



HEALTH BENEFITS PROGRAM SUMMARY


*Innovative Programs
Personalized Service*

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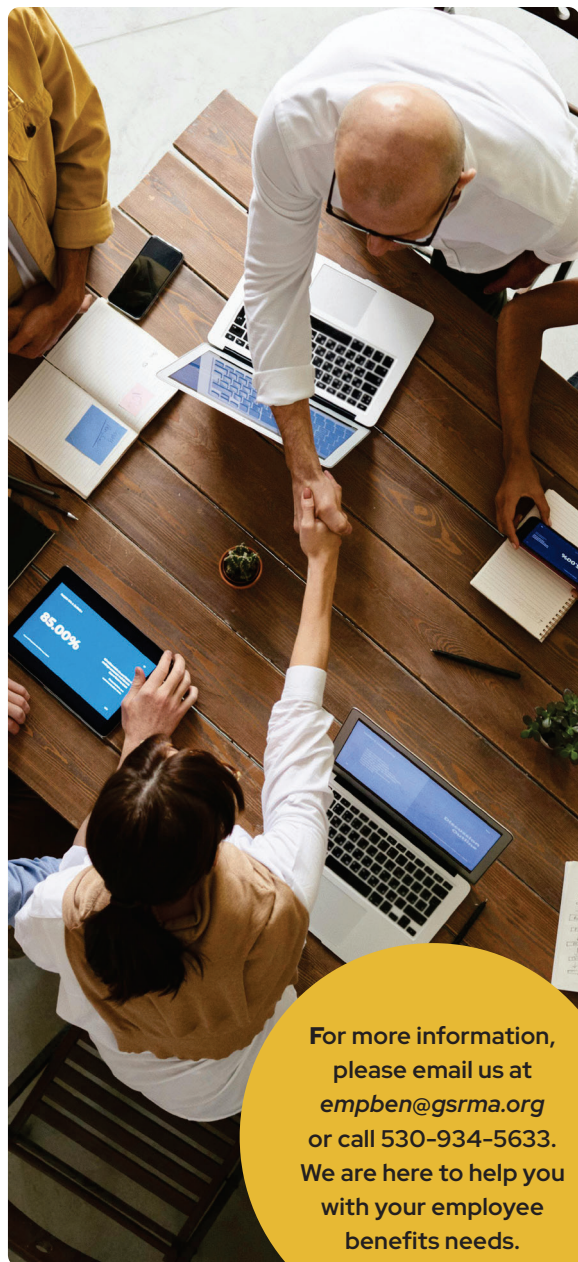
Big Benefits for Small Public Agencies

Since 1978, Golden State Risk Management Authority (GSRMA) has been a trusted provider of innovative insurance and risk management solutions tailored specifically to California's public agencies. As a government risk pool offering property, liability, and workers' compensation coverage, GSRMA has a long-standing history of delivering expert service and value to public employers of all sizes.

In partnership with Public Risk Innovation, Solutions and Management (PRISM), GSRMA offers a competitive alternative to traditional small group health benefit programs. The PRISM Small Group Program was created to address the challenges smaller public agencies often face in the insurance market such as age-banded rates, limited plan design options, and unpredictable renewals. By pooling together agencies with similar risk profiles, 150 employees or less, the program delivers the advantages of a large group platform, greater purchasing power, lower fixed area rated costs, and long-term rate stability.

GSRMA's commitment goes beyond just offering coverage. Our team of experienced employee benefits professionals are dedicated to providing comprehensive support throughout the life of the program. This includes assistance with program implementation, underwriting and financial analysis, eligibility and billing, member communications and onsite visits, claims advocacy, and ongoing compliance guidance.

We understand the unique challenges that smaller public agencies face and have consistently delivered expert guidance, exceptional service, and measurable cost savings. By choosing GSRMA, public employers gain access to a health benefits program designed for stability, flexibility, and long-term value supported by a partner who puts your agency's needs first.



For more information,
please email us at
empben@gsrma.org
or call 530-934-5633.
We are here to help you
with your employee
benefits needs.



Benefits Eligibility Requirements

- 1 Entity must be a public agency formed under California law.
- 2 Entity must have a minimum of two full-time active employees to join. An active full-time employee is an employee who is eligible for enrollment in employee sponsored benefits paid for by the Entity. Part-time employees may be considered active employees only if they are currently part of the benefit eligible population and work a minimum of twenty hours weekly.
- 3 **Active Employees:** Medical Benefits - Entity must contribute a minimum of 75% of the cost for active employees. Ancillary Coverages - Entity must contribute a minimum of 75% of the cost for active employees.
- 4 **Dependents:** Medical Benefits - If the Entity offers coverage to dependents, it is recommended the Entity contribute a minimum of 50% of the cost for dependents. Ancillary Coverages - If the Entity offers coverage to dependents, it is recommended the Entity contribute a minimum of 50% of the cost for dependents.
- 5 **Retirees:** Medical Benefits - Entity may offer coverage to retirees. Ancillary Coverages - Entity may offer coverage to retirees. Retirees are only eligible for Dental and Vision.
- 6 **Public Officials:** Entity may offer coverage to public officials (board members, etc.) only if they are currently being covered and Entity's enabling act, plans and policies allow it. Entity is required to cover 75% of the cost for public officials when covering their medical benefits/ancillary coverages. Participation for public officials is limited to their term of office.
- 7 Entity must have at least 75% of eligible employees (and public officials if they are offered coverage by the Entity) enrolled to participate. Public Officials, retirees and dependents may not be covered unless active employees are covered.
- 8 Premiums are based on a full month. There are no partial months, or prorated premiums and participant changes will be effective the first of the month following the qualifying event. The waiting period for medical benefits/ancillary coverages are effective 1st of the month following the date of hire of an employee.
- 9 The maximum dependent child age is 26. Disabled dependent children are not subject to the dependent age restrictions; however, a verification form will be required certifying the disability.
- 10 Each prospective new Entity must complete and submit the GSRMA Interest Forms including a large claimant disclosure form (Medical Benefits only) detailing any knowledge of and information pertaining to large and/or ongoing claims. Each Entity is subject to underwriting review and may or may not be accepted for coverage. The underwriting process may take up to two weeks for completion.
- 11 Entity's governing body must approve a resolution authorizing participation in GSRMA's health benefits program and execute the Memorandum of Understanding (MOU).
- 12 Once an Entity is approved by underwriting they must submit the Resolution and MOU to GSRMA 45 days before the requested effective date of coverage.
- 13 **Medical Benefits:** Not all Plans will be offered and available to Entities joining the medical benefits program. The Access+ HMO 15, HMO 20 and Kaiser Plans are not available in all areas. Entities selecting one of the medical benefits program High Deductible Health Plans (HDHP) are responsible for adhering to IRS rules, regulations and maintenance of the Health Savings Account (HSA). GSRMA does not provide HSA services.
- 14 **Plan Selections and Combination Guidelines:**
 - Members may choose either Anthem or Blue Shield as their medical carrier for non-Kaiser plans. Kaiser plans may also be offered along with standard Anthem or Blue Shield plans.

