

MY BENEFITS

2023 EMPLOYEE GUIDE

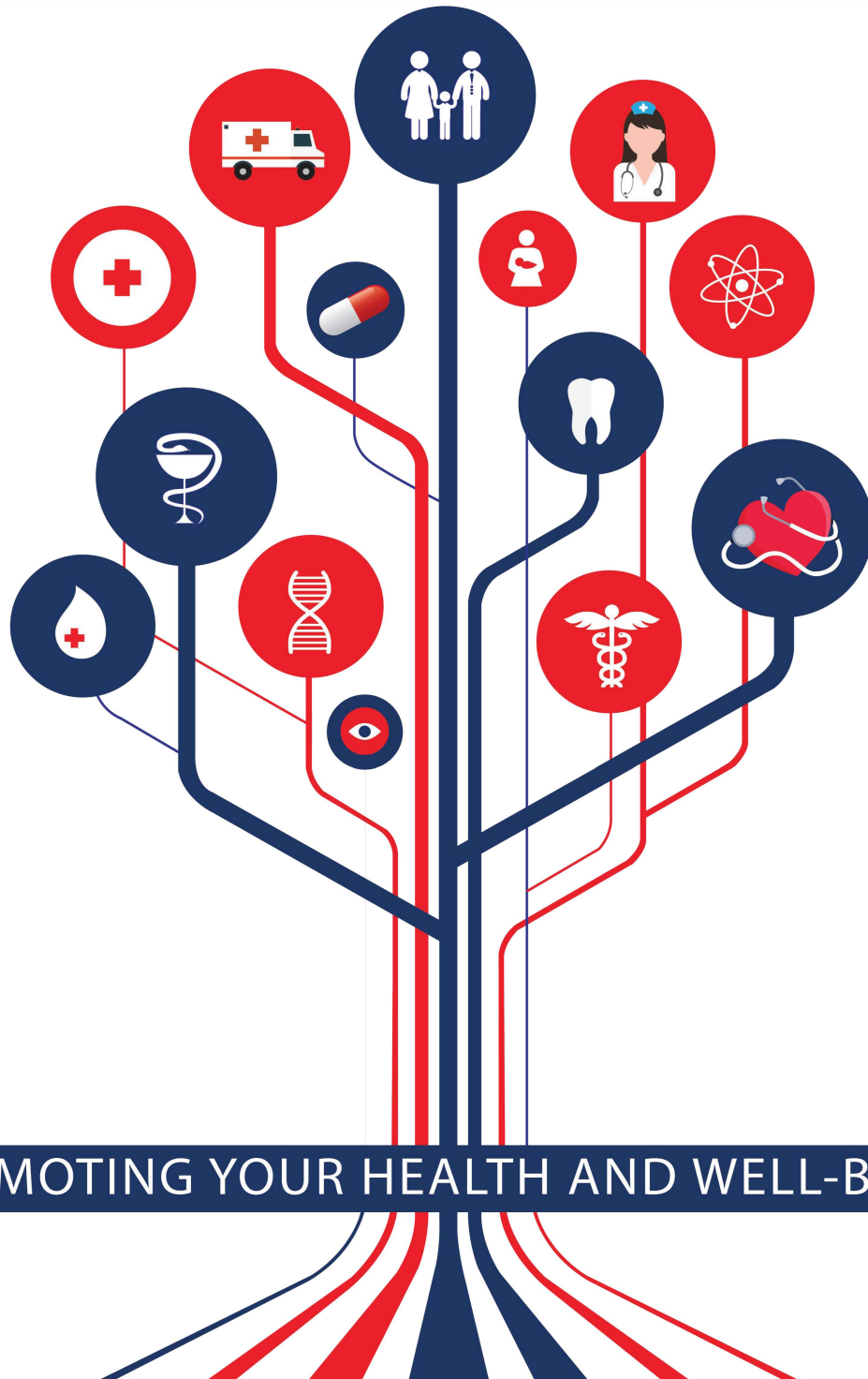


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Welcome to Compton Unified School District's 2023 Employee Benefits Guide!

This guide provides a summary of your benefit options and is designed to help you make choices and enroll for coverage. If you would like more information about any of the benefits described here, please contact the Benefits Department.



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ENROLL ON YOUR SCHEDULE

With AFenroll, you can learn about your available benefits and enroll anytime, anywhere. It also provides benefits overview videos and FAQs to help you select the coverage that meets your individual needs.





Your enrollment dates:

September 6th - October 14th, 2022

Get Started

- 1 Visit www.afenroll.com**
Compatible browsers: Safari, Edge, and Chrome.
- 2 Enter your User ID:**
This is your Social Security Number (SSN)
- 3 Enter your PIN:**
This is the last four digits of your SSN and last two digits of your birth year
- 4 Two-Factor Authentication**
American Fidelity has implemented two-factor authentication to add an extra layer of security to your enrollment experience. You will be prompted to select either an email address or a mobile phone number to receive a verification code. Once that code is received, you will input it into the prompt in AFenroll to verify your account.
- 5 Click the Log in button**

Tips

-  **Things to Know:**
Social Security numbers (SSNs) and dates of birth are required for all employees and their dependents.
-  **Choose Benefits:**
Review your benefits options to help ensure you have the proper coverage and opt out of those you do not need.
-  **Make Changes:**
Log in to AFenroll to make changes at any time during your enrollment period. **Before you log out, you must re-confirm with your PIN or your enrollment will not be valid.**
-  **Print/Save Benefit Confirmation:**
Sign your Benefit Confirmation/Deduction Authorization Form using your PIN as your electronic signature.

Preparation is Key

We know your time is valuable, so make sure to review this important information before your enrollment.

Benefits Education

- Watch for group meeting announcements
- Reach out to your American Fidelity account manager

What You Need

- Driver's license
- Bank account information (if signing up for direct deposit)
- Spouse and children's dates of birth and SSNs
- Beneficiary information (and, if a trust, the full name and date of trust)

Important Items to Review

- Beneficiaries/Dependents
- Available benefits options, including plans you may keep even if you change jobs or retire

If you need assistance and prefer to make an appointment with an American Fidelity representative, please click the link below.
<https://enroll.americanfidelity.com/F92EFE8B>

Southern California Branch Office
36310 Inland Valley Drive, Suite 100
Wildomar, CA 92595
(800) 365-9180 ext. "0"



Watch a Tutorial
americanfidelity.com/howtoenroll



Your Online Enrollment

Compton Unified Benefits Enrollment

Open Enrollment Dates: 09/06/2022 - 10/14/2022

How to Login

1. To access the online enrollment site, go to **www.afenroll.com/enroll**
2. At the login screen, you will enter the site using the following information:
 - **Type in your user ID:**
Your Social Security Number (SSN)
 - **Type in your PIN:**
The last four digits of your SSN and last two of your birth year. (For example, for SSN 123-45-6789 and birth year 1974, you would type in 678974).
3. Click the '**Log On**' button.

Changing Your PIN

You will be asked to change your PIN and complete the security questions, after your initial login to the system. Enter a new PIN and confirm it on the next line. You may choose any combination of letters and numbers. Entering your PIN is the equivalent of your digital signature. Before you can complete your PIN change, you must select a security question, answer it, and provide your email address. This will allow you to reset your PIN if you forget it. Click the '**Save New PIN**' button.

Helpful Tips

- **Log Out:** If you leave the site in the middle of the process, click the 'Log Out' button to save your selections.
- **Print Confirmation:** Be sure to print your confirmation. Once you confirm your enrollment, you may click on the confirmation link at the bottom of the 'Sign/Submit Complete' to print your confirmation statement.
- **Re-Enter/Make Changes:** You may re-enter the enrollment site (including to 'View Only' your original selections) to make changes at any time during your enrollment period. Please note: Before you exit the system, you must re-confirm with your PIN or your enrollment will not be valid.
- **Opting Out:** If you choose not to select benefits, you must enter each product module and make that choice.
- **Required:** Social Security Numbers and Dates of Birth are required for all employees and their dependents.
- **Adding Dependent:** If you are adding a dependent as a beneficiary, their Social Security Number is required.
- **Physician Codes:** Have your Primary Care Physician (PCP) codes available.
- **Signature:** You will use your PIN to confirm applications and your enrollment confirmation.

