

# SBCFF Local 2046 **2022** Open Enrollment



**October 11<sup>th</sup> – October 29<sup>th</sup>, 2021**

Benefits you select during open enrollment will be ***effective January 1<sup>st</sup>, 2022***

## Active Member Zoom Meetings:

October 12<sup>th</sup>, 2021 at 10:00 AM

October 15<sup>th</sup>, 2021 at 11:00 AM

### What can you do during open enrollment?

- Enroll in a Blue Shield medical plan and/or MetLife dental plan
- Switch plans, add and remove dependents

### SBCFF Local 2046 Benefit Service Center

Personalized assistance with enrollment, questions, claims, and eligibility issues for Blue Shield and MetLife plans. Call the SBCFF Benefit Service Center at: **800-842-6635.**

Hours: Mon - Fri 8:30am – 12:00pm  
and 12:45pm – 5:00pm

### Online Enrollment

Available during open enrollment for SBCFF plans at:  
**[www.mybenefitchoices.com/local2046](http://www.mybenefitchoices.com/local2046)**

# Medical: Choose between Blue Shield HSA-Eligible PPO and HMO

## Blue Shield HSA-Eligible PPO

- Flexibility of choosing in or out-of-network physicians and no need for referrals to see specialists
- You can enroll in a tax-advantaged Health Savings Account (HSA)!

## Blue Shield HMO

- Must select a Primary Care Physician (PCP)
- Need referrals from PCP to see specialist
- No copay for most services

Benefits	Blue Shield HSA-Eligible PPO (In-Network Benefits)	Blue Shield HMO
Annual Deductible	\$3,000 single* \$3,000 individual on family plan* \$6,000 family*	\$0
Annual Out-of-Pocket Maximum	\$5,000 single* \$5,000 individual on family plan* \$10,000 family*	\$2,000 single \$4,000 family
Preventive Care Services	No charge	No charge
Primary Care Office Visit	20% after deductible	\$20 copay
Lab and X-Ray	20% after deductible	\$0 copay
Hospitalization	20% after deductible	\$250 copay per admit
Chiropractic Care	20% after deductible up to 24 visits/year	\$10 up to 30 visits/year (combined with acupuncture)
Acupuncture	20% after deductible up to 20 visits/year	\$10 up to 30 visits/year (combined with chiropractic care)
Retail Prescription Copay (30-Day Supply)	After Deductible: \$10 Generic \$30 Brand-Name Formulary \$50 Non-Formulary 30% up to \$250 Specialty	\$15 Generic \$30 Brand-Name Formulary \$45 Non-Formulary 20% up to \$250 Specialty

Please note, this is only a brief summary of benefits.

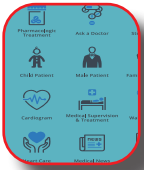
\*Benefit change effective January 1, 2022, out-of-network changes apply as well.

## Medical and Vision Twice-Monthly Rates Effective January 1, 2022 to December 31, 2022

	Blue Shield HSA-Eligible PPO		Blue Shield HMO
	Twice-Monthly County Contribution	Twice-Monthly Pre-Tax Member Cost	Twice-Monthly Pre-Tax Member Cost
Member Only	\$415.63	\$10.69	\$179.93
Two Party	\$415.63	\$195.26	\$677.74
Family	\$415.63	\$419.58	\$1,084.17

# SBCFF Local 2046 Health Benefits

**SBCFF medical plans offer exclusive benefit enhancements, such as:**



## **Blue Shield Mobile App**

Access all of your health information in one place: ID card, claims, benefit information, provider locator, and much more!



## **Comprehensive Screening with Body Scan**

No cost to enrolled member and spouse, once every 24 months



## **Vision Benefits Through MetLife VSP**

Benefits for exams, lenses, frames, and contact lenses



## **Access to a Doctor- Anytime, Anywhere!**

Online doctor visits available 24/7/365 with Blue Shield Teladoc



## **Dedicated Benefit Support**

The Benefit Service Center is there to assist you in the event you experience claim issues, need enrollment assistance, and any other benefit related needs

**Enroll online at: [www.mybenefitchoices.com/local2046](http://www.mybenefitchoices.com/local2046)**

# Dental: MetLife PPO Plan

## MetLife PPO

- Flexibility of in and out-of-network dentists
- One of the nation's largest dental PPO networks

Benefits	In-Network	Out-of-Network
Type A - Preventive	100%	100%
Type B - Basic Restorative	90%	85%
Type C - Major Restorative	60%	50%
Type D - Orthodontia	50%	50%
<b>Deductible:</b> Per Individual	\$50 (Does not apply to Type A)	\$50 (Does not apply to Type A)
<b>Deductible:</b> Per Family	\$150 (Does not apply to Type A)	\$150 (Does not apply to Type A)
<b>Annual Maximum Benefits:</b> Per Individual	\$1,500	\$1,500
<b>Orthodontia Lifetime Maximum:</b> Per Individual	\$1,500	\$1,500
	Ortho applies to Adult & Child (Up to age 26)	

Please note, this is only a brief summary of benefits.

### MetLife Dental PPO Twice-Monthly Rates Effective January 1, 2022 to December 31, 2022

	Twice-Monthly Premium	Twice-Monthly County Contribution	Twice-Monthly Pre-Tax Member Cost
All Coverage	\$73.70	\$13.03	\$60.67

To view your plan's Benefit Summary, Evidence of Coverage, Summary of Benefits and Coverage, or other plan materials, please visit [www.mybenefitchoices.com/local2046](http://www.mybenefitchoices.com/local2046).