

# Lodi Association of Realtors Medical Benefits Information

- \* *Health Net and Kaiser HMO Plans*
- \* *Health Net PPO Plans*
- \* *Health Net and Kaiser HSA Plans*
- \* *Premier Access Dental Plans*
- \* *MES Vision Plan*

*Prepared By: Cindy Hernandez*

**Ames-Grenz Insurance Services, Inc.**

3435 American River Drive  
Suite C  
Sacramento, Ca 95864  
**Phone (916) 486-2900**  
Corp. License #0787081  
[www.amesgrenz.com](http://www.amesgrenz.com)

## Lodi Association of Realtors

Insurance Carrier	<b>HEALTH NET</b>		
Effective Date:	June 1, 2008 thru May 31, 2009		
BENEFIT	Value 40 HMO	Value 40 PPO	HSA-30 PPO
Lifetime Maximum	Unlimited	\$5,000,000	\$5,000,000
Calendar Year Deductible	None	Individual (Family) <b>(1)</b> In-Network \$1,500 (\$3,000) Out-of-Network \$3,000 (\$6,000)	Individual (Family) <b>(3)</b> In-Network \$3,500 (\$7,000) Out-of-Network \$3,500 (\$7,000)
Additional Hospitalization Deductible	None	\$500 per calendar year	\$250 per calendar year
Additional Outpatient Surgery Deductible	None	\$250 per calendar year	\$250 per calendar year
Calendar Year Max Out-of-Pocket	Single: \$4,500 Family: \$9,000	In/Out-of-Network <b>(2)</b> Single: \$5,000 / \$10,000 Family: \$10,000 / \$20,000	In/Out-of-Network <b>(4)</b> Single: \$4,500 Family: \$9,000
Office Visit	\$40 copay	\$40 copay / 50%	\$30 copay <b>(5)</b> / 50%
Diagnostic X-Ray & Lab	Covered In Full	50% / 50%	30% / 50%
CT, SPECT, MRI, MUGA and PET	\$100 copay	50%/50%	30%/50%
Preventive Care	\$40 copay	\$40 copay / Not covered	\$30 copay <b>(6)</b> / 50%
Hospitalization	40%	50% / 50%	30% / 50%
Outpatient Surgery	40%	50% / 50%	30% / 50%
Emergency Room: Professional Institutional or Facility	Covered In Full \$100 copay	\$40 copay \$100 copay + 50%	\$30 copay <b>(5)</b> / 50% \$100 copay + 30%
Maternity:			
Inpatient	40%	50% / 50%	30% / 50%
Prenatal/First Postpartum Visit	\$40 copay	50% / 50%	30% / 50%
Mental Health:		<b>Severe Mental Illness Only</b>	
Inpatient	40%	50% / 50%	30% / 50%
Outpatient	\$40 copay	\$40 copay / 50%	30% / 50%
Substance Abuse:			3 days per calendar year
Inpatient Detox Only	40%	50% / 50%	30% / 50%
Durable Medical Equipment	50% (\$2,000 maximum per calendar year)	50%/50% (\$1,000 maximum per calendar year)	30% / 50% (\$1,000 maximum per calendar year)
Prescriptions			Subject to Annual Deductible
Generic	30 day supply \$15 copay	30 day supply \$15 copay / 50%	30 day supply \$15 copay / 50%
Brand Name Deductible	\$250	\$250	Not Applicable
Brand	\$30 copay	\$30 copay / 50%	\$30 copay / 50%
Non-Formulary	\$50 copay	\$50 copay / 50%	\$50 copay / 50%
Provider Restrictions	Health Net HMO	Health Net PPO	

### Application Requirements

Health Net Members	Guarantee issue for <b>INDIVIDUALS</b> in the month of May, 1st of the month following <b>90 days</b> of new membership, or a qualifying event (marriage, birth of a child, loss of coverage). For groups see <b>Group Participation Agreement</b> .
Health Net Dependents	Guarantee issue in the month of May or qualifying event (marriage, birth, loss of coverage).

**(1) PPO/Non PPO:** Once an individual member of a family satisfies the individual deductible, the remaining enrolled family members must continue to pay a deductible until each enrolled family member meets the individual deductible or the total amount paid by the family reaches the family deductible.

**(2) The Individual and Family Deductible is not included in the Calendar Year Max Out-of-Pocket.**

**(3) \$3,500 Deductible is for a Single Member enrolled in plan per calendar year.** If you have family coverage, there is no single deductible for each family member; rather, the entire family deductible must be met before Health Net becomes responsible for providing covered services for any individual member in the family.

