NOTE: If you wish to address the MWD Board of Directors during discussion of an agenda item, or during the PUBLIC FORUM, please complete a Speaker Request card (blue in color) and give it to the Board Secretary. Unless a detailed presentation of an agenda item is required by the Board of Directors, it is requested that each speaker limit comments to FIVE MINUTES. All testimony given before the Board of Directors is tape recorded.

AGENDA
BIG BEAR MUNICIPAL WATER DISTRICT

BOARD OF DIRECTORS
Regular Meeting
November 18, 2010

PLACE: Big Bear Municipal Water District
40524 Lakeview Drive, Big Bear Lake, CA 92315

Next Resolution Number: 2010- 07

OPEN SESSION: 1:00 P.M.

1. CALL TO ORDER

2. PLEDGE OF ALLEGIANCE

3. DISCUSSION AND ACTION ON CLOSED SESSION ITEMS

4. REPORTS
A. General Manager
B. Lake Manager
C. Legal
D. Committee
E. Other

5. CONSENT CALENDAR
A. Minutes of a Regular Meeting of November 4, 2010
B. Warrant List Dated November 12, 2010 for $40,897.52
C. Consider approval of ACWA By-Laws amendment and consider assignment of proxy for the District

6. PUBLIC FORUM
(The Board will receive comments from the public on items not on the agenda; no action is permitted on these items. Time set aside not to exceed 30 minutes total by all participants)

7. ANNOUNCEMENTS

8. DIRECTOR COMMENTS

9. BUSINESS

A. Consider change from ACWA to CalPERS health insurance coverage
B. Consider approval of a leave donation policy
C. Consider Approval of Consultant Agreement for Simon Wong Engineers to prepare Plans, Specifications, and Cost Estimate for the Replacement Dam Service Bridge Construction Project

10. ADJOURNMENT TO CLOSED SESSION

11. CLOSED SESSION

A. Confer with real property negotiator re: APN NO 2328-202-15, 2328-202-08
District Negotiator - Scott Heule

12. RECONVENE TO OPEN SESSION

A. Consider purchase of Alpine Trout Pond property

13. ADJOURNMENT

NEXT MEETING: Open Session at 1:00 P.M.
Thursday, December 2, 2010
Big Bear Municipal Water District
40524 Lakeview Drive, Big Bear Lake, CA

MINUTES OF A REGULAR MEETING OF BIG BEAR MUNICIPAL WATER DISTRICT HELD ON THURSDAY, NOVEMBER 4, 2010

CALL TO ORDER

President Fashempour called the Open Session to order at 1:00 PM. Those in attendance included Director Murphy, Director Suhay, Director Eminger, Director Smith, District Counsel Wayne Lemieux (via Skype), Lake Manager Mike Stephenson, and Board Secretary Vicki Sheppard.

REPORTS

General Manager, Scott Heule reported a rescue by Lake Patrol, Travis Carroll and John Tuttle, on Tuesday afternoon explaining that two men in an overloaded canoe capsized. He added that one wearing a PFD got to shore and the other was holding onto a PFD and was struggling badly when lake patrol arrived. He reported that the victim holding the PFD was close to drowning when they pulled him from the water. Mr. Heule read a letter from the US Adaptive Recreation Center thanking the District for their support. He stated that no real progress has been made with Caltrans since last reported. He explained that Caltrans' offer of $600,000 to pay for replacement pedestrian maintenance bridge on the dam appears inadequate. He added that our engineer is working on a cost estimate for all pieces of constructing a replacement bridge including CEQA, DSOD fees, and construction management. Mr. Heule explained that Caltrans' removal of the highway bridge requires an application from the District along with a check for the application fee adding that the fees are calculated using an estimate of the construction cost and the formula 3% for the first $300,000 and 2% for the next $700,000 and so on (one million dollar project would incur a fee of $23,000). He added that he spoke with Larry Broedow at Senator Dutton's office and Mr. Broedow thinks the District did a good job documenting our experience using the highway bridge for dam maintenance. He added that Mr. Broedow also believes that the problems we are experiencing now result from a 25 year project timetable and Ray Wolfe's short two year involvement on the job and he also believes that we are now communicating with the right people and that Ray Wolfe will do what is right for Caltrans and will be fair. Mr. Heule reported that Mr. Broedow also said that it is a good idea for us to be gathering detailed information on the actual costs if the District builds the bridge instead of Caltrans doing a change order. Mr. Heule reported that the City of Big Bear Lake has asked if the District is interested in participating in a solar electricity generation demonstration grant. He explained that there is about $600,000 to $650,000 available with a 50% match that is available to us if we want to participate. He added that the City was thinking it could help offset the power demands of a hypolymnetic oxygenation system (HOS). He explained that power generated by the system that was unused could be sold to Bear Valley Electric. Mr. Heule stated that if the District is interested he will get some more information and then meet with the Facilities Committee to review and discuss. He reported that Jeff Mathieu arranged a conference call that we participated in with AQMD to discuss the potential Mercury TMDL. He explained that during the conversation we advised them that, unlike many locations elsewhere in California, surface water runoff from precious metal mining areas is not the mercury source to Big Bear Lake. He added that we informed them that the TMDL Task Force has sampled and analyzed airborne mercury for a period of three years and will forward those results to them. He stated that AQMD said they have some field sampling equipment coming from EPA and intend to deploy it when it arrives. Mr. Heule explained that they said they want to do some modeling to

evaluate mercury sources from smokestack emissions at coal fired cement plants in the region. He commented that Tim Moore will discuss AQMD's potential work with Hope Smyth and Michael Perez at the Regional Board in hopes that they will further delay preparation of Draft TMDL language. Mr. Heule reported that it appears that the District can get essentially the same health insurance coverage at a lower cost if we switch to a Calpers program. He added that Carrie Shirreffs is making some phone calls to learn more about what medical offices and hospitals are available to the HMO plans. Mr. Heule thanked Director Murphy for the preliminary research at the recent Calpers conference.

Mr. Stephenson reported on the Quagga Conference that he and Mr. Carroll attended. He explained that the purpose of the conference was for the group to possibly come up with a universal program for protection and decontamination. He commented that the only lake that has a stricter program than Big Bear Lake is Lake Casitas where they actually bore a hole in the boat to lock a cable from the boat to the trailer. The boat owners have a choice of this or a 10 day quarantine. Mr. Stephenson commented that he feels decontamination is more effective than a quarantine. He explained that our Quagga program is used as a model for other lakes. Mr. Stephenson reported on the rescue yesterday commenting that without our help the victim probably would have drowned. Mr. Stephenson reported on the Big Bear Marina Remediation Project explaining that he talks to the contractor every day and they have all the permits required and will start construction on November 15th. He reported that staff did a limnological report last week and it shows good water clarity and temperatures in the low 50's.

APPROVAL OF CONSENT CALENDAR

Upon a motion by Director Suhay, seconded by Director Eminger, the following consent items were unanimously approved:

- Minutes of a Regular Meeting of October 21, 2010
- Warrant List Dated October 29, 2010 for $47,486.70
- Consider approval for the General Manager to cast a vote for ACWA Health Benefits Authority according to the Districts Direction

TROUTFEST DISCUSSION AND POSSIBLE ACTION

Mr. Heule reported that the Big Bear Municipal Water District and Western Outdoor News recently completed the Sixth Annual October TroutfesT and by all accounts it was a successful event and brought nearly 1000 anglers and their families to Big Bear from throughout Southern California and the western states (see attached). He explained that the marinas and local merchants, restaurateurs and inn keepers certainly realized an increase in their business during this "shoulder" season in Big Bear. He added that from the Districts' perspective the event stirs interest in our beautiful Lake, results in the stocking of some trophy sized trout and assists in the Districts' trout rearing program. Mr. Heule explained that the District expends nearly 450 man hours to co-sponsor the event and this year expenses exceeded income by about $9,000. He added that the District Budget and Finance Committee has recommended that the Board of Directors consider dropping District sponsorship in favor of another organization whose purpose is more closely aligned with for profit activities on the Lake or in the valley or who can staff the event with volunteer labor. He reported that just like other Government agencies reliant on declining property tax revenue the District is re-evaluating how best to spend the public's money in light of the Districts mission to "stabilize the level of Big Bear Lake for recreation and wildlife." He explained that notices concerning the District's concerns regarding ongoing sponsorship of this event were sent to the Resort Association, Chamber of Commerce, marinas, City of Big Bear Lake, Village business owners, Western Outdoor News and B's Backyard

Barbeque. Mr. Heule reported that the only response he received regarding this was an e-mail from Rick Bates of the Events Office stating that it is his hope that the MWD continues to sponsor this event and he would like to offer his assistance in exploring ways to make that happen. He added that he had a conversation with Alan Sharp, Big Bear Marina, expressing that he feels the event venue would have to be close to the water and perhaps it could be at B's Backyard Barbeque with the awards ceremony being at the Bartlett parking lot.
Director Suhay stated that he feels the District should either still run the event and maybe get others to contribute money or get out completely (adding that perhaps it could be something that the Foundation handles). Director Murphy asked how many of the 450 man hours were skilled hours or how many of those hours could have been done by someone else. Mr. Stephenson stated that it was about 50% x 50%. Director Murphy remarked that he finds it strange that no one else except B's Backyard Barbeque and Pine Knot Marina is at the meeting. Mr. John Gorzik, B's Backyard Barbeque stated that the event cost them for food but the publicity they received was good and they are interested in talking to the District about becoming a sponsor. Director Murphy explained that the District should not have to foot the bill to participate. Director Suhay stated that some of the costs could be absorbed by others and the District could still run the event. President Fashempour stated that we might want to do a workshop and invite all of the interested parties. Mr. Heule reported that they were all invited to this meeting and he only heard from Rick Bates and B's BBQ and Pine Knot were the only ones who showed up. Director Murphy stated that he likes the idea of perhaps doing it one more time and then bowing out. Director Smith stated that he thinks we could have sponsors and have those sponsors pay the District and still have the District run it. Director Eminger stated that the City makes money from TOT (transient occupancy tax) so he feels they should help adding that we should push the City harder. President Fashempour asked if WON was invited to this meeting. Mr. Heule stated that they were notified and perhaps we should tell them that the District is not going to sponsor the event unless we have some help. Director Murphy asked if Mr. Stephenson could prepare a list of what MWD staff would have to do and what others could do. Mr. Stephenson remarked that we would have to staff up the ramps just like we do on holiday weekends. Director Smith asked if we could place and article in the Grizzly stating our intentions. Mr. Stephenson explained that if someone put in an Event Permit Application we would most likely approve the event just like we do other fishing events. Mr. Gorzik asked if we don't have to staff up for these other events even if we don't sponsor them. Mr. Heule responded that there are lots of other costs involved with sponsorship of the event other than just a busy weekend at the ramps. Director Suhay suggested that we make it clear that participants of this event will be required to check in on Friday and stay until Sunday requiring them to stay for the weekend in Big Bear. President Fashempour suggested that we include a list of who received the notice.

It was the consensus of the Directors that the General Manager schedules a workshop and releases a notice stating that it is unlikely the District will be able to sponsor the event in 2011. President Fashempour suggested the workshop be scheduled for the 2nd week in December.

CONSIDER APPROVAL OF A CPI INCREASE IN MARINA COMPENSATION FOR BIG BEAR MARINA, PINE KNOT MARINA, HOLLOWAYS MARINA, AND DANA'S POINT LANDING

Mr. Heule reported that at the Administrative Committee meeting of October 18, 2010, Marina representatives included Loren Hafen (Holloways), Alan Sharp (Big Bear Marina), Leo McCarthy and Steve Pontell (Pine Knot Marina), John Saunders and Reese Troublefield (Dana's Point Marina). He explained that according to the most recent addendum to the marina permits,

compensation is adjusted every five years by the average annual one year cost of living increase. He added that using this calculation compensation should increase by 2.2%. He reported that Loren Hafen requested that, in light of the difficult economy, no increase be made and to wait another five years before a change is made. He said Mr. Hafen explained that he owns properties in the village and has not raised rental rates for several years commenting that now is not the time to increase fees. He added that Alan Sharp stated that they have been spending more money in order to staff the ramp to meet requirements for Quagga inspections. He explained that Steve Pontell wants to step back farther and meet and discuss a strategic plan for the Lake that identifies what the District and Marinas expect of each other and collaborate on Lake imaging, messaging, and communication to the public and also says that just because the District can raise rates does not mean they should (the economy has taken a toll on business). Mr. Heule reported that John Saunders says that his expenses have gone up and yet his income has gone down adding that the District was formed to provide recreation. He commented that Steve Pontell reiterated the importance of working on a strategic plan for recreation on the Lake. Mr. Heule reported that if a 2.2% increase were applied to the $75,000 compensation income budgeted it would raise an additional $1,650. He stated that the committee recommends that the District should consider the economic situation and the cost of providing services to the marinas and only recommends raising compensation by 1.1% adding that the Committee also concluded that because Pleasure Point had been assessed a 2% increase last year, their compensation should be adjusted to reflect any agreement made as a result of Board action on this recommendation (see attached). He reported that the Committee also would like Staff to add an agenda item on the Marina Task Force meeting agenda that includes initiating a discussion on a Lake strategic plan. Director Murphy asked if we could suspend the increase for a one year period instead of a five year period and then revisit it after one year. Director Smith and Director Suhay agreed. President Fashempour stated that she feels the economy would still be an issue after one year and she is comfortable with a 1.1% increase for the next five years. Mr. Leo McCarthy, Pine Knot Marina, stated that the rate comparison shows slip rates of $51.50 and they paid $50 per slip. Mr. Heule stated that it is a record keeping error that is being addressed.

> Director Murphy moved approval of a 1.1% CPI increase for a period of five years for Big Bear Marina, Pine Knot Marina, Holloways Marina and Dana's Point Marina and that Pleasure Point Marina's compensation be adjusted to reflect any agreement made as a result of this action. Director Suhay seconded the motion and it was unanimously approved.

CONSIDER APPROVAL OF CONSULTANT AGREEMENT FOR SIMON WONG ENGINEERS TO PREPARE PLANS, SPECIFICATIONS, AND COST ESTIMATE FOR THE REPLACEMENT DAM SERVICE BRIDGE CONSTRUCTION PROJECT

Mr. Heule stated that the District has still not received a commitment from Caltrans so this item can't be approved at this time. President Fashempour tabled this item indefinitely.

DISCUSSION AND POSSIBLE ACTION ON FORMATION OF MWD NON-PROFIT FOUNDATION

Mr. Heule reported that the Board reviewed a second draft white paper describing objectives, duties and operation of a future MWD Foundation at the meeting on September 16, 2010 (copy attached). The Board members were asked to comment to the General Manager if they had additions or suggested changes to the paper and none have been received. He added that the Committee indicates that the MWD Board should be looking to appoint Foundation Directors who are high caliber, quality people, who can and will bring their energy and expertise to support

the programs and policies of the Big Bear Municipal Water District through volunteer work and fundraising. He explained that the Committee recommends that each Board member submit a prioritized list of three or four potential candidates from their Division who they believe would make good Foundation Directors to the General Manager. He added that the lists would be compiled and then distributed to the full Board for their consideration and after the full Board approves a list of up to ten candidates, Board members will ask their nominees to become members of the Foundation Board. He stated that if the approach that the MWD Foundation Ad-Hoc Committee has proposed is acceptable they recommend authorizing District Council to draft Foundation By-Laws and 501(C) 3 Non-profit filing paperwork and once the By-Laws have been prepared and conceptually approved by the MWD Board the Foundation Board would be asked to select a name and review and suggest any edits or modifications to the By-Laws for consideration by the MWD Board. Director Eminger asked if other Directors had received interested volunteers yet. Director Suhay stated that he and Director Murphy had received several inquiries. Director Smith stated that he still doesn't think it is a good idea but commented that whatever the other Directors decided he would join in. President Fashempour stated that she wants to have the support of the entire Board and wants a commitment from each Director and doesn't want the Foundation to fail. Mr. Heule stated that he doesn't want to have Mr. Lemieux draft incorporation papers until the Board is absolutely committed to moving forward. Director Eminger stated that he would like to have something to hand out explaining the Foundation proposal. Director Suhay explained that when the Directors commit that would be done. Director Murphy stated that when we get prospective volunteers then we would have Mr. Lemieux proceed. He feels that we should put out the word that we are soliciting candidates by District. Mr. Lemieux stated that the volunteers may come up with their own ideas of how they want to structure the Foundation. President Fashempour stated that they would volunteer their time as well as money and an article in the paper soliciting volunteers would be good. Director Murphy added that the candidates should be solicited by Districts.

Director Murphy moved approval of a proposal to have staff announce the intent to organize a non-profit foundation to support the policies and priorities of the Big Bear Municipal Water District through public education, volunteer support, fundraising and development and key project financial support and then staff would compile the results and then ask District Counsel to do the non-profit paperwork. Director Suhay seconded the motion and it was unanimously approved.

PUBLIC FORUM
No comments were made

ANNOUNCEMENTS
Mr. Heule announced that the office would be closed for Veterans Day November 11 adding that he and Mr. Stephenson would be off on Friday November 12 but Travis Carroll along with other staff would be working. He reported that Mr. Stephenson will be traveling to the Army Corp of Engineers in LA next Monday to discuss study funding and in-kind credit. He explained that Walter Yep advises that earmarks for the study are likely not going to happen again next fiscal year. Mr. Heule reported that a Watermaster meeting was scheduled for next Tuesday November 9th. He added that the new GM at the Conservation District, Daniel Cozad, would be attending his first meeting. He explained that he would be meeting with Don Evenson earlier so Director Suhay and Director Eminger should plan accordingly for transportation. He added that he and Don Evenson would be working on the annual State Board report of fish releases. Mr. Heule announced that the next Board Meeting scheduled for November 18th will include a hearing on

dock license rejection for Conroy. He explained that there would only be one meeting in December due to the ACWA Conference early in the month.

DIRECTOR COMMENTS
Director Murphy reported on the Calpers Conference that he attended the end of October.

ADJOURNMENT TO CLOSED SESSION
The meeting was adjourned to Closed Session at 2:42 P.M to:
Confer with real property negotiator re: APN NO.2328-202-15, 2328-202-08
District Negotiator - Scott Heule

RECONVENE TO OPEN SESSION
The meeting was reconvened to Open Session at 3:13 P.M.
No reportable action.

ADJOURNMENT
There being no further business, the meeting was adjourned at 3:14 P.M.

