

County of Sonoma

Annual Enrollment for Extra Help Employees Only

Monday, March 24, 2014 through Friday, April 11, 2014
Effective date of coverage is June 1, 2014

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 end of this booklet.

Kaiser Permanente medical coverage is available for extra help employees who meet the eligibility requirements outlined below. A brief summary description of the plan benefits is contained in this brochure.

What's new for 2014-2015?

Premium Rate Changes: New premium rates go into effect in May for June benefit coverage. Benefit rates are reduced for the 2014/2015 benefit plan year. The reduction in premium is due to the expiration of Kaiser's one-year rate transition policy (aka Break-Away policy).

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

How do I enroll? New this year, you have the option of making your benefit elections/changes electronically through County's Employee Self-Service (ESS) system. (Instructions are provided in this booklet) The electronic process was implemented to help improve efficiencies.

Affordable Care Act Enrollment Requirements: 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 for yourself or your dependents unless you experience a qualifying life or work status event (refer to the Health and Welfare Benefits booklet for details). Therefore, if you intend to drop 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 accessible at the following link: <http://hr.sonoma-county.org/documents/Premium-Conversion-Election-Form.pdf>. 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 life or work status event or make a change during the next annual enrollment period.

What are the eligibility criteria to enroll in the Extra Help Kaiser medical plan?

Extra-help employees who meet all of the following criteria before coverage starts may enroll during this annual enrollment period:

- 1) Employed with the County for at least 11 consecutive pay periods, and
- 2) Worked at least 440 hours, and
- 3) Worked at least 160 hours in the previous 4 pay periods, and
- 4) Must generally work at least 40 hours per pay period, and
- 5) Live or work within 30 miles of a Kaiser facility. Please verify by visiting the Kaiser website at www.kp.org or calling (800) 464-4000.

Dependent Eligibility

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

- Your lawfully married spouse or your domestic partner
- You or your domestic partner’s dependents under age 26 (any age if permanently and totally disabled and enrolled in the plan prior to attaining the limiting age) 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.

How much does it cost?

The County contribution is up to \$400 per month if you work 40 hours or more biweekly. Premiums for the medical plan must be paid in advance on the first two pay dates of each month through payroll deduction. Coverage is on a monthly basis for as long as benefit eligibility and premium payments are maintained.

Employee cost will vary based on the number of hours worked

Refer to the **chart** later in this booklet for an example of benefit costs for the new plan year for an extra help employee who works 40+ hours per pay period.

How much will I pay if I work less than 40 hours per pay period?

When your hours fall below 40 hours bi-weekly, your premium costs will increase proportionate to the number of hours worked. Please see your payroll clerk if you have any questions.

What happens if I work less than 20 hours per pay period?

There will be no county contribution towards coverage for pay periods when hours worked are below 20 hours. If you work less than 20 hours and you have extra-help medical coverage, Auditor-Controller-Treasurer-Tax Collector’s (ACTTC) Central Payroll office will send you a letter explaining your payment options to continue coverage.

What if I am a County retiree and have retiree medical?

You can be enrolled as an extra help employee even if you are also a retiree. Generally, coverage as a retiree is better. If you decide to maintain your retiree coverage, you can discard this notice as you are not eligible to enroll in both. Federal regulations require that all eligible employees be notified of annual enrollment rights.

What if I am currently enrolled?

If you are currently enrolled, the new premium deductions will start on May 7, 2014, and no enrollment action is required. You will remain enrolled at your current level. If you would like additional information about the plan coverage, you may call Kaiser Permanente Member Services at (800) 464-4000. Your group # is 38655-0004.

What if I am already enrolled and I want to add or delete dependents?

You may add or delete dependents at this time. Follow the process described under “How do I enroll.”

What if I miss this deadline?

You must wait until the next annual enrollment period. Please see the following pages for more details on events in which you may submit changes outside of the annual enrollment period. If you have further questions, please contact the Human Resources Benefits Unit at (707) 565-2900 or benefits@sonoma-county.org.

Can I make changes outside of this annual enrollment period?

IRS regulations and plan rules greatly limit changes that can be made outside of Annual Enrollment. Eligible changes must be made within 31 days of a qualifying work or life status event such as:

- Gaining or losing eligibility for other group coverage
- A qualifying life status change, such as birth, marriage, divorce, loss of gain of spouse’s employment which affects your insurance options.
- Circumstances allowed under the Children’s Health Insurance Program Reauthorization Act of 2009.

Specific details regarding your options to change benefits elections outside of an Annual Enrollment period are available at the following link on the County website <http://hr.sonoma-county.org/documents/enrollment-2014-2015/Extra-Help-Employee-Mid-Year-Change-of-Status-Events.pdf> The list shown above provides examples of common reasons; it is not an exhaustive list.

