



*The County of Orange* | **Employee Benefits**

# 2008 New Employee Benefits Orientation

**Human Resources  
Employee Benefits Division**

▶  
▶  
▶  
▶  
▶  
s  
y  
a  
w  
h  
t  
a  
p





## 2008 ENROLLMENT PROCESS

- ▶ To begin the process, your Agency will take your new hire information and input it into the County system.
- ▶ The County then sends an electronic file every two weeks to the Benefits Center.
- ▶ The Benefits Center is your centralized resource for enrollment and benefit information.
- ▶ The Benefits Center takes that incoming information and generates new hire packages to be mailed.
- ▶ Your New Hire package will be mailed to you at your home address.

p  
a  
t  
h  
w  
a  
y  
s



## 2008 ENROLLMENT PROCESS

- ▶ In your package, you will be given all the information needed to make your elections including your Personal Identification Number (PIN).
- ▶ Your PIN is what allows you the ability to either go online via the Benefits Center Website or to call the Benefits Resource Line and speak to a Benefits Specialist.
- ▶ Benefits Specialists can assist you in making your elections or to provide you benefits information.

p  
a  
t  
h  
w  
a  
y  
s



## 2008 ENROLLMENT PROCESS

- ▶ You have 30 days from the date on your Benefits Enrollment Summary to make your elections.
- ▶ If you fail to make your elections within the given time period, you will be defaulted into a designated health plan for yourself only coverage.

▶  
▶  
▶  
▶  
▶  
p  
a  
t  
h  
w  
a  
y  
s



# Click: To Enroll Online

[www.benefitsweb.com/countyoforange.html](http://www.benefitsweb.com/countyoforange.html)

**24 hours a day, 7 days a week**

▶ 30 days from the date on your New Hire package

- ▶ Go to the Benefits Center Web Site from any computer with Internet access, at home or at work
- ▶ Type the Web Site address into your Web browser and press "Enter" on your keyboard

pathways ▶▶▶▶ The County of Orange | Employee Benefits

 Pathways to Your Benefits

**Welcome to the Site...**

If you do not know your Personal Identification Number (PIN) and would like to request a PIN reminder, please enter your Social Security number and press the **"Request Your PIN"** button. A *PIN Reminder Letter* will be sent to your mailing address.

If you need assistance, you can call the County of Orange Benefits Resource Line at 1-866-325-2345 and follow the instructions to speak with a Benefits Specialist. Benefits Specialists are available Monday through Friday, 7:30 a.m. to 5:30 p.m., Pacific Time, except on holidays.

You may bookmark this page, or add it to your list of favorites. All other pages in this site are subject to change and should not be bookmarked or added to your list of favorites.

NOTE: Any unauthorized use or access to the pages, or the computer systems on which the pages and information to be displayed reside, is strictly prohibited and may be a criminal violation. Your use of this Web site is governed by and conditioned on your acceptance of the terms of use referenced herein (a link to read the Terms of Use is provided below) and such other terms and conditions as may be contained in this Web site. Your use of this Web site constitutes your agreement to the terms of use and all such additional terms and conditions.

Copyright © 2005 | [Terms of Use](#) | [Privacy Policy](#) | [System Requirements](#)

**Login**

Please enter your Social Security Number and PIN to access your personal benefit information.

SSN:

PIN:

[Forgot Your PIN?](#)



## Click: To Enroll Online

- ▶ After you save and SUBMITTED your changes, your Benefits Confirmation Statement will appear on your screen
  - ▷ Review your benefit elections for 2008
  - ▷ Verify that your statement has an assigned number
  - ▷ Print a copy for your records
- ▶ You will also receive a Benefits Confirmation Statement by mail within 7 to 10 days

▶  
▶  
▶  
▶  
▶  
s  
y  
a  
w  
h  
t  
a  
p



# Forgot Your PIN?

Pathways  
to  
Your  
Benefits

p a t h w a y s ▶▶▶▶▶ The County of Orange | Employee Benefits



## Pathways to Your Benefits

**Welcome to the Site...**

If you do not know your Personal Identification Number (PIN) and would like to request a PIN reminder, please enter your Social Security number and press the **"Request Your PIN"** button. A *PIN Reminder Letter* will be sent to your mailing address.

If you need assistance, you can call the County of Orange Benefits Resource Line at 1-866-325-2345 and follow the instructions to speak with a Benefits Specialist. Benefits Specialists are available Monday through Friday, 7:30 a.m. to 5:30 p.m., Pacific Time, except on holidays.

You may bookmark this page, or add it to your list of favorites. All other pages in this site are subject to change and should not be bookmarked or added to your list of favorites.

NOTE: Any unauthorized use or access to the pages, or the computer systems on which the pages and information to be displayed reside, is strictly prohibited and may be a criminal violation. Your use of this Web site is governed by and conditioned on your acceptance of the terms of use referenced herein (a link to read the Terms of Use is provided below) and such other terms and conditions as may be contained in this Web site. Your use of this Web site constitutes your agreement to the terms of use and all such additional terms and conditions.

