

city of **NEWPORT BEACH**



**benefits**

**PTEANB**

**Employee Information Guide**

**Plan Year 2015**

## Your Benefits

Your Human Resources Department would like to take this opportunity to communicate important information about the benefits being offered for the 2015 calendar year at the City of Newport Beach. The following information is provided to help you through the open enrollment process.

**Open Enrollment Period** - The open enrollment period is for you to make necessary choices and/or changes to your 2015 medical election and is **September 15th through October 10th, 2014**.

This is the time of the year to:

- Make changes to your current medical election
- Add or delete dependents
- Waive medical insurance coverage - If you provide proof of other group medical insurance coverage you are eligible to waive coverage under the City of Newport Beach's group medical plan and receive a taxable amount of money for hours worked. To opt out you must complete the City of Newport Beach Waiver of Benefits and Release Agreement form and attach your proof of other medical group coverage. Please note: Proof of other group coverage must be in effect for the duration of the following plan year. **Employees who became members of Part Time Employees Association of Newport Beach (PTEANB) after June 30, 2014 and do not elect City medical coverage are not eligible to receive an opt-out allowance. Employees who do not elect a medical plan with the City or provide proof of other group coverage will be enrolled in the lowest cost single coverage plan effective January 1, 2015.**
- Employees who do not select health care plans through the health insurance marketplace under the Affordable Care Act will not be eligible for the cafeteria allowance.

## Important Eligibility Information

- Eligible dependents include legal spouses and dependent children to age 26.
- **If your dependent becomes ineligible for coverage under the City's plan due to a qualifying event, you must report the qualifying event to the City Human Resources Department within 60 days of the event.** Qualifying events for loss of coverage: divorce, attainment of maximum age limit or otherwise fails to meet the criteria of the plan. **Failure to report the qualifying event within the required 60 days may result in the loss of rights for continuation of coverage (COBRA).** You may also be responsible for premiums and claim expenses paid on behalf of your ineligible dependents.
- **If you acquire a new dependent due to a qualifying event, you must request their enrollment into the City's health plans within 60 days of the qualifying event or wait to enroll them during the next open enrollment period.** Qualifying events are: marriage, birth, adoption or placement for adoption of a child and obtaining legal guardianship of a child.
- If you waive coverage due to other group coverage and later lose that coverage, you must show proof of loss and enroll in one of the City's medical plans within 60 days from the date of the loss of coverage or wait until the next open enrollment period.

**IRS GUIDELINES WILL NOT ALLOW EXCEPTIONS TO THESE ELIGIBILITY PROVISIONS.**

### Medical

## **HMO (Health Maintenance Organization)**

An HMO is a medical plan that requires you to receive all of your care from within a network of participating physicians, hospitals, and other health care providers. In order to be covered for benefits, or be referred to a specialist, you must access medical care through your primary care physician (PCP). To find a PCP near you, call the health plan, refer to its provider directory, or visit its website. HMOs currently offered are:

- Anthem Blue Cross Select
- Anthem Blue Cross Traditional
- CalPERS Blue Shield HMO
- CalPERS Blue Shield NetValue
- Health Net Salud y Más
- Health Net Smart Care
- CalPERS Kaiser Permanente
- Sharp (available to San Diego County Residents only)
- UnitedHealthcare

## **PPO (Preferred Provider Organization)**

A PPO is a medical plan that lets you choose between in-network providers who offer their services at discounted rates and out-of-network providers. You may see any in- or out-of-network provider; however, it costs you less if you see an in-network provider. Also, you do not need a referral to make an appointment to see a specialist. The following PPOs are currently offered through CalPERS and are administered by Blue Cross:

- PERS Choice
- PERS Select
- PERSCare

Plan information and details can be obtained by contacting CalPERS at 888-225-7377 or at [www.calpers.ca.gov](http://www.calpers.ca.gov).

## **Prescription Benefit Basics:**

CVS Caremark will continue to administer the pharmacy benefit for:

- Anthem Blue Cross - HMO & PPO (excluding PORAC)
  - Health Net - HMO
  - Sharp - HMO
  - UnitedHealthcare - HMO
- Maintenance Choice Program - allows members to pick up a 90-day supply of medication directly from a CVS pharmacy at a time convenient to them. Members will pay their typical mail order co-pay for a prescription on the same day and be able to talk face-to-face with a pharmacist.
- Members are able to save money by choosing "best choice" medications (generics and preferred brands) and 90-day supplies, where appropriate, in the iBenefit personalized mailing program.

## Benefits Assistance Information

### CALPERS Member Services

<http://www.calpers.ca.gov>

Member Services: (888) 225-7377

Plan	Phone Number	Web Site
<b>PERS MEDICAL PLANS</b>		
Anthem Blue Cross Select HMO/Anthem Blue Cross Traditional HMO	Member Services: 855-839-4524 RX - CVS Caremark: 877-542-0284	<a href="http://www.anthem.com/ca/calpers/hmo">www.anthem.com/ca/calpers/hmo</a>
Blue Shield HMO/ Blue Shield Net Value	Member Services: 800-334-5847 Rx: 800-334-5847 Mail Order - NextRx: 800-293-2202	<a href="http://www.blueshieldca.com">www.blueshieldca.com</a>
Health Net Salud y Más HMO/Health Net SmartCare HMO	Member Services: 888-926-4921 RX - CVS Caremark: 877-542-0284	<a href="http://www.healthnet.com/calpers">www.healthnet.com/calpers</a>
Kaiser Permanente HMO	Member Services: 800-464-4000	<a href="http://www.kp.org/calpers">www.kp.org/calpers</a>
PERSCare PPO PERS Choice PPO PERS Select PPO	Member Services: 877-737-7776 Rx - CVS Caremark: 800-542-0284	<a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a> <a href="http://www.caremark.com/calpers">www.caremark.com/calpers</a>
Sharp HMO	Member Services: 855-995-5004 Rx - CVS Caremark: 877-542-0284	<a href="http://www.sharphealthplan.com/calpers">www.sharphealthplan.com/calpers</a>
UnitedHealthcare HMO	Member Services: 877-359-3714 Rx - CVS Caremark: 877-542-0284	<a href="http://www.uhc.com/calpers">www.uhc.com/calpers</a>