



Benefits Presentation

Benefit Period:
January 1, 2022 – December 31, 2022

Important Dates

Open Enrollment

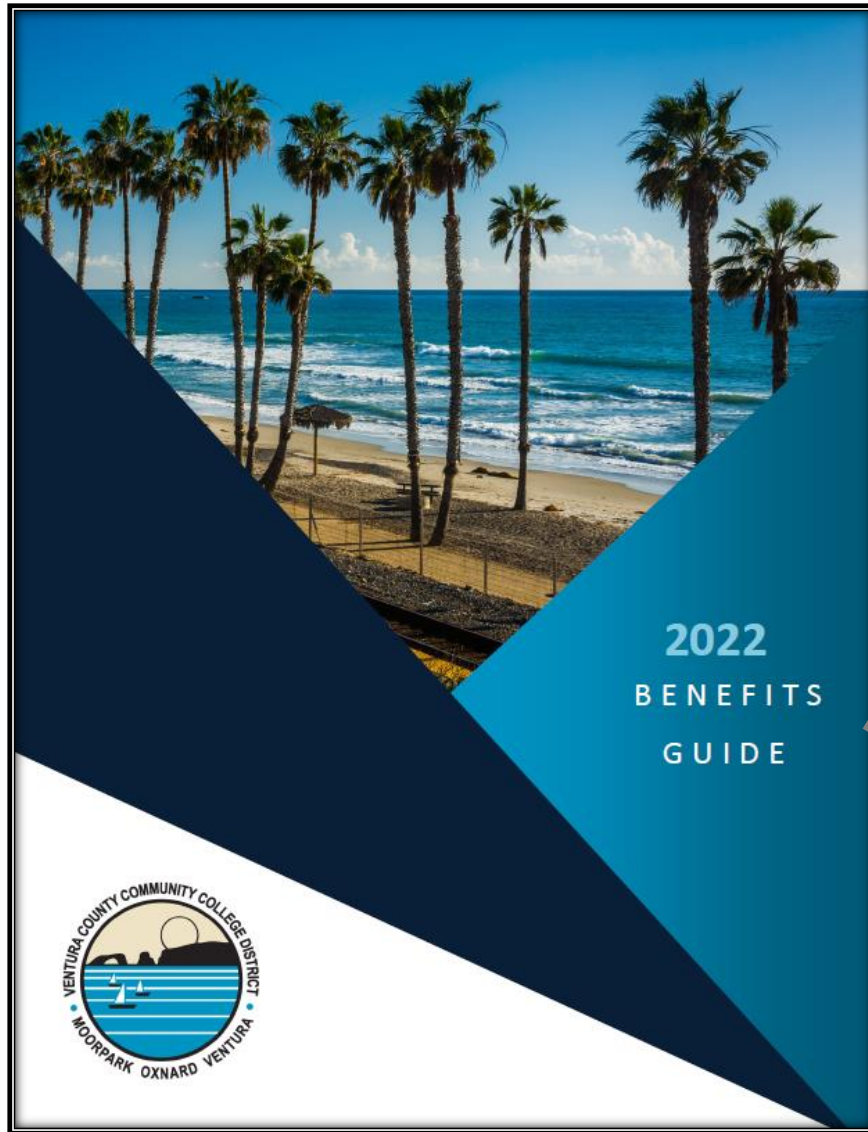
Begins September 20th !

September 20, 2021
through
October 15, 2021

Plan Year

January 1, 2022
through
December 31, 2022

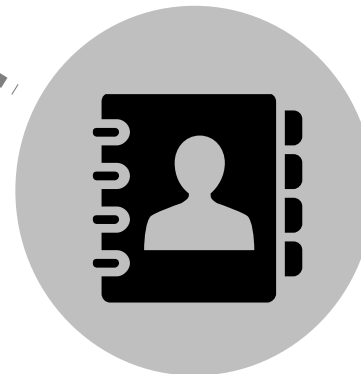
Benefits Information



Benefits



Employee
Contributions

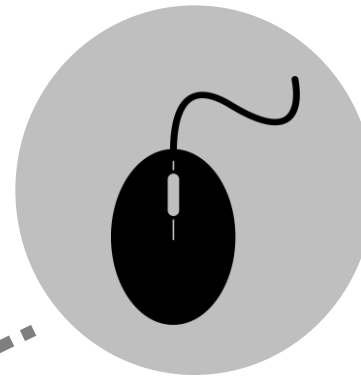


Resources and Contacts

CalPERS Health Benefit Summary

2022 | Health Benefit Summary

Helping you make an informed decision about your health plan



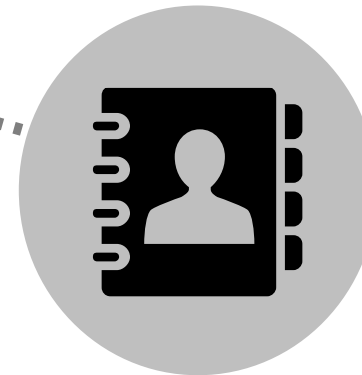
About CalPERS

Page 2



Understanding How CalPERS Health Plans Work

Page 3-5



Benefit Plan Summary

Pages 16-31

This presentation and the materials provided are designed to be an overview of the health plans offered in 2022 by CalPERS.

