



Human Resources
Employee Benefits and Services Division

A scenic landscape photograph of a calm lake reflecting the surrounding green forest and distant mountains under a clear blue sky. The text is overlaid on this image.

2025
San Bernardino County
Retiree Open Enrollment
November 1 – 30, 2024

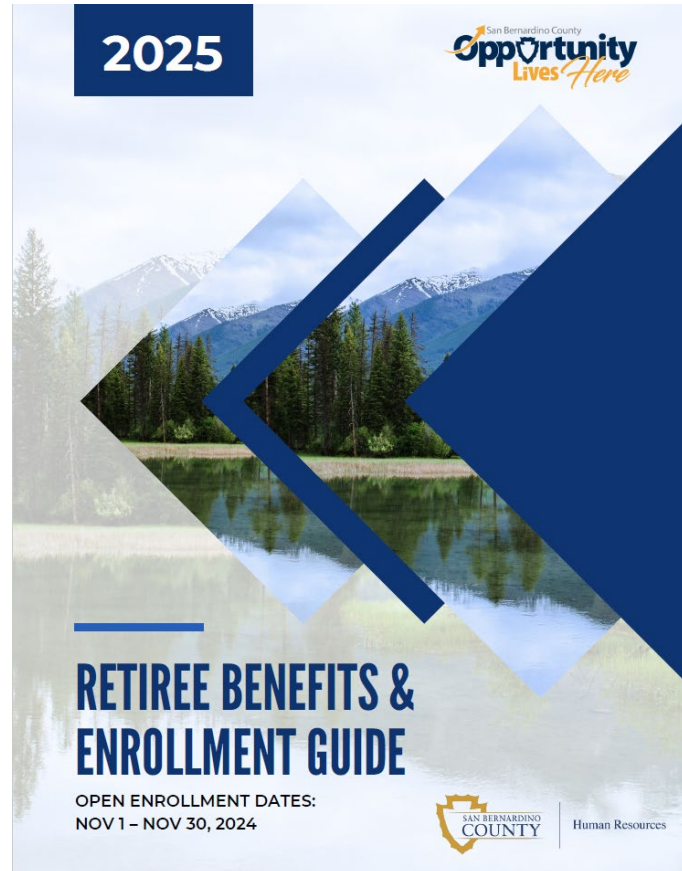
Open Enrollment materials will be available online November 1, 2024

Information includes:

- Monthly Plan Premiums
- Enrollment forms
- Important dates & deadlines
- Contact information
- Plan benefits summary

Go Green, view the electronic benefit guide online at:
link.sbcounty.gov/Retiree-Resources

Please contact the Employee Benefits and Services Division (EBSD)
at ebd@hr.sbcounty.gov or 909-387-5787 to receive paper
or electronic Retiree Open Enrollment materials



Retiree Open Enrollment Dates and Deadlines

November 1, 2024

Retiree Open Enrollment begins

November 11, 2024

EBSD office closed (Veterans Day holiday observed)

November 28 - 29, 2024

EBSD office closed (Thanksgiving holiday observed)

November 30, 2024

Deadline to submit all enrollment/change and cancellation forms

December 6, 2024

Last day to submit proof of dependency and/or dependent disability

January 1, 2025

Effective date for new premium rates and benefits

Please note that if you have no changes to your retiree health plans for plan year 2025, no additional steps are needed during open enrollment

Retiree Open Enrollment: November 1, 2024 – November 30, 2024

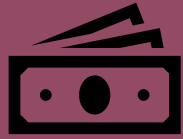
During Retiree Open Enrollment, you can:

- **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, 2025

Visit the Retiree Open Enrollment Webpage at:

<https://link.sbcounty.gov/RetireeOE>



Updated Monthly
Premium Rates



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



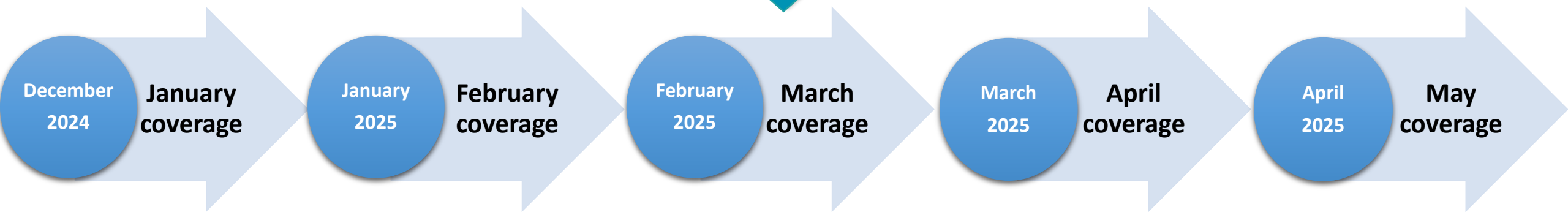
Updated Retiree
Open Enrollment
Webpage

2025 Retiree Premium Rates

New rates are effective January 1, 2025

- No changes to the Blue Shield Non-Medicare plans and Dental PPO/HMO plans
 - 4.9% rate increase for Blue Shield Medicare plans
 - 5.31% rate increase for the Kaiser non-Medicare plans
 - 8.31% increase for the Kaiser Senior Advantage plans

- Premiums are paid monthly for the following month
- New premiums for 2025 will be taken from December 2024's SBCERA benefit payment





Medical Plan Options



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



- 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

- 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

 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.

blue  of california **Signature HMO and/or**

 **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

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 is required:

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

Newly enrolled dependents



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

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

Mid-year change request must:

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

- ✓ 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 VOYA
- ✓ Access your RMT account online! <https://www.voya.com/ws/myHRA>



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

You can access:

- ✓ Retiree medical & dental plan overviews
- ✓ Post Retirement Employment
- ✓ Medical & Dental benefits summary & rate premiums
- ✓ The 2025 Retiree Benefits Guide
- ✓ Retiree Open Enrollment information, & enrollment forms
- ✓ Wellness tools & resources
- ✓ Contact information

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

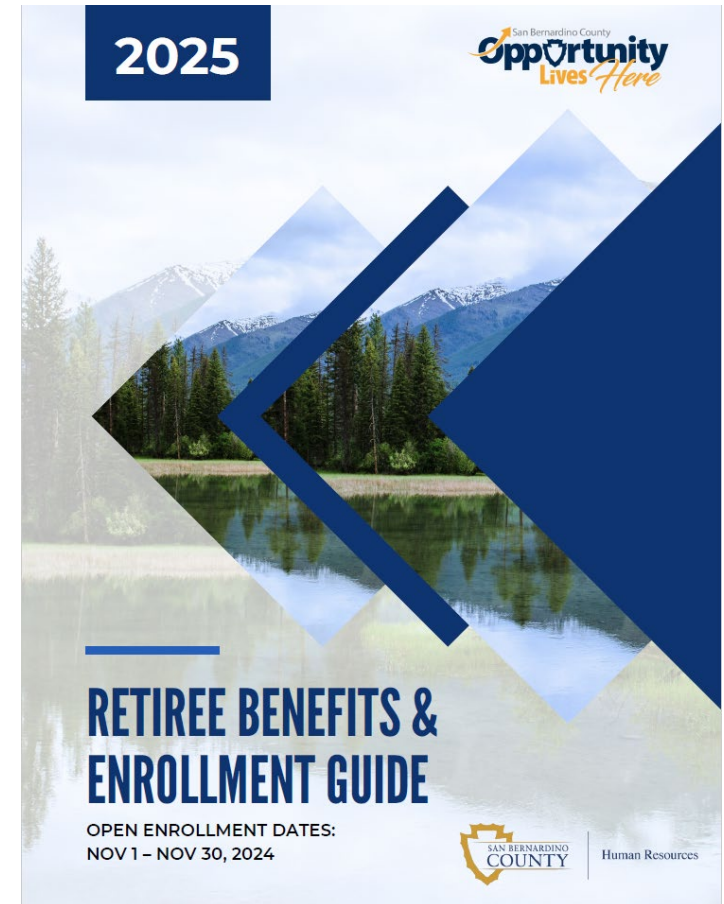
<https://link.sbcounty.gov/RetireeOE>

- 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



Contact Us

To schedule a 15-minute personal consultation:

- Schedule with an Employee Benefits and Services Division Representative:
 - Call (909) 387-5787 or Email ebzd@hr.sbcounty.gov

Employee Benefits & Services Division



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



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San Bernardino, CA 92415