



2020

CSURMA-AORMA Benefits Program



California State University Risk Management Authority





The Chancellor's Office staff and representatives of Auxiliary Organizations within the CSU have been developing a systematic approach to managing risk exposures now prevalent across CSU campuses. One avenue of reform has been to restructure the overall risk management program on a more collaborative basis. Special legislation was obtained to permit both the CSU as a state agency, and Auxiliary Organizations as separate nonprofit corporations, to create a quasi-public entity to establish and perform pooled group insurance and related risk management functions for the benefit of all who elect to join the new entity and to participate therein. On January 1, 1997, the CSURMA (California State University Risk Management Authority) was formed by the CSU and those qualified Auxiliary Organizations that opted to join with intentions to participate in the risk management programs to be offered by the Authority. The CSURMA presently has several risk management programs in effect including the Pooled Liability Program, the Pooled Worker's Compensation Program, the IDL/NDI/UI Program, the Property Program, the Athletic Injury Medical Expense (AIME) Program and the Auxiliary Organizations Risk Management Alliance (AORMA) (refer to JPA Structure, Section C). The first three programs are designed for participation by CSU campuses, the Property and the AIME programs are designed for both campus and Auxiliary Organizations participation, and the latter program for participation by only the Auxiliary Organizations. One of the primary goals of the CSURMA is to develop a forum for the Auxiliary Organizations and the CSU to develop strategies that streamline and integrate the risk management practices of the CSU system.

AORMA

Auxiliary Organizations Risk Management Alliance (AORMA) was established to provide group purchase comprehensive business insurance coverages for the CSU's Auxiliary Organizations. Participation in the programs is voluntary. Coverages provided include liability, workers' compensation, property, crime, unemployment insurance, auto physical damage, participant accident insurance, and as of 2019, health and welfare benefits.

CSURMA AORMA BENEFITS PROGRAM

AORMA Committee and the Executive Committee approved the formation of CSURMA AORMA Employee Benefits Program in October, 2017. Now, the AOA Benefits User Group can purchase benefits through CSAC EIA.

CSAC EIA

Established in 1979, CSAC Excess Insurance Authority (EIA) is a risk sharing pool dedicated to controlling losses and providing effective risk management solutions. EIA is a member directed pool. Membership in Property & Casualty and Employee Benefit coverages has expanded to include 95% of counties, 60% of cities, as well as numerous school districts, special districts, housing authorities, fire districts, and other Joint Powers Authorities.

Employee Benefit Coverages Offered through CSAC EIA

- Medical (EIA Health)
- Dental (Delta Dental)
- Vision (VSP)
- Life / Disability* (Cigna / Voya)
- EAP* (MHN)



EIA Health

- EIA Health is a self-funded Medical Purchasing Program offered to Counties, Cities and Special Districts since 2003
- EIA Health Membership includes approx. 33,800 employees in 2018 and is growing
- EIA Health offers a combined risk pool of over 300,000 members
- CSAC EIA signed a risk and marketing contract with SISC (Self Insured Schools of California) in 2006
 - This resulted in combined lower costs while covering more than 400 agencies in 40 counties and 300,000 members
- Second largest purchasing coalition in the state of California after CalPERS
- This partnership has created:
 - Greater volume for wholesale pricing on administrative costs
 - Financial stability through balanced renewals, with less year-to-year rate volatility
 - Pooled renewal increases for 2020 plan year are 2.83% for medical, Dental PPO renewal increase is 4.9%, rate passes (no increase) for Dental HMO, Vision, Life & Disability

CSURMA Benefit Plans Offered

- **Kaiser Medical:** High/Low Plans; Medicare Retiree Plan
- **Anthem Medical:** High/Low PPO; Full Network HMO; Narrow Network HMO; Medicare Retiree PPO with Part D
- **Delta Dental:** 3 DHMO Options; 3 Premier PPO options
- **VSP Vision:** 4 Plan Options
- **Hartford Life & Disability:** Currently not through EIA; custom plans and rates available

CSURMA Plan Selection Guidelines

- **Groups with 2-50 enrolled lives:** Employers can select 1 plan from each category (1 Kaiser, 1 Anthem HMO, 1 Anthem PPO, 1 DHMO, 1 DPPO, 1 Vision plan), plus retiree plans
- **Groups with more than 50 enrolled:** Employers can offer up to two plans from each group (except Kaiser, which is limited to 1), plus retiree plans

