



**Shanel Valley Academy**  
**Health and Welfare Benefits**  
*July 1, 2024*

**Shanel Valley Academy**  
**Kaiser / Anthem / Delta Dental & Vision Renewal Summary**

I have received your Kaiser and Anthem renewal effective July 1st. The overall increase will be 11%. I have provided the current, renewal and a downgrade option for each plan. You do offer other Anthem medical plans, but there is no enrollment, but I did include a plan comparison and the rates for these plans. Please review the medical benefit comparison for highlighted any plan changes.

With respect to the ancillary lines, Delta Dental and Vision will renew August 1, 2024, but the renewal is not available yet. Once the renewal is processed, these plans will renew July 1, 2026 to align with the medical carriers.

If you are satisfied with your current plan designs, your plan will automatically renew to the mapped plan July 1, 2024. Please be reminded that this is the time for open enrollment notifications to employees, once it is determined what action you will take on 7/1. We will forward the applicable SBCs (summary of benefits coverage) which is required of the employer to distribute to staff under PPACA/Obamacare.

Please review the plan and rate comparisons and let me know if you have any questions. I look forward to discussing your renewal and plan options with you.

# Shanel Valley Academy Executive Financial Summary

July 1, 2024

	EE Count	Current Annual Premiums	Renewal Annual Premiums	Option 1 Annual Premiums
<b>Medical</b>		Anthem & Kaiser	Anthem & Kaiser	Anthem & Kaiser
<b>Total Annualized Benefits Premium</b>	<b>20</b>	<b>\$184,106</b>	<b>\$203,456</b>	<b>\$197,764</b>
<b>% Difference from Current</b>			<b>10.51%</b>	<b>7.42%</b>
<b>Dental PPO</b>		Delta Dental	Dental Dental	Delta Dental
	<b>22</b>	<b>\$25,727</b>	<b>\$25,727</b>	<b>\$25,727</b>
<b>Vision</b>		Delta Dental Vision	Delta Dental Vision	Delta Dental Vision
	<b>22</b>	<b>\$3,696</b>	<b>\$3,696</b>	<b>\$3,696</b>
<b>Benefits Annual Total</b>		<b>\$213,528.72</b>	<b>\$232,878.56</b>	<b>\$227,187.20</b>
<b>\$ Difference from Current</b>			<b>\$19,350</b>	<b>\$13,658</b>
<b>% Difference from Current</b>			<b>9.06%</b>	<b>6.40%</b>

Note:

