

**FRESNO WESTSIDE MOSQUITO ABATEMENT DISTRICT  
BOARD OF TRUSTEES MEETING  
District Office, 2555 N Street, Firebaugh, California**

**December 10, 2020  
12:45 p.m.**

Join Zoom Meeting

<https://us02web.zoom.us/j/83247508678?pwd=VDFlZnAxTXhRNVBVUzVsaHgxZlhzQT09>

Meeting ID: 832 4750 8678

Passcode: 914920

One tap mobile

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Dial by your location

+1 669 900 9128 US (San Jose)

**AGENDA**

**1. CALL TO ORDER**

**2. ROLL CALL**

**3. PLEDGE OF ALLEGIANCE**

**4. ITEMS GENERAL CONSENT**

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

**5. PUBLIC COMMENT**

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

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

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

**7. STAFF REPORTS AND INFORMATION**

- a) OPERATIONS AND LEGISLATIVE REPORT  
District staff will update the Board on District operations, legislative and regulatory issues, mosquito conditions, staffing, program plans for the oncoming season and other issues of importance to this District.

- b) MEETING REPORTS  
District staff will present an oral report of all meetings attended since the last board meeting and will announce any future meetings.
- c) LEGAL UPDATE  
The Manager will provide an update on new laws related to CV19 and worker leave/safety.

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

- a) BLUE SHIELD HEALTH INSURANCE RENEWAL  
The Board will review the renewal options for our Blue Shield health plan.
- b) COVID-19 PREVENTION PLAN  
The Board will review the proposed CV19 Prevention Plan.

**9. TRUSTEE ISSUES**

- a) TRUSTEE REPORTS AND QUESTIONS

The Trustees will report on mosquito conditions and public opinion in their respective areas. Any questions or problems will be presented to staff.

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

**II. ADJOURNMENT**

The next regular meeting of the Board is Thursday ,**January 14, 2021.**

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

FRESNO WESTSIDE MOSQUITO ABATEMENT

DISTRICT

2555 N Street - FIREBAUGH, CALIFORNIA, 93622

MINUTES:

Board Meeting ----- November 12, 2020  
Headquarters ----- Firebaugh, California

TRUSTEES PRESENT: Capuchino (remote), Felker (remote), Fontana,  
Williams

TRUSTEES ABSENT: Fickett, Ram

OTHERS PRESENT: Conlin Reis, Dist. Manager

President Fontana called the meeting to order at 12:45 p.m.

\* President Fontana called for review of the General Consent items. Following discussion and review, a motion was made, seconded, and passed unanimously to approve the general consent items, as presented.

MOTION: Trustee Williams                      SECOND: Trustee Felker

No members of the public were present at the meeting.

The Manager provided an overview of mosquito and WNV activity in the region and state.

The Manager provided an overview of winter hours and staffing.

The Manager reported that no meetings were attended and that no meetings are scheduled for future attendance at this time.

\* The Board considered the 2021 board meeting schedule. After some discussion, a motion was made, seconded, and passed unanimously to approve the schedule as presented.

MOTION: Trustee Williams                      SECOND: Trustee Felker

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

MOTION: Trustee Williams.                      SECOND: Trustee Capuchino

\* The Board discussed out of state travel for employees for the 2021 year. It was the consensus of the board that this be tabled for a future meeting after in-person conferences resume.

The Trustees were asked to report on mosquito conditions and public opinions in their respective areas. Trustee Fontana reported some activity around his home.

There being no further business, the meeting was adjourned at 1:50 p.m. The next regular meeting of the Board will be held on December 10, 2020.

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Chairman

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Secretary

## Fresno Westside Mosquito Abatement District Checks for Ratification November 19 through December 9, 2020

Date	Num	Name	Memo	Amount
<b>Nov 19 - Dec 9, 20</b>				
11/27/2020		QuickBooks Payroll Service	Created by Payroll Service on 11/16/2020	-13,970.81
12/03/2020		Pacific Gas & Electric Co.	Utilities	-1,044.45
11/30/2020		Angela Patlan Diedrich	Case 12 CE FL 04871	-500.00
11/27/2020		QuickBooks Payroll Service	Created by Direct Deposit Service on 11/24...	-1.75
12/01/2020	E-Pay	Mutual of Omaha	Life Insurance - November	-211.35
11/30/2020	E-Pay	FRESNO WESTSIDE M.A.D.	FIT, MED, OASDI	-5,791.82
11/30/2020	E-Pay	FRESNO WESTSIDE M.A.D.	Ca State Tax	-556.75
11/30/2020	E-Pay	VOYA Institutional Trust Co.	Deferred Compensation	-350.00
11/30/2020	E-Pay	Calpers 457	Def Comp	-3,400.00
11/30/2020	E-Pay	FRESNO WESTSIDE M.A.D.	CalPERS PEPRA	-1,942.04
11/30/2020	E-Pay	FRESNO WESTSIDE M.A.D.	CalPERS Classic	-6,793.61
11/30/2020	DD1655	Diedrich, Matt	Direct Deposit	0.00
11/30/2020	DD1656	Quigley, Robert	Direct Deposit	0.00
11/30/2020	DD1657	Ramos, Edward	Direct Deposit	0.00
11/30/2020	DD1658	Reis, Conlin	Direct Deposit	0.00
11/30/2020	DD1659	Rowan, Chance D	Direct Deposit	0.00
11/30/2020	DD1660	Verdugo, Alfredo J	Direct Deposit	0.00
11/30/2020	DD1661	Young, Brenda D	Direct Deposit	0.00
11/24/2020	8558	ASI Administrative Solutions	admin_November	-270.00
11/24/2020	8559	ASI Administrative Solutions	Claims	-1,103.98
11/24/2020	8560	University of California, Davis	Tableau Creator Online + Desktop licenses	-600.00
11/30/2020	8561	Burns, Richard	Pay Period 11/16/2020 - 11/30/2020	-1,724.15
11/30/2020	8562	Chapman, Brian	Pay Period 11/16/2020 - 11/30/2020	-1,541.34
<b>Nov 19 - Dec 9, 20</b>				<b>-39,802.05</b>

**Fresno Westside Mosquito Abatement District**  
**Checks for Approval**  
**December 10 - 31, 2020**

Date	Num	Name	Memo	Amount
<b>Dec 10 - 31, 20</b>				
12/14/2020		QuickBooks Payroll Service	Created by Payroll Service on 12/07/2020	-13,970.81
12/15/2020		Angela Patlan Diedrich	Case 12 CE FL 04871	-500.00
12/14/2020		QuickBooks Payroll Service	Created by Direct Deposit Service on 12/09/2020	-1.75
12/30/2020		QuickBooks Payroll Service	Created by Payroll Service on 12/09/2020	-13,970.84
12/31/2020		Angela Patlan Diedrich	Case 12 CE FL 04871	-500.00
12/30/2020		QuickBooks Payroll Service	Created by Direct Deposit Service on 12/09/2020	-1.75
12/15/2020	E-Pay	FRESNO WESTSIDE M.A.D.	FIT, MED, OASDI	-5,853.06
12/15/2020	E-Pay	FRESNO WESTSIDE M.A.D.	CA State Tax	-556.75
12/15/2020	E-Pay	VOYA Institutional Trust Co.	Def Comp	-350.00
12/31/2020	E-Pay	Calpers 457	Def Comp	-3,400.00
12/31/2020	E-Pay	VOYA Institutional Trust Co.	Def Comp	-350.00
12/31/2020	E-Pay	FRESNO WESTSIDE M.A.D.	CA - St Tax	-556.75
12/31/2020	E-Pay	FRESNO WESTSIDE M.A.D.	Unemployment	-72.07
12/31/2020	E-Pay	FRESNO WESTSIDE M.A.D.	FIT, MED, OASDI	-5,791.76
12/31/2020	E-Pay	FRESNO WESTSIDE M.A.D.	CalPERS Classic	-6,793.61
12/31/2020	E-Pay	FRESNO WESTSIDE M.A.D.	CalPERS PEPPRA	-1,942.04
12/15/2020	DD1662	Diedrich, Matt	Direct Deposit	0.00
12/15/2020	DD1663	Quigley, Robert	Direct Deposit	0.00
12/15/2020	DD1664	Ramos, Edward	Direct Deposit	0.00
12/15/2020	DD1665	Reis, Conlin	Direct Deposit	0.00
12/15/2020	DD1666	Rowan, Chance D	Direct Deposit	0.00
12/15/2020	DD1667	Verdugo, Alfredo J	Direct Deposit	0.00
12/15/2020	DD1668	Young, Brenda D	Direct Deposit	0.00
12/31/2020	DD1669	Diedrich, Matt	Direct Deposit	0.00
12/31/2020	DD1670	Quigley, Robert	Direct Deposit	0.00
12/31/2020	DD1671	Ramos, Edward	Direct Deposit	0.00
12/31/2020	DD1672	Reis, Conlin	Direct Deposit	0.00
12/31/2020	DD1673	Rowan, Chance D	Direct Deposit	0.00
12/31/2020	DD1674	Verdugo, Alfredo J	Direct Deposit	0.00
12/31/2020	DD1675	Young, Brenda D	Direct Deposit	0.00
12/10/2020	8563	ASI Administrative Solutions	Admin	-270.00
12/10/2020	8564	AT&T - CALNET	Office Phones	-83.54
12/10/2020	8565	CCVCJPA	Dental-Vision November & December	-768.38
12/10/2020	8566	Johnston Aircraft Service, Inc.	oil and parts for plane	-498.38
12/10/2020	8567	TDC Aero Logistics Inc.	Aircraft Management_November 2020	-200.00
12/15/2020	8568	Capuchino, S. Leo	Trustee in-lieu_November	-92.35
12/15/2020	8569	Felker, Robert	Trustee in-lieu_November	-92.35
12/15/2020	8570	Fontana, Eric	Trustee in-lieu_November	-92.35
12/15/2020	8571	Williams, Frank	Trustee in-lieu_November	-92.35
12/15/2020	8572	Burns, Richard	Pay Period 12/01/2020 - 12/15/2020	-1,724.14
12/15/2020	8573	Chapman, Brian	Pay Period 12/01/2020 - 12/15/2020	-1,541.33
12/31/2020	8574	Burns, Richard	Pay Period 12/16/2020 - 12/31/2020	-1,724.15
12/31/2020	8575	Chapman, Brian	Pay Period 12/16/2020 - 12/31/2020	-1,541.34
12/18/2020	288562	US Bank Corporate Payment Systems	CalCard Payment	-13,755.97
12/18/2020	288563	FRESNO WESTSIDE M.A.D.	Replenish revolving account	-66,000.00
12/18/2020	288563	FRESNO WESTSIDE M.A.D.	Replenish revolving account	66,000.00
<b>Dec 10 - 31, 20</b>				<b>-77,087.82</b>

# Fresno Westside Mosquito Abatement District

## Profit & Loss

October 2020

12/09/20

Accrual Basis

	Oct 20	Oct 19
<b>Ordinary Income/Expense</b>		
<b>Income</b>		
<b>District Deposits</b>		
Retiree's	0.00	69.86
District Deposits - Other	617.62	0.00
<b>Total District Deposits</b>	617.62	69.86
Interest	671.54	632.27
Other Charge	11,594.95	11,210.19
Taxes - Property	1,043.61	2,254.66
<b>Total Income</b>	13,927.72	14,166.98
<b>Gross Profit</b>	13,927.72	14,166.98
<b>Expense</b>		
5010 Salaries & Wages	56,378.09	54,479.71
5020 OASDI, Retirement		
5021 OASDI	4,294.36	4,147.67
5022 CalPERS Normal	5,144.11	4,639.41
<b>Total 5020 OASDI, Retirement</b>	9,438.47	8,787.08
5030 Gr. Ins., Unemp.		
5033 Health Insurance Premiums	4,560.70	0.00
5034 Health Insurance Admin.	270.00	0.00
5035 Health Insurance Claims	326.06	0.00
5036 Life/Dental/Vision Ins.	83.25	0.00
5030 Gr. Ins., Unemp. - Other	316.55	10,153.78
<b>Total 5030 Gr. Ins., Unemp.</b>	5,556.56	10,153.78
5040 Insecticide	0.00	14,526.96
5050 Clothing	266.20	312.79
5060 Communications	183.21	748.57
5090 Household	53.11	0.00
5100 Insurance		
5101 General, Liability, Auto	0.00	540.73
<b>Total 5100 Insurance</b>	0.00	540.73
5120 Equipment Maintenance		
5121 Gas & Oil	1,779.76	2,680.75
5122 Parts, Repairs	323.65	785.33
5123 Shop Expense	0.00	79.47
5124 Gas & Oil - Aircraft	0.00	1,402.50
5125 Parts & Repairs, Aircraft	600.00	0.00
<b>Total 5120 Equipment Maintenance</b>	2,703.41	4,948.05
5130 Bldg and Grounds Maint.	78.94	86.90
5150 Membership and Dues	9,500.00	4,565.00
5170 Office Expense	63.00	61.00
5230 District Special Expense		

Fresno Westside Mosquito Abatement District

Profit & Loss

October 2020

12/09/20

Accrual Basis

	Oct 20	Oct 19
5231 Miscellaneous	0.00	52.78
5234 Surveillance	3,782.37	2,143.59
5235 Public Education	300.34	36.43
5236 Aerial Management	3,770.00	2,765.00
<b>Total 5230 District Special Expense</b>	<b>7,852.71</b>	<b>4,997.80</b>
5250 Transportation		
5251 Trustees	400.00	600.00
5252 Travel Expenses	0.00	26.28
<b>Total 5250 Transportation</b>	<b>400.00</b>	<b>626.28</b>
5260 Utilities	1,271.69	1,297.93
5380 Retiree's Insurance	0.00	69.86
Payroll Expenses	3.50	0.00
<b>Total Expense</b>	<b>93,748.89</b>	<b>106,202.44</b>
<b>Net Ordinary Income</b>	<b>-79,821.17</b>	<b>-92,035.46</b>
<b>Net Income</b>	<b>-79,821.17</b>	<b>-92,035.46</b>



41.67%

## Fresno Westside Mosquito Abatement District Budget Comparison by Account July through November 2020

	Jul - Nov 20	Budget	\$ Over Budget	% of Budget
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
<b>District Deposits</b>				
Retiree's	0.00	0.00	0.00	0.0%
District Deposits - Other	951.05	2,700.00	-1,748.95	35.2%
<b>Total District Deposits</b>	951.05	2,700.00	-1,748.95	35.2%
Interest	675.37	18,000.00	-17,324.63	3.8%
Other Charge	53,428.07	47,500.00	5,928.07	112.5%
Taxes - Benefit Assessment	82.26	556,701.00	-556,618.74	0.0%
Taxes - Property	14,502.82	927,170.00	-912,667.18	1.6%
<b>Total Income</b>	69,639.57	1,552,071.00	-1,482,431.43	4.5%
<b>Gross Profit</b>	69,639.57	1,552,071.00	-1,482,431.43	4.5%
<b>Expense</b>				
5010 Salaries & Wages	279,495.07	664,318.00	-384,822.93	42.1%
5020 OASDI, Retirement				
5021 OASDI	21,319.21	50,820.00	-29,500.79	42.0%
5022 CalPERS Normal	25,720.55	61,649.00	-35,928.45	41.7%
5023 Unfunded Accrued Liability	24,801.00	25,655.00	-854.00	96.7%
<b>Total 5020 OASDI, Retirement</b>	71,840.76	138,124.00	-66,283.24	52.0%
5030 Gr. Ins., Unemp.				
5031 Retiree's Insurance	0.00	0.00	0.00	0.0%
5032 Unemp.	0.00	4,774.00	-4,774.00	0.0%
5033 Health Insurance Premiums	22,309.96	57,000.00	-34,690.04	39.1%
5034 Health Insurance Admin.	1,350.00	3,390.00	-2,040.00	39.8%
5035 Health Insurance Claims	2,191.00	22,300.00	-20,109.00	9.8%
5036 Life/Dental/Vision Ins.	416.25	4,872.00	-4,455.75	8.5%
5030 Gr. Ins., Unemp. - Other	1,549.85			
<b>Total 5030 Gr. Ins., Unemp.</b>	27,817.06	92,336.00	-64,518.94	30.1%
5040 Insecticide	36,034.53	100,000.00	-63,965.47	36.0%
5050 Clothing	1,477.98	3,350.00	-1,872.02	44.1%
5060 Communications	2,344.97	4,750.00	-2,405.03	49.4%
5090 Household	266.62	500.00	-233.38	53.3%
5100 Insurance				
5101 General, Liability, Auto	45,334.77	41,000.00	4,334.77	110.6%
5102 Aircraft	0.00	10,200.00	-10,200.00	0.0%
5103 Compensation	19,819.45	21,500.00	-1,680.55	92.2%
5104 Deductibles	0.00	1,000.00	-1,000.00	0.0%
<b>Total 5100 Insurance</b>	65,154.22	73,700.00	-8,545.78	88.4%
5120 Equipment Maintenance				
5121 Gas & Oil	9,881.17	22,000.00	-12,118.83	44.9%
5122 Parts, Repairs	4,496.14	6,500.00	-2,003.86	69.2%
5123 Shop Expense	90.83	300.00	-209.17	30.3%
5124 Gas & Oil - Aircraft	2,233.91	7,885.00	-5,651.09	28.3%

**Fresno Westside Mosquito Abatement District**  
**Budget Comparison by Account**  
 July through November 2020

	Jul - Nov 20	Budget	\$ Over Budget	% of Budget
5125 Parts & Repairs, Aircraft	2,908.28	9,000.00	-6,091.72	32.3%
<b>Total 5120 Equipment Maintenance</b>	19,610.33	45,685.00	-26,074.67	42.9%
5130 Bldg and Grounds Maint.	509.64	4,000.00	-3,490.36	12.7%
5140 Lab Expenses	28.06	1,000.00	-971.94	2.8%
5150 Membership and Dues	10,300.00	17,000.00	-6,700.00	60.6%
5170 Office Expense	368.24	2,249.00	-1,880.76	16.4%
5180 Professional Services	13,188.76	19,500.00	-6,311.24	67.6%
5200 Equipment Rentals	0.00	1,000.00	-1,000.00	0.0%
5220 Small Tools	0.00	300.00	-300.00	0.0%
5230 District Special Expense				
5231 Miscellaneous	2,375.07	5,550.00	-3,174.93	42.8%
5232 Field Expenses	92.50	2,500.00	-2,407.50	3.7%
5233 Research	0.00	1,500.00	-1,500.00	0.0%
5234 Surveillance	15,880.07	20,000.00	-4,119.93	79.4%
5235 Public Education	320.58	2,500.00	-2,179.42	12.8%
5236 Aerial Management	13,825.00	19,800.00	-5,975.00	69.8%
5237 Digital Field Data License	600.00	5,950.00	-5,350.00	10.1%
<b>Total 5230 District Special Expense</b>	33,093.22	57,800.00	-24,706.78	57.3%
5250 Transportation				
5251 Trustees	2,400.00	8,000.00	-5,600.00	30.0%
5252 Travel Expenses	0.00	15,400.00	-15,400.00	0.0%
<b>Total 5250 Transportation</b>	2,400.00	23,400.00	-21,000.00	10.3%
5260 Utilities	6,485.52	13,500.00	-7,014.48	48.0%
5340 Fees & Assessments	92.44	3,500.00	-3,407.56	2.6%
5360 Bldg & Grounds Improve.	0.00	5,000.00	-5,000.00	0.0%
5370 Capital Outlay				
5372 Auto	0.00	20,000.00	-20,000.00	0.0%
5375 Field	0.00	35,000.00	-35,000.00	0.0%
<b>Total 5370 Capital Outlay</b>	0.00	55,000.00	-55,000.00	0.0%
5390 Long Term Debt	66,228.07	132,457.00	-66,228.93	50.0%
5500 ZikaVirus Funding				
5504 PR/Outreach	151.50			
<b>Total 5500 ZikaVirus Funding</b>	151.50			
Payroll Expenses	17.50			
<b>Total Expense</b>	636,904.49	1,458,469.00	-821,564.51	43.7%
<b>Net Ordinary Income</b>	-567,264.92	93,602.00	-660,866.92	-606.0%
<b>Net Income</b>	<b>-567,264.92</b>	<b>93,602.00</b>	<b>-660,866.92</b>	<b>-606.0%</b>

**Fresno Westside Mosquito Abatement District**  
**Year to Date Comparison**  
 July through November 2020

	Jul - Nov 20	Jul - Nov 19	\$ Change	% Change
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
<b>District Deposits</b>				
Retiree's	0.00	349.30	-349.30	-100.0%
District Deposits - Other	951.05	3,992.57	-3,041.52	-76.2%
<b>Total District Deposits</b>	951.05	4,341.87	-3,390.82	-78.1%
Interest	675.37	636.86	38.51	6.1%
Other Charge	53,428.07	47,427.34	6,000.73	12.7%
Taxes - Benefit Assessment	82.26	10.42	71.84	689.4%
Taxes - Property	14,502.82	9,935.84	4,566.98	46.0%
<b>Total Income</b>	69,639.57	62,352.33	7,287.24	11.7%
<b>Gross Profit</b>	69,639.57	62,352.33	7,287.24	11.7%
<b>Expense</b>				
5010 Salaries & Wages	279,495.07	278,239.17	1,255.90	0.5%
5020 OASDI, Retirement				
5021 OASDI	21,319.21	21,292.79	26.42	0.1%
5022 CalPERS Normal	25,720.55	23,197.05	2,523.50	10.9%
5023 Unfunded Accrued Liability	24,801.00	17,619.00	7,182.00	40.8%
<b>Total 5020 OASDI, Retirement</b>	71,840.76	62,108.84	9,731.92	15.7%
5030 Gr. Ins., Unemp.				
5033 Health Insurance Premiums	22,309.96	0.00	22,309.96	100.0%
5034 Health Insurance Admin.	1,350.00	0.00	1,350.00	100.0%
5035 Health Insurance Claims	2,191.00	0.00	2,191.00	100.0%
5036 Life/Dental/Vision Ins.	416.25	0.00	416.25	100.0%
5030 Gr. Ins., Unemp. - Other	1,549.85	35,857.85	-34,308.00	-95.7%
<b>Total 5030 Gr. Ins., Unemp.</b>	27,817.06	35,857.85	-8,040.79	-22.4%
5040 Insecticide	36,034.53	39,293.13	-3,258.60	-8.3%
5050 Clothing	1,477.98	1,344.14	133.84	10.0%
5060 Communications	2,344.97	2,576.86	-231.89	-9.0%
5090 Household	266.62	82.40	184.22	223.6%
5100 Insurance				
5101 General, Liability, Auto	45,334.77	33,216.46	12,118.31	36.5%
5102 Aircraft	0.00	-289.00	289.00	100.0%
5103 Compensation	19,819.45	21,005.94	-1,186.49	-5.7%
<b>Total 5100 Insurance</b>	65,154.22	53,933.40	11,220.82	20.8%
5120 Equipment Maintenance				
5121 Gas & Oil	9,881.17	12,992.43	-3,111.26	-24.0%
5122 Parts, Repairs	4,496.14	3,762.82	733.32	19.5%
5123 Shop Expense	90.83	119.24	-28.41	-23.8%
5124 Gas & Oil - Aircraft	2,233.91	3,992.91	-1,759.00	-44.1%
5125 Parts & Repairs, Aircraft	2,908.28	540.00	2,368.28	438.6%
<b>Total 5120 Equipment Maintenance</b>	19,610.33	21,407.40	-1,797.07	-8.4%

