

CITY OF DELANO

2021 / 2022 Benefits Open Enrollment Overview

- This memo highlights key benefit changes that will take effect July 1, 2021. 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 2021-2022. Refer to the table below for a brief explanation of the plan benefits. The Blue Shield rates reflect a 3.5% increase blended for all 3 plans. 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 Concierge Customer Service, but all 3 Blue Shield plans include Wellvolution wellness benefits. Please contact HR for a flyer on the available counties for the Trio HMO. The 3 Blue Shield plans changed the specialty Rx copay from \$200 per script to \$250, and Teladoc services have been expanded to include Mental Health services and the copay is \$0.

Benefit	Blue Shield Custom Trio HMO (GemCare Network only in Kern County)	Blue Shield Custom High Plan	Blue Shield PPO In Network Benefits See Plan Summary for Out of Network
Calendar Year Deductible	None	None	\$200 Individual (\$600 Family)
Office Visit/Specialist Visits	\$10 copay	\$10 copay	\$20 copay(dw)
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	\$0 copay	\$0 copay	\$0 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 (dw) /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 (non-hospital setting)
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 \$250 copay specialty Rx	\$10 Tier 2, \$20 Tier 3, \$35 Tier 4, and 20% to \$250 copay specialty Rx	\$10 Tier 2, \$20 Tier 3, \$35 Tier 4, and 30% copay to \$250 copay specialty Rx
Wellvolution	included + Concierge Customer Service	included	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	\$ 502.41	\$ 652.89	\$ 754.67
Employee + Dependents	\$1,431.84	\$1,860.73	\$2,150.83

* 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 rates have increased about 7.92% for employee only and .6% family. The new Deductible HMO Plan shows an increase of 4.85% for single over the current rates and 2.26% for family. Selecting the new Deductible HMO for family coverage, along with family High Plan dental and family vision falls below the \$1600 contribution cap for the City.

Benefit	Kaiser Ded HMO	Kaiser HMO 10*
Calendar Year Deductible	\$250 (x family)	None
PCP/Specialist visits	\$10 copay (dw)	\$10 copay
Preventive Care & WHS	No Charge	No Charge
Video or Phone Call Visits	\$0 copay	\$0 copay
Hospital	10% after deductible	No Charge
ER Room visit	10% after deductible	\$100 copay
Co-Insurance	90/10%	100%
Co-Insurance Max	\$3,000 (x2 family)	\$1,500 (x2 family)
Chiropractic Rider	\$15 copay (dw) / 30 visits/cy	\$15 Copay / (30 visits/cy)
	Rx is not subject to the deductible	
Retail Prescription	\$10g, \$30 b, 20% up to \$200 per scrip for specialty Rx	\$10g, \$20b, 20% up to \$150 per script for specialty Rx
Mail Order Prescription	\$20g, \$60b / specialty may not be available via mail order-talk with dr.	\$20g, \$40b / specialty may not be available via mail order-talk with dr.
MONTHLY PREMIUM RATES		
Employee Only	\$650.01	\$669.03
Employee Dependents	\$1430.02	\$1,471.85

dw means deductible waived

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- Complete benefit summaries and enrollment forms will be available during open enrollment 5/1/21 – 5/31/21. The most up-to-date information regarding contracted providers 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 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. We were able to decrease the rates below by 5% from last year.

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	\$16.60
Employee + Spouse	\$33.18
Employee + Child(ren)	\$29.87
Employee + Family	\$49.78

Benefit	Premier EPO* PCN / PPO	Premier 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	\$17.58	\$33.57
Employee + Spouse	\$35.98	\$68.76
Employee + Child(ren)	\$45.23	\$78.49
Employee + Family	\$64.15	\$115.97

* 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 open enrollment 5/1/21 – 5/31/21. The most up to date information can be accessed on Premier’s website at www.premierlife.com. Be sure to log in as a member to obtain 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, Walmart, Costco and Lens Crafters. Be sure to check with Costco and Walmart 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 existing enrollees can buy up each year at open enrollment \$25k for employee and \$10k for spouse with no medical underwriting. The spouse amount cannot exceed 50% of the employee supplemental life. The maximum amount for an employee is \$200k. If you want more than the annual guarantee of \$25k EE or \$10k spouse, you will have to submit your application to HR along with the evidence of insurability form and await underwriting approval for those amounts. New hires are eligible for \$200k for employee 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.

Note: the annual guarantee buy-up does not employee if you were previously declined with EOI.

FLEXIBLE SPENDING ACCOUNT

- The flexible spending account will be moving to CPI 7/1/21. The 2021 IRS 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. This is a great benefit. You will be reminded twice a year about any funds remaining in your FSA account. You will receive new FSA Cards from CPI, and rollover balances from 2020 will be transitioned after 7/1/2021.

VOLUNTARY PRODUCTS

- We are offering Aflac or Colonial. Don't forget to submit any claims for reimbursement. If you want to enroll, contact your HR Dept. for the name and phone number for AFLAC and Colonial representatives. 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, 2021 through May 31st, 2021 is open enrollment so any eligible employee who is not currently enrolled may come on to the plan effective 7/1/2021 or you may add eligible dependents that were not previously enrolled in the plan, or you can change plans. You will need to see an HR Representative to make this change.
- 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, except FSA, and will remain effective, but you will need to sign the Employer Payroll Deduction Form and re-enroll by selecting your FSA election. 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 primary care physician. 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 5/31/2021.
- 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

Or contact Diana Cortez

800 527 2421 x 43981 or 209-954-3981

diana.cortez@usi.com

