Agenda
T.E.A.C.H., Inc.
Board of Directors Meeting
112 E. 2nd St.
Alturas, CA 96101

November 12, 2025
5:15 p.m.

1. **CALL TO ORDER:**
   To Our Visitors:
   Addressing Agenda Items:
   Members of the public may place items on the agenda of any regular Board meeting. The items must be directly related to T.E.A.C.H., Inc.'s business. Requests for placement must be made in writing and delivered to the T.E.A.C.H., Inc. office no later than 12:00 noon on the ninth (9th) business day prior to the meeting. The placement of the item on the agenda will be determined by the Executive Director, who may consult with the Board Chairman on the matter. Items placed on the agenda by the public will be for information and discussion so that the Board may be advised of the views of the community. The Board Chairman reserves the right to place the item on the agenda (as an action item) on a subsequent meeting for action.

2. **ROLL CALL:**
   Present: ___Cain ___Curtis ___Forrest ___Keostier ___ Shimamoto___ Stockwell

   Staff: ___Madison___MacDonnell

   Visitors: _____ _____ _____ _____

3. **POSTING OF AGENDA:** Notice that the Agenda has been properly posted.

4. **APPROVAL OF MINUTES:**
   The Board will review the minutes for the October 22nd, 2025, meeting for approval. ***Action Item.***

5. **REVIEW AND APPROVAL OF EXPENDITURES:**
   The Board will review for approval of the October 2025 expenditures. ***Action Item.***

6. **REVIEW OF YEAR-TO-DATE EXPENDITURES:**
   The Board will review year-to-date expenditures. ***Information Item.***

7. **PUBLIC INPUT:**
   PUBLIC COMMENTS:
   Citizens may address the T.E.A.C.H., Inc. Board of Directors at this time on any items not on the agenda. Following recognition by the Chairman, each speaker may have the floor for two (2) minutes. Persons addressing the Board are requested to give their name, address, and the group organization they represent, if any, in order that an accurate record can be made in the minutes. If the Board desires action, the item can be put on the agenda of a future meeting ***NOTE: Citizens should be aware that, in accordance with the Brown Act, the Board is not allowed to act on non-agenda items**

8. **STAFF REPORTS:**

9. **BOARD/COMMITTEE REPORTS:**

10. **OLD BUSINESS:**

11. **NEW BUSINESS:**
    A. **Approval of the New Health Insurance Plan *Action Item***

12. **CORRESPONDENCE:**

13. **NEXT MEETING:**

14. **CLOSED SESSION:**
    Anticipated litigation. The board will receive advice under the Authority of Government Code 54956.9 subdivision b, 1, a. The current number of cases is unknown, but is estimated not to exceed one.

15. **ADJOURNMENT:**

T.E.A.C.H., INC.
Board of Directors
Regular Meeting Minutes
October 22nd, 2025
5:15 p.m.

1. **CALL TO ORDER:**
   Chairperson Keostier called the meeting to order at 5:28 p.m.

2. **ROLL CALL:**
   PRESENT: Members Koetsier, Forrest, Shimamoto, Curtis, and Cain
   ABSENT: Member Stockwell
   STAFF: Madison and MacDonnell
   VISITORS: Laurie Wayne

3. **POSTING OF AGENDA:**
   Member Koetsier noted that the agenda had been properly posted.

4. **APPROVAL OF MINUTES:**
   The minutes from the September 17th, 2025, meetings were reviewed.
   Member Curtis made a motion to approve the minutes. Member Shimamoto seconded the motion. The motion carried with all ayes.

5. **REVIEW AND APPROVAL OF EXPENDITURES:**
   Expenditures for the month of September 2025 were discussed. **Member Curtis made a motion to approve the expenditures for the month of September 2025. Member Cain seconded the motion. Motion carried. All ayes.**

6. **REVIEW YEAR-TO-DATE EXPENDITURES:**
   Year-to-date expenditures were reviewed.

7. **PUBLIC INPUT:** None

8. **STAFF REPORTS:**
   Carol Madison made the following report:

- Our independent auditor conducted the annual audit from September 29 through. October 1. While a few adjustments remain, our financial records are now fully reconciled with the auditor's. He also noted significant improvement in our accounting processes, sharing that in prior years he spent an entire day reconciling the bank accounts—an effort no longer required this year.
- The administrative transfer of the NorCal Continuum of Care (CoC) from the City of Redding to T.E.A.C.H., Inc. has been completed on the paperwork side. We will receive a payment of

approximately $1.5 million from the City within ten days of full execution of the HHAP 3 contract. Calculations are still underway for the HHAP 4 and HHAP 5 contract balances, which we estimate will total roughly $4 million.
I have transitioned out of the day-to-day CoC operations, which are now managed full-time by Jamie Northrup.

- The State Department of Social Services is currently conducting a fiscal audit of the Foster Family Agency Program. I met with the lead auditor on October 14, and have been submitting documentation for their review throughout this week. The audit itself will be conducted virtually during the week of November 17. In addition to my participation, the auditors have requested meetings with the Board Chair and Treasurer. I do not anticipate any major findings, though we will need to update our Fiscal Policy Manual, which I have already discussed with the audit team.
- We recently received an unannounced site visit at the Senior Center. While the official report has not yet been issued, we anticipate there will be findings. All identified issues have already been addressed and corrected.
- Also during the week of November 17, the State Department of Social Services, Child Development Division, will conduct a site visit. Again, I do not anticipate any significant findings.
- Our Experience Modification (Ex Mod) rate for the Workers' Compensation policy term October 1, 2025 – September 30, 2026, has been set at 210%. The Ex Mod is expected to remain elevated through the 2026–2027 policy year and should begin to decrease thereafter, provided no significant claims occur. Notably, we had no claims during the 2024–2025 policy year.
- Our Blue Shield health insurance policy is scheduled for renewal on December 1st. Premiums will increase by 9.4% if we elect to continue with the current plan design.
- We are grateful to the Arthur Dubs Foundation for once again donating 150 turkeys for distribution during the Thanksgiving and Christmas holidays.
- T.E.A.C.H. will again participate in the Alturas Business Trick-or-Treat event on Friday, October 31st, and the Winterfest Parade on Saturday, December 6th.
- Finally, please save the date for the T.E.A.C.H. Christmas Party, which will be held on Friday, December 19th, at the Brass Rail.

9. BOARD REPORTS:

10. OLD BUSINESS: None.

11. NEW BUSINESS:

a. **Approval of the 2026 Salary Schedule** Member Cain made a motion to approve 2026 Salary Schedule, and Member Forrest seconded the motion. Motion carried, all ayes.

b. **Approval of Resolution 26-02 Plumas Bank Sweep Account** Member Shimamoto made a motion to approve Resolution 26-02 Plumas Bank Sweep Account, and Member Cain seconded the motion. Motion carried, all ayes.

c. **Approval of Resolution 26-03** Member Curtis made a motion to approve Resolution 26-03, and Member Shimamoto seconded the motion. Motion carried, all ayes.

12. CORRESPONDENCE:

a. **State of California Department of Community Services and Development Monitoring Report E-25-013** The Board reviewed and discussed details regarding the State of California Department of Community Services and Development Monitoring Report E-25-013.

13. NEXT MEETING: November 12th, 2025, at TEACH Inc. Office, 5:15 p.m.

14. CLOSED SESSION: None

15. ADJOURNMENT: The meeting was adjourned at 6:44 p.m.

Training, Employment and Community Help Inc.

