

# 2023 Open Enrollment Presentation



Benefit Period:  
July 1, 2023 – June 30, 2024

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 2023						
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 8, 2023 – May 26, 2023

# Benefits Guide



Enrollment Information

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Benefits

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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 HR 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.

31  
Days



Go Online to Notify HR of your qualifying event.

Document required no later than 30 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 four distinct enrollment forms. The top right form is the 'Enrollment — Non Voluntary' form from Delta Dental. Below it and to the left is the 'California Region Group Enrollment/Change Form'. To the left of that is the 'Anthem Blue Cross Enrollment Form'. At the bottom is the 'Kaiser Permanente' enrollment form. Each form contains various fields for personal information, employment details, and insurance selection.

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



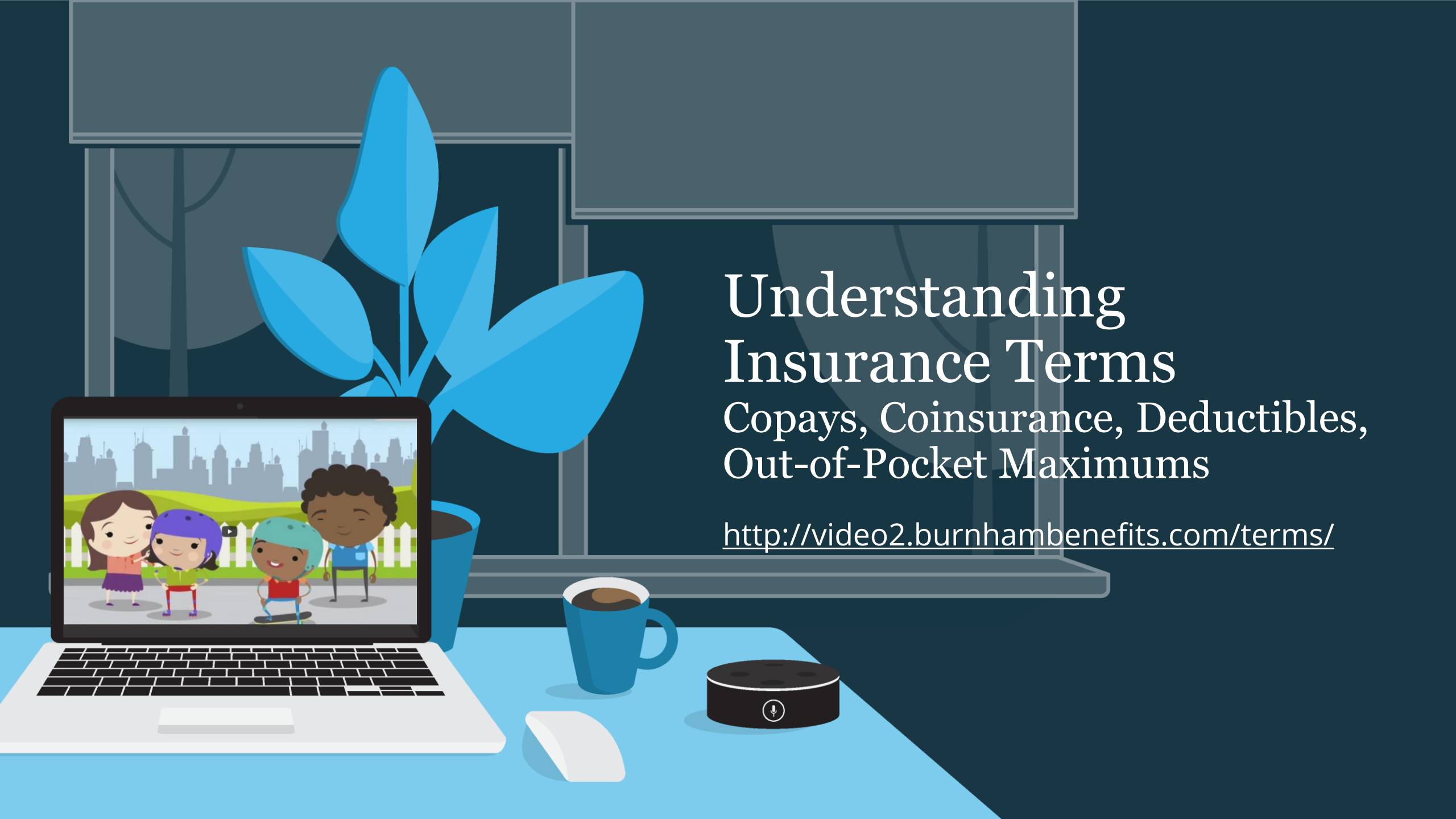
# Medical Benefits








# Understanding Insurance Terms

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

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

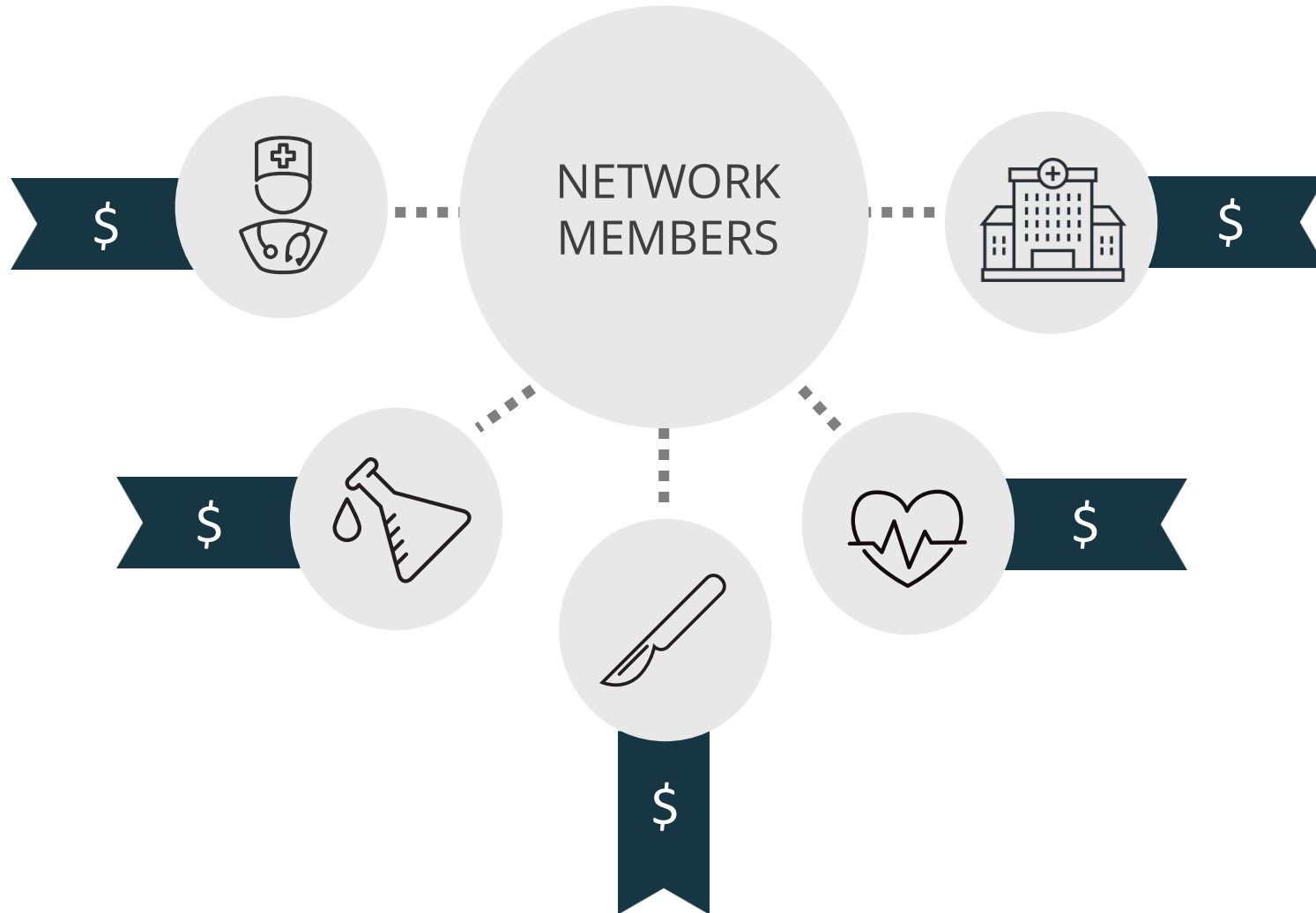


# Understanding Insurance Terms

				
Premium	Co-payment	Deductible	Coinsurance	Out-of-pocket
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 is a fixed dollar amount you pay for specific services covered by your health plan.	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 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 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