# Shanel Valley Academy Kaiser & Anthem Options

July 1, 2024

Census	Current: 7/1/2023* Anthem Gold PPO 30/750/20% - 6RGS Kaiser Gold HMO 250/35					Current: 7/1/2024 Anthem Gold PPO 30/750/20% -9KFK Kaiser Gold HMO 250/35					Option 1-Downgrades Anthem Gold PPO 30/1000/20% -9KFU Kaiser Gold HMO 1000/40				
	Age/Tier	Plan	EE Cost	Dep Cost	Total	Plan	EE Cost	Dep Cost	Total	Plan	EE Cost	Dep Cost	Total		
39/EE	(ABC) Anthem Gold PPO 30/750/20% (6RGS)	617.34	0.00	617.34	(ABC) Anthem Gold PPO 30/750/20% (9KFK)	670.49	0.00	670.49	(ABC) Anthem Gold PPO 35/1000/20% (9KFU)	656.03	0.00	656.03			
32/EE	(ABC) Anthem Gold PPO 30/750/20% (6RGS)	574.24	0.00	574.24	(ABC) Anthem Gold PPO 30/750/20% (9KFK)	628.52	0.00	628.52	(ABC) Anthem Gold PPO 35/1000/20% (9KFU)	614.96	0.00	614.96			
51/EE	(ABC) Anthem Gold PPO 30/750/20% (6RGS)	884.89	0.00	884.89	(ABC) Anthem Gold PPO 30/750/20% (9KFK)	990.86	0.00	990.86	(ABC) Anthem Gold PPO 35/1000/20% (9KFU)	969.48	0.00	969.48			
42/EE	(ABC) Anthem Gold PPO 30/750/20% (6RGS)	645.09	0.00	645.09	(ABC) Anthem Gold PPO 30/750/20% (9KFK)	703.96	0.00	703.96	(ABC) Anthem Gold PPO 35/1000/20% (9KFU)	688.77	0.00	688.77			
32/EE	(ABC) Anthem Gold PPO 30/750/20% (6RGS)	574.24	0.00	574.24	(ABC) Anthem Gold PPO 30/750/20% (9KFK)	628.52	0.00	628.52	(ABC) Anthem Gold PPO 35/1000/20% (9KFU)	614.96	0.00	614.96			
57/EC	(ABC) Anthem Gold PPO 30/750/20% (6RGS)	1,207.44	425.60	1,633.04	(ABC) Anthem Gold PPO 30/750/20% (9KFK)	1,294.75	470.19	1,764.94	(ABC) Anthem Gold PPO 35/1000/20% (9KFU)	1,266.83	460.05	1,726.88			
51/EE	(ABC) Anthem Gold PPO 30/750/20% (6RGS)	884.89	0.00	884.89	(ABC) Anthem Gold PPO 30/750/20% (9KFK)	990.86	0.00	990.86	(ABC) Anthem Gold PPO 35/1000/20% (9KFU)	969.48	0.00	969.48			
24/EE	(ABC) Anthem Gold PPO 30/750/20% (6RGS)	495.46	0.00	495.46	(ABC) Anthem Gold PPO 30/750/20% (9KFK)	531.29	0.00	531.29	(ABC) Anthem Gold PPO 35/1000/20% (9KFU)	519.83	0.00	519.83			
37/EE	(ABC) Anthem Gold PPO 30/750/20% (6RGS)	609.42	0.00	609.42	(ABC) Anthem Gold PPO 30/750/20% (9KFK)	657.74	0.00	657.74	(ABC) Anthem Gold PPO 35/1000/20% (9KFU)	643.55	0.00	643.55			
43/EE	(ABC) Anthem Gold PPO 30/750/20% (6RGS)	656.48	0.00	656.48	(ABC) Anthem Gold PPO 30/750/20% (9KFK)	720.96	0.00	720.96	(ABC) Anthem Gold PPO 35/1000/20% (9KFU)	705.41	0.00	705.41			
24/EE	(ABC) Anthem Gold PPO 30/750/20% (6RGS)	495.46	0.00	495.46	(ABC) Anthem Gold PPO 30/750/20% (9KFK)	531.29	0.00	531.29	(ABC) Anthem Gold PPO 35/1000/20% (9KFU)	519.83	0.00	519.83			