Medical Plan Selection Subject to underwriting review and approval:

 - 2-100 enrolled lives: 2 plans + 1 Kaiser plan
 - 101+ enrolled lives: 3 plans + 1 Kaiser plan

Medical Plan Combinations

 - Only 1 HMO or HDHP plan may be offered to an employee group
 - Future plan changes are subject to review and approval by underwriting. An entity can update plan designs before Open Enrollment in October for an effective date starting January 1 of the following year.

Ancillary Coverages - Entity may choose 1 dental, 1 vision, 1 life, 1 short term disability and/or long term disability option to offer its entire employee population.

All of our plan designs can be joined separately. Example: District only wants to join the dental program. Or only the health program.

Medical Cost Share: Important Terms to Know and How They Work

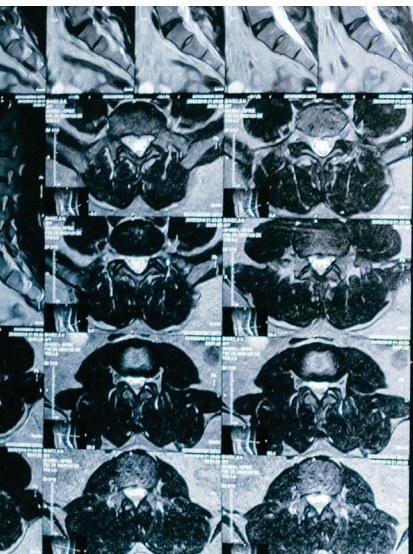


Medical Copay

- **What it is:** A fixed dollar amount you pay for specific services (e.g., doctor visits, urgent care).
- **How it works:** You pay the copay at the time of service, and your insurance covers the rest (if applicable).
- **Example:** \$25 for a primary care visit, regardless of the visit cost.

Coinsurance

- **What it is:** A percentage of the cost you share with your insurance after you meet your deductible.
- **How it works:** Once your deductible is met, you pay a percentage (e.g., 20%) of covered medical services, and your plan pays the rest.
- **Example:** You pay 20% of a \$1,000 procedure (\$200); insurance pays 80% (\$800).





Calendar Year Deductible

- **What it is:** The amount you pay out-of-pocket each year before your insurance begins to pay for most services.
- **How it works:** You cover 100% of covered medical costs until the deductible is met; copays may not count toward this.
- **Example:** If your deductible is \$1,500, you pay that amount before coinsurance or full coverage kicks in.



Maximum Out-of-Pocket (OOP)

- **What it is:** The most you'll have to pay for covered services in a calendar year, including deductible, copays, and coinsurance.
- **How it works:** Once you hit this limit, your plan pays 100% of covered costs for the rest of the year.
- **Example:** If your OOP max is \$6,000, once you've paid that through eligible expenses, you're done paying for covered care that year.





Anthem/Blue Shield Medical Benefits Summary

Deductibles/Co-insurance/Maximum	Gold PPO		Platinum PPO	
Calendar Year Deductible(s) (Individual/Family)	\$500/\$1,000		\$300/\$600	
Maximum Medical Out of Pocket (Individual/Family)	\$2,000/\$4,000		\$1,300/\$3,600	
Medicare Retiree Maximum Out of Pocket	\$1,500/\$3,000		\$1,000/\$3,000	
Services/Coverages	Participating Providers (You Pay)	Non-Participating Providers (You Pay)	Participating Providers (You Pay)	Non-Participating Providers+ (You Pay)
Inpatient Hospital Room, Board & Support Services (Prior authorization required)	20% Hospital	50% up to \$600 per day	10%	50% up to \$600 per day
Ambulatory Surgery Center	Deductible Waived; 10% Coinsurance	50% up to \$350 per day	Deductible Waived; No charge	50% up to \$350 per day
Emergency Room Visit Results in Admission as Inpatient	20%		10%	
Emergency Room Visit Does Not Result in Admission	20%, \$100 co-pay		10%, \$100 co-pay	
Physician Benefits (Office visits)	\$20 co-pay	50%	\$20 co-pay	50%
Preventative Care	No Charge	Not Covered	No Charge	Not Covered
Rehabilitation Service (In an office location)	20%	50% up to \$350 per day	10%	50% up to \$350 per day
Acupuncture (26 Visits per calendar year combined with Chiropractic)	20%		10%	50%
Durable Medical Equipment	20%	Not Covered	10%	Not covered
Hospice	20%	Not Covered without Prior Authorization	10%	Not Covered without Prior Authorization
Ambulance	20%		10%	
Home Health Care 100 visits/year (Prior authorization required)	20%	Not Covered without Prior Authorization	10%	Not Covered without Prior Authorization
Chiropractic Services (26 Visits per calendar year/ combined with Acupuncture)	20% up to \$50 per visit	50% up to \$25 per visit	10% up to \$50 per visit	50% up to \$25 per visit
Prescription Drugs Active/Early Retiree Plans Only*	Navitus		Navitus	
Prescription Maximum Out of Pocket	\$4,600/\$9,200		\$5,300/\$9,600	
(At Participating Pharmacies only)	Generic/Brand/Non-formulary/Specialty		Generic/Brand/Non-formulary/Specialty	
Retail – 30 day supply	\$5/\$30/\$45/30% (max co-pay \$150)		\$5/\$30/\$45/30% (max co-pay \$150)	
Mail Order – 90 day supply	\$10/\$75/\$112.50/30% (max co-pay \$300)		\$10/\$75/\$112.50/30% (max co-pay \$300)	
Brand/Non-Formulary/Specialty Deductible (Individual/Family)	None		None	

