MERCED COUNTY

# 2025 BENEFITS

## Explore Your Benefits

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**MEDICARE PART D NOTICE**

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Important Plan Information section for more details.

# Welcome to the County of Merced

Welcome to County of Merced! We are excited to have you on our team and for you to start your new career in public service. At Merced County we value your contributions to our success and want to provide you with a benefit package that protects your health and helps your financial security, now and in the future. We continually look for valuable benefits that support your needs, whether you are single, married, raising a family, or thinking ahead to retirement. We are committed to giving you the resources you need to understand your options and how your choices could affect you financially.

The County of Merced takes pride in offering a benefits program that provides comprehensive coverage for the needs of our employees and their families. **The County provides eligible employees working a minimum of thirty (30) hours per week and variable shift employees working 16 hours per week with valuable benefits, including:**

- **Medical Insurance**
- **Dental Insurance**
- **Vision Insurance**
- **Employee Assistance Program (EAP)**
- **Life and Accidental Death & Dismemberment (AD&D) Insurance**
- **Disability Insurance Program**
- **Legal Insurance**
- **Deferred Compensation Plan**
- **MCERA Retirement**

A list of plan contacts is included at the back of this guide.

## NEW EMPLOYEE ENROLLMENT PERIOD

Health Insurance premium deductions and coverage for new eligible employees begins on the Friday the employee receives his/her first paycheck. If an employee receives a paycheck earlier due to a Holiday, Friday would still be the effective date. Contact your Human Resources Benefits Team for more information.

All employees need to make an election within 31 days of becoming eligible. After that, Open Enrollment is the only time that employees can make changes to their benefit elections without a qualifying life event.

## PAYING FOR YOUR COVERAGE

You may elect to have your biweekly health premiums deducted before taxes are withheld by opting in to the **FlexComp Premium Reduction Plan**. Medical, Dental, Vision and the Employee Group Life $4,000 Supplemental Life and AD&D Insurance product are eligible for this option. Paying for benefits before-tax means that your share of the cost is deducted from your paycheck before taxes are determined, resulting in more take-home pay for you. As a result, the IRS requires that your elections remain in effect for the entire year. Changes to your FlexComp Premium Reduction Plan can only be made during the annual Open Enrollment period.

This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan documents: Summary Plan Description (SPD), Summary of Benefits and Coverage (SBC), Evidence of Coverage and Disclosure (EOC), Certificate of Insurance (COI). The plan documents will govern in the event of any conflict between the description in this booklet and the plan documents. You can find the plan documents on MCINFO at https://mcinfo.co.merced.ca.us.

**The benefits in this summary are effective:**
**January 1, 2025 - December 31, 2025**

# Open Enrollment

This booklet will give you information about the benefits which are available to you. Please read the information carefully. To help you make important decisions about your benefits, the Human Resources Benefits staff is available to answer any questions you may have.

## OPEN ENROLLMENT OPTIONS

Merced County has Medical Open Enrollment annually and Dental & Vision Open Enrollment once every three years. **The 2025 Open Enrollment includes Medical, FlexComp Premium Reduction Plan, and ARAG Legal Insurance.**

During this year's Open Enrollment, you have the option to:

- Change medical plans
- Add or drop dependents from medical
- Opt-In or Opt-Out of the FlexComp Premium Reduction Plan
- Add or drop ARAG Legal Insurance

**ATTENTION! County of Merced is eliminating the Anthem 200 Plan (Traditional Medical) as of January 1, 2025. Please ensure to review the medical plan options available. All employees, regardless of the medical plan they are currently on, MUST select a medical plan for 2025.**

## OPEN ENROLLMENT PERIOD – OCTOBER 1 - 31, 2024

Beginning on October 1, 2024, all plan participants will be eligible to participate in the Annual Open Enrollment for 2025. **During the 2025 Open Enrollment Period, all employees MUST log in to BenXcel and SELECT a medical plan for the 2025 Plan Year. Employees who do not log in to BenXcel to select a medical plan during the 2025 Open Enrollment Period will automatically be moved to the Anthem 1500 Plan on January 1, 2025**. Dependent(s) enrolled in medical will be enrolled in the same medical plan as the employee. The deadline to submit all open enrollment changes is **5:00 p.m. on Thursday, October 31, 2024.**

Your new plan benefits will be effective January 1, 2025, and will run through December 31, 2025.

## HELPFUL HINTS

Read through this guide to familiarize yourself with what decisions you have to make. Think about your current benefit plans.

- Are they still working for you?
- Have you experienced any changes or do you anticipate any changes that might make a different plan more suitable?
- Read the enclosed information and gather additional information.
- Use the websites and phone numbers in the Plan Contacts section of this guide to see which doctors and other healthcare providers you can use under the different plan choices.

## CONTACTS

Please contact the Human Resources Benefits Team if you have any questions.

**Amy Gonzales, Human Resources Analyst**
amy.gonzales@countyofmerced.com
(209) 385-7356 Ext 4592

**Mai Yang, Human Resources Analyst**
mai.yang@countyofmerced.com
(209) 385-7356 Ext 4593

# Open Enrollment Forms & Links

## BENEFITS GUIDE AND ENROLLMENT FORMS

All forms needed to make changes for open enrollment are available below.

| Forms / Website | Weblink |
|---|---|
| **2025 Merced County Benefits Guide**<br>This booklet will give you information about the benefits available to you. | https://mcinfo.co.merced.ca.us<br><br>Click on link above and select:<br>1. Employee Benefits Icon<br>2. Employee Benefits Documents Icon<br>3. 2025 Open Enrollment |
| **2025 Open Enrollment Changes**<br>Medical & FlexCOMP Premium Reduction Plan changes will be conducted in **BenXcel,** the employee self-service platform for health insurance.<br><br>BENXCEL WEBSITE: https://BenXcel.net<br>COMPANY NAME: County of Merced | |
| **2025 ARAG Legal Insurance Enrollment and Cancellation Form**<br>Use this form to add/cancel ARAG Legal Insurance. | |

| Forms | Weblink |
|---|---|
| **Summary Plan Descriptions**<br>A Summary Plan Description (SPD) is the legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries.<br>• Anthem 500 - Anthem EPO Core (Low Cost)<br>• Anthem 1500 - Anthem EPO (Traditional)<br>• Anthem HDHP - Anthem HDHP (High Deductible) | https://mcinfo.co.merced.ca.us<br><br>Click on link above and select:<br>1. Employee Benefits Icon<br>2. Employee Benefits Documents Icon<br>3. Important Plan Notices and Documents |
| **Summary of Benefits and Coverage**<br>A Summary of Benefits and Coverage (SBC) is a document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format.<br>• Anthem 500 - Anthem EPO Core (Low Cost)<br>• Anthem 1500 - Anthem EPO (Traditional)<br>• Anthem HDHP - Anthem HDHP (High Deductible) | |
| **Evidence of Coverage and Disclosure**<br>The Evidence of Coverage and Disclosure form discloses the terms and conditions of your Delta Dental and VSP coverage. | |
| **Certificate of Insurance**<br>The Certificate of Insurance (COI) describes the coverage provided in the policy.<br>• Group Life Insurance<br>• Group Short Term Disability Insurance<br>• Group Long Term Disability Insurance | |

**Paper copies of these documents and notices are available if requested, at no cost. If you would like a paper copy, please contact your Human Resources Benefits Team.**

# Who Can You Cover

## WHO IS ELIGIBLE?

In general, full-time employees working 30 or more hours per week and variable shift employees working 16 hours per week are eligible for the benefits outlined in this overview. You can enroll the following family members in our medical, dental, and vision plans:

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse.)
- Your domestic partner is eligible for coverage if you have a Domestic Partner Certificate.
- Child(ren)/Qualified Dependent(s) of Registered Domestic Partner
- Your children (Natural, Adopted, Step-Child(ren)):
  - Under age 26 are eligible to enroll in medical coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
  - Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support. The "*Disabled Dependent Certification*" must be completed and returned to Anthem. Dependent coverage will need to be approved by Anthem.
  - Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

Please refer to the Summary Plan Description for complete details on how benefits eligibility is determined.

## WHO IS NOT ELIGIBLE?

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.
- Employees who work fewer than 30 hours per week, temporary employees, contract employees, or employees residing outside the United States.
- **Any individual who is covered on a medical plan as an employee of Merced County cannot also be covered as a dependent on another Merced County medical plan.**

  **Example:** If a married couple works for Merced County and are Full-Time employees, they will each be enrolled in their own medical plan. They cannot be on each other's medical plan as a dependent.
  ***Please note:*** This does not apply to Dental and Vision plans. Employees/Dependents can have dual coverage for Dental and Vision.

## TAXATION OF DOMESTIC PARTNER COVERAGE

If you enroll a dependent who does not meet the definition of an eligible dependent that qualifies for tax-free benefits under the Internal Revenue Code (IRC), the value of the benefits is subject to taxes. Such non-eligible dependents generally include "registered" domestic partners and their children. If your non-eligible dependents do not qualify for tax-free benefits:

- You pay income and payroll taxes on the County's contribution toward your dependent's coverage.
- Your contributions for dependent coverage will be paid with after-tax dollars.

If your dependents' benefits are subject to taxes, you will be responsible for informing the Human Resources Benefits Department. You are responsible for any adverse tax consequences if your dependent is determined to be ineligible for tax-free benefits. If you still have questions about how domestic partner coverage affects your individual tax situation, you may contact your tax advisor or attorney to determine if your dependent qualifies for tax-free health benefits.

# When You Can Make Changes

## SPECIAL ENROLLMENT PERIOD

A special enrollment period is an event in which employees would be allowed to add/remove dependents from their health insurance plan outside of the Open Enrollment period. The special enrollment period lasts 31 days from the date of a qualifying life event. During these 31 days, employees may add/remove dependents from their health insurance plan. Changes permitted and required documentation are dependent upon the type of qualifying event experienced. If the change was not reported timely the member will be required to wait until the next open enrollment period to make the change. For details or clarification on changes permitted and required documents, please contact your Human Resources Benefits Team as soon as possible as qualifying event changes are time-sensitive. **Please Note: Employees are not able to change Medical plans mid-year. Medical plan changes are only allowed during Open Enrollment.**

## QUALIFYING LIFE EVENTS

Qualifying life events include (but are not limited to):

- Birth or adoption of a baby or child
- Marriage or Domestic Partnership
- Divorce or Legal Separation
- Court Order
- Eligible Dependent(s) Being Certified with a Disability
- Death
- Change in coverage of spouse or dependent under another group plan (e.g. spouse's employer had no insurance coverage before, but now offers a plan)

## IMPORTANT— TWO RULES APPLY WHEN MAKING MID-YEAR CHANGES:

- Any changes you make must be consistent with the change in status, AND
- You must make the changes within 31 days of the date the event (marriage, birth, etc.) occurs.

## DOCUMENTATION REQUIRED

Below is a list of eligible dependents as well as supporting documents you need to provide to enroll them into your health insurance plan. The required documents listed below must be submitted each time a dependent is added to your health insurance, regardless of if the dependent has been covered under your plan previously.

| Eligible Dependent/Qualifying Event | Required Document(s) |
|---|---|
| Spouse | Marriage Certificate |
| Domestic Partner | Declaration of Domestic Partnership Certificate |
| Child(ren)* | Birth Certificate |
| Adopted Child(ren)* | Adoption Order |
| Step-Child(ren)* | Birth Certificate and Marriage Certificate/Declaration of Domestic Partnership Certificate |
| Child of Legal Guardianship* | Letters of Guardianship filed with the courts |
| Disabled Dependent Child(ren) over 26 | Disabled Dependent Certification and Certified Birth Certificate |
| Dependent Loss Other Group Coverage | Loss of Coverage Notice (must include name(s) of covered dependent(s), type of coverage, and benefit termination date) |
| Dependent Gain Other Group Coverage | Enrollment Notice/Confirmation (must include name(s) of covered dependent(s), type of coverage, and benefit effective date) |
| Divorce/Legal Separation | Court Documents: Divorce Decree/Dissolution/Legal Separation |
| Death | Death Certificate |
| *Dependent children are eligible until they reach 26 years of age. | |

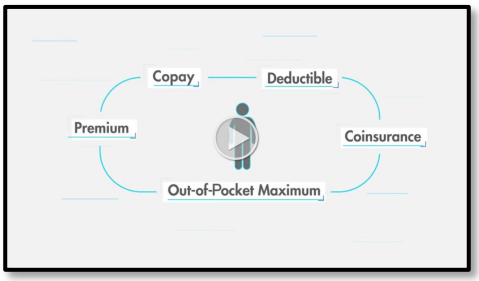
# Getting Care When You Need It Now

Where you get medical care can have a significant impact on the cost. Here is a quick guide to help you know where to go, based on your condition, budget, and time.

| Type | Appropriate for | Examples | Access | Contact Info |
|---|---|---|---|---|
| **Nurseline**  | Quick answers from a trained nurse | • Identifying symptoms<br>• Decide if immediate care is needed<br>• Home treatment options and advice | 24/7 | (800) 337-4770 |
| **Online Visit**  | Minor illnesses and conditions | • Common cold, flu, fever<br>• Headache, migraine<br>• Skin conditions<br>• Allergies | 24/7 | **Livehealthonline.com**<br>Or<br>**Livehealthonline App** |
| **Employee Onsite Clinic**   | Minor illnesses and conditions | • Common cold, flu, fever<br>• Headache, migraine, pink eye<br>• Skin conditions & rashes<br>• Allergies & sinus infections<br>• Ear, nose & throat infections<br>• Wellbeing support & coaching | Mon: 8a-5p<br>Tue: 7a-4p<br>Wed: 8a-5p<br>Thur: 10a-7p<br>Fri: 8a-5p | **Wellness Revolution**<br>2115 Wardrobe Ave.<br>Merced, CA<br>(209) 561-1476 |
| **Office Visit**  | Routine medical care and overall health management | • Preventive care<br>• Illnesses, injuries<br>• Managing existing conditions | Office Hours | **Your Doctor's Office** |
| **Urgent care, Walk-in clinic**  | Non-life-threatening conditions requiring prompt attention | • Stitches<br>• Sprains<br>• Animal bites<br>• Ear-nose-throat infections | Varies by Office | **anthem.com/ca/** |
| **Emergency Room (ER)**  | Life-threatening conditions requiring immediate medical expertise | • Suspected heart attack or stroke<br>• Major bone breaks<br>• Excessive bleeding<br>• Severe pain<br>• Difficulty breathing | 24/7 | **Call 911** |

# Get Educated Virtually!

Get help with your benefits however you feel most comfortable. Below is a list of fun, educational videos where you can learn about different topics that will help you better understand your benefits.




