

2024 Benefits Open Enrollment

SEPTEMBER 18TH – OCTOBER 13TH

Open Enrollment 2024

Open Enrollment is September 18th through October 13th. Changes made during Open Enrollment are effective January 1, 2024.

During Open Enrollment you can:

- Enroll or change your medical or dental plans.
- Enroll in vision coverage.
- Add eligible dependents.
- Remove dependents.
- Cancel existing coverage.
- Opt for Cash-in-Lieu of medical coverage. (Non-sworn FT/PPT and Sworn fire employees only)
- Change or purchase voluntary life insurance for yourself and eligible dependents.
- Enroll or re-enroll in a Flexible Spending Account (FSA MCAP and/or DCAP).

REMINDER – Current participants must re-enroll to participate in 2024.

See page 2 for information on how to enroll or make changes. Enrollment forms and required documentation must be submitted to the City of Oakland Benefits Unit by **October 13, 2023**.

Do **not** make online medical enrollment changes on the CalPERS website.

No action is needed if you are not making changes to your coverage or do not want to participate in the 2024 Flexible Spending Account (FSA) plan.



Send questions to:

BenefitsAdmin@oaklandca.gov

Important Changes

CalPERS Medical Plan Changes

Increase in Medical Plan Employee Contributions

Health plan premiums and employee contributions are increasing for the following medical plans in Region 1:

- **Anthem EPO Del Norte**
- **Anthem Traditional HMO**
- **PERS Platinum**

Review the monthly 2024 health plan premiums and employee contributions on pages 4 through 7.

HealthNet SmartCare will **not** be offered in 2024.

Employees currently enrolled in the HealthNet SmartCare plan will transition to Blue Shield Access+, unless another medical plan is elected during open enrollment.

United Healthcare will expand into Alameda, Contra Costa, Marin, Merced, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, and Stanislaus counties.

United Healthcare Harmony will expand into Santa Clara and Santa Cruz counties.

PERS Gold out-of-network annual deductible will increase. will increase from \$1,000 to \$2,500.

PERS Platinum out-of-network annual deductible will increase from \$500 to \$2,000.

OptumRx Pharmacy Services – HMO and PPO plans with OptumRx pharmacy services will have new pharmacy mail order program with opt-out option guiding members to use home deliver for non-specialty maintenance medications.

FSA MCAP/DCAP Administrative Fee is increasing to \$4.40 a month.

Virtual Benefits Fair

Our Virtual Open Enrollment Benefit Fair gives employees easy access to helpful benefit information and tools, including 2024 benefit program changes, as well as great health and wellness tips. The virtual fair will have virtual booths with benefit carrier information, benefit summaries, flyers, and videos. The virtual fair will be open throughout the Open Enrollment period.

All benefit eligible employees will receive an email invitation with a link to the virtual fair once Open Enrollment begins. Click [Virtual Fair Information](#) for additional details.

CalPERS 2024 Health Plans

Health plan availability is based on your home zip code or work zip code. Use the link below to verify health plans available in your area.

[Medical Plan Zip Code Search Tool - CalPERS](#)

Ensure you enter the following:

Zip Code: Homework or work zip code
 Plan Year: 2024
 Member Type: Public Agency or School
 Health Coverage: Basic Plans

2024 CalPERS Health Plans

Health Maintenance Organizations (HMOs)

- Anthem EPO Del Norte
- Anthem Select
- Anthem Traditional
- Blue Shield Access+ HMO
- Blue Shield Access+ EPO
- Blue Shield Trio
- Kaiser Permanente
- Sharp Health Plan
- United HealthCare
- United HealthCare Harmony
- Western Health Advantage

Preferred Provider Organizations (PPOs)

- PERS Gold
- PERS Platinum
- PORAC (sworn police only)

