



2018 – 2019 OPEN ENROLLMENT FREQUENTLY ASKED QUESTIONS

Online Enrollment

I understand that the City of Stockton uses an online enrollment system for benefits. How do I enroll for my benefits online?

- **For returning users:** you will need to sign in on the Stockton Benefits web portal at www.stocktonbenefits.connectedhealth.com using the email address you initially registered with and password.
 - Upon logging in, you will likely be required to change your password
 - If you forgot your password, click on the 'forgot your password' link, enter your email address and reset password instructions will be sent to your email
 - If you forgot the email address used to create your account, please contact the Human Resources Benefits Team at 209-937-8233 or benefits@stocktonca.gov
- **For new users:** you will need to create an account on the Stockton Benefits web portal at www.stocktonbenefits.connectedhealth.com with the following information:
 - Email address (we recommend using an email address you have access to while creating your online account – either a work or personal email)
 - City of Stockton employee ID number (*found on your paycheck stub*)
 - Birthdate
 - Social Security number (the last four digits)

System Requirements

Do I need to use a specific internet browser to access the online open enrollment site?

- Yes. You will need to use the Google Chrome internet browser, to access the online open enrollment site. To install Google Chrome on your computer, follow the instructions at:
<https://support.google.com/chrome/answer/95346?co=GENIE.Platform%3DDesktop&hl=en>

Dependent Eligibility

1. Who is considered an eligible Dependent?

- a. Your legal Spouse or;
- b. Registered Domestic Partner – partner of the same sex or employee's partner of the opposite sex, if one or both are over the age of 62 and have filed a Declaration of Domestic Partnership with the California Secretary of State.



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- c. Your Dependent Child(ren) that are your or your Spouse's/Registered Domestic Partner's children or stepchildren, you or your Spouse's/Registered Domestic Partner's adopted children, children placed with you or your Spouse/Registered Domestic Partner for adoption, or children for whom you or your Spouse has assumed a parent-child relationship.
- 2. How long can my dependent child be covered under my medical plan?**
 - a. A dependent child can stay on your medical plan up to age 26, regardless of student or marital status.
 - 3. How long can my dependent child be covered under my dental and vision plan?**
 - a. An unmarried dependent child can stay on our dental and vision plan up to age 19 and up to age 23 if enrolled full-time in an accredited school, college or university.

Kaiser Permanente Plans

The City of Stockton offers two medical plans through Kaiser Permanente:

- **Kaiser Permanente Deductible Health Maintenance Organization (DHMO)**
- **Kaiser Permanente Health Maintenance Organization (HMO)**

- 1. What is the accumulation period for the deductible and out of pocket maximum?**
 - a. Calendar year (January 1 – December 31).
- 2. Are the 30 chiropractic/acupuncture visits per person or per family?**

Each covered person can receive 30 visits. *This applies to the Kaiser HMO plan only.*
- 3. Do you need a referral for chiropractic and/or acupuncture care?**
 - a. No. Kaiser uses the American Specialty Health Plans of California network of providers. *This applies to the Kaiser HMO plan only.* Visit AshLink to view current providers at www.Ashlink.com.
- 4. Where is the local urgent care facility?**
 - a. There is no local urgent care facility. However, the Medicine 1 Department at the Stockton Kaiser facility accepts same day appointments.
- 5. What type of coverage is 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 up front, submit a



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claim form to Kaiser, and then receive a reimbursement. The process depends on the individual facility. For more information, please contact Kaiser Permanente Claim Services at (800) 390-3510.

6. **If a prescription cost less than the \$10.00 generic price, will I still pay \$10.00?**
 - a. No. You will pay the lower cost.

7. **Can I still be on the plan if I live outside of the service area?**
 - a. Yes, because the live/work rule will apply; meaning if you work in the service area, you can enroll. 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).

Anthem PPO Plan:

1. **What is the accumulation period for the deductible and out of pocket maximum?**
 - a. Fiscal year (July 1 – June 30).

2. **Since we now have a Sutter plan, is the Anthem PPO plan losing the Sutter network as in-network providers?**
 - a. No.

3. **Is anything changing on the plan coverage?**
 - a. No.

Sutter Health Plus Plan:

1. **What is the accumulation period for the out of pocket maximum?**
 - a. Fiscal year (July 1 – June 30).

