



***The County of Sonoma offers a comprehensive health and welfare benefits program designed to meet the needs of our diverse workforce.***

The purpose of this booklet is to help you make informed decisions about your benefits during the 2014 Annual Enrollment Period. It highlights your options and key program features to consider when you enroll. It also includes your premium costs for 2014/2015, and instructions to enroll or make changes.

We encourage you to review this booklet carefully so that you can make the best choices possible for yourself and your family. You can also seek additional information from the resources listed at the back of this booklet.

## **What's New for 2014/2015?**

### **Benefit Changes**

Due to regulatory developments in California for insured plans, transgender services are now being covered in all of Kaiser Permanente's California commercial plans. This change is effective immediately. Covered services include sexual reassignment surgery and mastectomy with chest reconstruction, in addition to mental health and hormone therapy services. Cost sharing is the same as cost sharing for other medical services for the employer group's plan (e.g., inpatient hospital cost sharing, office visit cost sharing, etc.). It is anticipated that this legislative change will be approved for County Health Plans effective June 1, 2014.

Due to requirements under the Affordable Care Act (ACA), non-grandfathered plans such as ours are now required to include an overall limit no greater than \$6,350 for individual coverage and \$12,700 for family coverage on participant cost-sharing that includes deductibles, co-insurance, and co-pays for in-network medical benefits. To accommodate this requirement, the current 2013/14 CHP PPO and EPO deductible amounts will be added to the current 2013/14 coinsurance out-of-pocket maximum to calculate the new 2014/15 member cost-sharing maximum. This limit will apply to all covered medical benefits, including inpatient and outpatient services.

For the 2014/15 plan year, prescription drug cost-sharing will also have its own separate participant cost-sharing maximum equal to the ACA statutory limits (\$6,350 for individuals / \$12,700 for families). Previously, there was no limit on the maximum total participant cost-sharing for prescription drugs.

This is a benefit re-characterization and a slight benefit improvement for CHP participants because deductibles and copays did not accumulate towards the CHP PPO and EPO coinsurance out-of-pocket maximums prior to this change for 2014/15.

### **Premium Rate Changes**

The total cost of benefits changes annually, but this year, the County Health Plan rates are not changing. Kaiser rates are increasing 3%. See page 10 for details.

### **Planning to Retire Before 6/1/2015?**

At the time of retirement, only those employees and dependents who are enrolled or waived from county offered medical plans may be eligible for retiree medical coverage. If you are planning to retire from County service during the coming benefit year, be sure to add yourself and eligible dependents to your medical plan (if not already enrolled) or formally waive coverage for yourself and/or your dependents if currently enrolled in other group coverage. The effective date of medical coverage or waiver MUST precede your retirement date.

### **Items to Consider During Annual Enrollment Period**

#### **Dependent data:**

Gather this information before proceeding with enrollment: Names, birthdates, Social Security numbers, and proof of full-time student status are required to complete your enrollment process.

#### **Beneficiary designations:**

There are no set deadlines for updating your beneficiary designations, but Annual Enrollment Period is a great time for you to update them to ensure they are current.

#### **Personal information:**

If you've moved or changed your contact information, be sure to enter the change in Employee Self-Service. If you changed your name, notify your Payroll Clerk. It's important to keep your personal information up-to-date at all times.

## **Dependent Enrollment Verification Required!**

Generally, if you aren't making changes to your benefits, you don't need to do anything during the Annual Enrollment Period. **It's important that you review your enrollment elections.** If you haven't made an enrollment change in the last three years, there is a good chance that your dependent's eligibility for dental, vision and dependent life needs to be reviewed and updated to ensure your records are complete. Prior to the implementation of eP, the Human Resources Management System, the County did not have a way to track dependent information separately for all benefit programs. Dependent information you may have intended to be on your County plans may not have been collected in the past depending on when you last enrolled/made changes.

This Annual Enrollment Period is your opportunity to add and/or drop dependents and to ensure that our records accurately reflect your benefit elections. **If an eligible dependent is not listed in Employee Self-Service in each of your benefit plans (i.e. medical, dental, vision, and dependent life insurance), your dependents will not be covered and will not be able to access benefits when seeking services.**

## **Student Status Verification Required for Dental and Vision Plans**

The annual student status verification process is being conducted during the Annual Enrollment Period this year. For dependents ages 19 to 23 enrolled in a dental and/or vision plan, proof of their full-time student status must be provided during the Annual Enrollment Period. The proof of student status must indicate that the student is enrolled in the current semester and must include the name of the school, the student's name and that the student is enrolled in 12.0 or more units. **Dependents in this age group without evidence of full-time student status will be dropped from dental and/or vision plans effective June 1, 2014.** (Note: No evidence of student status is required for the medical plans (Eligible dependents can be covered up to age 26 regardless of student status under the Kaiser and County Health Plans).

## **Health Reimbursement Arrangement (HRA)**

Are you in a Bargaining Unit eligible for an HRA contribution? Only out-of-pocket health care expenses or medical premiums paid with post-tax dollars may be reimbursed from the HRA. During Annual Enrollment Period, you may elect to pay some of your health plan premiums with post-tax dollars to take advantage of this, however this election will result in the loss of tax savings. This booklet provides a simple overview of the HRA plan. Want to hear more about how the HRA works? Attend an HRA presentation conducted by our current HRA administrator and County representatives. See page 14 for times and locations of these presentations. Use the following link <http://hr.sonoma-county.org/documents/Premium-Conversion-Election-Form.pdf> to elect post-tax health plan premium payments.

Additional HRA information: <http://hr.sonoma-county.org/content.aspx?sid=1024&id=3013>

## **Affordable Care Act (ACA) effect on IRS guidelines for pre-tax benefit elections**

Your benefit elections are considered irrevocable for the duration of the plan year (June 1-May 31) under IRS section 125 provisions, which allow you to pay your premiums on a pre-tax basis. Current regulations do not allow you to drop coverage midyear for yourself or your dependents unless you experience a qualifying change of status event. (Refer to the Change of Status Events and Mid-Year Enrollment Changes Allowed for Employees under a Health Plan provided in this booklet.) Therefore, if you intend to drop our medical coverage to enroll yourself or your dependent(s) in an ACA individual plan during the ACA Annual Enrollment Period in the fall, you can only do so if you elect to pay your benefit premiums on a post-tax basis (forfeiting the pre-tax benefit). To elect all or a portion of your premiums to be paid on a post-tax basis, complete the **Premium Conversion Election Form** during Annual Enrollment Period, accessible at the following link: <http://hr.sonoma-county.org/documents/Premium-Conversion-Election-Form.pdf>. Instructions for this election are contained on the form. Please note that the election to pay premiums on a post-tax basis is governed by the IRS Section 125 provisions and is irrevocable unless you have a qualifying change of status event or make a change during the next Annual Enrollment Period.