NEXT MEETING Open Session at 1:00 P.M.
Thursday, November 18, 2010
Big Bear Municipal Water District
40524 Lakeview Drive, Big Bear Lake, CA

_____

Vicki Sheppard
Secretary to the Board
Big Bear Municipal Water District (SEAL)

Big Bear Lake
October TroutfesT

Participant Statistics 2006-2008

- 90.5 % of 1000 anglers are from "off the hill"
- 30% are from San Bernardino County
- 26% are from LA County
- 16% are from Orange County
- 13% are from Riverside County
- 7% are from San Diego County
- 8% other CA Counties and out of state

2010 BBMWD Sponsorship Expenses

- 450 man hours
- Wages and supplies = $14,061.39
- Event shirts = $4757.84
- Fish purchase = $15,000.00
- Security = $600.00
- Elks Lodge Parking = $100.00
- Total Expense = **$34,519.23**

2010 BBMWD Sponsorship Revenue

- Permit/Quagga fees = $3137.00
- Event shirt sales* = $5795.00
- WON Fish donation = $15,000.00
- Reimbursed security = $600.00
- Total Revenue = **$24,532.00**
- **Loss = ($9987.23)**

* - includes 2009 event shirts sold at deep discount

TroutfesT Next Steps

- Does sponsorship of TroutfesT fit the mission of the BBMWD?
- Should BBMWD be involved and if so how?
- What about the venue?
- What for profit or non-profit entity, organization or group could sponsor the event?

CPI Increase in Marina Compensation

Big Bear Marina, Pine Knot Marina,
Holloways Marina, and Dana's Point Landing

Compensation Rates

- Current Rate
  - Min. = $2576.00
  - Slip = $51.50
  - Mooring Buoy = $31.00
  - Rental Dock = $206.00
  - Other Dock = $103.00
- Proposed Rate
  - Min. = $2604.00
  - Slip = $52.00
  - Mooring Buoy = $31.50
  - Rental Dock = $208.50
  - Other Dock = $104.00

Big Bear Municipal Water District
Computer & Manual Check Register
Current and History Files, After 10/29/10
Account 10010-00-001, Sessions 000000 to 002114

Active Sessions (Not Included in Report)
001760, 001814, 001869, 001936, 002029, 002111

Check	Payment / Vendor Information	Ck Date	Prity	Invoice	Session	Reference	Amount
Checking Account:	10010-00-001						
148787	ACWAHB / ACWA Health Benefits Authority (H	11/10/10	2	01012011	002114	HEALTHINS	18266.51
						ACWAHB Subtotal :	18266.51
148788	ATT785 / AT&T	11/10/10	2	10242010	002114	PHONE-LDET	29.72
						ATT785 Subtotal :	29.72
148789	BBDSPL / Big Bear Disposal	11/10/10	2	242279	002114	UTIL-MAIN	147.29
						BBDSPL Subtotal :	147.29
148790	BMARIN / Big Bear Marina	11/10/10	2	10311125	002114	PETRO-BOAT	120.01
						BMARIN Subtotal :	120.01
148791	BSBACK / B's Backyard Bar-B-Que	11/10/10	2	20100405	002114	TROUTFEST	201.00
						BSBACK Subtotal :	201.00
148792	BVELEC / Bear Valley Electric	11/10/10	2	10252010	002114	UTIL-RAMPS	331.37
148792		11/10/10	2	10262010	002114	UTIL-MAIN	10.81
148792		11/10/10	2	10262010B	002114	UTIL-AERAT	595.74
148792		11/10/10	2	10262010C	002114	UTIL-DAM	203.98
148792		11/10/10	2	10262010D	002114	UTIL-DAM	10.26
148792		11/10/10	2	10292010	002114	UTIL-DAM	69.29
						BVELEC Subtotal :	1221.45
148793	CASH / Victoria Moore /Petty Cash	11/10/10	2	11092010	002114	PETTYCASH	83.51
						CASH Subtotal :	83.51
148794	CNKLIN / Conklin Paints	11/10/10	2	80767	002114	EQUIPMAINT	10.52
148794		11/10/10	2	81680	002114	EASTMAINT	259.17
148794		11/10/10	2	81713	002114	RVPARK	22.89
						CNKLIN Subtotal :	292.58
148795	CNTYSV / Water & Sanitation	11/10/10	2	10312010A	002114	UTIL-RAMPS	105.22
148795		11/10/10	2	10312010B	002114	UTIL-RAMPS	105.22
						CNTYSV Subtotal :	210.44
148796	COCKRE / Tyler Cockrell	11/10/10	2	OCTNOV2010	002114	RAMPSPRMIL	12.50
						COCKRE Subtotal :	12.50
148797	COLA / Los Angeles Coca Cola BTL CO	11/10/10	2	2265092907	002114		153.25
						COLA Subtotal :	153.25

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Current and History Files, After 10/29/10
Account 10010-00-001, Sessions 000000 to 002114

Active Sessions (Not Included in Report)
001760, 001814, 001869, 001936, 002029, 002111

Check	Payment / Vendor Information	Ck Date	Prity	Invoice	Session	Reference	Amount
148798	COMSER / ComSerCo	11/10/10	2	MA50219902	002114	RADSVCCONT	255.00
						COMSER Subtotal :	255.00
148799	DWP / Department of Water and Power	11/10/10	2	10272010A	002114	UTIL-MAIN	202.40
148799		11/10/10	2	10272010B	002114	UTIL-MAIN	44.15
148799		11/10/10	2	10272010C	002114	UTIL-MAIN	13.40
148799		11/10/10	2	10272010D	002114	UTIL-RAMP	165.22
148799		11/10/10	2	10272010E	002114	UTIL-RAMPS	17.87
						DWP Subtotal :	443.04
148800	FAIRVI / FAIRVIEW FORD SALES, INC.	11/10/10	2	871948	002114	ONROADMANT	364.29
						FAIRVI Subtotal :	364.29
148801	IDEARC / SUPERMEDIA LLC	11/10/10	2	11012010	002114	PHONE-MAIN	64.50
						IDEARC Subtotal :	64.50
148802	KENSLK / A-Kenn's Lock & Key	11/10/10	2	10052010	002114	FACILMAINT	18.00
148802		11/10/10	2	10112010	002114	FACILMAINT	92.50
						KENSLK Subtotal :	110.50
148803	LEMIEU / LEMIEUX & O'NEILL	11/10/10	2	20-022M20M	002114	LEGAL-CC	7338.00
						LEMIEU Subtotal :	7338.00
148804		11/10/10	2	20-999M135	002114	RETAINER	3500.00
						LEMIEU Subtotal :	3500.00
148805	MASTER / FIRST BANKCARD CENTER	11/10/10	2	1029102328	002114	MASTER320	3661.89
						MASTER Subtotal :	3661.89
148806		11/10/10	2	1029108541	002114	MASTER102	797.68
						MASTER Subtotal :	797.68
148807	MCOYBR / Mountain Water Company	11/10/10	2	18659	002114	UTIL-RAMPS	100.00
						MCOYBR Subtotal :	100.00
148808		11/10/10	2	18579	002114	UTILITIES	110.99
						MCOYBR Subtotal :	110.99
148809	NAPA / McConnell Motor Parts Inc.	11/10/10	2	991584	002114	PATROLMAIN	122.41
148809		11/10/10	2	991622	002114	RAMPSMAINT	103.03
148809		11/10/10	2	996219	002114	ONROADVEHI	61.20

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Account 10010-00-001, Sessions 000000 to 002114

Active Sessions (Not Included in Report)
001760, 001814, 001869, 001936, 002029, 002111

Check	Payment / Vendor Information	Ck Date	Prity	Invoice	Session	Reference	Amount
148809		11/10/10	2	996620	002114	ONROADVEHI	20.84
						NAPA Subtotal :	307.48
148810	NOCONT / NO CONTRACT VOIP	11/10/10	2	1350	002114	PHONE-MAIN	7.78
						NOCONT Subtotal :	7.78
148811	PHYSIS / PHYSIS	11/10/10	2	1009003001	002114	TMDL	744.00
						PHYSIS Subtotal :	744.00
148812	ROTARY / Rotary Club of Big Bear Lake	11/10/10	2	09012010	002114	MEMBERSHIP	92.00
148812		11/10/10	2	11012010	002114	MEMBERSHIP	111.00
						ROTARY Subtotal :	203.00
148813	SAMENT / Sam Enterprises	11/10/10	2	29724	002114	FACLMNTSHO	46.75
						SAMENT Subtotal :	46.75
148814	SQUEEG / Squeegee Clean Window Service	11/10/10	2	10232010	002114	FACILMAINT	50.00
						SQUEEG Subtotal :	50.00
148815	TIFCO / Tifco Industries	11/10/10	2	70644989	002114	SHOPMAINT	18.59
						TIFCO Subtotal :	18.59
148816	UPS / UPS	11/10/10	2	F33Y11440	002114	SHIPWATER	465.76
						UPS Subtotal :	465.76
148817	VERIZO / Verizon California	11/10/10	2	10252010	002114	PHONE-WS	31.20
148817		11/10/10	2	10282010	002114	PHONE-DAM	41.55
148817		11/10/10	2	11012010A	002114	PHONE-MAIN	588.97
148817		11/10/10	2	11012010B	002114	PHONE-MAIN	52.10
148817		11/10/10	2	11012010C	002114	PHONE-RAMP	41.69
148817		11/10/10	2	11012010D	002114	PHONE-RAMP	43.80
148817		11/10/10	2	11012010E	002114	PHONE-RAMP	41.41
						VERIZO Subtotal :	840.72
148818	WAYNES / WAYNE'S ENGINE REBUILDERS	11/10/10	2	H-106673	002114	PATRLMAINT	729.29
						WAYNES Subtotal :	729.29
				Total For Check Account:	10010-00-001		40897.52
						Check Register Total :	40897.52

BIG BEAR MUNICIPAL WATER DISTRICT
REPORT TO BOARD OF DIRECTORS

MEETING DATE: November 18, 2010 ***AGENDA ITEM: 5C***

SUBJECT:

CONSIDER APPROVAL OF ACWA BY-LAWS AMENDMENT AND CONSIDER ASSIGNMENT OF PROXY FOR THE DISTRICT

RECOMMENDATION:

The General Manager and the Administrative Committee (Directors Fashempour & Suhay) recommend approval of this proposal.

DISCUSSION/FINDINGS:

At the general session membership meeting on Wednesday December 1 during the fall ACWA Conference the membership will vote on amendments to the by-laws. The amendments are recommended for approval by the ACWA Board of Directors. The proposed changes are summarized in the attached memorandum dated October 29, 2010. Each member district can have a voting delegate vote on these changes during the meeting. After briefly reviewing the proposed amendments the Committee recommends designating the Board President, who will be at the meeting, as the District delegate and instruct her to vote in favor of the amendments.

OTHER AGENCY INVOLVEMENT: None

FINANCING: None

Submitted by: Scott Heule, General Manager

1910 – 2010
A Century of Leadership
ACWA
Vision for the Future
Association of California Water Agencies

Association of California Water Agencies
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MEMORANDUM

TO: ACWA Public Agency Members
General Managers and Board Presidents

CC: ACWA Board of Directors

FROM: Paul Kelley, ACWA President
Randy Record, ACWA Vice President

DATE: October 29, 2010

SUBJECT: General Session Membership Meeting at ACWA's 2010 Fall Conference

There will be a General Session Membership Meeting of the ACWA membership at ACWA's 2010 Fall Conference in Indian Wells, California, on Wednesday, December 1. The purpose of this meeting is to conduct a vote by the membership on proposed amendments to the bylaws recommended by the ACWA Board of Directors, at its meeting of September 24. The proposed bylaws amendments are attached hereto. The bylaws amendments represent a comprehensive modernization of the bylaws.

Earlier this year President Paul Kelley convened a Decision-Making Workgroup (DMWG) to recommend changes to the ACWA Bylaws as well as certain operating procedures. The DMWG generated a report with recommendations for amendments. The ACWA Board of Directors reviewed the DMWG's recommendations on May 21 and forwarded their report and recommendations to Legal Affairs Committee Chair Scott Shapiro, who created a Legal Affairs Committee Workgroup (LACW) consisting of Paul Bartkiewicz, Jim Ciampa, Dan Hentschke, Art Kidman, Robert Maddow, Mary Aileen Matheis, Jeanne Zolezzi, himself, and committee staff liaison Whitnie Henderson. The LACW developed a comprehensive modernization of the bylaws that addresses: (1) the report created by the DMWG, (2) ambiguities in, and the poor organization of, the existing bylaws as identified by the LACW, and (3) other appropriate policy issues identified by ACWA staff, ACWA leadership, and the LACW.

In response, the LACW created three successive drafts, which were then reviewed by ACWA leadership and management, the entire Legal Affairs Committee, the DMWG, and the ACWA Board of Directors.

The attached draft makes changes in six primary areas: (1) qualifications for Board members, (2) role of the executive director, (3) issues regarding meetings and minutes, (4) role of the Board of Directors, (5) clarification of issues not previously addressed or addressed ambiguously, and (6) reorganization of bylaws to put similar items together.

Regarding qualifications for Board members, the Board proposes that the president and vice president of ACWA be limited to a member of the governing body of a member agency and be qualified at the time of his/her election, but not necessarily throughout term. This will allow for continuity of leadership even where a member agency board member loses an election for the member agency board. For committee chairs and region chairs/vice chairs, the Board proposes these board members be limited to officers, employees, governing body members, and representatives of member agencies. The Board recommends that the bylaws provide that these board members must remain qualified throughout their term of office, but where they are no longer qualified, they may be reappointed once re-qualified.

For the role of the executive director, which was not previously clearly defined, the Board has provided a detailed list of duties and authorities, including: the executive director is hired and terminated by the Board of Directors; the Board sets performance expectations for the executive director; the executive committee performs an annual evaluation of the executive director and determines compensation, but both the compensation and the results of the annual evaluation must be reported to the Board of Directors; and the executive director handles all hiring and firing of ACWA staff.

The Board has recommended changes to the sections of the bylaws dealing with the meetings and the distribution of meeting materials, including: clarification that executive committee meetings are open to the entire Board of Directors; special meetings of the Board and of the executive committee may be called with 48 hours and 24 hours notice, respectively, when called with electronic notice (fax or e-mail); written minutes of all meetings are to be distributed promptly to the entire Board of Directors; the executive director has the duty to make information available to the entire Board for special meetings; and the executive committee is to be consulted by the president before calling a special meeting of Board.

The amended bylaws provide significant guidance on the role of the Board of Directors and its ability to delegate power including: retaining the authority to override the exercise of any authority previously delegated by the Board, but cannot override those authorities otherwise delegated by the bylaws; all authorities may be delegated by the Board of Directors, in writing, except for five authorities which the Board of Directors must perform: (1) hiring and firing of the executive director, (2) setting of performance expectations for the executive director, (3) reviewing the annual performance evaluation and compensation provided for the executive director by the executive committee, (4) adopting the budget, and (5) setting of dues for the membership.

Finally, a number of changes were made to the bylaws to address ambiguities and to put similar items together for better organization.

The Board of Directors recommends adoption of these bylaws amendments through a vote of the membership. Scott Shapiro, chair of the legal affairs committee, is available in advance of the meeting of the membership to answer any questions you may have (916-520-5234) and will also provide a brief overview of these changes during the General Session Membership Meeting before the item is called for a vote.

In order to expedite the sign-in process of the voting delegates from each agency, each member agency may designate one individual to cast the vote on behalf of the agency. **Please have the enclosed proxy form signed by the individual who will be attending the General Session to vote on behalf of your agency, and return it by fax (916-554-2350) or e-mail (donnap@acwa.com) at your earliest convenience, but no later than November 30.** If there is a last minute change of delegate, please let us know before the meeting date by contacting ACWA's Executive Assistant/Clerk of the Board, Donna Pangborn, at 916-441-4545 or donnap@acwa.com. If necessary, completed forms can be hand-carried to the conference. However, in order to vote, this form must be on file with ACWA prior to close of business on Tuesday, November 30.

If you have any questions, do not hesitate to contact us by telephone or e-mail.

dgp

Enclosures:

1. General Session Membership Meeting – Agenda, December 1, 2010
2. General Session Membership Meeting – Minutes, December 2, 2009
3. Proposed ACWA Bylaws Amendments
4. Current ACWA Bylaws
5. Proxy Form

BIG BEAR MUNICIPAL WATER DISTRICT
REPORT TO BOARD OF DIRECTORS

MEETING DATE: November 18, 2010 ***AGENDA ITEM: 9A***

SUBJECT:

CONSIDER CHANGE FROM ACWA TO CALPERS HEALTH INSURANCE COVERAGE

RECOMMENDATION:

The General Manager and the Administrative Committee (Directors Fashempour & Suhay) recommend approval of this proposal.

DISCUSSION/FINDINGS:

While attending a recent CalPERS annual conference Director Murphy investigated health insurance coverage and costs through CalPERS. Based on his conversations it appeared that the District could save a considerable amount of money beginning in 2011 if the ACWA plan was dropped and we moved to CalPERS. The six month health insurance costs with ACWA is scheduled to increase by about $20,000 on January 1, 2011. If the District switched to a CalPERS plan the health insurance costs would essentially remain the same. Staff studied the two plans and has determined that, with some minor differences, the coverage is similar. The HMO (Blue Shield Access +) office visit co-pay for a CalPERS plan is $15.00, $5.00 higher and the annual co-pay maximum for an individual and family is $1,500 and $3,000 respectively compared to $500.00 and $1,500 with ACWA's HMO. Generic, brand and non-formulary prescriptions would remain unchanged at $5.00, $15.00 and $45.00 respectively. Some advantages with CalPERS include participation by employees is voluntary, access to the insurance plan for retirees for a low cost to the District, probable future savings compared to other plans because of the buying power of CalPERS. A disadvantage to a change is that the District will have to offer retirees participation in the health plan at a cost to the District if they decide to participate. If a retiree chooses to participate the cost to the District increases in 5% increments over a 20 year time period to the minimum level contribution the District contracts for. The minimum level today is $108/month. For example if an employee retires in 2011, by the year 2021 the monthly cost to the District would be $108/month ($1,296/year) assuming no adjustments to the minimum contract amount are made for cost of living etc. After the 20 year period a new retiree choosing a CalPERS health plan would cost the District $108/month. The retiree is responsible for paying the difference between the minimum contract amount and the actual cost of the health insurance plan. The District's $108/month would be considered a post retirement benefit for reporting purposes and the District would have to disclose how it is funding the expense on an annual basis. If the Board approves a change in the District health insurance provider ACWA must be notified 60 days before the change takes place and CalPERS must receive a resolution adopting a contract by the 10th of the month prior to the insurance change taking place. The Administrative Committee recommends the District switch to the CalPERS health insurance plan and take the necessary actions to initiate the changes via resolution or other methods at the next Board meeting. A copy of the CalPERS Health Benefit Summary is attached.

