

**TEHACHAPI VALLEY HEALTHCARE DISTRICT**

**NOTICE OF A REGULAR MEETING  
FINANCE COMMITTEE MEETING**

**April 12, 2023**

**12:30 PM**

**116 W. E Street**

**Tehachapi, CA 93561**

**Public Access via Telephone: 1-347-566-2771, ID: 294423042#**

**Public Access and Board Access via Teams: [Click here to join the meeting](#)**

**AGENDA**

**I. Call to Order**

**II. Public Comments on Items Not On The Agenda**

The public may comment on any item not on the agenda that is within the jurisdiction of the District. Time is limited to 3 minutes per speaker. Any person desiring to speak on an agenda item will be given an opportunity to do so prior to the Committee taking action on the item.

**III. Consent Agenda**

A. Approval of Committee Meeting Minutes for March 15, 2023

**IV. Reports**

- A. Finance Reports March 2023
- B. American Express March 2023
- C. Petty Cash March 2023

**V. Old Business**

- A. Tehachapi Humanitarian – Community Garden Fence Quotes
- B.

**VI. New Business**

- A. Director Benefits Review

**VII. Director Comments On Items Not On The Agenda**

**VIII. Adjournment**



# Tab 1 -03/2023 Minutes

TEHACHAPI VALLEY HEALTHCARE DISTRICT  
FINANCE COMMITTEE MINUTES  
March 15, 2023  
116 W E Street  
Tehachapi, CA 93561  
12:30 PM

**Board Members Present:** Duane Moats, Carl Gehricke

**Staff Present:** Peggy Mendiburu, CEO, Lisa Hughes, Business Manager

**Transcribed by:** Peggy Mendiburu

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**I. CALL TO ORDER**

Director Moats called the Finance Committee Meeting to order at 12:30pm

**II. PUBLIC COMMENTS ON ITEMS NOT APPEARING ON THE AGENDA**

None

**III. APPROVAL OF MINUTES**

February 15, 2023 minutes approved with one correction of removing Caroline Wasielewski from attendance. **MSA: Gehricke/Moats**

**IV. REPORTS**

A. Finance Reports February 2023

1. Committee reviewed finance report for February 2023. Director Moats commented that the report looks good with exception of YTD being changed to green as positive. YTD net income at \$400,813.72.

B. American Express

Committee reviewed American Express for February 2023. Charges are minimal with payments for contractors that only except online.

C. Petty Cash

Format of petty cash is easy to follow per Director Moats. Discussion of process of being reimbursed from petty cash when having to come out of pocket at store.

**V. OLD BUSINESS**

A. Tehachapi Humanitarian Group – Community Garden Fence Quotes

1. Lisa confirmed Brooks quote remains the same. **Action: Lisa to provide two other fencing quotes.**

**VI. NEW BUSINESS**

A. None.

**VII. BOARD COMMENTS ON BUSINESS NOT APPEARING ON THE AGENDA**

1. Peggy made directors aware of upcoming expenses for IT--A new laptop and television.

**VIII. ADJOURNMENT**  
Meeting adjourned at 12:57pm.

## Tab 2 - Finance Report

Mar-23

Kern County		\$15,917.00
Interest		\$65.01
Rent for 101 W E St.		\$2,500.00
HP Sears Collections		\$540.17
Past Contract payment		\$0.00
Private Pay Payments		\$199.15
Emp benefit reimbursement		\$145.12
Total Cash in		\$19,366.45
Operating Expenses		\$23,033.82
Payroll		
Wages		\$8,820.09
Taxes/Fees		\$4,075.74
Total Payroll expense		\$12,895.83
TOTAL Expenses		\$35,929.65
Net Income		(\$16,563.20)

