— 2024 —

# OPEN ENROLLMENT

## OCTOBER 4-20, 2023

## *RETIREE BENEFITS GUIDE*

**YOUR BENEFITS. YOUR CHOICE.**

**Human Resources & Development**
2500 West Burrel Avenue Visalia, CA 93291
(559) 636-4900
www.tularecounty.ca.gov/hrd

**Benefits Customer Service**
(559) 636-4911
OEHealth@tularecounty.ca.gov

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## Medical Plan Contacts

If you need to reach our plan providers, here is their contact information:

| Plan Type | Provider | Phone | Website |
|---|---|---|---|
| Medical | **Anthem Blue Cross** | 888-831-2238 | www.anthem.com/ca |
| Medical | **Foundation for Medical Care** | 559-734-1321 | |
| Medical | **LiveHealth Online** | 888-548-3432 | www.livehealthonline.com |
| Medical | **Kaiser Permanente** | 800-464-4000 | www.kp.org |
| Prescription | **EmpiRx Health** | 877-262-7435 | www.empirxhealth.com |
| Vision | **Vision Service Plan** | 800-877-7195 | www.vsp.com |
| Dental PPO | **Delta Dental** | 888-335-8227 | www.deltadentalins.com |
| Dental HMO | **DeltaCare USA** | 800-422-4234 | www.deltadentalins.com |

## Open Enrollment is Here Again!

It is time again to review your benefits elections for the coming year. The County of Tulare's 2024 Open Enrollment begins on **October 4, 2023 and ends on October 20, 2023**. Open Enrollment is your annual opportunity to change plans, add or drop eligible dependents from coverage, or cancel coverage.

We are providing you with this overview to help you understand the benefits that are available to you and how to best use them. Please review it carefully and make sure to ask about any important issues that are not addressed here. While we have made every effort to make sure that this guide is comprehensive, it cannot provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

## 2024 Health Plan Options

- Anthem Blue Cross PPO $0 Deductible Plan Option – 5% Increase in Premium
- Anthem Blue Cross PPO $500 Deductible Plan Option – 5% Increase in Premium
- Anthem Blue Cross PPO $750 Deductible Plan Option – 5% Increase in Premium
- Anthem Blue Cross PPO $2,500 High Deductible Plan Option – 5% Increase in Premium
- Kaiser Permanente Traditional HMO Plan Option –20.78% Increase in Premium
- Kaiser Permanente Deductible HMO Plan Option – 20.78% Increase in Premium
- Kaiser Permanente Senior Advantage HMO Plan Option – No Increase in Premium
- Delta Dental PPO Plan Option – No Change in Premium
    - Plan Design Change: Calendar Year Maximum increasing from $1,000 to $2,000
- DeltaCare USA Dental HMO Plan Option – No Change in Premium
- Vision Service Plan (VSP) as vision provider – No Change in Premium

## What Must You Know?

Open enrollment changes can be completed in person, by phone, online, or Fax.

If you plan to:

Participation **IS REQUIRED** if you are:

- Changing health plans
- Adding or removing a dependent
- Cancelling health coverage

If no changes are being made with your current health plan coverage, participation is not required.

Insurance premiums for Plan Year 2024 are included in the pension check dated **November 30, 2023.**

Call Benefits Customer Service by October 20th at (559) 636-4911 or email OEHealth@tularecounty.ca.gov.

**If you are not making any changes to your coverage, your current benefit elections will automatically continue in 2024.**

## Who Can You Cover?

**Who Is Eligible?**

Tulare County offers its eligible retirees medical, dental, vision, and prescription drug health benefits.

- Retirees under 65 are eligible for medical, dental, vision and prescription benefits.
- Retirees 65 and over are only eligible for medical and prescription benefits.
- You can enroll your spouse (the person who you are legally married to under state law, including a same-sex spouse.)
- Your domestic partner is eligible for coverage if you and your domestic partner are under a legally registered and valid domestic partnership. An individual who is registered with the State of California as a domestic partner of a County Employee/Retiree. For more information on registered domestic partners, visit the California Secretary of State's website at www.sos.ca.gov/registries/domestic-partners-registry/.
- A surviving spouse who was legally married to a County retiree at the time of the retiree's death and continues to receive a County of Tulare pension check is eligible to remain on the plan as a primary subscriber.
- Your children (including your Domestic Partner's Child, a Child under your Legal Guardianship, Adoptive Child):
  - Under the age of 26 are eligible to enroll in medical coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
  - Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
  - Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.
- Newly acquired dependents can be added by submitting the necessary forms within 30 days of their becoming eligible. Dependents may be dropped at any time; however, they can only be added back during annual Open Enrollment period.

Please refer to the Summary Plan Description for complete details on how benefits eligibility is determined.

## When Can I Enroll?

Open enrollment is the one time each year that retirees can make changes to their benefit elections without a qualifying life event. Open enrollment is generally held in October.

Make sure to notify HRD Benefits right away if you do have a qualifying life event. You have 30 days to make a change (add or drop) to your coverage election. These changes include (but are not limited to):

- Birth or adoption of a baby or child
- Loss of other healthcare coverage
- Eligibility for new healthcare coverage
- Marriage
- Divorce or Legal Separation
- Moving out of the provider service area

## Premium Designation

Do you have a Designation or Change of Beneficiary Form on file with us? In the event that anything should happen to you and there are prepaid premiums in your account, this will authorize the County to appropriate the dollars to the individual designated on the form. For a copy of the form, please contact HRD Benefits Customer Service.

