

2017

Employee Benefits Overview



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Let's Talk Benefits

Welcome to Open Enrollment 2017! Helping you and your families achieve and maintain good health—physical, emotional and financial—is important to the County of San Luis Obispo and we are excited to offer you a series of new benefits to enhance our comprehensive benefits package.

The County will be offering the following *new* benefit options for the 2017 plan year.

- United Healthcare HMO plan
- Aflac Voluntary Accident Insurance
- Aflac Voluntary Critical Illness Insurance
- Voya Supplemental Life and AD&D
- Voya Voluntary Short-Term Disability Insurance
- Voya Voluntary Long-Term Disability Insurance

Please take time to review the information provided in this benefits booklet. It will assist you in the election process. While we have made every effort to ensure that this guide is comprehensive, it cannot provide a complete description of all benefit provisions. For more detailed information, please refer to the benefit summaries located on the on the benefits website at http://myslo.intra/RM/RM_Benefits/Open_Enrollment_Information.htm.

The benefits in this summary are effective:

January 1, 2017 - December 31, 2017

Open Enrollment Period:

September 12 – October 7, 2016.

All employees are encouraged to schedule a meeting with a Benefit Counselor during this Open Enrollment period.

What's New for 2017?

Meet With a Benefit Counselor

For this Open Enrollment period, the County is partnering with professional, non-commissioned Benefit Counselors who will explain, answer questions and assist with enrollment in the new benefit offerings. All County employees are encouraged to make an appointment and meet with a Benefit Counselor. Information on how to set up an appointment is on page 4.

Terminated - Blue Shield NetValue HMO Plan

The current Blue Shield NetValue plan has been discontinued, effective January 1, 2017. All members that are currently enrolled in this plan will need to select another medical plan and turn in a CalPERS enrollment form during Open Enrollment. **If you do not select a new medical plan, you will automatically be enrolled in the Blue Shield Access + HMO plan.** Benefit Counselors will be available to assist you in making a new plan selection during Open Enrollment. You must schedule an appointment with a Benefit Counselor by going online to countyofslo.acuityscheduling.com or calling **800.227.9985**. Please make sure to make your election and turn in all paperwork by October 7th to your department payroll coordinator.

New - United HealthCare HMO Plan

The County will be offering a new, lower cost medical HMO plan through United HealthCare effective January 1, 2017. Please refer to page 5 for a side by side benefit comparison of the Anthem Traditional HMO, the Blue Shield Access + and the new UHC HMO plans. To enroll in this new plan, you must submit a CalPERS enrollment form. Benefit Counselors will be available to answer questions and assist in filling out forms. You must schedule an appointment with a Benefit Counselor by going online to countyofslo.acuityscheduling.com or calling **800.227.9985**. Please make sure to make your election and turn in all paperwork by October 7th to your department payroll coordinator.

New - Voya Supplemental Life and AD&D

The County will be offering a new voluntary Supplemental Life and AD&D benefit to all employees through Voya Financial for the 2017 plan year. **During this one time Open Enrollment, this benefit is guaranteed issue. You will not have to go through medical underwriting or have an exam for any amount up to \$150,000 for employee and \$50,000 for spouse.** Note - all employees who have a current Voya Supplemental Life and Disability policy will be automatically moved to this new plan. This is your opportunity to elect up to \$150,000 coverage with no questions. Additional information on this offering can be found on page 11.

New - Voya Voluntary Short-Term Disability Insurance

A new Voya Financial Short Term Disability (STD) Insurance plan will be offered to all eligible employees that currently are not covered under another Short Term Disability policy. All employees who currently have a Long Term Disability policy but have no STD coverage may apply. For policy details, please refer to page 12.

New - Voya Voluntary Long-Term Disability Insurance

The County is offering a new voluntary Long Term Disability (LTD) Insurance plan through Voya Financial. This LTD policy is available to all eligible employees except for those who are currently covered under a California State disability plan (example: Safety). You may read about this new voluntary product on page 12.

