresses include the following:

COUNTY OF FRESNO  
Hollis Magill  
Director of Human Resources  
2220 Tulare St., 16<sup>th</sup> Floor  
Fresno, CA 93721  
[hmagill@fresnocountyca.gov](mailto:hmagill@fresnocountyca.gov)

SJVIA  
Lupe Garza  
SJVIA Manager  
2500 West Burrell  
Visalia, CA 93291  
[lugarza@tularecounty.ca.gov](mailto:lugarza@tularecounty.ca.gov)

Either party may change the information in this section 6 by giving notice as provided in this section 6.

Each notice between the COUNTY OF FRESNO and the SJVIA provided for or permitted under this Agreement must be in writing, state that it is a notice provided under this Agreement, and be delivered either by personal service, by first-class United States mail, by an overnight commercial courier service, by telephonic facsimile transmission, or by Portable Document Format (PDF) document attached to an email, or by email from an authorized email account.

- a. A notice delivered by personal service is effective upon service to the recipient.
- b. A notice delivered by first-class United States mail is effective three sender business days after deposit in the United States mail, postage prepaid, addressed to the recipient.
- c. A notice delivered by an overnight commercial courier service is effective one sender business day after deposit with the overnight commercial courier service, delivery fees prepaid, with delivery instructions given for next day delivery, addressed to the recipient.
- d. A notice delivered by telephonic facsimile transmission or by PDF document attached to an email, or authorized email account, is effective when transmission to the recipient is completed (but, if such transmission is completed outside of the sender's business hours, then such delivery is deemed to be effective at the next beginning of a sender's business day), provided that the sender maintains a machine record of the completed transmission.

For all claims arising from or related to this Agreement, nothing in this Agreement establishes, waives, or modifies any claims presentation requirements or procedures provided by law, including the Government Claims Act (Division 3.6 of Title 1 of the Government Code, beginning with section 810).

**7. GOVERNING LAW:** The parties agree that for the purposes of venue, performance under this Agreement is to be in Fresno County, California. The rights and obligations of the parties and all interpretation and performance of this Agreement shall be governed in all respects by the laws of the State of California.

**8. TERM:** This Agreement shall become effective beginning at 12:01 a.m. on January 1, 2026 and shall terminate on December 31, 2026.

**9. TERMINATION:**

a. The terms of this Agreement, and the health insurance programs, administrative services, and/or SJVIA staff costs to be provided hereunder, are contingent on the approval of funds by the COUNTY OF FRESNO. Should sufficient funds not be allocated, the services provided may be modified, or this Agreement terminated at any time by COUNTY OF FRESNO giving SJVIA at least one hundred twenty (120) days advance written notice.

b. Notwithstanding any other provision of this Article, if the COUNTY OF FRESNO fails to make in full any payment when due pursuant to Article 1, the SJVIA shall have the right, in its sole discretion, to terminate this Agreement, upon at least ten (10) days written notice, effective at the expiration of the last period for which full premium payment was made. Notwithstanding such termination or suspension, the SJVIA, in its sole discretion, may accept late payment or delinquent

amounts and, upon acceptance, this Agreement may be reinstated retroactively to the last date for which full premium payment was made. Any such acceptance of a delinquent payment by the SJVIA shall not be deemed a waiver of this provision for termination of this Agreement in the event of any future failure of the COUNTY OF FRESNO to make timely payments of any amounts due under this Agreement.

**10. INDEPENDENT RELATIONSHIP:** Nothing in this Agreement shall create, or be deemed to create, any relationship of principal-agent, master-servant, employer-employee, partnership, joint venture, or association between SJVIA and COUNTY OF FRESNO. The relationship between SJVIA and COUNTY OF FRESNO under this Agreement is that of independent contractors, with each such party at all times acting in an independent capacity from the other.

**11. SEVERABILITY:** In the event any provisions of this Agreement are held by a court of competent jurisdiction to be invalid, void, or unenforceable, the parties will use their best efforts to meet and confer to determine how to mutually amend such provisions with valid and enforceable provisions, and the remaining provisions of this Agreement will nevertheless continue in full force and effect without being impaired or invalidated in any way.

**12. DISPUTE RESOLUTION:** Any controversy or dispute between the parties arising out of this agreement shall be submitted to mediation. The mediator will be selected by mutual agreement. If the matter cannot be resolved through mediation or if the parties cannot agree upon a mediator the matter shall be submitted to arbitration and such arbitration shall comply with and be governed by the provisions of the California Arbitration Act, of the California Code of Civil Procedure.

**13. NO THIRD-PARTY BENEFICIARIES:** This Agreement does not and is not intended to create any rights or obligations for any person or entity except for SJVIA and COUNTY OF FRESNO.

**14. ENTIRE AGREEMENT:** This Agreement constitutes the entire agreement between the SJVIA and COUNTY OF FRESNO with respect to the subject matter hereof and supersedes all previous agreement negotiations, proposals, commitments, writings, advertisements, publications, and understandings of any nature whatsoever unless expressly included in this Agreement.

**15. COUNTERPARTS:** This Agreement may be executed in one or more original counterparts, all of which together will constitute one and the same agreement.

(Go to next page for signatures)

**SJVIA PARTICIPATION AGREEMENT**  
**BETWEEN COUNTY OF FRESNO AND THE**  
**SAN JOAQUIN VALLEY INSURANCE AUTHORITY**

**SAN JOAQUIN VALLEY INSURANCE  
AUTHORITY:**

By: \_\_\_\_\_  
Amy Shuklian  
SJVIA Board President

Date: \_\_\_\_\_

**REVIEWED & RECOMMENDED  
FOR APPROVAL**

By: \_\_\_\_\_  
Lupe Garza  
SJVIA Manager

**COUNTY OF FRESNO:**

By: Ernest Buddy Mendes  
Ernest Buddy Mendes  
Chairman of the Board of Supervisors of  
the County of Fresno

Date: 12-9-2025

**ATTEST:**

Bernice E. Seidel  
Clerk of the Board of Supervisors  
County of Fresno, State of California

By: Hanan M. Q. Deputy



**BOARD OF DIRECTORS**

GARRY BREDEFELD

NATHAN MAGSIG

BUDDY MENDES

LARRY MICARI

BRIAN PACHECO

AMY SHUKLIAN

PETE VANDER POEL

**Exhibit A**

**County of Fresno**

**Plan Year 2026  
Benefit Summaries**

- Anthem Blue Cross EPO 0 Yosemite
- Anthem Blue Cross EPO 500 Sierra
- Anthem Blue Cross EPO 1000 Pismo
- Anthem Blue Cross HDHD PPO 2000 (Retirees only)
- Anthem Blue Cross HDHP PPO 3300
- Kaiser Permanente HMO
- Kaiser Permanente Optical
- Kaiser Permanente Chiropractic (HMO Plan only)
- Kaiser Permanente DHMO
- Kaiser Permanente Optical
- Delta Dental PPO
- Delta Dental DHMO
- VSP Vision Benefit

# Your summary of benefits



Anthem® Blue Cross Life and Health Insurance Company

Your Plan: San Joaquin Valley Insurance Authority (JPA): Custom EPO 0 (Yosemite)

Your Network: EPO

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge
Mental Health & Substance Use Disorder Services	No charge
Specialist care	\$15 copay per visit

Covered Medical Benefits	Cost if you use an In-Network Provider
Overall Deductible	\$0 person
<b>Overall Out-of-Pocket Limit</b> <i>The out-of-pocket costs you pay for prescription drugs obtained at a pharmacy will apply to a separate Pharmacy Out-of-Pocket Limit. See the Covered Prescription Drug Benefits section.</i>	\$1,000 person / \$2,000 family

To get benefits under this Plan, you must use In-Network Providers. **Services from Out-of-Network Providers are not covered**, except for Emergency Care, Authorized Services, or when required by law. Please be sure to contact us if you are not sure if we have approved an Authorized Service.

The family out-of-pocket limit is embedded, meaning each covered person is capped at his or her per person out-of-pocket limit; in addition, cost shares for all covered family members apply to the family out-of-pocket limit, yet no one member will pay more than the per person out-of-pocket limit.

All medical deductibles, copayments and coinsurance apply to the out-of-pocket limit.

**Doctor Visits (virtual and office)** *You are encouraged to select a Primary Care Physician (PCP).*

<b>Primary Care (PCP) and Mental Health and Substance Use Disorder Services</b> <i>virtual and office</i>	\$15 copay per visit
<b>Specialist Provider</b> <i>virtual and office</i>	\$15 copay per visit
<b><u>Other Practitioner Visits</u></b>	
<b>Maternity Doctor services</b> (prenatal/postpartum care and delivery)	No charge
<b>Retail Health Clinic</b> <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i>	\$15 copay per visit
<b>Manipulation Therapy</b> <i>Coverage is limited to 40 visits per benefit period.</i>	\$10 copay per visit



Covered Medical Benefits	Cost if you use an In-Network Provider
<b>Acupuncture</b>	\$15 copay per visit
<u><b>Other Services in an Office</b></u> <b>Allergy Testing</b>  <b>Prescription Drugs</b> <i>Dispensed in the office</i> <i>Maximum of \$250 member cost share per drug.</i> <b>Surgery</b>	No charge  No charge  No charge
<b>Preventive care / screenings / immunizations</b>	No charge
<b>Preventive Care for Chronic Conditions</b> <i>per IRS guidelines</i>	No charge
<u><b>Diagnostic Services Lab</b></u> Office  Freestanding Lab  Outpatient Hospital	No charge  No charge  No charge
<u><b>Diagnostic Services X-Ray</b></u> Office  Freestanding Radiology Center  Outpatient Hospital	No charge  No charge  No charge
<u><b>Diagnostic Services Advanced Diagnostic Imaging</b></u> <i>for example: MRI, PET and CAT scans</i>  Office  Freestanding Radiology Center  Outpatient Hospital	No charge  No charge  No charge
<u><b>Emergency and Urgent Care</b></u> <b>Urgent Care</b> <i>includes doctor services. Additional charges may apply depending on the care provided.</i>  <b>Emergency Room Facility Services</b> <i>Your copay will be waived if admitted.</i> <b>Emergency Room Doctor and Other Services</b>  <b>Ambulance</b>	\$15 copay per visit  <b>In-Network and Out-of-Network Providers:</b> \$100 copay per visit <b>In-Network and Out-of-Network Providers:</b> No charge <b>In-Network and Out-of-Network Providers:</b> No charge

Covered Medical Benefits	Cost if you use an In-Network Provider
<b><u>Outpatient Mental Health and Substance Use Disorder Services at a Facility</u></b> <b>Facility Fees</b>  <b>Doctor Services</b>	 No charge  No charge
<b><u>Outpatient Surgery</u></b> <b>Facility Fees</b> Hospital  Ambulatory Surgical Center  <b>Physician and other services</b> <i>including surgeon fees</i> Hospital	 No charge  No charge  No charge
<b><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></b>  <b>Facility Fees</b> <b>Physician and other services</b> <i>including surgeon fees</i>	 No charge No charge
<b><u>Home Health Care</u></b> <i>Coverage is limited to 100 visits per benefit period.</i>	\$15 copay per visit
<b><u>Therapy Services</u></b> <b>Rehabilitation and Habilitation services</b> <i>including physical, occupational and speech therapies.</i> <i>Coverage for physical, occupational and speech therapies is limited to 60 days combined per benefit period.</i>  Office Outpatient Hospital	   \$15 copay per visit No charge
<b>Pulmonary rehabilitation</b>  Office Outpatient Hospital	 \$15 copay per visit No charge
<b>Cardiac rehabilitation</b>  Office Outpatient Hospital	 \$15 copay per visit No charge
<b>Dialysis/Hemodialysis</b> <i>office and outpatient hospital</i>	No charge
<b>Chemo/Radiation Therapy</b> <i>office and outpatient hospital</i>	No charge

Covered Medical Benefits	Cost if you use an In-Network Provider
<b>Skilled Nursing Care (facility)</b> <i>Coverage is limited to 100 days per benefit period.</i>	No charge
<b>Inpatient Hospice</b>	No charge
<b><u>Additional Services, Equipment and Devices</u></b>	
<b>Durable Medical Equipment</b>	No charge
<b>Prosthetic Devices</b>	No charge
<b>Wigs</b> <i>Coverage for wigs is restricted to one item per benefit period following cancer treatment, with a maximum allowance of \$750 per wig.</i>	No charge

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
<b>Pharmacy Deductible</b>	Not applicable	Not covered
<b>Pharmacy Out-of-Pocket Limit</b>	\$2,000 person / \$4,000 family	Not covered
<b>Prescription Drug Coverage</b> <b>Network: <i>Base Network</i></b> <b>Drug List: <i>National Direct Plus</i></b>		
<b>Day Supply Limits:</b> <b>Retail Pharmacy</b> 30 day supply (cost shares noted below) <b>Retail 90 Pharmacy</b> 90 day supply (2 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies). <b>Home Delivery Pharmacy</b> 90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service. <b>Specialty Pharmacy</b> 30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.		
<b>Tier 1 - Typically Generic</b>	\$10 copay per prescription (retail) and \$15 copay per prescription (home delivery)	Not covered (retail and home delivery)
<b>Tier 2 - Typically Preferred Brand</b>	\$20 copay per prescription (retail) and \$30 copay per prescription (home delivery)	Not covered (retail and home delivery)
<b>Tier 3 - Typically Non-Preferred Brand</b>	\$35 copay per prescription (retail) and \$60 copay per prescription (home delivery)	Not covered (retail and home delivery)

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
	delivery)	
<b>Tier 4 - Typically Specialty (brand and generic)</b>	\$35 copay per prescription (retail and home delivery)	Not covered (retail and home delivery)

**Notes:**

- If you have an office visit with your Primary Care Physician, Specialist or Urgent Care at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under “Outpatient Facility Services”.
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.
- Coverage includes standard fertility preservation services as a basic healthcare service including but are not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.

*This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.*

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Questions: (855) 333-5730 or visit us at [www.anthem.com/ca](http://www.anthem.com/ca)

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## Get help in your language

### Language Assistance Services

Curious to know what all this says?

We would be too. Here's the English version: No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-888-254-2721. For more help call the CA Dept. of Insurance at 1-800-927-4357 (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternative formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card

#### Spanish

Servicios lingüísticos sin costo. Puede solicitar los servicios de un intérprete. También puede solicitar que le leamos y le enviemos algunos documentos en su idioma. Llame al número que figura en su tarjeta de identificación o al 1-888-254-2721. Si necesita más ayuda, llame al Departamento de Seguros de California al 1-800-927-4357 (TTY/TDD: 711).

#### Arabic

خدمات لغوية مجانية. يمكنك الحصول على مترجم فوري. يمكنك الحصول على مستندات تُقرأ لك وإرسال بعضها إليك بلغتك. للحصول على المساعدة، اتصل بنا على الرقم المدرج على بطاقة الهوية الخاصة بك أو 1-800-254-2721. لمزيد من المساعدة اتصل بقسم التأمين في CA على الرقم 1-800-927-4357 (TTY/TDD: 711)

#### Armenian

Առանց արժեքի լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Դուք կարող եք ստանալ փաստաթղթեր, որոնք կարդում են ձեզ համար, իսկ որոշները՝ ուղարկվում են ձեր լեզվով: Օգնության համար զանգահարեք մեզ ձեր ID քարտում նշված համարով կամ 1-888-254-2721 հեռախոսահամարով: Լրացուցիչ օգնության համար զանգահարեք CA Ապահովագրության բաժանմունք՝ 1-800-927-4357 (TTY/TDD: 711)

#### Chinese

免費語言服務。您可獲得口譯員服務。可以把文件唸給您聽，有些文件有您的語言的版本，也可以把這些文件寄給您。欲取得協助，請致電您的ID卡所列的電話號碼，或致電 1-888-254-2721 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 (TTY/TDD: 711) 與 CA 保險部聯絡

#### Farsi

خدمات زبان بدون هزینه. شما می‌توانید مترجم شفاهی درخواست کنید. می‌توانید بخواهید اسناد برای شما به زبان شما خوانده شود و برخی اسناد به زبان شما برایتان ارسال شود. برای راهنمایی، با ما با شماره مندرج در کارت عضویت خود یا شماره 1-888-254-2721 تماس بگیرید. برای راهنمایی بیشتر با بخش بیمه CA به شماره 1-800-927-4357 (TTY/TDD: 711) تماس بگیرید.

#### Hindi

निःशुल्क भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं। आप दस्तावेज़ अपनी भाषा में पढ़वा सकते हैं और कुछ को अपनी भाषा में खुद तक भिजवा सकते हैं। सहायता के लिए, अपने आईडी कार्ड पर दिए गए नंबर पर या 1-888-254-2721 पर हमें कॉल करें। अधिक सहायता के लिए सीए बीमा विभाग को 1-800-927-4357 पर कॉल करें (TTY/TDD: 711)

#### Hmong

Tsis Sau Nqi Rau Kev Pab Cuam Txog Lus. Koj tuaj yeem tau txais tus kws txhais lus. Koj tuaj yeem tau txais cov ntaub ntawv kom muab nyeem rau koj mloog thiab kom muab xa rau koj ua yam lus koj hais. Rau kev pab, hu peb tus npawb xov tooj muaj nyob ntawm koj daim npav ID los sis 1-888-254-2721. Rau kev pab ntxiv hu lub CA Tuam Tsev Hauj Lwm ntsig txog Kev Tuav Pov Hwm ntawm 1-800-927-4357 (TTY/TDD: 711)

#### Japanese

無料の言語サービス。通訳を頼むこともできます。文書を使用言語で読み上げたり、送信したりすることもできます。サポートが必要な場合、IDカードに記載されている電話番号または 1-888-254-2721 までお電話ください。さらに詳しい情報については、カリフォルニア州保険局までお問い合わせください。電話番号：1-800-927-4357 (TTY/TDD: 711)



**Khmner**

មិនគិតថ្លៃសេវាកម្មនេះ អ្នកអាចទទួលបានអ្នកបកប្រែ។ អ្នកអាចទទួលបានឯកសារអានឱ្យអ្នកស្តាប់ និងឯកសារខ្លះផ្សេងទៀតអ្នកជាភាសាបស្ចិម។ សម្រាប់ជំនួយ សូមទូរសព្ទមកយើងតាមលេខដែលមាននៅក្នុងកាត ID របស់អ្នក ឬ 1-888-254-2721។ សម្រាប់ជំនួយបន្ថែម សូមទូរសព្ទទៅផ្នែកធានារ៉ាប់រង CA តាមរយៈលេខ 1-800-927-4357 (TTY/TDD: 711)

**Korean**

무상 언어 서비스. 통역사를 연결시켜 드립니다. 문서를 귀하에게 읽어드릴 수 있고 어떤 서류는 귀하의 언어로 작성하여 팩으로 보내드릴 수 있습니다. 도움이 필요하시면, 귀하의 ID 카드에 나와 있는 번호 또는 1-888-254-2721 번으로 전화해 주시기 바랍니다. 더 많은 도움이 필요하시면 CA 보험부에 1-800-927-4357 (TTY/TDD: 711)로 전화해 주십시오.

**Punjabi**

ਬਿਨਾਂ ਕੋਈ ਲਾਗਤ ਤਾਮਾ ਸੇਵਾਵਾਂ ਤੁਸੀਂ ਦੁਆਰਾ ਲੈ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੜ੍ਹ ਕੇ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਕੁਝ ਤੁਹਾਡੀ ਤਾਮਾ ਵਿੱਚ ਤੁਹਾਨੂੰ ਭੇਜੇ ਗਏ ਹਨ। ਮਦਦ ਲਈ, ਸਾਨੂੰ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਸੂਚੀਬੱਧ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ 1-888-254-2721. ਹੋਰ ਮਦਦ ਲਈ CA ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ ਇੱਥੇ ਕਾਲ ਕਰੋ 1-800-927-4357 (TTY/TDD: 711)

**Russian**

Доступны бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика. Вам могут зачитать документы вслух, а некоторые из них могут быть отправлены вам на вашем языке. Если вам нужна помощь, позвоните нам по номеру, указанному на вашей идентификационной карте участника плана, или по номеру 1-888-254-2721. Для получения дополнительной помощи позвоните в Департамент страхования штата California по номеру 1-800-927-4357 (TTY/TDD: 711)

**Tagalog**

Walang Gastos na mga Serbisyo sa Wika. Maaari kang kumuha ng interpreter. Maaari mong ipabasa ang mga dokumento sa iyo at ipadala sa iyo ang ilan sa nang nasa wika mo. Para sa tulong, tawagan kami sa numerong nakalista sa iyong ID card o 1-888-254-2721. Para sa higit pang tulong tumawag sa CA Dept. of Insurance sa 1-800-927-4357 (TTY/TDD: 711)

**Thai**

บริการด้านภาษาแบบไม่เสียค่าใช้จ่าย คุณสามารถรับล่ามเพื่อช่วยเหลือได้ คุณสามารถรับเอกสารแบบมีผู้อ่านให้ฟังและส่งให้คุณในภาษาของคุณได้ หากต้องการความช่วยเหลือ โปรดโทรติดต่อเราตามหมายเลขที่ระบุบนบัตรประจำตัวของคุณหรือ 1-888-254-2721 หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรติดต่อกรมการประกันภัยแห่งแคลิฟอร์เนียได้ที่ 1-800-927-4357 (TTY/TDD: 711)

**Vietnamese**

Dịch vụ Ngôn ngữ Miễn Phí. Quý vị có thể được bố trí thông dịch viên. Quý vị có thể yêu cầu họ đọc tài liệu hoặc gửi cho quý vị một số tài liệu bằng ngôn ngữ của quý vị. Để được trợ giúp, hãy gọi cho chúng tôi theo số điện thoại được ghi trên thẻ ID của quý vị hoặc 1-888-254-2721. Để được trợ giúp thêm, hãy gọi cho Sở Bảo hiểm CA theo số 1-800-927-4357 (TTY/TDD: 711)

**It's important we treat you fairly**

We follow state and federal civil rights laws in our health programs and activities. Members can get reasonable modifications as well as free auxiliary aids and services if you have a disability. We don't discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability. For people whose primary language isn't English (or have limited proficiency), we offer free language assistance services, in a timely manner, like interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711) or visit our website. If you think we failed in any areas or to learn more about grievance procedures, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Richmond, VA 23279, or if you think you were discriminated against based on race, color, national origin, age, disability, or sex, you can mail a complaint directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>



# Your summary of benefits



Anthem® Blue Cross Life and Health Insurance Company

Your Plan: San Joaquin Valley Insurance Authority (JPA): Custom EPO 500 (Sierra)

Your Network: EPO

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge
Mental Health & Substance Use Disorder Services	No charge
Specialist care	\$35 copay per visit

Covered Medical Benefits	Cost if you use an In-Network Provider
Overall Deductible	\$0 person
<b>Overall Out-of-Pocket Limit</b> <i>The out-of-pocket costs you pay for prescription drugs obtained at a pharmacy will apply to a separate Pharmacy Out-of-Pocket Limit. See the Covered Prescription Drug Benefits section.</i>	\$3,000 person / \$6,000 family

To get benefits under this Plan, you must use In-Network Providers. **Services from Out-of-Network Providers are not covered**, except for Emergency Care, Authorized Services, or when required by law. Please be sure to contact us if you are not sure if we have approved an Authorized Service.

The family out-of-pocket limit is embedded, meaning each covered person is capped at his or her per person out-of-pocket limit; in addition, cost shares for all covered family members apply to the family out-of-pocket limit, yet no one member will pay more than the per person out-of-pocket limit.

All medical deductibles, copayments and coinsurance apply to the out-of-pocket limit.

**Doctor Visits (virtual and office)** *You are encouraged to select a Primary Care Physician (PCP).*

<b>Primary Care (PCP) and Mental Health and Substance Use Disorder Services</b> <i>virtual and office</i>	\$35 copay per visit
<b>Specialist Provider</b> <i>virtual and office</i>	\$35 copay per visit
<b><u>Other Practitioner Visits</u></b>	
<b>Maternity Doctor services</b> (prenatal/postpartum care and delivery)	No charge
<b>Retail Health Clinic</b> <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i>	\$35 copay per visit
<b>Manipulation Therapy</b> <i>Coverage is limited to 40 visits per benefit period.</i>	\$35 copay per visit

Covered Medical Benefits	Cost if you use an In-Network Provider
<b>Acupuncture</b>	\$35 copay per visit
<b><u>Other Services in an Office</u></b>	
<b>Allergy Testing</b>	No charge
<b>Prescription Drugs</b> <i>Dispensed in the office</i> <i>Maximum of \$250 member cost share per drug.</i>	No charge
<b>Surgery</b>	No charge
<b>Preventive care / screenings / immunizations</b>	No charge
<b>Preventive Care for Chronic Conditions</b> <i>per IRS guidelines</i>	No charge
<b><u>Diagnostic Services Lab</u></b>	
Office	No charge
Freestanding Lab	No charge
Outpatient Hospital	No charge
<b><u>Diagnostic Services X-Ray</u></b>	
Office	No charge
Freestanding Radiology Center	No charge
Outpatient Hospital	No charge
<b><u>Diagnostic Services Advanced Diagnostic Imaging</u></b> <i>for example: MRI, PET and CAT scans</i>	
Office	No charge
Freestanding Radiology Center	No charge
Outpatient Hospital	No charge
<b><u>Emergency and Urgent Care</u></b>	
<b>Urgent Care</b> <i>includes doctor services. Additional charges may apply depending on the care provided.</i>	\$35 copay per visit
<b>Emergency Room Facility Services</b> <i>Your copay will be waived if admitted.</i>	<b>In-Network and Out-of-Network Providers:</b> \$250 copay per visit
<b>Emergency Room Doctor and Other Services</b>	<b>In-Network and Out-of-Network Providers:</b> No charge

Covered Medical Benefits	Cost if you use an In-Network Provider
<b>Ambulance</b>	<b>In-Network and Out-of-Network Providers:</b> No charge
<b><u>Outpatient Mental Health and Substance Use Disorder Services at a Facility</u></b> <b>Facility Fees</b>  <b>Doctor Services</b>	No charge  No charge
<b><u>Outpatient Surgery</u></b> <b>Facility Fees</b> Hospital  Ambulatory Surgical Center  <b>Physician and other services</b> <i>including surgeon fees</i> Hospital	No charge  No charge  No charge
<b><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></b> <i>If readmitted within 72 hours for the same condition, no additional facility copay is required. If transferred between facilities, only one copay will apply.</i> <b>Facility Fees</b> <b>Physician and other services</b> <i>including surgeon fees</i>	\$500 copay per admission No charge
<b><u>Home Health Care</u></b> <i>Coverage is limited to 100 visits per benefit period.</i>	\$35 copay per visit
<b><u>Therapy Services</u></b> <b>Rehabilitation and Habilitation services</b> <i>including physical, occupational and speech therapies.</i> <i>Coverage for physical, occupational and speech therapies is limited to 60 days combined per benefit period.</i> Office Outpatient Hospital	\$35 copay per visit No charge
<b>Pulmonary rehabilitation</b>  Office Outpatient Hospital	\$35 copay per visit No charge
<b>Cardiac rehabilitation</b>  Office Outpatient Hospital	\$35 copay per visit No charge
<b>Dialysis/Hemodialysis</b> <i>office and outpatient hospital</i>	No charge

Covered Medical Benefits	Cost if you use an In-Network Provider
<b>Chemo/Radiation Therapy</b> <i>office and outpatient hospital</i>	No charge
<b>Skilled Nursing Care (facility)</b> <i>Coverage is limited to 100 days per benefit period.</i>	No charge
<b>Inpatient Hospice</b>	No charge
<b><u>Additional Services, Equipment and Devices</u></b>	
<b>Durable Medical Equipment</b>	No charge
<b>Prosthetic Devices</b>	No charge
<b>Wigs</b> <i>Coverage for wigs is restricted to one item per benefit period following cancer treatment, with a maximum allowance of \$750 per wig.</i>	No charge

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
<b>Pharmacy Deductible</b>	Not applicable	Not covered
<b>Pharmacy Out-of-Pocket Limit</b>	\$2,000 person / \$4,000 family	Not covered
<b>Prescription Drug Coverage</b> <b>Network: <i>Base Network</i></b> <b>Drug List: <i>National Direct Plus</i></b>		
<b>Day Supply Limits:</b> <b>Retail Pharmacy</b> 30 day supply (cost shares noted below) <b>Retail 90 Pharmacy</b> 90 day supply (2 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies). <b>Home Delivery Pharmacy</b> 90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service. <b>Specialty Pharmacy</b> 30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.		
<b>Tier 1 - Typically Generic</b>	\$10 copay per prescription (retail) and \$15 copay per prescription (home delivery)	Not covered (retail and home delivery)
<b>Tier 2 - Typically Preferred Brand</b>	\$20 copay per prescription (retail) and \$30 copay per prescription (home delivery)	Not covered (retail and home delivery)

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
<b>Tier 3 - Typically Non-Preferred Brand</b>	\$35 copay per prescription (retail) and \$60 copay per prescription (home delivery)	Not covered (retail and home delivery)
<b>Tier 4 - Typically Specialty (brand and generic)</b>	\$35 copay per prescription (retail and home delivery)	Not covered (retail and home delivery)

#### Notes:

- If you have an office visit with your Primary Care Physician, Specialist or Urgent Care at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under “Outpatient Facility Services”.
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.
- Coverage includes standard fertility preservation services as a basic healthcare service including but are not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.

*This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.*

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Questions: (855) 333-5730 or visit us at [www.anthem.com/ca](http://www.anthem.com/ca)

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## Get help in your language

### Language Assistance Services

Curious to know what all this says?

We would be too. Here's the English version: No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-888-254-2721. For more help call the CA Dept. of Insurance at 1-800-927-4357 (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternative formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card

#### Spanish

Servicios lingüísticos sin costo. Puede solicitar los servicios de un intérprete. También puede solicitar que le leamos y le enviemos algunos documentos en su idioma. Llame al número que figura en su tarjeta de identificación o al 1-888-254-2721. Si necesita más ayuda, llame al Departamento de Seguros de California al 1-800-927-4357 (TTY/TDD: 711).

#### Arabic

خدمات لغوية مجانية. يمكنك الحصول على مترجم فوري. يمكنك الحصول على مستندات تُقرأ لك وإرسال بعضها إليك بلغتك. للحصول على المساعدة، اتصل بنا على الرقم المدرج على بطاقة الهوية الخاصة بك أو 1-800-254-2721. لمزيد من المساعدة اتصل بقسم التأمين في CA على الرقم 1-800-927-4357 (TTY/TDD: 711)

#### Armenian

Առանց արժեքի լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Դուք կարող եք ստանալ փաստաթղթեր, որոնք կարդում են ձեզ համար, իսկ որոշները՝ ուղարկվում են ձեր լեզվով: Օգնության համար զանգահարեք մեզ ձեր ID քարտում նշված համարով կամ 1-888-254-2721 հեռախոսահամարով: Լրացուցիչ օգնության համար զանգահարեք CA Ապահովագրության բաժանմունք՝ 1-800-927-4357 (TTY/TDD: 711)

#### Chinese

免費語言服務。您可獲得口譯員服務。可以把文件唸給您聽，有些文件有您的語言的版本，也可以把這些文件寄給您。欲取得協助，請致電您的ID卡所列的電話號碼，或致電 1-888-254-2721 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 (TTY/TDD: 711) 與 CA 保險部聯絡

#### Farsi

خدمات زبان بدون هزینه. شما می‌توانید مترجم شفاهی درخواست کنید. می‌توانید بخواهید اسناد برای شما به زبان شما خوانده شود و برخی اسناد به زبان شما برایتان ارسال شود. برای راهنمایی، با ما با شماره مندرج در کارت عضویت خود یا شماره 1-888-254-2721 تماس بگیرید. برای راهنمایی بیشتر با بخش بیمه CA به شماره 1-800-927-4357 (TTY/TDD: 711) تماس بگیرید.

#### Hindi

निःशुल्क भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं। आप दस्तावेज़ अपनी भाषा में पढ़वा सकते हैं और कुछ को अपनी भाषा में खुद तक भिजवा सकते हैं। सहायता के लिए, अपने आईडी कार्ड पर दिए गए नंबर पर या 1-888-254-2721 पर हमें कॉल करें। अधिक सहायता के लिए सीए बीमा विभाग को 1-800-927-4357 पर कॉल करें (TTY/TDD: 711)

#### Hmong

Tsis Sau Nqi Rau Kev Pab Cuam Txog Lus. Koj tuaj yeem tau txais tus kws txhais lus. Koj tuaj yeem tau txais cov ntaub ntawv kom muab nyeem rau koj mloog thiab kom muab xa rau koj ua yam lus koj hais. Rau kev pab, hu peb tus npawb xov tooj muaj nyob ntawm koj daim npav ID los sis 1-888-254-2721. Rau kev pab ntxiv hu lub CA Tuam Tsev Hauj Lwm ntsig txog Kev Tuav Pov Hwm ntawm 1-800-927-4357 (TTY/TDD: 711)

#### Japanese

無料の言語サービス。通訳を頼むこともできます。文書を使用言語で読み上げたり、送信したりすることもできます。サポートが必要な場合、IDカードに記載されている電話番号または 1-888-254-2721 までお電話ください。さらに詳しい情報については、カリフォルニア州保険局までお問い合わせください。電話番号：1-800-927-4357 (TTY/TDD: 711)



**Khmner**

មិនគិតថ្លៃសេវាកម្មនេះ អ្នកអាចទទួលបានអ្នកបកប្រែ។ អ្នកអាចទទួលបានឯកសារអានឱ្យអ្នកស្តាប់ និងឯកសារខ្លះផ្សេងទៀតអ្នកជាភាសាបស្ចិម។ សម្រាប់ជំនួយ សូមទូរសព្ទមកយើងតាមលេខដែលមាននៅក្នុងកាត ID របស់អ្នក ឬ 1-888-254-2721។ សម្រាប់ជំនួយបន្ថែម សូមទូរសព្ទទៅផ្នែកធានារ៉ាប់រង CA តាមរយៈលេខ 1-800-927-4357 (TTY/TDD: 711)

**Korean**

무상 언어 서비스. 통역사를 연결시켜 드립니다. 문서를 귀하에게 읽어드릴 수 있고 어떤 서류는 귀하의 언어로 작성하여 팩으로 보내드릴 수 있습니다. 도움이 필요하시면, 귀하의 ID 카드에 나와 있는 번호 또는 1-888-254-2721 번으로 전화해 주시기 바랍니다. 더 많은 도움이 필요하시면 CA 보험부에 1-800-927-4357 (TTY/TDD: 711)로 전화해 주십시오.

**Punjabi**

ਬਿਨਾਂ ਕੋਈ ਲਾਗਤ ਤਾਮਾ ਸੇਵਾਵਾਂ ਤੁਸੀਂ ਦੁਆਰਾ ਲੈ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੜ੍ਹ ਕੇ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਕੁਝ ਤੁਹਾਡੀ ਤਾਮਾ ਵਿੱਚ ਤੁਹਾਨੂੰ ਭੇਜੇ ਗਏ ਹਨ। ਮਦਦ ਲਈ, ਸਾਨੂੰ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਸੂਚੀਬੱਧ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ 1-888-254-2721. ਹੋਰ ਮਦਦ ਲਈ CA ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ ਇੱਥੇ ਕਾਲ ਕਰੋ 1-800-927-4357 (TTY/TDD: 711)

**Russian**

Доступны бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика. Вам могут зачитать документы вслух, а некоторые из них могут быть отправлены вам на вашем языке. Если вам нужна помощь, позвоните нам по номеру, указанному на вашей идентификационной карте участника плана, или по номеру 1-888-254-2721. Для получения дополнительной помощи позвоните в Департамент страхования штата California по номеру 1-800-927-4357 (TTY/TDD: 711)

**Tagalog**

Walang Gastos na mga Serbisyo sa Wika. Maaari kang kumuha ng interpreter. Maaari mong ipabasa ang mga dokumento sa iyo at ipadala sa iyo ang ilan sa nang nasa wika mo. Para sa tulong, tawagan kami sa numerong nakalista sa iyong ID card o 1-888-254-2721. Para sa higit pang tulong tumawag sa CA Dept. of Insurance sa 1-800-927-4357 (TTY/TDD: 711)

**Thai**

บริการด้านภาษาแบบไม่เสียค่าใช้จ่าย คุณสามารถรับล่ามเพื่อช่วยเหลือได้ คุณสามารถรับเอกสารแบบมีผู้อ่านให้ฟังและส่งให้คุณในภาษาของคุณได้ หากต้องการความช่วยเหลือ โปรดโทรติดต่อเราตามหมายเลขที่ระบุบนบัตรประจำตัวของคุณหรือ 1-888-254-2721 หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรติดต่อกรมการประกันภัยแห่งแคลิฟอร์เนียได้ที่ 1-800-927-4357 (TTY/TDD: 711)

**Vietnamese**

Dịch vụ Ngôn ngữ Miễn Phí. Quý vị có thể được bố trí thông dịch viên. Quý vị có thể yêu cầu họ đọc tài liệu hoặc gửi cho quý vị một số tài liệu bằng ngôn ngữ của quý vị. Để được trợ giúp, hãy gọi cho chúng tôi theo số điện thoại được ghi trên thẻ ID của quý vị hoặc 1-888-254-2721. Để được trợ giúp thêm, hãy gọi cho Sở Bảo hiểm CA theo số 1-800-927-4357 (TTY/TDD: 711)



**It's important we treat you fairly**

We follow state and federal civil rights laws in our health programs and activities. Members can get reasonable modifications as well as free auxiliary aids and services if you have a disability. We don't discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability. For people whose primary language isn't English (or have limited proficiency), we offer free language assistance services, in a timely manner, like interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711) or visit our website. If you think we failed in any areas or to learn more about grievance procedures, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Richmond, VA 23279, or if you think you were discriminated against based on race, color, national origin, age, disability, or sex, you can mail a complaint directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

# Your summary of benefits



Anthem® Blue Cross Life and Health Insurance Company

Your Plan: San Joaquin Valley Insurance Authority (JPA): Custom EPO 1000 (Pismo)

Your Network: EPO

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge
Mental Health & Substance Use Disorder Services	No charge
Specialist care	\$35 copay per visit

Covered Medical Benefits	Cost if you use an In-Network Provider
Overall Deductible	\$0 person
Overall Out-of-Pocket Limit <i>The out-of-pocket costs you pay for prescription drugs obtained at a pharmacy will apply to a separate Pharmacy Out-of-Pocket Limit. See the Covered Prescription Drug Benefits section.</i>	\$4,000 person / \$8,000 family

To get benefits under this Plan, you must use In-Network Providers. **Services from Out-of-Network Providers are not covered**, except for Emergency Care, Authorized Services, or when required by law. Please be sure to contact us if you are not sure if we have approved an Authorized Service.

The family out-of-pocket limit is embedded, meaning each covered person is capped at his or her per person out-of-pocket limit; in addition, cost shares for all covered family members apply to the family out-of-pocket limit, yet no one member will pay more than the per person out-of-pocket limit.

All medical deductibles, copayments and coinsurance apply to the out-of-pocket limit.

