

Open Enrollment Guide



COUGAR RIDGE TRAIL, BIG BEAR



REACH NEW HEIGHTS IN HEALTH ENROLL AND THRIVE

OPEN ENROLLMENT DATES: JUNE 1 – JUNE 21, 2024



Human Resources
Employee Benefits and Services

Open Enrollment

YOUR 2024

OPEN ENROLLMENT CHECKLIST

Open enrollment is June 1 through June 21, 2024

- ✓ Visit link.sbcounty.gov/OE to learn more about your benefit options or to view a recorded open enrollment meeting
- ✓ Check important dates and open enrollment meeting schedule
- ✓ Review all your benefit options
- ✓ Enroll or make changes using the EMACS self-service system at: emacsapp.sbcounty.gov
- ✓ Submit any additional required documentation to Employee Benefits by Friday, July 12, 2024



Detailed benefit plan information and more can be found in this guide or online at:

hr.sbcounty.gov/employee-benefits

PLAN YEAR 2024-25 HIGHLIGHTS:

***New* CHIROPRACTIC BENEFITS NOW AVAILABLE:**

The County is excited to announce additional Chiropractic benefits, offered by both our Blue Shield Signature HMO plan and Kaiser Permanente HMO plans. Employees can now access up to 20 annual visits (medical diagnosis and necessity required). Visit the Blue Shield and Kaiser webpages for more information.

FLEXIBLE SPENDING ACCOUNT (FSA):

Don't forget your sunscreen (SPF 15+) and all the other useful items you can purchase with your Flexible Spending Account (FSA). The maximum contribution increases to \$3200, and the rollover amount increased to \$640.

WELLNESS WORKS HERE:

Adventure awaits with Wellable, the Steps to Success challenge platform and mobile app! Also, be sure to explore the San Bernardino County Wellness App, and stop by to see the Roadmap to Health Checklist.

METLIFE:

We are excited to announce the implementation of MetLife's new toll-free number, [1-855-229-7305](tel:1-855-229-7305), for employee inquiries and support. This number will provide a better experience for employees to reach MetLife directly.

You are encouraged to reference this guide throughout the year.

TABLE OF CONTENTS

INTRODUCTION 1

As You Enroll	1
2024 Open Enrollment Master Schedule	1
2024–25 Bi-Weekly Premium Rate Table	2
Contact Information	4
Summary of Benefits and Coverage	6

ELIGIBILITY AND ENROLLMENT 6

Over Age Dependent (OAD)	7
Qualifying Life Events Chart	8

PLAN SUMMARIES..... 10

Blue Shield	10
Kaiser Permanente	14
Kaiser Medical Plan Comparison Chart	16
Blue Shield Medical Plan Comparison Chart	18
Modified Benefit Option	22
Delta Dental	23
Dental Plan Comparison Chart	24

EyeMed Vision	26
COBRA Continuation Coverage	26
Flexible Spending Accounts	27
Short-Term Disability (STD)	29
Long-Term Disability (LTD)	30
Medical Emergency Leave (MEL)	30
Life Insurance	31
Accidental Death & Dismemberment (AD&D)	33
Wellness Works Here!	34
Employee Discount Program	36
Combined Giving	36
Employee Assistance Program	37
Retirement Plan Highlights	38
Salary Savings Plans	39
Commuter Services	40
Unemployment Insurance	41
Appeal Procedure	42

NOTICES 43



AS YOU ENROLL

This guide is designed to help you understand your benefit enrollment options for plan year 2024-25. Benefit elections will become effective July 27, 2024. Included are summaries of your plan choices for benefits such as medical, dental, vision, life insurance, accidental death & dismemberment and retirement options.

Benefits vary depending on the bargaining unit that you are a member of, please check your applicable benefit summary for details at link.sbcounty.gov/bbou or your Memorandum of Understanding (MOU), Compensation Plan, Salary Ordinance or Employment Contract. Additional benefit information is contained within this guide to assist you in making election choices such as comparison charts and plan contact information. Please read your materials carefully and choose the plans that best meet your needs.

Disclaimer: This guide is intended as a summary reference, however contract documents prevail in all circumstances.

2024 OPEN ENROLLMENT MASTER SCHEDULE

JUN 1	SAT	<p>Open enrollment begins!</p> <p>It is very important for employees to review, update, and/or submit their enrollment for their benefits through 'Benefits Enrollment' in EMACS self-service. You may also make the following changes as needed:</p> <ul style="list-style-type: none"> • Enroll/Change a medical, dental, and/or vision plan • Add dependents to or remove them from your medical, dental, and/or vision plans • Opt-out of a County-sponsored medical plan and/or dental plan (proof of other comparable group coverage is required) • Enroll in the Flexible Spending Account (FSA). If you choose to participate in the FSA Plan, you must enroll every year, even if you are currently participating • Enroll self or eligible dependent(s) in Supplemental Life and/or Accidental Death and Dismemberment (AD&D) insurance • Change your before-tax and after-tax benefit premium deduction elections • Add/change your beneficiary information • Enroll or dis-enroll from MBO <p>Should you need help with completing your online open enrollment, one-on-one assistance is available 7:30 a.m. to 5:00 p.m. Monday through Friday at Employee Benefits.</p>
JUN 21	FRI	Open enrollment ends at midnight! This is the deadline to submit your 2024-25 benefit elections using EMACS self-service.
JUL 1	MON	SBCERA rates change. Please view the 'Retirement Plan Highlights' section to review your rate.
JUL 12	FRI	Deadline to submit proof of dependency for newly added dependents and opt-out verification for new opt-outs. Failure to provide documentation will result in denial of elections.
JUL 27	SAT	Effective date of coverage for changes made to medical, dental, vision, FSA, supplemental life and AD&D plans.
AUG 7	WED	Pay check deductions reflect open enrollment rate changes, except FSA deduction.
AUG 21	WED	Pay check deductions reflect FSA contribution changes.

2024–25 BI-WEEKLY PREMIUM RATE TABLE

Rates Effective July 13, 2024 | Coverage Effective July 27, 2024

Plan	Coverage Type	2024-2025 Published Bi- Weekly Rates	2023-2024 Published Bi- Weekly Rates	Dollar Change	Percentage (%) Change
Kaiser	Employee Only	\$375.56	\$347.92	\$27.64	7.94%
	Employee + 1	\$749.11	\$693.84	\$55.27	7.97%
	Employee + 2	\$1,059.16	\$980.93	\$78.23	7.98%
Kaiser Choice HMO	Employee Only	\$320.10	\$296.56	\$23.54	7.94%
	Employee + 1	\$638.19	\$591.12	\$47.07	7.96%
	Employee + 2	\$902.20	\$835.62	\$66.58	7.97%
Kaiser Virtual Complete HMO	Employee Only	\$294.10	\$272.49	\$21.61	7.93%
	Employee + 1	\$586.19	\$542.97	\$43.22	7.96%
	Employee + 2	\$828.62	\$767.47	\$61.15	7.97%
Blue Shield Signature HMO	Employee Only	\$352.47	\$334.38	\$18.09	5.41%
	Employee + 1	\$702.94	\$666.77	\$36.17	5.42%
	Employee + 2	\$993.83	\$942.65	\$51.18	5.43%
Blue Shield Access + HMO	Employee Only	\$306.15	\$290.45	\$15.70	5.41%
	Employee + 1	\$610.31	\$578.93	\$31.38	5.42%
	Employee + 2	\$862.79	\$818.37	\$44.42	5.43%
Blue Shield HMO Gold Trio	Employee Only	\$287.32	\$272.60	\$14.72	5.40%
	Employee + 1	\$572.67	\$543.22	\$29.45	5.42%
	Employee + 2	\$809.50	\$767.84	\$41.66	5.43%
Blue Shield PPO	Employee Only	\$655.06	\$621.36	\$33.70	5.42%
	Employee + 1	\$1,332.93	\$1,264.25	\$68.68	5.43%
	Employee + 2	\$2,067.79	\$1,961.19	\$106.60	5.44%
Blue Shield Needles PPO**	Employee Only	\$739.38	\$701.33	\$38.05	5.43%
	Employee + 1	\$1,503.97	\$1,426.46	\$77.51	5.43%
	Employee + 2	\$2,329.31	\$2,209.21	\$120.10	5.44%
Blue Shield Virtual Blue Needles PPO**	Employee Only	\$670.06	N/A	N/A	N/A
	Employee + 1	\$1,362.78	N/A	N/A	N/A
	Employee + 2	\$2,110.53	N/A	N/A	N/A
Blue Shield Bronze PPO	Employee Only	\$189.42	\$179.75	\$9.67	5.38%
	Employee + 1	\$376.83	\$357.49	\$19.34	5.41%
	Employee + 2	\$532.38	\$505.01	\$27.37	5.42%
Delta Dental PPO	Employee Only	\$21.91	\$22.54	(\$0.63)	-2.80%
	Employee + 1	\$40.70	\$41.91	(\$1.21)	-2.89%
	Employee + 2	\$69.52	\$71.63	(\$2.11)	-2.95%
DeltaCare USA DHMO	Employee Only	\$9.88	\$9.88	\$0.00	0.00%
	Employee + 1	\$15.94	\$15.94	\$0.00	0.00%
	Employee + 2	\$20.77	\$20.77	\$0.00	0.00%

**For eligible employees assigned to work in the Needles, Trona, and Baker work locations, the County has established a "Needles subsidy." The Needles subsidy is paid by the employee's department and is equal to the amount of the premium difference between the indemnity (i.e. PPO) health plan offered in these specific work locations and the HMO medical plan with the most comparable benefit design provided by the County.

Your benefits are an important part of your total compensation package.

Benefits Calculator Available Online

The benefits calculator can help you determine how much bi-weekly out-of-pocket expense you will have for the selected benefits. To access the benefits calculator online visit the Employee Benefits web page at hr.sbcounty.gov/benefits-calculator.

County Contribution Towards the Cost of Coverage

The County helps you pay for your medical and dental insurance by making payments directly to the carriers. The amounts the County pays towards the cost of your coverage varies by bargaining unit, family size, plan selection, and the number of hours you work. For specific amounts, refer to the appropriate MOU, Compensation Plan, Salary Ordinance or Employment Contract at hr.sbcounty.gov/memorandas-of-understanding.

Needles Subsidy Disclosure

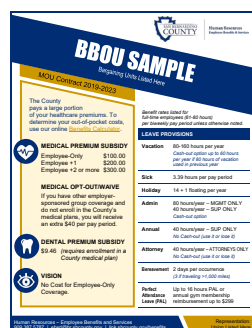
Employees who are assigned to work locations in Needles, Trona, and Baker are eligible for the Needles subsidy.

It is the responsibility of the employee to notify Employee Benefits if assigned to a Needles subsidy eligible work location. Conversely, if an employee is receiving the Needles subsidy and their work location changes to a non-eligible location, the employee must notify Employee Benefits as soon as they are no longer assigned to a qualifying location.

To designate or change an election for the Needles Subsidy, employees must complete and submit the Premium Deduction Election Form found on EMACS Forms at emacs.sbcounty.gov/ and send to Employee Benefits or their payroll specialist.

If it is discovered that an employee has been receiving the Needles subsidy in error, the County will collect, through payroll deduction, any amount of the subsidy the employee received, but was not eligible.

BENEFITS BY OCCUPATIONAL UNIT (BbOU)



Employees are our most valuable resource	
COUNTY-PAID BENEFITS	VOLUNTARY PARTICIPATION PROGRAMS
Medical Premium Subsidy Employee-Only: \$100.00 Employee +1: \$200.00 Employee +2 or more: \$300.00	Medical Premium Subsidy Employee-Only: \$100.00 Employee +1: \$200.00 Employee +2 or more: \$300.00
Medical Opt-Out/Outright Employee-Only: \$100.00 Employee +1: \$200.00 Employee +2 or more: \$300.00	Medical Opt-Out/Outright Employee-Only: \$100.00 Employee +1: \$200.00 Employee +2 or more: \$300.00
Dental Premium Subsidy Employee-Only: \$10.00 Employee +1: \$20.00 Employee +2 or more: \$30.00	Dental Premium Subsidy Employee-Only: \$10.00 Employee +1: \$20.00 Employee +2 or more: \$30.00
Vision Employee-Only: \$10.00 Employee +1: \$20.00 Employee +2 or more: \$30.00	Vision Employee-Only: \$10.00 Employee +1: \$20.00 Employee +2 or more: \$30.00
Life Insurance Employee-Only: \$10.00 Employee +1: \$20.00 Employee +2 or more: \$30.00	Life Insurance Employee-Only: \$10.00 Employee +1: \$20.00 Employee +2 or more: \$30.00
Accident and Sickness Insurance Employee-Only: \$10.00 Employee +1: \$20.00 Employee +2 or more: \$30.00	Accident and Sickness Insurance Employee-Only: \$10.00 Employee +1: \$20.00 Employee +2 or more: \$30.00
Health Savings Account (HSA) Employee-Only: \$10.00 Employee +1: \$20.00 Employee +2 or more: \$30.00	Health Savings Account (HSA) Employee-Only: \$10.00 Employee +1: \$20.00 Employee +2 or more: \$30.00
Health Reimbursement Arrangement (HRA) Employee-Only: \$10.00 Employee +1: \$20.00 Employee +2 or more: \$30.00	Health Reimbursement Arrangement (HRA) Employee-Only: \$10.00 Employee +1: \$20.00 Employee +2 or more: \$30.00
Health Flexible Spending Account (HFS) Employee-Only: \$10.00 Employee +1: \$20.00 Employee +2 or more: \$30.00	Health Flexible Spending Account (HFS) Employee-Only: \$10.00 Employee +1: \$20.00 Employee +2 or more: \$30.00
Health Dependent Care Flexible Spending Account (HDC) Employee-Only: \$10.00 Employee +1: \$20.00 Employee +2 or more: \$30.00	Health Dependent Care Flexible Spending Account (HDC) Employee-Only: \$10.00 Employee +1: \$20.00 Employee +2 or more: \$30.00

A Benefits by Occupational Unit (BbOU) is a two-page summary of the benefits that the County provides for your bargaining unit and is derived from your MOU. You can find your MOU posted on the [Human Resources website](http://hr.sbcounty.gov). Here is a sample BbOU to review.

The BbOU is a helpful tool to review the following:

- ✓ Applicable Medical and Dental Premium Subsidy (MPS and DPS). The MPS and DPS is the County's contribution towards the cost of coverage.
- ✓ Leave Provisions that will provide you with your allotted leave time.
- ✓ County-Paid Benefits and the Voluntary Participation programs that are available to you.

To locate your applicable BbOU, visit link.sbcounty.gov/bbou.

CONTACT INFORMATION

	Phone	Email/Website
Employee Benefits 175 West Fifth Street, 1st Floor San Bernardino, CA 92415-0440 Interoffice Mail Code: 0440	(909) 387-5787	ebbsd@hr.sbcounty.gov hr.sbcounty.gov/employee-benefits
Wellness Program <ul style="list-style-type: none"> Wellness Works Here Steps to Success Challenge Employee Discount Program Blue Shield Members Kaiser Members 	(909) 387-5787	link.sbcounty.gov/Wellness mhm@hr.sbcounty.gov app.wellable.co/sbcounty sbcounty.perkspot.com wellvolution.com kp.org/selfcare
Commuter Services <ul style="list-style-type: none"> SBtrip Portal 	(909) 387-9640	link.sbcounty.gov/rideshare www.sbcounty.gov/sbtrip
Flexible Spending Account (FSA)	(909) 387-5648	hrrfsadcap@hr.sbcounty.gov hr.sbcounty.gov/employee-benefits/flexible-spending-accounts-fsa
Blue Shield of California P.O. Box 272540 Chico, CA 92927-2540 Blue Shield Mental Health Service Administration P.O. Box 719002 San Diego, CA 92171-9002 Teladoc (appointments available 24/7)	(855) 599-2657 (877) 263-9952 (800) 835-2362	www.blueshieldca.com www.blueshieldca.com/cosb www.teladoc.com/bsc
Kaiser Permanente P.O. Box 7004 Downey, CA 90242-7004 Kaiser Permanente Mental Health Services (Hotline available 24/7) Kaiser Permanente Release of Information 17284 Slover Ave., Palm Court II, Suite 202, Fontana, CA 92337 Telemedicine (appointments available Monday-Friday 7am to 7pm)	(800) 464-4000 (800) 900-3277 To schedule an appointment, call (866) 205-3595 (909) 609-3200 (833)-KP4CARE (1-833-574-2273)	www.kp.org my.kp.org/sbcounty www.kp.org/getcare
Delta Dental 100 First Street San Francisco, CA 94105	(855) 244-7323	www.deltadentalins.com
EyeMed Vision P.O. Box 8504 Mason, OH 45040-7111	(877) 406-4146	www.eyemed.com
MetLife P.O. Box 14590 Lexington, KY 40512-4590	(855) 229-7305 Fax: (800) 230-9531	mybenefits.metlife.com

CONTACT INFORMATION

	Phone	Email/Website
Securian Financial 400 Robert Street St. Paul, MN 55101 Attn: Group Administration Dept.	(866) 293-6047	www.securian.com
Voya Financial 1030 Nevada Street, Suite 203 Redlands, CA 92374	(909) 748-6468 (800) 584-6001	cosb.beready2retire.com
Board of Retirement (SBCERA) 348 W. Hospitality Lane, Suite 100 San Bernardino, CA 92408	(909) 885-7980 (877) 722-3721	www.sbcera.org
Teamsters Local 1932 Health and Welfare Trust Administration Office Zenith American Solutions P.O. Box 571 San Bernardino, CA 92402 421 N. Sierra Way San Bernardino, CA 92410	(909) 494-2916 (866) 484-1337 Fax: (909) 789-1311	teamsters1932.zenith-american.com Teamsters1932eligibility@zenith-american.com
COBRA Continuation Coverage	(909) 387-5552	link.sbcounty.gov/COBRA
Modified Benefit Option (MBO)	(909) 387-5787	link.sbcounty.gov/mbo



SUMMARY OF BENEFITS AND COVERAGE

You may view Summary of Benefits and Coverage (SBC) information for the County's medical plans online at hr.sbcounty.gov/employee-benefits/evidence-of-coverage.

