



ANDREW LAMBERTO  
Director of Human Resources

# 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

May 19, 2014

## IMPORTANT INFORMATION! 2014-15 COBRA OPEN ENROLLMENT June 2-June 20, 2014

Qualified Beneficiary  
123 Any Street  
Anytown, WY 23602

Dear Qualified Beneficiary:

The 2014-15 Open Enrollment Period for Consolidated Omnibus Budget Reconciliation Act (COBRA) participants is June 2 - 20, 2014. **Please read both sides of this notice as it contains important information about required forms, upcoming changes in COBRA premium notices, and where to find open enrollment information.**

The Open Enrollment period is your opportunity to:

- ✓ Change your COBRA elected medical, dental, and/or vision plan(s)
- ✓ Add or remove eligible dependents to or from your COBRA elected medical, dental, and/or vision plan(s)

You will not be able to make an election to participate in coverage that you have previously waived. For example, if you have previously waived COBRA dental coverage, you are not eligible to enroll in dental coverage during this Open Enrollment Period.

According to our records, you are currently enrolled in the following plans:

<CURRENT PLANS>

### Benefits and Premium Information

The Employee Benefits and Services Division (EBSB) continues to support the County's efforts to go green by reducing the amount of printed materials produced during Open Enrollment. Therefore, you will find the 2014-15 Benefits Guide, Frequently Asked Questions, informational flyers, and links to the carriers' websites at [http://www.sbcounty.gov/hr/Benefits\\_Home.aspx](http://www.sbcounty.gov/hr/Benefits_Home.aspx). You may also request a benefits guide by emailing the EBSB at [ebsd@hr.sbcounty.gov](mailto:ebsd@hr.sbcounty.gov) or by calling (909) 387-5787 between the hours of 7:30 a.m. and 5:00 p.m., Monday through Friday.

Enclosed for your convenience, you will find the Federal COBRA premium rate table, which lists the new premium rates for the 2014-15 plan year. Please note that COBRA premiums are based upon the rates the County is charged for active employees (plus a small administration fee). The effective date of the 2014-15 COBRA premium rates and open enrollment elections will be August 1, 2014.

In accordance with the Patient Protection and Affordable Care Act (PPACA), the County is required to provide you with an easy-to-understand summary of the County's benefits and coverage. The purpose of this summary, better known as a Summary of Benefits and Coverage (SBC), is to help you better understand and evaluate your health insurance choices. For your convenience, you may view the SBC for County-sponsored health plans at [http://www.sbcounty.gov/hr/Benefits\\_Home.aspx](http://www.sbcounty.gov/hr/Benefits_Home.aspx).

### Open Enrollment Procedures

If you do not wish to make any changes to your elections, no action is required. Changes to COBRA elections will only be made upon receipt of the appropriate enrollment forms. The enrollment form is required to change or cancel your current elections. If you are adding **new** dependents, you must also attach proof of dependent eligibility (e.g., birth or marriage certificate).

If you wish to make changes to your current elections, please complete and return the enclosed COBRA Enrollment/Change Form by **June 20, 2014**, to:

Employee Benefits and Services Division  
Attn: COBRA  
157 West Fifth Street, First Floor  
San Bernardino, CA 92415-0440  
or  
Fax: (909) 387-5566

You may also find the enrollment forms online at [http://www.sbcounty.gov/hr/Benefits\\_COBRA.aspx](http://www.sbcounty.gov/hr/Benefits_COBRA.aspx). If these forms are not received, your current coverage will remain the same and you will be billed for the same level of coverage you had prior to August 1, 2014. Please note that there may be an increase or decrease in rates for the new plan year even when no changes are made (see enclosed rate table for the 2014-15 plan year).

If you miss the opportunity to make changes during this open enrollment period, only Internal Revenue Code (IRC) eligible family status changes can be made throughout the year.

**Important Announcement Regarding Monthly COBRA Billing**

*Effective August 1, 2014, you will no longer receive monthly premium notices. In July, you will receive payment coupons for the 2014-15 Plan Year. Please include a payment coupon with each monthly payment.*

*If your COBRA premiums are deducted from SBCERA pay warrants, you will not receive monthly premium notices or payment coupons.*

*Thank you for supporting our "Go Green" initiative!*

If you have any questions, please do not hesitate to contact the EBSD at [ebsd@hr.sbcounty.gov](mailto:ebsd@hr.sbcounty.gov) or by phone at (909) 387-5787.

Sincerely,



Lori Goldman, Benefits Chief  
Employee Benefits and Services Division



ANDREW LAMBERTO  
Director of Human Resources

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### Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or by calling toll-free 1-866-444-EBSA (3272).

**If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2014. You should contact your State for further information on eligibility.**

ARIZONA – CHIP	CALIFORNIA – Medicaid
Website: <a href="http://www.azahcccs.gov/applicants">http://www.azahcccs.gov/applicants</a> Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 1-602-417-5437	Website: <a href="http://www.dhcs.ca.gov/Pages/default.aspx">http://www.dhcs.ca.gov/Pages/default.aspx</a> You may contact HIPP by e-mail at <a href="mailto:HIPP@dhcs.ca.gov">HIPP@dhcs.ca.gov</a> By fax at 1- 916-440-5676
NEVADA – Medicaid	
Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	By mail: Department of Health Care Services Health Insurance Premium Payment P.O. Box 997421 MS 4719 Sacramento, CA 95899-7421

To see if any more States have added a premium assistance program since January 31, 2014, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565