Value Adds through EIA Health & Alliant

- Diabetes Prevention Program
- Carrum Health: Surgical Benefit for PPO participants with \$0 Copays at Centers of Excellence. Surgeries offered through Carrum:
 - Hip / Knee Replacement
 - Cervical / Lumbar Spinal Fusion
 - Coronary Bypass Surgery
 - Bariatric Surgery
 - Shoulder, elbow, wrist, hand, ankle, foot, spine
 - Wellness Dollars from participating medical carriers (Anthem, Kaiser)
- Online Benefits Administration services (currently employee self-service not available)
- COBRA & FSA Administration included for groups participating in EIA medical

Eligibility Requirements for Medical Benefits

- 1 Entity must be members of AORMA.
- 2 Entity must have a minimum of two full-time active employees to join. An active employee is an employee who is eligible for enrollment in employee sponsored benefits paid for by the Entity. Part-time employees may be covered only if they are currently part of the benefit-eligible population and work a minimum of twenty hours weekly.
- 3 Active employees: Entity must contribute a minimum of 75% of the cost for active employees.
- 4 Dependents: If the Entity offers coverage to dependents, it is recommended the Entity contribute a minimum of 50% of the cost for dependents.
- 5 Retirees: Entity may offer coverage to retirees.
- 6 Public Officials: Entity's public officials (board Members, etc.) may participate in the program only if they are currently being covered and Entity's enabling act, plans and policies allow it. Entity is required to cover 100% of the cost for public officials when covering their medical benefits. Participation for public officials is limited to their term of office.
- 7 Entity must have at least 75% of eligible employees (and public officials if they are covered) enrolled in order to participate. Public officials, retirees and dependents may not be covered unless active employees are covered.
- 8 Medical benefit premiums are based on a full month. Medical benefits will begin the first day of the month following notification of enrollment. There are no partial months or prorated premiums. Each Entity can establish the waiting period for medical benefits to become effective.
- 9 The maximum dependent child age is 26. Disabled dependent children are not subject to the dependent age restrictions; however, a verification form will be required certifying the disability.
- 10 Each prospective new Entity must complete and submit an Interest Form, Entity Enrollment Form and Large Claimant Disclosure Form detailing any knowledge of and information pertaining to large and/or ongoing claims. Each Entity is subject to underwriting review and may or may not be accepted for coverage.
- 11 Entity's governing body must approve a resolution authorizing participation in CSURMA health benefits program and exclude the Memorandum of Understanding (MOU).
- 12 Once an Entity is approved by the underwriter and has submitted all required documentation to join the program including the MOU and resolution, the participants should receive their medical identification cards and plan booklets within three weeks.

13 Entities selecting one of the HDHP High Deductible Plans (HSA Compatible) are responsible for adhering to IRS rules and regulations and maintenance of the HSA account. HDHPs are not currently available through the CSURMA program. CSURMA does not provide this service but can provide contact information for a financial institution that is currently providing this type of service.

14 Not all Plans will be offered and available to Entities joining the medical benefits program.

15 The Access+ HMO 15 and 20 Plans are not available in all areas. Please check with CSURMA at the time you are submitting your request for underwriting approval to see if CSURMA the HMO plans are available in your area.

The underwriting process may take up to two weeks for completion.

Medicare Benefits Eligibility

To enroll in Medicare you must be at least age 65 or older. Medicare Supplemental Plans are designed specifically for members enrolled in EIA health benefits program who are also enrolled in Parts A (hospital insurance), B (medical insurance) and D (prescription enrollment completed by Express Scripts) of Medicare.

Value-Added Program Features

- 1 Easy Switch From Prior Plans
- 2 Simple Enrollment Process
- 3 Fixed Rates – Not Based on Age
- 4 Cobra Administration Assistance
- 5 Consolidated Billing
- 6 Pooled Renewal Rating to Ensure More Predictable Rates

Additional Fees

Base TPA fees are included in the rates shown in the Rate Proposal. **However, there are additional TPA fees that are NOT included in the proposed rates shown, including consolidated billing fees, etc. These fees will be billed separately.**

BCC: \$0.50 per medical subscriber is not included in rates. This additional fee is for administration of Dental and/or vision plans and is not charged per ancillary coverage.



