

2019

Open Enrollment Benefits Guide – Retirees

September 27th – October 26th



HUMAN RESOURCES
& DEVELOPMENT
TULARE COUNTY

Human Resources & Development

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Open Enrollment is Here Again!

It is time again to review your benefits elections for the coming year. Tulare County's 2019 Open Enrollment begins on **September 27, 2018 and ends October 26, 2018**. Open Enrollment is your annual opportunity to change plans, add or drop eligible dependents from 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. A list of plan contacts is provided at the back of this summary.

While we've 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.

What Changes in 2019?

- Premium increase of **2.35%** for Anthem Blue Cross PPO Plans
- Premium increase of **.38%** for Kaiser Permanente Traditional HMO (High Plan)
- Premium decrease of **-.46%** for Kaiser Permanente Deductible HMO (Low Plan)
- **0%** Premium increase for Delta Dental PPO Plan
- **0%** Premium increase for DeltaCare USA HMO Dental Plan
- **0%** Premium increase for Vision Plan Services

What Stays the Same?

- Anthem Blue Cross PPO (\$0, \$500, \$1000 & \$2500 Deductible) Plan Options
- Kaiser Permanente HMO Traditional and Deductible Plan Options
- Pharmacy Benefit Manager – EmpiRx Health
- Dental Plan Options - Delta Dental PPO and DeltaCare USA HMO
- Vision Service Plan (VSP) as vision provider

What You Must Know?

- Participation **IS REQUIRED** if you are:
 - Changing plans
 - Adding or removing a dependent
 - Cancelling health coverage
- Participation is **NOT REQUIRED**:
 - If no changes are being made with your current health plan coverage
- Benefit elections will begin **January 1, 2019** and stay in effect until **December 31, 2019**. Changes during the year can only be made if you have a Qualified Life Event Change
- New insurance premiums for 2019 will be on your pension check dated **November 30, 2018**
- If adding a dependent, you will be required to provide documentation verifying dependent eligibility by **October 26, 2018**

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 the following family members in our medical, dental and vision plans.
- 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 Retiree. For more information on registered domestic partners, visit the California Secretary of State's website at: www.sos.ca.gov/dpregistry.
- A surviving spouse who was legally married to a Tulare County retiree at the time of the retiree's death and continues to receive a Tulare County 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 HR&D Benefits Customer Services 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
- 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 HR&D 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 26, 2018.**

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 2018 Plan Year, please notify HR&D 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.

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 \$49.

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 = \$35
- Anthem BC PPO \$1000 Deductible Plan = \$45
- Anthem BC PPO \$2500 High Deductible Plan = \$49 (and your deductible does not need to be met)

Medical PPO

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 gives you a choice of four Anthem Blue Cross PPO Plans or two HMO plans through Kaiser Permanente Insurance Company.

Medical PPO Plans:	Anthem BC \$0 Deductible PPO	Anthem BC \$500 Deductible PPO	Anthem BC \$1000 Deductible PPO	Anthem BC \$2500 High Deductible PPO
Covered Services	In-Network	In-Network	In-Network	In-Network
Annual Deductible	\$0 per individual \$0 family limit	\$500 per individual \$1,000 family limit	\$1,000 per individual \$2,000 family limit	\$2,500 individual coverage \$5,000 family coverage
Annual Out-of-Pocket Max	\$2,000 per individual \$4,000 family limit	\$3,000 per individual \$6,000 family limit	\$4,000 per individual \$8,000 family limit	\$5,000 individual coverage \$10,000 family coverage
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited
Office Visit – Primary Provider	\$20 copay	\$35 copay	\$45 copay	Plan pays 90% after deductible
Office Visit – Specialist	\$20 copay	\$35 copay	\$45 copay	Plan pays 90% after deductible
Preventive Services	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Chiropractic Care	\$25 copay (up to 12 visits per year)	\$25 copay (up to 12 visits per year)	\$25 copay (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%	\$250 per admission copay Plan pays 80% after deductible	\$1,000 per year copay Plan pays 80% after deductible	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	\$35 copay	\$45 copay	Plan pays 90% after deductible
Emergency Room	\$100 copay (copay waived if admitted)	\$100 copay Plan pays 80% after deductible (copay waived if admitted)	\$100 copay Plan pays 80% after deductible (copay waived if admitted)	Plan pays 90% after deductible

*Please refer to Summary Benefits Coverage for a description of Out-Of-Network coverage.



