



Human Resources
Employee Benefits and Services

2026 BENEFITS GUIDE



Open Enrollment Dates: June 1-18

Your 2026 Open Enrollment Checklist

Open enrollment is June 1 through June 18, 2026

- ✓ 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 10, 2026

Detailed benefit plan information and more can be found in this guide or online at:
hr.sbcounty.gov/employee-benefits

PLAN YEAR HIGHLIGHTS

FLEXIBLE SPENDING ACCOUNT (FSA) REMINDER!

Make the most of your 2026-27 benefits by enrolling in an FSA! Use pre-tax dollars to pay for eligible expenses like first aid kits, over-the-counter medications, and feminine care products. You can contribute up to \$3,400 and carry over up to \$680 of unused funds. To enroll, visit Benefits Enrollment in EMACS self-service. The County is going green in 2026-27! All reimbursement claims, not paid through your FSA debit card, must be submitted electronically through the FSA portal.

INVEST IN YOUR WELLBEING WITH OUR WELLNESS PROGRAM

Take advantage of wellness resources designed to support your physical, mental, and financial health. Stay engaged through wellness challenges, digital tools, and programs that make healthy living more accessible and rewarding.

New REDESIGNED BENEFITS CALCULATOR

Planning your benefits just got easier. Our newly enhanced Benefits Calculator offers a more user-friendly experience, helping you compare plan options, estimate costs, and make informed decisions with confidence.

New STREAMLINED MBO ENROLLMENT VIA ONLINE FORM

Managing your enrollment is now simpler than ever. This year, MBO enrollment has moved to an online form — providing a more efficient and accessible process from start to finish.

link.sbcounty.gov/MBO-Form

BLUE SHIELD CARE MANAGEMENT PROGRAM

Blue Shield members have access to personalized care management services at no additional cost. This program connects you with dedicated care teams who can help coordinate care, manage chronic conditions, navigate the healthcare system, and support you through complex or ongoing medical needs.

KAISER PERMANENTE – FREE ACCESS TO CALM & HEADSPACE

Kaiser members can enjoy complimentary access to Calm and Headspace, two leading mindfulness and meditation apps. Whether you're looking to reduce stress, improve sleep, or support your mental wellbeing, these tools provide guided meditations, sleep stories, and wellness resources right at your fingertips.

SMILEWAY PROGRAM – KEEP SMILING!

Maintain your oral health with the SmileWay program, offering valuable dental care resources and support to help you and your family stay on top of preventive care and long-term wellness.

You are encouraged to reference this guide throughout the year.

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Introduction

AS YOU ENROLL

This guide is designed to help you understand your benefit enrollment options for 2026-27. Benefit elections will become effective July 25, 2026.

Benefits vary depending on your bargaining unit. Please check your applicable benefit summary for details at link.sbcounty.gov/bbou or your Memorandum of Understanding (MOU), Compensation Plan, 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.

JUN 1 MON

Open enrollment begins!

Review, update, or submit your enrollment for your benefits through 'Benefits Enrollment' in EMACS self-service.

You may also make the following changes:

- Enroll, change, or opt-out of a medical, dental, and/or vision plan
- Add dependents to or remove them from your medical, dental, and/or vision plans
- 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

Note: You may not elect supplemental life insurance or AD&D coverage for your spouse or other dependents who are also County employees. Please contact Employee Benefits if you have any questions about eligibility.

- Change your before-tax and after-tax benefit premium deduction elections
- Add/change your beneficiary information
- Enroll in or unenroll from MBO

Should you need help with completing your online open enrollment, assistance is available 7:30 a.m. to 5:00 p.m. Monday through Friday at Employee Benefits.

JUN 18 THUR

Open enrollment ends at midnight! This is the deadline to submit your 2026-27 benefit elections using EMACS self-service.

JUL 10 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 25 SAT

Effective date of coverage for changes made to medical, dental, vision, FSA, supplemental life and AD&D plans.

AUG 5 WED

Pay check deductions reflect open enrollment rate changes, except FSA deduction.

AUG 19 WED

Pay check deductions reflect FSA contribution changes.

Rates Effective July 11, 2026 | Coverage Effective July 25, 2026

BI-WEEKLY PREMIUM RATE TABLE

Plan	Coverage Type	2026-27 Published Bi-Weekly Rates	2025-26 Published Bi-Weekly Rates	Dollar Change	Percentage Change
Kaiser	Employee Only	\$420.12	\$404.10	\$16.02	3.96%
	Employee +1	\$838.23	\$806.19	\$32.04	3.97%
	Employee+2	\$1,185.26	\$1,139.92	\$45.34	3.98%
Kaiser Choice HMO	Employee Only	\$358.19	\$344.49	\$13.70	3.98%
	Employee +1	\$714.37	\$686.97	\$27.40	3.99%
	Employee+2	\$1,010.00	\$971.23	\$38.77	3.99%
Kaiser Virtual Complete HMO	Employee Only	\$329.07	\$316.49	\$12.58	3.97%
	Employee +1	\$656.13	\$630.97	\$25.16	3.99%
	Employee+2	\$927.59	\$891.99	\$35.60	3.99%
Blue Shield Signature HMO	Employee Only	\$417.85	\$383.82	\$34.03	8.87%
	Employee +1	\$833.70	\$765.67	\$68.03	8.89%
	Employee+2	\$1,178.86	\$1,082.58	\$96.28	8.89%
Blue Shield Access + HMO	Employee Only	\$362.88	\$333.37	\$29.51	8.85%
	Employee +1	\$723.81	\$664.76	\$59.05	8.88%
	Employee+2	\$1,023.38	\$939.82	\$83.56	8.89%
Blue Shield HMO Gold Trio	Employee Only	\$340.56	\$312.87	\$27.69	8.85%
	Employee +1	\$679.13	\$623.73	\$55.40	8.88%
	Employee+2	\$960.16	\$881.77	\$78.39	8.89%
Blue Shield PPO	Employee Only	\$776.89	\$713.50	\$63.39	8.88%
	Employee +1	\$1,581.22	\$1,452.02	\$129.20	8.90%
	Employee+2	\$2,453.19	\$2,252.66	\$200.53	8.90%
Blue Shield Needles PPO*	Employee Only	\$876.94	\$805.36	\$71.58	8.89%
	Employee +1	\$1,784.17	\$1,638.37	\$145.80	8.90%
	Employee+2	\$2,763.49	\$2,537.57	\$225.92	8.90%
Blue Shield Virtual Blue Needles PPO*	Employee Only	\$794.69	\$729.84	\$64.85	8.89%
	Employee +1	\$1,616.64	\$1,484.55	\$132.09	8.90%
	Employee+2	\$2,503.91	\$2,299.22	\$204.69	8.90%
Blue Shield Bronze PPO	Employee Only	\$224.39	\$206.19	\$18.20	8.83%
	Employee +1	\$446.75	\$410.37	\$36.38	8.87%
	Employee+2	\$631.32	\$579.84	\$51.48	8.88%
Delta Dental PPO	Employee Only	\$23.78	\$22.52	\$1.26	5.60%
	Employee +1	\$44.31	\$41.88	\$2.43	5.80%
	Employee+2	\$75.77	\$71.56	\$4.21	5.88%
Delta Care 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.