ELIGIBILITY AND ENROLLMENT

As a condition of County employment, if eligible, you must enroll in a County-sponsored or union-sponsored, medical and dental plan unless you have other employer-sponsored group medical and/or dental insurance.

Eligibility

To be eligible for the benefits listed in this guide you must be offered benefits through a MOU, Compensation Plan, Salary Ordinance, or Employment Contract. Please refer to the document that applies to you for details on eligibility requirements for each benefit.

Dependent Eligibility

If you are eligible to participate in County-sponsored medical and dental plans, your eligible dependents may also participate. Your eligible dependents are:

- ✓ Your legal spouse
- ✓ State registered domestic partner
- ✓ Your children under the age of 26
 - Naturally born child, legally adopted child, a step-child, registered domestic partner's child or a child that is under your permanent legal guardianship
 - Children over the age of 26 who are permanently mentally or physically disabled and rely on you for support may be eligible (subject to carrier approval)
- ✓ Qualifying relative
 - Qualifying relatives who are eligible for medical and dental coverage are limited to your spouse, your domestic partner's children, and your grandchildren (for Kaiser Permanente members only). For full details on eligible criteria, view the Kaiser Evidence of Coverage (EOC).

Opt-Outs and Waives of Coverage to County Employees

If you have other employer-sponsored group medical and/or dental insurance that offers coverage comparable to a County-sponsored plan, or are covered by another County employee, you may elect to opt-out of the County-sponsored medical and/or dental insurance or waive coverage to the subscribing employee.

You must provide proof of other employer-sponsored group insurance that includes the effective date of the coverage. If you fail to provide the required documentation, your previous County-sponsored medical and/or dental plan coverage will be reinstated.

Qualifying Life Events

At times in your life you will have changes in your family that may affect your benefits. You can make benefit changes that correspond with the type of life event you are experiencing. If you do not experience a qualifying life event then your elections cannot be changed for the remainder of the plan year until next open enrollment. At the County, you have **60 days** to make benefit elections when you experience any of the listed qualifying life events on pages 8–9.

Effective Date of Mid-Year Changes: All mid-year changes have a deadline of 60 days from when they occur, however, elections made within 30 days of hire or a HIPAA special enrollment event (e.g., gain of a dependent through birth, adoption, or placement for adoption) will be processed retroactively. All other elections shall be effective prospectively.

NEWBORN CHILDREN: Newborn children must be enrolled in County plan coverage to receive benefits under the plan. Failure to enroll your newborn in a County plan will result in your newborn not having coverage from date/time of birth forward. Please note, should this occur you will be liable for any services and/or expenses incurred.

Blue Shield Members: The newborn will be assigned under the medical group to which the mother (parent) is assigned for the first 30 days following birth; after 30 days they will be assigned to the physician/group designated on the enrollment form.

Kaiser Members: The newborn will automatically be covered for 31 days from the date of birth.

Note: Please refer to the County's Section 125 Plan Document on the Section 125 webpage:

hr.sbcounty.gov/employee-benefits/section-125

Over Age Dependent (OAD)

Dependent Relationship to Subscriber	Blue Shield Delta Dental EyeMed Vision	Kaiser
Disabled Dependent over the age of 26 is defined as: Unmarried, dependent child who is permanently and totally disabled and unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment and provides and physician's certification annually for as long as the disability continues.	May enroll a disabled dependent within 60 days from the disabled date. Subject to receipt and approval of Physician's certification and carrier approval.	
	Continued Enrollment: Disabled dependents must be enrolled in the plan upon attaining the age of 26 in order to continue enrollment. If the disabled dependent discontinues enrollment at any time after attaining age 26, they will not be allowed to re-enroll for coverage (e.g. there must be no break in coverage).	Continued Enrollment: No prior enrollment requirement. Subject to receipt and approval of Physician's certification.



TRONA PINNACLES

UNCOVER THE ENCHANTING TRONA PINNACLES! HOME TO 500+ TUFA SPIRES, A STARRY BACKDROP FOR FILMS AND A STARGAZER'S PARADISE. CAMP, EXPLORE, AND BE AWED BY ITS ANCIENT ALLURE.

QUALIFYING LIFE EVENTS

QUALIFYING LIFE EVENT	MID-YEAR CHANGE		DOCUMENTATION REQUIRED (All documentation must be submitted within 60 days of the event)
	MEDICAL/DENTAL/ VISION	FSA	
New Hire	Employee has 7 days to enroll, failure to make an election will result in automatic enrollment in the lowest cost health and dental plan on an after-tax basis	Employee may enroll	<ul style="list-style-type: none"> Premium Deduction Election Form Medical/Dental/Vision Enrollment Forms Medical Expense Reimbursement (FSA) Plan Enrollment Form If adding dependents or spouse/domestic partner then birth certificate(s) and marriage certificate
Gain of dependent(s) <ul style="list-style-type: none"> Marriage Domestic partnership Birth/adoption/ placement of an adopted or foster child 	Employee may enroll newly eligible dependent(s)	Employee may enroll or increase annual election amount	<ul style="list-style-type: none"> Premium Deduction Election Form Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment - Change Form Marriage certificate, state registered domestic partner certificate and/or birth certificate(s) or hospital printout of birth Adoption or Placement for Adoption court order
Loss of dependent(s) <ul style="list-style-type: none"> Divorce or annulment Domestic partnership termination Death 	Employee must remove dependent; may enroll self and eligible dependent(s)	Employee may enroll, increase or decrease annual election	<ul style="list-style-type: none"> Premium Deduction Election Form Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment - Change Form Divorce, legal separation, annulment, or termination of domestic partnership decree Death certificate Marriage/birth certificate(s)
Judgment, decree, or order resulting from divorce, annulment	Employee may enroll dependent(s)	Employee may enroll or increase annual election amount	<ul style="list-style-type: none"> Premium Deduction Election Form Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment - Change Form Judgment, decree or order Birth certificate(s)
Gain of coverage through spouse/domestic partner's employer	Employee may opt-out (self) and/or remove dependent(s)	Employee may cease or decrease annual election	<ul style="list-style-type: none"> Premium Deduction Election Form Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment - Change Form Proof of spouse/domestic partner's employer-sponsored coverage that includes the effective date
Dependent gain of coverage through a federal or state healthcare exchange	Employee may remove dependent(s).	No change is permissible	<ul style="list-style-type: none"> Premium Deduction Election Form Medical Plan Enrollment Form Proof of other coverage and effective date
Loss of spouse's/domestic partner's employment	Employee must enroll self if coverage is lost and may enroll dependent(s)	Employee may enroll or increase annual election amount	<ul style="list-style-type: none"> Premium Deduction Election Form Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment - Change Form Proof of spouse's employment and benefit plan loss that includes loss of coverage effective date Marriage/birth certificate(s)
Change in employment status	Employee may elect to enroll self and dependent(s) if change caused employee to gain eligibility	Employee may elect to enroll and increase or decrease annual election amount	<ul style="list-style-type: none"> Premium Deduction Election Form Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment - Change Form Proof of employment status change Marriage/birth certificate(s)

QUALIFYING LIFE EVENTS *(continued)*

QUALIFYING LIFE EVENT	MID-YEAR CHANGE		DOCUMENTATION REQUIRED (All documentation must be submitted within 60 days of the event)
	MEDICAL/DENTAL/ VISION	FSA	
Dependent ceases to satisfy plan eligibility requirements (i.e. overage dependent)	Employee must remove dependent(s)	Employee may decrease election	<ul style="list-style-type: none"> Premium Deduction Election Form Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment - Change Form Proof of loss of eligibility (FSA only)
Dependent reaches age 26 (OAD) and relies on you for support and is permanently mentally or physically disabled	Employee may elect to keep dependent enrolled	No change is permissible	<ul style="list-style-type: none"> Disabled Dependent Certification
Over Age Dependent (OAD) loses coverage under other parent's employer sponsored plan	Employee may elect to enroll over age dependent	Employee may elect to enroll or increase annual election	<ul style="list-style-type: none"> Premium Deduction Election Form Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment - Change Form Disabled Dependent Certification / birth certificate Proof of loss of coverage
Commencement of unpaid leave of absence	County contributions for health benefits will automatically cease and employee will be responsible for premium payments; failure to pay premiums will result in termination of coverage	Employee may cease or suspend annual election.	To cease/suspend annual FSA election amount, you must submit the following: <ul style="list-style-type: none"> Premium Deduction Election Form Medical Expense Reimbursement (FSA) Plan Enrollment Form
Return from unpaid leave of absence	If coverage terminated, employee may enroll dependent(s)	Employee may elect to enroll or reinstate annual election	<ul style="list-style-type: none"> Premium Deduction Election Form Medical Expense Reimbursement (FSA) Plan Enrollment Form Marriage/birth certificate(s)
Residence change results in gain or loss of eligibility	Employee may enroll or remove dependent(s)	No change is permissible	<ul style="list-style-type: none"> Premium Deduction Election Form Medical/Dental/Vision Plan Enrollment-Change Form Proof of residence change Marriage/birth certificate(s) (enroll only)
Self or dependent(s) becomes entitled or loses eligibility for Medicare or Medicaid	Employee may enroll or opt-out yourself or enroll or remove dependent(s)	No change is permissible	<ul style="list-style-type: none"> Premium Deduction Election Form Medical/Dental/Vision Plan Enrollment-Change Form Opt-Out Agreement Proof of gain/loss of Medicare or Medicaid Marriage/birth certificate(s)



BLUE SHIELD SIGNATURE HMO

This is a general summary of Blue Shield Signature health maintenance organization (HMO) benefits. A more complete description of benefits and coverage, including limitations and exclusions, is contained in the plan documents and evidence of coverage document (EOC). If there are any discrepancies between the information contained in this summary and the provisions of the plan documents, the provisions of the plan documents will prevail.

Blue Shield Signature HMO is a plan that offers Level II preferred provider organization (PPO) access. The HMO provision requires that you select a primary care physician (PCP) from one of the Blue Shield participating physician groups. Under Level I (the HMO), you receive all of your care from within your PCP's network of participating physicians, hospitals, and other health care providers. Under Level II (the PPO access), you are allowed consultations with a doctor outside of your participating physician group, but within Blue Shield's PPO network, without a referral from your PCP.

BLUE SHIELD ACCESS+ HMO

This is a general summary of Blue Shield Access+ HMO benefits. A more complete description of benefits and coverage, including limitations and exclusions, is contained in the plan documents and evidence of coverage document (EOC). If there are any discrepancies between the information contained in this summary and the provisions of the plan documents, the provisions of the plan documents will prevail.

Blue Shield Access+ HMO is a health maintenance organization (HMO) plan that offers members the ability to self-refer to a specialist within their medical group for certain services. The Access+ HMO requires that you select a primary care physician (PCP) from one of the Blue Shield participating physician groups.

With Blue Shield's Access+ HMO, you receive all of your care from within your PCP's network of participating physicians, hospitals, and other health care providers, unless you are experiencing a life-threatening emergency.

BLUE SHIELD TRIO HMO

This is a general summary of Blue Shield Trio HMO benefits. A more complete description of benefits and coverage, including limitations and exclusions, is contained in the plan documents and evidence of coverage document (EOC). If there are any discrepancies between the information contained in this summary and the provisions of the plan documents, the provisions for the plan documents will prevail.

Blue Shield Trio HMO is a health maintenance organization (HMO) plan that offers members the ability to self-refer to a specialist within their medical group for certain services. The Trio HMO requires that you select a primary care physician for you, and all your eligible dependents, from the Trio HMO Network. Your PCP coordinates your care and refers you to specialists and hospitals in their medical group/IPA. Each member of your covered family can choose a different PCP and medical group/IPA but all PCP/medical groups must be within the Trio network.

To find doctors in the Trio network go to www.blueshieldca.com/networkTrioHMO

BLUE SHIELD PPO, BLUE SHIELD NEEDLES PPO & BLUE SHIELD VIRTUAL BLUE NEEDLES PPO

Both Blue Shield PPO, Blue Shield Needles PPO, and Blue Shield Virtual Blue Needles PPO are preferred provider organizations (PPO). A PPO is a medical plan that offers you a choice between an in-network group of providers who offer their services at discounted rates and out-of-network providers without discounted rates. Under a PPO plan, you may choose the level of benefits you receive based on the providers you use when you receive care.

With Blue Shield PPO and Blue Shield Needles PPO, you may obtain care from an in-network or out-of-network provider. It's your choice. However, when you receive your medical care from in-network, or PPO providers, the plan pays 80% of most covered expenses. Some covered expenses are paid only after you have paid the deductible. If you use out-of-network providers, benefits will be 70% of usual, customary, and reasonable (Allowable Amount) services for the area. You will pay 30% of the Allowable Amount and all charges above the Allowable Amount. With out-of-network providers, the plan cannot guarantee that your chosen provider will charge fees common to the area, so your out-of-pocket costs could exceed 30%.

With the all new Blue Shield Virtual Blue Needles PPO plan, you can obtain virtual primary and specialty care (no referral required) at \$0 copays while still having the ability to receive in-person care on a Tandem network. Along with primary and specialty care, the Virtual Blue plan also offers Behavioral Health care options with \$0 virtual visits. These benefits allow you access to mental health coaches, clinical social workers, therapists, and health coaches. Additionally, you will still have the option to visit out-of-network providers, however you may have out-of-pockets costs that could exceed 50%.

You pay a calendar year deductible before the plan pays for certain services obtained from an in-network ("participating") or out-of-network ("nonparticipating") provider as follows:

- ✓ Shield PPO – \$250 per member, \$500 per family
- ✓ Shield Needles PPO (out-of-network) – \$250 per member, \$500 per two-party, \$750 per family
- ✓ Virtual Blue Needles PPO - \$500 per member, \$1,000 per family

For more information on the Needles PPO plans visit: link.sbcounty.gov/NeedlesVirtualBlue

ADDITIONAL BLUE SHIELD BENEFITS

Urgent Care

Accessing Urgent Care is simple as a Blue Shield member. As a member of the Shield Signature or PPO plan, you can use any Blue Shield HMO or PPO network urgent care. If you are an Access+ member, you must use an urgent care that is affiliated with your medical group when in the medical group's service area.

Emergency Care

Members who reasonably believe that they have an emergency medical condition which requires an emergency response are encouraged to appropriately use the "911" emergency response system where available. Members should go to the closest plan hospital for emergency services whenever possible.

If you obtain emergency services, you should notify your PCP within 24 hours after care is received unless it was not reasonably possible to communicate with the PCP within this time limit. In such case, notice should be given as soon as possible.

An emergency means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in any of the following:

1. Placing the member's health in serious jeopardy;
2. Serious impairment to bodily functions;
3. Serious dysfunction of any bodily organ or part.

If you receive non-authorized services in a situation that Blue Shield determines was not a situation in which a reasonable person would believe that an emergency condition existed, you will be responsible for the costs of those services.

Teladoc – \$0 Co-pay Access to care – anytime, anywhere

Telephone and video appointments are available 24/7 for non-emergency conditions such as allergies, colds, coughs and upper respiratory infections. Call (800) 835-2362 or register online at www.teladoc.com. You will need to provide your medical history prior to requesting a consultation. Dependents under 18 can be registered under your account; adult dependents must register for their own account.

Short-Term Out-of-Area Care

Outside of California: Blue Shield Signature HMO and Blue Shield Access + HMO plan provides coverage for you and your family for your urgent care service needs when you or your family are temporarily traveling outside of California.

NOTE: Authorization by Blue Shield is required for care that involves a surgical or other procedure or inpatient stay.

Out-of-area follow-up care is covered and services may be received through the BlueCard Program participating provider network or from any provider. However, authorization by Blue Shield is required for more than two out-of-area follow-up care outpatient visits. Blue Shield may direct the patient to receive the additional follow-up services from the PCP.

Within California: If you need urgent medical care, but are outside of your PCP service area, if possible, you should call the Blue Shield member services team. You may also locate a plan provider by visiting our web site at www.blueshieldca.com/fad. However, you are not required to use a Blue Shield of California plan provider to receive urgent care services. You may use any provider.

NOTE: Authorization by Blue Shield is required for care that involves a surgical or other procedure or inpatient stay.

BlueCard Program: Blue Shield has a variety of relationships with other Blue Cross and/or Blue Shield Plans and their licensed controlled affiliates (licensees) referred to generally as inter-plan programs. Whenever you obtain healthcare services outside of California, the claims for these services may be processed through one of these inter-plan programs.

When you access covered services outside of California, you may obtain care from healthcare providers that have a contractual agreement (i.e., are "participating providers") with the local BlueCross and/or Blue Shield licensee in that other geographic area (host plan). In some instances, you may obtain care from non-participating healthcare providers.

Please obtain full details on the Blue Card Program from the current Blue Shield EOC or by calling the Blue Shield member services team at (855) 599-2657.

Long-Term Out-of-Area Care (Shield Signature HMO & Access + HMO Plan Members)

Students, long-term travelers, and families living apart can rely on access to routine care, urgent care, and emergency services in select states with the Away From Home Care® Program. Note that a 30-day notification is required prior to participation in the Away From Home Care® Program. You may call (800) 622-9402 to coordinate use of this benefit or for more information about availability and state-specific coverage.

Medical Transition of Care Benefit

As a new member, you are entitled to a medical review that may allow you to continue your current treatment plan due to a specific diagnosis for a specified time frame with your prior provider. Some examples of circumstances for you or a family member are:

- ✓ You are in the second or third trimester of pregnancy or a high-risk pregnancy and are currently established with an obstetrician.
- ✓ You are scheduled for surgery within 3 weeks after your effective date of coverage.
- ✓ You have documented follow-up care for surgery that was completed within 6 weeks prior to your effective date of coverage.
- ✓ You have complications resulting from surgery performed within the month prior to your effective date of coverage.
- ✓ You are presently undergoing a course of chemotherapy or radiation therapy.
- ✓ You are approved for or on a waiting list for a transplant.
- ✓ You have an acute or serious chronic condition.
- ✓ You are currently receiving outpatient mental health treatment or you are currently in a chemical dependency treatment program.