**(4) The Individual and Family Deductible is included in the Calendar Year Max Out-of-Pocket.**

**(5) Deductible Not Waived.**

**(6) Deductible Waived.**

**Lodi Association of Realtors**  
**HEALTH NET MONTHLY PREMIUM**  
 Effective Date: June 1, 2008 - May 31, 2009

Region 1: HMO Value 40				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$340.91	\$773.43	\$810.26	\$1,275.48
30-39	\$379.15	\$858.62	\$832.34	\$1,329.94
40-49	\$443.52	\$995.26	\$828.49	\$1,382.40
50-54	\$597.25	\$1,207.24	\$912.39	\$1,582.73
55-59	\$750.58	\$1,550.38	\$1,093.76	\$1,739.45
60-64	\$962.81	\$1,864.11	\$1,290.76	\$2,069.20
65 +	\$1,260.46	\$2,384.95	\$1,668.04	\$2,667.91

Region 2: HMO Value 40				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$303.79	\$687.66	\$720.38	\$1,133.37
30-39	\$337.82	\$763.32	\$740.00	\$1,181.64
40-49	\$394.87	\$884.64	\$736.63	\$1,228.31
50-54	\$531.38	\$1,072.77	\$811.00	\$1,406.01
55-59	\$667.44	\$1,377.28	\$972.12	\$1,545.15
60-64	\$855.84	\$1,655.77	\$1,146.90	\$1,837.78
65 +	\$1,120.00	\$2,118.05	\$1,481.79	\$2,369.26

Region 1: PPO Value 40				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$231.49	\$653.15	\$508.56	\$750.71
30-39	\$283.25	\$755.55	\$550.73	\$853.13
40-49	\$369.91	\$754.62	\$557.94	\$947.17
50-54	\$499.12	\$1,034.60	\$665.82	\$1,129.62
55-59	\$610.88	\$1,272.78	\$784.99	\$1,357.66
60-64	\$800.94	\$1,589.49	\$993.25	\$1,751.64
65 +	\$965.53	\$2,246.91	\$1,138.63	\$2,265.01

Region 2: PPO Value 40				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$200.79	\$563.59	\$439.22	\$647.62
30-39	\$245.32	\$651.80	\$475.48	\$735.76
40-49	\$319.92	\$650.97	\$481.72	\$816.69
50-54	\$431.09	\$891.94	\$574.54	\$973.68
55-59	\$527.27	\$1,096.93	\$677.10	\$1,169.94
60-64	\$690.87	\$1,369.47	\$856.30	\$1,508.98
65 +	\$832.48	\$1,935.28	\$981.43	\$1,950.84

Region 1: HSA 30 (PPO Plan)				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$175.18	\$347.30	\$312.90	\$473.42
30-39	\$228.60	\$465.90	\$393.20	\$625.06
40-49	\$330.25	\$658.08	\$507.71	\$796.20
50-54	\$384.95	\$796.20	\$553.84	\$841.23
55-59	\$494.42	\$1,013.87	\$632.63	\$1,063.41
60-64	\$616.90	\$1,246.59	\$729.29	\$1,249.58
65 +	\$810.58	\$1,550.10	\$930.19	\$1,553.27

Region 2: HSA 30 (PPO Plan)				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$140.22	\$275.69	\$248.60	\$374.95
30-39	\$182.27	\$369.03	\$311.82	\$494.26
40-49	\$262.28	\$520.30	\$401.93	\$628.96
50-54	\$305.34	\$628.96	\$438.20	\$664.43
55-59	\$391.47	\$800.33	\$500.27	\$839.33
60-64	\$487.89	\$983.47	\$576.33	\$985.81
65 +	\$640.30	\$1,222.37	\$734.46	\$1,224.83

Rate Region 1: If you are enrolling in any other county other than Stanislaus, please contact our office for rates.

**Region 2:** El Dorado (includes Zip codes 95667, 95672, 95682, and 95762 only), Marin, Mariposa (1), Merced, Nevada, Placer, Sacramento, San Benito (1), San Joaquin, Santa Cruz, Solano, Sonoma, Yolo

(1) Maketable for PPO business only.

