

Memorandum

DATE: July 10, 2023
TO: All Active Adjunct Faculty
FROM: District Office of Human Resources, Benefits Office
SUBJECT: NOCCCD Adjunct Faculty Health Insurance Program

This notice is being sent to all active Adjunct Faculty members who may have an existing summer assignment, upcoming Fall 2023 and/or Spring 2024 teaching assignment with North Orange County Community College District (NOCCCD). You may be eligible for participation in a District Adjunct Faculty Health Insurance Program. The enclosed “NOCCCD Adjunct Faculty Health Insurance Program” outlines the eligibility criteria for the District’s group health insurance plan and reimbursement program options for which you may be eligible.

NOCCCD wants to provide all the information necessary to make the best coverage decisions for you and your family. Please review all coverage offerings to make informed choices.

Active Adjunct Faculty members may be eligible to participate in one of the following programs:

1. NOCCCD Adjunct Faculty Health Insurance Reimbursement Program

Active Adjunct Faculty members may be eligible to participate in the existing Adjunct Faculty Health Insurance Reimbursement Program as outlined in the Adjunct Faculty United Collective Bargaining Agreement. Please review Article 12 for additional program information. The HR – Benefits Office will provide additional information outlining eligibility criteria and how to apply towards the end of the semester for which you are applying.

2. *NEW Multi-District Adjunct Faculty Health Insurance Reimbursement Program

Effective for the Fall 2023 and Spring 2024 semesters, active multi-district Adjunct Faculty members may be eligible to participate in the Multi-District Adjunct Faculty Health Insurance Reimbursement Program. The HR – Benefits Office will provide additional information outlining eligibility criteria and how to apply towards the end of the semester for which you are applying.

3. *NEW NOCCCD Group Health Insurance (CalPERS)

Effective from August 1, 2023 through July 31, 2024, active Adjunct Faculty members may be eligible to receive full medical insurance benefits equal to what is provided to full-time faculty by NOCCCD. Please review the enclosed “NOCCCD Adjunct Faculty Health Insurance Program” for eligibility criteria, along with the summary of information provided below. Enrollment is optional and voluntary.

Eligibility Requirements: Active Adjunct Faculty members may enroll in a District group health insurance plan (CalPERS) according to the following:

- Unit member is a current CalSTRS member.
- Unit member has an approved and processed assignment (in Banner) for the Summer 2023, Fall 2023 and/or Spring 2024 semester.
- Unit member or their dependent(s) have no other group medical coverage in place.

District Health Premium Contributions: District health premium contributions are based on the employee's load (FTE) for the current semester (e.g. Summer 2023, Fall 2023 and/or Spring 2024). Please refer to the applicable 2023 Monthly Health Benefit Rate Sheets. District contributions are shown below:

- I. **40% or greater load (FTE)** – District shall contribute 100% of the employee only premium for the elected medical plan.
 - District shall contribute a maximum up to \$754.27 per month towards one dependent's medical premiums.
 - District shall contribute a maximum up to \$1,206.79 per month towards family medical premiums.
 - The employee is responsible for the additional cost of the elected medical plan premium, which must be paid by NOCCCD automatic payroll deductions. Premiums will be deducted on a pre-tax basis, unless the employee OPTS OUT of the Section 125 Plan.

- II. **Less than 40% load (FTE)** – District shall contribute up to \$157.00 monthly towards the employee's elected medical plan.
 - The employee is responsible for the additional cost of the elected medical plan premium, which must be paid by NOCCCD automatic payroll deductions. Premiums will be deducted on a pre-tax basis, unless the employee OPTS OUT of the Section 125 Plan.

CalPERS Health Enrollment Form: Eligible Adjunct Faculty must use the enclosed CalPERS HBD-12 Health Enrollment Form. The enrollment form can also be found directly on the CalPERS website at:

<https://www.calpers.ca.gov/docs/forms-publications/health-benefits-enrollment-form.pdf>

Health Enrollment Period:	July 1, 2023 thru August 31, 2023
Coverage Period*: <i>*Coverage period is subject to assignment start and end dates</i>	Summer 2023: August 1, 2023 thru August 31, 2023 Fall 2023: September 1, 2023 thru January 31, 2024 Spring 2024: February 1, 2023 thru July 31, 2024
For Coverage Starting August 1, 2023* Enrollment Forms Must be Received By: <i>*Only for eligible Adjunct Faculty with a Summer 2023 assignment</i>	Monday, July 31, 2023
For Coverage Starting September 1, 2023 Enrollment Forms Must be Received By:	Thursday, August 31, 2023

Health Coverage Period: Enrollment documents must be received within 60 days of the employee's assignment start date. Otherwise, coverage will begin the first of the month following a 90-day waiting period, if forms are received more than 60 days from the assignment start date. Assignments which begin later in the semester may qualify, if the assignment is in place by the deadlines provided by the HR – Benefits Office and all other eligibility criteria are met.

Dependent Verification Required: Supporting documentation (e.g. copies of birth certificates for dependent children, copies of marriage license or Affidavit of Domestic Partnership, and copies of social security cards) are required and must be submitted with the CalPERS HBD-12 Enrollment Form on or before the **August 31, 2023 deadline (no exceptions)**. Dependents cannot be added without the required documents outlined in the enrollment packet.

Communication:

The HR – Benefits Office will only contact the Adjunct Faculty member with regards to incomplete forms or forms that lack the appropriate supporting documentation, with an explanation as to why the request was incomplete or denied.

An enrollment confirmation will be emailed to the Adjunct Faculty member, using their District-issued email address, with applicable payroll deduction amounts once all documentation has been reviewed, verified, and processed.

Benefits Office Contact Information:

NOCCCD
Human Resources / Benefits Office, 9th Floor
1830 W. Romneya Drive
Anaheim, CA 92801-1819

Phone: (714) 808-4800

Email: benefits@noccd.edu

Form Submission Instructions:

Completed enrollment forms and required documentation can be submitted by:

Campus (Inter-Office) Mail:	HR - Benefits Office/Anaheim Campus, 9 th Floor
U.S. Mail:	NOCCCD Human Resources / Benefits Office, 9 th Floor 1830 W. Romneya Drive Anaheim, CA 92801-1819
Personal Delivery*:	HR - Benefits Office/Anaheim Campus, 9 th Floor <i>*If you are interested in personal delivery, please refer to the enclosed "Important Dates for Adjunct Faculty" for walk-in hours and availability.</i>

IMPORTANT! Please do not send personally identifiable information via unencrypted email. It is not a secure way to send any information to our office. Enrollment forms received via email will NOT be processed.

North Orange County Community College District Adjunct Faculty Health Insurance Program

North Orange County Community College District (NOCCCD) appreciates your contributions towards making learning and student success a priority in our community. As a NOCCCD Adjunct Faculty member, you may have access to health insurance and health premium reimbursement options, that offers you the flexibility and security to thrive both inside and outside of work. Eligibility criteria for the District's group health insurance plan and health reimbursement program options for which you may be eligible are outlined in this document.

Active Adjunct Faculty members may be eligible to participate in one of the following programs:

1. NOCCCD Adjunct Faculty Health Insurance Reimbursement Program

Active Adjunct Faculty members may be eligible to participate in the existing Adjunct Faculty Health Insurance Reimbursement Program as outlined in the Adjunct Faculty United Collective Bargaining Agreement. Please review Article 12 for additional program information. The HR – Benefits Office will provide additional information outlining eligibility criteria and how to apply towards the end of the semester for which you are applying.

2. *NEW Multi-District Adjunct Faculty Health Insurance Reimbursement Program

Effective for the Fall 2023 and Spring 2024 semesters, active multi-district Adjunct Faculty members may be eligible to participate in the Multi-District Adjunct Faculty Health Insurance Reimbursement Program. The HR – Benefits Office will provide additional information outlining eligibility criteria and how to apply towards the end of the semester for which you are applying.

3. *NEW NOCCCD Group Health Insurance (CalPERS)

Effective from August 1, 2023 through July 31, 2024, active Adjunct Faculty members may be eligible to receive full medical insurance benefits equal to what is provided to full-time faculty by NOCCCD. Please review the information in this document to determine your eligibility. Enrollment is optional and voluntary.

NOCCCD offers group health coverage options to Adjunct Faculty members who are hired and actively working on a semester-to-semester basis, who meet certain load eligibility requirements, and do not have other group coverage. Review the information in this document to determine your eligibility.

Adjunct Faculty with NOCCCD assignment that equals or exceeds 40%

To be eligible for District group health insurance benefits and contributions toward health insurance premiums, Adjunct Faculty **must be enrolled in CalSTRS** and **actively working an assignment with NOCCCD that equals or exceeds 40%** of the cumulative equivalent of a minimum full-time teaching assignment per semester (as defined by Ed. Code Section 87861).

If eligible, the District will pay the full cost of the employee-only medical insurance premium.

If eligible, and enrolling any eligible dependents, the District will contribute a maximum up to **\$8,494.00 (plus 2022-2023 funded COLA percentage) annually towards one dependent** medical premiums and a maximum up to **\$13,590.00 (plus 2022-2023 funded COLA percentage) annually towards family** medical premiums. Any additional premiums for dependent medical will be paid by the employee by NOCCCD automatic payroll deductions in accordance with established District payroll procedures. Please refer to the applicable 2023 Monthly Health Benefit Rate Sheet (0.4 FTE Credit or Greater) for a comprehensive list of available plans and monthly premiums.

This District contribution has no cash value and can only be used to enroll in health benefits offered by NOCCCD.

<i>2023 District Paid Dependent Medical Premium Contribution</i>	
Employee + 1 Dependent:	not to exceed \$754.27 per month (\$9,051.21 per year)
Employee with 2+ Dependents:	not to exceed \$1,206.79 per month (\$14,481.50 per year)

Adjunct Faculty with NOCCCD assignment that is less than 40%

Adjunct Faculty, with an active assignment, who **do not meet the 40% NOCCCD semester assignment eligibility** and **work less than 40%** in any semester, will be eligible to receive District group health insurance benefits with a contribution **up to \$157.00 monthly**. Adjunct Faculty **must be enrolled in CalSTRS**. Any additional premiums for employee and/or dependent medical will be paid by the employee by NOCCCD automatic payroll deductions in accordance with established District payroll procedures. Please refer to the applicable 2023 Monthly Health Benefit Rate Sheet (Less than 0.4 FTE Credit) for a comprehensive list of available plans and monthly premiums.

This District contribution has no cash value and can only be used to enroll in benefits as offered by NOCCCD.

Medical Coverage Period

If you are eligible for and elect to enroll in medical benefits for the Summer 2023 semester, the coverage period is August 1, 2023 through August 31, 2023 (1 month of coverage).

If you are eligible for and elect to enroll in medical benefits for the Fall 2023 semester, the coverage period is September 1, 2023 through January 31, 2024 (up to 5 months of coverage).

If you are eligible for and elect medical benefits for the Spring 2024 semester, the coverage period is February 1, 2024 through July 31, 2024 (up to 6 months of coverage). Adjunct Faculty members meeting the 40% NOCCCD assignment eligibility for the Spring 2024 semester, will maintain eligibility through July 31, 2024, subject to dates of employment.

CalPERS Medical Insurance

The District has an agreement with the State of California, Public Employees Retirement System (CalPERS) to participate in the State's health insurance plans. The earliest a new employee can be covered by a District health plan is the first of the month after assignment start date, providing all required paperwork is completed and returned to the HR - Benefits Office in a timely manner. A listing of the available health plans is enclosed along with a CalPERS Benefits Summary which offers a side-by-side comparison of the plans. Detailed plan information can also be found directly on the CalPERS website at: <https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates>.

To enroll in medical coverage, complete the enclosed CalPERS HBD-12 Enrollment Form and return it to the HR - Benefits Office within 60 days of your assignment start date. Otherwise, coverage will begin the first of the month following a 90-day waiting period, if forms are received more than 60 days from your assignment start date.

- If electing **to enroll**, the District requires that a signed **CalPERS HBD-12 Enrollment Form** be retained in each benefit eligible employee's benefit file.

When adding dependents to your health plan, a copy of the dependent's social security card will be required as well as: copy of marriage certificate/registration of domestic partnership when adding a spouse/domestic partner, and copy of birth certificate for dependent children up to the age of 26.

If choosing an HMO plan, excluding Kaiser, it is a best practice to list a Primary Care Physician (PCP). If no doctor is indicated the chosen carrier will enroll you in an office accepting new patients based on your residence address. If you need assistance with finding a new PCP or identifying hospitals in your health plan's network, you will need to visit the health plan's online physician directory or call the plan's Member Services Department for assistance. Websites and contact information can be found on the CalPERS website at: <https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates>.

You are able to change your PCP any time during the year; however, you will be required to choose a PCP within the health plan's network. The effective date of the change will be the first of the following month. When completing the CalPERS HBD-12 Enrollment Form, please indicate your choice of PCP in Section D, item 15.

The plans offered to eligible employees and the level of salaries paid meet the standards for an "affordable healthcare plan" under federal law. Please see the enclosed "Healthcare Reform and Your Benefits" insert for more information regarding the Affordable Care Act and the State's health insurance exchange, Covered California.

Dependent Eligibility

The following family members can be added at the time of enrollment, during the annual Open Enrollment, or with a qualifying event:

- Spouse or Registered Domestic Partner

- Children (natural, adopted, domestic partners, or stepchildren up to age 26)
- Children, up to age 26, if the employee has assumed a parent-child relationship and is considered primary care parent. A CalPERS Affidavit of Parent-Child Relationship must be filed prior to enrollment and be updated upon request.
- Certified disabled dependent children, age 26 and older

For general information about CalPERS health benefits, and dependent eligibility requirements, go to the CalPERS website at <https://www.calpers.ca.gov/page/active-members/health-benefits>.

Proof of Dependent Eligibility

You are required to provide proof of eligibility for your dependents. If a dependent becomes ineligible during the year, you must contact the HR – Benefits Office within 31 days. Provide a copy of the following:

<i>Dependent Type</i>	<i>Required Documentation</i>
Spouse	- Copy of Marriage Certificate - Copy of Social Security Card
Registered Domestic Partner	- Copy of Declaration of Domestic Partnership - Copy of Social Security Card
Children (up to 26)	- Copy of Birth Certificate / Adoption Papers - Copy of Social Security Card
Children (up to 26), with parent-child relationship	- CalPERS Affidavit of Parent-Child Relationship - Copy of Birth Certificate - Copy of Social Security Card
Certified disabled dependent children, age 26 and older	- Copy of Birth Certificate - Copy of Social Security Card - Disability Dependent Forms will be required by CalPERS

Additional Information

The District has established a Section 125 Plan which allows employees the option to pre-tax vs post-tax premium deductions. If the unit member has a payroll deduction for insurance premiums, **eligible premiums will be deducted on a pre-tax basis** (before taxes are calculated). Employees will automatically be enrolled in this portion of the Section 125 plan. Employees are required to complete the Section 125 Plan Election of Post-Tax form, only if they wish to OPT OUT of this pre-tax benefit.

Employees electing not to enroll in a group health plan offered by the District, will not receive any comparable benefit, such as additional salary or stipend.

Once you elect medical benefits, they will remain in effect for the coverage periods noted above **regardless of any FTE and/or premium changes** until you cancel your benefits, terminate employment, or otherwise lose eligibility. **It is your responsibility to know your FTE and the corresponding effect**

on your contribution each semester. You will NOT be allowed to make election changes outside an Adjunct Faculty enrollment period unless you experience a mid-year qualifying event.

In the event that Unit Members select a plan which exceeds the amount of the District's contribution, the additional cost of the premium is the responsibility of the Unit Members and must be paid by NOCCCD automatic payroll deductions monthly from their payroll check to pay for the additional cost of the medical benefit premiums.

