

# SBCFF Local 2046 2023 Open Enrollment



**October 1<sup>st</sup> – October 31<sup>st</sup>, 2022**

Benefits you select during open enrollment will be **effective January 1<sup>st</sup>, 2023**

## Retired Member Meeting:

Wednesday, October 19, 2022 at 10:00 am

Fire Station 38, 17200 Calle Mariposa Reina, Gaviota, CA 93117

### What can you do during open enrollment?

- Enroll in a Blue Shield medical plan, UnitedHealthcare (UHC) Group Medicare Advantage plan, and/or MetLife dental plan
- Switch plans, add and remove dependents

#### Online Enrollment\*

[www.mybenefitchoices.com/local2046](http://www.mybenefitchoices.com/local2046)

\*Only for Non-Medicare retirees

### SBCFF Local 2046 Benefit Service Center

Personalized assistance with enrollment, questions, claims, and eligibility issues for UHC, 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

### Updated Retiree Eligibility

A retired SBCFF member, in good standing, or their surviving spouse, with a minimum of 10 years Union membership prior to retirement. Special circumstances may be evaluated to waive this time requirement.

# Non-Medicare Retiree: Blue Shield HSA-Eligible PPO

## 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)!

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

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

## NON-MEDICARE MEMBERS

### Medical and Vision Total Monthly Rates Effective January 1, 2023 to December 31, 2023

#### Blue Shield HSA-Eligible PPO

	Total Monthly Rate
Member Only	\$954.84
Two Party	\$1,581.82
Family	\$2,291.83

#### Health Care Subsidy

Retired members of SBCERS that participate in County-sponsored health plans currently receive a health insurance subsidy (aka insurance offset) of \$15-per-month-per-year-of-service towards their premium costs. For example, if a retiree has a service credit of 25.5 years, they are eligible to receive \$382.50/month (25.5 x \$15 = \$382.50) toward the cost of health insurance for their family:

Monthly Insurance Premium	\$1,500.00
Health Insurance Subsidy	- 382.50
<b>Retiree Share of Premium</b>	<b>\$1,117.50</b>

#### Calculate Your Share of Premium

CareCounsel	\$ <u>3.25</u>
Medical and Vision Rate	\$ _____
Dental Rate	\$ _____
SUB-TOTAL	\$ _____
<b>SUBTRACT MONTHLY SUBSIDY</b>	<b>\$ _____</b>
<b>YOUR SHARE OF PREMIUM</b>	<b>\$ _____</b>
<i>Monthly Subsidy = \$15 x Years of Service</i>	

# Medicare Retiree: 2023 UHC Group Medicare Advantage PPO

- Medicare Advantage, also called Medicare Part C, includes all the benefits of Parts A, B, and this plan includes the benefits of Part D (prescription drug coverage)
- This plan is available to retirees and dependents who are enrolled in Medicare Parts A & B
- An enrollment form is required for any UHC Medicare Advantage enrollments or changes
- If one family member is enrolled in Medicare, and the other is not, you will be on different plans
- You cannot also be enrolled in a Medicare Supplement (Medigap) or Individual Medicare plan
- You must see a provider who agrees to accept Medicare and the plan

Benefits	UHC Group Medicare Advantage (MAPD) PPO (In and Out-of-Network Benefits)
Annual Medical Deductible	\$0
Annual Medical Out-of-Pocket Maximum	\$0
Preventive Care Services	\$0
Primary Care Office Visit	\$0
Lab & X-Ray	\$0
Hospitalization	\$0 per admit
Retail Prescription Drugs (up to 30-day supply)	\$15 Generic \$30 Preferred Brand \$45 Non-Preferred Brand \$45 Specialty (Includes bonus drug list)
Other Benefits Included	Hearing aids, UHC Renew Active, Telephonic Nurse Support, and more

Please note, this is only a summary of benefits. Refer to the UHC Plan Guide for additional details.

\*Starting January 1, 2022, the gym membership program will no longer be provided through SilverSneakers.

## MEDICARE MEMBERS

### Medical and Vision Total Monthly Rates Effective January 1, 2023 to December 31, 2023

	UHC Group Medicare Advantage (MAPD) PPO Total Monthly Rate
Single (Medicare Member)	\$385.08
Two Party (both on Medicare)	\$737.18

Note, if one family member is on Medicare and the other family members are not, different rates will apply and you will be on different plans

# SBCFF Local 2046 Health Benefits

SBCFF Medical and Medicare Advantage plans offer exclusive benefit enhancements, such as:



### 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



### Comprehensive Screening with Body Scan

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



### Vision Benefits Through MetLife Vision

Benefits for exams, lenses, frames, and contact lenses



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

Online doctor visits available 24/7/365 with UHC Virtual Visits or Blue Shield Teladoc® Medical and Mental Health Services

# All Retirees 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 Total Monthly Rates Effective January 1, 2023 to December 31, 2023

	Total Monthly Rate
All Coverage	\$147.39

#### **IMPORANT NOTE: SWITCHING BETWEEN SBCERS AND SBCFF MEDICAL AND/OR DENTAL PLANS**

Special rules apply if you switch from SBCERS-sponsored plans to Union-sponsored plans. In order to enroll in an SBCFF medical and/or dental plan, you must cancel your current coverage to make the change effective.

Should you have any questions or need to request a cancellation form, please contact SBCERS at 877-568-2940 or the SBCFF Local 2046 Benefit Service Center at 800-842-6635.

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).