

SUPPLEMENTAL AGREEMENT BETWEEN

ANTELOPE VALLEY UNION HIGH SCHOOL DISTRICT BOARD OF TRUSTEES

CALIFORNIA SCHOOL EMPLOYEE ASSOCIATION AND ITS CHAPTER 612

JULY 1, 2025 THROUGH JUNE 30, 2026



CSEA APPROVED

October 3, 2025

BOARD APPROVED

November 20, 2025

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ARTICLE 2

Salary

- 2.0 CSEA Bargaining Unit Members employed on the date the agreement is ratified by both parties will receive a one and four-tenths percent (1.4%) on schedule salary increase retroactive to July 1, 2025. See Salary Schedule, Appendix A. The District shall also provide to each unit member employed on September 1, 2025 and continue to be employed on December 1, 2025, a one-time off schedule payment equal to five and one-half percent (5.5%) of the unit member's 2024-2025 placement on their salary schedule.
- 2.1 The District will continue earned annual salary increments.
- 2.2 In order for a new unit member to receive a step advance at the beginning of a new fiscal year, the unit member must have been employed on the first working day in January prior to the beginning of the new fiscal year.
- 2.3 Any payroll errors resulting in insufficient payment for a unit member in the bargaining unit shall be corrected, and a supplemental check issued, not later than five (5) working days after the unit member provides notice to the Payroll Department.
- 2.4 When a unit member is assigned out of his/her regular job classification to a higher paid job classification within the bargaining unit for a period of more than two (2) working days within a 15 calendar day period, the unit member's salary shall be adjusted upward to the unit member's step on the classification of the position to which he/she is temporarily assigned. This upward adjustment shall be effective for the entire period he/she is required to work out of his/her regular job classification in the higher paid job classification. Unit members upgraded to management positions shall receive pay at the unit members current step or 10% more, whichever is greater.
- 2.4.1 Any payroll adjustment due a unit member in the bargaining unit as a result of working out of class, settlement of a grievance in favor of the unit member, recomputation of hours, or other reasons, other than procedural errors, shall be made either by supplemental check or be included in the next regular monthly check. Adjustments may not be made on earned salary advance.
- 2.5 Any unit member in the bargaining unit receiving a promotion to a position in the bargaining unit covered by provisions of this agreement shall remain, at least, on the same step as in his current assignment. Refer to Article 8, Promotions.
- 2.6 A unit member receiving a temporary upgrade shall not be paid less than the wage called for by his/her permanent classification and placement on the appropriate salary schedule.
- 2.7 Professional Growth**
- 2.7.1 **Purpose:** To create a voluntary educational program which will assist unit members to improve or increase their job performance capabilities and to assist unit member's development for promotion within the District. The stipends will be awarded annually.

2.7.2 **Eligibility:** Credit for professional growth consideration will be limited to permanent, non-probationary, unit members whose most current annual evaluation at the time of initial application indicates a rating of “meets standards” or “exceeds standards.” If no evaluation has been conducted in the previous twelve (12) months, a permanent unit member will be deemed eligible. Unit members receiving this consideration shall be rendered ineligible upon receiving an evaluation that indicates a rating of “needs improvement” for two (2) consecutive years, until such time as they next receive a positive evaluation.

2.7.3 **Initial Placement:** The first or initial placement in the stipend schedule (units of credit) shall be based on the following stipend chart:

Associate's degree	\$350
Associate's degree + 15 units	\$450
Associate's degree + 30 units	\$550
Associate's degree + 45 units	\$650
Associate's degree + 60 or Bachelor's degree	\$750
Master's degree	\$1,000

2.7.4 **Additional Stipend Earnings:** Additional single, non-cumulative stipend increments may be awarded each year thereafter, per the above stipend chart. Additional stipend earnings shall be provided when any of the following conditions are met:

2.7.4.1 Units earned in course work are directly related to the unit member's assignment.

2.7.4.2 Units earned in course work increase the unit member's value to the District.

2.7.5 **Submission Responsibility:** It shall be the responsibility of each unit member to submit for professional growth credit and verification of completion (including grade received) of coursework to the Personnel Services Office at the appropriate time.

2.7.6 **Time-lines:** All units of credit submitted to the Personnel Services Office for increment consideration shall be completed and submitted to the Personnel Services Office prior to September 1st of the year in which the increment is required and shall be considered only if the unit member has completed the coursework in a satisfactory manner (grade “C” or better). The Personnel Services Office will verify the unit member's submission prior to the stipend payment. Unit members failing to meet the deadline specified herein will not receive credit towards a professional growth stipend until the following year.

2.7.7 **Earning of Credits:** Units of credit may be earned by being enrolled in educational instruction by an accredited community college, college or university. It is the unit member's responsibility to ensure that units of appropriate credit are being earned at an accredited community college, college or university acceptable to the District. All units presented for professional growth must be semester or equivalent, verified by official records of accredited colleges or universities. Quarter units shall be

converted to semester units by multiplying the quarter unit by two-thirds ($2/3$). Unit members are encouraged to confirm with the Personnel Services Office the appropriateness of the community college, college or university prior to enrolling and beginning educational instruction.

- 2.7.8 **Stipend:** Stipend shall be paid annually to the unit member in a lump sum (minus normal deductions) in November of each year, or as soon thereafter as practicable.

ARTICLE 3

Health Insurance Benefits

- 3.0 **Medical Coverage:** Each permanent classified unit member employed by the District for four (4) or more hours shall be eligible to participate in District provided medical benefit programs in accordance with this Agreement. See Appendix "F". Employees may change plans only during the District's open enrollment. The medical benefits include the option of any medical plan offered by the District for employees and their eligible dependents, which will include a required individual contribution as follows:

Effective October 31, 2025, bargaining unit members who select Blue Cross PPO Option 1, shall contribute \$190.00 monthly for a period of ten (10) months, totaling \$1,900.00 annually.

Effective October 31, 2025, bargaining unit members who select Blue Cross PPO Option 2 shall contribute \$225.00 monthly for a period of ten (10) months, totaling \$2,250.00 annually.

Effective October 31, 2025, bargaining unit members who select California Care shall contribute \$190.00 monthly for a period of ten (10) months, totaling \$1900.00 annually.

Effective October 31, 2025, bargaining unit members who select Proactive Care shall contribute \$150.00 monthly for a period of ten (10) months, totaling \$1,500.00 annually.

Effective October 31, 2025, bargaining unit members who select Blue Cross 90/10 plan shall contribute 150.00 monthly for a period of ten (10) months, totaling 1,500.00 annually.

Effective October 31, 2025, bargaining unit members who select Kaiser HMO Option 1 shall contribute \$117.00 monthly for a period of ten (10) months, totaling \$1,170.00 annually.

Effective October 31, 2025, bargaining unit members who select Kaiser HMO Option 2 shall contribute \$90.00 monthly for a period of ten (10) months, totaling \$900.00 annually.

The individual contribution amounts set forth above shall not apply to classified unit members employed by the District who are employed for less than eight (8) hours per day. (See 3.1 below.)

All benefit plans will be offered in accordance with Appendix F.

- 3.0.1 **Dental, Vision, Life Insurance and Employee Assistance:** These benefits shall be provided to all unit members, including their eligible dependents, who are employed by the District for four (4) or more hours per day without cost to the individual, provided the unit member selects and participates in a District provided medical benefit program. Unit members who are not currently participating in a District provided medical benefit program yet receive these benefits shall continue to receive said benefits.

- 3.1 Classified unit members employed by the District for less than eight (8) hours per day shall be provided medical benefits as a part-time employee on a prorated basis in accordance with the following unit member contributions:

(1)	6.00 hours	12.5% contribution
(2)	6.50 hours	9.5% contribution
(3)	7.00 hours	6% contribution

- 3.1.1 Unit members who are employed subsequent to the first working day of a month shall have insurance benefits commencing on the first day of the month following the effective date of their employment.
- 3.1.2 Any member on a paid leave of absence will receive the health and welfare coverage provided by the District, subject to the appropriate contributions referred to herein (see Item 3.1). Any unit member on an unpaid leave of absence shall be eligible to participate in the health and welfare coverage provided to others but this shall be at the unit member's expense and this shall be conditioned upon a willingness of the carrier to extend such coverage.
- 3.2 **Health Insurance Coverage for Retirees:** Effective upon adoption by the Board of this Agreement, the District shall provide medical insurance coverage for retired unit members and their eligible dependents, under the same terms and conditions as provided to active unit members. This applies to those unit members whose employment with the district is terminated by retirement after the effective date of this Agreement, under the Public Employees Retirement System (PERS) and/or Social Security after reaching their fifty-fifth (55th) birthday and who have completed ten (10) cumulative years or service, including paid leaves, to the District. The benefit will continue until the retired unit member is age sixty-five (65) or is eligible for Medicare, whichever comes first, or on the date the unit member determines to discontinue the coverage prior to age sixty-five (65).
- 3.3 IRC 125 flexible benefit plan shall be implemented December 1, 1997, for the remainder of the contract. The IRC 125 carrier shall be determined by the District.
- 3.4 **Healthy Families Program:** The District shall reimburse qualified and eligible classified bargaining unit members for enrollment in the Healthy Families Program. Unit members who are not eligible for District benefits (classified employees who work less than 20 hours a week) are eligible for participation in this program. However, acceptance into the Healthy Families Program itself is not determined by the District, but by the Healthy Families Program.

Unit members who are accepted into the Healthy Families Program shall be reimbursed for the monthly premiums paid upon receipt by the District of proof of payment. The District's monthly reimbursement shall not exceed \$27.00 per month, per family.

The parties agree that the District's total liability under this program shall not exceed \$6,000 per school year. Unit members shall be reimbursed on a first come, first serve basis.

Health Insurance Research Committee

CSEA agrees to participate in a committee with members of AVTA and District administration to explore the benefits plan and provide options of future cost containment of health benefits.

- 3.5 **Dean Kittinger Surviving Spouse Benefit:** The District shall provide the surviving spouse and eligible dependents of any deceased employee with health and welfare benefits contribution which had been made on behalf of the deceased employee, for a period of six (6) months following the death of an active classified employee, as long as the practice is allowed by the health and welfare benefits provider(s). After six (6) months, the surviving spouse may elect to continue in the same health and welfare benefit program for an additional period as specified in the Comprehensive Budget Reconciliation Act (COBRA) upon payment by the surviving spouse of the appropriate premium.

ARTICLE 4

Hours of Employment

- 4.0 The work week for regular full-time unit members shall be forty (40) hours rendered in units of eight (8) hours, unless designated by the District to be less than forty (40) hours or less than eight (8) hours per day.
- 4.1 The work week shall consist of five (5) consecutive workdays unless mutually agreed upon by the supervisor and employee. This provision shall not be used to reduce overtime opportunities which otherwise would be available to unit members.
- 4.2 The workday for all unit members shall be established and regularly fixed by the District in order to meet the Districts' interest as defined by the District and in accordance with the provisions set forth in this agreement. Each unit member shall be assigned a fixed, regular, and ascertainable minimum number of hours.
- 4.2.1 Any unit member who is required to and reports to work prior to his/her normal starting time on a regular workday will receive 1-1/2 times regular rate of pay for all hours of work performed prior to his/her normal starting time. Such required work shall not be used by the District to shorten the unit member's working day.
- 4.2.2 When mutually agreed upon by the unit member and his/her immediate supervisor, hours of employment on a particular day may be changed to eliminate the need for more than an eight hour workday for that unit member. This is to have no effect on the regular rotation of unit members eligible for overtime.
- 4.2.3 CSEA recognizes the need of the District to provide state mandated inservice; with assurance by the District to keep these days to a minimum CSEA agrees to waive the need for mutual agreement referred to in 4.2.2. For mandated inservice days only the District is obligated to notify CSEA and individual unit members ten (10) days in advance of such meeting and will schedule these days Monday through Friday first shift.
- 4.3 A non-compensated, uninterrupted lunch period of not less than thirty (30) minutes or more than one (1) hour shall be provided all unit members who render service of at least five (5) hours or more per day, and shall be scheduled for full-time unit members at, or about, the midpoint of each work shift. The lunch period shall be assigned by the immediate supervisor.
- A unit member required by his/her supervisor to work during his/her lunch break shall begin a new lunch break of not less than thirty (30) minutes after completing the work called for when the original lunch period was interrupted.
- 4.4 The unit member will be provided one (1) rest period of fifteen (15) minutes duration for each full four (4) hours of work per day. Supervisors shall schedule rest periods for unit members at times least disruptive to the operation of the department. Rest periods are a part of the regular workday and shall be compensated at the regular rate of pay for the unit members.
- 4.5 Rest periods shall not be used to lengthen the lunch period or shorten the workday. Lunch periods shall not be used to shorten the workday.

- 4.6 A classified employee who works a minimum of 30 minutes per day in excess of his part-time assignment for a period of 20 consecutive working days or more shall have his basic assignment changed to reflect the longer hours in order to acquire fringe benefits on a properly prorated basis as specified in Education Code Section 45136 and 45137.
- 4.7 The Association and the District recognize that overtime assignment will be necessary to carry on the business of the District. Unit members may request to be excused from an overtime assignment. When administratively feasible, supervisors shall attempt to accommodate the unit member's request prior to making the overtime assignment. The assignment of overtime to classified employees will be filled on a seniority, volunteer basis first (see 4.12 below). In the event that not enough volunteers are available, the District will assign overtime starting with the least senior qualified employee who has not been assigned overtime, until all unit members on the seniority list have been assigned overtime.
- 4.8 Overtime compensation shall be provided unit members who are directed by their immediate supervisor to work in excess of eight (8) hours in any day, or in excess of forty (40) hours in any calendar week. The unit member shall be compensated equal to time and one half of the regular rate of pay.
- 4.9 Any non-fully paid leave shall not be used to compute overtime credit.
- 4.10 In accordance with the provisions of Education Code Section 45131, when mutually agreed upon, part-time employees may work additional days and/or hours at their regular rate of pay unless the total hours worked exceeds forty (40) in a given week. This provision shall not be used to reduce overtime opportunities which otherwise would be available to unit members. When a unit member is required to work on a holiday, he/she shall be paid compensation for such work, in addition to the regular rate of pay received for the holiday, at the rate of time and one-half his/her regular rate of pay.
- 4.11 Any bargaining unit member called back to work on an emergency basis before or after normal working hours, on weekends, or holidays will be compensated for a minimum of two (2) hours overtime.
- 4.12 Overtime assignment shall be made at the discretion of the District. When authorized, and when administratively feasible, overtime shall be assigned as equally as is practicable among unit members at each school site, within each classification, based on a seniority rotation list. Immediate supervisors shall develop and, on or before the third week of each school year, post methods of rotating overtime, and the seniority list for each site.
- 4.12.1 Meal periods during an overtime assignment where the employee is required to remain on-site or at the work location shall be paid at the employee's overtime rate of pay.
- 4.13 A shift differential of five percent (5%) above the regular rate of pay will be paid for unit members regularly working the second shift, which is defined as those working at least four (4) hours after 5:00 p.m. Unit members regularly assigned to work on all or part of a weekend will receive shift differential pay of five percent (5%) above the regular rate of pay for the weekend days worked.
- 4.13.1 A shift differential of twenty-five (25%) above the regular rate of pay will be paid for Cafeteria Helpers who are ineligible for overtime pay who work extra hours on a Saturday.

When authorized, and when administratively feasible, Saturday hours shall be assigned as equally as is practicable among Cafeteria Helpers at each school site, on a seniority rotation list.

- 4.14 Workday During Inclement Weather: In the event that the Superintendent determines it is necessary to close schools due to inclement weather, the day shall be declared a local holiday for all members of the bargaining unit.
- 4.14.1 When it is determined that school will be closed due to inclement weather as announced by the Superintendent, all unit members will be excused from work without a dock in pay. Unit members will be advised of changes in regular work schedules through the district's notification system and local radio stations. No notification will mean work as usual.
 - 4.14.2 In the event schools are open, but unit members in outlying areas are not able to report to work due to adverse road conditions cause by inclement weather, those unit members must notify the District of their situation and shall elect to use a vacation or a personal necessity day.
 - 4.14.3 Any unit member called to work during the period of time when all unit members have been excused from work shall be compensated at the rate of one and one-half times for hours worked in addition to his/her regular salary.
 - 4.14.4 In the event of emergency or act of nature, or unusually bad weather, the District Office may notify individual sites of an early closing hour. For purposes of this section, the District Office and the Maintenance and Grounds Department shall be considered an individual site. Should any unit member at a site be released for the reason of inclement weather under this section, then all unit members at that site are to be released with no loss of pay and/or vacation leave and/or sick leave. Maintenance and Grounds personnel assigned to that site that day shall be released or reassigned to another site. If they continue to work at that same site, they shall be compensated at the rate of one and one-half times each hour worked in addition to their regular pay.
 - 4.14.5 In the event of emergency, act of nature, it is understood that certain unit members will be expected to remain on duty; it is further understood that unit members remaining on duty during an emergency situation shall be compensated at the rate of one and one-half times each hour worked in addition to their regular pay.
 - 4.14.6 Authorization to retain unit members on duty must be obtained from the Superintendent or an Assistant Superintendent prior to assigning the unit member to remain at work.
- 4.15 Unit members will be notified, in writing, at least one (1) month prior to the first day of summer school that they have been chosen to work a summer school assignment. Unit members selected for summer work (not related to summer school) shall be notified in writing at least two weeks prior to the last day of school. Should the District's staffing needs change after the initial notification requirement, the District will make reasonable efforts to notify employees of the additional work opportunities.

ARTICLE 5

Vacation

- 5.0 All members of the bargaining unit shall earn paid vacation time under this article. Vacation benefits are earned on a fiscal year basis (July 1 - June 30). The District shall provide each unit member with a written statement of his/her accrued vacation total and of his/her vacation entitlement for the school year. Such entitlement shall be provided no later than December 1st of each school year.

5.1 **Paid vacation shall be taken as follows:**

- 5.1.1 Vacation may be taken at any time of the reporting period year in which it is earned with approval of the immediate supervisor. Unless a unit member is not able, vacation requests must be submitted to the immediate supervisor, via email, on the District's Classified Employee Absence Form.

5.1.1.1 Ten days or more prior to requested vacation.

It is expected that vacation requests will be submitted at least ten (10) calendar days prior to requested vacation. When a vacation request is submitted at least ten (10) calendar days prior to requested vacation, the immediate supervisor shall respond, via email, within five (5) calendar days either approving or denying the vacation request. If the immediate supervisor fails to respond, via email, within five (5) calendar days, the unit member's vacation request is deemed approved.

If a unit member is unable to submit a vacation request via email, the unit member shall submit his/her request, in writing, on the District's Classified Employee Absence Form to his/her immediate supervisor. The unit member must obtain the immediate supervisor's written acknowledgement of receipt of Form. If written acknowledgment of receipt is not obtained, the vacation request is deemed approved.

5.1.1.2 Less than ten days prior to requested vacation.

If a unit member requests vacation less than ten (10) calendar days prior to requested vacation, the unit member must receive written approval, via email or in writing on the District's Classified Employee Absence Form, from his/her immediate supervisor. If written approval is not received, the vacation request is deemed denied. Requests for vacation will not be unreasonably withheld.

- 5.1.2 Vacation will normally be taken during the reporting period year in which it is earned, and whenever possible, will be scheduled during non-student days with the approval of the unit member's immediate supervisor.

- 5.1.3 Unit members may accumulate up to one year's vacation to be carried over and used in the following reporting period year.

- 5.1.3.1 Unit members with vacation time in excess of one (1) year allotment (in danger of being lost) shall receive email notification no later than March 1st of each year.
- 5.1.3.2 In the event the unit member is not notified by March 1st and the unit member has vacation time in excess of one (1) year allotment on June 30th, the unit member shall be paid out the amount in excess of one year.
- 5.1.4 Unit members who resign, retire, or otherwise terminate, must either use accumulated vacation prior to termination date or be paid for accumulated vacation, at the option of the unit member.

5.2 **Vacation Accumulation**

- 5.2.1 Bargaining unit members on a monthly pay basis shall earn vacation at the following rates:
 - 5.2.1.1 First (1st) through sixth (6th) year of employment/1.25 days per month worked.
 - 5.2.1.2 Seventh (7th) through thirteenth (13th) year of employment/1.50 days per month worked.
 - 5.2.1.3 Fourteenth (14th) through twenty-fourth (24th) year/1.75 days per month worked.
 - 5.2.1.4 Twenty-fifth (25th) through the end of employment/2.0 days per month worked.
 - 5.2.2 Part-time unit members, paid on a monthly basis, shall earn vacation prorated in accordance with their regular work hours per day.
 - 5.2.3 All bargaining unit members on an hourly pay basis shall receive the proper prorated vacation.
 - 5.2.4 All regular bargaining unit members who are hired for a summer session shall accumulate vacation benefits on the same basis as they would during the regular school year, prorated to the hours of employment.
- 5.3 **Vacation Pay:** Pay for vacation days for all bargaining unit members shall be the same as that which the unit member would have received had he/she been in a working status less overtime.
- 5.3.1. Beginning in the 2026-2027 school year, all 216-day employees (previously known as 10-month employees) shall be eligible to cash out vacation days (if available on non-work days during the Winter and Spring Break).
- 5.4 **Vacation Pay Upon Termination:** When a unit member is terminated for any reason, he/she shall be entitled to all vacation pay earned and accumulated up to and including the effective date of the termination.

- 5.5 **Holidays:** When a holiday falls during the scheduled vacation of any unit member, such holiday shall not be counted as a vacation day.
- 5.6 **Vacation Scheduling:**
- 5.6.1 Upon the approval of the unit member's immediate supervisor, per 5.1.1., vacations shall be granted at times requested by unit members.
 - 5.6.2 If there is any conflict between unit members who are working on the same or similar operations as to when vacations shall be taken, the unit member with the greatest district seniority shall be given his/her preference. However, once a unit member's vacation request is granted, that unit member may not be denied his or her right to take that vacation due to another unit member with more seniority making a subsequent conflicting vacation request.
 - 5.6.3 If, for any reason, a unit member is not permitted to take all or any part of his/her annual vacation, the amount not taken shall be accumulated for use in the following year or, at the option of the unit member and upon request, shall be paid in cash.
- 5.7 **Interruption of Vacation:** A unit member may be permitted to interrupt or terminate vacation leave in order to begin another type of paid leave provided by this agreement without a return to active service, provided the unit member supplies notice and supporting information regarding the basis for such interruption or termination.

ARTICLE 10

Leave Provisions

10.0 The leave benefits provided by the District for unit members shall be as follows:

The term "day" throughout this Article shall mean working day.

10.1 **Sick Leave:** Regular full-time unit members shall be entitled to leave of absence with full pay for illness, injury, doctor, and dental appointments, in accordance with the following schedule:

- 10.1.1 Sick leave is earned at the rate of one day per month of employment and is cumulative. The District shall provide each unit members with a written statement of his/her accrued sick leave total and of his/her sick leave entitlement for the school year. Such statements shall be provided no later than December 1st of each school year.
- 10.1.2 A classified unit member regularly employed for less than eight (8) hours per day or for less than five (5) days per week shall be entitled to sick leave in the same ratio that his/her employment relates to full-time employment.
- 10.1.3 At the beginning of each fiscal year, the full amount of sick leave granted under this section shall be credited to each unit member. Credit for sick leave need not be accrued prior to taking such leave and such leave may be taken at any time during the year. However, a new unit member of the District shall not be eligible to take more than six (6) days until the first day of the calendar month after completion of six (6) months of active service with the District.
- 10.1.4 To be eligible to apply for sick leave with pay, the unit member shall be in a paid status and scheduled for work on the day(s) of absence. Pay for any day of such absence shall be the same as the pay which would have been received had the unit member worked a regular day.
- 10.1.5 Upon exhaustion of all accumulated full pay sick leave credit, a unit member who continues to be absent under the provisions of this article shall receive fifty (50) percent of his/her regular salary for a period of time as set forth in Section 10.1.6. A unit member is entitled to receive 50% pay for extended periods of illness of not less than five (5) consecutive working days. If a unit member is absent from his/her position for an extended illness of at least 5 working days, upon verification of illness, the unit member will receive his/her 50% pay retroactive to the first day of extended leave. The District will regularly inform, at least quarterly, all unit members of their total accumulated sick leave credit, but will not be responsible for informing a unit

member absent from his/her duties that he/she has exhausted or is about to exhaust all accumulated sick leave credit.

- 10.1.5.1 Unit members on extended illness leave pursuant to a physician verified illness leave at time sick leave is exhausted shall receive 50% pay upon exhaustion of sick leave for continued verified absence.
- 10.1.6 A unit member shall be eligible for fifty (50) percent pay in accordance with the foregoing section (10.1.5) for a maximum period of one hundred (100) days. Provided the requirements of section 10.1.5 have been met, said one hundred day period shall begin to run at the expiration of the member's full pay sick leave for that current year, and shall run concurrently with the period of time during which the unit member is using his/her accumulated full pay sick leave from prior years, if any.
- 10.1.7 The amount to be received by the absent unit member will be determined as follows:
 - 10.1.7.1 The absent unit member will receive full pay for all days of accumulated sick leave.
 - 10.1.7.2 After all accumulated sick leave has been used, provided the unit member has met the requirements of section 10.1.5, the absent unit member will receive fifty (50) percent of his/her regular salary for the remainder of the above-mentioned one hundred (100) day period, if any.
 - 10.1.7.3 When a unit member is absent and eligible for industrial accident or industrial illness leave, his/her absence for purposes of accumulated sick leave and one hundred (100) days of 50% pay shall be deemed to commence on the date of termination of the industrial accident or industrial illness leave, provided that if the unit member continues to receive temporary disability, the unit member shall have deducted from his/her accumulated sick leave or available sick leave only as much which, when added to the temporary disability indemnity, will result in a payment of not more than his/her full salary.
 - 10.1.7.4 When a unit member is absent from his/her duties on account of illness and has exhausted all entitlement to sick leave, vacation, compensatory overtime, and other available paid leave, no further salary will be paid by the District, and health and dental insurance coverage paid by the District will cease at the end of the month for

which payment has been made. The unit member shall then have the following options available for consideration, the election of which the unit member must advise the District not later than the day following the day all available paid leave has been exhausted:

- 10.1.7.5 Request a leave of absence, which may or may not be approved by the District. If granted for job related illness or injury, the District may provide the health and dental coverage allowed regular unit members.

- 10.1.7.5.1 Apply for retirement or disability retirement.

- 10.1.7.5.2 Resign from employment in the school district.

- 10.1.7.6 If, at the conclusion of all leaves of absence, paid or unpaid, a unit member, who is absent because of non-industrial accident or illness and who is still unable to assume the duties of his/her position, will be placed on a re-employment list for a period of thirty-nine (39) months.

- 10.1.7.6.1 At any time during the prescribed 39 months, the unit member is able to assume the duties of his/her position, he/she shall be re-employed in the first equivalent position in the classification of his/her previous assignments. The unit member's re-employment will take preference over all other applicants except for those laid off for lack of work or funds under Education Code Section 45298, in which case the unit member shall be ranked according to his/her proper seniority.

- 10.1.7.6.2 A unit member who is placed on a re-employment list, as provided herein, who has been medically released for return to duty and who fails to accept an appropriate equivalent assignment shall be dismissed.

- 10.1.8 At any time during the course of a sick leave or injury absence and upon return from absence, the unit member may be required to supply such information as requested by the District through the Personnel Services Office regarding the anticipated length of absence, name and address of attending physician(s), date and time of medical appointment(s), and the place and phone number where the unit member may be reached, and other related information.

- 10.1.9 The District shall require proof of illness (physician's verification) after three (3) consecutive days of absence unless a unit member has been notified, in advance and in writing, that such proof will be required after one (1) day of absence.
- 10.1.9.1 Periodic medical reports, which shall not include medical diagnosis or treatment, may be required during extended absence (five days or more) of a unit member.
- 10.1.9.2 Unit members returning to work from illness absence involving surgery, serious illness, or extended absence, shall be required to present a doctor's release verifying medical permission to return to work, including any restrictions.
- 10.1.9.3 A unit member who fails to provide the required medical verification of absence immediately upon their return shall be considered as having been absent without leave and will be docked pay for the days of the absence in the event all sick leave entitlement is exhausted for the unit member. The unit member will remain in unpaid status until unit member presents the District with a doctor's release to return to work.
- 10.1.9.4 Unit members may appeal to the Assistant Superintendent of Human Resources the decision to consider the unit member's absence as "absent without leave" and unpaid and their placement in unpaid leave status pending a physician's release to return to work. The Assistant Superintendent of Human Resources's decision is final.
- 10.1.9.5 It shall be the unit member's responsibility to provide the District with physician verification of continued illness no later than the first day that the unit member is absent after exhausting full pay sick leave (see: 10.1.5 above).
- 10.1.10 Members of the unit shall be required to submit to medical examination(s) by District-appointed physician(s), at the District's expense, at the discretion of the District which are job-related and consistent with business necessity.
- 10.1.11 If a unit member resigns, retires, or is terminated and has used more sick leave than was earned, the amount used but not earned shall be deducted from the final warrant of the unit member.

10.1.12 The unit member may convert unused sick leave to retirement credit in accordance with Government Code Section 20862.5, or its successor, if the unit member is filing a request for retirement.

10.1.13 Members of the unit must notify the District Personnel Services Office of absences as soon as the necessity to be absent becomes known to the unit member. Regular shift unit members will report absences no later than 6:30 a.m. the day of the absence. Second shift unit members will report absences no later than noon on the day of the absence.

10.2 **Maternity Leave:** A leave of absence may be granted to any unit member who is required to be absent from duties because of a disability caused by the unit members pregnancy, as authorized and required by California Pregnancy Disability Leave law. This leave shall be granted and administered in the same manner as Sick Leave.

The unit member's doctor shall determine the beginning, length, and return for the employee. This verification shall be submitted to the District.

When all available sick leave has been exhausted, additional unpaid leave may be requested per the Family Medical Leave Act and/or the California Family Rights Act, if any is available, or as provided in Section 10.10.

10.3 **Family Medical/Child Rearing Leave:** Rights afforded eligible employees under the Family Medical Leave Act and California Family Rights Act will be provided as authorized and required by law.

Unit members may apply for this leave by submitting a written request to the superintendent. At least 30 days advance notice shall be given if the need for the leave is foreseeable. If 30 days notice is not possible, then as soon as possible. Such leaves shall be granted according to the Family Medical Leave Act or as provided in Section 10.10.

10.4 **Personal Necessity Leave**

10.4.1 Absence under this provision must be requested and approved by the immediate supervisor in advance of the absence. Upon request of the unit member, the immediate supervisor shall provide, in writing, the reason(s) for withholding such approval. The immediate supervisor may make exceptions to the notification and approval requirement in cases of emergency.

During any school year a unit member may use, at his/her own election, not more than seven (7) days of accumulated sick leave benefits in the following cases of personal necessity:

- 10.4.1.1 Death of a member of his/her immediate family. Immediate family of a unit member is defined as mother, father, grandfather, or grandmother, or a grandchild of the unit member or of the spouse or domestic partner of the unit member, and the spouse, domestic partner, son, son-in-law, daughter, daughter-in-law, brother, brother-in-law, sister, or sister-in-law, step parent, step child, step sister, step brother of the unit member or any relative living in the immediate household of the unit member or other adult who has had the primary responsibility for raising or care of the unit member or spouse of the unit member. The unit member will identify such persons within one month of ratification of this agreement or within one month of employment in the District.
- 10.4.1.2 Accident, involving his/her person or property, or the person or property of a member of his/her immediate family as defined above, of such an emergency nature that the immediate presence of the unit member is required during his/her workday. Mechanical failure of vehicle is not defined as an accident.
- 10.4.1.3 Illness of members of the unit member's immediate family, as defined above, when such illness makes it impossible or inadvisable for the unit member to carry out his/her duties.
- 10.4.1.4 Appearance in court as a litigant, or as a witness under an official order. The unit member shall furnish evidence of the court appearance to the immediate supervisor who shall in turn attach it to the time sheet.
- 10.4.1.5 Leave to be with member of immediate family prior to overseas assignments as a member of the armed services of the United States.
- 10.4.2 Authorized use of personal necessity leave includes matters of compelling importance.
 - 10.4.2.1 Upon return from a Personal Necessity Leave, unit members shall be required to request the leave in writing and by submitting such verification as may be required. Unit members shall be denied paid Personal Necessity benefits for absences for purposes other than those defined above and/or failure to comply with the absence verification requirements of the District.
 - 10.4.2.2 Authorized use of Personal Necessity Leave does not include participation in unit member work stoppage, or unit member

association activities not authorized in advance by the District which would curtail the normal operation of the District.

10.5 Personal Business Leave

- 10.5.1 Each unit member is entitled to five (5) days per year of personal business leave which shall be charged to the unit member's sick leave and/or vacation as requested by the member.
- 10.5.2 This leave may be used for matters of importance to the unit member which he/she cannot reasonably be expected to ignore and which require the unit members presence during the workday. Specific reasons for absence are not required.
- 10.5.3 Absence under this provision must be requested and approved by the immediate supervisor in advance of the date of the absence.
- 10.5.4 Authorized use of personal business leave does not include activities for which the unit member may be compensated nor does it include participation in work stoppage or association activities not authorized in advance by the District.

10.6 Bereavement Leave

- 10.6.1 Each unit member is entitled to three (3) days leave of absence with pay, or five (5) days if travel beyond three hundred (300) miles one way from the unit member's residence is required, in the event of the death of any member of his/her immediate family. The District shall approve a unit member's request for sick leave and/or vacation, up to five (5) days, if the unit member requires additional time to bereave. Immediate family is defined as mother, father, grandmother, grandfather, or a grandchild of the unit member or of the spouse or domestic partner of the unit member, and the spouse, domestic partner, son, son-in-law, daughter, daughter-in-law, brother, brother-in-law, sister, sister-in-law, step parent, step child, step sister, step brother of the unit member or any relative living in the immediate household of the unit member or other adult who has had the primary responsibility for raising or care of the unit member or spouse of the unit member. The unit member will identify such persons within one month of ratification of this agreement or within one month of employment in the District. By mutual agreement, the list of family members may be expanded.
- 10.6.2 In addition to the above bereavement leave, the unit member may request that not more than ten (10) days of accumulated sick leave during any school year be charged for personal necessity under Section 10.4 or personal business leave as outlined in Section 10.5. In the event that the death is of a unit

member's spouse or child, the unit member is entitled to ten (10) days leave of absence with pay.

