



Striving to be the Best

YOUR EMPLOYEE BENEFITS NEWS- VOL 3

Get Ready for Annual Open Enrollment

Open Enrollment October 29 – November 16, 2012

Your benefits package is an important part of your total compensation at Stanislaus County. To get the most value from your benefits, take the time to review and understand your options.

Each year the County holds open enrollment to allow employees, eligible for group health insurance, the opportunity to change insurance options and add or remove dependents.

All benefit changes made during this period will become effective- January 1, 2013.

The only other time you may make changes to your benefits throughout the calendar year is if you have a Life Event. Refer to the [Employee Benefits Policy](#) for information regarding Life Events.

If you are not making any changes to your health insurance plans for 2013, you will not be required to complete an enrollment. However, we recommend you still log in to PeopleSoft to verify your current elections.

This year's open enrollment process will include:

- Open Enrollment Events- will be scheduled at several different locations throughout the County facilities. There will be representatives present from each health insurance vendor as well as Employee Benefits. You will be able to walk freely from table to table, ask questions and pick up available materials. The schedule will be included in your open enrollment materials and posted online mid-October.
- Health Savings Account workshops- will be scheduled during the Open Enrollment events. At these workshops, there will be a presentation given by our Wells Fargo HSA representative as well as plenty of time to ask questions regarding the HSA's and how they work with the HDHP's (High Deductible Health Plans).
- Self Service enrollment- if you want to make changes during this open enrollment period, you will log in to PeopleSoft Self Service and choose your own benefit options. If you are not making changes for 2013, we recommend you still log in to PeopleSoft to verify your current elections. Assistance will be available for employees who need help with their benefit selections or Self Service.

Keep on the lookout for your Open Enrollment materials. We will be sending via e-mail as well as posting online on the [Employee Benefits open enrollment](#) webpage mid-October.

Free FLU SHOT clinics will be available at every open enrollment event location. Stay tuned, more information is coming soon!

COORDINATION OF BENEFITS (COB)

Once a year you will receive a Coordination of Benefits letter asking whether or not you have other insurance coverage. The purpose of this letter is to confirm whether or not you and your family have additional insurance. If it is established that you do have secondary coverage, this is how health plans determine which company pays primary on your claims. This is standard practice with claims payers when coordination of benefits is an issue.

When the first claim in a 12-month period is received, it triggers this letter and your claim will be 'pended' until you respond and provide the requested information. When a claim is pended, it is not getting paid, so it's in your best interest to respond in a timely manner.

To submit your COB information:

- Respond to the inquiry via mail
- Respond to the inquiry via fax
- Respond to the inquiry via phone
- Call member services PRIOR to receiving the inquiry and provide the information

The member services numbers are listed below for your information.

9/28/12

MEMBER SERVICES PHONE NUMBERS

**Stanislaus County Partners in Health
(SCPH)- Capitol Administrators
877-789-8499**

**Kaiser Permanente
800-663-1771**

**Anthem HDHP
866-207-9878**

**Anthem EPO
800-888-8288**

PREVENTIVE SERVICES

Due to the Affordable Care Act (Healthcare Reform), some important preventive services are covered at no cost to you, such as **screenings**, **vaccinations** and **counseling**. *However, if there are any other tests, diagnosis or issues addressed at that visit, you may be charged for those services. Preventive screenings do not include disease monitoring or surveillance of a diagnosed condition.*

WHAT ARE PREVENTIVE SERVICES?

- Well-woman Exams
- Well-child Exams
- Annual Physicals
- Family Planning
- Prenatal

PREVENTIVE SERVICES INCLUDE:

- Blood pressure, diabetes, and cholesterol **screenings**
- Many cancer **screenings**, including mammograms and colonoscopies
- Routine **vaccinations** against diseases such as measles, polio, or meningitis
- Flu and pneumonia shots
- **Counseling** on such topics as quitting smoking, losing weight, eating healthfully, treating depression, and reducing alcohol use
- **Counseling, screening, and vaccines** to ensure healthy pregnancies

WHAT MAY NOT BE INCLUDED WITH PREVENTIVE SERVICES:

- Asking for refills of a maintenance medication. The doctor will probably be willing to write you refills, but this is not a preventive service and you may be billed separately.
- Asking to have other ailments addressed (moles looked at, sore back or headaches diagnosed, etc). Again, not preventive in nature and do not fall under the government guidelines for preventive services. This will be covered, but you will probably have a copay or coinsurance due.
- New patient office visits. Often times if the physician has never seen the patient before, then a complete history and physical is done and that would not be covered as preventive.

Claims are paid SOLELY on how your provider codes the services rendered during your visit. The health plans (all of them) are required to process the claims as submitted by your physician, regardless of any extenuating circumstances. For example: A well-woman exam is coded V72.31. If during that visit you ask to have your blood-pressure prescription renewed, the code would change to reflect the diagnosed condition. Accordingly, the well-woman portion of the visit (pap smear, blood pressure screening, etc.) would be covered at no cost to you; however, the additional coding for an existing condition may result in out-of-pocket expenses.

If a preventive screening exam detects a condition, the purpose of that screening remains preventive, not diagnostic, and there will be no charge. However, **once a diagnosis of a condition is made, all future screenings for that condition will no longer be considered preventive**, but are considered monitoring or surveillance of a diagnosed condition, with the applicable copay or coinsurance applied.

Coming Soon!

FLU SHOTS

At the open enrollment event locations or your physician's office now