

# For Those Who Care

Benefits for Alameda County Workers

# Public Authority for IHSS



## **What is the Public Authority for IHSS?**

The Public Authority for In-Home Supportive Services (IHSS) is a public agency whose purpose is to make the IHSS program in Alameda County work better for consumers and homecare workers.

## **How do we make things better for workers?**

The Public Authority provides job benefits to IHSS homecare workers. We also help workers find jobs and bargain with their union for improved wages. This brochure includes information on how IHSS homecare workers can apply to receive medical, dental and vision benefits along with free training & registry services.

## **How do we make things better for consumers?**

The Public Authority offers a registry service and consumer training. We also support public policy that improves services and the quality of life for IHSS consumers.

## **General Questions about the Public Authority?**

**(510) 577-3552**

**Our Vision** is to maximize independent living and promote quality homecare services for IHSS consumers and homecare workers in Alameda County.

**Our Mission** is to give IHSS consumers a voice in how services are provided, to improve the availability and quality of IHSS, and to support services that enhance the lives of seniors and persons with disabilities who choose to live independently and with dignity in their homes.

**Our Promise** is to provide accessible and compassionate services so that IHSS consumers can successfully navigate the IHSS program and find and maintain quality homecare services. We promise to support the IHSS homecare workers through opportunities for employment, benefits and professional development.



# How to Enroll for Health Care Benefits!

## **Your enrollment is not automatic.**

You must fill out an enrollment application to be considered for coverage. We will not be aware of your interest in the plan until and unless you complete and submit an application.

## **How do I enroll?**

Complete the reply form at the back of this brochure and we will mail you an application.

## **What to expect after enrolling.**

After you complete and return an application, it may take up to ninety (90) days for your coverage to begin. Once you have successfully met the eligibility requirement, we will send a confirmation letter with your effective date. Shortly after, the medical, dental and vision carriers will send your ID cards and coverage information.

## **Is there a deadline for enrolling?**

Yes. Our monthly cut-off for accepting new enrollment forms is the 9<sup>th</sup> of every month, as all inputting is done by the 10<sup>th</sup>. If we receive your application after the 9<sup>th</sup>, we'll process it BUT we won't be able to review your eligibility until the following month.

## **Am I eligible for benefits coverage?**

### **To be eligible for initial coverage:**

*After you submit your application, you must be issued checks in two consecutive months and be paid for a total of at least 160 hours in those two months, with at least one hour in each month.*

# How to Maintain Your Coverage:

Once your coverage has started, in order to maintain your benefits, you must continue to receive checks for a minimum of 80 paid hours per month. Your check issue date, located at the top of your paystub, will be used to determine the month in which your paid hours will be credited. It must show in the State's payroll database in order for you to get credit for those hours. Coverage is NOT based on hours worked, only on **hours paid** as shown in the state computer database.

## Advance Pay Workers

Advance pay workers are also eligible, but unlike arrears workers, advance pay workers will be credited based on hours worked in a given month and not based on the check issue date.

For example, if you worked in April and submitted your timesheets at the end of the month, your hours will be retroactively credited to April.

Please remember, you must submit your timesheet at the end of every month to get credit for your hours worked. If you hold timesheets, you may lose your eligibility.

## Timesheets

Payroll problems may affect your health benefits coverage. If your hours aren't recorded in the State of California database correctly, we cannot continue to cover you. It is very important that you complete your timesheets legibly and submit them in a timely manner. The Public Authority is unable to address payroll inputting problems. You must contact Alameda County IHSS Payroll at (510) 577-1877.

# What May Affect My Coverage?

## What if I receive checks for less than 80 hours a month?

**There is a grace period.** If you are paid less than 80 hours in one month, you will receive a warning letter letting you know that if you are paid less than 80 hours for a second consecutive month, you risk losing your coverage. If you are paid less than 80 hours for a second consecutive month, you will receive a termination letter alerting you that you will lose your coverage effective the last day of the month the letter was sent.

Technically, if you stop working, you will have coverage for three months following your work stoppage. For instance, if you are paid for less than 80 hours in May, in June, you will receive a warning letter, in July you will receive a termination letter, but you will have been covered for May, June and July, despite not being paid for a minimum of 80 hours. This is the reason you pay your share of the final months of coverage during the first ten months of coverage. If your coverage is terminated, you will be notified of your eligibility for continued coverage via COBRA.

