



Superior Court of California, County of Kern

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IMPORTANT NOTICE REGARDING OPEN ENROLLMENT

To: All Court Employees

September 23, 2021

Subject: **Benefits Open Enrollment for 2022**

Welcome to Open Enrollment for 2022! For information concerning our plan designs and eligibility requirements, please reference the Court's comprehensive benefits resource guide, entitled "The Benefits of Employment," which is located on the Court's intranet. This may also be accessed from home by visiting Kern.Courts.ca.gov, under the "Employees Only" link. This useful guide also includes important contact information.

After a rather uncertain 12-month period due to COVID-19, we are pleased to announce that our premium rates will not change for the upcoming 2022 Plan Year.

Electronic Open Enrollment

In the Court's continuing effort to keep health costs low, all Open Enrollment documents will be available electronically on the home page of the Court's intranet under, "Court News and Updates," subsection, "2022 Open Enrollment."

This will be the only notification and document you will receive for Open Enrollment, so please ensure that you view the documentation online and print any forms necessary to make changes prior to the due date of **Sunday, October 31, 2021, at 5:00 pm.**

What is Open Enrollment?

Open Enrollment is the period, each year, during which you may:

- Enroll or dis-enroll in the Medical/Rx and/or Dental/Vision coverage
- Add or delete eligible dependents under your existing coverage, and/or
- Enroll in the Flexible Spending Accounts (Health Care and/or Dependent Care)
(Please note that participation in Flexible Spending Accounts (FSAs) requires re-enrollment each plan year. So, if you participated in 2021 and want to continue, you must complete and return the FSA Enrollment forms for the 2022 Plan Year.)

When is Open Enrollment?

Open Enrollment is from October 1 – October 31. **All completed forms must be returned to Human Resources (attention: Kristin Bush, Benefits and Payroll Administrator) no later than 5:00 pm, Sunday, October 31, 2021.** Forms received after that date cannot be accepted and will be returned to the sender. Any changes made during Open Enrollment will be effective January 1, 2022.

What if I want to make changes during the year, outside of Open Enrollment?

In general, the only time you are allowed to make changes to your coverage is during this annual Open Enrollment period. However, if you experience a qualified change in family status during the year – such as marriage, the birth of a child, or the gain/loss of other coverage (please refer to page 4 of “The Benefits of Employment” for other eligible status changes) – you may change your coverage as long as you request the change within 31 days of the qualified status change.

Are there other changes to consider during Open Enrollment?

Yes. Open Enrollment is an ideal time to examine whether or not your life insurance beneficiary designation needs to be updated. Several events may occur over the course of the year which could cause you to make a change to your beneficiary designation (i.e., marriage, divorce, birth of a child, etc.).

What changes to the Medical/Rx/Dental/Vision plans will occur in 2022?

In accordance with PPACA guidelines, the Rx in-network out-of-pocket maximum limit will increase to \$7,200 per individual and \$14,400 per family. This is separate from the Medical out-of-pocket maximum of \$1,500 per individual and \$3,000 per family for in-network services and \$2,500 per individual and \$5,000 per family for out-of-network services. These out-of-pocket maximums help protect you should you incur a large dollar volume of claims in a calendar year.

IMPORTANT NOTICE REGARDING YOUR OUT-OF-POCKET COSTS

What is the difference between In-Network and Out-of-Network?

Using In-Network Medical and Dental providers will reduce your out-of-pocket costs. This Plan has entered into an agreement with Anthem Blue Cross (Medical) and First Dental Health and Connection Dental (Dental) to access the Physicians and Facilities who are contracted with them, known as In-Network Providers.

Please be aware that the claims submitted by any provider who does not contract with Anthem Blue Cross (Medical) or First Dental Health and Connection Dental (Dental) will be paid at the Out-of-Network level of benefits and you will be responsible for 100% of all amounts over the recognized charge. This is in addition to your annual deductible and/or coinsurance amount.

There are two ways to verify that you are using an In-Network provider or facility. You can go online to www.anthem.com/ca for medical, or www.firstdentalhealth.com or www.connectiondental.com for dental to search for providers in your area. You can also contact HealthComp’s Customer Service at (800) 442-7247 between 6:00 am and 4:30 pm for assistance.

