SDSU’s Center for Human Resources

2015 Open Enrollment

Information Session

12pm – 1pm

Jennifer Acfalle, Benefits Manager
Deborah Petersen
Allison Tenenbaum
Jennifer Murray
Delia Tapiz
Agenda

- General Open Enrollment information

- CalPERS health plans
  - New premium rates
  - Important CalPERS benefit changes for 2016
  - Highlight special features of each plan
  - Pharmacy benefit

- Dental and vision plans

- Flexible spending account

- Voluntary benefit plans
Open Enrollment Information

- Make changes to your benefits from September 14th – October 9th
  - Enroll in a health plan if you do not currently have health coverage
  - Cancel your existing health coverage
  - Change your health plan
  - Add dependents to your health coverage
  - Drop dependents from your health coverage
  - Enroll/Re-enroll in the Flexible Spending Account(s)
  - Enroll in voluntary benefits

- Changes are effective January 1, 2016
Other Opportunities To Enroll Or Make Changes

- Qualifying event (enroll within 60 days)
- Late enrollment (90-day waiting period)
- Next Open Enrollment (September 2016)
Eligible Dependents

- **Spouse**
  - Copy of marriage certificate and social security number are required; **AND**
  - A document dated within the last 3 years validating your current relationship status

- **Registered Domestic Partner**
  - Copy of Declaration of Domestic Partnership and social security number are required; **AND**
  - A document dated within the last 3 years validating your current relationship status

- **Children up to age 26**
  - Copy of dependent’s birth certificate and social security number are required
e–Benefits Self–Service

- All Open Enrollment elections need to be made online through e–Benefits Self–Service system

- Access e–Benefits at work or at home 24 hours a day, 7 days a week

- Access e–Benefits through PeopleSoft Self–Service

- Contact the BIS Help Desk at 619–594–0899 for your PeopleSoft User ID and password

- Benefits Representatives are available to assist
Your Health Plan Statement

- Mailed to your home address in August

- Review the statement for accuracy
  - Mailing address
  - Name of the current health plan
  - ZIP code used to determine your eligibility for the health plan
  - List of all family members who are covered under your health plan, their relationship and dates of birth

- Contact our Benefits Office at 619–594–1144 if there are inaccuracies
CalPERS Publications

- Health Benefits Summary
  - Compares benefits, covered services, and co-payment information for all CalPERS health plans

- Health Program Guide
  - Describes Basic and Medicare health plan eligibility, enrollment, and choices

- CalPERS Medicare Enrollment Guide
  - Information about how Medicare works with your CalPERS health benefits, including when you need to enroll in a CalPERS Medicare health plan
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*This plan is restricted to employees in Unit 8, State University Police Association (SUPA) and requires membership.
Important CalPERS Benefit Changes for 2016

- **New health plans available in San Diego County**
  - Anthem Blue Cross Select HMO
  - UnitedHealthcare Alliance HMO

- **Blue Shield of California’s 90–day supply options for prescriptions (Rx)**
  - fill prescriptions at select retail pharmacies

- **Inclusion of Acupuncture and Chiropractic benefits for the PERS PPO plans**
  - 20 annual visits (combined) for these services at the standard office visit copay level ($15)
New Medicare Plan Offering for 2016

- UnitedHealthcare Medicare Advantage PPO plan
  - replaces HMO Medicare health plans previously provided by Anthem Blue Cross, Blue Shield of California, Health Net and Sharp Health
  - Kaiser HMO and CalPERS PPO Medicare plans will not be affected
  - provides Medicare enrollees with pricing like an HMO and the expansive network of a PPO
  - $10 co-payment for any office visit
  - visit any doctor or medical facility in the U.S. that accepts Medicare
2016 CalPERS HMO Options

- Anthem Blue Cross Select *(new for San Diego County)*
- Anthem Blue Cross Traditional *(not available in San Diego County)*
- Blue Shield Access+
- Blue Shield NetValue
- Health Net Salud Y Mas
- Health Net SmartCare
- Kaiser Permanente
- Sharp Performance Plus *(restricted to San Diego County)*
- UnitedHealthcare Alliance *(new for San Diego County)*
Anthem Blue Cross HMO

- Anthem Blue Cross Traditional HMO (not available in San Diego County)
  - Top tier providers and hospital groups (i.e., UC Davis Medical Group, Cedars Sinai Medical Group)

