



OPEN ENROLLMENT ANNOUNCEMENT

OPEN ENROLLMENT MONTH: November 2009

COVERAGE EFFECTIVE: December 1, 2009

This is to inform you of your annual Open Enrollment Period for our Kaiser & Western Health Advantage Medical plans, as well as Delta Dental plans and MES Vision plan.

- ✓ For those of you that are NOT covered under these plans, this is an opportunity for you to enroll.
- ✓ For those of you currently enrolled, this is an opportunity to switch plans or carriers. **NOTE: your December premium notice from A.R.B.A. will reflect your new monthly cost for the coverage you currently have. If you wish to lower this cost, this package will provide you with alternatives.**
- ✓ For those of you currently enrolled, this is an opportunity for you to add applicable dependents that are not currently on the plan. Dependents can enroll only if you are enrolled as the NSCAR member.

Important Notes:

- ◆ Please read the attached Open Enrollment Package thoroughly. **Reminder: Health Net's next Open Enrollment Period will be in May 2010 for an effective date of June 1, 2010**
- ◆ If you wish to enroll or make a change, please contact our broker's office for change applications and enrollment forms - PRJ Insurance Marketing, Inc. at 800-427-7074.
- ◆ Enrollment/Change forms must be returned to PRJ Insurance Marketing no later than Monday, November 30th.
- ◆ If you decide not to take advantage of this Open Enrollment period, your next opportunity will be in November 2010 for an effective date of December 1, 2010, unless you experience a Qualifying Event.

Qualifying Events are: Loss of other health insurance coverage such as through your spouse's group employer plan or MediCal; Loss of health insurance through an individual plan (only if loss of coverage is beyond your control, such as divorce or death); Adoption; Birth of a child or Marriage.

IF YOU FALL IN ANY OF THE ABOVE CATEGORIES, YOU MUST CONTACT PRJ INSURANCE WITHIN 30 DAYS OF THE EVENT, OR YOU WILL RISK HAVING TO WAIT UNTIL THE NEXT ANNIVERSARY DATE.

Should you have any questions regarding this Open Enrollment period, please contact Ken Stamey or Gabi Wackerli at 800-427-7074 (PRJ Insurance Mktng., Inc.)

They will be happy to answer all your questions.



INSURANCE PROGRAM (December 1, 2009 to November 30, 2010)

When are you eligible to enroll:

Health Net	1st of the month following	90-days from joining NSCAR
Kaiser, WHA, Delta & MES	1st of the month following	The date you joined NSCAR

This is guarantee issue coverage so you are eligible to come on to the plan at your eligibility date or at open enrollment (or qualifying event) without regard to your health history – no medical questions are asked.

Choice of 3 health carriers:

<u>CARRIER</u>	<u>REGIONS COVERED</u>	<u>WEBSITE for Provider Search or other Information</u>
HEALTH NET HMO; PPO or H.S.A.	Most counties in California	www.healthnet.com (HMO requires selection of PCP)
Kaiser Permanente HMO or H.S.A.	Most counties in California	www.kp.org
Western Health Advantage HMO or H.S.A.	Sacramento, Yolo, most parts of Solano and some parts of Placer & El Dorado	www.westernhealth.com (requires selection of PCP)

Choice of 2 dental plans:

<u>CARRIER</u>	<u>REGIONS COVERED</u>	<u>WEBSITE for Provider Search or other Information</u>
DELTA DENTAL FFS/PPO	California	www.deltadentalins.com
DELTACARE USA DHMO	Most counties in California	www.deltadentalins.com (requires selection of a PCD)

Choice of 1 vision plan:

<u>CARRIER</u>	<u>REGIONS COVERED</u>	<u>WEBSITE for Provider Search or other Information</u>
MES (Medical Eye Services)	California	www.medicaleyeshervices.com

Affordable Rates:

Medical rates are based on your home address zip code. **Be sure to check the correct Rate Regions.**

Enrollment & Questions:

Contact Ken Stamey or Gabi Wackerli at PRJ Insurance Marketing, Inc. to discuss plan options; rates and enrollment at 707-449-4021 or 800-427-7074.

Side By Side Detail

Kaiser Benefit Comparison for N.S.C.A.R.

