



Livermore Education Association

A Professional Organization Representing the Teachers of Livermore

June 1, 2006

Dear Over-65 Self Paid Retirees,

The Livermore Education Association has worked hard with the Central Valley Trust, Marana Benefits and the District for the last two years to provide comprehensive and affordable health insurance to all of our members and retirees. As plan costs increase dramatically on a yearly basis, we know that this will not continue without your assistance. This last year, Central Valley Trust (CVT) has seen much improvement in the area of generic medications. More and more of our members and retirees are using generics and are helping to curb the rising costs.

Earlier this year, the LEA Rep Council passed our Health Care Committee's recommendation to leave Interplan and return to Blue Cross as our PPO provider for the 2006-2007 school year (Oct 1, 2006 – Sept 30, 2007). We hope that this change will open up a larger pool of doctors. Members and retirees residing inside California and Nevada will utilize the Blue Cross Network, while retirees residing outside of California and Nevada will utilize the Blue Card Network. Please see the LEA website or the CVT website for links to where you can search for local providers in your area.

As our retirees turn 65 with the Central Valley Trust, members who have maintained constant coverage with LVJUSD dental and/or vision plans are able to continue with Delta Dental and/or VSP Vision with our group rates. With previous carriers, retirees were not able to continue dental or vision coverage after age-65. Some members were able to get Delta Coverage through a plan created by legislation. Because this is a separate group, we are not able to bring any of our retirees back into our CVT Delta plan, but we are able to maintain coverage for our retirees as they turn 65.

Many retirees have found that they are able to purchase individual plans with Kaiser, Blue Cross or a local provider and have left our group. We understand that insurance prices are very difficult to cope with on a fixed budget and that you have other options available to you. If you are participating in the LVJUSD Retiree Health Care Trust through Marana Benefits Administration, you are able to use your contribution toward any plan of your choosing so long as the plan will bill Marana. Please keep in mind that once a retiree leaves our medical, dental, and/or vision group(s), they are not able to come back to that portion of our group in the future.

As with any change to medical plans, we encourage you to look at the plan options, compare them to your actual and forecasted needs and make the best decision that you can.

The annual Open Enrollment period is from August 10, 2006 – September 10, 2006. The new plans will begin on October 1, 2006 and continue until September 30, 2007. Open Enrollment change forms will be available at the District Office, the LEA Office, and by mail. Feel free to call the LEA office if you have questions at 925-447-1199. While we will not be keeping regular office hours over the summer, we will be checking messages and will return your call within a week. We will also be participating in the annual Health Care Faire hosted by the District shortly after school begins. Keep an eye on the LEA and/or District websites for a date.

We would also like to encourage our retirees residing within California to learn more about Senator Sheila Kuehl's proposed legislation for Single-Payer Health Care: SB840. More and more Californians are realizing that something has to change with the Health Care Industry. Many of our members groan when they see \$100-\$300 a month coming out of their paychecks, but what many don't realize is that that's on top of the \$833 per month that the District is contributing. Realizing that all of our plans in the 2005-2006 school year for active members were over \$10,000 and we have over 600FTE members in our unit, as a group we are spending at least \$6 million every year on Health Care.

Here are some websites that may be helpful to you while making your plan selections:

The Livermore Education Association: www.livermoreteachers.org

The Livermore Valley Joint Unified School District: www.livermoreschools.com

The Central Valley Trust: www.cvtrust.org

Blue Cross/Blue Shield: www.bluecard.com

Kaiser Permanente: www.kp.org

Pacificare: www.pacificare.com

**Livermore Education
Association:**

1528 Catalina Court
Livermore, CA 94550

Phone: 925-447-1199
Fax: 925-447-0108

E-mail:
president@livermoreteachers.org

Central Valley Trust:

520 East Herndon Avenue
Fresno, CA 93720

Phone: 800-288-9870
Fax: 559-437-2965

E-mail:
info@cvtrust.org

Marana Benefits Admin.:

2850 Collier Canyon Rd.
Livermore, CA 94551

Phone: 925-294-8891
Fax: 925-373-1979

**LVJUSD Human
Resources:**

685 East Jack London Blvd.
Livermore, CA 94551

Phone: 925-606-3200

Plan choices and changes will go into effect on October 1, 2006.

