



**REQUEST FOR PROPOSAL
EMPLOYEE BENEFITS HEALTH AND WELFARE BROKERAGE
AND CONSULTING SERVICES**

I. INVITATION

Magnolia Public Schools, hereinafter referred to as “MPS”, is seeking to engage an experienced and qualified firm to perform a full range of professional consulting, actuarial and brokerage services related to health and welfare programs. Expected services include, but are not limited to, those outlined in the **Scope of Services** section of this Request for Proposal (RFP).

Your firm is invited to respond in detail to each element of this RFP in order to be considered. Failure to respond to each request for information may result in the disqualification of your firm from further consideration.

Proposals should be received on or before **February 22, 2016**. Please send an electronic copy to Ms. Terri Boatman at tboatman@magnoliapublicschools.org.

You may also *email* any questions about this RFP to Ms. Terri Boatman.

RFP Schedule

Activity	Date
RFP Distribution	February 8, 2016
RFP Responses Due to MPS	February 22, 2016
Notification of Finalist	February 28, 2016
Finalist Presentations and Interviews	March 2-3, 2016
Award of Business	March 12, 2016
Relationship Effective Date	

It is the intent to adhere to this schedule. However, MPS reserves the right to amend the schedule as deemed necessary.

II. ORGANIZATION DESCRIPTION

The Magnolia Educational & Research Foundation (“Foundation”) dba Magnolia Public Schools (MPS) is a non-profit organization established in August 1997. The Foundation is granted tax-exemption status (501(c)(3)) by the IRS and the State of California. The headquarters of the Foundation is located in Westminster, California. MPS oversees a network of charter schools throughout California dedicated to inspiring students to choose

career paths in science, technology, engineering, art, and math (STEAM), while providing a robust, standards-based education program within a supportive culture of excellence.

In 1998, the Foundation began organizing volunteer tutors for middle and high schools, especially in math, science and computer technology areas by utilizing their connections to major research universities throughout Southern California.

In 1999, the Foundation organized and implemented a joint program with Culver City Unified School District to provide tutoring for students all around the city. It also started a free tutoring program in the Sherman Oaks/Van Nuys Area of the San Fernando Valley. These programs resulted in cooperation with school districts to develop partnerships to support educational initiatives.

In the fall of 2002, the Foundation established its first charter school, Magnolia Science Academy-1 ("MSA-1"), in the San Fernando Valley. Since then, the Foundation has successfully replicated its educational program and philosophy at 10 other charter school sites throughout California:

- 8 in Los Angeles Area
- 1 in San Diego
- 1 in San Francisco Bay Area

The organization offers meaningful and comprehensive health and welfare plans to approximately 400 employees and their dependents.

III. GENERAL INFORMATION

A. Confidentiality

This document contains proprietary and confidential information that cannot be divulged to any third party without the expressed, written consent from MPS. MPS requires that your firm use the information contained in this RFP solely for the purposes of responding to the RFP and that all such information contained herein or obtained during discussions with MPS be held in strict confidence. No press release, public announcement or any references to this RFP shall be made outside your organization without MPS's prior consent.

Additionally, the firm that is awarded the contract will be required to execute the MPS standard Confidentiality Agreement and Business Associate Agreement.

B. Reserved Rights

Any information contained in this RFP does not commit MPS to a contract or to pay any costs incurred in the preparation of a response.

All responses to this RFP will become the property of MPS. Your responses may be included in whole, in part or by reference in the final contract that may result from this RFP.

MPS reserves the right not to award a contract to any responding firm even if the criteria described in the RFP are met.

C. Term of Services Agreement

The initial contract term will be two (2) years, commencing on or about September 1, 2016, with a one-year renewal option to be exercised on the contract anniversary date. However, the responding organizations should also include an offer for a three-year agreement as an option.

D. Current and Desired (n/a) Health and Welfare Plans

Benefit Type	Provider	Funding	Covered Population
Medical	Kaiser HMO	Insured	• FTE
	Kaiser PPO	Insured	• FTE
Dental	MetLife	Insured	• FTE
Vision	MetLife	Insured	• FTE
Short Term Disability	n/a	Insured	• FTE
Long Term Disability	n/a	Insured	• FTE
Basic Life and Basic AD&D	n/a	Insured	• FTE
Voluntary Life	n/a	Insured	• FTE
Voluntary AD&D		Insured	• FTE
Employee Assistance Program	n/a	Insured	• FTE

E. Benefits Plan Year

The current benefits plan year is September 1 – August 31st.

F. Estimate Health & Welfare Benefits Expense

Our 2015/2016 health and welfare expenses are projected at \$2.2 million.

IV. SCOPE OF SERVICES

The selected firm will provide the following core services consistently, accurately and timely:

A. Strategic Planning

- 1) Conduct strategic planning meetings with MPS within the first quarter of each benefits plan year to establish short and long term goals and priorities. Consider strategic changes to reflect internal and external factors such as changes in business conditions, carrier position in the market and regulatory developments.
- 2) As a result of the outcome of the strategic planning meeting, establish and provide MPS with short and long term project plans that include the agreed upon priorities and benefits-related activities.
- 3) Evaluate plan offerings in light of benchmark data (i.e., industry, local and national), alternative delivery systems, compliance, costs and difference in MPS business entities.
- 4) Each December, provide MPS with an estimated increase in premiums for the upcoming benefits plan year. This estimate will be used for budget purposes.
- 5) Consider program goals and objectives when introducing proven programs and ideas to manage healthcare costs and enhance benefits.
- 6) Assist MPS in determining the most cost efficient contribution strategies for benefit programs.
- 7) Participate in senior management meetings to present benefit strategies and issues when requested.

B. Annual Renewal Process

- 1) Conduct a pre-renewal meeting with MPS to discuss changes in plan offerings, benefit design, funding arrangements, vendor relationships in response to financial or service concerns and to present recommendations for items to negotiate with carriers/vendors in upcoming renewal.
- 2) Develop a renewal timeline and manage renewal activities in order to stay on schedule. Include carrier/vendor annual review meetings, and presentation to Benefits Committee/Finance team.

- 3) Present pre-renewal cost analysis based on any available claims, utilization and trend data.
- 4) Represent MPS in all carrier, or program negotiations including plan design, rate, contract provisions and performance measures.
- 5) Confirm insurance carriers' financial standing prior to negotiations, and report to MPS.
- 6) Obtain and present decrements for plan design and cost saving considerations. Assist MPS annually, with analyzing the cost impact of benefit change options.
- 7) Obtain written confirmation from all carriers on final rates and plan design changes for the new benefits plan year. Provide copies to MPS.
- 8) Prepare a final document that captures all plan design and rate changes and provide it to MPS.
- 9) Assist with developing the Open Enrollment communications strategy and/or review Open Enrollment communications for accuracy.
- 10) Coordinate the timely delivery of updated carrier plan summaries, zip-code service area files, and other plan communication materials to be used during MPS's annual Open Enrollment period.
- 11) Provide MPS with copies of written confirmation of carrier premium rates and/or plan design changes prior to the beginning of the plan year.
- 12) Participate in the annual Benefits Fair and/or Open Enrollment meetings, if requested.

E. Compliance

- 1) Act as an expert and advisor on benefits compliance issues (i.e., ACA, ERISA, Section 125, HIPAA, FMLA, 5500s, Medicare).
- 2) Provide an annual compliance calendar to MPS.
- 3) Research any new development in the laws that impact employee and Benefits specific to educators. Provide MPS with timely updates accordingly.

F.

- 4) Assist with benefits compliance activities including but not limited to: (1) the preparation of signature-ready IRS 5500 forms, (2)

preparation of SARs, and (3) the review, preparation and updates to Plan Documents and SPDs.

G. Ongoing Support Services

- 1) Assist with ongoing health and welfare plan administration by reviewing and evaluating current administrative processes, comparing them to industry best practices and recommending improved services and efficiencies.
- 2) Assist with the development and review of health and welfare benefit plan communications.
- 3) Provide support in the preparation of plan implementations, employee communications and leadership meetings.
- 4) Make recommendations for MPS to attend relevant firm-sponsored seminars, HR/benefit events and educational forums.

H. Additional Services

- 1) Conduct marketing to identify potential carriers/vendors.
- 2) Facilitate RFP process (i.e., bid specifications, distribution, act as the contact for vendor questions, analyst proposals, participate in the RFP evaluation process, coordinate finalist meetings, award notifications).
- 3) Coordinate and manage new carrier/vendor implementations.
- 4) Assist MPS in the development and implementation of an employee wellness program to improve employee health and reduce employee health care costs.