OTHER AGENCY INVOLVEMENT: None

Submitted by: Scott Heule, General Manager

CalPERS 2011 Regional Health Premiums

Contracting Agencies Only - Basic Plans

Basic	2010			2011			Percent Change (+/-)
	Single	2-Party	Family	Single	2-Party	Family	
Basic Premium Rates - Bay Area							
Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yolo, Yuba							
Blue Shield Access+	$577.33	$1,154.66	$1,501.06	$675.51	$1,351.02	$1,756.33	17.01%
Blue Shield NetValue	500.35	1,000.70	1,300.91	581.24	1,162.48	1,511.22	16.17%
Kaiser CA	532.56	1,065.12	1,384.66	568.99	1,137.98	1,479.37	6.84%
PERS Choice	508.74	1,017.48	1,322.72	563.40	1,126.80	1,464.84	10.74%
PERS Select	474.93	949.86	1,234.82	492.68	985.36	1,280.97	3.74%
PERSCare	868.17	1,736.34	2,257.24	893.95	1,787.90	2,324.27	2.97%
PORAC	484.00	906.00	1,151.00	527.00	987.00	1,254.00	8.94%
Basic Premium Rates - Sacramento							
El Dorado, Placer, Sacramento							
Blue Shield Access+	$519.57	$1,039.14	$1,350.88	$609.14	$1,218.28	$1,583.76	17.24%
Blue Shield NetValue	473.48	946.96	1,231.05	541.43	1,082.86	1,407.72	14.35%
Kaiser CA	502.56	1,005.12	1,306.66	524.51	1,049.02	1,363.73	4.37%
PERS Choice	458.36	916.72	1,191.74	524.04	1,048.08	1,362.50	14.33%
PERS Select	427.90	855.80	1,112.54	458.27	916.54	1,191.50	7.10%
PERSCare	782.19	1,564.38	2,033.69	831.50	1,663.00	2,161.90	6.30%
PORAC	484.00	906.00	1,151.00	527.00	987.00	1,254.00	8.94%
Basic Premium Rates - Los Angeles Area							
Los Angeles, San Bernardino, Ventura							
Blue Shield Access+ *	$424.69	$849.38	$1,104.19	$496.93	$993.86	$1,292.02	17.01%
Blue Shield Advantage	424.69	849.38	1104.19	496.93	993.86	1,292.02	17.01%
~~Blue Shield NetValue *~~	~~368.06~~	~~736.12~~	~~956.96~~	~~427.58~~	~~855.16~~	~~1,111.71~~	~~16.17%~~
Blue Shield NetValue Advantage	368.06	736.12	956.96	427.58	855.16	1,111.71	16.17%
Kaiser CA	413.17	826.34	1,074.24	434.00	868.00	1,128.40	5.04%
PERS Choice	452.41	904.82	1,176.27	496.15	992.30	1,289.99	9.67%
PERS Select	422.35	844.70	1,098.11	433.87	867.74	1,128.06	2.73%
PERSCare	772.05	1,544.10	2,007.33	787.24	1,574.48	2,046.82	1.97%
PORAC	484.00	906.00	1,151.00	527.00	987.00	1,254.00	8.94%
Basic Premium Rates - Other Southern California							
Fresno, Imperial, Inyo, Kern, Kings, Madera, Riverside, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare							
Blue Shield Access+ *	$485.29	$970.58	$1,261.75	$567.87	$1,135.74	$1,476.46	17.02%
Blue Shield Advantage	485.29	$970.58	$1,261.75	$567.87	$1,135.74	$1,476.46	17.02%
~~Blue Shield NetValue *~~	~~420.59~~	~~841.18~~	~~1,093.53~~	~~488.62~~	~~977.24~~	~~1,270.41~~	~~16.17%~~
Blue Shield NetValue Advantage	420.59	841.18	1,093.53	488.62	977.24	1,270.41	16.17%
Kaiser CA	454.99	909.98	1,182.97	477.95	955.90	1,242.67	5.05%
PERS Choice	472.83	945.66	1,229.36	516.28	1,032.56	1,342.33	9.19%
PERS Select	441.41	882.82	1,147.67	451.48	902.96	1,173.85	2.28%
PERSCare	806.89	1,613.78	2,097.91	819.18	1,638.36	2,129.87	1.52%
PORAC	484.00	906.00	1,151.00	527.00	987.00	1,254.00	8.94%
Basic Premium Rates - Other Northern California							
Alpine, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity, Tuolumne							
Blue Shield Access+	$586.02	$1,172.04	$1,523.65	$685.67	$1,371.34	$1,782.74	17.00%
Kaiser CA	539.49	1,078.98	1,402.67	574.32	1,148.64	1,493.23	6.46%
PERS Choice	492.41	984.82	1,280.27	548.78	1,097.56	1,426.83	11.45%
PERS Select	459.69	919.38	1,195.19	479.90	959.80	1,247.74	4.40%
PERSCare	840.31	1,680.62	2,184.81	870.76	1,741.52	2,263.98	3.62%
PORAC	484.00	906.00	1,151.00	527.00	987.00	1,254.00	8.94%
Basic Premium Rates - Out of State							
Kaiser/Out of State	$724.69	$1,449.38	$1,884.19	$785.28	$1,570.56	$2,041.73	8.36%
PERS Choice	579.58	1,159.16	1,506.91	636.97	1,273.94	1,656.12	9.90%
PERSCare	989.07	1,978.14	2,571.58	1,010.68	2,021.36	2,627.77	2.18%
PORAC	484.00	906.00	1,151.00	527.00	987.00	1,254.00	8.94%

* Blue Shield Access+ and Blue Shield NetValue are called Blue Shield Advantage and Blue Shield NetValue Advantage Plans in all or parts of Fresno, Kern, Los Angeles, Madera, Orange, Riverside, San Bernardino, San Luis Obispo and Ventura Counties. Plan benefit design and cost is identical.

CalPERS 2011 Health Premiums (continued)

Medicare Plans

Medicare	2010			2011			Percent Change (+/-)
	Single	2-Party	Family	Single	2-Party	Family	
Medicare Premium Rates - All Regions							
Blue Shield Access+	$299.53	$599.06	$898.59	$337.88	$675.76	$1,013.64	12.80%
Blue Shield NetValue	299.53	599.06	898.59	337.88	675.76	1,013.64	12.80%
Blue Shield Advantage (65+)*	299.53	599.06	898.59	337.88	675.76	1,013.64	12.80%
Blue Shield NetValue Advantage (65+)*	299.53	599.06	898.59	337.88	675.76	1,013.64	12.80%
Kaiser CA	298.36	596.72	895.08	282.30	564.60	846.90	-5.38%
Kaiser/Out of State	319.34	638.68	958.02	354.81	709.62	1,064.43	11.11%
PERS Choice	356.09	712.18	1,068.27	375.88	751.76	1,127.64	5.56%
PERS Select	356.09	712.18	1,068.27	375.88	751.76	1,127.64	5.56%
PERSCare	410.60	821.20	1,231.80	433.66	867.32	1,300.98	5.62%
PORAC	363.00	723.00	1,157.00	418.00	833.00	1,331.00	15.19%

PEMHCA REQUIREMENT

The CalPERS Health Benefits Program is governed by the Public Employees' Medical and Hospital Care Act (PEMHCA). PEMHCA requires, by law, that Medicare-eligible retirees enrolling in CalPERS health plans enroll in a Supplement to Medicare or Managed Medicare Plan.

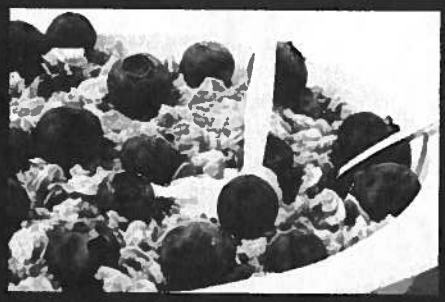
MANAGED MEDICARE PLANS

- Please note that Kaiser California and Kaiser Out of State Medicare Plans are Managed Medicare Plans, and require assignment of Medicare benefits to Kaiser.
- Blue Shield Medicare Plans in Northern California are Supplement to Medicare Plans; in Southern California, they are Managed Medicare Plans, called Blue Shield 65+ (Medicare Advantage Plans) and require assignment of Medicare benefits to Blue Shield. The Blue Shield 65+ (Advantage Medicare and NetValue Advantage Medicare) plans replace Access+ and NetValue in all or parts of Fresno, Kern, Los Angeles, Madera, Orange, Riverside, San Bernardino, San Luis Obispo and Ventura Counties.
- Managed Medicare Plan enrollees will need to unassign their Medicare benefits prior to enrolling in another Medicare plan.

COMBINATION PLAN

If a retiree is in a Basic Plan and has a dependent in a Medicare-coordinated plan, or vice-versa, this is called a combination plan. Generally, you can add the cost of one-party basic and one-party Managed or Supplement to Medicare plan to calculate the combination plan cost. If there are more than two enrollees on the combination plan, please refer to the CalPERS website for plan cost: www.calpers.ca.gov

CalPERS



November 10, 2010
Big Bear Municipal Water District Lake Management`

Presented by Rod Wilkinson
Marketing Analyst, CalPERS Health Benefits Program

History, Highlights, and Features

CALPERS BACKGROUND

- Over 45 years providing health benefits
- Governed by the Public Employees' Medical and Hospital Care Act (PEMHCA)
- Largest health purchaser in California; second largest purchaser in the nation
- Covers all of California
- Has national and international capabilities
-

CALPERS HEALTH PROGRAM STATISTICS & HIGHLIGHTS

- Over 1.3 million members in the Health Benefits Program (Largest community risk pool in California)
- 1,160 Public Agencies and Schools enrolled
- Spends $5.7 billion to purchase health benefits annually

National HMO Rate Increases vs. CalPERS HMO Rate Increases

Year	National HMO Increases	HMO Increases
2006	10.00%	8.70%
2007	8.20%	11.60%
2008	9.40%	7.40%
2009	9.00%	6.60%
2010	11.80%	3.40%

OUR HEALTH PROGRAM FEATURES

• **Utilization**	No utilization review
• **Administrative Fee**	Lowest administrative costs in the State – 0.37%, no commission
• **Billing/Enrollment**	Free automated enrollment and employer-based billing system (ACES)
• **Customer Service**	Toll-free number for member and employer call centers (888-CALPERS) and Eight Regional Offices Statewide for in person service
• **Contract Protection**	Guarantees your agency's health plan will not be cancelled as a result of costly health claims
• **HBO for Retirees**	CalPERS serves as the Health Benefits Officer for retirees
• **HBO Training**	Free training for your agency's Health Benefits Officers
• **Labor**	Reduced labor relations time – rate/benefit design negotiations done by CalPERS
• **Live/Work Rule**	Active members can use either their work or home zip code to qualify for health plans. The zip code used will automatically be the member's residence unless requested otherwise.
• **Employer Engagement**	Employers can be involved with the program through CalPERS Health Benefits Constituency Workgroup meetings and rate seminars
• **Participation**	100% participation not required
• **Pre-existing Conditions**	CalPERS does not exclude or have a waiting period for members with a pre-existing condition
• **Retiree Health**	Health benefits available to eligible retired members of contracting agencies
• **Survivor Health**	Health benefits available to eligible survivors and dependents
COBRA	Employer notifies the active employees of COBRA event eligibility. The carrier bills the member directly
• **Wellness Programs**	Cutting-edge wellness and disease management programs

CalPERS Eligibility & Enrollment

WHO IS ELIGIBLE TO ENROLL?

1) **Active Employees**

Tenure	Position greater than six months and one day or appointed to work full-time
Time	Work at least half-time
Retirement Contribution	Must be an eligible member of the agency's retirement system
Contract with CalPERS	Employer must be contracting with CalPERS for Health Benefits

2) **Annuitants (Retirees)**

Separation	Retire within 120 days of separation date to be eligible
Warrant Check	Receive a monthly retirement warrant (check)
Contract with CalPERS	Employer must be contracting with CalPERS for Health Benefits

3) **Family Members**

Spouse – Can be added within 60 days after the date of marriage or during any open enrollment period. Copy of a marriage certificate and spouse's Social Security number are required.

Domestic Partners – Can be added within 60 days after the date of domestic partner registration or during any open enrollment period. Persons of the same sex who are at least 18 years of age, or persons of the opposite sex one of whom must be over the age of 62. Must be registered with the Secretary of State. Children of domestic partners are also eligible.

Natural, Step, or Adopted Children - Unmarried children up to the age of 23 are eligible. They are not required to be living at home or be a registered student. Copies of the birth certificate or adoption papers are required.(Will change to age 26 on 1/1/2011 in accordance with National Healthcare Reform)

Economically Dependent Children – An unmarried child who resides with you and is economically dependent upon you for support (i.e. grandchildren).

Certified Disabled Dependent – A child over the age of 23 who has never been married and is incapable of self-support due to a mental or physical disability that existed prior to the age of 23.

Survivor – The survivor(s) of an eligible annuitant, who qualifies for a monthly warrant through CalPERS or STRS (other conditions may apply to non-PERS agencies).

ENROLLMENT RESTRICTIONS

Dual Enrollment/Coverage – This occurs when an individual is enrolled in a CalPERS plan as both a member and a dependent or as a dependent on two enrollments. This is not permitted.

Split Enrollment – This occurs when children and/or dependents are split between parents that are both enrolled into the CalPERS health plan. All children must be enrolled under one parent, not split between two parents each under a CalPERS Health Plan.

ENROLLMENT PERIODS

Open Enrollment – Every Fall so members can change health plans with an effective date January 1. Sep 10 / Oct 15

Qualifying Events – These include events such as moving, experiencing a change in a Medicare coordinated health plan, which allow you to change your health plan.

Annual Rate Renewal & Employer Contracting

ANNUAL HEALTH PLAN RATE RENEWAL

- January – May The CalPERS Board negotiates rates for the following year
- June CalPERS announces Health Plan Benefit Designs and Rates
- Calendar Year Rates are based on a calendar year (January 1st to December 31st)

EMPLOYER CONTRACTING OPTIONS

Contract Resolution Methods

- **Single Resolution (All or All By Group)**
  - Employee group(s) are on one contract resolution
  - If one group chooses to discontinue health benefits, all groups must discontinue

- **Multiple Resolution (By Group)**
  - Each employee group uses a separate contract resolution
  - Individual groups within the agency have the flexibility to make changes without affecting other groups.

Contribution Methods

- **Equal (GC 22892 b)**
  - Employer makes an equal monthly contribution amount to both active employees and retirees PARTICIPATING in a CalPERS Health Program
  - Employers set level of contribution as long as it meets the minimum contribution as outlined in PEMHCA

- **Unequal (GC 22892 c)**
  - Employer provides a lower contribution amount to annuitants PARTICIPATING in a CalPERS Health Program
  - Initial contribution may be as low as one dollar per month per annuitant.
  - Based upon the active employee contribution amount, the employer contribution for annuitants are increased on an annual basis
  - The annual increase will continue at a rate of 5% for each year of participation until both active employees and retirees reach parity

OPTIONAL EMPLOYER RESOLUTIONS

Vesting Resolution (GC 22893 for public agencies & 22895 for schools only)
This resolution allows an agency to implement a "years of service" criterion for employees/retirees to qualify for retirement health benefits.

Survivorship Resolution (GC 22819)
Allows an agency to provide health benefits to survivors not otherwise eligible.

Less Than Half-Time Resolution (GC 22807)
Allows an agency to provide health benefits to employees that are working less than half-time.

AGENCY LEVEL OPTIONS (not administered by CalPERS)

- Dental Plan
- Vision Plan
- Life Insurance Plan

CalPERS Health Plans

AVAILABLE HEALTH PLAN PROGRAMS

PPO (self funded)	PERS Select, PERS Choice, PERS Care All PPO plans administered through Anthem Blue Cross for medical and Medco Health Solutions for pharmacy
HMO	Kaiser Permanente, Blue Shield Access+, Blue Shield NetValue
Association Plan	**Peace Officers Research Association of California (PORAC)** This plan is available to dues-paying law enforcement and firefighter members

CALPERS PPO PLAN FEATURES

Features	PERS Care	PERS Choice	PERS Select
Co-Insurance	**90% /10%**	**80% / 20%**	**80% / 20%**
Physician Network	**Anywhere in California, nationwide, and worldwide on a non-emergency basis**	**Anywhere in California, nationwide, and worldwide on a non-emergency basis**	***CA Residents Only*** **Serves 54 California Counties** Not available in the following counties: Alameda, Marin, Placer, and Solano
Physician Office Visits	**$20**		
Preventive Care (Periodic Health Exam/Preventative Care, Gynecological Exam, Immunization/Inoculation, Well Baby Care)	**$0**		
Calendar Year Deductible	**Individual: $500**		
	Family: $1,000		
Maximum Medical Out-of-Pocket	**Individual: $2,000** **Family: $4,000** *Pharmacy annual out-of-pocket per calendar year is $1,000 in co-pays per person.* *This does not pertain to retail but only for the mail order program*	**Individual: $3,000** **Family: $6,000** *Pharmacy annual out-of-pocket per calendar year is $1,000 in co-pays per person.* *This does not pertain to retail but only for the mail order program*	**Individual: $3,000** **Family: $6,000** *Pharmacy annual out-of-pocket per calendar year is $1,000 in co-pays per person.* *This does not pertain to retail but only for the mail order program*
Retail Pharmacy (up to 30 day supply)	**Generic: $5** **Brand: $15**	**Generic: $5** **Brand: $15**	**Generic: $5** **Brand: $15**

CalPERS Health Plans

CALPERS HMO PLAN FEATURES

Features	Kaiser	Blue Shield Access +	Blue Shield NetValue
Provider Network	**Serves 30 California Counties** Out-of-State Coverage (by zip code): Colorado, Georgia, Hawaii, Maryland, Ohio, Oregon, Virginia, Washington, Washington D.C.	**Serves 38 California Counties**	**Serves 21 California Counties** El Dorado, Fresno, Imperial, Kern, Kings, Los Angeles, Madera, Nevada, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Ventura, Yolo
Physician Office Visit	**$15 per visit**		
Preventive Care (Periodic health exams/screenings, pre/post-natal care, well baby visits, allergy injections, immunizations, hearing evaluations, mammograms, annual physical)	**Physician office visit co-pay waived for preventative care**		
Emergency Room	**$50 per visit (waived if admitted)**		
Urgent Care	**$15 co-pay**		
Retail Pharmacy (up to 30 day supply)	**Generic: $5 Brand: $15**	**Generic: $5 Brand: $15 Non-Formulary: $45**	**Generic: $5 Brand: $15 Non-Formulary: $45**

HELPFUL WEBSITES

www.calpers.ca.gov — CalPERS website has health plan information and updates, legislation and laws relating to health care, provider questions, and other health care issues.

www.blueshieldca.com/calpers - Website contains information about two CalPERS HMO Plans (Access+, NetValue)

http://my.kaiserpermanente.org/ca/calpers/ — Kaiser website for CalPERS members.

www.anthem.com/ca/calpers — Anthem Blue Cross website contains information CalPERS self-funded health plans (PERS Care, PERS Choice, PERS Select)

www.medco.com/calpers — Medco, pharmacy administrator for the PPO plans.

www.porac.org — Peace Officers Research Association of California (PORAC) website

www.dmhc.ca.gov — Social security website has information regarding social security eligibility, frequently asked questions, laws and regulations, and other pertinent information.

www.ca.gov — Website contains California Code of Regulations and other information relating to health care.

www.cms.hhs.gov — Centers for Medicare and Medicaid with administers the Medicare and Medicaid programs.

www.medicare.gov — Medicare website contains important information about Medicare health benefits and eligibility.

www.hhs.gov — Health and Human Services website contains information on aging and also has a link to Health Care Financing Administration (HCFA).

www.ss.ca.gov — Secretary of State website contains information on Domestic Partner registration.