Fairfield, Solano, 94533

Prepared by Ken Stamey

Effective December 01, 2009

	Kaiser Plan 15		Kaiser Plan 20		Kaiser Plan 30	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Individual Deductible	None		None		None	
Family Deductible	None		None		None	
Max OOP Ind	\$3,000		\$3,000		\$3,500	
Max OOP Family	\$6,000		\$6,000		\$7,000	
Office Copay	\$15		\$20		\$30	
Lab and X-Ray	\$10/\$50 complex imaging		\$10/\$50 complex imaging		\$10/\$50 complex imaging	
Hospital Inpatient	\$200/day		\$300/day		\$400/day	
Outpatient Surgery	\$100/procedure		\$150/procedure		\$200/procedure	
ER Charge	\$100 (Waived if admitted)		\$100 (Waived if admitted)		\$100 (Waived if admitted)	
Rx Generic	\$10		\$10		\$10	
Rx Brand	\$25		\$30		\$250 + \$35	
Rx Non-Formulary	N/A		N/A		N/A	

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Side By Side Detail

Kaiser Benefit Comparison for N.S.C.A.R.

Fairfield, Solano, 94533

Prepared by Ken Stamey

Effective December 01, 2009

	Kaiser Plan 50		Kaiser \$30/\$1000 Plan		Kaiser \$30/\$1500 Plan	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Individual Deductible	None		\$1000		\$1500	
Family Deductible	None		\$2,000		\$3,000	
Max OOP Ind	\$3,500		\$3,500 (Includes Ded)		\$3,500 (Includes Ded)	
Max OOP Family	\$7,000		\$7,000 (Includes Ded)		\$7,000 (Includes Ded)	
Office Copay	\$50		\$30 (Ded waived)		\$30 (Ded waived)	
Lab and X-Ray	\$10/\$50 MRI/CT/PET		\$10 after Ded/\$50 after Ded complex imaging		\$10 after Ded/\$50 after Ded complex imaging	
Hospital Inpatient	\$500/day		\$500/day after Ded		\$500/day after Ded	
Outpatient Surgery	\$250/procedure		\$250 after Ded/procedure		\$250 after Ded/procedure	
ER Charge	\$150 (Waived if admitted)		\$100 after Ded (Waived if admitted)		\$100 after Ded (Waived if admitted)	
Rx Generic	\$10		\$10 (Ded waived)		\$10 (Ded waived)	
Rx Brand	\$250 + \$35		\$250 then \$35 (Ded waived)		\$250 then \$35 (Ded waived)	
Rx Non-Formulary	Not Covered		N/A		N/A	

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Side By Side Detail

Kaiser Benefit Comparison for N.S.C.A.R.

Fairfield, Solano, 94533

Prepared by Ken Stamey

Effective December 01, 2009

	Kaiser \$0/\$1500 Plan With HSA		Kaiser \$0/\$2700 Plan With HSA	
	In Network	Out of Network	In Network	Out of Network
Individual Deductible	\$1500		\$2700	
Family Deductible	\$3,000		\$5,450	
Max OOP Ind	\$1,500 (Includes Ded)		\$2,700 (Includes Ded)	
Max OOP Family	\$3,000 (Includes Ded)		\$5,450 (Includes Ded)	
Office Copay	No charge after Ded		No charge after Ded	
Lab and X-Ray	No charge after Ded		No charge after Ded	
Hospital Inpatient	No charge after Ded		No charge after Ded	
Outpatient Surgery	No charge after Ded		No charge after Ded	
ER Charge	No charge after Ded		No charge after Ded	
Rx Generic	\$0 after Ded		\$0 after Ded	
Rx Brand	\$0 after Ded		\$0 after Ded	
Rx Non-Formulary	N/A		N/A	

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Small Group Rate Area Guide

Rate Area 2

The following counties are entirely within Rate Area 2: Napa and Solano

Portions of the following counties are also within Rate Area 2: Amador, Contra Costa, El Dorado, Marin, Placer, Sacramento, San Joaquin, Sonoma, Sutter, Yolo, and Yuba.

