

TAHOE DONNER ASSOCIATION
 PROPOSED EFFECTIVE DATE: OCTOBER 1, 2019
 MEDICAL PLANS

<p>CURRENT PLAN BLUE SHIELD OF CALIFORNIA FULL PPO SPLIT DED 20-500 80/60</p>	<p>PROPOSED RENEWAL PLAN BLUE SHIELD OF CALIFORNIA FULL PPO SPLIT DED 20-500 80/60</p>	<p>NEGOTIATED RENEWAL PLAN BLUE SHIELD OF CALIFORNIA FULL PPO SPLIT DED 20-500 80/60</p>
<p>DEDUCTIBLE \$500 IN/\$1,000 OUT CO-INSURANCE 80% IN/60% OUT OUT-OF-POCKET \$2,500 IN/\$5,000 OUT OFFICE VISIT \$20/\$20 LAB/X-RAY \$20/\$20 URGENT CARE \$20 COPAY + 20% ER \$100 COPAY + 20% RX \$15/\$30/\$45 RATE GUAR. 12 MONTHS NETWORK BLUE SHIELD</p> <p>www.blueshieldca.com/</p> <p>OUT OF POCKET INCLUDES DED.</p> <p>754,97 1,736,39 1,283,47 2,189,37</p>	<p>DEDUCTIBLE \$500 IN/\$1,000 OUT CO-INSURANCE 80% IN/60% OUT OUT-OF-POCKET \$3,000 IN/\$5,000 OUT OFFICE VISIT \$20/\$20 LAB/X-RAY \$20/\$20 URGENT CARE \$20 COPAY ER \$150 + 20% RX \$15/\$30/\$45 RATE GUAR. 12 MONTHS NETWORK BLUE SHIELD</p> <p>www.blueshieldca.com/</p> <p>OUT OF POCKET INCLUDES DED.</p> <p>852,38 1,960,38 1,449,04 2,471,81</p> <p>12.90% INCREASE</p>	<p>DEDUCTIBLE \$500 IN/\$1,000 OUT CO-INSURANCE 80% IN/60% OUT OUT-OF-POCKET \$3,000 IN/\$5,000 OUT OFFICE VISIT \$20/\$20 LAB/X-RAY \$20/\$20 URGENT CARE \$20 COPAY ER \$150 + 20% RX \$15/\$30/\$45 RATE GUAR. 12 MONTHS NETWORK BLUE SHIELD</p> <p>www.blueshieldca.com/</p> <p>OUT OF POCKET INCLUDES DED.</p> <p>807,06 1,856,14 1,371,99 2,340,37</p> <p>6.89% INCREASE</p>

WEBSITE:
 NOTES:
 MEDICAL:
 EE ONLY
 EE + SP
 EE + CH(S)
 EE + FAMILY

PERCENTAGE CHANGE:

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Plan Name	Medical Plan	Percentage Change
NEGOTIATED ALTERNATE PLAN BLUE SHIELD OF CALIFORNIA FULL PPO SPLIT DED 20-750 80/60	DEDUCTIBLE CO-INSURANCE OUT-OF-POCKET OFFICE VISIT LAB/X-RAY URGENT CARE ER RX RATE GUAR. NETWORK \$750 IN/\$1,500 OUT 80% IN/60% OUT \$5,200 IN/\$9,500 OUT \$25/\$25 \$25/\$25 \$25 COPAY \$150 + 20% \$15/\$30/\$45 12 MONTHS BLUE SHIELD	751.46 1,728.28 1,277.48 2,179.14 0.50% DECREASE
NEGOTIATED RENEWAL PLAN BLUE SHIELD OF CALIFORNIA FULL PPO SPLIT DED 20-500 80/60	DEDUCTIBLE CO-INSURANCE OUT-OF-POCKET OFFICE VISIT LAB/X-RAY URGENT CARE ER RX RATE GUAR. NETWORK \$500 IN/\$1,000 OUT 80% IN/60% OUT \$3,000 IN/\$5,000 OUT \$20/\$20 \$20/\$20 \$20 COPAY \$150 + 20% \$15/\$30/\$45 12 MONTHS BLUE SHIELD	807.06 1,856.14 1,371.99 2,340.37 6.89% INCREASE
NEGOTIATED ALTERNATE PLAN BLUE SHIELD OF CALIFORNIA FULL PPO SAVINGS TWO- TIER DED 1350/2700/2700 H.S.A	DEDUCTIBLE CO-INSURANCE OUT-OF-POCKET OFFICE VISIT LAB/X-RAY URGENT CARE ER RX RATE GUAR. NETWORK \$1,350 IN/\$1,350 OUT* 90% IN/70% OUT \$3,000 IN/\$5,000 OUT CYD + DED CYD + DED CYD + DED \$150 + 10% CYD + \$20/\$50/\$80/30% 12 MONTHS BLUE SHIELD	683.68 1,572.39 1,162.25 1,982.61 9.40% DECREASE

WEBSITE:

www.blueshieldca.com/

NOTES:

OUT OF POCKET INCLUDES DED.