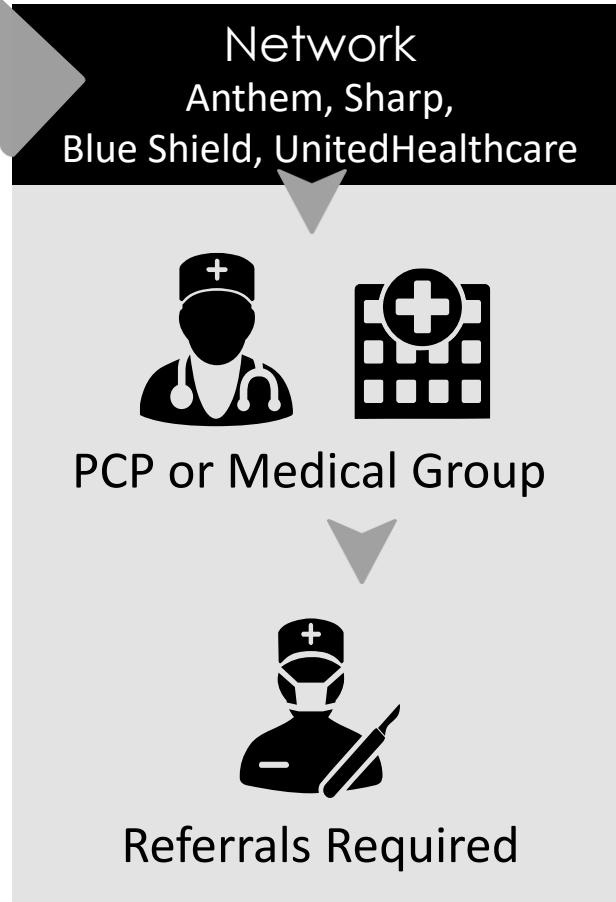
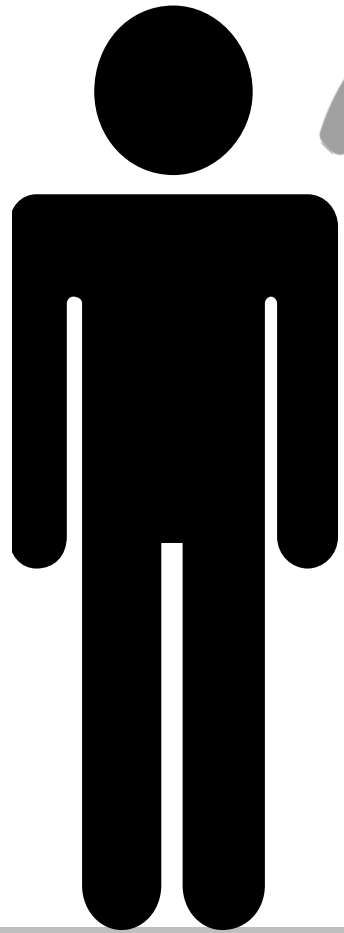


Questions:

Contact the VCCCD Benefits Department or CalPERS at 888 CalPERS or (888-225-7377)

Medical Benefits

CalPERS Medical - HMO Options



CalPERS Medical - HMO Options



HMO Medical and Rx Benefits

Deductible (Annual) – Single – Family	None None
Out-of-Pocket Maximum – Medical – Pharmacy	Individual: \$1,500; Family \$3,000 Individual: \$7,200; Family 14,400
Office Visit Copay – Primary Care Physician – Specialist Office Visit – Trio / Access+ Blue Shield Specialist	\$15 \$15 \$30
Preventive Care	No charge
Urgent Care	\$15
Hospital – Inpatient – Outpatient Surgery	No charge No charge (\$15 for Kaiser)
Diagnostic Lab and X-Ray	No charge
Chiropractic & Acupuncture <i>20 visits per calendar year combined</i>	\$15
Emergency	\$50
Retail Pharmacy* – Generic – Brand - Formulary – Brand Non-Formulary – Supply Limit	\$5 \$20 \$50 (\$20 Kaiser) 30 day supply
Mail Order Pharmacy* – Generic – Brand - Formulary – Brand Non-Formulary – Supply Limit	\$10 \$40 \$100 (\$40 Kaiser) 90 day supply (100 day Kaiser)

HMO PLAN OPTIONS in Ventura County

1. Kaiser HMO
2. Anthem Blue Cross Select HMO
3. Anthem Blue Cross Traditional HMO
4. UnitedHealthcare Alliance HMO
5. Blue Shield Access + HMO
6. Blue Shield Trio HMO

Plans 1-6 listed above are available to ALL VCCCD employees who work in Ventura County.

OTHER HMO PLAN OPTIONS Based on Home Zip Code

1. Health Net Salud y Mas
2. Health Net SmartCare
3. Sharp Performance Plus
4. UnitedHealthcare Harmony HMO

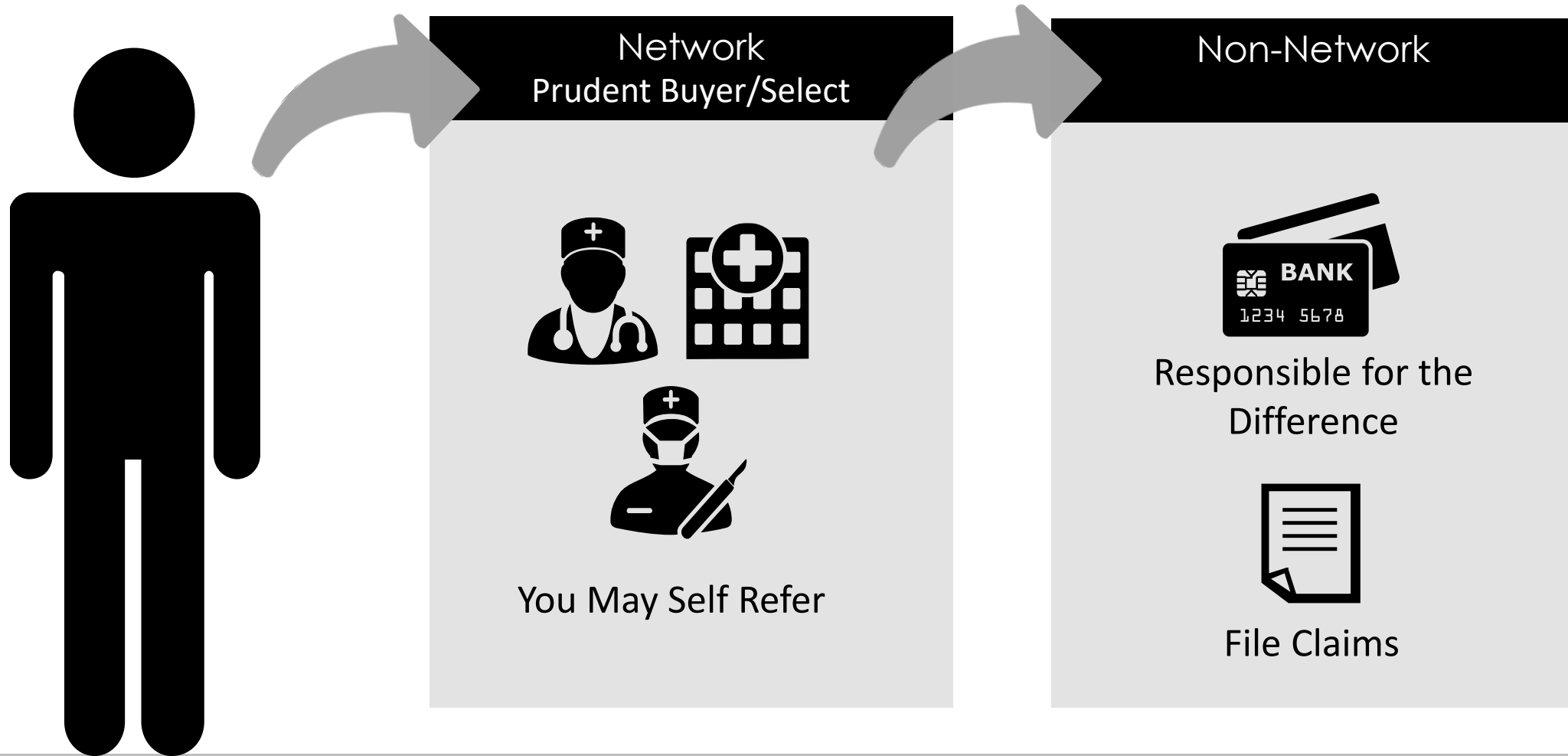
See pages 6 & 7 of the CalPERS Health Benefit Summary to learn which additional plan options are available to you based on your home zip code.

