

# San Luis Obispo County Open Enrollment

September 12, 2016 – October 7, 2016

## **New Benefit Offerings for 2017!**

- A new lower-cost UHC medical plan
- A new Supplemental Life and AD&D plan for all employees
- A new voluntary Short-Term Disability plan
- A new voluntary Long-Term Disability plan
- A new voluntary Critical Illness plan
- A new voluntary Accident plan

**Review the material in this packet for important information about your benefits starting in 2017.**

# OPEN ENROLLMENT September 12, 2016 – October 7, 2016

The following changes in your benefits will be effective January 1, 2017.  
Review the material in this packet for important information about your benefits.

Open enrollment is the time when eligible employees may enroll, add/delete family members, or change health plans. The open enrollment period is from September 12, 2016 through October 7, 2016. THE SELECTIONS YOU MAKE DURING OPEN ENROLLMENT WILL BE EFFECTIVE JANUARY 1, 2017. All enrollment forms and supporting documents must be received by your department payroll coordinator by October 7, 2016. Incomplete forms will not be processed by the Auditor's Office and will be returned to the payroll coordinator to contact the employee.

Enrollment forms and open enrollment information may be obtained on the County intranet site: [http://myslo.intra/RM/RM\\_Benefits/](http://myslo.intra/RM/RM_Benefits/) or the County internet site: <http://www.slocounty.ca.gov/hr>.

**REMEMBER: Employees are responsible for verifying their family's current health, dental and vision plan enrollment status. Go to Employee Self Service (ESS → Payments and Benefits → Participation Overview → Scroll down and select Print Benefits Confirmation Form) Contact your department payroll coordinator if you do not have access to ESS.**

## Eligible family members include:

- Current spouse
- Current registered domestic partner
- Children (natural, adopted, domestic partner's, or step) up to age 26
- Disabled dependent children of any age if they were enrolled prior to age 26
- Children, up to age 26, if the employee has assumed a parent-child relationship and is considered the primary care parent

**OPEN ENROLLMENT FAIR  
THURSDAY, SEPTEMBER 22, 2016  
9:00 A.M. – 2:00 P.M.  
VETERAN'S HALL, 801 GRAND AVE, SAN LUIS OBISPO**

**This is your opportunity to talk to representatives from  
United Healthcare HMO, Blue Shield HMO, PERS PPO and HMO,  
Aetna, Delta Dental, VSP, Voya and Aflac**

## 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 should plan to make an appointment and meet with a Benefit Counselor.*

**To make an appointment with a Benefit Counselor, go online to:  
[countyofslo.acuityscheduling.com](http://countyofslo.acuityscheduling.com) or call **800.227.9985**.**

## **2017 HIGHLIGHTS**

### **Health**

- CalPERS 2017 Health Plan Rates
  - Blue Shield Access+ HMO 18.87% increase
  - Anthem Traditional HMO 12.43% increase
  - PERS Select PPO 1.32% increase
  - PERS Choice PPO 4.49% increase
  - PERS Care PPO 5.35% increase
  - PORAC PPO 8.0% increase
- Blue Shield NetValue HMO plan discontinued effective January 1, 2017
- New United Healthcare Signature Value Alliance HMO

### **Dental**

- Aetna Dental 5% rate increase no change in benefits for 2017
- Delta Dental no change in rates.
  - Orthodontic lifetime maximum will increase to \$1,500

### **VSP Vision**

- No increase in rates for 2017.
  - Frame allowance will increase to \$175
  - Contact lenses allowance will increase to \$150.00

### **New Voluntary Products**

- Supplemental Life and AD&D plan for all employees
- Short-Term Disability plan
- Long-Term Disability plan
- Critical Illness plan
- Accident plan

## **HEALTH PLAN INFORMATION**

**If you are not making any changes to your health plan you do not need to do anything unless you waive health insurance.**

- **WAIVER OF HEALTH INSURANCE:** You can waive health insurance if you provide proof of other health insurance coverage and complete a Declaration of Health Coverage (HB-12A). Even if you previously waived health insurance, a Declaration of Health Insurance and proof of other coverage must be submitted during each annual open enrollment period. Dental and vision coverage are mandatory for all eligible employees.
- Employees currently enrolled in a CalPERS health plan should have received a Health Plan Statement directly from CalPERS. All employees can view online versions of CalPERS open enrollment materials at [www.calpers.ca.gov](http://www.calpers.ca.gov) or at the County intranet site at [http://myslo.intra/RM/RM\\_Benefits/](http://myslo.intra/RM/RM_Benefits/) or the County internet site: <http://www.slocounty.ca.gov/hr>.