**Fresno Westside Mosquito Abatement District**  
**Year to Date Comparison**  
**July through November 2020**

	Jul - Nov 20	Jul - Nov 19	\$ Change	% Change
5130 Bldg and Grounds Maint.	509.64	1,261.94	-752.30	-59.6%
5140 Lab Expenses	28.06	0.00	28.06	100.0%
5150 Membership and Dues	10,300.00	14,865.00	-4,565.00	-30.7%
5170 Office Expense	368.24	362.00	6.24	1.7%
5180 Professional Services	13,188.76	12,607.91	580.85	4.6%
<b>5230 District Special Expense</b>				
5231 Miscellaneous	2,375.07	4,492.35	-2,117.28	-47.1%
5232 Field Expenses	92.50	134.38	-41.88	-31.2%
5233 Research	0.00	27.98	-27.98	-100.0%
5234 Surveillance	15,880.07	11,459.83	4,420.24	38.6%
5235 Public Education	320.58	128.54	192.04	149.4%
5236 Aerial Management	13,825.00	9,040.00	4,785.00	52.9%
5237 Digital Field Data License	600.00	0.00	600.00	100.0%
<b>Total 5230 District Special Expense</b>	33,093.22	25,283.08	7,810.14	30.9%
<b>5250 Transportation</b>				
5251 Trustees	2,400.00	2,600.00	-200.00	-7.7%
5252 Travel Expenses	0.00	200.43	-200.43	-100.0%
<b>Total 5250 Transportation</b>	2,400.00	2,800.43	-400.43	-14.3%
<b>5260 Utilities</b>	6,485.52	6,854.45	-368.93	-5.4%
<b>5340 Fees &amp; Assessments</b>	92.44	92.44	0.00	0.0%
<b>5370 Capital Outlay</b>				
5372 Auto	0.00	54,083.98	-54,083.98	-100.0%
<b>Total 5370 Capital Outlay</b>	0.00	54,083.98	-54,083.98	-100.0%
<b>5380 Retiree's Insurance</b>	0.00	349.30	-349.30	-100.0%
<b>5390 Long Term Debt</b>	66,228.07	66,228.07	0.00	0.0%
<b>5500 ZikaVirus Funding</b>				
5501 Zika Funding Equipment	0.00	0.00	0.00	0.0%
5504 PR/Outreach	151.50	0.00	151.50	100.0%
<b>Total 5500 ZikaVirus Funding</b>	151.50	0.00	151.50	100.0%
<b>Payroll Expenses</b>	17.50	3.50	14.00	400.0%
<b>Total Expense</b>	636,904.49	679,635.29	-42,730.80	-6.3%
<b>Net Ordinary Income</b>	-567,264.92	-617,282.96	50,018.04	8.1%
<b>Net Income</b>	<b>-567,264.92</b>	<b>-617,282.96</b>	<b>50,018.04</b>	<b>8.1%</b>

**Fresno Westside Mosquito Abatement District**  
**Balance Sheet Comparison**  
As of November 30, 2020

	Nov 30, 20	Nov 30, 19	\$ Change	% Change
<b>ASSETS</b>				
<b>Current Assets</b>				
<b>Checking/Savings</b>				
CCVCJPA Deposit	522,561.94	511,303.90	11,258.04	2.2%
Fresno Co. Treasury	1,445,191.73	1,056,968.04	388,223.69	36.7%
Petty Cash	200.00	111.28	88.72	79.7%
Westamerica Bank	61,474.80	59,299.20	2,175.60	3.7%
<b>Total Checking/Savings</b>	<b>2,029,428.47</b>	<b>1,627,682.42</b>	<b>401,746.05</b>	<b>24.7%</b>
<b>Accounts Receivable</b>				
Accounts Receivable	24,118.46	26,832.94	-2,714.48	-10.1%
<b>Total Accounts Receivable</b>	<b>24,118.46</b>	<b>26,832.94</b>	<b>-2,714.48</b>	<b>-10.1%</b>
<b>Total Current Assets</b>	<b>2,053,546.93</b>	<b>1,654,515.36</b>	<b>399,031.57</b>	<b>24.1%</b>
<b>TOTAL ASSETS</b>	<b><u>2,053,546.93</u></b>	<b><u>1,654,515.36</u></b>	<b><u>399,031.57</u></b>	<b><u>24.1%</u></b>
<b>LIABILITIES &amp; EQUITY</b>				
<b>Liabilities</b>				
<b>Current Liabilities</b>				
<b>Accounts Payable</b>				
Accounts Payable	3,152.01	17,765.24	-14,613.23	-82.3%
<b>Total Accounts Payable</b>	<b>3,152.01</b>	<b>17,765.24</b>	<b>-14,613.23</b>	<b>-82.3%</b>
<b>Credit Cards</b>				
US Bank Cal Card	13,914.01	-7,998.71	21,912.72	274.0%
<b>Total Credit Cards</b>	<b>13,914.01</b>	<b>-7,998.71</b>	<b>21,912.72</b>	<b>274.0%</b>
<b>Other Current Liabilities</b>				
Accrued vacation	42,748.11	42,530.72	217.39	0.5%
CA-Unemp.	72.06	-0.01	72.07	720,700.0%
Payroll Liabilities	-1,904.45	-2,025.19	120.74	6.0%
<b>Total Other Current Liabilities</b>	<b>40,915.72</b>	<b>40,505.52</b>	<b>410.20</b>	<b>1.0%</b>
<b>Total Current Liabilities</b>	<b>57,981.74</b>	<b>50,272.05</b>	<b>7,709.69</b>	<b>15.3%</b>
<b>Total Liabilities</b>	<b>57,981.74</b>	<b>50,272.05</b>	<b>7,709.69</b>	<b>15.3%</b>
<b>Equity</b>				
Opening Bal Equity	886,698.38	886,698.38	0.00	0.0%
Retained Earnings	1,676,131.73	1,334,827.89	341,303.84	25.6%
Net Income	-567,264.92	-617,282.96	50,018.04	8.1%
<b>Total Equity</b>	<b>1,995,565.19</b>	<b>1,604,243.31</b>	<b>391,321.88</b>	<b>24.4%</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b><u>2,053,546.93</u></b>	<b><u>1,654,515.36</u></b>	<b><u>399,031.57</u></b>	<b><u>24.1%</u></b>

# QuickBooks Payroll Services

Sent: 11/16/2020

Subject: Details of Funds to be Withdrawn

Actual funds to be withdrawn:	
Direct Deposit	\$13970.81
	-----
Total payment	\$13970.81

to be withdrawn from Westamerica Bank.

-----

Payroll Run Summary for 11/30/2020:

Paychecks		Direct Deposit
Total		13,970.81
DD1655	Diedrich, Matt	1,359.59
DD1656	Quigley, Robert	1,690.15
DD1657	Ramos, Edward	1,332.80
DD1658	Reis, Conlin	3,411.06
DD1659	Rowan, Chance D	2,663.68
DD1660	Verdugo, Alfredo J	1,995.61
DD1661	Young, Brenda D	1,517.92

-----

# QuickBooks Payroll Services

Sent: 12/07/2020

Subject: Details of Funds to be Withdrawn

Actual funds to be withdrawn:	
Direct Deposit	\$13970.81
	-----
Total payment	\$13970.81

to be withdrawn from Westamerica Bank.

-----

Payroll Run Summary for 12/15/2020:

Paychecks	Direct Deposit
Total	13,970.81
DD1662 Diedrich, Matt	1,359.59
DD1663 Quigley, Robert	1,690.14
DD1664 Ramos, Edward	1,332.80
DD1665 Reis, Conlin	3,411.07
DD1666 Rowan, Chance D	2,663.69
DD1667 Verdugo, Alfredo J	1,995.61
DD1668 Young, Brenda D	1,517.91

-----

# QuickBooks Payroll Services

Sent: 12/09/2020

Subject: Details of Funds to be Withdrawn

Actual funds to be withdrawn:	
Direct Deposit	\$13970.84
	-----
Total payment	\$13970.84

to be withdrawn from Westamerica Bank.

-----  
Payroll Run Summary for 12/31/2020:

Paychecks		Direct Deposit
Total		13,970.84
DD1669	Diedrich, Matt	1,359.61
DD1670	Quigley, Robert	1,690.15
DD1671	Ramos, Edward	1,332.79
DD1672	Reis, Conlin	3,411.07
DD1673	Rowan, Chance D	2,663.69
DD1674	Verdugo, Alfredo J	1,995.61
DD1675	Young, Brenda D	1,517.92

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# Fresno Westside Mosquito Abatement District Reconciliation Detail

US Bank Cal Card, Period Ending 11/22/2020

Type	Date	Num	Name	Clr	Amount	Balance
<b>Beginning Balance</b>						11,977.11
<b>Cleared Transactions</b>						
<b>Charges and Cash Advances - 18 items</b>						
Credit Card Charge	08/28/2020	Rowan	Clarke Mosquito Co...	X	-6,742.32	-6,742.32
Credit Card Charge	10/20/2020	Reis	UPS	X	-9.16	-6,751.48
Credit Card Charge	10/25/2020	Reis	Mid Valley Disposal	X	-78.94	-6,830.42
Credit Card Charge	10/25/2020	Ries	AT&T Internet	X	-53.50	-6,883.92
Credit Card Charge	10/27/2020	Reis	UPS	X	-9.16	-6,893.08
Credit Card Charge	10/28/2020	Ries	Intuit	X	-63.00	-6,956.08
Credit Card Charge	11/04/2020	Reis	UPS	X	-9.16	-6,965.24
Credit Card Charge	11/05/2020	Reis	City of Firebaugh	X	-89.76	-7,055.00
Credit Card Charge	11/08/2020	Reis	Verizon Wireless	X	-396.32	-7,451.32
Bill Pmt -CCard	11/09/2020		Praxair	X	-943.95	-8,395.27
Bill Pmt -CCard	11/12/2020		Big G's Auto Center	X	-288.32	-8,683.59
Bill Pmt -CCard	11/12/2020		UniFirst Corporation	X	-266.20	-8,949.79
Bill Pmt -CCard	11/12/2020		Manuel's Tire Service	X	-47.52	-8,997.31
Bill Pmt -CCard	11/17/2020		MVCAC	X	-2,640.00	-11,637.31
Bill Pmt -CCard	11/17/2020		MVCAC	X	-1,584.00	-13,221.31
Bill Pmt -CCard	11/17/2020		MVCAC	X	-374.00	-13,595.31
Bill Pmt -CCard	11/17/2020		Concentra Medical ...	X	-151.50	-13,746.81
Credit Card Charge	11/17/2020	Reis	UPS	X	-9.16	-13,755.97
<b>Total Charges and Cash Advances</b>					<b>-13,755.97</b>	<b>-13,755.97</b>
<b>Total Cleared Transactions</b>					<b>-13,755.97</b>	<b>-13,755.97</b>
<b>Cleared Balance</b>					<b>13,755.97</b>	<b>25,733.08</b>
<b>Uncleared Transactions</b>						
<b>Payments and Credits - 1 item</b>						
Check	11/18/2020	288560	US Bank Corporate ...		11,977.11	11,977.11
<b>Total Uncleared Transactions</b>					<b>11,977.11</b>	<b>11,977.11</b>
<b>Register Balance as of 11/22/2020</b>					<b>1,778.86</b>	<b>13,755.97</b>
<b>New Transactions</b>						
<b>Charges and Cash Advances - 1 item</b>						
Credit Card Charge	11/30/2020	Reis	Mid Valley Disposal		-78.94	-78.94
<b>Total Charges and Cash Advances</b>					<b>-78.94</b>	<b>-78.94</b>
<b>Total New Transactions</b>					<b>-78.94</b>	<b>-78.94</b>
<b>Ending Balance</b>					<b>1,857.80</b>	<b>13,834.91</b>

## EXPENDITURES BY MONTH

MONTH	2018-19	2019-20	2020-21
JLY	\$154,099.84	\$168,085.32	\$177,397.09
AUG	\$107,716.60	\$170,588.11	\$115,521.41
SEP	\$85,893.32	\$156,511.03	\$170,728.46
OCT	\$173,001.71	\$106,202.44	\$93,748.89
NOV	\$84,078.06	\$78,248.39	\$79,508.64
DEC	\$83,306.86	\$69,127.27	
JAN	\$77,746.26	\$71,783.30	
FEB	\$98,990.60	\$78,488.31	
MAR	\$83,060.24	\$60,803.27	
APR	\$157,015.00	\$144,397.67	
MAY	\$105,368.06	\$84,214.73	
JUN	\$100,375.53	\$83,767.08	
YEAR	\$1,310,652.08	\$1,272,216.92	\$636,904.49

<b>2020-21</b>				
<b>Blue Shield/ASI</b>	<b>PREMIUMS</b>	<b>CLAIMS</b>	<b>ADMIN</b>	<b>TOTAL</b>
July				
9 Employees	\$4,935.38			
Claims		\$87.06		
Admin			\$270.00	
<b>TOTAL FOR MONTH</b>	<b>\$4,935.38</b>	<b>\$87.06</b>	<b>\$270.00</b>	<b>\$5,292.44</b>
<b>TOTAL TO DATE</b>	<b>\$4,935.38</b>	<b>\$87.06</b>	<b>\$270.00</b>	<b>\$5,292.44</b>
August				
9 Employees	\$4,935.38			
Claims		\$1,103.68		
Admin			\$270.00	
<b>TOTAL FOR MONTH</b>	<b>\$4,935.38</b>	<b>\$1,103.68</b>	<b>\$270.00</b>	<b>\$6,309.06</b>
<b>TOTAL TO DATE</b>	<b>\$9,870.76</b>	<b>\$1,190.74</b>	<b>\$540.00</b>	<b>\$11,601.50</b>
September				
9 Employees	\$4,933.38			
Claims		\$1,418.30		
Admin			\$270.00	
<b>TOTAL FOR MONTH</b>	<b>\$4,933.38</b>	<b>\$1,418.30</b>	<b>\$270.00</b>	<b>\$6,621.68</b>
<b>TOTAL TO DATE</b>	<b>\$14,804.14</b>	<b>\$2,609.04</b>	<b>\$810.00</b>	<b>\$18,223.18</b>
October				
9 Employees	\$4,935.38			
Claims		\$326.06		
Admin			\$270.00	
<b>TOTAL FOR MONTH</b>	<b>\$4,935.38</b>	<b>\$326.06</b>	<b>\$270.00</b>	<b>\$5,531.44</b>
<b>TOTAL TO DATE</b>	<b>\$19,739.52</b>	<b>\$2,935.10</b>	<b>\$1,080.00</b>	<b>\$23,754.62</b>
November				
9 Employees	\$4,441.84			
Claims		\$1,196.39		
Admin			\$270.00	
<b>TOTAL FOR MONTH</b>	<b>\$4,441.84</b>	<b>\$1,196.39</b>	<b>\$270.00</b>	<b>\$5,908.23</b>
<b>TOTAL TO DATE</b>	<b>\$24,181.36</b>	<b>\$4,131.49</b>	<b>\$1,350.00</b>	<b>\$29,662.85</b>
December				
9 Employees	\$4,935.38			
Claims				
Admin			\$270.00	
<b>TOTAL FOR MONTH</b>	<b>\$4,935.38</b>	<b>\$0.00</b>	<b>\$270.00</b>	<b>\$5,205.38</b>
<b>TOTAL TO DATE</b>	<b>\$29,116.74</b>	<b>\$4,131.49</b>	<b>\$1,620.00</b>	<b>\$34,868.23</b>
January				
8 Employees				
Claims				
Admin				
<b>TOTAL FOR MONTH</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>TOTAL TO DATE</b>	<b>\$29,116.74</b>	<b>\$4,131.49</b>	<b>\$1,620.00</b>	<b>\$34,868.23</b>
February				
8 Employees				
Claims				
Admin				
Credits				
<b>TOTAL FOR MONTH</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>TOTAL TO DATE</b>	<b>\$29,116.74</b>	<b>\$4,131.49</b>	<b>\$1,620.00</b>	<b>\$34,868.23</b>
March				
8 Employees				
Claims				
Admin				
<b>TOTAL FOR MONTH</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>TOTAL TO DATE</b>	<b>\$29,116.74</b>	<b>\$4,131.49</b>	<b>\$1,620.00</b>	<b>\$34,868.23</b>
April				
9 Employees				
Claims				
Admin				
<b>TOTAL FOR MONTH</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>TOTAL TO DATE</b>	<b>\$29,116.74</b>	<b>\$4,131.49</b>	<b>\$1,620.00</b>	<b>\$34,868.23</b>
May				
9 Employees				
Claims				
Admin				
<b>TOTAL FOR MONTH</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>TOTAL TO DATE</b>	<b>\$29,116.74</b>	<b>\$4,131.49</b>	<b>\$1,620.00</b>	<b>\$34,868.23</b>
June				
9 Employees				
Claims				
Admin				
<b>TOTAL FOR MONTH</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>TOTAL TO DATE</b>	<b>\$29,116.74</b>	<b>\$4,131.49</b>	<b>\$1,620.00</b>	<b>\$34,868.23</b>

# TDC Aero Logistics Inc.

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



INVOICE  
1862

DATE November 2020  
NAME Fresno Westside Mosquito Abatement  
ADDRESS 2555 N St.  
Firebaugh, CA 93622  
PHONE

DATE	DESCRIPTION	Hours	Rate	TOTAL
11/2020	Pilot Services		150.00	
11/2020	Call Out		300.00	
11/2020	Aircraft Management		200.00	200.00
			<b>TOTAL</b>	<b>200.00</b>

Payment Due Upon Receipt

TDC Aero Logistics Inc.  
Ty D. Cotta - President

Thank you for the opportunity to fly with you.



## IMPORTANT INFORMATION REGARDING RENEWALS

ASi has merged with Navia Benefit Solutions! Our ASi Sales department has been renamed to the *Scheduled Technical Services* Department. Meet our team!

Scheduled Technical Services Manager – Leena Basurto  
Scheduled Technical Services Team Manager – Robert Kwiatkowski  
Benefit Analyst – Team Lead – Stacy Riddick  
Benefit Analyst – Jason Ladd  
Benefit Analyst – Yvette Lopez  
Benefit Analyst – Amanda Sandoval  
Admin Associate – Meg Clark

Please review the following important changes that will be implemented for all renewals by ASi.

### Final Renewal Approval – Benefit Confirmation Form

- ASi will continue to process our renewals and send directly to the broker of record. We will work with you and your team on any options or revisions. We will also be including a benefit confirmation form for our scheduled MERP and HRA plans that will require a signature from the broker or client and must be returned to ASi. If ASi does not receive the signed confirmation form by the renewal date, ASi will proceed with the following –
  - Contact to the broker will be made by email. If we do not receive a response, we will contact the client. If no response is received, we will proceed with the following:
    - Any claims received for services as of the effective date of the renewal will be held and will not be processed until the signed benefit confirmation is received
    - Rx claims at the point-of-service (pharmacy) will continue to be processed based on the previous year's benefit plan.
- If a debit card HRA plan, ASi will request a signed benefit confirmation form with the renewal, but if not returned, we will renew with the same funding options as the prior year's plan.

### 12/1 Admin Fee Increase –

All 12/1 scheduled MERP and HRA plan renewals will be assessed an increase in admin fees by \$2.50. All scheduled MERP and HRA plan renewals effective 1/1/21 and after will also be adjusted as of 1/1/21. Our first dollar benefit non-debit and debit HRA plans will not be affected by this fee increase. With this, we want to let you know that our Employer and Member portal will be returning as of 1/1/21, along with other system enhancements in 2021.

### COBRA Rate calculation –

1. ASi will calculate COBRA rates to be included with the renewal. ASi calculates COBRA rates for the renewing plan year based on actual utilization for the first 9 months of the

plan year. An estimate for the remaining 3 months and run out is added to the actual utilization for the first 9 months to determine the COBRA rates. The estimate is based on normal utilization trends across ASi clients with similar plan designs. The rates sent in the renewal will be implemented by ASi unless you contact our office to discuss and revise.

2. If ASi does not administer COBRA for your group, COBRA rates will only be calculated upon request.

#### **Requests for plan/benefit changes –**

Changes up to 30-days after the renewal date can be evaluated to see if the request can be accommodated. After 30-days, ASi may charge a fee for any plan changes. The fee for plan changes will be reviewed by our benefit analysts and quoted before changes and fees are made.

#### **Medicare Part D Creditable Coverage –**

Plan sponsors are required to disclose to covered Part D-eligible individuals if prescription coverage is considered creditable. Upon request, ASi can determine the creditable status and provide this notice to you.