FY23	July	August	September	October	November	December	January		FY23	February	March	April	May	June	Total	FY23 Budget
Cash In	\$7,763.60	\$3,029.00	\$2,906.09	\$113,680.95	\$2,913.52	\$467,867.36	\$64,323.21	\$662,483.73	Cash in	\$24,598.45	\$19,366.45				\$706,448.63	\$1,147,400
Operating Expenses	\$49,102.54	\$19,155.80	\$35,504.82	\$13,983.88	\$20,265.22	\$21,923.80	\$16,994.36	\$176,930.42	Operating Exp	\$17,679.75	\$23,033.82					
Payroll & Expenses									Payroll & Exp	\$10,020.31	\$12,895.83					
Wages	\$8,977.14	\$8,996.57	\$9,507.15	\$8,639.58	\$20,916.01	\$9,240.15	\$6,688.03	\$72,964.63	Wages	\$6,508.31	\$8,820.09				\$88,293.03	
W/H, Taxes, Billing	\$982.16	\$1,495.33	\$1,598.00	\$1,500.67	\$5,452.76	-\$753.91	\$1,599.95	\$11,874.96	W/H & Billing	\$3,512.00	\$4,075.74					
Total Expenses	\$59,061.84	\$29,647.70	\$46,509.97	\$24,124.13	\$46,633.99	\$30,410.04	\$25,282.34	\$261,670.01	Total Expenses	\$27,700.06	\$35,929.65				\$325,299.72	\$554,320
Net Income	-\$51,298.24	-\$26,618.70	-\$43,603.88	\$89,556.82	-\$43,720.47	\$437,457.32	\$39,040.87	\$400,813.72	Net Income	-\$3,101.61	-\$16,563.20				\$381,148.91	



Configure This Page

**Electronic Documents** ⚙️ ➕ ✖️

No statements are available.

**My Accounts** ⚙️ ➕ ✖️

Name	Balance	View
D Payroll Acct 8577	54,241.77	Info
D General Chk 8569	60,115.36	Info
D IGT Grants 6217	37,198.78	Info
D Prop Tax Fund 5470	1,451,051.49	Info

**Recent Transactions** ⚙️ ➕ ✖️

No recent transactions for your selected accounts and filter in the last 30 days. Use the 'Configure Settings' icon above to select your transactions to view.

**Wires Transmitted** ➔ ✖️

No wires transmitted in the last 7 days.

**Welcome**

TEHACHAPI VALLEY HEALTHCARE DISTRICT  
lhughes@tvhd.org  
[Change](#)

Last Login:  
03/31/2023 - 12:48:48 PM



Check Register Report

Application Code: AP

User Login Name: lhughes

Bank Code	Check #	Check Date	Description	Status	Check Type	Amount
1	141686	03/01/23	AFLAC		C	39.12
1	141687	03/01/23	BETA HEALTHCARE GROUP		C	609.13
1	141688	03/01/23	HUMANA INSURANCE CO.		C	898.25
1	141689	03/01/23	LUIS & CONSUELO RUIZ		C	500.00
1	141690	03/01/23	NAVE LAW OFFICE, PROFESSIONAL		C	2,446.00
1	141691	03/01/23	PETTY CASH		C	232.27
1	141692	03/01/23	ROTARY CLUB OF TEHACHAPI		C	100.00
1	141693	03/01/23	STREAMLINE		C	100.00
1	141694	03/01/23	TOSHIBA FINANCIAL SERVICES		C	554.77
1	141695	03/01/23	UNITEDHEALTHCARE		C	5,273.42
1	141696	03/01/23	WITT'S		C	21.41
1	141697	03/10/23	ALEX AND EMMA CLEANING SERVICE		C	360.00
1	141698	03/10/23	AMERICAN EXPRESS		C	138.90
1	141699	03/10/23	DIAMOND TECHNOLOGIES, INC		C	475.00
1	141700	03/10/23	HARRISON HANDYMAN & RESTORATIO		C	100.00
1	141701	03/10/23	MITEL CLOUD SERVICES		C	238.80
1	141702	03/10/23	OFFICE 1		C	46.17
1	141703	03/10/23	WITT'S		C	123.62
1	141704	03/16/23	UNITEDHEALTHCARE		M	777.54
1	141705	03/16/23	DELFIN TORIBIO		C	150.00
1	141706	03/16/23	DIAMOND TECHNOLOGIES, INC		C	1,808.43
1	141707	03/16/23	E.R. MOORE TERNITE & PEST CONT		C	80.00
1	141708	03/16/23	HEALTHLAND		C	2,858.83
1	141709	03/23/23	CASTLE PUBLICATIONS, LTD		C	223.43
1	141710	03/23/23	DIAMOND TECHNOLOGIES, INC		C	2,866.64
1	141711	03/23/23	E.R. MOORE TERNITE & PEST CONT		C	120.00
1	141712	03/23/23	GEHRICKE, CARL		C	100.00
1	141713	03/23/23	HARRISON HANDYMAN & RESTORATIO		C	111.60
1	141714	03/23/23	LYDIA CHANEY		C	300.00
1	141715	03/23/23	MOATS, DUANE R.		C	200.00
1	141716	03/23/23	NIXON, MIKE		C	200.00
1	141717	03/23/23	SPECTRUM		C	137.97
1	141718	03/23/23	STEELE, BILL		C	200.00
1	141719	03/30/23	CITY OF TEHACHAPI		C	197.13
1	141720	03/30/23	WASIELEWSKI, CAROLINE		C	292.50
1	141721	03/30/23	WITT'S		C	152.89
Grand Total:						23,033.82

