

SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT

MEMORANDUM

DATE: August 11, 2020

TO: **ALL CERTIFICATED EMPLOYEES**

FROM: Kevin Platt, Assistant Superintendent of Human Resources

RE: **OPEN ENROLLMENT – HEALTH & IRC 125 ANNUAL PARTICIPATION**

NEW THIS YEAR!

SMJUHSD will be moving to a VIRTUAL Open Enrollment for Aflac Voluntary Supplement Benefits (i.e. accident, short-term disability, cancer insurance) and FSA annual enrollments, only. Communication via ringless phone messages and emails about the EP6ix online platform will begin on Monday, August 24, 2020. The online platform will be available starting Monday, August 31, 2020.

******* PLEASE MARK YOUR CALENDARS *******

The core benefit process (i.e. health, dental, vision) will remain using physical forms; however, there will be **NO in-person Open Enrollment** this year. If you'd like to review/change your benefits, please contact our Human Resources Technician, Monica Herrera at mherrera@smjuhsd.org to schedule an appointment via Zoom or telephone. **Last day for core benefit appointments will be Friday, October 9, 2020.** Core benefit paperwork must be submitted to the District Office – Attention: Monica Herrera, no later than Friday, October 16, 2020 at 4:30 p.m.

If you'd like to **sign-up for an Aflac Policy/FSA**, or make changes to an existing policy, the EP6ix online platform will be available beginning Monday, August 31, 2020. The online platform will close on Sunday, September 20, 2020 at 11:59 p.m. **September 20, 2020 is a hard deadline for Aflac policies and FSAs, and there will be no make-up date or late submissions of change accepted.**

Open enrollment period is the time for benefit eligible employees to make changes to their District's health benefit plans. This includes enrolling/dropping coverage (if eligible), adding/removing dependents, and/or plan changes. Outside of Open Enrollment, participants may make changes to their benefit plans **within 30 days of a qualifying event**. Such qualifying events include marriage, divorce, adoption, birth of a child, or loss of coverage. Note: There are limitations to plan changes during a qualifying event.

IRC 125 Flexible Spending Accounts – Dependent Care and Medical Care & AFLAC

This is also the only time of year that you may elect to participate in the Flexible Spending Plan benefit for Dependent and/or Medical Care expenses under the Internal Revenue Code 125 (IRC 125). You **must** elect participation **every year** to continue or change your current plan. The extended 2019/2020 plan year will terminate automatically on December 31, 2020. **You have until January 31, 2021 to submit claims for the 2019/2020 year which must be processed through TakeCareWageWorks.** You may have a \$500 carryover, anything over this amount will be forfeited.

The FSA portion of the plan allows an employee to pay for any out-of-pocket medical and dependent daycare expenses with **pre-tax**, or tax-free dollars. On average, this equates to an average savings of 25% for most employees.

Another feature of the Cafeteria Plan is the availability of **voluntary supplemental benefits**. These benefits include in part, accident/disability, short-term disability, and cancer insurance. These supplemental benefits do not duplicate or overlap in any way with our regular health insurance.

Note: You do not have dental or vision insurance cards, please let your dental or vision provider know you have Delta Dental or VSP insurance and they will bill appropriately.

For enrollment assistance and questions, please contact Monica Herrera at mherrera@smjuhsd.org to schedule an appointment via Zoom or telephone.

More information on next page

SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT FACULTY ASSOCIATION HEALTH PLANS

CaIPERS 2020-2021

PERS Care PPO 90/10	Anthem 1-877-737-7776	Blue Cross
Single	\$ 721.61	
2 Party	\$ 1,406.28	
Family	\$ 1,715.55	

PERS Select PPO 80/20	Anthem 1-877-737-7776	Blue Cross
Single	\$ -	
2 Party	\$ -	
Family	\$ -	

PERS Choice PPO 80/20	Anthem 1-877-737-7776	Blue Cross
Single	\$ 321.67	
2 Party	\$ 606.39	
Family	\$ 675.69	

Anthem Traditional HMO	Anthem 1-855-839-4524	Blue Cross
Single	\$ 637.84	
2 Party	\$ 1,238.75	
Family	\$ 1,497.75	

Blue Shield Access+ HMO	Blue Shield 1-800-334-5847	Blue Shield
Single	\$ 509.03	
2 Party	\$ 981.13	
Family	\$ 1,162.87	

UnitedHealthcare	UHC 1-877-359-3714	UHC
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Available for SLO Co Residents ONLY