If you have a transition of care issue, please contact the Blue Shield member services team at (855) 599-2657



and ask for assistance with transition of care. Blue Shield will assign you a case manager to guide and assist you with your specific transition of care needs.

How to Enroll

New employees must enroll within 60 days of hire into an eligible position. Proof of dependent status is required for each dependent you enroll on the plan. Please refer to the Eligibility and Enrollment section of this guide for specific details.

What's Covered

While covered under Blue Shield, you can take advantage of comprehensive medical benefits. Please refer to the Medical Plans Comparison Chart of this guide for a summary of covered expenses. Remember, this guide only provides a summary of the benefits available through Blue Shield. The Blue Shield contract and EOC determines the exact terms, conditions, and applicable coverage exclusions.

How to Get in Touch with Blue Shield

Call Blue Shield member services team at (855) 599-2657 any time between 7:00 a.m. and 7:00 p.m. Monday – Friday or visit Blue Shield's web site at www.blueshieldca.com for more information.

KAISER PERMANENTE HMO PLANS

Kaiser Permanente (Kaiser) offers three health maintenance organization (HMO) plans: Kaiser Traditional, Kaiser Choice, and Kaiser Virtual Complete. With Kaiser health plans, you get a wide range of care and support to help you stay healthy and get the most out of life. Preventive care services — like routine physical exams, mammograms, and cholesterol screenings — are covered at no cost or at a copay, and you pay just a copay for other services covered by your plan. For some specialty care, you do not even need a referral. For more details about each Kaiser health plan, please see each plan's evidence of coverage (EOC).

How the Plans Work

For most covered services, you'll pay one set amount — your copay. Copays keep things simple and make it easy to know what to expect. For some supplemental services, like infertility treatments, you'll pay a percentage of the charges — that is called a coinsurance. For the Kaiser Virtual Complete plan, you'll have a combination of copays and coinsurance, in addition to a calendar year deductible.

You also have an out-of-pocket maximum. It helps limit how much you'll pay for care. If you reach your maximum, you will not pay for covered services for the rest of the year. This helps protect you financially if you ever get seriously sick or injured. For a small number of services, you may keep paying copays or coinsurance after reaching your out-of-pocket maximum.

Emergency Care

If you think you have an emergency medical condition and cannot safely go to a Kaiser Permanente hospital, call 911 or go to the nearest hospital. Please see your evidence of coverage document (EOC) for more details on your coverage and benefits.

Tele-Medicine – \$0 Co-pay Access to care – anytime, anywhere

Telephone appointments are available for non-emergency conditions such as allergies, colds, coughs and upper respiratory infections. Call (833) KP4CARE ((833) 574-2273), Monday through Friday, 7 a.m. to 7 p.m. and check if a video visit is appropriate for your condition. You must be over 18 and have had at least one face-to-face visit at Kaiser Permanente.

Care Away From Home

If you get hurt or sick while traveling, we'll help you get care. We can also help you before you leave town by checking to see if you need a vaccination, refilling prescriptions, and more. Just call our 24/7 Away from Home Travel Line at (951) 268-3900 or visit www.kp.org/travel.

How to Enroll

New employees must enroll within 60 days of hire into an eligible position. Please refer to the Eligibility and Enrollment section of this guide for specific details.

Manage Your Care Online (www.kp.org):

See how easy it is to stay on top of your care. When you register at kp.org, you get the most out of your membership — and can manage your health anytime, anywhere.

Your connection to great health and great care is only a click away on kp.org. When you register for an online account, you can access many time-saving tools and tips for healthy living. Visit www.kp.org anytime, anywhere, to:

- ✓ View most lab test results
- ✓ Refill most prescriptions
- ✓ Choose your doctor based on what's important to you, and change anytime
- ✓ Email your Kaiser Permanente doctor's office with nonurgent questions
- ✓ Schedule and cancel routine appointments
- ✓ Print vaccination records for school, sports, and camp

New Member Entry and Transition of Care

Changing to a new health plan does not have to be hard. That's why we are here to help make your transition to Kaiser Permanente as smooth and convenient as possible. Whether you have specialty care needs or a chronic condition, we are here for you. Our New Member Entry Department can help you.

Continuity of Care

Certain conditions and chronic illnesses may be eligible for our Continuity of Care program. These conditions could include (but are not limited to):

- ✓ Pending surgery
- ✓ Pregnancy
- ✓ Terminal illness

To learn more, call our New Member Entry Department and let them know your condition and current care needs. Call our New Member Entry Department at 1-(888) 956-1616, Monday through Friday, 7 a.m. to 7 p.m.

How to Get in Touch with Kaiser Permanente

Kaiser Permanente's member services team is available 24 hours, seven days a week, (except major holidays) at (800) 464-4000. You can also access their website at www.kp.org for more information. To obtain assistance with disability and protected leaves paperwork, contact Kaiser's Release of Information Department in Fontana at (909) 609-3200.



KAISER MEDICAL PLAN COMPARISON CHART

	Kaiser Traditional HMO	Kaiser Choice HMO	Kaiser Virtual Complete
Deductibles/Maximums			
Calendar year (CY) Deductible	None	None	\$500 individual \$1,000 family
Out-of-Pocket annual maximum (Some benefits excluded from the OoP maximum, refer to EOC for details)	\$1,500 individual \$3,000 family	\$3,000 individual \$6,000 family	\$5,000 individual \$10,000 family
Office/Outpatient Care			
Office visits	\$10 copay	\$40 copay	\$30 copay* (ded. doesn't apply to the first 3 combined visits)
Preventive Services	No charge	No charge	No charge
Specialists	\$10 copay	\$50 copay	\$30 copay*
Emergency Medical Care			
Emergency room	\$75 copay (waived if admitted)	\$150 copay (waived if admitted)	You pay: 20%*
Urgent care	\$10 copay	\$40 copay	\$30 copay* (ded. doesn't apply to the first 3 visits combined)
Diagnostic Services			
Laboratory and Pathology Tests	No charge	\$10 copay	\$15 copay
Diagnostic Tests and X-Ray	No charge	Most X-rays: \$10 per encounter MRI, most CT, and PET scans: \$100 per procedure	You pay: 20%*
Hospital Services			
Hospital care (Physician and Facility charges)	No charge for approved services obtained in a Kaiser Permanente or other approved facility	\$500 per day	You pay: 20%*

*Member pays Calendar Year (CY) deductible before Kaiser pays for covered services under the benefit plan

Please note: This comparison chart only highlights benefits. The evidence of coverage document (EOC) and official plan documents contain comprehensive benefit details and govern your rights and benefits under each plan. If any discrepancy exists between this comparison chart and the official plan documents, the official plan documents will prevail.

KAISER MEDICAL PLAN COMPARISON CHART (CONTINUED)

	Kaiser Traditional HMO	Kaiser Choice HMO	Kaiser Virtual Complete
Surgical Services			
Hospital – In Patient Surgical Services	No charge (Facility and Physician services)	\$500 per day	You pay: 20%*
Outpatient / Ambulatory Surgery Center	Physician Services: No charge Facility: \$10 per procedure	\$250 per procedure	You pay: 20%*
Mental Health Care and Substance Abuse Treatment			
Outpatient services	\$10 copay individual session \$5 copay group session	\$40 copay individual session \$20 copay group session \$5 copay group session for substance abuse	\$30 copay* individual session \$15 copay* group session \$5 copay* group session for substance abuse (ded. doesn't apply to the first 3 visits combined)
Inpatient services	No charge	\$500 per day	You pay: 20%*
Prescription Drugs			
Prescription drugs (per fill) Includes Diabetic drugs and testing supplies	Pharmacy (up to 100 day supply): Generic: \$10 copay Brand: \$15 copay Specialty: \$15 copay (30-day supply) Mail order is voluntary	Pharmacy (30-day supply): Generic: \$15 copay Brand: \$35 copay Specialty: 30%, not to exceed \$250 Mail order is voluntary. Up to 100-day Supply	Pharmacy (up to 100 day supply): Generic: \$30 for up to a 100-day supply Brand: \$30 for up to a 30-day supply* \$60 for up to 100-day supply* Specialty: 20% Coinsurance not to exceed \$250 for up to 30-day supply*
Other Services			
Chiropractic care	\$15 copay/visit 20 visits max annually - Medical diagnosis/ necessity required	Not covered (25% discount off a contracted chiropractor's regular rates through authorized ASH Network)	Not covered (25% discount off a contracted chiropractor's regular rates through authorized ASH Network)
Physical and Occupational Therapy Speech Therapy	\$10 copay	\$40 copay	\$30 copay*

*Member pays Calendar Year (CY) deductible before Kaiser pays for covered services under the benefit plan

Please note: This comparison chart only highlights benefits. The evidence of coverage document (EOC) and official plan documents contain comprehensive benefit details and govern your rights and benefits under each plan. If any discrepancy exists between this comparison chart and the official plan documents, the official plan documents will prevail.

BLUE SHIELD MEDICAL PLAN COMPARISON CHART

	Blue Shield Signature HMO	Blue Shield Access+ HMO
Deductibles/Maximums		
Calendar year (CY) Deductible	None	None
Out-of-Pocket annual maximum (Some benefits excluded from the OoP maximum, refer to EOC for details)	\$1,500 individual \$3,000 family	\$3,500 individual \$7,000 family
Office/Outpatient Care		
Office visits	Level I - \$10 copay Level II - \$30 copay	\$40 copay. Self-referral within PCP's Medical Group \$50
Preventive Services	No charge	No charge
Specialists	Level I - \$10 copay Level II - \$30 copay	\$40 copay. Self-referral within assigned Medical Group \$50
Emergency Medical Care		
Emergency room	\$75 copay (waived if admitted)	\$50 copay (waived if admitted)
Urgent care	\$10 copay	\$40 copay
Diagnostic Services		
Laboratory and Pathology Tests	Level I - No Charge Level II - Covered only when performed in physician's office	You pay 40%
Diagnostic Tests and X-Ray	Level I - No Charge for CT, MRI, MUGA, PET, and SPECT Level II - Covered only when performed in physician's office	You pay 40%
Hospital Services		
Hospital care (Physician and Facility charges)	No charge	\$100/admission plus 20% for facility services. Physician services - no charge

*Member pays Calendar Year (CY) deductible before Blue Shield pays for covered services under the benefit plan

Please note: This comparison chart only highlights benefits. The evidence of coverage document (EOC) and official plan documents contain comprehensive benefit details and govern your rights and benefits under each plan. If any discrepancy exists between this comparison chart and the official plan documents, the official plan documents will prevail.

	Blue Shield Trio HMO	Blue Shield PPO	
		In-Network	Out-of-Network
Deductibles/Maximums			
Calendar year (CY) Deductible	None	\$250 individual. \$500 family	
Out-of-Pocket annual maximum (Some benefits excluded from the OoP maximum, refer to EOC for details)	\$3,500 individual \$7,000 family	\$1,750 individual \$3,500 family	\$2,250 individual \$4,500 family
Office/Outpatient Care			
Office visits	\$25 copay. Self-referral within PCP's Medical Group \$25	\$10 copay (CY deductible waived)	You pay 30%*
Preventive Services	No charge	No charge (CY deductible waived)	You pay 30%*
Specialists	\$25 copay. Self-referral within PCP's Medical Group \$25	\$10 copay (CY deductible waived)	You pay 30%*
Emergency Medical Care			
Emergency room	\$50 copay (waived if admitted)	\$50 per visit + 20%* (\$50 waived if admitted) ER Physician Services: You pay 20%*	\$50 per visit + 20%* (\$50 waived if admitted & treated as in-network benefit). ER Physician Services: You pay 20%*
Urgent care	\$25 copay	\$10 copay (CY deductible waived)	30% after CY deductible
Diagnostic Services			
Laboratory and Pathology Tests	You pay 40%	You pay 20%*	You pay 30%*
Diagnostic Tests and X-Ray	You pay 40%	You pay 20%*	You pay 30%*
Hospital Services			
Hospital care (Physician and Facility charges)	\$100/admission plus 20% for facility services. Physician services - no charge	You pay 20%*	You pay 30%*

*Member pays Calendar Year (CY) deductible before Blue Shield pays for covered services under the benefit plan

Please note: This comparison chart only highlights benefits. The evidence of coverage document (EOC) and official plan documents contain comprehensive benefit details and govern your rights and benefits under each plan. If any discrepancy exists between this comparison chart and the official plan documents, the official plan documents will prevail.

BLUE SHIELD MEDICAL PLAN COMPARISON CHART (CONTINUED)

	Blue Shield Signature HMO	Blue Shield Access+ HMO
Surgical Services		
Hospital – In Patient Surgical Services	No charge (Facility and Physician services)	\$100/admission plus 20%
Outpatient / Ambulatory Surgery Center	No charge (Facility and Physician services)	Facility - 40% Physician services - No charge
Mental Health Care and Substance Abuse Treatment		
Outpatient services	1-3 visits: No charge \$10 per visit thereafter	\$40/office visit
Inpatient services	No charge	\$100/admission plus 20%
Prescription Drugs		
Prescription drugs (per fill) Includes Diabetic drugs and testing supplies	Pharmacy (30-day supply): Generic: \$5 copay Brand: \$10 copay Non-Formulary: \$25 copay Specialty: \$10 copay Mail order is voluntary 90-day supply at discounted rate Pharmacy (retail and mail order) copays do not apply toward the out-of-pocket maximum.	Pharmacy (30 day supply): Tier 1 – \$5 Tier 2 – \$10 Tier 3 – \$25 Tier 4/Specialty – 20% copay up to a max of \$200/ prescription Mail order is voluntary. 90 day supply for twice the retail copay.
Other Services		
Chiropractic care	\$10 copay/visit 20 visits max annually - Medical diagnosis/ necessity required	Not covered Discount program available
Physical and Occupational Therapy Speech Therapy	Level I - \$10 copay Level II - \$30 copay	\$40 copay

*Member pays Calendar Year (CY) deductible before Blue Shield pays for covered services under the benefit plan

Please note: This comparison chart only highlights benefits. The evidence of coverage document (EOC) and official plan documents contain comprehensive benefit details and govern your rights and benefits under each plan. If any discrepancy exists between this comparison chart and the official plan documents, the official plan documents will prevail.

	Blue Shield Trio HMO	Blue Shield PPO	
		In-Network	Out-of-Network
Surgical Services			
Hospital – In Patient Surgical Services	\$100/admission plus 20%	Facility: You pay 20%* Physician: You pay 20%*	Facility: You pay 30%* Physician: You pay 30%*
Outpatient / Ambulatory Surgery Center	Facility - 40% Physician services - No charge	Facility: You pay 20%* Physician: You pay 20%*	Facility: You pay 30%* Physician: You pay 30%*
Mental Health Care and Substance Abuse Treatment			
Outpatient services	\$25/office visit	Outpatient: 1–3 visits: No charge \$10 per visit thereafter (Not subject to the Calendar-Year Deductible)	You pay 30%*
Inpatient services	\$100/admission plus 20%	You pay 20%*	You pay 30%*
Prescription Drugs			
Prescription drugs (per fill) Includes Diabetic drugs and testing supplies	Pharmacy (30 day supply): Tier 1 – \$5 Tier 2 – \$10 Tier 3 – \$25 Tier 4/Specialty – 20% copay up to a max of \$200/ prescription Mail order is voluntary. 90 day supply for twice the retail copay.	Participating Pharmacy: \$15 generic formulary \$30 brand formulary \$30 non-formulary Specialty Pharmacies: \$15 per prescription (up to a 30-day supply) Mail order is voluntary 90 day supply at discounted rate	Non-Participating Pharmacy: 25% of billed amount plus co-pay Pharmacy: \$15 generic formulary \$30 brand formulary \$30 non-formulary Specialty Pharmacies: Not covered Mail order not covered
Other Services			
Chiropractic care	Not covered Discount program available	You pay 20%*	You pay 30%*
		Up to 30 visits per calendar year combined PPO/Out-of-Network maximum	
Physical and Occupational Therapy Speech Therapy	\$25 copay	You pay 20%*(CY deductible waived)	You pay 30%*

*Member pays Calendar Year (CY) deductible before Blue Shield pays for covered services under the benefit plan

Please note: This comparison chart only highlights benefits. The evidence of coverage document (EOC) and official plan documents contain comprehensive benefit details and govern your rights and benefits under each plan. If any discrepancy exists between this comparison chart and the official plan documents, the official plan documents will prevail.

IMPORTANT NOTICE FROM SAN BERNARDINO COUNTY ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Certificate of Creditable Medicare Prescription Drug Coverage

San Bernardino County hereby certifies that the prescription drug coverage it provides to Medicare-eligibles is expected to pay out, on average for all such participants, at least as much as the standard Part D coverage would pay. It is therefore designated as providing “creditable coverage,” meaning that any participant who later enrolls in a Part D plan will not be charged a late-enrollment penalty.

If you have any questions about this notice, please call the County’s Human Resources Department, Employee Benefits at (909) 387-5787, or request a copy in writing from the San Bernardino County, Human Resources Department, Employee Benefits, 175 West Fifth Street, First Floor, San Bernardino, CA 92415-0440. You will be informed should any County plan lose its creditable coverage status.

MODIFIED BENEFIT OPTION

The Modified Benefit Option (MBO) provides eligible full-time employees in specific classifications the opportunity to earn a higher hourly rate. This benefit only applies to specific classifications in certain bargaining units. Check your MOU for details and to determine if you are eligible for this benefit.

How it Works:

- ✓ Employees in eligible classifications will receive additional compensation above their base rate of pay with modified benefits.
- ✓ Employees must complete the Modified Benefit Option Election Form should they elect to enroll.
- ✓ If you would like to enroll in the MBO please contact your Payroll Specialist or Employee Benefits for assistance.

To view the MBO benefit summary and for more information, please visit the MBO web page at: link.sbcounty.gov/modified-benefit-option



DENTAL CARE

This is a general summary of Delta Dental health maintenance organization (DHMO) and Delta Dental preferred provider organization (DPPO) plan benefits. A more complete description of benefits and coverage, including limitations and exclusions, is contained in the evidence of coverage document (EOC). If there are any discrepancies between the information contained in this summary and the provisions of the EOC, the plan document will prevail. EOCs can be obtained online at hr.sbcounty.gov/employee-benefits/evidence-of-coverage.