Active / Early Retiree Medical Benefits Summaries – Kaiser Permanente

DEDUCTIBLES/CO-INSURANCE/MAXIMUM	Kaiser \$15	Kaiser \$20
Calendar Year Deductible(s) (Individual/Family)	None	None
Maximum Medical Out of Pocket (Individual/Family)	\$1,500 / \$3,000	\$1,500 / \$3,000
Services/Coverages	Participating Providers (Member Pays)	Participating Providers (Member Pays)
Inpatient Hospital Room, Board & Support Services (prior authorization required)	No Charge	No Charge
Ambulatory Surgery Center	\$15 per procedure	\$20 per procedure
Emergency Room	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)
Physician Benefits (Office Visits / Urgent Care)	\$15 copay	\$20 copay
Preventive Care	No charge	No charge
Acupuncture	Not covered	Not covered
Durable Medical Equipment	20%	20%
Hospice	No charge	No charge
Ambulance	\$100 per trip	\$100 per trip
Home Health Care 100 visits/year (prior authorization required)	No charge	No charge
Chiropractic Services (30 visits per calendar year)	\$10 copay	\$10 copay
Prescription Drugs	Kaiser Generic / Brand / Specialty	Kaiser Generic / Brand / Specialty
Retail - 30 day supply	\$10 / \$30 / 20% up to \$150	\$10 / \$30 / 20% up to \$150
Mail Order - 100 day supply	\$20 / \$60 / NA	\$20 / \$60 / NA

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS. NON-PARTICIPATING PROVIDER MEMBER COST MAY NOT APPLY TO MAXIMUM OUT OF POCKET COSTS



Active / Early Retiree Medical Benefits Summaries – Anthem HMO

DEDUCTIBLES/CO-INSURANCE/MAXIMUM	Select HMO \$15	CA Care HMO \$20
Calendar Year Deductible(s) (Individual/Family)	None	None
Maximum Medical Out of Pocket (Individual/Family)	\$1,500 / \$3,000	\$1,500 / \$3,000
Services/Coverages	Participating Providers (Member Pays)	Participating Providers (Member Pays)
Inpatient Hospital Room, Board & Support Services (prior authorization required)	\$100 per admission	\$200 per admission
Outpatient Surgery	\$50 per procedure	\$100 per procedure
Emergency Room	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)
Physician Benefits (Office Visits / Urgent Care)	\$15 copay	\$20 copay
Preventive Care	No charge	No charge
Acupuncture	Not covered	Not covered
Durable Medical Equipment	20%	20%
Hospice	No charge	No charge
Ambulance	\$100 per trip	\$100 per trip
Home Health Care 100 visits/year (prior authorization required)	\$15 copay	\$20 copay
Chiropractic Services (limited to 60 days per year, combined with PT/OT)	\$15 copay	\$20 copay
Prescription Drugs	Anthem Generic / Brand Preferred / Brand Non- Preferred / Specialty	Anthem Generic / Brand Preferred / Brand Non-Preferred / Specialty
Pharmacy Deductible (Individual/Family)	\$100 / \$300 (waived for generic)	None
Retail - 30 day supply	50% up to \$10/ 45% up to \$25 / 45% up to \$40 / 20% up to \$150	\$5 / \$20 / \$60 / 20% up to \$150
Mail Order - 90 day supply	50% up to \$20 / 45% up to \$50 / 45% up to \$80 / 20% up to \$300	\$5 / \$40 / \$120 / 20% up to \$300

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Active / Early Retiree Medical Benefits Summary – Anthem PPO