**2014-2015 Extra Help Kaiser Permanente Health Plan Rate Chart
Premium Deductions for Rates Beginning May 7, 2014 for Coverage Effective June 1, 2014**

For employees working 40 hours or more biweekly, the County contributes up to \$400 per month towards the premium cost for coverage.

	Employee Semi-monthly Cost	Employer Semi-monthly Cost	Total Semi-monthly Cost
Self	124.61	200.00	324.61
Self + 1	449.22	200.00	649.22
Family	718.65	200.00	918.65



Benefit Summary
COUNTY OF SONOMA – EXTRA HELP
ID 602484 -0005

Principal Benefits for Kaiser Permanente Traditional Plan (6/1/14—5/31/15)

The Services described below are covered only if all of the following conditions are satisfied:

- The Services are Medically Necessary
- The Services are provided, prescribed, authorized, or directed by a Plan Physician and you receive the Services from Plan Providers inside our Northern California Region Service Area (your Home Region), except where specifically noted to the contrary in the *Evidence of Coverage (EOC)* for authorized referrals, hospice care, Emergency Services, Post-Stabilization Care, Out-of-Area Urgent Care, and emergency ambulance Services

Annual Out-of-Pocket Maximum for Certain Services

For Services subject to the maximum, you will not pay any more Cost Share during a calendar year if the Copayments and Coinsurance you pay for those Services add up to one of the following amounts:

For self-only enrollment (a Family of one Member)	\$1,500 per calendar year
For any one Member in a Family of two or more Members	\$1,500 per calendar year
For an entire Family of two or more Members	\$3,000 per calendar year

Plan Deductible None

Lifetime Maximum None

Professional Services (Plan Provider office visits) **You Pay**

Most primary and specialty care consultations, evaluations, and treatment	\$10 per visit
Routine physical maintenance exams, including well-woman exams	No charge
Well-child preventive exams (through age 23 months)	No charge
Family planning counseling and consultations	No charge
Scheduled prenatal care exams	No charge
Eye exams for refraction	No charge
Hearing exams	No charge
Urgent care consultations, exams, and treatment	\$10 per visit
Most physical, occupational, and speech therapy	\$10 per visit

Outpatient Services **You Pay**

Outpatient surgery and certain other outpatient procedures	\$10 per procedure
Allergy injections (including allergy serum)	\$3 per visit
Most immunizations (including the vaccine)	No charge
Most X-rays and laboratory tests	No charge
Covered individual health education counseling	No charge
Covered health education programs	No charge

Hospitalization Services **You Pay**

Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	No charge
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Emergency Health Coverage	You Pay
Emergency Department visits	\$50 per visit
Note: This Cost Share does not apply if admitted directly to the hospital as an inpatient for covered Services (see "Hospitalization Services" for inpatient Cost Share).	
Ambulance Services	You Pay
Ambulance Services	\$50 per trip
Prescription Drug Coverage	You Pay
Covered outpatient items in accord with our drug formulary guidelines at Plan Pharmacies or through our mail-order service:	
Most generic items	\$5 for up to a 100-day supply
Most brand-name items	\$10 for up to a 100-day supply
Durable Medical Equipment	You Pay
Most covered durable medical equipment for home use in accord with our durable medical equipment formulary guidelines	
	20% Coinsurance
Mental Health Services	You Pay
Inpatient psychiatric hospitalization	No charge
Individual outpatient mental health evaluation and treatment	\$10 per visit
Group outpatient mental health treatment	\$5 per visit
Chemical Dependency Services	You Pay
Inpatient detoxification	No charge
Individual outpatient chemical dependency evaluation and treatment	\$10 per visit
Group outpatient chemical dependency treatment	\$5 per visit
Home Health Services	You Pay
Home health care (up to 100 visits per calendar year)	No charge
Other	You Pay
Skilled nursing facility care (up to 100 days per benefit period)	No charge
Covered external prosthetic devices, orthotic devices, and ostomy and urological supplies	No charge
Hospice care	No charge

This is a summary of the most frequently benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the *EOC*. Please note that we provide all benefits required by law (for example, diabetes testing supplies).

For answers on benefit questions, verification of coverage, new member assistance, ID card replacement and to request a copy of your Evidence of Coverage, please contact our Member Services Call Center during the following business hours:

Member Service Call Center
Monday to Friday – 7:00 AM to 7:00 PM
Saturday & Sunday – 7:00 AM to 3:00 PM

English, Tagalog, and Vietnamese – 800.464.4000
Spanish – 800.788.0616
Chinese dialects – 800.757.7585
You may also visit us at www.kp.org

Using Your Benefits Wisely

You can also take these simple actions to improve your health and manage your out-of-pocket costs.

