

2022-23 OPEN ENROLLMENT ANNOUNCEMENT

OPEN ENROLLMENT DATES

Our Annual Open Enrollment is approaching. This is your once a year opportunity to review and make changes to your current benefit selections. In person changes will begin on August 4th – August 11th. It will take place at the District Office in Conference Room C, from 7:30 – 5:30 pm. Due to social distancing guidelines, appointments are required to minimize room capacity. Employees will be able to do their open enrollment changes and declinations online using Informed K-12. This will begin on July 18th – August 11th.

During Open Enrollment you can:

- Renew your annual declination for medical benefits (if eligible).
- Enroll in or change your Medical, Dental, Vision or Life Insurance benefits.
- Add or drop dependents from Medical, Dental or Vision Plans.

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

REQUIRED DOCUMENTS FOR ADDING DEPENDENTS TO BENEFITS

- 1st page of our tax filings – required if enrolling your spouse in Medical benefits.
- Copy of Marriage Certificate – required if enrolling your spouse in Medical, Dental or Vision Benefits.
- Copy of Birth Certificates – required if enrolling child dependents to your Medical, Dental or Vision Benefits.
- Social Security Numbers – required if enrolling spouse/children to Medical or Dental Benefits.

PLAN CHANGES -

- Delta Dental is offering a new benefit enhancement called the Diagnostic & Preventive Waiver that will be implemented effective 10-1-22. The waiver means that those costs are not counted towards the annual maximum.

DECLINATION of Medical Benefits - (Must be hired before 1/1/2012)

All eligible employees who are declining medical benefits must submit a new declination form each year they decline.

- Employees will have the option to renew their declination in person or online. Verification of other coverage must be provided at this time. 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: 1/1/22 or later)**
- **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 needed. If it includes only partial information or a prior year, we can confirm coverage by verifying the medical card with a verification letter on letterhead or online printouts, as long as the documents have group numbers 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.

Active Employees – Plans and Rates Effective: 10/1/2022 – 9/30/2023

(Monthly premiums shown below are before District Contribution)

MEDICAL BENEFITS

Blue Shield PPO Plan 100-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: \$1,177	Employee +1: \$2,314	Family: \$3,262

Blue Shield PPO Plan 90-C - \$20 Co-pay (Office Visits) – Annual Out of Pocket \$1,000 (Indiv)/\$3,000 (Fam)

\$200 (Indiv)/\$500 (Family) deductible	90% coverage after deductible	RX \$7(G)/\$25(N)
Renewal Cost: Employee Only: \$1,118	Employee +1: \$2,194	Family: \$3,091

Blue Shield PPO – Plan 80-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: \$971	Employee +1: \$1,902	Family: \$2,674

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: \$746	Employee +1: \$1,493	Family: \$2,127

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: \$890	Employee + 1: \$1,745	Family: \$2,449

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: \$906	Employee + 1: \$1,776	Family: \$2,492

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: \$714	Employee +1: \$1,400	Family: \$1,965

DENTAL BENEFITS

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

Renewal Cost: Employee Only: \$60.04	Employee +1: \$121.12	Family: \$173.64
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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

Renewal Cost: Employee Only: \$49.51	Employee +1: \$89.21	Family: \$140.18
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VISION BENEFITS

VSP – Vision Plan: \$15 Co-pay every 12months, Standard Lenses – 100%, Up to \$175 for frames or \$150 for contacts

Renewal Cost: Employee Only: \$10.84	Employee +1: \$21.53	Family: \$29.17
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LIFE INSURANCE

Hartford Life Insurance (Required): Add/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 \$1, 100 for full time employees who work 6 hours or more. Employees who work 4-5.75 hours will receive 50% of the monthly contribution (\$550).

Certificated Contribution: Up to \$1, 100 (Depending on FTE. Ex: a 50% FTE will only receive \$550).

* 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