Benefits Calculator Available Online

Use the online benefits calculator to estimate your bi-weekly share of premiums based on the plans you select. Visit the Employee Benefits webpage at hr.sbcounty.gov/benefits-calculator to explore your options and make informed decisions.

County Contribution Towards the Cost of Coverage

The amounts paid 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 your Benefits by Occupational Unit (BBOU) summary at link.sbcounty.gov/bbou

Needles Subsidy Disclosure

Employees who are assigned to work locations in Needles, Trona, and Baker may be 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 emacsbapp.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 in error.

BENEFITS BY OCCUPATIONAL UNIT (BBOU)



A Benefits by Occupational Unit (BBOU) is a 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: <https://link.sbcounty.gov/MOU>
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 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.

SUMMARY OF BENEFITS AND COVERAGE

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

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

CONTACT INFORMATION

Employee Benefits

175 W Fifth Street, 1st Floor
San Bernardino, CA 92415
Interoffice Mail Code: 0440

Commuter Services

Flexible Spending Account (FSA)

Leave and Disability

Salary Savings

Wellness Program

Service Pin Program

ebsd@hr.sbcounty.gov
(909) 387-5787

hr.sbcounty.gov/employee-benefits

hrcommuterservices@hr.sbcounty.gov

hrfsadcap@hr.sbcounty.gov

ebsdleaves@hr.sbcounty.gov

salarysavings@hr.sbcounty.gov

mhm@hr.sbcounty.gov

servicepins@hr.sbcounty.gov

Blue Shield of California

(855) 599-2657

www.blueshieldca.com

www.blueshieldca.com/sbcounty

Blue Shield Mental Health Service Administration

(877) 263-9952

Teladoc (available 24/7)

(800) 835-2362

www.teladoc.com/bsc

Board of Retirement (SBCERA)

(909) 885-7980

sbcera.org

(877) 722-3721

Delta Dental

(855) 244-7323

www1.deltadentalins.com

EyeMed Vision

(877) 406-4146

www.eyemed.com

Kaiser Permanente

(800) 464-4000

www.kp.org

my.kp.org/sbcounty

www.kp.org/getcare

Kaiser Permanente Mental Health Services (available 24/7)

(800) 900-3277

To schedule an appointment, call

(866) 205-3595

Kaiser Permanente Release of Information

(909) 609-3200

Telehealth

(available Monday through Friday,
7am to 7pm)

(833)-KP4CARE

(1-833-574-2273)

Local 935 Healthcare Trust Benefits Administrator

(714) 460-7744

www.iafflocal935.org

Fax: (714) 460-7755

SBFire935@brownbis.com

ScholarShare

1-800-544-5248

ScholarShare529.com

Securian Financial

(866) 293-6047

Securian.com/sbcounty-insurance

Sheriff's Employees' Benefit Association (SEBA) Healthcare Benefits Administrator

(909) 825-4920

seba.com/seba-healthcare-trust

Teamsters Local 1932 Health and Welfare Trust Administration Office Zenith American Solutions

(909) 494-2916

teamsters1932.zenith-american.com

(866) 484-1337

Fax: (909) 789-1311

teamsters1932eligibility@zenith-american.com

The Standard

855-204-3122

www.standard.com/absence

Fax: 866-751-5174

Voya Financial

(909) 748-6468

cosb.beready2retire.com

(800) 584-6001

Eligibility and Enrollment

As a condition of employment, if eligible, you must enroll in a 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 an MOU, Compensation Plan, 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 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 comparable employer-sponsored group medical and/or dental insurance, or are covered by another employee, you may have the option to opt-out of the medical and/or dental insurance or waive coverage to the subscribing employee. Please refer to our MOU to check for eligibility to Opt-Out.

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 medical and/or dental plan coverage will be reinstated.

OVER AGE DEPENDENT (OAD)

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.

Employees 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 for Blue Shield, Delta Dental, and EyeMed Vision: 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 for Kaiser: No prior enrollment requirement. Subject to receipt and approval of Physician's certification.

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.

- 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 or unenroll in the MBO during open enrollment please fill out the online form: <https://link.sbcounty.gov/MBO-Form>

To view the MBO benefit summary and for more information, please visit the MBO web page at: <https://link.sbcounty.gov/MBO>

Qualifying Life Events

Throughout the year, you may experience certain life events that impact your benefit needs. These events, known as Qualifying Life Events (QLEs), may allow you to make changes to your benefit elections outside of the annual Open Enrollment period.

Benefit changes must be consistent with the qualifying life event and requested within 60 days of the event date. If you do not experience a qualifying life event, your benefit elections will remain in effect for the remainder of the plan year and cannot be changed until the next Open Enrollment period.

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.

New Hire

Medical/Dental/Vision: 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
FSA: Employee may enroll

Documentation Required:

- 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): Marriage, Domestic partnership, Birth/adoption/placement of an adopted or foster child

Medical/Dental/Vision: Employee may enroll newly eligible dependent(s)

FSA: Employee may enroll or increase annual election amount

Documentation Required:

- 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

Newborn Children

Newborn children must be enrolled 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 Section 125 Plan Document on the Section 125 webpage: hr.sbcounty.gov/employee-benefits/section-125

Loss of dependent(s): Divorce or annulment, Domestic partnership termination, Death

Medical/Dental/Vision: Employee must remove dependent; may enroll self and eligible dependent(s)

FSA: Employee may enroll or increase annual election amount

Documentation Required:

- 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)

Gain of coverage through spouse/domestic partner's employer

Medical/Dental/Vision: Employee may opt-out (self) and/or remove dependent(s)

FSA: Employee may cease or decrease annual election amount

Documentation Required:

- 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

Medical/Dental/Vision: Employee may remove dependent(s)

FSA: No change is permissible

Documentation Required:

- Premium Deduction Election Form
- Medical Plan Enrollment Form
- Proof of other coverage and effective date

Loss of spouse's/domestic partner's employment

Medical/Dental/Vision: Employee must enroll self if coverage is lost and may enroll dependent(s)

FSA: Employee may enroll or increase annual election amount

Documentation Required:

- 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

Medical/Dental/Vision: Employee may elect to enroll self and dependent(s) if change caused employee to gain eligibility

FSA: Employee may elect to enroll and increase or decrease annual election

Documentation Required:

- 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)

Dependent ceases to satisfy plan eligibility requirements (i.e. overage dependent)

Medical/Dental/Vision: Employee must remove dependent(s)

FSA: Employee may decrease election

Documentation Required:

- 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

Medical/Dental/Vision: Employee may elect to keep dependent enrolled

FSA: No change is permissible

Documentation Required:

- Disabled Dependent Certification

Over Age Dependent (OAD) loses coverage under other parent's employer sponsored plan

Medical/Dental/Vision: Employee may elect to enroll over age dependent

FSA: Employee may elect to enroll or increase annual election

Documentation Required:

- 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

Medical/Dental/Vision: 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

FSA: Employee may cease or suspend annual election

Documentation Required:

- Premium Deduction Election Form
- Medical Expense Reimbursement (FSA) Plan Enrollment Form

Return from unpaid leave of absence

Medical/Dental/Vision: If coverage terminated, employee may enroll dependent(s)

FSA: Employee may elect to enroll or reinstate annual election

Documentation Required:

- Premium Deduction Election Form
- Medical Expense Reimbursement (FSA) Plan Enrollment Form
- Marriage/birth certificate(s)

Residence change results in gain or loss of eligibility

Medical/Dental/Vision: Employee may enroll or remove dependent(s)

FSA: No change is permissible

Documentation Required:

- 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

Medical/Dental/Vision: Employee may enroll or opt-out yourself or enroll or remove dependent(s)

FSA: No change is permissible

Documentation Required:

- 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)



Plan Summaries

BLUE SHIELD PLAN OPTIONS

A variety of plans to fit needs and budgets.

