



It's About Choice, It's About Value, It's About You!

Welcome to Benefits Open Enrollment for 2022

Monday, September 20, 2021 through Friday, October 15, 2021

For Post-97 Retirees

Open Enrollment is your once-a-year opportunity to learn your benefits options and to make additions, changes or deletions to your health coverage. Any elections made during Open Enrollment are effective and irrevocable as of January 1, 2022 and will stay in effect until December 31, 2022 (unless you have a qualified change in status and make a timely corresponding change).

Passive Open Enrollment – To retain the same benefits coverage for Plan Year 2022, you do not need to do anything. If no changes are made during the Open Enrollment period, we will carry forward your 2021 elections.

The FHDA partners with the California Public Employees' Retirement System (CalPERS) to provide your health and retirement benefits. Please check the information packet mailed by CalPERS for full details on health plans.

For comprehensive, up-to-date information regarding Open Enrollment for PY 2022, and carriers contact list, visit: http://hr.fhda.edu/benefits/a_2022_Open_Enrollment.html

For **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)**, please access: <https://hr.fhda.edu/downloads/2022%20CHIP%20Notice%20.pdf>

Important Reminder: To change Medical Plan, cancel coverage and/or adding/deleting dependent, you must contact CalPERS at **1-888-225-7377**. If you are adding new dependents, you must submit **ALL** required documentation such as Marriage Certificate, Birth Certificate or Passport, and Social Security Cards for all dependents, to both CalPERS and the District HR/Benefits Unit. Due to Shelter-in-Place Order, you may pdf/email to MyBenefits@fhda.edu or mailing the document to us via USPS. The completion of the attached [form](#) is required in all cases. All documentation must be served no later than **5pm, Friday, October 15, 2021** in order for benefits to be effective January 1, 2022.

No exceptions.

Phone: 650-949-6224

Fax: 650-949-6299

Email: Mybenefits@fhda.edu

WHAT'S NEW?

- **2022 Benefit Rates** – cost changes
- **Bridge to Medicare Program for post 97 retirees (must be under age 65)** – District subsidy for eligible retiree and spouse/domestic partner is increasing to **\$500/month** (retiree only) or **\$1,000/month** (retiree + spouse/DP) for all bargaining units including ACE, CSEA, FA, POA, TEAMSTERS, Confidential, and AMA.
- **Health Subsidy for enrolling a non-PERS medical plan shall be for one year only for 2022** – The District shall provide up to \$200/month for retiree and/or \$400 (retiree + spouse/DP). The subsidy is contingent upon the following conditions: (1) the non-CalPERS medical plan includes a monthly premium expense to the retiree; (2) such premium, or portion thereof, is not covered by another source, for example, another employer; (3) the retiree must attest to the expense and lack of coverage, or portion thereof, by another source; and (4) the retiree must submit verification and/or reverification of the plan expense and/or expense coverage upon request by the District.

- **Health Reimbursement Accounts** is now administered by WEX Benefits. WEX Inc. acquired Discovery Benefits and they are now rebranding to WEX (No action is required).
- **2022 Changes to Plans and/or Regions**

BASIC PLANS:

- **Preferred Provider Organization (PPO) Basic Plans:**
 - PERSCare, PERS Choice, and PERS Select, will transition to two plans: **PERS Platinum and PERS Gold PPO**
 - **PERS Platinum PPO** offers a 10% coinsurance benefit design and retains the same broad *Anthem Prudent Buyer PPO Network for nation-wide access*.
 - PERS Choice PPO is eliminated and transition to PERS Platinum.
 - PERS Select PPO transition to **PERS Gold** (restricted to CA residents only) - Retain the same 20% coinsurance benefit design and narrow *Anthem Select PPO Network*. For emergency services incur outside of CA, you may access BlueCard® PPO, an in-network Blue Cross and/or Blue Shield doctors and hospitals across the country.
- **Health Maintenance Organization (HMO)/Exclusive Provider Organization (EPO) Basic Plans:**
 - **Blue Shield Access Plus HMO** reenter into eight Bay Area counties: Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara, Sonoma, and Solano.
 - **Blue Shield EPO** expand into Lassen and Shasta Counties.
 - **Blue Shield Trio HMO** expand into Santa Cruz, Stanislaus and Orange counties.
 - **UnitedHealthcare SignatureValue Harmony HMO** is now available in Los Angeles, Orange, Riverside, San Bernadino, and San Diego counties.
 - **Western Health Advantage HMO** expand into Humboldt county.

