

Human Resources Employee Benefits and Services Division

San Bernardino County Retiree Open Enrollment November 1 – 30, 2022

www.SBCounty.gov

2023 Retiree Benefits and Enrollment Guide



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Retiree Open Enrollment Dates and Deadlines

November 1, 2022	Retiree Open Enrollment begins	
November 11, 2022	EBSD office closed (Veterans Day holiday observed)	
November 24 - 25, 2022	2 EBSD office closed (Thanksgiving holiday observed)	
November 30, 2022	Deadline to submit all enrollment/change and cancellation forms	
December 6, 2022	Last day to submit proof of dependency and/or dependent disability	Þ
January 1, 2023	Effective date for new premium rates and benefits	
	ease note that if you have no changes to your retiree health plans for an year 2023, no additional steps are needed during open enrollment	

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Retiree Open Enrollment

Retiree Open Enrollment: November 1, 2022 – November 30, 2022

During Retiree Open Enrollment, you can:

- Enroll in a retiree medical and/or dental plan
- Change your medical and/or dental plan elections
- Terminate your coverage
- Add or remove dependents

Changes made during Retiree Open Enrollment will be effective January 1, 2023

Visit the Retiree Open Enrollment Webpage at:

https://link.sbcounty.gov/RetireeOE

What's New



15-minute personal phone consultations with EBSD, Blue Shield and Kaiser

Updated Retiree Open Enrollment Webpage

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2023 Retiree Premium Rates

New rates are effective January 1, 2023

- 1% reduction on Delta HMO plans
- 8.50% reduction for the Kaiser Senior Advantage plans
- No changes to the Blue Shield Medicare Advantage plans, Blue Shield Non-Medicare plans, Kaiser Non-Medicare plans and Dental PPO plans
 - Premiums are paid monthly for the following month
 - New premiums for 2023 will be taken from December 2022's

SBCERA benefit payment



Retiree Benefit Plan Options



- Kaiser HMO for non-Medicare Retirees
- Kaiser HMO Medicare (Senior Advantage)
- Kaiser HMO High Deductible Health Plan

blue 🦁 of california

- Blue Shield HMO Signature (non-Medicare)
- Blue Shield TRIO HMO
- Blue Shield PPO (non-Medicare)
- Blue Shield 65 Plus HMO (Medicare)
- Blue Shield PPO Medicare Coordination of Benefits

Dental Plan Options

- DeltaCare USA DHMO
- Delta DPPO High Option
- Delta DPPO Low Option

NOTE: Enrollment eligibility may be affected by retiree's residential zip code.

Out-of-State Plan Options

blue 🗑 of california

cota

ska

insas

klahom

Texas

• Blue Shield PPO coverage is available nationwide

KAISER PERMANENTE®

Kaiser coverage is available in
 Washington, Oregon, and Colorado in
 limited zip codes – contact EBSD for
 more information

A DELTA DENTAL®

- Delta DPPO coverage is nationwide
 - DeltaCare USA DHMO provides
 benefits in 14 states:

 Arkansas, Arizona, California,
 Florida, Georgia, Idaho, Michigan,
 Missouri, Montana, Nevada,
 Oklahoma, Oregon, Texas, and
 Washington.

Mississippi

Georgia

link.sbcounty.gov/Retiree-Benefits

California

Mass

ersey

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HMO and DHMO Provider Selection

DELTA DENTAL[®] USA DHMO Plan Enrollees



Must select a primary care provider and a medical group



If a provider is not selected, one will be automatically assigned by the carrier based on your home address



You may change your provider by calling the carrier's customer service number

Retiree Open Enrollment Considerations

Who will provide your care?	Where will you receive your care?	What services are covered?	How much will you pay for the services you need?	County Group Retiree Plan vs. Individual Plan	County Group Retiree Plan vs. COBRA
 ✓ Choice of provider networks, physician choices 	✓ Hospitals & Urgent care facilities	 ✓ Preventive care ✓ Prescription drug coverage 	 ✓ Co-insurance ✓ Co-pays ✓ Deductibles 	 ✓ Limitations & exclusions 	 ✓ Premiums ✓ Co-pays ✓ Deductibles ✓ Medicare eligibility

Enroll, Change Plans, Add/Remove Dependents, or Terminate Coverage

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To Enroll, Change Plans, or Add/Remove Dependents