## **Annual Enrollment Period – March 24 through April 11, 2014**

Annual Enrollment Period is your **once-a-year opportunity** to make changes to your current benefit elections for the coming plan year, June 1, 2014 through May 31, 2015.


### **What can I do during Annual Enrollment Period?**

- Enroll, waive coverage (due to enrollment in other group coverage) or decline coverage.
- Change your medical election and/or dental plan coverage level.
- Add, waive (due to enrollment in other group coverage) or drop medical and/or dental coverage for your eligible dependents.
- Apply for supplemental and/or dependent life insurance. Note: Supplemental life insurance takes effect only after approval from The Hartford.
- Enroll in basic life insurance if you are a part time DSA, SCLEA, or ESC represented employee. (Basic life insurance enrollment is automatic for everyone else.)

You need to take action during Annual Enrollment Period **only** if you need to make a change; otherwise your current elections will roll over for the new plan year.

### **Submitting Annual Enrollment Period Elections and Deadline**

Benefit elections and/or changes to your existing benefits are made on-line through the County's Employee Self-Service (ESS) system. A link will be e-mailed to you on the first day of the Annual Enrollment Period. Save the e-mail until you are ready to make your benefit elections.

ESS is also accessible via the link  on the [County of Sonoma Intranet](#) (located under the "What's New" column on the right side of the [Intranet home page](#)) or under [Employee Resources](#) on the County's internet home page (located on the bottom of the page in the blue bar.) From the Employee Resources Internet page, select **Employee Self-Service** on the left sidebar menu.

Log into the [Employee Self-Service \(ESS\) system](#) using your ESS password. Forgot your password? Manage your password using the link on the bottom of the ESS page.

To begin the benefit enrollment/changes process, select **Annual Enrollment Period** located under *Benefits* on the lower left side of the Employee Self-Service home page (after logging in). All ESS Benefit elections and changes must be submitted to the Human Resources Benefits Unit by **midnight on Friday, April 11, 2014**.

If you are unable to access this new cost saving enrollment system, a paper form is available on-line. However, please make every effort to utilize this new automated system. Support is available. ESS hands-on workshop dates and times will be sent to you via email. If you must use paper, the County of Sonoma Employee Benefits Enrollment/Change Form is located on the County of Sonoma Human Resources website [http://hr.sonoma-county.org/for\\_employees.htm](http://hr.sonoma-county.org/for_employees.htm). Forms are due by **5:00 p.m., Friday, April 11, 2014**, in the Human Resources Office.

**Need Assistance?** Please refer to the Contact Information and Resources insert at the **back of this booklet** for the **Benefit Office "Drop In" hours during the Annual Enrollment Period**.

### **What if I want to continue my current election?**

Your current benefits will continue effective June 1, 2014 through May 31, 2015. Be aware, that making no change is considered an election to retain the benefits currently in place for the coming plan year. At a minimum, proof and confirm your dependents on each plan. Not all dependent data was successfully loaded into our new system. Ensure that only your eligible dependents are covered.

### **What if I want to make a change later?**

Whether you make a new election or continue your current election, your annual benefit enrollment is an irrevocable election for the plan year under IRS regulations and plan rules. Mid-year changes can only be made under limited circumstances. Refer to the chart on the following page(s) for more details. Qualified midyear plan changes can only be made within 31 days of the event, so whenever you have a Change in Status that affects your insurance coverage, please act quickly!

## Review Your Benefits

### Pre-tax Health Insurance Benefits

County employees generally pay for their health benefits on a pre-tax basis. If a County employee's dependent is considered an Internal Revenue Service (IRS) qualified dependent, the county contribution for the dependent's benefit is also tax free and the employee's share of cost is paid on a pre-tax basis, unless specifically elected otherwise. When you enroll your dependents in a medical plan, you must indicate whether each is an IRS-Qualified or Non-Qualified tax dependent.

### Is My Dependent IRS-Qualified?

An Internal Revenue Code provision, enacted March 30, 2010, permits group health plans, like the County's, to provide health coverage on a tax-free basis to any eligible child of the plan participant until the child turns 26. Therefore, if your eligible dependent is your spouse, your own child, your stepchild, adopted child, child lawfully placed for adoption, or eligible foster child, you may indicate each as IRS Qualified regardless of the child's marital or student status or whether or not the child is claimed as a dependent on your taxes (up to age 26).



Covered dependents that may not be eligible for tax-free health care (and requires an employee to indicate that a dependent is non-IRS Qualified) applies to your domestic partner and any children of your domestic partner (unless you have adopted the children) or dependents for whom you are legal guardian, as these individuals are not recognized as federal tax dependents, and therefore are IRS non-qualified, unless they meet the definition of Qualifying Child or Qualifying Relative as defined by the IRS.

To be an IRS Qualified Dependent a dependent must fall into one of two categories defined by the IRS. They must be either a Qualifying Child, or a Qualifying Relative. There are specific tests that must be met under each of these categories for them to be considered IRS Qualified Dependents. Refer to the Overview of the Rules for Claiming an Exemption for a Dependent in IRS Publication 17 at <http://www.irs.gov/pub/irs-pdf/p17.pdf>

**Note: The above information is about taxation only. Refer to the chart below for current eligibility and age limitations.** You are strongly encouraged to check with a tax professional or the IRS at <http://www.irs.gov/> to clarify any questions you may have about your dependents' tax status.

### Dependent Eligibility

The following are generally eligible for enrollment in County sponsored benefits:

- Your lawfully married spouse or your domestic partner
- Your or your spouse/domestic partner's dependents including your son, daughter, stepson, stepdaughter, legally adopted child, a child placed with you for adoption, eligible foster child, or child for whom you are the legally appointed guardian
- Child under a QMCSO

Dependent coverage will end at the end of the month in which the dependent no longer meets the eligibility requirements listed in the table below. An exception is available for an unmarried dependent child over the plan's age limit, who is chiefly dependent upon the subscriber for support, and is incapable of supporting one's self due to mental or physical disability incurred prior to reaching the limiting, described in the following table.

	County Health Plan PPO & EPO	Kaiser HMO	Delta Dental	Vision Service Plan	Dependent Life Insurance
Non-Student	Up to age 26	Up to age 26	Up to age 19	Up to age 19	Up to age 26
Full-Time Student*	Up to age 26	Up to age 26	Up to age 23	Up to age 23	Up to age 26

\* Full-time: Enrolled in 12 units or equivalent at an accredited school, college, or university. Proof must be provided within 31 days of the event

**County of Sonoma - Human Resources Department**  
**Change of Status Events and Mid-Year Enrollment Changes**  
**Allowed for Employees Under a Health Plan**

Change of status or eligibility changes permitted in accordance with Section 125 of the Internal Revenue Code<sup>1</sup>.