10.6.3 Members of the unit shall be required to contact the District Personnel Services Office as required in Article 10, 10.1.13, to request bereavement leave. Failure to do so may result in ineligibility for paid leave and may be considered to be an unauthorized absence.

10.6.3.1 The unit member shall submit his/her request in writing to his/her immediate supervisor in order that the Payroll Office may be advised. Requests shall include name and relationship of the deceased.

10.6.3.2 Members of the unit may be required to provide proof of eligibility for bereavement leave.

10.7 **Industrial Accident or Illness Leave**

10.7.1 In accordance with Education Code Section 45192, unit members employed by the District no less than eighteen (18) months shall be provided leave of absence for industrial accident or illness under the following rules and regulations: (This provision is applicable to persons employed after 9/01/97.)

10.7.1.1 A unit member who has sustained a job-related injury or illness shall report the injury to the immediate supervisor on the District accident form no later than the next scheduled workday following the accident, or as soon as possible.

10.7.1.2 The industrial accident or illness must have arisen out of, and in the course of employment, of the unit member, and must be accepted as a bonafide injury or illness arising out of, and in the course of employment, by the District's compensation insurance carrier.

10.7.1.3 Allowable leave for such industrial accident or illness shall be for the number of days of temporary disability not to exceed sixty (60) working days when the unit member would otherwise have been performing work for the District in any one fiscal year for the same accident.

10.7.1.4 Allowable leave for industrial accident or illness shall not be accumulated from year to year.

10.7.1.5 The industrial accident or illness leave under this Article shall commence on the first day of absence. The industrial accident or

illness leave shall be reduced by one (1) day for each day of authorized absence regardless of a compensation award made under worker's compensation laws.

- 10.7.1.6 When a unit member is absent from duties due to industrial accident or illness, the member shall be paid such portion of the salary due for any month in which absence occurs as when added to temporary disability indemnity, will result in a payment of not more than full salary. The phrase, "full salary," as utilized in this subdivision, shall be computed so that it shall not be less than the unit member's "regular average weekly earnings."
- 10.7.1.7 When an industrial accident or illness leave overlaps into the next fiscal year, the unit member shall be entitled to only the amount of unused leave due for the same illness or injury.
- 10.7.1.8 During all paid leaves of absence, whether industrial accident or illness leave, sick leave, vacation, compensated time off, or other available paid leave provided by law or by the District, the unit member shall endorse to the district the temporary disability checks received due to industrial accident or illness. The District, in turn, shall issue the unit member's salary, in accordance with the provisions of 10.1.7.3, and shall deduct normal retirement and other authorized contributions.
- 10.7.1.9 The benefits provided by this article shall be applicable to all unit members employed by the District for a period of not less than eighteen (18) months unless employed prior to September 1, 1997.
- 10.7.1.10 Any unit member receiving benefits as a result of this article shall, during the period of injury or illness, remain within the State of California unless the Governing Board authorizes travel outside of the State.
- 10.7.1.11 Upon termination of the industrial accident or illness leave, the unit member shall be entitled to the benefits provided for sick leave, and absence for such purpose shall be deemed to have commenced on the date of termination of the industrial accident or illness leave, provided that the unit member elects to take as much of the accumulated sick leave, accumulated compensating time, vacation, or other available paid leave which, when added to temporary disability indemnity, will result in payment of not more than full salary.

- 10.7.1.12 A unit member shall be permitted to return to service after an industrial accident or illness leave only upon presentation of a release from the District-appointed physician and/or from the treating physician, as determined by the District certifying the unit member's ability to return to position classification without restrictions and without detriment to physical and emotional well-being.
- 10.7.1.13 Upon complying with District medical release requirements and receiving District authorization to return to work, a unit member on industrial accident or illness leave may be reinstated in a position in the same classification without loss of status or benefits.
- 10.7.1.14 When all available leaves of absence, paid or unpaid, have been exhausted and, if the unit member is not medically able to assume the duties of his/her position, he/she shall be placed on a re-employment list for a period of thirty-nine (39) months. When available, during the 39 month period, the unit member shall be employed in the first equivalent position in the class of his/her previous assignment over all other available candidates except for a re-employment list established because of lack of work or lack of funds, in which case he/she shall be listed in accordance with the appropriate seniority regulations.
- 10.7.1.15 A unit member who has been placed on a re-employment list, as provided herein, and who has been medically released for return to duty, and who fails to accept an appropriate equivalent assignment, shall be dismissed.
- 10.7.1.16 These provisions for industrial accident and illness leave shall apply only to unit members whose services are regularly scheduled.

10.8 Judicial and Official Appearance Leave

- 10.8.1 Judicial and official appearance leave shall be granted for purposes of regularly called jury duty, appearance as a witness in court other than a litigant, or to respond to an official order from another governmental jurisdiction for reasons not brought through the initiation, connivance, or misconduct of the unit member.
- 10.8.2 For any necessary court or governmental agency appearance, the unit member may utilize personal necessity leave. However, if any court or

governmental agency appearance is required of a unit member by the District, it shall be made without loss of pay and without charge to any other accrued leave benefits.

10.8.3 The District agrees to grant to members of the bargaining unit regularly called for jury duty, in the manner provided by law, leave of absence without loss of pay for time the unit member is required to perform jury duty during the unit member's regularly assigned working hours. Unit members, so called for jury duty, must notify the District of service date(s) upon receiving said notice from officers of the Court. The District shall pay the unit member the difference, if any, between the regular rate of pay and the amount received for jury duty, less meals, travel, and parking allowance. Unit members are required to return to work during any day in which jury duty services for less than three (3) hours, are required. Any unit member whose regular assigned shift commences at 2:00 p.m. or after shall also be relieved from work with pay if jury duty services exceed three (3) hours. The District may require verification of jury duty time prior to or subsequent to providing jury duty compensation.

10.9 **Military Leave:** A unit member shall be entitled to any military leave provided by law and shall retain all rights and privileges granted by law arising out of the exercise of military leave.

10.10 **General Provisions**

10.10.1 A leave of absence is an authorization for a unit member to be absent from duty, generally for a specific period of time and for an approved purpose.

10.10.2 A leave protects the unit member by holding a place for such member in the District until the leave expires, providing the position would have otherwise remained. There is, however, no assurance that when a leave of absence necessitates a long-term replacement that the return assignment will be in the same site where such unit member was assigned when the leave was authorized.

10.10.3 Unit member on a paid leave of absence, unless otherwise provided herein, shall accumulate all benefits and wages the same as if they were not on leave. Those who go on to an unpaid leave during any pay period shall receive their health and dental coverage for the balance of that pay period. Thereafter, they shall be allowed to remain on continued coverage pursuant to the terms of the insurance plan in effect at their own expense, provided they made advance payment of the premium in a manner required by the District.

- 10.10.4 Part-time, regular unit members shall be entitled to leaves of absence to that portion of the leave as the number of hours per day of scheduled duty relates to the number of hours for a full-time unit member in a comparable position.
- 10.10.5 It is agreed that a unit member who is absent from work other than for those days as authorized by State law or authorized leave revisions of this article, is taking an unauthorized absence in violation of this agreement. The District will deduct a salary amount equal to the daily rate of pay for each day of unauthorized absence, and such member shall be subject to disciplinary action.
- 10.10.6 Any unit member who is absent from work without leave, or who fails to return to work as scheduled after the expiration of an authorized leave of absence, shall be deemed to have abandoned employment with the District, (see article 22).
- 10.10.7 Members of the unit on paid or unpaid leave of absence, for reasons other than industrial accident or illness, for twenty-six (26) percent or more of the required days of service shall be ineligible for step (increment) advancement on the salary schedule.
- 10.10.8 The extension of paid and unpaid leaves shall be at the sole discretion of the District. Members of the unit who are denied extension of a paid or unpaid leave shall return to work at the expiration of the previously approved leave or shall resign from employment with the District. If unit members are medically unable to assume the duties of his or her position, the unit member will be placed on a re-employment list for a period of thirty-nine (39) months (See 10.1.7.5).
- 10.11 **Other Leaves and Absences:** A request for any leave or absence not covered by the terms of this agreement may be considered by the District on an individual basis and at the discretion of the District.
- 10.12 **Break in Service:** No absence under any paid leave provisions of this article shall be considered as a break in service for any unit member who is in paid status, and all benefits accruing under the provisions of this agreement shall continue to accrue under such absence.
- 10.13 **Attendance Incentive Plan**
- 10.13.1 This Attendance Incentive Plan is intended to reward regular attendance and reduce the costs of absenteeism. It is understood that any absences for illness or personal necessity, including those beyond the control of the unit member, will adversely affect a unit member's entitlement under this plan.

This Attendance Incentive Plan provides incentive payments which are intended to reduce unit members' use of illness and personal necessity leave; however, the Plan's incentive payments for annual unused illness leave do not reduce or otherwise affect the unit member's accumulation of unused illness hours or retirement service credit for unused illness hours and have no impact upon vacation benefits. Implementation and computation of payments will utilize the current payroll system of accounting for illness accrual and absence.

10.13.2 Computation of Annual Incentive Payment: Any unit member who uses less than 20% of his/her annual number of sick leave hours actually earned by the unit member during the school year is eligible for incentive payments under this Plan. Unit members who use 20% or more of the annual number of sick leave hours actually earned by the unit member during the school year are not eligible to participate that school year. Each eligible unit member shall be paid one and one-half times his/her hourly rate in effect at the close of the school year for each qualifying hour of unused sick leave. The payment shall be made as soon as practicable after June 30th.

10.13.3 The unit member may substitute three (3) days of vacation for three (3) full days of illness or personal necessity leave per fiscal year. The substitution of the vacation days is only contingent upon unit members submitting a written notification of the substitution to payroll within two working days after returning to work.

10.14 In the event a member of a classified employee's immediate family is enlisted in the United States Armed Forces, and has received deployment order to an active war zone, said unit member will receive three (3) consecutive days of leave. These three (3) days will not be chargeable to vacation or sick leave. Upon request for leave, the unit member shall provide the enlisted family member's proof of deployment. The unit member should provide at least two (2) days notice and follow established leave procedures. A unit member's immediate family member shall be defined as: husband, wife, domestic partner, father, mother, son, daughter, step-father, step-mother, step-son and step-daughter.

10.15 Parental Leave (Education Code section 45196.1) A unit member may use his or her sick leave for the purpose of the birth of a child of the unit member, or the placement of a child with a unit member in connection with the adoption or foster care of the child by the unit member ("parental leave") for a period of 12-workweeks in a 12-month period.

10.15.1 When the unit member has exhausted all available sick leave, and continues to be absent from his or her duties on account of parental leave pursuant to the California Family Right Act ("CFRA," Government Code 12945.2), the unit

member shall receive differential pay for the remaining portion of the 12-workweeks of parental leave.

10.15.2 A unit member is not required to have 1,250 hours of service with the employer during the previous 12-month period in order to take parental leave pursuant to this section.

10.15.3 Parental leave under this section shall run concurrently with CFRA leave and a unit member will receive one 12-workweek period for parental leave during a 12-month period.

10.16 Unit members hired as temporary athletics coaches and/or approved school club advisors at the school where they are employed shall be provided School Business Leave to supervise scheduled competitions and events. The request for School Business Leave shall be reasonable in regards to the time of the event(s) and approved by school administration.

APPENDIX A

Salary Schedules

Range	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
18	3043.25	3240.31	3472.90	3686.26	3871.43	3903.30	3935.14	3967.01	3998.87	4030.73	4062.58	4103.47	4144.36	4185.26	4226.12	4267.05	4309.38	4351.79	4394.18	4436.53	4478.92
19	3075.83	3280.28	3502.52	3726.27	3906.99	3940.36	3973.68	4007.01	4040.35	4073.69	4107.03	4148.52	4190.00	4231.48	4272.98	4314.45	4357.43	4400.39	4443.37	4486.33	4529.31
20	3108.41	3341.03	3549.94	3766.26	3951.48	3985.30	4019.14	4052.92	4086.77	4120.62	4154.45	4195.94	4237.41	4278.89	4320.37	4361.85	4404.24	4446.69	4488.99	4531.36	4573.74
21	3155.85	3367.72	3601.79	3816.64	4004.81	4038.40	4071.95	4105.55	4139.11	4172.71	4206.28	4248.67	4291.03	4333.41	4375.80	4418.15	4462.01	4505.90	4549.72	4593.58	4637.45
22	3207.71	3416.61	3631.45	3858.12	4044.79	4078.65	4112.45	4146.27	4180.14	4213.94	4247.81	4291.03	4334.31	4377.56	4420.83	4464.10	4507.96	4551.81	4595.68	4639.52	4683.37
23	3240.31	3472.90	3686.26	3893.68	4086.30	4120.38	4154.45	4188.50	4222.60	4256.68	4290.74	4333.71	4376.68	4419.65	4462.61	4505.60	4550.92	4596.26	4641.58	4686.93	4732.25
24	3280.28	3502.52	3726.27	3945.55	4148.52	4182.10	4215.69	4249.25	4282.84	4316.42	4350.03	4393.87	4437.72	4481.58	4525.43	4569.30	4614.33	4659.37	4704.41	4749.45	4794.49
25	3344.02	3549.94	3766.26	3987.04	4185.55	4220.63	4255.66	4290.74	4325.82	4360.86	4395.95	4439.50	4483.05	4526.65	4570.19	4613.73	4660.26	4706.78	4753.30	4799.84	4846.36
26	3367.72	3601.79	3816.64	4034.43	4232.99	4268.02	4303.08	4338.16	4373.23	4408.29	4443.37	4488.11	4532.86	4577.59	4622.35	4667.09	4713.90	4760.72	4807.52	4854.34	4901.16
27	3416.61	3631.45	3858.12	4065.55	4275.94	4310.97	4346.04	4381.14	4416.20	4451.24	4486.33	4530.48	4574.63	4618.78	4662.93	4707.09	4755.07	4803.07	4851.10	4899.07	4947.11
28	3472.90	3686.26	3893.68	4123.33	4330.75	4366.31	4401.85	4437.41	4472.98	4508.54	4544.12	4589.43	4634.78	4680.11	4725.46	4770.78	4818.50	4866.19	4913.88	4961.60	5009.35
29	3502.52	3726.27	3945.55	4155.94	4363.36	4399.91	4436.44	4472.98	4509.51	4546.07	4582.65	4627.92	4673.31	4718.63	4763.98	4809.31	4857.28	4905.31	4953.35	5001.33	5049.33
30	3549.94	3766.26	3987.04	4201.85	4410.76	4447.30	4483.83	4520.41	4556.92	4593.48	4630.04	4676.84	4723.68	4770.50	4817.31	4864.15	4912.44	4960.74	5009.04	5057.33	5105.63
31	3601.79	3816.64	4034.43	4232.99	4443.37	4480.64	4517.93	4555.22	4592.50	4629.77	4667.09	4713.01	4758.96	4804.86	4850.79	4896.72	4945.30	4993.94	5042.53	5091.12	5139.72
32	3631.45	3858.12	4065.55	4284.80	4499.65	4536.94	4574.24	4611.50	4648.81	4686.07	4723.37	4770.19	4817.01	4863.83	4910.64	4957.48	5007.55	5057.64	5107.70	5157.79	5207.86
33	3686.26	3893.68	4123.33	4330.75	4547.10	4584.84	4622.63	4660.37	4698.19	4735.96	4773.75	4821.15	4868.57	4915.99	4963.40	5010.82	5061.48	5112.14	5162.81	5213.51	5264.16
34	3726.27	3945.55	4155.94	4367.80	4585.60	4624.10	4662.64	4701.16	4739.67	4778.19	4816.72	4864.15	4911.54	4958.97	5006.38	5053.77	5104.74	5155.71	5206.68	5257.65	5308.62
35	3766.26	3987.04	4201.85	4421.13	4638.92	4677.69	4716.48	4755.23	4793.98	4832.75	4871.54	4920.76	4969.89	5019.11	5068.29	5117.52	5168.45	5219.41	5270.39	5321.35	5372.31
36	3816.64	4034.43	4232.99	4461.11	4680.42	4719.69	4758.96	4798.18	4837.45	4876.73	4915.99	4964.58	5013.20	5061.77	5110.38	5158.96	5211.71	5264.44	5317.21	5369.95	5422.72
37	3858.12	4065.55	4280.38	4487.81	4714.49	4753.75	4793.00	4832.28	4871.54	4910.79	4950.05	4999.85	5049.63	5099.41	5149.21	5198.98	5250.52	5302.09	5353.64	5405.18	5456.80
38	3893.68	4123.33	4330.75	4536.70	4761.89	4801.88	4841.91	4881.91	4921.91	4961.92	5001.92	5051.70	5101.50	5151.24	5201.04	5250.83	5303.29	5355.72	5408.17	5460.64	5513.08
39	3945.55	4155.94	4367.80	4594.49	4822.65	4863.14	4903.63	4944.10	4984.62	5025.11	5065.63	5116.01	5166.38	5216.76	5267.14	5317.51	5371.43	5425.37	5479.30	5533.21	5587.18
40	3987.04	4201.85	4421.13	4622.63	4849.33	4890.32	4931.30	4972.30	5013.28	5054.24	5095.26	5146.24	5197.20	5248.19	5299.13	5350.10	5403.75	5457.39	5511.01	5564.65	5618.27
41	4034.43	4232.99	4461.11	4677.46	4911.54	4952.28	4993.02	5033.78	5074.50	5115.27	5156.00	5208.45	5260.90	5313.34	5365.79	5418.27	5471.63	5524.92	5578.28	5631.61	5684.94
42	4065.55	4280.38	4487.81	4720.41	4956.03	4997.71	5039.45	5081.17	5122.92	5164.66	5206.38	5258.82	5311.28	5363.73	5416.17	5468.63	5522.85	5577.07	5631.32	5685.54	5739.74
43	4123.33	4330.75	4536.70	4758.96	4997.51	5039.19	5080.94	5122.67	5164.38	5206.13	5247.87	5300.33	5352.76	5405.18	5457.68	5510.12	5565.49	5620.93	5676.35	5731.77	5787.18
44	4155.94	4367.80	4594.49	4806.35	5044.92	5086.85	5128.84	5170.82	5212.81	5254.76	5296.77	5349.48	5402.27	5455.00	5507.76	5560.49	5616.20	5671.90	5727.61	5783.31	5839.02
45	4201.85	4421.13	4622.63	4843.39	5087.87	5129.59	5171.31	5213.04	5254.77	5296.49	5338.23	5391.89	5445.54	5499.14	5552.78	5606.42	5662.12	5717.84	5773.54	5829.25	5884.94
46	4232.99	4461.11	4677.46	4889.31	5130.81	5173.27	5215.76	5258.25	5300.72	5343.18	5385.65	5439.88	5494.13	5548.35	5602.57	5656.78	5713.66	5770.58	5827.48	5884.37	5941.27
47	4314.45	4487.81	4720.41	4938.21	5185.65	5228.85	5272.05	5315.29	5358.51	5401.72	5444.94	5499.74	5554.58	5609.39	5664.20	5719.02	5775.91	5832.81	5889.69	5946.58	6003.50
48	4330.75	4536.70	4758.96	4976.76	5227.13	5270.85	5314.53	5358.24	5401.95	5445.64	5489.39	5544.19	5599.01	5653.83	5708.65	5763.47	5820.34	5877.25	5934.16	5991.06	6047.94
49	4367.80	4594.49	4806.35	5010.82	5264.16	5308.14	5352.06	5396.03	5439.97	5483.92	5527.91	5583.02	5638.13	5693.24	5748.33	5803.44	5861.83	5920.23	5978.60	6036.97	6095.04
50	4421.13	4622.63	4843.39	5064.15	5317.51	5361.48	5405.41	5449.36	5493.30	5537.26	5581.23	5637.51	5693.83	5750.14	5806.43	5862.74	5921.42	5980.08	6038.77	6097.41	6156.10
51	4461.11	4677.46	4889.31	5099.71	5364.92	5408.87	5452.81	5496.78	5540.72	5584.65	5628.67	5685.24	5741.85	5798.42	5855.02	5911.64	5970.32	6028.96	6087.65	6146.30	6204.98
52	4487.81	4720.41	4938.21	5139.72	5397.50	5442.70	5487.88	5533.06	5578.27	5623.45	5668.65	5725.81	5783.00	5840.20	5897.40	5954.60	6013.87	6073.15	6132.38	6191.65	6250.91
53	4536.70	4758.96	4976.76	5193.07	5449.36	5494.80	5540.22	5585.68	5631.09	5676.55	5721.97	5779.17	5836.38	5893.57	5950.74	6007.94	6068.09	6128.25	6188.37	6248.54	6308.69
54	4594.49	4806.35	5010.82	5240.45	5502.71	5548.39	5594.05	5639.74	5685.45	5731.12	5776.82	5834.00	5891.17	5948.38	6005.58	6062.75	6123.49	6184.24	6244.99	6305.73	6366.50
55	4622.63	4843.39	5064.15	5271.57	5536.79	5582.98	5629.13	5675.29	5721.48	5767.65	5813.83	5871.64	5929.42	5987.18	6044.98	6102.76	6164.09	6225.44	6286.79	6348.09	6409.44
56	4677.46	4889.31	5099.71	5317.51	5581.23	5628.16	5675.06	5721.97	5768.89	5815.81	5862.74	5921.42	5980.08	6038.77	6097.41	6156.10	6217.42	6278.77	6340.11	6401.44	6462.79
57	4720.41	4938.21	5139.72	5364.92	5628.67	5676.30	5723.96	5771.62	5819.25	5866.94	5914.60	5973.27	6031.94	6090.61	6149.27	6207.95	6269.87	6331.81	6393.75	6455.67	6517.62
58	4758.96	4976.76	5193.07	5398.99	5671.59	5719.27	5766.92	5814.56	5862.21	5909.89	5957.53	6016.83	6076.11	6135.35	6194.63	6253.87	6316.40	6378.93	6441.46	6503.98	6566.49
59	4806.35	5010.82	5244.88	5449.36	5720.50	5768.41	5816.32	5864.23	5912.12	5960.00	6007.94	6066.09	6128.25	6188.37	6248.54	6308.69	6371.83	6434.96	6498.06	6561.17	6624.29
60	4843.39	5064.15	5271.57	5502.71	5776.82	5824.46	5872.12	5919.77	5967.41	6015.09	6062.75	6123.49	6184.24	6244.99	6305.73	6366.50	6431.38	6496.26	6561.17	6626.06	6690.96
61	4892.29	5113.07	5326.41	5557.54	5834.58	5882.74	5930.88	5979.01	6027.19	6075.32	6123.49	6185.13	6246.77	6308.38	6370.06	6431.69	6496.26	6560.85	6625.46	6690.06	6754.66
62	4942.65	5163.42	5378.25	5613.84	5890.90	5939.54	5988.17	6036.81	6085.47	6134.11	6182.78	6245.29	6307.80	6370.35	6432.86	6495.41	6561.17	6626.94	6692.73	6758.50	6824.30
63	4988.61	5215.25	5431.59	5670.11	5951.62	6001.00	6050.40	6099.77	6149.18	6198.55	6247.94	6310.49	6373.03	6435.54	6498.06	6560.57	6626.94	6693.31	6759.68	6826.08	6892.46
64	5038.98	5267.14	5487.88	5724.95	60																

Range	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
66	5140.27	5373.01	5598.21	5840.02	6131.73	6182.35	6232.99	6283.61	6334.22	6384.86	6435.51	6499.89	6564.89	6628.67	6693.04	6757.45	6826.32	6895.26	6964.20	7033.09	7102.03
67	5191.66	5426.76	5654.18	5898.42	6193.06	6244.18	6295.33	6346.44	6397.59	6448.74	6499.86	6564.89	6630.53	6694.98	6759.98	6825.02	6894.59	6964.21	7033.86	7103.44	7173.05
68	5243.56	5481.00	5710.74	5957.39	6254.98	6306.60	6358.26	6409.91	6461.53	6513.21	6564.85	6630.53	6696.86	6761.90	6827.57	6893.27	6963.53	7033.87	7104.17	7174.47	7244.81
69	5296.03	5535.82	5767.86	6016.96	6317.54	6369.64	6421.86	6474.01	6526.17	6578.35	6630.50	6696.86	6763.82	6829.53	6895.86	6962.19	7033.16	7104.18	7175.24	7246.23	7317.25
70	5348.99	5591.17	5825.51	6077.15	6380.72	6433.33	6486.09	6538.74	6591.45	6644.11	6696.83	6763.82	6831.47	6897.81	6964.81	7031.80	7103.49	7175.25	7246.97	7318.69	7390.42
71	5402.45	5647.09	5883.79	6137.91	6444.52	6497.67	6550.94	6604.13	6657.33	6710.57	6763.79	6831.47	6899.77	6966.80	7034.46	7102.13	7174.54	7246.98	7319.45	7391.87	7464.33
72	5456.50	5703.54	5942.63	6199.30	6508.98	6562.66	6616.44	6670.14	6723.93	6777.68	6831.44	6899.77	6968.76	7036.47	7104.78	7173.12	7246.27	7319.47	7392.64	7465.80	7538.96
73	5511.04	5760.57	6002.06	6261.29	6574.05	6628.29	6682.60	6736.85	6791.15	6845.44	6899.72	6968.76	7038.44	7106.84	7175.86	7244.88	7318.75	7392.67	7466.56	7540.47	7614.36
74	5566.16	5818.20	6062.08	6323.90	6625.16	6694.58	6749.41	6804.24	6859.06	6913.92	6968.71	7038.44	7108.82	7177.89	7247.60	7317.33	7391.92	7466.58	7541.22	7615.86	7690.49
75	5621.81	5876.38	6122.69	6387.15	6689.02	6761.52	6816.92	6872.29	6927.66	6983.04	7038.40	7108.82	7179.92	7249.67	7320.07	7390.52	7465.84	7541.23	7616.66	7692.00	7767.40
76	5678.03	5935.16	6183.92	6451.01	6753.53	6829.14	6885.07	6941.00	6996.94	7052.87	7108.77	7179.92	7251.73	7322.18	7393.29	7464.42	7540.51	7616.68	7692.84	7768.95	7845.07
77	5734.80	5994.50	6245.76	6515.52	6818.68	6897.42	6953.93	7010.41	7066.91	7123.40	7179.88	7251.73	7324.22	7395.41	7467.19	7539.07	7615.90	7692.85	7769.74	7846.63	7923.52
78	5792.14	6054.46	6308.22	6580.67	6884.48	6966.40	7023.46	7080.55	7137.56	7194.64	7251.68	7324.22	7397.48	7469.35	7541.89	7614.45	7695.48	7769.75	7847.45	7925.07	8002.74
79	5850.07	6114.99	6371.31	6646.47	6950.94	7036.07	7093.68	7151.36	7208.95	7266.59	7324.19	7397.48	7471.46	7544.06	7617.31	7690.58	7768.99	7847.47	7925.93	8004.32	8082.77
80	5908.57	6176.16	6435.03	6712.93	7018.10	7106.45	7164.64	7222.86	7281.03	7339.24	7397.44	7471.46	7546.16	7619.47	7693.49	7767.50	7846.67	7925.94	8005.19	8084.39	8163.60
81	5967.65	6236.19	6516.83	6810.08	7116.53	7173.46	7230.85	7288.70	7347.01	7405.78	7465.03	7532.21	7600.00	7668.40	7737.42	7807.06	7882.78	7959.25	8036.45	8114.41	8193.12
82	6027.33	6298.56	6582.00	6878.19	7187.71	7245.22	7303.18	7361.60	7420.49	7479.86	7539.70	7607.55	7676.02	7745.11	7814.81	7885.15	7961.63	8038.86	8116.84	8195.57	8275.07
83	6087.61	6361.55	6647.82	6946.98	7259.59	7317.67	7376.21	7435.22	7494.70	7554.66	7615.10	7683.63	7752.79	7822.56	7892.96	7964.00	8041.25	8119.25	8198.01	8277.53	8357.82
84	6148.48	6425.15	6714.29	7016.42	7332.17	7390.83	7449.95	7509.55	7569.63	7630.19	7691.23	7760.45	7830.29	7900.76	7971.87	8043.62	8121.64	8200.42	8279.97	8360.28	8441.38
85	6209.96	6489.41	6781.43	7086.60	7405.50	7464.74	7524.46	7584.65	7645.33	7706.49	7768.15	7838.06	7908.60	7979.78	8051.60	8124.06	8202.86	8282.43	8362.77	8443.89	8525.80
86	6272.06	6554.30	6849.25	7157.47	7479.55	7539.39	7599.70	7660.50	7721.79	7783.56	7845.83	7916.44	7987.69	8059.58	8132.11	8205.30	8284.89	8365.26	8446.40	8528.33	8611.06
87	6334.77	6619.84	6917.73	7229.04	7554.34	7614.77	7675.69	7737.10	7798.99	7861.39	7924.28	7995.60	8067.56	8140.16	8213.42	8287.35	8367.73	8448.90	8530.85	8613.60	8697.16
88	6398.12	6686.04	6986.91	7301.31	7629.88	7690.92	7752.44	7814.46	7876.98	7939.99	8003.51	8075.54	8148.22	8221.56	8295.55	8370.21	8451.40	8533.38	8616.16	8699.73	8784.12
89	6462.10	6752.89	7056.77	7374.33	7706.18	7767.83	7829.97	7892.61	7955.75	8019.39	8083.55	8156.30	8229.71	8303.78	8378.51	8453.92	8535.92	8618.72	8702.32	8786.73	8871.96