Cost of Coverage – Medical PPO

Anthem Blue Cross	\$0 Deductible PPO Plan	\$500 Deductible PPO Plan	\$1000 Deductible PPO Plan	\$2500 Deductible PPO Plan
Retirees Under 65				
w/Dental PPO				
EMPLOYEE ONLY	\$977.94	\$748.50	\$663.45	\$631.35
EMPLOYEE + SPOUSE	\$1,935.26	\$1,478.06	\$1,306.40	\$1,242.14
EMPLOYEE + CHILD(REN)	\$1,781.46	\$1,368.35	\$1,213.20	\$1,154.24
EMPLOYEE + FAMILY	\$2,935.17	\$2,327.62	\$1,991.99	\$1,894.08
w/Dental HMO				
EMPLOYEE ONLY	\$968.89	\$739.45	\$654.40	\$622.30
EMPLOYEE + SPOUSE	\$1,919.11	\$1,461.91	\$1,290.25	\$1,225.99
EMPLOYEE + CHILD(REN)	\$1,758.06	\$1,344.95	\$1,189.80	\$1,130.84
EMPLOYEE + FAMILY	\$2,902.63	\$2,295.08	\$1,959.45	\$1,861.54
Retirees Split Plan (One Over / Under 65)				
w/Dental PPO				
EMPLOYEE ONLY	\$937.65	\$708.21	\$623.16	\$591.06
EMPLOYEE + SPOUSE	\$1,905.93	\$1,448.73	\$1,277.07	\$1,212.81
EMPLOYEE + CHILD(REN)	\$1,703.80	\$1,290.69	\$1,135.54	\$1,076.58
EMPLOYEE + FAMILY	\$2,901.66	\$2,294.11	\$1,958.48	\$1,860.57
w/Dental HMO				
EMPLOYEE ONLY	\$937.65	\$708.21	\$623.16	\$591.09
EMPLOYEE + SPOUSE	\$1,896.88	\$1,439.68	\$1,268.02	\$1,203.76
EMPLOYEE + CHILD(REN)	\$1,703.80	\$1,290.69	\$1,135.54	\$1,076.58
EMPLOYEE + FAMILY	\$2,878.26	\$2,270.71	\$1,935.08	\$1,837.17
Retirees Over 65				
No Dental / No Vision				
EMPLOYEE ONLY	\$937.65	\$708.21	\$623.16	\$591.06
EMPLOYEE + SPOUSE	\$1,865.64	\$1,408.44	\$1,236.78	\$1,172.52
EMPLOYEE + CHILD(REN)	\$1,703.80	\$1,290.69	\$1,135.54	\$1,076.58
EMPLOYEE + FAMILY	\$2,824.00	\$2,216.45	\$1,880.82	\$1,782.91

Medical HMO

Here is an overview of the two HMO medical plans offered through Kaiser Permanente. Must reside in KP service area (Fresno County, Kern County, or Kings County). For a complete list of Zip Codes within the service area, contact Benefits Customer Service.

	Kaiser Permanente Deductible HMO - Low Plan	Kaiser Permanente Traditional HMO - High Plan
	In-Network	In-Network
Annual Deductible	\$1,000 per individual \$2,000 family limit	\$0 per individual \$0 family limit
Annual Out-of-Pocket Max	\$3,000 per individual \$6,000 family limit	\$1,500 per individual \$3,000 family limit
Lifetime Max	Unlimited	Unlimited
Office Visit-Primary Provider	\$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)