## HOW TO ENROLL IN HEALTH PLANS

To enroll yourself and eligible dependents please obtain a PERS enrollment form (HBD-12) and a Declaration of Health Coverage form (HB-12A) from the County intranet site at: [http://myslo.intra/RM/RM\\_Benefits](http://myslo.intra/RM/RM_Benefits) or from your department payroll coordinator.

- Employees enrolling dependents must provide **social security number, copy of marriage certificate, domestic partner registration and birth certificates**. The County **cannot** process any changes or additions without dependent documentation on file.
- Complete the forms, sign and return them to your payroll coordinator by October 7, 2016. **Incomplete forms will not be processed by the Auditor's Office and will be returned to the department payroll coordinator to contact the employee.** Please make a copy of each enrollment document for your records. Coverage is effective January 1, 2017.

## 2017 Health Plan Rates

| PROVIDER  |             | CURRENT RATES | RATES EFFECTIVE 1/1/2017 | % CHANGE |
|---|-------------|---------------|--------------------------|----------|
| <b>Blue Shield-HMO Access+</b>                          | Employee    | \$ 654.87     | \$ 778.45                | +18.87%  |
|   | + 1 Dep     | 1,309.74      | 1,556.90                 |          |
|   | + 2 or more | 1,702.66      | 2,023.97                 |          |
| <b>United Healthcare HMO - Alliance</b><br>New for 2017 | Employee    |               | \$ 549.76                |          |
|   | + 1 Dep     |               | 1,099.52                 |          |
|   | + 2 or more |               | 1,429.38                 |          |
| <b>Anthem HMO Traditional</b>                           | Employee    | \$ 710.79     | \$ 799.15                | +12.43%  |
|   | + 1 Dep     | \$1,421.58    | \$1,598.30               |          |
|   | + 2 or more | \$1,848.05    | \$2,077.79               |          |
| <b>PERS Select</b>                                      | Employee    | \$ 625.20     | \$ 633.46                | +1.32%   |
|   | + 1 Dep     | 1,250.40      | 1,266.92                 |          |
|   | + 2 or more | 1,625.52      | 1,647.00                 |          |
| <b>PERS Choice</b>                                      | Employee    | \$ 683.71     | \$ 714.43                | +4.49%   |
|   | + 1 Dep     | 1,367.42      | 1,428.86                 |          |
|   | + 2 or more | 1,777.65      | 1,857.52                 |          |
| <b>PERS Care</b>  | Employee    | \$ 761.50     | \$ 802.24                | +5.35%   |
|   | + 1 Dep     | 1,523.00      | 1,604.48                 |          |
|   | + 2 or more | 1,979.90      | 2,085.82                 |          |
| <b>*PORAC</b>   | Employee    | \$ 699.00     | \$ 699.00                | +8.0%    |
|   | + 1 Dep     | 1,399.00      | 1,467.00                 |          |
|   | + 2 or more | 1,789.00      | 1,876.00                 |          |

\*Peace Officers Research Association of California (PORAC) for DSA and ASLOCDS dues paying members only.

**ALERT:** United Healthcare is not available in Santa Barbara County. Employees who live in Santa Barbara County and want to enroll in United Healthcare you will need to use 93401 as their eligibility zip code on the CalPERS health enrollment form.

# 2017 Health Plan Comparison

When choosing between an HMO and a PPO, it is important to remember that an HMO only covers services rendered by an approved contracting provider. PERS Choice and PERS Care give you the freedom to choose any health care provider; however, you will incur greater out-of-pocket expenses if you choose to receive care from a Non-Preferred Provider. If you are a PERS Select member, you should check to see if a physician is participating in the Select PPO Network before receiving services.

**IMPORTANT!** This is only a summary of benefits offered by CalPERS HMO and PPO plans. Please refer to each plan's **Evidence of Coverage (EOC)** booklet for the exact terms and conditions of coverage. In case of a conflict between this summary and your plan's EOC, the EOC booklet determines the benefits that will be provided.