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Deductibles/Co-insurance/Maximum	Silver PPO		EPO
Calendar Year Deductible(s) (Individual/Family)	\$2,000/\$4,000		\$300/\$600
Maximum Medical Out of Pocket (Individual/Family)	\$5,000/\$10,000		\$1,300/\$2,600
Medicare Retiree Maximum Out of Pocket	\$3,000/\$6,000		\$1,000/\$2,000
Services/Coverages	Participating Providers (You Pay)	Non-Participating Providers (You Pay)	Participating Providers (You Pay)
Inpatient Hospital Room, Board & Support Services (Prior authorization required)	20%	50% up to \$600 per day	No Charge
Ambulatory Surgery Center	Deductible Waived; 10%	50% up to \$350 per day	Deductible Waived; No charge
Emergency Room Visit Results in Admission as Inpatient	20%		No Charge
Visit Does Not Result in Admission	20%, \$100 co-pay		\$100 co-pay
Physician Benefits (Office visits)	\$30 co-pay	50%	\$30 co-pay
Preventative Care	No Charge	Not Covered	No Charge
Rehabilitation Service (In an office location)	20%	50% up to \$350 per day	\$30 co-pay
Acupuncture (26 Visits per calendar year/combined with Chiropractic)	20%		\$30 co-pay
Durable Medical Equipment	20%	Not Covered	20%
Hospice	20%	Not Covered without Prior Authorization	No Charge
Ambulance	20%		\$50 Per Transport
Home Health Care 100 visits/year (Prior authorization required)	20%	Not Covered without Prior Authorization	\$30 co-pay (100 Visits/year)
Chiropractic Services (26 Visits per calendar year/combined with Acupuncture)	20% up to \$50 per visit	50% up to \$25 per visit	\$30 co-pay
Prescription Drugs Active/Early Retiree Plans Only*	Navitus		Navitus
Prescription Maximum Out of Pocket	\$1,600/\$3,200		\$5,300/\$10,600
(At Participating Pharmacies only)	Generic/Brand/ Non-formulary/Specialty		Generic/Brand/ Non-formulary/Specialty
Retail – 30 day supply	\$10/\$20/\$45/30% (max co-pay \$150)		\$10/\$20/\$45/30% (max co-pay \$150)
Mail Order – 90 day supply	\$20/\$40/\$90/30% (max co-pay \$300)		\$15/\$50/\$112.50/30% (max co-pay \$150)
Brand/Non-Formulary/Specialty Deductible (Individual/Family)	\$200/\$500		\$200

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Deductibles/Co-insurance/Maximum	Bronze 70/30 PPO Plan	
Calendar Year Deductible(s) (Individual/Family)	\$5,000/\$10,000	\$5,000/\$10,000
Maximum Medical Out of Pocket (Individual/Family)	\$7,000/\$14,000	No Limit Single/ No Limit Family
Medicare Retiree Maximum Out of Pocket	\$7,000/\$14,000	No Limit Single/ No Limit Family
Services/Coverages	Participating Providers (You Pay)	Non-Participating Providers (You Pay)
Outpatient Hospital/Inpatient Hospital Room, Board & Support Services (Prior authorization required)	30%	50% up to \$600 per day plus 100% of added charges
Ambulatory Surgery Center	30%/20%	50% up to \$350 per day, plus 100% of added charges
Emergency Room Visit Results in Admission as Inpatient	30%	
Visit Does Not Result in Admission	\$250 + 30%	
Physician Benefits (Office visits)	30% (deductible waived)	50%
Preventative Care	No Charge (deductible waived)	Not Covered
Rehabilitation Service (In an office location)	30%	50% up to \$350 per day, plus 100% of added charges
Acupuncture (26 Visits per calendar year/combined with Chiropractic)	30%	50%
Durable Medical Equipment	30%	Not Covered
Hospice	30%	Not Covered without Prior Authorization
Ambulance	30%	
Home Health Care 100 visits/year (Prior authorization required)	30%	Not Covered without Prior Authorization
Chiropractic Services (26 Visits per calendar year/combined with Acupuncture)	30% up to \$50 per visit	50% up to \$25 per visit
Prescription Drugs Active/Early Retiree Plans Only	Navitus	
Prescription Maximum Out of Pocket	\$1,500/\$3,000	
(At Participating Pharmacies only)	Generic/Brand/Non-formulary/Specialty	
Retail - 30 day supply	\$15/\$50/\$50/30% (max co-pay \$150)	
Mail Order - 90 day supply	\$30/\$100/\$100/30% (max co-pay \$300)	

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Deductibles/Co-insurance/Maximum	HDHP - 10%		HDHP - 20%	
Calendar Year Deductible(s) (Individual/Family)	\$1,650/\$3,300		\$3,000/\$6,000	
Maximum Medical Out of Pocket (Individual/Family)	\$5,000/\$10,000		\$6,200/\$12,400	
Medicare Retiree Maximum Out of Pocket	Not Applicable		Not Applicable	
Services/Coverages	Participating Providers (You Pay)	Non-Participating Providers (You Pay)	Participating Providers (You Pay)	Non-Participating Providers (You Pay)
Inpatient Hospital Room, Board & Support Services (Prior authorization required)	10%	50% up to \$600 per day	20%	50% up to \$600 per day
Ambulatory Surgery Center	Deductible, No Charge	50% up to \$350 per day	Deductible, 10%	50% up to \$350 per day
Emergency Room Visit Results in Admission as Inpatient	10%		20%	
Visit Does Not Result in Admission	10%, \$100 co-pay		20%, \$100 co-pay	
Physician Benefits (Office visits)	10%	50%	20%	50%
Preventative Care	No Charge	Not Covered	No Charge	Not Covered
Rehabilitation Service (In an office location)	10%	50%	20%	50%
Acupuncture (26 Visits per calendar year/combined with Chiropractic)	10% up to \$30 per visit		20% up to \$30 per visit	
Durable Medical Equipment	10%	Not covered	20%	Not covered
Hospice	10%	Not covered without prior authorization	20%	Not covered without prior authorization
Ambulance	10%		20%	
Home Health Care 100 visits/year (Prior authorization required)	10%	Not Covered without Prior Authorization	20%	Not Covered without Prior Authorization
Chiropractic Services (26 Visits per calendar year/combined with Acupuncture)	10% up to \$25 per visit	50% up to \$25 per visit	20% up to \$25 per visit	50% up to \$25 per visit
Prescription Drugs Active/Early Retiree Plans Only	Anthem/Blue Shield		Anthem/Blue Shield	
Prescription Maximum Out of Pocket	Combined with Medical		Combined with Medical	
(At Participating Pharmacies only)	Generic/Brand/Specialty	Generic/Brand	Generic/Brand/Specialty	Generic/Brand
Retail - 30 day supply	\$7/\$25/Not Covered	\$7/\$25	\$7/\$25/Not Covered	\$7/\$25
Mail Order - 90 day supply	\$14/\$60/30% (max co-pay \$150)	Not covered	\$14/\$60/30% (max co-pay \$150)	Not covered
Brand/Non-Formulary/Specialty Deductible (Individual/Family)	Subject to deductible		Subject to deductible	

