

Oroville Union High School District  
Interdistrict Memo

DATE: May 2, 2022  
TO: All Administrative Employees and Board Members  
FROM: Chello Metcalf  
Personnel  
RE: OPEN ENROLLMENT - Medical/Dental/Vision Plan Options

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The open enrollment period, and your opportunity to make your medical plan election or add additional benefits effective October 1, 2022, will close on July 14, 2022 at 3:00pm.

**Changes and elections will not be accepted after that date.** Below is a list of medical, dental and vision plan options. If your combined benefit costs exceed the annual cap of \$12,685 (\$1,057 per month) you will be responsible for the remaining portion of the premium.

Medical Plan	Monthly Premium
PPO 80% G \$30 7/0/25	\$1,836.00
PPO 80% J \$30 7/0/25	\$1,615.00
PPO 80% M \$40 7/0/25	\$1,331.00
HSA-B	\$1,333.00
MECHSA	\$ 1,007.00

Dental	Monthly Premium
Plan 1	\$ 63.00
Plan 8	\$104.00
Plan 10	\$113.00
Plan 12	\$130.00

Vision	Monthly Premium
Plan 4	\$ 15.00
Plan 4X	\$ 26.00
Plan 8	\$ 23.00
Plan 8X	\$ 34.00

These are voluntary/optional:

\*\*\*Medical Air Services Association (MASA) - Monthly Premium: \$14.00

\*\*\*Pet Benefits available but see flyer for plan details and costs

# Medical and Prescription – Anthem / Navitus

This is only a brief overview of your plan's benefits. For more detailed information about the benefits in your plan, please refer to your Evidence of Coverage (EOC), which explains the full range of covered services, as well as any exclusions and limitations for your plan.

		Medical RX	80% G \$30 \$7/\$0/\$25	80% J \$30 \$7/\$0/\$25	80% M \$40 \$7/\$0/\$25	HSA B <sup>2</sup> HSA	MEC HSA <sup>2</sup> HSA
ACR2	Active Composite		\$1,836	\$1,615	\$1,331	\$1,333	\$1,007
	Active 2X Discount		-\$459	-\$404	-\$333	-\$333	-\$252
	Retiree Single		\$1,585	\$1,396	\$1,152	\$1,153	\$873
	Retiree Family		\$2,246	\$1,968	\$1,610	\$1,660	\$1,250
<b>MEDICAL</b>							
<b>Calendar Year Out of Pocket Maximum<sup>1</sup> (Individual / Family)</b> = Deductible + Coinsurance + Copayments			<b>\$2000 / \$4000</b>	<b>\$3000 / \$6000</b>	<b>\$4000 / \$8000</b>	<b>\$5000 / \$10000</b>	<b>\$6350 / \$12700</b>
<b>Calendar Year Deductible</b> Member pays 100% of the network rate for all services until the individual / family deductible is met. Preventive care and physician office visits bypass the deductible.			\$500 / \$1000	\$750 / \$1500	\$3000 / \$6000	\$3000 / \$5200	\$5000 / \$10000
4th Quarter Carryover?			Yes	Yes	Yes	No	No
<b>Coinsurance</b> After the deductible is met, member pays X% of network rate for services until the Out of Pocket Maximum is reached. Coinsurance applies to all covered services not listed under "Copayments".			20%	20%	20%	10%	30%
<b>Copayments</b> Member pays a set fee and the deductible does not apply, unless stated otherwise, until the Out of Pocket Maximum is reached.							
First 3 Primary Care Office visits			\$0	\$0	\$0	\$0 (after deductible)	\$0 (after deductible)
Office visits (physician/mental health, only; facility, lab, diagnostic and other charges subject to deductible)			\$30	\$30	\$40	10% (after deductible)	30% (after deductible)
HWC NP/PA-C/Lab Services (services not subject to deductible)			\$0	\$0	\$0	\$25	\$25
ER (\$100 waived if admitted)			\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 10%	\$100 + 30%
MD Live Medical / Mental Health			\$5 / \$5	\$5 / \$5	\$5 / \$5	\$40 / Subject to deductible	\$40 / Subject to deductible
<b>Preventive Care</b> Physical exams & screenings tests w/ network provider. Includes all Preventive Services required by law.			Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%
<b>PRESCRIPTION</b>							
<b>Calendar Year Out of Pocket Maximum<sup>1</sup> (Individual / Family; in addition to medical, above)</b>			<b>\$1500 / \$2500</b>	<b>\$1500 / \$2500</b>	<b>\$1500 / \$2500</b>	<b>See medical</b>	<b>See medical</b>
<b>Annual Deductible (brand, only)</b>			\$0	\$0	\$0	See medical	See medical
<b>Copayments</b>						Copay applies after deductible	Copay applies after deductible
HWC (preventive/generic/brand)			\$0 / \$4 / \$8	\$0 / \$4 / \$8	\$0 / \$4 / \$8	\$0 <sup>3</sup>	\$0 <sup>3</sup>
Costco or Mail up to 90# (generic / brand)			\$0 / \$60	\$0 / \$60	\$0 / \$60	\$0 <sup>3</sup> / \$90 <sup>3</sup>	\$0 <sup>3</sup> / \$90 <sup>3</sup>
Specialty 30#			\$25	\$25	\$25	\$35 <sup>3</sup>	\$35 <sup>3</sup>
Retail <sup>4</sup> 30# (generic / brand)			\$7 / \$25	\$7 / \$25	\$7 / \$25	\$9 <sup>3</sup> / \$35 <sup>3</sup>	\$9 <sup>3</sup> / \$35 <sup>3</sup>