94203-09	94271	94561-65	94933	95234	95366	95436	95486-87	95655	95757-59	95899
94211	94273-74	94567	94937-42	95236-37	95376-78	95439	95492	95658-64	95762-63	95903
94229-30	94277-80	94569-76	94945-57	95240-42	95385	95441-42	95602-05	95667-74	95765	95961
94232	94282-91	94581-83	94960	95253	95391	95444	95607-21	95676-78	95776	
94234-37	94293-99	94585	94963-66	95258	95401-07	95446	95623-26	95680-83	95798-99	
94239-40	94503	94589-92	94970-79	95267	95409	95448	95628	95686-88	95811-38	
94244-50	94505-31	94595-99	94998-99	95269	95416	95450	95630	95690-98	95840-43	
94252	94533-35	94901	95201-13	95296-97	95419	95452	95632-35	95703	95851-53	
94254	94547-49	94903-04	95215	95304	95421	95462	95638-41	95722	95860	
94256-59	94553	94912-15	95219-20	95320	95425	95465	95645	95736	95864-67	
94261-63	94556	94920	95227	95330	95430-31	95471-73	95648	95741-42	95887	
94267-69	94558-59	94922-31	95230-31	95336-37	95433	95476	95650-52	95746-47	95894	

Rate Area 3

Portions of the following counties are within Rate 3: Fresno, Kings, Madera, Mariposa, San Joaquin, Stanislaus, and Tulare.

93230	93606-07	93623-27	93656-57	93675	93744-45	93764-65	93844	95319	95360-61	95397
93232	93609	93630-31	93660	93701-12	93747	93771-80	93888	95323	95363	
93242	93611-14	93636-39	93662	93714-18	93750	93784	95307	95326	95367-68	
93601-02	93616	93643-46	93666-69	93720-30	93755	93786	95313	95328-29	95380-82	
93604	93618-19	93648-54	93673	93740-41	93760-61	93790-94	95316	95350-58	95386-87	

Northern Solano County Association of REALTORS
Kaiser Monthly Premiums
Effective Date: December 1, 2009 - November 30, 2010
Rate Area 2

\$15 Copay Plan				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$307.00	\$836.00	\$822.00	\$1,159.00
30-39	\$338.00	\$897.00	\$845.00	\$1,279.00
40-49	\$432.00	\$979.00	\$810.00	\$1,288.00
50-54	\$559.00	\$1,149.00	\$914.00	\$1,465.00
55-59	\$703.00	\$1,463.00	\$1,045.00	\$1,681.00
60-64	\$865.00	\$1,632.00	\$1,153.00	\$1,903.00
65+	\$979.00	\$2,102.00	\$1,466.00	\$2,310.00

\$20 Copay Plan				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$288.00	\$782.00	\$770.00	\$1,084.00
30-39	\$317.00	\$840.00	\$791.00	\$1,197.00
40-49	\$405.00	\$916.00	\$759.00	\$1,205.00
50-54	\$523.00	\$1,075.00	\$855.00	\$1,371.00
55-59	\$658.00	\$1,369.00	\$978.00	\$1,573.00
60-64	\$809.00	\$1,526.00	\$1,078.00	\$1,779.00
65+	\$916.00	\$1,966.00	\$1,371.00	\$2,160.00

\$30 Copay Plan				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$262.00	\$710.00	\$699.00	\$983.00
30-39	\$288.00	\$762.00	\$718.00	\$1,086.00
40-49	\$368.00	\$831.00	\$689.00	\$1,093.00
50-54	\$476.00	\$976.00	\$777.00	\$1,244.00
55-59	\$598.00	\$1,243.00	\$888.00	\$1,428.00
60-64	\$735.00	\$1,385.00	\$979.00	\$1,615.00
65+	\$832.00	\$1,784.00	\$1,245.00	\$1,960.00

\$50 Copay Plan				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$239.00	\$647.00	\$636.00	\$896.00
30-39	\$263.00	\$694.00	\$654.00	\$988.00
40-49	\$336.00	\$758.00	\$628.00	\$996.00
50-54	\$434.00	\$889.00	\$708.00	\$1,133.00
55-59	\$545.00	\$1,131.00	\$809.00	\$1,299.00
60-64	\$669.00	\$1,260.00	\$891.00	\$1,469.00
65+	\$758.00	\$1,624.00	\$1,133.00	\$1,784.00

Northern Solano County Association of REALTORS
Kaiser Monthly Premiums
Effective Date: December 1, 2009 - November 30, 2010
Rate Area 2

\$30/\$1,000 Deductible Plan				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$203.00	\$536.00	\$445.00	\$643.00
30-39	\$238.00	\$616.00	\$468.00	\$719.00
40-49	\$318.00	\$636.00	\$491.00	\$805.00
50-54	\$420.00	\$860.00	\$571.00	\$951.00
55-59	\$519.00	\$1,066.00	\$669.00	\$1,167.00
60-64	\$662.00	\$1,313.00	\$815.00	\$1,452.00
65+	\$800.00	\$1,809.00	\$947.00	\$1,897.00