IMPORTANT INFORMATION

The Affordable Care Act and You

The Affordable Care Act (ACA) requires nearly every American to be enrolled in medical coverage or pay a penalty. This is referred to as the individual mandate. You have several options to satisfy this requirement:

- Enroll in a medical plan offered by Compton Unified School District or another group plan
- Purchase coverage through a health insurance marketplace
- Enroll in coverage through a government sponsored program
- Have no coverage and incur a tax penalty

Because Compton Unified School District's medical plans are considered affordable and meet minimum value under Health Care Reform, you will not generally see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost if you choose to purchase coverage through the marketplace, and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.



To learn more about the Affordable Care Act, visit:
www.healthcare.gov

Annual Notices

Various state and federal laws require that employers provide disclosure and annual notices to their plan participants. Compton Unified School District has posted all federally required annual notices on our intranet for you to download and read at your convenience. Compton Unified School District will distribute all federally required annual notices upon hire and during each annual open enrollment period.

Annual notices include the following:

- Medicare Part D Notice of Creditable Coverage
- Women's Health and Cancer Rights Act (WHCRA)
- Newborns' and Mothers' Health Protection Act
- Medicaid & Children's Health Insurance Program
- HIPAA Notice of Privacy Practices
- Special Enrollment Rights

ENROLLMENT INFORMATION

Who May Enroll

If you are a regular full-time employee working at least 30 hours per week, you and your eligible dependents may participate in Compton Unified School District's benefits program.

If you choose to enroll your family members, you may select one of the following:

- Self and one eligible dependent (Dependents Age out at age 26)
- Self and two or more eligible dependents (Dependents Age out at age 26)

Once you've added two or more dependents, additional dependents will not change your premium amount. You can add dependents at the time of your enrollment, during our annual Open Enrollment, or with a qualifying event within 60 days following the life event. Dependents are covered until age 26 and it is your responsibility to notify the Benefits Department at (310) 639-4321 ext. 55132.

Your eligible dependents include:

- Legally married spouse—provide a copy of your marriage certificate, their Social Security Card, and the front page of the most recent federal or state tax return confirming the dependent as your spouse.
- Registered domestic partner—provide a copy of your Declaration of Domestic Partnership, their Social Security Card, and the front page of the most recent federal or state tax return confirming the dependent as your domestic partner.
- Natural, adopted, step or domestic partner's children up to age 26, regardless of student or marital status—provide a copy of the birth certificate, adoption papers, or an affidavit of parent-child relationship and the Social Security Card.
- Certified disabled children of any age, if disabled prior to age 26—provide a certification by a licensed physician.

When You Can Enroll

As an eligible employee, you may enroll at the following times:

- As a new hire, your benefits will begin the month following your hire date if you turn in your paperwork within 60 calendar days from your appointment date. If you are a late enrollee, your effective date will be the first day of the month following the 90-day waiting period, CalPERS rules permitting.
- Each year, during open enrollment.
- Within 30 days of a qualifying event as defined by the IRS (see Changes To Enrollment on page 7).

Waiving Medical Coverage

You may enroll in cash in lieu of benefits should you not wish to carry Medical, Dental and Vision. Enrollment is not automatic and you must enroll yearly during the open enrollment period. In order to waive medical benefits, you'll be required to provide proof of other medical coverage, such as medical identification cards and a current letter from your insurance company. If proof is not presented to the District's satisfaction, you may be automatically assigned to a medical plan or not released from your current plan and subject to medical deductions until proof has been satisfied.

When Coverage Ends

If you resign or terminate employment with the District, benefits end at the end of the month depending upon the resignation/termination date and/or bargaining unit.

Example:

A resignation/termination date of June 5th will result in a term date as follows:

- Medical: August 1, as benefits end on July 31
- Dental/Vision: July 1, as benefits end on June 30
- Life/AD&D: July 1, as benefits end on June 30

For Life insurance, benefits to continue you will receive a notice to continue coverage and COBRA will be sent should you decide to continue the current benefits. Please be informed, COBRA is totally participant-paid at 102% of the group premium.

ENROLLMENT INFORMATION

Retirement Benefits

- **Medical:** Your benefits will rollover if you have completed the necessary paperwork from your retirement system. Payments will be deducted directly from your CalSTRS/CalPERS' retirement check
- **Dental and Vision:** Payment(s) are required twelve times per year and rates are subject to change based on potential union discounts or rate modifications. All dental and vision payments will be invoiced by our third party company called WageWorks.
- **Bargaining Agreement Discounts:** Please refer to your bargaining agreement and the language thereof and any discounts will not apply at the age 65 and thereafter. Be sure to visit your local Social Security office within three (3) months prior to your 65th birthday in order to apply for Medicare-Parts A & B.
- **Life Insurance:** You will receive a notice to continue coverage that will be 100% retiree paid. You must contact MetLife at (800) 638 - 5433 within 31 days after the retirement date to advise of your desire to retain the policy.

Paying For Your Coverage

You and Compton Unified School District may share in the cost of the Medical benefits you elect. The cost sharing, if any, will depend on your medical plan selections. Any voluntary Life/AD&D you elect will be paid by you at discounted group rates. Your Medical contributions are deducted before taxes are withheld which saves you tax dollars. Pre-Tax deductions are not automatic and you must meet with American Fidelity to set-up this election. Please see the Benefits Department for open enrollment dates. Paying for benefits before-tax means that your share of the costs are deducted before taxes are determined, resulting in more take-home pay for you. As a result, the IRS requires that your elections remain in effect for the entire year. You cannot drop or change coverage unless you experience a qualifying event.

Changes To Enrollment

Our benefit plans are effective January 1st through December 31st of each year. There is an annual open enrollment period each year in September and October, during which you can make new benefit elections for the following January 1st effective date. Once you make your benefit elections, you cannot change them during the year unless you experience a qualifying event as defined by the IRS.

Examples include, but are not limited to the following:

- Marriage, divorce, legal separation or annulment
- Birth or adoption of a child
- A qualified medical child support order
- Death of a spouse or child
- A change in your dependent's eligibility status
- Loss of coverage from another health plan
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Becoming eligible for a state's premium assistance program under Medicaid or CHIP

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have 30 days to update your coverage. Please contact the Benefits Department immediately following a qualifying event to complete the appropriate election forms as needed. If you do not update your coverage within 30 days from the qualifying event, you must wait until the next annual open enrollment period to update your coverage.



Online Carrier Resources

Take advantage of the online resources available through our insurance carriers. You can locate network providers, manage your claims, obtain health and wellness information, and much more. Insurance carrier website addresses are located on page 16 of this guide.

RESOURCES AND CONTACTS

The list below includes the contact information for all insurance carriers. You may contact them with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers, please contact the Benefits Department.