Signature HMO

Best For

Employees who want the lowest copays and a large provider network.

Key Features

Lowest copays, no deductible.

Network

Large two-tier statewide network; care coordinated through your PCP.

Access + HMO

Best For

Employees who want a large provider network with a higher copay structure but a lower premium cost compared to Signature HMO.

Key Features

Higher copays than Signature HMO, no deductible.

Network

Wide statewide network; care coordinated through your PCP.

Trio HMO

Best For

Employees who want a lower-cost plan and are comfortable with a smaller, select network.

Key Features

Simple copays, no deductible.

Network

Smaller, select network designed to reduce costs; care coordinated through your PCP.

PPO

Best For

Employees who want flexibility to see any provider in or out-of-network without referrals.

Key Features

Moderate annual deductible and coinsurance.

Network

Access to any provider.

Teladoc

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 through your Blue Shield Portal.

Medical Transition of Care Benefit

Members may be eligible to continue treatment with their current provider for a limited time when transitioning to the plan under qualifying conditions.

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.

Travel Coverage

Urgent and emergency care is covered while traveling, with access to nationwide providers through the BlueCard Program and extended options for HMO members.

Long Term Out of Area Care

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.

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.

BLUE SHIELD MEDICAL PLAN

Section	Type of Care	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
	Teladoc	No Charge	No Charge
	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

COMPARISON CHART

Section	Type of Care	Blue Shield Trio HMO & Narrow Network	Blue Shield PPO In-Network	Blue Shield PPO Out-of-Network
Deductibles/ Maximums	Calendar year (CY) Deductible	None	\$250 individual \$500 family	\$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%*
	Teladoc	No Charge	No Charge	No Charge
	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%*

BLUE SHIELD MEDICAL PLAN

Section	Type of Care	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.

COMPARISON CHART CONTINUED

Section	Type of Care	Blue Shield Trio HMO (Narrow Network)	Blue Shield PPO In-Network	Blue Shield PPO Out-of-Network
Hospital Services	Hospital care (Physician and Facility charges)	\$100/admission plus 20% for facility services. Physician services - no charge	Facility: You pay 20%*	Facility: You pay 30%*
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	\$25/office visit	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	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%* Up to 30 visits per calendar year combined PPO/Out-of-Network maximum	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%*



KAISER PERMANENTE PLAN OPTIONS

Traditional HMO	Choice HMO	Virtual Complete
Best For Employees who prefer predictable costs with lower copays and no deductible. Key Feature Lowest copays, no deductible.	Best For Employees who want the same Kaiser experience with a different cost structure. Key Feature Higher copay than Traditional HMO	Best For Employees who are comfortable receiving most care virtually and want a lower-premium option. Key Feature Virtual-first, calendar-year deductible.

All plans provide quality, coordinated care, and access to the full range of Kaiser Permanente services, providers, and facilities.

Please review the plan comparison Charts in this guide for more details.

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

Get care for minor, non emergency conditions by phone or video, Monday-Friday, 7 a.m.-7 p.m., by calling (833) KP4CARE (574-2273). Member must be 18+ years and have had at least one Kaiser visit.

Manage Your Care Online

Your connection to great care is just a click away. Register at kp.org to get the most out of your membership and take control of your care.

Online, you can:

- 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

Member Entry and Transition of Care

Changing health plans does not have to be complicated. Contact the new member onboarding support line at (888) 956-1616 for help making your move to Kaiser easy and stress free.

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 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

Section	Type of Care	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 visits combined)
	Telehealth	No charge	No charge	No charge
	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%*
Surgical Services	Hospital – In Patient Surgical Services	No charge (Facility and Physician services)	\$500 per day	You pay: 20%*

COMPARISON CHART

Section	Type of Care	Kaiser Traditional HMO	Kaiser Choice HMO	Kaiser Virtual Complete
Surgical Services	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: 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.

DENTAL PLANS

Two plan options designed to fit your needs.

	DeltaCare USA/ Delta Dental DHMO In-Network Only	Delta Dental PPO
Primary Care Dentist (PCD)	- You must select a primary care dentist (PCD) for yourself and your covered dependents. - Each covered dependent can choose their own PCD.	- No primary care dentist required. - You have the freedom to choose and dentist in-network or out-of network.
Using Your Plan	- You must use your selected PCD for all dental services. - Services not obtained through your PCD, or if DentalCare USA has not authorized the services, will not be covered.	- Choose care from a Premier Provider to maximize savings, or see any in-network or out-of-network dentist. - Your coverage includes a wide range of services. - Costs will vary for in-network and out-of-network providers.
Cost Savings	- DHMO Plan with set copays and no deductibles. - Lower out-of-pocket costs when you receive care through your PCD.	- You'll save the most by seeing Premier Providers. - You'll generally pay more when you go out of network.
Specialty Care	Your PCD will refer you to a network specialist when specialty care is needed.	- You can see any specialist without a referral. - Access to a wide network of specialists. - SmileWay, see below

? **Questions?** Contact Delta Dental customer service to find our percentage of coverage offered to you based on your available annual maximum. Please compare the plan comparison charts for more details.

SmileWay

Chronic conditions and the medications used to treat them can impact your oral health. If you or a covered family member has been diagnosed with a chronic medical condition like diabetes, cancer, or rheumatoid arthritis, you may benefit from additional teeth and gum cleanings.

Take advantage of expanded coverage to help safeguard your oral health. To qualify, you or a covered family member must be diagnosed with any of the following:

- Amyotrophic lateral sclerosis (ALS)
- Cancer
- Chronic kidney disease
- Diabetes
- Heart disease
- HIV/AIDS
- Huntington's disease
- Joint replacement
- Lupus
- Opioid misuse and addiction
- Parkinson's disease
- Rheumatoid arthritis
- Sjögren's syndrome
- Stroke

100% coverage: One periodontal scaling and root planing procedure per quadrant (D4341 or D4342) per calendar or contract year

100% coverage: Prophylaxis (teeth cleaning) (D1110 or D1120), Periodontal maintenance procedure (D4910), Scaling in presence of moderate or severe gingival inflammation (D4346)

Opt in to this benefit by visiting www1.deltadentalins.com/smileway

DENTAL PLAN COMPARISON CHART

Section	Type of Care	Delta Dental DHMO In-Network Only	Delta Dental PPO In-Network	Delta Dental DPPO Premier/Non-Delta Dental Providers
Deductibles, Maximums & Providers	Calendar Year Deductible	None	None	None
	Calendar Year Maximum	None	\$1,700 per person (excluding orthodontia)	\$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

Section	Type of Care	Delta Dental DHMO In-Network Only	Delta Dental PPO In-Network	Delta Dental DPPO Premier/Non-Delta Dental Providers
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%
Prosthodontics	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%

CONTINUED

Section	Type of Care	Delta Dental DHMO In-Network Only	Delta Dental PPO In-Network	Delta Dental DPPO Premier/Non-Delta Dental Providers
Prosthodontics	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 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.