- **Seek preventive care.** Be sure to complete your annual physical or health screenings — this is key to identifying possible health issues and appropriate treatments early, which in turn, may help to improve your health and keep costs down over the longer run.
- **Use the emergency room only in the event of a life-threatening emergency.** An emergency room visit may be required for life-threatening events such as chest pain, heart attack or stroke, severe burns, deep cuts, visibly broken bones, uncontrollable bleeding, loss of consciousness, shortness of breath, and life threatening allergic reactions. In non-emergency situations (e.g., for colds and flu, sprains and minor cuts), you should visit your physician or contact the 24 hour nurse line see below .Doing so can help to keep your out-of-pocket costs down and manage medical premium cost inflation from year-to-year. If you are unsure if you should visit your physician or an urgent care clinic, call the number on your medical insurance card for assistance and guidance.

Phone numbers:

- Advice (24 hours): 707-393-4044
 - Consejos (24 horas): 707-393-2482 (707-393-CITA)
 - California Relay Service: 711 (TTY for the hearing/speech impaired)
- **Make healthy lifestyle choices.** Quitting smoking, regular exercise and good nutrition can help you to avoid costly lifestyle-driven health problems and in doing so, reduce your costs over time. Resources are available to help you at:

<http://healthyhabits.sonoma-county.org/>

<https://healthy.kaiserpermanente.org/>

- **Actively manage a chronic health issue.** For example, if you have diabetes, asthma, chronic obstructive pulmonary disease (COPD) or lower back pain, work with your doctor to understand the care you need on an ongoing basis.
- **Watch for opportunities to save on prescription drug costs.** Prescription drugs make up a substantial portion of medical claims costs. You can impact this trend (and keep money in your pocket) by choosing generic drugs when available and appropriate. To do this, ask your doctor to specify that a generic substitution is authorized — or even ask if there is an over-the-counter equivalent for the drug being prescribed. Also, be sure to take advantage of your plan's mail order prescription drug program for your maintenance drugs, which may provide your supply of medication at a lower co-pay. In addition, you can save money by refilling or obtaining prescription drugs at your local Kaiser pharmacy *before* traveling or taking vacations.

Please see the County of Sonoma Human Resources Extra Help web page <http://hr.sonoma-county.org/documents/enrollment-2014-2015/Extra-Help-Legal-Notices.pdf> for the legal notices.


Deadline for Enrolling

All benefit elections and changes made through **Employee Self-Service (ESS)** must be completed and **submitted by midnight on Friday, April 11, 2014**. Paper forms for benefits elections and changes must be **received by the Human Resources Benefits Unit by 5:00 p.m. on Friday, April 11, 2014**. **Submit paper forms to:**

County of Sonoma Human Resources Benefits Unit
575 Administration Dr. Ste. 116C, Santa Rosa, CA, 95403


Contact Information

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

Plan	Phone	Web
Kaiser Permanente	800-464-4000	kp.org
Sonoma County Human Resources-Benefits Eligibility and Enrollment information	707-565-2900	hr.sonoma-county.org/for_employees.htm
Affordable Care Act Information and Assistance	877 699-6868	sonoma-county.org/healthcarereform/
Employee Assistance Program (EAP) SEIU only <i>Administered through Managed Health Network(MHN)</i>	800-227-1060	members.mhn.com Company code: sonomacounty
 County Wellness Program	707-565-2900	http://healthyhabits.sonoma-county.org
Sonoma County HIPAA Privacy Practices	707-565-4999	sonoma-county.org/privacy/privacy.htm

Instructions for Enrolling Online

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 Annual Enrollment. Save the e-mail until you are ready to make your benefit elections.

ESS is 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 **Extra Help Annual Enrollment** located under Benefits on the 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 e-mail. If you must use paper, the County of Sonoma Extra Help Employees Medical Benefits Enrollment and Change Form is located on the County of Sonoma Human Resources website <http://hr.sonoma-county.org/documents/enrollment-2014-2015/Extra-Help-Employees-Medical-Benefits-Enrollment-and-Change-Form.pdf>. Forms are due by **5:00 p.m., Friday, April 11, 2014**, in the Human Resources Office.

Need Assistance? Please attend one of the Employee Self-Service Presentations to obtain help in completing your Annual Enrollment elections online. If unable to attend please refer to the Contact Information and Resources page at the back of this booklet.

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.

Location: 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
Entrance is located on the North side of the building