**Doctor Visits (virtual and office)** *You are encouraged to select a Primary Care Physician (PCP).*

Primary Care (PCP) and Mental Health and Substance Use Disorder Services <i>virtual and office</i>	\$35 copay per visit
Specialist Provider <i>virtual and office</i>	\$35 copay per visit
<b>Other Practitioner Visits</b>	
Maternity Doctor services (prenatal/postpartum care and delivery)	No charge
Retail Health Clinic <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i>	\$35 copay per visit
Manipulation Therapy <i>Coverage is limited to 40 visits per benefit period.</i>	\$35 copay per visit

Covered Medical Benefits	Cost if you use an In-Network Provider
<b>Acupuncture</b>	\$35 copay per visit
<u><b>Other Services in an Office</b></u> <b>Allergy Testing</b>  <b>Prescription Drugs</b> <i>Dispensed in the office</i> <i>Maximum of \$250 member cost share per drug.</i> <b>Surgery</b>	No charge  No charge  No charge
<b>Preventive care / screenings / immunizations</b>	No charge
<b>Preventive Care for Chronic Conditions</b> <i>per IRS guidelines</i>	No charge
<u><b>Diagnostic Services Lab</b></u> Office  Freestanding Lab  Outpatient Hospital	No charge  No charge  No charge
<u><b>Diagnostic Services X-Ray</b></u> Office  Freestanding Radiology Center  Outpatient Hospital	No charge  No charge  No charge
<u><b>Diagnostic Services Advanced Diagnostic Imaging</b></u> <i>for example: MRI, PET and CAT scans</i>  Office  Freestanding Radiology Center  Outpatient Hospital	No charge  No charge  No charge
<u><b>Emergency and Urgent Care</b></u> <b>Urgent Care</b> <i>includes doctor services. Additional charges may apply depending on the care provided.</i>  <b>Emergency Room Facility Services</b> <i>Your copay will be waived if admitted.</i> <b>Emergency Room Doctor and Other Services</b>  <b>Ambulance</b>	\$35 copay per visit  <b>In-Network and Out-of-Network Providers:</b> \$300 copay per visit <b>In-Network and Out-of-Network Providers:</b> No charge <b>In-Network and Out-of-Network Providers:</b> No charge

Covered Medical Benefits	Cost if you use an In-Network Provider
<b><u>Outpatient Mental Health and Substance Use Disorder Services at a Facility</u></b> <b>Facility Fees</b>  <b>Doctor Services</b>	 No charge  No charge
<b><u>Outpatient Surgery</u></b> <b>Facility Fees</b> Hospital  Ambulatory Surgical Center  <b>Physician and other services including surgeon fees</b> Hospital	 No charge  No charge  No charge
<b><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></b> <i>If readmitted within 72 hours for the same condition, no additional facility copay is required. If transferred between facilities, only one copay will apply.</i> <b>Facility Fees</b> <b>Physician and other services including surgeon fees</b>	 \$1,000 copay per admission No charge
<b><u>Home Health Care</u></b> <i>Coverage is limited to 100 visits per benefit period.</i>	\$35 copay per visit
<b><u>Therapy Services</u></b> <b>Rehabilitation and Habilitation services</b> <i>including physical, occupational and speech therapies.</i> <i>Coverage for physical, occupational and speech therapies is limited to 60 days combined per benefit period.</i> Office Outpatient Hospital	 \$35 copay per visit No charge
<b>Pulmonary rehabilitation</b>  Office Outpatient Hospital	 \$35 copay per visit No charge
<b>Cardiac rehabilitation</b>  Office Outpatient Hospital	 \$35 copay per visit No charge
<b>Dialysis/Hemodialysis</b> <i>office and outpatient hospital</i>	No charge

Covered Medical Benefits	Cost if you use an In-Network Provider
<b>Chemo/Radiation Therapy</b> <i>office and outpatient hospital</i>	No charge
<b>Skilled Nursing Care (facility)</b> <i>Coverage is limited to 100 days per benefit period.</i>	No charge
<b>Inpatient Hospice</b>	No charge
<b><u>Additional Services, Equipment and Devices</u></b>	
<b>Durable Medical Equipment</b>	No charge
<b>Prosthetic Devices</b>	No charge
<b>Wigs</b> <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>	No charge
<b>Hearing Aids</b> <i>Coverage for wigs is restricted to one item per benefit period following cancer treatment, with a maximum allowance of \$750 per wig.</i>	No charge

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
<b>Pharmacy Deductible</b>	Not applicable	Not covered
<b>Pharmacy Out-of-Pocket Limit</b>	\$2,000 person / \$4,000 family	Not covered
<b>Prescription Drug Coverage</b> <b>Network: <i>Base Network</i></b> <b>Drug List: <i>National direct plus</i></b>		
<b>Day Supply Limits:</b> <b>Retail Pharmacy</b> 30 day supply (cost shares noted below) <b>Retail 90 Pharmacy</b> 90 day supply (2 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies). <b>Home Delivery Pharmacy</b> 90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service. <b>Specialty Pharmacy</b> 30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.		
<b>Tier 1 - Typically Generic</b>	\$10 copay per prescription (retail) and \$15 copay per prescription (home delivery)	Not covered (retail and home delivery)
<b>Tier 2 - Typically Preferred Brand</b>	\$20 copay per prescription (retail) and \$30 copay per prescription (home	Not covered (retail and home delivery)

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
	delivery)	
<b>Tier 3 - Typically Non-Preferred Brand</b>	\$35 copay per prescription (retail) and \$60 copay per prescription (home delivery)	Not covered (retail and home delivery)
<b>Tier 4 - Typically Specialty (brand and generic)</b>	\$35 copay per prescription (retail and home delivery)	Not covered (retail and home delivery)

#### Notes:

- If you have an office visit with your Primary Care Physician, Specialist or Urgent Care at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under “Outpatient Facility Services”.
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.
- Coverage includes standard fertility preservation services as a basic healthcare service including but are not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.

*This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.*

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Questions: (855) 333-5730 or visit us at [www.anthem.com/ca](http://www.anthem.com/ca)

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## Get help in your language

### Language Assistance Services

Curious to know what all this says?

We would be too. Here's the English version: No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-888-254-2721. For more help call the CA Dept. of Insurance at 1-800-927-4357 (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternative formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card

#### Spanish

Servicios lingüísticos sin costo. Puede solicitar los servicios de un intérprete. También puede solicitar que le leamos y le enviemos algunos documentos en su idioma. Llame al número que figura en su tarjeta de identificación o al 1-888-254-2721. Si necesita más ayuda, llame al Departamento de Seguros de California al 1-800-927-4357 (TTY/TDD: 711).

#### Arabic

خدمات لغوية مجانية. يمكنك الحصول على مترجم فوري. يمكنك الحصول على مستندات تُقرأ لك وإرسال بعضها إليك بلغتك. للحصول على المساعدة، اتصل بنا على الرقم المدرج على بطاقة الهوية الخاصة بك أو 1-800-254-2721. لمزيد من المساعدة اتصل بقسم التأمين في CA على الرقم 1-800-927-4357 (TTY/TDD: 711)

#### Armenian

Առանց արժեքի լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Դուք կարող եք ստանալ փաստաթղթեր, որոնք կարդում են ձեզ համար, իսկ որոշները՝ ուղարկվում են ձեր լեզվով: Օգնության համար զանգահարեք մեզ ձեր ID քարտում նշված համարով կամ 1-888-254-2721 հեռախոսահամարով: Լրացուցիչ օգնության համար զանգահարեք CA Ապահովագրության բաժանմունք՝ 1-800-927-4357 (TTY/TDD: 711)

#### Chinese

免費語言服務。您可獲得口譯員服務。可以把文件唸給您聽，有些文件有您的語言的版本，也可以把這些文件寄給您。欲取得協助，請致電您的ID卡所列的電話號碼，或致電 1-888-254-2721 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 (TTY/TDD: 711) 與 CA 保險部聯絡

#### Farsi

خدمات زبان بدون هزینه. شما می‌توانید مترجم شفاهی درخواست کنید. می‌توانید بخواهید اسناد برای شما به زبان شما خوانده شود و برخی اسناد به زبان شما برایتان ارسال شود. برای راهنمایی، با ما با شماره مندرج در کارت عضویت خود یا شماره 1-888-254-2721 تماس بگیرید. برای راهنمایی بیشتر با بخش بیمه CA به شماره 1-800-927-4357 (TTY/TDD: 711) تماس بگیرید.

#### Hindi

निःशुल्क भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं। आप दस्तावेज़ अपनी भाषा में पढ़वा सकते हैं और कुछ को अपनी भाषा में खुद तक भिजवा सकते हैं। सहायता के लिए, अपने आईडी कार्ड पर दिए गए नंबर पर या 1-888-254-2721 पर हमें कॉल करें। अधिक सहायता के लिए सीए बीमा विभाग को 1-800-927-4357 पर कॉल करें (TTY/TDD: 711)

#### Hmong

Tsis Sau Nqi Rau Kev Pab Cuam Txog Lus. Koj tuaj yeem tau txais tus kws txhais lus. Koj tuaj yeem tau txais cov ntaub ntawv kom muab nyeem rau koj mloog thiab kom muab xa rau koj ua yam lus koj hais. Rau kev pab, hu peb tus npawb xov tooj muaj nyob ntawm koj daim npav ID los sis 1-888-254-2721. Rau kev pab ntxiv hu lub CA Tuam Tsev Hauj Lwm ntsig txog Kev Tuav Pov Hwm ntawm 1-800-927-4357 (TTY/TDD: 711)

#### Japanese

無料の言語サービス。通訳を頼むこともできます。文書を使用言語で読み上げたり、送信したりすることもできます。サポートが必要な場合、IDカードに記載されている電話番号または 1-888-254-2721 までお電話ください。さらに詳しい情報については、カリフォルニア州保険局までお問い合わせください。電話番号：1-800-927-4357 (TTY/TDD: 711)



**Khmner**

មិនគិតថ្លៃសេវាកាសាទេ។ អ្នកអាចទទួលបានអ្នកបកប្រែ។ អ្នកអាចទទួលបានឯកសារអានឱ្យអ្នកស្តាប់ និងឯកសារខ្លះផ្សេងទៀតអ្នកជាភាសាបស្ចឹម។ សម្រាប់ជំនួយ សូមទូរសព្ទមកយើងតាមលេខដែលមាននៅក្នុងកាត ID របស់អ្នក ឬ 1-888-254-2721។ សម្រាប់ជំនួយបន្ថែម សូមទូរសព្ទទៅផ្នែកធានារ៉ាប់រង CA តាមរយៈលេខ 1-800-927-4357 (TTY/TDD: 711)

**Korean**

무상 언어 서비스. 통역사를 연결시켜 드립니다. 문서를 귀하에게 읽어드릴 수 있고 어떤 서류는 귀하의 언어로 작성하여 팩으로 보내드릴 수 있습니다. 도움이 필요하시면, 귀하의 ID 카드에 나와 있는 번호 또는 1-888-254-2721 번으로 전화해 주시기 바랍니다. 더 많은 도움이 필요하시면 CA 보험부에 1-800-927-4357 (TTY/TDD: 711)로 전화해 주십시오.

**Punjabi**

ਬਿਨਾਂ ਕੋਈ ਲਾਗਤ ਤਾਮਾ ਸੇਵਾਵਾਂ ਤੁਸੀਂ ਦੁਆਰਾ ਲੈ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੜ੍ਹ ਕੇ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਕੁਝ ਤੁਹਾਡੀ ਤਾਮਾ ਵਿੱਚ ਤੁਹਾਨੂੰ ਭੇਜੇ ਗਏ ਹਨ। ਮਦਦ ਲਈ, ਸਾਨੂੰ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਸੂਚੀਬੱਧ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ 1-888-254-2721. ਹੋਰ ਮਦਦ ਲਈ CA ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ ਇੱਥੇ ਕਾਲ ਕਰੋ 1-800-927-4357 (TTY/TDD: 711)

**Russian**

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**Tagalog**

Walang Gastos na mga Serbisyo sa Wika. Maaari kang kumuha ng interpreter. Maaari mong ipabasa ang mga dokumento sa iyo at ipadala sa iyo ang ilan sa nang nasa wika mo. Para sa tulong, tawagan kami sa numerong nakalista sa iyong ID card o 1-888-254-2721. Para sa higit pang tulong tumawag sa CA Dept. of Insurance sa 1-800-927-4357 (TTY/TDD: 711)

**Thai**

บริการด้านภาษาแบบไม่เสียค่าใช้จ่าย คุณสามารถรับล่ามเพื่อช่วยเหลือได้ คุณสามารถรับเอกสารแบบมีผู้อ่านให้ฟังและส่งให้คุณในภาษาของคุณได้ หากต้องการความช่วยเหลือ โปรดโทรติดต่อเราตามหมายเลขที่ระบุบนบัตรประจำตัวของคุณหรือ 1-888-254-2721 หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรติดต่อกรมการประกันภัยแห่งแคลิฟอร์เนียได้ที่ 1-800-927-4357 (TTY/TDD: 711)

**Vietnamese**

Dịch vụ Ngôn ngữ Miễn Phí. Quý vị có thể được bố trí thông dịch viên. Quý vị có thể yêu cầu họ đọc tài liệu hoặc gửi cho quý vị một số tài liệu bằng ngôn ngữ của quý vị. Để được trợ giúp, hãy gọi cho chúng tôi theo số điện thoại được ghi trên thẻ ID của quý vị hoặc 1-888-254-2721. Để được trợ giúp thêm, hãy gọi cho Sở Bảo hiểm CA theo số 1-800-927-4357 (TTY/TDD: 711)

**It's important we treat you fairly**

We follow state and federal civil rights laws in our health programs and activities. Members can get reasonable modifications as well as free auxiliary aids and services if you have a disability. We don't discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability. For people whose primary language isn't English (or have limited proficiency), we offer free language assistance services, in a timely manner, like interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711) or visit our website. If you think we failed in any areas or to learn more about grievance procedures, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Richmond, VA 23279, or if you think you were discriminated against based on race, color, national origin, age, disability, or sex, you can mail a complaint directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

# Your summary of benefits



Anthem® Blue Cross Life and Health Insurance Company

Your Plan: San Joaquin Valley Insurance Authority (JPA): Anthem PPO HDHP 2000

Your Network: Prudent Buyer PPO

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge after deductible is met
Mental Health & Substance Use Disorder Services	No charge after deductible is met
Specialist care	No charge after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<b>Overall Deductible</b> <i>Subscriber Only Coverage</i>  <i>Subscriber and Family Coverage</i>	\$2,000 individual  \$4,000 member / \$4,000 family	\$2,000 individual  \$4,000 member / \$4,000 family
<b>Overall Out-of-Pocket Limit</b> <i>Subscriber Only Coverage</i>  <i>Subscriber and Family Coverage</i> <i>The out-of-pocket costs you pay for prescription drugs obtained at a pharmacy will apply to a separate Pharmacy Out-of-Pocket Limit. See the Covered Prescription Drug Benefits section.</i>	\$4,000 individual  \$4,000 member / \$6,000 family	\$10,000 individual  \$10,000 member / \$15,000 family
<p>The individual deductible and individual out-of-pocket limit apply to an individual enrolled under subscriber only coverage.</p> <p>The family deductible and out-of-pocket limit are embedded, meaning the cost shares of one family member will be applied to the member deductible and member out-of-pocket limit; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the member deductible or member out-of-pocket limit.</p> <p>All medical deductibles, copayments and coinsurance apply to the out-of-pocket limit.</p> <p>In-Network and Out-of-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.</p>		
<b>Doctor Visits (virtual and office)</b> <i>You are encouraged to select a Primary Care Physician (PCP).</i>		
<b>Primary Care (PCP) and Mental Health and Substance Use Disorder Services</b> <i>virtual and office</i> <b>Specialist Provider</b> <i>virtual and office</i>	20% coinsurance after deductible is met  20% coinsurance after deductible is met	40% coinsurance after deductible is met  40% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<b><u>Other Practitioner Visits</u></b> <b>Maternity Doctor services</b> (prenatal/postpartum care and delivery)  <b>Retail Health Clinic</b> <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i>  <b>Manipulation Therapy</b> <i>Coverage is limited to 24 visits per benefit period.</i> <b>Acupuncture</b> <i>Coverage is limited to 12 visits per benefit period.</i>	20% coinsurance after deductible is met  20% coinsurance after deductible is met  20% coinsurance after deductible is met  20% coinsurance after deductible is met	40% coinsurance after deductible is met  40% coinsurance after deductible is met  40% coinsurance after deductible is met  40% coinsurance after deductible is met
<b><u>Other Services in an Office</u></b> <b>Allergy Testing</b>  <b>Prescription Drugs</b> <i>Dispensed in the office</i> <i>Maximum of \$250 member cost share per drug.</i> <b>Surgery</b>	20% coinsurance after deductible is met  30% coinsurance after deductible is met  20% coinsurance after deductible is met	40% coinsurance after deductible is met  40% coinsurance after deductible is met  40% coinsurance after deductible is met
<b>Preventive care / screenings / immunizations</b>	No charge	40% coinsurance after deductible is met
<b>Preventive Care for Chronic Conditions</b> <i>per IRS guidelines</i>	No charge	Cost share is based on the setting services are received.
<b><u>Diagnostic Services Lab</u></b> Office  Freestanding Lab  Outpatient Hospital	20% coinsurance after deductible is met  20% coinsurance after deductible is met  20% coinsurance after deductible is met	40% coinsurance after deductible is met  40% coinsurance after deductible is met  40% coinsurance after deductible is met
<b><u>Diagnostic Services X-Ray</u></b> Office  Freestanding Radiology Center  Outpatient Hospital	20% coinsurance after deductible is met  20% coinsurance after deductible is met  20% coinsurance after deductible is met	40% coinsurance after deductible is met  40% coinsurance after deductible is met  40% coinsurance after deductible is met
<b><u>Diagnostic Services Advanced Diagnostic Imaging</u></b> <i>for example: MRI, PET and CAT scans</i> Office  Freestanding Radiology Center	20% coinsurance after deductible is met  20% coinsurance after deductible is met	40% coinsurance after deductible is met  40% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b><u>Emergency and Urgent Care</u></b> <b>Urgent Care</b> includes doctor services. Additional charges may apply depending on the care provided.  <b>Emergency Room Facility Services</b>  <b>Emergency Room Doctor and Other Services</b>  <b>Ambulance</b>	20% coinsurance after deductible is met  20% coinsurance after deductible is met  20% coinsurance after deductible is met	40% coinsurance after deductible is met  Covered as In-Network  Covered as In-Network  Covered as In-Network
<b><u>Outpatient Mental Health and Substance Use Disorder Services at a Facility</u></b> <b>Facility Fees</b>  <b>Doctor Services</b>	20% coinsurance after deductible is met  20% coinsurance after deductible is met	40% coinsurance after deductible is met  40% coinsurance after deductible is met
<b><u>Outpatient Surgery</u></b> <b>Facility Fees</b> Hospital  Ambulatory Surgical Center  <b>Physician and other services</b> including surgeon fees Hospital	20% coinsurance after deductible is met  20% coinsurance after deductible is met  20% coinsurance after deductible is met	40% coinsurance after deductible is met  40% coinsurance after deductible is met  40% coinsurance after deductible is met
<b><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></b>  <b>Facility Fees</b>  <b>Physician and other services</b> including surgeon fees	20% coinsurance after deductible is met  20% coinsurance after deductible is met	40% coinsurance after deductible is met  40% coinsurance after deductible is met
<b><u>Home Health Care</u></b> Coverage is limited to 100 visits per benefit period.	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b><u>Therapy Services</u></b> <b>Rehabilitation and Habilitation services</b> including physical, occupational and speech therapies.  Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Pulmonary rehabilitation</b> <i>office and outpatient hospital</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Cardiac rehabilitation</b> <i>office and outpatient hospital</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Dialysis/Hemodialysis</b> <i>office and outpatient hospital</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Chemo/Radiation Therapy</b> <i>office and outpatient hospital</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Skilled Nursing Care (facility)</b> <i>Coverage is limited to 100 days per benefit period.</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Inpatient Hospice</b>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b><u>Additional Services, Equipment and Devices</u></b>		
<b>Durable Medical Equipment</b>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Prosthetic Devices</b>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Wigs</b> <i>Coverage for wigs is restricted to one item per benefit period following cancer treatment, with a maximum allowance of \$750 per wig.</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
<b>Pharmacy Deductible</b>	Combined with In-Network medical deductible	Not Applicable
<b>Pharmacy Out-of-Pocket Limit</b>	Combined with In-Network medical Out of Pocket	Not Applicable

**Prescription Drug Coverage**  
**Network:** *Base Network*  
**Drug List:** *National Direct Plus*

**Day Supply Limits:**  
**Retail Pharmacy** 30 day supply (cost shares noted below)  
**Retail 90 Pharmacy** 90 day supply (3 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies).  
**Home Delivery Pharmacy** 90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service.  
**Specialty Pharmacy** 30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs



Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
<i>with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.</i>		
<b>Preventive Drugs</b> No deductible, copayment or coinsurance applies to prescription drugs on the PreventiveRX Plus drug list when you use an In-Network Pharmacy.		
<b>Tier 1 - Typically Generic</b>	20% coinsurance after deductible is met (retail and home delivery)	Not covered
<b>Tier 2 - Typically Preferred Brand</b>	20% coinsurance after deductible is met (retail and home delivery)	Not covered
<b>Tier 3 - Typically Non-Preferred Brand</b>	20% coinsurance after deductible is met (retail and home delivery)	Not covered
<b>Tier 4 - Typically Specialty (brand and generic)</b>	20% coinsurance after deductible is met (retail and home delivery)	Not covered

#### Notes:

- If you have an office visit with your Primary Care Physician, Specialist or Urgent Care at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under “Outpatient Facility Services”.
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.
- Outpatient Facility tests and treatments are limited to \$350 per admission for Out-of-Network Providers. Includes: Diagnostic Services; X-ray; Surgery; Rehabilitation; Habilitation; Cardiac Therapy; Surgery at Ambulatory Surgical Centers.
- Coverage includes standard fertility preservation services as a basic healthcare service including but are not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.

*This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.*

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Questions: (855) 333-5730 or visit us at [www.anthem.com/ca](http://www.anthem.com/ca)

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## Get help in your language

### Language Assistance Services

Curious to know what all this says?

We would be too. Here's the English version: No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-888-254-2721. For more help call the CA Dept. of Insurance at 1-800-927-4357 (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternative formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card

#### Spanish

Servicios lingüísticos sin costo. Puede solicitar los servicios de un intérprete. También puede solicitar que le leamos y le enviemos algunos documentos en su idioma. Llame al número que figura en su tarjeta de identificación o al 1-888-254-2721. Si necesita más ayuda, llame al Departamento de Seguros de California al 1-800-927-4357 (TTY/TDD: 711).

#### Arabic

خدمات لغوية مجانية. يمكنك الحصول على مترجم فوري. يمكنك الحصول على مستندات تُقرأ لك وإرسال بعضها إليك بلغتك. للحصول على المساعدة، اتصل بنا على الرقم المدرج على بطاقة الهوية الخاصة بك أو 1-800-254-2721. لمزيد من المساعدة اتصل بقسم التأمين في CA على الرقم 1-800-927-4357 (TTY/TDD: 711)

#### Armenian

Առանց արժեքի լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Դուք կարող եք ստանալ փաստաթղթեր, որոնք կարդում են ձեզ համար, իսկ որոշները՝ ուղարկվում են ձեր լեզվով: Օգնության համար զանգահարեք մեզ ձեր ID քարտում նշված համարով կամ 1-888-254-2721 հեռախոսահամարով: Լրացուցիչ օգնության համար զանգահարեք CA Ապահովագրության բաժանմունք՝ 1-800-927-4357 (TTY/TDD: 711)

#### Chinese

免費語言服務。您可獲得口譯員服務。可以把文件唸給您聽，有些文件有您的語言的版本，也可以把這些文件寄給您。欲取得協助，請致電您的ID卡所列的電話號碼，或致電 1-888-254-2721 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 (TTY/TDD: 711) 與 CA 保險部聯絡

#### Farsi

خدمات زبان بدون هزینه. شما می‌توانید مترجم شفاهی درخواست کنید. می‌توانید بخواهید اسناد برای شما به زبان شما خوانده شود و برخی اسناد به زبان شما برایتان ارسال شود. برای راهنمایی، با ما با شماره مندرج در کارت عضویت خود یا شماره 1-888-254-2721 تماس بگیرید. برای راهنمایی بیشتر با بخش بیمه CA به شماره 1-800-927-4357 (TTY/TDD: 711) تماس بگیرید.

#### Hindi

निःशुल्क भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं। आप दस्तावेज़ अपनी भाषा में पढ़वा सकते हैं और कुछ को अपनी भाषा में खुद तक भिजवा सकते हैं। सहायता के लिए, अपने आईडी कार्ड पर दिए गए नंबर पर या 1-888-254-2721 पर हमें कॉल करें। अधिक सहायता के लिए सीए बीमा विभाग को 1-800-927-4357 पर कॉल करें (TTY/TDD: 711)

#### Hmong

Tsis Sau Nqi Rau Kev Pab Cuam Txog Lus. Koj tuaj yeem tau txais tus kws txhais lus. Koj tuaj yeem tau txais cov ntaub ntawv kom muab nyeem rau koj mloog thiab kom muab xa rau koj ua yam lus koj hais. Rau kev pab, hu peb tus npawb xov tooj muaj nyob ntawm koj daim npav ID los sis 1-888-254-2721. Rau kev pab ntxiv hu lub CA Tuam Tsev Hauj Lwm ntsig txog Kev Tuav Pov Hwm ntawm 1-800-927-4357 (TTY/TDD: 711)

#### Japanese

無料の言語サービス。通訳を頼むこともできます。文書を使用言語で読み上げたり、送信したりすることもできます。サポートが必要な場合、IDカードに記載されている電話番号または 1-888-254-2721 までお電話ください。さらに詳しい情報については、カリフォルニア州保険局までお問い合わせください。電話番号：1-800-927-4357 (TTY/TDD: 711)

**Khmner**

មិនគិតថ្លៃសេវាកម្មនេះ អ្នកអាចទទួលបានអ្នកបកប្រែ។ អ្នកអាចទទួលបានឯកសារអានឱ្យអ្នកស្តាប់ និងឯកសារខ្លះផ្សេងទៀតអ្នកជាភាសាបស្ចិម។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងតាមលេខដែលមាននៅក្នុងកាត ID របស់អ្នក ឬ 1-888-254-2721។ សម្រាប់ជំនួយបន្ថែម សូមទូរស័ព្ទទៅផ្នែកធានារ៉ាប់រង CA តាមរយៈលេខ 1-800-927-4357 (TTY/TDD: 711)

**Korean**

무상 언어 서비스. 통역사를 연결시켜 드립니다. 문서를 귀하에게 읽어드릴 수 있고 어떤 서류는 귀하의 언어로 작성하여 팩으로 보내드릴 수 있습니다. 도움이 필요하시면, 귀하의 ID 카드에 나와 있는 번호 또는 1-888-254-2721 번으로 전화해 주시기 바랍니다. 더 많은 도움이 필요하시면 CA 보험부에 1-800-927-4357 (TTY/TDD: 711)로 전화해 주십시오.

**Punjabi**

ਬਿਨਾਂ ਕੋਈ ਲਾਗਤ ਤਾਮਾ ਸੇਵਾਵਾਂ ਤੁਸੀਂ ਦੁਆਰਾ ਲੈ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੜ੍ਹ ਕੇ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਕੁਝ ਤੁਹਾਡੀ ਤਾਮਾ ਵਿੱਚ ਤੁਹਾਨੂੰ ਭੇਜੇ ਗਏ ਹਨ। ਮਦਦ ਲਈ, ਸਾਨੂੰ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਸੂਚੀਬੱਧ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ 1-888-254-2721. ਹੋਰ ਮਦਦ ਲਈ CA ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ ਇੱਥੇ ਕਾਲ ਕਰੋ 1-800-927-4357 (TTY/TDD: 711)

**Russian**

Доступны бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика. Вам могут зачитать документы вслух, а некоторые из них могут быть отправлены вам на вашем языке. Если вам нужна помощь, позвоните нам по номеру, указанному на вашей идентификационной карте участника плана, или по номеру 1-888-254-2721. Для получения дополнительной помощи позвоните в Департамент страхования штата California по номеру 1-800-927-4357 (TTY/TDD: 711)

**Tagalog**

Walang Gastos na mga Serbisyo sa Wika. Maaari kang kumuha ng interpreter. Maaari mong ipabasa ang mga dokumento sa iyo at ipadala sa iyo ang ilan sa nang nasa wika mo. Para sa tulong, tawagan kami sa numerong nakalista sa iyong ID card o 1-888-254-2721. Para sa higit pang tulong tumawag sa CA Dept. of Insurance sa 1-800-927-4357 (TTY/TDD: 711)

**Thai**

บริการด้านภาษาแบบไม่เสียค่าใช้จ่าย คุณสามารถรับล่ามเพื่อช่วยเหลือได้ คุณสามารถรับเอกสารแบบมีผู้อ่านให้ฟังและส่งให้คุณในภาษาของคุณได้ หากต้องการความช่วยเหลือ โปรดโทรติดต่อเราตามหมายเลขที่ระบุบนบัตรประจำตัวของคุณหรือ 1-888-254-2721 หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรติดต่อกรมการประกันภัยแห่งแคลิฟอร์เนียได้ที่ 1-800-927-4357 (TTY/TDD: 711)

**Vietnamese**

Dịch vụ Ngôn ngữ Miễn Phí. Quý vị có thể được bố trí thông dịch viên. Quý vị có thể yêu cầu họ đọc tài liệu hoặc gửi cho quý vị một số tài liệu bằng ngôn ngữ của quý vị. Để được trợ giúp, hãy gọi cho chúng tôi theo số điện thoại được ghi trên thẻ ID của quý vị hoặc 1-888-254-2721. Để được trợ giúp thêm, hãy gọi cho Sở Bảo hiểm CA theo số 1-800-927-4357 (TTY/TDD: 711)

**It's important we treat you fairly**

We follow state and federal civil rights laws in our health programs and activities. Members can get reasonable modifications as well as free auxiliary aids and services if you have a disability. We don't discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability. For people whose primary language isn't English (or have limited proficiency), we offer free language assistance services, in a timely manner, like interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711) or visit our website. If you think we failed in any areas or to learn more about grievance procedures, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Richmond, VA 23279, or if you think you were discriminated against based on race, color, national origin, age, disability, or sex, you can mail a complaint directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

# Your summary of benefits



Anthem® Blue Cross Life and Health Insurance Company

Your Plan: San Joaquin Valley Insurance Authority (JPA): Anthem PPO (HSA) 3300

Your Network: Prudent Buyer PPO

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
<b>Primary Care, and medical services for urgent/acute care</b>	No charge after deductible is met
<b>Mental Health &amp; Substance Use Disorder Services</b>	No charge after deductible is met
<b>Specialist care</b>	No charge after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<b>Overall Deductible</b>	\$3,300 person / \$6,000 family	\$3,300 person / \$6,000 family
<b>Overall Out-of-Pocket Limit</b>	\$3,300 person / \$6,000 family	\$5,000 person / \$10,000 family
<p>The family deductible and out-of-pocket limit are embedded, meaning the cost shares of one family member will be applied to the per person deductible and per person out-of-pocket limit; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the per person deductible or per person out-of-pocket limit.</p> <p>All medical and prescription drug deductibles, copayments and coinsurance apply to the out-of-pocket limit.</p> <p>In-Network and Out-of-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.</p>		
<b>Doctor Visits (virtual and office)</b> <i>You are encouraged to select a Primary Care Physician (PCP).</i>		
<b>Primary Care (PCP) and Mental Health and Substance Use Disorder Services</b> <i>virtual and office</i>	No charge after deductible is met	50% coinsurance after deductible is met
<b>Specialist Provider</b> <i>virtual and office</i>	No charge after deductible is met	50% coinsurance after deductible is met
<b>Other Practitioner Visits</b>		
<b>Maternity Doctor services</b> (prenatal/postpartum care and delivery)	No charge after deductible is met	50% coinsurance after deductible is met
<b>Retail Health Clinic</b> <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i>	No charge after deductible is met	50% coinsurance after deductible is met
<b>Manipulation Therapy</b> <i>Coverage is limited to 24 visits per benefit period.</i>	No charge after deductible is met	50% coinsurance after deductible is met
<b>Acupuncture</b> <i>Coverage is limited to 12 visits per benefit period.</i>	No charge after deductible is met	50% coinsurance after deductible is met



Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<b><u>Other Services in an Office</u></b> <b>Allergy Testing</b>  <b>Prescription Drugs</b> <i>Dispensed in the office</i> <i>Maximum of \$250 member cost share per drug.</i> <b>Surgery</b>	No charge after deductible is met 30% coinsurance after deductible is met No charge after deductible is met	50% coinsurance after deductible is met 50% coinsurance after deductible is met 50% coinsurance after deductible is met
<b>Preventive care / screenings / immunizations</b>	No charge	50% coinsurance after deductible is met
<b>Preventive Care for Chronic Conditions</b> <i>per IRS guidelines</i>	No charge	Cost share is based on the setting services are received.
<b><u>Diagnostic Services Lab</u></b> Office  Freestanding Lab  Outpatient Hospital	No charge after deductible is met No charge after deductible is met No charge after deductible is met	50% coinsurance after deductible is met 50% coinsurance after deductible is met 50% coinsurance after deductible is met
<b><u>Diagnostic Services X-Ray</u></b> Office  Freestanding Radiology Center  Outpatient Hospital	No charge after deductible is met No charge after deductible is met No charge after deductible is met	50% coinsurance after deductible is met 50% coinsurance after deductible is met 50% coinsurance after deductible is met
<b><u>Diagnostic Services Advanced Diagnostic Imaging</u></b> <i>for example: MRI, PET and CAT scans</i> Office  Freestanding Radiology Center  Outpatient Hospital	No charge after deductible is met No charge after deductible is met No charge after deductible is met	50% coinsurance after deductible is met 50% coinsurance after deductible is met 50% coinsurance after deductible is met
<b><u>Emergency and Urgent Care</u></b> <b>Urgent Care</b> <i>includes doctor services. Additional charges may apply depending on the care provided.</i>  <b>Emergency Room Facility Services</b>  <b>Emergency Room Doctor and Other Services</b>	No charge after deductible is met  No charge after deductible is met No charge after deductible is met	50% coinsurance after deductible is met  Covered as In-Network Covered as In-Network

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<b>Ambulance</b>	No charge after deductible is met	Covered as In-Network
<b><u>Outpatient Mental Health and Substance Use Disorder Services at a Facility</u></b>		
<b>Facility Fees</b>	No charge after deductible is met	50% coinsurance after deductible is met
<b>Doctor Services</b>	No charge after deductible is met	50% coinsurance after deductible is met
<b><u>Outpatient Surgery</u></b>		
<b>Facility Fees</b>		
Hospital	No charge after deductible is met	50% coinsurance after deductible is met
Ambulatory Surgical Center	No charge after deductible is met	50% coinsurance after deductible is met
<b>Physician and other services <i>including surgeon fees</i></b>		
Hospital	No charge after deductible is met	50% coinsurance after deductible is met
<b><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></b>		
<b>Facility Fees</b>	No charge after deductible is met	50% coinsurance after deductible is met
<b>Physician and other services <i>including surgeon fees</i></b>	No charge after deductible is met	50% coinsurance after deductible is met
<b><u>Home Health Care</u></b> <i>Coverage is limited to 100 visits per benefit period.</i>	No charge after deductible is met	50% coinsurance after deductible is met
<b><u>Therapy Services</u></b>		
<b>Rehabilitation and Habilitation services <i>including physical, occupational and speech therapies.</i></b>		
Office	No charge after deductible is met	50% coinsurance after deductible is met
Outpatient Hospital	No charge after deductible is met	50% coinsurance after deductible is met
<b>Pulmonary rehabilitation <i>office and outpatient hospital</i></b>	No charge after deductible is met	50% coinsurance after deductible is met
<b>Cardiac rehabilitation <i>office and outpatient hospital</i></b>	No charge after deductible is met	50% coinsurance after deductible is met
<b>Dialysis/Hemodialysis <i>office and outpatient hospital</i></b>	No charge after deductible is met	50% coinsurance after deductible is met
<b>Chemo/Radiation Therapy <i>office and outpatient hospital</i></b>	No charge after deductible is met	50% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<b>Skilled Nursing Care (facility)</b> <i>Coverage is limited to 100 days per benefit period.</i>	No charge after deductible is met	50% coinsurance after deductible is met
<b>Inpatient Hospice</b>	No charge after deductible is met	50% coinsurance after deductible is met
<b><u>Additional Services, Equipment and Devices</u></b>		
<b>Durable Medical Equipment</b>	No charge after deductible is met	50% coinsurance after deductible is met
<b>Prosthetic Devices</b>	No charge after deductible is met	50% coinsurance after deductible is met
<b>Wigs</b> <i>Coverage for wigs is restricted to one item per benefit period following cancer treatment, with a maximum allowance of \$750 per wig.</i>	No charge after deductible is met	50% coinsurance after deductible is met
Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
<b>Pharmacy Deductible</b>	Combined with In-Network medical deductible	Not Applicable
<b>Pharmacy Out-of-Pocket Limit</b>	Combined with In-Network medical out-of-pocket limit	Not Applicable
<b>Prescription Drug Coverage</b> <b>Network: <i>Base Network</i></b> <b>Drug List: <i>National direct plus</i></b>		
<b>Day Supply Limits:</b> <b>Retail Pharmacy</b> 30 day supply (cost shares noted below) <b>Retail 90 Pharmacy</b> 90 day supply (3 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies). <b>Home Delivery Pharmacy</b> 90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service. <b>Specialty Pharmacy</b> 30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.		
<b>Preventive Drugs</b> No deductible, copayment or coinsurance applies to prescription drugs on the PreventiveRX Plus drug list when you use an In-Network Pharmacy.		
<b>Tier 1 - Typically Generic</b>	0% coinsurance after deductible is met (retail and home delivery)	Not covered (home delivery)
<b>Tier 2 - Typically Preferred Brand</b>	0% coinsurance after deductible is met (retail and home delivery)	Not covered (home delivery)

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
<b>Tier 3 - Typically Non-Preferred Brand</b>	0% coinsurance after deductible is met (retail and home delivery)	Not covered (home delivery)
<b>Tier 4 - Typically Specialty (brand and generic)</b>	0% coinsurance after deductible is met (retail and home delivery)	Not covered (home delivery)

#### Notes:

- If you have an office visit with your Primary Care Physician, Specialist or Urgent Care at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under “Outpatient Facility Services”.
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.
- Outpatient Facility tests and treatments are limited to \$350 per admission for Out-of-Network Providers. Includes: Diagnostic Services; X-ray; Surgery; Rehabilitation; Habilitation; Cardiac Therapy; Surgery at Ambulatory Surgical Centers.
- Coverage includes standard fertility preservation services as a basic healthcare service including but are not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.

*This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.*

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Questions: (855) 333-5730 or visit us at [www.anthem.com/ca](http://www.anthem.com/ca)



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## Get help in your language

### Language Assistance Services

Curious to know what all this says?

We would be too. Here's the English version: No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-888-254-2721. For more help call the CA Dept. of Insurance at 1-800-927-4357 (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternative formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card

#### Spanish

Servicios lingüísticos sin costo. Puede solicitar los servicios de un intérprete. También puede solicitar que le leamos y le enviemos algunos documentos en su idioma. Llame al número que figura en su tarjeta de identificación o al 1-888-254-2721. Si necesita más ayuda, llame al Departamento de Seguros de California al 1-800-927-4357 (TTY/TDD: 711).

#### Arabic

خدمات لغوية مجانية. يمكنك الحصول على مترجم فوري. يمكنك الحصول على مستندات تُقرأ لك وإرسال بعضها إليك بلغتك. للحصول على المساعدة، اتصل بنا على الرقم المدرج على بطاقة الهوية الخاصة بك أو 1-800-254-2721. لمزيد من المساعدة اتصل بقسم التأمين في CA على الرقم 1-800-927-4357 (TTY/TDD: 711)

#### Armenian

Առանց արժեքի լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Դուք կարող եք ստանալ փաստաթղթեր, որոնք կարդում են ձեզ համար, իսկ որոշները՝ ուղարկվում են ձեր լեզվով: Օգնության համար զանգահարեք մեզ ձեր ID քարտում նշված համարով կամ 1-888-254-2721 հեռախոսահամարով: Լրացուցիչ օգնության համար զանգահարեք CA Ապահովագրության բաժանմունք՝ 1-800-927-4357 (TTY/TDD: 711)

#### Chinese

免費語言服務。您可獲得口譯員服務。可以把文件唸給您聽，有些文件有您的語言的版本，也可以把這些文件寄給您。欲取得協助，請致電您的ID卡所列的電話號碼，或致電 1-888-254-2721 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 (TTY/TDD: 711) 與 CA 保險部聯絡

#### Farsi

خدمات زبان بدون هزینه. شما می‌توانید مترجم شفاهی درخواست کنید. می‌توانید بخواهید اسناد برای شما به زبان شما خوانده شود و برخی اسناد به زبان شما برایتان ارسال شود. برای راهنمایی، با ما با شماره مندرج در کارت عضویت خود یا شماره 1-888-254-2721 تماس بگیرید. برای راهنمایی بیشتر با بخش بیمه CA به شماره 1-800-927-4357 (TTY/TDD: 711) تماس بگیرید.