2011 Health Benefit Summary

Helping you make an informed choice
about your health plan

CalPERS

About This Publication

The ***2011 Health Benefit Summary*** provides valuable information to help you make an informed choice about your health plan and health care providers. This publication compares covered services, co-payments, and benefits for each CalPERS health plan. It also provides information about plan availability by county and a chart summarizing the key differences between a Health Maintenance Organization (HMO) and a Preferred Provider Organization (PPO).

You can use this information to determine which health plans offer the services you need at costs that work for you. The 2011 health plan premiums are available at CalPERS On-Line at **www.calpers.ca.gov.** Check with your employer to find out how much they contribute toward your premium. This publication is one of many resources CalPERS offers to help you choose and use your health plan. Others include:

- ***Health Program Guide***
  Describes Basic and Medicare health plan eligibility, enrollment, and choices

- ***CalPERS Medicare Enrollment Guide***
  Provides information about how Medicare works with your CalPERS health benefits

You can obtain the above publications and other information about your CalPERS health benefits through my|CalPERS at http://my.calpers.ca.gov or by calling CalPERS at 888 CalPERS (or 888-225-7377).

As federal regulations related to the various elements of Health Care Reform are released, CalPERS may need to modify benefits. For up-to-date information about your CalPERS health benefits and Health Care Reform, please refer to the National Health Care Reform link on CalPERS On-Line at www.calpers.ca.gov.

Contents

CalPERS Health Program Vision Statement

CalPERS will lead in the promotion of health and wellness of our members through best-in-class, data-driven, cost-effective, quality, and sustainable health benefit options for our members and employers.

We will engage our members, employers, and other stakeholders as active partners in this pursuit and be a leader for health care reform both in California and nationally.

Evidence of Coverage Booklets

The *2011 Health Benefit Summary* provides only a general overview of benefits. It does not include details of all covered expenses or exclusions and limitations. Please refer to each health plan's *Evidence of Coverage* (EOC) booklet for the exact terms and conditions of coverage. Health plans mail EOCs to new members at the beginning of the year, and to existing members upon request. In case of a conflict between this summary and your health plan's EOC, the EOC establishes the benefits that will be provided. (Note: Some health plans require binding arbitration to resolve disputes. Please refer to the plan's 2011 EOC for more information.)

This publication is to be used only in conjunction with the current year's rate schedule and EOCs. To obtain a copy of the rate schedule for any health plan, please go to CalPERS On-Line at www.calpers.ca.gov or contact CalPERS at 888 CalPERS (or 888-225-7377).

Considering Your Health Plan Choices

Selecting a health plan for yourself and your family is one of the most important decisions you will make. This decision involves balancing the cost of each plan, along with other features, such as access to doctors and hospitals, pharmacy services, and special programs for managing specific medical conditions. Choosing the right plan ensures that you receive the health benefits and services that matter to you.

If you are a new CalPERS member or you are considering changing your health plan during Open Enrollment, you will need to make two related decisions:

- Which health plan is best for you and your family?
- Which doctors and hospitals do you want to provide your care?

The combination of health plan and providers that is right for you depends on a variety of factors, such as whether you prefer a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO); your premium and out-of-pocket costs; and whether you want to have access to specific doctors and hospitals. You may also want to consider how other CalPERS members rate the health plans.

We realize that comparing health plan benefits, features, and costs can be complicated. This section provides information that can simplify your decision-making process. As you begin that process, following are some questions you should ask:

- Do you prefer to receive your health care from an HMO or PPO? Your preference will impact the plans available to you, your access to health care providers, and how much you pay for certain services. See the chart on the next page for a summary of the differences between HMO and PPO plans.
- What are the costs (premiums, co-payments, deductibles, and out-of-pocket costs)? Beginning on page 14 of this booklet, you will find information about benefits, co-payments, and covered services. Visit CalPERS On-Line at **www.calpers.ca.gov** to find out what the premiums are for the various plans.
- Does the plan provide access to the doctors and hospitals you want? Contact health plans directly for this information. See the "Health Plan Directory" on page 12 of this booklet for health plan contact information.

Understanding How HMO and PPO Plans Work

The following chart will help you understand some important differences between HMO and PPO health plans.

Features	HMO	PPO
Accessing health care providers	Contracts with providers (doctors, medical groups, hospitals, labs, pharmacies, etc.) to provide you services at a fixed price	Gives you access to a network of health care providers (doctors, hospitals, labs, pharmacies, etc.) known as preferred providers
Selecting a primary care physician (PCP)	Requires you to select a PCP who will work with you to manage your health care needs[1]	Does not require you to select a PCP
Seeing a specialist	Requires advance approval from the medical group or health plan for some services, such as treatment by a specialist or certain types of tests	Allows you access to many types of services without receiving a referral or advance approval
Obtaining care	Generally requires you to obtain care from providers who are a part of the plan network Requires you to pay the total cost of services if you obtain care outside the HMO's provider network without a referral from the health plan (except for emergency and urgent care services)	Encourages you to seek services from preferred providers to ensure your deductibles and co-payments are counted toward your calendar year out-of-pocket maximums[2] Allows you the option of seeing nonpreferred providers, but requires you to pay a higher percentage of the bill[3]
Paying for services	Requires you to make a small co-payment for most services	Limits the amount preferred providers can charge you for services Considers the PPO plan payment plus any deductibles and co-payments you make as payment in full for services rendered by a preferred provider

[1] Your PCP may be part of a medical group that has contracted with the health plan to perform some functions, including treatment authorization, referrals to specialists, and initial grievance processing.

[2] Once you meet your annual deductible and co-insurance, the plan pays 100 percent of medical claims for the remainder of the calendar year; however, you will continue to be responsible for co-payments for physician office visits, pharmacy, and other services.

[3] Non-preferred providers have not contracted with the health plan; therefore, you will be responsible for paying any applicable member deductibles or co-payments, plus any amount in excess of the allowed amount.

CalPERS HMO and PPO Health Plan Choices

Depending on where you reside or work, your Basic and Medicare health plan options may include the following:

Basic HMO Health Plans	Basic PPO Health Plans	Supplement to Medicare HMO Health Plans	Supplement to Medicare PPO Health Plans	HMO Medicare Managed Care Plans (Medicare Advantage)	Out-of-State Plan Choices
Blue Shield of California (Blue Shield) Access+	PERS Select	Blue Shield Access+	PERS Select	Kaiser Permanente Senior Advantage	PERS Choice (PPO)
Blue Shield NetValue	PERS Choice	Blue Shield NetValue	PERS Choice	Blue Shield 65 Plus[3]	PERSCare (PPO)
Kaiser Permanente[1]	PERSCare	CCPOA Medical Plan[2]	PERSCare		Kaiser Permanente (HMO) [1, 4]
California Correctional Peace Officers Association (CCPOA) Medical Plan[2]	California Association of Highway Patrolmen (CAHP) Health Plan[2]		CAHP Health Plan[2]		PORAC Police and Fire Health Plan (PPO)[2]
	Peace Officers Research Association of California (PORAC) Police and Fire Health Plan[2]		PORAC Police and Fire Health Plan[2]		

Note: CalPERS also offers both Basic and Medicare enrollees in Colusa, Mendocino, and Sierra counties the choice of selecting the Blue Shield Exclusive Provider Organization (EPO) Health Plan. See the current ***Health Program Guide*** for more information about EPOs as well as detailed health plan eligibility and enrollment guidelines.

[1] Kaiser Permanente requires binding arbitration.

[2] You must belong to the specific employee association and pay applicable dues to enroll in an Association Plan (CCPOA, CAHP, or PORAC).

[3] This is the Medicare Advantage plan for Blue Shield NetValue and Access+.

[4] Kaiser Permanente (HMO) is available in parts of the following states: CO, GA, HI, MD, OH, OR, VA, WA, and Washington, D.C. Costs and some benefits may vary outside of California.

Contacting a Health Plan

If you have a specific question about a plan's coverage, benefits, or participating providers, please contact the plan directly. See the "Health Plan Directory" on page 12 for the phone number and website of each plan.

Choosing Your Doctor and Hospital

Once you choose a health plan, you should find a primary care physician. Except in the case of an emergency, the doctors you can use — and the medical groups and hospitals you will have access to — will depend on your choice of health plan.

Many people find their doctor by asking neighbors or co-workers for a doctor's name. Others receive referrals from doctors they already know. Still others simply pick a physician from their health plan who happens to be nearby. Once you choose a doctor, call the doctor's office and ask if he or she affiliates with the plan you are selecting and the hospital you prefer to use. You can also use the *Health Plan Chooser* tool (described on pages 8–9), which is available on the CalPERS website at **www.calpers.ca.gov** to find out which plans include your doctor. Either way, you should confirm that the doctor is taking new patients in the plan you select.

If you need to be hospitalized, your health plan or medical group will have certain hospitals that you are able to use. If you prefer a particular hospital, you should make sure the health plan you select contracts with that hospital. See the chart on page 13 for a list of resources that can help you evaluate and select a doctor and hospital.

Enrolling in a Health Plan Using Your Residential or Work ZIP Code

Some of our health plans are only available in certain counties and/or ZIP Codes. As you consider your health plan choices, you should determine which health plans are available in the ZIP Code in which you are enrolling.

In general, if you are an active employee or a working CalPERS retiree, you may enroll in a health plan using either your residential or work ZIP Code. To enroll in a Medicare Advantage plan, you must use your residential address.

If you are a retired CalPERS member, you may select any health plan in your residential ZIP Code area. You cannot use the address of the CalPERS-covered employer from which you retired to establish ZIP Code eligibility.

If you use your residential ZIP Code, all enrolled dependents must reside in the health plan's service area. When you use your work ZIP Code, all enrolled dependents must receive all covered services (except emergency and urgent care) within the health plan's service area, even if they do not reside in that area.

To determine if the health plan you are considering provides service where you reside or work, see the "Health Plan Availability by County" chart on the following page. If you have questions about plan availability or coverage, or wish to obtain a copy of the *Evidence of Coverage*, contact the health plans using the "Health Plan Directory" on page 12.

Health Plan Availability by County

Some health plans are only available in certain counties and/or ZIP Codes. Use the chart below to determine if the health plan you are considering provides service where you reside or work. Contact the plan before enrolling to make sure they cover your ZIP Code and that their provider network is accepting new patients in your area. You may also use our online service, the *Health Plan Search by ZIP Code*, available at **www.calpers.ca.gov.**

County	Blue Shield Access+ & EPO	Blue Shield NetValue	Blue Shield 65 Plus	CAHP	CCPOA	Kaiser Permanente	PERS Choice	PERS Select	PERSCare	PORAC
Alameda	●			●	●	●	●		●	●
Alpine				●			●	●	●	●
Amador				●		●	●	●	●	●
Butte	●			●	●		●	●	●	●
Calaveras				●			●	●	●	●
Colusa	▲			●			●	●	●	●
Contra Costa	●			●	●	●	●	●	●	●
Del Norte				●			●	●	●	●
El Dorado	●	●		●	●	●	●	●	●	●
Fresno	●	●	●	●	●	●	●	●	●	●
Glenn	●			●	●		●	●	●	●
Humboldt	●			●			●	●	●	●
Imperial	●	●		●	●		●	●	●	●
Inyo				●			●	●	●	●
Kern	●	●	●	●	●	●	●	●	●	●
Kings	●	●		●	●	●	●	●	●	●
Lake				●			●	●	●	●
Lassen				●			●	●	●	●
Los Angeles	●	●	●	●	●	●	●	●	●	●
Madera	●	●	●	●	●	●	●	●	●	●
Marin	●			●	●	●	●		●	●
Mariposa	●			●	●	●	●	●	●	●
Mendocino	▲			●			●	●	●	●
Merced	●			●	●		●	●	●	●
Modoc				●			●	●	●	●
Mono				●			●	●	●	●
Monterey				●			●	●	●	●
Napa				●		●	●	●	●	●
Nevada	●	●		●	●		●	●	●	●
Orange	●	●	●	●	●	●	●	●	●	●

Chart Legend

- ● Health plan covers all or part of county.
- ▲ The Blue Shield EPO plan serves Colusa, Mendocino, and Sierra counties only. The EPO plan offers the same covered services as the Access+ HMO plan, but members must seek services from Blue Shield's network of preferred providers. Members are not required to select a personal physician.

County	Blue Shield Access+ & EPO	Blue Shield NetValue	Blue Shield 65 Plus	CAHP	CCPOA	Kaiser Permanente	PERS Choice	PERS Select	PERSCare	PORAC
Placer	●	●		●	●	●	●		●	●
Plumas				●			●	●	●	●
Riverside	●	●	●	●	●	●	●	●	●	●
Sacramento	●	●		●	●	●	●	●	●	●
San Benito				●			●	●	●	●
San Bernardino	●	●	●	●	●	●	●	●	●	●
San Diego	●	●		●	●	●	●	●	●	●
San Francisco	●	●		●	●	●	●	●	●	●
San Joaquin	●	●		●	●	●	●	●	●	●
San Luis Obispo	●	●	●	●	●		●	●	●	●
San Mateo	●	●		●	●	●	●	●	●	●
Santa Barbara	●	●		●	●		●	●	●	●
Santa Clara	●	●		●	●	●	●	●	●	●
Santa Cruz	●	●		●	●		●	●	●	●
Shasta				●			●	●	●	●
Sierra	▲			●			●	●	●	●
Siskiyou				●			●	●	●	●
Solano	●			●	●	●	●		●	●
Sonoma	●			●	●	●	●	●	●	●
Stanislaus	●			●	●	●	●	●	●	●
Sutter				●		●	●	●	●	●
Tehama				●			●	●	●	●
Trinity				●			●	●	●	●
Tulare	●			●	●	●	●	●	●	●
Tuolumne				●			●	●	●	●
Ventura	●	●	●	●	●	●	●	●	●	●
Yolo	●	●		●	●	●	●	●	●	●
Yuba				●		●	●	●	●	●
Out-of-State						●	●		●	●

Tools to Help You Choose Your Health Plan

This section provides a variety of information that can help you evaluate your health plan choices. Included here are details about using my|CalPERS, the *Health Plan Chooser,* and the *Health Plan Choice Worksheet,* as well as information about health plan ratings based on our annual member survey. The section also includes a tip about how you can save money by selecting a high-performance network.

Accessing Health Plan Information with my|CalPERS

You can use my|CalPERS, our secure, personalized website, to get one-stop access to all your current health plan information, including details about which family members are enrolled. You can also use it to search for other health plans that are available in your area, access CalPERS Health Program forms, order Health Program publications, and find additional information about CalPERS health plans. During Open Enrollment, retirees can use my|CalPERS — available at http://my.calpers.ca.gov — to change their health plan.

Comparing Your Options: Health Plan Chooser

The *Health Plan Chooser* is an online tool that provides a convenient way to evaluate your health plan options and make a decision about which plan is best for you and your family. With this easy-to-use tool, you can weigh plan benefits and costs, search for specific doctors, and view overall plan satisfaction ratings.

The Chooser is available to help you make health plan decisions at any time. You can use it if:

- You want to find a new health plan during Open Enrollment.
- You want to change your primary care doctor or find a new specialist.
- You are a new employee and want to evaluate your health plan options.
- Your employer just began offering the CalPERS Health Benefits Program, and you need to choose a plan.
- Your marital status or enrollment area has changed.
- You are planning for retirement and want to explore your health plan options.
- You become eligible for Medicare.

The Chooser takes you through five steps that provide you with key information about each health plan. At each step, you can rate the plans. When you finish, the Chooser gives you a Results Summary chart highlighting the plan(s) you rated as the best fit in each category. This chart allows you to easily determine which plan meets your needs.

> The *Health Plan Chooser* provides customized help in selecting the health plan that is right for you and your family. You can find the *Health Plan Chooser* by visiting CalPERS On-Line at www.calpers.ca.gov.

How to Use the Health Plan Chooser

Step 1. Estimate Your Costs

Your out-of-pocket costs will differ from plan to plan depending on several factors, including how much your employer contributes toward your premium, how often you go to the doctor, and how many prescriptions you fill each year. A chronic illness (e.g., heart disease, asthma, diabetes) can also affect your out-of-pocket costs. When you enter specific information about these variables into the Chooser, you will receive an estimate of how much your out-of-pocket costs will be each year. (Remember that any dollar amounts indicated on the Chooser are estimates only.)

Step 2. Find a Doctor

Unless you moved recently, you probably already have a primary care doctor. You can use the health plan links on the Chooser to see if your doctor is in the health plan you are considering. If your doctor is not in the plan you are considering or if you would like to change doctors, you can search for physicians in your area by name or by specialty.