	Phone Number	Website
Medical Administrator – CalPERS	(888) 225-7377	www.calpers.ca.gov
Medical - HMO Plans –Anthem Blue Cross –Blue Shield of CA –Health Net –Kaiser Permanente –Sharp Health Plan –United Healthcare	(855) 839-4524 (800) 334-5847 (888) 926-4921 (800) 464-4000 (855)995-5004 (877) 359-3714	www.anthem.com/ca/calpers www.blueshieldca.com/calpers www.healthnet.com/calpers www.kp.org/calpers www.sharphealthplan.com/calpers www.uhc.com/calpers
Medical - PPO Plans –PERS Gold –PERS Platinum	(877) 737-7776 (877) 737-7776	www.anthem.com/ca/calpers www.anthem.com/ca/calpers
Optum Pharmacy Benefit –All Medical Plans	(855) 505-8110	www.optumrx.com/calpers
Dental –Delta Care HMO –Delta Dental PPO	(800) 422-4234 (866) 499-3001	www.deltadentalins.com www.deltadentalins.com
Vision –VSP Vision PPO	(800) 877-7195	www.vsp.com
Hearing Service –EPIC Hearing Service Plan	(866) 956-5400	www.epichearing.com/registration
Teamster Members –Medical –Vision	(877) 214-8928	www.nwadmin.com
Employee Assistance Program –EASE	(800) 882-1341	www.lacoe.edu/ease

MEDICAL INSURANCE INFORMATION

Medical Plan Options

Compton Unified School District provides nine (9) HMO and two (2) PPO medical plans to choose from. See the following pages for highlights of each plan. Your benefits will begin the month following your hire date if you turn in your paperwork within 60 calendar days from your appointment date. If you are a late enrollee, your effective date will be the first day of the month following the 90-day waiting period, CalPERS rules permitting.

About the HMO Plans

With these plans, you must select a Primary Care Physician (PCP) who coordinates and manages your health care services. Your PCP provides routine care and refers you to specialists when necessary. You may choose a different PCP for each family member. Non-PCP referred services are not eligible for coverage under this plan, except in emergencies.

HMO plan options include:

- Anthem Blue Cross: Select HMO Plan (limited network plan)
- Anthem Blue Cross: Traditional HMO Plan (full network plan)
- Blue Shield: Access + HMO Plan
- Blue Shield: Trio HMO Plan
- Health Net: Salud Y Mas HMO Plan (coverage in California, Tijuana, Mexicali, Rosarito and Tecate)
- Kaiser Permanente: HMO Plan
- SHARP: Performance Plus HMO Plan
- United HealthCare: HMO Plan

About the PPO Plans

The Preferred Provider Organization (PPO) plans allow you to direct your own care. If you receive care from a physician who is a member of the network, a greater percentage of the entire cost will be paid by the insurance plan. However, you are not limited to the physicians within the network and you may self-refer to specialists. If you obtain services using a non-network provider, please note that you will be responsible for the difference between the covered amount and the actual charges, and you may be responsible for filing claims.

PPO plan options include:

- Anthem Blue Cross: PERS Platinum PPO
- Anthem Blue Cross: PERS Gold PPO

OptumRX - Select90

OptumRx and Walgreens make it easy for you to get your maintenance medications and may save you money. The OptumRx Select90 program allows you to get 90-day supplies of your medications at nearly 8,200 Walgreens pharmacies or through OptumRx home delivery. For OptumRx home delivery you can register online at optumrx.com/ CalPERS or call (855) 505-8110. If you choose a Walgreens pharmacy, you can call the number listed on the back of your ID card or visit their website www.walgreens.com



Finding In-Network Medical Providers or to review the Summary of Benefits

CalPERS Plans: To locate providers, visit www.calpers.ca.gov.



Video – Learn About Medical Plan Terms

Medical plan terms, such as deductibles, copays, coinsurance and out-of-pocket maximums, can sometimes be confusing. For a quick video that shows how these work, visit <http://video.burnhambenefits.com/terms>.

MEDICAL BENEFITS TIPS

Summary of Benefits and Coverage (SBC)

By law, group health plans and health insurance issuers are required to provide you with an easy-to-understand summary of each health plan's costs, benefits, covered health care services, and other features that are important to you. This Employee Benefits Guide will help you understand the medical plan options offered to you by Compton Unified School District. Please refer to the SBC and carrier contracts provided by CalPERS for additional plan details.



Tips for Using Your Medical Benefits

1. If you are not sure ask questions.

- If you are having a procedure done and are unsure about how much of the procedure will be covered through your insurance and what your out-of-pocket costs will be, if any, make sure you ask your insurance carrier.

2. Use Urgent Care facilities instead of Emergency Rooms whenever possible.

- A lot of people go to the Emergency Rooms for injuries that can be treated much cheaper at an Urgent Care facility. It can be hard to determine when you should go to Urgent Care or the Emergency Room. The list below gives you some examples but they are not all-inclusive.

 When to go to an Urgent Care Facility	 When to go to an Emergency Room
<ul style="list-style-type: none">• Fevers and Colds• Vomiting and nausea• Diarrhea• Dehydration• Minor cuts• Strains or simple bone breaks (when the body part isn't 'pointed' in the wrong direction or you can still walk on the injured leg with some discomfort)• Mild asthma attacks• Pain with urination	<ul style="list-style-type: none">• Shortness of breath• Chest pain, left arm pain, or left jaw pain• Serious burns and cuts• Seizures• Severe allergic reaction• Stroke symptoms, including slurred speech or sudden numbness/weakness in any area of your body, facial droop, or loss of balance or vision• A change in mental status (such as confusion)• Loss of consciousness (if you pass out or 'fall out')• Multiple injuries or a possible broken bone in areas like the ribs, skull, face or pelvis• If you are pregnant and have vaginal bleeding or pelvic/abdominal pain

**If you believe you may be experiencing a heart attack, call 911 immediately! Do not drive yourself to the emergency room!*

3. Use generic drugs whenever possible

- Using generic drugs is the best way to save money on prescriptions as opposed to name brand drugs. Generic medicines tend to cost less than their brand-name counterparts because they do not have to repeat studies that were required of the brand-name medicines to demonstrate safety and effectiveness.

4. Opt for mail-order prescription drug benefit to keep track of your medications.

- The mail order pharmacy is fast, easy, and convenient. See insurance carrier provisions for details.

MEDICAL BENEFITS TIPS

Tips for Using Your Medical Benefits

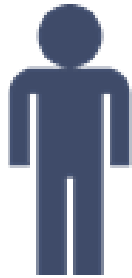
5. Make sure you utilize your free preventative care benefits to keep yourself healthy.
- a. Take full advantage of your insurance plan by scheduling your preventative care exams. Each of the offered plans cover these exams 100% when you use in-network providers. Preventative exams can help doctors identify any potential health problems early on. Please consult with your doctor to see which services are right for you and your family. Some examples of preventative care services include:

Females



- Pap tests
- Mammograms
- Annual physicals
- Flu shots
- FDA-approved contraception
- Immunizations
- Colonoscopy
- Blood pressure checks
- Cholesterol
- Diabetes

Males



- Colonoscopy
- Prostate cancer screening
- Annual Physicals
- Flu shots
- Immunizations
- Blood pressure checks
- Cholesterol
- Diabetes

Children



- Well-baby care
- Annual physicals
- Flu shots
- Immunizations
- Medical/Family History
- Blood pressure checks
- Vision screening

Glossary of Terms

- **Co-payment:** The dollar amount that you will pay for medical services.
- **Deductible:** The dollar amount that you must pay out-of-pocket each year before the plan will begin reimbursing for non-preventative health expenses.
- **In-network:** Doctors, clinics, hospitals, and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for out-of-network providers.
- **Out-of-Network:** A health plan will cover treatment for doctors, clinics, hospitals, and other out-of-network providers, but covered employees will pay more out-of-pocket to use out-of-network providers than for in-network providers.
- **Premium/Rates:** This is the amount that you pay monthly. Premiums are a fixed amount you pay whether you use the services or not.
- **HMO:** An HMO plan typically costs less but your care choices are more limited. This type of coverage will not cover any costs for care outside of your network. You will benefit from lower costs despite having fewer options.
- **PPO:** the Preferred Provider (PPO) plans offer more flexible coverage to enable people to receive care both in and outside of the plan's network. These plans are typically more expensive than HMO plans and will cover a lower level of the costs for going out-of-network.

For more information regarding your plan costs and health benefits, click the CalPERS videos.