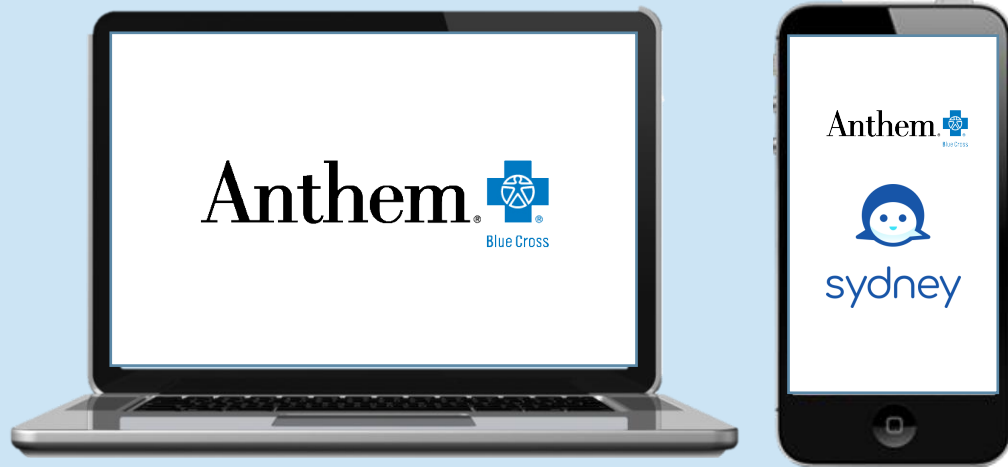
## In-Network



## 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

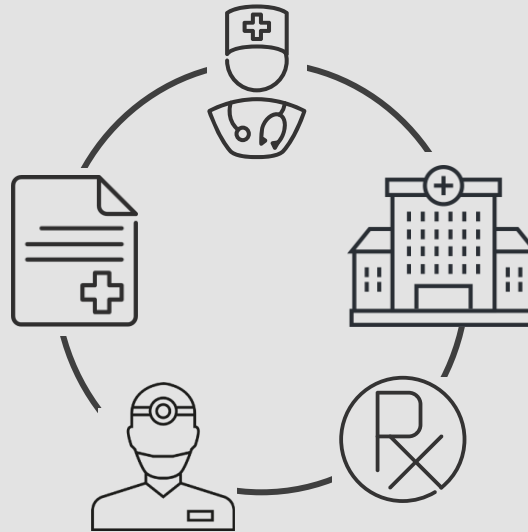


PCP or Medical  
Group



Referrals Required

## Network Kaiser Permanente



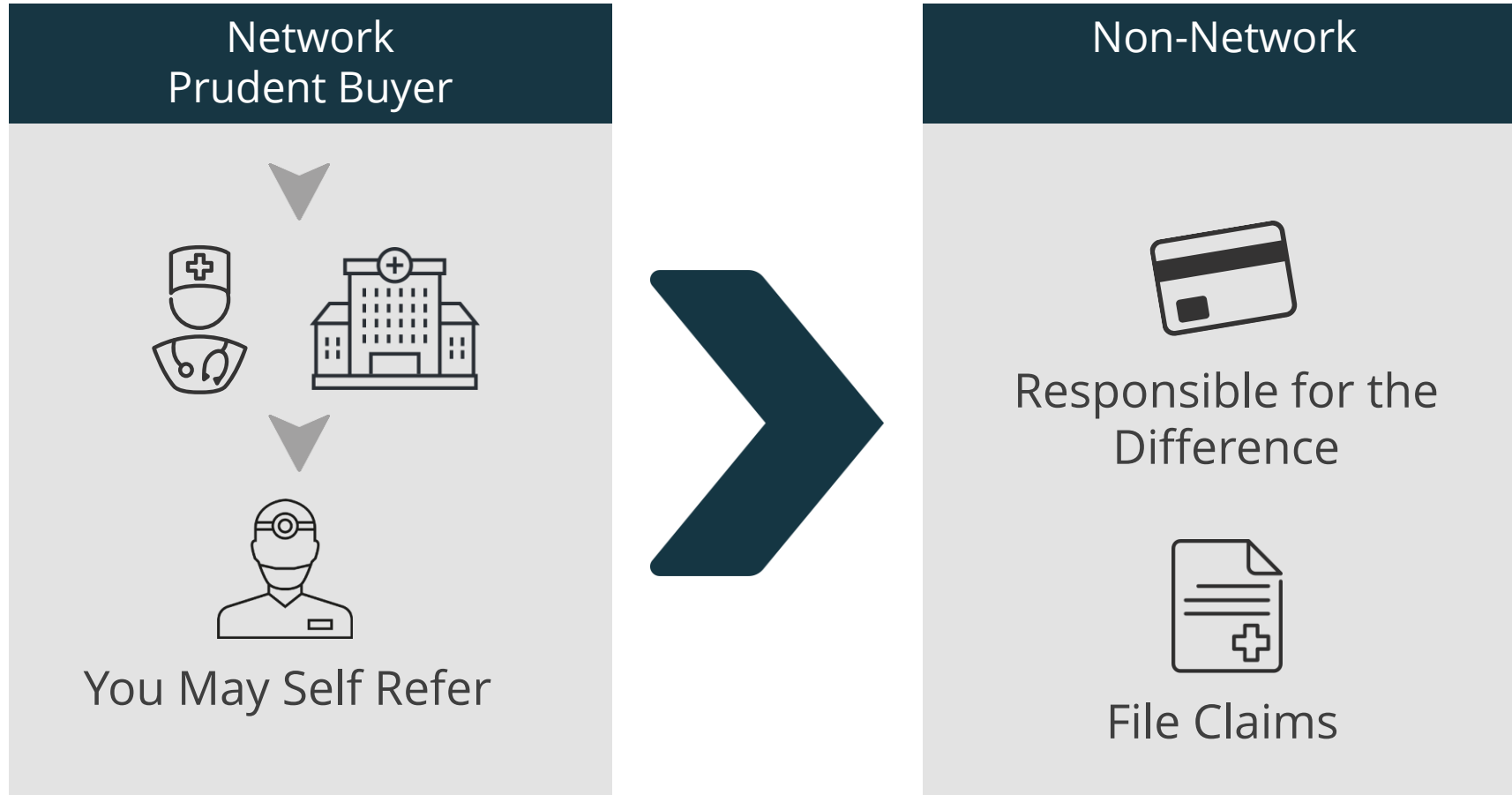
Kaiser Facilities Only

## 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 <sup>1,2</sup>
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

