

# Your Benefits Your Choice!



2011-2012 Employee Benefits Guide  
County of San Bernardino Active Employees



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SAN BERNARDINO**

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Dear County Employee:

The Open Enrollment period for selecting your Health and Welfare benefits is May 23, 2011 through June 24, 2011. Thank you for taking the time to carefully review the 2011/12 Employee Benefits Guide online, on CD or printed version and choosing the plans that best meet the needs for you and your family.

Unfortunately, this year's negotiations with the County's medical carriers were especially difficult. The Kaiser rate proposal exceeded what the County and your Employee Benefits Advisory Committee (EBAC) believed to be a fair rate increase. For plan year 2011/12, you will see that Kaiser's premium rates increased by 15.2% and Health Net's premium rates increased by 9.9%.

As a result of the high premium increases, the EBAC has requested that the County release a Request for Proposals for medical insurance one year earlier than anticipated for benefits to be effective with the 2012/13 plan year. For your information, the EBAC spends many hours reviewing the proposals, interviewing medical carriers and making final recommendations to the Board of Supervisors. The end result of this process could potentially mean that the County may end up with new carriers for the 2012/2013 plan year provided the bids received are more competitive for our employees than what we are currently being offered.

I would like to encourage each of you to continue to participate in the County sponsored Wellness Programs. Your health is of the utmost importance and remember that utilization is what drives the County's premium rates. Visit the My Health Matters! – Steps to Success portal located on the Employee Benefits and Services website at <http://mybenefitsatwork>. This website offers several tools to assist you and your family members in adopting a more healthy lifestyle.

Additionally, I encourage you to visit the County's Commuter Services website at <http://mybenefitsatwork> for newly established employee cost savings programs such as the hybrid carpool commuter program which is similar to the vanpool commuter program, as well as incentives for biking or riding the bus to work. This, too, can help you with your exercise regimen in adopting a more healthy lifestyle.

In closing, should you have any questions or need assistance with your benefit offerings, you can contact the Benefits staff Monday through Friday, 7:30 a.m. to 5:00 p.m. at (909) 387-5787, email us at [ebbsd@hr.sbcounty.gov](mailto:ebbsd@hr.sbcounty.gov) or stop by our offices at: 157 W. 5th Street, 1st Floor, San Bernardino.

Wishing you continued Health and Wellness!

Margaret D. Smith  
Benefits Chief

*The mission of the government of the County of San Bernardino is to satisfy its customers by providing service that promotes the health, safety, well being, and quality of life of its residents according to the County Charter, general laws, and the will of the people it serves.*

# Open Enrollment

## Tips

- ✓ Visit <http://mybenefitsatwork> to learn more about your benefit options or to view a recorded Open Enrollment meeting
- ✓ Review **What's New & Different In 2011** for important changes that may be of interest to you (page 1)
- ✓ Check important dates and Open Enrollment meeting locations (pages 6 & 7)
- ✓ Enroll or make changes using the **eBenefits** online Open Enrollment system at <https://emacapp.sbcounty.gov/psp/h90prd/?cmd=login>. Step-by-step instructions available on page 14
- ✓ Select the right coverage level. Review the medical and dental comparison charts and plan highlights (pages 18-40) and life insurance information (page 52)
- ✓ Enroll or re-enroll in the **Medical Expense Reimbursement Plan (FSA)**
- ✓ Review additional benefits that may be available to you (pages 61-67)
- ✓ Avoid the rush—enroll or make your changes early
- ✓ Submit any additional required documentation to EBSD by **Monday, July 11, 2011**

Detailed information about all this and more can be found in this Guide.

<http://mybenefitsatwork> | (909) 387-5787

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## AS YOU ENROLL

This Guide is designed to help you understand your Benefit Enrollment options. Included are summaries of your plan choices, such as medical, dental, life insurance, Accidental Death & Dismemberment and retirement options. You will also find comparison charts for convenient at-a-glance referencing and plan contact information. Please read your materials carefully, then choose the plans that best meet your needs.

Employees who do not complete the 2011/12 Open Enrollment process will maintain their current benefit elections with the exception of participation in the Medical Expense Reimbursement Plan (FSA). **If you are currently enrolled in the FSA Plan and wish to continue to participate, you must make a new election during Open Enrollment.**

We encourage you to use this Guide as a reference throughout the year. If you have questions, contact the Employee Benefits and Services Division (EBSD) or the plan provider directly. Plan phone numbers and web sites are listed in the Contact Information section on page 5 of this Guide.

## WHAT'S NEW & DIFFERENT IN 2011

### Employee Benefits Guide “Goes Green”!

In an effort to cut costs and “go green,” the County provided new options this year to receive the Employee Benefits Guide. Employees can access the Guide online, or receive a CD or printed copy. The Guide will be posted on the intranet at <http://countyline.sbcounty.gov/hr/benefits/>, and the internet at [http://www.sbcounty.gov/hr/Benefits\\_Home.aspx](http://www.sbcounty.gov/hr/Benefits_Home.aspx) on or about May 12, 2011. If you opted out of receiving a Guide and you change your mind, you can request a printed Guide or CD by calling EBSD at (909) 387-5787.

### Patient Protection and Affordable Care Act (PPACA)

Pursuant to the Patient Protection and Affordable Care Act (PPACA, or Health Care Reform), the following changes to eligibility and benefit coverage now apply:

- **Extension of Dependent Coverage to Age 26** – You may cover eligible dependents on your medical and dental plans until they reach age 26. Eligible dependents may be covered regardless of marital, student, residency, tax dependency or disability status, provided they are not eligible for other group health plan coverage such as through an employer or spouse.
- **Lifetime Limit No Longer Applies** – The Health Net PPO plan’s \$5,000,000 lifetime maximum benefit is no longer applicable. Enrollees who previously reached this limit will be allowed to re-enroll.
- **Grandfathered Health Plans** – All of the County’s medical insurance plans are “grandfathered health plans.” As permitted by PPACA, 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

*Enrolling in your benefit options is fast and easy. To start the process, turn to pages 14-17 for simple step-by-step instructions.*

**Open Enrollment is May 23 through June 24, 2011**

not include certain consumer protections of the Act that apply to other plans. 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 Employee Benefits and Services. Official Department of Labor Notices regarding these PPACA changes and other important legislation are included in this Employee Benefits Guide starting on page 68.

- **Medical Expense Reimbursement Plan (FSA)** – Effective January 1, 2011, over-the-counter medications require a prescription to be eligible for tax-free reimbursement through the County's Medical Expense Reimbursement Plan (FSA).

## Maintenance Medication Program

The County implemented a Maintenance Medication Program for Health Net members who take certain prescriptions for long-term therapy or chronic conditions. This program allows members to receive a 90-day supply of eligible medications through the mail or at a local CVS pharmacy for the price of a 60-day supply, a 33% discount. Members can submit requests to fill these prescriptions online at [www.healthnet.com](http://www.healthnet.com), by phone at 1-888-624-1139, or by mailing the order form that they receive with each prescription to Caremark at the address shown on the form and enclosing the proper co-payment.

## Commuter Services

This year, Human Resources – Commuter Services will enhance three of its programs:

- **Hybrid Vehicle Carpool Program** – Modeled after the County's employee-funded vanpool program, this option allows 3 or 4 employees to use a hybrid vehicle from the Commuter Services fleet for carpooling. Hybrid vehicles are used because they offer high fuel efficiency and produce low greenhouse gas emissions.  
Commuter Services is currently accepting applications for this program. Interested employees may submit a Hybrid Vehicle Carpool Application to Commuter Services at Interoffice Mail Code (IOM) 0178, or fax the completed application to (909) 387-9641.
- **Transit Bus Pass Subsidy** – Eligible participants may take advantage of a \$4 subsidy towards the purchase of a monthly bus pass. The County's Transit Bus Pass Program allows employees to pay for a monthly Omnitrans bus pass on a pre-tax basis through payroll deduction. Regular and Senior/Disability bus passes are available with the cost distributed over 26 pay periods. Interested employees can fill out a Transit Pass Application and submit it to Commuter Services at IOM 0178 or fax to (909) 387-9641.
- **Bicycle Reimbursements** – The Bike to Work Expense Reimbursement program provides reimbursements to eligible bike to work participants of up to \$20 per month for qualified bicycle expenses. This program, offered under Internal Revenue Code (IRC) Section 132 (f), Qualified Transportation Fringe Benefits, allows for reimbursements for such expenses as bike parts, general bike maintenance and even a new commuter bike.