Additionally, an overview of the most highly utilized plan benefits and their applicable copays can be found in the dental comparison chart within this guide. For a complete listing of plan benefits, please refer to the plan's EOC.

Delta Dental provides its members a full service website that allows you to access, view and print benefit details, DPPO claim status, provider search capabilities and printable ID cards.

How to Get In Touch With DeltaCare USA

For information, contact DeltaCare USA customer service at (855) 244-7323 from 5 a.m. to 6 p.m. Pacific Time, Monday through Friday or visit Delta Dental's website at www.deltadentalins.com.

DELTACARE USA (DHMO)

When you enroll in DeltaCare USA, you must select a primary care dentist for yourself and your covered dependents. Each covered dependent can choose their own primary care dentist near their home or work.

You must utilize the selected primary care dentist for all of your dental services. If services are not obtained through the primary care dental office, or if DeltaCare USA has not authorized the services, those services will not be covered. If you require specialty care, your primary care dentist will refer you to a network specialist.

You should request a treatment plan, which outlines your out-of-pocket costs, from your dentist before proceeding with any recommended services.

Copayments

For most basic and preventative services, you pay no copays. For other services, you pay a small fee as described on your description of benefits and copayments, which can be obtained online at hr.sbcounty.gov/employee-benefits/medical-dental-vision-plans/delta-dental.

Orthodontia Coverage

You and your covered dependents may obtain comprehensive and/or limited orthodontic care from any DeltaCare USA orthodontist of your choice. Pretreatment records and diagnostic services are covered at a \$300 copayment for any proposed treatment phase.

For comprehensive orthodontic treatment, you pay a \$490 startup (banding) fee along with a \$40 copayment per month for 24 months of usual and customary treatment.

Please note: The 24-month allowance for orthodontic treatment is not on a per-treatment basis; this allowance is based on the lifetime of the plan.

DELTA DENTAL PPO

Delta Dental PPO allows you to elect care from an in-network or out-of-network dental provider. Whether you choose an in-network or out-of-network provider, your coverage includes a wide range of covered services. In-network and out-of-network costs will vary. To find out what your cost will be in advance, your dentist may request a predetermination of benefits from Delta, or you may contact Delta customer service to find out the percentage of coverage offered to you, based on your available annual maximum.

Coinsurance

Coinsurance varies by procedure. However, most preventive services will be provided at no cost to you from in-network providers (within maximum allowance limitations).

Orthodontia Coverage

You and your covered dependents may obtain orthodontic care from any licensed orthodontist of your choice. The plan pays 50% of your orthodontia expenses up to a lifetime maximum of \$1,700.

Claim Forms

Under Delta Dental PPO, in-network dentists will submit a claim form directly to Delta Dental. If your dentist is not contracted (out of network) with Delta Dental, you may have to file your own claims. It is your responsibility to pay your dentist for services rendered and to submit all necessary claim forms.

DENTAL PLAN COMPARISON CHART

	Delta Dental DHMO	Delta Dental DPPO	
	In-Network Only	In-Network	Out-of-Network
Deductibles, Maximums & Providers			
Calendar Year Deductible	None	None	None
Calendar Year Maximum	None	\$1,700 per person (excluding orthodontia)	
Choice of Dentists	Choose from DeltaCare USA Provider network	Delta Dental PPO Dentists	Any Board Certified Dentist
Diagnostic and Preventative Services			
Periodic Oral Examination	No Charge	No Charge	No Charge
Prophylaxis (cleanings) 2 per calendar year	No Charge	No Charge	No Charge
Full Mouth X-Ray	No Charge	No Charge	No Charge
Adjunctive General Services			
External Bleaching - Self treatment with bleaching tray & gel	\$125 per arch	Not Covered	Not Covered
Occlusal Guard: Full or Partial Arch	\$95 copay	25%	30%
Restorative Dentistry			
Amalgam ("silver" fillings) on primary or permanent teeth: 1, 2, 3 or 4 surfaces	No Charge	No Charge	10%
Resin composite (white fillings), anterior (front) teeth: 1, 2, 3 or 4 surfaces	No Charge	No Charge	10%
Resin composite (white fillings), posterior (molars) teeth: 1, 2, 3 or 4 surfaces	\$45 - \$75 copay	No Charge	10%

DENTAL PLAN COMPARISON CHART *(continued)*

	Delta Dental DHMO	Delta Dental DPPO	
	In-Network Only	In-Network	Out-of-Network
Periodontics			
Bone replacement graft – first site in quadrant	\$195 copay	10%	10%
Gingivectomy/ gingivoplasty (gum surgery), per quadrant	\$15 - \$75 copay	10%	10%
Endodontics			
Root Canal	\$30 - \$90 copay	No Charge	10%
Pulpotomy	No Charge	No Charge	10%
Oral Surgery			
Local Anesthesia	No Charge	No Charge	No Charge
Biopsy of soft oral tissue	No Charge	No Charge	10%
Extraction	\$0 - \$40 copay	No Charge	10%
Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$50 copay	No Charge	10%
Crowns and Bridges			
Crown – resin with predominantly base metal	\$60 copay	25%	30%
Crown – full cast high noble metal (gold)	\$160 copay	25%	30%
Crown – porcelain/ ceramic substrate	\$195 copay	25%	30%
Prosthetic			
Complete upper or lower denture	\$75 copay for either upper or lower	25%	30%
Upper or lower partial denture – resin base	\$85 copay for either upper or lower	25%	30%
Repair broken complete denture base	\$15 copay	No Charge	10%
Implants	Not Covered	25% - predetermination recommended	30% - predetermination recommended
Orthodontics			
Ortho Treatment Plan and Records	\$300	50% of treatment cost + any cost over \$1,700 (max. lifetime benefit \$1,700)	50% of treatment cost + any cost over \$1,700 (max. lifetime benefit \$1,700)
Comprehensive orthodontic treatment	\$490, plus \$40 per month for usual and customary 24-month treatment	50% of treatment cost + any cost over \$1,700 (max. lifetime benefit \$1,700)	50% of treatment cost + any cost over \$1,700 (max. lifetime benefit \$1,700)
Limited ortho treatment of primary, transitional or adolescent teeth	\$230, plus \$40 per month for usual and customary 24-month treatment	50% of treatment cost + any cost over \$1,700 (max. lifetime benefit \$1,700)	50% of treatment cost + any cost over \$1,700 (max. lifetime benefit \$1,700)
Limited orthodontic treatment of the adult teeth	\$430, plus \$40 per month for usual and customary 24-month treatment	50% of treatment cost + any cost over \$1,700 (max. lifetime benefit \$1,700)	50% of treatment cost + any cost over \$1,700 (max. lifetime benefit \$1,700)

Please note: This comparison chart only highlights benefits, procedures may be subject to additional costs based on materials used and/or location of the tooth/teeth within the mouth. The evidence of coverage document (EOC) and official plan documents contain comprehensive benefit details and govern your rights and benefits under each plan. If any discrepancy exists between this comparison chart and the official plan documents, the official plan documents will prevail.

EYEMED VISION

San Bernardino County has contracted with EyeMed Vision Care to provide vision care benefits. Detailed plan information, including the EyeMed Vision Care master policy, can be obtained online at hr.sbcounty.gov/employee-benefits/medical-dental-vision-plans/eyemed-vision-care.

San Bernardino County participates in a comprehensive plan that offers you every 12 months:

- ✓ No eye exam copayments
- ✓ Large nation-wide network of vision care providers
- ✓ Freedom to see any provider you choose
- ✓ Savings on retinal imaging
- ✓ 40% off on additional pairs of prescription eyewear
- ✓ Additional \$50 frame allowance at PLUS providers
- ✓ 15% off Lasik retail
- ✓ Customer service representatives available 7 days a week and evenings

Register at www.eyemed.com to access benefit information, locator a provider, check claim status and print ID cards. You can also use your benefits with online retailers.

EyeMed members can also find great discounts and deals for a variety of vision related products and services on the Special offers page of the member portal at www.eyemed.com.

A more complete description of benefits and coverage, including limitations and exclusions, is contained in the EyeMed Master Policy.

If you are enrolled in more than one EyeMed Vision Care plan, you will receive the benefits of the plan that is presented at the time of service; the benefits do not coordinate.

How to Get in Touch with EyeMed Vision Care

For further information, please contact the EyeMed Vision Care customer care team at (877) 406-4146. Service representatives are available Monday–Saturday from 4:30 a.m. to 8:00 p.m. (PST) and Sunday from 8:00 a.m. to 5:00 p.m. (PST).

COBRA CONTINUATION COVERAGE

San Bernardino County, as required under provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA), offers employees and their qualified beneficiaries the opportunity to elect a temporary extension of coverage (called “continuation coverage” or “COBRA coverage”) in certain instances where coverage would otherwise end due to certain qualifying events. Such events include:

- ✓ Divorce of a covered employee
- ✓ A covered employee becomes entitled to Medicare benefits
- ✓ A covered dependent ceasing to be a dependent child under the terms of the plan
- ✓ Death of a covered employee
- ✓ Termination of a covered employee’s employment (for reasons other than gross misconduct) or reduction in the employee’s hours of employment

Detailed definitions of qualified beneficiaries and qualifying events are contained in the law itself by visiting the employee guide at www.dol.gov. For more information visit the County’s COBRA webpage at link.sbcounty.gov/COBRA.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

San Bernardino County offers two flexible spending accounts, Flexible Spending Account (FSA) and Dependent Care Assistance Program (DCAP), that allow an employee to set aside money on a pre-tax basis to cover the cost of medical and dependent care expenses. Employees are eligible to participate in the FSAs if they are covered under a MOU, Compensation Plan, Salary Ordinance or Employment Contract.







How the Plans Work

Eligible employees elect an annual contribution amount to be placed in their FSA and/or DCAP account. The annual contribution is made via bi-weekly payroll deductions in equal installments throughout the year. Participants can access their FSA and/or DCAP contributions in the following ways:

- 1. Using their FSA benefit card
- 2. Submitting a claim for approval online through the portal or via paper to Employee Benefits by email, fax, or mail.

Eligible Expenses

The FSAs are used to pay for expenses not covered under your health plans or expenses that are incurred from child care or for the care of a disabled dependent, while you work.

Eligible health care expenses include:				Eligible dependent care expenses include:	
					
Coinsurance, Copays and Deductibles	Over-the-counter medicine and Prescriptions	Dental and Orthodontia	Eye Exams, Eyeglasses and Lasik Eye Surgery	Licensed nursery schools, qualified childcare centers, after school programs, summer camps, preschool	Adult daycare facilities

Enrollment

Employees are eligible to enroll into the FSA and/or DCAP during:

- ✓ FSA Open enrollment (Begins June 1st)
- ✓ DCAP Open Enrollment (Begins November 1st)
- ✓ If the employee experiences a qualifying life event

Plan Year Periods	
FSA	DCAP
July 27, 2024 – July 24, 2025	January 1, 2024 – December 31, 2024

Contributions & Roll Over

The FSAs are used to pay for expenses not covered under your health plans or expenses that are incurred from child care or for the care of a disabled dependent, while you work.

	FSA	DCAP
Contribution	\$3,200	\$5,000
Roll Over	\$640	No roll over

How to File a Claim:

STEP 1	
Fill out the correct claim form	
FSA	DCAP
Medical Expense Reimbursement Form	DCAP Reimbursement Request Form
NOTE: If claiming mileage, a print out of an online map source (i.e. google maps) that includes the starting and ending destination points and total miles traveled will need to be provided	
Include the following information to process claims	
FSA	DCAP
Date of services/products incurred	Name, date of birth, and relation of dependent
Name of the person who the expense was incurred for	Name, address, and taxpayer ID or social security number of dependent care provider
Dollar amount being claimed	Date(s) of services
Provider name	Amount claimed for reimbursement of dependent care expenses incurred
Expense category	
STEP 2	
Determine if you will be submitting a claim electronically or manually	
<ul style="list-style-type: none"> Electronic: Submit claim and upload supporting documentation (e.g. receipts) online via the FSA/DCAP Participant Portal at https://sbchr.lh1ondemand.com/Login Manual: Submit a paper reimbursement claim form and copies of supporting documentation to: <p>Mail: Employee Benefits and Services (EBSD) 175 W. Fifth Street, First Floor San Bernardino, CA 92415</p> <p>Fax: (909) 387-5566</p> <p>Email: hrrfsadcap@hr.sbcounty.gov</p> 	
STEP 3	
Attach all supporting documentation from the provider, vendor or merchant (i.e. receipt, statement, or bill) that includes all of the following:	
<ul style="list-style-type: none"> Description of service or product rendered Payment received for expense Amount paid to other party (i.e. insurance) for expense 	
STEP 4	
Submit claim through the FSA/DCAP Participant Portal OR directly to Employee Benefits via mail, fax, or email	
NOTE: Claims for eligible expenses incurred within the plan year can be submitted for reimbursement no later than thirty-one (31) days after the end of the plan year	

SHORT-TERM DISABILITY (STD)

San Bernardino County provides STD benefits to employees in the event of a non-work-related illness or injury that requires the employee to be off work more than seven (7) consecutive calendar days. STD benefits provide partial income replacement while the employee is off work. These benefits may be integrated with the employee's available leave accruals, and are paid and administered by Metropolitan Life Insurance Company (MetLife).

Eligibility

Your MOU, Compensation Plan, Salary Ordinance or Employment Contract governs your eligibility and benefit period for STD. This benefit is available to certain eligible groups to replace State Disability Insurance (SDI).

However, employees who participated in SDI at any time within the 18 months immediately prior to filing an STD claim, or employees who have a second job that participates in SDI, may be eligible to receive SDI benefits.

Filing a Claim

No later than your fourth day of absence, file a claim online at www.mybenefits.metlife.com or call MetLife directly at (855) 229-7305.

You must also obtain the County required paperwork (Request for Extended Sick and Special Leave (RESSL) and Leave Integration Request forms) from your payroll specialist or download the forms from the intranet at emacs.sbcounty.gov.

Benefit Payments

After you have satisfied a seven (7) consecutive calendar day waiting period, you are eligible to receive STD benefits. Generally, your normal weekly benefit will be fifty-five percent (55%) of your base salary, not to exceed \$1,620 per week for represented employees, or \$2,309 per week for Fire Management Unit, County Exempt and Special Districts/Fire Districts Exempt employees. These amounts are subject to change.

The maximum benefit period for which an employee covered by the represented STD plan may receive for any one (1) disability claim is up to fifty-two (52) weeks. Fire Management Unit, County Exempt and Special Districts/Fire District Exempt employees may receive benefits for a maximum benefit period of one-hundred eighty (180) days. Probation Unit employees may receive benefits up to ninety (90) days, and thirty (30) days for Specialized Peace Office Unit and Specialized Peace Office Supervisory Unit employees.

NOTE: STD Benefit payments will be made separately by MetLife and are paid as taxable income. You may request taxes be taken out of your disability payment by filing a W-4S (Federal) or DE-4S (State) tax form.

Integration of Benefits

Plan benefit payments may be fully or partially integrated with other paid time including, but not limited to, sick leave, vacation leave, holiday leave, and regular work hours. Employees may not receive more than 100% of their base salary. Full, partial, or no integration of hours may affect benefit eligibility and accruals. All benefits and accruals will be administered in accordance with the applicable MOU, Compensation Plan, Salary Ordinance or Employment Contract.

If you have a Family Medical Leave Act (FMLA) claim that is concurrent with an STD claim, you may be eligible to receive medical and dental premium subsidy in accordance with the applicable MOU, Compensation Plan, Salary Ordinance or Employment Contract during your leave.

For any questions or additional information regarding short-term disability, contact Employee Benefits at (909) 387-5787, MetLife at (855) 229-7305, or go online to hr.sbcounty.gov/employee-benefits/protected-leaves-and-disability or email ebpd@hr.sbcounty.gov.

LONG-TERM DISABILITY (LTD)

Long-Term Disability is a County-paid benefit that provides partial income replacement for Fire Management Unit, and County Exempt, and Special Districts/Fire District Exempt employees and Contract employees with Exempt benefits that are unable to work due to own disability.

For more information on long-term disability visit the County protected leaves and disability web page at hr.sbcounty.gov/employee-benefits/protected-leaves-and-disability.

MEDICAL EMERGENCY LEAVE (MEL)

The purpose of the Medical Emergency Leave (MEL) plan is to allow the unused accrued leave of one County employee to be voluntarily donated for use by another County employee, who has exhausted all of his or her earned leave due to a long-term serious medical condition.

To be eligible to participate in the MEL, employees must have regular status with the San Bernardino County or one (1) year of continuous service in a regular position with the County. Refer to your applicable MOU Compensation Plan, Salary Ordinance or Employment Contract for detailed eligibility provisions.

You can obtain MEL forms from your department's payroll specialist or download the forms from the intranet at emacs.sbcounty.gov. No MEL benefits will be paid until all completed forms have been received and approved by Employee Benefits. MEL is not a retroactive benefit, and is paid prospectively from date of approval.

BIG BEAR

DISCOVER THE YEAR-ROUND WONDERLAND OF BIG BEAR!
FROM SKIING AT BEAR MOUNTAIN TO SUMMER
ADVENTURES ON THE LAKE, THERE'S SOMETHING FOR
EVERYONE. EXPLORE SCENIC TRAILS, ENCOUNTER
WILDLIFE, AND ENJOY FAMILY-FRIENDLY FUN!



LIFE INSURANCE

The County offers Basic Life Insurance, Supplemental Term Life Insurance, and Accidental Death & Dismemberment (AD&D) Insurance benefits. Eligibility for this Insurance is governed by your MOU, Compensation Plan, Salary Ordinance or Employment Contract. All insurance plans are insured through Securian Financial.

Beneficiaries

Election in one or more of these benefits requires that a beneficiary be designated. Naming a beneficiary, rather than allowing it to default, can help ensure any payment is made according to your wishes and without delay.

