

**KERN COUNTY ADMINISTRATIVE OFFICE
HEALTH BENEFITS DIVISION**

KERN COUNTY HEALTH ♥ BEAT

VOLUME 21, NO. 1

AUGUST 2009

IT'S ON THE WEB: WWW.CO.KERN.CA.US

Looking for information about your benefits? Lots of information is available on the web. Go to the County's main page: www.co.kern.ca.us In the lower right corner is a button labeled "Employees Only". Click and you're on your way. No password is needed.



To find Health Benefits information, next click on "Employee/Retiree Benefits", then click on "Employee/Retiree Health and Voluntary Benefits". You'll find links to each of the medical, dental and vision plans' sites along with contact information. You'll also find retiree health information, policies, benefit contribution rates, COBRA rates, and lots of other helpful items.

ELIGIBILITY REMINDERS:

- **Removing Dependents:**
Dependents that cease to be considered eligible dependents must be removed within 30 days of a permitting event. If dependents are not removed the employee becomes financially liable for any claims paid on behalf of the ineligible dependent.
- **Adding Dependents:**
Dependents must be added within 30 days of a permitting event (marriage, loss of employer sponsored group coverage, etc.). Newborns must be enrolled within 60 days of their birth date.

Please refer to the Health Benefits Eligibility Policy for more details.

STUDENT CERTIFICATION REMINDER



If you have a dependent child age 19, 20, 21, or 22 covered on your health benefits because they are a full-time student, you will receive a request to verify student status at least annually. The request will require the school(s) to verify the enrollment. The period you will be asked to certify will be the entire period since the last time you provided certification, plus the current quarter or semester. That means the certification will need to show that your student was enrolled full-time for the last year, and that they are currently enrolled full-time.

MASSAGE AND ACUPUNCTURE NOT COVERED

This is an important reminder that massage and acupuncture are NOT covered services on the County health benefit plans. A provider may be paid a chiropractic benefit payment ONLY if chiropractic services were provided. Nothing additional may be paid for massage or acupuncture treatments. This includes "therapeutic" massage and "acupuncture for weight loss". Also, the plans may only be charged for physical therapy if the service was provided by a licensed physical therapist and prior authorization was obtained from the plan before the service was rendered.



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NOT A STUDENT ANYMORE? REMEMBER TO REMOVE THEM FOR BENEFITS!

If you have been covering a student age 19, 20, 21 or 22 on your health benefits, but they are no longer going to school full-time, you must remove them immediately from your coverage. They are no longer eligible after the last day they attended school full-time and it is your responsibility to remove them immediately from your health plan coverage.

If you do not remove them timely, you forfeit any possible COBRA rights for them. Additionally, you may be responsible for repayment of any claims paid after their eligibility ended and you are subject to disciplinary action for covering a non-eligible dependent. Contact the CAO-Health Benefits Division for a change form if you need to remove a dependent.



WHEN DO BENEFITS END?

If you are separating from County service, health benefits end on the last day of the bi-weekly period during which you last work. For instance, if the last day worked is July 17, 2009, that is also the last day of active employee health benefits coverage. There is a chart located on the Health Benefits website which indicates ending dates in 2009. (Refer to the article on the front page about locating the website).

In most instances, employees who separate from service are offered continuation coverage through COBRA. COBRA information is mailed automatically after the date of separation. For qualified involuntary terminations between 9/1/08 and 12/31/09 the federal government will pay 65% of the continuation coverage cost.

If you are retiring and want health benefits during retirement, please make sure to contact the CAO-Health Benefits Division approximately one month before your retirement date to request coverage.

WHAT ARE FLEXIBLE SPENDING ACCOUNTS?

Flexible Spending Accounts (FSA) are one of the Kern\$Flex Plan options. An FSA allows an employee to elect an amount to be deducted on a pre-tax basis from their pay to go into a spending account which is maintained in their name by the administrator, Administrative Solutions, Inc. As qualified expenses are incurred and paid, the participant is reimbursed from the account.

Unreimbursed Medical: This account allows participants to submit out-of-pocket medical costs for reimbursement. Examples include co-pays, deductibles, and certain qualified costs for over-the-counter medical items. **Dependent Care:** This account allows the participant to submit qualified day-care type expenses for reimbursement.

All FSA claims must be incurred during the calendar year for which the election was made. Claims must be submitted for reimbursement by March 30, following the end of the plan year. Any unclaimed monies remaining in spending account are forfeited to the plan. This is called the "use it or lose it" rule. Before you make an election, make sure that you discuss it with a representative from Chimienti & Associates or Administrative Solutions, Inc. to ensure that you understand the rules and expenses that are qualified.

THE KERN\$FLEX CORNER

WHAT IS KERN\$FLEX?