Step 3. Review Member Ratings of Health Plans

The Chooser allows you to compare member ratings for the health plans. The member ratings indicate how other CalPERS members rate the plans. You can consider overall ratings as well as ratings in key areas, such as personal doctors, specialists, getting needed care, getting prescriptions easily, customer service, and accessing a plan's website.

Step 4. Evaluate Plan Features

On the surface, you may think that all health plans are pretty much the same — but if you look more closely, you will find differences in several areas. The Chooser helps you identify the differences by allowing you to evaluate features in three categories:

- Help to Stay Healthy
- Medical Conditions
- How to Save Money

For example, if you smoke and would like to quit, you can find out what type of "stop smoking" program each plan offers. If your child has asthma, you can find out about asthma management programs. If you fill multiple prescriptions each year, you can get helpful tips on how to save money on your medications.

Step 5. Compare Plan Costs and Covered Services

This part of the Chooser provides a summary of your costs for doctor visits and hospital stays, deductibles (if applicable), and the yearly maximum for each plan. To see more detailed information about your cost for various services, select any of the plan names.

For more information about CalPERS health plans and access to the *Health Plan Chooser,* visit our website at www.calpers.ca.gov. To speak with someone at CalPERS about your health plan choices, call 888 CalPERS (or 888-225-7377).

Comparing Your Options: Health Plan Choice Worksheet

An alternative tool we provide to help you choose the best plan for yourself and your family is the *Health Plan Choice Worksheet,* which you can find on page 41 of this booklet. Like the Chooser, this worksheet can be used to compare factors such as cost, availability, benefits, and member ratings. Simply follow the steps listed in the left column of the Worksheet. Several questions can be answered with a simple "yes" or "no," while others will require you to insert information or call the health plan. Some of the information can be found at CalPERS On-Line at www.calpers.ca.gov. If you need assistance completing the form, contact CalPERS at 888 CalPERS (or 888-225-7377).

Saving Money by Selecting a High-Performance Network

We want to help you get the most for your health plan dollars. One way you may be able to save on your health premium is by enrolling in one of our "high-performance network" plans. These plans — Blue Shield NetValue (HMO) and PERS Select (PPO) — provide the same benefits and quality of care as Blue Shield Access+ HMO and PERS Choice, respectively. The difference is that you pay a lower premium in exchange for choosing from a smaller selection of physicians and hospitals.

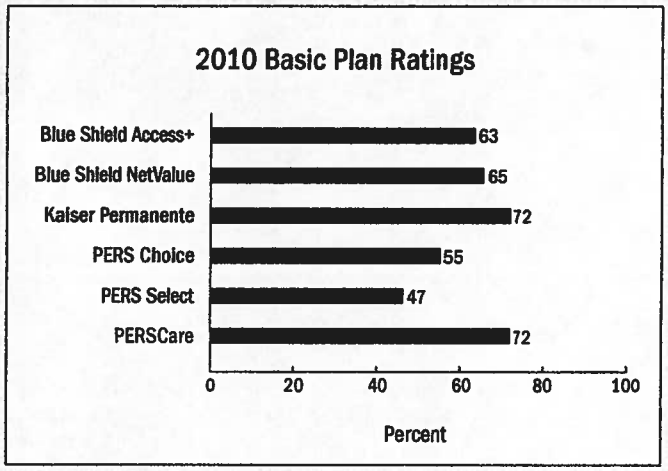
NetValue is available in 23 counties, and PERS Select is offered in 54 counties. If you don't reside in one of these counties, but you work in one, you may be able to enroll in a lower cost health plan using your work ZIP Code (see the "Health Plan Availability by County" chart on pages 6–7).

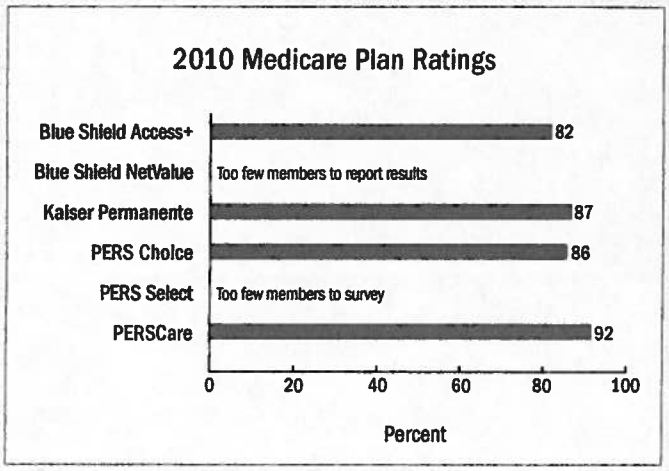
Reviewing Annual Health Plan Ratings

Every year, CalPERS conducts a survey of 1,100 members in each Basic and Medicare health plan that has at least 2,000 members.[1] We use a modified version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey, which is a standard tool for measuring health plans.

Reviewing how other CalPERS members rate their health plan can help you choose a plan that is right for you. Please note that your experiences may differ depending on your needs, expectations, and behavior, as well as your provider and treatment choices.

The following charts show the percentage of members in each plan who rated their health plan an 8-10 on a 10-point scale. The margin of error for the Basic plans is about 4.8 percent; for the Medicare plans, it is about 3.6 percent.





Note: Since Association plans (CCPOA, CAHP, and PORAC) are only available to members who belong to the applicable Association, we did not include ratings for these plans.

Additional 2010 member ratings are available on CalPERS On-Line at **www.calpers.ca.gov.**

You can also find other important health plan rankings and health care tips on the Office of the Patient Advocate website at www.opa.ca.gov.

[1]This year, Blue Shield NetValue and PERS Select did not have enough Medicare members to survey and report results. For the smaller plans, the number of members surveyed represents a larger percentage of the total covered lives in those plans, resulting in a higher ratio of survey respondents to adult members served.

Additional Resources

As a health care consumer, you have access to many resources, services, and tools that can help you find the right health plan, doctor, medical group, and hospital for yourself and your family.

Health Plan Directory

Following is contact information for the health plans. Call your health plan with questions about: ID cards; verification of provider participation; service area boundaries (covered ZIP Codes); benefits, deductibles, limitations, exclusions; and *Evidence of Coverage* booklets.

Blue Shield of California
P.O. Box 272520, Chico, CA 95927-2520
Member Services: (800) 334-5847
www.blueshieldca.com/calpers

California Association of Highway Patrolmen (CAHP) Health Benefits Trust
(Administered by Anthem Blue Cross)
2030 V Street, Sacramento, CA 95818-1730

For eligibility issues contact:
(800) 734-2247 or (916) 452-6751 (CAHP)
www.thecahp.org

For benefits or claim information, contact:
Anthem Blue Cross, Attn: CAHP Unit
P.O. Box 60007, Los Angeles, CA 90060-0007
(800) 759-5758 (Anthem Blue Cross)
www.anthem.com/ca

California Correctional Peace Officers Association (CCPOA) Benefit Trust
(Administered by Blue Shield of California)
2515 Venture Oaks Way, Suite 200
Sacramento, CA 95833-4235

CCPOA Benefit Trust:
(800) 468-6486
(800) 257-6213 (COBRA)
www.ccpoabtf.org

Blue Shield – CCPOA Member Services Unit:
(800) 257-6213

Kaiser Permanente
393 E. Walnut Street, Pasadena, CA 91188
Member Services Call Center: (800) 464-4000
www.kp.org/calpers

PERS Select, PERS Choice, and PERSCare
(Administered by Anthem Blue Cross)
Medical Benefits:
P.O. Box 60007, Los Angeles, CA 90060-0007
(877) PERS PPO or (877) 737-7776
(818) 234-5141 (outside of the continental U.S.)
TDD (818) 234-3547

For direct premium payments:
P.O. Box 629, Woodland Hills, CA 91365-0629
www.anthem.com/ca/calpers

Pharmacy Benefits:
(Administered by Medco)
(800) 939-7091
TDD (800) 759-1089
www.medco.com/calpers

Peace Officers Research Association of California (PORAC) Health Plan (Administered by Anthem Blue Cross)

For eligibility issues, contact:
4010 Truxel Road, Sacramento, CA 95834
(800) 937-6722 (PORAC)
www.porac.org

For benefits or claim information, contact:
Anthem Blue Cross, Attn: PORAC Unit
P.O. Box 60007, Los Angeles, CA 90060-0007
(800) 288-6928
www.anthem.com/ca

Obtaining Health Care Quality Information

Following is a list of resources you can use to evaluate and select a doctor and hospital.

Source	Website	Description
Hospitals		
CalHospitalCompare	www.CalHospitalCompare.org	CalHospitalCompare is a standardized, universal performance report card for California hospitals that includes patient experience and clinical quality measures.
U.S. Department of Health and Human Services	www.hospitalcompare.hhs.gov	This site provides publicly reported hospital quality information, including measures on heart attacks, pneumonia, heart failure, and surgery.
HealthGrades	www.healthgrades.com	HealthGrades uses data from Medicare and states to compare outcomes of care for common procedures.
The Leapfrog Group	www.leapfroggroup.org	This is a coalition of health purchasers who have found that hospitals meeting certain standards have better care results.
Doctors and Medical Groups		
California Medical Board	www.medbd.ca.gov	This is the State agency that licenses medical doctors, investigates complaints, disciplines those who violate the law, conducts physician evaluations, and facilitates rehabilitation where appropriate.
Office of the Patient Advocate	www.opa.ca.gov	This website includes a State of California-sponsored "Report Card" that contains additional clinical and member experience data on HMOs and medical groups in California.

Benefit Comparison Charts

The benefit comparison charts on pages 14–39 summarize the benefit information for each health plan. For more details, see each plan's *Evidence of Coverage* (EOC) booklet.

CalPERS Basic Health Plans

Benefit Comparison Charts

Benefits	HMO Basic Plans				
	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA *Association Plan*
Calendar Year Deductible					
Individual	N/A				
Family					
Maximum Calendar Year Co-pay (excluding pharmacy)					
Individual	$1,500 (see EOC for other items not counted toward co-pay max limit)				
Family	$3,000	$3,000 (see EOC for other items not counted toward co-pay max limit)	$3,000	$3,000	$4,500
Lifetime Maximum Benefit	N/A				
Hospital Admission Deductible					
Per Admission	N/A				
Hospital					
Inpatient (medical & behavioral)	No Charge				$100/admission
Outpatient Facility Services (medical & behavioral)	$15	No Charge			
Outpatient Surgery	$15	No Charge (exceptions may apply)			$50
Emergency Room Deductible	N/A				
Emergency Services					
Emergency	$50 (co-pay waived if admitted as an inpatient or for observation as an outpatient)				$75
Non-emergency					N/A
Ambulance Services	No Charge				

Continued on next page

PPO Basic Plans									
PERS Select		PERS Choice		PERSCare		CAHP *Association Plan*		PORAC *Association Plan*	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
←		$500 (not transferable between plans)		→		N/A		$300	$600
←		$1,000 (not transferable between plans)		→				$900	$1,800
$3,000	N/A	$3,000	N/A	$2,000	N/A	$2,000	N/A	$3,000	
$6,000		$6,000		$4,000		$4,000		$6,000	
←				N/A		→			
N/A		N/A		$250		N/A		N/A	
20–30% (depending on the hospital)	40%	20%	40%	10%	40%	10%	Varies (see EOC)	10%	10%[3]
							40%		
← $50 (applies to hospital emergency room charges only; deductible waived if admitted as an inpatient or for observation as an outpatient) →						← N/A →			
20%		20%		10%		$50 + 10% (co-pay reduced to $25 if admitted on an inpatient basis)	$50 + 10% (co-pay reduced to $25 if admitted on an inpatient basis)	10%	
20%	40%	20%	40%	10%	40%		$50 + 40% (co-pay reduced to $25 if admitted on an inpatient basis)	50% (for non-emergency services provided by hospital emergency room)	
← (applies to other services such as physician, x-ray, lab, etc.) →									
← (payment for physician charges only; emergency room facility charge for non-emergency services is not covered) →									
←				20%		→			

Note: All footnotes are located at the end of chart.

CalPERS Basic Health Plans — *Continued*

Benefits	HMO Basic Plans				
	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA *Association Plan*
Physician Services					
Office Visits (medical & behavioral) *(more than one co-pay may apply during an office visit if multiple services are provided)*	$15				
Inpatient Hospital Visits (medical & behavioral)	No Charge				
Outpatient Hospital Visits (medical & behavioral)	$15 (outpatient surgery)	$15			
Urgent Care Visits	$15				$25
Periodic Health Exam/Preventive Care	No Charge				
Annual Gynecological Exam	No Charge				
Immunization/Inoculation	No Charge				
Well Baby Care	No Charge				
Pregnancy & Maternity Care *(includes pre-natal and post-natal care visits)*	No Charge				

Continued on next page

PPO Basic Plans									
PERS Select		PERS Choice		PERSCare		CAHP *Association Plan*		PORAC *Association Plan*	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
$20[1]	40%	$20[2]	40%	$20[2]	40%	$15	40%	$20 (deductible does not apply)	10%[3]
20%[1]	40%	20%[2]	40%	10%[2]	40%	10%	40%	10%	10%[3]
$20[1]	40%	$20[2]	40%	$20[2]	40%	10%	40%	10%	10%[3]
$20	40%	$20	40%	$20	40%	$15	40%	10%	10%[3]
No Charge[1] (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	**No Charge**[2] (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	**No Charge**[2] (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	**No Charge** ($400/year max)		**No Charge** (up to PPO and non-PPO combined max of $500/year for age 7 and over)	**No Charge**[3] (up to PPO and non-PPO combined max of $500/year for age 7 and over)
No Charge[1] (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	**No Charge**[2] (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	**No Charge**[2] (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	10%	40%	**No Charge** (up to PPO and non-PPO combined max $500/year)	**No Charge**[3] (up to PPO and non-PPO combined max $500/year)
No Charge[1] (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	**No Charge**[2] (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	**No Charge**[2] (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	**No Charge** ($400/year max)		**No Charge** (included in well baby/ well child)	
No Charge[1] (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	**No Charge**[2] (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	**No Charge**[2] (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	**No Charge** (for children under age 7)		**No Charge** (up to PPO and non-PPO combined max $500/year for age 7 and over)	**No Charge**[3] (up to PPO and non-PPO combined max $500/year for age 7 and over)
20%[1]	40%	20%[2]	40%	10%[2]	40%	10%	40%	10%	10%[3]

CalPERS Basic Health Plans — *Continued*

Benefits	HMO Basic Plans				
	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA *Association Plan*
Physician Services (continued)					
Allergy Testing	$15	← No Charge →			
Allergy Treatment	No Charge (for allergy injections)	← No Charge →			
Vision Exam/Screening	No Charge	← No Charge (varies by plan for age 18 and over and may be limited to one visit/calendar year; no limit on number of visits for members under age 18) →			$15
Hearing Exam/Screening	← No Charge →				
Surgery/Anesthesia	No Charge for inpatient; $15 for outpatient	← No Charge →			
Diagnostic X-Ray/Lab					
	No Charge (some procedures may require a co-pay)	← No Charge →			
Prescription Drugs					
Deductible	← N/A →				Brand Formulary: $50 (not to exceed $150/family/ calendar year)
Retail Pharmacy	Generic: $5 Brand: $15 (not to exceed 30-day supply)	← Generic: $5 Brand Formulary: $15 Non-Formulary: $45 (not to exceed 30-day supply)[4] →			Generic: $10 Brand Formulary: $25 Non-Formulary: $50 (not to exceed 30-day supply)
Medical Necessity/Partial Waiver	N/A	← $40 for medically approved and prior authorized non-formulary drugs →			N/A

Continued on next page

PPO Basic Plans									
PERS Select		PERS Choice		PERSCare		CAHP *Association Plan*		PORAC *Association Plan*	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
20%[1]	40%	20%[2]	40%	10%[2]	40%	10%	40%	10%	10%[3]
20%[1]	40%	20%[2]	40%	10%[2]	40%	10%	40%	10%	10%[3]
← Not Covered →									
20%[1]	40%	20%[2]	40%	10%[2]	40%	10% ($200 max/ 36 months)	40% ($200 max/ 36 months)	20% (deductible does not apply; $50/ exam max with hearing aid purchase)	20%[3] (deductible does not apply; $50/ exam max with hearing aid purchase)
20%[1]	40%	20%[2]	40%	10%[2]	40%	10%	40%	10%	10%[3]
20%	40%	20%	40%	10%	40%	10%	40%	10%	10%[3]
← N/A →									
← Generic: $5 Preferred: $15 Non-Preferred: $45 (not to exceed 30-day supply) →				Generic: $5 Preferred: $15 Non-Preferred: $45 (not to exceed 34-day supply)		Generic: $5 Brand Formulary: $20 Non-Formulary: $25		Generic: $10 Brand Formulary: $25 Non-Formulary: $45 Compound: $45	Generic: $10 Brand Formulary: $25 Non-Formulary: $45 Compound: Not Covered (see EOC)
← $40 →						N/A		N/A	

CalPERS Basic Health Plans — *Continued*

Benefits	HMO Basic Plans				
	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA *Association Plan*
Prescription Drugs (continued)					
Retail Pharmacy Maintenance Medications filled after 2nd fill (i.e., a medication taken longer than 60 days)	N/A	← Generic: $10 Brand Formulary: $25 Non-Formulary: $75 (not to exceed 30-day supply) →			Generic: $10 Brand Formulary: $25 Non-Formulary: $50 (not to exceed 30-day supply)
Medical Necessity/Partial Waiver	N/A	← $70 for medically approved and prior authorized non-formulary drugs →			N/A
Mail Order Pharmacy Program	Generic: $5 Brand: $15 (up to 30-day supply) Generic: $10 Brand: $30 (31–100 day supply)	← Generic: $10 Brand Formulary: $25 Non-Formulary: $75 (not to exceed 90-day supply for maintenance drugs) →			Generic: $20 Brand Formulary: $50 Non-Formulary: $100 (not to exceed 90-day supply)
Medical Necessity/Partial Waiver	N/A	← $70 for medically approved and prior authorized non-formulary drugs →			N/A
Maximum co-payment per person per calendar year	N/A	← $1,000 (excluding non-preferred brands) →			N/A
Durable Medical Equipment					
	← No Charge →				
Infertility Testing/Treatment					
	← 50% of covered charges (varies – see EOC for benefits and exclusions) →				