Range	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
18	4523.67	4568.42	4613.14	4657.90	4702.64	4749.45	4796.29	4843.07	4889.89	4936.72	4986.23	5035.70	5085.24	5134.68	5184.17	5235.71	5287.28	5338.83	5390.37	5441.99
19	4574.63	4619.96	4675.58	4710.64	4755.97	4803.07	4850.18	4897.32	4944.46	4991.56	5041.62	5091.71	5141.78	5191.85	5241.96	5294.40	5346.84	5399.28	5451.74	5504.18
20	4620.26	4666.79	4713.31	4759.81	4806.35	4854.05	4901.78	4949.44	4997.18	5044.92	5095.26	5145.66	5196.01	5246.38	5296.77	5349.80	5402.85	5455.90	5508.95	5561.99
21	4683.96	4730.50	4777.01	4823.54	4870.06	4918.07	4966.06	5014.07	5062.07	5110.08	5161.35	5212.61	5263.84	5315.14	5366.40	5420.05	5473.68	5527.30	5580.92	5634.59
22	4730.19	4777.01	4823.81	4870.64	4917.47	4967.56	5017.63	5067.69	5117.78	5167.86	5219.41	5270.99	5322.53	5374.10	5425.66	5479.89	5534.14	5588.36	5642.56	5696.80
23	4778.80	4825.30	4871.82	4918.35	4964.91	5015.27	5065.63	5116.01	5166.38	5216.76	5268.91	5321.05	5373.22	5425.37	5477.54	5532.03	5586.56	5641.09	5695.60	5750.14
24	4843.39	4892.29	4941.20	4990.08	5038.98	5089.03	5139.11	5189.18	5239.28	5289.36	5342.39	5395.45	5448.50	5501.55	5554.58	5610.27	5665.99	5721.68	5777.41	5833.09
25	4894.96	4943.53	4992.15	5040.72	5089.33	5140.01	5190.69	5241.36	5292.02	5342.66	5396.03	5449.36	5502.71	5556.04	5609.39	5665.39	5721.40	5777.41	5833.41	5889.44
26	4949.76	4998.36	5046.97	5095.59	5144.16	5195.13	5246.09	5297.07	5348.04	5398.99	5452.92	5506.86	5560.79	5614.71	5668.65	5725.23	5781.83	5838.42	5895.00	5951.62
27	4996.29	5045.51	5094.68	5143.87	5193.07	5244.60	5296.17	5347.70	5399.28	5450.86	5505.36	5559.90	5614.41	5668.94	5723.48	5780.65	5837.83	5895.00	5952.22	6009.42
28	5059.41	5109.50	5159.57	5209.64	5259.73	5312.44	5365.21	5417.95	5470.70	5523.44	5578.87	5634.26	5689.68	5745.09	5800.50	5858.59	5916.68	5974.75	6032.84	6090.90
29	5099.71	5150.08	5200.45	5250.83	5301.21	5354.25	5407.29	5460.34	5513.38	5566.43	5622.10	5677.83	5733.52	5789.24	5844.98	5903.34	5961.72	6020.10	6078.43	6136.83
30	5157.51	5209.35	5261.21	5313.05	5364.92	5417.64	5470.40	5523.16	5575.90	5628.67	5684.63	5740.65	5796.65	5852.64	5908.65	5967.64	6026.62	6085.56	6144.55	6203.50
31	5191.26	5242.81	5294.40	5345.95	5397.50	5451.74	5505.97	5560.17	5614.41	5668.65	5725.23	5781.83	5838.42	5895.00	5951.62	6011.18	6070.77	6130.33	6189.86	6249.44
32	5260.30	5312.78	5365.21	5417.64	5470.11	5524.92	5579.76	5634.59	5689.39	5744.21	5801.69	5859.18	5916.68	5974.16	6031.65	6092.08	6152.53	6212.98	6273.43	6333.90
33	5316.02	5367.87	5419.73	5471.63	5523.44	5579.44	5635.43	5691.45	5747.47	5803.44	5861.54	5919.66	5977.71	6035.78	6093.87	6154.90	6215.98	6276.99	6338.02	6399.06
34	5362.25	5415.89	5469.51	5523.16	5576.79	5631.91	5687.02	5742.11	5797.22	5852.36	5911.05	5969.72	6028.37	6087.07	6145.74	6207.07	6268.39	6329.71	6391.09	6452.42
35	5426.55	5480.77	5535.00	5589.24	5643.47	5699.16	5754.88	5810.58	5866.29	5922.03	5981.25	6040.55	6099.78	6159.08	6218.34	6280.54	6342.78	6405.01	6467.25	6529.47
36	5476.94	5531.17	5585.38	5639.60	5693.83	5750.74	5807.60	5864.51	5921.42	5978.30	6038.18	6098.02	6157.87	6217.71	6277.57	6340.42	6403.24	6466.05	6528.87	6591.70
37	5511.01	5565.23	5619.46	5673.68	5727.91	5785.39	5842.88	5900.40	5957.86	6015.34	6075.51	6135.66	6195.79	6255.95	6316.11	6379.21	6442.34	6505.44	6568.56	6631.66
38	5567.89	5622.72	5677.54	5732.38	5787.18	5845.85	5904.51	5963.18	6021.85	6080.52	6141.29	6202.02	6262.76	6323.51	6384.25	6447.95	6511.68	6568.52	6639.10	6702.69
39	5642.27	5697.39	5752.50	5807.60	5862.74	5921.72	5980.66	6039.66	6098.60	6157.57	6219.21	6280.86	6342.44	6404.12	6465.76	6530.34	6594.92	6659.55	6724.14	6788.72
40	5673.98	5729.68	5785.39	5841.09	5896.82	5955.48	6014.15	6072.83	6131.51	6190.17	6252.08	6314.04	6375.96	6437.91	6499.85	6565.02	6630.21	6695.38	6760.60	6825.76
41	5742.43	5799.90	5857.41	5914.88	5972.38	6031.94	6091.49	6151.08	6210.62	6270.18	6333.00	6395.83	6458.64	6521.46	6584.29	6650.08	6715.83	6781.61	6847.38	6913.20
42	5797.22	5854.75	5912.24	5969.72	6027.21	6086.75	6146.30	6205.87	6265.42	6324.99	6388.13	6451.23	6514.35	6577.46	6640.57	6707.25	6773.92	6840.57	6907.28	6973.94
43	5845.26	5903.34	5961.42	6019.49	6077.58	6138.03	6198.48	6258.91	6319.37	6379.81	6443.54	6507.23	6570.94	6634.65	6698.35	6765.31	6832.32	6899.27	6966.26	7033.21
44	5898.31	5957.53	6016.83	6076.11	6135.35	6196.08	6256.85	6317.59	6378.33	6439.10	6503.38	6567.67	6632.00	6696.29	6760.60	6828.14	6895.71	6963.29	7030.82	7098.41
45	5943.92	6002.91	6061.87	6120.84	6179.82	6241.41	6303.06	6364.71	6426.33	6488.00	6553.17	6618.37	6683.55	6748.75	6813.95	6882.07	6950.25	7018.38	7086.55	7154.70
46	6000.24	6059.20	6118.16	6177.13	6236.10	6298.92	6361.74	6424.57	6487.38	6550.19	6615.70	6681.17	6746.68	6812.14	6877.64	6946.39	7015.12	7083.88	7152.64	7221.37
47	6063.63	6123.82	6183.94	6244.10	6304.26	6367.37	6430.49	6493.59	6556.72	6619.84	6685.89	6751.98	6818.10	6884.14	6950.25	7019.88	7089.52	7159.15	7228.78	7298.42
48	6108.38	6168.83	6229.27	6289.74	6350.17	6414.48	6478.78	6543.09	6607.39	6671.71	6738.37	6805.05	6871.72	6938.40	7005.05	7074.98	7144.93	7214.84	7284.77	7354.74
49	6155.51	6215.63	6275.80	6335.95	6396.11	6460.73	6525.30	6589.91	6654.51	6719.10	6786.37	6853.63	6920.92	6988.14	7055.45	7126.26	7197.06	7267.89	7338.73	7409.55
50	6217.42	6278.77	6340.11	6401.44	6462.79	6527.37	6592.00	6656.58	6721.15	6785.77	6853.93	6922.11	6990.22	7058.38	7126.53	7197.66	7268.77	7339.90	7411.03	7482.14
51	6266.93	6328.84	6390.78	6452.71	6514.66	6580.41	6646.21	6712.00	6777.77	6843.56	6912.02	6980.47	7048.91	7117.36	7185.81	7257.53	7329.23	7400.94	7472.67	7544.36
52	6313.73	6376.59	6439.38	6502.19	6565.02	6630.51	6695.97	6761.48	6826.99	6892.46	6961.20	7029.94	7098.69	7167.45	7236.17	7308.77	7381.37	7454.00	7526.57	7599.18
53	6371.83	6434.96	6498.06	6561.17	6624.29	6690.38	6756.42	6822.51	6888.63	6954.68	7024.32	7093.96	7163.55	7233.21	7302.86	7375.77	7448.66	7521.54	7594.43	7667.33
54	6431.38	6496.26	6561.17	6626.06	6690.96	6757.64	6824.30	6890.98	6957.66	7024.32	7094.55	7117.82	7234.99	7305.25	7375.46	7449.25	7523.04	7596.82	7670.58	7744.36
55	6473.15	6536.87	6600.60	6664.27	6727.99	6794.96	6861.93	6928.89	6995.86	7062.86	7133.66	7204.48	7275.28	7346.12	7416.94	7491.01	7565.09	7639.17	7713.26	7787.33
56	6527.37	6592.00	6656.58	6721.15	6785.77	6854.53	6923.25	6992.03	7060.76	7129.52	7200.63	7271.73	7342.86	7413.97	7485.12	7560.02	7635.03	7710.00	7784.95	7859.94
57	6582.79	6648.00	6713.19	6778.37	6843.56	6912.31	6981.05	7049.81	7118.54	7187.31	7259.03	7330.71	7402.42	7474.14	7545.85	7621.39	7696.97	7772.54	7848.11	7923.66
58	6632.00	6697.47	6762.94	6828.43	6893.96	6962.37	7030.82	7099.29	7167.74	7236.17	7308.77	7381.37	7454.00	7526.57	7599.18	7675.03	7750.90	7826.77	7902.62	7978.49
59	6690.38	6756.42	6822.51	6888.63	6954.68	7024.89	7095.15	7165.36	7235.58	7305.85	7378.72	7451.60	7524.51	7597.38	7670.32	7747.03	7823.80	7900.54	7977.28	8054.03
60	6756.15	6821.32	6886.55	6951.71	7016.91	7087.74	7158.54	7229.38	7300.22	7371.04	7444.80	7518.59	7592.36	7666.12	7739.93	7817.28	7894.61	7971.96	8049.27	8126.64
61	6821.32	6888.04	6954.68	7021.36	7088.01	7159.15	7230.26	7301.36	7372.49	7443.62	7517.98	7592.36	7666.72	7741.12	7815.49	7893.73	7971.96	8050.18	8128.40	8206.64
62	6890.98	6957.66	7024.32	7091.00	7157.67	7230.26	7302.86	7375.46	7448.06	7520.64	7596.32	7671.19	7746.45	7821.71	7896.97	7975.79	8054.62	8133.43	8212.26	8291.09
63	6960.01	7027.59	7095.15	7162.68	7230.26	7303.17	7376.05	7448.95	7521.83	7594.73	7670.58	7746.45	7822.31	7898.18	7974.01	8053.73	8133.43	8213.16	8292.88	8372.59
64	7030.56	7098.98	7167.45	7235.90	7304.32	7377.24	7450.13	7523.04	7595.92	7668.81	7745.56	7822.31	7899.05	7975.79	8052.55	8133.17	8213.74	8294.36	8374.94	8455.55
65	7100.84	7169.98	7239.10	7308.23	7377.36	7451.03	7524.61	7598.27	7671.87	7745.49	7823.01	7900.54	7978.03	8055.54	8133.09	8217.93	8295.88	8377.30	8458.71	8540.13

Range	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
66	7171.84	7241.67	7311.48	7381.31	7451.14	7525.53	7599.86	7674.24	7748.60	7822.95	7901.25	7979.54	8057.83	8136.11	8214.41	8296.62	8378.84	8461.07	8543.29	8625.51
67	7243.58	7314.10	7384.63	7455.13	7525.67	7600.78	7675.85	7750.98	7826.10	7901.20	7980.26	8059.32	8138.40	8217.48	8296.56	8379.59	8462.64	8545.67	8628.70	8711.77
68	7316.00	7387.23	7458.47	7529.67	7600.93	7676.80	7752.63	7828.50	7904.36	7980.20	8060.08	8139.93	8219.76	8299.64	8379.52	8463.41	8547.27	8631.14	8715.02	8798.87
69	7389.18	7461.12	7533.03	7604.99	7676.92	7753.58	7830.13	7906.78	7983.38	8060.01	8140.66	8221.34	8301.97	8382.64	8463.29	8548.05	8632.74	8717.45	8802.17	8886.87
70	7463.06	7535.73	7608.38	7681.03	7753.68	7831.11	7908.45	7985.86	8063.22	8140.61	8222.06	8303.52	8384.99	8466.45	8547.94	8633.54	8719.07	8804.64	8890.20	8975.73
71	7537.71	7611.06	7684.48	7757.85	7831.22	7909.42	7987.50	8065.70	8143.85	8222.01	8304.28	8386.58	8468.84	8551.14	8633.43	8719.86	8806.27	8892.69	8979.09	9065.50
72	7613.08	7687.18	7761.31	7835.43	7909.55	7988.52	8067.39	8146.36	8225.32	8304.23	8387.34	8470.42	8553.52	8636.67	8719.75	8807.04	8894.34	8981.59	9068.89	9156.15
73	7689.21	7764.04	7838.93	7913.79	7988.63	8068.42	8148.09	8227.82	8307.54	8387.30	8471.21	8555.14	8639.07	8723.03	8806.94	8895.09	8983.26	9071.40	9159.57	9247.73
74	7766.10	7841.70	7917.31	7992.90	8068.52	8149.06	8229.55	8310.10	8390.61	8471.16	8555.91	8640.70	8725.46	8810.25	8895.00	8984.07	9073.11	9162.12	9251.16	9340.17
75	7843.74	7920.14	7996.49	8072.84	8149.21	8230.57	8311.84	8393.19	8474.51	8555.86	8641.47	8727.10	8812.71	8898.38	8983.97	9073.91	9163.84	9253.74	9343.68	9433.58
76	7922.19	7999.34	8076.47	8153.56	8230.71	8312.88	8394.98	8477.12	8559.26	8641.40	8727.86	8814.37	8900.85	8987.32	9073.78	9164.63	9255.48	9346.29	9437.11	9527.93
77	8001.40	8079.33	8157.23	8235.12	8313.00	8396.00	8478.93	8561.88	8644.88	8727.82	8815.16	8902.54	8989.85	9077.22	9164.54	9256.29	9348.04	9439.77	9531.50	9623.22
78	8081.41	8160.11	8238.80	8317.47	8396.15	8479.95	8563.71	8647.51	8731.32	8815.12	8903.29	8991.54	9079.75	9168.00	9256.18	9348.85	9441.50	9534.17	9626.82	9719.42
79	8162.25	8241.71	8321.18	8400.62	8480.11	8564.76	8649.35	8733.99	8818.63	8903.25	8992.34	9081.47	9170.55	9259.67	9348.74	9442.34	9535.93	9629.51	9723.07	9816.63
80	8243.86	8324.12	8404.40	8484.66	8564.89	8650.40	8735.86	8821.33	8906.82	8992.27	9082.26	9172.28	9262.23	9352.26	9442.24	9536.79	9631.28	9725.78	9820.32	9914.79
81	8272.59	8352.83	8433.85	8515.66	8598.27	8681.67	8765.88	8850.91	8936.76	9023.45	9110.98	9199.35	9288.59	9378.69	9469.66	9561.52	9654.26	9747.91	9842.46	9937.93
82	8355.34	8436.38	8518.21	8600.84	8684.27	8768.51	8853.56	8939.44	9026.15	9113.71	9202.11	9291.37	9381.50	9472.50	9564.38	9657.15	9750.83	9845.41	9940.91	10037.34
83	8438.89	8520.75	8603.40	8686.85	8771.11	8856.19	8942.10	9028.84	9116.42	9204.85	9294.13	9384.29	9475.31	9567.23	9660.03	9753.73	9848.34	9943.87	10040.32	10137.72
84	8523.26	8605.93	8689.41	8773.70	8858.80	8944.73	9031.50	9119.10	9207.56	9296.87	9387.05	9478.10	9570.04	9662.87	9756.60	9851.24	9946.80	10043.28	10140.70	10239.06
85	8608.50	8692.00	8776.31	8861.44	8947.40	9034.19	9121.82	9210.30	9299.64	9389.85	9480.93	9572.89	9665.75	9759.51	9854.17	9949.76	10046.27	10143.72	10242.11	10341.46
86	8694.58	8778.92	8864.08	8950.06	9036.87	9124.53	9213.04	9302.40	9392.64	9483.75	9575.74	9668.62	9762.41	9857.10	9952.72	10049.26	10146.74	10245.16	10344.54	10444.88
87	8781.52	8866.70	8952.71	9039.55	9127.23	9215.76	9305.16	9395.42	9486.55	9578.57	9671.48	9765.30	9860.02	9955.66	10052.23	10149.74	10248.19	10347.60	10447.97	10549.32
88	8869.33	8955.36	9042.23	9129.93	9218.50	9307.91	9398.20	9489.36	9581.41	9674.35	9768.19	9862.94	9958.61	10055.21	10152.75	10251.23	10350.67	10451.07	10552.44	10654.80
89	8958.02	9044.91	9132.65	9221.24	9310.68	9401.00	9492.19	9584.26	9677.23	9771.10	9865.88	9961.57	10058.20	10155.77	10254.28	10353.74	10454.17	10555.58	10657.97	10761.35

Range	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
17	17.24	17.93	18.64	19.39	20.17	20.34	20.51	20.69	20.86	21.04	21.22	21.40	21.59	21.77	21.96	22.15	22.34	22.53	22.72	22.91	23.11
18	17.56	18.70	20.04	21.27	22.34	22.52	22.71	22.89	23.08	23.26	23.44	23.68	23.92	24.15	24.39	24.62	24.87	25.11	25.36	25.60	25.85
19	17.75	18.93	20.21	21.50	22.55	22.74	22.93	23.12	23.32	23.51	23.70	23.94	24.18	24.42	24.66	24.90	25.14	25.39	25.64	25.89	26.14
20	17.94	19.28	20.49	21.73	22.80	23.00	23.19	23.39	23.58	23.78	23.97	24.21	24.45	24.69	24.93	25.17	25.41	25.66	25.90	26.15	26.39
21	18.21	19.43	20.78	22.02	23.11	23.30	23.50	23.69	23.88	24.08	24.27	24.52	24.76	25.01	25.25	25.49	25.75	26.00	26.25	26.51	26.76
22	18.51	19.72	20.96	22.26	23.34	23.54	23.73	23.93	24.12	24.32	24.51	24.76	25.01	25.26	25.51	25.76	26.01	26.27	26.52	26.77	27.02
23	18.70	20.04	21.27	22.47	23.58	23.78	23.97	24.17	24.37	24.56	24.76	25.01	25.26	25.50	25.75	26.00	26.26	26.52	26.78	27.05	27.31
24	18.93	20.21	21.50	22.77	23.94	24.13	24.33	24.52	24.71	24.91	25.10	25.35	25.61	25.86	26.11	26.37	26.63	26.89	27.15	27.41	27.67
25	19.30	20.49	21.73	23.01	24.15	24.36	24.56	24.76	24.96	25.16	25.37	25.62	25.87	26.12	26.37	26.62	26.89	27.16	27.43	27.70	27.97
26	19.43	20.78	22.02	23.28	24.43	24.63	24.83	25.03	25.24	25.44	25.64	25.90	26.16	26.41	26.67	26.93	27.20	27.47	27.74	28.01	28.28
27	19.72	20.96	22.26	23.46	24.67	24.88	25.08	25.28	25.48	25.69	25.89	26.14	26.40	26.65	26.91	27.16	27.44	27.72	27.99	28.27	28.55
28	20.04	21.27	22.47	23.79	24.99	25.20	25.40	25.61	25.81	26.02	26.22	26.48	26.74	27.01	27.27	27.53	27.80	28.08	28.35	28.63	28.91
29	20.21	21.50	22.77	23.98	25.18	25.39	25.60	25.81	26.02	26.23	26.44	26.71	26.97	27.23	27.49	27.75	28.03	28.31	28.58	28.86	29.14
30	20.49	21.73	23.01	24.25	25.45	25.66	25.87	26.08	26.30	26.51	26.72	26.99	27.26	27.53	27.80	28.07	28.35	28.63	28.90	29.18	29.46
31	20.78	22.02	23.28	24.43	25.64	25.86	26.07	26.29	26.50	26.72	26.93	27.20	27.46	27.73	27.99	28.26	28.54	28.82	29.10	29.38	29.66
32	20.96	22.26	23.46	24.73	25.97	26.18	26.40	26.61	26.83	27.04	27.26	27.53	27.80	28.07	28.34	28.61	28.90	29.18	29.47	29.76	30.05
33	21.27	22.47	23.79	24.99	26.24	26.46	26.67	26.89	27.11	27.33	27.55	27.82	28.09	28.37	28.64	28.91	29.21	29.50	29.79	30.08	30.38
34	21.50	22.77	23.98	25.20	26.46	26.68	26.91	27.13	27.35	27.57	27.79	28.07	28.34	28.61	28.89	29.16	29.46	29.75	30.04	30.34	30.63
35	21.73	23.01	24.25	25.51	26.77	26.99	27.22	27.44	27.66	27.89	28.11	28.39	28.68	28.96	29.25	29.53	29.82	30.12	30.41	30.71	31.00
36	22.02	23.28	24.43	25.74	27.01	27.23	27.46	27.69	27.91	28.14	28.37	28.65	28.93	29.21	29.49	29.77	30.07	30.38	30.68	30.99	31.29
37	22.26	23.46	24.70	25.90	27.20	27.43	27.66	27.88	28.11	28.34	28.56	28.85	29.14	29.43	29.71	30.00	30.30	30.59	30.89	31.19	31.49
38	22.47	23.79	24.99	26.18	27.48	27.71	27.94	28.17	28.40	28.63	28.86	29.15	29.44	29.72	30.01	30.30	30.60	30.90	31.21	31.51	31.81
39	22.77	23.98	25.20	26.51	27.83	28.06	28.30	28.53	28.76	29.00	29.23	29.52	29.81	30.10	30.39	30.68	30.99	31.31	31.62	31.93	32.24
40	23.01	24.25	25.51	26.67	27.98	28.22	28.46	28.69	28.93	29.16	29.40	29.70	29.99	30.28	30.58	30.87	31.18	31.49	31.80	32.11	32.42
41	23.28	24.43	25.74	26.99	28.34	28.58	28.81	29.05	29.28	29.52	29.75	30.05	30.36	30.66	30.96	31.26	31.57	31.88	32.19	32.50	32.80
42	23.46	24.70	25.90	27.24	28.60	28.84	29.08	29.32	29.56	29.80	30.04	30.34	30.65	30.95	31.25	31.56	31.87	32.18	32.49	32.81	33.12
43	23.79	24.99	26.18	27.46	28.84	29.08	29.32	29.56	29.80	30.04	30.28	30.58	30.89	31.19	31.49	31.79	32.11	32.43	32.75	33.07	33.39
44	23.98	25.20	26.51	27.73	29.11	29.35	29.60	29.84	30.08	30.32	30.56	30.87	31.17	31.48	31.78	32.09	32.41	32.73	33.05	33.37	33.69
45	24.25	25.51	26.67	27.95	29.36	29.60	29.84	30.08	30.32	30.56	30.80	31.11	31.42	31.73	32.04	32.35	32.67	32.99	33.31	33.64	33.96
46	24.43	25.74	26.99	28.21	29.61	29.85	30.10	30.34	30.59	30.83	31.08	31.39	31.70	32.02	32.33	32.64	32.97	33.30	33.63	33.95	34.28
47	24.90	25.90	27.24	28.50	29.92	30.17	30.42	30.67	30.92	31.17	31.42	31.73	32.05	32.37	32.68	33.00	33.33	33.66	33.98	34.31	34.64
48	24.99	26.18	27.46	28.72	30.16	30.41	30.67	30.92	31.17	31.42	31.68	31.99	32.31	32.62	32.94	33.26	33.58	33.91	34.24	34.57	34.90
49	25.20	26.51	27.73	28.91	30.38	30.63	30.88	31.14	31.39	31.64	31.90	32.22	32.53	32.85	33.17	33.49	33.82	34.16	34.50	34.83	35.17
50	25.51	26.67	27.95	29.22	30.68	30.94	31.19	31.44	31.70	31.95	32.21	32.53	32.85	33.18	33.50	33.83	34.17	34.51	34.84	35.18	35.52
51	25.74	26.99	28.21	29.43	30.96	31.21	31.46	31.72	31.97	32.22	32.48	32.81	33.13	33.46	33.78	34.11	34.45	34.79	35.13	35.47	35.80
52	25.90	27.24	28.50	29.66	31.15	31.41	31.67	31.93	32.19	32.45	32.71	33.04	33.37	33.70	34.03	34.36	34.70	35.04	35.38	35.73	36.07
53	26.18	27.46	28.72	29.97	31.44	31.71	31.97	32.23	32.49	32.75	33.02	33.35	33.68	34.01	34.34	34.67	35.01	35.36	35.71	36.05	36.40
54	26.51	27.73	28.91	30.24	31.75	32.02	32.28	32.54	32.81	33.07	33.33	33.66	33.99	34.32	34.65	34.98	35.33	35.68	36.03	36.38	36.74
55	26.67	27.95	29.22	30.42	31.95	32.22	32.48	32.75	33.01	33.28	33.55	33.88	34.21	34.55	34.88	35.21	35.57	35.92	36.28	36.63	36.98
56	26.99	28.21	29.43	30.68	32.21	32.48	32.75	33.02	33.29	33.56	33.83	34.17	34.51	34.84	35.18	35.52	35.88	36.23	36.58	36.94	37.29
57	27.24	28.50	29.66	30.96	32.48	32.75	33.03	33.30	33.58	33.85	34.13	34.47	34.81	35.14	35.48	35.82	36.18	36.54	36.89	37.25	37.61
58	27.46	28.72	29.97	31.15	32.73	33.00	33.28	33.55	33.83	34.10	34.38	34.72	35.06	35.40	35.74	36.09	36.45	36.81	37.17	37.53	37.89
59	27.73	28.91	30.26	31.44	33.01	33.28	33.56	33.84	34.11	34.39	34.67	35.01	35.36	35.71	36.05	36.40	36.77	37.13	37.49	37.86	38.22
60	27.95	29.22	30.42	31.75	33.33	33.61	33.88	34.16	34.43	34.71	34.98	35.33	35.68	36.03	36.38	36.74	37.11	37.48	37.86	38.23	38.61
61	28.23	29.50	30.73	32.07	33.67	33.94	34.22	34.50	34.78	35.06	35.33	35.69	36.04	36.40	36.76	37.11	37.48	37.86	38.23	38.60	38.97
62	28.52	29.79	31.03	32.39	33.99	34.27	34.55	34.83	35.11	35.39	35.68	36.04	36.40	36.76	37.12	37.48	37.86	38.24	38.62	39.00	39.38
63	28.79	30.09	31.34	32.72	34.34	34.63	34.91	35.20	35.48	35.77	36.05	36.41	36.77	37.13	37.49	37.86	38.24	38.62	39.00	39.39	39.77
64	29.08	30.39	31.67	33.03	34.68	34.97	35.26	35.54	35.83	36.12	36.40	36.77	37.13	37.49	37.86	38.22	38.61	39.00	39.39	39.78	40.17
65	29.37	30.70	31.98	33.36	35.03	35.32	35.61	35.90	36.19	36.48	36.77	37.13	37.51	37.87	38.24	38.61	39.00	39.39	39.79	40.18	40.57

Range	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
66	29.66	31.00	32.30	33.70	35.38	35.67	35.97	36.26	36.55	36.84	37.13	37.51	37.88	38.25	38.62	38.99	39.39	39.79	40.18	40.58	40.98
67	29.96	31.31	32.63	34.04	35.73	36.03	36.32	36.62	36.91	37.21	37.50	37.88	38.26	38.63	39.01	39.38	39.78	40.18	40.59	40.99	41.39
68	30.26	31.63	32.95	34.38	36.09	36.39	36.69	36.99	37.28	37.58	37.88	38.26	38.64	39.02	39.40	39.77	40.18	40.59	40.99	41.40	41.80
69	30.56	31.94	33.28	34.72	36.45	36.75	37.05	37.36	37.66	37.96	38.26	38.64	39.03	39.41	39.79	40.17	40.58	40.99	41.40	41.81	42.22
70	30.87	32.26	33.61	35.07	36.82	37.12	37.43	37.73	38.03	38.34	38.64	39.03	39.42	39.80	40.19	40.57	40.99	41.40	41.82	42.23	42.64
71	31.17	32.58	33.95	35.42	37.19	37.49	37.80	38.11	38.41	38.72	39.03	39.42	39.81	40.20	40.59	40.98	41.40	41.82	42.23	42.65	43.07
72	31.49	32.91	34.29	35.77	37.56	37.87	38.18	38.49	38.80	39.11	39.42	39.81	40.21	40.60	40.99	41.39	41.81	42.23	42.66	43.08	43.50
73	31.80	33.24	34.63	36.13	37.93	38.25	38.56	38.87	39.19	39.50	39.81	40.21	40.61	41.01	41.40	41.80	42.23	42.66	43.08	43.51	43.93
74	32.12	33.57	34.98	36.49	38.23	38.63	38.94	39.26	39.58	39.89	40.21	40.61	41.02	41.42	41.82	42.22	42.65	43.08	43.51	43.94	44.37
75	32.44	33.91	35.33	36.85	38.60	39.01	39.33	39.65	39.97	40.29	40.61	41.02	41.43	41.83	42.24	42.64	43.08	43.51	43.95	44.38	44.82
76	32.76	34.25	35.68	37.22	38.97	39.40	39.73	40.05	40.37	40.70	41.02	41.43	41.84	42.25	42.66	43.07	43.51	43.95	44.39	44.83	45.27
77	33.09	34.59	36.04	37.60	39.34	39.80	40.12	40.45	40.78	41.10	41.43	41.84	42.26	42.67	43.09	43.50	43.94	44.39	44.83	45.27	45.72
78	33.42	34.94	36.40	37.97	39.72	40.20	40.53	40.86	41.18	41.51	41.84	42.26	42.68	43.10	43.52	43.94	44.40	44.83	45.28	45.73	46.18
79	33.76	35.28	36.76	38.35	40.11	40.60	40.93	41.26	41.60	41.93	42.26	42.68	43.11	43.53	43.95	44.37	44.83	45.28	45.73	46.18	46.64
80	34.09	35.64	37.13	38.73	40.49	41.00	41.34	41.68	42.01	42.35	42.68	43.11	43.54	43.96	44.39	44.82	45.28	45.73	46.19	46.65	47.10
81	34.43	35.98	37.60	39.29	41.06	41.39	41.72	42.06	42.39	42.73	43.07	43.46	43.85	44.25	44.64	45.05	45.48	45.92	46.37	46.82	47.27
82	34.78	36.34	37.98	39.69	41.47	41.81	42.14	42.48	42.82	43.16	43.50	43.90	44.29	44.69	45.09	45.50	45.94	46.38	46.83	47.29	47.75
83	35.13	36.71	38.36	40.08	41.89	42.22	42.56	42.90	43.24	43.59	43.94	44.33	44.73	45.14	45.54	45.95	46.40	46.85	47.30	47.76	48.22
84	35.48	37.07	38.74	40.49	42.31	42.65	42.99	43.33	43.68	44.03	44.38	44.78	45.18	45.59	46.00	46.41	46.86	47.32	47.77	48.24	48.71
85	35.83	37.44	39.13	40.89	42.73	43.07	43.42	43.76	44.11	44.47	44.82	45.23	45.63	46.04	46.46	46.88	47.33	47.79	48.25	48.72	49.19
86	36.19	37.82	39.52	41.30	43.16	43.50	43.85	44.20	44.55	44.91	45.27	45.68	46.09	46.50	46.92	47.34	47.80	48.27	48.74	49.21	49.69
87	36.55	38.20	39.92	41.71	43.59	43.94	44.29	44.64	45.00	45.36	45.72	46.13	46.55	46.97	47.39	47.82	48.28	48.75	49.22	49.70	50.18
88	36.92	38.58	40.31	42.13	44.02	44.38	44.73	45.09	45.45	45.81	46.18	46.60	47.01	47.44	47.86	48.30	48.76	49.24	49.71	50.20	50.68
89	37.29	38.96	40.72	42.55	44.46	44.82	45.18	45.54	45.90	46.27	46.64	47.06	47.49	47.91	48.34	48.78	49.25	49.73	50.21	50.70	51.19

Range	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
17	23.31	23.51	23.71	23.91	24.11	24.32	24.53	24.74	24.95	25.16	25.38	25.59	25.81	26.03	26.26	26.48	26.71	26.94	27.17	27.40
18	26.10	26.36	26.62	26.88	27.14	27.41	27.68	27.95	28.22	28.49	28.77	29.06	29.34	29.63	29.91	30.21	30.51	30.81	31.10	31.40
19	26.40	26.66	26.98	27.18	27.44	27.72	27.99	28.26	28.53	28.80	29.09	29.38	29.67	29.96	30.25	30.55	30.85	31.16	31.46	31.76
20	26.66	26.93	27.20	27.47	27.73	28.01	28.29	28.56	28.84	29.11	29.40	29.69	29.98	30.27	30.56	30.87	31.18	31.48	31.79	32.09
21	27.03	27.30	27.57	27.83	28.10	28.38	28.66	28.93	29.21	29.49	29.78	30.08	30.37	30.67	30.97	31.28	31.58	31.89	32.20	32.51
22	27.30	27.57	27.84	28.11	28.38	28.66	28.95	29.24	29.53	29.82	30.12	30.42	30.71	31.01	31.31	31.62	31.93	32.25	32.56	32.87
23	27.58	27.84	28.11	28.38	28.65	28.94	29.23	29.52	29.81	30.10	30.40	30.70	31.00	31.31	31.61	31.92	32.24	32.55	32.86	33.18
24	27.95	28.23	28.51	28.79	29.08	29.37	29.65	29.94	30.23	30.52	30.83	31.13	31.44	31.75	32.05	32.37	32.69	33.02	33.34	33.66
25	28.25	28.53	28.81	29.09	29.37	29.66	29.95	30.24	30.54	30.83	31.14	31.44	31.75	32.06	32.37	32.69	33.01	33.34	33.66	33.98
26	28.56	28.84	29.12	29.40	29.68	29.98	30.27	30.57	30.86	31.15	31.46	31.78	32.09	32.40	32.71	33.04	33.36	33.69	34.02	34.34
27	28.83	29.11	29.40	29.68	29.97	30.26	30.56	30.86	31.16	31.45	31.77	32.08	32.40	32.71	33.03	33.36	33.69	34.02	34.35	34.68
28	29.19	29.48	29.77	30.06	30.35	30.65	30.96	31.26	31.57	31.87	32.19	32.51	32.83	33.15	33.47	33.81	34.14	34.48	34.81	35.15
29	29.43	29.72	30.01	30.30	30.59	30.90	31.20	31.51	31.81	32.12	32.44	32.76	33.08	33.41	33.73	34.06	34.40	34.74	35.07	35.41
30	29.76	30.06	30.36	30.66	30.96	31.26	31.57	31.87	32.17	32.48	32.80	33.12	33.45	33.77	34.09	34.43	34.77	35.11	35.46	35.80
31	29.96	30.25	30.55	30.85	31.15	31.46	31.77	32.08	32.40	32.71	33.04	33.36	33.69	34.02	34.34	34.69	35.03	35.37	35.72	36.06
32	30.35	30.66	30.96	31.26	31.56	31.88	32.20	32.51	32.83	33.15	33.48	33.81	34.14	34.47	34.80	35.15	35.50	35.85	36.20	36.55
33	30.67	30.97	31.27	31.57	31.87	32.19	32.52	32.84	33.16	33.49	33.82	34.16	34.49	34.83	35.16	35.51	35.87	36.22	36.57	36.92
34	30.94	31.25	31.56	31.87	32.18	32.50	32.82	33.13	33.45	33.77	34.11	34.45	34.78	35.12	35.46	35.82	36.17	36.52	36.88	37.23
35	31.31	31.63	31.94	32.25	32.56	32.89	33.21	33.53	33.85	34.17	34.51	34.85	35.20	35.54	35.88	36.24	36.60	36.96	37.32	37.68
36	31.60	31.92	32.23	32.54	32.85	33.18	33.51	33.84	34.17	34.50	34.84	35.19	35.53	35.88	36.22	36.59	36.95	37.31	37.67	38.03
37	31.80	32.11	32.43	32.74	33.05	33.38	33.71	34.05	34.38	34.71	35.06	35.40	35.75	36.10	36.44	36.81	37.17	37.54	37.90	38.27
38	32.13	32.44	32.76	33.08	33.39	33.73	34.07	34.41	34.75	35.09	35.44	35.79	36.14	36.49	36.84	37.21	37.57	37.90	38.31	38.68
39	32.56	32.88	33.19	33.51	33.83	34.17	34.51	34.85	35.19	35.53	35.89	36.24	36.60	36.95	37.31	37.68	38.05	38.43	38.80	39.17
40	32.74	33.06	33.38	33.70	34.03	34.36	34.70	35.04	35.38	35.72	36.08	36.43	36.79	37.15	37.50	37.88	38.26	38.63	39.01	39.39
41	33.14	33.47	33.80	34.13	34.46	34.81	35.15	35.49	35.84	36.18	36.54	36.90	37.27	37.63	37.99	38.37	38.75	39.13	39.51	39.89
42	33.45	33.78	34.11	34.45	34.78	35.12	35.47	35.81	36.15	36.50	36.86	37.22	37.59	37.95	38.32	38.70	39.09	39.47	39.86	40.24
43	33.73	34.06	34.40	34.73	35.07	35.42	35.77	36.11	36.46	36.81	37.18	37.55	37.91	38.28	38.65	39.04	39.42	39.81	40.20	40.58
44	34.03	34.38	34.72	35.06	35.40	35.75	36.10	36.45	36.80	37.15	37.53	37.90	38.27	38.64	39.01	39.40	39.79	40.18	40.57	40.96
45	34.30	34.64	34.98	35.32	35.66	36.01	36.37	36.73	37.08	37.44	37.81	38.19	38.56	38.94	39.32	39.71	40.10	40.50	40.89	41.28
46	34.62	34.96	35.30	35.64	35.98	36.35	36.71	37.07	37.43	37.80	38.17	38.55	38.93	39.31	39.68	40.08	40.48	40.87	41.27	41.67
47	34.99	35.34	35.68	36.03	36.38	36.74	37.10	37.47	37.83	38.20	38.58	38.96	39.34	39.72	40.10	40.51	40.91	41.31	41.71	42.11
48	35.25	35.60	35.94	36.29	36.64	37.01	37.38	37.75	38.13	38.50	38.88	39.27	39.65	40.04	40.42	40.82	41.23	41.63	42.03	42.44
49	35.52	35.87	36.21	36.56	36.91	37.28	37.65	38.02	38.40	38.77	39.16	39.55	39.93	40.32	40.71	41.12	41.53	41.94	42.34	42.75
50	35.88	36.23	36.58	36.94	37.29	37.66	38.04	38.41	38.78	39.15	39.55	39.94	40.33	40.73	41.12	41.53	41.94	42.35	42.76	43.17
51	36.16	36.52	36.88	37.23	37.59	37.97	38.35	38.73	39.11	39.49	39.88	40.28	40.67	41.07	41.46	41.88	42.29	42.70	43.12	43.53
52	36.43	36.79	37.16	37.52	37.88	38.26	38.64	39.01	39.39	39.77	40.17	40.56	40.96	41.36	41.75	42.17	42.59	43.01	43.43	43.85
53	36.77	37.13	37.49	37.86	38.22	38.60	38.99	39.37	39.75	40.13	40.53	40.93	41.33	41.74	42.14	42.56	42.98	43.40	43.82	44.24
54	37.11	37.48	37.86	38.23	38.61	38.99	39.38	39.76	40.15	40.53	40.94	41.07	41.75	42.15	42.56	42.98	43.41	43.83	44.26	44.68
55	37.35	37.72	38.09	38.45	38.82	39.21	39.59	39.98	40.37	40.75	41.16	41.57	41.98	42.39	42.80	43.22	43.65	44.08	44.51	44.93
56	37.66	38.04	38.41	38.78	39.15	39.55	39.95	40.34	40.74	41.14	41.55	41.96	42.37	42.78	43.19	43.62	44.05	44.49	44.92	45.35
57	37.98	38.36	38.74	39.11	39.49	39.88	40.28	40.68	41.07	41.47	41.88	42.30	42.71	43.13	43.54	43.98	44.41	44.85	45.28	45.72
58	38.27	38.64	39.02	39.40	39.78	40.17	40.57	40.96	41.36	41.75	42.17	42.59	43.01	43.43	43.85	44.28	44.72	45.16	45.60	46.04
59	38.60	38.99	39.37	39.75	40.13	40.53	40.94	41.34	41.75	42.15	42.58	43.00	43.42	43.84	44.26	44.70	45.14	45.59	46.03	46.47
60	38.98	39.36	39.74	40.11	40.49	40.90	41.31	41.71	42.12	42.53	42.96	43.38	43.81	44.23	44.66	45.11	45.55	46.00	46.44	46.89
61	39.36	39.74	40.13	40.51	40.90	41.31	41.72	42.13	42.54	42.95	43.38	43.81	44.24	44.67	45.10	45.55	46.00	46.45	46.90	47.35
62	39.76	40.15	40.53	40.92	41.30	41.72	42.14	42.56	42.98	43.39	43.83	44.26	44.70	45.13	45.57	46.02	46.47	46.93	47.38	47.84
63	40.16	40.55	40.94	41.33	41.72	42.14	42.56	42.98	43.40	43.82	44.26	44.70	45.13	45.57	46.01	46.47	46.93	47.39	47.85	48.31
64	40.57	40.96	41.36	41.75	42.15	42.57	42.99	43.41	43.83	44.25	44.69	45.13	45.58	46.02	46.46	46.93	47.39	47.86	48.32	48.79
65	40.97	41.37	41.77	42.17	42.57	42.99	43.42	43.84	44.27	44.69	45.14	45.59	46.03	46.48	46.93	47.42	47.87	48.34	48.81	49.28