{ Your coverage will begin automatically once you have re-met the initial eligibility criteria. You must notify us if you do not wish to continue to be eligible for coverage. }

## What if I cancel my enrollment?

There are some instances where you may need to cancel your coverage, or enrollment. You may be covered by another plan which will not allow you to have double coverage, or you may be joining a partner/spouse's plan. To cancel your enrollment, you must contact the Benefits Eligibility Specialist at (510) 577-3551, or you may submit your request in writing no later than the 5th of the month so that the health benefits automatic deduction and your benefits are cancelled on the last day of the month. If you contact the Public Authority for IHSS after the 5th of the month, your health benefits automatic deduction and benefits will not be cancelled until the last day of the following month. If you elect to terminate your coverage for any reason, you will have the option of a refund of your unused pre-paid premium payment. You must indicate at the time of your cancellation that you wish to receive a refund. You will receive paperwork that must be completed and returned in a timely manner. A refund may take up to three months. If you change your mind, or circumstances change and you wish to re-enroll, you will need to submit a new application and meet eligibility requirements again.

{ Be aware that by the time you receive the first warning, you will have only four weeks to work additional hours or fix any payroll problem so you will be paid at least 80 hours during the second month. }



# Here is Information About the Coverage You Will Receive

## Medical

You will be covered under the Alameda Alliance Group Care Plan (HMO).

### Examples of Benefits and Co-Pays\*:

**A primary care provider and preventative care visit:** \$10 co-pay for office visits

**Preventative health services:** No co-pay

**X-rays and other diagnostic tests:** No co-pay

**Inpatient Care:** \$100 per admission

**Family Planning:** No co-pay

**Prescription Medications:** \$10 co-pay for Generic or \$15 co-pay for Name Brand

**Emergency Care:** \$35 co-pay, however co-pay is waived if admitted to the hospital

**Specialty Care:** \$10 co-pay for Outpatient/Office **Visits/Physician Services**

**Mental Health Services:** \$10 co-pay for Outpatient Services, \$100 co-pay for Inpatient Services

## Dental Benefits *(two plans to choose from):*

**HMO** – style plan, wherein you may only visit dentists listed in the provider handout

**PPO** – style plan, wherein you may visit any dentist of your choice who takes your coverage.

Further details may be found in the Smiles Brochure and Dentist listing included in this packet.

## Vision

- Includes regular eye exams, prescription eyewear lenses and frames.
- Easy to use, no cards, no claim forms, no hassles.
- **No application is needed.** You will automatically be enrolled when you sign up for the Medical and Dental plans.

## Monthly Premiums\*

You must fill out an enrollment application to be considered for coverage. We will not be aware of your interest in the plan until and unless you complete and submit an application.

\* **REMEMBER:** Your final two months coverage will be deducted during the first ten months of your coverage. During this period, your deductions will be \$24 per month for the Medical, Dental HMO and Vision OR \$54 per month for Medical, Dental PPO and Vision.

{ This is MEMBER ONLY coverage – there is NO dependent coverage. }

## Advance Pay Workers' Deductions

Because you are paid directly by your client, and do not receive a check from the State of California, you will receive an invoice for your premium payment. You are responsible for making this premium payment IN FULL by the 1st of each following month. If your payment is received after the 1st of the month, you may be terminated from the plan for non-payment.

## \*Co-Pays

There may be additional fees not listed here that you will be required to pay at your doctor's office upon receiving certain health, dental and vision services. You may contact the coverage providers directly to inquire about specific co-pay fees.

# The Public Authority offers FREE training for IHSS providers.

Trainings take place throughout the year in different cities: Oakland, Hayward, Fremont and Pleasanton. Here are examples of some of the trainings we commonly offer:

**IHSS Homecare Worker Basic • Nutrition Basics • CPR/First Aid • Health and Safety**

## Training & Education Opportunities

### Benefits of Training

Training improves your chances of being hired. You will learn new skills that IHSS consumers need and look for when choosing a new worker. You will also get tips on keeping yourself healthy and safe while providing quality care.