MEDICAL:
 EE ONLY
 EE + SP
 EE + CH(S)
 EE + FAMILY

PERCENTAGE CHANGE:

OUT OF POCKET INCLUDES DED.

www.blueshieldca.com/

OUT OF POCKET INCLUDES DED.
 *NON EMBEDDED DEDUCTIBLE -
 INDIVIDUAL DEDUCTIBLE: \$1,350;
 FAMILY COVERAGE: \$2,700 INDIVIDUAL
 AND \$2,700 FAMILY

TAHOE DONNER ASSOCIATION
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 DENTAL AND VISION PLANS

GUARDIAN - CURRENT PLAN CHOICE PLAN-VALUE/NAP		GUARDIAN - RENEWAL PLAN CHOICE PLAN-VALUE/NAP	
VALUE PLAN	NAP PLAN	VALUE PLAN	NAP PLAN
CALENDAR YR. MAX. \$2,000 DEDUCTIBLE \$50 WAIVED FOR PREV. YES PREVENTIVE 100% IN/100% OUT BASIC 100% IN/100% OUT MAJOR 60% IN/80% OUT ENDO, PERIO, ORAL \$1,500 ORTHO / MAX \$1,500 UCR MAC RATE GUARANTEE 12 MOS. NETWORK DENTAL GUARD*	CALENDAR YR. MAX. \$2,000 DEDUCTIBLE \$50 WAIVED FOR PREV. YES PREVENTIVE 100% IN/100% OUT BASIC 80% IN/80% OUT MAJOR 50% IN/50% OUT ENDO, PERIO, ORAL \$1,500 ORTHO / MAX 90TH% UCR MAC RATE GUARANTEE 12 MOS. NETWORK DENTAL GUARD*	CALENDAR YR. MAX. \$2,000 DEDUCTIBLE \$50 WAIVED FOR PREV. YES PREVENTIVE 100% IN/100% OUT BASIC 100% IN/100% OUT MAJOR 60% IN/80% OUT ENDO, PERIO, ORAL \$1,500 ORTHO / MAX \$1,500 UCR MAC RATE GUARANTEE 12 MOS. NETWORK DENTAL GUARD*	CALENDAR YR. MAX. \$2,000 DEDUCTIBLE \$50 WAIVED FOR PREV. YES PREVENTIVE 100% IN/100% OUT BASIC 80% IN/80% OUT MAJOR 50% IN/50% OUT ENDO, PERIO, ORAL \$1,500 ORTHO / MAX 90TH% UCR MAC RATE GUARANTEE 12 MOS. NETWORK DENTAL GUARD*
NOTES: *DENTAL GUARD PREFERRED NO WAIT ON MAJOR OR ORTHO SERV. EE HAS CHOICE OF EITHER PLAN		NOTES: *DENTAL GUARD PREFERRED NO WAIT ON MAJOR OR ORTHO SERV. EE HAS CHOICE OF EITHER PLAN	
DENTAL: EE ONLY 49.16 EE + SP 101.64 EE + CH(S) 101.64 EE + FAMILY 166.49		DENTAL: EE ONLY 51.62 EE + SP 106.72 EE + CH(S) 106.72 EE + FAMILY 174.81	
WEBSITE: WWW.GUARDIANLIFE.COM		WEBSITE: WWW.GUARDIANLIFE.COM	

THE EMPLOYEE BENEFIT SOLUTIONS™
 CONTACTED PROVIDERS CAN NOT BE GUARANTEED. CONTRACT IS SUBJECT TO CHANGE WITHOUT NOTICE.
 FINAL RATES ARE ALWAYS DETERMINED BY THE UNDERWRITER.

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DENTAL AND VISION PLANS**

	CURRENT & RENEWAL VSP CHOICE PLAN B	AMERTAS PLAN 1 FOCUS 12/12/24
<p>AMERTAS PLAN 1</p> <p>CALENDAR YR. MAX. \$2,000 DEDUCTIBLE \$50 WAIVED FOR PREV. YES PREVENTIVE 100% IN/100% OUT BASIC 100% IN/100% OUT MAJOR 100% IN/100% OUT ENDO, PERIO, ORAL 60% IN/60% OUT ORTHO / MAX BASIC UCR \$1,500 RATE GUARANTEE 12 MONTHS NETWORK MAC DIVERSIFIED</p> <p>WEBSITE: http://amertas-dental.primisp.com/</p> <p>NOTES: NO WAIT ON MAJOR OR ORTHO SERV. ROLLOVER BENEFITS INCLUDED MAXIMUM DENTAL CARRYOVER IS \$1200 INCLUDES \$100 SEPARATE EYE COVERAGE</p> <p>DENTAL: EE ONLY 46.40 EE + SP 95.92 EE + CH(S) 95.92 EE + FAMILY 157.12</p>	<p>CO-PAYMENT \$10/\$10 EXAM 12 MONTHS LENSES 12 MONTHS FRAMES 24 MONTH CONTACT LENSES 12 MONTH RATE GUARANTEE 2 YEARS NETWORK VSP</p> <p>www.vsp.com</p> <p>\$180 FRAME ALLOWANCE \$130 CONTACT ALLOWANCE</p> <p>EE ONLY 9.76 EE + 1 15.17 FAMILY 24.06</p>	<p>CO-PAYMENT \$10/\$10 EXAM 12 MONTHS LENSES 12 MONTHS FRAMES 24 MONTH CONTACT LENSES 12 MONTH RATE GUARANTEE 2 YEARS NETWORK VSP</p> <p>www.vsp.com</p> <p>\$130 FRAME ALLOWANCE \$130 CONTACT ALLOWANCE EXTRA \$100 TO USE TOWARDS ANY VISION SERVICE</p> <p>EE ONLY 8.20 EE + SP 14.72 EE + CH(S) 14.72 EE + FAMILY 22.52</p>

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