Continued on next page

PPO Basic Plans									
PERS Select		PERS Choice		PERSCare		CAHP *Association Plan*		PORAC *Association Plan*	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
← Generic: $10 Preferred: $25 Non-Preferred: $75 (not to exceed 30-day supply) →				Generic: $10 Preferred: $25 Non-Preferred: $75 (not to exceed 34-day supply)		Generic: $10 Brand Formulary: $40 Non-Formulary: $50		N/A	
← $70 →						N/A		N/A	
← Generic: $10 Preferred: $25 Non-Preferred: $75 (not to exceed 90-day supply) →				Generic: $10 Preferred: $25 Non-Preferred: $75 (not to exceed 90-day supply)		Generic: $10 Brand Formulary: $40 Non-Formulary: $50		Generic: $20 Brand Formulary: $40 Non-Formulary: $75 (see EOC for specialty pharmacy fees)	N/A
← $70 →						N/A		N/A	
← $1,000 (excludes non-preferred brands) →						N/A		N/A	
20% ←	40% ($6,000 calendar year max applies)	20%	40% →	10%	40% (pre-certification required for durable medical equipment priced at $1,000 or more)	10%	40%	20%	20%[3]
← Not Covered →								50% (up to PPO and non-PPO combined lifetime max of $5,000)	

CalPERS Basic Health Plans — *Continued*

Benefits	HMO Basic Plans				
	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA *Association Plan*
Substance Abuse Treatment					
Inpatient	← No Charge →				$100
Outpatient	$15 individual therapy; $5 group therapy	← $15 →			$15
Home Health Services (prior authorization required; custodial care not covered)					
	← No Charge →				$15 (up to 100 visits/ calendar year)
Skilled Nursing Care					
Inpatient *(hospital or skilled nursing facility)*	No Charge (up to 100 days/ benefit period)	←	No Charge (up to 100 days/calendar year)	→	No Charge (up to 100 days/ year)
Outpatient *(office and home visits)*	←	Not Covered (medically necessary services provided in licensed skilled nursing facility only; custodial care not covered)		→	
Occupational Therapy					
Inpatient *(hospital or skilled nursing facility)*	← No Charge →				
Outpatient *(office and home visits)*	← $15 →				No Charge

Continued on next page

PPO Basic Plans									
PERS Select		PERS Choice		PERSCare		CAHP *Association Plan*		PORAC *Association Plan*	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
20%	40%	20%	40%	10%	40%	10%	40%	10%	10%[3]
20%	40% (up to $6,000/calendar year)	20%	40%	10% (up to 100 visits/calendar year)	40%	10% (up to 90 visits/period of disability)	40%	10% (100 visits max/year; combined benefit for PPO/non-PPO)	
20% first 10 days; 30% next 90 days (pre-certification required; up to 100 days/ calendar year)	40% (pre-certification required; up to 100 days/ calendar year)	20% first 10 days; 30% next 90 days (pre-certification required; up to 100 days/ calendar year)	40% (pre-certification required; up to 100 days/ calendar year)	10% first 10 days; 20% next 170 days (pre-certification required; up to 180 days/ calendar year)	40% first 10 days; 40% next 170 days (pre-certification required; up to 180 days/ calendar year)	10% (up to 100 days of confinement)	40%	10% (up to 100 days/year combined PPO/non-PPO benefit for inpatient skilled nursing facility)	
Not Covered (medically necessary services received as inpatient in a skilled nursing facility only)						10% (up to 100 days of confinement; combined benefit for inpatient/outpatient)	40%	N/A	
No Charge								10%	10%[3] (up to $700 total chiropractic, physical, and occupational combined)
20%	20%	20%	20%	20%	20%	10% (pre-certification required for more than 24 visits/year)	40%	$20 (up to 20 visits max/year for combined chiropractic, physical, and occupational therapy); 10% on all other charges	10%[3] (up to $35/ visit; up to $700 total chiropractic, physical, and occupational therapy combined)
(combined benefit max of $3,500/calendar year for physical/occupational therapy)									

CalPERS Basic Health Plans — *Continued*

Benefits	HMO Basic Plans				
	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA *Association Plan*
Physical Therapy					
Inpatient *(hospital or skilled nursing facility)*	← No Charge →				
Outpatient *(office and home visits)*	← $15 →				No Charge
Speech Therapy					
Inpatient *(hospital or skilled nursing facility)*	← No Charge →				
Outpatient *(office and home visits)*	← $15 →				No Charge
Hospice	← No Charge →				
Acupuncture	$15 (when medically necessary; discounts available up to 25% off)	← Not Covered (alternate care discounts of 25% or more) →			

Continued on next page

PPO Basic Plans									
PERS Select		PERS Choice		PERSCare		CAHP *Association Plan*		PORAC *Association Plan*	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
← No Charge →						10%	40% (pre-certification required for more than 24 visits/year)	10%	10%[3] (up to $700 total chiropractic, physical, and occupational therapy combined)
20%	40% (combined benefit max of $3,500/calendar year for physical/occupational therapy) →	20%	40% →	10%	40%	10%	40% (pre-certification required for more than 24 visits/year)	$20 (up to 20 visits max/year for combined chiropractic, physical, and occupational therapy; more than one co-pay may apply during an office visit if multiple services are provided)	10%[3] (up to $35/visit; up to $700 total chiropractic, physical, and occupational therapy combined)
20%	40%	20%	40%	10%	40%	10%	40%	10%	10%[3]
← ($5,000 lifetime max for outpatient benefits) →						10%	40%	10%	10%[3]
20%		20% ($10,000 lifetime max)		10%		No Charge ($7,500 lifetime max)		10%	
20%	40% (combined benefit for acupuncture/chiropractic; 15 visits/calendar year) →	20%	40% →	10%	40% (combined benefit for acupuncture/chiropractic; 20 visits/calendar year)	10%	40% (20 visits/year for any combination of chiropractic or acupuncture services)	$20 (10% for all other services)	10%[3]

CalPERS Basic Health Plans — *Continued*

Benefits	HMO Basic Plans				
	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA *Association Plan*
Chiropractic	Not Covered (discounts available up to 25% off)	← Not Covered (alternate care discounts of 25% or more) →			$15 for exam (up to 20 visits/ calendar year) No Charge for diagnostic services; No Charge for chiropractic appliances (up to $50 max is covered during calendar year)
Biofeedback	$15	← Not Covered →			$15
Blood & Blood Products	← No Charge →				Included with inpatient hospitalization
Hearing Aid Services					
Audiological Exam	← No Charge →				$15
Hearing Aids	$1,000 allowance every 36 months for both ears				$500 max/ member/ calendar year for both ears

PPO Basic Plans										
PERS Select		PERS Choice		PERSCare		CAHP *Association Plan*		PORAC *Association Plan*	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
20%	40%	20%	40%	10%	40%	10%	40%	Up to 20 visits/ calendar year for combined chiropractic, physical, and occupational therapy	Up to $700 total chiropractic, physical, and occupational therapy combined
← (combined benefit for acupuncture/ chiropractic;15 visits/calendar year) →				← (combined benefit for acupuncture/chiropractic; 20 visits/calendar year) →					
20%	40%	20%	40%	10%	40%	20% (other than for mental disorders and chemical dependency)		10%	
20%		20%		20%		20%		20%	
20%	40%	20%	40%	10%	40%	10%	40%	20% (no deductible; up to $50 if in conjunction with purchase of hearing aid)	
						($200 max every 36 months)			
20%	40%	20%	40%	10%	40%	10%	40%	20% (no deductible; up to one/ear; $450 max/36 months)	
←		($1,000 max in a 36-month period)		→		($1,000 max every 36 months)			

[1] PERS Select utilizes the Anthem Blue Cross Select PPO Network, which is a subset of the Anthem Blue Cross Prudent Buyer PPO Network. Approximately 50 percent of the Anthem Blue Cross Prudent Buyer PPO Network of physicians participate in the Select PPO Network. By obtaining physician services through the Select PPO Network, you will receive the highest level of reimbursement. If you are a PERS Select member, you should check to see if a physician is participating in the Select PPO Network before receiving services.

[2] PERS Choice and PERSCare utilize the Anthem Blue Cross Prudent Buyer PPO Network, which is a more comprehensive network. By obtaining services through Anthem Blue Cross Prudent Buyer PPO Network, you will receive the highest level of reimbursement.

[3] Covered expense for services from non-PPO providers is based on a strictly limited schedule of allowances. As a PPO member, you must pay charges in excess of those scheduled amounts.

[4] See EOC for maintenance drug costs after third refill.

CalPERS Medicare Health Plans

Benefit Comparison Charts

Benefits	Medicare HMO Plans			
	Kaiser Permanente	Blue Shield NetValue/Access+/EPO[1]	Blue Shield 65 Plus[2]	CCPOA *Association Plan*
Calendar Year Deductible				
Individual	← N/A →			
Family	← N/A →			
Maximum Calendar Year Co-pay (excluding pharmacy)				
Individual	$1,500 (see EOC)	← N/A →		$1,500
Family	$3,000 (see EOC)	← N/A →		$4,500 (3 or more members)
Lifetime Maximum Benefit	← N/A →			
Hospital Admission Deductible				
Per Admission	← N/A →			
Hospital				
Inpatient	← No Charge →			$100/admission
Outpatient Facility Services	$10	← No Charge →		
Outpatient Surgery	$10	← No Charge →		
Emergency Room Deductible	← N/A →			
Emergency Services	← $50 (waived if hospitalized or kept for observation) →			No Charge

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Medicare PPO Plans							
PERS Select		PERS Choice		PERSCare		CAHP *Association Plan*	PORAC *Association Plan*
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO		
← N/A (plan pays Medicare Parts A and B deductible) →						$100 (applicable to major medical benefits only)	$100
						$200 (applicable to major medical benefits only)	$200
N/A		N/A		N/A ($3,000 when not a benefit of Medicare)		N/A ($3,000 when not a benefit of Medicare)	$15,000 calendar year stop-loss (applicable to major medical benefits only, excluding outpatient prescription drug benefits)
← N/A →							
← N/A →							
← N/A →							
No Charge[3]		No Charge[3]		No Charge[3,4] (20% when not a benefit of Medicare)		No Charge	No Charge (after Medicare benefits are exhausted, plan pays for an additional 365 days/ benefit period)
							No Charge (20% when not a benefit of Medicare)
← N/A →							
← No Charge[3] →						No Charge if Medicare approved (20% if not Medicare approved)	No Charge

Note: All footnotes are located at the end of chart.

Benefits	Medicare HMO Plans			
	Kaiser Permanente	Blue Shield NetValue/Access+/EPO[1]	Blue Shield 65 Plus[2]	CCPOA *Association Plan*
Ambulance Services	← No Charge →			
Hearing Exam/Screening	← $10 →			No Charge
Surgery/Anesthesia	No Charge for inpatient; $10 for outpatient	← No Charge →		
Diagnostic X-Ray/Lab	← No Charge →			
Durable Medical Equipment	← No Charge →			
Physician Services				
Office Visits	← $10 →			
Inpatient Hospital Visits	← No Charge →			
Outpatient Hospital Visits	$10	← No Charge →		
Urgent Care Visits	$10	← $25 →		No Charge
Periodic Health Exam/ Preventive Care	← $10 →			No Charge
Annual Gynecological Exam	← $10 →			No Charge
Immunization/Inoculation	← No Charge →			
Allergy Testing	← $10 →			No Charge
Allergy Treatment	$3 (for allergy injections)	← $10 →		No Charge
Vision Exam/Screening	← $10 →			No Charge

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Medicare PPO Plans							
PERS Select		PERS Choice		PERSCare		CAHP *Association Plan*	PORAC *Association Plan*
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO		
← No Charge[3] →						No Charge if Medicare approved (20% if not Medicare approved)	No Charge
← No Charge[3,4] →						No Charge if Medicare approved	20% ($50 exam in connection with hearing aid purchase)
← No Charge[3] →						No Charge	No Charge
← No Charge[3] →						No Charge	No Charge
← No Charge[3] →						No Charge	No Charge (20% when not a benefit of Medicare)
← No Charge[3] →						$10	No Charge
						No Charge	No Charge
						No Charge	No Charge
						No Charge	No Charge
						Not Covered (unless Medicare approved)	Not Covered (unless Medicare approved)
						No Charge	No Charge
No Charge[3]		No Charge[3]		No Charge[3,4]		No Charge	No Charge
		No Charge[3]				No Charge	No Charge
← No Charge[3] →						No Charge	No Charge
← One exam/year up to a max of $35[4] →						Not Covered	20% (one exam/calendar year)

Benefits	Medicare HMO Plans			
	Kaiser Permanente	Blue Shield NetValue/Access+/EPO[1]	Blue Shield 65 Plus[2]	CCPOA *Association Plan*
Prescription Drugs				
Deductible	← N/A →			
Retail Pharmacy	Generic: $5 Brand: $15 (not to exceed 30-day supply)	Generic: $5 Brand Formulary: $15 Non-Formulary: $45 (not to exceed 30-day supply)[5]	See EOC	Generic: $5 Brand Formulary: $20 Non-Formulary: $35 (not to exceed 30-day supply)
Medical Necessity/Partial Waiver	N/A	$40 for medically approved and prior authorized non-formulary drugs	See EOC	N/A
Retail Pharmacy Maintenance Medications filled after 2nd fill (i.e., a medication taken longer than 60 days)	N/A	Generic: $10 Brand Formulary: $25 Non-Formulary: $75 (not to exceed 30-day supply)[5]	See EOC	Generic: $5 Brand Formulary: $20 Non-Formulary: $35 (not to exceed 30-day supply)
Medical Necessity/Partial Waiver	N/A	$70 for medically approved and prior authorized non-formulary drugs	See EOC	N/A
Mail Order Pharmacy Program	Generic: $5 Brand: $15 (up to 30-day supply) Generic: $10 Brand: $30 (31–100 day supply)	Generic: $10 Brand Formulary: $25 Non-Formulary: $75 (not to exceed 90-day supply)	See EOC	Generic: $10 Brand Formulary: $40 Non-Formulary: $70 (not to exceed 30-day supply)
Medical Necessity/Partial Waiver	N/A	$70 for medically approved and prior authorized non-formulary drugs	See EOC	N/A
Maximum co-payment per person/calendar year	N/A	$1,000 (excluding non-preferred brands)	N/A	N/A

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Medicare PPO Plans							
PERS Select		PERS Choice		PERSCare		CAHP *Association Plan*	PORAC *Association Plan*
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO		
N/A							$50 (excluding mail order)
Generic: $5 Preferred: $15 Non-Preferred: $45						Generic: $5 Single Source: $20 Multi Source: $25	Generic: $10 Brand Formulary: $25 Non-Formulary: $45
$40						N/A	N/A
Generic: $10 Preferred: $25 Non-Preferred: $75 (not to exceed 30-day supply)				Generic: $10 Preferred: $25 Non-Preferred: $75 (not to exceed 34-day supply)		Generic: $10 Single Source: $40 Multi Source: $50	N/A
$70						N/A	N/A
Generic: $10 Preferred: $25 Non-Preferred: $75 (not to exceed 90-day supply)				Generic: $10 Preferred: $25 Non-Preferred: $75 (not to exceed 90-day supply)		Generic: $10 Single Source: $40 Multi Source: $50	Generic: $20 Brand Formulary: $40 Non-Formulary: $75
$70						N/A	N/A
$1,000 (excluding non-preferred brands)						N/A	N/A

Benefits	Medicare HMO Plans			
	Kaiser Permanente	Blue Shield NetValue/Access+/EPO[1]	Blue Shield 65 Plus[2]	CCPOA *Association Plan*
Mental Health				
Inpatient	No Charge (190 lifetime days covered by Medicare; 45 additional days/ calendar year covered after exhaustion of lifetime days)	← No Charge →		$100/admission
Outpatient (for severe mental illness of a child or adult or emotional disturbance of a child)	$10 individual therapy; $5 group therapy	← $10 →		
Outpatient (evaluation, crisis intervention and treatment for other mental health conditions)	$10 individual therapy; $5 group therapy	← $10 →		
Substance Abuse Treatment				
Inpatient	No Charge (limited to acute medical detoxification only)	← No Charge →		Not Covered
Outpatient	$10 individual therapy; $5 group therapy	← $10 →		
Home Health Services				
	← No Charge →			$15 (up to 100 visits/ calendar year)
Skilled Nursing Facility Care				
	← No Charge (up to 100 days/benefit period) →			
Speech Therapy				
Inpatient (hospital or skilled nursing facility)	No Charge	$10	No Charge	No Charge
Outpatient (office and home visits)	$10		$10	

Continued on next page

Medicare PPO Plans							
PERS Select		PERS Choice		PERSCare		CAHP *Association Plan*	PORAC *Association Plan*
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO		
No Charge[3]		No Charge[3]		No Charge[3,4] (if not a benefit of Medicare, 20% of the physician visit up to $32/day)		No Charge if Medicare approved (up to $40/visit if not Medicare approved)	No Charge (20% when not a benefit of Medicare; up to $40/inpatient physician visit)
No Charge[3]		No Charge[3]		No Charge[3,4]		No Charge if Medicare approved (up to $20/visit if not Medicare approved)	No Charge (20% when not a benefit of Medicare)
Excess Charges[3] (Medicare pays 50% of the approved amount for most services)		Excess Charges[3] (Medicare pays 50% of the approved amount for most services)		Excess Charges[3,4] (Medicare pays 50% of the approved amount for most services; if not a benefit of Medicare, 20%/day up to $32/day)		No Charge if Medicare approved (up to $20/visit if not Medicare approved)	No Charge (50% when not a benefit of Medicare; up to $20/day)
← No Charge[3] →						Not Covered (unless Medicare approved)	Not Covered (unless Medicare approved)
← Excess Charges[3] (Medicare pays 50% of treatment that meets certain conditions) →						Not Covered (unless Medicare approved)	Not Covered (unless Medicare approved)
← No Charge[3] →						No Charge if Medicare approved (20% if not Medicare approved)	No Charge
No Charge[3] (up to 100 days/benefit period in a Medicare approved facility)		No Charge[3] (up to 100 days/benefit period in a Medicare approved facility)		No Charge[3] (up to 100 days/benefit period in a Medicare approved facility) 20%[4] (from 101 to 365 days; pre-certification required)		No Charge (20% after Medicare benefits are exhausted)	No Charge (after Medicare benefits are exhausted, plan pays days 101 through 365)
No Charge[3]		No Charge[3]		No Charge[3,4] (20% when not a benefit of Medicare, up to a lifetime max plan payment of $5,000)		No Charge if Medicare approved (20% if not Medicare approved; $5,000 lifetime max)	No Charge (20% when not a benefit of Medicare; up to $5,000 in an individual's lifetime for all inpatient and outpatient combined)