Posted General Ledger Transactions

Resource Title	Re... Code	Effective Date	Name	Debit	Credit	Document Description
Rape Crisis 2123	1001	10/1/2025	Cory Yancey	700.00		SA Oct'25 Rent
Rape Crisis 2123	1001	10/7/2025	EDI MEDIA	840.00		SA & DV Radio Station Ad
Rape Crisis 2123	1001	10/7/2025	Waste Management Of Nevada	65.46		SA Garbage
Rape Crisis 2123	1001	10/13/2025	Spectrum	147.23		SA Cable
Rape Crisis 2123	1001	10/20/2025	Frontier	22.93		SA & DV Telephone
Rape Crisis 2123	1001	10/24/2025	Ubeo Business Services	34.29		SA & DV Printer Maint. Contract
Rape Crisis 2123	1001	10/28/2025	Tnet Broadband Internet LLC	33.00		Internet
Rape Crisis 2123	1001	10/31/2025	City Of Alturas	98.14		SA Water
Rape Crisis 2123	1001	10/31/2025	Quick Lube Plus	119.21		Smurf Oil Change LP 7XTX687
OES Domestic Violence	1200	10/1/2025	Charles D. Yancey	700.00		DV Oct'25 Rent
OES Domestic Violence	1200	10/1/2025	Teach Inc.	805.25		DV Oct'25 Rent
OES Domestic Violence	1200	10/2/2025	ACE / Four Seasons	38.58		Dv Cabletie
OES Domestic Violence	1200	10/7/2025	EDI MEDIA	2,520.00		SA & DV Radio Station Ad
OES Domestic Violence	1200	10/7/2025	Waste Management Of Nevada	149.01		DV Garbage
OES Domestic Violence	1200	10/13/2025	Frontier	165.00		Internet Access
OES Domestic Violence	1200	10/13/2025	Holiday Market	114.41		Dv Food
OES Domestic Violence	1200	10/16/2025	Alturas Sunrise Rotary	150.00		MMC 2025 Block M Tournament Ad
OES Domestic Violence	1200	10/16/2025	John Wisser Construction	1,125.00		DV Replace Front & Back Door
OES Domestic Violence	1200	10/20/2025	Frontier	106.10		DV Telephone
OES Domestic Violence	1200	10/20/2025	Frontier	22.92		SA & DV Telephone
OES Domestic Violence	1200	10/20/2025	Holiday Market	74.84		DV Food
OES Domestic Violence	1200	10/21/2025	Staub & Sons Petroleum	98.25		Gas
OES Domestic Violence	1200	10/22/2025	American Express	26.81		DV First Aid Kit
OES Domestic Violence	1200	10/22/2025	American Express	24.99		DV Netflix Monthly Subscription
OES Domestic Violence	1200	10/24/2025	Holiday Market	9.63		DV Food
OES Domestic Violence	1200	10/24/2025	Kirsten Easley	272.00		DV 2025 National Conference
OES Domestic Violence	1200	10/24/2025	Ubeo Business Services	34.28		SA & DV Printer Maint. Contract
OES Domestic Violence	1200	10/28/2025	Holiday Market	42.77		DV Food
OES Domestic Violence	1200	10/28/2025	Tnet Broadband Internet LLC	66.00		Internet
OES Domestic Violence	1200	10/31/2025	City Of Alturas	297.17		DV Water
OES Domestic Violence	1200	10/31/2025	Holiday Market	50.20		DV Food
OES Domestic Violence	1200	10/31/2025	Pacific Power And Light	143.20		Electricity
Eddingfield Apartments	1905	10/7/2025	ACE / Four Seasons	26.79		Eddingfield Apt. Materials & Supplies
Eddingfield Apartments	1905	10/7/2025	Waste Management Of Nevada	215.85		Eddingfield Apt. Garbage
Eddingfield Apartments	1905	10/8/2025	ACE / Four Seasons	64.32		Eddingfield Apt. Materials & Supplies

Resource Title	Re... Code	Effective Date	Name	Debit	Credit	Document Description
Eddingfield Apartments	1905	10/8/2025	ACE / Four Seasons	8.01		Eddingfield Key
Eddingfield Apartments	1905	10/13/2025	NDG Construction	260.00		Install Mount TV Office, Install 2 Storm Doors & New Faucet
Eddingfield Apartments	1905	10/20/2025	Modoc County Tax Collector	4,794.82		Eddingfield Apt. Property Tax 2025
Eddingfield Apartments	1905	10/28/2025	Tnet Broadband Internet LLC	153.00		Internet
Eddingfield Apartments	1905	10/31/2025	Anthony Lalancette	199.00		Expense Reimbursement
Eddingfield Apartments	1905	10/31/2025	City Of Alturas	692.70		Eddingfield Apt. Water
Eddingfield Apartments	1905	10/31/2025	Pacific Power And Light	39.60		Electricity
Eddingfield Apartments	1905	10/31/2025	Terminix Processing Center	142.00		Eddingfield Apt. Pest Control
Parenting Education	2200	10/8/2025	Holiday Market	70.73		Parenting Food
Parenting Education	2200	10/20/2025	Holiday Market	67.28		Parenting Food With Credit -21.44
Parenting Education	2200	10/21/2025	Staub & Sons Petroleum	1.75		Gas
Parenting Education	2200	10/22/2025	American Express	12.99		Parenting Microsoft Monthly Renewal
BH Nurturing Families	2215	10/29/2025	Holiday Market	76.75		BH Nurturing Food
California CASA	2406	10/8/2025	Fredrick, Jessica	1,307.82		CA CASA Conference Expense Reimbursement
California CASA	2406	10/8/2025	The Niles Theater	2,800.00		CA CASA Video Ad
California CASA	2406	10/21/2025	Staub & Sons Petroleum	89.00		Gas
Foster Family Agency	2800	10/13/2025	Frontier	165.00		Internet Access
Foster Family Agency	2800	10/20/2025	Junior Automotive	349.63		Tire Pressure Sensor
Foster Family Agency	2800	10/22/2025	American Express	275.00		FFA Active Cases & Base Fee
Foster Family Agency	2800	10/31/2025	Carmen Stra	3,396.00		FFA Oct'25 J. Wright-Bowles
Foster Family Agency	2800	10/31/2025	Carmen Stra	3,396.00		FFA Oct'25 M. Collins
Foster Family Agency	2800	10/31/2025	Evah Dixon	1,596.00		FFA Oct'25 K. Mesa
Foster Family Agency	2800	10/31/2025	Evah Dixon	1,596.00		FFA Oct'25 S. Witzle Jr
Foster Family Agency	2800	10/31/2025	Janet Barnes	1,301.00		FFA Oct'25 T. Lemonds
Foster Family Agency	2800	10/31/2025	Quick Lube Plus	122.68		Traverse Oil Change LP 7RWS673
Foster Family Agency	2800	10/31/2025	Robert Esparza	3,396.00		FFA Oct'25 X. Avila
Foster Family Agency	2800	10/31/2025	Server, Sierra and Matthew	50.00		FFA Clothing Reimbursement Ovt'25
Foster Family Agency	2800	10/31/2025	Server, Sierra and Matthew	587.00		FFA Oct'25 B. Brown
Foster Family Agency	2800	10/31/2025	Skylar Pina	1,596.00		FFA Oct'25 M. Parraz
Foster Family Agency	2800	10/31/2025	Tannith Martin	100.00		FFA Clothing Reimbursement Oct'25
Foster Family Agency	2800	10/31/2025	Tannith Martin	50.00		FFA Clothing Reimbursement Ovt'25
Foster Family Agency	2800	10/31/2025	Tannith Martin	1,596.00		FFA Oct'25 D. Summy-Leahy
Foster Family Agency	2800	10/31/2025	Tannith Martin	1,596.00		FFA Oct'25 N. Escobar
Foster Family Agency	2800	10/31/2025	Tannith Martin	1,596.00		FFA Oct'25 R. Summy-Leahy
Foster Family Agency	2800	10/31/2025	Tracy Moore	3,396.00		FFA Oct'25 S. Thompson
Foster Family Agency	2800	10/31/2025	Tracy Moore	2,629.00		FFA Oct'25 Z. Stewart
IHSS	3000	10/3/2025	American Express	560.03		IHSS Toner Cartridge
IHSS	3000	10/6/2025	American Express	299.23		IHSS Canon Printer

