

Early Retiree Medical Benefits Guide



2016 Stanislaus County

Stanislaus County takes pride in offering a benefits program that provides flexibility for the diverse and changing needs of our employees and pre-Medicare retirees.

The purpose of this benefit guide is to help you make your medical benefit choices as a newly eligible pre-Medicare retiree or during our annual open enrollment period. It highlights your options and key program features to consider when you enroll.

During our annual open enrollment period in October and November, you will be instructed when to make your medical benefit election for the following January 1st effective date.

The benefits described herein are offered to eligible pre-Medicare retirees of Stanislaus County. All benefits are subject to change and there is no guarantee that these benefits will be continued indefinitely. The descriptions are very general and are not intended to provide complete details about any or all plans. **Exact specifications for all plans are provided in the official Plan Documents, copies of which are available on the CEO-Risk Management Division–Employee Benefits website.**

This guide is intended to provide an overview of the current administrative procedures for participating in the early retiree medical program. Administrative procedures and plan participation rules are subject to change. Nothing in this guide shall imply continued participation in the program or any vested benefits for any members.

Information about Stanislaus County's Pre-Medicare Retiree Benefit Package and forms can be accessed on the County's web site:

<http://www.stancounty.com/riskmgmt/risk-eb-earlyretirees-sub-main.shtm>

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Eligibility

- ◆ Stanislaus County's Early Retiree medical coverage is only available to StanCERA participants, and their qualifying dependents, that are not eligible for Medicare or are not enrolled in any other medical coverage.
- ◆ Early retirees and their dependents must retain continued medical coverage in order to be eligible to enroll. Proof of coverage will be required. If there is a break in coverage, you will not be eligible to re-enroll in the Early Retiree medical coverage in the future.
- ◆ Early retirees and their dependents may not voluntarily drop their outside medical coverage to enroll in Stanislaus County's Early Retiree medical plan, outside of open enrollment. This includes the health insurance exchange or *Covered California*.
- ◆ Enrollment will only be allowed at time of retirement or COBRA expiration, during the annual open enrollment period or if there is a qualifying Life Event (see page 6).
- ◆ There is only one medical plan available based on where you live.

Dependent Eligibility

- ◆ Pre-Medicare retiree's legal spouse.
- ◆ Pre-Medicare retiree's natural children, stepchildren, domestic partner's children, foster and/or adopted children up to age 26, regardless of marriage or student status.
- ◆ Pre-Medicare retiree's CA Registered Domestic Partner as defined by the State of California.
- ◆ Dependents who exceed the age limit, may be eligible if they meet all the following requirements: they are incapable of self-sustained employment because of mental retardation or physical handicap that occurred prior to reaching the age limit for dependents; they receive all their financial support and maintenance from Subscriber or Subscriber's Spouse/CA Registered Domestic Partner. Proof of their incapacity and dependency will be required within 30 days of request.
- ◆ In the event an early retiree voluntarily terminates coverage prior to Medicare eligibility, the retiree's dependents will no longer be eligible for coverage under the Early Retiree medical plan and coverage will end on the same date. This will not be considered a COBRA qualifying event.
- ◆ In the event an Early Retiree does not elect coverage for his/her dependents at the time of retirement or COBRA expiration, the retiree's dependents will no longer be eligible for coverage under the Early Retiree medical plan, unless they experience a qualifying life event.
- ◆ In the event an Early Retiree becomes deceased and his/her dependents were not enrolled at the time, the retiree's dependents will not be eligible for coverage under the Early Retiree medical plan.

Dependent Documentation

- ◆ All pre-Medicare retirees adding dependents to their medical plan must submit documentation verifying eligibility. Documentation is due upon dependent enrollment in the plan. Failure to provide adequate documentation will result in the denial of dependent enrollment.

	Nothing Required	Marriage Certificate	Birth Certificate	State of California DP Registration	Proof of Disability from a Physician
Pre-Medicare Retiree only	X				
Pre-Medicare Retiree & Spouse		X			
Pre-Medicare Retiree & Domestic Partner only				X	
Pre-Medicare Retiree & Children to 26 yrs of age			X		
Children who exceed the age limit, may be eligible if they meet all the following requirements: - Must be unmarried - Must reside with the pre-Medicare retiree - And/or must be financially dependent on the retiree due to a disability.			X		X

When Your Medical Benefits Terminate

- ◆ Coverage will terminate when a written request via letter or email, is received prior to the 1st of the month.
- ◆ Coverage will terminate if payments are not received within 30 days of the due date. Payments are due by the 1st of the month. If payment is not received by the due date, you may experience an interruption in service, including termination after 30 days. Coverage will not be eligible for reinstatement.
- ◆ Coverage will automatically terminate at age 65 for participants and/or their dependents.
- ◆ Coverage will terminate January 1st following an annual open enrollment period if a new enrollment form is not submitted by the posted due date.