Our current plans will continue through September 30, 2006

CENTRAL VALLEY TRUST
Monthly Cost: PPO Health Plan & Rx Services
SELF-PAID RETIREES OVER 65
OCTOBER 1, 2006 - SEPTEMBER 30, 2007

PLAN NAME	MEDICARE A & B	*MEDICARE A ONLY	*MEDICARE B ONLY	*WITHOUT MEDICARE	**SPOUSE UNDER 65
Plan 1C (PPO and Rx)					
RETIREE ONLY	\$354.00	\$442.00	\$447.00	\$955.00	\$866.00
RETIREE + ONE	\$662.00	\$839.00	\$847.00	\$1,862.00	\$1,488.00
RETIREE + FAMILY	\$887.00	\$1,064.00	\$1,073.00	\$2,088.00	\$1,885.00
Plan 4C (PPO and Rx) ^o					
RETIREE ONLY	\$342.00	\$425.00	\$429.00	\$902.00	\$813.00
RETIREE + ONE	\$638.00	\$804.00	\$812.00	\$1,758.00	\$1,398.00
RETIREE + FAMILY	\$853.00	\$1,020.00	\$1,028.00	\$1,973.00	\$1,771.00
Plan 6C (PPO and Rx) ^o					
RETIREE ONLY	\$330.00	\$406.00	\$410.00	\$845.00	\$757.00
RETIREE + ONE	\$613.00	\$766.00	\$774.00	\$1,645.00	\$1,303.00
RETIREE + FAMILY	\$818.00	\$972.00	\$980.00	\$1,851.00	\$1,651.00
Plan 8C (PPO and Rx) ^o					
RETIREE ONLY	\$313.00	\$382.00	\$385.00	\$773.00	\$648.00
RETIREE + ONE	\$579.00	\$717.00	\$724.00	\$1,500.00	\$1,178.00
RETIREE + FAMILY	\$772.00	\$910.00	\$917.00	\$1,693.00	\$1,493.00
Plan 10C (PPO and Rx) ^o					
RETIREE ONLY	\$283.00	\$338.00	\$340.00	\$414.00	\$554.00
RETIREE + ONE	\$519.00	\$629.00	\$634.00	\$847.00	\$953.00
RETIREE + FAMILY	\$688.00	\$798.00	\$804.00	\$909.00	\$1,207.00
HDHP-2 ^o					
RETIREE ONLY	N/A	N/A	N/A	\$572.00	\$454.00
RETIREE + ONE	N/A	N/A	N/A	\$1,142.00	\$779.00
RETIREE + FAMILY	N/A	N/A	N/A	\$1,224.00	\$986.00
MediCare Supplemental #1 ^o					
RETIREE ONLY	\$333.00	N/A	N/A	N/A	N/A
RETIREE + ONE	\$616.00	N/A	N/A	N/A	N/A
RETIREE + FAMILY	\$821.00	N/A	N/A	N/A	N/A
MediCare Supplemental #2 ^o					
RETIREE ONLY	\$343.00	N/A	N/A	N/A	N/A
RETIREE + ONE	\$638.00	N/A	N/A	N/A	N/A
RETIREE + FAMILY	\$852.00	N/A	N/A	N/A	N/A

SELF-PAID RETIREES ARE OFFERED ONE PRESCRIPTION PLAN. THE RATES ABOVE INCLUDE THE HEALTH PLAN AND PRESCRIPTION. PRESCRIPTION PLAN IS SHOWN BELOW:	* Please refer to CVT Guidelines of Eligibility for Retirees regarding CVT requirements for Medicare Part A and B. These contributions are only quoted in special circumstances and should be verified with Member Services.
PLAN C: \$7 / \$25 / \$40 RETAIL CO-PAY (30-DAY SUPPLY)	**What if you, the subscriber, are over 65 and your spouse or dependent(s) is under 65? Add the Retiree Only rate from the appropriate Medicare column and the Retiree Only rate from the Under 65 column.
PLAN C: \$15 / \$60 / \$90 MAIL ORDER CO-PAY (90-DAY SUPPLY)	

^o Remember: You must meet your deductible and/or coinsurance before this plan begins to pay.

