

WHAT YOU NEED TO KNOW

On January 28, 2020, the County of Riverside Board of Supervisors approved a tentative agreement with Service Employees International Union (SEIU), Local 721. The agreement included provisions related to Health benefits for employees represented by SEIU. This document provides details specific to the new medical plan provisions.

Effective July 1, 2020, medical coverage for employees covered by SEIU will be offered through the CalPERS Health Program. SEIU employees <u>must</u> make a new medical plan election for the remainder of the 2020 plan year, by submitting their enrollment option through the Employee Self-Service portal. A special enrollment period is being offered from **March 30 through April 17, 2020** for employees to make new medical plan elections only. Plan changes to dental, vision and Flexible Spending Account (FSA) elections will be offered during the annual enrollment in Fall of 2020.

If you have questions, attend a workshop, visit the dedicated website at https://rc-hr.com/SEIU-721-Benefits or contact a benefits specialist at 951-955-4981, Option 1

WORKSHOPS

The County will be hosting health workshops throughout the month of April. Representatives from CalPERS and Health Plan providers will be available at most workshops to answer questions, and provide assistance with choosing a health plan that meets your needs.

| DATE | LOCATION | TIME |
|-----------------------------|--|------------|
| April 3, 2020 | Riverside University Health System (RUHS) Magnolia Rooms A-D 26516 Cactus Avenue Moreno Valley, CA 92555 | 10AM - 3PM |
| April 4, 2020 (Saturday) | SEIU Riverside – Lg. Conf. Room 6177 River Crest Dr. Ste. B. Riverside, CA 92507 | 10AM - 2PM |
| April 6, 2020 | RCIT Riverside — Riverside Room 3450 14th Street Riverside, CA 92501 | 9AM - 2PM |
| April 7, 2020 | DPSS — Riverside — Dodge Room 4060 County Circle Riverside, CA 92503 | 9AM - 2PM |
| April 8, 2020 | SEIU Riverside – Lg. Conf. Room 6177 River Crest Dr. Ste. B. Riverside, CA 92507 | 10AM - 2PM |
| April 9, 2020 | CAC Blythe Lunchroom 260 N. Broadway Blythe, CA 92225 | 11AM - 1PM |



ADDITIONAL WORKSHOPS

| DATE | LOCATION | TIME |
|----------------|--|------------|
| April 10, 2020 | CAC Riverside – Rooms 2A & 2B 1st Floor 4080 Lemon Street Riverside, CA 92502 | 9AM - 2PM |
| April 13, 2020 | Riverside University Health System (RUHS) Magnolia Rooms A-D 26516 Cactus Avenue Moreno Valley, CA 92555 | 3PM - 7PM |
| April 14, 2020 | DPSS Banning—Big Conf. Rm 1 901 E. Ramsey St Banning, CA 92220 | 10AM - 2PM |
| April 15, 2020 | Workforce Development Room 402 44199 Monroe Street Indio, CA 92201 | 9AM - 2PM |
| April 16, 2020 | DPSS Hemet GAIN—Lg. Conf. Room 541 N. San Jacinto Ave. Hemet, CA 92543 | 10AM - 2PM |
| April 17, 2020 | Riverside University Health System (RUHS) Magnolia Rooms A-D 26516 Cactus Avenue Moreno Valley, CA 92555 | 9AM - 2PM |

WHAT DO I NEED TO DO?

You must make a new medical plan election during the special enrollment period, which will occur from March 30 through April 17, 2020. All changes must be made through the Employee Self-Service portal. Prior to logging into the Employee Self-Service portal, please have the following information available:

- Date of birth and Social Security Numbers for any dependent you will enroll
- · Your marriage or registration date if you are enrolling a spouse or domestic partner
- Your Primary Care Physician's Medical ID number, if required

If you elect the Medical Waiver option, you must make the election online and complete the Decline Coverage Acknowledgement form. The Decline Coverage Acknowledgement form will be sent to you after your election is made. Electing the Medical Waiver option, requires you to have other group coverage. With this option, eligible employees will receive a reduced Flexible Benefit Credit based on your last date of hire. See Page 7 for Flexible Benefit Credit amounts.