Range	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
66	41.38	41.78	42.19	42.59	42.99	43.42	43.85	44.28	44.71	45.14	45.59	46.04	46.49	46.94	47.40	47.87	48.35	48.82	49.29	49.77
67	41.80	42.20	42.61	43.02	43.42	43.86	44.29	44.72	45.16	45.59	46.05	46.50	46.96	47.41	47.87	48.35	48.83	49.31	49.79	50.27
68	42.21	42.62	43.04	43.45	43.86	44.30	44.73	45.17	45.61	46.05	46.51	46.97	47.43	47.89	48.35	48.83	49.32	49.80	50.28	50.77
69	42.64	43.05	43.47	43.88	44.30	44.74	45.18	45.62	46.06	46.51	46.97	47.44	47.90	48.37	48.83	49.32	49.81	50.30	50.79	51.28
70	43.06	43.48	43.90	44.32	44.74	45.19	45.63	46.08	46.52	46.97	47.44	47.91	48.38	48.85	49.32	49.81	50.31	50.80	51.30	51.79
71	43.49	43.92	44.34	44.76	45.19	45.64	46.09	46.54	46.99	47.44	47.92	48.39	48.86	49.34	49.81	50.31	50.81	51.31	51.81	52.31
72	43.93	44.35	44.78	45.21	45.64	46.09	46.55	47.00	47.46	47.91	48.39	48.87	49.35	49.83	50.31	50.82	51.32	51.82	52.33	52.83
73	44.37	44.80	45.23	45.66	46.09	46.55	47.01	47.47	47.93	48.39	48.88	49.36	49.85	50.33	50.82	51.32	51.83	52.34	52.85	53.36
74	44.81	45.25	45.68	46.12	46.56	47.02	47.48	47.95	48.41	48.88	49.37	49.86	50.35	50.83	51.32	51.84	52.35	52.86	53.38	53.89
75	45.26	45.70	46.14	46.58	47.02	47.49	47.96	48.43	48.90	49.37	49.86	50.35	50.85	51.34	51.84	52.36	52.87	53.39	53.91	54.43
76	45.71	46.16	46.60	47.05	47.49	47.96	48.44	48.91	49.39	49.86	50.36	50.86	51.36	51.86	52.35	52.88	53.40	53.93	54.45	54.97
77	46.17	46.62	47.07	47.52	47.97	48.44	48.92	49.40	49.88	50.36	50.86	51.37	51.87	52.37	52.88	53.41	53.94	54.47	55.00	55.52
78	46.63	47.08	47.54	47.99	48.45	48.93	49.41	49.90	50.38	50.86	51.37	51.88	52.39	52.90	53.41	53.94	54.48	55.01	55.55	56.08
79	47.10	47.55	48.01	48.47	48.93	49.42	49.91	50.39	50.88	51.37	51.88	52.40	52.91	53.43	53.94	54.48	55.02	55.56	56.10	56.64
80	47.57	48.03	48.49	48.96	49.42	49.91	50.41	50.90	51.39	51.88	52.40	52.92	53.44	53.96	54.48	55.03	55.57	56.12	56.66	57.21
81	47.73	48.20	48.66	49.13	49.61	50.09	50.58	51.07	51.56	52.06	52.57	53.08	53.59	54.11	54.64	55.17	55.70	56.24	56.79	57.34
82	48.21	48.68	49.15	49.63	50.11	50.59	51.08	51.58	52.08	52.59	53.10	53.61	54.13	54.66	55.19	55.72	56.26	56.81	57.36	57.91
83	48.69	49.16	49.64	50.12	50.61	51.10	51.60	52.10	52.60	53.11	53.63	54.15	54.67	55.20	55.74	56.28	56.82	57.37	57.93	58.49
84	49.18	49.66	50.14	50.62	51.11	51.61	52.11	52.62	53.13	53.64	54.16	54.69	55.22	55.75	56.29	56.84	57.39	57.95	58.51	59.08
85	49.67	50.15	50.64	51.13	51.63	52.13	52.63	53.14	53.66	54.18	54.70	55.23	55.77	56.31	56.86	57.41	57.97	58.53	59.10	59.67
86	50.17	50.65	51.14	51.64	52.14	52.65	53.16	53.67	54.19	54.72	55.25	55.79	56.33	56.87	57.43	57.98	58.55	59.11	59.69	60.27
87	50.67	51.16	51.66	52.16	52.66	53.17	53.69	54.21	54.74	55.27	55.80	56.34	56.89	57.44	58.00	58.56	59.13	59.70	60.28	60.87
88	51.18	51.67	52.17	52.68	53.19	53.71	54.23	54.75	55.28	55.82	56.36	56.91	57.46	58.02	58.58	59.15	59.72	60.30	60.89	61.48
89	51.69	52.19	52.69	53.21	53.72	54.24	54.77	55.30	55.84	56.38	56.92	57.48	58.03	58.60	59.17	59.74	60.32	60.90	61.49	62.09

Range	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
17	17.24	17.93	18.64	19.39	20.17	20.34	20.51	20.69	20.86	21.04	21.22	21.40	21.59	21.77	21.96	22.15	22.34	22.53	22.72	22.91	23.11
18	17.62	18.76	20.10	21.34	22.41	22.59	22.78	22.96	23.15	23.33	23.52	23.75	23.99	24.23	24.46	24.70	24.94	25.19	25.43	25.68	25.92
19	17.80	18.99	20.27	21.57	22.61	22.81	23.00	23.19	23.39	23.58	23.77	24.01	24.25	24.49	24.73	24.97	25.22	25.47	25.72	25.97	26.22
20	17.99	19.34	20.55	21.80	22.87	23.07	23.26	23.46	23.66	23.85	24.05	24.29	24.53	24.77	25.01	25.25	25.49	25.74	25.98	26.23	26.47
21	18.27	19.49	20.85	22.09	23.18	23.38	23.57	23.76	23.96	24.15	24.35	24.59	24.84	25.08	25.33	25.57	25.83	26.08	26.33	26.59	26.84
22	18.57	19.78	21.02	22.33	23.41	23.61	23.80	24.00	24.20	24.39	24.59	24.84	25.09	25.34	25.59	25.84	26.09	26.35	26.60	26.85	27.11
23	18.76	20.10	21.34	22.54	23.65	23.85	24.05	24.24	24.44	24.64	24.84	25.08	25.33	25.58	25.83	26.08	26.34	26.60	26.87	27.13	27.39
24	18.99	20.27	21.57	22.84	24.01	24.21	24.40	24.60	24.79	24.98	25.18	25.43	25.69	25.94	26.19	26.45	26.71	26.97	27.23	27.49	27.75
25	19.36	20.55	21.80	23.08	24.23	24.43	24.63	24.84	25.04	25.24	25.44	25.70	25.95	26.20	26.45	26.70	26.97	27.24	27.51	27.78	28.05
26	19.49	20.85	22.09	23.35	24.50	24.70	24.91	25.11	25.31	25.52	25.72	25.98	26.24	26.50	26.75	27.01	27.28	27.56	27.83	28.10	28.37
27	19.78	21.02	22.33	23.53	24.75	24.95	25.16	25.36	25.56	25.76	25.97	26.22	26.48	26.73	26.99	27.25	27.52	27.80	28.08	28.36	28.63
28	20.10	21.34	22.54	23.87	25.07	25.27	25.48	25.68	25.89	26.10	26.30	26.56	26.83	27.09	27.35	27.61	27.89	28.17	28.44	28.72	28.99
29	20.27	21.57	22.84	24.06	25.26	25.47	25.68	25.89	26.10	26.31	26.52	26.79	27.05	27.31	27.57	27.84	28.11	28.39	28.67	28.95	29.23
30	20.55	21.80	23.08	24.32	25.53	25.74	25.95	26.16	26.38	26.59	26.80	27.07	27.34	27.61	27.88	28.15	28.43	28.71	28.99	29.27	29.55
31	20.85	22.09	23.35	24.50	25.72	25.93	26.15	26.37	26.58	26.80	27.01	27.28	27.55	27.81	28.08	28.34	28.62	28.91	29.19	29.47	29.75
32	21.02	22.33	23.53	24.80	26.04	26.26	26.48	26.69	26.91	27.12	27.34	27.61	27.88	28.15	28.42	28.69	28.98	29.27	29.56	29.85	30.14
33	21.34	22.54	23.87	25.07	26.32	26.54	26.76	26.97	27.19	27.41	27.63	27.91	28.18	28.45	28.73	29.00	29.30	29.59	29.88	30.18	30.47
34	21.57	22.84	24.06	25.28	26.54	26.76	26.99	27.21	27.43	27.66	27.88	28.15	28.43	28.70	28.98	29.25	29.55	29.84	30.14	30.43	30.73
35	21.80	23.08	24.32	25.59	26.85	27.07	27.30	27.52	27.75	27.97	28.20	28.48	28.77	29.05	29.34	29.62	29.92	30.21	30.50	30.80	31.09
36	22.09	23.35	24.50	25.82	27.09	27.32	27.55	27.77	28.00	28.23	28.45	28.74	29.02	29.30	29.58	29.86	30.17	30.47	30.78	31.08	31.39
37	22.33	23.53	24.78	25.98	27.29	27.52	27.74	27.97	28.20	28.42	28.65	28.94	29.23	29.52	29.80	30.09	30.39	30.69	30.99	31.28	31.58
38	22.54	23.87	25.07	26.26	27.56	27.79	28.03	28.26	28.49	28.72	28.95	29.24	29.53	29.82	30.10	30.39	30.70	31.00	31.30	31.61	31.91
39	22.84	24.06	25.28	26.59	27.91	28.15	28.38	28.62	28.85	29.09	29.32	29.61	29.90	30.19	30.49	30.78	31.09	31.40	31.71	32.03	32.34
40	23.08	24.32	25.59	26.76	28.07	28.31	28.54	28.78	29.02	29.25	29.49	29.79	30.08	30.38	30.67	30.97	31.28	31.59	31.90	32.21	32.52
41	23.35	24.50	25.82	27.07	28.43	28.66	28.90	29.14	29.37	29.61	29.84	30.15	30.45	30.75	31.06	31.36	31.67	31.98	32.29	32.60	32.90
42	23.53	24.78	25.98	27.32	28.69	28.93	29.17	29.41	29.65	29.89	30.13	30.44	30.74	31.05	31.35	31.65	31.97	32.28	32.59	32.91	33.22
43	23.87	25.07	26.26	27.55	28.93	29.17	29.41	29.65	29.89	30.13	30.37	30.68	30.98	31.28	31.59	31.89	32.21	32.53	32.85	33.17	33.50
44	24.06	25.28	26.59	27.82	29.20	29.44	29.69	29.93	30.17	30.41	30.66	30.96	31.27	31.57	31.88	32.18	32.51	32.83	33.15	33.47	33.80
45	24.32	25.59	26.76	28.03	29.45	29.69	29.93	30.17	30.41	30.66	30.90	31.21	31.52	31.83	32.14	32.45	32.77	33.09	33.42	33.74	34.06
46	24.50	25.82	27.07	28.30	29.70	29.94	30.19	30.43	30.68	30.93	31.17	31.49	31.80	32.11	32.43	32.74	33.07	33.40	33.73	34.06	34.39
47	24.97	25.98	27.32	28.58	30.01	30.26	30.51	30.76	31.01	31.26	31.52	31.83	32.15	32.47	32.78	33.10	33.43	33.76	34.09	34.42	34.75
48	25.07	26.26	27.55	28.81	30.25	30.51	30.76	31.01	31.27	31.52	31.77	32.09	32.41	32.72	33.04	33.36	33.69	34.02	34.35	34.68	35.00
49	25.28	26.59	27.82	29.00	30.47	30.72	30.98	31.23	31.49	31.74	32.00	32.31	32.63	32.95	33.27	33.59	33.93	34.27	34.60	34.94	35.28
50	25.59	26.76	28.03	29.31	30.78	31.03	31.29	31.54	31.79	32.05	32.30	32.63	32.96	33.28	33.61	33.93	34.27	34.61	34.95	35.29	35.63
51	25.82	27.07	28.30	29.52	31.05	31.31	31.56	31.82	32.07	32.32	32.58	32.91	33.23	33.56	33.89	34.22	34.56	34.89	35.23	35.57	35.91
52	25.98	27.32	28.58	29.75	31.24	31.50	31.76	32.03	32.29	32.55	32.81	33.14	33.47	33.80	34.13	34.46	34.81	35.15	35.49	35.84	36.18
53	26.26	27.55	28.81	30.06	31.54	31.80	32.07	32.33	32.59	32.86	33.12	33.45	33.78	34.11	34.44	34.77	35.12	35.47	35.82	36.17	36.51
54	26.59	27.82	29.00	30.33	31.85	32.11	32.38	32.64	32.91	33.17	33.44	33.77	34.10	34.43	34.76	35.09	35.44	35.79	36.14	36.50	36.85
55	26.76	28.03	29.31	30.51	32.05	32.31	32.58	32.85	33.12	33.38	33.65	33.98	34.32	34.65	34.99	35.32	35.68	36.03	36.39	36.74	37.10
56	27.07	28.30	29.52	30.78	32.30	32.58	32.85	33.12	33.39	33.66	33.93	34.27	34.61	34.95	35.29	35.63	35.99	36.34	36.70	37.05	37.41
57	27.32	28.58	29.75	31.05	32.58	32.85	33.13	33.41	33.68	33.96	34.23	34.57	34.91	35.25	35.59	35.93	36.29	36.65	37.01	37.36	37.72
58	27.55	28.81	30.06	31.25	32.83	33.10	33.38	33.65	33.93	34.21	34.48	34.82	35.17	35.51	35.85	36.20	36.56	36.92	37.28	37.64	38.01
59	27.82	29.00	30.36	31.54	33.11	33.39	33.66	33.94	34.22	34.50	34.77	35.12	35.47	35.82	36.17	36.51	36.88	37.24	37.61	37.97	38.34
60	28.03	29.31	30.51	31.85	33.44	33.71	33.99	34.26	34.54	34.81	35.09	35.44	35.79	36.14	36.50	36.85	37.22	37.60	37.97	38.35	38.73
61	28.32	29.59	30.83	32.17	33.77	34.05	34.33	34.61	34.88	35.16	35.44	35.80	36.16	36.51	36.87	37.23	37.60	37.97	38.35	38.72	39.09
62	28.61	29.89	31.13	32.49	34.10	34.38	34.66	34.94	35.22	35.50	35.78	36.15	36.51	36.87	37.23	37.59	37.97	38.36	38.74	39.12	39.50
63	28.87	30.19	31.44	32.82	34.45	34.73	35.02	35.30	35.59	35.88	36.16	36.52	36.89	37.25	37.61	37.97	38.36	38.74	39.12	39.51	39.89
64	29.17	30.49	31.76	33.14	34.79	35.08	35.36	35.65	35.94	36.23	36.51	36.88	37.24	37.61	37.97	38.34	38.73	39.12	39.51	39.90	40.30
65	29.46	30.79	32.08	33.47	35.14	35.43	35.72	36.01	36.30	36.59	36.88	37.25	37.62	37.99	38.35	38.72	39.12	39.51	39.91	40.30	40.70

Range	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
66	29.75	31.10	32.40	33.80	35.49	35.78	36.08	36.37	36.66	36.95	37.25	37.62	38.00	38.37	38.74	39.11	39.51	39.91	40.31	40.71	41.10
67	30.05	31.41	32.73	34.14	35.84	36.14	36.44	36.73	37.03	37.32	37.62	38.00	38.38	38.75	39.13	39.50	39.90	40.31	40.71	41.11	41.52
68	30.35	31.72	33.05	34.48	36.20	36.50	36.80	37.10	37.40	37.70	38.00	38.38	38.76	39.14	39.52	39.90	40.30	40.71	41.12	41.52	41.93
69	30.65	32.04	33.38	34.83	36.56	36.87	37.17	37.47	37.77	38.07	38.38	38.76	39.15	39.53	39.91	40.30	40.71	41.12	41.53	41.94	42.35
70	30.96	32.36	33.72	35.17	36.93	37.23	37.54	37.84	38.15	38.45	38.76	39.15	39.54	39.92	40.31	40.70	41.11	41.53	41.94	42.36	42.77
71	31.27	32.68	34.05	35.53	37.30	37.61	37.92	38.22	38.53	38.84	39.15	39.54	39.93	40.32	40.71	41.11	41.52	41.94	42.36	42.78	43.20
72	31.58	33.01	34.40	35.88	37.67	37.98	38.29	38.61	38.92	39.23	39.54	39.93	40.33	40.73	41.12	41.52	41.94	42.36	42.79	43.21	43.63
73	31.90	33.34	34.74	36.24	38.05	38.36	38.68	38.99	39.31	39.62	39.93	40.33	40.74	41.13	41.53	41.93	42.36	42.79	43.21	43.64	44.07
74	32.22	33.68	35.09	36.60	38.35	38.75	39.06	39.38	39.70	40.02	40.33	40.74	41.14	41.54	41.95	42.35	42.78	43.21	43.65	44.08	44.51
75	32.54	34.01	35.44	36.97	38.71	39.13	39.45	39.78	40.10	40.42	40.74	41.14	41.56	41.96	42.37	42.77	43.21	43.65	44.08	44.52	44.96
76	32.86	34.35	35.79	37.34	39.09	39.53	39.85	40.17	40.50	40.82	41.14	41.56	41.97	42.38	42.79	43.20	43.64	44.08	44.52	44.96	45.40
77	33.19	34.70	36.15	37.71	39.46	39.92	40.25	40.57	40.90	41.23	41.56	41.97	42.39	42.80	43.22	43.63	44.08	44.52	44.97	45.41	45.86
78	33.52	35.04	36.51	38.09	39.85	40.32	40.65	40.98	41.31	41.64	41.97	42.39	42.81	43.23	43.65	44.07	44.54	44.97	45.42	45.87	46.32
79	33.86	35.39	36.88	38.47	40.23	40.72	41.06	41.39	41.72	42.06	42.39	42.81	43.24	43.66	44.09	44.51	44.96	45.42	45.87	46.33	46.78
80	34.20	35.75	37.24	38.85	40.62	41.13	41.47	41.80	42.14	42.48	42.81	43.24	43.67	44.10	44.53	44.96	45.41	45.87	46.33	46.79	47.25
81	34.54	36.09	37.72	39.42	41.19	41.52	41.85	42.18	42.52	42.86	43.21	43.59	43.99	44.38	44.78	45.18	45.62	46.07	46.51	46.96	47.42
82	34.89	36.45	38.10	39.81	41.60	41.93	42.27	42.61	42.95	43.29	43.64	44.03	44.43	44.83	45.23	45.64	46.08	46.53	46.98	47.43	47.89
83	35.23	36.82	38.48	40.21	42.02	42.35	42.69	43.03	43.38	43.72	44.07	44.47	44.87	45.27	45.68	46.09	46.54	46.99	47.45	47.91	48.37
84	35.59	37.19	38.86	40.61	42.44	42.78	43.12	43.46	43.81	44.16	44.51	44.92	45.32	45.73	46.14	46.55	47.01	47.46	47.92	48.39	48.86
85	35.94	37.56	39.25	41.02	42.86	43.20	43.55	43.90	44.25	44.60	44.96	45.36	45.77	46.18	46.60	47.02	47.48	47.94	48.40	48.87	49.34
86	36.30	37.93	39.64	41.43	43.29	43.64	43.98	44.34	44.69	45.05	45.41	45.82	46.23	46.65	47.07	47.49	47.95	48.42	48.88	49.36	49.84
87	36.66	38.31	40.04	41.84	43.72	44.07	44.42	44.78	45.14	45.50	45.86	46.28	46.69	47.11	47.54	47.96	48.43	48.90	49.37	49.85	50.34
88	37.03	38.70	40.44	42.26	44.16	44.51	44.87	45.23	45.59	45.95	46.32	46.74	47.16	47.58	48.01	48.44	48.91	49.39	49.87	50.35	50.84
89	37.40	39.08	40.84	42.68	44.60	44.96	45.32	45.68	46.05	46.41	46.78	47.21	47.63	48.06	48.49	48.93	49.40	49.88	50.37	50.85	51.35

Range	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
17	23.31	23.51	23.71	23.91	24.11	24.32	24.53	24.74	24.95	25.16	25.38	25.59	25.81	26.03	26.26	26.48	26.71	26.94	27.17	27.40
18	26.18	26.44	26.70	26.96	27.22	27.49	27.76	28.03	28.30	28.57	28.86	29.15	29.43	29.72	30.01	30.30	30.60	30.90	31.20	31.50
19	26.48	26.74	27.06	27.27	27.53	27.80	28.07	28.35	28.62	28.89	29.18	29.47	29.76	30.05	30.34	30.64	30.95	31.25	31.55	31.86
20	26.74	27.01	27.28	27.55	27.82	28.10	28.37	28.65	28.92	29.20	29.49	29.78	30.07	30.37	30.66	30.96	31.27	31.58	31.89	32.19
21	27.11	27.38	27.65	27.92	28.19	28.47	28.74	29.02	29.30	29.58	29.87	30.17	30.47	30.76	31.06	31.37	31.68	31.99	32.30	32.61
22	27.38	27.65	27.92	28.19	28.46	28.75	29.04	29.33	29.62	29.91	30.21	30.51	30.81	31.11	31.40	31.72	32.03	32.35	32.66	32.97
23	27.66	27.93	28.20	28.47	28.74	29.03	29.32	29.61	29.90	30.19	30.50	30.80	31.10	31.40	31.70	32.02	32.33	32.65	32.97	33.28
24	28.03	28.32	28.60	28.88	29.17	29.46	29.75	30.03	30.32	30.61	30.92	31.23	31.54	31.84	32.15	32.47	32.79	33.12	33.44	33.76
25	28.33	28.61	28.89	29.18	29.46	29.75	30.04	30.34	30.63	30.92	31.23	31.54	31.85	32.16	32.47	32.79	33.11	33.44	33.76	34.09
26	28.65	28.93	29.21	29.49	29.77	30.07	30.36	30.66	30.95	31.25	31.56	31.87	32.19	32.50	32.81	33.14	33.46	33.79	34.12	34.45
27	28.92	29.20	29.49	29.77	30.06	30.36	30.65	30.95	31.25	31.55	31.86	32.18	32.50	32.81	33.13	33.46	33.79	34.12	34.45	34.78
28	29.28	29.57	29.86	30.15	30.44	30.75	31.05	31.36	31.66	31.97	32.29	32.61	32.93	33.25	33.57	33.91	34.25	34.58	34.92	35.25
29	29.52	29.81	30.10	30.39	30.68	30.99	31.30	31.60	31.91	32.22	32.54	32.86	33.19	33.51	33.83	34.17	34.51	34.84	35.18	35.52
30	29.85	30.15	30.45	30.75	31.05	31.36	31.66	31.97	32.27	32.58	32.90	33.23	33.55	33.87	34.20	34.54	34.88	35.22	35.56	35.90
31	30.05	30.35	30.64	30.94	31.24	31.55	31.87	32.18	32.50	32.81	33.14	33.46	33.79	34.12	34.45	34.79	35.14	35.48	35.83	36.17
32	30.45	30.75	31.05	31.36	31.66	31.98	32.30	32.61	32.93	33.25	33.58	33.91	34.25	34.58	34.91	35.26	35.61	35.96	36.31	36.66
33	30.77	31.07	31.37	31.67	31.97	32.29	32.62	32.94	33.27	33.59	33.93	34.26	34.60	34.93	35.27	35.62	35.98	36.33	36.68	37.04
34	31.04	31.35	31.66	31.97	32.28	32.60	32.92	33.23	33.55	33.87	34.21	34.55	34.89	35.23	35.57	35.93	36.28	36.64	36.99	37.35
35	31.41	31.72	32.04	32.35	32.66	32.99	33.31	33.63	33.95	34.28	34.62	34.96	35.30	35.65	35.99	36.35	36.71	37.07	37.43	37.79
36	31.70	32.01	32.33	32.64	32.96	33.28	33.61	33.94	34.27	34.60	34.95	35.29	35.64	35.99	36.33	36.70	37.06	37.42	37.79	38.15
37	31.90	32.21	32.53	32.84	33.15	33.49	33.82	34.15	34.48	34.82	35.16	35.51	35.86	36.21	36.56	36.92	37.29	37.65	38.02	38.38
38	32.23	32.54	32.86	33.18	33.50	33.84	34.17	34.51	34.85	35.19	35.54	35.90	36.25	36.60	36.95	37.32	37.69	38.02	38.43	38.79
39	32.66	32.98	33.29	33.61	33.93	34.27	34.62	34.96	35.30	35.64	36.00	36.35	36.71	37.07	37.42	37.80	38.17	38.54	38.92	39.29
40	32.84	33.16	33.49	33.81	34.13	34.47	34.81	35.15	35.49	35.83	36.19	36.54	36.90	37.26	37.62	38.00	38.37	38.75	39.13	39.51
41	33.24	33.57	33.90	34.23	34.57	34.91	35.26	35.60	35.95	36.29	36.65	37.02	37.38	37.74	38.11	38.49	38.87	39.25	39.63	40.01
42	33.55	33.89	34.22	34.55	34.88	35.23	35.57	35.92	36.26	36.61	36.97	37.34	37.70	38.07	38.43	38.82	39.21	39.59	39.98	40.36
43	33.83	34.17	34.50	34.84	35.18	35.53	35.88	36.23	36.58	36.93	37.29	37.66	38.03	38.40	38.77	39.16	39.54	39.93	40.32	40.71
44	34.14	34.48	34.82	35.17	35.51	35.86	36.21	36.57	36.92	37.27	37.64	38.01	38.38	38.76	39.13	39.52	39.91	40.30	40.69	41.08
45	34.40	34.74	35.09	35.43	35.77	36.12	36.48	36.84	37.19	37.55	37.93	38.31	38.68	39.06	39.44	39.83	40.23	40.62	41.02	41.41
46	34.73	35.07	35.41	35.75	36.09	36.46	36.82	37.18	37.55	37.91	38.29	38.67	39.05	39.43	39.81	40.20	40.60	41.00	41.40	41.80
47	35.10	35.44	35.79	36.14	36.49	36.85	37.22	37.58	37.95	38.31	38.70	39.08	39.46	39.84	40.23	40.63	41.03	41.44	41.84	42.24
48	35.35	35.70	36.05	36.40	36.75	37.13	37.50	37.87	38.24	38.61	39.00	39.39	39.77	40.16	40.54	40.95	41.35	41.76	42.16	42.57
49	35.63	35.98	36.32	36.67	37.02	37.39	37.77	38.14	38.51	38.89	39.28	39.67	40.06	40.45	40.84	41.24	41.65	42.06	42.47	42.88
50	35.99	36.34	36.70	37.05	37.41	37.78	38.15	38.53	38.90	39.27	39.67	40.06	40.46	40.85	41.25	41.66	42.07	42.48	42.89	43.30
51	36.27	36.63	36.99	37.35	37.71	38.09	38.47	38.85	39.23	39.61	40.01	40.40	40.80	41.19	41.59	42.00	42.42	42.83	43.25	43.66
52	36.54	36.91	37.27	37.63	38.00	38.38	38.75	39.13	39.51	39.89	40.29	40.69	41.09	41.48	41.88	42.30	42.72	43.14	43.56	43.98
53	36.88	37.24	37.61	37.97	38.34	38.72	39.10	39.49	39.87	40.25	40.65	41.06	41.46	41.86	42.27	42.69	43.11	43.53	43.95	44.38
54	37.22	37.60	37.97	38.35	38.73	39.11	39.50	39.88	40.27	40.65	41.06	41.20	41.87	42.28	42.69	43.11	43.54	43.97	44.39	44.82
55	37.47	37.83	38.20	38.57	38.94	39.33	39.72	40.10	40.49	40.88	41.29	41.70	42.11	42.52	42.93	43.36	43.78	44.21	44.64	45.07
56	37.78	38.15	38.53	38.90	39.27	39.67	40.07	40.47	40.87	41.26	41.68	42.09	42.50	42.91	43.32	43.76	44.19	44.62	45.06	45.49
57	38.10	38.48	38.85	39.23	39.61	40.01	40.40	40.80	41.20	41.60	42.01	42.43	42.84	43.26	43.67	44.11	44.55	44.98	45.42	45.86
58	38.38	38.76	39.14	39.52	39.90	40.30	40.69	41.09	41.48	41.88	42.30	42.72	43.14	43.56	43.98	44.42	44.86	45.30	45.74	46.18
59	38.72	39.10	39.49	39.87	40.25	40.66	41.06	41.47	41.88	42.28	42.71	43.13	43.55	43.97	44.39	44.84	45.28	45.73	46.17	46.61
60	39.10	39.48	39.86	40.23	40.61	41.02	41.43	41.84	42.25	42.66	43.09	43.52	43.94	44.37	44.80	45.24	45.69	46.14	46.59	47.03
61	39.48	39.87	40.25	40.64	41.02	41.44	41.85	42.26	42.67	43.08	43.51	43.94	44.37	44.80	45.23	45.69	46.14	46.59	47.04	47.50
62	39.88	40.27	40.65	41.04	41.43	41.85	42.27	42.69	43.11	43.53	43.97	44.40	44.83	45.27	45.71	46.16	46.62	47.07	47.53	47.99
63	40.28	40.67	41.06	41.46	41.85	42.27	42.69	43.11	43.53	43.96	44.39	44.83	45.27	45.71	46.15	46.61	47.07	47.53	48.00	48.46
64	40.69	41.09	41.48	41.88	42.28	42.70	43.12	43.54	43.96	44.38	44.83	45.27	45.72	46.16	46.61	47.07	47.54	48.00	48.47	48.94
65	41.10	41.50	41.90	42.30	42.70	43.12	43.55	43.98	44.40	44.83	45.28	45.73	46.17	46.62	47.07	47.56	48.01	48.48	48.96	49.43