This chart is only a summary of some of the permitted health plan changes and is **not** all inclusive.

If you experience the following Event...	You may make the following change(s) <sup>2</sup> within 31 days of the Event...	YOU MAY NOT make these types of changes
<b><i>Life / Family Events</i></b>		
Marriage or Commencement of Domestic Partnership (DP)	<ul style="list-style-type: none"> <li>• Enroll yourself, if applicable</li> <li>• Enroll your new spouse/DP and other eligible dependents</li> <li>• Drop health coverage (to enroll in your spouse/DP's plan)</li> <li>• Change health plans</li> </ul>	<ul style="list-style-type: none"> <li>• Drop health coverage and not enroll in spouse/DP's plan</li> </ul>
Divorce, Legal Separation, or Termination of Domestic Partnership	<ul style="list-style-type: none"> <li>• Drop your spouse/DP from your health coverage</li> <li>• Enroll yourself and your dependent children if you or they were previously enrolled in your spouse/DP's plan</li> </ul>	<ul style="list-style-type: none"> <li>• Change health plans</li> <li>• Drop health coverage for yourself or any other covered individual</li> </ul>
Gain a child due to birth or adoption	<ul style="list-style-type: none"> <li>• Enroll yourself, if applicable</li> <li>• Enroll the eligible child and any other eligible dependents <ul style="list-style-type: none"> <li>○ Adoption placement papers are required</li> </ul> </li> <li>• Change health plans</li> </ul>	<ul style="list-style-type: none"> <li>• Drop health coverage for yourself or any other covered individuals</li> </ul>
Child requires coverage due to a Qualified Medical Child Support Order (QMCSO)	<ul style="list-style-type: none"> <li>• Add child named on QMCSO to your health coverage (enroll yourself, if applicable and not already enrolled)</li> <li>• Change health plans, when options are available, to accommodate the child named on the QMCSO</li> </ul>	<ul style="list-style-type: none"> <li>• Make any other changes, except as required by the QMCSO</li> </ul>
Loss of a child's eligibility (e.g. child reaches the maximum age for coverage or is no longer a full-time student (dental and/or vision coverage))	<ul style="list-style-type: none"> <li>• Drop the child who lost eligibility from your health coverage</li> <li>• Child will be offered COBRA</li> </ul>	<ul style="list-style-type: none"> <li>• Change health plans</li> <li>• Drop health coverage for yourself or any other covered individuals</li> </ul>
Regain eligibility (e.g. full-time student (dental and/or vision coverage))	<ul style="list-style-type: none"> <li>• Add child who regained eligibility to your dental and/or vision coverage <ul style="list-style-type: none"> <li>○ Documentation of full-time student status is required</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Add any additional eligible dependents to your dental or vision coverage</li> </ul>
Death of a dependent (spouse/DP or child)	<ul style="list-style-type: none"> <li>• Drop the dependent from your health coverage <input type="checkbox"/></li> <li>• Change health plans</li> </ul>	<ul style="list-style-type: none"> <li>• Drop health coverage for yourself or any other covered individuals</li> </ul>
Covered person has become entitled to (or lost entitlement to) Medicare, Medicaid, Medi-Cal, or SCHIP <sup>2</sup>	<ul style="list-style-type: none"> <li>• Drop coverage for the person who became entitled to Medicare, Medicaid, Medi-Cal, or SCHIP</li> <li>• Add the person who lost entitlement to Medicare, Medicaid, Medi-Cal, or SCHIP <ul style="list-style-type: none"> <li>○ Documentation required</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Drop health coverage for yourself or any other covered individuals who are not newly Medicare, Medicaid, Medi-Cal, or SCHIP eligible</li> </ul>
Change of home address outside of plan service area	<ul style="list-style-type: none"> <li>• If you are enrolled in an HMO and move out of their service area, then you can elect new coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Does not apply to County Health Plan, dental or vision coverage</li> </ul>
<b><i>Employment Status Events</i></b>		
You become newly eligible for benefits due to change in employment status or bargaining group	<ul style="list-style-type: none"> <li>• Enroll yourself, if applicable</li> <li>• Enroll your spouse/DP and other eligible dependents</li> <li>• Drop health coverage</li> <li>• Drop your spouse/DP and other eligible dependents</li> <li>• Change health plans</li> </ul>	<ul style="list-style-type: none"> <li>• Enroll, drop or change plans if your employment change does not result in you being eligible for a new set of benefits</li> </ul>
Spouse/DP obtains health benefits in another group health plan	<ul style="list-style-type: none"> <li>• Drop your spouse/DP from your health coverage</li> <li>• Drop your dependent children from your health coverage</li> <li>• Drop coverage for yourself <ul style="list-style-type: none"> <li>○ Proof of coverage in the other health plan required</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Change health plans.</li> <li>• Add any eligible dependents to your health coverage.</li> </ul>



**County of Sonoma - Human Resources Department**  
**Change of Status Events and Mid-Year Enrollment Changes**  
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This chart is only a summary of some of the permitted health plan changes and is **not** all inclusive.

If you experience the following Event...	You may make the following change(s) <sup>2</sup> within 31 days of the Event...	YOU MAY NOT make these types of changes
Spouse/DP loses employment, experiences a termination of their employer's contribution, or otherwise loses coverage for health benefits in another group health plan. You or your dependents exhaust COBRA coverage under other group health plan.	<ul style="list-style-type: none"> <li>• Enroll your spouse/DP and, if applicable, eligible dependent children in your health plan</li> <li>• Enroll yourself in a health plan if previously not enrolled because you were covered under your spouse/DP's plan</li> <li>• Change health plans</li> </ul> Proof of loss of other coverage is required	Drop health coverage for yourself or any other covered dependents
You lose employment or otherwise become ineligible for health benefits	<ul style="list-style-type: none"> <li>• Enroll in your spouse/DP's plan, if available               <ul style="list-style-type: none"> <li>○ Elect temporary COBRA coverage for the qualified beneficiaries (you and your covered dependents)</li> </ul> </li> </ul>	•
You experience a reduction in hours (e.g. full-time to part-time) that results in a significant cost increase or an unpaid leave (e.g. leave without pay) not covered by FMLA, CFRA etc. where the County will no longer be making a contribution.	<ul style="list-style-type: none"> <li>• Drop your spouse/DP from your health coverage</li> <li>• Drop your dependent children from your health coverage</li> <li>• Drop coverage for yourself</li> <li>• Change health plans to a less expensive plan</li> </ul>	No change is allowed unless the reduction in hours causes a loss of eligibility or a loss or significant reduction of the employer subsidy for medical (not FSA) coverage. Financial hardship (including due to a pay cut or reduction in hours) does not trigger the change in cost rule.
You experience an increase in hours (e.g. part-time to full-time) that results in a significant cost decrease or return from an unpaid leave (e.g. leave without pay) when the County was not making a benefit contribution	<ul style="list-style-type: none"> <li>• Add coverage for yourself</li> <li>• Add your spouse/DP, or dependent children to your health coverage</li> <li>• Change health plans</li> </ul>	<ul style="list-style-type: none"> <li>• No change is allowed unless the increase in hours results in new eligibility or a significant change in the employer subsidy for medical (not FSA) coverage</li> </ul>
You return from Military leave	<ul style="list-style-type: none"> <li>• Enroll yourself, if applicable</li> <li>• Enroll your spouse/DP and other eligible dependents</li> <li>• Change health plans</li> <li>•</li> </ul>	•

<sup>1</sup> Rules apply equally to IRS qualified and non-qualified dependents for consistency and ease of administration.