**Login**

Please enter your Social Security Number and PIN to access your personal benefit information.

SSN:

PIN:

[Forgot Your PIN?](#)

Copyrighted © 2005 | [Terms of Use](#) [Privacy Policy](#) | [System Requirements](#)











# Health & Welfare

Pathways

Home | FAQs | Documents & Forms | Contact Us | Inbox | Log Out Search  GO

## Pathways to Your Benefits

The County of Orange | Employee Benefits

Personal Information | **Health & Welfare** | Work/Life Events

XXX-XX-9255 December 11, 2006

[Home](#) > [Health & Welfare](#) > [Change Coverage](#) > [New Hire](#) > [Confirmation Statement](#)

### Confirmation Statement | New Hire

Enrollment Deadline: Feb 7, 2007 (59 days remaining) Confirmation Number: 06332120455  
Confirmed on: Dec 11, 2006 02:27 PM EST

[Printer Friendly Version](#)

#### CONFIRMATION STATEMENT

This screen confirms the coverage you will receive as a result of this event. If you do not change your elections, this coverage will remain in effect. **You may refer to the Confirmation Number above for future inquiries, if necessary.**

*Please print and retain this information for your records.*

**Reminder:** If you haven't yet made new benefit elections as a result of this event (or if you want to change the elections you just made), you have until the enrollment deadline to do so. After the enrollment deadline, you will not be able to make changes until the next Open Enrollment period, unless you first experience another Qualified Life Event.

(If you need to make any corrections, return to the "Make Coverage Elections" step before the enrollment deadline.)

**Follow These Steps**

1. [Learn About This Event](#)
2. [Make Coverage Elections](#)
3. [Confirmation Statement](#)
4. [Next Steps](#)
5. [Other Things To Consider](#)

Coverage Overview				
Benefit	Your Current Choices	Effective Date	Your Bi-weekly Cost/ (Credit)	
			Before-Tax	After-Tax









# Select-a-Plan Tool

▲  
▲  
▲  
▲  
▲  
s  
y  
a  
w  
h  
t  
a  
p

Select-a-Plan

pathways

Pathways to Your Benefits

Decision Center » Preference Module

**Preference Module** Modeled Coverage Level: Yourself Only **EXIT**

Overview | Select Coverage Level | **Select Attributes** | Importance of Difference | Tradeoffs | Results

### Attribute Selection

Please check which of the following attributes (characteristics) are important to you when making a health plan choice. You may select as many as you would like (the more you select, the longer the exercise will take). There must be at least four (4) attributes checked for the tool to work.

Your results will only be as good as the accuracy of your responses. Be sure to choose all the attributes that are important to you.

Click on any attribute to see its definition.

- Cost**
  - [Per pay period contribution](#)
  - [Annual deductible](#)
  - [Annual out-of-pocket maximum on all expenses](#)
  - [Inpatient hospitalization](#)
    - [Initial inpatient hospitalization treatment cost](#)
    - [Inpatient hospital services coverage](#)
  - [Your cost per emergency room visit](#)
  - [Outpatient surgery](#)
    - [Initial outpatient surgery services cost](#)
    - [Outpatient surgery services coverage](#)
  - [Your cost per doctor's office visit](#)
  - [Your cost per specialist visit](#)
  - [Retail prescription drugs](#)
    - [Your cost per retail brand name prescription](#)
    - [Your cost per retail generic prescription](#)
- Access**
  - [Covered benefits are available outside the plan's provider network](#)
  - [Ability to self-refer to a specialist](#)
  - [PCP selection required in advance of receiving care](#)
- Covered Benefits**
  - [Routine physical checkups](#)
  - [Vision care coverage by the health plan](#)
  - [Coverage of alternative therapies](#)



# Select-a-Plan Tool

pathways  
a  
y  
s  
h  
w  
a  
t  
h  
p  
a  
t  
h  
w  
a  
y  
s

Select-a-Plan

Pathways to Your Benefits

Decision Center » Medical Cost Calculator

Modeled Coverage Level: **Yourself Only** **EXIT**

Overview | Select Coverage Level | **Estimate Usage** | Results

### Estimate Use

Select the number of times you expect to incur charges for each of the items below during the plan year. Complete this process for yourself and each of your dependents.

To change the number of dependents, click on the tab at the top of the estimation table.

