

2025

**Open
Enrollment
Presentation**



Benefit Period:
July 1, 2025 – June 30, 2026

This presentation and the materials provided are designed to explain the company provided and voluntary benefits program in brief summary only.

Questions:

Contact the
Benefits Office



Enrollment Overview



Important Dates

Open Enrollment

May 2025						
SUN	MON	TUE	WED	THU	FRI	SAT
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Open Enrollment: May 1, 2025 – May 21, 2025

Benefits Guide



Enrollment Information
Page 3



Benefits
Page 5



Employee Contributions
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Resources and Contacts
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Eligibility

Eligible Dependents

- Legally married spouse
- Dependent children under age 26
- Domestic partners (affidavit is required)

Qualifying Events

- Marriage, divorce, legal separation or annulment
- Birth or adoption of a child
- A qualified medical child support order
- Death of a spouse or child
- Loss of coverage from another health plan

Notify the Benefits Office within 31 days of a qualifying event



Qualifying Events (QE)

Documentation Required

- Marriage Certificate
- Birth Certificate or Hospital Record*
- Copy of Spouse's Open Enrollment
- Loss of Coverage letter
- Adoption Paperwork
- QMSCO Paperwork

- Submit a completed NOTIFICATION OF A COBRA QUALIFYING EVENT form to the Benefits Office if you experience a qualifying event.

* Required to submit a copy of official birth certificate and a copy of SSN for newborns within three months from the date of birth.

31
Days



Go Online to notify the Benefits Office of your qualifying event.

Document required no later than 31 days from date of qualifying event*.

Paper Enrollment

Links to LBCCD Benefits Enrollment Forms:

[Anthem/Blue Cross, HMO Enrollment Form](#)

[Anthem/Blue Cross, PPO Enrollment Form](#)

[DeltaCare, HMO Enrollment Form](#)

[Delta Dental, PPO Enrollment Form](#)

[Kaiser Permanente, HMO Enrollment Form](#)

The image displays three distinct enrollment forms. The top form is the 'California Region Group Enrollment/Change Form', which includes sections for employer completion, enrollment reasons, and employee information. The middle form is the 'Anthem Blue Cross Enrollment Form', featuring sections for type of coverage, plan selection, and dependent information. The rightmost form is titled 'Enrollment - Non Voluntary' and contains fields for employee details, Social Security Number, and a signature line for Kaiser Permanente.

IMPORTANT - All forms must be completed, signed, dated and returned to the Benefits Office (password-protected using '0xxxxxx' Employee ID as password). If not password-protected, please do not include SSN or other sensitive information when emailing.

Medical Benefits



An illustration of a desk setup. On the left is a white laptop with a black keyboard. The screen shows a cartoon scene with four children in a park with a city skyline in the background. To the right of the laptop is a blue coffee cup, a white mouse, and a black circular device with a USB symbol. In the background, there is a large blue plant and a window with a grey frame.

Understanding Insurance Terms

Copays, Coinsurance, Deductibles,
Out-of-Pocket Maximums

<http://video2.burnhambenefits.com/terms/>

Understanding Insurance Terms



Premium

Premium is the amount of money charged by your insurance company for the plan you have chosen. You must pay your premium to keep your coverage active, regardless of whether you use it or not.



Co-payment

Co-payment is a fixed dollar amount you pay for specific services covered by your health plan.



Deductible

Deductible is the fixed dollar amount you must pay from personal funds for covered medical services BEFORE insurance coverage begins making payments. Deductibles typically calculate January 1 to December 31.



Coinsurance

Coinsurance is your share of the costs of a covered healthcare service calculated as a percentage (for example 30%) that you must pay after the deductible amount has been met.