<sup>2</sup> Have 60 days from loss or eligibility determination of Medicare, Medicaid, Medi-Cal, or SCHIP to request special enrollment.

## Mid-Year Change Effective Dates

The above benefit election changes are effective as follows:

**Canceling Coverage:** Effective date of change is generally the last day of the month after the event that allowed the change.

E.g., Spouse obtains other group coverage on the 1<sup>st</sup> of the month. Coverage for spouse ends on the last day of the prior month.

**Adding new/changing coverage:** Effective date of change is generally the first of the month following or coinciding with the event that allowed the change.

E.g., Married on 1<sup>st</sup> of the month. Coverage for new spouse is effective on the 1<sup>st</sup> of the same month.

Married on the 2<sup>nd</sup> of the month. Coverage for new spouse is effective on the 1<sup>st</sup> of the following month.

**New Hires:** Effective on the 1<sup>st</sup> of the month following date of hire.

E.g., Hired June 1, 2010. Coverage is effective on July 1, 2010.

Hired June 9, 2010. Coverage is effective July 1, 2010.

### Mid-Year Change Effective Date Exceptions:

**Birth/Adoption:** Effective on the 1<sup>st</sup> of the month following date of birth/adoption. Medical plans will cover a newborn under the subscriber's coverage from date of birth through the end of the birth month. Submit paperwork to your payroll clerk or Human Resources early and no later than 31 days from the date of birth to ensure medical coverage for the child.

**Return from Military Leave:** Effective on the date you return to work.

## Medical Benefits

You are eligible to choose from the following medical plans:

- **County Health Plan EPO** (Exclusive Provider Organization)
- **County Health Plan PPO** (Preferred Provider Organization)
- **Kaiser Permanente HMO** (Health Maintenance Organization)

When you enroll in a medical plan, you also decide if you want to enroll your eligible dependents in coverage. You can choose one of three coverage levels, as follows:

- Self
- Self and 1 dependent
- Self and 2 or more dependents

If you want dependents to be covered, your dependents must be enrolled in the same medical, dental and vision plans as you select.

### Key Issues to Consider

Compare benefit coverage levels and premium costs carefully to see which option best fits your needs.

### Employee Assistance Plan (EAP)

**In additional to your medical plan coverage,** the County's EAP, offered at no cost to you through Managed Health Network (MHN), can help county employees with consultations on a wide range of emotional health, family, and work issues. In addition, they feature services to help balance work and life with consultations in the following areas:

- Childcare and Eldercare Assistance
- Financial Services
- Legal Services
- Identity Theft Recovery Services
- Daily Living Services

MHN can be reached at 800-227-1060, 24 hours a day, seven days a week, or [www.mhn.com](http://www.mhn.com).

- In the CHP PPO, you may obtain services from either In-Network (preferred) or Out-of-Network (non-preferred) providers, but you will pay less out of your own pocket when you use an In-Network provider.
- In the CHP EPO, (Exclusive Provider Organization) **all services must be obtained from within the plan network; there are no Out-of-Network benefits, except in an emergency.**
- Dependents must be enrolled in the same plan as yourself. Review the “Service Areas - Medical Plans” chart below to ensure you are eligible for enrollment based on where you live.
- Medical plan costs vary based on the plan and coverage you select. You and the County share the costs. You pay your share of the premium through payroll deductions for the premiums, and when you use services such as when you pay the cost for deductibles, co-pays and the co-insurance.
- Your bi-weekly premium deductions will change on the May 21, 2014 paycheck. Because June 1, 2014 falls in the middle of a pay period, the old year and new year rates are blended at plan year-end. The June 4<sup>th</sup> pay date check will fully reflect the new plan year rates. Check your pay stub carefully on June 4<sup>th</sup> to ensure your benefit elections are reflected properly.
- **Planning to retire in the coming year?** If so, read the Health and Welfare benefits booklet about dependent eligibility at retirement, as well as write to [benefits@sonoma-county.org](mailto:benefits@sonoma-county.org) to determine your eligibility for retiree health coverage.

Service Areas Medical Plans	
County Health Plans (CHP)	Kaiser
<p><u>Within California</u> An online provider listing can be found at <a href="http://www.anthem.com/ca">www.anthem.com/ca</a> by selecting Find A Doctor, and then searching under “Where are you looking?” The plan name is Blue Cross Prudent Buyer PPO Plan.</p> <p><u>Outside of California</u> Log on to <a href="http://www.anthem.com/ca">www.anthem.com/ca</a> <a href="http://www.anthem.com/ca">http://www.anthem.com/ca</a> select Find a Doctor, and then under “What insurance plan would you like to use?” Select your state. Under Plan Type/Network select PPO and for Plan Name, select National PPO (<i>BlueCard PPO</i>).</p>	<p><u>Statewide</u> Live or work in a geographical area within a 30-mile radius of any Kaiser Permanente Medical Facility.</p>

**Take note...** The **Medical Plan Comparison Chart** on the following page is only a summary of the benefits covered. For detailed information, along with notices of your legal rights, review the Summary Plan Description (SPD) and Evidence of Coverage (EOC) for each plan, and the Employee Health and Welfare Benefits booklet available through the County of Sonoma web site: [http://hr.sonoma-county.org/for\\_employees.htm](http://hr.sonoma-county.org/for_employees.htm)

*In the event of conflict between the information presented in this summary and the plan's SPD/EOC booklets, the plan's SPD/EOC booklets determine the coverage.*



