

**FRESNO WESTSIDE MOSQUITO ABATEMENT DISTRICT
BOARD OF TRUSTEES MEETING
District Office, 2555 N Street, Firebaugh, California
(Manager attending via teleconference)**

**December 12, 2019
12:45 p.m.**

AGENDA

1. CALL TO ORDER

2. ROLL CALL

3. PLEDGE OF ALLEGIANCE

4. ITEMS GENERAL CONSENT

- a) MINUTES OF THE LAST MEETING
- b) CHECKS FOR RATIFICATION
- c) CHECKS FOR APPROVAL
- d) FINANCIAL REPORTS

5. PUBLIC COMMENT

This portion of the meeting is reserved for persons desiring to address the Board on any public matter within the Board's jurisdiction. The Board President may impose a time limit on said comments.

6. APPROVAL OF ADDITIONAL ITEMS OF IMMEDIATE NEED TO THE AGENDA

(Requires $\frac{2}{3}$ Board approval)

7. STAFF REPORTS AND INFORMATION

- a) OPERATIONS AND LEGISLATIVE REPORT
District staff will update the Board on District operations, legislative and regulatory issues, mosquito conditions, staffing, program plans for the oncoming season and other issues of importance to this District.
- b) MEETING REPORTS
District staff will present an oral report of all meetings attended since the last board meeting.
- c) UPCOMING MEETINGS
District staff will inform the Board of upcoming meetings.
 - MVCAC Annual Meeting, Jan 26-29, San Diego, CA.
 - AMCA Annual Meeting, Mar 16-20, Portland, OR.

8. ACTION – Action may be taken on any item on the agenda. Items in this section are expected to have action taken at this meeting.

- a) SECOND AMENDMENT TO PURCHASE & SALE AGREEMENT & JOINT ESCROW INSTRUCTIONS
The Board will review proposed revisions of this agreement.
- b) BLUE SHIELD HEALTH INSURANCE RENEWAL
The Board will review the renewal options for our Blue Shield health plan. Our broker is currently shopping for alternatives with Blue Shield and other providers.
- c) 2020 MEETING SCHEDULE (UPDATED)
The Manager will provide an updated schedule of the regular Board Meetings for 2020. The Board will also discuss their preferences for lunch prior to the meetings.

9. TRUSTEE ISSUES

- a) TRUSTEE REPORTS AND QUESTIONS
The Trustees will report on mosquito conditions and public opinion in their respective areas. Any questions or problems will be presented to staff.

10. REQUEST FOR FUTURE AGENDA ITEMS - The Board President will entertain suggestions for future agenda items.

11. ADJOURNMENT

The next regular meeting of the Board is Thursday , **January 09, 2020.**

Accessible Public Meetings: Upon request, the Fresno Westside Mosquito Abatement District will provide written agenda materials in appropriate alternative formats, or disability-related modification or accommodation, including auxiliary aids or services, to enable individuals with disabilities to participate in public meetings. Please send a written request, including your name, mailing address, phone number and a brief description of the requested materials and preferred alternative format or auxiliary aid or service at least eight (8) days before the meeting. Requests should be sent to: Fresno Westside Mosquito Abatement District, 2555 N Street, Firebaugh, CA 93622 or admin@fresnowestmosquito.com.

* The Board discussed the new policy:2105: District Vehicle Usage, presented at the last board meeting After some discussion, a motion was made, seconded, and passed unanimously to approve the policy as presented.

MOTION: Trustee Fickett SECOND: Trustee Capuchino

* The Board considered the 2020 board meeting schedule. After some discussion, a motion was made, seconded, and passed unanimously to approve the schedule subject to moving the February meeting from Thursday to Friday of the same week to avoid conflicting with the International Ag Expo.

MOTION: Trustee Ram SECOND: Trustee Williams

* A motion was made, seconded and passed unanimously to authorize the Manager to sign the Cooperative Agreement with the California Department of Public Health

MOTION: Trustee Ram. SECOND: Trustee Fickett

* The Board discussed out of state travel for employees for the 2020 year. After some discussion, a motion was made, seconded, and passed unanimously to approve travel for the Superintendent of Operations to Oregon for the AMCA meeting.

MOTION: Trustee Felker SECOND: Trustee Capuchino

The Trustees were asked to report on mosquito conditions and public opinions in their respective areas. Trustee Capuchino reported activity in the Catholic Church in Mendota.

There being no further business, the meeting was adjourned at 2:12 p.m. The next regular meeting of the Board will be held on December 12, 2019.

Chairman

Secretary

Fresno Westside Mosquito Abatement District
Checks for Ratification
November 16 through December 11, 2019

<u>Date</u>	<u>Num</u>	<u>Name</u>	<u>Memo</u>	<u>Amount</u>
Nov 16 - Dec 11, 19				
11/26/2019		QuickBooks Payroll Service	Created by Payroll Service...	-13,765.53
11/29/2019		Angela Patlan Diedrich	Case 12 CE FL 04871	-500.00
11/27/2019		QuickBooks Payroll Service	Created by Direct Deposit ...	-1.75
12/11/2019		QuickBooks Payroll Service	Created by Payroll Service...	-13,857.90
12/02/2019	Auto Pay	Blue Shield of California	Health Ins. Premium - Dec...	-5,239.92
12/03/2019	AutoPay	Pacific Gas & Electric Co.	Utilities	-1,059.20
11/27/2019	E-Pay	FRESNO WESTSIDE M.A.D.	Balance due on Payroll Ta...	-313.70
11/27/2019	E-Pay	Calpers 457	Def Comp	-2,950.00
11/27/2019	E-Pay	FRESNO WESTSIDE M.A.D.	4649627650	-6,286.88
11/27/2019	E-Pay	FRESNO WESTSIDE M.A.D.	4649627650	-1,884.59
11/27/2019	E-Pay	VOYA Institutional Trust Co.	Def Comp	-425.00
12/02/2019	E-Pay	Mutual of Omaha	Life Insurance	-176.11
11/27/2019	E-Pay	FRESNO WESTSIDE M.A.D.	94-6037648	-5,756.92
11/27/2019	E-Pay	FRESNO WESTSIDE M.A.D.	698-1686-6	-586.08
11/27/2019	DD1479	Coffey, Kenneth	Direct Deposit	0.00
11/27/2019	DD1480	Diedrich, Matt	Direct Deposit	0.00
11/27/2019	DD1481	Quigley, Robert	Direct Deposit	0.00
11/27/2019	DD1482	Reis, Conlin	Direct Deposit	0.00
11/27/2019	DD1483	Rowan, Chance D	Direct Deposit	0.00
11/27/2019	DD1484	Verdugo, Alfredo J	Direct Deposit	0.00
11/27/2019	DD1485	Young, Brenda D	Direct Deposit	0.00
11/27/2019	8346	Burns, Richard	Pay Period 11/16/2019 - ...	-1,705.15
11/27/2019	8347	Chapman, Brian	Pay Period 11/16/2019 - ...	-1,524.49
11/18/2019	283017	US Bank Corporate Paymen...	CalCard Payment	-31,370.23
11/18/2019	283018	FRESNO WESTSIDE M.A.D.	Replenish revolving account	-81,000.00
11/18/2019	283018	FRESNO WESTSIDE M.A.D.	Replenish revolving account	81,000.00
Nov 16 - Dec 11, 19				<u>-87,403.45</u>

Fresno Westside Mosquito Abatement District
Checks for Approval
December 12 - 18, 2019

<u>Date</u>	<u>Num</u>	<u>Name</u>	<u>Memo</u>	<u>Amount</u>
Dec 12 - 18, 19				
12/13/2019		Angela Patlan Diedrich		-500.00
12/12/2019		QuickBooks Payroll Service	Created by Direct Deposit Service o...	-1.75
12/12/2019	E-Pay	VOYA Institutional Trust Co.	Def Comp	-425.00
12/12/2019	E-Pay	FRESNO WESTSIDE M.A.D.	94-6037648	-5,848.72
12/12/2019	E-Pay	FRESNO WESTSIDE M.A.D.	698-1686-6	-586.08
12/12/2019	DD1486	Fickett, Mark	Direct Deposit	0.00
12/12/2019	DD1487	Coffey, Kenneth	Direct Deposit	0.00
12/12/2019	DD1488	Diedrich, Matt	Direct Deposit	0.00
12/12/2019	DD1489	Quigley, Robert	Direct Deposit	0.00
12/12/2019	DD1490	Reis, Conlin	Direct Deposit	0.00
12/12/2019	DD1491	Rowan, Chance D	Direct Deposit	0.00
12/12/2019	DD1492	Verdugo, Alfredo J	Direct Deposit	0.00
12/12/2019	DD1493	Young, Brenda D	Direct Deposit	0.00
12/12/2019	8348	Agri-Center Auto Parts	For the Tanker	-10.00
12/12/2019	8349	ASI Administrative Solutions	Claims	-746.80
12/12/2019	8350	ASI Administrative Solutions	Admin_December_2019	-270.00
12/12/2019	8351	AT&T - CALNET	Office phones	-77.07
12/12/2019	8352	Brenda D. Young	Reimburse for Appreciation Lunche...	-82.71
12/12/2019	8353	CCVCJPA	Dental/Vision November & December	-908.10
12/12/2019	8354	Guthrie Petroleum	515 gallons gas	-1,770.75
12/12/2019	8355	TDC Aero Logistics Inc.	Aircraft Management_November	-200.00
12/12/2019	8356	Capuchino, S. Leo	Trustee in-lieu_November	-92.35
12/12/2019	8357	Felker, Robert	Trustee in-lieu_November	-92.35
12/12/2019	8358	Fontana, Eric	Trustee in-lieu_November	-92.35
12/12/2019	8359	Ram, Rene	Trustee in-lieu_November	-92.35
12/12/2019	8360	Williams, Frank	Trustee in-lieu_November	-92.35
12/12/2019	8361	Burns, Richard	Pay Period 12/01/2019 - 12/15/2019	-1,705.15
12/12/2019	8362	Chapman, Brian	Pay Period 12/01/2019 - 12/15/2019	-1,524.49
12/18/2019	283019	FRESNO WESTSIDE M.A.D.	VOID: Replenish revolving account	0.00
12/18/2019	283019	FRESNO WESTSIDE M.A.D.	Replenish revolving account	0.00
12/18/2019	283020	FRESNO WESTSIDE M.A.D.	Replenish revolving account	-75,000.00
12/18/2019	283020	FRESNO WESTSIDE M.A.D.	Replenish revolving account	75,000.00
Dec 12 - 18, 19				<u>-15,118.37</u>

Fresno Westside Mosquito Abatement District

Profit & Loss

November 2019

12/11/19

Accrual Basis

	Nov 19	Nov 18
Ordinary Income/Expense		
Income		
Interest	0.95	1.15
Other Charge	26,832.94	22,469.14
Total Income	26,833.89	22,470.29
Gross Profit	26,833.89	22,470.29
Expense		
5010 Salaries & Wages	54,209.43	55,898.56
5020 OASDI, Retirement		
5021 OASDI	4,173.74	4,058.17
5022 CalPERS Normal	4,639.42	4,185.32
Total 5020 OASDI, Retirement	8,813.16	8,243.49
5030 Gr. Ins., Unemp.	7,248.20	5,020.40
5050 Clothing	228.26	201.18
5060 Communications	475.51	412.49
5090 Household	0.00	11.75
5120 Equipment Maintenance		
5121 Gas & Oil	1,770.75	1,509.54
5122 Parts, Repairs	1,431.43	661.66
5123 Shop Expense	26.23	4.30
5125 Parts & Repairs, Aircraft	0.00	44.01
Total 5120 Equipment Maintena...	3,228.41	2,219.51
5130 Bldg and Grounds Maint.	76.26	76.26
5140 Lab Expenses	0.00	125.00
5170 Office Expense	63.00	433.88
5230 District Special Expense		
5231 Miscellaneous	775.04	484.40
5234 Surveillance	1,923.34	100.49
5236 Aerial Management	200.00	175.00
Total 5230 District Special Expe...	2,898.38	759.89
5250 Transportation		
5251 Trustees	500.00	700.00
5252 Travel Expenses	0.00	272.78
Total 5250 Transportation	500.00	972.78
5260 Utilities	1,148.98	902.39
5340 Fees & Assessments	92.44	92.44
5360 Bldg & Grounds Improve.	0.00	8,641.50
5370 Capital Outlay		
5372 Auto	-508.00	0.00
Total 5370 Capital Outlay	-508.00	0.00
5380 Retiree's Insurance	69.86	66.54
Payroll Expenses	3.50	0.00

Fresno Westside Mosquito Abatement District

Profit & Loss

November 2019

12/11/19
Accrual Basis

	<u>Nov 19</u>	<u>Nov 18</u>
Total Expense	78,547.39	84,078.06
Net Ordinary Income	-51,713.50	-61,607.77
Net Income	<u>-51,713.50</u>	<u>-61,607.77</u>

Fresno Westside Mosquito Abatement District
Budget Comparison by Account
 July through November 2019

	Jul - Nov 19	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
District Deposits				
Retiree's	349.30	850.00	-500.70	41.1%
District Deposits - Other	3,992.57	2,700.00	1,292.57	147.9%
Total District Deposits	4,341.87	3,550.00	791.87	122.3%
Interest	636.86	18,000.00	-17,363.14	3.5%
Other Charge	47,427.34	50,000.00	-2,572.66	94.9%
Taxes - Benefit Assessment	10.42	549,500.00	-549,489.58	0.0%
Taxes - Property	9,935.84	876,000.00	-866,064.16	1.1%
Total Income	62,352.33	1,497,050.00	-1,434,697.67	4.2%
Gross Profit	62,352.33	1,497,050.00	-1,434,697.67	4.2%
Expense				
5010 Salaries & Wages	278,239.17	657,030.00	-378,790.83	42.3%
5020 OASDI, Retirement				
5021 OASDI	21,292.79	50,263.00	-28,970.21	42.4%
5022 CalPERS Normal	23,197.05	55,613.00	-32,415.95	41.7%
5023 Unfunded Accrued Liabil...	17,619.00	18,247.00	-628.00	96.6%
Total 5020 OASDI, Retirement	62,108.84	124,123.00	-62,014.16	50.0%
5030 Gr. Ins., Unemp.	35,931.13	88,818.00	-52,886.87	40.5%
5040 Insecticide	39,293.13	100,000.00	-60,706.87	39.3%
5050 Clothing	1,344.14	3,200.00	-1,855.86	42.0%
5060 Communications	2,576.86	5,000.00	-2,423.14	51.5%
5090 Household	82.40	500.00	-417.60	16.5%
5100 Insurance				
5101 General, Liability, Auto	33,216.46	30,000.00	3,216.46	110.7%
5102 Aircraft	0.00	9,000.00	-9,000.00	0.0%
5103 Compensation	21,005.94	21,205.00	-199.06	99.1%
5104 Deductibles	0.00	1,000.00	-1,000.00	0.0%
Total 5100 Insurance	54,222.40	61,205.00	-6,982.60	88.6%
5120 Equipment Maintenance				
5121 Gas & Oil	12,992.43	22,000.00	-9,007.57	59.1%
5122 Parts, Repairs	3,772.82	6,000.00	-2,227.18	62.9%
5123 Shop Expense	119.24	500.00	-380.76	23.8%
5124 Gas & Oil - Aircraft	3,992.91	5,400.00	-1,407.09	73.9%
5125 Parts & Repairs, Aircraft	540.00	9,000.00	-8,460.00	6.0%
Total 5120 Equipment Maintena...	21,417.40	42,900.00	-21,482.60	49.9%
5130 Bldg and Grounds Maint.	1,261.94	4,000.00	-2,738.06	31.5%
5140 Lab Expenses	0.00	1,000.00	-1,000.00	0.0%
5150 Membership and Dues	14,865.00	16,000.00	-1,135.00	92.9%
5170 Office Expense	362.00	2,500.00	-2,138.00	14.5%
5180 Professional Services	12,607.91	19,500.00	-6,892.09	64.7%
5200 Equipment Rentals	0.00	1,000.00	-1,000.00	0.0%
5220 Small Tools	0.00	500.00	-500.00	0.0%

Fresno Westside Mosquito Abatement District
Budget Comparison by Account
July through November 2019

	Jul - Nov 19	Budget	\$ Over Budget	% of Budget
5230 District Special Expense				
5231 Miscellaneous	4,492.35	6,000.00	-1,507.65	74.9%
5232 Field Expenses	134.38	3,500.00	-3,365.62	3.8%
5233 Research	27.98	1,500.00	-1,472.02	1.9%
5234 Surveillance	11,459.83	20,000.00	-8,540.17	57.3%
5235 Public Education	128.54	2,500.00	-2,371.46	5.1%
5236 Aerial Management	9,040.00	16,500.00	-7,460.00	54.8%
5237 Digital Field Data License	0.00	5,750.00	-5,750.00	0.0%
Total 5230 District Special Expe...	25,283.08	55,750.00	-30,466.92	45.4%
5250 Transportation				
5251 Trustees	2,600.00	8,000.00	-5,400.00	32.5%
5252 Travel Expenses	200.43	15,400.00	-15,199.57	1.3%
Total 5250 Transportation	2,800.43	23,400.00	-20,599.57	12.0%
5260 Utilities	6,854.45	12,200.00	-5,345.55	56.2%
5340 Fees & Assessments	92.44	3,335.00	-3,242.56	2.8%
5360 Bldg & Grounds Improve.	0.00	85,000.00	-85,000.00	0.0%
5370 Capital Outlay				
5372 Auto	54,083.98	20,000.00	34,083.98	270.4%
Total 5370 Capital Outlay	54,083.98	20,000.00	34,083.98	270.4%
5380 Retiree's Insurance	349.30	850.00	-500.70	41.1%
5390 Long Term Debt	66,228.07	132,500.00	-66,271.93	50.0%
5500 ZikaVirus Funding				
5501 Zika Funding Equipment	0.00			
Total 5500 ZikaVirus Funding	0.00			
Payroll Expenses	3.50			
Total Expense	680,007.57	1,460,311.00	-780,303.43	46.6%
Net Ordinary Income	-617,655.24	36,739.00	-654,394.24	-1,681.2%
Net Income	-617,655.24	36,739.00	-654,394.24	-1,681.2%

Fresno Westside Mosquito Abatement District
Year to Date Comparison
July through November 2019

	Jul - Nov 19	Jul - Nov 18	\$ Change	% Change
Ordinary Income/Expense				
Income				
District Deposits				
Retiree's	349.30	332.70	16.60	5.0%
District Deposits - Other	3,992.57	411.74	3,580.83	869.7%
Total District Deposits	4,341.87	744.44	3,597.43	483.2%
Interest	636.86	2,385.09	-1,748.23	-73.3%
Other Charge	47,427.34	58,741.10	-11,313.76	-19.3%
Taxes - Benefit Assessment	10.42	35.02	-24.60	-70.3%
Taxes - Property	9,935.84	6,363.36	3,572.48	56.1%
Total Income	62,352.33	68,269.01	-5,916.68	-8.7%
Gross Profit	62,352.33	68,269.01	-5,916.68	-8.7%
Expense				
5010 Salaries & Wages	278,239.17	269,343.51	8,895.66	3.3%
5020 OASDI, Retirement				
5021 OASDI	21,292.79	20,625.82	666.97	3.2%
5022 CalPERS Normal	23,197.05	20,926.60	2,270.45	10.9%
5023 Unfunded Accrued Liabil...	17,619.00	11,673.00	5,946.00	50.9%
Total 5020 OASDI, Retirement	62,108.84	53,225.42	8,883.42	16.7%
5030 Gr. Ins., Unemp.	35,931.13	30,662.19	5,268.94	17.2%
5040 Insecticide	39,293.13	25,253.52	14,039.61	55.6%
5050 Clothing	1,344.14	1,192.94	151.20	12.7%
5060 Communications	2,576.86	1,992.74	584.12	29.3%
5090 Household	82.40	356.39	-273.99	-76.9%
5100 Insurance				
5101 General, Liability, Auto	33,216.46	29,227.78	3,988.68	13.7%
5103 Compensation	21,005.94	20,161.37	844.57	4.2%
Total 5100 Insurance	54,222.40	49,389.15	4,833.25	9.8%
5120 Equipment Maintenance				
5121 Gas & Oil	12,992.43	12,921.21	71.22	0.6%
5122 Parts, Repairs	3,772.82	3,906.30	-133.48	-3.4%
5123 Shop Expense	119.24	190.26	-71.02	-37.3%
5124 Gas & Oil - Aircraft	3,992.91	95.02	3,897.89	4,102.2%
5125 Parts & Repairs, Aircraft	540.00	999.11	-459.11	-46.0%
Total 5120 Equipment Maintena...	21,417.40	18,111.90	3,305.50	18.3%
5130 Bldg and Grounds Maint.	1,261.94	656.33	605.61	92.3%
5140 Lab Expenses	0.00	259.41	-259.41	-100.0%
5150 Membership and Dues	14,865.00	870.00	13,995.00	1,608.6%
5170 Office Expense	362.00	1,274.55	-912.55	-71.6%
5180 Professional Services	12,607.91	12,669.58	-61.67	-0.5%
5230 District Special Expense				
5231 Miscellaneous	4,492.35	4,496.89	-4.54	-0.1%
5232 Field Expenses	134.38	536.06	-401.68	-74.9%
5233 Research	27.98	54.16	-26.18	-48.3%