Note: Preferred providers are also available in the DPPO plan and offer a discount when used; however, the highest level of savings is achieved when you receive care from a DPPO network provider.



EYEMED VISION

EyeMed Vision Care provides vision care benefits. Detailed plan information, including the EyeMed Vision Care master policy, can be obtained online at <https://link.sbcounty.gov/EyeMed>.

You are eligible for the following 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).

LIFE INSURANCE

We offer 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, Ordinance or Employment Contract. All insurance plans are insured through Securian Financial.

Beneficiaries

Being insured for 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 | 3. Your parents, if living; otherwise |
| 2. Your natural and legally adopted children, 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, 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 in the amounts specified below:

- **Employee coverage:** Up to \$700,000
- **Spouse/Registered domestic partner coverage:** Up to employee total combined basic and supplemental life coverage or \$250,000
- **Child(ren) coverage:** Up to \$20,000, a newborn child is automatically covered for \$5,000 for 31 days from child's birth

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

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	All coverage amounts are subject to EOI
Enrolling during Open Enrollment	All coverage amounts are subject to EOI
Requesting to increase coverage during Open Enrollment	Increasing coverage more than one \$10,000 increments will require EOI

The EOI application asks a few questions about health history - along with height and weight. The carrier may also request a physical exam.

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 Employee Benefits and Services Division within 60 days of their youngest child's dependent status change to avoid paying an excess premium (non-refundable after 60 days). If EBSD 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 or child(ren) is eligible for their own County life insurance plan(s) as an employee of the County or an affiliated agency, you may not enroll them as dependents in any supplemental dependent life insurance and AD&D plan. Additionally, if both you and your spouse/domestic partner are eligible for the County's life insurance plan, your child(ren) may only be covered under one policy. Any life benefit claims submitted for children over age 26 will be denied as they are not eligible, regardless if premium payments were made.

IMPORTANT!

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 (\$0.0245x250) these amounts are subject to change.

**Term life insurance is subject to age reductions, refer to the certificate for details.*

Your Age	Employee	Spouse/Domestic Partner Coverage	Child 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, Ordinance or Employment Contract governs your eligibility for AD&D.

AD&D Insurance offers employee or employee + family coverage. There are seven levels of coverage to select from for you and/or your eligible dependents ranging in the amounts specified below.

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

Plan Options and Cost of Coverage

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

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

Portability and Conversion for your Group Term Life Coverage

Upon separation from employment, you may port or convert your group life insurance policy. AD&D coverage is eligible for portability only. If you would like more information on the differences between porting and converting your Group Term Life Coverage visit the comparison table at

link.sbcounty.gov/LifeInsPortConvert.



FLEXIBLE SPENDING ACCOUNTS (FSA)

We offer two pre-tax savings programs, Medical Flexible Spending Account (FSA) and Dependent Care Assistance Program (DCAP).

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.

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. For a more comprehensive list of eligible items, please visit <https://link.sbcounty.gov/fsa>.

Spending Account Options

These pre-tax accounts can help you save money on eligible healthcare and dependent care expenses.

PLAN SUMMARIES	Key Differences	Medical FSA	DCAP
	Who It's For	You and your eligible dependents.	Your eligible dependents.
	Purpose	Pay for eligible healthcare expenses.	Pay for eligible dependent care expenses.
	Eligible Expenses	Medical, dental, vision, prescriptions, and more.	Daycare, preschool, before/after-school care, elder care, and more.
	Annual Contribution Limit	Set by IRS annually	Set by IRS annually
	Use-It-or-Lose-It	You can roll over funds up to the IRS allowed amount.	You can roll over funds up to the IRS allowed amount.
	Example Expenses	Doctor copays, prescriptions, dental cleanings, eyeglasses.	Daycare, summer camp, before/after-school care.
	Plan Year Periods	July 25, 2026 - July 23, 2027	January 1, 2026 - December 31, 2026
	Enrollment Period	Starts June 1	Starts November 1

Plan Carefully: Consider your expected expenses carefully before making your election. For more details on eligible expenses, contribution limits, and plan rules, please refer to the plan documents or contact HR.

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 our website <https://link.sbcounty.gov/401k>.

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.

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.

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 <https://link.sbcounty.gov/salary-savings>. 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.

Don't forget to update your beneficiaries. To ensure the transition of your contributions go to who you want in the unfortunate event of your passing, we kindly remind you to update your beneficiaries. You can update them on your Voya account at www.voyaretirementplans.com.

How to Get in Touch with Voya Financial

Any employee who has questions, or who is interested in participating in the 457(b) and/or the 401(k) plan, should contact the local Voya Financial office at (909) 748-6468 to schedule an appointment. The 457(b), 401(k) 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.

SHORT-TERM DISABILITY (STD)

STD benefit is offered to employees for 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 Standard Insurance Company (The Standard).

ELIGIBILITY

Your MOU, Compensation Plan, 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.standard.com/absence or call The Standard directly at (855) 204-3122.

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 emacsbapp.sbcounty.gov.

Benefit Payments & Maximum Benefit Period

After satisfying the benefit waiting period, you are eligible to receive STD benefits, with a weekly benefit up to fifty five percent (55%) of your base salary, not to exceed the amount and benefit period below.

BARGAINING UNIT	MAX WEEKLY BENEFIT*	MAX BENEFIT PERIOD
Exempt, County Special Districts/Fire District Exempt & Fire Management Units	\$2,516	180 days
Represented Units	\$1,765	52 weeks
Probation Unit	\$1,765	90 days
Specialized Peace Officer & Specialized Peace Officer Supervisory Unit	\$1,765	30 days

*Amounts are subject to change.

NOTE: STD Benefit payments will be made separately by The Standard 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, 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, Ordinance or Employment Contract during your leave.

For any questions or additional information regarding short-term disability, contact Employee Benefits at (909) 387-5787, The Standard at (855) 204-3122, or go online to <https://link.sbcounty.gov/PLD> or email ebstd@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.

LTD may be integrated with the employee's available leave accruals, and are paid and administered by Standard Insurance Company (The Standard).

For more information on long-term disability visit our protected leaves and disability web page at <https://link.sbcounty.gov/PLD>.

