

2024 Benefits Open Enrollment Presented September 25, 2023



October 2 – 27, 2023



It's that time of year again. Open Enrollment will be here soon!



Open Enrollment starts October 2nd and ends October 27th. The benefits you pick during this time will become effective January 1, 2024



Agenda

- Your Hosts
- Open Enrollment Overview
- Medical Plan Benefit Options & Costs
 - Full Time Employees
 - Part Time Employees
- American Fidelity
- FBC Delta Dental, VSP, Hartford Life Insurance and MetLife Legal Plan
- Questions & Answers

Today's Hosts

- Del Mar Union School District: Karlyn Stone, kstone@dmusd.org
- Keenan & Associates (Benefit Consultant)
 - Crystal Bonker, cbonker@keenan.com
 - Andrea Estrin, aestrin@keenan.com
 - Julie Revoir, jrevoir@keenan.com
- SISC (Medical Plans)
 - Armando Cabrera, arcabrera@siscschool.org
- FBC (Dental, Vision, Life)
 - Tammy Reed, tareed@sdcoe.net

Open Enrollment Overview

Open Enrollment – Important Reminder

Unless you have a qualifying event (e.g., change in status, getting married or having a child), Open Enrollment is the only time of year existing employees can enroll in benefits, make changes to current plans, or waive coverage.

Some examples of a Change in Status:

- Marriage/divorce
- Birth/adoption
- Death of a dependent
- Loss or gain of benefits
- Change in residence affecting eligibility or access

Changes must be made within 30 days of the qualifying event.

Please contact the Benefits Office immediately if you have a Change in Status.

What You Need to Do?

- ✓ Review your benefit options
- ✓ Enroll, change or waive coverage
- ✓ Add, change, or remove dependents from your coverage
- ✓ Update beneficiary information

Review your Benefit Guide!

You'll find all the information you'll need to help you make the most of this year's enrollment. Review the benefit programs and services the company offers to ensure you start your 2024 benefit plan year off strong.



The 2024 DMUSD Benefit Guide will be sent out on October 2, 2023.