V. Response to the Request for Proposal (RFP)

All proposals must be presented in the format provided below and include the following requested information in the appropriate section as defined. If the questionnaire asks about a service that you do not provide, please answer the question with N/A. **Please identify any services that are not considered core services and/or that are provided at an additional cost.**

A. Introduction

1) Company Information

Company Name	
Mailing Address	
Primary Contact	
Primary Contact Title	
Primary Contact Telephone	
Primary Contact Email Address	
Secondary Contact	
Secondary Contact Title	
Secondary Contact Telephone	
Secondary Contact Email Address	

- 2) Provide an overview of your firm. Include ownership, organization structure (i.e., parent, subsidiary, and affiliates), headquarter location, history, philosophy/culture, the number of employees, financial status and stability.
- 3) Describe any impending changes in your organization that could impact the business relationship with MPS or your delivery of services.
- 4) Describe the type and size of clients that your firm generally supports. Identify those similar in size and industry to MPS.
- 5) Describe your firm’s experience working with organizations of similar type and size to MPS. Include your experience working with other School Districts, Charter Schools, and public & governmental entities.
- 6) Describe what differentiates your firm from other firms and what makes you uniquely qualified to work on the MPS account.
- 7) Provide an example of how your firm is taking a leadership role in the industry.
- 8) Describe all health and welfare benefits consulting, brokerage and actuarial services your firm offers. Include your services for program renewals and marketing, including RFP, Proposal Analysis, Carrier/Provider Selection and Implementation. Also include timing and a sample annual vendor management timeline.
- 9) Describe your firm’s marketplace leveraging in negotiating with carriers in regards to rates, policy terms and plan design.

- 10) Describe, if applicable, how your firm is functionally tied to any insurer or provider of services and how that relationship may influence your ability to provide expected services to MPS.
- 11) Describe if and when your firm may be inclined to engage the services of outside consultants or firms to service the MPS account.
- 12) Describe any services provided to MPS that would be performed outside the United States.
- 13) Does your firm maintain Errors and Omissions Insurance coverage?
- 14) What is your client retention rate?
- 15) What are the top reasons clients have not renewed contracts with your firm?
- 16) Please describe your firm's standard contract terms, provisions, and legal disclosures.
- 17) Describe your clients' right to terminate a contract with you. Include any minimum contract period.

B. Client Services

- 1) Provide the account team structure your firm would use to service MPS. Identify each member that would be assigned and include their title, their role, the number of years with your organization, a summary of their experience working on similar engagements, their qualifications, education, credentials. Include their resumes.
- 2) Describe your firm's view of the role of a consultant and broker in the business relationship.
- 3) What is your client to consultant ratio?
- 4) Describe your firm's philosophy for servicing an account and the method by which work is accomplished.
- 5) Describe the frequency that your consultant team meets with their clients.
- 6) What can we expect for the day-to-day servicing of our account?
- 7) Describe your method or process for gauging client satisfaction.
- 8) What benefit planning or educational tools and resources do you provide to your clients? Provide samples.

- 9) Describe how you will assist the MPS benefits team to present recommendations to senior management.
- 10) Describe your transition plan if you are awarded the contract with MPS effective April 1, 2016. Include tasks, responsible parties and timelines.

C. Health Plan Strategy, Development and Management

- 1) Describe how your firm would track objectives and activities associated with MPS.
- 2) Describe your approach/process for assisting MPS in establishing short term and long term strategies for employees.
- 3) What resources do you use for benchmarking?
- 4) Provide an example that demonstrates your firm's ability to be proactive in finding opportunities to enhance a client's benefits and a provider's services.
- 5) What role do performance guarantees play in your benefit provider selection process? How do you evaluate the guarantees offered by benefit providers?
- 6) Describe the tools/technology that your firm uses to monitor the effectiveness of the delivery of plan benefits.
- 12) Describe how you would work with MPS to establish an appropriate employee communication and benefit education strategy?
- 13) What services does your firm provide for developing Open Enrollment, New Enrollment Orientation and other benefit information materials?
- 14) Provide a description of services you can provide for COBRA administration and/or outsourcing?
- 15) Describe how you assist your clients with executive benefits review and design?
- 16) Describe the services you can provide for leave of absence management, administration and tracking.

- 17) Describe your firm's resources and approach to wellness and health outcomes?
- 18) Provide an example of how you assisted a client with a complicated administrative issue and fostered a positive resolution.
- 19) In addition to the expected services described in the Scope of Services section of this RFP, what other relevant health and welfare services can you provide MPS?
- 20) What other Human Resources consulting services does your organization provide?

D. Market Intelligence/Resources/Compliance

- 1) Describe how your firm stays abreast of legislation that impacts Native Americans and employee benefit plans, trends, best practices and latest developments in the health care and benefit services industry. How does your firm update clients on the above?
- 2) Describe how your firm supports your clients in ensuring their employee benefit programs remain compliant.
- 3) Describe the Form 5500 and SAR services you provide to your clients.
- 4) Describe the Plan Documents and SPD services you provide to your clients.
- 5) Describe the services you can provide for Section 125 Cafeteria Plan administration, if any, and/or assistance in determining if outsourcing is the best option. Would there be a separate cost for these services?
- 6) Describe how you assist your clients in becoming ACA compliant?
- 7) Do you have internal ERISA counsel that can render legal opinions to your clients? Please clarify if there is an additional cost for these services.
- 8) Describe how you support the ongoing professional development of your clients. What educational programs and training have you offered clients in the past to assist in expanding their knowledge of benefits regulations and/or industry?

D. Data Analysis, Reporting and Tools

- 1) Provide an overview of your reporting and analytics capabilities.
- 2) Describe how your firm will assist MPS to monitor the financial performance of our benefit plans.
- 3) Describe your firm's actuarial resources and capabilities to model and project the cost impact of plan design changes.
- 4) Describe how you monitor financial reports provided by carriers, including your approach to evaluating cost trends, utilization and network performance.

E. Costs

- 1) Based on the expected services described, what is your proposed annual flat fixed fee? Please quote a total fixed price fee or a commission schedule with a not to exceed dollar amount.
- 2) Describe how your firm prefers to be compensated for your services.
- 3) Has your firm been subject to any lawsuits or settlements specific to compensation disclosure or practices within the last five years?
- 4) Describe any additional, actual or potential compensation that your firm would or could receive (i.e., commissions, overrides, fees to or from other firms).

F. References

- 1) Provide three clients of similar industry, size, and with similar scope of expected services as MPS that can serve as a reference for your service. Include the following information for each:
 - a. Organization Name
 - b. Organization Type (i.e., private, public)
 - c. Organization Industry
 - d. Number of employees
 - e. Length of servicing relationship with your firm
 - f. Description of services performed
 - g. Contact Information (i.e., name, title, phone number, email address)

- 2) Provide three references of former clients who terminated their services with your firm in the past twelve months. Include the following information for each:
 - a. Organization Name
 - b. Organization Type (i.e., private, public)
 - c. Organization Industry
 - d. Number of employees
 - e. Length of servicing relationship with your firm
 - f. Description of services performed
 - g. Contact Information (i.e., name, title, phone number, email address)
 - h. Reason for leaving

VI. Evaluation Process

Proposals will be evaluated based on the following criteria. The order does not indicate relative ranking.

- A. Quality of Firm** – experience in providing a broad spectrum of health and welfare consulting services (i.e., actuarial, analytical, legal opinion), experience working with Charter Schools and School Districts, demonstration of competence, industry knowledge, technical expertise and the availability of additional services
- B. Assigned Personnel and Staff Experience** – experience and qualifications of individual team members assigned to the MPS account, demonstrated ability to provide the expected level of customer service
- C. Scope of Proposal** – clarity and organization of responses, demonstration of ability to deliver a high level of the expected services
- D. References** – quality of the recommendations from references
- E. Fee Structure** – approach to compensation that demonstrates commitment to client interests and services

Based on the completion of the questions and the clarity of the proposal responses, MPS will identify final candidates who will be invited to an in- person presentation and interview. The presentation is expected to confirm proposal representations; supplement information obtained through the proposal process and give MPS the opportunity to meet the individuals who would be assigned to our account.

