2026

FOOTHILL-DE ANZA

COMMUNITY COLLEGE DISTRICT

OPEN ENROLLMENT

Benefits Effective January 1, 2027

PLAN YEAR 2027

Agenda

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- ❑ Enrollment
- ❑ What's new for 2027?
- ❑ Qualifying Life Events (QLE)
- ❑ Medical Plan Comparison
- ❑ Medical Claim Scenario Examples
- ❑ Medical Plan "Ways to Save"

Enrollment

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Open Enrollment: Monday, September 14th – Friday, October 9th

- The elections you make during open enrollment will go into effect on **January 1st, 2027.**
- The elections you make will remain in effect until **December 31st, 2027.**
- After Open Enrollment period ends, you will not be able to make changes to your benefits unless you experience a **qualifying life event.**

Qualifying Life Events (QLE) include:

- Marriage, Divorce, legal separation or annulment
- Birth, adoption, or placement for adoption of an eligible child
- Death of a spouse or child
- Change in your spouse's/domestic partner's employment
- Change in your child's eligibility for benefits (ex. Marriage or reaching the age limit of 26)

What's Changing for 2027?

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Enhanced Dental Benefits

- For services provided by PPO Network dentists, **Annual Maximum Benefit** will be increasing from $2,000 to $2,500
- **Lifetime Orthodontic Maximum Benefit** will be increasing from $1,000 to $2,000

Enhanced Vision Benefits

Frame allowance will be increasing:

- Standard Frames: Allowance will be increasing from $120 to $180
- Featured Frames: Allowance will be increasing from $140 to $200
- Elective Contact Lenses: Allowance will be increasing from $120 to $180

Costco will be added as in-network provider of vision care and materials beginning January 1, 2027.

What's Changing for 2027?

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UnitedHealthcare Basic Health Plans Removal for 2027

Effective January 1, 2027, CalPERS will discontinue the following Basic (non-Medicare) UnitedHealthcare plans:

- **UnitedHealthcare SignatureValue Alliance HMO**
- **UnitedHealthcare SignatureValue Harmony HMO**
- **The Basic-plan portion of UnitedHealthcare Combination Plans (families with both Basic and Medicare members)**

CalPERS made this decision to help maintain high-quality, sustainable, and affordable coverage, citing proposed premium increases from UnitedHealthcare that it considered high and unjustified.

WHAT MEMBERS NEED TO KNOW

- **Impacted members will receive communications from CalPERS explaining their options and Open Enrollment considerations.**
- **Members may select a different health plan during Open Enrollment (September 14 – October 9, 2026).**
- **If no action is taken, CalPERS will automatically transfer members to another available plan, with assignment based largely on provider continuity and geographic availability.**
- **UnitedHealthcare Medicare Advantage PPO remains available for CalPERS Medicare retirees and is not being removed.**

What's Changing for 2027?

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New Infertility Coverage Effective July 1, 2027

Beginning July 1, 2027, CalPERS Basic health plans will include coverage for the diagnosis and treatment of infertility in accordance with California Senate Bill 729. The new benefit will be available through all CalPERS Basic HMO and PPO plans and is intended to expand access to family-building services for members seeking infertility care.

WHAT WILL BE COVERED?

The new benefit will provide access to:

- **Evaluation, diagnosis, and treatment of infertility**
- **Family-building services through specialized fertility providers**
- **Care coordination and navigation services to help members access appropriate treatment**
- **Access to a comprehensive statewide fertility provider network**
- **Additional family-building support services, including surrogacy-related support offered through the fertility program vendor (where applicable)**

To support consistent access and quality of care, CalPERS will require participating health plans (except Kaiser Permanente) to partner with a specialized fertility vendor that offers an extensive fertility provider network and expertise in delivering equitable family-building services throughout California. Kaiser Permanente will provide these services through its integrated care model.

WHY THIS CHANGE MATTERS

The new benefit expands access to infertility care and family-building resources for CalPERS members while providing support for a broader and more inclusive definition of infertility under state law. CalPERS approved the enhancement for both Basic HMO and PPO plans to ensure members have access to infertility benefits regardless of plan type.

Medical Plan Comparison

Choosing the Right Plan

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	PPO	HMO
What is it?	Plan that offers referral-free access with a broad nationwide network plus out-of-network coverage.	Plan that covers care from in-network providers only, with predictable copays and out-of-pocket maximums.
What's the advantage for employees?	-Broader choices of primary care physicians -No referrals required for specialists	-Predictable out-of-pocket costs -Care coordinated by a primary care physician
Is there out of network coverage?	Yes, at a higher cost	No (except for emergencies)
Annual deductible?	Yes	No
Copays?	Yes, for some services	Yes
Coinsurance?	Yes, for some services	No
Is a primary care physician required?	No	Yes

Things to consider:

- Who will be covered under your plan?
- What are your expected medical care/pharmacy needs?
- How do you want to pay for care?