23/EE	(ABC) Anthem Gold PPO 30/750/20% (6RGS)	495.46	0.00	495.46	(ABC) Anthem Gold PPO 30/750/20% (9KFK)	531.29	0.00	531.29	(ABC) Anthem Gold PPO 35/1000/20% (9KFU)	519.83	0.00	519.83			
35/EC	(ABC) Anthem Gold PPO 30/750/20% (6RGS)	601.49	379.03	980.52	(ABC) Anthem Gold PPO 30/750/20% (9KFK)	649.24	406.44	1,055.68	(ABC) Anthem Gold PPO 35/1000/20% (9KFU)	635.23	397.67	1,032.90			
42/EE	(ABC) Anthem Gold PPO 30/750/20% (6RGS)	645.09	0.00	645.09	(ABC) Anthem Gold PPO 30/750/20% (9KFK)	703.96	0.00	703.96	(ABC) Anthem Gold PPO 35/1000/20% (9KFU)	688.77	0.00	688.77			
39/EE	(ABC) Anthem Gold PPO 30/750/20% (6RGS)	617.34	0.00	617.34	(ABC) Anthem Gold PPO 30/750/20% (9KFK)	670.49	0.00	670.49	(ABC) Anthem Gold PPO 35/1000/20% (9KFU)	656.03	0.00	656.03			
19/EE	(ABC) Anthem Gold PPO 30/750/20% (6RGS)	452.35	0.00	452.35	(ABC) Anthem Gold PPO 30/750/20% (9KFK)	499.94	0.00	499.94	(ABC) Anthem Gold PPO 35/1000/20% (9KFU)	489.16	0.00	489.16			
41/EE	(ABC) Anthem Gold PPO 30/750/20% (6RGS)	633.20	0.00	633.20	(ABC) Anthem Gold PPO 30/750/20% (9KFK)	691.74	0.00	691.74	(ABC) Anthem Gold PPO 35/1000/20% (9KFU)	676.82	0.00	676.82			
57/EE	(K) Gold 80 HMO 250/35 + Child Dental	942.77	0.00	942.77	(K) Gold 80 HMO 250/35 + Child Dental	1,092.61	0.00	1,092.61	(K) Gold 80 HMO 1000/40 + Child Dental Alt	1,039.07	0.00	1,039.07			
60/EE	(K) Gold 80 HMO 250/35 + Child Dental	1,051.88	391.98	1,443.86	(K) Gold 80 HMO 250/35 + Child Dental	1,216.80	448.34	1,665.14	(K) Gold 80 HMO 1000/40 + Child Dental Alt	1,157.17	426.37	1,583.54			
50/EE	(K) Gold 80 HMO 250/35 + Child Dental	689.40	371.62	1,061.02	(K) Gold 80 HMO 250/35 + Child Dental	800.74	423.61	1,224.35	(K) Gold 80 HMO 1000/40 + Child Dental Alt	761.50	403.55	1,165.05			
(ABC) 17 EE's: \$11,089.88 \$804.63 \$11,894.51					(ABC) 17 EE's: \$12,095.90 \$876.63 \$12,972.53					(ABC) 17 EE's: \$11,834.97 \$857.72 \$12,692.69					
(K) 3 EE's: \$2,684.05 \$763.60 \$3,447.65					(K) 3 EE's: \$3,110.15 \$871.95 \$3,982.10					(K) 3 EE's: \$2,957.74 \$829.92 \$3,787.66					
Total 20 EE's: \$13,773.93 \$1,568.23 \$15,342.16					\$15,206.05 \$1,748.58 \$16,954.63					\$14,792.71 \$1,687.64 \$16,480.35					
					% Difference: 10% 12% 11%					% Difference: 7% 8% 7%					
					\$ Difference: \$1,432.12 \$180.35 \$1,612.47					\$ Difference: \$1,018.78 \$119.41 \$1,138.19					