## Dependent Verification

If you are **adding a dependent** to your health plan, you will be required to provide written documentation that validates the relationship of any dependents you have enrolled on your plan. Accepted forms are:

1. A copy of your most recent IRS 1040 Form.
2. Spouse - Certified copy of Marriage Certificate with County Seal.
3. Domestic Partner – State of California Certificate of Registered Domestic Partnership
4. Birth Child or Step Child - A Certified copy of Birth Certificate with County Seal; Court Order mandating coverage; Qualified Medical Child Support Order mandating coverage
5. Children who have been Adopted, Grandchildren, or Legal Guardianship - Court Order showing legal responsibility for the child with the court filing information and date.

Deadline to submit eligible documentation is **October 20, 2023.**

## Medicare

- If you are enrolled in the Anthem Blue Cross PPO plans, your deductible and office co-pays will continue to be waived when using a Medicare Assigned Provider.
- Kaiser Permanente HMO requires that you enroll in Medicare Parts A & B and their Sr. Advantage plan when you turn 65.
- If you are a retiree enrolled in Medicare, your primary coverage is Medicare and the Tulare County Health Plan is secondary. If you are not currently eligible for Medicare but become eligible during the 2024 Plan Year, please notify HRD Benefits immediately so that we can send you the enrollment materials that your health plan will require.

### Medicare Part D

EmpiRx and Kaiser Permanente are considered Creditable Coverage and you will NOT be required to enroll in another Medicare Part D plan. If you have any questions regarding Medicare or Medicare Part D, call: 1-800-MEDICARE (1-800-633-4228) or HICAP at (559) 623-0199.

(See page 16 for Medicare Part D Notice)

## Anthem Medical PPO Plans

Medical coverage provides you with benefits that help keep you healthy like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition.

County of Tulare offers you a choice of four Anthem Blue Cross PPO Plans. Please refer to Summary Benefits Coverage for a description of Out-Of-Network coverage.

| Anthem Blue Cross | Anthem BC PPO $0 Deductible | Anthem BC PPO $500 Deductible | Anthem BC PPO $750 Deductible | Anthem BC PPO $2,500 High Deductible |
|---|---|---|---|---|
| Covered Services | In-Network | In-Network | In-Network | In-Network |
| Annual Deductible | $0 per individual<br>$0 family limit | $500 per individual<br>$1,000 family limit | $750 per individual<br>$1,500 family limit | $2,500 per individual<br>$5,000 family limit |
| Annual Out-of-Pocket Max | $2,000 per individual<br>$4,000 family limit | $3,000 per individual<br>$6,000 family limit | $3,500 per individual<br>$7,000 family limit | $5,000 per individual<br>$10,000 family limit |
| Lifetime Max | Unlimited | Unlimited | Unlimited | Unlimited |
| Office Visit – Primary | $20 copay | $25 copay | $25 copay | Plan pays 90% after deductible |
| Office Visit – Specialist | $20 copay | $25 copay | $35 copay | Plan pays 90% after deductible |
| Preventive Services | Plan pays 100% | Plan pays 100% | Plan pays 100% | Plan pays 100% |
| Chiropractic Care | $25 copay<br>(up to 12 visits per year) | $25 copay<br>(up to 12 visits per year) | $25 copay<br>(up to 12 visits per year) | Plan pays 90% after deductible (up to 12 visits per year) |
| Diagnostic X-ray & Lab | Plan pays 100% | Plan pays 100% | Plan pays 100% | Plan pays 90% after deductible |
| Complex Imaging | Plan pays 90% after deductible | Plan pays 80% after deductible | Plan pays 80% after deductible | Plan pays 90% after deductible |
| Inpatient Hospitalization | Plan pays 90% | Plan pays 80% after deductible<br>*(no admission copay)* | Plan pays 80% after deductible<br>*(no admission copay)* | Plan pays 90% after deductible |
| Outpatient Surgery | Plan pays 90% | Plan pays 80% after deductible | Plan pays 80% after deductible | Plan pays 90% after deductible |
| Urgent Care | $20 copay | $25 copay | $25 copay | Plan pays 90% after deductible |
| Emergency Room | $100 copay<br>(copay waived if admitted) | $100 copay<br>Plan pays 80% after deductible (copay waived if admitted) | $100 copay<br>Plan pays 80% after deductible (copay waived if admitted) | Plan pays 90% after deductible |