#### **Requests for Spanish SOBs and SBCs –**

We can provide Spanish translation of SOBs and SBCs at no additional charge. Please note that the turn-around time for these documents is 2-5 business days, based on volume of requests.

#### **Requests for Virtual Open Enrollment Meetings–**

We are happy to see if an ASi representative is available for your group's open enrollment meeting. Please reach out to our team as soon as you have the group's availability so we can review our schedules, as our calendars book up quickly during 4<sup>th</sup> quarter.

If you have any questions, please contact our Scheduled Technical Services Department [sts@naviabenefits.com](mailto:sts@naviabenefits.com)

# Benefit Analysis & Solutions

## Fresno Westside Abatement District



February  
2021

**Thank you for giving ASi the opportunity to  
present these options to you. This proposal is  
for illustration purposes only.  
Actual results will vary.**

Administrative Solutions, Inc.  
5260 N. Palm Ave., Ste. 300, Fresno, CA 93704  
Ph. 559.256.1320 / Fax 559.475.5787 / CA Lic. #0D35033  
SalesTeam@asibenefits.com  
[www.asibenefits.com](http://www.asibenefits.com)

# Fresno Westside Abatement District

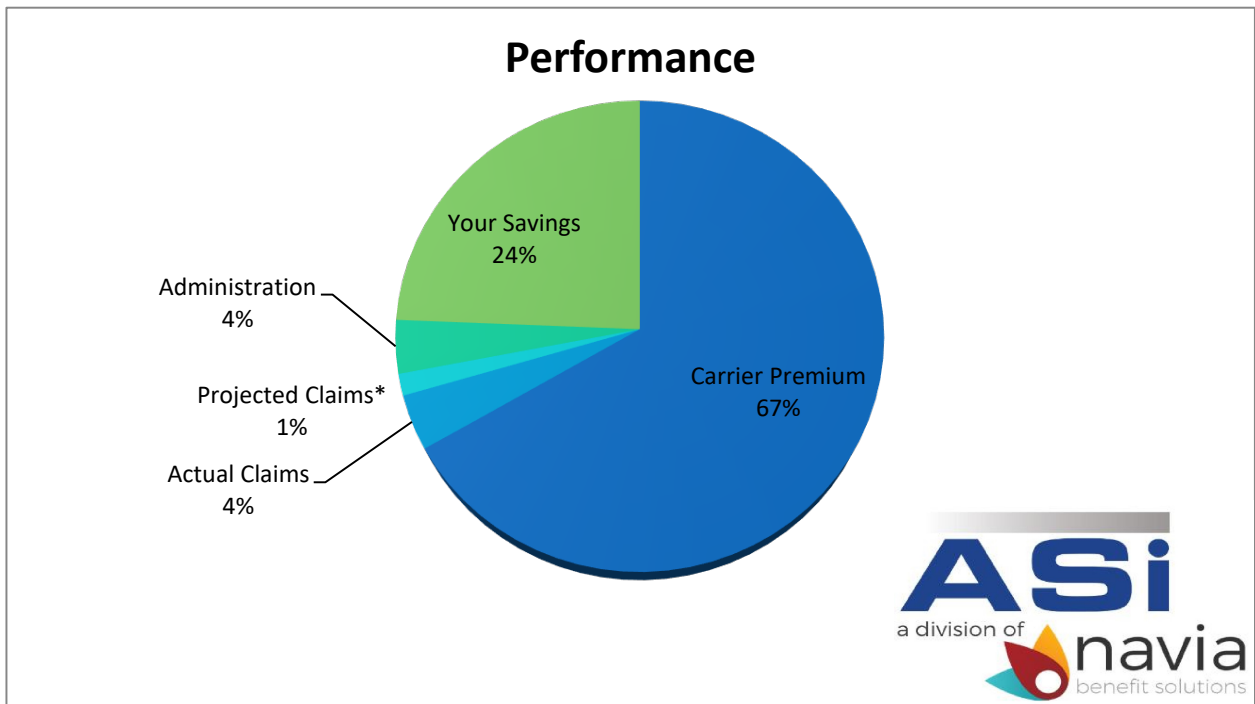
February 2020 through January 2021

Average Monthly Lives	9
Carrier Premium	\$59,224.56
Actual Claims	\$3,377.03
Projected Claims*	\$1,317.04
*Estimated claims for remaining plan year	
Administration	\$3,240.00
Total	\$67,158.63
Monthly Average	\$5,596.55

## Compared Plan

Blue Shield Platinum Full PPO 250/15 \$88,794.12

**Your Savings \$21,635.49**





# Fresno Westside Abatement District

# Solutions

Current														
Blue Shield Bronze 5000	Carrier Ded	Carrier Premium	Plan Type	Ded	OV	CI	RXD	RXT1	RXT2	RXT3	Employer's Share of Out of Pocket	Member Out of Pocket EE/Fam	Total Cost*	Percent
	5000	\$4,935.38	PPO	\$300	\$20	10%	\$0	\$5	\$30	\$50	\$6,097 / \$12,193	\$1,703 / \$3,407	\$5,596.55	0%
Renewal														
Blue Shield Bronze 6250	Carrier Ded	Carrier Premium	Plan Type	Ded	OV	CI	RXD	RXG	RXB	RXF	Employer's Share of Out of Pocket	Member Out of Pocket EE/Fam	Total Cost	Percent
	6250	\$5,025.18	PPO	\$300	\$20	10%	\$0	\$5	\$30	\$50	\$6,330 / \$12,660	\$1,870 / \$3,740	\$5,736.60	3%
Blue Shield Bronze 7500	7500	\$4,857.39	PPO	\$300	\$20	10%	\$0	\$5	\$30	\$50	\$6,760 / \$13,520	\$1,440 / \$2,880	\$5,586.68	0%
Anthem Blue Cross 6600	6600	\$5,072.82	PPO	\$300	\$20	10%	\$0	\$5	\$30	\$50	\$6,784 / \$13,569	\$1,766 / \$3,531	\$5,795.30	4%
Aetna Bronze 6300	6300	\$4,834.89	PPO	\$300	\$20	10%	\$0	\$5	\$30	\$50	\$6,350 / \$12,700	\$1,850 / \$3,700	\$5,588.02	0%

\* Total Cost includes: 1) Carrier Premium 2) ASi Administrative Fees 3) Estimated Monthly Claims  
 This is only a summary and numbers are projected based on claims experience.

Traditional Plans														
			Ded	OV	CI	RXD	RXG	RXB	RXF		Out of Pocket Emp/Fam	Premium	Percent	
Blue Shield Platinum	PPO		\$250	\$15	10%	\$0	\$5	\$30	\$50		4300/8600	\$7,721.87	38%	

This is only a summary of benefits. Refer to the carrier for complete details.

Legend:	RXD: Prescription Deductible
Ded: Deductible	RXG: Generic Prescription
OV: Office Visit	RXB: Brand Prescription
CI: Employee Co-insurance	RXF: Formulary Prescription

Effective Date: February 2021



# Claim Utilization by Member

Year = 2020, Date of Service between 02/01/2020 and 10/31/2020

**Fresno Westside Mosquito Abatement District**  
 PO Box 5809  
 Fresno, CA 93755

Member Name	Member ID	Annual Max	Total Claims	Deduct	Benefits Paid	Remaining Benefit	Utilization
<b>Fresno Westside Mosquito Abatement District - FREWES</b>							
<b>Fresno Westside Mosquito Abatement</b>							
<b>AfterDeductible</b>							
	FWM-00-0000 00	\$1,867.60	\$607.00	\$0.00	\$0.00	\$1,867.60	0.00%
	<b>Total for AfterDeductible:</b>		<b>\$607.00</b>		<b>\$0.00</b>		
<b>Medical</b>							
	FWM-00-8819 00	\$4,230.00	\$839.34	\$37.98	\$87.06	\$4,142.94	2.06%
	FWM-00-0631 00	\$4,230.00	\$1,537.42	\$300.00	\$325.74	\$3,904.26	7.70%
	FWM-00-0000 00	\$4,230.00	\$5,870.19	\$300.00	\$638.37	\$3,591.63	15.09%
	FWM-00-3260 00	\$4,230.00	\$1,847.51	\$0.00	\$394.14	\$3,835.86	9.32%
	FWM-00-3260 01	\$4,230.00	\$585.00	\$0.00	\$345.58	\$3,884.42	8.17%
	FWM-00-3260 03	\$4,230.00	\$300.00	\$0.00	\$89.19	\$4,140.81	2.11%
	FWM-00-5176 00	\$4,230.00	\$277.00	\$0.00	\$87.06	\$4,142.94	2.06%
	FWM-00-9065 00	\$4,230.00	\$562.00	\$199.36	\$0.00	\$4,230.00	0.00%
	FWM-00-4723 00	\$4,230.00	\$3,692.19	\$256.82	\$1,409.89	\$2,820.11	33.33%
	<b>Total for Medical:</b>		<b>\$15,510.65</b>		<b>\$3,377.03</b>		
<b>Total for Policy Fresno Westside Mosquito Abatement:</b>			<b>\$16,117.65</b>		<b>\$3,377.03</b>		
<b>Total For</b>			<b>16,117.65</b>		<b>\$3,377.03</b>		
<b>Grand Total:</b>			<b>16,117.65</b>		<b>\$3,377.03</b>		
	<b>Total # Claims:</b>	<b>51</b>					

# Totals by Procedure Code

Year = 2020, Date of Service between 2/1/20 and 10/31/2020

**Fresno Westside Mosquito Abatement District**  
PO Box 5809  
Fresno, CA 93755

Treatment Code		# of Procedures	Total Claim Amount	Total Payment Amount
<b>AfterDeductible</b>				
ADMV	After Deductible-Office Visit	2	\$607.00	\$0.00
		<u>2</u>	<u>\$607.00</u>	<u>\$0.00</u>
<b>Medical</b>				
CHIRO	Chiropractic	2	\$132.00	\$0.00
MS	Medical Services	7	\$2,646.00	\$662.56
MV	Medical Visit	20	\$3,982.39	\$1,136.83
OUTPAT	Outpatient	5	\$861.51	\$398.69
TH	Therapy Services (Physical/Speech/Rehabilitive)	36	\$1,975.00	\$0.00
TXL	Testing/XRay/Lab	40	\$5,913.75	\$1,178.95
		<u>110</u>	<u>\$15,510.65</u>	<u>\$3,377.03</u>
		<u>112</u>	<u>\$16,117.65</u>	<u>\$3,377.03</u>

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*Totals by Procedure Code*

**Administrative Solutions  
Plan By Design Proposal For:**

**Fresno Westside Abatement District**

Blue Shield Bronze Full PPO 6250-70 OffEx  
2/1/2021



**PLAN DESIGN UNDER THE BLUE SHIELD DEDUCTIBLE**

Blue Shield Deductible	\$6,250.00	This is an Embedded Deductible
Employee's Deductible:	\$300.00	
Employer's Reimbursement	90%	
Deductible Funding	\$5,355.00	
After Deductible Funding	+ \$975.00	
Copay Buydown Funding	+ \$250.00	
<b>Employer's Maximum Exposure</b>	<b>\$6,580.00</b>	

**EXPECTED COST PROJECTION**

		Month	Year	FIXED COST (A)
Blue Shield	Premium	\$5,025.18	\$60,302.16	
ASi	Administration Fee	\$22.50 Per ee/mo	\$202.50	\$2,430.00
Broker	Administration Fee	\$10.00 Per ee/mo	\$90.00	\$1,080.00
ASi	One Time Set Up Fee:	n/a	\$0.00	\$0.00
<b>Total Fixed Cost</b>		<b>(A):</b>	<b>\$5,317.68</b>	<b>\$63,812.16</b>

		Deductibles	Total Deductibles:	Expected Per Month	Expected Per Year	EXPECTED CLAIMS EXPOSURE (B)
	Singles	8	X			
	Employee with Dep:	1	X	2	2	
		9			10	
<b>SHARED HIGH DEDUCTIBLE COST UNDER THE BLUE SHIELD PLAN</b>						
Percent of Employees		10 Deductibles				
5%	of Exposed Deductibles @ Maximum Claims Cost	\$6,580.00		\$274.17	\$3,290.00	
5%	of Exposed Deductibles @ 30% of Max. Claims Cost	\$1,974.00		\$82.25	\$987.00	
30%	of Exposed Deductibles @ Fixed Claims Cost of	\$250.00		\$62.50	\$750.00	
<b>Total Expected Claims</b>				<b>(B):</b>	<b>\$418.92</b>	<b>\$5,027.00</b>

		Expected Per Month	Expected Per Year	EXPECTED SAVINGS (A+B)
<b>ASI DEDUCTIBLE SHARING WITH BLUE SHIELD</b>				
Fixed Cost + Expected Claims		<b>(A) + (B)</b>	<b>\$5,736.60</b>	<b>\$68,839.16</b>
<b>Compared to your Plan Rates:</b>				
Blue Shield Platinum Full PPO 250/15		Premium:	\$7,721.87	\$92,662.44
<b>Total Savings</b>			<b>\$1,985.27</b>	<b>\$23,823.28</b>

		Maximum Per Year	MAXIMUM EXPOSURE (C)	
<b>ASI DEDUCTIBLE SHARING WITH BLUE SHIELD</b>				
Percent of Employees		10 Deductibles		
100%	of Exposed Deductibles @ Maximum Claims Cost	\$65,800.00		
<b>Total Maximum Claims</b>		<b>(C):</b>	<b>\$65,800.00</b>	
Fixed Cost + Maximum Claims		<b>(A) + (C)</b>	<b>\$129,612.16</b>	
<b>Compared to your Plan Rates:</b>				
Blue Shield Platinum Full PPO 250/15		Premium:	\$7,721.87	\$92,662.44
<b>Total Loss</b>			<b>-\$36,949.72</b>	

\*\* This proposal reflects the cost sharing of the Blue Shield high deductible between employer and employee. Any additional employer assistance through buying down the cost of co-pays or prescription drug deductibles, or coverage of Blue Shield benefits are included in the funding exposures on this proposal/renewal.

This proposal is for illustration purposes only. Actual results will vary.



## Schedule of Benefits Fresno Westside Abatement District

Blue Shield Bronze Full PPO 6250-70 OffEx

2/1/2021

Plan Code: OR-1112SRBlueShieldBronzeFullPPO6250-70OffEx

**Your Blue Shield plan has a Deductible of \$6,250/\$12,500 which will be shared between you and your employer as outlined below. Any remaining balance is the member's responsibility.**

Blue Shield's Deductible is shared between the employee and employer	Employee Pays	Employer Pays
<b>This is an Embedded Deductible</b>		
Deductible Per Calendar Year - 2 Times Family	\$300	None
Office Visit - Deductible Waived **	\$20	Employer Pays Balance
Specialist Visit - Deductible Waived **	\$20	Employer Pays Balance
Urgent Care Visit - Deductible Waived **	\$20	Employer Pays Balance
Lab and X-Ray	10%	90%
Emergency Room	10%	90%
Inpatient Hospital	10%	90%
Outpatient Hospital	10%	90%
Ambulance	10%	90%
Outpatient Mental and Substance - Deductible Waived **	\$20	Employer Pays Balance
Acupuncture	10%	90%
Physical and Occupational Therapy	10%	90%
Durable Medical Equipment	10%	90%
All Other Deductible Services & Supplies	10%	90%
Out of Network	Not Covered	
Prescription Deductible; Tier 2, Tier 3, Tier 4	\$0	None
RX Tier 2	\$30	Employer Pays Balance
RX Tier 3	\$50	Employer Pays Balance
RX Tier 4	30%	Employer Pays Balance
<b>Out of Pocket Under the Blue Shield Deductible</b>	<b>Employee Responsibility</b>	<b>Employer Maximum Contribution</b>
Employee Only through Step One	\$895.00	\$5,355.00
Employee with Dependents through Step One	\$1,790.00	\$10,710.00

Step One\*

**Your Blue Shield plan has a Co-Insurance max of \$1,950/\$3,900 after Blue Shield's deductible has been met. The employee must meet this amount before Blue Shield pays 100% and may be shared as outlined below.**

Benefits After Blue Shield Deductible	Employee Pays	Employer Pays	Blue Shield Pays
Co Insurance for Most Covered Expenses	20%	20%	60%
<b>Out of Pocket After Blue Shield Deductible</b>	<b>Employee Responsibility</b>	<b>Employer Maximum Contribution</b>	<b>Blue Shield Pays</b>
Employee Only through Step Two	\$975.00	\$975.00	Balance
Employee with Dependents through Step Two	\$1,950.00	\$1,950.00	

Step Two\*

<b>Employee Maximum Out Of Pocket for Individual/Family</b>	<b>\$1,870.00</b>	/	<b>\$3,740.00</b>
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**Your Blue Shield plan has Deductible-Waived Benefits which will be shared as outlined below.**

Benefits Offered by Blue Shield that do not count towards your Medical Deductible	Employee Pays	Employer Pays	Blue Shield Pays
Wellness	0%	None	100%
Teladoc Consultation	\$0	None	100%
Office Visit **	\$20	\$50	100%
Specialist Visit **	\$20	\$55	100%
Urgent Care **	\$20	\$50	100%
Outpatient Mental and Substance **	\$20	\$50	100%
Chiropractic	\$15	None	100%
RX Tier 1	\$5	\$15	100%

Carrier Benefits\*

\* Please refer to the Blue Shield Plan document for complete details of covered benefits.  
 \*\*These services are deductible-waived by Blue Shield for the first visit. Any remaining visits will be paid at the benefit listed in Step 1.  
 Your ASI reimbursement plan follows your Blue Shield benefits.  
 CA Lic. #0D35033

**Administrative Solutions**

**Plan By Design Proposal For:**

**Fresno Westside Mosquito Abatement District**

Blue Shield Bronze Full PPO 7500-50 OffEx  
2/1/2021



**PLAN DESIGN UNDER THE BLUE SHIELD DEDUCTIBLE**

Blue Shield Deductible	\$7,500.00	This is an Embedded Deductible
Employee's Deductible:	\$300.00	
Employer's Reimbursement	90%	
Deductible Funding	\$6,480.00	
After Deductible Funding	+ \$280.00	
Copay Buydown Funding	+ \$150.00	
<b>Employer's Maximum Exposure</b>	<b>\$6,910.00</b>	

**EXPECTED COST PROJECTION**

		Month	Year	FIXED COST (A)
Blue Shield	Premium	\$4,857.39	\$58,288.68	
ASi	Administration Fee	\$22.50 Per ee/mo	\$2,430.00	
Broker	Administration Fee	\$10.00 Per ee/mo	\$1,080.00	
ASi	One Time Set Up Fee:	n/a	\$0.00	
<b>Total Fixed Cost (A):</b>		<b>\$5,149.89</b>	<b>\$61,798.68</b>	

		Deductibles	Total Deductibles:	Expected Per Month	Expected Per Year	EXPECTED CLAIMS EXPOSURE (B)
	Singles	8	X	1	8	
	Employee with Dep:	1	X	2	2	
		9			10	
<b>SHARED HIGH DEDUCTIBLE COST UNDER THE BLUE SHIELD PLAN</b>				10 Deductibles		
Percent of Employees						
5%	of Exposed Deductibles @ Maximum Claims Cost			\$6,910.00	\$287.92	\$3,455.00
5%	of Exposed Deductibles @ 30% of Max. Claims Cost			\$2,073.00	\$86.38	\$1,036.50
30%	of Exposed Deductibles @ Fixed Claims Cost of			\$250.00	\$62.50	\$750.00
<b>Total Expected Claims (B):</b>				<b>\$436.79</b>	<b>\$5,241.50</b>	

<b>ASI DEDUCTIBLE SHARING WITH BLUE SHIELD</b>		Expected Per Month	Expected Per Year	EXPECTED SAVINGS (A+B)
Fixed Cost + Expected Claims (A) + (B)		<b>\$5,586.68</b>	<b>\$67,040.18</b>	
<b>Compared to your Plan Rates:</b>		Month	Year	
Blue Shield Platinum Full PPO 250/15		Premium:	\$7,721.87	\$92,662.44
<b>Total Savings</b>			<b>\$2,135.19</b>	<b>\$25,622.26</b>

<b>ASI DEDUCTIBLE SHARING WITH BLUE SHIELD</b>		Maximum Per Year	MAXIMUM EXPOSURE (C)	
Percent of Employees		10 Deductibles		
100%	of Exposed Deductibles @ Maximum Claims Cost	\$69,100.00		
<b>Total Maximum Claims (C):</b>			<b>\$69,100.00</b>	
Fixed Cost + Maximum Claims (A) + (C)			<b>\$130,898.68</b>	
<b>Compared to your Plan Rates:</b>		Month	Year	
Blue Shield Platinum Full PPO 250/15		Premium:	\$7,721.87	\$92,662.44
<b>Total Loss</b>			<b>-\$38,236.24</b>	

\*\* This proposal reflects the cost sharing of the Blue Shield high deductible between employer and employee. Any additional employer assistance through buying down the cost of co-pays or prescription drug deductibles, or coverage of Blue Shield benefits are included in the funding exposures on this proposal/renewal.

This proposal is for illustration purposes only. Actual results will vary.