Life Events- Adding and Removing Dependents

You are responsible for notifying Stanislaus County Employee Benefits of any changes in your dependent status during the plan year (Divorce, Marriage, Birth or Adoption and adding or removing dependents). All Life Event changes must be made within 30 days from the date of the event and may be processed by submitting a change request to Employee Benefits. Documentation is required (copy of marriage certificate, final divorce judgement, birth certificate or adoption papers, etc.) along with a completed County Benefit Enrollment form and will need to be submitted by mail to Stanislaus County Risk Management or via email to earlyretirees@stancounty.com. Failure to submit documentation to Stanislaus County Employee Benefits in a timely manner may impact dependent eligibility and may result in you incurring liability for medical expenses for non-eligible dependents. All changes will be effective the first of the month following the qualifying event date.

Exceptions For Making Plan Changes Outside Of Open Enrollment

Other than retirement/COBRA expiration or during the annual “open enrollment” period, you may enroll in medical coverage only if you experience a qualifying event. Qualifying events allow for a new enrollment or adding/removing a dependent.

Qualifying events include (Proof required):

- ◆ Change in legal marital status, including marriage, divorce, annulment, dissolution of domestic partnership, and death of a spouse.
- ◆ Change in number of dependents, including birth, adoption, placement for adoption, exceeding age limit or death of a dependent child.
- ◆ Change in employment status, including the start or termination of employment by you, your spouse, or your dependent child.
- ◆ Spouse’s open enrollment occurs outside of the County’s open enrollment period.
- ◆ Involuntary loss of coverage.
- ◆ A court order resulting in a change in legal custody (including a Qualified Medical Child Support Order) requiring coverage for your child.
- ◆ You or your spouse turns 65 and/or enrolls in Medicare. For additional information on Medicare, go to www.medicare.gov.
- ◆ You or your dependents enroll in other medical coverage.

Annual Open Enrollment

Each year, the County has Open Enrollment in order to allow you to enroll in medical coverage for you and your family.

As a result of comprehensive health care negotiations, the County offers only one medical plan to members based on where they live. For those members who live in the local service area, the County offers the Stanislaus County Partners in Health (SCPH) plan. Alternatively, for those members who live outside the local service area, the County offers the Anthem Blue Cross plan. A map of the local service area with applicable zip codes is included in this guide on page 13 for your review. The County offers an Exclusive Provider Organization (EPO) and a High Deductible Health Plan (HDHP) for both medical insurance programs.

Every Early retiree must complete a Benefit Enrollment Form and submit it to CEO—Risk Management 1010 10th Street Suite 5900, Modesto, CA 95354 or email a copy to countybenefits@stancounty.com

Note: Early retirees and their dependents must retain continued medical coverage in order to be eligible to enroll. Proof of coverage will be required. If there is a break in coverage, you will not be eligible to re-enroll in the Early Retiree medical coverage.

The County's medical plan is designed to help maintain wellness and protect you and your family from major financial hardship in the event of illness or injury. The County offers one medical plan option based on where you live. If you live in the local service area, you will have the option to enroll with one of the SCPH plans and if you live outside the local service area, you will have the option to enroll with one of the Anthem Blue Cross plans. All County medical plans comply with the standards provided by the Patient Protection and Affordable Care Act (federal health care reform). You must adhere to the following three enrollment steps to help you select a medical plan that provides the best option for your needs:

Step 1 **Select Your Benefit Design**

You must select between enrolling in a High Deductible Health Plan (HDHP) or an Exclusive Provider Organization (EPO) plan.

High Deductible Health Plans

HDHP's provide lower premiums, but higher deductibles than a traditional medical plan. This means you pay the initial medical expenses until your deductible is met, and before the insurance will cover medical expenses or prescription drugs. Once you reach your deductible, you will pay for medical expenses on a fixed co-payment schedule, similar to a traditional HMO. Your deductible will not apply to preventative care services, which are provided for free. The HDHP offered by the County is considered a qualified plan and may be offered alongside an HSA Account. An HSA is a tax-favored savings account that works in conjunction with a High Deductible Health Plan (HDHP) and helps you save for health care expenses. If you retire from the County mid-year and you were already enrolled in a HDHP, you will keep the HSA account the County had set up for you. If you have not previously enrolled in an HDHP, you may open an individual HSA account. The County does not contribute funds into early retiree HSA accounts.