Resource Title	Re... Code	Effective Date	Name	Debit	Credit	Document Description
IHSS	3000	10/7/2025	Excellesoft Partners, LLC	595.00		IHSS Preparation of nexus Letter Templates
IHSS	3000	10/13/2025	EDI MEDIA	4,800.00		IHSS Radio Ad
IHSS	3000	10/13/2025	Frontier	165.00		Internet Access
IHSS	3000	10/16/2025	EDI MEDIA	200.00		IHSS Radio Ad
IHSS	3000	10/16/2025	RB 9 Publishing	747.00		IHSS Fall AG Mag
IHSS	3000	10/22/2025	American Express	212.65		IHSS & NorCal CoC New Blinds
IHSS	3000	10/22/2025	American Express	60.60		IHSS Office Supplies
IHSS	3000	10/22/2025	American Express	14.68		IHSS Wastebasket
IHSS	3000	10/28/2025	Buie, Sean	781.85		IHSS & Admin Lenovo Desktop, Netgear Switch & Annual Subs.
IHSS	3000	10/31/2025	530 Video Production	200.00		Webside Management Oct'25
AB 86 Consortium	3100	10/1/2025	HUE & CRY, INC. / AND	45.00		K16 & GED Security Services
AB 86 Consortium	3100	10/1/2025	Robert or Dawn Baird	750.00		GED Oct'25 Rent
AB 86 Consortium	3100	10/13/2025	Frontier	193.02		GED Telephone
AB 86 Consortium	3100	10/20/2025	Cintas Fire 636525	75.00		GED Annual Maintenance Fire Extinguisher
AB 86 Consortium	3100	10/22/2025	American Express	65.00		GED & Admin Starlink Internet
AB 86 Consortium	3100	10/22/2025	American Express	104.35		GED Books
AB 86 Consortium	3100	10/22/2025	American Express	70.77		GED Toner Cartridge
AB 86 Consortium	3100	10/28/2025	Tnet Broadband Internet LLC	68.00		Internet
AB 86 Consortium	3100	10/31/2025	City Of Alturas	91.21		GED Water
AB 86 Consortium	3100	10/31/2025	Pacific Power And Light	98.28		Electricity
K16 Collaboratives Grant	3300	10/1/2025	HUE & CRY, INC. / AND	45.00		K16 & GED Security Services
K16 Collaboratives Grant	3300	10/8/2025	Mieke M Henriquez	2,000.00		K16 Training & Outreach
K16 Collaboratives Grant	3300	10/8/2025	Prewitt, Alicia	2,000.00		K16 Training & Outreach
K16 Collaboratives Grant	3300	10/16/2025	Frontier	106.10		K16 Telephone
K16 Collaboratives Grant	3300	10/22/2025	American Express	410.38		Captain Summit 2025 T. Yarberry
K16 Collaboratives Grant	3300	10/22/2025	American Express	64.84		Job's First & K16 Office Supplies
K16 Collaboratives Grant	3300	10/22/2025	American Express	19.99		K16 Acrobat Subscription
K16 Collaboratives Grant	3300	10/22/2025	American Express	350.00		K16 Captain Summit 2025 T. Yarberry
K16 Collaboratives Grant	3300	10/24/2025	Ubeo Business Services	56.81		K16 Printer Maint. Contract
K16 Collaboratives Grant	3300	10/31/2025	Tara Yarberry	312.45		K16 Expense Reimbursement
Job First	3401	10/22/2025	American Express	1,446.85		Job's First & K16 Office Supplies
Job First	3401	10/22/2025	American Express	106.39		Job's First Implementation Mtg
Job First	3401	10/22/2025	American Express	454.73		Job's First Laptop Charging Cart

Resource Title	Re... Code	Effective Date	Name	Debit	Credit	Document Description
Job First	3401	10/22/2025	American Express	54.82		Job's First Lenovo Case
Job First	3401	10/22/2025	American Express	176.95		Job's First Metal Sorage Cabinet
Job First	3401	10/22/2025	American Express	654.21		JOb's First Portable Folding Wall
Job First	3401	10/22/2025	American Express	289.56		Job's First Rolling Whiteboard
Job First	3401	10/29/2025	Tiny, Mighty and Strong	10,633.41		Job's First Program Contract
Job First	3401	10/31/2025	Tara Yarberry	272.10		Job's First Expense Reimbursement
Food Bank Modoc	4101	10/31/2025	Holiday Market	122.90		Food Bank
2025 MSCAA Food	4105	10/2/2025	Sherm's Thunderbird Market	3,859.50		MSCAA Food Bank
2025 MSCAA Food	4105	10/8/2025	Grocery Outlet	109.05		MSCAA Senior Serv. Food
2025 MSCAA Food	4105	10/8/2025	K & K Distributing	456.33		MSCAA Senior Serv. Food
25B-3023 Li-Heap	4320	10/16/2025	Felix Barbo	500.00		Liheap Firewood Voucher
25B-3023 Li-Heap	4320	10/28/2025	Luc Niles	500.00		Liheap Firewood Voucher
2025 MSCAA Housing	4505	10/1/2025	TEACH Edding field apartment	500.00		Eddingfield Apt #2 Oct'25 Rent
2025 MSCAA Housing	4505	10/1/2025	TEACH Edding field apartment	200.00		Eddingfield Apt. #3 Oct'25 Rent
2025 MSCAA Housing	4505	10/1/2025	TEACH Edding field apartment	200.00		Eddingfield Apt. #4 Oct'25 Rent
2025 MSCAA Housing	4505	10/1/2025	TEACH Edding field apartment	200.00		Eddingfield Apt. #5 Oct'25 Rent
2025 MSCAA Housing	4505	10/1/2025	TEACH Edding field apartment	200.00		Eddingfield Apt. #6 Oct'25 Rent
2025 MSCAA Housing	4505	10/1/2025	TEACH Edding field apartment	200.00		Eddingfield Apt. #7 Oct'25 Rent
CRRP-3036	5001	10/13/2025	Frontier	165.00		Internet Access
CRRP-3036	5001	10/13/2025	Pepsi Cola Bottling	90.23		R & R Coffee & Products
CRRP-3036	5001	10/16/2025	Katelyn, Schoenauer	177.00		R & R CACFP Conference
CRRP-3036	5001	10/16/2025	Pepsi Cola Bottling	20.60		R & R Coffee & Products
CRRP-3036	5001	10/16/2025	Valarie Brandow	177.00		R & R CACFP Conference
CRRP-3036	5001	10/22/2025	American Express		829.50	CREDIT AMX
CRRP-3036	5001	10/24/2025	Ubeo Business Services	119.74		R & R Printer Maint. Contract
CRRP-3036	5001	10/28/2025	Pepsi Cola Bottling	27.28		R & R Coffee & Products
CRRP-3036	5001	10/29/2025	Pepsi Cola Bottling	57.00		R & R Coffee & Products
CRRP-3036	5001	10/31/2025	Pacific Power And Light	391.26		Electricity
Child/Adult Care Food ...	5201	10/31/2025	Minute Menu Systems, LLC	55.16		Food Program Oct'25
TEACH LATCHKEY	5850	10/13/2025	Grocery Outlet	57.80		Latchkey Food
TEACH LATCHKEY	5850	10/13/2025	Holiday Market	44.87		Latchkey Food
TEACH LATCHKEY	5850	10/13/2025	Ubeo Business Services	18.61		Latchkey Printer Maint. Contract
TEACH LATCHKEY	5850	10/16/2025	Holiday Market	56.02		Latchkey Food

Resource Title	Re... Code	Effective Date	Name	Debit	Credit	Document Description
TEACH LATCHKEY	5850	10/22/2025	American Express	5.99		Latchkey Amazon Subscription
TEACH LATCHKEY	5850	10/24/2025	Carol Madison	213.63		Latchkey Expense Reimbursement
TEACH LATCHKEY	5850	10/24/2025	Darlene Estes	174.84		Latchkey Expense Reimbursement
TEACH LATCHKEY	5850	10/24/2025	Holiday Market	60.72		Latchkey Food
TEACH LATCHKEY	5850	10/31/2025	Holiday Market	51.76		Latchkey Food
Budding Tree	5860	10/7/2025	Waste Management Of Nevada	65.46		Budding Tree Garbage
Budding Tree	5860	10/8/2025	Alex Acuna	70.00		Budding Tree Lawn Service
Budding Tree	5860	10/13/2025	ACE / Four Seasons	2.98		Budding Tree Fasteners
Budding Tree	5860	10/13/2025	ACE / Four Seasons	120.87		Budding Tree Materials & Supplies
Budding Tree	5860	10/13/2025	Frontier	146.10		Budding Tree Telephone
Budding Tree	5860	10/16/2025	ACE / Four Seasons	268.83		Budding Tree Materials & Supplies
Budding Tree	5860	10/21/2025	Staub & Sons Petroleum	332.33		Gas
Budding Tree	5860	10/24/2025	Alex Acuna	70.00		Budding Tree Lawn Maintanance
MHSA 2	6502	10/13/2025	Frontier	95.20		Wellness Center Telephone
MHSA 2	6502	10/13/2025	NDG Construction	229.09		Install Mount TV Office, Install 2 Storm Doors & New Faucet
MHSA 2	6502	10/22/2025	American Express	56.99		Wellness Center Coffee
MHSA 2	6502	10/22/2025	American Express	54.27		Wellness center Fabuloso Cleaner
MHSA 2	6502	10/22/2025	American Express	19.21		Wellness Center Freshener Spay
MHSA 2	6502	10/22/2025	American Express	212.79		Wellness Center Gloves, Hair Brusher & Nail Clipper
MHSA 2	6502	10/22/2025	American Express	271.55		Wellness center Halloween Decoration
MHSA 2	6502	10/31/2025	Pacific Power And Light	255.98		Electricity
NorCal CoC	7905	10/1/2025	American Express	95.50		NorCal CoC Zoom Worplace
NorCal CoC	7905	10/22/2025	American Express	212.64		IHSS & NorCal CoC New Blinds
NorCal CoC	7905	10/31/2025	530 Video Production	150.00		Webside Management Oct'25
NorCal CoC	7905	10/31/2025	Social Services Data Solutions, Inc.	7,999.65		NorCal CoC Consulting Oct'25
Teach Senior Services	8000	10/13/2025	Holiday Market	10.16		Senior Serv. Bingo Food W/Part of Credit
Teach Senior Services	8000	10/20/2025	Holiday Market	35.67		Senior Serv. Bingo Food
Teach Senior Services	8000	10/22/2025	American Express	231.18		Senior Serv. Bingo Supplies
Teach Senior Services	8000	10/23/2025	Modoc Transportation Agency	900.00		Senior Serv. Bus Passes
Teach Senior Services	8000	10/24/2025	Holiday Market	20.69		Senior Serv. Bingo Food
Teach Senior Services	8000	10/31/2025	Holiday Market	0.09		Senior Serv. Bingo Food W/Gift Card
PSA 2 C-1 Congregate ...	8001	10/7/2025	Vestis	142.10		Senior Serv. Lndry
PSA 2 C-1 Congregate ...	8001	10/8/2025	ACE / Four Seasons	16.06		Senior Serv. Cleaning Supplies
PSA 2 C-1 Congregate ...	8001	10/8/2025	K & K Distributing	86.83		Senior Serv. Supplies