Location	DOB	Medical	HMO/PPO	Dental	HMO/DPP	Vision	Benefit Cost	Reimbursements
MERF	8/13/1981	ES	HMO	ES	DHMO	ES		
MERF	2/14/1974	EF	HMO	EF	DPPPO	EF	\$150.56	
MERF	11/20/1964	ECH	HMO	ECH	DHMO	ECH		
MERF	7/21/1966	EF	HMO	EF	DHMO	EF		
MERF	10/18/1975	ES	HMO	ES	DHMO	ES		
MERF	7/14/1984	EF	HMO	EF	DHMO	EF		
MERF							\$150.00	
MERF	11/24/1978	EF	HMO	EF	DHMO	EF		
MERF	8/20/1986	EE	HMO	EE	DHMO	EE		
MERF	4/27/1984	EF	HMO	ES	DPPPO	ES	\$99.88	
MERF	10/17/1970	EF	HMO	EF	DPPPO	EF	\$150.56	
MERF	3/9/1985	EE	HMO	EE	DHMO	EE		
MERF	12/2/1976	EF	HMO	EF	DHMO	ES		
MERF	8/22/1983	EE	HMO	EE	DHMO	EE		
MERF	6/24/1974	EF	HMO	EF	DHMO	EF		
MERF	7/23/1976	EF	HMO	EF	DHMO	EF		
MERF	7/11/1984	EF	HMO	ES	DHMO	ES		
MERF	6/20/1974	EF	HMO	EF	DHMO	EF		
MERF							\$150.00	
MSA 1								
MSA 1	7/24/1985	EF	HMO	EF	DHMO	EF		
MSA 1	3/17/1989	EE	HMO	EE	DHMO	EE		
MSA 1	5/13/1982	EF	HMO	EE	DHMO	EE		
MSA 1							\$150.00	
MSA 1	6/9/1980	EF	HMO	EF	DHMO	EF		
MSA 1	9/12/1981	ES	HMO	ES	DHMO	ES		
MSA 1	8/15/1988	EF	HMO	EF	DHMO	EF		
MSA 1	11/24/1985	ES	HMO	ES	DHMO	ES		
MSA 1	3/12/1983	EE	HMO	EE	DHMO	EE		
MSA 1	8/27/1967	ES	HMO	ES	DHMO	ES	\$78.65	
MSA 1	8/9/1979	EF	HMO	ECH	DHMO	EC		
MSA 1	8/15/1971			EF	DHMO	EF		
MSA 1	10/21/1977	ES	HMO	ES	DHMO	ES		

MSA 1	1/2/1982	EF	HMO	EF	DHMO	EF		
MSA 1	7/6/1954	EF	HMO	ES	DHMO	ES		
MSA 1	12/25/1975	EE	HMO	EE	DPPO	EE	\$48.31	
MSA 1	12/27/1988	EF	PPO	EF	DHMO	EF	\$411.71	
MSA 1	11/14/1985	EE	HMO	EE	DHMO	EE		
MSA 1	4/13/1980	EE	HMO	EE	DHMO	EE		\$150.00
MSA 1								\$150.00
MSA 1	12/12/1983	ES	HMO	ES	DHMO	ES		
MSA 1	6/6/1985	EE	HMO	EE	DHMO	EE		
MSA 1	3/8/1967	ECH	HMO	ECH	DHMO	ECH		
MSA 1	7/22/1980	EE	HMO	EE	DHMO	EE		
MSA 1	5/20/1986	ES	HMO	ES	DHMO	ES		
MSA 1	12/8/1980	EF	HMO	EF	DHMO	EF		
MSA 1	1/5/1984	ECH	HMO	ECH	DHMO	ECH		
MSA 1	1/10/1977	EF	HMO	EF	DHMO	EF		
MSA 1	2/19/1989	EF	HMO	EF	DHMO	EF		
MSA 1	1/17/1983	EE	HMO	EE	DHMO	EE		
MSA 1	5/29/1959			ES	DHMO	ES		\$120.00
MSA 1	8/18/1979	EE	HMO	EE	DHMO	EE		
MSA 1	10/12/1965	EF	HMO	EF	DHMO	EF		
MSA 1	6/2/1981	EF	HMO					\$30.00
MSA 1	6/3/1983	ES	HMO	ES	DHMO	ES		
MSA 1	1/27/1985	EE	HMO	EE	DHMO	EE		
MSA 1	1/1/1978	EE	HMO	EE	DHMO	EE		
MSA 1	3/12/1977	EE	HMO	EE	DHMO	EE		
MERF	3/14/1974	EF	HMO	EF	DHMO	EF		\$150.00
MSA 2								
MSA 2	3/10/1981	EF	HMO	EF	DHMO	EF		
MSA 2	5/20/1979	EE	HMO	EE	DHMO	EE		
MSA 2	1/26/1973	EE	HMO	EE	DHMO	EE		
MSA 2	3/26/1984	EE	HMO	EE	DHMO	EE		
MSA 2	1/17/1986	EE	HMO	EE	DHMO	EE		
MSA 2	4/11/1975	EE	HMO	EE	DHMO	EE		

MSA 2	10/8/1969	ECH	HMO	ECH	DHMO	ECH	DHMO	ECH	
MSA 2	4/28/1965	EF	HMO	EF	DHMO	EF	DHMO	EF	
MSA 2	12/9/1977	EF	HMO	EF	DHMO	EF	DHMO	EF	
MSA SA	12/8/1969	ECH	HMO	EE	DHMO	EE	DHMO	EE	
MSA 2	5/6/1971	EF	HMO	EF	DHMO	EF	DHMO	EF	
MSA 2	9/20/1982	EF	HMO	EE	DHMO	EE	DHMO	EE	
MSA 2	9/27/1965	EE	HMO	EE	DHMO	EE	DHMO	EE	
MSA 2	9/13/1985	EE	HMO	EE	DHMO	EE	DHMO	EE	
MSA 2	3/15/1981	EF	HMO	EF	DHMO	EF	DHMO	EF	
MSA 2	11/22/1985	EE	HMO	EE	DHMO	EE	DHMO	EE	
MSA 2	3/19/1985								\$150.00
MSA 2	12/8/1982	EE	HMO	EE	DHMO	EE	DHMO	EE	
MSA 2									\$150.00
MSA 2	12/13/1957	EF	HMO	EF	DHMO	EF	DHMO	EF	
MSA 2	1/26/1973	EE	HMO	EE	DHMO	EE	DHMO	EE	
MSA 2	8/11/1974	EE	HMO	EE	DHMO	EE	DHMO	EE	
MSA 2	9/24/1953	EE	HMO	EE	DHMO	EE	DHMO	EE	
MSA 2	8/31/1965	EF	HMO	EF	DHMO	EF	DHMO	EF	
MSA 2	6/16/1967	EF	HMO	EF	DHMO	EF	DHMO	EF	
MSA 2	5/26/1983	EE	HMO	EE	DHMO	EE	DHMO	EE	
MSA 2	7/11/1968	EF	HMO	EF	DHMO	EF	DHMO	EF	
MSA 2	5/27/1992	EE	HMO	EE	DHMO	EE	DHMO	EE	
MSA SA	3/30/1987	EF	HMO	EF	DHMO	EF	DHMO	EF	
MSA 2	9/3/1978	EF	HMO	EF	DHMO	EF	DHMO	EF	
MSA 2									
MSA 2	6/8/1968	EE	HMO	EE	DHMO	EE	DHMO	EE	
MSA 2	7/16/1969	ES	HMO	ES	DPO	ES	DPO	ES	\$301.92
MSA 2	10/19/1978	EF	HMO	EF	DPO	EF	DPO	ES	\$150.56
MSA 2	4/25/1983	EF	HMO	EF	DHMO	EF	DHMO	EF	
MSA 2	9/16/1986	EE	HMO	EE	DHMO	EE	DHMO	EE	
MSA 2	3/3/1975	EF	HMO	EF	DHMO	EF	DHMO	EF	
MSA 3	3/4/1983	ES	HMO	ES	DHMO	ES	DHMO	ES	
MSA 3	12/28/1978	ES	HMO	ES	DHMO	ES	DHMO	ES	
MSA 3	4/6/1977	ES	HMO	ES	DHMO	ES	DHMO	ES	