EMPLOYEE DISCOUNT PROGRAM

For a complete listing of your Employee Discount visit our website 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

EMPLOYEE ASSISTANT PROGRAM (EAP)

The Employee Assistance Program (EAP) is a confidential and free service 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	Family	Finance	Health
 • Stress • Anxiety • Depression • Grief or Loss • Community Resources	 • Parenting • Separation or Divorce • Blended Families • Caring for Older Adults • Education	 • Saving • Debt Management • Estate Planning or Wills • Home Buying or Renting	 • Fitness • Nutrition • Sleep • Addiction Recovery • 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 of incidents of allowed per calendar year, so long as they are varying in nature.

Contact EAP for 24/7 support or learn more about the program at link.sbcounty.gov/eap or call Health Advocate at 866-611-8373.

529 EDUCATION SAVINGS PLAN

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 ScholarShare, 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 ScholarShare to participate in the plan. To access your 529 Education Savings plan, visit ScholarShare529.com.

WELLNESS WORKS HERE

The 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.	Giveaways, 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!

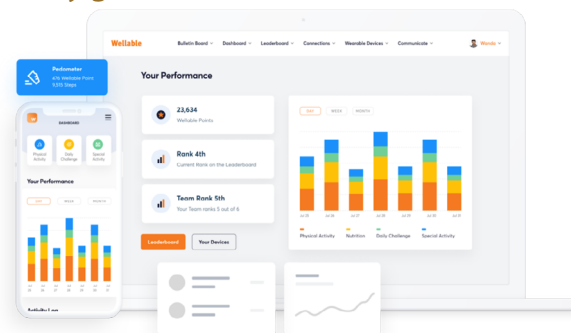
Start making healthier choices today! For more information regarding the Wellness Works Here program:

- ✓ 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.

Wellness Challenge Platform and App - Wellable

Join our wellness challenges, and download the free Wellable platform and mobile 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.



Medical Carrier Health and Wellness Options

Blue Shield

Fitness Your Way™ for Blue Shield Subscribers Achieve your fitness goals on your own terms with Fitness Your Way, the flexible gym membership that gives you access to over 11,000 network fitness locations for as low as \$19 a month (plus a one-time \$19 enrollment fee). In addition, you'll enjoy unlimited access to hundreds of on-demand workout videos and live streams to keep you motivated and engaged.

Prefer working out at home? You can opt for a digital package for just \$10 a month, offering even more flexibility to fit your lifestyle. Whether you're at the gym or working out from home, Fitness Your Way lets you exercise anytime, anywhere, and as often as you like, while easily tracking your progress online.

Learn more or access these services by visiting bsca.fitnessyourway.tivityhealth.com or calling (833) 283-8387, Monday – Friday, 5 a.m. – 6 p.m. Pacific Time.

Kaiser Permanente

One Pass Select Affinity – One Pass Select Affinity from Optum is a comprehensive health and wellness plan offering access to gyms, digital fitness classes, personalized workouts, and grocery delivery to support your fitness journey and whole-body health.

Affinity Musculoskeletal Program – Improve your quality of life with therapies for musculoskeletal issues, including neck pain, sports injuries, arthritis, and more. Get 20% off chiropractors, acupuncturists, and massage therapists when you visit a participating provider.

Learn more by visiting kp.org/exercise.

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.

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

Learn more by visiting link.sbcounty.gov/Discount.

Wellvolution

Visit Wellvolution for personalized health assessment, nutritional food, fitness and habit modification programs and free apps available at wellvolution.com/mentalhealth

headspace

Headspace - meditation and sleep made simple.

Calm

Calm - an app for meditation, mindfulness, and sleep.

headspace

Headspace - meditation and sleep made simple.



COMMUTER SERVICES (EMPLOYEE RIDESHARE PROGRAM)

Our mission is to combat climate change and improve our employees commute. We provide 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.



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 at:

<https://link.sbcounty.gov/Retiree-Resources>

SBCERA Member Resources

All employees working at least 40 hours per pay period are automatically members of the San Bernardino County Employees’ Retirement Association (SBCERA).

For more information about your eligibility, membership classification & tiers and contribution rates visit www.sbcera.org.

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 https://edd.ca.gov/en/Unemployment/UI_Online
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 <https://forms.edd.ca.gov/forms> and mail or fax your completed document as specified on the application.

APPEAL PROCEDURE

If you or a covered dependent believe a benefit claim under a health plan, flexible spending account, or salary savings plan was wrongly denied, you may file an appeal. Submit a written explanation of why you disagree, along with any supporting documents, to EBSD@hr.sbcounty.gov. After review, a decision will be sent to you by email and mail.

If a claim is denied by one of the County’s benefit carriers, appeals must follow that carrier’s specific guidelines. Employee Benefits can assist if requested.

BENEFICIARIES

Please be sure to update your beneficiaries for your last pay warrant, life insurance, SBCERA pension, and Voya contributions.

Last Pay Warrant: <https://emacsbcounty.gov/wp-content/uploads/sites/91/forms/Beneficiary-Designation-for-Last-Paycheck-Warrant-form.pdf>

Life Insurance: <https://emacsbcounty.gov/wp-content/uploads/sites/91/forms/Securian-Beneficiary-Designation.pdf>

SBCERA: https://www.sbcera.org/sites/main/files/file-attachments/beneficiary_designation_0.pdf

Voya: <https://emacsbcounty.gov/wp-content/uploads/sites/91/forms/Beneficiary-Designation-for-VOYA-form.pdf>

We 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

We 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

**Employees must meet eligibility and participation requirements to receive incentives and rewards; see the 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.*

Start-Up Incentive	Rewards	Events
Receive up to \$4 for every day you rideshare for your first three calendar months of participation; tracking required	\$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 us at (909) 387-9640 or email us at hrcommuterservices@sbcounty.gov



Notices

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE & 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.

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 Wellable platform, completing wellness challenges and events, and participating in wellness education classes. To view these additional incentives, visit the Wellness Challenge 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: 03/23/2026

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 webpage at: <https://link.sbcounty.gov/BlueShield>

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.

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:

- All stages of reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses 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: February 16, 2026

THIS NOTICE DESCRIBES: HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION. HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION. YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE EMPLOYEE BENEFITS & SERVICES DIVISION AT 909-387-5787 OR EBSD@HR.SBCOUNTY.GOV IF YOU HAVE ANY QUESTIONS. 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 Plans 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 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. Where state or other federal laws are more restrictive than the HIPAA rules regarding the use of disclosure of your health information, the Plan will follow the more restrictive law. 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 FSA 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.

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 of 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. Information that is shared based on your written authorization or consent may be subject to redisclosure by the recipient. Once your health information is disclosed to a person or organization that is not legally required to comply with federal privacy laws, it may no longer be protected by those laws. 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.

Uses and Disclosures of Your Substance Use Disorder (SUD) Records and Patient Rights

The confidentiality of your substance use disorder (SUD) records is protected by 42 USC 290dd-2 and the Department of Health and Human Services (HHS) regulations at 42 CFR Part 2 Confidentiality of Substance Use Disorder Patient Records. The Plan is required by law to maintain the privacy of your records and to provide You with this notice of the Plan's, legal duties and privacy practices with respect to your records. If the Plan receives or maintains SUD records about you, we are not allowed to disclose your SUD records unless:

- You consent in writing;
- The disclosure is authorized by a court order;
- The disclosure is made to medical personnel to the extent necessary to meet a bona fide medical emergency;
- To disclosure is to qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation; or
- The disclosure is to a public health authority, so long as such content meets certain standards for creating de-identified information.