#### Hindi

निःशुल्क भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं। आप दस्तावेज़ अपनी भाषा में पढ़वा सकते हैं और कुछ को अपनी भाषा में खुद तक भिजवा सकते हैं। सहायता के लिए, अपने आईडी कार्ड पर दिए गए नंबर पर या 1-888-254-2721 पर हमें कॉल करें। अधिक सहायता के लिए सीए बीमा विभाग को 1-800-927-4357 पर कॉल करें (TTY/TDD: 711)

#### Hmong

Tsis Sau Nqi Rau Kev Pab Cuam Txog Lus. Koj tuaj yeem tau txais tus kws txhais lus. Koj tuaj yeem tau txais cov ntaub ntawv kom muab nyeem rau koj mloog thiab kom muab xa rau koj ua yam lus koj hais. Rau kev pab, hu peb tus npawb xov tooj muaj nyob ntawm koj daim npav ID los sis 1-888-254-2721. Rau kev pab ntxiv hu lub CA Tuam Tsev Hauj Lwm ntsig txog Kev Tuav Pov Hwm ntawm 1-800-927-4357 (TTY/TDD: 711)

#### Japanese

無料の言語サービス。通訳を頼むこともできます。文書を使用言語で読み上げたり、送信したりすることもできます。サポートが必要な場合、IDカードに記載されている電話番号または 1-888-254-2721 までお電話ください。さらに詳しい情報については、カリフォルニア州保険局までお問い合わせください。電話番号：1-800-927-4357 (TTY/TDD: 711)

**Khmner**

មិនគិតថ្លៃសេវាកម្មនេះ អ្នកអាចទទួលបានអ្នកបកប្រែ។ អ្នកអាចទទួលបានឯកសារអានឱ្យអ្នកស្តាប់ និងឯកសារខ្លះផ្សេងទៀតអ្នកជាភាសាបស្ចឹម។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងតាមលេខដែលមាននៅក្នុងកាត ID របស់អ្នក ឬ 1-888-254-2721។ សម្រាប់ជំនួយបន្ថែម សូមទូរស័ព្ទទៅផ្នែកធានារ៉ាប់រង CA តាមរយៈលេខ 1-800-927-4357 (TTY/TDD: 711)

**Korean**

무상 언어 서비스. 통역사를 연결시켜 드립니다. 문서를 귀하에게 읽어드릴 수 있고 어떤 서류는 귀하의 언어로 작성하여 팩으로 보내드릴 수 있습니다. 도움이 필요하시면, 귀하의 ID 카드에 나와 있는 번호 또는 1-888-254-2721 번으로 전화해 주시기 바랍니다. 더 많은 도움이 필요하시면 CA 보험부에 1-800-927-4357 (TTY/TDD: 711)로 전화해 주십시오.

**Punjabi**

ਬਿਨਾਂ ਕੋਈ ਲਾਗਤ ਤਾਮਾ ਸੇਵਾਵਾਂ ਤੁਸੀਂ ਦੁਆਰਾ ਲੈ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੜ੍ਹ ਕੇ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਕੁਝ ਤੁਹਾਡੀ ਤਾਮਾ ਵਿੱਚ ਤੁਹਾਨੂੰ ਭੇਜੇ ਗਏ ਹਨ। ਮਦਦ ਲਈ, ਸਾਨੂੰ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਸੂਚੀਬੱਧ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ 1-888-254-2721. ਹੋਰ ਮਦਦ ਲਈ CA ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ ਇੱਥੇ ਕਾਲ ਕਰੋ 1-800-927-4357 (TTY/TDD: 711)

**Russian**

Доступны бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика. Вам могут зачитать документы вслух, а некоторые из них могут быть отправлены вам на вашем языке. Если вам нужна помощь, позвоните нам по номеру, указанному на вашей идентификационной карте участника плана, или по номеру 1-888-254-2721. Для получения дополнительной помощи позвоните в Департамент страхования штата California по номеру 1-800-927-4357 (TTY/TDD: 711)

**Tagalog**

Walang Gastos na mga Serbisyo sa Wika. Maaari kang kumuha ng interpreter. Maaari mong ipabasa ang mga dokumento sa iyo at ipadala sa iyo ang ilan sa nang nasa wika mo. Para sa tulong, tawagan kami sa numerong nakalista sa iyong ID card o 1-888-254-2721. Para sa higit pang tulong tumawag sa CA Dept. of Insurance sa 1-800-927-4357 (TTY/TDD: 711)

**Thai**

บริการด้านภาษาแบบไม่เสียค่าใช้จ่าย คุณสามารถรับล่ามเพื่อช่วยเหลือได้ คุณสามารถรับเอกสารแบบมีผู้อ่านให้ฟังและส่งให้คุณในภาษาของคุณได้ หากต้องการความช่วยเหลือ โปรดโทรติดต่อเราตามหมายเลขที่ระบุบนบัตรประจำตัวของคุณหรือ 1-888-254-2721 หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรติดต่อกรมการประกันภัยแห่งแคลิฟอร์เนียได้ที่ 1-800-927-4357 (TTY/TDD: 711)

**Vietnamese**

Dịch vụ Ngôn ngữ Miễn Phí. Quý vị có thể được bố trí thông dịch viên. Quý vị có thể yêu cầu họ đọc tài liệu hoặc gửi cho quý vị một số tài liệu bằng ngôn ngữ của quý vị. Để được trợ giúp, hãy gọi cho chúng tôi theo số điện thoại được ghi trên thẻ ID của quý vị hoặc 1-888-254-2721. Để được trợ giúp thêm, hãy gọi cho Sở Bảo hiểm CA theo số 1-800-927-4357 (TTY/TDD: 711)

**It's important we treat you fairly**

We follow state and federal civil rights laws in our health programs and activities. Members can get reasonable modifications as well as free auxiliary aids and services if you have a disability. We don't discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability. For people whose primary language isn't English (or have limited proficiency), we offer free language assistance services, in a timely manner, like interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711) or visit our website. If you think we failed in any areas or to learn more about grievance procedures, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Richmond, VA 23279, or if you think you were discriminated against based on race, color, national origin, age, disability, or sex, you can mail a complaint directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

## Disclosure Form Part One

County of Fresno  
Group ID: 580 - HMO Plan  
Member Services 1-800-464-4000  
Home Region: Northern California  
12/8/25 through 12/6/26

## Principal benefits for Kaiser Permanente Traditional HMO Plan

Health Plan believes this coverage is a "grandfathered health plan" under the Patient Protection and Affordable Care Act. If you have questions about grandfathered health plans, please call Member Services.

### Accumulation Period

The Accumulation Period for this plan is January 1 through December 31.

### Out-of-Pocket Maximums and Deductibles

For Services that apply to the Plan Out-of-Pocket Maximum, you will not pay any more Cost Share for the rest of the Accumulation Period once you have reached the amounts listed below.

Amounts Per Accumulation Period	Self-Only Coverage (a Family of one Member)	Family Coverage Each Member in a Family of two or more Members	Family Coverage Entire Family of two or more Members
Plan Out-of-Pocket Maximum	\$1,000	\$1,000	\$2,000
Plan Deductible	None	None	None
Drug Deductible	None	None	None

### Plan Provider Office Visits

#### You Pay

Most Primary Care Visits and most Non-Physician Specialist Visits .....	\$15 per visit
Most Physician Specialist Visits .....	\$15 per visit
Routine physical maintenance exams, including well-woman exams ....	No charge
Well-child preventive exams (through age 23 months) .....	No charge
Routine eye exams with a Plan Optometrist .....	No charge
Urgent care consultations, evaluations, and treatment .....	\$15 per visit
Most physical, occupational, and speech therapy .....	\$15 per visit

### Telehealth Visits

#### You Pay

Primary Care Visits and Non-Physician Specialist Visits by interactive video or telephone .....	No charge
Physician Specialist Visits by interactive video or telephone .....	No charge

### Outpatient Services

#### You Pay

Outpatient surgery and certain other outpatient procedures .....	\$15 per procedure
Most immunizations (including the vaccine) .....	No charge
Most X-rays and laboratory tests .....	No charge

### Hospital Inpatient Services

#### You Pay

Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs .....	No charge
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### Emergency Services

#### You Pay

Emergency department visits .....	\$100 per visit
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Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the emergency department Cost Share (see "Hospital Inpatient Services" for inpatient Cost Share)

### Ambulance Services

#### You Pay

Ambulance Services .....	No charge
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### Prescription Drug Coverage

#### You Pay

Covered outpatient items in accord with our drug formulary guidelines:	
Most generic items (Tier 1) at a Plan Pharmacy .....	\$10 for up to a 30-day supply
Most generic (Tier 1) refills through our mail-order service .....	\$20 for up to a 100-day supply
Most brand-name items (Tier 2) at a Plan Pharmacy .....	\$20 for up to a 30-day supply
Most brand-name (Tier 2) refills through our mail-order service .....	\$40 for up to a 100-day supply
Most specialty items (Tier 4) at a Plan Pharmacy .....	\$20 for up to a 30-day supply

### Durable Medical Equipment (DME)

#### You Pay

DME items as described in the EOC .....	No charge
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### Mental Health Services

#### You Pay

Inpatient psychiatric hospitalization .....	No charge
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(continues)

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**Disclosure Form Part One***(continued)***Mental Health Services****You Pay**

Individual outpatient mental health evaluation and treatment .....	\$15 per visit
Group outpatient mental health treatment.....	\$7 per visit

**Substance Use Disorder Treatment****You Pay**

Inpatient detoxification.....	No charge
Individual outpatient substance use disorder evaluation and treatment .....	\$15 per visit
Group outpatient substance use disorder treatment .....	\$5 per visit

**Home Health Services****You Pay**

Home health care (up to 100 visits per Accumulation Period) .....	No charge
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**Other****You Pay**

Eyeglasses or contact lenses:	
Eyeglass frame every 24 months .....	Amount in excess of \$200 Allowance
Regular eyeglass lenses every 12 months.....	No charge
Contact lenses every 12 months .....	Amount in excess of \$200 Allowance
Hearing aids every 36 months.....	Amount in excess of \$1,000 Allowance for each ear
Skilled nursing facility care (up to 100 days per benefit period).....	No charge
Prosthetic and orthotic devices as described in the <i>EOC</i> .....	No charge

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the *EOC*.

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**Disclosure Form Part Two**

The *Disclosure Form Part Two* provides an overview of important features of your Health Plan membership, including how to obtain Services, principal exclusions, and important notices. To view or download a copy, go to [kp.org/choosekp](http://kp.org/choosekp) or call Member Services at 1-800-464-4000 (TTY users call 711).





# GREAT REASONS

to choose Kaiser Permanente for your glasses & contacts



## Your health from one team.

Your vision needs are provided by members of the same team you trust with your health care. Plus, your eye exam is covered.<sup>1</sup>

**\$69**

## Complete eyewear starting at \$69<sup>2</sup>

Comfort and clarity made just for you with help from our experienced opticians.



## Use your optical benefit

When you apply your benefit, you may have no out-of-pocket cost.<sup>3</sup> Half of members using a benefit pay less than \$50 out-of-pocket.<sup>4</sup>



## kp2020.org

Book an eye appointment, find an Optical Center near you, and order contact lenses.



<sup>1</sup>Co-pay may apply for eye exams.

<sup>2</sup>Northern California: Choose from our \$20 frames and add standard, plastic single vision lenses at \$49 (for a total cost of \$69). Southern California: Choose from our \$19 frames and add standard, plastic single vision lenses at \$50 (for a total cost of \$69).

<sup>3</sup>Visit kp2020.org to check benefit availability and for details.

<sup>4</sup>Source: 49.7% of NCAL members using benefit paid less than \$50 out-of-pocket. NCAL Optical Sales Data, Jan - Jun 2024.

# GREAT HEALTH. GREAT EYEWEAR.

You won't have to spend a lot for great eyewear.

SAMPLE OUT-OF-POCKET COST FOR EYEGLASSES	
<b>Choose your frame</b> Over 800 frames to choose from priced at \$200 or less	<b>\$0</b>
Standard, plastic lenses included at no charge	<b>\$0</b>
<b>Out-of-pocket cost</b>	<b>\$0</b>



Selection is representative of brands we typically carry in our Optical Centers.<sup>5</sup>

## Benefit Summary

SERVICE	BENEFIT AMOUNT	FREQUENCY
Eye examination	Covered as part of your Kaiser Permanente Health Plan benefit. <sup>1</sup> Book an eye exam on <b>kp2020.org</b> . No charge for preventative screening.	No limit
Prescription eyeglasses	Frames: \$200 allowance towards the purchase price of frames for prescription glasses. To use the optical benefit, at least one of the two lenses requires a prescription.	Once every 24 months
	Lenses: One pair of regular lenses will be covered at no charge - standard, plastic single vision, bifocals or no-line progressives.	Once every 12 months
<b>OR</b>		
Contact lenses	\$200 allowance towards the purchase price of contact lenses, fitting, and dispensing.	Once every 12 months

You can only use your optical benefit at a Kaiser Permanente Optical Center.

<sup>5</sup>Regular prices for these brands are typically \$110-250.

Kaiser Permanente members typically have coverage for medically necessary eye examinations, and some members, including those members with the pediatric vision benefit under their Affordable Care Act plan, may be able to apply a supplemental benefit to their purchases. Otherwise, the services and products described here are provided on a fee-for-service basis, separate from and not covered under your health plan benefits, and you are financially responsible to pay for them. For specific information about your covered health plan benefits, please see your Evidence of Coverage. 6/2024 VE OPT 319



# Kaiser Permanente Hearing Aid Benefits

Improved hearing can help improve your quality of life

Address your hearing health needs with Kaiser Permanente hearing aid coverage.



**Hearing aids include<sup>1</sup>:**

- 3-year manufacturer repair and loss/damage warranty
- Follow-up visits



**Choose from a variety of high-quality, technologically advanced hearing aids**



**45-day return / exchange policy<sup>2</sup>**



**kphearingcenters.com** – learn more about the importance of hearing health, the hearing aid process, and center locations.

## Your Benefits

**Hearing Test:** Covered as part of your Kaiser Permanente Health Plan benefit<sup>3</sup>, unlimited frequency

**Hearing Aids:** \$1,000 benefit per ear (\$2,000 total), every 36 months

SAMPLE OUT OF POCKET COST <sup>4</sup>					
Basic Tier	Entry Tier	Value Tier	Middle Tier	High-End Tier	Top Tier
\$0	\$250	\$700	\$1,100	\$1,500	\$2,000

**You can only use your hearing aid benefit at a Kaiser Permanente Hearing Aid Center.**

<sup>1</sup> \$900 basic tier hearing aids per ear are available with a 1-year manufacturer repair and loss/damage warranty. Entry tier hearing aids start at \$1,250.  
<sup>2</sup> 45-day return / exchange policy begins on the date you first receive your hearing aid(s).  
<sup>3</sup> Co-pay may apply.  
<sup>4</sup> Tier denotes the level of hearing aid technology.

Kaiser Permanente members have coverage for medically necessary hearing tests, and some members may have coverage for hearing aids. Otherwise, the services described here are provided on a fee-for-service basis, separate from and not covered under your health plan benefits, and you are financially responsible to pay them. Clinical services are provided by providers or contractors of The Permanente Medical Group, Inc. Results of services vary among patients and can not be guaranteed. Kaiser Foundation Hospitals may receive compensation for providing facilities and/or other support in connection with these services. For specific information about your health plan benefits, please Evidence of Coverage.

# HOW TO GET A HEARING AID

## VISIT 1

### **Audiologic evaluation (*hearing test*)**

An audiologist will determine the type and degree of your hearing loss and its impact on your ability to communicate. A medical clearance may be deemed necessary.

## VISIT 2

### **Hearing needs assessment**

An audiologist will discuss the types of hearing aids styles, the latest technological advances, and what you can expect from your hearing aids. You will decide with the audiologist on the hearing aids most appropriate for you. If needed, ear impressions will be made so that your hearing aids can be custom-fit.

## VISIT 3

### **Hearing aid dispensing or hearing aid orientation**

Your hearing aids will arrive about 2-3 weeks after your hearing aid evaluation, and you will return for a fitting appointment. The physical fit will be checked. The hearing aids will be adjusted or programmed to your specific hearing needs. The proper care, use, and maintenance (including warranty) of the hearing aids will be explained to you. You will also have time to practice inserting and removing the hearing aid and the hearing aid battery and adjusting any controls the hearing aid may have.

## VISIT 4

### **Follow-up hearing aid appointment**

A follow-up hearing aid consultation is scheduled in the first few weeks following your initial fitting. Your audiologist can answer any questions you may have. The hearing aids may be “fine-tuned” and additional testing may be conducted, if necessary at no additional cost.



Kaiser Foundation Health Plan, Inc.  
Northern California

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## 2026 Disclosure Form Amendment for Chiropractic Services

This document amends your Kaiser Foundation Health Plan, Inc. *Disclosure Form* to add coverage for Chiropractic Services.

## Your Kaiser Permanente Chiropractic Benefit

### **Benefit Highlights**

<b>Professional Services (ASH Participating Provider office visits)</b>	<b>You Pay</b>
Chiropractic office visits (up to a total of 30 visits per 12-month period) ..	\$10 per visit
<b>Other</b>	<b>You Pay</b>
X-rays and laboratory tests that are covered Chiropractic Services .....	No charge
Chiropractic supports and appliances .....	Amounts in excess of the \$50 Allowance

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, refer to the Chiropractic Services amendment to your Health Plan *EOC*.

### **Introduction**

Kaiser Foundation Health Plan, Inc. contracts with American Specialty Health Plans of California, Inc. ("ASH Plans") to make the network of ASH Participating Providers available to you. When you need chiropractic care, you have direct access to more than 3,000 licensed chiropractors in California.

In addition to the terms defined in the "Definitions" section of your *Disclosure Form*, some capitalized terms have special meaning in this document, as described in the "Definitions" section at the end of this document.

This amendment is only a summary of your chiropractic coverage. The Chiropractic Services Amendment to your *EOC* provides details about the terms and conditions of your chiropractic coverage, including exclusions and limitations.

To obtain the amendment to your *EOC* please contact your group.

### **ASH Participating Providers**

The list of ASH Participating Providers is available on the ASH Plans Website at [ashlink.com/ash/kp](http://ashlink.com/ash/kp) or from the ASH Plans Customer Service Department at **1-800-678-9133** (TTY users call 711) weekdays, hours may vary. The list of ASH Participating Providers is subject to change at any time without notice.

### **How to Obtain Services**

You can obtain services from any ASH Participating Providers without a referral from a Plan Physician.

To obtain services, call an ASH Participating Provider to schedule an initial examination. If additional Services are required after the initial examination, verification that the Services are Medically Necessary may be required. Your ASH Participating Provider will request any required medical necessity determinations. An ASH Plans' clinician in the same or similar specialty as the provider of Services under review will determine whether the Services are or were Medically Necessary Services. For more information about how to obtain covered Services, refer to the Chiropractic Services amendment to your Health Plan *EOC*.

## Second Opinions

You may request a second opinion in regard to covered Service by contacting another ASH Participating Provider. Your visit to another ASH Participating Provider for a second opinion generally will count toward any visit limit, if applicable. An ASH Participating Provider may also request a second opinion in regard to covered Services by referring you to another ASH Participating Provider in the same or similar specialty. If you are referred by an ASH Participating Provider to another ASH Participating Provider, or see an ASH Participating Provider for lab work or an X-ray, your visit to the other ASH Participating Provider will not count toward any visit limit. An authorization or denial of your request for a second opinion will be provided in an expeditious manner, as appropriate for your condition. If your request for a second opinion is denied, you will be notified in writing of the reasons for the denial, and of your right to file a grievance as described in your Health Plan *EOC*.

## Your Costs

When you receive covered Services, you must pay the Cost Share as described in the Chiropractic Services amendment to your Health Plan *EOC*. The Cost Share does not apply toward the Plan Deductible or Plan Out-of-Pocket Maximum described in the Health Plan *EOC*.

## ASH Plans Customer Service

If you have question about the Services you can get from an ASH Participating Provider, you may call the ASH Plans Customer Service Department toll free at **1-800-678-9133** (TTY users call **711**) weekdays, hours may vary.

## Exclusions

The items and services listed in this "Exclusions" section are excluded from coverage under the Chiropractic Services amendment. (Note: Some items and services listed in this "Exclusions" section may be covered Services under your Health Plan *EOC*. Please refer to your Health Plan *EOC* for details.) These exclusions apply to all Services that would otherwise be covered under the Chiropractic Services amendment regardless of whether the services are within the scope of a provider's license or certificate:

- Services provided by a chiropractor that are not within the scope of licensure for a chiropractor licensed in California
- Adjunctive therapy not associated with spinal, muscle, or joint manipulations
- Air conditioners, air purifiers, therapeutic mattresses, chiropractic appliances, durable medical equipment, supplies, devices, appliances, and any other item except those listed as covered under "Chiropractic Supports and Appliances" in the "Covered Services" section of this Amendment
- Services for asthma or addiction, such as nicotine addiction
- Hypnotherapy, behavior training, sleep therapy, and weight programs
- Thermography
- Experimental or investigational Services. If coverage for a Service is denied because it is experimental or investigational and you want to appeal the denial, refer to your Health Plan *EOC* for information about the appeal process
- CT scans, MRIs, PET scans, bone scans, nuclear medicine, and any other type of diagnostic imaging or radiology other than X-rays covered under the "Covered Services" section of this Amendment
- Ambulance and other transportation
- Education programs, non-medical self-care or self-help, any self-help physical exercise training, and any related diagnostic testing
- Services for pre-employment physicals or vocational rehabilitation

- Drugs and medicines, including non-legend or proprietary drugs and medicines
- Services you receive outside the state of California, except for Services covered under “Emergency and Urgent Services Covered Under this Amendment” in the “Covered Services” section
- Hospital services, anesthesia, manipulation under anesthesia, and related services
- Dietary and nutritional supplements, such as vitamins, minerals, herbs, herbal products, injectable supplements, and similar products
- Massage therapy
- Maintenance care (services provided to Members whose treatment records indicate that they have reached maximum therapeutic benefit)

## Definitions

**ASH Participating Provider:** A chiropractor who is licensed to provide chiropractic services in California and who has a contract with ASH Plans to provide Medically Necessary Chiropractic Services to you. A list of ASH Participating Providers is available on the ASH Plans website at [ashlink.com/ash/kaisercamedicare](https://ashlink.com/ash/kaisercamedicare) for Kaiser Permanente Senior Advantage Members, or [ashlink.com/ash/kp](https://ashlink.com/ash/kp) for all other Members, or from the ASH Plans Customer Service Department toll free at **1-800-678-9133** (TTY users call **711**). The list of ASH Participating Providers is subject to change at any time, without notice. If you have questions, please call the ASH Plans Customer Service Department.

**ASH Plans:** American Specialty Health Plans of California, Inc., a California corporation.

**Chiropractic Services:** Chiropractic services include spinal and extremity manipulation and adjunctive therapies such as ultrasound, therapeutic exercise, or electrical muscle stimulation, when provided during the same course of treatment and in conjunction with chiropractic manipulative services, and other services provided or prescribed by a chiropractor (including laboratory tests, X-rays, and chiropractic supports and appliances) for the treatment of your Musculoskeletal and Related Disorder.

**Musculoskeletal and Related Disorders:** Conditions with signs and symptoms related to the nervous, muscular, and/or skeletal systems. Musculoskeletal and Related Disorders are conditions typically categorized as structural, degenerative, or inflammatory disorders; or biomechanical dysfunction of the joints of the body and/or related components of the muscle or skeletal systems (muscles, tendons, fascia, nerves, ligaments/capsules, discs and synovial structures) and related manifestations or conditions.

**Treatment Plan:** The course of treatment for your Musculoskeletal and Related Disorder, which may include laboratory tests, X-rays, chiropractic supports and appliances, and a specific number of visits for chiropractic manipulations (adjustments) and adjunctive therapies that are Medically Necessary Chiropractic Services for you.

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**Disclosure Form Part One**

County of Fresno  
Group ID: 580 - DHMO HSA  
Member Services 1-800-464-4000  
Home Region: Northern California  
12/8/25 through 12/6/26

## Principal benefits for Kaiser Permanente HSA-Qualified High Deductible Health Plan (“HDHP”) HMO

“Kaiser Permanente HSA-Qualified High Deductible Health Plan (“HDHP”) HMO” is a health benefit plan that meets the requirements of Section 223(c)(2) of the Internal Revenue Code. For a complete explanation, please refer to the *EOC*.

### Accumulation Period

The Accumulation Period for this plan is January 1 through December 31.

### Out-of-Pocket Maximums and Deductibles

For Services that apply to the Plan Out-of-Pocket Maximum, you will not pay any more Cost Share for the rest of the Accumulation Period once you have reached the amounts listed below.

For Services that are subject to the Plan Deductible or the Drug Deductible, you must pay Charges for covered Services you receive during the Accumulation Period until you reach the deductible amounts listed below. All payments you make toward your deductibles apply to the Plan Out-of-Pocket Maximum amounts listed below.

Amounts Per Accumulation Period	Self-Only Coverage (a Family of one Member)	Family Coverage Each Member in a Family of two or more Members	Family Coverage Entire Family of two or more Members
Plan Out-of-Pocket Maximum	\$3,300	\$3,300	\$6,000
Plan Deductible	\$3,300	\$3,300	\$6,000
Drug Deductible	Not applicable	Not applicable	Not applicable

### Plan Provider Office Visits

	You Pay
Most Primary Care Visits and most Non-Physician Specialist Visits .....	No charge after Plan Deductible
Most Physician Specialist Visits .....	No charge after Plan Deductible
Routine physical maintenance exams, including well-woman exams ....	No charge (Plan Deductible doesn't apply)
Well-child preventive exams (through age 23 months) .....	No charge (Plan Deductible doesn't apply)
Routine eye exams with a Plan Optometrist .....	No charge (Plan Deductible doesn't apply)
Urgent care consultations, evaluations, and treatment .....	No charge after Plan Deductible
Most physical, occupational, and speech therapy .....	No charge after Plan Deductible

### Telehealth Visits

	You Pay
Primary Care Visits and Non-Physician Specialist Visits by interactive video or telephone .....	No charge after Plan Deductible
Physician Specialist Visits by interactive video or telephone .....	No charge after Plan Deductible

### Outpatient Services

	You Pay
Outpatient surgery and certain other outpatient procedures .....	No charge after Plan Deductible
Most immunizations (including the vaccine) .....	No charge (Plan Deductible doesn't apply)
Most X-rays and laboratory tests .....	No charge after Plan Deductible
Preventive X-rays, screenings, and laboratory tests as described in the <i>EOC</i> .....	No charge (Plan Deductible doesn't apply)

### Hospital Inpatient Services

	You Pay
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs .....	No charge after Plan Deductible

### Emergency Services

	You Pay
Emergency department visits .....	No charge after Plan Deductible
Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the emergency department Cost Share (see “Hospital Inpatient Services” for inpatient Cost Share)	

### Ambulance Services

	You Pay
Ambulance Services .....	No charge after Plan Deductible

### Prescription Drug Coverage

	You Pay
Covered outpatient items in accord with our drug formulary guidelines:	
Most generic items (Tier 1) at a Plan Pharmacy or through our mail-order service .....	No charge for up to a 100-day supply after Plan Deductible
Most brand-name items (Tier 2) at a Plan Pharmacy or through our mail-order service .....	No charge for up to a 100-day supply after Plan Deductible

(continues)

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**Disclosure Form Part One**

(continued)

**Prescription Drug Coverage****You Pay**

Most specialty items (Tier 4) at a Plan Pharmacy .....	No charge for up to a 30-day supply after Plan Deductible
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**Durable Medical Equipment (DME)****You Pay**

Base DME items as described in the <i>EOC</i> .....	No charge after Plan Deductible
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Supplemental DME items up to a \$2,500 benefit limit per	
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Accumulation Period as described in the <i>EOC</i> .....	No charge after Plan Deductible
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**Mental Health Services****You Pay**

Inpatient psychiatric hospitalization .....	No charge after Plan Deductible
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Individual outpatient mental health evaluation and treatment .....	No charge after Plan Deductible
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Group outpatient mental health treatment.....	No charge after Plan Deductible
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**Substance Use Disorder Treatment****You Pay**

Inpatient detoxification.....	No charge after Plan Deductible
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Individual outpatient substance use disorder evaluation and treatment	No charge after Plan Deductible
---	---------------------------------

Group outpatient substance use disorder treatment .....	No charge after Plan Deductible
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**Home Health Services****You Pay**

Home health care (up to 100 visits per Accumulation Period) .....	No charge after Plan Deductible
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**Other****You Pay**

Eyeglasses or contact lenses:	
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Eyeglass frame every 24 months .....	Amount in excess of \$200 Allowance (Allowance not subject to Plan Deductible)
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Regular eyeglass lenses every 12 months.....	No charge (Plan Deductible doesn't apply)
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Contact lenses every 12 months .....	Amount in excess of \$200 Allowance (Allowance not subject to Plan Deductible)
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Skilled nursing facility care (up to 100 days per benefit period) .....	No charge after Plan Deductible
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Prosthetic and orthotic devices as described in the <i>EOC</i> .....	No charge after Plan Deductible
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Fertility Services (such as outpatient procedures or laboratory tests) as described in the <i>EOC</i> (oocyte retrievals limited to three per lifetime) .....	the Cost Share you would pay if the Services were to treat any other condition
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This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the *EOC*.

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**Disclosure Form Part Two**

The *Disclosure Form Part Two* provides an overview of important features of your Health Plan membership, including how to obtain Services, principal exclusions, and important notices. To view or download a copy, go to [kp.org/choosekp](http://kp.org/choosekp) or call Member Services at 1-800-464-4000 (TTY users call 711).





# GREAT REASONS

to choose Kaiser Permanente for your glasses & contacts



## Your health from one team.

Your vision needs are provided by members of the same team you trust with your health care. Plus, your eye exam is covered.<sup>1</sup>

**\$69**

## Complete eyewear starting at \$69<sup>2</sup>

Comfort and clarity made just for you with help from our experienced opticians.



## Use your optical benefit

When you apply your benefit, you may have no out-of-pocket cost.<sup>3</sup> Half of members using a benefit pay less than \$50 out-of-pocket.<sup>4</sup>



## kp2020.org

Book an eye appointment, find an Optical Center near you, and order contact lenses.



<sup>1</sup>Co-pay may apply for eye exams.

<sup>2</sup>Northern California: Choose from our \$20 frames and add standard, plastic single vision lenses at \$49 (for a total cost of \$69). Southern California: Choose from our \$19 frames and add standard, plastic single vision lenses at \$50 (for a total cost of \$69).

<sup>3</sup>Visit kp2020.org to check benefit availability and for details.

<sup>4</sup>Source: 49.7% of NCAL members using benefit paid less than \$50 out-of-pocket. NCAL Optical Sales Data, Jan - Jun 2024.

# GREAT HEALTH. GREAT EYEWEAR.

You won't have to spend a lot for great eyewear.

SAMPLE OUT-OF-POCKET COST FOR EYEGLASSES	
<b>Choose your frame</b> Over 800 frames to choose from priced at \$200 or less	<b>\$0</b>
Standard, plastic lenses included at no charge	<b>\$0</b>
<b>Out-of-pocket cost</b>	<b>\$0</b>



Selection is representative of brands we typically carry in our Optical Centers.<sup>5</sup>

## Benefit Summary

SERVICE	BENEFIT AMOUNT	FREQUENCY
Eye examination	Covered as part of your Kaiser Permanente Health Plan benefit. <sup>1</sup> Book an eye exam on <b>kp2020.org</b> . No charge for preventative screening.	No limit
Prescription eyeglasses	Frames: \$200 allowance towards the purchase price of frames for prescription glasses. To use the optical benefit, at least one of the two lenses requires a prescription.	Once every 24 months
	Lenses: One pair of regular lenses will be covered at no charge - standard, plastic single vision, bifocals or no-line progressives.	Once every 12 months
<b>OR</b>		
Contact lenses	\$200 allowance towards the purchase price of contact lenses, fitting, and dispensing.	Once every 12 months

You can only use your optical benefit at a Kaiser Permanente Optical Center.

<sup>5</sup>Regular prices for these brands are typically \$110-250.

Kaiser Permanente members typically have coverage for medically necessary eye examinations, and some members, including those members with the pediatric vision benefit under their Affordable Care Act plan, may be able to apply a supplemental benefit to their purchases. Otherwise, the services and products described here are provided on a fee-for-service basis, separate from and not covered under your health plan benefits, and you are financially responsible to pay for them. For specific information about your covered health plan benefits, please see your Evidence of Coverage. 6/2024 VE OPT 319

# Keep smiling

## Delta Dental PPO™



### Save with PPO

Visit a dentist in the PPO<sup>1</sup> network to maximize your savings.<sup>2</sup> These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.<sup>3</sup> Find a PPO dentist at [deltadentalins.com](https://deltadentalins.com).

### Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at [deltadentalins.com](https://deltadentalins.com).

### Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

### Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

### Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.<sup>4</sup> Log in to your online account to find this date.

### Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care<sup>5</sup>, you can receive significant savings on LASIK procedures and hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

## Save with a PPO dentist



PPO



NON-PPO

<sup>1</sup> In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

<sup>2</sup> You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

<sup>3</sup> You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

<sup>4</sup> Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

<sup>5</sup> Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

# Benefit Highlights: Delta Dental PPO <sup>TM</sup>

Plan Benefit Highlights for: County of Fresno

Group No: 05879

<b>Eligibility</b>	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
<b>Deductibles</b> Deductibles waived for Diagnostic & Preventive (D & P)?	\$50 per person / \$150 per family each calendar year <b>Delta Dental PPO dentists:</b> Yes <b>Non-Delta Dental PPO dentists:</b> No			
<b>Maximums</b> D & P counts toward maximum?	\$2,500 per person each calendar year No			
<b>Waiting Period(s)</b>	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings and x-rays	100%	90%
<b>Basic Services</b> Fillings and sealants	90%	90%
<b>Endodontics</b> (root canals) Covered Under Major Services	50%	50%
<b>Periodontics</b> (gum treatment) Covered Under Major Services	50%	50%
<b>Oral Surgery</b> Covered Under Major Services	50%	50%
<b>Major Services</b> Crowns, onlays and cast restorations	50%	50%
<b>Prosthodontics</b> Bridges, dentures and implants	50%	50%
<b>Orthodontic Benefits</b> Adults and dependent children	100%	100%
<b>Orthodontic Maximums</b> Adults (age 20 and over) One Orthodontic case per lifetime	\$1,880 per Case	\$1,880 per Case
Child(ren) (through age 20) One Orthodontic case per lifetime	\$1,660 per Case	\$1,660 per Case

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

\*\* Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

<b>Delta Dental of California</b> 560 Mission St., Suite 1300 San Francisco, CA 94105	<b>Customer Service</b> 888-335-8227	<b>Claims Address</b> P.O. Box 997330 Sacramento, CA 95899-7330
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[deltadentalins.com](https://deltadentalins.com)

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.





# Benefit highlights

## DeltaCare® USA



DeltaCare USA<sup>1</sup> offers you straightforward and affordable care from a trusted in-network dentist that you choose.<sup>2</sup> You know everything your plan covers and what each procedure costs. No surprises.

### Comprehensive coverage

- Coverage for 350+ procedures
- Regular preventive care at low or no cost to help stop serious problems from developing
- Specialist services for oral surgery, endodontics, orthodontics, periodontics and pediatric dentistry

### Budget-friendly

- No deductibles or maximums<sup>3</sup> for covered services
- Transparent out-of-pocket costs listed in your plan booklet or online account<sup>4</sup>

- All-inclusive copayments (no material or lab fees)
- Cleanings and exams covered at low or no cost

### Large network of quality dentists

Delta Dental is a leading national carrier that offers a large network of high-quality and rigorously vetted dentists to choose from.

### Convenient services

We make it easy for you — your DeltaCare USA network dentist will take care of all the paperwork, and no ID card is required to receive treatment.<sup>5</sup>

LEGAL NOTICES: Access federal and state legal notices related to your plan: [deltadentalins.com/about/legal/index-enrollee.html](https://deltadentalins.com/about/legal/index-enrollee.html)

<sup>1</sup> DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products. Delta Dental is a registered trademark of Delta Dental Plans Association.

<sup>2</sup> Verify your selected DeltaCare USA general dentist before each appointment.

<sup>3</sup> Plans with an Accidental Injury Rider have a \$1,600 annual maximum for accidental injury. Consult your Evidence/Certificate of Coverage.

<sup>4</sup> State-specific exceptions may apply.

<sup>5</sup> Delta Dental Insurance Company provides benefits as a Prepaid Limited Health Services Organization as described in Chapter 636 of the Florida Statutes.

[deltadentalins.com/members](https://deltadentalins.com/members)

# What you need to know in advance, or about your DeltaCare<sup>®</sup> USA plan

## How DeltaCare USA works

We make it easy for you — your DeltaCare USA network dentist will take care of all the paperwork, and no plan ID card is required to receive treatment.

- **You must visit** a DeltaCare USA general dentist to use your plan.<sup>1</sup> Your general dentist will coordinate and refer you to specialists for care, if needed.
- **You may select** an in-network general dentist, or a general dentist can be assigned at first visit if you haven't selected a dentist yet.<sup>2</sup>
- **You can select** or change dentists anytime online or by phone.
- **Pay predefined**, all-inclusive copayments — with no hidden fees (no material or lab fees) at the time of service. Consult your plan booklet for coverage.
- **No deductibles, maximums or waiting periods** for covered services. No claims to submit — no hassle!
- **Transparent out-of-pocket costs** shown in your plan booklet or online account

## What your plan covers

You're covered for hundreds of procedures with no annual limit on the amount your plan pays.

- Comprehensive coverage for 350+ procedures that prioritizes preventive care
- Cleanings and exams covered at low or no cost
- Orthodontics coverage for adults and children, including clear aligners
- Extensive care including crowns, dentures, root canals, oral surgery and more

## Getting started

To enroll in a DeltaCare USA plan, simply complete the enrollment process as directed

by your benefits administrator. Select a new DeltaCare USA dentist or check to see if your preferred general dentist is in-network.

Once we process your enrollment, we'll mail you welcome materials that will include:

- **The name, address and phone number of your selected general dentist or instructions on how to select one.** Simply call the dental facility to make an appointment. Important note: In order to receive benefits under your plan, you must visit your general dentist facility. You can visit any DeltaCare USA general dentist at your selected dental facility as long as they are in the DeltaCare USA network.
- **Your Evidence/Certificate of Coverage (plan booklet).** This useful document provides a thorough description of how to use your benefits, including covered services, copayments and any limitations and exclusions of your plan.
- **An ID card.** This card is for your records only — you do not need to present it in order to receive treatment.

Visit [deltadentalins.com](https://deltadentalins.com) to create a free, secure online account. You can access your plan benefits and ID card, select (or change) your general dentist and more.

## General plan information

You and your eligible dependents have emergency dental service coverage for out-of-area emergencies.<sup>3</sup> Your out-of-area emergency benefit (typically limited to \$100 per person) is for services to relieve pain until you can return to see your general dentist.<sup>4</sup> Standard plan limitations, exclusions and copayments may apply.

<sup>1</sup> In AZ, MD, and TX, if you do not select a dentist when you enroll, we will choose one for you.

<sup>2</sup> If you have not yet been assigned to a DeltaCare USA general dentist, you can do so by visiting any DeltaCare USA general dentist that is accepting new patients. When your selected dentist files a qualifying claim, you will be added to their roster and they will become your assigned DeltaCare USA general dentist. Once assigned, you must visit this dentist for future visits to receive benefits.

<sup>3</sup> State-specific minimum distance requirements may apply.

# We make it easy for you!



Receive your  
welcome  
materials



Visit your  
DeltaCare USA  
dentist



Receive  
dental care



Pay only your  
copayment

There are no exclusions for most pre-existing conditions, except work in progress.<sup>5</sup> Treatment in progress includes services such as preparations for crowns or root canals, or impressions for dentures. If you started treatment before your plan's effective date, you and your prior dental carrier are responsible for any costs. Some DeltaCare USA plans may cover in-progress orthodontic treatment.

## Glossary

Here are some common terms that will help you understand your plan:

**Authorization:** The process by which Delta Dental determines whether a procedure or treatment is a referable benefit under your plan. Your assigned general dentist must obtain prior authorization from us to refer you to an out-of-network specialist or out-of-network orthodontist. Services performed by an out-of-network dentist, specialist or orthodontist that are not authorized by us will not be covered.

**Copayment, or copay amount:** The fixed dollar amount a member is responsible for when receiving treatment.

**DeltaCare USA dentist:** A dentist who is a member of the DeltaCare USA network. These dentists have contracted with Delta Dental and agreed to accept negotiated fees for the services provided to DeltaCare USA members. You must visit a DeltaCare USA dentist to receive plan benefits.

**Diagnostic and preventive services:** A category of dental services that includes benefits for oral evaluations, routine cleanings, x-rays and fluoride treatments. There are low or no copayments for these services to encourage you to seek regular care and prevent problems from developing.

**Effective date:** The date your dental plan becomes active. Also, the date a member becomes eligible for benefits.

**Limitations and Exclusions:** Limitations are usually related to a specific time or frequency — for example, a plan may cover only two cleanings in a 12-month period or one cleaning every six months. Exclusions are services not covered by a plan.

**(Dental) Referral:** Directing a patient to a dental specialist by a general dentist. When specialty dental care is needed, your general dentist will refer you to a trusted specialist in the network.

**Specialist services:** Services performed by a dental specialist, such as oral surgery, endodontics, periodontics or pediatric dentistry. When specialty dental care is needed, your general dentist will refer you to a trusted specialist in the network.



For more help with understanding dental terms, visit  
[www1.deltadentalins.com/members/glossary.html](http://www1.deltadentalins.com/members/glossary.html)



<sup>4</sup> In TX, there is no limit on the number of miles or on the dollar amount per emergency.

<sup>5</sup> In TX, there is no exception for work in progress for covered DeltaCare USA benefits.