Individual to Estimate: **Self**

Type of Medical Service	Estimated Cost	Estimate Use:		Subtotal Cost of Services	
		Self		Self	All Individuals
<b>Routine Services</b>					
<a href="#">Office visit for established patient</a>	<input checked="" type="checkbox"/> \$ 66	<input type="text" value="0"/>		\$0	\$0
<a href="#">Specialist visit</a>	<input checked="" type="checkbox"/> \$ 96	<input type="text" value="0"/>		\$0	\$0
<a href="#">X-ray</a>	<input checked="" type="checkbox"/> \$ 67	<input type="text" value="0"/>		\$0	\$0
<a href="#">Lab</a>	<input checked="" type="checkbox"/> \$ 45	<input type="text" value="0"/>		\$0	\$0
<b>Preventive Services</b>					
<a href="#">Routine physical exam</a>	<input checked="" type="checkbox"/> \$ 133	<input type="text" value="0"/>		\$0	\$0
<b>Non-Routine Services</b>					
<a href="#">Emergency room visit</a>	<input checked="" type="checkbox"/> \$ 93	<input type="text" value="0"/>		\$0	\$0
<a href="#">Inpatient hospitalization</a>	<input checked="" type="checkbox"/> \$ 17651	<input type="text" value="0"/>		\$0	\$0
<a href="#">Outpatient surgery</a>	<input checked="" type="checkbox"/> \$ 2224	<input type="text" value="0"/>		\$0	\$0
<b>Prescription Drugs</b>					
<a href="#">Retail prescription drug (brand, 30 day)</a>	<input checked="" type="checkbox"/> \$ 65	<input type="text" value="0"/>		\$0	\$0
<a href="#">Retail prescription drug (generic, 30 day)</a>	<input checked="" type="checkbox"/> \$ 20	<input type="text" value="0"/>		\$0	\$0
<input type="button" value="Add / Remove Medical Services"/>		<input type="button" value="Reset to Defaults"/>		<input type="button" value="Reset to Zero"/>	
<b>Estimated Total Cost for Services</b>				\$0	\$0



# Select-a-Plan Tool

pathways  
a  
h  
a  
t  
w  
a  
y  
s

[Select-a-Plan](#)

**Pathways to Your Benefits**

Decision Center » Comparison Module The County of Orange | Employee Benefits  
Modeled Coverage Level: **Yourself Only** **EXIT**

Overview | Select Coverage Level | **Select Plans** | Select Attributes | View Results

### Select health plans for Comparison

To look at plan details for a single health plan, simply click on "View Details" below the plan's name. In addition, you may compare the plans' details side-by-side by selecting the check box next to each plan and then pressing the "Next" button.

Sort by: Name | [Preference Score](#)

<input type="checkbox"/> <b>CIGNA Health Plan HMO</b> Select <a href="#">View Details</a>   <a href="#">Web Site</a> <b>Phone:</b> 800-244-6224	<b>Preference Score</b>  <b>Calculator Out-of-Pocket Cost not yet determined</b>
<input type="checkbox"/> <b>Kaiser Health Plan HMO</b> Select <a href="#">View Details</a>   <a href="#">Web Site</a> <b>Phone:</b> 800-464-4000	<b>Preference Score</b>  <b>Calculator Out-of-Pocket Cost not yet determined</b>
<input type="checkbox"/> <b>Premier Sharewell PPO</b> Select <a href="#">View Details</a>   <a href="#">Web Site</a> <b>Phone:</b> 888-350-5608	<b>Preference Score</b>  <b>Calculator Out-of-Pocket Cost not yet determined</b>





# Life Insurance Calculator

▲  
▲  
▲  
▲  
▲  
▲  
p  
a  
t  
h  
w  
a  
y  
s

[Home](#) > [Health & Welfare](#) > [Planning Tools](#) > [Calculate Life Insurance Needs](#)

**Coverage Details**

[Change Coverage](#)

**Planning Tools**

- [Compare/Evaluate Health Plans](#)
- [Research Medical Conditions & Find a Hospital](#)
- **Calculate Life Insurance Needs**
- [Calculate Reimbursement Account Needs](#)

**Resource Materials**

## Calculate Life Insurance Needs

[Printer Friendly Version](#) | [Page Help](#)

This tool estimates how much life insurance coverage your family would need to cover future expenses in the event of your death.

Instructions

- Review [Important Things To Consider](#).
- Enter your current assets.
- Enter your current debts.
- Enter estimates of your family's future income (in the event of your death) and number of years you expect each income source to be available.
- Enter estimates of your family's future expenses and the number of years you expect each expense to remain at this level.
- To clear your entries, click "**Clear**".
- Click "**Calculate**".

Current Assets	
Investment Assets:	0 <input type="text"/>
Liquid Assets:	0 <input type="text"/>
Existing Life Insurance Coverage:	0 <input type="text"/>
<b>Total Assets:</b>	0 <input type="text"/>

Current Debts	
Outstanding Mortgage Balance:	0 <input type="text"/>
Outstanding Loans:	0 <input type="text"/>
Expenses Incurred at Death:	0 <input type="text"/>

**Learn More**

[How do I find out about my supplemental benefits such as life, disability and vision?](#)

**See Also ...**

[Review Plan Guidelines](#)



# Call: To Enroll by Phone

▲ Weekdays, 7:30 a.m. to 5:30 p.m.