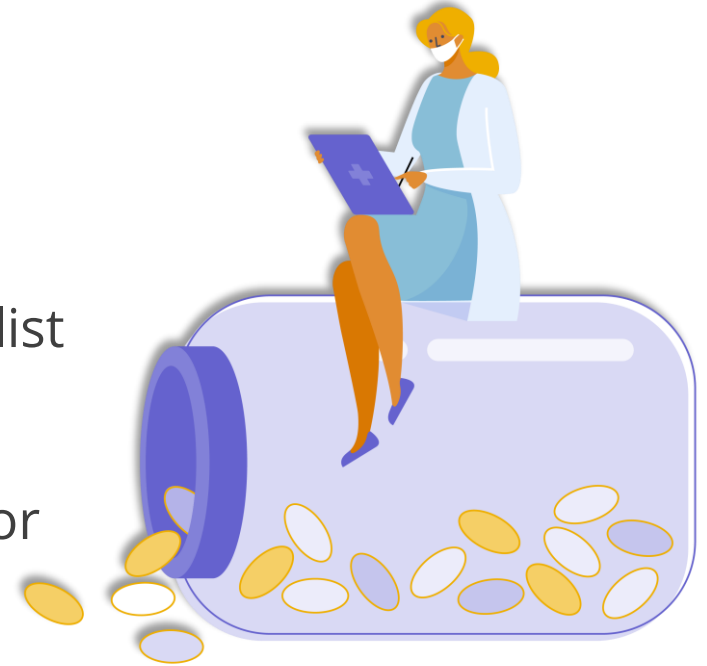


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# Medical - Prescriptions

## Rx Tips

- Use generic whenever possible
- If using a brand name, ensure that the Rx is on the formulary list
- Shop around for the lowest price
- Go to OneRx.com and GoodRx.com to find the lowest prices for prescriptions
- Wal-Mart or Target stores offer Rx discount programs where you can get certain generic maintenance drugs for only a \$4 copay



# 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

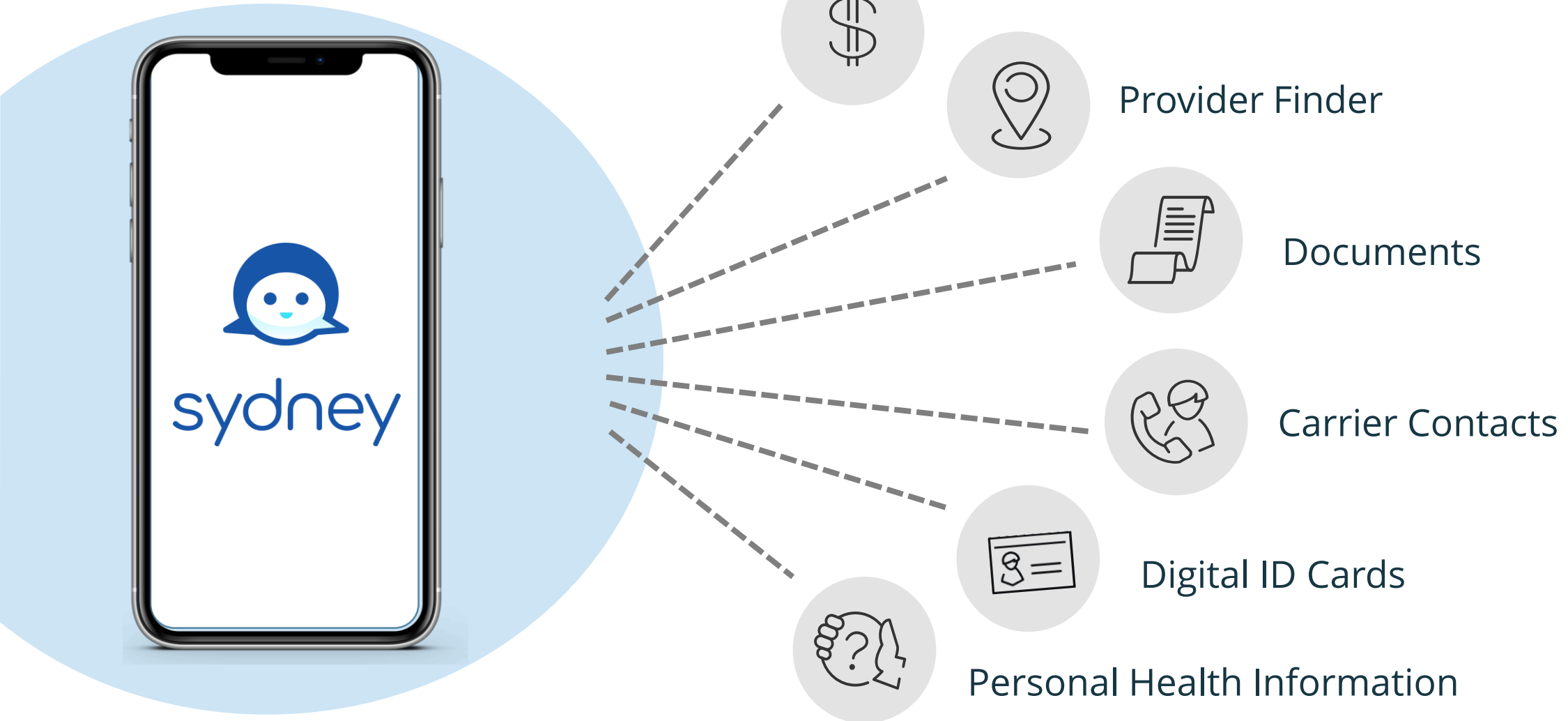
- Office hours vary
- Good place for non-emergency care
- Opportunity to build a relationship with a doctor who knows you and your medical history