Resource Title	Re... Code	Effective Date	Name	Debit	Credit	Document Description
PSA 2 C-1 Congregate ...	8001	10/13/2025	Sysco Food SVCS Of Sacramento	240.01		Senior Serv. Food & Supplies
PSA 2 C-1 Congregate ...	8001	10/16/2025	Frontier	160.79		Senior Serv. Telephone
PSA 2 C-1 Congregate ...	8001	10/16/2025	K & K Distributing	107.94		Senior Serv. Food & Supplies
PSA 2 C-1 Congregate ...	8001	10/16/2025	Oliver Packaging & Equipment Company	196.69		Senior Serv. Serving Paper Cup
PSA 2 C-1 Congregate ...	8001	10/20/2025	Vestis	142.10		Senior Serv. Lndry
PSA 2 C-1 Congregate ...	8001	10/29/2025	K & K Distributing	24.45		Senior Serv. Food & Supplies
PSA 2 C-1 Congregate ...	8001	10/31/2025	Vestis	142.10		Senior Serv. Lndry
PSA2 C-2 Homebound ...	8002	10/7/2025	Vestis	142.10		Senior Serv. Lndry
PSA2 C-2 Homebound ...	8002	10/8/2025	ACE / Four Seasons	16.06		Senior Serv. Cleaning Supplies
PSA2 C-2 Homebound ...	8002	10/8/2025	K & K Distributing	86.83		Senior Serv. Supplies
PSA2 C-2 Homebound ...	8002	10/8/2025	Quick Lube Plus	100.20		Senior Serv. 2022 Equinox Oil Change
PSA2 C-2 Homebound ...	8002	10/13/2025	Sysco Food SVCS Of Sacramento	240.00		Senior Serv. Food & Supplies
PSA2 C-2 Homebound ...	8002	10/16/2025	Frontier	160.79		Senior Serv. Telephone
PSA2 C-2 Homebound ...	8002	10/16/2025	K & K Distributing	107.94		Senior Serv. Food & Supplies
PSA2 C-2 Homebound ...	8002	10/16/2025	Oliver Packaging & Equipment Company	196.69		Senior Serv. Serving Paper Cup
PSA2 C-2 Homebound ...	8002	10/20/2025	Vestis	142.10		Senior Serv. Lndry
PSA2 C-2 Homebound ...	8002	10/21/2025	Staub & Sons Petroleum	12.25		Gas
PSA2 C-2 Homebound ...	8002	10/22/2025	American Express	6.95		Senior Serv. Food Handler Course
PSA2 C-2 Homebound ...	8002	10/22/2025	American Express	27.80		Senior Serv. Food Handler Prevention Training
PSA2 C-2 Homebound ...	8002	10/22/2025	American Express	6.95		Senior Serv. Food Handlers Course
PSA2 C-2 Homebound ...	8002	10/22/2025	American Express	34.62		Senior Serv. Termometer Laser Temperature Gun
PSA2 C-2 Homebound ...	8002	10/22/2025	American Express	6.95		Senu Serv. Food Handler Course
PSA2 C-2 Homebound ...	8002	10/29/2025	K & K Distributing	24.45		Senior Serv. Food & Supplies
PSA2 C-2 Homebound ...	8002	10/31/2025	Vestis	142.10		Senior Serv. Lndry
Meals on Wheels, Shar...	8007	10/28/2025	Meals on Wheels America	250.00		Senior Serv. 2026 Membership
2025 MSCAA Senior Se...	8025	10/2/2025	K & K Distributing	689.76		MSCAA Senior Serv. Food
2025 MSCAA Senior Se...	8025	10/13/2025	Sysco Food SVCS Of Sacramento	336.78		Senior Serv. Food & Supplies
2025 MSCAA Senior Se...	8025	10/16/2025	Grocery Outlet	61.99		Senior Serv. Food
2025 MSCAA Senior Se...	8025	10/16/2025	K & K Distributing	594.78		Senior Serv. Food

Resource Title	Re... Code	Effective Date	Name	Debit	Credit	Document Description
2025 MSCAA Senior Se...	8025	10/16/2025	K & K Distributing	1,023.41		Senior Serv. Food & Supplies
2025 MSCAA Senior Se...	8025	10/20/2025	Holiday Market	33.60		Senior Serv. Food
2025 MSCAA Senior Se...	8025	10/24/2025	Grocery Outlet	36.15		Senior Serv. Food
2025 MSCAA Senior Se...	8025	10/24/2025	Holiday Market	67.69		Senior Serv. Food
2025 MSCAA Senior Se...	8025	10/24/2025	K & K Distributing	389.89		Senior Serv. Food
2025 MSCAA Senior Se...	8025	10/29/2025	Grocery Outlet	18.22		Senior Serv. Food
2025 MSCAA Senior Se...	8025	10/29/2025	K & K Distributing	888.14		Senior Serv. Food
2025 MSCAA Senior Se...	8025	10/29/2025	K & K Distributing	280.83		Senior Serv. Food & Supplies
2025 MSCAA Senior Se...	8025	10/31/2025	K & K Distributing	1,093.46		MSCAA Senior Serv. Food
Housing and Disability ...	9000	10/2/2025	Jen Best Consulting	3,750.00		HDAP Policy & Procedures Oct'25
Housing and Disability ...	9000	10/6/2025	Alturas Meadowns Apartments	176.00		HDAP Oct'25 Rent
Housing and Disability ...	9000	10/6/2025	Nifty Moblie Home & Rv Park	1,050.75		HDAP Oct'25 Rent
Housing and Disability ...	9000	10/13/2025	Frontier	55.00		Internet Access
Housing and Disability ...	9000	10/16/2025	Angelique D Hanna	141.90		HDAP Reinbursement Hearing Office Denied
Housing and Disability ...	9000	10/22/2025	American Express	136.77		HDAP Client Supplies
Housing and Disability ...	9000	10/22/2025	American Express	99.75		HDAP Office Supplies
24-120 Bridge Housing...	9001	10/7/2025	Staub & Sons Petroleum	49.38		BHBH 100480 Propane
24-120 Bridge Housing...	9001	10/13/2025	Frontier	55.00		Internet Access
24-120 Bridge Housing...	9001	10/16/2025	Alan Botello	1,000.00		BHBH Oct'25 Rent
24-120 Bridge Housing...	9001	10/20/2025	Holiday Market	50.00		BHBH Gift Card
24-120 Bridge Housing...	9001	10/22/2025	American Express	34.31		BHBH Solar Charger
24-120 Bridge Housing...	9001	10/24/2025	Carol Madison	40.00		BHBH Expense Reimbursement
24-120 Bridge Housing...	9001	10/28/2025	Sarah Merrick	15.00		BHBH Expense Reimbursement/Food Handler Course
Housing And Homeless...	9400	10/6/2025	Nifty Moblie Home & Rv Park	930.00		HHIP Oct'25 Rent
Housing And Homeless...	9400	10/22/2025	American Express	513.77		HHIP Office Supplies
Cal Works Housing Sup...	9405	10/6/2025	Nifty Moblie Home & Rv Park	465.50		HSP Oct'25 Rent
Cal Works Housing Sup...	9405	10/8/2025	ISOT, Inc	800.00		HSP Oct'25 Rent
Cal Works Housing Sup...	9405	10/13/2025	Frontier	55.00		Internet Access
Cal Works Housing Sup...	9405	10/13/2025	Waste Management Of Nevada	309.84		HSP Garbage
Cal Works Housing Sup...	9405	10/22/2025	American Express	47.50		HSP Vital Records Client
Cal Works Housing Sup...	9405	10/22/2025	American Express	257.38		HSP Walnut Dresser for Client
Cal Works Housing Sup...	9405	10/24/2025	Staub & Sons Petroleum	461.81		HSP 100480 DYE KERO