**Benefit Terms Explained**

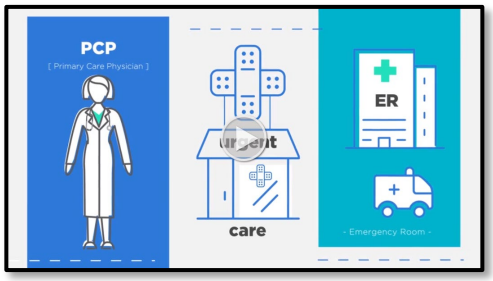

**How to Read an EOB**


**High Deductible Health Plans**

**Employee Assistance Program**

**Preventive Care**


**Qualifying Events**




**Primary Care vs. Urgent Care vs. ER**


**COBRA**

# Additional Medical Resources

## HEALTH RECORD

Having your health history in one secure location can help you keep your health records organized, secure and easy to get to for emergencies and everyday use. You can enter your information, such as health conditions, dates of shots (immunizations), tests and screenings, prescription and over-the-counter drugs you take and more. Then it's easy to print and share with your doctors to help avoid potential drug interactions and repeat tests or unnecessary extra procedures. To use the Health Record, log in at anthem.com/ca/EIAHealth.

## ESTIMATE YOUR COST

Did you know that different hospitals and facilities charge different amounts for the same services? Now you can know your cost before you set foot in a doctor's office or hospital. By getting an estimate of your costs based on your plan benefits, you can choose a facility that fits your budget. To search for your cost, log in to anthem.com/ca/EIAHealth.

## CASE MANAGEMENT

If you're coming home after surgery or a hospital stay or if you have a serious health condition such as cancer, you may need some support. Our nurse care managers, along with a team of health professionals like dietitians, pharmacists and more, are here to help. There's no need to do anything; they'll call you. A nurse will go over your doctor's instructions about follow-up care and medications and even give personal lifestyle coaching. Your nurse will answer any questions that you have. A nurse will also help coordinate benefits for things like home therapy or medical supplies, so you can focus on getting better.

## CANCER RESOURCES

Cancer can strike anyone, at any age, at any time. At some point in our lives or those of our loved ones, most of us will be affected by cancer. In response to this, we've developed a full suite of services to help people at every stage — from screenings to transitioning back into the workplace. Early detection is vital to promoting optimal health. Each year, we cover over 13 million cancer screenings, many of which are offered at no cost. These services are covered by our plans, often with no copay or out-of-pocket costs for you. It includes things like mammograms, prostate screenings, colonoscopies, vaccines, annual exams and more.

We also offer wellness tools to help you stay healthy or choose new health habits. We have a whole-person, whole-life approach to cancer care that addresses all the factors that contribute to total well-being. We can help with things like quitting smoking, maintaining a healthy weight, fitness tips, mental health and screening reminders.

## CONDITIONCARE

If you or a covered dependent has a chronic health condition, let us help you get the most out of life. Our nurse care managers help people of all ages manage the symptoms of asthma, diabetes, chronic obstructive pulmonary disease (COPD), heart failure and coronary artery disease. With ConditionCare, you'll get the information you need to feel your very best — day after day. Our nurses gather information from you and your doctor and create a plan just for you. To learn more or to enroll in ConditionCare, call Member Services at the number on your ID card.

# Additional Medical Resources, continued

## BEHAVIORAL HEALTH

Coping with both mental health and medical conditions can be confusing and frustrating. Fortunately, you don't have to face these challenges alone. With our Behavioral Health program, licensed health professionals work closely with you to make a plan for reaching your goals and overcoming barriers. If you'd like to learn more about the Behavioral Health program, please call Member Services at the number on your ID card.

## FUTURE MOMS

If you're expecting, the most important thing is to have a safe delivery and a healthy baby. That's why we offer Future Moms, a voluntary program to help you take care of your baby before you deliver. Sign up for Future Moms and you'll get:

- 24/7 access to talk to a nurse coach about your pregnancy, newborn care and much more.
- A maternity care diary packed with tips for a healthy pregnancy.
- A copy of the best-selling book, Mayo Clinic Guide to a Healthy Pregnancy.
- Access to dietitians, social workers and lactation consultants, as needed.
- Answers and support are just a phone call away. Call (800) 828-5891.

## THE WEIGHT CENTER

This helpful online collection of resources connects you to information on how to better manage your weight, eat more healthfully and ways to take care of your emotional well-being to be your very best self. It also includes links to helpful tools like a BMI calculator, an upbeat Pandora workout station, and discounts on fitness products and services. To access The Weight Center, visit anthem.com/ca/theweightcenter and either register or log in to your Anthem account.

## ONLINE WELLNESS TOOLKIT

You have the power to change your lifestyle — whether it's eating healthier, getting into an exercise routine, learning to manage your stress, or stop smoking. When you use the Online Wellness Toolkit, you'll take our private Health Assessment to get a snapshot of your overall health. Based on the results, you'll be able to spot areas to focus on that will help you get the most out of the interactive toolkit. Consider the toolkit a one-stop shop for your health:

- Use the Health Assistant to meet your health goals by creating a personalized plan based on your lifestyle, interests and schedule.
- Use our trackers to stay on top of your blood pressure, diet, exercise, tobacco use, even your mood.
- Have fun learning how to stay healthy with challenges, interactive quizzes, health information, videos and more.
- To access the toolkit, register and log in at anthem.com/ca/EIAHealth.

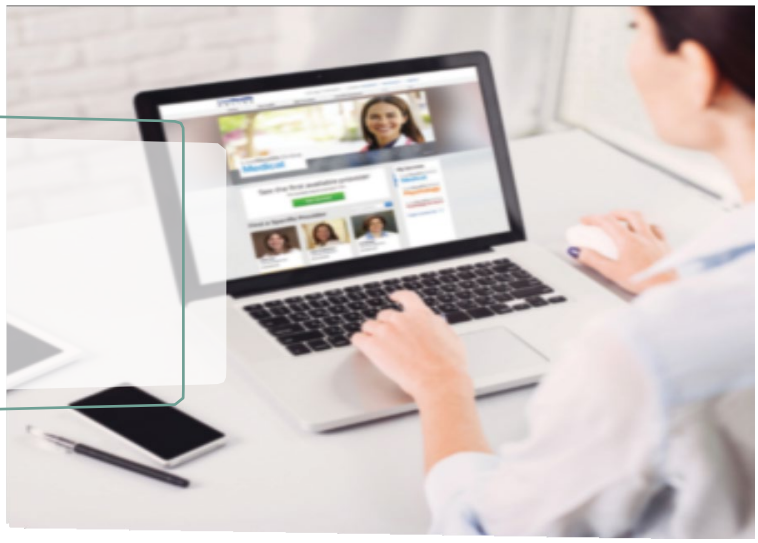
## SPECIAL OFFERS DISCOUNTS

Saving money is good. Saving money on things that are good for you — that's even better. With Special Offers, you can get discounts on products and services that help promote better health and well-being. It's just one of the perks of being an Anthem member. Some discounts include: Glasses.com, 1-800-CONTACTS®, Nations Hearing, Hearing Care Solutions, Active&Fit, Jenny Craig, SelfHelp Works, Global Fit, 23andMe, Safe Beginnings®, Pet Insurance, ASPCA Pet Insurance, WINFertility®, LifeMart®, HelpCare Plus, and more!

To find the discounts that are available to you, visit anthem.com/ca/EIAHealth and select "Special Offers Discounts" under "Tools & Information". Discounts subject to change without notice.

# LiveHealth Online

## Sign up for LiveHealth Online
## It's easy and takes just a few minutes!



Using LiveHealth Online, you can have a private and secure video visit with a board-certified doctor or licensed therapist on your smartphone, tablet or computer with a webcam. It's an easy way to get the care you need at home or on the go. When your own doctor isn't available, use LiveHealth Online 24/7 if you have pinkeye, a cold, the flu, a fever, allergies, a sinus infection or other common health condition. A doctor can assess your condition, provide a treatment plan and even send a prescription to your pharmacy, if it's needed.

If you're feeling anxious or having trouble coping on your own and need some support, you can have a video visit with a therapist using LiveHealth Online. Make an appointment in four days or less at livehealthonline.com or on the phone at 1-844-784-8409 from 7 a.m. to 11 p.m., seven days a week. Evening and weekend appointments are available. You can get help for anxiety, depression, grief, panic attacks and more.

**If you are on the Anthem 500 (Low Cost Medical Plan) or Anthem 1500 Medical Plan, LiveHealth Online and LiveHealth Online Psychology/Psychiatry are available at no cost.**

**If you are on the Anthem HDHP, your LiveHealth Online cost will be $59 per visit and your LiveHealth Online Psychology/Psychiatry will be at retail costs until you meet your deductible, and then it will be available at no cost.**

**How to get started:**

Rather than waiting to sign up when you're not feeling well, register today so you're ready for a visit when you need one. To sign up, visit livehealthonline.com or download the free LiveHealth Online app to your mobile device. Next, you:

1. Choose **Sign Up** to create your LiveHealth Online account. Then enter information like your name, email address, date of birth and create a secure password.
2. Read the Terms of Use and check the box to agree.
3. Choose your location in the drop-down box of states.
4. Enter your birth date and choose your gender.
5. For the question "Do you have insurance?" select **Yes**. Be sure to have your Anthem member ID card handy to complete your insurance information. If you choose **No**, you can still enter your insurance information later. For **Health Plan**, in the drop-down box, select Anthem.
6. For **Subscriber ID**, enter your identification number, which is found on your Anthem member ID card. Select **Yes** if you are the primary subscriber or **No** if you are not the primary subscriber.
7. Insert a service key if you have one. If you don't have a service key that's OK, this is optional and not required to register.
8. Select the green Finish button.

# Having Surgery? Ask these questions.

It's important to be informed about the surgery being recommended and how your Anthem Blue Cross insurance will cover it. This is particularly true if it's an operation you choose to have done (elective), rather than an emergency surgery.

- If you are in the **Anthem 500 Plan (Low Cost Medical Plan) or the Anthem 1500 Plan** and will be having elective surgery, you will want to make sure that the hospital and professionals involved in your care (surgeon, assisting surgeon, anesthesiologist, and other medical consultants) are In-Network for the plan to pay. **The plan will not pay for any Out-of-Network services.**
- If you are in the **Anthem HDHP (High Deductible Medical Plan),** you may receive care from In-Network or Out of Network care providers, however, keep in mind that there are higher out-of-pocket costs for Out-of-Network services.

These are important questions to review with your healthcare provider before surgery. Ask for further explanation if you are having trouble understanding an explanation or any medical terms. Some people find it helpful to write their questions down ahead of time.

### What type of anesthesia will be used?

Your healthcare provider should tell you whether local, regional, or general anesthesia will be given and why this type of anesthesia is recommended for your procedure. You should also ask who will be giving the anesthesia. Is it an anesthesiologist or a nurse anesthetist? Both of these providers are highly qualified to give anesthesia but may come at an additional cost.

### What are the costs of this operation?

Before you have surgery, discuss the costs with someone from the finance department at your healthcare provider's office. These costs may include the following:

- The surgeon's fee for surgery
- Hospital fees (if you need hospitalization) or ambulatory surgical center fees (for outpatient services). Check with the hospital's business office about these rates. Your healthcare provider or surgeon should be able to give you an approximate idea of how long you will be in the hospital.
- Separate billing for other services. You will also be billed separately for the professional services of others who might be involved in your care, such as the assisting surgeon, anesthesiologist, and other medical consultants.
- Check with your Anthem Blue Cross health plan by calling (800) 967-3015 to be certain of what portion of the costs you will be responsible for. If your anticipated costs present a problem, discuss other financial solutions with your healthcare provider before the surgery.

### What are my alternatives to this procedure? Are there other treatment choices available based on my current health condition?

In some cases, medicine or nonsurgical treatments, such as lifestyle changes, may be as helpful in improving a condition as surgery. Your healthcare provider should clearly explain the benefits and risks of these choices so that you can make an informed decision about whether or not surgery is needed. Sometimes "watchful waiting" is indicated. This is when your healthcare provider will monitor your condition over time to observe changes and the progression of a disease. You may still need surgery, or if your condition improves or stabilizes, you may be able to postpone surgery. After a period of "watchful waiting," it may be determined that surgery is still the best choice.

# Having Surgery?, continued

### What happens if you do not have the operation?

If you decide, after weighing the benefits and risks of the surgery, not to have the operation, what will happen? You need to know whether the condition will worsen or if there is a possibility that it may resolve itself.

### Should I get a second opinion?

In certain cases, some health plans may require patients to have a second opinion before undergoing elective surgery. Your healthcare provider should be able to supply you with the names of qualified people who also do the procedure. You can also utilize your Carrum benefit to receive a second opinion – visit carrumhealth.com.

### Where will the surgery be done?

Until recently, most surgeries were done in hospitals. But today, many procedures are done on an outpatient basis or in ambulatory surgical centers. Some of these are located within a hospital. This lowers the cost of these procedures since you are not paying for a hospital room. Certain procedures may still need to be done on an inpatient basis. Your overall health is also considered when deciding where the operation will be done. Be sure to ask your healthcare provider why he or she recommends either setting.

## Remember!

- If you don't understand your healthcare provider's responses, ask questions until you do.
- Take notes or ask a family member or friend to come with you and take notes for you.
- Ask your healthcare provider to write down his or her instructions, if needed.
- Ask your healthcare provider where you can find printed material about your condition. Many healthcare providers have this information in their offices.
- If you still have questions, ask the healthcare provider where you can go for more information..

# Medical

Medical coverage provides you with benefits that help keep you healthy, like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition. Before choosing a plan, consider your personal situation and compare monthly payments, deductibles, coinsurances, copays, and out-of-pocket limits.