Total Number of Checks Printed: 36

Bank Code: From 1 To 1

Check No: From 2278 To 141721

Check Date: From 03/01/23 To 03/31/23

Check Type: All

Check Status: All

Check Register Report

Application Code: AP

User Login Name: lhughes

Bank Code	Check #	Check Date	Description	Status	Check Type	Amount
2	2287	03/10/23	COMPUTERSHARE--WFB		M	750.00
2	2288	03/23/23	HANZEL ENTERPRISES		M	3,800.00
Grand Total:						4,550.00

Total Number of Checks Printed: 2

Bank Code: From 2 To 2

Check No: From 1000 To 140486

Check Date: From 03/01/23 To 03/31/23

Check Type: All

Check Status: All



# Corporate Card Statement of Account

**Sign-up For Online  
Statements**

www.americanexpress.com/gopaperless

Prepared For  
**PEGGY MENDIBURU  
TV HEALTHCARE DSTRCT**

Account Number  
**XXXX-XXXXX0-61001**

Closing Date  
**03/30/23**

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$
0.00	0.00	75.00	0.00	0.00	<b>75.00</b>

For important information regarding your account refer to page 2.

Please submit all outstanding expenses.

To manage your Account online or to pay your bill, please visit us at [corp.americanexpress.com](http://corp.americanexpress.com). For additional contact information, please see the reverse side of this page.

### Activity

Date reflects either transaction or posting date

Card Number	Reference Code	Amount \$
XXXX-XXXXX0-61001		
03/20/23 ANNUAL MEMBERSHIP FEE 03/23 PERIOD 03/23 THRU 03/24	03/20 00400000323	75.00
<b>Total for PEGGY MENDIBURU</b>	New Charges/Other Debits Payments/Other Credits	75.00 0.00

014538 1/1  
14365

**Approved Invoice**  
*[Signature]*

↓ Please fold on the perforation below, detach and return with your payment ↓  
Do not staple or use paper clips

### Payment Coupon

Account Number 3794-185030-61001 Payable upon receipt in U.S. Dollars.

Enter 15 digit account number on all payments.

AB 01 014538 48065 H 51 C



PEGGY MENDIBURU  
TV HEALTHCARE DSTRCT  
PO BOX 669  
TEHACHAPI CA 93581-0669

**Amount Due \$75.00**

Checks or drafts must be drawn against banks located in the U.S.

See reverse side for instructions on how to update your address, phone number, or email.

Mail Payment to:



AMERICAN EXPRESS  
PO BOX 650448  
DALLAS TX 75265-0448

000025771  
R0489M1 06923  
(1

0000379418503061001 000007500000000000 3077



**Corporate Card  
Statement of Account**

**Sign-up For Online  
Statements**  
www.americanexpress.com/gopaperless

Prepared For  
**CAROLINE WASIELEWSKI  
TV HEALTHCARE DSTRCT**

Account Number  
**XXXX-XXXXX0-82006**

Closing Date  
**03/30/23**

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	<b>Balance Due \$</b>
138.90	138.90	75.00	138.90	0.00	<b>213.90</b>

For important information regarding your account refer to page 2.

Please submit all outstanding expenses.

To manage your Account online or to pay your bill, please visit us at corp.americanexpress.com. For additional contact information, please see the reverse side of this page.