- ✓ The annual deductible for a single subscriber is \$1,300.
- ✓ The annual deductible for Subscriber +1 and Subscriber + 2 or more is \$2,600.

Exclusive Provider Organization Plans

The EPO plan options offer a higher level of benefits than a HDHP; however, the premiums are higher as well. There is no annual deductible and all benefits are based on a fixed co-payment, which is the amount you will pay out-of-pocket for each office visit, service or prescription drug. EPO plans function like a traditional HMO plan and may offer additional convenience for pre-Medicare retirees who are willing to pay higher monthly premiums.

Please see page 10-11 for more detailed information on the HDHP and EPO plan designs. All co-payments are the same on both plan designs effective January 1, 2016.

Providers

Both medical carriers provide a comprehensive list of medical providers and access to local, regional and national medical centers to address routine or complex issues of medical care. The County's medical benefit is designed to offer similar coverage levels across both medical carriers, so your core benefits will be similar regardless of which medical plan you are eligible to enroll in. Refer to the **Zip Code list on page 13** to verify which medical carrier you are eligible to enroll in. Your medical carrier will determine which network of physicians and hospitals you will have access to. The following table provides information on the current networks for both of the medical carriers. You may also visit each medical carrier's website for more detailed and up-to-date information on their individual medical provider networks.

	SCPH	Anthem
Local Hospitals	Doctors Modesto Doctors Manteca Emanuel Turlock Oak Valley Oakdale	Memorial Modesto Doctors Modesto Doctors Manteca Emanuel Turlock Oak Valley Oakdale Stanislaus Surgical
Local Physician Panel (Primary Care, specialists, etc.)	approx. 553	approx. 1121
California Regional Referral Hospitals	UC Davis, UCSF, Stanford	UC Davis, UCSF, Stanford
Pharmacies	approx. 42	approx. 44
National Out of Area Network	First Health	Anthem Blue Cross/ Blue Shield

Medical Plan — HDHP Benefit Summary

HDHP - Plan Features	In-Network SCPH and Anthem Blue Cross	Out-of-Network Anthem Blue Cross Only
Calendar Year Deductible Individual / Family	\$1,300 / \$2,600	\$1,300 / \$2,600
Annual Out-of-Pocket Max. Individual/Family	\$3,000 / \$6,000	\$5,000 / \$10,000
Physician Office Visit	\$20 copay after deductible	70% after deductible
Specialist Office Visit	\$20 copay after deductible	70% after deductible
Lab and X-Ray and Hi-Tech/ Advanced radiology	\$10 copay; \$25 copay for CT, MRI, PET scans after deductible	70% after deductible
Preventive Services Adult Periodic Exams with Preventive Tests	100% Deductible waived	70% after deductible
Infusion Services/ Injections and non-routine immuniza- tions	\$10 copay after deductible	70% after deductible
Skilled Nursing Facility	\$200 copay after deductible	70% after deductible
Hearing Aids	\$0 copay after deductible Max \$5,000 per year	70% after deductible
Hospitalization Inpatient Outpatient	\$150 copay per admit after deductible \$100 copay per procedure after deductible	70% after deductible
Emergency Room Services & Supplies	\$75 copay after deductible (waived if admitted)	90% after deductible
Urgent Care	\$20 copay after deductible	70% after deductible
Chiropractic	\$15 copay after deductible up to 20 visits per year	70% after deductible up to 24 visits per year
Durable Medical Equipment	\$20 copay after deductible	70% after deductible
Prescription Drugs		
	Retail (30 days) / Mail-order (31 - 100 days)	
Generic	\$10 / \$20 copay after deductible	
Formulary	\$25 / \$50 copay after deductible	
Non-Formulary	\$25 / \$50 copay after deductible	