MEDICAL HMO PLANS INFORMATION

	Anthem Blue Cross HMO Select	Anthem Blue Cross HMO Traditional	Blue Shield Access+ HMO and Blue Shield Trio	Health Net Salud HMO
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Deductible (Annual)				
– Individual	\$0	\$0	\$0	\$0
– Family	\$0	\$0	\$0	\$0
Coinsurance (Plan Pays)	100%	100%	100%	100%
Office Visit Copay				
– Primary Care Physician	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
– Specialist Office Visit	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
Medical Out-of-Pocket Max				
– Individual / Family	(excluding pharmacy) \$1,500 / \$3,000	(excluding pharmacy) \$1,500 / \$3,000	(excluding pharmacy) \$1,500 / \$3,000	(excluding pharmacy) \$1,500 / \$3,000
Hospitalization				
– Inpatient	No Charge	No Charge	No Charge	No Charge
– Outpatient	No Charge	No Charge	No Charge	No Charge
Lab and X-Ray	No Charge	No Charge	No Charge	No Charge
Emergency Services	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
Urgent Care	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
Preventive Care	No Charge	No Charge	No Charge	No Charge
Pharmacy Benefits				
RX Out-of-Pocket Max				
- Individual / Family	\$5,850 / \$11,700	\$5,850 / \$11,700	\$5,850 / \$11,700	\$5,850 / \$11,700
Retail Pharmacy*				
– Generic Drugs	\$5 Copay	\$5 Copay	\$5 Copay	\$5 Copay
– Preferred Brand Drugs	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay
– Non-Preferred Drugs	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
– Supply Limit	30 Days	30 Days	30 Days	30 Days
Mail Order Pharmacy				
Maximum out-of-pocket (per person)	\$1,000	\$1,000	\$1,000	\$1,000
– Generic Drugs	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay
– Preferred Brand Drugs	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay
– Non-Preferred Drugs	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay
– Supply Limit	90 Days	90 Days	90 Days	90 Days

*After the second fill, you will pay the appropriate mail service copay for maintenance medications. 90-day supplies (OptumRx Select 90 Saver) allowed at Walgreens and Home Delivery program.

To view the Summary of Benefits (SBC), please go to the CalPERS website.

MEDICAL HMO PLANS INFORMATION

	Health Net SmartCare HMO	Kaiser Permanente Traditional HMO	United Healthcare SignatureValue Alliant HMO	Sharp Performance Plus HMO
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Deductible (Annual)				
– Individual	\$0	\$0	\$0	\$0
– Family	\$0	\$0	\$0	\$0
Coinsurance (Plan Pays)	100%	100%	100%	100%
Office Visit Copay				
– Primary Care Physician	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
– Specialist Office Visit	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
Medical Out-of-Pocket Max				
– Individual / Family	(excluding pharmacy) \$1,500 / \$3,000	(excluding pharmacy) \$1,500 / \$3,000	(excluding pharmacy) \$1,500 / \$3,000	(excluding pharmacy) \$1,500 / \$3,000
Hospitalization				
– Inpatient	No Charge	No Charge	No Charge	No Charge
– Outpatient	\$15 Copay	No Charge	No Charge	No Charge
Lab and X-Ray	No Charge	No Charge	No Charge	No Charge
Emergency Services	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
Urgent Care	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
Preventive Care	No Charge	No Charge	No Charge	No Charge
Pharmacy Benefits				
RX Out-of-Pocket Max				
- Individual / Family	\$5,850 / \$11,700	\$5,850 / \$11,700	\$5,850 / \$11,700	\$5,850 / \$11,700
Retail Pharmacy*				
– Generic Drugs	\$5 Copay	\$5 Copay	\$5 Copay	\$5 Copay
– Preferred Brand Drugs	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay
– Non-Preferred Drugs	\$50 Copay	\$20 Copay	\$50 Copay	\$50 Copay
– Supply Limit	30 Days	30 Days	30 Days	30 Days
Mail Order Pharmacy				
Maximum out-of-pocket (per person)	\$1,000	N/A	N/A	N/A
– Generic Drugs	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay
– Preferred Brand Drugs	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay
– Non-Preferred Drugs	\$100 Copay	\$40 Copay	\$100 Copay	\$100 Copay
– Supply Limit	90 Days	100 Days	90 Days	90 Days

*After second fill you will pay the appropriate mail service copay for maintenance medications. 90 day supplies (OptumRx Select 90 Saver) allowed at Walgreens and Home Delivery program.

To view the Summary of Benefits (SBC), please go to the CalPers website at www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates

MEDICAL PPO PLANS INFORMATION

	Anthem Blue Cross PERS Platinum PPO	
Network Size	Full Network	
Lifetime Maximum Benefit	Unlimited	
Deductible (Annual) – Individual – Family	\$500 \$1,000	\$500 \$1,000
Coinsurance (Plan Pays)	90%	60%
Office Visit Copay – Primary Care Physician – Specialist Office Visit	\$20 Copay \$20 Copay	40% 40%
Medical Out-of-Pocket Maximum - Coinsurance: Individual / Family - Medical: Individual / Family	(excluding pharmacy) \$2,000 \$4,000	None
Hospitalization – Deductible (per admission) – Inpatient – Outpatient	\$250 per admission 10% 10%	\$250 per admission 40% 40%
Lab and X-Ray	10%	40%
Emergency Room Deductible Emergency Services	\$50 Copay (waived if admitted) 10%	
Urgent Care	\$20 Copay	40%
Preventive Care	No Charge	40%
Chiropractic	\$20 Copay	40%
	Max 20 Visits/Year	
Pharmacy Benefits		
RX Out-of-Pocket Max - Individual / Family	\$2,000 / \$4,000	N/A
Retail Pharmacy* – Generic Drugs – Preferred Brand Drugs – Non-Preferred Drugs – Supply Limit	\$5 Copay \$20 Copay \$50 Copay 34 Days	Not covered
Mail Order Pharmacy Maximum Out-of-Pocket (per person) – Generic Drugs – Preferred Brand Drugs – Non-Preferred Drugs – Supply Limit	\$1,000 \$10 Copay \$40 Copay \$100 Copay 90 Days	Not covered

*After second fill you will pay the appropriate mail service copay for maintenance medications. 90 day supplies (OptumRx Select 90 Saver) allowed at Walgreens and Home Delivery program.

To view the Summary of Benefits (SBC), please go to the CalPers website at www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates

MEDICAL PPO PLANS INFORMATION

Anthem Blue Cross PERS Gold PPO	
Network Size	Full Network
Lifetime Maximum Benefit	Unlimited
Deductible (Annual) – Individual – Family	\$500 \$1,000
Coinsurance (Plan Pays)	80% 60%
Office Visit Copay – Primary Care Physician – Specialist Office Visit	\$20 Copay \$20 Copay
Medical Out-of-Pocket Maximum - Coinsurance: Individual / Family - Medical: Individual / Family	(excluding pharmacy) \$3,000 \$6,000
Hospitalization – Deductible (per admission) – Inpatient – Outpatient	(Hospital Tiers 1 & 2) 20%-30% 20%-30%
Lab and X-Ray	20% 40%
Emergency Room Deductible Emergency Services	\$50 Copay (waived if admitted) 20%
Urgent Care	\$20 Copay 40%
Preventive Care	No Charge 40%
Chiropractic	\$20 Copay 40%
Pharmacy Benefits	Max 20 Visits/Year
RX Out-of-Pocket Max - Individual / Family	\$2,000 / \$4,000
Retail Pharmacy* – Generic Drugs – Preferred Brand Drugs – Non-Preferred Drugs – Supply Limit	\$5 Copay \$20 Copay \$50 Copay 30 Days
Mail Order Pharmacy Maximum Out-of-Pocket (per person) – Generic Drugs – Preferred Brand Drugs – Non-Preferred Drugs – Supply Limit	\$1,000 \$10 Copay \$40 Copay \$100 Copay 90 Days

*After second fill you will pay the appropriate mail service copay for maintenance medications. 90 day supplies (OptumRx Select 90 Saver) allowed at Walgreens and Home Delivery program.

