

WE'RE STILL STANDING
Striving and Thriving Together

2021 Virtual Open Enrollment & Campus Benefit Fairs



Cal Poly Pomona Campus
Open Enrollment
Ends October 15, 2021

What We Will Cover Today

- Medical Plan Rates
- What is a PPO & HMO
- Medical Plans Name Changes
- Dental Plans
- Vision Options
- Flexible Spending Accounts and Flex Cash
- How to Enroll or Make changes During Open Enrollment
- Voluntary Plans

Medical Plan Rates (1 of 3)

HEALTH PLAN	Enrolled Employee & Eligible Dependents	2022 Total Monthly Premium	All Employee Groups (except Unit 6)			Unit 6		
			2022 Amount Paid by CSU	2022 Amount Paid by Employee	2021 Amount Paid by Employee	2022 Amount Paid by CSU	2022 Amount Paid by Employee	2021 Amount Paid by Employee
ANTHEM BLUE CROSS SELECT HMO CALIFORNIA	Employee Only	\$848.08	\$816.00	\$32.08	\$20.79	\$821.00	\$27.08	\$0.00
	Employee + 1	\$1,696.16	\$1,548.00	\$148.16	\$114.58	\$1,558.00	\$138.16	\$72.10
	Employee + 2 or more	\$2,205.01	\$1,983.00	\$222.01	\$180.25	\$2,003.00	\$202.01	\$124.43
ANTHEM BLUE CROSS TRADITIONAL HMO CALIFORNIA	Employee Only	\$1,198.07	\$816.00	\$382.07	\$348.75	\$821.00	\$377.07	\$417.32
	Employee + 1	\$2,396.14	\$1,548.00	\$848.14	\$770.50	\$1,558.00	\$838.14	\$911.64
	Employee + 2 or more	\$3,114.98	\$1,983.00	\$1,131.98	\$1,032.95	\$2,003.00	\$1,111.98	\$1,215.83
ANTHEM BLUE CROSS EPO CALIFORNIA (Restricted to Del Norte County)	Employee Only	\$946.78	\$816.00	\$130.78	\$20.00	\$821.00	\$125.78	\$46.23
	Employee + 1	\$1,893.56	\$1,548.00	\$345.56	\$113.00	\$1,558.00	\$335.56	\$169.46
	Employee + 2 or more	\$2,461.63	\$1,983.00	\$478.63	\$178.20	\$2,003.00	\$458.63	\$251.00
BLUE SHIELD ACCESS+ CALIFORNIA	Employee Only	\$900.22	\$816.00	\$84.22	\$143.16	\$821.00	\$79.22	\$135.96
	Employee + 1	\$1,800.44	\$1,548.00	\$252.44	\$359.32	\$1,558.00	\$242.44	\$348.92
	Employee + 2 or more	\$2,340.57	\$1,983.00	\$357.57	\$498.42	\$2,003.00	\$337.57	\$484.30
BLUE SHIELD ACCESS+ EPO CALIFORNIA (Restricted to Colusa, Mendocino & Sierra Counties)	Employee Only	\$900.22	\$816.00	\$84.22	\$143.16	\$821.00	\$79.22	\$135.96
	Employee + 1	\$1,800.44	\$1,548.00	\$252.44	\$359.32	\$1,558.00	\$242.44	\$348.92
	Employee + 2 or more	\$2,340.57	\$1,983.00	\$357.57	\$498.42	\$2,003.00	\$337.57	\$484.30
BLUE SHIELD TRIO	Employee Only	\$742.70	\$742.70	\$0.00	\$0.00	\$742.70	\$0.00	\$0.00
	Employee + 1	\$1,485.40	\$1,485.40	\$0.00	\$0.00	\$1,485.40	\$0.00	\$0.00
	Employee + 2 or more	\$1,931.02	\$1,931.02	\$0.00	\$0.00	\$1,931.02	\$0.00	\$0.00

Medical Plan Rates (2 of 3)