New – Aflac Voluntary Accident Insurance

The County will be offering a new Accident plan through Aflac effective January 1, 2017. Accident insurance pays you a lump sum benefit in the case of an accident such as an ER visit, broken bone, etc. You may use this amount to pay copayments, prescriptions, buy groceries, pay rent or to save for a future emergency. The plan includes an annual Wellness Benefit of \$50 for all covered members. Refer to page 13 for detailed information on this new benefit offering.

New - Aflac Voluntary Critical Illness Insurance

Critical Illness insurance will be offered through Aflac effective January 1, 2017. This benefit is independent of your medical insurance and will pay you a lump sum if you are diagnosed with one of the noted conditions. The amount that you receive may be used for any of your financial needs. This policy includes an annual Wellness Benefit of \$50 for all covered members as well as a Mammography benefit of \$200. To see more information on this new insurance plan, please go to page 14.

New – Dental and Vision Enhancements

For the Delta Dental DPPO plan – the orthodontic lifetime maximum will increase to \$1,500. For the VSP vision plan – the frame allowance will increase to \$175 and contact lenses allowance will also increase to \$150.

How Do I Enroll in Benefits?

Open Enrollment is from September 12 through October 7, 2016. This Open Enrollment, the County will be partnering with professional, non-commissioned Benefit Counselors from WorkPlace Solutions, who will assist in explaining, answering questions and enrolling in the new benefit offerings. Benefit Counselors will be available onsite from **September 12th through September 23rd**.

Please plan to meet with a Benefit Counselor to review your personal benefits. You must make an appointment to have a one-to-one meeting with a Benefit Counselor. Appointments can be scheduled starting August 29th.

To make an appointment with a Benefit Counselor, go online to:

countyofslo.acuityscheduling.com or call **800.227.9985.**

Benefit Counselors will be at the following locations and will have all enrollment forms available:

County Government Center	Health Agency Building	Social Services Building	Sheriff Building	South County Regional Center	Atascadero Library
1055 Monterey St.	2180 Johnson Ave	3433 S. Higuera St.	1585 Kansas Ave	800 W. Branch St.	6555 Capistrano
San Luis Obispo	San Luis Obispo	San Luis Obispo	San Luis Obispo	Arroyo Grande	Atascadero

A detailed schedule of dates and times at each location will be sent via email, so please check your emails.

When you meet with a Benefit Counselor and are enrolling a dependent(s) on the new offered plans, please have their social security number available. Enrollment forms require this information.

Note: *if you are enrolling a dependent for the first time on your benefits, you must submit a copy of a Birth Certificate and/or Marriage License to your department payroll coordinator with your forms. If you have already submitted one of these forms and will be enrolling a dependent on the new offerings, you do not have to submit them again since the County already has copies.*

Medical HMO Comparison Chart

The chart below compares all of the HMO plans that are offered by the County for the 2017 plan year. The benefits will be effective January 1, 2017. Refer to the Benefit Summary for detailed plan information.

	Anthem	Blue Shield	NEW - UHC
	Traditional HMO	Access + HMO	Signature Value Alliance HMO
Annual Deductible	\$0 \$0	\$0 \$0	\$0 \$0
Annual Out-of-Pocket Max <i>(excluding pharmacy)</i>	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family
Office Visit <i>(includes Mental Health & Substance Abuse)</i>			
Primary Provider	\$15	\$15	\$15
Inpatient visits	No charge	No charge	No charge
Outpatient visits	\$15	\$15	\$15
Urgent Care visits	\$15	\$15	\$15
Surgery/Anesthesia	No charge	No charge	No charge
Preventive Services	No charge	No charge	No charge
Lab and X-ray	No charge	No charge	No charge
Hospital <i>(includes Mental Health & Substance Abuse)</i>	No charge	No charge	No charge
Outpatient Facility/Surgery Services	No charge	No charge	No charge
Urgent Care	\$15	\$15	\$15
Emergency Room	\$50 copay then plan pays 100% (copay waived if admitted)	\$50 copay then plan pays 100% (copay waived if admitted)	\$50 copay then plan pays 100% (copay waived if admitted)
Prescription Drugs			
Deductible	None	None	None
Retail (30-day supply)	Generic: \$5 Brand: \$20 Non-Formulary: \$50	Generic: \$5 Brand: \$20 Non-Formulary: \$50	Generic: \$5 Brand: \$20 Non-Formulary: \$50
Retail Maintenance (filled after 2 nd fill (30-day supply)	Generic: \$10 Brand: \$40 Non-Formulary: \$100	Generic: \$10 Brand: \$40 Non-Formulary: \$100	Generic: \$10 Brand: \$40 Non-Formulary: \$100
Mail Order (90-day supply for maintenance medication)	Generic: \$10 Brand: \$40 Non-Formulary: \$100	Generic: \$10 Brand: \$40 Non-Formulary: \$100	Generic: \$10 Brand: \$40 Non-Formulary: \$100
Mail Order maximum per person per year	\$1,000	\$1,000	\$1,000

