



2017 – 2018 OPEN ENROLLMENT FREQUENTLY ASKED QUESTIONS

Online Enrollment

I understand that the City of Stockton has a new online enrollment system for benefits. How do I enroll for my benefits online?

- a. You will need to create a login on the Stockton Benefits web portal at www.stocktonbenefits.connectedhealth.com
- b. You will need to set-up an account on the benefits web portal using your:
 - email address (we recommend using an email address you have access to while completing the online form – either a work or personal email)
 - City of Stockton employee ID number (*found on your paycheck stub*)
 - City of Stockton Employer ID # (*Stockton*)
 - birthdate
 - Social Security number (the last four digits)

System Requirements

Do I need to use a specific internet browser to access the online open enrollment site?

- a. Yes. You will need to use the Google Chrome internet browser, to access the online open enrollment site. To install Google Chrome on your computer, follow the instructions at:
<https://support.google.com/chrome/answer/95346?co=GENIE.Platform%3DDesktop&hl=en>

Kaiser Plans

The City of Stockton offers two Kaiser plans:

- **Kaiser Deductible Health Maintenance Organization (DHMO)**
 - **Kaiser Health Maintenance Organization (HMO)**
1. **What is the accumulation period for the deductible and out of pocket maximum?**
 - a. Calendar year (January 1 – December 31).
 2. **Are the 30 chiropractic/acupuncture visits per person or per family?**
 - a. Each covered person can receive 30 visits. *This applies to the Kaiser HMO plan only.*



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- 3. Do you need a referral for chiropractic and/or acupuncture care?**
 - a. No. Kaiser uses the American Specialty Health Plans of California network of providers. *This applies to the Kaiser HMO plan only.* Visit AshLink to view current providers at www.Ashlink.com.

- 4. Where is the local urgent care facility?**
 - a. There is no local urgent care facility. However, the Medicine 1 Department at the Stockton Kaiser facility accepts same day appointments.

- 5. What type of coverage is available out of state and out of the country?**
 - a. Urgent care and emergency care are covered as if you are in the service area. In most cases, you will pay an out-of-pocket cost up front, submit a claim form to Kaiser, and then receive a reimbursement. The process depends on the individual facility.

- 6. If a prescription cost less than the \$10.00 generic price, will I still pay \$10.00?**
 - a. No. You will pay the lower cost.

- 7. Can I still be on the plan if I live outside of the service area?**
 - a. Yes, because the live/work rule will apply; meaning if you work in the service area, you can enroll. However, you will only be able to obtain services in the service area, and there are some exclusions to certain services provided (e.g. in-home health care, durable medical equipment).

Modified Plan:

- 1. What is the accumulation period for the deductible and out of pocket maximum?**
 - a. Fiscal year (July 1 – June 30).

- 2. Since we now have a Sutter plan, is the Modified plan losing the Sutter network as in-network providers?**
 - a. No.

- 3. Is anything changing on the plan coverage?**
 - a. No.



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Sutter Health Plus Plan:

- 1. What is the accumulation period for the out of pocket maximum?**
 - a. Fiscal year (July 1 – June 30).

- 2. If I already have a Primary Care Physician and a Specialist, do I have to start the process over?**
 - a. No. List the Primary Care Physician when enrolling online and let the provider know you are switching health coverage plans.

- 3. What type of coverage is covered out of state and out of the country?**
 - a. Urgent care and emergency care are covered as if you are in the service area. In most cases, you will pay an out-of-pocket cost up front, submit a claim form to Sutter Health, and then receive a reimbursement. The process depends on the individual facility.

- 4. What if I am currently utilizing Sutter doctors on the Modified plan but do not have a Primary Care Physician?**
 - a. You will need to establish a relationship with a Primary Care Physician that is a part of the Sutter Health Plus network by 7/1/2017 to continue to see the same in-network specialists.

- 5. Are all the doctors at the Sutter Gould facility on Hammer Lane covered in the network?**
 - a. Yes.

- 6. What hospitals are in the Sutter network?**
 - a. St. Joseph's Medical Center and Dameron Hospital are both in the Sutter network.

St. Joseph's Medical Center 1800 N California St Stockton, CA 95204 (209) 943-2000	Dameron Hospital 525 W Acacia St Stockton, CA 95203 (209) 944-5550
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- 7. Is Lodi Memorial in the network?**
 - a. No.

- 8. How easy is it to change your Primary Care Physician?**
 - a. You can change your Primary Care Physician as often as once per month.

- 9. Are pre-existing conditions excluded from coverage?**
 - a. No. The Affordable Care Act (ACA) changed that restriction.



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10. What is the definition of a “specialist”?

- a. A specialist is a physician who specializes in an area of healthcare, such as a dermatologist.

Specialists can be in or out of the network. In-network specialists must be a part of the same medical group as your Primary Care Physician. Out-of-network specialist care (e.g. UCSF & Stanford) is determined by your Primary Care Physician.

11. If I live in Elk Grove, what is the closest in-network hospital?

- a. **Midtown Sacramento Sutter Hospital**

2825 Capitol Ave
Sacramento, CA 95816
(916) 887-0000

12. Does Sutter offer sleep apnea specialists?

- a. Yes.

13. What is the cost of emergency helicopter transport?

- a. \$50.

14. If I have always used Sutter facilities on the Modified Plan, will switching my plan change anything?

- a. Yes, you will need to establish a relationship with a Primary Care Physician that is a part of the Sutter Health Plus network, and you will not be able to self-refer outside of the Sutter Medical Group.

15. Can my obstetrician/gynecologist refer me for imaging services?

- a. Yes.



American Fidelity Voluntary Insurance

- 1. Are any of the benefits taxable?**
 - a. Yes. The Short-term disability, Life, and Critical Illness plans are paid on a post-tax basis. These plans can be selected at any time of the year.
- 2. What is the maximum term life benefit?**
 - a. \$200,000 (under 50 years old). \$100,000 (over 50 years old).
- 3. What is the time limit after an accident to submit a claim?**
 - a. There is no time limit to submit a claim.
- 4. Do I need to re-enroll in the voluntary insurance products if I already have them?**
 - a. No.
- 5. What insurance plans can you take with you if you leave the City?**
 - a. American Fidelity Life Insurance, Critical Illness, Cancer, and Hospital.
- 6. Do you have any post-tax retirement benefits?**
 - a. No.
- 7. Which plans are paid on a pre-tax basis?**
 - a. Cancer, and accident. These can only be elected during open enrollment and qualifying events.
- 8. Does the cancer policy cover post-cancer treatment?**
 - a. Yes.
- 9. On the accident plan, is an accident at work covered?**
 - a. Yes. You submit your claim and the plan will pay you a certain amount based on the plan specifications.
- 10. On the accident plan, is there an age limit to insure children?**
 - a. Yes, dependents must be under 18 when you apply and can be covered up until their 26th birthday.
- 11. Can I sign up for voluntary insurance products at any time of the year?**
 - a. You can only sign up for disability, life, and critical illness at any time of the year. Cancer and accident can only be elected during open enrollment or with a qualifying life event.



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Miscellaneous

- 1. If I or my dependent is 65 years or older and I am enrolled in Medicare, is my City-sponsored plan primary or secondary?**
 - a. As an active employee, the City-sponsored plan will continue to be primary.

- 2. If I am enrolled in Medicare, is the cost of a City-sponsored plan different?**
 - a. No. The costs are the same as an active employee.

- 3. If I am enrolled in an OE3 plan, can I still elect the City's dental and vision?**
 - a. No. Dental and vision are included in the premium you pay for the OE3 plan.