



Move from CalPERS

What moving to SISC means to you.



Important Points to Remember

- Plan Administrators may vary, but plans do not (ex. [Kaiser-CalPERS] vs [Kaiser-Other Pool])
- CalPERS administers Health, Retirement and Death Benefits. A potential plan transition ONLY impacts the health benefit.



Important Terms to Know

- **Deductible** – the amount of money you will have to pay out towards the cost of your health care before your insurance will begin to cover. This is separate from your co-pay and coinsurance.
- **Co-Pay** - a fixed amount you pay for a health care service, usually when you receive the service. The amount can vary by the type of service. You may also have a copay when you get a prescription filled.
- **Co-Insurance** – a percentage of the cost for a health service or prescription drug paid by the member. (Characteristic of PPOs) .
- **Out of Pocket Maximum (OOP)** – the maximum out of pocket expenses you will pay towards the cost of your medical expenses. Anything exceeding this amount will be covered at 100% by the insurer depending on plan terms.



HMO vs. PPO – How are you covered?

(HMO) Health Maintenance Organization

A type of health insurance plan that usually limits coverage to care from doctors **who work for or contract with the HMO**. It generally won't cover out-of-network care except in an emergency and when the plan specifically authorizes an out-of-network provider.

(PPO) Preferred Provider Organization

A type of health plan where you pay less if you use providers in the plan's network. You can use doctors, hospitals, and providers outside of the network without a referral for an additional cost.**

***There are some services for which your PPO may require in network utilization for them to cover (i.e. diagnostic services, physical medicine services and durable medical equipment and/or supplies.*

Current Enrollment

Health Plan Enrollment - Management

45	Actives	Management	Anthem Blue Cross Select HMO Total	2	2%
46			Anthem PERS Choice Total	8	9%
47			Anthem PERS Select Total	4	4%
48			Anthem PERSCare Total	7	8%
49			Blue Shield Access+ Total	12	13%
50			Health Net Salud y Mas Total	3	3%
51			Kaiser Permanente Total	21	23%
52			Sharp Total	1	1%
53			UnitedHealthcare Total	2	2%
54			Opt-Out Total *	33	35%
55		Management Sub-Total		93	100%

44 Family Size & % of Total 9%

57	Actives Sub-Total		1,074	
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58 Family Size & % of Total 64%

81	Retirees	Management	Anthem Blue Cross Select HMO Total	1	1%
82			Anthem PERS Choice Total	9	11%
83			Anthem PERSCare and Medicare Supplement Bay Area	51	61%
84			Kaiser Permanente Total	17	20%
87			UnitedHealthcare Total	6	7%
86		Management Sub-Total		84	100%

87 Family Size & % of Total 14%

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High Level Pool Comparison

CalPERS

- CalPERS offers 6 carrier options:
 - Anthem
 - Blue Shield
 - Kaiser
 - HealthNet
 - Sharp
 - United Health Care
- 10 HMO and PPO options
- Carrier utilize 3 PMBs:
 - CVS/Caremark
 - Optum Rx
 - Kaiser

SISC

- SISC offers 3 carrier options:
 - Blue Shield OR Anthem Blue Cross
 - Kaiser
- 40+ HMO and PPO options
- Carrier utilize 2 PMBs:
 - Navitus Rx
 - Kaiser

**PBM is a Pharmacy Benefit Managers, which is the entity that manages pharmacy benefits.*

Anthem Blue Cross Vs. Blue Shield of California

Anthem Blue Cross Vs. Blue Shield of California

Where Carrier Plans Differ...

Both Carriers offer a wide variety of different plans that are similar to current CalPERS Plans

	CalPERS	SISC	SISC	SISC	SISC	SISC	SISC	SISC	SISC
2019	All Non-KP HMOs	Anthem Premier 10	Anthem Premier 20	Anthem Classic 20/40/250	Anthem Value 30/40/500 3-day	Shield \$10 - \$0	Shield \$20 - \$250	Shield \$30 - 20%	Shield \$40 - 40%
	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Actuarial Value	95.9%	94.88%	93.35%	92.97%	91.74%	94.88%	93.21%	92.56%	89.86%

	CalPERS	CalPERS	CalPERS	SISC	SISC	SISC	SISC	SISC	SISC
2019	PERS Care (90% PPO Plan)	PERS Choice (80% PPO)	PERS Select - VBID* (80% PPO)	Anthem 100-A \$10	Anthem 90-A \$20	Anthem 80-C \$20	Shield 100-A \$10	Shield 90-A \$20	Shield 80-C \$20
	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Actuarial Value	89.4%	86.1%	*83.64%	95.87%	94.17%	93.34%	95.87%	94.17%	93.34%

Actuarial Value (AV) is the measure of degree of quality of the plan as it relate to costs to the member

Where Carrier Plans Differ...

