

# State Center CCD 2025 Open Enrollment

## 8/5/2025 Formal Informational Meeting Q&A

**1. Do any of the health plans cover fertility treatment? If they do not, why are our plans not beholden to California Senate Bill 729?**

ASCIP Anthem PPO plans are self-funded, they are not subject to SB 729 and therefore will not be adopting the regulation. Our Kaiser HMO plans are fully insured plans and will include SB 729 coverage starting with the new plan year effective 10/1/2025.

**2. Also, the deductible resets in January, meaning we pay the deductible twice per year, which is very disappointing. Why are having to meet the deductible twice a year?**

This will depend on the plan you are currently enrolled in and will enroll in for the upcoming plan year, October 1, 2025, through September 30, 2026.

If you remain on the same health plan, and have met the deductible prior to October 1, 2025, your deductible will reset on January 1, 2026.

If you move from one Kaiser plan to another Kaiser plan, the Kaiser deductible accumulation period is January 1, 2025 through December 31, 2025, regardless of the Kaiser plan you are enrolled in. All monies paid towards the deductibles for the Kaiser Low DHMO plan or Kaiser HDHP, will carry through December 31, 2025, even if you switch plans effective 10/1/2025 to a new Kaiser plan for this renewal. On 1/1/2026, deductibles will reset for all Kaiser plans. If you have further questions, please call Kaiser member services at (800) 464-4000.

All plan deductibles and out of pocket maximums reset on a calendar year basis.

Specific to individuals on the Anthem 90/70 PPO plan - If the deductible is met between October 1, 2025 – December 31, 2025, the deductible will carry over to the next calendar year.

**3. Is the Navitus specialty pharmacy changing?**

No. same plan as the year before; however, keep in mind the formulary can change on a monthly basis.

**4. Is Navitus different from last year's pharmacy plan?**

No, Navitus remains the current Pharmacy Benefit Manager.

**5. Are deductibles which are met prior to Oct 1, need to be re-satisfied at the start of the plan year, October 1, 2025?**

- a. If you remain on the same plan (no plan change during open enrollment), then your deductible does not need to be satisfied again on October 1, 2025 and it will continue to remain in effect through December 31, 2025. On January 1, 2026, your deductible will be reset.
- b. If you change plans during open enrollment, then you may be subject to a new deductible on October 1, 2025. Please see refer to Question #6 for how this applies to the different plans.

**6. If the deductible is met prior to Oct 1, it does not rollover [to January 1, 2026], correct?**

**For the ASCIP 90/70 Standard PPO Plan:** Correct; it does not rollover to the 2026 benefit year. However, it will continue through October – December 31, 2025. If the deductible is met between October 1 – December 31, the deductible will carry over to the next calendar year (January-December 2026).

**For the High Deductible Plan:** Correct, the deductible is not rolled over and is reset on January 1, 2026 (the carryover feature available in the ASCIP 90/70 Standard PPO plan does not apply).

**Kaiser:** The Kaiser deductible accumulation period is January 1, 2025 through December 31, 2025, regardless of the Kaiser plan you are enrolled in. All monies paid towards the deductibles for the Kaiser Low DHMO plan or Kaiser HDHP, will carry through December 31, 2025, even if you switch plans effective 10/1/2025 to a new Kaiser plan for this renewal. On 1/1/2026, deductibles will reset for all Kaiser plans. If you have further questions, please call Kaiser member services at (800) 464-4000.

**7. Can we take Kaiser prescriptions to Costco too?**

Yes, but the member will pay the full cost of the prescription (no Kaiser coverage).

**8. Would Anthem also send an inquiry about secondary insurance for our dependent(s) as well? Or just us?**

Coordination of coverage applies to children as well as the spouse. If both parents have Anthem then the birthday rule applies, which is the parent with the earlier birthday month in the year is primary.

**9. My wife is forced onto a SISC PPO plan from her district and it doesn't cover fertility treatment just like ours. If I were to be on Kaiser, could she use fertility treatment as a dependent on my plan or would it be an outright denial from Kaiser since her primary doesn't cover this and there are no direct COB between PPO and HMO?**

The wife would be able to use the infertility benefit through Kaiser Permanente's physician and facilities. Kaiser does not coordinate with outside providers.

**10. Do we have to provide birth certificates, SSN, & marriage certs if we've provided this last year in Benefit Bridge, and no changes are being done to our dependents?**

No, you do not need to provide documentation, unless you are adding a new dependent.

**11. VSP told me they do not cover glaucoma or cataracts testing if a Kaiser participant.**

Correct, this is a service to be considered under a medical plan and not through a vision plan.

**12. Are you only allowed to get contacts or glasses? Not both?**

The benefit for contact lenses is in lieu of glasses.

**13. Is the materials allowance for glasses available regardless of the number of materials received (multiple lenses, frames, etc.)?**

The frame allowance is up to \$180 for one pair of frames. The remaining \$80 cannot be used to reduce the purchase price for other purchases.

**14. Is functional medicine (functional nurse practitioner) covered under Anthem? including labs and treatment?**

Nurse practitioners are providers that are covered for specific benefit inquiries; please contact Anthem.

**15. Braces for kids, what are the benefits?**

Orthodontia is a covered benefit for both adults and children, payable at 50% of the allowed amount up to a lifetime benefit maximum of \$1,250.

**16. I have Anthem Blue Cross PPO and my husband has Kaiser, does that limit him to only using Kaiser?**

If a dependent is covered by more than one health plan, the plan designated as **primary** will pay first. In your case, if your husband's Kaiser plan is primary for him, he would generally need to use Kaiser services. Similarly, if your Anthem PPO plan is primary for you, you would typically use PPO network services.

The two plans **do not coordinate benefits**, which means:

- The secondary plan may **deny coverage** for services if another plan is listed as primary.
- If your husband tries to use PPO services while his Kaiser plan is primary, the PPO may deny payment—and the same applies in reverse.

To avoid denied claims or unexpected costs, it's best to use the services under the plan designated as primary for each person.

The ASCIP PPO plan is primary for the subscriber. For the dependent spouse, the plan would be secondary to any other coverage. The dependent should check with their employer regarding

coordination of benefits rules for their plan. Please note there is no coordination of benefits for prescription. Typically the plan that covers the member as an employee is primary.

**17. What is the maximum benefit for a Health FSA account with American Fidelity?**

We received clarification from American Fidelity on 8/5/2025, the FSA max increased to \$3,300 for the plan year effective October 1, 2025.