- Anthem Blue Cross Select HMO
  - Select network of efficient providers and hospital groups
  - Lower premiums
  - **New offering: Beginning January 1st, this plan will be available in San Diego County**
    - exclusive network arrangement with UCSD Medical Group
Both plans offer the exact same benefits
NetValue uses a select network of physicians and has a lower monthly premium
Ability to self-refer to a specialist within your own medical group for an additional $30 co-pay
Blue Shield of California’s 90-day supply options for prescriptions (Rx)
  ◦ mail-service
  ◦ *New offering for 2016: fill prescriptions at select retail pharmacies*
Teladoc
  ◦ 24-hour availability
  ◦ Convenient access via phone and online video
  ◦ Board Certified Physicians
  ◦ Diagnose, treat and prescribe medication for a variety of non-emergency medical issues
Health Net

- Health Net Salud Y Mas
  - Designed for members of the Hispanic community
  - Access to affordable, local, culturally competent health care
  - Quality medical professionals who understand the cultural preferences and health concerns of Latinos
  - Access to medical care through participating SIMNSA providers in Mexico without a referral

- Health Net SmartCare
  - Larger network than Health Net Salud Y Mas that includes Sharp Community Medical Group, Sharp Rees–Stealy, and Rady’s Physicians Medical Group
Kaiser Permanente

- An integrated health plan that includes your primary care physician, specialists, lab, pharmacy, and the insurance plan in one package

- My Health Manager ([www.kp.org](http://www.kp.org))
  - Schedule and cancel routine appointments
  - View most lab results
  - Refill most prescriptions
  - Email your doctor’s office
  - Print vaccination records for school, sports, or camp
  - Manage a family member’s health

- **New offerings:**
  - Video and telephone physician visits
  - Target Clinics in Mission Valley and Vista
  - Mobile Health Vehicle appointments in Ramona, Alpine and Downtown San Diego
Local, nonprofit, commercial health plan based in San Diego

Offers members the full “Sharp experience” from your health plan to your health care

Performance Plus Plan Medical Groups include:
- Sharp Community Medical Group
- Sharp Rees–Stealy Medical Group
- Rady Children’s Health Network
Patient-centered care

Coordinated and integrated health care services

**New offering in 2016: Available in San Diego**
- Scripps Physician Medical Group, Scripps Clinic, Scripps Coastal Medical Group, Mercy Physician Medical Group (Scripps Care Affiliate), PrimeCare

**Network of leading local providers in Southern California**
- Epic Health Plan; HealthCare Partners Medical Group; Heritage Provider Network; Monarch HealthCare Medical Group; PrimeCare Medical Group; Sante Community Physicians
2016 Maximum Out-of-Pocket (MOOP) Limit for HMO Plans

- **2016 MOOP**
  - **Individual Coverage:**
    - $1,500 (medical only)
    - $5,350 (pharmacy only*)
    - $6,850 combined for 2016
  
  - **Family Coverage:**
    - $3,000 (medical only)
    - $10,700 (pharmacy only*)
    - $13,700 combined for 2016

  - *Includes the $1,000 out-of-pocket limit for mail order pharmacy (not applicable to Kaiser). Once the mail order limit has been met, the participant would receive mail order pharmacy benefits at no additional out-of-pocket cost for the remainder of the plan year.*
2016 CalPERS PPO Options

- PERS Care
- PERS Choice
- PERS Select

- Peace Officers Research Association of California (PORAC) plan

- **New offering for 2016:**
  - Inclusion of Acupuncture and Chiropractic benefits
  - 20 annual visits (combined) for these services at the standard office visit copay level ($15)
## Anthem Blue Cross PPOs

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* Co-Insurance amount does not include deductibles and co-payments.
* Maximum calendar year co-insurance applies to covered services received from a Preferred Provider up to the allowable amount.
CalPERS Compare for
Anthem Blue Cross PPO Members

- Compare prices for doctors, specialists, hospitals, surgeries, lab tests, MRIs, X-Rays
- Understand options for in-network doctors and specialists in your area
- Track your past pharmacy and medical expenses
- Know how much you should expect to pay and why
- Compare prescription prices at pharmacies near you
2016 Maximum Out–of–Pocket (MOOP) Limit for PPO Plans