Fresno Westside Mosquito Abatement District
Year to Date Comparison
July through November 2019

	Jul - Nov 19	Jul - Nov 18	\$ Change	% Change
5234 Surveillance	11,459.83	10,272.34	1,187.49	11.6%
5235 Public Education	128.54	591.33	-462.79	-78.3%
5236 Aerial Management	9,040.00	11,015.00	-1,975.00	-17.9%
Total 5230 District Special Expe...	25,283.08	26,965.78	-1,682.70	-6.2%
5250 Transportation				
5251 Trustees	2,600.00	2,800.00	-200.00	-7.1%
5252 Travel Expenses	200.43	1,739.09	-1,538.66	-88.5%
Total 5250 Transportation	2,800.43	4,539.09	-1,738.66	-38.3%
5260 Utilities	6,854.45	5,150.96	1,703.49	33.1%
5340 Fees & Assessments	92.44	92.44	0.00	0.0%
5360 Bldg & Grounds Improve.	0.00	8,641.50	-8,641.50	-100.0%
5370 Capital Outlay				
5372 Auto	54,083.98	0.00	54,083.98	100.0%
5374 Shop	0.00	20,947.04	-20,947.04	-100.0%
Total 5370 Capital Outlay	54,083.98	20,947.04	33,136.94	158.2%
5380 Retiree's Insurance	349.30	332.70	16.60	5.0%
5390 Long Term Debt	66,228.07	66,228.07	0.00	0.0%
5500 ZikaVirus Funding				
5501 Zika Funding Equipment	0.00	6,409.32	-6,409.32	-100.0%
5503 Zika Funding Personnel	0.00	225.00	-225.00	-100.0%
Total 5500 ZikaVirus Funding	0.00	6,634.32	-6,634.32	-100.0%
Payroll Expenses	3.50	0.00	3.50	100.0%
Total Expense	680,007.57	604,789.53	75,218.04	12.4%
Net Ordinary Income	-617,655.24	-536,520.52	-81,134.72	-15.1%
Net Income	-617,655.24	-536,520.52	-81,134.72	-15.1%

Fresno Westside Mosquito Abatement District
Balance Sheet Comparison
As of November 30, 2019

	Nov 30, 19	Nov 30, 18	\$ Change	% Change
ASSETS				
Current Assets				
Checking/Savings				
CCVCJPA Deposit	511,303.90	500,763.99	10,539.91	2.1%
Fresno Co. Treasury	1056679.04	873,846.64	182,832.40	20.9%
Petty Cash	111.28	166.49	-55.21	-33.2%
Westamerica Bank	59,299.20	60,999.83	-1,700.63	-2.8%
Total Checking/Savings	1627393.42	1435776.95	191,616.47	13.4%
Accounts Receivable				
Accounts Receivable	26,832.94	22,469.14	4,363.80	19.4%
Total Accounts Receivable	26,832.94	22,469.14	4,363.80	19.4%
Total Current Assets	1654226.36	1458246.09	195,980.27	13.4%
TOTAL ASSETS	1654226.36	1458246.09	195,980.27	13.4%
LIABILITIES & EQUITY				
Liabilities				
Current Liabilities				
Accounts Payable				
Accounts Payable	17,848.52	8,234.87	9,613.65	116.7%
Total Accounts Payable	17,848.52	8,234.87	9,613.65	116.7%
Credit Cards				
US Bank Cal Card	-5,872.68	10,650.31	-16,522.99	-155.1%
Total Credit Cards	-5,872.68	10,650.31	-16,522.99	-155.1%
Other Current Liabilities				
Accrued vacation	42,530.72	49,935.10	-7,404.38	-14.8%
CA-Unemp.	-0.01	0.00	-0.01	-100.0%
Direct Deposit Liabilities	-1,000.00	0.00	-1,000.00	-100.0%
Payroll Liabilities	-1,025.19	-1,032.67	7.48	0.7%
Total Other Current Liabili...	40,505.52	48,902.43	-8,396.91	-17.2%
Total Current Liabilities	52,481.36	67,787.61	-15,306.25	-22.6%
Total Liabilities	52,481.36	67,787.61	-15,306.25	-22.6%
Equity				
Opening Bal Equity	886,698.38	886,698.38	0.00	0.0%
Retained Earnings	1332701.86	1040280.62	292,421.24	28.1%
Net Income	-617,655.24	-536,520.52	-81,134.72	-15.1%
Total Equity	1601745.00	1390458.48	211,286.52	15.2%
TOTAL LIABILITIES & EQUITY	1654226.36	1458246.09	195,980.27	13.4%

Fresno Westside Mosquito Abatement District
Reconciliation Detail
US Bank Cal Card, Period Ending 11/22/2019

Type	Date	Num	Name	Ctr	Amount	Balance
Beginning Balance						31,370.23
Cleared Transactions						
Charges and Cash Advances - 19 items						
Credit Card Ch...	10/22/2019	Reis	Amazon.com	X	-24.78	-24.78
Credit Card Ch...	10/22/2019	reis	UPS	X	-8.91	-33.69
Bill Pmt -CCard	10/25/2019		Mid Valley Disposal	X	-76.26	-109.95
Credit Card Ch...	10/27/2019	Reis	Intuit	X	-61.00	-170.95
Credit Card Ch...	10/28/2019	Reis	Marriott Hotels & ...	X	-19.28	-190.23
Credit Card Ch...	10/28/2019	Reis	Marriott Hotels & ...	X	-7.00	-197.23
Credit Card Ch...	10/29/2019	Reis	UPS	X	-8.91	-206.14
Bill Pmt -CCard	11/04/2019		City of Firebaugh	X	-89.78	-295.92
Bill Pmt -CCard	11/04/2019		AT&T Internet	X	-53.50	-349.42
Bill Pmt -CCard	11/07/2019		Praxair	X	-584.62	-934.04
Bill Pmt -CCard	11/07/2019		UniFirst Corporati...	X	-312.79	-1,246.83
Bill Pmt -CCard	11/08/2019		MVCAC	X	-1,460.00	-2,706.83
Bill Pmt -CCard	11/08/2019		Verizon Wireless	X	-329.49	-3,036.32
Bill Pmt -CCard	11/14/2019		Big G's Auto Cen...	X	-785.33	-3,821.65
Credit Card Ch...	11/14/2019	Rowan	A.P.O. Prep	X	-350.00	-4,171.65
Bill Pmt -CCard	11/14/2019		Tharps Farm Sup...	X	-100.96	-4,272.61
Credit Card Ch...	11/14/2019	Reis	Amazon.com	X	-24.78	-4,297.39
Credit Card Ch...	11/22/2019	Rowan	Buster Enterprises	X	-74.03	-4,371.42
Credit Card Ch...	11/22/2019	Verd...	Firebaugh Super ...	X	-12.53	-4,383.95
Total Charges and Cash Advances					-4,383.95	-4,383.95
Payments and Credits - 2 items						
Check	10/15/2019	283015	US Bank Corpora...	X	12,521.92	12,521.92
Check	11/18/2019	283017	US Bank Corpora...	X	31,370.23	43,892.15
Total Cleared Transactions					39,508.20	39,508.20
Cleared Balance					-39,508.20	-8,137.97
Uncleared Transactions						
Charges and Cash Advances - 1 item						
General Journal	06/30/2019	GEN...			-2,126.03	-2,126.03
Total Charges and Cash Advances					-2,126.03	-2,126.03
Total Uncleared Transactions					-2,126.03	-2,126.03
Register Balance as of 11/22/2019					-37,382.17	-6,011.94
Ending Balance					-37,382.17	-6,011.94

EXPENDITURES BY MONTH

MONTH	2017-18	2018-19	2019-20
JLY	\$186,255.48	\$154,099.84	\$168,158.60
AUG	\$122,053.35	\$107,716.60	\$170,588.11
SEP	\$91,999.25	\$85,893.32	\$156,511.03
OCT	\$193,464.84	\$173,001.71	\$106,202.44
NOV	\$107,057.28	\$84,078.06	\$78,547.39
DEC	\$76,426.15	\$83,306.86	
JAN	\$76,097.53	\$77,746.26	
FEB	\$127,080.65	\$98,990.60	
MAR	\$91,656.78	\$83,060.24	
APR	\$184,610.62	\$157,015.00	
MAY	\$140,921.06	\$105,368.06	
JUN	\$95,200.17	\$100,375.53	
YEAR	\$1,492,823.16	\$1,310,652.08	\$680,007.57

2019-20				
Blue Shield/ASI	PREMIUMS	CLAIMS	ADMIN	TOTAL
July				
9 Employees	\$4,873.26			
Claims		\$1,063.37		
Admin			\$270.00	
TOTAL FOR MONTH	\$4,873.26	\$1,063.37	\$270.00	\$6,206.63
TOTAL TO DATE	\$4,873.26	\$1,063.37	\$270.00	\$6,206.63
August				
9 Employees	\$4,873.26			
Claims		\$270.57		
Admin			\$270.00	
TOTAL FOR MONTH	\$4,873.26	\$270.57	\$270.00	\$5,413.83
TOTAL TO DATE	\$9,746.52	\$1,333.94	\$540.00	\$11,620.46
September				
9 Employees	\$4,873.26			
Claims		\$1,021.31		
Admin			\$270.00	
TOTAL FOR MONTH	\$4,873.26	\$1,021.31	\$270.00	\$6,164.57
TOTAL TO DATE	\$14,619.78	\$2,355.25	\$810.00	\$17,785.03
October				
9 Employees	\$4,873.26			
Claims		\$4,922.87		
Admin			\$270.00	
TOTAL FOR MONTH	\$4,873.26	\$4,922.87	\$270.00	\$10,066.13
TOTAL TO DATE	\$19,493.04	\$7,278.12	\$1,080.00	\$27,851.16
November				
9 Employees	\$4,873.26			
Claims		\$1,860.46		
Admin			\$270.00	
TOTAL FOR MONTH	\$4,873.26	\$1,860.46	\$270.00	\$7,003.72
TOTAL TO DATE	\$24,366.30	\$9,138.58	\$1,350.00	\$34,854.88
December				
9 Employees	\$4,873.26			
Claims		\$358.89		
Admin			\$270.00	
TOTAL FOR MONTH	\$4,873.26	\$358.89	\$270.00	\$5,502.15
TOTAL TO DATE	\$29,239.56	\$9,497.47	\$1,620.00	\$40,357.03
January				
9 Employees				
Claims				
Admin				
TOTAL FOR MONTH	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL TO DATE	\$29,239.56	\$9,497.47	\$1,620.00	\$40,357.03
February				
9 Employees				
Claims				
Admin				
TOTAL FOR MONTH	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL TO DATE	\$29,239.56	\$9,497.47	\$1,620.00	\$40,357.03
March				
9 Employees				
Claims				
Admin				
TOTAL FOR MONTH	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL TO DATE	\$29,239.56	\$9,497.47	\$1,620.00	\$40,357.03
April				
9 Employees				
Claims				
Admin				
TOTAL FOR MONTH	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL TO DATE	\$29,239.56	\$9,497.47	\$1,620.00	\$40,357.03
May				
9 Employees				
Claims				
Admin				
TOTAL FOR MONTH	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL TO DATE	\$29,239.56	\$9,497.47	\$1,620.00	\$40,357.03
June				
9 Employees				
Claims				
Admin				
TOTAL FOR MONTH	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL TO DATE	\$29,239.56	\$9,497.47	\$1,620.00	\$40,357.03

TDC Aero Logistics Inc.

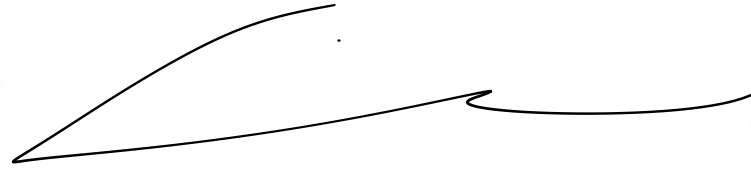
19255 Middle Road
Los Banos, CA 93635
(209) 704-3482 Mobile
(209) 827-0653 Fax
www.aerologisticsonline.com



Ay

INVOICE
1789

DATE November 2019
NAME Fresno Westside Mosquito Abatement
ADDRESS 2555 N St.
Firebaugh, CA 93622
PHONE



DATE	DESCRIPTION	Hours	Rate	TOTAL
11/2019	Pilot Services		150.00	
11/2019	Call Out		200.00	
11/2019	Aircraft Management		200.00	200.00
	# 5236			
			TOTAL	200.00

Payment Due Upon Receipt

TDC Aero Logistics Inc.
Ty D. Cotta - President

Thank you for the opportunity to fly with you.

**SECOND AMENDMENT TO
PURCHASE AND SALE AGREEMENT AND JOINT ESCROW INSTRUCTIONS**

This Second Amendment to Purchase and Sale Agreement (this “**Amendment**”) is entered into as of this ____ day of June, 2019, by and between Fresno Westside Mosquito Abatement District, (“**Seller**”) and Fortis Development, LLC, an Arizona limited liability company (“**Buyer**”).

RECITALS

A. Seller and Fortis Development, LLC, and Arizona limited liability company (“**Fortis**”), entered into that certain Purchase and Sale Agreement, dated as of December 18, 2018 (the “**Purchase Agreement**”) and the First Amendment to Purchase and Sale Agreement, dated as of _____, _____, and which was assigned by Fortis to Buyer, pursuant to which Seller agreed to sell and Buyer agreed to purchase certain real property described therein (the “**Property**”).

B. Capitalized terms used herein and not otherwise defined herein shall have the meanings given to such terms in the Purchase Agreement.

C. Buyer and Seller now desire to amend the Purchase Agreement in accordance with the terms and conditions of this Amendment.

NOW, THEREFORE, in consideration of the promises and covenants contained herein, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

1. Contingencies. Buyer and Seller agree that the Feasibility Expiration Date shall be amended to be the date that is 21 months after the delivery by the Escrow Agent of the Escrow Agent Acceptance and the delivery of the Property Documents.

2. Brokerage Commission. Buyer and Seller agree to eliminate Buyer’s brokerage commission from this transaction. Buyer and Seller acknowledge that there is no brokerage commission in connection to this transaction.

3. Counterparts. This Amendment may be executed in counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same Amendment.

4. Signatures. This Amendment may be executed by either or all parties by facsimile signature or “PDF” signatures emailed, and any such signature shall be deemed an original signature and Escrow Agent is hereby authorized and instructed to rely thereon.

5. Effect of Amendment. In the event of any inconsistencies between this Amendment and the Purchase Agreement, the terms of this Amendment shall govern. Except as provided for herein, all other terms and conditions of the Purchase Agreement shall remain unchanged and the parties hereto reaffirm the terms and conditions of such Purchase Agreement. The Amendment may only be varied by a document, in writing, of even or subsequent date hereof, executed by the parties hereto.

**[THE REMAINDER OF THIS PAGE
IS INTENTIONALLY LEFT BLANK]**

IN WITNESS WHEREOF, Buyer and Seller have executed this Amendment on the date set forth above.

SELLER:

Fresno Westside Mosquito Abatement District

By: _____

Printed Name:

Its:

Date: _____

BUYER:

Fortis Development, LLC
an Arizona limited liability company

By: _____
Russell L. Posorske

Its: Manager

Date: _____



29011 Commerce Center Drive
Valencia, CA 91355

FRESNO WESTSIDE MOSQUITO ABATEMENT DISTRICT
2555 N ST
FIREBAUGH, CA 93622



F60852242A+2--1 / 1379

Important renewal information inside



DECEMBER 19, 2019

Anniversary Date:
FEBRUARY 1, 2020

FRESNO WESTSIDE MOSQUITO ABATEMENT DISTRICT
2555 N ST
FIREBAUGH, CA 93622

Notice of renewal and important information affecting your current group coverage

Dear benefits administrator,

It's time to renew your health plan coverage with Blue Shield of California.

We attempted to deliver your renewal materials online with an email to CREIS@FRESNOWESTMOSQUITO.COM but your group's site has not been visited so we are sending you the enclosed printed renewal materials.

To update your communication preferences, including group contact information, email our team at small.group@blueshieldca.com. Please include your group number. You can also call us at 1-800-325-5166 and update your information or communication preferences.

Your renewal materials are still available online, for your convenience.

- Visit <https://www.bscaplan.com/renewal/>
- Login – GroupID# W0096627
- Password – Z58B6QGI

You have flexibility – choose plans that work for your company

Included in this renewal packet is a plan options grid. This section demonstrates what your group's monthly premiums would be by changing to plans comparable to your current selections.

Depending on where your business is located, you may be able to take advantage of our Trio HMO or Tandem PPO plans, which are focused on delivering choice and affordability and provide access to high-quality networks with lower premiums.

Updates to our Specialty plans

We've made some changes to our Dental and Vision plans with new offerings for 2020. We've also expanded both our dental and vision networks, providing even greater access to care, and continue to offer a two-year rate guarantee.

What's next?

Of course, you can always keep your current plan(s) selections. Simply pay your bill on the renewal month at the new rate. If all plans are currently offered and you want to continue doing so, you will need to work with your broker to make the "all plans" election for the next policy year.

To change plans, including adding specialty benefits, complete a Request for Contract Change form.

If you receive a request to recertify, however, please contact your broker about the additional required documents we need before your renewal date.

2020 rate adjustment

We're focused on keeping costs as low as possible, and we are leading many cost-controlling initiatives. However, despite these efforts, we still need to raise medical rates from time to time to keep pace with the rising cost of care. Escalating hospital charges, increased use of modern technologies, and higher overall utilization trends are primary reasons behind the increases.

Your enclosed renewal packet includes specific rate changes for your business.

We're reducing paper

Along with providing your renewal materials online, we've also made most of your open enrollment and day-to-day plan maintenance available online at Employer Connection. You can sign up at blueshieldca.com/employer if you haven't already. Your broker can submit your group renewal changes online, and as always, both you and your broker can make employee-level changes online at blueshieldca.com/employer.

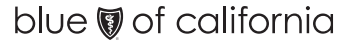
If you have any questions, please contact your broker or Blue Shield sales representative or visit us online at blueshieldca.com/employer. We are committed to helping you keep your employees healthy and covered – now and into the future. We thank you for the trust you've placed in us and look forward to continuing to serve you.

Yours in good health,



Steve Shearer

Vice President & General Manager
Small Business Market



CURRENT PLANS AND RATES AND NEW PLAN OFFERS/RATES

Customer Name: FRESNO WESTSIDE MOSQUITO ABATEMENT Medical Subscribers: 9 Current Medical RAF: 1.000 Current Medical Rating Region: 11
 DISTRICT
 Group ID: W0096627 Medical Members: 12 Renewal Medical RAF: 1.000 Renewal Medical Rating Region: 11
 Renewal Date: FEBRUARY 1, 2020

Employer Totals	
Total Current Rate	\$5,239.92
Total New Plan Offer	\$5,479.97
Employer Totals reflect a change of \$240.05, which is a change of 4.58%.	