*This Guide only highlights your benefits. It is not a summary plan description (SPD). Official plan and insurance documents govern your rights and benefits under each plan. If any discrepancy exists between this Guide and the official documents, the official plan documents will prevail.*

Visit the Commuter Services Intranet site at <http://countyline.sbcounty.gov/commuterservices/> or call Commuter Services at (909) 387-9640, to learn more about this year's enhancements, join or start a new carpool or vanpool, and for information on how participation in the County's rideshare program will benefit you.

## Tell Us What You Think!

Providing exceptional customer service is EBSD's top priority. Please tell us how we are doing by participating in a brief survey. The link to the survey site is [www.surveymonkey.com/s.asp?u=486291762554](http://www.surveymonkey.com/s.asp?u=486291762554). For a paper survey, please contact EBSD.

### Dependent Election Proof

If your open enrollment election includes the addition of new dependents not currently or previously enrolled in a County plan, the deadline to submit proof of dependency is Monday, July 11, 2011. If EBSD does not receive this documentation by 5:00 p.m., July 11, 2011, your dependent(s) will not be added to your plan for the 2011/2012 plan year.

Additionally, if you are adding a dependent who is mentally or physically disabled and aged 26 or over, a "Disabled Dependent Certification" must be completed online using eBenefits.



## 2011-12 PREMIUM RATE TABLE

Rates Effective July 16, 2011\*

Coverage Effective July 30, 2011

Plan	Coverage Type	2011-12 Bi-Weekly Rates	2010-11 Bi-Weekly Rates	Difference in Bi-Weekly Premium	Percentage Change from 2010-11
Health Net HMO	Employee Only	\$203.70	\$185.43	\$18.27	9.9%
	Employee + 1	\$435.57	\$396.41	\$39.16	9.9%
	Employee + 2	\$596.93	\$543.24	\$53.69	9.9%
Health Net PPO	Employee Only	\$411.84	\$374.82	\$37.02	9.9%
	Employee + 1	\$837.25	\$761.91	\$75.34	9.9%
	Employee + 2	\$1,298.41	\$1,181.53	\$116.88	9.9%
Health Net - Needles**	Employee Only	\$464.74	\$422.96	\$41.78	9.9%
	Employee + 1	\$944.57	\$859.56	\$85.01	9.9%
	Employee + 2	\$1,462.52	\$1,330.85	\$131.67	9.9%
Kaiser Permanente	Employee Only	\$240.09	\$208.57	\$31.52	15.1%
	Employee + 1	\$478.18	\$415.22	\$62.96	15.2%
	Employee + 2	\$675.79	\$586.75	\$89.04	15.2%
DeltaCare USA	Employee Only	\$9.91	\$9.55	\$0.36	3.8%
	Employee + 1	\$16.00	\$15.42	\$0.58	3.7%
	Employee + 2	\$20.85	\$20.11	\$0.74	3.7%
Delta Dental PPO	Employee Only	\$22.84	\$21.91	\$0.93	4.3%
	Employee + 1	\$42.14	\$40.38	\$1.76	4.4%
	Employee + 2	\$71.77	\$68.73	\$3.04	4.4%

\*Premiums do not include any medical/dental premium subsidies and/or benefit plan dollars you may be eligible for. Please refer to the Benefit Plan Dollars and Premium Subsidies on page 13.

\*\* For 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 health plan offered in these specific work locations and the lowest cost health plan provided by the County. Specifically: \$261.04 for Employee Only coverage, \$509.00 for Employee + 1 coverage, and \$865.59 for Employee + 2 coverage.

## CONTACT INFORMATION

	Address	Phone	Web Site
<b>Board of Retirement</b>	348 W. Hospitality Lane, Third Floor San Bernardino, CA 92415-0014	(909) 885-7980 (877) 722-3721	www.sbcera.org
<b>Employee Benefits and Services</b>	157 West Fifth Street, First Floor San Bernardino, CA 92415 Interoffice Mail Code: 0440	(909) 387-5787	http://mybenefitsatwork
	AD&D / Life Insurance	(909) 387-5559	http://countyline.sbcounty.gov/commuterservices/
	COBRA	(909) 387-5552	
	Commuter Services	(909) 387-9640	
	DeltaCare USA / Delta Dental PPO	(909) 387-5831	
	Health Net	(909) 387-5831	
	Kaiser Permanente	(909) 387-5559	
	Long-Term Disability	(909) 386-5787	
	Medical Emergency Leave	(909) 386-5787	
	Retirement Medical Trust	(909) 387-5537	
Salary Savings	(909) 387-6098		
Short-Term Disability	(909) 386-5787		
Vision	(909) 387-5556		
<b>My Health Matters! Program</b>		(909) 387 5846	http://mybenefitsatwork
Steps to Success	http://www.healthycommunity.ca/sanbernardino/hr/default.aspx		
<b>Providers:</b>			
DeltaCare USA	P.O. Box 1803 Alpharetta, GA 30023	(800) 422-4234	www.deltadentalins.com
Delta Dental PPO	P.O. Box 997330 Sacramento, CA 95899-7330	(888) 335-8227	www.deltadentalins.com
EyeMed Vision		(877) 406-4146	www.eyemedvisioncare.com
The Hartford (STD)	12009 Foundation Place Rancho Cordova, CA 95670	(866) 958-2502	www.thehartfordatwork.com
The Hartford (FMLA/CFRA/PDL)	P.O. Box 537028 Sacramento, CA 95853-7028	(866) 958-2502	
Health Net HMO	General: P.O. Box 10196 Van Nuys, CA 91410-0196  Appeals and Grievances: P.O. Box 10348 Van Nuys, CA 91410	(800) 676-6976	www.healthnet.com
<i>Mental Health/Substance Use Disorder</i>		(888) 935-5966	
Health Net PPO		(800) 676-6976	
<i>Mental Health/Substance Use Disorder</i>		(800) 676-6976	
Health Net Needles		(800) 861-7214	
<i>Mental Health/Substance Use Disorder</i>		(800) 861-7214	
ING	1200 California Street, Suite 108 Redlands, CA 92374	(909) 748-6468 (800) 584-6001	www.ingretirementplans.com
Kaiser Permanente	Kaiser Foundation Health Plan P.O. Box 7102, Pasadena, CA 91109	(800) 464-4000	www.kp.org
Minnesota Life	400 Robert Street St. Paul, MN 55101	(866) 293-6047	www.minnesotalife.com
<b>San Bernardino County Public Employees Association (SBPEA)</b>	433 North Sierra Way San Bernardino, CA 92410	(909) 889-8377 (877) 312-3333	www.sbpea.com
<b>San Bernardino County Safety Employees' Benefit Association (SEBA)</b>	735 East Carnegie Drive, Suite 125 San Bernardino, CA 92408	(909) 885-6074 (800) 655-7322	www.seba.biz