Cost of Coverage – Medical HMO

2019 Health Plan Rates	Kaiser HMO Plan		Kaiser DHMO (Low Plan)		
	Retirees Under 65	w/Dental PPO	w/Dental HMO	w/Dental PPO	w/Dental HMO
EMPLOYEE ONLY		\$852.39	\$843.34	\$666.80	\$657.75
EMPLOYEE + SPOUSE		\$1,675.91	\$1,659.76	\$1,304.73	\$1,288.58
EMPLOYEE + CHILD(REN)		\$1,531.94	\$1,508.54	\$1,196.03	\$1,172.63
EMPLOYEE + FAMILY		\$2,510.27	\$2,477.73	\$1,953.50	\$1,920.96

Kaiser Senior Advantage Plan		
Retirees Over 65	w/Dental PPO	w/Dental HMO
Retiree MC	\$326.87	\$326.87
Retiree MC + Spouse MC	\$634.29	\$634.29
Retiree MC + Spouse MC + Child(ren)	\$1,395.22	\$1,395.22
Retiree MC + Spouse No MC	\$1,123.19	\$1,114.14
Retiree No MC + Spouse MC	\$1,123.20	\$1,114.15



Prescription Drugs



EmpiRx Health is the Pharmacy Benefit Manager for the San Joaquin Valley Insurance Authority (SJVIA). Please note that EmpiRx Health is only for those enrolled in the Anthem Blue Cross \$0, \$500 and \$1000 Deductible PPO Plans.

You may use local retail pharmacy(ies) to fill your prescription(s). Your Mail Order Pharmacy for maintenance prescription orders is Benecard Central Fill.

In the event you have any questions or require additional information, you may contact HRD Benefits or the EmpiRx Health Member Services Call Center toll-free at 1-877-262-7435/TDD 1-888-907-0020.

Here are the prescription drug plans that are included with our medical plans.

Health Plans	Anthem \$0, \$500, \$1000 Deductible PPO	Anthem \$2500 HDHP PPO	Kaiser DHMO–Low	Kaiser HMO–High
Carrier	EmpiRx Health	Express Scripts	Kaiser	Kaiser
Prescription Drug Deductible	None	Subject to medical calendar year deductible	None	None
Annual Out-of-Pocket Limit	\$2,000 per individual \$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	\$20 copay	\$14 copay after deductible	\$20 copay	\$10 copay
Preferred Brand	\$40 copay	\$50 copay after deductible	\$60 copay	\$20 copay
Non-preferred Brand	\$60 copay	Not covered	Not covered	Not covered
Supply Limit	90 days	90 days	100 days	100 days

This is not a complete summary of benefits further limitations and exclusions may apply.

Vision



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 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

Dental



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 dental plans.

	Delta Dental PPO		DeltaCare USA DHMO
	In-Network	Out-Of-Network	In-Network
 Calendar Year Deductible	\$0 per individual \$0 per family	\$25 per individual \$75 per family	\$0 per individual \$0 per family
Annual Plan Maximum	\$1,000 per individual	\$1,000 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

2019 Open Enrollment Benefits Guide - Retirees

Plan Contacts

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

Plan Type	Provider	Phone	Website	Logo
Medical	Anthem Blue Cross	888-831-2238	www.anthem.com/ca	
Medical	Foundation for Medical Care	559-733-3127		
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	
Dental PPO	Delta Dental	888-335-8227	www.deltadentalins.com	
Dental HMO	DeltaCare USA	800-422-4234	www.deltadentalins.com	
Vision	Vision Service Plan	800-877-7195	www.vsp.com	