Benefits	Medicare HMO Plans			
	Kaiser Permanente	Blue Shield NetValue/Access+/EPO[1]	Blue Shield 65 Plus[2]	CCPOA *Association Plan*
Physical Therapy				
Inpatient (hospital or skilled nursing facility)	No Charge	$10	No Charge	No Charge
Outpatient (office and home visits)	$10		$10	
Occupational Therapy				
Inpatient (hospital or skilled nursing facility)	No Charge	$10	No Charge	No Charge
Outpatient (office and home visits)	$10		$10	
Hospice	← No Charge →			
Acupuncture	$10 (when medically necessary; discounts available up to 25% off)	← Not Covered →		
Chiropractic	$10 (20 visits/calendar year); discounts available up to 25% off **No Charge** for chiropractic appliances (up to $50 max/ calendar year)	← $10 →		$15/exam (up to 20 visits/ calendar year) **No Charge** for diagnostic services; **No Charge** for chiropractic appliances (up to $50 max is covered during calendar year)
Biofeedback	$10	No Charge	Not Covered	$15
Blood & Blood Products	← No Charge →			

Continued on next page

Medicare PPO Plans							
PERS Select		PERS Choice		PERSCare		CAHP *Association Plan*	PORAC *Association Plan*
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO		
No Charge[3]		No Charge[3]		No Charge[3,4] (20% when not a benefit of Medicare)		No Charge if Medicare approved (20% if not Medicare approved)	No Charge
No Charge[3]		No Charge[3]		No Charge[3,4]		No Charge if Medicare approved (20% if not Medicare approved)	No Charge
← No Charge[3] →						No Charge if Medicare approved (20% if not Medicare approved; $7,500 lifetime max)	No Charge
Not Covered		Not Covered		20%[4] (up to 20 visits/year)		No Charge if Medicare approved (20% if not Medicare approved)	20% (major medical benefits)
← No Charge[3] →						No Charge if Medicare approved (20% if not Medicare approved)	No Charge (20% when not a benefit of Medicare)
← No Charge[3] →						No Charge if Medicare approved (20% if not Medicare approved)	50% major medical benefits (up to $40/day inpatient and $20/day outpatient)
No Charge[3] (all but first 3 pints/ calendar year)		No Charge[3] (all but first 3 pints/ calendar year)		No Charge[3,4] (20% of the first 3 pints when not a benefit of Medicare and unreplaced)		No Charge (first 3 units unreplaced; 20% when not a benefit of Medicare)	No Charge (first 3 units unreplaced; 20% when not a benefit of Medicare)

Benefits	Medicare HMO Plans			
	Kaiser Permanente	Blue Shield NetValue/Access+/EPO[1]	Blue Shield 65 Plus[2]	CCPOA *Association Plan*
Diabetes Services				
Glucose monitors, test strips, lancets	← No Charge → (see EOC for covered equipment/services)		No Charge	No Charge (see EOC for covered equipment/services)
Self-management training	$10 individual training; No Charge for group training	$10 (diabetic education to include nutritional counseling)	← $10 →	
Hearing Aid Services				
Audiological Exam	$10	← No Charge →		$15
Hearing Aids	←	$1,000 allowance every 36 months for both ears	→	$500 max/member/ calendar year for both ears
Vision Care				
Vision Exam	$10	No Charge (limited to one visit/calendar year for members age 18 and over; no limit on members under age 18)	No Charge (limited to one visit/ calendar year as covered by Medicare)	See EOC
Eyeglasses	No Charge following cataract surgery	Not Covered (except for eyeglasses necessary after cataract surgery)	As covered by Medicare	Not Covered (except for eyeglasses necessary after cataract surgery)
Contact Lenses	In lieu of eyeglasses: $175 allowance every 24 months; No Charge following cataract surgery	Not Covered	As covered by Medicare	Not Covered

Medicare PPO Plans							
PERS Select		PERS Choice		PERSCare		CAHP *Association Plan*	PORAC *Association Plan*
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO		
←	**No Charge[3]** (includes diabetes self management, training, glucose monitors, test strips, lancets, etc.)				→	No Charge if Medicare approved	No Charge (20% when not a benefit of Medicare)
←	20%[4]				→	10% if not Medicare approved ($200 maximum/36 months)	20% (up to $50/exam in connection with hearing aid purchase)
←	20%[4] (max payment of $1,000 once every 36 months)			20%[4] (max payment of $2,000 once every 24 months)		10% if not Medicare approved ($1,000 maximum/36 months)	20% (one/ear every 36 months up to $450/hearing aid)
←	One exam/calendar year[4] ($35 max allowance)				→	Not Covered	20% for one exam/year
←	Two lenses/calendar year; one set of frames during a 24-month period[4] Maximum Allowance: Frames: $30 Each lens: Single Vision - $20; Bifocal - $35; Trifocal - $45; Lenticular - $50				→	Not Covered (except for first pair of eyeglasses necessary after cataract surgery)	20% ($40 combined max for initial frames and lenses)
←	$100 max allowance[4]				→	Not Covered	20% (up to $40/year)

[1] Plans combined for display purposes only.

[2] This is the Medicare Advantage plan for Blue Shield NetValue and Access+ in Los Angeles, Orange, San Luis Obispo, and Ventura counties, and parts of Riverside, San Bernardino, Kern, Fresno, and Madera counties.

[3] If benefits are payable by Medicare and you use a provider who accepts Medicare assignment, covered services will be paid in full.

[4] This is a benefit beyond Medicare. Refer to your *Evidence of Coverage* (EOC) booklet for explanation.

[5] See EOC for maintenance drug costs after third refill.

Health Plan Choice Worksheet

	Plan name and phone numbers:								
	Select the type of plan: (circle choice)	**PPO**	**HMO**	**EPO**	**Assoc. Plan[1]**	**PPO**	**HMO**	**EPO**	**Assoc. Plan[1]**
Step 1 - Cost	**Calculate your monthly cost.** Enter the monthly premium (see current year's rate schedule). Premium amounts will vary based on 1-party/2-party/family and Basic/Medicare.								
	Enter your employer's contribution. For contribution amounts, active members should contact their employer; retired members should contact CalPERS.								
	Calculate your cost. Subtract your employer's contribution from the monthly premium. If the total is $0 or less, your cost is $0.								
Step 2 - Availability	**Call the plan's customer service center** and ask if the plan is available in your residential or work ZIP Code. You may also use our online service, the *Health Plan Search by ZIP Code*, available at **www.calpers.ca.gov.**								
	Call the doctor's office. Confirm that they contract with the plan and are accepting new patients. Ask what specialists are available and the hospitals with which they are affiliated.								
Step 3 - Comparisons	**How did the plan rate in "satisfaction"?** See page 11 to find out.								
	Compare the "benefits." See pages 14-39. CalPERS plans offer a standard package of benefits, but there are some differences: acupuncture, chiropractic, etc.								
Step 4 - Other	**Other considerations:** Does the plan offer health education? Do you or your family have special medical needs? What services are available when you travel? Are the provider locations convenient?								
	What changes are you planning in the upcoming year (e.g., retirement, transfer, move, etc.)?								
	Other information								
	Compare and select a plan.								

[1] You must belong to the specific employee association and pay applicable dues to enroll in the Association Plans.

CalPERS Health Benefits Program
P.O. Box 942714
Sacramento, CA 94229-2714
888 CalPERS (or 888-225-7377)
www.calpers.ca.gov

HBD–110
Produced by CalPERS External Affairs Branch
Office of Public Affairs
August 2010.08.1

Anthem

ACWA Health Benefits Authority

CaliforniaCare HMO 2011

Medical Benefits	
Deductible per calendar year	No Deductible
Hospital	
In-Patient	No Charge
Out-Patient	No Charge
Physician Care	
Office Visit	$10 Co-Pay
Well Woman Exam	No Charge
Well Child Visit	No Charge
Annual Physical	No Charge
Surgical Services	
Surgeon & Surgical Assistant	No Charge
Anesthesiologist or Anesthetist	No Charge
Diagnostic X-Ray/Lab	
Preventive (including mammogram, Pap smear, and prostate cancer screeening)	No Charge
Diagnostic X-Ray/Lab	No Charge
Durable Medical Equipment	No Charge
Maternity	
Birth Center	Not Covered
Pre & Post Natal Office Visit	$10 Co-Pay
Emergency Care	
Emergency Room Visit	$50 Co-Pay
Ambulance	$50 Co-Pay
Home Health Care	No Charge (limited to three 2-hour visits/day)
Skilled Nursing Care	No Charge (100 days per calendar year)
Chiropractic (maximum 30 visits per year)	$10 Co-Pay
Maximum Copayment/Stop Loss (per calendar year)	$500/Member $1,500/Family
Prescription Drug	**30-Day Supply**
Generic	$5 Co-Pay
Brand	$15 Co-Pay
Non-Formulary	$45 Co-Pay
Mail Order	**90-Day Supply**
Generic	$10 Co-Pay
Brand	$30 Co-Pay
Non-Formulary	$90 Co-Pay
Biotechnological Drugs	**30-Day Supply**
CoPayment	
Maximum Member Out-Of-Pocket	$100 Per Prescription
Mail Order	**90-Day Supply**
CoPayment	
Maximum Member Out-Of-Pocket	$200 Per Prescription

Mental Disorders and Chemical Dependency

Benefits	
Outpatient Physician Services	$10 Co-Pay
Inpatient Physician Services	No Charge
Outpatient Day Treatment Services	
Mental or Nervous Disorders	$10 Co-Pay
Substance Abuse	$10 Co-Pay
Inpatient Facility-Based Care	
Mental or Nervous Disorders	No Charge
Substance Abuse	No Charge

This is a summary of the most common benefits. Please refer to the Evidence of Coverage for complete benefits an exclusions.

Anthem Blue Cross

CLASSIC PPO 2011

ACWA Health Benefits Authority

Medical Benefits	PPO	NON-PPO
Deductible per calendar year	$200/Member $600/Family	$200/Member $600/Family
Hospital		
In-Patient	**No Charge	**No Charge
Out-Patient	**No Charge	**No Charge
Physician Care		
Office Visit	*$15 Co-Pay	*20%
Well Woman Exam	No Charge	*20%
Well Child Visit	No Charge	*20%
Annual Physical	No Charge	Not Covered
Surgical Services		
Surgeon & Surgical Assistant	*20%	*20%
Anesthesiologist or Anesthetist	*20%	*20%
Diagnostic X-Ray/Lab		
Preventive (including mammogram, Pap smear, and prostate cancer screeening)	No Charge	*20%
Diagnostic X-Ray/Lab	*20%	*20%
Durable Medical Equipment	*20%	*20%
Maternity		
Birth Center	*No Charge	*No Charge
Pre & Post Natal Office Visit	*$15	*20%
Emergency Care		
Emergency Room Visit	$50 Co-Pay***	$50 Co-Pay***
Ambulance	*20%	*20%
Home Health Care	*No Charge (100 visits per 12 month period/1 visit equals 4 hours)	*No Charge
Skilled Nursing Care	*No Charge (100 days per confinement period if medically necessary)	*No Charge
Chiropractic (maximum 30 visits per year)	*20%	*20%
Maximum Copayment/Stop Loss (per calendar year)	$1000/Member	$2000/Member

Prescription Drug	30-Day Supply
Generic	$5 Co-Pay
Brand	$15 Co-Pay
Non-Formulary	$45 Co-Pay
Mail Order	**90-Day Supply**
Generic	$10 Co-Pay
Brand	$30 Co-Pay
Non-Formulary	$90 Co-Pay
Biotechnological Drugs	**30-Day Supply**
CoPayment	20%
Maximum Member Out-Of-Pocket	$100 Per Prescription
Mail Order	**90-Day Supply**
CoPayment	20%
Maximum Member Out-Of-Pocket	$200 Per Prescription

Mental Disorders and Chemical Dependency

Benefits	PPO	NON-PPO
Outpatient Physician Services	No Charge (1-3 visits)	*20%
(no prior authorization required)	$15 Co-Pay (per visit after 3rd visit)	*20%
Inpatient Physician Services	*No Charge	*20%
Outpatient Day Treatment Services		
Mental or Nervous Disorders	$15 Co-Pay	$15 Co-Pay
Substance Abuse	*20%	*20%
(pre-authorization required)		
Inpatient Facility-Based Care		
Mental or Nervous Disorders	**No Charge	*No Charge
Substance Abuse	**No Charge	*No Charge
(pre-authorization required)		

This is a summary of the most common benefits. Please refer to the Evidence of Coverage for complete benefits an exclusions.

*Covered Expense for the Classic Plan does not include:

PPO-any charge in excess of the negotiated rate for services of a participating provider

Non-PPO-any charge in excess of the scheduled amount for services of any non-participating provider

**The 100% covers facility charges only and does not include physician fees.

***If not an emergency, ER care is covered under major medical; subject to deductibles, co-insurance and co-pay

BIG BEAR MUNICIPAL WATER DISTRICT
REPORT TO BOARD OF DIRECTORS

MEETING DATE: November 18, 2010 ***AGENDA ITEM: 9B***

SUBJECT:

CONSIDER APPROVAL OF A LEAVE DONATION POLICY

RECOMMENDATION:

The General Manager and the Administrative Committee recommend approval of a leave donation policy. A draft version of the Leave Donation Policy is attached.

DISCUSSION/FINDINGS:

Under extreme situations lengthy absences from work due to serious illness or injury can create a financial hardship for employees who have exhausted all of their leave time. The Committee discussed establishing a Policy that provides for the donation of leave time to a recipient suffering in this situation. The policy would be conducted voluntarily and anonymously and no direct or indirect benefit could be realized by the donor. All donations and receipts would be in whole hours only and calculated on a pro-rated basis considering the individuals' effective hourly rate of pay. This type policy is present at agencies and institutions throughout the US including the City of Big Bear Lake. District employees who have exhausted their sick, vacation, comp time and holiday leave and suffer a serious illness or injury or other qualifying event as defined by the Family Medical Leave Act could choose to request a donation of leave time for a defined number of hours from other District employees providing the request is accompanied by a physicians statement of estimated duration of medical leave necessary. Donors and recipients must have been with the District on a year round basis for 12 months prior to a request or donation. Other proposed conditions are summarized in the table below.

Donors	Recipients
After donation must retain 80 sick leave hours	Must first use all sick, compensatory and vacation leave
After donation must retain 24 vacation hours	Request for donated leave must be made in writing to the Human Resources Dept.
Donations of leave are converted to recipients hourly wage and a pro-rated amount of leave is then credited	Max. of 80 hours of donated leave per qualifying event in any 12 month period
Donations must be made in whole hour increments	Max. of 160 hours of donated leave during career at the District
No revocation of donated hours	Max. of 24 hours of sick leave at the recipients hourly wage rate can be received during any qualifying event
	12 month period begins on date any donated time is credited
	Donated hours are considered wages and are subject to all regular withholding and tax obligations
	Receipt of donated leave is final and cannot be revoked

OTHER AGENCY INVOLVEMENT: None

FINANCING: None

Submitted by: Scott Heule, General Manager

Subject: DRAFT - Leave Donation Policy Issued: November _____, 2010

Purpose:

The purpose of this policy is to provide guidelines for the donation of leave time to other employees to protect employees suffering from serious illness or injury or other qualifying event as defined by the Family Medical Leave Act from serious financial hardship as a result of lost wages after using all of their leave.

Policy:

Employees may choose to donate their leave time, vacation or sick leave, to a recipient who has exhausted all of their available leave including sick leave, vacation, comp time and holiday pay upon application and approval by the Human Resources department.

Procedure:

This policy will be implemented on an anonymous and voluntary basis. Donors cannot receive any benefit from their donation and there will be no tax benefit from their action. District employees who have exhausted their leave time and suffer a serious illness or injury or other qualifying event could choose to request a donation of leave time for a defined number of hours from other District employees providing the request is accompanied by a physician's statement of estimated duration of medical leave necessary. Donors and recipients must have been with the District on a year round basis for 12 months prior to a request or donation. Other conditions that apply to this policy are tabulated below.

Donors	Recipients
After donation must retain 80 sick leave hours	Must first use all sick, compensatory and vacation leave
After donation must retain 24 vacation hours	Request for donated leave must be made in writing to the Human Resources Dept.
Donations of leave are converted to recipients hourly wage and a pro-rated amount of leave is then credited	Max. of 80 hours of donated leave per qualifying event in any 12 month period
Donations must be made in whole hour increments	Max. of 160 hours of donated leave during career at the District
No revocation of donated hours	Max. of 24 hours of sick leave at the recipients hourly wage rate can be received during any qualifying event
	12 month period begins on date any donated time is credited
	Donated hours are considered wages and are subject to all regular withholding and tax obligations
	Receipt of donated leave is final and cannot be revoked

BIG BEAR MUNICIPAL WATER DISTRICT
REPORT TO BOARD OF DIRECTORS

MEETING DATE: November 18, 2010 ***AGENDA ITEM: 9C***

SUBJECT:

CONSIDER APPROVAL OF CONSULTANT AGREEMENT FOR SIMON WONG ENGINEERS TO PREPARE PLANS, SPECIFICATIONS, AND COST ESTIMATE FOR THE REPLACEMENT DAM SERVICE BRIDGE CONSTRUCTION PROJECT

RECOMMENDATION:

Caltrans has been asked to prepare a written commitment to fund the construction of a replacement service bridge on the dam. The General Manager recommends that the Board authorize Simon Wong Engineers to prepare plans, specifications and cost estimate for the bridge providing a funding commitment from Caltrans is received prior to the Board meeting.

DISCUSSION/FINDINGS:

The District has been in negotiations with Caltrans for several years to secure an agreement that describes their commitment to funding the cost of a replacement service bridge on the dam after the old highway bridge is removed. In anticipation of an agreement the District has already completed preliminary engineering design work to identify the basic construction type and has evaluated possible railing designs. The basic service bridge design will include a 12-feet wide pre-stressed pre-cast concrete deck. An architectural railing design already approved by Caltrans, includes concrete pilasters above each dam buttress and wire mesh and vertical steel pickets between (see attached). Caltrans has reviewed and cleared the replacement bridge construction for the appropriate State and Federal environmental regulations. In response to requests by Staff Simon Wong Engineers has prepared the attached proposal in the amount of $138,000 (excluding $4,500 for additional railing alternatives that has already been completed), for detailed engineering design services, including preparing plans, specifications and a cost estimate that will satisfy Caltrans requirements. The proposed scope of work includes construction support but not construction inspection. Simon Wong Engineers estimates they will need about 12 weeks to complete their work. At the 65% design drawing stage the plans will be discussed in person with Division of Safety of Dams engineers in Sacramento in hopes of expediting their review and approval process. Providing all schedules go well, the replacement service bridge could be under construction by February 2011.