Reminders

- ◆ **Employee Contributions** – Review the rate sheets on pages 4 – 7 to determine your plan’s cost.
- ◆ **Plan Availability** – Use the Health Plan Search Tool to verify medical plans available in your area.
- ◆ **Network Physicians** – Verify your physician is part of the plan network by contacting the plan medical plan provider. Link to [2024 Medical Plan Provider Directory](#)
- ◆ **Compare Medical Plans** – Review the medical plan comparison charts to compare plans. Link to [CalPERS 2024 Health Benefit Summary](#)
- ◆ **Delta Dental Plans** – Verify your dentist is in your plan’s network. Link to [Find A Delta Dentist](#)
- ◆ **Flexible Spending Accounts (FSAs)**
 - Current FSA participants must re-enroll to participate in the 2024 FSA plan.
 - Carefully estimate your annual FSA expenses before enrolling.
 - The Dependent Care FSA annual maximum is per household.
 - FSA changes outside of Open Enrollment are only allowed if a qualifying event occurs.
- ◆ **Your Home Address** – Ensure your home address is current in the City’s system and CalPERS system. To update your address, follow the instructions in the following link [How To Update Your Home Address](#)

How To Enroll or Make Changes

- ◆ Complete the appropriate enrollment form(s).

Plan	Enrollment form (link to form or portal)
Medical, Dental, and Vision	Employee Benefit Record Form
Medical Waiver Premium Cash-In-Lieu (Non-sworn & Sworn Fire only)	Employee Benefit Record Form Medical Waiver Premium form
Voluntary Life Insurance (Non-sworn only)	Hartford Voluntary Life Insurance Form
Flexible Spending Accounts MCAP and/or DCAP	Enroll through the Navia portal at www.naviabenefits.com <i>Additional instructions on page 3</i>

- ◆ Submit enrollment forms and required documents to the **City of Oakland Benefits Unit** by **October 13, 2023**.
 - **Email:** BenefitsAdmin@oaklandca.gov
Subject Line: Open Enrollment Request
 - **FAX:** (510) 238-6560
 - **Drop Off:** City of Oakland Benefits, 150 Frank Ogawa Plaza, 2nd Floor HR Desk

******Do not make medical plan enrollment changes on the CalPERS website******

Enroll in FSA via the Navia Portal

Enroll in FSA through the Navia portal at www.naviabenefits.com

1. If you haven't registered for your online Navia account, complete the online registration on the Navia portal.
 - Use company code **OKL** to register your account.
 - Enter your registration information.
2. Log in to your account on the Navia Portal to make your 2024 FSA election.
3. Go to "My Tools" and select the "Online Enrollment" icon.
4. Make your FSA election.
5. Submit your online enrollment.

Click [here](#) for detailed step-by-step online FSA enrollment instructions.

IMPORTANT FSA REMINDERS:

- ◆ Current FSA participants must **re-enroll** to participate in the 2024 FSA plan.
- ◆ There is a monthly administrative fee of \$4.40. The City covers the administrative fee for Local 21 and CMEA participating employees.

Helpful Links

- ◆ [City Benefits Page](#)
- ◆ [Virtual Fair Information](#)
- ◆ [CalPERS](#)
- ◆ [Commuter Benefit Program](#)
- ◆ [Delta Dental](#)
- ◆ [Medical Plan Zip Code Search Tool](#)
- ◆ [Medical Plan Comparison Charts](#)
- ◆ [Medical Plan Provider Directory](#)
- ◆ [Navia Benefits Solutions](#)
 - [FSA Program Highlights](#)
 - [FSA Eligible Expenses](#)
 - [FSA & Commuter Benefit Tax Calculator](#)
- ◆ [Updating Your Beneficiary Designations](#)
- ◆ [Updating Your Home Address](#)
- ◆ [VSP Vision Care](#)



Monthly Medical Plan Rates for Eligible Permanent Full-Time Employees Effective January 1, 2024