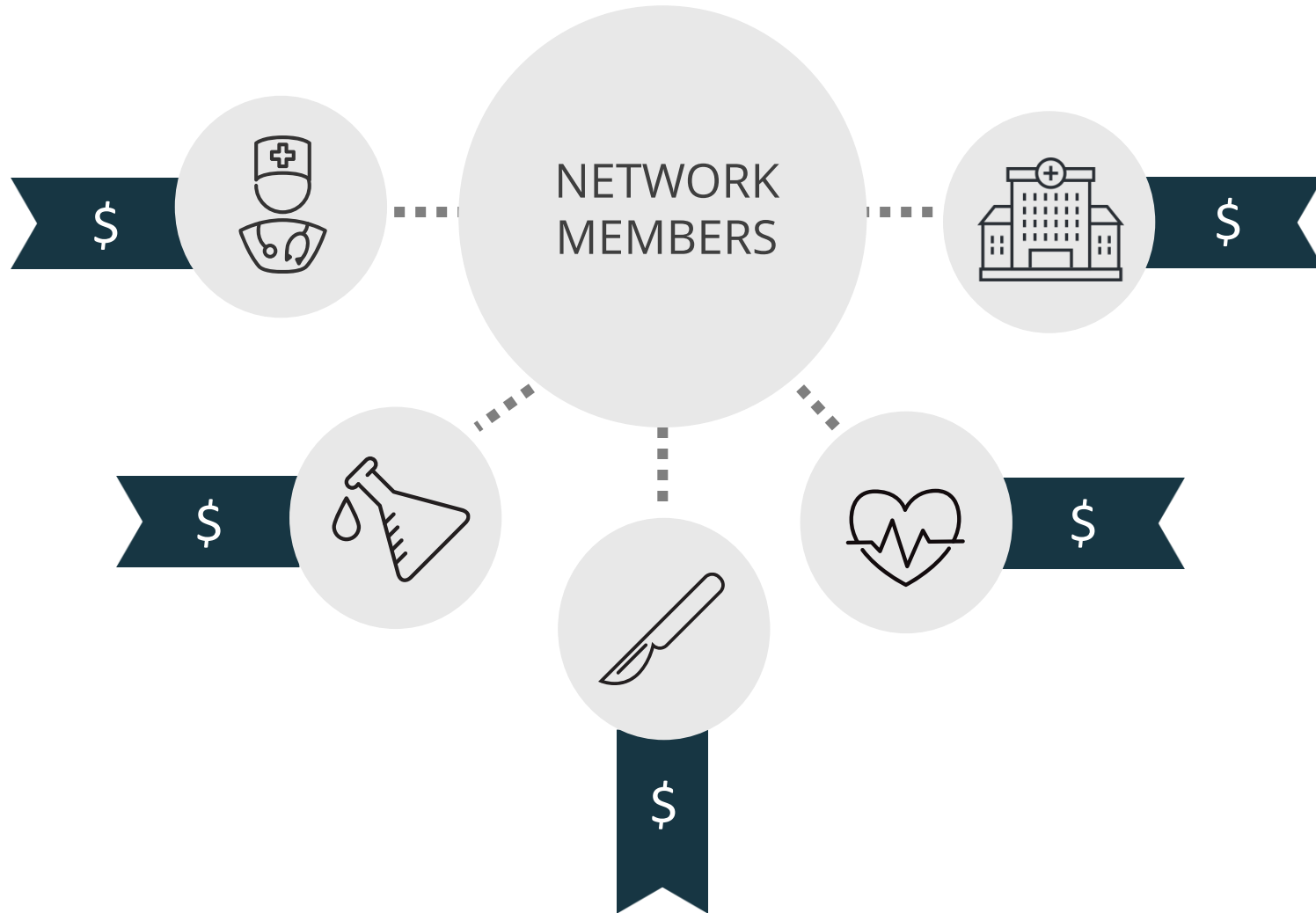


Out-of-pocket

Out-of-pocket expenses are the cost of medical care that are not covered by insurance and that you need to pay for on your own. Your out-of-pocket expenses include deductibles, coinsurance, copays, and any services that are not covered by your health insurance plan.

Networks

In-Network



Non-Network



Online Tools



Contact Customer Service



Find a Provider or Facility



Order ID Cards



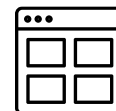
Refill Prescriptions



Manage Claims



Check Benefits Coverage



Estimate Your Costs

Medical HMO (*California Only*)