## SCHEDULE A

## Description of Benefits and Copayments

The Benefits shown below are performed as deemed appropriate by the Contract Dentist subject to the *Limitations and Exclusions* of the Plan. Please refer to *Schedule B* for further clarification of Benefits. **You should discuss all treatment options with Your Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare USA Plan and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2024 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

<u>CODE</u>	<u>DESCRIPTION</u>	<u>ENROLLEE PAYS</u>
<b>D0100-D0999</b>	<b>I. DIAGNOSTIC</b>	
D0120	Periodic oral evaluation - established patient .....	No Cost
D0140	Limited oral evaluation - problem focused .....	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver .....	No Cost
D0150	Comprehensive oral evaluation - new or established patient .....	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report .....	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit) .....	No Cost
D0171	Re-evaluation - post-operative office visit .....	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient .....	No Cost
D0190	Screening of a patient .....	No Cost
D0191	Assessment of a patient .....	No Cost
D0210	Intraoral - comprehensive series of radiographic images - <i>limited to 1 series every 24 months</i> .....	No Cost
D0220	Intraoral - periapical first radiographic image .....	No Cost
D0230	Intraoral - periapical each additional radiographic image .....	No Cost
D0240	Intraoral - occlusal radiographic image .....	No Cost
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector .....	No Cost
D0251	Extraoral posterior dental radiographic image .....	No Cost
D0270	Bitewing - single radiographic image .....	No Cost
D0272	Bitewings - two radiographic images .....	No Cost
D0273	Bitewings three radiographic images .....	No Cost
D0274	Bitewings - four radiographic images - <i>limited to 1 series every 6 months</i> .....	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images .....	No Cost
D0330	Panoramic radiographic image .....	No Cost
D0396	3D printing of a 3D dental surface scan .....	No Cost
D0415	Collection of microorganisms for culture and sensitivity .....	No Cost
D0419	Assessment of salivary flow by measurement - <i>1 every 12 months</i> .....	No Cost
D0425	Caries susceptibility tests .....	No Cost
D0460	Pulp vitality tests .....	No Cost
D0470	Diagnostic casts .....	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report - <i>available only when performed in conjunction with a covered biopsy</i> .....	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report - <i>available only when performed in conjunction with a covered biopsy</i> .....	No Cost
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report - <i>available only when performed in conjunction with a covered biopsy</i> .....	No Cost
D0601	Caries risk assessment and documentation, with a finding of low risk - <i>1 every 12 months</i> .....	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - <i>1 every 12 months</i> .....	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - <i>1 every 12 months</i> .....	No Cost
D0701	Panoramic radiographic image - image capture only .....	No Cost
D0702	2-D cephalometric radiographic image - image capture only .....	No Cost
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only .....	No Cost



D0705	Extra-oral posterior dental radiographic image - image capture only .....	No Cost
D0706	Intraoral - occlusal radiographic image - image capture only .....	No Cost
D0707	Intraoral - periapical radiographic image - image capture only .....	No Cost
D0708	Intraoral - bitewing radiographic image - image capture only .....	No Cost
D0709	Intraoral - comprehensive series of radiographic images - image capture only .....	No Cost
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i> .....	No Cost

**D1000-D1999****II. PREVENTIVE**

D1110	Prophylaxis <i>cleaning</i> - adult - 1 D1110, D1120 or D4346 per 6 month period .....	No Cost
D1110	<i>Additional prophylaxis cleaning</i> - adult (within the 6 month period) .....	\$45.00
D1120	Prophylaxis <i>cleaning</i> - child - 1 D1110, D1120 or D4346 per 6 month period .....	No Cost
D1120	<i>Additional prophylaxis cleaning</i> - child (within the 6 month period) .....	\$35.00
D1206	Topical application of fluoride varnish - 1 D1206 or D1208 per 6 month period .....	No Cost
D1208	Topical application of fluoride - excluding varnish - 1 D1206 or D1208 per 6 month period .....	No Cost
D1310	Nutritional counseling for control of dental disease .....	No Cost
D1320	Tobacco counseling for the control and prevention of oral disease .....	No Cost
D1330	Oral hygiene instructions .....	No Cost
D1351	Sealant - per tooth - <i>limited to permanent molars through age 15</i> .....	No Cost
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>limited to permanent molars through age 15</i> .....	No Cost
D1353	Sealant repair - per tooth - <i>limited to permanent molars through age 15</i> .....	No Cost
D1354	Application of caries arresting medicament - per tooth - 1 per 6 month period .....	No Cost
D1510	Space maintainer - fixed - unilateral - per quadrant .....	No Cost
D1516	Space maintainer - fixed - bilateral, maxillary .....	No Cost
D1517	Space maintainer - fixed - bilateral, mandibular .....	No Cost
D1520	Space maintainer - removable - unilateral - per quadrant .....	No Cost
D1526	Space maintainer - removable - bilateral, maxillary .....	No Cost
D1527	Space maintainer - removable - bilateral, mandibular .....	No Cost
D1551	Re-cement or re-bond bilateral space maintainer - maxillary .....	No Cost
D1552	Re-cement or re-bond bilateral space maintainer - mandibular .....	No Cost
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant .....	No Cost
D1556	Removal of fixed unilateral space maintainer - per quadrant .....	No Cost
D1557	Removal of fixed bilateral space maintainer - maxillary .....	No Cost
D1558	Removal of fixed bilateral space maintainer - mandibular .....	No Cost
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant - <i>child to age 9</i> .....	No Cost

**D2000-D2999****III. RESTORATIVE**

- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.

- When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$125.00 per crown, beyond the 6th unit.

- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.

\* Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment. Refer to Limitation of Benefits #4 for additional information.

D2140	Amalgam - one surface, primary or permanent .....	No Cost
D2150	Amalgam - two surfaces, primary or permanent .....	No Cost
D2160	Amalgam - three surfaces, primary or permanent .....	No Cost
D2161	Amalgam - four or more surfaces, primary or permanent .....	No Cost
D2330	Resin-based composite - one surface, anterior .....	No Cost
D2331	Resin-based composite - two surfaces, anterior .....	No Cost
D2332	Resin-based composite - three surfaces, anterior .....	No Cost
D2335	Resin-based composite - four or more surfaces (anterior) .....	No Cost
D2390	Resin-based composite crown, anterior .....	No Cost
D2391	Resin-based composite - one surface, posterior .....	\$25.00
D2392	Resin-based composite - two surfaces, posterior .....	\$30.00
D2393	Resin-based composite - three surfaces, posterior .....	\$35.00
D2394	Resin-based composite - four or more surfaces, posterior .....	\$40.00

D2510	Inlay - metallic - one surface .....	No Cost
D2520	Inlay - metallic - two surfaces .....	No Cost
D2530	Inlay - metallic - three or more surfaces .....	No Cost
D2542	Onlay - metallic - two surfaces .....	No Cost
D2543	Onlay - metallic - three surfaces .....	No Cost
D2544	Onlay - metallic - four or more surfaces .....	No Cost
D2610	Inlay - porcelain/ceramic - one surface* .....	\$50.00
D2620	Inlay - porcelain/ceramic - two surfaces* .....	\$60.00
D2630	Inlay - porcelain/ceramic - three or more surfaces* .....	\$65.00
D2642	Onlay - porcelain/ceramic - two surfaces* .....	\$55.00
D2643	Onlay - porcelain/ceramic - three surfaces* .....	\$65.00
D2644	Onlay - porcelain/ceramic - four or more surfaces* .....	\$70.00
D2650	Inlay - resin-based composite - one surface .....	\$15.00
D2651	Inlay - resin-based composite - two surfaces .....	\$20.00
D2652	Inlay - resin-based composite - three or more surfaces .....	\$30.00
D2662	Onlay - resin-based composite - two surfaces .....	\$25.00
D2663	Onlay - resin-based composite - three surfaces .....	\$35.00
D2664	Onlay - resin-based composite - four or more surfaces .....	\$50.00
D2710	Crown - resin-based composite (indirect) .....	No Cost
D2712	Crown - 3/4 resin-based composite (indirect) .....	No Cost
D2720	Crown - resin with high noble metal .....	\$30.00
D2721	Crown - resin with predominantly base metal .....	\$15.00
D2722	Crown - resin with noble metal .....	\$20.00
D2740	Crown - porcelain/ceramic* .....	\$85.00
D2750	Crown - porcelain fused to high noble metal* .....	\$70.00
D2751	Crown - porcelain fused to predominantly base metal .....	\$55.00
D2752	Crown - porcelain fused to noble metal .....	\$60.00
D2753	Crown - porcelain fused to titanium and titanium alloys* .....	\$70.00
D2780	Crown - 3/4 cast high noble metal .....	\$70.00
D2781	Crown - 3/4 cast predominantly base metal .....	\$55.00
D2782	Crown - 3/4 cast noble metal .....	\$60.00
D2783	Crown - 3/4 porcelain/ceramic* .....	\$70.00
D2790	Crown - full cast high noble metal .....	\$70.00
D2791	Crown - full cast predominantly base metal .....	\$55.00
D2792	Crown - full cast noble metal .....	\$60.00
D2794	Crown - titanium and titanium alloys .....	\$70.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration .....	No Cost
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core .....	No Cost
D2920	Re-cement or re-bond crown .....	No Cost
D2921	Reattachment of tooth fragment, incisal edge or cusp ( <i>anterior</i> ) .....	No Cost
D2928	Prefabricated porcelain/ceramic crown - permanent tooth .....	No Cost
D2929	Prefabricated porcelain/ceramic crown - primary tooth - <i>anterior</i> .....	No Cost
D2930	Prefabricated stainless steel crown - primary tooth .....	No Cost
D2931	Prefabricated stainless steel crown - permanent tooth .....	No Cost
D2932	Prefabricated resin crown - <i>anterior primary tooth</i> .....	No Cost
D2933	Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i> .....	No Cost
D2940	Protective restoration .....	No Cost
D2941	Interim therapeutic restoration - primary dentition .....	No Cost
D2949	Restorative foundation for an indirect restoration .....	No Cost
D2950	Core buildup, including any pins when required .....	No Cost
D2951	Pin retention - per tooth, in addition to restoration .....	No Cost
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i> .....	No Cost
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i> .....	No Cost
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i> .....	No Cost
D2955	Post removal .....	No Cost
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i> .....	No Cost

D2960	Labial veneer (resin laminate) - direct - <i>limited to replacement of significant tooth structure loss due to caries or fracture</i> .....	\$245.00
D2961	Labial veneer (resin laminate) - indirect - <i>limited to replacement of significant tooth structure loss due to caries or fracture</i> .....	\$295.00
D2962	Labial veneer (porcelain laminate) - indirect - <i>limited to replacement of significant tooth structure loss due to caries or fracture</i> .....	\$345.00
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework. ....	\$14.00
D2976	Band stabilization - per tooth - <i>limited to once in a lifetime per tooth</i> .....	No Cost
D2980	Crown repair necessitated by restorative material failure .....	No Cost
D2981	Inlay repair necessitated by restorative material failure .....	No Cost
D2982	Onlay repair necessitated by restorative material failure .....	No Cost
D2983	Veneer repair necessitated by restorative material failure .....	No Cost
D2989	Excavation of a tooth resulting in the determination of non-restorability .....	No Cost
D2990	Resin infiltration of incipient smooth surface lesions - <i>limited to permanent molars through age 15</i> .	No Cost
D2991	Application of hydroxyapatite regeneration medicament - <i>limited to twice per tooth in a 12 month period</i> .....	No Cost

**D3000-D3999****IV. ENDODONTICS**

D3110	Pulp cap - direct (excluding final restoration) .....	No Cost
D3120	Pulp cap - indirect (excluding final restoration) .....	No Cost
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament .....	No Cost
D3221	Pulpal debridement, primary and permanent teeth .....	No Cost
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development .....	No Cost
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) .....	No Cost
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) .....	No Cost
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration) .....	\$20.00
D3320	<i>Root canal</i> - endodontic therapy, premolar tooth (excluding final restoration) .....	\$40.00
D3330	<i>Root canal</i> - endodontic therapy, molar tooth (excluding final restoration) .....	\$60.00
D3331	Treatment of root canal obstruction; non-surgical access .....	\$40.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth .....	\$40.00
D3333	Internal root repair of perforation defects .....	\$40.00
D3346	Retreatment of previous root canal therapy - anterior .....	\$35.00
D3347	Retreatment of previous root canal therapy - premolar .....	\$50.00
D3348	Retreatment of previous root canal therapy - molar .....	\$95.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) .....	\$55.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.) .....	\$45.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.) .....	\$45.00
D3410	Apicoectomy - anterior .....	No Cost
D3421	Apicoectomy - premolar (first root) .....	No Cost
D3425	Apicoectomy - molar (first root) .....	No Cost
D3426	Apicoectomy (each additional root) .....	No Cost
D3430	Retrograde filling - per root .....	No Cost
D3450	Root amputation - per root .....	No Cost
D3471	Surgical repair of root resorption - anterior .....	No Cost
D3472	Surgical repair of root resorption - premolar .....	No Cost
D3473	Surgical repair of root resorption - molar .....	No Cost
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior .....	No Cost
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar .....	No Cost
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar .....	No Cost
D3920	Hemisection (including any root removal), not including root canal therapy .....	No Cost
D3921	Decoronation or submergence of an erupted tooth .....	No Cost

**D4000-D4999****V. PERIODONTICS**

- Includes pre-operative and post-operative evaluations and treatment under a local anesthetic.

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant .....	No Cost
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant .....	No Cost
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth .....	No Cost
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant .....	No Cost
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant .....	No Cost
D4245	Apically positioned flap .....	\$45.00
D4249	Clinical crown lengthening - hard tissue .....	\$45.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant .....	\$75.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant .....	\$60.00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant .....	\$125.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant .....	\$45.00
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site .....	\$100.00
D4267	Guided tissue regeneration, natural teeth - non-resorbable barrier, per site .....	\$140.00
D4270	Pedicle soft tissue graft procedure .....	\$125.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft .....	\$75.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) .....	No Cost
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft .....	\$115.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft .....	\$125.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site .....	\$125.00
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site .....	\$45.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site .....	\$69.00
D4286	Removal of non-resorbable barrier .....	\$0.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> .....	No Cost
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> .....	No Cost
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - <i>1 D1110, D1120 or D4346 per 6 month period</i> .....	No Cost
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit - <i>limited to 1 treatment in any 12 consecutive months</i> .....	No Cost
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth - <i>for each of the first two teeth treated within a quadrant following root planing or periodontal maintenance</i> .....	\$60.00
D4381	<i>Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth - for an additional tooth treated in the same quadrant following root planing or periodontal maintenance</i> .....	No Cost
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i> .....	No Cost
D4910	<i>Additional periodontal maintenance (within the 6 month period)</i> .....	\$55.00
D4921	Gingival irrigation with a medicinal agent - per quadrant .....	No Cost

**D5000-D5899****VI. PROSTHODONTICS (removable)**

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. For all listed immediate dentures and immediate removable partial



*dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first three months after placement. You must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.*

*- Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.*

*- Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.*

D5110	Complete denture - maxillary .....	\$75.00
D5120	Complete denture - mandibular .....	\$75.00
D5130	Immediate denture - maxillary .....	\$85.00
D5140	Immediate denture - mandibular .....	\$85.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) .....	\$80.00
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) ....	\$80.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth) .....	\$95.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth) .....	\$95.00
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) .....	\$80.00
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) .....	\$80.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) .....	\$95.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) .....	\$95.00
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth) - prosthetic appliances will be replaced only after five years have elapsed from the time of delivery .	\$195.00
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth) .	\$195.00
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) .....	\$80.00
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) .....	\$80.00
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary .....	\$80.00
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular .....	\$80.00
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant .....	\$80.00
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant .....	\$80.00
D5410	Adjust complete denture - maxillary .....	No Cost
D5411	Adjust complete denture - mandibular .....	No Cost
D5421	Adjust partial denture - maxillary .....	No Cost
D5422	Adjust partial denture - mandibular .....	No Cost
D5511	Repair broken complete denture base, mandibular .....	No Cost
D5512	Repair broken complete denture base, maxillary .....	No Cost
D5520	Replace missing or broken teeth - complete denture (each tooth) .....	No Cost
D5611	Repair resin partial denture base, mandibular .....	No Cost
D5612	Repair resin partial denture base, maxillary .....	No Cost
D5621	Repair cast partial framework, mandibular .....	No Cost
D5622	Repair cast partial framework, maxillary .....	No Cost
D5630	Repair or replace broken retentive/clasping materials - per tooth .....	No Cost
D5640	Replace broken teeth - per tooth .....	No Cost
D5650	Add tooth to existing partial denture .....	No Cost
D5660	Add clasp to existing partial denture - per tooth .....	No Cost
D5670	Replace all teeth and acrylic on cast metal framework (maxillary) .....	\$65.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular) .....	\$65.00
D5710	Rebase complete maxillary denture .....	\$30.00
D5711	Rebase complete mandibular denture .....	\$30.00
D5720	Rebase maxillary partial denture .....	\$30.00
D5721	Rebase mandibular partial denture .....	\$30.00
D5725	Rebase hybrid prosthesis .....	\$30.00

D5730	Reline complete maxillary denture (chairside) .....	No Cost
D5731	Reline complete mandibular denture (chairside) .....	No Cost
D5740	Reline maxillary partial denture (chairside) .....	No Cost
D5741	Reline mandibular partial denture (chairside) .....	No Cost
D5750	Reline complete maxillary denture (laboratory) .....	\$25.00
D5751	Reline complete mandibular denture (laboratory) .....	\$25.00
D5760	Reline maxillary partial denture (laboratory) .....	\$25.00
D5761	Reline mandibular partial denture (laboratory) .....	\$25.00
D5765	Soft liner for complete or partial removable denture - indirect .....	\$25.00
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary - <i>limited to 1 in any 12 consecutive months</i> .....	No Cost
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular - <i>limited to 1 in any 12 consecutive months</i> .....	No Cost
D5850	Tissue conditioning, maxillary .....	No Cost
D5851	Tissue conditioning, mandibular .....	No Cost

**D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered****D6000-D6199 VIII. IMPLANT SERVICES - Not Covered****D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])**

- When a crown and/or pontic exceeds six units in the same treatment plan, You may be charged an additional \$30.00 per unit, beyond the 6th unit.

- Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.

\* Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment. Refer to Limitation of Benefits #4 for additional information.

D6205	Pontic - indirect resin based composite .....	\$30.00
D6210	Pontic - cast high noble metal .....	\$70.00
D6211	Pontic - cast predominantly base metal .....	\$55.00
D6212	Pontic - cast noble metal .....	\$60.00
D6214	Pontic - titanium and titanium alloys .....	\$70.00
D6240	Pontic - porcelain fused to high noble metal* .....	\$70.00
D6241	Pontic - porcelain fused to predominantly base metal .....	\$55.00
D6242	Pontic - porcelain fused to noble metal .....	\$60.00
D6243	Pontic - porcelain fused to titanium and titanium alloys .....	\$60.00
D6245	Pontic - porcelain/ceramic* .....	\$70.00
D6250	Pontic - resin with high noble metal .....	\$30.00
D6251	Pontic - resin with predominantly base metal .....	\$15.00
D6252	Pontic - resin with noble metal .....	\$20.00
D6600	Retainer inlay - porcelain/ceramic, two surfaces .....	\$60.00
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces .....	\$65.00
D6602	Retainer inlay - cast high noble metal, two surfaces .....	\$70.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces .....	\$70.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces .....	No Cost
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces .....	No Cost
D6606	Retainer inlay - cast noble metal, two surfaces .....	\$60.00
D6607	Retainer inlay - cast noble metal, three or more surfaces .....	\$60.00
D6608	Retainer onlay - porcelain/ceramic, two surfaces .....	\$55.00
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces .....	\$65.00
D6610	Retainer onlay - cast high noble metal, two surfaces .....	\$70.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces .....	\$70.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces .....	No Cost
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces .....	No Cost
D6614	Retainer onlay - cast noble metal, two surfaces .....	\$60.00
D6615	Retainer onlay - cast noble metal, three or more surfaces .....	\$60.00
D6710	Retainer crown - indirect resin based composite .....	\$30.00

D6720	Retainer crown - resin with high noble metal .....	\$30.00
D6721	Retainer crown - resin with predominantly base metal .....	\$15.00
D6722	Retainer crown - resin with noble metal .....	\$20.00
D6740	Retainer crown - porcelain/ceramic* .....	\$70.00
D6750	Retainer crown - porcelain fused to high noble metal* .....	\$70.00
D6751	Retainer crown - porcelain fused to predominantly base metal .....	\$55.00
D6752	Retainer crown - porcelain fused to noble metal .....	\$60.00
D6753	Retainer crown - porcelain fused to titanium and titanium alloys* .....	\$70.00
D6780	Retainer crown - 3/4 cast high noble metal .....	\$70.00
D6781	Retainer crown - 3/4 cast predominantly base metal .....	\$55.00
D6782	Retainer crown - 3/4 cast noble metal .....	\$60.00
D6783	Retainer crown - 3/4 porcelain/ceramic* .....	\$70.00
D6784	Retainer crown - 3/4 titanium and titanium alloys .....	\$70.00
D6790	Retainer crown - full cast high noble metal .....	\$70.00
D6791	Retainer crown - full cast predominantly base metal .....	\$50.00
D6792	Retainer crown - full cast noble metal .....	\$60.00
D6794	Retainer crown - titanium and titanium alloys .....	\$70.00
D6930	Re-cement or re-bond fixed partial denture .....	No Cost
D6940	Stress breaker .....	No Cost
D6980	Fixed partial denture repair necessitated by restorative material failure .....	No Cost

**D7000-D7999****X. ORAL AND MAXILLOFACIAL SURGERY**

- Includes pre-operative and post-operative evaluations and treatment under a local anesthetic.

D7111	Extraction, coronal remnants - primary tooth .....	No Cost
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) .....	No Cost
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated .....	\$10.00
D7220	Removal of impacted tooth - soft tissue .....	\$15.00
D7230	Removal of impacted tooth - partially bony .....	\$25.00
D7240	Removal of impacted tooth - completely bony .....	\$35.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications .....	\$50.00
D7250	Removal of residual tooth roots (cutting procedure) .....	No Cost
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only .....	\$50.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth .....	\$35.00
D7280	Exposure of an unerupted tooth .....	\$25.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption .....	\$25.00
D7283	Placement of device to facilitate eruption of impacted tooth .....	No Cost
D7284	Excisional biopsy of minor salivary glands - <i>does not include pathology laboratory procedures</i> .....	No Cost
D7286	Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i> .....	No Cost
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant ...	No Cost
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant ...	No Cost
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant .....	No Cost
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant .....	No Cost
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm .....	No Cost
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm .....	No Cost
D7471	Removal of lateral exostosis (maxilla or mandible) .....	No Cost
D7472	Removal of torus palatinus .....	No Cost
D7473	Removal of torus mandibularis .....	No Cost
D7509	Marsupialization of odontogenic cyst .....	No Cost
D7510	Incision and drainage of abscess - intraoral soft tissue .....	No Cost
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site .....	No Cost
D7961	Buccal/labial frenectomy (frenulectomy) .....	No Cost
D7962	Lingual frenectomy (frenulectomy) .....	No Cost
D7970	Excision of hyperplastic tissue - per arch .....	No Cost
D7971	Excision of pericoronal gingiva .....	No Cost

**D8000-D8999****XI. ORTHODONTICS**

- The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed \$125.00, may apply.
- The Retention Copayment includes adjustments and/or office visits up to 24 months.

**Pre and post orthodontic records include:**

The Benefit for pre-treatment records and diagnostic services includes: ..... \$200.00

D0210 Intraoral - comprehensive series of radiographic images

D0322 Tomographic survey

D0330 Panoramic radiographic image

D0340 2D cephalometric radiographic image - acquisition, measurement and analysis

D0350 2D oral/facial photographic images obtained intraorally or extraorally

D0396 3D printing of a 3D dental surface scan

No Cost

D0470 Diagnostic casts

D0801 3D dental surface scan - direct

D0802 3D dental surface scan - indirect

D0803 3D facial surface scan - direct

D0804 3D facial surface scan - indirect

The Benefit for post-treatment records includes: ..... \$70.00

D0210 Intraoral - comprehensive series of radiographic images

D0470 Diagnostic casts

D8010 Limited orthodontic treatment of the primary dentition ..... \$725.00

D8020 Limited orthodontic treatment of the transitional dentition - *child or adolescent to age 19* ..... \$725.00

D8030 Limited orthodontic treatment of the adolescent dentition - *adolescent to age 19* ..... \$725.00

D8040 Limited orthodontic treatment of the adult dentition - *adults, including covered dependent adult children* ..... \$925.00

D8070 Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19* ..... \$1,700.00

D8080 Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19* ..... \$1,700.00

D8090 Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children* ..... \$1,900.00

D8660 Pre-orthodontic treatment examination to monitor growth and development ..... \$25.00

D8670 Periodic orthodontic treatment visit - *included in comprehensive case fee* ..... No Cost

D8680 Orthodontic retention (removal of appliances, construction and placement of *removable* retainers) ..... \$275.00

D8681 Removable orthodontic retainer adjustment ..... No Cost

D8698 Re-cement or re-bond fixed retainer - maxillary - *limited to 2 per 6 month period* ..... No Cost

D8699 Re-cement or re-bond fixed retainer - mandibular - *limited to 2 per 6 month period* ..... No Cost

D8701 Repair of fixed retainer, includes reattachment - maxillary - *limited to 2 per 6 month period* ..... No Cost

D8702 Repair of fixed retainer, includes reattachment - mandibular - *limited to 2 per 6 month period* ..... No Cost

D8999 Unspecified orthodontic procedure, by report - *includes treatment planning session* ..... \$100.00

**D9000-D9999****XII. ADJUNCTIVE GENERAL SERVICES**

D9110 Palliative treatment of dental pain - per visit ..... No Cost

D9211 Regional block anesthesia ..... No Cost

D9212 Trigeminal division block anesthesia ..... No Cost

D9215 Local anesthesia in conjunction with operative or surgical procedures ..... No Cost

D9219 Evaluation for moderate sedation, deep sedation or general anesthesia ..... No Cost

D9222 Deep sedation/general anesthesia - first 15 minutes ..... \$80.00

D9223 Deep sedation/general anesthesia - each subsequent 15 minute increment ..... \$80.00

D9239 Intravenous moderate (conscious) sedation/analgesia - first 15 minutes ..... \$80.00

D9243 Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment ..... \$80.00

D9310 Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician ..... No Cost

D9311 Consultation with a medical health care professional ..... No Cost

D9430 Office visit for observation (during regularly scheduled hours) - no other services performed ..... No Cost

D9440 Office visit - after regularly scheduled hours ..... \$20.00

D9450 Case presentation, subsequent to detailed and extensive treatment planning ..... No Cost



D9912	Pre-visit patient screening .....	\$0.00
D9932	Cleaning and inspection of removable complete denture, maxillary .....	No Cost
D9933	Cleaning and inspection of removable complete denture, mandibular .....	No Cost
D9934	Cleaning and inspection of removable partial denture, maxillary .....	No Cost
D9935	Cleaning and inspection of removable partial denture, mandibular .....	No Cost
D9943	Occlusal guard adjustment .....	\$10.00
D9944	Occlusal guard - hard appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i> .....	\$75.00
D9945	Occlusal guard - soft appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i> .....	\$75.00
D9946	Occlusal guard - hard appliance, partial arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i> .....	\$75.00
D9951	Occlusal adjustment, limited .....	No Cost
D9952	Occlusal adjustment, complete .....	No Cost
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays - <i>limited to one bleaching tray and gel for two weeks of self-treatment</i> .....	\$125.00
D9986	Missed appointment - <i>without 24 hour notice - per 15 minutes of appointment time - up to an overall maximum of \$40.00</i> .....	\$10.00
D9987	Canceled appointment - <i>without 24 hour notice - per 15 minutes of appointment time - up to an overall maximum of \$40.00</i> .....	\$10.00
D9990	Certified translation or sign-language services - per visit .....	No Cost
D9991	Dental case management - addressing appointment compliance barriers .....	No Cost
D9992	Dental case management - care coordination .....	No Cost
D9995	Teledentistry - synchronous; real-time encounter .....	No Cost
D9996	Teledentistry - asynchronous; information stored and forwarded to Dentist for subsequent review .	No Cost
D9997	Dental case management - Patients with special Health Care Needs .....	No Cost

Procedures with age restrictions will be subject to exceptions based on medical necessity.

If services for a listed procedure are performed by the Contract Dentist, You pay the specified Copayment. Listed procedures which require a Dentist to provide Specialized Services, and are referred by the Contract Dentist, must be authorized by Us. You pay the Copayment specified for such services.

## SCHEDULE B

### Limitations and Exclusions of Benefits

Limitations and Exclusions below with age restrictions will be subject to exceptions based on medical necessity.

#### Limitations

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
2. If You accept a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, You may be charged an additional \$100.00 above the listed Copayment for each of these services after the sixth unit has been provided.
3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions (Procedures D7230, D7240, and D7241).
4. Benefits provided by a pediatric Dentist are limited to children through age 13 following an attempt by the Contract Dentist to treat the child and upon prior authorization by Us, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
5. The cost to You for receiving orthodontic treatment when Your coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's submitted fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. You make payment directly to the Contract Orthodontist as arranged.
6. Orthodontic treatment in progress is limited if You are new DeltaCare USA Enrollee who, at the time of Your original effective date, are in active treatment started under Your previous dental plan as long as they continue to be eligible under the DeltaCare USA Plan. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. We are financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

#### Exclusions

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*.
2. Any procedure that in the professional opinion of the Contract Dentist:
  - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
  - b. is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
5. The replacement of lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, and crowns and fixed partial dentures (bridges).
6. Procedures, appliances or restorations if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
7. Procedures that may include:
  - a. precious metal for removable appliances;

- b. metallic or permanent soft bases for complete dentures;
  - c. porcelain denture teeth;
  - d. precision abutments for removable partials or fixed partial dentures including but not limited to overlays and related specialized appliances; and/or
  - e. personalization and characterization of complete and partial dentures.
- 8. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
- 9. Consultations for non-covered Benefits.
- 10. Dental services received from any dental facility other than the Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for Emergency Services as described in the Evidence of Coverage.
- 11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
- 12. Prescription drugs.
- 13. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA plan. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
- 14. Lost, stolen or broken orthodontic appliances.
- 15. Changes in orthodontic treatment necessitated by accident of any kind.
- 16. Myofunctional and parafunctional appliances and/or therapies with the exception of procedures D9944 (Occlusal guard, hard appliance, full arch), D9945 (Occlusal guard - soft appliance, full arch), and D9946 (Occlusal guard-hard appliance, partial arch).
- 17. Composite or ceramic brackets, lingual adaption of orthodontic bands.
- 18. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.
- 19. Orthodontic treatment must be provided by a licensed Dentist. Self-administered orthodontics are not covered.

# More helpful tips for using your plan

## Find a network dentist near you

Use our convenient **Find a dentist** tool and select **DeltaCare USA** as your network.

- Find a dentist near your home or office
- Narrow your search by location, specialty, languages spoken — and more

## Create an online account at [deltadentalins.com/welcome](https://deltadentalins.com/welcome)

- Review your plan benefits
- Access your ID card if you want one (You do not need an ID card to receive services.)
- Select or change your dentist

## Enjoy the perks of Delta Dental coverage

Get extra member perks like oral and overall health savings, exclusive resources and more at [www1.deltadentalins.com/memberperks](https://www1.deltadentalins.com/memberperks).

You can also get oral health tools and tips at [deltadentalins.com/wellness](https://deltadentalins.com/wellness).

## Contact us

Need help? Let us know.

**Online:** Visit [deltadentalins.com/contact](https://deltadentalins.com/contact)

## Write to:

Delta Dental Insurance Company  
1130 Sanctuary Parkway  
Alpharetta, GA 30009

## Call toll-free: 800-422-4234

Customer Service agents are available Monday through Friday, 8 am to 9 pm ET. Or, use our automated phone system, available 24/7.

### Administered by:

Delta Dental Insurance Company  
1130 Sanctuary Parkway  
Alpharetta, GA 30009



DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

### **NOTE: This is only a brief summary of your plan.**

This brochure is not intended to replace your legally required plan booklet. The Group Dental Service Contract determines the exact terms and conditions of your coverage. Please refer to the “Description of Benefits and Copayments” and “Limitations and Exclusions of Benefits” in this brochure for a complete list of covered procedures, copayments, plan limitations and exclusions. You may also consult your Evidence/Certificate of Coverage, which will be mailed to you upon enrollment. If you wish to review an Evidence/Certificate of Coverage prior to enrollment, you may request a copy by calling Customer Service at **800-422-4234**.

# Make Eye Health a Priority with VSP!

Your health comes first with VSP and COUNTY OF FRESNO. Take a look at your VSP vision care coverage.



## Routine eye exams have saved lives.

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your VSP® network doctor can detect signs of more than 270 health conditions during your annual eye exam—including diabetes and high blood pressure, as well as eye conditions such as glaucoma and diabetic eye disease.\*

## The choice is yours!



With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

## Shop online and connect your benefits.



Save on Featured Frame Brands when you shop on Eyeconic®, the VSP in-network online eyewear store.

**Provider Network:** VSP Choice

**Effective Date:** 01/01/2026

Create an account today.

Questions?

**vsp.com**

**800.877.7195 (TTY: 711)**



Scan QR code or visit **vsp.com** to learn more.

BENEFIT	DESCRIPTION	COPAY
<b>YOUR COVERAGE WITH A VSP DOCTOR</b>		
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> <li>Every 12 months</li> </ul>	\$10 Up to \$39
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> <li>Available as needed</li> </ul>	\$20 per exam
<b>PRESCRIPTION GLASSES</b>		<b>\$10</b>
<b>FRAME*</b>	<ul style="list-style-type: none"> <li>\$170 Featured Frame Brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Costco frame allowance</li> <li>Every 24 months</li> </ul>	Included in Prescription Glasses
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every 12 months</li> </ul>	Included in Prescription Glasses
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every 12 months</li> </ul>	\$0 \$95 - \$105 \$150 - \$175
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every 12 months</li> </ul>	Up to \$60
<b>ADDITIONAL SAVINGS</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Discover all current eyewear offers and savings at <b>vsp.com/offers</b>.</li> <li>20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.</li> </ul>	
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average of 15% off the regular price; discounts available at contracted facilities.</li> </ul>	
	<b>Exclusive Member Extras for VSP Members</b> <ul style="list-style-type: none"> <li>Contact lens rebates, lens satisfaction guarantees, and more offers at <b>vsp.com/offers</b>.</li> <li>Save up to 60% on digital hearing aids with TruHearing®. Visit <b>vsp.com/offers/special-offers/hearing-aids</b> for details.</li> <li>Enjoy everyday savings on health, wellness, and more with VSP Simple Values.</li> </ul>	

### YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to **vsp.com** to find an in-network doctor.

\*Full Picture of Eye Health, American Optometric Association, 2020.

+Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. VSP Premier Edge™ is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on **vsp.com**. Visionworks, Eyeconic, and Eyemart Express family of stores are VSP-affiliated companies.

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Classification: Restricted



#### BOARD OF DIRECTORS

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BRIAN PACHECO

AMY SHUKLIAN

PETE VANDER POEL

## **Exhibit B**

### **County of Fresno**

### **Plan Year 2026 Rates**

County of Fresno Rates to be remitted to SJVIA	Monthly Rates Effective January 1, 2026				Bi-Weekly Rates Effective December 8, 2025			
	EE	ES	EC	FA	EE	ES	EC	FA
Anthem EPO 0 (excludes VSP Vision)	\$1,077.40	\$1,954.25	\$1,711.55	\$2,574.21	\$497.26	\$901.96	\$789.95	\$1,188.10
Anthem EPO 500 (excludes VSP Vision)	\$906.97	\$1,642.79	\$1,438.56	\$2,162.78	\$418.60	\$758.21	\$663.95	\$998.21
Anthem EPO 1000 (excludes VSP Vision)	\$854.30	\$1,547.43	\$1,355.05	\$2,037.23	\$394.29	\$714.20	\$625.41	\$940.26
Anthem HDPPPO	\$653.08	\$1,383.36	\$1,240.23	\$1,889.95	\$301.42	\$638.47	\$572.41	\$872.28
Anthem HDPPPO Retiree	\$914.24	\$1,618.51	\$1,428.18	\$2,130.68	N/A	N/A	N/A	N/A
Kaiser HMO	\$1,244.73	\$2,222.50	\$1,961.01	\$2,936.40	\$574.49	\$1,025.77	\$905.08	\$1,355.26
Kaiser HDHP HSA	\$900.71	\$1,605.09	\$1,416.72	\$2,119.39	\$415.71	\$740.81	\$653.87	\$978.18
Delta Dental PPO	\$50.29	\$80.19	\$69.88	\$102.58	\$23.21	\$37.01	\$32.25	\$47.34
Delta Dental DHMO	\$28.06	\$48.70	\$49.03	\$70.67	\$12.95	\$22.48	\$22.63	\$32.62
VSP Vision	\$7.89	\$14.18	\$13.90	\$20.35	\$3.64	\$6.54	\$6.42	\$9.39

**SJVIA PARTICIPATION AGREEMENT  
for 2026**

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**THIS AGREEMENT** ("Agreement") is made and entered into as of the 12<sup>th</sup> day of December 2025, by and between **COUNTY OF TULARE**, a political subdivision of the State of California, hereinafter referred to as "**COUNTY OF TULARE**," and the **SAN JOAQUIN VALLEY INSURANCE AUTHORITY**, a joint powers agency, hereinafter referred to as "**SJVIA**." The COUNTY OF TULARE and SJVIA are each a "Party" and together are the "Parties" to this Agreement.

**WITNESSETH:**

**WHEREAS**, the purpose of the SJVIA is to develop and provide various health insurance programs for health, pharmacy, vision, dental, and mental health, including related administrative services for such programs to be provided by the insurance provider(s) and the SJVIA and its agents and consultants (collectively, "Various Benefits"), for the benefit of participating entities; and

**WHEREAS**, the COUNTY OF TULARE wishes to participate in the SJVIA Various Benefits for the purpose of purchasing health insurance programs, and/or other benefits in a cost-effective manner for its participating employees; and

**WHEREAS**, the COUNTY OF TULARE elects to participate in the selected SJVIA health insurance programs as referenced and summarized in Exhibit "A" which is attached hereto and incorporated herein by reference (collectively, "SELECTED PROGRAMS"); and

**WHEREAS**, the SJVIA represents that it will contract with Insurance Providers which will provide its Various Benefits under the terms and conditions of a written contracts between the SJVIA and the Insurance Providers (the "Insurance Contracts") for each of the COUNTY OF TULARE's participating employees/ retirees/ Special District employees/ COBRA participants; and

**WHEREAS**, the SJVIA represents that the rates for the Various Benefits under the SELECTED PROGRAMS to be provided under the Insurance Contracts and by the SJVIA, including the costs of its agents and consultants, are set forth in Exhibit "B" which is attached hereto and incorporated herein by reference; and

**WHEREAS**, the COUNTY OF TULARE and the SJVIA now desire to enter into this Agreement to secure the COUNTY OF TULARE's commitment to remit premium payments to the SJVIA for the Various Benefits to be provided under the Insurance Contracts, and the COUNTY OF TULARE's portion of the costs of the SJVIA's agents and consultants, as provided herein, in return for SJVIA's commitment to fulfill its obligations hereunder.

**NOW THEREFORE**, in consideration of their mutual promises, covenants and conditions, the Parties agree as follows:

**SJVIA PARTICIPATION AGREEMENT  
for 2026**

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1. **COUNTY OF TULARE'S OBLIGATIONS:** The COUNTY OF TULARE acknowledges that this Agreement requires a commitment to participate in SJVIA Various Benefits effective January 1, 2026, through December 31, 2026. Within (10) business days of the date that SJVIA is required under the Insurance Contracts to pay any insurance premium and/or similar charge to the Insurance Provider, the COUNTY OF TULARE shall remit to SJVIA the amount necessary to pay the required premium payment based on the intervals of such payments under the Insurance Contracts.

The COUNTY OF TULARE may also participate in SELECTED PROGRAMS as referenced in Exhibit "A" and shall comply with all applicable terms and provisions of the Insurance Contracts and this Agreement, effective January 1, 2026. The attached rates in Exhibit "B" reference only the SELECTED PROGRAMS the COUNTY OF TULARE is electing. Exhibit "B" also references the effective term such rates apply to the COUNTY OF TULARE which are effective January 1, 2026 through December 31, 2026. The COUNTY OF TULARE agrees that it may only elect to participate in additional health insurance programs, or elect to make changes to the SELECTED PROGRAMS, through subsequent amendment to this Agreement or separate agreement. Subsequent renewals are based on the SJVIA underwriting guidelines. The SJVIA uses actuarially based underwriting standards.