DEDUCTIBLES/CO-INSURANCE/MAXIMUM	Anthem PPO Plan 90		Anthem PPO Plan 80	
Calendar Year Deductible(s) (Individual/Family)	\$500 / \$1,000	\$500 / \$1,000	\$500 / \$1,000	\$500 / \$1,000
Maximum Medical Out of Pocket (Individual/Family)	\$2,500 / \$5,000	\$2,500 / \$5,000	\$3,500 / \$7,000	\$3,500 / \$7,000
Services/Coverages	Participating Providers (Member pays)	Non-Participating Providers (Member pays)	Participating Providers (Member pays)	Non-Participating Providers (Member pays)
Inpatient Hospital Room, Board & Support Services (prior authorization required)	10% after ded.	40% after ded.	20% after ded.	40% after ded.
Outpatient Surgery	10% after ded.	40% after ded.	20% after ded.	40% after ded.
Emergency Room	\$50 copay + 10% after ded. (copay waived if admitted)		\$50 copay + 20% after ded. (copay waived if admitted)	
Physician Benefits (Office Visits / Urgent Care)	\$20 copay	40% after ded.	\$20 copay	40% after ded.
Preventive Care	No charge	40% after ded.	No charge	40% after ded.
Rehabilitation Service (in an office location)	10% after ded.	40% after ded.	20% after ded.	40% after ded.
Acupuncture (limited to 20 visits per year)	\$20 copay	40% after ded.	\$20 copay	40% after ded.
Durable Medical Equipment	10% after ded.	40% after ded.	20% after ded.	40% after ded.
Hospice	No charge	40% after ded.	No charge	40% after ded.
Ambulance	10% after ded.		20% after ded.	
Home Health Care -100 visits/year (prior authorization required)	10% after ded.	40% after ded.	20% after ded.	40% after ded.
Chiropractic Services (limited to 30 visit per year)	\$20 copay	40% after ded.	\$20 copay	40% after ded.
Prescription Drugs	Express Scripts Generic / Brand Preferred / Brand Non-Preferred / Specialty		Express Scripts Generic / Brand Preferred / Brand Non-Preferred / Specialty	
Prescription Maximum Out of Pocket	\$1,500 / \$3,000		\$2,350 / \$4,700	
Retail - 30 day supply	\$5 / \$20 / \$60 / 20% up to \$150		\$5 / \$20 / \$60 / 20% up to \$150	
Mail Order - 90 day supply	\$5 / \$40 / \$120 / 50% up to \$300		\$5 / \$40 / \$120 / 50% up to \$300	

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Medicare Retiree Medical Benefits Summary – Kaiser Permanente Senior Advantage (KPSA)

DEDUCTIBLES/CO-INSURANCE/MAXIMUM	KPSA HMO with Part D
Calendar Year Deductible(s) (Individual/Family)	None
Maximum Medical Out of Pocket	\$1,500 per member
Services/Coverages	Participating Providers (Member pays)
Inpatient Hospital Room, Board & Support Services (prior authorization required)	No charge
Non-Emergency Outpatient Services: Ambulatory Surgery Center Hospital Facility Outpatient Treatment	\$10 per procedure
Emergency Room	\$50 per visit (waived if admitted)
Preventive Care	No charge
Office visits	\$10 copay
Durable Medical Equipment	No charge
Ambulance	No charge
Home Health Care 100 visits/year (prior authorization required)	No charge
Chiropractic Services (Combined with Acupuncture)	Not covered
Acupuncture (combined with Chiropractic)	No covered
Prescription Drugs	See Medicare Part D Summaries on page 10

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Medicare Retiree Medical Benefits Summary – Anthem PPO

DEDUCTIBLES/CO-INSURANCE/MAXIMUM	Anthem Premier PPO with Part D (Member Pays)	
Calendar Year Deductible(s)	\$150 per member	\$150 per member
Maximum Medical Out of Pocket	\$5,000 per member	\$5,000 per member
Services/Coverages	Participating Providers (Member pays)	Non-Participating Providers Member Pays)
Inpatient Hospital Room, Board & Support Services (prior authorization required)	\$500 copay per admission	\$500 copay per admission
Non-Emergency Outpatient Services: Ambulatory Surgery Center Hospital Facility Outpatient Treatment	\$150 copay per admission	\$150 copay per admission
Emergency Room	\$75 copay (waived if admitted)	\$75 copay (waived if admitted)
Preventive Care	No charge	No charge
Office visits	\$15 copay	\$15 copay
Rehabilitation Service (outpatient)	\$30 copay	\$30 copay
Durable Medical Equipment	No charge	No charge
Ambulance	\$75 per trip	\$75 per trip
Home Health Care (limited to 100 per year)	No charge	No charge
Chiropractic Services (up to 20 visits per year)	\$20 copay	\$20 copay
Acupuncture	Not covered	Not covered
Prescription Drugs	See Medicare Part D Summaries on Page 10	

