

CERTIFICATED BENEFITS SUMMARY AS OF 10/1/21

Who gets coverage?

80% to 100% FTE (Full-Time) get full HMO, Dental and Vision coverage for self and dependents.
50% to 79% FTE (Part-Time) shall receive prorated share of monthly cost of health and welfare benefit plans for self and dependents. Prorated contributions will be paid based on the equivalent FTE of the eligible staff member (Effective for anyone hired after 10/20/05).

Medical Plan Options:

HMO Plans:

Option 1: Anthem Blue Cross Premier 20 HMO – \$707.98/month for 10 mo. employee*; \$643.61/month for 11 mo. Employee; \$589.98/month for 12 mo. employee (Full-Time). \$20 Office Co-pay; \$200 hospital admission Co-pay; \$100 Outpatient surgery Co-pay; \$100 ER Co-Pay. \$5 generic/\$10 brand Prescription Co-Pay (Mail Order 90 day supply).

Option 2: Anthem Blue Cross Classic 20/40/250 HMO – \$433.18/month for 10 mo. employee*; \$393.80/month for 11 mo. Employee; \$360.98/month for 12 mo. employee (Full-Time). \$20 Office Co-pay (\$40 Specialist/Urgent Care); \$250 hospital admission Co-pay; \$125 Outpatient surgery Co-pay; \$100 ER Co-Pay. \$7 generic/\$25 brand Prescription Co-Pay (Mail Order 90 day supply).

Option 3: Anthem Blue Cross Value 30/40/500 HMO – \$278.38/month for 10 mo. Employee*; \$253.07/month for 11 mo. Employee; \$231.98/month for 12 mo. Employee (Full-Time). \$30 Office Co-pay (\$40 Specialist/Urgent care); \$500 medical Co-pay per day hospital first 3 days; \$250 Outpatient surgery admit; \$150 ER Co-Pay. \$9 generic/\$35 brand Prescription Co-Pay (Mail Order 90 day supply).

Each member will receive one Anthem ID card for medical and prescriptions – it takes approximately 2 weeks. Anthem Blue Cross HMO Customer Service: See ID card. www.anthem.com/ca/sisc
Acupuncture/Chiropractic: American Specialties Health, \$10 per visit, 30 visits per year combined. No referral necessary. www.ashcompanies.com
Behavioral Health Coverage – see www.anthem.com/ca/sisc for providers. Co-pay same as office visit for plan. Pre-service review required after the 12th visit.
Employee Assistance Program: 800-999-7222. www.anthemEAP.com

PPO Plans:

Option 1: Anthem Blue Cross 90E PPO - \$797.98/month for 10 mo. employee*; \$725.43/month for 11 month employee; \$664.98/month for 12 mo. employee (Full-Time). \$20 Office Co-pay; \$300 Individual Deductible/\$600 Family Deductible; 90%/10% Co-insurance after deductible, 100% after \$1,000.00 individual/\$3000 Family out of pocket; \$100.00 ER Co-Pay; Rx co-pay \$10 generic/\$200 individual/\$500 family deductible/\$35 brand formulary/\$35 non formulary.

Option 2: Anthem Blue Cross 80G PPO – \$501.58/month for 10 mo. employee*; \$455.98/month for 11 month employee; \$417.98/month for 12 mo. employee (Full-Time). \$30 Office Co-pay, \$500 Individual/\$1000 Family Deductible, 80%/20% Co-insurance, 100% after \$2000 Individual/\$4000 Family out of pocket; \$100 ER Co-pay; Rx co-pay \$10 generic/\$200 individual/\$500 family brand deductible/\$35 brand formulary/\$35 non formulary.

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Acupuncture/Chiropractic subject to co-insurance for plan. See www.anthem.com/ca/sisc for providers.
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*Per month deduction October through June, covers through August 31. Prorated for late starts. Amounts approximate.

2 Tiered Anchor Bronze – No cost to employee. Only covers single employee or employee plus children. \$5000 Individual /\$10,000 Family deductible.

Kaiser – \$88.78/month for 10 mo. Employee*; \$80.71/month for 11 mo. Employee; \$73.98/month for 12 mo. Employee. \$10 Office Co-pay; \$10 Rx Co-pay.

Dental Coverage: Delta Dental

Each member is allowed 2 teeth cleanings per year.

Incentive Program – Each member must get teeth cleaned once a year then Delta pays:

1st year pays 70%

2nd year pays 80%

3rd year pays 90%

4th year pays 100%

\$2000 per person maximum per calendar year (or \$2200 for PPO dentist). See brochure included for coverage details.

There is no ID card for Delta Dental. They go by your Social Security number for both you and your dependents. Some dentists may want your group number.

Must use Delta Dental participating Dentist.

Call (800)427-3237 for Participating Dentists. Web site: www.deltadentalins.com

Call (800)335-8227 for Customer Service.

Vision Coverage: VSP (Vision Service Plan)

\$10.00 Office Visit Co-Pay

See brochure included for coverage details.

There is no ID card for VSP. They go by your Social Security number for both you and your dependents.

Must use VSP participating Vision Care Provider.

Call (800)877-7195 for Customer Service. Web site: www.vsp.com

Domestic Partner Coverage:

Domestic Partner Coverage is offered on all benefit plans. The Fair Market Value of benefits will be added to gross taxable income, on your W-2. Please contact Benefits for information.

Long Term Disability:

Standard Insurance – see Payroll for submitting claims.

Life Insurance:

\$25,000.00 – see attached sheet for coverage.

Important things to remember:

1. If you are enrolled with Anthem Blue Cross HMO and are part of Dignity Health, you must choose a primary care physician or Anthem will assign you one. You may change the provider by calling (800)825-5541. You must go to your primary care physician for all medical problems for referral to a specialist, except for Women's exams, Chiropractic, Acupuncture, and Mental Health.
2. Call your doctor, dentist, eye doctor, chiropractor, acupuncturist or mental health provider before going to be sure that they are a participating provider of your carrier.
3. If you want the payroll deduction for your medical plan choice to be deducted before taxes, you need to have 125 Plan paperwork on file. American Fidelity will be contacting you to complete this paperwork. You can contact American Fidelity directly at 1-800-325-0654.
4. If you lose your medical ID card, see www.anthem.com/ca/sisc or Kaiser www.kp.org/santacruz.