Resource Title	Re... Code	Effective Date	Name	Debit	Credit	Document Description
Cal Works Housing Sup...	9405	10/29/2025	Alturas Meadowns Apartments	323.00		HSP Rental Assistance Oct'25
Cal Works Housing Sup...	9405	10/29/2025	Alturas Meadowns Apartments	490.00		HSP Security Rent Deposit Oct'25
CAL-AIM	9500	10/16/2025	Change Healthcare	70.40		CAL-AIM RPA-CLAIMS Monthly Fee
Non-Resource Related	9999	10/1/2025	Buie, Sean	2,400.00		Services Contract Oct'25/ A. Cervantes New Printer
Non-Resource Related	9999	10/7/2025	Abila	1,592.40		Abila
Non-Resource Related	9999	10/7/2025	WageWorks Inc.	100.00		Cobra Insuranse Sep'25
Non-Resource Related	9999	10/8/2025	Waste Management Of Nevada	467.68		Garbage
Non-Resource Related	9999	10/13/2025	ACE / Four Seasons	160.86		Thrift Store Ketpad Entry
Non-Resource Related	9999	10/13/2025	Frontier	165.00		Internet Access
Non-Resource Related	9999	10/13/2025	Grocery Outlet	9.19		Admin MMS Day!!!
Non-Resource Related	9999	10/13/2025	NDG Construction	65.00		Install Mount TV Office, Install 2 Storm Doors & New Faucet
Non-Resource Related	9999	10/16/2025	Frontier	274.23		Telephone
Non-Resource Related	9999	10/16/2025	Purchase Power	502.25		Postage
Non-Resource Related	9999	10/16/2025	Staub & Sons Petroleum	1,000.00		Liheap 259706 Propane
Non-Resource Related	9999	10/20/2025	ADT Security Systems, Inc.	48.75		Security System
Non-Resource Related	9999	10/20/2025	Holiday Market	45.26		Birthday's Cake
Non-Resource Related	9999	10/20/2025	Modoc County Tax Collector	1,704.34		Property Tax 2025
Non-Resource Related	9999	10/21/2025	Staub & Sons Petroleum	1.00		Gas
Non-Resource Related	9999	10/22/2025	American Express	1,592.40		Abila
Non-Resource Related	9999	10/22/2025	American Express	33.57		Admin Stamp
Non-Resource Related	9999	10/22/2025	American Express	8.16		DMV Fee
Non-Resource Related	9999	10/22/2025	American Express	68.60		File Folders
Non-Resource Related	9999	10/22/2025	American Express	65.00		GED & Admin Starlink Internet
Non-Resource Related	9999	10/22/2025	American Express	199.45		Postage
Non-Resource Related	9999	10/22/2025	American Express	76.03		Tax Forms
Non-Resource Related	9999	10/22/2025	American Express	16.29		Thrift Store Adhesice Stickers
Non-Resource Related	9999	10/22/2025	American Express	65.16		Thrift Store Labels
Non-Resource Related	9999	10/22/2025	American Express	235.00		Unit 66 & 144 Rent
Non-Resource Related	9999	10/24/2025	Holiday Market	7.99		Birthday Pie!
Non-Resource Related	9999	10/24/2025	Holiday Market	1.89		Water
Non-Resource Related	9999	10/28/2025	Buie, Sean	239.76		IHSS & Admin Lenovo Desktop, Netgear Switch & Annual Subs.
Non-Resource Related	9999	10/29/2025	Carol Madison	266.99		Expense Reimbursement

Resource Title	Re... Code	Effective Date	Name	Debit	Credit	Document Description
Non-Resource Related	9999	10/31/2025	530 Video Production	150.00		Webside Management Oct'25
Non-Resource Related	9999	10/31/2025	City Of Alturas	93.11		Water
Non-Resource Related	9999	10/31/2025	Pacific Power And Light	391.26		Electricity
Report Total				131,402.40	829.50	

Training, Employment and Community Help Inc.
Statement of Revenues and Expenditures
From 7/1/2025 Through 6/30/2026

	Current Period Actual
Revenue	
Federal Revenue	40,489.14
State Revenue	1,247,391.87
Other Revenue	14,677.60
Family Fee	536.97
Other local income	263,255.28
Tuition	10,968.24
Apartment Rents	20,855.00
Total Revenue	1,598,174.10
Expenses	
Salaries	1,006,684.53
Benefits	222,227.26
Supplies	
Books & Reference Materials	1,963.63
Materials & Supplies	85,208.28
Food Supplies	41,392.67
Total Supplies	128,564.58
Operating	
Conference & Travel	18,253.68
Mileage, Fuel, Bus Passes	2,430.14
Dues & Memberships	31,828.55
License and taxes	11,113.14
Bank Service Fees	358.00
Insurance	49,363.02
Operating & Housekkeeping	1,025.36
Electricity	9,673.81
Water & Sewer	5,456.78
Garbage	3,215.24
Liquid, Propane, Gas, Fuel Oil	4,101.17
Energy Asst./WPO	22,512.00
Other	6,707.46
Room Vouchers	4,858.07
Rentals, Leases Repair	59,081.03
Repairs/Maintenance	20,082.03
Maintenance Agreements	4,939.73
Advertising	17,802.25
Legal Services	2,550.50
Consultants, Trainers	13,275.00
Information Tech	64,201.95
Other operating	35,500.00
Communications	15,267.81
Postage	1,727.25
Total Operating	405,323.97
Equipment	142.00
Contract 1099 Services	474,770.35
Total Expenses	2,237,712.69
Revenue Over (Under) Expenses	(639,538.59)

blue of california

Summary of Benefits

Group Plan
PPO Savings Plan

Silver Full PPO Savings 2300/30% OffEx

This Summary of Benefits shows the amount you will pay for Covered Services under this Blue Shield of California Plan. It is only a summary and it is included as part of the Evidence of Coverage (EOC).[1] Please read both documents carefully for details.

Medical Provider Network: **Full PPO Network**

This Plan uses a specific network of Health Care Providers, called the Full PPO provider network. Providers in this network are called Participating Providers. You pay less for Covered Services when you use a Participating Provider than when you use a Non-Participating Provider. You can find Participating Providers in this network at blueshieldca.com.

Pharmacy Network: **Rx Ultra**

Drug Formulary: **Standard Formulary**

Calendar Year Deductibles (CYD)[2]

A Calendar Year Deductible (CYD) is the amount a Member pays each Calendar Year before Blue Shield pays for Covered Services under the Plan. Blue Shield pays for some Covered Services before the Calendar Year Deductible is met, as noted in the Benefits chart below.

		When using a Participating Provider[3]	When using a Non-Participating Provider[4]
Calendar Year medical and pharmacy Deductible	*Individual coverage*	$2,300	$4,600
This Plan combines medical and pharmacy Deductibles into one Calendar Year Deductible	*Family coverage*	$3,300: individual $4,600: Family	$6,600: individual $9,200: Family

Calendar Year Out-of-Pocket Maximum[5]

An Out-of-Pocket Maximum is the most a Member will pay for Covered Services each Calendar Year. Any exceptions are listed in the Notes section at the end of this Summary of Benefits.

	When using a Participating Provider[3]	When using a Non-Participating Provider[4]
Individual coverage	$7,900	$15,800
Family coverage	$7,900: individual $15,800: Family	$15,800: individual $31,600: Family

No Annual or Lifetime Dollar Limit

Under this Plan there is no annual or lifetime dollar limit on the amount Blue Shield will pay for Covered Services.