**Effective January 1st, 2025, the Anthem 200 Plan (Traditional Medical Plan) will be eliminated. All employees, regardless of the medical plan they are currently on, MUST select a medical plan for 2025. Please ensure to review the medical plan options available.**

Merced County provides four (4) options for Medical Plans:

- Anthem 500 (Low Cost Medical Plan)
- Anthem 1500
- Anthem HDHP (High Deductible Health Plan) *with* Health Savings Account (HSA)
- Anthem HDHP (High Deductible Health Plan) *without* Health Savings Account (HSA)

## Anthem 500 (EPO)

The Anthem 500 Plan (Low Cost Medical Plan) is an Exclusive Provider Organization (EPO) plan. Some of the key features are the access to a large number of doctors, no referral needed to see a specialist, many costs such as copays are predictable. These plans only cover services from doctors in the EPO Net-work, unless you need emergency services.

| | **Anthem 500<br>Low Cost Medical Plan** |
|---|---|
| | **In-Network** |
| **Annual Deductible** | $500 single<br>$1,000 family |
| **Annual Out-of-Pocket Max** | $3,000 single<br>$6,000 family |
| **Office Visit**<br>Primary Provider<br>Specialist | <br>$20 copay per visit, deductible does not apply<br>$20 copay per visit, deductible does not apply |
| **Preventive Services** | No Charge |
| **LiveHealth Online Visit** | No Charge |
| **Retail Health Clinic** | $20 copay per visit, deductible does not apply |
| **Prenatal & Postnatal Office Visits** | $20 copay per visit, deductible does not apply |
| **Chiropractic Care** | $20 copay per visit, deductible does not apply<br>Physical Therapy, Physical Medicine, Occupational Therapy, and Chiropractic Services have a combined visit limit of 24 visits per calendar year. |
| **Acupuncture** | No Charge<br>Coverage for In-Network Provider is limited to 12 visit limit per calendar year. |
| **Lab and X-ray** | $20 copay per visit, deductible does not apply |
| **Imaging (CT/PET/MRI)** | 10% coinsurance after the deductible is met |
| **Inpatient Hospitalization** | No Charge |
| **Outpatient Surgery** | No Charge |
| **Rehabilitation Services** | 10% coinsurance after the deductible is met |
| **Skilled Nursing** | 10% coinsurance after the deductible is met |
| **Urgent Care** | $20 copay per visit, deductible does not apply |
| **Ambulance** | 10% coinsurance after the deductible is met |
| **Emergency Room** | $100 copay per visit after deductible is met<br>(copay waived if admitted) |

# Medical, continued

## Anthem 1500 (EPO)

County of Merced offers an Exclusive Provider Organization (EPO) plan called the Anthem 1500 with a higher deductible and lower premium cost. Some of the key features are the access to a large number of doctors, no referral needed to see a specialist, many costs such as copays are predictable. This plan only cover services from doctors in the EPO Net-work, unless you need emergency services.

| | **Anthem 1500 Medical Plan** |
|---|---|
| | In-Network |
| **Annual Deductible** | $1,500 single<br>$3,000 family |
| **Annual Out-of-Pocket Max** | $5,000 single<br>$10,000 family |
| **Office Visit** | |
| Primary Provider | $45 copay per visit, deductible does not apply |
| Specialist | $45 copay per visit, deductible does not apply |
| **Preventive Services** | No Charge |
| **LiveHealth Online Visit** | No Charge |
| **Retail Health Clinic** | $45 copay per visit, deductible does not apply |
| **Prenatal & Postnatal Office Visits** | $45 copay per visit, deductible does not apply |
| **Chiropractic Care** | $20 copay per visit, deductible does not apply<br>Physical Therapy, Physical Medicine, Occupational Therapy, and Chiropractic Services have a combined visit limit of 24 visits per calendar year. |
| **Acupuncture** | No Charge<br>Coverage for In-Network Provider is limited to 12 visit limit per calendar year. |
| **Lab and X-ray** | No Charge |
| **Imaging (CT/PET/MRI)** | No Charge |
| **Inpatient Hospitalization** | $250 copay per admission after deductible is met |
| **Outpatient Surgery** | $100 copay per admission after deductible is met |
| **Rehabilitation Services** | $45 copay per visit, deductible does not apply |
| **Skilled Nursing** | No Charge after deductible is met |
| **Urgent Care** | $45 copay per visit, deductible does not apply |
| **Ambulance** | No Charge after deductible is met |
| **Emergency Room** | $100 copay per visit, then No Charge after deductible is met (copay waived if admitted) |

# Medical, continued

The **Anthem HDHP (High Deductible Health Plan)** is a **Consumer Directed Health Plan (CDHP),** which allows you to have more control over your healthcare, allowing you to obtain medical service from In-Network and Out-of-Network providers. The Anthem HDHP have higher annual deductibles and out-of-pocket maximum limits than the Anthem EPO plans. With an HDHP, the annual deductible must be met before plan benefits pay for services other than in-network preventive care, which is fully covered. If you use an out-of-network provider, you may have limited benefits and pay more for care.

Merced County has two High Deductible Health Plans (HDHP):

- Anthem HDHP *with* Health Savings Account (HSA) – This plan is coupled with an HSA
- Anthem HDHP *without* Health Savings Account (HSA) – This plan does not come with an HSA

## Anthem HDHP (CDHP) with HSA

Employees who choose the **Anthem HDHP *with* HSA** will have the deductible funded by County of Merced for Individual coverage and an offset for Family coverage. Employee may enroll themselves and their dependent(s) in the Anthem HDHP *with* HSA.

| | Anthem HDHP *with* HSA<br>High Deductible Health Plan *with* HSA | |
|---|---|---|
| | **In-Network** | **Out-Of-Network** |
| **Annual Deductible** | $1,650 single<br>$3,900 family | $2,600 single<br>$7,800 family |
| **Annual Out-of-Pocket Max** | $4,000 single<br>$8,000 family | $8,000 single<br>$16,000 family |
| **Office Visit** | | |
| Primary Provider | $25 copay per visit after deductible is met | 30% coinsurance after deductible is met |
| Specialist | $25 copay per visit after deductible is met | 30% coinsurance after deductible is met |
| **Preventive Services** | No Charge | Not covered |
| **LiveHealth Online Visit** | Primary Care: $59 copay per visit before deductible, then No Charge after deductible is met<br>Specialist: $25 copay per visit after deductible is met | |
| **Retail Health Clinic** | $25 copay per visit after deductible is met | 30% coinsurance after deductible is met |
| **Prenatal & Postnatal Office Visits** | $25 copay per visit after deductible is met | 30% coinsurance after deductible is met |
| **Chiropractic Care** | 10% coinsurance after deductible is met<br>*Coverage for In-Network Provider and Non-Network Provider combined is limited to 30 visit limit per benefit period.* | 30% coinsurance after deductible is met<br>*Coverage for In-Network Provider and Non-Network Provider combined is limited to 30 visit limit per benefit period* |
| **Acupuncture** | 10% coinsurance after deductible is met<br>*Coverage for In-Network Provider and Non-Network Provider combined is limited to 20 visit limit per benefit period.* | 30% coinsurance after deductible is met<br>*Coverage for In-Network Provider and Non-Network Provider combined is limited to 20 visit limit per benefit period* |
| **Lab and X-ray** | $25 copay per visit after deductible is met | 30% coinsurance after deductible is met |
| **Imaging (CT/PET/MRI)** | 10% coinsurance after deductible is met | 30% coinsurance after deductible is met |
| **Inpatient Hospitalization** | $250 copay per day after deductible is met<br>*(up to 3 day maximum)* | 30% coinsurance after deductible is met<br>*($600 max limit per admission)* |
| **Outpatient Surgery** | $250 copay per admission after deductible is met | 30% coinsurance after deductible is met |
| **Rehabilitation Services** | 10% coinsurance after deductible is met | 30% coinsurance after deductible is met |
| **Skilled Nursing** | 10% coinsurance after deductible is met | 30% coinsurance after deductible is met |
| **Urgent Care** | 10% coinsurance after deductible is met | 30% coinsurance after deductible is met |
| **Ambulance** | 10% coinsurance after deductible is met | 10% coinsurance after deductible is met |
| **Emergency Room** | 10% coinsurance after deductible is met | 10% coinsurance after deductible is met |

# Medical, continued

## Anthem HDHP (CDHP) without HSA

County of Merced is offering an **Anthem HDHP *without* a Health Savings Account (HSA)**. Employees who choose **the Anthem HDHP *without* HSA** will have no premium share of cost in 2025. The Anthem HDHP *without* HSA is only available for employee-only coverage.

**Employees cannot add dependents to the Anthem HDHP *without* HSA.**

If an employee has a qualifying life event and requests to add dependent(s) to his/her medical plan, or if there is a Court Order to add dependent(s) to the medical plan, the employee and dependent(s) will automatically be enrolled in the Anthem HDHP *with* HSA, and the employee will be:

- Responsible for paying the Employee + Dependent premium for the Anthem HDHP *with* HSA.
- Enrolled in an HSA and receive the applicable County Contribution towards the HSA.

| | Anthem HDHP *without* HSA<br>High Deductible Health Plan *without* HSA | |
|---|---|---|
| | **In-Network** | **Out-Of-Network** |
| **Annual Deductible** | $1,650 single | $2,600 single |
| **Annual Out-of-Pocket Max** | $4,000 single | $8,000 single |
| **Office Visit** | | |
| Primary Provider | $25 copay per visit after deductible is met | 30% coinsurance after deductible is met |
| Specialist | $25 copay per visit after deductible is met | 30% coinsurance after deductible is met |
| **Preventive Services** | No Charge | Not covered |
| **LiveHealth Online Visit** | Primary Care: $59 copay per visit before deductible, then No Charge after deductible is met<br>Specialist: $25 copay per visit after deductible is met | |
| **Retail Health Clinic** | $25 copay per visit after deductible is met | 30% coinsurance after deductible is met |
| **Prenatal & Postnatal Office Visits** | $25 copay per visit after deductible is met | 30% coinsurance after deductible is met |
| **Chiropractic Care** | 10% coinsurance after deductible is met<br>*Coverage for In-Network Provider and Non-Network Provider combined is limited to 30 visit limit per benefit period.* | 30% coinsurance after deductible is met<br>*Coverage for In-Network Provider and Non-Network Provider combined is limited to 30 visit limit per benefit period* |
| **Acupuncture** | 10% coinsurance after deductible is met<br>*Coverage for In-Network Provider and Non-Network Provider combined is limited to 20 visit limit per benefit period.* | 30% coinsurance after deductible is met<br>*Coverage for In-Network Provider and Non-Network Provider combined is limited to 20 visit limit per benefit period* |
| **Lab and X-ray** | $25 copay per visit after deductible is met | 30% coinsurance after deductible is met |
| **Imaging (CT/PET/MRI)** | 10% coinsurance after deductible is met | 30% coinsurance after deductible is met |
| **Inpatient Hospitalization** | $250 copay per day after deductible is met<br>*(up to 3 day maximum)* | 30% coinsurance after deductible is met<br>*($600 max limit per admission)* |
| **Outpatient Surgery** | $250 copay per admission after deductible is met | 30% coinsurance after deductible is met |
| **Rehabilitation Services** | 10% coinsurance after deductible is met | 30% coinsurance after deductible is met |
| **Skilled Nursing** | 10% coinsurance after deductible is met | 30% coinsurance after deductible is met |
| **Urgent Care** | 10% coinsurance after deductible is met | 10% coinsurance after deductible is met |
| **Ambulance** | 10% coinsurance after deductible is met | 10% coinsurance after deductible is met |
| **Emergency Room** | 10% coinsurance after deductible is met | 10% coinsurance after deductible is met |

# Is A High Deductible Health Plan Right For You?

**See any provider you want, with lower costs if you go in-network**

**Preventive care is covered at 100% in-network. You only pay for additional care if you need it.**

**Uses the Anthem PPO network of providers**

**Once you meet the annual deductible, you pay a small percentage of the cost and the plan pays the rest.**

**Once you hit the out-of-pocket maximum, the plan pays 100% of eligible costs for the year.**

**Health Savings Account helps you save for current and future expenses—tax-free.**

## Interested In Lowering Your Taxes While Paying For Eligible Expenses?

If you enroll in the **Anthem HDHP *with* HSA**, you will be enrolled in an **Health Savings Account (HSA)** and Merced County will contribute to the HSA! You do not have to contribute to your HSA in order for County to contribute. Your HSA allows you to put money aside on a pre-tax basis to help pay for out-of-pocket medical expenses today or in the future. HSA funds always remain in your account and roll over from year-to-year. Any money that you don't spend grows year after year and can be used in the future. You'll even keep the account if you leave Merced County or retire.

If you have few medical expenses for the year, your HSA balance rolls over so you'll have those funds available later when you need them. Once you turn 65, you can withdraw these funds for anything—not just eligible medical expenses.

## Who is the Administer for the Health Savings Account (HSA)?

The HSA is administered by HealthEquity.
Questions? HealthEquity is here for you 24/7. 866.346.5800 | my.HealthEquity.com
Learn more about your HSA at https://healthequity.com/learn/hsa
To initiate or make changes to your HSA contributions, please contact your Human Resources Benefits Team.

# 2025 Health Savings Account (HSA) Contributions

Employees that enroll in the **Anthem High Deductible Health Plan *with* HSA** will have the deductible funded by County of Merced for Individual coverage and offset for Family coverage.

Newly hired employees who enroll in the Anthem HDHP *with* HSA, will receive a prorated amount of the initial County contribution based on the date of hire, plus the biweekly County contributions for two pay periods on the employee's (EE) third pay date, as shown in the table below.

| Effective Date (First Pay Date) | Initial County Contribution | | Bi-Weekly County Contribution (Remaining 2025 Pay Periods) | |
|---|---|---|---|---|
| | Individual | Family | Individual | Family |
| **January 1 - March 31** | $825.00 | $1,300.00 | $33 | $52 |
| **April 1 - June 30** | $618.75 | $975.00 | $33 | $52 |
| **July 1 - September 30** | $412.50 | $650.00 | $33 | $52 |
| **October 1 - December 31** | $206.25 | $325.00 | $33 | $52 |

## MAXIMUM ANNUAL ACCOUNT CONTRIBUTIONS

Be sure to report your HSA contributions on your California tax return to take advantage of the tax deduction. Contributions are not considered pre-tax under Federal. Employer and employee HSA contributions through payroll are taxable compensation for California state income tax purposes, subject to state withholding and payroll taxes.

| | Company Contributes | You Can Contribute | IRS Contribution Maximum |
|---|---|---|---|
| **Employee** | $1,650 | $2,650 | $4,300 |
| **Employee + Family** | $2,600 | $5,950 | $8,550 |

At age 55, members can contribute an additional $1,000 beyond IRS limits.

## USING YOUR MONEY

You can use your account to pay for qualified medical expenses that are not paid for by your high deductible health plan (HDHP). In general, your HSA can be used for these expenses:

- Medically necessary expenses that are not covered by your health plan including deductibles and coinsurance
- Dental and Vision care services
- Prescription drugs
- Over-the-counter (OTC) medications prescribed by your doctor
- Certain medical equipment

When possible, use your HSA debit card to pay for expenses. Make sure that you keep records of your receipts and any OTC prescriptions in case the IRS requests them. For more information, visit https://learn.healthequity.com/QME/

## ELIGIBILITY

You are not eligible to open or contribute to an HSA account if you are:

- Covered by a non-high deductible health plan
- Enrolled in a regular healthcare flexible spending account (you or your spouse count)
- Covered under Medicare, Medicaid or Tricare
- Someone else's tax dependent

## NON-QUALIFIED EXPENSES

If you use HSA funds for non-qualified expenses before age 65, you will owe a 20% penalty tax on the withdrawal. After age 65, if you use the HSA funds for non-qualified expenses, you will owe income tax only. Visit irs.gov/publications/p502 for details.