YOUR MEDICAL PLAN NAMES HAVE CHANGED. WE'VE CHANGED THE NAMES TO BETTER DESCRIBE EACH PLAN.

CURRENT RATE AND PLAN(S) Bronze Full PPO 4000/70 OffEx									RENEWAL RATE AND PLAN(S) Bronze Full PPO 5000/70 OffEx					
Subscriber Name	Age	# of Dependents	Medical Rate	Medical Options Rate	Dental Rate ¹	Vision Rate ¹	Life/AD&D Rate ¹	Total Current Rate	New Medical Rate	Medical Options Rate	Dental Rate ¹²	Vision Rate ¹²	Life/AD&D Rate ¹	Total New Rate
RICHARD BURNS	60	0	\$695.65	-	-	-	-	\$695.65	\$739.01	-	-	-	-	\$739.01
BRIAN CHAPMAN	48	0	\$417.71	-	-	-	-	\$417.71	\$445.20	-	-	-	-	\$445.20
KENNETH COFFEY	65	0	\$801.74	-	-	-	-	\$801.74	\$816.89	-	-	-	-	\$816.89
MATT DIEDRICH	48	0	\$417.71	-	-	-	-	\$417.71	\$445.20	-	-	-	-	\$445.20
ROBERT QUIGLEY	55	0	\$570.57	-	-	-	-	\$570.57	\$607.22	-	-	-	-	\$607.22
CONLIN REIS	36	3	\$1,059.90	-	-	-	-	\$1,059.90	\$1,084.29	-	-	-	-	\$1,084.29
CHANCE ROWAN	43	0	\$354.10	-	-	-	-	\$354.10	\$369.51	-	-	-	-	\$369.51
ALFREDO VERDUGO	30	0	\$299.05	-	-	-	-	\$299.05	\$309.06	-	-	-	-	\$309.06
BRENDA YOUNG	57	0	\$623.49	-	-	-	-	\$623.49	\$663.59	-	-	-	-	\$663.59
Group Totals			\$5,239.92	-	-	-	-	\$5,239.92	\$5,479.97	-	-	-	-	\$5,479.97

This plan's medical rates have changed by \$240.05, which is a change of 4.58%.

Employer Totals

\$5,239.92

\$5,479.97

Rates shown are based on enrollment as of October 18, 2019. Changes to the census (for example, a subscriber(s) birthday) after the printing of the census page may impact the final rate. Final rates will be determined upon enrollment based on actual census of group.

† Vision and Dental In-Network Only (INO) plans are underwritten by Blue Shield of California Life & Health Insurance Company.

1. Rates shown are for the employee only and include \$0.05 per \$1,000 of insurance coverage for AD&D. Dependent life insurance is also available at a rate of \$0.45 per month per \$1,000 of coverage for groups with 2-9 eligible employees, and at a rate of \$0.25 per month per \$1,000 of coverage for groups with 10 -100 eligible employees. Dependent life insurance rates and benefits include coverage for all eligible dependents. Basic group term life insurance is underwritten by Blue Shield of California Life & Health Insurance Company. If life insurance and AD&D coverage is offered, rates remain unchanged. As in the past, member premium on your monthly billing statement will continue to adjust automatically on the first of the month following the member's birthday, according to the standard rate table. The benefit amount is reduced to 65% of the original amount at age 65 and is reduced to 50% of the original amount at age 70.

QUESTION: What are the waiting periods options?

ANSWER: There are four options for coverage to begin following any waiting period. Coverage for eligible employees will become effective following completion of the waiting period on the day specified.

1. No Waiting Period: Effective first of month following date of hire (Employees hired on the 1st of the month will be effective the 1st of the following month)
2. 30 Day Waiting Period: Effective the first of the month following 30 days from date of hire
3. 60 Day Waiting Period: Effective 1st of the month following 60 days from the date of hire
4. 90 Day Waiting Period: Effective on the 91st day following date of hire (This information is on the MGA)

An employer may impose a bona fide, employment-based affiliation (orientation) period for new employees. The orientation period cannot exceed 30 days. The waiting period for new employees would begin the day after the orientation period has been completed.

Please note that if an orientation period is applied, the date of hire on the application must be the day the employee becomes a regular, full-time employee, which is the first day after the completion of the orientation period.

QUESTION: What are plan packages?

ANSWER: We offer two packages to small businesses outside of Covered California for Small Business. You select a package and then choose plans within that package to offer your employees and their dependents. You can offer plans from the Off-Exchange Package or the Mirror Package, but not both.

The Off-Exchange package offers health plans that are available at a variety of metal levels. Each metal level – Platinum, Gold, Silver and Bronze – offers a different level of coverage. The Mirror package offers PPO plans at every metal level and our Trio HMO plans at the Platinum, Gold and Silver metal levels. The Mirror Package offers the same standardized plans directly from Blue Shield of California that are offered on Covered California for Small Business.

Off-Exchange Package plan names have "OffEx" at the end of each plan name. Mirror Package plan names have "Blue Shield" at the beginning of each plan name. In the following rate sheets in this renewal kit, each plan package is grouped by color, with Off-Exchange plans grouped under black headers and Mirror plans grouped under white headers.

Your options

Blue Shield of California offers a variety of comprehensive coverage plans to help meet the diverse needs of employers and their employees.

Our plans cover members from all walks of life, and our focus is on helping you to find the right plan to fit your needs.

We've included a price comparison grid of featured medical plans compared against your currently renewing plan. Use this grid to explore benefit coverage, price, and network options.

We've collaborated with select providers to create a new family of PPO plans called Tandem

Tandem may be the perfect choice if you want to offer your employees the flexibility of a PPO but need a more affordable plan.

Blue Shield's Tandem PPO provider network extends throughout California and focuses on delivering value-based care and high-quality health outcomes.

Tandem includes all your favorite programs that are provided through Blue Shield including Teladoc, Heal™, and Wellvolution®. Members will also be matched with a primary care physician (PCP) to help manage their care, but have the freedom to see any provider in the network without a referral.

Use the plan comparison grid on the next page to see how switching to a Tandem PPO plan compares with your current renewal.

Heal is a trademark of Burrito Labs, Inc.

Wellvolution is a registered trademark of Blue Shield of California.

Blue Shield and the Shield symbol are registered trademarks of the BlueCross BlueShield Association, an association of independent Blue Cross and Blue Shield plans



Plan rate comparison for your renewal

With Blue Shield of California, you have more choice. This chart provides a snapshot of your currently enrolled plan as well as alternative plan options of varying benefit level and plan type to assist you in choosing the right plan for your business and your employees.

The rates shown in the New Medical Plan Rate column do not include specialty plan rates. Specialty plan rates can be found in this renewal packet.

Member Name	Age	Dependent Type	2019 Medical Plan Rate (current)	New Medical Plan Rate	Increase plan benefits	Decrease monthly premium	Try a Trio HMO plan	Try a Tandem PPO plan	
			Bronze Full PPO 4000/70	Bronze Full PPO 5000/70	Silver Full PPO 2300/45	Bronze Full PPO 6500/50	n/a	Bronze Tandem PPO 5000/70	
RICHARD BURNS	60	Subscriber	\$695.65	\$739.01	\$860.94	\$718.38	-	\$719.29	
BRIAN CHAPMAN	48	Subscriber	\$417.71	\$445.20	\$518.66	\$432.77	-	\$433.32	
KENNETH COFFEY	65	Subscriber	\$801.74	\$816.89	\$951.67	\$794.08	-	\$795.08	
MATT DIEDRICH	48	Subscriber	\$417.71	\$445.20	\$518.66	\$432.77	-	\$433.32	
ROBERT QUIGLEY	55	Subscriber	\$570.57	\$607.22	\$707.41	\$590.27	-	\$591.01	
CONLIN REIS	36	Subscriber	\$326.58	\$334.92	\$390.18	\$325.57	-	\$325.98	
DIANA REIS	35	Spouse	\$324.44	\$332.75	\$387.65	\$323.46	-	\$323.86	
ELAINA REIS	5	Child dependent	\$204.44	\$208.31	\$242.67	\$202.49	-	\$202.75	
CASSIDY REIS	2	Child dependent	\$204.44	\$208.31	\$242.67	\$202.49	-	\$202.75	
CHANCE ROWAN	43	Subscriber	\$354.10	\$369.51	\$430.47	\$359.19	-	\$359.64	
ALFREDO VERDUGO	30	Subscriber	\$299.05	\$309.06	\$360.05	\$300.43	-	\$300.81	
BRENDA YOUNG	57	Subscriber	\$623.49	\$663.59	\$773.07	\$645.06	-	\$645.87	
			\$ Total	\$5,239.92	\$5,479.97	\$6,384.10	\$5,326.96	\$5,239.92	\$5,333.68
			% change		4.6%	21.8%	1.7%	0.0%	1.8%

Rates shown are based on enrollment as of October 18, 2019. Changes to the census (for example, a subscriber's birthday) after the printing of the census page may impact the final rate. Final rates will be determined upon enrollment based on actual census group. Some plans are not applicable to the census categories or are out of the network in your area. In such occurrences, the boxes in the pricing grid will show as blank. You can offer plans from the Off-Exchange Package or the Mirror Package, but not both. More information on Off-Exchange and Mirror Packages can be found in this renewal packet.

* Rates shown are medical plan rates only and do not include specialty plan rates. Specialty plan rates can be found in this renewal packet.

More options

Enhance your employee benefits by adding dental and vision plans. On the following pages, you will see a table with several dental plan options and vision plan options. Blue Shield small businesses enrolled in medical coverage receive a 10% discount on monthly premiums for dental and vision plans. The dental and vision plans shown are only a few of the options available. Ask your broker about additional offerings, and how you can add dental plans and vision plans for your employees.

Specialty plans and rate comparison for your renewal

Blue Shield gives you more choice. This chart is a snapshot of the dental and vision plan options of varying benefit levels and plan type available to your employees. For complete plan options, visit blueshieldca.com/employerplans, or contact your broker.

Member Name	Age	Dependent Type	SmileSM Basic Voluntary 75/1000 No ortho MAC NR	SmileSM 50/1500 No ortho MAC NR	Smile Deluxe Plus 2000 50/2000 Ortho MAC NR	SmileSM Deluxe Gold 50/1500 Ortho U85 NR	Basic Vision 10/25/150	Preferred Vision 10/25/150	Ultimate Vision 10/25/150
RICHARD BURNS	60	Subscriber	\$28.30	\$39.40	\$57.40	\$69.20	\$7.70	\$8.30	\$11.80
BRIAN CHAPMAN	48	Subscriber	\$28.30	\$39.40	\$57.40	\$69.20	\$7.70	\$8.30	\$11.80
KENNETH COFFEY	65	Subscriber	\$28.30	\$39.40	\$57.40	\$69.20	\$7.70	\$8.30	\$11.80
MATT DIEDRICH	48	Subscriber	\$28.30	\$39.40	\$57.40	\$69.20	\$7.70	\$8.30	\$11.80
ROBERT QUIGLEY	55	Subscriber	\$28.30	\$39.40	\$57.40	\$69.20	\$7.70	\$8.30	\$11.80
CONLIN REIS	36	Subscriber	\$94.50	\$115.60	\$194.50	\$233.10	\$19.00	\$20.60	\$29.20
DIANA REIS	35	Spouse	-	-	-	-	-	-	-
ELAINA REIS	5	Child dependent	-	-	-	-	-	-	-
CASSIDY REIS	2	Child dependent	-	-	-	-	-	-	-
CHANCE ROWAN	43	Subscriber	\$28.30	\$39.40	\$57.40	\$69.20	\$7.70	\$8.30	\$11.80
ALFREDO VERDUGO	30	Subscriber	\$28.30	\$39.40	\$57.40	\$69.20	\$7.70	\$8.30	\$11.80
BRENDA YOUNG	57	Subscriber	\$28.30	\$39.40	\$57.40	\$69.20	\$7.70	\$8.30	\$11.80
Total Monthly Premium			\$320.90	\$430.80	\$653.70	\$786.70	\$80.60	\$87.00	\$123.60
A 10% discount is applied to dental and vision premiums for groups enrolled in a small business medical plan.									
Bundling 10% Discount			\$288.81	\$387.72	\$588.33	\$708.03	\$72.54	\$78.30	\$111.24

Blue Shield of California is an independent member of the Blue Shield Association A51890 (5/19)

Rates shown are based on enrollment as of October 18, 2019. Final rates will be determined upon enrollment based on actual census group.

Some plans are not applicable to the census categories or are unavailable in your area. In such occurrences, the boxes in the pricing grid will show as blank.

You can offer multiple dental plans, and one vision plan to your employees.

* Pediatric dental and vision benefits are included in medical plans for under-age dependents (age 18 or younger). Pediatric dental only covers medically necessary orthodontics.



MEMBER-LEVEL INFORMATION
NEW PLAN OFFER/PLAN RATES

Member Name	Age	Dependent Type	Medical Plan Rate	Medical Option Rate	Dental Rate	Vision Rate	Life/AD&D Plan Rate ¹	Total
Bronze Full PPO 5000/70 OffEx								
RICHARD BURNS	60	Subscriber	\$739.01	-	-	-	-	\$739.01
BRIAN CHAPMAN	48	Subscriber	\$445.20	-	-	-	-	\$445.20
KENNETH COFFEY	65	Subscriber	\$816.89	-	-	-	-	\$816.89
MATT DIEDRICH	48	Subscriber	\$445.20	-	-	-	-	\$445.20
ROBERT QUIGLEY	55	Subscriber	\$607.22	-	-	-	-	\$607.22
CONLIN REIS	36	Subscriber	\$334.92	-	-	-	-	\$334.92
DIANA REIS	35	Spouse	\$332.75	-	-	-	-	\$332.75
ELAINA REIS	5	Child dependent	\$208.31	-	-	-	-	\$208.31
CASSIDY REIS	2	Child dependent	\$208.31	-	-	-	-	\$208.31
CHANCE ROWAN	43	Subscriber	\$369.51	-	-	-	-	\$369.51
ALFREDO VERDUGO	30	Subscriber	\$309.06	-	-	-	-	\$309.06
BRENDA YOUNG	57	Subscriber	\$663.59	-	-	-	-	\$663.59
GROUP TOTALS			\$5,479.97	-	-	-	-	\$5,479.97

EMPLOYER TOTALS

\$5,479.97

Rates shown are based on enrollment as of October 18, 2019. Changes to the census after the printing of the census page may impact the final rate. Final rates will be determined upon enrollment based on actual census of group.

¹ Rates shown are for the employee only and include \$0.05 per \$1,000 of insurance coverage for AD&D. Dependent life insurance is also available at a rate of \$0.45 per month per \$1,000 of coverage for groups with 2-9 eligible employees, and at a rate of \$0.25 per month per \$1,000 of coverage for groups with 10 -100 eligible employees. Dependent life insurance rates and benefits include coverage for all eligible dependents. Basic group term life insurance is underwritten by Blue Shield of California Life & Health Insurance Company. If life insurance and AD&D coverage is offered, rates remain unchanged. As in the past, member premium on your monthly billing statement will continue to adjust automatically on the first of the month following the member's birthday, according to the standard rate table.

Off Exchange Access+ HMO

Age	Platinum Access+HMO® 0/20 OffEx	Platinum Access+ HMO® 0/25 OffEx	Platinum Access+ HMO® 0/30 OffEx	Gold Access+ HMO® 0/30 OffEx	Gold Access+ HMO® 500/35 OffEx	Gold Access+ HMO® 1500/35 OffEX	Silver Access+ HMO® 2350/65 OffEx
0 to 14	\$346.20	\$339.46	\$334.10	\$319.51	\$308.07	\$292.35	\$255.58
15	\$376.98	\$369.64	\$363.80	\$347.91	\$335.46	\$318.33	\$278.30
16	\$388.74	\$381.18	\$375.16	\$358.77	\$345.93	\$328.27	\$286.99
17	\$400.51	\$392.71	\$386.51	\$369.63	\$356.40	\$338.20	\$295.67
18	\$413.18	\$405.14	\$398.74	\$381.33	\$367.67	\$348.90	\$305.03
19	\$425.85	\$417.56	\$410.97	\$393.02	\$378.95	\$359.60	\$314.38
20	\$438.97	\$430.43	\$423.63	\$405.13	\$390.63	\$370.69	\$324.07
21	\$452.55	\$443.74	\$436.74	\$417.66	\$402.71	\$382.15	\$334.09
22	\$452.55	\$443.74	\$436.74	\$417.66	\$402.71	\$382.15	\$334.09
23	\$452.55	\$443.74	\$436.74	\$417.66	\$402.71	\$382.15	\$334.09
24	\$452.55	\$443.74	\$436.74	\$417.66	\$402.71	\$382.15	\$334.09
25	\$454.36	\$445.52	\$438.48	\$419.33	\$404.32	\$383.68	\$335.43
26	\$463.41	\$454.39	\$447.22	\$427.69	\$412.37	\$391.32	\$342.11
27	\$474.27	\$465.04	\$457.70	\$437.71	\$422.04	\$400.49	\$350.13
28	\$491.92	\$482.35	\$474.73	\$454.00	\$437.75	\$415.40	\$363.16
29	\$506.40	\$496.55	\$488.71	\$467.37	\$450.63	\$427.63	\$373.85
30	\$513.65	\$503.65	\$495.70	\$474.05	\$457.08	\$433.74	\$379.19
31	\$524.51	\$514.30	\$506.18	\$484.07	\$466.74	\$442.91	\$387.21
32	\$535.37	\$524.95	\$516.66	\$494.10	\$476.41	\$452.08	\$395.23
33	\$542.16	\$531.61	\$523.21	\$500.36	\$482.45	\$457.82	\$400.24
34	\$549.40	\$538.71	\$530.20	\$507.04	\$488.89	\$463.93	\$405.59
35	\$553.02	\$542.26	\$533.69	\$510.38	\$492.11	\$466.99	\$408.26
36	\$556.64	\$545.81	\$537.19	\$513.73	\$495.33	\$470.05	\$410.93
37	\$560.26	\$549.36	\$540.68	\$517.07	\$498.55	\$473.10	\$413.61
38	\$563.88	\$552.91	\$544.17	\$520.41	\$501.78	\$476.16	\$416.28
39	\$571.12	\$560.01	\$551.16	\$527.09	\$508.22	\$482.27	\$421.62
40	\$578.36	\$567.11	\$558.15	\$533.77	\$514.66	\$488.39	\$426.97
41	\$589.22	\$577.76	\$568.63	\$543.80	\$524.33	\$497.56	\$434.99
42	\$599.63	\$587.96	\$578.68	\$553.40	\$533.59	\$506.35	\$442.67
43	\$614.11	\$602.16	\$592.65	\$566.77	\$546.48	\$518.58	\$453.36
44	\$632.21	\$619.91	\$610.12	\$583.48	\$562.58	\$533.87	\$466.73
45	\$653.48	\$640.77	\$630.65	\$603.11	\$581.51	\$551.83	\$482.43
46	\$678.83	\$665.62	\$655.10	\$626.49	\$604.06	\$573.23	\$501.14
47	\$707.34	\$693.57	\$682.62	\$652.81	\$629.43	\$597.30	\$522.19
48	\$739.92	\$725.52	\$714.06	\$682.88	\$658.43	\$624.82	\$546.24
49	\$772.05	\$757.03	\$745.07	\$712.53	\$687.02	\$651.95	\$569.96
50	\$808.26	\$792.53	\$780.01	\$745.95	\$719.24	\$682.52	\$596.69
51	\$844.01	\$827.58	\$814.51	\$778.94	\$751.05	\$712.71	\$623.08
52	\$883.38	\$866.19	\$852.51	\$815.28	\$786.09	\$745.96	\$652.15
53	\$923.20	\$905.24	\$890.94	\$852.03	\$821.53	\$779.59	\$681.55
54	\$966.20	\$947.40	\$932.43	\$891.71	\$859.78	\$815.89	\$713.29
55	\$1,009.19	\$989.55	\$973.92	\$931.39	\$898.04	\$852.20	\$745.03
56	\$1,055.80	\$1,035.26	\$1,018.91	\$974.41	\$939.52	\$891.56	\$779.44
57	\$1,102.87	\$1,081.41	\$1,064.33	\$1,017.85	\$981.40	\$931.30	\$814.18
58	\$1,153.10	\$1,130.66	\$1,112.80	\$1,064.21	\$1,026.10	\$973.72	\$851.27
59	\$1,177.99	\$1,155.07	\$1,136.82	\$1,087.18	\$1,048.25	\$994.74	\$869.64
60	\$1,228.22	\$1,204.32	\$1,185.30	\$1,133.54	\$1,092.95	\$1,037.16	\$906.73
61	\$1,271.67	\$1,246.92	\$1,227.23	\$1,173.63	\$1,131.61	\$1,073.84	\$938.80
62	\$1,300.18	\$1,274.88	\$1,254.74	\$1,199.95	\$1,156.98	\$1,097.92	\$959.85
63	\$1,335.93	\$1,309.94	\$1,289.25	\$1,232.94	\$1,188.80	\$1,128.11	\$986.24
64+	\$1,357.65	\$1,331.23	\$1,310.21	\$1,252.99	\$1,208.13	\$1,146.45	\$1,002.28

