



New Hire Employee Benefits Orientation



Employee Benefits Division
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Agenda

- Election Periods
- How Flex Credits Work
- Eligible Dependents
- Healthcare Plans
- Reimbursement Accounts
- Group Life and AD&D Plans
- Benefits Enrollment Process





County Election Periods

- Benefit Plan Year runs **1/01/2016** through **12/31/2016**.
- Benefits you elect now will be effective **1st of the following month** after you submit your completed paperwork.
- Open Enrollment is once a year, generally in October.





Flex Credits

- County benefits are regulated by the Internal Revenue Code Section 125 which allows you, as an employee, to pay for certain benefits on a pre-tax basis
- The County provides you with Flexible (Flex) Credits and a menu of benefits from which to select
- The amount of Flex Credits you receive is based on your job classification and the level of medical coverage you elect. Flex Credits are applied to benefit elections - If the cost of your benefit elections exceeds the Flex Credit amount, the difference is deducted on a pre-tax basis from your paycheck
- There are 26 paychecks each year, however, **benefit deductions are taken only from 24 paychecks**
- Deductions for Life Insurance and Domestic Partner benefits cannot be deducted on a pre-tax basis



Eligible Dependents

- Your legal Spouse as defined by California law
 - Marriage certificate must be provided to enroll
- Natural, Adopted, and/or Fostered children under age 26
 - Birth certificate or adoption placement verification must be provided to enroll
- Your Domestic Partner or partner's eligible dependents
 - Affidavit of Domestic Partnership must be completed to enroll





Domestic Partner

How Can I Enroll My Domestic Partner?



- ☑ Submit a copy of your State of California registered Domestic Partnership certificate; or
- ☑ Complete the County's **Affidavit of Domestic Partnership** which certifies:
 - Please contact the Benefits Division for enrollment assistance of your Domestic Partner

Healthcare Plans





Medical Plans



- **Anthem Blue Cross – High Deductible Plan**
- **Anthem Blue Cross – PPO**
- **Anthem Blue Cross – HMO (2 Options)**
 - **California Care / Full Access HMO**
 - **Select HMO**



KAISER PERMANENTE

- **Kaiser Permanente – High Deductible Plan**
- **Kaiser Permanente – HMO**



Kaiser & Anthem HMO Plans



Kaiser Permanente - HMO

- Must use Kaiser clinics, hospitals, and pharmacy
- 24 hour nurse line
- No annual deductible
- Co-payments are required

Anthem Blue Cross – HMO

- Select HMO
 - Smaller Network of Medical Groups and Physicians
- California Care / Full Access HMO
 - Larger Network of Medical Groups and Physicians (similar network to the PPO Plan)
- When searching on Anthem's website for a primary care physician, you need to make sure you choose either the "Select HMO" or "Blue Cross – California Care" plan as the search option.
- You and your dependents Primary Care Physicians must all participate within the same HMO network you elect.



Anthem Blue Cross PPO Plan Preferred Provider Organization

The PPO Plan is designed to allow you to choose your health care providers from a network. Unlike an HMO, you do not need to enroll with a primary care physician and you do not need a referral to see a specialist.



PPO Network	PPO Out-of-Network
Obtain care directly from any Anthem Blue Cross PPO Network Provider Nationwide	Obtain care directly from any Provider
You pay less for care services when you use this level	You pay the highest costs when you use this level



High Deductible Health Plan (HDHP)

How Does the High Deductible Health Plan Work?

High Deductible Health Plan	Annual Deductible			Coinsurance	Annual Maximum Out-of-Pocket		
	Employee Only	Employee +1 Dependent	Employee +2 or more		Employee Only	Employee +1 Dependent	Employee +2 or more
Kaiser Permanente	\$1,500	\$3,000	\$3,000	10% After Deductible	\$3,000	\$6,000	\$6,000
Anthem Blue Cross In Network	\$1,500	\$3,000	\$3,000	10% After Deductible	\$3,000	\$6,000	\$6,000
Anthem Blue Cross Out-of-Network	\$3,000	\$6,000	\$6,000	30% After Deductible	\$9,000	\$9,000	\$18,000