HMO Comparison Chart

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

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

**PPO Comparison Chart**

|  | <b>PERS Select PPO</b>                               |                | <b>PERS Choice PPO</b>                               |                | <b>PERS Care PPO</b>                                 |                | <b>PORAC PPO</b>              |                             |
|--|--|----------------|--|----------------|--|----------------|-------------------------------|-----------------------------|
|  | <b>PPO</b>   | <b>Non-PPO</b> | <b>PPO</b>   | <b>Non-PPO</b> | <b>PPO</b>   | <b>Non-PPO</b> | <b>PPO</b>                    | <b>Non-PPO</b>              |
| <b>Annual Deductible</b>   | \$500 Ind<br>\$1,000 Family                          |                | \$500 Ind<br>\$1,000 Family                          |                | \$500 Ind<br>\$1,000 Family                          |                | \$300 Ind<br>\$900 Family     | \$600 Ind<br>\$1,800 Family |
| <b>Annual Out-of-Pocket Maximum</b>  | \$5,150 Ind<br>\$10,300 Family                       |                | \$5,150 Ind<br>\$10,300 Family                       |                | \$5,150 Ind<br>\$10,300 Family                       |                | \$4,500 Ind<br>\$9,000 Family |                             |
| <b>Office Visit</b><br><i>(includes Mental Health &amp; 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%                         |
| <b>Preventive Services</b>   | No Charge  | 40%            | No Charge  | 40%            | No Charge  | 40%            | No Charge                     | 10%                         |
| <b>Lab and X-ray</b>   | 20%  | 40%            | 20%  | 40%            | 10%  | 40%            | 10%                           | 10%                         |
| <b>Imaging - CT/PET</b>  | 20%  | 40%            | 20%  | 40%            | 10%  | 40%            | 10%                           | 10%                         |
| <b>Hospital</b>  | 20%-30% hosp tier                                    | 40%            | 20%  | 40%            | 10%  | 40%            | 10%                           | 10%                         |
| <b>Outpatient Facility/Surgery Services</b>                                  | 20%-30% hosp tier                                    | 40%            | 20%  | 40%            | 10%  | 40%            | 10%                           | 10%                         |
| <b>Emergency Room Deductible</b>   | \$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                           |                             |
| <b>Emergency Room</b>  | 20%  |                | 20%  |                | 10%  |                | 10%                           |                             |

|  | PERS Select PPO  |         | PERS Choice PPO  |         | PERS Care PPO   |         | PORAC PPO   |            |
|--|--|---------|--|---------|---|---------|---|------------|
|  | PPO  | Non-PPO | PPO  | Non-PPO | PPO   | Non-PPO | PPO   | Non-PPO    |
| <b>Prescription Drugs</b>                              |  |         |  |         |   |         |   |            |
| Retail (30-day supply)                                 | Generic: \$5<br>Preferred: \$20<br>Non-Preferred: \$50                   |         | Generic: \$5<br>Preferred: \$20<br>Non-Preferred: \$50                   |         | Generic: \$5<br>Preferred: \$20<br>Non-Preferred: \$50                              |         | Generic: \$10<br>Brand: \$25<br>Non-Formulary: \$45 |            |
| Retail Maintenance (filled after 2 <sup>nd</sup> fill) | Generic: \$10<br>Preferred: \$40<br>Non-Preferred: \$100                 |         | Generic: \$10<br>Preferred: \$40<br>Non-Preferred: \$100                 |         | Generic: \$10<br>Preferred: \$40<br>Non-Preferred: \$100<br>(not to exceed 34 days) |         | N/A   |            |
| Mail Order (90-day supply)                             | Generic: \$10<br>Preferred: \$40<br>Non-Preferred: \$100                 |         | Generic: \$10<br>Preferred: \$40<br>Non-Preferred: \$100                 |         | Generic: \$10<br>Preferred: \$40<br>Non-Preferred: \$100                            |         | Generic: \$20<br>Brand: \$40<br>Non-Formulary: \$75 | N/A        |
| Mail Order maximum per person per year                 | \$1,000  |         | \$1,000  |         | \$1,000   |         | N/A   |            |
| <b>Durable Medical Equipment</b>                       | 20%   40%  |         | 20%   40%  |         | 10%   40%   |         | 20%   20%   |            |
| <b>Infertility Testing/Treatment</b>                   | Not Covered  |         | Not Covered  |         | Not Covered   |         | 50%   |            |
| <b>Occupational/Physical/Speech Therapy</b>            |  |         |  |         |   |         |   |            |
| Inpatient (hospital or skilled nursing facility)       | No Charge  |         | No Charge  |         | No Charge   |         | 50%   |            |
| Outpatient (office and home visits)                    | 20%   40% / Occupational 20%   |         | 20%   40% / Occupational 20%   |         | 20%   40% / Occupational 10%  |         | \$20   10%  |            |
| <b>Diabetes Services</b>                               |  |         |  |         |   |         |   |            |
| Glucose Monitors                                       | Coverage Various   |         | Coverage Various   |         | Coverage Various  |         | Coverage Various                                    |            |
| Self-management training                               | \$20   |         | \$20   |         | \$20  |         | \$20  |            |
| <b>Chiropractic Care</b>                               | \$15/visit   40%<br>Combined with acupuncture: up to 20 visits per year  |         | \$15/visit   40%<br>Combined with acupuncture: up to 20 visits per year  |         | \$15/visit   40%<br>Combined with acupuncture: up to 20 visits per year             |         | \$20/visit<br>10% for all other services            | 10%        |
| <b>Acupuncture</b>                                     | \$15/visit   40%<br>Combined with chiropractic: up to 20 visits per year |         | \$15/visit   40%<br>Combined with chiropractic: up to 20 visits per year |         | \$15/visit   40%<br>Combined with chiropractic: up to 20 visits per year            |         | \$20<br>Up to 20 visits                             | \$35/visit |