## Schedule of Benefits Fresno Westside Mosquito Abatement District

Blue Shield Bronze Full PPO 7500-50 OffEx

2/1/2021

Plan Code: OR-1112SRBlueShieldBronzeFullPPO7500-50OffEx

**Your Blue Shield plan has a Deductible of \$7,500/\$15,000 which will be shared between you and your employer as outlined below. Any remaining balance is the member's responsibility.**

Blue Shield's Deductible is shared between the employee and employer	Employee Pays	Employer Pays
<b>This is an Embedded Deductible</b>		
Deductible Per Calendar Year - 2 Times Family	\$300	None
Office Visit - Deductible Waived **	\$20	Employer Pays Balance
Specialist Visit - Deductible Waived	\$20	Employer Pays Balance
Urgent Care Visit - Deductible Waived **	\$20	Employer Pays Balance
Lab and X-Ray	10%	90%
Emergency Room	10%	90%
Inpatient Hospital	10%	90%
Outpatient Hospital	10%	90%
Ambulance	10%	90%
Outpatient Mental and Substance - Deductible Waived **	\$20	Employer Pays Balance
Chiropractic - up to 20 visits	10%	90%
Acupuncture	10%	90%
Physical and Occupational Therapy	10%	90%
Durable Medical Equipment	10%	90%
All Other Deductible Services & Supplies	10%	90%
Out of Network	Not Covered	
Prescription Deductible; Tier 2, Tier 3, Tier 4	\$0	None
RX Tier 1 - Deductible Waived	\$5	Employer Pays Balance
RX Tier 2	\$30	Employer Pays Balance
RX Tier 3	\$50	Employer Pays Balance
RX Tier 4	30%	Employer Pays Balance
<b>Out of Pocket Under the Blue Shield Deductible</b>	<b>Employee Responsibility</b>	<b>Employer Maximum Contribution</b>
Employee Only through Step One	\$1,020.00	\$6,480.00
Employee with Dependents through Step One	\$2,040.00	\$12,960.00

Step One\*

**Your Blue Shield plan has a Co-Insurance max of \$700/\$1,400 after Blue Shield's deductible has been met. The employee must meet this amount before Blue Shield pays 100% and may be shared as outlined below.**

Benefits After Blue Shield Deductible	Employee Pays	Employer Pays	Blue Shield Pays
Co Insurance for Most Covered Expenses	30%	20%	50%
<b>Out of Pocket After Blue Shield Deductible</b>	<b>Employee Responsibility</b>	<b>Employer Maximum Contribution</b>	<b>Blue Shield Pays</b>
Employee Only through Step Two	\$420.00	\$280.00	Balance
Employee with Dependents through Step Two	\$840.00	\$560.00	

Step Two\*

<b>Employee Maximum Out Of Pocket for Individual/Family</b>	<b>\$1,440.00</b>	/	<b>\$2,880.00</b>
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**Your Blue Shield plan has Deductible-Waived Benefits which will be shared as outlined below.**

Benefits Offered by Blue Shield that do not count towards your Medical Deductible	Employee Pays	Employer Pays	Blue Shield Pays
Wellness	0%	None	100%
Teladoc Consultation	\$0	None	100%
Office Visit **	\$20	\$50	100%
Urgent Care **	\$20	\$50	100%
Outpatient Mental and Substance **	\$20	\$50	100%

Carrier Benefits\*

\* Please refer to the Blue Shield Plan document for complete details of covered benefits.

\*\*These services are deductible-waived by Blue Shield for the first visit. Any remaining visits will be paid at the benefit listed in Step 1.

Your ASI reimbursement plan follows your Blue Shield benefits.

CA Lic. #0D35033



## How A Claim is Paid between Blue Shield and ASi

When going to a contracted doctor/provider, hospital, and/or lab..ALWAYS show your Blue Shield ID Card and your ASi ID Card. If you only show your Blue Shield ID card, your provider will think you only have Blue Shield benefits.

<b>1</b>	<b>DOCTOR PROVIDER</b>	Go to an Blue Shield Provider and pay any applicable co-pay, if required.
<b>2</b>	<b>Blue Shield</b>	Provider sends your claim to Blue Shield to be processed, and If approved, it will be applied to the Blue Shield Deductible.
<b>3</b>	<b>Employee</b>	Blue Shield will send you an Explanation of Benefits. <b>IT IS YOUR RESPONSIBILITY TO THEN SEND YOUR EXPLANATION OF BENEFITS TO ASi.</b> You can Fax it to 559-256-1321. You can email it to <a href="mailto:claims@ASibenefits.com">claims@ASibenefits.com</a> You can Sign up for ASi Retrieve Service where ASi will obtain the Explanation of Benefits for you through Blue Shield's website OR download our new ASi App and submit directly from your smart phone
<b>4</b>	<b>ASi</b>	ASi will process the benefits your employer has designed under the Blue Shield Deductible and send payment to your doctor/provider. You will get a copy of the ASi payment that was sent to your Doctor/Provider so you will know your responsibility to pay, if any.
<b>PRESCRIPTIONS</b>		Prescriptions are provided through Blue Shield. If your plan includes ASi for prescriptions, please show both your Blue Shield & ASi ID Card. You will only be charged the applicable co-pay.

## Sample ID Card

<b>ASi</b> Administrative Solutions, Inc.	
NAME: JOHN DOE Primary Carrier: Blue Shield Coverage: Employee Employee Deductible: \$600 Hospital/Services Co-ins: 20%	EO: ASi-00-123400 Effective Date: 7/1/20 18 Office Visit Co-Pay: \$40 Socialist: 20%
ASi Phone Number: 866-777-1320	
RX Co-Pay: Tier 1 \$35	Tier 2 \$50
Pharmacist: See instructions on back for submission instructions.	

<p>Pharmacists: Submit to Primary Carrier first, then submit negotiated address to:</p> <p>ASi P.O. Box 8303 Fresno CA 93755 Eligibility and Claims Status: 866-777-1320</p> <p>Member: Please be sure ASi always gets the primary carrier Explanation of Benefits for processing.</p>
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Plan Code: OR-1112SRAnthemBlueCrossBronzePPO70-6600-35%

**Administrative Solutions Inc.**

**Plan By Design Proposal For:**

**Fresno Westside Abatement District**

Anthem Blue Cross Bronze PPO 70-6600-35%  
2/1/2021



**PLAN DESIGN UNDER THE ANTHEM DEDUCTIBLE**

Anthem Deductible	\$6,600.00	This is an Embedded Deductible
Employee's Deductible:	\$300.00	
Employer's Reimbursement	90%	
Deductible Funding	\$5,670.00	
After Deductible Funding	+ \$1,114.29	
<b>Employer's Maximum Exposure</b>	<b>\$6,784.29</b>	

**EXPECTED COST PROJECTION**

		Month	Year	FIXED COST (A)
Anthem	Premium	\$5,072.82	\$60,873.84	
ASi	Administration Fee	\$22.50 Per ee/mo	\$202.50	\$2,430.00
Broker	Administration Fee	\$10.00 Per ee/mo	\$90.00	\$1,080.00
ASi	One Time Set Up Fee:	n/a	\$0.00	
<b>Total Fixed Cost</b>		<b>(A):</b>	<b>\$5,365.32</b>	<b>\$64,383.84</b>

**Deductibles Total Deductibles:**

Singles	8	X	1	8
Employee with Dep:	1	X	2	2
	9			10

**SHARED HIGH DEDUCTIBLE COST UNDER THE ANTHEM PLAN**

		Expected Per Month	Expected Per Year	EXPECTED CLAIMS EXPOSURE (B)
		10 Deductibles		
Percent of Employees				
5%	of Exposed Deductibles @ Maximum Claims Cost	\$282.68	\$3,392.15	
5%	of Exposed Deductibles @ 30% of Max. Claims Cost	\$84.80	\$1,017.64	
30%	of Exposed Deductibles @ Fixed Claims Cost of	\$62.50	\$750.00	
<b>Total Expected Claims</b>		<b>(B):</b>	<b>\$429.98</b>	<b>\$5,159.79</b>

**ASI DEDUCTIBLE SHARING WITH ANTHEM**

		Expected Per Month	Expected Per Year	EXPECTED SAVINGS (A+B)
Fixed Cost + Expected Claims		<b>(A) + (B)</b>	<b>\$5,795.30</b>	
<b>Compared to your Plan Rates:</b>		<b>Month</b>	<b>Year</b>	
Blue Shield Platinum Full PPO 250/15		Premium:	\$7,721.87	\$92,662.44
<b>Total Savings</b>			<b>\$1,926.57</b>	<b>\$23,118.81</b>

**ASI DEDUCTIBLE SHARING WITH ANTHEM**

		Maximum Per Year	MAXIMUM EXPOSURE (C)	
		10 Deductibles		
Percent of Employees				
100%	of Exposed Deductibles @ Maximum Claims Cost	\$67,842.90		
<b>Total Maximum Claims</b>		<b>(C):</b>	<b>\$67,842.90</b>	
Fixed Cost + Maximum Claims		<b>(A) + (C)</b>	<b>\$132,226.74</b>	
<b>Compared to your Plan Rates:</b>		<b>Month</b>	<b>Year</b>	
Blue Shield Platinum Full PPO 250/15		Premium:	\$7,721.87	\$92,662.44
<b>Total Loss</b>			<b>-\$39,564.30</b>	

\*\* This proposal reflects the cost sharing of the Anthem high deductible between employer and employee. Any additional employer assistance through buying down the cost of co-pays or prescription drug deductibles, or coverage of Anthem benefits are included in the funding exposures on this proposal/renewal.

This proposal is for illustration purposes only. Actual results will vary.



## Schedule of Benefits Fresno Westside Abatement District

Anthem Blue Cross Bronze PPO 70-6600-35%

2/1/2021

Plan Code: OR-1112SRAnthemBlueCrossBronzePPO70-6600-35%

**Your Anthem plan has a Deductible of \$6,600/\$13,200 which will be shared between you and your employer as outlined below.  
Any remaining balance is the member's responsibility.**

Anthem's Deductible is shared between the employee and employer	Employee Pays	Employer Pays
<b>This is an Embedded Deductible</b>		
Deductible Per Calendar Year - 2 Times Family	\$300	None
Office Visit - Deductible Waived	\$20	Employer Pays Balance
Specialist Visit - Deductible Waived	\$20	Employer Pays Balance
Urgent Care - Deductible Waived	\$20	Employer Pays Balance
Lab and X-Ray	10%	90%
Emergency Room Services	10%	90%
Inpatient Hospital	10%	90%
Outpatient Surgery	10%	90%
Ambulance	10%	90%
Outpatient Mental and Substance - Deductible Waived	\$20	Employer Pays Balance
Acupuncture	10%	90%
Physical and Occupational Therapy	10%	90%
Durable Medical Equipment	10%	90%
All Other Deductible Services & Supplies	10%	90%
Out of Network	Not Covered	
Prescription Deductible; Tier 2, Tier 3 and Tier 4	\$0	None
RX Tier 2	\$30	Employer Pays Balance
RX Tier 3	\$50	Employer Pays Balance
RX Tier 4	30%	Employer Pays Balance
<b>Out of Pocket Under the Anthem Deductible</b>	<b>Employee Responsibility</b>	<b>Employer Maximum Contribution</b>
Employee Only through Step One	\$930.00	\$5,670.00
Employee with Dependents through Step One	\$1,860.00	\$11,340.00

Step One\*

**Your Anthem plan has a Co-Insurance max of \$1,950/\$3,900 after Anthem's deductible has been met. The employee must meet this amount before Anthem pays 100% and may be shared as outlined below.**

Benefits After Anthem Deductible	Employee Pays	Employer Pays	Anthem Pays
Co Insurance for Most Covered Expenses	15%	20%	65%
<b>Out of Pocket After Anthem Deductible</b>	<b>Employee Responsibility</b>	<b>Employer Maximum Contribution</b>	<b>Anthem Pays</b>
Employee Only through Step Two	\$835.71	\$1,114.29	Balance
Employee with Dependents through Step Two	\$1,671.42	\$2,228.58	

Step Two\*

<b>Employee Maximum Out Of Pocket for Individual/Family</b>	<b>\$1,765.71</b>	<b>/</b>	<b>\$3,531.42</b>
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**Your Anthem plan has Deductible-Waived Benefits which will be shared as outlined below.**

Benefits Offered by Anthem that do not count towards your Medical Deductible	Employee Pays	Employer Pays	Anthem Pays
Preferred Telehealth Visit - Visits 1 - 12 **	\$0	None	100%
Preferred Telehealth Visit - Visits 13 + **	\$5	None	100%
Wellness	0%	None	100%
Chiropractic	50%	None	50%
RX Tier 1	\$5	\$15	100%

Carrier Benefits\*

\* Please refer to the Anthem Plan document for complete details of covered benefits.

\*\*Participants must pay any required fees at the time of service to utilize this benefit. Participants are then responsible for sending an Explanation of Benefits to ASi so that ASi can issue any applicable reimbursements.

Your ASi reimbursement plan follows your Anthem benefits.  
CA Lic. #0D35033



## How A Claim is Paid between Anthem and ASi

When going to a contracted doctor/provider, hospital, and/or lab..ALWAYS show your Anthem ID Card and your ASi ID Card. If you only show your Anthem ID card, your provider will think you only have Anthem benefits.

<b>1</b>	<b>DOCTOR PROVIDER</b>	Go to an Anthem Provider and pay any applicable co-pay, if required.
<b>2</b>	<b>Anthem</b>	Provider sends your claim to Anthem to be processed, and If approved, it will be applied to the Anthem Deductible.
<b>3</b>	<b>Employee</b>	<p>Anthem will send you an Explanation of Benefits.  <b>IT IS YOUR RESPONSIBILITY TO THEN SEND YOUR EXPLANATION OF BENEFITS TO ASi.</b>          You can Fax it to 559-256-1321. You can email it to <a href="mailto:claims@ASibenefits.com">claims@ASibenefits.com</a>          You can Sign up for ASi Retrieve Service where ASi will obtain the Explanation of Benefits for you through Anthem's website OR download our new ASi App and submit directly from your smart phone</p>
<b>4</b>	<b>ASi</b>	ASi will process the benefits your employer has designed under the Anthem Deductible and send payment to your doctor/provider. You will get a copy of the ASi payment that was sent to your Doctor/Provider so you will know your responsibility to pay, if any.
<b>PRESCRIPTIONS</b>		
Prescriptions are provided through Anthem. If your plan includes ASi for prescriptions, please show both your Anthem & ASi ID Card. You will only be charged the applicable co-pay.		

### Sample ID Card



**Administrative Solutions**

**Plan By Design Proposal For:**

**Fresno Westside Mosquito Abatement District**

Aetna OA MC POS Bronze 6300 60-50  
2/1/2021



**PLAN DESIGN UNDER THE AETNA DEDUCTIBLE**

Aetna Deductible	\$6,300.00	This is an Embedded Deductible
Employee's Deductible:	\$300.00	
Employer's Reimbursement	90%	
Deductible Funding	\$5,400.00	
After Deductible Funding	+ \$950.00	
Copay Buydown Funding	+ \$1,000.00	
<b>Employer's Maximum Exposure</b>	<b>\$7,350.00</b>	

**EXPECTED COST PROJECTION**

		Month	Year	FIXED COST (A)
Aetna	Premium	\$4,834.89	\$58,018.68	
ASi	Administration Fee	\$22.50 Per ee/mo	\$2,430.00	
Broker	Administration Fee	\$10.00 Per ee/mo	\$1,080.00	
ASi	One Time Set Up Fee:	n/a	\$0.00	
<b>Total Fixed Cost</b>		<b>(A):</b>	<b>\$5,127.39</b>	<b>\$61,528.68</b>

		Deductibles	Total Deductibles:	EXPECTED CLAIMS EXPOSURE (B)
Singles	8	X	1	
Employee with Dep:	1	X	2	2
	9			10

		Expected Per Month	Expected Per Year	EXPECTED CLAIMS EXPOSURE (B)
<b>SHARED HIGH DEDUCTIBLE COST UNDER THE AETNA PLAN</b>				
Percent of Employees	10 Deductibles			
5%	of Exposed Deductibles @ Maximum Claims Cost	\$7,350.00	\$306.25	\$3,675.00
5%	of Exposed Deductibles @ 30% of Max. Claims Cost	\$2,205.00	\$91.88	\$1,102.50
30%	of Exposed Deductibles @ Fixed Claims Cost of	\$250.00	\$62.50	\$750.00
<b>Total Expected Claims</b>		<b>(B):</b>	<b>\$460.63</b>	<b>\$5,527.50</b>

		Expected Per Month	Expected Per Year	EXPECTED SAVINGS (A+B)
<b>ASI DEDUCTIBLE SHARING WITH AETNA</b>				
Fixed Cost + Expected Claims		<b>(A) + (B)</b>	<b>\$5,588.02</b>	<b>\$67,056.18</b>
<b>Compared to your Plan Rates:</b>		Month	Year	
Blue Shield Platinum Full PPO 250/15		Premium:	\$7,721.87	\$92,662.44
<b>Total Savings</b>			<b>\$2,133.86</b>	<b>\$25,606.26</b>

		Maximum Per Year	MAXIMUM EXPOSURE (C)	
<b>ASI DEDUCTIBLE SHARING WITH AETNA</b>				
Percent of Employees	10 Deductibles			
100%	of Exposed Deductibles @ Maximum Claims Cost	\$73,500.00		
<b>Total Maximum Claims</b>		<b>(C):</b>	<b>\$73,500.00</b>	
Fixed Cost + Maximum Claims		<b>(A) + (C)</b>	<b>\$135,028.68</b>	
<b>Compared to your Plan Rates:</b>		Month	Year	
Blue Shield Platinum Full PPO 250/15		Premium:	\$7,721.87	\$92,662.44
<b>Total Loss</b>			<b>-\$42,366.24</b>	

\*\* This proposal reflects the cost sharing of the Aetna high deductible between employer and employee. Any additional employer assistance through buying down the cost of co-pays or prescription drug deductibles, or coverage of Aetna benefits are included in the funding exposures on this proposal/renewal.

This proposal is for illustration purposes only. Actual results will vary.



## Schedule of Benefits Fresno Westside Mosquito Abatement District

Aetna OA MC POS Bronze 6300 60-50

2/1/2021

Plan Code: OR-1112SRAetnaOAMCPOSBronze630060-50

**Your Aetna plan has a Deductible of \$6,300/\$12,600 which will be shared between you and your employer as outlined below.  
Any remaining balance is the member's responsibility.**

Aetna's Deductible is shared between the employee and employer	Employee Pays	Employer Pays
<b>This is an Embedded Deductible</b>		
Deductible Per Calendar Year - 2 Times Family	\$300	None
Office Visit - Deductible Waived **	\$20	Employer Pays Balance
Specialist Visit - Deductible Waived **	\$20	Employer Pays Balance
Urgent Care - Deductible Waived **	\$20	Employer Pays Balance
X-Ray	10%	90%
Advanced Radiology	10%	90%
Emergency Room	10%	90%
Inpatient Hospital	10%	90%
Outpatient Hospital	10%	90%
Ambulance	10%	90%
Chiropractic	Not Covered	
Acupuncture **	\$20	Employer Pays Balance
Outpatient Mental & Substance - Deductible Waived **	\$20	Employer Pays Balance
Durable Medical Equipment	10%	90%
All Other Deductible Services & Supplies	10%	90%
Out of Network	Not Covered	
<b>Out of Pocket Under the Aetna Deductible</b>	<b>Employee Responsibility</b>	<b>Employer Maximum Contribution</b>
Employee Only through Step One	\$900.00	\$5,400.00
Employee with Dependents through Step One	\$1,800.00	\$10,800.00

Step One\*

**Your Aetna plan has a Co-Insurance max of \$1,900/\$3,800 after Aetna's deductible has been met. The employee must meet this amount before Aetna pays 100% and may be shared as outlined below.**

Benefits After Aetna Deductible	Employee Pays	Employer Pays	Aetna Pays
Co Insurance for Most Covered Expenses	20%	20%	60%
<b>Out of Pocket After Aetna Deductible</b>	<b>Employee Responsibility</b>	<b>Employer Maximum Contribution</b>	<b>Aetna Pays</b>
Employee Only through Step Two	\$950.00	\$950.00	100%
Employee with Dependents through Step Two	\$1,900.00	\$1,900.00	100%

Step Two\*

<b>Employee Maximum Out Of Pocket for Individual/Family</b>	<b>\$1,850.00 / \$3,700.00</b>
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**Your Aetna plan has Deductible-Waived Benefits which will be shared as outlined below.**

Benefits Offered by Aetna that do not count towards your Medical Deductible	Employee Pays	Employer Pays	Aetna Pays
Office Visit **	\$20	\$45	100%
Specialist Visit **	\$20	\$75	100%
Urgent Care **	\$20	\$45	100%
Acupuncture **	\$20	\$45	100%
Outpatient Mental and Substance **	\$20	\$45	100%
Physical Therapy and other Rehabilitation Services	\$20	\$45	100%
Wellness	0%	None	100%
Lab	\$40	None	100%
Infusion Therapy	\$95	None	100%
Prescription Deductible	\$0/\$0	\$500/\$1,000	None
RX Generic Co-Pay	\$5	\$13	100%
RX Preferred	40% up to \$500	None	100%
RX Non-Preferred	40% up to \$500	None	100%
RX Specialty	40% up to \$500	None	100%

Carrier Benefits\*

\* Please refer to the Aetna Plan document for complete details of covered benefits.

Your ASI reimbursement plan follows your Aetna's benefits.

CA Lic. #0D35033

\*\*First 3 combined visits covered by Aetna after copay. Remaining visits, until carrier deductible is satisfied, are covered by employer after copay.

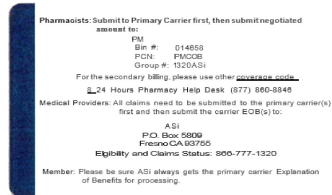
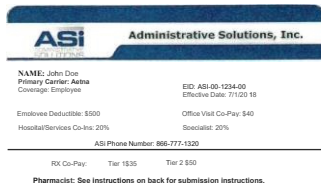


## How A Claim is Paid between Aetna and ASi

When going to a contracted doctor/provider, hospital, and/or lab..ALWAYS show your Aetna ID Card and your ASi ID Card. If you only show your Aetna ID card, your provider will think you only have Aetna benefits.

<b>1</b>	<b>DOCTOR PROVIDER</b>	Go to an Aetna Provider and pay any applicable co-pay, if required.
<b>2</b>	<b>Aetna</b>	Provider sends your claim to Aetna to be processed, and If approved, it will be applied to the Aetna Deductible.
<b>3</b>	<b>Employee</b>	Aetna will send you an Explanation of Benefits. <b>IT IS YOUR RESPONSIBILITY TO THEN SEND YOUR EXPLANATION OF BENEFITS TO ASi.</b> You can Fax it to 559-256-1321. You can email it to <a href="mailto:claims@ASibenefits.com">claims@ASibenefits.com</a> You can Sign up for ASi Retrieve Service where ASi will obtain the Explanation of Benefits for you through Aetna's website OR download our new ASi App and submit directly from your smart phone
<b>4</b>	<b>ASi</b>	ASi will process the benefits your employer has designed under the Aetna Deductible and send payment to your doctor/provider. You will get a copy of the ASi payment that was sent to your Doctor/Provider so you will know your responsibility to pay, if any.
<b>PRESCRIPTIONS</b>		
Prescriptions are provided through Aetna. If your plan includes ASi for prescriptions, please show both your Aetna & ASi ID Card. You will only be charged the applicable co-pay.		