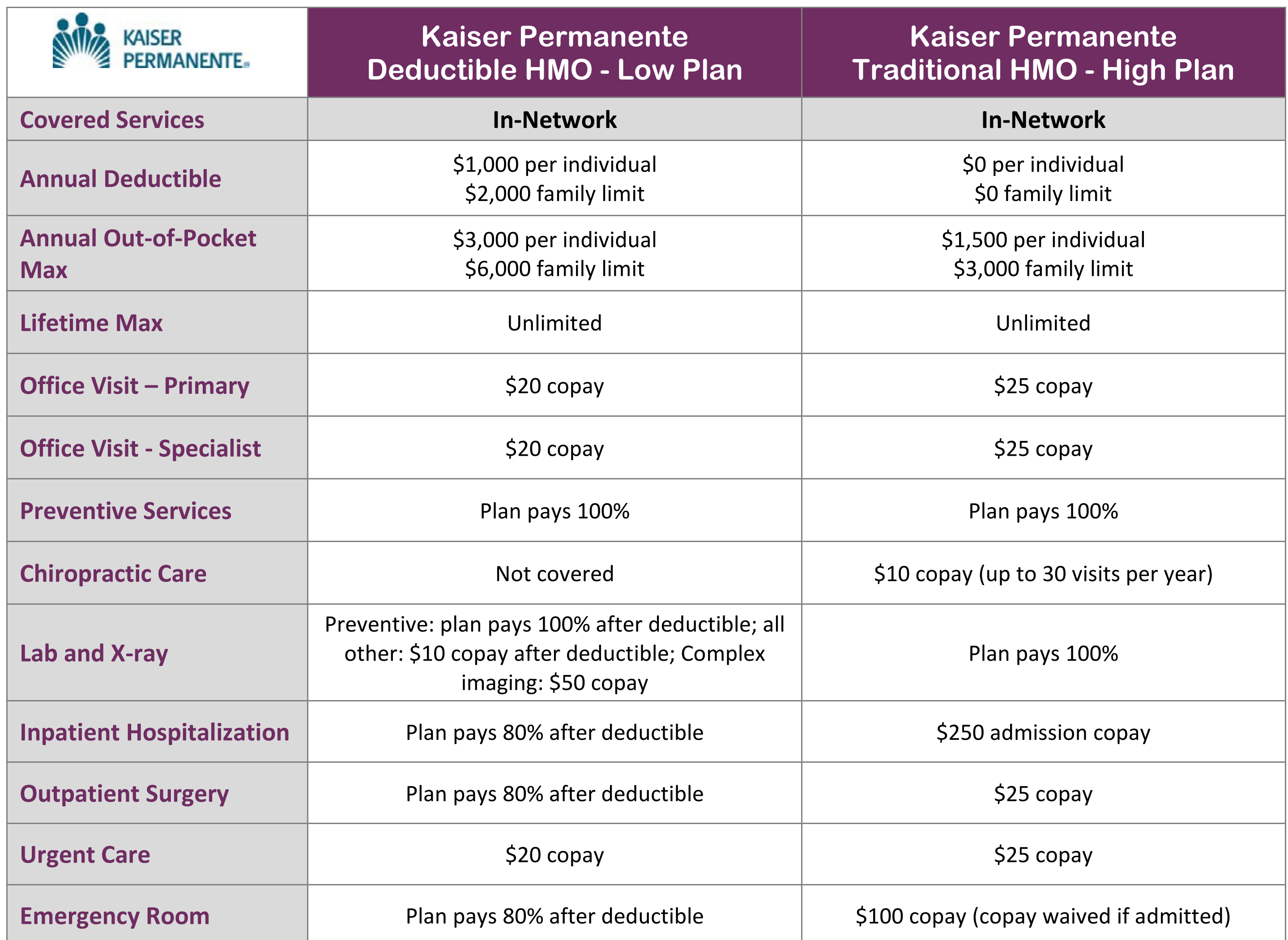
## Future Moms Program

The Future Moms Program will give you the information, tools and resources you need for a healthy pregnancy, delivery and baby. Through the program's app, MyAdvocate, you will have many features to choose from: personalized to-do lists, pregnancy calendar, baby kick counter, updates on your pregnancy, how you can prepare for labor and delivery, and more. Register at anthem.com/ca or download the My Advocate Helps app or go to MyAdvocatehelps.com.

For more information, contact Benefits Customer Service or visit www.tularecounty.ca.gov/hrd.

## Kaiser Permanente HMO Plans

Here is an overview of the two HMO medical plans offered through Kaiser Permanente. Must reside in KP service area (Fresno County, Kern County, Kings County, or Tulare County).



| KAISER PERMANENTE | Kaiser Permanente Deductible HMO - Low Plan | Kaiser Permanente Traditional HMO - High Plan |
|---|---|---|
| **Covered Services** | **In-Network** | **In-Network** |
| **Annual Deductible** | $1,000 per individual<br>$2,000 family limit | $0 per individual<br>$0 family limit |
| **Annual Out-of-Pocket Max** | $3,000 per individual<br>$6,000 family limit | $1,500 per individual<br>$3,000 family limit |
| **Lifetime Max** | Unlimited | Unlimited |
| **Office Visit – Primary** | $20 copay | $25 copay |
| **Office Visit - Specialist** | $20 copay | $25 copay |
| **Preventive Services** | Plan pays 100% | Plan pays 100% |
| **Chiropractic Care** | Not covered | $10 copay (up to 30 visits per year) |
| **Lab and X-ray** | Preventive: plan pays 100% after deductible; all other: $10 copay after deductible; Complex imaging: $50 copay | Plan pays 100% |
| **Inpatient Hospitalization** | Plan pays 80% after deductible | $250 admission copay |
| **Outpatient Surgery** | Plan pays 80% after deductible | $25 copay |
| **Urgent Care** | $20 copay | $25 copay |
| **Emergency Room** | Plan pays 80% after deductible | $100 copay (copay waived if admitted) |

**Kaiser Permanente Zip Code Listing**

| **Fresno County** | | | | **Tulare County** | | **Kings County** | |
|---|---|---|---|---|---|---|---|
| Fresno | 93650-93888 | Selma | 93662 | Dinuba | 93618 | Hanford | 93230 |
| Clovis | 93611-93619 | Parlier | 93648 | Kingsburg | 93631 | Hanford | 93232 |
| Del Rey | 93616 | Kerman | 93630 | Orange Cove | 93646 | **Kern County** | |
| Fowler | 93625 | Laton | 93242 | Sultana | 93666 | Delano | 93215 |
| Reedley | 93654 | Riverdale | 93656 | Traver | 93673 | Delano | 93216 |
| Sanger | 93657 | San Joaquin | 93660 | Richgrove | 93261 | McFarland | 93250 |

For a complete list of Zip Codes within the service area, contact Benefits Customer Service.