2. **SJVIA'S OBLIGATIONS:** The SJVIA shall approve and execute related Insurance Contracts. Following execution of the Insurance Contracts, (i) SJVIA shall make available the fully-executed copy of the Insurance Contracts to COUNTY OF TULARE, (ii) SJVIA shall enforce SJVIA's rights under the Insurance Contracts for the benefit of COUNTY OF TULARE, and (iii) SJVIA shall perform SJVIA's obligations under the terms and conditions of the Insurance Contracts, including making timely payment of premium payments, and/or any similar charges, necessary to keep the Insurance Contracts in full force and effect.

3. **MODIFICATION:** Any matters of this Agreement may be modified from time to time but only by the written consent of all the Parties hereto without, in any way, affecting the remainder hereof.

4. **NON-ASSIGNMENT:** Neither Party hereto shall assign, transfer, or subcontract this Agreement nor their rights or duties under this Agreement without the prior written consent of the other Party hereto.

5. **AUDITS AND INSPECTIONS:** The SJVIA shall at any time during usual SJVIA business hours, upon request by the COUNTY OF TULARE, and as often as the COUNTY OF TULARE may deem necessary, make available to the COUNTY OF TULARE for examination all SJVIA records and data for inspection, examination, and audit by the COUNTY OF TULARE with respect to the matters covered by this Agreement. SJVIA shall be subject to the examination and audit of the State Auditor General for a period of three (3) years after final payment under contract (Government Code section 8546.7).

6. **NOTICES:** The persons having authority to give and receive notices under this Agreement and their addresses include the following:



**SJVIA PARTICIPATION AGREEMENT  
for 2026**

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COUNTY OF TULARE

Lupe Garza  
Human Resources Director  
2500 West Burrel  
Visalia, CA 93291  
[lugarza@tularecounty.ca.gov](mailto:lugarza@tularecounty.ca.gov)

SJVIA

Hollis Magill  
SJVIA Assistant Manager  
2220 Tulare St., 16<sup>th</sup> Floor  
Fresno, CA 93721  
[hmagill@fresnocountyca.gov](mailto:hmagill@fresnocountyca.gov)

Any and all notices between the COUNTY OF TULARE and the SJVIA provided for or permitted under this Agreement shall be in writing and delivered either by person service, by first-class United States mail, by an overnight commercial courier service, or by telephonic facsimile transmission. A notice delivered by personal service is effective upon service to the recipient. A notice delivered by first-class United States mail is effective three business days after deposit in the United States mail, postage prepaid, addressed to the recipient. A notice delivered by an overnight commercial courier service is effective one business day after deposit with the overnight commercial courier service, delivery fees prepaid, with delivery instructions given for next day delivery, addressed to the recipient. A notice delivered by telephonic facsimile is effective when transmission to the recipient is completed (but, if such transmission is completed outside of COUNTY OF TULARE business hours, then such delivery shall be deemed to be effective at the next beginning of a COUNTY OF TULARE business day), provided that the sender maintains a machine record of the completed transmission. For all claims arising out of or related to this Agreement, nothing in this section establishes, waives, or modifies any claims presentation requirements or procedures provided by law, including but not limited to the Government Claims Act (Division 3.6 of Title 1 of the Government Code, beginning with section 810).

7. **GOVERNING LAW:** The Parties agree that for the purposes of venue, performance under this Agreement is to be in Fresno County, California. The rights and obligations of the Parties and all interpretation and performance of this Agreement shall be governed in all respects by the laws of the State of California.

8. **TERM:** This Agreement shall become effective beginning at 12:01 a.m. on January 1, 2026 and shall terminate on December 31, 2026.

9. **TERMINATION:**

a. The terms of this Agreement, and the health insurance programs, Administrative Services, and/or SJVIA Staff Costs to be provided hereunder, are contingent on the approval of funds by the COUNTY OF TULARE. Should sufficient funds not be allocated, the services provided may be modified, or this Agreement terminated at any time by giving SJVIA 120 days advance written notice.

b. Notwithstanding any other provision of this Article, if the COUNTY OF TULARE fails to make in full any payment when due pursuant to Article 1, the SJVIA shall have the right, in its sole discretion, to terminate this Agreement, without notice, effective at the expiration of the last period for which full premium payment was made. Notwithstanding such termination or suspension, the SJVIA, in its sole discretion, may accept late payment or delinquent amounts and, upon acceptance, this Agreement may be reinstated retroactively to the last date for which full premium payment was made. Any such acceptance of a delinquent payment by the SJVIA shall not be deemed a

**SJVIA PARTICIPATION AGREEMENT  
for 2026**

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waiver of this provision for termination of this Agreement in the event of any future failure of the COUNTY OF TULARE to make timely payments of any amounts due under this Agreement.

**10. SEVERABILITY:** In the event any provisions of this Agreement are held by a court of competent jurisdiction to be invalid, void, or unenforceable, the Parties will use their best efforts to meet and confer to determine how to mutually amend such provisions with valid and enforceable provisions, and the remaining provisions of this Agreement will nevertheless continue in full force and effect without being impaired or invalidated in any way.

**11. DISPUTE RESOLUTION:** Any controversy or dispute between the Parties arising out of this Agreement shall be submitted to mediation. The mediator will be selected by mutual agreement. If the matter cannot be resolved through mediation or if the Parties cannot agree upon a mediator, the matter shall be submitted to arbitration and such arbitration shall comply with and be governed by the provisions of the California Arbitration Act, of the California Code of Civil Procedure.

**12. ENTIRE AGREEMENT:** This Agreement constitutes the entire agreement between the SJVIA and COUNTY OF TULARE with respect to the subject matter hereof and supersedes all previous agreement negotiations, proposals, commitments, writings, advertisements, publications, and understandings of any nature whatsoever unless expressly included in this Agreement.

**13. COUNTERPARTS:** This Agreement may be executed in one or more original counterparts, all of which together will constitute one and the same agreement.

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(Go to next page for signatures)

**SJVIA PARTICIPATION AGREEMENT  
for 2026**

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**SAN JOAQUIN VALLEY INSURANCE  
AUTHORITY:**

**COUNTY OF TULARE**

By: \_\_\_\_\_  
Amy Shuklian  
SJVIA Board President

By: \_\_\_\_\_  
Pete Vander Poel  
Chair, Board of Supervisors

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**REVIEWED & RECOMMENDED  
FOR APPROVAL**

**ATTEST:**  
Jason T. Britt, County Administrative  
Officer/Clerk of the Board of Supervisors

By: \_\_\_\_\_  
~~Lupe Garza-Hollis~~ Magill  
SJVIA Manager

By: \_\_\_\_\_

**APPROVED AS TO LEGAL FORM:  
TULARE COUNTY COUNSEL**

By: Jeffrey L. Kuhn  
Deputy

Matter No. 20231255

Jlk/11-24-2025/20231255/2476754



**BOARD OF DIRECTORS**

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NATHAN MAGSIG

BUDDY MENDES

LARRY MICARI

BRIAN PACHECO

AMY SHUKLIAN

PETE VANDER POEL

**Exhibit A**

**County of Tulare**

**Plan Year 2026  
Benefit Summaries**

- Anthem Blue Cross PPO 0
- Anthem Blue Cross PPO 500
- Anthem Blue Cross PPO 750
- Anthem Blue Cross EP 1250
- Anthem Blue Cross HDHP PPO 2500
- Kaiser Permanente HMO
- Kaiser Permanente Chiropractic
- Kaiser Permanente DHMO
- Kaiser Permanente Senior Advantage HMO
- Kaiser Permanente Sr Advantage HMO Chiropractic
- Delta Dental PPO
- Delta Dental DHMO
- VSP Vision Benefit

# Your summary of benefits



Anthem® Blue Cross Life and Health Insurance Company

Your Plan: San Joaquin Valley Insurance Authority (JPA): County of Tulare: PPO 0

Your Network: Prudent Buyer PPO

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	\$20 copay per visit
Mental Health & Substance Use Disorder Services	\$20 copay per visit
Specialist care	\$20 copay per visit

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<b>Overall Deductible</b>	\$0 person / \$0 family	\$500 person / \$1,000 family
<b>Overall Out-of-Pocket Limit</b> <i>The out-of-pocket costs you pay for prescription drugs obtained at a pharmacy will apply to a separate Pharmacy Out-of-Pocket Limit. See the Covered Prescription Drug Benefits section.</i>	\$2,000 person / \$4,000 family	\$5,000 person / \$10,000 family
<p>The family deductible and out-of-pocket limit are embedded, meaning the cost shares of one family member will be applied to the per person deductible and per person out-of-pocket limit; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the per person deductible or per person out-of-pocket limit.</p> <p>All medical deductibles, copayments and coinsurance apply to the out-of-pocket limit.</p> <p>In-Network and Out-of-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.</p>		
<b>Doctor Visits (virtual and office)</b> <i>You are encouraged to select a Primary Care Physician (PCP).</i>		
<b>Primary Care (PCP) and Mental Health and Substance Use Disorder Services</b> <i>virtual and office</i>	\$20 copay per visit	30% coinsurance after medical deductible is met
<b>Specialist Provider</b> <i>virtual and office</i>	\$20 copay per visit	30% coinsurance after medical deductible is met
<b><u>Other Practitioner Visits</u></b>		
<b>Maternity services</b> Prenatal and Postpartum care	\$20 copay per visit	30% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<p>Delivery</p> <p><b>Retail Health Clinic</b> <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i></p> <p><b>Manipulation Therapy</b> <i>Coverage is limited to 12 visits per benefit period.</i></p> <p><b>Acupuncture</b> <i>Coverage is limited to 20 visits per benefit period.</i></p>	<p>10% coinsurance</p> <p>\$20 copay per visit</p> <p>\$25 copay per visit</p> <p>\$25 copay per visit</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p> <p>\$25 copay per visit after medical deductible is met</p>
<p><b><u>Other Services in an Office</u></b></p> <p><b>Allergy Testing</b></p> <p><b>Prescription Drugs</b> <i>Dispensed in the office</i> <i>Maximum of \$250 member cost share per drug.</i></p> <p><b>Surgery</b></p>	<p>10% coinsurance</p> <p>10% coinsurance</p> <p>10% coinsurance</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>
<b>Preventive care / screenings / immunizations</b>	No charge	30% coinsurance after medical deductible is met
<b>Preventive Care for Chronic Conditions</b> <i>per IRS guidelines</i>	No charge	Cost share is based on the setting services are received.
<p><b><u>Diagnostic Services Lab</u></b></p> <p>Office</p> <p>Freestanding Lab</p> <p>Outpatient Hospital</p>	<p>No charge</p> <p>No charge</p> <p>No charge</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>
<p><b><u>Diagnostic Services X-Ray</u></b></p> <p>Office</p>	No charge	30% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Freestanding Radiology Center	No charge	30% coinsurance after medical deductible is met
Outpatient Hospital	No charge	30% coinsurance after medical deductible is met
<b><u>Diagnostic Services</u></b> Advanced Diagnostic Imaging <i>for example: MRI, PET and CAT scans</i>		
Office	10% coinsurance	30% coinsurance after medical deductible is met
Freestanding Radiology Center	10% coinsurance	30% coinsurance after medical deductible is met
Outpatient Hospital	10% coinsurance	30% coinsurance after medical deductible is met
<b><u>Emergency and Urgent Care</u></b>		
<b>Urgent Care</b> <i>includes doctor services. Additional charges may apply depending on the care provided.</i>	\$20 copay per visit	30% coinsurance after medical deductible is met
<b>Emergency Room Facility Services</b> <i>Your copay is waived if admitted directly from ER.</i>	\$250 copay plus 10% coinsurance, after medical deductible per visit	Covered as In-Network
<b>Emergency Room Doctor and Other Services</b>	10% coinsurance	Covered as In-Network
<b>Ambulance</b>	10% coinsurance	Covered as In-Network
<b><u>Outpatient Mental Health and Substance Use Disorder Services at a Facility</u></b>		
<b>Facility Fees</b>	10% coinsurance	30% coinsurance after medical deductible is met
<b>Doctor Services</b>	10% coinsurance	30% coinsurance after medical deductible is met
<b><u>Outpatient Surgery</u></b>		
<b>Facility Fees</b> Hospital	10% coinsurance	30% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Ambulatory Surgical Center	10% coinsurance	30% coinsurance after medical deductible is met
<b>Physician and other services</b> <i>including surgeon fees</i>		
Hospital	10% coinsurance	30% coinsurance after medical deductible is met
<b><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></b> <i>Anthem's maximum payment is up to \$600 per day for non-emergency Inpatient admissions to Out-of-Network Providers.</i>		
<b>Facility Fees</b>	10% coinsurance	30% coinsurance after medical deductible is met
<b>Physician and other services</b> <i>including surgeon fees</i>	10% coinsurance	30% coinsurance after medical deductible is met
<b><u>Home Health Care</u></b> <i>Coverage is limited to 100 visits per benefit period.</i>	10% coinsurance	10% coinsurance after medical deductible is met
<b><u>Therapy Services</u></b> <b>Rehabilitation and Habilitation services</b> <i>including physical, occupational therapies.</i>		
Office	\$25 copay per visit	30% coinsurance after medical deductible is met
Outpatient Hospital	10% coinsurance	30% coinsurance after medical deductible is met
<b>Pulmonary rehabilitation</b>		
Office	\$25 copay per visit	30% coinsurance after medical deductible is met
Outpatient Hospital	10% coinsurance	30% coinsurance after medical deductible is met
<b>Cardiac rehabilitation</b>		
Office	\$25 copay per visit	30% coinsurance after medical deductible is met



Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Outpatient Hospital	10% coinsurance	30% coinsurance after medical deductible is met
<b>Dialysis/Hemodialysis</b> <i>office and outpatient hospital</i>	10% coinsurance	30% coinsurance after medical deductible is met
<b>Chemo/Radiation Therapy</b> <i>office and outpatient hospital</i>	10% coinsurance	30% coinsurance after medical deductible is met
<b>Skilled Nursing Care (facility)</b> <i>Coverage is limited to 100 days per benefit period.</i>	10% coinsurance	10% coinsurance after medical deductible is met
<b>Inpatient Hospice</b>	No charge	No charge after deductible is met
<b><u>Additional Services, Equipment and Devices</u></b>		
<b>Durable Medical Equipment</b>	10% coinsurance	30% coinsurance after medical deductible is met
<b>Prosthetic Devices</b>	10% coinsurance	30% coinsurance after medical deductible is met
<b>Wigs</b> <i>Coverage for wigs is restricted to one item per benefit period following cancer treatment, with a maximum allowance of \$750 per wig.</i>	10% coinsurance	30% coinsurance after medical deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
<b>Pharmacy Deductible</b>	Not applicable	Not applicable
<b>Pharmacy Out-of-Pocket Limit</b>	\$2,000 person / \$4,000 family	Not applicable

**Prescription Drug Coverage**  
**Network: *Base Network***  
**Drug List: *National direct plus***

**Day Supply Limits:**

**Retail Pharmacy** 30 day supply (cost shares noted below)

**Retail 90 Pharmacy** 90-day supply (2 times the 30-day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies).

**Home Delivery Pharmacy** 90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service.

**Specialty Pharmacy** 30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
<b>Tier 1 - Typically Generic</b>	\$10 copay per prescription (retail) and \$15 copay per prescription (home delivery)	Not Covered
<b>Tier 2 - Typically Preferred Brand</b>	\$20 copay per prescription (retail) and \$30 copay per prescription (home delivery)	Not Covered
<b>Tier 3 - Typically Non-Preferred Brand</b>	\$35 copay per prescription (retail) and \$50 copay per prescription (home delivery)	Not Covered
<b>Tier 4 - Typically Specialty (brand and generic)</b>	30% coinsurance up to \$100 per prescription (retail and home delivery)	Not Covered

#### Notes:

- If you have an office visit with your Primary Care Physician, Specialist or Urgent Care at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under “Outpatient Facility Services”.
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.
- Outpatient Facility tests and treatments are limited to \$350 per admission for Out-of-Network Providers. Includes: Diagnostic Services; X-ray; Surgery; Rehabilitation; Habilitation; Cardiac Therapy; Surgery at Ambulatory Surgical Centers.
- Coverage includes standard fertility preservation services as a basic healthcare service including but are not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.

*This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.*

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Questions: (855) 333-5730 or visit us at [www.anthem.com/ca](http://www.anthem.com/ca)

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## Get help in your language

### Language Assistance Services

Curious to know what all this says?

We would be too. Here's the English version: No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-888-254-2721. For more help call the CA Dept. of Insurance at 1-800-927-4357 (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternative formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card

### Spanish

Servicios lingüísticos sin costo. Puede solicitar los servicios de un intérprete. También puede solicitar que le leamos y le enviemos algunos documentos en su idioma. Llame al número que figura en su tarjeta de identificación o al 1-888-254-2721. Si necesita más ayuda, llame al Departamento de Seguros de California al 1-800-927-4357 (TTY/TDD: 711).

### Arabic

خدمات لغوية مجانية. يمكنك الحصول على مترجم فوري. يمكنك الحصول على مستندات تُقرأ لك وإرسال بعضها إليك بلغتك. للحصول على المساعدة، اتصل بنا على الرقم المدرج على بطاقة الهوية الخاصة بك أو 1-800-254-2721. لمزيد من المساعدة اتصل بقسم التأمين في CA على الرقم 1-800-927-4357 (TTY/TDD: 711)

### Armenian

Առանց արժեքի լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Դուք կարող եք ստանալ փաստաթղթեր, որոնք կարդում են ձեզ համար, իսկ որոշները՝ ուղարկվում են ձեր լեզվով: Օգնության համար զանգահարեք մեզ ձեր ID քարտում նշված համարով կամ 1-888-254-2721 հեռախոսահամարով: Լրացուցիչ օգնության համար զանգահարեք CA Ապահովագրության բաժանմունք՝ 1-800-927-4357 (TTY/TDD՝ 711)

### Chinese

免費語言服務。您可獲得口譯員服務。可以把文件唸給您聽，有些文件有您的語言的版本，也可以把這些文件寄給您。欲取得協助，請致電您的ID卡所列的電話號碼，或致電 1-888-254-2721 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 (TTY/TDD: 711) 與 CA 保險部聯絡

### Farsi

خدمات زبان بدون هزینه. شما می‌توانید مترجم شفاهی درخواست کنید. می‌توانید بخواهید اسناد برای شما به زبان شما خوانده شود و برخی اسناد به زبان شما برایتان ارسال شود. برای راهنمایی، با ما با شماره مندرج در کارت عضویت خود یا شماره 1-888-254-2721 تماس بگیرید. برای راهنمایی بیشتر با بخش بیمه CA به شماره 1-800-927-4357 (TTY/TDD: 711) تماس بگیرید.

### Hindi

निःशुल्क भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं। आप दस्तावेज़ अपनी भाषा में पढ़वा सकते हैं और कुछ को अपनी भाषा में खुद तक भिजवा सकते हैं। सहायता के लिए, अपने आईडी कार्ड पर दिए गए नंबर पर या 1-888-254-2721 पर हमें कॉल करें। अधिक सहायता के लिए सीए बीमा विभाग को 1-800-927-4357 पर कॉल करें (TTY/TDD: 711)

### Hmong

Tsis Sau Nqi Rau Kev Pab Cuam Txog Lus. Koj tuaj yeem tau txais tus kws txhais lus. Koj tuaj yeem tau txais cov ntaub ntawv kom muab nyeem rau koj mloog thiab kom muab xa rau koj ua yam lus koj hais. Rau kev pab, hu peb tus npawb xov tooj muaj nyob ntawm koj daim npav ID los sis 1-888-254-2721. Rau kev pab ntxiv hu lub CA Tuam Tsev Hauj Lwm ntsig txog Kev Tuav Pov Hwm ntawm 1-800-927-4357 (TTY/TDD: 711)

### Japanese

無料の言語サービス。通訳を頼むこともできます。文書を使用言語で読み上げたり、送信したりすることもできます。サポートが必要な場合、IDカードに記載されている電話番号または 1-888-254-2721 までお電話ください。さらに詳しい情報については、カリフォルニア州保険局までお問い合わせください。電話番号：1-800-927-4357 (TTY/TDD: 711)



**Khmer**

មិនគិតថ្លៃសេវាកម្មនេះ។ អ្នកអាចទទួលបានអ្នកបកប្រែ។ អ្នកអាចទទួលបានឯកសារអាស្សនៈអ្នកស្តាប់ និងឯកសារខ្លះផ្សេងទៀតអ្នកជាភាសាបស្ចិម។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងតាមលេខដែលមាននៅក្នុងកាត ID របស់អ្នក ឬ 1-888-254-2721។ សម្រាប់ជំនួយបន្ថែម សូមទូរស័ព្ទទៅផ្នែកធានារ៉ាប់រង CA តាមរយៈលេខ 1-800-927-4357 (TTY/TDD: 711)

**Korean**

무상 언어 서비스. 통역사를 연결시켜 드립니다. 문서를 귀하에게 읽어드릴 수 있고 어떤 서류는 귀하의 언어로 작성하여 팩으로 보내드릴 수 있습니다. 도움이 필요하시면, 귀하의 ID 카드에 나와 있는 번호 또는 1-888-254-2721 번으로 전화해 주시기 바랍니다. 더 많은 도움이 필요하시면 CA 보험부에 1-800-927-4357 (TTY/TDD: 711)로 전화해 주십시오.

**Punjabi**

ਬਿਨਾ ਕੋਈ ਲਾਗਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਤੁਸੀਂ ਦੁਆਰਾ ਲੈ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੜ੍ਹ ਕੇ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਕੁਝ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਤੁਹਾਨੂੰ ਭੇਜੇ ਗਏ ਹਨ। ਮਦਦ ਲਈ, ਸਾਨੂੰ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਸੂਚੀਬੱਧ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ 1-888-254-2721. ਹੋਰ ਮਦਦ ਲਈ CA ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ ਇੱਥੇ ਕਾਲ ਕਰੋ 1-800-927-4357 (TTY/TDD: 711)

**Russian**

Доступны бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика. Вам могут зачитать документы вслух, а некоторые из них могут быть отправлены вам на вашем языке. Если вам нужна помощь, позвоните нам по номеру, указанному на вашей идентификационной карте участника плана, или по номеру 1-888-254-2721. Для получения дополнительной помощи позвоните в Департамент страхования штата California по номеру 1-800-927-4357 (TTY/TDD: 711)

**Tagalog**

Walang Gastos na mga Serbisyo sa Wika. Maaari kang kumuha ng interpreter. Maaari mong ipabasa ang mga dokumento sa iyo at ipadala sa iyo ang ilan sa nang nasa wika mo. Para sa tulong, tawagan kami sa numerong nakalista sa iyong ID card o 1-888-254-2721. Para sa higit pang tulong tumawag sa CA Dept. of Insurance sa 1-800-927-4357 (TTY/TDD: 711)

**Thai**

บริการด้านภาษาแบบไม่เสียค่าใช้จ่าย คุณสามารถรับล่ามเพื่อช่วยเหลือได้ คุณสามารถรับเอกสารแบบมีผู้อ่านให้ฟังและส่งให้คุณในภาษาของคุณได้ หากต้องการความช่วยเหลือ โปรดโทรติดต่อเราตามหมายเลขที่ระบุบนบัตรประจำตัวของคุณหรือ 1-888-254-2721 หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรติดต่อกรมการประกันภัยแห่งแคลิฟอร์เนียได้ที่ 1-800-927-4357 (TTY/TDD: 711)

**Vietnamese**

Dịch vụ Ngôn ngữ Miễn Phí. Quý vị có thể được bố trí thông dịch viên. Quý vị có thể yêu cầu họ đọc tài liệu hoặc gửi cho quý vị một số tài liệu bằng ngôn ngữ của quý vị. Để được trợ giúp, hãy gọi cho chúng tôi theo số điện thoại được ghi trên thẻ ID của quý vị hoặc 1-888-254-2721. Để được trợ giúp thêm, hãy gọi cho Sở Bảo hiểm CA theo số 1-800-927-4357 (TTY/TDD: 711)

### **It's important we treat you fairly**

We follow state and federal civil rights laws in our health programs and activities. Members can get reasonable modifications as well as free auxiliary aids and services if you have a disability. We don't discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability. For people whose primary language isn't English (or have limited proficiency), we offer free language assistance services, in a timely manner, like interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711) or visit our website. If you think we failed in any areas or to learn more about grievance procedures, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Richmond, VA 23279, or if you think you were discriminated against based on race, color, national origin, age, disability, or sex, you can mail a complaint directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

# Your summary of benefits



Anthem® Blue Cross Life and Health Insurance Company

Your Plan: San Joaquin Valley Insurance Authority (JPA): PPO 500

Your Network: Prudent Buyer PPO

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	\$25 copay per visit medical deductible does not apply
Mental Health & Substance Use Disorder Services	\$25 copay per visit medical deductible does not apply
Specialist care	\$25 copay per visit medical deductible does not apply

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<b>Overall Deductible</b>	\$500 person / \$1,000 family	\$500 person / \$1,000 family
<b>Overall Out-of-Pocket Limit</b> <i>The out-of-pocket costs you pay for prescription drugs obtained at a pharmacy will apply to a separate Pharmacy Out-of-Pocket Limit. See the Covered Prescription Drug Benefits section.</i>	\$3,000 person / \$6,000 family	\$10,000 person / \$20,000 family
<p>The family deductible and out-of-pocket limit are embedded, meaning the cost shares of one family member will be applied to the per person deductible and per person out-of-pocket limit; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the per person deductible or per person out-of-pocket limit.</p> <p>All medical deductibles, copayments and coinsurance apply to the out-of-pocket limit.</p> <p>In-Network and Out-of-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.</p>		
<b>Doctor Visits (virtual and office)</b> <i>You are encouraged to select a Primary Care Physician (PCP).</i>		
<b>Primary Care (PCP) and Mental Health and Substance Use Disorder Services</b> <i>virtual and office</i>	\$25 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
<b>Specialist Provider</b> <i>virtual and office</i>	\$25 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
<b>Other Practitioner Visits</b>		
<b>Maternity services</b> Prenatal and Postpartum care	\$25 copay per pregnancy medical deductible does not apply	40% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<p>Delivery</p> <p><b>Retail Health Clinic</b> <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i></p> <p><b>Manipulation Therapy</b> <i>Coverage is limited to 12 visits per benefit period.</i></p> <p><b>Acupuncture</b> <i>Coverage is limited to 20 visits per benefit period.</i></p>	<p>20% coinsurance after medical deductible is met</p> <p>\$25 copay per visit medical deductible does not apply</p> <p>\$25 copay per visit medical deductible does not apply</p> <p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p><b><u>Other Services in an Office</u></b></p> <p><b>Allergy Testing</b></p> <p><b>Prescription Drugs</b> <i>Dispensed in the office</i> <i>Maximum of \$250 member cost share per drug.</i></p> <p><b>Surgery</b></p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<b>Preventive care / screenings / immunizations</b>	No charge	40% coinsurance after medical deductible is met
<b>Preventive Care for Chronic Conditions</b> <i>per IRS guidelines</i>	No charge	Cost share is based on the setting services are received.
<p><b><u>Diagnostic Services Lab</u></b></p> <p>Office</p> <p>Freestanding Lab</p> <p>Outpatient Hospital</p>	<p>No charge</p> <p>No charge</p> <p>No charge</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p><b><u>Diagnostic Services X-Ray</u></b></p> <p>Office</p>	No charge	40% coinsurance after medical deductible is met



Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Freestanding Radiology Center	No charge	40% coinsurance after medical deductible is met
Outpatient Hospital	No charge	40% coinsurance after medical deductible is met
<b><u>Diagnostic Services</u></b> Advanced Diagnostic Imaging <i>for example: MRI, PET and CAT scans</i>		
Office	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Freestanding Radiology Center	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
<b><u>Emergency and Urgent Care</u></b>		
<b>Urgent Care</b> <i>includes doctor services. Additional charges may apply depending on the care provided.</i>	\$25 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
<b>Emergency Room Facility Services</b> <i>Your copay is waived if admitted directly from ER.</i>	\$250 copay plus 20% coinsurance after medical deductible is met	Covered as In-Network
<b>Emergency Room Doctor and Other Services</b>	20% coinsurance after medical deductible is met	Covered as In-Network
<b>Ambulance</b>	20% coinsurance after medical deductible is met	Covered as In-Network
<b><u>Outpatient Mental Health and Substance Use Disorder Services at a Facility</u></b>		
<b>Facility Fees</b>	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
<b>Doctor Services</b>	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
<b><u>Outpatient Surgery</u></b>		
<b>Facility Fees</b>		
Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Ambulatory Surgical Center	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
<b>Physician and other services</b> <i>including surgeon fees</i>		
Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
<b><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></b> <i>Anthem's maximum payment is up to \$600 per day for non-emergency Inpatient admissions to Out-of-Network Providers.</i>		
<b>Facility Fees</b>	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
<b>Physician and other services</b> <i>including surgeon fees</i>	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
<b><u>Home Health Care</u></b> <i>Coverage is limited to 100 visits per benefit period.</i>	20% coinsurance after medical deductible is met	20% coinsurance after medical deductible is met
<b><u>Therapy Services</u></b>		
<b>Rehabilitation and Habilitation services</b> <i>including physical, occupational and speech therapies.</i>		
Office	\$25 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
<b>Pulmonary rehabilitation</b> <i>office and outpatient hospital</i>	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
<b>Cardiac rehabilitation</b> <i>office and outpatient hospital</i>	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
<b>Dialysis/Hemodialysis</b> <i>office and outpatient hospital</i>	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
<b>Chemo/Radiation Therapy</b> <i>office and outpatient hospital</i>	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<b>Skilled Nursing Care (facility)</b> <i>Coverage is limited to 100 days per benefit period.</i>	20% coinsurance after medical deductible is met	20% coinsurance after medical deductible is met
<b>Inpatient Hospice</b>	No charge after medical deductible is met	No charge after medical deductible is met
<b><u>Additional Services, Equipment and Devices</u></b>		
<b>Durable Medical Equipment</b>	20% coinsurance after medical deductible is met	20% coinsurance after medical deductible is met
<b>Prosthetic Devices</b>	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
<b>Wigs</b> <i>Coverage for wigs is restricted to one item per benefit period following cancer treatment, with a maximum allowance of \$750 per wig.</i>	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
<b>Pharmacy Deductible</b>	Not applicable	Not applicable
<b>Pharmacy Out-of-Pocket Limit</b>	\$2,000 person / \$4,000 family	Not applicable
<b>Prescription Drug Coverage</b> <b>Network: <i>Base Network</i></b> <b>Drug List: <i>National direct plus</i></b>		
<b>Day Supply Limits:</b> <b>Retail Pharmacy</b> 30 day supply (cost shares noted below) <b>Retail 90 Pharmacy</b> 90-day supply (2 times the 30-day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies). <b>Home Delivery Pharmacy</b> 90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service. <b>Specialty Pharmacy</b> 30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.		
<b>Tier 1 - Typically Generic</b>	\$10 copay per prescription (retail) and \$15 copay per prescription (home delivery)	Not Covered
<b>Tier 2 - Typically Preferred Brand</b>	\$20 copay per prescription (retail) and	Not Covered

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
	\$30 copay per prescription (home delivery)	
<b>Tier 3 - Typically Non-Preferred Brand</b>	\$35 copay per prescription (retail) and \$50 copay per prescription (home delivery)	Not Covered
<b>Tier 4 - Typically Specialty (brand and generic)</b>	30% coinsurance up to \$100 per prescription (retail and home delivery)	Not Covered

#### Notes:

- If you have an office visit with your Primary Care Physician, Specialist or Urgent Care at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under “Outpatient Facility Services”.
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.
- Outpatient Facility tests and treatments are limited to \$350 per admission for Out-of-Network Providers. Includes: Diagnostic Services; X-ray; Surgery; Rehabilitation; Habilitation; Cardiac Therapy; Surgery at Ambulatory Surgical Centers.
- Coverage includes standard fertility preservation services as a basic healthcare service including but are not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.

*This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.*

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Questions: (855) 333-5730 or visit us at [www.anthem.com/ca](http://www.anthem.com/ca)

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## Get help in your language

### Language Assistance Services

Curious to know what all this says?

We would be too. Here's the English version:

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-888-254-2721. For more help call the CA Dept. of Insurance at 1-800-927-4357 (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternative formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card

#### Spanish

Servicios lingüísticos sin costo. Puede solicitar los servicios de un intérprete. También puede solicitar que le leamos y le enviemos algunos documentos en su idioma. Llame al número que figura en su tarjeta de identificación o al 1-888-254-2721. Si necesita más ayuda, llame al Departamento de Seguros de California al 1-800-927-4357 (TTY/TDD: 711).

#### Arabic

خدمات لغوية مجانية. يمكنك الحصول على مترجم فوري. يمكنك الحصول على مستندات تُقرأ لك وإرسال بعضها إليك بلغتك. للحصول على المساعدة، اتصل بنا على الرقم المدرج على بطاقة الهوية الخاصة بك أو 1-800-254-2721. لمزيد من المساعدة اتصل بقسم التأمين في CA على الرقم 1-800-927-4357 (TTY/TDD: 711)

#### Armenian

Առանց արժեքի լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Դուք կարող եք ստանալ փաստաթղթեր, որոնք կարդում են ձեզ համար, իսկ որոշները՝ ուղարկվում են ձեր լեզվով: Օգնության համար զանգահարեք մեզ ձեր ID քարտում նշված համարով կամ 1-888-254-2721 հեռախոսահամարով: Լրացուցիչ օգնության համար զանգահարեք CA Ապահովագրության բաժանմունք՝ 1-800-927-4357 (TTY/TDD: 711)

#### Chinese

免費語言服務。您可獲得口譯員服務。可以把文件唸給您聽，有些文件有您的語言的版本，也可以把這些文件寄給您。欲取得協助，請致電您的ID卡所列的電話號碼，或致電 1-888-254-2721 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 (TTY/TDD: 711) 與 CA 保險部聯絡

#### Farsi

خدمات زبان بدون هزینه. شما می‌توانید مترجم شفاهی درخواست کنید. می‌توانید بخواهید اسناد برای شما به زبان شما خوانده شود و برخی اسناد به زبان شما برایتان ارسال شود. برای راهنمایی، با ما با شماره مندرج در کارت عضویت خود یا شماره 1-888-254-2721 تماس بگیرید. برای راهنمایی بیشتر با بخش بیمه CA به شماره 1-800-927-4357 (TTY/TDD: 711) تماس بگیرید.

#### Hindi

निःशुल्क भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं। आप दस्तावेज़ अपनी भाषा में पढ़वा सकते हैं और कुछ को अपनी भाषा में खुद तक भिजवा सकते हैं। सहायता के लिए, अपने आईडी कार्ड पर दिए गए नंबर पर या 1-888-254-2721 पर हमें कॉल करें। अधिक सहायता के लिए सीए बीमा विभाग को 1-800-927-4357 पर कॉल करें (TTY/TDD: 711)

#### Hmong

Tsis Sau Nqi Rau Kev Pab Cuam Txog Lus. Koj tuaj yeem tau txais tus kws txhais lus. Koj tuaj yeem tau txais cov ntaub ntawv kom muab nyeem rau koj mloog thiab kom muab xa rau koj ua yam lus koj hais. Rau kev pab, hu peb tus npawb xov tooj muaj nyob ntawm koj daim npav ID los sis 1-888-254-2721. Rau kev pab ntxiv hu lub CA Tuam Tsev Hauj Lwm ntsig txog Kev Tuav Pov Hwm ntawm 1-800-927-4357 (TTY/TDD: 711)

#### Japanese

無料の言語サービス。通訳を頼むこともできます。文書を使用言語で読み上げたり、送信したりすることもできます。サポートが必要な場合、IDカードに記載されている電話番号または 1-888-254-2721 までお電話ください。さらに詳しい情報については、カリフォルニア州保険局までお問い合わせください。電話番号：1-800-927-4357 (TTY/TDD: 711)



**Khmner**

មិនគិតថ្លៃសេវាកម្មនេះ អ្នកអាចទទួលបានអ្នកបកប្រែ។ អ្នកអាចទទួលបានឯកសារអាស្សនៈអ្នកស្តាប់ និងឯកសារខ្លះផ្សេងទៀតអ្នកជាភាសាបស្ចិម។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងតាមលេខដែលមាននៅក្នុងកាត ID របស់អ្នក ឬ 1-888-254-2721។ សម្រាប់ជំនួយបន្ថែម សូមទូរស័ព្ទទៅផ្នែកធានារ៉ាប់រង CA តាមរយៈលេខ 1-800-927-4357 (TTY/TDD: 711)

**Korean**

무상 언어 서비스. 통역사를 연결시켜 드립니다. 문서를 귀하에게 읽어드릴 수 있고 어떤 서류는 귀하의 언어로 작성하여 팩으로 보내드릴 수 있습니다. 도움이 필요하시면, 귀하의 ID 카드에 나와 있는 번호 또는 1-888-254-2721 번으로 전화해 주시기 바랍니다. 더 많은 도움이 필요하시면 CA 보험부에 1-800-927-4357 (TTY/TDD: 711)로 전화해 주십시오.

