

Welcome to Your Benefits!

We are pleased to provide a variety of healthcare benefits such as medical, dental and vision 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/>.



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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.

“Pre 97 Retirees” who qualify under the terms of their respective “paid benefits for retired employees hired before July 1, 1997” contract provisions are eligible to participate in the District’s medical health insurance plans in the same manner as eligible employees and may select from the same plan choices and contribution levels as offered to eligible employees, subject to any limitations imposed by CalPERS.

“Post 97 Retirees” who qualify under the term of their respective “paid benefits for retired employees hired after July 1, 1997” contract provisions are eligible to participate in the District’s medical health insurance plans by contracting directly with CalPERS. All eligible retirees can choose from the following CalPERS medical plans. Basic plans are shown on this page and Medicare plans are shown on the next page.

Basic 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)	\$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



Medicare Plans

	ANTHEM MEDICARE PREFERRED PPO	BLUE SHIELD MEDICARE ADVANTAGE PPO	KAISER PERMANENTE SENIOR ADVANTAGE HMO	KAISER PERMANENTE SUMMIT SENIOR ADVANTAGE HMO
Out-of-Pocket Maximum	\$1,500	\$1,500	\$1,500	\$1,500
Preventive Services	\$0	\$0	\$0	\$0
Primary Care Visit	\$10	\$0	\$10	\$0
Specialist Visit	\$10	\$0	\$10	\$0
Emergency Services	\$50	\$50	\$50	\$50
Hospitalization	\$0	\$0	\$0	\$0
PRESCRIPTION DRUGS				
Generic	\$5	\$5	\$5	\$5
Brand Name	\$20	\$20	\$20	\$20
Non-Preferred Drug	\$50	\$50		

Medicare Plans (cont.)

	PERS GOLD MEDICARE SUPPLEMENT PPO	PERS PLATINUM MEDICARE SUPPLEMENT PPO	UNITED HEALTHCARE MEDICARE ADVANTAGE PPO
Out-of-Pocket Maximum	No maximum	No maximum	\$1,500
Preventive Services	\$0	\$0	\$0
Primary Care Visit	\$0	\$0	\$10
Specialist Visit	\$0	\$0	\$10
Emergency Services	\$0	\$0	\$50
Hospitalization	\$0	\$0	\$0
PRESCRIPTION DRUGS			
Generic	\$5	\$5	\$5
Brand Name	\$20	\$20	\$20
Non-Preferred Drug	\$50	\$50	\$50

FOR MORE INFORMATION



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

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

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

Medicare Supplement Plans:

- No impact on provider access.
- Care coordination continues under Centers for Medicare and Medicaid Services ("CMS").
- Blue Shield provides administrative services.

Basic Non-Medicare PPO Plans:

- Blue Shield replaces Anthem for PERS Platinum and PERS Gold PPO plans.
- Near-100% provider match for PERS Platinum (statewide) and PERS Gold (22 rural counties).
- Over 90% provider match for PERS Gold (urban/suburban counties including Bay Area counties).
- Blue Shield provides network and administrative services.

Transition Support for Basic PPO Members:

- 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







Retired Employees Hired Before July 1, 1997 – Election of a medical health plan shall also include vision and dental coverage offered by the District. Pre-97 Retirees may not opt out of dental and vision coverage, nor elect only vision and dental coverage.

Retired Employees Hired After July 1, 1997 – Retired employees who are under age 65 and are participating in the Bridge Program may elect the District’s vision and dental coverage, as a package only, at full cost.

Retirees who do not qualify under the Bridge Program or who have reached age 65 or older, may contract directly with vision and/or dental plan providers, in accordance with the terms of their contract, at their own cost.





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	REIMBURSEMENT
	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



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.