Eligibility

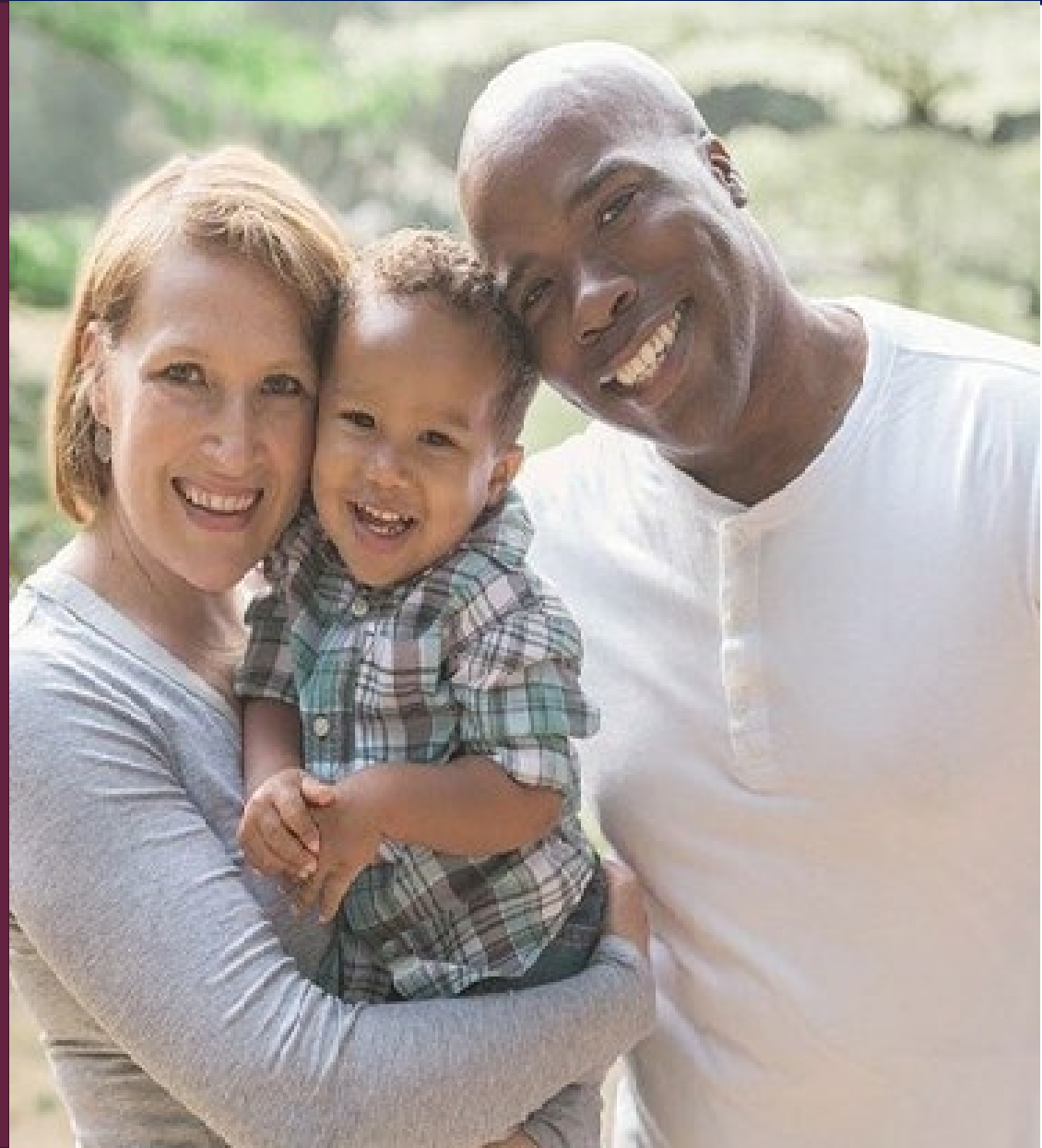
Employee Classification	Full-Time	Part-Time	Certificated Shared Assignment
Hours Requirement	<ul style="list-style-type: none"> 100% FTE or 40 hours per week 	<ul style="list-style-type: none"> 30 – 39 hours per week 20 – 29 hours per week, after 3 years continuous employment with the District. (Open enrollment during eligibility year, eff 1/1 following plan year.) 	<ul style="list-style-type: none"> Two teachers may share an assignment. They may enroll in full benefit package (M,D,V,L). Medical contribution is prorated, and EE contributes to D,V,L OR they may waive medical and take D,V,L, OR they may waive all coverage.
Waiting Period	<ul style="list-style-type: none"> If hired between the 1st – 15th of the month, first day of the calendar month following date of employment. (hire date 8/5, effective 9/1) If hired between 16th and 31st of the month, first day of the calendar month following one month of employment (hire date 8/19, effective date 10/1). 		
Benefits Offered	<ul style="list-style-type: none"> Medical, Dental, Vision, Basic Life and AD&D \$50,000 	<ul style="list-style-type: none"> Medical 	<ul style="list-style-type: none"> Life and AD&D Share medical, dental, and vision as negotiated between shared assignment holders
Voluntary Benefits	All benefit eligible employees may enroll in any of the available voluntary plans offered through the Fringe Benefits Consortium (FBC) and American Fidelity. Part-time employees may enroll in Dental insurance directly through FBC.		
Employee Waivers	<ul style="list-style-type: none"> EE may waive/decline M,D,V with proof of group medical coverage. Signed waiver is required annually. Enrollment in Basic Group Life and AD&D is required 	<ul style="list-style-type: none"> 30 hour or 75% FTE EE's may waive/decline medical. Signed waiver is required annually. 	<ul style="list-style-type: none"> EE may waive/decline medical with proof of group medical coverage. Signed waiver form is required annually. Enrollment in Basic Group Life and AD&D is required.
Employer Contribution	<ul style="list-style-type: none"> \$13,500 per year 	<ul style="list-style-type: none"> 70% of the EE only cost 	<ul style="list-style-type: none"> \$13,500 per year (medical premium prorated)
When Benefits Terminate	Last day of the month after the last payroll plan contribution.		