**Punjabi**

ਬਿਨਾਂ ਕੋਈ ਲਾਗਤ ਤਾਮਾ ਸੇਵਾਵਾਂ ਤੁਸੀਂ ਦੁਆਰਾ ਲੈ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੜ੍ਹ ਕੇ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਕੁਝ ਤੁਹਾਡੀ ਤਾਮਾ ਵਿੱਚ ਤੁਹਾਨੂੰ ਭੇਜੇ ਗਏ ਹਨ। ਮਦਦ ਲਈ, ਮਾਨ੍ਹੁ ਅਪਣੇ ਅਪਣੇ ਕਾਰਡ 'ਤੇ ਸੂਚੀਬੱਧ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ 1-888-254-2721. ਹੋਰ ਮਦਦ ਲਈ CA ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ ਇੱਥੇ ਕਾਲ ਕਰੋ 1-800-927-4357 (TTY/TDD: 711)

**Russian**

Доступны бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика. Вам могут зачитать документы вслух, а некоторые из них могут быть отправлены вам на вашем языке. Если вам нужна помощь, позвоните нам по номеру, указанному на вашей идентификационной карте участника плана, или по номеру 1-888-254-2721. Для получения дополнительной помощи позвоните в Департамент страхования штата California по номеру 1-800-927-4357 (TTY/TDD: 711)

**Tagalog**

Walang Gastos na mga Serbisyo sa Wika. Maaari kang kumuha ng interpreter. Maaari mong ipabasa ang mga dokumento sa iyo at ipadala sa iyo ang ilan sa nang nasa wika mo. Para sa tulong, tawagan kami sa numerong nakalista sa iyong ID card o 1-888-254-2721. Para sa higit pang tulong tumawag sa CA Dept. of Insurance sa 1-800-927-4357 (TTY/TDD: 711)

**Thai**

บริการด้านภาษาแบบไม่เสียค่าใช้จ่าย คุณสามารถรับล่ามเพื่อช่วยเหลือได้ คุณสามารถรับเอกสารแบบมีผู้อ่านให้ฟังและส่งให้คุณในภาษาของคุณได้ หากต้องการความช่วยเหลือ โปรดโทรติดต่อเราตามหมายเลขที่ระบุบนบัตรประจำตัวของคุณหรือ 1-888-254-2721 หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรติดต่อกรมการประกันภัยแห่งแคลิฟอร์เนียได้ที่ 1-800-927-4357 (TTY/TDD: 711)

**Vietnamese**

Dịch vụ Ngôn ngữ Miễn Phí. Quý vị có thể được bố trí thông dịch viên. Quý vị có thể yêu cầu họ đọc tài liệu hoặc gửi cho quý vị một số tài liệu bằng ngôn ngữ của quý vị. Để được trợ giúp, hãy gọi cho chúng tôi theo số điện thoại được ghi trên thẻ ID của quý vị hoặc 1-888-254-2721. Để được trợ giúp thêm, hãy gọi cho Sở Bảo hiểm CA theo số 1-800-927-4357 (TTY/TDD: 711)

**It's important we treat you fairly**

We follow state and federal civil rights laws in our health programs and activities. Members can get reasonable modifications as well as free auxiliary aids and services if you have a disability. We don't discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability. For people whose primary language isn't English (or have limited proficiency), we offer free language assistance services, in a timely manner, like interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711) or visit our website. If you think we failed in any areas or to learn more about grievance procedures, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Richmond, VA 23279, or if you think you were discriminated against based on race, color, national origin, age, disability, or sex, you can mail a complaint directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>



# Your summary of benefits



Anthem® Blue Cross Life and Health Insurance Company

Your Plan: San Joaquin Valley Insurance Authority (JPA): PPO 750

Your Network: Prudent Buyer PPO

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	\$25 copay per visit medical deductible does not apply
Mental Health & Substance Use Disorder Services	\$25 copay per visit medical deductible does not apply
Specialist care	\$35 copay per visit medical deductible does not apply

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<b>Overall Deductible</b>	\$750 person / \$1,500 family	\$750 person / \$1,500 family
<b>Overall Out-of-Pocket Limit</b> <i>The out-of-pocket costs you pay for prescription drugs obtained at a pharmacy will apply to a separate Pharmacy Out-of-Pocket Limit. See the Covered Prescription Drug Benefits section.</i>	\$3,500 person / \$7,000 family	\$10,000 person / \$20,000 family
<p>The family deductible and out-of-pocket limit are embedded, meaning the cost shares of one family member will be applied to the per person deductible and per person out-of-pocket limit; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the per person deductible or per person out-of-pocket limit.</p> <p>All medical deductibles, copayments and coinsurance apply to the out-of-pocket limit.</p> <p>In-Network and Out-of-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.</p>		
<b>Doctor Visits (virtual and office)</b> <i>You are encouraged to select a Primary Care Physician (PCP).</i>		
<b>Primary Care (PCP) and Mental Health and Substance Use Disorder Services</b> <i>virtual and office</i>	\$25 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
<b>Specialist Provider</b> <i>virtual and office</i>	\$35 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
<b>Other Practitioner Visits</b>		
<b>Maternity services</b> Prenatal and Postpartum care	\$25 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<p>Delivery</p> <p><b>Retail Health Clinic</b> <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i></p> <p><b>Manipulation Therapy</b> <i>Coverage is limited to 12 visits per benefit period.</i></p> <p><b>Acupuncture</b> <i>Coverage is limited to 20 visits per benefit period.</i></p>	<p>20% coinsurance after medical deductible is met</p> <p>\$25 copay per visit medical deductible does not apply</p> <p>\$25 copay per visit medical deductible does not apply</p> <p>20% coinsurance after medical deductible is met</p>	<p>50% coinsurance after medical deductible is met</p> <p>50% coinsurance after medical deductible is met</p> <p>50% coinsurance after medical deductible is met</p> <p>50% coinsurance after medical deductible is met</p>
<p><b><u>Other Services in an Office</u></b></p> <p><b>Allergy Testing</b></p> <p><b>Prescription Drugs</b> <i>Dispensed in the office</i> <i>Maximum of \$250 member cost share per drug.</i></p> <p><b>Surgery</b></p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>	<p>50% coinsurance after medical deductible is met</p> <p>50% coinsurance after medical deductible is met</p> <p>50% coinsurance after medical deductible is met</p>
<b>Preventive care / screenings / immunizations</b>	No charge	50% coinsurance after medical deductible is met
<b>Preventive Care for Chronic Conditions</b> <i>per IRS guidelines</i>	No charge	Cost share is based on the setting services are received.
<p><b><u>Diagnostic Services Lab</u></b></p> <p>Office</p> <p>Freestanding Lab</p> <p>Outpatient Hospital</p>	<p>No charge</p> <p>No charge</p> <p>No charge</p>	<p>50% coinsurance after medical deductible is met</p> <p>50% coinsurance after medical deductible is met</p> <p>50% coinsurance after medical deductible is met</p>
<p><b><u>Diagnostic Services X-Ray</u></b></p> <p>Office</p>	No charge	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Freestanding Radiology Center	No charge	50% coinsurance after medical deductible is met
Outpatient Hospital	No charge	50% coinsurance after medical deductible is met
<b><u>Diagnostic Services</u></b> Advanced Diagnostic Imaging <i>for example: MRI, PET and CAT scans</i>		
Office	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Freestanding Radiology Center	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b><u>Emergency and Urgent Care</u></b>		
<b>Urgent Care</b> <i>includes doctor services. Additional charges may apply depending on the care provided.</i>	\$25 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
<b>Emergency Room Facility Services</b> <i>Your copay is waived if admitted directly from ER.</i>	\$250 copay plus 20% coinsurance after medical deductible is met	Covered as In-Network
<b>Emergency Room Doctor and Other Services</b>	20% coinsurance after medical deductible is met	Covered as In-Network
<b>Ambulance</b>	20% coinsurance after medical deductible is met	Covered as In-Network
<b><u>Outpatient Mental Health and Substance Use Disorder Services at a Facility</u></b>		
<b>Facility Fees</b>	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Doctor Services</b>	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b><u>Outpatient Surgery</u></b>		
<b>Facility Fees</b>		
Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Ambulatory Surgical Center	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Physician and other services</b> <i>including surgeon fees</i>		
Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></b> <i>Anthem's maximum payment is up to \$600 per day for non-emergency Inpatient admissions to Out-of-Network Providers.</i>		
<b>Facility Fees</b>	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Physician and other services</b> <i>including surgeon fees</i>	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b><u>Home Health Care</u></b> <i>Coverage is limited to 100 visits per benefit period.</i>	20% coinsurance after medical deductible is met	20% coinsurance after medical deductible is met
<b><u>Therapy Services</u></b> <b>Rehabilitation and Habilitation services</b> <i>including physical, occupational and speech therapies.</i>		
Office	\$25 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Pulmonary rehabilitation</b>		
Office	\$25 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Cardiac rehabilitation</b>		
Office	\$25 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Dialysis/Hemodialysis</b> <i>office and outpatient hospital</i>	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Chemo/Radiation Therapy</b> <i>office and outpatient hospital</i>	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Skilled Nursing Care (facility)</b> <i>Coverage is limited to 100 days per benefit period.</i>	20% coinsurance after medical deductible is met	20% coinsurance after medical deductible is met
<b>Inpatient Hospice</b>	No charge after medical deductible is met	No charge after medical deductible is met
<b><u>Additional Services, Equipment and Devices</u></b>		
<b>Durable Medical Equipment</b>	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Prosthetic Devices</b>	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Wigs</b> <i>Coverage for wigs is restricted to one item per benefit period following cancer treatment, with a maximum allowance of \$750 per wig.</i>	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
<b>Pharmacy Deductible</b>	Not applicable	Not applicable
<b>Pharmacy Out-of-Pocket Limit</b>	\$2,000 person / \$4,000 family	Not applicable
<b>Prescription Drug Coverage</b> <b>Network: <i>Base Network</i></b> <b>Drug List: <i>National Direct Plus</i></b>		
<b>Day Supply Limits:</b> <b>Retail Pharmacy</b> 30 day supply (cost shares noted below) <b>Retail 90 Pharmacy</b> 90-day supply (2 times the 30-day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies). <b>Home Delivery Pharmacy</b> 90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service. <b>Specialty Pharmacy</b> 30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs		

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
<i>with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.</i>		
<b>Tier 1 - Typically Generic</b>	\$10 copay per prescription (retail) and \$15 copay per prescription (home delivery)	Not Covered
<b>Tier 2 - Typically Preferred Brand</b>	\$20 copay per prescription (retail) and \$30 copay per prescription (home delivery)	Not Covered
<b>Tier 3 - Typically Non-Preferred Brand</b>	\$35 copay per prescription (retail) and \$50 copay per prescription (home delivery)	Not Covered
<b>Tier 4 - Typically Specialty (brand and generic)</b>	30% coinsurance up to \$100 per prescription (retail and home delivery)	Not Covered

#### Notes:

- If you have an office visit with your Primary Care Physician, Specialist or Urgent Care at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under “Outpatient Facility Services”.
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.
- Outpatient Facility tests and treatments are limited to \$350 per admission for Out-of-Network Providers. Includes: Diagnostic Services; X-ray; Surgery; Rehabilitation; Habilitation; Cardiac Therapy; Surgery at Ambulatory Surgical Centers.
- Coverage includes standard fertility preservation services as a basic healthcare service including but are not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.

*This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.*

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Questions: (855) 333-5730 or visit us at [www.anthem.com/ca](http://www.anthem.com/ca)



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## Get help in your language

### Language Assistance Services

Curious to know what all this says?

We would be too. Here's the English version: No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-888-254-2721. For more help call the CA Dept. of Insurance at 1-800-927-4357 (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternative formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card

#### Spanish

Servicios lingüísticos sin costo. Puede solicitar los servicios de un intérprete. También puede solicitar que le leamos y le enviemos algunos documentos en su idioma. Llame al número que figura en su tarjeta de identificación o al 1-888-254-2721. Si necesita más ayuda, llame al Departamento de Seguros de California al 1-800-927-4357 (TTY/TDD: 711).

#### Arabic

خدمات لغوية مجانية. يمكنك الحصول على مترجم فوري. يمكنك الحصول على مستندات تُقرأ لك وإرسال بعضها إليك بلغتك. للحصول على المساعدة، اتصل بنا على الرقم المدرج على بطاقة الهوية الخاصة بك أو 1-800-254-2721. لمزيد من المساعدة اتصل بقسم التأمين في CA على الرقم 1-800-927-4357 (TTY/TDD: 711)

#### Armenian

Առանց արժեքի լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Դուք կարող եք ստանալ փաստաթղթեր, որոնք կարդում են ձեզ համար, իսկ որոշները՝ ուղարկվում են ձեր լեզվով: Օգնության համար զանգահարեք մեզ ձեր ID քարտում նշված համարով կամ 1-888-254-2721 հեռախոսահամարով: Լրացուցիչ օգնության համար զանգահարեք CA Ապահովագրության բաժանմունք՝ 1-800-927-4357 (TTY/TDD: 711)

#### Chinese

免費語言服務。您可獲得口譯員服務。可以把文件唸給您聽，有些文件有您的語言的版本，也可以把這些文件寄給您。欲取得協助，請致電您的ID卡所列的電話號碼，或致電 1-888-254-2721 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 (TTY/TDD: 711) 與 CA 保險部聯絡

#### Farsi

خدمات زبان بدون هزینه. شما می‌توانید مترجم شفاهی درخواست کنید. می‌توانید بخواهید اسناد برای شما به زبان شما خوانده شود و برخی اسناد به زبان شما برایتان ارسال شود. برای راهنمایی، با ما با شماره مندرج در کارت عضویت خود یا شماره 1-888-254-2721 تماس بگیرید. برای راهنمایی بیشتر با بخش بیمه CA به شماره 1-800-927-4357 (TTY/TDD: 711) تماس بگیرید.

#### Hindi

निःशुल्क भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं। आप दस्तावेज़ अपनी भाषा में पढ़वा सकते हैं और कुछ को अपनी भाषा में खुद तक भिजवा सकते हैं। सहायता के लिए, अपने आईडी कार्ड पर दिए गए नंबर पर या 1-888-254-2721 पर हमें कॉल करें। अधिक सहायता के लिए सीए बीमा विभाग को 1-800-927-4357 पर कॉल करें (TTY/TDD: 711)

#### Hmong

Tsis Sau Nqi Rau Kev Pab Cuam Txog Lus. Koj tuaj yeem tau txais tus kws txhais lus. Koj tuaj yeem tau txais cov ntaub ntawv kom muab nyeem rau koj mloog thiab kom muab xa rau koj ua yam lus koj hais. Rau kev pab, hu peb tus npawb xov tooj muaj nyob ntawm koj daim npav ID los sis 1-888-254-2721. Rau kev pab ntxiv hu lub CA Tuam Tsev Hauj Lwm ntsig txog Kev Tuav Pov Hwm ntawm 1-800-927-4357 (TTY/TDD: 711)

#### Japanese

無料の言語サービス。通訳を頼むこともできます。文書を使用言語で読み上げたり、送信したりすることもできます。サポートが必要な場合、IDカードに記載されている電話番号または 1-888-254-2721 までお電話ください。さらに詳しい情報については、カリフォルニア州保険局までお問い合わせください。電話番号：1-800-927-4357 (TTY/TDD: 711)

**Khmner**

មិនគិតថ្លៃសេវាកម្មនេះ អ្នកអាចទទួលបានអ្នកបកប្រែ។ អ្នកអាចទទួលបានឯកសារអាស្សនៈអ្នកស្នាក់ នឹងឯកសារខ្លះផ្សេងៗអ្នកជាភាសាបស្ចឹម។ សម្រាប់ជំនួយ សូមទូរសព្ទមកយើងតាមលេខដែលមាននៅក្នុងកាត ID របស់អ្នក ឬ 1-888-254-2721។ សម្រាប់ជំនួយបន្ថែម សូមទូរសព្ទទៅផ្នែកធានារ៉ាប់រង CA តាមរយៈលេខ 1-800-927-4357 (TTY/TDD: 711)

**Korean**

무상 언어 서비스. 통역사를 연결시켜 드립니다. 문서를 귀하에게 읽어드릴 수 있고 어떤 서류는 귀하의 언어로 작성하여 팩으로 보내드릴 수 있습니다. 도움이 필요하시면, 귀하의 ID 카드에 나와 있는 번호 또는 1-888-254-2721 번으로 전화해 주시기 바랍니다. 더 많은 도움이 필요하시면 CA 보험부에 1-800-927-4357 (TTY/TDD: 711)로 전화해 주십시오.

**Punjabi**

ਬਿਨਾਂ ਕੋਈ ਲਾਗਤ ਤਾਮਾ ਸੇਵਾਵਾਂ ਤੁਸੀਂ ਦੁਆਰਾ ਲੈ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੜ੍ਹ ਕੇ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਕੁਝ ਤੁਹਾਡੀ ਤਾਮਾ ਵਿੱਚ ਤੁਹਾਨੂੰ ਭੇਜੇ ਗਏ ਹਨ। ਮਦਦ ਲਈ, ਮਾਨ੍ਹੁ ਅਪਣੇ ਅਪਣੇ ਕਾਰਡ 'ਤੇ ਸੂਚੀਬੱਧ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ 1-888-254-2721. ਹੋਰ ਮਦਦ ਲਈ CA ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ ਇੱਥੇ ਕਾਲ ਕਰੋ 1-800-927-4357 (TTY/TDD: 711)

**Russian**

Доступны бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика. Вам могут зачитать документы вслух, а некоторые из них могут быть отправлены вам на вашем языке. Если вам нужна помощь, позвоните нам по номеру, указанному на вашей идентификационной карте участника плана, или по номеру 1-888-254-2721. Для получения дополнительной помощи позвоните в Департамент страхования штата California по номеру 1-800-927-4357 (TTY/TDD: 711)

**Tagalog**

Walang Gastos na mga Serbisyo sa Wika. Maaari kang kumuha ng interpreter. Maaari mong ipabasa ang mga dokumento sa iyo at ipadala sa iyo ang ilan sa nang nasa wika mo. Para sa tulong, tawagan kami sa numerong nakalista sa iyong ID card o 1-888-254-2721. Para sa higit pang tulong tumawag sa CA Dept. of Insurance sa 1-800-927-4357 (TTY/TDD: 711)

**Thai**

บริการด้านภาษาแบบไม่เสียค่าใช้จ่าย คุณสามารถรับล่ามเพื่อช่วยเหลือได้ คุณสามารถรับเอกสารแบบมีผู้อ่านให้ฟังและส่งให้คุณในภาษาของคุณได้ หากต้องการความช่วยเหลือ โปรดโทรติดต่อเราตามหมายเลขที่ระบุบนบัตรประจำตัวของคุณหรือ 1-888-254-2721 หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรติดต่อกรมการประกันภัยแห่งแคลิฟอร์เนียได้ที่ 1-800-927-4357 (TTY/TDD: 711)

**Vietnamese**

Dịch vụ Ngôn ngữ Miễn Phí. Quý vị có thể được bố trí thông dịch viên. Quý vị có thể yêu cầu họ đọc tài liệu hoặc gửi cho quý vị một số tài liệu bằng ngôn ngữ của quý vị. Để được trợ giúp, hãy gọi cho chúng tôi theo số điện thoại được ghi trên thẻ ID của quý vị hoặc 1-888-254-2721. Để được trợ giúp thêm, hãy gọi cho Sở Bảo hiểm CA theo số 1-800-927-4357 (TTY/TDD: 711)

# Your summary of benefits



Anthem® Blue Cross Life and Health Insurance Company

Your Plan: San Joaquin Valley Insurance Authority (JPA): County of Tulare \$1250

Your Network: Prudent Buyer PPO

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	\$30 copay per visit medical deductible does not apply
Mental Health & Substance Use Disorder Services	\$30 copay per visit medical deductible does not apply
Specialist care	\$40 copay per visit medical deductible does not apply

Covered Medical Benefits	Cost if you use an In-Network Provider
Overall Deductible	\$1,250 person / \$2,500 family
Overall Out-of-Pocket Limit	\$5,000 person / \$10,000 family

To get benefits under this Plan, you must use In-Network Providers. **Services from Out-of-Network Providers are not covered**, except for Emergency Care, Authorized Services, or when required by law. Please be sure to contact us if you are not sure if we have approved an Authorized Service.

The family deductible and out-of-pocket limit are embedded, meaning the cost shares of one family member will be applied to the per person deductible and per person out-of-pocket limit; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the per person deductible or per person out-of-pocket limit.

All medical and prescription drug deductibles, copayments and coinsurance apply to the out-of-pocket limit.

**Doctor Visits (virtual and office)** *You are encouraged to select a Primary Care Physician (PCP).*

<b>Primary Care (PCP) and Mental Health and Substance Use Disorder Services</b> <i>virtual and office</i>	\$30 copay per visit medical deductible does not apply
<b>Specialist Provider</b> <i>virtual and office</i>	\$40 copay per visit medical deductible does not apply

## Other Practitioner Visits

### **Maternity services**

Prenatal and Postpartum care

\$30 copay per visit medical deductible does not apply

Delivery

30% coinsurance after medical deductible is met

**Retail Health Clinic** *for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.*

\$40 copay per visit medical deductible does not apply

### **Manipulation Therapy**

*Coverage is limited to 12 visits per benefit period.*

\$25 copay per visit medical deductible does not apply



Covered Medical Benefits	Cost if you use an In-Network Provider
<b>Acupuncture</b> <i>Coverage is limited to 20 visits per benefit period.</i>	\$25 copay per visit medical deductible does not apply
<b><u>Other Services in an Office</u></b> <b>Allergy Testing</b>  <b>Prescription Drugs</b> <i>Dispensed in the office</i> <i>Maximum of \$250 member cost share per drug.</i> <b>Surgery</b>	30% coinsurance after medical deductible is met  30% coinsurance after medical deductible is met  30% coinsurance after medical deductible is met
<b>Preventive care / screenings / immunizations</b>	No charge
<b>Preventive Care for Chronic Conditions</b> <i>per IRS guidelines</i>	No charge
<b><u>Diagnostic Services Lab</u></b> Office  Freestanding Lab  Outpatient Hospital	30% coinsurance after medical deductible is met  30% coinsurance after medical deductible is met  30% coinsurance after medical deductible is met
<b><u>Diagnostic Services X-Ray</u></b> Office  Freestanding Radiology Center  Outpatient Hospital	30% coinsurance after medical deductible is met  30% coinsurance after medical deductible is met  30% coinsurance after medical deductible is met
<b><u>Diagnostic Services Advanced Diagnostic Imaging</u></b> <i>for example: MRI, PET and CAT scans</i>  Office  Freestanding Radiology Center  Outpatient Hospital	30% coinsurance after medical deductible is met  30% coinsurance after medical deductible is met  30% coinsurance after medical deductible is met
<b><u>Emergency and Urgent Care</u></b> <b>Urgent Care</b> <i>includes doctor services. Additional charges may apply depending on the care provided.</i>  <b>Emergency Room Facility Services</b> <i>Your copay will be waived if admitted.</i>  <b>Emergency Room Doctor and Other Services</b>	\$40 copay per visit medical deductible does not apply  <b>In-Network and Out-of-Network Providers:</b> \$250 copay per visit and then 30% coinsurance after medical deductible is met  <b>In-Network and Out-of-Network Providers:</b> 30% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider
<b>Ambulance</b>	<b>In-Network and Out-of-Network Providers:</b> 30% coinsurance after medical deductible is met
<b><u>Outpatient Mental Health and Substance Use Disorder Services at a Facility</u></b>	
<b>Facility Fees</b>	30% coinsurance after medical deductible is met
<b>Doctor Services</b>	30% coinsurance after medical deductible is met
<b><u>Outpatient Surgery</u></b>	
<b>Facility Fees</b>	
Hospital	30% coinsurance after medical deductible is met
Ambulatory Surgical Center	30% coinsurance after medical deductible is met
<b>Physician and other services</b> <i>including surgeon fees</i>	
Hospital	30% coinsurance after medical deductible is met
<b><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></b>	
<b>Facility Fees</b>	30% coinsurance after medical deductible is met
<b>Physician and other services</b> <i>including surgeon fees</i>	30% coinsurance after medical deductible is met
<b><u>Home Health Care</u></b> <i>Coverage is limited to 100 visits per benefit period.</i>	30% coinsurance after medical deductible is met
<b><u>Therapy Services</u></b>	
<b>Rehabilitation and Habilitation services</b> <i>including physical, occupational and speech therapies.</i>	
Office	30% coinsurance after medical deductible is met
Outpatient Hospital	30% coinsurance after medical deductible is met
<b>Pulmonary rehabilitation</b> <i>office and outpatient hospital</i>	30% coinsurance after medical deductible is met
<b>Cardiac rehabilitation</b> <i>office and outpatient hospital</i>	30% coinsurance after medical deductible is met
<b>Dialysis/Hemodialysis</b> <i>office and outpatient hospital</i>	30% coinsurance after medical deductible is met
<b>Chemo/Radiation Therapy</b> <i>office and outpatient hospital</i>	30% coinsurance after medical deductible is met
<b>Skilled Nursing Care (facility)</b> <i>Coverage for Inpatient rehabilitation and skilled nursing services is limited to 150 days combined per benefit period.</i>	30% coinsurance after medical deductible is met
<b>Inpatient Hospice</b>	No charge

Covered Medical Benefits	Cost if you use an In-Network Provider
<b><u>Additional Services, Equipment and Devices</u></b>	
<b>Durable Medical Equipment</b>	30% coinsurance after medical deductible is met
<b>Prosthetic Devices</b>	30% coinsurance after medical deductible is met
<b>Wigs</b> <i>Coverage for wigs is restricted to one item per benefit period following cancer treatment, with a maximum allowance of \$750 per wig.</i>	30% coinsurance after medical deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
<b>Pharmacy Deductible</b>	Not applicable	Not covered
<b>Pharmacy Out-of-Pocket Limit</b>	\$2,000 person/ \$4,000 family	Not covered
<b>Prescription Drug Coverage</b> <b>Network: <i>Base Network</i></b> <b>Drug List: <i>National Direct Plus</i></b>		
<b>Day Supply Limits:</b> <b>Retail Pharmacy</b> 30 day supply (cost shares noted below) <b>Retail 90 Pharmacy</b> 90 day supply (2 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies). <b>Home Delivery Pharmacy</b> 90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service. <b>Specialty Pharmacy</b> 30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.		
<b>Tier 1 - Typically Generic</b>	\$10 copay per prescription (retail) and \$15 copay per prescription (home delivery)	Not covered (retail and home delivery)
<b>Tier 2 - Typically Preferred Brand</b>	\$20 copay per prescription (retail) and \$30 copay per prescription (home delivery)	Not covered (retail and home delivery)
<b>Tier 3 - Typically Non-Preferred Brand</b>	\$35 copay per prescription (retail) and \$50 copay per prescription (home delivery)	Not covered (retail and home delivery)
<b>Tier 4 - Typically Specialty (brand and generic)</b>	30% coinsurance up to	Not covered (retail and

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
	\$100 per prescription (retail and home delivery)	home delivery)

**Notes:**

- If you have an office visit with your Primary Care Physician, Specialist or Urgent Care at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under “Outpatient Facility Services”.
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.
- Coverage includes standard fertility preservation services as a basic healthcare service including but are not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.

*This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.*

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Questions: (855) 333-5730 or visit us at [www.anthem.com/ca](http://www.anthem.com/ca)

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## Get help in your language

### Language Assistance Services

Curious to know what all this says?

We would be too. Here's the English version: No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-888-254-2721. For more help call the CA Dept. of Insurance at 1-800-927-4357 (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternative formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card

#### Spanish

Servicios lingüísticos sin costo. Puede solicitar los servicios de un intérprete. También puede solicitar que le leamos y le enviemos algunos documentos en su idioma. Llame al número que figura en su tarjeta de identificación o al 1-888-254-2721. Si necesita más ayuda, llame al Departamento de Seguros de California al 1-800-927-4357 (TTY/TDD: 711).

#### Arabic

خدمات لغوية مجانية. يمكنك الحصول على مترجم فوري. يمكنك الحصول على مستندات تُقرأ لك وإرسال بعضها إليك بلغتك. للحصول على المساعدة، اتصل بنا على الرقم المدرج على بطاقة الهوية الخاصة بك أو 1-800-254-2721. لمزيد من المساعدة اتصل بقسم التأمين في CA على الرقم 1-800-927-4357 (TTY/TDD: 711)

#### Armenian

Առանց արժեքի լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Դուք կարող եք ստանալ փաստաթղթեր, որոնք կարդում են ձեզ համար, իսկ որոշները՝ ուղարկվում են ձեր լեզվով: Օգնության համար զանգահարեք մեզ ձեր ID քարտում նշված համարով կամ 1-888-254-2721 հեռախոսահամարով: Լրացուցիչ օգնության համար զանգահարեք CA Ապահովագրության բաժանմունք՝ 1-800-927-4357 (TTY/TDD: 711)

#### Chinese

免費語言服務。您可獲得口譯員服務。可以把文件唸給您聽，有些文件有您的語言的版本，也可以把這些文件寄給您。欲取得協助，請致電您的ID卡所列的電話號碼，或致電 1-888-254-2721 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 (TTY/TDD: 711) 與 CA 保險部聯絡

#### Farsi

خدمات زبان بدون هزینه. شما می‌توانید مترجم شفاهی درخواست کنید. می‌توانید بخواهید اسناد برای شما به زبان شما خوانده شود و برخی اسناد به زبان شما برایتان ارسال شود. برای راهنمایی، با ما با شماره مندرج در کارت عضویت خود یا شماره 1-888-254-2721 تماس بگیرید. برای راهنمایی بیشتر با بخش بیمه CA به شماره 1-800-927-4357 (TTY/TDD: 711) تماس بگیرید.

#### Hindi

निःशुल्क भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं। आप दस्तावेज़ अपनी भाषा में पढ़वा सकते हैं और कुछ को अपनी भाषा में खुद तक भिजवा सकते हैं। सहायता के लिए, अपने आईडी कार्ड पर दिए गए नंबर पर या 1-888-254-2721 पर हमें कॉल करें। अधिक सहायता के लिए सीए बीमा विभाग को 1-800-927-4357 पर कॉल करें (TTY/TDD: 711)

#### Hmong

Tsis Sau Nqi Rau Kev Pab Cuam Txog Lus. Koj tuaj yeem tau txais tus kws txhais lus. Koj tuaj yeem tau txais cov ntaub ntawv kom muab nyeem rau koj mloog thiab kom muab xa rau koj ua yam lus koj hais. Rau kev pab, hu peb tus npawb xov tooj muaj nyob ntawm koj daim npav ID los sis 1-888-254-2721. Rau kev pab ntxiv hu lub CA Tuam Tsev Hauj Lwm ntsig txog Kev Tuav Pov Hwm ntawm 1-800-927-4357 (TTY/TDD: 711)

#### Japanese

無料の言語サービス。通訳を頼むこともできます。文書を使用言語で読み上げたり、送信したりすることもできます。サポートが必要な場合、IDカードに記載されている電話番号または 1-888-254-2721 までお電話ください。さらに詳しい情報については、カリフォルニア州保険局までお問い合わせください。電話番号：1-800-927-4357 (TTY/TDD: 711)

**Khmner**

មិនគិតថ្លៃសេវាកម្មនេះ អ្នកអាចទទួលបានអ្នកបកប្រែ អ្នកអាចទទួលបានឯកសារអាស្សនៈអ្នកស្តាប់ និងឯកសារខ្លះផ្សេងទៀតអ្នកជាភាសាសំបុក។ សម្រាប់ជំនួយ សូមទូរសព្ទមកយើងតាមលេខដែលមាននៅក្នុងកាត ID របស់អ្នក ឬ 1-888-254-2721។ សម្រាប់ជំនួយបន្ថែម សូមទូរសព្ទទៅផ្នែកធានារ៉ាប់រង CA តាមរយៈលេខ 1-800-927-4357 (TTY/TDD: 711)

**Korean**

무상 언어 서비스. 통역사를 연결시켜 드립니다. 문서를 귀하에게 읽어드릴 수 있고 어떤 서류는 귀하의 언어로 작성하여 팩으로 보내드릴 수 있습니다. 도움이 필요하시면, 귀하의 ID 카드에 나와 있는 번호 또는 1-888-254-2721 번으로 전화해 주시기 바랍니다. 더 많은 도움이 필요하시면 CA 보험부에 1-800-927-4357 (TTY/TDD: 711)로 전화해 주십시오.

**Punjabi**

ਬਿਨਾ ਕੋਈ ਲਾਗਤ ਤਾਮਾ ਸੇਵਾਵਾਂ ਤੁਸੀਂ ਦੁਆਰਾ ਲੈ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੜ੍ਹ ਕੇ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਕੁਝ ਤੁਹਾਡੀ ਤਾਮਾ ਵਿੱਚ ਤੁਹਾਨੂੰ ਭੇਜੇ ਗਏ ਹਨ। ਮਦਦ ਲਈ, ਸਾਨੂੰ ਆਪਣੇ ਆਪਣੀ ਕਾਰਡ 'ਤੇ ਸੂਚੀਬੱਧ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ 1-888-254-2721. ਹੋਰ ਮਦਦ ਲਈ CA ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ ਇੱਥੇ ਕਾਲ ਕਰੋ 1-800-927-4357 (TTY/TDD: 711)

**Russian**

Доступны бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика. Вам могут зачитать документы вслух, а некоторые из них могут быть отправлены вам на вашем языке. Если вам нужна помощь, позвоните нам по номеру, указанному на вашей идентификационной карте участника плана, или по номеру 1-888-254-2721. Для получения дополнительной помощи позвоните в Департамент страхования штата California по номеру 1-800-927-4357 (TTY/TDD: 711)

**Tagalog**

Walang Gastos na mga Serbisyo sa Wika. Maaari kang kumuha ng interpreter. Maaari mong ipabasa ang mga dokumento sa iyo at ipadala sa iyo ang ilan sa nang nasa wika mo. Para sa tulong, tawagan kami sa numerong nakalista sa iyong ID card o 1-888-254-2721. Para sa higit pang tulong tumawag sa CA Dept. of Insurance sa 1-800-927-4357 (TTY/TDD: 711)

**Thai**

บริการด้านภาษาแบบไม่เสียค่าใช้จ่าย คุณสามารถรับล่ามเพื่อช่วยเหลือได้ คุณสามารถรับเอกสารแบบมีผู้อ่านให้ฟังและส่งให้คุณในภาษาของคุณได้ หากต้องการความช่วยเหลือ โปรดโทรติดต่อเราตามหมายเลขที่ระบุบนบัตรประจำตัวของคุณหรือ 1-888-254-2721 หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรติดต่อกรมการประกันภัยแห่งแคลิฟอร์เนียได้ที่ 1-800-927-4357 (TTY/TDD: 711)

**Vietnamese**

Dịch vụ Ngôn ngữ Miễn Phí. Quý vị có thể được bố trí thông dịch viên. Quý vị có thể yêu cầu họ đọc tài liệu hoặc gửi cho quý vị một số tài liệu bằng ngôn ngữ của quý vị. Để được trợ giúp, hãy gọi cho chúng tôi theo số điện thoại được ghi trên thẻ ID của quý vị hoặc 1-888-254-2721. Để được trợ giúp thêm, hãy gọi cho Sở Bảo hiểm CA theo số 1-800-927-4357 (TTY/TDD: 711)

# Your summary of benefits



Anthem® Blue Cross Life and Health Insurance Company

Your Plan: San Joaquin Valley Insurance Authority (JPA): County of Tulare (HSA) 2500

Your Network: Prudent Buyer PPO

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
<b>Primary Care, and medical services for urgent/acute care</b>	10% coinsurance after deductible is met
<b>Mental Health &amp; Substance Use Disorder Services</b>	10% coinsurance after deductible is met
<b>Specialist care</b>	10% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<b>Overall Deductible</b>	\$2,500 person / \$5,000 family	\$2,500 person / \$5,000 family
<b>Overall Out-of-Pocket Limit</b>	\$5,000 person / \$8,150 family	\$5,000 person / \$8,150 family
<p>The family deductible and out-of-pocket limit are non-embedded, meaning the cost shares of all family members apply to one family deductible and one family out-of-pocket limit. The per person deductible and per person out-of-pocket limit apply to individuals enrolled under single-only coverage.</p> <p>All medical and prescription drug deductibles, copayments and coinsurance apply to the out-of-pocket limit.</p> <p>The In-Network and Out-of-Network deductibles and out-of-pocket are combined and accumulate toward each other.</p>		
<b>Doctor Visits (virtual and office)</b> <i>You are encouraged to select a Primary Care Physician (PCP).</i>		
<b>Primary Care (PCP) and Mental Health and Substance Use Disorder Services</b> <i>virtual and office</i>	10% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Specialist Provider</b> <i>virtual and office</i>	10% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Other Practitioner Visits</b>		
<b>Maternity Doctor services</b> (prenatal/postpartum care and delivery)	10% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Retail Health Clinic</b> <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i>	10% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Manipulation Therapy</b> <i>Coverage is limited to 12 visits per benefit period.</i>	10% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Acupuncture</b> <i>Coverage is limited to 20 visits per benefit period.</i>	10% coinsurance after deductible is met	50% coinsurance after deductible is met



Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<b><u>Other Services in an Office</u></b> <b>Allergy Testing</b>  <b>Prescription Drugs</b> <i>Dispensed in the office</i> <i>Maximum of \$250 member cost share per drug.</i> <b>Surgery</b>	10% coinsurance after deductible is met 10% coinsurance after deductible is met 10% coinsurance after deductible is met	50% coinsurance after deductible is met 50% coinsurance after deductible is met 50% coinsurance after deductible is met
<b>Preventive care / screenings / immunizations</b>	No charge	50% coinsurance after deductible is met
<b>Preventive Care for Chronic Conditions</b> <i>per IRS guidelines</i>	No charge	Cost share is based on the setting services are received.
<b><u>Diagnostic Services Lab</u></b> Office  Freestanding Lab  Outpatient Hospital	10% coinsurance after deductible is met 10% coinsurance after deductible is met 10% coinsurance after deductible is met	50% coinsurance after deductible is met 50% coinsurance after deductible is met 50% coinsurance after deductible is met
<b><u>Diagnostic Services X-Ray</u></b> Office  Freestanding Radiology Center  Outpatient Hospital	10% coinsurance after deductible is met 10% coinsurance after deductible is met 10% coinsurance after deductible is met	50% coinsurance after deductible is met 50% coinsurance after deductible is met 50% coinsurance after deductible is met
<b><u>Diagnostic Services Advanced Diagnostic Imaging</u></b> <i>for example: MRI, PET and CAT scans</i> Office  Freestanding Radiology Center  Outpatient Hospital	10% coinsurance after deductible is met 10% coinsurance after deductible is met 10% coinsurance after deductible is met	50% coinsurance after deductible is met 50% coinsurance after deductible is met 50% coinsurance after deductible is met
<b><u>Emergency and Urgent Care</u></b> <b>Urgent Care</b> <i>includes doctor services. Additional charges may apply depending on the care provided.</i>  <b>Emergency Room Facility Services</b> <i>Your copay is waived if admitted directly from ER.</i>  <b>Emergency Room Doctor and Other Services</b>	10% coinsurance after deductible is met  \$250 copay plus 10% coinsurance after deductible is met 10% coinsurance after deductible is met	50% coinsurance after deductible is met  Covered as In-Network  Covered as In-Network

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<b>Ambulance</b>	10% coinsurance after deductible is met	Covered as In-Network
<b><u>Outpatient Mental Health and Substance Use Disorder Services at a Facility</u></b>		
<b>Facility Fees</b>	10% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Doctor Services</b>	10% coinsurance after deductible is met	50% coinsurance after deductible is met
<b><u>Outpatient Surgery</u></b>		
<b>Facility Fees</b>		
Hospital	10% coinsurance after deductible is met	50% coinsurance after deductible is met
Ambulatory Surgical Center	10% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Physician and other services including surgeon fees</b>		
Hospital	10% coinsurance after deductible is met	50% coinsurance after deductible is met
<b><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></b>		
<b>Facility Fees</b>	10% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Physician and other services including surgeon fees</b>	10% coinsurance after deductible is met	50% coinsurance after deductible is met
<b><u>Home Health Care</u></b> <i>Coverage is limited to 100 visits per benefit period.</i>	10% coinsurance after deductible is met	10% coinsurance after deductible is met
<b><u>Therapy Services</u></b>		
<b>Rehabilitation and Habilitation services including physical, occupational and speech therapies.</b>		
Office	10% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Hospital	10% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Pulmonary rehabilitation office and outpatient hospital</b>	10% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Cardiac rehabilitation office and outpatient hospital</b>	10% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Dialysis/Hemodialysis office and outpatient hospital</b>	10% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Chemo/Radiation Therapy office and outpatient hospital</b>	10% coinsurance after deductible is met	50% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<b>Skilled Nursing Care (facility)</b> <i>Coverage is limited to 100 days per benefit period.</i>	10% coinsurance after deductible is met	10% coinsurance after deductible is met
<b>Inpatient Hospice</b> <i>Coverage is limited to \$10,000 maximum per lifetime.</i>	10% coinsurance after deductible is met	10% coinsurance after deductible is met
<b><u>Additional Services, Equipment and Devices</u></b>		
<b>Durable Medical Equipment</b>	10% coinsurance after deductible is met	10% coinsurance after deductible is met
<b>Prosthetic Devices</b>	10% coinsurance after deductible is met	10% coinsurance after deductible is met
<b>Wigs</b> <i>Coverage for wigs is restricted to one item per benefit period following cancer treatment, with a maximum allowance of \$750 per wig.</i>	10% coinsurance after deductible is met	10% coinsurance after deductible is met
Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
<b>Pharmacy Deductible</b>	Combined with In-Network medical deductible	Not Covered
<b>Pharmacy Out-of-Pocket Limit</b>	Combined with In-Network medical out-of-pocket limit	Not Covered
<b>Prescription Drug Coverage</b> <b>Network: <i>Base Network</i></b> <b>Drug List: <i>National direct plus</i></b>		
<b>Day Supply Limits:</b> <b>Retail Pharmacy</b> 30 day supply (cost shares noted below) <b>Retail 90 Pharmacy</b> 90-day supply (2 times the 30-day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies). <b>Home Delivery Pharmacy</b> 90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service. <b>Specialty Pharmacy</b> 30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.		
<b>Preventive Drugs</b> No deductible, copayment or coinsurance applies to prescription drugs on the PreventiveRX Plus drug list when you use an In-Network Pharmacy.		
<b>Tier 1 - Generic</b>	\$7.00 copay after deductible is met (retail) and \$14.00 after deductible is met (home delivery)	Not Covered
<b>Tier 2 - Brand</b>	\$25.00 copay after	Not Covered

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
	deductible is met (retail) and \$50.00 after deductible is met (home delivery)	

**Notes:**

- If you have an office visit with your Primary Care Physician, Specialist or Urgent Care at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under “Outpatient Facility Services”.
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.
- Outpatient Facility tests and treatments are limited to \$350 per admission for Out-of-Network Providers. Includes: Diagnostic Services; X-ray; Surgery; Rehabilitation; Habilitation; Cardiac Therapy; Surgery at Ambulatory Surgical Centers.
- Coverage includes standard fertility preservation services as a basic healthcare service including but are not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.

*This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.*

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Questions: (855) 333-5730 or visit us at [www.anthem.com/ca](http://www.anthem.com/ca)

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## Get help in your language

### Language Assistance Services

Curious to know what all this says?

We would be too. Here's the English version:

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-888-254-2721. For more help call the CA Dept. of Insurance at 1-800-927-4357 (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternative formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card

#### Spanish

Servicios lingüísticos sin costo. Puede solicitar los servicios de un intérprete. También puede solicitar que le leamos y le enviemos algunos documentos en su idioma. Llame al número que figura en su tarjeta de identificación o al 1-888-254-2721. Si necesita más ayuda, llame al Departamento de Seguros de California al 1-800-927-4357 (TTY/TDD: 711).

