



Valley Water

Clean Water • Healthy Environment • Flood Protection

2021 Open Enrollment



All forms must be returned to the Benefits & Wellness Program
no later than Friday, March 12, 2021

Benefits Hotline x3030

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Welcome to Open Enrollment

As we begin our annual Open Enrollment, please take this opportunity to evaluate your health care elections and make any changes. This year's Open Enrollment period is **February 17 through March 12, 2021**. The choices you make during this period will cover you and your eligible dependents effective April 1, 2021, and may only be changed if you experience an IRS qualifying event.

Retirees may enroll eligible dependents such as current legal spouses, domestic partners and natural/step/adopted/legal eligible children in Valley Water plans. If you divorce or if a dependent is no longer eligible for benefits, you must notify the Benefits & Wellness Program within 30 days. Your ineligible dependent will then be offered COBRA coverage for up to 36 months. If, however, you do not notify the Benefits & Wellness Program immediately, your ineligible dependent may not be eligible for COBRA benefits.



Choose Your 2021 Benefits

Your plan choices are:

- **Kaiser HMO Medical***
- **Blue Shield HMO Medical****
- **Blue Shield PPO Medical**

*Kaiser Senior Advantage Plan is for our retirees and their dependents who are Medicare recipients.

** Blue Shield HMO Plan is only available to retirees and their dependents who are under age 65.

What's New for 2021?

There will be some changes for the upcoming plan year:

- Eligible dependents now include all domestic partners. Registration with the State of California is no longer a requirement to enroll a domestic partner in Valley Water retiree medical coverage.
- Changes to Blue Shield Teledoc copayment to \$0.

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Medical Benefits Overview



Valley Water will continue to offer Blue Shield and Kaiser medical plan options. Carefully weigh the benefits versus costs of the medical plan options. Things you may want to consider are; how often you go to the doctor, any upcoming surgeries/procedures and compare these expenses to the difference in monthly premiums.

It's important that you review the plan choices and choose the plan that best suits your needs and those of your family. ***As a reminder, the elections you make during this Open Enrollment will be effective until March 31, 2022.*** Please refer to your Blue Shield and Kaiser materials for more details.

How To Use Your Plan

Kaiser HMO Plan: The Kaiser HMO plan uses exclusive doctors and Kaiser facilities located throughout California. All services and supplies must be provided, prescribed, authorized, or directed by a Kaiser Health Plan physician *except* in the case of an emergency.

Blue Shield HMO Plan: The Blue Shield HMO plan requires each member of your family to choose a Primary Care Physician (PCP) within a medical group. For all but a few select services, your PCP will coordinate and direct your care within your assigned medical group. Employees can self-refer to a specialist within your assigned medical group for an initial consultation *without* a referral. Employees should carefully consider the medical group and network of specialists within the medical group when selecting a PCP. ***Except*** in an emergency, you must receive a referral by your PCP ***prior*** to receiving care. You may find a Blue Shield PCP by going to: www.blueshieldca.com.

Blue Shield PPO Plan: In a PPO plan, the member is responsible for ensuring that the ***required*** prior authorization is complete ***before*** receiving certain services. In addition, PPO members should be certain to receive services from Blue Shield's network of contracted providers to reduce out-of-pocket expenses. You can search for in-network providers at: www.blueshieldca.com.

Return your enrollment elections to the Benefits & Wellness Program by





Summary of key features of our medical plan options:

Terms to Know

Benefit Summary	Kaiser HMO
Deductible	None
Out-of-Pocket Maximum (Individual/Family)	\$2,000/ \$4,000
Office Visit	\$10 copay
Lab & X-Rays	No Charge
Inpatient Hospital	No Charge
Emergency Room Copay	\$100 copay (waived if admitted)
Prescription Drugs	Retail 30 day supply
Generic (G)	\$10 copay
Brand Name (BN)	\$15 copay
Specialty Medication	\$30 copay
Mail-Order (90 day supply)	\$20 (G) / \$30 (BN)

Coinsurance

The percentage of the bill you are responsible to pay. For example, the Blue Shield PPO visit to an in-network facility, the plan pays 80% and you pay 20% of the bill. Your 20% share is called coinsurance.

Copay

The flat dollar amount you pay for certain services, such as prescription drug purchases and office visits.

Deductible

The amount you must pay each calendar year before the plan begins to pay benefits. The deductible does not apply to in-network preventive care under the PPO medical plan.

In-Network

Any provider or facility participating in the network. Your out-of-pocket expenses will be lower, and you will not be responsible for filing claims.

Out-of-Network

Any provider or facility not participating in the network. Your out-of-pocket expenses will be higher, and you may be responsible for filing the necessary claim forms.

Out-of-Pocket Maximum

The maximum amount you will pay out of your pocket during the year for most services. After you reach this maximum, the plan pays 100% of covered benefits (Deductible amounts apply toward the out-of-pocket maximum.)

Benefit Summary	Blue Shield HMO	Blue Shield PPO	
		In-Network	Out-of-Network
Deductible	None	\$250 per person / \$500 per family	
Out-of-Pocket Maximum	\$2,000 individual / \$4,000 family	\$2,000 individual / \$4,000 family	
Office Visit	\$10 copay	20%	Up to 20%
Lab & X-Rays	No Charge	20%	20%
Inpatient Hospital	No Charge	20%	20%
Emergency Room Copay	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	
Prescription Drugs			
Tier 1	\$10 copay	\$10 copay	\$10 copay + 25%
Tier 2	\$15 copay	\$15 copay	\$15 copay + 25%
Tier 3	\$30 copay	\$30 copay	\$30 copay + 25%
Tier 4	20% up to \$200 Maximum	30% up to \$200 Maximum	30% up to \$200 Maximum+25%
Mail-Order	\$20 (G) / \$30 (BN) / \$60 (NF)	\$20 (G) / \$30 (BN) / \$60 (NF)	Not Covered

When you need care, know where to go.