**HEALTH EQUITY: THE COMPLETE HSA GUIDEBOOK**

# Prescription Drugs


Prescription drug coverage provides a benefit that is important to your overall health, whether you need a prescription for a short-term health issue like bronchitis or an ongoing condition like high blood pressure. Here are the prescription drug benefits that are included with our medical plans. **Express Scripts (ESI)** is the Pharmacy Benefit Manager (PBM) for the Anthem 500 (Low Cost Medical Plan) and the Anthem 1500 Medical Plan.

| | Anthem 500 Low Cost Medical Plan | Anthem 1500 Medical Plan |
|---|---|---|
| | **In-Network** | **In-Network** |
| **Prescription Drug Deductible** | None | None |
| **Annual Out-of-Pocket Limit** | $3,600 Individual<br>$7,200 Family | $1,500 Individual<br>$4,500 Family |
| **Pharmacy** | | |
| Generic | $10 copay | $20 copay |
| Preferred Brand | $20 copay | $40 copay |
| Non-preferred Brand | $30 copay | $60 copay |
| Supply Limit | 30 days | 30 days |
| **Mail Order** | | |
| Generic | $15 copay | $30 copay |
| Preferred Brand | $30 copay | $50 copay |
| Non-preferred Brand | $45 copay | $70 copay |
| Supply Limit | 90 days | 90 days |

# Prescription Drugs, continued

The Anthem High Deductible Health Plan (HDHP) prescription drug coverage is offered through Anthem directly. **IngenioRX** is the Pharmacy Benefit Manager (PBM) for the Anthem HDHP. You can use your Anthem ID Card for Medical and Pharmacy services.

| | Anthem HDHP<br>Anthem High Deductible Health Plan | |
|---|---|---|
| | **In-Network** | **Out of Network** |
| **Prescription Drug Deductible** | Prescriptions subject to medical plan deductible | |
| **Annual Out-of-Pocket Limit** | Prescriptions subject to medical out-of-pocket maximum | |
| **Pharmacy** | | |
| Preventive – Generic/Preferred Brand | No Charge | 30% coinsurance after deductible is met |
| Generic | $15 copay after deductible | 30% coinsurance after deductible is met |
| Preferred Brand | $25 copay after deductible | 30% coinsurance after deductible is met |
| Non-preferred Brand | $35 copay after deductible | 30% coinsurance after deductible is met |
| Supply Limit | 30 days | 30 days |
| **Mail Order** | | |
| Preventive – Generic Preferred Brand | No Charge | Not covered |
| Generic | $30 copay after deductible | Not covered |
| Preferred Brand | $50 copay after deductible | Not covered |
| Non-preferred Brand | $70 copay after deductible | Not covered |
| Supply Limit | 90 days | 90 days |

# Prescription Drugs, Smart90 Program

## GET THE FACTS ON YOUR MAINTENANCE MEDICATION PHARMACY NETWORK

As part of your prescription benefit, you have access to a money-saving feature for your maintenance medications (those drugs you take regularly for ongoing conditions). Through your plan, you must fill a 90-day supply of your maintenance medications at a preferred pharmacy – but you could pay less for each 90-day supply than you would pay for three 30-day supplies at a non-preferred retail pharmacy.[1]

## THERE ARE TWO WAYS TO SAVE ON YOUR MAINTENANCE PRESCRIPTIONS

1. For savings and convenience, take advantage of home delivery from the Express Scripts Pharmacy. Get 90-day supplies of your medications delivered direct to you, safely and securely, with free standard shipping.[2] Log in at express-scripts.com or call the number listed on the back of your member ID card to learn how to get started with home delivery. Express Scripts can contact your doctor to have a new 90-day prescription sent right to you.

2. Or, you can transfer your maintenance prescriptions to a nearby CVS or Walgreens pharmacy. The pharmacist will contact your doctor to get a new 90-day prescription or will transfer your current 90-day prescriptions from the non-preferred pharmacy. **Your copayment for your 90-day supply will be the same whether you fill your prescriptions through Express Scripts home delivery or at a CVS or Walgreens pharmacy.[3]**

## EXPRESS SCRIPTS MOBILE APP

Managing your medicine is easier when your app does it for you. The Express Scripts mobile app lets you easily and quickly find everything you need for your medicine. It's like having a knowledgeable pharmacist in your pocket. You can find a preferred pharmacy, refill your prescriptions, check your order status, and even set up reminders to take your medication. You also have instant access to your digital member ID card.

[1] If the cost of a medication at a retail pharmacy is lower than your plan's retail copayment or coinsurance, you will not pay more than the retail pharmacy's cash price, regardless of the number of times you purchase the prescription. In some cases, this price may be less than either your standard retail or mail copayment or coinsurance.
[2]Cost of standard shipping is included as part of your prescription benefit.
[3] Price may vary slightly for coinsurance plans.

# Prescription Drugs, Advantage Plus UM Package

## Prior Authorization

### MAKING SURE YOUR MEDICINE IS RIGHT FOR YOU

When you're prescribed certain medicines, your pharmacist may tell you it requires prior authorization. That means Express Scripts (ESI) needs more information to make sure the prescribed medicine will work well for you and your condition and that it's covered by your pharmacy benefit. Only your physician can provide this information and request a prior authorization for this medicine.

## Drug Quantity Management

### THE RIGHT MEDICINE IN THE RIGHT AMOUNT

When you're prescribed certain medicines that are a part of a drug quantity management (DQM) program, ESI makes sure you get it in the amount – or quantity – considered safe and effective by the U.S. Food & Drug Administration (FDA). So you get the right medicine in the right amounts for good health and the health of your family.

## Step Therapy

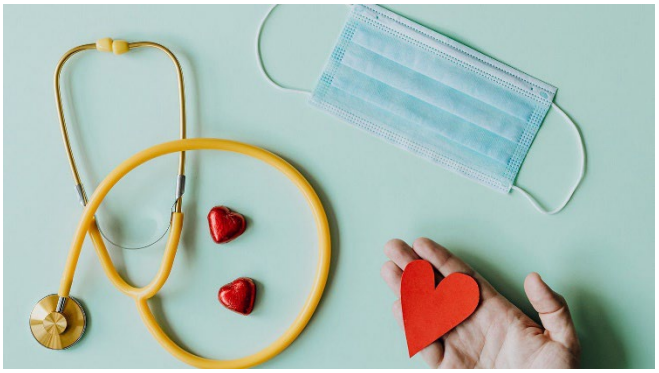
### THE MOST EFFECTIVE MEDICINE FOR YOUR HEALTH AND YOUR MONEY

Step therapy simply means making sure you get safe and proven-effective medicine for your condition – at the lowest possible cost to you and your plan sponsor. The next time your doctor writes you a prescription, or if your current medicine qualifies, ask if a first-line generic medicine is right for you. Often, generic medicines have the same chemical makeup as their brand-name counterparts, and the same effect in the body, so the only real difference is cost.

## Is My Medication Covered?

Members can use the Express Scripts Open Enrollment portal to find out more about their current therapy, whether it falls under Prior Authorization/Drug Quantity Management/Step Therapy, and the member's cost.
Visit www.express-scripts.com/countyofmerced to find out more!

If you have questions about prior authorization, or about anything else in your prescription plan, ESI is here to help. Just call the number on your member ID card or download the Express Scripts mobile app.



# Carrum Health

Carrum Health is a value-based Centers of Excellence platform that negotiates directly with top healthcare providers to offer upfront bundled payments to employers. Our unique approach ensures patients receive more appropriate care that is better, less expensive, and easier for everyone.

## Who Is Eligible For The Program?

Active employees, early retirees, COBRA participants, and their dependents, who are enrolled in the Blue Cross plans and satisfy clinical and financial guidelines for specific covered procedures are eligible to participate.

## Which Procedures Are Covered?

Eligible procedures include:

- Hip Replacement
- Knee Replacement
- Cervical Spinal Fusion
- Lumbar Spinal Fusion
- Coronary Bypass Surgery
- Bariatric Surgery

## How Much Do I Have To Pay?

Co-pays, deductibles and co-insurance are fully waived! Please note that due to IRS rules, members on a high-deductible plan must pay their deductible, but coinsurance is waived.

## How Do I Qualify For These Services?

The following criteria must be met to qualify for the Carrum Health program:

- You have primary medical coverage through an eligible health plan.
- You have had a physician recommend surgery to treat your condition.
- You meet the requirements of the Center of Excellence physician(s) considering your case. Additional diagnostic or medical services may be required.
- Your local physician agrees to assume care for you upon return home.
- You have an adult caregiver physically able to assist you during travel, if travel is needed.

## Which Services And Expenses Are Covered?

Coverage includes the following:

- All eligible medical expenses associated with your evaluation or procedure at the hospital.
- Travel expenses for you and one companion including transportation, lodging, and a daily allowance.
- Medically necessary services or equipment related to this program provided after discharge from the hospital before returning home (excluding outpatient medication).

Stanford HEALTH CARE

Saint John's Health Center
PROVIDENCE Health & Services

Hoag Orthopedic Institute

Scripps

# Carrum Health, continued

## Which Travel Expenses Are Covered?

The following expenses are covered for you and one companion:

- Transportation – air, train, bus, rental car or mileage allowance (if driving your own car).
- Lodging – one hotel room to be shared by you and one adult companion.
- Meals – a daily allowance consistent with your company's travel policy.
- Parking and baggage fees – as appropriate.

## Who Manages My Travel?

Your personal Care Concierge will make all travel arrangements for you and one adult companion.

## What Forms Do I Need To Complete? Do I Need To Provide Medical Records?

Upon verification of eligibility, your Care Concierge will help you complete the acknowledgement, authorization and medical records release forms. After that, your Care Concierge takes care of gathering and transferring all your medical records to your chosen hospital.

## What About Recovery Care Post-discharge?

Your Care Concierge will coordinate all follow-up care on your behalf, including development of your personalized post-discharge care plan, scheduling of all related services and smoothly transitioning you back into your standard health insurance plan for continuing coverage. Your Care Concierge will confirm the availability of follow-up care before you visit the hospital for the procedure.

## Do I Need To Have A Relationship With A Local Physician For Recovery Care?

Yes. In order to be eligible for the program, you must have an established relationship with a local physician. Your physician must be willing to assume ongoing care once you return home. Your Care Concierge will gather your home physician's contact information and facilitate arrangements for all necessary follow-up care on your behalf.

## How Do I Participate In The Program?

If your doctor has recommended surgery, you can contact Carrum Health by visiting carrum.me/prism or calling (888) 855-7806. A Care Concierge will be assigned to you and he/she will help verify your eligibility, assist you in selecting a hospital and doctor and begin coordinating the clinical visits and travel logistics, if necessary. Your Care Concierge will continue supporting you throughout the entire episode of care.

**New in 2023!**

## Oncology Care Guidance Bundle

Guidance Bundle for all cancer types

With the guidance service, members will have access to:

- Second opinion on their diagnosis
- Review of outside studies (pathology & imaging)
- Consultations with medical, surgical & radiation oncologists
- Written expert opinion answering patient / local oncologist questions with proposed treatment plan
- Access to an oncology-certified nurse
- Video consults with medical, surgical, and radiation oncologists and corresponding written report
- Recommendation of local oncology providers

# Lark Diabetes Prevention Program

Roughly 88 million Americans are living with prediabetes but 84% aren't even aware they have it. Prediabetes often doesn't cause symptoms, but it does increase the risk of developing type 2 diabetes, heart disease, and stroke. That's why Anthem has partnered with Lark to offer a diabetes prevention program that can help you determine if you're at risk for prediabetes and if needed, take steps to address it.

Lark's diabetes prevention program includes access to a digital coach. Your coach is available 24/7 to offer friendly, personalized, text message-based coaching through the Lark mobile app. There are no meetings to attend or phone calls to schedule in advance. You can check in whenever and wherever it is convenient for you, right from your smartphone. As part of the program, you will also receive a wireless scale that uploads your information to the app automatically so you can easily track your progress and share it with your coach. Lark will even send you a personal activity tracker, as long as you stay active in the program.

Visit lark.com/anthemBC and take the one-minute Prediabetes Risk Test to determine if you are at risk for prediabetes. If the test indicates that you have prediabetes or are likely to have prediabetes, you'll be given a link to download Lark from the App Store® or Google Play™. You can begin interacting with your digital Lark coach immediately.

# Livongo – Express Scripts

## LIVONGO DIABETES MANAGEMENT PROGRAM*

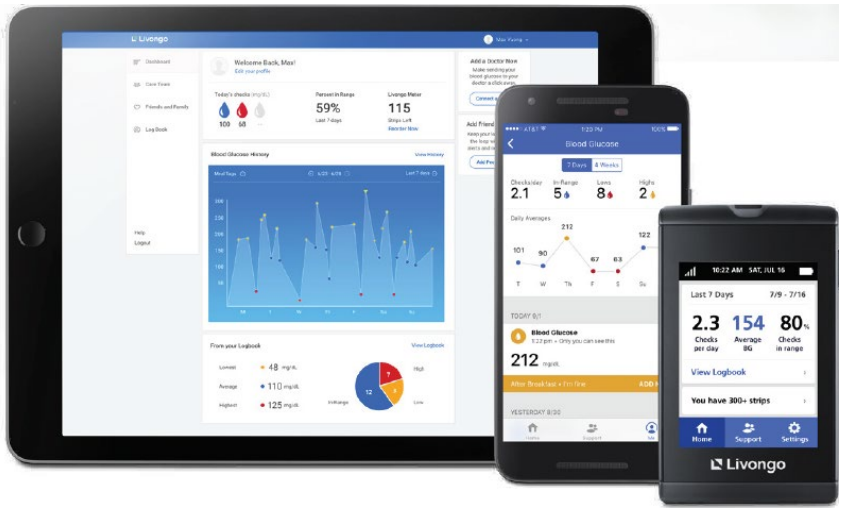
Livongo's design has proven to be successful in achieving behavioral changes that result in better management of diabetic conditions. With Livongo, covered individuals diagnosed with Diabetes can receive targeted support and guidance for better management of their condition.

Livongo enrollees will be given a free cellular connected glucose monitor for effortless real-time data collection, free test strips to ensure regular/timely testing, personalized health nudges to deliver calls when members are most receptive, and human-centered support 24/7 with live 1:1 coaching from credentialed clinicians.
Eligible individuals interested in participating can enroll online at welcome.livongo.com/PRISM or via telephone at (800) 945-4355 using registration code: PRISM

*Members enrolled in the Anthem 500 and Anthem 1500 plans are eligible for this Livongo Benefit. Members enrolled in an HDHP Anthem plan are not eligible.

