PALMDALE WATER DISTRICT

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www.palmdalewater.org

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January 31, 2013

Agenda for a Meeting
of the Personnel Committee of the Palmdale Water District
Committee Members: Kathy Mac Laren-Chair, Gloria Dizmang
to be held at the District's office at 2029 East Avenue Q, Palmdale

Wednesday, February 6, 2013

6:30 p.m.

NOTE: To comply with the Americans with Disabilities Act, to participate in any Board meeting please contact Dawn Deans at 661-947-4111 x1003 at least 48 hours prior to a Board meeting to inform us of your needs and to determine if accommodation is feasible.

Agenda item materials, as well as materials related to agenda items submitted after distribution of the agenda packets, are available for public review at the District's office located at 2029 East Avenue Q, Palmdale. Please call Dawn Deans at 661-947-4111 x1003 for public review of materials.

PUBLIC COMMENT GUIDELINES: The prescribed time limit per speaker is three-minutes. Please refrain from public displays or outbursts such as unsolicited applause, comments, or cheering. Any disruptive activities that substantially interfere with the ability of the District to carry out its meeting will not be permitted and offenders will be requested to leave the meeting.

Each item on the agenda shall be deemed to include any appropriate motion, resolution, or ordinance to take action on any item.

1) Roll call.

2) Adoption of agenda.

3) Public comments.

4) Action Items: (The public shall have an opportunity to comment on any action item as each item is considered by the Committee prior to action being taken.)

4.1) Consideration and possible action on approval of minutes of meeting held January 22, 2013.

4.2) Discussion and possible action on conducting an Organizational Assessment. (General Manager LaMoreaux)

4.3) Discussion and possible action on recruitment to fill Treatment Plant Supervisor position. (General Manager LaMoreaux)

4.4) Discussion and possible action on optional ACWA programs and benefits. (Chair Mac Laren)

4.5) Discussion and possible action on employee contribution towards CalPERS retirement. (Chair Mac Laren)

4.6) Discussion and possible action on minimal employee premium contribution towards health insurance benefits. (Chair Mac Laren)

4.7) Discussion and possible action on retiree healthcare benefits. (Chair Mac Laren)

5) Information items.

6) Board members' requests for future agenda items.

7) Adjournment.

DENNIS D. LaMOREAUX,
General Manager

DDL/dd

PALMDALE WATER DISTRICT

MEMORANDUM

DATE: January 24, 2013 February 7, 2013

TO: PERSONNEL COMMITTEE MEMBERS Personnel Committee **Meeting**

VIA: Mr. Dennis LaMoreaux, General Manager

FROM: Mrs. Jeannie Burns, Acting Human Resources Manager

RE: ***REQUEST FOR INFORMATION***

Per your request, attached is the 2013 Association of California Water Agencies Joint Powers Insurance Authority "ACWA/JPIA Employee Benefits Program Renewal Packet.

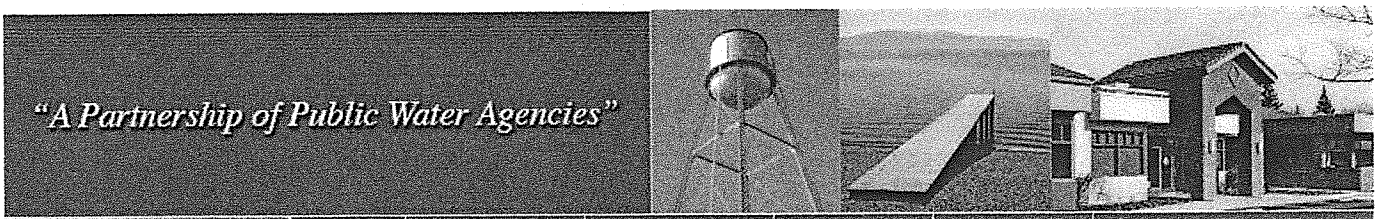
These packets are provided to the General Manager for Open Enrollment and distributed to Human Resources and Finance staff. Please note that premiums are negotiated each year by ACWA/JPIA and then Districts receive those rates on an annual basis. When Districts add new options or join new programs, those rates are not reflected in the Open Enrollment Packet, but are provided to Districts separately.

I have also attached information from the ACWA/JPIA website regarding program offerings for your review. You can also review these programs at acwajpia.com.

/jb

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Health Insurance

2012 Anthem Evidence of Coverage

Anthem Blue Cross

Visit www.anthem.com/ca for the latest Anthem Blue Cross provider listings.
For Anthem Blue Cross claim and eligibility inquiries - contact (800) 284-2466.
Current rates effective through December 31, 2012.
Kaiser Permanente eligibility inquiries - call (800) 464-4000.
Kaiser Permanente provider location information may be accessed online at www.kaiserpermanente.org.

JPIA proudly offers medical benefit opportunities for Public Agency Members. Currently there are 220 employers with over 7,000 employees enrolled in JPIA-sponsored medical plans. JPIA's benefit plans are offered individually, and with many contribution options, giving the employer the opportunity to create a benefit package to best suit the needs and financial requirements of the employer and the employee.

Anthem Blue Cross of California has provided medical benefits to JPIA members since 1955.

Prudent Buyer Classic PPO reimburses covered expenses for inpatient hospital room and board and ancillary charges at 100% for participating hospitals. After a $15 copay or a $200 deductible covered outpatient and professional services are paid at 80% for participating providers. Expenses of non-participating providers are reimbursed at lower levels. After the member pays $1,000 out-of-pocket to participating providers of $2,000 to non-participating providers, Anthem Blue Cross will pay 100% of services rendered for the remaining portion of that calendar year. Prudent Buyer Advantage PPO reimburses covered expenses for inpatient hospital room and board and ancillary charges at 80% for participating hospitals. After a $20 copay or a $500 deductible covered outpatient and professional services are paid at 80% for participating providers. Expenses of non-participating providers are reimbursed at lower levels. After the member pay $3,000 out-of-pocket to participating providers or $10,000 to non-participating providers, Anthem Blue Cross will pay 100% of services rendered for the remaining portion of that calendar year.
CaliforniaCare HMO is a Medical Maintenance Organization offered to JPIA

Headlines

- Ethics and Brown Act Training Offered
- 2013 Executive Committee Election News
- Complimentary Webinar on Robert's Rules of Order
- Northern California Training Conference February 26 & 27, 2013
- Seminar Handouts From 2012 Fall Conference Available Online

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members. This plan offers benefits from participating providers, which include 100% coverage for inpatient hospital care and a $10 office visit copayment on outpatient physicians services. A prescription drug card with a $5 generic ($15 brand name) copayment is part of the HMO plan. Services obtained by non-participating providers are not covered except in emergency situations (as determined by Anthem Blue Cross of California).

KAISER PERMANENTE

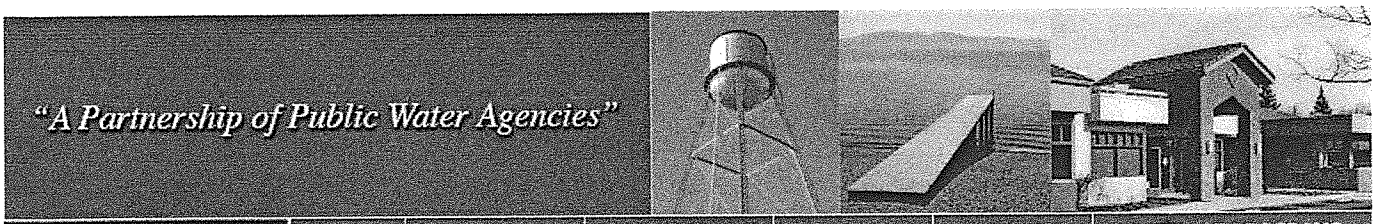
Kaiser Permanente has provided medical benefits to JPIA members since 1997.

Medical Maintenance Organization and Medicare Risk offers plans with no deductible, no charge for inpatient stays, low physician office visit copayments and prescription drugs for $5 generic drug copay, $15 brand name for the HMO and $10 generic drug, $20 brand name drug copay for the Medicare Risk plan. Services are provided through Kaiser Permanente facilities in participating regions.

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Dental Insurance

Visit www.deltadentalins.com for the latest Delta Dental provider listings, on-line eligibility and how-to-use program information.

Current rates effective through December 31, 2012.

Delta Dental claim inquiries - call (888) 335-8227.

For information and a copy of your summary of benefits send an e-mail to the Employee Benefits staff or call them at (800) 736-2292.

Delta Dental Plan of California (PPO)

Delta Dental Plan of California (PPO) has provided dental benefits to ACWA/JPIA members since 1970. Currently there are over 250 employers with over 10,000 employees enrolled in the plan. Plans are available that cover up to 100% of diagnostic and preventative services. Orthodontics benefits for dependents to age 19 and adult orthodontics options are also available. You may wish to view Delta Dental Plan of California's online services at www.deltadentalins.com. California provider listings can be obtained online.

Flexible participation options for the Delta Dental Plan of California are available to ACWA/JPIA members. Employers select the benefit plan and contribution levels desired. Options include voluntary dependent coverage and varying retiree premium contributions. All classifications may be covered, active employees, active directors and retirees.

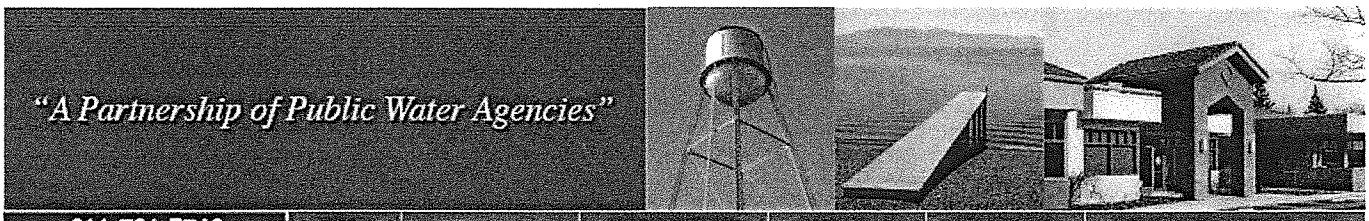
Delta Care USA

Delta Care USA offers an alternative way to provide for you and your family's dental care needs economically and conveniently. Delta Care USA was founded on the principle of delivering quality dental care and preventing problems before they start. The Delta Care USA program provides coverage for all reasonable and customary dental care (subject to contract provisions, limitations and exclusions) if care is rendered by your Delta Care USA panel dentist. There is no cost for covered services except for copayments on certain procedures. Delta Care USA advantages include:

No claim forms
No deductibles
No pre-existing conditions restrictions
No annual maximum of benefits

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Vision Insurance

Vision Service Plan of California

Visit www.vsp.com for the latest VSP provider listings, online eligibility and how-to-use program information.

Current rates effective through December 31, 2013.

For Vision Service Plan claim inquiries, call (800) 877-7195.

For information and a copy of your summary of benefits, send an e-mail to the Employee Benefits Team or call them at (800) 736-2292.

The traditional VSP plan provides exams every 12 months, lenses every 12 months, if necessary, and frames every 24 months. The plans are available with deductibles of $0, $10, and $15. Another plan option offers frames coverage for 12 months.

JPIA and VSP offer a plan option that includes coverage for progressive lenses (i.e., no line bifocals). This plan includes:

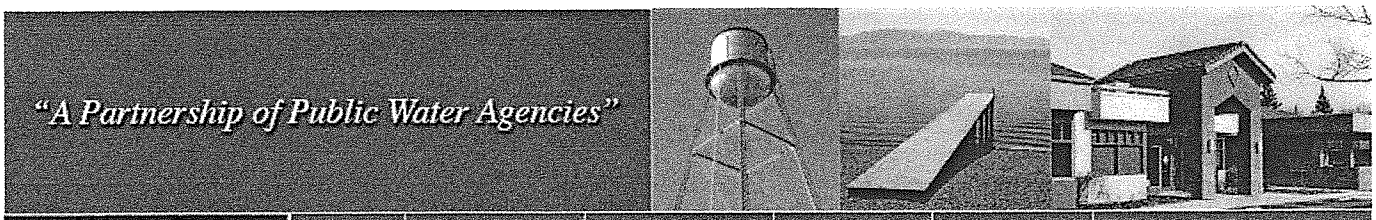
$15 copay for exam, lenses and frames
Includes coverage for progressive lenses
Includes increased frame allowance

Flexible participation options for VSP are available to JPIA members. Employers select the benefit plan and contribution levels desired. Options include voluntary dependent coverage and varying retiree premium contributions.

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Employee Assistance Program

Anthem Blue Cross of California

The work-site based ***Employee Assistance Program*** (EAP) provides confidential, professional assistance when personal problems affect an employee's life and work. The program provides information, consultation, and counseling for employees and their family members, as well as offering training and consultation to management.

EAP encourages employees to use services early in the progression of a problem, before situations significantly impact work. This is accomplished by promoting service for "normal problems in living" such as relationships, stress, legal and financial problems, career concerns, anxiety, and depression. The ***EAP*** also services more serious concerns such as alcohol and drug problems, family violence, and threats of suicide.

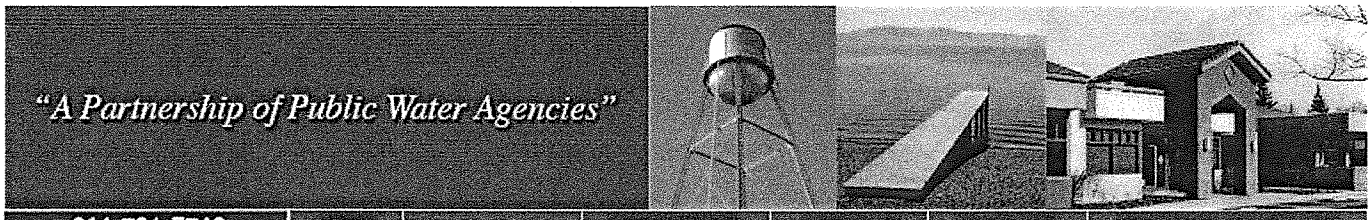
The ***EAP*** can significantly increase employee and management productivity through:

Reduced tardiness and absenteeism
Increased employee morale
Reduced turnover
Reduced heath care costs
Reduced worksite injuries
Minimized legal liabilities
Attention to preventive health care and wellness

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Life Insurance

Standard Insurance Company

Life and AD&D flat and salary based plans to $300,000, dependent and additional coverage.

Current rates effective through January 1, 2013.

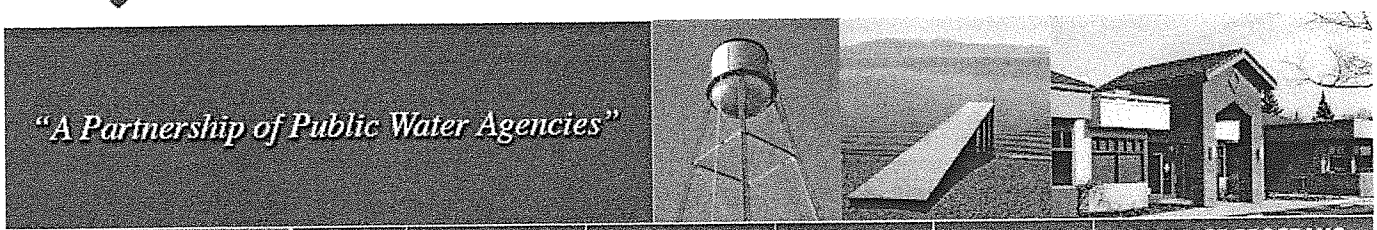
For information and enrollment material, send an e-mail to the Employee Benefits staff or call them at (800) 736-2292.

The JPIA offers Basic Life and AD&D benefits through The Standard Life Insurance Company. Many different plan options are available for employees and directors. This benefit is age related with competitive premiums. Employees have the opportunity to purchase additional life insurance through payroll deduction at the same group rates. Dependent life insurance is also available.

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Disability Insurance

Alliant Insurance Services

Unique, seamless products combining short- and long-term coverage are available through Standard Insurance Company. Please contact the Employee Benefits Team for details, (800) 736-2292.

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2013

ACWA/JPIA Employee Benefits Program Renewal

Medical • Dental • Vision • EAP • Life

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2013 Employee Benefits Program Renewal

September 14, 2012

Greetings ACWA/JPIA Members!

ACWA/JPIA is excited to administer this first renewal of your employee benefits programs. Very little has changed in benefit plan design this year. Enclosed you will find 2013 rates, plan summaries, a list of minor changes to coverage, Health Care Reform information, notices to distribute to your employees and a description of changes your employees can make during Open Enrollment, depending on your plan.

Open Enrollment will run from **October 1, 2012 through November 30, 2012** this year. You may choose a shorter period any time within that time frame. The end date this year is one month earlier than previously used, so be sure to communicate this to everyone responsible for administering Open Enrollment at your district. Enrollment changes received after this date will **not** be accepted.

Here are your responsibilities as the employer during Open Enrollment:

Notify employees that this is their once per year opportunity to make changes to their benefits (absent a qualifying event like birth, marriage, divorce, loss of other coverage). Remind employees to update their beneficiaries if their life circumstances have changed.

Review and forward completed Employee Benefits Enrollment/Change Forms to the ACWA/JPIA Employee Benefits Team before November 30, 2012. We would very much appreciate it if you would forward the forms as they come to you, as opposed to in one batch at the end. Please only send *one* copy of each completed form via fax, email (password protected) or mail. An original is not required. The *revised* enrollment form includes numerous improvements that should ease administration. It is included in this packet and on our website.

Save the new forms for Enrollment, COBRA Enrollment, and Life Enrollment/Beneficiary Update. There are other forms available on our website at www.acwajpia.com, including the new Disability form. You can mark the Forms page as a favorite in your browser and access the forms directly from the website to ensure you have the most current version. Summary of Benefits & Coverages (SBC's), Evidence of Coverages (EOC's) and dental and vision plan summaries will also be posted as they become available.

Distribute the forms and notices in the final section of this document to all of your benefits-eligible employees. New this year, we have included the mandatory notices that must be distributed to ALL benefits-eligible employees at hire *and* at Open Enrollment each year. This does not include COBRA forms, which remain the employer's responsibility.

Distribute this renewal packet to your internal Human Resources and Finance contacts that will be impacted, along with Directors and General Managers that should be aware of the information.

Looking forward, we plan to provide you with communications and tools to clarify and ease your administration of benefits, control costs when possible and stay informed. Since I joined the JPIA, it truly has been a pleasure working with each of the districts. I look forward to a long and prosperous relationship with each and every one of you. As always, you can reach the Employee Benefits Team at (800) 736-2292 or benefits@acwajpia.com to answer questions and provide support. Thank you for being a part of the ACWA/JPIA.

Warmest regards,

Sandra M. Smith
Employee Benefits Manager

2013 ACWA/JPIA Employee Benefits Renewal

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2013 Rate Change Overview

The increases to our health plans are right around market trend. Keep in mind that rates are heavily influenced by how participants are using the plans. We are planning on providing you with information to help educate participants about how to keep healthcare costs down, which will benefit all ACWA/JPIA members in the long run.

Although the Standard increased the Short Term Disability rates by 20%, we enjoyed reduced rates of 20% and 25% in 2008 and 2010 respectively. That makes the 20% increase to STD this year a little easier to take.

