### HMO High

**Health Net to Blue Shield**

Proposed for November 1, 2009 - September 30, 2010

<table>
<thead>
<tr>
<th>What will I pay if I choose the Proposed HMO High?*</th>
<th>HMO High Cost (monthly)</th>
<th>Projected Stipend (based upon proposed HMO Low)</th>
<th>Monthly Cost to Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$645.00</td>
<td>$538.00</td>
<td>$107.00</td>
</tr>
<tr>
<td>Two Party</td>
<td>$1,287.00</td>
<td>$1,072.00</td>
<td>$215.00</td>
</tr>
<tr>
<td>Family</td>
<td>$1,779.00</td>
<td>$1,484.00</td>
<td>$295.00</td>
</tr>
</tbody>
</table>

*Assuming a 100%, 12 mo. Employee (amount does not include dental, life insurance or disability insurance)

### MEDICAL PLAN BENEFIT

<table>
<thead>
<tr>
<th>Calendar Year Deductible Individual / Family</th>
<th>NONE</th>
<th>NONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Out-of-Pocket Maximum Individual / Family</td>
<td>$1,500 / $4,500</td>
<td>$1,000 / $2,000</td>
</tr>
</tbody>
</table>

Includes payments for DME

### MAJOR MEDICAL

- **Physician Office Visit**
  - SISC Health Net: $10
  - SISC Blue Shield: $10

- **Specialist Visit**
  - SISC Health Net: $10
  - SISC Blue Shield: $10/$30**1

- **Preventive Care**
  - SISC Health Net: $10
  - SISC Blue Shield: $0

- **Lab and X-Ray**
  - SISC Health Net: No Charge
  - SISC Blue Shield: No Charge

- **Outpatient Surgery**
  - SISC Health Net: No Charge
  - SISC Blue Shield: No Charge

- **Hospitalization**
  - SISC Health Net: No Charge
  - SISC Blue Shield: No Charge

- **Ambulance**
  - SISC Health Net: No Charge
  - SISC Blue Shield: $100

- **Emergency Room**
  - SISC Health Net: $35 (waived if admitted)
  - SISC Blue Shield: $100 (waived if admitted)

- **Durable Medical Equipment**
  - SISC Health Net: No Charge
  - SISC Blue Shield: 20% (up to $2,000 max/cal year**)1

- **Chiropractic Service**
  - SISC Health Net: $10 (up to 30 visits per cal year)
  - SISC Blue Shield: $10 (up to 30 visits per cal year)**1

- **Skilled Nursing (Up to 100 days/cal year)**
  - SISC Health Net: No Charge
  - SISC Blue Shield: No Charge

- **Home Health Care**
  - SISC Health Net: No Charge for first 30 days; $10 after 30 days
  - SISC Blue Shield: $10 (up to 100 visits per cal year)

- **Mental Health**
  - **Inpatient (Non-Severe)**
    - SISC Health Net: No Charge
    - SISC Blue Shield: $10 - unlimited visits
  - **Outpatient**
    - SISC Health Net: No Charge
    - SISC Blue Shield: $10 (unlimited)

- **Substance Abuse**
  - **Detox**
    - SISC Health Net: No Charge
    - SISC Blue Shield: No Charge
  - **Inpatient**
    - SISC Health Net: No Charge (Up to 30 days)
    - SISC Blue Shield: No Charge
  - **Outpatient**
    - SISC Health Net: Individual Therapy $20
    - SISC Blue Shield: 10 (unlimited)

### PRESCRIPTION DRUGS

(At Participating Pharmacies only)

- **Generic / Brand / Non-Formulary**
  - SISC Health Net: $5 / $10 / $35
  - SISC Blue Shield: $5 / $10 / $25

### RATES

<table>
<thead>
<tr>
<th></th>
<th>Current</th>
<th>Proposed</th>
</tr>
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<tbody>
<tr>
<td>Single</td>
<td>$561.00</td>
<td>$645.00</td>
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<tr>
<td>Two Party</td>
<td>$1,114.00</td>
<td>$1,287.00</td>
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<td>Family</td>
<td>$1,538.00</td>
<td>$1,779.00</td>
</tr>
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</table>

| % Difference from Current | 15.0% | 15.5% | 15.7% |

* Access + Specialist (self-referred office visits within your medical group are available for higher copay)
** Durable Medical Equipment (DME) coinsurance does not apply to the member calendar year copayment maximum
1 co- pays do not apply to the member calendar year copayment maximum
** Blue Shield copayments for Substance Abuse do not accrue to member calendar year copayment maximum
1 Health Net copayments for Substance Abuse accrue to the member calendar year copayment maximum

Data from Alliant powerpoint "Cabrillo Benefits Renewal Strategy for Plan Year 2009-10 July 31, 2009"