Network Anthem Blue Cross HMO

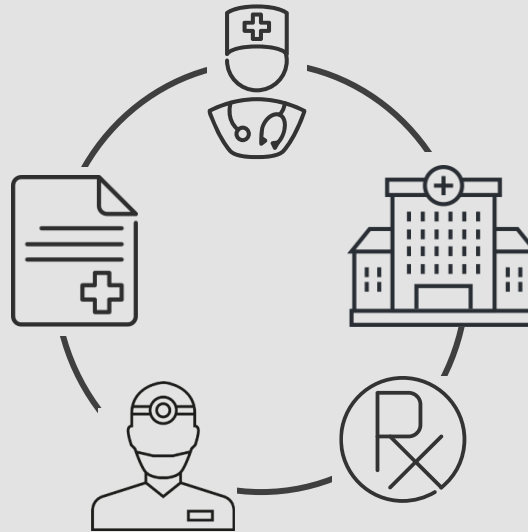


PCP or Medical
Group



Referrals Required

Network Kaiser Permanente



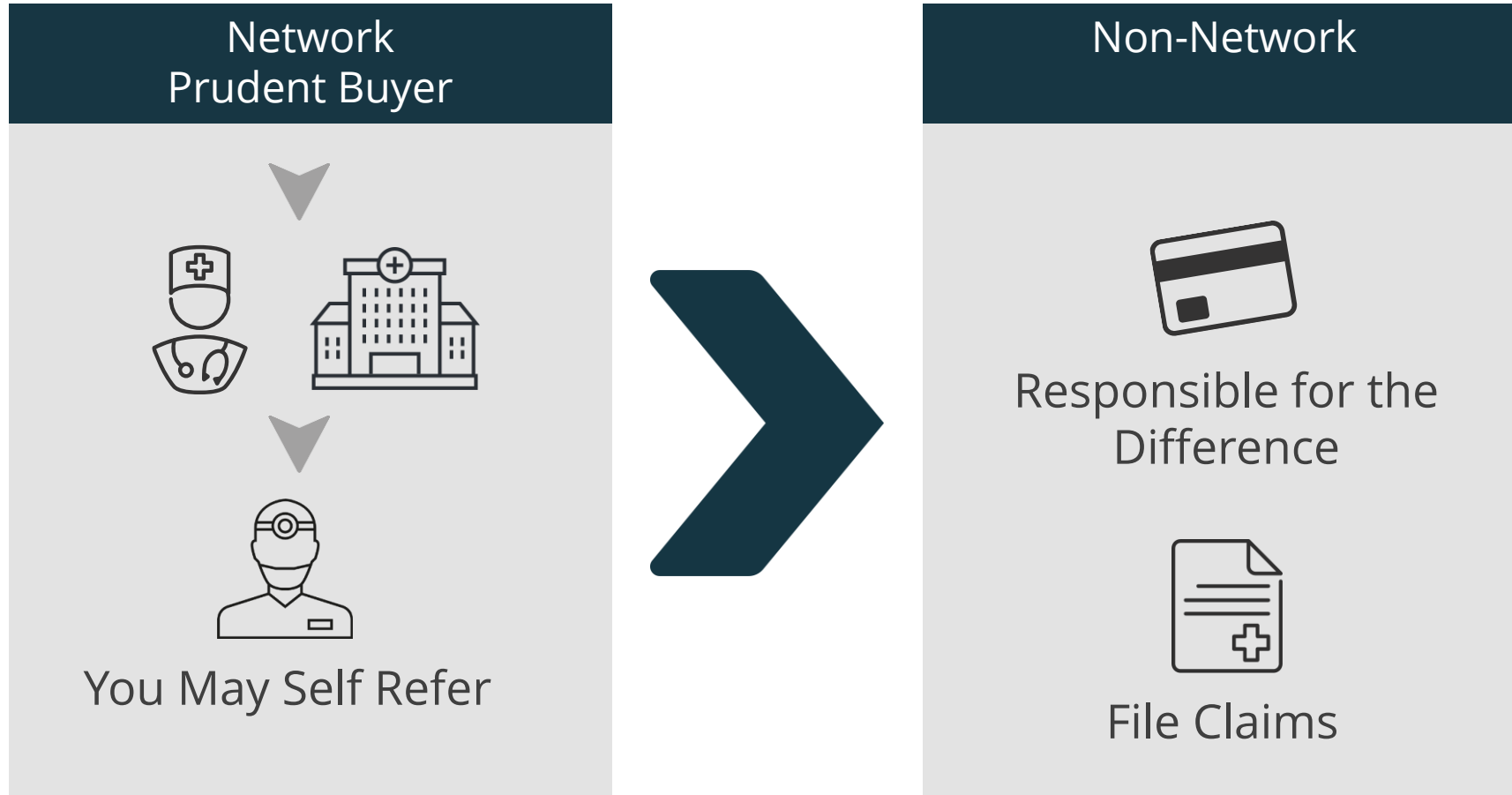
Kaiser Facilities Only

Non-Network

NOT COVERED
except for emergency in
US or International



Medical PPO – Anthem Blue Cross



Medical - Plan Comparison



Plan Features	Kaiser Permanente Traditional HMO Plan	Anthem Blue Cross California Care HMO Plan	Anthem Blue Cross Prudent Buyer PPO Plan	
	Kaiser Facilities Only	HMO Network Only	PPO Network	Non-Network ^{1,2}
Lifetime Maximum	Unlimited	Unlimited	Unlimited	
Annual Deductible				
- Individual	\$0	\$0	\$350	
- Family	\$0	\$0	\$1,050	
Coinsurance (Plan Pays)	100%	100%	90%	70%
Physician Office Visit				
- Primary Care Physician	\$20 copay	\$20 copay	\$20 copay	70%
- Specialist	\$20 copay	\$20 copay	\$20 copay	70%
Out of Pocket Maximum				
- Individual	\$1,500	\$500	\$683	\$1,636
- Two Individuals	N/A	N/A	\$1,366	\$3,272
- Family	\$3,000	\$1,500	\$2,049	\$4,908
Hospitalization				
- Inpatient	100%	100%	90%	70%
- Outpatient Surgery	\$20 copay	100%	90%	70%
Emergency Services	\$100 copay; waived if admitted	\$100 copay; waived if admitted	\$100 copay + 90%; copay waived if admitted	
Urgent Care	\$20 copay	\$20 copay	\$20 copay	70%

Medical - Prescriptions



Plan Features	Kaiser Permanente Traditional HMO Plan	Anthem Blue Cross California Care HMO Plan	Anthem Blue Cross Prudent Buyer PPO Plan	
	Kaiser Facilities Only	HMO Network Only	PPO Network	Non-Network ¹
Lifetime Maximum	Unlimited	Unlimited	Unlimited	
Prescription Drugs		Preferred Generic	Preferred Generic	Preferred Generic
- Retail Pharmacy				
Generic Formulary	\$15 copay	\$15 copay	\$15 copay	\$15 copay + 50%
Brand Name Formulary	\$15 copay	\$25 copay	\$25 copay	\$25 copay + 50%
Non-Formulary	N/A	\$35 copay	\$35 copay	\$35 copay + 50%
Supply Limit	100 days	30 days	30 days	30 days
- Mail Order Pharmacy				
Generic Formulary	\$15 copay	\$15 copay	\$15 copay	Not covered
Brand Name Formulary	\$15 copay	\$50 copay	\$50 copay	Not covered
Non-Formulary	N/A	\$70 copay	\$70 copay	Not covered
Supply Limit	100 days	90 days	90 days	N/A