## Emergency Room

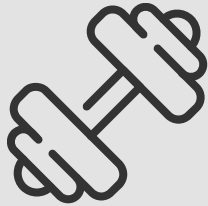
- Open 24/7
- True emergencies such as an accident or injury that may lead to loss of life or limb, serious medical complication, or permanent disability

# Anthem Blue Cross Sydney Mobile App



# Kaiser Permanente

## Value Added Programs



### **Class Pass**

On-demand workout  
videos



### **Calm**

Mindfulness and  
meditation app



### **MyStrength**

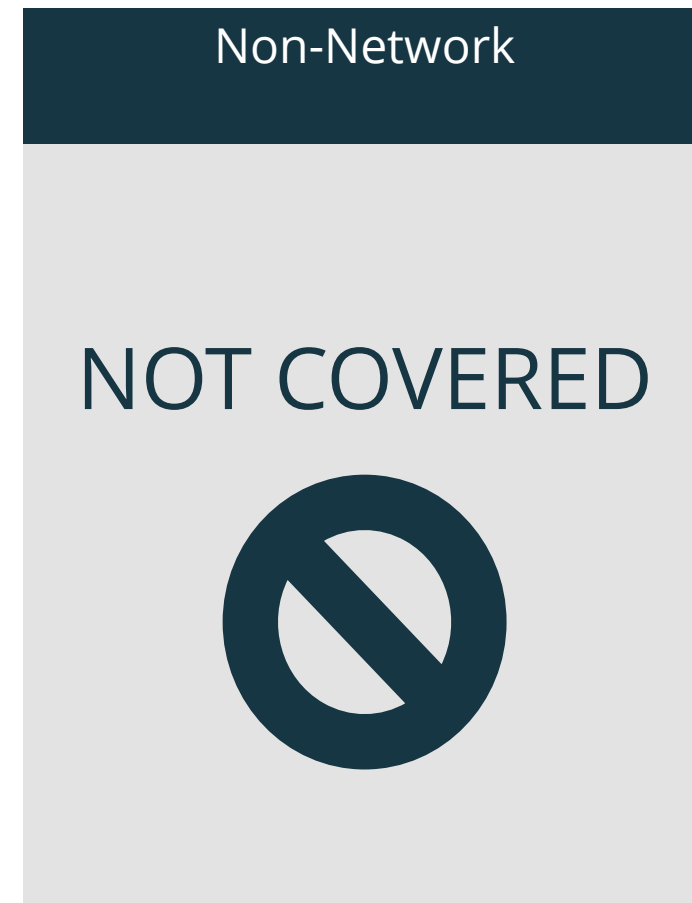
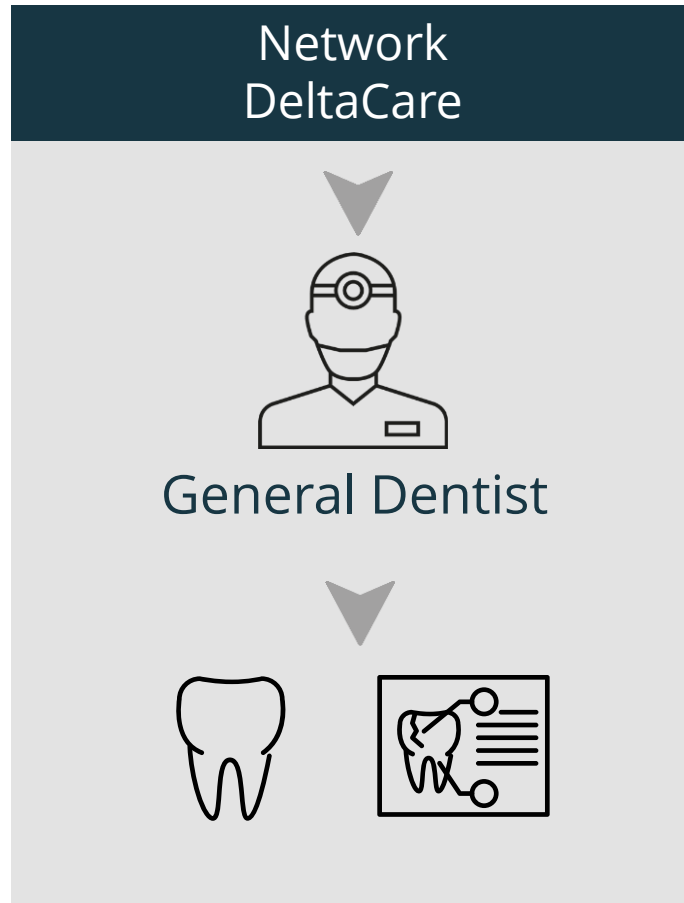
Mental health support  
and goal tracking

# Dental Benefits



# Dental Benefits

## Dental DHMO



# Dental Benefits

## Dental DHMO

Plan CAA16	DeltaCare USA	Description of Benefits and Copayments
<b>SCHEDULE A</b>		
<b>Description of Benefits and Copayments</b>		
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 italics 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
<b>D0100-D0999 I. DIAGNOSTIC</b>		
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
<b>D1000-D1999 II. PREVENTIVE</b>		
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 - excluding varnish - <i>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

