



# Ventura County Community College District

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DR. GREG GILLESPIE  
CHANCELLOR

## Negotiations Summary AFT/VCCCD – Friday, September 13, 2019

The Ventura County Community College District negotiating team consisting of Draza “Merv” Mrvichin, Laura Barroso, Cathy Bojorquez, Howard Davis, and Damien Peña gathered at the Camarillo Airport Fire Academy on Friday morning, September 13, 2019, prepared to negotiate with members of the AFT bargaining team. At approximately 9:28 a.m., AFT indicated their team was ready to meet. Members of AFT’s bargaining team included Dr. Steve Hall, Keith Johnson, Marnie Melendez, Leo Orange, Michael Sheetz, Angela Wilkins, and Rich Williams. The meeting began with VCCCD distributing CalPERS Plan coverage information as well as rationale for the District’s proposal.

At approximately 9:50 a.m., AFT presented a counterproposal to the District’s Article 8 *Leaves* proposal. A discussion ensued about AFT’s proposed changes, specifically as it related to Sabbaticals. At approximately 10:05 a.m., Draza “Merv” Mrvichin provided AFT with a Settlement Proposal, which summarized the status of articles open for negotiation. Mr. Mrvichin stated that at least five articles remain stagnant. The teams caucused from 10:11 to 10:56 a.m. Upon reconvening, Dr. David El Fattal, Vice Chancellor of Business and Administrative Services, commenced a brief FY20 Budget overview based on questions previously provided to the District by AFT. Over the course of the next hour, Dr. El Fattal provided budget information related to most of the questions posed by AFT. Dr. El Fattal sought clarification on some information requested and explained other data requires additional staff time for completion. The District intends to provide additional data to AFT at the next scheduled negotiation session. At approximately 11:55 a.m., Mr. Mrvichin provided AFT a revised Settlement Proposal which broke out the status of Articles 11, 12, and 13 for additional clarity. The teams broke for lunch at approximately 12:00 p.m. and reconvened at 1:25 p.m.

Upon returning from lunch, Mr. Mrvichin explained to the AFT Bargaining Team that, despite meeting 13 times, little progress has been made and negotiations are at a stale mate. He indicated that maybe we needed some help, and suggested the possible assistance of a PERB mediator and explained he is entertaining the idea of declaring impasse. AFT requested a caucus at approximately 1:33 p.m. The teams reconvened at approximately 1:55 p.m.

The next scheduled meeting will be Tuesday, October 1, 2019, at the District Administrative Center, Camarillo. Negotiations concluded at 2:00 p.m.

*\*Summary was completed by members of the VCCCD negotiating team.*



to AFT from VCCCD  
9-13-19

## CalPERS Information from the VCCCD to AFT

9:28 AM

**Rationale for District Proposal:** Medical benefits premiums for active and retired employees represent a necessary and considerable expense for the VCCCD. The District expense for medical/vision/dental benefits for active and eligible retired employees is approximately \$36M for this current year. The actuarial estimate of the long-term liability for post-retirement benefits \$197.3M. Joint meetings of the AFT and SEIU benefits committees with management representatives evaluated numerous options to help address cost increases. CalPERS was identified as a viable pooled option provider with the potential to save millions of dollars each year in (\$12.4M estimate) in medical benefits premium costs. The VCCCD would be part of large pool which also has shown historically lower premium increases than the current direct purchase from Kaiser and Anthem.

**The VCCCD recognizes that salary increases are important in order to recruit and retain quality employees. The VCCCD is proposing a move to CalPERS (which includes Kaiser and Anthem plan options) in order shift a significant amount of total compensation dollars from medical premiums to salary. The additional salary dollars increase take home pay and also increase the salary for pension calculations resulting in greater pension amounts at retirement.**

1. The district proposal is to enter into an agreement with CalPERS to purchase medical benefits beginning July 1, 2020. (Note: negotiating a beginning date no later than January 1, 2021 is possible depending upon when the settlement process is completed).
2. The district proposal states that effective July 1, 2020, the district will contribute an amount towards the health benefit premium equal to the CalPERS PERS Choice premium amount for the term of this agreement.
  - a. Cost Savings:

The composite rate renewals for the current Anthem plan are \$2,129.24 per month per employee (active/retired) for the AFT and \$1,848.07 for the ASCC plan. CalPERS rates are three-tiered. A composite rate for the CalPERS Anthem Choice Plan was calculated based on enrollments in the current Anthem plan resulting in a composite premium of \$1,307.65.

The composite rate renewals for the current Kaiser plans are \$1,425.66 for the AFT and \$1,345.16 for the ASCC plan. The estimated composite CalPERS Kaiser premium is \$1,076.75.

The District estimates a total savings of \$12.4M with a move to CalPERS per the conditions offered by the district. \$2M of the savings will be used to cover Medicare premiums for Medicare eligible retirees. CalPERS premiums increased for their next plan year beginning January 1, 2020 and Ventura was placed into a new region. The CalPERS rate increases cost an additional \$1.7 M. The actual rate increase for our current plans for the next sign up period are not yet available. Budget projections use the average of a 7.5% increase resulting in a \$2.4 M increase for the current plan. The new CalPERS rates are attached.

Medicare eligible retirees will be required to sign up for Medicare and will be covered by the appropriate Medicare Supplement Plan. These rates are significantly lower than the



active employee plan and will result in additional savings and decrease the OPEB liability.

b. Plan Options:

CalPERS offers participants the options of three Anthem PPO plans (Choice, Select, Care) and eight HMO plans that include Kaiser. Employees will be able to select any plan, but would pay any premiums that exceed the covered plan (PERS Choice).

Part-time employees will be able to purchase the CalPERS coverage options and we can define parameters regarding eligibility.

All employees (parameters defined) will have the option to purchase retiree coverage from CalPERS.

c. Contracts:

The District has requested Burnham to provide CalPERS contracts to begin review and preparation of details.

Note: Additional CalPERS medical benefits information is included on the attached pages.



to AFT from  
VCCCD  
9-13-19

**2020 Regional Health Premiums for Public Agencies and Schools  
Preferred Provider Organization (PPO) Plans Only  
June PHBC Final Proposed Premiums**

| Basic                                                                                                                                                                                                                                                                                                                                                                                                         | 2020     |            |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|------------|
|                                                                                                                                                                                                                                                                                                                                                                                                               | Single   | 2-Party    | Family     |
| <b>Basic Premiums - Region 1</b>                                                                                                                                                                                                                                                                                                                                                                              |          |            |            |
| Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, San Mateo, San Francisco, San Joaquin, Sutter, Tehama, Trinity, Tuolumne, Yolo and Yuba |          |            |            |
| Anthem EPO Del Norte                                                                                                                                                                                                                                                                                                                                                                                          | \$861.18 | \$1,722.36 | \$2,239.07 |
| PERS Choice                                                                                                                                                                                                                                                                                                                                                                                                   | 861.18   | 1,722.36   | 2,239.07   |
| PERS Select                                                                                                                                                                                                                                                                                                                                                                                                   | 520.29   | 1,040.58   | 1,352.75   |
| PERSCare                                                                                                                                                                                                                                                                                                                                                                                                      | 1,133.14 | 2,266.28   | 2,946.16   |
| <b>Basic Premiums - Region 2</b>                                                                                                                                                                                                                                                                                                                                                                              |          |            |            |
| Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare and Ventura                                                                                                                                                                                                                                                                                            |          |            |            |
| PERS Choice                                                                                                                                                                                                                                                                                                                                                                                                   | \$736.28 | \$1,472.56 | \$1,914.33 |
| PERS Select                                                                                                                                                                                                                                                                                                                                                                                                   | 451.54   | 903.08     | 1,174.00   |
| PERSCare                                                                                                                                                                                                                                                                                                                                                                                                      | 986.66   | 1,973.32   | 2,565.32   |
| <b>Basic Premiums - Region 3</b>                                                                                                                                                                                                                                                                                                                                                                              |          |            |            |
| Los Angeles, Riverside and San Bernardino                                                                                                                                                                                                                                                                                                                                                                     |          |            |            |
| PERS Choice                                                                                                                                                                                                                                                                                                                                                                                                   | \$710.29 | \$1,420.58 | \$1,846.75 |
| PERS Select                                                                                                                                                                                                                                                                                                                                                                                                   | 435.74   | 871.48     | 1,132.92   |
| PERSCare                                                                                                                                                                                                                                                                                                                                                                                                      | 931.12   | 1,862.24   | 2,420.91   |
| <b>Basic Premiums - Out of State</b>                                                                                                                                                                                                                                                                                                                                                                          |          |            |            |
| PERS Choice                                                                                                                                                                                                                                                                                                                                                                                                   | \$709.66 | \$1,419.32 | \$1,845.12 |
| PERSCare                                                                                                                                                                                                                                                                                                                                                                                                      | 882.03   | 1,764.06   | 2,293.28   |

| Medicare                                    | 2020     |          |            |
|---------------------------------------------|----------|----------|------------|
|                                             | Single   | 2-Party  | Family     |
| <b>Medicare Premium Rates - All Regions</b> |          |          |            |
| PERS Choice                                 | \$351.39 | \$702.78 | \$1,054.17 |
| PERS Select                                 | 351.39   | 702.78   | 1,054.17   |
| PERSCare                                    | 384.78   | 769.56   | 1,154.34   |



**2020 Regional Health Premiums for Public Agencies and Schools  
Health Maintenance Organization Plans Only  
June PHBC Final Proposed Premiums**

| Basic                                                                                                                                                                                                                                                                                                                                                                                                         | 2020     |            |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|------------|
|                                                                                                                                                                                                                                                                                                                                                                                                               | Single   | 2-Party    | Family     |
| <b>Basic Premiums - Region 1</b>                                                                                                                                                                                                                                                                                                                                                                              |          |            |            |
| Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, San Mateo, San Francisco, San Joaquin, Sutter, Tehama, Trinity, Tuolumne, Yolo and Yuba |          |            |            |
| Anthem HMO Select                                                                                                                                                                                                                                                                                                                                                                                             | \$868.98 | \$1,737.96 | \$2,259.35 |
| Anthem HMO Traditional                                                                                                                                                                                                                                                                                                                                                                                        | 1,184.84 | 2,369.68   | 3,080.58   |
| Blue Shield Access+                                                                                                                                                                                                                                                                                                                                                                                           | 1,127.77 | 2,255.54   | 2,932.20   |
| Blue Shield Trio                                                                                                                                                                                                                                                                                                                                                                                              | 833.00   | 1,666.00   | 2,165.80   |
| Health Net SmartCare                                                                                                                                                                                                                                                                                                                                                                                          | 1,000.52 | 2,001.04   | 2,601.35   |
| Kaiser CA                                                                                                                                                                                                                                                                                                                                                                                                     | 768.49   | 1,536.98   | 1,998.07   |
| UnitedHealthcare                                                                                                                                                                                                                                                                                                                                                                                              | 899.94   | 1,799.88   | 2,339.84   |
| Western Health Advantage                                                                                                                                                                                                                                                                                                                                                                                      | 731.96   | 1,463.92   | 1,903.10   |
| <b>Basic Premiums - Region 2</b>                                                                                                                                                                                                                                                                                                                                                                              |          |            |            |
| Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare and Ventura                                                                                                                                                                                                                                                                                            |          |            |            |
| Anthem HMO Select                                                                                                                                                                                                                                                                                                                                                                                             | \$654.04 | \$1,308.08 | \$1,700.50 |
| Anthem HMO Traditional                                                                                                                                                                                                                                                                                                                                                                                        | 934.95   | 1,869.90   | 2,430.87   |
| Blue Shield Access+                                                                                                                                                                                                                                                                                                                                                                                           | 909.87   | 1,819.74   | 2,365.66   |
| Health Net Salud y Más                                                                                                                                                                                                                                                                                                                                                                                        | 435.14   | 870.28     | 1,131.36   |
| Health Net SmartCare                                                                                                                                                                                                                                                                                                                                                                                          | 719.26   | 1,438.52   | 1,870.08   |
| Kaiser CA                                                                                                                                                                                                                                                                                                                                                                                                     | 645.24   | 1,290.48   | 1,677.62   |
| Sharp                                                                                                                                                                                                                                                                                                                                                                                                         | 606.02   | 1,212.04   | 1,575.65   |
| UnitedHealthcare                                                                                                                                                                                                                                                                                                                                                                                              | 671.60   | 1,343.20   | 1,746.16   |
| <b>Basic Premiums - Region 3</b>                                                                                                                                                                                                                                                                                                                                                                              |          |            |            |
| Los Angeles, Riverside and San Bernardino                                                                                                                                                                                                                                                                                                                                                                     |          |            |            |
| Anthem HMO Select                                                                                                                                                                                                                                                                                                                                                                                             | \$619.93 | \$1,239.86 | \$1,611.82 |
| Anthem HMO Traditional                                                                                                                                                                                                                                                                                                                                                                                        | 902.63   | 1,805.26   | 2,346.84   |
| Blue Shield Access+                                                                                                                                                                                                                                                                                                                                                                                           | 813.17   | 1,626.34   | 2,114.24   |
| Blue Shield Trio                                                                                                                                                                                                                                                                                                                                                                                              | 624.93   | 1,249.86   | 1,624.82   |
| Health Net Salud y Más                                                                                                                                                                                                                                                                                                                                                                                        | 392.31   | 784.62     | 1,020.01   |
| Health Net SmartCare                                                                                                                                                                                                                                                                                                                                                                                          | 648.42   | 1,296.84   | 1,685.89   |
| Kaiser CA                                                                                                                                                                                                                                                                                                                                                                                                     | 664.39   | 1,328.78   | 1,727.41   |
| UnitedHealthcare                                                                                                                                                                                                                                                                                                                                                                                              | 668.31   | 1,336.62   | 1,737.61   |
| <b>Basic Premiums - Out of State</b>                                                                                                                                                                                                                                                                                                                                                                          |          |            |            |
| Kaiser Out of State                                                                                                                                                                                                                                                                                                                                                                                           | \$995.19 | \$1,990.38 | \$2,587.49 |



**2020 Regional Health Premiums for Public Agencies and Schools  
Health Maintenance Organization Plans Only  
June PHBC Final Proposed Premiums**

| Medicare                             | 2019     |          |            | 2020     |          |            | Percent Change |
|--------------------------------------|----------|----------|------------|----------|----------|------------|----------------|
|                                      | Single   | 2-Party  | Family     | Single   | 2-Party  | Family     |                |
| Medicare Premium Rates - All Regions |          |          |            |          |          |            |                |
| Anthem Select                        |          |          |            | \$388.15 | \$776.30 | \$1,164.45 | N/A            |
| Anthem Traditional                   | \$357.44 | \$714.88 | \$1,072.32 | 388.15   | 776.30   | 1,164.45   | 8.59%          |
| Kaiser CA                            | 323.74   | 647.48   | 971.22     | 339.43   | 678.86   | 1,018.29   | 4.85%          |
| Kaiser Out of State                  | 323.74   | 647.48   | 971.22     | 339.43   | 678.86   | 1,018.29   | 4.85%          |
| UnitedHealthcare                     | 299.37   | 598.74   | 898.11     | 327.03   | 654.06   | 981.09     | 9.24%          |



# CalPERS: Overview



| 7 Basic HMO Plans     | 3 Basic PPO Plans | 6 Medicare Plans                                 |
|-----------------------|-------------------|--------------------------------------------------|
| Anthem Select         | PERS Select       | Anthem Traditional<br>Medicare Advantage         |
| Anthem Traditional    | PERS Choice       | Kaiser Permanente<br>Senior Advantage            |
| Blue Shield Access+   | PERSCare          | PERSCare<br>Medicare Supplement PPO              |
| HealthNet Salud y Mas | PORAC             | PERS Choice<br>Medicare Supplement PPO           |
| HealthNet SmartCare   |                   | PERS Select<br>Medicare Supplement PPO           |
| Kaiser Permanente     |                   | UnitedHealthcare Group<br>Medicare Advantage PPO |

**Largest medical insurance pool in California:**  
 1.4 million individuals currently enrolled in  
 CalPERS medical plans

**Rating Region:** Los Angeles, San Bernardino,  
 Ventura

to AFT from  
 VCCCD  
 9-13-19



# CalPERS: Anthem - Current vs CalPERS



## Ventura County Community College District CalPERS Medical Renewal - PPO Plans (B) January 1, 2019

|                                              | Anthem Blue Cross      | Anthem Blue Cross       | CalPERS                               | CalPERS                               | CalPERS                  |
|----------------------------------------------|------------------------|-------------------------|---------------------------------------|---------------------------------------|--------------------------|
|                                              | Facility               | ASCC                    | PERS Select                           | PERS Choice                           | PERS Care                |
| Deductible *                                 |                        |                         |                                       |                                       |                          |
| Individual                                   | In-Network             | In-Network              | In-Network                            | In-Network                            | In-Network               |
| Family                                       | \$200                  | \$200                   | *\$1,000 <sup>1</sup>                 | *\$500                                | *\$500                   |
|                                              | \$600                  | \$600                   | *\$2,000 <sup>1</sup>                 | *\$1,000                              | *\$1,000                 |
| Out of pocket maximum (coinsurance)          |                        |                         |                                       |                                       |                          |
| Individual                                   | \$1,500                | \$1,700                 | \$3,000                               | \$3,000                               | \$2,000                  |
| Family                                       | \$4,500                | \$5,100                 | \$6,000                               | \$6,000                               | \$4,000                  |
| Out of pocket maximum (deductibles & copays) |                        |                         |                                       |                                       |                          |
| Individual                                   | N/A                    | N/A                     | \$2,900                               | \$2,900                               | \$3,900                  |
| Family                                       | N/A                    | N/A                     | \$5,800                               | \$5,800                               | \$7,800                  |
| Coinsurance (plan pays)                      | 80%                    | 80%                     | 80%                                   | 80%                                   | 90%                      |
| Office visit copay (PCP / specialist)        | 80%                    | \$20                    | *\$35 <sup>2</sup> / \$35, ded waived | *\$20 / \$35, ded waived              | *\$20 / \$35, ded waived |
| Hospital coinsurance / copay                 |                        |                         |                                       |                                       |                          |
| Inpatient                                    | No Charge              | No Charge               | ded, 80%                              | ded, 80%                              | *\$250, ded, 90%         |
| Outpatient surgery                           | No Charge              | No Charge               | ded, 80%                              | ded, 80%                              | ded, 50%                 |
| Lab and X-ray                                | No Charge              | No Charge               | ded, 80%                              | ded, 80%                              | ded, 50%                 |
| Emergency services copay                     | No Charge              | \$100                   | *\$50, ded, 80% (waived if admitted)  | *\$50*, ded, 80% (waived if admitted) | *\$50*, ded, 90%         |
| Urgent care copay                            | 80%                    | \$20                    | *\$35, ded waived                     | *\$35, ded waived                     | *\$35, ded waived        |
| Durable medical equipment                    | 80%                    | 80%                     | ded, 80%                              | ded, 80%                              | ded, 50%                 |
| Prescription drugs                           |                        |                         |                                       |                                       |                          |
| Brand/Specialty Deductible                   | Brand Name \$50/member | Brand Name \$100/member | none                                  | none                                  | none                     |
| RX Copay                                     |                        |                         |                                       |                                       |                          |
| 30 day supply                                | \$10/\$30              | \$10/\$30/\$50          | \$5 / \$20 / \$50                     | \$5 / \$20 / \$50                     | \$5 / \$20 / \$50        |
| 30 day supply of Maintenance Medications     | \$10/\$30              | \$10/\$30/\$50          | \$10 / \$40 / \$100                   | \$10 / \$40 / \$100                   | \$10 / \$40 / \$100      |
| Mail order - 90 day supply                   | \$20/\$60              | \$20/\$60/\$100         | \$10 / \$40 / \$100                   | \$10 / \$40 / \$100                   | \$10 / \$40 / \$100      |
| RX Out of pocket maximum                     |                        |                         |                                       |                                       |                          |
| Individual                                   | None                   | \$750                   | \$2,000                               | \$2,000                               | \$2,000                  |
| Family                                       | None                   | \$1,500                 | \$4,000                               | \$4,000                               | \$4,000                  |
| Home Delivery                                | \$500/\$1,000          | N/A                     | \$1,000                               | \$1,000                               | \$1,000                  |

<sup>1</sup>Five credits available to reduce deductible to \$500 Individual / \$1000 Family (Full Shot, Biometric Screening, Non-Smoking Certification, Virtual Second Opinion, Condition Care Certification)

<sup>2</sup>Copay reduced to \$0 if enrolled with PPO Primary Care Physician

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# Anthem Direct – CalPERS Choice