If you do not make a beneficiary designation or if there is no named beneficiary alive at the time of your death, benefits will be paid according to the policy contract in the following order of priority:

1. Your spouse, if living; otherwise
2. Your natural and legally adopted children, if living; otherwise
3. Your parents, if living; otherwise
4. Your siblings, if living; otherwise
5. Your estate

Basic Life Insurance

Basic Life Insurance is a County-paid employee only benefit with automatic enrollment in certain bargaining units. For eligibility and automatic enrollment refer to your MOU, Compensation Plan, Salary Ordinance or Employment Contract.

Supplemental Life Insurance

Supplemental Term Life Insurance is an additional life insurance that can be purchased voluntarily. This plan offers coverage for yourself and your eligible dependents (e.g. spouse, domestic partner, child(ren) under age 26).

Election Options

Election for coverage may be made in increments of \$10,000 (employee, spouse/domestic partner) or \$5,000 for children up to the amounts specified below:

- ✓ **Employee coverage:** \$700,000
- ✓ **Spouse/Registered domestic partner coverage:** Up to employee total combined basic and supplemental life coverage or \$250,000
- ✓ **Child(ren) coverage:** \$20,000

Evidence of Insurability (EOI)

Evidence of Insurability (EOI) is required if an employee elects coverage of more than \$250,000. The completed EOI application requires review and approval by Securian Financial before coverage becomes effective.

Your spouse/domestic partner may be subject to EOI requirements when they elect coverage over \$50,000 or when they enroll/increase coverage in one of the enrollment opportunities below:

Enrollment Opportunity	EOI Requirement
Electing to enroll at hire	Coverage over \$50,000
If you experience a qualifying life event	Securian Financial will require EOI
Enrolling during Open Enrollment	Securian Financial will require EOI
Requesting to increase coverage during Open Enrollment	Increasing coverage more than one \$10,000 increments will require EOI

The EOI application asks questions about health conditions and health history. In some circumstances, a physical exam may be requested by the carrier.

Eligibility

You can elect coverage for you and your eligible dependents. Child eligibility ends at age 26. Premiums for child coverage will not automatically terminate. It is the employee's responsibility to notify the Department of Human Resources, Employee Benefits and Services Division, within 60 days of their child's dependent status change to avoid paying an excess premium (non-refundable after 60 days). If the department of Human Resources is not notified, the supplemental child life insurance premiums will continue as it is assumed that the employee still has eligible children.

If your spouse/domestic partner is also a San Bernardino County employee, you will not be able to have spousal coverage for one another, if you have children, coverage can only be carried by one county employee; if your child is also employed by San Bernardino County they are not eligible for the child plan.

Any life benefit claims submitted for children over age 26 will be denied as they are not eligible, regardless if premium payments were made.



Cost of Coverage

The cost per pay period is based on your age and the amount of coverage you elect based on increments of \$1,000 in coverage as shown in the table below. For example, an employee who is 32 that elected \$250,000 in coverage would pay \$6.13 ($\$.0245 \times 250$) these amounts are subject to change.

Your Age	Employee	Spouse/Domestic Partner Coverage	Child Coverage
Bi-weekly Premium Cost Per \$1,000 Coverage			
Under 30	\$0.0198	\$0.0263	\$0.0462
30 but less than 35	\$0.0263	\$0.0318	
35 but less than 40	\$0.0295	\$0.0369	
40 but less than 45	\$0.0328	\$0.0475	
45 but less than 50	\$0.0494	\$0.0738	
50 but less than 55	\$0.0752	\$0.1112	
55 but less than 60	\$0.1412	\$0.2058	
60 but less than 65	\$0.2174	\$0.3115	
65 but less than 70	\$0.4172	\$0.6023	
70 and over*	\$0.6775	\$0.8455	

* These costs are subject to change

Accidental Death & Dismemberment (AD&D)

You and your family can count on financial security in the event of accidental death or a serious injury with AD&D Insurance. The plan also provides a percentage of your accidental death insurance for specific types of accidental injury (work or non-work related). The AD&D benefit is prorated based on degree of loss. Benefits are per person enrolled and paid collectively for all losses per accident up to 100% of coverage.

Coverage Options

Your MOU, Compensation Plan, Salary Ordinance or Employment Contract governs your eligibility for AD&D.

There are two plan options and seven levels of coverage to select from for you and/or your eligible dependents (employee, spouse/domestic partner) ranging in the amounts specified below. It is important to note that the AD&D benefit does not allow for dual family coverage.

- ✓ **Employee:** From \$10,000 to \$250,000
- ✓ **Spouse/Registered domestic partner:** \$5,000 to \$125,000
- ✓ **Child(ren):** \$3,125 to \$25,000

Eligibility, Plan Options and Cost of Coverage

You can elect coverage for you and your eligible dependents. Eligibility for coverage ends for your spouse or registered domestic when they reach age 70. Children must be unmarried and coverage ends for them when they reach age 26. If you and your spouse or domestic partner are County employees you will not be able to provide dual coverage for your family under both employees.

You can choose employee only or employee, plus family coverage from the plan options listed below:

Plan	Employee	Spouse or Domestic Partner	Each Child
1	\$10,000	\$5,000	\$3,125
2	\$25,000	\$12,500	\$6,250
3	\$50,000	\$25,000	\$12,500
4	\$100,000	\$50,000	\$25,000
5	\$150,000	\$75,000	\$25,000
6	\$200,000	\$100,000	\$25,000
7	\$250,000	\$125,000	\$25,000

The cost for either employee only or employee, plus family coverage are listed below:

Plan	Employee Only	Employee + Family Coverage
1	\$0.092	\$0.138
2	\$0.230	\$0.345
3	\$0.460	\$0.690
4	\$0.920	\$1.38
5	\$1.38	\$2.07
6	\$1.84	\$2.76
7	\$2.30	\$3.45

* These costs are subject to change

Family Coverage Additional Benefits

AD&D provides additional child care and educational and training benefits for your surviving children and spouse. For more information, refer to the Certificate of Insurance at hr.sbcounty.gov/employee-benefits/life-insurance.

Evaluate how much life insurance you need

Use Securian Financial's online benefits-decision tool, Benefit Scout®. By answering a few simple questions about your family and finances, you can determine the coverage that meets your needs and budget.

Visit LifeBenefits.com/COSB




Portability and Conversion for your Group Term Life Coverage

Upon separation from County employment, you may port or convert your group life insurance policy. If you would like more information on the differences between porting and converting your Group Term Life Coverage visit the County's comparison table at link.sbcounty.gov/LifeInsPortConvert.

WELLNESS WORKS HERE

The County's employee wellness program, *Wellness Works Here*, is committed to providing you support for your healthy lifestyle. Our program gives you the tools and encouragement you need to lose weight, quit smoking, balance finances, plan for retirement or just live healthier, all at no cost to you! Whether you are making the first

step towards wellness or are looking for ways to enhance your already established regimen, our interactive program can fit into your busy schedule and help you reach your health and wellness goals!

Wellness Education	Prizes & Incentives	Fitness Classes	Agency Competitions	Health Clinics
				
Education classes on a variety of topics relevant to your health and overall wellness.	Give-aways, raffles and earned incentives when you participate in our programs!	A range of virtual and in-person fitness classes including meditation, yoga, and more!	Health & Wellness Challenges - get a healthy dose of competition!	Preventive health screenings, flu shot clinics and more – right at your worksite!

Start making healthier choices today! For more information regarding *the Wellness Works Here* program:

- ✓ Visit link.sbcounty.gov/Wellness.
- ✓ Talk to your department wellness advocate. View the directory posted on the *Wellness Works Here* website listed above.
- ✓ Contact the *Wellness Works Here* team staff at mhm@hr.sbcounty.gov or call (909) 387-5787.

Steps to Success Platform - Wellable

Join our annual Steps to Success challenge, and download the Wellable app for a great way to track your physical activity and other healthy behaviors to earn points towards rewards. You will get access to online health education classes, on-demand fitness content, and curated nutrition plans all while receiving incentives along the way! Sign up today at app.wellable.co/sbcounty.

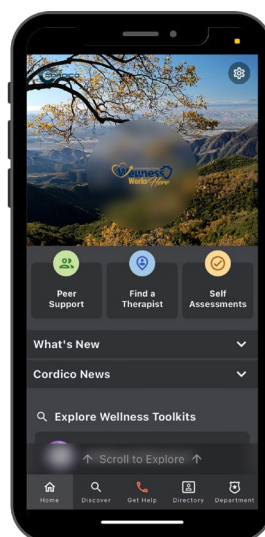
San Bernardino County Wellness App

Strengthen your well-being and take advantage of this easily accessible and completely confidential wellness app! The app is available to download at the Apple or Google Play store and can be used by all County employees, retirees, and their families.




This mobile app has been developed to provide you with 24/7 access to critical resources and wellness tools such as:

- Wellness Toolkit
- Self-Assessments
- Fitness Exercises
- Nutrition Advice
- Mindfulness and Relaxation Resources
- Links to County Benefit Resources

Learn more at link.sbcounty.gov/WellApp.



Medical Carrier Health and Wellness Options

Carrier	Health and Fitness Options	Free Wellness Apps
Blue Shield	<p>Fitness Your Way™ for Blue Shield Subscribers</p> <p>Get healthy and feel good on your own terms with Fitness Your Way, the gym membership program that offers you the flexibility to work out at any of the 10,000+ network fitness locations for \$25 a month (plus a one-time \$25 enrollment fee). Meet your lifestyle needs by working out anytime, anywhere, and as often as you need while tracking progress of your goals online.</p> <p>Learn more or access these services by visiting fitnessyourway.tivityhealth.com/bsc or calling (833) 283-8387, Monday – Friday, 5 a.m. – 6 p.m. Pacific Time.</p>	<p></p> <p>Visit Wellvolution for personalized health assessment, nutritional food, fitness and habit modification programs and free apps available at wellvolution.com/mentalhealth</p> <p> headspace</p> <p>Headspace - meditation and sleep made simple.</p> <p> ginger</p> <p>Ginger - on demand mental health support day or night.</p>
Kaiser Permanente	<p>Fitness Deals for Kaiser Permanente Members</p> <p>ClassPass – Work out from anywhere with a range of classes including yoga, dance, cardio, boxing, Pilates, boot camp and more with free on-demand video workouts and reduced rates for livestream and in-person fitness classes. Get started at kp.org/exercise.</p> <p>Active&Fit Direct – Access a national network of more than 10,000 fitness centers for \$25 a month (plus a one-time \$25 enrollment fee).</p> <p>ChooseHealthy – Reduced rates on a variety of fitness, health, and wellness products.</p> <p>Learn more by visiting kp.org/exercise.</p>	<p>Take time for self-care. Manage stress, improve your mood, sleep better, and more with the help of wellness apps, available at no cost to adult members. Visit kp.org/selfcareapps.</p> <p> Calm - an app for meditation, mindfulness, and sleep</p> <p> myStrength – an app to help set goals and support mental, emotional, and overall well-being</p>

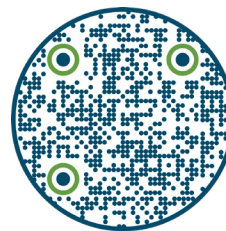
County employees and/or their family members are also eligible for discounted gym memberships through our Employee Discount Program.

EMPLOYEE DISCOUNT PROGRAM

The Human Resources Department has partnered with PerkSpot to bring you your Employee Discount Program!

Register at sbcounty.perkspot.com to access hundreds of savings perks at home, on-the-go, day or night, with any device.

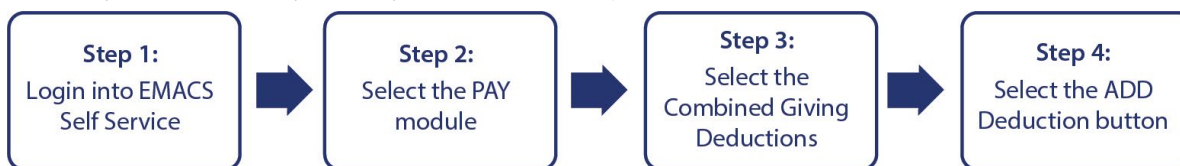
Can't find the perk that you are looking for? Simply fill out the Suggest a Business form on the PerkSpot webpage at sbcounty.perkspot.com/suggest, so that PerkSpot may contact that merchant and allow you and others to receive a discount from them. Find local County establishment discounts at hr.sbcounty.gov/employee-discount-program.



COMBINED GIVING

The Combined Giving program serves an important purpose in supporting several elements of the Countywide Vision by providing a means for the County to collaborate with nonprofit charitable organizations, engaging employees in charitable endeavors, and making a positive public impact. County employees can donate to charitable organizations through convenient payroll deductions providing opportunities for a brighter future.

Donations, which are fully tax-deductible, are made through ongoing payroll deductions or a one-time payroll deduction in pay period 1 of each year. County employees may donate to a nonprofit charitable organization of their choice through the **Combined Giving EMACS Self-Service Module**. Follow the steps below to begin or change your Combined Giving donation. Changes made in EMACS Self-Service could take up to one pay period before you see your elected changes.







To learn more about this year's Combined Giving Campaign and how you can begin your contribution to a charity of your choice, contact your department's Combined Giving coordinator or visit the **Combined Giving Program Webpage**.

EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (EAP) is a confidential and free service offered by San Bernardino County that provides assistance with a variety of personal challenges. Professionally trained advisors are available to help with family problems, marital concerns, financial and legal matters, stress, depression, and other challenges that may be affecting your personal life. Advisors are available to help 24 hours a day, 7 days a week, 365 days a year.



EAP can provide support, referrals, and resources related to many issues, including the following:

			
Life: Stress, Anxiety, Depression, Grief or Loss, and Community Resources	Family: Parenting, Separation or Divorce, Blended Families, Caring for Older Adults, and Education	Finance: Saving, Debt Management, Estate Planning or Wills, and Home Buying or Renting	Health: Fitness, Nutrition, Sleep, Addiction or Recovery, and Smoking Cessation

EAP is designed to address short-term challenges and to identify resources and referrals for emergency and long-term challenges. Services include 5 consultations per incident per calendar year. There is no limit to the number incidents of allowed per calendar year, so long as they are varying in nature and not repeated incidences.

How to use the Employee Assistance Program

Contact EAP for 24/7 support or help via any of the following ways



Calling LifeWorks EAP at 800-234-2939



By going online and logging in with the below credentials:

Website: one.telushealth.com

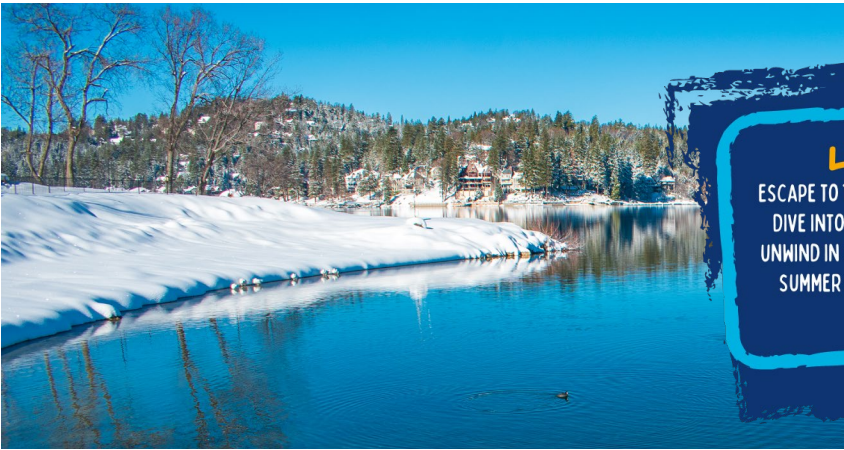
UserName: COSB

Password: LifeWorks



Downloading the “LifeWorks” app

Download Now!



LAKE ARROWHEAD

ESCAPE TO THE ENCHANTING BEAUTY OF LAKE ARROWHEAD!
DIVE INTO RICH HISTORY, EXPLORE SCENIC TRAILS, AND
UNWIND IN THE CHARMING VILLAGE ATMOSPHERE. WHETHER
SUMMER WATER FUN OR WINTER SLOPES, IT'S A YEAR-
ROUND MOUNTAIN ESCAPE.

RETIREMENT PLAN HIGHLIGHTS

When planning for retirement there are a lot of items to consider. The “Retirement Checklist” is available to help you prepare and answer some general questions in relation to your benefits and compensation as you approach retirement. View the “Retirement Checklist” on the retiree webpage located here:

hr.sbcounty.gov/employee-benefits/retiree-resources.

Eligibility

All County employees working at least 40 hours per pay period in a retirement-eligible position are automatically members of the San Bernardino County Employees’ Retirement Association (SBCERA). As a member of SBCERA, you pay contributions through payroll deductions each pay period based on your membership classification and tier (i.e. General vs. Safety and Tier 1 vs. Tier 2).

Membership Classifications & Tiers

SBCERA administers benefits for two membership classifications, Safety and General, and two tiers, Tier 1 and Tier 2. Safety Members are those employed in active law enforcement or active fire suppression. All other members are classified as General Members.

Tier 1 Members are those with an SBCERA membership date prior to January 1, 2013 or those who are eligible for and establish reciprocity with an eligible public retirement system for service prior to January 1, 2013.

Tier 2 Members are those with an SBCERA membership date **on or after January 1, 2013**.

Below is a breakdown of the benefit formulas administered by SBCERA for each membership classification and tier:

Tier 1	General Members – 2% @ 55 Safety Members – 3% @ 50
Tier 2	General Members – 2.5% @ 67 Safety Members – 2.7% @ 57

To find out when you are eligible to retire, visit www.sbcera.org/membership-milestones.

SBCERA Contribution Rates

Member contribution rates are set annually. Changes to the rates are determined by financial studies conducted by independent actuaries. The Board of Retirement reviews and sets contribution rate increases or decreases on the basis of these studies each fiscal year.

Learn more about contribution rates by visiting www.sbcera.org/your-contributions.

Under limited circumstances, some Tier 1 members may have the option to select either “refundable” or “nonrefundable” contributions, if permitted under the Public Employee Pension Reform Act (PEPRA), and as allowed by your MOU.

Learn more about refundable and non-refundable retirement options by visiting www.sbcera.org/your-contributions.

Member Resources

SBCERA has developed a wide variety of resources designed to help you in your journey to retirement.