Benefits[6]	Your payment			
	When using a Participating Provider[3]	CYD[2] applies	When using a Non-Participating Provider[4]	CYD[2] applies
Preventive Health Services[7]				
Preventive Health Services	$0		Not covered	
California Prenatal Screening Program	$0		$0	
Physician services				
Primary care office visit	30%	✓	50%	✓
Specialist care office visit	30%	✓	50%	✓
Physician home visit	30%	✓	50%	✓
Physician or surgeon services in an Outpatient Facility	30%	✓	50%	✓
Physician or surgeon services in an inpatient facility	30%	✓	50%	✓
Other professional services				
Other practitioner office visit *Includes nurse practitioners, physician assistants, therapists, and podiatrists.*	30%	✓	50%	✓
Acupuncture services	$25/visit	✓	50%	✓
Chiropractic services *Up to 20 visits per Member, per Calendar Year.*	30%	✓	50%	✓
Teladoc consultation	$0	✓	Not covered	
Family planning				
• Counseling, consulting, and education	$0		Not covered	
• Injectable contraceptive, diaphragm fitting, intrauterine device (IUD), implantable contraceptive, and related procedure.	$0		Not covered	
• Tubal ligation	$0		Not covered	
• Vasectomy	$0	✓	Not covered	
Medical nutrition therapy, not related to diabetes	30%	✓	50%	✓
Pregnancy and maternity care				
Physician office visits: prenatal and initial postnatal	$0		50%	✓
Abortion and abortion-related services	$0	✓	$0	✓

Benefits[6]	Your payment			
	When using a Participating Provider[3]	CYD[2] applies	When using a Non-Participating Provider[4]	CYD[2] applies
Emergency Services				
Emergency room services *If admitted to the Hospital, this payment for emergency room services does not apply. Instead, you pay the Participating Provider payment under Inpatient facility services/ Hospital services and stay.*	30%	✔	30%	✔
Emergency room Physician services	30%	✔	30%	✔
Urgent care center services	30%	✔	50%	✔
Ambulance services *This payment is for emergency or authorized transport.*	30%	✔	30%	✔
Outpatient Facility services				
Ambulatory Surgery Center	30%	✔	50% Subject to a Benefit maximum of $350/day	✔
Outpatient Department of a Hospital: surgery	30%	✔	50% Subject to a Benefit maximum of $350/day	✔
Outpatient Department of a Hospital: treatment of illness or injury, radiation therapy, chemotherapy, and necessary supplies	30%	✔	50% Subject to a Benefit maximum of $350/day	✔
Inpatient facility services				
Hospital services and stay	30%	✔	50% Subject to a Benefit maximum of $2,000/day	✔
Transplant services *This payment is for all covered transplants except tissue and kidney. For tissue and kidney transplant services, the payment for Inpatient facility services/ Hospital services and stay applies.*				
• Special transplant facility inpatient services	30%	✔	Not covered	
• Physician inpatient services	30%	✔	Not covered	

Benefits[6]	Your payment			
	When using a Participating Provider[3]	CYD[2] applies	When using a Non-Participating Provider[4]	CYD[2] applies
Bariatric surgery services, designated California counties				
This payment is for bariatric surgery services for residents of designated California counties. For bariatric surgery services for residents of non-designated California counties, the payments for Inpatient facility services/ Hospital services and stay and Physician inpatient and surgery services apply for inpatient services; or, if provided on an outpatient basis, the Outpatient Facility services and outpatient Physician services payments apply.				
Inpatient facility services	30%	✓	Not covered	
Outpatient Facility services	30%	✓	Not covered	
Physician services	30%	✓	Not covered	
Diagnostic x-ray, imaging, pathology, and laboratory services				
This payment is for Covered Services that are diagnostic, non-Preventive Health Services, and diagnostic radiological procedures. For the payments for Covered Services that are considered Preventive Health Services, see Preventive Health Services.				
Laboratory and pathology services				
Includes diagnostic Papanicolaou (Pap) test.				
• Laboratory center	30%	✓	50%	✓
• Outpatient Department of a Hospital	30%	✓	50% Subject to a Benefit maximum of $350/day	✓
Basic imaging services				
Includes plain film X-rays, ultrasounds, and diagnostic mammography.				
• Outpatient radiology center	30%	✓	50%	✓
• Outpatient Department of a Hospital	30%	✓	50% Subject to a Benefit maximum of $350/day	✓
Other outpatient non-invasive diagnostic testing				
Testing to diagnose illness or injury such as vestibular function tests, EKG, cardiac monitoring, non-invasive vascular studies, sleep medicine testing, muscle and range of motion tests, EEG, and EMG.				
• Office location	30%	✓	50%	✓

Benefits[6]	Your payment			
	When using a Participating Provider[3]	CYD[2] applies	When using a Non-Participating Provider[4]	CYD[2] applies
• Outpatient Department of a Hospital	30%	✓	50% Subject to a Benefit maximum of $350/day	✓
Advanced imaging services *Includes diagnostic radiological and nuclear imaging such as CT scans, MRIs, MRAs, and PET scans.*				
• Outpatient radiology center	30%	✓	50%	✓
• Outpatient Department of a Hospital	$100/visit plus 25%	✓	50% Subject to a Benefit maximum of $350/day	✓
Rehabilitative and Habilitative Services *Includes Physical Therapy, Occupational Therapy, Respiratory Therapy, and Speech Therapy services. There is no visit limit for Rehabilitative or Habilitative Services.*				
Office location	30%	✓	50%	✓
Outpatient Department of a Hospital	30%	✓	50% Subject to a Benefit maximum of $350/day	✓
Durable medical equipment (DME)				
DME	50%	✓	Not covered	
Breast pump	$0		Not covered	
Orthotic equipment and devices	30%	✓	Not covered	
Prosthetic equipment and devices	30%	✓	Not covered	
Home health care services *Up to 100 visits per Member, per Calendar Year, by a home health care agency. All visits count towards the limit, including visits during any applicable Deductible period. Includes home visits by a nurse, Home Health Aide, medical social worker, physical therapist, speech therapist, or occupational therapist, and medical supplies.*	30%	✓	Not covered	
Home infusion and home injectable therapy services				
Home infusion agency services *Includes home infusion drugs, medical supplies, and visits by a nurse.*	$45/visit	✓	Not covered	

Benefits[6]	Your payment			
	When using a Participating Provider[3]	CYD[2] applies	When using a Non-Participating Provider[4]	CYD[2] applies
Hemophilia home infusion services *Includes blood factor products.*	$45/visit	✓	Not covered	
Skilled Nursing Facility (SNF) services *Up to 100 days per Member, per benefit period, except when provided as part of a Hospice program. All days count towards the limit, including days during any applicable Deductible period and days in different SNFs during the Calendar Year.*				
Freestanding SNF	30%	✓	50%	✓
Hospital-based SNF	30%	✓	50% Subject to a Benefit maximum of $2,000/day	✓
Hospice program services *Includes pre-Hospice consultation, routine home care, 24-hour continuous home care, short-term inpatient care for pain and symptom management, and inpatient respite care.*	$0	✓	Not covered	
Other services and supplies				
Diabetes care services				
• Devices, equipment, and supplies	50%	✓	Not covered	
• Self-management training	$0		50%	✓
• Medical nutrition therapy	$0		50%	✓
Dialysis services	30%	✓	50% Subject to a Benefit maximum of $350/day	✓
PKU product formulas and special food products	30%	✓	30%	✓
Allergy serum billed separately from an office visit	30%	✓	50%	✓

Mental Health and Substance Use Disorder Benefits	Your payment			
Mental health and substance use disorder Benefits are provided through Blue Shield's Mental Health Service Administrator (MHSA).	When using a MHSA Participating Provider[3]	CYD[2] applies	When using a MHSA Non-Participating Provider[4]	CYD[2] applies
Outpatient services				
Office visit, including Physician office visit	30%	✓	50%	✓
Teladoc mental health	$0	✓	Not covered	

Mental Health and Substance Use Disorder Benefits	Your payment			
Mental health and substance use disorder Benefits are provided through Blue Shield's Mental Health Service Administrator (MHSA).	**When using a MHSA Participating Provider[3]**	**CYD[2] applies**	**When using a MHSA Non-Participating Provider[4]**	**CYD[2] applies**
Other outpatient services, including intensive outpatient care, electroconvulsive therapy, transcranial magnetic stimulation, Behavioral Health Treatment for pervasive developmental disorder or autism in an office setting, home, or other non-institutional facility setting, and office-based opioid treatment	30%	✓	50%	✓
Partial Hospitalization Program	30%	✓	50% Subject to a Benefit maximum of $350/day	✓
Psychological Testing	30%	✓	50%	✓
Inpatient services				
Physician inpatient services	30%	✓	50%	✓
Hospital services	30%	✓	50% Subject to a Benefit maximum of $2,000/day	✓
Residential Care	30%	✓	50% Subject to a Benefit maximum of $2,000/day	✓

Prescription Drug Benefits[8,9]	Your payment			
	When using a Participating Pharmacy[3]	**CYD[2] applies**	**When using a Non-Participating Pharmacy[4]**	**CYD[2] applies**
Retail pharmacy prescription Drugs				
Per prescription, up to a 30-day supply.				
Contraceptive Drugs and devices	$0		Not covered	
Tier 1 Drugs	$25/prescription	✓	Not covered	
Tier 2 Drugs	$75/prescription	✓	Not covered	
Tier 3 Drugs	$100/prescription	✓	Not covered	
Tier 4 Drugs	30% up to $250/prescription	✓	Not covered	
Retail pharmacy prescription Drugs				
Per prescription, for a 90-day supply.				
Contraceptive Drugs and devices	$0		Not covered	