MSA 3	8/4/1990	ES	HMO	ES	DHMO	ES	\$374.52	
MSA 3	8/19/1984	EE	HMO	EE	DHMO	EE		
MSA 3	10/29/1981	EF	HMO	EF	DHMO	EF		
MSA 3	3/3/1979	ES	HMO	ES	DHMO	ES		
MSA 3	1/10/1981	ECH	HMO	EC	DHMO	EC		
MSA 3	7/15/1972	ES	HMO	ES	DHMO	ES		
MSA 3	3/28/1988	EE	HMO	EE	DHMO	EE		
MSA 3	6/1/1977	EF	HMO	EF	DHMO	EF		
MSA 3	8/10/1987	EE	HMO	EE	DHMO	EE		
MSA 3	4/16/1986	EF	HMO	EF	DHMO	EF		
MSA 3	4/17/1984	EE	HMO	EE	DHMO	EE		
MSA 3	12/8/1985	EF	HMO	EF	DHMO	EF		
MSA 3	11/13/1968	EE	HMO	EE	DHMO	EE		\$150.00
MSA 3								
MSA 3	4/12/1974	EE	HMO	EE	DHMO	EE		
MSA 3	7/16/1971	EF	HMO	EF	DHMO	EF		
MSA 3	10/28/1991	EE	HMO	EE	DHMO	EE		
MSA 2	10/3/1970	EF	HMO	EF	DPPO	EF	\$150.56	
MSA 3	5/3/1989	EE	HMO	EE	DHMO	EE		
MSA 3	12/9/1967	EE	HMO	EE	DHMO	EE		
MSA 3	2/16/1987	EE	HMO	EE	DHMO	EE		
MSA 3	2/4/1987	EE	PPO	EE	DPPO	EE	\$185.76	
MSA 3	12/28/1969	EE	HMO	EE	DHMO	EE		
MSA 3	8/25/1986	EE	HMO	EE	DHMO	EE		
MSA 3	5/25/1972	EF	HMO	EF	DHMO	EF		
MSA 3	6/12/1975	EE	HMO	EE	DHMO	EE		
MSA 3	10/23/1965	ES	HMO	ES	DHMO	ES		
MSA 3	8/11/1985	EE	HMO	EE	DHMO	EE		
MSA 3	11/4/1974	EF	HMO	EF	DHMO	EF		
MSA 3	10/11/1967	EE	HMO	EE	DHMO	EE		
MSA 4	3/26/1981	EE	HMO	EE	DHMO	EE		
MSA 4	9/7/1983	EF	HMO	EF	DHMO	EF		
MSA 4	4/10/1953	ES	HMO	ES	DHMO	ES		
MSA 4	6/12/1986	EE	HMO	EE	DHMO	EE		\$30.00

MSA 4	10/26/1981	EE	HMO	EE	DHMO	EE		
MSA 4	1/13/1992	EE	HMO	EE	DHMO	EE		
MSA 4	4/8/1963	EF	HMO	EF	DHMO	EF		
MSA 4	5/1/1982	EF	HMO	EF	DHMO	EF		
MSA 4	3/17/1980	ECH	HMO	ECH	DHMO	ECH		
MSA 4	4/26/1975	EF	HMO	EF	DHMO	EF		
MSA 4	9/14/1981	ES	HMO	ES	DHMO	ES		
MSA 4	9/29/1967	EF	HMO	EF	DHMO	EF		
MSA 4	11/6/1964	EE	HMO	EE	DPPO	EE	\$48.31	\$150.00
MSA 4								\$150.00
MSA 4								
MSA 4	5/5/1984	EF	HMO	EF	DHMO	EF		
MSA 4	6/20/1955	EE	HMO	EE	DHMO	EE		
MSA 4	2/18/1972	ES	HMO	ES	DHMO	ES		
MSA 5								\$150.00
MSA 5	2/18/1986	EE	HMO	EE	DHMO	EE		
MSA 5	2/24/1988	ES	HMO	ES	DHMO	ES		
MSA 5	6/17/1969	EE	HMO					
MSA 5	2/16/1952	EE	HMO	EE	DHMO	EE		
MSA 5	2/2/1983	EE	HMO	EE	DPPO	EE	\$48.31	
MSA 5	9/8/1986	ES	HMO	ES	DHMO	ES		
MSA 5	10/13/1985	EE	HMO	ES	DPPO	ES	\$99.88	
MSA 5	11/11/1989	EE	HMO	EE	DHMO	EE		
MSA 5	5/31/1981	EF	HMO	EF	DHMO	EF		
MSA 5	2/8/1979	EF	HMO	EF	DHMO	EF		
MSA 5	10/2/1989	EE	HMO	EE	DHMO	EE		
MSA 5	6/7/1985	ES	HMO	ES	DHMO	ES		
MSA 6	4/18/1983	EE	HMO	EE	DHMO	EE		
MSA 6	4/14/1984	EE	HMO	EE	DHMO	EE		
MSA 6	11/17/1981	EF	HMO	EF	DHMO	EF		
MSA 6	11/6/1963	EF	HMO	EF	DHMO	EF		
MSA 6	10/23/1984	EE	HMO	EE	DHMO	EE		
MSA 6	8/19/1965	EF	HMO	EF	DHMO	EF		
MSA 6	6/13/1984	EE	HMO	EE	DHMO	EE		

MSA 6	1/19/1977	EF	HMO	EF	DHMO	EF		
MSA 6	8/14/1991	EE	HMO	EE	DHMO	EE		
MSA 6	1/18/1979	EF	HMO	ES	DHMO	ES		
MSA 6	3/26/1988	EE	HMO	EE	DHMO	EE		
MSA 7	8/23/1983	EE	HMO	EE	DHMO	EE		
MSA 7	3/22/1974	ECH	HMO	EC	DHMO	EC		
MSA 7	5/30/1989	EE	HMO	EE	DHMO		\$199.81	
MSA 7	4/29/1984	EE	HMO	EE	DHMO	EE		
MSA 7	11/12/1973	EF	HMO	EF	DHMO	EF		
MSA 7	2/18/1989	EE	PPO	EE	DHMO	EE	\$255.61	
MSA 7	3/24/1983	EE	HMO	EE	DHMO	EE		
MSA 7	10/24/1988	EE	HMO	EE	DPPO	EE	\$48.31	
MSA 7	4/28/1989	EE	HMO	EE	DHMO	EE		
MSA 7	7/16/1960	EE	HMO	EE	DHMO	EE		
MSA 7	6/9/1970	EF	HMO	ECH	DHMO	ECH		\$150.00
MSA 7								
MSA 7	8/29/1976	EF	HMO	EF	DHMO	EF		
MSA 7	2/19/1987	EE	HMO	EE	DHMO	EE		
MSA 7	2/21/1991	ES	HMO	ES	DHMO	ES	\$25.67	
MSA 7	12/2/1984	EE	HMO	EE	DHMO	EE		
MSA 7	8/29/1986	ES	HMO	ES	DPPO	ES	\$99.88	
MSA 7	2/27/1985	ECH	HMO	ECH	DHMO	ECH		
MSA 7	6/20/1977	EF	HMO	EF	DHMO	EF		
MSA 7	3/9/1988	EE	HMO	EE	DHMO	EE	\$176.50	
MSA 7								\$150.00
MSA 7	10/4/1992	EE	HMO	EE	DHMO	EE		
MSA 8	3/11/1987	EF	HMO	EF	DHMO	EF		
MSA 8	6/30/1988	EE	HMO	EE	DHMO	EE		
MSA 8	7/11/1981	EF	HMO			EF		
MSA 8	4/22/1987	ES	HMO	ES	DHMO	ES		
MSA 8	2/16/1969	EE	HMO	EF	DHMO	EF		
MSA 8	1/9/1984	EE	HMO	ES	DHMO	ES		\$150.00
MSA 8								
MSA 8	5/5/1984	ES	HMO	ES	DHMO	ES		