PPO Plan options are the same – HMO options vary slightly

	SISC	SISC	SISC	SISC
2019	Anthem 100-A \$10	Blue Shield 100-A \$10	Anthem Premier 10	Blue Shield \$10 - \$0
	PPO	PPO	HMO	HMO
Actuarial Value	95.87%	95.87%	94.88%	94.88%
	Member Pays	Member Pays	Member Pays	Member Pays
Prenatal, postnatal office visit co-pay	\$10	\$10	\$10	\$0
Scans: CT, CAT, MRI, PET etc.	0%	0%	\$100/test	\$0
Allows self-referral to specialist care physicians?	NA	NA	No	Yes

CalPERS Vs. SISC

CalPERS vs. SISC Rates - HMO

	CalPERS	SISC	Difference
	Kaiser HMO	Kaiser \$15 OV HMO	
Single	\$820.28	\$819.60	\$0.68
Two Party	\$1,640.57	\$1,640.40	\$0.17
Family	\$2,132.74	\$2,132.40	\$0.34
Composite	N/A	\$1,705.20	

	CalPERS	SISC	Difference
	Anthem Traditional HMO	Blue Shield Full Network \$10-0	
Single	\$1,087.62	\$852.00	\$235.62
Two Party	\$2,175.24	\$1,694.40	\$480.84
Family	\$2,827.81	\$2,211.60	\$616.21
Composite	N/A	\$1,770.00	

	CalPERS	SISC	Difference
	United Healthcare HMO	Blue Shield Trio \$10-0	
Single	\$855.19	\$818.40	\$36.79
Two Party	\$1,710.38	\$1,626.00	\$84.38
Family	\$2,223.50	\$2,120.40	\$103.10
Composite	N/A	\$1,698.00	

	CalPERS	SISC	Difference
	Anthem HMO SELECT	Blue Shield Full Network \$10-0	
Single	\$744.20	\$852.00	(\$107.80)
Two Party	\$1,488.41	\$1,694.40	(\$205.99)
Family	\$1,934.93	\$2,211.60	(\$276.67)
Composite	N/A	\$1,770.00	

	CalPERS	SISC	Difference
	Health Net Salud Y Mas HMO	Blue Shield Trio \$10-0	
Single	\$474.36	\$818.40	(\$344.04)
Two Party	\$948.72	\$1,626.00	(\$677.28)
Family	\$1,233.34	\$2,120.40	(\$887.06)
Composite	N/A	\$1,698.00	

	CalPERS	SISC	Difference
	Blue Shield Access+ HMO	Blue Shield Full Network \$10-0	
Single	\$1,018.88	\$852.00	\$166.88
Two Party	\$2,037.77	\$1,694.40	\$343.37
Family	\$2,649.10	\$2,211.60	\$437.50
Composite	N/A	\$1,770.00	

	CalPERS	SISC	Difference
	Health Net Smart Care HMO	Blue Shield Trio \$10-0	
Single	\$820.20	\$818.40	\$1.80
Two Party	\$1,640.40	\$1,626.00	\$14.40
Family	\$2,132.52	\$2,120.40	\$12.12
Composite	N/A	\$1,698.00	

Notes

*2020 CalPERS two-part and family rates are projected and are not scheduled to be released until mid-June 2019.

*Negative variance indicates additional out-of-pocket expense.

CalPERS vs. SISC Rates - PPO

	CalPERS PERS CARE PPO	SISC 90% Plan G	Difference
Single	\$1,150.70	\$927.60	\$223.10
Two Party	\$2,301.41	\$1,850.40	\$451.01
Family	\$2,991.83	\$2,415.60	\$576.23
Composite	N/A	\$1,933.20	

	CalPERS PERS CHOICE PPO	SISC 80% Plan G	Difference
Single	\$874.67	\$864.00	\$10.67
Two Party	\$1,749.34	\$1,720.80	\$28.54
Family	\$2,274.14	\$2,245.20	\$28.94
Composite	N/A	\$1,796.40	

	CalPERS PERS SELECT PPO	SISC 80% Plan G	Difference
Single	\$529.00	\$864.00	(\$335.00)
Two Party	\$1,057.99	\$1,720.80	(\$662.81)
Family	\$1,375.39	\$2,245.20	(\$869.81)
Composite	N/A	\$1,796.40	

Notes

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*Negative variance indicates additional out-of-pocket expense.