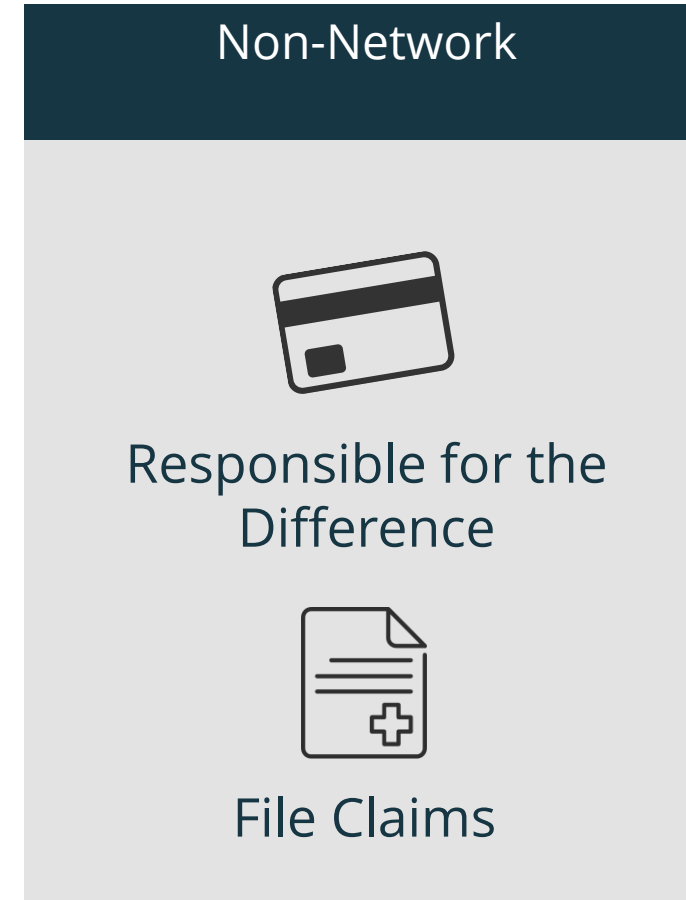
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Keep a copy of  
DeltaCare's copay  
schedule to refer to  
when visiting your  
dentist!