## 2011 OPEN ENROLLMENT MASTER SCHEDULE

<b>MAY 23</b>	Mon	<p>Open Enrollment begins! Informational meetings are scheduled throughout the County. Check the meeting schedule included in this Guide for locations, dates and times.</p> <p>During Open Enrollment, if you are eligible, you may:</p> <ul style="list-style-type: none"> <li>• Enroll in a medical and/or dental plan</li> <li>• Change medical and/or dental plans</li> <li>• Add dependents to or remove them from your medical and/or dental plans</li> <li>• Opt-Out of a County-sponsored medical plan and/or dental plan (other comparable group coverage required)</li> <li>• Change your refundable/nonrefundable retirement contribution election</li> <li>• Enroll in the Medical Expense Reimbursement Plan (FSA). If you choose to participate in the FSA Plan, <b>you must enroll every year</b>, even if you are currently participating.</li> <li>• Enroll in Supplemental Life and/or Accidental Death and Dismemberment (AD&amp;D) insurance</li> <li>• Change your Benefit Plan Premium Conversion Option elections</li> <li>• Add/change your beneficiary information</li> </ul> <p>Should you need help with completing your online Open Enrollment, computer access and one-on-one assistance is available 7:30 a.m. to 5:00 p.m. Monday through Friday at EBSD, 157 West Fifth Street, First Floor, San Bernardino. No registration necessary — walk-ins are welcome. You can receive this service on County time with your supervisor's approval.</p>
<b>JUNE 24</b>	Fri	<b>Open Enrollment ends!</b> This is the deadline to submit your 2011 Benefit Elections using eBenefits.
<b>JULY 11</b>	Mon	<b>Deadline to submit proof of dependency for newly added dependents and Opt-Out verification for new Opt-Outs.</b> Failure to provide documentation will result in denial of new elections.
<b>JULY 16</b>	Sat	Premium rate change effective date.
<b>JULY 30</b>	Sat	Effective date of coverage for changes made to medical, dental, Supplemental Life and AD&D plans.
<b>AUG 8</b>	Mon	Confirmation Statements mailed to all employees.
<b>AUG 10</b>	Wed	Pay warrants reflect open enrollment rate changes.

### Important

Every employee making changes or participating in the Medical Expense Reimbursement Plan (FSA) must complete eBenefits online Open Enrollment!

## 2011 OPEN ENROLLMENT MEETING SCHEDULE

Benefits are an important part of your total compensation package. Take advantage of this opportunity to discover your options. **Please allow 1 hour per session.**

City	Date	Day	Time	Location
San Bernardino	05/24/11	Tue	1:00 p.m. & 3:00 p.m.	County Government Center - Board Chambers 385 North Arrowhead Avenue
Ontario	05/25/11	Wed	9:30 a.m. & 11:00 a.m.	TAD - Dorothy Rowe Conference Room 1627 East Holt Boulevard
Fontana	05/25/11	Wed	1:30 p.m. & 3:00 p.m.	TAD - Crosswell Commons Conference Room 7977 Sierra Avenue
Colton	05/26/11	Thurs	8:30 a.m. & 10:00 a.m.	ARMC - Oak Room 400 North Pepper Avenue
Needles	06/01/11	Wed	9:30 a.m. & 11:00 a.m.	City of Needles, Council Chambers 1111 Bailey Avenue
Hesperia	06/02/11	Thur	10:00 a.m.	Jerry Lewis High Desert Government Center Test Center, Rooms A & B 15900 Smoke Tree Street
Hesperia	06/02/11	Thur	1:00 p.m. & 2:30 p.m.	TAD - Conference Room B 9655 9th Avenue
San Bernardino	06/06/11	Mon	1:30 p.m. & 3:00 p.m.	Public Services Group - Hearing Room 825 East Third Street
San Bernardino	06/07/11	Tue	9:30 a.m. & 11:00 a.m.	Hall of Records - ACR Conference Room A & B, Fourth Floor 222 W. Hospitality Lane
San Bernardino	06/13/11	Mon	10:30 a.m. & 1:00 p.m.	General Services - Large Conference Room 777 East Rialto Avenue
Victorville	06/15/11	Wed	10:30 a.m. & 1:00 p.m.	Victorville CFS, Conference Room 1 15480 Ramona Avenue
Redlands	06/21/11	Tue	9:30 a.m. & 11:00 a.m.	TAD - Conference Room A, Second Floor 881 East Redlands Boulevard
Rancho Cucamonga	06/22/11	Wed	9:30 a.m. & 11:00 a.m.	Department of Aging and Adult Services, Haven Room 9445 Fairway View Pl, Ste 110

### Open Enrollment meeting broadcast on CountyVision

The May 24 meeting will be broadcast on CountyVision and archived for viewing throughout Open Enrollment. The meeting will be available year round at <http://countyline/CountyVision.asp> for your reference.

## ELIGIBILITY

To be eligible for the benefits listed in this Guide, you must be an employee in a regular position scheduled to work a minimum of 40 hours per pay period and have received pay for at least one half plus one hour of your scheduled hours (or be on an approved leave pursuant to applicable law). The benefit must be offered to you through a Memorandum of Understanding (MOU), Exempt Compensation Plan, Contract or Salary Ordinance. Safety employees must be scheduled and paid for a minimum of 41 hours a pay period.

### Dependent Eligibility

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

- Your legal spouse
- State Registered Domestic Partner
- Your children up to age 26 OR 26 or more years old, supported primarily by you and incapable of self-sustaining employment by reason of mental or physical disability

*\*Your children include children born to you, legally adopted by you (including those children during any waiting period before the finalization of their adoption), your stepchildren, your registered Domestic Partner's children, children for whom you are the legal guardian, and children you support as a result of a valid court order. Parents, grandparents, grandchildren, common-law spouses, divorced spouses, roommates, and relatives other than those listed above are not eligible. (Kaiser Permanente allows coverage for grandchildren if the dependent child was enrolled with Kaiser Permanente prior to giving birth to the grandchild. Coverage for the grandchild may continue as long as the dependent child is covered.)*

The following documents may be used as proof of relationship:

- Spouse:
  - Photocopy of marriage certificate (legal or church – not keepsake or handwritten)
- Domestic Partner:
  - Photocopy of the Certificate of State Registered Domestic Partnership or equivalent out-of-state certificate
- Children:
  - Photocopy of birth certificate (legal or hospital – not keepsake or handwritten)
  - Photocopy of a certificate of baptism (must include date of birth and show employee as parent)
  - Photocopy of court documents for:
    - Adoption
    - Placement
    - Custody
    - Legal Guardianship
    - Other court order stating dependent status
    - Other court order stating benefit coverage must be provided

Proof of dependent status for newly enrolled dependents is required. You or your dependent may also be responsible for any cost of services received while your dependent was listed as eligible. Mail or fax required documentation to:

Employee Benefits and Services Division  
157 West Fifth Street, First Floor  
San Bernardino, CA 92415  
Interoffice Mail Code: 0440  
Fax (909) 387-5566

**Be sure to write your employee ID number on the top right corner of each page of your fax.**

## ENROLLMENT

As a condition of County employment, all employees must be covered by health and dental insurance. If you are an eligible employee, you must enroll in a County-sponsored medical and dental plan unless you have other employer-sponsored group medical and/or dental insurance. Premiums for County-sponsored medical and dental insurance will be deducted from your paycheck.

If you are an active employee, enrolled in a County-sponsored medical plan, and reach age 65, you will be given the option of remaining on the County-sponsored plan or electing coverage under Medicare Parts A and B. You will be notified of this option just prior to turning 65.

### Benefits Calculator Available Online

The benefits calculator is available for use on the Human Resources web page. The calculator can help you determine how much bi-weekly out-of-pocket expense you will have. You can access this calculator through the Internet at <http://www.sbcounty.gov/hr/benefitcalculator/BenefitCalculatorSearch.aspx> or through Countyline at <http://mybenefitsatwork>.