## HEALTH PLAN WEB SITES

PERS Care, Choice and Select (Anthem Blue Cross): [www.anthem.com/ca/calpers](http://www.anthem.com/ca/calpers)

Anthem Blue Cross Traditional HMO: [www.anthem.com/ca/calpershmo/](http://www.anthem.com/ca/calpershmo/)

Blue Shield Access+ HMO: <https://www.blueshieldca.com/sites/calpersmember/home.sp>

United Healthcare Signature Value Alliance HMO: <http://calpers.welcometouhc.com/>

PORAC: [www.porac.org](http://www.porac.org)

# DENTAL PLAN INFORMATION

During open enrollment you may change dental plans, and add or delete dependents. **Changes made during open enrollment will be effective January 1, 2017.** Enrollment forms must be received by your department payroll coordinator by October 7, 2016. Incomplete forms will not be processed by the Auditor's Office and will be returned to the payroll coordinator to contact the employee. Enrollment forms and open enrollment information may be obtained from your department payroll coordinator, by calling or emailing Cecilia Fontes, County Benefits Manager at 781-5959 or on the County intranet site: [http://myslo.intra/RM/RM\\_Benefits/](http://myslo.intra/RM/RM_Benefits/) or the County internet site: <http://www.slocounty.ca.gov/hr>.

- Employees enrolling dependents **must provide social security number, copy of marriage certificate, domestic partner registration and birth certificates.** The County **cannot** process any changes or additions without dependent documentation on file.

**Dental Coverage Is Mandatory:** County employees **must be enrolled** in one of the dental plans. Coverage as a dependent on your spouse's plan does not fulfill this requirement.

**Aetna Dental DMO Plan ([www.aetna.com](http://www.aetna.com)):** 5% rate increase and no change in plan benefits for 2017. Because this is a DMO Plan (similar to a health HMO plan) you need to select an Aetna dentist when you enroll.

**Delta Preferred Option Plan ([www.deltadentalca.org](http://www.deltadentalca.org)):** No change in rates for 2017. Orthodontic lifetime maximum will increase to \$1,500 for 2017.

**Dependent Eligibility:** Eligible dependents include spouse, domestic partner, and dependent children until their 26th birthday.

**Deletion of Dependents:** Dependents can only be deleted from your dental plan during open enrollment or when they no longer meet the eligibility requirements.