## Medical Benefit Comparison

Medical	<b>Anthem BC</b> <b><u>Anthem Gold PPO</u></b> <b><u>30/750/20% (6RGS)</u></b>  Effective Date: 7/1/2023	<b>Anthem BC</b> <b><u>Anthem Gold PPO</u></b> <b><u>30/750/20% (9KFK)</u></b>  Effective Date: 7/1/2024	<b>Anthem BC</b> <b><u>Anthem Gold PPO</u></b> <b><u>35/1000/20% (9KFU)</u></b>  Effective Date: 7/1/2024	<b>Kaiser</b> <b><u>Gold 80 HMO 250/35 + Child</u></b> <b><u>Dental</u></b>  Effective Date: 7/1/2023	<b>Kaiser</b> <b><u>Gold 80 HMO 250/35 + Child</u></b> <b><u>Dental</u></b>  Effective Date: 7/1/2024
<b>DEDUCTIBLE</b>					
Individual	PPO: \$750 OON: \$2,000	PPO: \$750 OON: \$2,000	PPO: \$1,000 OON: \$2,000	HMO: \$250	HMO: \$250
Family	PPO: \$2,250 (embedded) OON: \$4,000 (embedded)	PPO: \$2,250 (embedded) OON: \$4,000 (embedded)	PPO: \$3,000 (embedded) OON: \$4,000 (embedded)	HMO: \$500 (embedded)	HMO: \$500 (embedded)
<b>OUT-OF-POCKET MAX</b>					
Individual	PPO: \$8,200 (includes ded) OON: \$16,400 (includes ded)	PPO: \$8,200 (includes ded) OON: \$16,400 (includes ded)	PPO: \$8,200 (includes ded) OON: \$16,400 (includes ded)	HMO: \$7,800 (includes ded)	HMO: \$7,800 (includes ded)
Family	PPO: \$16,400 (embedded; includes ded) OON: \$32,800 (embedded; includes ded)	PPO: \$16,400 (embedded; includes ded) OON: \$32,800 (embedded; includes ded)	PPO: \$16,400 (embedded; includes ded) OON: \$32,800 (embedded; includes ded)	HMO: \$15,600 (embedded; includes ded)	HMO: \$15,600 (embedded; includes ded)
<b>PHYSICIAN SERVICES</b>					
Office Visits	PPO: \$30/\$55 (ded waived) OON: 50% after ded	PPO: \$30/\$55 (ded waived) OON: 50% after ded	PPO: \$35/\$60 (ded waived) OON: 50% after ded	HMO: \$35/\$55 (ded waived)	HMO: \$35/\$55 (ded waived)
Telemedicine	PPO: Virtual Care: 0% (ded waived) OON: Not Covered	PPO: Virtual Care: 0%/\$55 (ded waived) OON: Not Applicable	PPO: Virtual Care: 0%/\$60 (ded waived) OON: Not Applicable	HMO: 0% (ded waived)	HMO: 0% (ded waived)
Preventive Care	PPO: 0% (ded waived) OON: 50% after ded	PPO: 0% (ded waived) OON: 50% after ded	PPO: 0% (ded waived) OON: 50% after ded	HMO: 0% (ded waived)	HMO: 0% (ded waived)
Diagnostic Lab/X-Ray	PPO: Office: \$15 (ded waived); Freestanding: 0% (ded waived)/ 20% after ded; OPHosp: 20% after ded OON: 50% after ded	PPO: Office: \$15 (ded waived); Freestanding: 0% (ded waived)/20% after ded; OPHospital: 20% after ded OON: 50% after ded	PPO: Office: \$15 (ded waived); Freestanding: 0% (ded waived)/20% after ded; OPHospital: 20% after ded OON: 50% after ded	HMO: \$35/\$55 (ded waived)	HMO: \$35/\$55 (ded waived)
Imaging (CT/PET scans, MRIs)	PPO: Office/Freestanding: 20% after ded; OPHosp: \$100 + 20% after ded OON: 50% after ded	PPO: Office/Freestanding: 20% after ded; OPHospital: \$100 + 20% after ded OON: 50% after ded	PPO: Office/Freestanding: 20% after ded; OPHospital: \$100 + 20% after ded OON: 50% after ded	HMO: \$250 after ded	HMO: \$250 after ded
Rehabilitation/Habilitation (PT/OT/ST)	PPO: \$30 (ded waived) OON: 50% after ded	PPO: \$30 (ded waived) OON: 50% after ded	PPO: \$35 (ded waived) OON: 50% after ded	HMO: \$35 (ded waived)	HMO: \$35 (ded waived)

Final rates are determined by the Carrier. This quote is not valid without the separate general disclaimer.

# Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.

Create Date: 4/25/2024

Sorted By: Carrier,PlanType,Premium(Ascending)

