

# County of Riverside Temporary and Per Diem Employees

**ANNUAL  
ENROLLMENT  
2019**



## COUNTY OF RIVERSIDE

## TEMPORARY AND PER DIEM EMPLOYEE MEDICAL COVERAGE

As a County of Riverside Temporary or Per Diem employee, you are eligible to enroll in medical coverage under our Exclusive Care Exclusive Provider Organization (EPO) plan, with no waiting period.

Take advantage of this annual opportunity to elect coverage for yourself and your eligible dependents. Use this guide to get started. It includes information about the plan design, eligibility rules, effective dates, costs and how to enroll online.

### WHO IS ELIGIBLE?

Temporary and Per Diem employees are eligible for coverage under the County of Riverside's self-funded Exclusive Care EPO medical plan. Eligible dependents include your spouse/registered domestic partner and your natural or stepchildren who are under age 26; children for whom you have legal custody or guardianship under age 26; and eligible dependents who are over age 26 and who are incapable of self-care.

Complete details describing dependent eligibility and documentation requirements are available on the Benefits website at <http://benefits.rc-hr.com>.

### HOW THE PLAN WORKS

The Exclusive Care EPO plan is a high-value health plan that is designed to be economical by covering all services through a select group of contracted health care providers located throughout Riverside County.

Below is some information about the plan and where you can find more information:

- You must receive services only from County of Riverside network providers, except in an emergency.
- An enrolled dependent who lives outside of Riverside County and does not reside with you, such as a dependent away at school or a dependent who lives with another custodial parent, may elect the plan's alternative option for coverage outside of the plan service area.
- You (and each enrolled dependent) will choose a primary care physician (PCP) who is part of the Exclusive Care network.
- Your PCP will coordinate all of your health care needs. If you need specialty care, your PCP will refer you to a network specialist or hospital.
- Through your PCP, you will have access to full-service medical care within the network (and in some circumstances outside of the network).
- You pay no annual deductible under this plan and will generally receive 100% coverage with a small copayment for certain services.

The chart below is an overview of Exclusive Care plan benefits.

BENEFIT PROVISIONS	Network Only
Choice of Physician	Any Exclusive Care network physician
Deductible	None
Out-of-Pocket Maximum	\$1,500/person or \$3,000/family per calendar year
Lifetime Maximum	Unlimited
OFFICE VISIT BENEFITS	
Physician Hospital or Office Visits	100% after \$15 copay
Maternity Care	100%
Periodic Health Evaluations/Physicals	100%
PRESCRIPTION DRUGS	
Network Retail Pharmacies (30- to 34-day supply)	Generic: \$10 copay Preferred brand: \$25 copay Nonpreferred brand: \$50 copay
Network Mail Order (90-day supply)	Generic: \$20 copay Preferred brand: \$50 copay <b>Mail order is MANDATORY for maintenance medications after a 30-day trial</b> Nonpreferred brand: \$100 copay
HOSPITAL AND EMERGENCY ROOM BENEFITS	
Ambulance (medically necessary)	100%
Inpatient Hospital	\$100 copay per admission
Outpatient Hospital	100%
Emergency Room Services	100% after \$100 copay at network facility
Urgent Care	100% after \$20 copay at network facility; 100% after \$50 copay at non-network facility

For details about the plan and what's covered, visit the Exclusive Care website at [www.exclusivcare.com](http://www.exclusivcare.com), or call Member Services at (800) 962-1133. The website also offers a provider directory so you can search for a doctor in your area or confirm whether your doctor is part of the network.

## PAYING FOR COVERAGE

Exclusive Care is a voluntary medical plan. The cost for this coverage is paid by you. Your premiums are automatically collected before taxes are calculated on your earnings, saving you money.

Premiums are deducted semimonthly (twice a month), which means deductions are taken from your paycheck during 24 pay periods each year. When you receive a third check in a month, it will not include a deduction for your coverage unless you owe uncollected premiums (arrears).

## COST

Exclusive Care EPO	Monthly	Semimonthly
Single	\$587.76	\$293.88
Two-party	\$1,189.76	\$594.88
Family	\$1,493.76	\$746.88

## PAYING FOR COVERAGE WHEN YOU'RE NOT ON ASSIGNMENT

When you're not on assignment (not in a paid status), you are responsible for paying the premium payments required to continue coverage. Uncollected premiums while in an unpaid status will be immediately taken, in addition to your current premium, when you return to a paid status. After two unpaid pay periods, your coverage will terminate and you'll be offered continuation coverage under the Consolidated Omnibus Reconciliation Act (COBRA).

## HOW TO ENROLL

**Your Employee Self Service ID** is ESS followed by your six-digit employee identification number (e.g., ESS123456). You will use the same ESS password you are currently using to access other ESS functions, such as viewing your online payroll information or making changes to your benefits coverage. If you don't remember your password, click on the "Forgot Password" link and follow the prompts; a temporary password will be emailed to you at the primary email address in the Human Resources database. If there is no email address listed in the database, you'll get an error message. Contact your Department Representative or the RCIT Help Desk at (951) 955-9900 for assistance.

**Online enrollment.** To enroll during Annual Enrollment:

- Access the online enrollment system from a County computer or any computer with Web/Internet access at <http://benefits.rc-hr.com> and click "Employee Self Service."
- Log in using your Employee Self Service ID and password. This is the same ID and password you use to access your payroll information online.
- Complete the enrollment process to elect coverage.

## WHEN DOES COVERAGE BEGIN?

If you elect coverage during this annual enrollment period, your coverage will be effective on January 1, 2019. Premiums for this coverage will be withheld from your pay warrant beginning with the pay warrant paid to you on December 5, 2018 (pay period 25/2018).

Coverage you elect during this open enrollment period will remain in effect for the entire 2019 plan year as long as you remain eligible for coverage and your 2019 premiums remain current. After this open enrollment period ends, you will only be able to make changes if they are on account of and consistent with a qualified change of status, as defined by the IRS Section 125.