## Ventura County Community College District CalPERS Medical Renewal - PPO Plans (B) January 1, 2019

|                                                         | Anthem Blue Cross      | Anthem Blue Cross       | CalPERS                              |
|---------------------------------------------------------|------------------------|-------------------------|--------------------------------------|
|                                                         | Faculty                | ASCC                    | PERS Choice                          |
| <b>Deductible *</b>                                     |                        |                         |                                      |
| Individual                                              | In-Network<br>\$200    | In-Network<br>\$200     | In-Network<br>*\$500                 |
| Family                                                  | \$600                  | \$600                   | *\$1000                              |
| <b>Out of pocket maximum (coinsurance)</b>              |                        |                         |                                      |
| Individual                                              | \$1,500                | \$1,700                 | \$3,000                              |
| Family                                                  | \$4,500                | \$5,100                 | \$6,000                              |
| <b>Out of pocket maximum (deductibles &amp; copays)</b> |                        |                         |                                      |
| Individual                                              | N/A                    | N/A                     | \$2,900                              |
| Family                                                  | N/A                    | N/A                     | \$5,800                              |
| <b>Coinurance (plan pays)</b>                           | 80%                    | 80%                     | 80%                                  |
| <b>Office visit copay (PCP / specialist)</b>            | 80%                    | \$20                    | *\$20 / \$35, Ded waived             |
| <b>Hospital coinsurance / copay</b>                     |                        |                         |                                      |
| Inpatient                                               | No Charge              | No Charge               | ded, 80%                             |
| Outpatient surgery                                      | No Charge              | No Charge               | ded, 80%                             |
| Lab and X-ray                                           | No Charge              | No Charge               | ded, 80%                             |
| <b>Emergency services copay</b>                         | No Charge              | \$100                   | \$50*, ded, 80% (waived if admitted) |
| <b>Urgent care copay</b>                                | 80%                    | \$20                    | *\$35, ded waived                    |
| <b>Durable medical equipment</b>                        | 80%                    | 80%                     | ded, 80%                             |
| <b>Prescription drugs</b>                               |                        |                         |                                      |
| <b>Brand/Specialty Deductible</b>                       | Brand Name \$50/member | Brand Name \$100/member | none                                 |
| <b>RX Copay</b>                                         |                        |                         |                                      |
| 30 day supply                                           | \$10/\$30              | \$10/\$30/\$50          | \$5 / \$20 / \$50                    |
| 30 day supply of Maintenance Medication                 | \$10/\$30              | \$10/\$30/\$50          | \$10 / \$40 / \$100                  |
| Mail order - 90 day supply                              | \$20/\$60              | \$20/\$60/\$100         | \$10 / \$40 / \$100                  |
| <b>RX Out of pocket maximum</b>                         |                        |                         |                                      |
| Individual                                              | None                   | \$750                   | \$2,000                              |
| Family                                                  | None                   | \$1,500                 | \$4,000                              |
| Home Delivery                                           | \$500/\$1,000          | N/A                     | \$1,000                              |



# CalPERS: Kaiser HMO – Current vs CalPERS



|                                              | Kaiser<br>Current | Kaiser<br>Current | Kaiser<br>CalPERS |
|----------------------------------------------|-------------------|-------------------|-------------------|
|                                              | Faculty           | ASCC              | CalPERS Plan      |
| <b>Deductible</b>                            |                   |                   |                   |
| Individual                                   | none              | none              | none              |
| Family                                       | none              | none              | none              |
| <b>Out of pocket maximum</b>                 |                   |                   |                   |
| Individual                                   | \$1,500           | \$1,500           | \$1,500           |
| Family                                       | \$3,000           | \$3,000           | \$3,000           |
| <b>Office visit copay (PCP / specialist)</b> | \$15 / \$15       | \$20 / \$30       | \$15 / \$15       |
| <b>Inpatient</b>                             | 100%              | 100%              | 100%              |
| <b>Outpatient surgery</b>                    | \$15 Copay        | \$20 Copay        | \$15 Copay        |
| <b>Lab and X-ray</b>                         | 100%              | 100%              | 100%              |
| <b>Emergency services copay</b>              | \$50 Copay        | \$100 Copay       | \$50 Copay        |
| <b>Urgent care copay</b>                     | \$15 Copay        | \$20 Copay        | \$15 Visit        |
| <b>Durable medical equipment</b>             | 100%              | 100%              | 100%              |
| <b>Prescription drugs</b>                    |                   |                   |                   |
| Formulary                                    | traditional       | traditional       | traditional       |
| Deductible                                   | none              | none              | none              |
| Generic                                      | \$5               | \$10              | \$5               |
| Brand name                                   | \$10              | \$20              | \$20              |
| Non formulary                                | N/A               | N/A               | N/A               |
| Specialty                                    | \$10              | \$20              | \$20              |
|                                              | 100 Day Supply    | 30 Day Supply     | 30 Day Supply     |

All HMOs with CalPERS offer the same benefits.

well beyond benefits™



# 2019 | Health Benefit Summary

Helping you make an informed decision about your health plan

from  
VCCCD  
9-13-19  
to AFT





## About CalPERS

CalPERS is the largest purchaser of public employee health benefits in California, and the second largest public purchaser in the nation after the federal government. Our program provides benefits to more than 1.4 million public employees, retirees, and their families.

Depending on where you reside or work, CalPERS offers active employees and retirees one or more types of health plans, which may include:

- Health Maintenance Organization (HMO)
- Preferred Provider Organization (PPO)
- Exclusive Provider Organization (EPO)  
(for members in certain California counties)

The CalPERS Board of Administration annually determines health plan availability, covered benefits, health premiums, and co-payments.

Whether you are working or retired, your employer or former employer makes monthly contributions toward your health premiums. The amount of this contribution varies. Your cost may depend on your employer or former employer's contribution to your premium, the length of your employment, and the health plan you choose. For monthly contribution amounts, active employees should contact their employer, State retirees should contact CalPERS, and contracting agency retirees should contact their former employer.

### Health Care Affordability

**Transform health care purchasing and delivery to achieve affordability**

We aspire to transform health care purchasing and delivery, to make it affordable while providing the best value in health care to our members. We seek to understand rising health care costs and the impact of wellness on those costs.

## About This Publication

The *2019 Health Benefit Summary* provides valuable information to help you make an informed choice about your health plan and health care providers. This publication compares covered services, co-payments, and benefits for each CalPERS health plan. It also provides information about plan availability by county and a chart summarizing important differences among health plan types.

You can use this information to determine which health plan offers the services you need at the cost that works for you. The 2019 health plan premiums are available at the CalPERS website at [www.calpers.ca.gov](http://www.calpers.ca.gov). Check with your employer to find out how much they contribute toward your premium.

The *2019 Health Benefit Summary* provides only a general overview of certain benefits. It does not include details of all covered expenses or exclusions and limitations. Please refer to each health plan's *Evidence of Coverage* (EOC) booklet for the exact terms and conditions of coverage. Health plans mail EOCs to new members at the beginning of the year, and to existing members upon request. In case of a conflict between this summary and your health plan's EOC, the EOC establishes the benefits that will be provided.

We recommend that you only use this publication in conjunction with the current year's health premium rate schedule and EOCs. To obtain a copy of the health premium rate schedule for any health plan, please go to the CalPERS website at [www.calpers.ca.gov](http://www.calpers.ca.gov) or contact CalPERS at 888 CalPERS (or 888-225-7377).

### Other Health Publications

This publication is one of many resources CalPERS offers to help you choose and use your health plan. Others include:

- *Health Program Guide*: Describes Basic and Medicare health plan eligibility, enrollment, and choices
- *CalPERS Medicare Enrollment Guide*: Provides information about how Medicare works with your CalPERS health benefits

You can obtain the above publications and other information about your CalPERS health benefits through myCalPERS at [my.calpers.ca.gov](http://my.calpers.ca.gov) or by calling CalPERS at 888 CalPERS (or 888-225-7377).



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# Considering Your Health Plan Choices

Selecting a health plan for you and your family is one of the most important decisions you will make. This decision involves balancing the cost of each plan, along with other features, such as access to doctors and hospitals, pharmacy services, and special programs for managing specific medical conditions. Choosing the right plan ensures that you receive the health benefits and services that matter to you.

If you are a new CalPERS member or you are considering changing your health plan during Open Enrollment, you will need to make two related decisions:

- Which health plan is best for you and your family?
- Which doctors and hospitals do you want to provide your care?

The combination of health plan and providers that is right for you depends on a variety of factors, such as whether you prefer a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO); your premium and out-of-pocket costs; and whether you want to have access to specific doctors and hospitals.

We realize that comparing health plan benefits,

features, and costs can be complicated. This section provides information that can simplify your decision-making process. As you begin that process, the following are some questions you should ask:

- Do you prefer to receive your health care from an HMO or PPO? Your preference will impact the plans available to you, your access to health care providers, and how much you pay for certain services. See the chart on the next page for a summary of the differences among plan types.<sup>1</sup>
- What are the costs (premiums, co-payments, deductibles, and coinsurance)? Beginning on page 16 of this booklet, you will find information about benefits, co-payments, and covered services. Visit the CalPERS website at [www.calpers.ca.gov](http://www.calpers.ca.gov) to find out what the premiums are for the various plans.
- Does the plan provide access to the doctors and hospitals you want? Contact health plans directly for this information. See the "Health Plan Directory" on page 14 of this booklet for health plan contact information.

<sup>1</sup> Note that in a few counties where access to HMOs is limited, a third option, Exclusive Provider Organization (EPO), is available. An EPO provides benefits similar to an HMO with some PPO features.



## Understanding How CalPERS Health Plans Work

The following chart will help you understand some important differences among health plan types.

| Features                                 | HMO                                                                                                                                                                                                                                                                                         | PPO                                                                                                                                                                                                                                                                                                                | EPO                                                                                                                                                                                                                                                                               |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accessing health care providers          | Contracts with providers (doctors, medical groups, hospitals, labs, pharmacies, etc.) to provide you services at a fixed price                                                                                                                                                              | Gives you access to a network of health care providers (doctors, hospitals, labs, pharmacies, etc.) known as preferred providers                                                                                                                                                                                   | Gives you access to the EPO network of health care providers (doctors, hospitals, labs, pharmacies, etc.)                                                                                                                                                                         |
| Selecting a primary care physician (PCP) | Most HMOs require you to select a PCP who will work with you to manage your health care needs <sup>1</sup>                                                                                                                                                                                  | Does not require you to select a PCP                                                                                                                                                                                                                                                                               | Does not require you to select a PCP                                                                                                                                                                                                                                              |
| Seeing a specialist                      | Requires advance approval from the medical group or health plan for some services, such as treatment by a specialist or certain types of tests                                                                                                                                              | Allows you access to many types of services without receiving a referral or advance approval                                                                                                                                                                                                                       | Allows you access to many types of services without receiving a referral or advance approval                                                                                                                                                                                      |
| Obtaining care                           | Generally requires you to obtain care from providers who are a part of the plan network<br><br>Requires you to pay the total cost of services if you obtain care outside the HMO's provider network without a referral from the health plan (except for emergency and urgent care services) | Encourages you to seek services from preferred providers to ensure your coinsurance and co-payments are counted toward your calendar year out-of-pocket maximums <sup>2</sup><br><br>Allows you the option of seeing non-preferred providers, but requires you to pay a higher percentage of the bill <sup>3</sup> | Requires you to obtain care from providers who are a part of the plan network<br><br>Requires you to pay the total cost of services if you obtain care outside the EPO's provider network without a referral from the health plan (except for emergency and urgent care services) |
| Paying for services                      | Requires you to make a small co-payment for most services                                                                                                                                                                                                                                   | Limits the amount preferred providers can charge you for services<br><br>Considers the PPO plan payment plus any deductibles and co-payments you make as payment in full for services rendered by a preferred provider                                                                                             | Requires you to make a small co-payment for most services                                                                                                                                                                                                                         |

<sup>1</sup> Your PCP may be part of a medical group that has contracted with the health plan to perform some functions, including treatment authorization, referrals to specialists, and initial grievance processing.

<sup>2</sup> Once you meet your annual deductible and co-insurance, the plan pays 100 percent of medical claims for the remainder of the calendar year; however, you will continue to be responsible for co-payments for physician office visits, pharmacy, and other services, up to the annual out-of-pocket maximum.

<sup>3</sup> Non-preferred providers have not contracted with the health plan; therefore, you will be responsible for paying any applicable member deductibles or coinsurance, plus any amount in excess of the allowed amount.



## CalPERS Health Plan Choices

Depending on where you reside or work, your Basic and Medicare health plan options may include the following:

| Basic EPO & HMO Health Plans                                                         | Basic PPO Health Plans                                                                                                            | Supplement to Medicare PPO & HMO Health Plans  | Medicare Managed Care Plans (Medicare Advantage) | Out-of-State Plan Choices                            |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------|------------------------------------------------------|
| Anthem Blue Cross EPO                                                                | California Association of Highway Patrolmen (CAHP) Health Plan <sup>1</sup><br><br>PERS Select<br><br>PERS Choice<br><br>PERSCare | CAHP Health Plan <sup>1</sup>                  | Anthem Medicare Preferred (PPO)                  | Kaiser Permanente (HMO) <sup>2</sup>                 |
| Anthem Blue Cross Select HMO                                                         |                                                                                                                                   | CCPOA Medical Plan <sup>1</sup>                | Kaiser Permanente Senior Advantage               | PERS Choice (PPO)                                    |
| Anthem Blue Cross Traditional HMO                                                    |                                                                                                                                   | PERS Select                                    | UnitedHealthcare Group Medicare Advantage (PPO)  | PERSCare (PPO)                                       |
| Blue Shield Access+ HMO                                                              |                                                                                                                                   | PERS Choice                                    |                                                  | PORAC Police and Fire Health Plan (PPO) <sup>1</sup> |
| Blue Shield Access+ EPO                                                              | Peace Officers Research Association of California (PORAC) Police and Fire Health Plan <sup>1</sup>                                | PERSCare                                       |                                                  |                                                      |
| California Correctional Peace Officers Association (CCPOA) Medical Plan <sup>1</sup> |                                                                                                                                   | PORAC Police and Fire Health Plan <sup>1</sup> |                                                  | UnitedHealthcare Group Medicare Advantage (PPO)      |
| Health Net Salud y Más                                                               |                                                                                                                                   |                                                |                                                  |                                                      |
| Health Net SmartCare                                                                 |                                                                                                                                   |                                                |                                                  |                                                      |
| Kaiser Permanente                                                                    |                                                                                                                                   |                                                |                                                  |                                                      |
| Sharp Performance Plus                                                               |                                                                                                                                   |                                                |                                                  |                                                      |
| UnitedHealthcare SignatureValue Alliance                                             |                                                                                                                                   |                                                |                                                  |                                                      |
| Western Health Advantage (HMO)                                                       |                                                                                                                                   |                                                |                                                  |                                                      |

### Contacting a Health Plan

If you have a specific question about a plan's coverage, benefits, or participating providers, please contact the plan directly. See the "Health Plan Directory" on page 14 for health plan contact information.

<sup>1</sup> You must belong to the specific employee association and pay applicable dues to enroll in an Association Plan (CCPOA, CAHP or PORAC)

<sup>2</sup> Plan only available in certain states. Benefits out-of-state may differ from those in California.



## Choosing Your Doctor and Hospital

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Once you choose a health plan, you should select a primary care physician. Except in the case of an emergency, the doctors you can use — and the medical groups and hospitals you will have access to — will depend on your choice of health plan.

Many people find their doctor by asking neighbors or co-workers for a doctor's name. Others receive referrals from doctors they already know. Still others simply select a physician from their health plan who happens to be nearby. You can also use the *Find a Medical Plan* tool (described on page 10), which is available by logging into your my|CalPERS account at [my.calpers.ca.gov](http://my.calpers.ca.gov). Before you

choose a health plan, you should call the health plan's member services to inquire about physician availability. Either way, you should confirm that the doctor is taking new patients in the plan you select.

If you need to be hospitalized, your health plan or medical group will have certain hospitals that you are able to use. If you prefer a particular hospital, you should make sure the health plan you select contracts with that hospital. See page 15 for a list of resources that can help you evaluate and select a doctor and hospital.

## Enrolling in a Health Plan Using Your Residential or Work ZIP Code

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Some of our health plans are available only in certain counties and/or ZIP Codes. As you consider your health plan choices, you should determine which health plans are available in the ZIP Code in which you are enrolling.

In general, if you are an active employee or a working CalPERS retiree, you may enroll in a health plan using either your residential or work ZIP Code.

If you are a retired CalPERS member, you may select any health plan in your residential ZIP Code area. You cannot use the address of the CalPERS-covered employer from which you retired to establish ZIP Code eligibility.

To enroll in a Medicare Advantage plan, you must use your residential address. In addition, Medicare Part D Employer Group Waiver plans require you to provide a physical address.

If you have a combination of Basic and Medicare members on your health plan, you must choose a health plan that has both Basic and Medicare plan options available within your residential ZIP Code area.

If you use your residential ZIP Code, all enrolled dependents must reside in the health plan's service area. When you use your work ZIP Code, all enrolled dependents must receive all covered services (except emergency and urgent care) within the health plan's service area, even if they do not reside in that area.

To determine if the health plan you are considering provides services where you reside or work, see the "Health Plan Availability by County" chart on the following page. You can also use the *Health Plan search by ZIP Code*, which is available on the CalPERS website at [www.calpers.ca.gov](http://www.calpers.ca.gov), to find out which plans are available in your area. If you have questions about plan availability or coverage, or wish to obtain a copy of the *Evidence of Coverage*, contact the health plans using the "Health Plan Directory" on page 14.



## Health Plan Availability by County: Basic Plans

Some health plans are available only in certain counties and/or ZIP Codes. Use the chart below to determine if the health plan you are considering provides services where you reside or work. Contact the plan before enrolling to make sure they cover your ZIP Code and that their provider network is accepting new patients in your area. You may

also use our online service, the *Health Plan Search by ZIP Code*, available at [www.calpers.ca.gov](http://www.calpers.ca.gov).

- Health plan covers all or part of county.
- ▲ Available out-of-state for PERS Choice and PERSCare, not available for PERS Select.
- Only applies to some agencies; does not apply to public agencies or schools.

| County       | Anthem Blue Cross EPO | Anthem Blue Cross Select HMO | Anthem Blue Cross Traditional HMO | Blue Shield Access HMO | Blue Shield Access EPO | CAHP | CCPOA | Health Net Salud y Más | Health Net SmartCare | Kaiser Permanente | PERS Select, PERS Choice, & PERSCare | PCRAC | Sharp Performance Plus | UnitedHealthcare SignatureValue Alliance | Western Health Advantage |
|--------------|-----------------------|------------------------------|-----------------------------------|------------------------|------------------------|------|-------|------------------------|----------------------|-------------------|--------------------------------------|-------|------------------------|------------------------------------------|--------------------------|
| Alameda      |                       | ●                            | ●                                 |                        |                        | ●    | ●     |                        | ●                    | ●                 | ●                                    | ●     |                        | ■                                        |                          |
| Alpine       |                       |                              |                                   |                        |                        | ●    |       |                        |                      |                   | ●                                    | ●     |                        |                                          |                          |
| Amador       |                       |                              |                                   |                        |                        | ●    |       |                        |                      | ●                 | ●                                    | ●     |                        |                                          |                          |
| Butte        |                       |                              | ●                                 | ●                      |                        | ●    | ●     |                        |                      |                   | ●                                    | ●     |                        |                                          |                          |
| Calaveras    |                       |                              |                                   |                        |                        | ●    |       |                        |                      |                   | ●                                    | ●     |                        |                                          |                          |
| Colusa       |                       |                              |                                   |                        | ●                      | ●    |       |                        |                      |                   | ●                                    | ●     |                        |                                          | ●                        |
| Contra Costa |                       | ●                            | ●                                 |                        |                        | ●    | ●     |                        | ●                    | ●                 | ●                                    | ●     |                        | ■                                        |                          |
| Del Norte    | ●                     |                              |                                   |                        |                        | ●    |       |                        |                      |                   | ●                                    | ●     |                        |                                          |                          |
| El Dorado    |                       | ●                            | ●                                 | ●                      |                        | ●    | ●     |                        |                      | ●                 | ●                                    | ●     |                        |                                          | ●                        |
| Fresno       |                       | ●                            | ●                                 | ●                      |                        | ●    | ●     |                        | ●                    | ●                 | ●                                    | ●     |                        | ●                                        |                          |
| Glenn        |                       |                              | ●                                 | ●                      |                        | ●    |       |                        |                      |                   | ●                                    | ●     |                        |                                          |                          |
| Humboldt     |                       |                              | ●                                 | ●                      |                        | ●    |       |                        |                      |                   | ●                                    | ●     |                        |                                          |                          |
| Imperial     |                       | ●                            | ●                                 | ●                      |                        | ●    | ●     |                        |                      |                   | ●                                    | ●     |                        |                                          |                          |
| Inyo         |                       |                              |                                   |                        |                        | ●    |       |                        |                      |                   | ●                                    | ●     |                        |                                          |                          |
| Kern         |                       | ●                            | ●                                 | ●                      |                        | ●    | ●     | ●                      | ●                    | ●                 | ●                                    | ●     |                        | ●                                        |                          |
| Kings        |                       |                              | ●                                 | ●                      |                        | ●    | ●     |                        | ●                    | ●                 | ●                                    | ●     |                        | ●                                        |                          |
| Lake         |                       |                              |                                   |                        |                        | ●    |       |                        |                      |                   | ●                                    | ●     |                        |                                          |                          |
| Lassen       |                       |                              |                                   |                        |                        | ●    |       |                        |                      |                   | ●                                    | ●     |                        |                                          |                          |
| Los Angeles  |                       | ●                            | ●                                 | ●                      |                        | ●    | ●     | ●                      | ●                    | ●                 | ●                                    | ●     |                        | ●                                        |                          |
| Madera       |                       |                              | ●                                 | ●                      |                        | ●    | ●     |                        |                      | ●                 | ●                                    | ●     |                        | ●                                        |                          |
| Marin        |                       |                              | ●                                 |                        |                        | ●    | ●     |                        | ●                    | ●                 | ●                                    | ●     |                        | ■                                        | ●                        |
| Mariposa     |                       |                              |                                   | ●                      |                        | ●    | ●     |                        |                      | ●                 | ●                                    | ●     |                        |                                          |                          |
| Mendocino    |                       |                              | ●                                 |                        | ●                      | ●    |       |                        |                      |                   | ●                                    | ●     |                        |                                          |                          |
| Merced       |                       | ●                            | ●                                 | ●                      |                        | ●    | ●     |                        |                      |                   | ●                                    | ●     |                        | ■                                        |                          |
| Modoc        |                       |                              |                                   |                        |                        | ●    |       |                        |                      |                   | ●                                    | ●     |                        |                                          |                          |
| Mono         |                       |                              |                                   |                        |                        | ●    |       |                        |                      |                   | ●                                    | ●     |                        |                                          |                          |
| Monterey     |                       | ●                            |                                   |                        |                        | ●    |       |                        |                      |                   | ●                                    | ●     |                        |                                          |                          |
| Napa         |                       |                              | ●                                 |                        |                        | ●    |       |                        | ●                    | ●                 | ●                                    | ●     |                        |                                          | ●                        |
| Nevada       |                       | ●                            | ●                                 | ●                      |                        | ●    | ●     |                        |                      |                   | ●                                    | ●     |                        |                                          |                          |
| Orange       |                       | ●                            | ●                                 | ●                      |                        | ●    | ●     | ●                      | ●                    | ●                 | ●                                    | ●     |                        | ●                                        |                          |