HEALTH PLAN	Enrolled Employee & Eligible Dependents	2022 Total Monthly Premium	All Employee Groups (except Unit 6)			Unit 6		
			2022 Amount Paid by CSU	2022 Amount Paid by Employee	2021 Amount Paid by Employee	2022 Amount Paid by CSU	2022 Amount Paid by Employee	2021 Amount Paid by Employee
HEALTH NET SALUD Y MAS CALIFORNIA	Employee Only	\$486.51	\$486.51	\$0.00	\$0.00	\$486.51	\$0.00	\$0.00
	Employee + 1	\$973.02	\$973.02	\$0.00	\$0.00	\$973.02	\$0.00	\$0.00
	Employee + 2 or more	\$1,264.93	\$1,264.93	\$0.00	\$0.00	\$1,264.93	\$0.00	\$0.00
HEALTH NET SMARTCARE CALIFORNIA	Employee Only	\$1,007.13	\$816.00	\$191.13	\$126.36	\$821.00	\$186.13	\$121.36
	Employee + 1	\$2,014.26	\$1,548.00	\$466.26	\$329.72	\$1,558.00	\$456.26	\$319.72
	Employee + 2 or more	\$2,618.54	\$1,983.00	\$635.54	\$466.34	\$2,003.00	\$615.54	\$446.34
KAISER PERMANENTE CALIFORNIA	Employee Only	\$804.67	\$804.67	\$0.00	\$0.00	\$804.67	\$0.00	\$0.00
	Employee + 1	\$1,609.34	\$1,548.00	\$61.34	\$4.24	\$1,558.00	\$51.34	\$0.00
	Employee + 2 or more	\$2,092.14	\$1,983.00	\$109.14	\$43.21	\$2,003.00	\$89.14	\$23.21
KAISER PERMANENTE - OUT OF STATE	Employee Only	\$1,138.95	\$816.00	\$322.95	\$242.15	\$821.00	\$317.95	\$237.15
	Employee + 1	\$2,277.90	\$1,548.00	\$729.90	\$561.30	\$1,558.00	\$719.90	\$551.30
	Employee + 2 or more	\$2,961.27	\$1,983.00	\$978.27	\$767.39	\$2,003.00	\$958.27	\$747.39
PERS PLATINUM (formerly PERS Care and PERS Choice)	Employee Only	\$946.78	\$816.00	\$130.78	\$0.00	\$821.00	\$125.78	\$0.00
	Employee + 1	\$1,893.56	\$1,548.00	\$345.56	\$0.00	\$1,558.00	\$335.56	\$0.00
	Employee + 2 or more	\$2,461.63	\$1,983.00	\$478.63	\$0.00	\$2,003.00	\$458.63	\$0.00
PERS GOLD (formerly PERS Select)	Employee Only	\$650.38	\$650.38	\$0.00	\$0.00	\$650.38	\$0.00	\$0.00
	Employee + 1	\$1,300.76	\$1,300.76	\$0.00	\$0.00	\$1,300.76	\$0.00	\$0.00
	Employee + 2 or more	\$1,690.99	\$1,690.99	\$0.00	\$0.00	\$1,690.99	\$0.00	\$0.00
PEACE OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA (PORAC)*	Employee Only	\$750.00	\$750.00	\$0.00	\$0.00			
	Employee + 1	\$1,449.00	\$1,449.00	\$0.00	\$0.00	N/A	N/A	N/A
	Employee + 2 or more	\$1,927.00	\$1,927.00	\$0.00	\$0.00			

Medical Plan Rates (3 of 3)

