

CITY OF DELANO

2019 / 2020 Benefits Open Enrollment Overview

- This memo highlights key benefit changes that will take effect July 1, 2019. After careful consideration of several plan options, we will be renewing with Blue Shield, Kaiser, Premier Dental, Superior Vision, Lincoln Financial, AFLAC and Colonial. We allow dependents to be covered up to the end of the month they turn 26 under the medical, dental and vision and voluntary life plans. Full time is defined as a permanent, full-time employee working 30+ hours or more per week.

MEDICAL

- Below are the Blue Shield HMO plans being offered for 2019-2020. Refer to the table below for a brief explanation of the plan benefits. The Blue Shield rates increased by 4% on a blended rate (Trad HMO/PPO 6%, Trio HMO 1.35%). The Trio HMO is a smaller network of providers, but GemCare of Delano and Bakersfield are the Trio Network in Kern County. The benefits are the same except TRIO members have the full Wellvolution wellness program and concierge claims service. Please contact HR for a flyer on the available counties for the Trio HMO. Blue Shield increased the PPO Out of Pocket maximum this year. New amounts are listed below. Chiropractic visits were increased from 12 per calendar year to 20, Emergency room from \$100 to \$150 and coinsurance for outpatient surgery center decreased from 10% to 5% and hospital outpatient surgery increased from 10% to 15%

Benefit	Blue Shield Custom High Plan	Blue Shield Custom Trio HMO (GemCare Network only in Kern County)	Blue Shield PPO In Network Benefits See Plan Summary for Out of Network
Deductible	None	None	\$200 Indiv (\$400 Fam)
Office Visit/Specialist Visits	\$10 copay	\$10 copay	\$20 copay-ded waived
Access+ Specialist Visit	\$20 self referral within your pcp medical group	\$20 self referral within your pcp medical group	N/A
Preventive Care & WHS***	No Charge	No Charge	No Charge
Hospital	No Charge	No Charge	10% after the deductible
Teladoc	\$5 copay	\$5 copay	\$5 copay
Co-Insurance	100%	100%	90/10%
Co-Insurance Max	\$1,000 x2 family	\$1,000 x2 family	\$2,700 x 2 family
Chiropractic Care Rider	\$10 copay (30 visits cy)	\$10 copay (30 visits cy)	\$25 copay/20 visits cy plus \$25 copay-20 visits cy Acupuncture
X-Ray/Lab (Complex-MRI, CT, etc)	No Charge	No Charge	\$20 copay after deductible
Rx Tiers	Tier 1 is \$0 copay for ACA medicines, Tier 2 (generic), Tier 3 (brand formulary) and Tier 4 (brand non formulary).		
Retail Prescription**	\$10 Tier 2, \$20 Tier 3, \$35 Tier 4, and 20% to \$200 copay specialty Rx	\$10 Tier 2, \$20 Tier 3, \$35 Tier 4, and 20% copay to \$200 copay specialty Rx	\$10 Tier 2, \$20 Tier 3, \$35 Tier 4, and 20% copay to \$200 copay specialty Rx
Wellvolution	Basic included	Included	Basic included
Mail Order Prescription	\$20 Tier 2, \$40 Tier 3, \$70 Tier 4	\$20 Tier 2, \$40 Tier 3, \$70 Tier 4	\$20 Tier 2, \$40 Tier 3, \$70 Tier 4
Employee Only	\$ 630.82	\$ 485.41	\$ 729.16
Employee + Dependents	\$1,797.81	\$1,383.41	\$2,078.09

* This is not a complete explanation of benefits. Please refer to evidence of coverage for complete benefits and plan exclusions and limitations

***WHS is Women's Health Services such as contraceptives, breast feeding supplies/equipment, HPV, domestic violence counseling, etc.