- ▶ **30 days from the date on your New Hire package**
- ▶ Use a touch-tone phone to access the Benefits Resource Line
  - ▷ You'll be prompted to enter your Social Security number and PIN
    - If you do not have your PIN, press \* \* 0 to reach a Benefits Specialist
  - ▷ From the Benefits Selection Menu, you'll hear a list of options

▲  
▲  
▲  
▲  
▲  
p  
a  
t  
h  
w  
a  
y  
s

**Dial 1-866-325-2345, toll-free**



# Call: 1-866-325-2345 for Information

▶  
▶  
▶  
▶  
▶  
p  
a  
t  
h  
w  
a  
y  
s



- ▶ Use the automated phone system any time 24 hours a day, 7 days a week to
  - ▷ Review your elections
  - ▷ Change your PIN
  - ▷ Request forms
- ▶ Ask a Benefits Specialist for help (weekdays, 7:30 a.m. to 5:30 p.m., Pacific Time)
  - ▷ Take your elections
  - ▷ You have questions about your benefits



## How To Choose Your Benefits

- ▶ Review all the information carefully.
- ▶ Request additional information (Health plan documents), by visiting the Benefit Center Website at [www.benefitsweb.com/countyoforange.html](http://www.benefitsweb.com/countyoforange.html) or calling the toll-free Resource Line at 1-866-325-2345.
- ▶ Call the Health Plan Member Services Department with additional questions.
- ▶ Understand that different benefits are offered to different job classifications. Know what classification you are!
- ▶ Ask Questions.

p  
a  
t  
h  
w  
a  
y  
s



## Health Plan Rate Structure

- ▶ 2008 Health Premiums for Full-time Employees — Employee-only Coverage
  - ▷ County pays 95% of cost
  - ▷ Employees pay 5% of cost
  
- ▶ 2008 Health Premiums for Full-time Employees – with dependents
  - ▷ County pays approximately 75% of cost
  - ▷ Employees pay approximately 25% of cost
  
- ▶ Rates in effect until end of Plan Year (January 1 - December 31).

▶  
▶  
▶  
▶  
▶  
s  
y  
a  
w  
h  
t  
a  
p



## Health Plan Types

- ▶ 2 Preferred Provider Organization Plans. (PPO)
  - ▷ Premier Wellwise PPO
  - ▷ Premier Sharewell PPO
- ▶ 2 Health Maintenance Organizations Plans. (HMO)
  - ▷ CIGNA HMO
  - ▷ Kaiser HMO
- ▶ See Benefits Enrollment Guide for more information.

p  
a  
t  
h  
w  
a  
y  
s



## PPO Plan Features

p  
a  
t  
h  
w  
a  
y  
s

- ▶ **Freedom of Choice.**
- ▶ “In-Network”- Blue Shield of California
  - ▶ In-Network Providers can be verified by calling Blue Shield of California at 1-888-235-1767 or logging on the their Website at [www.blueshieldca.com/oc](http://www.blueshieldca.com/oc), click on doctor directory.
- ▶ “Out-of-Network”
- ▶ **Plan Document** describes plan coverage, exclusions and limitations.
- ▶ Prescription Drug Program.
- ▶ Calendar year deductibles apply.
- ▶ Lifetime maximums.



## PPO Plan Features

- ▶ Required to Submit Claim Forms for Reimbursement of Medical Expenses.
- ▶ Pre-certification Review Required for Scheduled Hospitalizations/Penalty Applies.
- ▶ Self-Insured Plans.

p  
a  
t  
h  
w  
a  
y  
s



## PPO Plan Features

▶ **Blue Shield of California** - Claims Administrator:

- ▶ Pay benefits according to Plan Document.
- ▶ Issue EOBs and ID Cards.
- ▶ Provide Customer Service.
- ▶ Conducts hospital Pre-Certification Review.
- ▶ Case Management.
- ▶ Disease Management Programs
- ▶ PPO Network - [www.blueshieldca.com/oc](http://www.blueshieldca.com/oc)
- ▶ **365-day Claims Filing Limit.**

▶  
▶  
▶  
▶  
▶  
s  
y  
a  
w  
h  
t  
a  
p



## Premier Wellwise PPO

- ▶ \$300 Individual / \$600 Family Deductible **In Network**
- ▶ \$500 Individual / \$1000 Family Deductible **Out of Network**
- ▶ In network deductible applied toward out of network deductible
- ▶ In Network Co-Insurance 90/10%
- ▶ Out of Network Co-Insurance 70/30%
- ▶ \$3,000,000 Lifetime Maximum.
- ▶ Chiropractic coverage.

▶  
▶  
▶  
▶  
▶  
s  
y  
a  
w  
h  
t  
a  
p



## Premier Wellwise PPO

- ▶ Must use a Walgreens Health Initiatives, (WHI) retail pharmacy or the WHI mail order program
- ▶ Will not be reimbursed for prescriptions filled at a non-WHI pharmacy—except when needed in an emergency
- ▶ Limited Preventive Care - \$750 maximum, may use in or out of network providers.

p  
a  
t  
h  
w  
a  
y  
s



## Premier Wellwise PPO

### ▶ Year-End Wellness Incentive:

▶ → Annual rebate (taxable) for non-use of plan.