\$30/\$1500 Deductible Plan				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$175.00	\$459.00	\$382.00	\$551.00
30-39	\$205.00	\$528.00	\$402.00	\$616.00
40-49	\$273.00	\$545.00	\$420.00	\$689.00
50-54	\$361.00	\$736.00	\$490.00	\$813.00
55-59	\$445.00	\$912.00	\$573.00	\$999.00
60-64	\$567.00	\$1,123.00	\$698.00	\$1,241.00
65+	\$685.00	\$1,547.00	\$811.00	\$1,622.00

\$0/\$1,500 Deductible Plan With HSA				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$181.00	\$475.00	\$395.00	\$570.00
30-39	\$212.00	\$546.00	\$415.00	\$637.00
40-49	\$282.00	\$563.00	\$434.00	\$712.00
50-54	\$373.00	\$761.00	\$506.00	\$841.00
55-59	\$460.00	\$944.00	\$593.00	\$1,034.00
60-64	\$586.00	\$1,161.00	\$722.00	\$1,283.00
65+	\$708.00	\$1,599.00	\$838.00	\$1,677.00

\$0/\$2700 With HSA				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$148.00	\$385.00	\$320.00	\$461.00
30-39	\$173.00	\$442.00	\$337.00	\$515.00
40-49	\$230.00	\$456.00	\$353.00	\$576.00
50-54	\$302.00	\$615.00	\$409.00	\$680.00
55-59	\$373.00	\$762.00	\$480.00	\$834.00
60-64	\$474.00	\$937.00	\$583.00	\$1,036.00
65+	\$573.00	\$1,291.00	\$678.00	\$1,354.00

Northern Solano County Association of REALTORS
Kaiser Monthly Premiums
Effective Date: December 1, 2009 - November 30, 2010
Rate Area 3

\$15 Copay Plan				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$322.00	\$877.00	\$863.00	\$1,216.00
30-39	\$354.00	\$941.00	\$886.00	\$1,342.00
40-49	\$453.00	\$1,027.00	\$850.00	\$1,352.00
50-54	\$586.00	\$1,206.00	\$959.00	\$1,538.00
55-59	\$738.00	\$1,536.00	\$1,097.00	\$1,765.00
60-64	\$907.00	\$1,712.00	\$1,209.00	\$1,997.00
65+	\$1,027.00	\$2,206.00	\$1,538.00	\$2,424.00

\$20 Copay Plan				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$301.00	\$820.00	\$807.00	\$1,137.00
30-39	\$332.00	\$881.00	\$830.00	\$1,256.00
40-49	\$425.00	\$962.00	\$796.00	\$1,266.00
50-54	\$549.00	\$1,128.00	\$898.00	\$1,439.00
55-59	\$691.00	\$1,438.00	\$1,027.00	\$1,652.00
60-64	\$849.00	\$1,602.00	\$1,131.00	\$1,868.00
65+	\$961.00	\$2,063.00	\$1,439.00	\$2,267.00

\$30 Copay Plan				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$274.00	\$745.00	\$732.00	\$1,032.00
30-39	\$302.00	\$800.00	\$753.00	\$1,140.00
40-49	\$386.00	\$873.00	\$723.00	\$1,148.00
50-54	\$499.00	\$1,024.00	\$815.00	\$1,306.00
55-59	\$627.00	\$1,304.00	\$931.00	\$1,498.00
60-64	\$771.00	\$1,454.00	\$1,027.00	\$1,695.00
65+	\$873.00	\$1,872.00	\$1,306.00	\$2,057.00

\$50 Copay Plan				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$251.00	\$679.00	\$668.00	\$940.00
30-39	\$276.00	\$729.00	\$686.00	\$1,038.00
40-49	\$352.00	\$795.00	\$658.00	\$1,045.00
50-54	\$455.00	\$933.00	\$743.00	\$1,189.00
55-59	\$572.00	\$1,188.00	\$849.00	\$1,364.00
60-64	\$702.00	\$1,323.00	\$935.00	\$1,542.00
65+	\$795.00	\$1,704.00	\$1,189.00	\$1,872.00