The ACWA/JPIA Executive Committee approved the following rate changes for the 2013 plan year:

Plan	Change from 2012
Anthem Blue Cross PPO Plans	8.45% increase
Anthem Blue Cross CaliforniaCare HMO	3.7% increase
Kaiser HMO – North	4.2% increase
Kaiser HMO – South	1.2% increase
Kaiser High Deductible Plan – North	4.4% increase
Kaiser High Deductible Plan – South	1.2% increase
Delta Dental PPO	2.01% increase
DeltaCare HMO	No Change
Vision Service Plan (VSP)	No Change
Employee Assistance Program (EAP)	No Change
Basic Life & AD&D	20% increase
Additional Life & AD&D	No Change
Short Term Disability	20% increase
Long Term Disability	No Change

The rate increases are calculated on the base rate of the coverage. Final rate calculations will include the administrative fee, so the percentages above are approximate compared to the hard numbers. ACWA/JPIA administrative fees remain unchanged and are as follows:

Plan	Administrative Fee Per Enrolled Employee Per Month
Medical	$9.88
Dental	$2.24
Vision	$1.43
Life (one fee covers all life options)	$1.00
Employee Assistance Program	$0.38
LTD/STD	None

Changes allowed at Open Enrollment: Medical Plans

Plan	Rate Option	Employee Coverage Paid by:	Dependent Coverage Paid by:	Open Enrollment Changes Allowed
Anthem PPO/HMO (Actives)	Incentive Rate	100% Employer*	100% Employer*	Employees may switch medical plans. All employees and dependents should already be enrolled.
			50%+ Employer*, Employee Portion Varies	Employees may add or delete dependents and/or switch medical plans. All employees should already be enrolled.
Anthem PPO/HMO (Actives) ALL Kaiser Plans (Actives)	Standard Rate	100% Employer*	Varies	Employees may switch medical plans, add or delete dependents, opt out of coverage (with proof of other coverage, as long as employer maintains 75%+ enrollment), or enroll themselves and their dependents for the first time.
COBRA Enrollees	ALL	Employee	Employee	COBRA enrollees may change plans. They cannot add dependents. They can drop dependents at *any* time. It is **your responsibility** as the employer to notify COBRA participants of their Open Enrollment rights and responsibilities.
Retirees	ALL	50%+ Employer*	Varies	Retirees have **NO** Open Enrollment Rights. They cannot switch plans or add dependents. There are 3 changes that retirees can make at *any time*: 1) A retiree can disenroll in coverage, but cannot ever reenroll. 2) A retiree can drop dependents, but those dependents cannot ever reenroll. 3) A retiree can switch from the higher cost PPO to the lower cost PPO, but the retiree cannot ever switch back. 4) If a retiree moves out of an area serviceable by an HMO, he/she may switch to a PPO medical plan. The retiree cannot ever switch back to the HMO.

*Percent is of the lowest cost medical plan offered.

Dependents added at Open Enrollment must provide marriage and birth certificates to demonstrate dependent relationship, just as is required of new hires.

Changes allowed at Open Enrollment: Dental and Vision Plans

Find your Plan Option – Who is covered?	Employer Pays	Plans Offered	Open Enrollment Changes Allowed
ALL Employees, **No Dependents**	100% of EE Coverage	Dental – HMO & PPO offered	Employee can change plans
		Dental – Only 1 plan offered	Open Enrollment does not apply
		Vision	Open Enrollment does not apply
ALL Employees, **ALL Dependents**	100% of EE Coverage 100% of Dependent Coverage	Dental – HMO & PPO offered	Employee & family can change plans
		Dental – Only 1 plan offered	Open Enrollment does not apply
		Vision	Open Enrollment does not apply
ALL Employees, **Some Dependents** (at EE's discretion)	100% of EE Coverage **EE contributes** toward Dependent Coverage	Dental – HMO & PPO offered	Employee & family can change plans, add/delete dependents
		Dental – Only 1 plan offered	Employee can add/delete dependents
		Vision	Employees can add/delete dependents

Dependents added at Open Enrollment must provide marriage and birth certificates to demonstrate dependent relationship, just as is required of new hires.

2013 Medical Coverage Changes

Women's Preventive Services are required to be covered at 100%* as a result of the Affordable Care Act. Most items on the list were already included in the Preventive Care that became covered at 100%* in 2011, like annual exams for cervical cancer and breast cancer. Notable 2013 additions are cost-free* lactation counseling and equipment and cost-free* birth control.

Vasectomy Coverage (male sterilization) will now mirror the 100% coverage* for tubal ligation (female sterilization) that was required by the Affordable Care Act. This way the decision between procedures will not be a financial one, and therefore, the pool may be shielded from the cost of a major surgical procedure by increasing the benefit for a simple outpatient procedure. *Exception* – the Kaiser HMO plan will still require a $10 co-pay for this service.

Autism/PDD Coverage, as a result of CA SB 946, has been expanded as of 7/1/2012. Treatment for Autism and Pervasive Development Disorder (PDD) was previously a covered plan benefit in the ACWA/JPIA plans. The significant change is that treatment can now be provided by approved providers other than medical doctors. Please note that "covered" in this case means covered under medical benefits, not as a no-cost preventive care benefit.

Pre-existing condition exclusion for adults was eliminated, which now aligns with the elimination of pre-existing condition exclusions for children that went into effect in 2011 as a result of the Affordable Care Act. In 2014 this elimination of pre-existing conditions exclusions will be mandated for adults, however, our plans have enacted the change one year early. It does not benefit the individual or the plan as a whole to delay treatment for chronic conditions.

*Preventive Care services are covered at 100% when you use an in-network provider. Refer to your plan summary to determine cost sharing and availability of coverage for these services at out-of-network providers.

Summaries of Benefits and Coverage (SBC's) are summaries in a standard, easy to read template that include scenarios demonstrating coverage and a uniform glossary. They are required to be distributed to employees by the first day of your open enrollment period. We are currently waiting for the carriers to produce these documents. **We will provide them to you as soon as they are available, which is expected to be between September 23 and September 28, 2012.** They will be immediately posted to our website. Electronic distribution of the SBC's is acceptable. Please bear with us as we have requested that they be expedited. As with most Affordable Care Act requirements, employers attempting to comply in good faith are exempted from penalty. We will continue to use our normal plan summaries, included here, which are more descriptive than the SBC's.

Medical Loss Ratio Rebates were mandated for the 2011 benefit year to place a cap on insurance company profits and administrative costs. The rebates are to be issued to large groups whose insurers spend less than 85% of premiums on medical care. If the amount spent on medical care compared to premiums collected (medical loss ratio) for a plan year was below 85%, the insurer must refund the excess amount collected to the policy holder. The fact that medical claims can be submitted and paid up to one year from the date of service creates a substantial delay in making the calculation for a plan year. For the 2011 plan year, it was recently determined that Kaiser and Anthem HMO did not owe us a rebate. Their medical loss ratio exceeded 85%. Our self-funded PPO plans are exempt from this requirement, but our administrative fees are around 1%. The insurance carriers are required to notify participants regardless of whether a rebate was owed. Kaiser and Anthem Blue Cross recently sent those notices directly to the participants' home mailing addresses on file.

2012 W-2 Reporting is to include the cost of benefits **if you** are an employer who **issued 250 or more W-2's in 2011.** We have a guide issued by Alliant that can be emailed to you upon request. However, this should be addressed with your accountant, as it can be quite complex. If this requirement applies to you, we recommend notifying employees that they will see the figure on their W-2, but it is for informational purposes only and has not been included in their taxable income.

Looking forward, the main change in 2014 will be the implementation of the Exchanges, where individuals can buy policies from a pooled group of uninsured or underinsured participants, put together by the state. The Exchange policies will be administered by the same insurance companies we are familiar with, like Anthem, HealthNet and Aetna. It is unknown what impact these Exchanges will have on employer sponsored group health plans. It may take a year or two to play out. Having an increased number of insured in the market competing for doctor's appointments and having claims processed will probably be the first noticeable change. **Most of the 2014 requirements within the Affordable Care Act have little to no impact on employers who offer decent benefit packages.** ACWA/JPIA medical plans are affordable and provide good coverage and so are unaffected by major provisions. Many of the stipulations do not impact employer plans directly, like Medicare reimbursement rates, bundling of payment to providers for a procedure, limiting insurance company profits and electronic medical data management requirements.

As you read about the Affordable Care Act requirements, it's useful to know that ACWA/JPIA medical plans are ***non-grandfathered plans***. Maintaining grandfathered status would have frozen not only the plan designs but also the employer/employee contribution amounts.

2014 is over a year away and there is a lot that can happen between now and then. Clarification for each provision has been released as each has gone into effect, often without a lot of lead time. Some portions of the ACA have been delayed by one year (2011 FSA limits, 2011 W-2 reporting) and at least one been eliminated (Long Term Care). **ACWA/JPIA will be monitoring developments closely and keeping you informed of your responsibilities and how our health plans will be impacted.**

Updates:

Invoices are now provided in a more modern format. In the year to come ACWA/JPIA will be evaluating software upgrade or replacement in order to modernize both billing and enrollment.

Employee Assistance Program (EAP) premiums are now included on monthly benefit invoices. We are pleased to announce that there is no longer a need for you to manually create a separate self-bill invoice. We appreciate your patience as we work together to reconcile any missed or overlapping payments as we transition to the new streamlined EAP billing.

The Standard Insurance Company issued new group numbers effective 7/1/2012
649298 – Basic Life and Additional Life
649299 – Short Term Disability and Long Term Disability
Revised life insurance and disability forms are available on our website at www.acwajpia.com.

Ongoing:

The ACWA/JPIA Benefits Team is here to help. Call our general line with any questions or concerns.

ACWA/JPIA Employee Benefits Team
(916) 779-1145 Local
(800) 736-2292 Toll free
(916) 325-2598 Fax
benefits@acwajpia.com

Sandra Smith, Employee Benefits Manager
Veronica Cobian, Member Advocate
Allison Hartill, Benefits Specialist
Susan Schnider, Benefits Analyst
Michelle Stites, Enrollment Coordinator

Find participating providers and answers to common participant questions:

Carrier	Phone Number	Website
Anthem Blue Cross	HMO: 800-227-3641 PPO: 800-284-2466	www.anthem.com/ca
Kaiser Permanente	800-464-4000	www.kp.org
Delta Dental / DeltaCare	888-335-8227	www.deltadentalins.com
Vision Service Plan	800-877-7195	www.vsp.com
Anthem EAP	800-999-7222	www.anthemeap.com

Please email salary changes to benefits@acwajpia.com in a timely manner so that we can update your employees' life insurance amounts. This ensures accurate billing and accurate payout for beneficiaries in the event of a claim.

ACWA/JPIA 2013 Medical Plan Rates

Bay Area / Sacramento

Alameda, Amador, Contra Costa, El Dorado, Marin, Napa, Nevada, Placer, Sacramento, San Francisco
San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yolo, Yuba

Anthem Classic PPO

	Standard	(-4%) Incentive
Active-Employee	664.29	639.12
Active-Couple	1,567.48	1,507.57
Active-Family	1,816.11	1,746.64
Retired-E w/o MCare	664.29	639.12
Retired-C w/o MCare	1,567.48	1,507.57
Retired-F w/o MCare	1,816.11	1,746.64
Retiree-E w/MCare	491.31	472.79
Retiree-C w/MCare	1,162.84	1,118.50
Retiree-F w/MCare	1,334.44	1,283.49
Active w/MCare-E [1]	515.14	495.71
Active w/MCare-C [1]	1,213.33	1,167.05
Active w/MCare-F [1]	1,412.73	1,358.77

Anthem Advantage PPO

	Standard	(-4%) Incentive
Active-Employee	536.97	516.69
Active-Couple	1,264.35	1,216.10
Active-Family	1,464.61	1,408.66
Retired-E w/o MCare	536.97	516.69
Retired-C w/o MCare	1,264.35	1,216.10
Retired-F w/o MCare	1,464.61	1,408.66
Retiree-E w/MCare	394.14	379.36
Retiree-C w/MCare	930.37	894.97
Retiree-F w/MCare	1,066.89	1,026.23
Active w/MCare-E [1]	420.47	404.67
Active w/MCare-C [1]	988.38	950.74
Active w/MCare-F [1]	1,142.53	1,098.97

Anthem CaliforniaCare HMO

	Standard	(-4%) Incentive
Active-Employee	678.94	653.21
Active-Couple	1,348.00	1,296.53
Active-Family	1,863.18	1,791.90
Retired-E w/o MCare	678.94	653.21
Retired-C w/o MCare	1,348.00	1,296.53
Retired-F w/o MCare	1,863.18	1,791.90
Retiree-E w/MCare	493.35	474.76
Retiree-C w/MCare	976.86	939.66
Retiree-F w/MCare	1,350.98	1,299.40
Active w/MCare-E [1]	590.03	567.72
Active w/MCare-C [1]	1,170.12	1,125.50
Active w/MCare-F [1]	1,616.85	1,555.04

Kaiser HMO - North

See zip code list to locate your district's region.

	no chiro	yes chiro
Active-Employee	600.81	602.74
Active-Couple	1,191.74	1,195.60
Active-Family	1,682.22	1,687.68
Retired-E (under 65)	600.81	602.74
Retired-C (under 65)	1,191.74	1,195.60
Retired-F (under 65)	1,682.22	1,687.68

Medicare Risk - Senior Advantage

per single person 278.27 280.20

(all persons eligible for Medicare must enroll in the Medicare Risk plan)

Anthem HealthFund High Deductible PPO

	Standard	Incentive
Active-Employee	463.69	446.24
Active-Couple	1,089.93	1,048.39
Active-Family	1,262.38	1,214.20
Retired-E w/o MCare	463.69	446.24
Retired-C w/o MCare	1,089.93	1,048.39
Retired-F w/o MCare	1,262.38	1,214.20

Kaiser High Deductible HMO - North

Active-Employee	493.01
Active-Couple	976.13
Active-Family	1,377.13
Retired-E w/o MCare	493.01
Retired-C w/o MCare	976.13
Retired-F w/o MCare	1,377.13

[1] **Active w/Mcare - these rates are for employers with 19 or less employees**

COBRA / Cal-COBRA Continuation Rates

If employer group has 20 or more employees then the employer may add 2% to the current premium

If employer group has 19 or less employees then the employer may add 10% to the current premium

ACWA/JPIA 2013 Medical Plan Rates

Other Northern California

Alpine, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced
Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Siskiyou, Stanislaus, Tehama, Trinity, Tuolumne

Anthem Classic PPO

	Standard	(-4%) Incentive
Active-Employee	667.43	642.14
Active-Couple	1,574.96	1,514.76
Active-Family	1,824.78	1,754.98
Retired-E w/o MCare	667.43	642.14
Retired-C w/o MCare	1,574.96	1,514.76
Retired-F w/o MCare	1,824.78	1,754.98
Retiree-E w/MCare	491.31	472.79
Retiree-C w/MCare	1,162.84	1,118.50
Retiree-F w/MCare	1,334.44	1,283.49
Active w/MCare-E [1]	515.14	495.71
Active w/MCare-C [1]	1,213.33	1,167.05
Active w/MCare-F [1]	1,412.73	1,358.77

Anthem Advantage PPO

	Standard	(-4%) Incentive
Active-Employee	539.49	519.12
Active-Couple	1,270.36	1,221.88
Active-Family	1,471.59	1,415.37
Retired-E w/o MCare	539.49	519.12
Retired-C w/o MCare	1,270.36	1,221.88
Retired-F w/o MCare	1,471.59	1,415.37
Retiree-E w/MCare	394.14	379.36
Retiree-C w/MCare	930.37	894.97
Retiree-F w/MCare	1,066.89	1,026.23
Active w/MCare-E [1]	420.47	404.67
Active w/MCare-C [1]	988.38	950.74
Active w/MCare-F [1]	1,142.53	1,098.97

Anthem CaliforniaCare HMO

	Standard	(-4%) Incentive
Active-Employee	684.86	658.90
Active-Couple	1,358.87	1,306.99
Active-Family	1,879.53	1,807.62
Retired-E w/o MCare	684.86	658.90
Retired-C w/o MCare	1,358.87	1,306.99
Retired-F w/o MCare	1,879.53	1,807.62
Retiree-E w/MCare	493.35	474.76
Retiree-C w/MCare	976.86	939.66
Retiree-F w/MCare	1,350.98	1,299.40
Active w/MCare-E [1]	590.03	567.72
Active w/MCare-C [1]	1,170.12	1,125.50
Active w/MCare-F [1]	1,616.85	1,555.04

Kaiser HMO - North

See zip code list to locate your district's region.

	no chiro	yes chiro
Active-Employee	600.81	602.74
Active-Couple	1,191.74	1,195.60
Active-Family	1,682.22	1,687.68
Retired-E (under 65)	600.81	602.74
Retired-C (under 65)	1,191.74	1,195.60
Retired-F (under 65)	1,682.22	1,687.68

Medicare Risk - Senior Advantage

per single person 278.27 280.20

(all persons eligible for Medicare must enroll in the Medicare Risk plan)

Anthem HealthFund High Deductible PPO

	Standard	Incentive
Active-Employee	463.69	446.24
Active-Couple	1,089.93	1,048.39
Active-Family	1,262.38	1,214.20
Retired-E w/o MCare	463.69	446.24
Retired-C w/o MCare	1,089.93	1,048.39
Retired-F w/o MCare	1,262.38	1,214.20

Kaiser High Deductible HMO - North

Active-Employee	493.01
Active-Couple	976.13
Active-Family	1,377.13
Retired-E w/o MCare	493.01
Retired-C w/o MCare	976.13
Retired-F w/o MCare	1,377.13

[1] **Active w/Mcare - these rates are for employers with 19 or less employees**

COBRA / Cal-COBRA Continuation Rates

If employer group has 20 or more employees then the employer may add 2% to the current premium

If employer group has 19 or less employees then the employer may add 10% to the current premium

ACWA/JPIA 2013 Medical Plan Rates

Los Angeles Area

Los Angeles, San Bernardino, Ventura

Anthem Classic PPO

	Standard	(-4%) Incentive
Active-Employee	622.13	598.58
Active-Couple	1,467.13	1,411.08
Active-Family	1,699.74	1,634.74
Retired-E w/o MCare	622.13	598.58
Retired-C w/o MCare	1,467.13	1,411.08
Retired-F w/o MCare	1,699.74	1,634.74
Retiree-E *w/MCare*	491.31	472.79
Retiree-C *w/MCare*	1,162.84	1,118.50
Retiree-F *w/MCare*	1,334.44	1,283.49
Active w/MCare-E [1]	515.14	495.71
Active w/MCare-C [1]	1,213.33	1,167.05
Active w/MCare-F [1]	1,412.73	1,358.77

Anthem Advantage PPO

	Standard	(-4%) Incentive
Active-Employee	503.00	484.03
Active-Couple	1,183.52	1,138.38
Active-Family	1,370.88	1,318.53
Retired-E w/o MCare	503.00	484.03
Retired-C w/o MCare	1,183.52	1,138.38
Retired-F w/o MCare	1,370.88	1,318.53
Retiree-E *w/MCare*	394.14	379.36
Retiree-C *w/MCare*	930.37	894.97
Retiree-F *w/MCare*	1,066.89	1,026.23
Active w/MCare-E [1]	420.47	404.67
Active w/MCare-C [1]	988.38	950.74
Active w/MCare-F [1]	1,142.53	1,098.97

Anthem CaliforniaCare HMO

	Standard	(-4%) Incentive
Active-Employee	611.99	588.83
Active-Couple	1,214.11	1,167.79
Active-Family	1,677.73	1,613.58
Retired-E w/o MCare	611.99	588.83
Retired-C w/o MCare	1,214.11	1,167.79
Retired-F w/o MCare	1,677.73	1,613.58
Retiree-E *w/MCare*	493.35	474.76
Retiree-C *w/MCare*	976.86	939.66
Retiree-F *w/MCare*	1,350.98	1,299.40
Active w/MCare-E [1]	590.03	567.72
Active w/MCare-C [1]	1,170.12	1,125.50
Active w/MCare-F [1]	1,616.85	1,555.04

Kaiser HMO - South

See zip code list to locate your district's region.

	no chiro	yes chiro
Active-Employee	444.12	446.10
Active-Couple	878.36	882.32
Active-Family	1,238.79	1,244.40
Retired-E (under 65)	444.12	446.10
Retired-C (under 65)	878.36	882.32
Retired-F (under 65)	1,238.79	1,244.40

Medicare Risk - Senior Advantage

per single person 163.14 165.12

(all persons eligible for Medicare must enroll in the Medicare Risk plan)

Anthem HealthFund High Deductible PPO

	Standard	Incentive
Active-Employee	463.69	446.24
Active-Couple	1,089.93	1,048.39
Active-Family	1,262.38	1,214.20
Retired-E w/o MCare	463.69	446.24
Retired-C w/o MCare	1,089.93	1,048.39
Retired-F w/o MCare	1,262.38	1,214.20

Kaiser High Deductible HMO - North

Active-Employee	358.78
Active-Couple	707.68
Active-Family	997.27
Retired-E w/o MCare	358.78
Retired-C w/o MCare	707.68
Retired-F w/o MCare	997.27

[1] **Active w/Mcare - these rates are for employers with 19 or less employees**

COBRA / Cal-COBRA Continuation Rates

If employer group has 20 or more employees then the employer may add 2% to the current premium

If employer group has 19 or less employees then the employer may add 10% to the current premium

ACWA/JPIA 2013 Medical Plan Rates

Other Southern California

Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, Riverside
San Diego, San Luis Obispo, Santa Barbara, Tulare