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Medicare D Pharmacy Plans

KPSA Pharmacy co-pay structure	Retail 30 Days	Retail 31-60 Day Supply	Retail 61-100 Day Supply	Mail Order 30 Day Supply	Mail Order 31-100 Day Supply
Generic	\$5	\$10	\$15	\$5	\$10
Brand	\$20	\$40	\$60	\$20	\$40

EGWP Prescription Program Structure

EGWP pharmacy co-pay structure	Retail 30 Days	Retail 60 Day Supply	Retail 90 Day Supply	Mail Order 90 Day Supply
Generic	\$5	\$10	\$15	\$10
Brand	\$20	\$40	\$60	\$40
Non Preferred	\$50	\$100	\$150	\$100

- **Kaiser Medicare Part D program offered through Kaiser Permanente Senior Advantage (KPSA)**
- **Anthem PPO Medicare Part D offered through the Employer Group Waiver Program (EGWP) from Express Scripts (ESI)**

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2020 - Monthly Plan Rates

Kaiser Permanente Senior Advantage KPSA HMO with Part D RX Coverage Medical Plan Rates

Kaiser Permanente Senior Advantage (KPSA) HMO with Part D Rx Coverage*	KPSA Southern CA (Total Rate)	KPSA Northern CA (Total Rate)
Single (Medicare)		
Two Party (Both Medicare)		

KPSA Rates Will be Released in August 2019

** The KPSA plan is for agencies that offer Medicare retirees the Kaiser plan option. The KPSA plan is for Kaiser retirees, their spouse and/or dependents of retirees that are enrolled in Medicare Part A and Part B. If a retiree, their spouse and/or dependent have a combination rate where a participant in their family does not have Medicare, the participant without Medicare will be covered under the Kaiser HMO 15 or Kaiser HMO 20 plan depending on the agency's offering.*

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2020 - Monthly Plan Rates
Medicare Supplemental Plans (**EGWP)
Medical Plan Rates

Medicare Supplemental Plans (EGWP) Rates	PPO Medicare COB EGWP Southern CA	PPO Medicare COB EGWP Northern CA
Single* (Retiree with Medicare)	\$364	\$425
Two Party (Retiree + Dependent both with Medicare)	\$728	\$850
*Family (All Medicare – (Reflects rate for 3 Medicare enrolled)	\$1,018	\$1,190

**This rate increases for every family member enrolled in Medicare by the single Medicare rate.*

***EGWP = Employer Group Waiver Plans*

Medicare Supplemental Plans (EGWP)

CSURMA Medicare Supplemental Plans are available for retirees, retiree spouses and/or dependents. These plans are only available to retirees at least 65 or older who are also enrolled in Parts A (hospital insurance), B (medical insurance) and D (prescription enrollment completed by Express Scripts) of Medicare.

The rates shown in the table above show cost options based on coverage needs and combinations. Note these rates apply to in and out-of-state age 65 or older members. Program coverages remain the same whether Medicare Supplemental Coverages are Primary or Secondary.

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2020 Medical Plan Rates
Rates Guaranteed through December 31, 2020

2020 – Active / Early Retiree Monthly Medical Plan Rates

Southern CA	Plan Name	Employee	Employee + 1	Employee + 2 or More
	Kaiser 15	\$617	\$1,234	\$1,746
	Kaiser 20	\$600	\$1,201	\$1,699
	Anthem Select HMO 15	\$642	\$1,283	\$1,816
	Anthem CA Care HMO 20	\$705	\$1,410	\$1,996
	Anthem PPO 90	\$943	\$1,886	\$2,670
	Anthem PPO 80	\$881	\$1,763	\$2,495

Northern CA	Plan Name	Employee	Employee + 1	Employee + 2 or More
	Kaiser 15	\$743	\$1,487	\$2,104
	Kaiser 20	\$738	\$1,477	\$2,090
	Anthem Select HMO 15	\$732	\$1,464	\$2,072
	Anthem CA Care HMO 20	\$804	\$1,608	\$2,277
	Anthem PPO 90	\$1,076	\$2,151	\$3,046
	Anthem PPO 80	\$1,005	\$2,011	\$2,846

- The KPSA plan is for agencies that offer Medicare retirees the Kaiser plan option. The KPSA plan is for Kaiser retirees, their spouse and/or dependents of retirees that are enrolled in Medicare Part A and Part B. If a retiree, their spouse and/or dependent have a combination rate where a participant in their family is not Medicare eligible, the participant not eligible for Medicare will be covered under the Kaiser HMO 15 or Kaiser HMO 20 plan depending on the agency’s offering. Retirees who are eligible for Medicare parts A&B but do not enroll in Medicare will have to pay a significantly higher rate. Rates for Medicare Eligible retirees that do not enroll in Medicare are not listed and can be provided upon request.