2. **If I already have a Primary Care Physician and a Specialist, do I have to start the process over?**
 - a. No. List the Primary Care Physician when enrolling online and let the provider know you are switching health coverage plans.

3. **What type of coverage is 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 up front, submit a claim form to Sutter Health, and then receive a reimbursement. The process depends on the individual facility. For more information, please contact Sutter Health Plus Member Services at (855) 315-5800.

4. **What if I am currently utilizing Sutter doctors on the Anthem PPO plan, but do not have a Primary Care Physician?**



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- a. You will need to establish a relationship with a Primary Care Physician that is a part of the Sutter Health Plus network by 7/1/2018 to continue to see the same in-network specialists.
- 5. Are all of the doctors at the Sutter Gould facility on Hammer Lane in Stockton covered in the network?**
- a. Yes.
- 6. What hospitals are in the Sutter Health Plus network?**
- a. St. Joseph's Medical Center and Dameron Hospital are both in the Sutter Health Plus network.

St. Joseph's Medical Center 1800 N California St Stockton, CA 95204 (209) 943-2000	Dameron Hospital 525 W Acacia St Stockton, CA 95203 (209) 944-5550
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- 7. Is Lodi Memorial in the network?**
- a. No.
- 8. How easy is it to change your Primary Care Physician?**
- a. You can change your Primary Care Physician as often as once per month, by contacting Sutter Health Plus Member Services at (855) 315-5800.
- 9. Are pre-existing conditions excluded from coverage?**
- a. No. The Affordable Care Act (ACA) changed that restriction.
- 10. What is the definition of a "specialist"?**
- a. A specialist is a physician who specializes in an area of healthcare, such as a dermatologist.
Specialists can be in or out of the network. In-network specialists must be a part of the same medical group as your Primary Care Physician. Out-of-network specialist care (e.g. UCSF & Stanford) is determined by your Primary Care Physician.
- 11. If I live in Elk Grove, what is the closest in-network hospital?**
- a. **Midtown Sacramento Sutter Hospital**
2825 Capitol Ave
Sacramento, CA 95816
(916) 887-0000
- 12. Does Sutter offer sleep apnea specialists?**
- a. Yes.
- 13. What is the cost of emergency helicopter transport?**
- a. \$50.



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14. If I have always used Sutter facilities on the Modified PPO Plan, will switching my plan change anything?

- a. Yes, you will need to establish a relationship with a Primary Care Physician that is a part of the Sutter Health Plus network, and you will not be able to self-refer outside of the Sutter Medical Group.

15. Can my obstetrician/gynecologist refer me for imaging services?

- a. Yes.

Delta Dental Plans

The City of Stockton offers two dental plans through Delta Dental:

- **Dental PPO**
- **Dental DHMO (DeltaCare USA)**

1. What is the accumulation period for the out of pocket maximum?

- a. Calendar year (January 1 – December 31) for the PPO plan only.

2. What are the main differences between the two dental plans?

- **Dental PPO**

- Freedom to choose any licensed dentist, however selecting a Delta Dental in-network PPO dentist will usually result in the lowest out-of-pocket costs
- Out-of-pocket maximum per person each calendar year (amount established per bargaining group)
- Change dentists any time without contacting Delta Dental

- **Dental DHMO (DeltaCare USA)**

- Limited network – you must select a dentist from a list of network dental facilities and you must visit this dentist to receive benefits
- No annual dollar maximums
- No or low copayments for most diagnostic and preventive services. Covered procedures have predetermined dollar copayments for services provided by network dentists
- You must contact Delta Dental to change your contract dentist

3. Will I receive a dental insurance card?

- a. No, your in-network Delta Dental dentist can look up your plan benefits using your demographic information.



VSP Vision Plans

The City of Stockton offers two vision plans through Vision Service Plan (VSP).

- **Vision Basic**
- **Vision Buy-up**

1. What are the main differences between the two vision plans?

- **Vision Basic**
 - Eligible for new frames every 24-months
 - Included in the bundled health insurance premium for medical, dental and vision coverage.
- **Vision Buy-up**
 - Eligible for new frames every 12-months
 - Copay cost for vision exam and prescription glasses are a little higher than the Vision Basic plan, however the frame and contact lens benefit allowance is higher
 - Additional premium cost dependent on your family tier

2. Will I receive a vision insurance card?

- a. No, your in-network VSP provider can look up your plan benefits using your demographic information.