Range	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
66	41.51	41.91	42.32	42.72	43.13	43.56	43.99	44.42	44.85	45.28	45.73	46.18	46.64	47.09	47.54	48.02	48.49	48.97	49.45	49.92
67	41.92	42.33	42.74	43.15	43.56	43.99	44.43	44.86	45.29	45.73	46.19	46.64	47.10	47.56	48.02	48.50	48.98	49.46	49.94	50.42
68	42.34	42.76	43.17	43.58	43.99	44.43	44.87	45.31	45.75	46.19	46.65	47.11	47.57	48.04	48.50	48.98	49.47	49.95	50.44	50.92
69	42.77	43.18	43.60	44.02	44.43	44.88	45.32	45.76	46.21	46.65	47.12	47.58	48.05	48.52	48.98	49.47	49.96	50.45	50.94	51.43
70	43.19	43.61	44.03	44.46	44.88	45.32	45.77	46.22	46.67	47.12	47.59	48.06	48.53	49.00	49.47	49.97	50.46	50.96	51.45	51.95
71	43.63	44.05	44.48	44.90	45.32	45.78	46.23	46.68	47.13	47.59	48.06	48.54	49.01	49.49	49.97	50.47	50.97	51.47	51.97	52.47
72	44.06	44.49	44.92	45.35	45.78	46.23	46.69	47.15	47.61	48.06	48.54	49.02	49.50	49.99	50.47	50.97	51.48	51.98	52.49	52.99
73	44.50	44.94	45.37	45.80	46.24	46.70	47.16	47.62	48.08	48.54	49.03	49.51	50.00	50.49	50.97	51.48	51.99	52.50	53.01	53.52
74	44.95	45.39	45.82	46.26	46.70	47.16	47.63	48.10	48.56	49.03	49.52	50.01	50.50	50.99	51.48	52.00	52.51	53.03	53.54	54.06
75	45.40	45.84	46.28	46.72	47.16	47.64	48.11	48.58	49.05	49.52	50.01	50.51	51.00	51.50	52.00	52.52	53.04	53.56	54.08	54.60
76	45.85	46.30	46.74	47.19	47.64	48.11	48.59	49.06	49.54	50.01	50.51	51.01	51.51	52.01	52.52	53.04	53.57	54.09	54.62	55.14
77	46.31	46.76	47.21	47.66	48.11	48.59	49.07	49.55	50.03	50.51	51.02	51.52	52.03	52.54	53.04	53.57	54.10	54.63	55.16	55.69
78	46.77	47.23	47.68	48.14	48.59	49.08	49.56	50.05	50.53	51.02	51.53	52.04	52.55	53.06	53.57	54.11	54.64	55.18	55.72	56.25
79	47.24	47.70	48.16	48.62	49.08	49.57	50.06	50.55	51.04	51.53	52.04	52.56	53.08	53.59	54.11	54.65	55.19	55.73	56.27	56.81
80	47.71	48.18	48.64	49.11	49.57	50.07	50.56	51.05	51.55	52.04	52.56	53.09	53.61	54.13	54.65	55.19	55.74	56.29	56.84	57.38
81	47.88	48.34	48.81	49.29	49.76	50.25	50.73	51.23	51.72	52.22	52.73	53.24	53.76	54.28	54.81	55.34	55.87	56.42	56.96	57.52
82	48.36	48.83	49.30	49.78	50.26	50.75	51.24	51.74	52.24	52.75	53.26	53.77	54.30	54.82	55.35	55.89	56.43	56.98	57.53	58.09
83	48.84	49.31	49.79	50.28	50.76	51.26	51.75	52.26	52.76	53.27	53.79	54.31	54.84	55.37	55.91	56.45	57.00	57.55	58.11	58.67
84	49.33	49.81	50.29	50.78	51.27	51.77	52.27	52.78	53.29	53.81	54.33	54.86	55.39	55.92	56.47	57.01	57.57	58.13	58.69	59.26
85	49.82	50.31	50.79	51.29	51.78	52.29	52.79	53.31	53.82	54.34	54.87	55.40	55.94	56.48	57.03	57.58	58.14	58.71	59.28	59.85
86	50.32	50.81	51.30	51.80	52.30	52.81	53.32	53.84	54.36	54.89	55.42	55.96	56.50	57.05	57.60	58.16	58.72	59.29	59.87	60.45
87	50.82	51.32	51.81	52.32	52.82	53.34	53.85	54.38	54.90	55.44	55.97	56.52	57.07	57.62	58.18	58.74	59.31	59.89	60.47	61.05
88	51.33	51.83	52.33	52.84	53.35	53.87	54.39	54.92	55.45	55.99	56.53	57.08	57.64	58.19	58.76	59.33	59.90	60.49	61.07	61.66
89	51.85	52.35	52.86	53.37	53.89	54.41	54.94	55.47	56.01	56.55	57.10	57.65	58.21	58.78	59.35	59.92	60.50	61.09	61.68	62.28

Range	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
18	3,054.13	3,251.73	3,483.99	3,698.93	3,884.39	3,915.59	3,948.53	3,979.73	4,012.66	4,043.86	4,076.79	4,116.66	4,158.26	4,199.86	4,239.73	4,281.33	4,322.93	4,366.26	4,407.86	4,451.19	4,492.79
19	3,085.33	3,291.59	3,513.46	3,738.79	3,919.06	3,953.73	3,986.66	4,019.59	4,054.26	4,087.19	4,120.13	4,161.73	4,203.33	4,244.93	4,286.53	4,328.13	4,371.46	4,414.79	4,458.12	4,501.46	4,544.79
20	3,118.26	3,352.26	3,561.99	3,778.66	3,964.13	3,998.79	4,031.73	4,066.39	4,101.06	4,133.99	4,168.66	4,210.26	4,251.86	4,293.46	4,335.06	4,376.66	4,418.26	4,461.59	4,503.19	4,546.52	4,588.12
21	3,166.79	3,378.26	3,613.99	3,828.93	4,017.86	4,052.53	4,085.46	4,118.39	4,153.06	4,185.99	4,220.66	4,262.26	4,305.59	4,347.19	4,390.52	4,432.12	4,477.19	4,520.52	4,563.86	4,608.92	4,652.26
22	3,218.79	3,428.53	3,643.46	3,870.53	4,057.73	4,092.39	4,125.33	4,159.99	4,194.66	4,227.59	4,262.26	4,305.59	4,348.92	4,392.26	4,435.59	4,478.92	4,522.26	4,567.32	4,610.66	4,653.99	4,699.06
23	3,251.73	3,483.99	3,698.93	3,906.93	4,099.33	4,133.99	4,168.66	4,201.59	4,236.26	4,270.93	4,305.59	4,347.19	4,390.52	4,433.86	4,477.19	4,520.52	4,565.59	4,610.66	4,657.46	4,702.52	4,747.59
24	3,291.59	3,513.46	3,738.79	3,958.93	4,161.73	4,196.39	4,229.33	4,263.99	4,296.93	4,329.86	4,364.52	4,407.86	4,452.92	4,496.26	4,539.59	4,584.66	4,629.72	4,674.79	4,719.86	4,764.92	4,809.99
25	3,355.73	3,561.99	3,778.66	4,000.53	4,199.86	4,234.53	4,269.19	4,305.59	4,340.26	4,374.92	4,409.59	4,454.66	4,497.99	4,541.32	4,584.66	4,627.99	4,674.79	4,721.59	4,768.39	4,815.19	4,861.99
26	3,378.26	3,613.99	3,828.93	4,047.33	4,246.66	4,281.33	4,317.73	4,352.39	4,387.06	4,423.46	4,458.12	4,503.19	4,548.26	4,593.32	4,636.66	4,681.72	4,728.52	4,777.06	4,823.86	4,870.66	4,917.46
27	3,428.53	3,643.46	3,870.53	4,078.53	4,289.99	4,324.66	4,361.06	4,395.72	4,430.39	4,465.06	4,501.46	4,544.79	4,589.86	4,633.19	4,678.26	4,723.32	4,770.12	4,818.66	4,867.19	4,915.72	4,962.52
28	3,483.99	3,698.93	3,906.93	4,137.46	4,345.46	4,380.12	4,416.52	4,451.19	4,487.59	4,523.99	4,558.66	4,603.72	4,650.52	4,695.59	4,740.66	4,785.72	4,834.26	4,882.79	4,929.59	4,978.12	5,024.92
29	3,513.46	3,738.79	3,958.93	4,170.39	4,378.39	4,414.79	4,451.19	4,487.59	4,523.99	4,560.39	4,596.79	4,643.59	4,688.66	4,733.72	4,778.79	4,825.59	4,872.39	4,920.92	4,969.46	5,017.99	5,066.52
30	3,561.99	3,778.66	4,000.53	4,215.46	4,425.19	4,461.59	4,497.99	4,534.39	4,572.52	4,608.92	4,645.32	4,692.12	4,738.92	4,785.72	4,832.52	4,879.32	4,927.86	4,976.39	5,024.92	5,073.46	5,121.99
31	3,613.99	3,828.93	4,047.33	4,246.66	4,458.12	4,494.52	4,532.66	4,570.79	4,607.19	4,645.32	4,681.72	4,728.52	4,775.32	4,820.39	4,867.19	4,912.26	4,960.79	5,011.06	5,059.59	5,108.12	5,156.66
32	3,643.46	3,870.53	4,078.53	4,298.66	4,513.59	4,551.72	4,589.86	4,626.26	4,664.39	4,700.79	4,738.92	4,785.72	4,832.52	4,879.32	4,926.12	4,972.92	5,023.19	5,073.46	5,123.72	5,173.99	5,224.26
33	3,698.93	3,906.93	4,137.46	4,345.46	4,562.12	4,600.26	4,638.39	4,674.79	4,712.92	4,751.06	4,789.19	4,837.72	4,884.52	4,931.32	4,979.86	5,026.66	5,078.66	5,128.92	5,179.19	5,231.19	5,281.46
34	3,738.79	3,958.93	4,170.39	4,381.86	4,600.26	4,638.39	4,678.26	4,716.39	4,754.52	4,794.39	4,832.52	4,879.32	4,927.86	4,974.66	5,023.19	5,069.99	5,121.99	5,172.26	5,224.26	5,274.52	5,326.52
35	3,778.66	4,000.53	4,215.46	4,435.59	4,653.99	4,692.12	4,731.99	4,770.12	4,809.99	4,848.12	4,887.99	4,936.52	4,986.79	5,035.32	5,085.59	5,134.12	5,186.12	5,236.39	5,286.66	5,338.66	5,388.92
36	3,828.93	4,047.33	4,246.66	4,475.46	4,695.59	4,735.46	4,775.32	4,813.46	4,853.32	4,893.19	4,931.32	4,981.59	5,030.12	5,078.66	5,127.19	5,175.72	5,229.46	5,281.46	5,335.19	5,387.19	5,440.92
37	3,870.53	4,078.53	4,295.19	4,503.19	4,730.26	4,770.12	4,808.26	4,848.12	4,887.99	4,926.12	4,965.99	5,016.26	5,066.52	5,116.79	5,165.32	5,215.59	5,267.59	5,319.59	5,371.59	5,421.86	5,473.86
38	3,906.93	4,137.46	4,345.46	4,551.72	4,777.06	4,816.92	4,858.52	4,898.39	4,938.26	4,978.12	5,017.99	5,068.26	5,118.52	5,168.79	5,217.32	5,267.59	5,321.32	5,373.32	5,425.32	5,479.06	5,531.06
39	3,958.93	4,170.39	4,381.86	4,608.92	4,837.72	4,879.32	4,919.19	4,960.79	5,000.66	5,042.26	5,082.12	5,132.39	5,182.66	5,232.92	5,284.92	5,335.19	5,388.92	5,442.66	5,496.39	5,551.86	5,605.59
40	4,000.53	4,215.46	4,435.59	4,638.39	4,865.46	4,907.06	4,946.92	4,988.52	5,030.12	5,069.99	5,111.59	5,163.59	5,213.86	5,265.86	5,316.12	5,368.12	5,421.86	5,475.59	5,529.32	5,583.06	5,636.79
41	4,047.33	4,246.66	4,475.46	4,692.12	4,927.86	4,967.72	5,009.32	5,050.92	5,090.79	5,132.39	5,172.26	5,225.99	5,277.99	5,329.99	5,383.72	5,435.72	5,489.46	5,543.19	5,596.92	5,650.66	5,702.66
42	4,078.53	4,295.19	4,503.19	4,735.46	4,972.92	5,014.52	5,056.12	5,097.72	5,139.32	5,180.92	5,222.52	5,276.26	5,328.26	5,381.99	5,433.99	5,485.99	5,541.46	5,595.19	5,648.92	5,704.39	5,758.12
43	4,137.46	4,345.46	4,551.72	4,775.32	5,014.52	5,056.12	5,097.72	5,139.32	5,180.92	5,222.52	5,264.12	5,317.86	5,369.86	5,421.86	5,475.59	5,527.59	5,583.06	5,638.52	5,693.99	5,749.46	5,806.66
44	4,170.39	4,381.86	4,608.92	4,822.12	5,061.32	5,102.92	5,146.26	5,187.86	5,229.46	5,271.06	5,314.39	5,366.39	5,420.12	5,472.12	5,525.86	5,577.86	5,635.06	5,690.52	5,745.99	5,801.46	5,858.66
45	4,215.46	4,435.59	4,638.39	4,858.52	5,104.66	5,146.26	5,187.86	5,229.46	5,271.06	5,314.39	5,355.99	5,409.72	5,463.46	5,517.19	5,570.92	5,624.66	5,680.12	5,735.59	5,792.79	5,848.26	5,903.72
46	4,246.66	4,475.46	4,692.12	4,905.32	5,147.99	5,189.59	5,232.92	5,274.52	5,317.86	5,361.19	5,402.79	5,458.26	5,511.99	5,565.72	5,621.19	5,674.92	5,732.12	5,789.32	5,846.52	5,903.72	5,960.92
47	4,328.13	4,503.19	4,735.46	4,953.86	5,201.72	5,245.06	5,288.39	5,331.72	5,375.06	5,418.39	5,463.46	5,517.19	5,572.66	5,628.12	5,681.86	5,737.32	5,794.52	5,851.72	5,908.92	5,966.12	6,023.32
48	4,345.46	4,551.72	4,775.32	4,993.72	5,243.32	5,288.39	5,331.72	5,375.06	5,420.12	5,463.46	5,506.79	5,562.26	5,617.72	5,671.46	5,726.92	5,782.39	5,839.59	5,896.79	5,953.99	6,011.19	6,066.66
49	4,381.86	4,608.92	4,822.12	5,026.66	5,281.46	5,324.79	5,369.86	5,413.19	5,458.26	5,501.59	5,546.66	5,600.39	5,655.86	5,711.32	5,766.79	5,822.26	5,881.19	5,940.12	5,997.32	6,056.26	6,115.19
50	4,435.59	4,638.39	4,858.52	5,080.39	5,335.19	5,378.52	5,423.59	5,466.92	5,510.26	5,555.32	5,598.66	5,655.86	5,713.06	5,768.52	5,825.72	5,881.19	5,940.12	5,999.06	6,057.99	6,116.92	6,175.85
51	4,475.46	4,692.12	4,905.32	5,116.79	5,381.99	5,427.06	5,470.39	5,515.46	5,558.79	5,602.12	5,647.19	5,704.39	5,759.86	5,817.06	5,874.26	5,931.46	5,990.39	6,047.59	6,106.52	6,165.45	6,224.39
52	4,503.19	4,735.46	4,953.86	5,156.66	5,414.92	5,459.99	5,505.06	5,551.86	5,596.92	5,641.99	5,687.06	5,744.26	5,801.46	5,858.66	5,915.86	5,973.06	6,033.72	6,092.65	6,151.59	6,212.25	6,271.19
53	4,551.72	4,775.32	4,993.72	5,210.39	5,466.92	5,511.99	5,558.79	5,603.86	5,648.92	5,695.72	5,740.79	5,797.99	5,855.19	5,912.39	5,969.59	6,026.79	6,087.45	6,148.12	6,208.79	6,269.45	6,328.39
54	4,608.92	4,822.12	5,026.66	5,257.19	5,520.66	5,565.72	5,612.52	5,657.59	5,704.39	5,749.46	5,796.26	5,853.46	5,910.66	5,967.86	6,025.06	6,082.25	6,142.92	6,203.59	6,264.25	6,326.65	6,387.32
55	4,638.39	4,858.52	5,080.39	5,288.39	5,555.32	5,600.39	5,647.19	5,693.99	5,740.79	5,785.86	5,832.66	5,889.86	5,948.79	6,005.99	6,064.92	6,122.12	6,184.52	6,245.19	6,307.59	6,368.25	6,430.65
56	4,692.12	4,905.32	5,116.79	5,335.19	5,598.66	5,647.19	5,693.99	5,740.79	5,787.59	5,834.39	5,881.19	5,940.12	5,999.06	6,057.99	6,116.92	6,175.85	6,238.25	6,298.92	6,361.32	6,421.99	6,484.39
57	4,735.46	4,953.86	5,156.66	5,381.99	5,647.19	5,693.99	5,742.52	5,791.06	5,837.86	5,886.39	5,933.19	5,992.12	6,051.06	6,109.99	6,168.92	6,227.85	6,290.25	6,352.65	6,415.05	6,475.72	6,538.12
58	4,775.32	4,993.72	5,210.39	5,416.66	5,690.52	5,737.32	5,785.86	5,832.66	5,881.19	5,929.72	5,976.52	6,035.46	6,096.12	6,155.05	6,213.99	6,274.65	6,337.05	6,399.45	6,461.85	6,524.25	6,588.39
59	4,822.12	5,026.66	5,242.39	5,466.92	5,739.06	5,787.59	5,834.39	5,882.92	5,931.46	5,979.99	6,026.79	6,087.45	6,148.12	6,208.79	6,269.45	6,328.39	6,392.52	6,454.92	6,519.05	6,581.45	6,645.59
60	4,858.52	5,080.39	5,288.39	5,520.66	5,796.26	5,843.06	5,891.59	5,938.39	5,986.92	6,033.72	6,082.25	6,142.92	6,203.59	6,264.25	6,326.65	6,387.32	6,451.45	6,51			

Range	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
66	5,156.66	5,390.66	5,615.99	5,858.66	6,151.59	6,201.85	6,253.85	6,304.12	6,354.39	6,404.65	6,456.65	6,520.79	6,586.65	6,650.79	6,714.92	6,779.05	6,848.39	6,917.72	6,987.05	7,056.39	7,123.99
67	5,208.66	5,444.39	5,673.19	5,917.59	6,212.25	6,264.25	6,316.25	6,366.52	6,418.52	6,468.79	6,520.79	6,586.65	6,652.52	6,716.65	6,782.52	6,846.65	6,915.99	6,987.05	7,056.39	7,125.72	7,196.79
68	5,260.66	5,498.12	5,728.66	5,976.52	6,274.65	6,326.65	6,378.65	6,430.65	6,482.65	6,534.65	6,586.65	6,652.52	6,718.39	6,784.25	6,850.12	6,915.99	6,985.32	7,056.39	7,127.45	7,196.79	7,267.85
69	5,312.66	5,553.59	5,785.86	6,037.19	6,337.05	6,390.79	6,442.79	6,494.79	6,546.79	6,598.79	6,652.52	6,718.39	6,785.99	6,851.85	6,917.72	6,985.32	7,056.39	7,127.45	7,198.52	7,269.59	7,340.65
70	5,366.39	5,609.06	5,844.79	6,096.12	6,401.19	6,453.19	6,506.92	6,558.92	6,612.65	6,664.65	6,718.39	6,785.99	6,853.59	6,919.45	6,987.05	7,054.65	7,125.72	7,198.52	7,269.59	7,342.39	7,413.45
71	5,420.12	5,664.52	5,901.99	6,158.52	6,465.32	6,519.05	6,572.79	6,624.79	6,678.52	6,732.25	6,785.99	6,853.59	6,921.19	6,988.79	7,056.39	7,125.72	7,196.79	7,269.59	7,342.39	7,415.19	7,487.99
72	5,473.86	5,721.72	5,962.66	6,219.19	6,529.45	6,583.19	6,636.92	6,692.39	6,746.12	6,799.85	6,853.59	6,921.19	6,990.52	7,059.85	7,127.45	7,196.79	7,269.59	7,342.39	7,416.92	7,489.72	7,562.52
73	5,529.32	5,778.92	6,021.59	6,281.59	6,595.32	6,649.05	6,704.52	6,758.25	6,813.72	6,867.45	6,921.19	6,990.52	7,061.59	7,129.19	7,198.52	7,267.85	7,342.39	7,416.92	7,489.72	7,564.25	7,638.79
74	5,584.79	5,837.86	6,082.25	6,343.99	6,647.32	6,716.65	6,770.39	6,825.85	6,881.32	6,936.79	6,990.52	7,061.59	7,130.92	7,200.25	7,271.32	7,340.65	7,415.19	7,489.72	7,565.99	7,640.52	7,715.05
75	5,640.26	5,895.06	6,142.92	6,408.12	6,709.72	6,782.52	6,837.99	6,895.19	6,950.65	7,006.12	7,061.59	7,130.92	7,203.72	7,273.05	7,344.12	7,413.45	7,489.72	7,565.99	7,640.52	7,716.79	7,793.05
76	5,695.72	5,953.99	6,203.59	6,472.25	6,775.59	6,851.85	6,907.32	6,962.79	7,019.99	7,075.45	7,130.92	7,203.72	7,274.79	7,345.85	7,416.92	7,487.99	7,564.25	7,640.52	7,716.79	7,793.05	7,869.32
77	5,752.92	6,014.66	6,265.99	6,536.39	6,839.72	6,919.45	6,976.65	7,032.12	7,089.32	7,146.52	7,203.72	7,274.79	7,347.59	7,418.65	7,491.45	7,562.52	7,640.52	7,716.79	7,794.79	7,871.05	7,949.05
78	5,810.12	6,073.59	6,328.39	6,602.25	6,907.32	6,988.79	7,045.99	7,103.19	7,160.39	7,217.59	7,274.79	7,347.59	7,420.39	7,493.19	7,565.99	7,638.79	7,720.25	7,794.79	7,872.78	7,950.78	8,028.78
79	5,869.06	6,134.25	6,392.52	6,668.12	6,973.19	7,058.12	7,117.05	7,174.25	7,231.45	7,290.39	7,347.59	7,420.39	7,494.92	7,567.72	7,642.25	7,715.05	7,793.05	7,872.78	7,950.78	8,030.52	8,108.52
80	5,927.99	6,196.65	6,454.92	6,733.99	7,040.79	7,129.19	7,188.12	7,245.32	7,304.25	7,363.19	7,420.39	7,494.92	7,569.45	7,643.99	7,718.52	7,793.05	7,871.05	7,950.78	8,030.52	8,110.25	8,189.98
81	5,986.92	6,255.59	6,538.12	6,832.79	7,139.59	7,196.79	7,253.99	7,311.19	7,370.12	7,429.05	7,489.72	7,555.59	7,624.92	7,692.52	7,761.85	7,831.18	7,907.45	7,985.45	8,061.72	8,139.72	8,219.45
82	6,047.59	6,317.99	6,603.99	6,900.39	7,210.65	7,267.85	7,326.79	7,385.72	7,444.65	7,503.59	7,564.25	7,631.85	7,701.19	7,770.52	7,839.85	7,910.92	7,987.18	8,065.18	8,143.18	8,221.18	8,300.92
83	6,106.52	6,382.12	6,669.85	6,969.72	7,283.45	7,340.65	7,399.59	7,458.52	7,519.19	7,578.12	7,638.79	7,708.12	7,777.45	7,846.78	7,917.85	7,988.92	8,066.92	8,144.92	8,224.65	8,304.38	8,384.12
84	6,168.92	6,446.25	6,735.72	7,039.05	7,356.25	7,415.19	7,474.12	7,533.05	7,593.72	7,654.39	7,715.05	7,786.12	7,855.45	7,926.52	7,997.58	8,068.65	8,148.38	8,226.38	8,306.12	8,387.58	8,469.05
85	6,229.59	6,510.39	6,803.32	7,110.12	7,429.05	7,487.99	7,548.65	7,609.32	7,669.99	7,730.65	7,793.05	7,862.38	7,933.45	8,004.52	8,077.32	8,150.12	8,229.85	8,309.58	8,389.32	8,470.78	8,552.25
86	6,291.99	6,574.52	6,870.92	7,181.19	7,503.59	7,564.25	7,623.19	7,685.59	7,746.25	7,808.65	7,871.05	7,942.12	8,013.18	8,085.98	8,158.78	8,231.58	8,311.32	8,392.78	8,472.52	8,555.72	8,638.92
87	6,354.39	6,640.39	6,940.25	7,252.25	7,578.12	7,638.79	7,699.45	7,761.85	7,824.25	7,886.65	7,949.05	8,021.85	8,092.92	8,165.72	8,240.25	8,313.05	8,394.52	8,475.98	8,557.45	8,640.65	8,725.58
88	6,418.52	6,707.99	7,009.59	7,325.05	7,654.39	7,715.05	7,777.45	7,839.85	7,902.25	7,964.65	8,028.78	8,101.58	8,174.38	8,247.18	8,321.72	8,396.25	8,477.72	8,560.92	8,644.12	8,727.32	8,812.25
89	6,482.65	6,773.85	7,078.92	7,397.85	7,730.65	7,793.05	7,855.45	7,917.85	7,981.98	8,044.38	8,108.52	8,183.05	8,255.85	8,330.38	8,404.92	8,481.18	8,562.65	8,645.85	8,730.78	8,813.98	8,900.65

Range	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
18	4,537.86	4,582.92	4,627.99	4,673.06	4,718.12	4,764.92	4,811.72	4,858.52	4,905.32	4,952.12	5,002.39	5,052.66	5,101.19	5,151.46	5,201.72	5,251.99	5,303.99	5,355.99	5,407.99	5,459.99
19	4,589.86	4,634.92	4,690.39	4,726.79	4,771.86	4,818.66	4,865.46	4,913.99	4,960.79	5,007.59	5,057.86	5,108.12	5,158.39	5,208.66	5,258.92	5,310.92	5,364.66	5,416.66	5,468.66	5,522.39
20	4,634.92	4,681.72	4,728.52	4,775.32	4,822.12	4,870.66	4,917.46	4,965.99	5,012.79	5,061.32	5,111.59	5,161.86	5,212.12	5,264.12	5,314.39	5,366.39	5,420.12	5,473.86	5,527.59	5,579.59
21	4,699.06	4,745.86	4,792.66	4,839.46	4,886.26	4,934.79	4,981.59	5,030.12	5,078.66	5,127.19	5,177.46	5,229.46	5,281.46	5,331.72	5,383.72	5,437.46	5,491.19	5,544.92	5,598.66	5,652.39
22	4,745.86	4,792.66	4,839.46	4,886.26	4,933.06	4,983.32	5,033.59	5,083.86	5,134.12	5,184.39	5,236.39	5,288.39	5,340.39	5,392.39	5,442.66	5,498.12	5,551.86	5,607.32	5,661.06	5,714.79
23	4,794.39	4,841.19	4,887.99	4,934.79	4,981.59	5,031.86	5,082.12	5,132.39	5,182.66	5,232.92	5,286.66	5,338.66	5,390.66	5,442.66	5,494.66	5,550.12	5,603.86	5,659.32	5,714.79	5,768.52
24	4,858.52	4,908.79	4,957.32	5,005.86	5,056.12	5,106.39	5,156.66	5,205.19	5,255.46	5,305.72	5,359.46	5,413.19	5,466.92	5,518.92	5,572.66	5,628.12	5,683.59	5,740.79	5,796.26	5,851.72
25	4,910.52	4,959.06	5,007.59	5,057.86	5,106.39	5,156.66	5,206.92	5,258.92	5,309.19	5,359.46	5,413.19	5,466.92	5,520.66	5,574.39	5,628.12	5,683.59	5,739.06	5,796.26	5,851.72	5,908.92
26	4,965.99	5,014.52	5,063.06	5,111.59	5,160.12	5,212.12	5,262.39	5,314.39	5,364.66	5,416.66	5,470.39	5,524.12	5,579.59	5,633.32	5,687.06	5,744.26	5,799.72	5,856.92	5,914.12	5,971.32
27	5,012.79	5,061.32	5,111.59	5,160.12	5,210.39	5,262.39	5,312.66	5,364.66	5,416.66	5,468.66	5,522.39	5,577.86	5,633.32	5,687.06	5,742.52	5,799.72	5,856.92	5,914.12	5,971.32	6,028.52
28	5,075.19	5,125.46	5,175.72	5,225.99	5,276.26	5,329.99	5,381.99	5,435.72	5,487.72	5,541.46	5,596.92	5,652.39	5,707.86	5,763.32	5,818.79	5,877.72	5,936.66	5,993.86	6,052.79	6,109.99
29	5,116.79	5,167.06	5,217.32	5,267.59	5,317.86	5,371.59	5,425.32	5,477.32	5,531.06	5,584.79	5,640.26	5,695.72	5,752.92	5,808.39	5,863.86	5,922.79	5,981.72	6,038.92	6,097.85	6,156.79
30	5,173.99	5,225.99	5,277.99	5,329.99	5,381.99	5,435.72	5,487.72	5,541.46	5,593.46	5,647.19	5,702.66	5,759.86	5,815.32	5,870.79	5,927.99	5,986.92	6,045.86	6,104.79	6,163.72	6,222.65
31	5,208.66	5,260.66	5,310.92	5,362.92	5,414.92	5,468.66	5,524.12	5,577.86	5,633.32	5,687.06	5,744.26	5,799.72	5,856.92	5,914.12	5,971.32	6,030.26	6,090.92	6,149.85	6,210.52	6,269.45
32	5,277.99	5,329.99	5,381.99	5,435.72	5,487.72	5,543.19	5,598.66	5,652.39	5,707.86	5,763.32	5,820.52	5,877.72	5,936.66	5,993.86	6,051.06	6,111.72	6,172.39	6,233.05	6,293.72	6,354.39
33	5,333.46	5,385.46	5,437.46	5,489.46	5,541.46	5,596.92	5,654.12	5,709.59	5,766.79	5,822.26	5,881.19	5,938.39	5,997.32	6,054.52	6,113.45	6,174.12	6,236.52	6,297.19	6,357.85	6,420.25
34	5,380.26	5,433.99	5,487.72	5,541.46	5,595.19	5,650.66	5,706.12	5,759.86	5,815.32	5,870.79	5,929.72	5,988.66	6,047.59	6,106.52	6,165.45	6,227.85	6,288.52	6,350.92	6,411.59	6,473.99
35	5,444.39	5,498.12	5,553.59	5,607.32	5,661.06	5,718.26	5,773.72	5,829.19	5,884.66	5,941.86	6,000.79	6,059.72	6,118.65	6,179.32	6,238.25	6,300.65	6,363.05	6,425.45	6,487.85	6,550.25
36	5,494.66	5,548.39	5,603.86	5,657.59	5,713.06	5,768.52	5,825.72	5,882.92	5,940.12	5,997.32	6,057.99	6,116.92	6,177.59	6,238.25	6,297.19	6,361.32	6,423.72	6,486.12	6,550.25	6,612.65
37	5,529.32	5,583.06	5,638.52	5,692.26	5,745.99	5,804.92	5,862.12	5,919.32	5,976.52	6,035.46	6,094.39	6,155.05	6,215.72	6,276.39	6,337.05	6,399.45	6,463.59	6,525.99	6,590.12	6,652.52
38	5,586.52	5,640.26	5,695.72	5,751.19	5,806.66	5,865.59	5,922.79	5,981.72	6,040.66	6,099.59	6,160.25	6,222.65	6,283.32	6,343.99	6,404.65	6,468.79	6,532.92	6,590.12	6,661.19	6,723.59
39	5,661.06	5,716.52	5,770.26	5,825.72	5,881.19	5,940.12	6,000.79	6,059.72	6,118.65	6,177.59	6,239.99	6,300.65	6,363.05	6,425.45	6,486.12	6,551.99	6,616.12	6,680.25	6,746.12	6,810.25
40	5,692.26	5,747.72	5,804.92	5,860.39	5,915.86	5,974.79	6,033.72	6,092.65	6,151.59	6,210.52	6,272.92	6,333.59	6,395.99	6,458.39	6,520.79	6,586.65	6,650.79	6,716.65	6,782.52	6,848.39
41	5,761.59	5,818.79	5,875.99	5,933.19	5,992.12	6,051.06	6,111.72	6,170.65	6,231.32	6,290.25	6,352.65	6,416.79	6,479.19	6,541.59	6,605.72	6,671.59	6,737.45	6,803.32	6,869.19	6,935.05
42	5,815.32	5,874.26	5,931.46	5,988.66	6,045.86	6,106.52	6,165.45	6,226.12	6,285.05	6,345.72	6,408.12	6,472.25	6,534.65	6,598.79	6,661.19	6,728.79	6,796.39	6,862.25	6,929.85	6,995.72
43	5,863.86	5,922.79	5,979.99	6,038.92	6,097.85	6,158.52	6,219.19	6,279.85	6,340.52	6,401.19	6,463.59	6,527.72	6,591.85	6,655.99	6,720.12	6,787.72	6,853.59	6,921.19	6,988.79	7,056.39
44	5,917.59	5,976.52	6,035.46	6,096.12	6,155.05	6,215.72	6,276.39	6,338.79	6,399.45	6,460.12	6,524.25	6,588.39	6,652.52	6,718.39	6,782.52	6,850.12	6,917.72	6,985.32	7,052.92	7,120.52
45	5,962.66	6,021.59	6,082.25	6,141.19	6,200.12	6,260.79	6,323.19	6,385.59	6,446.25	6,508.65	6,574.52	6,640.39	6,704.52	6,770.39	6,836.25	6,903.85	6,973.19	7,040.79	7,110.12	7,177.72
46	6,019.86	6,078.79	6,137.72	6,196.65	6,255.59	6,319.72	6,382.12	6,444.52	6,508.65	6,571.05	6,636.92	6,702.79	6,768.65	6,834.52	6,900.39	6,967.99	7,037.32	7,106.65	7,175.99	7,245.32
47	6,083.99	6,142.92	6,203.59	6,264.25	6,324.92	6,387.32	6,451.45	6,513.85	6,577.99	6,640.39	6,707.99	6,773.85	6,839.72	6,905.59	6,973.19	7,042.52	7,111.85	7,182.92	7,252.25	7,321.59
48	6,127.32	6,187.99	6,248.65	6,309.32	6,369.99	6,435.85	6,499.99	6,564.12	6,628.25	6,692.39	6,759.99	6,827.59	6,893.45	6,961.05	7,026.92	7,097.99	7,167.32	7,238.39	7,307.72	7,378.79
49	6,175.85	6,236.52	6,295.45	6,356.12	6,416.79	6,480.92	6,546.79	6,610.92	6,675.05	6,740.92	6,808.52	6,876.12	6,943.72	7,011.32	7,078.92	7,148.25	7,219.32	7,290.39	7,361.45	7,432.52
50	6,238.25	6,298.92	6,361.32	6,421.99	6,484.39	6,548.52	6,612.65	6,678.52	6,742.65	6,806.79	6,876.12	6,943.72	7,013.05	7,080.65	7,149.99	7,221.05	7,292.12	7,363.19	7,434.25	7,505.32
51	6,286.79	6,349.19	6,411.59	6,473.99	6,536.39	6,602.25	6,668.12	6,733.99	6,799.85	6,865.72	6,935.05	7,002.65	7,071.99	7,139.59	7,208.92	7,279.99	7,352.79	7,423.85	7,496.65	7,567.72
52	6,333.59	6,397.72	6,460.12	6,522.52	6,586.65	6,652.52	6,716.65	6,782.52	6,848.39	6,914.25	6,983.59	7,052.92	7,122.25	7,189.85	7,259.19	7,331.99	7,404.79	7,477.59	7,550.39	7,623.19
53	6,392.52	6,454.92	6,519.05	6,581.45	6,645.59	6,711.45	6,777.32	6,844.92	6,910.79	6,976.65	7,045.99	7,117.05	7,186.39	7,255.72	7,326.79	7,399.59	7,472.39	7,545.19	7,617.99	7,692.52
54	6,451.45	6,517.32	6,581.45	6,647.32	6,713.19	6,779.05	6,846.65	6,912.52	6,980.12	7,045.99	7,117.05	7,141.32	7,257.45	7,328.52	7,399.59	7,472.39	7,546.92	7,621.45	7,694.25	7,768.79
55	6,494.79	6,557.19	6,621.32	6,685.45	6,749.59	6,817.19	6,884.79	6,950.65	7,018.25	7,085.85	7,156.92	7,227.99	7,299.05	7,370.12	7,441.19	7,515.72	7,588.52	7,663.05	7,737.59	7,812.12
56	6,548.52	6,612.65	6,678.52	6,742.65	6,806.79	6,876.12	6,945.45	7,014.79	7,084.12	7,151.72	7,224.52	7,295.59	7,366.65	7,437.72	7,508.79	7,585.05	7,659.59	7,734.12	7,810.38	7,884.92
57	6,603.99	6,669.85	6,733.99	6,799.85	6,865.72	6,935.05	7,002.65	7,071.99	7,141.32	7,210.65	7,281.72	7,354.52	7,425.59	7,498.39	7,569.45	7,645.72	7,721.99	7,796.52	7,872.78	7,949.05
58	6,652.52	6,718.39	6,784.25	6,850.12	6,915.99	6,985.32	7,052.92	7,122.25	7,189.85	7,259.19	7,331.99	7,404.79	7,477.59	7,550.39	7,623.19	7,699.45	7,775.72	7,851.98	7,928.25	8,004.52
59	6,711.45	6,777.32	6,844.92	6,910.79	6,976.65	7,047.72	7,117.05	7,188.12	7,259.19	7,328.52	7,403.05	7,475.85	7,548.65	7,621.45	7,694.25	7,772.25	7,848.52	7,926.52	8,002.78	8,079.05
60	6,777.32	6,843.19	6,909.05	6,973.19	7,039.05	7,110.12	7,181.19	7,252.25	7,323.32	7,394.39	7,468.92	7,543.45	7,616.25	7,690.79	7,765.32	7,841.58	7,919.58	7,997.58	8,075.58	8,151.85
61	6,843.19	6,910.79	6,976.65	7,044.25	7,110.12	7,182.92	7,253.99	7,325.05	7,396.12	7,467.19	7,541.72	7,616.25	7,690.79	7,765.32	7,839.85	7,919.58	7,997.58	8,075.58	8,153.58	8,233.32
62	6,912.52	6,980.12	7,045.99	7,113.59	7,181.19	7,253.99	7,326.79	7,399.59	7,472.39	7,545.19	7,621.45	7,695.99	7,770.52	7,846.78	7,923.05	8,001.05	8,080.78	8,15		