Accessing Care



24-Hour Nurseline

- Available 24/7
- Get help from a registered nurse when you or a family member have a health concern



Virtual Visits

- Phone, video or mobile app visits with a doctor
- Treat cold/flu symptoms, allergies, pink eye, sinus problems, etc.
- Get prescriptions (medically necessary)



Retail Clinics

- Open 7 days a week, including evenings
- Treat a variety of illnesses, injuries, and conditions
- Prescriptions available (medically necessary)



Urgent Care

- Generally open on evenings, weekends and holidays
- Good option if your doctor is unavailable



Doctor Visit

- Office hours vary
- Good place for non-emergency care
- Opportunity to build a relationship with a doctor who knows you and your medical history



Emergency Room

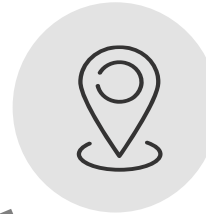
- Open 24/7
- True emergencies such as an accident or injury that may lead to loss of life or limb, serious medical complication, or permanent disability

Anthem Blue Cross

Sydney Mobile App



Cost Estimator



Provider Finder



Documents



Carrier Contacts



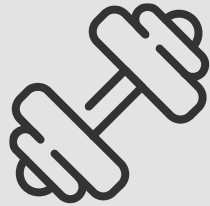
Digital ID Cards



Personal Health Information

Kaiser Permanente

Value Added Programs



Class Pass

On-demand workout
videos



Calm

Mindfulness and
meditation app



MyStrength

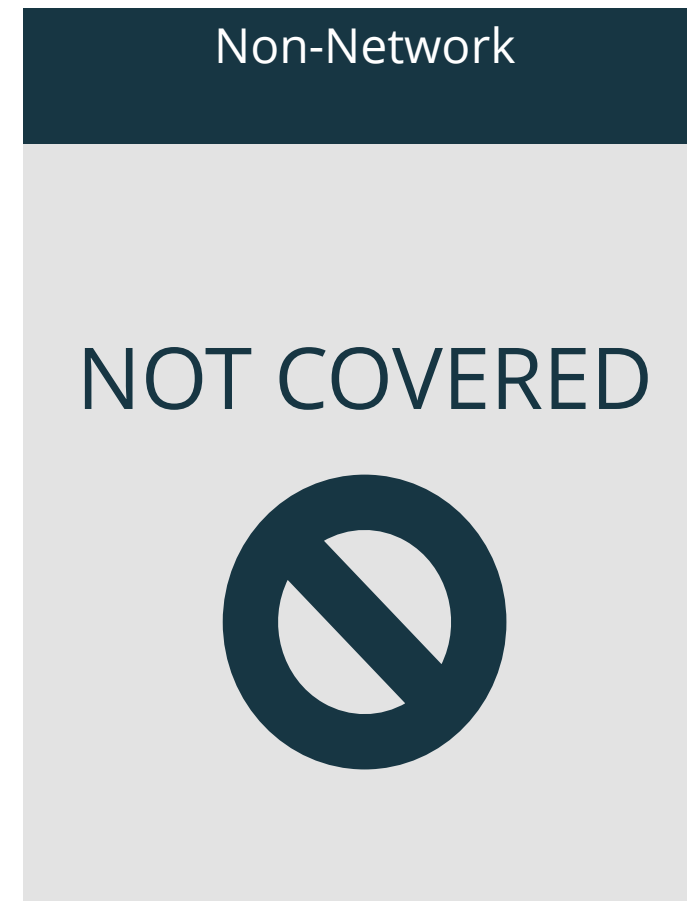
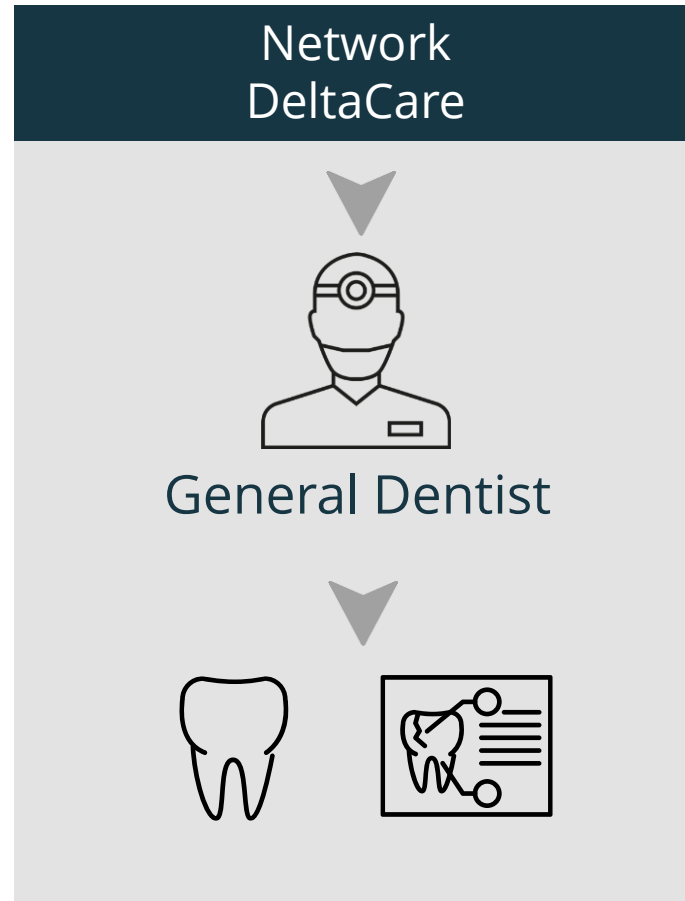
Mental health support
and goal tracking

