



CITY OF STOCKTON

HUMAN RESOURCES DEPARTMENT

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## 2021 - 2022 OPEN ENROLLMENT FAQs

**1. Q: When is Open Enrollment?**

A: Open Enrollment is May 10, 2021 – May 28, 2021

Note: Due to the PPO Plan closure this year, PPO Plan participants may be eligible for an extended period. Contact the Human Resources Benefits Division for information at 209-937-8233 or [benefits@stocktonca.gov](mailto:benefits@stocktonca.gov).

**2. Q: Is enrollment virtual again this year?**

A: Yes, due to the ongoing COVID-19 pandemic, open enrollment will be virtual again this year. The City's Open Enrollment webpage, [www.stocktonca.gov/openenrollment](http://www.stocktonca.gov/openenrollment), contains all of the health information you need to learn about the City's health offerings to make your 2021-2022 health plan elections.

**3. Q: Is the City offering telephone appointments to speak to a Benefit Counselor again?**

A: Yes. The City is offering this service again. However, you are not required to speak to a third-party Benefit Counselor to complete your benefit elections on Navigate.

**4. Q: How can I schedule an appointment with a Benefit Counselor?**

A: Appointments open on Wednesday, April 28, 2021, and you will receive a text message (if the City has your cell number on file) with instructions to schedule your appointment or you may visit [www.MyCityofStocktonBenefits.com](http://www.MyCityofStocktonBenefits.com). Schedule your appointment by May 7, 2021.

**5. Q: How do I enroll in benefits?**

A: Using the Navigate online enrollment tool. Please log in at [www.navigatemybenefits.com/COS](http://www.navigatemybenefits.com/COS), confirm all personal information is correct, and follow the steps to complete your open enrollment.

**6. Q: How do I reset my Navigate password?**

A: Contact the Benefits team at (209) 937-8233 or via email at [benefits@stocktonca.gov](mailto:benefits@stocktonca.gov).

**7. Q: Can I waive the City's medical coverage and buy a medical plan from the California Exchange (Covered California)?**

A: Anyone can waive City provided medical coverage, and anyone can buy a medical plan from the California Exchange. However, please keep in mind the following:

- You will not receive a City contribution; and

- You will not be eligible for a subsidy from the Exchange due to the employer (the City) offering affordable, minimum value coverage.

**8. Q: The PPO Plan is terminating this year. When does my coverage end?**

A: The PPO Plan will close on June 30, 2021, at 11:59 pm.

**9. Q: For the PPO Plan, how long do I have to file my medical claims?**

A: Medical claims must be received within 12 months of the date services are received. The Plan is not liable for the benefits of this Plan if claims are not filed within this time. Canceled checks or receipts are not acceptable documentation for claims processing.

**10.Q: Can I waive City Medical Coverage to enroll in my spouse or registered domestic partner's Plan?**

A: Yes, you may enroll on their Plan under a Qualifying Life Event (QLE) reason. If so, you and your dependent(s) may keep your dental and vision coverage with the City at no cost to you as the City's contribution covers the dental and vision premiums.

**11.Q: For the Kaiser Plans, what is the accumulation period for the deductible and Out-of-Pocket maximum?**

A: Calendar year (January 1 – December 31).

**12.Q: Can I enroll in a Kaiser plan if I live outside of the service area?**

A: Yes, under the live/work eligibility rule. This means if you work in the service area, you can enroll in the plan because your employer's address is within the service area. However, you will only be able to obtain services in the service area, and there are some exclusions to certain services provided (e.g., in-home health care, durable medical equipment).

**13.Q: For the Kaiser plans, are urgent care and emergency care available out of state and out of the country?**

A: Urgent care and emergency care are covered as if you are in the service area. In most cases, you will pay an out-of-pocket cost upfront, submit a claim form to Kaiser, and then receive a reimbursement. The process depends on the individual facility.

**14. Q: For the Kaiser POS plan, can prescriptions written by non-Kaiser providers be filled at a Kaiser pharmacy?**

A: Yes, you can take outside prescriptions to a Kaiser pharmacy and have them covered under the Kaiser HMO Tier, prescription benefit.

**15.Q: For the Kaiser Plans, are the 30 chiropractic visits per person or family?**

A: Each covered person can receive 30 visits.

**16.Q: For the Kaiser Plans, do you need a referral for chiropractic care?**

A: No. Kaiser uses the American Specialty Health (ASH) Plans of California network of providers. Visit AshLink to view current providers at [www.Ashlink.com](http://www.Ashlink.com). If there are any additional questions, please call ASH at (800) 678-9133.