Prescription Drug Benefits[8,9]	Your payment			
	When using a Participating Pharmacy[3]	CYD[2] applies	When using a Non-Participating Pharmacy[4]	CYD[2] applies
Tier 1 Drugs	$75/prescription	✓	Not covered	
Tier 2 Drugs	$225/prescription	✓	Not covered	
Tier 3 Drugs	$300/prescription	✓	Not covered	
Tier 4 Drugs	30% up to $750/prescription	✓	Not covered	
Mail service pharmacy prescription Drugs				
Per prescription, for a 31-90-day supply.				
Contraceptive Drugs and devices	$0		Not covered	
Tier 1 Drugs	$50/prescription	✓	Not covered	
Tier 2 Drugs	$150/prescription	✓	Not covered	
Tier 3 Drugs	$200/prescription	✓	Not covered	
Tier 4 Drugs	30% up to $500/prescription	✓	Not covered	

Pediatric Benefits	Your payment			
Pediatric Benefits are available through the end of the month in which the Member turns 19.	When using a Participating Dentist[3]	CYD[2] applies	When using a Non-Participating Dentist[4]	CYD[2] applies
Pediatric dental[10]				
Diagnostic and preventive services				
• Oral exam	$0		20%	
• Preventive – cleaning	$0		20%	
• Preventive – x-ray	$0		20%	
• Sealants per tooth	$0		20%	
• Topical fluoride application	$0		20%	
• Space maintainers - fixed	$0		20%	
Basic services				
• Restorative procedures	20%		30%	
• Periodontal maintenance	20%		30%	
• Adjunctive general services	20%		30%	
Major services				
• Oral surgery	50%		50%	
• Endodontics	50%		50%	
• Periodontics (other than maintenance)	50%		50%	

Pediatric Benefits	Your payment			
Pediatric Benefits are available through the end of the month in which the Member turns 19.	**When using a Participating Dentist[3]**	**CYD[2] applies**	**When using a Non-Participating Dentist[4]**	**CYD[2] applies**
• Crowns and casts	50%		50%	
• Prosthodontics	50%		50%	
Orthodontics (Medically Necessary)	50%		50%	

Pediatric Benefits	Your payment			
Pediatric Benefits are available through the end of the month in which the Member turns 19.	**When using a Participating Provider[3]**	**CYD[2] applies**	**When using a Non-Participating Provider[4]**	**CYD[2] applies**
Pediatric vision[11]				
Comprehensive eye examination				
One exam per Calendar Year.				
• Ophthalmologic visit	$0		All charges above $30	
• Optometric visit	$0		All charges above $30	
Contact lens fitting and evaluation				
When you choose contact lenses instead of eyeglasses, one per Member every 12 months by a Participating Provider if administered at the same time as the comprehensive exam. There is a maximum of two follow up visits.				
• Standard lenses	$0		Not covered	
• Non-standard lenses	All charges above $60		Not covered	
Eyewear/materials				
One eyeglass frame and eyeglass lenses, or contact lenses instead of eyeglasses, up to the Benefit per Calendar Year. Any exceptions are noted below.				
• Contact lenses				
Non-elective (Medically Necessary) - hard or soft	$0		All charges above $225	
Up to two pairs per eye per Calendar Year.				
Elective (cosmetic/convenience)				
Standard and non-standard, hard	$0		All charges above $75	
Up to a 3 month supply for each eye per Calendar Year based on lenses selected.				

Pediatric Benefits	Your payment			
Pediatric Benefits are available through the end of the month in which the Member turns 19.	**When using a Participating Provider[3]**	**CYD[2] applies**	**When using a Non-Participating Provider[4]**	**CYD[2] applies**
Standard and non-standard, soft *Up to a 6 month supply for each eye per Calendar Year based on lenses selected.*	$0		All charges above $75	
• Eyeglass frames				
Collection frames	$0		All charges above $40	
Non-collection frames	All charges above $150		All charges above $40	
• Eyeglass lenses *Lenses include choice of glass or plastic lenses, all lens powers (single vision, bifocal, trifocal, lenticular), fashion or gradient tint, scratch coating, oversized, and glass-grey #3 prescription sunglasses.*				
Single vision	$0		All charges above $25	
Lined bifocal	$0		All charges above $35	
Lined trifocal	$0		All charges above $45	
Lenticular	$0		All charges above $45	
Optional eyeglass lenses and treatments				
• Ultraviolet protective coating (standard only)	$0		Not covered	
• Polycarbonate lenses	$0		Not covered	
• Standard progressive lenses	$55		Not covered	
• Premium progressive lenses	$95		Not covered	
• Anti-reflective lens coating (standard only)	$35		Not covered	
• Photochromic - glass lenses	$25		Not covered	
• Photochromic - plastic lenses	$25		Not covered	
• High index lenses	$30		Not covered	
• Polarized lenses	$45		Not covered	
Low vision testing and equipment				
• Comprehensive low vision exam *Once every 5 Calendar Years.*	35%		Not covered	
• Low vision devices *One aid per Calendar Year.*	35%		Not covered	

Prior Authorization

The following are some frequently-utilized Benefits that require prior authorization:

- Advanced imaging services
- Outpatient mental health services, except office visits and office-based opioid treatment
- Inpatient facility services
- Pediatric vision non-elective contact lenses and low vision testing and equipment
- Hospice program services
- Some prescription Drugs (see blueshieldca.com/pharmacy)

Please review the Evidence of Coverage for more about Benefits that require prior authorization.

Notes

1 Evidence of Coverage (EOC):

The Evidence of Coverage (EOC) describes the Benefits, limitations, and exclusions that apply to coverage under this Plan. Please review the EOC for more details of coverage outlined in this Summary of Benefits. You can request a copy of the EOC at any time.

Capitalized terms are defined in the EOC. Refer to the EOC for an explanation of the terms used in this Summary of Benefits.

2 Calendar Year Deductible (CYD):

Calendar Year Deductible explained. A Calendar Year Deductible is the amount you pay each Calendar Year before Blue Shield pays for Covered Services under the Plan.

If this Plan has any Calendar Year Deductible(s), Covered Services subject to that Deductible are identified with a check mark (✓) in the Benefits chart above.

Covered Services not subject to the Calendar Year combined medical and pharmacy Deductible. Some Covered Services received from Participating Providers are paid by Blue Shield before you meet any Calendar Year combined medical and pharmacy Deductible. These Covered Services do not have a check mark (✓) next to them in the "CYD applies" column in the Benefits chart above.

This Plan has a separate Participating Provider Deductible and Non-Participating Provider Deductible.

Family coverage has an individual Deductible within the Family Deductible. This means that the Deductible will be met for an individual with Family coverage who meets the individual Deductible prior to the Family meeting the Family Deductible within a Calendar Year. Once the individual Deductible or Family Deductible is reached, cost sharing applies until the Out-of-Pocket Maximum is reached. Any amount you have paid toward the individual Deductible will be applied to both the individual Deductible and the Family Deductible. Once the individual Deductible or Family Deductible is reached, cost sharing applies until the Out-of-Pocket Maximum is reached.

3 Using Participating Providers:

Participating Providers have a contract to provide health care services to Members. When you receive Covered Services from a Participating Provider, you are only responsible for the Copayment or Coinsurance, once any Calendar Year Deductible has been met.

Teladoc. Teladoc mental health and substance use disorder consultations are provided through Teladoc. These services are not administered by Blue Shield's Mental Health Service Administrator (MHSA).

"Allowable Amount" is defined in the EOC. In addition:

- Coinsurance is calculated from the Allowable Amount.

Notes

4 Using Non-Participating Providers:

Non-Participating Providers do not have a contract to provide health care services to Members. When you receive Covered Services from a Non-Participating Provider, you are responsible for:

- the Copayment or Coinsurance (once any Calendar Year Deductible has been met), and
- any charges above the Allowable Amount.

"Allowable Amount" is defined in the EOC. In addition:

- Coinsurance is calculated from the Allowable Amount, which is subject to any stated Benefit maximum.
- Charges above the Allowable Amount do not count towards the Out-of-Pocket Maximum, and are your responsibility for payment to the provider. This out-of-pocket expense can be significant.

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5 Calendar Year Out-of-Pocket Maximum (OOPM):

Calendar Year Out-of-Pocket Maximum explained. The Out-of-Pocket Maximum is the most you are required to pay for Covered Services in a Calendar Year. Once you reach your Out-of-Pocket Maximum, Blue Shield will pay 100% of the Allowable Amount for Covered Services for the rest of the Calendar Year.