If Unit Members pay is insufficient to cover this additional cost, Unit Members shall submit payment (cashier's check, certified check, or money order) **within 15 days of receiving notice** of such cost to avoid retroactive cancellation of coverage due to non-payment. The payment shall be submitted to the HR – Benefits Office for processing.

Please make checks payable to "NOCCCD" and return to:

- North Orange County Community College District
Attn: HR – Benefits Office
1830 W. Romneya Drive
Anaheim, CA 92810-1819

Unit Members who have enrolled in the District's group health insurance plan who become ineligible, will not receive District contributions towards health benefits. Unit Members who become ineligible will receive appropriate Consolidated Omnibus Budget Reconciliation Act (COBRA) notices. Unit Members will then be eligible to enroll in COBRA at their own expense according to the laws and regulations governing COBRA.

Employee Assistance Program (EAP)

NOCCCD believes that a healthy work/life balance is critical to your mental health. At no cost to you, this 100% confidential plan can help you and your family with a wide array of concerns, including finding elderly care, relationship and family issues, general stress, depression, personal loss, legal support, financial hardships, and parenting. Adjunct Faculty members, in paid status, may access this benefit 24/7 by calling the toll free line (800) 272-7255 or visiting www.guidanceresources.com (employer ID: COM589).

Contact Information

For questions, please contact the HR - Benefits Office at 714-808-4800 or email benefits@nocccd.edu.

Enrollment Checklist

Benefit Enrollment Checklist for Newly Eligible Employees

TO ENROLL:

Determine Elections

- Review the CalPERS Health Summary Guide for health plan comparisons
 - <https://www.calpers.ca.gov/docs/forms-publications/2023-health-benefit-summary.pdf>
- Review the applicable rate sheets, based on current semester assignment FTE. Premiums are based on the employee's address filed with NOCCCD and with CalPERS.
 - *40% FTE Credit or Greater – Region 2 (Other Southern Area)*
 - *40% FTE Credit or Greater – Region 3 (Los Angeles Area)*
 - *Less than 40% FTE Credit – Region 2 (Other Southern Area)*
 - *Less than 40% FTE Credit – Region 3 (Los Angeles Area)*
- Visit the CalPERS website for additional health plan information
 - <https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates>

CalPERS Medical Enrollment Form

- Complete the CalPERS HBD-12 Enrollment Form
 - <https://www.calpers.ca.gov/docs/forms-publications/health-benefits-enrollment-form.pdf>

Adding a Spouse or Domestic Partner

- Provide copy of Marriage Certificate or Domestic Partner Certification AND
- Provide copy of social security card

Adding dependents under the age of 26

- Provide copy of each child's birth certificate AND
- Provide copy of each child's social security card

Election of Post-Tax Payroll Deductions (optional)

- Complete the Section 125 Election of Post-Tax Payroll Deductions to OPT OUT of pre-tax benefits



2023 Monthly Health Benefit Rate Sheet

Plan Year: January 1, 2023 – December 31, 2023
ADJUNCT FACULTY (0.4 FTE Credit or Greater)

Region 2 – Other Southern CA Area

Orange County, Fresno County, Imperial County, Inyo County, Kern County, Kings County, Madera County, San Diego County, San Luis Obispo County, Santa Barbara County, Tulare County, and Ventura County

Not all plans are available in all areas – please refer to www.calpers.ca.gov for plan availability

Health premiums are based on the employee's address filed with NOCCCD and with the CalPERS Health Benefits Division.

District Paid Dependent Medical Premium Contribution

Employee + 1 Dependent: not to exceed \$754.27 per month (\$9,051.21 per year)

Employee with 2+ Dependents: not to exceed \$1,206.79 per month (\$14,481.50 per year)

NOTE: This District contribution has not cash value and can only be used to enroll in benefits as offered by NOCCCD

	Monthly CalPERS Premium	Monthly Maximum District Contribution	Monthly Employee Premium
PERS Platinum PPO (Anthem)			
Employee Only	\$1,018.15	District Paid 100%	\$0.00
Employee +1 Dependent	\$1,018.15	\$754.27	\$263.88
Employee with 2+ Dependents	\$1,629.04	\$1,206.79	\$422.25
PERS Gold PPO (Anthem)			
Employee Only	\$698.23	District Paid 100%	\$0.00
Employee +1 Dependent	\$698.23	\$754.27	\$0.00
Employee with 2+ Dependents	\$1,117.16	\$1,206.79	\$0.00
Anthem Select HMO			
Employee Only	\$767.90	District Paid 100%	\$0.00
Employee +1 Dependent	\$767.90	\$754.27	\$13.63
Employee with 2+ Dependents	\$1,228.63	\$1,206.79	\$21.84
Anthem Traditional HMO			
Employee Only	\$938.21	District Paid 100%	\$0.00
Employee +1 Dependent	\$938.21	\$754.27	\$183.94
Employee with 2+ Dependents	\$1,501.13	\$1,206.79	\$294.34
Blue Shield Access+ HMO			
Employee Only	\$845.39	District Paid 100%	\$0.00
Employee +1 Dependent	\$845.39	\$754.27	\$91.12
Employee with 2+ Dependents	\$1,352.63	\$1,206.79	\$145.84
Blue Shield Trio HMO			
Employee Only	\$763.22	District Paid 100%	\$0.00
Employee +1 Dependent	\$763.22	\$754.27	\$8.95
Employee with 2+ Dependents	\$1,221.16	\$1,206.79	\$14.37
Health Net Salud Y Mas HMO			
Employee Only	\$701.22	District Paid 100%	\$0.00
Employee +1 Dependent	\$701.22	\$754.27	\$0.00
Employee with 2+ Dependents	\$1,121.95	\$1,206.79	\$0.00
Health Net SmartCare HMO			
Employee Only	\$837.40	District Paid 100%	\$0.00
Employee +1 Dependent	\$837.40	\$754.27	\$83.13
Employee with 2+ Dependents	\$1,339.85	\$1,206.79	\$133.06
Kaiser HMO			
Employee Only	\$758.71	District Paid 100%	\$0.00
Employee +1 Dependent	\$758.71	\$754.27	\$4.44
Employee with 2+ Dependents	\$1,213.93	\$1,206.79	\$7.14

	Monthly CalPERS Premium	Monthly Maximum District Contribution	Monthly Employee Premium
Kaiser HMO			
Employee Only	\$758.71	District Paid 100%	\$0.00
Employee +1 Dependent	\$758.71	\$754.27	\$4.44
Employee with 2+ Dependents	\$1,213.93	\$1,206.79	\$7.14
Sharp HMO			
Employee Only	\$767.48	District Paid 100%	\$0.00
Employee +1 Dependent	\$767.48	\$754.27	\$13.21
Employee with 2+ Dependents	\$1,227.98	\$1,206.79	\$21.19
UnitedHC Alliance HMO			
Employee Only	\$796.25	District Paid 100%	\$0.00
Employee +1 Dependent	\$796.25	\$754.27	\$41.98
Employee with 2+ Dependents	\$1,274.00	\$1,206.79	\$67.21
UnitedHC Harmony HMO			
Employee Only	\$784.16	District Paid 100%	\$0.00
Employee +1 Dependent	\$784.16	\$754.27	\$29.89
Employee with 2+ Dependents	\$1,254.66	\$1,206.79	\$47.87

2023 Monthly Health Benefit Rate Sheet

Plan Year: January 1, 2023 – December 31, 2023
ADJUNCT FACULTY (0.4 FTE Credit or Greater)

Region 3 – Los Angeles Area

Los Angeles, Riverside, and San Bernardino County

Not all plans are available in all areas – please refer to www.calpers.ca.gov for plan availability

Health premiums are based on the employee's address filed with NOCCCD and with the CalPERS Health Benefits Division.

District Paid Dependent Medical Premium Contribution

Employee + 1 Dependent: not to exceed \$754.27 per month (\$9,051.21 per year)

Employee with 2+ Dependents: not to exceed \$1,206.79 per month (\$14,481.50 per year)

NOTE: This District contribution has not cash value and can only be used to enroll in benefits as offered by NOCCCD

	Monthly CalPERS Premium	Monthly Maximum District Contribution	Monthly Employee Premium
PERS Platinum PPO (Anthem)			
Employee Only	\$995.87	District Paid 100%	\$0.00
Employee +1 Dependent	\$995.87	\$754.27	\$241.60
Employee with 2+ Dependents	\$1,593.38	\$1,206.79	\$386.59
PERS Gold PPO (Anthem)			
Employee Only	\$682.62	District Paid 100%	\$0.00
Employee +1 Dependent	\$682.62	\$754.27	\$0.00
Employee with 2+ Dependents	\$1,092.18	\$1,206.79	\$0.00
Anthem Select HMO			
Employee Only	\$740.35	District Paid 100%	\$0.00
Employee +1 Dependent	\$740.35	\$754.27	\$0.00
Employee with 2+ Dependents	\$1,184.56	\$1,206.79	\$0.00
Anthem Traditional HMO			
Employee Only	\$945.84	District Paid 100%	\$0.00
Employee +1 Dependent	\$945.84	\$754.27	\$191.57
Employee with 2+ Dependents	\$1,513.35	\$1,206.79	\$306.56
Blue Shield Access+ HMO			
Employee Only	\$740.73	District Paid 100%	\$0.00
Employee +1 Dependent	\$740.73	\$754.27	\$0.00
Employee with 2+ Dependents	\$1,185.16	\$1,206.79	\$0.00
Blue Shield Trio HMO			
Employee Only	\$663.67	District Paid 100%	\$0.00
Employee +1 Dependent	\$663.67	\$754.27	\$0.00
Employee with 2+ Dependents	\$1,061.87	\$1,206.79	\$0.00
Health Net Salud Y Mas HMO			
Employee Only	\$608.34	District Paid 100%	\$0.00
Employee +1 Dependent	\$608.34	\$754.27	\$0.00
Employee with 2+ Dependents	\$973.34	\$1,206.79	\$0.00
Health Net SmartCare HMO			
Employee Only	\$757.78	District Paid 100%	\$0.00
Employee +1 Dependent	\$757.78	\$754.27	\$3.51
Employee with 2+ Dependents	\$1,212.45	\$1,206.79	\$5.66
Kaiser HMO			
Employee Only	\$757.13	District Paid 100%	\$0.00
Employee +1 Dependent	\$757.13	\$754.27	\$2.86
Employee with 2+ Dependents	\$1,211.40	\$1,206.79	\$4.61

	Monthly CalPERS Premium	Monthly Maximum District Contribution	Monthly Employee Premium
UnitedHC Alliance HMO			
Employee Only	\$793.07	District Paid 100%	\$0.00
Employee +1 Dependent	\$793.07	\$754.27	\$38.80
Employee with 2+ Dependents	\$1,268.91	\$1,206.79	\$62.12
UnitedHC Harmony HMO			
Employee Only	\$715.90	District Paid 100%	\$0.00
Employee +1 Dependent	\$715.90	\$754.27	\$0.00
Employee with 2+ Dependents	\$1,145.45	\$1,206.79	\$0.00

2023 Monthly Health Benefit Rate Sheet

Plan Year: January 1, 2023 – December 31, 2023

ADJUNCT FACULTY (Less than 0.4 FTE Credit)

Region 2 – Other Southern CA Area

Orange County, Fresno County, Imperial County, Inyo County, Kern County, Kings County, Madera County, San Diego County, San Luis Obispo County, Santa Barbara County, Tulare County, and Ventura County

Not all plans are available in all areas – please refer to www.calpers.ca.gov for plan availability

Health premiums are based on the employee's address filed with NOCCCD and with the CalPERS Health Benefits Division.

	Monthly CalPERS Premium	Monthly District Contribution	Monthly Employee Premium
PERS Platinum PPO (Anthem)			
Employee Only	\$1,018.15	\$157.00	\$861.15
Employee +1 Dependent	\$2,036.30	\$157.00	\$1,879.30
Employee with 2+ Dependents	\$2,647.19	\$157.00	\$2,490.19
PERS Gold PPO (Anthem)			
Employee Only	\$698.23	\$157.00	\$541.23
Employee +1 Dependent	\$1,396.45	\$157.00	\$1,239.45
Employee with 2+ Dependents	\$1,815.39	\$157.00	\$1,658.39
Anthem Select HMO			
Employee Only	\$767.90	\$157.00	\$610.90
Employee +1 Dependent	\$1,535.79	\$157.00	\$1,378.79
Employee with 2+ Dependents	\$1,996.53	\$157.00	\$1,839.53
Anthem Traditional HMO			
Employee Only	\$938.21	\$157.00	\$781.21
Employee +1 Dependent	\$1,876.41	\$157.00	\$1,719.41
Employee with 2+ Dependents	\$2,439.33	\$157.00	\$2,282.33
Blue Shield Access+			
Employee Only	\$845.39	\$157.00	\$688.39
Employee +1 Dependent	\$1,690.78	\$157.00	\$1,533.78
Employee with 2+ Dependents	\$2,198.08	\$157.00	\$2,041.02
Blue Shield Trio			
Employee Only	\$763.22	\$157.00	\$0.00
Employee +1 Dependent	\$763.22	\$157.00	\$763.22
Employee with 2+ Dependents	\$1,221.16	\$157.00	\$1,221.16
Health Net Salud Y Mas			
Employee Only	\$701.22	\$157.00	\$544.22
Employee +1 Dependent	\$1,402.43	\$157.00	\$1,245.43
Employee with 2+ Dependents	\$1,823.17	\$157.00	\$1,666.17
Health Net SmartCare			
Employee Only	\$837.40	\$157.00	\$680.40
Employee +1 Dependent	\$1,674.81	\$157.00	\$1,517.81
Employee with 2+ Dependents	\$2,177.25	\$157.00	\$2,020.25
Kaiser			
Employee Only	\$758.71	\$157.00	\$601.71
Employee +1 Dependent	\$1,517.41	\$157.00	\$1,360.41
Employee with 2+ Dependents	\$1,972.62	\$157.00	\$1,815.64
Sharp			
Employee Only	\$767.48	\$157.00	\$610.48
Employee +1 Dependent	\$1,534.97	\$157.00	\$1,377.97
Employee with 2+ Dependents	\$1,995.46	\$157.00	\$1,838.46

	Monthly CalPERS Premium	Monthly District Contribution	Monthly Employee Premium
UnitedHC Alliance			
Employee Only	\$796.25	\$157.00	\$639.25
Employee +1 Dependent	\$1,592.50	\$157.00	\$1,435.50
Employee with 2+ Dependents	\$2,070.25	\$157.00	\$1,913.25
UnitedHC Harmony			
Employee Only	\$784.16	\$157.00	\$627.16
Employee +1 Dependent	\$1,568.32	\$157.00	\$1,411.32
Employee with 2+ Dependents	\$2,038.82	\$157.00	\$1,881.82



2023 Monthly Health Benefit Rate Sheet

Plan Year: January 1, 2023 – December 31, 2023

ADJUNCT FACULTY (Less than 0.4 FTE Credit)

Region 3 – Los Angeles Area

Los Angeles, Riverside, and San Bernardino County

Not all plans are available in all areas – please refer to www.calpers.ca.gov for plan availability

Health premiums are based on the employee's address filed with NOCCCD and with the CalPERS Health Benefits Division.