** Per Kaiser Guidelines: Entities located in Fresno County are subject to Northern CA rates

*** Per Kaiser Guidelines; existing Kaiser groups will be subject to breakaway rates and the above rates aren't not applicable

Rates shown are for active and retired employees, and public officials.



Dental Plan Summary

Rates Guaranteed through December 31, 2020

Dental Plan Premier PPO– Delta Dental

Dental Benefits – Delta Dental	EIA Option A		EIA Option B		EIA Option C	
	PPO	Premier / Non-PPO	PPO	Premier / Non-PPO	PPO	Premier / Non-PPO
Calendar Year Maximum	\$1,500	\$1,500	\$1,500	\$1,500	\$2,000	\$1,500
Calendar Year Deductible Waived for Diagnostic & Preventive	\$50 per member		\$50 per member		\$50 per member / \$150 per family	
Diagnostic and Preventive						
Oral Exam						
Routine Cleaning						
X-Rays	100%		100%	80%	100%	100%
Fluoride Treatment						
Space Maintainers						
Specialist Consultations						
Basic Services						
Fillings						
Endodontics (Root Canal)						
Periodontics (Gum Treatment)	75%		80%	80%	90%	80%
Tissue Removal (Biopsy)						
Extractions & Other Oral Surgery						
Sealants						
Major Services						
Crown Repair						
Inlays, Onlays						
Cast Restorations	50%		50%	50%	60%	50%
Bridges						
Partial and Full Dentures						
Orthodontics						
Eligible for Benefit	50% up to \$1,000 lifetime		50% up to \$1,500 lifetime		50% up to \$1,000 lifetime	
Lifetime Maximum						

Employer Contributes 51-100% of dependent cost

Employer Contributes 51-100% of dependent cost

Employer Contributes 51-100% of dependent cost

EIA Option A- Dental DPO

EIA Option B-Dental DPO

EIA Option C-Dental DPO

Dental Rates - Monthly	
Employee Only	\$44.90
Employee + 1 Dependent	\$89.80
Employee + 2 or More Dependents	\$139.10

Dental Rates- Monthly	
Employee Only	\$46.20
Employee + 1 Dependent	\$92.40
Employee + 2 or More Dependents	\$143.20

Dental Rates- Monthly	
Employee Only	\$51.70
Employee + 1 Dependent	\$103.50
Employee + 2 or More Dependents	\$160.40

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Dental Plan DHMO– Delta Dental

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

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Dental Plan DHMO– Delta Dental

Region 1: Los Angeles, Tulare, and Ventura Counties				
	DHMO Rates	Plan CA 10A	Plan CA 11A	Plan CA 12A
Employee Only		\$19.40	\$16.80	\$16.30
Employee + 1 Dependent		\$34.60	\$29.90	\$28.90
Employee + 2 or More Dependents		\$51.00	\$43.80	\$42.60

Region 2: Alameda, El Dorado, Fresno, Imperial, Kern, Kings, Lake, Madera, Monterey, Napa, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Mateo, and Santa Clara Counties				
	DHMO Rates	Plan CA 10A	Plan CA 11A	Plan CA 12A
Employee Only		\$19.40	\$16.80	\$16.30
Employee + 1 Dependent		\$34.60	\$29.90	\$28.90
Employee + 2 or More Dependents		\$51.00	\$43.80	\$42.60

Region 3: Alpine, Amador, Calaveras, Colusa, Contra Costa, Del Norte, Glenn, Inyo, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Nevada, Placer, Plumas, San Benito, San Francisco, San Joaquin, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Tehama, Trinity, Tuolumne, and Yuba Counties				
	DHMO Rates	Plan CA 10A	Plan CA 11A	Plan CA 12A
Employee Only		\$20.10	\$17.40	\$16.80
Employee + 1 Dependent		\$35.80	\$30.90	\$29.80
Employee + 2 or More Dependents		\$52.80	\$45.40	\$43.90