This summary is intended to compare coverage benefits only. The actual plan contract should be consulted for a detailed description of coverage benefits and limitations. Non-participating provider member cost may not apply to maximum out of pocket costs

Deductibles/Co-insurance/Maximum	Access+ HMO 15	Access+ HMO 20
Calendar Year Deductible(s) (Individual/Family)	None	None
Maximum Medical Out of Pocket (Individual/Family)	\$1,500/\$3,000	\$1,500/\$3,000
Medicare Retiree Maximum Out of Pocket	Not applicable	Not applicable
Services/Coverages	Participating Providers (You Pay)	Participating Providers (You Pay)
Inpatient Hospital Room, Board & Support Services (Prior authorization required)	No Charge	\$250 per admission
Non-Emergency Outpatient Services: Ambulatory Surgery Center Hospital Facility Outpatient Treatment	No Charge \$100/Surgery No Charge	\$50/Surgery \$150/Surgery No Charge
Emergency Room Visit Results in Admission as Inpatient	No Charge	No Charge
Visit Does Not Result in Admission	\$50 co-pay	\$100 co-pay
Preventative Care	No Charge	No Charge
Office visits <i>Note: A woman may self-refer to an OB/GYN or family practice physician in her personal physician's medical group or IPA for OB/GYN services.</i>	\$15 co-pay	\$20 co-pay
Rehabilitation Service (In an office location)	\$15 co-pay	\$20 co-pay
Durable Medical Equipment	20%	20%
Hospice	No charge	Routine Home Care and Inpatient Respite Care - No Charge/24 Hour Continuous Home Care and General Inpatient Care - \$150/day
Ambulance	\$50 co-pay	\$100 co-pay
Home Health Care 100 visits/year (Prior authorization required)	\$15 co-pay (100 visits per year)	\$20 co-pay (100 visits per year)
Chiropractic Services (Combined with Acupuncture)	\$10 co-pay (30 visits per year)	\$10 co-pay (30 visits per year)
Acupuncture (Combined with Chiropractic)	\$10 co-pay (30 visits per year)	\$10 co-pay (30 visits per year)
Prescription Drugs Active/Early Retiree Plans Only	Navitus	Navitus
Prescription Maximum Out of Pocket	\$5,100/\$10,200	\$5,100/\$10,200
(At Participating Pharmacies only)	Generic/Brand/Non-Formulary/Specialty	Generic/Brand/Non-Formulary/Specialty
Retail - 30 day supply	\$5/\$10/\$25/20% (max co-pay \$100)	\$10/\$25/Not Covered/20% (max co-pay \$100)
Mail Order - 90 day supply	\$10/\$20/\$50/20% (max co-pay \$100)	\$20/\$50/Not Covered/20% (max co-pay \$100)
Brand/Non-Formulary/Specialty Deductible (Individual/Family)	None	None

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Kaiser Medical Benefits Summaries

Deductibles/Co-insurance/Maximum	Traditional HMO 15	Traditional HMO 20
Calendar Year Deductible(s) (Individual/Family)	None	None
Maximum Medical Out of Pocket (Individual/Family)	\$1,500/\$3,000	\$1,500/\$3,000
Medicare Retiree Maximum Out of Pocket	No Applicable	No Applicable
Services/Coverages	Participating Providers (You Pay)	Participating Providers (You Pay)
Inpatient Hospital Room, Board & Support Services (Prior Authorization Required)	No Charge	\$250 per admission
Non-Emergency Outpatient Services: Ambulatory Surgery Center Hospital Facility Outpatient Treatment	\$15/Surgery No charge \$15/Surgery	\$20/Surgery No charge \$20/Surgery
Emergency Room Visit Results in Admission as Inpatient	See inpatient hospital	See inpatient hospital
Visit Does Not Result in Admission	\$50 Co-Pay	\$100 Co-Pay
Preventative Care	No charge	No charge
Office visits	\$15 Co-Pay	\$20 Co-Pay
Rehabilitation Service (Outpatient)	\$15 Co-Pay	\$20 Co-Pay
Durable Medical Equipment	No charge	20%
Hospice	No Charge	No Charge
Ambulance	No Charge	\$50 Co-pay
Home Health Care 100 visits/year (prior authorization required)	No Charge	No Charge
Chiropractic Services (Combined with Acupuncture)	\$10/up to 30 visits	\$10/up to 30 visits
Acupuncture (Combined with Chiropractic)	\$10/up to 30 visits	\$10/up to 30 visits
Prescription Drugs Active/Early Retiree Plans Only	Kaiser	Kaiser
(At Participating Pharmacies only)	Generic/Brand/Specialty	Generic/Brand/Specialty
Retail - 30 day supply	\$5/\$20/\$20	\$10/\$25/20% (max co-pay \$150)
Mail Order - 100 day supply	\$10/\$40	\$20/\$50
Brand/Non-Formulary/Specialty Deductible (Individual/Family)	None	None