Eligibility

If you enroll in coverage for yourself, you may also elect to provide coverage for your dependents*.

- Legally Married Spouse
- Registered Domestic Partner
- Children Up to Age 26
 - Natural
 - Step-Children
 - Children of Registered Domestic Partner
 - Legally Adopted
 - Legal Guardianship Appointment (medical only)
 - Disabled Adult Child Over Age 26
 - Qualified Medical Support Order (divorced parents)

***Dependent certification documentation required for all dependents at time of enrollment. See Benefit Guide for acceptable forms of documentation.**



What happens if you don't take action during Open Enrollment?

Open Enrollment is passive this year, which means that *most current benefits, including medical, dental and vision, will automatically roll over for 2024 if you take no action.

Reminder: Those who are opting to waive coverage **MUST** complete the annual waiver form and provide proof of other group coverage through **AFenroll®**.

***If you currently have a Flexible Spending Account or Dependent Daycare Account, you MUST re-enroll every year and must meet with an American Fidelity Representative.**

Benefit Options & Costs Full-Time Employees

Benefit Plan Highlights

- **Full-Time employees have the choice of the following medical plans:**
 - Kaiser HMO
 - Anthem HMO Full Network (most medical groups in San Diego)
 - Anthem HMO Priority Select Network (includes Scripps Clinic, UCSD and UCSD Palomar Health) – **New Plan**
 - Anthem HMO Select Network (includes Sharp, UCSD)
 - Anthem PPO (any licensed provider, save \$ with Anthem PPO network providers)
 - High Deductible (HDHP) Anthem PPO (any licensed provider, save \$ with Anthem PPO network providers) compatible with a Health Savings Account (HSA)

HMO Medical Plan Highlights

Information shown reflects In-Network Benefits Only

Plan Benefits	Kaiser HMO	Anthem HMO Full Network	Anthem HMO Priority Select Network New Plan	Anthem HMO Select Network
Calendar Year Deductible	N/A	N/A	N/A	N/A
Calendar Year Out-of-Pocket Limit (Not including Rx)	\$1,500 Individual/ \$3,000 Family	\$1,000 Individual/ \$2,000 Family	\$1,000 Individual/ \$2,000 Family	\$1,000 Individual/ \$2,000 Family
PCP Office Visit/ Specialist Office Visit	\$15 Copay	\$10 Copay	\$10 Copay	\$10 Copay
Diagnostic Lab & X-ray	100% Covered	100% or \$100 complex radiology	100% or \$100 complex radiology	100% or \$100 complex radiology
Chiropractic & Acupuncture (All HMO Plans covered through ASH Network)	\$10 Copay, up to 30 visits per calendar year.	\$10 Copay, up to 30 visits per calendar year.	\$10 Copay, up to 30 visits per calendar year.	\$10 Copay, up to 30 visits per calendar year.
Urgent Care Visit	\$10 Copay (Primary Care Med Group)	\$10 Copay (Primary Care Med Group)	\$10 Copay (Primary Care Med Group)	\$10 Copay (Primary Care Med Group)
Emergency Room (Waived if admitted)	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay
Inpatient Hospital	100% Covered	100% Covered	100% Covered	100% Covered
Outpatient Surgery	\$15 Copay	100% Covered	100% Covered	100% Covered
Prescription Out-of-Pocket Maximum	Included in Medical Out-of-Pocket Maximum	\$1,500 Individual/ \$2,500 family	\$1,500 Individual/ \$2,500 family	\$2,500 Individual/ \$3,500 family
*Prescriptions – Retail-Network (30-days supply)	Kaiser Pharmacy Only \$5 Generic \$20 Brand	\$5 Generic \$20 Brand	\$5 Generic \$20 Brand	\$9 Generic \$35 Brand
Prescriptions – Costco Walk-In	N/A	\$0 Generic (up to 90-day supply) \$20 Brand (30-day supply) \$50 brand (90-day supply)	\$0 Generic (up to 90-day supply) \$20 Brand (30-day supply) \$50 brand (90-day supply)	\$0 Generic (up to 90-day supply) \$35 Brand (30-day supply) \$90 brand (90-day supply)
Prescriptions – Costco Mail Order (90-days supply)	Kaiser Pharmacy Only \$10 Generic \$40 Brand	\$0 Generic \$50 Brand	\$0 Generic \$50 Brand	\$0 Generic \$90 Brand

This is a brief description of each plan. Any variances from the master policy, the master policy will prevail.

