



Superior Court of California, County of Kern

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IMPORTANT NOTICE REGARDING OPEN ENROLLMENT

To: All Court Employees

September 29, 2023

Subject: **Benefits Open Enrollment for 2024**

Welcome to Open Enrollment for the 2024 Plan Year!

The Court is excited to announce that, effective January 1, 2024, we will be replacing the current Dental PPO Network (Connection Dental and First Dental Health) with the Anthem Dental PPO Network. This change will result in the increased availability of in-network dental providers, as well as lower out-of-pocket costs for certain dental benefits. For more detailed information on the changes to the Dental plan, please see the below section titled, "What changes to the Medical/Rx and/or Dental/Vision plans will occur in 2024?"

Electronic Open Enrollment

In the Court's continuing effort to keep health costs low, this notice is now being posted on the Court's Internet and is viewable by all benefit-eligible employees electronically. As a result, hard copy letters will no longer be mailed to employee residences or addresses on file, except if an employee is on an approved leave of absence as of September 29, 2023.

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 "2024 Open Enrollment" tile. Employees may also access this information from the Intranet, by going to Divisions > Human Resources > Benefits > Health Benefits.

This will be the only notification 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 **Tuesday, October 31, 2023, 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 2023 and want to continue, you must complete and return the FSA Enrollment forms for the 2024 Plan Year.)

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, Tuesday, October 31, 2023.** 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, 2024.

What changes to the Medical/Rx and/or Dental/Vision plans will occur in 2024?

- 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 \$7,950 per individual and \$15,900 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.
- The Court is pleased to advise employees who participate in the Dental/Vision components of the benefit plan that the following changes will be effective January 1, 2024:
 - The Dental PPO Network will change from Connection Dental and First Dental Health to Anthem Dental PPO. To find an in-network provider, or to check if your current provider is in the Anthem Dental PPO network, please go to anthem.com/ca and select the 'Find Care' button located at the top of the page. Click on the section in the middle of the page that says, "Basic search as a guest." Use the drop down options and make selections as follows:
 1. Dental Plan or Network
 2. California (or any other state where services will be rendered)
 3. Dental
 4. Anthem Dental

The above steps will bring you to a page where you can enter a zip code, provider name, and/or the type of care you are seeking (dentist, oral surgeon, orthodontist, etc.). If preferred, employees may also contact Anthem Dental directly at (877) 567-1804 to inquire by phone.

- With this change in dental network, the Court is also pleased to advise that the required copay for child orthodontia will decrease from \$2,600 per covered child, to \$2,400 per covered child, to match the current orthodontia copays for adults.

If you, or a covered dependent, are in the middle of orthodontic treatment as of January 1, 2024, please provide your new ID card to your orthodontic provider so they can send all claims for services rendered on or after January 1st to Anthem. All information they will need to send claims to Anthem will be located on your new ID card.

***It is important to note that the orthodontic benefit will not start over under Anthem; therefore, any copays already satisfied under the previous plan will carry over. Likewise, any benefits paid by the plan towards a covered member's lifetime maximum, will also carry over.**

- Also effective January 1, 2024, Optum's Employee Assistance Plan (known as EAP) is changing its name to "Emotional Wellbeing Solutions." Employees will receive the same great benefits, with the same network of providers, and all contact information will remain the same; so there is no action needed from you to continue accessing care. However, the Court wanted to make sure all staff were advised of this impending change, as all digital communications and call center greetings will reflect this name change on and after January 1, 2024.

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 that could cause you to make a change to your beneficiary designation (i.e., marriage, divorce, the passing of a previously designated beneficiary, etc.).

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 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 and/or 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 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 Anthem’s 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 (Medical) or Anthem Dental PPO (Dental)?” 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 the 2024 plan year, can be found on the Court’s intranet and public websites.

ID Cards

New cards will be issued for the 2024 plan year and will be forthcoming from HealthComp prior to the end of 2023. These new ID cards will be mailed to employee residences or addresses on file prior to January 1, 2024 and will contain the new Anthem Dental PPO information. Please ensure you and your covered dependents (*if applicable*), discard all previously issued cards and only use these newly issued cards after January 1, 2024. **Please also make sure you provide your new ID card to any Dental provider you utilize on or after January 1, 2024, even if you have been treated by that provider previously.** If you do not receive your cards, or need additional ID cards, please contact HealthComp at (800) 442-7247. Or, if you are registered for online access through HCOOnline, you may log in and request additional cards using your online access.

How much will I contribute for Medical/Rx and/or Dental/Vision insurance in 2024?

While the Court has been able to maintain an extremely low to no rate increase in Medical premiums each year since breaking away from the County of Kern with our benefits in 2008, the ripple effects from deferred care during the COVID pandemic have rebound and our plan (similar to many others nationwide) has seen a significant increase in claims activity during the past 12 months. Since claims experience is the primary driving factor for health premiums, the Court’s Medical plan will experience an increase in premium rates beginning January 1, 2024.

While there is an expected increase to the Medical premium component, the Court is pleased to announce that there will be no increase to the Dental or Vision plan rates for the 2024 plan year.

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 2024 (commencing with pay-period 2024-01 and continuing through pay-period 2024-26):

	MEDICAL/RX/DENTAL/VISION			DENTAL/VISION ONLY		
	Total Premium	Court - Funded	Employee - Funded	Total Premium	Court - Funded	Employee - Funded
Employee	\$429.97	\$429.97	\$0.00	\$23.62	\$23.62	\$0.00
Employee plus One Dependent	\$844.07	\$761.24	\$82.83	\$43.55	\$39.56	\$3.99
Employee plus Two + Dependents	\$1,256.58	\$1,091.26	\$165.32	\$64.10	\$56.00	\$8.10

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 “2024 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 Health coverage (including Medical, Rx, and/or Dental and Vision), or making changes to your existing Health coverage, you must complete and return the 2024 Group Enrollment/Change Form. 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 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 last year.**
- If you are enrolling a domestic partner for the first time, you will need to complete and return the 2024 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.
- 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 both forms be completed each year. Refer to “The Benefits of Employment” (Page 15) for information about the Flexible Spending Accounts.

Step 3: Return your completed forms to Human Resources (attention: Kristin Bush, Benefits and Payroll Administrator) **no later than 5:00 pm, Tuesday, October 31, 2023**. 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) 610-6211 (or e-mail your questions to: CourtBenefits@kern.courts.ca.gov, or Kristin.Bush@kern.courts.ca.gov).

While we are seeing a higher than normal rate increase for our medical premiums in the year ahead, the Court continues to strive to offer such high-level benefit coverage while maintaining costs below the national average. As always, I would like to take this opportunity to thank you all in advance for your tireless efforts in helping to keep these costs as low as we can.

Sincerely,



Tamarah Harber-Pickens
Court Executive Officer