Dental Benefits



Dental Benefits

Dental DHMO



Dental Benefits

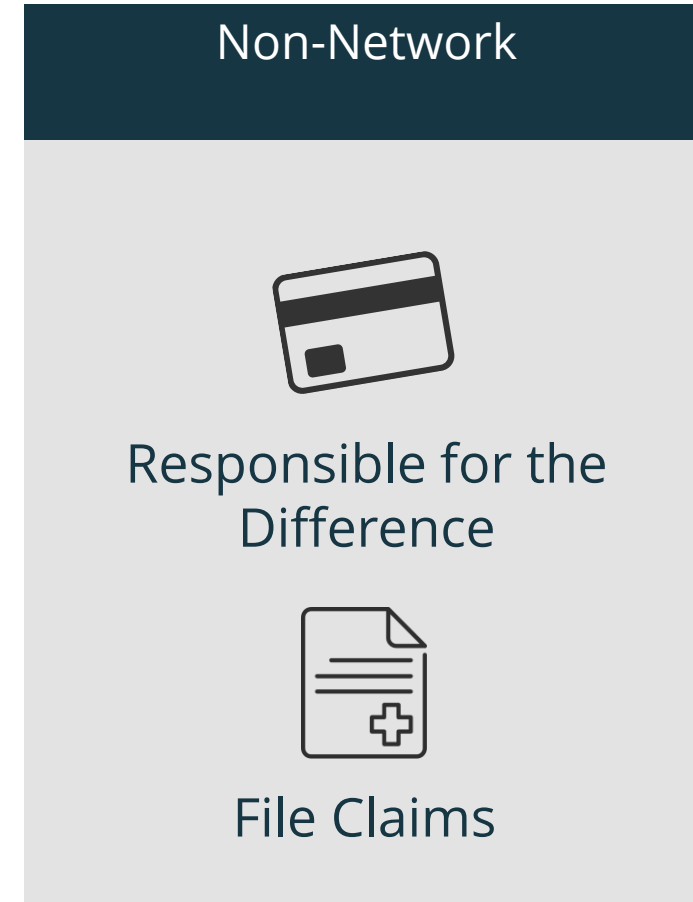
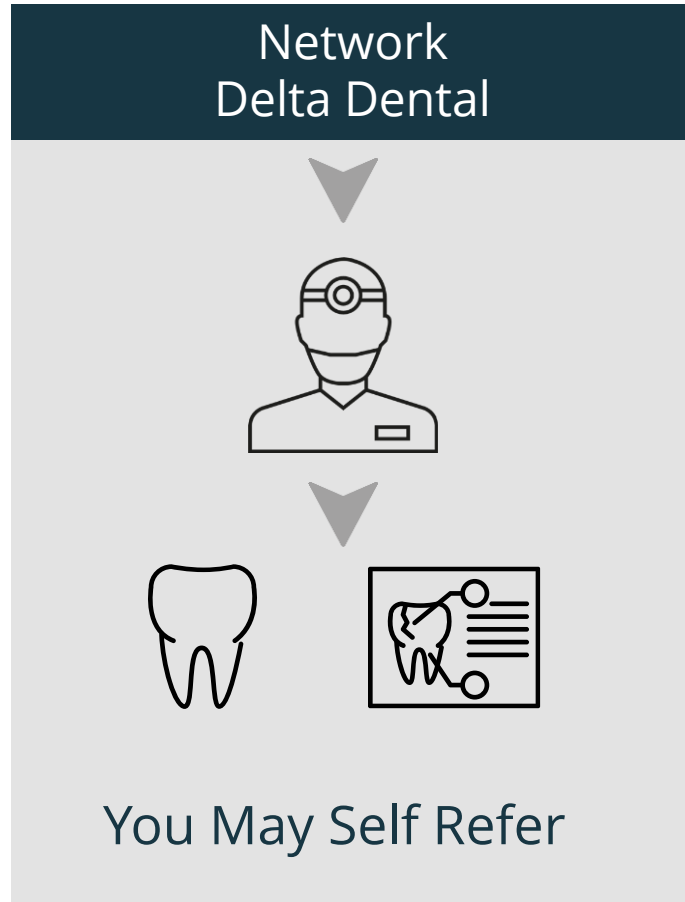
Dental DHMO