<b>Medical Plan Comparison</b>	<b>County Health Plan EPO Group # 175130M100 Out-of-Network Providers Not Covered</b>	<b>County Health Plan PPO Group # 175130M051</b>	<b>Kaiser Permanente HMO Group # 602484-0003</b>
Plan Year Deductible	\$500 individual \$1,500 family	\$300 individual \$900 family	None
Plan Year Out of Pocket Maximum (Including Deductibles, Copays, and Coinsurance)	<u>Medical/Prescription Drug</u> \$5,500/\$6,350 individual \$11,500/\$12,700 family	<u>Medical/Prescription Drug</u> \$2,300/\$6,350 individual \$4,900/\$12,700 family	\$1,500 individual \$3,000 family
Co-insurance (the Plan pays)	80%	In-Network: 90% Out-of-Network: 60%	None
Lifetime Maximum	None	None	None
Dependent Children Eligibility	Any Dependent child under age 26.  Disabled: No age limit	Any Dependent child under age 26.  Disabled: No age limit	Any Dependent child under age 26  Disabled: No age limit
<b>Office Visits and Professional Services</b>			
Physician & Specialist	\$50 co-pay, no deductible	In-Network: \$20 co-pay, no deductible Out-of-Network: 60%, after deductible	\$10 co-pay
Preventive Care Birth to Age 18	No charge, no deductible	In-Network: No charge, no deductible Out-of-Network: 60%, after deductible	No charge
Preventive Care Adult Routine Care	No charge, no deductible, one exam every 12 months	No charge, In Network only, no deductible, one exam every 12 months	No charge
Preventive Care Adult Routine OB/GYN	No charge, no deductible	In-Network: No charge, no deductible Out-of-Network: 60%, after deductible	No charge
Diagnostic Lab and X-ray	80%	In-Network: 90% Out-of-Network: 60%	No Charge
Physical Therapy	80%	In-Network: 90% Out-of-Network: 60%	\$10 co-pay medically necessary treatment only
Chiropractic	80%	In-Network: 90% Out-of-Network: 60%	Discounted rates through Kaiser ChooseHealthy
Mental Health & Substance Abuse (Out-patient)	80%	In-Network: 90% Out-of-Network: 60%	\$10 co-pay individual \$5 co-pay group
<b>Surgical and Hospital Services</b>			
In-patient Hospital and Physician Services	\$500 co-pay + 80%	\$125 per admission co-pay + In-Network: 90% Out-of-Network: 60%	No charge
Out-patient Surgery	\$500 co-pay + 80%	In-Network: 90% Out-of-Network: 60%	\$10 co-pay
Maternity	\$250 co-pay + 80%	\$125 per admission co-pay + In-Network: 90% Out-of-Network: 60%	No charge
Emergency Room	\$150 co-pay + 80%	\$100 per visit co-pay + In-Network: 90% Out-of-Network: 60% (90% if emergency)	\$50 co-pay
Ambulance	80%	In-Network: 90% Out-of-Network: 60% (90% if emergency)	\$50 per trip
Mental Health & Substance Abuse (In- patient)	\$500 co-pay + 80%	\$125 per admission co-pay + In-Network: 90% Out-of-Network: 60%	No charge
Skilled Nursing Facility	Not Covered	In-Network: 90% Out-of-Network: 60% 100 days per plan year	No charge 100 days per benefit period
Home Health	Not Covered	In-Network: 90% Out-of-Network: 60%	No charge 100 days per year
<b>Prescription Drugs</b>			
Generic or Tier 1	\$10 co-pay 34 day supply	\$5 co-pay 34 day supply	\$5 co-pay 100 day supply
Formulary Brand or Tier 2	\$35 co-pay 34 day supply	\$15 co-pay 34 day supply	\$10 co-pay 100 day supply
Non-Formulary Brand or Tier 3	\$70 co-pay 34 day supply	\$30 co-pay 34 day supply	\$10 co-pay 100 day supply
Mail Order Benefit	3 mos. supply for 1 co-pay	3 months supply for 1 co-pay	Same as retail
Mandatory Mail Order	Yes	Yes	No
Mandatory Generic Program	Yes	Yes	N/A

## County Contribution for Medical Coverage



You and the County share in the costs of your medical plan benefits. The plans are funded in part through the County's and your contributions toward plan premiums; costs are incurred as plan participants seek medical care and claims are paid for that care. As is the case with most health plans, the total medical premium costs increase from year-to-year. In addition, because employees pay the difference between the total premium cost and the County's contribution, the carriers' premium increases

have a direct effect on your contribution cost.

The relationship between premiums and plan participant's use of the plans is important to understand – because plan utilization is a key driver of the premiums charged by our plan carriers. This means that your decisions as you use your plan benefits can make a difference. You can choose to use your benefits wisely; to be aware of the costs of the services you select; to use in-network providers; choose generic drugs; and commit to making healthy choices that reduce the need for medical solutions to lifestyle-driven health issues. Statistics have shown that 50% of medical costs are the result of behavioral choices. Making the choice to live healthier is one way you can help keep future costs down. Actively participate in the county's wellness program, Healthy Habits. Let your doctor know that cost is important to you. Talk to your doctor about the cost of care to see if there are affordable ways to achieve the desired outcome. Do not avoid necessary treatment due to cost. Preventive treatment is shown to save costs in the long run by identifying issues early. Visit <http://healthyhabits.sonoma-county.org/> for more information on how to make healthy choices.

### 2014/2015 Medical Plan Premium Chart

Bi Weekly Premiums For Coverage Effective June 1, 2014 through May 31, 2015			
Plan	Total Premium Cost	County Contribution	Employee Contribution
<b>County Health Plan EPO</b>			
Self	\$380.56	\$229.98	\$150.58
Self and 1 dependent	\$743.38	\$229.98	\$513.40
Self and 2 or more dependents	\$1,036.93	\$229.98	\$806.95
<b>County Health Plan PPO</b>			
Self	\$462.90	\$229.98	\$232.92
Self and 1 dependent	\$909.93	\$229.98	\$679.95
Self and 2 or more dependents	\$1,271.57	\$229.98	\$1,041.59
<b>Kaiser Permanente HMO</b>			
Self	\$298.62	\$229.98	\$68.64
Self and 1 dependent	\$597.24	\$229.98	\$367.26
Self and 2 or more dependents	\$845.09	\$229.98	\$615.11

Part-time employees in allocated positions of thirty-two 32 hours or more bi-weekly, (.40 FTE minimum) are eligible to participate in the County's medical, dental, and vision plans and the County's contribution toward their premiums is pro-rated. The County's contribution is based on the number of qualifying hours compared to a full-time employee. Qualifying hours include hours worked and qualified leave hours. Contact your Payroll Clerk if you have questions regarding your eligibility for a pro-rated County contribution. More details can be found in the Health and Welfare benefits booklet at [http://hr.sonoma-county.org/for\\_employees.htm](http://hr.sonoma-county.org/for_employees.htm).

The County contribution is prorated for eligible part-time employees, with the following exceptions:

Bargaining Unit(s)	Exceptions
SCLEMA (44), SCPA (45), SAL RES BOS (49), SAL RES MGMT (50), SAL RES CNF (51), SAL RES DH 52, SCPDIA (55), and SCDPDAA (60)	Employees in .75 FTE positions (60 hours or more bi-weekly) are eligible to receive the full County contribution for medical, dental, and vision plans.

