

Welcome to Your Benefits!

Our employees are crucial to our success. We are pleased to provide a variety of benefits such as health care, life insurance, disability insurance and more which can be tailored to you and your family's needs.

This is a summary. Additional details about these benefits are available at <https://hr.fhda.edu/benefits/>.



**20
25**
Benefits
at a Glance

Medical

Our CalPERS medical coverage provides you and your family the protection you need for everyday health issues or when the unexpected happens. All eligible employees can choose from the following CalPERS medical plans.

		KAISER HMO	NON-KAISER HMO	PERS GOLD PPO		PERS PLATINUM PPO	
		In-Network Only	In-Network Only	In-Network	Out-Of-Network	In-Network	Out-Of-Network
CALENDAR YEAR DEDUCTIBLE							
	• Individual	N/A	N/A	\$1,000	\$2,500	\$500	\$2,000
	• Family	N/A	N/A	\$2,000	\$5,000	\$1,000	\$4,000
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)							
	• Individual	\$1,500	\$1,500	\$3,000	Unlimited	\$2,000	Unlimited
	• Family	\$3,000	\$3,000	\$6,000	Unlimited	\$4,000	Unlimited
COINSURANCE / COPAYS				YOU PAY			
	Preventive Care	No Charge	No Charge	No Charge	40%	No Charge	40%
	Primary Care Physician	\$15	\$15	\$35	40%	\$20	40%
	Specialist	\$15	\$15	\$35	40%	\$20	40%
	Urgent Care	\$15	\$15	\$35	40%	\$35	40%
	Emergency Room	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50 (waived if admitted)		\$50 (waived if admitted)	
PHARMACY							
RETAIL RX (UP TO 30-DAY SUPPLY)							
	Generic	\$5	\$5	\$5		\$5	
	Brand Name	\$20	\$20	\$20		\$20	
	Non-Formulary	\$20	\$50	\$50		\$50	
	Specialty Drugs	\$20	Typically follows tier structure above***	Follows tier structure above		Follows tier structure above	
	MAIL ORDER RX (90 DAY SUPPLY**)						
Generic	\$10	\$10	\$10		\$10		
Formulary	\$40	\$40	\$40		\$40		
Non-Formulary	\$40	\$100	\$100		\$100		

* After deductible

**100 Day Supply for Kaiser HMO

***Coverage varies by plan

This document is not an official plan document. Official plan documents contain detail, including important coverage exclusions and limitations. If there are any discrepancies between this benefit overview and plan documents, the plan documents will govern.

NEW! Blue Shield Replaces Anthem for CalPERS PPO Plans in 2025

Blue Shield of California will replace Anthem as the third-party administrator for the PERS Platinum PPO and PERS Gold PPO Basic health plans in 2025. Blue Shield's network will closely match Anthem's, ensuring minimal disruption for members. There are no changes to copays, coinsurance, or deductibles with this transition to Blue Shield.

Provider Availability:

- PERS Platinum: Near-100% match statewide.
- PERS Gold (urban/suburban counties including Bay Area counties): Over 90% match.
- PERS Gold (22 CA rural counties): Near-100% match.

Transition Support:

- PERS Platinum:
 - Continuity of care for up to one year if the current provider is out-of-network in 2025 (subject to eligibility for Continuity of Care under Department of Managed Health Care ("DMHC") / Federal regulations).
 - Additionally, one-year out-of-network exception for office visits provided by Blue Shield, treating out-of-network office visits as if in-network).
- PERS Gold:
 - Continuity of care for up to one year if the current provider is out-of-network in 2025 (subject to eligibility for Continuity of Care under Department of Managed Health Care ("DMHC") / Federal regulations).
 - Personalized Blue Shield support to switch plans or find new providers.

NEW! Population Health Vendor – Included Health

CalPERS Basic PPO plan members will have access to Included Health's services in 2025, offering:

- Navigation to most appropriate in-network and high-quality providers
- Answering member questions
- Advocacy and care management
- Supplemental Virtual Health Network for primary care and behavioral health



Dental

		DELTA DENTAL PPO PLAN	
		Delta Dental PPO Dentists**	Non-Delta Dental PPO Dentists**
	Calendar Year Deductible • Individual • Family	N/A N/A	N/A N/A
	Calendar Year Plan Maximum Per Individual	\$2,000 (\$300 Increase for 2025!)	\$1,800 (\$300 Increase for 2025!)
COINSURANCE/COPAYS		YOU PAY	
	DIAGNOSTIC & PREVENTIVE CARE		
	Exams, Cleanings, X-rays, Fluoride, Space Maintainers, Sealants	0%	0%
	BASIC SERVICES		
	Oral Surgery, Fillings, Endodontic Treatment, Periodontic Treatment, Repairs of Dentures and Crowns	0 - 30%*	0 - 30%*
	MAJOR PROCEDURES		
	Crowns, Jackets	0 - 30%*	0 - 30%*
	PROSTHODONTIC SERVICES		
	Bridges, Dentures, Implants	50%	50%
ORTHODONTIA			
	Covered	50%	50%
	Lifetime Orthodontia Plan Maximum (Per Individual)	\$1,000	\$1,000

* In this incentive plan, Delta Dental pays 70% of the PPO contract allowance for covered basic services and 70% of the PPO contract allowance for major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Vision