CENTRAL VALLEY TRUST
Monthly Cost: Kaiser Senior Advantage
and Pacificare Secure Horizons Plans
SELF-PAID RETIREES OVER 65
OCTOBER 1, 2006 - SEPTEMBER 30, 2007

KAISER SENIOR ADVANTAGE PLAN 3

(\$10 Office Visit Copay, \$35 Emergency Room Copay)

(\$10 generic / \$20 brand Rx)

Kaiser Plan 3 Senior Advantage*	Medicare A & B	*Medicare A Only	*Medicare B Only (Assigned)	*Without Medicare	Under Age 65 Spouse**
Retiree Only	\$297.00	\$630.00	\$621.00	\$972.00	\$432.00
Retiree + One	\$583.00	\$1,250.00	\$1,232.00	\$1,934.00	\$744.00
Retiree + Family	\$866.00	\$1,533.00	\$1,515.00	\$2,217.00	\$976.00

* Members of Kaiser over the age of 65 must be receiving Medicare Parts A and B and must sign over their Medicare Parts A and B to Kaiser in order to participate in Senior Advantage.

** What if you, the subscriber, are 65 or over and your spouse or dependent(s) is under 65? Add the Retiree Only rate from the Appropriate Medicare-level Senior Advantage column and the Retiree Only rate from the Under 65 Spouse column.

KAISER SENIOR ADVANTAGE PLAN 5

(\$25*** Office Visit Copay, \$35 Emergency Room Copay)

(\$10 generic / \$20 brand Rx)

Kaiser Plan 5 Senior Advantage ¹	Medicare A & B	*Medicare A Only	*Medicare B Only (Assigned)	*Without Medicare	Under Age 65 Spouse**
Retiree Only	\$251.00	\$593.00	\$575.00	\$935.00	\$415.00
Retiree + One	\$491.00	\$1,175.00	\$1,140.00	\$1,859.00	\$716.00
Retiree + Family	\$764.00	\$1,448.00	\$1,413.00	\$2,132.00	\$940.00

* Members of Kaiser over the age of 65 must be receiving Medicare Parts A and B and must sign over their Medicare Parts A and B to Kaiser in order to participate in Senior Advantage.

** What if you, the subscriber, are 65 or over and your spouse or dependent(s) is under 65? Add the Retiree Only rate from the Appropriate Medicare-level Senior Advantage column and the Retiree Only rate from the Under 65 Spouse column.

*** Continuing for the 06-07 school year, Senior Advantage members will only be charged \$20 for an office visit according to Medicare regulations. These regulations have changed for the 07-08 school year, and may increase above \$20 at that time.

PACIFICARE SECURE HORIZON

(Rates will be available in July, 2006)

Pacificare Secure Horizon*	Medicare A & B	*Medicare A Only	*Medicare B Only (Assigned)	*Without Medicare	Under Age 65 Spouse**
Retiree Only					
Retiree + One					
Retiree + Family					

* Members of Pacificare over the age of 65 must be receiving Medicare Parts A and B and must sign over their Medicare Parts A and B to Pacificare in order to participate in Senior Advantage.

** What if you, the subscriber, are 65 or over and your spouse or dependent(s) is under 65? Add the Retiree Only rate from the Appropriate Medicare-level Secure Horizon column and the Retiree Only rate from the Under 65 Spouse column.

CENTRAL VALLEY TRUST
Monthly Cost: Dental and Vision Plans
SELF-PAID RETIREES OVER 65
OCTOBER 1, 2006 - SEPTEMBER 30, 2007

Plan Name	Retiree Only	Retiree + One	Retiree + Family
DELTA DENTAL Basic with 100% Diagnostic & Preventative, Prosthodontics 70/30, \$2,000 Annual Max, Nitrous Oxide	\$53.06/month	\$96.07/month	\$138.12/month
VSP VISION \$15 Office Visit copay. Exam, lenses and frames covered every 12 months. see VSP sheet for more details...	\$9.19/month	\$17.28/month	\$26.95/month

* In order for retirees to participate in CVT's Delta Dental and/or VSP Vision plans, they must have maintained continuous coverage of an LVJUSD plan.

These documents were prepared by the Livermore Education Association to assist our members and retirees in their plan choices and general comparisons. The amounts listed are accurate to the best of our abilities with the information available to us as of May 23, 2006. Any changes made by a provider or administrator or any mistakes in our calculations or formulas will be reflected in final pricing.