	Anthem	Blue Shield	NEW – UHC
	Traditional HMO	Access + HMO	Signature Value Alliance HMO
Durable Medical Equipment	No charge	No charge	No charge
Infertility Testing/Treatment	50% of covered charges	50% of covered charges	50% of covered charges
Occupational/Physical/Speech Therapy			
Inpatient (hospital or skilled nursing facility)	No charge	No charge	No charge
Outpatient (office and home visits)	\$15	\$15	\$15
Diabetes Services			
Glucose Monitors	No charge	No charge	No charge
Self-management training	\$15	\$15	\$15
Chiropractic Care	\$15 per visit (combined with acupuncture: up to 20 visits per year)	\$15 per visit (combined with acupuncture: up to 20 visits per year)	\$15 per visit (combined with acupuncture: up to 20 visits per year)
Acupuncture	\$15 per visit (combined with chiropractic: up to 20 visits per year)	\$15 per visit (combined with chiropractic: up to 20 visits per year)	\$15 per visit (combined with chiropractic: up to 20 visits per year)

NOTE:

- If you are currently enrolled in the Blue Shield NetValue plan and do not select a new medical plan, **you will automatically be enrolled in the Blue Shield Access + HMO plan**. You must turn in a CalPERS enrollment form if you would like to enroll in the UHC HMO plan, the Anthem Traditional HMO plan or in a PPO plan.
- Physician’s Choice Medical Group **is not** part of the UHC network. If you would like be part of this medical group, you will need to enroll on the Anthem Traditional HMO or Blue Shield Access + HMO plan.

Coastal Communities medical group is part of the UHC network.

- The new UHC HMO plan is not available in the County of Santa Barbara. There are no contracted medical groups in this area.
- If you live in Santa Barbara County and want to enroll in the United Healthcare plan, you will need to use zip code 93401 as your eligibility zip code on the enrollment form – Item 4-B.

Medical PPO Comparison Chart

	PERS Select PPO		PERS Choice PPO		PERS Care PPO		PORAC PPO	
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Annual Deductible	\$500 Ind \$1,000 Family		\$500 Ind \$1,000 Family		\$500 Ind \$1,000 Family		\$300 Ind \$900 Family	\$600 Ind \$1,800 Family
Annual Out-of-Pocket Maximum	\$5,150 Ind \$10,300 Family		\$5,150 Ind \$10,300 Family		\$5,150 Ind \$10,300 Family		\$4,500 Ind \$9,000 Family	
Office Visit <i>(includes Mental Health & Substance Abuse)</i>								
Provider visits	\$20	40%	\$20	40%	\$20	40%	\$20	10%
Inpatient visits	20%	40%	20%	40%	10%	40%	10%	10%
Outpatient visits	\$20	40%	\$20	40%	\$20	40%	10%	10%
Urgent Care visits	\$20	40%	\$20	40%	\$20	40%	10%	10%
Surgery/Anesthesia	20%	40%	20%	40%	10%	40%	10%	10%
Preventive Services	No Charge	40%	No Charge	40%	No Charge	40%	No Charge	10%
Lab and X-ray	20%	40%	20%	40%	10%	40%	10%	10%
Imaging - CT/PET	20%	40%	20%	40%	10%	40%	10%	10%
Hospital	20%-30% hosp tier	40%	20%	40%	10%	40%	10%	10%
Outpatient Facility/Surgery Services	20%-30% hosp tier	40%	20%	40%	10%	40%	10%	10%
Emergency Room Deductible	\$50 applies to room charges only/Waived if admitted		\$50 applies to room charges only/Waived if admitted		\$50 applies to room charges only/Waived if admitted		N/A	
Emergency Room	20%		20%		10%		10%	
Prescription Drugs								
Retail (30-day supply)	Generic: \$5 Preferred: \$20 Non-Preferred: \$50		Generic: \$5 Preferred: \$20 Non-Preferred: \$50		Generic: \$5 Preferred: \$20 Non-Preferred: \$50		Generic: \$10 Brand: \$25 Non-Formulary: \$45	
Retail Maintenance (filled after 2 nd fill)	Generic: \$10 Preferred: \$40 Non-Preferred: \$100		Generic: \$10 Preferred: \$40 Non-Preferred: \$100		Generic: \$10 Preferred: \$40 Non-Preferred: \$100 (not to exceed 34 days)		N/A	
Mail Order (90-day supply)	Generic: \$10 Preferred: \$40 Non-Preferred: \$100		Generic: \$10 Preferred: \$40 Non-Preferred: \$100		Generic: \$10 Preferred: \$40 Non-Preferred: \$100		Generic: \$20 Brand: \$40 Non-Formulary: \$75	N/A
Mail Order maximum per person per year	\$1,000		\$1,000		\$1,000		N/A	