Anthem Classic PPO

	Standard	(-4%) Incentive
Active-Employee	629.68	605.84
Active-Couple	1,485.10	1,428.36
Active-Family	1,720.58	1,654.78
Retired-E w/o MCare	629.68	605.84
Retired-C w/o MCare	1,485.10	1,428.36
Retired-F w/o MCare	1,720.58	1,654.78
Retiree-E w/MCare	491.31	472.79
Retiree-C w/MCare	1,162.84	1,118.50
Retiree-F w/MCare	1,334.44	1,283.49
Active w/MCare-E [1]	515.14	495.71
Active w/MCare-C [1]	1,213.33	1,167.05
Active w/MCare-F [1]	1,412.73	1,358.77

Anthem Advantage PPO

	Standard	(-4%) Incentive
Active-Employee	509.09	489.89
Active-Couple	1,198.00	1,152.30
Active-Family	1,387.67	1,334.68
Retired-E w/o MCare	509.09	489.89
Retired-C w/o MCare	1,198.00	1,152.30
Retired-F w/o MCare	1,387.67	1,334.68
Retiree-E w/MCare	394.14	379.36
Retiree-C w/MCare	930.37	894.97
Retiree-F w/MCare	1,066.89	1,026.23
Active w/MCare-E [1]	420.47	404.67
Active w/MCare-C [1]	988.38	950.74
Active w/MCare-F [1]	1,142.53	1,098.97

Anthem CaliforniaCare HMO

	Standard	(-4%) Incentive
Active-Employee	620.16	596.69
Active-Couple	1,230.42	1,183.47
Active-Family	1,700.33	1,635.31
Retired-E w/o MCare	620.16	596.69
Retired-C w/o MCare	1,230.42	1,183.47
Retired-F w/o MCare	1,700.33	1,635.31
Retiree-E w/MCare	493.35	474.76
Retiree-C w/MCare	976.86	939.66
Retiree-F w/MCare	1,350.98	1,299.40
Active w/MCare-E [1]	590.03	567.72
Active w/MCare-C [1]	1,170.12	1,125.50
Active w/MCare-F [1]	1,616.85	1,555.04

Kaiser HMO - South

See zip code list to locate your district's region.

	no chiro	yes chiro
Active-Employee	444.12	446.10
Active-Couple	878.36	882.32
Active-Family	1,238.79	1,244.40
Retired-E (under 65)	444.12	446.10
Retired-C (under 65)	878.36	882.32
Retired-F (under 65)	1,238.79	1,244.40
Medicare Risk - Senior Advantage		
per single person	163.14	165.12

(all persons eligible for Medicare must enroll in the Medicare Risk plan)

Anthem HealthFund High Deductible PPO

	Standard	Incentive
Active-Employee	463.69	446.24
Active-Couple	1,089.93	1,048.39
Active-Family	1,262.38	1,214.20
Retired-E w/o MCare	463.69	446.24
Retired-C w/o MCare	1,089.93	1,048.39
Retired-F w/o MCare	1,262.38	1,214.20

Kaiser High Deductible HMO - South

Active-Employee	358.78
Active-Couple	707.68
Active-Family	997.27
Retired-E w/o MCare	358.78
Retired-C w/o MCare	707.68
Retired-F w/o MCare	997.27

[1] **Active w/Mcare - these rates are for employers with 19 or less employees**

COBRA / Cal-COBRA Continuation Rates

If employer group has 20 or more employees then the employer may add 2% to the current premium

If employer group has 19 or less employees then the employer may add 10% to the current premium

ACWA Joint Powers Insurance Authority

A Partnership of Public Water Agencies

Anthem BlueCross

ASSOCIATION OF CALIFORNIA WATER AGENCIES
JOINT POWERS
INSURANCE AUTHORITY

2013 ACWA JPIA Benefits

The amounts indicated are the employee's responsibility, unless otherwise indicated. Check with your employer as to which plans are offered.

Category/Description	*Blue Cross HMO℠ (CaliforniaCare)*	*Blue Cross PPO℠ (Prudent Buyer Classic)*		*Blue Cross PPO℠ (Prudent Buyer Advantage)*		*Blue Cross PPO (HSA Compatible)*	
		PPO	*Non-PPO*	*PPO*	*Non-PPO*	*PPO*	*Non-PPO*
DEDUCTIBLES (per calendar year)	No Deductible	$200/Member[3] $600/Family[3]		$500/Member[3] $1,000/Family[3]		$1,500/Member[3] $3,000/Family[3]	
HOSPITAL (pre-authorization required)							
Inpatient (room, board and all medically necessary services and supplies, including general nursing care services, operating and special care room fees, diagnostic X-ray and laboratory services)	No Charge[2]	No Charge[1, 2]	No Charge[1, 2]	20%[1]	40%[1]	10%[1]	30%[1] $500 Deductible per Admit
Outpatient (surgical room fee, radiation and chemotherapy treatment, renal dialysis)	No Charge[2]	No Charge[1, 2]	No Charge[1, 2]	20%[1]	40%[1]	10%[1]	30%[1]
PHYSICIAN CARE							
Hospital/Skilled Nursing Facility Visits	No Charge	20%[1]	20%[1]	20%[1]	40%[1]	10%[1]	30%[1]
Office Visits	$10/visit	$15/visit[1]	20%[1]	$20/visit[1]	40%[1]	10%[1]	30%[1]
Well Woman Exams	No Charge	No Charge	20%[1]	No Charge	40%[1]	No Charge	30%[1]
Well Baby Care and Well Child Care	No Charge	No Charge (under age 7)	20%[1] (under age 7)	No Charge (under age 18)	40%[1] (under age 18)	No Charge (under age 7)	30%[1] (under age 7)
Allergy Testing/Treatment	$10/visit	20%[1]	20%[1]	20%[1]	40%	10%[1]	30%[1]
Vision Exam (refraction)	$10/visit (No charge if received in conjunction with preventive care exam)	No Charge (if received in conjunction with preventive care exam)	Not Covered	No Charge	Not Covered	No Charge	Not Covered
Hearing Testing	$10/visit (No charge if received in conjunction with preventive care exam)	No Charge (If received in conjunction with Periodic Health Exam)	Not Covered	No Charge (If received in conjunction with Periodic Health Exam)	40%[1]	No Charge (If received in conjunction with Periodic Health Exam)	30%[1]
Adult Immunization	No Charge	No Charge[1] (If received in conjunction with Periodic Health Exam)	Not Covered	No Charge[1] (If received in conjunction with Periodic Health Exam)	40%[1]	No Charge[1] (If received in conjunction with Periodic Health Exam)	30%[1]
Periodic Health Exam	No Charge	No Charge	Not Covered	No Charge (ages 18+)	40%[1] (ages 18+)	No Charge[1]	30%[1]
Dependent Children Health Exam and Immunizations	No Charge	No Charge (ages 7-17 yrs.)	20%[1] (ages 7-17 yrs.)	No Charge (under age 18)	40%[1] (under age 18)	No Charge[1]	No Charge
SURGICAL SERVICES							
Surgeon and Surgical Assistant	No Charge	20%[1]	20%[1]	20%[1]	40%[1]	10%[1]	30%[1]
Anesthesiologist or Anesthetist	No Charge	20%[1]	20%[1]	20%[1]	40%[1]	10%[1]	30%[1]
DIAGNOSTIC X-RAY/LAB							
Diagnostic X-ray and laboratory services, including mammogram, Pap smear and prostate cancer screening	No Charge	20%[1] (No charge in-network if received in conjunction with preventive care exam)	20%[1]	20%[1] (No charge in-network if received in conjunction with preventive care exam)	40%[1]	10%[1] (No charge in-network if received in conjunction with preventive care exam)	30%[1]
OUTPATIENT PRESCRIPTION DRUGS							
Formulary	Yes	Yes		Yes		Yes	
Pre-authorization	Specific List	Specific List		Specific List		Specific List	
Deductible	NA	NA		NA		NA	
Retail (30-day supply)							
Generic	$5	$5		$5		$10	
Brand	$15	$15		$15		$20	
Nonformulary	$45	$45		$45		$40	
Mail Order (90-day supply)				$1,000/year Maximum Member Out of pocket			
Generic	$10	$10		$10		$20	
Brand	$30	$30		$30		$40	
Nonformulary	$90	$90		$90		$80	
BIOTECHNICAL DRUGS							
Retail (30-day supply)							
Copayment	20%	20%		20%		10%	
Maximum Member Out-of-Pocket	$100 per Prescription	$100 per Prescription		$100 per Prescription		N/A	
Mail Order (90-day supply)							
Copayment	20%	20%		20%		10%	
Maximum Member Out-of-Pocket	$200 per Prescription	$200 per Prescription		$200 per Prescription		N/A	
Retail and Mail Order Calendar-Year Max Member Out-of-Pocket	$2,000	$2,000		$2,000		$5,000/Member; $10,000/Family	
DURABLE MEDICAL EQUIPMENT must be medically necessary and certified by a physician as required for the treatment of an illness or injury	No Charge	20%[1]		20%[1]	40%[1]	10%[1]	30%[1]

Category/Description	*Blue Cross HMO (CaliforniaCare)*	*Blue Cross PPO (Prudent Buyer Classic)*		*Blue Cross PPO (Prudent Buyer Advantage)*		*Blue Cross PPO (HSA Compatible)*	
		PPO	*Non-PPO*	*PPO*	*Non-PPO*	*PPO*	*Non-PPO*
MATERNITY							
Birth Center	Not Covered	No Charge[1]	No Charge[1]	20%[1]	20%[1]	10%[1]	30%[1]
Pre- and Postnatal Care Office Visits	$10/visit	$15/visit[1]	20%[1]	20%[1]	40%[1]	10%[1]	30%[1]
Hospitalization and Nursery Care	No Charge[1]	No Charge[1, 2]	No Charge[1, 2]	20%[1]	40%[1]	10%[1]	30%[1]
Natural Childbirth Classes	Not Covered	Not Covered		Plan pays 50% of registration fee up to $50, whichever is less		Not Covered	
Lactation Counseling & Equipment	No Charge	No Charge	20%	No Charge	40%	No Charge	30%
FAMILY PLANNING							
Sterilization	No Charge	No Charge	20%[1]	No Charge	40%[1]	No Charge	30%[1]
Infertility Testing/Treatment	50% professional and facility fees (excluding sterilization reversal, artificial insemination, in vitro fertilization and gamete intra-fallopian transfer)	Limited coverage, excludes artificial insemination, in vitro fertilization and gamete intra-fallopian transfer.		Not Covered		Limited coverage, excludes artificial insemination, in vitro fertilization and gamete intra-fallopian transfer.	
Contraceptive Devices/Fitting	Please refer to your benefit certificate.	Please refer to your benefit certificate.		Please refer to your benefit certificate.		Please refer to your benefit certificate.	
AMBULANCE							
Air or ground ambulance services when medically necessary	$50	20%[1]	20%[1]	20%[1]	20%[1]	10%[1]	10%[1]
HOSPITAL EMERGENCY ROOM CARE SERVICES (This coverage is provided for true emergencies only; the copay is waived for hospitalization.)	$50 (waived if hospitalized)	If not an emergency, ER room care is covered under Major Medical, subject to deductibles and applicable coinsurance and copay. No Charge/$50 copay		Only physician charges shall be payable for non-emergency services received in an emergency room of a hospital. Emergency room facility charges for non-emergency care services are not covered. 20%/$50 copay		If not an emergency, ER room care is covered under Major Medical, subject to deductibles and applicable coinsurance and copay. 10%[1]/$100 copay	
HOME HEALTH SERVICES Medically necessary services obtained through a licensed home health agency. Custodial Care not covered.	No Charge (limited to three 2-hour visits/day)	No Charge[1] (100 visits per 12-month period; one visit equals 4 hours)	No Charge[1]	20%[1] (100 visits per 12-month period; one visit equals 4 hours)	40%[1]	10%[1] (100 visits per 12-month period; one visit equals 4 hours)	30%[1]
SKILLED NURSING CARE Services provided in a licensed skilled nursing facility when medically necessary. Custodial Care not covered.	No Charge[2] (100 days per calendar year)	No Charge[1, 2] (100 days per confinement period for medically necessary services)	No Charge[1, 2]	20%[1] for first 10 days 30%[1] for next 90 days	40%[1]	20%[1] (100 days per confinement period for medically necessary services)	40%[1]
OUTPATIENT SPEECH/PHYSICAL/ OCCUPATIONAL THERAPY							
Speech	$10/visit (services limited to 60 days for each injury or illness)	20%[1]	20%[1]	20%[1]	40%[1]	10%[1]	30%[1]
Physical	$10/visit (services limited to 60 days for each injury or illness)	20%[1]	20%[1]	20%[1] (24-visit maximum combined with Physical Therapy, Occupational Therapy and Chiropractic)	40%[1]	10%[1] (24-visit maximum combined with Physical Therapy, Occupational Therapy and Chiropractic)	30%[1] $25 max/visit
Occupational	$10/visit (services limited to 60 days for each injury or illness)	20%[1]	20%[1]	20%[1] (24-visit maximum combined with Physical Therapy, Occupational Therapy and Chiropractic)	40%[1]	10%[1] (24-visit maximum combined with Physical Therapy, Occupational Therapy and Chiropractic)	30%[1] $25 max/visit
ACUPUNCTURE/CHIROPRACTIC							
Acupuncture	Not Covered	Not Covered		20%[1] (maximum 12 visits per year)	40%[1]	10%[1] (maximum 12 visits per year and $25/visit)	30%[1]
Chiropractic	$10/visit (maximum 30 visits per year)	20%[1] (maximum 30 visits per year)	20%[1]	20%[1] (24-visit maximum combined with Physical Therapy, Occupational Therapy and Chiropractic)	40%[1]	10%[1] (24-visit maximum combined with Physical Therapy, Occupational Therapy and Chiropractic)	30%[1]
OTHER							
Unreplaced Blood and Blood Products	No Charge	20%[1]	20%[1]	20%[1]	40%[1]	10%[1]	30%[1]
Health Education Classes	No Charge	Not Covered		Not Covered		Not Covered	
Hospice	No Charge	No Charge[1]	No Charge[1]	20%[1]	20%[1]	10%[1]	10%[1]
MAXIMUM COPAYMENT/ OUT-OF-POCKET AMOUNTS (per calendar year)	Maximum Copayment $500/Member $1,500/Family After reaching the Maximum Copayment amount, no further copayments are required for the remainder of the calendar year.	$1,000/Member Deductible and Copays do not apply towards maximum out-of-pocket. When using non-PPO providers, members are responsible for any difference between the allowed amount and actual charges.	$2,000/Member	$3,000/Member $6,000/Family Deductible and Copays do not apply towards maximum out-of-pocket. When using non-PPO providers, members are responsible for any difference between the allowed amount and actual charges.	$10,000/Member	$5,000/Member; $10,000/Family Deductible and Copays do not apply towards maximum out-of-pocket. When using non-PPO providers, members are responsible for any difference between the allowed amount and actual charges.	
LIFETIME MAXIMUM BENEFITS	Not applicable	Not applicable		Not applicable		Not applicable	

Blue Cross HMO℠ (CaliforniaCare)		
MENTAL DISORDERS		
Inpatient	No Charge[2]	
Outpatient	$10/visit	
ACUTE ALCOHOLISM OR DRUG ABUSE (For HMO only)		
Inpatient	No Charge[2]	
Outpatient	$10/visit	
Blue Cross PPO℠ (Prudent Buyer Classic)	*PPO*	*Non-PPO*
MENTAL DISORDERS AND CHEMICAL DEPENDENCY (For Classic only)		
Outpatient Physician Services (no pre-authorization required)	No Charge (1-3 visits); $15 copay (Per visit after 3rd visit)	20%[1]
Inpatient Physician Services (no pre-authorization required)	No Charge[1]	20%[1]
Outpatient Day Treatment Services		
Mental or Nervous Disorders (pre-authorization required)[4]	$15 copay	$15 copay
Substance Abuse (pre-authorization required)[4]	20%[1]	20%[1]
Inpatient Facility-Based Care		
Mental or Nervous Disorders (pre-authorization required)[4]	No Charge[1,2]	No Charge[1,2]
Substance Abuse (pre-authorization required)[4]	No Charge[1,2]	No Charge[1,2]
Blue Cross PPO℠ (Prudent Buyer Advantage)	*PPO*	*Non-PPO*
MENTAL DISORDERS		
Inpatient (pre-authorization required)[4]		
Hospital/physician services to stabilize an acute psychiatric condition	20%[1]	40%[1]
Outpatient (pre-authorization required)[4]		
Medically necessary treatment to stabilize an acute psychiatric condition	20%[1]	40%[1]
CHEMICAL DEPENDENCY		
Inpatient (pre-authorization required)[4]	20%[1]	40%[1]
Hospital/physician services for short-term medical management of detoxification or withdrawal symptoms	20%[1]	40%[1]
Outpatient		
Medically necessary treatment to stabilize an acute chemical dependency condition	20%[1]	40%[1]
Blue Cross PPO℠ (HSA Compatible)	*PPO*	*Non-PPO*
MENTAL DISORDERS AND CHEMICAL DEPENDENCY		
Outpatient Physician Services (no pre-authorization required)	10%[1]	30%[1]
Inpatient Physician Services (no pre-authorization required)	10%[1]	30%[1]
Outpatient Day Treatment Services		
Mental or Nervous Disorders (pre-authorization required)[4]	10%[1]	30%[1]
Substance Abuse (pre-authorization required)[4]	10%[1]	30%[1]
Inpatient Facility-Based Care		
Mental or Nervous Disorders (pre-authorization required)[4]	10%[1]	30%[1]
Substance Abuse (pre-authorization required)[4]	10%[1]	30%[1]

1 Covered expense for the Classic, Advantage and HSA Compatible plans does not include:
- For the PPO - any charge in excess of the negotiated rate for services of a participating provider; or
- For the non-PPO - any charge in excess of (a) the scheduled amount for services of any non-participating provider or (b) the reasonable charge for services of a related health provider.

2 The 100 percent covers facility charges only and does not include physician fees.
3 This is a combined calendar-year maximum benefit.
4 For pre-authorization, call 800-274-7767.

This is a summary of benefits only. Please consult your Evidence of Coverage (EOC) for exclusions and limitations. If there is a discrepancy between this document and the EOC, the EOC prevails.

Anthem Blue Cross
P.O. Box 60007
Los Angeles CA 90060
Attention: ACWA Services
800-284-2466

ACWA Joint Powers Insurance Authority
P.O. Box 619082
Roseville, 95661-9082
800-736-2292

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KAISER PERMANENTE® thrive

ACWA Joint Powers Insurance Authority
Northern CA Customer ID #35995 / Southern CA Customer ID #128742 (w/Chiro)

Principal Benefits for
Kaiser Permanente Traditional Plan (1/1/13—12/31/13)

The Services described below are covered only if all of the following conditions are satisfied:

- The Services are Medically Necessary
- The Services are provided, prescribed, authorized, or directed by a Plan Physician and you receive the Services from Plan Providers inside our Northern California Region Service Area (your Home Region), except where specifically noted to the contrary in the *Evidence of Coverage* (*EOC*) for authorized referrals, hospice care, Emergency Services, Post-Stabilization Care, Out-of-Area Urgent Care, and emergency ambulance Services

Annual Out-of-Pocket Maximum for Certain Services	
For Services subject to the maximum, you will not pay any more Cost Sharing during a calendar year if the Copayments and Coinsurance you pay for those Services add up to one of the following amounts:	
For self-only enrollment (a Family of one Member)	$1,500 per calendar year
For any one Member in a Family of two or more Members	$1,500 per calendar year
For an entire Family of two or more Members	$3,000 per calendar year
Deductible or Lifetime Maximum	None

Professional Services (Plan Provider office visits)	**You Pay**
Most primary and specialty care consultations, exams, and treatment	$10 per visit
Routine physical maintenance exams	No charge
Well-child preventive exams (through age 23 months)	No charge
Family planning counseling	No charge
Scheduled prenatal care exams and first postpartum follow-up consultation and exam	No charge
Eye exams for refraction	No charge
Hearing exams	No charge
Urgent care consultations, exams, and treatment	$10 per visit
Physical, occupational, and speech therapy	$10 per visit

Outpatient Services	**You Pay**
Outpatient surgery and certain other outpatient procedures	$10 per procedure
Allergy injections (including allergy serum)	$3 per visit
Most immunizations (including the vaccine)	No charge
Most X-rays and laboratory tests	No charge
Health education:	
Covered individual health education counseling	No charge
Covered health education programs	No charge

Hospitalization Services	**You Pay**
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	No charge

Emergency Health Coverage	**You Pay**
Emergency Department visits	$50 per visit

Note: This Cost Sharing does not apply if admitted directly to the hospital as an inpatient for covered Services (see "Hospitalization Services" for inpatient Cost Sharing).