Medical Plan — EPO Benefit Summary

EPO - Plan Features		SCPH and Anthem Blue Cross
Calendar Year Deductible Individual/Family		N/A
Annual Out-of-Pocket Maximum Individual/Family		\$1,500 / \$3,000
Physician Office Visit		\$20 copay
Specialist Office Visit		\$20 copay
Lab and X-Ray and Hi-Tech/Advanced radiology		\$10 copay; \$25 copay for CT, MRI, PET scans
Preventive Services Adult Periodic Exams with Preventive Tests		100% covered
Infusion Services/ Injections and non-routine immunizations		\$10 copay
Skilled Nursing Facility		\$200 copay
Hearing Aids		\$0 copay Max \$5,000 per year
Hospitalization Inpatient Outpatient		\$150 copay per admit \$100 copay per procedure
Emergency Room Services & Supplies		\$75 copay (waived if admitted)
Urgent Care		\$20 copay
Chiropractic		\$15 copay up to 20 visits per year
Durable Medical Equipment		\$20 copay
Prescription Drugs		Retail (30 days) / Mail-order (31 - 100 days)
Generic		\$10 copay / \$20 copay
Formulary		\$25 copay / \$50 copay
Non-Formulary		\$25 copay / \$50 copay

Medical Plan Premiums and Your Payment Options

Step 2

Select Your Coverage Level

The cost of healthcare will not only vary between the individual benefit design you select (EPO vs. HDHP), but also the coverage level. Please review the premium grid below to compare the rate difference between the plan designs and coverage levels. These rates include a 2% administrative fee, identical to the COBRA administrative fee.

Monthly Premium Rates

Coverage Level	SCPH or Anthem HDHP	SCPH or Anthem EPO
Subscriber Only	\$623.77	\$745.84
Subscriber Plus One Dependent	\$1,247.53	\$1,491.69
Subscriber Plus Family	\$1,684.19	\$2,013.79

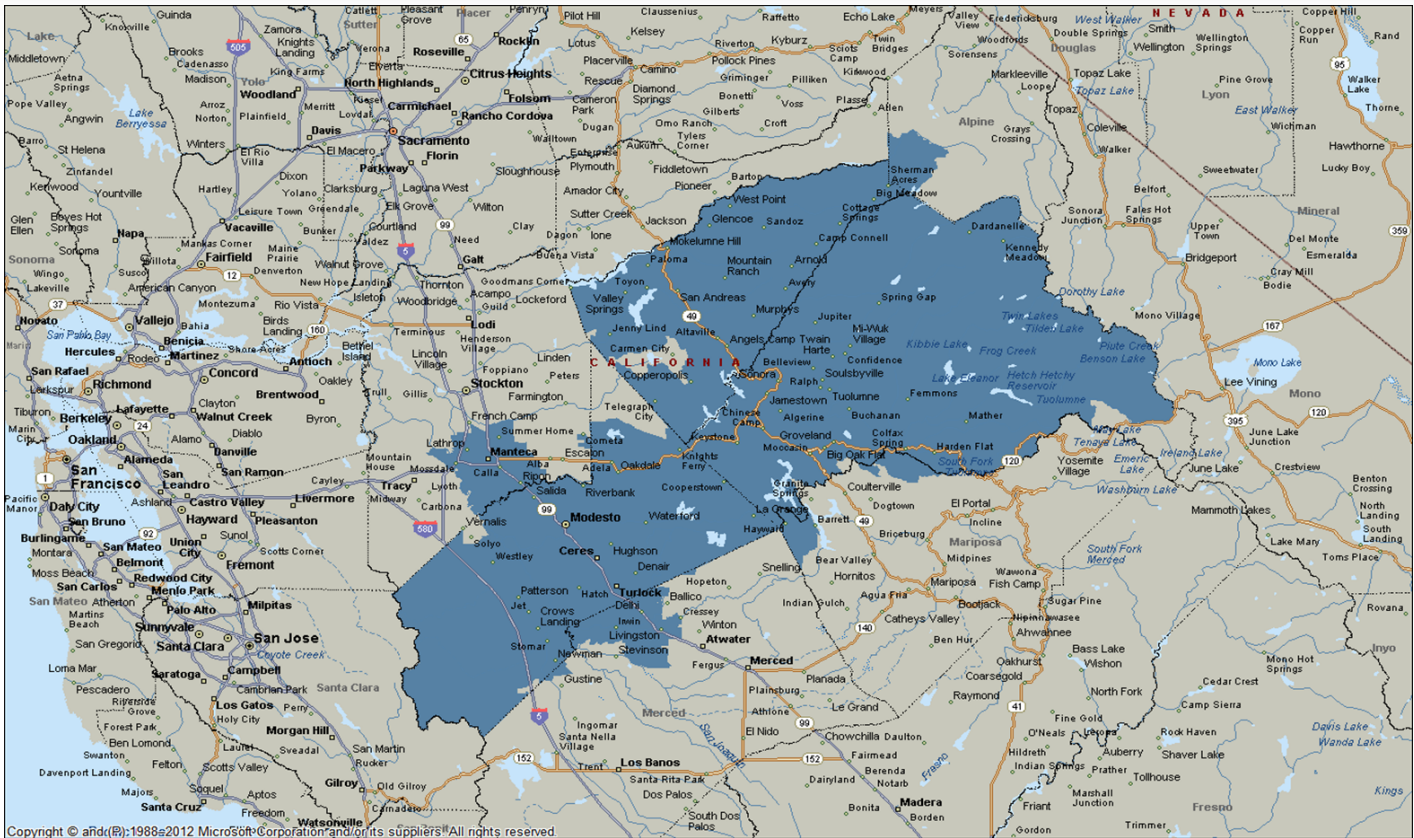
Once you have completed all three steps, you must now complete the County Benefit Enrollment Form and submit by November 20, 2015 via email to countybenefits@stancounty.com or mail to:

Stanislaus County Risk Mgmt
1010 10th Street Suite 5900
Modesto, CA 95354

The following premium payment conditions apply:

- ◆ Early retiree premiums may be deducted from your retirement check through StanCERA.
- ◆ StanCERA will only process complete payments. If your retirement pay is not enough to cover the full monthly premium, you will be responsible for submitting full payment on a monthly self-pay basis to the County by the first day of the month. Medical insurance will be terminated if you do not pay your monthly premium within 30 days of the due date. You may experience interruptions in service any time you do not make your payment by the due date on the first day of the month.
- ◆ For self-pay accounts, the County will send a monthly billing statement via e-mail or postal mail before premiums are due.
- ◆ For self-pay accounts, the County can only accept payments made up to one month in advance and payments must be made to Stanislaus County Risk Mgmt by check or money order only. You may have the option to setup a monthly auto-payment arrangement through your banking institution.
- ◆ Please remember, non-payment of premiums is treated as voluntary termination from the plan. Once you are terminated for non-payment, you will not be allowed to enroll again in the future.

Local Service Area Zip Code Map and List



Service Area is in Blue

County	City
Stanislaus	All
Calaveras	All
Tuolumne	All
San Joaquin	Escalon, Lathrop, Manteca, Ripon
Merced	Delhi, Hilmar, Livingston

SCPH Local Service Area Zip Code List*

95221	95229	95249	95305	95316	95327	95337	95354	95363	95373	95386
95222	95232	95250	95307	95319	95328	95346	95355	95364	95375	95387
95223	95233	95251	95309	95320	95329	95347	95356	95366	95379	95390
95224	95245	95252	95310	95321	95330	95350	95357	95367	95380	95397
95225	95246	95254	95313	95323	95334	95351	95358	95368	95381	
95226	95247	95255	95314	95324	95335	95352	95360	95370	95382	
95228	95248	95257	95315	95326	95336	95353	95361	95372	95383	

***If you live in the zip code area listed above, you will only have the option of enrolling in one of the SCPH plans. If you do NOT live in the zip code area listed, you will only have the option of enrolling in one of the Anthem plans.**

POMCO — Anthem and SCPH	
Insurance Claims, Eligibility and Member Services	844-344-8045 www.mypomco.com
Wells Fargo HSA	
Member Services Website	866-884-7374 www.wellsfargo.com/hsa
RESCO / PGA (Pacific Group Agencies)	
800-511-9065 Insurance@RescoToday.org http://rescotoday.org	
CEO-Risk Management Division-Employee Benefits	
209-525-5717 earlyretirees@stancounty.com http://www.stancounty.com/riskmgmt/risk-eb-earlyretirees-sub-main.shtm	