	PERS Select PPO		PERS Choice PPO		PERS Care PPO		PORAC PPO	
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Durable Medical Equipment	20%	40%	20%	40%	10%	40%	20%	20%
Infertility Testing/Treatment	Not Covered		Not Covered		Not Covered		50%	
Occupational/ Physical/Speech Therapy	No Charge		No Charge		No Charge		10%	10%
Inpatient (hospital or skilled nursing facility)								
Outpatient (office and home visits)	20%	40% / Occupational: 20%	20%	40% / Occupational: 20%	20%	40% / Occupational: 10%	\$20	10%
Diabetes Services	Coverage Varies		Coverage Varies		Coverage Varies		Coverage Varies	
Glucose Monitors	\$20		\$20		\$20		\$20	
Self-management training								
Chiropractic Care	\$15/visit	40%	\$15/visit	40%	\$15/visit	40%	\$20/visit	10%
	(combined with acupuncture: up to 20 visits per year)		(combined with acupuncture: up to 20 visits per year)		(combined with acupuncture: up to 20 visits per year)		10% for all other services	
Acupuncture	\$15/visit	40%	\$15/visit	40%	\$15/visit	40%	\$20	\$35/visit
	(combined with chiropractic: up to 20 visits per year)		(combined with chiropractic: up to 20 visits per year)		(combined with chiropractic: up to 20 visits per year)		Up to 20 visits	

Dental

Regular visits to your dentists can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease.

San Luis Obispo County gives you a choice between two dental plans through Delta Dental and Aetna.

	Aetna Dental DHMO		Delta Dental DPPO	
	In-Network	In-Network	Out-Of-Network	
Calendar Year Deductible	\$0	\$0	\$25 / per person (combined with in-network)	
Annual Plan Maximum	N/A	\$1,500	\$1,000	
Waiting Period	None	None	None	
Diagnostic and Preventive	Diagnostic pays 100% Preventive various copays apply	Plan pays 100%	Plan pays 100%	
Basic Services				
Fillings	Plan pays 100%	Plan pays 90% after deductible	Plan pays 80% after deductible	
Root Canals	Various copays apply	Plan pays 90% after deductible	Plan pays 80% after deductible	
Periodontics	Various copays apply	Plan pays 90% after deductible	Plan pays 80% after deductible	
Major Services	Various copays apply	Plan pays 50% after deductible	Plan pays 50% after deductible	
Orthodontic Services				
Orthodontia	Patient pays: Screening \$30.00 Diagnostic Records \$150.00 Treatment \$1,545.00 Retention \$275	Plan pays 50% up to \$1,500 Lifetime Maximum (Calendar deductible does not apply)	Plan pays 50% up to \$1,500 Lifetime Maximum (Calendar deductible does not apply)	
Lifetime Maximum	None (limited to one full course of treatment)	\$1,500 Child or Adult	\$1,500 Child or Adult (combined with in-network)	

Please refer to the Benefit Summaries for detailed information on how the plan will pay for services.