To view the Summary of Benefits (SBC), please go to the CalPers website at www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates

DENTAL INSURANCE

Delta Care | Dental HMO Plan

With the Dental Health Maintenance Organization (DHMO) plan through Delta Dental, you are required to select a general dentist to provide your dental care. You will contact your general dentist for all of your dental needs, such as routine check-ups and emergency situations. If specialty care is needed, your general dentist will provide the necessary referral. For covered procedures, you'll pay the pre-set copay or coinsurance fee described in your DHMO plan booklet. Please keep a copy of your booklet to refer to when utilizing your dental care. This will show the applicable copays that apply to all of the dental services that are covered under this plan.

Delta Dental | Dental PPO Plan

With the Delta Dental Preferred Provider Organization (PPO) dental plan, you may visit a PPO dentist and benefit from the negotiated rate or visit a non-network dentist. When you utilize a PPO dentist, your out-of-pocket expenses will be less. You may also obtain services using a non-network dentist; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.

	Delta Care Dental DMO Plan	Delta Dental PPO	
	DeltaCare	Delta Dental Dentists	Non-Network
Dental Benefits			
Calendar Year Maximum	Unlimited	\$2,000	
Deductible (Annual)		\$50	
– Individual	\$0	\$150	
– Family	\$0		
Preventive (Plan Pays) Exams, X-Rays, Cleanings	100% for Most Services	100%	80%
Basic Services (Plan Pays) Fillings, Oral Surgery, Endodontics, Periodontics	See Copay Schedule	90%	70%
Major Services (Plan Pays) Crowns, Prosthetics	See Copay Schedule	70%	50%
Orthodontia		Children	
– Covered Members	Children & Adults	\$1,000 benefit / \$1,000 lifetime maximum	
– Copay	\$1,700 Child / \$1,900 Adult		



Finding In-Network Dental Providers

Go to www.deltadentalins.com or call (800) 422-4234 for a **DeltaCare USA HMO provider** or (866) 499-3001 for a **Delta Dental PPO provider**. Dental HMO participants should refer to the DeltaCare USA network .PPO participants should refer to the Delta Dental network when prompted.

Note: We strongly recommend you ask your dentist for a predetermination if total charges are expected to exceed \$300. Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.

VISION INSURANCE

Vision Service Plan (VSP) | PPO Vision Plan

The VSP Signature Network vision plan provides professional vision care and high quality lenses and frames through a broad network of optical specialists. You will receive richer benefits if you utilize a network provider. If you utilize a non-network provider, charges will be paid, but not to exceed amounts on the non-participating provider's schedule of allowances.

Vision Service Plan (VSP) PPO	
VSP Signature	
Vision Benefits	
Copay	
- Examination	\$10 Copay
- Materials	\$10 Copay
Examination (Every other calendar year)	100%
Lenses (Every calendar year)	
-Single Vision	100%
-Bifocal	100%
-Trifocal	100%
-Lenticular	100%
Frames (Every other calendar year)	\$150 Allowance
Contact Lenses (Every 12 Months)	In Lieu of Frames and Lenses
- Cosmetic / Elective	\$150 Allowance
- Medically Necessary	100%
Laser Vision Correction	Discounts Apply



Finding In-Network Vision Providers

Go to www.vsp.com or call (800) 877-7195 and refer to the VSP Signature network when prompted.

HEARING CARE BENEFIT

EPIC Hearing Service | Hearing Care Benefit

The EPIC Hearing Care Benefit gives you access to the largest hearing care provider network in the country and substantial savings on top tier manufacturer brand devices and related professional services. You'll get access to all name brand hearing aid technology by the top tier hearing aid manufacturers (Phonak, Unitron, Lyric, GN Resound, Starkey, Siemens, Oticon, Widex, and more) at reduced prices, 30%-60% below MSRP.



Accessing the Hearing Care Benefit

Call (866) 956-5400 to speak to a hearing counselor today.

LIFE INSURANCE

MetLife | Basic Life and AD&D

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with the company. Compton Unified School District pays for coverage, offered through MetLife, in the amount of \$5,000 for all Full-Time eligible District employees.

If your death is due to a covered accident or injury, your beneficiary will receive an additional amount through Accidental Death and Dismemberment (AD&D) coverage.

MetLife | Supplemental Life and AD&D

In addition to the company provided Basic Life and AD&D benefits, you may elect to purchase additional Term Life and AD&D insurance at discounted group rates provided by MetLife. If elected, you pay for this coverage with after-tax dollars through convenient payroll deductions.

Employee Coverage: Classification	Maximum Benefit	Non-Medical Limit*
Superintendent, Management, Certificated, and Classified Employees	\$10,000 increments to a maximum of \$500,000 not to exceed five (5) times annual earnings (rounded to the next highest \$10,000).	Two (2) times annual earnings, rounded to the next highest \$10,000 not to exceed \$100,000.
All Members of the Board of Education	\$10,000 increments to a maximum of \$500,000.	\$100,000

Evidence of Insurability will be required on all employee amounts over the non-medical limit amount.

*To be eligible for non-medical limit, you must be an active employee and apply within 31 days of first becoming eligible for this coverage.

Annual earnings are defined as the gross amount of money paid to you by the employer in cash for performing the duties required of your job, Bonuses, overtime pay, earnings for more than 40 hours per week, and all other benefits are not included.

Spouse	Dependent Children
Your spouse's amount must be in \$10,000 increments, not exceed \$500,000. Non-Medical limit of up to \$20,000 is available. The spouse can only select coverage if the employee enrolls.	You may select from the following coverage amounts: \$2,500, \$5,000 and \$10,000
Your spouse and dependent children can only participate if you have NOT been denied coverage. Dependents' coverage may not exceed 100% of your approved coverage amount.	

EMPLOYEE ASSISTANCE PROGRAM

EASE | Employee Assistance Program

The Employee Assistance Program (EAP) provides you and your immediate family members with free, confidential assistance to help with personal or professional problems that may interfere with work or family responsibilities and obligations. EASE counselors specialize in family troubles, emotional distress, drug/alcohol problems, job anxieties/stress, and grief/loss/transitions. Services are available 24 hours a day, 7 days a week via a toll-free nationwide number. In addition, Ease provides face-to-face counseling and community referrals.



Accessing the Employee Assistance Program

Call **(800) 882-1341** to be immediately connected to a counselor.