Anthem HMO Networks: San Diego County Largest Medical Groups

Medical Group	Anthem HMO Full Network	Anthem HMO Priority Select Network – New Plan	Anthem HMO Select Network
Rady Children's Health Network	X	X	X
Graybill Medical Group	X		X
Greater Tri Cities IPA	X	X	X
Mercy Physicians Medical Group, Inc.	X	X	X
Primary Care Associates Medical Group	X	X	X
Scripps Clinic	X	X	
Scripps Coastal Medical Center/Hillcrest	X	X	
Scripps Physicians Medical Group	X	X	X
Sharp Community Medical Group	X		X
Sharp Community Medical Group-Arch	X		X
Sharp Community Medical Group-Inland North	X		X
Sharp Rees-Stealy Medical Group, San Diego	X		X
UCSD Medical Group	X	X	X
UCSD Physician Network Palomar Health		X	

Anthem Provider Finder Instructions

Anthem HMO Plans

Go to <https://www.anthem.com/ca/sisc/find-care/>

- Under Find a Doctor click on the corresponding provider network
 - HMO (Full Network)
 - HMO Select Network
 - HMO Priority Select Network
- Click on Search for an HMO/Select/Priority Select Provider
- Choose type of provider looking for (Doctor/Medical Professional is default). Enter your zip code and distance from your zip code. Optional to choose by specialty or provider's name. Click on Search.
- Once find your doctor enter 6-digit PCP ID/Enrollment ID on the enrollment form. If the provider is your current physician be certain to indicate Yes on the enrollment form.

Anthem PPO's – California

Go to <https://www.anthem.com/ca/sisc/find-care/>

- Under Find a Doctor click on PPO (Full Network)
- Click on Search for a PPO Network Provider
- Choose type of provider looking for (Doctor/Medical Professional is default). Enter your zip code and distance from your zip code. Optional to choose by specialty or provider's name. Click on Search.

You do not need to choose a PCP if you select a PPO plan.

Note: If you are searching for a provider outside California, click on PPO and Select PPO (Outside of California) instead of choosing PPO (Full Network).

Cost Summary- HMO Plans

Payroll deduction amounts listed are taken 11thly and include district contributions.
Includes Medical, Dental, Vision and Life Insurance

Coverage	Employee Only	Employee Plus 1 Dependent	Employee Plus 2 or More Dependents
Full-Time Employees – District Contribution \$13,500 Annually			
Kaiser HMO	\$0.00	\$566.06	\$1,059.15
Anthem HMO Full Network	\$0.00	\$856.24	\$1,445.33
Anthem HMO Priority Select Network (New Plan)	\$0.00	\$668.60	\$1,198.78
Anthem HMO Select Network	\$0.00	\$611.88	\$1,126.78

If you are enrolled in the Anthem HMO Full Network because you prefer Scripps Clinic for you and/your family's medical needs, changing to the new Anthem Priority Select Plan can save you money!

- Employee + 1 Dependent: Save **\$187.64** (\$856.24-\$668.60) **11thly** or **\$2,064.04 Annually!**
- Employee Plus 2 or More Dependents: Save **\$246.55** (\$1,445.33-\$1,198.78) **11thly** or **\$2,712.05 Annually**