Off Exchange Tandem PPO

Age	Platinum Tandem PPO 0/10 OffEx	Platinum Tandem PPO 250/15 OffEx	Gold Tandem PPO 750/30 OffEx	Silver Tandem PPO 1800/55 OffEx
0 to 14	\$312.15	\$302.88	\$265.96	\$237.43
15	\$339.89	\$329.81	\$289.60	\$258.53
16	\$350.50	\$340.10	\$298.64	\$266.60
17	\$361.11	\$350.39	\$307.68	\$274.67
18	\$372.54	\$361.48	\$317.41	\$283.36
19	\$383.96	\$372.57	\$327.15	\$292.05
20	\$395.80	\$384.05	\$337.23	\$301.05
21	\$408.04	\$395.93	\$347.66	\$310.36
22	\$408.04	\$395.93	\$347.66	\$310.36
23	\$408.04	\$395.93	\$347.66	\$310.36
24	\$408.04	\$395.93	\$347.66	\$310.36
25	\$409.67	\$397.51	\$349.05	\$311.60
26	\$417.83	\$405.43	\$356.00	\$317.81
27	\$427.62	\$414.93	\$364.35	\$325.26
28	\$443.54	\$430.37	\$377.90	\$337.36
29	\$456.59	\$443.04	\$389.03	\$347.30
30	\$463.12	\$449.38	\$394.59	\$352.26
31	\$472.92	\$458.88	\$402.94	\$359.71
32	\$482.71	\$468.38	\$411.28	\$367.16
33	\$488.83	\$474.32	\$416.49	\$371.81
34	\$495.36	\$480.65	\$422.06	\$376.78
35	\$498.62	\$483.82	\$424.84	\$379.26
36	\$501.89	\$486.99	\$427.62	\$381.75
37	\$505.15	\$490.16	\$430.40	\$384.23
38	\$508.41	\$493.32	\$433.18	\$386.71
39	\$514.94	\$499.66	\$438.74	\$391.68
40	\$521.47	\$505.99	\$444.31	\$396.64
41	\$531.26	\$515.49	\$452.65	\$404.09
42	\$540.65	\$524.60	\$460.65	\$411.23
43	\$553.71	\$537.27	\$471.77	\$421.16
44	\$570.03	\$553.11	\$485.68	\$433.58
45	\$589.21	\$571.72	\$502.02	\$448.16
46	\$612.06	\$593.89	\$521.49	\$465.54
47	\$637.76	\$618.83	\$543.39	\$485.10
48	\$667.14	\$647.34	\$568.42	\$507.44
49	\$696.11	\$675.45	\$593.11	\$529.48
50	\$728.75	\$707.12	\$620.92	\$554.31
51	\$760.99	\$738.40	\$648.38	\$578.83
52	\$796.49	\$772.85	\$678.63	\$605.83
53	\$832.40	\$807.69	\$709.22	\$633.14
54	\$871.16	\$845.30	\$742.25	\$662.62
55	\$909.92	\$882.91	\$775.28	\$692.11
56	\$951.95	\$923.69	\$811.09	\$724.08
57	\$994.39	\$964.87	\$847.24	\$756.35
58	\$1,039.68	\$1,008.82	\$885.83	\$790.80
59	\$1,062.12	\$1,030.59	\$904.95	\$807.87
60	\$1,107.41	\$1,074.54	\$943.54	\$842.32
61	\$1,146.58	\$1,112.55	\$976.92	\$872.12
62	\$1,172.29	\$1,137.49	\$998.82	\$891.67
63	\$1,204.53	\$1,168.77	\$1,026.29	\$916.19
64+	\$1,224.11	\$1,187.78	\$1,042.97	\$931.09

Off Exchange Tandem PPO				Off Exchange Tandem PPO Savings
Age	Silver Tandem PPO 2300/45 OffEx	Bronze Tandem PPO 5000/70 OffEx	Bronze Tandem PPO 6500/50 OffEx	Silver Tandem PPO Savings 2000/25% OffEx
0 to 14	\$235.76	\$202.75	\$197.21	\$240.49
15	\$256.71	\$220.77	\$214.74	\$261.86
16	\$264.73	\$227.66	\$221.45	\$270.04
17	\$272.74	\$234.55	\$228.15	\$278.21
18	\$281.37	\$241.97	\$235.37	\$287.01
19	\$290.00	\$249.39	\$242.58	\$295.82
20	\$298.93	\$257.08	\$250.06	\$304.93
21	\$308.18	\$265.03	\$257.79	\$314.36
22	\$308.18	\$265.03	\$257.79	\$314.36
23	\$308.18	\$265.03	\$257.79	\$314.36
24	\$308.18	\$265.03	\$257.79	\$314.36
25	\$309.41	\$266.09	\$258.83	\$315.62
26	\$315.58	\$271.39	\$263.98	\$321.91
27	\$322.97	\$277.75	\$270.17	\$329.45
28	\$334.99	\$288.09	\$280.22	\$341.71
29	\$344.85	\$296.57	\$288.47	\$351.77
30	\$349.78	\$300.81	\$292.60	\$356.80
31	\$357.18	\$307.17	\$298.78	\$364.35
32	\$364.58	\$313.53	\$304.97	\$371.89
33	\$369.20	\$317.50	\$308.84	\$376.61
34	\$374.13	\$321.74	\$312.96	\$381.64
35	\$376.60	\$323.86	\$315.02	\$384.15
36	\$379.06	\$325.98	\$317.09	\$386.67
37	\$381.53	\$328.10	\$319.15	\$389.18
38	\$383.99	\$330.22	\$321.21	\$391.70
39	\$388.92	\$334.47	\$325.34	\$396.73
40	\$393.85	\$338.71	\$329.46	\$401.76
41	\$401.25	\$345.07	\$335.65	\$409.30
42	\$408.34	\$351.16	\$341.58	\$416.53
43	\$418.20	\$359.64	\$349.83	\$426.59
44	\$430.53	\$370.24	\$360.14	\$439.16
45	\$445.01	\$382.70	\$372.25	\$453.94
46	\$462.27	\$397.54	\$386.69	\$471.54
47	\$481.68	\$414.24	\$402.93	\$491.35
48	\$503.87	\$433.32	\$421.49	\$513.98
49	\$525.75	\$452.14	\$439.80	\$536.30
50	\$550.41	\$473.34	\$460.42	\$561.45
51	\$574.75	\$494.28	\$480.79	\$586.29
52	\$601.57	\$517.33	\$503.21	\$613.64
53	\$628.69	\$540.66	\$525.90	\$641.30
54	\$657.96	\$565.83	\$550.39	\$671.16
55	\$687.24	\$591.01	\$574.88	\$701.03
56	\$718.98	\$618.31	\$601.43	\$733.41
57	\$751.03	\$645.87	\$628.24	\$766.10
58	\$785.24	\$675.29	\$656.86	\$801.00
59	\$802.19	\$689.87	\$671.04	\$818.29
60	\$836.40	\$719.29	\$699.65	\$853.18
61	\$865.98	\$744.73	\$724.40	\$883.36
62	\$885.40	\$761.43	\$740.64	\$903.16
63	\$909.75	\$782.36	\$761.01	\$928.00
64+	\$924.54	\$795.08	\$773.38	\$943.09

Off Exchange Full PPO

Age	Platinum Full PPO 0/10 OffEx	Platinum Full PPO 250/15 OffEx	Gold Full PPO 0/20 OffEx	Gold Full PPO 500/30 OffEx	Gold Full PPO 750/30 OffEx	Gold Full PPO 1200/35 OffEx	Silver Full PPO 1800/55 OffEx	Silver Full PPO 2300/45 OffEx	Bronze Full PPO 5000/70 OffEx	Bronze Full PPO 6500/50 OffEx	Bronze Full PPO 6850/65 OffEx
0 to 14	\$321.89	\$312.31	\$281.70	\$277.75	\$274.04	\$266.91	\$244.41	\$242.67	\$208.31	\$202.49	\$207.46
15	\$350.51	\$340.07	\$306.74	\$302.44	\$298.40	\$290.63	\$266.13	\$264.25	\$226.82	\$220.49	\$225.90
16	\$361.45	\$350.69	\$316.32	\$311.88	\$307.72	\$299.70	\$274.44	\$272.49	\$233.90	\$227.37	\$232.95
17	\$372.39	\$361.30	\$325.89	\$321.32	\$317.03	\$308.78	\$282.75	\$280.74	\$240.98	\$234.25	\$240.00
18	\$384.17	\$372.73	\$336.20	\$331.48	\$327.06	\$318.54	\$291.69	\$289.62	\$248.61	\$241.67	\$247.60
19	\$395.95	\$384.16	\$346.51	\$341.65	\$337.09	\$328.31	\$300.64	\$298.51	\$256.23	\$249.08	\$255.19
20	\$408.15	\$396.00	\$357.19	\$352.18	\$347.48	\$338.43	\$309.90	\$307.71	\$264.13	\$256.75	\$263.06
21	\$420.78	\$408.25	\$368.24	\$363.07	\$358.23	\$348.90	\$319.49	\$317.22	\$272.30	\$264.69	\$271.19
22	\$420.78	\$408.25	\$368.24	\$363.07	\$358.23	\$348.90	\$319.49	\$317.22	\$272.30	\$264.69	\$271.19
23	\$420.78	\$408.25	\$368.24	\$363.07	\$358.23	\$348.90	\$319.49	\$317.22	\$272.30	\$264.69	\$271.19
24	\$420.78	\$408.25	\$368.24	\$363.07	\$358.23	\$348.90	\$319.49	\$317.22	\$272.30	\$264.69	\$271.19
25	\$422.46	\$409.88	\$369.71	\$364.52	\$359.66	\$350.29	\$320.77	\$318.49	\$273.39	\$265.75	\$272.28
26	\$430.88	\$418.05	\$377.08	\$371.78	\$366.82	\$357.27	\$327.16	\$324.84	\$278.83	\$271.05	\$277.70
27	\$440.97	\$427.84	\$385.91	\$380.50	\$375.42	\$365.65	\$334.82	\$332.45	\$285.37	\$277.40	\$284.21
28	\$457.39	\$443.77	\$400.27	\$394.66	\$389.39	\$379.25	\$347.28	\$344.82	\$295.99	\$287.72	\$294.79
29	\$470.85	\$456.83	\$412.06	\$406.27	\$400.85	\$390.42	\$357.51	\$354.97	\$304.70	\$296.19	\$303.46
30	\$477.58	\$463.36	\$417.95	\$412.08	\$406.59	\$396.00	\$362.62	\$360.05	\$309.06	\$300.43	\$307.80
31	\$487.68	\$473.16	\$426.79	\$420.80	\$415.18	\$404.37	\$370.29	\$367.66	\$315.59	\$306.78	\$314.31
32	\$497.78	\$482.96	\$435.63	\$429.51	\$423.78	\$412.75	\$377.96	\$375.27	\$322.13	\$313.13	\$320.82
33	\$504.09	\$489.08	\$441.15	\$434.96	\$429.15	\$417.98	\$382.75	\$380.03	\$326.21	\$317.10	\$324.89
34	\$510.82	\$495.61	\$447.04	\$440.77	\$434.89	\$423.56	\$387.86	\$385.11	\$330.57	\$321.34	\$329.23
35	\$514.19	\$498.88	\$449.99	\$443.67	\$437.75	\$426.35	\$390.42	\$387.65	\$332.75	\$323.46	\$331.40
36	\$517.56	\$502.15	\$452.93	\$446.57	\$440.62	\$429.15	\$392.97	\$390.18	\$334.92	\$325.57	\$333.57
37	\$520.92	\$505.41	\$455.88	\$449.48	\$443.48	\$431.94	\$395.53	\$392.72	\$337.10	\$327.69	\$335.74
38	\$524.29	\$508.68	\$458.82	\$452.38	\$446.35	\$434.73	\$398.08	\$395.26	\$339.28	\$329.81	\$337.91
39	\$531.02	\$515.21	\$464.72	\$458.19	\$452.08	\$440.31	\$403.20	\$400.33	\$343.64	\$334.04	\$342.24
40	\$537.75	\$521.74	\$470.61	\$464.00	\$457.81	\$445.89	\$408.31	\$405.41	\$347.99	\$338.28	\$346.58
41	\$547.85	\$531.54	\$479.45	\$472.72	\$466.41	\$454.27	\$415.98	\$413.02	\$354.53	\$344.63	\$353.09
42	\$557.53	\$540.93	\$487.92	\$481.07	\$474.65	\$462.29	\$423.32	\$420.32	\$360.79	\$350.72	\$359.33
43	\$571.00	\$553.99	\$499.70	\$492.68	\$486.11	\$473.46	\$433.55	\$430.47	\$369.51	\$359.19	\$368.01
44	\$587.83	\$570.32	\$514.43	\$507.21	\$500.44	\$487.41	\$446.33	\$443.16	\$380.40	\$369.78	\$378.85
45	\$607.60	\$589.51	\$531.74	\$524.27	\$517.28	\$503.81	\$461.34	\$458.07	\$393.20	\$382.22	\$391.60
46	\$631.17	\$612.37	\$552.36	\$544.60	\$537.34	\$523.35	\$479.23	\$475.83	\$408.44	\$397.04	\$406.79
47	\$657.68	\$638.09	\$575.56	\$567.48	\$559.91	\$545.33	\$499.36	\$495.82	\$425.60	\$413.72	\$423.87
48	\$687.97	\$667.49	\$602.07	\$593.62	\$585.70	\$570.45	\$522.36	\$518.66	\$445.20	\$432.77	\$443.40
49	\$717.85	\$696.47	\$628.21	\$619.39	\$611.13	\$595.22	\$545.05	\$541.18	\$464.54	\$451.57	\$462.65
50	\$751.51	\$729.13	\$657.67	\$648.44	\$639.79	\$623.13	\$570.61	\$566.56	\$486.32	\$472.74	\$484.35
51	\$784.75	\$761.38	\$686.76	\$677.12	\$668.09	\$650.70	\$595.85	\$591.62	\$507.83	\$493.65	\$505.77
52	\$821.36	\$796.90	\$718.80	\$708.71	\$699.26	\$681.05	\$623.64	\$619.22	\$531.52	\$516.68	\$529.37
53	\$858.39	\$832.83	\$751.21	\$740.66	\$730.78	\$711.75	\$651.76	\$647.13	\$555.48	\$539.98	\$553.23
54	\$898.36	\$871.61	\$786.19	\$775.15	\$764.81	\$744.90	\$682.11	\$677.27	\$581.35	\$565.12	\$578.99
55	\$938.33	\$910.39	\$821.17	\$809.64	\$798.84	\$778.04	\$712.46	\$707.41	\$607.22	\$590.27	\$604.76
56	\$981.67	\$952.44	\$859.10	\$847.04	\$835.74	\$813.98	\$745.37	\$740.08	\$635.27	\$617.53	\$632.69
57	\$1,025.44	\$994.90	\$897.40	\$884.80	\$872.99	\$850.27	\$778.60	\$773.07	\$663.59	\$645.06	\$660.89
58	\$1,072.14	\$1,040.22	\$938.27	\$925.10	\$912.76	\$888.99	\$814.06	\$808.28	\$693.81	\$674.44	\$691.00
59	\$1,095.28	\$1,062.67	\$958.52	\$945.07	\$932.46	\$908.18	\$831.63	\$825.73	\$708.79	\$689.00	\$705.91
60	\$1,141.99	\$1,107.99	\$999.40	\$985.37	\$972.22	\$946.91	\$867.09	\$860.94	\$739.01	\$718.38	\$736.01
61	\$1,182.39	\$1,147.18	\$1,034.75	\$1,020.22	\$1,006.61	\$980.41	\$897.76	\$891.39	\$765.15	\$743.79	\$762.05
62	\$1,208.89	\$1,172.90	\$1,057.95	\$1,043.10	\$1,029.18	\$1,002.39	\$917.89	\$911.38	\$782.31	\$760.47	\$779.13
63	\$1,242.14	\$1,205.15	\$1,087.04	\$1,071.78	\$1,057.48	\$1,029.95	\$943.13	\$936.44	\$803.82	\$781.38	\$800.56
64+	\$1,262.33	\$1,224.75	\$1,104.71	\$1,089.21	\$1,074.68	\$1,046.70	\$958.47	\$951.67	\$816.89	\$794.08	\$813.58