REGION 1

Counties: Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, and Yuba

Medical Plans	Monthly Premium Cost			Monthly Employee Contribution*		
	Employee Only	Employee + 1	Employee + 2 or more	Employee Only	Employee + 1	Employee + 2 or more
Anthem EPO Del Norte	\$1,314.27	\$2,628.54	\$3,417.10	\$292.86	\$585.72	\$761.43
Anthem Select HMO	\$1,138.86	\$2,277.72	\$2,961.04	\$117.45	\$234.90	\$305.37
Anthem Traditional HMO	\$1,339.70	\$2,679.40	\$3,483.22	\$318.29	\$636.58	\$827.55
Blue Shield Access+ HMO	\$1,076.84	\$2,153.68	\$2,799.78	\$55.43	\$110.86	\$144.11
Blue Shield Access+ EPO	\$1,076.84	\$2,153.68	\$2,799.78	\$55.43	\$110.86	\$144.11
Blue Shield Trio	\$946.84	\$1,893.68	\$2,461.78	\$0.00	\$0.00	\$0.00
Kaiser (CA) HMO	\$1,021.41	\$2,042.82	\$2,655.67	\$0.00	\$0.00	\$0.00
PERS Gold	\$914.82	\$1,829.64	\$2,378.53	\$0.00	\$0.00	\$0.00
PERS Platinum	\$1,314.27	\$2,628.54	\$3,417.10	\$292.86	\$585.72	\$761.43
PORAC (POLICE ONLY)	\$931.00	\$2,117.00	\$2,651.00	\$0.00	\$74.18	\$0.00
United HealthCare HMO	\$1,091.13	\$2,182.26	\$2,836.94	\$69.72	\$139.44	\$181.27
United HealthCare Harmony HMO	\$937.39	\$1,874.78	\$2,437.21	\$0.00	\$0.00	\$0.00
Western Health Advantage	\$807.23	\$1,614.46	\$2,098.80	\$0.00	\$0.00	\$0.00

REGION 2

Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, and Ventura

Medical Plans	Monthly Premium Cost			Monthly Employee Contribution*		
	Employee Only	Employee + 1	Employee + 2 or more	Employee Only	Employee + 1	Employee + 2 or more
Anthem Select HMO	\$807.71	\$1,615.42	\$2,100.05	\$0.00	\$0.00	\$0.00
Anthem Traditional HMO	\$1,034.38	\$2,068.76	\$2,689.39	\$12.97	\$25.94	\$33.72
Blue Shield Access+ HMO	\$869.14	\$1,738.28	\$2,259.76	\$0.00	\$0.00	\$0.00
Blue Shield Access+ EPO	\$869.14	\$1,738.28	\$2,259.76	\$0.00	\$0.00	\$0.00
Blue Shield Trio	\$810.24	\$1,620.48	\$2,106.62	\$0.00	\$0.00	\$0.00
Health Net Salud y Mas	\$684.77	\$1,369.54	\$1,780.40	\$0.00	\$0.00	\$0.00
Kaiser (CA) HMO	\$904.95	\$1,809.90	\$2,352.87	\$0.00	\$0.00	\$0.00
PERS Gold	\$799.44	\$1,598.88	\$2,078.54	\$0.00	\$0.00	\$0.00
PERS Platinum	\$1,151.50	\$2,303.00	\$2,993.90	\$130.09	\$260.18	\$338.23
PORAC (POLICE ONLY)	\$926.00	\$1,863.00	\$2,371.00	\$0.00	\$0.00	\$0.00
Sharp	\$833.24	\$1,666.48	\$2,166.42	\$0.00	\$0.00	\$0.00
United HealthCare HMO	\$837.88	\$1,675.76	\$2,178.49	\$0.00	\$0.00	\$0.00
United HealthCare Harmony HMO	\$792.65	\$1,585.30	\$2,060.89	\$0.00	\$0.00	\$0.00

*Sworn Fire employees pay an additional \$5.00 per pay period contribution for all plans.

*****IMPORTANT NOTE - You must verify the plan is available in your home or work zip code area.*****

Monthly Medical Plan Rates for Eligible Permanent Full-Time Employees Effective January 1, 2024