You'll get this and more when you sign up:

- Unlimited strips
- Connected glucose meter
- Personalized insights and more




Livongo®

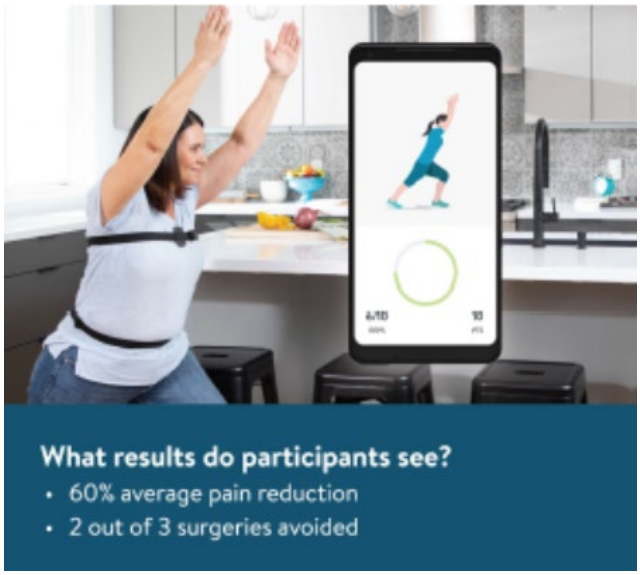
# Hinge Health

## How does the program work?

Hinge Health is an exercise therapy program designed to address chronic **back, knee, hip, neck, shoulder, or other pain**. It's convenient and fits your schedule? it can be done anywhere, at any time.

## What does the program include?

1. **Personalized exercise therapy** to improve strength and mobility in short,15-minute sessions
2. **Personal care team** to provide care, motivation, and support virtually
3. **Interactive education** to teach you how to manage your specific condition, treatment options, and more



**What results do participants see?**

- 60% average pain reduction
- 2 out of 3 surgeries avoided

## Who is in my care team?

Your care team includes a personal health coach and physical therapist. You will work with the same care team throughout your entire experience.

## How much does the program cost?

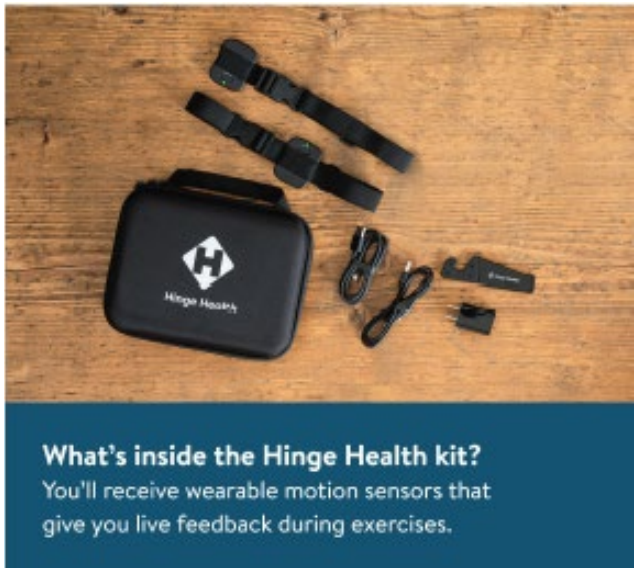
It's free for eligible participants. This includes the Hinge Health kit, which you can keep forever.

## Who is eligible?

Members, pre-65 retirees, and dependents 18+ enrolled in a PRISM medical plan through Anthem or Blue Cross Blue Shield of California are eligible (Includes EPO, PPO and HDHPs).

## How do I apply?

Take a short online questionnaire following the link below, telling us about your pain. No referral or diagnosis needed from a doctor.



**What's inside the Hinge Health kit?**

You'll receive wearable motion sensors that give you live feedback during exercises.

To learn more call (855) 902-2777, or apply at:

**HINGEHEALTH.COM/PRISM**

# Dental

Merced County provides you with comprehensive coverage through Delta Dental. Regular visits to your dentists can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease.

## CHANGES FOR 2025

For the 2025 plan year, the following benefits will be increased.

- Orthodontia has increased from $1,000 to $2,000.
- Orthodontia will now cover Children and Adults
- Out-of-Networks Dentists will now be covered at 90% for Diagnostic and Preventive Services

**Delta Dental PPO Plan**

| | In-Network | Out-Of-Network |
|---|---|---|
| **Calendar Year Deductible** | None | None |
| **Annual Plan Maximum** | $2,300 per individual | $2,200 per individual |
| **Waiting Period** | None | None |
| **Diagnostic and Preventive*** | Plan pays 100% | 90% |
| **Basic Services** | | |
| Fillings | Plan pays 80% | Plan pays 80% |
| Root Canals | Plan pays 80% | Plan pays 80% |
| Periodontics | Plan pays 80% | Plan pays 80% |
| **Major Services** | Plan pays 80% | Plan pays 80% |
| **Orthodontic Services** | | |
| Orthodontia | Plan pays 50% | Plan pays 50% |
| Lifetime Maximum | $2,000 | $2,000 (combined with in-network) |

*__Diagnostic__ - oral examinations (including initial examinations, periodic examinations, and emergency examinations); x-rays; diagnostic casts; examination of biopsied tissue; palliative (emergency) treatment of dental pain; specialist consultation. **Preventive** - prophylaxis (cleaning); fluoride treatment; space maintainers

Delta Dental will pay for two cleanings or a dental procedure that includes a cleaning each calendar year under your Delta Dental plan. Routine prophylaxes are covered as a Diagnostic and Preventive Benefit and periodontal prophylaxes are covered as a Basic Benefit. Fluoride treatments are covered twice each calendar year.

# Vision

We offer you a vision plan through VSP. VSP members have access to an exceptional eye care experience with the VSP doctor network consisting of credentialed optometrists and ophthalmologists.

A VSP® WellVision Exam® can help with the early detection of more than 270 health conditions. With this exam, a doctor of optometry can provide patients with prescriptions for glasses and/or contact lenses, as well as help detect early signs of chronic conditions like high blood pressure, diabetes, and high cholesterol along with eye and vision issues.

## CHANGES FOR 2025

For the 2025 plan year, the following benefits will be increased.

- The Frame and Elective Contact Lenses Allowance has increased from $130 to $200.

**VSP Core Plan**

| | In-Network | Out-Of-Network |
|---|---|---|
| **Examination** | | |
| **Benefit** | $10 copay | Plan pays up to $50 |
| **Frequency** | Every 12 Months | Every 12 Months |
| **Eyeglass Lenses** | | |
| Single Vision Lens | $10 Copay | Plan pays up to $50 |
| Bifocal Lens | $10 Copay | Plan pays up to $75 |
| Trifocal Lens | $10 Copay | Plan pays up to $100 |
| Frequency | Every 12 Months | Every 12 Months |
| **Frames** | | |
| **Benefit** | $200 Allowance + 20% discount over allowance | Plan pays up to $70 |
| **Frequency** | Every 12 Months | Every 12 Months |
| **Contacts (Elective)** | | |
| **Benefit** | $200 Allowance + 20% discount over allowance | Plan pays up to $105 |
| **Frequency** | Every 12 Months | Every 12 Months |

# 2025 Employee Biweekly Payroll Deductions (Original CAPS)

## Anthem 500 Medical Plan (Low Cost) + Dental & Vision

| | Medical | Dental | Vision | Total Deductions |
|---|---|---|---|---|
| **Employee Only** | $163.03 | $ 0.00 | $0.00 | $163.03 |
| **Employee + Spouse** | $609.96 | $10.52 | $1.88 | $622.36 |
| **Employee + Child(ren)** | $361.54 | $ 7.96 | $1.54 | $371.04 |
| **Employee + Family** | $806.16 | $17.37 | $3.45 | $826.98 |

## Anthem 1500 Medical Plan + Dental & Vision

| | Medical | Dental | Vision | Total Deductions |
|---|---|---|---|---|
| **Employee Only** | $ 75.69 | $ 0.00 | $0.00 | $ 75.69 |
| **Employee + Spouse** | $393.84 | $10.52 | $1.88 | $406.24 |
| **Employee + Child(ren)** | $246.15 | $ 7.96 | $1.54 | $255.65 |
| **Employee + Family** | $614.77 | $17.37 | $3.45 | $635.59 |

## Anthem HDHP Medical Plan (High Deductible Health Plan) with HSA + Dental & Vision

| | Medical | Dental | Vision | Total Deductions |
|---|---|---|---|---|
| **Employee Only** | $ 75.69 | $ 0.00 | $0.00 | $ 75.69 |
| **Employee + Spouse** | $396.61 | $10.52 | $1.88 | $409.01 |
| **Employee + Child(ren)** | $248.92 | $ 7.96 | $1.54 | $258.42 |
| **Employee + Family** | $618.00 | $17.37 | $3.45 | $638.82 |

## Anthem HDHP (High Deductible Health Plan) without HSA + Dental & Vision

| | Medical | Dental | Vision | Total Deductions |
|---|---|---|---|---|
| **Employee Only** | $ 0.00 | $0.00 | $0.00 | $ 0.00 |

## HEALTH INSURANCE COVERAGE EFFECTIVE DATE

Health coverage begins on the Friday an employee receives his/her first paycheck. If an employee receives a paycheck earlier due to a holiday, Friday is still when coverage begins.

## HEALTH INSURANCE COVERAGE END DATE

Health coverage ends at midnight the day before an employee receives his/her last paycheck.

Please contact the Human Resources Benefits Team if you have any questions.

**Amy Gonzales, Human Resources Analyst**
amy.gonzales@countyofmerced.com
(209) 385-7356 Ext 4592

**Mai Yang, Human Resources Analyst**
mai.yang@countyofmerced.com
(209) 385-7356 Ext 4593

# 2025 Employee Biweekly Payroll Deductions (10% CAP Increase)

## Anthem 500 Medical Plan (Low Cost) + Dental & Vision

| | Medical | Dental | Vision | Total Deductions |
|---|---|---|---|---|
| **Employee Only** | $121.03 | $ 0.00 | $0.00 | $ 121.03 |
| **Employee + Spouse** | $545.96 | $10.52 | $1.88 | $558.36 |
| **Employee + Child(ren)** | $309.54 | $ 7.96 | $1.54 | $319.04 |
| **Employee + Family** | $731.16 | $17.37 | $3.45 | $751.98 |

## Anthem 1500 Medical Plan + Dental & Vision

| | Medical | Dental | Vision | Total Deductions |
|---|---|---|---|---|
| **Employee Only** | $ 33.69 | $ 0.00 | $0.00 | $ 33.69 |
| **Employee + Spouse** | $329.84 | $10.52 | $1.88 | $342.24 |
| **Employee + Child(ren)** | $194.15 | $ 7.96 | $1.54 | $203.65 |
| **Employee + Family** | $539.77 | $17.37 | $3.45 | $560.59 |

## Anthem HDHP Medical Plan (High Deductible Health Plan) with HSA + Dental & Vision

| | Medical | Dental | Vision | Total Deductions |
|---|---|---|---|---|
| **Employee Only** | $ 33.69 | $ 0.00 | $0.00 | $ 33.69 |
| **Employee + Spouse** | $332.61 | $10.52 | $1.88 | $345.01 |
| **Employee + Child(ren)** | $196.92 | $ 7.96 | $1.54 | $206.42 |
| **Employee + Family** | $543.00 | $17.37 | $3.45 | $563.82 |

## Anthem HDHP (High Deductible Health Plan) without HSA + Dental & Vision

| | Medical | Dental | Vision | Total Deductions |
|---|---|---|---|---|
| **Employee Only** | $ 0.00 | $0.00 | $0.00 | $ 0.00 |

### HEALTH INSURANCE COVERAGE EFFECTIVE DATE

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# 2025 Employee Biweekly Payroll Deductions (Anthem 1500 Plan CAPS)

## Anthem 500 Medical Plan (Low Cost) + Dental & Vision

| | Medical | Dental | Vision | Total Deductions |
|---|---|---|---|---|
| **Employee Only** | $ 87.34 | $ 0.00 | $0.00 | $ 87.34 |
| **Employee + Spouse** | $485.19 | $10.52 | $1.88 | $497.59 |
| **Employee + Child(ren)** | $250.62 | $ 7.96 | $1.54 | $260.12 |
| **Employee + Family** | $625.93 | $17.37 | $3.45 | $646.75 |

## Anthem 1500 Medical Plan + Dental & Vision

| | Medical | Dental | Vision | Total Deductions |
|---|---|---|---|---|
| **Employee Only** | $ 0.00 | $ 0.00 | $0.00 | $ 0.00 |
| **Employee + Spouse** | $269.07 | $10.52 | $1.88 | $281.47 |
| **Employee + Child(ren)** | $135.23 | $ 7.96 | $1.54 | $144.73 |
| **Employee + Family** | $434.54 | $17.37 | $3.45 | $455.36 |

## Anthem HDHP Medical Plan (High Deductible Health Plan) with HSA + Dental & Vision

| | Medical | Dental | Vision | Total Deductions |
|---|---|---|---|---|
| **Employee Only** | $ 0.00 | $ 0.00 | $0.00 | $ 0.00 |
| **Employee + Spouse** | $271.84 | $10.52 | $1.88 | $284.24 |
| **Employee + Child(ren)** | $138.00 | $ 7.96 | $1.54 | $147.50 |
| **Employee + Family** | $437.77 | $17.37 | $3.45 | $458.59 |

## Anthem HDHP (High Deductible Health Plan) without HSA + Dental & Vision

| | Medical | Dental | Vision | Total Deductions |
|---|---|---|---|---|
| **Employee Only** | $ 0.00 | $0.00 | $0.00 | $ 0.00 |

## HEALTH INSURANCE COVERAGE EFFECTIVE DATE

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# Life and AD&D Insurance

## THE STANDARD LIFE INSURANCE COMPANY

### Basic Group Life And AD&D Benefit

Merced County provides all active full-time employees who work at least 30 hours per week/variable shift employees working at least 16 hours per week with a basic amount of Group Life and Accidental Death and Dismemberment (AD&D) Insurance. Basic Group Life Insurance pays your beneficiary a lump sum if you die. AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident. Coverage amounts depend on your Bargaining Unit or Management Level and premiums are paid by County. County provides Basic Group Life and AD&D as follows:

| Classes - Bargaining Units | Basic Group Life and AD&D Benefit[1] | Buy-Up Life and AD&D Benefit[2] |
|---|---|---|
| ***Class 1*** **- Unit 20 Unrepresented Management Level A & B** | $85,000 | $4,000 |
| ***Class 3*** **- Unit 20 Unrepresented Management Level C** | $55,000 | $4,000 |
| ***Class 5*** **- Unit 7 Merced County Attorney's Association** | $50,000 | $4,000 |
| ***Class 6*** **- Unit 20 Unrepresented Management Level D & E &** | $35,000 | $4,000 |
| ***Class 9*** **- Represented Employees** | $10,000 | $4,000 |
| **Class 11 - Unit 11 Supervising Probation Officers** | $40,000 | $4,000 |

**Important!** Make sure that you have named a beneficiary for your life insurance benefit.

### Supplemental Life and AD&D (Buy-Up Option)[3]

Supplemental Life Insurance allows you to purchase additional life insurance to protect your family's financial security. All active full-time employees who work at least 30 hours per week/variable shift employees working 16 hours per week are eligible to enroll in Supplemental Life and AD&D. Employees enrolled in Supplemental Life and AD&D are eligible to enroll Spouse/Dependent Children in Dependent Voluntary Life. Premiums are paid by employees and are deducted bi-weekly from payroll.