County of Tulare

2019 Open Enrollment

September 27, 2018 - October 26, 2018

Open Enrollment Central:	Human Resources & Development 2500 West Burrel Avenue, Visalia, CA 93291 Innovation Room (No Appointments Necessary -- Walk-ins Welcomed!)		Benefits Customer Service: (559) 636-4911 OHealth@co.tulare.ca.us Main Office: (559) 636-4900 www.co.tulare.ca.us/hrd Chimienti & Associates: (559) 733-1670 Voluntary Products* <small>*To enroll in a voluntary plan, call CAIS to schedule an appointment.</small>			
SUN	MON	TUE	WED	THU	FRI	SAT
23 Office Closed Online Self-Serve Enrollment Only	24 HR&D Online Enrollment Monday-Thursday 8am-5pm	25 Child Support Services 8040 Doe Ave, Visalia West Wing Training Rm Meetings: 8:30am & 1:30pm Online Enrollment 8am-5pm	26 Agricultural Commissioner 4437 S. Laspina St, Tulare Auditorium Meetings: 8:30am & 1:30pm Online Enrollment 8am-5pm	27 Health Fair Visalia Convention Center 8am-4pm Open Enrollment Begins	28 HR&D Closed	29 Office Closed Online Self-Serve Enrollment Only
30 Office Closed Online Self-Serve Enrollment Only	1 HR&D Online Enrollment Monday-Thursday 8am-5pm	2 Visalia Government Plaza 5959 S. Mooney Blvd., Visalia RMA Conference Room Meetings: 8:30am & 1:30pm Online Enrollment 8am-5pm	3 Visalia Government Plaza 5959 S. Mooney Blvd., Visalia RMA Conference Room Meetings: 8:30am & 1:30pm Online Enrollment 8am-5pm	4 Tulare District Office 458 E. O'Neal, Tulare Training Room Meetings: 8:30am & 1:30pm Online Enrollment 8am-5pm	5 HR&D Online Enrollment 8am-12pm	6 Office Closed Online Self-Serve Enrollment Only
7 Office Closed Online Self-Serve Enrollment Only	8 HR&D Online Enrollment Monday-Thursday 8am-5pm	9 Visalia Government Plaza 6340 S. Mooney Blvd., Visalia Birch Room Meetings: 8:30am & 1:30pm Online Enrollment 8am-5pm	10 Visalia District Office 1845 N Dinuba Blvd, Visalia Almond A/B Meetings: 8:30am & 1:30pm Online Enrollment 8am-5pm	11 Lindsay District Office 900 N. Sequoia, Lindsay Conference Room Meetings: 8:30am & 1:30pm Online Enrollment 8am-5pm	12 HR&D Online Enrollment 8am-12pm	13 Office Closed Online Self-Serve Enrollment Only
14 Office Closed Online Self-Serve Enrollment Only	15 HR&D Online Enrollment Monday-Thursday 8am-5pm	16 Visalia Processing Center 6340 S. Mooney Blvd., Visalia Birch Room Meetings: 8:30am & 1:30pm Online Enrollment 8am-5pm	17 Visalia District Office 1845 N Dinuba Blvd, Visalia Almond A/B Meetings: 8:30am & 1:30pm Online Enrollment 8am-5pm	18 TCERA 136 N Akers St, Visalia Board Conference Room 8:00am - 12:00 pm (Retirees Only)	19 HR&D Online Enrollment 8am-12pm	20 Office Closed Online Self-Serve Enrollment Only
21 Office Closed Online Self-Serve Enrollment Only	22 HR&D Online Enrollment Monday-Thursday 8am-5pm	23 Porterville Government Plaza 1055 W. Henderson, Porterville Orange/Tangerine Room Meetings: 8:30am & 1:30pm Online Enrollment 8am-5pm	24 Porterville Government Plaza 1055 W. Henderson, Porterville Orange/Tangerine Room Meetings: 8:30am & 1:30pm Online Enrollment 8am-5pm	25 Dinuba District Office 1066 N. Alta Ave, Visalia Jasmine Room Meetings: 8:30am & 1:30pm Online Enrollment 8am-5pm	26 HR&D 8am-12pm Open Enrollment Closes	27

OPEN ENROLLMENT SCHEDULE - RETIREES

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) 636-4900.

[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) 636-4900.

[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, notify Human Resources 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.

[HIPAA Notice of Special Enrollment Rights](#)

If you decline enrollment in The County of Tulare 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 the County of Tulare 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 [medical plan OR 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 The County of Tulare medical 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 rights, you may add the dependent to your current coverage.

[Notice of Grandfathered Plan Status](#)

The County of Tulare believes the County of Tulare 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) 636-4900. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Medicare Part D Notice: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please visit www.tularecounty.ca.gov/hrd for complete notice.