# Prescription Drugs

Prescription drug coverage provides an important benefit to your overall health, whether you need a prescription for a short-term health issue or an ongoing condition. Here are the prescription drug plans that are included with our medical plans. This is not a complete summary of benefits, further limitations and exclusions may apply.

| PBM | EmpiRx | EmpiRx | Kaiser | Kaiser |
|---|---|---|---|---|
| **Health Plans** | **Anthem PPO<br>$0, $500, $750 Ded** | **Anthem PPO<br>$2,500 HDHP** | **Kaiser HMO<br>Deductible-Low** | **Kaiser HMO<br>Traditional–High** |
| **Prescription Drug Deductible** | None | Subject to medical calendar year deductible | None | None |
| **Annual Out-of-Pocket Limit** | $2,000 per individual<br>$4,000 per family | Prescriptions subject to medical out-of-pocket maximums | Prescriptions subject to medical out-of-pocket maximums | Prescriptions subject to medical out-of-pocket maximums |
| **Pharmacy:** | | | | |
| Generic | $10 copay | $7 copay after deductible | $10 copay | $10 copay |
| Preferred Brand | $20 copay | $25 copay after deductible | $30 copay | $20 copay |
| Non-preferred Brand | $35 copay | Not covered | Not covered | Not Covered |
| Supply Limit | 30 days | 30 days | 30 days | 100 days |
| **Mail Order:** | * | | | |
| Generic | $15 copay | $14 copay after deductible | $20 copay | $10 copay |
| Formulary Brand | $30 copay | $50 copay after deductible | $60 copay | $20 copay |
| Non-Formulary Brand | $50 copay | Not covered | Not covered | Not covered |
| Supply Limit | 90 days | 90 days | 100 days | 100 days |

## EmpiRx Pharmacy Copay Savings with Mail Order

When you use mail order for your 90-day medication fills, copays are lower than retail. Your plan allows for a 90-day supply with three (3) refills – up to one year of medication refills – according to your physician's instructions.

**90-Day Prescriptions**

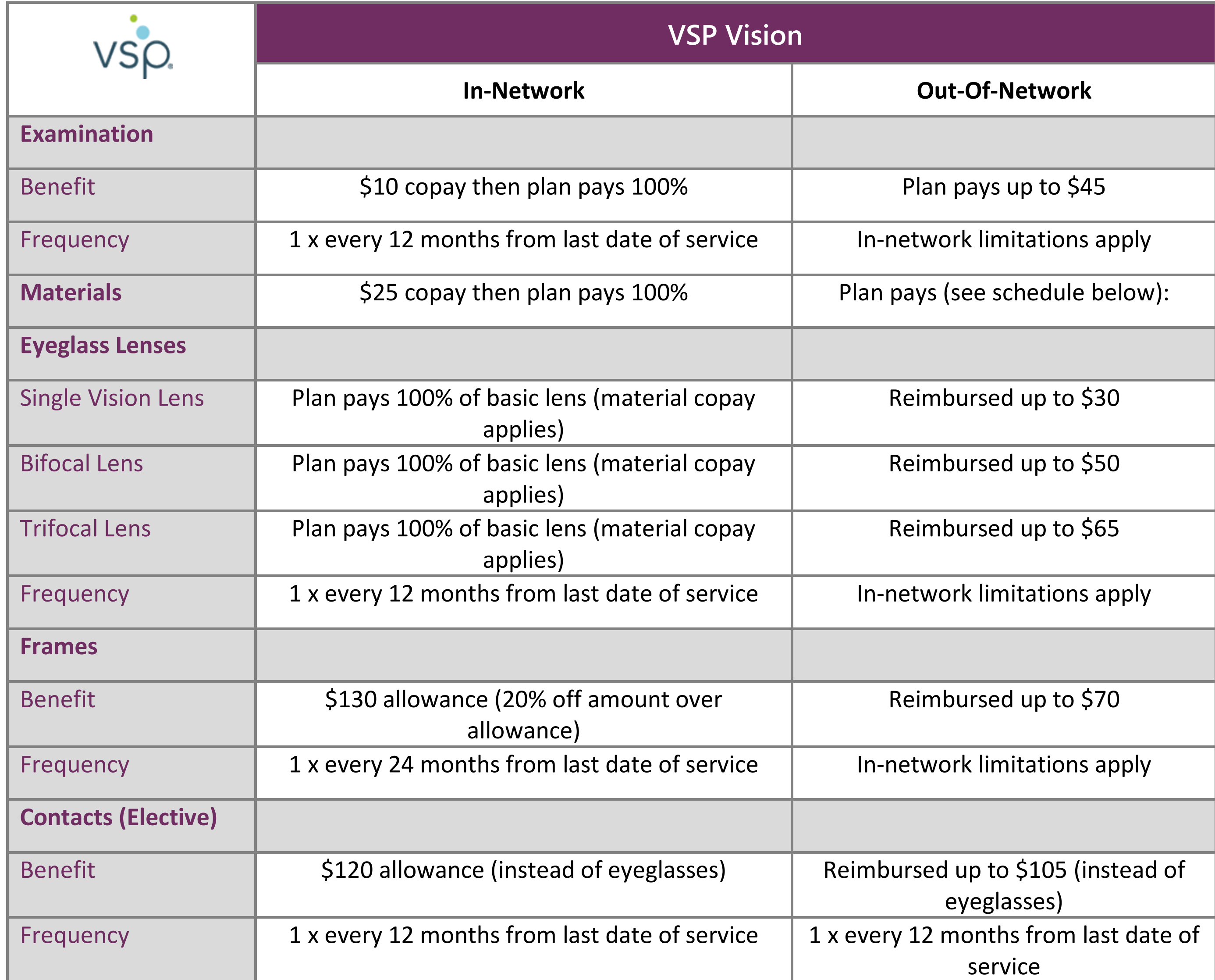
| Drug Type | Retail Pharmacy Copay | Mail Order Pharmacy Copay | Savings per prescription! |
|---|---|---|---|
| Generic | $20 | $15 | **$5** |
| Formulary Brand | $40 | $30 | **$10** |
| Non-Formulary Brand | $60 | $50 | **$10** |