### Sample ID Card



# Group Medical Proposal

Prepared For	Effective Date	Zip (County)	Employer Contribution
Fresno Westside Abatement District 2021 by ASI on November 12, 2020	February 01, 2021	93622 (Fresno)	EE: 100% Dep: 0%

## Group Profile

### Fresno Westside Abatement District 2021

Fresno , CA 93622

SIC: 8011

Employee List							
Name	Age	DOB	Medical	Dental	Vision	Gender	Zip
1.BURNS, RICHARD	61	03/20/1959	EE	EE	EE	Male	95348
2.CHAPMAN, BRIAN	49	04/30/1971	EE	EE	EE	Male	93622
3.DIEDRICH, MATT	49	09/12/1971	EE	EE	EE	Male	93622
4.QUIGLEY, ROBERT	56	06/10/1964	EE	EE	EE	Male	93622
5.RAMOS, EDWARD	24	05/09/1996	EE	EE	EE	Male	93668
6.REISS, CONLIN	37	09/03/1983	EF	EF	EF	Male	93636
7.ROWAN, CHANCE	44	07/15/1976	EE	EE	EE	Male	93722
8.VERDUGO, ALFREDO	31	02/13/1989	EE	EE	EE	Male	93622
9.YOUNG, BRANDA	58	05/16/1962	EE	EE	EE	Male	95348

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# Cost Comparison

## Fresno Westside Abatement District 2021

Rates Effective February 01, 2021

Zip: 93622

Employer Contribution - EE: 100% Dep: 0%

County: Fresno

Proposed Plan Information						
Carrier	Plan	Type	Incl	EE Prem	Dep Prem	Total
CaliforniaChoice	<u>Kaiser Bronze HMO C (HSA Eligible)</u>	HMO(HSA)	3/9	\$818.50	\$649.46	\$1,467.96
Kaiser	<u>Bronze 60 HDHP HMO 7000/0% + Child Dental</u>	HMO(HSA)	3/9	\$818.50	\$649.46	\$1,467.96
Kaiser	<u>Bronze 60 HMO 5400/60 + Child Dental Alt</u>	HMO	3/9	\$857.20	\$678.84	\$1,536.04
CaliforniaChoice	<u>Kaiser Bronze HMO B</u>	HMO	3/9	\$857.20	\$678.84	\$1,536.04
CaliforniaChoice	<u>Kaiser Bronze HMO A</u>	HMO	3/9	\$874.35	\$691.86	\$1,566.21
Kaiser	<u>Bronze 60 HMO 6300/65 + Child Dental</u>	HMO	3/9	\$874.35	\$691.86	\$1,566.21
Kaiser	<u>Silver 70 HDHP HMO 2500/20% + Child Dental</u>	HMO(HSA)	3/9	\$947.86	\$747.67	\$1,695.53
CaliforniaChoice	<u>Kaiser Silver HMO D (HSA Eligible)</u>	HMO(HSA)	3/9	\$947.86	\$747.67	\$1,695.53
CaliforniaChoice	<u>Kaiser Silver HMO E</u>	HMO	3/9	\$996.51	\$784.62	\$1,781.13
Kaiser	<u>Silver 70 HMO 2600/55 + Child Dental Alt</u>	HMO	3/9	\$996.51	\$784.62	\$1,781.13
Kaiser	<u>Silver 70 HMO 2100/55 + Child Dental Alt</u>	HMO	3/9	\$1,013.51	\$797.53	\$1,811.04
CaliforniaChoice	<u>Kaiser Silver HMO A</u>	HMO	3/9	\$1,013.51	\$797.53	\$1,811.04
CaliforniaChoice	<u>Kaiser Silver HMO C</u>	HMO	3/9	\$1,024.91	\$806.19	\$1,831.10
Kaiser	<u>Silver 70 HMO 2250/55 + Child Dental</u>	HMO	3/9	\$1,024.91	\$806.19	\$1,831.10
Kaiser	<u>Silver 70 HMO 1650/55 + Child Dental Alt</u>	HMO	3/9	\$1,032.24	\$811.75	\$1,843.99
CaliforniaChoice	<u>Kaiser Silver HMO B</u>	HMO	3/9	\$1,032.24	\$811.75	\$1,843.99
Kaiser	<u>Gold 80 HRA HMO 2250/35 + Child Dental</u>	HMO	3/9	\$1,073.42	\$843.02	\$1,916.44
Kaiser	<u>Gold 80 HMO 1000/40 + Child Dental Alt</u>	HMO	3/9	\$1,140.06	\$893.61	\$2,033.67
CaliforniaChoice	<u>Kaiser Gold HMO D</u>	HMO	3/9	\$1,140.06	\$893.61	\$2,033.67
CaliforniaChoice	<u>Kaiser Gold HMO B</u>	HMO	3/9	\$1,207.12	\$944.52	\$2,151.64
Kaiser	<u>Gold 80 HMO 250/35 + Child Dental</u>	HMO	3/9	\$1,207.12	\$944.52	\$2,151.64
Aetna	Savings Plus OA Managed Choice POS Bronze CA 50/50 8300 Ded	PPO	6/9	\$2,178.29	\$0.00	\$2,178.29
CaliforniaChoice	<u>Kaiser Gold HMO C</u>	HMO	3/9	\$1,278.73	\$998.89	\$2,277.62
Kaiser	<u>Gold 80 HMO 0/30 + Child Dental Alt</u>	HMO	3/9	\$1,278.73	\$998.89	\$2,277.62
Kaiser	<u>Platinum 90 HMO 0/20 + Child Dental</u>	HMO	3/9	\$1,343.13	\$1,047.78	\$2,390.91
CaliforniaChoice	<u>Kaiser Platinum HMO B</u>	HMO	3/9	\$1,343.13	\$1,047.78	\$2,390.91
Aetna	Savings Plus OA Managed Choice POS Bronze CA 60/50 6300 Ded	PPO	6/9	\$2,410.32	\$0.00	\$2,410.32
CaliforniaChoice	<u>Kaiser Platinum HMO A</u>	HMO	3/9	\$1,367.96	\$1,066.65	\$2,434.61
Kaiser	<u>Platinum 90 HMO 0/10 + Child Dental Alt</u>	HMO	3/9	\$1,367.96	\$1,066.65	\$2,434.61
Aetna	Savings Plus OA Managed Choice POS Bronze HDHP CA 100/50 7000 Ded HSA	PPO(HSA)	6/9	\$2,535.85	\$0.00	\$2,535.85
Kaiser	<u>Bronze 60 PPO 6300/65 + Child Dental</u>	PPO	3/9	\$1,573.51	\$1,194.74	\$2,768.25

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## Cost Comparison

Carrier	Plan	Type	Incl	EE Prem	Dep Prem	Total
Aetna	Savings Plus OA Managed Choice POS Silver CA 60/50 2550 Ded	PPO	6/9	\$2,826.87	\$0.00	\$2,826.87
Aetna	Savings Plus OA Managed Choice POS Silver CA 60/50 2000 Ded	PPO	6/9	\$2,940.44	\$0.00	\$2,940.44
Aetna	Savings Plus OA Managed Choice POS Silver CA Copay Plan 70/50 2250 Ded	PPO	6/9	\$3,117.63	\$0.00	\$3,117.63
Aetna	Savings Plus OA Managed Choice POS Gold CA 80/50 1250 Ded	PPO	6/9	\$3,316.29	\$0.00	\$3,316.29
Aetna	Savings Plus OA Managed Choice POS Gold CA 80/50 1500 Ded	PPO	6/9	\$3,361.67	\$0.00	\$3,361.67
Kaiser	<u>Silver 70 PPO 2250/55 + Child Dental</u>	PPO	3/9	\$1,919.40	\$1,457.38	\$3,376.78
Aetna	Savings Plus OA Managed Choice POS Gold CA 80/50 750 Ded	PPO	6/9	\$3,535.90	\$0.00	\$3,535.90
Aetna	Savings Plus OA Managed Choice POS Gold CA 80/50 350 Ded	PPO	6/9	\$3,732.56	\$0.00	\$3,732.56
United	Alliance Silver 50-90/40%/2250ded (CE-OJ)	HMO	7/9	\$3,154.53	\$826.12	\$3,980.65
United	State Alliance Silver 70 HMO 2250/50 (CE-OM)	HMO	7/9	\$3,192.36	\$836.04	\$4,028.40
Kaiser	<u>Gold 80 PPO 350/25 + Child Dental</u>	PPO	3/9	\$2,300.56	\$1,746.78	\$4,047.34
CaliforniaChoice	<u>UHC Silver Alliance HMO E</u>	HMO	7/9	\$3,334.11	\$873.16	\$4,207.27
Aetna	Savings Plus OA Managed Choice POS Platinum CA 90/50 0 Ded	PPO	6/9	\$4,306.90	\$0.00	\$4,306.90
United	Alliance Gold 30-70/30%/1250ded (CE-OI)	HMO	7/9	\$3,455.21	\$904.88	\$4,360.09
Aetna	OA Managed Choice POS Bronze CA 50/50 8300 Ded	PPO	9/9	\$3,723.07	\$646.38	\$4,369.45
United	State Navigate Bronze 65/6300/40% (CD-FE)	EPO	9/9	\$3,726.56	\$647.00	\$4,373.56
Anthem BC	<u>Silver Select HMO 55/2250/45% 5SX4</u>	HMO	8/9	\$4,540.19	\$0.00	\$4,540.19
Kaiser	<u>Platinum 90 PPO 0/15 + Child Dental</u>	PPO	3/9	\$2,586.75	\$1,964.08	\$4,550.83
CaliforniaChoice	<u>UHC Gold Alliance HMO B</u>	HMO	7/9	\$3,651.97	\$956.40	\$4,608.37
Blue Shield	<u>Bronze Tandem PPO 7500/50 OffEx</u>	PPO	9/9	\$3,926.94	\$681.78	\$4,608.72
United	Alliance Gold 30-70/20%/500ded (CE-OG)	HMO	7/9	\$3,664.41	\$959.65	\$4,624.06
United	Core Bronze 7200/40% (CE-MU)	PPO	9/9	\$3,979.97	\$691.00	\$4,670.97
United	State Core Bronze 65/6300/40% (CE-MD)	PPO	9/9	\$4,022.26	\$698.33	\$4,720.59
CaliforniaChoice	<u>Anthem Blue Cross Silver Select HMO A</u>	HMO	8/9	\$4,748.47	\$0.00	\$4,748.47
Blue Shield	<u>Bronze Tandem PPO 6250/70 OffEx</u>	PPO	9/9	\$4,057.85	\$704.51	\$4,762.36

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## Cost Comparison

Carrier	Plan	Type	Incl	EE Prem	Dep Prem	Total
United	State Alliance Gold 80 HMO 350/25 (CE-OL)	HMO	7/9	\$3,822.71	\$1,001.11	\$4,823.82
Blue Shield	<u>Bronze Tandem PPO Savings 7000 OffEx</u>	PPO(HSA)	9/9	\$4,111.39	\$713.81	\$4,825.20
Aetna	OA Managed Choice POS Bronze CA 60/50 6300 Ded	PPO	9/9	\$4,119.64	\$715.25	\$4,834.89
Blue Shield	<u>Bronze Tandem PPO Savings 5700/40% OffEx</u>	PPO(HSA)	9/9	\$4,138.53	\$718.53	\$4,857.06
Blue Shield	<u>Bronze Full PPO 7500/50 OffEx</u>	PPO	9/9	\$4,138.82	\$718.57	\$4,857.39
United	Core Bronze HDHP w/Motion 7000/0% (CE-MT)	PPO(HSA)	9/9	\$4,149.75	\$720.48	\$4,870.23
CaliforniaChoice	<u>UHC Gold Alliance HMO J</u>	HMO	7/9	\$3,873.49	\$1,014.41	\$4,887.90
Health Net	Health Net PureCare Bronze 60 HSP 6300/65 + Child Dental	HMO	9/9	\$4,191.79	\$727.77	\$4,919.56
United	State Navigate Silver 50/2250/30% (CD-FD)	EPO	9/9	\$4,198.08	\$728.86	\$4,926.94
Blue Shield	<u>Bronze Tandem PPO 6850/65 OffEx</u>	PPO	9/9	\$4,212.19	\$731.31	\$4,943.50
Anthem BC	<u>Bronze Select PPO 70/6600/35% 5SXQ</u>	PPO	9/9	\$4,213.50	\$731.53	\$4,945.03
United	State Core Bronze 65/6300/40% + INF (CE-MD)	PPO	9/9	\$4,219.22	\$732.53	\$4,951.75
Health Net	Health Net PureCare Bronze 60 HSP 6300/65 + Child Dental INF	HMO	9/9	\$4,223.20	\$738.24	\$4,961.44
Anthem BC	<u>Silver Select HMO 55 5STB</u>	HMO	8/9	\$4,966.34	\$0.00	\$4,966.34
United	Core Silver 55/2250/40% (CE-NE)	PPO	9/9	\$4,233.52	\$735.02	\$4,968.54
United	Alliance Gold 30-70/800d (CE-OF)	HMO	7/9	\$3,979.20	\$1,042.09	\$5,021.29
Anthem BC	<u>Bronze Select PPO 6950/0% w/HSA 5SU9</u>	PPO(HSA)	9/9	\$4,278.67	\$742.85	\$5,021.52
Anthem BC	<u>Bronze Select PPO 7000/0% w/HSA 5SV4</u>	PPO(HSA)	9/9	\$4,280.42	\$743.15	\$5,023.57
Anthem BC	<u>Bronze Select PPO 40/5600/40% 5SWM</u>	PPO	9/9	\$4,280.42	\$743.15	\$5,023.57
Blue Shield	<u>Bronze Full PPO 6250/70 OffEx</u>	PPO	9/9	\$4,281.78	\$743.40	\$5,025.18
United	Core Silver 55/1750/40% (CE-ND)	PPO	9/9	\$4,287.74	\$744.44	\$5,032.18
Anthem BC	<u>Bronze Select PPO 5600/45% w/HSA 5SU1</u>	PPO(HSA)	9/9	\$4,298.07	\$746.22	\$5,044.29
Anthem BC	<u>Bronze PPO 70/6600/35% 5SXL</u>	PPO	9/9	\$4,322.38	\$750.44	\$5,072.82
Aetna	OA Managed Choice POS Bronze HDHP CA 100/50 7000 Ded HSA	PPO(HSA)	9/9	\$4,334.21	\$752.49	\$5,086.70
Blue Shield	<u>Bronze Full PPO Savings 7000 OffEx</u>	PPO(HSA)	9/9	\$4,335.48	\$752.71	\$5,088.19
United	Select Plus Bronze 7200/40% (CE-MO)	PPO	9/9	\$4,349.89	\$755.22	\$5,105.11
Blue Shield	<u>Bronze Full PPO Savings 5700/40% OffEx</u>	PPO(HSA)	9/9	\$4,364.43	\$757.75	\$5,122.18
Anthem BC	<u>Bronze PPO 6950/0% w/HSA 5SU5</u>	PPO(HSA)	9/9	\$4,389.16	\$762.04	\$5,151.20
Anthem BC	<u>Bronze PPO 40/5600/40% 5SWH</u>	PPO	9/9	\$4,390.76	\$762.31	\$5,153.07
Anthem BC	<u>Bronze Select PPO 4600/50% 5SRD</u>	PPO	9/9	\$4,401.88	\$764.25	\$5,166.13

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## Cost Comparison

Carrier	Plan	Type	Incl	EE Prem	Dep Prem	Total
Anthem BC	<u>Bronze PPO 5600/45% w/HSA 5STX</u>	PPO(HSA)	9/9	\$4,409.04	\$765.48	\$5,174.52
Anthem BC	<u>Gold Select HMO 35/1250/20% 5SSK</u>	HMO	8/9	\$5,206.14	\$0.00	\$5,206.14
Blue Shield	<u>Bronze Full PPO 6850/65 OffEx</u>	PPO	9/9	\$4,451.64	\$772.88	\$5,224.52
Anthem BC	<u>Bronze Select PPO 60/6350/40% 5SSV</u>	PPO	9/9	\$4,465.31	\$775.25	\$5,240.56
United	<u>Core Silver HDHP w/Motion 2550/40% (CE-MS)</u>	PPO(HSA)	9/9	\$4,468.65	\$775.83	\$5,244.48
Blue Shield	<u>Silver Tandem PPO Savings 2600/35% OffEx</u>	PPO(HSA)	9/9	\$4,480.06	\$777.81	\$5,257.87
CaliforniaChoice	<u>Anthem Blue Cross Bronze Select PPO B (HSA Eligible)</u>	PPO(HSA)	9/9	\$4,502.34	\$781.68	\$5,284.02
Anthem BC	<u>Bronze PPO 4600/50% 5SR9</u>	PPO	9/9	\$4,515.54	\$783.98	\$5,299.52
United	<u>State Core Silver 50/2250/30% (CE-MC)</u>	PPO	9/9	\$4,520.47	\$784.84	\$5,305.31
CaliforniaChoice	<u>UHC Gold Alliance HMO G</u>	HMO	7/9	\$4,206.11	\$1,101.51	\$5,307.62
Anthem BC	<u>Gold Select HMO 35/700/20% 5SS3</u>	HMO	8/9	\$5,309.05	\$0.00	\$5,309.05
United	<u>Alliance Platinum 20-40/20% (CE-OE)</u>	HMO	7/9	\$4,207.90	\$1,101.98	\$5,309.88
Blue Shield	<u>Blue Shield Bronze 60 PPO 6300/65 + Child Dental</u>	PPO	9/9	\$4,528.89	\$786.29	\$5,315.18
United	<u>Select Plus Bronze HDHP w/Motion 7000/0% (CE-MN)</u>	PPO(HSA)	9/9	\$4,535.39	\$787.42	\$5,322.81
Anthem BC	<u>Silver Select PPO 2500/35% w/HSA - PrevRx 5T13/5T17</u>	PPO(HSA)	9/9	\$4,576.89	\$794.63	\$5,371.52
Anthem BC	<u>Bronze PPO 60/6350/40% 5SSR</u>	PPO	9/9	\$4,581.35	\$795.41	\$5,376.76
CaliforniaChoice	<u>Anthem Blue Cross Bronze PPO A (HSA Eligible)</u>	PPO(HSA)	9/9	\$4,618.88	\$801.92	\$5,420.80
United	<u>Select Plus Silver 55/2250/40% (CE-M8)</u>	PPO	9/9	\$4,626.83	\$803.29	\$5,430.12
Blue Shield	<u>Blue Shield Bronze 60 PPO 6300/65 + Child Dental INF</u>	PPO	9/9	\$4,622.04	\$817.34	\$5,439.38
Anthem BC	<u>Bronze PPO 6950/0% w/HSA WH 5T05</u>	PPO(HSA)	9/9	\$4,654.81	\$808.16	\$5,462.97
Anthem BC	<u>Bronze Select PPO 75/7300/40% 5T0D</u>	PPO	9/9	\$4,666.89	\$810.25	\$5,477.14
Anthem BC	<u>Bronze PPO 5600/45% w/HSA WH 5T01</u>	PPO(HSA)	9/9	\$4,674.05	\$811.50	\$5,485.55
United	<u>Select Plus Silver 55/1750/40% (CE-M7)</u>	PPO	9/9	\$4,686.11	\$813.60	\$5,499.71
Blue Shield	<u>Silver Tandem PPO 2400/55 OffEx</u>	PPO	9/9	\$4,692.98	\$814.79	\$5,507.77
Anthem BC	<u>Silver PPO 2500/35% w/HSA - PrevRx 5T0V/5T0Z</u>	PPO(HSA)	9/9	\$4,695.67	\$815.26	\$5,510.93
Anthem BC	<u>Gold Select HMO 35 5SWS</u>	HMO	8/9	\$5,536.12	\$0.00	\$5,536.12
Blue Shield	<u>Silver Full PPO Savings 2600/35% OffEx</u>	PPO(HSA)	9/9	\$4,731.65	\$821.50	\$5,553.15
United	<u>State Core Silver 50/2250/30% + INF (CE-MC)</u>	PPO	9/9	\$4,742.08	\$823.31	\$5,565.39