You should also always verify with the provider’s office that they are still in the network before having services rendered. When verifying network status with a provider, avoid asking, “Do you take my insurance?” Out-of-Network providers may “take” any payment that the Plan will give them, but they can (and most likely will) bill you for any amount the Plan does not cover. Instead, ask, “Are you an In-Network provider with Anthem Blue Cross Prudent Buyer PPO?” This will ensure that your claims will be paid at the higher, In-Network benefit level.

Summary of Benefits and Coverage

Health Care Reform requires that we make available to you, a Summary of Benefits and Coverage. The Summary of Benefits and Coverage, for 2022, can be found on the Court’s intranet.

How much will I contribute for Medical/Rx and/or Dental/Vision insurance in 2022?

Employees hired prior to 04/15/1997: The Court contributes 100% for employees and dependents

Employees hired on or after 04/15/1997: The Court contributes 100% for employee coverage and 80% for dependent coverage. Following is the breakdown of bi-weekly (26 pay-periods) employer and employee contributions for 2022 (commencing with pay-period 2022-01 and continuing through pay-period 2022-26):

	MEDICAL/RX/DENTAL/VISION			DENTAL/VISION ONLY		
	Total Premium	Court - Funded	Employee - Funded	Total Premium	Court - Funded	Employee - Funded
Employee	\$362.39	\$362.39	\$0.00	\$23.62	\$23.62	\$0.00
Employee plus One Dependent	\$710.93	\$641.22	\$69.71	\$43.55	\$39.56	\$3.99
Employee plus Two + Dependents	\$1,058.25	\$919.07	\$139.18	\$64.10	\$56.00	\$8.10

ID Cards

New ID cards for plan year 2022 will be mailed to your home in December 2021. If you need additional copies of your current ID cards, please contact HealthComp at (800) 442-7247.

What forms should be completed during this Open Enrollment?

Step 1: Review the information on the Court’s intranet under “Court News and Updates,” subsection “2022 Open Enrollment.” Be sure to share this information with your family members to discuss your benefit options.

Step 2: Complete any required forms, as outlined below:

- If you are enrolling for Health coverage (including Medical, Rx, Dental and Vision), or making changes to your existing Health coverage, you must complete and return the 2022 Group Enrollment/Change Form located on the court’s intranet, under “Court News and Updates,” subsection “2022 Open Enrollment.” Make certain to attach proof of dependent status, such as a valid marriage certificate if enrolling a spouse, or birth certificate(s) if enrolling child(ren) under the age of 26. Information about the Medical, Rx, Dental and Vision plans can be found on pages 5-9 of the “Benefits of Employment.” **If you are not making changes, it is not necessary for you to submit a Group Enrollment/Change Form; your coverage will remain the same as last year.**
- If you are enrolling a domestic partner for the first time, you will need to complete an Affidavit of Domestic Partnership. The Affidavit of Domestic Partnership form is located on the Court's Human Resources Intranet, under "Forms/Documents," then under search, type “Affidavit of Domestic Partnership.” To be eligible for benefits, domestic partners must be legally registered as such by the State in which they reside.
- If you are enrolling in the Health Care and/or Dependent Care Flexible Spending Accounts (available to regular, full-time employees only), you must complete the Flexible Benefits Plan Enrollment/Change Form, as well as the FSA Reimbursement Election Form. The IRS requires that these forms be completed each year. Refer to “The Benefits of Employment” (Page 13) for information about the Flexible Spending Accounts. These documents may be located on the Court's Human Resources pages of the Intranet, under "Court News and Updates,” subsection “2022 Open Enrollment.”

Step 3: Return your completed forms to Human Resources (attention: Kristin Bush, Benefits and Payroll Administrator) **no later than 5:00 pm, Sunday, October 31, 2021.** Forms received after that date cannot be accepted.

Who should I call if I still have questions?

The Court is committed to our goal of offering a comprehensive and competitive benefits package and you are encouraged to contact us should you have any questions, by calling Kristin Bush, Benefits and Payroll Administrator, at (661) 868-6173 (or e-mail your questions to: CourtBenefits@kern.courts.ca.gov).

Finally, I want to take this opportunity to thank every one of you for your tireless efforts in keeping our health care costs below national trends.

Sincerely,



Tamarah Harber-Pickens
Court Executive Officer