# Dental Benefits

## Dental PPO

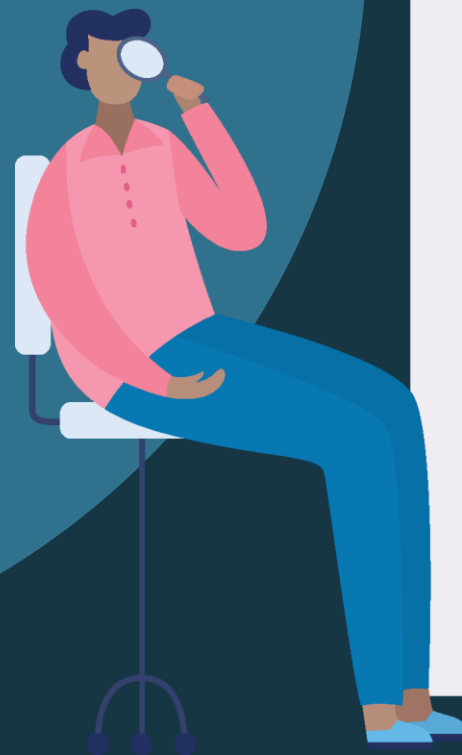


# Dental Benefits



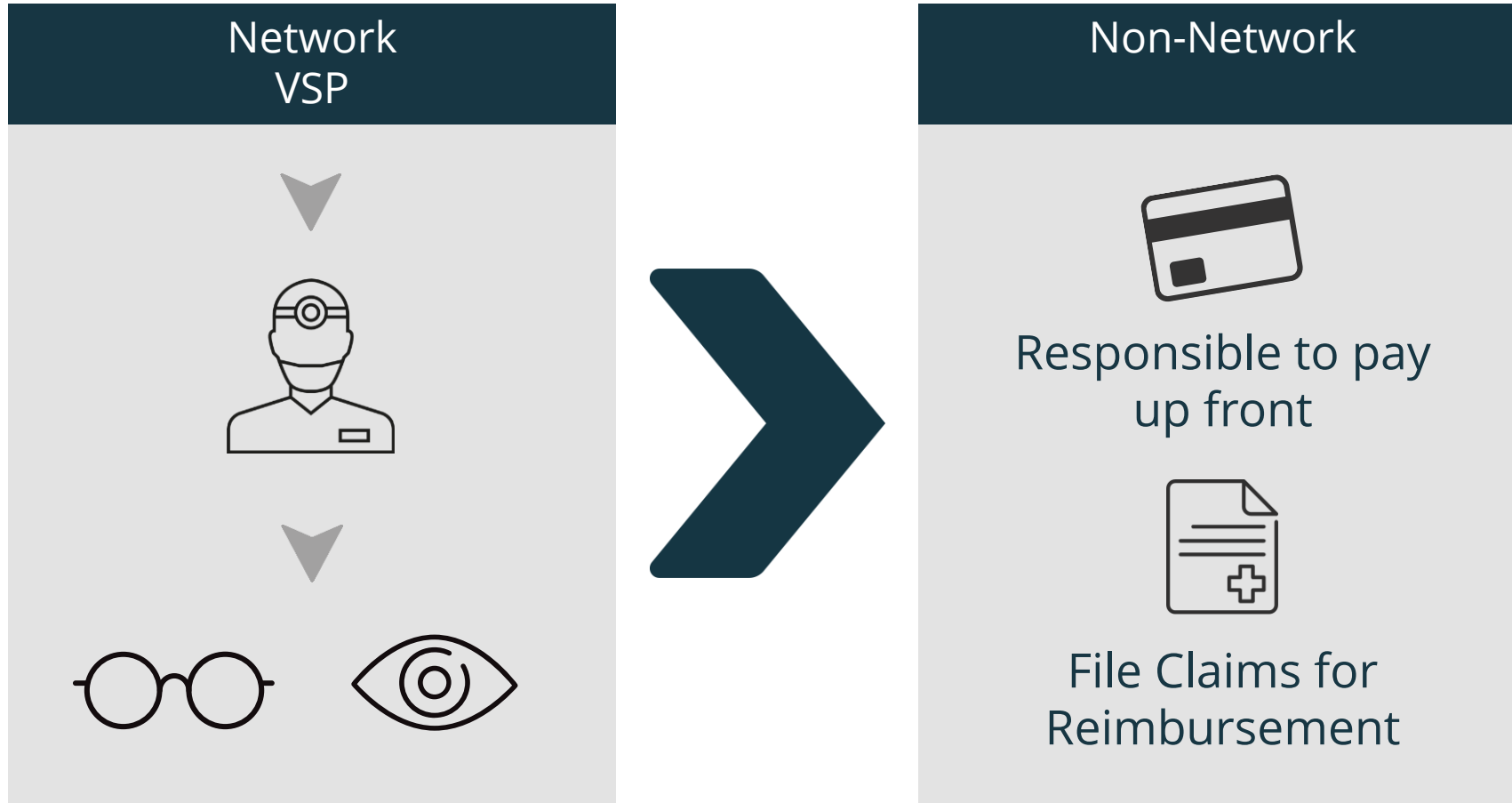
	DELTACARE DHMO DMO	DELTA DENTAL PPO	
	Network	Network	Non-Network
Maximum Benefit	Unlimited	\$2,200	\$2,000
Deductible		Waived for Preventive Services	
- Individual	None	\$25	
- Family	None	\$75	
Preventive Service	Refer to copay schedule	70%- 100%	70%- 100%
Basic Services	Refer to copay schedule	70%- 100%	70%- 100%
Major Services	Refer to copay schedule	70%- 100%	70%- 100%
Orthodontia		Not covered	
- Child(ren) to age 19	\$1,300	Not covered	
- Adult over age 19	\$1,600		

# Vision Benefits



# Vision Benefits

## Vision PPO



# Vision Benefits

## Vision PPO



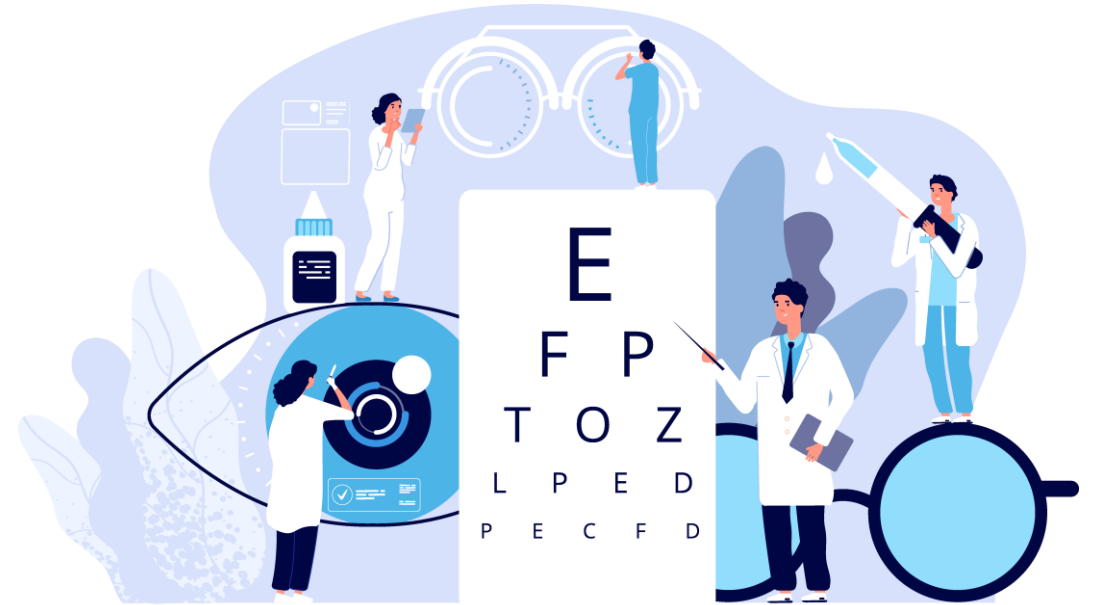
Copay
- Exam
Exam (Every 12 Months)
Lenses (Every 12 Months)
- Single Vision
- Lined Bifocal
- Trifocal
Frames (Every 24 Months)
- Wide Selection of Frames
- Featured Frame Brands
- Costco (due to wholesale discount)
Contact Lenses
- Cosmetic / Elective
- Medically Necessary