Northern Solano County Association of REALTORS
Kaiser Monthly Premiums
Effective Date: December 1, 2009 - November 30, 2010
Rate Area 3

\$30/\$1,000 Deductible Plan				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$213.00	\$563.00	\$467.00	\$676.00
30-39	\$249.00	\$646.00	\$491.00	\$754.00
40-49	\$333.00	\$667.00	\$514.00	\$844.00
50-54	\$441.00	\$903.00	\$599.00	\$998.00
55-59	\$544.00	\$1,119.00	\$702.00	\$1,225.00
60-64	\$694.00	\$1,377.00	\$855.00	\$1,522.00
65+	\$840.00	\$1,900.00	\$995.00	\$1,993.00

\$30/\$1500 Deductible Plan				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$184.00	\$482.00	\$401.00	\$578.00
30-39	\$215.00	\$554.00	\$422.00	\$646.00
40-49	\$286.00	\$571.00	\$441.00	\$722.00
50-54	\$378.00	\$772.00	\$513.00	\$853.00
55-59	\$467.00	\$958.00	\$602.00	\$1,049.00
60-64	\$595.00	\$1,178.00	\$733.00	\$1,302.00
65+	\$719.00	\$1,624.00	\$851.00	\$1,703.00

\$0/\$1,500 Deductible Plan With HSA				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$190.00	\$499.00	\$414.00	\$599.00
30-39	\$222.00	\$573.00	\$436.00	\$669.00
40-49	\$296.00	\$591.00	\$456.00	\$748.00
50-54	\$391.00	\$799.00	\$531.00	\$883.00
55-59	\$482.00	\$990.00	\$621.00	\$1,084.00
60-64	\$615.00	\$1,219.00	\$757.00	\$1,347.00
65+	\$743.00	\$1,679.00	\$880.00	\$1,761.00

\$0/\$2700 With HSA				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$155.00	\$404.00	\$336.00	\$484.00
30-39	\$181.00	\$463.00	\$353.00	\$540.00
40-49	\$240.00	\$478.00	\$369.00	\$604.00
50-54	\$317.00	\$645.00	\$430.00	\$713.00
55-59	\$391.00	\$800.00	\$503.00	\$876.00
60-64	\$497.00	\$983.00	\$612.00	\$1,086.00
65+	\$601.00	\$1,355.00	\$711.00	\$1,421.00

Side By Side Detail

**Western Health Benefit Comparison for
N.S.C.A.R.**

Fairfield, Solano, 94533

Prepared by Ken Stamey

Effective December 01, 2009

	WHA Premier 20 - Rx Plan E		WHA Advantage 70 - Rx Plan H	
	In Network	Out of Network	In Network	Out of Network
Individual Deductible	None		None	
Family Deductible	None		None	
Max OOP Ind	\$1,500		\$3,000	
Max OOP Family	\$2,500		\$5,000	
Office Copay	\$20		\$20	
Lab and X-Ray	No Charge		No Charge	
Hospital Inpatient	No Charge		70%	
Outpatient Surgery	\$100/Visit (Facility)		70%	
ER Charge	\$100/Visit		\$100/Visit	
Rx Generic	\$10		\$10	
Rx Brand	\$20		\$30	
Rx Non-Formulary	\$30		\$50	

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Side By Side Detail

**Western Health Benefit Comparison for
N.S.C.A.R.**

Fairfield, Solano, 94533

Prepared by Ken Stamey

Effective December 01, 2009

	WHA Western 1800		WHA Western 2800	
	In Network	Out of Network	In Network	Out of Network
Individual Deductible	\$1800		\$2800	
Family Deductible	\$3,600 (Aggregate)		\$5,600	
Max OOP Ind	\$1,800 (Includes Ded)		\$4,000 (Includes Ded)	
Max OOP Family	\$3,600 (Includes Ded)		\$8,000 (Includes Ded)	
Office Copay	100% after Ded		\$40 after Ded	
Lab and X-Ray	100% after Ded		No charge after Ded	
Hospital Inpatient	100% after Ded		\$500/Day after Ded	
Outpatient Surgery	100% after Ded		\$250 after Ded	
ER Charge	100% after Ded		\$100 after Ded (Waived if admitted)	
Rx Generic	100%		\$10	
Rx Brand	100%		\$30	
Rx Non-Formulary	100%		\$50	