MSA 8	4/8/1990	EE	HMO	EE	DHMO	EE	
MSA SA	4/8/1986	EF	HMO	EF	DHMO	EF	
MSA SA	8/12/1988	ES		ES	DHMO	ES	
MSA SA	1/1/1981	EF	HMO	EF	DHMO	EF	
MSA SA	12/31/1975	EF	HMO	EF	DHMO	EF	
MSA SA	3/31/1983	EF	HMO	EF	DPPO	EF	\$150.56
MSA SA	5/27/1987	EE	HMO	EE	DHMO	EE	
MSA SA	8/28/1988	EE	HMO	EE	DHMO	EE	
MSA SA	8/13/1966	EF	HMO	EF	DHMO	EF	
MSA SA	2/4/1990	EF	HMO	EF	DHMO	EF	
MSA SC	6/14/1972	EF	HMO	EF	DHMO	EF	
MSA SC	8/17/1981	EF	HMO	EF	DHMO	EF	
MSA SC	3/12/1960	EE	HMO	EE	DHMO	EE	\$150.00
MSA SC							
MSA SC	10/15/1958	EF	HMO	EF	DPPO	EF	\$150.56
MSA SC	2/23/1962	EF	HMO	EF	DHMO	EF	
MSA SC	11/16/1986	EE	HMO	EE	DHMO	EE	\$150.00
MSA SC							
MSA SC	2/12/1972	EF	HMO	EF	DHMO	EF	
MSA SC	9/18/1966	EF	HMO	EF	DHMO	EF	
MSA SC	3/16/1959			ES	DPPO	ES	\$120.00
MSA SD	12/14/1976	EF	HMO	EF	DHMO	EF	
MSA SD	7/29/1985	EF	HMO	EF	DHMO	EF	
MSA SD	2/11/1984	EE	HMO	EE	DHMO	EE	
MSA SD	9/17/1987	EE	HMO	EE	DHMO	EE	
MSA SD	8/24/1964	EF	HMO	EF	DHMO	EF	
MSA SD	4/25/1957	EF	HMO	EF	DHMO	EF	\$150.00
MSA SD							
MSA SD	11/8/1984	EE	HMO	EE	HMO	EE	
MSA SD	11/28/1983	EE	HMO	EE	DHMO	EE	
MSA SD	5/31/1984	EE	HMO	EE	DHMO	EE	
MSA SD	7/11/1983	ES	HMO	ES	DHMO	ES	
MSA SD	5/12/1974	ECH	HMO	ECH	DHMO	ECH	
MSA SD	3/8/1985	EE	HMO	EE	DHMO	EE	

The following amounts are paid 100% by MPS:

Medical

Employee only - \$360.50
Employee + spouse - \$793.10
Employee + child(ren) - \$721.00
Family - \$1081.50

Dental

Employee only - \$18.24
Employee + spouse - \$34.66
Employee + child(ren) - \$36.48
Family - \$51.98

Vision

Employee only - \$10.08
Employee + spouse - \$20.17
Employee + child(ren) - \$20.77
Family - \$28.75

Disclosure Form

MAGNOLIA PUBLIC SCHOOLS
283377 - Southern California
670371 - Northern California

**Principal benefits for
Kaiser Permanente Traditional Plan**

(9/1/15—8/31/16)

The Services described below are covered only if all of the following conditions are satisfied:

- The Services are Medically Necessary
- The Services are provided, prescribed, authorized, or directed by a Plan Physician and you receive the Services from Plan Providers inside our Southern California Region Service Area (your Home Region), except where specifically noted to the contrary in the *Evidence of Coverage (EOC)* for authorized referrals, hospice care, Emergency Services, Post-Stabilization Care, Out-of-Area Urgent Care, and emergency ambulance Services

Accumulation Period

The Accumulation Period for this plan is 1/1/15 through 12/31/15 (calendar year).

Plan Out-of-Pocket Maximum

For Services subject to the maximum, you will not pay any more Cost Share for the rest of the calendar year if the Copayments and Coinsurance you pay for those Services add up to one of the following amounts:

For self-only enrollment (a Family of one Member).....	\$3,000 per calendar year
For any one Member in a Family of two or more Members.....	\$3,000 per calendar year
For an entire Family of two or more Members	\$6,000 per calendar year

Plan Deductible None

Professional Services (Plan Provider office visits)**You Pay**

Most Primary Care Visits for evaluations and treatment	\$20 per visit
Most Specialty Care Visits for consultations, evaluations, and treatment.....	\$20 per visit
Routine physical maintenance exams, including well-woman exams	No charge
Well-child preventive exams (through age 23 months)	No charge
Family planning counseling and consultations	No charge
Scheduled prenatal care exams.....	No charge
Routine eye exams with a Plan Optometrist.....	No charge
Hearing exams	No charge
Urgent care consultations, evaluations, and treatment	\$20 per visit
Most physical, occupational, and speech therapy.....	\$20 per visit

Outpatient Services**You Pay**

Outpatient surgery and certain other outpatient procedures	\$250 per procedure
Allergy injections (including allergy serum)	\$5 per visit
Most immunizations (including the vaccine).....	No charge
Most X-rays and laboratory tests.....	\$10 per encounter
Preventive X-rays, screenings, and laboratory tests as described in the <i>EOC</i>	No charge
MRI, most CT, and PET scans	\$50 per procedure
Covered individual health education counseling	No charge
Covered health education programs	No charge

Hospitalization Services**You Pay**

Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs

\$500 per admission

Emergency Health Coverage**You Pay**

Emergency Department visits

\$150 per visit

Note: This Cost Share does not apply if admitted directly to the hospital as an inpatient for covered Services (see "Hospitalization Services" for inpatient Cost Share).

Ambulance Services**You Pay**

Ambulance Services.....

\$150 per trip

Prescription Drug Coverage**You Pay**

Covered outpatient items in accord with our drug formulary guidelines:

Most generic items at a Plan Pharmacy.....	\$10 for up to a 30-day supply
Most generic refills through our mail-order service	\$20 for up to a 100-day supply
Most brand-name items at a Plan Pharmacy	\$30 for up to a 30-day supply
Most brand-name refills through our mail-order service.....	\$60 for up to a 100-day supply

(continues)

California Region Group Enrollment/Change Form

Please print or type in black ink only. See instructions on reverse before completing this form. Make a copy for your records.

TO BE COMPLETED BY EMPLOYER		
Company name		Hire date (mm/dd/yyyy)
Group number	Enrollment unit	Effective enrollment/ change date (mm/dd/yyyy)

A. ENROLLMENT/CHANGE REASON (see Change Table for assistance) New group: Yes No

New Hire (complete sections A, B, C, D) Open Enrollment (complete sections A, B, C, D)

Health Plan (Check one) HMO Plan Deductible Plan Other _____

Loss of Other Coverage (complete sections A, B, C, D) Other (please specify) _____

Name Change (complete sections A, B, C, D) From: _____ To: _____

Event Date (mm/dd/yyyy) _____

B. EMPLOYEE Have you ever been a Kaiser Permanente member? Yes No

Medical Record No. (if known) _____ Social Security No. _____

Name (Last, First, MI) _____ Birth Date (mm/dd/yyyy) _____ Gender M F

Home Address _____ City _____ State _____ ZIP _____

Work Phone _____ Home Phone _____ Email _____

Ethnicity _____ Preferred Language _____

C. FAMILY For additional dependents, attach a separate sheet with employee's name at top. (Last, First, MI)

<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic partner	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security No. Birth Date (mm/dd/yyyy) Medical Record No.
Spouse/domestic partner name: Former last name (if any):		
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Child <input type="checkbox"/> Student	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security No. Birth Date (mm/dd/yyyy) Medical Record No.
Dependent name: Relationship:		
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Child <input type="checkbox"/> Student	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security No. Birth Date (mm/dd/yyyy) Medical Record No.
Dependent name: Relationship:		
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Child <input type="checkbox"/> Student	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security No. Birth Date (mm/dd/yyyy) Medical Record No.
Dependent name: Relationship:		

Do any of dependents above live at another address? Yes No If yes, complete the following:
Name (Last, First, MI): _____ Address: _____

D. Kaiser Foundation Health Plan, Inc., and Kaiser Permanente Insurance Company Arbitration Agreement*

I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure, and, if I am enrolled in coverage that is subject to the ERISA claims procedure regulation, or any claims that cannot be subject to binding arbitration under governing law) any dispute between myself, my heirs, relatives, or other associated parties on the one hand and Kaiser Foundation Health Plan, Inc. (KFHP), Kaiser Permanente Insurance Company (KPIC),* any contracted health care providers, administrators, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in KFHP or coverage by KPIC, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I agree to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the Evidence of Coverage and in the Certificate of Insurance.

*Disputes arising from any of the following KPIC products are not subject to binding arbitration: 1) Tiers 2 & 3 of the Point-of-Service (POS) Plan; 2) the Preferred Provider Organization (PPO) and Out-of-Area Indemnity (OOA) Plans; and 3) the KPIC Dental Plans.

