



ANNUAL BENEFITS OPEN ENROLLMENT PERIOD: September 9, 2019 through October 4, 2019 (noon) The open enrollment period covers: Health; Dental; Vision; Dependent Care Reimbursement Account (DCRA); Health Care Reimbursement Account (HCRA); FlexCash; Tax Advantage Premium (TAPP); and CSU Voluntary Benefits plans. The effective date for all changes made during open enrollment will be January 1, 2020.

ELIGIBLE EMPLOYEES

To be eligible for plan coverage:

- An employee must be appointed at least half-time (equivalent to 7.5 weighted teaching units for academic year appointments) for more than six months, or:
- If employed in a R03 Lecturer or Coach Academic Year position, employee must be appointed for at least six (6) weighted teaching units for at least one semester, or two or more consecutive quarter terms.
- Qualifying appointments may be either permanent or temporary.

Once an employee has acquired eligibility and has enrolled in a plan, they may continue enrollment during subsequent continuous appointments of at least half-time (or 6.0 weighted teaching units) regardless of the duration of new appointment.

There are two types of CalPERS Basic health plans available to CSU State employees.

Health Maintenance Organization (HMO) Health Plans: HMOs offer members a range of health benefits, including preventive care. The HMO has a list of doctors from which you select a primary care provider (PCP). Your PCP coordinates your care, including referrals to specialists. Other than applicable co-payments, you pay no additional costs when you receive pre-authorized services from the HMO's contracted providers. (Certain exceptions may apply. Please refer to the evidence of coverage booklet, which can be found by visiting the plan's website.)

Except for emergency and urgent care, if you obtain care outside your HMO's provider network without a referral from the health plan, you will be responsible for the total costs of services.

Preferred Provider Organization (PPO) Basic Health Plans: Unlike an HMO, where a primary care physician directs all your care, a PPO allows you to select a primary care provider and specialists without referral. You must use doctors in the PPO network or pay higher co-insurance (percentage of charges). In a PPO health plan, you must meet an annual deductible before some benefits apply. You are responsible for a certain co-insurance amount, and the health plan pays the balance up to the allowable amount.

The PERS Select Basic plan adopted a Value-Based Insurance Design (VBID) beginning in 2019. The plan offers the benefit of working with a personal doctor to guide and coordinate your health care. And the more preventative care you elect such as getting your flu shot or being a non-smoker, the lower your deductible and some forms of coinsurance.

The CSU, as a state employer, contributes a substantial amount to your health benefit coverage.

- **All employees (except Unit 6) - One-party: \$767, Two-party: \$1,461, Family: \$1,868**
- **Unit 6 - One-party: \$772, Two-party: \$1,471, Family: \$1,888**

Depending on where you reside or work, one or more of the following Basic health plan types may be available to you. For a full listing of health plan options, refer to the CalPERS website at <https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates>.

| | Blue Shield Access+ HMO | | PERS Care PPO | | PERS Select CA PPO | | PERS Choice PPO | |
|-----------------------------------|----------------------------|----------|---------------------|----------|-----------------------|-----|---------------------|----------|
| Employee monthly share of premium | All (except R06) | R06 | All (except R06) | R06 | All (except R06) | R06 | All (except R06) | R06 |
| Employee Only | \$143.16 | \$138.16 | \$222.88 | \$217.88 | \$0 | \$0 | \$ 20.00 | \$ 15.00 |
| Employee + 1 | \$359.32 | \$349.32 | \$518.76 | \$508.76 | \$0 | \$0 | \$113.00 | \$103.00 |
| Employee + 2 or more | \$498.42 | \$478.42 | \$705.69 | \$685.69 | \$0 | \$0 | \$178.20 | \$158.20 |

| Calendar year deductible or co-pay | | | | | |
|------------------------------------|-------|--|---------|----------------------------------|---------|
| Individual | N/A | | \$ 500 | \$1,000 | \$ 500 |
| Family | N/A | | \$1,000 | \$2,000 | \$1,000 |
| | | | | Incentives may reduce deductible | |
| Hospital (per admission) | N/A | | \$ 250 | N/A | N/A |
| Emergency Room | \$ 50 | | \$ 50 | \$ 50 | \$ 50 |