H.S.A. COMPATIBLE

H.S.A. COMPATIBLE

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Northern Solano County Association of Realtors
Western Health Advantage Monthly Premiums
Effective Date: December 1, 2009 - November 30, 2010

Premier 20 with Rx E				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$311.49	\$647.48	\$740.61	\$1,089.05
30-39	\$353.09	\$748.07	\$803.47	\$1,255.93
40-49	\$414.94	\$888.03	\$838.28	\$1,346.35
50-54	\$557.06	\$1,101.79	\$980.48	\$1,490.70
55-59	\$670.98	\$1,293.49	\$1,104.94	\$1,633.10
60-64	\$812.42	\$1,579.95	\$1,295.57	\$1,925.93
65+	\$809.54	\$1,602.03	\$1,291.30	\$1,926.65

Advantage 70 with Rx H				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$253.94	\$525.35	\$600.59	\$882.07
30-39	\$287.54	\$606.63	\$651.37	\$1,016.87
40-49	\$337.51	\$719.70	\$679.50	\$1,089.93
50-54	\$452.32	\$892.36	\$794.38	\$1,206.55
55-59	\$544.35	\$1,047.26	\$894.91	\$1,321.60
60-64	\$658.62	\$1,278.66	\$1,048.92	\$1,558.13
65+	\$656.27	\$1,296.48	\$1,045.46	\$1,558.72

Western 1800 HSA Compatible				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$183.86	\$470.82	\$382.61	\$617.36
30-39	\$217.84	\$539.80	\$401.37	\$708.13
40-49	\$304.04	\$585.42	\$420.15	\$768.44
50-54	\$389.72	\$746.14	\$494.17	\$889.62
55-59	\$492.64	\$929.68	\$568.20	\$1,040.72
60-64	\$612.80	\$1,159.35	\$697.96	\$1,252.65
65+	\$732.95	\$1,480.78	\$809.52	\$1,585.23

Western 2800 HSA Compatible				
AGE	Single Member	Member and Spouse	Member and Child(ren)	Member and Family
00-29	\$134.16	\$338.12	\$275.41	\$442.26
30-39	\$158.29	\$387.11	\$288.74	\$506.74
40-49	\$219.56	\$419.54	\$302.08	\$549.63
50-54	\$280.45	\$533.77	\$354.69	\$635.75
55-59	\$353.60	\$664.23	\$407.30	\$743.13
60-64	\$439.01	\$827.45	\$499.54	\$893.76
65+	\$524.41	\$1,055.92	\$578.83	\$1,130.15

Rates are for the following Counties: El Dorado, Placer County, Sacramento County, Solano County and Yolo County.

Delta Dental Plan Options through the Associations

Effective Date: December 1, 2009 - November 30, 2010



www.deltadentalins.com

Insurance Carrier	DeltaCare USA	Delta Dental
Plan Name	Plan 10B	Fee For Service
Plan Type	DHMO	PPO
Calendar Year Maximum Deductible:	Unlimited	\$1,000
	None	Single \$50 Family \$150
Waived for Preventive	Not Applicable	Yes
Diagnostic		<i>"Delta Pays" (A)</i>
Office Visit	\$20 copay	\$26.00
Periodic Oral Evaluation	No Charge	\$17.00
Comprehensive Oral Evaluation	No Charge	\$22.00
Bitewing X-rays	No Charge	\$12.00 - \$26.00
Other X-rays	No Charge	\$5.00 - \$50.00
Preventive		<i>"Delta Pays" (A)</i>
Cleanings		
Adult	No Charge	\$40.00
Child through Age 13	Additional Cleanings: \$45.00 No Charge Additional Cleanings: \$35.00	Not Applicable \$32.00 Not Applicable
Restorative		<i>"Delta Pays" (A)</i>
Oral Surgery	No Charge - \$195 copay	\$53.00 - \$148.00
Endodontics (Root Canals)	No Charge - \$90 copay	\$26.00 - \$175.00
Periodontics (Deep Cleaning)	No Charge - \$205 copay \$50 copay - \$195 copay	\$50.00 - \$402.00 \$39.00 - \$448.00
Waiting Period	None	<i>"Delta Pays" (A)</i> None
Crowns	\$35 copay - \$195 copay	\$343.00 - \$391.00
Prosthodontics, Removable	\$15 copay - \$170 copay	\$255.00 - \$676.00
Prosthodontics, Fixed	\$40 copay - \$195 copay	\$191.00 - \$605.00
Orthodontia		
Pretreatment/Post Treatment	\$200 copay / \$70 copay	NOT COVERED
Limited Treatment Child to 19	\$950 copay	
Limited Treatment 19 to Adult	\$1,150 copay	
Comprehensive Treatment Child to 19	\$1,700 copay	
Comprehensive Treatment 19 to Adult	\$1,900 copay	