Learn more by visiting www.sbcera.org/member-resources.

Stay Connected

Stay connected with SBCERA by visiting their News & Events page at www.sbcera.org/news-events and follow them on social media @SBCERA (Facebook, Twitter, LinkedIn, and YouTube). You can also expect to receive periodic email newsletters that are designed with you in mind, where you'll find SBCERA's latest news, highlights, and educational resources to help support your retirement planning.

For more information, visit www.sbcera.org.

SALARY SAVINGS PLANS

457(b) Deferred Compensation Plan

The 457(b) is a supplemental retirement plan that allows employees to contribute a portion of their pre-tax (traditional) or after-tax (Roth) salary, within certain Internal Revenue Service (IRS) limits, to a personal account currently maintained by Voya Financial. Employees may select from multiple mutual funds and a stable value account when investing their funds. The County, as the plan administrator, regularly monitors the investment options and deletes or replaces funds that fail to perform according to the guidelines set forth in the [Statement of Investment Policies and Guidelines](#).

Participating employees may be eligible to receive a County match subject to the maximum amounts specified in your MOU, Compensation Plan, Salary Ordinance or Employment Contract.

401(k) Defined Contribution Plan

Exempt employees, elected officials and other employees that are granted this benefit through an employment contract are eligible to participate in this supplemental retirement plan. If you are eligible for a 401(k) plan and would like more information, visit the County web page at hr.sbcounty.gov/employee-benefits/401k-defined-contribution-plan.

Retirement Medical Trust Plan

The Retirement Medical Trust (RMT) Plan assists eligible retirees and their dependents with the high cost of health related expenses. The RMT provides a method for eligible participants to pay, on a nontaxable basis, for qualified health expenses including health premiums and long term care (as defined in IRC Section 213) that are not otherwise reimbursed by insurance.

The RMT is funded by the eligible cash value of the participant's sick leave upon separation from service and/or County Contributions.

Sick Leave Conversion to RMT – Eligible employees may convert a portion of their sick leave, based on cash value, to the RMT. Eligibility is based on a specified number of years of service and varies by MOU.

Service credit and/or participation in other public sector retirement systems may also be counted towards the service requirement, provided that the employee has not withdrawn their contributions from the system(s) and the employee is also a participant in SBCERA.

County Contributions - The County contributes to the RMT, on behalf of active employees, on a percentage basis of an employee's base bi-weekly salary. The percentage amount and qualifying years of service varies by MOU, Compensation Plan, Salary Ordinance or Employment Contract. For all units/groups, except County Exempt and Special Districts/County Fire Exempt, other public service credit does not count towards the years of service to receive the County contribution.

All funds contributed to the RMT are maintained in individual accounts administered by Voya Financial exclusively for the benefit of the participant or the participant's eligible dependent(s). The account balance is available for the reimbursement upon separation from the County when reaching the normal retirement age under the plan (General Retirement - 55 years of age/ Safety Retirement - 50 years of age).

For any questions or additional information regarding the Retirement Medical Trust Fund, contact Employee Benefits at (909) 387-5787, or go online to hr.sbcounty.gov/employee-benefits/salary-savings-plan. If you are a participant in the 457 plan, you can see all your balances on www.voyaretirementplans.com.

If you are not in the 457 you can still access your RMT plan balances on voya.com/ws/myHRA or by contacting Voya's toll-free number at (833) 232-4673.

529 Education Savings Plan

County employees who want to invest in their children's and grandchildren's education may want to consider the 529 Education Savings plan. The 529 Education Savings plan, offered by Fidelity Investments, allows employees to invest a minimum bi-weekly deferral of \$25 on an after-tax basis via payroll deduction. This plan offers tax-deferred growth of any earnings and tax-free withdrawals for qualified higher education expenses such as room, board, and tuition. There are no income restrictions and account assets can be used at most accredited colleges and universities. You must contact Voya Financial to participate in the plan. To access your 529 Education Savings plan, visit www.i.fidelity.com.

How to Get in Touch with Voya Financial

Any employee who has questions, or who is interested in participating in the 457(b), 401(k) and/or the 529 plan, should contact the local Voya Financial office at (909) 748-6468 to schedule an appointment. The 457(b), 401(k) and 529 benefit plans do not have an open enrollment period, so employees can enroll at any time. For more extensive information on the County's Salary Savings Plans and Voya Financial, please visit the County's custom Voya Financial website at cosb.beready2retire.com.

COMMUTER SERVICES (EMPLOYEE RIDESHARE PROGRAM)

Human Resources – Commuter Services (HR-CS) administers the County's Employee Rideshare Program. Our mission is to combat climate change and improve our employees commute. HR-CS provides employees with the tools, resources and rewards* to commute to and from work via various modes in an eco-friendly manner. These smart commute modes include vanpool, carpool, transit, telework, walk, bike, and zero emission vehicles.

HR-CS can help you to:

- ✓ Join or form a vanpool or carpool, or help you find potential rideshare partners
- ✓ Obtain information about public transportation options available through mass transit
- ✓ Take advantage of pre-tax payroll deductions and commuter subsidies to lower your costs for participation in our vanpool and mass transit programs
- ✓ Save money, reduce carbon footprint, and improve your wellbeing

HR-CS implemented the San Bernardino Traffic Reduction Incentive Program website, SBtrip, to help our employees take advantage of all our program benefits such as:

- ✓ Finding a smart commute mode that works for you and your schedule
- ✓ Connecting with potential rideshare partners
- ✓ Logging your eligible rideshare days
- ✓ Realizing the impact to your wallet and the environment with reduced carbon emissions
- ✓ Earning amazing rewards and incentives* for participating:



Start-Up Incentive	\$ Rewards	Events
		
Receive \$4 for every day you rideshare for your first three calendar months of participation; tracking required	Semiannual \$25 gift cards guaranteed for eligible participants; -\$250 one-time cash incentive for qualifying zero emissions or plug-in hybrid vehicles	Rideshare events held throughout the year with prize raffles and other incentives

You can reach HR-CS at (909) 387-9640 or email us at hrcommuterservices@sbcounty.gov

*Employees must meet eligibility and participation requirements to receive incentives and rewards; see the HR-CS website for details. Pursuant IRC 74 & IRC 3121(a)(20), the value of an award or prize given by an employer to an employee is considered taxable wages and may be subject to Federal income tax.

UNEMPLOYMENT INSURANCE

The Unemployment Insurance Program, commonly referred to as UI, provides weekly unemployment insurance payments for workers who lose their jobs through no fault of their own. Eligibility for benefits requires that the claimant be able to work, be seeking work, and be willing to accept a suitable job. Employees do not pay for this benefit, it is County-paid. You can learn more at www.edd.ca.gov/Unemployment.

There are several ways to file a claim:

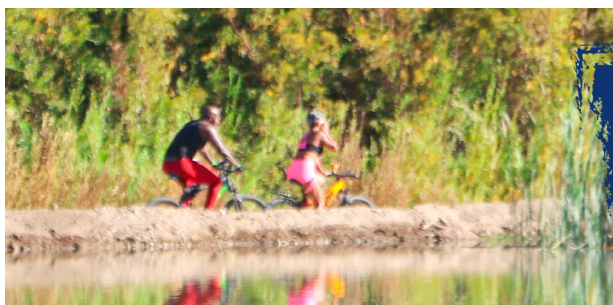
- 1. Online:** Apply using UI OnlineSM at www.edd.ca.gov/Unemployment/UI_Online.htm
- 2. Phone:** Apply via phone Monday through Friday between 8 a.m. and 5 p.m. by contacting the call center at (800) 300-5616. You can also contact EDD representatives at (800) 480-3287 for Disability Insurance and/or Paid Family Leave, if you meet the eligibility requirements, from 8 a.m. to 5 p.m., Monday through Friday.
- 3. Mail/Fax:** Download the Unemployment Insurance Application (Form DE 1101i) at www.forms.edd.ca.gov/forms and mail or fax your completed document as specified on the application.

APPEAL PROCEDURE

General Information

In the event an employee or beneficiary believes that a request or claim for a benefit under a health and welfare, flexible spending account, or salary savings plan has been improperly denied, he or she may appeal the decision within the parameters set forth in the following procedure.

Appeals for claims that are denied solely by one of the County's benefit carriers must be submitted within the guidelines established by that carrier. Employee Benefits, if requested to do so, will act as an advocate and will assist to ensure that the appeal receives due consideration.



MOJAVE NARROWS REGIONAL PARK

EXPLORE MOJAVE NARROWS REGIONAL PARK! OVER 1,500 WILDLIFE SPECIES, YEAR-ROUND FISHING, TRAILS, CAMPING, DISC GOLF, AND A FUN SPLASH PAD. PERFECT FOR NATURE LOVERS AND ADVENTURE SEEKERS!

NOTICE REGARDING WELLNESS PROGRAM

Wellness Works Here, San Bernardino County's wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

Incentives may be available for employees who participate in certain health-related activities tracking steps and activity on the Steps to Success wellness activity platform, completing wellness challenges and events, and participating in wellness education classes. To view these additional incentives, visit the Steps to Success platform at app.wellable.co/sbcounty. You may also visit the Wellness Works Here home page at link.sbcounty.gov/Wellness. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard by contacting the San Bernardino County Employee Wellness coordinator at (909) 387-5787 or mhm@hr.sbcounty.gov.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and San Bernardino County may use aggregate information it collects to design a program based on identified health risks in the workplace, Wellness Works Here will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is "a registered nurse," and or "a doctor," in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact San Bernardino County Equal Employment Opportunity Office (EEO) at (909) 387-5584 or eeo@hr.sbcounty.gov.

Rev. 08/24/2023

PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA): HEALTH PLAN ELIGIBILITY

The PPACA mandates that full-time employees be offered affordable medical insurance.

In general, full-time employees are defined as those working, on average, at least 30 hours per week (or 130 hours in a calendar month). As defined by the PPACA, coverage is considered affordable if the employee's share of the annual premium for the lowest priced employee-only plan is no greater than 9.56% of the annual household income.

San Bernardino County requires employees covered by a MOU, Compensation Plan, Salary Ordinance or Employment Contract to be enrolled in a group-sponsored medical and/or dental plan. Certain employees are not required to be enrolled in a medical and/or dental plan and are considered to be 'contingent employees'. Contingent employees are those that are not covered by a MOU or required by an employment contract to be enrolled in a medical and/or dental plan.

Contingent employees include (but are not limited to):

- ✓ Recurrent employees
- ✓ Public service employees (PSE)
- ✓ Per diem employees
- ✓ Paid work experience employees (WEX)
- ✓ Returning retired employees

The County offers an unsubsidized, minimum essential value plan (Bronze Plan) for contingent employees. Eligible dependents may also be enrolled in this plan. Information about the Bronze Plan can be found on our webpages at: hr.sbcounty.gov/employee-benefits/medical-dental-vision-plans/blue-shield-of-california

Health Plan Eligibility Measurement

Effective May 2015, the County began using a look-back measurement method to determine who is a full-time employee for purposes of plan coverage. The look-back measurement method is based on Internal Revenue Service (IRS) final regulations under the Affordable Care Act (ACA). Its purpose is to provide greater predictability for plan coverage determinations.

The look-back measurement method applies to all employees and it involves three different periods:

- ✓ A measurement period for counting your hours of service to determine eligibility for medical insurance during the stability period. Your hours of service during the measurement period will determine if you have full-time status and are eligible for coverage.
 - If you are an ongoing employee, this measurement period (which is also called the "standard measurement period") runs from pay period 11 of each year and ends pay period 10 of the following year. This measurement will determine your plan eligibility for the stability period that follows the measurement period. For example, in 2017, the measurement period began April 29, 2017 and runs through April 27, 2018.
 - If you are a new contingent employee with variable hours, the measurement period will begin on your date of hire and will last through pay period 10 following your date of hire. For example, if hired on June 10, 2017, the measurement period began June 10, 2017 and run through April 27, 2018.
 - If you are a new contingent employee who is expected to work full time, the County is required to offer you medical insurance within the first 90 days of employment.

- ✓ A stability period follows the measurement period. For example, in 2017, the stability period begins on July 22, 2017 and runs through July 20, 2018. As a general rule, your status as a full-time employee or a non-full time employee is 'locked in' for the stability period, regardless of how many hours you work during this timeframe, as long as you remain an employee of the County. There are exceptions to this general rule for employees who experience certain changes in employment status, such as returning from an unpaid leave of absence. The stability period begins with pay period 17 and runs through pay period 16 of the following year.
- ✓ An administrative period, a short timeframe between the measurement period and the stability period when the County performs administrative tasks, such as determining eligibility for coverage and facilitating plan enrollment. The administrative period begins with pay period 11 and runs through pay period 16. For example, in 2017, the administrative period begins April 29, 2017 and runs through July 20, 2018.

The rules for the look-back measurement method are very complex. Keep in mind that this is just a general overview of how the rules work. More complex rules may apply to your situation. The County will follow the IRS final regulations (including any future guidance issued by the IRS) when administering the look-back measurement method. If you have any questions about this measurement method and how it applies to you, please contact Employee Benefits at (909) 387-5787.

PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA)

Grandfathered Health Plans

San Bernardino County believes all of its medical insurance plans are “grandfathered health plans” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your medical plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator, Human Resources-Employee Benefits and Services.

The Women’s Health and Cancer Rights Act (WHCRA) of 1998 Annual Notice

As required by the Women’s Health and Cancer Rights Act (WHRA) of 1998, the medical plans provide coverage for:

1. All stages of reconstruction of the breast on which the mastectomy has been performed
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prosthesis and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient. Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.

For more information regarding the above notices, contact the plan administrator, Human Resources-Employee Benefits at (909) 387-5787.



SAN BERNARDINO COUNTY

Medical Expense Reimbursement (FSA) Plan NOTICE OF PRIVACY PRACTICES (NOPP)

Effective Date of Notice: October 31, 2022

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information, known as protected health information (PHI), includes almost all individually identifiable health information held by the plan – whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of San Bernardino County Medical Expense Reimbursement Plan(s). The plans covered by this notice may share health information with each other to carry out Treatment, Payment or Health Care Operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

The Plan's duties with respect to health information about you

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information.

How the Plan(s) may use or disclose your health information

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care Treatment, Payment Activities, and/or Health Care Operations. Here are some examples of what this might entail:

- **Treatment.** While the Plan generally does not use or disclose your PHI to health care providers for treatment, the Plan is permitted to do so if necessary.
- **Payment.** The Plan may use or disclose your PHI to administer the Plan, which includes reimbursing you for eligible health care expenses for you and your dependents that are not reimbursed by insurance. The Plan may use your information to determine your eligibility for enrollment and for reimbursement and other services, including responding to complaints, appeals and external review requests.
- **Health Plan Operations.** For example, the Plan may use or disclose your PHI to perform its functions as a flexible spending account (FSA) plan. This may include: quality assessment and improvement activities, internal grievance resolution, fraud and abuse compliance programs, authorizing business associates to perform data aggregation services; and managing, planning or developing the Plan's business including conducting or arranging for legal, billing, auditing, compliance and other administrative support functions and/or services.
- **To Business Associates.** The Plan may disclose your PHI to business associates the Plan hires to assist the Plan. Each business associate of the Plan must agree in writing to ensure the continuing confidentiality and security of your medical information.

The amount of health information used, disclosed or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. The Plan will not use or disclose PHI that is your genetic information. The Plan may also contact you to provide you with information about other flexible spending account benefits and services that may be of interest to you.

How the Plan may share your health information with San Bernardino County

The Plan may disclose your health information without your written authorization to San Bernardino County for plan administration purposes. San Bernardino County may need your health information to administer benefits under the Plan. San Bernardino County agrees not to use or disclose your health information other than as permitted or required by the Plan Document and by law. The staff of the Human Resources Department, Employee Benefits and Services Division (EBSD) are the only County employees who will have access to your health information for plan administration functions.

SAN BERNARDINO COUNTY, Medical Expense Reimbursement FSA Plan, Notice of Privacy

Page 2 of 5

Please be aware that San Bernardino County cannot and will not use health information obtained from the Plan for any employment–related actions.

Other allowable uses or disclosures of your health information

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information describing your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You will generally be given the chance to agree or object to these disclosures (although exceptions may be made for example if you are not present or if you are incapacitated). In addition, your health information may be disclosed without authorization to your legal representative.

The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

Workers' Compensation	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with such laws.
Necessary to prevent serious threat to health or safety	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (including disclosures to the target of the threat); includes disclosures to assist law enforcement officials in identifying or apprehending an individual because the individual has made a statement admitting participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody.
Public Health activities	Disclosures authorized by law to person who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects.
Victims of abuse, neglect or domestic violence	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you will be notified of the Plan's disclosure if informing you would not put you at further risk).
Judicial and Administrative Proceedings	Disclosures in response to a court or administrative order, subpoena, discovery request or other lawful process (the Plan may be required to notify you of the request, or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information).
Law Enforcement purposes	Disclosures to law enforcement officials required by law or pursuant to legal process or to identify a suspect, fugitive, witness or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosure about a death that may have resulted from criminal conduct; and disclosure to provide evidence of criminal conduct on the Plan's premises.
Decedents	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties.
Organ, eye or tissue donation	Disclosures to organ procurement organizations or other entities to facilitate organ, eye or tissue donation and transplantation after death.
Research purposes	Disclosures subject to approval by institutional or private privacy review boards and subject to certain assurances and representations by researchers regarding necessity of using your health information and treatment of the information during a research project.
Health oversight activities	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility and compliance with regulatory programs or civil rights laws.
Specialized government functions	Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates.
HHS investigations	Disclosures of your health information to the Department of Health and Human Services (HHS) to investigate or determine the Plan's compliance with the HIPAA privacy rule.

Except as described in this notice, other uses and disclosures will be made only with your written authorization. For example, in most cases, the Plan will obtain your authorization before it communicates with you about products or programs if the Plan is being paid to make those communications. The Plan will never sell your health information unless you have authorized us to do so. You may revoke your authorization as allowed under the HIPAA rules. However, you cannot revoke your authorization with respect to disclosures the Plan has already made. You will be notified of any unauthorized access, use or disclosure of your unsecured health information as required by law.

