

Open Enrollment Change Guide

September 20, 2021 through October 15, 2021



| I want to... | Action Required |
|---|---|
| Change my CalPERS health plan | Complete and submit CalPERS health enrollment form |
| Add Eligible dependents to my existing CalPERS health plan | Complete and submit CalPERS health enrollment form with copy of dependent verification (birth certificate, marriage certificate, CA affidavit of domestic partnership, adoption, social security card) |
| Remove dependent(s) from my existing CalPERS health plan | If divorced, provide divorce decree to Human Resources. <i>Please note that if divorce is later discovered by the City, medical coverage will automatically cease to the divorce date and you will be responsible for paying the City back those premiums from that divorce date.</i> |
| Continue Cafeteria Option (Cash-in-lieu of Medical) | Complete and submit the cafeteria form with copy of health card or verification of coverage letter from other group health plan. |
| Enroll or continue enrollment in the flexible spending account (FSA). Health and/or Dependent Care | Complete and submit your FSA enrollment indicating your annual election through the vendor's website. <i>A separate email with detailed instructions will be sent out directly by the P&A Group.</i> For the 2021 plan year, current maximums are below. If the amounts change for 2022, an additional notice will go out to those individuals who have enrolled for 2022 by the October 15 th deadline. Health \$2,750 annual Dependent Care -\$10,500 annual (single tax payers / married couples filing jointly) -\$5,250 annual (married individuals filing separately) |
| Switch enrollment from the Cafeteria Option (Cash-in-Lieu of Medical) to a CalPERS Health Plan Or From a CalPERS Health Plan to the Cafeteria Option (Cash-in-Lieu of Medical) | Complete and submit CalPERS health enrollment form, Or 1. Complete and submit CalPERS health enrollment form 2. Complete and submit health waiver form with copy of health card or verification of coverage letter from other group health plan. RPOA – \$244 month / RPMA – N/A Other Employee Groups: \$200 month (family) / \$150 month (single) |
| Enroll and/or Add dependents in the Vision and/or Dental Plan | Complete and submit the vision and dental enrollment form |

None of the above changes? No action is required

All forms must be submitted to Human Resources no later than 5:00pm on Friday, October 15, 2021. Changes will be effective January 1, 2022.