Plan CAA16	DeltaCare USA	Description of Benefits and Copayments
SCHEDULE A		
Description of Benefits and Copayments		
The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to Schedule B for further clarification of Benefits. Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.		
Text that appears in <i>italics</i> below is specifically intended to clarify the delivery of Benefits under the DeltaCare USA Program and is not to be interpreted as CDT-2016 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.		
CODE	DESCRIPTION	ENROLLEE PAYS
D0100-D0999 I. DIAGNOSTIC		
D0120	Periodic oral evaluation - established patient	No Cost
D0140	Limited oral evaluation - problem focused	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Cost
D0150	Comprehensive oral evaluation - new or established patient	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Cost
D0171	Re-evaluation - post-operative office visit	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient	No Cost
D0190	Screening of a patient	No Cost
D0191	Assessment of a patient	No Cost
D0210	Intraoral - complete series of radiographic images - <i>limited to 1 series every 24 months</i>	No Cost
D0220	Intraoral - periapical first radiographic image	No Cost
D0230	Intraoral - periapical each additional radiographic image	No Cost
D0240	Intraoral - occlusal radiographic image	No Cost
D0270	Bitewing - single radiographic image	No Cost
D0272	Bitewings - two radiographic images	No Cost
D0273	Bitewings three radiographic images	No Cost
D0274	Bitewings - four radiographic images - <i>limited to 1 series every 6 months</i>	No Cost
D0330	Panoramic radiographic image	No Cost
D0460	Pulp vitality tests	No Cost
D0470	Diagnostic casts	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	No Cost
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	No Cost
D0601	Caries risk assessment and documentation, with a finding of low risk - <i>limited to children age 3 to 19, 1 every 3 years</i>	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - <i>limited to children age 3 to 19, 1 every 3 years</i>	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - <i>limited to children age 3 to 19, 1 every 3 years</i>	No Cost
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i>	No Cost
D1000-D1999 II. PREVENTIVE		
D1110	Prophylaxis cleaning - adult - <i>1 per 6 month period</i>	No Cost
D1120	Prophylaxis cleaning - child - <i>1 per 6 month period</i>	No Cost
D1206	Topical application of fluoride varnish - <i>child to age 19; 1 D1206 or D1208 per 6 month period</i>	No Cost
D1208	Topical application of fluoride - <i>excluding varnish - child to age 19; 1 D1206 or D1208 per 6 month period</i>	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - <i>limited to permanent molars through age 15</i>	No Cost
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>limited to permanent molars through age 15</i>	No Cost
D1353	Sealant repair - per tooth - <i>limited to permanent molars through age 15</i>	No Cost
D1354	Interim caries arresting medicament application - <i>child to age 19; 1 per 6 month period</i>	No Cost

Keep a copy of
DeltaCare's copay
schedule to refer to
when visiting your
dentist!

Dental Benefits

Dental PPO



Dental Benefits



Maximum Benefit
Deductible
- Individual
- Family
Preventive Service
Basic Services
Major Services
Orthodontia
- Child(ren) to age 19
- Adult over age 19

DELTACARE DHMO DMO
Network
Unlimited
None
None
Refer to copay schedule
Refer to copay schedule
Refer to copay schedule
\$1,300
\$1,600

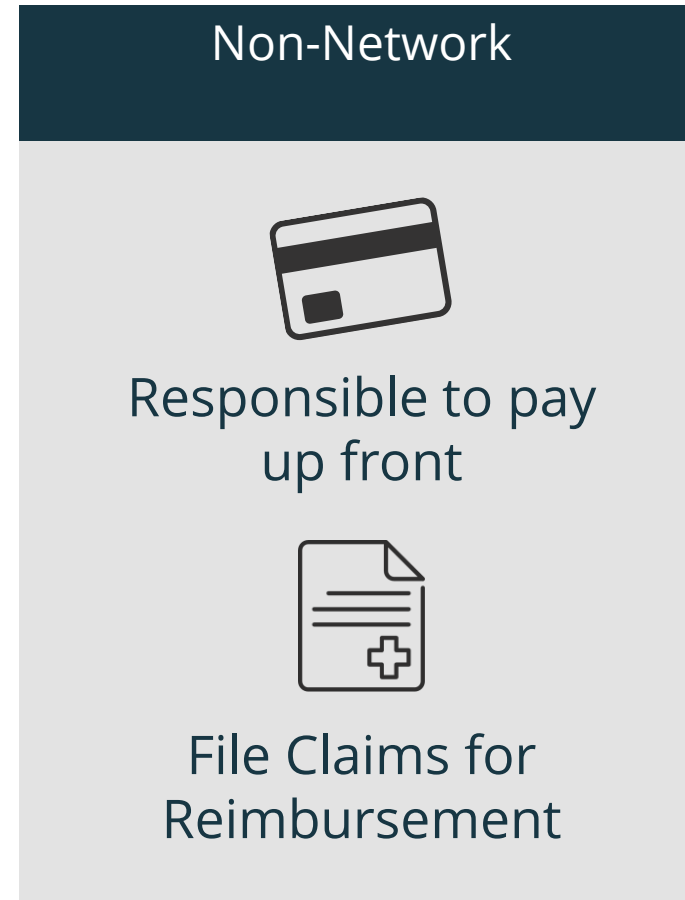
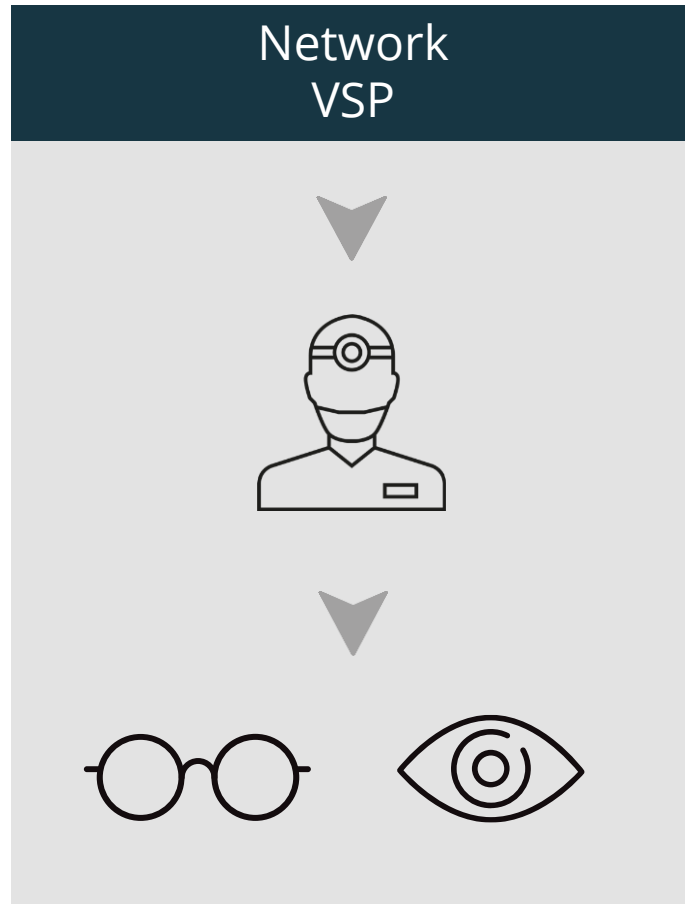
DELTA DENTAL PPO	
Network	Non-Network
\$2,200	\$2,000
Waived for Preventive Services	
	\$25
	\$75
70%- 100%	70%- 100%
70%- 100%	70%- 100%
70%- 100%	70%- 100%
	Not covered
	Not covered

