

MAKING YOUR DECISIONS



OPEN ENROLLMENT

COUNTY OF SANTA CLARA

Retirees
2024-2025

HEALTH



RETIREMENT



ANNUAL REQUIRED NOTICES



Welcome to Open Enrollment



- Thank you for your service to the County of Santa Clara. The Employee Benefits Department is pleased to support you through Open Enrollment for retiree medical insurance during the month of May.
- Rest assured, **your County medical benefits are not changing** and will continue to provide high-quality, affordable coverage for you and your family.
- **Open Enrollment for retiree medical insurance runs May 1–31, 2024.**
- Your medical plan elections will take effect July 1, 2024.
- **Our offices are open for business.** Our lobby is open Monday through Friday from 8 a.m. to 5 p.m. (except for County-observed holidays). We encourage you to reach us by phone or email if you have any questions or want to make a change to your medical plan.

What You Need to Know for 2024–2025



- You'll see changes to premium rates for medical coverage, but **all medical plans and features remain unchanged.**
- We recommend you review your current benefit selections and covered dependents to make sure your benefits continue to meet your needs.
- **No action is needed** unless you want or need to:
 - Change your medical plan
 - Enroll in a County-sponsored plan if you previously waived coverage
 - Add or drop coverage for dependents
- If you want to make a change, submit your enrollment form to the Employee Benefits Department by May 31, 2024.

YOUR COUNTY BENEFITS



Your Medical Plan Options



You have a choice of medical plan options that depend on your age and eligibility for Medicare coverage.



HMO

HMO (Classic Network):
Under 65

HMO (Classic Network):
Medicare

HMO (Preferred Network):
Under 65

HMO (Preferred Network):
Medicare



HMO

Senior Advantage
(Medicare)

Under 65 HMO

* Replaces the Health Net Flex Net
Medical Plan



POS

Select POS: Under 65

PPO: Under 65

Out-of-State PPO: Under 65

OOS & CA Medicare PPO COB*

Select POS: Medicare

PPO: Medicare

Seniority Plus: Medicare

Medical Plans at a Glance



- The charts on the following pages offer an overview of some of the retiree medical plans' features.
- Find more detailed plan information on the County's [**Retiree Benefits website**](#), including your *2024–2025 Retiree Benefits Guide*.

Medical Plans at a Glance



VALLEY HEALTH PLAN HMO CLASSIC: UNDER 65

VALLEY HEALTH PLAN HMO PREFERRED: UNDER 65

	Valley Health Plan HMO Classic: Under 65	Valley Health Plan HMO Preferred: Under 65
	In-Network	In-Network
Calendar-Year Deductible		
Individual / Family	\$0	\$0
Annual Out-of-Pocket Maximum		
Individual / Family	\$1,000 / \$2,000	\$1,000 / \$2,000
Physician Office Visit	\$0	\$0
Specialist Copay	\$0	\$0
Preventive Care	\$0	\$0
Prescription Drugs—Generic / Brand		
Rx Copay Out-of-Pocket Maximum	N/A	N/A
Retail: 30-day supply	\$0	\$0
Mail Order: up to 90-day supply	\$0	\$0

Medical Plans at a Glance



VALLEY HEALTH PLAN HMO CLASSIC: MEDICARE
 VALLEY HEALTH PLAN HMO PREFERRED: MEDICARE

	Valley Health Plan HMO Classic: Medicare In-Network	Valley Health Plan HMO Preferred: Medicare In-Network
Calendar-Year Deductible		
Individual / Family	\$0	\$0
Annual Out-of-Pocket Maximum		
Individual / Family	\$1,000 / \$2,000	\$1,000 / \$2,000
Physician Office Visit	\$0	\$0
Specialist Copay	\$0	\$0
Preventive Care	\$0	\$0
Prescription Drugs—Generic / Brand		
Rx Copay Out-of-Pocket Maximum	N/A	N/A
Retail: 30-day supply	\$0	\$0
Mail Order: up to 90-day supply	\$0	\$0