CalPERS Medical Insurance Rates for *CEA, Management and Confidential Members*

Effective from January 1, 2023 through December 31, 2023

MEDICAL	Los Angeles, San Bernardino and Riverside Area		Orange, Ventura and San Diego Area	
	DISTRICT CONTRIBUTION	EMPLOYEE DEDUCTION	DISTRICT CONTRIBUTION	EMPLOYEE DEDUCTION
ANTHEM SELECT				
SINGLE	\$691.70	\$193.79	\$691.70	\$226.74
TWO-PARTY	\$1,023.40	\$747.58	\$1,023.40	\$813.49
FAMILY	\$1,300.80	\$1,001.48	\$1,300.80	\$1,087.15
ANTHEM TRADITIONAL				
SINGLE	\$691.70	\$439.58	\$691.70	\$430.44
TWO-PARTY	\$1,023.40	\$1,239.15	\$1,023.40	\$1,220.89
FAMILY	\$1,300.80	\$1,640.52	\$1,300.80	\$1,616.77
BLUE SHIELD ACCESS				
SINGLE	\$691.70	\$194.25	\$691.70	\$319.43
TWO-PARTY	\$1,023.40	\$748.50	\$1,023.40	\$998.86
FAMILY	\$1,300.80	\$1,002.66	\$1,300.80	\$1,328.15
BLUE SHIELD TRIO				
SINGLE	\$691.70	\$102.09	\$691.70	\$221.15
TWO-PARTY	\$1,023.40	\$564.18	\$1,023.40	\$802.30
FAMILY	\$1,300.80	\$763.04	\$1,300.80	\$1,072.62
HEALTH NET SALUD Y MAS				
SINGLE	\$691.70	\$0.00	\$691.70	\$0.00
TWO-PARTY	\$1,023.40	\$431.82	\$1,023.40	\$653.98
FAMILY	\$1,300.80	\$590.98	\$1,300.80	\$879.80
HEALTH NET SMARTCARE				
SINGLE	\$691.70	\$214.65	\$691.70	\$309.88
TWO-PARTY	\$1,023.40	\$789.30	\$1,023.40	\$979.76
FAMILY	\$1,300.80	\$1,055.70	\$1,300.80	\$1,303.31
KAISER				
SINGLE	\$691.70	\$213.87	\$691.70	\$215.75
TWO-PARTY	\$1,023.40	\$787.74	\$1,023.40	\$791.50
FAMILY	\$1,300.80	\$1,053.67	\$1,300.80	\$1,058.58
UNITED HEALTHCARE				
SINGLE	\$691.70	\$256.85	\$691.70	\$260.66
TWO-PARTY	\$1,023.40	\$873.70	\$1,023.40	\$881.31
FAMILY	\$1,300.80	\$1,165.44	\$1,300.80	\$1,175.33
SHARP (SAN DIEGO ONLY)				
SINGLE			\$691.70	\$226.25
TWO-PARTY			\$1,023.40	\$812.50
FAMILY			\$1,300.80	\$1,085.88
PERS PLATINUM PPO				
SINGLE	\$691.70	\$499.41	\$691.70	\$526.06
TWO-PARTY	\$1,023.40	\$1,358.82	\$1,023.40	\$1,412.12
FAMILY	\$1,300.80	\$1,796.08	\$1,300.80	\$1,865.38
PERS GOLD PPO				
SINGLE	\$691.70	\$0.00	\$691.70	\$0.00
TWO-PARTY	\$1,023.40	\$609.49	\$1,023.40	\$646.83
FAMILY	\$1,300.80	\$821.95	\$1,300.80	\$870.50

CalPERS Medical Insurance Rates for *SEIU Members*

Effective from January 1, 2023 through December 31, 2023

MEDICAL	Los Angeles, San Bernardino and Riverside Area		Orange, Ventura and San Diego Area	
	DISTRICT CONTRIBUTION	EMPLOYEE DEDUCTION	DISTRICT CONTRIBUTION	EMPLOYEE DEDUCTION
ANTHEM SELECT				
SINGLE	\$671.70	\$213.79	\$671.70	\$246.74
TWO-PARTY	\$1,003.40	\$767.58	\$1,003.40	\$833.49
FAMILY	\$1,280.71	\$1,021.57	\$1,280.71	\$1,107.24
ANTHEM TRADITIONAL				
SINGLE	\$671.70	\$459.58	\$671.70	\$450.44
TWO-PARTY	\$1,003.40	\$1,259.15	\$1,003.40	\$1,240.89
FAMILY	\$1,280.71	\$1,660.61	\$1,280.71	\$1,636.86
BLUE SHIELD ACCESS				
SINGLE	\$671.70	\$214.25	\$671.70	\$339.43
TWO-PARTY	\$1,003.40	\$768.50	\$1,003.40	\$1,018.86
FAMILY	\$1,280.71	\$1,022.75	\$1,280.71	\$1,348.24
BLUE SHIELD TRIO				
SINGLE	\$671.70	\$122.09	\$671.70	\$241.15
TWO-PARTY	\$1,003.40	\$584.18	\$1,003.40	\$822.30
FAMILY	\$1,280.71	\$783.13	\$1,280.71	\$1,092.71
HEALTH NET SALUD Y MAS				
SINGLE	\$671.70	\$55.91	\$671.70	\$166.99
TWO-PARTY	\$1,003.40	\$451.82	\$1,003.40	\$673.98
FAMILY	\$1,280.71	\$611.07	\$1,280.71	\$899.89
HEALTH NET SMARTCARE				
SINGLE	\$671.70	\$234.65	\$671.70	\$329.88
TWO-PARTY	\$1,003.40	\$809.30	\$1,003.40	\$999.76
FAMILY	\$1,280.71	\$1,075.79	\$1,280.71	\$1,323.40
KAISER				
SINGLE	\$671.70	\$233.87	\$671.70	\$235.75
TWO-PARTY	\$1,003.40	\$807.74	\$1,003.40	\$811.50
FAMILY	\$1,280.71	\$1,073.76	\$1,280.71	\$1,078.67
UNITED HEALTHCARE				
SINGLE	\$671.70	\$184.56	\$671.70	\$266.20
TWO-PARTY	\$1,003.40	\$709.12	\$1,003.40	\$872.39
FAMILY	\$1,280.71	\$945.57	\$1,280.71	\$1,157.82
SHARP (SAN DIEGO ONLY)				
SINGLE			\$671.70	\$246.25
TWO-PARTY			\$1,003.40	\$832.50
FAMILY			\$1,280.71	\$1,105.97
PERS PLATINUM PPO				
SINGLE	\$671.70	\$519.41	\$671.70	\$546.06
TWO-PARTY	\$1,003.40	\$1,378.82	\$1,003.40	\$1,432.12
FAMILY	\$1,280.71	\$1,816.17	\$1,280.71	\$1,885.47
PERS GOLD PPO				
SINGLE	\$671.70	\$144.74	\$671.70	\$163.42
TWO-PARTY	\$1,003.40	\$629.49	\$1,003.40	\$666.83
FAMILY	\$1,280.71	\$842.04	\$1,280.71	\$890.59

CalPERS Medical Insurance Rates for *CSEA CHPT 30 Members - 8 HOURS*

Effective from January 1, 2023 through December 31, 2023

MEDICAL	Los Angeles, San Bernardino and Riverside Area		Orange, Ventura and San Diego Area	
	DISTRICT CONTRIBUTION	EMPLOYEE DEDUCTION	DISTRICT CONTRIBUTION	EMPLOYEE DEDUCTION
ANTHEM SELECT				
SINGLE	\$663.10	\$222.39	\$663.10	\$255.34
TWO-PARTY	\$994.80	\$776.18	\$994.80	\$842.09
FAMILY	\$1,272.10	\$1,030.18	\$1,272.10	\$1,115.85
ANTHEM TRADITIONAL				
SINGLE	\$663.10	\$468.18	\$663.10	\$459.04
TWO-PARTY	\$994.80	\$1,267.75	\$994.80	\$1,249.49
FAMILY	\$1,272.10	\$1,669.22	\$1,272.10	\$1,645.47
BLUE SHIELD ACCESS				
SINGLE	\$663.10	\$222.85	\$663.10	\$348.03
TWO-PARTY	\$994.80	\$777.10	\$994.80	\$1,027.46
FAMILY	\$1,272.10	\$1,031.36	\$1,272.10	\$1,356.85
BLUE SHIELD TRIO				
SINGLE	\$663.10	\$130.69	\$663.10	\$249.75
TWO-PARTY	\$994.80	\$592.78	\$994.80	\$830.90
FAMILY	\$1,272.10	\$791.74	\$1,272.10	\$1,101.32
HEALTH NET SALUD Y MAS				
SINGLE	\$663.10	\$64.51	\$663.10	\$175.59
TWO-PARTY	\$994.80	\$460.42	\$994.80	\$682.58
FAMILY	\$1,272.10	\$619.68	\$1,272.10	\$908.50
HEALTH NET SMARTCARE				
SINGLE	\$663.10	\$243.25	\$663.10	\$338.48
TWO-PARTY	\$994.80	\$817.90	\$994.80	\$1,008.36
FAMILY	\$1,272.10	\$1,084.40	\$1,272.10	\$1,332.01
KAISER				
SINGLE	\$663.10	\$242.47	\$663.10	\$244.35
TWO-PARTY	\$994.80	\$816.34	\$994.80	\$820.10
FAMILY	\$1,272.10	\$1,082.37	\$1,272.10	\$1,087.28
UNITED HEALTHCARE				
SINGLE	\$663.10	\$193.16	\$663.10	\$274.80
TWO-PARTY	\$994.80	\$717.72	\$994.80	\$880.99
FAMILY	\$1,272.10	\$954.18	\$1,272.10	\$1,166.43
SHARP (SAN DIEGO ONLY)				
SINGLE			\$663.10	\$254.85
TWO-PARTY			\$994.80	\$841.10
FAMILY			\$1,272.10	\$1,114.58
PERS PLATINUM PPO				
SINGLE	\$663.10	\$528.01	\$663.10	\$554.66
TWO-PARTY	\$994.80	\$1,387.42	\$994.80	\$1,440.72
FAMILY	\$1,272.10	\$1,824.78	\$1,272.10	\$1,894.08
PERS GOLD PPO				
SINGLE	\$663.10	\$153.34	\$663.10	\$172.02
TWO-PARTY	\$994.80	\$638.09	\$994.80	\$675.43
FAMILY	\$1,272.10	\$850.65	\$1,272.10	\$899.20