Upon receiving written consent from you, a single consent may be used for all future uses or disclosures for treatment, payment, and health care operations purposes. Records that are disclosed to a part 2 program, covered entity, or business associate pursuant to the patient's written consent for treatment, payment, and health care operations may be further disclosed by that part 2 program, covered entity, or business associate, without the patient's written consent, to the extent the HIPAA regulations permit such disclosure.

Federal laws and regulations allow the Plan to report under State law personally identifying information about you in connection with incidents of suspected child abuse or neglect to appropriate State or local authorities.

If a use or disclosure for any purpose described in this section is prohibited or materially limited by other applicable law, the Plan will follow the more restrictive law.

Records or testimony relaying the content of SUD records, will not be disclosed by the Plan for use in any civil, criminal, administrative, or legislative proceeding against you unless based (i) your written consent,

or (ii) a court order accompanied by a subpoena or other legal mandate compelling disclosure issued after the Plan and you were given notice and an opportunity to be heard.

You have the right to a list of disclosures by an intermediary for the past 3 years.

You have the right to an accounting of disclosures of electronic records for the past 3 years, and the right to an accounting of disclosures that meets the requirements of [45 CFR 164.528\(a\)\(2\)](#) and [\(b\)](#) through [\(d\)](#) for all other disclosures made with consent.

You have the right to discuss this notice with the Plan.

Except as described in this notice, other uses and disclosures will be made only with your written authorization. You may revoke your authorization as allowed under the Part 2 rules. However, you cannot revoke your authorization with respect to disclosures the Plan has already made.

You have the right to request restrictions of disclosures made with prior consent for purposes of treatment, payment, and health care operations, as provided in [42 CFR § 2.26](#). However, except as provided in paragraph [42 CFR § 2.26\(a\)\(6\)](#), the Plan is not required to agree to a restriction.

You have the right to request and obtain restrictions of disclosures of records to your health plan for those services for which you have paid in full, in the same manner as [45 CFR 164.522](#) applies to disclosures of protected health information.

You have the right to elect not to receive fundraising communications.

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 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, EBSD 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 notice, at any time, as described herein.
- **Right to obtain a paper or electronic copy of this notice from the Plan upon request.** You have the right to obtain a paper or electronic 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 February 16, 2026. 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/evidence-of-coverage/>).

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, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/, generally within 180 days of when the act or omission occurred. You will not be retaliated against for filing a complaint.

To file a complaint with the Plan as administered by the County Human Resources Department, contact:

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

To file a complaint with San Bernardino County, Office of Compliance and Ethics:

HIPAA Complaints Official
157 W. Fifth Street, First Floor
San Bernardino, CA 92415-0440
Phone # (909) 387-4500
Fax # (909) 387-8950
Email: HIPAAComplaints@cao.sbcounty.gov

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

Benefits Chief, Department of Human Resources
Employee Benefits and Services
175 W. Fifth Street, First Floor
San Bernardino, CA 92415-0440

Email: ebds@hr.sbcounty.gov
Phone # (909) 387-5787
Fax # (909) 387-5566



SAN BERNARDINO COUNTY
Active Employees Self-Funded Dental PPO Plans
Administered by Delta Dental
NOTICE OF PRIVACY PRACTICES (NOPP)
 Effective Date of Notice: February 16, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION. HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION. YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE EMPLOYEE BENEFITS & SERVICES DIVISION AT 909-387-5787 OR EBSD@HR.SBCOUNTY.GOV IF YOU HAVE ANY QUESTIONS. 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 circumstances 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. Where state or other federal laws are more restrictive than the HIPAA rules regarding the use of disclosure of your health information, the Plan will follow the more restrictive law. If the Plan uses or discloses PHI for underwriting purposes, the Plan will not use or disclose PHI that is your genetic information for such purposes. The Plan may also contact you to provide you with information about other dental benefits and services that may be of interest to you.

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, Americans with Disabilities Act, or workers’ compensation is generally not considered PHI 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 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. Information that is shared based on your written authorization or consent may be subject to redisclosure by the recipient. Once your health information is disclosed to a person or organization that is not legally required to comply with federal privacy laws, it may no longer be protected by those laws. 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.

Uses and Disclosures of Your Substance Use Disorder (SUD) Records and Patient Rights

The confidentiality of your substance use disorder (SUD) records is protected by 42 USC 290dd-2 and the Department of Health and Human Services (HHS) regulations at 42 CFR Part 2 – Confidentiality of Substance Use Disorder Patient Records. The Plan is required by law to maintain the privacy of your records and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your records. If the Plan receives or maintains SUD records about you, we are not allowed to disclose your SUD records unless:

- You consent in writing;
- The disclosure is authorized by a court order;

- The disclosure is made to medical personnel to the extent necessary to meet a bona fide medical emergency;
- To disclosure is to qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation; or
- The disclosure is to a public health authority, so long as such content meets certain standards for creating de-identified information.

Upon receiving written consent from you, a single consent may be used for all future uses or disclosures for treatment, payment, and health care operations purposes. Records that are disclosed to a part 2 program, covered entity, or business associate pursuant to the patient's written consent for treatment, payment, and health care operations may be further disclosed by that part 2 program, covered entity, or business associate, without the patient's written consent, to the extent the HIPAA regulations permit such disclosure.

Federal laws and regulations allow the Plan to report under State law personally identifying information about you in connection with incidents of suspected child abuse or neglect to appropriate State or local authorities.

If a use or disclosure for any purpose described in this section is prohibited or materially limited by other applicable law, the Plan will follow the more restrictive law.

Records or testimony relaying the content of SUD records, will not be disclosed by the Plan for use in any civil, criminal, administrative, or legislative proceeding against you unless based (i) your written consent, or (ii) a court order accompanied by a subpoena or other legal mandate compelling disclosure issued after the Plan and you were given notice and an opportunity to be heard.

You have the right to a list of disclosures by an intermediary for the past 3 years.

You have the right to an accounting of disclosures of electronic records for the past 3 years, and the right to an accounting of disclosures that meets the requirements of [45 CFR 164.528\(a\)\(2\)](#) and [\(b\)](#) through [\(d\)](#) for all other disclosures made with consent.

You have the right to discuss this notice with the Plan.

Except as described in this notice, other uses and disclosures will be made only with your written authorization. You may revoke your authorization as allowed under the Part 2 rules. However, you cannot revoke your authorization with respect to disclosures the Plan has already made.

You have the right to request restrictions of disclosures made with prior consent for purposes of treatment, payment, and health care operations, as provided in [42 CFR § 2.26](#). However, except as provided in paragraph [42 CFR § 2.26\(a\)\(6\)](#), the Plan is not required to agree to a restriction.

You have the right to request and obtain restrictions of disclosures of records to your health plan for those services for which you have paid in full, in the same manner as [45 CFR 164.522](#) applies to disclosures of protected health information.