	Monthly CalPERS Premium	Monthly District Contribution	Monthly Employee Premium
PERS Platinum PPO (Anthem)			
Employee Only	\$995.87	\$157.00	\$838.87
Employee +1 Dependent	\$1,991.73	\$157.00	\$1,834.73
Employee with 2+ Dependents	\$2,589.25	\$157.00	\$2,432.25
PERS Gold PPO (Anthem)			
Employee Only	\$682.62	\$157.00	\$525.62
Employee +1 Dependent	\$1,365.23	\$157.00	\$1,208.23
Employee with 2+ Dependents	\$1,774.80	\$157.00	\$1,617.80
Anthem Select HMO			
Employee Only	\$740.35	\$157.00	\$583.35
Employee +1 Dependent	\$1,480.69	\$157.00	\$1,323.69
Employee with 2+ Dependents	\$1,924.90	\$157.00	\$1,767.90
Anthem Traditional HMO			
Employee Only	\$945.84	\$157.00	\$788.84
Employee +1 Dependent	\$1,891.68	\$157.00	\$1,734.68
Employee with 2+ Dependents	\$2,459.19	\$157.00	\$2,302.19
Blue Shield Access+			
Employee Only	\$740.73	\$157.00	\$583.73
Employee +1 Dependent	\$1,481.45	\$157.00	\$1,324.45
Employee with 2+ Dependents	\$1,925.88	\$157.00	\$1,768.88
Blue Shield Trio			
Employee Only	\$663.67	\$157.00	\$506.67
Employee +1 Dependent	\$1,327.35	\$157.00	\$1,170.35
Employee with 2+ Dependents	\$1,725.55	\$157.00	\$1,568.55
Health Net Salud Y Mas			
Employee Only	\$608.34	\$157.00	\$451.34
Employee +1 Dependent	\$1,216.68	\$157.00	\$1,059.68
Employee with 2+ Dependents	\$1,581.68	\$157.00	\$1,424.68
Health Net SmartCare			
Employee Only	\$757.78	\$157.00	\$600.78
Employee +1 Dependent	\$1,515.56	\$157.00	\$1,358.56
Employee with 2+ Dependents	\$1,970.23	\$157.00	\$1,813.23
Kaiser			
Employee Only	\$757.13	\$157.00	\$600.13
Employee +1 Dependent	\$1,514.26	\$157.00	\$1,357.26
Employee with 2+ Dependents	\$1,968.53	\$157.00	\$1,811.53
UnitedHC Alliance			
Employee Only	\$793.07	\$157.00	\$636.07
Employee +1 Dependent	\$1,568.14	\$157.00	\$1,429.14
Employee with 2+ Dependents	\$2,061.98	\$157.00	\$1,904.98
UnitedHC Harmony			
Employee Only	\$715.90	\$157.00	\$558.90
Employee +1 Dependent	\$1,431.81	\$157.00	\$1,274.81
Employee with 2+ Dependents	\$1,861.35	\$157.00	\$1,704.35



Health Benefits Plan Enrollment for Active Employees (HBD-12)

Health Account Management Division
P.O. BOX 942715
Sacramento, CA 94229-2715
888 CalPERS (or 888-225-7377) | TTY (877) 249-7442
FAX (800) 959-6545
www.calpers.ca.gov

SECTION A: Applicant Information

1. Employee Name: (First) _____ (M.I.) _____ (Last) _____			2. Hire Date: (mm/dd/yyyy) _____		
3. CalPERS ID or Social Security Number: _____		4. Date of Birth: (mm/dd/yyyy) _____		5. Gender: Male Female Nonbinary	
6. Physical Address: (Street) _____ (City) _____ (State) _____ (ZIP) _____ (County) _____					
7. Mailing Address (If different): (Street) _____ (City) _____ (State) _____ (ZIP) _____ (County) _____					
8. Use Work ZIP Code for Health Eligibility: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, enter zip code here: (ZIP) _____</i>					
9. E-mail Address: _____			10. Primary Phone: _____		Alternate: _____

SECTION B: Type of Action

11. Enroll in a Health Plan Add/Delete Dependents Change Health Plan Cancel All Coverage Decline Coverage

SECTION C: Type of Permitting Event

12. New Employee New Contracting Agency Marriage or Domestic Partnership Date (mm/dd/yyyy): _____ Open Enrollment Move
 Delete Dependent Due to Death Divorce or Domestic Partnership Termination Birth/Adoption Other: _____

13. **Permitting Event Date:** (mm/dd/yyyy) _____

14. **Name of Health Plan:** (If changing health plans, list new plan name) _____

SECTION D: Subscriber and Dependent Information (List yourself and all of your dependents)

15. Name (First, M.I., Last)	Relationship Code *1	Gender	Date of Birth (mm/dd/yyyy)	CalPERS ID or Social Security Number	Action	Primary Care Physician
	SELF	M F Nonbinary			<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		M F Nonbinary			<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		M F Nonbinary			<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		M F Nonbinary			<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		M F Nonbinary			<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		M F Nonbinary			<input type="checkbox"/> Add <input type="checkbox"/> Delete	

*1 Relationship Codes: S - Spouse DP - Domestic Partner NC - Natural Child SC - Step Child AC - Adopted Child DPC - Domestic Partner Child PCR - Parent Child Relationship

SECTION E: Enrollment

16. **To enroll, carefully review the information in this section and check the box:**

I ELECT TO ENROLL in (or **MAKE CHANGES TO**) a health benefits plan as indicated above and agree to authorize deductions from (1) my salary to cover my share of the cost of enrollment as it is now or as it may be in the future (2) my retirement allowance to continue health benefits coverage into retirement. **I CERTIFY** that the information provided herein is accurate and listed dependents are eligible family members as defined in the Public Employees' Medical and Hospital Care Act.

I VOLUNTARILY enroll into the selected Health Plan. **I AGREE** to read the associated Evidence of Coverage (EOC) and any subsequent EOCs in the following years to understand the benefits of the plan. The Subscriber and all eligible dependents agree to all the terms and conditions of the EOC and the Health Plan.

I UNDERSTAND that enrolling in certain health plans requires binding arbitration and that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered, will be determined by submission to arbitration as provided by California Law and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. The parties to this agreement, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury and instead are accepting the use of arbitration.

17. **To decline, carefully review the information in this section and check the box:**

I DECLINE ENROLLMENT into the CalPERS Health Program for myself and my dependents.

I UNDERSTAND that if I choose to enroll at a later date, I must wait at least 90 days after I request enrollment or until the next Open Enrollment (OE) period before enrolling in the CalPERS Health Program. Furthermore, if I or my dependents involuntarily lose other health insurance coverage, I may request enrollment into the Program within 60 days from the date of lost coverage. If I do not request enrollment within 60 days, I must wait at least 90 days or until the next OE period before I can enroll. The effective date of coverage will be the first of the month following the 90 day waiting period or the OE effective date.

18. **Employee Signature:** _____

19. **Date:** (mm/dd/yyyy) _____

SECTION F: CalPERS Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code Sections (20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in the system being unable to perform its functions regarding your status.

Please do not include information that is not requested.

SSN

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS first request for disclosure of your SSN, then disclosure is mandatory. If your SSN has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction / state contributions
3. Billing of contracting agencies for employee / employer contributions
4. Reports to the CalPERS system and other state agencies
5. Coordination of benefits among carriers

6. Resolve member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by the system. For questions about this notice, our [Privacy Policy](#), or your rights, please write the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call our Customer Contact Center at 888-CalPERS (888-225-7377).

SECTION G: Privacy Information

Submission of the requested information is mandatory. The information requested is collected pursuant to the California Government Code (sections 20000 et seq.) and is used for administration of the CalPERS Board's duties under the Public Employees' Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Portions of this information may be transferred to other governmental agencies (such as your employer), physicians and insurance carriers but only in strict compliance with current statutes regarding confidentiality. Failure to supply the information may result in CalPERS being unable to perform its functions regarding your status.

You have the right to review your CalPERS membership files. For questions concerning your rights under the Information Practices Act of 1977, please contact the CalPERS Customer Contact Center at **1-888-CalPERS** (or 1-888-225-7377).

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency requesting an individual to disclose a Social Security account number to inform the individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it. Section 111 of Public Law 101-173 requires group health plans to collect and provide member Social Security numbers for the coordination of federal and State benefits. Furthermore, the CalPERS health program requires each enrollee's Social Security number for identification purposes and to verify eligibility for benefits.

The CalPERS health program uses Social Security numbers for the following purposes:

1. Enrollee identification for eligibility processing and eligibility verification
2. Payroll deduction and State contribution for State employees.
3. Billing of contracting agencies for employee and employer contributions.
4. Reports to CalPERS and other state agencies.
5. Coordination of benefits among health plans.
6. Resolution of member complaints, grievances and appeals with health plans.

IMPORTANT: It is your responsibility to notify your personnel office when there are any changes in your family situation. Changes include domestic partnership termination, establishment of a parent-child relationship, acquisition of a dependent child, change of address, marriage, divorce, legal separation, and death. Failure to notify your personnel office may result in adverse consequences.

SECTION H: For Employer Use

Please retain original signed form and all supporting documentation or affidavits in employee file. DO NOT send to CalPERS.

20. Agency Name:	21. Date of Hire: (mm/dd/yyyy)	22. Retirement System: <input type="checkbox"/> CalPERS <input type="checkbox"/> CalSTRS <input type="checkbox"/> Other
23. CalPERS Employer ID:	24. Division ID:	25. Employee Bargaining Unit/Employee Group:
26. Payroll Office: <input type="checkbox"/> State Controller's Office <input type="checkbox"/> Non Central <input type="checkbox"/> Public Agency Billing	27. Date Received by Employer:	28. Effective Date: (mm/dd/yyyy)

I hereby certify under the penalty of perjury that I am a duly appointed, qualified and acting Health Benefits Officer (HBO) of the above named agency, and the payment by the agency as provided by Section 22870-22905 of the Government Code is hereby approved. Final determination of eligibility for the enrollment action specified will be made by the Board of Administration, Public Employees' Retirement System, in accordance with the Public Employees' Medical and Hospital Care Act and the regulations implementing the Act.

29. Health Benefits Officer: (Print name)	30. Signature:	31. Date: (mm/dd/yyyy)	32. Phone Number:
33. Remarks:			

Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or **888-225-7377**).

Health Benefits Plan Enrollment for Active Employees (HBD-12) Instructions

Contact your agency's personnel office if you have questions about your health enrollment. To enroll or decline enrollment in the CalPERS Health Program or to make changes to your health plan, you must submit an HBD-12 form to your Health Benefits Officer (HBO). If you have more than five dependents, please complete another HBD-12 form. Your agency's personnel office will retain your original HBD-12 form and supporting documentation or affidavits in your employee file and will provide a copy to you.

SECTION A: Applicant Information

Enter your basic information as indicated. If you are using your work zip code for health eligibility, please include your work zip code in part 8.

SECTIONS B & C: Type of Action and Type of Permitting Event

Select the the type of action and your permitting event. Below is a list of permitting events and required documentation. The required documents in the table below are not inclusive; you may need to submit additional documentation upon your HBO's request.

Permitting Event	Required Documentation
New Employee	<ul style="list-style-type: none"> Health Benefits Plan Enrollment Form (HBD-12)
New Contracting Agency	<ul style="list-style-type: none"> Health Benefits Plan Enrollment Form (HBD-12)
Marriage or Domestic Partnership	<ul style="list-style-type: none"> Marriage Certificate or Declaration of Domestic Partnership from the Secretary of State's Office
Delete Dependent Due to Death	<ul style="list-style-type: none"> Death Certificate
Divorce or Domestic Partnership Termination	<ul style="list-style-type: none"> Divorce Decree or Termination of Domestic partnership submitted to the Secretary of State's Office
Move	<ul style="list-style-type: none"> New address - Please provide your new address to your agency's personnel office
Birth/Adoption	<ul style="list-style-type: none"> Birth Certificate/Adoption Paperwork
Open Enrollment	<ul style="list-style-type: none"> Health Benefits Plan Enrollment Form (HBD-12)

SECTION D: Subscriber and Dependent Information

List yourself and other dependents and the actions you are requesting (add or delete). Use the relationship codes to identify the type of dependents.

SECTION E: Enrollment

To enroll in a CalPERS health plan, you must review the information and check the box in part 16. To decline enrollment in a CalPERS health plan, you must review the information and check the box in part 17. Sign and date the form in parts 18 and 19.

SECTIONS F & G: CalPERS Privacy Notices

Please review these important privacy notices.

SECTION H: Employer Use Only

Your agency's personnel office will complete this section.

More Information

You can obtain health benefits publications, required forms, and other information about your CalPERS health benefits through our website at www.calpers.ca.gov or by calling CalPERS at **888 CalPERS** (or **888-225-7377**).

2023 Summary of Benefits and Coverage Notice

Choosing your health plan is an important decision. To assist you with this process, each health plan available through the California Public Employees' Retirement System has produced a Summary of Benefits and Coverage (SBC). In addition, the federal government has compiled a glossary of common health insurance terms. Together, these documents provide important information to help you better understand your health benefit coverage and more easily compare health plan options.

To access the SBCs and glossary online, visit www.calpers.ca.gov and select **View Health Plan Rates** to access the **Plans & Rates** page, or visit any of the health plan websites below. To request a free paper copy of the SBC and glossary, contact each health plan directly.

Anthem Blue Cross HMO & EPO

(855) 839-4524

www.anthem.com/ca/calpers

Blue Shield of California

(800) 334-5847

www.blueshieldca.com/calpers

**California Association
of Highway Patrolmen¹**

(800) 734-2247

www.thecahp.org

**California Correctional Peace
Officers Association¹**

(800) 257-6213

www.ccpoabtf.org

Health Net of California

(888) 926-4921

www.healthnet.com/calpers

Kaiser Permanente

(800) 464-4000

www.kp.org/calpers

**Peace Officers Research Association
of California¹**

(800) 288-6928

<http://ibt.porac.org>

PERS Gold & PERS Platinum

(877) 737-7776

www.anthem.com/ca/calpers

Sharp Health Plan

(855) 995-5004

www.sharphealthplan.com/calpers

UnitedHealthcare

(877) 359-3714

www.uhc.com/calpers

Western Health Advantage

(888) 942-7377

www.westernhealth.com/calpers

¹ To enroll in these health plans, you must belong to the specific employee association and pay applicable dues.



EXAMPLE

Health Benefits Plan Enrollment for Active Employees (HBD-12)

Health Account Management Division
P.O. BOX 942715
Sacramento, CA 94229-2715
888 CalPERS (or 888-225-7377) | TTY (877) 249-7442
FAX (800) 959-6545
www.calpers.ca.gov

SECTION A: Applicant Information

1. Employee Name: (First) (M.I.) (Last) 2. Hire Date: (mm/dd/yyyy)
3. CalPERS ID or Social Security Number: 4. Date of Birth: (mm/dd/yyyy) 5. Gender: Male Female Nonbinary
6. Physical Address: (Street) (City) (State) (ZIP) (County)
7. Mailing Address (If different): (Street) (City) (State) (ZIP) (County)
8. Use Work ZIP Code for Health Eligibility: Yes No If yes, enter zip code here: (ZIP)
9. E-mail Address: 10. Primary Phone: Alternate:

SECTION B: Type of Action

11. Enroll in a Health Plan Add/Delete Dependents Change Health Plan Cancel All Coverage Decline Coverage

SECTION C: Type of Permitting Event

12. New Employee New Contracting Agency Marriage or Domestic Partnership Date (mm/dd/yyyy): Open Enrollment Move
Delete Dependent Due to Death Divorce or Domestic Partnership Termination Birth/Adoption Other:
13. Permitting Event Date: (mm/dd/yyyy) 14. Name of Health Plan: (If changing health plans, list new plan name)

SECTION D: Subscriber and Dependent Information (List yourself and all of your dependents)

Table with 7 columns: Name (First, M.I., Last), Relationship Code, Gender, Date of Birth, CalPERS ID or Social Security Number, Action, Primary Care Physician

*1 Relationship Codes: S - Spouse DP - Domestic Partner NC - Natural Child SC - Step Child AC - Adopted Child DPC - Domestic Partner Child PCR - Parent Child Relationship

SECTION E: Enrollment

16. To enroll, carefully review the information in this section and check the box:
I ELECT TO ENROLL in (or MAKE CHANGES TO) a health benefits plan as indicated above and agree to authorize deductions from (1) my salary to cover my share of the cost of enrollment as it is now or as it may be in the future (2) my retirement allowance to continue health benefits coverage into retirement. I CERTIFY that the information provided herein is accurate and listed dependents are eligible family members as defined in the Public Employees' Medical and Hospital Care Act.
I VOLUNTARILY enroll into the selected Health Plan. I AGREE to read the associated Evidence of Coverage (EOC) and any subsequent EOCs in the following years to understand the benefits of the plan. The Subscriber and all eligible dependents agree to all the terms and conditions of the EOC and the Health Plan.
I UNDERSTAND that enrolling in certain health plans requires binding arbitration and that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered, will be determined by submission to arbitration as provided by California Law and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. The parties to this agreement, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury and instead are accepting the use of arbitration.
17. To decline, carefully review the information in this section and check the box:
I DECLINE ENROLLMENT into the CalPERS Health Program for myself and my dependents.
I UNDERSTAND that if I choose to enroll at a later date, I must wait at least 90 days after I request enrollment or until the next Open Enrollment (OE) period before enrolling in the CalPERS Health Program. Furthermore, if I or my dependents involuntarily lose other health insurance coverage, I may request enrollment into the Program within 60 days from the date of lost coverage. If I do not request enrollment within 60 days, I must wait at least 90 days or until the next OE period before I can enroll. The effective date of coverage will be the first of the month following the 90 day waiting period or the OE effective date.