Ambulance Services	**You Pay**
Ambulance Services	$50 per trip

Prescription Drug Coverage	**You Pay**
Covered outpatient items in accord with our drug formulary guidelines at Plan Pharmacies or through our mail-order service:	
Most generic items	$5 for up to a 100-day supply
Most brand-name items	$15 for up to a 100-day supply

Durable Medical Equipment	You Pay
Most covered durable medical equipment for home use in accord with our durable medical equipment formulary guidelines	20% Coinsurance
Mental Health Services	**You Pay**
Inpatient psychiatric hospitalization	No charge
Individual outpatient mental health evaluation and treatment	$10 per visit
Group outpatient mental health treatment	$5 per visit
Chemical Dependency Services	**You Pay**
Inpatient detoxification	No charge
Individual outpatient chemical dependency evaluation and treatment	$10 per visit
Group outpatient chemical dependency treatment	$5 per visit
Home Health Services	**You Pay**
Home health care (up to 100 visits per calendar year)	No charge
Chiropractic Coverage	**You Pay**
Up to 30 visits per year with ASHP Provider – no referral required	$10 per visit
Other	**You Pay**
Skilled nursing facility care (up to 100 days per benefit period)	No charge
Covered external prosthetic devices, orthotic devices, and ostomy and urological supplies	No charge
Hospice care	No charge

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Sharing, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Sharing. For a complete explanation, please refer to the *EOC*. Please note that we provide all benefits required by law (for example, diabetes testing supplies).

For answers on benefit questions, verification of coverage, new member assistance, ID card replacement and to request a copy of your Evidence of Coverage, please contact our Member Services Call Center during the following business hours:

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English, Tagalog, and Vietnamese – 800.464.4000
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ACWA Joint Powers Insurance Authority
Northern CA Customer ID #35995 / Southern CA Customer ID #128742 (No Chiro)

Principal Benefits for
Kaiser Permanente Traditional Plan (1/1/13—12/31/13)

The Services described below are covered only if all of the following conditions are satisfied:

- The Services are Medically Necessary
- The Services are provided, prescribed, authorized, or directed by a Plan Physician and you receive the Services from Plan Providers inside our Northern California Region Service Area (your Home Region), except where specifically noted to the contrary in the *Evidence of Coverage* (*EOC*) for authorized referrals, hospice care, Emergency Services, Post-Stabilization Care, Out-of-Area Urgent Care, and emergency ambulance Services

Annual Out-of-Pocket Maximum for Certain Services	
For Services subject to the maximum, you will not pay any more Cost Sharing during a calendar year if the Copayments and Coinsurance you pay for those Services add up to one of the following amounts:	
For self-only enrollment (a Family of one Member)	$1,500 per calendar year
For any one Member in a Family of two or more Members	$1,500 per calendar year
For an entire Family of two or more Members	$3,000 per calendar year
Deductible or Lifetime Maximum	None

Professional Services (Plan Provider office visits)	**You Pay**
Most primary and specialty care consultations, exams, and treatment	$10 per visit
Routine physical maintenance exams	No charge
Well-child preventive exams (through age 23 months)	No charge
Family planning counseling	No charge
Scheduled prenatal care exams and first postpartum follow-up consultation and exam	No charge
Eye exams for refraction	No charge
Hearing exams	No charge
Urgent care consultations, exams, and treatment	$10 per visit
Physical, occupational, and speech therapy	$10 per visit

Outpatient Services	**You Pay**
Outpatient surgery and certain other outpatient procedures	$10 per procedure
Allergy injections (including allergy serum)	$3 per visit
Most immunizations (including the vaccine)	No charge
Most X-rays and laboratory tests	No charge
Health education:	
Covered individual health education counseling	No charge
Covered health education programs	No charge

Hospitalization Services	**You Pay**
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	No charge

Emergency Health Coverage	**You Pay**
Emergency Department visits	$50 per visit

Note: This Cost Sharing does not apply if admitted directly to the hospital as an inpatient for covered Services (see "Hospitalization Services" for inpatient Cost Sharing).

Ambulance Services	**You Pay**
Ambulance Services	$50 per trip

Prescription Drug Coverage	**You Pay**
Covered outpatient items in accord with our drug formulary guidelines at Plan Pharmacies or through our mail-order service:	
Most generic items	$5 for up to a 100-day supply
Most brand-name items	$15 for up to a 100-day supply

Durable Medical Equipment	You Pay
Most covered durable medical equipment for home use in accord with our durable medical equipment formulary guidelines	20% Coinsurance
Mental Health Services	**You Pay**
Inpatient psychiatric hospitalization	No charge
Individual outpatient mental health evaluation and treatment	$10 per visit
Group outpatient mental health treatment	$5 per visit
Chemical Dependency Services	**You Pay**
Inpatient detoxification	No charge
Individual outpatient chemical dependency evaluation and treatment	$10 per visit
Group outpatient chemical dependency treatment	$5 per visit
Home Health Services	**You Pay**
Home health care (up to 100 visits per calendar year)	No charge
Other	**You Pay**
Skilled nursing facility care (up to 100 days per benefit period)	No charge
Covered external prosthetic devices, orthotic devices, and ostomy and urological supplies	No charge
Hospice care	No charge

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Sharing, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Sharing. For a complete explanation, please refer to the *EOC*. Please note that we provide all benefits required by law (for example, diabetes testing supplies).

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ACWA Joint Powers Insurance Authority
Northern CA Customer ID #35995 /Southern CA Customer ID #128742 (No Chiro)

Principal Benefits for
Kaiser Permanente Senior Advantage (HMO) with Part D (1/1/13—12/31/13)

The Services described below are covered only if all of the following conditions are satisfied:

- The Services are Medically Necessary and in accord with Medicare guidelines
- The Services are provided, prescribed, authorized, or directed by a Plan Physician and you receive the Services from Plan Providers inside our California Region Service Area, except where specifically noted to the contrary in the *Evidence of Coverage* (*EOC*)

Annual Out-of-Pocket Maximum for Certain Services	
For Services subject to the maximum, you will not pay any more Cost Sharing during a calendar year if the Copayments and Coinsurance you pay for those Services add up to one of the following amounts:	
For self-only enrollment (a Family of one Member)	$1,500 per calendar year
For any one Member in a Family of two or more Members	$1,500 per calendar year
For an entire Family of two or more Members	$3,000 per calendar year
Deductible	None
Lifetime Maximum	None

Professional Services (Plan Provider office visits)	**You Pay**
Most primary and specialty care consultations, exams, and treatment	$20 per visit
Annual Wellness visit and the Welcome to Medicare preventive visit	No charge
Routine physical exam	No charge
Eye exams for refraction	$20 per visit
Hearing exams	$20 per visit
Urgent care consultations, exams, and treatment	$20 per visit
Physical, occupational, and speech therapy	$20 per visit

Outpatient Services	**You Pay**
Outpatient surgery and certain other outpatient procedures	$20 per procedure
Allergy injections (including allergy serum)	$3 per visit
Most immunizations (including the vaccine)	No charge
Most X-rays, annual mammograms, and laboratory tests	No charge
Manual manipulation of the spine	$20 per visit

Hospitalization Services	**You Pay**
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	No charge

Emergency Health Coverage	**You Pay**
Emergency Department visits	$50 per visit

Note: This Cost Sharing does not apply if admitted to the hospital as an inpatient within 24 hours for the same condition for covered Services or if you are admitted directly to the hospital as an inpatient (see "Hospitalization Services" for inpatient Cost Sharing).

Ambulance Services	**You Pay**
Ambulance Services	No charge

Prescription Drug Coverage	**You Pay**
Covered outpatient items in accord with our drug formulary guidelines:	
Most generic items at a Plan Pharmacy	$10 for up to a 30-day supply, $20 for a 31- to 60-day supply, or $30 for a 61- to 100-day supply
Most generic refills through our mail-order service	$10 for up to a 30-day supply or $20 for a 31- to 100-day supply
Most brand-nameitems at a Plan Pharmacy	$25 for up to a 30-day supply, $50 for a 31- to 60-day supply, or $75 for a 61- to 100-day supply
Most brand-name refills through our mail-order service	$25 for up to a 30-day supply or $50 for a 31- to 100-day supply

Durable Medical Equipment	You Pay
Covered durable medical equipment for home use in accord with our durable medical equipment formulary guidelines	No charge
Mental Health Services (outpatient)	**You Pay**
Individual mental health evaluation and treatment	$20 per visit
Group mental health treatment	$10 per visit
Chemical Dependency Services (outpatient)	**You Pay**
Individual chemical dependency evaluation and treatment	$20 per visit
Group chemical dependency treatment	$5 per visit
Home Health Services	**You Pay**
Home health care (part-time, intermittent)	No charge
Other	**You Pay**
Eyewear purchased at Plan Medical Offices or plan optical sales offices every 24 months	Amount in excess of $150 Allowance
Skilled nursing facility care (up to 100 days per benefit period)	No charge
External prosthetic devices, orthotic devices, and ostomy and urological supplies	No charge

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Sharing, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Sharing. For a complete explanation, please refer to the *EOC*. Please note that we provide all benefits required by law (for example, diabetes testing supplies).

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Principal Benefits for
Kaiser Permanente Senior Advantage (HMO) with Part D (1/1/13—12/31/13)

The Services described below are covered only if all of the following conditions are satisfied:

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- The Services are provided, prescribed, authorized, or directed by a Plan Physician and you receive the Services from Plan Providers inside our Northern California Region Service Area, except where specifically noted to the contrary in the *Evidence of Coverage* (*EOC*)

Annual Out-of-Pocket Maximum for Certain Services	
For Services subject to the maximum, you will not pay any more Cost Sharing during a calendar year if the Copayments and Coinsurance you pay for those Services add up to one of the following amounts:	
For self-only enrollment (a Family of one Member)	$1,500 per calendar year
For any one Member in a Family of two or more Members	$1,500 per calendar year
For an entire Family of two or more Members	$3,000 per calendar year
Deductible	None
Lifetime Maximum	None

Professional Services (Plan Provider office visits)	**You Pay**
Most primary and specialty care consultations, exams, and treatment	$20 per visit
Annual Wellness visit and the Welcome to Medicare preventive visit	No charge
Routine physical exam	No charge
Eye exams for refraction	$20 per visit
Hearing exams	$20 per visit
Urgent care consultations, exams, and treatment	$20 per visit
Physical, occupational, and speech therapy	$20 per visit

Outpatient Services	**You Pay**
Outpatient surgery and certain other outpatient procedures	$20 per procedure
Allergy injections (including allergy serum)	$3 per visit
Most immunizations (including the vaccine)	No charge
Most X-rays, annual mammograms, and laboratory tests	No charge
Manual manipulation of the spine	$20 per visit

Hospitalization Services	**You Pay**
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	No charge

Emergency Health Coverage	**You Pay**
Emergency Department visits	$50 per visit

Note: This Cost Sharing does not apply if admitted to the hospital as an inpatient within 24 hours for the same condition for covered Services or if you are admitted directly to the hospital as an inpatient (see "Hospitalization Services" for inpatient Cost Sharing).

Ambulance Services	**You Pay**
Ambulance Services	No charge

Prescription Drug Coverage	**You Pay**
Covered outpatient items in accord with our drug formulary guidelines:	
Most generic items at a Plan Pharmacy	$10 for up to a 30-day supply, $20 for a 31- to 60-day supply, or $30 for a 61- to 100-day supply
Most generic refills through our mail-order service	$10 for up to a 30-day supply or $20 for a 31- to 100-day supply
Most brand-nameitems at a Plan Pharmacy	$25 for up to a 30-day supply, $50 for a 31- to 60-day supply, or $75 for a 61- to 100-day supply
Most brand-name refills through our mail-order service	$25 for up to a 30-day supply or $50 for a 31- to 100-day supply

Durable Medical Equipment	You Pay
Covered durable medical equipment for home use in accord with our durable medical equipment formulary guidelines	No charge
Mental Health Services (outpatient)	**You Pay**
Individual mental health evaluation and treatment	$20 per visit
Group mental health treatment	$10 per visit
Chemical Dependency Services (outpatient)	**You Pay**
Individual chemical dependency evaluation and treatment	$20 per visit
Group chemical dependency treatment	$5 per visit
Home Health Services	**You Pay**
Home health care (part-time, intermittent)	No charge
Chiropractic Coverage	**You Pay**
Up to 30 visits per year with ASHP Provider – no referral required	$10 per visit
Other	**You Pay**
Eyewear purchased at Plan Medical Offices or plan optical sales offices every 24 months	Amount in excess of $150 Allowance
Skilled nursing facility care (up to 100 days per benefit period)	No charge
External prosthetic devices, orthotic devices, and ostomy and urological supplies	No charge

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Sharing, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Sharing. For a complete explanation, please refer to the *EOC*. Please note that we provide all benefits required by law (for example, diabetes testing supplies).

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2013 Kaiser North Zip Codes

93230	93716	94030	94143	94284	94539	94606	94930	95053	95194	95376	95621	95757
93232	93717	94035	94144	94285	94540	94607	94931	95054	95196	95377	95623	95758
93242	93718	94037	94145	94286	94541	94608	94933	95055	95201	95378	95624	95759
93601	93720	94038	94146	94287	94542	94609	94937	95056	95202	95380	95625	95762
93602	93721	94039	94147	94288	94543	94610	94938	95070	95203	95381	95626	95763
93604	93722	94040	94151	94289	94544	94611	94939	95071	95204	95382	95628	95765
93606	93723	94041	94156	94290	94545	94612	94940	95101	95205	95385	95630	95776
93607	93724	94042	94158	94291	94546	94613	94941	95103	95206	95386	95632	95798
93609	93725	94043	94159	94293	94547	94614	94942	95106	95207	95387	95633	95799
93611	93726	94044	94160	94294	94548	94615	94945	95108	95208	95391	95634	95811
93612	93727	94060	94161	94295	94549	94617	94946	95109	95209	95397	95635	95812
93613	93728	94061	94162	94296	94550	94618	94947	95110	95210	95401	95638	95813
93614	93729	94062	94163	94297	94551	94619	94948	95111	95211	95402	95639	95814
93616	93730	94063	94164	94298	94552	94620	94949	95112	95212	95403	95640	95815
93618	93737	94064	94172	94301	94553	94621	94950	95113	95213	95404	95641	95816
93619	93740	94065	94177	94302	94555	94622	94951	95115	95215	95405	95645	95817
93623	93741	94066	94188	94303	94556	94623	94952	95116	95219	95406	95648	95818
93624	93744	94070	94199	94304	94557	94624	94953	95117	95220	95407	95650	95819
93625	93745	94074	94203	94305	94558	94649	94954	95118	95227	95409	95651	95820
93626	93747	94080	94204	94306	94559	94659	94955	95119	95230	95416	95652	95821
93627	93750	94083	94205	94309	94560	94660	94956	95120	95231	95419	95655	95822
93630	93755	94085	94206	94401	94561	94661	94957	95121	95234	95421	95658	95823
93631	93760	94086	94207	94402	94562	94662	94960	95122	95236	95425	95659	95824
93636	93761	94087	94208	94403	94563	94666	94963	95123	95237	95430	95660	95825
93637	93764	94088	94209	94404	94564	94701	94964	95124	95240	95431	95661	95826
93638	93765	94089	94211	94497	94565	94702	94965	95125	95241	95433	95662	95827
93639	93771	94102	94229	94501	94566	94703	94966	95126	95242	95436	95663	95828
93643	93772	94103	94230	94502	94567	94704	94970	95127	95253	95439	95664	95829
93644	93773	94104	94232	94503	94568	94705	94971	95128	95258	95441	95667	95830
93645	93774	94105	94234	94505	94569	94706	94972	95129	95267	95442	95668	95831
93646	93775	94107	94235	94506	94570	94707	94973	95130	95269	95444	95669	95832
93648	93776	94108	94236	94507	94571	94708	94974	95131	95296	95446	95670	95833
93649	93777	94109	94237	94508	94572	94709	94975	95132	95297	95448	95671	95834
93650	93778	94110	94239	94509	94573	94710	94976	95133	95304	95450	95672	95835
93651	93779	94111	94240	94510	94574	94712	94977	95134	95307	95452	95673	95836
93652	93786	94112	94244	94511	94575	94720	94978	95135	95313	95462	95674	95837
93653	93790	94114	94246	94512	94576	94801	94979	95136	95316	95465	95676	95838
93654	93791	94115	94247	94513	94577	94802	94999	95138	95319	95471	95677	95840
93656	93792	94116	94248	94514	94578	94803	95002	95139	95320	95472	95678	95841
93657	93793	94117	94249	94515	94579	94804	95008	95140	95322	95473	95680	95842
93660	93794	94118	94250	94516	94580	94805	95009	95141	95323	95476	95681	95843
93662	93844	94119	94252	94517	94581	94806	95011	95148	95326	95486	95682	95851
93666	93888	94120	94254	94518	94582	94807	95013	95150	95328	95487	95683	95852
93667	94002	94121	94256	94519	94583	94808	95014	95151	95329	95492	95686	95853
93668	94005	94122	94257	94520	94585	94820	95015	95152	95330	95602	95687	95860
93669	94010	94123	94258	94521	94586	94850	95020	95153	95336	95603	95688	95864
93673	94011	94124	94259	94522	94587	94901	95021	95154	95337	95604	95690	95865
93675	94014	94125	94261	94523	94588	94903	95026	95155	95350	95605	95691	95866
93701	94015	94126	94262	94524	94589	94904	95030	95156	95351	95607	95692	95867
93702	94016	94127	94263	94525	94590	94912	95031	95157	95352	95608	95693	95887
93703	94017	94128	94267	94526	94591	94913	95032	95158	95353	95609	95694	95894
93704	94018	94129	94268	94527	94592	94914	95033	95159	95354	95610	95695	95899
93705	94019	94130	94269	94528	94595	94915	95035	95160	95355	95611	95696	95903
93706	94020	94131	94271	94529	94596	94920	95036	95161	95356	95612	95697	95961
93707	94021	94132	94273	94530	94597	94922	95037	95164	95357	95613	95698	
93708	94022	94133	94274	94531	94598	94923	95038	95170	95358	95614	95703	
93709	94023	94134	94277	94533	94599	94924	95042	95172	95360	95615	95722	
93710	94024	94137	94278	94534	94601	94925	95044	95173	95361	95616	95736	
93711	94025	94139	94279	94535	94602	94926	95046	95190	95363	95617	95741	
93712	94026	94140	94280	94536	94603	94927	95050	95191	95366	95618	95742	
93714	94027	94141	94282	94537	94604	94928	95051	95192	95367	95619	95746	
93715	94028	94142	94283	94538	94605	94929	95052	95193	95368	95620	95747	