### Opt-Out

If you have other employer-sponsored group medical and/or dental insurance that offers coverage comparable to a County-sponsored plan, you may elect to Opt-Out of the County-sponsored medical and/or dental insurance.

If you are currently Opted-Out of the medical and/or dental plans and have no changes to the coverage on file, no further action is needed.

If you are newly Opting-Out during this annual Open Enrollment, you must provide proof of other insurance. If you fail to provide the required documentation by **5:00 p.m., July 11, 2011**, you will be reenrolled in your previous coverage.

New employees and employees making mid-year changes must complete the Opt-Out Election Agreement form and submit it to EBSD.



## What Happens If You Do Not Enroll on Time?

**New Employees** — As a new employee, you have sixty (60) days from your date of employment to enroll in a medical and/or dental plan. EBSD must physically receive your enrollment forms and supporting documentation within that 60-day period. If you do not enroll when you are first eligible (or if you submit your enrollment forms late), you will be enrolled automatically in the Health Net HMO medical plan (except Needles) and the DeltaCare USA dental plan with employee only coverage. Premiums will be deducted after-tax. Dependent coverage and before-tax deductions will not be available to you until the next Open Enrollment, unless you experience an IRC Change in Status Event.

## Medical and Dental Plan ID Cards

Within a month of the effective date of your coverage, July 30, 2011, you should receive identification (ID) cards from your medical and dental plans. You may, however, begin using your medical and dental benefits before receiving your ID cards. If you do not receive your ID cards, or if you need replacement cards, please refer to plan contact information on page 5 of this Guide. If you have a problem accessing care, call EBSD at (909) 387-5787.

## Mid-Year Changes

The enrollment options you elect during the 2011/2012 Open Enrollment period will remain in effect for the entire plan year. You must wait until the next Open Enrollment period to make changes UNLESS you experience an IRC Change in Status Event, such as:

- A legal marital status change including marriage, death of spouse, divorce, or annulment
- Commencement or termination of Domestic Partnership
- A change in the number of your dependents as a result of birth, death, adoption or placement for adoption
- A change in employment status for you, your spouse, your domestic partner or your dependent such as termination or commencement of employment, a strike or lockout, which results in a change of eligibility for benefits
- Your dependent ceases to satisfy eligibility requirements due to age
- A residence change affecting eligibility for you, your spouse, your state registered domestic partner, or your dependent
- You or your dependent becomes entitled to or loses eligibility for Medicare or Medicaid
- Significant changes in Group Benefit Plan costs or coverage terms including the addition or elimination of a benefit plan
- Commencement of or return from an unpaid leave of absence which results in a change of eligibility for benefits
- Judgment, decree or order resulting from a divorce, annulment or change in legal custody (including a qualified medical child support order as defined in Section 609 of the Employee Retirement Income Security Act of 1974) that requires medical or dental coverage for an employee's child who is a dependent of the employee.

***You have 60 days from the date of the qualifying event to make benefits changes.***

If you experience a Change in Status Event and you would like to request a mid-year change in your Premium Deduction Election, you must:

1. Complete the applicable medical, dental, vision, supplemental life, and/or AD&D enrollment forms (available online at EMACS forms or from your Payroll Specialist)
2. Complete a Premium Deduction Election form (available online at EMACS forms or from your Payroll Specialist)
3. If the Change in Status Event makes you eligible to Opt-Out of your County-sponsored medical and/or dental plan, complete the appropriate “Opt-Out Election Agreement” form; and
4. Attach documentation that verifies the reason for the mid-year change. Examples of acceptable documentation are:
  - Copies of birth, death, marriage, or state-registered domestic partner certificates
  - Copies of court papers for divorce or adoption
  - Copy of letter from employer verifying loss or gain of spouse’s employment which results in a change of eligibility for medical and/or dental benefits
  - Verification of other health and/or dental coverage if Opting-Out. Verification must show the coverage effective date

Your request to make a mid-year change must:

1. Be consistent with the qualifying event
2. Meet the guidelines of County contracts/agreements, plan documents and IRC Section 125
3. Be received by EBSD within **60** days of the qualifying event

### Effective Date of Mid-Year Changes

All elections made during the plan year shall become effective the first day of the pay period following the date that the properly completed Premium Deduction Election form and documentation are received by EBSD.

Elections shall only apply to compensation that has not yet been earned at the time of the election unless otherwise allowed under IRC Section 125, federal regulations, the County’s Section 125 Premium Conversion Plan and the terms of the Group Benefit Plans. You will be billed for any premiums owed as a result of the addition of eligible dependents. If the Change in Status Event results in a decrease in premiums, you will receive a refund on a subsequent pay warrant for the premium overpayment. To reduce the time for a refund or to reduce the amount of premiums owed, you are encouraged to submit your paperwork as soon as possible.

**PLEASE NOTE:** For Health net, newborn children will be covered under the medical group the mother (parent) is assigned to, for the first 30 days. For Kaiser members, newborns are covered for the first 31 days including the date of birth. Employee subscribers must still enroll the newborn under their respective plan through the County. Contact EBSD or your Payroll Specialist to complete the newborn enrollment.



## Section 125 Premium Conversion Plan

### *Purpose*

This plan allows employees to pay for eligible benefits using either before-tax or after-tax dollars. If no changes are made to the eligible benefits listed below during Open Enrollment, the previous Plan Year's elections will continue automatically. For new employees, if no election is made, the deductions will automatically be taken after tax and the employee will be subject to all plan requirements and restrictions.

### *Pre-Tax Premiums*

Premiums for the following plans may be deducted from your paycheck before taxes are calculated:

- Medical
- Dental
- Accidental Death & Dismemberment (AD&D)
- Life insurance premiums

**NOTE:** Premiums for life insurance coverage in excess of \$50,000 (including employer-paid life insurance) are ineligible for pre-tax deduction per IRS regulations.

### *Section 125 Premium Conversion Plan Election*

You must notify the County of your choice to deduct eligible insurance premiums from your paycheck either before or after taxes. Plan elections are irrevocable for the plan year unless you have an IRC Change in Status Event.

### *Before-Tax Option*

This option is especially attractive as it results in greater take-home pay. It does, however, limit your mid-year changes (involving premium increases or decreases) to the Change in Status Events as specified in IRC Section 125 and the County's Section 125 Premium Conversion Plan.

### *Election of Pre-Tax Benefits*

**Open Enrollment:** To have your medical and dental premiums deducted from your pay before federal and state taxes are withdrawn, you must use eBenefits to select the appropriate before-tax plan.

**Mid-Year Change:** To have your medical and dental premiums deducted from your pay before federal and state taxes are withdrawn, you must submit a completed Premium Deduction Election form.

### *After-Tax Option*

This option results in less take home pay. Changes during the Plan year are still limited to those allowed by the County's contracts, agreements or plan documents governing the benefits.

### ***Dependent Eligibility***

Eligibility for the pre-tax option does not affect your dependent's eligibility for County-sponsored insurance.

### **Benefit Plan Dollars and Premium Subsidies**

The County helps you pay your medical and dental insurance premiums by giving you Benefit Plan Dollars and/or subsidizing your premium payments to plan carriers by way of a Medical and/or Dental Premium Subsidy. The amounts vary and are based on your bargaining unit, family size, hire date, plan selection, and the number of hours you work. For specific amounts, refer to the appropriate Memorandum of Understanding, Exempt Compensation Plan, Salary Ordinance, or Contract.