INSURANCE PLAN PAYS 100%



Prescription Drug Benefit



PRESCRIPTION DRUGS	ANTHEM BLUE CROSS	
	Retail (30-day supply)	Mail Order (31-90 day supply)
Generic	\$10	\$20
Preferred Brand	\$20	\$40
Non-Preferred Brand	\$35	\$60



KAISER PERMANENTE

PRESCRIPTION DRUGS	KAISER PERMANENTE	
	Retail	Mail Order
Generic	\$10 (30 day supply)	\$20 (100 day supply)
	\$20 (31-60 day supply)	
	\$30 (61-100 day supply)	
Brand	\$25 (30 day supply)	\$50 (100 day supply)
	\$50 (31-60 day supply)	
	\$75 (61-100 day supply)	

Waiving County Coverage





Waiving County's Medical Plan

- Must have coverage elsewhere
- Need to submit satisfactory Proof of other health insurance coverage. You will be required to complete and upload the 2016 Waiver of Group Health Insurance form and **include a copy of an insurance card** that includes your name
- Will receive **employee only level** of Flex Credit to purchase other benefits or contribute to Health Reimbursement Account for 2016 Plan Year (will not receive cash)
- If no Waiver form and proof of other coverage is provided, you will automatically be defaulted to Kaiser HMO, employee only coverage and excess credits will be allocated to the Health Reimbursement Account
- Refer to Excess Flex Credit Chart (on the Benefits Website) for more details





Delta Dental Plans

Plan Features	DeltaCare USA DHMO	Delta PPO/Premier
Dentist network	<p>Visit your assigned DeltaCare® USA network dentist to receive benefits.</p> <p>Easy referrals to a large specialty care network (referred by PC dentist).</p>	<p>Freedom to choose any licensed dentist, anywhere in the world.</p> <p>No referral required for specialty care.</p>
Preventive Care	<p>100% covered for preventive care - annual exam, x-rays and two cleanings per year.</p>	<p>100% covered for preventive care - annual exam, x-rays and two cleanings per year.</p>
Deductible/Maximum	<p>No annual deductible and no annual dollar maximum.</p> <p>Covered procedures have predetermined copays.</p>	<p>\$50 Individual \$150.00 Family</p> <p>Annual deductible for all services except diagnostic and preventive care.</p> <p>\$2,000 annual maximum coverage limit.</p>





Vision Plan Vision Service Plan (VSP)



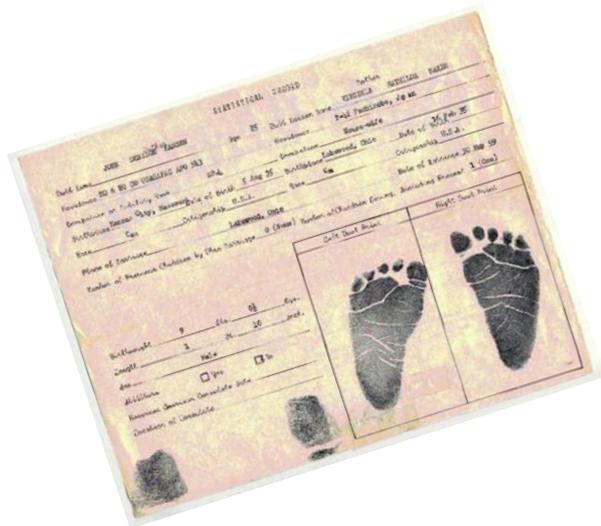
Plan Features	In Network	Out-of-Network
<u>Vision Exam</u> (Every 12 months)	Plan pays 100% after \$15 (per individual) Deductible	Plan pays up to \$40 after \$15.00 (per individual) deductible
<u>Lenses</u> (Every 12 months)	Plan pays 100% per plan year	Reimbursement amounts: Single Vision \$ 40.00 Bifocal \$ 60.00 Trifocal \$ 80.00
<u>Frames</u> (Every 24 months)	Plan pays 100% of retail price up to \$130	Plan reimbursement \$ 45.00
<u>Contacts</u> (Every 12 months)	Plan pays 100% after deductible Up to \$105 per pair	Plan reimbursement \$40.00 for exam Up to \$105 per pair
<u>Laser Eye Surgery</u> (Lifetime benefit)	\$ 500.00 per eye	\$ 500.00 per eye



Changes in Coverage During the Plan Year

- **Basic rule: no coverage changes unless change in family status such as:**

- **Marriage, divorce or legal separation**
- **Birth or adoption of child**
- **Dependent is no longer eligible (coverage, etc)**
- **Gain or loss other health insurance coverage**
- **Death of spouse or child**



- **Must submit proper documents within 60 days of the family status change**
- **Benefit plan changes are effective the first of the following month from when documentation is received**
- **Changes can be made to Medical, Dental, Vision, Supplemental Life /AD&D insurances and Flexible Spending Accounts**

Reimbursement Accounts





Health Savings Account (HSA)

What is a Health Savings Account (HSA)?