Remember: All plans cover preventive care in full.

Basic PPO Plan Comparison

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	Platinum PPO		Gold PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Individual/Family)	$500 / $1,000	$2,000 / $4,000	$1,000* / $2,000*	$2,500 / $5,000
Coinsurance Max (Individual/Family)	$2,000 / $4,000	Unlimited / Unlimited	$3,000 / $6,000	Unlimited / Unlimited
Medical Max Responsibility (Ind/Fam)	$10,000 / $20,000	Unlimited / Unlimited	$10,000 / $20,000	Unlimited / Unlimited
Pharmacy Max Responsibility (Ind/Fam)	$2,000 / $4,000	Unlimited / Unlimited	$2,000 / $4,000	Unlimited / Unlimited
Preventive Services	No Charge	40% after Ded.	No Charge	40% after Ded.
Office Visits (PCP / Specialist)	$20 / $35 copay	40% after Ded.	$10** / $35 copay	40% after Ded.
Telehealth (PCP / Specialist)	$20 copay	40% after Ded.	$10 copay	40% after Ded.
Inpatient Hospital	10% after $250 Ded.	40% after Ded.	20% after Ded.	40% after Ded.
Emergency Room	$50 copay plus 10%		$50 copay plus 20%	
Urgent Care	$35 copay/visit + 10%	40% after Ded.	$35 copay/visit + 20%	40% after Ded.
Prescription Drugs				
Retail Pharmacy (30-day supply) Generic Preferred Brand Non-Preferred Brand Specialty	$5 $20 $50 Specialty follows tier structure above	Not Covered	$5 $20 $50 Specialty follows tier structure above	Not Covered
Mail Order (90-day supply)	2x retail copay		2x retail copay	

Deductible and copays do not count toward the coinsurance maximum. They do count toward medical maximum responsibility.
After the coinsurance maximum, members still pay applicable copays until they reach the medical maximum.
Pharmacy is separate from the medical maximum. $1,000 of the pharmacy maximum is a separate home-delivery / specialty-mail limit.
*The PERS Gold PPO individual deductible is split into a $500 outpatient and $500 inpatient deductible. The family deductible is split into a $1,000 outpatient and $1,000 inpatient deductible.
**Office visit copay is $35 if not enrolled with a primary care physician

Basic HMO Plan Comparison

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	Kaiser HMO	Blue Shield Access+ HMO	Anthem Traditional HMO	Anthem Select HMO
	In-Network Only	In-Network Only	In-Network Only	In-Network Only
Deductible (Individual/Family)*	$0 / $0	$0 / $0	$0 / $0	$0 / $0
Medical Out-of-Pocket Max (Ind/Fam)	$1,500 / $3,000	$1,500 / $3,000	$1,500 / $3,000	$1,500 / $3,000
Preventive Services	No Charge	No Charge	No Charge	No Charge
Office Visits (PCP / Specialist)	$15 / $15 copay	$15 / $15* copay	$15 / $15 copay	$15 / $15 copay
Telehealth (PCP / Specialist)	**No Charge**	$15 / $15 copay	$15 / $15 copay	$15 / $15 copay
Inpatient Hospital	No Charge	No Charge	No Charge	No Charge
Emergency Room	$50 copay	$50 copay	$50 copay	$50 copay
Urgent Care	$15 copay	$15 copay	$15 copay	$15 copay
Prescription Drugs				
Retail Pharmacy (30-day supply) Generic Preferred Brand Non-Preferred Brand Specialty	 $5 $20 $20 $20	 $5 $20 $50 $30	 $5 $20 $50 Specialty follows tier structure above	 $5 $20 $50 Specialty follows tier structure above
Mail Order (90-day supply)	2x retail copay	2x retail copay	2x retail copay	2x retail copay

This is a summary of the HMO plans with the highest enrollment. All other HMO plans follow a similar benefit structure.
*$30 copay Blue Shield Access+ Specialist ($15 Other Specialist)
(PCP = Primary Care Physician)

Medical Claim Scenario Examples

Medical Plan Cost Example

Lower Cost, Employee Only Coverage

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EXAMPLE: Healthcare costs shown below are based on the following In-Network services –

