



Stanislaus Regional Housing Authority

ALPINE | AMADOR | CALAVERAS | INYO | MARIPOSA
MONO | STANISLAUS | TUOLUMNE COUNTIES

Open Enrollment for 2027

Open Enrollment Period: September 14, 2026, through October 9, 2026

*Changes made during the Open Enrollment period will take effect on January 1, 2027.

Stanislaus Regional Housing Authority employees between September 14, 2026, and October 9, 2026, are provided with the opportunity to reflect upon current benefit elections and make any needed changes for the upcoming 2027 calendar year. During this open enrollment period, employees may add or remove eligible dependents, and change benefit elections with said changes going into effect January 1, 2027. *Changes requested outside of the open enrollment period must be accompanied by a Qualified Life Event (QLE), i.e., marriage, birth of child, a spouse's involuntary loss of coverage due to termination of employment, etc.

Any employee **choosing to make changes** to their benefit election(s) **must complete a CalPERS HBD-12 form if electing to make changes to medical elections, or a Met Life Enrollment Change form if electing to make changes to dental or vision elections.** Said forms are attached for convenience.

Note: If an employee changes or enrolls in family coverage, and includes a spouse for the first time, a copy of the relative marriage certificate will need to be provided.

If any employee chooses not to take any action, the existing benefits coverage options selected for the 2026 calendar year will roll over into the 2027 calendar year.

FAQ

When do the changes made during the Open Enrollment period go into effect? The effective date for any elections or changes to the medical, dental, or vision plan for the Open Enrollment period will be January 1, 2027.

Will the health plan let me know if my dependent is an eligible dependent? It is the employee's responsibility to ensure dependents meet the eligibility requirements with regard to age and academic enrollment. Please contact CalPERS directly to verify whether a dependent meets the eligibility requirements, (888) Cal-PERS.

BENEFIT ELECTIONS WORKSHEET

Plan Name	Employee Only Coverage	Employee + 1 Coverage	Family Coverage
PERS GOLD	\$1,215.17 ☐	\$2,430.34 ☐	\$3,159.44 ☐
PERS PLATINUM	\$1,778.62 ☐	\$3,557.24 ☐	\$4,624.41 ☐
KAISER HMO	\$1,187.63 ☐	\$2,375.26 ☐	\$3,087.84 ☐
BLUE SHIELD ACCESS PLUS HMO	\$1,479.12 ☐	\$2,958.24 ☐	\$3,845.71 ☐
ANTHEM BLUE CROSS SELECT HMO	\$1,486.44 ☐	\$2,972.88 ☐	\$3,864.74 ☐
BLUE SHIELD TRIO HMO	\$1,202.57 ☐	\$2,405.14 ☐	\$3,126.68 ☐
ANTHEM BLUE CROSS TRADITIONAL HMO	\$1,732.52 ☐	\$3,465.04 ☐	\$4,504.55 ☐
SUTTER HEALTH PLAN (New Plan Addition)	\$1,130.67 ☐	\$2,261.34 ☐	\$2,939.74 ☐
DENTAL	\$33.72 ☐	\$65.80 ☐	\$121.60 ☐
VISION (VSP)	\$9.40 ☐	\$17.08 ☐	\$24.96 ☐
VISION (EYEMED)	\$7.80 ☐	\$14.44 ☐	\$21.48 ☐

BENEFIT CALCULATION:

Medical Election Amount:	\$
Dental Election Amount:	\$
Vision Election Amount:	\$
Minus Employer Contribution Amount:	-\$1,162.90
Total Employee Responsibility Amount:	\$

To Calculate Bi-Weekly Payroll Deduction:

Total Employee Responsibility Amount: \$ _____ x 12 = \$ _____ divided by
26 pay periods = \$ _____ (bi-weekly deduction).

Employee Name: _____

Employee Signature: _____

Date: _____