PPO Medical Plan Highlights

Information shown reflects In-Network Benefits Only

Plan Benefits	Anthem PPO Plan	Anthem HDHP PPO Plan
Calendar Year Deductible	\$200 Individual/ \$500 Family	\$1,700 Individual/ \$3,400 Family
Calendar Year Out-of-Pocket Limit	\$1,000 Individual/ \$3,000 Family	\$3,400 Individual/ \$6,800 Family (No individual > \$3,400)
PCP Office Visit	\$0 Copay for visits 1-3, then \$20 Copay for visits 4+	10% Coinsurance – After Deductible
Specialist Office Visit	\$20 Copay	10% Coinsurance – After Deductible
Diagnostic Lab & X-ray	10% Coinsurance – After Deductible	10% Coinsurance – After Deductible
Chiropractic & Acupuncture	10% Coinsurance – After Deductible	10% Coinsurance – After Deductible
Urgent Care Visit	\$20 Copay	10% Coinsurance – After Deductible
Emergency Room (May be waived if admitted)	\$100 Copay, then 10% Coinsurance – After Deductible	\$100 Copay, then 10% Coinsurance – After Deductible
Inpatient Hospital	10% Coinsurance – After Deductible	10% Coinsurance – After Deductible
Outpatient Surgery	10% Coinsurance – After Deductible	10% Coinsurance – After Deductible
Prescriptions – Retail-Network (30-days supply)	\$5 Generic, \$20 Brand	\$9 Generic, \$35 brand
Prescriptions – Costco Walk-In	\$0 Generic (up to 90-day Supply) \$20 Brand (30-day Supply) \$50 Brand (90-day Supply)	\$0 Generic (up to 90-day Supply) \$35 Brand (30-day Supply) \$90 Brand (90-day Supply)
Prescriptions – Costco Mail Order (90-days supply)	\$0 Generic, \$50 Brand	\$0 Generic, \$90 Brand

This is a brief description of each plan. Any variances from the master policy, the master policy will prevail.

Anthem PPO Plan Reminders

- **Anthem's PPO plans allows you to receive care from both in-network and out-of-network providers**
 - You receive the highest level of benefit when you use an in-network provider
 - Deductibles apply (the amount you pay before the insurance policy pays). Not applicable to preventive services
 - Coinsurance applies (the amount you pay to share the cost of covered services after your deductible has been paid. For example, the District's PPO plan pays 90% of the claims, you pay 10%)
 - Out-of-Pocket maximums apply (the most you will pay during a calendar year for coverage). Includes:
 - ✓ Deductibles
 - ✓ Copayments
 - ✓ Coinsurance
 - ✓ Excludes out-of-network costs above what the plan allows and your payroll deductions

Anthem HDHP PPO Plan Reminders

- **Anthem High Deductible (HDHP) PPO**
 - Most services (aside from preventive) apply to the deductible before the policy pays coinsurance/copays. This includes Rx.
- **Health Savings Account (HSA) – Administered by America Fidelity**
 - 2024 Annual HSA Contribution Limits (per IRS)
 - ✓ Self-Only \$4,150
 - ✓ Family \$8,300
 - ✓ Age 55 or older catch-up: \$1,000
 - Triple Tax Advantage
 - ✓ Money goes in in tax-free
 - ✓ Savings grow tax-free
 - ✓ Withdrawals are tax-free if used for eligible health items

To learn more, meet with your American Fidelity Representative during open enrollment!

Cost Summary – PPO Plans

Payroll deduction amounts listed are taken 11thly and include district contributions.
Includes Medical, Dental, Vision and Life Insurance

Coverage	Employee Only	Employee Plus 1 Dependent	Employee Plus 2 or More Dependents
Full-Time Employees – District Contribution \$13,500 Annually			
Anthem PPO	\$0.00	\$1,044.97	\$1,694.06
Anthem HDHP PPO	\$0.00	\$444.97	\$911.88

If you are enrolled in the Anthem PPO, you may want to consider the Anthem HDHP plan to save money in payroll deductions and open a Health Savings Account (HSA) instead!