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Deductibles/Co-insurance/Maximum	Kaiser Permanente Senior Advantage (KPSA) HMO with Part D
Calendar Year Deductible(s) (Individual/Family)	None
Maximum Medical Out of Pocket (Individual/Family)	\$1,500/\$3,000
Medicare Medical Maximum Out of Pocket	Not Applicable
Services/Coverages	Participating Providers (You Pay)
Inpatient Hospital Room, Board & Support Services (Prior authorization required)	No Charge
Non-Emergency Outpatient Services: Ambulatory Surgery Center Hospital Facility Outpatient Treatment	\$10/Surgery See Outpatient specific service co-pay \$10 Per procedure
Emergency Room Visit Results in Admission as Inpatient	See Inpatient Hospital
Visit Does Not Result in Admission	\$50 Co-Pay
Preventative Care	No Charge
Office visits	\$10 Co-Pay
Rehabilitation Service (Outpatient)	\$10 Co-Pay
Durable Medical Equipment	No Charge
Ambulance	No Charge
Home Health Care (Prior authorization required)	No Charge
Chiropractic Services (Combined with Acupuncture)	\$10/up to 30 visits
Acupuncture (Combined with Chiropractic)	\$10/up to 30 visits
Prescription Drugs	Kaiser
(At Participating Pharmacies only)	Generic/Brand
30 day supply	\$5/\$20
31 - 60 day supply	\$10/\$40
61 - 100 day supply	\$15/\$60
(Mail Order Refills only)	Generic/Brand
30 day supply	\$5/\$20
31 - 100 day supply	\$10/\$40

This summary is intended to compare coverage benefits only. Actual plan contract should be consulted for a detailed description of coverage benefits & limitations. Non-participating provider member cost may not apply to maximum out of pocket costs

Medicare Coordination of Benefits Overview

Our Medicare Supplemental coverage is available to retirees and their eligible spouses or dependents who are enrolled in both our medical benefits program and Medicare Parts A (hospital), B (medical), and D (prescription coverage through Navitus). This coverage is intended to assist with expenses that Medicare alone does not fully cover—such as deductibles, copayments, and other out-of-pocket costs.

Eligibility to apply for Medicare begins at age 65. Regardless of whether Medicare serves as the primary or secondary payer, members' core coverage through our medical benefits program remains unchanged.



How Coordination of Benefits (COB) Works

Our plan works in conjunction with Medicare to determine payment responsibilities for healthcare services. Medicare is typically the first to process a claim. If our carrier's allowed reimbursement exceeds Medicare's, we will contribute the difference, ensuring the provider receives the contracted amount under our plan.

If a service is excluded from Medicare coverage but included under our plan, the claim will be handled solely through our plan, and normal cost-sharing (such as co-pays or deductibles) will apply.

EGWP Prescription Coverage (Part D Program) Co-pays

Medication Tier	31-Day Retail	60-Day Retail	90-Day Retail	90-Day Mail
Generic	\$5.00	\$10.00	\$15.00	\$10.00
Brand	\$20.00	\$40.00	\$60.00	\$40.00
Non-Preferred	\$50.00	\$100.00	\$150.00	\$100.00

KPSA Prescription Coverage (Part D Program) Co-pays

Medication Tier	30-Day Retail	31-60-Day Retail	61-100-Day Retail	30-Day Mail	31-100 Day Mail
Generic	\$5.00	\$10.00	\$15.00	\$5.00	\$10.00
Brand	\$20.00	\$40.00	\$60.00	\$20.00	\$40.00

Health Plan Added Benefits

When a member enrolls their employees in GRMSMA's Health Plan, they are not only covered through the chosen health plan design, but they are also able to enroll in the following added benefits at no additional cost.

Carrum Health – Surgery Benefit



Digbi – Weight Loss Program



Hinge Health – Virtual/Digital Physical Therapy



RX'nGo – Generic Medications Program



Surgery/Breast Cancer-Second Option Program

Carrum Health (Carrum) – Surgery Benefit Program

Carrum Health is a special surgery benefit that provides exclusive access to “Centers of Excellence”. These hospitals and doctors provide for an improved patient experience and top-quality, more affordable care.



The Carrum Surgery Benefit is an option outside of your surgery benefit provided by your medical carrier. Carrum Surgery Benefits is not available under the HMO Plans.

Personalized “Care Concierge” support – Helps guide patient through the process

Recovery – Personalized support through total care coordination

Access to top-Quality Surgeons – perform hundreds of surgeries All medical expenses – covered for the patient**

Travel Expenses – covered for patient and companion*

Voluntary participation – Employee Initiates the service by phone or online

**IRS Rules a portion of the covered travel will be reported as taxable income to employee.*

***IRS regulations on HSA plans the deductible applies but coinsurance is waived.*

Most common eligible procedures include:

- Hip Replacement
- Knee replacement
- Cervical Spinal fusion
- Lumbar Spinal Fusion
- Coronary Bypass Surgery
- Bariatric (Weight Loss)
- Shoulder Repair
- Elbow Repair
- Wrist/Hand Repair
- Ankle/foot Repair
- Hysterectomies
- Pain Management

Visit Carrum Health online for a full list.





Carrum Oncology – Breast Cancer Treatment/Second Opinion Program

Carrum has expanded services to now include Oncology Treatment and Second Opinion/Guidance plan services for individuals diagnosed with Breast Cancer. The Carrum Oncology Benefit is at no additional cost and is an option outside of your cancer benefit provided by your medical carrier. Treatment and/or second opinion/guidance plan options are provided through the City of Hope in Los Angeles, California. Travel expenses are included with treatment when treatment is required. Please note HMO plans are not eligible to participate in the Carrum Oncology Benefits. Additional procedures will become eligible on a regular basis.

**Carrum Health Surgery Benefit Program is built into current health plans, This benefit is no extra cost to Members.*

This summary is intended to compare coverage benefits only. The actual plan contract should be consulted for a detailed description of coverage benefits and limitations.

Digbi

The Digbi Health program uses biology to treat and prevent certain chronic illnesses to help lower costs for members.



- Digbi stands for “Digestible Bites” which describes their approach with program participants and is designed to be easy to use for your average member
- Digbi uses at-home genetic tests, gut microbiome tests, and continuous glucose monitoring so they can understand each person’s unique biological profile, root causes for their conditions and develop personalized care pathways tailored for each individual
- Digbi uses a “food as medicine” approach to managing Chronic Disease providing tools to help members choose foods that optimize their health
- Digbi provides resources to help people learn and make meaningful changes in their lifestyle and diet, such as Coaches, Nutritionists and Digital Tools (photo uploads of meals, AI analysis of meals with scoring, recipes, weight tracking, exercise tracking, educational content)

PRISM will be changing its GLP-1 Weight Loss eligibility criteria to more closely match the marketplace AND is designating Digbi Health as the SOLE Prescriber for ALL GLP-1 and Non-GLP-1 Weight Loss medications.

This means that members will not be able to get Weight Loss Medications through their community providers. They will need to go through Digbi Health and meet PRISM’s new eligibility criteria AND participate in the Digbi Health program in order to qualify for weight loss Medication.