#### Arabic

خدمات لغوية مجانية. يمكنك الحصول على مترجم فوري. يمكنك الحصول على مستندات تُقرأ لك وإرسال بعضها إليك بلغتك. للحصول على المساعدة، اتصل بنا على الرقم المدرج على بطاقة الهوية الخاصة بك أو 1-800-254-2721. لمزيد من المساعدة اتصل بقسم التأمين في CA على الرقم 1-800-927-4357 (TTY/TDD: 711)

#### Armenian

Առանց արժեքի լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Դուք կարող եք ստանալ փաստաթղթեր, որոնք կարդում են ձեզ համար, իսկ որոշները՝ ուղարկվում են ձեր լեզվով: Օգնության համար զանգահարեք մեզ ձեր ID քարտում նշված համարով կամ 1-888-254-2721 հեռախոսահամարով: Լրացուցիչ օգնության համար զանգահարեք CA Ապահովագրության բաժանմունք՝ 1-800-927-4357 (TTY/TDD: 711)

#### Chinese

免費語言服務。您可獲得口譯員服務。可以把文件唸給您聽，有些文件有您的語言的版本，也可以把這些文件寄給您。欲取得協助，請致電您的ID卡所列的電話號碼，或致電 1-888-254-2721 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 (TTY/TDD: 711) 與 CA 保險部聯絡

#### Farsi

خدمات زبان بدون هزینه. شما می‌توانید مترجم شفاهی درخواست کنید. می‌توانید بخواهید اسناد برای شما به زبان شما خوانده شود و برخی اسناد به زبان شما برایتان ارسال شود. برای راهنمایی، با ما با شماره مندرج در کارت عضویت خود یا شماره 1-888-254-2721 تماس بگیرید. برای راهنمایی بیشتر با بخش بیمه CA به شماره 1-800-927-4357 (TTY/TDD: 711) تماس بگیرید.

#### Hindi

निःशुल्क भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं। आप दस्तावेज़ अपनी भाषा में पढ़वा सकते हैं और कुछ को अपनी भाषा में खुद तक भिजवा सकते हैं। सहायता के लिए, अपने आईडी कार्ड पर दिए गए नंबर पर या 1-888-254-2721 पर हमें कॉल करें। अधिक सहायता के लिए सीए बीमा विभाग को 1-800-927-4357 पर कॉल करें (TTY/TDD: 711)

#### Hmong

Tsis Sau Nqi Rau Kev Pab Cuam Txog Lus. Koj tuaj yeem tau txais tus kws txhais lus. Koj tuaj yeem tau txais cov ntaub ntawv kom muab nyeem rau koj mloog thiab kom muab xa rau koj ua yam lus koj hais. Rau kev pab, hu peb tus npawb xov tooj muaj nyob ntawm koj daim npav ID los sis 1-888-254-2721. Rau kev pab ntxiv hu lub CA Tuam Tsev Hauj Lwm ntsig txog Kev Tuav Pov Hwm ntawm 1-800-927-4357 (TTY/TDD: 711)

#### Japanese

無料の言語サービス。通訳を頼むこともできます。文書を使用言語で読み上げたり、送信したりすることもできます。サポートが必要な場合、IDカードに記載されている電話番号または 1-888-254-2721 までお電話ください。さらに詳しい情報については、カリフォルニア州保険局までお問い合わせください。電話番号：1-800-927-4357 (TTY/TDD: 711)

**Khmner**

មិនគិតថ្លៃសេវាកម្មនេះ អ្នកអាចទទួលបានអ្នកបកប្រែ។ អ្នកអាចទទួលបានឯកសារអាស្សនៈអ្នកស្តាប់ និងឯកសារខ្លះផ្សេងទៀតអ្នកជាភាសាបស្ចិម។ សម្រាប់ជំនួយ សូមទូរសព្ទមកយើងតាមលេខដែលមាននៅក្នុងកាត ID របស់អ្នក ឬ 1-888-254-2721។ សម្រាប់ជំនួយបន្ថែម សូមទូរសព្ទទៅផ្នែកធានារ៉ាប់រង CA តាមរយៈលេខ 1-800-927-4357 (TTY/TDD: 711)

**Korean**

무상 언어 서비스. 통역사를 연결시켜 드립니다. 문서를 귀하에게 읽어드릴 수 있고 어떤 서류는 귀하의 언어로 작성하여 팩으로 보내드릴 수 있습니다. 도움이 필요하시면, 귀하의 ID 카드에 나와 있는 번호 또는 1-888-254-2721 번으로 전화해 주시기 바랍니다. 더 많은 도움이 필요하시면 CA 보험부에 1-800-927-4357 (TTY/TDD: 711)로 전화해 주십시오.

**Punjabi**

ਬਿਨਾਂ ਕੋਈ ਲਾਗਤ ਤਾਮਾ ਸੇਵਾਵਾਂ ਤੁਸੀਂ ਦੁਆਰਾ ਲੈ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੜ੍ਹ ਕੇ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਕੁਝ ਤੁਹਾਡੀ ਤਾਮਾ ਵਿੱਚ ਤੁਹਾਨੂੰ ਭੇਜੇ ਗਏ ਹਨ। ਮਦਦ ਲਈ, ਮਾਨ੍ਹੁ ਅਪਣੇ ਅਪਣੇ ਕਾਰਡ 'ਤੇ ਸੂਚੀਬੱਧ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ 1-888-254-2721. ਹੋਰ ਮਦਦ ਲਈ CA ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ ਇੱਥੇ ਕਾਲ ਕਰੋ 1-800-927-4357 (TTY/TDD: 711)

**Russian**

Доступны бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика. Вам могут зачитать документы вслух, а некоторые из них могут быть отправлены вам на вашем языке. Если вам нужна помощь, позвоните нам по номеру, указанному на вашей идентификационной карте участника плана, или по номеру 1-888-254-2721. Для получения дополнительной помощи позвоните в Департамент страхования штата California по номеру 1-800-927-4357 (TTY/TDD: 711)

**Tagalog**

Walang Gastos na mga Serbisyo sa Wika. Maaari kang kumuha ng interpreter. Maaari mong ipabasa ang mga dokumento sa iyo at ipadala sa iyo ang ilan sa nang nasa wika mo. Para sa tulong, tawagan kami sa numerong nakalista sa iyong ID card o 1-888-254-2721. Para sa higit pang tulong tumawag sa CA Dept. of Insurance sa 1-800-927-4357 (TTY/TDD: 711)

**Thai**

บริการด้านภาษาแบบไม่เสียค่าใช้จ่าย คุณสามารถรับล่ามเพื่อช่วยเหลือได้ คุณสามารถรับเอกสารแบบมีผู้อ่านให้ฟังและส่งให้คุณในภาษาของคุณได้ หากต้องการความช่วยเหลือ โปรดโทรติดต่อเราตามหมายเลขที่ระบุบนบัตรประจำตัวของคุณหรือ 1-888-254-2721 หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรติดต่อกรมการประกันภัยแห่งแคลิฟอร์เนียได้ที่ 1-800-927-4357 (TTY/TDD: 711)

**Vietnamese**

Dịch vụ Ngôn ngữ Miễn Phí. Quý vị có thể được bố trí thông dịch viên. Quý vị có thể yêu cầu họ đọc tài liệu hoặc gửi cho quý vị một số tài liệu bằng ngôn ngữ của quý vị. Để được trợ giúp, hãy gọi cho chúng tôi theo số điện thoại được ghi trên thẻ ID của quý vị hoặc 1-888-254-2721. Để được trợ giúp thêm, hãy gọi cho Sở Bảo hiểm CA theo số 1-800-927-4357 (TTY/TDD: 711)

**It's important we treat you fairly**

We follow state and federal civil rights laws in our health programs and activities. Members can get reasonable modifications as well as free auxiliary aids and services if you have a disability. We don't discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability. For people whose primary language isn't English (or have limited proficiency), we offer free language assistance services, in a timely manner, like interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711) or visit our website. If you think we failed in any areas or to learn more about grievance procedures, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Richmond, VA 23279, or if you think you were discriminated against based on race, color, national origin, age, disability, or sex, you can mail a complaint directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

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We follow state and federal civil rights laws in our health programs and activities. Members can get reasonable modifications as well as free auxiliary aids and services if you have a disability. We don't discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability. For people whose primary language isn't English (or have limited proficiency), we offer free language assistance services, in a timely manner, like interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711) or visit our website. If you think we failed in any areas or to learn more about grievance procedures, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Richmond, VA 23279, or if you think you were discriminated against based on race, color, national origin, age, disability, or sex, you can mail a complaint directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>



## Disclosure Form Part One

County of Tulare  
Group ID: 39189 HMO High Plan  
Member Services 1-800-464-4000  
Home Region: Northern California  
1/1/26 through 12/31/26

## Principal benefits for Kaiser Permanente Traditional HMO Plan

Health Plan believes this coverage is a “grandfathered health plan” under the Patient Protection and Affordable Care Act. If you have questions about grandfathered health plans, please call Member Services.

### Accumulation Period

The Accumulation Period for this plan is January 1 through December 31.

### Out-of-Pocket Maximums and Deductibles

For Services that apply to the Plan Out-of-Pocket Maximum, you will not pay any more Cost Share for the rest of the Accumulation Period once you have reached the amounts listed below.

Amounts Per Accumulation Period	Self-Only Coverage (a Family of one Member)	Family Coverage Each Member in a Family of two or more Members	Family Coverage Entire Family of two or more Members
Plan Out-of-Pocket Maximum	\$1,500	\$1,500	\$3,000
Plan Deductible	None	None	None
Drug Deductible	None	None	None

### Plan Provider Office Visits

#### You Pay

Most Primary Care Visits and most Non-Physician Specialist Visits .....	\$25 per visit
Most Physician Specialist Visits .....	\$25 per visit
Routine physical maintenance exams, including well-woman exams ....	No charge
Well-child preventive exams (through age 23 months) .....	No charge
Routine eye exams with a Plan Optometrist .....	No charge
Urgent care consultations, evaluations, and treatment .....	\$25 per visit
Most physical, occupational, and speech therapy .....	\$25 per visit

### Telehealth Visits

#### You Pay

Primary Care Visits and Non-Physician Specialist Visits by interactive video or telephone .....	No charge
Physician Specialist Visits by interactive video or telephone .....	No charge

### Outpatient Services

#### You Pay

Outpatient surgery and certain other outpatient procedures .....	\$25 per procedure
Most immunizations (including the vaccine) .....	No charge
Most X-rays and laboratory tests .....	No charge

### Hospital Inpatient Services

#### You Pay

Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs .....	\$250 per admission
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### Emergency Services and Care

#### You Pay

Emergency department visits .....	\$100 per visit
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Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the emergency department Cost Share (see “Hospital Inpatient Services” for inpatient Cost Share)

### Ambulance Services

#### You Pay

Ambulance Services .....	\$50 per trip
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### Prescription Drug Coverage

#### You Pay

Covered outpatient items in accord with our drug formulary guidelines:	
Most generic items (Tier 1) at a Plan Pharmacy or through our mail-order service .....	\$10 for up to a 100-day supply
Most brand-name items (Tier 2) at a Plan Pharmacy or through our mail-order service .....	\$20 for up to a 100-day supply
Most specialty items (Tier 4) at a Plan Pharmacy .....	\$20 for up to a 30-day supply

### Durable Medical Equipment (DME)

#### You Pay

DME items as described in the EOC .....	20% Coinsurance
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### Mental Health Services

#### You Pay

Inpatient psychiatric hospitalization .....	\$250 per admission
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(continues)

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**Disclosure Form Part One***(continued)***Mental Health Services****You Pay**

Individual outpatient mental health evaluation and treatment .....	\$25 per visit
Group outpatient mental health treatment.....	\$12 per visit

**Substance Use Disorder Treatment****You Pay**

Inpatient detoxification.....	\$250 per admission
Individual outpatient substance use disorder evaluation and treatment	\$25 per visit
Group outpatient substance use disorder treatment .....	\$5 per visit

**Home Health Services****You Pay**

Home health care (up to 100 visits per Accumulation Period) .....	No charge
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**Other****You Pay**

Eyeglasses or contact lenses every 24 months .....	Amount in excess of \$150 Allowance
Skilled nursing facility care (up to 100 days per benefit period).....	No charge
Prosthetic and orthotic devices as described in the <i>EOC</i> .....	No charge

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the *EOC*.

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**Disclosure Form Part Two**

The *Disclosure Form Part Two* provides an overview of important features of your Health Plan membership, including how to obtain Services, principal exclusions, and important notices. To view or download a copy, go to [kp.org/choosekp](http://kp.org/choosekp) or call Member Services at 1-800-464-4000 (TTY users call 711).



Kaiser Foundation Health Plan, Inc.  
Northern California

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## 2026 Disclosure Form Amendment for Chiropractic Services

This document amends your Kaiser Foundation Health Plan, Inc. *Disclosure Form* to add coverage for Chiropractic Services.

September 8, 2025

## Your Kaiser Permanente Chiropractic Benefit

### **Benefit Highlights**

<b>Professional Services (ASH Participating Provider office visits)</b>	<b>You Pay</b>
Chiropractic office visits (up to a total of 30 visits per 12-month period) ..	\$10 per visit
<b>Other</b>	<b>You Pay</b>
X-rays and laboratory tests that are covered Chiropractic Services .....	No charge
Chiropractic supports and appliances .....	Amounts in excess of the \$50 Allowance

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, refer to the Chiropractic Services amendment to your Health Plan *EOC*.

### **Introduction**

Kaiser Foundation Health Plan, Inc. contracts with American Specialty Health Plans of California, Inc. ("ASH Plans") to make the network of ASH Participating Providers available to you. When you need chiropractic care, you have direct access to more than 3,000 licensed chiropractors in California.

In addition to the terms defined in the "Definitions" section of your *Disclosure Form*, some capitalized terms have special meaning in this document, as described in the "Definitions" section at the end of this document.

This amendment is only a summary of your chiropractic coverage. The Chiropractic Services Amendment to your *EOC* provides details about the terms and conditions of your chiropractic coverage, including exclusions and limitations.

To obtain the amendment to your *EOC* please contact your group.

### **ASH Participating Providers**

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### **How to Obtain Services**

You can obtain services from any ASH Participating Providers without a referral from a Plan Physician.

To obtain services, call an ASH Participating Provider to schedule an initial examination. If additional Services are required after the initial examination, verification that the Services are Medically Necessary may be required. Your ASH Participating Provider will request any required medical necessity determinations. An ASH Plans' clinician in the same or similar specialty as the provider of Services under review will determine whether the Services are or were Medically Necessary Services. For more information about how to obtain covered Services, refer to the Chiropractic Services amendment to your Health Plan *EOC*.



## Second Opinions

You may request a second opinion in regard to covered Service by contacting another ASH Participating Provider. Your visit to another ASH Participating Provider for a second opinion generally will count toward any visit limit, if applicable. An ASH Participating Provider may also request a second opinion in regard to covered Services by referring you to another ASH Participating Provider in the same or similar specialty. If you are referred by an ASH Participating Provider to another ASH Participating Provider, or see an ASH Participating Provider for lab work or an X-ray, your visit to the other ASH Participating Provider will not count toward any visit limit. An authorization or denial of your request for a second opinion will be provided in an expeditious manner, as appropriate for your condition. If your request for a second opinion is denied, you will be notified in writing of the reasons for the denial, and of your right to file a grievance as described in your Health Plan *EOC*.

## Your Costs

When you receive covered Services, you must pay the Cost Share as described in the Chiropractic Services amendment to your Health Plan *EOC*. The Cost Share does not apply toward the Plan Deductible or Plan Out-of-Pocket Maximum described in the Health Plan *EOC*.

## ASH Plans Customer Service

If you have question about the Services you can get from an ASH Participating Provider, you may call the ASH Plans Customer Service Department toll free at **1-800-678-9133** (TTY users call **711**) weekdays, hours may vary.

## Exclusions

The items and services listed in this "Exclusions" section are excluded from coverage under the Chiropractic Services amendment. (Note: Some items and services listed in this "Exclusions" section may be covered Services under your Health Plan *EOC*. Please refer to your Health Plan *EOC* for details.) These exclusions apply to all Services that would otherwise be covered under the Chiropractic Services amendment regardless of whether the services are within the scope of a provider's license or certificate:

- Services provided by a chiropractor that are not within the scope of licensure for a chiropractor licensed in California
- Adjunctive therapy not associated with spinal, muscle, or joint manipulations
- Air conditioners, air purifiers, therapeutic mattresses, chiropractic appliances, durable medical equipment, supplies, devices, appliances, and any other item except those listed as covered under "Chiropractic Supports and Appliances" in the "Covered Services" section of this Amendment
- Services for asthma or addiction, such as nicotine addiction
- Hypnotherapy, behavior training, sleep therapy, and weight programs
- Thermography
- Experimental or investigational Services. If coverage for a Service is denied because it is experimental or investigational and you want to appeal the denial, refer to your Health Plan *EOC* for information about the appeal process
- CT scans, MRIs, PET scans, bone scans, nuclear medicine, and any other type of diagnostic imaging or radiology other than X-rays covered under the "Covered Services" section of this Amendment
- Ambulance and other transportation
- Education programs, non-medical self-care or self-help, any self-help physical exercise training, and any related diagnostic testing
- Services for pre-employment physicals or vocational rehabilitation

- Drugs and medicines, including non-legend or proprietary drugs and medicines
- Services you receive outside the state of California, except for Services covered under “Emergency and Urgent Services Covered Under this Amendment” in the “Covered Services” section
- Hospital services, anesthesia, manipulation under anesthesia, and related services
- Dietary and nutritional supplements, such as vitamins, minerals, herbs, herbal products, injectable supplements, and similar products
- Massage therapy
- Maintenance care (services provided to Members whose treatment records indicate that they have reached maximum therapeutic benefit)

## Definitions

**ASH Participating Provider:** A chiropractor who is licensed to provide chiropractic services in California and who has a contract with ASH Plans to provide Medically Necessary Chiropractic Services to you. A list of ASH Participating Providers is available on the ASH Plans website at [ashlink.com/ash/kaisercamedicare](https://ashlink.com/ash/kaisercamedicare) for Kaiser Permanente Senior Advantage Members, or [ashlink.com/ash/kp](https://ashlink.com/ash/kp) for all other Members, or from the ASH Plans Customer Service Department toll free at **1-800-678-9133** (TTY users call **711**). The list of ASH Participating Providers is subject to change at any time, without notice. If you have questions, please call the ASH Plans Customer Service Department.

**ASH Plans:** American Specialty Health Plans of California, Inc., a California corporation.

**Chiropractic Services:** Chiropractic services include spinal and extremity manipulation and adjunctive therapies such as ultrasound, therapeutic exercise, or electrical muscle stimulation, when provided during the same course of treatment and in conjunction with chiropractic manipulative services, and other services provided or prescribed by a chiropractor (including laboratory tests, X-rays, and chiropractic supports and appliances) for the treatment of your Musculoskeletal and Related Disorder.

**Musculoskeletal and Related Disorders:** Conditions with signs and symptoms related to the nervous, muscular, and/or skeletal systems. Musculoskeletal and Related Disorders are conditions typically categorized as structural, degenerative, or inflammatory disorders; or biomechanical dysfunction of the joints of the body and/or related components of the muscle or skeletal systems (muscles, tendons, fascia, nerves, ligaments/capsules, discs and synovial structures) and related manifestations or conditions.

**Treatment Plan:** The course of treatment for your Musculoskeletal and Related Disorder, which may include laboratory tests, X-rays, chiropractic supports and appliances, and a specific number of visits for chiropractic manipulations (adjustments) and adjunctive therapies that are Medically Necessary Chiropractic Services for you.

## Disclosure Form Part One

County of Tulare  
Group ID: 39189 DHMO Low Plan  
Member Services 1-800-464-4000  
Home Region: Northern California  
1/1/26 through 12/31/26

## Principal benefits for Kaiser Permanente Deductible HMO Plan

### Accumulation Period

The Accumulation Period for this plan is January 1 through December 31.

### Out-of-Pocket Maximums and Deductibles

For Services that apply to the Plan Out-of-Pocket Maximum, you will not pay any more Cost Share for the rest of the Accumulation Period once you have reached the amounts listed below.

For Services that are subject to the Plan Deductible or the Drug Deductible, you must pay Charges for covered Services you receive during the Accumulation Period until you reach the deductible amounts listed below. All payments you make toward your deductibles apply to the Plan Out-of-Pocket Maximum amounts listed below.

Amounts Per Accumulation Period	Self-Only Coverage (a Family of one Member)	Family Coverage Each Member in a Family of two or more Members	Family Coverage Entire Family of two or more Members
Plan Out-of-Pocket Maximum	\$3,000	\$3,000	\$6,000
Plan Deductible	\$1,000	\$1,000	\$2,000
Drug Deductible	None	None	None

### Plan Provider Office Visits

	You Pay
Most Primary Care Visits and most Non-Physician Specialist Visits .....	\$20 per visit (Plan Deductible doesn't apply)
Most Physician Specialist Visits .....	\$20 per visit (Plan Deductible doesn't apply)
Routine physical maintenance exams, including well-woman exams ....	No charge (Plan Deductible doesn't apply)
Well-child preventive exams (through age 23 months) .....	No charge (Plan Deductible doesn't apply)
Routine eye exams with a Plan Optometrist .....	No charge (Plan Deductible doesn't apply)
Urgent care consultations, evaluations, and treatment .....	\$20 per visit (Plan Deductible doesn't apply)
Most physical, occupational, and speech therapy .....	\$20 per visit after Plan Deductible

### Telehealth Visits

	You Pay
Primary Care Visits and Non-Physician Specialist Visits by interactive video or telephone .....	No charge (Plan Deductible doesn't apply)
Physician Specialist Visits by interactive video or telephone .....	No charge (Plan Deductible doesn't apply)

### Outpatient Services

	You Pay
Outpatient surgery and certain other outpatient procedures .....	20% Coinsurance after Plan Deductible
Most immunizations (including the vaccine) .....	No charge (Plan Deductible doesn't apply)
Most X-rays and laboratory tests .....	\$10 per encounter after Plan Deductible
Preventive X-rays, screenings, and laboratory tests as described in the EOC .....	No charge (Plan Deductible doesn't apply)
MRI, most CT, and PET scans .....	20% Coinsurance up to a maximum of \$50 per procedure after Plan Deductible

### Hospital Inpatient Services

	You Pay
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs .....	20% Coinsurance after Plan Deductible

### Emergency Services and Care

	You Pay
Emergency department visits .....	20% Coinsurance after Plan Deductible

Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the emergency department Cost Share (see "Hospital Inpatient Services" for inpatient Cost Share)

### Ambulance Services

	You Pay
Ambulance Services .....	\$150 per trip after Plan Deductible

### Prescription Drug Coverage

	You Pay
Covered outpatient items in accord with our drug formulary guidelines:	
Most generic items (Tier 1) at a Plan Pharmacy .....	\$10 for up to a 30-day supply (Plan Deductible doesn't apply)
Most generic (Tier 1) refills through our mail-order service .....	\$20 for up to a 100-day supply (Plan Deductible doesn't apply)

(continues)

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**Disclosure Form Part One***(continued)***Prescription Drug Coverage****You Pay**

Most brand-name items (Tier 2) at a Plan Pharmacy .....	\$30 for up to a 30-day supply (Plan Deductible doesn't apply)
Most brand-name (Tier 2) refills through our mail-order service .....	\$60 for up to a 100-day supply (Plan Deductible doesn't apply)
Most specialty items (Tier 4) at a Plan Pharmacy .....	\$30 for up to a 30-day supply (Plan Deductible doesn't apply)

**Durable Medical Equipment (DME)****You Pay**

DME items as described in the <i>EOC</i> .....	20% Coinsurance (Plan Deductible doesn't apply)
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**Mental Health Services****You Pay**

Inpatient psychiatric hospitalization .....	20% Coinsurance after Plan Deductible
Individual outpatient mental health evaluation and treatment .....	\$20 per visit (Plan Deductible doesn't apply)
Group outpatient mental health treatment .....	\$10 per visit (Plan Deductible doesn't apply)

**Substance Use Disorder Treatment****You Pay**

Inpatient detoxification .....	20% Coinsurance after Plan Deductible
Individual outpatient substance use disorder evaluation and treatment .....	\$20 per visit (Plan Deductible doesn't apply)
Group outpatient substance use disorder treatment .....	\$5 per visit (Plan Deductible doesn't apply)

**Home Health Services****You Pay**

Home health care (up to 100 visits per Accumulation Period) .....	No charge (Plan Deductible doesn't apply)
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**Other****You Pay**

Skilled nursing facility care (up to 100 days per benefit period) .....	20% Coinsurance after Plan Deductible
Prosthetic and orthotic devices as described in the <i>EOC</i> .....	No charge (Plan Deductible doesn't apply)

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the *EOC*.

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## Summary of Benefits Chart for Kaiser Permanente Senior Advantage (HMO) with Part D (1/1/26—12/31/26)

### Plan Out-of-Pocket Maximum

For Services subject to the maximum, you will not pay any more Cost Share for the rest of the calendar year if the Copayments and Coinsurance you pay for those Services add up to the following amount:

For any one Member .....\$1,000 per calendar year

### Plan Deductible None

### Professional Services (Plan Provider office visits) You Pay

Most Primary Care Visits and most Non-Physician Specialist Visits \$15 per visit

Most Physician Specialist Visits..... \$15 per visit

Annual Wellness visit and the “Welcome to Medicare” preventive visit..... No charge

Routine physical exams ..... No charge

Routine eye exams with a Plan Optometrist ..... \$15 per visit

Urgent care consultations, evaluations, and treatment..... \$15 per visit

Physical, occupational, and speech therapy..... \$15 per visit

### Outpatient Services You Pay

Outpatient surgery and certain other outpatient procedures..... \$15 per procedure

Most immunizations (including the vaccine) ..... No charge

Most X-rays and laboratory tests ..... No charge

Manual manipulation of the spine ..... \$15 per visit

### Hospital Inpatient Services You Pay

Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs ..... \$200 per admission

### Emergency Services You Pay

Emergency department visits..... \$50 per visit

### Ambulance and Transportation Services You Pay

Ambulance Services ..... \$50 per trip

Other transportation Services when provided by our designated transportation provider as described in this EOC ..... No charge for up to 24 one-way trips (50 miles per trip) per calendar year

### Prescription Drug Coverage You Pay

This plan covers Medicare Part D prescription drugs in accord with our Part D formulary.

**Initial coverage stage**—until you have spent \$2,100 in 2026. (If you spend \$2,100, you move on to the catastrophic coverage stage)..... Generic drugs: \$10 for up to a 100-day supply  
Brand-name drugs: \$25 for up to a 100-day supply

**Catastrophic coverage stage**..... No charge

### Durable Medical Equipment (DME) You Pay

Covered durable medical equipment for home use ..... 20 percent Coinsurance

### Mental Health Services You Pay

Inpatient psychiatric hospitalization ..... \$200 per admission

continued

<b>Mental Health Services</b>		<b>You Pay</b>
Individual outpatient mental health evaluation and treatment.....		\$15 per visit
Group outpatient mental health treatment .....		\$7 per visit
<b>Substance Use Disorder Treatment</b>		<b>You Pay</b>
Inpatient detoxification .....		\$200 per admission
Individual outpatient substance use disorder evaluation and treatment.....		\$15 per visit
Group outpatient substance use disorder treatment.....		\$5 per visit
<b>Home Health Services</b>		<b>You Pay</b>
Home health care (part-time, intermittent) .....		No charge
<b>Other</b>		<b>You Pay</b>
Eyeglasses or contact lenses every 24 months.....		Amount in excess of \$150 Allowance
Skilled nursing facility care (up to 100 days per benefit period).....		No charge
External prosthetic and orthotic devices .....		20 percent Coinsurance
Meals delivered to your home immediately following discharge from a network hospital or Skilled Nursing Facility .....		No charge up to three meals per day in a consecutive four-week period, once per calendar year
Over-the-Counter (OTC) Health and Wellness products obtained through our OTC catalog .....		No charge for a quarterly benefit limit of \$70
Fitness benefit – One Pass™ (includes access to in-network gyms and one home fitness kit per calendar year).....		No charge

### **Summary of Benefits booklet**

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Kaiser Foundation Health Plan, Inc.  
Northern California

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## 2026 Disclosure Form Amendment for Chiropractic Services

This document amends your Kaiser Foundation Health Plan, Inc. *Disclosure Form* to add coverage for Chiropractic Services.

## Your Kaiser Permanente Chiropractic Benefit

### Benefit Highlights

Professional Services (ASH Participating Provider office visits)	You Pay
Chiropractic office visits (up to a total of 30 visits per 12-month period) ..	\$10 per visit
Other	You Pay
X-rays and laboratory tests that are covered Chiropractic Services .....	No charge
Chiropractic supports and appliances .....	Amounts in excess of the \$50 Allowance

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, refer to the Chiropractic Services amendment to your Health Plan *EOC*.

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To obtain services, call an ASH Participating Provider to schedule an initial examination. If additional Services are required after the initial examination, verification that the Services are Medically Necessary may be required. Your ASH Participating Provider will request any required medical necessity determinations. An ASH Plans' clinician in the same or similar specialty as the provider of Services under review will determine whether the Services are or were Medically Necessary Services. For more information about how to obtain covered Services, refer to the Chiropractic Services amendment to your Health Plan *EOC*.



## Second Opinions

You may request a second opinion in regard to covered Service by contacting another ASH Participating Provider. Your visit to another ASH Participating Provider for a second opinion generally will count toward any visit limit, if applicable. An ASH Participating Provider may also request a second opinion in regard to covered Services by referring you to another ASH Participating Provider in the same or similar specialty. If you are referred by an ASH Participating Provider to another ASH Participating Provider, or see an ASH Participating Provider for lab work or an X-ray, your visit to the other ASH Participating Provider will not count toward any visit limit. An authorization or denial of your request for a second opinion will be provided in an expeditious manner, as appropriate for your condition. If your request for a second opinion is denied, you will be notified in writing of the reasons for the denial, and of your right to file a grievance as described in your Health Plan *EOC*.

## Your Costs

When you receive covered Services, you must pay the Cost Share as described in the Chiropractic Services amendment to your Health Plan *EOC*. The Cost Share does not apply toward the Plan Deductible or Plan Out-of-Pocket Maximum described in the Health Plan *EOC*.

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If you have question about the Services you can get from an ASH Participating Provider, you may call the ASH Plans Customer Service Department toll free at **1-800-678-9133** (TTY users call **711**) weekdays, hours may vary.

## Exclusions

The items and services listed in this "Exclusions" section are excluded from coverage under the Chiropractic Services amendment. (Note: Some items and services listed in this "Exclusions" section may be covered Services under your Health Plan *EOC*. Please refer to your Health Plan *EOC* for details.) These exclusions apply to all Services that would otherwise be covered under the Chiropractic Services amendment regardless of whether the services are within the scope of a provider's license or certificate:

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- Hypnotherapy, behavior training, sleep therapy, and weight programs
- Thermography
- Experimental or investigational Services. If coverage for a Service is denied because it is experimental or investigational and you want to appeal the denial, refer to your Health Plan *EOC* for information about the appeal process
- CT scans, MRIs, PET scans, bone scans, nuclear medicine, and any other type of diagnostic imaging or radiology other than X-rays covered under the "Covered Services" section of this Amendment
- Ambulance and other transportation
- Education programs, non-medical self-care or self-help, any self-help physical exercise training, and any related diagnostic testing
- Services for pre-employment physicals or vocational rehabilitation

- Drugs and medicines, including non-legend or proprietary drugs and medicines
- Services you receive outside the state of California, except for Services covered under “Emergency and Urgent Services Covered Under this Amendment” in the “Covered Services” section
- Hospital services, anesthesia, manipulation under anesthesia, and related services
- Dietary and nutritional supplements, such as vitamins, minerals, herbs, herbal products, injectable supplements, and similar products
- Massage therapy
- Maintenance care (services provided to Members whose treatment records indicate that they have reached maximum therapeutic benefit)

## Definitions

**ASH Participating Provider:** A chiropractor who is licensed to provide chiropractic services in California and who has a contract with ASH Plans to provide Medically Necessary Chiropractic Services to you. A list of ASH Participating Providers is available on the ASH Plans website at [ashlink.com/ash/kaisercamedicare](https://ashlink.com/ash/kaisercamedicare) for Kaiser Permanente Senior Advantage Members, or [ashlink.com/ash/kp](https://ashlink.com/ash/kp) for all other Members, or from the ASH Plans Customer Service Department toll free at **1-800-678-9133** (TTY users call **711**). The list of ASH Participating Providers is subject to change at any time, without notice. If you have questions, please call the ASH Plans Customer Service Department.

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**Musculoskeletal and Related Disorders:** Conditions with signs and symptoms related to the nervous, muscular, and/or skeletal systems. Musculoskeletal and Related Disorders are conditions typically categorized as structural, degenerative, or inflammatory disorders; or biomechanical dysfunction of the joints of the body and/or related components of the muscle or skeletal systems (muscles, tendons, fascia, nerves, ligaments/capsules, discs and synovial structures) and related manifestations or conditions.

**Treatment Plan:** The course of treatment for your Musculoskeletal and Related Disorder, which may include laboratory tests, X-rays, chiropractic supports and appliances, and a specific number of visits for chiropractic manipulations (adjustments) and adjunctive therapies that are Medically Necessary Chiropractic Services for you.

# Keep smiling

## Delta Dental PPO™



### Save with PPO

Visit a dentist in the PPO<sup>1</sup> network to maximize your savings.<sup>2</sup> These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.<sup>3</sup> Find a PPO dentist at [deltadentalins.com](https://deltadentalins.com).

### Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at [deltadentalins.com](https://deltadentalins.com).

### Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

### Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

### Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.<sup>4</sup> Log in to your online account to find this date.

### Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care<sup>5</sup>, you can receive significant savings on LASIK procedures and hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

## Save with a PPO dentist



PPO



NON-PPO

<sup>1</sup> In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

<sup>2</sup> You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

<sup>3</sup> You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

<sup>4</sup> Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

<sup>5</sup> Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

# Benefit Highlights: Delta Dental PPO <sup>TM</sup>

**Plan Benefit Highlights for:** County of Tulare  
**Group No:** 16128

<b>Eligibility</b>	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
<b>Deductibles</b>	<b>Delta Dental PPO dentists:</b> None <b>Non-Delta Dental PPO dentists:</b> \$25 per person / \$75 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P) and Space Maintainers?	<b>Delta Dental PPO dentists:</b> N/A <b>Non-Delta Dental PPO dentists:</b> Yes			
<b>Maximums</b>	\$2,000 per person each calendar year			
D & P counts toward maximum?	No			
<b>Waiting Period(s)</b>	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None

<b>Benefits and Covered Services*</b>	<b>Delta Dental PPO dentists**</b>	<b>Non-Delta Dental PPO dentists**</b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings and x-rays	100%	100%
<b>Space Maintainers</b>	100%	100%
<b>Basic Services</b> Fillings	80%	80%
<b>Endodontics (root canals)</b> Covered Under Basic Services	80%	80%
<b>Periodontics (gum treatment)</b> Covered Under Basic Services	80%	80%
<b>Oral Surgery</b> Covered Under Basic Services	80%	80%
<b>Major Services</b> Crowns, onlays and cast restorations	50%	50%
<b>Prosthodontics</b> Bridges, dentures and implants	50%	50%
<b>Orthodontic Benefits</b> Adults and dependent children	50%	50%
<b>Orthodontic Maximums</b>	\$1,500 Lifetime	\$1,500 Lifetime
<b>Dental Accident Benefits</b>	100% (Separate \$1,000 maximum per person each calendar year)	

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

\*\* Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

<b>Delta Dental of California</b> 560 Mission St., Suite 1300 San Francisco, CA 94105	<b>Customer Service</b> 888-335-8227	<b>Claims Address</b> P.O. Box 997330 Sacramento, CA 95899-7330
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This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.



# Benefit highlights

## DeltaCare<sup>®</sup> USA



DeltaCare USA<sup>1</sup> offers you straightforward and affordable care from a trusted in-network dentist that you choose.<sup>2</sup> You know everything your plan covers and what each procedure costs. No surprises.

### Comprehensive coverage

- Coverage for 350+ procedures
- Regular preventive care at low or no cost to help stop serious problems from developing
- Specialist services for oral surgery, endodontics, orthodontics, periodontics and pediatric dentistry

### Budget-friendly

- No deductibles or maximums<sup>3</sup> for covered services
- Transparent out-of-pocket costs listed in your plan booklet or online account<sup>4</sup>

- All-inclusive copayments (no material or lab fees)
- Cleanings and exams covered at low or no cost

### Large network of quality dentists

Delta Dental is a leading national carrier that offers a large network of high-quality and rigorously vetted dentists to choose from.

### Convenient services

We make it easy for you — your DeltaCare USA network dentist will take care of all the paperwork, and no ID card is required to receive treatment.<sup>5</sup>

LEGAL NOTICES: Access federal and state legal notices related to your plan: [deltadentalins.com/about/legal/index-enrollee.html](https://deltadentalins.com/about/legal/index-enrollee.html)

<sup>1</sup> DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products. Delta Dental is a registered trademark of Delta Dental Plans Association.

<sup>2</sup> Verify your selected DeltaCare USA general dentist before each appointment.

<sup>3</sup> Plans with an Accidental Injury Rider have a \$1,600 annual maximum for accidental injury. Consult your Evidence/Certificate of Coverage.

<sup>4</sup> State-specific exceptions may apply.

<sup>5</sup> Delta Dental Insurance Company provides benefits as a Prepaid Limited Health Services Organization as described in Chapter 636 of the Florida Statutes.

[deltadentalins.com/members](https://deltadentalins.com/members)

# What you need to know in advance, or about your DeltaCare<sup>®</sup> USA plan

## How DeltaCare USA works

We make it easy for you — your DeltaCare USA network dentist will take care of all the paperwork, and no plan ID card is required to receive treatment.

- **You must visit** a DeltaCare USA general dentist to use your plan.<sup>1</sup> Your general dentist will coordinate and refer you to specialists for care, if needed.
- **You may select** an in-network general dentist, or a general dentist can be assigned at first visit if you haven't selected a dentist yet.<sup>2</sup>
- **You can select** or change dentists anytime online or by phone.
- **Pay predefined**, all-inclusive copayments — with no hidden fees (no material or lab fees) at the time of service. Consult your plan booklet for coverage.
- **No deductibles, maximums or waiting periods** for covered services. No claims to submit — no hassle!
- **Transparent out-of-pocket costs** shown in your plan booklet or online account

## What your plan covers

You're covered for hundreds of procedures with no annual limit on the amount your plan pays.

- Comprehensive coverage for 350+ procedures that prioritizes preventive care
- Cleanings and exams covered at low or no cost
- Orthodontics coverage for adults and children, including clear aligners
- Extensive care including crowns, dentures, root canals, oral surgery and more

## Getting started

To enroll in a DeltaCare USA plan, simply complete the enrollment process as directed

by your benefits administrator. Select a new DeltaCare USA dentist or check to see if your preferred general dentist is in-network.

Once we process your enrollment, we'll mail you welcome materials that will include:

- **The name, address and phone number of your selected general dentist or instructions on how to select one.** Simply call the dental facility to make an appointment. Important note: In order to receive benefits under your plan, you must visit your general dentist facility. You can visit any DeltaCare USA general dentist at your selected dental facility as long as they are in the DeltaCare USA network.
- **Your Evidence/Certificate of Coverage (plan booklet).** This useful document provides a thorough description of how to use your benefits, including covered services, copayments and any limitations and exclusions of your plan.
- **An ID card.** This card is for your records only — you do not need to present it in order to receive treatment.

Visit [deltadentalins.com](https://deltadentalins.com) to create a free, secure online account. You can access your plan benefits and ID card, select (or change) your general dentist and more.

## General plan information

You and your eligible dependents have emergency dental service coverage for out-of-area emergencies.<sup>3</sup> Your out-of-area emergency benefit (typically limited to \$100 per person) is for services to relieve pain until you can return to see your general dentist.<sup>4</sup> Standard plan limitations, exclusions and copayments may apply.

<sup>1</sup> In AZ, MD, and TX, if you do not select a dentist when you enroll, we will choose one for you.

<sup>2</sup> If you have not yet been assigned to a DeltaCare USA general dentist, you can do so by visiting any DeltaCare USA general dentist that is accepting new patients. When your selected dentist files a qualifying claim, you will be added to their roster and they will become your assigned DeltaCare USA general dentist. Once assigned, you must visit this dentist for future visits to receive benefits.

<sup>3</sup> State-specific minimum distance requirements may apply.

# We make it easy for you!



Receive your  
welcome  
materials



Visit your  
DeltaCare USA  
dentist



Receive  
dental care



Pay only your  
copayment

There are no exclusions for most pre-existing conditions, except work in progress.<sup>5</sup> Treatment in progress includes services such as preparations for crowns or root canals, or impressions for dentures. If you started treatment before your plan's effective date, you and your prior dental carrier are responsible for any costs. Some DeltaCare USA plans may cover in-progress orthodontic treatment.

## Glossary

Here are some common terms that will help you understand your plan:

**Authorization:** The process by which Delta Dental determines whether a procedure or treatment is a referable benefit under your plan. Your assigned general dentist must obtain prior authorization from us to refer you to an out-of-network specialist or out-of-network orthodontist. Services performed by an out-of-network dentist, specialist or orthodontist that are not authorized by us will not be covered.

