

County of Riverside Temporary and Per Diem Employees



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 initial opportunity to elect coverage for yourself and your eligible family members. Your initial eligibility period is within the first 60 days of your employment. 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 of whom you have legal custody or guardianship under age 26; and eligible dependents who are over age 26 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>.

IMPORTANT NOTE ABOUT DEPENDENT CHILD COVERAGE

Dependent children of employees in the Temporary Assistance Program (TAP) program are eligible for the TAP Dependent Children Program. This program allows temporary employees to enroll eligible dependent children up to age 26 in the Exclusive Care EPO plan at no cost. If you're interested in electing this coverage for your dependents, you must enroll within 60 days of employment. For an enrollment form, contact the TAP coordinator at (951) 955-3782.

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 family member) 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% after \$15 copay
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 Mail order is MANDATORY for maintenance medications after a 30-day trial 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, 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 (arrear).

Refer to the Benefit Election Form for Exclusive Care EPO monthly and semimonthly premiums.

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. The premiums due the first two pay periods you are unpaid will be collected when you return to paid status. Your current coverage will continue; however, 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

To enroll yourself and your eligible dependents, complete the Benefit Election Form. The enrollment form also shows how much you'll pay for your coverage. **Remember, you must enroll within 60 days of employment.**

WHEN DOES COVERAGE BEGIN?

If you elect coverage during your initial enrollment period, you can:

- Choose the first of the month following your date of hire as your coverage effective date. You must submit your Benefit Election Form by the end of your hire month.
- Choose a future date. If you don't, your coverage will begin no later than 90 days from the first of the month following your date of hire.

Premiums for your coverage will be withheld from the pay warrants paid to you in the month preceding the coverage effective date you select. If you receive a pay warrant prior to submitting your enrollment form, you will owe "premium arrears" and these premiums will be withheld from your next pay warrant along with your current premiums.

Coverage you elect will remain in effect for the entire plan year as long as you remain eligible for coverage and your premiums remain current. After this initial 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 IRS Section 125.