

TAHOE DONNER ASSOCIATION
 PROPOSED EFFECTIVE DATE: OCTOBER 1, 2020
 MEDICAL PLANS

	NEGOTIATED CURRENT & RENEWAL PLAN BLUE SHIELD OF CALIFORNIA FULL PPO SPLIT DED 20-500 80/60	ALTERNATE PLAN BLUE SHIELD OF CALIFORNIA FULL PPO SPLIT DED 20-500 80/60 TANDEM PPO 2	ALTERNATE PLAN BLUE SHIELD OF CALIFORNIA FULL PPO SAVINGS EMBEDDED 5500 H.S.A.
	DEDUCTIBLE \$500 IN/\$1,500 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 COPAY+ 20% RX \$15/\$30/\$45/30% RATE GUAR. 12 MONTHS NETWORK BLUE SHIELD	DEDUCTIBLE \$500 IN/\$1,500 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 COPAY+ 20% RX \$15/\$30/\$45/30% RATE GUAR. 12 MONTHS NETWORK BLUE SHIELD TANDEM PPO	DEDUCTIBLE \$5,500 IN/\$5,500 OUT CO-INSURANCE 80% IN/0% OUT OUT-OF-POCKET \$6,650 IN/\$10,000 OUT CYD + COINS. CYD + COINS. CYD + COINS. ER \$150 COPAY+ 20% RX \$10/\$25/\$40/30%* RATE GUAR. 12 MONTHS NETWORK BLUE SHIELD
WEBSITE:	www.blueshieldca.com/	www.blueshieldca.com/	www.blueshieldca.com/
NOTES:	OUT OF POCKET INCLUDES DED. OUT OF NETWORK DED - INCR 3X	OUT OF POCKET INCLUDES DED. OUT OF NETWORK DED - INCR 3X	OUT OF POCKET INCLUDES DED. *CYD + COPAY
MEDICAL:			
EE ONLY	862.77	680.52	529.04
EE + SP	1984.27	1565.14	1216.74
EE + CH(S)	1466.7	1156.89	899.37
EE + FAMILY	2501.92	1973.45	1534.16
PERCENTAGE CHANGE:	6.90% INCREASE	15.68% DECREASE	34.45% DECREASE

GUARDIAN - CURRENT & RENEWAL PLAN - REMAINING FLAT

CHOICE PLAN-VALUE/NAP

VALUE 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/60% OUT**
ENDO, PERIO, ORAL **BASIC**
ORTHO / MAX **\$1,500**
UCR **MAC**
RATE GUARANTEE **12 MOS.**
NETWORK **DENTAL GUARD***

NAP PLAN

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 **BASIC**
ORTHO / MAX **\$1,500**
UCR **90TH%**
RATE GUARANTEE **12 MOS.**
NETWORK **DENTAL GUARD***

WWW.GUARDIANLIFE.COM

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***DENTAL GUARD PREFERRED
NO WAIT ON MAJOR OR ORTHO SERV.
EE HAS CHOICE OF EITHER PLAN**

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DENTAL:

EE ONLY **51.62**
EE + SP **106.72**
EE + CH(S) **106.72**
EE + FAMILY **174.81**

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VISION

VSP CURRENT & RENEWAL - REMAINING FLAT	
CO-PAYMENT	\$10/\$10
EXAM	12 MONTHS
LENSES	12 MONTHS
FRAMES	24 MONTH
CONTACT LENSES	12 MONTH
RATE GUARANTEE	2 YEARS
NETWORK	VSP
 WWW.VSP.COM 	
\$180 FRAME ALLOWANCE \$130 CONTACT ALLOWANCE	
EE ONLY	9.76
EE + 1	15.17
FAMILY	24.06