

IHSS Provider Health Benefits

WHO QUALIFIES? Any IHSS Providers who are paid 80 or more hours per month may qualify for medical, dental and vision coverage (it is all 3 coverages together, and there is no dependent coverage available). **To qualify**, you must first complete and return an Enrollment Application. An Application may be requested by calling 510-577-3551, or by completing and returning a request postcard. All Applications must be received **by the 10th** of the month to be considered for coverage in that same month.

COVERAGE BEGINS: Eligibility is dependent upon being issued **160 paid hours** over two consecutive months, with at least one paid hour in each month. Once 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 requirements for paid hours, we will mail you a confirmation letter with your effective start date. Premium deductions are automatically withdrawn for the first paycheck issued each month. If no deduction is taken, you will be invoiced directly. Failure to pay premiums in a timely manner may result in termination of your health benefits coverage and removal of your enrollment.

MAINTAINING COVERAGE: Once your coverage has started, you must continue to be **paid 80 or more hours monthly** for your coverage to continue. We refer to the date your check is **issued**, which you may locate at the top of your paystub near the Recipient's name, to determine which month your **paid hours** will be credited. Those **paid hours** must show in the State's payroll database for you to get credit for those hours. Coverage is **NOT** based on hours "worked", only on hours **PAID** as shown in the State payroll database.

LOSS OF COVERAGE: If you are paid fewer than 80 hours in one month, you will receive a **Low Hours Warning Letter**, letting you know that you are at risk of losing your health benefits coverage. This is a courtesy, allowing you the opportunity to manage any potential payroll issues you may be having. If you are paid fewer than 80 hours for a second consecutive month, however, **you will be terminated** from the health benefits. If you are terminated due to a change in your hours, or a payroll error, your *enrollment* stays active in our database and you will be covered again once you re-meet the initial coverage criteria of 160 **paid** hours over a two-month period with at least one paid hour in each month.

If you feel you are having payroll issues, you must manage this directly with *IHSS Payroll* by calling 510-577-1877 or coming to the IHSS Lobby at 6955 Foothill Blvd, Suite 143 Oakland, CA 94605.

The Public Authority is unable to manage payroll issues.

HOW TO CANCEL: You may cancel your benefits at any time, however you must notify the Public Authority by calling 510-577-3551 or provide written notification **by the 10th** of the month to cancel by the last day of the current month, or your termination will take place on the last day of the following month.

IHSS Provider Health Benefits - Coverage Information

COST: Your monthly premiums are automatically deducted from the first paycheck issued to you each month. If you select the **HMO** dental plan, the monthly premium for all three coverages is **\$20/month**. If you select the **PPO** dental plan, the monthly premium for all three coverages is **\$45/month**. During the first five (5) months of coverage, you may elect to change your dental plan choice. After the first five months, you will have to wait until annual dental open enrollment which is effective May 1st annually. You will be invoiced directly if you are an Advanced Pay Provider or any Provider who misses a premium deduction. **Two or more months failure to pay premiums will result in termination of coverage.**

COVERAGE:

MEDICAL: The medical insurance is provided by **Alameda Alliance for Health: 510-747-4567** in an HMO Group Plan. This plan is for the IHSS Provider only, there is no dependent coverage available.

Examples of Benefits and Co-Pays*:

- **A primary care provider & preventative care visit:** \$10 co-pay for office visits
- **Preventative health services:** No co-pay
- **X-rays & 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 for name brand
- **Emergency Care:** \$35 co-pay, however co-pay is waived if admitted to hospital
- **Specialty Care:** \$10 co-pay for Outpatient/Office visits/Physician Services
- **Mental Health Services:** \$10 co-pay for Outpatient, \$100 co-pay for Inpatient

Further details can be found at: www.alamedaalliance.org

DENTAL: Two dental plans are offered through **Delta Dental** and your selection determines your overall monthly premium:

DeltaCare USA HMO 800-422-4234, wherein you may only visit dentists in the provider network.

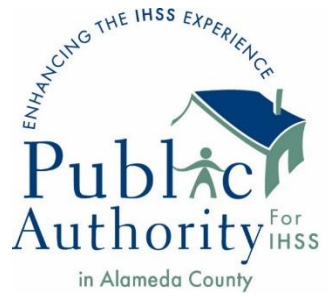
Delta Dental PPO 800-765-6003, wherein you may visit any dentist who takes your coverage.

Further details can be found at: www.deltadental.com

VISION: The **EyeMed Vision Plan 866-723-0514** includes:

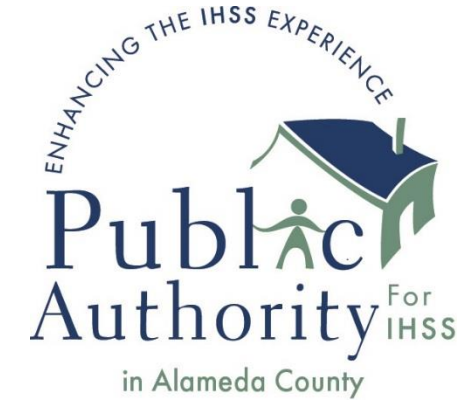
- A regular eye exam, prescription eyewear lenses and frames
- Is easy to use, no card is needed, no claim forms, no hassles
- No application required. Your coverage will begin automatically when your medical and dental coverages begin.

Further details can be found at: www.eyemedvisioncare.com



Mailing Address:

6955 Foothill Blvd., Suite 300
Oakland, CA 94605-2409
phone (510) 577-3552
fax (510) 577-3579
www.ac-pa4ihss.org



Contact us Today!

Main: 510-577-3552

Fax: 510-577-3579

www.ac-pa4ihss.org

Health Benefits Department

510-577-3551

Alameda County IHSS

IHSS Intake: 510-577-1800

IHSS Payroll: 510-577-1877

Provider Employment Verification

Fax: 510-577-1819

Lobby:

6955 Foothill Blvd, Suite 143 Oakland, CA 94605

Public Authority Registry

Consumers: 510-577-1980

Providers: 510-577-5694

Training: 510-577-3554

TASC, COBRA Administrators

800-422-4661

SEIU Local 2015

855-810-2015

Alameda County IHSS Provider Health Benefits