- 2016 MOOP for in–network PPO providers
  - Individual Coverage:
    - $4,850 (medical only)
    - $2,000 (pharmacy only*)
    - $6,850 combined for 2016
  - Family Coverage:
    - $9,700 (medical only)
    - $4,000 (pharmacy only*)
    - $13,700 combined for 2016

- There is no Out of Pocket limit when using a Non–PPO Provider
- *Includes the $1,000 out–of–pocket limit for mail order pharmacy. Once the mail order limit has been met, the participant would receive mail order pharmacy benefits at no additional out–of–pocket cost for the remainder of the plan year.
Evidence of Coverage

- View the health plan's Evidence of Coverage (EOC) booklet for a complete explanation of the benefits covered, as well as limitations and exclusions that may apply.

- You can download the EOCs online on the CalPERS website or on our Benefits website.
# Pharmacy Benefit Summary

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Kaiser Permanente</th>
<th>Anthem Blue Cross Blue Shield</th>
<th>Health Net</th>
<th>Sharp Health Plan</th>
<th>UnitedHealthcare</th>
<th>PERS Care</th>
<th>PERS Choice</th>
<th>PERS Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail Pharmacy</td>
<td>Generic: $5 Brand: $20</td>
<td>Generic: $5 Brand Formulary: $20</td>
<td>Non-Formulary: $50</td>
<td>Preferred: $20 Non-Preferred: $50</td>
<td>(not to exceed 30-day supply)</td>
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</thead>
<tbody>
<tr>
<td>Retail Pharmacy Maintenance Medications filled after 2nd fill (i.e. medication taken longer than 60 days)</td>
<td>N/A</td>
<td>Generic: $10</td>
<td>Brand Formulary: $40</td>
<td>Non-Formulary: $100</td>
<td>(not to exceed 30-day supply)</td>
<td>Generic: $10</td>
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</table>
| Mail Order Pharmacy Program | **Generic:** $5  
Brand: $20  
(up to 30-day supply) | **Generic:** $10  
Brand Formulary: $40  
Non-Formulary: $100  
(not to exceed 90-day supply for maintenance drugs) | **Generic:** $10  
Preferred: $40  
Non-Preferred: $100  
(not to exceed 90-day supply) |
## Member Pays the Difference

<table>
<thead>
<tr>
<th>Drug</th>
<th>Brand plan cost</th>
<th>Generic plan</th>
<th>Difference</th>
<th>Generic copay</th>
<th>Member Pays*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zocor®</td>
<td>$100</td>
<td>$15</td>
<td>$85</td>
<td>$5</td>
<td>$90</td>
</tr>
<tr>
<td>Valium®</td>
<td>$79.64</td>
<td>$7.50</td>
<td>$72.14</td>
<td>$5</td>
<td>$77.14</td>
</tr>
</tbody>
</table>

*Member Pays the Difference applies when a Non–Preferred Brand Name medication is selected when a Generic equivalent is available

*Member Pays the Difference amounts do not apply to the pharmacy out–of–pocket maximum
CVS Caremark

- Pharmacy Benefit Manager for Anthem Blue Cross PPO and HMO plans, United Healthcare Alliance, Health Net, and Sharp Performance Plus
  - Members can pick up a 90-day supply of medication directly from a CVS pharmacy
  - An integrated medical and pharmaceutical approach to identify potential gaps and omissions in drug and medical therapy
  - Save money by choosing “best choice” medications and 90-day supplies in the iBenefit personalized mailing program
Dental Options
DeltaCare (DMO)

- Provides you and your family with quality dental benefits at an affordable cost
- No co-payments on most diagnostic and preventive benefits
- When you enroll, you select a contract dentist to provide services
- No claim forms to complete
- No deductibles
- Out-of-pocket costs are clearly defined
- No annual or lifetime dollar maximum
Dental Options
Delta Dental (PPO/Indemnity)

- An indemnity plan with the flexibility of selecting your dentist
- In–network: Delta Dental pays a percentage of Usual, Customary and Reasonable fee
- Out–of–network: You must pay entirely for services obtained, then submit a claim form for reimbursement
- Calendar year deductible: $50 per person; up to a maximum of $150 per family
- Calendar year maximums: $1,500 per person for Basic plan; $2,000 per person for Enhanced coverage
Dental Benefits Information