Dental and Vision

Dental - PPO

	Current Dental PPO 2500		SISC Delta Premier Unlimited		Current Dental PPO 1000		SISC Delta Premier \$1000	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
General Benefits								
Calendar Year Deductible		None		None		None		None
Calendar Year Maximum Benefits		\$2,500		Unlimited		\$1,000		\$1,000 \$1,000
Diagnostic Care Benefits								
Oral Exam, cleaning xrays, tissue biopsy exams, fluoride treatment, space maintainers, specialist consultation		100%		70%-100%		100%		70%-100%
Basic Benefits								
Oral surgery (extractions), fillings, root canals, periodontic (gum) treatment, tissue removal, biopsy, sealants		100%		70%-100%		100%		70%-100%
Crowns and Other Cast Restractions								
		100%		70%-100%		100%		70%-100%
Prosthodontics								
Bridges, dentures		70% 50%		60% 50% \$2000 annual maximum		70% 50%		50% 50%
Dental Accident Benefits								
		100%, \$1000 maximum per calendar year		100%, \$1000 maximum per calendar year		100%, \$1000 maximum per calendar year		100%, \$1000 maximum per calendar year
Enhancements								
Third Cleaning for Pregnancy		Covered up to plan maximum		Covered up to plan maximum		Covered up to plan maximum		Covered up to plan maximum
Dental Implants				50%				50%
Orthodontics								
		Not Covered		\$2000 lifetime benefit for adults and children		Not Covered		\$2000 lifetime benefit for adults and children
2019 Monthly Composite Rate				\$151.40				\$101.40
2019 Tenthly Composite Rate		\$173.80		\$181.68		\$114.41		\$121.68

Vision

	Current VSP Benefit Description Focuses on your eyes and overall wellness	Current Copay	SISC VSP Benefit Description Focuses on your eyes and overall wellness	Copay
Well Vision Exam	Every 12 months	\$0	Every 12 months	\$0
Frame	Every 12 months \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount yo owe over your allowance	\$0	Every 12 months \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount yo owe over your allowance	\$0
Lenses	Every 12 months Single vision, lined bifocal, and lined trifocal Polycarbonate lenses for dependent children Tints/Potochromic adaptive lenses Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancement	\$0 \$80-\$90 \$120-\$160	Every 12 months Single vision, lined bifocal, and lined trifocal Polycarbonate lenses for dependent children Tints/Potochromic adaptive lenses Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancement	\$0 \$80-\$90 \$120-\$160
Lens Enhancement	Every 12 months \$140 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation)	 \$0	Every 12 months \$150 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation)	 \$0
Contacts (Instead of glasses)	Every 12 months		Every 12 months	
Coverage with Other Providers	Exam Frames Single Vision Lenses Lined Bifocal Lenses Lined Trifocal Lenses Contacts	up to \$50 up to \$70 up to \$50 up to \$75 up to \$100 up to \$90	Exam Frames Single Vision Lenses Lined Bifocal Lenses Lined Trifocal Lenses Contacts	up to \$65 up to \$30 up to \$25 up to \$40 up to \$50 up to \$90
2019 Monthly Rates				\$ 27.70
2019 Tenthly Rates		\$ 29.99		\$ 33.24



Cash-In-Lieu / Opt-Out

Current Status

- Opt-out and cash-in-lieu are frozen.
- You can receive opt-out or cash-in-lieu under SISC as part of a grandfathered plan.

What Does this mean?

- Any new enrollments will not be given the option of opt-out or cash-in-lieu.
- Once you enroll in medical, you will not be able to opt out again.
- The amount in place today will not increase next year.

Questions?

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Melissa Aguirre	Benefits Specialist (Alpha L-Z)	gaguirre@mtsac.edu	5419



Appendices – Quality Rating Sites

- Hospital Ratings

- <https://www.hospitalsafetygrade.org>
- <http://calhospitalcompare.org>

- Medical Group Ratings

- <http://www.opa.ca.gov/Pages/ReportCard.aspx>

- Health Plan Ratings

- <http://www.opa.ca.gov/Pages/ReportCard.aspx>



Appendices – Find a Provider Links

- Anthem Blue Cross
 - <https://www.anthem.com/ca/sisc/>
 - Blue Shield of California
 - https://blueshieldca21-prod.modolabs.net/find_provider/
- A provider search will help you determine if your current provider falls within the network of your potential new plan.
- A provider search can be conducted for a provider, specialist, hospital or facility.