## Medical Benefit Comparison

Medical	<b>Anthem BC</b> <b><u>Anthem Gold PPO</u></b> <b><u>30/750/20% (6RGS)</u></b>  Effective Date: 7/1/2023	<b>Anthem BC</b> <b><u>Anthem Gold PPO</u></b> <b><u>30/750/20% (9KFK)</u></b>  Effective Date: 7/1/2024	<b>Anthem BC</b> <b><u>Anthem Gold PPO</u></b> <b><u>35/1000/20% (9KFU)</u></b>  Effective Date: 7/1/2024	<b>Kaiser</b> <b><u>Gold 80 HMO 250/35 + Child</u></b> <b><u>Dental</u></b>  Effective Date: 7/1/2023	<b>Kaiser</b> <b><u>Gold 80 HMO 250/35 + Child</u></b> <b><u>Dental</u></b>  Effective Date: 7/1/2024
Chiropractic Care	PPO: 50% (ded waived; 20 visits per year) OON: Not Covered	PPO: 50% (ded waived; 20 visits per year) OON: Not Covered	PPO: 50% (ded waived; 20 visits per year) OON: Not Covered	HMO: Not Covered	HMO: Not Covered
<b>PRESCRIPTION DRUGS</b>					
Pharmacy Deductible	PPO: \$250/\$500 (Subject to Tiers 2-4; Select Rx) OON: Not Covered	PPO: \$250/\$500 (Subject to Tiers 2-4; Select Rx) OON: Not Covered	PPO: \$300/\$600 (Subject to Tiers 2-4; Select Rx) OON: Not Covered	HMO: None	HMO: None
Tier 1 (Generic Formulary)	PPO: Level 1: \$10; Level 2: \$20 OON: Not Covered	PPO: Level 1: \$10; Level 2: \$20 OON: Not Covered	PPO: Level 1: \$5; Level 2: \$15 OON: Not Covered	HMO: \$15 (up to 30-day supply)	HMO: \$15 (up to 30-day supply)
Tier 2 (Preferred Brand Formulary)	PPO: Level 1: \$50; Level 2: \$60 OON: Not Covered	PPO: Level 1: \$50; Level 2: \$60 OON: Not Covered	PPO: Level 1: \$60; Level 2: \$70 OON: Not Covered	HMO: \$40 (up to 30-day supply)	HMO: \$40 (up to 30-day supply)
Tier 3 (Non-Preferred Brand Formulary)	PPO: Level 1: \$90; Level 2: \$100 OON: Not Covered	PPO: Level 1: \$90; Level 2: \$100 OON: Not Covered	PPO: Level 1: \$110; Level 2: \$120 OON: Not Covered	HMO: Same as preferred brand drugs when approved through exception process	HMO: Same as preferred brand drugs when approved through exception process
Tier 4 (Specialty Drugs)	PPO: Level 1: 30% up to \$250; Level 2: 40% up to \$250 OON: Not Covered	PPO: Level 1: 30% up to \$250; Level 2: 40% up to \$250 OON: Not Covered	PPO: Level 1: 30% up to \$250; Level 2: 40% up to \$250 OON: Not Covered	HMO: 20% up to \$250 (up to 30-day supply)	HMO: 20% up to \$250 (up to 30-day supply)
Mail Order	PPO: Tier 1: 2.5x Retail; Tier 2-3: 3x Retail OON: Not Covered	PPO: Tier 1: 2x Retail of Level 1; Tier 2-3: 2.5x Retail of Level 1 OON: Not Covered	PPO: Tier 1: 2x Retail of Level 1; Tier 2-3: 2.5x Retail of Level 1 OON: Not Covered	HMO: 2x Retail (up to 100-day supply)	HMO: 2x Retail (up to 100-day supply)
<b>HOSPITAL FACILITY SERVICES</b>					
Inpatient Hospital Services	PPO: 20% after ded OON: 50% after ded	PPO: 20% after ded OON: 50% after ded	PPO: 20% after ded OON: 50% after ded	HMO: \$600/day after ded, 5 days max	HMO: \$600/day after ded, 5 days max
Outpatient Surgery in a Hospital	PPO: \$200 + 20% after ded OON: 50% after ded	PPO: \$250 + 20% after ded OON: 50% after ded	PPO: \$250 + 20% after ded OON: 50% after ded	HMO: \$335 after ded	HMO: \$335 after ded
Ambulatory Surgical Center	PPO: 20% after ded OON: 50% after ded	PPO: \$50 + 20% after ded OON: 50% after ded	PPO: \$50 + 20% after ded OON: 50% after ded	HMO: \$335 after ded	HMO: \$335 after ded
<b>EMERGENCY SERVICES</b>					

Final rates are determined by the Carrier. This quote is not valid without the separate general disclaimer.

# Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.