**Activity** Date reflects either transaction or posting date

Card Number	Reference Code	Amount \$
XXXX-XXXXX0-82006		
03/15/23 PAYMENT RECEIVED - THANK YOU 03/15	0003500000	-138.90
02/28/23 ANNUAL MEMBERSHIP RENEWAL FEE 02/28	00400000423	75.00 ✓
03/02/23 FREE CONFERENCE CALL LONG BEACH CA REF# 67774620309 877-553-1680 03/02/23	67774620309	3.95 ✓
03/10/23 ALERT 360 0000 TULSA OK REF# 00000163197 888-642-4567 PROTECTION/SECURITY 03/09/23 ROC NUMBER 00000163197	00000163197	49.95 ✓
03/27/23 INTUIT *QBOOKS ONLIN 800-446-8848 CA REF# T1-11DD90AO CL.INTUIT.COM 03/27/23		85.00 ✓
<b>Total for CAROLINE WASIELEWSKI</b>		
	New Charges/Other Debits	213.90
	Payments/Other Credits	-138.90

*Handwritten notes: 8610.816, 81010-811, 8450.400, 8480.380*

**Approved Invoice**

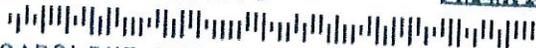
*Handwritten signature*

Please fold on the perforation below, detach and return with your payment

Do not staple or use paper clips

**Payment Coupon**

AB 01 014537 48065 H 51 C



**CAROLINE WASIELEWSKI  
TV HEALTHCARE DSTRCT  
PO BOX 669  
TEHACHAPI CA 93581**

Account Number  
**3796-484640-82006**

Payable upon receipt in U.S. Dollars.

Enter 15 digit account number on all payments.

**Amount Due \$213.90**

Checks or drafts must be drawn against banks located in the U.S.

See reverse side for instructions on how to update your address, phone number, or email.

Mail Payment to:

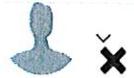
**AMERICAN EXPRESS  
PO BOX 650448  
DALLAS TX 75265-0448**

0000379648464082006 000021390000013890 30HH

# Invoice Details

Host

Join



## Invoice History

F



# Thanks for your payment!

Invoice ID: 71771822



**One Number**

3/2/23 - 4/1/23

**\$3.95**

**Total Charges:**

**\$3.95**

D

## Billing information



Payment Method: American Express \*\*\*\*2006

Payment Date: 3/2/23

Payment Status: Payment Processed

Payment Amount: \$3.95

**Billed to: Tehachapi Valley Healthcare District**

PO Box 669

Tehachapi ,California 93581 United States



For more information on your purchases and to view your online account  
71486233 02/02/2023 \$3.95 CC: \*\*\*\*\*2006 COM

Download



71247659 01/02/2023 \$3.95 CC: \*\*\*\*\*2006 COM



70989886 12/02/2022 \$3.95 CC: \*\*\*\*\*2006 COM



ALERT 360  
2448 EAST 81ST STREET STE 4200  
TULSA, OK 74137

**Account Information**

Account Number: 009887225  
Statement Number: 13303497  
Due Date: 03/10/2023  
Amount Due: \$49.95

**Account Activity**

DESCRIPTION	AMOUNT
ONLINE PMT - Cr Card	\$49.95 CR
BALANCE FORWARD	\$49.95
TEHACHAPI VALLEY HEA 116 W E ST Cell Only 03/01/23 to 03/31/23 93561	\$49.95
<b>TOTAL AMOUNT DUE</b>	<b>\$49.95</b>

**Important Messages**

**An Updated Name, Logo, and More!**

We are excited to announce our new company name – Alert 360! After 45+ years of award-winning service as Central Security Group, we have evolved far beyond offering only basic home security systems. Our Alert 360 brand reflects who we are today and our more complete smart security and home automation solutions – including our free mobile apps!

**Read more at Alert360.com and rest assured:**

- Nothing else has changed. We're the same U.S.-based team & honored to serve you.
- We've not been sold. We did not merge with anyone.
- We continue to offer decades of experience and our own, TMA-designated Five Diamond monitoring center – all backed by an A+ BBB rating.
- There is nothing you need to do related to our name change.

If you're not familiar with all our latest Alert 360 solutions (did you know we can help with connected devices like Amazon Echo and Google Home!), learn more at [Alert360.com](http://Alert360.com)

**Stay Alert for Door-to-Door Scams. Avoid Being Double Billed.**

Has someone come to your door or called, saying they bought our company and need a new contract or to change your equipment? This is false – no one has bought us, and no one should come to your door with a new contract, putting pressure on you to sign it, unless you requested it. Learn more at [Alert360.com/ScamAlert](http://Alert360.com/ScamAlert) or call us at 1-888-642-4567 to report such issues.

