

AMENDMENT
TO THE MEMORANDUM OF UNDERSTANDING (MOU)
BETWEEN CALAVERAS COUNTY IN-HOME SUPPORTIVE SERVICES (IHSS) PUBLIC
AUTHORITY AND SEIU 2015

This will confirm an understanding between the Calaveras County In-Home Supportive Services Public Authority (“Public Authority”) and the Service Employees International Union, Local 2015 (“Union”), collectively “the parties”.

The current Memorandum of Understanding provides in Section 9, Benefits, paragraph A, in part, the following which shall be stricken in its entirety effective September 1, 2019:

“The Public Authority shall contract with Select Benefit Administrators of America to provide Health, Dental and Vision Care Insurance to eligible Providers.”

And shall be replaced with the following effective September 1, 2019:

The Public Authority shall contract with Pan America health to provide Health, Dental and Vision Care Insurance to eligible Providers. “

FOR PUBLIC AUTHORITY



Judy Hawkins
Deputy CAO/Director HR & RM

FOR THE UNION



Marcus McRae
Regional Director, SEIU 2015

Benefits	Amount	Days	Maximum	Notes
Doctor's Office Visit	\$70	10	\$700	
Outpatient Diagnostic X-Ray & Lab	\$100	2	\$200	
Outpatient X-Ray	\$85	4	\$340	
Outpatient Advanced Studies	\$200	5	\$1,000	
Wellness	\$150	1	\$150	
ER-Sickness	\$200	4	\$800	
Inpatient Hospital Benefits	Overall calendar year max is 30 days, unless noted			
Hospital Indemnity	\$1,300	30		
Intensive Care	\$2,600	30		
Substance Abuse	\$1,300	30		
Mental Health	\$650	30		
Skilled Nursing Facility	\$650	27		
Hospital Inpatient Admission	\$1,500	n/a	no limit	No Limit on # of admissions
Surgical (Lump Sum)	\$1,000 Inpatient \$1,000 Outpatient	21P/20P	\$4,000	Current Symetra plan is not FAO7 compliant
OP Surgical Facility	\$500	2	\$1,000	
Anesthesia (35% of surgical)	\$350 IP/\$350 OP	21P/20P	\$1,400	
Ambulance	\$500	4	\$2,000	Symetra breaks out type of trip

PANAMED

Benefits	Amount	Days	Maximum	Notes
Vision Benefit (In-Network)	Eye Exam: \$0 copay per person up to \$110 per person	1	Every 12 months	www.davisvision.com Over \$5,000 locations nationwide Plan also includes Out-of-network reimbursement benefits
Glasses/Contacts	\$1,500 pp/pcy max 100% Preventive 80% Basic 50% Major	Every 24 months	\$1,500	Plan covers % of services: Guardian Dental Network, \$50 deductible on Basic/Major, Ortho is not covered
Dental Benefit	up to \$2,500 \$5,000	n/a	no limit	Supplemental coverage. No limit on # of Accident occurrences. \$100
Medical Accident WADED	Level-funded \$10 copay \$30 copay N/A \$30 copay \$80 copay N/A			Fully insured copy is not available; replaced with new level-funded RX option.
Prescription Drug Plan (P/PRM)	Enhanced Rx-Advantage			FH has deeper discounts and Same provider access
PPO Network Option	First Health			
Health Advocacy Services	Included			Wellness benefit included above
EAP-WorkLife Program	Included			
Wellness Program	Included			
Monthly Member Only Cost			\$289.47	

ANCILLARIES

Benefits	Amount/Frequency
Doctor's Office Visit, Urgent Care & Outpatient Hospital Benefit	\$70/visit \$700 pp/pcy max
Outpatient Diagnostic X-Ray & Lab Benefit	\$80/visit \$500 pp/pcy max
Outpatient Major Diagnostic Testing Benefit	\$200 per test 5 tests pp/pcy max
Preventive Care Benefit	\$150/visit \$150 pp/pcy max
Emergency Room Benefit	\$200/visit \$500 pp/pcy max
Inpatient Hospital Benefits	300 days per lifetime unless noted
Hospital Stay	\$1300/day 30 days pp/pcy
Intensive Care Unit	\$2600/day 30 days pp/pcy
Substance Abuse Facility	\$1300/day 30 days pp/pcy
Renal Health Facility (180 day lifetime max)	\$650/day 30 days pp/pcy
Nursing facility	\$650/day 57 days pp/pcy (insured under SS)
Hospital Inpatient Admission	\$1500/admission 1 pp/pcy max
Surgical Benefit (paid according to Schedule)	\$5000 pp/pcy max
OP Surgical Facility Benefit	\$500/surgery
Surgical Anesthesia Benefit	2 surgeries pp/pcy max 35% of Surgical procedure
Ambulance Transportation Benefit	\$500/ground trip \$1000/air trip
Trips	5 pp/pcy max

SELECT BENEFITS

Benefits	Amount/Frequency
Vision Benefit	\$50 per exam, pp/pcy
Glasses/contacts every 2 consecutive yrs	\$100 for glasses or \$75 for contacts
Dental Benefit	\$1500 pp/pcy max \$1000 basic visit \$400/major visit \$250/emergency visit
Group Accident Policy	up to \$2000
Coverages per occurrence	3 pp/pcy max
Prescription Drug Plan (P/PRM)	Fully Insured \$10 copay \$30 copay N/A \$30 copay \$60 copay N/A
Annual Plan Max (per Employee)	\$5,000
Enhanced Rx-Advantage	
PPO Network Option	HealthSmart
Health Advocacy Services	Included
EAP-WorkLife Program	Included
Wellness Program	Included
Monthly Member Only Cost	\$289.47

ANCILLARIES