| County          | Anthem Blue Cross EPO | Anthem Blue Cross Select HMO | Anthem Blue Cross Traditional HMO | Blue Shield Access+ HMO | Blue Shield Access+ EPO | CAHP | CCPOA | Health Net Salud y Más | Health Net SmartCare | Kaiser Permanente | PERS Select, PERS Choice, & PERSCare | PORAC | Sharp Performance Plus | UnitedHealthcare SignatureValue Alliance | Western Health Advantage |
|-----------------|-----------------------|------------------------------|-----------------------------------|-------------------------|-------------------------|------|-------|------------------------|----------------------|-------------------|--------------------------------------|-------|------------------------|------------------------------------------|--------------------------|
| Placer          |                       | •                            | •                                 | •                       |                         | •    | •     |                        |                      | •                 | •                                    | •     |                        | •                                        | •                        |
| Plumas          |                       |                              |                                   |                         |                         | •    |       |                        |                      |                   | •                                    | •     |                        |                                          |                          |
| Riverside       |                       | •                            | •                                 | •                       |                         | •    | •     | •                      | •                    | •                 | •                                    | •     |                        | •                                        |                          |
| Sacramento      |                       | •                            | •                                 | •                       |                         | •    | •     |                        |                      | •                 | •                                    | •     |                        | •                                        | •                        |
| San Benito      |                       |                              | •                                 |                         |                         | •    |       |                        |                      |                   | •                                    | •     |                        |                                          |                          |
| San Bernardino  |                       | •                            | •                                 | •                       |                         | •    | •     | •                      | •                    | •                 | •                                    | •     |                        | •                                        |                          |
| San Diego       |                       | •                            |                                   | •                       |                         | •    | •     | •                      | •                    | •                 | •                                    | •     | •                      | •                                        |                          |
| San Francisco   |                       | •                            | •                                 |                         |                         | •    | •     |                        | •                    | •                 | •                                    | •     |                        | ■                                        |                          |
| San Joaquin     |                       | •                            | •                                 | •                       |                         | •    | •     |                        | •                    | •                 | •                                    | •     |                        | ■                                        |                          |
| San Luis Obispo |                       |                              | •                                 | •                       |                         | •    | •     |                        |                      |                   | •                                    | •     |                        | •                                        |                          |
| San Mateo       |                       |                              | •                                 |                         |                         | •    | •     |                        | •                    | •                 | •                                    | •     |                        | ■                                        |                          |
| Santa Barbara   |                       |                              | •                                 | •                       |                         | •    | •     |                        |                      |                   | •                                    | •     |                        |                                          |                          |
| Santa Clara     |                       | •                            | •                                 |                         |                         | •    | •     |                        | •                    | •                 | •                                    | •     |                        | ■                                        |                          |
| Santa Cruz      |                       | •                            | •                                 | •                       |                         | •    | •     |                        | •                    | •                 | •                                    | •     |                        | ■                                        |                          |
| Shasta          |                       |                              |                                   |                         |                         | •    |       |                        |                      |                   | •                                    | •     |                        |                                          |                          |
| Sierra          |                       |                              |                                   |                         | •                       | •    |       |                        |                      |                   | •                                    | •     |                        |                                          |                          |
| Siskiyou        |                       |                              |                                   |                         |                         | •    |       |                        |                      |                   | •                                    | •     |                        |                                          |                          |
| Solano          |                       |                              | •                                 |                         |                         | •    | •     |                        | •                    | •                 | •                                    | •     |                        | ■                                        | •                        |
| Sonoma          |                       |                              | •                                 |                         |                         | •    | •     |                        | •                    | •                 | •                                    | •     |                        | ■                                        | •                        |
| Stanislaus      |                       | •                            | •                                 | •                       |                         | •    | •     |                        |                      | •                 | •                                    | •     |                        | ■                                        |                          |
| Sutter          |                       |                              |                                   |                         |                         | •    |       |                        |                      | •                 | •                                    | •     |                        |                                          |                          |
| Tehama          |                       |                              |                                   |                         |                         | •    |       |                        |                      |                   | •                                    | •     |                        |                                          |                          |
| Trinity         |                       |                              |                                   |                         |                         | •    |       |                        |                      |                   | •                                    | •     |                        |                                          |                          |
| Tulare          |                       | •                            | •                                 | •                       |                         | •    | •     |                        | •                    | •                 | •                                    | •     |                        |                                          |                          |
| Tuolumne        |                       |                              |                                   |                         |                         | •    |       |                        |                      |                   | •                                    | •     |                        |                                          |                          |
| Ventura         |                       | •                            | •                                 | •                       |                         | •    | •     |                        |                      | •                 | •                                    | •     |                        | •                                        |                          |
| Yolo            |                       | •                            | •                                 | •                       |                         | •    | •     |                        |                      | •                 | •                                    | •     |                        | •                                        | •                        |
| Yuba            |                       |                              |                                   |                         |                         | •    |       |                        |                      | •                 | •                                    | •     |                        |                                          |                          |
| Out-of-State    |                       |                              |                                   |                         |                         |      |       |                        |                      | •                 | ▲                                    | •     |                        |                                          |                          |



## Health Plan Availability by County: Medicare Plans

Some health plans are available only in certain counties and/or ZIP Codes. Use the chart below to determine if the health plan you are considering provides services where you reside or work. Contact the plan before enrolling to make sure they cover your ZIP Code and that their provider network is accepting new patients in your area. You may

also use our online service, the *Health Plan Search by ZIP Code*, available at [www.calpers.ca.gov](http://www.calpers.ca.gov).

- Health plan covers all or part of county.
- ▲ Available out-of-state for PERS Choice and PERSCare, not available for PERS Select.

| County       | Anthem Medicare Preferred PPO | CAHP Medicare Supplement | CCPOA Medicare Supplement | Kaiser Permanente Senior Advantage | PERS Select, PERS Choice, & PERSCare Medicare Supplement | PORAC Medicare Supplement | UnitedHealthcare Group Medicare Advantage PPO |
|--------------|-------------------------------|--------------------------|---------------------------|------------------------------------|----------------------------------------------------------|---------------------------|-----------------------------------------------|
| Alameda      | ●                             | ●                        | ●                         | ●                                  | ●                                                        | ●                         | ●                                             |
| Alpine       |                               | ●                        |                           |                                    | ●                                                        | ●                         | ●                                             |
| Amador       |                               | ●                        |                           | ●                                  | ●                                                        | ●                         | ●                                             |
| Butte        | ●                             | ●                        | ●                         |                                    | ●                                                        | ●                         | ●                                             |
| Calaveras    |                               | ●                        |                           |                                    | ●                                                        | ●                         | ●                                             |
| Colusa       |                               | ●                        |                           |                                    | ●                                                        | ●                         | ●                                             |
| Contra Costa | ●                             | ●                        | ●                         | ●                                  | ●                                                        | ●                         | ●                                             |
| Del Norte    |                               | ●                        |                           |                                    | ●                                                        | ●                         | ●                                             |
| El Dorado    | ●                             | ●                        | ●                         | ●                                  | ●                                                        | ●                         | ●                                             |
| Fresno       | ●                             | ●                        | ●                         | ●                                  | ●                                                        | ●                         | ●                                             |
| Glenn        | ●                             | ●                        |                           |                                    | ●                                                        | ●                         | ●                                             |
| Humboldt     | ●                             | ●                        |                           |                                    | ●                                                        | ●                         | ●                                             |
| Imperial     | ●                             | ●                        | ●                         |                                    | ●                                                        | ●                         | ●                                             |
| Inyo         |                               | ●                        |                           |                                    | ●                                                        | ●                         | ●                                             |
| Kern         | ●                             | ●                        | ●                         | ●                                  | ●                                                        | ●                         | ●                                             |
| Kings        | ●                             | ●                        | ●                         | ●                                  | ●                                                        | ●                         | ●                                             |
| Lake         |                               | ●                        |                           |                                    | ●                                                        | ●                         | ●                                             |
| Lassen       |                               | ●                        |                           |                                    | ●                                                        | ●                         | ●                                             |
| Los Angeles  | ●                             | ●                        | ●                         | ●                                  | ●                                                        | ●                         | ●                                             |
| Madera       | ●                             | ●                        | ●                         | ●                                  | ●                                                        | ●                         | ●                                             |
| Marin        | ●                             | ●                        | ●                         | ●                                  | ●                                                        | ●                         | ●                                             |
| Mariposa     |                               | ●                        | ●                         | ●                                  | ●                                                        | ●                         | ●                                             |
| Mendocino    | ●                             | ●                        |                           |                                    | ●                                                        | ●                         | ●                                             |
| Merced       | ●                             | ●                        | ●                         |                                    | ●                                                        | ●                         | ●                                             |
| Modoc        |                               | ●                        |                           |                                    | ●                                                        | ●                         | ●                                             |
| Mono         |                               | ●                        |                           |                                    | ●                                                        | ●                         | ●                                             |
| Monterey     |                               | ●                        |                           |                                    | ●                                                        | ●                         | ●                                             |
| Napa         | ●                             | ●                        |                           | ●                                  | ●                                                        | ●                         | ●                                             |
| Nevada       | ●                             | ●                        | ●                         |                                    | ●                                                        | ●                         | ●                                             |
| Orange       | ●                             | ●                        | ●                         | ●                                  | ●                                                        | ●                         | ●                                             |



| County          | Anthem Medicare Preferred PPO | CAHP Medicare Supplement | CCPOA Medicare Supplement | Kaiser Permanente Senior Advantage | PERS Select, PERS Choice, & PERSCare Medicare Supplement | PORAC Medicare Supplement | UnitedHealthcare Group Medicare Advantage PPO |
|-----------------|-------------------------------|--------------------------|---------------------------|------------------------------------|----------------------------------------------------------|---------------------------|-----------------------------------------------|
| Placer          | •                             | •                        | •                         | •                                  | •                                                        | •                         | •                                             |
| Plumas          |                               | •                        |                           |                                    | •                                                        | •                         | •                                             |
| Riverside       | •                             | •                        | •                         | •                                  | •                                                        | •                         | •                                             |
| Sacramento      | •                             | •                        | •                         | •                                  | •                                                        | •                         | •                                             |
| San Benito      | •                             | •                        |                           |                                    | •                                                        | •                         | •                                             |
| San Bernardino  | •                             | •                        | •                         | •                                  | •                                                        | •                         | •                                             |
| San Diego       |                               | •                        | •                         | •                                  | •                                                        | •                         | •                                             |
| San Francisco   | •                             | •                        | •                         | •                                  | •                                                        | •                         | •                                             |
| San Joaquin     | •                             | •                        | •                         | •                                  | •                                                        | •                         | •                                             |
| San Luis Obispo | •                             | •                        | •                         |                                    | •                                                        | •                         | •                                             |
| San Mateo       | •                             | •                        | •                         | •                                  | •                                                        | •                         | •                                             |
| Santa Barbara   | •                             | •                        | •                         |                                    | •                                                        | •                         | •                                             |
| Santa Clara     | •                             | •                        | •                         | •                                  | •                                                        | •                         | •                                             |
| Santa Cruz      | •                             | •                        | •                         |                                    | •                                                        | •                         | •                                             |
| Shasta          |                               | •                        |                           |                                    | •                                                        | •                         | •                                             |
| Sierra          |                               | •                        |                           |                                    | •                                                        | •                         | •                                             |
| Siskiyou        |                               | •                        |                           |                                    | •                                                        | •                         | •                                             |
| Solano          | •                             | •                        | •                         | •                                  | •                                                        | •                         | •                                             |
| Sonoma          | •                             | •                        | •                         | •                                  | •                                                        | •                         | •                                             |
| Stanislaus      | •                             | •                        | •                         | •                                  | •                                                        | •                         | •                                             |
| Sutter          |                               | •                        |                           | •                                  | •                                                        | •                         | •                                             |
| Tehama          |                               | •                        |                           |                                    | •                                                        | •                         | •                                             |
| Trinity         |                               | •                        |                           |                                    | •                                                        | •                         | •                                             |
| Tulare          | •                             | •                        | •                         | •                                  | •                                                        | •                         | •                                             |
| Tuolumne        |                               | •                        |                           |                                    | •                                                        | •                         | •                                             |
| Ventura         | •                             | •                        | •                         | •                                  | •                                                        | •                         | •                                             |
| Yolo            | •                             | •                        | •                         | •                                  | •                                                        | •                         | •                                             |
| Yuba            |                               | •                        |                           | •                                  | •                                                        | •                         | •                                             |
| Out-of-State    |                               | •                        |                           | •                                  | ▲                                                        | •                         | •                                             |



# Tools to Help You Choose Your Health Plan

This section provides a variety of information that can help you evaluate your health plan choices. Included here are details about using your my|CalPERS account, the *Find a Medical Plan* tool, and the *Health Plan Choice Worksheet*.

## Accessing Health Plan Information with my|CalPERS

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You can use my|CalPERS at [my.calpers.ca.gov](http://my.calpers.ca.gov), our secure, personalized website, to get one-stop access to all of your current health plan information, including details about which family members are enrolled. You can also use it to search for other health plans that are available in your area, compare health plans, access CalPERS Health Program

forms, and find additional information about CalPERS health plans. If you are a retiree, CalPERS is your Health Benefits Officer. Retirees may change their health plan during Open Enrollment by calling CalPERS toll free at 888 CalPERS (or 888-225-7377) or by using your my|CalPERS account.

## my|CalPERS Health Plan Comparison Feature

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### Health Plan Resources

Choosing a health plan that's right for you is unique for every person or family. my|CalPERS includes additional resources to help you choose a health plan. These resources provide access to more detailed health benefit information that can help you when selecting what is most important to you in determining the plan that best fits your needs.

### Evaluate Plan Features

Available health plans for you will be displayed based on the physical or mailing health eligibility ZIP Code in our system.

Create a customized plan search where you'll be able to review:

- Monthly premiums for each plan available to you
- Side-by-side comparisons of covered benefits, deductibles, and co-payments

### Save Your Searches

Save as many as ten comparison scenarios with ability to review, rename, or delete at a later date.

Log in to your my|CalPERS account at [my.calpers.ca.gov](http://my.calpers.ca.gov) and select the "Health" tab and then select "Find a Medical Plan" to see what's available to you. To speak with someone at CalPERS about your health plan choices, call 888 CalPERS (or 888-225-7377).



## Comparing Your Options: Find a Medical Plan

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Access your my|CalPERS account for a convenient way to evaluate your health plan options and make a decision about which plan is best for you and your family. With this easy-to-use health plan comparison tool, you can weigh plan benefits and costs, and view how the plans compare.

You can access your account 24/7 to help you make health plan decisions at any time. You can use it to:

- Review health plan options during Open Enrollment.
- Evaluate your health plan options and estimate costs.
- Review a health plan option when your employer first begins offering the CalPERS Health Benefits Program.

- Review health plan options due to changes in your marital status or enrollment area.
- Explore health plan options because you are planning for retirement or have become Medicare eligible.

Be sure to tell us what you think about your my|CalPERS plan search experience by completing a survey at the end of your research.

Get customized assistance selecting the health plan that is right for you and your family by logging into your my|CalPERS account at [my.calpers.ca.gov](http://my.calpers.ca.gov), selecting the "Health" tab and then selecting "Find a Medical Plan."

## Comparing Your Options: Health Plan Choice Worksheet

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An alternative tool we provide to help you choose the best plan for yourself and your family is the *Health Plan Choice Worksheet*, which you can find on page 12 of this booklet. This worksheet can be used to compare factors such as cost, availability, benefits, and quality of care measures. Simply follow the steps listed in the left column of the

Worksheet. Several questions can be answered with a simple "yes" or "no," while others will require you to insert information or call the health plan. Some of the information can be found on the CalPERS website at [www.calpers.ca.gov](http://www.calpers.ca.gov). If you need assistance completing the form, contact CalPERS at 888 CalPERS (or 888-225-7377).



## Health Plan Choice Worksheet

| Plan name and phone numbers:                                                                                                                                                                                                                                                                        |     |     |     |                          |     |     |     |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|--------------------------|-----|-----|-----|--------------------------|
| Select the type of plan: (circle choice)                                                                                                                                                                                                                                                            | HMO | PPO | EPO | Assoc. Plan <sup>1</sup> | HMO | PPO | EPO | Assoc. Plan <sup>1</sup> |
| <b>Step 1 — Cost</b>                                                                                                                                                                                                                                                                                |     |     |     |                          |     |     |     |                          |
| <b>Calculate your monthly cost.</b><br>Enter the monthly premium (see current year's rate schedule). Premium amounts will vary based on 1-party/2-party/family and Basic/Medicare.                                                                                                                  |     |     |     |                          |     |     |     |                          |
| <b>Enter your employer's contribution.</b><br>For contribution amounts, active members should contact their employer; retired members should contact CalPERS.                                                                                                                                       |     |     |     |                          |     |     |     |                          |
| <b>Calculate your cost.</b><br>Subtract your employer's contribution from the monthly premium. If the total is \$0 or less, your cost is \$0.                                                                                                                                                       |     |     |     |                          |     |     |     |                          |
| <b>Step 2 — Availability</b>                                                                                                                                                                                                                                                                        |     |     |     |                          |     |     |     |                          |
| <b>Search available plans online.</b><br>Use our online service, the Health Plan Search by Zip Code, at <a href="http://www.calpers.ca.gov">www.calpers.ca.gov</a> to find out if the plan is available in your residential or work ZIP Code. You may also call the plan's customer service center. |     |     |     |                          |     |     |     |                          |
| <b>Call the doctor's office.</b><br>Confirm that they contract with the plan and are accepting new patients. Ask what specialists are available and the hospitals with which they are affiliated.                                                                                                   |     |     |     |                          |     |     |     |                          |
| <b>Step 3 — Comparisons</b>                                                                                                                                                                                                                                                                         |     |     |     |                          |     |     |     |                          |
| <b>How does the plan rate in quality of care measures?</b><br>See page 15 to find out.                                                                                                                                                                                                              |     |     |     |                          |     |     |     |                          |
| <b>Compare the benefits.</b><br>See pages 16–31. CalPERS plans offer a standard package of benefits, but there are some differences: acupuncture, chiropractic, etc.                                                                                                                                |     |     |     |                          |     |     |     |                          |
| <b>Step 4 — Other</b>                                                                                                                                                                                                                                                                               |     |     |     |                          |     |     |     |                          |
| <b>Other considerations:</b><br>Does the plan offer health education? Do you or your family have special medical needs? What services are available when you travel? Are the provider locations convenient?                                                                                         |     |     |     |                          |     |     |     |                          |
| <b>What changes are you planning in the upcoming year</b> (e.g., retirement, transfer, move, etc.)?                                                                                                                                                                                                 |     |     |     |                          |     |     |     |                          |
| <b>Other information</b>                                                                                                                                                                                                                                                                            |     |     |     |                          |     |     |     |                          |
| <b>Compare and select a plan.</b>                                                                                                                                                                                                                                                                   |     |     |     |                          |     |     |     |                          |

<sup>1</sup> You must belong to the specific employee association and pay applicable dues to enroll in the Association Plans.



## CalPERS Health Plan Member Survey Results

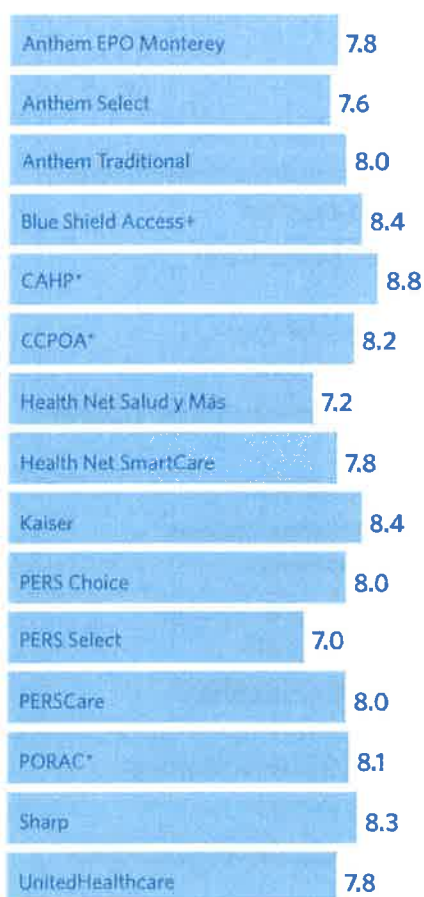
CalPERS conducts an annual Health Plan Member Survey to assess members' experience with their health plan during the previous 12-month period. We use a modified version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey, a standard tool for measuring health plans. CalPERS evaluates the survey results to compare satisfaction ratings across health plans and over time. The results below reflect member health plan satisfaction during the 2017 year.