- A HSA allows individuals to pay for qualified health expenses and save for future medical and retiree health expenses on a tax free basis.

HSA

It's yours even if you switch jobs, plans or retire

It's held in a trust, like an IRA

Funds roll over and accumulate year to year if not spent

Contributions are tax-free (subject to limits)

If you are 55 years or older you are eligible to deposit catch-up contributions



HSA LIMITS

- Maximum contributions per year:
 - **\$3,350** (individual)
 - **\$6,750** (family)



- Employees in HDHP will have excess Flex Credits contributed/directed to an HSA
- Employees can also contribute out-of-pocket money to this account (subject to contribution maximums).



Health Savings Account (HSA)

- You are not eligible to open an HSA if:

You or your dependent are enrolled in Medicare

You are receiving health benefits under TRICARE

You have received Veteran Administration (VA) benefits within the past 3 months

You are covered by another non-qualified health plan (such as a spouse's plan)

You or your dependent can be claimed as a dependent on another individual's tax return

Annual contribution limits are set by the IRS



Flexible Spending Accounts

Flexible Spending Accounts allow you to set aside pre-tax deductions in an account to cover eligible out-of-pocket Health and Dependent day care expenses.

- **Traditional Healthcare FSA**
- **Dependent Daycare FSA**
- **Limited Purpose Healthcare FSA (*for High Deductible Health Plans Only*)**



Estimate carefully and contribute only as much as you think you will spend during the plan year.

What you don't use, you lose at the end of the year.



Health Care Flexible Spending Account

Use Health Care Flexible Spending Account – FSA for:

- Medical, Dental and Vision plan deductibles and co-payments for you and your eligible dependents
- Some over-the-counter medications are eligible with a valid prescription

The Health Care Account can benefit you if you have predictable out-of-pocket medical, dental, and vision care expenses

Ligon to ASIFlex website at www.asiflex.com/sdcountry for a full listing of eligible expenses





Dependent Daycare Flexible Spending Account

Use Dependent Day Care Account for:

- Care of a child under age thirteen
- Care of another qualified dependent while you work
- If both parents work at the County of San Diego only one can enroll in the plan with the full \$5k annual contribution, or both employees can claim half of the amount

NOTE: Reimbursement under the Dependent Care Spending Account cannot occur until the care has been fully provided, and/or after a deposit is made into the account.





Limited Purpose Flexible Spending Account

- What is a Limited Purpose Flexible Spending Account (LPFSA)?
 - A LPFSA is used in conjunction with a Health Savings Account (HSA), is a tax savings account that reimburses employees for eligible Dental and Vision care expenses *only*.
 - A LPFSA is subject to the “use it or lose it” IRS rule
 - Annual contribution is limited to \$2,550





2016 Flexible Spending Account Limits

- Minimum contribution is **\$120** per year.
- Maximum contributions per year:
 - Healthcare - **\$2,550** out of pocket per year
 - Dependent Daycare - **\$5,000** per year
 - Limited Purpose Flexible Spending Account (Dental & Vision expenses only, only if you are enrolled in a High Deductible Health Plan) - **\$2,550**





Health Reimbursement Account

The Health Reimbursement Account – HRA will automatically be established if you have excess credits of \$120.00 or more annually

Use Health Reimbursement Account – HRA for:

- Medical, Dental and Vision plan deductibles and co-payments for you and your eligible dependents
- Some over-the-counter medications are eligible with a valid prescription

The Health Reimbursement Account – HRA can benefit you if you have out-of-pocket medical, dental, and vision care expenses

Logon to ASIFlex website at www.asiflex.com/sdcounty for a full listing of eligible expenses