SAN BERNARDINO COUNTY, Medical Expense Reimbursement FSA Plan, Notice of Privacy

Page 3 of 5

The Plan will notify you if it becomes aware that there has been a loss of your health information in a manner that could compromise the privacy of your health information.

Your individual rights

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the table at the end of this notice for information on how to submit requests.

- **Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse.** You have the right to ask the Plan to restrict the use and disclosure of your health information for Treatment, Payment or Health Care Operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death – or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. And if the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you are notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

- **Right to receive confidential communications of your health information.** If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

- **Right to inspect and copy your health information.** With certain exceptions, you have the right to inspect or obtain a copy of your health information in a "Designated Record Set." This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal or administrative proceedings. The Plan may deny your right to access, although in certain circumstances you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request (60 days if the health information is not accessible on site), the Plan will provide you with one of these responses:

1. The access or copies you requested;
2. A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint; or
3. A written statement that the time period for reviewing your request will be extended by no more than 30 days, along with the reasons for the delay and the date by which the Plan expects to address your request.

You may also request your health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage. If the Plan does not maintain the health information but knows where it is maintained, you will be informed of where to direct your request.

If the Plan keeps your records in an electronic format, you may request an electronic copy of your health information in a form and format readily producible by the Plan. You may also request that such electronic

SAN BERNARDINO COUNTY, Medical Expense Reimbursement FSA Plan, Notice of Privacy

Page 4 of 5

health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. Any charge that is assessed to you for these copies must be reasonable and based on the Plan's cost.

- **Right to amend your health information that is inaccurate or incomplete.** With certain exceptions, you have a right to request that the Plan amend your health information in a Designated Record Set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the Designated Record Set, or is not available for inspection (e.g. information compiled for civil, criminal or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will take one of these actions:

1. Make the amendment as requested;
2. Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint; or
3. Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

- **Right to receive an accounting of disclosure of your health information.** You have the right to a list of certain disclosures the Plan has made of your health information. This is often referred to as an "accounting of disclosures." You generally may receive this accounting if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information for up to six (6) years before the date of your request. You do not have a right to receive an accounting of any disclosures made in any of these circumstances:

1. For Treatment, Payment or Health Care Operations;
2. To you about your own health information;
3. Incidental to other permitted or required disclosures;
4. Where authorization was provided;
5. To family members or friends involved in your care (where disclosure is permitted without authorization);
6. For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstance; or
7. As part of a "limited data set" (health information that excludes certain identifying information).

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official. If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one (1) request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You will be notified of the fee in advance and have the opportunity to change or revoke your request.

- **Access and distribution of this notice.** This notice will be provided as follows: 1) in paper format to employees upon hire, 2) electronically (and in paper format upon request) as part of the annual Open Enrollment materials, 3) electronically posted on San Bernardino County, Human Resources Department, Employee Benefits and Services Division web pages. Unless you affirmatively contact Human Resources and advise that you do not have electronic access to these documents, you will be

SAN BERNARDINO COUNTY, Medical Expense Reimbursement FSA Plan, Notice of Privacy

Page 5 of 5

deemed to have given your consent to continue to receive notices electronically. You may exercise your right to obtain a paper copy of this notice, at any time, as described herein.

- **Right to obtain a paper copy of this notice from the Plan upon request.** You have the right obtain a paper copy of this Privacy Notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

Changes to the information in this notice

The Plan must abide by the terms of the Privacy Notice currently in effect. This notice takes effect on August 1, 2009. However, the Plan reserves the right to change the terms of its privacy policies as described in this notice at any time, and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan's privacy policies described in this notice, you will be provided with a revised Privacy Notice either electronically or by mail to your mailing address. If you receive this Notice electronically, you may also request a paper copy at no charge. This Notice is also posted on San Bernardino County, Human Resources Department website (<https://hr.sbcounty.gov/employee-benefits/>).

Our right to check your identity

For your protection, we may check your identity whenever you have questions about your specific enrollment Plan activities. We will check your identity whenever you submit requests to look at, copy or amend your records or to obtain a list of disclosures of your health information.

Complaints

If you believe your privacy rights have been violated or your Plan has not followed its legal obligations under HIPAA, you may complain to the Plan or to San Bernardino County, Office of Compliance and Ethics at the addresses listed below. Alternatively, you may complain to the Secretary of the U.S. Department of Health and Human Services, at the regional office that handles your area, generally within 180 days of when the act or omission occurred. You will not be retaliated against for filing a complaint.

<p>To file a complaint with the Plan as administered by the County Human Resources Department, contact:</p> <p>Benefits Chief, Department of Human Resources Employee Benefits and Services 175 W. Fifth Street, First Floor San Bernardino, CA 92415-0440</p> <p>Phone # (909) 387-5787 Fax # (909) 387-5566 Email: ebbsd@hr.sbcounty.gov</p>	<p>To file a complaint with San Bernardino County, Office of Compliance and Ethics:</p> <p>HIPAA Complaints Official 157 W. Fifth Street, First Floor San Bernardino, CA 92415-0440</p> <p>Phone # (909) 387-4500 Fax # (909) 387-8950 Email: HIPAAComplaints@cao.sbcounty.gov</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

For more information on the Plan's privacy policies or your rights under HIPAA, contact:

HIPAA Benefits Analyst
San Bernardino County, Human Resources Department
Employee Benefits and Services
175 W. Fifth Street, First Floor
San Bernardino, CA 92415-0440
Email: ebbsd@hr.sbcounty.gov
Phone # (909) 387-5787
Fax # (909) 387-5566

Plans that will follow this Notice include the following:

- San Bernardino County, Medical Expense Reimbursement (FSA) Plan (Active and COBRA)



SAN BERNARDINO COUNTY
Active Employees Self-Funded Dental PPO Plans
Administered by Delta Dental

NOTICE OF PRIVACY PRACTICES (NOPP)

Effective Date of Notice: July 18, 2023

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information, known as protected health information (PHI), includes almost all individually identifiable health information held by the plan – whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of San Bernardino County’s Active Employee’s Self-Funded Dental PPO Plans (“Plan”). Delta Dental of California (“Delta Dental”) is the Dental Plan Third Party Administrator. The plans covered by this notice may share health information with each other to carry out Treatment, Payment or Health Care Operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

The Plan’s duties with respect to health information about you

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan’s legal duties and privacy practices. Your PHI is maintained by the business associate (Delta Dental) that serves as the third party administrator for the Plan in which you participate, but the County may also hold health-related information. Generally, County-held information is limited to enrollment data, but in limited instances it may include information you provide to designated County staff to help with coordination of benefits or resolving complaints.

How the Plan(s) may use or disclose your health information

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care Treatment, Payment Activities, and/or Health Care Operations. Here are some examples of what this might entail:

- **Treatment.** Although the County does not provide direct treatment to you, your Delta Dental dentist and their staff may use health information about you to provide you with dental treatment or services, to include consultations and referrals. They may disclose health information about you to dentists, technicians, other health care professionals and office staff who are involved in taking care of you and your dental health.
- **Payment.** Includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations and provide reimbursement for health care, except for genetic information that is PHI. This can include eligibility determinations, reviewing services for medical necessity or appropriateness, utilization management activities, claims management, and billing; as well as “behind the scene” plan functions such as risk adjustment, collection, or reinsurance.
- **Health care operations.** Includes activities by this Plan (and in limited circumstance other plans or providers) such as wellness and risk assessment programs, quality assessment and improvement activities, customer service and internal grievance resolution. Excludes genetic information that is PHI. Health care operations also include vendor evaluations, credentialing, training, accreditation activities, underwriting, premium rating, arranging for medical review and audit activities and business planning and development.
- **To Business Associates.** The Plan may disclose your PHI to business associates the Plan hires to assist the Plan. Each business associate of the Plan must agree in writing to ensure the continuing confidentiality and security of your medical information.

The amount of health information used, disclosed or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. If the Plan uses or

Issued 07/18/2023

SAN BERNARDINO COUNTY, Active Employee's Self-Funded Dental PPO Plans Notice of Privacy Practices (NOPP), July 18, 2023

Page 2 of 6

discloses PHI for underwriting purposes, the Plan will not use or disclose PHI that is your genetic information for such purposes.

How the Plan may share your health information with San Bernardino County

Delta Dental may disclose your health information without your written authorization to San Bernardino County for plan administration purposes. San Bernardino County may need your health information to administer benefits under the Plan. San Bernardino County agrees not to use or disclose your health information other than as permitted or required by the Plan document and by law. The staff of the Human Resources Department, Employee Benefits and Services Division (EBSD) are the only County employees who will have access to your health information for plan administration functions.

Here's how additional information may be shared between the Delta Dental and San Bernardino County, as allowed under the HIPAA rules:

- Delta Dental may disclose "summary health information" to San Bernardino County if requested, for purposes of obtaining premium bids to provide coverage under the Plan, or for modifying, amending or terminating the Plan. Summary health information is information that summarizes participants' claims information, but from which names and other identifying information has been removed.
- Delta Dental may disclose to San Bernardino County information on whether an individual is participating in the Plan, or has enrolled or disenrolled in an insurance option offered by the Plan.

In addition, you should know that San Bernardino County cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by San Bernardino County from other sources, for example under the Family and Medical Leave Act, American's with Disabilities Act, or workers' compensation is *not* protected under HIPAA (although this type of information may be protected under other federal and state laws).

Other allowable uses or disclosures of your health information

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information describing your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You will generally be given the chance to agree or object to these disclosures (although exceptions may be made for example if you are not present or if you are incapacitated). In addition, your health information may be disclosed without authorization to your legal representative.

The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

Workers' Compensation	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with such laws.
Necessary to prevent serious threat to health or safety	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (including disclosures to the target of the threat); includes disclosures to assist law enforcement officials in identifying or apprehending an individual because the individual has made a statement admitting participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody.
Public Health activities	Disclosures authorized by law to person who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects.
Victims of abuse, neglect or domestic violence	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you will be notified of the Plan's disclosure if informing you would not put you at further risk).
Judicial and Administrative Proceedings	Disclosures in response to a court or administrative order, subpoena, discovery request or other lawful process (the Plan may be required to notify you of the request, or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information).
Law Enforcement purposes	Disclosures to law enforcement officials required by law or pursuant to legal process or to identify a suspect, fugitive, witness or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosure about a death that may have

Issued 07/18/2023

SAN BERNARDINO COUNTY, Active Employee's Self-Funded Dental PPO Plans**Notice of Privacy Practices (NOPP), July 18, 2023**

Page 3 of 6

	resulted from criminal conduct; and disclosure to provide evidence of criminal conduct on the Plan's premises.
Decedents	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties.
Organ, eye or tissue donation	Disclosures to organ procurement organizations or other entities to facilitate organ, eye or tissue donation and transplantation after death.
Research purposes	Disclosures subject to approval by institutional or private privacy review boards and subject to certain assurances and representations by researchers regarding necessity of using your health information and treatment of the information during a research project.
Health oversight activities	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility and compliance with regulatory programs or civil rights laws.
Specialized government functions	Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates.
HHS investigations	Disclosures of your health information to the Department of Health and Human Services (HHS) to investigate or determine the Plan's compliance with the HIPAA privacy rule.

Except as described in this notice, other uses and disclosures will be made only with your written authorization. For example, in most cases, the Plan will obtain your authorization before it communicates with you about products or programs if the Plan is being paid to make those communications. The Plan will never sell your health information unless you have authorized us to do so. You may revoke your authorization as allowed under the HIPAA rules. However, you cannot revoke your authorization with respect to disclosures the Plan has already made. You will be notified of any unauthorized access, use or disclosure of your unsecured health information as required by law.

The Plan will notify you if it becomes aware that there has been a loss of your health information in a manner that could compromise the privacy of your health information.

Your individual rights

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the table at the end of this notice for information on how to submit requests.

- **Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse.** You have the right to ask the Plan to restrict the use and disclosure of your health information for Treatment, Payment or Health Care Operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death – or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. And if the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you are notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

- **Right to receive confidential communications of your health information.** If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

SAN BERNARDINO COUNTY, Active Employee's Self-Funded Dental PPO Plans
Notice of Privacy Practices (NOPP), July 18, 2023

Page 4 of 6

- **Right to inspect and copy your health information.** With certain exceptions, you have the right to inspect or obtain a copy of your health information in a "Designated Record Set." This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal or administrative proceedings. The Plan may deny your right to access, although in certain circumstances you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request (60 days if the health information is not accessible onsite), the Plan will provide you with one of these responses:

1. The access or copies you requested;
2. A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint; or
3. A written statement that the time period for reviewing your request will be extended by no more than 30 days, along with the reasons for the delay and the date by which the Plan expects to address your request.

You may also request your health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage.

If the Plan does not maintain the health information but knows where it is maintained, you will be informed of where to direct your request.

If the Plan keeps your records in an electronic format, you may request an electronic copy of your health information in a form and format readily producible by the Plan. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. Any charge that is assessed to you for these copies must be reasonable and based on the Plan's cost.

- **Right to amend your health information that is inaccurate or incomplete.** With certain exceptions, you have a right to request that the Plan amend your health information in a Designated Record Set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the Designated Record Set, or is not available for inspection (e.g. information compiled for civil, criminal or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will take one of these actions:

1. Make the amendment as requested;
2. Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint; or
3. Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

- **Right to receive an accounting of disclosure of your health information.** You have the right to a list of certain disclosures the Plan has made of your health information. This is often referred to as an

SAN BERNARDINO COUNTY, Active Employee's Self-Funded Dental PPO Plans**Notice of Privacy Practices (NOPP), July 18, 2023**

Page 5 of 6

"accounting of disclosures." You generally may receive this accounting if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information for up to six (6) years before the date of your request. You do not have a right to receive an accounting of any disclosures made in any of these circumstances:

1. For Treatment, Payment or Health Care Operations;
2. To you about your own health information;
3. Incidental to other permitted or required disclosures;
4. Where authorization was provided;
5. To family members or friends involved in your care (where disclosure is permitted without authorization);
6. For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstance; or
7. As part of a "limited data set" (health information that excludes certain identifying information).

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official. If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one (1) request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You will be notified of the fee in advance and have the opportunity to change or revoke your request.

- **Access and distribution of this Notice of Privacy Practices ("Privacy Notice").** This Privacy Notice will be provided as follows: 1) in paper format to employees upon hire, 2) electronically (and in paper format upon request) as part of the annual Open Enrollment materials, 3) electronically posted on San Bernardino County, Human Resources Department, Employee Benefits and Services Division web pages. Unless you affirmatively contact Human Resources and advise that you do not have electronic access to these documents, you will be deemed to have given your consent to continue to receive notices electronically. You may exercise your right to obtain a paper copy of this Privacy Notice, at any time, as described herein.
- **Right to obtain a paper copy of this Privacy Notice from the Plan upon request.** You have the right to obtain a paper copy of this Privacy Notice upon request. Even individuals who agreed to receive this Privacy Notice electronically may request a paper copy at any time.

If you want to exercise the first five rights listed above, please contact **Delta Dental** at (855) 244-7323. You will be provided with the necessary information and forms for you to complete and return, and Delta Dental will advise the Plan of your request. In some cases, the Plan (or Delta Dental as its Administrator) may charge you a nominal, cost-based fee to comply with your request.

Changes to the information in this Privacy Notice

The Plan must abide by the terms of the Privacy Notice currently in effect. This Privacy Notice takes effect on July 22, 2017. However, the Plan reserves the right to change the terms of its privacy policies as described in this Privacy Notice at any time, and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan's privacy policies described in this Privacy Notice, you will be provided with a revised Privacy Notice either electronically or by mail to your mailing address. If you receive this Privacy Notice electronically, you may also request a paper copy at no charge. This

SAN BERNARDINO COUNTY, Active Employee's Self-Funded Dental PPO Plans Notice of Privacy Practices (NOPP), July 18, 2023

Page 6 of 6

Privacy Notice is also posted on San Bernardino County, Human Resources Department website (hr.sbcounty.gov/employee-benefits).

Our right to check your identity

For your protection, we may check your identity whenever you have questions about your specific enrollment Plan activities. We will check your identity whenever you submit requests to look at, copy or amend your records or to obtain a list of disclosures of your health information.

Complaints

If you believe your privacy rights have been violated or your Plan has not followed its legal obligations under HIPAA, you may complain to the Plan Administrator, Delta Dental or to San Bernardino County, Office of Compliance and Ethics at the addresses listed below. Alternatively you may complain to the Secretary of the U.S. Department of Health and Human Services, at the regional office that handles your area, generally within 180 days of when the act or omission occurred. You will not be retaliated against for filing a complaint.

<p>To file a complaint with San Bernardino County, Office of Compliance and Ethics:</p> <p>HIPAA Complaints Official 157 W. Fifth Street, First Floor San Bernardino, CA 92415-0440</p> <p>Phone # (909) 387-4500 Email: HIPAAComplaints@cao.sbcounty.gov Fax # (909) 387-8950</p>	<p>To file a complaint with the Plan as administered by Delta Dental, contact:</p> <p>Delta Dental of California 100 First Street San Francisco, CA 94105</p> <p>Phone # (855) 244-7323</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

For more information on the Plan's privacy policies or your rights under HIPAA, contact:

HIPAA Benefits Analyst
San Bernardino County,
Human Resources Department
Employee Benefits and Services
175 W. Fifth Street, First Floor
San Bernardino, CA 92415-0440
Email: ebbsd@hr.sbcounty.gov
Phone # (909) 387-5787
Fax # (909) 387-5566

Delta Dental of California
100 First Street
San Francisco, CA 94105
Phone # (855) 244-7323

Plans that will follow this Notice include the following:

- San Bernardino County, Active Employee's Self-Funded Dental PPO Plan #00001-DPPO
- San Bernardino County, Active Employee's Self-Funded Dental PPO Needles Plan #00002 DPPO
- San Bernardino County, Active Employee's Self-Funded Dental PPO Special Pay Plan #00003 DPPO
- San Bernardino County, COBRA Self-Funded Dental PPO Plan # 09000 DPPO
- San Bernardino County, COBRA Self-Funded Dental PPO Needles Plan # 09000 DPPO

We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We will only maintain PHI that we obtain or utilize in providing your health care benefits. We may not maintain some PHI, such as treatment records or x-rays after we have completed our review of that information. You may need to contact your health care provider to obtain PHI that we do not possess.