When you need care, call your primary care physician or family doctor first.

Your physician has easy access to your records, knows the bigger picture of your health and may even offer same-day appointments to meet your needs.

When seeing your physician is not possible, however, it's important to know your quick care options to find the place that's right for you and help avoid financial surprises.

Quick Care Options	Needs or Symptoms	Average Cost to Plan	
<p>24/7 Nurse Line: Anywhere, anytime expert advice</p> <ul style="list-style-type: none"> Fever, Colds and Flu Coughs 	<ul style="list-style-type: none"> Where and when to get medical care Health and wellness help 	\$0	
<p>Virtual Online Doctor Visits:</p> <p>Blue Shield: Anywhere, anytime</p> <ul style="list-style-type: none"> Fever Colds and Flu 	<p>Kaiser: Arranged with PCP</p> <ul style="list-style-type: none"> Pinkeye Sinus Coughs 	\$50	
<p>Primary Care Physician: Easy access to your records and knows you</p> <ul style="list-style-type: none"> Skin Rash Colds and Flu 	<ul style="list-style-type: none"> Minor injuries Earache 	\$100	
<p>Urgent Care: Quick after-hours care</p> <ul style="list-style-type: none"> Low back pain Respiratory (cough, pneumonia) 	<ul style="list-style-type: none"> Stomach (pain, vomiting) Infections (eye, ear, urinary) 	<ul style="list-style-type: none"> Minor injuries (burns, stitches, sprains, small fractures) 	\$190
<p>Emergency Room: Serious immediate needs</p> <ul style="list-style-type: none"> Chest pain Shortness of breath 	<ul style="list-style-type: none"> Sever asthma attach Major burns 	<ul style="list-style-type: none"> Severe injuries Kidney stones 	\$1,700

Urgent Care

Kaiser: Members should call the Nurse/Advice line prior to going to the facility.

Blue Shield HMO: Participants are required to obtain an authorization from your physicians office prior to using urgent care centers and must use centers affiliated with your physicians medical group. Your doctor's office can assist you in locating the nearest facility to you.

Blue Shield PPO: Members may visit any network Urgent Care Center for covered services.

Not Sure What Level of Care You Need?



Call the FREE Blue Shield or Kaiser Nurse Advice Line open 24/7!
Both Kaiser and Blue Shield offer free Advice Nurse services to all members.

Experienced nurses can help you figure out how you can care for yourself/a family member, evaluate treatment options, and help you determine whether to go to the emergency room, urgent care, or wait to see a doctor. Toddler has a fever in the middle of the night? You hurt your back and not sure what to do? All of these things can be handled by the Advice Nurse Line.

- ▲ Kaiser Northern CA Members call: (866) 454-8855
- ▲ Blue Shield HMO and PPO Members call: (877) 304-0504

Teladoc - Blue Shield Telemedicine

With the **Teladoc** benefit, members have **24/7/365** phone and/or video access, to U.S. board-certified doctors to assist you with **non-emergency** medical issues. **Beginning April 1, 2021, the consult copay has been changed to \$0 and there is no deductible for PPO members!**



Whether home, traveling for business or on vacation, get the care you need without having to go to a doctor's office or urgent care clinic. **Teladoc** will help members with conditions such as; allergies, bronchitis, UTI infections, respiratory infections, sinus trouble and short-term prescription refills.

Don't wait until you need services, get started now by setting up your account:

- ▲ **By Web:** [Teladoc.com/bsc](https://teladoc.com/bsc)
- ▲ **Mobile:** Visit [Teladoc.com/mobile](https://teladoc.com/mobile) to download the app
- ▲ **Phone:** Call Teladoc: (800) Teladoc (835-2362)
- ▲ **Request a Consult:** Once your account is set up, consult Teladoc anytime you need non-emergency care

Kaiser Online Services

Manage your health anytime, from anywhere at: kp.org/registernow from your computer. You'll need your medical record number to register.



- ▲ View Lab results and refill most prescriptions online
- ▲ Schedule and cancel appointments
- ▲ Send a message to your doctor regarding any medication conditions or concerns you may have
- ▲ Manage care for a family member
- ▲ Print vaccination records for school, sports and camps



Valley Water

If you are **NOT** making any changes to your existing benefits, no further action is required unless you wish to drop Valley Water's medical coverage for you and/or your dependents.

Review this information carefully.

You must return your forms to the Benefits & Wellness Program no later than Friday, March 12th.

Legal Disclaimer: It is not the intent of this newsletter to otherwise substitute or replace any official plan documents, plan summaries or contracts between Valley Water and the insurance carriers. If there is any conflict between this summary and the official plan documents, the official plan documents will govern. Valley Water reserves the right to modify, amend or discontinue the benefit plans it offers to its employees, subject to meet and confer as applicable. Some benefit programs require contributions from the employee. Refer to benefit materials provided or contact Benefits & Wellness Program for additional details about any plan.