**Employee Benefit:**

| | |
|---|---|
| **Buy-Up Life Amount** | $10,000 - $500,000 (not to exceed an amount equal to five times your annual earnings) |
| **Election Options** | Increments of $10,000 |
| **Guarantee Issue Amount** | $100,000 |

**Spouse Benefit:**

| | |
|---|---|
| **Buy-Up Life Amount** | $5,000 - $100,000 (not to exceed 100% of Employee Supplemental Life Amount) |
| **Election Options** | Increments of $5,000 |
| **Guarantee Issue Amount** | $25,000 |

**Dependent Child(ren) Benefit:**

| | |
|---|---|
| **Buy-Up Life Amount** | $2,000 - $10,000 (not to exceed 100% of Employee Supplemental Life Amount) |
| **Election Options** | Increments of $1,000 |
| **Guarantee Issue Amount** | $10,000 |

1. Basic Group Life and AD&D Insurance premiums are paid by the County.
2. $4,000 Buy-Up Life and AD&D Insurance is optional. You can only enroll within 31 days of your hired date. Premiums are paid for by employees through payroll deductions.
3. Supplemental Life and AD&D Insurance is optional life insurance employees can purchase. Premiums are paid for by employees through payroll deductions.
4. Guarantee Issue Amounts (GIA) available during the initial enrollment period (within 31 days of your hired date):
   - Employee $100,000, Spouse/Domestic Partner $25,000, and Child(ren) $10,000
     - If you enroll during the initial enrollment period (within 31 days of your hired date):
       (1) complete the Enrollment form for coverage amounts up to the GIA, or
       (2) complete the Enrollment form and one Medical History Statement form (MHS) per applicant to apply for coverage amounts greater than $100,000 for yourself and/or greater than $25,000 for Spouse/Domestic Partner.
     - If you apply for coverage after the initial enrollment period (after 31 days of your hired date):
       (1) complete the Enrollment form and one MSH per applicant. Applications received after the initial enrollment period are not automatically approved for the GIA and will go through medical underwriting review.

# Life Insurance, Continued

## CINCINNATI LIFE INSURANCE COMPANY

### Voluntary Life Products

The County has arranged for Cincinnati Insurance Companies (Cincinnati) to offer optional life insurance products to eligible employees that complement existing County benefits. Cincinnati has permanent and term life insurance products.

You own the policy for a lifetime of protection. If you separate from the County or retire, your policy goes with you, and there are no changes in costs or benefits. Simply contact Cincinnati to inform them of your separation from Merced County and they can further assist you.

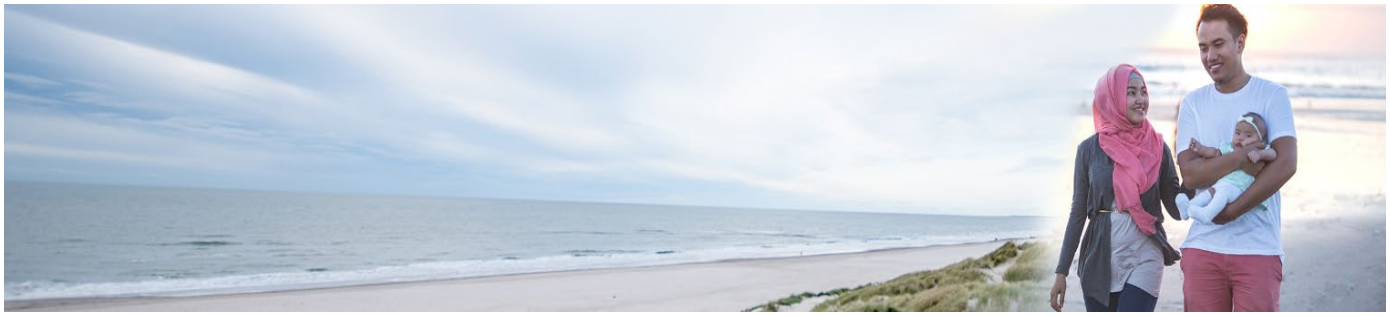
### Open Enrollment and Eligibility

Cincinnati's **Annual Open Enrollment is in May/June** of each year for a period of three weeks (exact dates may vary each year). During the Annual Open Enrollment, a Cincinnati Life Insurance Agent will be available to meet with interested employees in person, via phone or Zoom. In order to participate in this program, employees must be employed for at least 90 days with Merced County. Employees previously eligible, but didn't enroll, may enroll during the Annual Open Enrollment period.

Life insurance is available for yourself, and your eligible dependents (spouse, children, and grandchildren). Even if you do not purchase any life insurance for yourself, you can purchase life insurance for your eligible dependents.

### Premiums

Premiums are paid by employees and are automatically deducted from their paychecks biweekly. The cost of insurance depends on the age and life insurance coverage amount for each applicant.



# Disability Insurance

## MANAGEMENT DISABILITY PROGRAM FOR UNIT 7, 11, AND 20

### Administered by Standard Insurance Company (The Standard)

County contracts with ***The Standard*** to provide an integrated disability plan that is designed to be simpler and more cost effective for employees. This feature includes a Short-Term Disability (STD) plan which allows for weekly payments during your initial disability period. If your disability exceeds your STD benefit duration, you will have the option to utilize a Long-Term Disability (LTD) plan. STD and LTD Insurance is available to the following active full-time employees who work at least 30 hours per week:

| | |
|---|---|
| **Unit 20 - Unrepresented Management Level A, B, C, D or E, including elected officials** | Premium is paid by employer and benefit is taxable when received |
| **Unit 7 - Merced County Attorney's Association** | Premium is paid by employee and benefit is non-taxable when received |
| **Unit 11 - Supervising Probation Officers** | Premium is paid by employer and benefit is taxable when received |

### Short-Term Disability Insurance (STD) Benefits

| | |
|---|---|
| **Weekly Benefit Amount:** | Plan pays 66.67% of the first $2,770 of Pre-disability Earnings, reduced by Deductible Income |
| **Maximum Weekly Benefit:** | $1,847 |
| **Benefits Waiting Period:** | 30 Days |
| **Maximum Payment Period:** | 9 Weeks |

### Long-Term Disability Insurance (LTD) Benefits

| | | |
|---|---|---|
| **Monthly Benefit Amount** | Plan pays 66.67% of the first $11,999 of your Pre-disability Earnings, reduced by Deductible Income | |
| **Maximum Monthly Benefit** | $8,000 | |
| **Benefits Waiting Period:** | 90 Days | |
| **Maximum Payment Period** | Determined by your age when Disability begins. The later of your Social Security Normal Retirement Age or the period as shown in the table: | **Age on Date of Your Disability** / **Benefit Period**<br>Less than 60 / To age 65<br>60 / 60 months<br>61 / 48 months<br>62 / 42 months<br>63 / 36 months<br>64 / 30 months<br>65 / 24 months<br>66 / 21 months<br>67 / 18 months<br>68 / 15 months<br>69 and over / 12 months |

This is only a partial summary of benefits. Please see the current **Certificate of Insurance (COI)** concerning Group Short-Term and Long-Term Disability Insurance Program for the complete schedule of benefits. The COI is the official document, and if there are discrepancies between this and the COI, the COI will govern in all cases. You can find the COI document online for a full description of the benefits in each plan on MCINFO at https://mcinfo.co.merced.ca.us. For more information, contact your Human Resources Benefits Team.

# Disability Insurance, continued

## DISABILITY INSURANCE FOR BARGAINING UNITS 2, 3, 4, 5, 6, 8, 10, 12, 14 & 30

### California State Disability Insurance (CA SDI)

California State Disability Insurance (SDI) provides short-term Disability Insurance (DI) and Paid Family Leave (PFL) wage replacement benefits to eligible workers who need time off work. SDI contributions are paid by California workers through employee payroll deductions.

| | Paid Family Leave (PFL) | Disability Insurance (DI) |
|---|---|---|
| **Employees Enrolled in CA SDI** | Employees in Bargaining Unit 2, 3, 4, 5, 6, 8, 10, 12, 14 and 30 are enrolled in SDI. | |
| **PFL / DI Wage Replacement** | PFL provides partial wage replacement benefits to eligible Californians who need time off work to care for seriously ill child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner; need time off work to bond with a new child entering the family by birth, adoption, or foster care placement; need time off work to participate in a qualifying event resulting from a spouse, registered domestic partner, parent, or child's military deployment to a foreign country. | DI provides partial wage replacement benefits to eligible Californians who are unable to work due to a non-work-related illness, injury, or pregnancy. Disability is an illness or injury, either physical or mental, which prevents you from performing your regular and customary work. Disability also includes elective surgery, pregnancy, childbirth, or other related medical conditions. |
| **Benefit Waiting Period** | No Waiting Period. Payment begins the 1st day of leave. | 7 Calendar Day Unpaid Waiting Period (Annual Leave hours must be used during this time) |
| **Maximum Payment Period** | Payable up to 8 weeks within a 12 month period | Payable up to 52 weeks |
| **Weekly Benefit Amount (WBA)** | The Weekly Benefit Amount (WBA) is about 60-70% (depending on income) of wages earned 5 to 18 months before your claim start date up to the maximum weekly benefit amount. | |
| **Minimum/Maximum WBA** | For claims beginning on or after January 1, 2023, weekly benefits range from $50 to a maximum of $1,620. | |

This is only a partial summary of benefits. For more information, visit the EDD website https://www.edd.ca.gov/disability/

# Employee Assistance Program

With access to an extensive network of licensed professionals, Anthem Blue Cross EAP offers a broad array of services to assist members with life's challenges, including personal, legal, financial, and dependent care needs. The EAP is available 24/7 by phone or website, providing confidential access to customer care specialists and licensed clinicians at any time.

- Unlimited 24/7 toll free access for consultation and referral
- Counseling visits available face to face, by telephone, or virtually via LiveHealth Online.
- Visits offered per issue per year at no cost to the employees and household members.
- EAP network of licensed clinicians, including PhDs, LPCs, MFTs, & LCSWs
- Website access to provider network for routine referrals
- Seamless transition from Anthem EAP to our behavioral health benefit should care beyond the EAP be needed
- Multi directional referrals with Anthem care management teams and other services

myStrength

Supporting emotional wellbeing and resiliency. Our evidence based, digital self-help tool puts better behavioral health at our members' fingertips.

- Interactive cognitive behavioral therapy for stress, depression, anxiety, insomnia and other areas that impact members the most.
- Multimedia resources for wellness, social, community and spiritual well being
- New modules on Opioid Management, Pregnancy and Early Parenting, Sleep and PTSD

| | **Anthem EAP Plan Benefit** |
|---|---|
| **Face to Face Counseling** | 5 Sessions per Incident per Individual |
| **Telephohnic Consultations** | Toll-Free 24 hours a day, 7 days a week |
| **Web Video Consultations** | Toll-Free 24 hours a day, 7 days a week |
| **Legal Consultations** | 30-minute face to face or telephonic consultation per legal issue |
| **Financial Counseling** | Unlimited telephonic consultations |
| **Dependent/Elder Care** | Online self-search Consultation with a Work/Life Specialist |
| **Daily Living Services** | Unlimited consultations regarding resources and support. Visit limit only applies to counseling sessions. |

Call Toll-Free (833) 954-1067 or visit the Anthem EAP website at www.anthemeap.com

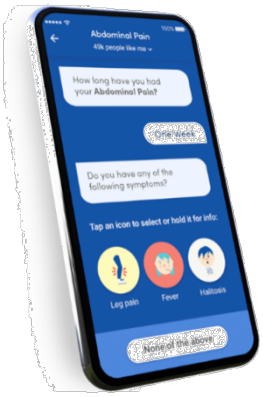
# Mobile Resources

## INTRODUCING SYDNEY – ANTHEM'S MOBILE APP!

Meet Sydney, the mobile app that's all about you, your plan and your health care needs. It connects your questions to answers — and you to the right resources. Using it is like having a personal health assistant in the palm of your hand.

You get one-click access to benefits info, your member ID card and wellness resources. That means you can quickly find what you need. The more you use it, the more Sydney can help you stay healthy and save money. And Sydney's interactive chat feature can answer your questions in real time.

Find care and check costs, view claims, see your benefits, view your ID card and more!




Receive virtual care and support 24/7 with our Sydney Health app
Now you can connect more easily to the care you need through our Sydney Health app. Have a video visit with a doctor on your mobile device or computer with a camera, 24/7. Visit with a doctor for common health concerns. Doctors are available anytime, with no appointments or long wait times. They can help you with these types of conditions:

- COVID-19
- Flu
- Cold and fever
- Minor rashes
- Sore throat
- Headaches

During your video visit, the doctor will assess your condition, provide a treatment plan, and send prescriptions to the pharmacy of your choice, if needed.

Download the Sydney Health app on your Google Play or App Store.


## STAY CONNECTED WITH THE DELTA DENTAL APP

Want information about your dental plan? Take advantage of our web and mobile resources to:

- Check your eligibility
- Look up coverage details
- Check claims
- Find a network dentist
- Improve your oral wellness and more!

Download the Delta Dental app on your Google Play or App Store.

## MANAGE YOUR EYE CARE NEEDS WITH THE VSP VISION CARE APP

Want information about your vision plan? Take advantage of our web and mobile resources to:

- Find a doctor
- View your vision benefits
- Look up your past services and previous doctor's visits
- View VSP Exclusive Offers

Download the VSP Vision Care app on your Google Play or App Store.

# Wellness Revolution

## Convenient and On-site for a Healthier, Happier You

### Merced County's Employee Health Clinic

Our on-site employee health clinic, "Wellness Revolution," will provide you with value-added, ease of access telehealth PLUS on-site clinic provider care at minimal or no out-of-pocket expense. Our top concern is your long-term health and wellness. The clinic is located at **2115 Wardrobe Ave. Merced, CA 95341** at **Human Services Agency.**

### When should I use the Onsite Employee Health Clinic?

You can use the clinic for any of these kinds of healthcare issues:

- Coughs, cold Symptoms, Flu
- Skin Condition and Rashes
- Muscle Aches and Pain
- Ear, Nose, and Throat Infections
- Red Eyes Including Pink Eye
- Nutrition Counseling
- Activity Counseling
- Weight Management
- Stress Management
- Bladder Infections
- Blood Pressure Monitoring
- Cholesterol and Blood Sugar Monitoring

### Who can visit the clinic?

The clinic is open to employees who are enrolled in the County Health Plan.

### Do I have to make an appointment?

Walk-ins are welcome but an appointment is recommended to eliminate wait time. You may schedule an appointment by calling (209) 561-1476 or email wellnessrevolution@medicineatwork.net.