- **1 Preventive Visit**
- **1 Specialist Visits**
- **2 Generic Prescriptions**

	PERS Platinum PPO	Blue Shield Access+ HMO
Amount Applied to Deductible	$0	No deductible
Copays (not subject to deductible; do not accumulate to out-of-pocket maximum)	**$45** (1x $35 specialist visit copay + 2x $5 generic Rx copays)	**$25** (1x $15 specialist visit copay + 2x $5 generic Rx copays)
Coinsurance (after deductible)	$0	No coinsurance
Total Healthcare Cost	**$45**	**$25**
Healthcare Cost	$45	$25
Employee Annual Premiums	$4,080	$2,508
Your Total Annual Cost	**$4,125**	**$2,533**

Medical Plan Cost Example

Higher Cost, Employee Only Coverage

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EXAMPLE: Healthcare costs shown below are based on the following In-Network services –

- **1 Preventive Visit**
- **4 Specialist Visits**
- **12 Preferred Brand Name Prescriptions**
- **1 Outpatient Surgery**

	PERS Platinum PPO	Blue Shield Access+ HMO
Amount Applied to Deductible	**$500**	No deductible
Copays (not subject to deductible; do not accumulate to out-of-pocket maximum)	**$380** (4x $35 specialist visit copays + 12x $20 brand name Rx copays)	**$360** (4x $30 specialist visit copays + 12x $20 brand name Rx copays + No copay- outpatient surgery)
Coinsurance (after deductible)	**$1,500** (10% of $70,000 outpatient surgery billed charges up to $1,500 coinsurance maximum)	No coinsurance
Total Healthcare Cost	**$2,380**	**$360**
Healthcare Cost	$2,380	$360
Employee Annual Premiums	$4,080	$2,508
Your Total Annual Cost	**$6,460**	**$2,868**

Medical Plan Cost Example

Lower Cost, Family Coverage

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EXAMPLE: Healthcare costs shown below are based on the following In-Network services –

- **4 Preventive Visit**
- **4 Specialist Visits**
- **4 Generic Prescriptions**

	PERS Platinum PPO	Blue Shield Access+ HMO
Amount Applied to Deductible	$0	No deductible
Copays (not subject to deductible; do not accumulate to out-of-pocket maximum)	**$160** (4x $35 specialist visit copays + 4x $5 generic Rx copays)	**$80** (4x $15 specialist visit copays + 4x $5 generic Rx copays)
Coinsurance (after deductible)	$0	No coinsurance
Total Healthcare Cost	**$160**	**$80**
Healthcare Cost	$160	$80
Family Annual Premiums	$10,596	$6,504
Your Total Annual Cost	**$10,756**	**$6,584**

Medical Plan Cost Example

Higher Cost, Family Coverage

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EXAMPLE: Healthcare costs shown below are based on the following In-Network services –

- **4 Preventive Visit**
- **8 Specialist Visits**
- **24 Preferred Brand Name Prescriptions**
- **1 Outpatient Surgery**

	PERS Platinum PPO	Blue Shield Access+ HMO
Amount Applied to Deductible	**$1,000**	No deductible
Copays (not subject to deductible; do not accumulate to out-of-pocket maximum)	**$760** (8x $35 specialist visit copays + 24x $20 brand name Rx copays)	**$720** (8x $30 specialist visit copays + 24x $20 brand name Rx copays + No copay- outpatient surgery)
Coinsurance (after deductible)	**$3,000** (10% of $70,000 outpatient surgery billed charges up to $3,000 coinsurance maximum)	No coinsurance
Total Healthcare Cost	**$4,760**	**$720**
Healthcare Cost	$4,760	$720
Family Annual Premiums	$10,596	$6,504
Your Total Annual Cost	**$15,356**	**$7,224**

Medical Plan
“Ways to Save”

Medical Plans "Ways to Save"

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- Routine preventive care is covered at 100% (Annual Check-Ups, Screenings, Vaccines)
- You will pay less out-of-pocket if you seek services from In-Network providers/hospitals
- For non-emergency or after-hours needs, visit an urgent care center
- Save time and money by using telemedicine
- A generic drug saves money compared a brand name
- Save money and time by getting a 90-day supply of medication at select retail pharmacies and via mail order (90-day supply for the cost of a 60-day supply)

Questions?

Questions?

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Please reach out with any benefits questions during Open Enrollment!

Benefits Email: MyBenefits@fhda.edu

Benefits Phone: (650) 949-6224

Benefits Fax: (650) 949-6299

Benefits Website: https://hr.fhda.edu/benefits/