



ANDREW LAMBERTO
Director of Human Resources

May 14, 2014

COUNTY OF SAN BERNARDINO

Human Resources Department
Employee Benefits and Services Division
157 West Fifth Street, First Floor
San Bernardino, CA 92415-0440
(909) 387-5787
FAX: (909) 387-5566



BOARD OF SUPERVISORS

Robert A. Lovingood..... First District
Janice Rutherford..... Second District
James Ramos..... Third District
Gary C. Ovitt..... Fourth District
Josie Gonzales..... Fifth District

First Name Last Name
Address
City, CA Zip Code

Open Enrollment for New County Sponsored Bronze Medical Plan – May 19-30, 2014

You are eligible to enroll yourself and your dependents in the County's Blue Shield PPO Bronze Medical Plan. In anticipation of the Patient Protection and Affordable Care Act (PPACA) going into effect, the County of San Bernardino will offer medical insurance to employees working an average of 30 hours or more a week. The County is conducting an Open Enrollment exclusively for Bronze Medical Plan eligible employees to make elections for 2014-15. During Open Enrollment, all Bronze Medical Plan eligible employees are required to either elect or decline coverage.

Please carefully review this letter and enclosed information regarding the new medical insurance plan and how to make your elections during Open Enrollment.

Electing Coverage

If you choose to elect medical coverage under the Bronze plan, submit your enrollment online using EMACS self-service (instructions are enclosed) by Friday, May 30, 2014. Coverage will be effective Saturday, July 26, 2014.

Note: The County is not paying for any portion of the Bronze plan premium. Additionally, this is a high deductible/high copay medical plan. If you are enrolling in coverage, please carefully review the enclosed benefit summary to ensure a full understanding of the benefit levels provided under the plan.

Adding Dependents to Medical Plan

If the dependent(s) you are adding have not been previously covered on any County-sponsored benefit plan, you must provide proof of dependency documentation (e.g., birth certificate, marriage license). Your dependent(s) will only be enrolled if we receive such proof by Monday, July 7, 2014. Please write your name and employee ID number on all documentation.

Proof of dependency can be submitted in person or by mail to:

Employee Benefits and Services Division (EBSD), 157 W. 5th Street, First Floor, San Bernardino, CA 92415-0440
Interoffice mail to Mail Code – 0440, Fax (909) 387-5566, or e-mail ebsd@hr.sbcounty.gov

Declining Medical Insurance Coverage

If you choose to decline coverage, you must submit your declination online using EMACS self-service by Friday, May 30, 2014.

If you have questions, contact EBSD at e-mail: ebsd@hr.sbcounty.gov or phone: (909) 387-5787.

Sincerely,

[Handwritten signature]

Lori Goldman, Benefits Chief
Enclosures