CalPERS Medical Insurance Rates for *CSEA CHPT 30 Members - 6 HOURS*

Effective from January 1, 2023 through December 31, 2023

MEDICAL	Los Angeles, San Bernardino and Riverside Area		Orange, Ventura and San Diego Area	
	DISTRICT CONTRIBUTION	EMPLOYEE DEDUCTION	DISTRICT CONTRIBUTION	EMPLOYEE DEDUCTION
ANTHEM SELECT				
SINGLE	\$497.33	\$373.17	\$497.33	\$406.12
TWO-PARTY	\$746.10	\$1,009.88	\$746.10	\$1,075.79
FAMILY	\$954.08	\$1,333.21	\$954.08	\$1,418.88
ANTHEM TRADITIONAL				
SINGLE	\$497.33	\$618.95	\$497.33	\$609.82
TWO-PARTY	\$746.10	\$1,501.45	\$746.10	\$1,483.19
FAMILY	\$954.08	\$1,972.25	\$954.08	\$1,948.50
BLUE SHIELD ACCESS				
SINGLE	\$497.33	\$373.62	\$497.33	\$498.81
TWO-PARTY	\$746.10	\$1,010.80	\$746.10	\$1,261.16
FAMILY	\$954.08	\$1,334.39	\$954.08	\$1,867.85
BLUE SHIELD TRIO				
SINGLE	\$497.33	\$281.46	\$497.33	\$400.53
TWO-PARTY	\$746.10	\$826.48	\$746.10	\$1,064.60
FAMILY	\$954.08	\$1,094.77	\$954.08	\$1,404.35
HEALTH NET SALUD Y MAS				
SINGLE	\$497.33	\$215.28	\$497.33	\$326.37
TWO-PARTY	\$746.10	\$694.12	\$746.10	\$916.28
FAMILY	\$954.08	\$922.70	\$954.08	\$1,211.53
HEALTH NET SMARTCARE				
SINGLE	\$497.33	\$394.02	\$497.33	\$489.26
TWO-PARTY	\$746.10	\$1,051.60	\$746.10	\$1,242.06
FAMILY	\$954.08	\$1,387.43	\$954.08	\$1,635.03
KAISER				
SINGLE	\$497.33	\$393.24	\$497.33	\$395.13
TWO-PARTY	\$746.10	\$1,050.04	\$746.10	\$1,053.80
FAMILY	\$954.08	\$1,385.40	\$954.08	\$1,390.31
UNITED HEALTHCARE				
SINGLE	\$497.33	\$343.94	\$497.33	\$425.57
TWO-PARTY	\$746.10	\$951.42	\$746.10	\$1,114.69
FAMILY	\$954.08	\$1,257.20	\$954.08	\$1,469.46
SHARP (SAN DIEGO ONLY)				
SINGLE			\$497.33	\$405.63
TWO-PARTY			\$746.10	\$1,074.80
FAMILY			\$954.08	\$1,417.61
PERS PLATINUM PPO				
SINGLE	\$497.33	\$678.78	\$497.33	\$705.44
TWO-PARTY	\$746.10	\$1,621.12	\$746.10	\$1,674.42
FAMILY	\$954.08	\$2,127.80	\$954.08	\$2,197.10
PERS GOLD PPO				
SINGLE	\$497.33	\$304.12	\$497.33	\$322.79
TWO-PARTY	\$746.10	\$871.79	\$746.10	\$909.13
FAMILY	\$954.08	\$1,153.68	\$954.08	\$1,202.23

CalPERS Medical Insurance Rates for *CSEA CHPT 30 Members - 4 HOURS*

Effective from January 1, 2023 through December 31, 2023

MEDICAL	Los Angeles, San Bernardino and Riverside Area		Orange, Ventura and San Diego Area	
	DISTRICT CONTRIBUTION	EMPLOYEE DEDUCTION	DISTRICT CONTRIBUTION	EMPLOYEE DEDUCTION
ANTHEM SELECT				
SINGLE	\$331.55	\$553.94	\$331.55	\$586.89
TWO-PARTY	\$497.40	\$1,273.58	\$497.40	\$1,339.49
FAMILY	\$636.05	\$1,666.23	\$636.05	\$1,751.90
ANTHEM TRADITIONAL				
SINGLE	\$331.55	\$799.73	\$331.55	\$790.59
TWO-PARTY	\$497.40	\$1,765.15	\$497.40	\$1,746.89
FAMILY	\$636.05	\$2,305.27	\$636.05	\$2,281.52
BLUE SHIELD ACCESS				
SINGLE	\$331.55	\$554.40	\$331.55	\$679.58
TWO-PARTY	\$497.40	\$1,274.50	\$497.40	\$1,524.86
FAMILY	\$636.05	\$1,667.41	\$636.05	\$1,992.90
BLUE SHIELD TRIO				
SINGLE	\$331.55	\$462.24	\$331.55	\$581.30
TWO-PARTY	\$497.40	\$1,090.18	\$497.40	\$1,328.30
FAMILY	\$636.05	\$1,427.79	\$636.05	\$1,737.37
HEALTH NET SALUD Y MAS				
SINGLE	\$331.55	\$396.06	\$331.55	\$507.14
TWO-PARTY	\$497.40	\$957.82	\$497.40	\$1,179.98
FAMILY	\$636.05	\$1,255.73	\$636.05	\$1,544.55
HEALTH NET SMARTCARE				
SINGLE	\$331.55	\$574.80	\$331.55	\$670.03
TWO-PARTY	\$497.40	\$1,315.30	\$497.40	\$1,505.76
FAMILY	\$636.05	\$1,720.45	\$636.05	\$1,968.06
KAISER				
SINGLE	\$331.55	\$574.02	\$331.55	\$575.90
TWO-PARTY	\$497.40	\$1,313.74	\$497.40	\$1,317.50
FAMILY	\$636.05	\$1,718.42	\$636.05	\$1,723.33
UNITED HEALTHCARE				
SINGLE	\$331.55	\$524.71	\$331.55	\$606.35
TWO-PARTY	\$497.40	\$1,215.12	\$497.40	\$1,378.39
FAMILY	\$636.05	\$1,590.23	\$636.05	\$1,802.48
SHARP (SAN DIEGO ONLY)				
SINGLE			\$331.55	\$586.40
TWO-PARTY			\$497.40	\$1,338.50
FAMILY			\$636.05	\$1,750.63
PERS PLATINUM PPO				
SINGLE	\$331.55	\$859.56	\$331.55	\$886.21
TWO-PARTY	\$497.40	\$1,884.82	\$497.40	\$1,938.12
FAMILY	\$636.05	\$2,460.83	\$636.05	\$2,530.13
PERS GOLD PPO				
SINGLE	\$331.55	\$484.89	\$331.55	\$503.57
TWO-PARTY	\$497.40	\$1,135.49	\$497.40	\$1,172.83
FAMILY	\$636.05	\$1,486.70	\$636.05	\$1,535.25