*Specialty Medication Pharmacy/Specialty Drugs may be subject to a coinsurance percentage and contain certain limitations. Also, Brand Non-Formulary is not applicable to Kaiser.

Considerations when electing an HMO

- Must select a Primary Care Physician upfront
- Must see Primary Care Physician before a Specialist Visit
- Generally, all expenses are a copay versus coinsurance
- Must stay within the medical group your physician is in for specialist and facility use
- No coverage when going to see non-network physicians or non-network facilities, except Emergency Room visits

Medical PPO - Anthem



Medical – PPO Anthem

This plan replaces
PERS Select

This plan replaces PERS
Choice and Care

PERS Platinum PPO (Anthem)

Network

Non-Network

Prudent Buyer PPO

PERS Gold PPO (Anthem)

Network

Non-Network

Select PPO

Network

Deductible (Annual)

- Individual
- Family

Coinsurance (Plan Pays)

Office Visit Copay

- Primary Care Physician
- Specialist Office Visit

Medical Out-of-Pocket Maximum

Coinsurance: Individual / Family
Medical: Individual / Family⁽⁴⁾

Hospitalization

- Deductible (per admission)
- Inpatient
- Outpatient

Lab and X-Ray

Emergency Services

Urgent Care

Preventive Care

Chiropractic/Acupuncture

\$500
\$1,000

90%

\$20 Copay
\$35 Copay

(excluding pharmacy)
\$2,000 / \$4,000
\$6,700 / \$13,400⁽⁴⁾

\$250

Ded, 10%
Ded, 10%

Ded, 10%

\$50 Copay (waived if admitted)
Ded, 10%

\$35 Copay

No Charge

\$15 Copay

Max 20 Visits/Year

\$500
\$1,000

60%

Ded, 40%
Ded, 40%

None

\$250

Ded, 40%
Ded, 40%

Ded, 40%

\$1,000⁽¹⁾
\$2,000⁽¹⁾

80%

\$10 / \$35 Copay⁽³⁾
\$35 Copay

(excluding pharmacy)
\$3,000 / \$6,000
\$6,700 / \$13,400⁽⁴⁾

\$500⁽²⁾

Ded, 20%⁽²⁾
Ded, 20%⁽²⁾

Ded, 20%

\$50 Copay (waived if admitted)
Ded, 20%

\$35 Copay

No Charge

\$15 Copay

Max 20 Visits/Year

\$1,000⁽¹⁾
\$2,000⁽¹⁾

60%

Ded, 40%
Ded, 40%

None

\$500

Ded, 40%
Ded, 40%

Ded, 40%

Medical – PPO Anthem Pharmacy Benefits

	PERS Platinum PPO (Anthem)		PERS Gold PPO (Anthem)	
	Network	Non-Network	Network	Non-Network
RX Out-of-Pocket Maximum - Individual / Family	\$2,000 / \$4,000	N/A	\$2,000 / \$4,000	N/A
Retail Pharmacy – Generic Drugs – Preferred Brand Drugs – Non-Preferred Drugs – Supply Limit	\$5 Copay \$20 Copay \$50 Copay 30 Days	Not covered	\$5 Copay \$20 Copay \$50 Copay 30 Days	Not covered
Retail Pharmacy <i>Maintenance filled after 2nd fill</i> – Generic Drugs – Preferred Brand Drugs – Non-Preferred Drugs – Supply Limit	\$10 Copay \$40 Copay \$100 Copay 90 Days	Not covered	\$10 Copay \$40 Copay \$100 Copay 90 Days	Not covered
Mail Order Pharmacy <i>Maximum copay per person</i> – Generic Drugs – Preferred Brand Drugs – Non-Preferred Drugs – Supply Limit	\$1,000 \$10 Copay \$40 Copay \$100 Copay 90 Days	Not covered	\$1,000 \$10 Copay \$40 Copay \$100 Copay 90 Days	Not covered

Features of the PERS Gold PPO

Receive credits that reduce your deductible:

- Get a biometric screening **\$100 Credit**
- Receive a flu shot **\$100 Credit**
- Non-smoking certificate **\$100 Credit**
- Virtual second opinion **\$100 Credit**
- Condition care certification **\$100 Credit**



Maternity Care - 100% hospital coverage for inpatient care if enrolled in the Future Moms program

Value-Based Purchasing



15 Value-Based Procedures:

Colonoscopy, Cataract Surgery, Arthroscopy, Uterine Tissue Sample, Hernia Repair Laparoscopic, Hernia Repair Non-Laparoscopic, Upper GI with Biopsy, Gall Bladder Removal, Upper GI Endoscopy, Sigmoidoscopy, Nasal/Sinus Turbinate, Nasal/Sinus Septoplasty, Tonsillectomy, Lithotripsy

For the 15 procedures listed above, you must have the services rendered at one of the in-network **ambulatory surgery centers in your area**. There are 20+ in-network ASCs in Ventura County.