**Registration is easy!** Call Member Services toll-free, 1-877-241-7123, 24 hours a day, 7 days a week and use the prompts to set up your account. Have your identification number and credit card information ready.

# Vision Plan

Routine vision exams are important, not only for correcting vision but because they can detect other serious health conditions.

We offer you a vision plan through **Vision Service Plan (VSP).** VSP is only available to members enrolled in the Anthem Blue Cross Medical PPO Plans. Kaiser members should refer to the Benefits Summary for vision benefits information.



| vsp | VSP Vision | |
|---|---|---|
| | **In-Network** | **Out-Of-Network** |
| **Examination** | | |
| Benefit | $10 copay then plan pays 100% | Plan pays up to $45 |
| Frequency | 1 x every 12 months from last date of service | In-network limitations apply |
| **Materials** | $25 copay then plan pays 100% | Plan pays (see schedule below): |
| **Eyeglass Lenses** | | |
| Single Vision Lens | Plan pays 100% of basic lens (material copay applies) | Reimbursed up to $30 |
| Bifocal Lens | Plan pays 100% of basic lens (material copay applies) | Reimbursed up to $50 |
| Trifocal Lens | Plan pays 100% of basic lens (material copay applies) | Reimbursed up to $65 |
| Frequency | 1 x every 12 months from last date of service | In-network limitations apply |
| **Frames** | | |
| Benefit | $130 allowance (20% off amount over allowance) | Reimbursed up to $70 |
| Frequency | 1 x every 24 months from last date of service | In-network limitations apply |
| **Contacts (Elective)** | | |
| Benefit | $120 allowance (instead of eyeglasses) | Reimbursed up to $105 (instead of eyeglasses) |
| Frequency | 1 x every 12 months from last date of service | 1 x every 12 months from last date of service |

## VSP Special Offers

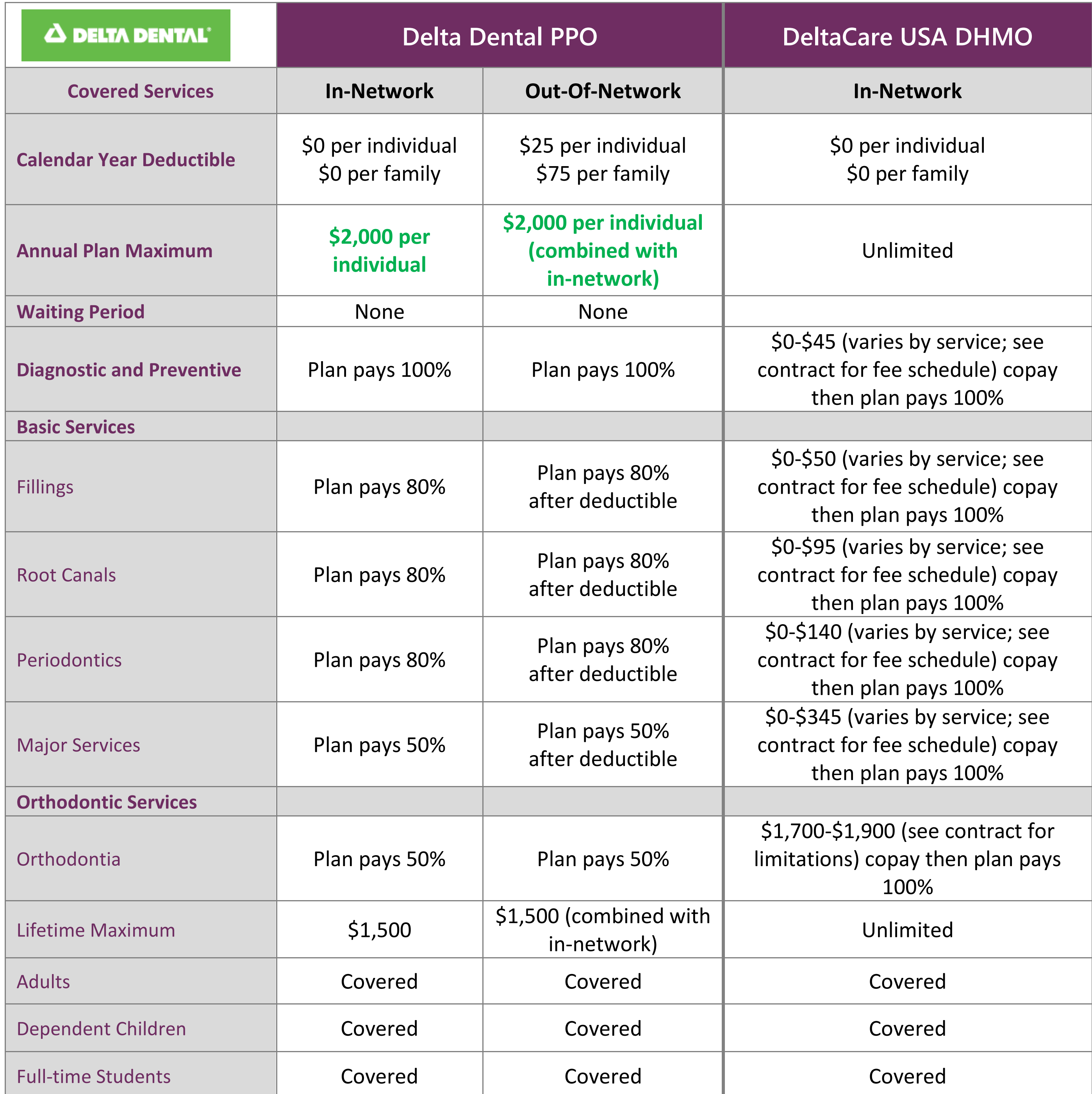
Getting the most out of your VSP benefits has never been easier. VSP members get more and save more through extra offers that are exclusive to Premier Program locations. For information on the Special Offers for VSP members, visit www.vsp.com.