VSP PPO Vision	
PPO	Non-Network
\$10 Copay	N/A
100%	\$50 Reimbursement
100%	\$50 Reimbursement
100%	\$75 Reimbursement
100%	\$100 Reimbursement
\$120 Benefit	\$70 Reimbursement
\$140 Benefit	\$70 Reimbursement
\$65 Benefit	\$70 Reimbursement
In Lieu of Frames & Lenses	
\$120 Benefit	\$105 Reimbursement
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

	CCFA Contributions		
	Employee Contributions: CCFA		District Contributions: CCFA
Medical Plans	Tenthly	Annual	Annual
<b>Kaiser Permanente Traditional HMO</b>			
- Employee	\$26.09	\$260.90	\$8,161.42
- Employee + 1	\$78.27	\$782.70	\$16,062.06
- Employee + Family	\$147.66	\$1,476.60	\$22,358.76
<b>Anthem Blue Cross California Care HMO</b>			
- Employee	\$27.33	\$273.30	\$10,060.38
- Employee + 1	\$81.99	\$819.90	\$19,847.82
- Employee + Family	\$155.78	\$1,557.80	\$27,892.60
<b>Anthem Blue Cross Prudent Buyer PPO</b>			
- Employee	\$49.66	\$496.60	\$17,738.60
- Employee + 1	\$125.52	\$1,255.20	\$29,473.68
- Employee + Family	\$179.93	\$1,799.30	\$31,230.94
<b>EAP</b>			
<b>Anthem Blue Cross EAP Employee Assistance Plan</b>			
- Employee	\$1.33	\$13.30	\$5.30
- Employee + 1	\$2.00	\$20.00	\$0.00
- Employee + Family	\$2.66	\$26.60	\$0.00
<b>Dental Plans</b>			
<b>DeltaCare DHMO</b>			
- Employee	\$1.27	\$12.70	\$325.46
- Employee + 1	\$3.16	\$31.60	\$527.60
- Employee + Family	\$6.34	\$63.40	\$777.44
<b>Delta Dental PPO</b>			
- Employee	\$3.28	\$32.80	\$654.20
- Employee + 1	\$8.38	\$83.80	\$1,083.92
- Employee + Family	\$17.08	\$170.80	\$1,614.68
<b>Vision Plan</b>			
<b>Vision Service Plan (VSP)</b>			
- Employee	\$0.38	\$3.80	\$76.60
- Employee + 1	\$1.15	\$11.50	\$150.50
- Employee + Family	\$2.45	\$24.50	\$233.98
<b>Basic Life and AD&amp;D Plan</b>			
Anthem Blue Cross and Unum			
- Employee	\$0.00	\$0.00	\$245.40

	AFT & Management Contributions		
	Employee Contributions: AFT & MGT		District Contributions: AFT & MGT
Medical Plans	Tenthly	Annual	Annual
<b>Kaiser Permanente Traditional HMO</b>			
- Employee	\$33.69	\$336.90	\$8,085.42
- Employee + 1	\$101.07	\$1,010.70	\$15,834.06
- Employee + Family	\$190.68	\$1,906.80	\$21,928.56
<b>Anthem Blue Cross California Care HMO</b>			
- Employee	\$41.33	\$413.30	\$9,920.38
- Employee + 1	\$124.01	\$1,240.10	\$19,427.62
- Employee + Family	\$235.60	\$2,356.00	\$27,094.40
<b>Anthem Blue Cross Prudent Buyer PPO</b>			
- Employee	\$72.94	\$729.40	\$17,505.80
- Employee + 1	\$184.37	\$1,843.70	\$28,885.18
- Employee + Family	\$264.24	\$2,642.40	\$30,387.84
<b>EAP</b>			
<b>Anthem Blue Cross EAP Employee Assistance Plan</b>			
- Employee	\$0.07	\$0.70	\$17.90
- Employee + 1	\$0.11	\$1.10	\$17.50
- Employee + Family	\$0.15	\$1.50	\$17.10
<b>Dental Plans</b>			
<b>DeltaCare DHMO</b>			
- Employee	\$1.35	\$13.50	\$324.66
- Employee + 1	\$3.36	\$33.60	\$525.60
- Employee + Family	\$6.73	\$67.30	\$773.54
<b>Delta Dental PPO</b>			
- Employee	\$2.75	\$27.50	\$659.50
- Employee + 1	\$7.01	\$70.10	\$1,097.62
- Employee + Family	\$14.28	\$142.80	\$1,642.68
<b>Vision Plan</b>			
<b>Vision Service Plan (VSP)</b>			
- Employee	\$0.32	\$3.20	\$77.20
- Employee + 1	\$0.97	\$9.70	\$152.30
- Employee + Family	\$2.07	\$20.70	\$237.78
<b>Basic Life and AD&amp;D Plan</b>			
<b>Anthem Blue Cross and Unum</b>			
- Employee	\$0.00	\$0.00	\$245.40

# 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 26, 2023.** If you do not wish to enroll or make changes, your benefits will roll over as is.

