

2018-19 OPEN ENROLLMENT ANNOUNCEMENT

MARK YOUR CALENDAR

ANNUAL OPEN ENROLLMENT

The annual Open Enrollment period will begin on August 9th – August 16th at the District Office in Conference Room C starting at 7:30am – 5:30pm. This is your opportunity to review and make changes to your current benefit selections.

During Open Enrollment you can:

- Renew your annual declination of medical benefits (if eligible).
- Enroll in or change your health plans.
- Add or drop dependents from Medical, Dental or Vision.

OPEN ENROLLMENT DATES

- 8/9/18: Declinations and Changes
- 8/10/18: Declinations Only
- 8/13/18: Declinations Only
- 8/14/18: Declinations and Changes
- 8/15/18: Closed – First Day of School
- 8/16/18: Declinations and Changes

***IF YOU ARE ENROLLED IN MEDICAL BENEFITS AND WILL NOT BE MAKING ANY CHANGES TO YOUR BENEFIT SELECTIONS, YOU DO NOT NEED TO COME IN. NEW RATES WILL AUTOMATICALLY BE ADJUSTED.**

REQUIRED DOCUMENTS

- Copy of Marriage Certificates – if enrolling spouse in Medical, Dental or Vision Benefits.
- First page of your current tax filings – if enrolling spouse in Medical (newly married, just certificate).
- Copy of Birth Certificates – required if enrolling eligible children in Medical, Dental or Vision Benefits.
- Social Security Numbers – required if enrolling spouse/children in Medical or Dental Benefits.

REQUIRED INFORMATION FOR DECLINATION OF MEDICAL BENEFITS

Employees must be enrolled in Group coverage at the time they are declining medical benefits. All eligible employees (hired before 1/1/2012), who will decline medical benefits or will be making changes to their dental or vision plans, can come in on any of the declination dates to complete the required forms and submit verification of Group coverage.

Acceptable verifications: a letter from a spouse's employer, a certificate of group coverage from your health carrier or an online medical website. All documents must include the following information:

- **Effective Date/Current date of coverage (ex: 1/1/2018 or forward)**
- **CUSD Employee's Name**
- **Group Name (ex: company or union name of spouse)**
- **Group Carrier (Type of Medical Coverage ex: Blue Shield)**
- **Group Number**

If the medical card provides **ALL** the required information listed above, no additional documents are required. If the medical card provides partial information or indicates a prior year, we can confirm coverage by using both the card and a verification letter as long as the group number or medical number is on both documents. **All letters must be typed on company letterhead.**

Note: If you're currently enrolled in other Group Coverage whose Open Enrollment occurs at a later date than CUSD, please bring in documentation with your Group's Open Enrollment dates along with your current medical card and you will be provided with a future due date to finalize your declination.

INFORMATIONAL MEETING

To request additional benefit information, you can schedule an appointment before Open Enrollment with Alicia Gallegos at x1311 or Beronica Trejo at x1333.

Active Employees - Plans and Rates Effective: 10/1/2018 – 9/30/2019

(Monthly premiums shown below are before District Contributions)

MEDICAL BENEFITS

Blue Shield PPO – Plan “C” - \$20 Co-pay (Office Visits)

\$200(Indiv)/\$400 (Family) deductible 100% coverage after deductible RX \$7(G)/\$25(N)
Renewal Cost: Employee Only: \$959 Employee +1: \$1,881 Family: \$2,645

Blue Shield PPO – Plan “G” - \$30 Co-pay (Office Visits)

\$500(Indiv)/\$1,000 (Family) deductible 80% coverage after deductible RX \$7(G)/\$25(N)
Renewal Cost: Employee Only: \$795 Employee +1: \$1,552 Family: \$2,177

Blue Shield High Deductible Health Plan – H.S.A

\$3,000 (Indiv)/\$5,200 (Family) deductible 90% coverage after deductible RX \$9(G)/\$35(N) after deductible
Renewal Cost: Employee Only: \$623 Employee +1: \$1,246 Family: \$1,775

Traditional Kaiser HMO – \$30 Co-Pay for Office Visit – w/Chiropractor

Chiropractor: \$10 Co-pay (up to 30 visits/year) RX: \$10(Generic) / \$30 (Name Brand)
Renewal Cost: Employee Only: \$693 Employee +1: \$1,362 Family: \$1,913

Traditional Kaiser HMO – \$20 Co-Pay for Office Visit – w/Chiropractor

Chiropractor: \$10 Co-pay (up to 30 visits/year) RX: \$10(Generic) / \$20 (Name Brand)
Renewal Cost: Employee Only: \$706 Employee +1: \$1,387 Family: \$1,948

Kaiser High Deductible Plan – H.S.A

\$1,500(Indiv)/\$3,000(Fam) deductible 90% coverage after deductible RX \$10(G)/\$30(N) after deductible
Renewal Cost: Employee Only: \$556 Employee +1: \$1,093 Family: \$1,535

DENTAL BENEFITS

Delta Dental Premier Plan: Progressive Plan, 70 -100% Coverage – Annual \$2,100 per member for dental services

Cost (no changes): Employee Only: \$62.22 Employee +1: \$125.51 Family: \$179.94

Delta Dental PPO Plan – 100% Coverage - Annual \$2,000 per member for dental services/Plus up to \$2000 for Ortho all members

Cost (no changes): Employee Only: \$51.31 Employee +1: \$92.44 Family: \$145.27

VISION BENEFITS

VSP – Vision Plan: \$15 Co-pay every 12months, Standard Lenses – 100%, Up to \$150 for frames or \$130 for contacts

Cost (no changes): Employee Only: \$10.58 Employee +1: \$21.00 Family: \$28.46

IMPORTANT BENEFIT CHANGES

- Traditional HMO Kaiser Plans: will now include a hearing aid benefit, effective: 10/1/18.
 - \$500 allowance per device
 - 1 device per ear, 2 devices per 36 months
- VSP – Vision: An additional allowance of \$50 towards Progressive lenses has been added, effective: 10/1/18.

DISTRICT MONTHLY CONTRIBUTION

Classified Contribution: Up to \$748.89 for full time employees who work 6 hours or more. Employees who work 4-5.75 hours will receive 50% of the monthly contribution (\$374.45).

Certificated Contribution: Up to \$748.89 (Depending on FTE. Ex: a 50% FTE will only receive: \$374.45).

* Summary of Benefits for all Medical Plans are available upon request or on the District website at:

http://www.ceres.k12.ca.us/business_services/fiscal_services/Payroll_and_Benefits