

MEMORANDUM

DATE: September 15, 2021
 TO: **ALL CERTIFICATED EMPLOYEES**
 FROM: Kevin Platt, Assistant Superintendent of Human Resources
 RE: **OPEN ENROLLMENT – HEALTH BENEFITS**

Open Enrollment period is the time for employees not currently enrolled in the district’s health benefit plans to add coverage for themselves and/or their dependents. This is also the time for current subscribers to make any changes (such as plan changes or adding/removing dependents). Outside of Open Enrollment, participants may make changes to coverage that result from qualifying events including marriage, adoption, and/or the birth of a child within 30 days of the event.

***** NEW THIS YEAR *****

- The PERS Care and PERS Choice plans will combine and be renamed PERS PLATINUM.
- The PERS Select plan (or the “FREE” plan) will be renamed PERS GOLD.
 - This plan will no longer be “FREE.” Please see the backside of this page for plan information and rates.

Note: If you are enrolled in the PERS Care or PERS Choice plans during 2021, and you do not make any changes during Open Enrollment, you will be automatically enrolled in the PERS Platinum plan for 2022. If you are enrolled in the PERS Select plan, and do not make any changes, you will automatically be enrolled in the PERS Gold plan for 2022.

- Open Enrollment changes **MUST** be made online through your Ease portal. An “Open Enrollment Kick-Off” email will be sent to your work email address on September 20, 2021. Please use the “Sign Up” option in the email to access/create your Ease account. The email will come from “Santa Maria Joint Union High School District Benefits Management <Support@ease.com>”
- Open Enrollment ***starts on September 20, 2021 and ends on October 15, 2021***. Please log into your Ease portal by ***Friday, October 15, 2021, at 4:00 p.m.*** to make your benefit election/changes. *****Late enrollments will NOT be accepted.*****
- If adding NEW eligible dependents, you MUST include a copy of your government-issued marriage certificate to add a spouse, and birth certificates to add any children. If you have any questions, you can stop by during on-site Open Enrollment (see dates & times listed below).
- CalPERS’ health plans run on a calendar year. Any changes made during Open Enrollment will be effective January 1, 2022. You’ll see the new rates reflected on your December 30, 2021 paycheck.

To answer questions and/or assist in enrollment, please visit the Benefits staff at your site on the corresponding dates and times:

September 28, 2021	Pioneer Valley High School	8:00 a.m. – 4:00 p.m.	PAC Lobby
September 29, 2021	Santa Maria High School	8:00 a.m. – 4:00 p.m.	Aerobics Room #341
September 30 2021	Righetti High School	8:00 a.m. – 4:00 p.m.	Sword & Shield
October 1, 2021	Delta High School	8:00 a.m. – 12:00 p.m.	Staff Lounge
October 1, 2021	District SSC	1:00 p.m. – 4:30 p.m.	Board Room (PDC)

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

CaIPERS 2022 Plan Comparison - CERTIFICATED MEDICAL - CALENDAR YEAR Deductible & Maxiums	CaIPERS PERS Platinum Basic PPO Plan (Anthem) - Formerly PERS Care or Choice			CaIPERS PERS Gold Basic PPO Plan (Anthem) - Formerly PERS Select			CaIPERS Traditional HMO (Anthem)			CaIPERS Access+ HMO (Blue Shield)			CaIPERS CA Signature/Value Alliance HMO (UnitedHealth Care) SLO 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	Member Pays	Member Pays
Individual/Family Deductible	\$500 / \$1000	\$2000 / \$4000	\$1000 / \$2000	\$3000 / \$6000	\$0 / \$000	\$1500 / \$3000	\$0 / \$00	\$0 / \$00	\$0 / \$00	\$0 / \$00	\$1500 / \$3000	\$0 / \$00	\$0 / \$00	\$1500 / \$3000	\$0 / \$00
Individual/Family Out-of-Pocket (OOP) Max includes medical deductibles, co-insurance and co-pays	\$20 copay	\$35 copay	\$35 copay*	\$35 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
PROFESSIONAL SERVICES	\$35 copay	\$35 copay	\$35 copay	\$35 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Office Visit (OV) co-pay	10%	10%	20%	20%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Urgent Care co-pay	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	50 % of Covered Charges	50 % of Covered Charges	50 % of Covered Charges	50 % of Covered Charges	50 % of Covered Charges
Specialists/Consultants co-pay	\$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)	\$0 (Deductible Waived)	\$0 (Deductible Waived)	\$0 (Deductible Waived)	\$0 (Deductible Waived)
Diagnostic X-ray & Laboratory Procedures	\$50 deductible (waived if admitted) + 10% coinsurance	\$50 deductible (waived if admitted) + 10% 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)	\$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)
Infertility (diagnosis/treatment of causes of infertility subject to lan benefits)	10%	10%	20%	20%	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit
Preventive Care (includes physical exams & screenings)	10%	10%	20%	20%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HOSPITAL & SKILLED NURSING FACILITY SERVICES	\$20 per visit	\$20 per visit	\$10 per visit	\$10 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit
Emergency Room Services	10%	10%	20%	20%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Surgery, Outpatient (hospital)	10%	10%	20%	20%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Surgery, Outpatient (surgeon fee)	10%	10%	20%	20%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT	\$20 per visit	\$20 per visit	\$10 per visit	\$10 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit
Outpatient/Behavioral health services	10%	10%	20%	20%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Inpatient/Behavioral health services	10%	10%	20%	20%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
OTHER SERVICES	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
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	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Chiropractic (limits apply)	10%	10%	20%	20%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Durable Medical Equipment (DME)	10%	10%	20%	20%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Physical & Occupational Therapy (limits apply)	10%	10%	20%	20%	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
PHARMACY BENEFITS	\$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	\$5 30-day / \$10 90-day	\$5 30-day / \$10 90-day	\$5 30-day / \$10 90-day	\$5 30-day / \$10 90-day
Generic 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	\$20 30-day / \$40 90-day	\$20 30-day / \$40 90-day	\$20 30-day / \$40 90-day	\$20 30-day / \$40 90-day
Preferred co-pay 30 days supply	\$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	\$50 30-day / \$100 90-day	\$50 30-day / \$100 90-day	\$50 30-day / \$100 90-day	\$50 30-day / \$100 90-day
Non-preferred brand drugs	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Specialty	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
*Copay Reduced to \$10 if Enrolled with Personal Doctor															
Single	\$407.02	\$839.45	\$53.74	\$556.96	\$428.66	\$582.44	\$278.51	\$582.44	\$582.44	\$582.44	\$582.44	\$582.44	\$582.44	\$582.44	\$582.44
2Party	\$839.45	\$978.68	\$132.89	\$1,139.33	\$882.75	\$1,034.96	\$644.56	\$882.75	\$882.75	\$882.75	\$882.75	\$882.75	\$882.75	\$882.75	\$882.75
Family	\$978.68	\$978.68	\$60.16	\$1,368.53	\$1,034.96	\$1,034.96	\$644.56	\$1,034.96	\$1,034.96	\$1,034.96	\$1,034.96	\$1,034.96	\$1,034.96	\$1,034.96	\$1,034.96

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.