### Aetna Dental DMO PROVIDERS Located in San Luis Obispo County

|   |  |  |
|---|--|--|
| <p><b>Provider ID: 790264</b><br/> <b>R &amp; R Dental Care – GP</b><br/> <b>Flores, Robert, DMD</b><br/> <b>Goldschmidt, Eugene, DDS</b><br/>                     236 South Halcyon Road<br/>                     Arroyo Grande CA 93420<br/>                     (805) 489-1495</p> | <p><b>Provider ID: 437926</b><br/> <b>SLO Dental Practice</b><br/> <b>Mansilla, Disbel Rebeca, DDS</b><br/> <b>Echeverry, Alejandro, DSS</b><br/>                     1551 Bishop, Suite 420 D<br/>                     San Luis Obispo, CA 93401<br/>                     (805) 547-7010</p>              | <p><b>Provider ID: 416228</b><br/> <b>R &amp; R Dental Care – GP</b><br/> <b>Flores, Robert, DMD</b><br/>                     878 Boysen Ave<br/>                     San Luis Obispo CA 93405<br/>                     (805) 544-9440</p>                       |
| <p><b>Provider ID: 416657</b><br/> <b>Muenter, Stanley Laurence, DDS</b><br/>                     4555 El Camino Real Suite F<br/>                     Atascadero CA 93422<br/>                     (805) 461-3147</p>  | <p><b>Provider ID: 699179</b><br/> <b>Latta, Alan Richard, DDS</b><br/> <b>Wells, Robert Richard, DDS</b><br/> <b>Poblacion, Byron Christopher, DDS</b><br/>                     1250 Peach Street, Suite L<br/>                     San Luis Obispo, CA 93401<br/>                     (805) 544-1877</p> | <p><b>Provider ID: 680483</b><br/> <b>Mission Family Dental</b><br/> <b>Zevallos Miguel Arturo, DDS</b><br/>                     4251 South Higuera Street Ste 502<br/>                     San Luis Obispo CA 93401<br/>                     (805) 540-5251</p> |
| <p><b>Provider ID: 460288</b><br/> <b>Krill, Charles David, DDS</b><br/>                     1920 Creston Rd Suite B<br/>                     Paso Robles, CA 93446<br/>                     (805) 239-2146</p>   |  |  |

Aetna DMO providers outside of SLO County can be found on the Aetna website: [www.aetna.com](http://www.aetna.com)

The following is a comparative outline of the benefits and costs of each plan. You may obtain additional information at the County intranet site at [http://myslo.intra/RM/RM\\_Benefits/Open\\_Enrollment\\_documents.htm](http://myslo.intra/RM/RM_Benefits/Open_Enrollment_documents.htm) or [http://www.slocounty.ca.gov/hr/employeebenefits/Health\\_Insurance.htm](http://www.slocounty.ca.gov/hr/employeebenefits/Health_Insurance.htm).

**COMPARATIVE OUTLINE OF DENTAL PLAN BENEFITS COUNTY OF SAN LUIS OBISPO 2017**

(This is only a partial listing of plan benefits. Refer to the Dental Plan Contracts for exact terms and conditions of coverage.)