## Dental and Vision Benefits

Delta Dental Premier Plan Benefit Highlights Group # 3126 0124	
Services	All Bargaining Units
Diagnostic & Preventive	Plan pays 80% of allowable charges; an extra annual cleaning is included during pregnancy
Basic	Plan pays 80% of allowable charges
Crowns, Jackets, & Cast Restorations	Plan pays 80% of allowable charges
Prosthodontics	Plan pays 80% of allowable charges; coverage for implants is now included under the plan
Orthodontics	Plan pays 50% of allowable charges, up to a lifetime maximum of \$3,000
Deductible	\$0
Plan Year Maximum Benefit	\$3,000 per person per plan year

Payroll premium deductions for eligible full-time employees' dental coverage vary based on bargaining unit, as noted in the table below. The County contribution for dental coverage provided to eligible part-time employees is prorated, as described elsewhere in this booklet.

2014/2015 Bi Weekly Dental Premiums			
Bargaining Unit	Total Premium Cost	County Contribution	Employee Contribution
ESC, SCLEA, SCLEMA, SCPDIA, Local 39	\$62.56	\$50.56	\$12.00
Board of Supervisors, SCDPDAA, DSA, DSLEM, Elected Officials/Department Heads, SCPA, SEIU, Unrepresented, Administrative Management, Confidential	\$62.56	\$49.56	\$13.00
WCE	\$62.56	\$39.56	\$23.00

Vision premiums are paid by the County for full time employees, and are prorated for eligible part-time employees. Vision coverage cannot be waived by eligible employees.

Vision Service Plan Benefit Highlights Group # 1243 7001 0002	
Services from VSP Providers	All Bargaining Units
Eye Exams	Covered in full every 12 months-following the date of your last exam
Prescription Glasses	<u>Lenses:</u> Covered in full every 12 months-following date of last lenses <u>Frames:</u> \$115 allowance plus 20% of any out-of-pocket costs, provided every 24 months (following the date of your last frames)
Contact Lens Care <i>In lieu of prescription glasses</i>	\$105 allowance for contacts and related exam every 12 months (following date of last contact lens exam and contacts)

2014/2015 Bi Weekly Vision Premiums			
Bargaining Unit	Total Premium Cost	County Contribution	Employee Contributions
All Bargaining Units: ESC, SCLEA, SCLEMA, SCPDIA, Local 39, Board of Supervisors, SCDPDAA, DSA, DSLEM, Elected Officials/Dept. Heads, SCPA, SEIU, WCE, Unrepresented, Admin Management, Confidential	\$7.55	\$7.55	\$0.00

## County Basic Life and Supplemental Life Insurance

- Basic Life Insurance & Supplemental Life Insurance is insured by The Hartford Life Ins. Co.
- All regular full-time employees and regular part-time employees, in an allocated position of 60 hours (.75 FTE) or more per pay period, receive a basic life insurance benefit paid by the County.
- Part-time DSA, SCLEA, and ESC employees working less than 60 hours per pay period can purchase basic life insurance at their own expense. The rate is \$0.90 bi-weekly under coverage class 3 as shown in the table below.
- All regular full-time employees and regular part-time employees, in an allocated position of 60 hours (.75 FTE) or more per pay period, may also purchase Supplemental Life Insurance coverage.
- The maximum amount of Life Insurance, Basic Life and Supplemental Life combined, cannot exceed \$500,000.
- The coverage level you elect is subject to approval by The Hartford. No payroll deductions will be taken until your application is approved by The Hartford.

<b>County Basic Life Insurance and Supplemental Life Insurance (Group # GL 673199)</b>			
<b>Bargaining Units</b>	<b>Basic Life Class</b>	<b>Basic Life Insurance <i>100% Paid by the County*</i></b>	<b>Supplemental Life <i>Employee Paid</i></b>
<ul style="list-style-type: none"> <li>• <b>SEIU</b> (01, 05, 10, 25, 80)</li> <li>• <b>Unrepresented</b> (00)</li> </ul>	1	\$10,000	<b>1, 2, 3 or 4 times your Basic Life Amount</b>
<ul style="list-style-type: none"> <li>• <b>Local 39</b> (85)</li> </ul>	2	\$20,000	<b>1, 2, 3 or 4 times your Basic Life Amount</b>
<ul style="list-style-type: none"> <li>• <b>DSA</b> (46,47)</li> <li>• <b>SCLEA</b> (30,40,41,70)</li> <li>• <b>SCPDIA</b> (55)</li> </ul>	3	\$25,000	<b>1, 2, 3 or 4 times your Basic Life Amount</b>
<ul style="list-style-type: none"> <li>• <b>Confidential</b> (51)</li> </ul>	4	1.5 times Base Annual Salary up to \$200,000	<b>1, 2, 3 or 4 times your Basic Life Amount</b>
<ul style="list-style-type: none"> <li>• <b>Board of Supervisors</b> (49)</li> <li>• <b>DLSEM</b> (43)</li> <li>• <b>SCLEMA</b> (44)</li> <li>• <b>SCPA</b> (45)</li> <li>• <b>SCDPDA</b> (60)</li> <li>• <b>Administrative Management</b> (50)</li> <li>• <b>Department/Agency Heads</b> (52)</li> </ul>	5	2 times Base Annual Salary up to \$200,000	<b>1, 2, 3 or 4 times your Basic Life Amount</b>
<ul style="list-style-type: none"> <li>• <b>SEIU Supervisory</b> (95 only)</li> </ul>	6	1 time Base Annual Salary up to \$100,000	<b>1, 2, 3 or 4 times your Basic Life Amount</b>
<ul style="list-style-type: none"> <li>• <b>WCE</b> (21)</li> </ul>	7	\$25,000	<b>1, 2, 3 or 4 times your Base Annual Salary</b>
<ul style="list-style-type: none"> <li>• <b>ESC</b> (75)</li> </ul>	8	\$25,000	<b>1, 2, 3, 4 or 5 times your Base Annual Salary</b>

\*Part-time employees working <60 hours per pay period in DSA, ESC, SCLEA bargaining unit pay the cost if they elect coverage.

## Supplemental Life Insurance Cost

The cost of supplemental coverage is based on your age on the last calendar day of the year (December 31<sup>st</sup>) and the amount of insurance you select. Current rates for each \$10,000 in supplemental life insurance coverage are listed in the table to the right. Insurance amounts are rounded to the nearest thousandth.

Example: 30 year old employee interested in \$20K of supplemental life insurance:  
 $\$8.17 \times 2$  (chart price is for each \$10K) = \$16.34 per year; .62 each pay period.