18. Employee Signature: Jane A. Doe 19. Date: (mm/dd/yyyy)

Section 125 Plan Election of Post-Tax Payroll Deductions for Employee Benefit Contributions

Effective for Fiscal Year July 1, 2023 – June 30, 2024

If you have a payroll deduction for medical insurance premiums, eligible premiums will be deducted on a pre-tax basis (before taxes are calculated). Employees will automatically be enrolled in this portion of the Section 125 plan.

Complete this form only if you wish to OPT OUT of pre-taxed benefits.

I. EMPLOYEE INFORMATION

Last Name	First Name	Employee ID (for office use)	
Home Address	City	State	Zip

II. DECLINATION OF BENEFIT

I have been advised by my Employer of my right to participate in the Section 125 plan, and I understand that I can pay my portion of the District’s group medical premiums with pre-tax deductions. At this time, I decline to participate in the Section 125 plan. **I understand that by not electing to participate, I will not be eligible to participate until the start of the next plan year (unless a qualifying event occurs).**

Participation Refusal

Signature	Date

Important Dates for NOCCCD Adjunct Faculty

Date and Time	Event
Monday, July 10, 2023 4:00 p.m. – 5:00 p.m.	Information Session #1 Benefits Zoom Link: https://nocccd-edu.zoom.us/j/85947201640?pwd=bExNL0NOM1lSmp6d1dDT29lb3Z5UT09 Meeting ID: 859 4720 1640 Passcode: 676129
Tuesday, July 11, 2023 8:30 p.m. – 12:30 p.m.	Benefits Office Walk-In Hours <i>District Office, Human Resources, 9th Floor</i>
Tuesday, July 11, 2023 11:00 a.m. – 12:00 p.m.	Information Session #2 Benefits Zoom Link: https://nocccd-edu.zoom.us/j/89724995104?pwd=TXpKNnNBRXBBRXJcV5ZlFCUFZ5UT09 Meeting ID: 897 2499 5104 Passcode: 255562
Wednesday, July 12, 2023 2:30 p.m. – 6:30 p.m.	Benefits Office Walk-In Hours <i>District Office, Human Resources, 9th Floor</i>
Thursday, July 13, 2023 1:00 p.m. – 5:00 p.m.	Benefits Office Walk-In Hours <i>District Office, Human Resources, 9th Floor</i>
Tuesday, July 18, 2023 2:30 p.m. – 6:30 p.m.	Benefits Office Walk-In Hours <i>District Office, Human Resources, 9th Floor</i>
Wednesday, July 19, 2023 8:30 a.m. – 12:30 p.m.	Benefits Office Walk-In Hours <i>District Office, Human Resources, 9th Floor</i>
Thursday, July 20, 2023 10:00 a.m. – 2:00 p.m.	CalPERS Health Enrollment Benefits Workshop <i>District - Anaheim Campus</i> <i>1st Floor, Rooms 105/107</i> Walk-ins are welcome at this event!
Tuesday, July 25, 2023 2:30 p.m. – 6:30 p.m.	Benefits Office Walk-In Hours <i>District Office, Human Resources, 9th Floor</i>
Wednesday, July 26, 2023 8:30 a.m. – 12:30 p.m.	Benefits Office Walk-In Hours <i>District Office, Human Resources, 9th Floor</i>
Thursday, July 27, 2023 1:00 p.m. – 5:00 p.m.	Benefits Office Walk-In Hours <i>District Office, Human Resources, 9th Floor</i>
Monday, July 31, 2023	Last Day to Submit Enrollment Form for Coverage Starting August 1, 2023* <i>*Only for eligible Adjunct Faculty with a Summer 2023 assignment</i>
Thursday, August 31, 2023	Last Day to Submit Enrollment Form for Coverage Starting September 1, 2023



Pay Dates

2023 – 2024 Academic Year
Friday, September 29, 2023
Tuesday, October 31, 2023
Thursday, November 30, 2023
Tuesday, January 2, 2024
Thursday, February 29, 2024
Friday, March 29, 2024
Tuesday, April 30, 2024
Friday, May 31, 2024

NOTE: Medical premium deductions are prorated based on the number of available pay dates in the academic year, subject to the schedule above.

For all payroll related questions, please contact the Payroll Department at payroll@nocccd.edu.

For all benefit related questions, please contact the Benefits Office at benefits@nocccd.edu.

NOCCCD employees can access their pay stubs online through the Employee Information System (EIS). Please visit The Orange County Department of Education at: <https://employee.ocde.us>

Note: Your Employee ID for EIS is 88 followed by your Banner ID number.

The “EIS Quick Start Guide” is available to assist employees with their registration: https://www.nocccd.edu/files/ocde_eis_quick_start_guide_26814.pdf

For additional help registering or using the system, please email EIShelp@ocde.us



Resources

Name	Contact Information
NOCCCD HR - Benefits Office	Phone: (714) 808-4800 Email: benefits@nocccd.edu
NOCCCD Payroll Department	Email: payroll@nocccd.edu
Anthem Blue Cross HMO <i>Medical Plan</i>	Phone: (855) 839-4524 Website: www.anthem.com/ca/calpers
Blue Shield of California <i>Medical Plan</i>	Phone: (800) 334-5847 Website: www.blueshieldca.com/calpers
CalPERS <i>Health Plan Administrator</i>	Phone: (888) 225-7377 Website: www.calpers.ca.gov
ComPsych <i>Employee Assistance Program (EAP)</i>	Phone: (800) 272-7255 Website: www.guidanceresources.com Employer ID: COM589
Health Net of California <i>Medical Plan</i>	Phone: (888) 926-4921 Website: www.healthnet.com/calpers
Kaiser Permanente <i>Medical Plan</i>	Phone: (800) 464-4000 Website: www.kp.org/calpers
PERS Gold & PERS Platinum PPO <i>Medical Plan</i>	Phone: (877) 737-7776 Website: www.anthem.com/ca/calpers
Sharp Health Plan <i>San Diego Area, Medical Plan</i>	Phone: (855) 995-5004 Website: www.sharphealthplan.com/calpers
UnitedHealthcare <i>Medical Plan</i>	Phone: (877) 359-3714 Website: www.uhc.com/calpers

2023 | Health Benefit Summary

Helping you make an informed decision about your health plan



About CalPERS

CalPERS is the largest purchaser of public employee health benefits in California, and the second largest public purchaser in the nation after the federal government. Our program provides benefits for 1.5 million public employees, retirees, and their families.

Depending on where you reside or work, CalPERS offers active employees and retirees one or more types of health plans, which may include:

- Health Maintenance Organization (HMO)
- Preferred Provider Organization (PPO)
- Exclusive Provider Organization (EPO)
(for members in certain California counties)

The CalPERS Board of Administration annually determines health plan availability, covered benefits, health premiums, and copayments.

Whether you are working or retired, your employer or former employer makes monthly contributions toward your health premiums. The amount of this contribution varies. Your cost may depend on your employer or former employer's contribution to your premium, the length of your employment, and the health plan you choose. For monthly contribution amounts, active employees should contact their employer, State retirees should contact CalPERS, and contracting agency retirees should contact their former employer.

About This Publication

The *2023 Health Benefit Summary* provides only a general overview of certain benefits. It does not include details of all covered expenses or exclusions and limitations. Please refer to each health plan's *Evidence of Coverage* (EOC) booklet for the exact terms and conditions of coverage. Health plans mail EOCs to new members at the beginning of the year, and to existing members upon request. In case of a conflict between this summary and your health plan's EOC, the EOC establishes the benefits that will be provided.

The *2023 Health Benefit Summary* provides valuable information to help you make an informed choice about your health plan and health care providers. This publication compares covered services, copayments, and benefits for each CalPERS health plan. It also provides information about plan availability by county and a chart summarizing important differences among health plan types.

You can use this information to determine which health plan offers the services you need at the cost that works for you. The 2023 health plan premiums are available at the CalPERS website at www.calpers.ca.gov. Check with your employer to find out how much they contribute toward your premium.

We recommend that you only use this publication in conjunction with the current year's health premium rate schedule and EOCs. To obtain a copy of the health premium rate schedule for any health plan, please go to the CalPERS website at www.calpers.ca.gov or contact CalPERS at 888 CalPERS (or 888-225-7377).

Other Health Publications

This publication is one of many resources CalPERS offers to help you choose and use your health plan. Others include:

- **Health Program Guide:** Describes Basic and Medicare health plan eligibility, enrollment, and choices
- **Medicare Enrollment Guide:** Provides information about how Medicare works with your CalPERS health benefits

You can obtain the above publications and other information about your CalPERS health benefits through myCalPERS at my.calpers.ca.gov or by calling CalPERS at 888 CalPERS (or 888-225-7377).

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Considering Your Health Plan Choices

Selecting a health plan for you and your family is one of the most important decisions you will make. This decision involves balancing the cost of each plan, along with other features, such as access to doctors and hospitals, pharmacy services, and special programs for managing specific medical conditions. Choosing the right plan ensures that you receive the health benefits and services that matter to you.

If you are a new CalPERS member or you are considering changing your health plan during Open Enrollment, you will need to make two related decisions:

- Which health plan is best for you and your family?
- Which doctors and hospitals do you want to provide your care?

The combination of health plan and providers that is right for you depends on a variety of factors, such as whether you prefer a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO); your premium and out-of-pocket costs; and whether you want to have access to specific doctors and hospitals.

We realize that comparing health plan benefits, features, and costs can be complicated. This section provides information that can simplify your decision-making process. As you begin that process, the following are some questions you should ask:

- Do you prefer to receive your health care from an HMO or PPO? Your preference will impact the plans available to you, your access to health care providers, and how much you pay for certain services. See the chart on the next page for a summary of the differences among plan types.¹
- What are the costs (premiums, copayments, deductibles, and coinsurance)? Beginning on page 16 of this publication, you will find information about benefits, copayments, and covered services. Visit the CalPERS website at www.calpers.ca.gov to find out what the premiums are for the various plans.
- Does the plan provide access to the doctors and hospitals you want? Contact health plans directly for this information. See the “Health Plan Directory” on page 14 of this publication for health plan contact information.

¹ Note that in a few counties where access to HMOs is limited, a third option, Exclusive Provider Organization (EPO), is available. An EPO provides benefits similar to an HMO with some PPO features.

Understanding How CalPERS Health Plans Work

The following chart will help you understand some important differences among health plan types.

Features	HMO	PPO	EPO
Accessing health care providers	Contracts with providers (doctors, medical groups, hospitals, labs, pharmacies, etc.) to provide you services at a fixed price	Gives you access to a network of health care providers (doctors, hospitals, labs, pharmacies, etc.) known as preferred providers	Gives you access to the EPO network of health care providers (doctors, hospitals, labs, pharmacies, etc.)
Selecting a primary care physician (PCP)	Most HMOs require you to select a PCP who will work with you to manage your health care needs ¹	All PPO plan members will have an assigned PCP; however you can choose not to go through your PCP ²	All EPO plan members will have an assigned PCP; however you can choose not to go through your PCP
Seeing a specialist	Requires advance approval from the medical group or health plan for some services, such as treatment by a specialist or certain types of tests	Allows you access to many types of services without receiving a referral or advance approval	Allows you access to many types of services without receiving a referral or advance approval
Obtaining care	Generally requires you to obtain care from providers who are a part of the plan network Requires you to pay the total cost of services if you obtain care outside the HMO's provider network without a referral from the health plan (except for emergency and urgent care services)	Encourages you to seek services from preferred providers to ensure your coinsurance and copayments are counted toward your calendar year out-of-pocket maximums ³ Allows you the option of seeing non-preferred providers, but requires you to pay a higher percentage of the bill ⁴	Requires you to obtain care from providers who are a part of the plan network Requires you to pay the total cost of services if you obtain care outside the EPO's provider network without a referral from the health plan (except for emergency and urgent care services)
Paying for services	Requires you to make a small copayment for most services	Limits the amount preferred providers can charge you for services Considers the PPO plan payment plus any deductibles and copayments you make as payment in full for services rendered by a preferred provider	Requires you to make a small copayment for most services

¹ Your PCP may be part of a medical group that has contracted with the health plan to perform some functions, including treatment authorization, referrals to specialists, and initial grievance processing.

² Members enrolled in the PERS Gold plan may access a lower copayment if they select a personal doctor.

³ Once you meet your annual deductible and maximum coinsurance, the plan pays 100% of medical services/claims from Preferred Providers for the remainder of the calendar year; however, you will continue to be responsible for copayments for physician office visits, pharmacy, and other services, up to the annual out-of-pocket maximum.

⁴ Non-preferred providers have not contracted with the health plan; therefore, you will be responsible for paying any applicable member deductibles or coinsurance, plus any amount in excess of the allowed amount.

CalPERS Health Plan Choices

Depending on where you reside or work, your Basic and Medicare health plan options may include the following:

Basic EPO & HMO Health Plans	Basic PPO Health Plans	Supplement to Medicare PPO & HMO Health Plans	Medicare Managed Care Plans (Medicare Advantage)	Out-of-State Plan Choices	
Anthem Blue Cross EPO	California Association of Highway Patrolmen (CAHP) Health Plan ¹ PERS Gold PERS Platinum Peace Officers Research Association of California (PORAC) Police and Fire Health Plan ¹	CAHP Health Plan ¹	Anthem Medicare Preferred (PPO)	Blue Shield Medicare (PPO)	
Anthem Blue Cross Select HMO		PERS Gold	Blue Shield Medicare (PPO)	Kaiser Permanente (HMO) ²	
Anthem Blue Cross Traditional HMO		PERS Platinum	PERS Platinum	CCPOA Medical Plan Medicare (PPO)	Kaiser Permanente Senior Advantage ²
Blue Shield Access+ HMO		Peace Officers Research Association of California (PORAC) Police and Fire Health Plan ¹	PORAC Police and Fire Health Plan ¹	Kaiser Permanente Senior Advantage	PERS Platinum (PPO)
Blue Shield Access+ EPO				Kaiser Permanente Senior Advantage Summit	PORAC Police and Fire Health Plan (PPO) ¹
Blue Shield Trio HMO				Sharp Direct Advantage (HMO)	UnitedHealthcare Group Medicare Advantage (PPO)
California Correctional Peace Officers Association (CCPOA) Medical Plan ¹				UnitedHealthcare Group Medicare Advantage (PPO)	UnitedHealthcare Group Medicare Advantage Edge (PPO)
Health Net Salud y Más				UnitedHealthcare Group Medicare Advantage Edge (PPO)	
Health Net SmartCare				Western Health Advantage MyCare Select (HMO)	
Kaiser Permanente					
Sharp Performance Plus					
UnitedHealthcare SignatureValue Alliance					
UnitedHealthcare SignatureValue Harmony					
Western Health Advantage					

Contacting a Health Plan

If you have a specific question about a plan's coverage, benefits, or participating providers, please contact the plan directly. See the "Health Plan Directory" on page 14 for health plan contact information.

