FOOTHILL-DE ANZA
COMMUNITY COLLEGE DISTRICT

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 **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.

"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 terms 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 page 2 and Medicare plans are shown on page 4.

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** • **Family**	N/A N/A	N/A N/A	$1,000*** $2,000***	$2,500 $5,000	$500 $1,000	$2,000 $4,000
CALENDAR YEAR COINSURANCE MAXIMUM						
• **Individual** • **Family**	N/A N/A	N/A N/A	$3,000 $6,000	Unlimited Unlimited	$2,000 $4,000	Unlimited Unlimited
MEDICAL MAXIMUM RESPONSIBILITY						
• **Individual** • **Family**	$1,500 $3,000	$1,500 $3,000	$10,000 $20,000	Unlimited Unlimited	$10,000 $20,000	Unlimited Unlimited
PHARMACY MAXIMUM RESPONSIBILITY						
• **Individual** • **Family**	N/A N/A	N/A N/A	$2,000 $4,000	Unlimited Unlimited	$2,000 $4,000	Unlimited Unlimited
COINSURANCE / COPAYS			**YOU PAY**			
Preventive Care	No Charge	No Charge	No Charge	40%	No Charge	40%
Primary Care Physician	$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.

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.

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	UNITEDHEALTHCARE MEDICARE ADVANTAGE PPO
Out-of-Pocket Maximum	No maximum	$3,000	$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

PHARMACY BENEFITS ADMINISTRATION

CVS Caremark (CVS) will remain the pharmacy benefits manager (PBM) for the following CalPERS

Medicare plans:

- Anthem Medicare Preferred
- PERS Gold Medicare Supplement
- PERS Platinum Medicare Supplement

CVS manages retail, mail-order, and specialty pharmacy services, offering members an enhanced experience through a nationwide pharmacy network, digital tools, and improved customer service.

For Medicare members, SilverScript – an affiliate of CVS – will administer your pharmacy benefits.

The following plans administer their own prescription benefits for members:

- Blue Shield Medicare Advantage
- Kaiser Permanente Senior Advantage
- Kaiser Permanente Senior Advantage Out-of-State
- Kaiser Permanente Senior Advantage Summit
- Kaiser Permanente Senior Advantage Summit Out-of-State
- Sharp Direct Advantage
- UnitedHealthcare Group Medicare Advantage

Medicare Plan Updates

- **Blue Shield Medicare Advantage PPO** and **UnitedHealthcare Medicare Advantage PPO** plans will separate medical and pharmacy coverage into distinct plans beginning January 1, 2027.
- Members will receive separate ID cards for medical and prescription coverage.
- Coverage, copayments, and formularies will remain unchanged.
- Members will receive communication from Blue Shield or UnitedHealthcare. Contact your carrier with any questions.

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)	**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	
		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~~ **NEW! $180–$200 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.