

WELCOME TO THE CITY OF REEDLEY'S 2018 OPEN ENROLLMENT

A REEDLEY U FOR OPEN ENROLLMENT WILL BE HELD ON NOVEMBER 15, 2018 AT 9:00 A.M. IN THE COUNCIL CHAMBERS

The City of Reedley is renewing coverage through Blue Shield of California and Kaiser for the 2019 medical plan year. Open Enrollment will be from October 30, 2018 to November 27, 2018; the City must have all changes submitted to the carriers by December 1, 2018. This will allow for your ID Cards to be sent out by January 1, 2019 if you make changes to your enrollment. The health plans being offered are:

- ◆ Blue Shield – HMO 20
- ◆ Blue Shield – PPO 500
- ◆ Kaiser – HMO 15

For 2019, based on the documented process in determining the City's premium contribution, the PPO Plan for single-party and two-party enrollment will still be offered with no payroll deduction; the Kaiser Plan family enrollment will be offered with no payroll deduction. Retiree monthly premium contributions are shown below:

Tier I – Retiree/Retiree Beneficiary

Retiree Monthly Contribution	Retiree Only	Retiree + 1	Retiree + 2 or more
Blue Shield PPO (\$500/\$1,000)	\$0.00	\$172.61	\$722.92
Blue Shield HMO	\$14.87	\$213.76	\$785.54
Kaiser	\$54.99	\$230.42	\$635.68
Under 65 Retiree Dependent(s) Only Monthly Contribution	1 Under 65 Dependent	2 Under 65 Dependents	3 or More Under 65 Dependents
Blue Shield PPO (\$500/\$1,000)	\$118.47	\$791.08	\$1,341.39
Blue Shield HMO	\$142.32	\$841.21	\$1,412.99
Kaiser	\$182.44	\$857.87	\$1,263.13

Please take the time to review the rates and the benefit summaries for Blue Shield and Kaiser that have been included with this notice.

Here is a brief outline of the benefit modifications for the 2019 Plan year. Please review your open enrollment materials for more detailed information.

2019 Benefits Modifications:

- **Blue Shield HMO 20 Plan** – Out-of-pocket maximums of \$1,500 Individual/\$3,000 Family for the 2019 plan year (this is the same out-of-pocket maximum for the 2017 HMO Plan)
- **Blue Shield PPO Plan** – Out-of-pocket maximums of \$4,000 Individual/\$8,000 Family In Network and \$10,500 Individual/\$21,000 Family Out of Network

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- **Blue Shield PPO – Teladoc** co-pay will be \$5
- **Blue Shield PPO** – Diagnostic Lab & X-ray co-pay of \$35 free standing/\$60 hospital after the deductible is met
- **Blue Shield PPO** – Outpatient surgery co-insurance of 25% after the deductible is met if performed in a hospital
- **Blue Shield PPO** – Outpatient co-insurance of 10% after the deductible is met if performed in an ambulatory surgery center
- **Blue Shield PPO** Emergency Room co-pay of \$150 + co-insurance of 20% after the deductible is met
- **Kaiser Plan** – No changes for the 2019 plan year

Plan enrollment/change forms will need to be completed for enrollment and/or change in plans.

- **To enroll in or change to** one of the **Blue Shield** plans you **must complete a Blue Shield enrollment/change form.**
- If you are enrolled with in a **Blue Shield Plan** and you are not making an enrollment change, you do not need to complete an enrollment/change form.
- **To enroll in Kaiser** you **must complete a Kaiser enrollment/change form.**
- If you are enrolled in **Kaiser** and are not making an enrollment change you do not need to complete an enrollment/change form.

If you are adding a dependent that has not previously been covered, you will be required to produce original or certified copies of verification documents for all dependents that will be listed on your policy.

Eligible Dependents include:

- Current spouse
- Current registered domestic partner
- Children (natural, adopted, domestic partner's, or step) up to age 26
- Certified disabled dependent children of any age
- Children, up to age 26, if you have assumed a parent-child relationship and are considered the primary care parent.

Any dependents not listed above are considered ineligible. Acceptable documents are certified copies of: marriage certificate, registered domestic partner certificate, birth certificate, Notarized Affidavit*, or placement court papers for adoption. Any confidential health information that is not relevant to confirming eligibility can be hidden or blacked out from these documents, if you wish. The City will not accept copies of documents - certified copies only.

You must return your enrollment form to Darla Bello by 5:00pm on Tuesday, November 27, 2018. We must have all changes to the carriers by December 1, 2018 to ensure that, if you made any changes to your enrollment, ID Card(s) are sent out timely. If you do not submit your enrollment/change form by the above date your ID Card(s) will be delayed.

If you have any questions, Kathy Sunday and Katherine Horstmann Huebert are available to assist you with Open Enrollment and throughout the year. You can reach them at Horstmann Financial & Insurance Services at 559-447-3965.

CITY OF REEDLEY

Blue Shield & KAISER - MONTHLY PREMIUM RATES & RETIREE/CITY CONTRIBUTIONS
 RETIREE CONTRIBUTIONS & CITY CONTRIBUTIONS

EFFECTIVE JANUARY 1, 2019

Tier I - Retirees under age 65

Including Tier II Grandfathered Retirees Who Retired by 12/31/2016

Total Monthly Cost	Retiree Only	Retiree + 1	Retiree + 2 or more
Blue Shield PPO (\$500/\$1,000)	\$618.47	\$1,291.08	\$1,841.39
Blue Shield HMO	\$642.32	\$1,341.21	\$1,912.99
Kaiser	\$682.44	\$1,357.87	\$1,763.13
City's Monthly Contribution	Retiree Only	Retiree + 1	Retiree + 2 or more
Blended Anthem PPO & Anthem HMO up to the Active Employee Single Party Contribution (\$500 cap for dependents)	\$627.45	\$1,127.45	\$1,127.45
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