OTHER AGENCY INVOLVEMENT: Caltrans, Division of Safety of Dams and US Forest Service

FINANCING: Funding for this work will come from the Dam Repair Fund. In Fiscal Year 2009-10 the District budgeted $40,000 from the Dam Repair Fund for this work but only spent $4,500. In the current Fiscal Year (2010-11) the District budgeted $100,000 for this effort.

Submitted by: Scott Heule, General Manager

DEPARTMENT OF TRANSPORTATION
OFFICE OF THE DISTRICT DIRECTOR
464 WEST FOURTH STREET, MS 1201
SAN BERNARDINO, CA 92401-1400
PHONE (909) 383-4055
FAX (909) 383-6239
TTY 711

Flex your power!
Be energy efficient!

November 12, 2010

Scott Heule
General Manager
Big Bear Municipal Water District
P.O. Box 2863
40524 Lakeview Drive
Big Bear Lake, CA 92315

08-SBD SR 18-PM 44.2/44.7
Big Bear Bridge Replacement
EA 08-22700

Dear Mr. Huele:

This is a follow-up to our meeting of November 2, 2010 regarding providing a replacement pedestrian bridge across Big Bear Dam after the existing bridge is removed as part of the ongoing construction project.

The California Department of Transportation (Department) has thoroughly reviewed the new information provided by you at the meeting and contacted its maintenance staff at Fawn Skin and Dry Creek Maintenance Stations. Some of the Department's employees at these Stations have worked there for over 15 years and cover the time period when you have indicated that Big Bear Municipal Water District (BBMWD) performed maintenance/debris removal activities at the dam. The Department also interviewed the specific employees mentioned in your e-mails dated November 3, 2010 and November 5, 2010.

Based on this investigation, the Department has concluded that there appears to be no evidence that BBMWD used any of the Department's road closures to perform maintenance /debris removal activity at the Dam. As explained in our previous letter and at the meeting, the Department is only obligated to provide access to BBMWD that currently exists or existed before the bridge was constructed in 1924.

After an in-depth review of its encroachment permit files and investigation of the new information provided by BBMWD, the Department has concluded that it is only responsible to provide pedestrian access to the dam. The Department is committed to pay for the construction capital cost for a pedestrian bridge across the dam.

To restore access to the dam after the existing bridge is removed, the Department would like to offer the following three alternatives for BBMWD's consideration:

1. The Department pays for the construction capital cost and BBMWD pays for the engineering design and construction inspection cost for the pedestrian bridge. This work could potentially be included as part of the ongoing construction contract as a Contract Change Order as long as the signed plans for the pedestrian bridge are provided by BBMWD by February 1, 2011 and the negotiations are successful with the State's contractor. The Department and BBMWD would have to enter into a Memorandum of Understanding (MOU) that would describe the roles and financial responsibility of each agency.
2. The Department pays for the construction capital cost up to a percentage equal to five feet of deck width over the proposed structure width times the cost to accommodate vehicular traffic, and BBMWD pays the balance. In addition, BBMWD would have to pay for the engineering design and construction inspection cost for this bridge. This work could be potentially included as part of the ongoing construction contract as a Contract Change Order as long as the signed plans for the bridge are provided by BBMWD by February 1, 2011 and the negotiations are successful with the contractor. The Department and BBMWD would have to enter into an MOU that would describe the roles and financial responsibility of each agency.
3. The Department makes a financial contribution up to a percentage equal to five feet of deck width over the proposed structure width times the cost to accommodate vehicular traffic. The Department and BBMWD would have to execute a Cooperative Agreement that would describe the roles and financial responsibility of each agency. This would be a follow-up project and not part of the ongoing construction contract. It would be stipulated in the Agreement that the financial contribution could only be used by BBMWD for the construction of a pedestrian or a vehicular bridge. BBMWD would have to serve as the lead agency for the project. This contribution would be subject to approval of funding by the California Transportation Commission.

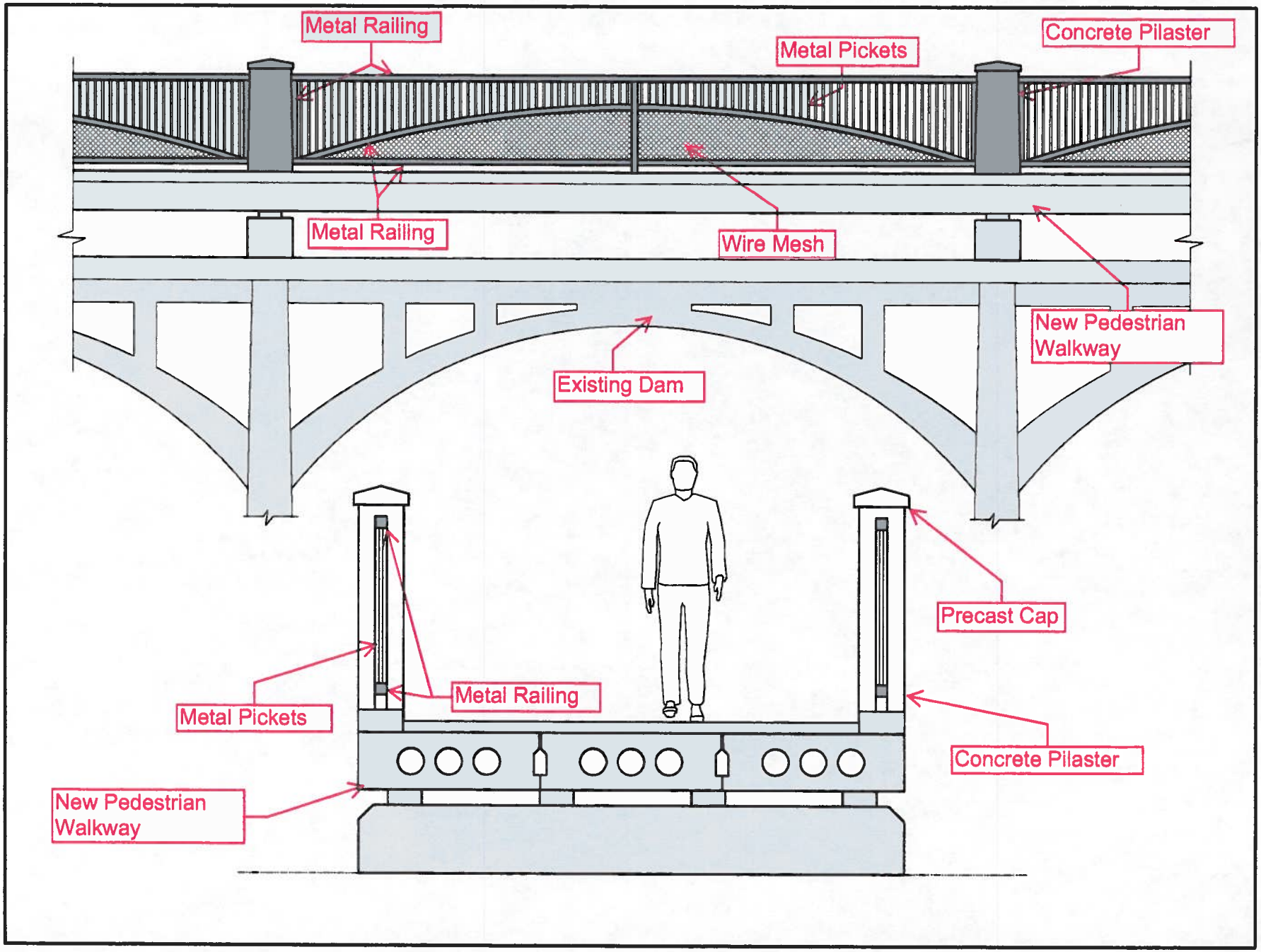
Please let us know BBMWD's preferred alternative within 30 calendar days of the date of this letter. If no response is received by this deadline, the first two alternatives would no longer be available as the Department has a deadline to complete the ongoing construction contract.

If you have any questions or need additional information, please call me at (909) 383-4055 or Syed Raza, Acting Deputy District Director, Program Project Management and Right of Way at (909) 388-7047.

Sincerely,

RAYMOND W. WOLFE, PhD
District Director

c: Mr. Larry Broedow, Field Representative, Office of Senator Dutton
Mr. George Watson, Chief of Staff, Office of Supervisor Neil Derry
Syed Raza, Acting Deputy District Director, Program Project Management


Metal Railing
Metal Pickets
Concrete Pilaster
Metal Railing
Wire Mesh
New Pedestrian Walkway
Existing Dam
Precast Cap
Metal Pickets
Metal Railing
Concrete Pilaster
New Pedestrian Walkway

CONSULTANT AGREEMENT

As of November 18, 2010, the **Big Bear Municipal Water District,** hereinafter called "Big Bear," and Simon Wong Engineering, hereinafter called "Consultant," agree as follows:

Section 1. **Purpose**

Under this Agreement, the Consultant shall provide the Advanced Planning Studies for the pedestrian bridge that is to be supported on the existing Bear Valley Dam structure.

Section 2. **Services**

The Consultant shall, in good workmanlike and professional manner, furnish the technical, administrative, professional and other labor, supplies and materials, equipment, printing, vehicles, transportation, office space and facilities necessary to perform and complete the work and provide the services as set forth in Exhibit "A" of this Agreement.

Section 3. **Consideration**

(a) The District shall compensate Consultant on a fixed fee basis, contingent on satisfactory performance of the work. The aggregate payments under this Agreement shall not exceed $138,000 (excludes $4,500 for additional railing alternatives).

(b) The Consultant shall complete and submit an invoice showing date of work, description of work performed, amount of invoice and supporting documentation. The District shall pay the Consultant within thirty (30) days of invoice being submitted.

Section 4. **Term**

This Agreement shall commence on the date above written, and shall continue until completion of the services described above. Either party may terminate this Agreement on thirty (30) days' written notice.

Section 5. **Ownership of Data, Reports, and Documents**

The Consultant shall deliver to the District on demand or completion of the project, notes of surveys made, reports of tests made, studies, reports, plans, and other materials and documents which shall be the property of the District. If the District uses any of the data, reports, and documents furnished or prepared by the Consultant for projects other than the project shown on Exhibit "A," the Consultant shall be released from responsibility to third parties concerning the use of the data, reports, and documents. The Consultant may retain copies of the materials. The

District may use or reuse the materials prepared by Consultant without additional compensation to Consultant.

Section 6. **Subcontracts**

The Consultant shall not subcontract or assign responsibility for performance of any portion of this Agreement without the prior written consent of the District. Except as otherwise specifically approved by the District, the Consultant shall include appropriate provisions of this Agreement in subcontracts so rights conferred to the District by this Agreement shall not be affected or diminished by subcontract. There shall be no contractual relationship intended, implied or created between the District and any subcontractor with respect to services under this Agreement.

Section 7. **Independent Contractor**

The Consultant is an independent contractor, and not an employee of the District.

Section 8. **Indemnification**

Consultant shall defend, indemnify, and hold harmless the District, its officers, employees and agents, from and against loss, injury, liability, or damages arising from any act or omission to act, including any negligent act or omission to act by Consultant or Consultant's officers, employees, or agents.

Section 9. **Insurance**

(a) The Consultant shall procure and maintain, for the duration of this Agreement insurance against claims for injuries to persons or damages to property arising from or in connection with the performance of the work hereunder by the Consultant, officers, agents, employees, or volunteers.

(b) The Consultant shall provide the following coverages:

(1) Commercial general liability insurance written on an occurrence basis in the amount of $1,000,000 combined single limit per occurrence for bodily injury, personal injury, and property damage. The insurance policy shall be amended to provide that the general aggregate limit shall apply separately to the work under this Agreement or the general aggregate shall be twice the required per occurrence limit.

(2) Business automobile liability insurance insuring all owned, non-owned and hired automobiles, in the amount of $1,000,000 combined single limit per accident for bodily injury and property damage.

(3) Workers' Compensation insurance as required by the Labor Code of the State of California and Employers Liability Insurance with the statutory Workers' Compensation limits as required by the Labor Code of the State of California, and $1,000,000 per accident for bodily injury and disease Employers Liability. The Consultant and all subcontractors shall cover or insure all of their employees working on or about the construction site regardless of whether such coverage or insurance is mandatory or merely elective under the law.

(c) The insurance policies required above shall contain or be endorsed to contain the following specific provisions:

(1) Commercial general liability and automobile liability:

(i) The District and its Board Members, officers, employees, agents and volunteers are added as insured;

(ii) The Consultant's insurance shall be primary insurance as respects the District, its Board Members, officers, employees, agents and volunteers and any insurance or self-insurance maintained by the District shall be excess of the Consultant's insurance and shall not contribute to it.

(iii) Any failure to comply with the claim reporting provisions of the policies or any breach of a policy warranty shall not affect coverage under the policy provided to the District, its Board Members, officers, employees, agents and volunteers.

(iv) The policies shall contain a waiver of transfer rights of recovery ("waiver of subrogation") against the District, its Board Members, officers, employees, agents and volunteers for any claims arising out of the work of the Consultant.

(v) The policies may provide coverage which contains deductible or self-insured retentions. Such deductible and/or self-insured retentions shall not be applicable with respect to the coverage provided to the District under such policies. The Consultant shall be solely responsible for deductible and/or self-insured retention and the District, at its option, may require the Consultant to secure the payment of such deductible or self-insured retentions by a surety bond or an irrevocable and unconditional letter of credit. The insurance policies that contain deductibles or self-insured retentions in excess of $25,000 per occurrence shall not be acceptable without the prior approval of the District.

(vi) Prior to start of work under this Agreement, the Consultant shall file with the District evidence of insurance as required above from an insurer or insurers

certifying to the required coverage. The coverage shall be evidenced on an ACCORD Certificate of Insurance form (latest version) and be signed by an authorized representative of the insurer(s). A copy of form ISO 2009 required in above shall be attached to the Certificate of Insurance at the time it is filed with the District. Should the required coverage be furnished under more than one policy of insurance, the Consultant may submit as many certificates of insurance as needed to provide the required amounts. In the event the Certificate furnished by the Consultant does not adequately verity the required coverage, the District has the right to require the Consultant to provide copies of the specific endorsements or policy provisions actually providing the required coverage. The District reserves the right to require certified complete copies of any insurance coverage required by this Agreement, but the receipt of such policy or policies shall not confer responsibility upon the District as to sufficiency of coverage.

(2) All Coverages: Each policy required in this section shall contain a policy cancellation clause that provides the policy shall not be canceled or otherwise terminated by the insurer or the Consultant or reduced in coverage or in limits except after thirty (30) days' prior written notice by certified mail, return receipt requested, has been given to the District, Attention: Office Manager.

(d) All insurance required by this Agreement shall be placed with insurers licensed by the State of California to transact insurance business of the types required herein. Each insurer shall have a current Best Insurance Guide rating of not less than A: VII unless prior approval is secured from the District as to the use of such insurer.

(e) The Consultant shall include all subcontractors as insureds under its policies or shall furnish separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to all of the requirements stated herein. The Consultant shall maintain evidence of compliance with the insurance requirements by the subcontractors at the job site and make them available for review by the District.

Section 10. **Integration**

This Agreement represents the entire understanding of District and Consultant as to those matters contained herein. No prior oral or written understanding shall be of any force or effect with respect to those matters covered hereunder. This Agreement may not be modified or altered except in writing, signed by both parties.

Section 11. **Governing Law**

This Agreement shall be interpreted and construed under, and the rights of the parties will be governed by the laws of the State of California.

Section 12. **Attorney Fees**

The prevailing party in an action or proceeding arising from or related to this Agreement shall be entitled to recover actual attorney fees, expenses and costs incurred as part of the action or proceeding.

IN WITNESS WHEREOF, the parties hereby have caused this Agreement to be executed the date first above written.

APPROVED:
Big Bear Municipal Water District

By: _____
Scott Heule, General Manager

Attest:

By: _____
Vicki Sheppard, Board Secretary

APPROVED:
Simon Wong Engineering

By: _____
James Frost, P.E., Vice President

BIG BEAR MUNICIPAL WATER DISTRICT
REPORT TO BOARD OF DIRECTORS

MEETING DATE: November 18, 2010 ***AGENDA ITEM: 12A***

SUBJECT:

CONSIDER PURCHASE OF ALPINE TROUT POND PROPERTY

RECOMMENDATION:

The Trout Pond Ad Hoc Committee and General Manager recommend purchasing this property.

DISCUSSION/FINDINGS:

For the past three months the District has been negotiating with the current owners of the Alpine Trout Pond property at 430 and 440 Catalina Road east of Big Bear Boulevard. The District has for some time speculated what opportunities would be available if the property could be consolidated with current ownership of Rathbun Creek land upstream from the trout pond almost to Elm Street.

Rathbun Creek carries heavy loads of nutrient laden silt into the Lake and additional sediment catchment basins along the creek has been recommended by the studies conducted by the US Army Corps of Engineers. Additional sediment catchment will help improve overall Lake water quality. The trout pond location and construction is ideal for this use. While the pond has nearly silted up over the years, after cleaning it out it will effectively capture sediment the Districts' downstream basins cannot. The pond can also be used to expand the Districts' fisheries enhancement program, working as a trout rearing habitat where fingerlings can be raised at a modest expense to catchable and trophy sized fish. Future collaboration with other public agencies in the Valley could also make this a valuable public education and recreation amenity and local school field trip destination. The District does not contemplate any full time year round or seasonal staffing of this property and no additional staffing will be required.

The purchase price of the property will be $700,000 total. The property includes two parcels. One parcel is mostly steam bank and stream bottom with no improvements. The other parcel is three acres and includes the pond, a small office building and a three bedroom house. Clean up after the purchase will include removal of derelict vehicles and a boat and other "junk" some, which will be salvageable.

OTHER AGENCY INVOLVEMENT: None

FINANCING: $700,000 from the undesignated reserves in the District Rathbun Creek and/or Lake Improvement funds.

Submitted by: Scott Heule, General Manager