**17.Q: How many coverage tiers does the Kaiser Point of Service (POS) Plan have?**

A: The Kaiser POS Plan offers three (3) coverage tiers: 1) Kaiser HMO, 2) PPO PHCS In-Network, and 3) PPO Out of Network/Non-Network.

**18.Q: How many medical cards will I receive if I enroll in the Kaiser POS Plan?**

A: Members enrolled in the Kaiser POS plan will receive 2 medical cards. One card will access the Kaiser HMO Tier benefits and the other will access the PPO Tier benefits.

**19.Q: Do I need a doctor referral from a Kaiser doctor to use Tiers 2 and 3 (PPO Plans)?**

A: No referral from Kaiser to access Tier 2 or 3 is needed. However, in Tier 1, the member still needs referral to specialists within Kaiser. Also, in Tier 2 & 3, the member does need certain items pre-certified. An example would be outpatient surgery, wherein the provider would need to submit a pre-certification before surgery.

**20.Q: How does the Out-of-Pocket Maximum work for the Kaiser POS plan?**

A: Each tier has an Out-of-Pocket Maximum. These are actual out-of-pocket amounts by tier, much like a traditional PPO would have separate maximums for in and out of network charges. Also, the Tier 1 plan is an embedded deductible, so an individual member out-of-pocket would be \$1,500, and the rest of the family would have the remaining \$1,500 to satisfy the maximum out-of-pocket for that tier. This is intended to encourage the utilization of the Kaiser network whenever possible.

**21.Q: Do I need a Kaiser Primary Care Physician (PCP) even if I do not plan to use the Kaiser HMO (Tier 1)?**

A: Yes, the member will be assigned a PCP for Tier 1 services. Members will still use the HMO portion of the Plan as they would if they were enrolled in the traditional Kaiser plan. They would still use the PCP as their touchpoint for all services within Kaiser. However, the member can access care within the PPO tiers that don't require PCP referral but may require pre-certification from the Plan depending on the service they're seeking.

**22.Q: What coverage will my children living out of state have if I enroll in a City-sponsored Kaiser plan based in the Northern California region service area?**

A: If a member lives in another/different Kaiser service area, they can be seen as a Visiting Member in that region (Southern California, Colorado, Georgia, Hawaii,

Maryland, Oregon, Virginia, Washington, Washington, D.C.) Please refer to [kp.org/kpfacilitiesto](http://kp.org/kpfacilitiesto) to find other Kaiser Permanente service areas.

If your dependent(s) resides outside of another Kaiser service area, routine healthcare would need to be serviced by their PCP in the Northern California region. Medically necessary emergency services should be treated at the nearest facility.

**23.Q: For the Kaiser Plans, will my out-of-state dependent(s) be eligible to use Telehealth Visits for appointments with their PCP?**

A: Yes, dependents living out-of-state or outside of the Kaiser service areas may utilize the telehealth visits for appointments with their PCP.

**24.Q: For the Sutter Health Plus (SHP) plans, what is the accumulation period for the deductible and Out-of-Pocket maximum?**

A: Fiscal year (July 1 – June 30).

**25.Q: For the SHP Plans, is urgent care and emergency care covered out-of-state and out of the country?**

A: Urgent care and emergency care are covered as if you are in the service area. In most cases, you will pay an out-of-pocket cost upfront, submit a claim form to Sutter Health, and then receive a reimbursement. The process depends on the individual facility.

**26.Q: What if I am currently utilizing Sutter doctors on the self-insured PPO Plan but do not have a Primary Care Physician?**

A: You will need to establish a relationship with an SHP Primary Care Physician that is a part of the SHP network by 7/1/2021 to continue to see the same in-network specialists.

**27.Q: Where can I find information about in-network facilities and providers in for the Sutter Health Plus Plans?**

A: Please refer to [www.sutterhealthplus.org](http://www.sutterhealthplus.org).

**28.Q: How easy is it to change your SHP Primary Care Physician?**

A: You can change your Primary Care Physician as often as once per month by calling the customer service phone number at (855) 315-5800 or by using your SHP member portal.

**29.Q: Does either of the Sutter Health Plus (SHP) plans offer chiropractic care?**

A: Yes, the SHP HMO plan covers unlimited chiropractic visits with a \$20 co-pay.

**30.Q: The City's dental plans (2) are offered through Delta Dental. What is the difference between the Dental PPO and the Dental HMO Plan coverage?**

A: The Dental PPO plan offers a wide provider network with a \$1500 annual maximum/person. The Dental HMO plan has limited provider access within the

DeltaCare USA network and no annual maximum. Note: Providers in the DeltaCare USA network often do not accept new patients.