You must provide the following information during your self-service enrollment about your other group coverage:

- The name of the plan providing coverage (i.e.: Kaiser, Blue Shield)
- The Plan Group Number
- The Subscriber's name If you are covered as a dependent on another person's plan, they are the subscriber.
- The Subscriber's Social Security Number

If you elect to Waive (decline) medical coverage, you must make the election online and complete the Decline Coverage Acknowledgement form. The Decline Coverage Acknowledgement form will be sent to after your election is made. Electing the Waiver (decline) option, will result in your forfeiting the Flexible Benefit Credit.

HOW TO ENROLL

During this special enrollment period you will need to access the self service enrollment system from any computer with Web/Internet access at https://rc-hr. com/SEIU-721-Benefits and click "Employee Self Service". You will log in using your six-digit employee ID and password. This is the same ID and password you use to access your payroll information. Under "Self Service" you will select "Benefits Enrollment" to access the special enrollment event and make your elections.

CHOOSING A HEALTH PLAN

CalPERS offers Health Maintenance Organization (HMO) plan options and Preferred Provider Organization (PPO) plan options. The Exclusive Care health plan will continue to be an option for all employees.

Choosing which health plan and providers are right for you depends on a variety of factors, such as whether you prefer a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO); your premium and out-of-pocket costs; and whether you want to have access to specific doctors and hospitals.

To review the new medical plan options available to you, log in to your mylCalPERS account at my.calpers.ca.gov and select the "Health" tab and then select "Find a Medical Plan" to see what's available to you. To speak with a CalPERS representative about your health plan choices, call 1-888–225–7377. Instructions on how to register for mylCalPERS account are available at visit go to https://rc-hr.com/SEIU-721-Benefits

HMO Plan Options PPO Plan Options Anthem Select **PERSChoice Anthem Traditional PERSCare** Blue Shield Access + **PERSSelect** Blue Shield Trio (Los Angeles ONLY) Health Net Salud v Mas **EPO Plan Option** Health Net SmartCare Kaiser Permanente **Exclusive Care** United Healthcare Alliance Sharp (San Diego ONLY)



SEARCHING PLAN AVAILABILITY

The health plans available to you will be displayed based on the physical or mailing health eligibility ZIP Code in the CalPERS system.

Create a customized plan search where you'll be able to review:

- Monthly premiums for each plan available to you
- Side-by-Side comparisons of covered benefits, deductibles, and co-payments
- The premiums you see in mylCalPERS do not reflect the Flexible Benefit Credits or family premium subsidies the County contributes to the cost of coverage.

Please remember: You also remain eligible for the Exclusive Care plan which will not be reflected in the mylCalPERS system. Information about this plan is available at https://rc-hr.com/SEIU-721-Benefits

EVALUATE PLAN FEATURES

Visit the health plan's website to learn how benefits, claims, and payment of claims are administered, as well as the service limitations and exclusions that may apply. Here are some tips to help you choose a health plan:

- Log in to mylCalPERS at my.calpers.ca.gov to use the Search Health Plans tool to research the health plan coverage and benefits most important to you and your family.
- Review each plan's Evidence of Coverage and Summary of Benefits and Coverage with Glossary.
- Use the CalPERS Health Plan Search by ZIP Code tool to see which plans are available in your area.
- View the 2020 Health Benefit Summary (PDF) to compare features of the different health plans.
- Save your searches: keep ten comparison scenarios with ability to review, rename, or delete later.
- If you have a specific question about a plan's coverage, benefits, or participating providers, please contact the plan directly. See the "Health Plan Directory" in the back of their guide for health plan contact information.
- Once you choose a health plan, you should select a primary care physician if applicable. Except in the case of an emergency, the doctors you can use — and the medical groups and hospitals you will have access to — will depend on your choice of health plan.
- You can use the Find a Medical Plan tool, which is available by logging into your mylCalPERS account at my.calpers.ca.gov. Before you choose a health plan, you should call the health plan's member services to inquire about physician availability. Either way, you should confirm that the doctor is taking new patients in the plan you select.

PAYING FOR COVERAGE

The elections you make online during this special enrollment will go into effect July 1, 2020. Changes in premium deductions will begin on pay period 11/2020 (pay warrant dated June 3, 2020) since health premiums are collected a month in advance of the coverage date.