Range	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
66	7,195.05	7,264.39	7,335.45	7,404.79	7,475.85	7,550.39	7,624.92	7,699.45	7,773.99	7,848.52	7,926.52	8,004.52	8,084.25	8,162.25	8,240.25	8,323.45	8,404.92	8,488.12	8,571.32	8,652.78
67	7,266.12	7,337.19	7,408.25	7,479.32	7,550.39	7,624.92	7,701.19	7,775.72	7,850.25	7,926.52	8,006.25	8,084.25	8,163.98	8,243.72	8,323.45	8,406.65	8,489.85	8,573.05	8,656.25	8,739.45
68	7,338.92	7,411.72	7,482.79	7,553.85	7,624.92	7,701.19	7,777.45	7,853.72	7,929.98	8,006.25	8,085.98	8,165.72	8,245.45	8,326.92	8,406.65	8,489.85	8,574.78	8,657.98	8,742.92	8,826.12
69	7,413.45	7,484.52	7,557.32	7,630.12	7,701.19	7,779.19	7,855.45	7,931.72	8,009.72	8,085.98	8,167.45	8,247.18	8,328.65	8,410.12	8,489.85	8,574.78	8,659.72	8,744.65	8,829.58	8,914.52
70	7,486.25	7,559.05	7,631.85	7,706.39	7,779.19	7,855.45	7,933.45	8,011.45	8,089.45	8,167.45	8,248.92	8,330.38	8,411.85	8,493.32	8,574.78	8,661.45	8,746.38	8,833.05	8,917.98	9,004.65
71	7,562.52	7,635.32	7,709.85	7,782.65	7,855.45	7,935.18	8,013.18	8,091.18	8,169.18	8,248.92	8,330.38	8,413.58	8,495.05	8,578.25	8,661.45	8,748.12	8,834.78	8,921.45	9,008.12	9,094.78
72	7,637.05	7,711.59	7,786.12	7,860.65	7,935.18	8,013.18	8,092.92	8,172.65	8,252.38	8,330.38	8,413.58	8,496.78	8,579.98	8,664.92	8,748.12	8,834.78	8,923.18	9,009.85	9,098.25	9,184.92
73	7,713.32	7,789.59	7,864.12	7,938.65	8,014.92	8,094.65	8,174.38	8,254.12	8,333.85	8,413.58	8,498.52	8,581.72	8,666.65	8,751.58	8,834.78	8,923.18	9,011.58	9,099.98	9,188.38	9,276.78
74	7,791.32	7,867.58	7,942.12	8,018.38	8,094.65	8,174.38	8,255.85	8,337.32	8,417.05	8,498.52	8,583.45	8,668.38	8,753.32	8,838.25	8,923.18	9,013.32	9,101.72	9,191.85	9,280.25	9,370.38
75	7,869.32	7,945.58	8,021.85	8,098.12	8,174.38	8,257.58	8,339.05	8,420.52	8,501.98	8,583.45	8,668.38	8,755.05	8,839.98	8,926.65	9,013.32	9,103.45	9,193.58	9,283.72	9,373.85	9,463.98
76	7,947.32	8,025.32	8,101.58	8,179.58	8,257.58	8,339.05	8,422.25	8,503.72	8,586.92	8,668.38	8,755.05	8,841.72	8,928.38	9,015.05	9,103.45	9,193.58	9,285.45	9,375.58	9,467.45	9,557.58
77	8,027.05	8,105.05	8,183.05	8,261.05	8,339.05	8,422.25	8,505.45	8,588.65	8,671.85	8,755.05	8,843.45	8,930.12	9,018.52	9,106.92	9,193.58	9,285.45	9,377.32	9,469.18	9,561.05	9,652.91
78	8,106.78	8,186.52	8,264.52	8,344.25	8,422.25	8,507.18	8,590.38	8,675.32	8,758.52	8,843.45	8,931.85	9,020.25	9,108.65	9,197.05	9,285.45	9,379.05	9,470.92	9,564.51	9,658.11	9,749.98
79	8,188.25	8,267.98	8,347.72	8,427.45	8,507.18	8,592.12	8,677.05	8,761.98	8,846.92	8,931.85	9,020.25	9,110.38	9,200.52	9,288.92	9,379.05	9,472.65	9,566.25	9,659.85	9,753.45	9,847.05
80	8,269.72	8,351.18	8,430.92	8,512.38	8,592.12	8,678.78	8,763.72	8,848.65	8,935.32	9,020.25	9,110.38	9,202.25	9,292.38	9,382.52	9,472.65	9,566.25	9,661.58	9,756.91	9,852.25	9,945.85
81	8,299.18	8,378.92	8,460.38	8,543.58	8,625.05	8,709.98	8,793.18	8,879.85	8,964.78	9,051.45	9,139.85	9,228.25	9,318.38	9,408.52	9,500.38	9,592.25	9,684.11	9,779.45	9,873.05	9,970.11
82	8,382.38	8,463.85	8,545.32	8,628.52	8,711.72	8,796.65	8,881.58	8,968.25	9,054.92	9,143.32	9,231.72	9,320.12	9,411.98	9,502.12	9,593.98	9,687.58	9,781.18	9,876.51	9,971.85	10,068.91
83	8,465.58	8,547.05	8,630.25	8,715.18	8,798.38	8,885.05	8,969.98	9,058.38	9,145.05	9,233.45	9,323.58	9,413.72	9,505.58	9,597.45	9,691.05	9,784.65	9,879.98	9,975.31	10,072.38	10,169.45
84	8,550.52	8,633.72	8,716.92	8,801.85	8,886.78	8,973.45	9,060.12	9,148.52	9,236.92	9,327.05	9,417.18	9,509.05	9,600.91	9,692.78	9,788.11	9,881.71	9,978.78	10,075.85	10,172.91	10,271.71
85	8,635.45	8,720.38	8,803.58	8,890.25	8,975.18	9,063.58	9,150.25	9,240.38	9,328.78	9,418.92	9,510.78	9,602.65	9,696.25	9,789.85	9,885.18	9,980.51	10,077.58	10,176.38	10,275.18	10,373.98
86	8,722.12	8,807.05	8,891.98	8,978.65	9,065.32	9,153.72	9,242.12	9,332.25	9,422.38	9,514.25	9,606.11	9,699.71	9,793.31	9,888.65	9,983.98	10,081.05	10,178.11	10,276.91	10,377.45	10,477.98
87	8,808.78	8,895.45	8,980.38	9,068.78	9,155.45	9,245.58	9,333.98	9,425.85	9,515.98	9,609.58	9,701.45	9,796.78	9,892.11	9,987.45	10,084.51	10,181.58	10,280.38	10,380.91	10,481.45	10,581.98
88	8,897.18	8,983.85	9,070.52	9,158.92	9,247.32	9,337.45	9,427.58	9,519.45	9,611.31	9,704.91	9,798.51	9,893.85	9,990.91	10,086.25	10,185.05	10,283.85	10,382.65	10,484.91	10,585.45	10,687.71
89	8,987.32	9,073.98	9,162.38	9,250.78	9,340.92	9,431.05	9,522.92	9,614.78	9,708.38	9,801.98	9,897.31	9,992.65	10,089.71	10,188.51	10,287.31	10,386.11	10,486.65	10,588.91	10,691.18	10,795.18

ANTELOPE VALLEY UNION HIGH SCHOOL DISTRICT SUMMARY OF CURRENT CLASSIFICATIONS

Classification Position

CAMPUS SUPERVISOR:

45 Campus Supervisor I

37 Campus Security Supervisor

Educational Salary Incentive Program: One salary classification level increase not to exceed 5 total shall be granted upon employment or at the beginning of the pay period following receipt by the Personnel Services Office of certification of completion of course work listed below (or in-service training) approved for salary advancement. Present campus security supervisors who have completed the classes shall also be given credit for salary advancement purposes.

- Completion of 3 units of approved College credit (2 units of Safety Education/First Aid)
 - * Narcotics Control (AVCC)
 - * Juvenile Procedure (AVCC)
 - * Ethnic Relations (AVCC)
 - * Others as approved
- Completion of 45 forty-five hours of training in the Adult Education program or in-service training

CUSTODIAN/MAINTENANCE PERSONNEL:

89 Electrician

66 Heating, Ventilation, Air Conditioning Specialist

64 Maintenance 1 Coordinators

Electrical/Utility Specialist

62 Heating, Ventilation, Air Conditioning Mechanic I

55 Carpenter/Utility

Painter/Utility

Plumber

51 Maintenance II

50 Storekeeper I

43 Senior Custodian

40 Storekeeper II

35 Storekeeper III

30 Locker Room Attendant

Cafeteria Custodian

Office Custodian/Security

28 Groundskeeper II

27 Custodian II

FOOD SERVICES PERSONNEL:

The following unit members will be paid by the hour for hours worked. Cafeteria employees are not entitled to any free meals and shall be required to pay for any meals consumed, at the established rate.

17 Cafeteria Helper

26 Lead Cafeteria Helper

PARAPROFESSIONALS:

78 Paraeducator - Interpreter

30 Paraeducator - Health Care

Paraeducator - Speech (Range 39 with SLPA License)

Paraeducator - Translator

29 Paraeducator - Behavior Management

27/21 Bilingual Instructional Aide (Higher Classification with Certificate or AA Degree or above)

26 Paraeducator- Severe

24/19 Arts Education Instructional Aide (Higher Classification with Certificate or AA Degree or above)

Instructional Aide (Higher Classification with Certificate or AA Degree or above)

APPENDIX A-1 CONTINUED

HEALTH PERSONNEL:

- 58 **Licensed Vocational Nurse (LVN)**
36 Health Office Technician
- Completion of Certification offered by the district in the following areas:
 - * Medication Administration Training
 - * Universal/Bloodborne Pathogen Training
 - * Basic Assistance for the Student with Respiratory, Seizure, Diabetic, Elimination, or Feeding Disorders
- 38 Health Office Technician
- Completion of District Certification as listed in Range 35 plus current credentials for successful completion of the American Red Cross Emergency Medical Response course.
- 50 **Health Office Technician**
- Completion of district certifications listed in Range 35, plus current credentials as an Emergency Medical Technician, Level I, a Licensed Vocational Nurse (L.V.N), or a Registered Nurse
- Special Education Nurse Technician

CLERICAL/TECHNICAL PERSONNEL:

- 89 Information Services Specialist
Mental Health Therapists
- 87 **Website Specialist**
- 80 Data Services Specialist
Media Theater Technician
- 72 Media Network Technician
- 70 Internal Accounting Analyst
- 64 Software Support Specialist
- 60 Buyer
Communication Specialist
- 53 Payroll Account Technician
- 52 District Data Specialist
- 50 Personal Computer Repair Technician
- 47 Assistant Principal Secretary
- 45 District Data Technician
- 43 Categorical Account Technician
Community Attendance Worker
Facilities Development Technician I
Site Data Technician
Senior Account Technician
Site Accountant
- 41 AAV Prep, DPHS, PxHS Bilingual Secretary II
Registrar
- 40 **Bilingual Secretary I**
Bilingual Secretary II
- 39 AAV Prep, DPHS, PxHS Secretary II
- 38 Accounting Technician
Pupil Services Technician
- Secretary I**
Secretary II
- 35 Library Media Technician
Professional Development Specialist
- 34 Senior Attendance Clerk
- 33 Accounts Payable Clerk
- 31 Assistive Technology Technician
Computer Lab Assistant
- 30 Independent Study Clerk
Job Developer
Learning Center Technician
Transition Specialist
- 28 ASB Clerk Typist
Bilingual Intermediate Clerk
Guidance Office Clerk
- 26 Intermediate Clerk
- 24 Coordinator of Volunteer Services
- 22 Intermediate Clerk Typist

APPENDIX F

Health & Welfare Benefits

Blue Cross PPO Opt 1 (100%)	6 Hours Per Day	6.5 Hours Per Day	7 Hours Per Day	8 Hours Per Day
Deductible 100/300	\$307.95	\$234.04	\$147.82	\$190.00
\$10 office co-pay				
Prescription \$5/\$20				
Blue Cross PPO Opt 2 (100%)	6 Hours Per Day	6.5 Hours Per Day	7 Hours Per Day	8 Hours Per Day
Deductible 100/300	\$313.35	\$238.15	\$150.41	\$225.00
\$0 office co-pay				
Prescription \$5/\$20				
Blue Cross PPO Opt 3 (90/10%)	6 Hours Per Day	6.5 Hours Per Day	7 Hours Per Day	8 Hours Per Day
Deductible \$200/\$500	\$279.30	\$212.27	\$134.06	\$150.00
Co-Insurance \$1,000/\$3,000				
\$20 office co-pay				
Prescription \$5/\$20				
California Care HMO (100%)	6 Hours Per Day	6.5 Hours Per Day	7 Hours Per Day	8 Hours Per Day
Deductible \$0	\$285.75	\$217.17	\$137.16	\$190.00
\$10 office co-pay				
Prescription \$3/\$15				
Proactive Care Platinum	6 Hours Per Day	6.5 Hours Per Day	7 Hours Per Day	8 Hours Per Day
Deductible \$0	\$271.25	\$206.23	\$130.25	\$100.00
Individual/Family Out of Pocket \$2,000/\$4,00				
Prescription \$9-\$35				
Kaiser HMO Option 1 (100%)	6 Hours Per Day	6.5 Hours Per Day	7 Hours Per Day	8 Hours Per Day
Deductible \$0	\$248.40	\$188.78	\$119.23	\$117.00
\$0 office co-pay				
Prescription \$5				
Kaiser Option 2 (100%)	6 Hours Per Day	6.5 Hours Per Day	7 Hours Per Day	8 Hours Per Day
Deductible \$0	\$228.60	\$173.74	\$109.73	\$90.00
\$30 office co-pay				
Prescription \$10/\$30				
RATES INCLUDE MEDICAL, DENTAL, VISION, EMPLOYEE ASSISTANCE PROGRAM (EAP) and LIFE INSURANCE				



Antelope Valley Union High School District Classified

		BC option 2	BC option 1	BC option 3	California Care	KP option 1	KP option 2
2025-2026	Anthem	Anthem	Anthem	Anthem	Anthem	Kaiser	Kaiser
	Platinum+	100-B \$0	100-B \$10	90-C \$20	Premier 10	\$0 OV, \$5 Rx	\$30 OV, \$10-30
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles (Ded)	\$0/\$0	\$100/\$300	\$100/\$300	\$200/\$500	\$0/\$0	\$0	\$0
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$2,000	\$1,500/\$3,000	\$1,500/\$3,000

PROFESSIONAL SERVICES

Primary Care* visit co-pay (\$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)	\$0	\$0	\$10	\$20	\$10	\$0	\$30
Urgent Care co-pay	\$0	\$0	\$10	\$20	\$10	\$0	\$30
Prenatal, postnatal office visit co-pay	\$0	\$0	\$10	\$20	\$10	\$0	\$0
Specialists/Consultants co-pay	\$40	\$0	\$10	\$20	\$10	\$0	\$30
	Non-Hosp/OPH**						
Scans: CT, CAT, MRI, PET etc.	\$100/\$250	0% after Ded	0% after Ded	10% after Ded	\$100/test	\$0	\$0
Laboratory Procedures	\$0/\$50	0% after Ded	0% after Ded	10% after Ded	\$0	\$0	\$0
Diagnostic X-rays	\$25/\$75	0% after Ded	0% after Ded	10% after Ded	\$0	\$0	\$0
Infertility (Refer to Plan Document)	Not covered	Not covered	Not covered	Not covered	50%	Co-pay applies	Co-pay applies
Preventive Care (includes physical exams & screenings)	\$0	0% after Ded Ded Waived	0% after Ded Ded Waived	0% after Ded Ded Waived	\$0	\$0	\$0

HOSPITAL & SKILLED NURSING FACILITY SERVICES

Emergency Room visit (copay waived if admitted) - Avg Cost: \$2,847 \$100+10%: \$375 \$100+20%: \$649	\$300	0% after Ded \$100 co-pay	0% after Ded \$100 co-pay	10% after Ded \$100 co-pay	\$100	\$100	\$100
Inpatient Hospital (preauthorization required) - Avg Cost for one day: \$6,067 10%: \$607 20%: \$1,213	\$200/day	0% after Ded	0% after Ded	10% after Ded	\$0	\$0	\$0
Surgery, Outpatient (performed in Surgery Center)	\$200	0% after Ded	0% after Ded	10% after Ded	\$0	\$0	\$30
Surgery, Outpatient (performed in a Hospital) - limits may apply	\$600	0% after Ded	0% after Ded	10% after Ded	\$0	\$0	\$30

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	\$200/day	0% after Ded	0% after Ded	10% after Ded	\$0	\$0	\$0
OUTPATIENT: Facility Based Care (preauth required)	\$0	0% after Ded	0% after Ded	10% after Ded	\$0	\$0	\$30

OTHER SERVICES

Ambulance (Ground or Air)	\$300	0% after Ded \$100 co-pay	0% after Ded \$100 co-pay	10% after Ded \$100 co-pay	\$100	\$50	\$50
Acupuncture - Limits apply	\$0	0% after Ded Subject to PA	0% after Ded Subject to PA	10% after Ded Subject to PA	\$10/30 visits combined w/chiro	\$10/30 visits (through ASH) combined w/chiro	\$10/30 visits (through ASH) combined w/chiro
Chiropractic - Limits apply	\$0	0% after Ded Subject to PA	0% after Ded Subject to PA	10% after Ded Subject to PA	\$10/30 visits combined w/acu	\$10/30 visits (through ASH) combined w/acu	\$10/30 visits (through ASH) combined w/acu
Physical and Occupational Therapy - Limits apply	\$0	0% after Ded	0% after Ded	10% after Ded	\$10	\$0	\$30
Durable Medical Equipment (DME)	\$0	0% after Ded	0% after Ded	10% after Ded	0%	no charge	no charge
Hearing Aids	\$0 plus the amount in excess of \$700 allowance/24 months	Amount in excess of \$700 allowance/24 months	Amount in excess of \$700 allowance/24 months	10% after Ded and Amount in excess of \$700 allowance/24 months	50% Coinsurance 1 device per ear/36 months	amount in excess of \$500 allowance every 36 months	amount in excess of \$500 allowance every 36 months

*Primary Care Providers (PCPs) are those without specialty certifications, practicing general pediatrics, internal medicine, family or general practice, or obstetrics and gynecology.

**"non-Hosp" means Labs and Radiology Centers not associated with a hospital system. "OPH" means an outpatient hospital setting

PHARMACY BENEFITS

Plan	Rx 9-35 PC	Rx 5-20	Rx 5-20	Rx 5-20	Rx 3-15	\$5 Rx	\$10-30 (30 day) Rx
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus	Kaiser	Kaiser
Individual/Family Brand & Specialty Rx Deductibles	none	none	none	none	none	none	none
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$2,500/\$3,500	\$1,500/\$2,500	\$1,500/\$2,500	\$1,500/\$2,500	\$1,500/\$2,500	Included w/ Med OOP Max	Included w/ Med OOP Max
Generic co-pay/30 days supply	\$0 at Costco\$ \$9 at Other Network	\$0 at Costco\$ \$5 at Other Network	\$0 at Costco\$ \$5 at Other Network	\$0 at Costco\$ \$5 at Other Network	\$0 at Costco\$ \$3 at Other Network	\$5 up to 100 day supply	\$10 up to 30 day supply
Brand co-pay/30 days supply	\$35	\$20	\$20	\$20	\$15	\$5 up to 100 day supply	\$30 up to 30 day supply
Specialty co-pay/up to 30 days supply	\$35 Must Use Navitus Mail	\$20 Must Use Navitus Mail	\$20 Must Use Navitus Mail	\$20 Must Use Navitus Mail	\$15 Must Use Navitus Mail	\$5 up to 30 day supply	\$30 up to 30 day supply
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$90\$	\$0-\$50\$	\$0-\$50\$	\$0-\$50\$	\$0-\$35\$	\$5-\$5/up to 100 day supply	\$20-\$60 up to 100 day supply
Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Kaiser Mail Order Pharmacy	Kaiser Mail Order Pharmacy

This comparison displays member cost-share for In-Network services. Out-of-Network services may not be covered. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions.
Employee cost/payroll deduction, if applicable, can be requested from the district.

\$Some narcotic pain and cough medications are not included in the Costco Free Generic or 90-day supply programs.

CHECKLIST / REMINDERS

Complete the following forms and email to Laura Navarro (ignavarro@avhsd.org)

- Selection Sheet
- SISC Enrollment (Blue Cross/CA Care) form or Kaiser Enrollment form
- Life Insurance Enrollment form

The following documentation will be required before your spouse or domestic partner and dependents can be covered under your plan:

Marriage Certificate

Federal Tax Return (last year's 1040 - page that shows married filing jointly)

Affidavit of Marriage (if filing separately)

Domestic Partnership Certificate

Birth Certificate for each dependent child (under age 26)

The Annual Open Enrollment is every mid-July through mid-August for an effective date of October 1st. Employees can change medical and/or dental plans during open enrollment. Employees can also drop and/or add a spouse/dependents.

Employees may add or delete spouse/dependents during these Qualifying Events or Status Changes Outside of Open Enrollment. (Need Documentations)

- Loss of coverage elsewhere
- Marriage or Commencement of Domestic Partnership
- Divorce or Termination of Domestic Partnership
- Birth
- Adoption
- Legal Guardianship
- Death
- Qualified Medical Child Support Order requiring enrollment of dependent child



Connect with a therapist — anytime, anywhere

Your EAP offers faster access to counseling when you need it

If you or a loved one is struggling with life's challenges, finding a mental health professional to talk to quickly can make a big difference. That's why your Anthem Employee Assistance Program (EAP) is offering Talkspace, a service that provides confidential counseling by text, audio, or video — whatever way feels right for you.

Find support for:

- Anxiety
- Depression
- Grief
- Relationships
- Sleep
- Stress
- Substance use
- Trauma

You'll benefit from:



Personalized match

Talkspace QuickMatch™ pairs you with a therapist who fits your needs and preferences. That helps you feel comfortable from the start.



24/7 access

Message your therapist via text, audio, or video whenever something comes up — or schedule a virtual visit to connect in real time.



Experience you can count on

Talkspace includes a diverse network of professional licensed therapists in every state who treat a variety of needs.



Sign up for Talkspace today

- Use a web browser to register at talkspace.com/associatecare.
- Enter the letters "EAP", a space, and SISC in the "Organization name" field.
- Complete the QuickMatch provider finder questions.
- Await your provider match, then send a message or schedule a virtual session.

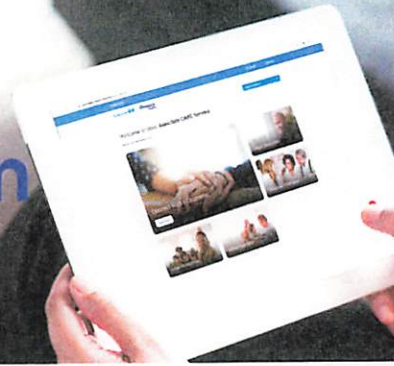
Your EAP is here with support, whatever your needs

You and your household members can get confidential support through your Anthem EAP. Connect to helpful tools, resources, and information, as well as to financial and legal advisors. Go to anthemEAP.com and enter SISC.



Your Employee Assistance Program

Tackle life's challenges with a personalized digital experience



During those moments when you feel overwhelmed, your Employee Assistance Program (EAP) is here for you with real-life tips, tools, articles, webinars, and links to helpful resources. As always, your EAP is private, confidential, and included as part of your benefits.¹

Support and advice for every step of the way



Counseling

Connect with a mental health professional for a variety of matters, including in moments of crisis. In-person and virtual options are available. Virtual options are offered through Talkspace or LiveHealth Online.²



Legal resources

Access online resources and legal help in-person or by phone for each issue, each year, at no added cost.³ You or eligible family members can call EAP and request a consultation for each separate issue, with a network attorney at no cost.



Work-life resources

Find resources for career, parenting, healthy communication, and balancing work and family.



Self-paced courses and resources

Emotional Well-being resources connect you to one-on-one coaching, self-help digital tools and access to articles, podcasts, and webinars for help with depression, anxiety, relationships, and alcohol use.



Financial planning

Talk with a professional and find resources that can help you take charge of your finances.



Self-assessments

Take self-assessments to get personalized recommendations on the best resources for your needs.

Connect to resources anytime



For questions or issues, you have access to your EAP 24/7. Contact your EAP by calling **800-999-7222** or visit your www.anthem.eap.com/sisc.

Live life to the fullest – without paying full price



Save money with discounts at anthem.com/ca

Saving money is good. Saving money on things that are good for you – that's even better. With SpecialOffers, you can get discounts on products and services that help promote better health and well-being.* It's just one of the perks of being an Anthem member. Check out how much you can save:

Vision, hearing and dental

Glasses.com™ and 1-800-CONTACTS® — Get the latest brand-name frames for just a fraction of the cost at typical retailers — every day. Plus, you get an additional \$20 off orders of \$100 or more, free shipping and free returns.

EyeMed — Get 30% off a new pair of glasses, 20% off non-prescription sunglasses and 20% off all eyewear accessories.

Premier LASIK — Save \$800 on LASIK when you choose any 'featured' Premier LASIK Network provider. Save 15% with all other in-network providers.

TruVision — Save up to 40% on LASIK eye surgery at more than 1,000 locations (over 6.5 million procedures performed in the network).

Nations Hearing — Get hearing screenings and in-home service at no additional cost. All hearing aids start at \$599 each, powered by the Beltone network.

Hearing Care Solutions — Digital instruments start at \$500. Plus, get a free hearing exam. Hearing Care Solutions has 3,100 locations and eight manufacturers, and offers a three-year warranty, two years of batteries and unlimited visits for one year.

Amplifon — Get 25% off, plus an extra \$50 off one hearing aid; \$125 off two.

ProClear™ Aligners — Get \$1,200 off a set of custom aligners. Improving your smile shouldn't cost a fortune. Now you can get a beautiful, professional smile in the comfort of your own home — all at a 50% savings. No metal braces; no time-consuming dentist visits; no hidden fees. Order now and get a free whitening kit, along with your great-looking smile.



SpecialOffers on anthem.com/ca

Fitness and health

Active&Fit Direct™ — Active&Fit Direct allows you to choose from more than 9,000 participating fitness centers nationwide for \$25 a month (plus a \$25 enrollment fee and applicable taxes). Offered through American Specialty Health Fitness, Inc.

FitBit — Get fit your way with Fitbit trackers and smartwatches that fit with your lifestyle, budget and goals. Save up to 22% on select Fitbit devices.

Garmin — Get 25% off select Garmin wellness devices.

Jenny Craig — Take advantage of a free, three-month program (food not included) plus \$120 in food savings (purchase required), or save 50% off premium programs (food cost separate).

ChooseHealthy — Get discounts on acupuncture, chiropractic, massage and fitness clubs.

Global Fit — Get discounts on gym memberships, fitness equipment, coaching and more.

Family and home

23andMe — Get \$40 off each Health + Ancestry kit. Your DNA says a lot about you. Save 20% on a 23andMe kit and learn about your wellness, ancestry and more.

Safe Beginnings® — Babyproof your home while saving 15% on everything from safety gates to outlet covers.

Nationwide Pet Insurance — Receive an automatic 5% discount when you enroll through your company or organization. Save up to 15% when you enroll multiple pets.

ASPCA Pet Insurance — Get 5% off pet insurance. You can choose from three levels of care, including flexible deductibles and custom reimbursements.

WINFertility® — Save up to 40% on infertility treatment. WINFertility helps make quality treatment affordable.

LifeMart® — Get great deals on beauty and skin care, diet plans, fitness club memberships and plans, personal care, spa services and yoga classes, sports gear and vision care.

Medicine and treatment

SelfHelpWorks — Choose one of the online Living programs and save 15% on coaching to help you lose weight, stop smoking, manage stress or diabetes, restore sound sleep or face an alcohol problem.

Brevena — Enjoy a 41% discount on BREVENA® skin care creams and balms for smooth, rejuvenated skin from face to foot.

Puritan's Pride — Choose from a large selection of discounted vitamins, minerals and supplements from Puritan's Pride.

Allergy Control Products — Save 20% on select doctor-recommended products such as allergy friendly bedding, air purifiers and filters, asthma products and more. Plus enjoy free shipping on all orders over \$79 when shipping ground within the contiguous U.S.

National Allergy® supply — Save 20% on select National Allergy® Doctor Recommended Products.

- Allergy bedding
- Air purifiers and filters
- Home allergy products
- Personal care
- Humidifiers and dehumidifiers
- Vacuums and steam cleaners

To find the discounts that are available to you, log in to anthem.com/ca and select **Discounts**.

* All discounts are subject to change without notice.

Employee Assistance Program overview

Everybody needs a helping hand sometimes. That's where your Employee Assistance Program (EAP) comes in. You'll find tools and resources to help you and your household members with everyday issues, big and small. It's available to you 24/7 at no extra cost, and everything you share is confidential.¹ Explore all the support your EAP has to offer.



Counseling

- Access up to 6 visits with a counselor per person, per issue each year²
- Choose from in-person or virtual counseling sessions, including text and chat options



Legal resources

- Book a 30-minute phone or in-person consultation with a lawyer for help with legal issues³
- Pay a discounted rate if you need continued legal services
- Explore online forms, resources, and seminars to help navigate legal concerns



Financial planning

- Access unlimited phone consultations with a financial professional for help with issues such as retirement, home buying, and debt
- Take charge of your finances with helpful financial tools and calculators





Identify theft support

- Receive guidance if you're the victim of fraud or identity theft, including help reporting to credit agencies, filling out paperwork, and negotiating with creditors



Work-life resources

- Find guidance on navigating your career, parenting, healthy communication, and balancing work and personal life
- Get help finding high-quality pet, child, and elder care



Online wellness resources

- Access podcasts, articles, videos, and webinars on dozens of topics to help you manage your emotional, mental, and physical well-being



Crisis support

- Call the 24/7 hotline or get online support with planning, coping, and recovery if you're impacted by a tragedy



Emotional Well-being Resources

- Connect to one-on-one coaching and digital self-help tools



Your EAP is here for you

Call us at **800-999-7222**, or go to **www.anthemeap.com/sisc**.

