OPEN ENROLLMENT 2023

October 17th - 28th, 2022

BLUE SHIELD HMO

Family \$173.34

Blue Shield of California provides 2 of the HMO health insurance plans offered by the City of Bakers-field. Blue Shield Access+ and Blue Shield Trio. An HMO (Health Maintenance Organization) plan manages your health care for you. You have a primary care provider to manage what treatments, specialists, and facilities you may need. The Blue Shield HMO employee rates (including vision) for the 2022 calendar year are:

Blue Shield AccessBlue Shield Trio+ Single\$59.03Single\$48.192 Party\$118.592 Party\$96.79

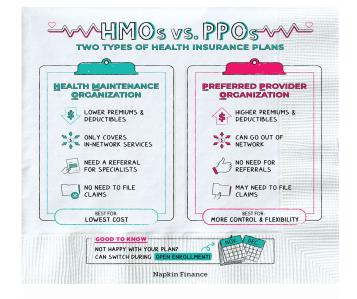
Family

\$141.48

These plans are specifically for the City of Bakersfield employees and eligible dependents. These two plans function the same. The main difference between them is the provider network. The Access+ plan has 3 networks available to choose from. Dignity Health/GemCare, Bakersfield Family Medical Center (BFMC) and IMG (Independent Medical Group). The Trio plan only has Dignity Health/GemCare. There are no deductibles and your maximum out of pocket for the calendar year is \$3000 per person up to \$6,000 for a family of 3 or more. You will have a copay for services. Some examples of copays are, doctor and urgent care is \$20 per visit, emergency room visit is \$100 and hospital stays are \$250 up to a maximum of %750. Outpatient surgery is \$125.

Visit the Website for more information:

https://www.bakersfieldcity.us/217/Employee-Benefits







OPEN ENROLLMENT 2023

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BLUE SHIELD PPO

Blue Shield of California provides the PPO (Preferred Provider Organization) health insurance plan offered by the City of Bakersfield. A PPO plan allows you to be in the driver's seat regarding your healthcare choices. You choose the doctors and facilities you wish to utilize. The employee PPO rates (including vision) for the 2022 calendar year are:

This plan is specifically for the City of Bakersfield employees and eligible dependents. The plan covers 90% of your covered health care costs once you have met your annual deductible if you utilize in network providers. If you go out of network, they will cover 50% of your covered health care costs once you have met your annual deductible. The deductible per person is \$750 up to a maximum of \$2,250 for a family of 3 or more. If you go out of network your deductible will jump to \$1,000 per person up to a maximum of \$3,000 for a family of 3 or more.

Also, your maximum out of pocket for a year is \$2,000 per person up to a maximum of \$6,000 for a family of 3 or more for covered medical expenses. If you go out of network, your maximum out of pocket annually will go up to \$7,000 per person to a maximum of \$21,000 for a family of 3 or more for covered medical expenses. So, you can see how staying in network is the most cost-effective option.

Some medical services don't apply to the deductible though. What that means to you is that you will pay 10% of the fee for these services but they won't reduce the deductible. Some examples of services that do not apply to the deductible are:

- Primary Care Visits
- Specialist Care Visits
- Urgent Care Visits
- Teledoc Services

Most other medical services will reduce your deductible as you use them throughout the year.

Visit the Website for more information:

https://www.bakersfieldcity.us/217/Employee-Benefits

Blue Shield PPO

Single \$61.78 2 Party \$123.76 Family \$185.79







<u>Wellvolution</u> (link) is Blue Shield's digital platform for health and well-being, offers over <u>50 tested apps and programs</u> (link) to help you achieve your health goals - at no extra cost.