		VSP VISION SIGNATURE PPO PLAN	
		In-Network	Out-of-Network
COINSURANCE/COPAYS		YOU PAY	
	Exam	\$10	Up to \$45
	Materials	Included with exam copay	N/A
LENSES			
	Single	Included with exam copay	Up to \$45
	Bifocals	Included with exam copay	Up to \$65
	Trifocals	Included with exam copay	Up to \$85
	Lenticular	Included with exam copay	Up to \$125
FRAMES			
	Frames	Included with exam copay \$120-\$140 allowance	Up to \$47
CONTACT LENSES (IN LIEU OF EYEGLASS LENSES)			
	Medically Necessary	No Copay (Covered in Full)	Up to \$210
	Elective	No Copay (\$120 allowance)	Up to \$105
BENEFIT FREQUENCY			
	Exams	Once every 12 months	Once every 12 months
	Lenses	Once every 12 months	Once every 12 months
	Frames	Once every 24 months	Once every 24 months
	Contacts	Once every 12 months	Once every 12 months

Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) allow you to pay for eligible health care and dependent care expenses using pre-tax dollars. There are three types of FSAs: the Health Care FSA, the Dependent Care FSA and the Commuter Benefits.



Health Care FSA

The Health Care FSA can be used to pay **out-of-pocket medical, dental, vision and prescription drug expenses**. You may contribute up to the IRS annual maximum of **\$3,200** per year, pretax. The minimum you may contribute, if you elect to make a contribution, is \$500 per year, pretax.



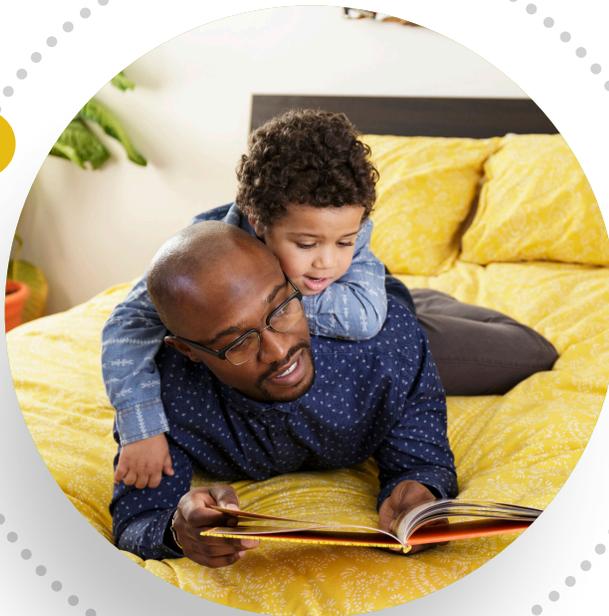
Dependent Care FSA

The Dependent Care FSA can be used to pay **eligible day care expenses** for your children under age 13 or a dependent adult to allow you or your spouse to work or attend school full time. The IRS annual contribution limit is \$5,000 (\$2,500 if married and filing separate tax returns), pretax. The minimum you may contribute, if you elect to make a contribution, is \$500 per year, pretax.



Commuter Benefits

Commuter Benefits allow you to set aside pre-tax dollars to pay for **eligible expenses** related to commuting to and from work. Monthly contribution limits are **\$315** for parking, vanpool or transit passes. The minimum you may contribute, if you elect to make a contribution, is \$20 per month, pretax.



Basic Life and AD&D

EMPLOYEE

For both Basic Life and AD&D you are covered up to a maximum of

\$50,000. Spouse: For basic life, you are covered to \$5,000, not to exceed Employee basic life amount. Children: For basic life, children are covered to:

- Birth to 6 months: \$1,000
- 6 months or older: \$5,000

Voluntary Life and AD&D

You may purchase additional life insurance for yourself and your dependents for additional financial protection.

YOU

Voluntary Life and AD&D
 Increments of **\$10,000** up to a maximum of **\$150,000**
 Guaranteed issue amount: **\$150,000**

SPOUSE

Voluntary Life
 Increments of **\$5,000** up to **\$150,000** – not to exceed **100%** of employee coverage
 Guaranteed issue amount: **\$25,000**

CHILD

Voluntary Life
 Birth to 6 months – **\$1,000**
 6 months to 21 years – **\$10,000**
 Guaranteed issue amount: **\$10,000**
 Unmarried children who are students can be covered to age 24, or unmarried disabled children who are over age 21 and dependent upon the employee for financial support may also be covered.

Disability Insurance

Disability insurance replaces a portion on your income when you experience a qualifying disability and are unable to work.

LONG TERM

Long Term Disability insurance will pay 66 2/3% of your monthly earnings up to \$6,000 maximum* after 130 days (Class 1) or 180 days (Class 2 ***).**

BUY-UP LONG TERM

After 180 days Buy-Up Long Term Disability insurance will pay 66 2/3% of your monthly earnings up to \$12,000 maximum* Buy-Up Long Term Disability is a voluntary, employee-paid benefit.

** You will receive a portion of your monthly income for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever comes first.*

*** Class 1: All Classified Employees and Faculty Members with 5 or more years of credited service with CalSTRS/CalPERS and who are in active employment.*

****Class 2: All other Classified Employees and Faculty who are in active employment.*

Additional Benefits & Resources

- Employee Assistance Program (EAP)
- Critical Illness Insurance
- Accidental Injury Insurance
- Pet Insurance
- Legal Assistance Plan



FOR MORE INFORMATION

If you would like to learn more about the benefits available to you visit <https://hr.fhda.edu/benefits/>.

