



# 2025 Benefits Open Enrollment

September 16 - October 11, 2024

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Our Virtual Open Enrollment Benefit Fair gives employees easy access to helpful benefit information and tools, including 2025 benefit program changes, as well as great health and wellness tips. The virtual fair booths has virtual with benefit carrier information, benefit summaries, flyers, and videos. The virtual fair will be open throughout the Open Enrollment period.

Eligible employees received an email invitation with a link to the virtual fair on September 16, 2024.

Click the link below for more information.

2025 Virtual Benefit Fair

# Welcome To 2025 Benefits Open Enrollment

This year's Open Enrollment period is **September 16 through October October 11, 2024.** Changes made during Open Enrollment are effective January 1, 2025. During Open Enrollment you can:

- Enroll, change, or cancel your medical, dental, or vision coverage.
- Add or remove eligible dependents
- Opt for Cash-In-Lieu of medical coverage (Non-sworn Full-Time/PPT and Sworn fire employees only).
- Change or purchase voluntary life insurance for yourself and eligible dependents.
- Enroll or re-enroll in a Flexible Spending Account (FSA MCAP and DCAP). REMINDER - Current participants must re-enroll in FSA to participate in 2025.

See page 2 for information on how to enroll or make changes. Enrollment forms and required documentation must be submitted to the City of Oakland Benefits Unit by **October 11, 2024, 11:59 p.m.** Open enrollments forms received after the deadline will not be accepted.

No action is needed if you do not want to make changes to your current coverage or do not want to participate in the 2025 FSA plan.

# Important Changes CalPERS Medical Plan Changes

**Increase in Medical Plan Employee Contributions** - Medical plan monthly employee contributions are increasing for the following Region 1 medical plans:

- Anthem Select HMO
- Anthem Traditional HMO
- Blue Shield Access HMO
- PERS Platinum PPO
- United Healthcare HMO

Review the rate sheets on **pages 4 - 7** to determine your plan's cost.

**PERS Gold and PERS Platinum** - Blue Shield of California (BSC) will be the new Third-Party Administrator. There are no changes to co-pays, coinsurance, or deductibles. See page 2 for more information.

**Blue Shield Trio** expands into Contra Costa County and three zip codes in Shasta County.

Kaiser Permanente expands into 14 zip codes in Monterey County.

**United Healthcare Harmony** expands into Napa County, 50 zip codes in Contra Costa County, and two zip codes in Solano County.

**Voluntary Supplemental Life Insurance Open Enrollment (Non-sworn only)** - For this year's annual enrollment only, The Hartford is allowing employees to elect or increase Supplemental Life Insurance up to the guaranteed issue amount of \$100,000 without having to submit medical underwriting information/Evidence of Insurability (EOI). See page 2 for more information.

## CalPERS 2025 Health Plans

CalPERS will offer the following medical plans in 2025.

- Anthem Select HMO
- Anthem Traditional HMO
- Blue Shield Access+ HMO
- Blue Shield Access+ EPO
- Blue Shield Trio HMO
- Kaiser Permanente HMO
- PERS Gold PPO
- PERS Platinum PPO
- PORAC PPO (sworn police only)
- Sharp Performance HMO
- United Healthcare Signature Value HMO
- United Healthcare Harmony HMO
- Western Health Advantage HMO

Health plan availability is based on your home or work zip code. Verify health plans available in your area by using the health plan search link below or contact the provider. Provider contact information is listed in the **2025 Summary of Benefits and Coverage Notice**.

### Health Plan Search by ZIP Code - CalPERS

Enter "Public Agency or School" in the Member Type field and "Basic Plans" in the Health Coverage Type field.

### 2025 Summary of Benefits and Coverage Notice

After you determine which plans are available in your home or work zip code area:

- Review the rates sheets on pages 4 7 to determine the= monthly employee contribution for each plan.
- Compare medical plans using CalPERS plan comparison= charts on pages 16-23 in the <u>Health Benefit Summary</u>.