Livermore Valley Joint Unified School District - Livermore Education Association
Plan Matrix for PPO Plans - Self Paid Retirees (over 65)

BENEFITS	PLAN 1C		PLAN 4C		PLAN 6C		PLAN 8C	
MAJOR MEDICAL*	Deductible: \$0		Deductible: \$100 Ind / \$300 family		Deductible: \$250 Ind / \$750 family		Deductible: \$500 Ind / \$1,500 family	
	Coinsurance: 100%		Coinsurance: 90/10		Coinsurance 80/20		Coinsurance 80/20	
LIFETIME MAX PER PERSON	\$5,000,000		\$5,000,000		\$5,000,000		\$5,000,000	
DOCTOR VISITS	Paid at 100% Par Rate to Preferred Providers		\$10 co-pay (co-pay not applied to deductible or out-of-pocket max)		\$10 co-pay (co-pay not applied to deductible or out-of-pocket max)		Major Medical*	
ANNUAL PHYSICAL	Up to \$200/year for employee and spouse; balance to Major Med*		Up to \$200/year for employee and spouse; balance to Major Med*		Up to \$200/year for employee and spouse; balance to Major Med*		Up to \$200/year for employee and spouse; balance to Major Med*	
IMMUNIZATIONS	Employee & spouse covered under annual physical allowance. 100% Par Rate to Preferred Providers for covered dependent children.		Major Medical*		Major Medical*		Major Medical*	
PREVENTIVE CARE FOR CHILDREN	Paid at 100% Par Rate to Preferred Providers. Covered as long as eligible.		Major Medical*		Major Medical*		Major Medical*	
			Covered, as long as eligible		Covered, as long as eligible		Covered, as long as eligible	
WELL WOMAN: PAP SMEAR / MAMMOGRAM	Paid at 100% Par Rate to Preferred Providers		Major Medical*		Major Medical*		Major Medical*	
OUTPATIENT X-RAY & LAB	Paid at 100% Par Rate to Preferred Providers		Major Medical*		Major Medical*		Major Medical*	
PHYSICAL THERAPY	Paid at 100% Par Rate to Preferred Providers. Non-Par Providers limited to a combined 13 visits/year, max \$25/visit.		Major Medical* (Copay, if applicable)		Major Medical* (Copay, if applicable)		Major Medical*	
			Non-Par Providers limited to 13 visits per year, max \$25 per visit.		Non-Par Providers limited to 13 visits per year, max \$25 per visit.		Non-Par Providers limited to 13 visits per year, max \$25 per visit.	
CHIROPRACTIC	Paid at 100% Par Rate to Preferred Providers. Non-Par Providers limited to a combined 13 visits/year, max \$25/visit.		Major Medical* (Co-pay, if applicable)		Major Medical* (Co-pay, if applicable)		Major Medical*	
			Non-Par Providers limited to 13 visits per year, max \$25 per visit.		Non-Par Providers limited to 13 visits per year, max \$25 per visit.		Non-Par Providers limited to 13 visits per year, max \$25 per visit.	
ACUPUNCTURE	Paid at 100% Par Rate to Preferred Providers. Maximum of 12 visits/year.		Major Medical* (Co-pay, if applicable)		Major Medical* (Co-pay, if applicable)		Major Medical*	
			Max of 12 visits per calendar year		Max of 12 visits per calendar year		Max of 12 visits per calendar year	
<i>BENEFITS Continued</i>	PLAN 1C		PLAN 4C		PLAN 6C		PLAN 8C	
HOSPITAL: INPATIENT	Paid at 100% Par Rate to Preferred Providers. Unlimited days; semi-private room.		Major Medical*		Major Medical*		Major Medical*	
			Unlimited days, semi-private room		Unlimited days, semi-private room		Unlimited days, semi-private room	
HOSPITAL: EMERGENCY ROOM	\$35 co-pay		\$35 co-pay		\$35 co-pay		\$35 co-pay	
