



Health Benefit Open Enrollment Memo 2018-2019

OPEN ENROLLMENT: May 21st – June 28th
ALL FORMS DUE: June 28th

Westminster School District takes pride in offering a benefit program that provides flexibility for the diverse and changing needs of our employees. The District offers employees and their family members a full range of benefits. You choose the options that best meet your needs. The district is now offering the TRIO Blue Shield HMO Plan and the ability to waive medical coverage with proof of existing coverage.

2018-2019 Plan Offerings:

- Kaiser HMO Medical Plan
- Blue Shield HMO Traditional Medical Plan
- Blue Shield HMO SAVENET Medical Plan
- Blue Shield HMO TRIO Medical Plan
- Blue Shield PPO Standard 80% Medical Plan
- Blue Shield PPO Optional 90% Medical Plan
- Medical Wavier/Opt out – WABE Plan
- Delta Care USA Dental DHMO Plan
- Delta Dental PPO Plan
- MES Low Vision Plan
- MES High Vision Plan



Open Enrollment Information Meetings:

Wednesday, May 30th at 2:00 p.m. in the Board Room
OR
Wednesday, May 30th at 3:15 p.m. in the Board Room

Open enrollment forms are due by June 28, 2018. Signed forms may be sent directly to Tina Gestoso or dropped off at the district office. There will also be computer stations and additional staff available at district office to answer questions, complete forms, or assist with researching the doctors within the medical plans during open enrollment.

Benefit Plan Changes for 2018 – 2019

There are no plan design changes for next year. Details of various plans offered are available in the 2018-2019 Benefit Brochure. As SISC offers new plans, the District Benefits Committee evaluates if they are a match for our district. Below are the newest options available to us.

Blue Shield HMO TRIO The district added a new TRIO Blue Shield HMO plan that offers the same benefits as our other Blue Shield HMO plans with a limited network of St. Jude,

St. Joseph, and Hoag. If your current Blue Shield doctor or provider medical group is within TRIO then switching plans will save you premium costs. Complete a Blue Shield enrollment form to switch plans and Blue Shield will automatically transfer your doctor effective October 1st.

If your current Blue Shield doctor is not in TRIO, you can switch to TRIO to achieve this savings as well by completing a Blue Shield enrollment form however unfortunately Blue Shield will automatically assign you a new doctor of their choice and send you a new insurance card. Once you receive the new insurance card, you can call Blue Shield customer service at (855) 256-9404 to switch to the new TRIO doctor you want. Depending on when the card is received and when you call, your new doctor may not go into effect until November 1st.

Please see the finding a doctor section below for assistance in finding a TRIO doctor. The district continues to offer the traditional full network Blue Shield HMO and the SAVENET limited network Blue Shield HMO plans.

WABE – Waiver (Opt out) of Medical For employees that can provide proof of other insurance coverage there is now an option to opt-out of Medical Coverage. The District is required to pay SISC the cost of the Anchor Bronze coverage (\$7,128). The employee will not have any out-of-pocket contribution required unless they choose to maintain Dental and Vision insurance. In that case, the cost of the WABE Opt out, Dental and Vision plans will be applied to the Single Benefit Cap Rate of \$7,800. If an employee opts out of all health benefit coverage (medical, dental, & vision) they will have \$0 out-of-pocket cost for 2018-2019. To opt out of medical coverage the employee must complete the Waiver Election Form, available on the district website, and provide proof of other insurance coverage. Eligible forms of proof of coverage are:

- Letter from Subscriber's HR or Benefit Department on company letterhead that includes covered person(s), plan name, and the effective date of coverage OR
- Copy of insurance card (only if card has the effective date of coverage)

Employees selecting WABE will be not be able to enroll in coverage until the district's next Open Enrollment period (2019-2020) unless they experience a mid-year qualifying event and provide supporting documentation to the district within 30 days. The list of qualifying events is on page three of the Benefits Brochure.

Open Enrollment Procedures

All open enrollment forms are on the District web site at www.wsd8.us. Go to the Staff tab and click on employee benefits, then enrollment information. The district benefit calculator is on this page as well to assist in determining your out-of-pocket costs for 2018-2019.

- Review plans and costs as listed on page 14 of the 2018-2019 Employee Benefits Brochure.
- **All employees must complete & sign the 2018-19 WSD Open Enrollment Form in addition to any other provider enrollment form.** A WSD Open Enrollment form is required even if there are no changes in dependents or plan choices from the prior year.
- If you are adding or dropping dependents, a completed Change form is required. This applies whether you are keeping the same plan or changing plans.
- If you are adding dependents, please provide the required documentation as listed on page two of the 2018-2019 Employee Benefits Brochure.

- If you are changing medical plans (including Blue Shield to Blue Shield), complete either a Blue Shield Enrollment form or a Kaiser Enrollment form for your new plan.
- If selecting the WABE Waiver (Opt-out) plan complete a Waiver Election Form and provide proof of other coverage.
- If you are switching from Kaiser or Blue Shield PPO to any of the Blue Shield HMO plans, your enrollment forms require a Medical Group IPA and Doctors PCP number.
- If you are currently in a Blue Shield HMO and are switching to Blue Shield TRIO HMO or SAVENET HMO:
 - If your doctor is in both your current plan and your new plan Blue Shield will automatically transfer the doctor.
 - If your current doctor is not in the new HMO plan you will be automatically assigned by Blue Shield to a doctor in the new plan. Unfortunately, we are unable to preselect your doctor when transitioning between Blue Shield HMO plans so when you receive your new insurance card review the assigned doctor to determine if you need to make a change then contact customer service at (855)-256-9404 to switch doctors. Depending on when the card is received and when you call, your new doctor may not go into effect until November 1st.

Finding a Blue Shield Doctor

Assistance with finding a doctor is available on the Blue Shield website at www.blueshieldca.com.

1. Select the find a doctor button at the bottom of the page.
2. Select doctors on the next page.
3. When asked, "Are you a Blue Shield member", click no to see all options.
4. When asked, "Where are you located", enter your zip code or the zip code for the location you want your doctor.
5. When asked, "Do you already have a plan in mind", click yes, then use the choose plan type drop down menu to make a selection.
 - For TRIO – select TRIO ACO HMO
 - For SAVENET select Access+HMO, then select sub plan Access+HMO SAVENET
 - For the Traditional HMO select Access+HMO, then select sub plan Access+HMO
6. Search to find a doctor by type or last name.
7. Click on the address section of the doctor to obtain more details, including the Provider ID.
8. Click on the name of the medical group to get the medical group provider ID IPA number.

The Doctor Provider ID and medical group provider ID (IPA) number are required on the Blue Shield Enrollment form and when calling Blue Shield to change doctors.

Open enrollment ends on June 28, 2018. A completed Open Enrollment Form and all other required documentation are due by this date. Please stop by the benefit office or contact Tina Gestoso for assistance. Tina can be reached at (714) 894-7311 extension 1027 or by email at tgestoso@wstk8.us. The benefits office is open from 7:30 a.m. – 4:30 p.m. to assist with open enrollment.