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93230	93712	94023	94131	94267	94523	94585	94806	95002	95135	95297	95442	95663	95825
93232	93714	94024	94132	94268	94524	94586	94807	95008	95136	95304	95444	95664	95826
93242	93715	94025	94133	94269	94525	94587	94808	95009	95138	95307	95446	95667	95827
93601	93716	94026	94134	94271	94526	94588	94820	95011	95139	95313	95448	95668	95828
93602	93717	94027	94137	94273	94527	94589	94850	95013	95140	95316	95450	95669	95829
93604	93718	94028	94139	94274	94528	94590	94901	95014	95141	95319	95452	95670	95830
93606	93720	94030	94140	94277	94529	94591	94903	95015	95148	95320	95462	95671	95831
93607	93721	94035	94141	94278	94530	94592	94904	95020	95150	95322	95465	95672	95832
93609	93722	94037	94142	94279	94531	94595	94912	95021	95151	95323	95471	95673	95833
93611	93723	94038	94143	94280	94533	94596	94913	95026	95152	95326	95472	95674	95834
93612	93724	94039	94144	94282	94534	94597	94914	95030	95153	95328	95473	95676	95835
93613	93725	94040	94145	94283	94535	94598	94915	95031	95154	95329	95476	95677	95836
93614	93726	94041	94146	94284	94536	94599	94920	95032	95155	95330	95486	95678	95837
93616	93727	94042	94147	94285	94537	94601	94922	95033	95156	95336	95487	95680	95838
93618	93728	94043	94151	94286	94538	94602	94923	95035	95157	95337	95492	95681	95840
93619	93729	94044	94156	94287	94539	94603	94924	95036	95158	95350	95602	95682	95841
93623	93730	94060	94158	94288	94540	94604	94925	95037	95159	95351	95603	95683	95842
93624	93737	94061	94159	94289	94541	94605	94926	95038	95160	95352	95604	95686	95843
93625	93740	94062	94160	94290	94542	94606	94927	95042	95161	95353	95605	95687	95851
93626	93741	94063	94161	94291	94543	94607	94928	95044	95164	95354	95607	95688	95852
93627	93744	94064	94162	94293	94544	94608	94929	95046	95170	95355	95608	95690	95853
93630	93745	94065	94163	94294	94545	94609	94930	95050	95172	95356	95609	95691	95860
93631	93747	94066	94164	94295	94546	94610	94931	95051	95173	95357	95610	95692	95864
93636	93750	94070	94172	94296	94547	94611	94933	95052	95190	95358	95611	95693	95865
93637	93755	94074	94177	94297	94548	94612	94937	95053	95191	95360	95612	95694	95866
93638	93760	94080	94188	94298	94549	94613	94938	95054	95192	95361	95613	95695	95867
93639	93761	94083	94199	94301	94550	94614	94939	95055	95193	95363	95614	95696	95887
93643	93764	94085	94203	94302	94551	94615	94940	95056	95194	95366	95615	95697	95894
93644	93765	94086	94204	94303	94552	94617	94941	95070	95196	95367	95616	95698	95899
93645	93771	94087	94205	94304	94553	94618	94942	95071	95201	95368	95617	95703	95903
93646	93772	94088	94206	94305	94555	94619	94945	95101	95202	95376	95618	95722	95961
93648	93773	94089	94207	94306	94556	94620	94946	95103	95203	95377	95619	95736	
93649	93774	94102	94208	94309	94557	94621	94947	95106	95204	95378	95620	95741	
93650	93775	94103	94209	94401	94558	94622	94948	95108	95205	95380	95621	95742	
93651	93776	94104	94211	94402	94559	94623	94949	95109	95206	95381	95623	95746	
93652	93777	94105	94229	94403	94560	94624	94950	95110	95207	95382	95624	95747	
93653	93778	94107	94230	94404	94561	94649	94951	95111	95208	95385	95625	95757	
93654	93779	94108	94232	94497	94562	94659	94952	95112	95209	95386	95626	95758	
93656	93786	94109	94234	94501	94563	94660	94953	95113	95210	95387	95628	95759	
93657	93790	94110	94235	94502	94564	94661	94954	95115	95211	95391	95630	95762	
93660	93791	94111	94236	94503	94565	94662	94955	95116	95212	95397	95632	95763	
93662	93792	94112	94237	94505	94566	94666	94956	95117	95213	95401	95633	95765	
93666	93793	94114	94239	94506	94567	94701	94957	95118	95215	95402	95634	95776	
93667	93794	94115	94240	94507	94568	94702	94960	95119	95219	95403	95635	95798	
93668	93844	94116	94244	94508	94569	94703	94963	95120	95220	95404	95638	95799	
93669	93888	94117	94246	94509	94570	94704	94964	95121	95227	95405	95639	95811	
93673	94002	94118	94247	94510	94571	94705	94965	95122	95230	95406	95640	95812	
93675	94005	94119	94248	94511	94572	94706	94966	95123	95231	95407	95641	95813	
93701	94010	94120	94249	94512	94573	94707	94970	95124	95234	95409	95645	95814	
93702	94011	94121	94250	94513	94574	94708	94971	95125	95236	95416	95648	95815	
93703	94014	94122	94252	94514	94575	94709	94972	95126	95237	95419	95650	95816	
93704	94015	94123	94254	94515	94576	94710	94973	95127	95240	95421	95651	95817	
93705	94016	94124	94256	94516	94577	94712	94974	95128	95241	95425	95652	95818	
93706	94017	94125	94257	94517	94578	94720	94975	95129	95242	95430	95655	95819	
93707	94018	94126	94258	94518	94579	94801	94976	95130	95253	95431	95658	95820	
93708	94019	94127	94259	94519	94580	94802	94977	95131	95258	95433	95659	95821	
93709	94020	94128	94261	94520	94581	94803	94978	95132	95267	95436	95660	95822	
93710	94021	94129	94262	94521	94582	94804	94979	95133	95269	95439	95661	95823	
93711	94022	94130	94263	94522	94583	94805	94999	95134	95296	95441	95662	95824	

2013 Kaiser South Zip Codes

90001	90064	90260	90609	90810	91126	91353	91522	91766	92003	92104	92176	92320	92502	92614	92728	92885	93280
90002	90065	90261	90610	90813	91129	91354	91523	91767	92007	92105	92177	92321	92503	92615	92735	92886	93285
90003	90066	90262	90620	90814	91182	91355	91526	91768	92008	92106	92178	92322	92504	92616	92780	92887	93287
90004	90067	90263	90621	90815	91184	91356	91601	91769	92009	92107	92179	92324	92505	92617	92781	92899	93301
90005	90068	90264	90622	90822	91185	91357	91602	91770	92010	92108	92182	92325	92506	92618	92782	93001	93302
90006	90069	90265	90623	90831	91188	91358	91603	91771	92011	92109	92184	92326	92507	92619	92799	93002	93303
90007	90070	90266	90624	90832	91189	91359	91604	91772	92013	92110	92186	92329	92508	92620	92801	93003	93304
90008	90071	90267	90630	90833	91199	91360	91605	91773	92014	92111	92187	92331	92509	92623	92802	93004	93305
90009	90072	90270	90631	90834	91201	91361	91606	91775	92018	92112	92190	92333	92513	92624	92803	93005	93306
90010	90073	90272	90632	90835	91202	91362	91607	91776	92019	92113	92191	92334	92514	92625	92804	93006	93307
90011	90074	90274	90633	90840	91203	91364	91608	91778	92020	92114	92192	92335	92515	92626	92805	93007	93308
90012	90075	90275	90637	90842	91204	91365	91609	91780	92021	92115	92193	92336	92516	92627	92806	93009	93309
90013	90076	90277	90638	90844	91205	91367	91610	91784	92022	92116	92195	92337	92517	92628	92807	93010	93311
90014	90077	90278	90639	90846	91206	91371	91611	91785	92023	92117	92196	92339	92518	92629	92808	93011	93312
90015	90078	90280	90640	90847	91207	91372	91612	91786	92024	92118	92197	92340	92519	92630	92809	93012	93313
90016	90079	90290	90650	90848	91208	91376	91614	91788	92025	92119	92198	92341	92521	92637	92811	93015	93314
90017	90080	90291	90651	90853	91209	91377	91615	91789	92026	92120	92199	92344	92522	92646	92812	93016	93380
90018	90081	90292	90652	90895	91210	91380	91616	91790	92027	92121	92201	92345	92530	92647	92814	93020	93383
90019	90082	90293	90660	90899	91214	91381	91617	91791	92028	92122	92202	92346	92531	92648	92815	93021	93384
90020	90083	90294	90661	91001	91221	91382	91618	91792	92029	92123	92203	92350	92532	92649	92816	93022	93385
90021	90084	90295	90662	91003	91222	91383	91701	91793	92030	92124	92210	92352	92543	92650	92817	93030	93386
90022	90086	90296	90670	91006	91224	91384	91702	91795	92033	92126	92211	92354	92544	92651	92821	93031	93387
90023	90087	90301	90671	91007	91225	91385	91706	91801	92037	92127	92220	92357	92545	92652	92822	93032	93388
90024	90088	90302	90680	91008	91226	91386	91708	91802	92038	92128	92223	92358	92546	92653	92823	93033	93389
90025	90089	90303	90701	91009	91301	91387	91709	91803	92039	92129	92230	92359	92548	92654	92825	93034	93390
90026	90090	90304	90702	91010	91302	91390	91710	91804	92040	92130	92234	92369	92551	92655	92831	93035	93501
90027	90091	90305	90703	91011	91303	91392	91711	91896	92046	92131	92235	92371	92552	92656	92832	93036	93502
90028	90093	90306	90706	91012	91304	91393	91714	91899	92049	92132	92236	92372	92553	92657	92833	93040	93504
90029	90094	90307	90707	91016	91305	91394	91715	91901	92051	92134	92240	92373	92554	92658	92834	93041	93505
90030	90095	90308	90710	91017	91306	91395	91716	91902	92052	92135	92241	92374	92555	92659	92835	93042	93510
90031	90096	90309	90711	91020	91307	91396	91722	91903	92054	92136	92247	92375	92556	92660	92836	93043	93518
90032	90099	90310	90712	91021	91308	91401	91723	91908	92055	92137	92248	92376	92557	92661	92837	93044	93519
90033	90101	90311	90713	91023	91309	91402	91724	91909	92056	92138	92252	92377	92562	92662	92838	93060	93531
90034	90103	90312	90714	91024	91310	91403	91729	91910	92057	92139	92253	92378	92563	92663	92840	93061	93532
90035	90189	90401	90715	91025	91311	91404	91730	91911	92058	92140	92254	92382	92564	92672	92841	93062	93534
90036	90201	90402	90716	91030	91313	91405	91731	91912	92059	92142	92255	92385	92567	92673	92842	93063	93535
90037	90202	90403	90717	91031	91316	91406	91732	91913	92060	92143	92256	92386	92570	92674	92843	93064	93536
90038	90209	90404	90720	91040	91319	91407	91733	91914	92061	92145	92258	92391	92571	92675	92844	93065	93539
90039	90210	90405	90721	91041	91320	91408	91734	91915	92064	92147	92260	92392	92572	92676	92845	93066	93543
90040	90211	90406	90723	91042	91321	91409	91735	91916	92065	92149	92261	92393	92581	92677	92846	93094	93544
90041	90212	90407	90731	91043	91322	91410	91737	91917	92067	92150	92262	92394	92582	92678	92850	93099	93550
90042	90213	90408	90732	91046	91324	91411	91739	91921	92068	92152	92263	92395	92583	92679	92856	93203	93551
90043	90220	90409	90733	91066	91325	91412	91740	91931	92069	92153	92264	92397	92584	92683	92857	93205	93552
90044	90221	90410	90734	91077	91326	91413	91741	91932	92071	92154	92268	92399	92585	92684	92859	93206	93553
90045	90222	90411	90740	91101	91327	91416	91743	91933	92072	92155	92270	92401	92586	92685	92860	93215	93560
90046	90223	90501	90742	91102	91328	91423	91744	91935	92074	92158	92274	92402	92587	92688	92861	93216	93561
90047	90224	90502	90743	91103	91329	91426	91745	91941	92075	92159	92275	92403	92589	92690	92862	93220	93563
90048	90230	90503	90744	91104	91330	91436	91746	91942	92078	92160	92276	92404	92590	92691	92863	93222	93581
90049	90231	90504	90745	91105	91331	91470	91747	91943	92079	92161	92277	92405	92591	92692	92864	93224	93584
90050	90232	90505	90746	91106	91333	91482	91748	91944	92081	92162	92278	92406	92592	92693	92865	93225	93586
90051	90233	90506	90747	91107	91334	91495	91749	91945	92082	92163	92282	92407	92593	92694	92866	93226	93590
90052	90239	90507	90748	91108	91335	91496	91750	91946	92083	92164	92284	92408	92595	92697	92867	93238	93591
90053	90240	90508	90749	91109	91337	91499	91752	91947	92084	92165	92285	92410	92596	92698	92868	93240	93599
90054	90241	90509	90755	91110	91340	91501	91754	91950	92085	92166	92286	92411	92599	92701	92869	93241	
90055	90242	90510	90801	91114	91341	91502	91755	91951	92086	92167	92305	92412	92602	92702	92870	93243	
90056	90245	90601	90802	91115	91342	91503	91756	91962	92088	92168	92307	92413	92603	92703	92871	93249	
90057	90247	90602	90803	91116	91343	91504	91758	91963	92091	92169	92308	92414	92604	92704	92877	93250	
90058	90248	90603	90804	91117	91344	91505	91759	91976	92092	92170	92313	92415	92605	92705	92878	93251	
90059	90249	90604	90805	91118	91345	91506	91761	91977	92093	92171	92314	92418	92606	92706	92879	93252	
90060	90250	90605	90806	91121	91346	91507	91762	91978	92096	92172	92315	92423	92607	92707	92880	93261	
90061	90251	90606	90807	91123	91350	91508	91763	91979	92101	92173	92316	92424	92609	92708	92881	93263	
90062	90254	90607	90808	91124	91351	91510	91764	91980	92102	92174	92317	92427	92610	92711	92882	93268	
90063	90255	90608	90809	91125	91352	91521	91765	91987	92103	92175	92318	92501	92612	92712	92883	93276	

2013 Kaiser South Zip Codes - Medicare Plans

90001	90064	90260	90609	90810	91126	91353	91522	91766	92007	92111	92187	92346	92531	92648	92815	93021	93385
90002	90065	90261	90610	90813	91129	91354	91523	91767	92008	92112	92190	92350	92532	92649	92816	93022	93386
90003	90066	90262	90620	90814	91182	91355	91526	91768	92009	92113	92191	92352	92543	92650	92817	93030	93387
90004	90067	90263	90621	90815	91184	91356	91601	91769	92010	92114	92192	92354	92544	92651	92821	93031	93388
90005	90068	90264	90622	90822	91185	91357	91602	91770	92011	92115	92193	92357	92545	92652	92822	93032	93389
90006	90069	90265	90623	90831	91188	91358	91603	91771	92013	92116	92195	92358	92546	92653	92823	93033	93390
90007	90070	90266	90624	90832	91189	91359	91604	91772	92014	92117	92196	92359	92548	92654	92825	93034	93501
90008	90071	90267	90630	90833	91199	91360	91605	91773	92018	92118	92197	92369	92551	92655	92831	93035	93502
90009	90072	90270	90631	90834	91201	91361	91606	91775	92019	92119	92198	92371	92552	92656	92832	93036	93504
90010	90073	90272	90632	90835	91202	91362	91607	91776	92020	92120	92199	92372	92553	92657	92833	93040	93505
90011	90074	90274	90633	90840	91203	91364	91608	91778	92021	92121	92201	92373	92554	92658	92834	93041	93510
90012	90075	90275	90637	90842	91204	91365	91609	91780	92022	92122	92202	92374	92555	92659	92835	93042	93518
90013	90076	90277	90638	90844	91205	91367	91610	91784	92023	92123	92203	92375	92556	92660	92836	93043	93519
90014	90077	90278	90639	90846	91206	91371	91611	91785	92024	92124	92210	92376	92557	92661	92837	93044	93531
90015	90078	90280	90640	90847	91207	91372	91612	91786	92025	92126	92211	92377	92562	92662	92838	93060	93532
90016	90079	90290	90650	90848	91208	91376	91614	91788	92026	92127	92220	92378	92563	92663	92840	93061	93534
90017	90080	90291	90651	90853	91209	91377	91615	91789	92027	92128	92223	92382	92564	92672	92841	93062	93535
90018	90081	90292	90652	90895	91210	91380	91616	91790	92029	92129	92230	92385	92567	92673	92842	93063	93536
90019	90082	90293	90660	90899	91214	91381	91617	91791	92030	92130	92234	92386	92570	92674	92843	93064	93539
90020	90083	90294	90661	91001	91221	91382	91618	91792	92033	92131	92235	92391	92571	92675	92844	93065	93543
90021	90084	90295	90662	91003	91222	91383	91701	91793	92037	92132	92236	92392	92572	92676	92845	93066	93544
90022	90086	90296	90670	91006	91224	91384	91702	91795	92038	92134	92240	92393	92581	92677	92846	93094	93550
90023	90087	90301	90671	91007	91225	91385	91706	91801	92039	92135	92241	92394	92582	92678	92850	93099	93551
90024	90088	90302	90680	91008	91226	91386	91708	91802	92040	92136	92247	92395	92583	92679	92856	93203	93552
90025	90089	90303	90701	91009	91301	91387	91709	91803	92046	92137	92248	92397	92584	92683	92857	93205	93553
90026	90090	90304	90702	91010	91302	91390	91710	91804	92049	92138	92253	92399	92585	92684	92859	93206	93560
90027	90091	90305	90703	91011	91303	91392	91711	91896	92051	92139	92255	92401	92586	92685	92860	93215	93561
90028	90093	90306	90706	91012	91304	91393	91714	91899	92052	92140	92258	92402	92587	92688	92861	93216	93563
90029	90094	90307	90707	91016	91305	91394	91715	91901	92054	92142	92260	92403	92589	92690	92862	93220	93581
90030	90095	90308	90710	91017	91306	91395	91716	91902	92055	92143	92261	92404	92590	92691	92863	93222	93584
90031	90096	90309	90711	91020	91307	91396	91722	91903	92056	92145	92262	92405	92591	92692	92864	93224	93586
90032	90099	90310	90712	91021	91308	91401	91723	91908	92057	92147	92263	92406	92592	92693	92865	93225	93590
90033	90101	90311	90713	91023	91309	91402	91724	91909	92058	92149	92264	92407	92593	92694	92866	93226	93591
90034	90103	90312	90714	91024	91310	91403	91729	91910	92064	92150	92270	92408	92595	92697	92867	93238	93599
90035	90189	90401	90715	91025	91311	91404	91730	91911	92065	92152	92276	92410	92596	92698	92868	93240	
90036	90201	90402	90716	91030	91313	91405	91731	91912	92067	92153	92282	92411	92599	92701	92869	93241	
90037	90202	90403	90717	91031	91316	91406	91732	91913	92068	92154	92305	92412	92602	92702	92870	93243	
90038	90209	90404	90720	91040	91319	91407	91733	91914	92069	92155	92307	92413	92603	92703	92871	93250	
90039	90210	90405	90721	91041	91320	91408	91734	91915	92071	92158	92308	92414	92604	92704	92877	93251	
90040	90211	90406	90723	91042	91321	91409	91735	91916	92072	92159	92313	92415	92605	92705	92878	93252	
90041	90212	90407	90731	91043	91322	91410	91737	91917	92074	92160	92314	92418	92606	92706	92879	93261	
90042	90213	90408	90732	91046	91324	91411	91739	91921	92075	92161	92315	92423	92607	92707	92880	93263	
90043	90220	90409	90733	91066	91325	91412	91740	91931	92078	92162	92316	92424	92609	92708	92881	93268	
90044	90221	90410	90734	91077	91326	91413	91741	91932	92079	92163	92317	92427	92610	92711	92882	93276	
90045	90222	90411	90740	91101	91327	91416	91743	91933	92081	92164	92318	92501	92612	92712	92883	93280	
90046	90223	90501	90742	91102	91328	91423	91744	91935	92082	92165	92320	92502	92614	92728	92885	93285	
90047	90224	90502	90743	91103	91329	91426	91745	91941	92083	92166	92321	92503	92615	92735	92886	93287	
90048	90230	90503	90744	91104	91330	91436	91746	91942	92084	92167	92322	92504	92616	92780	92887	93301	
90049	90231	90504	90745	91105	91331	91470	91747	91943	92085	92168	92324	92505	92617	92781	92899	93302	
90050	90232	90505	90746	91106	91333	91482	91748	91944	92091	92169	92325	92506	92618	92782	93001	93303	
90051	90233	90506	90747	91107	91334	91495	91749	91945	92092	92170	92326	92507	92619	92799	93002	93304	
90052	90239	90507	90748	91108	91335	91496	91750	91946	92093	92171	92329	92508	92620	92801	93003	93305	
90053	90240	90508	90749	91109	91337	91499	91752	91947	92096	92172	92331	92509	92623	92802	93004	93306	
90054	90241	90509	90755	91110	91340	91501	91754	91950	92101	92173	92333	92513	92624	92803	93005	93307	
90055	90242	90510	90801	91114	91341	91502	91755	91951	92102	92174	92334	92514	92625	92804	93006	93308	
90056	90245	90601	90802	91115	91342	91503	91756	91962	92103	92175	92335	92515	92626	92805	93007	93309	
90057	90247	90602	90803	91116	91343	91504	91758	91963	92104	92176	92336	92516	92627	92806	93009	93311	
90058	90248	90603	90804	91117	91344	91505	91759	91976	92105	92177	92337	92517	92628	92807	93010	93312	
90059	90249	90604	90805	91118	91345	91506	91761	91977	92106	92178	92339	92518	92629	92808	93011	93313	
90060	90250	90605	90806	91121	91346	91507	91762	91978	92107	92179	92340	92519	92630	92809	93012	93314	
90061	90251	90606	90807	91123	91350	91508	91763	91979	92108	92182	92341	92521	92637	92811	93015	93380	
90062	90254	90607	90808	91124	91351	91510	91764	91980	92109	92184	92344	92522	92646	92812	93016	93383	
90063	90255	90608	90809	91125	91352	91521	91765	91987	92110	92186	92345	92530	92647	92814	93020	93384	