VHP HMO Classic versus Preferred



	Classic Plan	Preferred Plan
Network Providers	<ul style="list-style-type: none">• California IPA• San Benito Medical Associates (SBMA)• Santa Clara County IPA (SCCIPA)• Santa Clara Valley Medical Center (SCVMC)• Silicon Valley Medical Development• Palo Alto Medical Foundation (PAMF)• Sutter Gould Medical Foundation (select locations)	<ul style="list-style-type: none">• California IPA• San Benito Medical Associates (SBMA)• Santa Clara County IPA (SCCIPA)• Santa Clara Valley Medical Center (SCVMC)• Silicon Valley Medical Development

Medical Plans at a Glance



KAISER PERMANENTE HMO: SENIOR ADVANTAGE
 KAISER PERMANENTE HMO: UNDER 65

	Kaiser Permanente HMO: Senior Advantage (Medicare) In-Network	Kaiser Permanente HMO: Under 65 In-Network
Calendar-Year Deductible		
Individual / Family	None	None
Annual Out-of-Pocket Maximum		
Individual / Family	\$1,500 / \$3,000	\$1,500 / \$3,000
Physician Office Visit	\$10	\$10
Specialist Copay	\$10	\$10
Preventive Care	No charge	No charge
Prescription Drugs—Generic / Brand		
Rx Copay Out-of-Pocket Maximum	Combined with Medical	Combined with Medical
Retail: 30-day supply	\$5 / \$10	\$5 / \$10
Mail Order: up to 100-day supply	\$10 / \$20	\$10 / \$20

Medical Plans at a Glance



HEALTH NET SELECT POS: UNDER 65

Health Net Select POS: Under 65			
	HMO Network	PPO Network	Out-of-Network
Calendar-Year Deductible			
Individual / Family	None	None	\$200 / \$600
Annual Out-of-Pocket Maximum			
Individual / Family	\$1,500 / \$4,500	\$2,000 / \$6,000	\$3,000 / \$9,000
Physician Office Visit	\$15	\$20	30%
Specialist Copay	\$15	\$20	30%
Preventive Care	No charge	No charge	Not covered
Prescription Drugs—Generic / Brand / Non-Formulary			
Rx Copay Out-of-Pocket Maximum		\$2,000 (member) / \$4,000 (family)	
Retail: 30-day supply		\$5 / \$15 / \$30 / \$0 self-injectable	
Mail Order: up to 100-day supply		\$10 / \$30 / \$60	

Medical Plans at a Glance



HEALTH NET PPO: UNDER 65

Health Net PPO: Under 65		
	In-Network	Out-of-Network
Calendar-Year Deductible		
Individual / Family	None	\$200 / \$600
Annual Out-of-Pocket Maximum		
Individual / Family	\$2,000 / \$6,000	\$4,000 / \$12,000
Physician Office Visit	\$20	30%
Specialist Copay	\$20	30%
Preventive Care	No charge	30%
Prescription Drugs—Generic / Brand / Non-Formulary		
Rx Copay Out-of-Pocket Maximum	\$2,000 (member) / \$4,000 (family)	
Retail: 30-day supply	\$5 / \$15 / \$30 / \$20 self-injectable	\$5 / \$15 / \$30 + 50%
Mail Order: up to 100-day supply	\$10 / \$30 / \$60	\$10 / \$30 / \$60 + 50%

Medical Plans at a Glance



HEALTH NET OUT-OF-STATE PPO: UNDER 65

Health Net Out-of-State PPO: Under 65		
	In-Network	Out-of-Network
Calendar-Year Deductible		
Individual / Family	None	\$200 / \$600
Annual Out-of-Pocket Maximum		
Individual / Family	\$2,000 / \$6,000	\$4,000 / \$12,000
Physician Office Visit	\$20	30%
Specialist Copay	\$20	30%
Preventive Care	No charge	Not covered
Prescription Drugs—Generic / Brand / Non-Formulary		
Rx Copay Out-of-Pocket Maximum	\$2,000 (member) / \$4,000 (family)	
Retail: 30-day supply	\$5 / \$15 / \$30 / \$20 self-injectable	\$5 / \$15 / \$30 + 50%
Mail Order: up to 100-day supply	\$10 / \$30 / \$60	\$10 / \$30 / \$60 + 50%