REGION 3 Los Angeles, Riverside, San Berardino						
Medical Plans	Monthly Premium Cost			Monthly Employee Contribution*		
	Employee Only	Employee + 1	Employee + 2 or more	Employee Only	Employee + 1	Employee + 2 or more
Anthem Select HMO	\$841.13	\$1,682.26	\$2,186.94	\$0.00	\$0.00	\$0.00
Anthem Traditional HMO	\$1,012.67	\$2,025.34	\$2,632.94	\$0.00	\$0.00	\$0.00
Blue Shield Access+ HMO	\$756.65	\$1,513.30	\$1,967.29	\$0.00	\$0.00	\$0.00
Blue Shield Trio	\$704.69	\$1,409.38	\$1,832.19	\$0.00	\$0.00	\$0.00
Health Net Salud y Mas	\$630.13	\$1,260.26	\$1,638.34	\$0.00	\$0.00	\$0.00
Kaiser (CA) HMO	\$865.41	\$1,730.82	\$2,250.07	\$0.00	\$0.00	\$0.00
PERS Gold	\$785.28	\$1,570.56	\$2,041.73	\$0.00	\$0.00	\$0.00
PERS Platinum	\$1,131.47	\$2,262.94	\$2,941.82	\$110.06	\$220.12	\$286.15
PORAC (POLICE ONLY)	\$926.00	\$1,863.00	\$2,371.00	\$0.00	\$0.00	\$0.00
United HealthCare HMO	\$826.44	\$1,652.88	\$2,148.74	\$0.00	\$0.00	\$0.00
United HealthCare Harmony HMO	\$734.76	\$1,469.52	\$1,910.38	\$0.00	\$0.00	\$0.00

REGION - OUT OF STATE						
Medical Plans	Monthly Premium Cost			Monthly Employee Contribution*		
	Employee Only	Employee + 1	Employee + 2 or more	Employee Only	Employee + 1	Employee + 2 or more
Kaiser Out of State	\$1,312.45	\$2,624.90	\$3,412.37	\$291.04	\$582.08	\$756.70
PERS Platinum	\$1,146.86	\$2,293.72	\$2,981.84	\$125.45	\$250.90	\$326.17
PORAC (POLICE ONLY)	\$1,056.00	\$2,144.00	\$2,540.00	\$34.59	\$101.18	\$0.00

*Sworn Fire employees pay an additional \$5.00 per pay period contribution for all plans.

*****IMPORTANT NOTE - You must verify the plan is available in your home or work zip code area.*****

Monthly Medical Plan Rates for Eligible Permanent Part-Time Employees Effective January 1, 2024

REGION 1						
Counties: Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, and Yuba						
Medical Plans	Monthly Premium Cost			Monthly Employee Contribution		
	Employee Only	Employee + 1	Employee + 2 or more	Employee Only	Employee + 1	Employee + 2 or more
Anthem EPO Del Norte	\$1,314.27	\$2,628.54	\$3,417.10	\$548.21	\$1,096.43	\$1,425.35
Anthem Select HMO	\$1,138.86	\$2,277.72	\$2,961.04	\$372.80	\$745.61	\$969.29
Anthem Traditional HMO	\$1,339.70	\$2,679.40	\$3,483.22	\$573.64	\$1,147.29	\$1,491.47
Blue Shield Access+ HMO	\$1,076.84	\$2,153.68	\$2,799.78	\$310.78	\$621.57	\$808.03
Blue Shield Access+ EPO	\$1,076.84	\$2,153.68	\$2,799.78	\$310.78	\$621.57	\$808.03
Blue Shield Trio	\$946.84	\$1,893.68	\$2,461.78	\$180.78	\$361.57	\$470.03
Kaiser (CA) HMO	\$1,021.41	\$2,042.82	\$2,655.67	\$255.35	\$510.71	\$663.92
PERS Gold	\$914.82	\$1,829.64	\$2,378.53	\$148.76	\$297.53	\$386.78
PERS Platinum	\$1,314.27	\$2,628.54	\$3,417.10	\$548.21	\$1,096.43	\$1,425.35
United HealthCare HMO	\$1,091.13	\$2,182.26	\$2,836.94	\$325.07	\$650.15	\$845.19
United HealthCare Harmony HMO	\$937.39	\$1,874.78	\$2,437.21	\$171.33	\$342.67	\$445.46
Western Health Advantage	\$807.23	\$1,614.46	\$2,098.80	\$41.17	\$82.35	\$107.05