| CATEGORY DESCRIPTION                         | DELTA DENTAL (Delta Preferred Option)   | AETNA DENTAL DMO PLAN  |            |                   |          |          |   |          |          |   |          |          |   |   |                  |                  |                   |         |         |         |         |         |         |         |         |         |
|--|---|--|------------|-------------------|----------|----------|---|----------|----------|---|----------|----------|---|---|------------------|------------------|-------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| CHOICE OF DENTIST                            | Members are free to choose any dentist, but there is a higher level of benefits when using Delta Preferred Dentists.  | Member must select one panel dentist. Refer to the prior page for the list of panel dentists.  |            |                   |          |          |   |          |          |   |          |          |   |   |                  |                  |                   |         |         |         |         |         |         |         |         |         |
| DEDUCTIBLES                                  | No deductible when services are provided by a Delta Preferred Dentist. If services are provided by other Dentists there is a \$25 deductible per patient per year. The deductible will not be applied to Diagnostic and Preventive Benefits.  | No deductible.   |            |                   |          |          |   |          |          |   |          |          |   |   |                  |                  |                   |         |         |         |         |         |         |         |         |         |
| MAXIMUM BENEFIT                              | \$1,500 per patient per calendar year when services are provided by a Delta Preferred Dentist. \$1,000 per patient per calendar year when using Non-Preferred Dentist.  | Unlimited.   |            |                   |          |          |   |          |          |   |          |          |   |   |                  |                  |                   |         |         |         |         |         |         |         |         |         |
| OUT OF AREA EMERGENCY                        | Member may receive treatment from any dentist. 100% coverage.   | Member may receive treatment from any dentist that is more than 50 miles from assigned panel dentist. Member will receive up to \$100 reimbursement per emergency, less any applicable co-payment during any twelve-month period.  |            |                   |          |          |   |          |          |   |          |          |   |   |                  |                  |                   |         |         |         |         |         |         |         |         |         |
| MONTHLY RATES<br>SINGLE<br>2-PARTY<br>FAMILY | <table border="1"> <thead> <tr> <th>2016 RATES</th> <th>2017 RATES</th> <th>DOLLAR DIFFERENCE</th> </tr> </thead> <tbody> <tr> <td>\$ 50.24</td> <td>\$ 50.24</td> <td>0</td> </tr> <tr> <td>\$ 85.40</td> <td>\$ 85.40</td> <td>0</td> </tr> <tr> <td>\$130.60</td> <td>\$130.60</td> <td>0</td> </tr> </tbody> </table>   | 2016 RATES   | 2017 RATES | DOLLAR DIFFERENCE | \$ 50.24 | \$ 50.24 | 0 | \$ 85.40 | \$ 85.40 | 0 | \$130.60 | \$130.60 | 0 | <table border="1"> <thead> <tr> <th>AETNA 2016 RATES</th> <th>AETNA 2017 RATES</th> <th>DOLLAR DIFFERENCE</th> </tr> </thead> <tbody> <tr> <td>\$30.35</td> <td>\$31.88</td> <td>+\$1.53</td> </tr> <tr> <td>\$50.20</td> <td>\$52.72</td> <td>+\$2.52</td> </tr> <tr> <td>\$74.18</td> <td>\$77.88</td> <td>+\$3.70</td> </tr> </tbody> </table> | AETNA 2016 RATES | AETNA 2017 RATES | DOLLAR DIFFERENCE | \$30.35 | \$31.88 | +\$1.53 | \$50.20 | \$52.72 | +\$2.52 | \$74.18 | \$77.88 | +\$3.70 |
| 2016 RATES                                   | 2017 RATES  | DOLLAR DIFFERENCE  |            |                   |          |          |   |          |          |   |          |          |   |   |                  |                  |                   |         |         |         |         |         |         |         |         |         |
| \$ 50.24                                     | \$ 50.24  | 0  |            |                   |          |          |   |          |          |   |          |          |   |   |                  |                  |                   |         |         |         |         |         |         |         |         |         |
| \$ 85.40                                     | \$ 85.40  | 0  |            |                   |          |          |   |          |          |   |          |          |   |   |                  |                  |                   |         |         |         |         |         |         |         |         |         |
| \$130.60                                     | \$130.60  | 0  |            |                   |          |          |   |          |          |   |          |          |   |   |                  |                  |                   |         |         |         |         |         |         |         |         |         |
| AETNA 2016 RATES                             | AETNA 2017 RATES  | DOLLAR DIFFERENCE  |            |                   |          |          |   |          |          |   |          |          |   |   |                  |                  |                   |         |         |         |         |         |         |         |         |         |
| \$30.35                                      | \$31.88   | +\$1.53  |            |                   |          |          |   |          |          |   |          |          |   |   |                  |                  |                   |         |         |         |         |         |         |         |         |         |
| \$50.20                                      | \$52.72   | +\$2.52  |            |                   |          |          |   |          |          |   |          |          |   |   |                  |                  |                   |         |         |         |         |         |         |         |         |         |
| \$74.18                                      | \$77.88   | +\$3.70  |            |                   |          |          |   |          |          |   |          |          |   |   |                  |                  |                   |         |         |         |         |         |         |         |         |         |
| COVERED SERVICES                             | <ol style="list-style-type: none"> <li>Diagnostic and preventive services, including office visits, cleanings and x-rays are paid at 100%.</li> <li>Basic services, including fillings, extractions and root canals: Delta Dental pays 90% if services are provided by a Preferred Option Dentist. Delta pays 80% if services are provided by a Non-Preferred Option Dentist.</li> <li>Crowns are covered at 50% of charges.</li> <li>Prostodontics, including bridges and dentures, and implants are covered at 50%.</li> <li>Orthodontic Benefits: Delta Dental pays 50% of the covered fees up to a lifetime maximum of \$1,500 per patient.</li> </ol> <p>A list of preferred option dentists can be obtained online at: <a href="http://www.deltadentalca.org">www.deltadentalca.org</a></p> | <ol style="list-style-type: none"> <li>You pay nothing for many dental services, including office visits, x-rays and cleanings.</li> <li>You pay a co-payment at time of service for the following procedures: <ol style="list-style-type: none"> <li>Amalgam Fillings - no cost</li> <li>Crowns-Resin \$185 each, porcelain \$185 each*</li> <li>Soft Tissue Extraction - no charge</li> <li>Partial Bony Extraction - \$45 (each tooth)</li> <li>Fully Bony Extraction - \$60 (each tooth)</li> <li>Subgingival Curettage - \$40 (each quadrant)</li> <li>Gingivectomy - \$75 (each quadrant)</li> <li>Mucco-Osseou Surgery - \$250 (each quadrant)</li> <li>Full Denture - \$300 (each)</li> <li>Partial Denture - \$300 (each)</li> <li>Repair Complete Denture - \$35</li> <li>Space Maintainer - no charge</li> </ol> </li> </ol> <p>* Base or noble metal is the benefit.</p> <p>3. Orthodontic Benefits<br/>(Must use a panel orthodontist)<br/><b>Enrollee pays :</b><br/>Start up fees (excluding records) \$ 180<br/>Dependent children to age 19 \$2,000<br/>Adults &amp; Full-time students \$2,000</p> <p><b>NOTE: The above procedures are subject to the limitations, exclusions, and governing administrative policies of the plan.</b></p> |            |                   |          |          |   |          |          |   |          |          |   |   |                  |                  |                   |         |         |         |         |         |         |         |         |         |