Medical Plans at a Glance



HEALTH NET OOS & CA MEDICARE PPO COB

	Health Net OOS & CA Medicare PPO COB*	
	In-Network	Out-of-Network
Calendar-Year Deductible		
Individual / Family	None	None
Annual Out-of-Pocket Maximum		
Individual / Family	None	None
Physician Office Visit	No charge	No charge
Specialist Copay	No charge	No charge
Preventive Care	No charge	No charge
Prescription Drugs—Generic / Brand		
Rx Copay Out-of-Pocket Maximum	\$1,000 (member) / \$2,000 (family)	\$1,000 (member) / \$2,000 (family)
Retail: 30-day supply	\$5 / \$10 / \$0 self-injectable	\$5 / \$10 / \$0 self-injectable
Mail Order: up to 100-day supply	\$10 / \$20	\$10 / \$20

* Replaces the Health Net Flex Net Medical Plan

Medical Plans at a Glance



HEALTH NET SELECT POS: MEDICARE

Health Net Select POS: Medicare			
	HMO Network	PPO Network	Out-of-Network
Calendar-Year Deductible			
Individual / Family	None	None	\$200 / \$600
Annual Out-of-Pocket Maximum			
Individual / Family	\$1,500 / \$4,500	\$2,000 / \$6,000	\$3,000 / \$9,000
Physician Office Visit	\$15	\$20	30%
Specialist Copay	\$15	\$20	30%
Preventive Care	No charge	No charge	Not covered
Prescription Drugs—Generic / Brand / Non-Formulary			
Rx Copay Out-of-Pocket Maximum		\$2,000 (member) / \$4,000 (family)	
Retail: 30-day supply		\$5 / \$15 / \$30 / \$0 self-injectable	
Mail Order: up to 100-day supply		\$10 / \$30 / \$60	

Medical Plans at a Glance



HEALTH NET PPO: MEDICARE

HEALTH NET SENIORITY PLUS: MEDICARE

	Health Net PPO: Medicare		Health Net Seniority Plus: Medicare
	In-Network	Out-of-Network	In-Network
Calendar-Year Deductible			
Individual / Family	\$100 / \$300		None
Annual Out-of-Pocket Maximum			
Individual / Family	\$2,000 / \$6,000	\$4,000 / \$12,000	\$3,400 per member
Physician Office Visit	\$20	30%	No charge
Specialist Copay	\$20	30%	No charge
Preventive Care	No charge	30%	No charge
Prescription Drugs—Generic / Brand / Non-Formulary			
Rx Copay Out-of-Pocket Maximum	\$2,000 (member) / \$4,000 (family)		Combined with Medical
Retail: 30-day supply	\$5 / \$15 / \$30 / \$20 self-injectable	\$5 / \$15 / \$30 + 50%	\$3 / \$7 / \$7 / \$0 self-injectable
Mail Order: up to 100-day supply	\$10 / \$30 / \$60	\$10 / \$30 / \$60 + 50%	\$6 / \$14 / \$14

Telemedicine



All the County medical plans offer telemedicine at no cost to you.

Doctors can diagnose and prescribe medication, just like an in-person office visit.

- Virtual visits are available—by phone or video—with a licensed doctor or therapist.
- You can make appointments by web, phone, or mobile app.
- Appointments are available 24 hours a day, seven days a week.
- You can use telemedicine as an alternative to expensive ER or urgent care visits or for any nonemergency health concerns.
- Mental health support is available (depending on the plan).

Telemedicine



Telemedicine is available through the County's medical plans. You can find more information in your online [Benefits Guide](#).