Member ratings offer another tool to help you choose a plan that is right for you. Please note that your experience may differ depending on your needs, behavior, and expectations, as well as your provider and treatment choices.

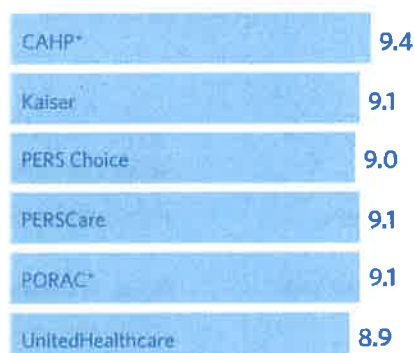
### Member Rating of Health Plans

Members were asked to rate their health plan on a 10-point scale with 10 being most satisfied. The following charts show the average rating by plan respondents in eligible Basic and Medicare health plans.

#### 2017 Basic Plan Ratings



#### 2017 Medicare Plan Ratings



\* Association Plans (CCPOA, CAHP, and PORAC) are available only to members who belong to the applicable association.

The CalPERS Health Benefits Program Annual Report displays additional member satisfaction scores including specialist and primary care physician, access to care, and other valuable information about the Health Program. To view the report visit CalPERS online at [www.calpers.ca.gov](http://www.calpers.ca.gov).



# Additional Resources

As a health care consumer, you have access to many resources, services, and tools that can help you find the right health plan, doctor, medical group, and hospital for yourself and your family.

## Health Plan Directory

Following is contact information for the health plans. Contact your health plan with questions about: ID cards; verification of provider participation; service area boundaries (covered ZIP Codes); benefits, deductibles, limitations, exclusions; and *Evidence of Coverage* booklets.

### Anthem Blue Cross<sup>2</sup> HMO & EPO

(855) 839-4524

[www.anthem.com/ca/calpers](http://www.anthem.com/ca/calpers)

### Anthem Medicare Preferred<sup>2</sup> PPO

(855) 251-8825

[www.anthem.com/ca/calpers](http://www.anthem.com/ca/calpers)

### Blue Shield of California

(800) 334-5847

[www.blueshieldca.com/calpers](http://www.blueshieldca.com/calpers)

### California Association of Highway Patrolmen (CAHP)

(800) 734-2247

[www.theca hp.org](http://www.theca hp.org)

### California Correctional Peace Officers Association (CCPOA)

Medical Plan

(800) 257-6213

[www.ccpoabt f.org](http://www.ccpoabt f.org)

### Health Net of California<sup>1</sup>

(888) 926-4921

[www.healthnet.com/calpers](http://www.healthnet.com/calpers)

### Kaiser Permanente

(800) 464-4000

[www.kp.org/calpers](http://www.kp.org/calpers)

### OptumRx

Pharmacy Benefit Manager

Active Member Services

(855) 505-8110

Medicare Member Services

(855) 505-8106

[www.optumrx.com/calpers](http://www.optumrx.com/calpers)

### PERS Select,<sup>2</sup> PERS Choice,<sup>2</sup>

PERSCare<sup>2</sup>

Administered by Anthem Blue Cross

(877) 737-7776

[www.anthem.com/ca/calpers](http://www.anthem.com/ca/calpers)

Supplement to Medicare

(877) 737-7776

### Peace Officers Research

Association of California (PORAC)

(800) 288-6928

<http://ibtofporac.org>

### Sharp Health Plan<sup>1</sup>

(855) 995-5004

[www.sharphealthplan.com/calpers](http://www.sharphealthplan.com/calpers)

### UnitedHealthcare<sup>1</sup>

Active Member Services

(877) 359-3714

Retiree Member Services

(888) 867-5581

[www.uhc.com/calpers](http://www.uhc.com/calpers)

### Western Health Advantage<sup>1</sup>

(888) 942-7377

[www.westernhealth.com/calpers](http://www.westernhealth.com/calpers)

<sup>1</sup> Pharmacy benefits administered by OptumRx for the Basic plan only.

<sup>2</sup> Pharmacy benefits administered by OptumRx for both Basic and Medicare plans.



## Obtaining Health Care Quality Information

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Following is a list of resources you can use to evaluate and select a doctor and hospital.

### Hospitals

#### CalQualityCare

[www.CalQualityCare.org](http://www.CalQualityCare.org)

From hospitals to home care, CalQualityCare.org makes it easy to find providers and compare the quality of health care in California.

#### U.S. Department of Health and Human Services

[www.medicare.gov/hospitalcompare](http://www.medicare.gov/hospitalcompare)

Hospital Compare has information about the quality of care at over 4,000 Medicare-certified hospitals across the country.

#### The Leapfrog Group

[www.leapfroggroup.org](http://www.leapfroggroup.org)

This is a coalition of health purchasers who have found that hospitals meeting certain standards have better care results.

### Doctors and Medical Groups

#### Medical Board of California

[www.mbc.ca.gov](http://www.mbc.ca.gov)

This is the California State agency that licenses medical doctors, investigates complaints, disciplines those who violate the law, conducts physician evaluations, and facilitates rehabilitation where appropriate.

#### Have you done a checkup on your doctor's license?

The Medical Board of California encourages consumers to check up on their doctor's license. Such a checkup is simple and helps you make an informed choice when choosing a doctor. To determine a doctor's status, go to the Medical Board's website at [www.mbc.ca.gov](http://www.mbc.ca.gov) or if you do not have a computer, call (800) 633-2322 and Medical Board staff will look up the doctor for you.

#### Office of the Patient Advocate

[www.opa.ca.gov](http://www.opa.ca.gov)

This website includes a State of California-sponsored "Report Card" that contains additional clinical and member experience data on HMOs, PPOs and medical groups in California.

### Benefit Comparison Charts

The benefit comparison charts on pages 16–31 summarize the benefit information for each health plan. For more details, see each plan's *Evidence of Coverage (EOC)* booklet.



# CalPERS Health Plan Benefit Comparison— Basic Plans

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

| BENEFITS                                                                 | EPO & HMO Basic Plans                                     |                                             |                                          |                   |                        |                                          |                          |                              |
|--------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------|------------------------------------------|-------------------|------------------------|------------------------------------------|--------------------------|------------------------------|
|                                                                          | Anthem Blue Cross<br>EPO<br>Select HMO<br>Traditional HMO | Blue Shield<br>Access+ HMO &<br>Access+ EPO | Health Net<br>Salud y Más &<br>SmartCare | Kaiser Permanente | Sharp Performance Plus | UnitedHealthcare SignatureValue Alliance | CCPOA (Association Plan) | Western Health Advantage HMO |
| <b>Calendar Year Deductible</b>                                          |                                                           |                                             |                                          |                   |                        |                                          |                          |                              |
| Individual                                                               | N/A                                                       | N/A                                         | N/A                                      | N/A               | N/A                    | N/A                                      | N/A                      | N/A                          |
| Family                                                                   | N/A                                                       | N/A                                         | N/A                                      | N/A               | N/A                    | N/A                                      | N/A                      | N/A                          |
| <b>Maximum Calendar Year Co-pay or Co-insurance (excluding pharmacy)</b> |                                                           |                                             |                                          |                   |                        |                                          |                          |                              |
| Individual                                                               | \$1,500 (co-pay)                                          | \$1,500 (co-pay)                            | \$1,500 (co-pay)                         | \$1,500 (co-pay)  | \$1,500 (co-pay)       | \$1,500 (co-pay)                         | \$1,500 (co-pay)         | \$1,500 (co-pay)             |
| Family                                                                   | \$3,000 (co-pay)                                          | \$3,000 (co-pay)                            | \$3,000 (co-pay)                         | \$3,000 (co-pay)  | \$3,000 (co-pay)       | \$3,000 (co-pay)                         | \$4,500 (co-pay)         | \$3,000 (co-pay)             |
| <b>Hospital (including Mental Health and Substance Abuse)</b>            |                                                           |                                             |                                          |                   |                        |                                          |                          |                              |
| Deductible (per admission)                                               | N/A                                                       | N/A                                         | N/A                                      | N/A               | N/A                    | N/A                                      | N/A                      | N/A                          |
| Inpatient                                                                | No Charge                                                 | No Charge                                   | No Charge                                | No Charge         | No Charge              | No Charge                                | \$100/admission          | No Charge                    |
| Outpatient Facility/<br>Surgery Services                                 | No Charge                                                 | No Charge                                   | No Charge                                | \$15              | No Charge              | No Charge                                | \$50                     | No Charge                    |



| BENEFITS                                                          | PPO Basic Plans                                          |         |                                             |         |                                             |         |                            |         |                             |         |
|-------------------------------------------------------------------|----------------------------------------------------------|---------|---------------------------------------------|---------|---------------------------------------------|---------|----------------------------|---------|-----------------------------|---------|
|                                                                   | PERS Select                                              |         | PERS Choice                                 |         | PERSCare                                    |         | CAHP<br>(Association Plan) |         | PORAC<br>(Association Plan) |         |
|                                                                   | PPO                                                      | Non-PPO | PPO                                         | Non-PPO | PPO                                         | Non-PPO | PPO                        | Non-PPO | PPO                         | Non-PPO |
| Calendar Year Deductible                                          |                                                          |         |                                             |         |                                             |         |                            |         |                             |         |
| Individual                                                        | \$1,000 <sup>1</sup><br>(not transferable between plans) |         | \$500<br>(not transferable between plans)   |         | \$500<br>(not transferable between plans)   |         | N/A                        |         | \$300                       | \$600   |
| Family                                                            | \$2,000 <sup>1</sup><br>(not transferable between plans) |         | \$1,000<br>(not transferable between plans) |         | \$1,000<br>(not transferable between plans) |         | N/A                        |         | \$900                       | \$1,800 |
| Maximum Calendar Year Co-pay or Co-insurance (excluding pharmacy) |                                                          |         |                                             |         |                                             |         |                            |         |                             |         |
| Individual                                                        | \$3,000<br>(co-insurance)                                | N/A     | \$3,000<br>(co-insurance)                   | N/A     | \$2,000<br>(co-insurance)                   | N/A     | \$2,000<br>(co-insurance)  | N/A     | \$3,000                     | N/A     |
| Family                                                            | \$6,000<br>(co-insurance)                                | N/A     | \$6,000<br>(co-insurance)                   | N/A     | \$4,000<br>(co-insurance)                   | N/A     | \$4,000<br>(co-insurance)  | N/A     | \$6,000                     | N/A     |
| Hospital (including Mental Health and Substance Abuse)            |                                                          |         |                                             |         |                                             |         |                            |         |                             |         |
| Deductible<br>(per admission)                                     | N/A                                                      |         | N/A                                         |         | \$250                                       |         | N/A                        |         | N/A                         |         |
| Inpatient                                                         | 20% <sup>2</sup>                                         | 40%     | 20%                                         | 40%     | 10%                                         | 40%     | 10%                        | Varies  | 10%                         |         |
| Outpatient Facility/<br>Surgery Services                          | 20% <sup>2</sup>                                         | 40%     | 20%                                         | 40%     | 10%                                         | 40%     | 10%                        | 40%     | 10%                         |         |

<sup>1</sup> Incentives available to reduce individual deductible (max. \$500) or family deductible (max. \$1,000) include: getting a biometric screening (\$100 credit); receiving a flu shot (\$100 credit); getting a non-smoking certification (\$100 credit); getting a virtual second opinion (\$100 credit); and getting a condition care certification (\$100 credit).

<sup>2</sup> Coinsurance waived for deliveries if enrolled in Future Moms Program.



## CalPERS Health Plan Benefit Comparison—Basic Plans, Continued

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

| BENEFITS                                                                                      | EPO & HMO Basic Plans                                     |                                             |                                          |                   |                        |                                          |                          |                              |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------|------------------------------------------|-------------------|------------------------|------------------------------------------|--------------------------|------------------------------|
|                                                                                               | Anthem Blue Cross<br>EPO<br>Select HMO<br>Traditional HMO | Blue Shield<br>Access+ HMO &<br>Access+ EPO | Health Net<br>Salud y Más &<br>SmartCare | Kaiser Permanente | Sharp Performance Plus | UnitedHealthcare SignatureValue Alliance | CCPOA (Association Plan) | Western Health Advantage HMO |
| <b>Emergency Services</b>                                                                     |                                                           |                                             |                                          |                   |                        |                                          |                          |                              |
| Emergency Room Deductible                                                                     | N/A                                                       | N/A                                         | N/A                                      | N/A               | N/A                    | N/A                                      | N/A                      | N/A                          |
| Emergency (co-pay waived if admitted as an inpatient or for observation as an outpatient)     | \$50                                                      | \$50                                        | \$50                                     | \$50              | \$50                   | \$50                                     | \$75                     | \$50                         |
| Non-Emergency (co-pay waived if admitted as an inpatient or for observation as an outpatient) | \$50                                                      | \$50                                        | \$50                                     | \$50              | \$50                   | \$50                                     | \$75                     | \$50                         |
| <b>Physician Services (including Mental Health and Substance Abuse)</b>                       |                                                           |                                             |                                          |                   |                        |                                          |                          |                              |
| Office Visits (co-pay for each service provided)                                              | \$15                                                      | \$15                                        | \$15                                     | \$15              | \$15                   | \$15                                     | \$15                     | \$15                         |
| Inpatient Visits                                                                              | No Charge                                                 | No Charge                                   | No Charge                                | No Charge         | No Charge              | No Charge                                | No Charge                | No Charge                    |
| Outpatient Visits                                                                             | \$15                                                      | \$15                                        | \$15                                     | \$15              | \$15                   | \$15                                     | \$15                     | \$15                         |
| Urgent Care Visits                                                                            | \$15                                                      | \$15                                        | \$15                                     | \$15              | \$15                   | \$15                                     | \$15                     | \$15                         |
| Preventive Services                                                                           | No Charge                                                 | No Charge                                   | No Charge                                | No Charge         | No Charge              | No Charge                                | No Charge                | No Charge                    |
| Surgery/Anesthesia                                                                            | No Charge                                                 | No Charge                                   | No Charge                                | No Charge         | No Charge              | No Charge                                | No Charge                | No Charge                    |
| <b>Diagnostic X-Ray/Lab</b>                                                                   |                                                           |                                             |                                          |                   |                        |                                          |                          |                              |
|                                                                                               | No Charge                                                 | No Charge                                   | No Charge                                | No Charge         | No Charge              | No Charge                                | No Charge                | No Charge                    |



|                                                                  | PPO Basic Plans                                                                            |         |                                                                                            |         |                                                                                            |         |                                                                        |          |                                                                         |         |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------|----------|-------------------------------------------------------------------------|---------|
| BENEFITS                                                         | PERS Select                                                                                |         | PERS Choice                                                                                |         | PERSCare                                                                                   |         | CAHP<br>(Association Plan)                                             |          | PORAC<br>(Association Plan)                                             |         |
|                                                                  | PPO                                                                                        | Non-PPO | PPO                                                                                        | Non-PPO | PPO                                                                                        | Non-PPO | PPO                                                                    | Non-PPO  | PPO                                                                     | Non-PPO |
| Emergency Services                                               |                                                                                            |         |                                                                                            |         |                                                                                            |         |                                                                        |          |                                                                         |         |
| Emergency Room Deductible                                        | \$50<br>(applies to hospital emergency room charges only)                                  |         | \$50<br>(applies to hospital emergency room charges only)                                  |         | \$50<br>(applies to hospital emergency room charges only)                                  |         | \$50<br>(co-pay reduced to \$25 if admitted on an inpatient basis)     |          | N/A                                                                     |         |
| Emergency                                                        | 20%<br>(applies to other services such as physician, x-ray, lab, etc.)                     |         | 20%<br>(applies to other services such as physician, x-ray, lab, etc.)                     |         | 10%<br>(applies to other services such as physician, x-ray, lab, etc.)                     |         | 10%<br>(applies to other services such as physician, x-ray, lab, etc.) |          | 10%                                                                     |         |
| Non-Emergency                                                    | 20%<br>(payment for physician charges only; emergency room facility charge is not covered) | 40%     | 20%<br>(payment for physician charges only; emergency room facility charge is not covered) | 40%     | 10%<br>(payment for physician charges only; emergency room facility charge is not covered) | 40%     | \$50+10%<br>(co-pay reduced to \$25 if admitted on an inpatient basis) | \$50+40% | 50%<br>(for non-emergency services provided by hospital emergency room) |         |
| Physician Services (including Mental Health and Substance Abuse) |                                                                                            |         |                                                                                            |         |                                                                                            |         |                                                                        |          |                                                                         |         |
| Office Visits (co-pay for each service provided)                 | \$35 <sup>1, 2</sup>                                                                       | 40%     | \$20 <sup>2</sup>                                                                          | 40%     | \$20 <sup>2</sup>                                                                          | 40%     | \$15                                                                   | 40%      | \$20                                                                    | 10%     |
| Inpatient Visits                                                 | 20%                                                                                        | 40%     | 20%                                                                                        | 40%     | 10%                                                                                        | 40%     | 10%                                                                    | 40%      | 10%                                                                     | 10%     |
| Outpatient Visits                                                | \$20                                                                                       | 40%     | \$20                                                                                       | 40%     | \$20                                                                                       | 40%     | 10%                                                                    | 40%      | 10%                                                                     | 10%     |
| Urgent Care Visits                                               | \$35                                                                                       | 40%     | \$35                                                                                       | 40%     | \$35                                                                                       | 40%     | \$15                                                                   | 40%      | 10%                                                                     | 10%     |
| Preventive Services                                              | No Charge                                                                                  | 40%     | No Charge                                                                                  | 40%     | No Charge                                                                                  | 40%     | No Charge                                                              | 40%      | No Charge                                                               |         |
| Surgery/Anesthesia                                               | 20%                                                                                        | 40%     | 20%                                                                                        | 40%     | 10%                                                                                        | 40%     | 10%                                                                    | 40%      | 10%                                                                     | 10%     |
| Diagnostic X-Ray/Lab                                             |                                                                                            |         |                                                                                            |         |                                                                                            |         |                                                                        |          |                                                                         |         |
|                                                                  | 20%                                                                                        | 40%     | 20%                                                                                        | 40%     | 10%                                                                                        | 40%     | 10%                                                                    | 40%      | 10%                                                                     | 10%     |

<sup>1</sup> Reduced to \$10 if enrolled with personal doctor.<sup>2</sup> \$35 for specialist visit.