¹ You must belong to the specific employee association and pay applicable dues to enroll in an Association Plan (CCPOA, CAHP or PORAC)

² Plan only available in certain states. Benefits out-of-state may differ from those in California.

Choosing Your Doctor and Hospital

Once you choose a health plan, you should select a primary care physician. Except in the case of an emergency, the doctors you can use — and the medical groups and hospitals you will have access to — will depend on your choice of health plan.

Many people find their doctor by asking neighbors or co-workers for a doctor's name. Others receive referrals from doctors they already know. Still others simply select a physician from their health plan who happens to be nearby. You can also use the *Search Health Plans* tool (described on page 11), which is available by logging into your myCalPERS account at my.calpers.ca.gov. Before you

choose a health plan, you should call the health plan's member services to inquire about physician availability. When choosing an HMO plan, you should confirm that the doctor is taking new patients in the plan you select.

If you need to be hospitalized, your health plan or medical group will have certain hospitals that you are able to use. If you prefer a particular hospital, you should make sure the health plan you select contracts with that hospital. See page 15 for a list of resources that can help you evaluate and select a doctor and hospital.

Enrolling in a Health Plan Using Your Residential or Work ZIP Code

Some of our health plans are available only in certain counties and/or ZIP Codes. As you consider your health plan choices, you should determine which health plans are available in the ZIP Code in which you are enrolling.

In general, if you are an active employee or a working CalPERS retiree, you may enroll in a health plan using either your residential or work ZIP Code.

If you are a retired CalPERS member, you may select any health plan in your residential ZIP Code area. You cannot use the address of the CalPERS-covered employer from which you retired to establish ZIP Code eligibility.

To enroll in a Medicare Advantage plan, you must use your residential address. In addition, Medicare Part D Employer Group Waiver plans require you to provide a physical address.

If you have a combination of Basic and Medicare members on your health plan, you must choose a health plan that has both Basic and Medicare plan options available within your residential ZIP Code area.

If you use your residential ZIP Code, all enrolled dependents must reside in the health plan's service area. When you use your work ZIP Code, all enrolled dependents must receive all covered services (except emergency and urgent care) within the health plan's service area, even if they do not reside in that area.

To determine if the health plan you are considering provides services where you reside or work, see the "Health Plan Availability by County" chart on the following page. You can also use the *Health Plan search by ZIP Code*, which is available on the CalPERS website at www.calpers.ca.gov, to find out which plans are available in your area. If you have questions about plan availability or coverage, or wish to obtain a copy of the *Evidence of Coverage*, contact the health plans using the "Health Plan Directory" on page 14.

Health Plan Availability by County: Basic Plans

Some health plans are available only in certain counties and/or ZIP Codes. Use the chart below to determine if the health plan you are considering provides services where you reside or work. Contact the plan before enrolling to make sure they cover your ZIP Code and that their provider network is accepting new patients in your area. You may

also use our online service, the *Health Plan Search by ZIP Code*, available at www.calpers.ca.gov.

All counties subject to regulatory approval.

- Health plan covers all or part of county.
- ▲ Only PERS Platinum is available out-of-state.
- Only applies to some agencies; does not apply to public agencies or schools.

County	Anthem Blue Cross EPO	Anthem Blue Cross Select HMO	Anthem Blue Cross Traditional HMO	Blue Shield Access+ HMO	Blue Shield Access+ EPO	Blue Shield Trio HMO	CAHP	CCPOA Medical Plan	Health Net Salud y Más	Health Net SmartCare	Kaiser Permanente	PERS Gold & PERS Platinum	PORAC	Sharp Performance Plus	UnitedHealthcare SignatureValue Alliance	UnitedHealthcare SignatureValue Harmony	Western Health Advantage HMO
Alameda		●	●	●			●	●		●	●	●	●		■		
Alpine					●		●					●	●				
Amador							●				●	●	●				
Butte			●	●		●	●	●				●	●				
Calaveras					●		●					●	●				
Colusa					●		●					●	●				●
Contra Costa		●	●	●			●	●		●	●	●	●		■		
Del Norte	●						●					●	●				
El Dorado		●	●	●		●	●	●			●	●	●				●
Fresno		●	●	●			●	●		●	●	●	●		●		
Glenn			●	●			●					●	●				
Humboldt			●	●			●					●	●				●
Imperial		●	●	●			●	●				●	●				
Inyo					●		●					●	●				
Kern		●	●	●		●	●	●	●	●	●	●	●		●		
Kings			●	●		●	●	●		●	●	●	●		●		
Lake					●		●					●	●				
Lassen					●		●					●	●				
Los Angeles		●	●	●		●	●	●	●	●	●	●	●		●	●	
Madera			●	●			●	●			●	●	●		●		
Marin			●	●			●	●		●	●	●	●		■		●
Mariposa				●			●	●			●	●	●				
Mendocino			●		●		●					●	●				
Merced		●	●	●			●	●				●	●		■		
Modoc					●		●					●	●				
Mono					●		●					●	●				
Monterey		●				●	●					●	●				
Napa			●				●			●	●	●	●				●
Nevada		●	●	●		●	●	●				●	●				
Orange		●	●	●		●	●	●	●	●	●	●	●		●	●	

County	Anthem Blue Cross EPO	Anthem Blue Cross Select HMO	Anthem Blue Cross Traditional HMO	Blue Shield Access+ HMO	Blue Shield Access+ EPO	Blue Shield Trio HMO	CAHP	CCPOA Medical Plan	Health Net Salud y Más	Health Net SmartCare	Kaiser Permanente	PERS Gold & PERS Platinum	PORAC	Sharp Performance Plus	UnitedHealthcare SignatureValue Alliance	UnitedHealthcare SignatureValue Harmony	Western Health Advantage HMO
Placer		●	●	●		●	●	●			●	●	●		●		●
Plumas					●		●					●	●				
Riverside		●	●	●		●	●	●	●	●	●	●	●		●	●	
Sacramento		●	●	●		●	●	●			●	●	●		●		●
San Benito			●				●					●	●				
San Bernardino		●	●	●		●	●	●	●	●	●	●	●		●	●	
San Diego		●		●			●	●	●	●	●	●	●	●	●	●	
San Francisco		●	●	●			●	●		●	●	●	●		■		
San Joaquin		●	●	●			●	●		●	●	●	●		■		
San Luis Obispo			●	●		●	●	●				●	●		●		
San Mateo			●	●			●	●		●	●	●	●		■		
Santa Barbara			●	●		●	●	●				●	●				
Santa Clara		●	●	●			●	●		●	●	●	●		■		
Santa Cruz		●	●	●		●	●	●		●	●	●	●		■		
Shasta					●		●					●	●				
Sierra					●		●					●	●				
Siskiyou					●		●					●	●				
Solano			●	●			●	●		●	●	●	●		■		●
Sonoma			●	●			●	●		●	●	●	●		■		●
Stanislaus		●	●	●		●	●	●			●	●	●		■		
Sutter							●				●	●	●				
Tehama					●		●					●	●				
Trinity					●		●					●	●				
Tulare		●	●	●		●	●	●		●	●	●	●				
Tuolumne					●		●					●	●				
Ventura		●	●	●		●	●	●			●	●	●		●		
Yolo		●	●	●		●	●	●			●	●	●		●		●
Yuba							●				●	●	●				
Out-of-State											●	▲	●				

Health Plan Availability by County: Medicare Plans

Some health plans are available only in certain counties and/or ZIP Codes. Use the chart below to determine if the health plan you are considering provides services where you reside or work. Contact the plan before enrolling to make sure they cover your ZIP Code and that their provider network is accepting new patients in your area. You may

also use our online service, the *Health Plan Search by ZIP Code*, available at www.calpers.ca.gov. All counties subject to regulatory approval.

- Health plan covers all or part of county.
- ▲ Only PERS Platinum is available out-of-state.

County	Anthem Medicare Preferred PPO	Blue Shield Medicare PPO	CAHP Medicare Supplement	CCPOA Medical Plan Medicare (PPO)	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage Summit	PERS Gold Medicare Supplement	PERS Platinum Medicare Supplement	PORAC Medicare Supplement	Sharp Direct Advantage HMO	UnitedHealthcare Group Medicare Advantage PPO	UnitedHealthcare Group Medicare Advantage Edge PPO	Western Health Advantage MyCare Select HMO
Alameda	●	●	●	●	●	●	●	●	●		●	●	
Alpine	●	●	●	●			●	●	●		●	●	
Amador	●	●	●	●	●	●	●	●	●		●	●	
Butte	●	●	●	●			●	●	●		●	●	
Calaveras	●	●	●	●			●	●	●		●	●	
Colusa	●	●	●	●			●	●	●		●	●	●
Contra Costa	●	●	●	●	●	●	●	●	●		●	●	
Del Norte	●	●	●	●			●	●	●		●	●	
El Dorado	●	●	●	●	●	●	●	●	●		●	●	●
Fresno	●	●	●	●	●	●	●	●	●		●	●	
Glenn	●	●	●	●			●	●	●		●	●	
Humboldt	●	●	●	●			●	●	●		●	●	
Imperial	●	●	●	●			●	●	●		●	●	
Inyo	●	●	●	●			●	●	●		●	●	
Kern	●	●	●	●	●	●	●	●	●		●	●	
Kings	●	●	●	●	●	●	●	●	●		●	●	
Lake	●	●	●	●			●	●	●		●	●	
Lassen	●	●	●	●			●	●	●		●	●	
Los Angeles	●	●	●	●	●	●	●	●	●		●	●	
Madera	●	●	●	●	●	●	●	●	●		●	●	
Marin	●	●	●	●	●	●	●	●	●		●	●	●
Mariposa	●	●	●	●	●	●	●	●	●		●	●	
Mendocino	●	●	●	●			●	●	●		●	●	
Merced	●	●	●	●			●	●	●		●	●	
Modoc	●	●	●	●			●	●	●		●	●	
Mono	●	●	●	●			●	●	●		●	●	
Monterey	●	●	●	●			●	●	●		●	●	
Napa	●	●	●	●	●	●	●	●	●		●	●	●
Nevada	●	●	●	●			●	●	●		●	●	
Orange	●	●	●	●	●	●	●	●	●		●	●	

County	Anthem Medicare Preferred PPO	Blue Shield Medicare PPO	CAHP Medicare Supplement	CCPOA Medical Plan Medicare (PPO)	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage Summit	PERS Gold Medicare Supplement	PERS Platinum Medicare Supplement	PORAC Medicare Supplement	Sharp Direct Advantage HMO	UnitedHealthcare Group Medicare Advantage PPO	UnitedHealthcare Group Medicare Advantage Edge PPO	Western Health Advantage MyCare Select HMO
Placer	•	•	•	•	•	•	•	•	•		•	•	•
Plumas	•	•	•	•			•	•	•		•	•	
Riverside	•	•	•	•	•	•	•	•	•		•	•	
Sacramento	•	•	•	•	•	•	•	•	•		•	•	•
San Benito	•	•	•	•			•	•	•		•	•	
San Bernardino	•	•	•	•	•	•	•	•	•		•	•	
San Diego	•	•	•	•	•	•	•	•	•	•	•	•	
San Francisco	•	•	•	•	•	•	•	•	•		•	•	
San Joaquin	•	•	•	•	•	•	•	•	•		•	•	
San Luis Obispo	•	•	•	•			•	•	•		•	•	
San Mateo	•	•	•	•	•	•	•	•	•		•	•	
Santa Barbara	•	•	•	•			•	•	•		•	•	
Santa Clara	•	•	•	•	•	•	•	•	•		•	•	
Santa Cruz	•	•	•	•	•	•	•	•	•		•	•	
Shasta	•	•	•	•			•	•	•		•	•	
Sierra	•	•	•	•			•	•	•		•	•	
Siskiyou	•	•	•	•			•	•	•		•	•	
Solano	•	•	•	•	•	•	•	•	•		•	•	•
Sonoma	•	•	•	•	•	•	•	•	•		•	•	•
Stanislaus	•	•	•	•	•	•	•	•	•		•	•	
Sutter	•	•	•	•	•	•	•	•	•		•	•	
Tehama	•	•	•	•			•	•	•		•	•	
Trinity	•	•	•	•			•	•	•		•	•	
Tulare	•	•	•	•	•	•	•	•	•		•	•	
Tuolumne	•	•	•	•			•	•	•		•	•	
Ventura	•	•	•	•	•	•	•	•	•		•	•	
Yolo	•	•	•	•	•	•	•	•	•		•	•	•
Yuba	•	•	•	•	•	•	•	•	•		•	•	
Out-of-State		•	•	•	•			•	•		•	•	

Tools to Help You Choose Your Health Plan

This section provides a variety of information that can help you evaluate your health plan choices. Included here are details about using your myCalPERS account, the *Search Health Plans* tool, and the *Health Plan Choice Worksheet*.

Accessing Health Plan Information with myCalPERS

You can use myCalPERS at my.calpers.ca.gov, our secure, personalized website, to get one-stop access to all of your current health plan information, including details about which family members are enrolled. You can also use it to search for other health plans that are available in your area, compare health plans, access CalPERS Health Program

forms, and find additional information about CalPERS health plans. If you are a **retiree**, CalPERS is your Health Benefits Officer. Retirees may change their health plan during Open Enrollment by calling CalPERS toll free at **888 CalPERS** (or **888-225-7377**) or by using your myCalPERS account.

myCalPERS Health Plan Comparison Feature

Health Plan Resources

Choosing a health plan that's right for you is unique for every person or family. myCalPERS includes additional resources to help you choose a health plan. These resources provide access to more detailed health benefit information that can help you when selecting what is most important to you in determining the plan that best fits your needs.

Evaluate Plan Features

Available health plans for you will be displayed based on the physical or mailing health eligibility ZIP Code in our system.

Create a customized plan search where you'll be able to review:

- Monthly premiums for each plan available to you
- Side-by-side comparisons of covered benefits, deductibles, and copayments for up to three plans at one time.

Your myCalPERS Account

Log in to your myCalPERS account at my.calpers.ca.gov and select the "Health" tab and then select "Search Health Plans" to see what's available to you. To speak with someone at CalPERS about your health plan choices, call **888 CalPERS** (or **888-225-7377**).

Comparing Your Options: Search Health Plans

Access your myCalPERS account for a convenient way to evaluate your health plan options and make a decision about which plan is best for you and your family. With this easy-to-use health plan comparison tool, you can weigh plan benefits and costs, and view how the plans compare.

You can access your account 24/7 to help you make health plan decisions at any time. You can use it to:

- Review health plan options during Open Enrollment.
- Evaluate your health plan options and estimate costs.
- Review a health plan option when your employer first begins offering the CalPERS Health Benefits Program.
- Search doctors and specialists to see which plans they participate in.
- Review health plan options due to changes in your marital status or enrollment area.
- Explore health plan options because you are planning for retirement or have become Medicare eligible.

Be sure to tell us what you think about your myCalPERS plan search experience by completing a survey at the end of your research.

Get customized assistance selecting the health plan that is right for you and your family by logging into your myCalPERS account at my.calpers.ca.gov, selecting the "Health" tab and then selecting "Search Health Plans."

Comparing Your Options: Health Plan Choice Worksheet

An alternative tool we provide to help you choose the best plan for yourself and your family is the *Health Plan Choice Worksheet*, which you can find on page 12 of this publication. This worksheet can be used to compare factors such as cost, availability, benefits, and quality of care measures. Simply follow the steps listed in the left column

of the Worksheet. Several questions can be answered with a simple "yes" or "no," while others will require you to insert information or call the health plan. Some of the information can be found on the CalPERS website at www.calpers.ca.gov. If you need assistance completing the form, contact CalPERS at **888 CalPERS** (or **888-225-7377**).

