

# CITY OF DELANO

## 2020 / 2021 Benefits Open Enrollment Overview

- This memo highlights key benefit changes that will take effect July 1, 2020. 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 2020-2021. Refer to the table below for a brief explanation of the plan benefits. The Blue Shield rates show a rate pass for this renewal. 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. Please contact HR for a flyer on the available counties for the Trio HMO. Blue Shield made a few changes for 2020. Trio Plan reduced specialist copay under self-referral from \$20 to \$10, the durable medical equipment went from 50% to 20% patient responsibility, the calendar year OOPM went from \$1000/\$2000 to \$1500/\$3000 and Teladoc visits were reduced from \$5 to \$0. The HMO increased the calendar year OOPM the same as the Trio Plan. The PPO Plan changed the deductible from \$200/\$400 to \$200/\$600 and removed the \$100 copay for inpatient hospital admission.

| Benefit                             | Blue Shield Custom Trio HMO<br>(GemCare Network only in Kern County)  | Blue Shield Custom High Plan   | Blue Shield PPO<br>In Network Benefits<br>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            | \$10 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                             | \$0 copay   | \$5 copay  | \$5 copay  |
| Co-Insurance                        | 100%  | 100%   | 90/10%   |
| Co-Insurance Max                    | \$1,500 x2 family   | \$1,500 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<br>(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% copay to \$200 copay specialty Rx                                    | \$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 |
| Wellvolution                        | Included  | Basic 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                       | \$ 485.41   | \$ 630.82  | \$ 729.16  |
| Employee + Dependents               | \$1,383.41  | \$1,797.81   | \$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 have changed slightly and the rates increased by 4% overall. The office copay is reduced from \$15 to \$10, which includes the outpatient surgery copay, the ER copay went from \$50 to \$100 and Specialty Rx was a \$30 copay for 30 days and it now aligns with the Blue Shield HMO/TRIO and is 20% up to \$150 max per script for a 30 day supply.

| <b>Benefit</b>               | <b>Kaiser HMO 10*</b>   |
|------------------------------|---|
| Deductible                   | None  |
| PCP/Specialist visits        | \$10 copay  |
| Preventive Care & WHS        | No Charge   |
| Video or Phone Call Visits   | \$0 copay   |
| Hospital                     | No Charge   |
| ER Room visit                | \$100 copay   |
| Co-Insurance                 | 100%  |
| Co-Insurance Max             | \$1,500 x2 family   |
| Chiropractic Rider           | \$15 Co-Pay (30 visits/cy)  |
| Retail Prescription          | \$10g, \$20b, 20% up to \$150 per script for specialty Rx                 |
| Mail Order Prescription      | \$20g, \$40b / specialty may not be available via mail order-talk with dr |
| <b>MONTHLY PREMIUM RATES</b> |   |
| Employee Only                | \$ 619.94   |
| Employee Dependents          | \$1,463.04  |

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- Complete benefit summaries and enrollment forms will be available during the health fair on Friday, May 1<sup>st</sup> from 10am-3pm. The most up to date information can be accessed on BlueShield or Kaiser's web site at [www.blueshieldca.com](http://www.blueshieldca.com) or [www.kp.org](http://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 from their limited network, 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<br>PCN Network                         |
|---------------------------|---|
| Deductible                | None  |
| Office Visit              | No Charge   |
| Preventive Services       | 100%  |
| Basic Services            | See Fee Schedule<br>Example: Crown \$90             |
| Major Services            | See Fee Schedule<br>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 1<sup>st</sup>. The most up to date information can be accessed on Premier's web site at [www.premierlife.com](http://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                   |
| <b>MONTHLY PREMIUM RATES</b>  |                        |
| 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 first benefits 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 eligible for \$150k on a guarantee issue basis 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 7/1/20 maximum is \$2750 for Health Reimbursement and up to \$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 \$2750 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 for children to age 13 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. You will be reminded twice a year about any funds remaining in your FSA account..

## 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, 2020 through May 31<sup>st</sup>, 2020 is open enrollment so any eligible employee who is not currently enrolled may come on to the plan effective 7/1/2020 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 Payroll Deduction 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 doctor, be sure to check that box on the change form otherwise your doctor may not be assigned. Forms must be turned in by 5/31/2020.
- 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 TURNING 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 30 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: 888 336 7463 or email them at [BRCCA@usi.com](mailto:BRCCA@usi.com)

Or contact Diana Cortez  
800 527 2421 x 43981 or 209-954-3981  
[diana.cortez@usi.com](mailto:diana.cortez@usi.com)