This summary is intended to compare coverage benefits only. The actual plan contract should be consulted for a detailed description of coverage benefits and limitations.





Virtual/Digital Physical Therapy Program

Hinge Health (Hinge)
– Virtual/Digital
Physical Therapy



Hinge Health is a “no cost” digital Physical Therapy option to help prevent injury, prevent surgery, and address acute or chronic pain. Eligible plan participants will receive wearable devices free of charge.

The Hinge Benefit is an option outside of your benefits provided by your medical carrier. Hinge Health is not available under the HMO Plans.

Hinge Health pairs a complete clinical care team with advanced technology to deliver an all-in-one solution: Dedicated physical therapist for 1:1 video visits

Dedicated health coach – trained in motivation and behavioral support

Customized exercise therapy – with wearable sensors for real-time feedback

Wearable pain management technology – for immediate pain relief

Education – on lifestyle, condition and pain management

Expert medical opinion – with in-house orthopedic surgeons

Voluntary participation – Employee Initiates the service by phone or online

This summary is intended to compare coverage benefits only. The actual plan contract should be consulted for a detailed description of coverage benefits and limitations.

Generic Medications Program

Rx'nGo

Employees and Dependents enrolled in the **Anthem or Blue Shield PPO, EPO, HDHP and HMO Medical plans:**



Employees and dependents have the option to receive up to a 90-day supply of generic maintenance medication by mail at no cost (\$0 copay, \$0 shipping) through a convenient program called, Rx 'n Go. With this new benefit, employees and dependents will be able to save time and money with their Rx delivered right to their home!

- 1,300 generic medications covered on the EPO/PPO/HMO Plan – for FREE
- 800 preventive, generic medications covered on the HDHP/HSA Plan – for FREE
- Insulin products, needles, and syringes are all available – for FREE
- Prodigy® and FreeStyle Libre diabetic monitor and test strips available – for FREE

This summary is intended to compare coverage benefits only. The actual plan contract should be consulted for a detailed description of coverage benefits and limitations.



Dental Plan Summaries

Dental Plan PPO – Delta Dental

The PRISMHealth Dental Program was created to provide GSRMA members with comprehensive dental coverage and flexible benefits plan designs at the lowest possible rates.

Delta Dental is the nation's leading dental benefits system and offers the largest network of dentists in the U.S.A. The Delta Dental networks have more than 125,000 dentists nearly 61,000 more than the next closest national competitor.

Program Highlights

- Largest dental network in California
- Dental PPO and Premier networks available

Dental Benefits - Delta Dental	Low DPPO Plan		Med DPPO Plan		High DPPO Plan	
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Calendar Year Maximum	\$1,000	\$750	\$1,500	\$1,250	\$2,000	\$1750
Calendar Year Deductible	(Per patient per calendar year)		(Per patient per calendar year)		(Per patient per calendar year)	
Individual/Family	\$50/\$150 (Waived for Preventive)		\$50/\$150 (Waived for Preventive)		\$50/\$150 (Waived for Preventive)	
Age Limitations	Dependents to Age 26		Dependents to Age 26		Dependents to Age 26	
Diagnostic and Preventive Oral Exam Routine Cleaning X-Rays Fluoride Treatment Space Maintainers Specialist Consultations	100%		100%		100%	
Basic Services Fillings Endodontics (Root Canal) Periodontics (Gum Treatment) Tissue Removal (Biopsy) Extractions & Other Oral Surgery Sealants	80%		80%		80%	
Major Services Crown Repair Inlays, Onlays Cast Restorations Bridges Partial and Full Dentures	50%		60%		80%	
Orthodontics Eligible for Benefit Lifetime Maximum	Not Covered		50% Child & Adults \$500		50% Child & Adults \$1500	

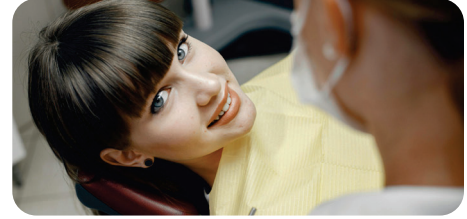
This summary is intended to compare coverage benefits only. The actual plan contract should be consulted for a detailed description of coverage benefits and limitations.



Dental Plan DHMO Summary

Dental Plan DHMO – Delta Dental

Delta Dental is the nation's leading dental benefits system and offers the largest network of dentists in the U.S.A. The Delta Dental networks have more than 125,000 dentists nearly 61,000 more than the next closest national competitor.



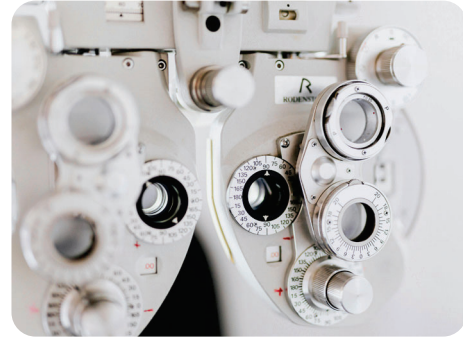
Dental Benefits - Delta Dental	DHMO - Plan 10A	DHMO - Plan 11A	DHMO - Plan 12A
Age Limitations	Dependents to Age 26	Dependents to Age 26	Dependents to Age 26
Diagnostic and Preventive Oral Exam Routine Cleaning X-Rays Fluoride Treatment	100%	100%	100%
Basic Services Amalgam Fillings (1-4 Surfaces) Resin - One surface, anterior Endodontics (Root Canal) Endodontics (Therapeutic Pulpotomy) Endodontics (Pulp Cap) Periodontics (Gingivectomy - per quadrant) Periodontics (Osseous Surgery - per quadrant) Periodontics (Scaling and Root Planning - per quadrant) Extractions & Other Oral Surgery (Impacted tooth: soft tissue) Extractions & Other Oral Surgery (Impacted tooth: partial bony) Extractions & Other Oral Surgery (Impacted tooth: full bony) Sealants	100% 100% \$45 100% 100% \$80 \$175 100% \$25 \$50 \$70 \$5	100% 100% \$55 100% 100% \$130 \$280 \$25 \$50 \$70 \$90 \$10	\$5 - \$20 \$22 \$85 \$15 \$135 \$300 \$40 \$55 \$75 \$95 \$10
Major Services Inlays, Onlays Crowns - Porcelain/Ceramic Substrate Crown - Porcelain Fused to High Noble Metal Crown - Full Cast High Noble Metal Partial and Full Dentures	100% \$195 \$195 \$170 \$120	100% \$240 \$240 \$210 \$160	\$45 - \$55 \$295 \$295 \$260 \$240
Prosthodontics Complete - Upper or Lower Immediate - Upper or Lower Partial Denture - Upper or Lower	\$100 \$120 \$120	\$145 \$165 \$160	\$215 \$235 \$240
Orthodontics Child to age 19 Member over age 19	\$1,700 \$1,900	\$1,700 \$1,900	\$1,700 \$1,900

This summary is intended to compare coverage benefits only. The actual plan contract should be consulted for a detailed description of coverage benefits and limitations.