Vision

Routine vision exams are important, not only for correcting vision but because they can detect other serious health conditions.

We offer you a vision plan through Vision Service Plan (VSP).

VSP Vision

	In-Network	Out-Of-Network
Examination		
Benefit	\$10 copay then plan pays 100%	Plan pays up to \$50
Frequency	1 x every 12 months	In-network limitations apply
Materials	\$10 copay then plan pays 100%	Plan pays 100% (see schedule below)
Eyeglass Lenses		
Single Vision Lens	\$25 copay then plan pays 100%	Up to \$50
Bifocal Lens	\$25 copay then plan pays 100%	Up to \$75
Trifocal Lens	\$25 copay then plan pays 100%	Up to \$100
Frequency	1 x every 12 months	In-network limitations apply
Frames		
Benefit	Up to \$175	Up to \$70
Frequency	1 x every 24 months	In-network limitations apply
Contacts (In Lieu of Glasses)		
Benefit	Up to \$150	Up to \$105
Frequency	1 x every 24 months	1 x every 24 months



Voluntary Life and AD&D Insurance

If you have loved ones who depend on your income for support, having life and accidental death insurance can help protect your family's financial security. The County will be offering a new enhanced Supplemental Life and AD&D plan to all eligible employees and their families through Voya Financial (ReliaStar Life Insurance Company).



Employee Amount	\$20,000 up to a maximum of \$500,000 in \$10,000 increments
Employee Guaranteed Issue Amount	\$150,000
Spouse Amount	\$20,000 OR 50% of employee amount
Spouse Guaranteed Issue Amount	\$50,000
Child(ren) Amount	\$10,000, not to exceed 100% of employee amount
Child(ren) Guaranteed Issue Amount	\$10,000

NOTE: Benefit amount reduces to 65% at age 65, to 50% at age 70 and to 30% at age 75.

Beneficiary Reminder: Make sure that you have named a beneficiary for your life insurance benefit. It's important to know that many states require that a spouse be named as the beneficiary, unless they sign a waiver.

Evidence of Insurability: During this one time Open Enrollment, you **will not** have to submit an Evidence of Insurability form which requires additional information about your health.

Taxes: Due to IRS regulations, a life insurance benefit of \$50,000 or more is considered a taxable benefit.



Voluntary Disability Insurance

If you become disabled and cannot work, your financial security may be at risk. Protecting your income stream can provide you and your family with peace of mind.

SHORT-TERM DISABILITY INSURANCE

Short-Term Disability coverage can replace a portion of your income during the initial weeks of a disabling illness or accident. County employees that are not covered by another STD policy may apply for this new offering through Voya Financial (ReliaStar Life Insurance Company).

Weekly Benefit Amount	Plan pays 55% covered weekly earnings
Maximum Weekly Benefit	\$1,129
Minimum Weekly Benefit	\$50
Benefits Begin After: Accident or Sickness	8 th day of disability
Maximum Payment Period	12 weeks
Occupational Coverage	Non-occupational coverage (off the job)

LONG-TERM DISABILITY INSURANCE

Long-Term Disability coverage pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions over a long time. It's important to know that benefits are reduced by income from other benefits you might receive while disabled, like workers' compensation and Social Security. All County employees are eligible to participate except for employees that are covered by a California state long-term disability policy (Example: Safety).

Remember, long-term disability benefits begin after short-term disability benefits end. Coverage is provided by Voya Financial (ReliaStar Life Insurance Company).

Monthly Benefit Amount	Plan pays 60% covered monthly earnings
Maximum Monthly Benefit	\$10,000
Minimum Monthly Benefit	\$100 / 10%
Benefits Begin After: Accident or Sickness	360 days of disability
Maximum Payment Period	SSNRA*
Survivor Benefit	3 months gross monthly benefit

*Social Security Normal Retirement Age

Please make an appointment to meet with a Benefit Counselor to obtain your cost for these plans. The premium is based on your current annual salary and age.