You have the right to elect not to receive fundraising communications.

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 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 “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 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, EBSD 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 or electronic copy of this Privacy Notice from the Plan upon request.** You have the right to obtain a paper or electronic 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 27, 2024. 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 Privacy Notice is also posted on San Bernardino County, Human Resources Department website (<https://hr.sbcounty.gov/employee-benefits/evidence-of-coverage/>).

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.

To file a complaint with San Bernardino County,
Office of Compliance and Ethics:

HIPAA Complaints Official
157 W. Fifth Street, First Floor
San Bernardino, CA 92415-0440

Phone # (909) 387-4500

Fax # (909) 387-8950

Email: HIPAAComplaints@cao.sbcounty.gov

To file a complaint with the Plan as administered
by Delta Dental, contact:

Delta Dental of California
100 First Street
San Francisco, CA 94105

Phone # (855) 244-7323

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: ebisd@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

Delta Dental Notices

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 benefit

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](http://edd.ca.gov/unemployment) (edd.ca.gov/unemployment) to learn how to apply for benefits.

Disability Insurance

Funded entirely by employee's 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](http://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 employee's 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](http://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](http://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



<https://www.dol.gov/agencies/whd/contact/complaints>

FAMILY CARE & MEDICAL LEAVE & PREGNANCY DISABILITY LEAVE



Civil Rights
Department
STATE OF CALIFORNIA



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")
- 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 guarantees 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 in certain circumstances. Employees on CFRA leave may also be eligible for benefits administered by the Employment Development Department, including Paid Family Leave. For more information, visit bit.ly/EDD-PFL.

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

Pregnancy Disability Leave. When an employee is 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 also eligible for CFRA leave, they have the right to take both pregnancy disability leave and CFRA leave related to the birth of their child.

Reinstatement. Both CFRA leave and pregnancy disability leave guarantee 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. When possible, employees must provide 30 days' advance notice before taking leave for foreseeable event, such as the expected the birth of a child or a planned medical procedure. For unforeseeable events, employees should notify their employers, at least verbally, as soon as they learn of the need for the leave. Failing to provide notice 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.

OBLIGATIONS OF EMPLOYERS WITH FIVE OR MORE EMPLOYEES

- 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 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 close 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.

Employers with one or more employees must not harass employees on the basis of pregnancy.

PREGNANCY DISABILITY LEAVE

- Although PDL can last up to four months, you are entitled to take PDL only for the period of time during which you are disabled by pregnancy, a pregnancy-related medical condition, or childbirth. Your health care provider determines how much time you need.
- After you inform your employer 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 supporting 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 types of medical leave. You may also be eligible for state disability insurance, administered by the California Employment Development Department.
- You may choose to 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 benefits and your seniority date; please contact your employer for details.

YOUR OBLIGATIONS AS AN EMPLOYEE

- Give your employer reasonable notice. To receive a 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 provide 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 give you at least 15 calendar days to submit the certification.* Ask if your employer has a copy of a medical certification form for your health care provider to complete.
- If you do not give your employer notice or written medical certification of your medical need (if required), either in advance or as soon as practicable, your employer may be justified in delaying your reasonable accommodation, transfer, or PDL.

ADDITIONAL LEAVE UNDER THE CALIFORNIA FAMILY RIGHTS ACT (CFRA)

Under CFRA you may have a right to take family care or medical leave (CFRA leave) to bond with a new child. If you gave birth to the child, you would generally take CFRA bonding leave after taking PDL. CFRA leave may be up to 12 workweeks in a 12-month period for the birth, adoption, or foster care placement of your child*. You must take it within one year of these events.

In addition to taking leave to bond with a new child, you can also take CFRA leave because of your own serious health condition (not related to pregnancy) or that of your child, parent**, spouse, domestic partner, grandparent, grandchild, sibling, or "designated person" related by blood or with whom you have a family-like relationship.

You are eligible for CFRA leave if you have more than 12 months of service with an employer, have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave, and your employer has five or more employees.

Your employer may, but is not required to, pay you while you are out on CFRA leave, but they must allow you to use any accrued paid time-off while on CFRA leave. You may also be eligible for benefits administered by the Employment Development Department, including state disability insurance (for your own health condition) or Paid Family Leave (for bonding with a new child or for caring for a family member with a serious health condition). For more information, visit edd.ca.gov/disability

If you are improperly denied pregnancy or childbirth-related reasonable accommodations or protected leave under PDL or CFRA, file a complaint with the Civil Rights Department (CRD).

TO FILE A COMPLAINT

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 poster, visit:

www.civilrights.ca.gov/posters/required

*"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 (in place of a parent).

**"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.

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 1/1/2026)****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 may limit the use of paid sick days to 40 hours or five days, whichever is greater, in each year of employment.
- An employer shall provide paid sick days upon the oral or written request of an employee for any of the following:

For the Employee:	For the Employee and/or Their Family Members:
To serve on a jury	Diagnosis, care or treatment of an existing health condition or preventive care
To appear in court to comply with a subpoena or other court order as a witness in a judicial proceeding	Attend judicial proceeding related to being a victim of a violent or serious felony or other specified serious offenses
For an employee who is a victim of a qualifying act of violence to obtain relief, including a restraining order, to help ensure the health, safety, or welfare of the victim or their child	For specified victim-related relief and services, for an employee who is a victim or whose family member is a victim of a qualifying act of violence if the employee works for an employer with 25 or more employees

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.

SURVIVORS OF VIOLENCE AND FAMILY MEMBERS OF VICTIMS RIGHT TO LEAVE AND ACCOMMODATIONS



FAQ

The Civil Rights Department (CRD) enforces California laws that protect people from discrimination, harassment, and other civil rights violations. Beginning January 1, 2025, the Fair Employment and Housing Act provides workplace protections for survivors of qualifying acts of violence, as well as people with a family member who has survived a qualifying act of violence. Protections include the right to get reasonable accommodations for the worker or their family's safety. For people who work for an employer with 25 or more employees, protections also include the right to take time off work for certain activities related to the violence. Beginning January 1, 2026, victims of certain crimes are also entitled to take time off work to attend some types of court proceedings. Below are answers to frequently asked questions about these protections.

GENERAL QUESTIONS

1 | What is a qualifying act of violence?

Qualifying act of violence means:

- Domestic violence
- Sexual assault
- Stalking
- Acts, conduct, or a pattern of conduct involving injury or death
- Acts, conduct, or a pattern of conduct involving a firearm (gun) or other dangerous weapon
- Acts, conduct, or a pattern of conduct involving threats of injury or death

It does not matter if anyone has been arrested for, prosecuted for, or convicted of the qualifying act of violence.

2 | Which family member(s) must experience a qualifying act of violence for me to have these protections?

Employees may request leave or accommodations when their child, parent, grandparent, grandchild, sibling, spouse, domestic partner, or designated person experiences a qualifying act of violence. A designated person can be someone related by blood, such as an aunt or uncle, or someone who is the equivalent to a family member, such as a best friend. Employers may limit employees to taking leave for one designated person in a 12-month period.