If you need to reach our plan providers, here is their contact information:

## Dental Plans

Regular visits to your dentists can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease.

County of Tulare gives you a choice of two dental plans. Effective January 1, 2024, the Annual Plan Maximum for Delta Dental PPO is increasing to $2,000.



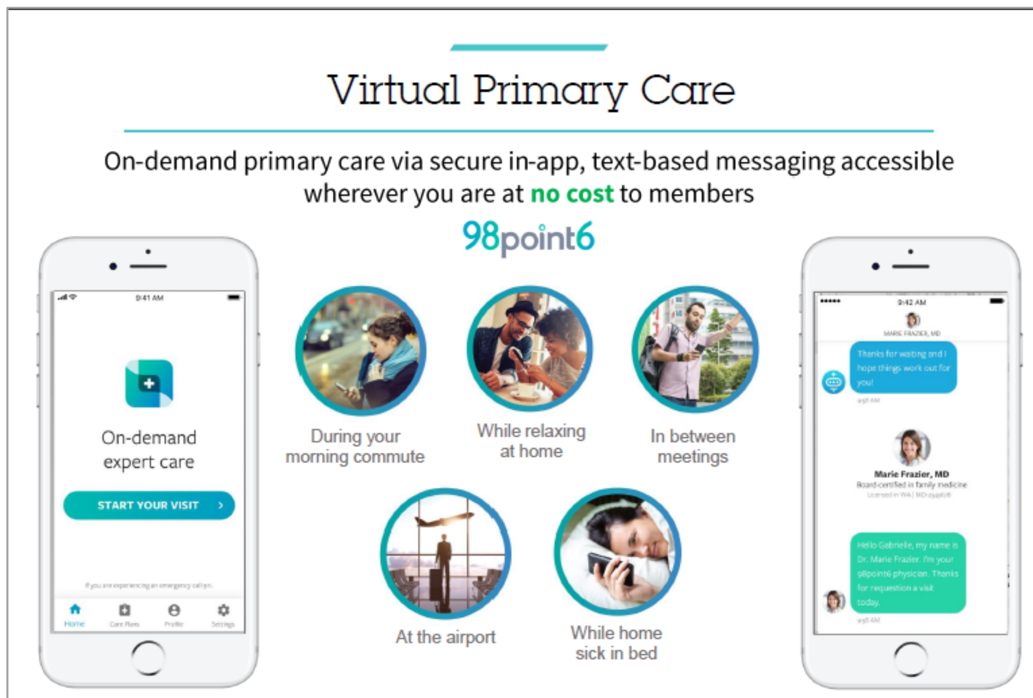
| DELTA DENTAL | Delta Dental PPO | | DeltaCare USA DHMO |
|---|---|---|---|
| **Covered Services** | **In-Network** | **Out-Of-Network** | **In-Network** |
| **Calendar Year Deductible** | $0 per individual<br>$0 per family | $25 per individual<br>$75 per family | $0 per individual<br>$0 per family |
| **Annual Plan Maximum** | **$2,000 per individual** | **$2,000 per individual (combined with in-network)** | Unlimited |
| **Waiting Period** | None | None | |
| **Diagnostic and Preventive** | Plan pays 100% | Plan pays 100% | $0-$45 (varies by service; see contract for fee schedule) copay then plan pays 100% |
| **Basic Services** | | | |
| Fillings | Plan pays 80% | Plan pays 80% after deductible | $0-$50 (varies by service; see contract for fee schedule) copay then plan pays 100% |
| Root Canals | Plan pays 80% | Plan pays 80% after deductible | $0-$95 (varies by service; see contract for fee schedule) copay then plan pays 100% |
| Periodontics | Plan pays 80% | Plan pays 80% after deductible | $0-$140 (varies by service; see contract for fee schedule) copay then plan pays 100% |
| Major Services | Plan pays 50% | Plan pays 50% after deductible | $0-$345 (varies by service; see contract for fee schedule) copay then plan pays 100% |
| **Orthodontic Services** | | | |
| Orthodontia | Plan pays 50% | Plan pays 50% | $1,700-$1,900 (see contract for limitations) copay then plan pays 100% |
| Lifetime Maximum | $1,500 | $1,500 (combined with in-network) | Unlimited |
| Adults | Covered | Covered | Covered |
| Dependent Children | Covered | Covered | Covered |
| Full-time Students | Covered | Covered | Covered |

Visit www.deltadentalins.com to learn more about your dental plan, to find a dentist, to print an ID card, and much more.