- The Kaiser HMO benefits will remain the same, but the rates increased by 2.63%

Benefit	Kaiser HMO 15*
Deductible	None
PCP/Specialist visits	\$15 copay
Preventive Care & WHS	No Charge
Video or Phone Call Visits	\$0 copay
Hospital	No Charge
Co-Insurance	100%
Co-Insurance Max	\$1,500 x2 family
Chiropractic Rider	\$15 Co-Pay (30 visits/cy)
Retail Prescription	\$10g, \$30b
Mail Order Prescription	\$20g, \$40b
MONTHLY PREMIUM RATES	
Employee Only	\$ 557.66
Employee Dependents	\$1,444.35

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- Complete benefit summaries, enrollment forms and provider directories will be available during the health fair on Friday, May 3rd from 10am-3pm. The most up to date information can be accessed on BlueShield or Kaiser's web site at www.blueshieldca.com or www.kp.org.

DENTAL

- We will continue to offer three plans with Premier Access. The EPO, PPO and Dental HMO. The DHMO requires you to select a primary dentist, but you can change this provider throughout the year by contacting Premier Access directly. There is no change to the rates this year. Refer to the table below for a brief explanation.

Benefit	Premier EPO*		Premier PPO*		
	PCN	PPO	PCN Ntwk	PPO Ntwk	Out of Network
Deductible	None		\$25 (3x family)		\$50 (3x family)
Office Visit	No Charge		n/a		
Preventive Services	100%		100%	100%	90%
Basic Services	70% / 60%		90%	80%	70%
Major Services	50% / 40%		60%	50%	50%
Child & Adult Orthodontia	50% to \$1,000 per person lifetime max		50% to \$1,000 per person lifetime max		
CY Plan Maximum	\$1,000		\$1,500	\$1,500	\$1,500

MONTHLY PREMIUM RATES

Employee Only	\$18.51	\$35.34
Employee + Spouse	\$37.87	\$72.38
Employee + Child(ren)	\$47.61	\$82.62
Employee + Family	\$67.53	\$122.07

Benefit	Premier DHMO PCN Network
Deductible	None
Office Visit	No Charge
Preventive Services	100%
Basic Services	See Fee Schedule Example: Crown \$90
Major Services	See Fee Schedule Example: Porcelain Bridge \$225
Child & Adult Orthodontia	Child You Pay \$1975 / Adult you pay \$2175
CY Plan Maximum	None

MONTHLY PREMIUM RATES

Employee Only	\$17.47
Employee + Spouse	\$34.93
Employee + Child(ren)	\$31.44
Employee + Family	\$52.40

* This is not complete explanation of benefits. Please refer to evidence of coverage for complete benefits and plan exclusions and limitations

- Complete benefit summaries, enrollment forms and provider directories will be available during the health fair on Friday, May 3rd. The most up to date information can be accessed on Premier's web site at www.premierlife.com. Be sure to log in as a member to get the complete list of providers.

VISION

- The vision will continue with Superior Vision. Contact lenses may be purchased online at discounted rates through Superior Vision. The provider network includes retail chains like Sears, JC Penney, Target, Wal-Mart. Costco and Lens Crafters. Be sure to check with Costco to make sure the provider for the exam is contracted as not all of them are since they are independent Optometrist/Ophthalmologist. There is no change to the rates/benefits.

Benefit	Superior Vision Copay
Annual Exam (every 12 months)	None
Lenses (every 12 months)	No copay
Frame (every 24 months)	Allowance \$150 retail
Contact Lens Allowance	\$150
Contact Fitting Fee	\$25
MONTHLY PREMIUM RATES	
Employee Only	\$8.39
Employee Dependents	\$21.08

LIFE AD&D & VOLUNTARY SUPPLEMENTAL LIFE

- The life insurance will continue with Lincoln Financial. The benefit amount is 1 x annual salary with a minimum benefit of \$30k. **This is paid 100% by your employer.** Please be sure to update your beneficiary form if you have had any life event changes (ie new relationship, marriage, divorce, new baby). In the event something happens to you, we are required to go by the most updated form in our file. You do have conversion rights for this coverage, but it must be done in 31 days of termination.