# eBENEFITS INSTRUCTIONS

<b>What is eBenefits?</b>	<p>An Internet and Intranet based system that allows you to:</p> <ul style="list-style-type: none"> <li>• Make changes to your benefits</li> <li>• View your choices immediately for accuracy</li> <li>• Print a confirmation statement</li> </ul> <p>eBenefits is available during the entire Open Enrollment period (May 23 through June 24, 2011). <b>You must submit your benefit elections by June 24, 2011.</b></p>
<b>Complete Your Open Enrollment Online Using eBenefits</b>	<p>You <b>must</b> use eBenefits if:</p> <ul style="list-style-type: none"> <li>• You are making <b>any</b> changes during the 2011/2012 Open Enrollment</li> <li>• <b>You want to renew participation in a Flexible Spending Account (Medical Expense Reimbursement Plan).</b></li> </ul> <p><b>You must re-enroll every year to participate in this benefit</b></p>
<b>If you have no changes</b>	<p>You do not need to use eBenefits. You will maintain your current elections, with the exception of FSA as described above.</p>
<b>How to access eBenefits</b>	<p><b>Sign on from a County Computer (Intranet) or from home (Internet)</b></p> <ol style="list-style-type: none"> <li>1) Go to the EMACS Sign-In Page, <a href="https://emacsbapp.sbcounty.gov/psp/h90prd/?cmd=login">https://emacsbapp.sbcounty.gov/psp/h90prd/?cmd=login</a></li> <li>2) Enter your User ID and Password :             <ul style="list-style-type: none"> <li>– Enter your 5 or 6 digit Employee (EE) ID Number (e.g. B1234)</li> <li>– If your EE ID number starts with a number, replace the first number with the letter “X”</li> </ul> </li> <li>3) Click the “Sign In” button</li> </ol> <p><b>If you need assistance, please contact the Help Desk at (909) 884-4884.</b></p>
<b>Add Dependents and/or Beneficiaries</b>	<p><b>This page allows you to add dependents and/or beneficiaries to a list you will have available to select from once you are ready to make your medical, dental and insurance elections.</b></p> <p>Click on <i>Self Service&gt;Benefits&gt;Dependent/Beneficiary Summary</i></p> <ul style="list-style-type: none"> <li>• Review the listing of dependents and/or beneficiaries you have to choose from.</li> </ul> <p><b>Edit information on an existing dependent and/or beneficiary</b></p> <ul style="list-style-type: none"> <li>• Click on the name and then “Edit”</li> <li>• Edit information as necessary then click “Save”</li> <li>• Click “OK”</li> <li>• Click “Return” to go back to the <i>Dependent/Beneficiary Summary</i> page</li> </ul> <p><b>To add a dependent who is not listed</b></p> <ul style="list-style-type: none"> <li>• Click on “<i>Add a dependent or beneficiary</i>” and enter the required information.</li> <li>• Click “Save” and then click “OK”.</li> <li>• Click “Return” to go back to the summary page</li> </ul> <p><b>For dependents who are disabled</b></p> <ul style="list-style-type: none"> <li>• You must complete the Disabled Dependent Certification online.</li> </ul>

## eBENEFITS INSTRUCTIONS *(continued)*

<p><b>To finalize dependent/beneficiary additions</b></p>	<ul style="list-style-type: none"> <li>• Click “Enrollment” at the very top of the screen.</li> <li>• Click “Benefits Enrollment” to begin the enrollment process</li> </ul>
<p><b>Enrollment Process</b></p>	<p><b>Starts the enrollment process and allows you to view and make changes to your current plans.</b></p> <ul style="list-style-type: none"> <li>• Click on <i>Self-Service&gt;Benefits&gt;Benefits Enrollment</i></li> </ul> <p><b>Benefits Enrollment page</b></p> <ul style="list-style-type: none"> <li>• Click “Info” for general information</li> <li>• Click “Select” to begin the enrollment process</li> <li>• Review the information provided on the Section 125 Premium Conversion Plan, which explains tax options</li> <li>• Click “OK”</li> </ul> <p><b>Enrollment Summary Page</b></p> <ul style="list-style-type: none"> <li>• Review your current benefit elections (scroll down the page to view all benefits)</li> <li>• Click “Edit” to view and make changes as necessary</li> </ul>
<p><b>Finalize and SUBMIT Open Enrollment Elections</b></p>	<ul style="list-style-type: none"> <li>• Review your benefit elections on the Enrollment Summary page. Estimates of the bi-weekly premiums for new elections are displayed at the bottom of this page</li> <li>• Click “Submit” after reviewing your benefit elections to access the <i>Submit Benefit Choices</i> page</li> <li>• Read the terms and conditions. Click “Submit” to finalize your benefit elections, which constitutes your signature</li> <li>• Print the <i>Submit Confirmation</i> page and retain it for future reference. You will not receive a confirmation statement from EBSD until August 2011</li> <li>• Click “OK” on the <i>Submit Confirmation</i> page to return to the <i>Benefits Enrollment</i> page</li> <li>• Click “Sign Out” in the upper right hand corner of the page to exit eBenefits</li> </ul> <p><b>NOTE:</b> You may review or change your benefit elections in eBenefits until the Open Enrollment deadline at midnight June 24, 2011</p>
<p><b>Need Further Assistance?</b></p>	<ul style="list-style-type: none"> <li>• Contact the Help Desk at (909) 884-4884 for technical assistance. Your call will be logged and a representative will contact you. Calls received after 5:00 p.m. or on weekends will be returned the next business day.</li> <li>• Contact EBSD at (909) 387-5787</li> </ul>

## eBENEFITS INSTRUCTIONS *(continued)*

	Medical	Dental	Opt-Out / Waive
<b>What you need to know/do</b>	View plan choices, premiums, and make changes	View plan choices, premiums, and make changes	Decline participation in County medical and/or dental plans if you have coverage under another group plan
<b>To enroll</b>	Click the button next to the plan name. To enroll dependents, check the <b>"Enroll"</b> box next to each dependent's name	Click the button next to the plan name. To enroll dependents, check the <b>"Enroll"</b> box next to each dependent's name	Click the <b>"Edit"</b> button next to the plan name
<b>Additional steps</b>	<p>New enrollees with Health Net HMO only:</p> <ul style="list-style-type: none"> <li>Select a Primary Care Physician and Medical Group for yourself and your dependent(s) by either calling Health Net Member Services at (800) 676-6976 or click <b>"Select a Provider"</b> to enter Health Net's website</li> <li>After obtaining your provider's <b>"Enrollment Code"</b> (participating Physician group # followed by the Physician ID#), scroll down the page and enter the code in the <b>"Provider ID"</b> box</li> </ul>	<p>New enrollees with DeltaCare USA only:</p> <ul style="list-style-type: none"> <li>Select a network dentist for yourself and/or your dependent(s) by either calling Delta Member Services at (800) 422-4234 or click <b>"Select a Provider"</b> to enter Delta's website</li> <li>After obtaining your provider's <b>"Office Number,"</b> scroll down the page and enter the code in the <b>"Provider ID"</b> box</li> </ul>	<p>From among the plan choices, click the <b>"Waive/Opt-Out"</b> button. Select the appropriate "Waive Reason" from the box.</p> <ul style="list-style-type: none"> <li>If your coverage is provided by a non-County group, select <b>"Opt-Out"</b> <ul style="list-style-type: none"> <li>Complete the Opt-Out Election Agreement section with your other insurance information</li> </ul> </li> <li>Select <b>"Covered by other County Employee"</b> if this is the source of your other coverage                             <ul style="list-style-type: none"> <li>Enter the Employee ID of your spouse/ domestic partner</li> </ul> </li> </ul>
<b>Store</b>	Click <b>"Store"</b> to hold your choices. Click <b>"OK"</b> to return to <i>Enrollment Summary</i> page	Click <b>"Store"</b> to hold your choices. Click <b>"OK"</b> to return to <i>Enrollment Summary</i> page	Click <b>"Store"</b> to hold your choices. Click <b>"OK"</b> to return to <i>Enrollment Summary</i> page
<b>Note</b>	Continuing Health Net enrollees who simply want to select a new Primary Care Physician and/or Medical Group must contact Health Net Member Services at (800) 676-6976 to request the change	Continuing DeltaCare USA enrollees who simply want to select a new Network Dentist must contact DeltaCare Member Services at (800) 422-4234 to request the change	For new Waive or Opt-Out elections, you <b>MUST</b> provide verification of the other group-sponsored health/dental coverage to EBSD by July 11, 2011