ACWA/JPIA 2013 Dental Rates

Loc#	Member Agency	Group	Division	Employee	Couple	Family
505	ACWA	399	1002	36.02	75.28	137.70
540	ACWA-JPIA	399	1208	36.02	75.28	137.70
500	Alameda County Water District	2453	5555	82.51	187.75	187.75
001	Alpaugh Irrigation District	399	1012	36.02	71.18	120.04
002	Alta Irrigation District	399	1309	49.24	105.56	187.74
616	Amador Water Authority	399	1002	36.02	75.28	137.70
501	American River Flood Control	399	1002	36.02	75.28	137.70
503	Angiola Water District	399	1012	36.02	71.18	120.04
003	Antelope Valley-East Kern WA	399	1002	36.02	75.28	137.70
627	Aromas Water District	399	1009	49.24	98.22	169.66
506	Banta-Carbona ID	399	1001	36.02	71.18	120.04
221	Bay Area Water Supply &	399	5007	50.96	103.22	192.72
507	Bella Vista WD	399	1012	36.02	71.18	120.04
006	Belridge WSD	399	1012	36.02	71.18	120.04
007	Berrenda Mesa WD	399	1012	36.02	71.18	120.04
192	Big Bear Area Regional	399	1009	49.24	98.22	169.66
705	Big Bear City CSD	399	1009	49.24	98.22	169.66
705	Big Bear City CSD	399	3007	50.96	103.22	192.72
008	Big Bear MWD	399	1012	36.02	71.18	120.04
009	Bighorn-Desert View WA	399	1012	36.02	71.18	120.04
641	Bodega Bay PUD	399	1012	36.02	71.18	120.04
644	Bolinas Community PUD	399	1012	36.02	71.18	120.04
190	Borrego WD	399	3007	50.96	103.22	192.72
642	Brookstrail Township CSD	399	1005	49.24	98.22	169.66
510	Browns Valley ID	399	1012	36.02	71.18	120.04
011	Buena Vista WSD	399	4003	37.74	76.18	143.10
512	Byron-Bethany ID	399	1004	36.02	71.18	120.04
013	Cachuma Oper & Maint Board	399	1012	36.02	71.18	120.04
519	Calaveras CWD	399	1012	36.02	71.18	120.04
703	Calaveras PUD	399	1007	49.24	102.32	187.32
014	Calleguas MWD	399	4002	36.02	75.28	137.70
015	Camrosa WD	399	1012	36.02	71.18	120.04
030	Carlsbad MWD	399	1007	49.24	102.32	187.32
514	Carmichael WD	399	1003	36.02	75.28	137.70
018	Carpinteria Valley WD	399	1012	36.02	71.18	120.04
019	Casitas MWD	399	1006	36.02	71.18	120.04
020	Castaic Lake WA	399	1007	49.24	102.32	187.32
672	Castroville WD	399	1007	49.24	102.32	187.32
021	Cawelo WD	399	1212	36.02	71.18	120.04
635	Centerville CSD	399	1012	36.02	71.18	120.04
022	Central Basin MWD	399	3007	50.96	103.22	192.72
516	Central WD	399	1012	36.02	71.18	120.04
163	Channel Island Beach CSD	399	1002	36.02	75.28	137.70
026	Chino Basin WCD	399	1009	49.24	98.22	169.66
517	Chowchilla WD	399	1002	36.02	75.28	137.70
518	Citrus Heights WD	399	1002	36.02	75.28	137.70
230	City of San Juan Bautista	399	1312	36.02	76.44	132.64
193	City of Tehachapi	399	1007	49.24	102.32	187.32
233	Clearlake Oaks CWD	399	5007	50.96	103.22	192.72
520	Coastside CWD	399	1002	36.02	75.28	137.70
522	Consolidated ID	399	1002	36.02	75.28	137.70

ACWA/JPIA 2013 Dental Rates

Loc#	Member Agency	Group	Division	Employee	Couple	Family
523	Contra Costa WD	399	1007	49.24	102.32	187.32
523	Contra Costa WD	399	1015	51.04	103.60	193.28
525	Corcoran ID	399	1112	36.02	71.18	120.04
031	Crescenta Valley WD	399	1307	49.24	109.66	205.40
033	Crestline Village WD	399	1007	49.24	102.32	187.32
032	Crestline-Lake Arrowhead WA	399	3007	50.96	103.22	192.72
528	Del Paso Manor WD	399	1007	49.24	102.32	187.32
207	Del Puerto WD	399	3307	50.96	110.56	210.80
036	Delano-Earlimart ID	399	3013	37.74	76.18	143.10
524	Delhi County WD	399	3002	37.74	76.18	143.10
039	Desert WA	399	1012	36.02	71.18	120.04
039	Desert WA	399	1312	36.02	76.44	132.64
657	Diablo Water District	399	1002	36.02	75.28	137.70
529	East Contra Costa ID	399	1012	36.02	71.18	120.04
041	East Orange CWD	399	3002	37.74	76.18	143.10
044	El Toro WD	399	1012	36.02	71.18	120.04
208	Elk Grove Water Services	399	3002	37.74	76.18	143.10
148	Elsinore Valley MWD	399	1002	36.02	75.28	137.70
148	Elsinore Valley MWD	399	1007	49.24	102.32	187.32
236	Exeter Irrigation District	399	1012	36.02	71.18	120.04
532	Fair Oaks WD	399	3002	37.74	76.18	143.10
045	Fallbrook PUD	399	1013	36.02	74.18	133.04
222	Firebaugh Canal WD	399	1007	49.24	102.32	187.32
047	Foothill MWD	399	1002	36.02	75.28	137.70
185	Frazier Park PUD	399	1009	49.24	98.22	169.66
534	Fresno ID	1972	5555	122.49	122.49	122.49
637	Fresno Metro Flood Control Dist.	399	1007	49.24	102.32	187.32
149	Friant Power Authority	399	1012	36.02	71.18	120.04
229	Friant Water Authority	399	3007	50.96	103.22	192.72
536	Glenn Colusa ID	399	1002	36.02	75.28	137.70
157	Golden Hills CSD	399	1012	36.02	71.18	120.04
049	Goleta WD	399	3002	37.74	76.18	143.10
537	Grassland WD	399	3002	37.74	76.18	143.10
217	Greenfield CWD	399	1009	49.24	98.22	169.66
050	Helix WD	399	1008	36.02	75.28	137.70
839	Henry Miller Reclamation Dist #2131	399	1006	36.02	71.18	120.04
214	Hidden Valley Lake CSD	399	1002	36.02	75.28	137.70
052	Hi-Desert WD	399	1002	36.02	75.28	137.70
052	Hi-Desert WD	399	9602	36.02	75.28	137.70
538	Humboldt Bay MWD	399	1012	36.02	71.18	120.04
538	Humboldt Bay MWD	399	9612	36.02	71.18	120.04
662	Humboldt CSD	399	1012	36.02	71.18	120.04
223	Idyllwild WD	399	1012	36.02	71.18	120.04
054	Indian Wells VWD	399	1007	49.24	102.32	187.32
201	Irvine Ranch WD	399	3002	37.74	76.18	143.10
056	Ivanhoe ID	399	1012	36.02	71.18	120.04
539	James ID	399	1007	49.24	102.32	187.32
199	Joshua Basin WD	399	1309	49.24	105.56	187.74
172	Jurupa CSD	399	1013	36.02	74.18	133.04
632	Kanawha WD	399	1009	49.24	98.22	169.66
061	Kaweah Delta WCD	399	1002	36.02	75.28	137.70

ACWA/JPIA 2013 Dental Rates

Loc#	Member Agency	Group	Division	Employee	Couple	Family
188	Kern CWA	399	1002	36.02	75.28	137.70
098	Kern Tulare WD	399	1012	36.02	71.18	120.04
543	Kings County Water District	399	1012	36.02	71.18	120.04
544	Kings River Conservation District	399	1009	49.24	98.22	169.66
546	Kings River Water District	399	1009	49.24	98.22	169.66
200	Kinneloa ID	399	1012	36.02	71.18	120.04
203	Kirkwood Meadows PUD	399	3007	50.96	103.22	192.72
066	La Puente Valley CWD	399	3007	50.96	103.22	192.72
067	Laguna Beach CWD	399	1006	36.02	71.18	120.04
548	Lakeside Irrigation WD	399	1006	36.02	71.18	120.04
069	Lakeside WD	399	1012	36.02	71.18	120.04
636	Laton Community Services District	399	1309	49.24	105.56	187.74
063	Le Grand CSD	399	1012	36.02	71.18	120.04
150	Littlerock Creek ID	399	1012	36.02	71.18	120.04
665	Los Alamos CSD	399	3007	50.96	103.22	192.72
074	Lost Hills WD	399	1312	36.02	76.44	132.64
550	Lower San Joaquin Levee District	399	1012	36.02	71.18	120.04
551	Madera ID	399	1312	36.02	76.44	132.64
076	Madera WD	399	1009	49.24	98.22	169.66
707	Madera/Chowchilla WPA	399	1302	36.02	80.54	150.30
553	Malaga CWD	399	3002	37.74	76.18	143.10
704	Mammoth CWD	399	1007	49.24	102.32	187.32
654	Marina Coast WD	399	1012	36.02	71.18	120.04
078	Mariposa PUD	399	1009	49.24	98.22	169.66
555	Merced ID	1586	0001	59.98	153.05	153.05
508	Mid-Peninsula WD	399	1007	49.24	102.32	187.32
651	Millview CWD	399	1312	36.02	76.44	132.64
661	Mission Hills CSD	399	1312	36.02	76.44	132.64
079	Mojave PUD	399	1012	36.02	71.18	120.04
080	Mojave WA	399	1002	36.02	75.28	137.70
218	Montara Water & Sanitary District	399	1012	36.02	71.18	120.04
081	Montecito Sanitary District	399	1012	36.02	71.18	120.04
623	Monterey Peninsula WMD	399	1002	36.02	75.28	137.70
650	Mountain Gate CSD	399	1012	36.02	71.18	120.04
617	Nevada ID	399	1012	36.02	71.18	120.04
084	Newhall CWD	399	1107	49.24	102.32	187.32
084	Newhall CWD	399	9107	49.24	109.66	205.40
557	North Coast CWD	399	1005	49.24	98.22	169.66
668	North Delta Water Agency	399	1005	49.24	98.22	169.66
085	North Kern WSD	399	1002	36.02	75.28	137.70
086	North of the River MWD	399	1009	49.24	98.22	169.66
562	Oakdale ID	399	1002	36.02	75.28	137.70
563	Orange Cove ID	399	1007	49.24	102.32	187.32
087	Orange CWD	399	1005	49.24	98.22	169.66
088	Orchard Dale WD	399	5007	50.96	103.22	192.72
564	Orland-Artois WD	399	1002	36.02	75.28	137.70
564	Orosi PUD	399	3002	37.74	76.18	143.10
568	Pajaro Valley WMA	399	1009	49.24	98.22	169.66
700	Pajaro/Sunny Mesa CSD	399	1012	36.02	71.18	120.04
189	Palm Ranch ID	399	1009	49.24	98.22	169.66
091	Palmdale WD	399	1012	36.02	71.18	120.04

ACWA/JPIA 2013 Dental Rates

Loc#	Member Agency	Group	Division	Employee	Couple	Family
565	Panoche WD	399	1007	49.24	102.32	187.32
566	Paradise ID	399	1003	36.02	75.28	137.70
567	Patterson ID	399	1001	36.02	71.18	120.04
612	Pebble Beach CSD	399	1007	49.24	102.32	187.32
232	Phelan Pinon Hills CSD	399	3007	50.96	103.22	192.72
647	Planada CSD	399	1012	36.02	71.18	120.04
096	Porterville ID	399	1012	36.02	71.18	120.04
626	Princeton-Codora-Glenn ID	399	1012	36.02	71.18	120.04
097	Quartz Hill CWD	399	1003	36.02	75.28	137.70
100	Rancho California WD	399	1002	36.02	75.28	137.70
100	Rancho California WD	399	9602	36.02	75.28	137.70
101	Rand Communities WD	399	1009	49.24	98.22	169.66
204	Reclamation District #1000	399	1007	49.24	102.32	187.32
578	Reclamation District #1004	399	1009	49.24	98.22	169.66
577	Reclamation District #108	399	1012	36.02	71.18	120.04
576	Reclamation District #999	399	3002	37.74	76.18	143.10
628	Redwood Valley CWD	399	1007	49.24	102.32	187.32
105	Rincon Del Diablo MWD	399	1007	49.24	102.32	187.32
670	Rio Alto Water District	399	1009	49.24	98.22	169.66
103	Rosamond CSD	399	3007	50.96	103.22	192.72
102	Rosedale-Rio Bravo WSD	399	3002	37.74	76.18	143.10
702	San Andreas SD	399	1007	49.24	102.32	187.32
584	San Benito CWD	399	1302	36.02	80.54	150.30
107	San Bernardino VMWD	399	1009	49.24	98.22	169.66
108	San Bernardino VWCD	399	1012	36.02	71.18	120.04
205	San Francisquito Creek JPA	399	3007	50.96	103.22	192.72
660	San Gorgonio Pass WA	399	1009	49.24	98.22	169.66
005	San Luis & Delta-Mendota WA	399	1007	49.24	102.32	187.32
116	Santa Ana Watershed PA	399	1012	36.02	71.18	120.04
586	Santa Clara VWD	10685	0001	69.80	120.93	187.46
586	Santa Clara VWD	2303	0002	139.59	139.59	139.59
117	Santa Fe ID	399	1002	36.02	75.28	137.70
119	Santa Margarita WD	444	5555	49.24	112.12	211.41
191	Santa Ynez River WCD	399	1012	36.02	71.18	120.04
122	Saucelito ID	399	1012	36.02	71.18	120.04
619	Scotts Valley WD	399	1012	36.02	71.18	120.04
123	Semitropic WSD	399	1012	36.02	71.18	120.04
124	Serrano WD	399	1007	49.24	102.32	187.32
125	Shafter-Wasco ID	399	1002	36.02	75.28	137.70
659	Solano County WA	399	1009	49.24	98.22	169.66
589	Soquel Creek WD	399	1002	36.02	75.28	137.70
561	South Feather Water & Power	399	1012	36.02	71.18	120.04
126	South Montebello ID	399	1007	49.24	102.32	187.32
590	South Sutter WD	399	1012	36.02	71.18	120.04
663	Southern San Joaquin MUD	399	1002	36.02	75.28	137.70
591	Stockton East WD	399	1002	36.02	75.28	137.70
127	Stone Corral ID	399	3307	50.96	110.56	210.80
592	Sutter Extension WD	399	1009	49.24	98.22	169.66
614	Tehachapi-Cummings CWD	399	1007	49.24	102.32	187.32
130	Terra Bella ID	399	1002	36.02	75.28	137.70
601	The West Side ID	399	1012	36.02	71.18	120.04

ACWA/JPIA 2013 Dental Rates

Loc#	Member Agency	Group	Division	Employee	Couple	Family
669	Thermalito ID	399	1012	36.02	71.18	120.04
131	Three Valleys MWD	399	1002	36.02	75.28	137.70
593	Tranquility ID	399	1009	49.24	98.22	169.66
655	Tri-Dam Project	399	1001	36.02	71.18	120.04
220	Tulare ID	399	3007	50.96	103.22	192.72
595	Tulare Lake Basin WSD	399	1012	36.02	71.18	120.04
673	Tulelake ID	399	1002	36.02	75.28	137.70
594	Tuolumne Utilities District	399	1002	36.02	75.28	137.70
135	Twentynine Palms WD	399	1012	36.02	71.18	120.04
136	United WCD	399	1003	36.02	75.28	137.70
114	Vallecitos WD	399	1002	36.02	75.28	137.70
137	Valley CWD	399	1006	36.02	71.18	120.04
599	Valley of the Moon WD	399	1008	36.02	75.28	137.70
184	Vandenberg Village CSD	399	1012	36.02	71.18	120.04
178	Ventura River CWD	399	1012	36.02	71.18	120.04
140	Walnut Valley WD	399	1007	49.24	102.32	187.32
664	Weaverville CSD	399	1012	36.02	71.18	120.04
676	West Basin MWD	399	3007	50.96	103.22	192.72
202	West Kern WD	399	3007	50.96	103.22	192.72
602	West Stanislaus ID	399	6007	49.24	102.32	187.32
143	West Valley WD	399	3002	37.74	76.18	143.10
634	Westborough WD	399	1007	49.24	102.32	187.32
023	WRD of Southern California	399	1004	36.02	71.18	120.04
146	Yorba Linda WD	399	1012	36.02	71.18	120.04
147	Yuima MWD	399	1312	36.02	76.44	132.64

Delta Dental plan summaries will be posted at www.acwajpia.com.

ACWA/JPIA 2013 Vision Service Plan (VSP) Rates

Loc#	Member Agency	Group	Div	Composite Rate (for EE + all Deps) -or-		
				Employee Only	Couple	Family
505	ACWA	0022	0003	16.32		
500	Alameda County Water District	0022	0126	22.02		
001	Alpaugh Irrigation District	0022	0001	17.59		
002	Alta Irrigation District	0022	0001	17.59		
616	Amador Water Authority	0022	0002	22.40		
501	American River Flood Control	0022	0127	23.10		
503	Angiola Water District	0022	0002	22.40		
003	Antelope Valley-East Kern WA	0022	0002	22.40		
627	Aromas Water District	0022	0002	22.40		
506	Banta-Carbona ID	0022	0002	22.40		
221	Bay Area Water Supply &	0022	0126	22.02		
006	Belridge WSD	0022	0003	16.32		
007	Berrenda Mesa WD	0022	0072	20.06		
192	Big Bear Area Regional	0022	0001	17.59		
705	Big Bear City CSD	0022	0001	17.59		
705	Big Bear City CSD	0022	0072	20.06		
009	Bighorn-Desert View WA	0022	0003	16.32		
641	Bodega Bay PUD	0022	0002	22.40		
190	Borrego WD	0022	0124	27.11		
510	Browns Valley ID	0022	0001	17.59		
011	Buena Vista WSD	0022	0001	17.59		
512	Byron-Bethany ID	0022	0001	17.59		
013	Cachuma Oper & Maint Board	0022	0001	17.59		
519	Calaveras CWD	0022	0001	17.59		
703	Calaveras PUD	0022	0001	17.59		
014	Calleguas MWD	0022	0072	20.06		
015	Camrosa WD	0022	0003	16.32		
030	Carlsbad MWD	0022	0124	27.11		
514	Carmichael WD	0022	0002	22.40		
018	Carpinteria Valley WD	0022	0001	17.59		
019	Casitas MWD	0022	0023	10.32		
020	Castaic Lake WA	0022	0001	17.59		
672	Castroville WD	0022	0124	27.11		
635	Centerville CSD	0022	0003	16.32		
022	Central Basin MWD	0022	0072	20.06		
515	Central California ID	0022	0001	17.59		
516	Central WD	0022	0003	16.32		
163	Channel Island Beach CSD	0022	0001	17.59		
026	Chino Basin WCD	0022	0072	20.06		
517	Chowchilla WD	0022	0001	17.59		
518	Citrus Heights WD	0022	0034	12.92		
230	City of San Juan Bautista	0022	0179	11.12	17.44	33.61
193	City of Tehachapi	0022	0001	17.59		

ACWA/JPIA 2013 Vision Service Plan (VSP) Rates

Loc#	Member Agency	Group	Div	Composite Rate (for EE + all Deps) -or-		
				Employee Only	Couple	Family
233	Clearlake Oaks CWD	0022	0072	20.06		
520	Coastside CWD	0022	0092	20.19		
522	Consolidated ID	0022	0001	17.59		
523	Contra Costa WD	0022	0003	16.32		
032	Crestline-Lake Arrowhead WA	0022	0124	27.11		
528	Del Paso Manor WD	0022	0002	22.40		
207	Del Puerto WD	0022	0003	16.32		
036	Delano-Earlimart ID	0022	0002	22.40		
524	Delhi County WD	0022	0001	17.59		
039	Desert WA	0022	0001	17.59		
039	Desert WA	0022	0179	11.12	17.44	33.61
529	East Contra Costa ID	0022	0001	17.59		
041	East Orange CWD	0022	0126	22.02		
044	El Toro WD	0022	0003	16.32		
208	Elk Grove Water Services	0022	0126	22.02		
148	Elsinore Valley MWD	0022	0126	22.02		
236	Exeter Irrigation District	0022	0003	16.32		
532	Fair Oaks WD	0022	0204	22.96		
045	Fallbrook PUD	0022	0003	16.32		
222	Firebaugh Canal WD	0022	0124	27.11		
047	Foothill MWD	0022	0001	17.59		
671	Foresthill PUD	0022	0188	12.60	19.90	38.54
224	Forestville WD	0022	0205	25.41		
185	Frazier Park PUD	0022	0126	22.02		
534	Fresno ID	0022	0001	17.59		
637	Fresno Metro Flood Control Dist.	0022	0001	17.59		
149	Friant Power Authority	0022	0084	14.83		
229	Friant Water Authority	0022	0001	17.59		
157	Golden Hills CSD	0022	0003	16.32		
049	Goleta WD	0022	0002	22.40		
537	Grassland WD	0022	0001	17.59		
050	Helix WD	0022	0001	17.59		
839	Henry Miller Reclamation Dist #2131	0022	0003	16.32		
052	Hi-Desert WD	0022	0202	10.37	20.22	35.12
052	Hi-Desert WD	0022	0201	10.37	14.38	24.67
538	Humboldt Bay MWD	0022	0001	17.59		
662	Humboldt CSD	0022	0084	14.83		
223	Idyllwild WD	0022	0002	22.40		
054	Indian Wells VWD	0022	0002	22.40		
056	Ivanhoe ID	0022	0001	17.59		
539	James ID	0022	0003	16.32		
199	Joshua Basin WD	0022	0188	12.60	19.90	38.54
172	Jurupa CSD	0022	0194	9.46	14.72	28.12

