

SBCFF Local 2046

2024 Open Enrollment



October 9th – October 27th, 2023

Benefits you select during open enrollment will be ***effective January 1st, 2024***

Active Member Meeting:

Thursday, October 19, 2023 at 9:00 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 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

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	\$3,200 single* \$3,200 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, 2024.

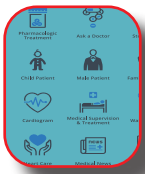
Medical and Vision Twice-Monthly Rates Effective January 1, 2024 to December 31, 2024

	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	\$507.94	\$0.00	\$113.75
Two Party	\$557.94	\$135.76	\$581.67
Family	\$817.94	\$130.44	\$744.71

Please note: Published as of 10/1/2023. May be subject to change pending Board of Supervisors' approval.

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 Vision

Benefits for exams, lenses, frames, and contact lenses

NEW! Retail Frame Allowance and Elective Contact Lens Allowance will increase to \$200 effective January 1, 2024



Access to a Doctor- Anytime, Anywhere!

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



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

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%
Deductible: Per Individual	\$50 (Does not apply to Type A)	\$50 (Does not apply to Type A)
Deductible: Per Family	\$150 (Does not apply to Type A)	\$150 (Does not apply to Type A)
Annual Maximum Benefits: Per Individual	\$1,500	\$1,500
Orthodontia Lifetime Maximum: 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, 2024 to December 31, 2024

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

IMPORTANT NOTE: SWITCHING BETWEEN THE COUNTY AND SBCFF MEDICAL AND/OR DENTAL PLANS

Special rules apply if you switch from County-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 the County's Benefits & Wellness Division at 805-568-2800 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.