You may be on the hook for balance billing, is if you seek to have these procedures performed in a hospital setting, electively. If you have one of these procedures in a hospital setting, due to approved medical necessity, the plan benefits will apply and you will not be subject to balance billing.

Where can I find more information regarding CalPERS Medical?

Go To: www.calpers.ca.gov

- Benefit Summaries
- Provider Directories
- Health Plan Evidence of Coverage Documents
- Optum RX Search tools

CalPERS.ca.gov



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Home

Active Members

Retirees

Employers

myCalPERS Log In

Retirement Benefits | **Health Benefits** | Death Benefits

Home > Active Members > Health Benefits > Plans & Rates

Plans & Rates

Visit your health plan's website to learn how benefits, claims, and payment of claims are covered, as well as the service limitations and exclusions that may apply. You can also log in to [myCalPERS](#) to use the [Search Health Plans](#) tool to research the health plan coverage and benefits most important to you and your family.

Some health plans are available only in certain counties and/or ZIP Codes. Contact the health plan before enrolling to make sure they cover your ZIP Codes and that their provider network is accepting new patients in your area. You may also use our online service, the [Health Plan Search by ZIP Code](#).

[Open Enrollment](#) is an annual process that occurs in the fall. During this time, you can enroll, change health plans, add eligible dependents, delete dependents, or cancel coverage.

Are you a retiree? View [Retiree Plans & Rates](#) customized just for you.

Rates & Employer Contributions

View [How CalPERS Sets Health Rates](#) to get details on the rates and plans process.

2022 2021

+ State & CSU Members

+ Public Agency & School Members

Health Plans

[View all health plan Summary of Coverage and Evidence of Coverage documents.](#)

All health plans have geographical restrictions except for PERS Choice and PERSCare. To find health plans available in your area, refer to [Health Plan Search by ZIP Code](#).

Health Benefits

[Affordable Care Act \(ACA\)](#)

[Eligibility & Enrollment](#)

[Long-Term Care](#)

[Medicare](#)

[Open Enrollment for Active Members](#)

[Plans & Rates](#)

Resources

[CalHR Benefits Calculator](#)

[California Health Care Quality Report Cards](#)

[Dental & Vision Benefits](#)

[Guide to Understanding Your Health Plan Statement](#)

[Health Plan Search by ZIP Code](#)

[OptumRx Pharmacy Benefits](#)

[Uniform Glossary of Health Coverage and Medical Terms \(PDF\)](#)

Forms & Publications

[2021 Health Benefit Summary \(PDF\)](#)

[Health Program Guide \(HBD 120\) \(PDF\)](#)

[Medicare Enrollment Guide \(PDF\)](#)

Forms & Publications

Browse or search forms, publications, and other documents.

Members: If you'd like a form or publication mailed to you, log in to [myCalPERS](#) and select **Education Resources** and then **Publications**, or [contact us](#).

Employers: To order a publication, log in to [myCalPERS](#) and select **Requests** above the left navigation column to access the **Publication Ordering List**. [Email us](#) to request bulk quantities.

Forms are subject to our [Privacy Notice](#).

Filter Documents

[Clear All](#)

Active Members

- ☐ All Active Members Documents (294)
 - ☐ Beneficiaries (8)
 - ☐ Community Property (4)
 - ☐ Deferred Compensation (1)
 - ☐ Health Benefits (191)
 - ☐ Judges' Retirement Systems (11)
 - ☐ Member News (1)
 - ☐ Refunds & Reciprocity (10)
 - ☐ Retirement Benefits (46)
 - ☐ Service Credit (18)
 - ☐ Trusts & Power of Attorney (3)

Retirees

- ☐ All Retirees Documents (191)
 - ☐ Address Change (1)
 - ☐ Beneficiaries (6)
 - ☐ Community Property (4)
 - ☐ Direct Deposit (3)
 - ☐ Health Benefits (152)
 - ☐ Member News (1)
 - ☐ Taxes (4)

Show 25 entries

Search: 2022

Title

- [2022 Health Net of California: SmartCare HMO Summary of Benefits and Coverage \(PDF\)](#)
- [2022 Kaiser Permanente Basic Plan Evidence of Coverage \(PDF\)](#)
- [2022 Kaiser Permanente Summary of Benefits and Coverage \(PDF\)](#)
- [2022 Kaiser Permanente: Medicare as Secondary Coverage EOC \(PDF\)](#)
- [2022 Kaiser Permanente: Senior Advantage EOC \(PDF\)](#)
- [2022 PERS Gold Basic Evidence of Coverage \(PDF\)](#)
- [2022 PERS Gold Basic Plan Summary of Benefits and Coverage \(PDF\)](#)
- [2022 PERS Gold Supplement to Medicare Evidence of Coverage \(PDF\)](#)
- [2022 PERS Platinum Basic Evidence of Coverage \(PDF\)](#)
- [2022 PERS Platinum Basic Plan Summary of Benefits and Coverage \(PDF\)](#)
- [2022 PERS Platinum Supplement to Medicare Evidence of Coverage \(PDF\)](#)
- [2022 PORAC Medicare Part D Prescription Drug Plan Evidence of Coverage \(PDF\)](#)
- [2022 PORAC Out-of-State Resident Basic Health Plan Evidence of Coverage \(PDF\)](#)
- [2022 PORAC Out-of-State Resident Summary of Benefits and Coverage with Uniform Glossary \(PDF\)](#)
- [2022 PORAC Prudent Buyer Plan Evidence of Coverage \(PDF\)](#)
- [2022 PORAC Prudent Buyer Plan Summary of Benefits and Coverage-California \(PDF\)](#)
- [2022 PORAC Supplement to Original Medicare Plan Evidence of Coverage \(PDF\)](#)