Signature Required for all Kaiser Permanente Plans
(Excluding KPIC PPO, KPIC OOA, and KPIC Dental Plans)

Date





SCHEDULE OF BENEFITS

Benefits provided by SafeGuard Health Plans, Inc., a MetLife company

Direct Referral Dental Plan*

SGX85-CA

This Schedule of Benefits lists the services available to you under your SafeGuard plan, as well as the co-payments associated with each procedure. There are other factors that impact how your plan works and those are included here in the Exclusions and Limitations.

During the course of treatment, your SafeGuard selected general dentist may recommend the services of a dental specialist.

Missed Appointments: If you need to cancel or reschedule an appointment, you should notify the dental office as far in advance as possible. This will allow the dental office to accommodate another person in need of attention.

*Your SafeGuard selected general dentist is responsible for coordinating your dental care, and if necessary, referring you to a SafeGuard contracted specialist, and will submit all required documentation to SafeGuard for any necessary referral.

Code	Service	Co-payment
Diagnostic Treatment		
D0120	Periodic oral evaluation - established patient	\$0
D0140	Limited oral evaluation - problem focused	\$0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0
D0150	Comprehensive oral evaluation - new or established patient	\$0
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$0
D0180	Comprehensive periodontal evaluation - new or established patient	\$0
•	Office visit - per visit (including all fees for sterilization and/or infection control)	\$5
Radiographs/Diagnostic Imaging (X-rays)		
D0210	Intraoral – complete series of radiographic images	\$0
D0220	Intraoral – periapical first radiographic image	\$0
D0230	Intraoral – periapical each additional radiographic image	\$0
D0240	Intraoral – occlusal radiographic image	\$0
D0250	Extraoral – first radiographic image	\$0
D0260	Extraoral – each additional radiographic image	\$0
D0270	Bitewing – single radiographic image	\$0
D0272	Bitewings – two radiographic images	\$0
D0273	Bitewings – three radiographic images	\$0
D0274	Bitewings – four radiographic images	\$0
D0277	Vertical bitewings – 7 to 8 radiographic images	\$0
D0330	Panoramic radiographic image	\$0
D0350	Oral/facial photographic image obtained intraorally or extraorally	\$0
Tests and Examinations		
D0415	Collection of microorganisms for culture and sensitivity	\$0

SCHEDULE OF BENEFITS (continued)

Code	Service	Co-payment
D2394	Resin-based composite – four or more surfaces, posterior	\$40
	Crowns	
	<ul style="list-style-type: none"> An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a \$75 co-payment per crown/bridge unit in addition to regular co-payments for porcelain on molars. Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$125 co-payment per unit in addition to co-payment for each crown/bridge unit. 	
D2510	Inlay – metallic – one surface	\$85
D2520	Inlay – metallic – two surfaces	\$85
D2530	Inlay – metallic – three or more surfaces	\$85
D2542	Onlay – metallic – two surfaces	\$85
D2543	Onlay – metallic – three surfaces	\$85
D2544	Onlay – metallic – four or more surfaces	\$85
D2610	Inlay – porcelain/ceramic – one surface	\$85
D2620	Inlay – porcelain/ceramic – two surfaces	\$85
D2630	Inlay – porcelain/ceramic – three or more surfaces	\$85
D2642	Onlay – porcelain/ceramic – two surfaces	\$85
D2643	Onlay – porcelain/ceramic – three surfaces	\$85
D2644	Onlay – porcelain/ceramic – four or more surfaces	\$85
D2650	Inlay – resin-based composite – one surface	\$85
D2651	Inlay – resin-based composite – two surfaces	\$85
D2652	Inlay – resin-based composite – three or more surfaces	\$85
D2662	Onlay – resin-based composite – two surfaces	\$85
D2663	Onlay – resin-based composite – three surfaces	\$85
D2664	Onlay – resin-based composite – four or more surfaces	\$85
D2710	Crown – resin-based composite (indirect)	\$85
D2712	Crown – ¾ resin-based composite (indirect)	\$85
D2720	Crown – resin with high noble metal	\$85
D2721	Crown – resin with predominantly base metal	\$85
D2722	Crown – resin with noble metal	\$85
D2740	Crown – porcelain/ceramic substrate	\$225
D2750	Crown – porcelain fused to high noble metal	\$85
D2751	Crown – porcelain fused to predominantly base metal	\$85
D2752	Crown – porcelain fused to noble metal	\$85
D2780	Crown – ¾ cast high noble metal	\$85
D2781	Crown – ¾ cast predominantly base metal	\$85
D2782	Crown – ¾ cast noble metal	\$85
D2783	Crown – ¾ porcelain/ceramic	\$85
D2790	Crown – full cast high noble metal	\$85
D2791	Crown – full cast predominantly base metal	\$85
D2792	Crown – full cast noble metal	\$85
D2794	Crown – titanium	\$85
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	\$0
D2910	Recent inlay, onlay, or partial coverage restoration	\$0
D2915	Recent cast or prefabricated post and core	\$0

SCHEDULE OF BENEFITS (continued)

Code	Service	Co-payment
D3352	Apexification/recalcification – interim medication replacement	\$65
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	\$65
D3410	Apicoectomy – anterior	\$90
D3421	Apicoectomy – bicuspid (first root)	\$90
D3425	Apicoectomy – molar (first root)	\$90
D3426	Apicoectomy (each additional root)	\$60
D3430	Retrograde filling – per root	\$10
D3450	Root amputation – per root	\$95
D3910	Surgical procedure for isolation of tooth with rubber dam	\$19
D3920	Hemisection (including any root removal), not including root canal therapy	\$90
D3950	Canal preparation and fitting of preformed dowel or post	\$15
Periodontics		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$35
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$26
D4240	Gingival flap procedure, including root planning-four or more contiguous teeth or tooth bounded spaces per quadrant	\$100
D4241	Gingival flap procedure, including root planning-one to three contiguous teeth or tooth bounded spaces per quadrant	\$78
D4245	Apically positioned flap	\$115
D4249	Clinical crown lengthening – hard tissue	\$120
D4260	Osseous surgery (including flap entry and closure)-four or more contiguous teeth or tooth bounded spaces per quadrant	\$160
D4261	Osseous surgery (including flap entry and closure)-one to three contiguous teeth or tooth bounded spaces per quadrant	\$123
D4263	Bone replacement graft – first site in quadrant	\$135
D4264	Bone replacement graft – each additional site in quadrant	\$95
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$95
D4266	Guided tissue regeneration – resorbable barrier, per site	\$215
D4267	Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)	\$255
D4270	Pedicle soft tissue graft procedure	\$85
D4273	Subepithelial connective tissue graft procedures, per tooth	\$75
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$50
D4275	Soft tissue allograft	\$125
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in a graft	\$120
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	\$60
D4320	Provisional splinting – intracoronal	\$85
D4321	Provisional splinting – extracoronal	\$75
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$15
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	\$11
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$15

SCHEDULE OF BENEFITS (continued)

Code	Service	Co-payment
D5751	Reline complete mandibular denture (laboratory)	\$35
D5760	Reline maxillary partial denture (laboratory)	\$35
D5761	Reline mandibular partial denture (laboratory)	\$35
D5810	Interim complete denture (maxillary)	\$100
D5811	Interim complete denture (mandibular)	\$100
D5820	Interim partial denture (maxillary)	\$35
D5821	Interim partial denture (mandibular)	\$35
D5850	Tissue conditioning, maxillary	\$10
D5851	Tissue conditioning, mandibular	\$10
D5862	Precision attachment, by report	\$180
Crowns/Fixed Bridges - Per Unit		
	<ul style="list-style-type: none"> • <i>An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a \$75 co-payment per crown/bridge unit in addition to regular co-payments for porcelain on molars.</i> • <i>Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$125 co-payment per unit in addition to co-payment for each crown/bridge unit.</i> 	
D6210	Pontic – cast high noble metal	\$85
D6211	Pontic – cast predominantly base metal	\$85
D6212	Pontic – cast noble metal	\$85
D6214	Pontic – titanium	\$85
D6240	Pontic – porcelain fused to high noble metal	\$85
D6241	Pontic – porcelain fused to predominantly base metal	\$85
D6242	Pontic – porcelain fused to noble metal	\$85
D6245	Pontic – porcelain/ceramic	\$105
D6250	Pontic – resin with high noble metal	\$85
D6251	Pontic – resin with predominantly base metal	\$85
D6252	Pontic – resin with noble metal	\$85
D6253	Provisional pontic – further treatment or completion of diagnosis necessary prior to final impression	\$0
D6545	Retainer – cast metal for resin bonded fixed prosthesis	\$85
D6600	Inlay – porcelain/ceramic, two surfaces	\$85
D6601	Inlay – porcelain/ceramic, three or more surfaces	\$85
D6602	Inlay – cast high noble metal, two surfaces	\$85
D6603	Inlay – cast high noble metal, three or more surfaces	\$85
D6604	Inlay – cast predominantly base metal, two surfaces	\$85
D6605	Inlay – cast predominantly base metal, three or more surfaces	\$85
D6606	Inlay – cast noble metal, two surfaces	\$85
D6607	Inlay – cast noble metal, three or more surfaces	\$85
D6608	Onlay – porcelain/ceramic, two surfaces	\$85
D6609	Onlay – porcelain/ceramic, three or more surfaces	\$85
D6610	Onlay – cast high noble metal, two surfaces	\$85
D6611	Onlay – cast high noble metal, three or more surfaces	\$85
D6612	Onlay – cast predominantly base metal, two surfaces	\$85
D6613	Onlay – cast predominantly base metal, three or more surfaces	\$85
D6614	Onlay – cast noble metal, two surfaces	\$85
D6615	Onlay – cast noble metal, three or more surfaces	\$85