**About Your Homeowners Insurance Discount**

Your current certificate on file with your insurance company will continue to work, but if you need a new one, go to [Alert360.com/insurance](http://Alert360.com/insurance).

**Your Thoughts Matter**

Thanks to you, we're one of the nation's leading smart security & automation companies. Your satisfaction is important to us. Share any feedback at [CustomerService@Alert360.com](mailto:CustomerService@Alert360.com)



Donald  
-WAD-

Monthly testing of your alarm system will ensure communication with our Secure Operations Center.  
For questions regarding your service, contact us at (888) 642-4567 or via email [Customer.Service@alert360.com](mailto:Customer.Service@alert360.com)  
For questions regarding your invoice, contact us at (888) 642-4567 or via email [Billing@alert360.com](mailto:Billing@alert360.com).



ALERT 360  
2448 EAST 81ST STREET STE 4200  
TULSA, OK 74137

Address Service Requested

5098002347 PRESORT PBPS006 <B>  
TEHACHAPI VALLEY HEALTH CARE D  
PO BOX 669  
TEHACHAPI CA 93581-0669

Please check here to update your contact information.  
Provide your new contact information on the reverse side.

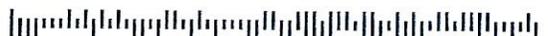
**INVOICE**

Account Number: 009887225  
Statement Date: 02/21/2023  
Due Date: 03/10/2023  
Amount Due: \$49.95

**Amount Enclosed:** \$ \_\_\_\_\_

Please write your account number on your check.  
Thank you in advance for your prompt payment.  
Use the enclosed envelope and make checks payable to:

Alert 360  
PO Box 21031  
Tulsa, OK 74121-1031





# Invoice

Intuit Inc.  
2800 E. Commerce Center Place  
Tucson, AZ 85706

**Invoice number:** 10001217961762  
**Total:** \$85.00  
**Date:** Mar 27, 2023  
**Payment method:** AMEX ending 2006  
**Payment authorization code:** 182419

## Bill to

Caroline Wasielewski  
Tehachapi Valley Healthcare District  
116 W E St PO Box 669  
Tehachapi, CA 93561-1608  
US  
Address may be standardized for tax purposes  
**Company ID:** 9130351329901026

## Payment details

Item	Qty	Unit price	Amount
QuickBooks Online Plus	1	\$85.00	\$85.00
Sales tax - Exempt:			\$0.00
<b>Total invoice:</b>			<b>\$85.00</b>

## Tax reporting information

<b>Period for monthly fees:</b>	Mar 27, 2023 - Apr 27, 2023
<b>Total without tax:</b>	\$85.00
<b>Total tax:</b>	\$0.00

(1) For subscriptions, your payment method on file will be automatically charged monthly/annually at the then-current list price until you cancel. If you have a discount it will apply to the then-current list price until it expires. To cancel your subscription at any time, go to Account & Settings and cancel the subscription. (2) For one-time services, your payment method on file will reflect the charge in the amount referenced in this invoice. Terms, conditions, pricing, features, service, and support options are subject to change without notice.

All dates and times are Pacific Standard Time (PST).



**Tehachapi Valley Healthcare District**

P.O. BOX 669 • 305 SOUTH ROBINSON STREET  
TEHACHAPI, CALIFORNIA 93581-0669

(661) 750-4848  
GENERAL ACCOUNT

141724

BANK OF THE SIERRA  
TEHACHAPI OLD TOWN OFFICE  
224 WEST F STREET  
TEHACHAPI, CA 93581  
(661) 822-6801

90-3702  
1211



DATE CHECK NO. CHECK AMOUNT

PAY

4/1/2023 141724 \$537.88

\*\*\*\*\*FIVE HUNDRED-THIRTY SEVEN DOLLARS AND 88/\*\*\*\*\*

TO  
THE  
ORDER  
OF

PETTY CASH

Authorized Signature

⑈ 141724 ⑆ 121137027⑆ 2100218569⑈

**TEHACHAPI VALLEY HEALTHCARE DISTRICT**

305 SOUTH ROBINSON STREET  
TEHACHAPI, CALIFORNIA 93581  
(661) 750-4848

GENERAL ACCOUNT

141724

220  
1007-013

PETTY CASH

3/2023 FINANCE EXPENSES  
FINANCE CASH BOX

\$537.88

\$537.88



TEHACHAPI VALLEY HEALTHCARE DISTRICT  
**CHECK REQUEST**

DATE: 4/1/2023

CHECK AMOUNT: \$537.88

MAKE CHECK PAYABLE TO:

PETTY CASH

SPECIAL INSTRUCTIONS:

**CASH AND PUT BACK INTO CASH BOX**

REASON FOR PAYMENT:

REIMBURSE PETTY CASH FUND

VENDOR ID	INVOICE NO.	G/L ACCT NUMBER	AMOUNT
220	3/2023 CASH BOX	1007-013	\$537.88

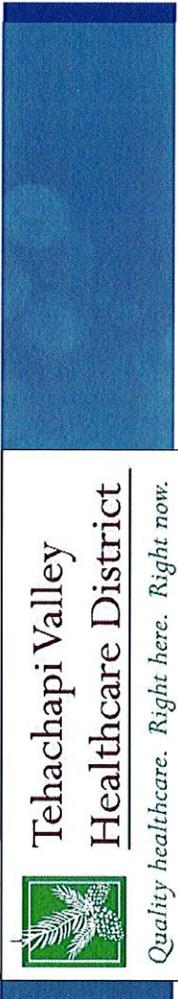
TOTAL: \$537.88

REQUESTED BY: LISA HUGHES

4/1/2023

APPROVED BY: *L. Mendez*

3/30/23



**Petty Cash Log**

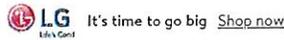
Saturday, April 1, 2023

Balance \$537.88

Date	Receipt No.	Amount	Description	Amount Withdrawn	Charged to	Received by	Approved by
3/6/2023	152458		WALMART- NEW OFFICE TV	\$411.41	8610-830	LH	PM
3/12/2023	152459		SUPPLIES FOR PARKING LOT SINK-HOLES	\$126.47	8460-365	LH	PM

Total	2			\$537.88			
-------	---	--	--	----------	--	--	--

Electronics / TV & Video / Smart TVs / Samsung Smart TVs



Sponsored

**Walmart**

661-825-2258 Mgt: ANGIE  
400 TUCKER ROAD  
TEHACHAPI CA 93561

ST# 04317 OP# 000876 TR# 67 TR# 05501  
PRODUCT SERIAL # 000USCENT103316  
55 SAM 17 TV 088727652785  
RECYCLE FEE 088113180661

TAX 1 7.250

SUBTOTAL

TOTAL

CASH TEND

CHANGE DUE

# ITEMS 2

IC# 2809 8671 7 3468 2328 4

378.00 X  
6.00 0  
384.00  
27.41  
411.41  
420.00  
8.59



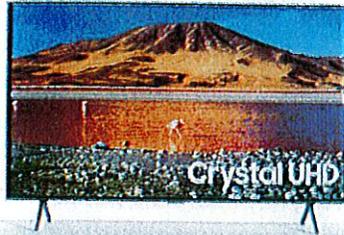
**Walmart**  
Become a member  
Scan for free 30-day trial

Low Prices You Can Trust. Every Day.  
03/06/23 13:58:52

\*\*\*\*\* RETURN & EXCHANGE POLICY \*\*\*\*\*  
Electronics may be returned  
for refund or exchange with receipt  
WITHIN 30 days

\*\*\*\*\*  
Scan with Walmart app to save receipts

\*\*\*\*\*



Try it!

Tap here to try

**RECEIPT** DATE: 3/6/23 No. 152458

RECEIVED FROM: New Office \$ 411.41

TV + need to connect to TeamP DOLLARS

FOR RENT  FOR

ACCOUNT: 411.41 FROM: [Signature] TO: [Signature]

PAYMENT:  CASH  CHECK  MONEY ORDER  CREDIT CARD

BAL. DUE: 411.41 BY: [Signature]

A-2701 T-48900

About this item

Product details

SAMSUNG 55" Class 4K Crystal UHD (2160P) LED Smart TV with HDR UN55TU7000 - Get enhanced smart capabilities

automatically upscales your favorite movies, TV shows and sports events to 4K. Smart TV powered by Tizen lets you find content and navigate streaming services easily.