We will continue to offer supplemental life, but if you did not enroll initially when we offered guarantee issue or after you were first eligible as a new hire, you will need to submit your application with an evidence of insurability form and await underwriting approval. This will also apply if you want to increase your life amount. New hires are still eligible for \$150k guarantee issue if under age 60. You will pay low group rates: (example: age 40-44 \$150k guaranteed for an employee would be \$22.50 a month and an add'l \$2 a month for \$10k for each dependent child). See below under Voluntary Products. These benefits are portable which means you can take them with you if you terminate employment once you have had these benefits for 12 months. Conversion may apply if less than 12 months. You only have 31 days to port or convert your coverage.

FLEXIBLE SPENDING ACCOUNT

- The flexible spending account will remain with PACE TPA. The 7/1/19 maximum is \$2700 for Health Reimbursement and \$5000 for Dependent Care. You must re-enroll each year. **Please ask how an FSA can save you pre-tax dollars.** Take advantage of your company's Flexible Benefits Plan and take home more money. An FSA allows you to set aside up to \$2700 each year before paying income taxes. You can use this money to pay for medical, prescription copays, glasses, dental expenses, chiropractic services and up to \$5000 for Dependent Care reimbursement with a licensed daycare provider or a provider that reports that income to the IRS. Please ask the PACE TPA rep. questions at the health fair. This is a great benefit.

VOLUNTARY PRODUCTS

- We are offering Aflac or Colonial. Don't forget to submit any claims for reimbursement. Be sure to see the representatives at the Health Fair for details. Don't forget that many of these policies have a wellness benefit and will pay out a flat dollar amount for services like mammograms, pap smears, prostate exam and well checks ups.

WHAT DO YOU NEED TO DO DURING THE OPEN ENROLLMENT PERIOD?

- May 1, 2019 through May 31st, 2019 is open enrollment so any eligible employee who is not currently enrolled may come on to the plan effective 7/1/19 or you may add eligible dependents that were not previously enrolled in the plan.
- If you are currently enrolled and do not want to make any changes to your current benefit elections, you do not need to take any action. All of your current benefit elections will automatically carry over and remain effective, but you will need to sign the Employer Election Form. If you have Blue Shield and want to switch plans (HMO, TRIO HMO, PPO), you must complete a Blue Shield Change Form, select the High Plan, Trio HMO or PPO. For the HMO and TRIO, you must select your pcp. If you are an existing patient with this pcp, be sure to check that box on the change form otherwise your doctor may not be assigned. Forms must be turned in by 5/31/19.
- If you want to change any of your current benefit elections, change dental plans, add or delete dependents, you will need to complete the applicable enrollment/change form.

IT IS YOUR RESPONSIBILITY TO COMMUNICATE ANY CHANGES YOU WISH TO MAKE BY COMPLETING THE REQUIRED FORMS, AND TURN THEM INTO HUMAN RESOURCES.

NOTE: After the Open Enrollment Period, you cannot make changes to your coverage during the year unless you experience a change in family status, such as:

- √ Loss or gain of coverage through your spouse
- √ Loss of eligibility of a covered dependent
- √ Death of your covered spouse or child
- √ Birth or adoption of a child
- √ Marriage, divorce or legal separation
- √ Switch from part-time to full-time

You have 31 days from a change in family status to make changes to your current coverage.

SERVICING AGENCY:

Should you need assistance during this enrollment process or throughout the year with any eligibility, benefit or claims questions, please do not hesitate to contact:

USI Insurance Services
Benefits Resource Center (available to help with claims, eligibility and other benefit questions, including appeals. BRC offers bilingual assistance)

Toll Free: 866 468 7272 or email them at BRCWest@usi.com

Or contact Diana Cortez

800 527 2421 x 43981 or 209-954-3981

diana.cortez@usi.com