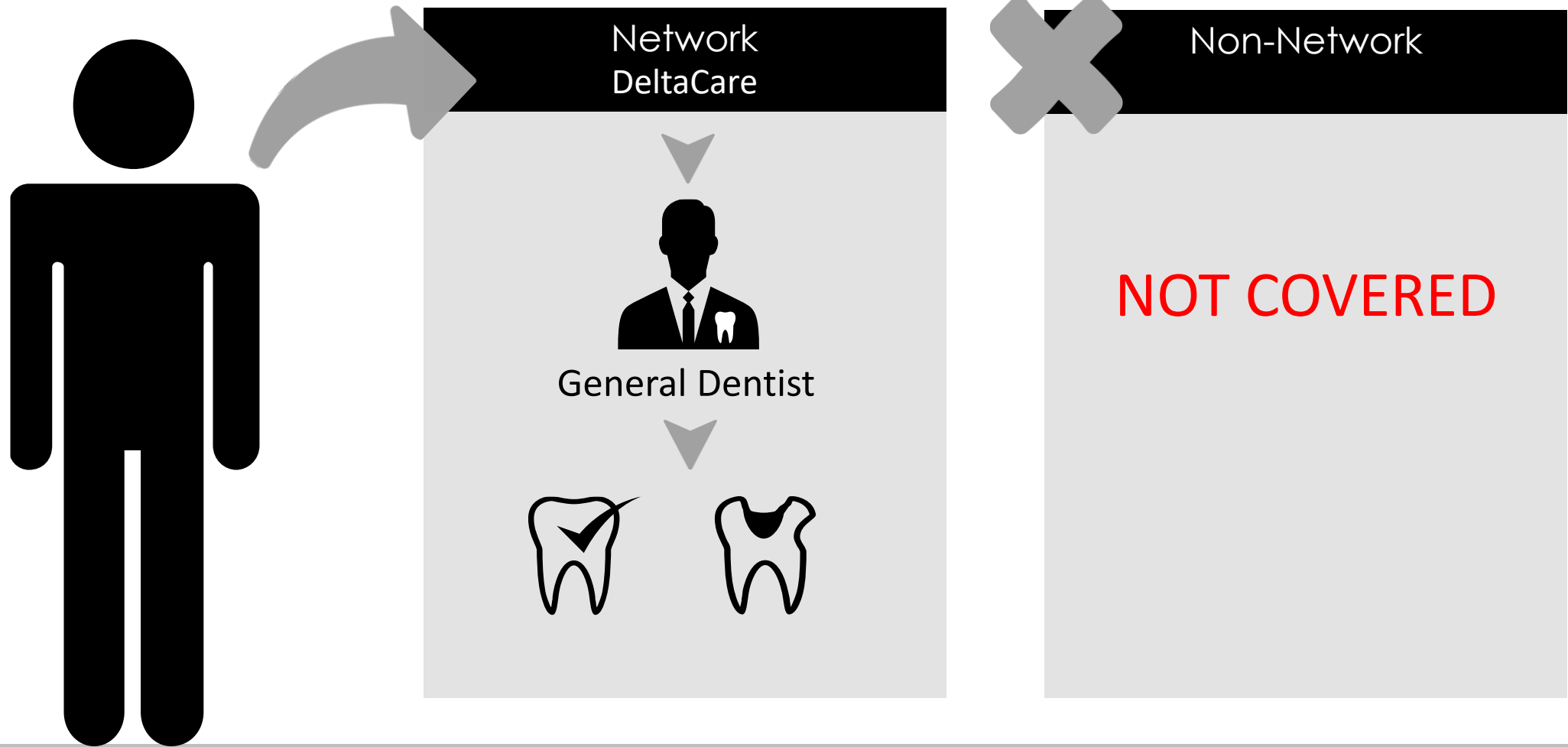
Employee Contributions

PLAN	Employee Only	Employee Contribution (Refund)	Employee +1	Employee Contribution (Refund)	Family	Employee Contribution (Refund)
★ HMO Health Net Salud y Más	\$548.26	(\$200.00)	\$1,096.52	(\$200.00)	\$1,425.48	(\$200.00)
★ PPO Anthem PERS Gold	\$587.78	(\$200.00)	\$1,175.56	(\$200.00)	\$1,528.23	(\$200.00)
★ HMO Sharp	\$699.21	(\$182.97)	\$1,398.42	(\$200.00)	\$1,817.95	(\$200.00)
★ HMO Kaiser Permanente	\$706.02	(\$176.16)	\$1,412.04	(\$200.00)	\$1,835.65	(\$200.00)
★ HMO Anthem Select	\$712.43	(\$169.75)	\$1,424.86	(\$200.00)	\$1,852.32	(\$200.00)
★ HMO Blue Shield Trio	\$742.70	(\$139.48)	\$1,485.40	(\$200.00)	\$1,931.02	(\$200.00)
★ HMO UnitedHealthcare	\$775.09	(\$107.09)	\$1,550.18	(\$200.00)	\$2,015.23	(\$200.00)
★ HMO Health Net SmartCare	\$845.69	(\$36.49)	\$1,691.38	(\$72.98)	\$2,198.79	(\$94.87)
★ PPO Anthem PERS Platinum	\$882.18	\$0.00	\$1,764.36	\$0.00	\$2,293.67	\$0.00
★ HMO Blue Shield Access+	\$900.22	\$9.02	\$1,800.44	\$18.04	\$2,340.57	\$23.45
★ HMO Anthem Traditional	\$1,007.13	\$62.48	\$2,014.26	\$124.95	\$2,618.54	\$162.44

★ These plan are available to **all** VCCCD employees who work in Ventura County. The other plan options **may** be available to you, based on your home zip code. See **pages 6 & 7** of the **CalPERS Health Benefit Summary** for more information.