Health plan premiums are deducted semimonthly (twice a month), which means deductions are taken from your paycheck during 24 pay periods each calendar year. When you receive a third check in a month (the "free" pay period), it will not include a flexible benefit credit or a deduction for your health plans, unless you owe for uncollected premiums.

To help you pay for your coverage, the County of Riverside provides a maximum monthly flexible benefit credit of \$823.00. Effective July 1, 2020 any flexible benefit credits remaining after deducting the cost of your medical, dental and vision elections will be forfeited.

In addition to the Flexible benefit credit, you'll receive a premium subsidy if you elect medical coverage for your eligible dependent(s). Your premium will be reduced by the amount of the subsidy.

For Example:

| Anthem Select HMO (Region 3) Family Coverage | \$1,611.82 |
|--|------------|
| Family Subsidy | (\$200.00) |
| Flexible Benefit Credits | (\$823.00) |
| Monthly Employee premium | \$588.82 |
| Bi-monthly Employee pre-tax Contribution | \$294.41 |



PAYING FOR COVERAGE

| 2020 SEIU FLEXIBLE BENEFIT CREDITS | | | | |
|---|----------------------------|-------------------------|----------------------------|-------------------------|
| | Monthly Flex Credit | Semimonthly Flex Credit | Monthly Flex Credit | Semimonthly Flex Credit |
| | * Enrolled in Co | unty Medical Plan | Not Enrolled in Count | y Medical Plan (MEDWAV) |
| Employees Covered by the SEIU MOU — Last date of hire before 11/11/2004 | Up to \$823.00 | Up to \$411.50 | \$465.00 | \$232.50 |
| Employees Covered by the SEIU— Last date of hire on or after 11/11/2004 | Up to \$823.00 | Up to \$411.50 | \$200.00 | \$100.00 |

^{*} Beginning Pay Period 11/2020 (pay warrant dated June 3, 2020) any flexible benefit credits remaining after your medical, dental and vision plan premiums are deducted will be forfeited.

| 2020 PREMIUM SUBSIDY FOR SEIU | | | | |
|-------------------------------|----------------------------|--------------------------------|----------------------------|--------------------------------|
| | Monthly Premium Subsidy | Semimonthly Premium Subsidy | Monthly Premium Subsidy | Semimonthly Premium Subsidy |
| | Family C | overage | Two-Party | Coverage |
| SEIU | \$200.00 | \$100.00 | \$50.00 | \$25.00 |

2020 MONTHLY RATES

| PLAN COSTS FOR 2020* | | | | |
|---|------------|-------------|--|--|
| | Monthly | Semimonthly | | |
| Exclusive Care Medical Plans – CalPERS Employees in ALL Regions | | | | |
| Exclusive Care EPO | | | | |
| Employee | \$587.76 | \$293.88 | | |
| Two-Party | \$1,189.76 | \$594.88 | | |
| Family | \$1,493.76 | \$746.88 | | |

2020 MONTHLY RATES

| PLAN COSTS FOR 2020* | | | | |
|---|---|--|--|--|
| | Monthly | Semimonthly | | |
| CalPERS Medical Plans – Regio (Riverside, San Bernardino and | |) | | |
| Anthem Select HMO Employee Two-Party Family | \$619.94 \$1,239.86 \$1,611.82 | \$309.97 \$619.93 \$805.91 | | |
| Anthem Traditional HMO Employee Two-Party Family | \$902.64 \$1,805.26 \$2,346.84 | \$451.32 \$902.63 \$1,173.42 | | |
| Blue Shield Access + HMO Employee Two-Party Family Blue Shield Trio (Los Angeles Co Employee Two-Party Family | \$813.18 \$1,626.34 \$2,114.24 bunty only) \$624.94 \$1,249.86 \$1.624.82 | \$406.59 \$813.17 \$1,057.12 \$312.47 \$624.93 \$812.41 | | |
| Health Net Salud y Mas HMO Employee Two-Party Family | \$392.32 \$784.62 \$1,020.02 | \$196.16 \$392.31 \$510.01 | | |
| Health Net SmartCare Employee Two-Party Family | \$648.42 \$1,296.84 \$1,685.90 | \$324.21 \$648.42 \$842.95 | | |
| Kaiser Permanente Employee Two-Party Family | \$664.40 \$1,328.78 \$1,727.42 | \$332.20 \$664.39 \$863.71 | | |
| PERSCare PPO Employee Two-Party Family | \$931.12 \$1,862.24 \$2,420.92 | \$465.56 \$931.12 \$1,210.46 | | |
| PERSChoice PPO Employee Two-Party Family | \$710.30 \$1,420.58 \$1,846.76 | \$355.15 \$710.29 \$923.38 | | |
| PERSSelect PPO Employee Two-Party Family | \$435.74 \$871.48 \$1,132.92 | \$217.87 \$435.74 \$566.46 | | |
| UnitedHealthcare Employee Two-Party Family | \$668.32 \$1,336.62 \$1,737.62 | \$334.16 \$668.31 \$868.81 | | |