Health Plan Choice Worksheet

Plan name and phone numbers:								
Select the type of plan: <i>(circle choice)</i>	HMO	PPO	EPO	Assoc. Plan ¹	HMO	PPO	EPO	Assoc. Plan ¹
Step 1 — Cost								
Calculate your monthly cost. Enter the monthly premium (see current year's rate schedule). Premium amounts will vary based on 1-party/2-party/family and Basic/Medicare.								
Enter your employer's contribution. For contribution amounts, active members should contact their employer; retired members should contact CalPERS.								
Calculate your cost. Subtract your employer's contribution from the monthly premium. If the total is \$0 or less, your cost is \$0.								
Step 2 — Availability								
Search available plans online. Use our online service, the Health Plan Search by Zip Code, at www.calpers.ca.gov to find out if the plan is available in your residential or work ZIP Code. You may also call the plan's customer service center.								
Call the doctor's office. Confirm that they contract with the plan and are accepting new patients. Ask what specialists are available and the hospitals with which they are affiliated.								
Step 3 — Comparisons								
How does the plan rate in quality of care measures? See page 15 to find out.								
Compare the benefits. See pages 16–31. CalPERS plans offer a standard package of benefits, but there are some differences: acupuncture, chiropractic, etc.								
Step 4 — Other								
Other considerations: Does the plan offer health education? Do you or your family have special medical needs? What services are available when you travel? Are the provider locations convenient?								
What changes are you planning in the upcoming year (e.g., retirement, transfer, move, etc.)?								
Other information								
Compare and select a plan.								

¹ You must belong to the specific employee association and pay applicable dues to enroll in the Association Plans.

CalPERS Health Plan Member Survey Results

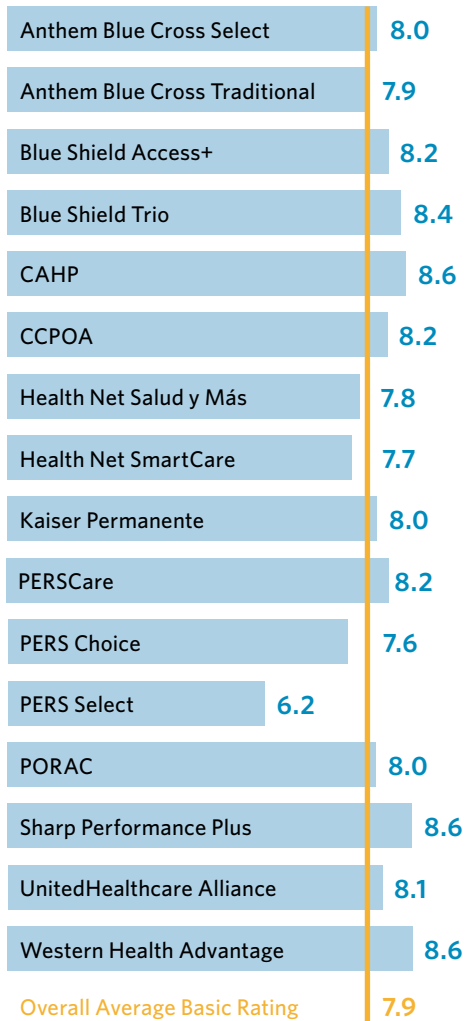
CalPERS conducts an annual Health Plan Member Survey to assess members' satisfaction with their health plans during the previous 12-month period. We use a modified version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey, a standard tool for measuring health plans. CalPERS evaluates the survey results to compare satisfaction ratings across health plans and over time. The results below reflect health plan satisfaction during the 2021 plan year.

Member ratings offer another tool to help you choose a plan that is right for you. Please note that your experience may differ. The health plan ratings are based on the experience of the individuals who participated in the survey.

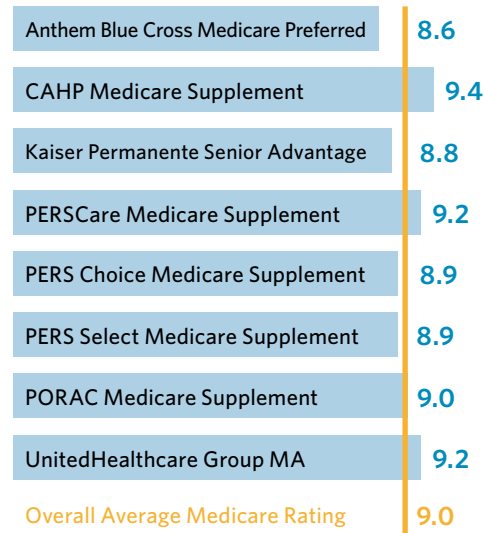
Member Rating of Health Plans

Members were asked to rate their health plan on a 10-point scale with 10 being the best health plan possible. The following charts show the average rating by plan respondents in eligible Basic and Medicare health plans.

Basic Plan Ratings



Medicare Plan Ratings



The CalPERS Health Benefits Program Annual Report displays other valuable information about the Health Program. To view the report, visit CalPERS online at www.calpers.ca.gov.

Association Plans (CCPOA, CAHP, and PORAC) are available only to members who belong to the applicable association.

In 2022, PERS Choice and PERSCare transitioned to PERS Platinum and PERS Select transitioned to PERS Gold.

Additional Resources

As a health care consumer, you have access to many resources, services, and tools that can help you find the right health plan, doctor, medical group, and hospital for yourself and your family.

Health Plan Directory

Following is contact information for the health plans. Contact your health plan with questions about: ID cards; verification of provider participation; service area

boundaries (covered ZIP Codes); benefits, deductibles, limitations, exclusions; and *Evidence of Coverage* booklets.

Anthem Blue Cross² HMO & EPO

(855) 839-4524

www.anthem.com/ca/calpers

Anthem Medicare Preferred² PPO

(855) 251-8825

www.anthem.com/ca/calpers

Blue Shield of California

Active Member Services

(800) 334-5847

Medicare Member Services

(888) 802-4599

www.blueshieldca.com/calpers

California Association of Highway Patrolmen (CAHP)

(800) 734-2247

www.theca hp.org

California Correctional Peace Officers Association (CCPOA)

Active Member Services

(800) 257-6213

Medicare Member Services

(800) 776-4466

www.ccpoabtf.org

Health Net of California¹

(888) 926-4921

www.healthnet.com/calpers

Kaiser Permanente

(800) 464-4000

www.kp.org/calpers

OptumRx

Pharmacy Benefit Manager

Active Member Services

(855) 505-8110

Medicare Member Services

(855) 505-8106

www.optumrx.com/calpers

PERS Gold² and PERS Platinum²

Administered by Anthem Blue Cross

(877) 737-7776

www.anthem.com/ca/calpers

Supplement to Medicare

(877) 737-7776

Peace Officers Research Association of California (PORAC)

(800) 655-6397

<http://ibtoporac.org>

Sharp Health Plan¹

Active Member Services

(855) 955-5004

Retiree Member Services

(833) 346-4322

sharphealthplan.com/CalPERS

UnitedHealthcare

Active Member Services

(877) 359-3714

www.uhc.com/calpers

Retiree Member Services

(888) 867-5581

www.UHCRetiree.com/calpers

Western Health Advantage²

Active Member Services

(888) 942-7377

Medicare Member Services

(888) 942-7377

www.westernhealth.com/calpers

¹ Pharmacy benefits administered by OptumRx for the Basic plan only.

² Pharmacy benefits administered by OptumRx for both Basic and Medicare plans.

Obtaining Health Care Quality Information

Following is a list of resources you can use to evaluate and select a doctor and hospital.

Hospitals

Cal Hospital Compare

www.calhospitalcompare.org

Cal Hospital Compare makes it easy to find and compare the quality of hospitals in California.

U.S. Department of Health and Human Services

www.medicare.gov/hospitalcompare

Hospital Compare has information about the quality of care at over 4,000 Medicare-certified hospitals across the country.

The Leapfrog Group

www.leapfroggroup.org

This is a coalition of health purchasers who have found that hospitals meeting certain standards have better care results.

Doctors and Medical Groups

Medical Board of California

www.mbc.ca.gov

This is the California State agency that licenses medical doctors, investigates complaints, disciplines those who violate the law, conducts physician evaluations, and facilitates rehabilitation where appropriate.

Have you done a checkup on your doctor's license?

The Medical Board of California encourages consumers to check up on their doctor's license. Such a checkup is simple and helps you make an informed choice when choosing a doctor. To determine a doctor's status, go to the Medical Board's website at www.mbc.ca.gov or if you do not have a computer, call (800) 633-2322 and Medical Board staff will look up the doctor for you.

Office of the Patient Advocate

www.opa.ca.gov

This website includes a State of California-sponsored "Report Card" that contains additional clinical and member experience data on HMOs, PPOs and medical groups in California.

Benefit Comparison Charts

The benefit comparison charts on pages 16–31 summarize the benefit information for each health plan. For more details, see each plan's *Evidence of Coverage* (EOC) booklet.

CalPERS Health Plan Benefit Comparison— Basic Plans

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.
All benefits subject to regulatory approval.

BENEFITS	EPO & HMO Basic Plans						
	Anthem Blue Cross	Blue Shield	Health Net	Kaiser Permanente	Sharp Performance Plus	UnitedHealthcare SignatureValue Alliance	UnitedHealthcare SignatureValue Harmony
	EPO Select HMO Traditional HMO	Access+ HMO & Access+ EPO Trio HMO	Salud y Más & SmartCare				
Calendar Year Deductible							
Individual	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Family	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maximum Calendar Year Copay or Coinsurance (excluding pharmacy)							
Individual	\$1,500 (copay)	\$1,500 (copay)	\$1,500 (copay)	\$1,500 (copay)	\$1,500 (copay)	\$1,500 (copay)	\$1,500 (copay)
Family	\$3,000 (copay)	\$3,000 (copay)	\$3,000 (copay)	\$3,000 (copay)	\$3,000 (copay)	\$3,000 (copay)	\$3,000 (copay)
Hospital (including Mental Health and Substance Abuse)							
Deductible (per admission)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Inpatient	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Outpatient Facility/Surgery Services	No Charge	No Charge	No Charge	\$15	No Charge	No Charge	No Charge

		PPO Basic Plans									
Western Health Advantage HMO	CCPOA (Association Plan)	PERS Gold		PERS Platinum		CAHP (Association Plan)		PORAC (Association Plan)			
		PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO		
BENEFITS											
Calendar Year Deductible											
N/A	N/A	Individual		\$1,000 ^{1,3}	\$500 ³	N/A		\$300	\$600		
N/A	N/A	Family		\$2,000 ^{1,3}	\$1,000 ³	N/A		\$900	\$1,800		
Maximum Calendar Year Copay or Coinsurance (excluding pharmacy)											
\$1,500 (copay)	\$1,500 (copay)	Individual		\$3,000 (coinsurance)	Unlimited	\$2,000 (coinsurance)	Unlimited	\$3,000 (coinsurance)	Unlimited	\$2,000	Unlimited
\$3,000 (copay)	\$4,500 (copay)	Family		\$6,000 (coinsurance)	Unlimited	\$4,000 (coinsurance)	Unlimited	\$6,000 (coinsurance)	Unlimited	\$4,000	Unlimited
Hospital (including Mental Health and Substance Abuse)											
N/A	N/A	Deductible (per admission)		N/A		\$250		N/A		N/A	
No Charge	\$100/ admission	Inpatient		20% ²	40% ⁴	10%	40% ⁴	10%	Varies	20%	20% ⁴
No Charge	\$50	Outpatient Facility/ Surgery Services		20%	40% ⁴	10%	40% ⁴	10%	40% ⁴	20%	20% ⁴

¹ Incentives available to reduce individual deductible (max. \$500) or family deductible (max. \$1,000) include: getting a biometric screening (\$100 credit); receiving a flu shot (\$100 credit); getting a non-smoking certification (\$100 credit); getting a virtual second opinion (\$100 credit); and getting a condition care certification (\$100 credit).

² Coinsurance waived for deliveries if enrolled in Future Moms Program.

³ Deductible is transferable between PERS Gold and PERS Platinum.

⁴ Of the allowable amount as defined in the EOC.

CalPERS Health Plan Benefit Comparison—Basic Plans, *Continued*

For more details about the benefits provided by a specific plan, refer to that plan’s Evidence of Coverage (EOC) booklet.

All benefits subject to regulatory approval.

BENEFITS	EPO & HMO Basic Plans						
	Anthem Blue Cross	Blue Shield	Health Net	Kaiser Permanente	Sharp Performance Plus	UnitedHealthcare SignatureValue Alliance	UnitedHealthcare SignatureValue Harmony
	EPO Select HMO Traditional HMO	Access+ HMO & Access+ EPO Trio HMO	Salud y Más & SmartCare				
Emergency Services							
Emergency Room Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Emergency (copay waived if admitted as an inpatient or for observation as an outpatient)	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Non-Emergency (copay waived if admitted as an inpatient or for observation as an outpatient)	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Physician Services (including Mental Health and Substance Abuse)							
Office Visits (copay for each service provided)	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Inpatient Visits	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Outpatient Visits	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Urgent Care Visits	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Preventive Services	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Surgery/Anesthesia	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Diagnostic X-Ray/Lab							
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

		PPO Basic Plans									
Western Health Advantage HMO	CCPOA (Association Plan)	PERS Gold		PERS Platinum		CAHP (Association Plan)		PORAC (Association Plan)			
		PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO		
BENEFITS											
Emergency Services											
N/A	N/A	Emergency Room Deductible		\$50 (applies to hospital emergency room facility charge only)		\$50 (applies to hospital emergency room charges only)		\$50 (copay reduced to \$25 if admitted on an inpatient basis)		N/A	
\$50	\$75	Emergency		20% (applies to other services such as physician, x-ray, lab, etc.)		10% (applies to other services such as physician, x-ray, lab, etc.)		10% (applies to other services such as physician, x-ray, lab, etc.)		20%	
\$50	\$75	Non-Emergency		20% (payment for physician charges only; emergency room facility charge is not covered)	40%	10% (payment for physician charges only; emergency room facility charge is not covered)	40%	\$50+10% (copay reduced to \$25 if admitted on an inpatient basis)	\$50+40%	50% (for non-emergency services provided by hospital emergency room)	
Physician Services (including Mental Health and Substance Abuse)											
\$15	\$15	Office Visits (copay for each service provided)		\$35 ¹	40% ³	\$20 ²	40% ³	\$20	40% ³	\$10/\$35 ²	20% ³
No Charge	No Charge	Inpatient Visits		20%	40% ³	10%	40% ³	10%	40% ³	20%	20% ³
\$15	\$15	Outpatient Visits		\$35	40% ³	\$20	40% ³	10%	40% ³	20%	20% ³
\$15	\$15	Urgent Care Visits		\$35	40% ³	\$35	40% ³	\$20	40% ³	\$35	20% ³
No Charge	No Charge	Preventive Services		No Charge	40% ³	No Charge	40% ³	No Charge	40% ³	No Charge	
No Charge	No Charge	Surgery/Anesthesia		20%	40% ³	10%	40% ³	10%	40% ³	20%	20% ³
Diagnostic X-Ray/Lab											
No Charge	No Charge			20%	40% ³	10%	40% ³	10%	40% ³	20%	20% ³

¹ Reduced to \$10 when seen by primary physician² \$35 for specialist visit³ Of the allowable amount as defined in the EOC

CalPERS Health Plan Benefit Comparison—Basic Plans, *Continued*

For more details about the benefits provided by a specific plan, refer to that plan’s Evidence of Coverage (EOC) booklet.
All benefits subject to regulatory approval.