Vision Plan Summary

Vision Plan – VSP

The PRISMHealth Vision Program provides GSRMA plans from the nation's leading vision care networks, VSP. With 55 million members, VSP is the largest not-for-profit vision care company in the U.S.A. and is the only eye health company 100% dedicated to private doctors. It's provider network includes ophthalmologists and optometrists, offering over 37,000 access points nationwide.



Vision Benefit	Option 1 - Plan A (\$25)		Option 2 - Plan B (\$25)	
	In-Network	Non-Network	In-Network	Non-Network
Copay	\$25 for Exam and/or materials		\$25 for Exam and/or materials	
Exam	Covered after Co-Pay	Plan pays up to \$50	Covered after Co-Pay	Plan pays up to \$50
Lenses				
Single	Covered after Co-Pay	\$50	Covered after Co-Pay	\$50
Bifocal	Covered after Co-Pay	\$75	Covered after Co-Pay	\$75
Trifocal	Covered after Co-Pay	\$100	Covered after Co-Pay	\$100
Frames	\$130 Allowance 20% off amount over allowance	\$70	\$130 Allowance 20% off amount over allowance	\$70
Contact Exam and Fitting	Up to \$60	\$0	Up to \$60	\$0
Contact Lenses – Elective	\$130 Allowance	\$105	\$130 Allowance	\$105
Contact Lenses – Medically Necessary	Covered after Co-Pay	\$210	Covered after Co-Pay	\$210
Frequency of Services				
Eye Examination	12 Months		12 Months	
Lenses	24 Months		12 Months	
Frames	24 Months		24 Months	
Contact Lenses ¹	24 Months		12 Months	

¹ Contact lenses are in lieu of spectacle lenses and frames

This summary is intended to compare coverage benefits only. The actual plan contract should be consulted for a detailed description of coverage benefits and limitations.

Vision Plan – VSP

Vision Benefit	Option 3 - Plan B (\$15)		Option 4 - Plan C (\$25)		Option 5 - Plan C (\$0)	
	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Copay	\$15 for Exam and/or materials		\$25 for Exam and/or materials		\$0 for Exam and/or materials	
Exam	Covered after Co-Pay	Plan pays up to \$50	Covered after Co-Pay	Plan pays up to \$50	Covered after Co-Pay	Plan pays up to \$50
Lenses						
Single	Covered after Co-Pay	\$50	Covered after Co-Pay	\$50	Covered after Co-Pay	\$50
Bifocal	Covered after Co-Pay	\$75	Covered after Co-Pay	\$75	Covered after Co-Pay	\$75
Trifocal	Covered after Co-Pay	\$100	Covered after Co-Pay	\$100	Covered after Co-Pay	\$100
Frames	\$130 Allowance 20% off amount over allowance	\$70	\$130 Allowance 20% off amount over allowance	\$70	\$130 Allowance 20% off amount over allowance	\$70
Contact Exam and Fitting	Up to \$60	\$0	Up to \$60	\$0	Up to \$60	\$0
Contact Lenses – Elective Contact Lenses – Medically Necessary	\$130 Allowance Covered after Co-Pay	\$105 \$210	\$130 Allowance Covered after Co-Pay	\$105 \$210	\$130 Allowance Covered after Co-Pay	\$105 \$210
Frequency of Services:						
Eye Examination	12 Months		12 Months		12 Months	
Lenses	12 Months		12 Months		12 Months	
Frames	24 Months		12 Months		12 Months	
Contact Lenses ¹	12 Months		12 Months		12 Months	

¹ Contact lenses are in lieu of spectacle lenses and frames

This summary is intended to compare coverage benefits only. The actual plan contract should be consulted for a detailed description of coverage benefits and limitations.



Basic Life Plan Summary

Basic Life and Basic AD&D Insurance – Voya Financial

Groups with 10(+) Lives* Basic Life and AD&D Benefits		
Eligibility	All Eligible Employees working at least 20 hrs/wk	
Life Benefits	Groups must elect a flat amount of: \$10,000-\$200,000 in \$10,000 increments Basic life benefits have to be defined by class of employee; i.e. City manager, confidential employees, etc. or All employees as one class or 1x Annual Salary or 2x Annual Salary	
AD&D Benefits	Same as Life Insurance	
Guarantee Issue Amount	\$200,000	
Benefit Reduction Formula	Age	% of Original Benefit
	65	65%
	70	50%
Accelerated Life Benefit	50% of Life Benefits if less than 6 Month Life Expectancy	
Waiver of Premium	Included	
Seat Belt Benefit (AD&D)	Included	

Groups with less than 10 lives* Basic Life and AD&D Benefits		
Eligibility	All Eligible Employees working at least 20 hrs/wk	
Life Benefits	Groups must elect a flat amount of: \$10,000-\$200,000 in \$10,000 increments Basic life benefits have to be defined by class of employee; i.e. City manager, confidential employees, etc. or All employees as one class or 1x Annual Salary or 2x Annual Salary	
AD&D Benefits	Same as Life Insurance	
Guarantee Issue Amount	\$200,000	
Benefit Reduction Formula	Age	% of Original Benefit
	65	65%
	70	50%
Accelerated Life Benefit	50% of Life Benefits if less than 6 Month Life Expectancy	
Waiver of Premium	Included	
Seat Belt Benefit (AD&D)	Included	

*Entities must contribute a minimum of 100% of the cost for active employees only. Rates shown are for active and retired employees, and public officials.

This summary is intended to compare coverage benefits only. The actual plan contract should be consulted for a detailed description of coverage benefits and limitations.