Blue Cross Blue Shield of Michigan is a member of the Anthem EAP network. For more information, visit www.anthemeap.com/sisc.
Anthem EAP is a confidential service that provides support for a variety of personal and professional issues. It is available 24/7 and is free of charge. EAP services include:
• Short-term counseling for stress, anxiety, depression, and other mental health concerns.
• Coaching for career development, time management, and work-life balance.
• Referrals to mental health professionals for ongoing therapy and treatment.
• Support groups for individuals facing similar challenges.
• Financial counseling for budgeting, debt management, and retirement planning.
• Legal consultation for family law, estate planning, and consumer rights.
• Substance abuse assessment and treatment referrals.
• Crisis intervention for emergencies and suicidal thoughts.
• Wellness programs for physical health, including smoking cessation and weight management.
• Employee assistance programs for family members and dependents.
• Confidentiality is guaranteed, and all services are provided by licensed professionals. For more information, contact your HR department or visit www.anthemeap.com/sisc.

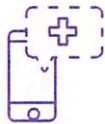
Need a primary care doctor?

Just ask Centivo Care.

As part of your PPO medical benefits from SISC, you and your enrolled adult dependents (18+) have access to free primary care through Centivo Care. We can address health concerns, assist with prescriptions, diagnose and manage chronic conditions and so much more – all from the palm of your hand.

The answer to most of your health questions is now simple: “Just ask Centivo Care.”

CARE FROM ANYWHERE



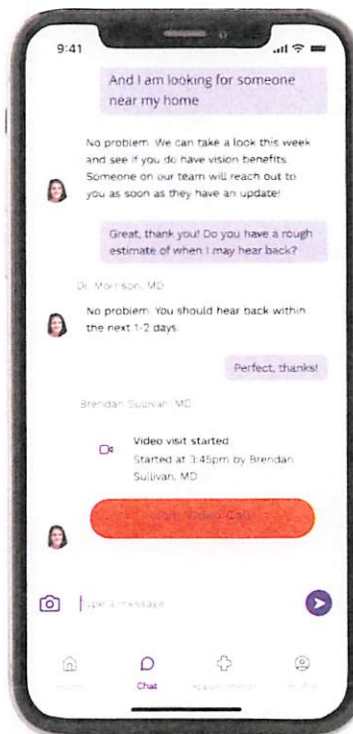
Chat with your doctor
live or schedule a
video visit



Diagnoses and
treatments



Prescription
refills



Answers to
follow-up care
questions



In-network
specialist referrals

It's never been easier to stay on top of your health:

96% patient
satisfaction

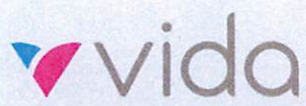
In-app appointment
booking

Quick in-app responses
from a team of clinicians

CENTIVO
Care.

Scan the QR code to register and
start accessing great care today





A personal health coach, to help you get healthier

Available at no cost to you, Vida Health matches you to a health coach with proven success in helping people improve nutrition, lose weight, manage stress and make the kind of lifestyle changes that lead to happier, healthier lives.

Whether you want to focus on nutrition, weight loss, anxiety, depression or simply building healthy routines one day at a time, your coach will develop a personal plan and guide you every step of the way.

You can sync devices – like fitness trackers, scales, and blood sugar meters – to monitor your progress in the app. And simple lessons and practices will help you create new healthy habits to last a lifetime.

“I got farther in 1 year than I have in 2 decades of trying on my own.” - Jenny

“In less than a year, I have lost 75 pounds and I’m no longer on blood pressure medication.” - Natalie

“My energy is high every day, I am far less irritable, I’ve lost more than 25 pounds, and every aspect of my life has improved!” - Brad



Download the app



Choose your coach, therapist or nutritionist



Set your goal

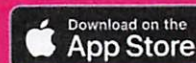


Have weekly video calls and message anytime



Develop new healthy habits

Download the Vida Health app from your phone's app store or visit vida.com/sisc to learn more
(Available at no cost to you)



Anthem and Blue Shield PPO and HMO members over the age of 18 (Excluding 65+ Plans) are eligible for Vida Health.

Per IRS guidelines, HSA members are not eligible for this program.

Programs to fit your needs

CHRONIC			THERAPY	LIFESTYLE		
						
Manage COPD	Lower blood pressure	Lower cholesterol	Reduce depression	Quit smoking	Lose weight	Exercise more
						
Manage Asthma	Prevent diabetes	Manage Diabetes	Reduce anxiety	Sleep better	Manage stress	Eat better

Become your healthiest self with Vida

Elaine has lost 28 pounds and 9+ inches from her waist. She tracked her weekly progress:

Week 1: "Heartburn gone."

Week 3: "Used a Fitbit to start 6,000 steps per day."

Week 5: "Vida coach taught me to use food as medicine. Kept up with my son at the trampoline park!"

Week 7: "A lot of people have noticed the 15-pound loss."

Week 9: "My body is functioning as it did 10 years ago."

Week 16: "Put on the size 5 ring my daughter bought me!!!"

Download the Vida Health app from your phone's app store (Available at no cost to you)



Anthem and Blue Shield PPO and HMO members over the age of 18 (Excluding 65+ Plans) are eligible for Vida Health. Per IRS guidelines, this is subject to deductible for HSA members.





Take advantage of **no cost** benefits to help you get and stay healthy



BENEFIT HIGHLIGHTS



AVAILABILITY AND HOW TO GET STARTED

24/7 Help with Personal Concerns

SISC Employee Assistance Program

Access free, confidential resources for help with emotional, marital, financial, addiction, legal, or stress issues

All employees at member districts

Call 800-999-7222

Visit anthemEAP.com/SISC



Telehealth

Skip the trip to the doctor's office

Next time you have a minor health issue, you have many convenient ways to get care when and where it works for you.

Kaiser Permanente Members

Call 866-454-8855

Visit kp.org/telehealth



Manage your health 24/7

Stay connected wherever you go

With our Kaiser Permanente app, keeping up with your care is quick, easy, and secure.

Kaiser Permanente Members

Call 800-464-4000

Visit kp.org/register



Away from Home Travel

More care options while you're away from home

No matter where life takes you, Kaiser Permanente has you covered. If something unexpected happens while you're away from home, it's easier than ever to get care.

Kaiser Permanente Members

Call 951-268-3900

Visit kp.org/travel



Wellness Coaching

Say hello to better health

Changing your habits can be hard but working with a wellness coach can help. You'll get one-on-one guidance and support from one dedicated coach.

Kaiser Permanente Members

Call 866-862-4295

Visit kp.org/coaching





BENEFIT HIGHLIGHTS



AVAILABILITY AND HOW TO GET STARTED

Fitness Program

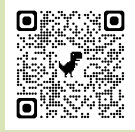
One Pass Fitness Program

The ultimate fitness membership. Get unlimited access to gyms, online workouts, tools for brain health, and social connections.

Kaiser Permanente Members

Call 877-614-0618

Visit www.youronepass.com



Expert Medical Opinions

Teladoc Medical Experts

Get answers to health care questions and second opinions from world-leading experts.

Kaiser Permanente Members

Call 855-380-7828

Visit teladoc.com/SISC



Headspace

Support for emotional wellness

1-on-1 emotional support coaching and self-care activities to help with many common challenges.

•Coaches are available by text 24/7 with no cost and no referral needed

Kaiser Permanente Members

Call 800-464-4000

Visit kp.org/selfcareapps



Calm

Support for emotional wellness

The #1 app for meditation and sleep. You can choose from hundreds of programs and activities.

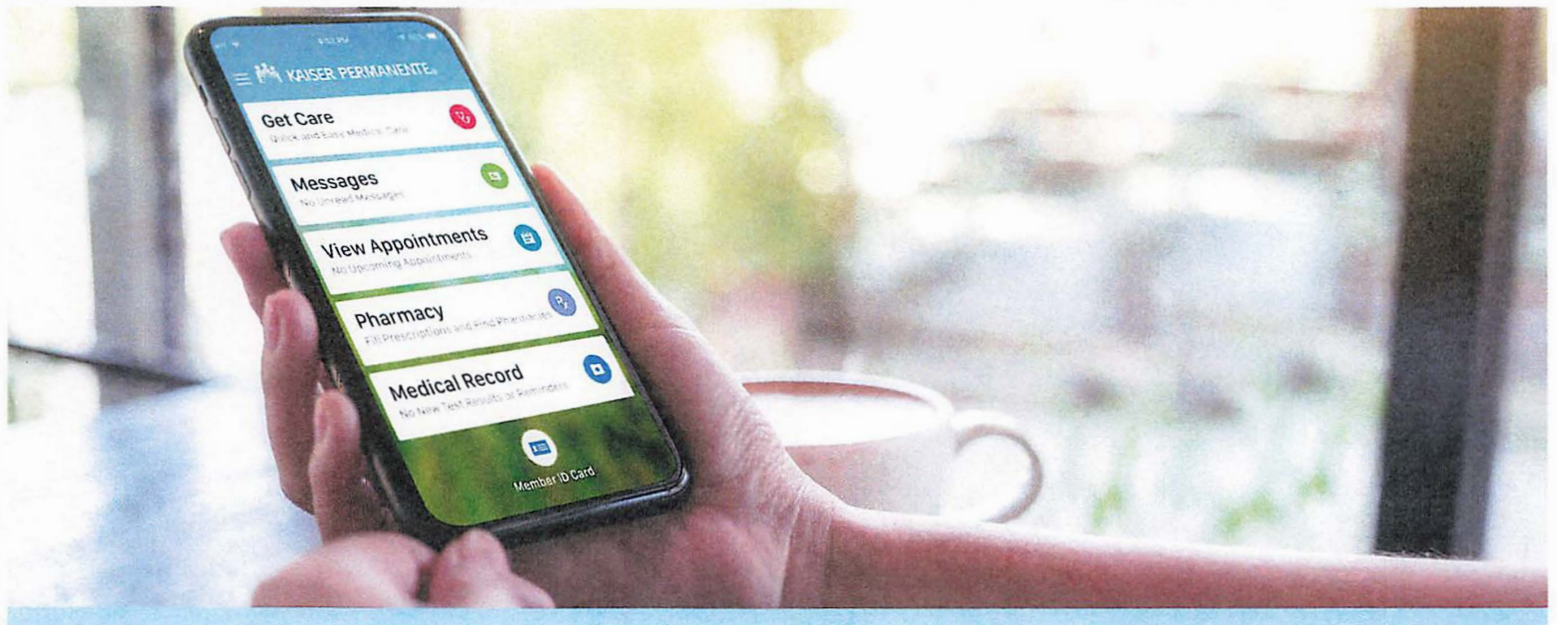
•Guided meditation, Sleep Stories, Mindful movement videos

Kaiser Permanente Members

Call 800-464-4000

Visit kp.org/selfcareapps





Manage your health 24/7

Stay connected wherever you go

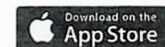
With our Kaiser Permanente app, keeping up with your care is quick, easy, and secure.

- Schedule or cancel routine appointments
- Email your doctor's office with nonurgent questions
- Refill most prescriptions
- Check most lab results
- Access a digital version of your member ID card
- View and pay bills
- Manage care for your family*

Create your account

Start using these convenient features by downloading our app for your mobile device. To register, you'll need your health/medical record number, which you can find on your ID card.

También disponible en español



*Online features change when children reach age 12. Teens are entitled to additional privacy protection under state laws. When your child turns 12 years old, you will still be able to manage care for your teen, with modified access to certain features.

These features are available when you get care from Kaiser Permanente facilities. Some app functions will only appear in English.

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Kaiser Permanente health plans around the country: Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 601 Union St., Suite 3100, Seattle, WA 98101



Controle su salud las 24 horas del día, los 7 días de la semana

Manténgase conectado dondequiera que vaya

Gracias a la aplicación de Kaiser Permanente, puede mantenerse al tanto de su salud de manera rápida, fácil y segura.

- Programe o cancele citas de rutina.
- Envíe correos electrónicos al consultorio de su médico con preguntas que no sean urgentes.
- Resurta la mayoría de los medicamentos recetados.
- Consulte los resultados de la mayoría de las pruebas de laboratorio.
- Obtenga acceso a una versión digital de su tarjeta de identificación de miembro.
- Consulte y pague sus facturas.
- Administre la atención de su familia*.

Cree su cuenta

Descargue nuestra aplicación en su dispositivo móvil y comience a usar estas prácticas funciones. Para registrarse, necesitará su número de historia clínica, que puede encontrar en su tarjeta de identificación.



También disponible en inglés.

*Las funciones en línea cambian cuando los niños cumplen 12 años. Los adolescentes tienen derecho a contar con protección de privacidad adicional conforme a las leyes del estado. Cuando su hijo cumpla 12 años, usted podrá seguir administrando su atención, pero con un acceso modificado a ciertas funciones.

Estas funciones están disponibles cuando recibe atención en los centros de atención de Kaiser Permanente. Algunas funciones de la aplicación solo aparecerán en inglés.

Apple y el logotipo de Apple son marcas comerciales de Apple Inc., registradas en Estados Unidos y en otros países y regiones. App Store es una marca de servicios de Apple Inc. Google Play y el logotipo de Google Play son marcas comerciales de Google LLC.

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You time. Anytime.

Try the Calm app for self-care and better sleep

Calm is an app that uses meditation and mindfulness to help lower stress, reduce anxiety, and improve sleep quality. Adult members can get Calm at kp.org/selfcareapps. Calm is:

- The #1 app for meditation and sleep
- Hand-picked by Kaiser Permanente physicians
- Confidential and easy to use



Adult members can get the Calm app at no cost

Practicing mindfulness with Calm can help you build resilience and support your overall emotional health and wellness. Anyone can benefit from Calm, and the app offers something for everyone:

- ☒ A new 10-minute Daily Calm meditation every day
- ☒ Guided meditations covering anxiety, stress, gratitude, and more
- ☒ Sleep Stories (soothing bedtime tales for grown-ups)
- ☒ Music for focus, relaxation, and sleep
- ☒ Calm Masterclasses taught by world-renowned experts and celebrities

The Calm app is not available to KP Washington members at this time.

Kaiser Permanente health plans around the country: Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii
• Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 601 Union St., Suite 3100, Seattle, WA 98101

Let's Start Something!



CENTER FOR
HEALTHY LIVING

 KAISER PERMANENTE.



Center for Healthy Living Programs

Everyone can use a little support to get their health on track. We can guide you in the right direction.



IN PERSON



Interactive
workshops



BY PHONE



Wellness Coaching
by Phone



ONLINE



Personal
Action Plan

Ready to make some changes? **Let's get started** ►

kp.org/centerforhealthyliving



IN PERSON

If you want to... **...then this workshop is for you!**

Lose weight	▶ Healthy Balance (fee-based)*
Manage your diabetes	▶ Living Well with Diabetes: Taking Care of Yourself
Quit tobacco	▶ Freedom from Tobacco
Sleep better	▶ Sleep Well, Live Well
Enjoy breastfeeding	▶ Breastfeeding with Success
Plan for your future health care	▶ Life Care Planning
Have a healthier heart	▶ Taking Care of Your Heart
Manage heart failure	▶ Heart Failure: Living Well Each Day



BY PHONE

Wellness Coaching by Phone

Whether you need support to quit tobacco or manage your weight, you can work with a wellness coach to build a plan tailored just for you! To schedule a phone appointment, call **1-866-862-4295** between 7 a.m. and 7 p.m., Monday through Friday. Available to Kaiser Permanente members only.



ONLINE

Wherever you are, you're just a few clicks away from watching videos chosen for you by your health care team. If you're registered on kp.org, check out your Personal Action Plan at kp.org/action-plan on your computer or mobile device. (To register, visit kp.org/register.)

Call us to register for a workshop.

- Antelope Valley 661-726-2200
- Baldwin Park 626-851-5820
- Downey 562-622-4150
- Fontana/Ontario 909-609-3000
- Kern County 661-664-3712
- Los Angeles 323-783-4472
- Orange County 1-888-988-2800
- Panorama City 818-375-3018
- Riverside/Moreno Valley 951-352-0292
- San Diego 619-641-4194
- South Bay 310-602-7940
- West Los Angeles 323-298-3300
- Woodland Hills 818-719-4305

Check kp.org/centerforhealthyliving for more workshop information and kp.org/healthybalance for our weight management program* calendars.

Workshops and Fees

Most workshops are offered at no charge to Kaiser Permanente members. Healthy Balance* requires a fee. Contact your local Center for Healthy Living for more information on fees and availability.

Most programs are available in English and Spanish.



**CENTER FOR
HEALTHY LIVING**



KAISER PERMANENTE®

* Services described here are provided on a fee-for-service basis. These services are not provided or covered by Kaiser Foundation Health Plan, Inc. (Health Plan), and you are financially responsible to pay for them. Clinical services are provided by providers or contractors of the Southern California Permanente Medical Group. Results of services may vary among patients and cannot be guaranteed. Health Plan and Kaiser Foundation Hospitals may receive compensation for providing facilities and/or other support in connection with these services. These services are not meant to replace any covered services under your health plan benefits. If you are a Kaiser Permanente member, please check your Evidence of Coverage for specific covered health plan benefit information.

Photo shows models, not actual patients.

Your care, your way

Connect to care anytime, anywhere

Get the care you need the way you want it. No matter which option you choose, your providers can see your health history, update your medical record, and give you personalized care that fits your life.

Choose where, when, and how you get care

To make an appointment, call us at **1-833-KP4CARE (1-833-574-2273)** or **711** (TTY), Monday through Friday, 7 a.m. to 7 p.m.* You can also schedule some appointments online at **kp.org/getcare** or with the Kaiser Permanente app.



24/7 care advice

Get medical advice and care guidance in the moment from a Kaiser Permanente provider at **1-833-KP4CARE (1-833-574-2273)** or **711** (TTY).



In-person visit

Same-day appointments are often available. Sign on to **kp.org** anytime, or call us to schedule a visit.



Email

Message your doctor's office with nonurgent questions anytime. Sign on to **kp.org** or use our mobile app.²



Phone appointment

Save yourself a trip to the doctor's office for minor conditions by scheduling a call with a doctor.²



Video visit

Meet face-to-face online with a doctor on your computer, smartphone, or tablet for minor conditions or follow-up care.^{2,3}



E-visit

Get quick online care for minor health problems. Fill out a short questionnaire about your symptoms, and a clinician will get back to you with a care plan – usually within 2 hours.



Need care now? Know before you go.

Urgent care

An urgent care need is one that requires prompt medical attention, usually within 24 or 48 hours, but is not an emergency medical condition. This can include minor injuries, backaches, earaches, sore throats, coughs, upper-respiratory symptoms, and frequent urination or a burning sensation when urinating.

Visit **kp.org/getcare** to find the urgent care location nearest you.

Emergency care

Emergency care is for a medical or psychiatric condition, including severe pain, that requires immediate medical attention to prevent serious jeopardy to your health.¹ Examples include chest pain or pressure, severe stomach pain that comes on suddenly, severe shortness of breath, and decrease in or loss of consciousness.

If you think you have a medical or psychiatric emergency, call **911** or go to the nearest hospital.

Not sure where to go?
We're here 24/7 to guide you.
Call us at **1-833-KP4CARE (1-833-574-2273)** or **711** (TTY).

*Weekend appointment call center hours available in the following areas: Coachella Valley, Downey, Fontana, LAMC, WLAMC, Moreno Valley, Ontario, Riverside, South Bay

¹If you reasonably believe you have an emergency medical condition, call **911** or go to the nearest emergency department. An emergency medical condition is a medical or psychiatric condition that requires immediate medical attention to prevent serious jeopardy to your health. For the complete definition of an emergency medical condition, please refer to your *Evidence of Coverage* or other coverage documents.

²These features are available when you receive care at Kaiser Permanente facilities.

³Check with your doctor's office to find out if video visits are available to you.

Employee Assistance Program overview

Everybody needs a helping hand sometimes. That's where your Employee Assistance Program (EAP) comes in. You'll find tools and resources to help you and your household members with everyday issues, big and small. It's available to you 24/7 at no extra cost, and everything you share is confidential.¹ Explore all the support your EAP has to offer.



Counseling

- Access up to 6 visits with a counselor per person, per issue each year²
- Choose from in-person or virtual counseling sessions, including text and chat options



Legal resources

- Book a 30-minute phone or in-person consultation with a lawyer for help with legal issues³
- Pay a discounted rate if you need continued legal services
- Explore online forms, resources, and seminars to help navigate legal concerns



Financial planning

- Access unlimited phone consultations with a financial professional for help with issues such as retirement, home buying, and debt
- Take charge of your finances with helpful financial tools and calculators





Identify theft support

- Receive guidance if you're the victim of fraud or identity theft, including help reporting to credit agencies, filling out paperwork, and negotiating with creditors



Work-life resources

- Find guidance on navigating your career, parenting, healthy communication, and balancing work and personal life
- Get help finding high-quality pet, child, and elder care



Online wellness resources

- Access podcasts, articles, videos, and webinars on dozens of topics to help you manage your emotional, mental, and physical well-being



Crisis support

- Call the 24/7 hotline or get online support with planning, coping, and recovery if you're impacted by a tragedy



Emotional Well-being Resources

- Connect to one-on-one coaching and digital self-help tools



Your EAP is here for you

Call us at **800-999-7222**, or go to **www.anthemead.com/sisc**.

¹ In accordance with federal and state law, and professional ethical standards.

² Appointments are subject to the availability of a therapist.

³ Excludes business, benefits, or employment issues. The free half-hour consultations apply per legal issue, per year. You are eligible for a new consultation for each new issue yearly. If you have Anthem health coverage, your cost for a visit may be similar to what you would pay for an office therapy visit, depending on your benefits, copay, or percentage of the cost. If you're not covered by an Anthem plan, you'll be responsible for paying the full cost for a visit.

This document is for general informational purposes. Check with your employer for specific information on the services available to you. EAP products are offered by Anthem Life Insurance Company. In New York, Anthem EAP products are offered by Anthem Life & Disability Insurance Company. In California, Anthem EAP products are offered by Blue Cross of California using the trade name Anthem Blue Cross. ANTHEM is a registered trademark. Use of the Anthem EAP website constitutes your agreement with our Terms of Use.

Online counseling is not appropriate for all kinds of issues. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 988 to reach the 24/7 confidential 988 Suicide & Crisis Lifeline or go to 988lifeline.org. If your issue is an emergency, call 911 or go to your nearest emergency room.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

A Look at Your VSP Vision Coverage

With VSP and SELF-INSURED SCHOOLS
OF CALIFORNIA, your health comes first.



Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

vsp
vision care



Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.



Maximize your benefits at a Premier Program location, which is part of our incredible network of doctors.

Shop online and connect your benefits.



Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your benefit is easy!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.

More Ways to Save

**Extra
\$20
to spend on
Featured Brands†**

bebe CALVIN KLEIN
COLE HAAN DRAGON.
FLEXON LACOSTE
NIKE and more

See all brands and offers
at **vsp.com/offers**.



**Up to
40%
Savings on
lens enhancements‡**

Enroll through your employer today.
Contact us: **800.877.7195** or **vsp.com**

Your VSP Vision Benefits Summary

SELF-INSURED SCHOOLS OF CALIFORNIA and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:
VSP Signature
EFFECTIVE DATE:
01/01/2024



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	Focuses on your eyes and overall wellness	\$0	Every calendar year
ESSENTIAL MEDICAL EYE CARE	- Retinal screening for members with diabetes - Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. - Coordination with your medical coverage may apply. Ask your VSP doctor for details.	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSES			
FRAME*	\$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$150 Walmart*/Sam's Club*/Costco* frame allowance	\$0	Every other calendar year
LENSES	- Single vision, lined bifocal, and lined trifocal lenses - Impact-resistant lenses for dependent children	\$0	Every other calendar year
LENS ENHANCEMENTS	- Standard progressive lenses - Premium progressive lenses - Custom progressive lenses - Average savings of 40% on other lens enhancements	\$0 \$80 - \$90 \$120 - \$160	Every other calendar year
CONTACTS (INSTEAD OF GLASSES)	\$150 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation)	\$0	Every other calendar year
EXTRA SAVINGS	Glasses and Sunglasses - Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.		
	Routine Retinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction - Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities - After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor		

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to [vsp.com](#) to find an in-network provider.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.
†Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.
+Coverage with a retail chain may be different or not apply.
VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington.
To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on [vsp.com](#).
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VSP, Eyeconic, and WellVision Exam are registered trademarks of Vision Service Plan. Flexon and Dragon are registered trademarks of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 102898 VCCM

Classification: Restricted



GREAT REASONS

to choose Kaiser Permanente for your glasses & contacts



Kaiser Permanente doctors are on the same, connected team. Potential health issues uncovered during the eye exam are seamlessly routed to a Kaiser Permanente doctor who can continue your care.

\$69

Complete eyewear starts at \$69¹ - When you apply your benefit, you may have no out-of-pocket cost. Up to 1,200 frames to choose from including Gucci, Ray-Ban, and Nike.



kp2020.org - Book an eye exam, check benefits, order contacts, and check order status online.



kp2020.org

visionessentials
by KAISER PERMANENTE.

GREAT HEALTH. GREAT EYEWEAR.

You won't have to pay a lot for great eyewear.

SAMPLE OUT-OF-POCKET COSTS FOR EYEGLASSES

\$0 standard, plastic lenses included (single vision, bifocal or no-line progressives)

\$0 anti-reflective lens treatment

\$0 frame up to \$150 included (over 400 frames at \$150 or less)

\$0 out-of-pocket cost



Selection is representative of brands we typically carry in our Optical Centers.²

SERVICE	BENEFIT AMOUNT	FREQUENCY
Eye examination	Covered by your Kaiser Permanente Health Plan benefit. Book an eye exam on kp2020.org . No charge for preventive screening.	No limit
Frames for prescription eyeglasses	\$150 allowance toward the purchase price of a frame for prescription glasses. To use the optical benefit, at least one of the two lenses requires a prescription.	24 months
Lenses	One pair of regular eyeglass lenses will be covered at no charge - standard, plastic single vision, bifocals or no-line progressives . ³ Anti-reflective treatment for your lenses will be covered at no charge.	12 months
OR Contact lenses instead of eyeglasses	\$150 allowance toward the purchase price of contact lenses, fitting, and dispensing.	12 months

You can only use your optical benefit at a Kaiser Permanente Optical Center.

¹ For \$69 eyeglasses, choose from over 20 frames at \$20, and get standard, plastic single vision lenses at \$49 (\$49 for the lenses, plus a \$20 frame equals \$69).

² Regular prices for these brands are typically \$110 – \$215.

³ Standard clear plastic lenses.

Kaiser Permanente members typically have coverage for medically necessary eye examinations, and some members, including those members with the pediatric vision benefit under their Affordable Care Act plan, may be able to apply a supplemental benefit to their purchases. Otherwise, the services and products described here are provided on a fee-for-service basis, separate from and not covered under your health plan benefits, and you are financially responsible to pay for them. For specific information about your covered health plan benefits, please see your *Evidence of Coverage*. Photo of model, not actual patient.

Dental Plans

(Brief Overview)

Delta Premier – AKA Incentive:

Pays a yearly in-network maximum of \$1700 per family member per calendar year. If you go out of network, they will pay \$1500 per calendar year. Benefits start paying at 70% and increase yearly by 10% as long as you see a dentist each year. If you change your plan at any time and return to this plan, you automatically start back at 70%. This plan does not have any Orthodontic benefits.

DPO – AKA PPO:

Pays 100% as long as you see an in-network dentist. They will pay 50% if you go outside of the network. The maximum yearly amount paid per person is \$2000. This plan includes a \$3000 lifetime Orthodontic benefit for adults and children.

PMI – AKA Delta Care USA:

This plan does not have a yearly maximum, and it does have a small Orthodontic benefit. There is a limited network of dentists who accept this plan. You must choose an in-network (PMI) dentist, or PMI will assign you a dentist. You must be seen by the dentist you are assigned or PMI will not pay. This is a very basic dental plan.

Please note: Reminder, even if your dentist accepts Delta Dental, it does not mean that you will not have a balance after your benefits pay. Always check with your dentist prior to your appointment for any co-pays, etc.

For additional information regarding Delta Dental, please visit their website at www.deltadentalins.com

Plan Benefit Highlights for:	PPO Incentive (\$1,700/\$1,500)
Group No:	Active, Retirees, and COBRA
Network:	PPO/Premier *The plan provides an additional \$200 toward the calendar year maximum when you visit a PPO dentist. Look for this information for the dentist of your choice on the Delta find a provider website to take advantage of this additional amount: (Other network affiliations: Delta Dental PPO)

In this incentive plan, Delta Dental pays 70% of the contract allowance for covered basic services and major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26	
Deductibles	N/A	
Deductibles waived for D & P?	N/A	
Maximums	The maximum benefit paid per calendar year is \$1,700* per person in-network (this amount includes the additional \$200 for using a PPO dentist. See note above under Network) The maximum benefit paid per calendar year is \$1,500 per person out-of-network	
Waiting Period(s)	Basic Benefits None	Major Benefits None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D & P) Exams, 2 cleanings per cal year, x-rays	70-100 %	70-100%
Basic Services Fillings, simple tooth extractions, sealants	70-100 %	70-100%
Endodontics (root canals) Covered Under Basic Services	70-100 %	70-100%
Periodontics (gum treatment) Covered Under Basic Services	70-100 %	70-100%
Oral Surgery Covered Under Basic Services	70-100 %	70-100%
Major Services Crowns, inlays, onlays, and cast restorations	70-100 %	70-100%
Prosthodontics Bridges, dentures, implants	50 %	50%
Dental Accident Benefits	100% (separate \$1,000 maximum per person per calendar year)	

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for out-of-network dentists.

Delta Dental of California
100 First St.
San Francisco, CA 94105

Customer Service
866-499-3001

Claims Address
P.O. Box 997330
Sacramento, CA 95899-7330

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Plan Benefit Highlights for:	PPO \$2,000 with Orthodontic
Group No:	Active, Retiree, and COBRA

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26		
Deductibles	In-Network: N/A Out-of-Network: \$25 per person, \$75 per family, per plan year		
Deductibles waived for D & P?	In-Network: N/A Out-of-Network: No		
Maximums	The maximum benefit paid per calendar year is \$2,000 per person in-network*** The maximum benefit paid per calendar year is \$1,000 per person out-of-network		
Waiting Period(s)	Basic Benefits None	Major Benefits None	Orthodontics None

Benefits and Covered Services*	In-PPO Network**	Out-of-PPO Network**
Diagnostic & Preventive Services (D & P) Exams, 2 cleanings per cal-year, x-rays	100 %	50 %
Basic Services Fillings, simple tooth extractions, sealants	100 %	50 %
Endodontics (root canals) Covered Under Basic Services	100 %	50 %
Periodontics (gum treatment) Covered Under Basic Services	100 %	50 %
Oral Surgery Covered Under Basic Services	100 %	50 %
Major Services Crowns, inlays, onlays and cast restorations	100 %	50 %
Prosthodontics Bridges, dentures, implants	50 %	50 %
Orthodontic Benefits Adults and dependent children	100%	100%
Orthodontic Maximums	Separate \$3,000 Lifetime maximum per person	
Dental Accident Benefits	100% (separate \$1,000 maximum per person per calendar year)	

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental of California
100 First St.
San Francisco, CA 94105

Customer Service
866-499-3001

Claims Address
P.O. Box 997330
Sacramento, CA 95899-7330

www.deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

PMI

DeltaCare® USA

Advantages

DeltaCare USA is our prepaid plan that features set copayments, no annual deductibles and no maximums for covered benefits. In most states, enrollees must select a primary care dentist in the DeltaCare USA network from whom they receive treatment as in a traditional dental HMO.¹

Our DeltaCare USA plans promote great dental health for your employees and their families with quality dental benefits at an affordable cost. By covering many diagnostic and preventive services at no cost or with very low copayments, we encourage regular preventive dental visits. Enrollees select a DeltaCare USA dentist to provide most covered services¹. All of our network dentists' offices are independently-owned, and must adhere to Delta Dental's standards of care, quality and service.

Benefits

- Extensive benefits
- No deductible or annual dollar maximums
- No copayments or low copayments for most diagnostic and preventive services
- Coverage for more than 250 procedures, including additional cleanings, bleaching, and tooth whitening
- No exclusions for pre-existing conditions or missing teeth
- Clearly defined out-of-pocket costs
- Low turnover of network dentists; enrollees can establish a long-term relationship with their dentists
- Ability to change selected or assigned network dentists via telephone or Internet
- Easy referrals to a large specialty care network
- No claim forms to complete
- Expanded business hours for toll-free customer service
- Outstanding quality assurance program that includes credentialing, a quality management program and regular office visits.
- ¹In Alaska, Connecticut, Louisiana, Maine, Mississippi, Montana, New Hampshire, Oklahoma, South Dakota and Vermont, DeltaCare USA is offered as an open access plan where enrollees can obtain treatment from any licensed dentist; however, deductibles and maximums may be applied to out-of-network treatment.

Frequently Asked Questions

What you need to know about your DeltaCare USA plan

Getting started

1. How do I enroll in a DeltaCare USA plan?

Simply complete the enrollment process as directed by your benefits administrator. Be sure to select a primary care network dentist for yourself or your dependents, and indicate this dentist and the name of your group when you enroll.

2. How do I get started using my DeltaCare USA plan?

Once we process your enrollment, we'll mail you welcome materials that will include:

- **The name, address and phone number of your selected primary care dentist:** Simply call the dental facility to make an appointment. **Important note:** In order to receive benefits under your plan, you must visit your primary care network dentist for all services. If you require treatment from a specialist, your primary care dentist will coordinate a referral for you. You can change your primary care dentist by contacting us.
- **Your Evidence/Certificate of Coverage (plan booklet):** This useful document provides a thorough description of how to use your benefits, including covered services, copayments and any limitations and exclusions of your plan.
- **An ID card:** This card is for your records only — you do not need to present it in order to receive treatment.