| PLAN COSTS FOR 2020* | | | | |
|----------------------------------|--------------------------|----------------------|--|--|
| | Monthly | Semimonthly | | |
| CalPERS Medical Plans – Regio | | | | |
| (Orange, San Diego, and Impe | rial Counties) | | | |
| Anthem Select HMO | 44-44 | 400- 00 | | |
| Employee Two Porty | \$654.04 | \$327.02 \$654.04 | | |
| Two-Party Family | \$1,308.08 \$1,700.50 | \$850.25 | | |
| Anthem Traditional HMO | 31,700.30 | 3630.23 | | |
| Employee | \$934.96 | \$467.48 | | |
| Two-Party | \$1,869.90 | \$934.95 | | |
| Family | \$2,430.88 | \$1215.44 | | |
| Blue Shield Access + HMO | | | | |
| Employee | \$909.88 | \$454.94 | | |
| Two-Party | \$1,819.74 | \$ 909.87 | | |
| Family | \$2,365.66 | \$1,182.83 | | |
| Sharp (Region 2 only) | | | | |
| Employee | \$606.02 | \$303.01 | | |
| Two-Party | \$1,212.04 | \$606.02 | | |
| Family | \$1,575.66 | \$787.83 | | |
| Health Net Salud y Mas HMO | | | | |
| Employee | \$435.14 | \$217.57 | | |
| Two-Party | \$870.28 | \$435.14 | | |
| Family | \$1,131.36 | \$565.68 | | |
| Health Net SmartCare Employee | \$719.26 | \$359.63 | | |
| Two-Party | \$1,438.52 | \$719.26 | | |
| Family | \$1,870.08 | \$935.04 | | |
| • | <i>+</i> =,0? 0.00 | φυσου. | | |
| Kaiser Permanente Employee | \$645.24 | \$322.62 | | |
| Two-Party | \$1,290.48 | \$645.24 | | |
| Family | \$1,677.62 | \$838.81 | | |
| PERSCare PPO | ψ2,07710 <u>2</u> | φοσοιο1 | | |
| Employee | \$986.66 | \$493.33 | | |
| Two-Party | \$1,973.32 | \$986.66 | | |
| Family | \$2,565.32 | \$1,282.66 | | |
| PERSChoice PPO | | | | |
| Employee | \$736.28 | \$368.14 | | |
| Two-Party | \$1,472.56 | \$736.28 | | |
| Family | \$1,914.34 | \$957.17 | | |
| PERSSelect PPO | 6454.54 | ć22 | | |
| Employee | \$451.54 | \$225.77 | | |
| Two-Party | \$903.08 \$1,174.00 | \$451.54 | | |
| Family UnitedHealthcare | \$1,1/4.00 | \$587.00 | | |
| Employee | \$671.60 | \$335.80 | | |
| Two-Party | \$1,343.20 | \$671.60 | | |
| | | | | |

^{*}Some rates were rounded to the next even number for even semimonthly premium deductions.



ELIGIBILITY & RULES

DUAL COVERAGE

CalPERS does not allow dual coverage between two CalPERS members or their dependents. Dual CalPERS coverage occurs when you are enrolled in a CalPERS health plan as both a member and a dependent or as a dependent on two enrollments. This duplication of coverage is not permitted by CalPERS. When dual CalPERS coverage is discovered, the enrollment that caused the dual coverage will be retroactively canceled by CalPERS. You may be responsible for costs incurred from the date the dual coverage began.

Members may enroll in both a CalPERS health plan and a health plan provided through a non-CalPERS employer. For example, a spouse may enroll in a CalPERS plan and in the plan from his or her private employer. In this case, the two plans may coordinate benefits.