Tax Advantage Accounts

The City of Stockton offers four Tax Advantage Accounts that allow you to set aside pre-tax dollars to use for eligible expenses:

- Health Care Flexible Spending Account (FSA)
- Dependent Care Flexible Spending Account (FSA)
- Parking and Transit

1. If I'm already enrolled in a Flexible Spending Account (FSA), will my enrollment carryover to the next plan year?

- a. No, per IRS guidelines you must re-enroll in the Flexible Spending Account(s) at the beginning of each plan year.

2. What is the difference between a Health Care FSA and the Dependent Care FSA?

- a. The Health Care FSA and the Dependent Care FSA are completely separate accounts for different uses. Money from one FSA cannot be used for the other account's purpose.
 - **Sample Health Care FSA expenses:** doctor's office visits, physical exams, hospital care, prescriptions, dental and vision expenses, etc.



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- **Sample Dependent Care FSA expenses:** licensed daycare, elder care, nursery schools, after-school programs, etc.

3. Can I change my annual election amount during the plan year?

- a. You can change your elected amount during the plan year for Health Care and Dependent Care accounts only if you have a change in employment status or experience a qualified life event (e.g., marriage, divorce, birth of child, loss/gain of coverage, dependent death, etc.)
- b. You can change your elected amount during the plan year for Parking and Transit accounts each month, with any change you make becoming effective with the first of the following month.

4. What happens to the funds in the Flexible Spending Account, if I don't use it at the end of the plan year?

- a. The IRS has a "use or lose" rule for Health Care and Dependent Care FSAs. This rule states that any remaining balance at the end of the plan year, will be forfeited. However, the City FSA accounts have a grace period at the end of the plan year, in which participants can use leftover funds for eligible expenses incurred on or before September 15 of the following plan year. All FSA claims for reimbursement must be submitted by October 31 of the following plan year.
- b. Remaining funds in Parking and Transit accounts will rollover to the next plan year after September 15 of the following plan year. Participants can use leftover funds for eligible expenses incurred on or before September 15 of the following plan year. All claims for reimbursement must be submitted by October 31 of the following plan year.

American Fidelity Voluntary Insurance

1. Are any of the benefits taxable?

- a. Yes. The Short-term Disability, Life, and Critical Illness plans are paid on a post-tax basis. These plans can be selected at any time of the year.

2. What is the maximum term life benefit?

- a. \$200,000 (under 50 years old) or \$100,000 (over 50 years old).

3. What is the time limit after an accident to submit a claim?

- a. There is no time limit to submit a claim.

4. Do I need to re-enroll in the voluntary insurance products if I already have them?

- a. No. Your current enrollment in the voluntary insurance products will continue in the new plan year.

5. What insurance plans can you take with you if you leave the City?

- a. American Fidelity Life Insurance, Critical Illness, Cancer, and Hospital.



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- 6. Do you have any post-tax retirement benefits?**
 - a. No.

- 7. Which plans are paid on a pre-tax basis?**
 - a. Cancer and Accident Insurance. These plans can only be elected during open enrollment and qualifying events.

- 8. Which plans are paid on a post-tax basis?**
 - a. Short-term Disability, Life and Critical Illness Insurance. These plans can be elected at any time of the year.

- 9. Does the cancer policy cover post-cancer treatment?**
 - a. Yes.

- 10. On the accident plan, is an accident at work covered?**
 - a. Yes. You submit your claim and the plan will pay you a certain amount based on the plan specifications.

- 11. On the accident plan, is there an age limit to insure children?**
 - a. Yes, dependents must be under 18 when you apply and can be covered until their 26th birthday.

- 12. Can I sign up for voluntary insurance products at any time of the year?**
 - a. You can only sign up for Short-term Disability, Life and Critical Illness at any time of the year. Cancer and Accident insurance can only be elected during the open enrollment period or with a qualifying life event.

Miscellaneous

- 1. If I or my dependent is 65 years or older and I am enrolled in Medicare, is my City-sponsored plan primary or secondary?**
 - a. As an active employee, the City-sponsored plan will continue to be primary.

- 2. If I am enrolled in Medicare, is the cost of a City-sponsored plan different?**
 - a. No. The costs are the same as an active employee.

- 3. 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 the premium you pay for the OE3 plan.