Dental Benefits

Dental DHMO



Dental – DeltaCare DMHO



DeltaCare HMO

In-Network Only

Provisions

Calendar Year Deductible

None

Calendar Year Maximum Benefit

Unlimited

Diagnostic and Preventive Care

Exams, Cleanings, X-rays

No charge

Basic Care

**Fillings, Simple Extractions, Sealants, Endodontics,
Periodontics, Oral Surgery**

Copays vary; see Plan
Summary for details

Major Care

**Crowns, Inlays, Onlays, Cast
Restorations**

Copays vary; see Plan
Summary for details

Prosthodontics

Dentures, Bridges

Copays vary; see Plan
Summary for details

Implants

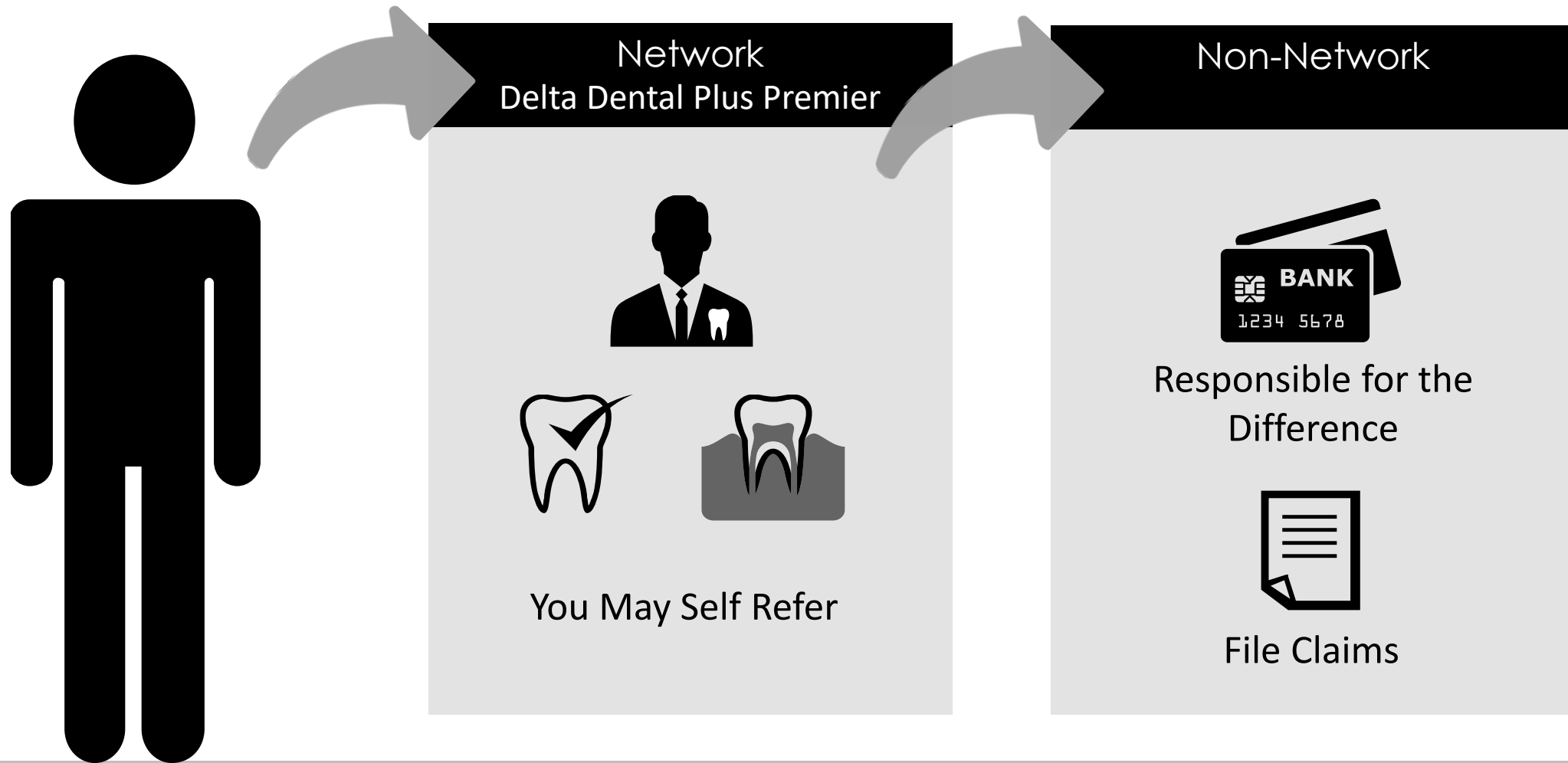
Not covered

Orthodontia

Children Up to Age 26 and Adults

Copays vary; see Plan
Summary for details

Dental – Delta Dental PPO



Dental - Networks

In-Network Delta Dental PPO

Highest Level of Benefits

Lowest Negotiated Cost at
Dentist Office

No Claim Forms



Non-Network Delta Dental Premier

Middle Level of Benefits

No Balance Billing Agreement

No Claim Forms

Non-Network

Lowest Level of Benefits

Balance Billing

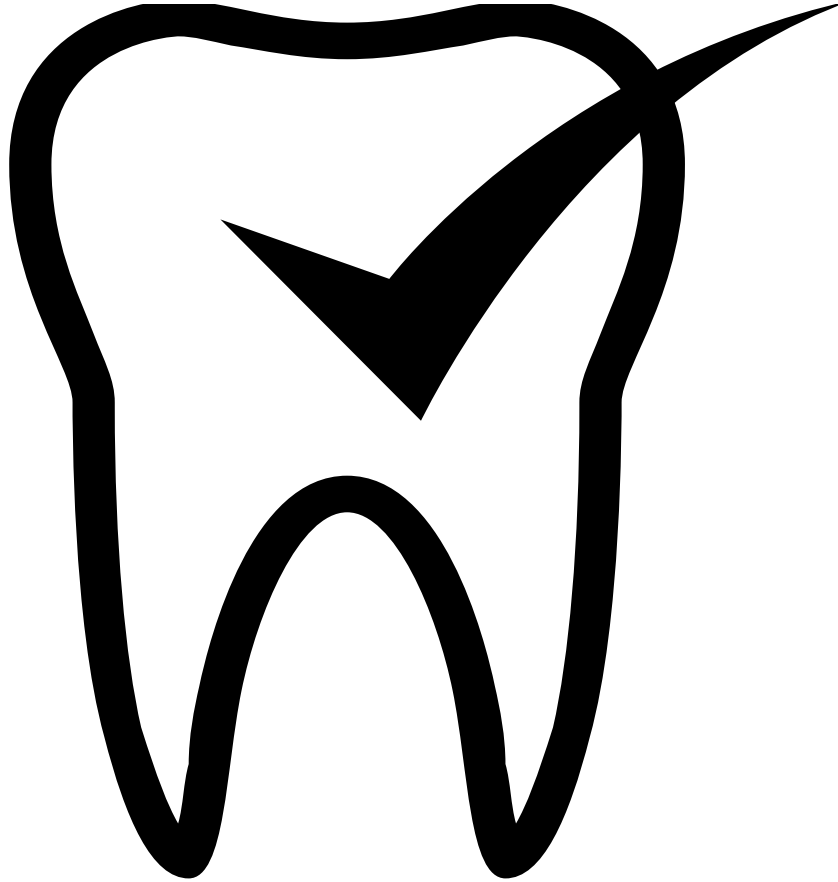
Claim Forms

Dental – Delta Dental PPO



Delta Dental PPO Plus Premier Plan	
Provisions	
	In-Network
Calendar Year Deductible	Out-of-Network
	None
Calendar Year Maximum Benefit	
	\$1,700
	\$1,500
Diagnostic and Preventive Care	Plan pays
Exams, Cleanings, X-rays	70% – 100%
	70% – 100% of UCR
Basic Care	Plan pays