BENEFITS	EPO & HMO Basic Plans						
	Anthem Blue Cross	Blue Shield	Health Net	Kaiser Permanente	Sharp Performance Plus	UnitedHealthcare SignatureValue Alliance	UnitedHealthcare SignatureValue Harmony
	EPO Select HMO Traditional HMO	Access+ HMO & Access+ EPO Trio HMO	Salud y Más & SmartCare				
Prescription Drugs							
Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Retail Pharmacy (30-day supply)	Tier 1: \$5 Tier 2: \$20 Tier 3: \$50	Generic/Tier 1: \$5 Preferred Brand/ Tier 2: \$20 Non-Preferred/ Tier 3: \$50 Tier 4: \$30	Tier 1: \$5 Tier 2: \$20 Tier 3: \$50	Generic: \$5 Brand: \$20	Tier 1: \$5 Tier 2: \$20 Tier 3: \$50	Tier 1: \$5 Tier 2: \$20 Tier 3: \$50	Tier 1: \$5 Tier 2: \$20 Tier 3: \$50
Retail Preferred Pharmacy Maintenance Medications (90-day supply)	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Generic/Tier 1: \$10 Preferred Brand/ Tier 2: \$40 Non-Preferred/ Tier 3: \$100 Tier 4: \$60	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	N/A	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100
Mail Order Pharmacy Program (not to exceed 90-day supply for maintenance drugs)	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Generic/Tier 1: \$10 Preferred Brand/ Tier 2: \$40 Non-Preferred/ Tier 3: \$100 Tier 4: \$60	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Generic: \$10 Brand: \$40 (31-100 day supply)	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100
Mail order maximum copayment per person per calendar year	\$1,000	\$1,000	\$1,000	N/A	\$1,000	\$1,000	\$1,000
Durable Medical Equipment							
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

¹ Tier Formulary is for BSC Trio HMO only

Tier 1 refers to medications classified as ‘Generic’; Tier 2 refers to medications classified as “Preferred Brand”; and Tier 3 refers to medications classified as “Non-Preferred Brand”.

		PPO Basic Plans							
		PERS Gold		PERS Platinum		CAHP (Association Plan)		PORAC (Association Plan)	
		PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Western Health Advantage HMO	CCPOA (Association Plan)	BENEFITS							
		Prescription Drugs							
N/A	Tier 2, 3, and 4: \$50 (not to exceed \$150/family)	Deductible		N/A	N/A	N/A	N/A	N/A	N/A
Tier 1: \$5 Tier 2: \$20 Tier 3: \$50	Tier 1: \$10 Tier 2: \$25 Tier 3 and 4: \$50	Retail Pharmacy (30-day supply)		Tier 1: \$5 Tier 2: \$20 Tier 3: \$50	Tier 1: \$5 Tier 2: \$20 Tier 3: \$50	Generic: \$5 Formulary: \$20 Non-Formulary: \$50	Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$45 Compound: \$45		
Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$30 Tier 2: \$75 Tier 3 and 4: \$150	Retail Preferred Pharmacy Maintenance Medications		Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Generic: \$10 Formulary: \$40 Non-Formulary: \$100	N/A		
Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$30 Tier 2: \$75 Tier 3 and 4: \$100	Mail Order Pharmacy Program (not to exceed 90-day supply for maintenance drugs)		Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Generic: \$10 Formulary: \$40 Non-Formulary: \$100	Generic: \$20 Brand Formulary: \$40 Non-Formulary: \$75	N/A	
\$1,000	N/A	Mail order maximum copayment per person per calendar year		\$1,000	\$1,000	N/A	N/A		
		Durable Medical Equipment							
No Charge	No Charge	20%	40% ¹	10%	40% ¹	10%	40% ¹	20%	20% ¹
		(pre-certification required for specific equipment)		(pre-certification required for the purchase of equipment priced at \$1,000 or more)					

¹ Of the allowable amount as defined in the EOC

CalPERS Health Plan Benefit Comparison—Basic Plans, *Continued*

For more details about the benefits provided by a specific plan, refer to that plan’s Evidence of Coverage (EOC) booklet.

All benefits subject to regulatory approval.

BENEFITS	EPO & HMO Basic Plans						
	Anthem Blue Cross	Blue Shield	Health Net	Kaiser Permanente	Sharp Performance Plus	UnitedHealthcare SignatureValue Alliance	UnitedHealthcare SignatureValue Harmony
	EPO Select HMO Traditional HMO	Access+ HMO & Access+ EPO Trio HMO	Salud y Más & SmartCare				
Infertility Testing/Treatment							
	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges
Occupational / Physical / Speech Therapy							
Inpatient (hospital or skilled nursing facility)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Outpatient (office and home visits)	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Diabetes Services							
Glucose monitors	Coverage varies	No Charge	Coverage varies	No Charge	Coverage varies	Coverage varies	Coverage varies
Self-management training	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Acupuncture							
	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)
Chiropractic							
	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)

		PPO Basic Plans							
		PERS Gold		PERS Platinum		CAHP (Association Plan)		PORAC (Association Plan)	
		PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Western Health Advantage HMO		BENEFITS							
CCPOA (Association Plan)		BENEFITS							
50% of Covered Charges	50% of Allowed Charges	50%		50%		Not Covered		50%	50% ²
Infertility Testing/Treatment		50%		50%		Not Covered		50%	50% ²
Occupational / Physical / Speech Therapy		No Charge		No Charge		10%	40%	20% (no copay for in-patient PT/OT by a PAR provider)	20% ²
No Charge	No Charge	No Charge		No Charge		10%	40%	20% (no copay for in-patient PT/OT by a PAR provider)	20% ²
\$15	No Charge	20% (pre-certification required for more than 24 visits)	40%; Occupational therapy: 20%	10% (pre-certification required for more than 24 visits)	40%; Occupational therapy: 10%	10% (pre-certification required for more than 24 visits)	40%	\$15/visit (all other services 20%) ³	20% ²
Diabetes Services		Coverage Varies		Coverage Varies		Coverage Varies		Coverage Varies	
Coverage varies	Coverage varies	Coverage Varies		Coverage Varies		Coverage Varies		Coverage Varies	
\$15	\$15	\$20 ¹	40% ²	\$20 ¹	40% ²	\$20	60% ²	\$20	60% ²
Acupuncture		\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	40% ²	\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	40% ²	10%	40% ²	\$15 copay (all other services 20%) ³	20% ²
\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	N/A	\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	40% ²	\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	40% ²	10%	40% ²	\$15 copay (all other services 20%) ³	20% ²
Chiropractic		\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	40% ²	\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	40% ²	10%	40% ²	\$15/visit (combined 20 visits per calendar year)	20% ²
\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	\$15 exam (up to 20 visits per calendar year) chiropractic appliances benefit: \$50	\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	40% ²	\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	40% ²	10%	40% ²	\$15/visit (combined 20 visits per calendar year)	20% ²

¹ \$35 for specialist visit² Of the allowable amount as defined in the EOC³ Combined 20 visits per calendar year. Speech therapy is not included in the 20 visit per calendar year combination; see EOC for Speech Therapy benefit.

CalPERS Health Plan Benefit Comparison— Medicare Plans

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

All benefits subject to regulatory approval.

BENEFITS	Medicare Plans					
	Kaiser Permanente Senior Advantage (HMO)	Kaiser Permanente Senior Advantage Summit (HMO)	Anthem Medicare Preferred (PPO)	Blue Shield Medicare (PPO)	Sharp Direct Advantage (HMO)	UnitedHealthcare Group Medicare Advantage (PPO)
Calendar Year Deductible						
Individual	N/A	N/A	N/A	N/A	N/A	N/A
Family	N/A	N/A	N/A	N/A	N/A	N/A
Maximum Calendar Year Copay or Coinsurance (excluding pharmacy)						
Individual	\$1,500 (copay)	\$1,500 (copay)	\$1,500 (copay/coinsurance)	\$1,500 (copay)	\$1,500 (copay/coinsurance)	\$1,500 (copay)
Family	N/A	N/A	N/A	N/A	N/A	N/A
Hospital (including Mental Health and Substance Abuse)						
Inpatient	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Outpatient Facility/ Surgery Services	\$10	No Charge	No Charge	No Charge	No Charge	No Charge
Skilled Nursing Facility (up to 100 days/benefit period)						
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Home Health Services						
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Hospice						
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Emergency Services (waived if admitted or hospitalized as an outpatient)						
	\$50	\$50	\$50	\$50	\$50	\$50
Ambulance Services						
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

UnitedHealthcare Group Medicare Advantage Edge (PPO)	Western Health Advantage MyCare Select (HMO)	CCPOA Medical Plan Medicare (PPO)
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N/A	N/A	N/A
N/A	N/A	N/A

\$0 (copay)	\$1,500 (copay/coinsurance)	\$1,500 (copay)
N/A	N/A	N/A

No Charge	No Charge	\$100/admission
No Charge	No Charge	No Charge

No Charge	No Charge	No Charge
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No Charge	No Charge	\$15/visit
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No Charge	No Charge	No Charge
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No Charge	\$50	No Charge
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No Charge	No Charge	No Charge
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BENEFITS	Medicare Plans					
	PERS Gold		PERS Platinum		CAHP Medicare Supplement (Association Plan)	PORAC (Association Plan)
	PPO	Non-PPO	PPO	Non-PPO		

Calendar Year Deductible

Individual	N/A	N/A	N/A	N/A
Family	N/A	N/A	N/A	N/A

Maximum Calendar Year Copay or Coinsurance (excluding pharmacy)

Individual	N/A	\$3,000 ^{1,2} (co-insurance)	N/A	N/A	N/A
Family	N/A	N/A	N/A	N/A	N/A

Hospital (including Mental Health and Substance Abuse)

Inpatient	No Charge	No Charge	No Charge	No Charge
Outpatient Facility/Surgery Services	No Charge	No Charge	No Charge	No Charge

Skilled Nursing Facility (up to 100 days/benefit period)

	No Charge	No Charge	No Charge	No Charge
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Home Health Services

	No Charge	No Charge	No Charge	No Charge
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Hospice

	No Charge	No Charge	No Charge	No Charge
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Emergency Services (waived if admitted or hospitalized as an outpatient)

	No Charge	No Charge	No Charge	No Charge
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Ambulance Services

	No Charge	No Charge	No Charge	No Charge
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¹ See EOC for additional details

² For Benefits Beyond Medicare

³ Of the allowed amount

CalPERS Health Plan Benefit Comparison—Medicare Plans, *Continued*

For more details about the benefits provided by a specific plan, refer to that plan’s Evidence of Coverage (EOC) booklet.

All benefits subject to regulatory approval.

BENEFITS	Medicare Plans					
	Kaiser Permanente Senior Advantage (HMO)	Kaiser Permanente Senior Advantage Summit (HMO)	Anthem Medicare Preferred (PPO)	Blue Shield Medicare (PPO)	Sharp Direct Advantage (HMO)	UnitedHealthcare Group Medicare Advantage (PPO)
Surgery/Anesthesia	No Charge inpatient; \$10 outpatient	No Charge	No Charge	No Charge	No Charge	No Charge
Physician Services (including Mental Health and Substance Abuse)						
Office Visits	\$10	No Charge	\$10	No Charge	No Charge	\$10
Inpatient Visits	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Outpatient Visits	\$10	No Charge	\$10	No Charge	No Charge	\$10
Urgent Care Visits	\$10	No Charge	\$25	No Charge	No Charge	\$25
Preventive Services	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Diagnostic X-Ray/Lab	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Durable Medical Equipment	No Charge	No Charge	10% (coinsurance)	No Charge	No Charge	No Charge

UnitedHealthcare Group Medicare Advantage Edge (PPO)	Western Health Advantage MyCare Select (HMO)	CCPOA Medical Plan Medicare (PPO)
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No Charge	No Charge	No Charge
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No Charge	No Charge	\$10
No Charge	No Charge	No Charge
No Charge	No Charge	\$10
No Charge	No Charge	No Charge
No Charge	No Charge	No Charge

No Charge	No Charge	No Charge
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No Charge	No Charge	No Charge
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BENEFITS	Medicare Plans					
	PERS Gold		PERS Platinum		CAHP Medicare Supplement (Association Plan)	PORAC (Association Plan)
	PPO	Non-PPO	PPO	Non-PPO		

Surgery/Anesthesia

No Charge	No Charge	No Charge	No Charge	No Charge
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Physician Services (including Mental Health and Substance Abuse)

Office Visits	No Charge	No Charge	\$10	No Charge
Inpatient Visits	No Charge	No Charge	No Charge	No Charge
Outpatient Visits	No Charge	No Charge	No Charge	No Charge
Urgent Care Visits	No Charge	No Charge	No Charge	No Charge
Preventive Services	No Charge	No Charge	No Charge	No Charge

Diagnostic X-Ray/Lab

No Charge	No Charge	No Charge	No Charge	No Charge
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Durable Medical Equipment

No Charge	No Charge	No Charge	No Charge	No Charge
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CalPERS Health Plan Benefit Comparison—Medicare Plans, Continued

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

All benefits subject to regulatory approval.

BENEFITS	Medicare Plans					
	Kaiser Permanente Senior Advantage (HMO)	Kaiser Permanente Senior Advantage Summit (HMO)	Anthem Medicare Preferred (PPO)	Blue Shield Medicare (PPO)	Sharp Direct Advantage (HMO)	UnitedHealthcare Group Medicare Advantage (PPO)
Prescription Drugs						
Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Retail Pharmacy (30-day supply)	Generic: \$5 Preferred: \$20	Generic: \$5 Preferred: \$20	Tier 1: \$5 Tier 2: \$20 Tier 3: \$50	Tier 1: \$5 Tier 2: \$20 Tier 3: \$50 Tier 4: \$20	Preferred Generic: \$5 Generic: \$5 Preferred Brand: \$20 Non-Preferred: \$50 Specialty: \$20 Select Care: \$0	Generic: \$5 Preferred: \$20 Specialty: \$20 Non-Preferred: \$50
Retail Preferred Pharmacy Long-Term Prescription Medications	N/A	N/A	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100 Tier 4: N/A	Preferred Generic: \$15 Generic: \$15 Preferred Brand: \$60 Non-Preferred: \$150 Specialty: N/A Select Care: \$0	Generic: \$10 Preferred: \$40 Specialty: \$40 Non-Preferred: \$100
Mail Order Pharmacy Program (not to exceed 90-day supply)	Generic: \$10 Preferred: \$40 (31-100 day supply)	Generic: \$10 Preferred: \$40 (31-100 day supply)	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100 Tier 4: N/A	Preferred Generic: \$10 Generic: \$10 Preferred Brand: \$40 Non-Preferred: \$100 Specialty: N/A Select Care: \$0	Generic: \$10 Preferred: \$40 Specialty: \$40 Non-Preferred: \$100
Mail order maximum copayment per person per calendar year	N/A	N/A	\$1,000	\$1,000	N/A	\$1,000
Occupational / Physical / Speech Therapy						
Inpatient (hospital or skilled nursing facility)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Outpatient (office and home visits)	\$10	No Charge	\$10	No Charge	No Charge	\$10
Diabetes Services						
Glucose monitors	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

UnitedHealthcare Group Medicare Advantage Edge (PPO)	Western Health Advantage MyCare Select (HMO)	CCPOA Medical Plan Medicare (PPO)
N/A	N/A	N/A
Tier 1: \$5 Tier 2: \$20 Tier 3: \$50	Tier 1: \$5 Tier 2: \$20 Tier 3: \$50	Tier 1: \$5 Tier 2: \$20 Tier 3: \$35 Tier 4: \$50
Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Generic: \$10 Preferred: \$40 Tier 3: \$100	Tier 1: \$10 Tier 2: \$40 Tier 3: \$70 Tier 4: N/A
Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$10 Tier 2: \$40 Tier 3: \$70 Tier 4: N/A
\$1,000	\$1,000	N/A

UnitedHealthcare Group Medicare Advantage Edge (PPO)	Western Health Advantage MyCare Select (HMO)	CCPOA Medical Plan Medicare (PPO)
No Charge	No Charge	No Charge
No Charge	No Charge	No Charge
No Charge	No Charge	No Charge

No Charge	No Charge	No Charge
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BENEFITS	Medicare Plans					
	PERS Gold		PERS Platinum		CAHP Medicare Supplement (Association Plan)	PORAC (Association Plan)
	PPO	Non-PPO	PPO	Non-PPO		
Prescription Drugs						
Deductible	N/A	N/A	N/A	N/A	\$100	
Retail Pharmacy (30-day supply)	Tier 1: \$5 Tier 2: \$20 Tier 3: \$50	Tier 1: \$5 Tier 2: \$20 Tier 3: \$50	Generic: \$5 Formulary: \$20 Non-Formulary: \$50	Generic: \$10 Preferred: \$25 Non-Preferred: \$45		
Retail Preferred Pharmacy Maintenance Medication (90-day supply)	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Generic: \$5 Formulary: \$20 Non-Formulary: \$50	N/A		
Mail Order Pharmacy Program (not to exceed 90-day supply for maintenance drugs)	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Generic: \$10 Formulary: \$40 Non-Formulary: \$100	Generic: \$20 Preferred: \$40 Non-Preferred: \$75		
Mail order maximum copayment per person per calendar year	\$1,000	\$1,000	N/A	N/A		

Prescription Drugs

UnitedHealthcare Group Medicare Advantage Edge (PPO)	Western Health Advantage MyCare Select (HMO)	CCPOA Medical Plan Medicare (PPO)
No Charge	No Charge	No Charge
No Charge	No Charge	No Charge

Occupational / Physical / Speech Therapy

Inpatient (hospital or skilled nursing facility)	No Charge	No Charge	No Charge	No Charge
Outpatient (office and home visits)	No Charge	No Charge	No Charge	No Charge

Diabetes Services

Glucose monitors	No Charge	No Charge	No Charge	\$25
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¹ Of the allowed amount

² See EOC for additional details

CalPERS Health Plan Benefit Comparison—Medicare Plans, Continued

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

All benefits subject to regulatory approval.