## VISION PLAN INFORMATION

The County is pleased to renew the availability of vision care benefits for employees and their dependents. Between September 12, 2016 and October 7, 2016, you can add or delete dependents from your Vision Service Plan. The changes you make during this open enrollment period will be effective January 1, 2017. Enrollment forms must be received by your department payroll coordinator by October 7, 2016. Incomplete forms will not be processed by the Auditor's Office and will be returned to the payroll coordinator to contact the employee.

Enrollment forms and open enrollment information may be obtained from your department payroll coordinator, by calling or emailing Cecilia Fontes, County Benefits Manager at 781-5959 or on the County intranet site: [http://myslo.intra/RM/RM\\_Benefits/](http://myslo.intra/RM/RM_Benefits/) or the County internet site: <http://www.slocounty.ca.gov/hr>.

- Employees enrolling dependents **must provide social security number, copies of marriage certificate, domestic partner registration and birth certificates.** The County **cannot** process any changes or additions without dependent documentation on file.

It will not be necessary to complete a new enrollment form unless you want to add or delete dependents. **ENROLLMENT IN THE VISION SERVICE PLAN CONTINUES TO BE MANDATORY FOR ALL ELIGIBLE EMPLOYEES.**

**Dependent Eligibility:** Eligible dependents include spouse, domestic partner, and dependent children until their 26th birthday.

**Deletion of Dependents:** Dependents can only be deleted from your vision plan during open enrollment or when they no longer meet the eligibility requirements.

### **VSP BENEFITS**

Your VSP plan provides one eye examination and lenses in a 12-month period and frames in a 24-month period. There is a \$10.00 deductible for the exam and a \$25.00 deductible for frames and lenses. In 2017 the frame allowance will increase to \$175.00 and the contact lenses allowance will increase to \$150.00. You may use any licensed eye care professional. If you see a non-VSP provider, you'll receive a lesser benefit. **You are responsible for any charges exceeding the VSP schedule of benefits.** Before seeing a non-VSP provider, it is recommended that you call VSP 800-877-7195 for more details.