<sup>1</sup> Anthem plans have a separate Out of Pocket (OOP) maximum for both medical and prescription for non-HSA plans. Generally, non-network claims do not apply to limits.

<sup>2</sup> HSA compliant plans are subject to legislative and regulation changes throughout the year.

<sup>3</sup> Copayment applies AFTER deductible is met.

<sup>4</sup> Prescriptions filled at Walgreen's are not covered.

# Dental



Regular visits to your dentist can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease. Butte Schools Self-Funded Programs provides you with comprehensive coverage through Delta Dental of California. Your employer will provide you with separate information about the amount the district will contribute towards your plan’s monthly rate.



## DO YOU HAVE DOUBLE DENTAL COVERAGE?

See [Do You Have Double Coverage?](#) for additional information.

*This is a brief overview of your plan's benefits only. For more detailed information about the benefits in your plan, please refer to your Evidence of Coverage (EOC), which explains the full range of covered services, as well as any exclusions and limitations for your plan.*

	Plan 1	Plan 8	Plan 10	Plan 12
<b>Monthly Rate</b>	<b>\$63</b>	<b>\$104</b>	<b>\$113</b>	<b>\$130</b>
<b>Network</b>	<b>PPO Only</b>	<b>PPO + Premier</b>	<b>PPO + Premier</b>	<b>PPO + Premier</b>
<b>Calendar Year Plan Maximum</b>	\$1,200/individual PPO \$1,000/individual non-network	\$2,200/individual PPO \$2,000/individual Premier & non-network	\$2,200/individual PPO \$2,000/individual Premier & non-network	\$3,000/individual PPO & Premier \$2,000/individual non-network
<b>Calendar Year Deductible</b>	\$50 / individual \$150 / family	\$0 / individual \$0 / family	\$0 / individual \$0 / family	\$0 / individual \$0 / family
<b>Cleanings</b>	3 / calendar year	3 / calendar year	3 / calendar year	3 / calendar year
<b>Diagnostic &amp; Preventive</b>	Plan pays 100%	Plan pays 70% - 100%	Plan pays 70% - 100%	Plan pays 70% - 100%
<b>Basic Services</b> Fillings Root Canals Periodontics	Plan pays 80%	Plan pays 70%-100%	Plan pays 70%-100%	Plan pays 70%-100%
<b>Major Services</b>	Plan pays 50%	Plan pays 70%-100% (prosthodontics is 50%)	Plan pays 70%-100% (prosthodontics is 50%)	Plan pays 70%-100% (prosthodontics is 50%)
<b>Orthodontic Services</b>  Orthodontia  Lifetime Maximum	Not covered  Not applicable	Not covered  Not applicable	Plan pays 50%  \$2,000	Plan pays 50%  \$2,000
<b>Occlusal Night Guard</b>	Plan pays 50% up to \$750 lifetime	Plan pays 50% up to \$750 lifetime	Plan pays 50% up to \$750 lifetime	Plan pays 50% up to \$750 lifetime