## CalPERS Health Plan Benefit Comparison—Basic Plans, *Continued*

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

| BENEFITS                                                                                                                                              | EPO & HMO Basic Plans                                             |                                                                   |                                                                   |                                                  |                                                                   |                                                                   |                                                     |                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------|
|                                                                                                                                                       | Anthem Blue Cross                                                 | Blue Shield                                                       | Health Net                                                        | Kaiser Permanente                                | Sharp Performance Plus                                            | UnitedHealthcare SignatureValue Alliance                          | CCPOA (Association Plan)                            | Western Health Advantage HMO                                      |
|                                                                                                                                                       | EPO<br>Select HMO<br>Traditional HMO                              | Access+ HMO &<br>Access+ EPO                                      | Salud y Más &<br>SmartCare                                        |                                                  |                                                                   |                                                                   |                                                     |                                                                   |
| <b>Prescription Drugs</b>                                                                                                                             |                                                                   |                                                                   |                                                                   |                                                  |                                                                   |                                                                   |                                                     |                                                                   |
| Deductible                                                                                                                                            | N/A                                                               | N/A                                                               | N/A                                                               | N/A                                              | N/A                                                               | N/A                                                               | Tier 2, 3, and 4: \$50 (not to exceed \$150/family) | N/A                                                               |
| Retail Pharmacy (not to exceed 30 day supply)                                                                                                         | Generic: \$5<br>Brand<br>Formulary: \$20<br>Non-Formulary: \$50   | Generic: \$5<br>Brand<br>Formulary: \$20<br>Non-Formulary: \$50   | Generic: \$5<br>Brand<br>Formulary: \$20<br>Non-Formulary: \$50   | Generic: \$5<br>Brand: \$20                      | Generic: \$5<br>Brand<br>Formulary: \$20<br>Non-Formulary: \$50   | Generic: \$5<br>Brand<br>Formulary: \$20<br>Non-Formulary: \$50   | Tier 1: \$10<br>Tier 2: \$25<br>Tier 3 and 4: \$50  | Generic: \$5<br>Brand<br>Formulary: \$20<br>Non-Formulary: \$50   |
| Retail Pharmacy Maintenance Medications filled after 2 <sup>nd</sup> fill (i.e. a medication taken longer than 60 days) (not to exceed 30-day supply) | Generic: \$10<br>Brand<br>Formulary: \$40<br>Non-Formulary: \$100 | Generic: \$10<br>Brand<br>Formulary: \$40<br>Non-Formulary: \$100 | Generic: \$10<br>Brand<br>Formulary: \$40<br>Non-Formulary: \$100 | N/A                                              | Generic: \$10<br>Brand<br>Formulary: \$40<br>Non-Formulary: \$100 | Generic: \$10<br>Brand<br>Formulary: \$40<br>Non-Formulary: \$100 | Tier 1: \$10<br>Tier 2: \$25<br>Tier 3 and 4: \$50  | Generic: \$10<br>Brand<br>Formulary: \$40<br>Non-Formulary: \$100 |
| Mail Order Pharmacy Program (not to exceed 90-day supply for maintenance drugs)                                                                       | Generic: \$10<br>Brand<br>Formulary: \$40<br>Non-Formulary: \$100 | Generic: \$10<br>Brand<br>Formulary: \$40<br>Non-Formulary: \$100 | Generic: \$10<br>Brand<br>Formulary: \$40<br>Non-Formulary: \$100 | Generic: \$10<br>Brand: \$40 (31-100 day supply) | Generic: \$10<br>Brand<br>Formulary: \$40<br>Non-Formulary: \$100 | Generic: \$10<br>Brand<br>Formulary: \$40<br>Non-Formulary: \$100 | Tier 1: \$20<br>Tier 2: \$50<br>Tier 3 and 4: \$100 | Generic: \$10<br>Brand<br>Formulary: \$40<br>Non-Formulary: \$100 |
| Mail order maximum co-payment per person per calendar year                                                                                            | \$1,000                                                           | \$1,000                                                           | \$1,000                                                           | N/A                                              | \$1,000                                                           | \$1,000                                                           | N/A                                                 | \$1,000                                                           |
| <b>Durable Medical Equipment</b>                                                                                                                      |                                                                   |                                                                   |                                                                   |                                                  |                                                                   |                                                                   |                                                     |                                                                   |
|                                                                                                                                                       | No Charge                                                         | No Charge                                                         | No Charge                                                         | No Charge                                        | No Charge                                                         | No Charge                                                         | No Charge                                           | No Charge                                                         |



|                                                                                                                                                                                    | PPO Basic Plans                                          |         |                                                          |         |                                                                                              |         |                                                                                                                                        |         |                                                                                 |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------|----------------------------------------------------------|---------|----------------------------------------------------------------------------------------------|---------|----------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------------------------------|---------|
| BENEFITS                                                                                                                                                                           | PERS Select                                              |         | PERS Choice                                              |         | PERSCare                                                                                     |         | CAHP<br><i>(Association Plan)</i>                                                                                                      |         | PORAC<br><i>(Association Plan)</i>                                              |         |
|                                                                                                                                                                                    | PPO                                                      | Non-PPO | PPO                                                      | Non-PPO | PPO                                                                                          | Non-PPO | PPO                                                                                                                                    | Non-PPO | PPO                                                                             | Non-PPO |
| Prescription Drugs                                                                                                                                                                 |                                                          |         |                                                          |         |                                                                                              |         |                                                                                                                                        |         |                                                                                 |         |
| Deductible                                                                                                                                                                         | N/A                                                      |         | N/A                                                      |         | N/A                                                                                          |         | N/A                                                                                                                                    |         | N/A                                                                             |         |
| Retail Pharmacy<br>(not to exceed<br>30-day supply)                                                                                                                                | Generic: \$5<br>Preferred: \$20<br>Non-Preferred: \$50   |         | Generic: \$5<br>Preferred: \$20<br>Non-Preferred: \$50   |         | Generic: \$5<br>Preferred: \$20<br>Non-Preferred: \$50<br>(not to exceed<br>30-day supply)   |         | Generic: \$6<br>Single Source: \$25<br>Multi Source: \$35<br>(the difference in cost<br>between brand name and<br>generic equivalent)  |         | Generic: \$10<br>Brand Formulary: \$25<br>Non-Formulary: \$45<br>Compound: \$45 |         |
| Retail Pharmacy<br>Maintenance<br>Medications<br>filled after 2 <sup>nd</sup> fill<br><i>(i.e. a medication taken<br/>longer than 60 days)</i><br>(not to exceed<br>30-day supply) | Generic: \$10<br>Preferred: \$40<br>Non-Preferred: \$100 |         | Generic: \$10<br>Preferred: \$40<br>Non-Preferred: \$100 |         | Generic: \$10<br>Preferred: \$40<br>Non-Preferred: \$100<br>(not to exceed<br>30-day supply) |         | Generic: \$12<br>Single Source: \$50<br>Multi Source: \$35<br>(the difference in cost<br>between brand name and<br>generic equivalent) |         | N/A                                                                             |         |
| Mail Order Pharmacy<br>Program (not to exceed<br>90-day supply for<br>maintenance drugs)                                                                                           | Generic: \$10<br>Preferred: \$40<br>Non-Preferred: \$100 |         | Generic: \$10<br>Preferred: \$40<br>Non-Preferred: \$100 |         | Generic: \$10<br>Preferred: \$40<br>Non-Preferred: \$100                                     |         | Generic: \$12<br>Single Source: \$50<br>Multi Source: \$35<br>(the difference in cost<br>between brand name and<br>generic equivalent) |         | Generic: \$20<br>Brand<br>Formulary:<br>\$40<br>Non-<br>Formulary:<br>\$75      | N/A     |
| Mail order maximum<br>co-payment per person<br>per calendar year                                                                                                                   | \$1,000                                                  |         | \$1,000                                                  |         | \$1,000                                                                                      |         | N/A                                                                                                                                    |         | N/A                                                                             |         |
| Durable Medical Equipment                                                                                                                                                          |                                                          |         |                                                          |         |                                                                                              |         |                                                                                                                                        |         |                                                                                 |         |
|                                                                                                                                                                                    | 20%                                                      | 40%     | 20%                                                      | 40%     | 10%                                                                                          | 40%     |                                                                                                                                        |         |                                                                                 |         |
|                                                                                                                                                                                    | (pre-certification<br>required for equipment)            |         | (pre-certification<br>required for equipment)            |         | (pre-certification<br>required for equipment<br>\$1,000 or more)                             |         | 10%                                                                                                                                    | 40%     | 20%                                                                             | 20%     |



## CalPERS Health Plan Benefit Comparison—Basic Plans, Continued

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

| BENEFITS                                         | EPO & HMO Basic Plans                                                       |                                                                             |                                                                             |                                                                             |                                                                             |                                                                             |                                                                                     |                                                                             |
|--------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
|                                                  | Anthem Blue Cross                                                           | Blue Shield                                                                 | Health Net                                                                  | Kaiser Permanente                                                           | Sharp Performance Plus                                                      | UnitedHealthcare SignatureValue Alliance                                    | CCPOA (Association Plan)                                                            | Western Health Advantage HMO                                                |
|                                                  | EPO<br>Select HMO<br>Traditional HMO                                        | Access+ HMO &<br>Access+ EPO                                                | Salud y Más &<br>SmartCare                                                  |                                                                             |                                                                             |                                                                             |                                                                                     |                                                                             |
| <b>Infertility Testing/Treatment</b>             |                                                                             |                                                                             |                                                                             |                                                                             |                                                                             |                                                                             |                                                                                     |                                                                             |
|                                                  | 50% of Covered Charges                                                      | 50% of Covered Charges                                                      | 50% of Covered Charges                                                      | 50% of Covered Charges                                                      | 50% of Covered Charges                                                      | 50% of Covered Charges                                                      | 50% of Allowed Charges                                                              | 50% of Covered Charges                                                      |
| <b>Occupational / Physical / Speech Therapy</b>  |                                                                             |                                                                             |                                                                             |                                                                             |                                                                             |                                                                             |                                                                                     |                                                                             |
| Inpatient (hospital or skilled nursing facility) | No Charge                                                                   | No Charge                                                                   | No Charge                                                                   | No Charge                                                                   | No Charge                                                                   | No Charge                                                                   | No Charge                                                                           | No Charge                                                                   |
| Outpatient (office and home visits)              | \$15                                                                        | \$15                                                                        | \$15                                                                        | \$15                                                                        | \$15                                                                        | \$15                                                                        | No Charge                                                                           | \$15                                                                        |
| <b>Diabetes Services</b>                         |                                                                             |                                                                             |                                                                             |                                                                             |                                                                             |                                                                             |                                                                                     |                                                                             |
| Glucose monitors                                 | No Charge                                                                   | No Charge                                                                   | No Charge                                                                   | No Charge                                                                   | No Charge                                                                   | No Charge                                                                   | No Charge                                                                           | No Charge                                                                   |
| Self-management training                         | \$15                                                                        | \$15                                                                        | \$15                                                                        | \$15                                                                        | \$15                                                                        | \$15                                                                        | \$15                                                                                | \$15                                                                        |
| <b>Acupuncture</b>                               |                                                                             |                                                                             |                                                                             |                                                                             |                                                                             |                                                                             |                                                                                     |                                                                             |
|                                                  | \$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year) | N/A                                                                                 | \$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year) |
| <b>Chiropractic</b>                              |                                                                             |                                                                             |                                                                             |                                                                             |                                                                             |                                                                             |                                                                                     |                                                                             |
|                                                  | \$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year) | \$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year) | \$15 exam (up to 20 visits per calendar year) chiropractic appliances benefit: \$50 | \$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year) |



| BENEFITS                                         |  | PPO Basic Plans                                                                |         |                                                                                |         |                                                                                |                                |                                                                         |         |                                      |         |
|--------------------------------------------------|--|--------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------|---------|--------------------------------------|---------|
|                                                  |  | PERS Select                                                                    |         | PERS Choice                                                                    |         | PERSCare                                                                       |                                | CAHP<br>(Association Plan)                                              |         | PORAC<br>(Association Plan)          |         |
|                                                  |  | PPO                                                                            | Non-PPO | PPO                                                                            | Non-PPO | PPO                                                                            | Non-PPO                        | PPO                                                                     | Non-PPO | PPO                                  | Non-PPO |
| Infertility Testing/Treatment                    |  |                                                                                |         |                                                                                |         |                                                                                |                                |                                                                         |         |                                      |         |
|                                                  |  | Not Covered                                                                    |         | Not Covered                                                                    |         | Not Covered                                                                    |                                | Not Covered                                                             |         | 50%                                  | 50%     |
| Occupational / Physical / Speech Therapy         |  |                                                                                |         |                                                                                |         |                                                                                |                                |                                                                         |         |                                      |         |
| Inpatient (hospital or skilled nursing facility) |  | No Charge                                                                      |         | No Charge                                                                      |         | No Charge                                                                      |                                | 10%                                                                     | 40%     | \$20; Speech therapy: 10%            | 10%     |
| Outpatient (office and home visits)              |  | 40%; Occupational therapy: 20%                                                 |         | 40%; Occupational therapy: 20%                                                 |         | 10%                                                                            | 40%; Occupational therapy: 10% | 10% 40%                                                                 |         | \$20                                 | 10%     |
|                                                  |  | (pre-certification required for more than 24 visits)                           |         | (pre-certification required for more than 24 visits)                           |         | (pre-certification required for more than 24 visits)                           |                                | (pre-certification required for more than 24 visits)                    |         |                                      |         |
| Diabetes Services                                |  |                                                                                |         |                                                                                |         |                                                                                |                                |                                                                         |         |                                      |         |
| Glucose monitors                                 |  | Coverage Varies                                                                |         | Coverage Varies                                                                |         | Coverage Varies                                                                |                                | Coverage Varies                                                         |         | Coverage Varies                      |         |
| Self-management training                         |  | \$20                                                                           | 60%     | \$20                                                                           | 60%     | \$20                                                                           | 60%                            | \$15                                                                    | 60%     | \$20                                 | 60%     |
| Acupuncture                                      |  |                                                                                |         |                                                                                |         |                                                                                |                                |                                                                         |         |                                      |         |
|                                                  |  | \$15/visit<br>(acupuncture/chiropractic; combined 20 visits per calendar year) | 40%     | \$15/visit<br>(acupuncture/chiropractic; combined 20 visits per calendar year) | 40%     | \$15/visit<br>(acupuncture/chiropractic; combined 20 visits per calendar year) | 40%                            | 10%<br>(acupuncture/chiropractic; combined 20 visits per calendar year) | 40%     | \$20<br>(10% for all other services) | 10%     |
| Chiropractic                                     |  |                                                                                |         |                                                                                |         |                                                                                |                                |                                                                         |         |                                      |         |
|                                                  |  | \$15/visit<br>(acupuncture/chiropractic; combined 20 visits per calendar year) | 40%     | \$15/visit<br>(acupuncture/chiropractic; combined 20 visits per calendar year) | 40%     | \$15/visit<br>(acupuncture/chiropractic; combined 20 visits per calendar year) | 40%                            | 10%<br>(acupuncture/chiropractic; combined 20 visits per calendar year) | 40%     | \$20/up to 20 visits                 | 10%     |



# CalPERS Health Plan Benefit Comparison— Medicare Plans

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

| BENEFITS                                                                 | Medicare Plans                     |                                  |                                                 |                                                    |
|--------------------------------------------------------------------------|------------------------------------|----------------------------------|-------------------------------------------------|----------------------------------------------------|
|                                                                          | Kaiser Permanente Senior Advantage | Anthem Medicare Preferred (PPO)  | UnitedHealthcare Group Medicare Advantage (PPO) | CCPOA Medicare Supplement (Association Plan)       |
| <b>Calendar Year Deductible</b>                                          |                                    |                                  |                                                 |                                                    |
| Individual                                                               | N/A                                | N/A                              | N/A                                             | N/A                                                |
| Family                                                                   | N/A                                | N/A                              | N/A                                             | N/A                                                |
| <b>Maximum Calendar Year Co-pay or Co-insurance (excluding pharmacy)</b> |                                    |                                  |                                                 |                                                    |
| Individual                                                               | \$1,500<br>(co-pay)                | \$1,500<br>(co-pay/co-insurance) | \$1,500<br>(co-pay)                             | \$1,500<br>(co-pay)                                |
| Family                                                                   | \$3,000<br>(co-pay)                | N/A                              | N/A                                             | \$4,500<br>(3 or more)                             |
| <b>Hospital (including Mental Health and Substance Abuse)</b>            |                                    |                                  |                                                 |                                                    |
| Inpatient                                                                | No Charge                          | No Charge                        | No Charge                                       | \$100/admission                                    |
| Outpatient Facility/<br>Surgery Services                                 | \$10                               | No Charge                        | No Charge                                       | No Charge                                          |
| <b>Skilled Nursing Facility (up to 100 days/benefit period)</b>          |                                    |                                  |                                                 |                                                    |
|                                                                          | No Charge                          | No Charge                        | No Charge                                       | No Charge                                          |
| <b>Home Health Services</b>                                              |                                    |                                  |                                                 |                                                    |
|                                                                          | No Charge                          | No Charge                        | No Charge                                       | \$15/visit<br>(up to 100 visits per calendar year) |
| <b>Hospice</b>                                                           |                                    |                                  |                                                 |                                                    |
|                                                                          | No Charge                          | No Charge                        | No Charge                                       | No Charge                                          |



| BENEFITS                                                          | Medicare Plans |           |             |           |                           |           |                                                |                             |
|-------------------------------------------------------------------|----------------|-----------|-------------|-----------|---------------------------|-----------|------------------------------------------------|-----------------------------|
|                                                                   | PERS Select    |           | PERS Choice |           | PERSCare                  |           | CAHP Medicare Supplement<br>(Association Plan) | PORAC<br>(Association Plan) |
|                                                                   | PPO            | Non-PPO   | PPO         | Non-PPO   | PPO                       | Non-PPO   |                                                |                             |
| Calendar Year Deductible                                          |                |           |             |           |                           |           |                                                |                             |
| Individual                                                        |                | N/A       |             | N/A       |                           | N/A       |                                                | N/A                         |
| Family                                                            |                | N/A       |             | N/A       |                           | N/A       |                                                | N/A                         |
| Maximum Calendar Year Co-pay or Co-insurance (excluding pharmacy) |                |           |             |           |                           |           |                                                |                             |
| Individual                                                        |                | N/A       |             | N/A       | \$3,000<br>(co-insurance) | N/A       |                                                | N/A                         |
| Family                                                            |                | N/A       |             | N/A       |                           | N/A       |                                                | N/A                         |
| Hospital (including Mental Health and Substance Abuse)            |                |           |             |           |                           |           |                                                |                             |
| Inpatient                                                         |                | No Charge |             | No Charge |                           | No Charge |                                                | No Charge                   |
| Outpatient Facility/<br>Surgery Services                          |                | No Charge |             | No Charge |                           | No Charge |                                                | No Charge                   |
| Skilled Nursing Facility (up to 100 days/benefit period)          |                |           |             |           |                           |           |                                                |                             |
|                                                                   |                | No Charge |             | No Charge |                           | No Charge |                                                | No Charge                   |
| Home Health Services                                              |                |           |             |           |                           |           |                                                |                             |
|                                                                   |                | No Charge |             | No Charge |                           | No Charge |                                                | No Charge                   |
| Hospice                                                           |                |           |             |           |                           |           |                                                |                             |
|                                                                   |                | No Charge |             | No Charge |                           | No Charge |                                                | No Charge                   |



## CalPERS Health Plan Benefit Comparison—Medicare Plans, Continued

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

| BENEFITS                                                                | Medicare Plans                          |                                 |                                                 |                                              |
|-------------------------------------------------------------------------|-----------------------------------------|---------------------------------|-------------------------------------------------|----------------------------------------------|
|                                                                         | Kaiser Permanente Senior Advantage      | Anthem Medicare Preferred (PPO) | UnitedHealthcare Group Medicare Advantage (PPO) | CCPOA Medicare Supplement (Association Plan) |
| Emergency Services <i>(waived if admitted or kept for observation)</i>  | \$50                                    | \$50                            | \$50                                            | No Charge                                    |
| Ambulance Services                                                      | No Charge                               | No Charge                       | No Charge                                       | No Charge                                    |
| Surgery/Anesthesia                                                      | No Charge inpatient;<br>\$10 outpatient | No Charge                       | No Charge                                       | No Charge                                    |
| Physician Services <i>(including Mental Health and Substance Abuse)</i> |                                         |                                 |                                                 |                                              |
| Office Visits                                                           | \$10                                    | \$10                            | \$10                                            | \$10                                         |
| Inpatient Visits                                                        | No Charge                               | No Charge                       | No Charge                                       | No Charge                                    |
| Outpatient Visits                                                       | \$10                                    | \$10                            | \$10                                            | \$10                                         |
| Urgent Care Visits                                                      | \$10                                    | \$25                            | \$25                                            | \$10                                         |
| Preventive Services                                                     | No Charge                               | No Charge                       | No Charge                                       | No Charge                                    |
| Diagnostic X-Ray/Lab                                                    | No Charge                               | No Charge                       | No Charge                                       | No Charge                                    |
| Durable Medical Equipment                                               | No Charge                               | 10%<br>(co-insurance)           | No Charge                                       | No Charge                                    |



| BENEFITS                                                         | Medicare Plans |         |             |         |           |         | CAHP Medicare Supplement<br>(Association Plan) | PORAC<br>(Association Plan) |
|------------------------------------------------------------------|----------------|---------|-------------|---------|-----------|---------|------------------------------------------------|-----------------------------|
|                                                                  | PERS Select    |         | PERS Choice |         | PERSCare  |         |                                                |                             |
|                                                                  | PPO            | Non-PPO | PPO         | Non-PPO | PPO       | Non-PPO |                                                |                             |
| Emergency Services (waived if admitted or kept for observation)  |                |         |             |         |           |         |                                                |                             |
|                                                                  | No Charge      |         | No Charge   |         | No Charge |         | No Charge                                      | No Charge                   |
| Ambulance Services                                               |                |         |             |         |           |         |                                                |                             |
|                                                                  | No Charge      |         | No Charge   |         | No Charge |         | No Charge                                      | No Charge                   |
| Surgery/Anesthesia                                               |                |         |             |         |           |         |                                                |                             |
|                                                                  | No Charge      |         | No Charge   |         | No Charge |         | No Charge                                      | No Charge                   |
| Physician Services (including Mental Health and Substance Abuse) |                |         |             |         |           |         |                                                |                             |
| Office Visits                                                    | No Charge      |         | No Charge   |         | No Charge |         | \$10                                           | No Charge                   |
| Inpatient Visits                                                 | No Charge      |         | No Charge   |         | No Charge |         | No Charge                                      | No Charge                   |
| Outpatient Visits                                                | No Charge      |         | No Charge   |         | No Charge |         | No Charge                                      | No Charge                   |
| Urgent Care Visits                                               | No Charge      |         | No Charge   |         | No Charge |         | No Charge                                      | No Charge                   |
| Preventive Services                                              | No Charge      |         | No Charge   |         | No Charge |         | No Charge                                      | No Charge                   |
| Diagnostic X-Ray/Lab                                             |                |         |             |         |           |         |                                                |                             |
|                                                                  | No Charge      |         | No Charge   |         | No Charge |         | No Charge                                      | No Charge                   |
| Durable Medical Equipment                                        |                |         |             |         |           |         |                                                |                             |
|                                                                  | No Charge      |         | No Charge   |         | No Charge |         | No Charge                                      | No Charge                   |