HEALTH PLAN	Enrolled Employee & Eligible Dependents	2022 Total Monthly Premium	All Employee Groups (except Unit 6)			Unit 6		
			2022 Amount Paid by CSU	2022 Amount Paid by Employee	2021 Amount Paid by Employee	2022 Amount Paid by CSU	2022 Amount Paid by Employee	2021 Amount Paid by Employee
SHARP PERFORMANCE PLUS CALIFORNIA (Restricted to San Diego County)	Employee Only	\$699.21	\$699.21	\$0.00	\$0.00	\$699.21	\$0.00	\$0.00
	Employee + 1	\$1,398.42	\$1,398.42	\$0.00	\$0.00	\$1,398.42	\$0.00	\$0.00
	Employee + 2 or more	\$1,817.95	\$1,817.95	\$0.00	\$0.00	\$1,817.95	\$0.00	\$0.00
UNITEDHEALTHCARE ALLIANCE HMO CALIFORNIA	Employee Only	\$818.03	\$816.00	\$2.03	\$0.00	\$818.03	\$0.00	\$0.00
	Employee + 1	\$1,636.06	\$1,548.00	\$88.06	\$0.00	\$1,558.00	\$78.06	\$0.00
	Employee + 2 or more	\$2,126.88	\$1,983.00	\$143.88	\$27.59	\$2,003.00	\$123.88	\$7.59
UNITEDHEALTHCARE HARMONY HMO CALIFORNIA	Employee Only	\$737.35	\$737.35	\$0.00	\$0.00	\$737.35	\$0.00	N/A
	Employee + 1	\$1,474.70	\$1,474.70	\$0.00	\$0.00	\$1,474.70	\$0.00	N/A
	Employee + 2 or more	\$1,917.11	\$1,917.11	\$0.00	\$0.00	\$1,917.11	\$0.00	N/A
WESTERN HEALTH ADVANTAGE (Restricted to Bay Area, Sacramento and other Northern regions)	Employee Only	\$741.26	\$741.26	\$0.00	\$0.00	\$741.26	\$0.00	\$0.00
	Employee + 1	\$1,482.52	\$1,482.52	\$0.00	\$0.00	\$1,482.52	\$0.00	\$0.00
	Employee + 2 or more	\$1,927.28	\$1,927.28	\$0.00	\$31.25	\$1,927.28	\$0.00	\$11.25

DENTAL PLANS

- **Two plans to chose, regardless of plan, the premium is paid at no cost to you for your own or family enrollment**
 - 1. Delta Dental PPO (800) 765-6003**
 - Indemnity Plan that allows you to select the dentist of your choice
 - Worldwide
 - Preventative and diagnostic, no charge
 - Deductible is \$50/person up to maximum of \$150/family deductible
 - Maximum annual benefit is \$2,000 per person
 - 2. DeltaCare USA (800) 422-4234**
 - Must use DeltaCare USA panel dentist
 - Coverage in California only
 - Preventative and diagnostic, no charge
 - No deductible
 - No maximum benefit
- For more information, visit Delta Dental at <http://www.deltadentalins.com/csu/>
- [CSU Dental Plan Comparison](#)

Vision Options

- Enhanced Changes to the CSU Vision Plan
- Video will play for 9-11 minutes

VSP Vision Care (vspforme.com)

FLEXIBLE SPENDING ACCOUNTS

Health Care Reimbursement Account (HCRA)

- Pay out-of-pocket medical, dental or vision care expenses with pre-tax dollars
- \$2,750 annual maximum, \$225 per month
- Monthly minimum \$20
- \$1/month administrative fee
- [Visa card available](#)
- Administrator is ASIFlex, www.asiflex.com
- Enrollment Required Each Year

Reminder retroactive to January 1, 2020, over-the-counter medications will no longer need a prescription. This change was due to the passage of the CARES Act on March 27, 2020.

Flexible Spending Accounts

Dependent Care Reimbursement Account (DCRA)

- Pay out-of-pocket dependent care expenses with pre-tax dollars
- Day care charges for children under age 13
- Adult day care provided for a spouse or other adult dependent who is mentally or physically disabled and whom you claim as a dependent on your income tax return
- \$5,000 annual maximum, \$416.66 per month
- Monthly minimum \$20
- \$1/month administrative fee
- Administrator is ASIFlex, www.asiflex.com
- Enrollment Required Each Year

How to Enroll or Make Changes During Open Enrollment

- Open Enrollment Benefit Worksheet
- All enrollments and changes are done online through DocuSign
- Open Enrollment Worksheet is location:

[Open Enrollment \(cpp.edu\)](http://cpp.edu)

VOLUNTARY PLANS

PLAN	WEBSITE
METLAW (MetLife Insurance)	<u>METLAW</u> <u>Why MetLaw Makes Sense</u>
Group Critical Illness (The Standard)	<u>The Standard</u>
Automobile & Homeowners (California Casualty)	<u>California Casualty</u>
Voluntary Life Insurance (The Standard)	<u>The Standard</u>
Voluntary AD& D (The Standard)	<u>The Standard</u>
Voluntary LTD (The Standard)	<u>The Standard</u>
Premier Vision Plan (VSP)	<u>VSP Vision Care</u>
Pet Insurance (Nationwide)	<u>Nationwide Pet Insurance</u>
Cal Poly Pomona Federal Credit Union	<u>Cal Poly Pomona FCU</u>
Schools First Federal Credit Union	<u>Schools First FCU</u>