SCHEDULE OF BENEFITS (continued)

Code	Service	Co-payment
D7311	Alveoplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$0
D7320	Alveoplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$0
D7321	Alveoplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$0
D7471	Removal of lateral exostosis (maxilla or mandible)	\$80
D7472	Removal of torus palatinus	\$15
D7473	Removal of torus mandibularis	\$15
D7485	Surgical reduction of osseous tuberosity	\$60
D7510	Incision and drainage of abscess – intraoral soft tissue	\$15
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	\$15
D7520	Incision and drainage of abscess – extraoral soft tissue	\$15
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	\$15
D7910	Suture of recent small wounds up to 5 cm	\$15
D7960	Frenulectomy – aka frenectomy or frenotomy – separate procedure not incidental to another procedure	\$0
D7963	Frenuloplasty	\$0
D7970	Excision of hyperplastic tissue – per arch	\$55
D7971	Excision of pericoronal gingiva	\$35
	Orthodontics	
	<ul style="list-style-type: none"> • <i>Benefits cover 24 months of usual & customary orthodontic treatment and 24 months of retention.</i> • <i>Comprehensive orthodontic benefits include all phases of treatment and fixed/removable appliances.</i> 	
D8010	Limited orthodontic treatment of the primary dentition	\$725
D8020	Limited orthodontic treatment of the transitional dentition	\$725
D8030	Limited orthodontic treatment of the adolescent dentition	\$725
D8040	Limited orthodontic treatment of the adult dentition	\$725
D8050	Interceptive orthodontic treatment of the primary dentition	25% Discount
D8060	Interceptive orthodontic treatment of the transitional dentition	25% Discount
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,450
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$1,450
D8090	Comprehensive orthodontic treatment of the adult dentition	\$1,450
D8210	Removable appliance therapy	25% Discount
D8220	Fixed appliance therapy	25% Discount
D8660	Pre-orthodontic treatment visit	\$0
D8670	Periodic orthodontic treatment visit (as part of contract)	\$0
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$250
D8693	Rebonding or recementing of fixed retainers	\$0
	<ul style="list-style-type: none"> • Orthodontic treatment plan and records (pre/post x-rays (cephalometric, panoramic, etc.), photos, study models) • Ortho visits beyond 24 months of active treatment or retention 	\$250 \$25 per visit

DENTAL BENEFITS: LIMITATIONS AND ADDITIONAL CHARGES

General

1. General anesthesia is a covered benefit only when administered by the treating dentist, in conjunction with oral and periodontal surgical procedures.

Preventive

1. Routine Cleanings (prophylaxis), periodontal maintenance services, and fluoride treatments are limited to twice a year. Two (2) additional cleanings (routine and periodontal) are available at the co-payment listed on this Plan's Schedule of Benefits. Additional prophylaxis are available, if medically necessary.
2. Sealants and/or preventive resin restorations: Plan benefit applies to primary and permanent molar teeth, within four (4) years of eruption, unless medically necessary.

Diagnostic

1. Panoramic or full-mouth X-rays: Once every three (3) years, unless medically necessary.

Restorative

1. An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble, or titanium metal.
2. Replacement of any crowns or fixed bridges (per unit) are limited to once every five (5) years.
3. Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$125 co-payment per unit in addition to the specified co-payment for each crown/bridge unit.
4. There is a \$75 co-payment per crown/bridge unit in addition to the specified co-payment for porcelain on molars.
5. Provisional Crowns/restorations are to be used for an interim of at least six (6) months duration. Interim Crowns/restorations are to be used for a period of at least two (2) months duration. These procedures are to be utilized during restorative treatment to allow adequate time for healing or completion of other procedures. They are not to be used as temporary restorations.

Prosthodontics

1. Relines are limited to one (1) every twelve (12) months.
2. Dentures (full or partial): Replacement only after five (5) years have elapsed following any prior provision of such dentures under a SafeGuard Plan, unless due to the loss of a natural functioning tooth. Replacements will be a benefit under this Plan only if the existing denture is unsatisfactory and cannot be made satisfactory as determined by the treating SafeGuard selected general dentist.
3. Delivery of removable prosthodontics includes up to three (3) adjustments within six (6) months of delivery date of service.
4. Provisional prostheses are to be used for an interim of at least six (6) months duration. Interim prostheses are to be used for a period of at least two (2) months duration. These procedures are to be utilized during restorative treatment to allow adequate time for healing or completion of other procedures. They are not to be used as temporary restorations.

Endodontics

1. The co-payments listed for endodontic procedures do not include the cost of the final restoration.

Oral Surgery

1. The removal of asymptomatic third molars is not a covered benefit unless pathology (disease) exists.

DENTAL BENEFITS: EXCLUSIONS (continued)

Orthodontic Exclusions & Limitations

If you require the services of an orthodontist, a referral must first be obtained. If a referral is not obtained prior to the commencement of orthodontic treatment, the member will be responsible for all costs associated with any orthodontic treatment.

If you terminate coverage from the SafeGuard Plan after the start of orthodontic treatment, you will be responsible for any additional charges incurred for the remaining orthodontic treatment.

1. Orthodontic treatment must be provided by a SafeGuard selected general selected dentist or SafeGuard contracted orthodontist in order for the co-payments listed in this Plan's Schedule of Benefits to apply.
2. Plan benefits shall cover twenty-four (24) months of usual and customary orthodontic treatment and an additional twenty-four (24) months of retention. Treatment extending beyond such time periods will be subject to a charge of \$25 per visit.
3. The following are not included as orthodontic benefits:
 - A. Repair or replacement of lost or broken appliances;
 - B. Retreatment of orthodontic cases;
 - C. Treatment involving:
 - i. Maxillo-facial surgery, myofunctional therapy, cleft palate, micrognathia, macroglossia;
 - ii. Hormonal imbalances or other factors affecting growth or developmental abnormalities;
 - iii. Treatment related to temporomandibular joint disorders;
 - iv. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
4. The retention phase of treatment shall include the construction, placement, and adjustment of retainers.
5. Active orthodontic treatment in progress on your effective date of coverage is not covered. Active orthodontic treatment means tooth movement has begun.

Dental Benefits

Savings, flexibility and service. For healthier smiles.



MetLife

Overview of Benefits for: MAGNOLIA EDUCATIONAL & RESEARCH FOUNDATION

Date Prepared: 08-04-2015

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver affordable protection for a healthier smile and a healthier you.

Coverage Type	In-Network: % of Negotiated Fee	Out-of-Network: % of R&C Fee ¹
Type A	100%	80%
Type B	80%	80%
Type C	50%	50%
Deductible: Individual/Family*	\$50 (Type B & C)	\$50 (Type B & C)
Annual Maximum Benefit: Per Individual	\$1500	\$1000

Understanding Your Dental Benefits Plan

The Preferred Dentist Program is designed to provide the dental coverage you need with the features you want. Like the freedom to visit the dentist of your choice —in or out of the network.

- Plan benefits for in-network services are based on the percentage of the negotiated fee – the fee that participating dentists have agreed to accept as payment in full for covered services
- Plan benefits for out-of-network services are based on a percentage of the Reasonable and Customary (R&C) charge. If you choose a dentist who does not participate in the network, your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist's fee and your plan's payment for the approved service.