Packet Page #20

**RECEIPT** DATE 3-12-23 No. 152459

RECEIVED FROM Supplies to \$ 126.47

Surround pothole DOLLARS

FOR RENT  
 FOR

ACCOUNT			<input type="radio"/> CASH	
PAYMENT	<u>126</u>	<u>47</u>	<input type="radio"/> CHECK	FROM
BAL. DUE			<input type="radio"/> MONEY ORDER	TO
			<input type="radio"/> CREDIT CARD	BY <u>LR Moats</u>

A-2701  
T-46800



**How doers  
get more done.**

STORE MANAGER ERIC CASILLAS  
507 N MILL ST TEHACHAPI, CA 93561

6835 00052 12220 03/12/23 06:53 PM  
SALE SELF CHECKOUT

049206202689 48IN HANDLE <A>  
TT 48" TAPERED RAKE HANDLE  
3@9.98 29.94

662909124654 CONE <A>  
18 IN. ORANGE REFLECTIVE PVC FLOW  
3@25.67 77.01

015812771024 TAPE 1000FT <A>  
EMPIRE 1000' YELLOW CAUTION TAPE  
10.97

SUBTOTAL 117.92  
 SALES TAX 8.55  
 TOTAL \$126.47

XXXXXXXXXXXX155 VISA  
 AUTH CODE 57575C/1522509 USD\$ 126.47  
 Chip Read TA  
 AID A0000000031010 VISA CREDIT

6835 03/12/23 06:53 PM



RETURN POLICY DEFINITIONS  
 POLICY ID DAYS POLICY EXPIRES ON  
 A 1 90 06/10/2023

\*\*\*\*\*  
**DID WE NAIL IT?**

Take a short survey for a chance TO WIN  
 A \$5,000 HOME DEPOT GIFT CARD

Opine en español  
[www.homedepot.com/survey](http://www.homedepot.com/survey)

User ID: H89 31564 24781  
 PASSWORD: 23162 24729

Entries must be completed within 14 days  
 of purchase. Entrants must be 18 or older to enter. See complete rules on  
 website. No purchase necessary. Packet Page #21



## Tab 3 - UH Benefits

# Benefit Sheet

UnitedHealthcare		
Select Plus Platinum 5/250/20% (CV-QR)		
(Broad Network)		
Benefit	In Network	Out of Network
Individual Ded	\$250	\$1,000
Family Ded	\$500	\$2,000
Individual OOP Max	\$3,500 (incl ded)	\$7,000 (incl ded)
Family OOP Max	\$7,000 (incl ded)	\$14,000 (incl ded)
Co-insurance	20%	50%
Lifetime Max	Unlimited	Unlimited
PC/Specialist	\$5/\$50 ded waived	50% after ded
Adult Preventive Care	No charge	Not covered
Child Preventive Care	No charge	Not covered
Pre/Postnatal Care	No charge/\$5 ded waived	50% after ded
Physical Therapy	\$5 ded waived	50% after ded
Chiropractic Care	\$5 ded waived; 24 visits/yr	50% after ded; 24 visits/yr
Inpatient Hospital	20% after ded	50% after ded
IP Physician/Surgeon	20% after ded	50% after ded
Maternity Delivery/IP	20% after ded	50% after ded
Mental Health IP	20% after ded	50% after ded
Substance Abuse IP	20% after ded	50% after ded
Outpatient Facility	20%/40% after ded (ASC/Hospital)	50% after ded; \$760 max/date of service
OP Physician/Surgeon	20% after ded	50% after ded
Lab/X-Ray	Lab-20%/40% after ded (FS/Hospital); X-ray-20% after ded	Lab-Not covered; X-ray-50% after ded
Advanced Radiology	20%/40% after ded (FS/Hospital)	50% after ded
Mental Health OP	\$5 ded waived	50% after ded
Substance Abuse OP	\$5 ded waived	50% after ded
Emergency Room	\$150 + 20% after ded	Paid as in-network
Ambulance	20% after ded	Paid as in-network
Urgent Care	\$50 ded waived	50% after ded
Rx Tier 1	\$5 ded waived	Not covered
Rx Tier 2	\$40 ded waived	Not covered
Rx Tier 3	\$85 ded waived	Not covered
Rx Tier 4	25% ded waived; \$250 max/script	Not covered
Rx Mail Order	2.5x retail copay	Not covered
Home Health Care	20% after ded; 100 visits/cal yr	50% after ded; 100 visits/cal yr
Skilled Nursing	20% after ded; 100 days/benefit period	50% after ded; 100 days/benefit period
Infertility Treatment	Not covered	Not covered
DME	20% after ded	50% after ded
Hospice Services	20% after ded	50% after ded
Pediatric Vision	No charge/20% ded waived (exam/hardware); 1 pair/cal yr	50% ded waived (exam/hardware); 1 pair/cal yr
Pediatric Dental	No charge	50% after ded