[MDLIVE](#)

888-467-4614

VHP 24/7 Nurse Advice Line

866-682-9492



KAISER PERMANENTE®

[My Doctor Online](#)

866-454-8855



[Teladoc](#)

(for Health Net Seniority Plus:
Medicare)

800-835-2362

YOUR COSTS FOR COVERAGE



2024–2025 Premium Rates



- Monthly retiree plan rates and contributions are included with the letter mailed to your home.
- The letter also includes your current medical plan coverage and the new out-of-pocket premium for that coverage.
- You can also find rates and contributions on the [Retiree Benefits website](#).
- Your monthly premium rate will automatically change with your ongoing CalPERS deduction, effective July 1, 2024.

COMPLETING YOUR ENROLLMENT



Only Enroll if You Want or Need To...



- **Change** your medical plan
- **Enroll** in a County-sponsored plan, if you previously waived coverage
- **Add or drop coverage** for eligible dependents

Completing Your Enrollment



- If you do not have any changes, no action is required.
- If you are making changes:
 - Contact your dedicated **Employee Benefits Representative** to request the forms you need.
 - Establish your premium deduction authorization through your monthly CalPERS pension check if you:
 - » Are not currently enrolled in medical coverage, or
 - » Now have a cost for coverage.
 - Return all required forms to the Employee Benefits Department by May 31, 2024.
- Return your forms to the Employee Benefits Department by fax or email as shown below—**Do not** send any enrollment forms directly to the medical plan carriers.

County of Santa Clara, Employee Benefits Department

Fax: **408-277-0318**

Email: retirement@esa.sccgov.org

YOUR RESOURCES



Your Resources



- Visit the [Retiree Benefits web page](#) for resources such as:
 - Retiree Benefits Guide
 - 2024–2025 Retiree Medical Rates
 - A schedule of special OE webinars and office hours hosted by our health plan provider partners
- Contact your dedicated [Employee Benefits representative](#).
- Contact Employee Benefits staff at **408-970-2600** or by email at retirement@esa.sccgov.org.

Contact Information



BENEFITS CONTACTS

Need Help With	Contact	Phone or Website
Medical Plans	Valley Health Plan	888-421-8444 valleyhealthplan.org/scc
	Kaiser Permanente	800-464-4000 my.kp.org/santaclaracounty/
	Health Net	800-522-0088 healthnet.com/portal/member/content/iwc/mysites/sc/home.action

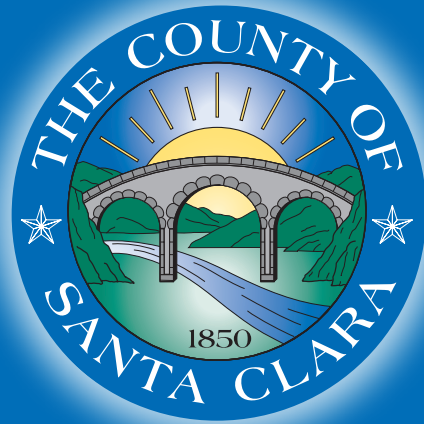
Contact Information



EMPLOYEE BENEFITS REPRESENTATIVES

First Initial of Your Last Name	Your Representative	Direct Phone Number	Email
A, B, V	Melinda Lum	408-970-2618	Melinda.lum@esa.sccgov.org
C, G, O, P, Z	Crystal Nicolas	408-970-2613	Crystal.nicolas@esa.sccgov.org
D, H, I, M, Q, U	Michele Dallara	408-970-2615	Michele.dallara@esa.sccgov.org
E, F, J, R, T, W	Rosalina (Rosie) Moreno	408-970-2677	Rosalina.moreno@esa.sccgov.org
K, L, N, S, X, Y	Rosalinda De La Cerda	408-970-2633	Rosalinda.delacerda@esa.sccgov.org

Remember: When sending an email, please cc: retirement@esa.sccgov.org



County of Santa Clara, Employee Services Agency

400 Race Street, Suite 201, San Jose, CA 95126

Phone 408-970-2600

Email retirement@esa.sccgov.org

esa.santaclaracounty.gov/retiree-open-enrollment