**Copayment, or copay amount:** The fixed dollar amount a member is responsible for when receiving treatment.

**DeltaCare USA dentist:** A dentist who is a member of the DeltaCare USA network. These dentists have contracted with Delta Dental and agreed to accept negotiated fees for the services provided to DeltaCare USA members. You must visit a DeltaCare USA dentist to receive plan benefits.

**Diagnostic and preventive services:** A category of dental services that includes benefits for oral evaluations, routine cleanings, x-rays and fluoride treatments. There are low or no copayments for these services to encourage you to seek regular care and prevent problems from developing.

**Effective date:** The date your dental plan becomes active. Also, the date a member becomes eligible for benefits.

**Limitations and Exclusions:** Limitations are usually related to a specific time or frequency — for example, a plan may cover only two cleanings in a 12-month period or one cleaning every six months. Exclusions are services not covered by a plan.

**(Dental) Referral:** Directing a patient to a dental specialist by a general dentist. When specialty dental care is needed, your general dentist will refer you to a trusted specialist in the network.

**Specialist services:** Services performed by a dental specialist, such as oral surgery, endodontics, periodontics or pediatric dentistry. When specialty dental care is needed, your general dentist will refer you to a trusted specialist in the network.



For more help with understanding dental terms, visit  
[www1.deltadentalins.com/members/glossary.html](http://www1.deltadentalins.com/members/glossary.html)



<sup>4</sup> In TX, there is no limit on the number of miles or on the dollar amount per emergency.

<sup>5</sup> In TX, there is no exception for work in progress for covered DeltaCare USA benefits.



## SCHEDULE A

## Description of Benefits and Copayments

The Benefits shown below are performed as deemed appropriate by the Contract Dentist subject to the *Limitations and Exclusions* of the Plan. Please refer to *Schedule B* for further clarification of Benefits. **You should discuss all treatment options with Your Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare USA Plan and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2024 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	ENROLLEE PAYS
<b>D0100-D0999</b>	<b>I. DIAGNOSTIC</b>	
D0120	Periodic oral evaluation - established patient .....	No Cost
D0140	Limited oral evaluation - problem focused .....	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver .....	No Cost
D0150	Comprehensive oral evaluation - new or established patient .....	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report .....	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit) .....	No Cost
D0171	Re-evaluation - post-operative office visit .....	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient .....	No Cost
D0190	Screening of a patient .....	No Cost
D0191	Assessment of a patient .....	No Cost
D0210	Intraoral - comprehensive series of radiographic images - <i>limited to 1 series every 24 months</i> .....	No Cost
D0220	Intraoral - periapical first radiographic image .....	No Cost
D0230	Intraoral - periapical each additional radiographic image .....	No Cost
D0240	Intraoral - occlusal radiographic image .....	No Cost
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector .....	No Cost
D0251	Extraoral posterior dental radiographic image .....	No Cost
D0270	Bitewing - single radiographic image .....	No Cost
D0272	Bitewings - two radiographic images .....	No Cost
D0273	Bitewings three radiographic images .....	No Cost
D0274	Bitewings - four radiographic images - <i>limited to 1 series every 6 months</i> .....	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images .....	No Cost
D0330	Panoramic radiographic image .....	No Cost
D0396	3D printing of a 3D dental surface scan .....	No Cost
D0415	Collection of microorganisms for culture and sensitivity .....	No Cost
D0419	Assessment of salivary flow by measurement - <i>1 every 12 months</i> .....	No Cost
D0425	Caries susceptibility tests .....	No Cost
D0460	Pulp vitality tests .....	No Cost
D0470	Diagnostic casts .....	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report - <i>available only when performed in conjunction with a covered biopsy</i> .....	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report - <i>available only when performed in conjunction with a covered biopsy</i> .....	No Cost
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report - <i>available only when performed in conjunction with a covered biopsy</i> .....	No Cost
D0601	Caries risk assessment and documentation, with a finding of low risk - <i>1 every 12 months</i> .....	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - <i>1 every 12 months</i> .....	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - <i>1 every 12 months</i> .....	No Cost
D0701	Panoramic radiographic image - image capture only .....	No Cost
D0702	2-D cephalometric radiographic image - image capture only .....	No Cost
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only .....	No Cost
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D0705	Extra-oral posterior dental radiographic image - image capture only .....	No Cost
D0706	Intraoral - occlusal radiographic image - image capture only .....	No Cost
D0707	Intraoral - periapical radiographic image - image capture only .....	No Cost
D0708	Intraoral - bitewing radiographic image - image capture only .....	No Cost
D0709	Intraoral - comprehensive series of radiographic images - image capture only .....	No Cost
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i> .....	No Cost

**D1000-D1999****II. PREVENTIVE**

D1110	Prophylaxis <i>cleaning</i> - adult - 1 D1110, D1120 or D4346 per 6 month period .....	No Cost
D1110	<i>Additional prophylaxis cleaning</i> - adult (within the 6 month period) .....	\$45.00
D1120	Prophylaxis <i>cleaning</i> - child - 1 D1110, D1120 or D4346 per 6 month period .....	No Cost
D1120	<i>Additional prophylaxis cleaning</i> - child (within the 6 month period) .....	\$35.00
D1206	Topical application of fluoride varnish - 1 D1206 or D1208 per 6 month period .....	No Cost
D1208	Topical application of fluoride - excluding varnish - 1 D1206 or D1208 per 6 month period .....	No Cost
D1310	Nutritional counseling for control of dental disease .....	No Cost
D1320	Tobacco counseling for the control and prevention of oral disease .....	No Cost
D1330	Oral hygiene instructions .....	No Cost
D1351	Sealant - per tooth - <i>limited to permanent molars through age 15</i> .....	No Cost
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>limited to permanent molars through age 15</i> .....	No Cost
D1353	Sealant repair - per tooth - <i>limited to permanent molars through age 15</i> .....	No Cost
D1354	Application of caries arresting medicament - per tooth - 1 per 6 month period .....	No Cost
D1510	Space maintainer - fixed - unilateral - per quadrant .....	No Cost
D1516	Space maintainer - fixed - bilateral, maxillary .....	No Cost
D1517	Space maintainer - fixed - bilateral, mandibular .....	No Cost
D1520	Space maintainer - removable - unilateral - per quadrant .....	No Cost
D1526	Space maintainer - removable - bilateral, maxillary .....	No Cost
D1527	Space maintainer - removable - bilateral, mandibular .....	No Cost
D1551	Re-cement or re-bond bilateral space maintainer - maxillary .....	No Cost
D1552	Re-cement or re-bond bilateral space maintainer - mandibular .....	No Cost
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant .....	No Cost
D1556	Removal of fixed unilateral space maintainer - per quadrant .....	No Cost
D1557	Removal of fixed bilateral space maintainer - maxillary .....	No Cost
D1558	Removal of fixed bilateral space maintainer - mandibular .....	No Cost
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant - <i>child to age 9</i> .....	No Cost

**D2000-D2999****III. RESTORATIVE**

- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.

- When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$125.00 per crown, beyond the 6th unit.

- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.

\* Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment. Refer to Limitation of Benefits #4 for additional information.

D2140	Amalgam - one surface, primary or permanent .....	No Cost
D2150	Amalgam - two surfaces, primary or permanent .....	No Cost
D2160	Amalgam - three surfaces, primary or permanent .....	No Cost
D2161	Amalgam - four or more surfaces, primary or permanent .....	No Cost
D2330	Resin-based composite - one surface, anterior .....	No Cost
D2331	Resin-based composite - two surfaces, anterior .....	No Cost
D2332	Resin-based composite - three surfaces, anterior .....	No Cost
D2335	Resin-based composite - four or more surfaces (anterior) .....	No Cost
D2390	Resin-based composite crown, anterior .....	No Cost
D2391	Resin-based composite - one surface, posterior .....	\$25.00
D2392	Resin-based composite - two surfaces, posterior .....	\$30.00
D2393	Resin-based composite - three surfaces, posterior .....	\$35.00
D2394	Resin-based composite - four or more surfaces, posterior .....	\$40.00

D2510	Inlay - metallic - one surface .....	No Cost
D2520	Inlay - metallic - two surfaces .....	No Cost
D2530	Inlay - metallic - three or more surfaces .....	No Cost
D2542	Onlay - metallic - two surfaces .....	No Cost
D2543	Onlay - metallic - three surfaces .....	No Cost
D2544	Onlay - metallic - four or more surfaces .....	No Cost
D2610	Inlay - porcelain/ceramic - one surface* .....	\$50.00
D2620	Inlay - porcelain/ceramic - two surfaces* .....	\$60.00
D2630	Inlay - porcelain/ceramic - three or more surfaces* .....	\$65.00
D2642	Onlay - porcelain/ceramic - two surfaces* .....	\$55.00
D2643	Onlay - porcelain/ceramic - three surfaces* .....	\$65.00
D2644	Onlay - porcelain/ceramic - four or more surfaces* .....	\$70.00
D2650	Inlay - resin-based composite - one surface .....	\$15.00
D2651	Inlay - resin-based composite - two surfaces .....	\$20.00
D2652	Inlay - resin-based composite - three or more surfaces .....	\$30.00
D2662	Onlay - resin-based composite - two surfaces .....	\$25.00
D2663	Onlay - resin-based composite - three surfaces .....	\$35.00
D2664	Onlay - resin-based composite - four or more surfaces .....	\$50.00
D2710	Crown - resin-based composite (indirect) .....	No Cost
D2712	Crown - 3/4 resin-based composite (indirect) .....	No Cost
D2720	Crown - resin with high noble metal .....	\$30.00
D2721	Crown - resin with predominantly base metal .....	\$15.00
D2722	Crown - resin with noble metal .....	\$20.00
D2740	Crown - porcelain/ceramic* .....	\$85.00
D2750	Crown - porcelain fused to high noble metal* .....	\$70.00
D2751	Crown - porcelain fused to predominantly base metal .....	\$55.00
D2752	Crown - porcelain fused to noble metal .....	\$60.00
D2753	Crown - porcelain fused to titanium and titanium alloys* .....	\$70.00
D2780	Crown - 3/4 cast high noble metal .....	\$70.00
D2781	Crown - 3/4 cast predominantly base metal .....	\$55.00
D2782	Crown - 3/4 cast noble metal .....	\$60.00
D2783	Crown - 3/4 porcelain/ceramic* .....	\$70.00
D2790	Crown - full cast high noble metal .....	\$70.00
D2791	Crown - full cast predominantly base metal .....	\$55.00
D2792	Crown - full cast noble metal .....	\$60.00
D2794	Crown - titanium and titanium alloys .....	\$70.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration .....	No Cost
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core .....	No Cost
D2920	Re-cement or re-bond crown .....	No Cost
D2921	Reattachment of tooth fragment, incisal edge or cusp ( <i>anterior</i> ) .....	No Cost
D2928	Prefabricated porcelain/ceramic crown - permanent tooth .....	No Cost
D2929	Prefabricated porcelain/ceramic crown - primary tooth - <i>anterior</i> .....	No Cost
D2930	Prefabricated stainless steel crown - primary tooth .....	No Cost
D2931	Prefabricated stainless steel crown - permanent tooth .....	No Cost
D2932	Prefabricated resin crown - <i>anterior primary tooth</i> .....	No Cost
D2933	Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i> .....	No Cost
D2940	Protective restoration .....	No Cost
D2941	Interim therapeutic restoration - primary dentition .....	No Cost
D2949	Restorative foundation for an indirect restoration .....	No Cost
D2950	Core buildup, including any pins when required .....	No Cost
D2951	Pin retention - per tooth, in addition to restoration .....	No Cost
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i> .....	No Cost
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i> .....	No Cost
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i> .....	No Cost
D2955	Post removal .....	No Cost
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i> .....	No Cost

D2960	Labial veneer (resin laminate) - direct - <i>limited to replacement of significant tooth structure loss due to caries or fracture</i> .....	\$245.00
D2961	Labial veneer (resin laminate) - indirect - <i>limited to replacement of significant tooth structure loss due to caries or fracture</i> .....	\$295.00
D2962	Labial veneer (porcelain laminate) - indirect - <i>limited to replacement of significant tooth structure loss due to caries or fracture</i> .....	\$345.00
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework. ....	\$14.00
D2976	Band stabilization - per tooth - <i>limited to once in a lifetime per tooth</i> .....	No Cost
D2980	Crown repair necessitated by restorative material failure .....	No Cost
D2981	Inlay repair necessitated by restorative material failure .....	No Cost
D2982	Onlay repair necessitated by restorative material failure .....	No Cost
D2983	Veneer repair necessitated by restorative material failure .....	No Cost
D2989	Excavation of a tooth resulting in the determination of non-restorability .....	No Cost
D2990	Resin infiltration of incipient smooth surface lesions - <i>limited to permanent molars through age 15</i> .	No Cost
D2991	Application of hydroxyapatite regeneration medicament - <i>limited to twice per tooth in a 12 month period</i> .....	No Cost

**D3000-D3999****IV. ENDODONTICS**

D3110	Pulp cap - direct (excluding final restoration) .....	No Cost
D3120	Pulp cap - indirect (excluding final restoration) .....	No Cost
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament .....	No Cost
D3221	Pulpal debridement, primary and permanent teeth .....	No Cost
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development .....	No Cost
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) .....	No Cost
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) .....	No Cost
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration) .....	\$20.00
D3320	<i>Root canal</i> - endodontic therapy, premolar tooth (excluding final restoration) .....	\$40.00
D3330	<i>Root canal</i> - endodontic therapy, molar tooth (excluding final restoration) .....	\$60.00
D3331	Treatment of root canal obstruction; non-surgical access .....	\$40.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth .....	\$40.00
D3333	Internal root repair of perforation defects .....	\$40.00
D3346	Retreatment of previous root canal therapy - anterior .....	\$35.00
D3347	Retreatment of previous root canal therapy - premolar .....	\$50.00
D3348	Retreatment of previous root canal therapy - molar .....	\$95.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) .....	\$55.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.) .....	\$45.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.) .....	\$45.00
D3410	Apicoectomy - anterior .....	No Cost
D3421	Apicoectomy - premolar (first root) .....	No Cost
D3425	Apicoectomy - molar (first root) .....	No Cost
D3426	Apicoectomy (each additional root) .....	No Cost
D3430	Retrograde filling - per root .....	No Cost
D3450	Root amputation - per root .....	No Cost
D3471	Surgical repair of root resorption - anterior .....	No Cost
D3472	Surgical repair of root resorption - premolar .....	No Cost
D3473	Surgical repair of root resorption - molar .....	No Cost
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior .....	No Cost
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar .....	No Cost
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar .....	No Cost
D3920	Hemisection (including any root removal), not including root canal therapy .....	No Cost
D3921	Decoronation or submergence of an erupted tooth .....	No Cost

**D4000-D4999 V. PERIODONTICS**

- Includes pre-operative and post-operative evaluations and treatment under a local anesthetic.

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant .....	No Cost
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant .....	No Cost
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth .....	No Cost
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant .....	No Cost
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant .....	No Cost
D4245	Apically positioned flap .....	\$45.00
D4249	Clinical crown lengthening - hard tissue .....	\$45.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant .....	\$75.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant .....	\$60.00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant .....	\$125.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant .....	\$45.00
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site .....	\$100.00
D4267	Guided tissue regeneration, natural teeth - non-resorbable barrier, per site .....	\$140.00
D4270	Pedicle soft tissue graft procedure .....	\$125.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft .....	\$75.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) .....	No Cost
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft .....	\$115.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft .....	\$125.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site .....	\$125.00
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site .....	\$45.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site .....	\$69.00
D4286	Removal of non-resorbable barrier .....	\$0.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> .....	No Cost
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> .....	No Cost
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - <i>1 D1110, D1120 or D4346 per 6 month period</i> .....	No Cost
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit - <i>limited to 1 treatment in any 12 consecutive months</i> .....	No Cost
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth - <i>for each of the first two teeth treated within a quadrant following root planing or periodontal maintenance</i> .....	\$60.00
D4381	<i>Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth - for an additional tooth treated in the same quadrant following root planing or periodontal maintenance</i> .....	No Cost
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i> .....	No Cost
D4910	<i>Additional periodontal maintenance (within the 6 month period)</i> .....	\$55.00
D4921	Gingival irrigation with a medicinal agent - per quadrant .....	No Cost

**D5000-D5899 VI. PROSTHODONTICS (removable)**

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. For all listed immediate dentures and immediate removable partial



*dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first three months after placement. You must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.*

*- Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.*

*- Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.*

D5110	Complete denture - maxillary .....	\$75.00
D5120	Complete denture - mandibular .....	\$75.00
D5130	Immediate denture - maxillary .....	\$85.00
D5140	Immediate denture - mandibular .....	\$85.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) .....	\$80.00
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) ....	\$80.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth) .....	\$95.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth) .....	\$95.00
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) .....	\$80.00
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) .....	\$80.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) .....	\$95.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) .....	\$95.00
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth) - prosthetic appliances will be replaced only after five years have elapsed from the time of delivery .	\$195.00
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth) .	\$195.00
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) .....	\$80.00
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) .....	\$80.00
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary .....	\$80.00
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular .....	\$80.00
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant .....	\$80.00
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant .....	\$80.00
D5410	Adjust complete denture - maxillary .....	No Cost
D5411	Adjust complete denture - mandibular .....	No Cost
D5421	Adjust partial denture - maxillary .....	No Cost
D5422	Adjust partial denture - mandibular .....	No Cost
D5511	Repair broken complete denture base, mandibular .....	No Cost
D5512	Repair broken complete denture base, maxillary .....	No Cost
D5520	Replace missing or broken teeth - complete denture (each tooth) .....	No Cost
D5611	Repair resin partial denture base, mandibular .....	No Cost
D5612	Repair resin partial denture base, maxillary .....	No Cost
D5621	Repair cast partial framework, mandibular .....	No Cost
D5622	Repair cast partial framework, maxillary .....	No Cost
D5630	Repair or replace broken retentive/clasping materials - per tooth .....	No Cost
D5640	Replace broken teeth - per tooth .....	No Cost
D5650	Add tooth to existing partial denture .....	No Cost
D5660	Add clasp to existing partial denture - per tooth .....	No Cost
D5670	Replace all teeth and acrylic on cast metal framework (maxillary) .....	\$65.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular) .....	\$65.00
D5710	Rebase complete maxillary denture .....	\$30.00
D5711	Rebase complete mandibular denture .....	\$30.00
D5720	Rebase maxillary partial denture .....	\$30.00
D5721	Rebase mandibular partial denture .....	\$30.00
D5725	Rebase hybrid prosthesis .....	\$30.00

D5730	Reline complete maxillary denture (chairside) .....	No Cost
D5731	Reline complete mandibular denture (chairside) .....	No Cost
D5740	Reline maxillary partial denture (chairside) .....	No Cost
D5741	Reline mandibular partial denture (chairside) .....	No Cost
D5750	Reline complete maxillary denture (laboratory) .....	\$25.00
D5751	Reline complete mandibular denture (laboratory) .....	\$25.00
D5760	Reline maxillary partial denture (laboratory) .....	\$25.00
D5761	Reline mandibular partial denture (laboratory) .....	\$25.00
D5765	Soft liner for complete or partial removable denture - indirect .....	\$25.00
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary - <i>limited to 1 in any 12 consecutive months</i> .....	No Cost
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular - <i>limited to 1 in any 12 consecutive months</i> .....	No Cost
D5850	Tissue conditioning, maxillary .....	No Cost
D5851	Tissue conditioning, mandibular .....	No Cost

**D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered**

**D6000-D6199 VIII. IMPLANT SERVICES - Not Covered**

**D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])**

- When a crown and/or pontic exceeds six units in the same treatment plan, You may be charged an additional \$30.00 per unit, beyond the 6th unit.

- Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.

\* Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment. Refer to Limitation of Benefits #4 for additional information.

D6205	Pontic - indirect resin based composite .....	\$30.00
D6210	Pontic - cast high noble metal .....	\$70.00
D6211	Pontic - cast predominantly base metal .....	\$55.00
D6212	Pontic - cast noble metal .....	\$60.00
D6214	Pontic - titanium and titanium alloys .....	\$70.00
D6240	Pontic - porcelain fused to high noble metal* .....	\$70.00
D6241	Pontic - porcelain fused to predominantly base metal .....	\$55.00
D6242	Pontic - porcelain fused to noble metal .....	\$60.00
D6243	Pontic - porcelain fused to titanium and titanium alloys .....	\$60.00
D6245	Pontic - porcelain/ceramic* .....	\$70.00
D6250	Pontic - resin with high noble metal .....	\$30.00
D6251	Pontic - resin with predominantly base metal .....	\$15.00
D6252	Pontic - resin with noble metal .....	\$20.00
D6600	Retainer inlay - porcelain/ceramic, two surfaces .....	\$60.00
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces .....	\$65.00
D6602	Retainer inlay - cast high noble metal, two surfaces .....	\$70.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces .....	\$70.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces .....	No Cost
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces .....	No Cost
D6606	Retainer inlay - cast noble metal, two surfaces .....	\$60.00
D6607	Retainer inlay - cast noble metal, three or more surfaces .....	\$60.00
D6608	Retainer onlay - porcelain/ceramic, two surfaces .....	\$55.00
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces .....	\$65.00
D6610	Retainer onlay - cast high noble metal, two surfaces .....	\$70.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces .....	\$70.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces .....	No Cost
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces .....	No Cost
D6614	Retainer onlay - cast noble metal, two surfaces .....	\$60.00
D6615	Retainer onlay - cast noble metal, three or more surfaces .....	\$60.00
D6710	Retainer crown - indirect resin based composite .....	\$30.00

D6720	Retainer crown - resin with high noble metal .....	\$30.00
D6721	Retainer crown - resin with predominantly base metal .....	\$15.00
D6722	Retainer crown - resin with noble metal .....	\$20.00
D6740	Retainer crown - porcelain/ceramic* .....	\$70.00
D6750	Retainer crown - porcelain fused to high noble metal* .....	\$70.00
D6751	Retainer crown - porcelain fused to predominantly base metal .....	\$55.00
D6752	Retainer crown - porcelain fused to noble metal .....	\$60.00
D6753	Retainer crown - porcelain fused to titanium and titanium alloys* .....	\$70.00
D6780	Retainer crown - 3/4 cast high noble metal .....	\$70.00
D6781	Retainer crown - 3/4 cast predominantly base metal .....	\$55.00
D6782	Retainer crown - 3/4 cast noble metal .....	\$60.00
D6783	Retainer crown - 3/4 porcelain/ceramic* .....	\$70.00
D6784	Retainer crown - 3/4 titanium and titanium alloys .....	\$70.00
D6790	Retainer crown - full cast high noble metal .....	\$70.00
D6791	Retainer crown - full cast predominantly base metal .....	\$50.00
D6792	Retainer crown - full cast noble metal .....	\$60.00
D6794	Retainer crown - titanium and titanium alloys .....	\$70.00
D6930	Re-cement or re-bond fixed partial denture .....	No Cost
D6940	Stress breaker .....	No Cost
D6980	Fixed partial denture repair necessitated by restorative material failure .....	No Cost

**D7000-D7999****X. ORAL AND MAXILLOFACIAL SURGERY**

- Includes pre-operative and post-operative evaluations and treatment under a local anesthetic.

D7111	Extraction, coronal remnants - primary tooth .....	No Cost
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) .....	No Cost
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated .....	\$10.00
D7220	Removal of impacted tooth - soft tissue .....	\$15.00
D7230	Removal of impacted tooth - partially bony .....	\$25.00
D7240	Removal of impacted tooth - completely bony .....	\$35.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications .....	\$50.00
D7250	Removal of residual tooth roots (cutting procedure) .....	No Cost
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only .....	\$50.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth .....	\$35.00
D7280	Exposure of an unerupted tooth .....	\$25.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption .....	\$25.00
D7283	Placement of device to facilitate eruption of impacted tooth .....	No Cost
D7284	Excisional biopsy of minor salivary glands - <i>does not include pathology laboratory procedures</i> .....	No Cost
D7286	Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i> .....	No Cost
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant ...	No Cost
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant ...	No Cost
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant .....	No Cost
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant .....	No Cost
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm .....	No Cost
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm .....	No Cost
D7471	Removal of lateral exostosis (maxilla or mandible) .....	No Cost
D7472	Removal of torus palatinus .....	No Cost
D7473	Removal of torus mandibularis .....	No Cost
D7509	Marsupialization of odontogenic cyst .....	No Cost
D7510	Incision and drainage of abscess - intraoral soft tissue .....	No Cost
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site .....	No Cost
D7961	Buccal/labial frenectomy (frenulectomy) .....	No Cost
D7962	Lingual frenectomy (frenulectomy) .....	No Cost
D7970	Excision of hyperplastic tissue - per arch .....	No Cost
D7971	Excision of pericoronal gingiva .....	No Cost

**D8000-D8999****XI. ORTHODONTICS**

- The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed \$125.00, may apply.
- The Retention Copayment includes adjustments and/or office visits up to 24 months.

**Pre and post orthodontic records include:**

The Benefit for pre-treatment records and diagnostic services includes: ..... \$200.00

D0210 Intraoral - comprehensive series of radiographic images

D0322 Tomographic survey

D0330 Panoramic radiographic image

D0340 2D cephalometric radiographic image - acquisition, measurement and analysis

D0350 2D oral/facial photographic images obtained intraorally or extraorally

D0396 3D printing of a 3D dental surface scan

No Cost

D0470 Diagnostic casts

D0801 3D dental surface scan - direct

D0802 3D dental surface scan - indirect

D0803 3D facial surface scan - direct

D0804 3D facial surface scan - indirect

The Benefit for post-treatment records includes: ..... \$70.00

D0210 Intraoral - comprehensive series of radiographic images

D0470 Diagnostic casts

D8010 Limited orthodontic treatment of the primary dentition ..... \$725.00

D8020 Limited orthodontic treatment of the transitional dentition - *child or adolescent to age 19* ..... \$725.00

D8030 Limited orthodontic treatment of the adolescent dentition - *adolescent to age 19* ..... \$725.00

D8040 Limited orthodontic treatment of the adult dentition - *adults, including covered dependent adult children* ..... \$925.00

D8070 Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19* ..... \$1,700.00

D8080 Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19* ..... \$1,700.00

D8090 Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children* ..... \$1,900.00

D8660 Pre-orthodontic treatment examination to monitor growth and development ..... \$25.00

D8670 Periodic orthodontic treatment visit - *included in comprehensive case fee* ..... No Cost

D8680 Orthodontic retention (removal of appliances, construction and placement of *removable* retainers) ..... \$275.00

D8681 Removable orthodontic retainer adjustment ..... No Cost

D8698 Re-cement or re-bond fixed retainer - maxillary - *limited to 2 per 6 month period* ..... No Cost

D8699 Re-cement or re-bond fixed retainer - mandibular - *limited to 2 per 6 month period* ..... No Cost

D8701 Repair of fixed retainer, includes reattachment - maxillary - *limited to 2 per 6 month period* ..... No Cost

D8702 Repair of fixed retainer, includes reattachment - mandibular - *limited to 2 per 6 month period* ..... No Cost

D8999 Unspecified orthodontic procedure, by report - *includes treatment planning session* ..... \$100.00

**D9000-D9999****XII. ADJUNCTIVE GENERAL SERVICES**

D9110 Palliative treatment of dental pain - per visit ..... No Cost

D9211 Regional block anesthesia ..... No Cost

D9212 Trigeminal division block anesthesia ..... No Cost

D9215 Local anesthesia in conjunction with operative or surgical procedures ..... No Cost

D9219 Evaluation for moderate sedation, deep sedation or general anesthesia ..... No Cost

D9222 Deep sedation/general anesthesia - first 15 minutes ..... \$80.00

D9223 Deep sedation/general anesthesia - each subsequent 15 minute increment ..... \$80.00

D9239 Intravenous moderate (conscious) sedation/analgesia - first 15 minutes ..... \$80.00

D9243 Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment ..... \$80.00

D9310 Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician ..... No Cost

D9311 Consultation with a medical health care professional ..... No Cost

D9430 Office visit for observation (during regularly scheduled hours) - no other services performed ..... No Cost

D9440 Office visit - after regularly scheduled hours ..... \$20.00

D9450 Case presentation, subsequent to detailed and extensive treatment planning ..... No Cost



D9912	Pre-visit patient screening .....	\$0.00
D9932	Cleaning and inspection of removable complete denture, maxillary .....	No Cost
D9933	Cleaning and inspection of removable complete denture, mandibular .....	No Cost
D9934	Cleaning and inspection of removable partial denture, maxillary .....	No Cost
D9935	Cleaning and inspection of removable partial denture, mandibular .....	No Cost
D9943	Occlusal guard adjustment .....	\$10.00
D9944	Occlusal guard - hard appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i> .....	\$75.00
D9945	Occlusal guard - soft appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i> .....	\$75.00
D9946	Occlusal guard - hard appliance, partial arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i> .....	\$75.00
D9951	Occlusal adjustment, limited .....	No Cost
D9952	Occlusal adjustment, complete .....	No Cost
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays - <i>limited to one bleaching tray and gel for two weeks of self-treatment</i> .....	\$125.00
D9986	Missed appointment - <i>without 24 hour notice - per 15 minutes of appointment time - up to an overall maximum of \$40.00</i> .....	\$10.00
D9987	Canceled appointment - <i>without 24 hour notice - per 15 minutes of appointment time - up to an overall maximum of \$40.00</i> .....	\$10.00
D9990	Certified translation or sign-language services - per visit .....	No Cost
D9991	Dental case management - addressing appointment compliance barriers .....	No Cost
D9992	Dental case management - care coordination .....	No Cost
D9995	Teledentistry - synchronous; real-time encounter .....	No Cost
D9996	Teledentistry - asynchronous; information stored and forwarded to Dentist for subsequent review .	No Cost
D9997	Dental case management - Patients with special Health Care Needs .....	No Cost

Procedures with age restrictions will be subject to exceptions based on medical necessity.

If services for a listed procedure are performed by the Contract Dentist, You pay the specified Copayment. Listed procedures which require a Dentist to provide Specialized Services, and are referred by the Contract Dentist, must be authorized by Us. You pay the Copayment specified for such services.

## SCHEDULE B

### Limitations and Exclusions of Benefits

Limitations and Exclusions below with age restrictions will be subject to exceptions based on medical necessity.

#### Limitations

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
2. If You accept a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, You may be charged an additional \$100.00 above the listed Copayment for each of these services after the sixth unit has been provided.
3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions (Procedures D7230, D7240, and D7241).
4. Benefits provided by a pediatric Dentist are limited to children through age 13 following an attempt by the Contract Dentist to treat the child and upon prior authorization by Us, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
5. The cost to You for receiving orthodontic treatment when Your coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's submitted fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. You make payment directly to the Contract Orthodontist as arranged.
6. Orthodontic treatment in progress is limited if You are new DeltaCare USA Enrollee who, at the time of Your original effective date, are in active treatment started under Your previous dental plan as long as they continue to be eligible under the DeltaCare USA Plan. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. We are financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

#### Exclusions

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*.
2. Any procedure that in the professional opinion of the Contract Dentist:
  - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
  - b. is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
5. The replacement of lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, and crowns and fixed partial dentures (bridges).
6. Procedures, appliances or restorations if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
7. Procedures that may include:
  - a. precious metal for removable appliances;

- b. metallic or permanent soft bases for complete dentures;
  - c. porcelain denture teeth;
  - d. precision abutments for removable partials or fixed partial dentures including but not limited to overlays and related specialized appliances; and/or
  - e. personalization and characterization of complete and partial dentures.
- 8. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
- 9. Consultations for non-covered Benefits.
- 10. Dental services received from any dental facility other than the Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for Emergency Services as described in the Evidence of Coverage.
- 11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
- 12. Prescription drugs.
- 13. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA plan. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
- 14. Lost, stolen or broken orthodontic appliances.
- 15. Changes in orthodontic treatment necessitated by accident of any kind.
- 16. Myofunctional and parafunctional appliances and/or therapies with the exception of procedures D9944 (Occlusal guard, hard appliance, full arch), D9945 (Occlusal guard - soft appliance, full arch), and D9946 (Occlusal guard-hard appliance, partial arch).
- 17. Composite or ceramic brackets, lingual adaption of orthodontic bands.
- 18. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.
- 19. Orthodontic treatment must be provided by a licensed Dentist. Self-administered orthodontics are not covered.

# More helpful tips for using your plan

## Find a network dentist near you

Use our convenient **Find a dentist** tool and select **DeltaCare USA** as your network.

- Find a dentist near your home or office
- Narrow your search by location, specialty, languages spoken — and more

## Create an online account at [deltadentalins.com/welcome](https://deltadentalins.com/welcome)

- Review your plan benefits
- Access your ID card if you want one (You do not need an ID card to receive services.)
- Select or change your dentist

## Enjoy the perks of Delta Dental coverage

Get extra member perks like oral and overall health savings, exclusive resources and more at [www1.deltadentalins.com/memberperks](https://www1.deltadentalins.com/memberperks).

You can also get oral health tools and tips at [deltadentalins.com/wellness](https://deltadentalins.com/wellness).

## Contact us

Need help? Let us know.

**Online:** Visit [deltadentalins.com/contact](https://deltadentalins.com/contact)

## Write to:

Delta Dental Insurance Company  
1130 Sanctuary Parkway  
Alpharetta, GA 30009

## Call toll-free: 800-422-4234

Customer Service agents are available Monday through Friday, 8 am to 9 pm ET. Or, use our automated phone system, available 24/7.

### Administered by:

Delta Dental Insurance Company  
1130 Sanctuary Parkway  
Alpharetta, GA 30009



DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

### NOTE: This is only a brief summary of your plan.

This brochure is not intended to replace your legally required plan booklet. The Group Dental Service Contract determines the exact terms and conditions of your coverage. Please refer to the “Description of Benefits and Copayments” and “Limitations and Exclusions of Benefits” in this brochure for a complete list of covered procedures, copayments, plan limitations and exclusions. You may also consult your Evidence/Certificate of Coverage, which will be mailed to you upon enrollment. If you wish to review an Evidence/Certificate of Coverage prior to enrollment, you may request a copy by calling Customer Service at **800-422-4234**.

# Make Eye Health a Priority with VSP!

Your health comes first with VSP and COUNTY OF TULARE. Take a look at your VSP vision care coverage.



## Routine eye exams have saved lives.

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your VSP® network doctor can detect signs of more than 270 health conditions during your annual eye exam—including diabetes and high blood pressure, as well as eye conditions such as glaucoma and diabetic eye disease.\*

## The choice is yours!



With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

## Shop online and connect your benefits.



Save on Featured Frame Brands when you shop on Eyeconic®, the VSP in-network online eyewear store.

**Provider Network:** VSP Choice

**Effective Date:** 01/01/2026

Create an account today.

Questions?

**vsp.com**

**800.877.7195 (TTY: 711)**



Scan QR code or visit **vsp.com** to learn more.

BENEFIT	DESCRIPTION	COPAY
<b>YOUR COVERAGE WITH A VSP DOCTOR</b>		
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> <li>Every 12 months</li> </ul>	\$10 Up to \$39
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> <li>Available as needed</li> </ul>	\$20 per exam
<b>PRESCRIPTION GLASSES</b>		<b>\$25</b>
<b>FRAME*</b>	<ul style="list-style-type: none"> <li>\$150 Featured Frame Brands allowance</li> <li>\$130 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$70 Costco frame allowance</li> <li>Every 24 months</li> </ul>	Included in Prescription Glasses
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every 12 months</li> </ul>	Included in Prescription Glasses
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every 12 months</li> </ul>	\$0 \$95 - \$105 \$150 - \$175
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$120 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> <li>Every 12 months</li> </ul>	\$0
<b>ADDITIONAL SAVINGS</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Discover all current eyewear offers and savings at <b>vsp.com/offers</b>.</li> <li>20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.</li> </ul>	
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average of 15% off the regular price; discounts available at contracted facilities.</li> </ul>	
	<b>Exclusive Member Extras for VSP Members</b> <ul style="list-style-type: none"> <li>Contact lens rebates, lens satisfaction guarantees, and more offers at <b>vsp.com/offers</b>.</li> <li>Save up to 60% on digital hearing aids with TruHearing®. Visit <b>vsp.com/offers/special-offers/hearing-aids</b> for details.</li> <li>Enjoy everyday savings on health, wellness, and more with VSP Simple Values.</li> </ul>	

### YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to **vsp.com** to find an in-network doctor.

\*Full Picture of Eye Health, American Optometric Association, 2020.

+Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. VSP Premier Edge™ is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on **vsp.com**. Visionworks, Eyeconic, and Eyemart Express family of stores are VSP-affiliated companies.

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Classification: Restricted



**BOARD OF DIRECTORS**

GARRY BREDEFELD

NATHAN MAGSIG

BUDDY MENDES

LARRY MICARI

BRIAN PACHECO

AMY SHUKLIAN

PETE VANDER POEL

**Exhibit B**

**County of Tulare**

**Plan Year 2026  
Rates**

County of Tulare		Monthly Rates		
		Effective January 1, 2026		
Rates to be Remitted to SJVIA	EE	ES	EC	FA
Anthem \$0	\$1,283.00	\$2,564.62	\$2,341.11	\$3,888.20
Anthem \$500	\$966.13	\$1,933.17	\$1,770.58	\$3,049.11
Anthem \$750	\$807.05	\$1,612.96	\$1,480.00	\$2,458.82
Anthem EPO \$1,250	\$747.33	\$1,493.60	\$1,370.48	\$2,276.87
Anthem \$2,500	\$686.04	\$1,371.00	\$1,257.98	\$2,090.01
Kaiser HMO	\$1,305.03	\$2,597.80	\$2,352.18	\$3,890.57
Kaiser DHMO	\$1,003.80	\$1,995.34	\$1,806.95	\$2,986.88
KPSA-Medicare Senior Advantage	\$333.05	\$666.10		
Delta Dental PPO	\$43.12	\$74.75	\$84.70	\$125.74
Delta Dental DHMO	\$28.06	\$48.70	\$49.03	\$70.67
VSP Vision	\$5.02	\$8.47	\$8.96	\$13.36



# **SPECIAL MEETING MINUTES**

**BOARD OF DIRECTORS**

GARRY BREDEFELD  
NATHAN MAGSIG  
BUDDY MENDES  
LARRY MICARI  
BRIAN PACHECO  
AMY SHUKLIAN  
PETE VANDER POEL

**Meeting Locations:  
County of Fresno  
Board of Supervisors Chambers  
2281 Tulare Street, #301  
Fresno, CA 93721**

**County of Tulare Human Resources &  
Development Department  
Development & Transformation Room  
2500 W Burrell Ave, Visalia, CA 93291**

**November 20, 2025, 9:00 AM**

*In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the SJVIA Manager at 559-600-1801 or the Assistant SJVIA Manager at 559-636-4900. Notification 48 hours prior to the meeting will help enable staff to make reasonable arrangements to ensure meaningful access.*

1. Call to Order

Called to Order by Director Shuklian at 9:02

2. Pledge of Allegiance

Led by Director Micari

3. Roll Call

**Directors Present:**

Nathan Magsig  
Larry Micari  
Brian Pacheco  
Amy Shuklian  
Pete Vander Poel

**Directors not in Attendance:**

Garry Bredefeld  
Buddy Mendes

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4. Public Comment: At this time, members of the public may comment on any item within the jurisdiction of the SJVIA not appearing on the agenda. In order for everyone to be heard, please limit your comments to three minutes or less.

No public comments were made

5. Closed Session

**NOTICE TO THE PUBLIC  
CLOSED SESSION**

As provided in the Ralph M. Brown Act, Government Code sections 54950 et seq., the SJVIA Board may meet in closed session with its attorneys, staff, and consultants. These sessions are not open to the public and may not be attended by members of the public. The matters the Board will meet on in closed session are identified below or are those matters appropriately identified in open session as requiring immediate attention and arising after the posting of the Agenda. Any public reports of action taken in closed session will be made in accordance with Government Code section 54957.1.

It is the intention of the Board to meet in closed session concerning:

**CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION**  
Significant Exposure to Litigation (Government Code Section 54956.9(d)(2))  
Number of Potential Cases: 1

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**November 20, 2025, 9:00 AM**

***The public may comment on Closed Session items prior to the Board's recess to Closed Session.***

***The remainder of the agenda will be heard following the Closed Session item.***

## **6. Adjournment**

Time: 9:25

*In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the SJVIA Manager at 559-600-1801 or the Assistant SJVIA Manager at 559-636-4900. Notification 48 hours prior to the meeting will enable staff to make reasonable arrangements to ensure accessibility. Documents related to the items on this Agenda submitted to the Board after distribution of the Agenda packet are available for public inspection at the County of Fresno plaza Building, 2220 Tulare St, 14<sup>th</sup> Floor, Fresno, CA during normal business hours. All documents are also posted online to [www.sjvia.org](http://www.sjvia.org).*