BENEFITS	Medicare Plans					
	Kaiser Permanente Senior Advantage (HMO)	Kaiser Permanente Senior Advantage Summit (HMO)	Anthem Medicare Preferred (PPO)	Blue Shield Medicare (PPO)	Sharp Direct Advantage (HMO)	UnitedHealthcare Group Medicare Advantage (PPO)
Hearing Services						
Routine Hearing Exam	\$10	No Charge	No Charge	No Charge	No Charge	No Charge
Physician Services	\$10	No Charge	\$10	\$10	\$10	\$10
Hearing Aids	\$1,000 max/ 36 months	\$1,000 max/ 36 months	\$1,000 max/ 36 months	\$1,000 max/ 36 months	\$1,000 max/ 36 months	\$1,000 max/ 36 months
Vision Care						
Vision Exam	\$10	No Charge	\$10	\$10	\$10	\$10
Eyeglasses (following cataract surgery)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Contact Lenses (following cataract surgery)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Benefits Beyond Medicare (Services covered beyond Medicare coverage)						
Acupuncture	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$10/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)
Chiropractic	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$10/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)

UnitedHealthcare Group Medicare Advantage Edge (PPO)	Western Health Advantage MyCare Select (HMO)	CCPOA Medical Plan Medicare (PPO)
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No Charge	No Charge	No Charge
No Charge	No Charge	\$10
\$2,000 allowance every 24 months	\$1,000 max/ 36 months	\$500 max/ 12 months

No Charge	No Charge	\$10
No Charge	No Charge	No Charge
No Charge	No Charge	No Charge

\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)
\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)

BENEFITS	Medicare Plans					
	PERS Gold		PERS Platinum		CAHP Medicare Supplement (Association Plan)	PORAC (Association Plan)
	PPO	Non-PPO	PPO	Non-PPO		

Hearing Services

Routine Hearing Exam	No Charge	No Charge	No Charge	20%
Physician Services	No Charge	No Charge	No Charge	20%
Hearing Aids	20% (\$1,000 max/36 months)	20% (\$2,000 max/24 months)	10% (\$1,000 max/ 36 months)	20% (\$900 max/ 36 months)

Vision Care

Vision Exam	One exam per calendar year	One exam per calendar year	N/A	20%
Eyeglasses	One set of frames during a 24-month period; \$30 maximum allowance	One set of frames during a 24-month period; \$30 maximum allowance	N/A	20% (\$40 maximum allowance)
Contact Lenses	\$100 maximum allowance	\$100 maximum allowance	No Charge	20% (\$40 maximum allowance)

Benefits Beyond Medicare (Services covered beyond Medicare coverage)

Acupuncture	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	20%	20%
Chiropractic	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	20%	20%

Notes



CalPERS Health Benefits Program
P.O. Box 942715
Sacramento, CA 94229-2715
888 CalPERS (or 888-225-7377)
www.calpers.ca.gov

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Office of Public Affairs
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EMPLOYEE ASSISTANCE PROGRAM

ComPsych is the District's employee assistance program provider
(800) 272-7255 Employee ID "COM589"

Eligibility: all regular District employees (classified/confidential employees including probationary employees, contract and tenured faculty, managers, adjunct faculty unit members in paid status), and members of their households.

Service Access: Toll free telephone line access, 24 hours per day, 7 days per week, to guidance coordinators – **(800) 272-7255**. On-line access provided through www.guidanceresources.com. The NOCCCD employer ID is **COM589** (if you are setting up an on-line account for the first time enter "North" when prompted for the name of your employer).

Confidential services available to employees and members of their households include:

- **Assessment, Counseling and Referral:** local in-person assessment and counseling related to the presenting problem of each participant requesting services with a maximum of three (3) sessions per presenting problem per employee or family member in a six-month period.
- **FinancialConnect:** unlimited telephonic financial information regarding personal finances such as budgeting, credit and debt issues, insurance, estate planning, and related issues.
- **LegalConnect:** unlimited telephonic legal information and local referral upon request. If referral to a local attorney is requested, the employee or their family member shall be entitled to a free thirty-minute consultation and thereafter a 25% reduction in the referral attorney's customary rates.
- **GuidanceResources Online:** unlimited online information (via www.guidanceresources.com), resources, tools and other features on topics such as health and wellness, law and regulations, family and relationships, work and education, money and investments, consumer and leisure and home and auto.
- **FamilySource:** unlimited online information assistance with child care, adoption, education, and elder care resources in your community.

If you have questions about the program contact your manager or:

Marisa Kvenbo, Office of Human Resources (714) 808-4815

Marla McBride, Cypress College Health Services (714) 484-7045

Dana Timmemans, Fullerton College Health Services (714) 992-7094

Contact Us... Anytime, Anywhere

No-cost, confidential solutions to life's challenges.

Confidential Emotional Support



Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work-Life Solutions



Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care

Legal Guidance



Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

Financial Resources



Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Online Support



GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

Your ComPsych® GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.

Call: 800.272.7255

TTY: 800.697.0353

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultantSM, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: guidanceresources.com

App: GuidanceResources® Now

Web ID: COM589

Log on today to connect directly with a GuidanceConsultant about your issue or to consult articles, podcasts, videos and other helpful tools.

24/7 Support, Resources & Information

Contact Your GuidanceResources® Program

Call: 800.272.7255

TTY: 800.697.0353

Online: guidanceresources.com

App: GuidanceResources® Now

Web ID: COM589



What is the Employee Assistance Program?

The Employee Assistance Program is provided by ComPsych® GuidanceResources and offers counseling, legal and financial consultation, work-life assistance and crisis intervention services to all our employees and their household family members.

Why provide an EAP?

Because we care about our employees and their dependents. The EAP can be used free of charge as needed when you or your dependents are facing emotional, financial, legal or other concerns.

Are the services confidential?

Yes, the EAP is strictly confidential. No information about your participation in the program is provided to your employer.

Why might my family or I use the services?

There are many reasons to use these services. You may wish to contact the EAP if you:

- Are feeling overwhelmed by the demands of balancing work and family
- Are experiencing stress, anxiety or depression
- Are dealing with grief and loss
- Need assistance with child or elder care concerns
- Have legal or financial questions
- Have concerns about substance abuse for yourself or a dependent

Here when you need us.

Call: 800.272.7255

TTY: 800.697.0353

Online: guidanceresources.com

App: GuidanceResources® Now

Web ID: COM589

What happens when I call?

When you call, you will speak with a GuidanceConsultantSM, a master's- or PhD-level counselor who will collect some general information about you and will talk with you about your needs. The GuidanceConsultant will provide the name of a counselor who can assist you. You can then set up an appointment to speak with the counselor over the phone or schedule a face-to-face visit.

What counseling services does the EAP provide?

The EAP provides free short-term counseling with counselors in your area who can help you with your emotional concerns.

If the counselor determines that your issues can be resolved with short-term counseling, you will receive counseling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counseling in the EAP and you will need longer-term treatment, you will be referred to a specialist early on and your insurance coverage will be activated.

Can my children use the EAP?

Yes. The EAP is a confidential benefit for employees and their household family members.

Retirement Plans for School Employees



As a school employee, you have the exclusive opportunity to take advantage of different retirement plan options. We are solely dedicated to the education community and have been providing access to retirement plans for school employees for more than 40 years. Our financial advisors are here to help you create a customized plan to fit your retirement goals.



Know Your Choices When Planning Your Retirement

457(b)

- Employer-sponsored Deferred Compensation Plan (DCP).
- Allows you to save pre-tax dollars, reducing your taxable income.
- Contributions grow tax-deferred until they're withdrawn.

403(b)

- Tax-Sheltered Account (TSA).
- Allows you to save pre-tax dollars, reducing your taxable income.
- Contributions grow tax-deferred until they're withdrawn.

Roth 403(b)/Roth 457(b)

- Contributions are made after taxes have been taken from your paycheck.
- Allow earnings to grow tax-free.¹

	457(b)	403(b)	Roth 403(b)	Roth 457(b)
Taxes	Contributions are made pre-tax. Taxes are paid on withdrawals, typically in retirement when you'll likely be in a lower tax bracket.		Contributions are made after taxes have been paid, and withdrawals taken within the limits of your plan are tax-free. ¹	
Distributions	At age 59½, when you leave your employer, or in the case of death, disability or unforeseen emergency.	At age 59½, when you leave your employer, or in the case of hardship, disability or death. ²	At age 59½ and account must be open five consecutive years or more, when you leave your employer, or in the case of hardship, disability or death. ²	At age 59½ and account must be open five consecutive years or more, when you leave your employer, or in the case of death, disability or unforeseen emergency.
2023 Contribution Limits	\$22,500 combined with Roth 457(b)	\$22,500 combined		\$22,500 combined with 457(b)
2023 Catch-up Provisions	Available on all plans. Ask a representative about the 2023 limits.			

¹ Distributions from contributions are tax-free; distributions from earnings are federally tax-free if certain conditions are met. State tax may apply. ² Early distribution penalty may apply in the case of hardship, disability or death and is 10%.



The SchoolsFirst Retirement Planning Difference

Complimentary Guidance

- Our financial professionals offer free financial consultations and will help you make decisions with your best interests in mind.

Lower Fees

- **No hidden fees** — The same mutual funds purchased elsewhere may have charges on every contribution you make.
- **No transfer fees** — You can transfer money between more than 55 mutual fund options within your plan, fee-free.
- **Plan fees may be lower than a typical money manager.**

Convenient Online Access

Participants can manage their contributions online at pa.schoolsfirstfcu.org.

- Make a salary reduction change to your deferral amount.
- View, update or change your monthly deferral amounts.

Participants can manage their allocation online at: SchoolsFirstRP.com.

- Review investments and make allocation changes.

Federally Insured Investment Option

- The 457(b) plan also offers as an option Share Certificates that are federally insured by the National Credit Union Administration up to \$250,000.

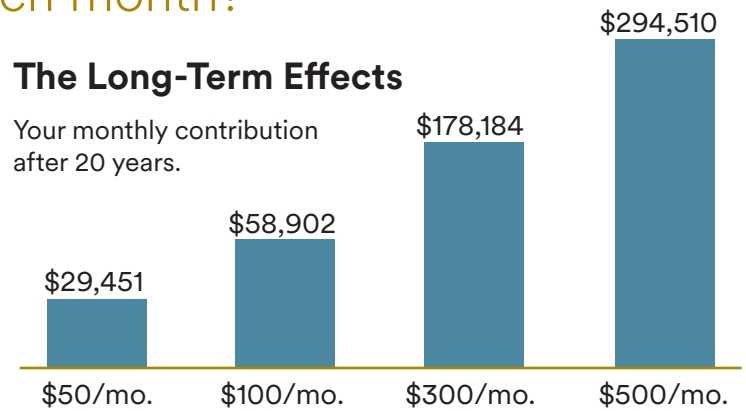
How much should you save each month?

The answer is easy — just start saving and consider:

- How old are you and at what age would you like to retire?
- What percentage of your final compensation will you receive from CalSTRS and/or CalPERS?
- How much of your paycheck are you comfortable setting aside?

The Long-Term Effects

Your monthly contribution after 20 years.



This chart assumes the investor contributes the same amount each month into an investment option that earns a hypothetical rate of return of 8% compounded monthly. Hypothetical example for illustrative purposes only and is not indicative of past or future results for any specific investment. Actual rate of return and results may vary. Regular investing does not ensure a profit or protect against loss in declining markets.

The Advantage of Starting Early

Jim (starts now)	Susan (waits 5 years)
Contributions: \$25,000	Contributions: \$25,000
Earnings: \$21,548	Earnings: \$6,680
Total value: \$46,548	Total value: \$31,680

Hypothetical example for illustrative purposes only and is not indicative of past or future results for any specific investment. Assumes an 8% rate of return if both parties invest for five years over a 10-year period. The example does not reflect any fees or charges that may apply. Actual rate of return and results may vary.

The Advantage of Pre-Tax Savings

Based on a teacher's annual income of \$60,000

403(b)/457(b) Pre-Tax Contribution	\$100/mo.	\$300/mo.	\$500/mo.
Monthly Gross Income	\$5,000	\$5,000	\$5,000
STRS (10.25%)	\$513	\$513	\$513
Federal and State Taxes	\$670	\$613	\$556
Net Pay	\$3,669	\$3,528	\$3,388
Change in Paycheck	\$69	\$210	\$350

Hypothetical example used for illustrative purposes only and is not indicative of any specific investment. The example does not reflect any fees or charges that may apply.

Contact us today to schedule your free consultation.



CALL (800) 462-8328, ext. 4116



VISIT SchoolsFirstRP.com

Items to bring to your appointment:

- ✓ Your most recent pay stub.
- ✓ Statements for any existing retirement accounts.

SCHOOLSFIRST 
RETIREMENT PLANNING

This material was created for educational and informational purposes only and is not intended as ERISA, tax, legal or investment advice. If you are seeking investment advice specific to your needs, such advice services must be obtained on your own separate from this educational material.

The financial professionals at SchoolsFirst Retirement Planning are financial advisors with, and securities and advisory services are offered through LPL Financial (LPL), a registered investment advisor and broker-dealer (member FINRA/SIPC). Insurance products are offered through LPL or its licensed affiliates. SchoolsFirst Federal Credit Union and SchoolsFirst Retirement Planning **are not** registered as a broker-dealer or investment advisor. Registered representatives of LPL offer products and services using SchoolsFirst Retirement Planning, and may also be employees of SchoolsFirst Federal Credit Union. These products and services are being offered through LPL or its affiliates, which are separate from, and not affiliates of, SchoolsFirst Retirement Planning or SchoolsFirst Federal Credit Union. Securities and insurance offered through LPL or its affiliates are:

Not Insured by NCUA or Any Other Government Agency	Not Credit Union Guaranteed	Not Credit Union Deposits or Obligations	May Lose Value
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