## eBENEFITS INSTRUCTIONS *(continued)*

	Vision	FSA	Retirement Options
<b>What you need to know/do</b>	Select dependent coverage (applies to certain bargaining units)	Enrollment is voluntary, but you must enroll every year to continue participating	Decide between refundable and nonrefundable options
<b>To enroll</b>	Employee Only enrollment is automatic	Click the button next to <b>"Yes, I elect to enroll"</b>	
<b>Additional steps</b>	To add dependents, check the <b>"Enroll"</b> box next to each dependent's name	<ul style="list-style-type: none"> <li>Enter your election for 2011/2012 in the <b>"Annual Pledge"</b> box                             <ul style="list-style-type: none"> <li>Click <b>"Worksheet"</b> to calculate your per-pay-period contributions</li> </ul> </li> <li>Click <b>"Return"</b> to go back to the <i>Flexible Spending Account</i> page</li> </ul>	To select a different option, click the button to the left of your <b>"Plan Name"</b>
<b>Store</b>	Click <b>"Store"</b> to hold your choices. Click <b>"OK"</b> to return to <i>Enrollment Summary</i> page	Click <b>"Store"</b> to hold your choices. Click <b>"OK"</b> to return to <i>Enrollment Summary</i> page	Click <b>"Store"</b> to hold your choices. Click <b>"OK"</b> to return to <i>Enrollment Summary</i> page

	Basic Life	Supplemental AD&D	Supplemental Life
<b>What you need to know/do</b>	100% County paid	Review coverage levels, premiums and tax options	Review coverage levels and tax options
<b>To enroll</b>	Enrollment is automatic	Enrollment is voluntary	Enrollment is voluntary
<b>Additional steps</b>	Make desired beneficiary and allocation changes	<ul style="list-style-type: none"> <li>Click the button next to the level of desired coverage or click <b>"Waive"</b> to terminate coverage</li> <li>Make the desired beneficiary and allocation changes</li> </ul>	<ul style="list-style-type: none"> <li>Enter a coverage amount to indicate your desired level of coverage or click <b>"Waive"</b> to terminate coverage</li> <li>Make the desired beneficiary and allocation changes</li> </ul>
<b>Store</b>	Click <b>"Store"</b> to hold your choices. Click <b>"OK"</b> to return to <i>Enrollment Summary</i> page	Click <b>"Store"</b> to hold your choices. Click <b>"OK"</b> to return to <i>Enrollment Summary</i> page	Click <b>"Store"</b> to hold your choices. Click <b>"OK"</b> to return to <i>Enrollment Summary</i> page

## HEALTH NET HMO

This is a general summary of Health Net HMO benefits. A more complete description of benefits and coverage, including limitations and exclusions, is contained in the plan documents. If there are any discrepancies between the information contained in this summary and the provisions of the plan documents, the plan documents are the controlling documents.

Health Net HMO is a Health Maintenance Organization (HMO) plan with a Point-of-Service (POS) provision. The HMO provision requires that you select a Primary Care Physician (PCP) from one of the Health Net Participating Physician Groups. The POS component gives you the option of seeking consultations and evaluations from any specialist within the Health Net network without a referral from your PCP. The HMO provision is referred to as TIER 1 and the POS provision as TIER 2.

Under TIER 1 (the HMO), you receive all of your care from within your PCP's network of participating physicians, hospitals, and other health care providers. Under TIER 2 (the POS option), you are allowed consultations with a doctor outside of your Participating Physician Group, but within Health Net's Preferred Provider Organization (PPO) network, without a referral from your PCP.

### How the Plan Works

With Health Net, you must choose a PCP from a Health Net Participating Physician Group when you enroll. If you also enroll dependents, each dependent can choose their own Participating Physician Group and PCP. You may not choose a specialist as a PCP. If you are a new Health Net enrollee and you do not select a PCP, a PCP will be selected for you. Your PCP will treat you for many medical conditions, perform preventive care services and coordinate all of your health care, including making referrals to specialists and hospitals within your Participating Physician Group. Also, under the HMO (TIER 1) component, you are allowed to self-refer for one annual OB/GYN appointment. You must select an OB/GYN provider who is in the same Participating Physician Group as your PCP for the visit to be covered at the HMO benefit level. Using your PCP and using the HMO option is the most cost-effective, lowest out-of-pocket-cost way to use the plan.

The TIER 2 component allows you to see any doctor or specialist in the Health Net Preferred Provider Organization network without a referral from your PCP. When you use this option, your share of costs will be higher and you may have to file claim forms for certain services. This direct access feature **only** covers office visits, consultation, evaluation and treatment — procedures that can be performed in the doctor's office. Some services may require certification from Health Net. Services requiring hospitalization, outpatient surgery, maternity care and other therapeutic care must be coordinated and authorized by your PCP under the TIER 1 option.

If you need a Health Net HMO or PPO Provider Directory, please call Health Net's Member Services at (800) 676-6976 or (800) 331-1777 (Spanish), or use Health Net's web site at [www.healthnet.com](http://www.healthnet.com). The directory lists physicians and medical groups accepting new patients. If your current physician or medical group accepts Health Net but is not listed in the Directory, call Health Net's Member Services for assistance. Once enrolled in Health Net, you can also call Member Services to change your PCP.

**Remember to utilize Urgent Care for conditions that require prompt attention but do not pose an immediate, serious threat to your health or life.**

### **Co-payment**

For most routine HMO care, you pay a \$10 co-payment. For other services, co-payments range from \$10 to 50% of actual charges. For TIER 2, co-payments for covered benefits are normally \$30.

### **Deductible**

Under Health Net HMO, you pay no deductibles.

### **Hospitalization**

You are covered for all medically necessary hospitalization when admitted by your PCP.

### **Emergency Care**

If you need emergency services, you should call 911 or go directly to the nearest medical facility for treatment. Emergency Care is any otherwise covered service that a reasonable person with an average knowledge of health and medicine would seek if he or she was having serious symptoms (including symptoms of Severe Mental Illness and Serious Emotional Disturbances of a child), and believed that without immediate treatment, any of the following would occur:

- His or her health would be put in serious danger (and in the case of a pregnant woman, the health of her unborn child)
- His or her bodily functions, organs or parts would become seriously damaged
- His or her bodily organs or parts would seriously malfunction

Health Net will make any final decisions about Emergency Care. If you seek Emergency Care, please inform Health Net of the locations, duration and nature of the services provided.

### **Out-of-Area Care**

If you need urgent medical care and cannot get to your PCP, call your PCP for guidance. If you are unable to contact your PCP, you should seek care for Urgently Needed Services from a licensed medical professional where you are located and notify your Participating Physician Group as soon as possible afterwards.

### **Claim Forms**

Under the Health Net HMO component you do not have to file claim forms. You may have to file claim forms when using TIER 2 benefits, Emergency Care or out-of-area Urgent Care services.

### **Medical Transition of Care Benefit**

As a new member you are entitled to a medical review that may allow you to continue your current treatment plan due to a specific diagnosis for a specified time frame with your prior provider.



**New employees must enroll within 60 days of hire into an eligible position.**

Some examples of circumstances for you or a member of your family:

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

If you have a transition of care issue, please complete a Health Net Transition of Care Assistance Request Form. You can get a copy of the form from your Payroll Specialist, EBSD or by calling Health Net Member Services at (800) 676-6976 or (800) 331-1777 (Spanish).