## CalPERS Health Plan Benefit Comparison—Medicare Plans, Continued

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

| BENEFITS                                                                                      | Medicare Plans                                          |                                                                                                     |                                                          |                                                               |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------|
|                                                                                               | Kaiser Permanente Senior Advantage                      | Anthem Medicare Preferred (PPO)                                                                     | UnitedHealthcare Group Medicare Advantage (PPO)          | CCPOA Medicare Supplement (Association Plan)                  |
| <b>Prescription Drugs</b>                                                                     |                                                         |                                                                                                     |                                                          |                                                               |
| Deductible                                                                                    | N/A                                                     | N/A                                                                                                 | N/A                                                      | N/A                                                           |
| Retail Pharmacy (not to exceed 30-day supply)                                                 | Generic: \$5<br>Preferred: \$20                         | Generic: \$5<br>Preferred: \$20<br>Non-Preferred: \$50                                              | Generic: \$5<br>Preferred: \$20<br>Non-Preferred: \$50   | Tier 1: \$5<br>Tier 2: \$20<br>Tier 3: \$35<br>Tier 4: \$50   |
| Retail Pharmacy Long-Term Prescription Medications filled after 2nd fill (i.e. 90-day supply) | N/A                                                     | Generic: \$10<br>Preferred: \$40<br>Non-Preferred: \$100<br>(for non-Medicare Part D covered drugs) | Generic: \$10<br>Preferred: \$40<br>Non-Preferred: \$100 | Tier 1: \$10<br>Tier 2: \$40<br>Tier 3: \$70<br>Tier 4: \$100 |
| Mail Order Pharmacy Program (not to exceed 90-day supply)                                     | Generic: \$10<br>Preferred: \$40<br>(31-100 day supply) | Generic: \$10<br>Preferred: \$40<br>Non-Preferred: \$100                                            | Generic: \$10<br>Preferred: \$40<br>Non-Preferred: \$100 | Tier 1: \$10<br>Tier 2: \$40<br>Tier 3: \$70<br>Tier 4: \$100 |
| Mail order maximum co-payment per person per calendar year                                    | N/A                                                     | \$1,000                                                                                             | \$1,000                                                  | N/A                                                           |
| <b>Occupational / Physical / Speech Therapy</b>                                               |                                                         |                                                                                                     |                                                          |                                                               |
| Inpatient (hospital or skilled nursing facility)                                              | No Charge                                               | No Charge                                                                                           | No Charge                                                | No Charge                                                     |
| Outpatient (office and home visits)                                                           | \$10                                                    | \$10                                                                                                | \$10                                                     | No Charge                                                     |
| <b>Diabetes Services</b>                                                                      |                                                         |                                                                                                     |                                                          |                                                               |
| Glucose monitors, test strips                                                                 | No Charge                                               | 10%<br>(co-insurance)                                                                               | No Charge                                                | No Charge                                                     |
| Self-management training                                                                      | No Charge                                               | No Charge                                                                                           | No Charge                                                | \$10                                                          |



| BENEFITS                                                                                                     | Medicare Plans                                                                                         |         |                                                                                                        |         |                                                                                                        |         | CAHP Medicare Supplement<br>(Association Plan)             | PORAC<br>(Association Plan)                             |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------|---------------------------------------------------------|
|                                                                                                              | PERS Select                                                                                            |         | PERS Choice                                                                                            |         | PERSCare                                                                                               |         |                                                            |                                                         |
|                                                                                                              | PPO                                                                                                    | Non-PPO | PPO                                                                                                    | Non-PPO | PPO                                                                                                    | Non-PPO |                                                            |                                                         |
| Prescription Drugs                                                                                           |                                                                                                        |         |                                                                                                        |         |                                                                                                        |         |                                                            |                                                         |
| Deductible                                                                                                   | N/A                                                                                                    |         | N/A                                                                                                    |         | N/A                                                                                                    |         | N/A                                                        | \$100                                                   |
| Retail Pharmacy<br>(not to exceed<br>30-day supply)                                                          | Generic: \$5<br>Preferred: \$20<br>Non-Preferred: \$50                                                 |         | Generic: \$5<br>Preferred: \$20<br>Non-Preferred: \$50                                                 |         | Generic: \$5<br>Preferred: \$20<br>Non-Preferred: \$50                                                 |         | Generic: \$6<br>Single Source: \$25<br>Multi Source: \$35  | Generic: \$10<br>Preferred: \$25<br>Non-Preferred: \$45 |
| Retail Pharmacy<br>Long-Term<br>Prescription<br>Medications filled<br>after 2nd fill (i.e.<br>90-day supply) | Generic: \$10<br>Preferred: \$40<br>Non-Preferred: \$100<br>(not to exceed 30 day<br>supply)           |         | Generic: \$10<br>Preferred: \$40<br>Non-Preferred: \$100<br>(not to exceed 30 day<br>supply)           |         | Generic: \$10<br>Preferred: \$40<br>Non-Preferred: \$100<br>(not to exceed 30-day<br>supply)           |         | Generic: \$6<br>Single Source: \$25<br>Multi Source: \$35  | N/A                                                     |
| Mail Order<br>Pharmacy Program<br>(not to exceed<br>90-day supply)                                           | Generic: \$10<br>Preferred: \$40<br>Non-Preferred: \$100<br>(for non-Medicare<br>Part D covered drugs) |         | Generic: \$10<br>Preferred: \$40<br>Non-Preferred: \$100<br>(for non-Medicare<br>Part D covered drugs) |         | Generic: \$10<br>Preferred: \$40<br>Non-Preferred: \$100<br>(for non-Medicare<br>Part D covered drugs) |         | Generic: \$12<br>Single Source: \$50<br>Multi Source: \$70 | Generic: \$20<br>Preferred: \$40<br>Non-Preferred: \$75 |
| Mail order maximum<br>co-payment per<br>person per<br>calendar year                                          | \$1,000                                                                                                |         | \$1,000                                                                                                |         | \$1,000                                                                                                |         | N/A                                                        | N/A                                                     |
| Occupational / Physical / Speech Therapy                                                                     |                                                                                                        |         |                                                                                                        |         |                                                                                                        |         |                                                            |                                                         |
| Inpatient (hospital or<br>skilled nursing facility)                                                          | No Charge                                                                                              |         | No Charge                                                                                              |         | No Charge                                                                                              |         | No Charge                                                  | No Charge                                               |
| Outpatient (office and<br>home visits)                                                                       | No Charge                                                                                              |         | No Charge                                                                                              |         | No Charge                                                                                              |         | No Charge                                                  | No Charge                                               |
| Diabetes Services                                                                                            |                                                                                                        |         |                                                                                                        |         |                                                                                                        |         |                                                            |                                                         |
| Glucose monitors,<br>test strips                                                                             | No Charge                                                                                              |         | No Charge                                                                                              |         | No Charge                                                                                              |         | No Charge                                                  | No Charge                                               |
| Self-management<br>training                                                                                  | No Charge                                                                                              |         | No Charge                                                                                              |         | No Charge                                                                                              |         | No Charge                                                  | No Charge                                               |



## CalPERS Health Plan Benefit Comparison—Medicare Plans, Continued

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

| BENEFITS                                                                    | Medicare Plans                                                                       |                                                                                      |                                                                                      |                                                   |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------|
|                                                                             | Kaiser Permanente Senior Advantage                                                   | Anthem Medicare Preferred (PPO)                                                      | UnitedHealthcare Group Medicare Advantage (PPO)                                      | CCPOA Medicare Supplement (Association Plan)      |
| <b>Hearing Services</b>                                                     |                                                                                      |                                                                                      |                                                                                      |                                                   |
| Routine Hearing Exam                                                        | \$10                                                                                 | No Charge                                                                            | No Charge                                                                            | No Charge                                         |
| Physician Services                                                          | \$10                                                                                 | \$10                                                                                 | \$10                                                                                 | \$15                                              |
| Hearing Aids                                                                | \$1,000 max/<br>36 months                                                            | \$1,000 max/<br>36 months                                                            | \$1,000 max/<br>36 months                                                            | \$500 max/member                                  |
| <b>Vision Care</b>                                                          |                                                                                      |                                                                                      |                                                                                      |                                                   |
| Vision Exam                                                                 | \$10                                                                                 | \$10                                                                                 | \$10                                                                                 | \$10                                              |
| Eyeglasses (following cataract surgery)                                     | No Charge                                                                            | No Charge                                                                            | No Charge                                                                            | No Charge                                         |
| Contact Lenses (following cataract surgery)                                 | No Charge                                                                            | No Charge                                                                            | No Charge                                                                            | No Charge                                         |
| <b>Benefits Beyond Medicare (Services covered beyond Medicare coverage)</b> |                                                                                      |                                                                                      |                                                                                      |                                                   |
| Acupuncture                                                                 | \$15/visit<br>(acupuncture/chiropractic;<br>combined 20 visits per<br>calendar year) | \$15/visit<br>(acupuncture/chiropractic;<br>combined 20 visits per<br>calendar year) | \$15/visit<br>(acupuncture/chiropractic;<br>combined 20 visits per<br>calendar year) | N/A                                               |
| Chiropractic                                                                | \$15/visit<br>(acupuncture/chiropractic;<br>combined 20 visits per<br>calendar year) | \$15/visit<br>(acupuncture/chiropractic;<br>combined 20 visits per<br>calendar year) | \$15/visit<br>(acupuncture/chiropractic;<br>combined 20 visits per<br>calendar year) | \$15/visit<br>(up to 20 visits per calendar year) |



| BENEFITS                                                             | Medicare Plans                                                                       |         |                                                                                      |         |                                                                                      |         |                                                |                                    |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------|---------|------------------------------------------------|------------------------------------|
|                                                                      | PERS Select                                                                          |         | PERS Choice                                                                          |         | PERSCare                                                                             |         | CAHP Medicare Supplement<br>(Association Plan) | PORAC<br>(Association Plan)        |
|                                                                      | PPO                                                                                  | Non-PPO | PPO                                                                                  | Non-PPO | PPO                                                                                  | Non-PPO |                                                |                                    |
| Hearing Services                                                     |                                                                                      |         |                                                                                      |         |                                                                                      |         |                                                |                                    |
| Routine Hearing Exam                                                 | No Charge                                                                            |         | No Charge                                                                            |         | No Charge                                                                            |         | No Charge                                      | 20%                                |
| Physician Services                                                   | No Charge                                                                            |         | No Charge                                                                            |         | No Charge                                                                            |         | No Charge                                      | 20%                                |
| Hearing Aids                                                         | 20%<br>(\$1,000 max/36 months)                                                       |         | 20%<br>(\$1,000 max/36 months)                                                       |         | 20%<br>(\$2,000 max/24 months)                                                       |         | 10%<br>(\$1,000 max/<br>36 months)             | 20%<br>(\$900 max/<br>36 months)   |
| Vision Care                                                          |                                                                                      |         |                                                                                      |         |                                                                                      |         |                                                |                                    |
| Vision Exam                                                          | One exam per<br>calendar year                                                        |         | One exam per<br>calendar year                                                        |         | One exam per<br>calendar year                                                        |         | N/A                                            | 20%                                |
| Eyeglasses                                                           | One set of<br>frames during a<br>24-month period;<br>\$30 maximum<br>allowance       |         | One set of<br>frames during a<br>24-month period;<br>\$30 maximum<br>allowance       |         | One set of<br>frames during a<br>24-month period;<br>\$30 maximum<br>allowance       |         | No Charge                                      | 20%<br>(\$40 maximum<br>allowance) |
| Contact Lenses                                                       | \$100 maximum<br>allowance                                                           |         | \$100 maximum<br>allowance                                                           |         | \$100 maximum<br>allowance                                                           |         | No Charge                                      | 20%<br>(\$40 maximum<br>allowance) |
| Benefits Beyond Medicare (Services covered beyond Medicare coverage) |                                                                                      |         |                                                                                      |         |                                                                                      |         |                                                |                                    |
| Acupuncture                                                          | \$15/visit<br>(acupuncture/chiropractic;<br>combined 20 visits per<br>calendar year) |         | \$15/visit<br>(acupuncture/chiropractic;<br>combined 20 visits per<br>calendar year) |         | \$15/visit<br>(acupuncture/chiropractic;<br>combined 20 visits per<br>calendar year) |         | 20%                                            | 20%                                |
| Chiropractic                                                         | \$15/visit<br>(acupuncture/chiropractic;<br>combined 20 visits per<br>calendar year) |         | \$15/visit<br>(acupuncture/chiropractic;<br>combined 20 visits per<br>calendar year) |         | \$15/visit<br>(acupuncture/chiropractic;<br>combined 20 visits per<br>calendar year) |         | 20%                                            | 20%                                |



[illegible]



## This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.





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CalPERS Health Benefits Program  
P.O. Box 942715  
Sacramento, CA 94229-2715  
888 CalPERS (or 888-225-7377)  
[www.calpers.ca.gov](http://www.calpers.ca.gov)

HBD-110  
Produced by CalPERS  
Communications and Stakeholder Relations  
Office of Public Affairs  
August 2018.8.1



# Anthem – Faculty Plan Decrements



| Decrement Item                                                                   | Rate %<br>+/- | Rate Difference<br>+/- |
|----------------------------------------------------------------------------------|---------------|------------------------|
| <b>Increase Deductible</b> from \$200 ind / \$600 fam to \$500 ind / \$1,500 fam | -2.20%        | -\$44.19               |
| <b>Increase OOP Max</b> from \$1,500 / \$4,500 to \$2,000 / \$6,000 (3x OON)     | -0.83%        | -\$16.67               |
| <b>Increase OOP Max</b> from \$1,500 / \$4,500 to \$2,500 / \$7,500 (3x OON)     | -1.70%        | -\$34.15               |
| <b>Add 10% coinsurance</b> in-network for Inpatient                              | -0.20%        | -\$4.02                |
| Impact due to <b>loss of Grandfather status</b>                                  | +0.80         | +\$16.07               |
| <b>TOTAL CHANGE = (\$82.96)</b>                                                  |               |                        |

to AFT

from  
VCCCO  
9-13-19



# Anthem – ASCC Plan Decrements



| Decrement Item                                                                   | Rate %<br>+/- | Rate Difference<br>+/- |
|----------------------------------------------------------------------------------|---------------|------------------------|
| <b>Increase Deductible</b> from \$200 ind / \$600 fam to \$500 ind / \$1,500 fam | -1.74%        | -\$30.34               |
| <b>Increase OOP Max</b> from \$1,700 / \$5,100 to \$2,200 / \$6,600 (3x OON)     | -0.89%        | -\$15.52               |
| <b>Increase OOP Max</b> from \$1,700 / \$5,100 to \$2,700 / \$8,100 (3x OON)     | -1.55%        | -\$27.02               |
| <b>Add 10% coinsurance</b> in-network for Inpatient                              | -0.10%        | -\$1.74                |
| <b>TOTAL CHANGE = (\$74.62)</b>                                                  |               |                        |



to VCCCD from  
AFT  
9:50 AM  
9/13/19

PROPOSAL TO: Ventura County Community College District  
FROM: Ventura County Federation of College Teachers  
RE: Article 8 – Counter Proposal  
Date: September 13<sup>13</sup>/<sub>14</sub>, 2019

NOTES: Proposed language changes by the AFT 1828 are highlighted in yellow. Tentatively agreed upon language is highlighted in green, and all proposed stricken language is marked in red strikethrough.

AFT has withdrawn all proposals in section 8.9 (Sick Leave Pool). Also, it is our understanding that both parties have agreed to retain current contract language for sections 8.8, 8.9, 8.10, and 8.11, therefore, we did not print out these pages.

8.1.A. Any contract faculty member may be granted an unpaid leave of absence by the Governing Board for reasons of study, travel, personal business, home responsibility, health, or for any other reason the Governing Board may determine. Any regular faculty member shall be granted an unpaid leave of absence for reasons of health.

- (1) **Health.** An application for leave of absence for reasons of health in excess of the time for which sick leave benefits are payable to a faculty member must be supported by the written recommendation of a licensed physician or health practitioner.
- (2) **Study.** An application for leave of absence for professional study must be supported by a written statement indicating what study or research is to be undertaken, or, if applicable, what subjects are to be studied and at what institutions.
- (3) **Travel.** A leave of absence for the purpose of educational travel must be supported by a written statement and itinerary indicating absence from the District for a majority of the time covered by the application for such leave.
- (4) **Home Responsibilities.** A leave for this purpose may be granted to a faculty member to care for his/her immediate family member whose health temporarily requires substantial attention of the faculty member. The application for such leave must be supported by the written recommendation of a licensed physician or health practitioner. Such leave also may be granted to permit a faculty member to place a newborn or newly adopted child in his/her home in excess of the provisions of Section 8.5.
- (5) **Personal Business.** A leave of absence may be granted to conclude essential legal actions or to obtain broadening professional experience, and must be supported by such evidence as the District may designate. The term "broadening professional experience" means experience gained through employment, study, or research which is not obtainable in a manner which might otherwise qualify a faculty member for study leave as set forth in Section 8.1.A.(2) and which, in the judgment of the Governing Board, will increase the faculty member's competence in relation to his/her present or anticipated assignment within the District.



- (6) **Military Leave.** Such leave will be granted for required active duty only and is without pay except for employees with one year or more in the District who will receive their regular compensation in the first 30 days of said leave if the first 30 days fall within the employee's period of paid contract employment. Annual military training duty should be taken during vacation periods or at the convenience of the District whenever possible.
- 8.1.B. The maximum length of any unpaid leave granted by the Governing Board shall be one year, provided that, upon receipt of request for extension, the Governing Board may extend such leave for a maximum of one additional year. A faculty member appointed or elected to a local political office which requires a full-time commitment may be granted an unpaid leave for not more than one elected term to be served in such office.
- 8.1.C. Except in exceptional circumstances when the need for leave cannot be anticipated, all applications for leaves of absence must be on file in the District Human Resources Office at least 90 days prior to the proposed effective date of the leave. Whenever possible, such leaves shall be requested in minimum increments of one semester or as necessary to minimize interruption of faculty assignments.
- 8.1.D. All leave applications shall be submitted to the office of the appropriate College President or his/her designee, and, if the President or his/her designee recommends the granting of such leave, the recommendation shall be forwarded to the Chancellor and to the Governing Board for further consideration and evaluation.
- 8.1.E. Other than in such exceptional circumstances as the Governing Board may determine or except as set forth in Section 8.1.F., a break in service time resulting from leaves without pay shall not be included in computing or granting other benefits such as sick leave, longevity pay, step advancement, or other fringe benefits.
- (1) A faculty member who has benefit coverage and who is on leave without pay that is not covered by the Family Medical Leave Act, the California Family Rights Act, or the Pregnancy Disability Leave law, shall have the option of maintaining his/her medical, dental and vision coverage in the District group plans at his/her own cost.
- (2) A faculty member who has benefit coverage and who is on leave without pay that is protected by the Family Medical Leave Act, the California Family Rights Act or Pregnancy Disability Leave law, shall have all of his/her benefit coverage maintained and paid for by the District, to the extent the District pays for this benefit coverage while the employee is on active pay status, during that portion of the leave of absence that is designated as being protected by one of these laws.
- 8.1.F. In certain cases of personal leave for professional development where no District funds are expended and where the employee engages in activities of an educational nature that do not result in the accumulation of college credits for salary schedule advancement, the employee may qualify for step advancement on the salary schedule on the basis of time occupied by the approved leave, with a maximum of one year's credit. The application for such leave must be filed with the College President and receive his/her recommendation, be recommended by the Chancellor, and be granted by the Governing Board in advance of the beginning of such leave in order to become effective.
- 8.1.G. Any transfer of a faculty member who is on an unpaid leave of absence shall be subject to the transfer provisions of this Agreement.



## **8.2 Absence With Salary**

Time on paid leave shall be counted as time in service.

### **8.2.A. Sick Leave**

- (1) In any fiscal year, contract faculty members and temporary long-term substitutes shall earn paid sick leave time at the rate of 1.0 day for each full school month of paid contract service.
- (2) When a contract faculty member is absent from his/her duties because of illness or injury, whether or not the absence arises out of, or in the course of, employment, said faculty member shall be paid:
  - a. Full salary for such absence if that period does not exceed the unused portion of current and accumulated sick leave benefits.
  - b. Half salary for five school months beginning with the expiration of accumulated sick leave. This benefit shall be limited to one five-month period for any one illness or accident. The Governing Board may grant this leave for an additional period provided the faculty member has maintained a continuous contractual status with the District and has completed one full year of satisfactory service under an annual contract subsequent to the last leave granted under the provisions of this Article.
- (3) Hourly paid faculty having a regularly-scheduled assignment shall earn and accrue sick leave at the rate of 1.64 hours for .1 instructional load (26.25 hours worked) or 3.83 hours for .1 non-classroom load (61.25 hours worked); or at the rate of one-half hour for each 8 hours paid if paid hourly.
  - a. Sick leave earned on an hourly basis may be used only during regularly-scheduled hourly employment, not in regular contract employment or for time outside the regular scheduled hourly assignment.
  - b. Sick leave earned in regular contract employment may not be used in connection with hourly employment.
- (4) A faculty member who does not use the full amount of full-pay sick leave earned in any fiscal year shall be given cumulative credit for such unused full-pay sick leave. The term "full-pay sick leave" as used in this Agreement includes all accrued sick leave except as provided under Section 8.2.A.(2)(b).
- (5) **General:**
  - a. Faculty filing claims under provisions of this Article shall file, or cause to be filed, an Employee Absentee Report form (appended hereto as Appendix B) on which they shall certify that the illness, injury or incapacity was of such character as to require absence from duty during the period of sick leave claimed.