3 | Can my employer discriminate or retaliate against me or my family member for being a victim of a qualifying act of violence?

No. An employer cannot fire, discriminate against, or retaliate against an employee because they are, or their family member is, a victim of a qualifying act of violence.

SURVIVORS OF VIOLENCE AND FAMILY MEMBERS OF VICTIMS RIGHT TO LEAVE AND ACCOMMODATIONS



FAQ

TAKING TIME OFF WORK

4 | **I need to take time off work because I am the victim of a qualifying act of violence, or my family is the victim of a qualifying act of violence. What are my rights?**

All employees who experience a qualifying act of violence are allowed to take time off work to get a restraining order or other relief to ensure their or their child's health, safety, or welfare.

Employees who work for an employer with 25 or more employees and who experience a qualifying act of violence are allowed to take leave to participate in activities for their health and safety, including seeking supportive or health services, participating in civil or criminal proceedings, moving, or caring for family injured because of a qualifying act of violence. This is also true for employees whose family member experiences a qualifying act of violence.

5 | **How much time can I take off work after experiencing a qualifying act of violence?**

Employees who experience a qualifying act of violence are allowed to take up to 12 weeks off work for activities protected by law. An employee whose family member dies as a result of a qualifying act of violence is also allowed to take up to 12 weeks off for these activities.

An employee whose family member survived a qualifying act of violence is entitled to up to 10 days off work for activities protected by law. Up to five days may be used to help a family member relocate, which includes searching for housing or enrolling children in a new school or childcare.

6 | **Can I use vacation, sick time, or other forms of leave to take time off work after experiencing a qualifying act of violence?**

Employees may use available vacation, paid time off, personal leave, or paid sick leave to take time off for any of the reasons described in this FAQ. If an employee is also eligible for leave under the federal Family and Medical Leave Act (FMLA) or the California Family Rights Act (CFRA), their time off resulting from a qualifying act of violence runs at the same time. That means employees are not entitled to back-to-back leave. If they use FMLA or CFRA to take time off for any of the reasons described in this FAQ, it may reduce or prevent their ability to use FMLA or CFRA for other reasons (such as after the birth of a child).

7 | **How much notice do I have to give my employer before taking time off work after experiencing a qualifying act of violence?**

Employees must give reasonable advance notice before taking leave unless advance notice is not possible.

8 | **What if I have an unexcused absence from work after experiencing a qualifying act of violence?**

An employer cannot discipline or take action against the employee for an unexcused absence if the employee, within a reasonable time, provides information (called certification) that the act of violence occurred if the employer asks for it. Certification can include:

- Police reports
- Court records or other proof of a court appearance

SURVIVORS OF VIOLENCE AND FAMILY MEMBERS OF VICTIMS RIGHT TO LEAVE AND ACCOMMODATIONS



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- Documentation from a supportive service provider
- A statement signed by the employee or someone acting on their behalf
- Other documentation verifying that a qualifying act of violence happened

Your employer is required to keep leave requests and documentation related to experiencing a qualifying act of violence confidential. The only exceptions are when federal or state law requires disclosure — for example in response to a valid court order or subpoena — or when disclosure is necessary to protect an employee's safety at work, such as calling the police to report an immediate danger. Employers must notify employees before disclosing their or their family member's information.

9 | **I am a victim of a crime or my family member is a victim of a crime and I need to take time off work to go to court. What are my rights?**

Beginning January 1, 2026, you have the right to take time off work to attend certain court proceedings. Court proceedings covered by the law include:

- Delinquency proceedings
- Postarrest release decisions
- Plea, sentencing, or postconviction release decisions or
- Any proceeding where your rights are at issue

You have the right to take time off work to attend these court proceedings if you are the victim or your family members is the victim of certain felonies, including robbery, kidnapping, some forms of sexual assault, and theft. This is also true if you have or your family member has experienced physical, mental, or financial harm as a result of one of the following crimes (including attempted crimes):

- Vehicular manslaughter while intoxicated
- Felony child abuse likely to produce great bodily harm or death
- Assault resulting in the death of a child under eight
- Felony domestic violence
- Felony physical abuse of an elder or dependent adult
- Felony stalking
- Solicitation for murder
- Hit-and-run causing death or injury
- Felony DUI causing injury
- Some forms of sexual assault
- Other crimes the law defines as serious under Penal Code section 1192.7

SURVIVORS OF VIOLENCE AND FAMILY MEMBERS OF VICTIMS RIGHT TO LEAVE AND ACCOMMODATIONS



FAQ

SAFETY-RELATED REASONABLE ACCOMMODATIONS

10 | What can I do to feel safe at work after experiencing a qualifying act of violence?

Employees who experience a qualifying act of violence, or whose family member experiences a qualifying act of violence, may request changes to their workplace (called reasonable accommodations) to ensure their safety at work. Examples of accommodations include:

- Transfer, reassignment, or a modified schedule
- Changing your work telephone number
- Permission to carry a telephone at work
- Changing your workstation
- Installing a lock
- Assistance in documenting domestic violence, sexual assault, stalking, or another qualifying act of violence that occurs in the workplace
- Implementing safety procedures
- Adjusting job structure, workplace facility, or work requirement
- Referral to a victim assistance organization

Employers may ask for certification (see question 8) to prove the accommodation request is related to a qualifying act of violence.

11 | Does an employer have to grant my specific accommodation request?

It depends. Employers must work with employees to brainstorm which accommodation is appropriate under the circumstances. This is called the interactive process and is a requirement under the law. When deciding whether to grant an accommodation request under this law, the employer must consider any immediate danger facing the employee or their family member.

Employers may also consider whether a requested accommodation creates an undue hardship (significant time and/or expense) for the employer or would make the workplace unsafe for other employees. If that is the case, the employer does not have to grant the request. But the employer must work with the employee to identify alternative accommodations that still meet the employee's safety-related needs without placing an undue hardship on the employer.

12 | Can I ask for more than one reasonable accommodation for my safety?

There are no limits on the type or number of accommodations an employee may request. If circumstances change and you need a new or different accommodation, let your employer know. Your employer must engage in a brainstorm with the employee (called the interactive process), considering the factors described in question 10.

SURVIVORS OF VIOLENCE AND FAMILY MEMBERS OF VICTIMS RIGHT TO LEAVE AND ACCOMMODATIONS



FAQ

CIVIL RIGHTS COMPLAINTS

13 | What if an employer violates the law that protects victims (and the family members of victims) of qualifying acts of violence?

If your request for leave or accommodations is denied, or you are treated negatively because you or your family member experienced a qualifying act of violence, you may file a complaint with the Civil Rights Department within three years of the employer's actions. The Civil Rights Department receives complaints about employer actions that took place after January 1, 2025. There is an exception for employer actions involving protections described in question 9. For CRD to accept those complaints, the action must have taken place after January 1, 2026. If your employer's actions took place before January 1, 2025 (or January 1, 2026 for protections in question 9), please file a complaint with the Division of Labor Standards Enforcement.

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/employment

This guidance is for informational purposes only, does not establish substantive policy or rights, and does not constitute legal advice.



Human Resources

Employee Benefits and Services

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