Effective Date: December 1, 2009 - November 30, 2010

Rates:	Delta Care USA Plan 10B	Fee For Service
Subscriber Only	\$31.99	\$49.41
Subscriber+1	\$47.89	\$87.12
Subscriber+2 or more	\$67.26	\$114.38

(A) For each procedure, you are responsible for the portion of the dentist's fee that is more than the amount listed in the "Delta Dental Pays" column.

For illustrative purposes only
See carrier for explanation of
benefits

Vision Plan through Associations

Effective Date: December 1, 2009 - November 30, 2010

MEDICAL EYE SERVICES
VISION ADMINISTRATORS

www.medicaleyeyeservices.com

Vision Benefits	In-Network	Out-of-Network	
Deductible: Exams Material	\$10 deductible \$15 deductible	\$10 deductible \$15 deductible	
Exam	One comprehensive exam in any 24 consecutive months, with a follow-up exam at a 12 month interval.		
Comprehensive Exam	No Charge	Up to \$40	
Follow-Up Exam	No Charge	Up to \$20	
Lenses (per pair)	1 pair of standard lenses in any 24 consecutive months, or at a 12 month interval if the prescription changes.		
Frames	1 standard frame in any 24 consecutive months. Up to retail cost of \$100		Up to \$40
Contact Lenses	1 pair of standard lenses in any 24 consecutive months, or at a 12 month interval if the prescription changes.		
Cosmetic/Convenience	Up to \$105	Up to \$100	
Medically Necessary	No Charge	Up to \$250	
Application Requirements			
Member/Employer group applications may be submitted at any time. Applications for new hires should be enrolled within 30 days following the date of eligibility. Dependents must be enrolled during initial enrollment period. If a member enrolls at any other time than December, the annual rate will be pro-rated.			
MEDICAL EYE SERVICES			
Monthly Premium Effective 12/01/09 - 11/30/10			
	Subscriber	Subscriber & Spouse OR Subscriber & (1) Child	Subscriber & Family
Monthly Rates	\$7.95	\$14.95	\$20.10
Annual Rates	\$95.40	\$179.40	\$241.20

For illustrative purposes only
See carrier for explanation of benefits

Kenneth F. Stamey License # 0679857

11/3/2009 gw



Kenneth F. Stamey License #0679857
78 Cernon Street, Ste. E
Vacaville, CA 95688

ENROLLMENT INSTRUCTIONS & CHECKLIST

- Complete & sign all the necessary enrollment forms – medical, dental and/or vision
Complete the information below and sign where indicated
Attach a check made payable to A.R.B.A (American River Benefit Administrators)
NOTE: To process your application a check equal to one month's premium MUST be received with your enrollment forms. American River Benefit Administrators, Inc. (ARBA) will bill future premiums to your preferred address.
Mail or deliver this checklist, enrollment forms and premium payment to PRJ Insurance Mkting. at 78 Cernon Street, Ste. E Vacaville, CA 95688

Attention American River Benefit Administrators, please enroll me into the health benefit plans as indicated below for an effective date of:

NSCAR Member Name:
Billing Address:
Enrollees Name:

Table with 3 columns: Health Net, Western Health, Kaiser. Rows include Plan, cost (\$), and Delta Dental options (FFS/DPO, DHMO).

Medical Eye Services – Vision

\$

Important Note: You may enroll in any combination of plans. However, if you wish to enroll ONLY in the MES vision plan a minimum of an annual premium must be submitted with your enrollment.

I understand that I will be billed on a monthly basis for myself and/or my administrative staff. I also understand that any realtors enrolling on this plan must be a member of the Northern Solano County Association of Realtors. I am also aware that a \$20 fee is assessed for late payments.

Signed: X Date:

For assistance in completing this form, please contact Ken Stamey or Gabi Wackerli at PRJ Insurance Marketing, Inc. 707-449-4021 or 800-427-7074.

Return this checklist and enrollment forms to PRJ Insurance Marketing, Inc.
78 Cernon Street, Ste. E Vacaville, CA 95688