Use of this site constitutes acceptance of HealthConnect's Terms of service and Privacy Policy. The rates and benefits displayed within are for discussion and estimation purposes only and is not a substitute for an insurance quote prepared by an insurance carrier. Final benefits and rates must be based on insurance carrier confirmation and final enrollment. Packet Page #24

# Table Rates

Zip:93561 (Kern) 03/01/23 Monthly

UnitedHealthcare

Region 14

Age	Select Plus Platinum 5/250/20% (CV-QR)
0 -14	369.46
15 -15	402.30
16 -16	414.85
17 -17	427.41
18 -18	440.93
19 -19	454.46
20 -20	468.46
21 -21	482.95
22 -22	482.95
23 -23	482.95
24 -24	482.95
25 -25	484.88
26 -26	494.54
27 -27	506.13
28 -28	524.97
29 -29	540.42
30 -30	548.15
31 -31	559.74
32 -32	571.33
33 -33	578.57
34 -34	586.30
35 -35	590.16
36 -36	594.03
37 -37	597.89
38 -38	601.76
39 -39	609.48
40 -40	617.21
41 -41	628.80
42 -42	639.91
43 -43	655.36
44 -44	674.68
45 -45	697.38
46 -46	724.43
47 -47	754.85
48 -48	789.62
49 -49	823.91
50 -50	862.55
51 -51	900.70
52 -52	942.72
53 -53	985.22
54 -54	1031.10
55 -55	1076.98
56 -56	1126.72
57 -57	1176.95
58 -58	1230.56
59 -59	1257.12
60 -60	1310.73
61 -61	1357.09
62 -62	1387.52
63 -63	1425.67
64 -99	1448.85

This report doesn't include rider rates in the premium.

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## Footnotes

### Footnotes

#### UnitedHealthcare

\*Infertility is an optional benefit for all HMO and PPO plans. HMO rates are calculated as a 3.4% premium increase; PPO rates are calculated as a 4.9% premium increase.

\*UHC will not write business if more than 25% of the population is located in Vermont.

\*Core plans may be available to employees residing outside of CA. Please contact your representative for further information.

\*There may be additional plans available for specific service areas not quoted herein. Please contact your broker.

\*Premium rates and/or product forms included herein are subject to approval by regulators. If the rates or product forms offered herein are subsequently modified by regulators we will immediately advise you of the change in plan design and retroactively adjust premium in subsequent billings, in accordance with applicable law. The Navigate network included herein is subject to approval by regulators. If the Navigate network offered herein is subsequently modified by regulators we will immediately advise you of the change in network, in accordance with applicable law.

\*Each UnitedHealthcare Member can choose their Primary Care Physician, as long as the doctor is selected from United's list of Primary Care Physicians and the doctor is located within 30 miles of either the Member's Primary Residence or Primary Workplace.

\*New Hire rates are based on the employee's age as of his/her coverage effective date. If this is a "New Hire" quote, please make the necessary changes in your census to reflect the true age of the new employee.

\*For plans Select Plus 15/250/10% Gold, Select Plus 15/500/10% Gold, Select Plus 20/750/20% Gold, Select Plus 15/1000/10% Gold, Select Plus 25/1800/20% Silver, Select Plus 35/1800/30% Silver, and/or Select Plus 4500/20% Bronze the outpatient per occurrence deductible may be waived for outpatient services received at an in-network independent, non-hospital affiliated provider.

\*For HSA plans: Making sure that the employer contribution to HSAs fall into the designated dollar amount ranges helps ensure that the plan meets the actuarial value for the metallic level of coverage selected and ensures compliance with the requirements of the ACA. If the employer does not intend to make the contributions or intends to change the amount or timing of the contributions, please contact your UnitedHealthcare representative immediately. Please refer to the HRA HSA confirmation letter under the forms section for the applicable HSA Employer Contribution ranges