

SBCFF Local 2046

2024 Open Enrollment



October 1st – October 31st, 2023

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

Retired 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, UnitedHealthcare (UHC) Group Medicare Advantage plan, and/or MetLife dental plan
- Switch plans, add and remove dependents

Online Enrollment*

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

*Benefit change effective January 1, 2024.

NON-MEDICARE MEMBERS

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

Blue Shield HSA-Eligible PPO

	Total Monthly Rate
Member Only	\$1,000.48
Two Party	\$1,654.28
Family	\$2,394.88

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
Retiree Share of Premium	\$1,117.50

Calculate Your Share of Premium

Medical and Vision Rate \$ _____

Dental Rate \$ _____

SUB-TOTAL \$ _____

SUBTRACT MONTHLY SUBSIDY \$ _____

YOUR SHARE OF PREMIUM \$ _____

Monthly Subsidy = \$15 x Years of Service

Medicare Retiree: 2024 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.

MEDICARE MEMBERS

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

	UHC Group Medicare Advantage (MAPD) PPO Total Monthly Rate
Single (Medicare Member)	\$406.10
Two Party (both on Medicare)	\$772.70

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

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 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%
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 Total Monthly Rates Effective January 1, 2024 to December 31, 2024

	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.