Vision Benefits



Vision Benefits

Vision PPO



Vision Benefits

Vision PPO

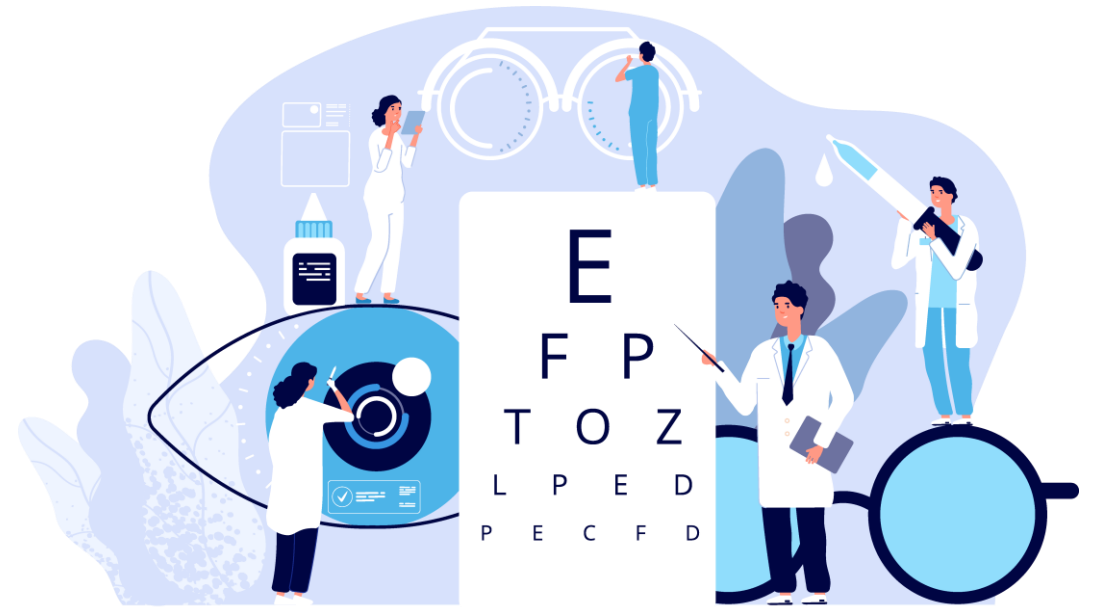


	VSP PPO Vision	
	PPO	Non-Network
Copay - Exam	\$10 Copay	N/A
Exam (Every 12 Months)	100%	\$50 Reimbursement
Lenses (Every 12 Months)		
- Single Vision	100%	\$50 Reimbursement
- Lined Bifocal	100%	\$75 Reimbursement
- Trifocal	100%	\$100 Reimbursement
Frames (Every 24 Months)		
- Wide Selection of Frames	\$120 Benefit	\$70 Reimbursement
- Featured Frame Brands	\$140 Benefit	\$70 Reimbursement
- Costco (due to wholesale discount)	\$65 Benefit	\$70 Reimbursement
Contact Lenses	In Lieu of Frames & Lenses	
- Cosmetic / Elective	\$120 Benefit	\$105 Reimbursement
- Medically Necessary	100%	\$210 Reimbursement

Vision Benefits

VSP Vision Retail Locations

VSP Vision's network includes private vision locations and the following retail stores:



Employer-Paid Benefits



Employer-Paid Benefits

Basic Life and AD&D

100%
COMPANY
PAID

Financial protection for your family if you die or become seriously injured

- Benefit: \$100,000



Employer-Paid Benefits

Employee Assistance Program (EAP)

100%
COMPANY
PAID

Mental health and life balance support

Benefit: Help with depression, anxiety, childcare, financial concerns, relationship issues, and much more!

