



San Bernardino County MEDICAL PLAN ENROLLMENT/CHANGE

County employees eligible for medical benefits must complete the Medical Plan Enrollment/Change Form in order to select a medical plan. The County requires all eligible employees to carry County-sponsored medical insurance, unless the employee is able to Opt-Out or Waive coverage.

REFERENCES

Current County Memoranda of Understanding (MOU); Compensation Plan; Employee Benefits Guide

FORMS REQUIRED

Medical Plan Enrollment/Change Form
Premium Deduction Election Form

MANDATORY FIELDS

Employee ID; Last Name, First Name
Department; Department ID; Telephone; Reason
for Election Agreement; Benefit Elections

GENERAL INFORMATION

The County currently offers Blue Shield Signature HMO, Kaiser Permanente, and Blue Shield PPO plans. The County may provide Benefit Plan Dollars or Medical Premium Subsidies to each employee to pay for a portion of the medical insurance premium.

All employees in a regular position who are scheduled to work 40 or more hours must enroll in a County-sponsored medical plan as stated in the appropriate MOU or Compensation Plan.

The Medical Plan Enrollment/Change Form should be included with the New Hire packet that is sent to EMACS-Human Resources (HR). If the form is not received the employee's medical benefits will default to the lowest cost medical plan with employee only coverage, after tax. If the form is not received in the New Hire packet, the employee has 60 days from date of hire in which to supply the information to Employee Benefits and Services Division (EBSA)-HR.

Additional Information

Opt Out - Employees may Opt-Out if they have other employer-sponsored group medical insurance that offers coverage comparable to a County-sponsored plan. An Opt-Out/Waiver Election Agreement form, Premium Deduction Election Form, and the acceptable documentation must be submitted to the department payroll specialist.

Waive - Employees may Waive individual medical coverage and elect coverage as a dependent on their spouses/domestic partner's or parent's County-sponsored medical plan. Opt-Out/Waiver Election Agreement form and a Premium Deduction Election Form must be submitted to the department payroll specialist.

Over-Age Dependent - Employees may add a dependent to their medical plan who is 26 years or older, who is incapable of self-sustaining employment because of a mental or physical handicap.

Needles Subsidy - Employees who are eligible for the Needles subsidy must complete the acknowledgement for the Needles Subsidy parameters at the bottom of page 2 of the Medical Plan Enrollment/Change Form.

Acceptable Documentation for Dependent Eligibility (Add or Delete)

Copy of:

- ◆ Marriage Certificate/registration of domestic partnership
- ◆ Birth Certificate (including hospital issued)
- ◆ Death Certificate
- ◆ Court issued adoption placement paperwork
- ◆ Divorce Decree/dissolution of domestic partnership
- ◆ Insurance termination letter, Certificate of Coverage, or letter from employer or medical plan verifying

coverage (stating date of eligibility)

- ◆ Copy of front and back of Medical Plan card

ENROLLMENT (OTHER THAN OPEN ENROLLMENT)

If the employee is enrolling in the Blue Shield Signature HMO medical plan for the first time, the employee may specify a Primary Care Physician (PCP) for self in the “Employee Information” section as well as for each dependent. If the employee does not indicate their choice of PCP or does not note the provider number correctly, Blue Shield will assign a PCP. To obtain the most current provider information refer to the Blue Shield website, www.blueshieldca.com. The Provider Directory may also be used. If the department payroll specialist does not have a current directory, contact EBSD-HR for assistance.

“New Enrollment Only” section should be completed if the employee is enrolling a spouse/domestic partner or child for the first time.

“Other Medical Coverage” section should be completed if the employee, or other family member, is also covered under another medical plan.

“Medicare Coverage” section should be completed if the employee or any family member is also covered under Medicare.

DISTRIBUTION GUIDELINES

New Enrollment – The completed Medical Plan Enrollment/Change Form, Premium Deduction Election Form, and the acceptable documentation must be submitted with the New Hire packet and sent to EMACS-HR (0030)

EMPLOYEE RESPONSIBILITIES

- ◆ Obtain and complete the Medical Plan Enrollment/Change Form, and the Premium Deduction Election Form
- ◆ Provide documentation for each dependent that is being added to the medical plan, as applicable. Refer to “Acceptable Documentation for Dependent Eligibility” section above
- ◆ Retain copies for file
- ◆ Submit to department payroll specialist within 60 days of the qualifying event

PAYROLL SPECIALIST RESPONSIBILITIES

- ◆ Provide employee with the Medical Plan Enrollment/Change Form and the Premium Deduction Election Form
- ◆ Audit for completeness
- ◆ Complete appropriate JAR packet
- ◆ Retain copies for department file
- ◆ Forward original to EMACS-HR (0030)

CHANGE

A Medical Plan Enrollment/Change Form and a Premium Deduction Election Form must accompany all mid-year change paperwork requesting any change to medical benefits (i.e., deleting or adding dependents).

“Enrollment Changes Only” section should be completed for mid-year changes only.

“Other Medical Coverage” section should be completed if the employee, or other family member, is also covered under another medical plan.

“Medicare Coverage” section should be completed if the employee or any family member is also covered under Medicare.

DEADLINES

Mid-Year Changes - EBSD-HR must receive the Medical Plan Enrollment/Change Form, Premium Deduction Election Form, and the acceptable documentation within 60 days of the qualifying event

EMPLOYEE RESPONSIBILITIES

- ◆ Obtain and complete the Medical Plan Enrollment/Change Form and the Premium Deduction Election Form
Note: Request must be submitted to the department payroll specialist or EBSD-HR within 60 days of qualifying event
- ◆ Provide documentation for each dependent that is being added to the medical plan, as applicable. Refer to “Acceptable Documentation for Dependent Eligibility” section
- ◆ Retain copies for file
- ◆ Submit to department payroll specialist

PAYROLL SPECIALIST RESPONSIBILITIES

- ◆ Provide employee with the Medical Plan Enrollment/Change Form and the Premium Deduction Election Form
- ◆ Audit for completeness
- ◆ Retain copies for department file
- ◆ Forward original to EBSD-HR (0440)

DISTRIBUTION GUIDELINES

Employees defaulted to Blue Shield Signature HMO medical plan and mid-year changes must send the completed Medical Plan Enrollment/Change Form, Premium Deduction Election Form, and the acceptable documentation to EBSD-HR (0440)

RELATED FORMS

Premium Deduction Election Form
Checklist - Contract to Regular
Checklist - Extra-Help-Recurrent-PSE to Contract
Checklist - Extra-Help-Recurrent-PSE to Regular
Checklist - Job Share
Checklist - New Hire-Contract
Checklist - New Hire-Exempt
Checklist - New Hire-Regular-Part-time-Reemployment (Rehire)
Checklist - Regular to Contract
Checklist - Return from Leave (With Right- Without Right-Medical Leave of Absence)