2014/2015 Employee Supplemental Life Insurance Premiums per \$10,000 of Coverage		
Age	Bi-Weekly Rate	Annual Rate
29 and under	\$0.28	\$7.20
30 – 34	\$0.31	\$8.17
35 – 39	\$0.39	\$10.20
40 – 44	\$0.59	\$15.37
45 – 49	\$0.86	\$22.44
50 – 54	\$1.37	\$35.77
55 – 59	\$2.28	\$59.40
60 – 64	\$3.38	\$88.08
65 – 69	\$5.53	\$144.35
70 – 74	\$10.12	\$264.13

## Dependent Life Insurance

You can also purchase dependent life insurance coverage for your spouse/domestic partner and any dependent child through the end of the month they turn age 26. The benefit provided for dependent coverage is \$5,000 for each eligible family member. The premium is \$0.223 bi-weekly; which covers all eligible members of your family.

## Key Points to Consider About Life Insurance

- You pay the full cost of supplemental and dependent coverage on a post-tax basis.
- Especially if you are the sole wage-earner in your family, think about whether or not you need more protection than the County-paid basic coverage provides.
- Consider whether you have enough money to cover funeral and/or legal expenses in the event of a death of a spouse, domestic partner, or children. Dependent life insurance may help with these expenses.
- Be sure to designate beneficiary(s) for your employee life insurance and keep them up to date (basic and supplemental). The Hartford Beneficiary Form is located in the main menu of Employee Self-Service.
- <http://www.thehartford.com/employee-coverage/beneficiary-counseling>
- <http://www.thehartford.com/employee-coverage/funeral-planning>

## Employee Health Reimbursement Accounts (HRAs)

If you are enrolled in a County sponsored medical plan you may be eligible for a Health Reimbursement Account (HRA) depending on your Bargaining Unit's MOU. A listing of eligible Bargaining Units and HRA contribution amounts are outlined on the Health and Welfare Benefits website: [http://hr.sonoma-county.org/for\\_employees.htm](http://hr.sonoma-county.org/for_employees.htm).

### What an HRA Can Do For Employees

- Reimburse qualified medical expenses (pursuant to IRC Section 213(d)) and health insurance premiums paid with post-tax dollars. To designate a portion of your health premiums to be paid with post-tax dollars, you must submit an Annual Health Care Premium Conversion Plan Election Form during Annual Enrollment Period. This form is available online at <http://hr.sonoma-county.org/documents/Premium-Conversion-Election-Form.pdf> or from your payroll clerk. Instructions are contained on the Annual Health Care Premium Conversion Plan Election Form.
- Accumulate money to pay for both current and future health care expenses, COBRA and/or future retiree health care premiums and costs.

### Expenses That Can Be Reimbursed From an HRA

- Out-of-pocket medical, dental, and vision care expenses for the participating employee and their IRS eligible dependents (including spouses, children & step-children up to age 26, etc., but generally not domestic partners).
- Insurance co-pays, deductibles and other expenses not usually covered by the County-sponsored health plan such as acupuncture, laser eye surgery, etc.
- Premiums for long-term care insurance and COBRA continuation of coverage for participating employee and IRS eligible dependents.
- Health insurance premiums paid with post-tax dollars. Sonoma County employees' health benefit premiums are paid on a pre-tax basis. In order to qualify for HRA reimbursement you must elect a share of your premiums to be paid using post-tax dollars.
- Your final medical expenses (up to one year after death).

## HRA SEMINARS

WED MAR 26	DEPT/LOCATION	STREET ADDRESS	ROOM	SPECIAL INSTRUCTIONS
8:00 - 9:00	Human Services Department FY&C	1202 Apollo Way, Santa Rosa	Annadel Room	Check in with Main Reception First
10:00 - 11:00	Transportation & Public Works Refuse	500 Meecham Rd., Petaluma	Administrative Conference Room	None
11:45 - 12:45	Human Resources	575 Administration Dr., Ste. 117C Santa Rosa	Large Training Room	None
2:00 - 3:00	Transportation & Public Works Santa Rosa Yard	2175 Airport Blvd., Santa Rosa	Conference Room	None
3:15 - 4:15	Child Support Services	3725 Westwind Blvd., Santa Rosa	Large Conference Room, 2nd Floor	Bring County Badge
4:30 - 5:30	Sonoma County Water Agency	404 Aviation Blvd., Santa Rosa	Redwood Rooms	None
THU MAR 27	DEPT/LOCATION	STREET ADDRESS	ROOM	SPECIAL INSTRUCTIONS
7:30 - 8:30	Permit & Resource Management Dept.	2550 Ventura Ave., Santa Rosa	Hearing Room	None
9:00 - 10:00	Permit & Resource Management Dept.	2550 Ventura Ave., Santa Rosa	Hearing Room	None
10:45 - 11:45	Department of Health Services Chanate Center	3333 Chanate Rd., Santa Rosa	Mary Jo Burns Room	None
1:45 - 3:00	Probation Juvenile Justice Center	7425 Los Guilicos Rd., Santa Rosa	Conference Room off the Lobby	None

For more information about the Employee HRA please see the Health and Welfare Benefits Website: [http://hr.sonoma-county.org/for\\_employees.htm](http://hr.sonoma-county.org/for_employees.htm) and select *the Employee HRA Accounts* link to *Employee HRA Information*.



## Contact Information and Resources



### CareCounsel

The County of Sonoma provides CareCounsel, a health care advocacy program available at no cost to active employees and retirees. CareCounsel will listen to your concerns, answer your questions, and help you navigate health plan benefits. Contact CareCounsel for the following:

- Questions about your health plan benefits
- Assistance with choosing a health plan and selecting and locating doctors and hospitals
- Troubleshooting claims problems and obtaining support with medical claims and appeals
- Addressing quality-of-care concerns
- Finding resources for a health condition
- Getting the most from your health care dollars

You can reach CareCounsel at 888-227-3334. Resources are also available through the CareCounsel web site at [www.carecounsel.com](http://www.carecounsel.com). CareCounsel is an autonomous subsidiary of Stanford Hospital & Clinics.

### Customer Service Support

Visit the County's website and review the frequently asked questions (FAQs) and expanded information found in the Health and Welfare Benefits Booklet and other benefit website pages. Visit the insurance company websites for additional resources. Contact the Human Resources Benefits Unit with questions related to your eligibility, coverage, and Annual Enrollment Period.

**E-mail:** [benefits@sonoma-county.org](mailto:benefits@sonoma-county.org)


**Phone:** 707-565-2900

**Internet:** [http://hr.sonoma-county.org/for\\_employees.htm](http://hr.sonoma-county.org/for_employees.htm)

**Please note:** Staffing resources are limited. When calling, leave one clear message rather than multiple messages. Your call will be returned as soon as possible. Please do not call to confirm receipt of your election. Print a copy of your election as proof of completion. You will be best served if you drop in or call during the designated times shown above whenever possible.