## Lodi Association of Realtors

Insurance Carrier	<b>KAISER PERMANENTE</b>			
Effective Date:	<b>Changes Effective: December 1, 2007 - November 30, 2008</b>			
BENEFIT	<b>\$15 Copay Plan HMO</b>	<b>\$20 Copay Plan HMO</b>	<b>\$30 Copayment Plan HMO</b>	<b>\$50 Copay Plan HMO</b>
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Calendar Year Deductible	None	None	None	None
Calendar Year Max Out-of-Pocket Individual / Family	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,500/\$7,000	\$3,500/\$7,000
Office Visit	\$15 copay	\$20 copay	\$30 copay	\$50 copay
Diagnostic X-Ray & Lab	\$10 copay	\$10 copay	\$10 copay	\$10 copay
MRI/CT/PET	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Preventive Care Exam	\$15 copay	\$20 copay	\$30 copay	\$50 copay
Hospitalization	\$200 per day	\$300 per day	\$400 per day	\$500 per day
Outpatient Surgery	\$100 copay	\$150 copay	\$200 copay	\$250 copay
Emergency Room	\$100 copay	\$100 copay	\$100 copay	\$150 copay
Urgent Care Center	\$15 copay	\$20 copay	\$30 copay	\$50 copay
Maternity:				
Inpatient	\$200 per day	\$300 per day	\$400 per day	\$500 per day
Prenatal/First Postpartum Visit	No Charge	No Charge	No Charge	\$15 copay
Mental Health:				
Inpatient	\$200 per day	\$300 per day	\$400 per day	\$500 per day
Outpatient	\$15 copay/20 visits	\$20 copay/20 visits	\$30 copay/20 visits	\$50 copay
Substance Abuse:				
Inpatient Detox Only	\$200 per day	\$300 per day	\$400 per day	\$500 per day
Durable Medical Equipment	20% copay \$2,000 maximum	20% copay \$2,000 maximum	Not Covered	Not Covered
Prescriptions	\$10 copay generic \$25 copay brand  (30 Day Supply)	\$10 copay generic \$30 copay brand  (30 Day Supply)	\$10 copay generic \$35 copay brand after \$250 Deductible (up to 100 Day Supply)	\$10 copay generic \$35 copay brand after \$250 deductible (up to 100 Day Supply)
Optical (eyewear)	\$150 allowance every 24 months	No Benefit	No Benefit	No Benefit
Vision exam	\$15 copay	\$20 copay	\$30 copay	\$50 copay
Provider Restrictions	Kaiser			

### Application Requirements

Kaiser Members	Guarantee issue, members may apply anytime except if you are a new member then it is <b>1st</b> of the month following <b>30</b> days of new membership.
Kaiser Dependents	Guarantee issue, in the month of November or qualifying event (marriage, birth, loss of coverage).

# Lodi Association of Realtors

Insurance Carrier	KAISER PERMANENTE	
Effective Date:	Changes Effective: December 1, 2007 - November 30, 2008	
BENEFIT	\$30/\$1,000 Deductible HMO	\$0/\$1500 Deductible Plan With HSA HMO
Lifetime Maximum	Unlimited	Unlimited
Calendarly Year Deductible (Individual/family)	\$1,000/\$2,000 <b>(1)</b>	\$1,500/\$3,000 <b>(2)</b>
Calendarly Year Max Out-of-Pocket <b>(3)</b> Individual / Family	\$3,500/\$7,000	\$1,500/\$3,000
Office Visit	\$30 copay after deductible	\$0 copay after deductible
Diagnostic X-Ray & Lab	\$10 copay after deductible	\$0 copay after deductible
MRI/CT/PET	\$50 copay after deductible	\$0 copay after deductible
Preventive Care Exam	\$30 copay <b>(4)</b>	\$0 copay <b>(4)</b>
Hospitalization	\$500 per day after deductible	\$0 per admission after deductible
Outpatient Surgery	\$250 copay after deductible	\$0 copay after deductible
Emergency Room	\$100 copay after deductible	\$0 copay after deductible
Urgent Care Center	\$30 copay after deductible	\$0 copay after deductible
Maternity:		
Inpatient	\$500 per day after deductible	\$0 per admission after deductible
Prenatal/First Postpartum Visit	No Charge <b>(4)</b>	No Charge <b>(4)</b>
Mental Health:		
Inpatient	\$500 per day after deductible	\$0 per admission after deductible
Outpatient	\$30 copay after deductible	\$0 copay after deductible
Substance Abuse:		
Inpatient Detox Only	\$500 per day after deductible	\$0 per admission after deductible
Durable Medical Equipment	Not Covered	Not Covered
Prescriptions	\$10 copay generic <b>(4)</b> \$35 copay brand <b>(4)</b> after \$250 deductible (up to 100 Day Supply)	\$0 copay after deductible generic \$0 copay after deductible brand  (up to 100 Day Supply)
Optical (eyewear)	No Benefit	No Benefit
Vision exam	\$30 copay <b>(4)</b>	\$0 copay after deductible
Provider Restrictions	Kaiser	

### Application Requirements

Kaiser Members	Guarantee issue, members may apply anytime except if you are a new member then it is <b>1st</b> of the month following <b>30</b> days of new membership.
Kaiser Dependents	Guarantee issue, in the month of November or qualifying event (marriage, birth, loss of coverage).