Off Exchange Full PPO Savings				Mirror Full PPO			
Age	Silver Full PPO Savings 2000/25% OffEx	Bronze Full PPO Savings 5300/40% OffEx	Bronze Full PPO Savings 6900 OffEx	Blue Shield Platinum 90 PPO 0/15 + Child Dental	Blue Shield Gold 80 PPO 250/25 + Child Dental	Blue Shield Silver 70 PPO 250/50 + Child Dental	Blue Shield Bronze 60 PPO 6300/65 + Child Dental
0 to 14	\$247.41	\$212.25	\$210.23	\$321.02	\$290.87	\$263.32	\$221.12
15	\$269.40	\$231.11	\$228.91	\$349.55	\$316.73	\$286.73	\$240.78
16	\$277.81	\$238.33	\$236.06	\$360.47	\$326.61	\$295.68	\$248.29
17	\$286.22	\$245.54	\$243.20	\$371.38	\$336.50	\$304.63	\$255.81
18	\$295.28	\$253.31	\$250.90	\$383.13	\$347.14	\$314.27	\$263.90
19	\$304.33	\$261.08	\$258.59	\$394.88	\$357.79	\$323.91	\$271.99
20	\$313.71	\$269.12	\$266.56	\$407.04	\$368.82	\$333.89	\$280.37
21	\$323.41	\$277.45	\$274.80	\$419.63	\$380.22	\$344.21	\$289.05
22	\$323.41	\$277.45	\$274.80	\$419.63	\$380.22	\$344.21	\$289.05
23	\$323.41	\$277.45	\$274.80	\$419.63	\$380.22	\$344.21	\$289.05
24	\$323.41	\$277.45	\$274.80	\$419.63	\$380.22	\$344.21	\$289.05
25	\$324.71	\$278.56	\$275.90	\$421.31	\$381.74	\$345.59	\$290.20
26	\$331.17	\$284.11	\$281.40	\$429.70	\$389.35	\$352.48	\$295.98
27	\$338.94	\$290.76	\$288.00	\$439.78	\$398.47	\$360.74	\$302.92
28	\$351.55	\$301.58	\$298.71	\$456.14	\$413.30	\$374.16	\$314.19
29	\$361.90	\$310.46	\$307.51	\$469.57	\$425.47	\$385.18	\$323.44
30	\$367.07	\$314.90	\$311.90	\$476.28	\$431.55	\$390.68	\$328.07
31	\$374.83	\$321.56	\$318.50	\$486.36	\$440.68	\$398.94	\$335.00
32	\$382.60	\$328.22	\$325.09	\$496.43	\$449.80	\$407.21	\$341.94
33	\$387.45	\$332.38	\$329.22	\$502.72	\$455.51	\$412.37	\$346.28
34	\$392.62	\$336.82	\$333.61	\$509.44	\$461.59	\$417.88	\$350.90
35	\$395.21	\$339.04	\$335.81	\$512.79	\$464.63	\$420.63	\$353.21
36	\$397.80	\$341.26	\$338.01	\$516.15	\$467.67	\$423.38	\$355.53
37	\$400.38	\$343.48	\$340.21	\$519.51	\$470.72	\$426.14	\$357.84
38	\$402.97	\$345.70	\$342.41	\$522.86	\$473.76	\$428.89	\$360.15
39	\$408.15	\$350.14	\$346.80	\$529.58	\$479.84	\$434.40	\$364.78
40	\$413.32	\$354.58	\$351.20	\$536.29	\$485.93	\$439.91	\$369.40
41	\$421.08	\$361.24	\$357.80	\$546.36	\$495.05	\$448.17	\$376.34
42	\$428.52	\$367.62	\$364.12	\$556.01	\$503.80	\$456.08	\$382.99
43	\$438.87	\$376.49	\$372.91	\$569.44	\$515.96	\$467.10	\$392.24
44	\$451.81	\$387.59	\$383.90	\$586.23	\$531.17	\$480.87	\$403.80
45	\$467.01	\$400.63	\$396.82	\$605.95	\$549.04	\$497.05	\$417.38
46	\$485.12	\$416.17	\$412.21	\$629.45	\$570.33	\$516.32	\$433.57
47	\$505.49	\$433.65	\$429.52	\$655.89	\$594.29	\$538.01	\$451.78
48	\$528.78	\$453.62	\$449.31	\$686.10	\$621.66	\$562.79	\$472.59
49	\$551.74	\$473.32	\$468.82	\$715.90	\$648.66	\$587.23	\$493.11
50	\$577.61	\$495.52	\$490.80	\$749.47	\$679.08	\$614.77	\$516.24
51	\$603.16	\$517.44	\$512.51	\$782.62	\$709.12	\$641.96	\$539.07
52	\$631.30	\$541.58	\$536.42	\$819.12	\$742.20	\$671.91	\$564.22
53	\$659.76	\$565.99	\$560.60	\$856.05	\$775.66	\$702.20	\$589.65
54	\$690.49	\$592.35	\$586.71	\$895.92	\$811.78	\$734.90	\$617.11
55	\$721.21	\$618.71	\$612.81	\$935.78	\$847.90	\$767.60	\$644.57
56	\$754.52	\$647.28	\$641.12	\$979.01	\$887.06	\$803.05	\$674.34
57	\$788.16	\$676.14	\$669.70	\$1,022.65	\$926.60	\$838.85	\$704.41
58	\$824.05	\$706.93	\$700.20	\$1,069.23	\$968.81	\$877.06	\$736.49
59	\$841.84	\$722.19	\$715.32	\$1,092.31	\$989.72	\$895.99	\$752.39
60	\$877.74	\$752.99	\$745.82	\$1,138.89	\$1,031.93	\$934.20	\$784.47
61	\$908.79	\$779.62	\$772.20	\$1,179.17	\$1,068.43	\$967.24	\$812.22
62	\$929.16	\$797.10	\$789.51	\$1,205.61	\$1,092.38	\$988.93	\$830.43
63	\$954.71	\$819.02	\$811.22	\$1,238.76	\$1,122.42	\$1,016.12	\$853.26
64+	\$970.24	\$832.34	\$824.41	\$1,258.90	\$1,140.67	\$1,032.64	\$867.14

Infertility Coverage

Infertility treatment benefits are available as supplemental coverage on all PPO, HSA-HDHP, and HMO plans. If your business offers multiple Blue Shield medical plans for employees, the supplemental coverage will be included on all medical plans.

Coverage includes authorized professional, hospital, ambulatory center, and ancillary services, as well as drugs for the treatment of infertility that are self-administered, and injectable drugs administered or prescribed by the provider during a course of treatment.

Optional Benefit Rate

Infertility

\$10.35

Rate is per member

Notes

The plans listed before are available for purchase directly through Blue Shield via a customer's broker. Plans in each package cannot be combined. Plans are pending regulatory approval. Please check with your broker or Blue Shield representative for updates.

The Blue Shield of California Off Exchange Package for Small Businesses has 43 plans, 21 of which are 7 HMO plans with a choice of the Access+, Local Access+ and Trio HMO network. If you are an employer located in certain California counties whose eligible employees live or work in the Local Access+ HMO service area, you have the option of choosing any of the Local Access+ HMO plans or any of the Access+ HMO plans, but not both. The Local Access+ HMO plans have the same benefits as our Access+ HMO plans. Enrolled employees and their dependents must live or work in the Trio ACO HMO service area to be eligible for coverage. The Trio ACO HMO provider network includes a subset of IPAs, medical groups, and affiliated physicians from our Access+ HMO network. Please review the Network Guide (A43007) for detailed information regarding the HMO service area.

Employees enrolled in the HSA-HDHP plans may be eligible to open a Health Savings Account. Blue Shield does not offer tax advice or HSAs. HSAs are offered through financial institutions. For more information about HSAs, eligibility, and the law's current provisions, the group should ask their tax adviser.

Specialty Product Rates

for businesses of 1-50 eligible employees

Dental plan rates*

New business rates effective 1/1/2020 through 12/31/2020, for groups of 1 to 50 eligible employees. Rates are based on the employer's home office ZIP code.

Plan ID	Rating region: Central California: Regions 2, 8, 10, 11, 13, 14	Employee	Employee + spouse	Employee + child/ren	Employee + family
Dental HMO plans					
D251	Basic	\$16.70	\$35.60	\$44.00	\$55.70
D252	Plus	\$27.10	\$54.20	\$62.60	\$81.30
D253	Deluxe	\$28.50	\$56.90	\$67.60	\$85.40
D254	Voluntary	\$25.40	\$50.60	\$59.50	\$76.10
D523	Standard	\$21.70	\$46.30	\$57.20	\$72.50

* Any applicable Bundled Savings discounts are applied directly to the group's monthly bill and subtracted from the total billed premium for dental and/or vision coverage.

Vision plan rates*

New business rates effective 1/1/2020 through 12/31/2020, for groups of 1 to 50 eligible employees.

For all of California (Regions 1 to 19)

Vision plans†

Plan ID	Exam copayment	Materials copayment	Frame allowance	"Plus" Contact lens benefits	Employee	Employee + spouse	Employee + child/ren	Employee + family
Basic Vision for Small Business (12-24-24)								
V550	\$10 (Voluntary)	\$25	\$120	N/A	\$9.40	\$17.80	\$16.40	\$23.20
V547	\$10	\$25	\$120	N/A	\$6.60	\$12.50	\$11.50	\$16.30
V517	\$0	\$0	\$120	N/A	\$9.20	\$17.50	\$16.20	\$22.90
V548	\$10	\$25	\$150	N/A	\$7.70	\$14.50	\$13.30	\$19.00
V549	\$10 (Plus)	\$25	\$150	\$120‡	\$10.20	\$19.20	\$17.60	\$24.90
V518	\$0	\$0	\$150	N/A	\$10.80	\$20.30	\$18.70	\$26.40
V521	\$0 (Plus)	\$0	\$150	\$120‡	\$13.30	\$25.30	\$23.30	\$33.00
Preferred Vision for Small Business (12-12-24)								
V534	\$10 (Voluntary)	\$25	\$120	N/A	\$10.10	\$19.30	\$17.70	\$25.10
V531	\$10	\$25	\$120	N/A	\$7.10	\$13.50	\$12.40	\$17.50
V269	\$0	\$0	\$120	N/A	\$10.30	\$19.50	\$17.90	\$25.40
V532	\$10	\$25	\$150	N/A	\$8.30	\$15.80	\$14.50	\$20.60
V533	\$10 (Plus)	\$25	\$150	\$120‡	\$10.90	\$20.60	\$18.90	\$26.80
V270	\$0	\$0	\$150	N/A	\$12.00	\$22.60	\$20.80	\$29.40
V273	\$0 (Plus)	\$0	\$150	\$120‡	\$14.70	\$27.80	\$25.60	\$36.20
Ultimate Vision for Small Business (12-12-12)								
V539	\$10	\$25	\$120	N/A	\$10.10	\$19.30	\$17.60	\$25.00
V276	\$0	\$0	\$120	N/A	\$14.50	\$27.40	\$25.10	\$35.60
V541	\$10 (Voluntary)	\$25	\$150	N/A	\$16.90	\$31.80	\$29.40	\$41.60
V542	\$10	\$25	\$150	N/A	\$11.80	\$22.30	\$20.60	\$29.20
V540	\$10 (Plus)	\$25	\$150	\$120‡	\$15.80	\$30.00	\$27.60	\$39.10
V277	\$0	\$0	\$150	N/A	\$16.80	\$31.80	\$29.20	\$41.30
V279	\$0 (Plus)	\$0	\$150	\$120‡	\$21.20	\$40.10	\$36.80	\$52.10

* Any applicable Bundled Savings discounts are applied directly to the group's monthly bill and subtracted from the total billed premium for dental and/or vision coverage.

† Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life).

‡ Basic, Preferred, and Ultimate Vision Plus plans cover both contact lens coverage (including evaluation, fittings, and materials up to \$120) and eyeglass lenses/frames during the benefit period. For non-Plus plans, contact lens materials may be selected in lieu of eyeglasses.

Group Term Life with Accidental Death and Dismemberment (AD&D) Insurance*

Effective 1/1/2020 through 12/31/2020, available only for groups of 2 to 50+ eligible employees.

Age-banded rates for groups of 2-9 eligible employees. Composite rates apply to groups of 10-50 eligible employees‡ – contact your broker or Blue Shield representative for a quote.

Insured age range	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69 [∞]	70-74 [§]	75-79	80-84	85+
Monthly premium per \$1,000 [#]	\$0.19	\$0.20	\$0.21	\$0.33	\$0.46	\$0.74	\$1.15	\$2.25	\$3.75	\$5.33	\$8.39	\$12.05	\$18.04

Dependent life insurance is available on a voluntary basis when offered by the employer at a rate of \$0.45 per \$1,000 of coverage for groups of 2-9 eligible employees and a rate of \$0.25 per \$1,000 of coverage for groups of 10-50 eligible employees. This amount covers all eligible dependents.

* Group term life insurance is underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life).

† Groups of 1 employee should refer to Blue Shield Life Individual Term Life insurance.

‡ Groups of 10-50 do not qualify for age-banded rates.

These premiums include \$0.05 monthly premium per \$1,000 for accidental death and dismemberment insurance.

∞ Benefit amount is reduced to 65% of the original amount at age 65.

§ Benefit amount is reduced to 50% of the original amount at age 70.

Specialty Product Rates

for businesses of 1-50 eligible employees

Dental plan rates*

New business rates effective 1/1/2020 for new DPPO plan offerings effective 1/1/2020 for groups of 1 to 50 eligible employees. Rates are based on the employer's home office ZIP code.

Plan ID	Regions: 2, 3, 7, 8, 10-14, 16, 17, 19		Ortho	Employee	Employee + spouse	Employee + child/ren	Employee + family
Dental PPO plans							
D497	Smile	50/1500/No Ortho/Mac/NR	No Ortho	\$39.40	\$77.80	\$96.30	\$115.60
D499	Smile Basic	75/1000/No Ortho/Mac/NR	No Ortho	\$26.30	\$52.80	\$66.50	\$90.10
D531	Smile Basic	50/1000/No Ortho/MAC	No Ortho	\$32.00	\$64.30	\$81.00	\$109.70
D533	Smile Basic	50/1000/Ortho/U85	Ortho	\$55.80	\$111.00	\$139.60	\$188.00
D501	Smile Basic Voluntary ^{†,‡}	75/1000/No Ortho/MAC/NR	No Ortho	\$28.30	\$56.40	\$70.90	\$94.50
D525	Smile Basic Voluntary ^{†,‡}	50/1000/No Ortho/MAC	No Ortho	\$33.70	\$67.00	\$84.30	\$112.30
D527	Smile Basic Voluntary ^{†,‡}	50/1500/Ortho/U80	Ortho	\$72.50	\$146.00	\$183.70	\$238.80
D529	Smile Basic Voluntary	50/1000/No Ortho/U80 (No Wait)	No Ortho	\$57.80	\$116.40	\$146.50	\$190.40
D537	Smile Plus [†]	50/1500/No Ortho/MAC/WP	No Ortho	\$42.40	\$84.90	\$107.00	\$124.90
D513	Smile Plus	50/1500/Ortho/Mac/NR	Ortho	\$46.40	\$92.80	\$117.10	\$136.60
D535	Smile Plus	50/1500/No Ortho/MAC	No Ortho	\$43.20	\$86.40	\$109.10	\$127.30
D515	Smile Plus Gold	50/1500/Ortho/U85/NR	Ortho	\$57.80	\$116.30	\$146.30	\$190.20
D539	Smile Plus Gold	50/1500/Ortho/U80	Ortho	\$65.00	\$129.30	\$162.60	\$219.00
D541	Smile Plus Gold	50/1500/No Ortho/U80	No Ortho	\$60.10	\$119.50	\$150.40	\$202.50
D543	Smile Plus Gold	50/1500/Ortho/U80/ADV	Ortho	\$64.10	\$127.60	\$160.50	\$216.10
D572	Smile Plus Gold	50/1500/Ortho/U90/ADV	Ortho	\$74.20	\$147.70	\$185.80	\$250.20
D574	Smile Plus Gold	50/1500/No Ortho/U90/ADV	No Ortho	\$66.90	\$133.20	\$167.60	\$225.60
D576	Smile Plus Gold	50/2500/Ortho/U90/ADV	Ortho	\$86.80	\$172.90	\$217.50	\$292.80

Plan ID	Regions: 2, 3, 7, 8, 10-14, 16, 17, 19		Ortho	Employee	Employee + spouse	Employee + child/ren	Employee + family
Dental PPO plans							
D578	Smile Plus Gold	50/2500/No Ortho/U90/ADV	No Ortho	\$78.80	\$156.90	\$197.30	\$265.70
D505	Smile Deluxe	2000 50/2000/No Ortho/MAC/NR	No Ortho	\$54.10	\$109.10	\$135.90	\$184.70
D507	Smile Deluxe	50/1500/Ortho/MAC/NR	Ortho	\$47.80	\$95.80	\$121.30	\$161.80
D511	Smile Deluxe Plus	2000 50/2000/Ortho/MAC/NR	Ortho	\$57.40	\$115.00	\$144.80	\$194.50
D509	Smile Deluxe Gold	50/1500/Ortho/U85/NR	Ortho	\$69.20	\$137.60	\$173.10	\$233.10
D517	Smile Value	50/1500/No Ortho/MAC/NR	No Ortho	\$35.30	\$71.20	\$88.40	\$106.20
D519	Ultimate Dental Plus PPO for Small Business 50/2000/MAC/NR		Ortho	\$55.80	\$111.80	\$140.80	\$189.20
D521	Ultimate Dental PPO for Small Business 50/2000/MAC/NR		Ortho	\$49.50	\$99.80	\$124.10	\$168.80
D545	Ultimate Dental PPO for Small Business 50/2000/No Ortho/U80		No Ortho	\$64.70	\$128.70	\$161.90	\$218.00
D580	Ultimate Dental PPO for Small Business 50/2000/Lifetime Ortho/U90		Ortho	\$82.10	\$163.20	\$205.30	\$276.50
D582	Ultimate Dental PPO for Small Business 50/2000/No Ortho/U90		No Ortho	\$74.00	\$147.30	\$185.20	\$249.40

* Any applicable Bundled Savings discounts are applied directly to the group's monthly bill and subtracted from the total billed premium for dental and/or vision coverage.

† Has a 12-month waiting period for major services.

‡ 12-month waiting period for major dental services may be waived if group had prior BSC dental coverage and completed the waiting period requirement.

Changes to Small Business PPO Off Exchange plans **Blue Shield of California**

As of January 1, 2020

This notice describes the changes to your Blue Shield health coverage upon your group's renewal. This is only a summary. Updates will be made to the *Evidence of Coverage and Health Service Agreement (EOC)*. Please visit the blueshieldca.com/policies site on or after November 1, 2019 for updated terms and conditions of coverage. If you have any questions about the changes listed below, please contact your Blue Shield representative or call Group Employer Services at **(800) 325-5166**.

The following changes are being made to your health plan.

Description	Summary
Product Name	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), the following Product Names have been updated to reflect the correct frequencies:</p> <p>From: Bronze Full PPO 4000/70 To: Bronze Full PPO 5000/70</p> <p>From: Bronze Tandem PPO 4000/70 To: Bronze Tandem PPO 5000/70</p> <p>From: Bronze Full PPO 6000/65 To: Bronze Full PPO 6850/65</p> <p>From: Silver Full PPO 2000/45 OffEx To: Silver Full PPO 2300/45 OffEx</p> <p>From: Silver Tandem PPO 2000/45 OffEx To: Silver Tandem PPO 2300/45 OffEx</p> <p>From: Silver Full PPO 1700/55 OffEx To: Silver Full PPO 1800/55 OffEx</p> <p>From: Silver Tandem PPO 1700/55 OffEx To: Silver Tandem PPO 1800/55 OffEx</p>

A47514-OFF (1/20)

<p>Calendar year medical deductible</p>	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), the calendar year medical deductible for participating providers will change for the following plans:</p> <p><i>Bronze Full PPO 5000/70</i> When using a participating provider³ From: \$4,000 individual/\$8,000 family To: \$5,000 individual/\$10,000 family When using any combination of participating³ and non-participating providers⁴ From: \$8,000 individual/\$16,000 family To: \$10,000 individual/\$20,000 family</p> <p><i>Bronze Tandem PPO 5000/70</i> When using a participating provider³ From: \$4,000 individual/\$8,000 family To: \$5,000 individual/\$10,000 family When using any combination of participating³ and non-participating providers⁴ From: \$8,000 individual/\$16,000 family To: \$10,000 individual/\$20,000 family</p> <p><i>Bronze Full PPO 6850/65</i> When using a participating provider³ From: \$6,000 individual/\$12,000 family To: \$6,850 individual/\$13,700 family</p> <p><i>Silver Full PPO 2300/45 OffEx</i> When using a participating provider³ From: \$2,000 individual/\$4,000 family To: \$2,300 individual/\$4,600 family When using any combination of participating³ and non-participating providers⁴ From: \$4,000 individual/\$8,000 family To: \$4,600 individual/\$9,200 family</p> <p><i>Silver Tandem PPO 2300/45 OffEx</i> When using a participating provider³ From: \$2,000 individual/\$4,000 family To: \$2,300 individual/\$4,600 family When using any combination of participating³ and non-participating providers⁴ From: \$4,000 individual/\$8,000 family To: \$4,600 individual/\$9,200 family</p>
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All Blue Shield plans are subject to limitations and exclusions. This document is only a summary for informational purposes. It is not a contract. Please refer to the Evidence of Coverage, the Summary of Benefits, and the group contract for the exact terms and conditions of coverage. Benefits are subject to modification by Blue Shield for subsequently enacted state or federal legislation

	<p>Silver Full PPO 1800/55 OffEx When using a participating provider³ From: \$1,700 individual/\$3,400 family To: \$1,800 individual/\$3,600 family</p> <p>Silver Tandem PPO 1800/55 OffEx When using a participating provider³ From: \$1,700 individual/\$3,400 family To: \$1,800 individual/\$3,600 family</p>
<p>Calendar year pharmacy deductible</p>	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), the calendar year pharmacy deductible for participating providers will change for the following plans:</p> <p>Bronze Full PPO 5000/70 When using a participating provider³ From: \$250 individual/\$500 family To: \$0 individual/\$0 family</p> <p>Bronze Tandem PPO 5000/70 When using a participating provider³ From: \$250 individual/\$500 family To: \$0 individual/\$0 family</p> <p>Bronze Full PPO 6850/65 When using a participating provider³ From: \$250 individual/\$500 family To: \$0 individual/\$0 family</p> <p>Gold Full PPO 750/30 When using a participating provider³ From: \$200 individual/\$400 family To: \$250 individual/\$500 family</p> <p>Gold Tandem PPO 750/30 When using a participating provider³ From: \$200 individual/\$400 family To: \$250 individual/\$500 family</p> <p>Gold Full PPO 500/30 When using a participating provider³</p>