- b. A contract faculty member assigned on a partial contract shall be paid sick leave benefits only in proportion to the time which such assignments bear to full time.
- c. Any faculty member wishing to utilize any form of sick leave beyond 3 days per academic year, ~~or leave of absence~~ pursuant to this Article may be required to provide such proof as District management shall designate to justify the need for such leave ~~of absence~~, when it has reasonable cause to believe that a faculty member is claiming sick leave for a purpose not contemplated by this article, and has given the faculty member advance notice in writing that such certification will be required for a stated period of time. ~~provided that~~ If proof is requested, it shall be sent by the faculty member to the supervisor or District Human Resources Office. This requirement shall not be used to intimidate, coerce, or discriminate against any faculty member.

(5). The District shall establish a faculty voluntary cumulative pool of sick leave days for contract faculty and hours for contract faculty with a non- contract assignment, and non-contract faculty. Leave days or hours may be utilized from this pool to provide replacement sick leave when a participating unit member is on a chronic or long-term illness or accident leave. The Governing Board shall determine who should be allowed to use days from the pool based upon recommendations made by the Voluntary Sick Leave Pool Committee composed of three representatives selected by the District and three representatives selected by the Federation. The committee shall recommend rules and regulations for the administration of the pool to the Federation and the District.

#### (6) Permitted Uses for Sick Leave

An employee may use paid sick leave:

- a. for diagnosis, care, or treatment of his or her own existing health condition or the existing health condition of an immediate family member;
- b. for the employee's preventative care or the preventative care of a family member;
- c. when he or she is a victim of domestic violence, sexual assault, or stalking, and he or she is:
  - 1) seeking to obtain any relief, including, but not limited to, a temporary restraining order, restraining order, or other injunctive relief to help ensure the health, safety, or welfare of the employee or his or her child;
  - 2) seeking medical attention for any injuries;
  - 3) obtaining services from a domestic violence shelter, program, or rape crisis center;
  - 4) obtaining psychological counseling related to the experience(s);
  - 5) participating in safety planning and taking other actions to increase safety from future domestic violence, sexual assault, or stalking, including temporary or permanent relocation.

#### **8.2.B. Personal Necessity Leave**

Accrued full-pay sick leave may be used by a faculty member at his/her election in the following cases of personal necessity.

- (1) Death of a member of his/her immediate family when additional leave is



required beyond that provided for Bereavement Leave by this Agreement.

- (2) Accident, involving his/her person or property, or the person or property of a member of his/her immediate family.
- (3) Appearance in any court or before any administrative tribunal as a litigant, party, or witness under subpoena or court order.
- (4) Personal emergencies, which include recognized religious holidays, serious illness involving a member of the immediate family, and personal business of a compelling nature.
- (5) Personal necessities as determined within the discretion of the faculty member, provided that such leaves shall require reasonable advance notice (in cases other than emergencies, 48 hours constitute reasonable notice) to the Dean, and provided further that the District may limit the total number of faculty taking such leaves at any one time to a reasonable number.

Use of sick leave for the above purpose shall be limited to six days in any school year for a contract faculty member or 60% of one year's accrual of sick leave for a faculty member on non-contract assignment. For such faculty who are employed for the Fall Semester, the base for calculating the projected accrual of sick leave shall be the number of hours offered multiplied by two; for such faculty who are employed for the Spring Semester only, the base shall be the number of hours offered in the Spring Semester. In the event a faculty member does not work the full number of hours projected, the faculty member shall not be granted more sick leave than has actually been earned.

"Immediate family," as used in this Agreement, is defined as mother, father, spouse, domestic partner, grandmother or grandfather of the faculty member or the spouse/domestic partner of the faculty member, sister, brother, son, daughter, uncle, aunt, niece, nephew, son-in-law, daughter-in-law, grandchild, brother-in-law, sister-in-law, mother-in-law, father-in-law, step-child, step-sister, step-brother, or any relative of either spouse/domestic partner living in the immediate household of the employee.

#### **8.2.C. Bereavement Leave**

Any faculty member shall be allowed a leave of absence not to exceed five working days on full pay when such absence is occasioned by reason of death in the immediate family of the faculty member or by other acute bereavement. For the purposes of interpreting this provision:

- (1) "Immediate family" is defined under Personal Necessity Leave in Section 8.2.B(5).
- (2) "Acute bereavement" includes, but is not limited to, the death of a close friend or co-worker. Use of acute bereavement is subject to interpretation by the District.

#### **8.2.D. Subpoena and Jury Duty Leave**



When a faculty member is absent because of a mandatory court appearance, except as a litigant, said faculty member shall suffer no monetary loss by reason of said service.

- (1) Fees, exclusive of mileage paid by the court or party requiring the faculty member's appearance shall be paid to the District unless the fees are greater than the faculty member's salary, in which case the faculty member may retain the fees and be listed as absent due to personal business.
- (2) A copy of the subpoena or a court order must be filed with the absence report.
- (3) Absence of a faculty member for a legal action in which he/she is a litigant may be classified as a personal necessity.
- (4) Any faculty member called for jury duty shall be granted a leave of absence without loss of pay for the time the employee is required to perform jury duty during the employee's regularly assigned work hours for when jury services are in session. Employees are required to return to work during any day (or portion of the day) in which jury duty services are not required. The employee shall submit jury duty verification when submitting the absentee report at the end of the month.

### **8.3 Exchange Service Leave**

Arrangements may be proposed by a regular faculty member to a properly credentialed faculty member of another district or college on a similar professional plane for the purpose of exchanging positions for a period normally not exceeding one year. Exchanges may be arranged with either foreign or domestic service in mind. Exchanges will normally be arranged to permit the District faculty member to receive his/her full remuneration from the District, while his/her opposite number will be reimbursed under an agreement he/she has reached with his/her own district or college. The Governing Board will consider the value of both to the District and to the individual applicant of the exchange arrangement in reaching its decisions concerning the granting of such service leaves.

### **8.4 Compassionate Leave**

In any one school year a faculty member may be granted a maximum of three days (non-cumulative) paid leave to cope with an emergency in his/her family which, in the judgment of the College President necessitates the faculty member's presence at the scene of a family emergency. Such leave may be granted only after all other applicable types of leave have been exhausted.

### **8.5 Parental Leave**

Faculty members are eligible for leaves of absence when said absence is due to pregnancy, convalescence from childbirth, the birth of a child, or placement of a child in connection with the adoption or foster care of the child by the faculty member.

Any faculty member who is required to absent herself from her duties due to pregnancy, convalescence from childbirth, the birth of a child, or placement of a child in connection with the adoption or foster care of the child, shall be granted parental leave without loss of pay for a period not to exceed ~~24~~ 30 calendar days. Such leave shall be utilized within the first three (3) months following childbirth or the placement of a child in connection with the adoption or foster care in the home and be used in one ~~24~~ 30 calendar days' block of time.



Any faculty member who is required to absent himself from his duties because of birth of a child, or placement of a child in connection with adoption or foster care, shall be granted parental leave without loss of pay for a period not to exceed ~~24~~ 30 calendar days. Such leave shall be utilized within the first three (3) months following childbirth or the placement of an adopted child or a foster child in the home and be used in one ~~24~~ 30 calendar days' block of time.

Faculty members who have exhausted all available sick leave, including all accumulated sick leave, and continue to be absent due to pregnancy, convalescence from childbirth, the birth of a child, or placement of a child in connection with the adoption or foster care of the child by the faculty member may be eligible for up to 12 weeks of leave paid at no less than 50% of his or her regular salary per California Education Code section 87780.1. The 12-workweek period shall be reduced by any period of sick leave, including accumulated sick leave, taken during a period of parental leave. A faculty member shall not be provided more than one 12-workweek period for parental leave during any 12-month period. Parental leave taken pursuant to this section shall run concurrently with parental leave taken under the California Family Rights Act.

Nothing in this Article shall be construed so as to deprive any faculty member of such leave rights under the other provisions of this Agreement for absence due to illness or injury resulting from pregnancy.

## **8.6 Sabbatical Leave**

### **8.6.A. Policy**

Regular faculty members are encouraged to pursue opportunities for professional growth leading to the development of increased competence. These professional growth opportunities will focus primarily on the growth of the individual in order to maintain a dynamic faculty, one equipped with the mental and emotional tools to provide exceptional service to the students and the District in an era of constant change.

### **8.6.B. Sabbatical Leave Committee**

- (1) All proposals for sabbatical leaves shall be evaluated by a Sabbatical Leave Committee at each college. The Sabbatical Leave Committee shall be a standing committee at each college.
- (2) The Committee shall consider and base its recommendation on the following criteria:
  - (a) Value of the proposed leave on instruction or service to students, the college, the District, and the candidate's professional competence;
  - (b) Reasonable distribution of sabbatical leaves among departments and divisions;
  - (c) Consistency with the mission of the District, as adopted by the Board of Trustees;
  - (d) The number of previous sabbatical leaves granted applicants. An applicant for a first sabbatical leave shall be given priority over an applicant who has had a previous sabbatical leave (all other factors being comparable);



- (e) Whether the outcomes are achievable and measurable within the timeframe of the designated sabbatical leave.

#### **8.6.C. Purposes of Sabbatical Leave**

Sabbatical leaves may be granted for purposes that include, but are not limited to, the following:

- (1) Academic study or professional research at a regionally-accredited institution of higher education.

A faculty member who applies for leave for this purpose shall agree to undertake advanced study or independent research related to his/her teaching assignment. No less than six units of course work or equivalent research per semester shall be acceptable from a regionally-accredited institution of higher education.

- (2) On-site research project

Special projects shall be designed to expand the faculty member's knowledge so that he or she will be a greater asset and credit to the District, worth to students being the ultimate measure. These projects may also include development of educational programs and curricula. Projects which involve travel outside the country must include a detailed itinerary.

- (3) Approved teaching or research fellowships and teacher exchange programs.

- (4) Work or research in industry, business, or government.

Positions shall be restricted to those related to the applicant's field and ones which shall be of benefit to the District and for the improvement of instruction. Total compensation received shall not exceed the amount that would have been received had the faculty member remained in active service in the District. If necessary, compensation paid by the District shall be reduced by the appropriate amount so that the total stipend shall not exceed the faculty member's salary.

#### **8.6.D. Eligibility**

Any regular faculty member who has served the District for six consecutive years as a faculty member shall be eligible for a leave of either one or two semesters at his/her option. Not more than one such leave may be granted to any faculty member in each seven-year period.

#### **8.6.E. Sabbatical Leave Applications**

- (1) Applicants for sabbatical leaves shall file with their College Sabbatical Leave Committee a written request containing detailed plans of their proposal.

- (2) Applications shall be filed on or before November 1 of the fiscal year preceding the proposed leave.

- (3) Applications and recommendation(s) of each College Sabbatical Leave Committee shall be forwarded ~~to the District Sabbatical Leave Committee composed of the following members: one administrator from each college~~



~~appointed by the College President, one faculty member from each college appointed by each College Academic Senate, one AFT representative appointed by the AFT Executive Council, and one Human Resources representative who shall be a non-voting member appointed by the Vice Chancellor of Human Resources. The Human Resources representative shall serve as a coordinator of the District Sabbatical Leave Committee. The District Sabbatical Leave Committee shall determine in priority order its recommendations as well as a priority order list of alternative applicants when applications in excess of the limit are received. The District Sabbatical Leave Committee shall forward its recommendations to the Chancellor for review and submission to the Governing Board.~~

- (4) Applicants will be notified by the Governing Board on or before February 1 of the final acceptance or rejection of their application.
- (5) Under exceptional circumstances, late applications will be considered.
- (6) After a leave has been granted, any significant change of purpose or in the plan shall be cause for reconsideration of the agreement between the District and the faculty member.

#### **8.6.F. Compensation**

- (1) If the sabbatical leave is for two semesters, compensation shall be two-thirds of the faculty member's regular teaching salary.
- (2) If the leave is for one semester, the compensation shall be the faculty member's full regular contract teaching salary for one semester.

Normally, one-semester leaves must be taken during the Spring Semester.

- (3) Salary while on leave shall be paid monthly during the fiscal year in the same manner as faculty members are paid.
- (4) The District shall not pay travel costs or salary or provide remuneration other than the sabbatical leave stipend during the period of the leave. Exceptions will be considered by the Governing Board upon the recommendation of the Chancellor or upon appeal from his/her adverse recommendation.

#### **8.6.G. Guarantees**

- (1) The faculty member must agree to return to the District for a period of service equal to twice the period of the leave.
- (2) Any transfer of a faculty member who is on a sabbatical leave shall be subject to Article 14 of this Agreement.
- (3) The written agreement between the District and the Faculty member is to be acceptable without requirement of a bond.

#### **8.6.H. Accountability**

Upon completion of the sabbatical leave and within six months of the faculty member's return to duty, she/he shall submit to the District Human Resources Office who may share with the College President and/or to the Chancellor (and to the Governing Board, if requested) a report which must include transcripts of study



completed, if applicable, together with an evaluation of the project pursued. The Governing Board shall be encouraged to request a review of all reports.

#### **8.6.I. Incomplete Sabbatical Leave**

If the program for sabbatical leave is interrupted because of serious accident or illness, this will not be considered a failure to fulfill the conditions under which the leave was granted, nor shall such interruption affect the amount of compensation to be paid the faculty member under the terms of the leave agreement, provided, however, that the District shall have been notified by registered mail within 30 days of the time of the accident, or, in the case of illness, the onset of said illness and a medical verification of same.

#### **8.6.J. Effect of Leave on Salary Increments and Retirement**

- (1) Sabbatical leave shall be counted toward retirement. The annuity contributions shall be collected in the usual manner and all fringe benefits shall be in force.
- (2) Sabbatical leave shall be counted as experience for advancement on the salary schedule.
- (3) Incomplete sabbatical leaves can count toward benefits (salary, retirement, and advancement on the salary schedule) only to the extent that salary is received while the leave is in progress.
- (4) Sabbatical leave shall not affect the accrual of non-contract longevity.

#### **8.6.K. Credits**

Academic credits earned from any sabbatical leave may be credited toward salary increments the following Fall Semester.

#### **8.6.L. Limitations**

- (1) The total number of sabbatical leaves granted each college each year shall be 3% of the full-time faculty members at the college (with a fraction of a faculty member rounded up) with no fewer than (4) four at each college ~~in the District, including at least one at each college~~, except that if a reduction in force of full-time faculty is necessary due to lack of funds, the parties agree to reopen negotiations prior to May 15 of each calendar year on the minimum number of sabbaticals to be granted per year.

Beginning July 1, 2002, if the Governing Board chooses to grant sabbaticals in excess of the number of sabbaticals provided above, the additional sabbaticals shall be for one year and shall be limited to a maximum of three.

- (2) A list of alternates will be established and maintained by the Sabbatical Leave Committees in the event that change of plans for applicants or increase in staff permits additional grants.

#### **8.6.M. Priority Determinations**

In the event that more applications for sabbatical leave are submitted than the above-mentioned limitation will permit, the granting of said leaves will be governed by the following list of priority determinations, listed in order of precedence.



- (1) Value of the proposed leave to the individual faculty, the students, and the District. Value of leave to the students and District is evaluated in terms of what the applicant may contribute following return through classroom teaching, leadership, curriculum development, or teaching methods.
- (2) The number of previous sabbatical leaves granted applicants. An applicant for a first sabbatical leave shall be given priority over an applicant who has had a previous sabbatical leave.
- (3) Seniority of service.
- (4) Reasonable distribution of sabbatical leaves among departments and divisions.

#### **8.7 Professional Conference Leave**

- 8.7.A. Faculty members may, with approval of the appropriate Dean, be eligible for short-term paid leaves of absence to attend professional conferences directly related to their teaching or other District work assignments.



- 8.7.B. The length of any such short-term leave shall not exceed the length of the business portion of such conference, plus necessary travel time.
- 8.7.C. No such leave shall be granted unless the faculty member has requested and received approval of the appropriate District "Convention, Meeting, or Travel Request." Approval of a faculty member's request for short-term conference leave implies that, if necessary and available, a substitute teacher shall be provided for the faculty member's teaching responsibilities during the term of such leave.
- 8.7.D. The manner in which available budgetary allocations for reimbursement of faculty conference expenses shall be allocated shall be determined by each College President, and any expressed or implied commitment to reimburse such expenses shall be subject to the budgetary limitations established by the Governing Board, but in no event less than \$400~~120~~ per contract faculty member as a District-wide average. Funds available to the College for reimbursement of conference expenses may, at the discretion of the College President, be utilized to reimburse faculty members for attendance at conferences generally applicable to the educational program of the college or conferences that a faculty member has been requested by District management to attend as a representative of the College or the District. Non-contract faculty members will have first priority on 15% of the total funds as defined in this article. Any remaining funds will be available for all faculty members.
- 8.7.E. If the appropriate Dean and College President approve a faculty member's "Convention, Meeting or Travel Request" that contains estimated expenses, and if funds are available to the College for reimbursement of such expenses, the faculty member to whom such short-term leave of absence has been granted will be reimbursed for the necessary and reasonable expenses of conference attendance, subject to the following guidelines:
- (1) Cost of transportation shall not exceed round-trip coach, rail, or air fare where such service is readily available. The prevailing automobile mileage rate may be authorized when rail or air service is not feasible or when numerous stops need to be made en route. When service by public carrier is readily available but auto travel is preferred by the person traveling, the equivalent of rail or plane fare will be allowed for use of a personal car. The compensation payable for use of personal car shall be at the rate determined by the Governing Board.
  - (2) Expenses for lodging, meals, registration fees, necessary taxi, and local transportation and telephone charges are considered proper expenditures. Receipts are required for the following expenses: (1) lodging, (2) public transportation (passenger identification coupon or ticket stub required for any air, train, or bus trips) and (3) convention registration fees. In all cases it is expected charges will be reasonable for the place where conferences and meetings are held. Tip payments and service charges allowed on authorized conference and travel expenses may not be greater than 15 percent of the meal charge.
  - (3) Requests for reimbursements and expenses shall be reviewed and approved by the Chancellor or his/her designated representative before payment is made.
- 8.7.F. If part or all of a faculty member's expenses incurred during conference leave have been paid or reimbursed by the District, District management may require that information acquired at such conference be shared in a written report or by other appropriate means with the faculty member's colleagues.



## **8.8 Workload Program (Loadbanking)**

Full-time regular contract faculty members who work a non-contract assignment may elect to have all or part of their non-contract assignment compensation deferred to a subsequent semester or academic year. The provisions of the Workload Balancing Program, loadbanking, are as follows:

### **8.8.A. Plan**

- (1) **Taxes.** The District shall withhold all taxes and other regular withholding at the time(s) when the non-contract pay is earned or accrued. If the Internal Revenue Service, Franchise Tax Board, State Chancellor's Office, or any other taxing authorities rule on the taxable status of the workload balancing program, the District and the Federation will modify the agreement to comply with the ruling.
- (2) Faculty will initiate a written "Workload Balancing Plan" (see Appendix J). The plan must be received by the dean/immediate supervisor no later than five (5) working days after the end of the first census period of the semester of the assignment the faculty member wishes to bank. The plan will comply with the provisions of this plan as set forth below.
- (3) Implementation of this Plan is contingent upon agreement among the applicant, the immediate supervisor and department/discipline faculty. Agreement will not be unreasonably withheld.

### **8.8.B. Banking Overload Hours**

- (1) There is a limit of 36 lecture equivalent hours on the number of overload hours that can be banked (18 hours LEH banked equals 15 LEH leave).
- (2) Summer Intersession assignments may not be banked.
- (3) Classes in restricted or categorically-funded programs may be banked if allowed by State and Federal laws and regulations.
- (4) Hours earned by performing services provided in Article 13 or Section 3.5 shall not be banked.

### **8.8.C. Using Banked Hours**

- (1) A faculty member may utilize "banked" hours with prior written approval of the immediate supervisor (see Appendix J).
- (2) Workload balancing plans approved prior to July 28, 1998, will be honored as approved. All subsequent plans will be in accordance with Section 8.8.
- (3) Banked hours shall be used on the basis of five hours off for six hours in the bank. If the request is for less than five hours, only the equivalent hours will be deducted from their bank.
- (4) Banked hours may be held for ten years.



- (5) The limit on the frequency at which one can take banked leaves is two full banked semesters in seven years.
- (6) With the agreement of the faculty member, banked hours may be used to fill out a full-time workload.
- (7) Faculty can accumulate up to one full year of leave time (36 LEH of banked time).
- (8) The provisions of Section 8.2 apply: time on paid leave shall be counted as time in service.
- (9) Faculty on Workload Balancing leave cannot be employed on an extra-contractual basis by the District while on such leave.
- (10) Workload Balancing leave may not be used in combination with any other leave to exceed one academic year without prior Governing Board approval.
- (11) Banked leave may be used to supplement the difference between 2/3 pay and full pay for employees on sabbatical leave pursuant to Article 8, Leaves. Two hours of banked leave shall be the equivalent of one hour of sabbatical leave.

#### **8.8.D. Cashing-Out Banked Hours**

- (1) Cash-out rate shall be at the rate at which hours were earned.
- (2) Except as set forth in Section 8.8.D.(3), one full semester must elapse between approval of the plan and cashing out banked hours.
- (3) The faculty member shall not be entitled to cash out except under one of the following circumstances:
  - a. retirement
  - b. termination
  - c. death
  - d. medical disability as defined in IRS Section Code 72(m)(7)
  - e. medical emergency causing documented costs in excess of \$2,000 resulting from unpaid leave or uninsured medical costs
  - f. uninsured loss of real property in excess of \$10,000.