You may not inspect or copy PHI compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or PHI that is otherwise not subject to disclosure under federal or state law. In some circumstances, you may have a right to have this decision reviewed.

You have the right to request a restriction of your PHI.

You have the right to ask that we limit how we use and disclose your PHI; however, you may not restrict our legal or permitted uses and disclosures of PHI. While we will consider your request, we are not legally required to accept those requests that we cannot reasonably implement or comply with during an emergency.

You have the right to correct or update your PHI.

You may request to make an amendment of PHI we maintain about you. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal within 60 days. If your PHI was sent to us by another, we may refer you to that person to amend your PHI. For example, we may refer you to your provider to amend your treatment chart or to your employer, if applicable, to amend your enrollment information.

You have rights related to the use and disclosure of your PHI for marketing.

We will obtain your authorization for the use or disclosure of PHI for marketing when required by law. You have the right to withdraw your authorization at any time. We do not use your PHI for fundraising purposes.

You have the right to request or receive confidential communications from us by alternative means or at a different address.

You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.

You have a right to an accounting of disclosures with some restrictions. This right does not apply to disclosures for purposes of treatment, payment, or health care operations or for information

we disclosed after we received a valid authorization from you. Additionally, we do not need to account for disclosures made to you, to family members or friends involved in your care, or for notification purposes. We do not need to account for disclosures made for national security reasons, certain law enforcement purposes or disclosures made as part of a limited data set. We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another accounting within 12 months.

You have the right to a paper copy of this notice.

A copy of this notice is posted on our website. You may also request that a copy be sent to you.

You have the right to be notified following a breach of unsecured protected health information.

We will notify you in writing, at the address on file, if we discover we compromised the privacy of your PHI.

You have the right to choose someone to act for you.

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

COMPLAINTS

You may file a complaint with us and/or with the U. S. Secretary of Health and Human Services if you believe we have violated your privacy rights. We will not retaliate against you for filing a complaint.

CONTACTS

You may contact us by calling 866-530-9675, or you may write to the address listed below for further information about the complaint process or any of the information contained in this notice.

Delta Dental
PO Box 997330
Sacramento, CA 95899-7330

This notice is effective on and after March 1, 2019.

Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of the District of Columbia — DC, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, DC, FL, GA, LA, MS, MT, NV, TX and UT.



NOTICE TO EMPLOYEES UNEMPLOYMENT INSURANCE BENEFITS

This employer is registered under the California Unemployment Insurance Code and is reporting wage credits to the Employment Development Department (EDD) that are being accumulated for you to be used as a basis for Unemployment Insurance benefits.

You may be eligible to receive Unemployment Insurance benefits if you are:

- Unemployed or working less than full-time.
- Out of work due to no fault of your own and physically able to work, ready to accept work, and looking for work.

Employees of Educational Institutions:

Unemployment Insurance benefits based on wages earned while employed by a public or nonprofit educational institution may not be paid during a school recess period if the employee has reasonable assurance of returning to work at the end of the recess period (California Unemployment Insurance Code section 1253.3). Benefits based on other covered employment may be payable during recess periods if the unemployed individual is in all other respects eligible, and the wages earned in other covered employment are sufficient to establish an Unemployment Insurance claim after excluding wages earned from a public or nonprofit educational institution(s).

Note: Some employees may be exempt from Unemployment and Disability Insurance coverage.

The fastest way to file for Unemployment Insurance (UI) is with UI Online at www.edd.ca.gov/UI_Online.

You may also file for Unemployment Insurance by calling toll-free from anywhere in the U.S. at:

English	1-800-300-5616	Mandarin	1-866-303-0706
Spanish	1-800-326-8937	Vietnamese	1-800-547-2058
Cantonese	1-800-547-3506	TTY	1-800-815-9387

Note: Waiting to file a claim could delay benefits.

EDD representatives are available Monday through Friday between 8 a.m. and 12 noon (Pacific Time).



Notice to Employees

EDD Employment
Development
Department
State of California

Your employer is registered with and reporting wages to the Employment Development Department (EDD) as required by law. Wages are used for the following benefit programs, which are available to you.

Unemployment Insurance

Funded entirely by employer's taxes

Provides partial wage replacement when you are unemployed or your hours are reduced due to no fault of your own. You must meet all eligibility requirements to receive unemployment benefits.

Visit [File for Unemployment](https://edd.ca.gov/unemployment) (edd.ca.gov/unemployment) to learn how to apply for benefits.

Disability Insurance

Funded entirely by employees' contributions

Provides partial wage replacement when you are unable to work because of a non-work-related illness, injury, pregnancy, or disability. You must meet all eligibility requirements to receive disability benefits.

Visit [Disability Insurance](https://edd.ca.gov/Disability/Disability_Insurance.htm) (edd.ca.gov/Disability/Disability_Insurance.htm) to learn how to apply for benefits.

Paid Family Leave

Funded entirely by employees' contributions

Provides partial wage replacement when you need to take time off work to:

- Care for a seriously ill family member.
- Bond with a new child.
- Participate in a qualifying event because of a family member's military deployment to a foreign country.

Visit [California Paid Family Leave](https://edd.ca.gov/PaidFamilyLeave) (edd.ca.gov/PaidFamilyLeave) to learn how to apply for benefits.

Note: Some employees may be exempt from coverage by the above insurance programs. It is illegal to make a false statement or to withhold facts to claim benefits. For additional information, visit the [EDD](https://edd.ca.gov) (edd.ca.gov).

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-866-490-8879 (voice). TTY users, please call the California Relay Service at 711.

Your Employee Rights Under the Family and Medical Leave Act

What is FMLA leave?

The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees with **job-protected leave** for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take **up to 12 workweeks** of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you,
- Your serious mental or physical health condition that makes you unable to work,
- To care for your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

An eligible employee who is the spouse, child, parent or next of kin of a covered servicemember with a serious injury or illness **may take up to 26 workweeks** of FMLA leave in a single 12-month period to care for the servicemember.

You have the right to use FMLA leave in **one block of time**. When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

FMLA leave is **not paid leave**, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid leave policy covers the reason for which you need FMLA leave.

Am I eligible to take FMLA leave?

You are an **eligible employee** if **all** of the following apply:

- You work for a covered employer,
- You have worked for your employer at least 12 months,
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

Airline flight crew employees have different "hours of service" requirements.

You work for a **covered employer** if **one** of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year,
- You work for an elementary or public or private secondary school, or
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

How do I request FMLA leave?

Generally, **to request FMLA leave you must:**

- Follow your employer's normal policies for requesting leave,
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.

You **do not have to share a medical diagnosis** but must provide enough information to your employer so they can determine whether the leave qualifies for FMLA protection. You **must also inform your employer if FMLA leave was previously taken** or approved for the same reason when requesting additional leave.

Your **employer may request certification** from a health care provider to verify medical leave and may request certification of a qualifying exigency.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

What does my employer need to do?

If you are eligible for FMLA leave, your **employer must:**

- Allow you to take job-protected time off work for a qualifying reason,
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave.

Your **employer cannot interfere with your FMLA rights** or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, your **employer must confirm whether you are eligible** or not eligible for FMLA leave. If your employer determines that you are eligible, your **employer must notify you in writing:**

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

Where can I find more information?

Call **1-866-487-9243** or visit dol.gov/fmla to learn more.

If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. **Scan the QR code to learn about our WHD complaint process.**



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

SCAN ME





Under California law, an employee may have the right to take job-protected leave to care for their own serious health condition or a family member with a serious health condition, or to bond with a new child (via birth, adoption, or foster care). California law also requires employers to provide job-protected leave and accommodations to employees who are disabled by pregnancy, childbirth, or a related medical condition.

Under the California Family Rights Act of 1993 (CFRA), many employees have the right to take job-protected leave, which is leave that will allow them to return to their job or a similar job after their leave ends. This leave may be up to 12 work weeks in a 12-month period for:

- the employee's own serious health condition;
- the serious health condition of a child, spouse, domestic partner, parent, parent-in-law, grandparent, grandchild, sibling, or someone else with a blood or family-like relationship with the employee ("designated person"); or
- the birth, adoption, or foster care placement of a child.

If an employee takes leave for their own or a family member's serious health condition, leave may be taken on an intermittent or reduced work schedule when medically necessary, among other circumstances.

Eligibility. To be eligible for CFRA leave, an employee must have more than 12 months of service with their employer, have worked at least 1,250 hours in the 12-month period before the date they want to begin their leave, and their employer must have five or more employees.

Pay and Benefits During Leave. While the law provides only unpaid leave, some employers pay their employees during CFRA leave. In addition, employees may choose (or employers may require) use of accrued paid leave while taking CFRA leave under certain circumstances. Employees on CFRA leave may also be eligible for benefits administered by the Employment Development Department.

Taking CFRA leave may impact certain employee benefits and seniority date. If employees want more information regarding eligibility for a leave and/or the impact of the leave on seniority and benefits, they should contact their employer.

Pregnancy Disability Leave. Even if an employee is not eligible for CFRA leave, if disabled by pregnancy, childbirth or a related medical condition, the employee is entitled to take a pregnancy disability leave of up to four months, depending on their period(s) of actual disability. If the employee is CFRA-eligible, they have certain rights to take *both* a pregnancy disability leave and a CFRA leave for reason of the birth of their child.

Reinstatement. Both CFRA leave and pregnancy disability leave contain a guarantee of reinstatement to the same position or, in certain instances, a comparable position at the end of the leave, subject to any defense allowed under the law.

Notice. For foreseeable events (such as the expected birth of a child or a planned medical treatment for the employee or of a family member), the employee must provide, if possible, at least 30 days' advance notice to their employer that they will be taking leave. For events that are unforeseeable, employees should notify their employers, at least verbally, as soon as they learn of the need for the leave. Failure to comply with these notice rules is grounds for, and may result in, deferral of the requested leave until the employee complies with this notice policy.

Certification. Employers may require certification from an employee's health care provider before allowing leave for pregnancy disability or for the employee's own serious health condition. Employers may also require certification from the health care provider of the employee's family member, including a designated person, who has a serious health condition, before granting leave to take care of that family member.

Want to learn more?

Visit: calcivilrights.ca.gov/family-medical-pregnancy-leave/

If you have been subjected to discrimination, harassment, or retaliation at work, or have been improperly denied protected leave, file a complaint with the Civil Rights Department (CRD).

TO FILE A COMPLAINT

Civil Rights Department

calcivilrights.ca.gov/complaintprocess

Toll Free: 800.884.1684 / TTY: 800.700.2320

California Relay Service (711)

Have a disability that requires a reasonable accommodation? CRD can assist you with your complaint.

YOUR RIGHTS AND OBLIGATIONS AS A PREGNANT EMPLOYEE



Civil Rights Department
STATE OF CALIFORNIA

IF YOU ARE PREGNANT, HAVE A PREGNANCY-RELATED MEDICAL CONDITION, OR ARE RECOVERING FROM CHILDBIRTH, PLEASE READ THIS NOTICE.

YOUR EMPLOYER* HAS AN OBLIGATION TO

- Reasonably accommodate your medical needs related to pregnancy, childbirth, or related conditions (such as temporarily modifying your work duties, providing you with a stool or chair, or allowing more frequent breaks);
- Transfer you to a less strenuous or hazardous position (if one is available) or duties if medically needed because of your pregnancy;
- Provide you with pregnancy disability leave (PDL) of up to four months (the working days you normally would work in one-third of a year or 17 1/3 weeks) and return you to your same job when you are no longer disabled by your pregnancy or, in certain instances, to a comparable job. Taking PDL, however, does not protect you from non-leave related employment actions, such as a layoff;
- Provide a reasonable amount of break time and use of a room or other location in close proximity to the employee's work area to express breast milk in private as set forth in the Labor Code; and
- Never discriminate, harass, or retaliate on the basis of pregnancy.

FOR PREGNANCY DISABILITY LEAVE

- PDL is not for an automatic period of time, but for the period of time that you are disabled by pregnancy, childbirth, or related medical condition. Your health care provider determines how much time you will need.
- Once your employer has been informed that you need to take PDL, your employer must guarantee in writing that you can return to work in your same or a comparable position if you request a written guarantee. Your employer may require you to submit written medical certification from your health care provider substantiating the need for your leave.
- PDL may include, but is not limited to, additional or more frequent breaks, time for prenatal or postnatal medical appointments, and doctor-ordered bed rest, and covers conditions such as severe morning sickness, gestational diabetes, pregnancy-induced hypertension, preeclampsia, recovery from childbirth or loss or end of pregnancy, and/or post-partum depression.
- PDL does not need to be taken all at once but can be taken on an as-needed basis as required by your health care provider, including intermittent leave or a reduced work schedule.
- Your leave will be paid or unpaid depending on your employer's policy for other medical leaves. You may also be eligible for state disability insurance or Paid Family Leave (PFL), administered by the California Employment Development Department.
- At your discretion, you can use any vacation or other paid time off during your PDL.
- Your employer may require or you may choose to use any available sick leave during your PDL.
- Your employer is required to continue your group health coverage during your PDL at the same level and under the same conditions that coverage would have been provided if you had continued in employment continuously for the duration of your leave.
- Taking PDL may impact certain of your benefits and your seniority date; please contact your employer for details.

NOTICE OBLIGATIONS AS AN EMPLOYEE

- Give your employer reasonable notice. To receive reasonable accommodation, obtain a transfer, or take PDL, you must give your employer sufficient notice for your employer to make appropriate plans. Sufficient notice means 30 days advance notice if the need for the reasonable accommodation, transfer, or PDL is foreseeable, or as soon as practicable if the need is an emergency or unforeseeable.
- Provide a written medical certification from your health care provider. Except in a medical emergency where there is no time to obtain it, your employer may require you to supply a written medical certification from your health care provider of the medical need for your reasonable accommodation, transfer or PDL. If the need is an emergency or unforeseeable, you must provide this certification within the time frame your employer requests, unless it is not practicable for you to do so under the circumstances despite your diligent, good faith efforts. Your employer must provide at least 15 calendar days for you to submit the certification. See if your employer has a copy of a medical certification form to give to your health care provider to complete.
- Please note that if you fail to give your employer reasonable advance notice or, if your employer requires it, written medical certification of your medical need, your employer may be justified in delaying your reasonable accommodation, transfer, or PDL.

ADDITIONAL LEAVE UNDER THE CALIFORNIA FAMILY RIGHTS ACT (CFRA)

Under the California Family Rights Act (CFRA), if you have more than 12 months of service with an employer, and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave, you may have a right to a family care or medical leave (CFRA leave). This leave may be up to 12 workweeks in a 12-month period for the birth, adoption, or foster care placement of your child**, or for your own serious health condition or that of your child, parent***, spouse, domestic partner, grandparent, grandchild, sibling, or someone else related by blood or in family-like relationship with the employee ("designated person"). Employers may pay their employees while taking CFRA leave, but employers are not required to do so, unless the employee is taking accrued paid time-off while on CFRA leave. Employees taking CFRA leave may be eligible for benefits administered by Employment Development Department.

TO FILE A COMPLAINT

Civil Rights Department
calcivilrights.ca.gov/complaintprocess
Toll Free: 800.884.1684 / TTY: 800.700.2320
California Relay Service (711)

Have a disability that requires a reasonable accommodation? CRD can assist you with your complaint.

For translations of this guidance, visit:
www.civilrights.ca.gov/posters/required

*PDL, CFRA leave, and anti-discrimination protections apply to employers of 5 or more employees; anti-harassment protections apply to employers of 1 or more.

** "Child" means a biological, adopted, or foster child, a stepchild, a legal ward, or a child of an employee or the employee's domestic partner, or a person to whom the employee stands in loco parentis.

*** "Parent" includes a biological, foster, or adoptive parent, a parent-in-law, a stepparent, a legal guardian, or other person who stood in loco parentis to the employee when the employee was a child.

Division of Labor Standards Enforcement

Labor Commissioner's Office

THIS POSTER MUST BE DISPLAYED WHERE EMPLOYEES CAN EASILY READ IT*(Poster may be printed on 8 ½" x 11" letter size paper)*

HEALTHY WORKPLACES/HEALTHY FAMILIES ACT:
CALIFORNIA PAID SICK LEAVE
(as amended effective 1/1/2024)

Entitlement:

- An employee who, on or after July 1, 2015, works in California for 30 or more days within a year from the beginning of employment is entitled to paid sick leave.
- Paid sick leave accrues at the rate of one hour per every 30 hours worked, paid at the employee's regular wage rate. Accrual shall begin on the first day of employment or July 1, 2015, whichever is later. Accrued paid sick leave shall carry over to the following year of employment and may be capped at 80 hours or 10 days.
- An employer can also provide 5 days or 40 hours, whichever is greater, of paid sick leave "up-front" at the beginning of a 12-month period. No accrual or carry over is required.
- Other accrual plans that meet specified conditions, including PTO plans, may also satisfy the requirements.

Usage:

- An employee may use paid sick days beginning on the 90th day of employment.
- An employer shall provide paid sick days upon the oral or written request of an employee for themselves or a family member for the diagnosis, care or treatment of an existing health condition or preventive care, or specified purposes for an employee who is a victim of domestic violence, sexual assault, or stalking.
- An employer may limit the use of paid sick days to 40 hours or five days, whichever is greater, in each year of employment.

Retaliation or discrimination against an employee who requests paid sick days or uses paid sick days or both is prohibited. An employee can file a complaint with the Labor Commissioner against an employer who retaliates or discriminates against the employee.

For additional information you may contact your employer or the local office of the Labor Commissioner. Locate the office by looking at the list of offices on our website <http://www.dir.ca.gov/dlse/DistrictOffices.htm> using the [alphabetical listing of cities, locations, and communities](#). Staff is available in person and by telephone.



Human Resources

Human Resources
EMPLOYEE BENEFITS AND SERVICES

175 West 5th Street, First Floor,
San Bernardino, CA 92415-0440 | 909.387.5787 | ebsd@hr.sbcounty.gov