SPLIT ENROLLMENTS

CalPERS does not permit split dependent enrollment. When two CalPERS members are married to each other or in a domestic partnership, each member can enroll separately. However, when these individuals enroll in a CalPERS health plan individually and include dependents one person must carry all dependents on one health plan. CalPERS does not permit split enrollment of dependents. CalPERS will retroactively cancel split enrollments. You may be responsible for costs incurred from the date the split enrollment began.

DISABLED CHILDREN OVER AGE 26

A child age 26 and over who is incapable of self-support because of a mental or physical condition may be eligible for enrollment.

This is your opportunity to enroll a disabled dependent. If you choose not to enroll a dependent over the age of 26 who may be eligible due to a disability that renders them incapable of self-care, you will not be permitted to enroll them later.

A dependent over age 26 may be eligible if the disability existed prior to reaching age 26 and continuously since age 26, as certified by a licensed physician. You are required to complete and submit the Member Questionnaire for the CalPERS Disabled Dependent Benefit form (HBD-98) to CalPERS. The dependents physician must complete and submit a Medical Report for the CalPERS Disabled Dependent Benefit form (HBD-34) to CalPERS for approval. The initial certification of the Disabled Dependent must occur during one of the following two eligibility periods (whichever applies):

- Within 60 days of a newly eligible employee's initial enrollment in the CalPERS
- Within 60 days of a newly eligible employee's initial enrollment in the CalPERS Health Program
- Within 60 days before and ending 60 days after the child's 26th birthday

Upon certification of eligibility by CalPERS, the dependent's CalPERS health coverage must be continuous and without lapse. Upon expiration of the certification, you will be required to submit an updated questionnaire and medical report for re-certification. These documents must be received no earlier than 60 days prior to the expiration date, and no later than the expiration date.

The following disabled children are not eligible for coverage:

- Dependent children whose disability occurred after age 26
- Dependents who initially continued coverage as disabled dependents beyond age
 26 under the PEMHCA program and who were later deleted from the enrollment
- Dependents who are capable of self-support
- Disabled dependents whose coverage (extension) was not requested in a timely manner

AFTER ENROLLMENT

CONFIRMATION STATEMENT

After this special enrollment is closed your elections will be finalized and your enrollment completed. Once complete you will receive a confirmation statement in the mail confirming the enrollment choice you made. If you enroll in a CalPERS health plan your statement will come from CalPERS. If you elect the Exclusive Care plan or the medical waiver option your confirmation statement will come from the County of Riverside. You must review your statement and report any corrections to Human Resources immediately.

IDENTIFICATION CARDS

You will need your health plan identification card when you seek medical care. Identification cards are issued by each health plan, not by the County or CalPERS.

Contact your health plan directly if:

You do not receive your card by the effective date of your initial enrollment



- You need care before your card arrives
- · You need additional cards

Important Note: If you enroll in a plan that requires a Primary Care Physician, it is important that you review your Medical ID card to ensure you are enrolled with the Primary Care Physician you requested and contact your health plan directly if the designation is not correct or you wish to request a change.

ANNUAL ENROLLMENT

Annual enrollment will occur in the fall. During annual enrollment you may add of delete dependents or change plans without experiencing a qualifying event. Election changes you make during annual enrollment will be effective January 1, 2021.

HEALTH CARRIER CONTACT INFORMATION

Anthem Blue Cross HMO & EPO

(855) 839-4524

www.anthem.com/ca/calpers

Blue Shield of California

(800) 334-5847

www.blueshieldca.com/calpers

OptumRx

Pharmacy Benefit Manager Active Member Services

(800) 505-8110

Exclusive Care EPO

(800) 962-1133

www.exclusivecare.com

Health Net of California

(888) 926-4921

www.healthnet.com/calpers

Kaiser Permanente

(800) 305-1220

www.kp.org/calpers

PERS Select , PERS Choice,

PERSCare

Administered by Anthem Blue Cross

(877) 737-7776

www.anthem.com/ca/calpers

Sharp Health Plan

(855) 995-5004

www.sharphealthplan.com/calpers

UnitedHealthcare

(877) 359-3714

www.uhc.com/calpers

Western Health Advantage

(888) 942-7377

www.westernhealth.com/calpers