| <b>VSP Premiums Effective January 1, 2017</b> |                              |                              |               |
|---|------------------------------|------------------------------|---------------|
| <b>VSP (Vision Service Plan)</b>              | <b>2016 Monthly Premiums</b> | <b>2017 Monthly Premiums</b> | <b>Change</b> |
| <i>Single</i>                                 | \$ 9.54                      | \$ 9.54                      |               |
| <i>2-Party</i>                                | \$14.54                      | \$14.54                      | 0             |
| <i>Family</i>                                 | \$23.52                      | \$23.52                      |               |

*The County is excited to offer a series of new benefit plans. We hope you take the time to review and learn about these new plans so that you can make the best choice for you and your family. To enroll in any of the voluntary plans please make an appointment with a benefit counselor.*

**To make an appointment with a Benefit Counselor, go online to: [countyofslo.acuityscheduling.com](http://countyofslo.acuityscheduling.com) or call 800.227.9985.**

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

| <b>County Government Center</b> | <b>Health Agency Building</b> | <b>Social Services Building</b> | <b>Sheriff Building</b> | <b>South County Regional Center</b> | <b>Atascadero Library</b> |
|---------------------------------|-------------------------------|---------------------------------|-------------------------|-------------------------------------|---------------------------|
| 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                |

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.*

## Voluntary Life & AD&D Insurance Information

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).

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

**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) \$1.90 for flat rate for \$10,000

**Voluntary Disability Insurance Information**

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).

|  |   |
|--|---|
| <b>Weekly Benefit Amount</b>                         | Plan pays 55% covered weekly earnings   |
| <b>Maximum Weekly Benefit</b>                        | \$1,129                                 |
| <b>Minimum Weekly Benefit</b>                        | \$50                                    |
| <b>Benefits Begin After:</b><br>Accident or Sickness | 8 <sup>th</sup> day of disability       |
| <b>Maximum Payment Period</b>                        | 12 weeks                                |
| <b>Occupational Coverage</b>                         | 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).

|                                |  |
|--------------------------------|--|
| <b>Monthly Benefit Amount</b>  | Plan pays 60% covered monthly earnings |
| <b>Maximum Monthly Benefit</b> | \$10,000                               |
| <b>Minimum Monthly Benefit</b> | \$100 / 10%                            |
| <b>Benefits Begin After:</b>   |  |
| Accident or Sickness           | 90 days of disability                  |
| <b>Maximum Payment Period</b>  | SSNRA*                                 |
| <b>Survivor Benefit</b>        | 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 Critical Illness Insurance Information

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.

| <b>Covered Critical Illnesses and Additional Benefits</b> | <b>Percentage of \$15,000 or \$30,000 Benefit Amount</b> |
|---|--|
| 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%   |

| Covered Critical Illnesses and Additional Benefits | Percentage of \$15,000 or \$30,000 Benefit Amount |
|--|---|
| 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).

**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 |

## Voluntary Accident Insurance Information

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:

| <b>INJURIES REQUIRING SURGERY &amp; HOSPITAL</b>   | <b>Lump Sum Benefit Amount</b>                                     |
|--|--|
| Eye Injury (treatment & surgery within 90 days)  | \$250  |
| Tendons/Ligaments  | \$400 single / \$600 multiple                                      |
| Ruptured Disk  | \$100 during 1 <sup>st</sup> year/\$400 after 1 <sup>st</sup> year |
| Torn Knee Cartilage (treatment within 60 days)   | \$100 during 1 <sup>st</sup> year/\$400 after 1 <sup>st</sup> 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   |
| <b>FRACTURES</b>   |  |
| Hip/Thigh  | \$4,000  |
| Leg  | \$2,400  |
| Foot/Ankle/Knee Cap/Forearm/Hand/Wrist   | \$2,000  |
| <b>ADDITIONAL BENEFITS</b>   |  |
| 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 <sup>nd</sup> 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  |

| <b>Accidental Death &amp; Dismemberment (within 90 days)</b> |           |          |          |
|--|-----------|----------|----------|
|  | 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.

| <b>VOLUNTARY ACCIDENT INSURANCE (per month)</b> |         |
|---|---------|
| Employee  | \$18.86 |
| Employee and Spouse                             | \$28.26 |
| Employee and Dependent Child(ren)               | \$32.48 |
| Family  | \$41.88 |

**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](http://countyofslo.acuityscheduling.com)**  
 or call **800.227.9985**.