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	<p>From: \$0 individual/\$0 family To: \$100 individual/\$200 family</p> <p>Silver Full PPO 2300/45 OffEx When using a participating provider³ From: \$200 individual/\$400 family To: \$300 individual/\$600 family</p> <p>Silver Tandem PPO 2300/45 OffEx When using a participating provider³ From: \$200 individual/\$400 family To: \$300 individual/\$600 family</p>
<p>Calendar-Year Out-of-Pocket Maximum</p>	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), the calendar-year out-of-pocket maximums for participating providers will change for the following plans:</p> <p>Bronze Full PPO 5000/70 When using a participating provider³ From: \$7,350 individual/\$14,700 family To: \$7,800 individual/\$15,600 family When using any combination of participating³ and non-participating providers⁴ From: \$12,550 individual/\$25,100 family To: \$13,850 individual/\$27,700 family</p> <p>Bronze Tandem PPO 5000/70 When using a participating provider³ From: \$7,350 individual/\$14,700 family To: \$7,800 individual/\$15,600 family When using any combination of participating³ and non-participating providers⁴ From: \$12,550 individual/\$25,100 family To: \$13,850 individual/\$27,700 family</p> <p>Bronze Full PPO 6500/50 When using a participating provider³ From: \$7,850 individual/\$15,700 family To: \$7,800 individual/\$15,600 family</p> <p>Bronze Tandem PPO 6500/50 When using a participating provider³</p>

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	<p>From: \$7,850 individual/\$15,700 family To: \$7,800 individual/\$15,600 family</p> <p>Bronze Full PPO 6850/65</p> <p>When using a participating provider³ From: \$7,550 individual/\$15,100 family To: \$7,800 individual/\$15,600 family</p> <p>When using any combination of participating³ and non-participating providers⁴ From: \$12,550 individual/\$25,100 family To: \$13,850 individual/\$27,700 family</p> <p>Gold Full PPO 0/20</p> <p>When using a participating provider³ From: \$7,000 individual/\$14,000 family To: \$7,650 individual/\$15,300 family</p> <p>When using any combination of participating³ and non-participating providers⁴ From: \$12,550 individual/\$25,100 family To: \$13,850 individual/\$27,700 family</p> <p>Gold Full PPO 500/30</p> <p>When using a participating provider³ From: \$7,550 individual/\$15,100 family To: \$7,800 individual/\$15,600 family</p> <p>When using any combination of participating³ and non-participating providers⁴ From: \$12,550 individual/\$25,100 family To: \$13,850 individual/\$27,700 family</p> <p>Gold Full PPO 750/30</p> <p>When using a participating provider³ From: \$7,550 individual/\$15,100 family To: \$7,800 individual/\$15,600 family</p> <p>When using any combination of participating³ and non-participating providers⁴ From: \$12,550 individual/\$25,100 family To: \$13,850 individual/\$27,700 family</p> <p>Gold Tandem PPO 750/30</p> <p>When using a participating provider³ From: \$7,550 individual/\$15,100 family To: \$7,800 individual/\$15,600 family</p> <p>When using any combination of participating³ and non-participating providers⁴</p>
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	<p>From: \$12,550 individual/\$25,100 family To: \$13,850 individual/\$27,700 family</p> <p>Gold Full PPO 1200/35</p> <p>When using a participating provider³ From: \$7,550 individual/\$15,100 family To: \$7,800 individual/\$15,600 family</p> <p>When using any combination of participating³ and non-participating providers⁴ From: \$12,550 individual/\$25,100 family To: \$13,850 individual/\$27,700 family</p> <p>Platinum Full PPO 0/10</p> <p>When using a participating provider³ From: \$3,600 individual/\$7,200 family To: \$ 4,000 individual/\$8,000 family</p> <p>When using any combination of participating³ and non-participating providers⁴ From: \$7,200 individual/\$14,400 family To: \$8,000 individual/\$16,000 family</p> <p>Platinum Tandem PPO 0/10</p> <p>When using a participating provider³ From: \$3,600 individual/\$7,200 family To: \$ 4,000 individual/\$8,000 family</p> <p>When using any combination of participating³ and non-participating providers⁴ From: \$7,200 individual/\$14,400 family To: \$8,000 individual/\$16,000 family</p> <p>Platinum Full PPO 250/15</p> <p>When using a participating provider³ From: \$3,900 individual/\$7,800 family To: \$4,300 individual/\$8,600 family</p> <p>When using any combination of participating³ and non-participating providers⁴ From: \$7,800 individual/\$15,600 family To: \$8,600 individual/\$17,200 family</p> <p>Platinum Tandem PPO 250/15</p> <p>When using a participating provider³ From: \$3,900 individual/\$7,800 family To: \$4,300 individual/\$8,600 family</p>
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	<p>When using any combination of participating³ and non-participating providers⁴ From: \$7,800 individual/\$15,600 family To: \$8,600 individual/\$17,200 family</p> <p>Silver Full PPO 1800/55 OffEx When using a participating provider³ From: \$7,550 individual/\$15,100 family To: \$7,800 individual/\$15,600 family When using any combination of participating³ and non-participating providers⁴ From: \$12,550 individual/\$25,100 family To: \$13,850 individual/\$27,700 family</p> <p>Silver Tandem PPO 1800/55 OffEx When using a participating provider³ From: \$7,550 individual/\$15,100 family To: \$7,800 individual/\$15,600 family When using any combination of participating³ and non-participating providers⁴ From: \$12,550 individual/\$25,100 family To: \$13,850 individual/\$27,700 family</p> <p>Silver Full PPO 2300/45 OffEx When using a participating provider³ From: \$7,550 individual/\$15,100 family To: \$7,800 individual/\$15,600 family When using any combination of participating³ and non-participating providers⁴ From: \$12,550 individual/\$25,100 family To: \$13,850 individual/\$27,700 family</p> <p>Silver Tandem PPO 2300/45 OffEx When using a participating provider³ From: \$7,550 individual/\$15,100 family To: \$7,800 individual/\$15,600 family When using any combination of participating³ and non-participating providers⁴ From: \$12,550 individual/\$25,100 family To: \$13,850 individual/\$27,700 family</p>
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Specialist care office visit	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for specialist care office visit will change for the following plans:</p> <p>Bronze Full PPO 5000/70 From: \$90 To: \$95</p> <p>Bronze Tandem PPO 5000/70 From: \$90 To: \$95</p> <p>Bronze Full PPO 6850/65 From: \$80 To: \$95</p> <p>Silver Full PPO 1800/55 OffEx From: \$70 To: \$80</p> <p>Silver Tandem PPO 1800/55 OffEx From: \$70 To: \$80</p>
Physician Services (Physician or surgeon services in an Outpatient and Inpatient Facility)	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Physician Services (Physician or surgeon services in an Outpatient and Inpatient Facility) will change for the following plans:</p> <p>Bronze Full PPO 5000/70 From: 25% To: 30%</p> <p>Bronze Tandem PPO 5000/70 From: 25% To: 30%</p> <p>Bronze Full PPO 6850/65 From: 15% To: 25%</p>
Chiropractic services	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Chiropractic services will change for the following plans:</p> <p>Bronze Full PPO 5000/70 From: 50% up to 12 visits per member per calendar year To: \$15 up to 20 visits per member per calendar year</p>

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	<p>Bronze Tandem PPO 5000/70 From: 50% up to 12 visits per member per calendar year To: \$15 up to 20 visits per member per calendar year</p> <p>Bronze Full PPO 6850/65 From: 50% up to 12 visits per member per calendar year To: \$15 up to 20 visits per member per calendar year</p> <p>Gold Full PPO 0/20 From: 50% up to 12 visits per member per calendar year To: \$10 up to 20 visits per member per calendar year</p> <p>Gold Full PPO 500/30 From: 50% up to 12 visits per member per calendar year To: \$10 up to 20 visits per member per calendar year</p> <p>Gold Full PPO 750/30 From: 50% up to 12 visits per member per calendar year To: \$10 up to 20 visits per member per calendar year</p> <p>Gold Tandem PPO 750/30 From: 50% up to 12 visits per member per calendar year To: \$10 up to 20 visits per member per calendar year</p> <p>Gold Full PPO 1200/35 From: 50% up to 12 visits per member per calendar year To: \$10 up to 20 visits per member per calendar year</p> <p>Platinum Full PPO 250/15 From: 50% up to 12 visits per member per calendar year To: \$15 up to 20 visits per member per calendar year</p> <p>Platinum Tandem PPO 250/15 From: 50% up to 12 visits per member per calendar year To: \$15 up to 20 visits per member per calendar year</p> <p>Silver Full PPO 2300/45 OffEx From: 50% up to 12 visits per member per calendar year To: \$15 up to 20 visits per member per calendar year</p> <p>Silver Tandem PPO 2300/45 OffEx From: 50% up to 12 visits per member per calendar year To: \$15 up to 20 visits per member per calendar year</p> <p>Silver Full PPO 1800/55 OffEx From: 50% up to 12 visits per member per calendar year To: \$15 up to 20 visits per member per calendar year</p>
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	<p>Silver Tandem PPO 1800/55 OffEx From: 50% up to 12 visits per member per calendar year To: \$15 up to 20 visits per member per calendar year</p> <p>Platinum Full PPO 0/10 From: 50% up to 12 visits per member per calendar year To: \$15 up to 20 visits per member per calendar year</p> <p>Platinum Tandem PPO 0/10 From: 50% up to 12 visits per member per calendar year To: \$15 up to 20 visits per member per calendar year</p>
Teladoc consultation	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Teladoc consultation will change for the following plans:</p> <p>Bronze Full PPO 6850/65 From: \$5 per consult To: \$5 per consult (calendar deductible applies)</p> <p>Bronze Tandem PPO 6500/50 From: 50% To: No Charge</p> <p>Gold Tandem PPO 750/30 From: \$5 per consult To: No Charge</p> <p>Platinum Tandem PPO 250/15 From: \$5 per consult To: No Charge</p> <p>Platinum Tandem PPO 0/10 From: \$5 per consult To: No Charge</p> <p>Silver Tandem PPO 2300/45 OffEx From: 50% To: No Charge</p> <p>Silver Tandem PPO 1800/55 OffEx From: 50% To: No Charge</p>
Vasectomy	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Vasectomy will change for the following plans:</p>

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	<p>Bronze Full PPO 5000/70 From: 25% To: 30%</p> <p>Bronze Tandem PPO 5000/70 From: 25% To: 30%</p> <p>Bronze Full PPO 6850/65 From: 15% To: 25%</p>
Podiatric services	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for podiatric Services will change for the following plans:</p> <p>Bronze Full PPO 5000/70 From: \$90 To: \$95</p> <p>Bronze Tandem PPO 5000/70 From: \$90 To: \$95</p> <p>Bronze Full PPO 6850/65 From: \$80 To: \$95</p> <p>Silver Full PPO 1800/55 OffEx From: \$70 To: \$80</p> <p>Silver Tandem PPO 1800/55 OffEx From: \$70 To: \$80</p>
Emergency room services	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Emergency room services will change for the following plan:</p> <p>Bronze Full PPO 5000/70 From: 25% To: 30%</p> <p>Bronze Tandem PPO 5000/70</p>

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	<p>From: 25% To: 30%</p> <p>Bronze Full PPO 6850/65</p> <p>From: 15% To: 25%</p> <p>Gold Full PPO 500/30</p> <p>From: \$200/visit up to 20% To: \$250/visit up to 20%</p> <p>Gold Full PPO 750/30</p> <p>From: \$100/visit up to 20% To: \$250/visit up to 20%</p> <p>Gold Tandem PPO 750/30</p> <p>From: \$100/visit up to 20% To: \$250/visit up to 20%</p> <p>Gold Full PPO 1200/35</p> <p>From: \$100/visit up to 20% To: \$250/visit up to 20%</p> <p>Platinum Full PPO 250/15</p> <p>From: \$100/visit up to 10% To: \$150/visit up to 10%</p> <p>Platinum Tandem PPO 250/15</p> <p>From: \$100/visit up to 10% To: \$150/visit up to 10%</p> <p>Platinum Full PPO 0/10</p> <p>From: \$100/visit up to 10% To: \$150/visit up to 10%</p> <p>Platinum Tandem PPO 0/10</p> <p>From: \$100/visit up to 10% To: \$150/visit up to 10%</p> <p>Silver Full PPO 2300/45 OffEx</p> <p>From: \$250/visit up to 40% To: \$350/visit up to 40%</p> <p>Silver Tandem PPO 2300/45 OffEx</p> <p>From: \$250/visit up to 40% To: \$350/visit up to 40%</p>
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	<p>Silver Full PPO 1800/55 OffEx From: \$250/visit up to 35% To: \$300/visit up to 35%</p> <p>Silver Tandem PPO 1800/55 OffEx From: \$250/visit up to 35% To: \$300/visit up to 35%</p>
Ambulance services	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Ambulance services will change for the following plans:</p> <p>Bronze Full PPO 5000/70 From: 25% To: 30%</p> <p>Bronze Tandem PPO 5000/70 From: 25% To: 30%</p> <p>Bronze Full PPO 6850/65 From: 15% To: 25%</p>
Outpatient facility services - Outpatient department of a hospital: surgery	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for outpatient department of a hospital: surgery will change for the following plans:</p> <p>Bronze Full PPO 5000/70 From: \$200/surgery plus 25% To: \$200/surgery plus 30%</p> <p>Bronze Tandem PPO 5000/70 From: \$200/surgery plus 25% To: \$200/surgery plus 30%</p> <p>Bronze Full PPO 6850/65 From: \$200/surgery plus 15% To: \$200/surgery plus 25%</p> <p>Silver Full PPO 1800/55 OffEx From: \$150/surgery plus 35% To: \$250/surgery plus 35%</p> <p>Silver Tandem PPO 1800/55 OffEx From: \$150/surgery plus 35% To: \$250/surgery plus 35%</p>

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	<p>Silver Full PPO 2300/45 OffEx From: \$150/surgery plus 40% To: \$250/surgery plus 40%</p> <p>Silver Tandem PPO 2300/45 OffEx From: \$150/surgery plus 40% To: \$250/surgery plus 40%</p>
Inpatient services	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for inpatient services will change for the following plan:</p> <p>Bronze Full PPO 5000/70 From: 25% To: 30%</p> <p>Bronze Tandem PPO 5000/70 From: 25% To: 30%</p> <p>Bronze Full PPO 6850/65 From: 15% To: 25%</p>
Inpatient facility services - Physician services	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for physician services will change for the following plan:</p> <p>Bronze Full PPO 5000/70 From: 25% To: 30%</p> <p>Bronze Tandem PPO 5000/70 From: 25% To: 30%</p> <p>Bronze Full PPO 6850/65 From: 15% To: 25%</p>
Diagnostic Tests (Laboratory center Includes diagnostic Papanicolaou (Pap) test,	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Diagnostic Tests (Laboratory center Includes diagnostic Papanicolaou (Pap) test, Outpatient department of a Hospital Includes diagnostic Papanicolaou (Pap) test) will change for the following plans:</p> <p>Bronze Full PPO 5000/70</p>

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	<p>From: 25% To: 30%</p> <p>Bronze Tandem PPO 5000/70 From: 25% To: 30%</p> <p>Bronze Full PPO 6850/65 From: 15% To: 25%</p> <p>Silver Full PPO 2300/45 OffEx From: \$70 To: \$80</p> <p>Silver Tandem PPO 2300/45 OffEx From: \$70 To: \$80</p>
Diagnostic Tests (Outpatient radiology center)	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for outpatient radiology center will change for the following plans:</p> <p>Bronze Full PPO 5000/70 From: 25% To: 30%</p> <p>Bronze Tandem PPO 5000/70 From: 25% To: 30%</p> <p>Bronze Full PPO 6850/65 From: 15% To: 25%</p> <p>Silver Full PPO 1800/55 OffEx From: \$70 To: \$80</p> <p>Silver Tandem PPO 1800/55 OffEx From: \$70 To: \$80</p>
Diagnostic Tests (Outpatient department of a hospital)	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for outpatient department of a hospital will change for the following plans:</p>

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	<p>Bronze Full PPO 5000/70 From: 25% To: 30%</p> <p>Bronze Tandem PPO 5000/70 From: 25% To: 30%</p> <p>Bronze Full PPO 6850/65 From: 15% To: 25%</p> <p>Silver Full PPO 2300/45 OffEx From: \$120 To: \$130</p> <p>Silver Tandem PPO 2300/45 OffEx From: \$120 To: \$130</p> <p>Silver Full PPO 1800/55 OffEx From: \$120 To: \$130</p> <p>Silver Tandem PPO 1800/55 OffEx From: \$120 To: \$130</p>
<p>Other outpatient diagnostic testing (Office location)</p>	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for office location will change for the following plans:</p> <p>Bronze Full PPO 5000/70 From: 25% To: 30%</p> <p>Bronze Tandem PPO 5000/70 From: 25% To: 30%</p> <p>Bronze Full PPO 6850/65 From: 15% To: 25%</p> <p>Silver Full PPO 2300/45 OffEx From: \$70</p>

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	<p>To: \$80</p> <p>Silver Tandem PPO 2300/45 OffEx From: \$70 To: \$80</p> <p>Silver Full PPO 1800/55 OffEx From: \$70 To: \$80</p> <p>Silver Tandem PPO 1800/55 OffEx From: \$70 To: \$80</p>
<p>Other outpatient diagnostic testing (Outpatient department of a hospital)</p>	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for outpatient department of a hospital will change for the following plans:</p> <p>Bronze Full PPO 5000/70 From: \$100 per visit 25% To: \$100 per visit 30%</p> <p>Bronze Tandem PPO 5000/70 From: \$100 per visit 25% To: \$100 per visit 30%</p> <p>Bronze Full PPO 6850/65 From: \$100 per visit 15% To: \$100 per visit 25%</p> <p>Silver Full PPO 2300/45 OffEx From: \$100 per visit 40% To: \$150 per visit 40%</p> <p>Silver Tandem PPO 2300/45 OffEx From: \$100 per visit 40% To: \$150 per visit 40%</p> <p>Silver Full PPO 1800/55 OffEx From: \$100 per visit 35% To: \$150 per visit 35%</p> <p>Silver Tandem PPO 1800/55 OffEx From: \$100 per visit 35% To: \$150 per visit 35%</p>

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<p>Habilitation & Rehabilitation (Office Location)</p>	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for office location benefits will change for the following plans:</p> <p>Bronze Full PPO 6850/65 From: \$65/prescription To: \$65/ prescription (deductible applies)</p>
<p>Habilitation & Rehabilitation (Outpatient department of a hospital)</p>	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for outpatient department of a hospital Benefits will change for the following plans:</p> <p>Bronze Full PPO 6850/65 From: \$65/prescription To: \$65/ prescription (deductible applies)</p>
<p>Medical Equipment and Supplies</p>	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Medical Equipment and Supplies will change for the following plans:</p> <p>Bronze Full PPO 5000/70 From: 25% To: 30%</p> <p>Bronze Tandem PPO 5000/70 From: 25% To: 30%</p> <p>Bronze Full PPO 6850/65 From: 15% To: 25%</p>
<p>Home Health</p>	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Home Health will change for the following plans:</p> <p>Bronze Full PPO 5000/70 From: 25% To: 30%</p> <p>Bronze Tandem PPO 5000/70 From: 25% To: 30%</p> <p>Bronze Full PPO 6850/65</p>