## County-Offered Health Plan Contact Information

Contact your health plan carriers with questions related to your benefits coverage, to find network providers, preauthorize care as required, and confirm your residence is within the plans' service areas.

Plan	Phone	Web
<b>County Health Plans (CHP PPO &amp; CHP EPO)</b> <i>Administered by Anthem Blue Cross</i>  <b>Summary of Benefits and Coverage (SBC)</b>	800-759-3030	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>  <a href="http://hr.sonoma-county.org/content.aspx?sid=1024&amp;id=1224">hr.sonoma-county.org/content.aspx?sid=1024&amp;id=1224</a>
<b>CVS/Caremark</b> <i>County Health Plans' prescription drug provider</i>  <i>Order Prescriptions, Obtain your Prescription History, Find Savings and Opportunities, Learn about Medications, Ask a Pharmacist</i>	800-966-5772	<a href="http://www.caremark.com">www.caremark.com</a>
<b>Kaiser Permanente</b>  <b>Summary of Benefits and Coverage (SBC)</b>	800-464-4000	<a href="http://www.kp.org">www.kp.org</a>  <a href="http://hr.sonoma-county.org/content.aspx?sid=1024&amp;id=1224">hr.sonoma-county.org/content.aspx?sid=1024&amp;id=1224</a>
<b>Delta Dental Plan</b>  Annual Notices from Delta: HIPAA Notice, Grievance process, Tissue and Organ Donations, Language Assistance Program	800-765-6003	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>  <a href="http://hr.sonoma-county.org/content.aspx?sid=1024&amp;id=1228">http://hr.sonoma-county.org/content.aspx?sid=1024&amp;id=1228</a>
<b>Vision Service Plan</b>	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>The Hartford Life &amp; Accident Insurance Company</b>	888-563-1124	<a href="http://www.thehartfordatwork.com">www.thehartfordatwork.com</a>
<b>Employee Assistance Program (EAP)</b> <i>Administered through Managed Health Network(MHN)</i>	800-227-1060	<a href="http://www.members.mhn.com">www.members.mhn.com</a> <b>Company code: sonomacounty</b> <b>Law Enforcement: scle</b>
 <b>County Wellness Program</b>	707-565-2900	<a href="http://healthyhabits.sonoma-county.org">http://healthyhabits.sonoma-county.org</a>
<b>Sonoma County HIPAA Privacy Practices</b>	707-565-4999	<a href="http://www.sonoma-county.org/privacy/privacy.htm">http://www.sonoma-county.org/privacy/privacy.htm</a>
<b>Glossary of Health Coverage and Medical Terms related to the Summary of Benefits and Coverage (SBC)</b>		<a href="http://dol.gov/ebsa/pdf/SBCUniformGlossary.pdf">dol.gov/ebsa/pdf/SBCUniformGlossary.pdf</a>

Please refer to the Employee Health and Welfare Benefits booklet, available electronically on our website at <http://hr.sonoma-county.org/> for important legal notices.

# Annual Enrollment Support Information

## Submitting Your Elections Online with Employee Self-Service (ESS)

Have questions related to submitting your annual enrollment elections online? Attend one of the Employee Self-Service Presentations (10-15 minute presentations will be provided at the top of each hour during the Drop in Sessions shown below.) Computers will be available for you to enter your elections in Employee Self-Service.

LOCATION	DATE	Employee Self-Service Presentations & Drop in Sessions
DCSS	Tuesday, March 25	10:00 a.m. – 2:00 p.m.
DCSS	Tuesday, April 1	2:00 p.m. – 4:30 p.m.
DCSS	Wednesday, April 2	10:00 a.m. – 2:00 p.m.
DCSS	Thursday, April 3	2:00 p.m. – 4:30 p.m.
EOC Training Room	Tuesday, April 8	10:00 a.m. – 2:00 p.m.
EOC Training Room	Wednesday, April 9	10:00 a.m. – 2:00 p.m.
EOC Training Room	Thursday, April 10	10:00 a.m. – 2:00 p.m.
EOC Training Room	Friday, April 11	8:00 a.m. – 12:00 p.m.

**Locations:**      **DCSS (Department of Child Support Services)**  
 3725 Westwind Blvd., Suite 200 (upstairs)  
***Important: Check in at reception desk. County ID Required***

**EOC Training Room (Across from the Adult Detention Center)**  
 2300 County Center Dr., Suite B220  
 (The EOC is the single story building with the large radio tower on top.)  
**Entrance is located on the North side of the building**

## Drop In Hours for Annual Enrollment Support

Have questions related to your eligibility, coverage, dependents, or need information about the benefit plans and options? Visit the Human Resources Benefits office during these drop-in sessions for the best access to support for all of your Annual Enrollment questions. Also watch for announcements regarding upcoming Annual Enrollment informational seminars at other County locations.

<b>Benefits Office Drop-in Hours</b>		
<b>Location</b>	<b>Date</b>	<b>Time</b>
<b>Human Resources Training Center</b>	<b>Thursday, March 27</b>	<b>2:00 p.m. - 4:00 p.m.</b>
	<b>Friday, March 28</b>	<b>2:00 p.m. - 4:00 p.m.</b>
	<b>Thursday, April 3</b>	<b>2:00 p.m. - 4:00 p.m.</b>
	<b>Wednesday, April 9</b>	<b>9:00 a.m. - 12:00 p.m. &amp; 2:00 p.m. - 4:00 p.m.</b>
	<b>Friday, April 11</b>	<b>9:00 a.m. - 12:00 p.m. &amp; 2:00 p.m. - 4:00 p.m.</b>

**LOCATION:** Human Resources Training Center  
575 Administration Dr., Suite 117C

## **Important Notice from the County of Sonoma About Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the County of Sonoma and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. County of Sonoma has determined that the prescription drug coverage offered by the County offered plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. **\*\*Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.\*\***

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### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current county coverage will not be affected. For further information on how your coverage will be affected, please contact your benefit office or CareCounsel at the number below.

If you do decide to join a Medicare drug plan and drop your current County of Sonoma coverage, be aware that you and your dependents may not be able to get this coverage back.

### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with the County of Sonoma and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the County of Sonoma changes. You also may request a copy of this notice at any time.

## **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date:	March 24, 2014
Name of Entity/Sender:	County of Sonoma
Contact—Position/Office:	Human Resources Benefits Unit
Address:	575 Administration Dr., Suite 116C, Santa Rosa, CA 95403
Phone Number:	707-565-2900 or <a href="mailto:Benefits@sonoma-county.org">Benefits@sonoma-county.org</a>

**Health Insurance Counseling and Advocacy Program (HICAP): 800-434-0222**  
**Healthcare Advocacy, CareCounsel: 1-888-227-3334**

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.