### Is there a cost for using the clinic?

Employees enrolled in the Anthem 500 (Low Cost) and Anthem 1500 Medical Plans will have no co-pays for using the Health Clinic. Employees enrolled in the High Deductible Medical Plan will have a $20 co-pay per visit.

### Confidentiality: Will my private health information be shared with the company?

Medicine At Work, a third-party vendor, staffs and manages the Clinic to ensure the privacy and confidentiality of individual data at all times. The same rules that protect your privacy when you see any healthcare provider also protect your information at the Health Clinic. While your employer is entitled to receive information about workplace injuries, occupational illnesses, and occupational health testing information; identifiable non-work-related injury or illness information is protected by law and will not be shared.

### Is there a doctor staffing the clinic?

The clinic is staffed by a registered paramedic and/or a nurse practitioner. Doctors come in through advanced video telemedicine to meet you, perform an exam assisted by the medic, review the results with you, and prescribe any medications. Advanced video medicine is a recognized medical care technique well-proven by use in space flight, ships at sea, and other settings.

### Will I be able to get in to see the medical staff quicker than I can now?

With a video-located Doctor and a Medical Technician on-site at the clinic, you should find that it is easier/quicker to get into the Health Clinic.

# Additional Programs and Discounts

## Delta Dental Qualsight Lasik

Because Delta Dental has selected QualSight to offer you access to discounts on LASIK services. Through QualSight, you can save 40-50% off the national average price of Traditional LASIK along with big savings on Custom and Custom Bladeless LASIK procedures! Call QualSight at (855) 248-2020 for more information.

## VSP TruHearing

VSP Vision Care members can save up to 60% on the latest brand name hearing aids. Dependents and extended family members are eligible for exclusive savings, too! Call TruHearing at (877) 396-7194 and mention VSP.

## ARAG Legal Insurance

ARAG Legal Insurance (ARAG) is an optional legal service that employees may enroll in. The premium is paid by employee through payroll deductions and is $10.15 bi-weekly. ARAG offers a place to turn for help with addressing a wide range of legal matters such as buying a home or creating a Will, as well as everyday issues situations like dealing with traffic tickets or resolving warranty issues. You can enroll within 31 days of your hired date. You can also enroll/cancel ARAG during Open Enrollment (OE). Elections will auto renew during OE annually unless you submit a cancellation form during OE. Explore more by visiting https://www.araglegal.com/myinfo.

## Nationwide Retirement Solutions - 457(b) Deferred Compensation Plan

The National Association of Counties (NACo), in partnership with Nationwide Retirement Solutions (NRS), and state associations of counties, provides county employees with an optional Section 457 Deferred Compensation Program. The deferred compensation plan is optional and helps employees save for their future, reduce current taxes, and make it easy for employees to save. If you participate in the deferred compensation plan, you can contribute a portion of your salary to a retirement account pre-taxed and/or post-taxed. Employees are 100% vested in their accounts. For more information, please contact your Nationwide Retirement Specialist, Brenda DeVecchio at (209) 337-4574 or devecb1@nationwide.com.

## Merced County Employees' Retirement Association (MercedCERA)

When you become a member of the Merced County Employees' Retirement Association (MercedCERA) you are earning a lifetime benefit. MercedCERA is a defined benefit plan which means that based on your final salary, years of service, age at retirement and retirement benefits, a monthly annuity will be calculated upon your retirement if you are vested. Members are vested upon the completion of 5 years of service, including earned & purchased service from a MercedCERA employer and reciprocal service. MercedCERA is funded by investment earnings, employee (member) contributions and employer contributions. For more information, please contact MercedCERA at (209) 726-2724 or visit https://www.mercedcera.com/.

# Additional Programs provided by The Standard

## Health Advocacy Select

When you're sick or injured, your main focus should be on your health – not untangling medical bills, scheduling appointments, and coordinating your care with specialists and other providers. Fortunately, you don't have to take on the healthcare system by yourself. While you're out on a short-term disability claim, you can connect with a Personal Health Advocate who'll help you navigate the complexities of the healthcare system.

## An Expert By Your Side

At no additional cost, you can contact **Health Advocate** and be assigned a Personal Health Advocate, typically a registered nurse, who will remain on your case until it's fully resolved. From start to finish, you'll work with one person sparing you the headache of explaining Advocate your concerns to someone who might be unfamiliar with your situation.

All cases are managed in compliance with state and federal privacy laws. Your personal medical information is kept strictly confidential.

**Personal Health Advocates are available Monday - Friday, 8 a.m. - 11 p.m., Eastern at (844) 450.5543**

## Travel Assistance

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night. You and your spouse are covered with Travel Assistance — and so are kids through age 25 — with your group insurance from The Standard.

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip.

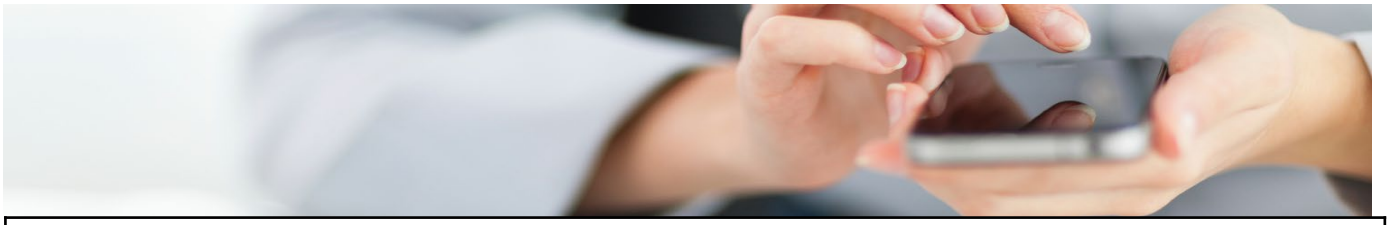
**Contact Travel Assistance by calling (800) 872-1414 or +1 (609) 986-1234 or texting 1 (609) 334-0807.**

## Life Services Toolkit

Group Life insurance through your employer gives you assurance that your family will receive some financial assistance in the event of a death. But coverage under a group Life policy from The Standard does more than help protect your family from financial hardship after a loss. The Standard has partnered with Morneau Shepell to offer a lineup of additional services that can make a difference now and in the future. Online tools and services can help you create a will, make advance funeral plans and put your finances in order. After a loss, your beneficiary can consult experts by phone or in person, and obtain other helpful information online. The Life Services Toolkit is automatically available to those insured under a group Life insurance policy from The Standard.

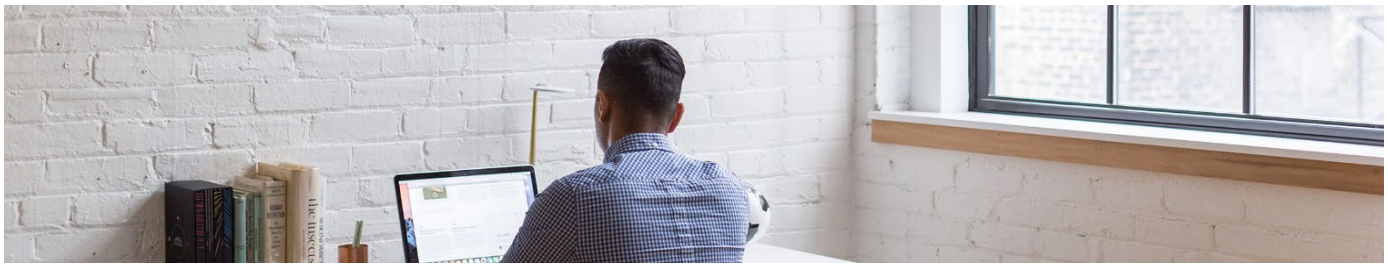
Visit the Life Services Toolkit website at standard.com/mytoolkit and enter user name "assurance" for information and tools to help you make important life decisions.

# Plan Contacts



| Plan Type | Provider And Group Number | Phone Number and Claims Address | Website |
|---|---|---|---|
| Medical | **Anthem Blue Cross**<br>*ID Card is Issued*<br>Anthem ID #: on ID Card<br>Subscriber #: Employee SSN<br><br>Group Numbers:<br><br>Anthem 500: 175075M250<br>Anthem 1500: 175075M257<br>Anthem HDHP*: 175075M255<br>Anthem HDHP NO HSA EE Only: 175075M260 | (800) 967-3015<br><br>Claims Address:<br>Anthem Blue Cross<br>PO Box 60007<br>Los Angeles, CA 90060 | anthem.com/ca/EIAHealth |
| Medical | **Carrum** | (888) 855-7806 | my.carrumhealth.com |
| Prescription Plan<br>• Anthem 500<br>• Anthem 1500 | **Express Scripts (ESI)**<br>*ID Card is Issued*<br>*Pharmacy Services*<br>ESI ID #: on ID Card<br>Group #: RX4EIAH<br>RX Bin: 610014 | Customer Service<br>(800) 711-0917<br><br>Pharmacy Help<br>(800) 922-1557 | express-scripts.com |
| Prescription Plan<br>• Anthem HDHP *with* HSA<br>• Anthem HDHP *without* HSA | **Ingenio Rx**<br>***Use Anthem HDHP ID Card***<br><br>*Pharmacy Services*<br>Group #: WLHA<br>RX PCN: WG<br><br>RX Bin: 020099 | Customer Service<br>(833) 261-2467<br><br>Pharmacy Help<br>(833) 296-5039 | www.ingenio-rx.com/ |
| Dental | **Delta Dental**<br>*No ID Card Issued*<br>Subscriber #: Employee SSN<br>Group Number: 18007<br><br>Division: 0001 | (800) 765-6003<br>Claims Address:<br>Delta Dental<br>PO Box 997330<br>Sacramento, CA 95899 | deltadentalins.com |
| Vision | **VSP**<br>*No ID Card Issued*<br>Subscriber #: Employee SSN<br>Group Number: 30105867<br><br>Division: 0462 | (800) 877-7195<br>Claims Address:<br>VSP<br>PO Box 997105<br>Sacramento, CA 95899 | vsp.com |
| Employee Assistance Program | **Anthem Blue Cross EAP** | (833) 954-1067 | anthemeap.com |
| COBRA Administrator | **Benefits Coordinators Corporation (BCC)** | (800) 685-6100<br>P.O. Box 3666<br>Pittsburgh, PA 15230 | N/A |

# Plan Contacts, continued



| Plan Type | Provider And Group Number | Phone Number and Claims Address | Website/Email for Contacts |
|---|---|---|---|
| Health Savings Account | **HealthEquity** | (866) 346-5800 | my.healthequity.com |
| Life and Disability | **The Standard**<br>Life Policy #167887-A<br><br>Short Term Disability<br>Policy #167887-B<br><br>Long Term Disability<br>Policy #167887-C | (888) 937-4783 Main<br>(800) 378-2395 Disability<br><br>(800) 628-8600 Life | standard.com/individual/file-claim |
| Life | **Cincinnati Life**<br>Smoot Financial Office (Broker)<br>Policy Questions<br><br>Cindy Severance<br>(Billing Questions)<br><br>Brittney Mollett<br>(Cancel Policy) | (800) 235-8231<br><br>(513) 870-2000 et 4463<br><br>(800) 783-4479 | Emails:<br>Cindy_Severance@CINFIN.com<br><br>Brittney_Mollett@CINFIN.com |
| Diabetes Prevention through Anthem | **Lark** | | www.lark.com/anthemBC |
| Diabetes Prevention through Express Scripts (ESI) | **Livongo** | | welcome.livongo.com/prism |
| Exercise Therapy | **Hinge** | (855) 902-2777 | hingehealth.com/prism |
| 457(b) Deferred Comp Plan | **Nationwide Retirement Solutions**<br><br>457(b) Plan # 0039033-001<br><br>Jakob Sweeney<br>*Retirement Specialist* | <br><br>(877) 677-3678<br><br>(559) 712-8775 | https://www.nrsforu.com<br><br><br>Email:<br>jakob.sweeney@nationwide.com |
| MCERA | **Merced County Employee Retirement Association** | (209) 726-2724<br><br>3199 M Street<br><br>Merced, CA 95348 | https://www.mercedcera.com/<br><br>Email:<br>mcera@countyofmerced.com |
| Legal Insurance | **ARAG Legal Insurance** | (800) 247-4184 | www.araglegal.com/myinfo<br>Access Code: 18188mc |

# Glossary

## -A-

**AD&D Insurance**
An insurance plan that pays a benefit to you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident.

**Allowed Amount**
The maximum amount your plan will pay for a covered healthcare service.

**Ambulatory Surgery Center (ASC)**
A healthcare facility that specializes in same-day surgical procedures such as cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery, and more.

**Annual Limit**
A cap on the benefits your plan will pay in a year. Limits may be placed on particular services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service.
After an annual limit is reached, you must pay all associated health care costs for the rest of the plan year.

## -B-

**Balance Billing**
In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of-network providers are. This is called balance billing. For example, if the provider's fee is $100 but the plan's allowable charge is only $70, an out-of-network provider may bill YOU for the $30 difference (the balance).

**Beneficiary**
The person (or persons) that you name to be paid a benefit should you die. Beneficiaries are requested for life, AD&D, and retirement plans. You must name your beneficiary in advance.

**Brand Name Drug**
A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine.

## -C-

**COBRA**
A federal law that may allow you to temporarily continue healthcare coverage after your employment ends, based on certain qualifying events. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

**Claim**
A request for payment that you or your health care provider submits to your healthcare plan after you receive services that may be covered.

**Coinsurance**
Your share of the cost of a healthcare visit or service. Coinsurance is expressed as a percentage and always adds up to 100%. For example, if the plan pays 70%, your coinsurance responsibility is 30% of the cost. If your plan has a deductible, you pay 100% of the cost until you meet your deductible amount.

**Copayment**
A flat fee you pay for some healthcare services, for example, a doctor's office visit. You pay the copayment (sometimes called a copay) at the time you receive care. In most cases, copays do not count toward the deductible.

## -D-

**Deductible**
The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

Family coverage may have an ***aggregate*** or ***embedded*** deductible. Aggregate means your family must meet the entire family deductible before any individual expenses are covered. Embedded means the plan begins to make payments for an individual member as soon as they reach their individual deductible.

**Dental Basic Services**
Services such as fillings, routine extractions and some oral surgery procedures.

**Dental Diagnostic & Preventive** Generally includes routine cleanings, oral exams, x-rays, and fluoride treatments.
Most plans limit preventive exams and cleanings to two times a year.

**Dental Major Services**
Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

**Dependent Care Flexible Spending Account (FSA)**
An arrangement through your employer that lets you pay for eligible child and elder care expenses with tax-free dollars. Eligible expenses include day care, before and after-school programs, preschool, and summer day camp for children underage 13. Also included is care for a spouse or other dependent who lives with you and is physically incapable of self-care.