Supplemental Life Plan Summary/Rates

Supplemental Life and Supplemental AD&D Insurance – Voya Financial

Supplemental Life and Supplemental AD&D Insurance Benefits*		
Eligibility	All Eligible Employees working at least 20 hour per week	
Employee Benefit		
Minimum	\$20,000	
Maximum	\$250,000	
Increments of:	\$10,000	
Guaranteed Issue Amount Employee	Under Age 60: \$100,000 Age 60 and Over: \$50,000	
Spouse Benefit	Not to Exceed 50% of Employee's Supplemental Life Benefit	
Minimum	\$20,000	
Maximum	\$125,000	
Increments of:	\$5,000	
Guaranteed Issue Amount Spouse	\$25,000	
Dependent Child(ren) Benefit		
Minimum	\$5,000	
Maximum	\$10,000	
Increments of:	\$5,000	
Guaranteed Issue Amount Dependent	\$10,000	
Benefit Reduction Formula	Age	% of Original Benefit
	65	65%
	70	50%
Waiver of Premium	Included	
Portability	Included	

- 1 The age of the employee is used when calculating the premium for Supplemental Life for the spouse.
- 2 The spouse or dependents can only enroll in Supplemental Life if the employee is enrolled in Supplemental Life.

* Supplemental Life is only available if the Entity is enrolled in VOYA Financial Basic Life and AD&D.

This summary is intended to compare coverage benefits only. The actual plan contract should be consulted for a detailed description of coverage benefits and limitations.

Short Term Disability Income Summary

Short Term Disability Insurance – Voya Financial

Short Term Disability Benefits	Option 1 (SDI)	Option 2	Option 3
Eligibility	All Eligible Employees working at least 20 hours/week	All Eligible Employees working at least 20 hours/week	All Eligible Employees working at least 20 hours/week
Elimination Period <i>Accident/Sickness/Benefit Duration</i>	7days/7days/52 Weeks	7 days/7days/13 Weeks	7 days/7days/26 Weeks
Weekly Benefit Amount	60% to \$1,252	60% to \$1,500	60% to \$1,500
Minimum Weekly Benefit	\$50	\$50	\$50
Pre-existing condition limitation	None	None	None
Maternity	Included	Included	Included
Definition of Disability	Residual	Residual	Residual
Guarantee Issue	Yes	Yes	Yes
Participation	100%	100%	100%
1 st Day Hospital	No	No	No
Coverage	Non-Occ Only	Non-Occ Only	Non-Occ Only
Offset for state plan	No	No	No

This summary is intended to compare coverage benefits only. The actual plan contract should be consulted for a detailed description of coverage benefits and limitations.





Long Term Disability Income Summary

Long Term Disability Insurance – Voya Financial

Long Term Disability Benefits	For Groups with 10(+) lives		For Groups with less than 10 lives	
	Option 1	Option 2	Option 1	Option 2
Eligibility	All Eligible Employees working at least 20 hours/week	All Eligible Employees working at least 20 hours/week	All Eligible Employees working at least 20 hours/week	All Eligible Employees working at least 20 hours/week
Elimination Period	90 Days (1)	180 Days (2)	90 Days (1)	180 Days (2)
Monthly Benefit Percentage	60%	60%	60%	60%
Maximum Monthly Benefit	\$5,000 or \$10,000	\$5,000 or \$10,000	\$5,000 or \$10,000	\$5,000 or \$10,000
Own Occupation Definition	24 Months	24 Months	24 Months	24 Months
Disability Earnings Test	80%	80%	80%	80%
Definition of Disability	Earnings & Occupation	Earnings & Occupation	Earnings & Occupation	Earnings & Occupation
Recurrent Disabilities	6 Months	6 Months	6 Months	6 Months
Mental Health/Substance Abuse Limitations	24 Months	24 Months	24 Months	24 Months
Maximum Benefit Duration	To Age 65 or SSNRA	To Age 65 or SSNRA	To Age 65 or SSNRA	To Age 65 or SSNRA
Pre-Existing Condition	3/12	3/12	3/12	3/12

DEFINITIONS

Elimination period – Benefits begin the day after the elimination period ends.

Own occupation – Employee’s disability will be evaluated on their ability to perform their own occupations to a certain degree.

Recurrent disabilities – Refers to the instance where an employee recovers temporarily from a disability and returns to work, but then the disability resurfaces. If the disability resurfaces within a set time frame, the elimination period does not have to be satisfied again.

This summary is intended to compare coverage benefits only. The actual plan contract should be consulted for a detailed description of coverage benefits and limitations



Employee Assistance Program

Concern and Concern + First Responder Plan

	Concern Standard Plan	Concern+ First Responder Plan
Employee Assistance Program		
Number of Sessions/Frequency	3 Face to Face, telephonic/web-video sessions per incident per member	10 Face to Face, telephonic/web-video sessions per incident per member
Services	Telephonic Counseling and Referral for Counselling Sessions	Telephonic Counseling and Referral for Counselling Sessions
Work Life	Life Management Services	Life Management Services
Legal	Referral Service – Up to 30 minutes/session & 25% discount for additional services	Referral Service – Up to 30 minutes/session & 25% discount for additional services
Dependent Care	Child and Elder Care Referral Service	Child and Elder Care Referral Service
Financial	Financial Consultations to include Pre-retirement and tax consultations	Financial Consultations to include Pre-retirement and tax consultations
Education Referrals	Education & Schooling Referrals	Education & Schooling Referrals
Concierge	Daily Living Services	Daily Living Services
Employer Services		
Brown Bag Seminars	10 hours/year/member group	\$400/hour (culturally competent trainers)
CISD – Critical Incident Stress Debriefing	20 hours per incident/member group	\$450/hour (culturally competent trainers)
Management Consultations	Unlimited	Unlimited
Management Training	Unlimited	\$400/hour (culturally competent trainers)
On-site/Virtual Orientation	No Limits	No Limits
Reports	Annual Utilization Reports	
Newsletter and Collateral	Yes, No Charge	Yes, No Charge
Internet Service	members.mhn.com	members.mhn.com
Identity Theft Assistance:	60-minute free consultation with a trained fraud specialist	60-minute free consultation with a trained fraud specialist
Daily Living:	Assistance with pet care, consumer services, home contractors, travel arrangements and more	Assistance with pet care, consumer services, home contractors, travel arrangements and more
Substance Abuse Professional:	3 Visits (no additional charge)	10 Visits (no additional charge)

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