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## Cost Comparison

Carrier	Plan	Type	Incl	EE Prem	Dep Prem	Total
Anthem BC	<u>Silver Select PPO 2000/30% w/HSA - RxC</u> <u>5SW1/5SW9</u>	PPO(HSA)	9/9	\$4,745.89	\$823.96	\$5,569.85
Anthem BC	<u>Silver Select PPO 55/2500/45% 5SR5</u>	PPO	9/9	\$4,778.97	\$829.70	\$5,608.67
CaliforniaChoice	<u>UHC Platinum Alliance HMO C</u>	HMO	7/9	\$4,447.67	\$1,164.78	\$5,612.45
CaliforniaChoice	<u>Anthem Blue Cross Bronze EPO A</u>	EPO	9/9	\$4,784.51	\$830.67	\$5,615.18
Blue Shield	<u>Silver Tandem PPO Savings 2100/25% OffEx</u>	PPO(HSA)	9/9	\$4,786.46	\$831.02	\$5,617.48
Anthem BC	<u>Bronze PPO 75/7300/40% 5T09</u>	PPO	9/9	\$4,787.20	\$831.14	\$5,618.34
Blue Shield	<u>Silver Tandem PPO 1950/50 OffEx</u>	PPO	9/9	\$4,789.28	\$831.50	\$5,620.78
Anthem BC	<u>Silver Select PPO 50/2200/40% 5SYQ</u>	PPO	9/9	\$4,807.74	\$834.71	\$5,642.45
Anthem BC	<u>Gold Select HMO 30 5SVC</u>	HMO	8/9	\$5,652.23	\$0.00	\$5,652.23
United	<u>Core Gold Primary Advantage 1500/30% (CE-NC)</u>	PPO	9/9	\$4,817.75	\$836.44	\$5,654.19
United	<u>Alliance Platinum 20-40/400d (CE-OC)</u>	HMO	7/9	\$4,491.41	\$1,176.23	\$5,667.64
Aetna	<u>OA Managed Choice POS Silver CA 60/50 2550 Ded</u>	PPO	9/9	\$4,831.59	\$838.85	\$5,670.44
Anthem BC	<u>Silver Select PPO 55/1850/35% 2LHV</u>	PPO	9/9	\$4,851.28	\$842.28	\$5,693.56
Anthem BC	<u>Silver PPO 2000/30% w/HSA - RxC</u> <u>5SW5/5SWD</u>	PPO(HSA)	9/9	\$4,868.45	\$845.25	\$5,713.70
Anthem BC	<u>Silver Select PPO 45/1750/40% 5SZE</u>	PPO	9/9	\$4,871.16	\$845.72	\$5,716.88
United	<u>Select Plus Silver HDHP w/Motion 2550/40%</u> <u>(CE-MM)</u>	PPO(HSA)	9/9	\$4,883.89	\$847.92	\$5,731.81
Anthem BC	<u>Silver PPO 55/2500/45% 5SR1</u>	PPO	9/9	\$4,903.28	\$851.30	\$5,754.58
United	<u>State Alliance Platinum 90 HMO 0/15 (CE-OK)</u>	HMO	7/9	\$4,574.67	\$1,198.03	\$5,772.70
Anthem BC	<u>Silver HMO 55/2250/45% 5SX8</u>	HMO	9/9	\$4,923.62	\$854.84	\$5,778.46
Anthem BC	<u>Silver PPO 50/2200/40% 5SYL</u>	PPO	9/9	\$4,931.89	\$856.26	\$5,788.15
United	<u>Core Gold 35/1000/20% (CE-NB)</u>	PPO	9/9	\$4,963.68	\$861.78	\$5,825.46
Blue Shield	<u>Silver Full PPO 2400/55 OffEx</u>	PPO	9/9	\$4,964.60	\$861.95	\$5,826.55
Aetna	<u>OA Elect Choice EPO Silver CA 60 2000 Ded</u>	EPO	9/9	\$4,965.81	\$862.16	\$5,827.97
Anthem BC	<u>Silver PPO 55/1850/35% 2LHZ</u>	PPO	9/9	\$4,976.72	\$864.04	\$5,840.76
Anthem BC	<u>Silver PPO 45/1750/40% 5SZA</u>	PPO	9/9	\$4,997.06	\$867.58	\$5,864.64
CaliforniaChoice	<u>Anthem Blue Cross Gold Select HMO A</u>	HMO	8/9	\$5,888.97	\$0.00	\$5,888.97
Aetna	<u>OA Managed Choice POS Silver CA 60/50 2000 Ded</u>	PPO	9/9	\$5,025.70	\$872.55	\$5,898.25
Blue Shield	<u>Silver Full PPO Savings 2100/25% OffEx</u>	PPO(HSA)	9/9	\$5,060.75	\$878.63	\$5,939.38
Blue Shield	<u>Silver Full PPO 1950/50 OffEx</u>	PPO	9/9	\$5,067.57	\$879.81	\$5,947.38
CaliforniaChoice	<u>Anthem Blue Cross Silver Select PPO B</u>	PPO	9/9	\$5,099.76	\$885.40	\$5,985.16

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## Cost Comparison

Carrier	Plan	Type	Incl	EE Prem	Dep Prem	Total
CaliforniaChoice	<u>UHC Platinum Alliance HMO G</u>	HMO	7/9	\$4,747.18	\$1,243.22	\$5,990.40
CaliforniaChoice	<u>Anthem Blue Cross Silver EPO A</u>	EPO	9/9	\$5,131.87	\$890.99	\$6,022.86
CaliforniaChoice	<u>Anthem Blue Cross Silver EPO B (HSA Eligible)</u>	EPO(HSA)	9/9	\$5,133.45	\$891.25	\$6,024.70
Aetna	HMO Deductible Bronze CA \$75/125 7900 Ded	HMO	9/9	\$5,141.29	\$892.62	\$6,033.91
CaliforniaChoice	<u>Anthem Blue Cross Silver CaliforniaCare HMO B</u>	HMO	9/9	\$5,149.50	\$894.05	\$6,043.55
Anthem BC	<u>Silver PPO 55/2500/45% WH 5SZX</u>	PPO	9/9	\$5,167.16	\$897.12	\$6,064.28
Health Net	Health Net Bronze 60 PPO 6300/65 + Child Dental	PPO	9/9	\$5,174.90	\$898.46	\$6,073.36
Health Net	Health Net Bronze 60 HDHP PPO 7000/0% + Child Dental	PPO(HSA)	9/9	\$5,187.43	\$900.63	\$6,088.06
United	Core Gold 30/500/20% (CE-NA)	PPO	9/9	\$5,211.51	\$904.81	\$6,116.32
Health Net	Health Net Bronze 60 PPO 6300/65 + Child Dental INF	PPO	9/9	\$5,209.37	\$909.95	\$6,119.32
Health Net	Health Net Bronze 60 HDHP PPO 7000/0% + Child Dental INF	PPO(HSA)	9/9	\$5,221.90	\$912.12	\$6,134.02
CaliforniaChoice	<u>Anthem Blue Cross Silver PPO C</u>	PPO	9/9	\$5,231.70	\$908.31	\$6,140.01
Blue Shield	<u>Gold Tandem PPO 1200/35 OffEx</u>	PPO	9/9	\$5,243.58	\$910.37	\$6,153.95
Anthem BC	<u>Silver PPO 45/1750/40% WH 5SZT</u>	PPO	9/9	\$5,261.59	\$913.51	\$6,175.10
United	Select Plus Gold Primary Advantage 1500/30% (CE-M6)	PPO	9/9	\$5,265.40	\$914.16	\$6,179.56
CaliforniaChoice	<u>Anthem Blue Cross Silver Advantage PPO A</u>	PPO	9/9	\$5,273.84	\$915.63	\$6,189.47
Anthem BC	<u>Silver Select PPO 50/2250/30% 5SV8</u>	PPO	9/9	\$5,281.45	\$916.96	\$6,198.41
United	State Navigate Gold 25/350/20% (CD-FC)	EPO	9/9	\$5,282.26	\$917.08	\$6,199.34
United	Core Gold 30/30% (CE-M9)	PPO	9/9	\$5,315.97	\$922.95	\$6,238.92
Aetna	OA Managed Choice POS Silver CA Copay Plan 70/50 2250 Ded	PPO	9/9	\$5,328.56	\$925.13	\$6,253.69
Anthem BC	<u>Platinum Select HMO 25 5STP</u>	HMO	8/9	\$6,272.88	\$0.00	\$6,272.88
Health Net	Health Net Silver 70 Value PPO 1700/50 + Child Dental Alt	PPO	9/9	\$5,351.70	\$929.16	\$6,280.86
Blue Shield	<u>Blue Shield Silver 70 PPO 2250/50 + Child Dental</u>	PPO	9/9	\$5,354.30	\$929.60	\$6,283.90
Health Net	Health Net PureCare Silver 70 HSP 2250/50 + Child Dental	HMO	9/9	\$5,367.28	\$931.86	\$6,299.14
Blue Shield	<u>Silver Access+ HMO® 2350/65 OffEx</u>	HMO	9/9	\$5,371.32	\$932.55	\$6,303.87

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## Cost Comparison

Carrier	Plan	Type	Incl	EE Prem	Dep Prem	Total
United	Signature Silver 50-90/40%/2250ded (CE-NS)	HMO	9/9	\$5,374.44	\$933.10	\$6,307.54
Anthem BC	<u>Silver HMO 55 5ST7</u>	HMO	9/9	\$5,385.76	\$935.05	\$6,320.81
Blue Shield	<u>Gold Tandem PPO 750/30 OffEx</u>	PPO	9/9	\$5,390.87	\$935.95	\$6,326.82
Health Net	Health Net Silver 70 Value PPO 1700/50 + Child Dental Alt INF	PPO	9/9	\$5,386.17	\$940.65	\$6,326.82
Health Net	Health Net PureCare Silver 70 HSP 2250/50 + Child Dental INF	HMO	9/9	\$5,398.69	\$942.33	\$6,341.02
United	Select Plus Gold 35/1000/20% (CE-M5)	PPO	9/9	\$5,424.86	\$941.86	\$6,366.72
Anthem BC	<u>Platinum Select HMO 20 5SUE</u>	HMO	8/9	\$6,393.08	\$0.00	\$6,393.08
Health Net	Health Net Silver 70 HDHP PPO 1400/40% + Child Dental Alt	PPO(HSA)	9/9	\$5,454.16	\$946.95	\$6,401.11
Blue Shield	<u>Blue Shield Silver 70 PPO 2250/50 + Child Dental INF</u>	PPO	9/9	\$5,447.45	\$960.65	\$6,408.10
Anthem BC	<u>Gold Select PPO 5/1500/30% 5SRV</u>	PPO	9/9	\$5,465.23	\$948.86	\$6,414.09
Blue Shield	<u>Gold Tandem PPO 500/30 OffEx</u>	PPO	9/9	\$5,470.31	\$949.73	\$6,420.04
Blue Shield	<u>Gold Tandem PPO Savings 1750/15% OffEx</u>	PPO(HSA)	9/9	\$5,474.29	\$950.44	\$6,424.73
Health Net	Health Net Silver 70 HDHP PPO 1400/40% + Child Dental Alt INF	PPO(HSA)	9/9	\$5,488.63	\$958.44	\$6,447.07
Blue Shield	<u>Gold Tandem PPO 0/25 OffEx</u>	PPO	9/9	\$5,521.58	\$958.64	\$6,480.22
Blue Shield	<u>Gold Full PPO 1200/35 OffEx</u>	PPO	9/9	\$5,554.91	\$964.44	\$6,519.35
Anthem BC	<u>Gold Select PPO 35/1000/20% 5SZ6</u>	PPO	9/9	\$5,573.49	\$967.66	\$6,541.15
Health Net	Health Net Silver 70 PPO 2250/55 + Child Dental Alt	PPO	9/9	\$5,583.86	\$969.46	\$6,553.32
Anthem BC	<u>Gold PPO 5/1500/30% 5SRR</u>	PPO	9/9	\$5,607.19	\$973.51	\$6,580.70
Health Net	Health Net Silver 70 PPO 2250/55 + Child Dental Alt INF	PPO	9/9	\$5,618.33	\$980.95	\$6,599.28
Anthem BC	<u>Gold Select PPO 35/500/25% 5SQX</u>	PPO	9/9	\$5,642.02	\$979.56	\$6,621.58
Anthem BC	<u>Gold HMO 35/1250/20% 5SSF</u>	HMO	9/9	\$5,645.82	\$980.21	\$6,626.03
CaliforniaChoice	<u>Anthem Blue Cross Platinum Select HMO A</u>	HMO	8/9	\$6,645.07	\$0.00	\$6,645.07
United	State Core Gold 25/350/20% (CE-MB)	PPO	9/9	\$5,666.01	\$983.72	\$6,649.73
Aetna	OA Managed Choice POS Gold CA 80/50 1250 Ded	PPO	9/9	\$5,668.10	\$984.08	\$6,652.18
Anthem BC	<u>Gold Select PPO 30/750/20% 5SYY</u>	PPO	9/9	\$5,675.06	\$985.30	\$6,660.36
CaliforniaChoice	<u>JHC Silver SignatureValue HMO A</u>	HMO	9/9	\$5,680.32	\$986.20	\$6,666.52
United	Select Plus Gold 30/500/20% (CE-M4)	PPO	9/9	\$5,695.90	\$988.91	\$6,684.81
Blue Shield	<u>Gold Full PPO 750/30 OffEx</u>	PPO	9/9	\$5,712.46	\$991.79	\$6,704.25
Aetna	HMO Bronze CA \$75/125 7900 Ded	HMO	9/9	\$5,712.56	\$991.80	\$6,704.36

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## Cost Comparison

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Anthem BC	<u>Gold PPO 35/1000/20% 5SZ2</u>	PPO	9/9	\$5,718.16	\$992.77	\$6,710.93
Aetna	OA Managed Choice POS Gold CA 80/50 1500 Ded	PPO	9/9	\$5,745.67	\$997.56	\$6,743.23
Anthem BC	<u>Gold HMO 35/700/20% 5SRZ</u>	HMO	9/9	\$5,757.42	\$999.59	\$6,757.01
Anthem BC	<u>Gold Select PPO 30/500/20% 5SY6</u>	PPO	9/9	\$5,778.39	\$1,003.23	\$6,781.62
CaliforniaChoice	<u>Anthem Blue Cross Gold Select PPO D</u>	PPO	9/9	\$5,782.86	\$1,004.00	\$6,786.86
Anthem BC	<u>Gold PPO 35/500/25% 5SQT</u>	PPO	9/9	\$5,788.25	\$1,004.94	\$6,793.19
Blue Shield	<u>Gold Full PPO Savings 1750/15% OffEx</u>	PPO(HSA)	9/9	\$5,791.89	\$1,005.58	\$6,797.47
Blue Shield	<u>Gold Full PPO 500/30 OffEx</u>	PPO	9/9	\$5,795.81	\$1,006.26	\$6,802.07
United	Select Plus Gold 30/30% (CE-M3)	PPO	9/9	\$5,809.87	\$1,008.69	\$6,818.56
Anthem BC	<u>Gold PPO 30/750/20% 5SYU</u>	PPO	9/9	\$5,821.95	\$1,010.80	\$6,832.75
Anthem BC	<u>Gold Select PPO 20/30% 5SXY</u>	PPO	9/9	\$5,850.74	\$1,015.79	\$6,866.53
Blue Shield	<u>Gold Full PPO 0/25 OffEx</u>	PPO	9/9	\$5,851.62	\$1,015.94	\$6,867.56
CaliforniaChoice	<u>Anthem Blue Cross Gold Select PPO B</u>	PPO	9/9	\$5,871.73	\$1,019.43	\$6,891.16
Anthem BC	<u>Gold EPO 35/1700/20% 5ST3</u>	EPO	9/9	\$5,886.65	\$1,022.03	\$6,908.68
United	Signature Gold 30-70/30%/1250ded (CE-NR)	HMO	9/9	\$5,886.65	\$1,022.03	\$6,908.68
United	Signature Gold Primary Advantage 0-90/30%/1750ded (CE-NQ)	HMO	9/9	\$5,925.93	\$1,028.85	\$6,954.78
Anthem BC	<u>Gold PPO 30/500/20% 5SY2</u>	PPO	9/9	\$5,928.00	\$1,029.21	\$6,957.21
United	State Core Gold 25/350/20% + INF (CE-MB)	PPO	9/9	\$5,944.22	\$1,032.02	\$6,976.24
Anthem BC	<u>Gold PPO 35/1000/20% WH 5SZP</u>	PPO	9/9	\$5,982.19	\$1,038.62	\$7,020.81
Anthem BC	<u>Gold PPO 20/30% 5SXU</u>	PPO	9/9	\$6,002.07	\$1,042.06	\$7,044.13
Anthem BC	<u>Gold HMO 35 5SWW</u>	HMO	9/9	\$6,003.66	\$1,042.34	\$7,046.00
United	Core Platinum 15/250/20% (CE-MQ)	PPO	9/9	\$6,004.78	\$1,042.53	\$7,047.31
Aetna	HMO Deductible Silver CA \$55/90 2250 Ded	HMO	9/9	\$6,033.33	\$1,047.50	\$7,080.83
Blue Shield	<u>Blue Shield Gold 80 PPO 350/25 + Child Dental</u>	PPO	9/9	\$6,035.63	\$1,047.90	\$7,083.53
United	Core Platinum Primary Advantage 250/20% (CE-MR)	PPO	9/9	\$6,035.75	\$1,047.93	\$7,083.68
Anthem BC	<u>Gold EPO 35/500/20% 5SSZ</u>	EPO	9/9	\$6,041.17	\$1,048.86	\$7,090.03
Aetna	OA Managed Choice POS Gold CA 80/50 750 Ded	PPO	9/9	\$6,043.44	\$1,049.24	\$7,092.68
Anthem BC	<u>Gold PPO 35/500/25% WH 5SZK</u>	PPO	9/9	\$6,052.30	\$1,050.79	\$7,103.09
Blue Shield	<u>Gold Access+ HMO® 1500/35 OffEx</u>	HMO	9/9	\$6,090.35	\$1,057.39	\$7,147.74
CaliforniaChoice	<u>Anthem Blue Cross Gold Select PPO C</u>	PPO	9/9	\$6,112.42	\$1,061.22	\$7,173.64
Anthem BC	<u>Gold HMO 30 5SVG</u>	HMO	9/9	\$6,129.58	\$1,064.20	\$7,193.78

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## Cost Comparison

Carrier	Plan	Type	Incl	EE Prem	Dep Prem	Total
Blue Shield	<u>Blue Shield Gold 80 PPO 350/25 + Child Dental INF</u>	PPO	9/9	\$6,128.78	\$1,078.95	\$7,207.73
Health Net	Health Net Silver 70 PPO 2250/50 + Child Dental	PPO	9/9	\$6,146.07	\$1,067.06	\$7,213.13
Health Net	Health Net Silver 70 PPO 2250/50 + Child Dental INF	PPO	9/9	\$6,180.54	\$1,078.55	\$7,259.09
Blue Shield	<u>Platinum Tandem PPO 250/15 OffEx</u>	PPO	9/9	\$6,201.76	\$1,076.73	\$7,278.49
CaliforniaChoice	<u>UHC Gold SignatureValue HMO A</u>	HMO	9/9	\$6,221.77	\$1,080.22	\$7,301.99
Blue Shield	<u>Gold Access+ HMO® 1000/35 OffEx</u>	HMO	9/9	\$6,231.55	\$1,081.91	\$7,313.46
United	Signature Gold 30-70/20%/500ded (CE-NP)	HMO	9/9	\$6,242.91	\$1,083.87	\$7,326.78
CaliforniaChoice	<u>Anthem Blue Cross Gold PPO E</u>	PPO	9/9	\$6,270.41	\$1,088.66	\$7,359.07
Health Net	Health Net Gold 80 Value PPO 750/15 + Child Dental Alt	PPO	9/9	\$6,277.63	\$1,089.90	\$7,367.53
Anthem BC	<u>Gold Select PPO 25/350/20% 5SUV</u>	PPO	9/9	\$6,279.14	\$1,090.18	\$7,369.32
Health Net	Health Net Gold 80 Value PPO 750/15 + Child Dental Alt INF	PPO	9/9	\$6,312.10	\$1,101.39	\$7,413.49
CaliforniaChoice	<u>Anthem Blue Cross Gold Advantage PPO A</u>	PPO	9/9	\$6,341.78	\$1,101.04	\$7,442.82
United	State Navigate Platinum 15/10% (CD-FB)	EPO	9/9	\$6,344.49	\$1,101.51	\$7,446.00
Blue Shield	<u>Platinum Tandem PPO 0/10 OffEx</u>	PPO	9/9	\$6,365.72	\$1,105.20	\$7,470.92
Aetna	OA Managed Choice POS Gold CA 80/50 350 Ded	PPO	9/9	\$6,379.58	\$1,107.61	\$7,487.19
CaliforniaChoice	<u>Anthem Blue Cross Gold CaliforniaCare HMO B</u>	HMO	9/9	\$6,386.31	\$1,108.77	\$7,495.08
Blue Shield	<u>Platinum Tandem PPO 0/0 OffEx</u>	PPO	9/9	\$6,398.46	\$1,110.89	\$7,509.35
Blue Shield	<u>Gold Access+ HMO® 500/35 OffEx</u>	HMO	9/9	\$6,418.33	\$1,114.33	\$7,532.66
Aetna	HMO Deductible Silver CA \$50/75 2550 Ded	HMO	9/9	\$6,445.63	\$1,119.08	\$7,564.71
Blue Shield	<u>Platinum Tandem PPO 250/10 OffEx</u>	PPO	9/9	\$6,452.65	\$1,120.30	\$7,572.95
Health Net	Health Net Gold 80 PPO 1000/30 + Child Dental Alt	PPO	9/9	\$6,465.88	\$1,122.58	\$7,588.46
Health Net	Health Net Gold 80 PPO 1000/30 + Child Dental Alt INF	PPO	9/9	\$6,500.35	\$1,134.07	\$7,634.42
United	Select Plus Platinum 15/250/20% (CE-MK)	PPO	9/9	\$6,562.60	\$1,139.39	\$7,701.99
Blue Shield	<u>Platinum Full PPO 250/15 OffEx</u>	PPO	9/9	\$6,579.55	\$1,142.32	\$7,721.87
United	Select Plus Platinum Primary Advantage 250/20% (CE-ML)	PPO	9/9	\$6,596.62	\$1,145.28	\$7,741.90
Health Net	WholeCare HMO Silver \$50	HMO	9/9	\$6,597.08	\$1,145.38	\$7,742.46
CaliforniaChoice	<u>UHC Gold SignatureValue HMO H</u>	HMO	9/9	\$6,599.15	\$1,145.74	\$7,744.89
Health Net	Full Network HMO Silver \$50	HMO	9/9	\$6,628.81	\$1,150.87	\$7,779.68