- Refer to Benefits Comparison Chart
- Refer to the Evidence of Coverage booklet for a description of benefits, co-payments, limitations and exclusions
- ID card is issued for Delta Care DMO, but not for Delta Dental PPO
- Contact DeltaCare to change providers (within the DMO plan)
- You can change from one plan to another (i.e. from DMO to PPO) only during Open Enrollment
Covers annual eye exam with $10 co-pay
Lenses/Frames or contacts once every two years up to allowable amounts

**New offering for 2016: VSP Advantage Provider Network**
- Additional discounts and promotional discounts, such as many popular lens enhancements (progressive, anti-reflective, photochromic, scratch resistant coating, polycarbonate, plastic dyes and UV protection)
- CSU employees receive a 20% savings on amounts over allowances

Dollar for dollar you get the best value from your VSP benefit when you visit a provider in the network

Out–of–network coverage: You will receive a lesser benefit and pay more out–of–pocket
Flexible Spending Accounts (HCRA/DCRA)

- A tax-free account

- Allows you to pay for essential health care expenses not covered by insurance plans; or pay for child/dependent care expenses

- Save from 25% to 40% on the cost of eligible expenses

- Contribute on a pre-tax basis
  - DCRA: minimum of $20 per month; maximum of $416.66 per month ($5,000 annual limit)
  - HCRA: minimum of $20 per month; maximum of $212.50 per month (New for 2016: $2,550 annual limit)
Flexible Spending Accounts

General Information

- Estimate your out-of-pocket health or childcare expenses carefully *(USE IT or LOSE IT)*
- Reimbursement for expenses incurred in the calendar year (January 1\textsuperscript{st} – December 31\textsuperscript{st})
- Over-the-Counter medications will only be considered a qualified medical expense if an individual has a prescription for the medication
- File all claims for expenses by June 30 after the end of the Plan year
- Must *re-enroll* each year during Open Enrollment. FSA contributions will not automatically continue into the new Plan year.
Voluntary Benefit Plans

- MetLaw Legal Plan by Hyatt Legal Plan, Inc.
- Critical Illness Plan by Aflac
- Voluntary Life Insurance by The Standard
- Voluntary Accidental Death and Dismemberment by The Standard
- Voluntary Long Term Disability by The Standard
- Auto and Home Insurance by California Casualty
Offered by Hyatt Legal Plans, Inc.

Representation for many personal legal services for employees and their eligible dependents

Unlimited advice and consultation

Monthly premium is $21.70 per month

Services for covered legal matters performed by a Network attorney are fully paid for by the plan

Designated enrollment period: September 14, 2015 – October 9, 2015
Critical Illness Plan

- Offered by Aflac

- Provides a lump-sum benefit payment to cover out-of-pocket medical expenses and costs associated with life-changes following diagnosis of a covered critical illness

- Monthly premiums is dependent upon age and smoker/non-smoker status

- No formal open enrollment period
Voluntary Life Insurance

- Offered by The Standard

- Allows employees the opportunity to purchase Voluntary Life Insurance at a competitive group rate
  - Purchase up to $1.5 million for yourself,
  - Up to $750,000 for your spouse/domestic partner
  - $5,000, $10,000 or $20,000 for your children

- No formal open enrollment period

- Employee and spouse/domestic partner will be subject to Evidence of Insurability requirements
Voluntary Accidental Death and Dismemberment Insurance

- Offered by The Standard

- Allows employees the opportunity to purchase Voluntary AD&D Insurance at a competitive group rate
  - Purchase coverage amount from $25,000 – $1 million (not to exceed 10 times your annual earnings)

- No formal open enrollment period
Voluntary Long Term Disability Insurance

- Offered by The Standard
- Provides loss of income protection (up to 60%) due to a qualified disability
- Vendor offers two different plan options:
  - 30-day waiting period
  - 90-day waiting period
- No formal open enrollment period
- Employee and spouse/domestic partner will be subject to Evidence of Insurability requirements
Auto and Home Insurance

- Offered by California Casualty

- Auto and home insurance policies offered at a discounted rate

- Identity Theft component (ID Defense)

- All policies are written for a 12-month period

- Eligible employees can enroll at any time during employment
Thank you for coming!