Group Life and AD&D Plans





Life Insurance

Basic Life Insurance

- The County provides Life Insurance coverage for their employees.
- The coverage amount varies depending upon your job classification (refer to your personal enrollment worksheet)
- The County also provides Life Insurance in the amount of \$2,000 for each qualified spouse and eligible children (up to the age of 26)

Supplemental Life Insurance

- 1, 2, or 3 times your basic annual salary
- Employee only coverage



MetLife[®]



Accidental Death & Dismemberment (AD&D)

■ Basic AD&D coverage

- The County provides insurance for you at no cost. The amount varies depending upon your job classification
- Covers loss of arm, leg or eyesight due to an accident
- Covers accidental death
- Family coverage is a spouse and dependents up to age 26

Additional Coverage

- 1, 2 or 3 times your basic annual salary
- Employee Only or Employee and Family



MetLife®

Ancillary Benefits





Critical Illness



- Provides a lump sum payment if employee or family member is diagnosed with a critical illness.
- No waiting period
- Benefits are portable
- Please refer to Plan Summary for more details on limitations and exclusions.
- Includes a \$100 wellness benefit.

Plan Name	Critical Illness Plan
Benefits Amount (Employee Choice of Coverage Level)	\$10,000, \$20,000 or \$30,000
Family Coverage	Spouse: \$5,000, \$10,000 or \$15,000 Children: \$1,000, \$2,500 \$5,000 or \$10,000
Eligibility Ages	Employee: All Spouse: Ages 18-69 Children: Ages Birth - 26
Portability	Included
Waiting Period	None
Benefit Payouts	100% for Each Covered Illness Additional Occurrence of a Critical Illness of 100% (not including Cancer)



Voluntary Short Term Disability

Option 1 - Employees paying into State Disability Insurance (SDI)

- Can provide an additional 25% of earnings up to \$1000 a week
- Benefits can start on the 15th day and continue up to 24 weeks

Option 2 - Employees not paying into SDI

- Can provide 60% of earnings up to a maximum benefit up to \$1500 a week
- Benefits can start on the 8th day of disability
- Benefit duration can range from 3 to 12 weeks depending on individual needs
- Can be used as a “bridge” to Long Term Disability

NOTE: STD benefits are only paid after all accruals are exhausted.





Voluntary Long Term Disability

- Provides 60% of earnings up to a maximum benefit of \$5000/month
- Benefits starts after 180 day elimination period
- Benefits duration is up to age 65 years of age





A Few More Things on Ancillary Benefits

- Deductions are taken as post-tax
 - Benefits are collected as non-taxable
- Rate table is based on the coverage amount and individual age.
- Benefits may be purchased with excess Flex Credits
- If planning to use benefit for maternity leave, cannot already be pregnant – payment into plan does not begin until first payroll deduction

Work/Life Programs





Employee Assistance Program- EAP

Employee Assistance Program- EAP

EMOTIONAL HEALTH MATTERS

EAP

- **Who's Eligible:** All County employees & anyone residing in their household, regardless of their relationship.
- **Cost:** There is absolutely no cost to employees to use any of the services and features.
- **Services include:**
 - **Counseling Services**
 - **Child and Elder care resources**
 - **Legal/Financial**
 - **Identity Protection Services**
 - **Tobacco Cessation coaching**

Toll free number [888-777-6665](tel:888-777-6665)
EAP website www.anthemep.com



Employee Wellness Program



“To develop healthy choices which reduce personal risk factors by engaging and sustaining a productive, active, and accountable workforce”

<http://insite.sdcounty.ca.gov/ewp/Pages/default.aspx>





Additional Benefits

Employee Discount Program



Register online at:

SDCounty.perkspot.com

An employee benefit that includes savings on popular stores, brand merchandise, local restaurants and more!

Benefits Enrollment Process





Deadline for Benefit Enrollment

- For your benefits to be effective the 1st of the following month after your hire date, you need to do the following:
 - All benefits elections entries and supporting documentation (**marriage certificates, birth certificates, affidavit of domestic partnership, proof of other insurance and waiver form**) must be submitted by provided deadlines.
 - You are required to enroll within 30 days of your hire date.
 - If you are enrolling a Domestic Partner and Domestic Partner's dependents, please contact Kim Steffens at 858-694-3715 for assistance.



Benefits Contact Information

Employee Benefits Division
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5530 Overland Avenue, Suite 210
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