## Virtual Primary Care – 98point6

**98point6** offers on-demand primary care delivered by board-certified physicians via the ease of a mobile app. The subscription-based service means you can get diagnosis and treatment or simply consult on a health issue from anywhere. So whether you're on the go, home sick in bed or multi-tasking throughout your day, immediate care is available on your schedule.

- On-demand, text-based diagnosis and treatment
- Expert care from board-certified physicians
- FREE-No Co-pay ($2,500 HDHP $5 copay)
- No appointments, no travel, no waiting rooms
- Get primary care anywhere, in any context
- Up to 35 visits ($5 copay after 35 visits)




## Anthem LiveHealth Online

You and your family can see a doctor when it fits your schedule. No need for an appointment and no long wait at the urgent care center. All you need is the LiveHealth Online app or a computer with a webcam. Best of all, LiveHealth Online is part of your health plan benefits. So using LiveHealth Online may cost as little as a regular office visit or at most $55.

**Sign up now to get:**

- Immediate, 24/7 access to doctors
- Secure and private video chats with Board-Certified doctors
- Prescriptions sent to your pharmacy, if needed
- Help with colds, the flu, allergies, fevers, and more
- Available anywhere you have a computer or mobile device with Internet access

**Co-pays are:**

- Anthem BC PPO $0 Deductible Plan = $20
- Anthem BC PPO $500 Deductible Plan = $25
- Anthem BC PPO $750 Deductible Plan = $25
- Anthem BC PPO $2,500 High Deductible Plan = $55 (and your deductible does not need to be met)

# Cost of Coverage

## 2024 Monthly Health Plan Rates

| Health Plan/Tiers | Retirees (Under 65) | | Retirees (Split Plan) | | Retirees (Over 65) |
|---|---|---|---|---|---|
| **ANTHEM BLUE CROSS $0 DEDUCTIBLE PPO** | **DENTAL PPO** | **DENTAL HMO** | **DENTAL PPO** | **DENTAL HMO** | **MEDICAL ONLY** |
| EMPLOYEE ONLY | **$ 1,067.17** | **$ 1,059.12** | **$ 1,026.78** | **$ 1,026.78** | **$ 1,026.78** |
| EMPLOYEE + SPOUSE | **$ 2,113.58** | **$ 2,099.67** | **$ 2,084.19** | **$ 2,076.14** | **$ 2,043.80** |
| EMPLOYEE + CHILD(REN) | **$ 1,944.27** | **$ 1,923.12** | **$ 1,866.44** | **$ 1,866.44** | **$ 1,866.44** |
| EMPLOYEE + FAMILY | **$ 3,205.55** | **$ 3,176.26** | **$ 3,171.95** | **$ 3,150.80** | **$ 3,094.12** |
| **ANTHEM BLUE CROSS $500 DEDUCTIBLE PPO** | **DENTAL PPO** | **DENTAL HMO** | **DENTAL PPO** | **DENTAL HMO** | **MEDICAL ONLY** |
| EMPLOYEE ONLY | **$ 815.72** | **$ 807.67** | **$ 775.33** | **$ 775.33** | **$ 775.33** |
| EMPLOYEE + SPOUSE | **$ 1,612.51** | **$ 1,598.60** | **$ 1,583.12** | **$ 1,575.07** | **$ 1,542.73** |
| EMPLOYEE + CHILD(REN) | **$ 1,491.53** | **$ 1,470.38** | **$ 1,413.70** | **$ 1,413.70** | **$ 1,413.70** |
| EMPLOYEE + FAMILY | **$ 2,539.70** | **$ 2,510.41** | **$ 2,506.10** | **$ 2,484.95** | **$ 2,428.27** |
| **ANTHEM BLUE CROSS $750 DEDUCTIBLE PPO** | **DENTAL PPO** | **DENTAL HMO** | **DENTAL PPO** | **DENTAL HMO** | **MEDICAL ONLY** |
| EMPLOYEE ONLY | **$ 722.50** | **$ 714.45** | **$ 682.11** | **$ 682.11** | **$ 682.11** |
| EMPLOYEE + SPOUSE | **$ 1,424.38** | **$ 1,410.47** | **$ 1,394.99** | **$ 1,386.94** | **$ 1,354.60** |
| EMPLOYEE + CHILD(REN) | **$ 1,321.48** | **$ 1,300.33** | **$ 1,243.65** | **$ 1,243.65** | **$ 1,243.65** |
| EMPLOYEE + FAMILY | **$ 2,171.86** | **$ 2,142.57** | **$ 2,138.26** | **$ 2,117.11** | **$ 2,060.43** |
| **ANTHEM BLUE CROSS $2500 DEDUCTIBLE PPO** | **DENTAL PPO** | **DENTAL HMO** | **DENTAL PPO** | **DENTAL HMO** | **MEDICAL ONLY** |
| EMPLOYEE ONLY | **$ 687.32** | **$ 679.27** | **$ 646.93** | **$ 646.93** | **$ 646.93** |
| EMPLOYEE + SPOUSE | **$ 1,353.97** | **$ 1,340.06** | **$ 1,324.58** | **$ 1,316.53** | **$ 1,284.19** |
| EMPLOYEE + CHILD(REN) | **$ 1,256.87** | **$ 1,235.72** | **$ 1,179.04** | **$ 1,179.04** | **$ 1,179.04** |
| EMPLOYEE + FAMILY | **$ 2,064.56** | **$ 2,035.27** | **$ 2,030.96** | **$ 2,009.81** | **$ 1,953.13** |

