FOOTHILL-DE ANZA
COMMUNITY COLLEGE DISTRICT




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 **hr.fhda.edu/benefits**.

2027 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 COINSURANCE MAXIMUM							
	• **Individual**	N/A	N/A	$3,000	Unlimited	$2,000	Unlimited
	• **Family**	N/A	N/A	$6,000	Unlimited	$4,000	Unlimited
MEDICAL MAXIMUM RESPONSIBILITY							
	• **Individual**	$1,500	$1,500	$10,000	Unlimited	$10,000	Unlimited
	• **Family**	$3,000	$3,000	$20,000	Unlimited	$20,000	Unlimited
PHARMACY MAXIMUM RESPONSIBILITY							
	• **Individual**	N/A	N/A	$2,000	Unlimited	$2,000	Unlimited
	• **Family**	N/A	N/A	$4,000	Unlimited	$4,000	Unlimited
COINSURANCE / COPAYS				**YOU PAY**			
	Preventive Care	No Charge	No Charge	No Charge	40%	No Charge	40%
	Primary Care Phys.	$15	$15	$10	40%	$20	40%
	Specialist	$15	$15	$35	40%	$35	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	

- 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.
- Out-of-network has no coinsurance maximum.
- Pharmacy is separate from the medical maximum. $1,000 of the pharmacy maximum is a separate home-delivery / specialty-mail limit.

*100-Day Supply for Kaiser HMO. **Coverage varies by plan. ***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.

Medical Plan Cost Example

Higher Cost, Employee Only Coverage

Example healthcare costs shown below are based on the following in-network services—1 preventive visit, 4 specialist visits, 12 preferred brand name prescriptions, and 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)**	$2,000 (10% of $70,000 outpatient surgery billed charges up to $2,000 coinsurance maximum)	No coinsurance
• **Total Healthcare Cost**	**$2,880**	**$360**
• **Healthcare Cost**	$2,880	$360
• **Employee Annual Premiums**	$4,080	$2,508
• **Your Total Annual Cost**	$6,960	$2,868

Medical Plan Cost Example

Higher Cost, Family Coverage

Example healthcare costs shown below are based on the following in-network services—4 preventive visits, 8 specialist visits, 24 preferred brand name prescriptions, and 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)**	$4,000 (10% of $70,000 outpatient surgery billed charges up to $4,000 coinsurance maximum)	No coinsurance
• **Total Healthcare Cost**	**$5,760**	**$720**
• **Healthcare Cost**	$5,760	$720
• **Family Annual Premiums**	$10,596	$6,504
• **Your Total Annual Cost**	**$16,356**	**$7,224**

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.

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.

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)	**NEW! $2,500** ~~**$2,000**~~	**$1,800**
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)	**NEW! $2,000** ~~$1,000~~	**NEW! $2,000** ~~$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	
COINSURANCE/COPAYS	In-Network **YOU PAY**	Out-of-Network **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 **NEW! $180–$200 allowance** ~~$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~~) **NEW! $180 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

Enhanced Benefit Details for 2027 — Dental and Vision

Dental Benefit Enhancements

- Effective January 1, 2027, the Delta Dental plan's annual maximum benefit for covered dental services will increase from **$2,000 to $2,500** for services provided by a PPO network dentist. **The $1,800 annual maximum benefit for services provided by non-PPO dentists will remain unchanged.** This enhancement increases the amount eligible members can receive toward covered dental care each plan year.
- In addition, the plan's lifetime **orthodontia maximum benefit will increase from $1,000 to $2,000**, providing greater financial support for members and eligible dependents receiving orthodontic treatment.

Vision Benefit Enhancements

- Effective January 1, 2027, the VSP vision plan will provide higher allowances for eyewear and contact lenses. The frame allowance will increase **from $120 to $180 for standard frames and from $140 to $200 for featured frames**, giving members greater flexibility when selecting eyewear.
- The allowance for **elective contact lenses will also increase from $120 to $180**, reducing out-of-pocket costs for members who choose contacts instead of eyeglasses.
- **Costco** will be added as an in-network provider of vision care and materials beginning January 1, 2027.

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 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 **$3,400** per year, pretax. The minimum you may contribute, if you elect to make a contribution, is $500 per year, pre-tax.
For plan year 2026, it is permissible to carry over up to $660 of unused funds from the Health Care Account into plan year 2027. Similarly, the carryover from plan year 2027 into plan year 2028 is $680.

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 $7,500 ($3,750 if married and filing separate tax returns), pre-tax. The minimum you may contribute, if you elect to make a contribution, is $500 per year, pre-tax.

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 **$340** for parking, vanpool or transit passes. The minimum you may contribute, if you elect to make a contribution, is $20 per month, pre-tax.

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, spouse coverage is $5,000, not to exceed the employee Basic Life amount. Children: For Basic Life, children are covered up 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

SPOUSE

Voluntary Life
Increments of $5,000 up to $150,000 — not to exceed 100% of employee coverage

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 of 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 other Classified Employees and Faculty 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 hr.fhda.edu/benefits.