ACWA/JPIA 2013 Vision Service Plan (VSP) Rates

Loc#	Member Agency	Group	Div	Composite Rate (for EE + all Deps) -or-		
				Employee Only	Couple	Family
632	Kanawha WD	0022	0001	17.59		
061	Kaweah Delta WCD	0022	0001	17.59		
188	Kern CWA	0022	0092	20.19		
544	Kings River Conservation District	0022	0084	14.83		
200	Kinneloa ID	0022	0001	17.59		
203	Kirkwood Meadows PUD	0022	0001	17.59		
066	La Puente Valley CWD	0022	0002	22.40		
067	Laguna Beach CWD	0022	0003	16.32		
547	Laguna ID	0022	0003	16.32		
548	Lakeside Irrigation WD	0022	0003	16.32		
069	Lakeside WD	0022	0003	16.32		
636	Laton Community Services District	0022	0188	12.60	19.90	38.54
063	Le Grand CSD	0022	0003	16.32		
150	Littlerock Creek ID	0022	0002	22.40		
665	Los Alamos CSD	0022	0072	20.06		
074	Lost Hills WD	0022	0003	16.32		
551	Madera ID	0022	0092	20.19		
707	Madera/Chowchilla WPA	0022	0092	20.19		
553	Malaga CWD	0022	0001	17.59		
654	Marina Coast WD	0022	0003	16.32		
555	Merced ID	0022	0001	17.59		
508	Mid-Peninsula WD	0022	0092	20.19		
651	Millview CWD	0022	0002	22.40		
037	Mission Springs WD	0022	0001	17.59		
079	Mojave PUD	0022	0001	17.59		
080	Mojave WA	0022	0002	22.40		
218	Montara Water & Sanitary District	0022	0124	27.11		
623	Monterey Peninsula WMD	0022	0001	17.59		
650	Mountain Gate CSD	0022	0002	22.40		
083	MWD of Orange County	0022	0199	14.01	22.21	43.20
617	Nevada ID	0022	0084	14.83		
084	Newhall CWD	0022	0084	14.83		
557	North Coast CWD	0022	0001	17.59		
668	North Delta Water Agency	0022	0179	11.12	17.44	33.61
085	North Kern WSD	0022	0002	22.40		
086	North of the River MWD	0022	0072	20.06		
562	Oakdale ID	0022	0092	20.19		
162	Olivenhain MWD	0022	0003	16.32		
563	Orange Cove ID	0022	0002	22.40		
087	Orange CWD	0022	0001	17.59		
088	Orchard Dale WD	0022	0072	20.06		
564	Orland-Artois WD	0022	0003	16.32		
564	Orosi PUD	0022	0001	17.59		

ACWA/JPIA 2013 Vision Service Plan (VSP) Rates

Loc#	Member Agency	Group	Div	Composite Rate (for EE + all Deps) -or-		
				Employee Only	Couple	Family
568	Pajaro Valley WMA	0022	0001	17.59		
700	Pajaro/Sunny Mesa CSD	0022	0002	22.40		
189	Palm Ranch ID	0022	0003	16.32		
091	Palmdale WD	0022	0003	16.32		
565	Panoche WD	0022	0001	17.59		
566	Paradise ID	0022	0087	19.15		
567	Patterson ID	0022	0001	17.59		
612	Pebble Beach CSD	0022	0002	22.40		
232	Phelan Pinon Hills CSD	0022	0072	20.06		
093	Pico WD	0022	0126	22.02		
647	Planada CSD	0022	0002	22.40		
096	Porterville ID	0022	0002	22.40		
097	Quartz Hill CWD	0022	0072	20.06		
104	Rainbow MWD	0022	0001	17.59		
100	Rancho California WD	0022	0092	20.19		
204	Reclamation District #1000	0022	0001	17.59		
578	Reclamation District #1004	0022	0072	20.06		
577	Reclamation District #108	0022	0002	22.40		
628	Redwood Valley CWD	0022	0084	14.83		
105	Rincon Del Diablo MWD	0022	0003	16.32		
670	Rio Alto Water District	0022	0003	16.32		
103	Rosamond CSD	0022	0003	16.32		
106	Rowland WD	0022	0072	20.06		
213	Sacramento Subruban WD	0022	0002	22.40		
702	San Andreas SD	0022	0072	20.06		
108	San Bernardino VWCD	0022	0002	22.40		
205	San Francisquito Creek JPA	0022	0002	22.40		
111	San Gabriel CWD	0022	0002	22.40		
005	San Luis & Delta-Mendota WA	0022	0002	22.40		
116	Santa Ana Watershed PA	0022	0002	22.40		
586	Santa Clara VWD	0022	0002	22.40		
586	Santa Clara VWD	0022	0196	12.13	25.35	25.35
119	Santa Margarita WD	0022	0001	17.59		
191	Santa Ynez River WCD	0022	0003	16.32		
122	Saucelito ID	0022	0002	22.40		
619	Scotts Valley WD	0022	0001	17.59		
123	Semitropic WSD	0022	0001	17.59		
124	Serrano WD	0022	0084	14.83		
125	Shafter-Wasco ID	0022	0001	17.59		
589	Soquel Creek WD	0022	0001	17.59		
561	South Feather Water & Power	0022	0002	22.40		
126	South Montebello ID	0022	0002	22.40		
587	South San Joaquin ID	0022	0002	22.40		

ACWA/JPIA 2013 Vision Service Plan (VSP) Rates

Loc#	Member Agency	Group	Div	Composite Rate (for EE + all Deps) -or-		
				Employee Only	Couple	Family
667	South Tahoe PUD	0022	0002		22.40	
591	Stockton East WD	0022	0126		22.02	
592	Sutter Extension WD	0022	0001		17.59	
614	Tehachapi-Cummings CWD	0022	0002		22.40	
130	Terra Bella ID	0022	0003		16.32	
131	Three Valleys MWD	0022	0003		16.32	
593	Tranquility ID	0022	0001		17.59	
655	Tri-Dam Project	0022	0124		27.11	
673	Tulelake ID	0022	0072		20.06	
594	Tuolumne Utilities District	0022	0003		16.32	
135	Twentynine Palms WD	0022	0003		16.32	
136	United WCD	0022	0001		17.59	
114	Vallecitos WD	0022	0003		16.32	
137	Valley CWD	0022	0126		22.02	
599	Valley of the Moon WD	0022	0001		17.59	
184	Vandenberg Village CSD	0022	0003		16.32	
178	Ventura River CWD	0022	0003		16.32	
140	Walnut Valley WD	0022	0127		23.10	
602	West Stanislaus ID	0022	0072		20.06	
143	West Valley WD	0022	0003		16.32	
634	Westborough WD	0022	0001		17.59	
142	Western MWD	0022	0001		17.59	
144	Wheeler Ridge-Maricopa WSD	0022	0003		16.32	
147	Yuima MWD	0022	0195	15.44	23.64	44.62

VSP plan summaries will be posted at www.acwajpia.com.

ACWA JPIA 2013 Life Insurance Rates
The Standard, Policy # 649298

Plan	Age of Member [1]	Monthly Rate [2]	Per:
Basic Life, AD&D	Under 30	0.07	$1,000 of Benefit
	30 - 34	0.08	$1,000 of Benefit
	35 - 39	0.09	$1,000 of Benefit
	40 - 44	0.14	$1,000 of Benefit
	45 - 49	0.18	$1,000 of Benefit
	50 - 54	0.26	$1,000 of Benefit
	55 - 59	0.39	$1,000 of Benefit
	60 - 64	0.57	$1,000 of Benefit
	65 - 69	0.84	$1,000 of Benefit
	70 - 74	1.24	$1,000 of Benefit
	75 +	1.84	$1,000 of Benefit
Additional Life, AD&D	Under 30	0.06	$1,000 of Benefit
	30 - 34	0.07	$1,000 of Benefit
	35 - 39	0.08	$1,000 of Benefit
	40 - 44	0.12	$1,000 of Benefit
	45 - 49	0.16	$1,000 of Benefit
	50 - 54	0.23	$1,000 of Benefit
	55 - 59	0.33	$1,000 of Benefit
	60 - 64	0.48	$1,000 of Benefit
	65 - 69	0.71	$1,000 of Benefit
	70 - 74	1.04	$1,000 of Benefit
	75 +	1.54	$1,000 of Benefit
Dependent Life	Flat rate per employee regardless of # of dep's	0.33	Member, Required

Variations from rates described above:			
Agency	**Plan**	**Monthly Rate [2]**	**Per:**
Amador Water Agency:	Basic Life, AD&D	0.24	$1,000 of Benefit
Berrenda Mesa WD:	Basic Life, AD&D	0.34	$1,000 of Benefit
Casitas MWD:	Basic Life, AD&D	0.35	$1,000 of Benefit
Glenn Colusa ID:	Basic Life, AD&D	0.31	$1,000 of Benefit
Glenn Colusa ID:	Dependent Life	1.59	Member, Required
La Canada ID:	Basic Life, AD&D	0.53	$1,000 of Benefit
Mid-Peninsula WD:	Basic Life, AD&D	0.24	$1,000 of Benefit
Montecito SD:	Basic Life, AD&D	0.53	$1,000 of Benefit

[1] Age-based life rates will increase on the 1st of the month following the member's birthday.

[2] After calculating rate, add $1.00 to the total for the Administration Fee. This fee covers enrollment in any and all life products for an individual employee.

Short Term Disability and Long Term Disability policies (649299) are individually underwritten by the Standard, and therefore have rates unique to each employer. However, those in our pool receive a substantial volume discount. Please see your January 2013 STD/LTD invoice for your specific rate. STD rates increased 20%. LTD rates did not change. There is no administrative fee for these coverages.

ACWA/JPIA 2013 Employee Assitance Program (EAP) Rate

Per Employee Per Month
3.54

EAP services can help your employees face challenges at home so they can be their best at work. Anthem EAP services are available to anyone living in the home of a covered employee.

Counseling services - Six in-person counseling sessions per incident per year. Confidential telephone crisis counseling and referral services 24 hours a day, seven days a week.

Financial consultations - For advice on almost any personal financial matter, including credit counseling, debt and budget assistance.

Legal consultations - For advice on almost any personal legal matter, including bankruptcy or real estate matters.

Online legal and financial resources - An extensive library of downloadable sample documents, external links to other resources and financial calculators.

Child and elder care resources - To help employees reassess their child and elder care needs and locate appropriate resources.

Robust website - Find advice on thousands of topics at your fingertips.

Anthem EAP contact information:
www.anthemeap.com
800-999-7222

REQUIRED NOTICES

Please distribute these important notices to all participants, and those eligible to participate, at hire and annually at Open Enrollment. Remember to include retirees and COBRA participants.

If you (and/or your dependents) have Medicare, or will become eligible for Medicare within the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please read the following notice for more details.

Important Notice from Association of California Water Agencies Joint Powers Insurance Authority (ACWA JPIA) about Creditable Prescription Drug Coverage and Medicare

The purpose of this notice is to advise you that the prescription drug coverage listed below under the ACWA JPIA medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2013. This is known as "creditable coverage." Why this is important: if you or your covered dependent(s) are enrolled in any prescription drug coverage during 2013 listed in this notice and are currently or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty—as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records. If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Notice of Creditable Coverage

Please read this notice carefully. It has information about prescription drug coverage with ACWA JPIA and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving creditable employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by one of the ACWA JPIA prescription drug plans listed below, you'll be interested to know that coverage is, on average, at least as good as standard Medicare prescription drug coverage for 2013. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

- Anthem Blue Cross Classic PPO
- Anthem Blue Cross Advantage PPO
- Anthem Blue Cross CaliforniaCare HMO
- Anthem HealthFund HSA-Qualified High Deductible PPO Plan
- Kaiser Permanente HMO
- Kaiser Permanente HSA-Qualified High Deductible HMO Plan
- Kaiser Permanente Senior Advantage Plan

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or a family member of an active employee, you also may continue your employer coverage. In this case, the employer plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you decide to

enroll in a Medicare drug plan and waive or drop your current ACWA JPIA coverage, Medicare will be your only payer. In addition, if you waive or drop your current ACWA JPIA coverage, you and your dependents will be able to re-enroll in the ACWA JPIA plan at Open Enrollment or if you have a special enrollment event for the ACWA JPIA plan.

You should know that if you waive or drop coverage with ACWA JPIA and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium may go up by at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium may consistently be at least 19% higher than what most other people pay. You may have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future—such as before the next period you can enroll in Medicare prescription drug coverage, if the ACWA JPIA coverage changes, or upon your request.

For more information about your options under Medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. Medicare participants will receive a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see a copy of the *Medicare & You* handbook for the telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. For information about this extra help, contact the Social Security Administration (SSA) online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan, you may be required to provide a copy of this notice when you join a Part D plan to show whether you have maintained creditable coverage and, therefore, whether you are required to pay a higher Part D premium amount.

For more information about this notice or your ACWA JPIA prescription drug coverage, contact your employer's HR department or:

Association of California Water Agencies Joint Powers Insurance Authority
Employee Benefits Team
P.O. Box 619082
Roseville, CA 95661-9082
(800) 736-2292

Patient Protection Disclosure – Selecting Your Primary Care Provider

Anthem Blue Cross CaliforniaCare HMO and Kaiser Permanente HMO require the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you and/or your family members. Anthem Blue Cross CaliforniaCare HMO will designate one for you based on your home zip code, until you designate one on your own. Kaiser Permanente HMO will not automatically assign a primary care provider but will assist you in selecting one upon your first appointment. For information on how to select a primary care provider, and for a list of participating primary care providers, contact:

Kaiser Permanente		Anthem Blue Cross
(800) 464-4000	or	(800) 227-3641
www.kp.org		www.anthem.com/ca

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Anthem Blue Cross CaliforniaCare HMO or Kaiser Permanente or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network or specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Anthem or Kaiser at the numbers and website above.

Women's Health & Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses;
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance or copays applicable to other medical and surgical benefits provided under this Plan. Therefore, the deductibles and coinsurance shown in the medical section of this guide apply.

If you would like more information on WHCRA benefits, call your employer's HR Department or the Association of California Water Agencies Joint Powers Insurance Authority's Employee Benefits Team at (800) 736-2292.

Newborns' and Mothers' Health Protection Act of 1996

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

California Maternity Coverage

Group health plans and health insurance issuers with policies or contracts issued in the State of California generally may not, under California law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, the law generally does not prohibit the mother's or newborn's treating physician, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In addition, California law requires the Plan to cover a post-discharge follow up visit for the mother and newborn within 48 hours of discharge when prescribed by the treating physician. The visit shall be provided by a licensed health care provider whose scope of practice includes postpartum care and newborn care. The visit shall include, at a minimum, parent education, assistance and training in breast or bottle feeding, and the performance of any necessary maternal or neonatal physical assessments. The treating physician shall disclose to the mother the availability of a post-discharge visit, including an in-home visit, physician office visit, or plan facility visit. The treating physician, in consultation with the mother, shall determine whether the post-discharge visit shall occur at home, the plan's facility, or the treating physician's office after assessment of certain factors. These factors shall include, but not be limited to, the transportation needs of the family, and environmental and social risks.

Furthermore, the Plan may not:

- Reduce or limit the reimbursement of the attending provider for providing care to an individual enrollee in accordance with the coverage requirements.
- Provide monetary or other incentives to an attending provider to induce the provider to provide care to an individual enrollee in a manner inconsistent with the coverage requirements.
- Deny a mother or her newborn eligibility, or continued eligibility, to enroll or to renew coverage solely to avoid the coverage requirements.
- Provide monetary payments or rebates to a mother to encourage her to accept less than the minimum coverage requirements.
- Restrict inpatient benefits for the second day of hospital care in a manner that is less than favorable to the mother or her newborn than those provided during the preceding portion of the hospital stay.
- Require the treating physician to obtain authorization from the Plan prior to prescribing any services covered by this section.

Rebates for Failure to meet Medical Loss Ratio Requirements

In the event that ACWA JPIA qualifies and receives a return of premium (Rebate) as a result of an insurance issuer's failure to meet the Medical Loss Ratio requirements under the Affordable Care Act, ACWA JPIA at its option, shall either:

- Reduce annual premiums in the year in which the Rebate is received or in the subsequent year; or
- Reduce employee contributions or provide a cash refund (taxable to the employee) in an amount determined under Affordable Care Act regulations.

A rebate would be due to ACWA JPIA if any of our fully insured plans spent less than 85% of premiums collected on medical care and care delivery improvement. For the 2011 plan year, no rebate was due to be received. The medical loss ratio for our insurers exceeded 85%. The self funded PPO plans are exempt from the rebate requirement, but typically operate at about 1% administrative expense.

Health Insurance and Portability and Accountability Act of 1996 (HIPAA)

The Health Insurance and Portability and Accountability Act of 1996 (HIPAA)

HIPAA places limitations on a group health plan's ability to impose preexisting condition exclusions, provides special enrollment rights for certain individuals and prohibits discrimination in group health plans based on health status. In addition, HIPAA establishes a set of national standards to address the use and disclosure of individuals' health information – called protected health information.

HIPAA Notice of Privacy Practices

The Plan's HIPAA Notice of Privacy Practices is available upon request. To obtain a copy of the Plan's HIPAA Notice of Privacy Practices, please contact your HR Department. For more information on the Plan's privacy policies or your rights under HIPAA, contact please contact Association of California Water Agencies Joint Powers Insurance Authority (ACWA JPIA) at (800) 736-2292.

HIPAA Special Enrollment Rules

HIPAA requires we notify you about your right to later enroll yourself and eligible dependents for coverage in our group health plan through ACWA JPIA under "special enrollment provisions" briefly described below.

- Loss of Other Coverage. If you decline enrollment for yourself or for an eligible dependent because you have other group health plan coverage or other health insurance, you may be able to enroll yourself and your dependents under our group health plan through ACWA JPIA if you or your dependents lose eligibility for that other coverage, or if the other employer stops contributing toward your or your dependents' other coverage. You must request enrollment within 31 days after your or your dependents' other coverage ends, or after the other employer stops contributing toward the other coverage.

- New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you gain a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents under our group health plan through ACWA JPIA. You must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. In the event you acquire a new dependent by birth, adoption, or placement for adoption, you may also be able to enroll your spouse, if your spouse was not previously covered.

- Enrollment Due to Medicaid/CHIP Events. If you or your eligible dependents are not already enrolled in our group health plan through ACWA JPIA, you may be able to enroll yourself and your eligible dependents if: (i) you or your dependents lose coverage under a state Medicaid or children's health insurance program (CHIP), or (ii) you or your dependents become eligible for premium assistance under state Medicaid or CHIP. You must request enrollment within 60 days from the date of the Medicaid/CHIP event. The CHIP Model Notice containing additional information about this right as well as contact information for state assistance is included below. You may also request a copy from the Plan Administrator.

Please contact your employer's HR department or the ACWA JPIA Benefits Team at (800) 736-2292 for details, including the effective dates of coverage applicable to each of these special enrollment provisions. Additional information regarding your rights to enroll in group health coverage is found in the applicable group health plan summary plan description(s) or insurance contract(s).

Employer Name: _____

Employer Address: _____

_____

Employer Phone #: _____

FORMS

Please note that the Enrollment Form has been revised. There is a new COBRA Enrollment Form. The Life and Disability Forms reflect new group numbers. All forms are available at www.acwajpia.com .