Create Date: 4/25/2024

Presented By: Hub International License# 0F19239

Sorted By: Carrier,PlanType,Premium(Ascending)

## Medical Benefit Comparison

Medical	<b>Anthem BC</b> <b><u>Anthem Gold PPO</u></b> <b><u>30/750/20% (6RGS)</u></b>  Effective Date: 7/1/2023	<b>Anthem BC</b> <b><u>Anthem Gold PPO</u></b> <b><u>30/750/20% (9KFK)</u></b>  Effective Date: 7/1/2024	<b>Anthem BC</b> <b><u>Anthem Gold PPO</u></b> <b><u>35/1000/20% (9KFU)</u></b>  Effective Date: 7/1/2024	<b>Kaiser</b> <b><u>Gold 80 HMO 250/35 + Child</u></b> <b><u>Dental</u></b>  Effective Date: 7/1/2023	<b>Kaiser</b> <b><u>Gold 80 HMO 250/35 + Child</u></b> <b><u>Dental</u></b>  Effective Date: 7/1/2024
Emergency Room	PPO: \$250 + 20% after ded (copay waived if admitted) OON: Paid as In-Network	PPO: \$250 + 20% after ded (copay waived if admitted) OON: Paid as In-Network	PPO: \$250 + 20% after ded (copay waived if admitted) OON: Paid as In-Network	HMO: \$250 after ded (waived if admitted)	HMO: \$250 after ded (waived if admitted)
Emergency Transport/Ambulance	PPO: 20% after ded OON: Paid as In-Network	PPO: 20% after ded OON: Paid as In-Network	PPO: 20% after ded OON: Paid as In-Network	HMO: \$250 after ded	HMO: \$250 after ded
Urgent Care	PPO: \$30 (ded waived) OON: 50% after ded	PPO: \$30 (ded waived) OON: 50% after ded	PPO: \$35 (ded waived) OON: 50% after ded	HMO: \$35 (ded waived)	HMO: \$35 (ded waived)
<b>MENTAL HEALTH/SUBSTANCE USE DISORDER</b>					
Outpatient Services	PPO: \$30 (ded waived) OON: 50% after ded	PPO: \$30 (ded waived) OON: 50% after ded	PPO: \$35 (ded waived) OON: 50% after ded	HMO: \$35 (ded waived)	HMO: \$35 (ded waived)
Inpatient Services	PPO: 20% after ded OON: 50% after ded	PPO: 20% after ded OON: 50% after ded	PPO: 20% after ded OON: 50% after ded	HMO: \$600/day after ded, 5 days max	HMO: \$600/day after ded, 5 days max
<b>MATERNITY</b>					
Prenatal and Postnatal Care	PPO: Prenatal: 0% (ded waived); Postnatal: \$30 (ded waived) OON: 50% after ded	PPO: Prenatal: 0% (ded waived); Postnatal: \$30 (ded waived) OON: 50% after ded	PPO: Prenatal: 0% (ded waived); Postnatal: \$35 (ded waived) OON: 50% after ded	HMO: 0% (ded waived)	HMO: 0% (ded waived)
Delivery and All Inpatient Services	PPO: 20% after ded OON: 50% after ded	PPO: 20% after ded OON: 50% after ded	PPO: 20% after ded OON: 50% after ded	HMO: \$600/day after ded, 5 days max	HMO: \$600/day after ded, 5 days max
<b>PEDIATRIC SERVICES (UP TO AGE 19)</b>					
Eye Exam	PPO: 0% (ded waived; 1 visit per benefit period) OON: \$0 copay up to Maximum Allowed Amount	PPO: 0% (ded waived; 1 visit per benefit period) OON: \$0 copay up to Maximum Allowed Amount	PPO: 0% (ded waived; 1 visit per benefit period) OON: \$0 copay up to Maximum Allowed Amount	HMO: 0% (ded waived; one exam/year)	HMO: 0% (ded waived; one exam/year)
Glasses	PPO: 0% (ded waived; 1 pair per benefit period) OON: \$0 copay up to Maximum Allowed Amount	PPO: 0% (ded waived; 1 pair per benefit period) OON: \$0 copay up to Maximum Allowed Amount	PPO: 0% (ded waived; 1 pair per benefit period) OON: \$0 copay up to Maximum Allowed Amount	HMO: 0% (ded waived; one pair/year)	HMO: 0% (ded waived; one pair/year)
Dental Check-up	PPO: 0% after ded (1 visit every 6 months) OON: 0% after ded	PPO: 0% (ded waived; 1 visit every 6 months) OON: 0% (ded waived)	PPO: 0% (ded waived; 1 visit every 6 months) OON: 0% (ded waived)	HMO: DeltaCare HMO: 0% (ded waived)	HMO: 0% (ded waived; two visits/year)