3. How long will it take to get an appointment with my primary care dentist?

Two to four weeks¹ is a reasonable amount of time to wait for a routine, non-urgent appointment. If you require a specific time, you may need to wait longer. Most DeltaCare USA dentists are in private group practices, which generally offer greater appointment availability and extended office hours.

4. How much will my dental treatments cost? How do I pay?

With your DeltaCare USA plan, some services are covered at no cost, while others have a copayment (amount you pay) for certain services. To find out how much a treatment will cost, refer to the "Description of Benefits and Copayments" in this brochure for a list of covered services and copayments. It's a good idea to bring your Evidence/Certificate of Coverage to your appointment in case you need to discuss your copayment for a service with your dentist. If you have any questions about the charges for a service, please contact Customer Service. If you receive treatment that requires a copayment, simply pay the dental facility at the time of service.

Choosing a dentist

5. How do I select my primary care dentist?

When you enroll, you must select a primary care dentist from the DeltaCare USA network. To search for a dentist, use the "Find a Dentist" tool at deltadentalins.com and select the DeltaCare USA network. If you do not select a dentist when you enroll, we will choose one for you.

6. Does everyone in my family have to choose the same primary care dentist?

No. Each family member can select his or her own primary care network dentist.

7. Can I change my primary care dentist?

Yes. You can request to change your primary care dentist at any time. Simply visit our website and log on to your online account or call or write to Customer Service. Change requests received by the 21st of the month will become effective the first day of the following month.

¹ In TX, three weeks is a reasonable amount of time to wait for a routine, non-urgent appointment.

8. My dentist says she is a Delta Dental dentist, but she isn't listed in the DeltaCare USA directory. Can I still visit her for services?

No. You must visit your selected primary care network dentist to receive benefits under this plan. Delta Dental has many networks, and participation may vary — not all Delta Dental dentists are DeltaCare USA dentists.

9. What should I do if I need to see a specialist?

If you require specialty dental care — such as oral surgery, endodontics, periodontics or pediatric dentistry — contact your primary care dentist to request a referral. Specialty dental services not performed by your selected primary care dentist must be authorized by us. You are responsible for any applicable copayments.

General plan information

10. If I'm traveling, is emergency treatment covered under my plan?

You and your eligible dependents have out-of-area coverage for dental emergencies when you are more than 35 miles² from your primary care dentist. Your out-of-area emergency benefit (typically limited to \$100 per person³ every 12 months³) is for services to relieve pain until you can return to your primary care network dentist. Standard plan limitations, exclusions and copayments may apply.

11. Can I access my plan online?

Yes. Visit deltadentalins.com to create a free, secure online account. You can access your plan benefits and ID card, select (or change) your primary care dentist and more.

12. Does my plan cover pre-existing conditions? What about treatments that are in progress?

Treatment for pre-existing conditions (except work in progress⁴), including missing or extracted teeth, is covered under your plan. Treatment in progress includes services such as preparations for crowns or root canals, or impressions for dentures. If you started treatment before your plan's effective date, you and your prior dental carrier are responsible for any costs. Some DeltaCare USA plans may cover in-progress orthodontic treatment.

13. What if I have additional questions about my plan?

Please contact us for additional support. Our Customer Service representatives can answer benefits questions as well as help you change your primary care dentist or arrange for urgent care referrals. See the back page of this brochure for our contact information.

² In TX, there is no limit on the number of miles or on the dollar amount per emergency.

³ Exceptions may apply. Refer to your Evidence/Certificate of Coverage.

⁴ In TX, there is no exception for work in progress for covered DeltaCare USA benefits.

We make it easy for you!



Select a
DeltaCare USA
dentist



Receive your
welcome materials



Schedule an
appointment



Receive
dental care



Pay only your
share to dentist

Where's My ID Card?



If you've been looking for your dental plan ID card, we have good news for you: **You don't need one!**

Just tell your dental office the **Delta Dental company** through which you receive benefits and provide your **name**, your **date of birth**, your **enrollee ID number** (or Social Security number) and the **name of your employer**.

Got dependents on your plan? Tell them to provide your details.

Want an ID card anyway?



Print one from your computer

- Go to **deltadentalins.com**
- Log in to your online account > Click on **Print ID Card** > Print



Pull it up on your smartphone

- Download the **Delta Dental** app (by the Delta Dental Plans Association) from the App Store or Google Play
- Log in > Select **My ID card**



Get check-ups remotely with virtual dentistry!

**Expert dental advice is available
anytime, anywhere**



When you can't make it to the dentist's office or have an urgent question outside of regular hours, you can still get expert dental advice, virtually. Say hello to virtual dentistry!

Virtual dentistry offers members convenient access to a Delta Dental dentist¹ for answers to questions, quick checkups, second opinions or other oral health needs in between visits to the dentist's office. Virtual assessments don't count towards exam frequency limitations and are a covered benefit for Delta Dental PPO™ and Delta Dental Premier® members.²

Virtual dentistry offers two kinds of virtual assessments:

- Photo assessments within 24 hours for simple dental concerns, and
- Live video visits when you want expert advice immediately or are experiencing pain.



Want to learn more?

**Scan this QR code with your smartphone or visit
www1.deltadentalins.com/members/virtual-dentistry.html**

1. Delta Dental of California, Delta Dental of New York, Inc., Delta Dental of Pennsylvania, Delta Dental Insurance Company and affiliated companies. Delta Dental is a registered trademark of Delta Dental Plans Association.
2. Deductibles, annual maximums and coinsurance apply. Some Delta Dental plans may not allow you to use your benefits to pay for a virtual dental assessment. If your plan is not eligible, or if you choose to not use your benefits, you may still receive a virtual dental assessment for an out-of-pocket fee.

See it to believe it. QualSight can help you find the right vision solution.

Extra savings



You get preferred pricing on LASIK through QualSight providers across the nation. Plus, pre- and postoperative visits are included, along with a one-year assurance plan.

Expert surgeons



There's no need to fear — QualSight's network is built with credentialed laser eye surgeons who have collectively performed more than 6.5 million procedures.⁴

Expansive choice



With more than 1,000 LASIK locations⁴, you can choose the physician with the experience, reputation and technology your vision correction requires.

Ready. Set. Save. It only takes three simple steps to take advantage of these savings.

1. Get ready.

Give a QualSight care manager a call at 1-855-248-2020.

2. Get set.

A care manager will explain the program and answer any questions.

3. Save!

Pick a physician and pay a discounted price for LASIK services.

To learn more about the LASIK discounts, visit www.qualsight.com/-delta-dental.

¹ Delta Dental of California, Delta Dental Insurance Company, Delta Dental of Pennsylvania, Delta Dental of New York, Inc. and our affiliated enterprise companies.

² The Vision Corrective Services are not an insured benefit. Delta Dental makes the Vision Corrective Services program available to enrollees to provide access to the preferred pricing for LASIK surgery.

³ Refractive Quarterly Update, Market Scope LLC, November 2018. Discounts or savings may vary by provider.

⁴ QualSight provider file, February 2019



This valuable benefit provided through Self-Insured Schools of California.

Eligible Classified and Certificated employees of
Antelope Valley Union High

Group ID: SISC64246

Safeguard the most important people in your life.

Think about what your loved ones may face after you're gone. Term life insurance can help them in so many ways, like covering everyday expenses, paying off debt, and protecting savings. AD&D provides even more coverage if you die or suffer a covered loss in an accident.

AT A GLANCE:

- \$50,000 cash benefit in the event of your death, plus a matching cash benefit if you die in an accident. Please see your administrator for further details.
- A cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- *LifeKeys*® services, which provide access to counseling, financial, and legal support
- *TravelConnect*SM services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

ADDITIONAL DETAILS

Conversion: You can convert your group term life coverage to an individual life insurance policy without providing evidence of insurability if you lose coverage due to leaving your job or for another reason outlined in the plan contract. AD&D benefits cannot be converted.

Benefit Reduction: Coverage amounts will be reduced as follows:

- At age 70, benefits will reduce by 50% of the original amount;
- At age 75, benefits will reduce an additional 25% of the original amount;
- At age 80, benefits will reduce an additional 12.5% of the original amount.

Benefits terminate at retirement. See the plan certificate for details.

For complete benefit descriptions, limitations, and exclusions, refer to the certificate of coverage.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

LifeKeys® services are provided by ComPsych® Corporation, Chicago, IL. ComPsych®, EstateGuidance® and GuidanceResources® are registered trademarks of ComPsych® Corporation. *TravelConnect*SM services are provided by On Call International, Salem, NH. ComPsych® and On Call International are not Lincoln Financial Group® companies. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations.

Insurance products (policy series GL1101) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations. Limitations and exclusions apply.

Benefits Overview | The Lincoln National Life Insurance Company

****CONTINUATION COVERAGE RIGHTS UNDER COBRA****

Introduction

You are receiving this notice because you have recently become covered under the following employer's **Antelope Valley Union High School District (the Plan)** group plan.

Employer name

This notice contains important information about your right to COBRA continuation coverage, which is a **temporary** extension of coverage under the Plan, as well as other health coverage alternatives that may be available to you through the Health Insurance Marketplace. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

The right to COBRA continuation coverage was created by a federal law, Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and to other members of your family who are covered under the Plan when you would otherwise lose your group health coverage. This notice gives only a **summary** of your COBRA continuation coverage rights. For more information about your rights and obligations under the Plan and under federal law, you should either review the Plan's Summary Plan Description or get a copy of the Plan Document from your district.

You may have other options available to you when you lose group health coverage

For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in the notice. COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." A qualified beneficiary is someone who will lose coverage under the Plan because of a qualifying event. Depending on the type of qualifying event, employees, spouses of employees, and dependent children of employees may be qualified beneficiaries. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because either one of the following qualifying events happens:

- (1) Your hours of employment are reduced, or
- (2) Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because any of the following qualifying events happens:

- (1) Your spouse dies;
- (2) Your spouse's hours of employment are reduced;
- (3) Your spouse's employment ends for any reason other than his or her gross misconduct;
- (4) Your spouse becomes enrolled in Medicare (Part A, Part B, or both); or
- (5) You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they will lose coverage under the Plan because any of the following qualifying events happens:

- (1) The parent-employee dies;
- (2) The parent-employee's hours of employment are reduced;
- (3) The parent-employee's employment ends for any reason other than his or her gross misconduct;
- (4) The parent-employee becomes enrolled in Medicare (Part A, Part B, or both);
- (5) The parents become divorced or legally separated; or
- (6) The child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA Continuation Coverage Available?

The plan will offer COBRA continuation to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or enrollment of the employee in Medicare (Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

There may be other coverage options for you and your family. When key parts of the health care law take effect, you'll be able to buy coverage through the Health Insurance Marketplace. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child losing eligibility for coverage as a dependent child), you must notify your district.

Your dependent child may be eligible for continued coverage under your policy during the period of time he/she:

- (1) Is incapable of self-sustaining employment by reason of a physically or mentally disabling injury, illness or condition and,
- (2) Is chiefly dependent upon you for support and maintenance

If your dependent will meet both of these criteria at the time he/she reaches the dependent maximum age, please submit documentation demonstrating compliance with both criteria within 60 days. If you do not submit adequate documentation within the appropriate time, your disabled child will not be covered under your policy after he/she reaches the dependent maximum age.

The Plan requires you to notify the Plan Administrator within 60 days after the qualifying event occurs.

How is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

For each qualified beneficiary who elects COBRA continuation coverage, COBRA continuation coverage will begin either (1) on the date of the qualifying event or (2) on the date that Plan coverage would otherwise have been lost, depending on the nature of the Plan.

COBRA continuation coverage is a **temporary** continuation of coverage. When the qualifying event is the death of the employee, your divorce or legal separation, or a dependent child losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving COBRA continuation coverage, the spouse and dependent children in your family can get additional months of COBRA continuation coverage, up to a **maximum of 36 months**. This extension is available to the spouse and dependent children if the former employee dies, or gets divorced or legally separated. The extension is also available to a dependent child when that child stops being eligible under the Plan as a dependent child. **In all of these cases, you must make sure that the Plan Administrator is notified of the second qualifying event within 60 days of the second qualifying event.**

Other Coverage Options Available besides COBRA Continuation Coverage

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.HealthCare.gov.

For More Information

If you have questions about your COBRA continuation coverage, you should contact the Plan Administrator. For more information about your rights under the Employment Retirement Income Security Act (ERISA), including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area, visit the website at www.dol.gov/ebsa or call their toll-free number at (866) 444-3272. For more information about health insurance options available through a Health Insurance Marketplace, visit www.HealthCare.gov.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Self-Insured Schools of California (SISC)

HIPAA Notice of Privacy Practices

Esta noticia es disponible en español si usted lo suplica. Por favor contacte el oficial de privacidad indicado a continuación.

Purpose of This Notice

This Notice describes how medical information about you may be used and disclosed and how you may get access to this information. Please review this information carefully.

This Notice is required by law.

The Self-Insured Schools of California (SISC) group health plan consisting of these self-funded benefits: medical PPO plan options including utilization management, prescription benefit management (PBM) and medical plan claims administration services, telemedicine program with MDLIVE, self-funded dental PPO plan options, self-funded vision PPO plan options, Wellness program, Medicare Supplement program, COBRA administration, and Health Flexible Spending Account (FSA) administration, (hereafter referred to as the “Plan”), is required by law to take reasonable steps to maintain the privacy of your personally identifiable health information (called **Protected Health Information or PHI**) and to inform you about the Plan’s legal duties and privacy practices with respect to protected health information including:

1. The Plan’s uses and disclosures of PHI,
2. Your rights to privacy with respect to your PHI,
3. The Plan’s duties with respect to your PHI,
4. Your right to file a complaint with the Plan and with the Secretary of the U.S. Department of Health and Human Services (HHS), and
5. The person or office you should contact for further information about the Plan’s privacy practices.
6. To notify affected individuals following a breach of unsecured protected health information.

PHI use and disclosure by the Plan is regulated by the Federal law, Health Insurance Portability and Accountability Act, commonly called HIPAA. You may find these rules in 45 *Code of Federal Regulations* Parts 160 and 164. This Notice attempts to summarize key points in the regulation. The regulations will supersede this Notice if there is any discrepancy between the information in this Notice and the regulations. The Plan will abide by the terms of the Notice currently in effect. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI it maintains.

You may receive a Privacy Notice from a variety of the insured group health benefit plans offered by SISC. Each of these notices will describe your rights as it pertains to that plan and in compliance with the Federal regulation, HIPAA. This Privacy Notice however, pertains to your protected health information held by the SISC self-funded group health plan (the “Plan”) and outside companies contracted with SISC to help administer Plan benefits, also called “business associates.”

Effective Date

The effective date of this Notice is June 24, 2013, and this notice replaces notices previously distributed to you.

Privacy Officer

The Plan has designated a Privacy Officer to oversee the administration of privacy by the Plan and to receive complaints. The Privacy Officer may be contacted at:

Privacy Officer: Coordinator Health Benefits
Self-Insured Schools of California (SISC)
2000 “K” Street P.O. Box 1847 - Bakersfield, CA 93303-1847
Phone: 661-636-4410
Confidential Fax: 661-636-4893

Your Protected Health Information

The term “**Protected Health Information**” (PHI) includes all information related to your past, present or future health condition(s) that individually identifies you or could reasonably be used to identify you and is transferred to another entity or maintained by the Plan in oral, written, electronic or any other form.

PHI does not include health information contained in employment records held by your employer in its role as an employer, including but not limited to health information on disability, work-related illness/injury, sick leave, Family or Medical Leave (FMLA), life insurance, dependent care flexible spending account, drug testing, etc.

This Notice does not apply to information that has been de-identified. **De-identified information** is information that does not identify you, and with respect to which there is no reasonable basis to believe that the information can be used to identify you, is not individually identifiable health information.

When the Plan May Disclose Your PHI

Under the law, the Plan may disclose your PHI without your written authorization in the following cases:

- **At your request.** If you request it, the Plan is required to give you access to your PHI in order to inspect it and copy it.
- **As required by an agency of the government.** The Secretary of the Department of Health and Human Services may require the disclosure of your PHI to investigate or determine the Plan’s compliance with the privacy regulations.
- **For treatment, payment or health care operations.** The Plan and its business associates will use your PHI (except psychotherapy notes in certain instances as described below) without your consent, authorization or opportunity to agree or object in order to carry out treatment, payment, or health care operations.

The Plan does not need your consent or authorization to release your PHI when you request it, a government agency requires it, or the Plan uses it for treatment, payment or health care operations.

The Plan Sponsor has **amended its Plan documents** to protect your PHI as required by Federal law. The Plan may disclose PHI to the Plan Sponsor for purposes of treatment, payment and health care operations in accordance with the Plan amendment. The Plan may disclose PHI to the Plan Sponsor for review of your appeal of a benefit or for other reasons related to the administration of the Plan.

Definitions and Examples of Treatment, Payment and Health Care Operations	
Treatment is health care.	Treatment is the provision, coordination or management of health care and related services. It also includes but is not limited to coordination of benefits with a third party and consultations and referrals between one or more of your health care providers. • For example: The Plan discloses to a treating specialist the name of your treating primary care physician so the two can confer regarding your treatment plan.
Payment is paying claims for health care and related activities.	Payment includes but is not limited to making payment for the provision of health care, determination of eligibility, claims management, and utilization review activities such as the assessment of medical necessity and appropriateness of care. • For example: The Plan tells your doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan. If we contract with third parties to help us with payment, such as a claims payer, we will disclose pertinent information to them. These third parties are known as “business associates.”
Health Care Operations keep the Plan operating soundly.	Health care operations includes but is not limited to quality assessment and improvement, patient safety activities, business planning and development, reviewing competence or qualifications of health care professionals, underwriting, enrollment, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs and general administrative activities. • For example: The Plan uses information about your medical claims to refer you to a disease management program, to project future benefit costs or to audit the accuracy of its claims processing functions.

When the Disclosure of Your PHI Requires Your Written Authorization

Generally, the Plan will require that you sign a valid authorization form in order to use or disclose your PHI **other than**:

- When you request your own PHI
- A government agency requires it, or

- The Plan uses it for treatment, payment or health care operation.

You have the right to revoke an authorization.

Although the Plan does not routinely obtain psychotherapy notes, generally, an authorization will be required by the Plan before the Plan will use or disclose psychotherapy notes about you. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment. However, the Plan may use and disclose such notes when needed by the Plan to defend itself against litigation filed by you.

The Plan generally will require an authorization form for uses and disclosure of your PHI for marketing purposes (a communication that encourages you to purchase or use a product or service) if the Plan receives direct or indirect financial remuneration (payment) from the entity whose product or service is being marketed. The Plan generally will require an authorization form for the sale of protected health information if the Plan receives direct or indirect financial remuneration (payment) from the entity to whom the PHI is sold. The Plan does not intend to engage in fundraising activities.

Use or Disclosure of Your PHI Where You Will Be Given an Opportunity to Agree or Disagree Before the Use or Release

Disclosure of your PHI to family members, other relatives and your close personal friends without your written consent or authorization is allowed if:

- The information is directly relevant to the family or friend's involvement with your care or payment for that care, and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

Note that PHI obtained by the Plan Sponsor's employees through Plan administration activities will NOT be used for employment related decisions.

Use or Disclosure of Your PHI Where Consent, Authorization or Opportunity to Object Is Not Required

In general, the Plan does not need your written authorization to release your PHI if required by law or for public health and safety purposes. The Plan and its Business Associates are allowed to use and disclose your PHI **without** your written authorization (in compliance with section 164.512) under the following circumstances:

1. When **required by law**.
2. When permitted for **purposes of public health activities**. This includes reporting product defects, permitting product recalls and conducting post-marketing surveillance. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.
3. To a school about an individual who is a student or prospective student of the school if the protected health information this is disclosed is limited to **proof of immunization**, the school is required by State or other law to have such proof of immunization prior to admitting the individual and the covered entity obtains and documents the agreements to this disclosure from either a parent, guardian or other person acting in loco parentis of the individual, if the individual is an unemancipated minor; or the individual, if the individual is an adult or emancipated.
4. When authorized by law to report information about **abuse, neglect or domestic violence** to public authorities if a reasonable belief exists that you may be a victim of abuse, neglect or domestic violence. In such case, the Plan will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representatives, although there may be circumstances under Federal or state law when the parents or other representatives may not be given access to the minor's PHI.
5. To a public health oversight agency for **oversight activities authorized by law**. These activities include civil, administrative or criminal investigations, inspections, licensure or disciplinary actions (for example, to investigate complaints against providers) and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).
6. When required **for judicial or administrative proceedings**. For example, your PHI may be disclosed in response to a subpoena or discovery request, provided certain conditions are met, including that:
 - the requesting party must give the Plan satisfactory assurances a good faith attempt has been made to provide you with written Notice, and

- the Notice provided sufficient information about the proceeding to permit you to raise an objection, and
 - no objections were raised or were resolved in favor of disclosure by the court or tribunal.
7. When required for **law enforcement health purposes** (for example, to report certain types of wounds).
 8. For **law enforcement purposes** if the law enforcement official represents that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and the Plan in its best judgment determines that disclosure is in the best interest of the individual. Law enforcement purposes include:
 - identifying or locating a suspect, fugitive, material witness or missing person, and
 - disclosing information about an individual who is or is suspected to be a victim of a crime.
 9. When required to be given **to a coroner or medical examiner** to identify a deceased person, determine a cause of death or other authorized duties. When required to be given **to funeral directors** to carry out their duties with respect to the decedent; for use and disclosures for cadaveric **organ, eye or tissue donation** purposes.
 10. For **research**, subject to certain conditions.
 11. When, consistent with applicable law and standards of ethical conduct, the Plan in good faith believes the use or disclosure is necessary to prevent or lessen a serious and **imminent threat to the health or safety** of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
 12. When authorized by and to the extent necessary to comply with **workers' compensation** or other similar programs established by law.
 13. When required, for **specialized government functions**, to military authorities under certain circumstances, or to authorized Federal officials for lawful intelligence, counter intelligence and other national security activities.

Any other Plan uses and disclosures not described in this Notice will be made only if you provide the Plan with written authorization, subject to your right to revoke your authorization, and information used and disclosed will be made in compliance with the minimum necessary standards of the regulation.

Your Individual Privacy Rights

A. You May Request Restrictions on PHI Uses and Disclosures

You may request the Plan to restrict the uses and disclosures of your PHI:

- To carry out treatment, payment or health care operations, or
- To family members, relatives, friends or other persons identified by you who are involved in your care.

The Plan, however, is not required to agree to your request if the Plan Administrator or Privacy Officer determines it to be unreasonable, for example, if it would interfere with the Plan's ability to pay a claim.

The Plan will accommodate an individual's reasonable request to receive communications of PHI by alternative means or at alternative locations where the request includes a statement that disclosure could endanger the individual. You or your personal representative will be required to complete a form to request restrictions on the uses and disclosures of your PHI. To make such a request contact the Privacy Officer at their address listed on the first page of this Notice.

B. You May Inspect and Copy Your PHI

You have the right to inspect and obtain a copy (in hard copy or electronic form) of your PHI (except psychotherapy notes and information compiled in reasonable contemplation of an administrative action or proceeding) contained in a "designated record set," for as long as the Plan maintains the PHI. You may request your hard copy or electronic information in a format that is convenient for you, and the Plan will honor that request to the extent possible. You may also request a summary of your PHI.

A **Designated Record Set** includes your medical records and billing records that are maintained by or for a covered health care provider. Records include enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan or other information used in whole or in part by or for the covered entity to make decisions about you. Information used for quality control or peer review analyses and not used to make decisions about you is not included in the designated record set.

The Plan must provide the requested information within 30 days of its receipt of the request, if the information is maintained onsite or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline and notifies you in writing in advance of the reasons for the delay and the date by which the Plan will provide the requested information.

You or your personal representative will be required to complete a form to request access to the PHI in your Designated Record Set. Requests for access to your PHI should be made to the Plan's Privacy Officer at their address listed on the first page of this Notice. You may be charged a reasonable cost-based fee for creating or copying the PHI or preparing a summary of your PHI.

If access is denied, you or your personal representative will be provided with a written denial describing the basis for the denial, a description of how you may exercise those review rights and a description of how you may complain to the Plan's Privacy Officer or the Secretary of the U.S. Department of Health and Human Services.

C. *You Have the Right to Amend Your PHI*

You or your Personal Representative have the right to request that the Plan amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set. The Plan has 60 days after receiving your request to act on it. The Plan is allowed a single 30-day extension if the Plan is unable to comply with the 60-day deadline (provided that the Plan notifies you in writing in advance of the reasons for the delay and the date by which the Plan will provide the requested information).

If the Plan denied your request in whole or part, the Plan must provide you with a written denial that explains the basis for the decision. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI. You should make your request to amend PHI to the Privacy Officer at their address listed on the first page of this Notice.

You or your personal representative may be required to complete a form to request amendment of your PHI. Forms are available from the Privacy Officer at their address listed on the first page of this Notice.

D. *You Have the Right to Receive an Accounting of the Plan's PHI Disclosures*

At your request, the Plan will also provide you with an accounting of disclosures by the Plan of your PHI during the six years (or shorter period if requested) before the date of your request. The Plan will not provide you with an accounting of disclosures related to treatment, payment, or health care operations, or disclosures made to you or authorized by you in writing. The Plan has 60 days after its receipt of your request to provide the accounting. The Plan is allowed an additional 30 days if the Plan gives you a written statement of the reasons for the delay and the date by which the accounting will be provided. If you request more than one accounting within a 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting.

E. *You have the Right to Request that PHI be Transmitted to You Confidentially*

The Plan will permit and accommodate your reasonable request to have PHI sent to you by alternative means or to an alternative location (such as mailing PHI to a different address or allowing you to personally pick up the PHI that would otherwise be mailed), if you provide a written request to the Plan that the disclosure of PHI to your usual location could endanger you. If you believe you have this situation, you should contact the Plan's Privacy Officer to discuss your request for confidential PHI transmission.

F. *You Have the Right to Receive a Paper or Electronic Copy of This Notice Upon Request*

To obtain a paper or electronic copy of this Notice, contact the Plan's Privacy Officer at their address listed on the first page of this Notice. This right applies even if you have agreed to receive the Notice electronically.

G. *Breach Notification*

If a breach of your unsecured protected health information occurs, the Plan will notify you.

Your Personal Representative

You may exercise your rights to your protected health information (PHI) by designating a person to act as your Personal Representative. Your Personal Representative will generally be required to produce evidence (proof) of the authority to act on your behalf **before** the Personal Representative will be given access to your PHI or be allowed to take any action for you. Under this Plan, proof of such authority will include (1) a completed, signed and approved Appoint a Personal Representative form; (2) a notarized power of attorney for health care purposes; (3) a court-appointed conservator or guardian; or, (4) for a Spouse under this Plan, the absence of a Revoke a Personal Representative form on file with the Privacy Officer.

This Plan will automatically recognize your legal Spouse as your Personal Representative and vice versa, without you having to complete a form to Appoint a Personal Representative. However, you may request that the Plan **not automatically** honor your legal Spouse as your Personal Representative by completing a form to Revoke a Personal Representative (copy attached to this notice or also available from the Privacy Officer). **If you wish to revoke your Spouse as your Personal Representative, please complete the Revoke a Personal Representative form and return it to the Privacy Officer and this will mean that this Plan will NOT automatically recognize your Spouse as your Personal Representative and vice versa.**

The recognition of your Spouse as your Personal Representative (and vice versa) is for the use and disclosure of PHI under this Plan and is not intended to expand such designation beyond what is necessary for this Plan to comply with HIPAA privacy regulations.

You may obtain a form to Appoint a Personal Representative or Revoke a Personal Representative by contacting the Privacy Officer at their address listed on this Notice. The Plan retains discretion to deny access to your PHI to a Personal Representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect.

Because HIPAA regulations give adults certain rights and generally children age 18 and older are adults, if you have **dependent children age 18 and older** covered under the Plan, and the child wants you, as the parent(s), to be able to access their protected health information (PHI), that child will need to complete a form to Appoint a Personal Representative to designate you (the employee/retiree) and/or your Spouse as their Personal Representatives.

The Plan will consider a parent, guardian, or other person acting *in loco parentis* as the Personal Representative of an unemancipated minor (a child generally under age 18) unless the applicable law requires otherwise. **In loco parentis** may be further defined by state law, but in general it refers to a person who has been treated as a parent by the child and who has formed a meaningful parental relationship with the child for a substantial period of time. Spouses and unemancipated minors may, however, request that the Plan restrict PHI that goes to family members as described above under the section titled “Your Individual Privacy Rights.”

The Plan’s Duties

The Plan is required by law to maintain the privacy of your PHI and to provide you and your eligible dependents with Notice of its legal duties and privacy practices. The Plan is required to comply with the terms of this Notice. However, the Plan reserves the right to change its privacy practices and the terms of this Notice and to apply the changes to any PHI maintained by the Plan. In addition, the Plan may not (and does not) use your genetic information that is PHI for underwriting purposes.

Notice Distribution: The Notice will be provided to each person when they initially enroll for benefits in the Plan (the Notice is provided in the Plan’s Initial Enrollment material/packets). The Notice is also available on the Plan’s website: www.sisc.kern.org. The Notice will also be provided upon request. Once every three years the Plan will notify the individuals then covered by the Plan where to obtain a copy of the Notice. This Plan will satisfy the requirements of the HIPAA regulation by providing the Notice to the named insured (covered employee) of the Plan; however, you are encouraged to share this Notice with other family members covered under the Plan.

Notice Revisions: If a privacy practice of this Plan is changed affecting this Notice, a revised version of this Notice will be provided to you and all participants covered by the Plan at the time of the change. Any revised version of the Notice will be distributed within 60 days of the effective date of a material change to the uses and disclosures of PHI, your individual rights, the duties of the Plan or other privacy practices stated in this Notice. Material changes are changes to the uses and disclosures of PHI, an individual’s rights, the duties of the Plan or other privacy practices stated in the Privacy Notice.

Because our health plan posts its Notice on its web site, we will prominently post the revised Notice on that web site by the effective date of the material change to the Notice. We will also provide the revised notice, or information about the material change and how to obtain the revised Notice, in our next annual mailing to individuals covered by the Plan.

Disclosing Only the Minimum Necessary Protected Health Information

When using or disclosing PHI or when requesting PHI from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment,
- Uses or disclosures made to you,
- Disclosures made to the Secretary of the U.S. Department of Health and Human Services in accordance with their enforcement activities under HIPAA,
- Uses of disclosures required by law, and
- Uses of disclosures required for the Plan’s compliance with the HIPAA privacy regulations.

This Notice does not apply to information that has been de-identified. **De-identified information** is information that does not identify you and there is no reasonable basis to believe that the information can be used to identify you.

As described in the amended Plan document, the Plan may share PHI with the Plan Sponsor for limited administrative purposes, such as determining claims and appeals, performing quality assurance functions and auditing and monitoring the Plan. The Plan shares the minimum information necessary to accomplish these purposes.

In addition, the Plan may use or disclose “summary health information” to the Plan Sponsor for obtaining premium bids or modifying, amending or terminating the group health Plan. **Summary health information** means information that summarizes claims history, claims expenses or type of claims experienced by individuals for whom the Plan Sponsor has provided health benefits under a group health plan. Identifying information will be deleted from summary health information, in accordance with HIPAA.

Your Right to File a Complaint

If you believe that your privacy rights have been violated, you may file a complaint with the Plan in care of the Plan’s Privacy Officer, at the address listed on the first page of this Notice. Neither your employer nor the Plan will retaliate against you for filing a complaint.

You may also file a complaint (within 180 days of the date you know or should have known about an act or omission) with the Secretary of the U.S. Department of Health and Human Services by contacting their nearest office as listed in your telephone directory or at this website (<http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html>) or this website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html> or contact the Privacy Officer for more information about how to file a complaint.

If You Need More Information

If you have any questions regarding this Notice or the subjects addressed in it, you may contact the Plan’s Privacy Officer at the address listed on the first page of this Notice.

Self-Insured Schools of California (SISC)
Form to Revoke a Personal Representative

Complete the following chart to indicate the name of the Personal Representative to be revoked:

	Plan Participant	Person to be Revoked as my Personal Representative
Name (print):		
Address (City, State, Zip):		
Phone:	()	()

I, _____ (Name of Participant or Beneficiary)
hereby revoke _____ (Name of Personal Representative)

☐ to act on my behalf,

☐ to act on behalf of my dependent child(ren), named:

_____,
in receiving any protected health information (PHI) that is (or would be) provided to a personal representative,
including any individual rights regarding PHI under HIPAA, effective _____,
20____.

I understand that PHI has or may already have been disclosed to the above named Personal Representative prior
to the effective date of this form.

Participant or Beneficiary's Signature

Date

Return this form to the SISC Privacy Officer (the Coordinator Health Benefits) at:
Self-Insured Schools of California (SISC)
2000 "K" Street P.O. Box 1847 - Bakersfield, CA 93303-1847
Phone: 661-636-4410

Annual Notice: Women's Health and Cancer Rights Act (WHCRA)

Your group health plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema).

For more information call the Customer Service phone number on your ID card or the SISC Benefits department at 661-636-4410.

Where to Find a HIPAA Privacy Notice for Our Group Health Plan

HIPAA Privacy pertains to the following group health plan benefits sponsored by the Self-Insured Schools of California (SISC):

- medical PPO plan options including utilization management, prescription benefit management (PBM) and medical plan claims administration services,
- telemedicine program with MD live,
- self-funded dental PPO plan options,
- self-funded vision PPO plan options,
- Wellness program,
- Medicare Supplement program,
- COBRA administration,
- Health Flexible Spending Account (FSA) administration

You are provided with a complete HIPAA Privacy Notice when you enroll for these benefits. You can obtain another copy of the plan's HIPAA Privacy Notice by going to the SISC website at www.sisc.kern.org or you can write or call the SISC Benefits Department at P. O. Box 1847 Bakersfield, CA 93303-1847.

HIPAA Privacy Notices that pertain to the insured medical plan benefits can be obtained by contacting the insurance companies at the Customer Service phone number on your ID card.