CalPERS Medical Insurance Rates for *POA Members*
Effective from January 1, 2023 through December 31, 2023

MEDICAL	Los Angeles, San Bernardino and Riverside Area		Orange, Ventura and San Diego Area	
	DISTRICT CONTRIBUTION	EMPLOYEE DEDUCTION	DISTRICT CONTRIBUTION	EMPLOYEE DEDUCTION
ANTHEM SELECT				
SINGLE	\$431.70	\$453.79	\$431.70	\$486.74
TWO-PARTY	\$763.40	\$1,007.58	\$763.40	\$1,073.49
FAMILY	\$1,040.71	\$1,261.57	\$1,040.71	\$1,347.24
ANTHEM TRADITIONAL				
SINGLE	\$431.70	\$699.58	\$431.70	\$690.44
TWO-PARTY	\$763.40	\$1,499.15	\$763.40	\$1,480.89
FAMILY	\$1,040.71	\$1,900.61	\$1,040.71	\$1,876.86
BLUE SHIELD ACCESS				
SINGLE	\$431.70	\$454.25	\$431.70	\$579.43
TWO-PARTY	\$763.40	\$1,008.50	\$763.40	\$1,258.86
FAMILY	\$1,040.71	\$1,262.75	\$1,040.71	\$1,588.24
BLUE SHIELD TRIO				
SINGLE	\$431.70	\$362.09	\$431.70	\$481.15
TWO-PARTY	\$763.40	\$824.18	\$763.40	\$1,062.30
FAMILY	\$1,040.71	\$1,023.13	\$1,040.71	\$1,332.71
HEALTH NET SALUD Y MAS				
SINGLE	\$431.70	\$295.91	\$431.70	\$406.99
TWO-PARTY	\$763.40	\$691.82	\$763.40	\$913.98
FAMILY	\$1,040.71	\$851.07	\$1,040.71	\$1,139.89
HEALTH NET SMARTCARE				
SINGLE	\$431.70	\$474.65	\$431.70	\$569.88
TWO-PARTY	\$763.40	\$1,049.30	\$763.40	\$1,239.76
FAMILY	\$1,040.71	\$1,315.79	\$1,040.71	\$1,563.40
KAISER				
SINGLE	\$431.70	\$473.87	\$431.70	\$475.75
TWO-PARTY	\$763.40	\$1,047.74	\$763.40	\$1,051.50
FAMILY	\$1,040.71	\$1,313.76	\$1,040.71	\$1,318.67
UNITED HEALTHCARE				
SINGLE	\$431.70	\$424.56	\$431.70	\$506.20
TWO-PARTY	\$763.40	\$949.12	\$763.40	\$1,112.39
FAMILY	\$1,040.71	\$1,185.57	\$1,040.71	\$1,397.82
SHARP (SAN DIEGO ONLY)				
SINGLE			\$431.70	\$486.25
TWO-PARTY			\$763.40	\$1,072.50
FAMILY			\$1,040.71	\$1,345.97
PERS PLATINUM PPO				
SINGLE	\$431.70	\$759.41	\$431.70	\$786.06
TWO-PARTY	\$763.40	\$1,618.82	\$763.40	\$1,672.12
FAMILY	\$1,040.71	\$2,056.17	\$1,040.71	\$2,125.47
PERS GOLD PPO				
SINGLE	\$431.70	\$384.74	\$431.70	\$403.42
TWO-PARTY	\$763.40	\$869.49	\$763.40	\$906.83
FAMILY	\$1,040.71	\$1,082.04	\$1,040.71	\$1,130.59

Medical Insurance Rates for *Teamsters 911 Members*

Effective from October 1, 2022 through September 30, 2023

MEDICAL	DISTRICT CONTRIBUTION	EMPLOYEE DEDUCTION
KAISER		
SINGLE	\$610.80	\$10.60
TWO-PARTY	\$1,174.80	\$101.80
FAMILY	\$1,646.40	\$259.70
DENTAL	DISTRICT CONTRIBUTION	EMPLOYEE DEDUCTION
DELTA DENTAL HMO		
SINGLE	\$22.10	\$0.00
TWO-PARTY	\$36.15	\$0.00
FAMILY	\$53.18	\$0.00
DELTA DENTAL PPO		
SINGLE	\$46.52	\$0.00
TWO-PARTY	\$135.31	\$0.00
FAMILY	\$135.31	\$0.00

COVID-19 RESOURCE PAGE

This page, provided by Keenan, is intended to be a compilation of information and resources pulled from federal, state and local agencies. This is not intended to be legal advice. For up to the minute information and guidance on COVID-19, please follow the guidelines of the Centers for Disease Control and Prevention (CDC) and your local health organizations

The Keenan COVID-19 Resource Guide provides resources to help you navigate the challenges of operating safely amid the COVID-19 crisis. You can click on the picture below to see the guide. This document will be updated as new information and guidance from appropriate sources becomes available.

When you click on the images below, you will automatically be directed to Keenan's online COVID-19 resource page.



Keenan COVID-19 | Contact | Careers | Client Login

COVID-19 Resources

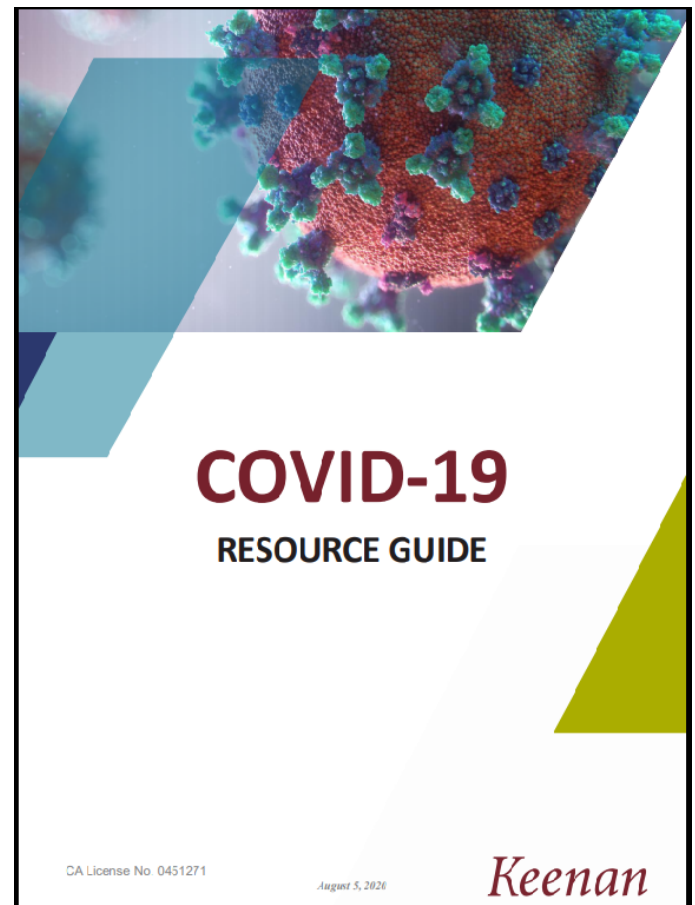
COVID-19

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Our Keenan COVID-19 Resource Guide provides resources to help your organization navigate the challenges of operating safely amid the COVID-19 crisis. You can download the guide [here](#). This document will be updated as new information and guidance from appropriate sources becomes available.

Additionally, our [working remotely microlearning series](#) addresses physical, mental, and environmental issues that you may encounter when working from home. Whether working from home is a temporary solution, an occasional situation, or just your normal workplace, these resources can help to make it the best possible environment.

- Key Websites
- Legislative and Regulatory Information
- Employer Resources
- Online Training and Recorded Webinars
- Health Benefits Carrier / Vendor Resources
- Guidance for Schools and Colleges
- Guidance for Hospital and Health Systems
- Remote Working Resources
- At Home Wellness Resources



COVID-19

RESOURCE GUIDE

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