Region 4: Humboldt, Marin, Santa Barbara, Santa Cruz, Shasta, Sutter, and Yolo Counties				
	DHMO Rates	Plan CA 10A	Plan CA 11A	Plan CA 12A
Employee Only		\$20.70	\$17.90	\$17.20
Employee + 1 Dependent		\$36.80	\$31.80	\$30.50
Employee + 2 or More Dependents		\$54.30	\$46.80	\$44.90

Region 5: Butte and San Luis Obispo Counties				
	DHMO Rates	Plan CA 10A	Plan CA 11A	Plan CA 12A
Employee Only		\$40.40	\$37.60	\$36.80
Employee + 1 Dependent		\$69.40	\$64.30	\$62.90
Employee + 2 or More Dependents		\$102.40	\$94.80	\$92.70

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.



Vision Plan Summaries
Rates Guaranteed through December 31, 2020

Vision Plan – VSP

Vision Benefit	Option 1 – Signature Enhanced B		Option 2 - Signature Plan C	
	In –Network	Non-Network	In –Network	Non-Network
Exam	\$10 copay	\$50 allowance	\$20	\$50 allowance
Lenses	Reimbursed up to:		Reimbursed up to:	
Single	No copay	\$50	No copay	\$50
Bifocal		\$75		\$75
Trifocal		\$100		\$100
Frames	\$140 allowance	\$70	\$140 allowance	\$70
Contact Lenses – Elective	\$130	\$105	\$130	\$105
Contact Lenses – Medically Necessary	Covered in full		Covered in full	
Frequency of Services				
Eye Examination	12 months		12 months	
Lenses	12 months		12 months	
Frames	24 months		12 months	
Contact Lenses ¹	12 months		12 months	

Option 1 – Signature Enhanced B		Option 2 – Signature Plan C	
Vision Rates - Monthly		Vision Rates - Monthly	
Employee Only	\$9.10	Employee Only	\$9.90
Employee + 1 Dependent	\$12.80	Employee + 1 Dependent	\$13.90
Employee + 2 or More Dependents	\$22.10	Employee + 2 or More Dependents	\$24.10

¹ Contact lenses are in lieu of spectacle lenses and frames
THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.



Vision Plan Summaries
Rates Guaranteed through December 31, 2020

Vision Plan – VSP

Vision Benefit	Option 3 – Choice Plan A w/Tints		Option 4 – Choice Plan C w/Tints & CVC	
	In –Network	Non-Network	In –Network	Non-Network
Exam	\$10 copay	\$50 allowance	\$20	\$50 allowance
Lenses	Reimbursed up to:		Reimbursed up to:	
Single	No copay	\$50	No copay	\$50
Bifocal		\$75		\$75
Trifocal		\$100		\$100
Frames	\$140 allowance	\$70	\$140 allowance	\$70
Contact Lenses – Elective	\$130	\$105	\$130	\$105
Contact Lenses – Medically Necessary	Covered in full		Covered in full	
Frequency of Services				
Eye Examination	12 months		12 months	
Lenses	24 months		12 months	
Frames	24 months		12 months	
Contact Lenses ¹	24 months		12 months	

Option 3 – Choice A w/Tints		Option 4 –Choice C w/Tints & CVC	
Vision Rates - Monthly		Vision Rates - Monthly	
Employee Only	\$7.00	Employee Only	\$11.20
Employee + 1 Dependent	\$9.70	Employee + 1 Dependent	\$14.80
Employee + 2 or More Dependents	\$16.60	Employee + 2 or More Dependents	\$24.10

¹ Contact lenses are in lieu of spectacle lenses and frames
THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.



Basic Life, Basic AD&D, Short & Long-Term Disability, and Supplemental Life/AD&D plans are available through – The Hartford

Please contact Alliant Employee Benefits for a quote.



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Carrum Health (Carrum) – Surgery Benefit Program

Employee Services

For Active and Early Retirees enrolled in the Anthem PPO plans.

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

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

Recovery – Personalized support through total care coordination

Access to top-Quality Surgeons – perform hundreds of surgeries

All medical expenses - covered for the patient**

Travel Expenses - covered for patient and companion*

Voluntary participation - Employee Initiates the service by phone or online

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

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

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

Additional procedures will become eligible on a regular basis.



California State University Risk Management Authority



For more information, please contact:

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