#### 2025 Medical Plan Changes

**CalPERS PPO Plans, PERS Gold and PERS Platinum.** will be administered by Blue Shield of California (BSC). There are no changes to copays, coinsurance, deductibles, or OptumRX Pharmacy benefits.

CalPERS is partnering with Blue Shield of California and Included Health to ensure members receive the highest quality care. Included Health will provide member services such as answering inquiries, assistance finding providers, and providing care coordination services for PERS Gold and Platinum participants. Participants can verify whether their doctor is in the PERS Gold or Platinum network by contacting Included Health at (855) 633-4436.

Current PERS Gold and Platinum participants will receive new medical cards in November.

#### **Doula Benefits**

In 2025, pregnant and postpartum CalPERS medical plan participants will receive health education, advocacy, physical and emotional non-medical support before, during and after pregnancy, miscarriage, stillbirth, and abortions.

## CalPERS 2025 Medical Plan Changes continued

#### Travel Benefit for Medically Necessary Care

Standardized travel and lodging coverage for eligible medically necessary services including, but not limited to abortion services, gender affirming care, complex surgeries, and cancer care that cannot be accessed within 50 miles from member's residence. This includes transportation, lodging, and meals for the member and a companion (both parents/guardians when patient is under 18), up to \$5000 per occurrence.

# Increase in Medical Plan Employee Contributions

Medical plan monthly employee contributions are increasing for the following plans: Anthem Select HMO, Anthem Traditional HMO, Blue Shield Access+ HMO, PERS Platinum PPO, and United Healthcare HMO. Make sure you review the plan rates sheets on pages 4 - 7.

#### **Medical Plan Expansions**

Blue Shield Trio expands into Contra Cost County and three zip codes in Shasta County. Kaiser Permanente expands into 14 zip codes in Monterey County

**United Healthcare Harmony** expands into Napa County, 50 zip codes in Contra Costa County, and two zip codes in Solano County.

#### Voluntary Supplemental Life Insurance Open Enrollment (Non-sworn employees only)

For this year's annual enrollment only, The Hartford is allowing employees to elect or increase Supplemental Life insurance up to the guaranteed amount of \$100,000 <u>without having to submit Medical</u> <u>Underwriting information</u> (Evidence of Insurability).

Voluntary Supplemental Employee Term Life Insurance is available in increments of \$25,000, up to a maximum of \$500,000. Supplemental life insurance is also available for your spouse/domestic partner and children. You can enroll your spouse/domestic partner in voluntary life coverage of \$20,000. Eligible children under age 26 can be enrolled in voluntary child life insurance coverage of \$15,000 per child.

Premiums are based on your age and the supplemental life insurance amount you elect. Use the premium worksheet in the voluntary life insurance enrollment packet to calculate your monthly premium. Voluntary life insurance premiums are deducted from an employees' paychecks on monthly basis.

#### Link to Voluntary Life Insurance Information Link to Voluntary Life Insurance Enrollment Form

# How to Enroll or Make Changes

1. Complete the appropriate enrollment forms(s). Below are links to the enrollment forms.

Plan	Enrollment form (link to form or portal)
Medical, Dental, and Vision	Employee Benefit Record Form
Medical Waiver Premium Cash- In-Lieu (Non-sworn & Sworn Fire only)	Employee Benefit Record Form Medical Waiver Premium form
Voluntary Life Insurance (Non-sworn only)	Hartford Voluntary Life Insurance Form
Flexible Spending Accounts (FSA) MCAP and/or DCAP	Enroll through the Navia portal at <u>www.naviabenefits.com</u> See additional instructions below

- Submit completed enrollment form(s) and required documents to the City of Oakland Benefits Unit by October 11, 2024, 11:59 p.m. Required documents are listed on page 2 of the Employee Benefit Record form.
  - Email: <u>BenefitsAdmin@oaklandca.gov</u>
    Subject Line: Open Enrollment Request
  - > FAX: (510) 238-6560
  - > Drop Off: City of Oakland Benefits, 150 Frank H. Ogawa Plaza, 2<sup>nd</sup> Floor HR desk

Please note, Open Enrollment forms received after October 11, 2024 will not be accepted.