Final rates are determined by the Carrier. This quote is not valid without the separate general disclaimer.

# Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.

Create Date: 4/25/2024

Sorted By: Carrier,PlanType,Premium(Ascending)

Presented By: Hub International License# 0F19239

## Medical Benefit Comparison

Medical	<b>Kaiser</b> <u>Gold 80 HMO 1000/40 + Child Dental Alt</u>  Effective Date: 7/1/2024
<b>DEDUCTIBLE</b>	
Individual	HMO: \$1,000
Family	HMO: \$2,000 (embedded)
<b>OUT-OF-POCKET MAX</b>	
Individual	HMO: \$7,800 (includes ded)
Family	HMO: \$15,600 (embedded; includes ded)
<b>PHYSICIAN SERVICES</b>	
Office Visits	HMO: \$40/\$60 (ded waived)
Telemedicine	HMO: 0% (ded waived)
Preventive Care	HMO: 0% (ded waived)
Diagnostic Lab/X-Ray	HMO: \$30/\$60 (ded waived)
Imaging (CT/PET scans, MRIs)	HMO: \$350 after ded
Rehabilitation/Habilitation (PT/OT/ST)	HMO: \$40 (ded waived)
Chiropractic Care	HMO: \$15 (ded waived; 20 visits per year)
<b>PRESCRIPTION DRUGS</b>	
Pharmacy Deductible	HMO: \$250/\$500 (Subject to Tiers 2-4)
Tier 1 (Generic Formulary)	HMO: \$20 (up to 30-day supply)
Tier 2 (Preferred Brand Formulary)	HMO: \$50 (up to 30-day supply)
Tier 3 (Non-Preferred Brand Formulary)	HMO: Same as preferred brand drugs when approved through exception process
Tier 4 (Specialty Drugs)	HMO: 20% up to \$250 (up to 30-day supply)
Mail Order	HMO: 2x Retail (up to 100-day supply)

Final rates are determined by the Carrier. This quote is not valid without the separate general disclaimer.

# Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.

Create Date: 4/25/2024

Sorted By: Carrier,PlanType,Premium(Ascending)

Presented By: Hub International License# 0F19239



## Medical Benefit Comparison

<b>Medical</b>	<p><b>Kaiser</b></p> <p><b><u>Gold 80 HMO 1000/40 + Child Dental Alt</u></b></p> <p>Effective Date: 7/1/2024</p>
<b>HOSPITAL FACILITY SERVICES</b>	
Inpatient Hospital Services	HMO: \$600/day after ded, 5 days max
Outpatient Surgery in a Hospital	HMO: \$350 (ded waived)
Ambulatory Surgical Center	HMO: \$350 (ded waived)
<b>EMERGENCY SERVICES</b>	
Emergency Room	HMO: \$350 (ded waived; waived if admitted)
Emergency Transport/Ambulance	HMO: \$350 (ded waived)
Urgent Care	HMO: \$40 (ded waived)
<b>MENTAL HEALTH/SUBSTANCE USE DISORDER</b>	
Outpatient Services	HMO: \$40 (ded waived)
Inpatient Services	HMO: \$600/day after ded, 5 days max
<b>MATERNITY</b>	
Prenatal and Postnatal Care	HMO: 0% (ded waived)
Delivery and All Inpatient Services	HMO: \$600/day after ded, 5 days max
<b>PEDIATRIC SERVICES (UP TO AGE 19)</b>	
Eye Exam	HMO: 0% (ded waived; one exam/year)
Glasses	HMO: 0% (ded waived; one pair/year)
Dental Check-up	HMO: 0% (ded waived; two visits/year)

Final rates are determined by the Carrier. This quote is not valid without the separate general disclaimer.

# Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.

Create Date: 4/25/2024

Sorted By: Carrier,PlanType,Premium(Ascending)

Presented By: Hub International License# 0F19239

# Shanel Valley Academy

## Dental Plan Benefits

August 1, 2024

		Current Delta Dental Advantage 200 PPO Premier 1500		
		In Network PPO	Premier Dentists	Out-of-Network
<b>Deductibles</b>				
<b>Individual</b>		\$50/person		
<b>Family</b>		\$150		
<b>Waived for Preventive?</b>		Yes		
<b>Coinsurance</b>				
<b>Preventive</b>		100%	100%	100%
<b>Basic</b>		80%	80%	80%
<b>Major</b>		60%	60%	50%
<b>UCR</b>				90th Percentile
<b>Maximums</b>				
<b>Calendar Year Maximum</b>		\$1,500		
<b>Rates</b>	<b>EE's</b>	<b>Current</b>		
<b>Employee Only</b>	14	\$65.00		
<b>Employee + Spouse</b>	0	\$137.32		
<b>Employee + Child(ren)</b>	5	\$121.38		
<b>Employee + Family</b>	3	<u>\$209.00</u>		
<b>Total Monthly</b>	22	\$2,143.90		
<b>Total Annual</b>		\$25,726.80		
<b>\$ Difference from Current</b>		-\$25,726.80		
<b>% Difference from Current</b>		-100.00%		
<b>Rate Guarantee</b>		24 Months-Will renew July 1, 2026		

Notes: Count taken from current billing statement.

# Shanel Valley Academy

## Vision Benefits

August 1, 2024

Vision Plan Benefits		Current Delta Dental VSP Choice Vision Core 10,25 12/12/24  In Network
<b>Copay</b>		\$10 Vision Exam & \$25 Materials Copay
<b>Exam</b>		Covered in full
Single Vision		Covered in full
Bifocal		Covered in full
Trifocal		Covered in full
<b>Frames</b>		*Up to \$150 + 20% off any out of pocket costs
<b>Contacts</b>		
Elective		Up to \$150
<b>Frequency Allowed</b>		
Exams		Once every 12 months
Lenses		Once every 12 months
Frames		Once every 24 months
Contacts		In lieu of lenses & frames
Rates	EE's	Current Delta Dental VSP Choice Vision Core 10,25 12/12/24
Employee Only	13	<b>\$8.56</b>
Employee + Spouse	5	<b>\$18.34</b>
Employee + Child(ren)	1	<b>\$17.12</b>
Employee + Family	<u>3</u>	<b><u>\$29.30</u></b>
<b>Total Monthly</b>	<b>22</b>	<b>\$308.00</b>
<b>Total Annual</b>		<b>\$3,696</b>
<b>Rate Guarantee</b>		<b>24 Months-Will renew July 1, 2026</b>

Notes: Count taken from current billing statement.

# Shanel Valley Academy

## Marketing Disclosure

July 1, 2024

### Important Facts About This Proposal

1. This proposal is based on the current enrollment and information provided by the client and submitted to the carriers/companies indicated.
2. This plan comparison is neither a contract, nor a solicitation of an application. Please consult insurance company certificates and/or policies for a complete description of benefits, limitations, exclusions and participation requirements.
3. Rates and underwriting requirements are subject to change without notice. Coverage, rates and acceptance remain the exclusive authority of the insurance carrier.
4. Final rates also may vary from those contained in this proposal as a result of differences in employees' and dependents' ages, changes in census information and rates, or data entry or typographical errors.
5. In addition to commissions from insurance carriers and/or fees from our clients, HUB International Insurance Services Inc. may be compensated with contingency fees. These fees are determined by business volume and/or underwriting based on the entire book of business