▶ → \$200/ee only, \$400/ee+1, \$500/family.

▶ → \$50 non-smoker award (employee only).

▶ → Suggest that plan members hold claims until deductible is satisfied to compare with rebate.

▶ → If only claims for Preventive Care submitted still eligible

▶ → Use of Walgreens (WHI) card will make you ineligible for rebate.

p  
a  
t  
h  
w  
a  
y  
s



## Prescription Drug Program

- ▶ Walgreens Health Initiatives, (WHI) Prescription Drug Program offered under the Premier Wellwise PPO Plan:
  - 20% Generic, 25% Brand, 30% Non-Formulary of discounted price
  - no annual deductible.
  - mail order drug program (maintenance Rx) (greater than 30 days).
  - Advantage 90 Plan – obtain a 90-day supply of medications at select retail locations.

▶  
▲  
▲  
▲  
▲  
s  
y  
a  
w  
h  
t  
a  
p





## Premier Sharewell PPO

- ▶ **\$5,000** family deductible.
- ▶ An Option or Alternative for employees with other comprehensive coverage.
- ▶ Chiropractic coverage.
- ▶ Credit instead of deduction.

p  
a  
t  
h  
w  
a  
y  
s



## Premier Sharewell PPO

- ▶ In Network Co-Insurance 90/10%
- ▶ Out of Network Co-Insurance 80/20%
- ▶ \$1,000,000 Lifetime Maximum
- ▶ Pay for 100% of Prescriptions at any pharmacy and submit to Blue Shield of California (applies towards annual deductible)
- ▶ Limited Preventive Care, No charge up to a maximum of \$250, must use In Network provider

p  
a  
t  
h  
w  
a  
y  
s



## HMO Plan Features

- ▶ Managed Care Programs.
- ▶ Preventative, Diagnostic & Comprehensive Major Medical Coverage Included.
- ▶ Minimal Co-payments for Health Services and Prescriptions.
- ▶ No Claim Forms to file.
- ▶ No Annual Deductibles to Satisfy.
- ▶ No Lifetime Maximums.

p  
a  
t  
h  
w  
a  
y  
s



## HMO Plan Features

- ▶ Know Your HMO Plan and Work within HMO Plan when Obtaining Health Services:
  - ▶ Physician Selection.
  - ▶ Referrals to Specialist.
  - ▶ Must use Plan hospitals.
- ▶ When Obtaining Urgent or Emergency Care Outside of Service Area:
  - ➔ Must contact HMO immediately (actual timeframe determined by HMO); otherwise health services may not be covered.

▶  
▶  
▶  
▶  
▶  
s  
y  
a  
w  
h  
t  
a  
p



## CIGNA HMO

- ▶ CIGNA has contractual arrangements with medical groups, private practice physicians and hospitals.
- ▶ \$15 co-payment for office visits.
- ▶ Prescription co-pays:
  - ▷ \$10 for generic drugs
  - ▷ \$20 for brand-name drugs
  - ▷ \$40 for Non-Formulary
  - ▷ Mail-order drug program (maintenance Rx).
- ▶ Limited vision plan through Vision Service Plan.
- ▶ Read the Benefits Enrollment Guide for more information.

p  
a  
t  
h  
w  
a  
y  
s



## Kaiser HMO

- ▶ Health facilities are Kaiser-owned and physicians and specialist are Kaiser employees.
- ▶ \$15 co-payment for office visits.
- ▶ Prescription co-pays:
  - ▷ \$10 for generic drugs
  - ▷ \$20 for brand-name drugs
  - ▷ Mail-order drug program (maintenance Rx).
- ▶ Limited vision plan through Kaiser.
- ▶ Read the Benefits Enrollment Guide for more information

▶  
▶  
▶  
▶  
▶  
s  
y  
a  
w  
h  
t  
a  
p



## HMO Chiropractic Care

- ▶ Provided by CIGNA and Kaiser through American Specialty Health Plans (ASHP).\*
- ▶ Over 1,800 Credentialed Chiropractors.
- ▶ Call the ASHP Provider directly to schedule an appointment. Must go to an authorized provider for services to be paid.
- ▶ \$15 co-pay per visit, up to 30 visits per year.
- ▶ For chiropractor directory call 1-800-678-9133 or visit the ASHP website at [www.ashcompanies.com](http://www.ashcompanies.com)
- ▶ Craft & Plant employees not eligible for chiropractic benefits

▶  
▶  
▶  
▶  
▶  
s  
y  
a  
w  
h  
t  
a  
p



## AOCW Participants

- ▶ AOCW participants – benefits are slightly different – please refer to your Enrollment guide.
- ▶ Lifetime Maximums
- ▶ Wellwise and HMO Prescription Drug Programs
- ▶ Annual Deductibles
- ▶ PPO Co-Insurance

p  
a  
t  
h  
w  
a  
y  
s



## Health Plan ID Cards

- ▶ Combined PPO/Walgreens I.D. Card issued by Blue Shield of California (Cards issued in subscriber's name)
- ▶ HMO ID cards will be issued directly from the HMO selected.
- ▶ New Health Plan ID cards will be sent within 30 days from the date you receive your Confirmation Statement.
- ▶ Your health ID card contains important information and telephone numbers.