\*\*\*\*\*\*Do not process medical plan changes/enrollments on the CalPERS website\*\*\*\*\*

# Enroll in FSA through the Navia Portal

Enroll in FSA through Navia's portal at <u>www.naviabenefits.com</u>

- 1. If you haven't registered for an online Navia account, complete the Navia online registration.
  - a. Use Company code **OKL** to register.
  - b. Enter your registration information.
- 2. Log in to your account on Navia's portal to make your 2025 FSA election.
- 3. Go to "My Tools" and select the "Online Enrollment" icon. Then select "enroll online now!"
- 4. Enter your FSA election and submit your online enrollment.

Click <u>here</u> for detailed step-by-step instructions.

#### **IMPORTANT FSA REMINDERS:**

- Current FSA participants must re-enroll to participate in the 2025 FSA plan.
- The \$5000 annual maximum for the Dependent Care Account Program (DCAP) is per household.
- There is a monthly administrative fee of \$4.40. The City covers the administrative fee for Local 21 and CMEA employees.
- FSA changes or enrollment are only allowed if a qualifying event occurs.

#### Reminders

- **Employee Contributions** Review the rate sheets on pages 4 7 to determine your plan's cost.
- **Plan Availability** Use the <u>Health Plan Search Tool</u> to verify medical plans available in your area.
- **Network Physicians** Verify your physician is part of the plan network by contacting the medical plan provider.
- Your Home Address Ensure your home address is current in the City's and CalPERS systems. To update your address, follow the instructions in the following link How To Update Your Home Address.

# Helpful Links

- 2025 Summary of Benefits and Coverage Notice
- <u>City of Oakland Benefits Page</u>
- <u>CalPERS</u>
- Delta Dental
- <u>Medical Plan Comparison Charts</u> (pages 16-23)
- Navia Benefits Solutions
- o FSA Program Highlights
- o FSA Eligible Expenses
- Updating Your Beneficiary Designations
- VSP Vision Care



# Send Questions to:

BenefitsAdmin@oaklandca.gov

# Monthly Medical Plan Rates for Eligible Permanent Full-Time Employees Effective January 1, 2025

# **REGION 1**

Counties: Alameda, Alpine, Amador, Butte, Calavares, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humbolt Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, and Yuba

	Mon	thly Premium	Cost	Monthly Employee Contribution*			
Medical Plans	Employee Only	Employee + 1	Employee + 2 or more	Employee Only	Employee + 1	Employee + 2 or more	
Anthem Select HMO	\$1,256.65	\$2,513.30	\$3,267.29	\$143.75	\$287.50	\$373.75	
Anthem Traditional HMO	\$1,500.40	\$3,000.80	\$3,901.04	\$387.50	\$775.00	\$1,007.50	
Blue Shield Access+ HMO	\$1,170.17	\$2,340.34	\$3,042.44	\$57.27	\$114.54	\$148.90	
Blue Shield Access+ EPO	\$1,170.17	\$2,340.34	\$3,042.44	\$57.27	\$114.54	\$148.90	
Blue Shield Trio	\$1,134.79	\$2,269.58	\$2,950.45	\$21.89	\$43.78	\$56.91	
Kaiser (CA) HMO	\$1,112.90	\$2,225.80	\$2,893.54	\$0.00	\$0.00	\$0.00	
PERS Gold	\$1,013.70	\$2,027.40	\$2,635.62	\$0.00	\$0.00	\$0.00	
PERS Platinum	\$1,476.10	\$2,952.20	\$3,837.86	\$363.20	\$726.40	\$944.32	
PORAC (POLICE ONLY)	\$975.00	\$2,218.00	\$2,777.00	\$0.00	\$0.00	\$0.00	
United HealthCare HMO	\$1,184.58	\$2,369.16	\$3,079.91	\$71.68	\$143.36	\$186.37	
United HealthCare Harmony HMO	\$1,005.02	\$2,010.04	\$2,613.05	\$0.00	\$0.00	\$0.00	
Western Health Advantage	\$914.27	\$1,828.54	\$2,377.10	\$0.00	\$0.00	\$0.00	