Your payment after you reach the Calendar Year OOPM. You will continue to pay all charges for the following Covered Services after the Calendar Year Out-of-Pocket Maximum is met:

- dialysis center Benefits: dialysis services from a Non-Participating Provider.
- charges for services that are not covered and charges above the Allowable Amount.

Any Deductibles count towards the OOPM. Any amounts you pay that count towards the Calendar Year combined medical and pharmacy Deductible also count towards the Calendar Year Out-of-Pocket Maximum.

This Plan has a separate Participating Provider OOPM and Non-Participating Provider OOPM.

Family coverage has an individual OOPM within the Family OOPM. This means that the OOPM will be met for an individual with Family coverage who meets the individual OOPM prior to the Family meeting the Family OOPM within a Calendar Year. Any amount you have paid toward the individual OOPM will be applied to both the individual OOPM and the Family OOPM, except for Out-of-Network pediatric dental services. Cost sharing payments for pediatric dental services made by each individual child for Out-of-Network Covered Services do not accumulate to the Family Out-of-Pocket Maximum.

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6 Separate Member Payments When Multiple Covered Services are Received:

Each time you receive multiple Covered Services, you might have separate payments (Copayment or Coinsurance) for each service. When this happens, you may be responsible for multiple Copayments or Coinsurance. For example, you may owe an office visit payment in addition to an allergy serum payment when you visit the doctor for an allergy shot.

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7 Preventive Health Services:

If you only receive Preventive Health Services during a Physician office visit, there is no Copayment or Coinsurance for the visit. If you receive both Preventive Health Services and other Covered Services during the Physician office visit, you may have a Copayment or Coinsurance for the visit.

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8 Outpatient Prescription Drug Coverage:

Medicare Part D-creditable coverage-

This Plan's prescription drug coverage is on average equivalent to or better than the standard benefit set by the federal government for Medicare Part D (also called creditable coverage). Because this plan's prescription drug

coverage is creditable, you do not have to enroll in Medicare Part D while you maintain this coverage; however, you should be aware that if you do not enroll in Medicare Part D within 63 days following termination of this coverage, you could be subject to Medicare Part D premium penalties.

9 Outpatient Prescription Drug Coverage:

Brand Drug coverage when a Generic or Biosimilar Drug is available. If you, the Physician, or Health Care Provider, select a Brand Drug when a Generic Drug equivalent or Biosimilar Drug is available, you are responsible for the difference between the cost to Blue Shield for the Brand Drug and its Generic Drug equivalent or Biosimilar Drug plus the applicable tier Copayment or Coinsurance of the Brand Drug. This difference in cost will not count towards any Calendar Year pharmacy Deductible, medical Deductible, or the Calendar Year Out-of-Pocket Maximum.

See the Obtaining outpatient prescription Drugs at a Participating Pharmacy section of the EOC for more information about how a brand contraceptive may be covered without a Copayment or Coinsurance.

Request for Medical Necessity Review. If you or your Physician believes a Brand Drug is Medically Necessary, either person may request a Medical Necessity Review. If approved, the Brand Drug will be covered at the applicable Drug tier Copayment or Coinsurance.

Short-Cycle Specialty Drug program. This program allows initial prescriptions for select Specialty Drugs to be filled for a 15-day supply with your approval. When this occurs, the Copayment or Coinsurance will be pro-rated.

Specialty Drugs. Specialty Drugs are only available from a Network Specialty Pharmacy, up to a 30-day supply.

Oral Anticancer Drugs. After the Deductible is met, you pay up to $250 for oral Anticancer Drugs from a Participating Pharmacy, up to a 30-day supply.

Retail pharmacy. You may receive up to a 90-day supply for maintenance Drugs at a Participating Pharmacy when you pay the applicable Copayment or Coinsurance for each 30-day supply.

Mail service Drugs. You pay the applicable 30-day retail pharmacy Copayment or Coinsurance for a 30-day supply or less from the mail service pharmacy.

10 Pediatric Dental Coverage:

Pediatric dental Benefits are provided through Blue Shield's Dental Plan Administrator (DPA).

Orthodontic Covered Services. The Copayment or Coinsurance for Medically Necessary orthodontic Covered Services applies to a course of treatment even if it extends beyond a Calendar Year. This applies as long as the Member remains enrolled in the Plan.

This plan is compliant with requirements of the pediatric dental EHB benchmark plan, including coverage of services in circumstances of Medical Necessity as defined in the Early Periodic Screening, Diagnosis and Treatment (EPSDT) benefit.

11 Pediatric Vision Coverage:

Pediatric vision Benefits are provided through Blue Shield's Vision Plan Administrator (VPA).

Covered Services from Non-Participating Providers. There is no Copayment or Coinsurance up to the listed Allowable Amount. You pay all charges above the Allowable Amount.

Coverage for frames. If frames are selected that are more expensive than the Allowable Amount established for frames under this Benefit, you pay the difference between the Allowable Amount and the provider's charge.

"Collection frames" are covered with no Member payment from Participating Providers. Retail chain Participating Providers do not usually display the frames as "collection," but a comparable selection of frames is maintained.

"Non-collection frames" are covered up to an Allowable Amount of $150; however, if the Participating Provider uses:

- wholesale pricing, then the Allowable Amount will be up to $103.64.

Participating Providers using wholesale pricing are identified in the provider directory.

Notes

Plans may be modified to ensure compliance with State and Federal requirements.

blue
california

NOTICES AVAILABLE ONLINE

Nondiscrimination and Language Assistance Services

Blue Shield complies with applicable state and federal civil rights laws. We also offer language assistance services at no additional cost.

View our nondiscrimination notice and language assistance notice: **blueshieldca.com/notices**. You can also call for language assistance services: **(866) 346-7198 (TTY: 711)**.

If you are unable to access the website above and would like to receive a copy of the nondiscrimination notice and language assistance notice, please call Customer Care at **(888) 256-3650 (TTY: 711)**.

Servicios de asistencia en idiomas y avisos de no discriminación

Blue Shield cumple con las leyes de derechos civiles federales y estatales aplicables. También, ofrecemos servicios de asistencia en idiomas sin costo adicional.

Vea nuestro aviso de no discriminación y nuestro aviso de asistencia en idiomas en **blueshieldca.com/notices**. Para obtener servicios de asistencia en idiomas, también puede llamar al **(866) 346-7198 (TTY: 711)**.

Si no puede acceder al sitio web que aparece arriba y desea recibir una copia del aviso de no discriminación y del aviso de asistencia en idiomas, llame a Atención al Cliente al **(888) 256-3650 (TTY: 711)**.

非歧視通知和語言協助服務

Blue Shield 遵守適用的州及聯邦政府的民權法。同時，我們免費提供語言協助服務。

如需檢視我司的非歧視通知和語言幫助通知，請造訪 **blueshieldca.com/notices**。您還可致電尋求語言協助服務：**(866) 346-7198 (TTY: 711)**。

如果您無法造訪上述網站，且希望收到一份非歧視通知和語言幫助通知的副本，請致電客戶服務部，電話：**(888) 256-3650 (TTY: 711)**。

	Current plan Gold 1000/35	Current renewal plan Gold 1000/30	Gold 1750/15%	Silver 2300/30%
41	$ 769.59	$ 824.33	$ 816.13	$ 706.50
40	$ 809.13	$ 809.13	$ 801.09	$ 693.48
14	$ 484.34	$ 484.34	$ 479.53	$ 415.11
32	$ 698.81	$ 748.99	$ 741.54	$ 641.93
59	$ 1,524.92	$ 1,648.03	$ 1,631.64	$ 1,412.46
48	$ 939.09	$ 1,035.16	$ 1,024.87	$ 887.19
50	$ 1,024.14	$ 1,130.76	$ 1,119.52	$ 969.13
45	$ 840.36	$ 914.23	$ 905.14	$ 783.55
57	$ 1,397.05	$ 1,542.93	$ 1,527.59	$ 1,322.38
43	$ 797.54	$ 859.15	$ 850.61	$ 736.34
59	$ 1,524.92	$ 1,648.03	$ 1,631.64	$ 1,412.46
36	$ 736.28	$ 778.74	$ 771.00	$ 667.43
24	$ 604.25	$ 633.13	$ 626.83	$ 542.63
62	$ 1,680.74	$ 1,818.97	$ 1,800.88	$ 1,558.97
31	$ 684.54	$ 733.79	$ 726.50	$ 628.90
42	$ 797.54	$ 838.89	$ 830.55	$ 718.98
29	$ 655.99	$ 708.47	$ 701.42	$ 607.20
36	$ 736.28	$ 778.74	$ 771.00	$ 667.43
	$ 16,705.51	$ 17,935.81	$ 17,757.48	$ 15,372.07