- Employee + 1 Dependent: Save **\$600** (\$1,044.97-\$444.97) **11thly** or **\$6,600 Annually!**
- Employee Plus 2 or More Dependents: Save **\$782.18** (\$1,694.06-\$911.88) **11thly** or **\$8,603.98 Annually!**

Reminder - 2024 HSA Contributions

Self-Only \$4,500

Family \$8,300

Age 55 or older catch-up provision: \$1,000

HDHP Calendar Year Maximum

	<u>Deductible</u>	<u>Out-of-Pocket Maximum</u>
Self-Only	\$1,700	\$3,400
Family	\$3,400	\$6,800

SISC Value Added Services

- **Eden Health (Anthem PPO)** - Virtual, ongoing, primary care and mental health care, 24hrs/day, 7 days/week. Available to Anthem PPO Members only **(New)**
- **MDLive (Anthem PPO & HMO)** – Virtual office visits, 24hrs/day, 7 days/week, for both medical and behavioral health visits.
- **Teladoc (All Plans)** – Expert Medical 2nd Opinion - Free Service
- **SISC Employee Assistance Program (EAP) (All employees)** – Free Service includes counseling, consultation with an attorney, financial planning, ID theft recovery & monitoring, skill builders and more. Six no cost face to face visits!
- **VIDA Health** – Digital Health Coaching (Anthem PPO & HMO) – One-on-one coaching, therapy, digital programs and other tools and resources via online or mobile access.
- **Discounted Gym Memberships (Active & Fit) (Anthem PPO & HMO & Kaiser HMO)** – Discounted Gym Network - \$25 Registration Fee and \$25 per month

Benefit Options & Costs Part-Time Employees

Benefit Plan Highlights and Cost Summary

- **Part-Time employees have the choice of the following medical plans:**
 - **Kaiser HMO**
 - **Anthem HMO Priority Select Network (includes Scripps Clinic, UCSD and UCSD Palomar Health) – New Plan**
 - **Anthem HMO Select Network (includes Sharp, UCSD)**

Coverage	Employee Only	Employee Plus 1 Dependent	Employee Plus 2 or More Dependents
Part-Time Employees – District Contribution for Employee Medical Only			
Kaiser HMO	\$250.04	\$1,072.58	\$1,565.67
Anthem HMO Priority Select Network (New Plan)	\$262.80	\$1,145.35	\$1,675.35
Anthem HMO Select Network	\$252.98	\$1,111.53	\$1,626.44

American Fidelity

American Fidelity

- **Meet with the American Fidelity Representative Visiting your Site Between October 2 – October 27**
 - Flexible Spending Accounts (FSA) - **you must re-enroll each year)**
 - ✓ Health/Medical FSA
 - ✓ Dependent Care
 - HDHP Plan and Health Savings Account Information
 - Supplemental options like disability income protection, life insurance, specified disease coverage and more

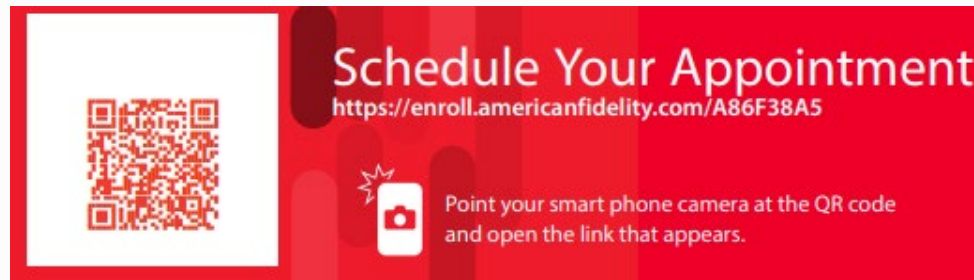
Options for Enrollment

- **Online Enrollment:**

- Through AFenroll®, you can enroll in a secure online enrollment system that is accessible from any desktop browser. The site contains educational resources about your supplemental benefit options.

- **Meet with an American Fidelity Representative:**

- American Fidelity representatives will be visiting all school sites this year. They can assist you through the benefit review and enrollment process. A roving sub will be provided to assist with classroom coverage – please coordinate with your site’s Administrative Assistant for the day and time.
- Schedule your appointment at:
<https://americanfidelity.com/pages/del-mar-union-school-district/>
or call the branch office at 800-365-9180



FBC Plans and Benefits

Questions?