Fillings, Simple Extractions, Sealants, Endodontics, Periodontics, Oral Surgery	70% – 100%
	70% – 100% of UCR
Major Care	Plan pays
Crowns, Inlays, Onlays, Cast Restorations	70% – 100%
	70% – 100% of UCR
Prosthodontics	Plan pays
Dentures, Bridges	70%
	50% of UCR
Implants	70%
	50% of UCR
Orthodontia	Plan pays
Children Up to Age 26 and Adults	Not covered

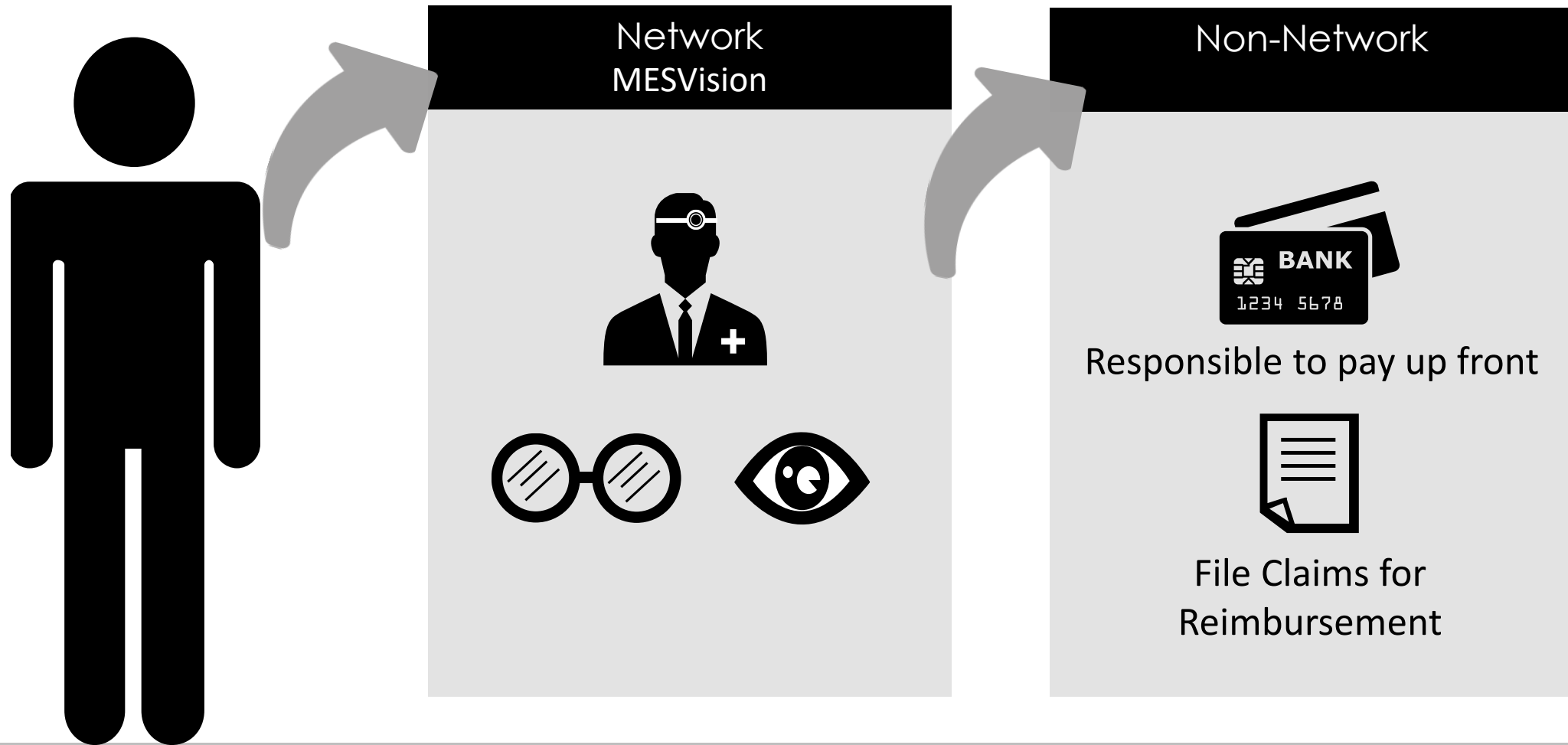
Dental – Teeth Cleaning



- Take advantage of your free teeth cleanings
- Our PPO dental plan covers cleanings every 6 months!
- Oral health relates to total health
- Can reduce risk for heart attack and stroke

Vision Benefits

Vision PPO



Vision



MES Vision Plan		
	In-Network	Out-of-Network
Vision Exam		
Copay	No charge	Covered up to \$40
Frequency	Once every 12 months	
Eyeglasses		
Frames	Covered up to \$130	Covered up to \$75
Lenses <ul style="list-style-type: none">— Single Vision— Bifocal— Trifocal— Basic Progressive	No charge No charge No charge Covered up to \$30	Covered up to \$30 Covered up to \$50 Covered up to \$65 Covered up to \$65
Frequency	Once every 12 months	
Contact Lenses		
Medically Necessary	No charge	Covered up to \$250
Elective	Covered up to \$130	Covered up to \$130
Frequency	Once every 12 months in lieu of frames and lenses	

Vision

MES Vision Retail Locations

MES Vision's network includes private vision locations and the following retail stores:



Employer-Paid Benefits

Employer Paid Benefits

**FREE
BENEFITS**

Employee Life and AD&D

Benefit: \$50,000

Employer Paid Benefits

**FREE
BENEFITS**

Employee Assistance Program

- 3 face to face or virtual visits with a counselor
- Life Planning Financial and Legal Resources
- Work Life Services Balance Services such as: Stress, depression, Family and parenting problems etc.
- Travel Assistance
- Medical Bills Saver for unexpected medical bills

Voluntary Benefits

Voluntary Benefits

**100%
EMPLOYEE
PAID**



Optional Life Insurance

Employee: Increments of \$10,000 to \$500,000 up to 5 times your earnings

Spouse: Increments of \$5,000 to \$250,000
(Can't exceed employee election)

Children: Increments of \$5,000 up to \$10,000

Voluntary Benefits

**100%
EMPLOYEE
PAID**



Life Insurance

Guarantee Issue

Employee: \$150,000

Spouse: \$25,000

Children: \$10,000

Voluntary Benefits

**100%
EMPLOYEE
PAID**



Optional Accidental Death & Dismemberment

Employee: Increments of \$10,000 to \$500,000

Voluntary Benefits

**100%
EMPLOYEE
PAID**



- Disability Income
- Whole Life Insurance
- Term Life Insurance
- Cancer Insurance
- Accident Only Insurance
- 403(b) Retirement Savings Plan
- 457(b) Deferred Compensation Plan

How to Enroll in BeneTrac

EMPLOYEE OPEN ENROLLMENT HANDBOOK

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Step by Step Instructions

Available

All employees are encouraged to complete enrollment in the BeneTrac system whether you are waiving coverage or enrolling in one of the medical plan options.

How to Login

To login to BeneTrac to make your open enrollment selections, please go to the following website:

<https://www.eenroller.net/btrac/broker.asp>

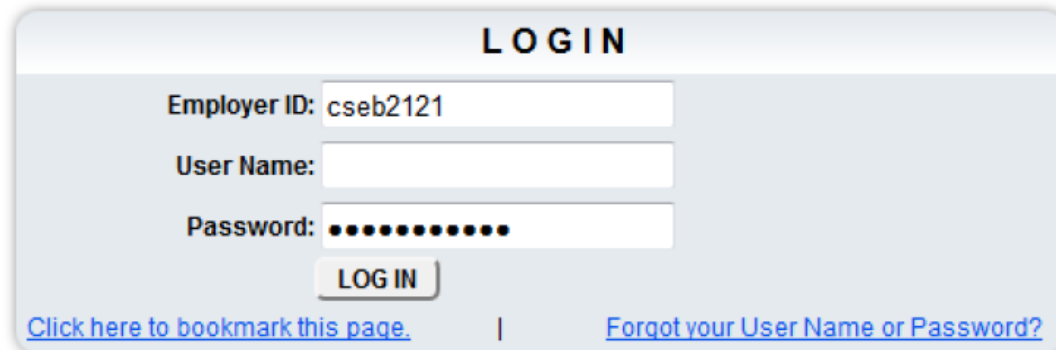
Employer ID: cseb2121

Username: VCCCD username (if that does not work, please see “Alternate Login”)

Password: VCCCD + lowercase first initial last name + last 4 SSN

For example, if employee name is Enrollment Example, SSN 333-33-3336, the default password would be:

VCCCDe3336

A screenshot of a web login form titled "LOGIN" in bold capital letters. The form has a light blue background and rounded corners. It contains three input fields: "Employer ID:" with the value "cseb2121", "User Name:" which is empty, and "Password:" which is filled with ten black dots. Below the password field is a "LOG IN" button. At the bottom of the form, there are two links: "Click here to bookmark this page." and "Forgot your User Name or Password?".

LOGIN

Employer ID: cseb2121

User Name:

Password: ••••••••••

LOG IN

[Click here to bookmark this page.](#) | [Forgot your User Name or Password?](#)

Election Summary

Election Summary

Employee: Example, Enrollment
Address: 1234 Main Street
Camarillo, CA 93012

SSN:
Birth Date:
Status:

Benefits as of: 10/1/2016

Plan Elections

Amounts shown are per (Monthly) pay period

Benefit Category	Plan Description	Coverage
Medical	Anthem Blue Cross HSA 700 Plan	Employee + Fam
Medical 2	Will be declined if finalized	Declined
Dental	Delta Dental PPO Plan	Employee + Fam
Dental 2	Will be declined if finalized	Declined
Vision	VSP Vision Buy-Up Plan	Employee + Fam
EE Assistance Program	Optum Employee Assistance Program	N/A
Voluntary AD&D	Prudential Voluntary AD&D Plan (Family)	\$250,000.00
Supplemental Life	Will be declined if finalized	Declined

Summation

Amounts shown are per (Monthly) pay period

Total out of pocket expense: \$19.50

Family Members

Name	Relation	SSN	Birth Date	Medical
Spouse Example	Spouse	333-33-3322	1/1/1950	Y
Dependent Example	Dependent	333-33-3344	1/1/2000	Y

Primary Beneficiaries

Benefit	Name	Relationship	%
Voluntary AD&D	Spouse Example	Spouse	50
Voluntary AD&D	Dependent Example	Daughter	50

Contingent Beneficiaries

Benefit	Name	Relationship	%
Voluntary AD&D	Spouse Example	Spouse	100

I hereby certify that all the information entered is true and correct to the best of my knowledge. VCCGD reserves the right to rescind coverage should the information prove to be incomplete or inaccurate. I understand that I am declining or terminating currently declined or terminated benefits until the next open enrollment period, except for specified "Qualified Family Status Changes". I understand that I must notify my employer within 30 days if I experience a qualifying

8/2/2016 6:14:14 PM

[RETURN TO MY BENEFITS](#)

[LOG OUT](#)

[AGREE TO ABOVE AND FINALIZE MY SELECTIONS](#)

What's Next

Open Enrollment Action Items:

All employees are encouraged complete enrollment in the BeneTrac system anytime between *September 20th* – *October 15th*

Review and update all beneficiary information

Re-certify for Medical Opt Out

Plan Year:

Your coverage period will be *January 1, 2022 - December 31, 2022*

Questions?

Contact the VCCCD Benefits Department

Thank you!