*Above rates are bundled and include medical, dental, and vision. Dental and vision not available to 65 and over.*

## 2024 Monthly Health Plan Rates Continued

| Health Plans/Tiers | Retiree (Under 65) | |
|---|---|---|
| **KAISER PERMANENTE HMO - HIGH PLAN** | **DENTAL PPO** | **DENTAL HMO** |
| EMPLOYEE ONLY | **$ 1,178.14** | **$ 1,170.09** |
| EMPLOYEE + SPOUSE | **$ 2,327.84** | **$ 2,313.93** |
| EMPLOYEE + CHILD(REN) | **$ 2,121.89** | **$ 2,100.74** |
| EMPLOYEE + FAMILY | **$ 3,488.39** | **$ 3,459.10** |
| **KAISER PERMANENTE HMO - LOW PLAN** | **DENTAL PPO** | **DENTAL HMO** |
| EMPLOYEE ONLY | **$ 916.10** | **$ 908.05** |
| EMPLOYEE + SPOUSE | **$ 1,803.77** | **$ 1,789.86** |
| EMPLOYEE + CHILD(REN) | **$ 1,647.61** | **$ 1,626.46** |
| EMPLOYEE + FAMILY | **$ 2,702.28** | **$ 2,672.99** |
| | Retirees (Over 65) | |
| **KAISER PERMANENTE HMO - SENIOR ADVANTAGE PLAN** | **DENTAL PPO** | **DENTAL HMO** |
| Subscriber with Medicare | **$ 329.84** | **$ 329.84** |
| Subscriber with Medicare + Spouse Non-Medicare | **$ 1,166.11** | **$ 1,158.06** |
| Subscriber Non-Medicare + Spouse with Medicare | **$ 1,166.41** | **$ 1,158.36** |
| Subscriber with Medicare + Spouse with Medicare | **$ 639.84** | **$ 639.84** |
| Subscriber with Medicare + Child Non-Medicare | **$ 973.99** | **$ 973.99** |
| Subscriber with Medicare + Children Non-Medicare | **$ 973.99** | **$ 973.99** |
| Subscriber with Medicare + Spouse with Medicare + Child Non-Medicare | **$ 1,417.14** | **$ 1,417.14** |
| Subscriber with Medicare + Spouse Non-Medicare + Child Non-Medicare | **$ 2,024.36** | **$ 2,003.21** |
| Subscriber Non-Medicare + Spouse with Medicare + Child Non-Medicare | **$ 2,024.36** | **$ 2,003.21** |
| Subscriber with Medicare + Spouse with Medicare + Children Non-Medicare | **$ 1,417.14** | **$ 1,417.14** |
| Subscriber with Medicare + Spouse Non-Medicare + Children Non-Medicare | **$ 2,024.36** | **$ 2,003.21** |
| Subscriber Non-Medicare + Spouse with Medicare + Children Non-Medicare | **$ 2,024.36** | **$ 2,003.21** |

*Above rates are bundled and include medical and dental. Dental and vision not available to 65 and over.*

# Important Plan Notices

## Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan (see Summary Plan Description for deductibles and coinsurance). If you would like more information on WHCRA benefits, call your plan administrator (559) 636-4911.

## Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at (559) 636-4911

## HIPPA Notice of Special Enrollment Rights

If you decline enrollment in County of Tulare's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in County of Tulare's health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30-day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in County of Tulare's health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

## Notice of Grandfathered Plan Status

County of Tulare believes the County of Tulare's medical plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at (559) 636-4911. You may also contact the U.S. Department of Health and Human Services at https://www.hhs.gov/.

## Michelle's Law

The County of Tulare plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from school. Coverage may continue for up to a year, unless your child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school — or change in school enrollment status (for example, switching from full-time to part-time status) — starts while the child has a serious illness or injury, is medically necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, the Human Resources and Development Department in writing as soon as the need for the leave is recognized. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

## Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.
**You may be eligible for assistance paying your employer health plan premiums. Please contact Benefits Customer Service to see list of the states. Contact your State for more information on eligibility.**

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
**www.dol.gov/agencies/ebsa**
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
**www.cms.hhs.gov**
1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

## ACA Disclaimer

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 8.39% in 2024 of your modified adjusted household income.

## Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for County of Tulare describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting your plan administrator at (559) 636-4911.

# Medicare Part D Notice

**Important Notice from County of Tulare 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 County of Tulare 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 Tulare has determined that the prescription drug coverage offered by the County of Tulare is, 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.

### 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 15th to December 7th.

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 County of Tulare coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under County of Tulare is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your County of Tulare prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

### 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 County of Tulare 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 department 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 County of Tulare 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 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 800-MEDICARE (800-633-4227). TTY users should call 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 socialsecurity.gov, or call them at 800-772-1213 (TTY 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).

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|---|---|
| Date: | October 1, 2023 |
| Name of Entity/Sender: | County of Tulare |
| Contact-Position/Office: | Human Resources & Development Department |
| Address: | 2500 West Burrel Ave., Visalia, CA 93291 |
| Phone Number: | (559) 636-4911 |