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	<p>From: 15% To: 25%</p>
Skilled Nursing Care	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Skilled Nursing Care will change for the following plans:</p> <p>Bronze Full PPO 5000/70 From: 25% To: 30%</p> <p>Bronze Tandem PPO 5000/70 From: 25% To: 30%</p> <p>Bronze Full PPO 6850/65 From: 15% To: 25%</p>
Mental Health and Substance Use Disorder Benefits for (Mental Health and Substance Use Disorder Other outpatient services, including intensive outpatient care, Behavioral Health Treatment for pervasive developmental disorder or autism in an office setting, home, or other non-institutional facility setting, and office-based opioid treatment)	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Mental Health and Substance Use Disorder Other outpatient services, including intensive outpatient care, Behavioral Health Treatment for pervasive developmental disorder or autism in an office setting, home, or other non-institutional facility setting, and office-based opioid treatment will change for the following plans:</p> <p>Bronze Full PPO 5000/70 From: 25% To: 30%</p> <p>Bronze Tandem PPO 5000/70 From: 25% To: 30%</p> <p>Bronze Full PPO 6850/65 From: 15% To: 25%</p>
Retail Tier 1 drugs	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Tier 1 drug will change for the following plans:</p> <p>Bronze Full PPO 5000/70 From: \$20/prescription To: \$20/ prescription (deductible applies)</p> <p>Bronze Tandem PPO 5000/70</p>

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	<p>From: \$20/prescription To: \$20/ prescription (deductible applies)</p> <p>Bronze Full PPO 6850/65 From: \$20/prescription To: \$20/ prescription (deductible applies)</p> <p>Silver Full PPO 1800/55 OffEx From: \$15/prescription To: \$20/prescription</p> <p>Silver Tandem PPO 1800/55 OffEx Level A: From: \$15/prescription To: \$20/prescription</p> <p>Level B: From: \$20/prescription To: \$25/prescription</p>
Retail Tier 2 drugs	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Tier 2 drug will change for the following plans:</p> <p>Bronze Full PPO 5000/70 From: \$55/prescription To: \$65/prescription</p> <p>Bronze Tandem PPO 5000/70 Level A: From: \$55/prescription To: \$65/prescription</p> <p>Level B: From: \$85/prescription To: \$95/prescription</p> <p>Bronze Full PPO 6850/65 From: \$55/prescription To: \$65/prescription</p> <p>Gold Full PPO 500/30 From: \$40/prescription To: \$50/prescription (deductible applies)</p> <p>Gold Full PPO 750/30 From: \$30/prescription</p>

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	<p>To: \$40/prescription</p> <p>Gold Tandem PPO 750/30</p> <p>Level A: From: \$30/prescription To: \$40/prescription</p> <p>Level B: From: \$50/prescription To: \$60/prescription</p> <p>Gold Full PPO 1200/35 From: \$30/prescription To: \$40/prescription</p> <p>Silver Full PPO 2300/45 OffEx From: \$55/prescription To: \$75/prescription</p> <p>Silver Tandem PPO 2300/45 OffEx</p> <p>Level A: From: \$55/prescription To: \$75/prescription</p> <p>Level B: From: \$80/prescription To: \$100/prescription</p> <p>Silver Full PPO 1800/55 OffEx From: \$50/prescription To: \$75/prescription</p> <p>Silver Tandem PPO 1800/55 OffEx</p> <p>Level A: From: \$50/prescription To: \$75/prescription</p> <p>Level B: From: \$75/prescription To: \$100/prescription</p>
Retail Tier 3 drugs	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Tier 3 drug will change for the following plans:</p> <p>Bronze Full PPO 5000/70 From: \$80/prescription</p>

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	<p>To: \$90/prescription</p> <p>Bronze Tandem PPO 5000/70</p> <p>Level A: From: \$80/prescription To: \$90/prescription</p> <p>Level B: From: \$130/prescription To: \$140/prescription</p> <p>Bronze Full PPO 6850/65 From: \$80/prescription To: \$90/prescription</p> <p>Gold Full PPO 500/30 From: \$60/prescription To: \$80/prescription (deductible applies)</p> <p>Gold Full PPO 750/30 From: \$50/prescription To: \$70/prescription</p> <p>Gold Tandem PPO 750/30</p> <p>Level A: From: \$50/prescription To: \$70/prescription</p> <p>Level B: From: \$80/prescription To: \$100/prescription</p> <p>Gold Full PPO 1200/35 From: \$50/prescription To: \$70/prescription</p> <p>Silver Full PPO 2300/45 OffEx From: \$80/prescription To: \$115/prescription</p> <p>Silver Tandem PPO 2300/45 OffEx</p> <p>Level A: From: \$80/prescription To: \$155/prescription</p> <p>Level B: From: \$120/prescription</p>
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	<p>To: \$155/prescription</p> <p>Silver Full PPO 1800/55 OffEx From: \$80/prescription To: \$115/prescription</p> <p>Silver Tandem PPO 1800/55 OffEx Level A: From: \$80/prescription To: \$115/prescription</p> <p>Level B: From: \$120/prescription To: \$155/prescription</p>
Retail Tier 4 drugs	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Tier 4 drug will change for the following plans:</p> <p>Gold Full PPO 500/30 From: 30% up to \$250 per prescription To: From: 30% up to \$250 per prescription (deductible applies)</p>
Mail Service ¹ drugs	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Tier 1 drug will change for the following plans:</p> <p>Bronze Full PPO 5000/70 From: \$40/prescription To: \$40/ prescription (deductible applies)</p> <p>Bronze Tandem PPO 5000/70 From: \$40/prescription To: \$40/ prescription (deductible applies)</p> <p>Bronze Full PPO 6850/65 From: \$40/prescription To: \$40/ prescription (deductible applies)</p> <p>Silver Full PPO 1800/55 OffEx From: \$30/prescription To: \$40/prescription</p> <p>Silver Tandem PPO 1800/55 OffEx From: \$30/prescription To: \$40/prescription</p>

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Mail service Tier 2 drugs	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Tier 2 drug will change for the following plans:</p> <p>Bronze Full PPO 5000/70 From: \$110/prescription To: \$130/prescription</p> <p>Bronze Tandem PPO 5000/70 From: \$110/prescription To: \$130/prescription</p> <p>Bronze Full PPO 6850/65 From: \$110/prescription To: \$130/prescription</p> <p>Gold Full PPO 500/30 From: \$80/prescription To: \$100/prescription (deductible applies)</p> <p>Gold Full PPO 750/30 From: \$60/prescription To: \$80/prescription</p> <p>Gold Tandem PPO 750/30 From: \$60/prescription To: \$80/prescription</p> <p>Gold Full PPO 1200/35 From: \$60/prescription To: \$80/prescription</p> <p>Silver Full PPO 2300/45 OffEx From: \$110/prescription To: \$150/prescription</p> <p>Silver Tandem PPO 2300/45 OffEx From: \$110/prescription To: \$150/prescription</p> <p>Silver Full PPO 1800/55 OffEx From: \$100/prescription To: \$150/prescription</p> <p>Silver Tandem PPO 1800/55 OffEx From: \$100/prescription</p>
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	To: \$150/prescription
Mail service Tier 3 drugs	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Tier 3 drug will change for the following plans:</p> <p>Bronze Full PPO 5000/70 From: \$160/prescription To: \$180/prescription</p> <p>Bronze Tandem PPO 5000/70 From: \$160/prescription To: \$180/prescription</p> <p>Bronze Full PPO 6850/65 From: \$160/prescription To: \$180/prescription</p> <p>Gold Full PPO 500/30 From: \$120/prescription To: \$160/prescription (deductible applies)</p> <p>Gold Full PPO 750/30 From: \$100/prescription To: \$140/prescription</p> <p>Gold Tandem PPO 750/30 From: \$100/prescription To: \$140/prescription</p> <p>Gold Full PPO 1200/35 From: \$100/prescription To: \$140/prescription</p> <p>Silver Full PPO 1800/55 OffEx From: \$160/prescription To: \$230/prescription</p> <p>Silver Tandem PPO 1800/55 OffEx From: \$160/prescription To: \$230/prescription</p> <p>Silver Full PPO 2300/45 OffEx From: \$160/prescription To: \$230/prescription</p> <p>Silver Tandem PPO 2300/45 OffEx</p>

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	<p>From: \$160/prescription To: \$230/prescription</p>
Mail service Tier 4 drugs	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Tier 4 drug will change for the following plans:</p> <p>Gold Full PPO 500/30 From: 30% up to \$500 per prescription To: From: 30% up to \$500 per prescription (deductible applies)</p>
Oral Anticancer Drugs	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Oral Anticancer Drugs will change for the following plans:</p> <p>Bronze Full PPO 5000/70 From: 30% up to \$200/prescription To: 30% up to \$250/prescription</p> <p>Bronze Tandem PPO 5000/70 From: 30% up to \$200/prescription To: 30% up to \$250/prescription</p> <p>Bronze Full PPO 6850/65 From: 30% up to \$200/prescription To: 30% up to \$250/prescription</p> <p>Gold Full PPO 0/20 From: 30% up to \$200/prescription To: 30% up to \$250/prescription</p> <p>Gold Full PPO 500/30 From: 30% up to \$200/prescription To: 30% up to \$250/prescription</p> <p>Gold Full PPO 750/30 From: 30% up to \$200/prescription To: 30% up to \$250/prescription</p> <p>Gold Tandem PPO 750/30 From: 30% up to \$200/prescription To: 30% up to \$250/prescription</p> <p>Gold Full PPO 1200/35</p>

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	<p>From: 30% up to \$200/prescription To: 30% up to \$250/prescription</p> <p>Platinum Full PPO 250/15 From: 30% up to \$200/prescription To: 30% up to \$250/prescription</p> <p>Platinum Tandem PPO 250/15 From: 30% up to \$200/prescription To: 30% up to \$250/prescription</p> <p>Platinum Full PPO 0/10 From: 30% up to \$200/prescription To: 30% up to \$250/prescription</p> <p>Platinum Tandem PPO 0/10 From: 30% up to \$200/prescription To: 30% up to \$250/prescription</p> <p>Silver Full PPO 2300/45 OffEx From: 40% up to \$200/prescription To: 40% up to \$250/prescription</p> <p>Silver Tandem PPO 2300/45 OffEx From: 40% up to \$200/prescription To: 40% up to \$250/prescription</p> <p>Silver Full PPO 1800/55 OffEx From: 30% up to \$200/prescription To: 30% up to \$250/prescription</p> <p>Silver Tandem PPO 1800/55 OffEx From: 30% up to \$200/prescription To: 30% up to \$250/prescription</p>
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The following changes have been made to your 2020 benefits.

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Acupuncture benefit administrator language update	<p>For all acupuncture services American Specialty Health Plans of California, Inc. (ASH Plans) acts as the plan's acupuncture services administrator. Members should contact ASH Plans if they have questions about acupuncture services, ASH Participating Providers, or acupuncture benefits.</p> <p>American Specialty Health Plans of California, Inc. (ASH Plans) P.O. Box 509002 San Diego, CA 92150-9002</p> <p>(800) 678-9133 (TTY: (877) 710-2746)</p>
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New language: Surrogacy and Surrogacy Arrangement	<p>To clarify the coverage, exclusions and required processes relevant to members in a surrogacy arrangement, language specific to surrogates and surrogacy arrangement has been updated and/or added throughout the EOC.</p>
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The following clarifications have been made to your 2020 benefits. These clarifications do not change your existing health coverage.

Definition revision: Dependent – dependent child	<p>The definition of dependent was revised to better define who can be considered to be a dependent child based on relationship and age.</p>
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Definition revision: Drugs	<p>The definition of Drugs was revised to include Medically Necessary disposable devices that administer covered drugs.</p>
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General exclusion and limitations	<p>To accurately reflect what benefits are covered, the exclusion for “inpatient pain management to treat or cure chronic pain” was removed.</p>
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Definition revision: Medical Necessity (Medically Necessary)	<p>To clarify what makes services medically necessary, the Medical Necessity (Medically Necessary) definition was revised.</p> <p>Benefits will be provided only for medically necessary services, which are services “not more costly than an alternative service or sequence of services at least as likely to product equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the Member’s illness, injury, or disease.”</p> <p>Please refer to your EOC for the full definition.</p>
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Revision: Entire Agreement: Changes	<p>To clarify when and how you will be notified of changes to your agreement, language was added to the Important Information About Your Plan: General Provisions section.</p> <p>Written notice must be sent at least 60 days prior to plan renewal, unless otherwise stated in the Changes to Premium section in the EOC.</p>
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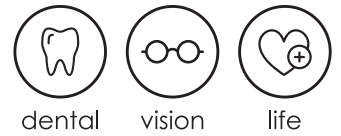
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Summary of Benefits (SOB) revision: Mental Health and Substance Use Disorder Benefits chart: Additional outpatient services listed	To clarify your coverage and your financial responsibility for these services, “electroconvulsive therapy” and “transcranial magnetic stimulation” were added to the SOB as a type of Other Outpatient Services.
SOB modification: Prescription Drug Benefits table and Specialty Drugs category	To clarify the prescription benefit limit, “up to a 30-day supply” the cost share applies, the prescription drug benefit category was changed: From: Specialty Drugs To: Network Specialty Pharmacy Drugs
SOB modification: Notes – Using Non-Participating Providers	The Notes section of the SOB has revised the language used to explain the member’s financial responsibility when using a non-participating provider. Under the Using Non-Participating Providers section, language was added to indicate that a member will be responsible for paying: <ul style="list-style-type: none"> • Any charges above the stated dollar amount, which is the Benefit maximum. How your financial responsibility is calculated based on the Allowable Amount or Benefit maximum.
SOB modification: Notes – Using Participating Providers	To clarify Using Participating Provider for consistency with the EOC, language was revised in the SOB endnote. The EOC identifies certain types of providers who do not have a contract with Blue Shield to provide health care services to members as “Other Providers.” Whether a specific type of provider falls within this category affects how Blue Shield pays for services a member receives from the provider and what the member’s cost share will be for those services. We have narrowed the definition of “Other Providers” so that healthcare organizations and certain types of independent practitioners no longer fall within this category. Several sections of the EOC have been revised to reflect this change.
The following clarifications have been made to your Dental embedded Pediatric (with medical plan) plan 2020 benefits. These clarifications do not change your existing Dental embedded Pediatric (with medical plan) plan coverage.	
New dental claims address	The address was changed for submitting dental claims by mail. Please refer to your EOC and/or your Dental ID card for specific dental claims address.

Plan names for 2020 for small business with 1 to 100 eligible employees

Metal level name	2019 small business plan	Maps to	2020 small business plan
Off-Exchange PPO plans			
Platinum	Platinum Full PPO 0/10 OffEx		Platinum Full PPO 0/10 OffEx
Platinum	Platinum Tandem PPO 0/10 OffEx		Platinum Tandem PPO 0/10 OffEx
Platinum	Platinum Full PPO 250/15 OffEx		Platinum Full PPO 250/15 OffEx
Platinum	Platinum Tandem PPO 250/15 OffEx		Platinum Tandem PPO 250/15 OffEx
Gold	Gold Full PPO 0/20 OffEx		Gold Full PPO 0/20 OffEx
Gold	Gold Full PPO 500/30 OffEx		Gold Full PPO 500/30 OffEx
Gold	Gold Full PPO 750/30 OffEx		Gold Full PPO 750/30 OffEx
Gold	Gold Tandem PPO 750/30 OffEx		Gold Tandem PPO 750/30 OffEx
Gold	Gold Full PPO 1200/35 OffEx		Gold Full PPO 1200/35 OffEx
Silver	Updated: Silver Full PPO 1700/55 OffEx		Silver Full PPO 1800/55 OffEx
Silver	Updated: Silver Tandem PPO 1700/55 OffEx		Silver Tandem PPO 1800/55 OffEx
Silver	Updated: Silver Full PPO 2000/45 OffEx		Silver Full PPO 2300/45 OffEx
Silver	Updated: Silver Tandem PPO 2000/45 OffEx		Silver Tandem PPO 2300/45 OffEx
Silver	Updated: Silver Tandem PPO Savings 2000/20%		Silver Tandem PPO Savings 2000/25%
Bronze	Updated: Bronze Full PPO 4500/70 OffEx		Bronze Full PPO 5000/70 OffEx
Bronze	Updated: Bronze Tandem PPO 4500/70 OffEx		Bronze Tandem PPO 5000/70 OffEx
Bronze	Updated: Bronze Tandem PPO 6500/50% OffEx		Bronze Tandem PPO 6500/50 OffEx
Bronze	Updated: Bronze Full PPO 6000/65 OffEx		Bronze Full PPO 6850/65 OffEx
Bronze	Updated: Bronze Full PPO 6500/50% OffEx		Bronze Full PPO 6500/50 OffEx
Off-Exchange PPO HSA plans			
Silver	Updated: Silver Full PPO Savings 2000/20% OffEx		Silver Full PPO Savings 2000/25% OffEx
Bronze	Bronze Full PPO Savings 5300/40% OffEx		Bronze Full PPO Savings 5300/40% OffEx
Bronze	Updated: Bronze Full PPO Savings 6650 OffEx		Bronze Full PPO Savings 6900 OffEx
Off-Exchange HMO plans			
Platinum	Platinum Access+ HMO 0/20 OffEx		Platinum Access+ HMO [®] 0/20 OffEx
Platinum	Platinum Local Access+ HMO 0/20 OffEx		Platinum Local Access+ HMO [®] 0/20 OffEx
Platinum	Platinum Trio HMO 0/20 OffEx		Platinum Trio HMO 0/20 OffEx
Platinum	Platinum Access+ HMO 0/25 OffEx		Platinum Access+ HMO [®] 0/25 OffEx

Metal level name	2019 small business plan	Maps to	2020 small business plan
Off-Exchange HMO plans (continued)			
Platinum	Platinum Local Access+ HMO 0/25 OffEx		Platinum Local Access+ HMO® 0/25 OffEx
Platinum	Platinum Trio HMO 0/25 OffEx		Platinum Trio HMO 0/25 OffEx
Platinum	Platinum Access+ HMO 0/30 OffEx		Platinum Access+ HMO® 0/30 OffEx
Platinum	Platinum Local Access+ HMO 0/30 OffEx		Platinum Local Access+ HMO® 0/30 OffEx
Platinum	Platinum Trio HMO 0/30 OffEx		Platinum Trio HMO 0/30 OffEx
Gold	Gold Trio HMO 0/30 OffEx		Gold Trio HMO 0/30 OffEx
Gold	Gold Access+ HMO 0/30 OffEx		Gold Access+ HMO® 0/30 OffEx
Gold	Gold Local Access+ HMO® 0/30 OffEx		Gold Local Access+ HMO® 0/30 OffEx
Gold	Gold Access+ HMO 500/35 OffEx		Gold Access+ HMO® 500/35 OffEx
Gold	Gold Local Access+ HMO 500/35 OffEx		Gold Local Access+ HMO® 500/35 OffEx
Gold	Gold Trio HMO 500/35 OffEx		Gold Trio HMO 500/35 OffEx
Gold	Gold Access+ HMO® 1500/35 OffEx		Gold Access+ HMO® 1500/35 OffEx
Gold	Gold Local Access+ HMO® 1500/35 OffEx		Gold Local Access+ HMO® 1500/35 OffEx
Gold	Gold Trio HMO 1500/35 OffEx		Gold Trio HMO 1500/35 OffEx
Silver	Updated: Silver Access+ HMO® 1975/55 OffEx		Silver Access+ HMO® 2350/65 OffEx
Silver	Updated: Silver Local Access+ HMO® 1975/55 OffEx		Silver Local Access+ HMO® 2350/65 OffEx
Silver	Updated: Silver Trio HMO 1975/55 OffEx		Silver Trio HMO 2350/65 OffEx
Mirror HMO plans			
Platinum	Blue Shield Platinum 90 HMO 0/15 Trio + Child Dental		Blue Shield Trio Platinum 90 HMO 0/15 + Child Dental
Gold	Updated: Blue Shield Trio Gold 80 HMO 0/30 + Child Dental		Blue Shield Trio Gold 80 HMO 250/25 + Child Dental
Silver	Updated: Blue Shield Trio Silver 70 HMO 2000/45 + Child Dental		Blue Shield Trio Silver 70 HMO 2250/50 + Child Dental
Mirror PPO plans			
Platinum	Blue Shield Platinum 90 PPO 0/15 + Child Dental		Blue Shield Platinum 90 PPO 0/15 + Child Dental
Gold	Updated: Blue Shield Gold 80 PPO 0/30 + Child Dental		Blue Shield Gold 80 PPO 250/25 + Child Dental
Silver	Updated: Blue Shield Silver 70 PPO 2000/45 + Child Dental		Blue Shield Silver 70 PPO 2250/50 + Child Dental
Bronze	Updated: Blue Shield Bronze 60 PPO 6300/75 + Child Dental		Blue Shield Bronze 60 PPO 6300/65 + Child Dental



10% discount for small business specialty now available when added to medical!