## How to Enroll

New employees must enroll within 60 days of hire into an eligible position. Proof of dependent status is required for each dependent you enroll on the plan. Please refer to the Eligibility, Enrollment and Mid-Year Changes sections of this Guide for specific details.

## What's Covered

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

## What's Not Covered

Exclusions and Limitations are subject to change. Please refer to the current Health Net Evidence of Coverage (EOC) or contact Health Net's Member Services at (800) 676-6976 or (800) 331-1777 (Spanish) for additional information.

## General Exclusions

It is extremely important to read your EOC before you obtain services in order to know what Health Net will and will not cover. Health Net does not cover certain services or supplies. Also, services or supplies that are excluded from coverage, appear in the EOC as "Not Covered," exceed EOC limitations, are not Medically Necessary, or are follow-up care to EOC exclusions or limitations will not be covered.

## How to Get in Touch with Health Net

Call Health Net's Member Services at (800) 676-6976, or (800) 331-1777 (Spanish) or go to Health Net's web site at [www.healthnet.com](http://www.healthnet.com) for more information.

## KAISER PERMANENTE

The Kaiser Permanente Health Maintenance Organization (HMO) is available only to employees and their eligible dependents living within the Kaiser Permanente service areas of Los Angeles, Orange, Riverside, San Bernardino, San Diego, Kern and Ventura Counties. Certain outlying ZIP codes within the County are not eligible for coverage through Kaiser Permanente. Please contact Kaiser Permanente's Member Services at (800) 464-4000 if you wish to verify that you are in an eligible service area.

### How the Plan Works

Kaiser Permanente providers (e.g., physicians, hospitals, etc.) contract exclusively with Kaiser Permanente facilities around the country. You have access to virtually full-service, unlimited medical care at little or no cost. However, you must use Kaiser Permanente's physicians, hospitals and other approved health care providers. Otherwise, you will not be eligible to receive benefits, except in a life-threatening situation such as an out-of-area urgent or emergency situation.

### Co-payments

For most routine care, you pay \$10. For other services, co-payments may range from \$5 to \$100.

### Deductible

Under Kaiser Permanente, you pay no deductible and your out-of-pocket annual expenses are limited to \$1,500 per person or \$3,000 per family.

### Hospitalization

Kaiser Permanente will coordinate all non-emergency admissions.

### Emergency Care

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

### Out-of-Area Care

If you need medical care and cannot get to a Kaiser Permanente facility, call the 800 number on the back of your ID card for guidance.

### Claim Forms

Under Kaiser Permanente, you do not have to file claim forms except for out-of-area urgent or emergency care.

## How to Enroll

New employees must enroll within 60 days of hire into an eligible position. Please refer to the Eligibility, Enrollment, and Mid-Year Changes sections of this Guide (pages 8-11) for specific details.

Call Kaiser Permanente's Member Services if you:

- Have a benefits question
- Need a member identification (ID) card
- Have an eligibility question
- Have a claim question
- Want to file a grievance

## What's Covered

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

## What's Not Covered

Exclusions and Limitations are subject to change. Please refer to the current Kaiser Permanente EOC or contact Kaiser Permanente's Member Services at (800) 464-4000 for additional information.

## General Exclusions

It is extremely important to read your EOC before you obtain services in order to know what Kaiser Permanente will and will not cover. Kaiser Permanente requires that you receive services through a Kaiser Permanente facility unless otherwise approved. If you obtain services from a non-Kaiser Permanente facility and/or representative, your services may not be covered. You can find excluded services and supplies in your EOC listed as "Exclusions."

## How to Get in Touch with Kaiser Permanente

Kaiser Permanente Member Services is available twenty four hours, seven days a week, except holidays at (800) 464-4000. You can also access their website at [www.kp.org](http://www.kp.org) for more information.



## HEALTH NET PPO

Health Net PPO is a preferred provider organization. A PPO is a medical plan that offers you a choice between an in-network group of providers who offer their services at discounted rates and out-of-network providers without discounted rates. With this PPO, you may choose the level of benefits you receive based on the providers you use when you receive care.

### How the Plan Works

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

### Deductibles

You pay a calendar year deductible of \$250 per individual or \$750 per family before the plan pays for certain services obtained from an in-network ("participating") or out-of-network ("nonparticipating") provider.

### Hospitalization

To avoid a \$250 precertification deductible, your provider must contact Health Net in advance of hospitalization. While many physicians will arrange precertification on behalf of their patients, you are advised to call Health Net at (800) 676-6976.

### Emergency Care

If you need emergency services, get help immediately. If you are admitted to a hospital, you or your physician must call Health Net at (800) 676-6976 as soon as possible.

### Out-of-State Providers

Health Net PPO has created a program that allows Covered Persons access to participating providers outside their state of residence. This program is through the out-of-state provider network shown on your Health Net ID Card and is limited to Covered Persons traveling outside their state of residence for a period not exceeding six months. The program is not intended for Covered Persons traveling outside their state of residence solely to receive medical care.

If you are traveling outside your state of residence, require medical care or treatment, and use a provider from the out-of-state provider network, your out-of-pocket expenses may be lower than those incurred when you use an out-of-network Provider.

When you obtain services outside your state of residence through the out-of-state provider network, you will be subject to the same co-payments, coinsurances, deductibles,

***With Health Net PPO, you may obtain care from an in-network or out-of-network provider.***

**Remember to utilize Urgent Care for conditions that require prompt attention but do not pose an immediate, serious threat to your health or life.**

maximums and limitations as you would be if you obtained services from a Preferred Provider in your state of residence. There is the following exception: covered expenses will be calculated based on the lower of (i) the actual billed charges or (ii) the charge that the out-of-state provider network is allowed to charge, based on the contract between Health Net and the network. In a small number of states, local statutes may dictate a different basis for calculating your covered expenses.

## How to Enroll

New employees must complete a Medical Plan Enrollment/Change form within the first 60 days of hire into an eligible position, and return it to their Payroll Specialist. Please refer to the Eligibility, Enrollment, and Mid-Year Changes sections of this Guide for specific details.

Call Health Net Member Services if you:

- Have a benefits question
- Need hospital precertification
- Need a provider directory
- Need a member identification (ID) card
- Have an eligibility question
- Have a claim question

## What's Covered

While covered under the PPO, you can take advantage of comprehensive medical benefits. The plan pays benefits for covered expenses you incur while covered under the plan, subject to the maximum benefit amounts. Please refer to the Medical Plans Comparison Chart in this Guide for key covered expenses.

## What's Not Covered

Exclusions and Limitations are subject to change. Please refer to the current Health Net PPO EOC or contact Health Net's Member Services at (800) 676-6976 or (800) 331-1777 (Spanish) for additional information.

## General Exclusions

It is extremely important to read your Certificate of Insurance before you obtain services in order to know what Health Net will and will not cover. Health Net does not cover certain services or supplies. Also, services or supplies that are excluded from coverage, appear in the EOC as "Not Covered," exceed EOC limitations, are not Medically Necessary, or are follow-up care to EOC exclusions or limitations will not be covered.

## How to Get in Touch with Health Net PPO

Call Health Net Member Services at (800) 676-6976, or go to the Health Net web site at [www.healthnet.com](http://www.healthnet.com) for more information.

## **IMPORTANT NOTICE FROM THE COUNTY OF SAN BERNARDINO ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE**

### **Certificate of Creditable Medicare Prescription Drug Coverage**

The County of San Bernardino 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 “credible 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, EBSD (909) 387-5787, or request a copy in writing from the County of San Bernardino, Human Resources Department, EBSD, 157 West Fifth Street, First Floor, San Bernardino, CA 92415-0440. You will be informed should any County plan lose its creditable coverage status.



