

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. Protheses 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 (EBSB) are the only County employees who will have access to your health information for plan administration functions.

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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.

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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

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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

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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>
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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**

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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 (EBS) 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

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	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.

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- **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

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“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

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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>
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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.
- and
- 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](https://www.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.calcivilrights.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.