▶  
▶  
▶  
▶  
▶  
s  
y  
a  
w  
h  
t  
a  
p



## Dependent Eligibility

- ▶ Legal Spouse.
- ▶ Domestic Partner
- ▶ Children through age 18.
- ▶ Full-Time Students must carry 12 units and be age 19 through 22 (ineligible at age 23).
- ▶ Incapacitated children (enrolled prior to 19th birthday).
- ▶ Children of Adoptions and Legal Custody Awards.
- ▶ Parents **and** grandparents are ineligible.

▶  
▶  
▶  
▶  
▶  
s  
y  
a  
w  
h  
t  
a  
p



## Dependent Eligibility

- ▶ It is your responsibility to notify the Benefits Center within 30 days when a dependent becomes eligible or ineligible for coverage.
- ▶ Dependents, when terminated, will be able to continue coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA). Some exceptions for Domestic Partners.

▶  
▶  
▶  
▶  
▶  
p  
a  
t  
h  
w  
a  
y  
s



## County Employee Married To County Employee (EME)

- ▶ County pays 100% of health plan premiums for those married employees enrolled in the same plan. One spouse must be subscriber, while the other enrolls as a dependent.
- ▶ Required to complete EME form.
- ▶ May enroll in separate health plans - dependents premiums will apply.
- ▶ Marital status change, falling off payroll or part time status will make employees ineligible for EME.
- ▶ All transactions related to EME go through Benefits Specialist

▶  
▶  
▶  
▶  
▶  
s  
y  
a  
w  
h  
t  
a  
p



## Adding or Dropping Dependents During the Plan Year

- ▶ Qualifying Status Change Event Only:
  - Marriage/Divorce
  - Birth/Adoption
  - Newly Established Domestic Partnership
  - Commencement or Termination of Spouse's Coverage
  - Dependent No Longer Eligible under Plan Guidelines

▶  
▲  
▲  
▲  
▲  
s  
y  
a  
w  
h  
t  
a  
p



## Changes Not Allowed During Plan Year

- ▶ Cannot change Health Plans during the Plan Year for Any Reason - Health Plan contracts do not allow.
- ▶ Cannot Change Plans when:
  - Participant of Premier Sharewell PPO Plan lose the other coverage they had when first enrolling.
  - Your HMO physician terminates contract with health plan (CIGNA or Kaiser).

▶  
▶  
▶  
▶  
▶  
s  
y  
a  
w  
h  
t  
a  
p



## Annual Open Enrollment

- ▶ Only time of the year Plan Changes can be made.
- ▶ Held in the fall each year.
- ▶ Changes made are effective January 1st of following year

▶  
▶  
▶  
▶  
▶  
p  
a  
t  
h  
w  
a  
y  
s



## Before Tax Deductions

▶ The following deductions are taken on a before-tax basis, which means you pay less income taxes and have more take-home pay:

▶ Health care premiums

If you do not want the tax advantage of before-tax deductions, you'll need to call the Benefits Resource Line to elect after-tax deductions.

p  
a  
t  
h  
w  
a  
y  
s



## Retiree Medical Insurance Program

- ▶ Designed to assist in the cost of health plan coverage as a County retiree.
- ▶ Eligibility: 10 years of County service and age 50.
- ▶ Provides a Grant based on years of service to a maximum of 25 years and age at retirement.
- ▶ Eligibility Workers are not eligible for the grant program.
- ▶ There are no guarantees that this program will continue in the future.

▶  
▶  
▶  
▶  
▶  
s  
y  
a  
w  
h  
t  
a  
p



## Important Dates for Health Insurance Coverage

- ▶ Health Benefits Effective Date - First day of the month following 30 days from the date of hire.
- ▶ Will receive a Confirmation Statement mailed to your home shortly after you have made your elections.
- ▶ You will have 10 business days from the date of your statement to correct errors to the elections you made to your benefits coverage.
- ▶ Call the Benefits Resource Line at 1-866-325-2345 and speak to a Benefits Specialist.
- ▶ Will default to Premier Wellwise Plan - employee only coverage if enrollment process is not completed.
- ▶ Part-time employees will default to Premier Sharewell Plan – employee only coverage if enrollment process is not completed.

p  
a  
t  
h  
w  
a  
y  
s



## Leave of Absence & Health Insurance Coverage

- ▶ When you are on a leave of absence and off payroll, you will be responsible for the full premium (County and employee share) to continue health insurance coverage.
- ▶ After your agency codes you on a leave of absence, you will be sent a Leave of Absence package in the mail that provides you the information and options to choose from.
- ▶ Only Exception - Family Medical Leave (check with agency HR Representative).