Voluntary Accident Insurance

The Accident Insurance plan offered through Aflac provides added protection for expenses related to an accident such as ER visits, hospitalization, physical therapy or specific injuries are also eligible for benefits under this policy. Coverage is provided with no health questions and is paid in addition to your medical coverage.

Employees, their spouses and dependents may apply. A partial list of benefits and benefit amounts are below:

INJURIES REQUIRING SURGERY & HOSPITAL	Lump Sum Benefit Amount
Eye Injury (treatment & surgery within 90 days)	\$250
Tendons/Ligaments	\$400 single / \$600 multiple
Ruptured Disk	\$100 during 1 st year/\$400 after 1 st year
Torn Knee Cartilage (treatment within 60 days)	\$100 during 1 st year/\$400 after 1 st year
Hospital Admission	\$1,000
Hospital Confinement (per day up to 365 days)	\$200
Hospital Intensive Care (per day to 30 days)	\$400
Rehabilitation Facility Confinement (per day for 60 days)	\$75
FRACTURES	
Hip/Thigh	\$4,000
Leg	\$2,400
Foot/Ankle/Knee Cap/Forearm/Hand/Wrist	\$2,000
ADDITIONAL BENEFITS	
Emergency Room Treatment (one per accident)	\$125
Major Diagnostic Test (CT,CAT,MRI, EEG)	\$200
Physical Therapy (up to 6 sessions per accident)	\$30
Burns (2 nd degree)	\$100 - \$1,000 (10% - more than 35%)
Complete Dislocations	Varies depending on joint affected
Family Lodging (per day if need to travel more than 100 miles for inpatient treatment up to 30 days)	\$100

Accidental Death & Dismemberment (within 90 days)			
	Employee	Spouse	Children
Accidental Death	\$50,000	\$25,000	\$5,000
Accidental Common Carrier Death	\$100,000	\$50,000	\$15,000
Single Dismemberment	\$12,500	\$5,000	\$2,500
Double Dismemberment	\$25,000	\$10,000	\$5,000

Wellness Benefit - this policy includes a Wellness Benefit which gives a covered employee and each covered dependent a single standard annual benefit of \$50 for completing a health screening test once every 12 months.

Voluntary Critical Illness Insurance

The Critical Illness Insurance through Aflac Financial is a limited benefit policy and is not health insurance. The policy pays a benefit on top of any health insurance benefits you currently receive. Critical Illness insurance pays you a lump sum benefit upon initial diagnosis of a covered illness such as cancer, heart attack or stroke.

Payments are made directly to you to cover copays and deductibles, at-home care or even your monthly bills.

Employees may select between either a \$15,000 or \$30,000 benefit amount in coverage. Spouse and child(ren) coverage is 50% of employee selected amount.

Covered Critical Illnesses and Additional Benefits	Percentage of \$15,000 or \$30,000 Benefit Amount
Cancer (Internal or Invasive)	100%
Heart Attack	100%
Limited Benefit Major Organ Transplant	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Sudden Cardiac Arrest	100%
Non-Invasive Cancer	25%
Coronary Artery Bypass Surgery	25%
Skin Cancer	\$250 (once per calendar year/insured)

Additional Diagnosis – once benefits have been paid for a covered critical illness, Aflac will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months.

Reoccurrence – once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months.

Wellness Benefit - this policy also offers a Wellness Benefit, which provides a \$50 reimbursement for covered annual health screenings per calendar year. Covered health screenings include chest x-ray, colonoscopy, fasting glucose test, blood test for triglycerides or serum cholesterol test, CA 125 test, CA 15-3 test, CEA, cervical cancer, PSA and other screenings.

Mammography Benefit – this policy includes a Mammography Benefit of \$200. Benefit pays as follows: a) a baseline mammogram for women age 35 to 39, b) mammogram for women age 40 to 49, inclusive, every two years or more frequently based on physician’s recommendation, c) a yearly mammogram for age 50 and over.

Note: An employee must apply for Critical Illness coverage if they would like to add their spouse or child(ren).



Cost of Coverage

The cost of your coverage for the different offered benefit plans is listed below. The **monthly** premium is based on the plans that you select and if you cover dependents on those plans.