- (1) \$1,000 per calendar year for any one Member and \$2,000 per calendar year for an entire Family Unit of two or more Members.**
- (2) \$1,500 Deductible is for a Single Member enrolled in plan per calendar year. If you have family coverage, there is no single deductible for each family member; rather, the entire family deductible must be met before Kaiser becomes responsible for providing covered services for any individual member in the family.**
- (3) All Deductible payments (except prescription drug deductible) count toward the Calendar Year Max Out-of-Pocket.**
- (4) Not subject to calendar year deductible or calendar year max out-of-pocket.**

**Lodi Association of Realtors  
Kaiser Monthly Premiums  
Effective Date: December 1, 2007 - November 30, 2008**

<b>\$15 Copay Plan</b>				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$269.00	\$731.00	\$719.00	\$1,013.00
30-39	\$296.00	\$785.00	\$739.00	\$1,118.00
40-49	\$378.00	\$855.00	\$708.00	\$1,125.00
50-54	\$489.00	\$1,004.00	\$799.00	\$1,280.00
55-59	\$615.00	\$1,279.00	\$914.00	\$1,469.00
60-64	\$756.00	\$1,426.00	\$1,007.00	\$1,663.00
65+	\$855.00	\$1,835.00	\$1,280.00	\$2,016.00

<b>\$20 Copay Plan</b>				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$251.00	\$681.00	\$670.00	\$943.00
30-39	\$276.00	\$731.00	\$688.00	\$1,041.00
40-49	\$353.00	\$797.00	\$660.00	\$1,048.00
50-54	\$456.00	\$935.00	\$745.00	\$1,192.00
55-59	\$573.00	\$1,191.00	\$851.00	\$1,368.00
60-64	\$704.00	\$1,327.00	\$938.00	\$1,547.00
65+	\$797.00	\$1,709.00	\$1,193.00	\$1,878.00

<b>\$30 Copay Plan</b>				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$224.00	\$605.00	\$596.00	\$838.00
30-39	\$246.00	\$650.00	\$612.00	\$925.00
40-49	\$314.00	\$708.00	\$587.00	\$931.00
50-54	\$406.00	\$832.00	\$662.00	\$1,060.00
55-59	\$510.00	\$1,059.00	\$757.00	\$1,216.00
60-64	\$626.00	\$1,179.00	\$834.00	\$1,375.00
65+	\$709.00	\$1,519.00	\$1,060.00	\$1,669.00

<b>\$50 Copay Plan</b>				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$205.00	\$554.00	\$545.00	\$767.00
30-39	\$226.00	\$595.00	\$560.00	\$847.00
40-49	\$288.00	\$649.00	\$537.00	\$853.00
50-54	\$372.00	\$761.00	\$606.00	\$970.00
55-59	\$467.00	\$968.00	\$693.00	\$1,112.00
60-64	\$573.00	\$1,079.00	\$763.00	\$1,258.00
65+	\$649.00	\$1,389.00	\$970.00	\$1,526.00

<b>\$30/\$1,000 Deductible Plan</b>				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$167.00	\$438.00	\$364.00	\$525.00
30-39	\$195.00	\$503.00	\$382.00	\$587.00
40-49	\$260.00	\$519.00	\$400.00	\$656.00
50-54	\$343.00	\$701.00	\$466.00	\$775.00
55-59	\$424.00	\$869.00	\$546.00	\$952.00
60-64	\$540.00	\$1,069.00	\$665.00	\$1,182.00
65+	\$652.00	\$1,473.00	\$772.00	\$1,545.00

<b>\$0/\$1,500 Deductible Plan With HSA</b>				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$134.00	\$349.00	\$290.00	\$418.00
30-39	\$157.00	\$401.00	\$305.00	\$467.00
40-49	\$208.00	\$413.00	\$319.00	\$522.00
50-54	\$274.00	\$557.00	\$371.00	\$615.00
55-59	\$338.00	\$691.00	\$435.00	\$756.00
60-64	\$430.00	\$849.00	\$529.00	\$938.00
65+	\$519.00	\$1,169.00	\$614.00	\$1,226.00

**KAISER** - The following counties are entirely within Rate Area 2: Napa and Solano. Portions of the following counties are also with in Rate Area 2: Amador, Contra Costa, El Dorado, Fresno, Kings, Madera, Marin, Mariposa, Placer, Sacramento, San Joaquin, Sonoma, Stanislaus, Sutter, Tulare, Yolo, and Yuba. Please call for rates for other regions.