- Complete County enrollment/change form(s)
- ✓ Complete a Medicare enrollment form if enrolling in a Medicare plan
- ✓ A separate form is needed for each enrollee

To Terminate Coverage

- Complete County disenrollment form
- Complete a Medicare disenrollment form if cancelling a Medicare Plan
- ✓ A separate form is needed for each member

NOTE: A member who terminates coverage during open enrollment is not eligible for COBRA, as this is not considered a COBRA qualifying event

Proof of Dependency

Proof of Dependency is required:

- Marriage certificate
- Birth certificate or court document
- State Registration of Domestic Partnership

 Disabled Dependent Certification Form required from physician and must be submitted annually for non- permanently disabled dependents

Newly enrolled dependents



Children 26 and older who are incapable of self-support due to disability

Outside of Retiree Open Enrollment, you may enroll in a plan, change plans, or add dependents if you experience a mid-year qualifying event

Examples of qualifying events include:			-	r change t must:		
Loss or gain of Medicare eligibility	Loss or gain of dependent(s)	Exhaustion of COBRA benefits	Loss of group coverage	Move out of the service area	Meet the guidelines of County contracts/ agreements	Be received by the EBSD within 60 days of the qualifying event date

Current COBRA or Cal-COBRA Participants May:					
Enroll once your COBRA/Cal-COBRA exhausts (after 18/36 months respectively)	Enroll in a retiree plan during open enrollment	Enroll once you become Medicare eligible			

Note:

- If your COBRA coverage is terminated for non-payment or you voluntarily drop coverage, you will not be eligible to enroll
 in a retiree plan until Retiree Open Enrollment.
- No Cal-COBRA for dental or vision coverage
- To enroll in Cal-COBRA, submit an application to the health insurance provider directly

Accessing Your Retirement Medical Trust Fund

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- Update Recurring Individual Premium Reimbursement Request form for premium or plan changes
- Provide proof of your insurance coverage with the new premium amount
- Submit the completed form to Total Administrative Services Corporation (TASC)
- Access your RMT account online! <u>https://www.voya.com/hra</u>

Retiree Webpage



Visit the NEW Retiree Webpage at: link.sbcounty.gov/Retiree-Benefits

You can access:

- Retiree medical & dental plan overviews
- Medical & Dental benefits summary & rate premiums
- The 2023 Retiree Benefits Guide
- Retiree Open Enrollment information, & enrollment forms
- ✓ Wellness tools & resources
- ✓ Contact information

Retiree Open Enrollment Forms and Documentation

• Enrollment Forms can be found in the back of the Guide and at:

https://link.sbcounty.gov/RetireeOE

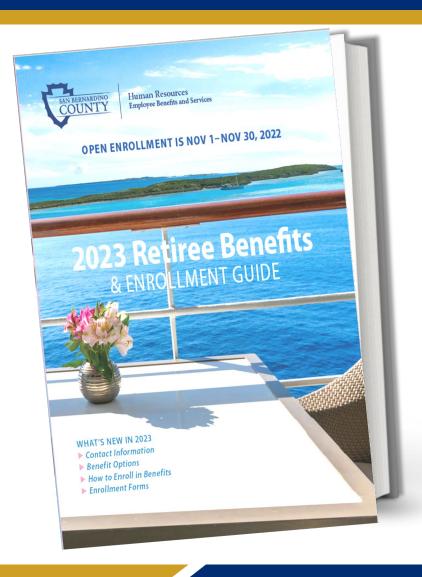
• Enrollment/Change forms and dependent documentation must be submitted to the EBSD at:

175 W. 5th Street, First Floor San Bernardino, CA 92415 Attn: Retiree Desk

• For further assistance contact the EBSD at:

Office: 909-387-5787 Toll-Free: 888-743-1474





Carrier Presentations

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Contact Information/Resources



To schedule a 15-minute personal consultation:

- Schedule with an Employee Benefits and Services Division Representative:
 - Call (909) 387-5787 or Email <u>ebsd@hr.sbcounty.gov</u>
- Schedule with a Blue Shield of California Representative:
 - Visit https://calendly.com/blueshield_maryhazell
- Schedule with a Kaiser Permanente Representative:
 - Visit <u>https://webmail.kp.org</u>

Employee Benefits & Services Division



Phone: 909-387-5787 Toll-free: 888-743-1474 Fax: 909-387-5566



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