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## Cost Comparison

Carrier	Plan	Type	Incl	EE Prem	Dep Prem	Total
United	Core Platinum 15/10% (CE-MP)	PPO	9/9	\$6,630.49	\$1,151.16	\$7,781.65
Health Net	WholeCare HMO Silver \$50 + Infertility	HMO	9/9	\$6,628.49	\$1,155.85	\$7,784.34
Blue Shield	<u>Gold Access+ HMO® 0/30 OffEx</u>	HMO	9/9	\$6,648.43	\$1,154.29	\$7,802.72
Health Net	Full Network HMO Silver \$50 + Infertility	HMO	9/9	\$6,660.22	\$1,161.34	\$7,821.56
Aetna	HMO Silver CA \$55/90 2250 Ded	HMO	9/9	\$6,703.71	\$1,163.89	\$7,867.60
Health Net	Health Net Gold 80 PPO 500/20 + Child Dental Alt	PPO	9/9	\$6,708.60	\$1,164.73	\$7,873.33
Health Net	Health Net PureCare Gold 80 HSP 350/25 + Child Dental	HMO	9/9	\$6,729.54	\$1,168.36	\$7,897.90
Blue Shield	<u>Blue Shield Platinum 90 PPO 0/15 + Child Dental</u>	PPO	9/9	\$6,729.97	\$1,168.44	\$7,898.41
Anthem BC	<u>Platinum Select PPO 5/250/15% 5SRM</u>	PPO	9/9	\$6,738.59	\$1,169.94	\$7,908.53
Health Net	Health Net Gold 80 PPO 500/20 + Child Dental Alt INF	PPO	9/9	\$6,743.07	\$1,176.22	\$7,919.29
Blue Shield	<u>Platinum Full PPO 0/10 OffEx</u>	PPO	9/9	\$6,754.92	\$1,172.77	\$7,927.69
United	State Core Platinum 15/10% (CE-MA)	PPO	9/9	\$6,763.53	\$1,174.28	\$7,937.81
Health Net	Health Net PureCare Gold 80 HSP 350/25 + Child Dental INF	HMO	9/9	\$6,760.95	\$1,178.83	\$7,939.78
United	Signature Gold 30-70/800d (CE-NO)	HMO	9/9	\$6,779.43	\$1,177.03	\$7,956.46
Health Net	Health Net Gold 80 PPO 0/30 + Child Dental Alt	PPO	9/9	\$6,796.30	\$1,179.95	\$7,976.25
Anthem BC	<u>Platinum HMO 25 5STK</u>	HMO	9/9	\$6,802.64	\$1,181.06	\$7,983.70
Blue Shield	<u>Platinum Full PPO 0/0 OffEx</u>	PPO	9/9	\$6,818.01	\$1,183.73	\$8,001.74
Anthem BC	<u>Platinum Select PPO 15/250/10% 5SYG</u>	PPO	9/9	\$6,831.42	\$1,186.05	\$8,017.47
Health Net	Health Net Gold 80 PPO 0/30 + Child Dental Alt INF	PPO	9/9	\$6,830.77	\$1,191.44	\$8,022.21
Blue Shield	<u>Blue Shield Platinum 90 PPO 0/15 + Child Dental INF</u>	PPO	9/9	\$6,823.12	\$1,199.49	\$8,022.61
Blue Shield	<u>Platinum Full PPO 250/10 OffEx</u>	PPO	9/9	\$6,843.76	\$1,188.20	\$8,031.96
CaliforniaChoice	<u>Health Net Silver WholeCare HMO A</u>	HMO	9/9	\$6,866.85	\$1,192.21	\$8,059.06
Anthem BC	<u>Platinum PPO 5/250/15% 5SRH</u>	PPO	9/9	\$6,913.12	\$1,200.25	\$8,113.37
Anthem BC	<u>Platinum HMO 20 5SUJ</u>	HMO	9/9	\$6,933.00	\$1,203.69	\$8,136.69
Blue Shield	<u>Platinum Access+ HMO® 0/30 OffEx</u>	HMO	9/9	\$6,962.67	\$1,208.84	\$8,171.51
Anthem BC	<u>Platinum Select PPO 20/10% 5SVQ</u>	PPO	9/9	\$6,994.84	\$1,214.43	\$8,209.27
Anthem BC	<u>Platinum PPO 15/250/10% 5SYC</u>	PPO	9/9	\$7,008.66	\$1,216.82	\$8,225.48

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## Cost Comparison

Carrier	Plan	Type	Incl	EE Prem	Dep Prem	Total
Health Net	Health Net Gold 80 PPO 1500/0 + Child Dental Alt	PPO	9/9	\$7,013.47	\$1,217.65	\$8,231.12
Blue Shield	<u>Platinum Access+ HMO@ 0/25 OffEx</u>	HMO	9/9	\$7,051.71	\$1,224.29	\$8,276.00
Health Net	Health Net Gold 80 PPO 1500/0 + Child Dental Alt INF	PPO	9/9	\$7,047.94	\$1,229.14	\$8,277.08
United	Signature Platinum Primary Advantage 0-80/20% (CE-NM)	HMO	9/9	\$7,060.19	\$1,225.77	\$8,285.96
United	State Core Platinum 15/10% + INF (CE-MA)	PPO	9/9	\$7,094.37	\$1,231.71	\$8,326.08
Aetna	HMO Deductible Gold CA \$25/50 500 Ded	HMO	9/9	\$7,125.02	\$1,237.02	\$8,362.04
Aetna	HMO Silver CA \$50/75 2550 Ded	HMO	9/9	\$7,161.83	\$1,243.41	\$8,405.24
CaliforniaChoice	<u>UHC Gold SignatureValue HMO F</u>	HMO	9/9	\$7,165.88	\$1,244.13	\$8,410.01
United	Signature Platinum 20-40/20% (CE-NN)	HMO	9/9	\$7,168.92	\$1,244.64	\$8,413.56
Health Net	Health Net PureCare Platinum 90 HSP 0/15 + Child Dental	HMO	9/9	\$7,173.90	\$1,245.51	\$8,419.41
Anthem BC	<u>Platinum PPO 20/10% 5SVU</u>	PPO	9/9	\$7,175.91	\$1,245.86	\$8,421.77
Anthem BC	<u>Platinum PPO 5/250/15% WH 5SZF</u>	PPO	9/9	\$7,177.02	\$1,246.05	\$8,423.07
Blue Shield	<u>Platinum Access+ HMO@ 0/20 OffEx</u>	HMO	9/9	\$7,188.67	\$1,248.09	\$8,436.76
Health Net	Health Net PureCare Platinum 90 HSP 0/15 + Child Dental INF	HMO	9/9	\$7,205.31	\$1,255.98	\$8,461.29
United	Select Plus Platinum 15/10% (CE-MJ)	PPO	9/9	\$7,246.48	\$1,258.12	\$8,504.60
Health Net	WholeCare HMO Gold \$50	HMO	9/9	\$7,281.43	\$1,264.19	\$8,545.62
Health Net	Full Network HMO Gold \$50	HMO	9/9	\$7,316.43	\$1,270.25	\$8,586.68
Health Net	WholeCare HMO Gold \$50 + Infertility	HMO	9/9	\$7,312.84	\$1,274.66	\$8,587.50
Anthem BC	<u>Platinum Select PPO 15/10% 5SV0</u>	PPO	9/9	\$7,320.57	\$1,270.98	\$8,591.55
Health Net	Full Network HMO Gold \$50 + Infertility	HMO	9/9	\$7,347.84	\$1,280.72	\$8,628.56
Aetna	OA Managed Choice POS Platinum CA 90/50 0 Ded	PPO	9/9	\$7,361.23	\$1,278.04	\$8,639.27
Aetna	Open Choice PPO Gold CA 80/50 1000 Ded	PPO	9/9	\$7,364.38	\$1,278.58	\$8,642.96
Health Net	WholeCare HMO Gold \$40	HMO	9/9	\$7,395.56	\$1,284.00	\$8,679.56
Aetna	HMO Deductible Gold CA \$30/60 0 Ded	HMO	9/9	\$7,397.91	\$1,284.40	\$8,682.31
Health Net	Health Net Gold 80 PPO 350/25 + Child Dental	PPO	9/9	\$7,416.32	\$1,287.60	\$8,703.92
Health Net	Full Network HMO Gold \$40	HMO	9/9	\$7,431.09	\$1,290.17	\$8,721.26
Health Net	WholeCare HMO Gold \$40 + Infertility	HMO	9/9	\$7,426.97	\$1,294.47	\$8,721.44
Health Net	Health Net Gold 80 PPO 350/25 + Child Dental INF	PPO	9/9	\$7,450.79	\$1,299.09	\$8,749.88
Health Net	Full Network HMO Gold \$40 + Infertility	HMO	9/9	\$7,462.50	\$1,300.64	\$8,763.14
Health Net	WholeCare HMO Gold \$35	HMO	9/9	\$7,507.91	\$1,303.51	\$8,811.42

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## Cost Comparison

Carrier	Plan	Type	Incl	EE Prem	Dep Prem	Total
Health Net	WholeCare HMO Gold \$35 + Infertility	HMO	9/9	\$7,539.32	\$1,313.98	\$8,853.30
Health Net	Full Network HMO Gold \$35	HMO	9/9	\$7,543.97	\$1,309.76	\$8,853.73
CaliforniaChoice	<u>UHC Platinum SignatureValue HMO A</u>	HMO	9/9	\$7,577.46	\$1,315.57	\$8,893.03
Health Net	Full Network HMO Gold \$35 + Infertility	HMO	9/9	\$7,575.38	\$1,320.23	\$8,895.61
United	Signature Platinum 20-40/400d (CE-NL)	HMO	9/9	\$7,652.01	\$1,328.52	\$8,980.53
Health Net	WholeCare HMO Gold \$30	HMO	9/9	\$7,685.15	\$1,334.28	\$9,019.43
Aetna	HMO Deductible Gold CA \$35/55 250 Ded	HMO	9/9	\$7,712.17	\$1,338.97	\$9,051.14
Health Net	WholeCare HMO Gold \$30 + Infertility	HMO	9/9	\$7,716.56	\$1,344.75	\$9,061.31
CaliforniaChoice	<u>Health Net Gold WholeCare HMO B</u>	HMO	9/9	\$7,721.01	\$1,340.50	\$9,061.51
Health Net	Full Network HMO Gold \$30	HMO	9/9	\$7,722.08	\$1,340.68	\$9,062.76
Health Net	Full Network HMO Gold \$30 + Infertility	HMO	9/9	\$7,753.49	\$1,351.15	\$9,104.64
Health Net	WholeCare HMO Platinum \$30	HMO	9/9	\$7,774.74	\$1,349.84	\$9,124.58
Health Net	WholeCare HMO Platinum \$30 + Infertility	HMO	9/9	\$7,806.15	\$1,360.31	\$9,166.46
Health Net	Full Network HMO Platinum \$30	HMO	9/9	\$7,812.10	\$1,356.33	\$9,168.43
CaliforniaChoice	<u>Health Net Gold WholeCare HMO C</u>	HMO	9/9	\$7,814.87	\$1,356.80	\$9,171.67
Health Net	Full Network HMO Platinum \$30 + Infertility	HMO	9/9	\$7,843.51	\$1,366.80	\$9,210.31
Aetna	HMO Gold CA \$25/50 500 Ded	HMO	9/9	\$7,916.66	\$1,374.48	\$9,291.14
Health Net	WholeCare HMO Platinum \$20	HMO	9/9	\$7,932.92	\$1,377.29	\$9,310.21
Health Net	WholeCare HMO Platinum \$20 + Infertility	HMO	9/9	\$7,964.33	\$1,387.76	\$9,352.09
Health Net	Full Network HMO Platinum \$20	HMO	9/9	\$7,971.03	\$1,383.90	\$9,354.93
Health Net	Full Network HMO Platinum \$20 + Infertility	HMO	9/9	\$8,002.44	\$1,394.37	\$9,396.81
CaliforniaChoice	<u>Health Net Gold WholeCare HMO A</u>	HMO	9/9	\$8,012.10	\$1,391.04	\$9,403.14
CaliforniaChoice	<u>UHC Platinum SignatureValue HMO E</u>	HMO	9/9	\$8,087.75	\$1,404.17	\$9,491.92
CaliforniaChoice	<u>Health Net Platinum WholeCare HMO C</u>	HMO	9/9	\$8,092.67	\$1,405.03	\$9,497.70
Aetna	HMO Gold CA \$30/60 0 Ded	HMO	9/9	\$8,219.91	\$1,427.12	\$9,647.03
Health Net	WholeCare HMO Platinum \$10	HMO	9/9	\$8,312.77	\$1,443.24	\$9,756.01
Health Net	WholeCare HMO Platinum \$10 + Infertility	HMO	9/9	\$8,344.18	\$1,453.71	\$9,797.89
Health Net	Full Network HMO Platinum \$10	HMO	9/9	\$8,352.72	\$1,450.18	\$9,802.90
Health Net	Full Network HMO Platinum \$10 + Infertility	HMO	9/9	\$8,384.13	\$1,460.65	\$9,844.78
Aetna	HMO Gold CA \$35/55 250 Ded	HMO	9/9	\$8,569.07	\$1,487.74	\$10,056.81
Aetna	HMO Deductible Platinum CA \$20/30 0 Ded	HMO	9/9	\$8,673.15	\$1,505.81	\$10,178.96
Health Net	WholeCare HMO Platinum \$0	HMO	9/9	\$8,718.44	\$1,513.67	\$10,232.11
United	Non-Differential PPO Silver 2250/30% (CE-MI)	PPO	9/9	\$8,719.66	\$1,513.89	\$10,233.55

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## Cost Comparison

Carrier	Plan	Type	Incl	EE Prem	Dep Prem	Total
Health Net	WholeCare HMO Platinum \$0 + Infertility	HMO	9/9	\$8,749.85	\$1,524.14	\$10,273.99
Health Net	Full Network HMO Platinum \$0	HMO	9/9	\$8,760.32	\$1,520.95	\$10,281.27
Health Net	Full Network HMO Platinum \$0 + Infertility	HMO	9/9	\$8,791.73	\$1,531.42	\$10,323.15
CaliforniaChoice	<u>Health Net Platinum Wholecare HMO F</u>	HMO	9/9	\$9,074.92	\$1,575.57	\$10,650.49
Health Net	Health Net Platinum 90 PPO 250/15 + Child Dental Alt PPO	PPO	9/9	\$9,125.49	\$1,584.35	\$10,709.84
Health Net	Health Net Platinum 90 PPO 250/15 + Child Dental Alt PPO INF	PPO	9/9	\$9,159.96	\$1,595.84	\$10,755.80
Health Net	Health Net Platinum 90 PPO 0/15 + Child Dental	PPO	9/9	\$9,320.96	\$1,618.29	\$10,939.25
Health Net	Health Net Platinum 90 PPO 0/15 + Child Dental INF	PPO	9/9	\$9,355.43	\$1,629.78	\$10,985.21
Aetna	HMO Platinum CA \$20/30 0 Ded	HMO	9/9	\$9,636.85	\$1,673.13	\$11,309.98
CaliforniaChoice	<u>Health Net Gold Full Network HMO F</u>	HMO	9/9	\$9,804.57	\$1,702.25	\$11,506.82
CaliforniaChoice	<u>Health Net Gold Full Network HMO E</u>	HMO	9/9	\$10,024.40	\$1,740.42	\$11,764.82
CaliforniaChoice	<u>Health Net Platinum Full Network HMO E</u>	HMO	9/9	\$10,380.69	\$1,802.27	\$12,182.96
CaliforniaChoice	<u>Health Net Platinum Full Network HMO H</u>	HMO	9/9	\$11,640.69	\$2,021.04	\$13,661.73

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## Footnotes

### Footnotes

#### Aetna

\*PLEASE NOTE that we have not yet received approval for the 1Q 01/01/2021 plan designs by the Department of Managed Health Care and the Department of Insurance (the "Departments"). As part of the approval and review processes, the Departments may require us to make changes to the 1Q 01/01/2021 plan designs. If the Department requires changes, we will provide you with updated plan designs.

\*Employees who reside in a non-HMO network may enroll in an HMO product offered by their Employer if they live within a 30 miles radius of their work site that is within the HMO, AVN, HMO Coinsurance, and HMO Deductible service area.

\*New Hire rates are based on the employee's age as of his/her coverage effective date. If this is a "New Hire" quote, please make the necessary changes in your census to reflect the true age of the new employee.

\*Producers should obtain the Summary of Benefits and Coverage (SBC) documents for Aetna medical plans by accessing the following link: <https://www.aetna.com/sbcsearch/home>

#### Anthem Blue Cross

\*All Medical and Dental Plans and Rates are subject to Regulatory Review and/or Approval.

\*Employers are responsible for sending an electronic or printed copy of the summary of benefits and coverage (also called an "SBC") to plan participants and beneficiaries. To access your groups SBC's, go to <https://sbc.anthem.com/>.

\*This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits. This summary of benefits, as updated, is subject to the approval of the California Department of Insurance and the California Department of Managed Health Care (as applicable).

\*The Anthem Blue Cross medical and dental premiums displayed in this proposal are based on the census information provided and the zip code rating region designations in Health Connect's system. Some zip codes may have a dual county rating region. Health Connect has defaulted these zip codes to the most populous county. However, once Anthem Blue Cross receives the enrollment the county may be updated based on the physical address. To improve the accuracy of this proposal, insure the correct rating region designation is noted for the Employer. Rating regions can be referenced in the rate guide Final rates are set by Anthem Blue Cross.

\*New Hire rates are based on the employee's age as of his/her coverage effective date. If this is a "New Hire" quote, please make the necessary changes in your census to reflect the true age of the new employee.

#### Blue Shield

\*New Hire rates are based on the employee's age as of his/her coverage effective date. If this is a "New Hire" quote, please make the necessary changes in your census to reflect the true age of the new employee.

\*If you are an employer located in certain California counties whose eligible employees live or work in the Exclusive HMO® service area, you have the option of choosing any of the Full HMO® plans or Exclusive HMO, but not both. The Exclusive HMO plans have the same benefits as our Full HMO plans. Exclusive HMO plan options may not be combined with or offered alongside any other full network HMO plan.

#### CaliforniaChoice

\*The CaliforniaChoice billing fee is determined by number of enrolled participants and varies by group size: 1-8 employees = \$30; 9-50 Employees = \$40; 51+ Employees = \$50.

\*New Hire rates are based on the employee's age as of his/her coverage effective date. If this is a "New Hire" quote, please make the necessary changes in your census to reflect the true age of the new employee.

\*The CaliforniaChoice medical premiums displayed in this proposal are based on the census information provided and the zip code rating region designations in Health Connect's system. Some zip codes may have a dual county rating region. Health Connect will default these zip codes to the most populous county. To improve the accuracy of this proposal, ensure the correct rating region designation is noted for each quoted subscriber. Final rates are set by CaliforniaChoice.

Use of this site constitutes acceptance of HealthConnect's Terms of service and Privacy Policy. The rates and benefits displayed within are for discussion and estimation purposes only and is not a substitute for an insurance quote prepared by an insurance carrier. Final benefits and rates must be based on insurance carrier confirmation and final enrollment.

# Footnotes

## Health Net

\*New Hire rates are based on the employee's age as of group's contract effective date.

## Kaiser

\*New Hire rates are based on the employee's age as of group's contract effective date.

\*Actual rates may be lower if a less expensive default rating area is applied to the group.

\*The Kaiser Permanente medical and dental premiums displayed in this proposal are based on the census information provided and the zip code rating region designations in HealthConnect's system. Some zip codes may have a dual county rating region. HealthConnect has defaulted these zip codes to the most populous county. However, once Kaiser Permanente receives the enrollment the county may be updated based on the physical address. To improve the accuracy of this proposal, insure the correct rating region designation is noted for each quoted subscriber.

\*Employees who live outside the Kaiser Permanente service area are not eligible for coverage unless the employer is located in the Kaiser Permanente service area. If an employer is located outside the Kaiser Permanente service area, then only the employees who live in the service area are eligible for coverage. Employees must meet all qualification requirements to be eligible to enroll.

## UnitedHealthcare

\*UHC will not write business if more than 25% of the population is located in Vermont.

\*Core plans may be available to employees residing outside of CA. Please contact your representative for further information.

\*There may be additional plans available for specific service areas not quoted herein. Please contact your broker.

\*Premium rates and/or product forms included herein are subject to approval by regulators. If the rates or product forms offered herein are subsequently modified by regulators we will immediately advise you of the change in plan design and retroactively adjust premium in subsequent billings, in accordance with applicable law. The Navigate network included herein is subject to approval by regulators. If the Navigate network offered herein is subsequently modified by regulators we will immediately advise you of the change in network, in accordance with applicable law.

\*Each UnitedHealthcare Member can choose their Primary Care Physician, as long as the doctor is selected from United's list of Primary Care Physicians and the doctor is located within 30 miles of either the Member's Primary Residence or Primary Workplace.

\*New Hire rates are based on the employee's age as of his/her coverage effective date. If this is a "New Hire" quote, please make the necessary changes in your census to reflect the true age of the new employee.

\*Infertility is an optional benefit for all HMO plans and the rate is calculated as a 4.8% premium increase.

\*For plans Select Plus 15/250/10% Gold, Select Plus 15/500/10% Gold, Select Plus 20/750/20% Gold, Select Plus 15/1000/10% Gold, Select Plus 25/1800/20% Silver, Select Plus 35/1800/30% Silver, and/or Select Plus 4500/20% Bronze the outpatient per occurrence deductible may be waived for outpatient services received at an in-network independent, non-hospital affiliated provider.

\*For HSA plans: Making sure that the employer contribution to HSAs fall into the designated dollar amount ranges helps ensure that the plan meets the actuarial value for the metallic level of coverage selected and ensures compliance with the requirements of the ACA. If the employer does not intend to make the contributions or intends to change the amount or timing of the contributions, please contact your UnitedHealthcare representative immediately. Please refer to the HRA HSA confirmation letter under the forms section for the applicable HSA Employer Contribution ranges

# Model COVID-19 Prevention Program (CPP)

With some exceptions, all employers and places of employment are required to establish and implement an effective written COVID-19 Prevention Program (CPP) pursuant to an Emergency Temporary Standard in place for COVID-19 (California Code of Regulations (CCR), Title 8, section 3205(c)). Cal/OSHA has developed this model program to assist employers with creating their own unique CPP tailored to their workplace.

Employers are not required to use this program. Employers may create their own program or use another CCP template. Employers can also create a written CCP by incorporating elements of this program into their existing Injury and Illness Prevention Program (IIPP), if desired. Cal/OHA encourages employers to engage with employees in the design, implementation and evolution of their COVID-19 Prevention Program.