Take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating PDP dentist
- Access MetLife's Oral Health Library
- Elect to view your Explanation of Benefits online

If you are not already registered, just go to www.metlife.com/mybenefits and follow the easy registration instructions.

Certain plan benefits are based on a percentage of the negotiated fee. This is the amount that participating dentists have agreed to accept as payment in full. If your plan benefits are based on a percentage of the Reasonable and Customary (R&C) charges, your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist's fee and your plan's payment for the approved service.

* If you are enrolled for dependent coverage, a maximum family deductible may apply.

Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.

Exclusions

We will not pay Dental Insurance benefits for charges incurred for:

1. Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which We deem experimental in nature.
2. Services for which You would not be required to pay in the absence of Dental Insurance.
3. Services or supplies received by You or Your Dependent before the Dental Insurance starts for that person.
4. Services which are primarily cosmetic (For residents of Texas, see notice page section in your certificate).
5. Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
 - scaling and polishing of teeth; or
 - fluoride treatments.
6. Services or appliances which restore or alter occlusion or vertical dimension.
7. Restoration of tooth structure damaged by attrition, abrasion or erosion.
8. Restorations or appliances used for the purpose of periodontal splinting.
9. Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.
10. Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss.
11. Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work.
12. Missed appointments.
13. Services:
 - covered under any workers' compensation or occupational disease law;
 - covered under any employer liability law;
 - for which the employer of the person receiving such services is not required to pay; or
 - received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
14. Services covered under other coverage provided by the Employer.
15. Temporary or provisional restorations.
16. Temporary or provisional appliances.
17. Prescription drugs.
18. Services for which the submitted documentation indicates a poor prognosis.
19. The following when charged by the Dentist on a separate basis:
 - claim form completion;
 - infection control such as gloves, masks, and sterilization of supplies; or
 - local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
20. Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food.
21. Caries susceptibility tests.
22. Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
23. Other fixed Denture prosthetic services not described elsewhere in this certificate.
24. Precision attachments.
25. Adjustment of a Denture
26. Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.¹
27. Diagnosis and treatment of temporomandibular joint (TMJ) disorders. This exclusion does not apply to residents of Minnesota.¹
28. Orthodontic services or appliances.¹
29. Repair or replacement of an orthodontic device.¹
30. Duplicate prosthetic devices or appliances.
31. Replacement of a lost or stolen appliance, Cast Restoration, or Denture.
32. Intra and extraoral photographic images.

¹ Some of these exclusions may not apply. Please see your plan design and certificate for details.

- No waiting period for Preventive Services
- 6 months on Basic Restorative (Fillings)
- 12 months on all other Basic Services
- 24 months on Major Services
- 24 months on Orthodontia Services (if applicable)

*If the policy holder participates in a section 125 plan and has an annual open enrollment period, the dental coverage will not be subject to any waiting periods. Please consult your Benefits Administrator or your certificate for this plan information.

Am I eligible for all benefits the first day of coverage?

Your plan may include benefit waiting periods. Please refer to the certificate of insurance or your Benefits Administrator for details about the services that are subject to the waiting periods and the length of time they apply.

How can I learn about what dentists in my area charge for different procedures?

If you have MyBenefits you can access the Dental Procedure Fee Tool provided by go2dental.com where you can learn more about fees for services such as exams, cleanings, fillings, crowns and more. Simply visit www.metlife.com/mybenefits and use the Dental Procedure Fee Tool to help you approximate the in-network and out-of-network fees¹ dental services in your area.

Can MetLife help me find a dentist outside of the U.S. if I am traveling?

Yes. Through MetLife's International Dental Travel Assistance program² you can obtain a referral to a local dentist by calling 1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network³ benefits. Please remember to hold on to all receipts to submit a dental claim.

¹ Out-of-network fee information is provided by go2dental.com, Inc., an industry source independent of MetLife. This site does not provide the benefit payment information used by MetLife when processing your claims. Prior to receiving services, pre-treatment estimates through your dentist will provide the most accurate fee and payment information.

² International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. AXA Assistance is not affiliated with MetLife, and the services provided are separate and apart from the benefits provided by MetLife.

³ Refer to your dental benefits plan summary your out-of-network dental coverage.



SafeGuard Dental HMO Enrollment Form (California)

Benefits provided by SafeGuard Health Plans, Inc., a MetLife company

Please print clearly when completing the Enrollment Form and return it to your Benefits Coordinator. Choose a general dental office (facility number) of your choice for each eligible family member from the SafeGuard Directory of Participating Dentists. Failure to do so may result in delays in receiving dental care. If your first provider facility selection is not available, SafeGuard will process your second selection.

Benefits Coordinator Use Only

Group/Employer Name	Group No.	Effective Date	Date of Hire
Employee's Occupation	Division	Class	Dept. Code

Subscriber's Information

Last Name		First Name		MI	Subscriber SS#	
Home Address						Apt. #
City			State		Zip Code	
Male/Female	Date of Birth	Home Telephone () -		Work Telephone () -		Ext.
Must be completed to enroll in plan:				Facility Number - 1st Choice		Facility Number - 2nd Choice

Facility numbers are found next to each General Dentist's name in the SafeGuard Directory of Participating Dentists.

Dependent Information

Spouse/ Child	Male/ Female	Last Name	First Name	MI	Date of Birth	Student Y/N	Disability Y/N	Facility Number 1st Choice	Facility Number 2nd Choice

Must be completed to enroll in plan:

Primary language: _____ Please note any communication impairment: _____

Agreement - I understand that any dispute or controversy which may arise between SafeGuard and my Organization or between myself and SafeGuard Health Plans, Inc., may be submitted to binding arbitration in lieu of a jury or court trial. This may not apply in all states.

Authorization to release dental records - I hereby authorize the release and disclosure to review, or to obtain a copy of, any and all dental records which pertain to me or any member of my family, maintained by my chosen Selected General Dentist and/or Specialist, to SafeGuard and/or any designated agent or representative for the purposes of dental treatment, care and for SafeGuard's quality assessment and utilization reviews, which will be kept strictly confidential. This authorization shall remain valid for the term of this coverage.

Waiver of Coverage

I have been given the opportunity to apply for group dental insurance, but:

Do not choose to elect this coverage.

Your Name (Please Print)	Your Signature	Date
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"DHMO" is used to refer to "Specialized Health Care Service Plans" in California.



**Group Benefit Selection Form
September 1, 2015 - August 31, 2016**



Kaiser Permanente Medical			
HMO	Monthly Cost	PPO	Monthly Cost
Employee	\$0.00	Employee	\$137.45
Employee + Spouse	\$0.00	Employee + Spouse	\$302.38
Employee + Child(ren)	\$0.00	Employee + Child(ren)	\$274.89
Employee + Family	\$0.00	Employee + Family	\$412.34

Metlife Dental			
HMO	Monthly Cost	PPO	Monthly Cost
Employee	\$0.00	Employee	\$48.31
Employee + Spouse	\$0.00	Employee + Spouse	\$99.88
Employee + Child(ren)	\$0.00	Employee + Child(ren)	\$87.42
Employee + Family	\$0.00	Employee + Family	\$150.56

Metlife Vision PPO		
PPO	Monthly Cost	
Employee	\$0.00	
Employee + Spouse	\$0.00	
Employee + Child(ren)	\$0.00	
Employee + Family	\$0.00	

Calculating your monthly premium

(List and add the dollar amounts for your benefit choices to calculate your monthly premium.)

Medical \$ _____ + Dental \$ _____ + Vision \$ _____ = \$ _____ **TOTAL Monthly Premium**

Declination of benefits

I understand by declining benefits, I will not be eligible to enroll in MPS benefit plans until the next open enrollment period or unless I experience a qualifying event during the year such as: marriage, divorce, birth, death, or gain/loss of employment. If your spouse is also employed by MPS, please check this box

I elect to decline the following benefits (check all that apply):

- Medical** **Dental** **Vision**

Signature: _____

*Sign only if you are declining coverage

I authorize MPS to make the required payroll deductions based on my selections above. I understand and acknowledge that deductions from my paycheck will be on a pre-tax basis. Unless I experience a qualifying event during the year such as marriage, divorce, birth, death, gain or loss of employment, my elections will remain in effect through August 31, 2016.

Print Name: _____

Location: _____

Signature: _____

Date: _____