The Kern\$Flex Plans are flexible spending plans that allow employees to pay by payroll deduction on a pre-tax basis for the following: dependent care expenses, unreimbursed (out-of-pocket) medical expenses, health benefits (medical, dental and vision) employee contributions (20% contribution), and certain cancer, accident and short-term disability insurance premiums. Kern\$Flex enrollment must be completed in a timely manner following the initial hire date or during the annual open enrollment. Elections (choices) made will be in effect for the entire plan (calendar) year and cannot be changed without a qualifying change in family status, or until the next open enrollment. Open enrollment changes are effective the first day of the next calendar year.



NEW MEDICAL POS PLAN ADMINISTRATOR

On June 23, 2009, the Kern County Board of Supervisors directed the County Administrative Office to change the administrator for the Point-of-Service (POS) medical plan. This plan is currently administered by American Administrative Group/HealthSmart (AAG). The current contract with AAG expires August 31, 2009, so it is expected that the change will be effective September 1, 2009.

The new administrator selected was Managed Care Systems (MCS). This local company already performs the prior authorization services for POS enrolled members of this plan, and it is familiar with the group. You will not need to supply any "Continuity of Care" issues to MCS. Out-of-Area enrolled members should keep authorizations issued by PHCS throughout the transition.

CARDS: The CAO-Health Benefits Division is working diligently with MCS to assure a smooth transition. New medical plan identification cards are expected to start going into the mail the week of August 24th. Mailings will continue throughout that week. Dependent cards may be mailed separately from employee cards.

NETWORK: MCS is working to contract with the same providers that are currently in the Kern County POS network. Most, if not all, providers will still be on the plan.

PHARMACY BENEFITS AND WEBSITE: The pharmacy plan administered by CatalystRx will not change. The www.mycountyofkernmedicalplan.com website will transition to MCS.

Currently, services performed by providers outside the AAG Kern County network must generally be part of the CCN-First Health Network to qualify for the "In-network" level of benefits. This is true for POS enrolled members who have obtained authorization for services outside Kern County and it is also true for Out-of-Area enrolled members. Once the new administrator is in place, services performed by providers outside the Kern County network must generally be part of the Blue Cross network to qualify for the "In-Network" level of benefits. For this reason member cards will reflect the Blue Cross logo and contact information.

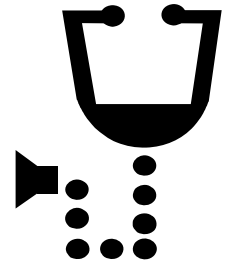
WHO IS YOUR PCP?

If you are currently enrolled in the AAG/HealthSmart Point-Of-Service plan, please check to make sure your Primary Care Physician (PCP) is still practicing. We have been informed that AAG has quite a large number of members who have listed as their PCP a doctor who is no longer practicing. Also, many members never selected a PCP.

For instance, Dr Carbonnel passed away, but still has Kern County members enrolled in AAG's records. Dr. Bradley Davis, Dr. James Sproul, Dr. Regina Ng, Dr. Ryan Hudson and Dr Mariana Grozdeva are now practicing at Kaiser Permanente, so you cannot name them as your PCP on the AAG plan. Dr. Anthony Thomas and Dr. Ayesha Haq are no longer practicing locally.

Please look at your current "Employee Medical Benefit Plan" card and review the PCP listed. If it is blank or has a PCP that needs to be updated, please call AAG/HealthSmart immediately to change the PCP in their records. Additionally, to ensure that the new MCS card you receive in late August has the correct PCP, please complete the "PCP UPDATE" form on the Health Benefits website and return as directed. Check the "Announcements" section at <http://www.co.kern.ca.us/cao/empbenefits/>

If you receive a new card in late August or early September that reflects an incorrect PCP, please call Managed Care Systems at 877-268-4162 and make a new selection.



AS MORE
INFORMATION
BECOMES
AVAILABLE, IT WILL
BE POSTED ON
THE HEALTH
BENEFITS WEB
PAGE UNDER
"ANNOUNCEMENTS".
SEE ARTICLE ON
PAGE 1 ABOUT
FINDING THE WEB
PAGE.





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***A NEWSLETTER ABOUT YOUR
COUNTY HEALTH BENEFITS***

HEALTH PLAN ADMINISTRATORS' CUSTOMER SERVICE

Medical Plans

HealthSmart, formerly AAG (POS plan)	1-866-568-5376
Prescription: Catalyst Rx	1-888-869-4600
Managed Care Systems (EPO plan)	1-888-587-8810 or 661-716-3450
Prescription: NPS	1-800-546-5677
Kaiser Permanente:	1-800-464-4000

Dental Plans

Liberty Dental (PPO & DHMO plans)	1-888-273-3179
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Vision Plan

Vision Service Plan (VSP)	1-800-877-7195
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