Using this model alone does not ensure compliance with the emergency temporary standard. To use this model program effectively, the person(s) responsible for implementing the CPP should carefully review:

- All of the elements that may be required in the following CCR, Title 8 sections:
  - 3205, COVID-19 Prevention
  - 3205.1, Multiple COVID-19 Infection and COVID-19 Outbreaks
  - 3205.2, Major COVID-19 Outbreaks
  - 3205.3, Prevention in Employer-Provided Housing
  - 3205.4, COVID-19 Prevention in Employer-Provided Transportation to and from Work
  - The four **Additional Considerations** provided at the end of this program to see if they are applicable to your workplace.
- The additional guidance materials available at [www.dir.ca.gov/dosh/coronavirus/](http://www.dir.ca.gov/dosh/coronavirus/)



November 2020



# COVID-19 Prevention Program (CPP) for The Fresno Westside Mosquito Abatement District

This CPP is designed to control exposures to the SARS-CoV-2 virus that may occur in our workplace.

**Date: 12/10/2020**

## Authority and Responsibility

**The District Manager** has overall authority and responsibility for implementing the provisions of this CPP in our workplace. In addition, all managers and supervisors are responsible for implementing and maintaining the CPP in their assigned work areas and for ensuring employees receive answers to questions about the program in a language they understand.

All employees are responsible for using safe work practices, following all directives, policies and procedures, and assisting in maintaining a safe work environment.

## Identification and Evaluation of COVID-19 Hazards

We will implement the following in our workplace:

- Conduct workplace-specific evaluations using the **Appendix A: Identification of COVID-19 Hazards** form.
- Evaluate employees' potential workplace exposures to all persons at, or who may enter, our workplace.
- Review applicable orders and general and industry-specific guidance from the State of California, Cal/OSHA, and the local health department related to COVID-19 hazards and prevention.
- Evaluate existing COVID-19 prevention controls in our workplace and the need for different or additional controls.
- Conduct periodic inspections using the **Appendix B: COVID-19 Inspections form** as needed to identify unhealthy conditions, work practices, and work procedures related to COVID-19 and to ensure compliance with our COVID-19 policies and procedures.
- **Conduct daily health screenings, including a temperature check, to be completed before the start of work each day.**

## Employee participation

Employees and their authorized employees' representatives are encouraged to participate in the identification and evaluation of COVID-19 hazards by:

- **Employees are encouraged to report all unsafe work conditions including those that increase the risk of workplace transmission of COVID-19. This includes, but is not limited to, failure to utilize PPE and/or maintain social distance.**
- **Unsafe behavior may be reported anonymously. The District will not tolerate any retaliation for reporting of unsafe behavior.**
- **The District welcomes suggestions for improving worker protection against COVID-19 through alternative working practices.**

## Employee screening

We screen our employees by:

- Every employee must complete a health screening questionnaire on a work-issued tablet or computer at the beginning of their shift.
- Employees must have their temperature checked at the start of each shift.
- Employees may be sent home based upon their response to the questionnaire and/or their current physical condition.



## Correction of COVID-19 Hazards

Unsafe or unhealthy work conditions, practices or procedures will be documented on the **Appendix B: COVID-19 Inspections** form, and corrected in a timely manner based on the severity of the hazards, as follows:

- **The Superintendent of Operations shall be in charge of monthly inspections for COVID-19 hazards.**
- **These inspections may be conducted by staff as part of the standard monthly safety inspections.**
- **Issues observed during inspection shall be classified as Urgent or Standard. Urgent items shall be sent directly to the District Manager and Superintendent of Operations, to be addressed as soon as possible.**
- **Each monthly inspection shall include a summary of previous issues and how they were addressed.**

## Control of COVID-19 Hazards

### Physical Distancing

Where possible, we ensure at least six feet of physical distancing at all times in our workplace by:

- **Outside of mosquito season, the District shall implement a partial remote work schedule to minimize staff presence in the office.**
- **Employees shall avoid gathering in the office by utilizing dispersed work areas.**
- **The main office shall remain closed to visitors with signage encouraging the public to first contact by email or phone to address their issue.**
- **Visual cues such as signs and floor markings to indicate where employees and others should be located or their direction and path of travel.**
- **Employees should stagger their use of the timeclock and dressing room. Varying times in clocking in and out will be accepted for this purpose.**
- **Only one employee at a time may occupy a district vehicle. If more than one occupant is necessary (dropping off a vehicle for service), both employees shall wear an approved N-95 mask while within the enclosed cab.**
- **For outdoor work, employees will strive to maintain at least six feet of physical distance.**

Individuals will be kept as far apart as possible when there are situations where six feet of physical distancing cannot be achieved.

### Face Coverings

We provide clean, undamaged face coverings and ensure they are properly worn by employees over the nose and mouth when indoors, and when outdoors and less than six feet away from another person, including non-employees, and where required by orders from the California Department of Public Health (CDPH) or local health department. **Employees shall be issued a cloth face cover and a NIOSH-approved N-95 face mask. The N-95 should only be used for special use cases (confined in cab, wildfire smoke) and should not be the same mask used for control operations. All masks should be periodically cleaned and sanitized, and replaced when showing signs of wear and tear.**

The following are exceptions to the use of face coverings in our workplace:

- When an employee is alone in a room.
- While eating and drinking at the workplace, provided employees are at least six feet apart and outside air supply to the area, if indoors, has been maximized to the extent possible.
- Employees wearing respiratory protection in accordance with CCR Title 8 section 5144 or other safety orders.
- Employees who cannot wear face coverings due to a medical or mental health condition or disability, or who are hearing-impaired or communicating with a hearing-impaired person. Alternatives will be

considered on a case-by-case basis.

Any employee not wearing a face covering, face shield with a drape or other effective alternative, or respiratory protection, for any reason, shall be at least six feet apart from all other persons unless the unmasked employee is tested at least twice weekly for COVID-19.

### **Engineering controls**

We maximize, to the extent feasible, the quantity of outside air for our buildings with mechanical or natural ventilation systems by:

- **When more than four people are working inside a building, the doors will be propped open to ensure increased ventilation.**
- **The ventilation system will be set to maximize external airflow and will utilize the greatest level of filtration that is feasible for the system.**
- **Where six feet of distance cannot be maintained between workstations, a cleanable, solid partition shall be placed between the stations.**

### **Cleaning and disinfecting**

We implement the following cleaning and disinfection measures for frequently touched surfaces:

- **Cleaning shall occur at the end of each workday (at least 30 minutes, with time for changing afterward) for frequently touched surfaces including: light switches, countertops, door knobs, bathroom surfaces, desks, phones, keyboards, etc.) This includes cleaning with soap and water and use of disinfectant.**
- **Employees shall clean and sanitize all of their PPE and used equipment when all tasks utilizing the equipment are completed or at the end of the day if multiple uses are likely to occur.**
- **Employees shall wear disposable gloves while cleaning and disinfecting and shall wear respiratory/eye protection as required by the cleaning product's label.**
- **More intensive disinfection (following label instructions, usually requires allowing the product to stand on the cleaned surfaces for an extended period) should occur at least once a week.**
- **During cleaning and disinfection, doors should be opened to allow adequate ventilation.**
- **The Superintendent of Operations is in charge of setting the cleaning and disinfecting schedule and assignments.**
- **Management shall ensure that all employees are properly trained on cleaning and sanitizing procedures and safety.**

Should we have a COVID-19 case in our workplace, we will implement the following procedures:

- **Comprehensive cleaning and sanitization of the facility by employees. Employees shall wear NIOSH-approved N-95 respirators, gloves, and eye protection, as well as their issued uniforms during the cleaning process. All used equipment shall be cleaned and sanitized after the procedure is complete.**
- **If there are multiple cases or limited employee availability, the District may utilize an outside cleaning service to sanitize the office.**
- **At the Manager's discretion, the office may be closed for an extended period to allow for the use of a cleaning service or to reduce the probability of active virus being present when the employees begin the facility cleaning and sanitization.**

### **Shared tools, equipment and personal protective equipment (PPE)**

PPE must not be shared, e.g., gloves, goggles and face shields.

Items that employees come in regular physical contact with, such as phones, headsets, desks, keyboards, writing materials, instruments and tools must also not be shared, to the extent feasible. Where there must be sharing, the items will be disinfected between uses by **the use of EPA-approved disinfectants, used according to label. Each employee is responsible for cleaning and sanitizing their equipment at the end of each workday or before another employee uses the equipment.**

Sharing of vehicles will be minimized to the extent feasible, and high-touch points (for example, steering wheel, door handles, seatbelt buckles, armrests, shifter, etc.) will be disinfected between users.

**Employees shall clean their vehicle at the end of each workday and shall sanitize the vehicle at least once a week or anytime another person may be using the vehicle.**

## **Hand sanitizing**

In order to implement effective hand sanitizing procedures, we:

- **Provide handwashing stations in the main office (bathrooms and boardroom) and the crew office (bathrooms and break rooms). These stations have hot water and disinfecting soap.**
- **Employees shall wash their hands often and for a minimum of 20 seconds each time.**
- **Employees shall be given adequate time to wash their hands between tasks and throughout the day. This can be at any time the employee feels it is necessary.**
- **Where handwashing is not feasible, employees are encouraged to use hand sanitizer according to its label. Sanitizer shall be issued by the District upon request, but at no times shall an employee use sanitizer containing methyl alcohol.**

## **Personal protective equipment (PPE) used to control employees' exposure to COVID-19**

We evaluate the need for PPE (such as gloves, goggles, and face shields) as required by CCR Title 8, section 3380, and provide such PPE as needed.

When it comes to respiratory protection, we evaluate the need in accordance with CCR Title 8 section 5144 when the physical distancing requirements are not feasible or maintained.

## **Investigating and Responding to COVID-19 Cases**

This will be accomplished by using the **Appendix C: Investigating COVID-19 Cases** form.

Employees who had potential COVID-19 exposure in our workplace will be:

- **Offered COVID-19 testing at no cost during their working hours.**
- **Testing near the main office is available at the Sablan Health Center, 927 O St, (559) 659-3037.**
- **The information on benefits described in Training and Instruction, and Exclusion of COVID-19 Cases, below, will be provided to them.**

## **System for Communicating**

Our goal is to ensure that we have effective two-way communication with our employees, in a form they can readily understand, and that it includes the following information:

- Employees shall report any COVID-19 symptoms or potential exposure to their immediate supervisor or to the main office at 559-659-2437, or [admin@fresnowestmosquito.com](mailto:admin@fresnowestmosquito.com). Employees should NOT show up to work if they have symptoms or potential exposure.
- If symptoms develop during the work day, employees should isolate themselves immediately and prepare to go home. Contact should be made via phone or email.
- That employees can report symptoms and hazards without fear of reprisal.
- Employees with medical conditions making them susceptible to COVID-19 shall be placed on remote work status to the maximum extent feasible.
- Where testing is not required due to workplace exposure, employees can receive voluntary testing:
  - For full time employees, through their primary healthcare provider or urgent care. This is covered by the employer-issued health insurance.
  - If you do not have insurance, the cost will be covered for medically-necessary testing.
  - You may get testing if you have symptoms of COVID-19, potential exposure, or due to your classification as an "essential worker". Employees should confirm with the testing facility that the test will be covered.
- In the event we are required to provide testing because of a workplace exposure or outbreak, we will communicate the plan for providing testing and inform affected employees of the reason for the

- testing and the possible consequences of a positive test.
- Information about COVID-19 hazards employees (including other employers and individuals in contact with our workplace) may be exposed to, what is being done to control those hazards, and our COVID-19 policies and procedures.
- **Employees, including those on remote work schedules, should have their district-issued phones and tablets at all times throughout the work day. Important COVID-19 messages shall be communicated through both calls and emails.**

## Training and Instruction

We will provide effective training and instruction that includes:

- Our COVID-19 policies and procedures to protect employees from COVID-19 hazards.
- Information regarding COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws.
- The fact that:
  - COVID-19 is an infectious disease that can be spread through the air.
  - COVID-19 may be transmitted when a person touches a contaminated object and then touches their eyes, nose, or mouth.
  - An infectious person may have no symptoms.
- Methods of physical distancing of at least six feet and the importance of combining physical distancing with the wearing of face coverings.
- The fact that particles containing the virus can travel more than six feet, especially indoors, so physical distancing must be combined with other controls, including face coverings and hand hygiene, to be effective.
- The importance of frequent hand washing with soap and water for at least 20 seconds and using hand sanitizer when employees do not have immediate access to a sink or hand washing facility, and that hand sanitizer does not work if the hands are soiled.
- Proper use of face coverings and the fact that face coverings are not respiratory protective equipment - face coverings are intended to primarily protect other individuals from the wearer of the face covering.
- COVID-19 symptoms, and the importance of obtaining a COVID-19 test and not coming to work if the employee has COVID-19 symptoms.
- **Online COVID-19 Safety Training through TargetSolutions.**

**Appendix D: COVID-19 Training Roster** will be used to document this training.

## Exclusion of COVID-19 Cases

Where we have a COVID-19 case in our workplace, we will limit transmission by:

- Ensuring that COVID-19 cases are excluded from the workplace until our return-to-work requirements are met.
- Excluding employees with COVID-19 exposure from the workplace for 14 days after the last known COVID-19 exposure to a COVID-19 case.
- Continuing and maintaining an employee's earnings, seniority, and all other employee rights and benefits whenever we've demonstrated that the COVID-19 exposure is work related. This will be accomplished by **use of leave in the following order:**
  - 1. Up to 80 Hrs of Emergency Sick Leave.**
  - 2. Emergency Administrative Leave at Manager's Discretion.**
  - 3. Accrued Employee Sick Leave**
  - 4. Other Accrued Employee Leave (Vacation, OT)**
- Providing employees at the time of exclusion with information on available benefits.

## Reporting, Recordkeeping, and Access

It is our policy to:

- Report information about COVID-19 cases at our workplace to the local health department whenever required by law, and provide any related information requested by the local health department.
- Report immediately to Cal/OSHA any COVID-19-related serious illnesses or death, as defined under CCR Title 8 section 330(h), of an employee occurring in our place of employment or in connection with any employment.
- Maintain records of the steps taken to implement our written COVID-19 Prevention Program in accordance with CCR Title 8 section 3203(b).
- Make our written COVID-19 Prevention Program available at the workplace to employees, authorized employee representatives, and to representatives of Cal/OSHA immediately upon request.
- Use the **Appendix C: Investigating COVID-19 Cases** form to keep a record of and track all COVID-19 cases. The information will be made available to employees, authorized employee representatives, or as otherwise required by law, with personal identifying information removed.

## **Return-to-Work Criteria**

- COVID-19 cases with COVID-19 symptoms will not return to work until all the following have occurred:
    - At least 24 hours have passed since a fever of 100.4 or higher has resolved without the use of fever-reducing medications.
    - COVID-19 symptoms have improved.
    - At least 10 days have passed since COVID-19 symptoms first appeared.
  - COVID-19 cases who tested positive but never developed COVID-19 symptoms will not return to work until a minimum of 10 days have passed since the date of specimen collection of their first positive COVID-19 test.
  - A negative COVID-19 test will not be required for an employee to return to work.
  - If an order to isolate or quarantine an employee is issued by a local or state health official, the employee will not return to work until the period of isolation or quarantine is completed or the order is lifted. If no period was specified, then the period will be 10 days from the time the order to isolate was effective, or 14 days from the time the order to quarantine was effective.
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**[Conlin Reis, District Manager]**



## Appendix B: COVID-19 Inspections

Date:

Name of person conducting the inspection:

Work location evaluated:

Exposure Controls	Status	Person Assigned to Correct	Date Corrected
<b>Engineering</b>			
Barriers/partitions			
Ventilation (amount of fresh air and filtration maximized)			
Additional room air filtration			
<b>Administrative</b>			
Physical distancing			
Surface cleaning and disinfection (frequently enough and adequate supplies)			
Hand washing facilities (adequate numbers and supplies)			
Disinfecting and hand sanitizing solutions being used according to manufacturer instructions			
<b>Wide distribution for work and rest areas</b>			
<b>Daily vehicle cleaning and periodic disinfection</b>			
<b>PPE</b> (not shared, available and being worn)			
Face coverings (cleaned sufficiently often)			
Gloves			
Face shields/goggles			
Respiratory protection			
Other: _____			

## Appendix C: Investigating COVID-19 Cases

All personal identifying information of COVID-19 cases or symptoms will be kept confidential. All COVID-19 testing or related medical services provided by us will be provided in a manner that ensures the confidentiality of employees, with the exception of unredacted information on COVID-19 cases that will be provided immediately upon request to the local health department, CDPH, Cal/OSHA, the National Institute for Occupational Safety and Health (NIOSH), or as otherwise required by law.

All employees' medical records will also be kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace, with the following exceptions: (1) Unredacted medical records provided to the local health department, CDPH, Cal/OSHA, NIOSH, or as otherwise required by law immediately upon request; and (2) Records that do not contain individually identifiable medical information or from which individually identifiable medical information has been removed.

**Date:**

**Name of person conducting the investigation:**

<b>Employee (or non-employee*) name:</b>		<b>Occupation (if non-employee, why they were in the workplace):</b>	
<b>Location where employee worked (or non-employee was present in the workplace):</b>		<b>Date investigation was initiated:</b>	
<b>Was COVID-19 test offered?</b>		<b>Name(s) of staff involved in the investigation:</b>	
<b>Date and time the COVID-19 case was last present in the workplace:</b>		<b>Date of the positive or negative test and/or diagnosis:</b>	
<b>Date the case first had one or more COVID-19 symptoms:</b>		<b>Information received regarding COVID-19 test results and onset of symptoms (attach documentation):</b>	



**Results of the evaluation of the COVID-19 case and all locations at the workplace that may have been visited by the COVID-19 case during the high-risk exposure period, and who may have been exposed (attach additional information):**

<b>Notice given (within one business day, in a way that does not reveal any personal identifying information of the COVID-19 case) of the potential COVID-19 exposure to:</b>			
<b>All employees who may have had COVID-19 exposure and their authorized representatives.</b>	<b>Date:</b>		
	<b>Names of employees that were notified:</b>		
<b>Independent contractors and other employers present at the workplace during the high-risk exposure period.</b>	<b>Date:</b>		
	<b>Names of individuals that were notified:</b>		
<b>What were the workplace conditions that could have contributed to the risk of COVID-19 exposure?</b>		<b>What could be done to reduce exposure to COVID-19?</b>	
<b>Was local health department notified?</b>		<b>Date:</b>	

\*Should an employer be made aware of a non-employee infection source COVID-19 status.

## Appendix D: COVID-19 Training Roster

Date:

Person that conducted the training:

Employee Name	Signature

## (EXCLUDE UNLESS OUTBREAK OCCURS)

### Multiple COVID-19 Infections and COVID-19 Outbreaks

[This section will need to be added to your CPP if your workplace is identified by a local health department as the location of a COVID-19 outbreak, or there are three or more COVID-19 cases in your workplace within a 14-day period. Reference section 3205.1 for details.]

This section of CPP will stay in effect until there are no new COVID-19 cases detected in our workplace for a 14-day period.

#### COVID-19 testing

- We will provide COVID-19 testing to all employees in our exposed workplace except for employees who were not present during the period of an outbreak identified by a local health department or the relevant 14-day period. COVID-19 testing will be provided at no cost to employees during employees' working hours.
- COVID-19 testing consists of the following:
  - All employees in our exposed workplace will be immediately tested and then tested again one week later. Negative COVID-19 test results of employees with COVID-19 exposure will not impact the duration of any quarantine period required by, or orders issued by, the local health department.
  - After the first two COVID-19 tests, we will continue to provide COVID-19 testing of employees who remain at the workplace at least once per week, or more frequently if recommended by the local health department, until there are no new COVID-19 cases detected in our workplace for a 14-day period.
  - We will provide additional testing when deemed necessary by Cal/OSHA.

#### Exclusion of COVID-19 cases

We will ensure COVID-19 cases and employees who had COVID-19 exposure are excluded from the workplace in accordance with our CPP **Exclusion of COVID-19 Cases** and **Return to Work Criteria** requirements, and local health officer orders if applicable.

#### Investigation of workplace COVID-19 illness

We will immediately investigate and determine possible workplace-related factors that contributed to the COVID-19 outbreak in accordance with our CPP **Investigating and Responding to COVID-19 Cases**.

#### COVID-19 investigation, review and hazard correction

In addition to our CPP **Identification and Evaluation of COVID-19 Hazards** and **Correction of COVID-19 Hazards**, we will immediately perform a review of potentially relevant COVID-19 policies, procedures, and controls and implement changes as needed to prevent further spread of COVID-19.

The investigation and review will be documented and include:

- Investigation of new or unabated COVID-19 hazards including:
  - Our leave policies and practices and whether employees are discouraged from remaining home when sick.
  - Our COVID-19 testing policies.
  - Insufficient outdoor air.
  - Insufficient air filtration.
  - Lack of physical distancing.
- Updating the review:
  - Every thirty days that the outbreak continues.
  - In response to new information or to new or previously unrecognized COVID-19 hazards.
  - When otherwise necessary.
- Implementing changes to reduce the transmission of COVID-19 based on the investigation and

review. We will consider:

- Moving indoor tasks outdoors or having them performed remotely.
- Increasing outdoor air supply when work is done indoors.
- Improving air filtration.
- Increasing physical distancing as much as possible.
- Respiratory protection.
- [describe other applicable controls].

#### **Notifications to the local health department**

- Immediately, but no longer than 48 hours after learning of three or more COVID-19 cases in our workplace, we will contact the local health department for guidance on preventing the further spread of COVID-19 within the workplace.
- We will provide to the local health department the total number of COVID-19 cases and for each COVID-19 case, the name, contact information, occupation, workplace location, business address, the hospitalization and/or fatality status, and North American Industry Classification System code of the workplace of the COVID-19 case, and any other information requested by the local health department. We will continue to give notice to the local health department of any subsequent COVID-19 cases at our workplace.