▶  
▶  
▶  
▶  
▶  
p  
a  
t  
h  
w  
a  
y  
s



## Dependent Care Reimbursement Account (DCRA)

- ▶ Option for employees who pay for child or elder care.
- ▶ May allocate before-tax salary to pay for eligible day care expenses.
- ▶ Contributions taken out of paycheck.
- ▶ To determine if this plan is the best choice for you, we recommend that you consult with a tax advisor prior to enrollment.

p  
a  
t  
h  
w  
a  
y  
s



## Health Care Reimbursement Account (HCRA)

- ▶ Option for employees to allocate before-tax salary to pay for eligible medical, dental or vision expenses not covered or only partially covered by your health plans.
- ▶ Contributions taken out of paycheck.
- ▶ Because of tax consequences, recommend that you consult with a tax advisor prior to enrollment.
- ▶ **Court employees and Eligibility Worker employees are not eligible for this benefit.**

p  
a  
t  
h  
w  
a  
y  
s



## DCRA/HCRA

- ▶ For additional information about both of these programs:
  - ▷ Refer to the Benefits Center Website or call the Benefits Resource Line.
  - ▷ For a detailed list of eligible and ineligible expenses, you may call the IRS at 1-800-829-3576 or visit the IRS web site at [www.irs.gov](http://www.irs.gov).
  - ▷ Use It or Lose it Rule
  - ▷ Consult a qualified tax advisor.

▶  
▲  
▲  
▲  
▲  
s  
y  
a  
w  
h  
t  
a  
p



## Employee Assistance Program (EAP)

- ▶ Available through Employee Support Systems Co. (ESSCO) - no cost to employee.
- ▶ Referrals to professional counselors for assistance w/legal, family issues, childcare and other referrals – confidential.
- ▶ Available 24 hrs / 7 days a week. Call 1-800-221-0945 to schedule an appointment.
- ▶ Available to all members of household.
- ▶ If additional counseling is required, will either coordinate with health plan when services are covered or to discounted program.

▶  
▶  
▶  
▶  
▶  
s  
y  
a  
w  
h  
t  
a  
p



## Other Benefits

- ▶ Dental, Life Insurance, Vision and Disability Insurance.
- ▶ Based on your Bargaining Unit.
- ▶ Talk to your Supervisor or contact your HR Representative.

▶  
▶  
▶  
▶  
▶  
p  
a  
t  
h  
w  
a  
y  
s



## Important Reminder

### Change in Home Address:

- ▶ Please contact your Human Resources and/or Payroll Representative within your agency to submit a correct change of address for future information.
- ▶ If the Benefits Center does not have your current address, you will not be receiving any important benefits information that would be sent to your home address.
- ▶ You can visit the County of Orange Employee Benefits Website at: [www.oc.ca.gov/hr/employeebenefits](http://www.oc.ca.gov/hr/employeebenefits) and view a PDF version of the 2008 Benefits Enrollment Guide for employees.

▶  
▶  
▶  
▶  
▶  
p  
a  
t  
h  
w  
a  
y  
s



## Your Responsibility

- ▶ Carefully review ALL the information.
- ▶ Understand all plan provisions, limitations and exclusions before enrolling - this avoids surprises later.
- ▶ Request additional information to help assist you in your decision (ie: plan documents) by logging on to the Benefits Center Website or calling the Benefits Resource Line.
- ▶ Make your elections to avoid default.
- ▶ Report all QLE within 30 days of event date: Newborns, Marriage, Divorce, Loss or gain of coverage, Changes in EME status or dependent eligibility. If not reported in timely manner – may effect eligibility and/or result in health plan premium adjustments.

p  
a  
t  
h  
w  
a  
y  
s



## Resources To Help In Your Health Plan Decisions:

▶ **For PPO Benefit Information contact:**

▶ Blue Shield of California 1-888-235-1767

▶ **For Preferred Providers/Hospitals contact:**

▶ Blue Shield of California Network 1-888-235-1767

▶ **For Prescription Drug Information contact:**

▶ Walgreens Health Initiatives 1-800-573-3583

▶  
▶  
▶  
▶  
▶  
p  
a  
t  
h  
w  
a  
y  
s



## Additional Resources:

▶ **For HMO Benefit Information contact:**

- ▶ CIGNA Customer Service 1-800-244-6224
- ▶ Vision Service Plan 1-800-877-7195
- ▶ Kaiser Customer Service 1-800-464-4000
- ▶ ASHP (Chiropractic) 1-800-678-9133

▶ **457 Defined Contribution Program**

- ▶ Great West Retirement Services 1-866-457-2254

▶  
▶  
▶  
▶  
▶  
s  
y  
a  
w  
h  
t  
a  
p



## County of Orange Benefits Center

- ▶ **Benefits Resource Line:**
- ▶ **Toll Free Phone: 1-866-325-2345**
- ▶ **FAX: 1-973-837-3330**
- ▶ **Website: [www.benefitsweb.com/countyoforange.html](http://www.benefitsweb.com/countyoforange.html)**
- ▶ **Mailing address:**  
**PO BOX 436**  
**Little Falls, NJ 07424**