#### **REGION 2**

Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, and Ventura								
	Mon	thly Premium	Cost	Monthly Employee Contribution*				
Medical Plans	Employee Only	Employee + 1	Employee + 2 or more	Employee Only	Employee + 1	Employee + 2 or more		
Anthem Select HMO	\$919.00	\$1,838.00	\$2,389.40	\$0.00	\$0.00	\$0.00		
Anthem Traditional HMO	\$1,110.97	\$2,221.94	\$2,888.52	\$0.00	\$0.00	\$0.00		
Blue Shield Access+ HMO	\$948.53	\$1,897.06	\$2,466.18	\$0.00	\$0.00	\$0.00		
Blue Shield Access+ EPO	\$948.53	\$1,897.06	\$2,466.18	\$0.00	\$0.00	\$0.00		
Blue Shield Trio	\$909.10	\$1,818.20	\$2,363.66	\$0.00	\$0.00	\$0.00		
Health Net Salud y Mas	\$823.49	\$1,646.98	\$2,141.07	\$0.00	\$0.00	\$0.00		
Kaiser (CA) HMO	\$944.34	\$1,888.68	\$2,455.28	\$0.00	\$0.00	\$0.00		
PERS Gold	\$864.75	\$1,729.50	\$2,248.35	\$0.00	\$0.00	\$0.00		
PERS Platinum	\$1,258.76	\$2,517.52	\$3,272.78	\$145.86	\$291.72	\$379.24		
PORAC (POLICE ONLY)	\$970.00	\$1,951.00	\$2,484.00	\$0.00	\$0.00	\$0.00		
Sharp	\$868.45	\$1,736.90	\$2,257.97	\$0.00	\$0.00	\$0.00		
United HealthCare HMO	\$890.66	\$1,781.32	\$2,315.72	\$0.00	\$0.00	\$0.00		
United HealthCare Harmony HMO	\$819.64	\$1,639.28	\$2,131.06	\$0.00	\$0.00	\$0.00		

\*Sworn Fire employees pay an <u>additional</u> \$5.00 per pay period contribution for all plans.

\*\*\*IMPORTANT NOTE - You must verify the plan is available in your home or work zip code area.\*\*\*

# Monthly Medical Plan Rates for Eligible Permanent Full-Time Employees Effective January 1, 2025

REGION 3 Los Angeles, Riverside, San Berardino									
	Мо	nthly Premium	Cost	Monthly E	Emplooyee Co	ontribution*			
Medical Plans	Employee Only	Employee + 1	Employee + 2 or more	Employee Only	Employee + 1	Employee + 2 or more			
Anthem Select HMO	\$916.88	\$1,833.76	\$2,383.89	\$0.00	\$0.00	\$0.00			
Anthem Traditional HMO	\$1,065.46	\$2,130.92	\$2,770.20	\$0.00	\$0.00	\$0.00			
Blue Shield Access+ HMO	\$828.48	\$1,656.96	\$2,154.05	\$0.00	\$0.00	\$0.00			
Blue Shield Trio	\$738.11	\$1,476.22	\$1,919.09	\$0.00	\$0.00	\$0.00			
Health Net Salud y Mas	\$714.40	\$1,428.80	\$1,857.44	\$0.00	\$0.00	\$0.00			
Kaiser (CA) HMO	\$926.52	\$1,853.04	\$2,408.95	\$0.00	\$0.00	\$0.00			
PERS Gold	\$868.15	\$1,736.30	\$2,257.19	\$0.00	\$0.00	\$0.00			
PERS Platinum	\$1,263.73	\$2,527.46	\$3,285.70	\$150.83	\$301.66	\$392.16			
PORAC (POLICE ONLY)	\$970.00	\$1,951.00	\$2,484.00	\$0.00	\$0.00	\$0.00			
United HealthCare HMO	\$866.40	\$1,732.80	\$2,252.64	\$0.00	\$0.00	\$0.00			
United HealthCare Harmony HMO	\$756.28	\$1,512.56	\$1,966.33	\$0.00	\$0.00	\$0.00			