MEDICARE PLANS:

- **Anthem Blue Cross Medicare Advantage:** Expand into 21 additional counties for coverage in all 58 counties with new supplemental benefits:
 - 12 telephone nutritional counseling sessions
 - 1 monthly shipment of recommended healthy non-perishable staples
 - 12 Non-emergency medical transportation one-way trips
- **Blue Shield Medicare Advantage:** New nationwide plan with additional supplemental benefits:
 - Quarterly \$80 over-the-counter drug benefit
 - Personal emergency response system
 - Post-discharge meals
 - 24 non-emergency medical transportation one-way trips
- **PERSCare Supplement to Medicare Plan:** Transition to PERS Platinum Supplement to Medicare Plan. No changes to benefit design or network. Access to wider Anthem Prudent Buyer PPO Network nation-wide and any Medicare-contract providers. This plan is highly recommended for individuals with major medical conditions that required unlimited skilled-nursing needs.
- **PERS Choice Supplement to Medicare Plan:** Transition to PERS Platinum Supplement to Medicare Plan. No changes to benefit design or network.
- **PERS Select Supplement to Medicare Plan (Restricted to CA residents only):** Transition to PERS Gold Supplement to Medicare Plan. No change to benefit design or network. Access to any Medicare-contract providers. Skilled-nursing coverage is limited to 100 days per year.

- **UnitedHealthcare Group Medicare Advantage Edge PPO:** New nationwide plan with zero copay/no Deductible. Equally as good as PERS Platinum, including hearing, dental and vision benefits.
- **UnitedHealthCare Group Medicare Advantage PPO** offers new supplemental benefits: post-hospital meal delivery, post-hospital discharge transportation and non-skilled in-home care.
- **Western Health Advantage (WHA) MyCare Select Medicare Advantage:** New plan to be available in nine counties: Colusa, El Dorado, Marin, Napa, Placer, Sacramento, Solano, Sonoma, and Yolo.

Key Differences between Medicare Advantage PPO Plans:

- **Anthem Medicare Preferred PPO** (restricted to Medicare-eligible retirees only) - Allows plan members to receive care at the same benefit level from all contracted Medicare provider, except Kaiser, for a \$10 OV co-pay. It covers Medicare Parts A, B, and D and the plan will cover members nation-wide in all states and U.S. territories.
 - Offers similar coverage to UHC Group Medicare Advantage PPO, however, the plan required 10% co-insurance for Durable Medical Equipment and Diabetic Services such as glucose monitors, and test strips.
 - Optional dental and vision coverage are available to Medicare-eligible retirees. Members signing up for this dental and vision benefit will pay Anthem BC directly for this coverage.
- **UnitedHealthcare (UHC) Group Medicare Advantage PPO** (restricted to Medicare-eligible retirees only) – Allows plan members to receive care at the same benefit level from any willing Medicare provider, except Kaiser, for a \$10 co-pay. It covers Medicare Parts A, B, and D and the plan will cover members nation-wide in all states and U.S. territories. In addition, the plan will offer dental and vision coverage as an option. Members signing up for this dental and vision benefit will pay UHC directly for this coverage.
- **UnitedHealthcare Group Medicare Advantage Edge PPO – NEW** (restricted to Medicare-eligible retirees only) – Allows plan members to receive care at the same benefit level from any willing Medicare provider, except Kaiser, for zero co-pay and no out-of-pocket expense for Medicare-covered services from any providers. It covers Medicare Parts A, B, and D and the plan will cover members nation-wide in all states and U.S. territories. The program covers many services not covered by Original Medicare such as routine physical, chiropractic/acupuncture care, foot care, routine hearing exam, hearing aids (\$2,000/24 mo.), annual vision exam/routine eyewear, fitness membership, post-discharge meals, in-home medical care, post-discharge routine transportation up to 30 days, weight management program and tobacco cessation program.

For Open Enrollment checklist and key dates, please visit:

<https://hr.fhda.edu/downloads/2022%20Benefits%20Open%20Enrollment%20Check%20List%20and%20Key%20Dates.pdf>

DEADLINE: Friday, October 15, 2021, 5pm.