▶  
▶  
▶  
▶  
▶  
p  
a  
t  
h  
w  
a  
y  
s



## 457 Defined Contribution Plan

- ▶ Voluntary supplemental Retirement Savings Program (It is not OCERS, but in addition to it).
- ▶ Administered by Great West Retirement Services.
- ▶ Convenient before-tax payroll deductions.
- ▶ Employee contributions only.
- ▶ Can stop or start at any time.
- ▶ Wide range of investment options.
- ▶ **[www.countyoforangedcplan.com](http://www.countyoforangedcplan.com)**

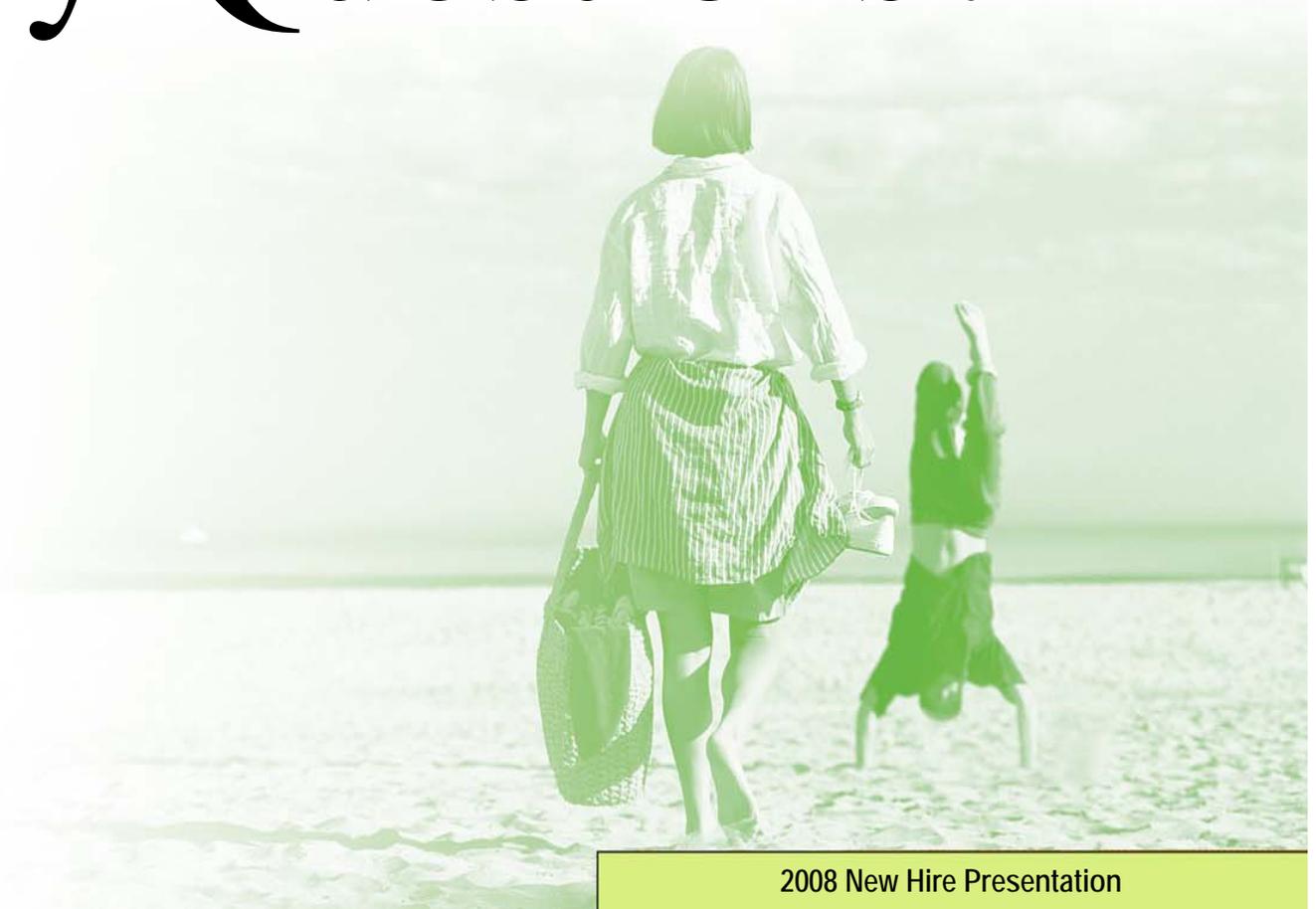
▶  
▶  
▶  
▶  
▶  
s  
y  
a  
w  
h  
t  
a  
p



*The County of Orange* | **Employee Benefits**

# Any Questions?

▶  
▶  
▶  
▶  
▶  
▶  
p  
a  
t  
h  
w  
a  
y  
s



2008 New Hire Presentation