

# 2020-21 OPEN ENROLLMENT ANNOUNCEMENT

## MARK YOUR CALENDAR

### ANNUAL OPEN ENROLLMENT

Our Annual Open Enrollment is approaching. It will begin on August 6<sup>th</sup> – August 13<sup>th</sup> and take place at the Argus Multi-Purpose Rooms 32 & 33, from 7:30am – 5:30pm. This is your once a year opportunity to review and make changes to your current benefit selections.

**\*\* IF YOU ARE ENROLLED IN MEDICAL AND NOT MAKING ANY CHANGES YOU DO NOT NEED TO COME IN \*\***

During Open Enrollment you can:

- Renew your annual declination for medical benefits (if eligible).
  - Online declinations – New this year, see below for more information
- Enroll in or change your Medical, Dental, Vision or Life Insurances
- Add or drop dependents from Medical, Dental or Vision Plans.

### OPEN ENROLLMENT DATES

Declination & Changes on: 8/6/20, 8/7/20 8/10/20, 8/11/20 & 8/13/20

Open Enrollment closed on: 8/12/20

### REQUIRED DOCUMENTS FOR ADDING DEPENDENTS TO BENEFITS

- Copy of Marriage Certificate – if enrolling spouse in Medical, Dental or Vision Benefits.
- First page of your tax filings – if enrolling spouse in Medical, Dental or Vision Benefits.
- Copy of Birth Certificates – required for child dependents if enrolling in Medical, Dental or Vision Benefits.
- Social Security Numbers – required if enrolling spouse/children in Medical or Dental benefits.

### DECLINATIONS

All eligible employees (hired before 1/1/2012) who are declining medical benefits, **must** submit a new declination form each year that they decline.

- This year, employees who are declining medical benefits, will have the option to renew their declination online and submit verification of other coverage online. Instructions to follow at a later date.
- Employees who are declining medical and making changes to dental, vision or life insurances can come in on any of the scheduled dates listed above

Employees **must** be enrolled in another Group Medical plan at the time they are declining benefits. Private insurance is not considered to be 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 or a medical card. All documents must include the following information:**

- **Effective Date/Current date of coverage (ex: 1/1/20 or forward)**
- **CUSD Employee's Name**
- **Group Name (ex: company or union of spouse)**
- **Group Carrier (Blue Shield, Kaiser, etc.)**
- **Group Number (required when using 2 separate verifications)**

If the medical card includes **ALL** the required information listed above, additional documents are not required. If the medical card includes partial information or a prior year, we can confirm coverage by using both the card and either a verification on letterhead or online printouts, as long as they both have the group number printed on them.

**Note: If you are enrolled in another Group Plan whose Open Enrollment occurs at a later date than CUSD, please bring in documentation showing Open Enrollment dates for your other Group plan along with your current medical card and you will be provided with a future date to finalize your declination.**

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

## Active Employees – Plans and Rates Effective: 10/1/2020 – 9/30/2021

(Monthly premiums shown below are before District Contribution)

### MEDICAL BENEFITS

#### **Blue Shield PPO – Plan “C” - \$20 Co-pay (Office Visits) – Annual Out of Pocket \$1,000 (Indiv)/\$3,000 (Fam)**

\$200 (Indiv)/\$400 (Family) deductible	100% coverage after deductible	RX \$7(G)/\$25(N)
Renewal Cost: Employee Only: \$1,062	Employee +1: \$2,084	Family: \$2,933

#### **Blue Shield PPO – Plan “G” - \$30 Co-pay (Office Visits) – Annual Out of Pocket \$2,000 (Indiv)/\$4,000 (Fam)**

\$500 (Indiv)/\$1,000 (Family) deductible	80% coverage after deductible	RX \$7(G)/\$25(N)
Renewal Cost: Employee Only: \$878	Employee +1: \$1,716	Family: \$2,409

#### **Blue Shield High Deductible Health Plan – H.S.A. – Annual Out of Pocket \$5,000(Indiv)/\$10,000 (Fam)**

\$3,000 (Indiv)/\$5,200 (Family) deductible	90% coverage after deductible	RX \$7(G)/\$25(N)
Renewal Cost: Employee Only: \$671	Employee +1: \$1,342	Family: \$1,913

#### **Traditional Kaiser HMO - \$30 Co-Pay (Office Visits) – w/Chiropractor**

Chiropractor: \$10 Co-pay (up to 30 visits/year)	RX: \$10(Generic)/\$30(Name Brand)	
Renewal Cost: Employee Only: \$783	Employee + 1: \$1,535	Family: \$2,154

#### **Traditional Kaiser HMO - \$20 Co-Pay (Office Visits) – w/Chiropractor**

Chiropractor: \$10 Co-pay (up to 30 visits/year)	RX: \$10(Generic)/\$20(Name Brand)	
Renewal Cost: Employee Only: \$797	Employee + 1: \$1,562	Family: \$2,191

#### **Kaiser High Deductible Health Plan – H.S.A. – Annual Out of Pocket \$3,000(Indiv)/\$6,000 (Fam)**

\$1,500 (Indiv)/\$3,000 (Family) deductible	90% coverage after deductible	RX \$7(G)/\$25(N)
Renewal Cost: Employee Only: \$628	Employee +1: \$1,231	Family: \$1,728

### DENTAL BENEFITS

#### **Delta Dental Premier Plan:** Progressive Plan, 70-100% Coverage – Annual \$2,000 per member/\$2,100 if PPO Provider

Cost (No changes): Employee Only: \$62.22	Employee +1: \$125.51	Family: \$179.94
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#### **Delta Dental PPO Plan:** 100% Coverage – Annual \$2,000 per member for dental services, Up to \$2,000 for Ortho, all members

Cost (No changes): Employee Only: \$51.31	Employee +1: \$92.44	Family: \$145.27
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### 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
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### LIFE INSURANCE

**Hartford Life Insurance (Required):** Add or Drop dependents or make any necessary beneficiary changes (Beneficiary changes can be made at any time).

**MetLife Accidental AD&D (Optional):** Policy and Premium information will be available during Open Enrollment

### DISTRICT MONTHLY CONTRIBUTION

**Classified Contribution:** Up to \$850 for full time employees who work 6 hours or more. Employees who work 4-5.75 hours will receive 50% of the monthly contribution (\$425).

**Certificated Contribution:** Up to \$850 (Depending on FTE. Ex: a 50% FTE will only receive \$425).

\* 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](http://www.ceres.k12.ca.us/business_services/fiscal_services/Payroll_and_Benefits)