REGION 2						
Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, and Ventura						
Medical Plans	Monthly Premium Cost			Monthly Employee Contribution		
	Employee Only	Employee + 1	Employee + 2 or more	Employee Only	Employee + 1	Employee + 2 or more
Anthem Select HMO	\$807.71	\$1,615.42	\$2,100.05	\$41.65	\$83.31	\$108.30
Anthem Traditional HMO	\$1,034.38	\$2,068.76	\$2,689.39	\$268.32	\$536.65	\$697.64
Blue Shield Access+ HMO	\$869.14	\$1,738.28	\$2,259.76	\$103.08	\$206.17	\$268.01
Blue Shield Access+ EPO	\$869.14	\$1,738.28	\$2,259.76	\$103.08	\$206.17	\$268.01
Blue Shield Trio	\$810.24	\$1,620.48	\$2,106.62	\$44.18	\$88.37	\$114.87
Health Net Salud y Mas	\$684.77	\$1,369.54	\$1,780.40	\$0.00	\$0.00	\$0.00
Kaiser (CA) HMO	\$904.95	\$1,809.90	\$2,352.87	\$138.89	\$277.79	\$361.12
PERS Gold	\$799.44	\$1,598.88	\$2,078.54	\$33.38	\$66.77	\$86.79
PERS Platinum	\$1,151.50	\$2,303.00	\$2,993.90	\$385.44	\$770.89	\$1,002.15
Sharp	\$833.24	\$1,666.48	\$2,166.42	\$67.18	\$134.37	\$174.67
United HealthCare HMO	\$837.88	\$1,675.76	\$2,178.49	\$71.82	\$143.65	\$186.74
United HealthCare Harmony HMO	\$792.65	\$1,585.30	\$2,060.89	\$26.59	\$53.18	\$69.14

*****IMPORTANT NOTE - You must verify the plan is available in your home or work zip code area.*****

**Monthly Medical Plan Rates for Eligible Permanent Part-Time Employees
Effective January 1, 2024**

REGION 3 Los Angeles, Riverside, San Berardino						
Medical Plans	Monthly Premium Cost			Monthly Employee Contribution		
	Employee Only	Employee + 1	Employee + 2 or more	Employee Only	Employee + 1	Employee + 2 or more
Anthem Select HMO	\$841.13	\$1,682.26	\$2,186.94	\$75.07	\$150.15	\$195.19
Anthem Traditional HMO	\$1,012.67	\$2,025.34	\$2,632.94	\$246.61	\$493.23	\$641.19
Blue Shield Access+ HMO	\$756.65	\$1,513.30	\$1,967.29	\$0.00	\$0.00	\$0.00
Blue Shield Trio	\$704.69	\$1,409.38	\$1,832.19	\$0.00	\$0.00	\$0.00
Health Net Salud y Mas	\$630.13	\$1,260.26	\$1,638.34	\$0.00	\$0.00	\$0.00
Kaiser (CA) HMO	\$865.41	\$1,730.82	\$2,250.07	\$99.35	\$198.71	\$258.32
PERS Gold	\$785.28	\$1,570.56	\$2,041.73	\$19.22	\$38.44	\$49.98
PERS Platinum	\$1,131.47	\$2,262.94	\$2,941.82	\$365.41	\$730.83	\$950.07
United HealthCare HMO	\$826.44	\$1,652.88	\$2,148.74	\$60.38	\$120.77	\$156.99
United HealthCare Harmony HMO	\$734.76	\$1,469.52	\$1,910.38	\$0.00	\$0.00	\$0.00

Monthly Dental and Vision Plan Rates for Eligible Permanent Part-Time Employees

Plan	Monthly Premium Cost			Monthly Employee Contribution		
	Employee Only	Employee + 1	Employee + 2 or more	Employee Only	Employee + 1	Employee + 2 or more
Delta Dental PPO	\$116.00	\$116.00	\$116.00	\$29.00	\$29.00	\$29.00
DentalCare HMO	\$34.99	\$34.99	\$34.99	\$8.75	\$8.75	\$8.75
VSP Vision	\$8.41	\$16.82	\$19.75	\$2.10	\$4.21	\$4.94