ASSOCIATION OF CALIFORNIA WATER AGENCIES
JOINT POWERS
INSURANCE AUTHORITY
PO Box 619082 Roseville CA 95661
(800) 736-2292

Employee Benefits Enrollment/Change Form

Fax to **(916) 325-2598** or Email password protected to **benefits@acwajpia.com**

Employer: _____ Location #: _____

Effective Date: _____ Qualifying Event Date: _____ SSN: _____
(Date of Hire, Term, Marriage, etc.)

Reason for **ENROLLMENT** in coverage*:	Reason for **TERMINATION** of coverage*:	Reason for **CHANGE***:
☐ New Hire	☐ Employment termination	☐ Active to Retired
☐ Marriage/Domestic Partnership	☐ Divorce	☐ Active, new Medicare enrollment
☐ Birth/Adoption/Legal Guardianship	☐ Overage dependent	☐ Retired, new Medicare enrollment
☐ Loss of other group coverage	☐ Enrolled in other group coverage	☐ Address Change
☐ Surviving Spouse Benefits (if offered by employer)	☐ Death	☐ Name Change
☐ Open Enrollment (*COBRA Elections – use COBRA form)*	☐ Open Enrollment	☐ Open Enrollment (changing plans, same dependents)
		☐ Other _____

Marital Status:
☐ Single
☐ Married
☐ Domestic Partners
☐ Legally Separated
☐ Divorced
☐ Widowed
Date of Marital Status: _____

Enrollee Name: _____ Date of Hire: _____ Date of Birth: _____
LAST, FIRST MI

Mailing Address: _____

Phone #: ( ) _____ Status (circle one): Active / Retired / Director Management (circle): Yes / No Union (circle): Yes / No

Notes regarding this enrollment change (if any):

Enroll	Term	Relation-ship	Last	First	M I	SSN (required)	Gender	Date of Birth	Disabled Child	Anthem HMO enrollees, indicate Primary Care Physician ID# from Anthem.com (OB/Peds OK)	Anthem Classic PPO	Anthem Advantage PPO	Anthem Cal-Care HMO	Anthem HSA HealthFund	Kaiser Permanente HMO	Kaiser Permanente HSA Plan	Delta Dental PPO	DeltaCare DHMO**	Vision Service Plan	Life Insurance**	Employee Assist Prog
		Member				See above			N/A									*Use DeltaCare Form*			
		Spouse/DP							N/A												
		Child																			
		Child																			
		Child																			
		Child																			

You must return this completed form and required documents to your employer within 31 days of hire or mid-year qualifying event. Otherwise, you will have to wait until Open Enrollment to make changes. Marriage & birth certificates are required for dependents. Mid-year events must be documented. See your HR Department for more info.
****Separate enrollment forms required.***

All Plans: I agree to comply with the terms of the group contract. All of the information on this form is correct and true. I understand that it is the basis on which coverage may be issued under the plan. Any misstatements or omissions may result in future claims being denied. In the case deliberate fraud, your coverage may be retroactively terminated, resulting in your financial responsibility for claims paid. I have read and understand the provisions outlined on this form.

Dental and Vision Plans: I agree to continue membership in the programs in which the employer covers all employees, or all employees and dependents, during employment and while the program is in force.

Anthem Blue Cross plans:

Deduction Agreement – If applicable, I authorize my employer to deduct from my wages the required dues.

Arbitration Agreement – I understand any dispute between myself (and/or any enrolled family member) and Anthem Blue Cross of California/CaliforniaCare Health Plans/WellPoint must be resolved by binding arbitration, if the amount in dispute exceeds the jurisdictional limit of the Small Claims Court, and not by law suit or resort to court process, except as California law provides for judicial review of arbitration proceedings. Under this coverage, both the Member and Anthem Blue Cross of California/CaliforniaCare Health Plans/WellPoint are giving up the right to have any dispute decided in a court of law before a jury.

Non-Participating Provider – I understand that I am responsible for a greater portion of my medical costs when I use a non-participating provider.

Declining Coverage – If I am permitted to decline coverage for myself and/or my dependents, I will complete & attach a Health Declination Form if applicable to my medical plan.

Authorization to Obtain or Release Medical Information – Anthem Blue Cross is authorized to obtain and release information in compliance with the Insurance & Privacy Protection Act, Section 56.10 et. Sequence of the California Civil Code. I hereby authorize any physician, health care practitioner, hospital, clinic, or other medical or medically related facility to furnish an agent, designee, or representative of Anthem Blue Cross of California any and all records pertaining to medical history, services rendered, or treatment given to anyone enrolled here under or added here after for purposes of review, investigation, or evaluation of an application, or evaluation of an application or a claim. I also authorize Anthem Blue Cross of California and its affiliates, or its agents, designees or representatives to disclose to a hospital or health care service plan, self-insurer, or insurer any such medical information obtained if such disclosure is necessary to allow the processing of any claim. If my coverage is under a Group Master Agreement held by my employer, an association, trust fund, union or similar entity, this authorization also permits disclosure to them for purposes of utilization review or financial audit. This authorization shall become effective immediately and shall remain in effect as long as necessary to enable Anthem Blue Cross of California and its affiliates to process claims. A photocopy of this authorization shall be as valid as the original. Applicant must initial and date this medical information authorization.

Kaiser Foundation Health Plan Arbitration Agreement: I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure, and, claims that cannot be subject to binding arbitration under governing law), any dispute between myself, my heirs, relatives, or other associated parties on the one hand and Health Plan, its health care providers, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in Health Plan, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I agree to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the *Evidence of Coverage.*

X _____ _____

Signature Required for Kaiser Permanente HMO or HSA Deductible Plan **Date**

X _____ _____

Signature Required for enrollment in ALL Plans **Date**

Form revised: 10/2012

DO NOT WRITE BELOW THIS AREA. FOR ACWA/JPIA USE ONLY.		Set up by:	Date:	Linked by:	Date:
☐ Classic PPO	Eff Date:	Group #:		Plan Code:	
☐ Advantage PPO	Eff Date:	Group #:		Plan Code:	
☐ Cal-Care HMO	Eff Date:	Group #:		Plan Code:	
☐ Kaiser ☐ North ☐ South	Eff Date:	Group #:	EU #:	Plan Code:	
☐ Delta Dental	Eff Date:	Group #:		Plan Code:	
☐ VSP	Eff Date:	Group #:		Plan Code:	
☐ EAP	Eff Date:	Group #:		Plan Code:	
☐ Life	Eff Date:	Group #:		Plan Code:	

ASSOCIATION OF CALIFORNIA WATER AGENCIES
JOINT POWERS INSURANCE AUTHORITY
PO Box 619082 Roseville CA 95661
(800) 736-2292

COBRA Election Form

Fax to **(916) 325-2598** or Email password protected to **benefits@acwajpia.com**

Employer: _____ Location #: _____

Effective Date: _____ Qualifying Event Date: _____

EMPLOYERS WITH 2 TO 19 EMPLOYEES:	EMPLOYERS WITH 20+ EMPLOYEES:
☐ Cal-COBRA	☐ 18 Months Federal COBRA ☐ 36 Months Federal COBRA ☐ 2nd 18 Months/ Cal-COBRA

COBRA QUALIFYING EVENT

☐ Employment Termination
☐ Reduction in Hours
☐ Divorce
☐ Over Age Child
☐ Death of Employee

Enrollee Name: _____ Enrollee SSN#: _____
LAST, FIRST MI

Mailing Address: _____

Phone #: (_____) _____ Date of Birth: _____ Employee's SSN (if diff. from Enrollee): _____

Notes regarding this enrollment change (if any):

Enroll	Term	Relationship	Last	First	MI	SSN (required)	Gender	Date of Birth	Disabled Child	Anthem Classic PPO	Anthem Advantage PPO	Anthem Cal-Care HMO	Anthem HSA HealthFund	Kaiser Permanente HMO	Kaiser High Deductible	Delta Dental PPO	DeltaCare DHMO*	Vision Service Plan	Employee Assist Program
		Enrollee				See above			N/A								*Use DeltaCare Form*		
		Spouse/DP							N/A										
		Child																	
		Child																	
		Child																	
		Child																	

YOU MUST READ, SIGN, DATE, AND RETURN THIS FORM TO YOUR EMPLOYER WITHIN 60 DAYS FROM NOTIFICATION OF GROUP INSURANCE ELECTION NOTICE.

Retroactive Reinstatement of Insurance Coverage: Please remember that your insurance will **not** be re-activated until you **elect** and **pay** for the coverage. Once both occur, your coverage will be reinstated back to your loss of coverage date. Should you receive services prior to reinstatement of your coverage, your provider may wait to submit the claim or you may pay for services and request reimbursement from the plan once your COBRA enrollment has been processed.

Initial Payment: A qualified beneficiary has a maximum 45 calendar days from the date of election (postmark date if mailed) to pay the initial premium. Remember that additional monthly premiums will also be due with this initial payment and your enrollment will not be processed until payment is received.

Monthly Premiums: ACWA/JPIA does not collect premiums directly from participants. Your employer will collect payment or direct you where to remit payment. Once your initial premiums are paid, future monthly premiums are due on the first of each month. You will have a maximum (30) day grace period following the due date in which to make these premium payments. If applicable payment is not made within the grace period, then coverage will be canceled back to the end of the prior month. Once continuation coverage is cancelled, you will not be reinstated. ACWA/JPIA plans renew annually on January 1st and rates are subject to change at that time.

All Plans: I agree to comply with the terms of the group contract. All of the information on this form is correct and true. I understand that it is the basis on which coverage may be issued under the plan. Any misstatements or omissions may result in future claims being denied. In the case deliberate fraud, your coverage may be retroactively terminated, resulting in your financial responsibility for claims paid. I have read and understand the provisions outlined on this form.

Anthem Blue Cross plans: Arbitration Agreement – I understand any dispute between myself (and/or any enrolled family member) and Anthem Blue Cross of California/CaliforniaCare Health Plans/WellPoint must be resolved by binding arbitration, if the amount in dispute exceeds the jurisdictional limit of the Small Claims Court, and not by law suit or resort to court process, except as California law provides for judicial review of arbitration proceedings. Under this coverage, both the Member and Anthem Blue Cross of California/CaliforniaCare Health Plans/WellPoint are giving up the right to have any dispute decided in a court of law before a jury.

Authorization to Obtain or Release Medical Information – Anthem Blue Cross is authorized to obtain and release information in compliance with the Insurance & Privacy Protection Act, Section 56.10 et. Sequence of the California Civil Code. I hereby authorize any physician, health care practitioner, hospital, clinic, or other medical or medically related facility to furnish an agent, designee, or representative of Anthem Blue Cross of California any and all records pertaining to medical history, services rendered, or treatment given to anyone enrolled here under or added here after for purposes of review, investigation, or evaluation of an application, or evaluation of an application or a claim. I also authorize Anthem Blue Cross of California and its affiliates, or its agents, designees or representatives to disclose to a hospital or health care service plan, self-insurer, or insurer any such medical information obtained if such disclosure is necessary to allow the processing of any claim. If my coverage is under a Group Master Agreement held by my employer, an association, trust fund, union or similar entity, this authorization also permits disclosure to them for purposes of utilization review or financial audit. This authorization shall become effective immediately and shall remain in effect as long as necessary to enable Anthem Blue Cross of California and its affiliates to process claims. A photocopy of this authorization shall be as valid as the original. Applicant must initial and date this medical information authorization.

Kaiser Foundation Health Plan Arbitration Agreement: I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure, and, if I am enrolled in coverage that is subject to the ERISA claims procedure regulation (29 CFR 2560.503-1), certain benefit-related disputes), any dispute between myself, my heirs, relatives, or other associated parties on the one hand and Health Plan, its health care providers, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in Health Plan, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I agree to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the *Evidence of Coverage.*

X _____ _____

Signature Required for Kaiser Permanente HMO or HSA Deductible Plan **Date**

X _____ _____

Signature Required for enrollment in ALL Plans **Date**

Form revised: 9/2012

DO NOT WRITE BELOW THIS AREA. FOR ACWA/JPIA USE ONLY.		Set up by:	Date:	Linked by:	Date:
☐ Anthem Classic PPO	Eff Date:	Group #:		Plan Code:	
☐ Anthem Advantage PPO	Eff Date:	Group #:		Plan Code:	
☐ Anthem Cal-Care HMO	Eff Date:	Group #:		Plan Code:	
☐ Kaiser ☐ North ☐ South	Eff Date:	Group #:	EU #:	Plan Code:	
☐ Delta Dental PPO	Eff Date:	Group #:		Plan Code:	
☐ Vision Service Plan	Eff Date:	Group #:		Plan Code:	
☐ EAP	Eff Date:	Group #:		Plan Code:	

DELTA DENTAL

ENROLLMENT/CHANGE FORM - CA

DeltaCare® USA

Delta Dental of California
12898 Towne Center Drive
Cerritos, CA 90703-8579
www.deltadentalins.com

VERY IMPORTANT - Please Print Legibly

FOR GROUP USE ONLY

Group No.	Division	State
Effective Date / /	Hire Date / /	
Name of Employer		
Location	Pay Code	Benefit Package

Enrollee/Change Information

- ☐ New Enrollment
- ☐ Marital Status Change
- ☐ Terminate Enrollee Coverage
- ☐ SSN/Enrollee ID Number Correction or previous ID under which benefits are received
- ☐ Add/Delete Dependent
- ☐ Address Change
- ☐ Other _____

Enrollee Classification

- ☐ Full-Time ☐ Hourly ☐ Certified
- ☐ Part-Time ☐ Salaried ☐ Classified
- ☐ Retired ☐ Member/Other _____

Primary Enrollee Information

Social Security Number	Enrollee ID Number (if applicable)	Date of Birth	Gender	Marital Status
		/ /	☐ Male ☐ Female	☐ Single ☐ Married

First Name	Last Name	Middle Initial

Mailing Address (Street)	City	State	Zip Code

E-mail Address (internal use only)	Phone Number ( ) -	Phone Type
		Cell ☐ Work ☐ Home ☐

Network Facility Name	Network Facility Number

Name of Other Dental Carrier	Policy Holder Name (first/last)	Date of Birth
		/ /

Effective Date of Other Policy	Policy Holder Street Address	City	State	Zip Code
/ /				

COBRA (if applicable)

- ☐ Termination
- ☐ Reduction in Hours
- ☐ Divorce/Legal Separation*
- ☐ Widowed/Surviving Dependent*
- ☐ Dependent Child No Longer Eligible*

Indicate qualifying date: / /

*If a dependent is enrolling under his/her social security number, the **SSN currently enrolled under must be provided.**

Dependent Information

Relationship	Dependent First Name (last name only if different from enrollee)	Add / Term	Social Security Number	Date of Birth	Male / Female	Student / Disabled**	Name of School (overage student)**	Network Facility Number‡
Spouse/Partner		☐ ☐		/ /	☐ ☐	☐ ☐		
Dependent		☐ ☐		/ /	☐ ☐	☐ ☐		
Dependent		☐ ☐		/ /	☐ ☐	☐ ☐		
Dependent		☐ ☐		/ /	☐ ☐	☐ ☐		

Please attach a separate sheet for additional dependent information. All dependents listed will be considered enrolled. **Additional documentation will be required for disabled and student status. ‡Maximum of three facilities per family.

☐ I authorize any payroll deduction that may be required towards the cost of this coverage. I certify that the above information is true and correct to the best of my knowledge. I understand that changes can only be made if I experience a qualifying family status change, in which case the change must be consistent with that event, or as may otherwise be provided by the group contract.

☐ I decline coverage at this time.

Signature of Enrollee _____ Date / /

IMPORTANT: Can you read this document? If not, we can have somebody help you read it. For free help, please call Delta Dental at 1-800-422-4234. You may also be able to receive this document in Spanish or Chinese.

IMPORTANTE: ¿Puede leer este documento? Si no, podemos ayudarle. Para obtener ayuda gratis, llame a Delta Dental al 1-800-422-4234. También puede recibir este documento en español o chino.

重要通知：您能讀這份文件嗎？如有問題，我們可請他人協助您。 如需免費協助，請電 Delta Dental 1-800-422-4234 您也能取得這份文件的西班牙文或中文譯本。

Standard Rates

Eligibility

- Employees must be full-time employees of the district (minimum of 20 hours per week, or in compliance with employer policy as long as it exceeds 20 hours).
- Directors may be covered if employees are covered. Directors alone may not be covered.
- Retirees may be covered if employees are covered. Retirees alone may not be covered.
- Dependents may be covered only if the subscriber is covered.
- All employees that are eligible for enrollment in an ACWA/JPIA medical plan must enroll, with the exception that employees with other coverage can waive coverage (district must obtain written documentation of other group coverage). A maximum of 25% of employees can waive coverage.
- If any class of individuals is offered coverage, all individuals within that class must be offered coverage.

Plans Offered

- District may offer non-ACWA/JPIA HMOs at the same time as Anthem CaliforniaCare HMO, but may not offer a non-ACWA/JPIA PPO plan at the same time as an ACWA/JPIA Anthem PPO plan. If any non-ACWA/JPIA plan is offered, it must be offered to all the same classes of employees as the ACWA/JPIA plan.

Employer Contribution to Premium

- Contribution shall be no less than the employee-only portion of the premium for the least expensive ACWA/JPIA medical plan (excluding the Medicare plans[1]) offered for actives and directors.
- Contribution for single coverage shall be the same for employees and directors and may be as little as 50% of the retired single employee rate.
- Contribution to coverage for dependents of active employees and directors must be identical and may be less for dependents of retirees.

Other Criteria

- Employer cannot have any personnel policies or union contracts that do not adhere to the plan contract provisions or that create selection against the ACWA/JPIA plans such as:
  - Deferred retiree coverage
  - Extension of coverage to part-time employees or contractors
  - Leave policies that extend coverage beyond health plan contract limitations
  - Any policy or practice or agreement that creates selection against the ACWA/JPIA health plans

[1] For groups with less than 20 employees, Active employee plans are discounted if the employee is also enrolled in Medicare. (This is because Medicare is primary for this employer size.)

Incentive Rates (receive 4% discount on all Anthem medical plans)

Eligibility

- Employees must be full-time employees of the district (minimum of 20 hours per week, or in compliance with employer policy as long as it exceeds 20 hours).
- Directors may be covered if employees are covered. Directors alone may not be covered.
- Retirees may be covered if employees are covered. Retirees alone may not be covered.
- Dependents may be covered only if the subscriber is covered.
- All employees and directors[3] that are eligible for enrollment in an ACWA/JPIA medical plan must enroll.[2]
- If any class of individuals is covered, all individuals within that class must be covered.[2]
- District does not offer cash in lieu of benefits.[2]

Plans Offered

- District offers only ACWA/JPIA-sponsored health plans.[2] If any non-ACWA/JPIA plan is offered, it must be offered to all the same classes of employees as the ACWA/JPIA plan.

Employer Contribution to Premium

- Contribution shall be no less than the employee-only portion of the premium for the least expensive ACWA/JPIA medical plan (excluding the Medicare plans[1]) offered for actives and directors and at least 50% of the additional premium for dependents of actives and directors.[2]
- Contribution to coverage for dependents of active employees and directors must be identical.
- If the district pays 100% of the employee and dependent premium then all eligible employees and their dependents must be enrolled.[2]

Other Criteria

- Employer cannot have any personnel policies or union contracts that do not adhere to the plan contract provisions or that create selection against the ACWA/JPIA plans such as:
  - Deferred retiree coverage
  - Extension of coverage to part-time employees or contractors
  - Leave policies that extend coverage beyond health plan contract limitations
  - Any policy or practice or agreement that creates selection against the ACWA/JPIA health plans
  - Early retiree population[4] is less than 20% of total enrollment[2]
  - Anthem enrolled *Medicare-eligible retirees*, and *active employees of districts with less than 20 employees*, are required to enroll in Medicare Parts A & B[2]
    - Medicare would be primary in both circumstances above
  - Employer must contribute 100% of the retiree only monthly premium[2]

[1] For groups with less than 20 employees, Active employee plans are discounted if the employee is also enrolled in Medicare. (This is because Medicare is primary for this employer size.)

[2] **Differs from Standard requirements**

[3] Individual directors permanently opt out of the medical plan for the duration of their term. With each subsequent election or reelection of a director to the district board, director may opt out of the district provided medical plan(s) for the duration of his/her term in office. Each director who opts out of the plan(s) will not have Open Enrollment rights, and will not have the Federal protection of enrolling in the ACWA/JPIA plans should they lose other coverage as they will not be eligible for coverage for the duration of the term in which they opted out of coverage.

[4] Early retirees are age 50-64, and not entitled to Medicare.



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