| Maximum calendar year co-pay or co-insurance (excluding pharmacy) | | | | |
|---|---------|---------|---------|---------|
| Individual | \$1,500 | \$2,000 | \$3,000 | \$3,000 |
| Family | \$3,000 | \$4,000 | \$6,000 | \$6,000 |

| | Member Pays | | | | | | |
|---|---------------------------------|-----------------------|---------------------|----------------------------|---------------------|----------------------------|---------------------|
| | Blue Shield Access+ Provider | PERS Care Provider | Non-PPO Provider | PERS Select Provider | Non-PPO Provider | PERS Choice Provider | Non-PPO Provider |
| Chiropractic & Acupuncture (Combined 20 visits per calendar year) | \$15/visit | \$15/visit | 40% | \$15/visit | 40% | \$15/visit | 40% |
| Diagnostic X-ray, Imaging (MRI/CT Scan), Laboratory* | \$0 | 10% | 40% | 20% | 40% | 20% | 40% |
| Hospital (Inpatient/Outpatient) | \$0 | 10% | 40% | 20% | 40% | 20% | 40% |
| Infertility Testing and Treatment* | 50% of covered charges | Not Covered | | Not Covered | | Not Covered | |
| Maternity Care* | \$0 | 10% | 40% | 20% ¹ | 40% | 20% | 40% |
| Office Visit (includes mental health) | \$15/visit | \$20/visit | 40% | \$10-\$35/ visit | 40% | \$20/visit | 40% |
| Preventative Services | \$0 | \$0 | 40% | \$0 | 40% | \$0 | 40% |
| Specialist Visit | \$15-\$30/visit | \$35/visit | 40% | \$35/visit | 40% | \$35/visit | 40% |
| Surgery/Anesthesia | \$0 | 10% | 40% | 20% | 40% | 20% | 40% |
| Urgent Care Visit | \$15/visit | \$35/visit | 40% | \$35/visit | 40% | \$35/visit | 40% |

*Some services require prior authorization, contact the plan directly for details.

¹ Coinsurance waived for deliveries if enrolled in Healthy Moms Program

| PRESCRIPTION SERVICES | | | | |
|---|----------------------------|------------------|-----------------------|--------------------|
| | Blue Shield Access+ HMO | PERS Care PPO | PERS Select CA PPO | PERS Choice PPO |
| Generic | | | | |
| Retail | \$5 | \$5 | \$5 | \$5 |
| Maintenance Drugs (90-day supply at retail pharmacy) | \$10 | \$10 | \$10 | \$10 |
| Mail Order (90-day supply) | \$10 | \$10 | \$10 | \$10 |
| Preferred Brand Drugs | | | | |
| Retail | \$20 | \$20 | \$20 | \$20 |
| Maintenance Drugs (90-day supply at retail pharmacy) | \$40 | \$40 | \$40 | \$40 |
| Mail Order (90-day supply) | \$40 | \$40 | \$40 | \$40 |
| Non-Preferred Brand Drugs | | | | |
| Retail | \$50 | \$50 | \$50 | \$50 |
| Maintenance Drugs (90-day supply at retail pharmacy) | \$100 | \$100 | \$100 | \$100 |
| Mail Order (90-day supply) | \$100 | \$100 | \$100 | \$100 |

| | |
|---|--|
| Mail Order Prescription Drug Program | Blue Shield Access+ CVS CareMark 800-562-8159 www.caremark.com |
| | PERS Care, PERS Select, PERS Choice OptumRx 855-505-8110 www.optumrx.com/calpers |

If you have a specific question about a plan's coverage, benefits, or participating providers, please contact the plan directly.

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|---|--|---|--|
| Blue Shield Access+ CA (800) 334-5847 www.blueshieldca.com/calpers | PERS Care (877) 737-7776 www.anthem.com/ca/calpers | PERS Select CA (877) 737-7776 www.anthem.com/ca/calpers | PERS Choice (877) 737-7776 www.anthem.com/ca/calpers |
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If there is a discrepancy between this information and the official plan documents/contracts, the official documents will always govern. This information is provided as a courtesy and is a brief summary of benefits only. Full Evidence of Coverage (EOC) booklets are available at plan websites.