Single	\$ 250.27
2 Party	\$ 463.61
Family	\$ 490.08

Rates effective January 1 through December 31, 2021

CalPERS 2021 Plan Comparison	CalPERS PERS Care Basic PPO Plan (Anthem)		CalPERS PERS Select Basic PPO Plan (Anthem)		CalPERS PERS Choice Basic PPO Plan (Anthem)		CalPERS Traditional HMO (Anthem)		CalPERS Access+ HMO (Blue Shield)		CalPERS CA SignatureValue Alliance HMO (UnitedHealth Care) S/O County Residents ONLY Member Pays	
	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
MEDICAL - CALENDAR YEAR Deductible & Maxiums												
Individual/Family Deductible	\$500 / \$1000	\$2000 / \$4000	\$1000 / \$2000	\$500 / \$1000	\$3000 / \$6000	\$500 / \$1000	\$0 / \$00	\$0 / \$00	\$0 / \$00	\$0 / \$00	\$0 / \$00	\$0 / \$00
Individual/Family Out-of-Pocket (OOP) Max includes medical deductibles, co-insurance and co-pays	\$2000 / \$4000		\$3000 / \$6000	\$2000 / \$4000	\$3000 / \$6000	\$3000 / \$6000	\$1500 / \$3000	\$1500 / \$3000	\$1500 / \$3000	\$1500 / \$3000	\$1500 / \$3000	\$1500 / \$3000
PROFESSIONAL SERVICES												
Office Visit (OV) co-pay	\$20 copay		\$35 copay*	\$20 copay	\$20 copay	\$20 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Urgent Care co-pay	\$35 copay		\$35 copay	\$35 copay	\$35 copay	\$35 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Specialists/Consultants co-pay	\$35 copay		\$35 copay	\$35 copay	\$35 copay	\$35 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Diagnostic X-ray & Laboratory Procedures	10%		20%	10%	20%	20%	\$0	\$0	\$0	\$0	\$0	\$0
Inferility (diagnosis/treatment of causes of infertility subject to lan benefits)	Not Covered		Not Covered	Not Covered	Not Covered	Not Covered	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges
Preventive Care (includes physical exams & screenings)	\$0 (Deductible Waived)		\$0 (Deductible Waived)	\$0 (Deductible Waived)	\$0 (Deductible Waived)	\$0 (Deductible Waived)	\$0 (Deductible Waived)	\$0 (Deductible Waived)	\$0 (Deductible Waived)	\$0 (Deductible Waived)	\$0 (Deductible Waived)	\$0 (Deductible Waived)
HOSPITAL & SKILLED NURSING FACILITY SERVICES												
Emergency Room Services	\$50 deductible (waived if admitted) + 10% coinsurance		\$50 deductible (waived if admitted) + 20% coinsurance	\$50 deductible (waived if admitted) + 20% coinsurance	\$50 deductible (waived if admitted) + 20% coinsurance	\$50 deductible (waived if admitted) + 20% coinsurance	\$50 copay / visit (waived if admitted)	\$50 copay / visit (waived if admitted)	\$50 copay / visit (waived if admitted)	\$50 copay / visit (waived if admitted)	\$50 copay / visit (waived if admitted)	\$50 copay / visit (waived if admitted)
Surgery, Outpatient (hospital)	10%		10%	10%	10%	10%	\$0	\$0	\$0	\$0	\$0	\$0
Surgery, Outpatient (surgeon fee)	10%		10%	10%	10%	10%	\$0	\$0	\$0	\$0	\$0	\$0
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT												
Outpatient/Behavioral health services	\$ 20 per visit		\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit
Inpatient/Behavioral health services	10%		10%	10%	10%	10%	\$0	\$0	\$0	\$0	\$0	\$0
OTHER SERVICES												
Acupuncture (limits apply)	\$15 copay		\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Chiropractic (limits apply)	\$15 copay		\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Durable Medical Equipment (DME)	10%		10%	10%	10%	10%	\$0	\$0	\$0	\$0	\$0	\$0
Physical & Occupational Therapy (limits apply)	10%		10%	10%	10%	10%	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
PHARMACY BENEFITS												
Generic co-pay 30 days supply	\$5 30-day / \$10 90-day		\$5 30-day / \$10 90-day	\$5 30-day / \$10 90-day	\$5 30-day / \$10 90-day	\$5 30-day / \$10 90-day	\$5 30-day / \$10 90-day	\$5 30-day / \$10 90-day	\$5 30-day / \$10 90-day	\$5 30-day / \$10 90-day	\$5 30-day / \$10 90-day	\$5 30-day / \$10 90-day
Preferred co-pay 30 days supply	\$20 30-day / \$40 90-day		\$20 30-day / \$40 90-day	\$20 30-day / \$40 90-day	\$20 30-day / \$40 90-day	\$20 30-day / \$40 90-day	\$20 30-day / \$40 90-day	\$20 30-day / \$40 90-day	\$20 30-day / \$40 90-day	\$20 30-day / \$40 90-day	\$20 30-day / \$40 90-day	\$20 30-day / \$40 90-day
Non-preferred brand drugs	\$50 30-day / \$100 90-day		\$50 30-day / \$100 90-day	\$50 30-day / \$100 90-day	\$50 30-day / \$100 90-day	\$50 30-day / \$100 90-day	\$50 30-day / \$100 90-day	\$50 30-day / \$100 90-day	\$50 30-day / \$100 90-day	\$50 30-day / \$100 90-day	\$50 30-day / \$100 90-day	\$50 30-day / \$100 90-day
Specialty	Follows the tier structure above		Follows the tier structure above	Follows the tier structure above	Follows the tier structure above	Follows the tier structure above	Follows the tier structure above	Follows the tier structure above	Follows the tier structure above	Follows the tier structure above	Follows the tier structure above	Follows the tier structure above
*Copay Reduced to \$10 if Enrolled with Personal Doctor												
Single	\$721.61		\$0.00	\$321.67	\$637.84	\$509.03	\$250.27	\$509.03	\$250.27	\$509.03	\$250.27	\$509.03
2Party	\$1,406.28		\$0.00	\$606.39	\$1,238.75	\$981.13	\$463.61	\$981.13	\$463.61	\$981.13	\$463.61	\$981.13
Family	\$1,715.55		\$0.00	\$675.69	\$1,497.75	\$1,162.87	\$490.08	\$1,162.87	\$490.08	\$1,162.87	\$490.08	\$1,162.87

This is a summary only. For more information about your coverage, you can get the complete terms in the policy or plan document at www.anthem.com/ca/calpers for the Access+ plan blueshield.com/ca/calpers or for the UHC www.uhc.com/calpers. This illustration is not the entire/formal benefits and should be used as a reference only - please refer to the SBC for more detail.