Bundled savings on small business specialty coverage for groups of 1-100 employees

Cover more of your employees' overall health needs – and get a 10% discount for your business.

What is it?

- A 10% discount will be applied to dental and/or vision premiums when added to new and/or existing small business medical groups.
- Discounts are applied to total monthly dental and/or vision premium on each Blue Shield monthly billing statement.
- Effective dates starting January 1, 2019.

Who does it apply to?

- All small group **new business** medical groups that include dental and/or vision products.
- All existing medical groups that **add** dental and/or vision on or off renewal anniversary.

Other rules and requirements:

- A 10% discount will be applied to each line of coverage added (either dental or vision or both).
- Bundled savings discounts do not apply to existing dental or vision coverage when already combined with a Blue Shield of California medical plan.
- All small business dental and vision plans qualify for the discount including voluntary plans.
- Discounts will remain in place unless Blue Shield medical is canceled.
- Standard underwriting guidelines apply.
- Blue Shield reserves the right to cancel this program at any time.

Do you have employees who are eligible for Medicare?

Choosing a Blue Shield Medicare plan could lower your monthly rates and save your employees money.

You may have employees who are turning 65 or are already on Medicare. Make sure to enroll them in one of our Medicare coverage options. You'll be saving money every month for them and your company on monthly plan premiums and more.

We offer a variety of plans for Medicare beneficiaries designed to help protect their health, including Medicare Supplement plans, standalone Medicare Prescription Drug Plans, or, in some areas, Medicare Advantage Prescription Drug HMO Plans with \$0 plan premiums. In many of our coverage areas, your employees will be able to maintain their provider network and physicians when they transition to a Medicare plan.

We are standing by to answer your questions

We can answer your employees' questions about Medicare and Blue Shield's Medicare coverage options – over the phone or over a cup of coffee* – one-on-one.

Give us a call at **(888) 434-4038** [TTY: **711**], 8 a.m. to 8 p.m., seven days a week from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays from April 1 through September 30 (hablamos español). You can also call your local broker or visit **[blueshieldcamedicare.com](https://www.blueshieldcamedicare.com)**.

* Based on availability.

Blue Shield Medicare Advantage Plans are available in select areas. Benefits vary by plan and geographic area.

Blue Shield of California is an HMO and PDP plan with a Medicare contract. Enrollment in Blue Shield of California depends on contract renewal.

Blue Shield of California complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. Blue Shield of California cumple con las leyes estatales y las leyes federales de derechos civiles vigentes, y no discrimina por motivos de raza, color, país de origen, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad ni discapacidad. Blue Shield of California 遵循適用的州法律和聯邦公民權利法律，並且不以種族、膚色、原國籍、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡或殘障為由而進行歧視。

Notification of CMS Reporting Requirements

As your insurer or health plan administrator, we are required by law to report member and group eligibility data to the Centers for Medicare & Medicaid Services (CMS). This information helps CMS and Blue Shield determine Medicare primary and secondary responsibilities and pay claims on an accurate and timely basis.

To continue to comply with the CMS requirements, we will need you to please provide the following information to us within 10 days of receiving this letter:

- Group name: _____
- Group customer number: _____
- Total employee count: _____
(defined as the total number of full-time or part-time employees and not the number of participants in a policy or group plan option)

Please **e-mail** the required information to: **Small.Group@blueshieldca.com**

Our members' security is important to us. To assure the secured transmittal of this data, we recommend that you use a secure e-mail system to transmit this required information.

Or, if you prefer, you can **fax** this completed letter (filled in with the required information) to:

(209) 367-6603

Attn: Small Group Installation and Billing

Or, **mail** it to:

Blue Shield of California
Attn: Small Group Installation and Billing
P.O. Box 3008
Lodi, CA 95241-1912

In advance, we thank for your cooperation. If you have any questions, please contact your Blue Shield Account Manager.

Sincerely,

Blue Shield of California

Si desea recibir este Aviso Sobre Practicas de Privacidad en español, por favor llame a Servicios a Clientes en el numero que se encuentra en su tarjeta de identificación de Blue Shield.

Notice of privacy practices

Blue Shield of California and Blue Shield of California Life & Health Insurance Company

This Notice describes how medical information about you, as a Blue Shield member, may be used and disclosed, and how you can get access to your information.

Our privacy commitment

At Blue Shield, we understand the importance of keeping your personal information private, and we take our obligation to do so very seriously.

In the normal course of doing business, we create records about you, your medical treatment, and the services we provide to you. The information in those records is called protected health information (PHI) and includes your individually identifiable personal information such as your name, address, telephone number, and Social Security number, as well as your health information, such as healthcare diagnosis or claim information.

We are required by federal and state law to provide you with this Notice of our legal duties and privacy practices as they relate to your PHI. We are required to maintain the privacy of your PHI and to notify you in the event that you are affected by a breach of unsecured PHI. When we use or give out ("disclose") your PHI, we are bound by the terms of this Notice, which applies to all records that we create, obtain, and/or maintain that contain your PHI.

How we protect your privacy

We maintain physical, technical, and administrative safeguards to ensure the privacy of your PHI. To protect your privacy, only Blue Shield workforce members who are authorized and trained are given access to our paper and electronic records and to non-public areas where this information is stored.

Workforce members are trained on topics including:

- Privacy and data protection policies and procedures, including how paper and electronic records are labeled, stored, filed, and accessed.
- Physical, technical, and administrative safeguards in place to maintain the privacy and security of your PHI.

Our corporate Privacy Office monitors how we follow our privacy policies and procedures, and educates our organization on this important topic.

How we use and disclose your PHI

Uses of PHI without your authorization.

We may disclose your PHI without your written authorization if necessary while providing health benefits and services

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to you. We may disclose your PHI for the following purposes:

- **Treatment:**

- To share with nurses, doctors, pharmacists, optometrists, health educators, and other healthcare professionals so they can determine your plan of care.
- To help you obtain services and treatment you may need – for example, ordering lab tests and using the results.
- To coordinate your health care and related services with a healthcare facility or professional.

- **Payment:**

- To obtain payment of premiums for your coverage.
- To make coverage determinations – for example, to speak to a healthcare professional about payment for services provided to you.
- To coordinate benefits with other coverage you may have – for example, to speak to another health plan or insurer to determine your eligibility or coverage.
- To obtain payment from a third party that may be responsible for payment, such as a family member.
- To otherwise determine and fulfill our responsibility to provide your health benefits – for example, to administer claims.

- **Healthcare operations:**

- To provide customer service.
- To support and/or improve the programs or services we offer you.
- To assist you in managing your health – for example, to provide you

with information about treatment alternatives you may be entitled to, or to provide you with healthcare service or treatment reminders.

- To support another health plan, insurer, or healthcare professional who has a relationship with you, to improve the programs it offers you – for example, for case management or in support of an accountable care organization (ACO) or patient-centered medical home arrangement.
- For underwriting, dues, or premium rating, or other activities relating to the creation, renewal, or replacement of a contract for health coverage or insurance. Please note, however, that we will not use or disclose your PHI that is genetic information for underwriting purposes – doing so is prohibited by federal law.

We may also disclose your PHI without your written authorization for other purposes, as permitted or required by law. This includes:

- **Disclosures to others involved in your health care.**

- If you are present or otherwise available to direct us to do so, we may disclose your PHI to others, for example, a family member, a close friend, or your caregiver.
- If you are in an emergency situation, are not present, are incapacitated, or if you are deceased, we will use our professional judgment to decide whether disclosing your PHI to others is in your best interest. If we do disclose your PHI in a situation where you are unavailable, we will disclose only information that is directly relevant to the person's involvement

with your treatment or for payment related to your treatment. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, your general medical condition, or your death.

- We may disclose your minor child's PHI to the child's other parent.

- **Disclosures to your plan sponsor.** We may disclose PHI to the sponsor of your group health plan, which may be your employer, or to a company acting on behalf of the plan sponsor, so that they can monitor, audit, and otherwise administer the health plan you participate in. Your employer is not permitted to use the PHI we disclose for any purpose other than administration of your benefits. See your plan sponsor's plan documents for information about whether your employer/plan sponsor receives PHI, and for a full explanation of the limited uses and disclosures that the plan sponsor may make of your PHI.

- **Disclosures to vendors and accreditation organizations.** We may disclose your PHI to:

- Companies that perform certain services on behalf of Blue Shield. For example, we may engage vendors to help us provide information and guidance to members with chronic conditions like diabetes and asthma.
- Accreditation organizations such as the National Committee for Quality Assurance (NCQA) for quality measurement purposes.

Please note that before we share your PHI, we obtain the vendor's or accreditation organization's written agreement to protect the privacy of your PHI.

- **Communications.** We may use your PHI to contact you with information about your Blue Shield health plan coverage, benefits, health-related programs and services, treatment reminders, or treatment alternatives available to you. We do not use your PHI for fundraising purposes.

- **Health or safety.** We may disclose your PHI to prevent or lessen a serious and imminent threat to your health or safety, or the health or safety of the general public.

- **Public health activities.** We may disclose your PHI to:

- Report health information to public health authorities authorized by law to receive such information for the purpose of preventing or controlling disease, injury or disability, or monitoring immunizations.
- Report child abuse or neglect, or adult abuse, including domestic violence, to a government authority authorized by law to receive such reports.
- Report information about a product or activity that is regulated by the U.S. Food and Drug Administration (FDA) to a person responsible for the quality, safety, or effectiveness of the product or activity.
- Alert a person who may have been exposed to a communicable disease, if we are authorized by law to give such a notice.

- **Health oversight activities.** We may disclose your PHI to:

- A government agency that is legally responsible for oversight of the healthcare system or for ensuring compliance with the rules of government benefit programs such as Medicare or Medicaid.

- Other regulatory programs that need health information to determine compliance.
- **Research.** We may disclose your PHI for research purposes, but only according to, and as allowed by, law.
- **Compliance with the law.** We may use and disclose your PHI to comply with the law.
- **Judicial and administrative proceedings.** We may disclose your PHI in a judicial or administrative proceeding or in response to a valid legal order.
- **Law enforcement officials.** We may disclose your PHI to the police or other law enforcement officials, as required by law or in compliance with a court order or other process authorized by law.
- **Government functions.** We may disclose your PHI to various departments of the government, such as the U.S. military or the U.S. Department of State, as required by law.
- **Workers' compensation.** We may disclose your PHI when necessary to comply with workers' compensation laws.

Uses of PHI that require your authorization.

Other than for the purposes described above, we must obtain your written authorization to use or disclose your PHI. For example, we will not use your PHI for marketing purposes without your prior written authorization, nor will we give your PHI to a prospective employer without your written authorization.

Uses and disclosure of certain PHI deemed "highly confidential." For certain kinds of PHI, federal and state law may require enhanced privacy protection. This includes PHI that is:

- Maintained in psychotherapy notes.
- About alcohol and drug abuse prevention, treatment, and referral.
- About HIV/AIDS testing, diagnosis, or treatment.
- About venereal and/or communicable disease(s).
- About genetic testing.

We can only disclose this type of specially protected PHI with your prior written authorization except when specifically permitted or required by law.

Authorization cancellation. At any time, you may cancel a written authorization that you previously gave us. When submitted to us in writing, the cancellation will apply to future uses and disclosures of your PHI. It will not affect uses or disclosures made previously, while your authorization was in effect.

Your individual rights

You have the following rights regarding the PHI that Blue Shield creates, obtains, and/or maintains about you:

- **Right to request restrictions.** You may ask us to restrict the way we use and disclose your PHI for treatment, payment, and healthcare operations, as explained in this Notice. We are not required to agree to your restriction requests, but we will consider them carefully.

If we agree to a restriction request, we will abide by it until you request or agree to terminate the restriction. We may also inform you that we are terminating our agreement to a restriction. In that case, the termination will apply only to PHI created or received after we have informed you of the termination.

- **Right to receive confidential communications.** You may ask to receive Blue Shield communications containing PHI by alternative means or at alternative locations. As required by law, and whenever feasible, we will accommodate reasonable requests. We may require that you make your request in writing. If your request involves a minor child, we may ask you to provide legal documentation to support your request.
- **Right to access your PHI.** You may ask to inspect or to receive a copy of certain PHI that we maintain about you in a "designated record set." This includes, for example, records of enrollment, payment, claims adjudication, and case or medical management record systems, and any information we used to make decisions about you. Your request must be in writing. Whenever possible, and as required by law, we will provide you with a copy of your PHI in the form (paper or electronic) and format you request. If you request a copy of your PHI, we may charge you a reasonable, cost-based fee for preparing, copying, and/or mailing it to you. In certain limited circumstances permitted by law, we may deny you access to a portion of your records.
- **Right to amend your records.** You have the right to ask us to correct or amend the PHI that we maintain about you in a designated record set. Your request must be made in writing and explain why you want your PHI amended. If we determine that the PHI is inaccurate or incomplete, we will correct it if permitted by law. If a doctor or healthcare facility created the PHI that you want to change, you should ask them to amend the information.
- **Right to receive an accounting of disclosures.** Upon your written request, we will provide you with a list of the disclosures we have made of your PHI for a specified time period, up to six years prior to the date of your request. However, the list will exclude:
 - Disclosures you have authorized.
 - Disclosures made earlier than six years before the date of your request.
 - Disclosures made for treatment, payment, and healthcare operations purposes, except when required by law.
 - Certain other disclosures that we are allowed by law to exclude from the accounting.

If you request an accounting more than once during any 12-month period, we will charge you a reasonable, cost-based fee for each accounting report after the first one.
- **Right to name a personal representative.** You may name another person to act as your personal representative. Your representative will be allowed access to your PHI, to communicate with the healthcare professionals and facilities providing your care, and to exercise all other HIPAA rights on your behalf. Depending on the authority you grant your representative, he or she may also have authority to make healthcare decisions for you.
- **Right to receive a paper copy of this Notice.** Upon your request, we will provide a paper copy of this Notice, even if you have agreed to receive the Notice electronically. See the "Notice Availability and Duration" section of this Notice.

Actions you may take

Contact Blue Shield. If you have questions about your privacy rights, believe that we may have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact us:

Blue Shield of California Privacy Office
P.O. Box 272540
Chico, CA 95927-2540

Phone: (888) 266-8080 (toll-free)

Fax: (800) 201-9020 (toll-free)

Email: privacy@blueshieldca.com

For certain types of requests, you must complete and mail us a form that is available either by calling the customer service number on your Blue Shield member ID card or by visiting our website at blueshieldca.com/bsca/about-blue-shield/privacy/home.sp.

Contact a government agency. You may also file a written complaint with the Secretary of the U.S. Department of Health & Human Services (HHS) if you believe we may have violated your privacy rights. Your complaint may be sent by email, fax, or mail to the HHS Office for Civil Rights (OCR).

For more information, or to file a complaint with the Secretary of HHS, visit the OCR website at www.hhs.gov/ocr/privacy/hipaa/complaints.

If you are a California resident, you may contact the OCR Regional Manager for California as follows:

Region IX Regional Manager
Office for Civil Rights
U.S. Department of Health & Human Services
90 7th St., Suite 4-100
San Francisco, CA 94103

Phone: (800) 368-1019

Fax: (202) 619-3818

TTY: (800) 537-7697

We will not take any action against you if you exercise your right to file a complaint, either with us or with HHS.

Notice availability and duration

Notice availability. A copy of this Notice is available by calling the customer service number on your Blue Shield member ID card or by visiting our website at blueshieldca.com/bsca/about-blue-shield/privacy/confidentiality.sp.

Right to change terms of this Notice. We are required to abide by the terms of this Notice as long as it remains in effect. We may change the terms of this Notice at any time, and, at our discretion, we may make the new terms effective for all of your PHI in our possession, including any PHI we created or received before we issued the new Notice.

If we change this Notice, we will update the Notice on our website, and if you are enrolled in a Blue Shield benefit plan at that time, we will send you the new Notice when and as required by law.

Effective date. This Notice is effective as of August 16, 2013.

Blue Shield of California complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Blue Shield of California cumple con las leyes estatales y las leyes federales de derechos civiles vigentes, y no discrimina por motivos de raza, color, país de origen, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad ni discapacidad.

Blue Shield of California 遵循適用的州法律和聯邦公民權利法律，並且不以種族、膚色、原國籍、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡或殘障為由而進行歧視。

Important changes to our Bronze PPO plans

To comply with California regulations, we have updated some of our off-exchange Bronze PPO plans. The changes were required to meet requirements for metal level actuarial values and include combining medical and pharmacy deductibles. (To learn more about metal levels and actuarial values, visit [healthcare.gov/glossary](https://www.healthcare.gov/glossary).) The lower actuarial value for the new Bronze plans does allow for lower premiums than previous plan designs. Rate information is included in this renewal packet.

The table below includes the key plan changes. More detailed plan change information can be found in the "Changes to" section of your renewal materials.

Groups that prefer separate medical and pharmacy deductibles may consider our Silver PPO 2000/45 plan. Renewal materials also include an "Options census" showing the relative costs of switching to this plan. Visit [blueshieldca.com/employerplans](https://www.blueshieldca.com/employerplans) to compare plan benefits between the new Bronze plans and the Silver 2000/45 plan, as well as to compare the updated Bronze plans with 2018 versions.

2018 Bronze PPO 3750/65	→	NEW Q3 2019 Bronze PPO 4500/70	2018 Bronze PPO 5700/65	→	NEW Q3 2019 Bronze PPO 6000/65
<ul style="list-style-type: none">• Increase deductible to \$4500• Change deductible to combined \$4,500 medical/Rx deductible• 5% increase on coinsurance• Tier 1 drugs move from 1st dollar coverage to subject to \$4,500 deductible• All other tier drugs move from \$250 deductible to \$4,500			<ul style="list-style-type: none">• Change deductible to combined \$6,000 medical/Rx deductible• 10% increase on coinsurance• Tier 1 drugs move from 1st dollar coverage to subject to \$6,000 deductible• All other tier drugs move from \$250 deductible to \$6,000		

Fresno Westside Mosquito Abatement District Board Meeting Schedule 2020

Regular Board Meetings are held on the 2nd Thursday of each month except for the month of February when it is the Friday following the 2nd Thursday

January 09, 2020

February 14, 2020*

March 12, 2020

April 09, 2020

May 14, 2020

June 11, 2020

July 09, 2020

August 13, 2020

September 10, 2020

October 08, 2020

November 12, 2020

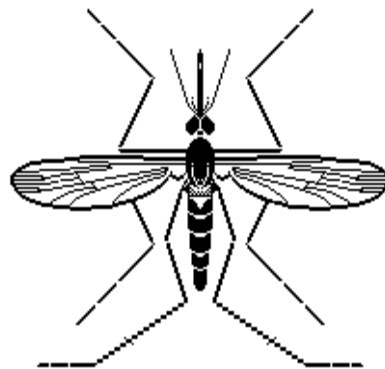
December 10, 2020

*This meeting is on Friday

Lunch to be determined

Regular board meetings will start at 12:45 p.m. immediately following lunch.
The November meeting will be preceded by the Employee Appreciation Luncheon which may be held off-site

Meeting dates and luncheon dates are subject to change
Notice will be given if that occurs



As Always, please make sure you let us know if you CANNOT attend. Thanks!