Routine vision exams are important, not only for correcting vision but because they can detect other serious health conditions. Your employer will provide you with separate information about the amount the district will contribute towards your plan’s monthly rate.



## DO YOU HAVE DOUBLE VISION COVERAGE?

See [Do You Have Double Coverage?](#) for additional information.

*This is a brief overview of your plan's benefits only. For more detailed information about the benefits in your plan, please refer to your Evidence of Coverage (EOC), which explains the full range of covered services, as well as any exclusions and limitations for your plan.*

	Plan 4	Plan 4X	Plan 8	Plan 8X
<b>Monthly Rate</b>	<b>\$15</b>	<b>\$26</b>	<b>\$23</b>	<b>\$34</b>
<b>Examination Benefit</b>	\$10 copay then plan pays 100%	\$10 copay then plan pays 100%	\$10 copay then plan pays 100%	\$10 copay then plan pays 100%
Frequency (last service date)	1 x every 12 months	1 x every 12 months	1 x every 12 months	1 x every 12 months
<b>Materials</b>	\$10 copay then plan pays 100%	\$10 copay then plan pays 100%	\$10 copay then plan pays 100%	\$10 copay then plan pays 100%
<b>Eyeglass Lenses</b>				
Single Vision	Basic lens combined with exam	Basic lens combined with exam	Basic lens combined with exam	Basic lens combined with exam
Bifocal				
Trifocal				
Enhancements				
Tints/Light-reactive lenses/UV protection/Standard progressive lenses	\$0	\$0	\$0	\$0
Anti-glare coating	\$40	\$40	\$40	\$40
Premium progressive lenses	\$95 - \$105	\$95 - \$105	\$95 - \$105	\$95 - \$105
Custom progressive lenses	\$150 - \$175	\$150 - \$175	\$150 - \$175	\$150 - \$175
Frequency (last service date)	1 x every 12 months	1 x every 12 months	1 x every 12 months	1 x every 12 months
<b>Frames</b>				
Benefit	\$250 allowance for other retailers, \$135 Costco allowance, plus a 20% savings on the remaining balance	\$250 allowance for other retailers, \$135 Costco allowance, plus a 20% savings on the remaining balance	\$250 allowance for other retailers, \$135 Costco allowance, plus a 20% savings on the remaining balance	\$250 allowance for other retailers, \$135 Costco allowance, plus a 20% savings on the remaining balance
Frequency (last service date)	1 x every 24 months	1 x every 24 months	1 x every 12 months	1 x every 12 months
<b>Contacts (Elective)</b>				
Benefit	\$150 allowance (copay waived; instead of eyeglasses)	\$50 copay for fitting exam and annual supply of contacts	\$150 allowance (copay waived; instead of eyeglasses)	\$50 copay for fitting exam and annual supply of contacts
Frequency (last service date)	1 x every 12 months	1 x every 12 months	1 x every 12 months	1 x every 12 months
<b>Kids Care Benefit</b>	Children age 17 and under are eligible for two covered exams, if needed, every 12-months. Additional lenses with a minimum prescription change, and frames every 12 months (plans 4 and 4x) are included.			
<b>Computer Vision Care</b>	Benefit includes an expanded exam to detect eye health issues associated with extensive use of computers and digital devices, as well as a \$90 retail frame allowance on eyewear specifically designed to reduce eyestrain and fatigue from daily use of computers and digital devices.			