MEDICAL

	Anthem Traditional HMO	Blue Shield Access + HMO	NEW - UHC Signature Value Alliance HMO
Employee Only	\$799.15	\$778.45	\$549.76
Employee + 1	\$1,598.30	\$1,556.90	\$1,099.52
Employee + Family	\$2,077.79	\$2,023.97	\$1,429.38

MEDICAL	PERS Select PPO	PERS Choice PPO	PERS Care PPO	PORAC PPO
Employee Only	\$633.46	\$714.43	\$802.24	\$699.00
Employee + 1	\$1,266.92	\$1,428.86	\$1,604.48	\$1,467.00
Employee + Family	\$1,647.00	\$1,857.52	\$2,085.82	\$1,876.00

DENTAL

	Aetna DHMO	Delta Dental DPPO
Employee Only	\$31.88	\$50.24
Employee + 1	\$52.72	\$85.40
Employee + Family	\$77.88	\$130.60

VISION

Employee	\$9.54
Employee + 1	\$14.54
Employee + Family	\$23.52

SUPPLEMENTAL LIFE & ADD

Employee and Spouse Rate (per month)

AGE	RATE / \$1,000
<25	\$0.07
25 - 29	\$0.08
30 - 34	\$0.10
35 - 39	\$0.118
40 - 44	\$0.163
45 - 49	\$0.23
50 - 54	\$0.38
55 - 59	\$0.62
60 - 64	\$0.935
65 - 69	\$1.783
70+	\$2.885

Child Rate (per Month)

OPTION	FLAT RATE for \$10,000
	\$1.90

VOLUNTARY SHORT-TERM DISABILITY

Because Voluntary Short-Term Disability rates are based on salary and age, please make an appointment with a Benefit Counselor to obtain your specific rates.

VOLUNTARY LONG-TERM DISABILITY

Because Voluntary Long-Term Disability rates are based on salary and age, please make an appointment with a Benefit Counselor to obtain your specific rates.

VOLUNTARY ACCIDENT INSURANCE (per month)

Employee	\$18.86
Employee and Spouse	\$28.26
Employee and Dependent Child(ren)	\$32.48
Family	\$41.88

VOLUNTARY CRITICAL ILLNESS INSURANCE (per month)

NON-TOBACCO : Employee or Employee + Child(ren)		
Issue Age	\$15,000	\$30,000
18-29	\$7.15	\$12.77
30-39	\$11.15	\$20.78
40-49	\$20.96	\$40.40
50-59	\$39.97	\$78.41
60+	\$75.90	\$150.28

NON-TOBACCO : EE + SP or FAM (50% benefit for SP/CH)		
Issue Age	\$15,000	\$30,000
18-29	\$11.48	\$19.92
30-39	\$17.49	\$31.93
40-49	\$32.20	\$61.36
50-59	\$60.71	\$118.38
60+	\$114.61	\$226.18

TOBACCO : Employee or Employee + Child(ren)		
Issue Age	\$15,000	\$30,000
18-29	\$9.75	\$17.98
30-39	\$17.00	\$32.48
40-49	\$32.62	\$63.73
50-59	\$64.37	\$127.22
60+	\$118.56	\$235.60

TOBACCO : EE + SP or FAM (50% benefit for SP/CH)		
Issue Age	\$15,000	\$30,000
18-29	\$15.38	\$27.73
30-39	\$26.26	\$49.48
40-49	\$49.69	\$96.35
50-59	\$97.32	\$191.59
60+	\$178.60	\$354.16

For Assistance

TALK TO A BENEFIT COUNSELOR

Benefit Counselors will be available during the Open Enrollment period to assist in answering questions on the new and other benefits, filling out enrollment forms, and enrolling in the new benefits. They will have all necessary forms that you may need in order to enroll in any of the County benefits. You must make an appointment to be able to meet one-on-one with a Benefit Counselor at one of the various onsite locations. You can make an appointment by going online or calling the WorkPlace Solutions Customer Care Center.

To make or change an appointment with a Benefit Counselor, go to:

countyofslo.acuityscheduling.com

or call **800.227.9985**.



**CONTACT US
WE CAN HELP.**