	Co-pay waived if admitted as in-patient		Major Medical* (co-pay not applied to deductible or out-of-pocket max and waived if admitted as in-patient)		Major Medical* (co-pay not applied to deductible or out-of-pocket max and waived if admitted as in-patient)		Major Medical* (co-pay not applied to deductible or out-of-pocket max and waived if admitted as in-patient)	
RADIATION THERAPY, CHEMOTHERAPY & SURGERY	Paid at 100% Par Rate to Preferred Providers		Major Medical*		Major Medical*		Major Medical*	
HOME HEALTH CARE	Paid at 100% Par Rate to Preferred Provider. Limited to 100 visits per calendar year.		Major Medical* Limited to 100 visits per calendar year		Major Medical* Limited to 100 visits per calendar year		Major Medical* Limited to 100 visits per calendar year	
HOSPICE	100% of Covered Expense with a lifetime maximum of \$10,000		100% of Covered Expense with a lifetime maximum of \$10,000		100% of Covered Expense with a lifetime maximum of \$10,000		100% of Covered Expense with a lifetime maximum of \$10,000	
DURABLE MEDICAL EQUIPMENT	Paid at 100% Par Rate to Preferred Providers		Major Medical*		Major Medical*		Major Medical*	
AMBULANCE-GROUND/AIR	100% of covered charges		Major Medical*		Major Medical*		Major Medical*	
MENTAL HEALTH - INPATIENT	Facility charges paid at 80% to Preferred Providers up to a maximum of 30 days per calendar year.		After deductible met, facility charges paid at 80% to Preferred Providers up to a maximum of 30 days per calendar year.		After deductible met, facility charges paid at 80% to Preferred Providers up to a maximum of 30 days per calendar year.		After deductible met, facility charges paid at 80% to Preferred Providers up to a maximum of 30 days per calendar year.	
MENTAL HEALTH & SUBSTANCE ABUSE PROFESSIONAL CHARGES- (INPATIENT / OUTPATIENT)	50% up to a maximum of \$50 per visit to Preferred Providers & up to \$25 to Non-Par Providers. (Substance abuse limited to 50 visits per year)		After deductible met, 50% up to a maximum of \$50 per visit to Preferred Providers & up to \$25 to Non-Par Providers. (Substance abuse limited to 50 visits per year)		After deductible met, 50% up to a maximum of \$50 per visit to Preferred Providers & up to \$25 to Non-Par Providers. (Substance abuse limited to 50 visits per year)		After deductible met, 50% up to a maximum of \$50 per visit to Preferred Providers & up to \$25 to Non-Par Providers. (Substance abuse limited to 50 visits per year)	
SUBSTANCE ABUSE- INPATIENT	\$300 Copay – After copay met, MHN Provider -- 100%. Non-Par Provider -- 50%. Two courses of treatment during lifetime.		\$300 Copay – After copay met, MHN Provider -- 100%. Non-Par Provider -- 50%. Two courses of treatment during lifetime.		\$300 Copay – After copay met, MHN Provider -- 100%. Non-Par Provider -- 50%. Two courses of treatment during lifetime.		\$300 Copay – After copay met, MHN Provider -- 100%. Non-Par Provider -- 50%. Two courses of treatment during lifetime.	
PRESCRIPTION DRUGS	Retail		Retail		Retail		Retail	
	Mail Order		Mail Order		Mail Order		Mail Order	
(CO-PAYMENTS)	\$7 Generic		\$7 Generic		\$7 Generic		\$7 Generic	
	\$25 Preferred		\$25 Preferred		\$25 Preferred		\$25 Preferred	
	\$40 Non-Pref. (30-day supply)		\$40 Non-Pref. (30-day supply)		\$40 Non-Pref. (30-day supply)		\$40 Non-Pref. (30-day supply)	
	\$15 Generic		\$15 Generic		\$15 Generic		\$15 Generic	
\$60 Preferred		\$60 Preferred		\$60 Preferred		\$60 Preferred		
\$90 Non-Pref. (90-day supply)		\$90 Non-Pref. (90-day supply)		\$90 Non-Pref. (90-day supply)		\$90 Non-Pref. (90-day supply)		