Eligible members are entitled to 6 face-to-face, phone or web video consultations per incident, per calendar year for a wide range of emotional health, family and work issues, such as:

• Marriage, relationship and family issues	• Alcohol and drug
• Domestic violence	• Stress and anxiety
• Traumatic events	• Depression
• Workplace issues	• Grief and loss



Employee Contributions



Employee Contributions

	AFT & Management Contributions		
	Employee Contributions: AFT & MGT		District Contributions: AFT & MGT
	Tenthly	Annual	Annual
Medical Plans			
Kaiser Permanente Traditional HMO			
- Employee	\$42.54	\$425.40	\$10,210.80
- Employee + 1	\$127.64	\$1,276.40	\$19,996.12
- Employee + Family	\$240.80	\$2,408.00	\$27,092.56
Anthem Blue Cross California Care HMO			
- Employee	\$47.31	\$473.10	\$11,353.74
- Employee + 1	\$141.92	\$1,419.20	\$22,234.84
- Employee + Family	\$269.65	\$2,696.50	\$31,009.46
Anthem Blue Cross Prudent Buyer PPO			
- Employee	\$78.88	\$788.80	\$18,932.36
- Employee + 1	\$199.40	\$1,994.00	\$31,239.16
- Employee + Family	\$285.78	\$2,857.80	\$32,864.40
EAP			
Anthem Blue Cross EAP Employee Assistance Plan			
- Employee	\$0.08	\$0.80	\$18.76
- Employee + 1	\$0.12	\$1.20	\$18.36
- Employee + Family	\$0.16	\$1.60	\$17.96
Dental Plans			
DeltaCare DHMO			
- Employee	\$1.35	\$13.50	\$324.66
- Employee + 1	\$3.36	\$33.60	\$525.72
- Employee + Family	\$6.73	\$67.30	\$773.54
Delta Dental PPO			
- Employee	\$2.76	\$27.60	\$662.28
- Employee + 1	\$7.04	\$70.40	\$1,102.36
- Employee + Family	\$14.34	\$143.40	\$1,649.64
Vision Plan			
Vision Service Plan (VSP)			
- Employee	\$0.30	\$3.00	\$72.72
- Employee + 1	\$0.92	\$9.20	\$143.44
- Employee + Family	\$1.95	\$19.50	\$224.10
Basic Life and AD&D Plan			
Anthem Blue Cross and Unum			
- Employee	\$0.00	\$0.00	\$240.00

	CCFA Contributions		
	Employee Contributions: CCFA		District Contributions: CCFA
	Tenthly	Annual	Annual
Medical Plans			
Kaiser Permanente Traditional HMO			
- Employee	\$26.09	\$260.90	\$10,375.30
- Employee + 1	\$78.27	\$782.70	\$20,489.82
- Employee + Family	\$147.66	\$1,476.60	\$28,623.96
Anthem Blue Cross California Care HMO			
- Employee	\$27.33	\$273.30	\$11,553.54
- Employee + 1	\$81.99	\$819.90	\$22,834.14
- Employee + Family	\$155.78	\$1,557.80	\$32,148.16
Anthem Blue Cross Prudent Buyer PPO			
- Employee	\$49.66	\$496.60	\$19,224.56
- Employee + 1	\$125.52	\$1,255.20	\$31,977.96
- Employee + Family	\$179.93	\$1,799.30	\$33,922.90
EAP			
Anthem Blue Cross EAP Employee Assistance Plan			
- Employee	\$1.33	\$13.30	\$6.26
- Employee + 1	\$2.00	\$20.00	\$0.00
- Employee + Family	\$2.66	\$26.60	\$0.00
Dental Plans			
DeltaCare DHMO			
- Employee	\$1.27	\$12.70	\$325.46
- Employee + 1	\$3.16	\$31.60	\$527.72
- Employee + Family	\$6.34	\$63.40	\$777.44
Delta Dental PPO			
- Employee	\$3.28	\$32.80	\$657.08
- Employee + 1	\$8.38	\$83.80	\$1,088.96
- Employee + Family	\$17.08	\$170.80	\$1,622.24
Vision Plan			
Vision Service Plan (VSP)			
- Employee	\$0.38	\$3.80	\$71.92
- Employee + 1	\$1.15	\$11.50	\$141.14
- Employee + Family	\$2.45	\$24.50	\$219.10
Basic Life and AD&D Plan			
Anthem Blue Cross and Unum			
- Employee	\$0.00	\$0.00	\$240.00

Reminder:

If you wish to enroll or make changes, you must submit your completed enrollment/change form to the Benefits Office **no later than May 21, 2025**. If you do not wish to enroll or make changes, your benefits will roll over as is.