#### **REGION - OUT OF STATE**

	Мо	nthly Premium	Cost	Monthly Emplooyee Contribution*		
Medical Plans	Employee Only	Employee + 1	Employee + 2 or more	Employee Only	Employee + 1	Employee + 2 or more
Kaiser Out of State	\$1,422.26	\$2,844.52	\$3,697.88	\$309.36	\$618.72	\$804.34
PERS Platinum	\$1,244.55	\$2,489.10	\$3,235.83	\$131.65	\$263.30	\$342.29
PORAC (POLICE ONLY)	\$1,106.00	\$2,246.00	\$2,661.00	\$0.00	\$20.20	\$0.00

\*Sworn Fire employees pay an <u>additional</u> \$5.00 per pay period contribution for all plans.

\*\*\*IMPORTANT NOTE - You must verify the plan is available in your home or work zip code area.\*\*\*

# Monthly Medical Plan Rates for Eligible Permanent Part-Time Employees Effective January 1, 2025

#### **REGION 1**

Counties: Alameda, Alpine, Amador, Butte, Calavares, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humbolt Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, and Yuba

	Monthly Premium Cost Monthly Em			mployee Contribution			
Medical Plans	Employee Only	Employee + 1	Employee + 2 or more	Employee Only	Employee + 1	Employee + 2 or more	
Anthem Select HMO	\$1,256.65	\$2,513.30	\$3,267.29	\$421.97	\$843.95	\$1,097.13	
Anthem Traditional HMO	\$1,500.40	\$3,000.80	\$3,901.04	\$665.72	\$1,331.45	\$1,730.88	
Blue Shield Access+ HMO	\$1,170.17	\$2,340.34	\$3,042.44	\$335.49	\$670.99	\$872.28	
Blue Shield Access+ EPO	\$1,170.17	\$2,340.34	\$3,042.44	\$335.49	\$670.99	\$872.28	
Blue Shield Trio	\$1,134.79	\$2,269.58	\$2,950.45	\$300.11	\$600.23	\$780.29	
Kaiser (CA) HMO	\$1,112.90	\$2,225.80	\$2,893.54	\$278.22	\$556.45	\$723.38	
PERS Gold	\$1,013.70	\$2,027.40	\$2,635.62	\$179.02	\$358.05	\$465.46	
PERS Platinum	\$1,476.10	\$2,952.20	\$3,837.86	\$641.42	\$1,282.85	\$1,667.70	
United HealthCare HMO	\$1,184.58	\$2,369.16	\$3,079.91	\$349.90	\$699.81	\$909.75	
United HealthCare Harmony HMO	\$1,005.02	\$2,010.04	\$2,613.05	\$170.34	\$340.69	\$442.89	
Western Health Advantage	\$914.27	\$1,828.54	\$2,377.10	\$79.59	\$159.19	\$206.94	