**31.Q: Are voluntary insurance benefits taxable?**

A: Yes. All voluntary insurance plan premiums are paid on a post-tax basis via payroll deduction on both the 7<sup>th</sup> and 22<sup>nd</sup> paychecks. On your behalf, the City remits your monthly premiums to Metlife after the 22<sup>nd</sup> paycheck is processed.

**32.Q: What is the maximum term life benefit?**

A: See below:

- A) Employees may purchase coverage in increments of \$10,000, up to 5 times their salary of \$500,000.
- B) Coverage for spouses may be purchased in \$5,000 increments, up to a max of \$100,000, not to exceed 50% of the employee's amount of coverage.
- C) Coverage for children (up to age 26) may be purchased in increments of \$1,000 up to \$10,000.

For more information about voluntary insurance plans, please visit

[www.stocktonca.gov/openenrollment](http://www.stocktonca.gov/openenrollment).

**33.Q: Do I need to re-enroll in the voluntary insurance products if I already have them?**

A: No. Voluntary insurance products will automatically roll over to the next year.

**34.Q: Can I sign up for voluntary insurance products at any time of the year?**

A: No, you can only enroll during open enrollment or if you have a qualifying life event.

**35.Q: What happens to my health insurance when I turn 65 and am still an active full-time employee?**

A: At age 65 you may be eligible for Medicare. However, if you are still working and enrolled in a City health plan, the City-sponsored Plan will continue to be primary. However, you need to inform Medicare to avoid lifetime penalties for untimely enrollment.

**36.Q: If I am enrolled in an OE3 plan, can I still elect the City's dental and vision?**

A: No. Dental and vision benefits are included in your OE3 health premium.

**37.Q: How can I enroll in the Health Savings Account (HSA)?**

A: To be eligible to enroll in the City's HSA, you must be enrolled in one of the HDHP plans with either Sutter or Kaiser. Please visit [www.stocktonca.gov/openrollment](http://www.stocktonca.gov/openrollment) for more information about the HSA plan and eligibility.

**38.Q: Are my HSA contributions pre or post-tax?**

A: Your contributions are pre-tax and deducted from each paycheck.

**39. Q: Is there a fee when enrolled in the HSA?**

A: Yes, there is a \$2.50 admin fee taken out on the second paycheck of the month.

**40. Q: Is the City offering another HSA subsidy for the 2021 plan year?**

A: The City is offering an annual one-time HSA subsidy for NEW HDHP participants only. The subsidy is \$1000 for employee-only coverage and \$2000 for employees plus one or more dependents. The HR Benefits team will verify eligibility after open enrollment ends, and the subsidy will be sent to the employee's HSA bank after the July 22 paycheck.

Note: If you received an HSA subsidy last year for the 2020 plan year, you are **NOT** eligible for another HSA subsidy.

**41. Q: Who administers the City's HSAs?**

A: P&A administers the City's HSAs and the bank is UMB Bank.

**42. Q: Should I expect any delays with my HSA bank approval?**

A: The UMB bank (HSA) performs a mandatory Customer Identification Program (CIP) required by the USA Patriot Act to establish a bank account. If you fail CIP, the UMB bank will notify you via email and provide the next steps. You will receive three (3) notifications over ninety (90) days. If you do not substantiate the necessary information with the bank directly, the bank will not open the bank account (HSA plan). Once the HSA is open, P&A will notify you and the City to start contributions.

The primary reason for delays is when the employees' name on the eligibility file is different than the name the UMB bank uses to determine valid identification.

**43. Q: What happens to my HSA funds at the end of the plan year, June 30, 2022?**

A: Nothing. Your funds are your money, and this is your bank account. There are no rollover maximums, and your money is yours when you leave the City.

**44. Q: Can I change my contributions throughout the year?**

A: Yes, you may change your contributions anytime throughout the year using Navigate.

**45. Q: How can I get answers to questions not provided on this FAQ?**

A: Please see below for additional Open Enrollment resources:

- [www.stocktonca.gov/openrollment](http://www.stocktonca.gov/openrollment)
- Contact a Benefits team member at (209) 937-8233 or via email at [www.benefits@stocktonca.gov](mailto:www.benefits@stocktonca.gov).
- Kaiser website [www.healthy.kaiserpermanente.org/northern-california/frontdoor](http://www.healthy.kaiserpermanente.org/northern-california/frontdoor), phone number (800) 464-4000.
- Sutter website [www.sutterhealthplus.org](http://www.sutterhealthplus.org), phone number (855) 315-5800