This matrix has been developed by the Livermore Education Association to assist our member in comparing PPO plans.
Please verify exact plan options with CVT prior to enrolling or changing a plan.

Livermore Valley Joint Unified School District - Livermore Education Association
Plan Matrix for PPO Plans - Self Paid Retirees (over 65)

BENEFITS	PLAN 10C	HDHP-2	Medicare Supplemental #1	Medicare Supplemental #2
MAJOR MEDICAL*	Deductible: \$2,000 Ind / \$6,000 family	Deductible: \$2,000 Ind / \$6,000 family	Plan Matrix Coming Soon	Plan Matrix Coming Soon
	Coinsurance: 80/20	Coinsurance 80/20		
	Out-of-Pocket Max: \$4,000 per person + deductible	Out-of-Pocket Max: \$3,250 per person / \$4,500 per family + deductible		
LIFETIME MAX PER PERSON	\$5,000,000	\$5,000,000		
DOCTOR VISITS	Major Medical*	Major Medical*		
ANNUAL PHYSICAL	Up to \$200/year for employee and spouse; balance to Major Med*	Up to \$200/year for employee and spouse; balance to Major Med*		
IMMUNIZATIONS	Major Medical*	Major Medical*		
	Employee & spouse covered under annual physical allowance.			
PREVENTIVE CARE FOR CHILDREN	Major Medical*	Major Medical*		
	Covered, as long as eligible	Covered, as long as eligible		
WELL WOMAN: PAP SMEAR / MAMMOGRAM	Major Medical*	Major Medical*		
OUTPATIENT X-RAY & LAB	Major Medical*	Major Medical*		
PHYSICAL THERAPY	Major Medical*	Major Medical*		
	Non-Par Providers limited to 13 visits per year, max \$25 per visit.	Non-Par Providers limited to 13 visits per year, max \$25 per visit.		
CHIROPRACTIC	Major Medical*	Major Medical*		
	Non-Par Providers limited to 13 visits per year, max \$25 per visit.	Non-Par Providers limited to 13 visits per year, max \$25 per visit.		
ACUPUNCTURE	Major Medical*	Major Medical*		
	Max of 12 visits per calendar year	Max of 12 visits per calendar year		
<i>BENEFITS Continued</i>	PLAN 10C	HDHP-2	Medicare Supplemental #1	Medicare Supplemental #2
HOSPITAL: INPATIENT	Major Medical* Unlimited days, semi-private room	Major Medical* Unlimited days, semi-private room		
HOSPITAL: EMERGENCY ROOM	\$35 co-pay			
	Major Medical* (co-pay not applied to deductible or out-of-pocket max and waived if admitted as in-patient)	Major Medical* (co-pay not applied to deductible or out-of-pocket max and waived if admitted as in-patient)		
RADIATION THERAPY, CHEMOTHERAPY & SURGERY	Major Medical*	Major Medical*		
HOME HEALTH CARE	Major Medical*	Major Medical*		
	Limited to 100 visits per calendar year	Limited to 100 visits per calendar year		
HOSPICE	100% of Covered Expense with a lifetime maximum of \$10,000	Major Medical with a lifetime maximum of \$10,000		
DURABLE MEDICAL EQUIPMENT	Major Medical*	Major Medical*		
AMBULANCE-GROUND/AIR	Major Medical*	Major Medical*		
MENTAL HEALTH - INPATIENT	After deductible met, facility charges paid at 80% to Preferred Providers up to a maximum of 30 days per calendar yr.	After deductible met, facility charges paid at 80% to Preferred Providers up to a maximum of 30 days per calendar yr.		
MENTAL HEALTH & SUBSTANCE ABUSE PROFESSIONAL CHARGES- (INPATIENT / OUTPATIENT)	After deductible met, 50% up to a maximum of \$50 per visit to Preferred Providers & up to \$25 to Non-Par Providers. (Substance abuse limited to 50 visits per year)	After deductible met, 50% up to a maximum of \$50 per visit to Preferred Providers & up to \$25 to Non-Par Providers. (Substance abuse limited to 50 visits per year)		
SUBSTANCE ABUSE- INPATIENT	\$300 Copay – After copay met, MHN Provider -- 100%. Non-Par Provider – 50%. Two courses of treatment during lifetime.	\$300 Copay – After copay met, MHN Provider -- 100%. Non-MHN Provider – 50%. Two courses of treatment during lifetime.		
PRESCRIPTION DRUGS	Retail \$7 Generic \$25 Preferred \$40 Non-Pref. (30-day supply)	Mail Order \$15 Generic \$60 Preferred \$90 Non-Pref. (90-day supply)	Retail Mail Order	Retail Mail Order
(CO-PAYMENTS)		Major Medical*		

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Please verify exact plan options with CVT prior to enrolling or changing a plan.