### Compensation for Training

You may qualify to receive a \$50 Safeway gift card for attending the IHSS Homecare Worker Basics class. Complete the attached form and we will tell you how!

### Interested in receiving information about future trainings?

Please complete the training information portion of the attached response card and return it to us here at the Public Authority.

### Questions about training classes?

Contact our Outreach and Training Coordinator at (510) 577-3554.

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*A message from SEIU United Long Term Care Workers Union*

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**Standing united, we make a difference. Get involved today!**

**As an IHSS Home Care Provider**, you must pay a monthly fee (DUES) to SEIU United Long Term Home Care Workers Union. You may submit a form to SEIU-ULTCW choosing to become a full, voting member.

**For information**, about your membership, dues and benefits, please call the Member Action Center (MAC) at (877) 698-5829

“Homecare workers like yourself advocated for our current health benefits package. To improve working conditions we must continue to build political strength and negotiate solid collective bargaining agreements.”

# Please check all that apply

**Please send me a health benefits application**

Por favor, envíenme una solicitud de beneficios de salud

请给我一个健康的好处应用程序

**Please send me info on training classes**

Por favor, envíenme información sobre las clases de formación

请给我培训课程的信息

In what language? Choose One:

(¿En qué idioma? Elija uno: / 什么语言? 选择一个:)

English

Spanish (Español)

Chinese (中国的)

First Name (Print)

Nombre (letra de molde) / 第一名称 (打印)

Last Name (Print)

Nombre Apellidos (Imprimir) / 姓 (打印)

Address (Print) / Dirección (de impresión) / 地址 (打印)

City / Ciudad / 城市

State / Estado / 州

Zip / Cremallera / 拉链

Primary Number / Número de primaria / 主号码

Alternate Number / Número de teléfono alternativo / 备用号码

Social Security Number ( Must Provide)

Número de Seguro Social (Debe proveer) / 社会安全号码 (必须提供)

E-mail Address /

Dirección de correo electrónico/ 电邮地址

## Next Steps

1. { Tear at perforation.

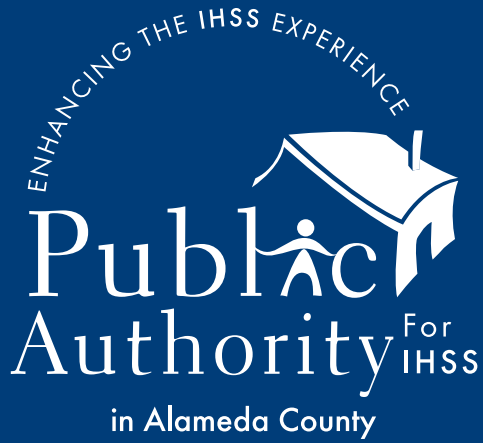
2. { Fold in half.

3. { Do not use stamps.

4. { Moisten glue strips.

5. { Drop in the mail.





## Public Authority for IHSS

6955 Foothill Blvd, 3rd Floor  
Oakland, CA 94605

### Business Hours

Monday thru Friday 8:30 a.m. to 5:00 p.m.  
*(Closed: Noon – 1 p.m.  
and all major holidays)*

## Contact us today!

**Main:** (510) 577-3552

**Fax:** (510) 577-3579

**[www.ac-pa4ihss.org](http://www.ac-pa4ihss.org)**

### Health Benefits Hotline

(510) 777-4201

### Health Benefits Specialist

(510) 577-3551

### Training Hotline

(510) 777-4202

### Registry

**Consumers:** (510) 577-1980

**Providers:** (510) 577-5694

### Alameda County

**IHSS Payroll:** (510) 577-1877

**IHSS Intake:** (510) 577-1800

### Worker's Comp *(reporting injuries on the job)*

(510) 577-1877

### Health Benefits Providers:

#### Alameda Alliance

(510) 747-4567

#### Delta Dental PPO

(800) 765-6003

#### DeltaCare USA (HMO)

(800) 422-4234

#### EyeMed

(866) 723-0514

#### Employment Benefits Specialist (EBS)

#### COBRA Administrators

(888) 327-2770

#### SEIU United Long-Term

#### Care Workers Union

(877) 698-5829