FAQ's

- ***I am retiring in March and I am not Medicare eligible, what happens to my health benefits?*** The County will send you a COBRA packet after you retire. This packet will automatically be sent to you and includes health insurance continuation information and your enrollment form.
- ***Do I have to enroll in COBRA?*** If you are not enrolling in the County's Dental and Vision coverage, you can enroll directly into the Early Retiree Medical Plan. If you are enrolling in the County's Dental and Vision coverage you are encouraged to enroll in COBRA for up to 18 months. Once your COBRA expires, you will be given the option to continue your medical coverage under the Early Retiree Medical Plan until you become Medicare eligible. You will need to contact RESCO or another outside vendor for dental and vision coverage at that time.
- ***Can I have my monthly premium deducted from my retirement check?*** Yes, you may have your medical premium deducted from your retirement check, only if you are enrolled in the Early Retiree Medical Plan. If you enroll in COBRA upon retirement, you will pay the County for your medical, dental and vision benefits for the first 18 months by check or money order. Or if you are not enrolling in the County's Dental and Vision plans, you can enroll directly into the Early Retiree Medical Plan and your monthly premium may be deducted from your retirement check.
- ***What if my retirement check isn't enough to cover the monthly medical insurance premium?*** You will not be able to deduct your premium from your retirement check because StanCERA will only deduct the entire monthly premium, not a partial deduction. Therefore if you do not receive enough retirement income to cover the monthly medical premium, you must pay the County directly by the 1st of every month. The County will only accept a check or money order, no cash.
- ***What happens when I become Medicare eligible?*** When you or your spouse turns 65, the County will notify you of your medical coverage cancellation and provide information on where you may obtain a Medicare supplement. However, if you or your spouse become Medicare eligible prior to turning 65, it is your responsibility to notify the County as soon as possible.
- ***What if I turn 65, but my spouse is not?*** Your spouse is still eligible to be enrolled on the Early Retiree Medical Plan. The County will notify you of your medical coverage cancellation and supply an enrollment form for your spouse to enroll as the main subscriber.
- ***If I enroll in the Health Insurance Exchange and decide I don't like it, can I come back?*** You must retain continued medical coverage to be eligible to re-enroll in the County's Early Retiree Medical Plan. With the exception of open enrollment, you may not voluntarily drop your outside medical coverage to enroll, which includes the Health Insurance Exchange or *Covered California*. Therefore, the only time you may come back to the County's Early Retiree Medical coverage is during open enrollment or when you experience a qualifying life event, and you must provide documentation.

Health Insurance Exchange and Mandatory Annual Notices

What is Healthcare Reform and the Affordable Care Act?

- As of January 1, 2014 everyone was required to have health insurance that qualifies as 'minimum essential coverage', or pay a penalty/fee.
- Insurance marketplaces have been established for individuals to purchase insurance. Covered California is the new insurance marketplace servicing California residents.
- Open Enrollment through the marketplace begins on November 1, 2015 and ends on January 31, 2016.
- You cannot be denied insurance or charged more for pre-existing conditions.
- As a pre-Medicare retiree, you may qualify for a premium subsidy or tax credit through the Exchange/Marketplace, with reduced medical insurance premiums or out of pocket costs.
- Contact the Health Counselor with Alliant Employee Benefits at 877-470-3075, Covered California directly at 800-300-1506 or visit their website: <http://www.coveredca.com>.

Mandatory Annual Notices

Federal Law requires us to provide the following notices annually and/or when there have been material changes. Due to the Affordable Care Act (Health Care Reform), a number of materials changes have prompted us to provide you with written notification of these notices.

The following notices are available for you to review and print on Stanislaus County's website at: <http://www.stancounty.com/riskmgmt/risk-eb-medical-benefits-sub-main.shtm>. If you would like a paper copy of any of these documents, please contact Employee Benefits at 209-525-5717.

- **Marketplace/Exchange Notice** – notification of the availability of insurance exchanges
- **Summary of Benefits and Coverage (SBC)** – an easy to read summary of all of our medical plans
- **Summary Plan Description (SPD)** – detailed plan document about each of our medical plans
- **Medicare Part D Notice** – discloses that our prescription drug benefits are considered creditable coverage, meaning they are at least as good as the coverage offered under the Medicare Part D program
- **Children's Health Insurance Program Reauthorization Act (CHIPRA)** – notification of potential opportunity for premium assistance under Medicaid or CHIP towards group health coverage
- **HIPAA Notice of Privacy Practices** – explains your privacy rights as a group health plan participant
- **Women's Health and Cancer Rights Act Notice** – notification of rights to post-mastectomy reconstruction
- **Initial COBRA Notice** – revised with information about the availability of insurance exchanges
- **Notice of Special Enrollment Rights** – describes plan procedures and rights for special enrollments

Note:

The information in this brochure is a general outline of the benefits offered under Stanislaus County's benefits program. Specific details and plan limitations are provided in the Evidence of Coverage (EOC), which is based on the official Plan Documents that may include policies, contracts and plan procedures. The EOC and Plan Documents contain all the specific provisions of the plans. In the event that information in this brochure differs from the Plan Documents, the Plan Documents will prevail.

EOC's and Plan Documents are available on the Employee Benefits website:
<http://www.stancounty.com/riskmgmt/risk-eb-home-main.shtm>

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Employee Benefits
1010 10th Street, Suite 5900
Modesto, CA 95354
(209) 525-5717
Email: earlyretirees@stancounty.com