#### **8.8.E. Computation of Banked Hours**

- (1) All extra-hourly and overload hours of instruction will be computed on the basis of lecture equivalent hours.
- (2) Overload hours for non-classroom work shall be considered overload as provided in Section 5.3.A.(1) and banked on an hour-for-hour basis.



- (3) One lecture equivalent hour of instruction shall equal 2 hours of non-classroom work for each week of instruction, e.g., for a 20-week semester, 40 hours would be banked.

## **8.9 Voluntary Sick Leave Pool**

### **8.9.A. Voluntary Sick Leave Pool Membership**

- (1) The pool shall be established and maintained by the voluntary donations of accrued sick leave days/hours by contract faculty, contract faculty with a non-contract assignment, and non-contract faculty. Participating faculty are requested to donate the minimum number of sick leave days/hours once the "Call for Donations" by the Voluntary Sick Leave Pool is made.
- (2) Faculty may contribute accrued sick leave days/hours to the Voluntary Sick Leave Pool at any time. Faculty must contribute to the pool to be eligible to withdraw from the Voluntary Sick Leave Pool.
- (3) The days/hours donated to the Voluntary Sick Leave Pool may not be withdrawn except as provided for in Sections 8.9.C and D.
- (4) The number of sick leave days/hours available to a faculty member will be limited by the size of the Voluntary Sick Leave Pool.
  - a. Full-time Faculty.

Minimum contribution of a full-time faculty shall be one day of accrued sick leave on at least one occasion.
  - b. Non-contract and Contract Faculty with a Non-contract Assignment.

Minimum contribution by non-contract and contract faculty with a non-contract assignment shall be three (3) hours of accrued sick leave on at least one occasion.

### **8.9.B. Application to the Voluntary Sick Leave Pool**

- (1) A faculty member may apply to the District's Human Resources and/or Payroll Office for replacement sick leave days/hours upon exhaustion of the faculty member's accrued sick leave if the faculty member has an assignment for the semester(s) for which he/she is applying to the Voluntary Sick Leave Pool. The District Human Resources Office and/or Payroll Office will forward the faculty member's request to the Voluntary Sick Leave Pool Committee
- (2) The Voluntary Sick Leave Pool Committee shall forward the faculty member's application along with its recommendation regarding the number of sick leave days/hours to be available to the faculty member to the Governing Board for approval.



#### **8.9.C. Benefits for Contract Faculty**

The Voluntary Sick Leave Pool may contribute up to a total of 15 weeks of full- pay sick leave to a faculty member. This provision will begin when the District's contribution of 100 days of sick leave at half pay becomes effective. The Voluntary Sick Leave Pool may provide up to 100 days of half-pay sick leave which will coincide with the District's provision of 100 days at half-pay sick leave. In addition, the faculty member may receive up to an additional 25 days of full-pay sick leave.

#### **8.9.D Benefits for Non-contract and Contract Faculty with Non-contract Assignment**

The Voluntary Sick Leave Pool may contribute sick leave hours to the faculty member when all accrued sick leave hours have been exhausted. Part-time and contract faculty with a non-contract assignment may be provided up to 15 weeks of sick leave days/hours from the pool at the rate of their current load. (For example, a faculty member with a current nine-hour non-contract load assignment would be entitled to up to 15 weeks of voluntary sick leave at a rate of nine hours per week.)

#### **8.9.E. Size of Pool**

There will be no limit on the size of the Voluntary Sick Leave Pool. The Committee may elect to expand the size of the Voluntary Sick Leave Pool at any time during the school year by putting out a "Call for Donations."

#### **8.9.F. Voluntary Sick Leave Pool Committee**

A permanent Voluntary Sick Leave Pool Committee shall be formed, consisting of three representatives selected by the District and three representatives selected by the Federation:

- (1) Initial appointments shall be for one, two, and three years, respectively, for both District and Federation appointees, and three years for each subsequent appointment.
- (2) The Committee shall monitor the pool to advise faculty on the number of hours/days remaining in the pool. The District Human Resources Office will keep the Committee apprised of the size of the Voluntary Sick Leave Pool.
- (3) The Committee shall review the implementation of the Voluntary Sick Leave Pool and make recommendations to the District and Federation regarding amendments, clarifications, and alterations to the nature, structure, and implementation of the pool.
- (4) Committee replacements shall be handled by the respective parties.

Recommendations to change any of the above provisions by the Voluntary Sick Leave Pool Committee must be approved by the Federation and the District prior to implementation.



#### **8.10 Industrial Leave**

A faculty member who is injured while acting within the course and scope of his/her employment shall be entitled to industrial accident or illness leave for not more than 60 days in any one fiscal year for any such accident or illness. Utilization of such leave shall be subject to the following conditions:

- 8.10.A. Such leave shall not be cumulative from year to year.
- 8.10.B. Such leave will commence on the first day of absence due to such industrial accident or illness.
- 8.10.C. Payment for such leave shall not, when added to any award granted to the faculty member under the Worker's Compensation laws of this State, exceed such faculty member's normal daily rate of compensation.
- 8.10.D. The amount of such leave will be reduced by one day for each day of authorized absence regardless of any Worker's Compensation award to the faculty member.
- 8.10.E. The continuation of authorized absence into a subsequent fiscal year shall not be deemed to extend or increase the 60 days of leave available for such industrial accident or illness.
- 8.10.F. Utilization of such leave shall be subject to the faculty member's submission of such appropriate proof of industrial accident or illness and the effects thereof as the District may designate.
- 8.10.G. Leave with pay because of industrial accident or illness shall first be charged to the above-mentioned 60-day leave provision before a faculty member is required to utilize any accumulated sick leave.

#### **8.11 State Disability Insurance**

As soon as practicable after the ratification/adoption of this Agreement, ideally by January 31, 2014, the District will facilitate an election among exclusively non-contract faculty to determine whether they wish to be covered by State Disability Insurance (SDI). The program will be implemented if a majority of active exclusively non-contract faculty vote in favor of such coverage. If the program is implemented, any costs associated with SDI coverage will be borne by the exclusively non-contract faculty (and not the District).



VCCCD  
SETTLEMENT PROPOSAL  
TO AFT  
SEPTEMBER 13, 2019

from  
VCCCD  
9-13-19  
10:04 AM  
to AFT

Articles 3&4 Benefits Proposal Linked with Salary Increase

1. The District will enter into an agreement with CalPERS to purchase medical benefits beginning July 1, 2020.
2. Effective July 1, 2020, the District will contribute an amount towards the health benefit premium equal to the CalPERS PERS Choice premium amount for the next two years.
3. Employees will receive a 3% off-schedule bonus effective upon agreement for the 2019-20 academic year, a 6% increase for the 2020-21 academic year effective July 1, 2020, and a 1% increase for the 2021-22 academic year effective July 1, 2021.\*

\*Salary proposal is contingent on Medical proposal.

|                                                                                    |             |
|------------------------------------------------------------------------------------|-------------|
| Article 5 Workload & Assignment                                                    | As Proposed |
| Article 6 Class Size      Current Contract Language                                | AT IMPASSE  |
| Article 7 Safety                                                                   | TA          |
| Article 8 Leaves                                                                   | As Proposed |
| Article 11, 12, 13 Tenure, Evaluation, Dept. Chairs                                | As Proposed |
| Article 14 Transfers                                                               | TA          |
| Article 15 Resignation                                                             | TA          |
| Article 17 Federation Rights and Activities                                        | AT IMPASSE  |
| Article 18 Federation Security Provision Resolved by MOU                           |             |
| Article 21 Term      Agreement on 3 year and time line for submission of proposals |             |
| Article 23 Distance Education                                                      | AT IMPASSE  |
| Appendix A      Removed from the CBA                                               | AT IMPASSE  |
| Appendix F      Current Contract Language                                          | AT IMPASSE  |



VCCCD General Fund - Unrestricted - Fund Balances

To AFT: Sep 13, 2019

| Board Designated                            | FY20 (estim) | 6/30/2019  | 6/30/2018  | 6/30/2017  | 6/30/2016  | 6/30/2015  |
|---------------------------------------------|--------------|------------|------------|------------|------------|------------|
| State Required Minimum 5%                   | 9,718,964    | 10,018,403 | 9,281,823  | 9,215,676  | 7,991,634  | 7,025,449  |
| Revenue Shortfall Contingency               | 5,000,000    | 5,000,000  | 5,000,000  | 5,000,000  | 5,000,000  | 5,000,000  |
| Distributed Marketing                       |              |            |            |            |            | 400,000    |
| Emergency Preparedness                      |              |            |            |            |            | 2,000,000  |
| State Teachers' Retirement System (STRS)    | 1,000,000    | 1,000,000  | 1,000,000  | 1,000,000  | 1,000,000  | 1,000,000  |
| Energy Efficiency                           | 170,000      | 1,400,000  | 1,400,000  | 1,400,000  | 1,400,000  | 1,400,000  |
| Enrollment Growth                           |              |            |            |            |            | 1,000,000  |
| Potential Triggers (tax initiative failure) |              |            |            |            |            |            |
| Unallocated - Committed                     |              |            |            |            |            |            |
| Unallocated - Uncommitted                   | 16,404,401   | 17,674,962 | 13,023,006 | 3,517,123  | 11,323,968 | 7,665,119  |
| Budget Carryover                            | -            | 5,038,852  | 3,046,540  | 2,957,635  | 2,706,294  | 2,354,379  |
| Fund 111 Sub-Total                          | 32,293,365   | 40,132,217 | 32,751,369 | 23,090,434 | 29,421,896 | 27,844,947 |
| Fund 113                                    | 18,006,004   | 21,694,867 | 22,684,009 | 17,082,588 | 16,857,177 | 6,514,846  |
| Fund 114                                    | 11,082,048   | 16,984,594 | 16,635,544 | 15,231,920 | 14,719,712 | 9,519,508  |
| Grand Total - General Fund Unrestricted     | 61,381,417   | 78,811,678 | 72,070,922 | 55,404,942 | 60,998,785 | 43,879,301 |

to AFT  
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from VCCCD  
9/13/19



**VCCCD Total Cost of 1% (Salary + statutory benefits)  
FY20**

| <b>Bargaining Unit</b> | <b>General Fund</b> | <b>Other Funds</b> | <b>All Funds</b> |
|------------------------|---------------------|--------------------|------------------|
| FT Faculty (AFT)       | 497,700             | 82,300             | 580,000          |
| PT Faculty (AFT)       | 283,800             | 26,900             | 310,700          |
| <b>TOTAL</b>           | <b>781,500</b>      | <b>109,200</b>     | <b>890,700</b>   |

*Revised 6/7/19 with HRL/HR2 rates updated with increases*

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*from VCCCD  
to AFT*

*1107 AM  
9/13/19*



To AFT: Sep 13, 2019

**AFT Part-Time Faculty Scattergram**  
**FT20**

| Step | Class I | Class II | Class III | Total* |
|------|---------|----------|-----------|--------|
| 1    | 17      | 67       | 21        | 105    |
| 2    | 35      | 79       | 27        | 141    |
| 3    | 23      | 81       | 26        | 130    |
| 4    | 11      | 43       | 10        | 64     |
| 5    | 23      | 60       | 10        | 93     |
| 6    | 2       | 18       | 9         | 29     |
| 7    | 28      | 159      | 44        | 231    |
|      | 139     | 507      | 147       | 793    |

\*32 PT faculty are listed twice due to having a hold-harmless rate.

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FY20 FT Faculty Scattergram

| Sum of Count<br>Step | Column<br>I | II | III | IV  | V   | Grand Total |
|----------------------|-------------|----|-----|-----|-----|-------------|
| 2                    |             | 1  | 2   |     |     | 3           |
| 3                    |             |    |     |     | 1   | 1           |
| 4                    |             |    |     | 1   | 1   | 2           |
| 5                    | 3           | 1  | 1   | 8   | 4   | 17          |
| 6                    | 4           | 1  |     | 3   | 4   | 12          |
| 7                    | 7           | 2  | 1   | 4   | 1   | 15          |
| 8                    | 2           | 1  | 2   | 4   | 4   | 13          |
| 9                    | 2           |    | 1   | 3   | 7   | 13          |
| 10                   | 4           | 4  | 5   | 6   | 8   | 27          |
| 11                   | 3           | 5  | 5   | 17  | 14  | 44          |
| 12                   | 8           | 3  | 2   | 3   | 5   | 21          |
| 13                   | 6           | 1  | 2   | 2   | 5   | 16          |
| 14                   | 5           | 3  | 1   | 4   | 5   | 18          |
| 15                   | 13          | 43 | 26  | 81  | 54  | 217         |
| Grand Total          | 57          | 65 | 48  | 136 | 113 | 419         |

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9/13/19  
to AFT  
from VCCCD



To AFT: Sep 13, 2019

**AFT Request for Information  
Impact on Various Steps/Columns**

from  
VCCCD  
to AFT  
1129  
9/13/19

|                                   | Current schedule<br>FY20 | 3% off schedule<br>FY20 | 6% on schedule<br>FY21 | 1% on schedule<br>FY22 |
|-----------------------------------|--------------------------|-------------------------|------------------------|------------------------|
| <b>Step 1/Column 1</b>            |                          |                         |                        |                        |
| Salary (10-mo annual)             | 48,751                   | 50,214                  | 51,676                 | 52,193                 |
| Statutory benefits (GF)           | 25,984                   | 26,764                  | 28,215                 | 28,341                 |
| H&W (Anthem 7.5% incr FY21, FY22) | 27,141                   | 27,141                  | 29,057                 | 31,117                 |
| TOTAL compensation                | 101,876                  | 104,118                 | 108,949                | 111,651                |

|                                   |         |         |         |         |
|-----------------------------------|---------|---------|---------|---------|
| <b>Step 7/Column 3</b>            |         |         |         |         |
| Salary (10-mo annual)             | 73,124  | 75,318  | 77,511  | 78,287  |
| Statutory benefits (GF)           | 38,975  | 40,144  | 42,321  | 42,510  |
| H&W (Anthem 7.5% incr FY21, FY22) | 27,141  | 27,141  | 29,057  | 31,117  |
| TOTAL compensation                | 139,240 | 142,603 | 148,890 | 151,914 |

|                                   |         |         |         |         |
|-----------------------------------|---------|---------|---------|---------|
| <b>Step 15/Column 5</b>           |         |         |         |         |
| Salary (10-mo annual)             | 102,372 | 105,443 | 108,514 | 109,599 |
| Statutory benefits (GF)           | 54,564  | 56,201  | 59,249  | 59,513  |
| H&W (Anthem 7.5% incr FY21, FY22) | 27,141  | 27,141  | 29,057  | 31,117  |
| TOTAL compensation                | 184,077 | 188,785 | 196,821 | 200,229 |



To AFT: Sep 13, 2019

**Cost of AFT Proposal: Articles 3 & 4**

from VCCU to AFT  
1140 AM  
9-13-19

| 1  |                                      | 2019-20 Adoption     | 2020-21 Estimate     | 2021-22 Estimate     |
|----|--------------------------------------|----------------------|----------------------|----------------------|
| 2  | <b>Assumptions</b>                   |                      |                      |                      |
| 3  | <b>General Apportionment</b>         | <b>Hold-Harmless</b> | <b>Hold-Harmless</b> | <b>Hold-Harmless</b> |
| 4  | <b>COLA</b>                          | <b>3.26%</b>         | <b>3.00%</b>         | <b>2.80%</b>         |
| 5  | <b>Revenue</b>                       |                      |                      |                      |
| 6  | Total General Apportionment          | 163,143,068          | 168,037,360          | 172,742,406          |
| 7  | FT Faculty Hiring                    | 1,184,531            | 1,184,531            | 1,184,531            |
| 8  | PT Faculty Equity Comp               | 558,080              | 558,080              | 558,080              |
| 9  | Lottery Proceeds                     | 3,978,025            | 3,978,025            | 3,978,025            |
| 10 | Nonresident Tuition - International  | 668,448              | 668,448              | 668,448              |
| 11 | Nonresident Tuition - Domestic       | 952,217              | 952,217              | 952,217              |
| 12 | <b>TOTAL REVENUE</b>                 | <b>170,484,369</b>   | <b>175,378,661</b>   | <b>180,083,707</b>   |
| 13 |                                      |                      |                      |                      |
| 14 | <b>Expenditures</b>                  |                      |                      |                      |
| 15 | Faculty Salaries                     | 69,721,399           | 80,890,678           | 93,853,758           |
| 16 | Management Salaries                  | 7,690,998            | 7,775,473            | 7,860,877            |
| 17 | Classified Salaries                  | 28,309,077           | 28,637,824           | 28,971,041           |
| 18 | Employee Benefits                    | 59,506,820           | 69,784,307           | 80,195,601           |
| 19 | <b>Salary &amp; Benefit Subtotal</b> | <b>165,228,294</b>   | <b>187,088,282</b>   | <b>210,881,277</b>   |
| 20 | Supplies & Materials                 | 2,702,826            | 2,702,826            | 2,702,826            |
| 21 | Operating Expenditures               | 16,975,225           | 17,268,432           | 17,297,175           |
| 22 | Capital Outlay                       | 392,393              | 392,393              | 392,393              |
| 23 | Transfers                            | 783,018              | 783,018              | 783,018              |
| 24 | Contingency                          | 4,750,578            | -                    | -                    |
| 25 | <b>Direct Expenditure Subtotal</b>   | <b>25,604,040</b>    | <b>21,146,668</b>    | <b>21,175,412</b>    |
| 26 | <b>TOTAL EXPENDITURES</b>            | <b>190,832,335</b>   | <b>208,234,951</b>   | <b>232,056,689</b>   |
| 27 |                                      |                      |                      |                      |
| 28 | <b>OPERATING SURPLUS/DEFICIT</b>     | <b>(20,347,966)</b>  | <b>(32,856,290)</b>  | <b>(51,972,982)</b>  |
| 29 |                                      |                      |                      |                      |
| 30 | <b>Fund Balance</b>                  |                      |                      |                      |
| 31 | Beginning Fund Balance               | 40,132,217           | 19,784,251           | (13,072,039)         |
| 32 | Ending Fund Balance                  | 19,784,251           | (13,072,039)         | (65,045,021)         |
| 33 |                                      |                      |                      |                      |
| 34 | <b>Reserves</b>                      |                      |                      |                      |
| 35 | Board Designated:                    |                      |                      |                      |
| 36 | State Minimum 5%                     | 9,718,964            | 11,214,550           | 12,405,637           |
| 37 | Revenue Shortfall Contingency        | 5,000,000            | 5,000,000            | 5,000,000            |
| 38 | State Teachers' Retirement System (S | 1,000,000            | 1,000,000            | 1,000,000            |
| 39 | Energy Efficiency                    | 170,000              | 170,000              | 170,000              |
| 40 | Unallocated                          | 3,895,287            | (30,456,589)         | (83,620,658)         |
| 41 | <b>TOTAL RESERVES</b>                | <b>19,784,251</b>    | <b>(13,072,039)</b>  | <b>(65,045,021)</b>  |

**Assumptions:**

FY20: Salary increase = 15% - AFT

FY21: Salary increase = 15% - AFT

FY22: Salary increase = 15% - AFT

Estimated H&W Savings N/A

- Only the cost of AFT proposal for Articles 3 & 4 is included in this calculation.
- This MYP was based on AFT's statement that its proposal was for a 15% salary increase for each of three years; District fiscal services did not reverse calculate AFT's proposed salary schedules.



VCCCD  
SETTLEMENT PROPOSAL  
TO AFT  
SEPTEMBER 13, 2019 (revised)

to AFT  
1155 AM  
from VCCCD  
9-13-19

Articles 3 & 4 Benefits Proposal Linked with Salary Increase

1. The District will enter into an agreement with CalPERS to purchase medical benefits beginning July 1, 2020.
2. Effective July 1, 2020, the District will contribute an amount towards the health benefit premium equal to the CalPERS PERS Choice premium amount for the next two years.
3. Employees will receive a 3% off-schedule bonus effective upon agreement for the 2019-20 academic year, a 6% increase for the 2020-21 academic year effective July 1, 2020, and a 1% increase for the 2021-22 academic year effective July 1, 2021.\*

\*Salary proposal is contingent on Medical proposal.

|                                                                                    |                           |
|------------------------------------------------------------------------------------|---------------------------|
| Article 5 Workload & Assignment                                                    | As Proposed               |
| Article 6 Class Size      Current Contract Language                                | AT IMPASSE                |
| Article 7 Safety                                                                   | TA                        |
| Article 8 Leaves                                                                   | As Proposed               |
| Article 11 Tenure                                                                  | Current contract language |
| Article 12 Evaluation                                                              | Current contract language |
| Article 13 Dept. Chairs                                                            | As Proposed               |
| Article 14 Transfers                                                               | TA                        |
| Article 15 Resignation                                                             | TA                        |
| Article 17 Federation Rights and Activities                                        | AT IMPASSE                |
| Article 18 Federation Security Provision                                           | Resolved by MOU           |
| Article 21 Term      Agreement on 3 year and time line for submission of proposals |                           |
| Article 23 Distance Education                                                      | AT IMPASSE                |
| Appendix A      Removed from the CBA                                               | AT IMPASSE                |
| Appendix F      Current Contract Language                                          | AT IMPASSE                |