## Dental Plan Options Available through the Associations

<b>PREMIER ACCESS</b>			
Plan Name Plan Type	Low Option	Middle Option	High Option
	Plus Plan #5 (1) PCN	Plan 1/108 (2) PCN/PPO	Plan 1/111 (2) PCN/PPO/Non PPO
Calendar Year Maximum	\$1,000	\$1,000/\$1,000	\$1,000/\$1,000/\$1,000
Deductible: Preventive	\$0	\$0/\$0	\$0/\$0/\$50
Basic/Major	\$0 x3 for family	\$0/\$50 x3 for family	\$0/\$50/\$50 x3 family
Class I (Preventive) Office Visit Cleaning Fluoride X-rays	100% (3)	100% (3) / 100%	100% (3) / 100% / 100%
Class II (Basic Services) Emergency (Palliative) Restorations Sealants Endodontics (Root Canals) Periodontics (Deep Cleaning)	100% (3)	100% (3) / 80%	100% (3) / 80% / 80%
Class III (Major Services) Waiting Period Crowns/Bridges Dentures (per denture) Repairs	100% (3) None	100% (3) / 50% None	100% (3) / 50% / 50% None
Orthodontia	Brace Yourself Discount Program		

<b>PREMIER ACCESS</b>			
<b>Effective Date: December 1, 2007 - November 30, 2008</b>			
Rates:	Plus Plan #5 (1)	Plan 1/108 (2)	plan 1/111 (2)
Subscriber Only	\$23.18	\$41.73	\$53.48
Subscriber+1	\$39.06	\$72.50	\$94.87
Subscriber+2 or more	\$50.58	\$94.76	\$124.74
<p>(1) Non PPO Provider charges in excess of our Maximum Covered Fee will not be considered covered under this policy.</p> <p>(2) Non PPO Provider allowed charge limited to Usual, Customary and Reasonable (UCR).</p> <p>(3) PCN Co-pay Schedule: Office Visit - \$15, Posterior Composite - \$25; Crowns and Other Prosthetic Appliances - \$195 per unit, Root Canals, Extractions &amp; Deep Cleanings - \$35 each.</p>			

# Vision Plan through Associations



Vision Benefits	In-Network	Out-of-Network	
<b>Deductible:</b> Exams Material	\$10 deductible \$15 deductible	\$10 deductible \$15 deductible	
<b>Exam</b>	One comprehensive exam in any 24 consecutive months, with a follow-up exam at a 12 month interval.		
Comprehensive Exam	No Charge	Up to \$40	
Follow-Up Exam	No Charge	Up to \$20	
<b>Lenses (per pair)</b>	1 pair of standard lenses in any 24 consecutive months, or at a 12 month interval if the prescription changes.		
<b>Frames</b>	1 standard frame in any 24 consecutive months. Up to retail cost of \$100		Up to \$40
<b>Contact Lenses</b>	1 pair of standard lenses in any 24 consecutive months, or at a 12 month interval if the prescription changes.		
Cosmetic/Convenience	Up to \$105	Up to \$100	
Medically Necessary	No Charge	Up to \$250	
<b>Application Requirements</b>			
Member/Employer group applications may be submitted at any time. Applications for new hires should be enrolled within 30 days following the date of eligibility. Dependents must be enrolled during initial enrollment period. If a member enrolls at any other time than December, the annual rate will be pro-rated.			
<b>MEDICAL EYE SERVICES</b>			
<b>Monthly Premium Effective 12/01/07 - 11/30/08</b>			
	Subscriber	Subscriber & Spouse OR Subscriber & (1) Child	Subscriber & Family
<b>Monthly Rates</b>	\$7.95	\$14.95	\$20.10
<b>Annual Rates</b>	\$95.40	\$179.40	\$241.20

## Other Services:

- Long Term Care Plans
- Life Insurance Options
- Medicare Supplements