<b>REGION 2</b> Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, and Ventura							
	Mon	thly Premium	Cost	Monthly	Employee Cor	ntribution	
Medical Plans	Employee Only	Employee + 1	Employee + 2 or more	Employee Only	Employee + 1	Employee + 2 or more	
Anthem Select HMO	\$919.00	\$1,838.00	\$2,389.40	\$84.32	\$168.65	\$219.24	
Anthem Traditional HMO	\$1,110.97	\$2,221.94	\$2,888.52	\$276.29	\$552.59	\$718.36	
Blue Shield Access+ HMO	\$948.53	\$1,897.06	\$2,466.18	\$113.85	\$227.71	\$296.02	
Blue Shield Access+ EPO	\$948.53	\$1,897.06	\$2,466.18	\$113.85	\$227.71	\$296.02	
Blue Shield Trio	\$909.10	\$1,818.20	\$2,363.66	\$74.42	\$148.85	\$193.50	
Health Net Salud y Mas	\$823.49	\$1,646.98	\$2,141.07	\$0.00	\$0.00	\$0.00	
Kaiser (CA) HMO	\$944.34	\$1,888.68	\$2,455.28	\$109.66	\$219.33	\$285.12	
PERS Gold	\$864.75	\$1,729.50	\$2,248.35	\$30.07	\$60.15	\$78.19	
PERS Platinum	\$1,258.76	\$2,517.52	\$3,272.78	\$424.08	\$848.17	\$1,102.62	
Sharp	\$868.45	\$1,736.90	\$2,257.97	\$33.77	\$67.55	\$87.81	
United HealthCare HMO	\$890.66	\$1,781.32	\$2,315.72	\$55.98	\$111.97	\$145.56	
United HealthCare Harmony HMO	\$819.64	\$1,639.28	\$2,131.06	\$0.00	\$0.00	\$0.00	

\*\*\*IMPORTANT NOTE - You must verify the plan is available in your home or work zip code area.\*\*\*

# Monthly Medical Plan Rates for Eligible Permanent Part-Time Employees Effective January 1, 2025

REGION 3 Los Angeles, Riverside, San Berardino								
	Mor	nthly Premium	Cost	Monthly	Emplooyee Co	ontribution		
Medical Plans	Employee Only	Employee + 1	Employee + 2 or more	Employee Only	Employee + 1	Employee + 2 or more		
Anthem Select HMO	\$916.88	\$1,833.76	\$2,383.89	\$82.20	\$164.41	\$213.73		
Anthem Traditional HMO	\$1,065.46	\$2,130.92	\$2,770.20	\$230.78	\$461.57	\$600.04		
Blue Shield Access+ HMO	\$828.48	\$1,656.96	\$2,154.05	\$0.00	\$0.00	\$0.00		
Blue Shield Trio	\$738.11	\$1,476.22	\$1,919.09	\$0.00	\$0.00	\$0.00		
Health Net Salud y Mas	\$714.40	\$1,428.80	\$1,857.44	\$0.00	\$0.00	\$0.00		
Kaiser (CA) HMO	\$926.52	\$1,853.04	\$2,408.95	\$91.84	\$183.69	\$238.79		
PERS Gold	\$868.15	\$1,736.30	\$2,257.19	\$33.47	\$66.95	\$87.03		
PERS Platinum	\$1,263.73	\$2,527.46	\$3,285.70	\$429.05	\$858.11	\$1,115.54		
United HealthCare HMO	\$866.40	\$1,732.80	\$2,252.64	\$31.72	\$63.45	\$82.48		
United HealthCare Harmony HMO	\$756.28	\$1,512.56	\$1,966.33	\$0.00	\$0.00	\$0.00		

# Monthly Dental and Vision Plan Rates for Eligible Permanent Part-Time Employees

	Mont	hly Premium	Cost	Monthly Employee Contribution		
Plan	Employee Only	Employee + 1	Employee + 2 or more	Employee Only	Employee + 1	Employee + 2 or more
Delta Dental PPO	\$113.42	\$113.42	\$113.42	\$28.36	\$28.36	\$28.36
DentalCare HMO	\$34.99	\$34.99	\$34.99	\$8.75	\$8.75	\$8.75
VSP Vision	\$8.41	\$16.82	\$19.75	\$2.10	\$4.21	\$4.94