## -E-

**Eligible Expense**
A service or product that is covered by your plan. Your plan will not cover any of the cost if the expense is not eligible.

**Excluded Service**
A service that your health plan doesn't pay for or cover.

## -F-

**Formulary**
A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a drug list.

## -G-

**Generic Drug**
A drug that has the same active ingredients as a brand name drug but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor.

**Grandfathered**
A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

## -H-

**Health Reimbursement Account (HRA)** An account funded by an employer that reimburses employees, tax-free, for qualified medical expenses up to a maximum amount per year. Sometimes called Health Reimbursement Arrangements.

**Healthcare Flexible Spending Account (FSA)**
A health account through your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Eligible expenses include insurance copayments and deductibles, qualified prescription drugs, insulin, and medical devices, and some over-the-counter items.

**High Deductible Health Plan (HDHP)** A medical plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs (the deductible) before the insurance company starts to pay its share. A high deductible plan (HDHP) may make you eligible for a health savings account (HSA) that allows you to pay for certain medical expenses with money free from federal taxes.

# Glossary, continued

## -I-

**In-Network**
In-network providers and services contract with your healthcare plan and will usually be the lowest cost option. Check your plan's website to find doctors, hospitals, labs, and pharmacies. Out-of-network services will cost more or may not be covered.

## -L-

**Life Insurance**
An insurance plan that pays your beneficiary a lump sum if you die.

**Long Term Disability Insurance**
Insurance that replaces a portion of your income if you are unable to work due to a debilitating illness, serious injury, or mental disorder. Long term disability generally starts after a 90-day waiting period.

## -M-

**Mail Order**
A feature of a medical or prescription drug plan where medicines you take routinely can be delivered by mail in a 90-day supply.

## -O-

**Open Enrollment**
The time of year when you can change the benefit plans you are enrolled in and the dependents you cover. Open enrollment is held one time each year. Outside of open enrollment, you can only make changes if you have certain events in your life, like getting married or adding a new baby or child in the family.

**Out-of-Network**
Out-of-network providers (doctors, hospitals, labs, etc.) cost you more because they are not contracted with your plan and are not obligated to limit their maximum fees. Some plans, such as HMOs and EPOs, do not cover out-of- network services at all.

**Out-of-Pocket Cost**
A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

**Out-of-Pocket Maximum**
Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most remaining eligible expenses for the rest of the plan year.

Family coverage may have an *aggregate* or *embedded* maximum. Aggregate means your family must meet the entire family out-of-pocket maximum before the plan pays 100% for any member. Embedded means the plan will cover 100% for an individual member as soon as they reach their individual maximum.

**Outpatient Care**
Care from a hospital that doesn't require you to stay overnight.

## -P-

**Participating Pharmacy**
A pharmacy that contracts with your medical or drug plan and will usually result in the lowest cost for prescription medications.

**Plan Year**
A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

**Preferred Drug**
Each health plan has a preferred drug list that includes prescription medicines based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

**Preventive Care Services**
Routine healthcare visits that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems. Many preventive care services are fully covered. Check with your health plan in advance if you have questions about whether a preventive service is covered.

**Primary Care Provider (PCP)**
The main doctor you consult for healthcare issues. Some medical plans require members to name a specific doctor as their PCP and require care and referrals to be directed or approved by that provider.

## -S-

**Short Term Disability Insurance**
Insurance that replaces a portion of your income if you are temporarily unable to work due to surgery and recovery time, a prolonged illness or injury, or pregnancy issues and childbirth recovery.

## -T-

**Telehealth / Telemedicine / Teledoc**
A virtual visit to a doctor using video chat on a computer, tablet or smartphone. Telehealth visits can be used for many common, non-serious illnesses and injuries and are available 24/7. Many health plans and medical groups provide telehealth services at no cost or for much less than an office visit.

## -U-

**UCR (Usual, Customary, and Reasonable)**
The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

**Urgent Care**
Care for an illness, injury or condition serious enough that care is needed right away, but not so severe it requires emergency room care. Treatment at an urgent care center generally costs much less than an emergency room visit.

## -V-

**Vaccinations**
Treatment to prevent common illnesses such as flu, pneumonia, measles, polio, meningitis, shingles, and other diseases. Also called immunizations.

**Voluntary Benefit**
An optional benefit plan offered by your employer for which you pay the entire premium, usually through payroll deduction.

# Important Plan Notices and Documents

## CURRENT HEALTH PLAN NOTICES

Notices must be provided to plan participants on an annual basis and are available on our intranet site and include:

- Medicare Part D Notice
  Describes options to access prescription drug coverage for Medicare eligible individuals.
- Women's Health and Cancer Rights Act
  Describes benefits available to those that will or have undergone a mastectomy.
- Newborns' and Mothers' Health Protection Act
  Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery.
- HIPAA Notice of Special Enrollment Rights
  Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment.
- HIPAA Notice of Privacy Practices
  Describes how health information about you may be used and disclosed.
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
  Describes availability of premium assistance for Medicaid eligible dependents.

## COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this Notice carefully to make sure you understand your rights and obligations.

## SUMMARY PLAN DESCRIPTIONS

A Summary Plan Description (SPD) is the legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries. The following SPD's are available on the County's intranet site https://mcinfo.co.merced.ca.us:

- Anthem 500 - Anthem EPO Core (Low Cost)
- Anthem 1500 - Anthem EPO (Traditional)
- Anthem HDHP - Anthem HDHP (High Deductible Health Plan)

## SUMMARY OF BENEFITS AND COVERAGE

A Summary of Benefits and Coverage (SBC) is a document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. The following SBC's are available on the County's intranet site https://mcinfo.co.merced.ca.us:

- Anthem 500 - Anthem EPO Core (Low Cost)
- Anthem 1500 - Anthem EPO (Traditional)
- Anthem HDHP - Anthem HDHP (High Deductible Health Plan)

# Important Plan Notices and Documents

## EVIDENCE OF COVERAGE AND DISCLOSURE

The Evidence of Coverage and Disclosure forms (EOC) discloses the terms and conditions of your dental and vision coverage. The following EOC are available on the County's intranet site https://mcinfo.co.merced.ca.us:

- Delta Dental
- VSP

## CERTIFICATE OF INSURANCE

The Certificate of Insurance (COI) describes the coverage provided in the policy. The following COI forms are available on the County's intranet site https://mcinfo.co.merced.ca.us:

- Group Life Insurance
- Group Short Term Disability Insurance
- Group Long Term Disability Insurance

Paper copies of these documents and notices are available if requested, at no cost. If you would like a paper copy, please contact your Human Resources Benefits Team.

# Important Plan Notices and Documents

## MEDICARE PART D NOTICE

### Important Notice from Merced County about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Merced County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Merced County has determined that the prescription drug coverage offered by the Anthem Blue Cross is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your Merced County coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan. **Important Note for Retiree Plans:** Certain retiree plans will terminate RX coverage when an individual enrolls in Medicare Part D and individuals might not be able to re-enroll in that coverage. If completing this Notice for a retiree plan, review the plan provisions before completing this form and modify this section as needed.

Since the existing prescription drug coverage under Anthem Blue Cross is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage. If you do decide to join a Medicare drug plan and drop your Merced County prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Merced County and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

# Important Plan Notices and Documents

## MEDICARE PART D NOTICE, CONTINUED

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Merced County changes. You also may request a copy of this notice at any time.

### For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at socialsecurity.gov, or call them at 800-772-1213 (TTY 800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

| | |
|---|---|
| Date: | 8/1/2024 |
| Name of Entity/Sender: | Merced County |
| Contact-Position/Office: | Human Resources |
| Address: | 2222 M Street, Merced, CA 95340 |
| Phone Number: | (209) 385-7356 ext. 4593 – Mai Yang |

**CMS Form 10182-CC Updated April 1, 2011** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

# Important Plan Notices and Documents

## WOMEN'S HEALTH AND CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator.

## NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator.

## HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you decline enrollment in Merced County's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in Merced County's health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 31 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 31 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in Merced County's health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law. Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

## AVAILABILITY OF PRIVACY PRACTICES NOTICE

We maintain the HIPAA Notice of Privacy Practices for Merced County describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting Human Resources.

# Important Plan Notices and Documents

## PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility:

### Children's Health Insurance Program (CHIP) State Contacts

| |
|---|
| **ALABAMA – Medicaid** |
| Website: http://myalhipp.com/<br>Phone: 1-855-692-5447 |
| **ALASKA – Medicaid** |
| The AK Health Insurance Premium Payment Program \| Website: http://myakhipp.com/<br>Phone: 1-866-251-4861<br>Email: CustomerService@MyAKHIPP.com<br>Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx |
| **ARKANSAS – Medicaid** |
| Website: http://myarhipp.com/ \| Phone: 1-855-MyARHIPP (855-692-7447) |
| **CALIFORNIA – Medicaid** |
| Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp<br>Phone: 916-445-8322 \| Fax: 916-440-5676<br>Email: hipp@dhcs.ca.gov |
| **COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)** |
| Health First Colorado Website: https://www.healthfirstcolorado.com/<br>Health First Colorado Member Contact Center: 1-800-221-3943 \| State Relay 711<br>CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus<br>CHP+ Customer Service: 1-800-359-1991 \| State Relay 711<br>Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program<br>HIBI Customer Service: 1-855-692-6442 |
| **FLORIDA – Medicaid** |
| Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html<br>Phone: 1-877-357-3268 |

## Children's Health Insurance Program (CHIP) State Contacts, continued

| **GEORGIA – Medicaid** |
|---|
| GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp<br>Phone: 678-564-1162, press 1<br>GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra<br>Phone: 678-564-1162, press 2 |
| **INDIANA – Medicaid** |
| Healthy Indiana Plan for low-income adults 19-64 \| Website: http://www.in.gov/fssa/hip/<br>Phone: 1-877-438-4479<br>All other Medicaid \| Website: https://www.in.gov/medicaid/<br>Phone 1-800-457-4584 |
| **IOWA – Medicaid and CHIP (Hawki)** |
| Medicaid Website: https://dhs.iowa.gov/ime/members \| Medicaid Phone: 1-800-338-8366<br>Hawki Website: http://dhs.iowa.gov/Hawki \| Hawki Phone: 1-800-257-8563<br>HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp \| HIPP Phone: 1-888-346-9562 |
| **KANSAS – Medicaid** |
| Website: https://www.kancare.ks.gov/ \| Phone: 1-800-792-4884 |
| **KENTUCKY – Medicaid** |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)<br>Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx \| Phone: 1-855-459-6328<br>Email: KIHIPP.PROGRAM@ky.gov<br>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx \| Phone: 1-877-524-4718<br>Kentucky Medicaid Website: https://chfs.ky.gov |
| **LOUISIANA – Medicaid** |
| Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp<br>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP) |
| **MAINE – Medicaid** |
| Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: 1-800-442-6003 \| TTY: Maine relay 711<br>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: 800-977-6740 \| TTY: Maine relay 711 |
| **MASSACHUSETTS – Medicaid and CHIP** |
| Website: https://www.mass.gov/masshealth/pa \| Phone: 1-800-862-4840 \| TTY: 617-886-8102 |
| **MINNESOTA – Medicaid** |
| Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp<br>Phone: 1-800-657-3739 |
| **MISSOURI – Medicaid** |
| Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm \| Phone: 573-751-2005 |
| **MONTANA – Medicaid** |
| Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br>Phone: 1-800-694-3084 \| email: HHSHIPPProgram@mt.gov |
| **NEBRASKA – Medicaid** |
| Website: http://www.ACCESSNebraska.ne.gov<br>Phone: 1-855-632-7633 \| Lincoln: 402-473-7000 \| Omaha: 402-595-1178 |
| **NEVADA – Medicaid** |
| Medicaid Website: http://dhcfp.nv.gov \| Medicaid Phone: 1-800-992-0900 |
| **NEW HAMPSHIRE – Medicaid** |
| Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program<br>Phone: 603-271-5218 \| Toll free number for the HIPP program: 1-800-852-3345, ext. 5218 |
| **NEW JERSEY – Medicaid and CHIP** |
| Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/<br>Medicaid Phone: 609-631-2392<br>CHIP Website: http://www.njfamilycare.org/index.html \| CHIP Phone: 1-800-701-0710 |

## Children's Health Insurance Program (CHIP) State Contacts, continued

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|---|
| **NEW YORK – Medicaid** |
| Website: https://www.health.ny.gov/health_care/medicaid/ \| Phone: 1-800-541-2831 |
| **NORTH CAROLINA – Medicaid** |
| Website: https://medicaid.ncdhhs.gov/ \| Phone: 919-855-4100 |
| **NORTH DAKOTA – Medicaid** |
| Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ \| Phone: 1-844-854-4825 |
| **OKLAHOMA – Medicaid and CHIP** |
| Website: http://www.insureoklahoma.org \| Phone: 1-888-365-3742 |
| **OREGON – Medicaid** |
| Website: http://healthcare.oregon.gov/Pages/index.aspx or http://www.oregonhealthcare.gov/index-es.html<br>Phone: 1-800-699-9075 |
| **PENNSYLVANIA – Medicaid** |
| Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx \| Phone: 1-800-692-7462 |
| **RHODE ISLAND – Medicaid and CHIP** |
| Website: http://www.eohhs.ri.gov/ \| Phone: 1-855-697-4347 or 401-462-0311 (Direct RIte Share Line) |
| **SOUTH CAROLINA – Medicaid** |
| Website: https://www.scdhhs.gov \| Phone: 1-888-549-0820 |
| **SOUTH DAKOTA – Medicaid** |
| Website: http://dss.sd.gov \| Phone: 1-888-828-0059 |
| **TEXAS – Medicaid** |
| Website: http://gethipptexas.com/ \| Phone: 1-800-440-0493 |
| **UTAH – Medicaid and CHIP** |
| Medicaid Website: https://medicaid.utah.gov/ \| CHIP Website: http://health.utah.gov/chip<br>Phone: 1-877-543-7669 |
| **VERMONT – Medicaid** |
| Website: http://www.greenmountaincare.org/ \| Phone: 1-800-250-8427 |
| **VIRGINIA – Medicaid and CHIP** |
| Website: https://www.coverva.org/en/famis-select or https://www.coverva.org/en/hipp<br>Medicaid Phone: 1-800-432-5924 \| CHIP Phone: 1-800-432-5924 |
| **WASHINGTON – Medicaid** |
| Website: https://www.hca.wa.gov/ \| Phone: 1-800-562-3022 |
| **WEST VIRGINIA – Medicaid and CHIP** |
| Website: https://dhhr.wv.gov/bms/ or http://mywvhipp.com/<br>Medicaid Phone: 304-558-1700 \| CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| **WISCONSIN – Medicaid and CHIP** |
| Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm \| Phone: 1-800-362-3002 |
| **WYOMING – Medicaid** |
| Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ \| Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)