



Superior Court of California, County of Kern

Tamarah Harber-Pickens
Court Executive Officer

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IMPORTANT NOTICE REGARDING OPEN ENROLLMENT

To: All Extra Help Court Employees

September 27, 2022

Subject: **Benefits Open Enrollment for 2023**

Welcome to Open Enrollment for the 2023 Plan Year! The Court is pleased to announce that our premium rates will not change for the upcoming 2023 Plan Year.

Electronic Open Enrollment

In the Court's continuing effort to keep health costs low, all Open Enrollment documents will be available electronically through the Court's public website at <https://www.kern.courts.ca.gov/health-benefits> and clicking on the "2023 Open Enrollment" tile. Employees may also access this information from the Intranet, by going to Divisions > Human Resources > Health Benefits.

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 **Monday, October 31, 2022, 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 coverage, and/or
- Add or delete eligible dependents under your existing coverage,

When is Open Enrollment?

Open Enrollment will be held from October 1st – October 31st. **All completed forms must be returned to Human Resources (attention: Kristin Bush, Benefits and Payroll Administrator) no later than 5:00 pm, Monday, October 31, 2022.** 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, 2023.

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.

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 2023, can be found on the Court's intranet and public websites.

What changes to the Medical/Rx plan will occur in 2023?

- In accordance with the Patient Protection and Affordable Care Act (PPACA) guidelines, the in-network out-of-pocket maximum limit for prescriptions (Rx) will increase to \$7,600 per individual and \$15,200 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. All out-of-pocket maximums help protect you should you incur a large dollar volume of claims in a calendar year.

How much will I contribute for Medical/Rx insurance in 2023?

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 2023 (commencing with pay-period 2023-01 and continuing through pay-period 2023-26):

	MEDICAL/RX		
	Total Premium	Court -Funded	Employee -Funded
Employee	\$338.77	\$338.77	\$0.00
Employee plus One Dependent	\$667.38	\$601.66	\$65.72
Employee plus Two + Dependents	\$994.15	\$863.07	\$131.01

IMPORTANT NOTICE REGARDING YOUR OUT-OF-POCKET COSTS

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

Using In-Network Medical providers will reduce your out-of-pocket costs. This Plan has entered into an agreement with Anthem Blue Cross to access the medical 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) 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 to search for medical 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.

ID Cards

New cards will not be issued for the 2023 plan year; therefore, you can continue to use your current ID card. If you need additional 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 public website at <https://www.kern.courts.ca.gov/health-benefits> and clicking on the "2023 Open Enrollment" tile. Be sure to share this information with your eligible dependents to discuss your benefit options.

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

- If you are enrolling in Medical coverage, or making changes to your existing Health coverage, you must complete and return the 2023 Group Enrollment/Change Form for Extra Help Employees. 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 plan can be found on pages 6-9 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 it is currently.**
- If you are enrolling a domestic partner for the first time, you will need to complete and return the 2023 Group Enrollment/Change Form, attach a copy of the Certificate of Domestic Partnership, as well as the Certification of Dependent Status. To be eligible for benefits, domestic partners must be legally registered as such by the State in which they reside.

Step 3: Return your completed forms to Human Resources (attention: Kristin Bush, Benefits and Payroll Administrator) **no later than 5:00 pm, Monday, October 31, 2022**. 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).

As always, 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. We are extremely proud that we have been fortunate enough to be able to offer such high-level benefit coverage while maintaining costs, despite rising costs nation-wide.

Sincerely,



Tamarah Harber-Pickens
Court Executive Officer