# MEDICAL PLAN COMPARISON CHART

	Health Net HMO		Kaiser Permanente
	Tier One	Tier Two	
<b>Allergy testing</b>	You pay a \$10 copay (serum covered)	You pay a \$30 copay (serum covered)	You pay a \$10 copay (serum covered)
<b>Ambulance</b>	No charge when medically necessary	Not covered	No charge when medically necessary
<b>Chiropractic care</b>	Not covered	Not covered	Not covered
<b>Choice of physician and other providers</b>	Health Net HMO provider network	Health Net California PPO physicians only	Kaiser physicians and facilities only
<b>Deductibles</b>			
Calendar year	None	None	None
Hospital or ambulatory surgical center deductible	None	None	None
Non-certification deductible	None	PPO services that require certification are not covered	None
<b>Diagnostic X-rays and lab tests</b>	No charge	Covered only when performed in physician's office. Complex radiology – MRI, MUGA, PET, SPECT – not covered	No charge
<b>Durable medical equipment</b>	No charge	Not covered	No charge
<b>Emergency room</b>	You pay a \$50 copay (waived if admitted)	Not covered	You pay a \$50 copay (waived if admitted)
<b>Family planning</b>			
Infertility services	You pay 50%; excludes GIFT, ZIFT and IVF	Not covered	You pay 50%; excludes GIFT, ZIFT and IVF
Tubal ligation	You pay a \$10 copay	Not covered	You pay a \$10 copay
Vasectomy	You pay a \$10 copay	Not covered	You pay a \$10 copay
<b>Home health services</b>	No charge when medically necessary	Not covered	No charge when medically necessary; up to 100 visits per calendar year
<b>Hospice</b>			
Inpatient & outpatient	No charge when medically necessary	Not covered	No charge when selected as alternative to traditional services covered by Kaiser Permanente
<b>Hospital care</b> (Inpatient facility)	No charge	Not covered	No charge for approved services obtained in a Kaiser Permanente or other approved facility
<b>Lifetime maximum benefits</b>	No limit	No limit	No limit

Health Net PPO

In-Network	Out-Of-Network
Testing: You pay 20% (CY ded. waived) Injections: you pay a \$15 copay (CY ded. waived)	Testing: You pay 30% after deductible Injections: You pay a \$15 copay (CY ded. waived)
You pay 20% after CY deductible when medically necessary	You pay 30% after CY deductible when medically necessary
You pay 20% after CY deductible up to 30 visits maximum per CY (combined PPO/OON)	You pay 30% after CY deductible plus any cost over \$25 per visit; up to 30 visits maximum per CY (combined PPO/OON)
Any Health Net California PPO network physician and/or facility	You may self-refer to any CA licensed providers; but you pay 30% after CY deductible plus any costs over the Maximum Allowable Amount
\$250 each covered member \$750 family maximum combined PPO/OON. CY deductible applies to all services unless noted otherwise  None	\$250 each covered member \$750 family maximum combined PPO/OON. CY deductible applies to all services unless noted otherwise  \$250 per hospital admission \$250 per outpatient surgery. Applies to all facility inpatient confinement charges and outpatient surgery at hospital or ambulatory surgical center
Inpatient: \$250 per admission unless preauthorization is obtained Outpatient: \$250 per visit unless preauthorization is obtained	Inpatient: \$250 per admission unless preauthorization is obtained Outpatient: \$250 per visit unless preauthorization is obtained
You pay 20% after CY deductible	You pay 30% after CY deductible
You pay 20% after CY deductible; up to \$5,000 maximum combined PPO/OON per calendar year	You pay 30% after CY deductible; up to \$5,000 maximum per calendar year combined PPO/OON
You pay CY deductible, plus a \$50 deductible plus 20% (\$50 ded. waived if admitted)	You pay CY deductible, plus a \$50 deductible plus 20% (\$50 ded. waived if admitted)
Not covered	Not covered
You pay 30% after CY deductible (coinsurance does not apply to out-of-pocket maximum)	You pay 50% after CY deductible (coinsurance does not apply to out-of-pocket maximum)
You pay 30% after CY deductible (coinsurance does not apply to out-of-pocket maximum)	You pay 50% after CY deductible (coinsurance does not apply to out-of-pocket maximum)
You pay 20% after CY deductible; 100 visits maximum combined PPO/OON per calendar year	You pay 30% after CY deductible; 100 visits maximum combined PPO/OON per calendar year
You pay 20% after CY deductible is met	You pay 30% after CY deductible
You pay 20% after CY deductible	You pay \$250 per admission, plus 30% after CY deductible
No limit	No limit

	Health Net HMO		Kaiser Permanente
	Tier One	Tier Two	
<b>Maternity care</b>	No Charge	Not covered	No charge
<b>Mental health services</b>			
Non-severe mental disorders	Inpatient: No charge Outpatient: Copay is waived for the first three outpatient office visits each CY. On the fourth outpatient visit and thereafter you pay a \$10 copay.	Inpatient: Not covered Outpatient: Copay is waived for the first three outpatient office visits each CY. On the fourth outpatient visit and thereafter you pay a \$30 copay.	Inpatient: No charge Outpatient: You pay a \$10 copay/\$5 copay group
Severe mental disorders	Inpatient: No charge; unlimited days Outpatient: Copay is waived for the first three outpatient office visits each CY. On the fourth outpatient visit and thereafter you pay a \$10 copay.	Inpatient: Not covered Outpatient: Copay is waived for the first three outpatient office visits each CY. On the fourth outpatient visit and thereafter you pay a \$30 copay.	Inpatient: No charge; unlimited days Outpatient: You pay a \$10 copay
<b>Out-of-pocket annual maximum</b>	\$1,500 each member \$3,000 family maximum	Not applicable	\$1,500 each member \$3,000 family maximum
<b>Outpatient hospital services</b> (Facility Charges)	No charge	Not covered	\$10 copay per procedure
<b>Physician services</b>			
Hearing screenings	You pay a \$10 copay	You pay a \$30 copay	You pay a \$10 copay
Home visits	You pay a \$10 copay	Not covered	No charge; only when medically necessary
Hospital services	No charge	Not covered	No charge
Immunizations	You pay a \$10 copay	You pay a \$30 copay	No charge
Office visits	You pay a \$10 copay	You pay a \$30 copay	You pay a \$10 copay
Periodic health exams	You pay a \$10 copay	You pay a \$30 copay	See routine physicals below
Routine physical/Annual preventive physical examination	\$10 when Routine physical exam is requested by third party such as school, camp, or sports organization. Limited to one exam per CY	Not covered	You pay a \$10 copay
Specialists	You pay a \$10 copay	You pay a \$30 copay	You pay a \$10 copay
Surgical services	No charge	Physician's office only	No charge
Well baby Well child care	You pay a \$10 copay	You pay a \$30 copay	No charge
Well woman exam (annual)	You pay a \$10 copay	You pay a \$30 copay	You pay a \$10 visit copay

Health Net PPO

In-Network	Out-Of-Network
You pay 20% after CY deductible	You pay 30% after CY deductible for outpatient visits; you pay \$250 hospital deductible, plus 30% after CY deductible, for inpatient hospital care
Inpatient: You pay 20% after CY deductible Outpatient: Outpatient office visits are paid at 100% for the first three visits each CY. On the fourth outpatient office visit and thereafter you pay 20% (CY deductible waived)	Inpatient: You pay \$250 hospital deductible, plus 30% after CY deductible Outpatient: You pay 30% after CY deductible
Inpatient: You pay 20% after CY deductible Outpatient: Outpatient office visits are covered at 100% for the first three visits each CY. On the fourth outpatient office visit and thereafter you pay 20% (CY deductible waived).	Inpatient: You pay \$250 hospital deductible, plus 30% after CY deductible Outpatient: You pay 30% after CY deductible
\$1,500 each member \$3,000 family maximum (Some benefits are excluded from out-of-pocket maximum. See Certificate of Insurance for details)	\$2,000 each member \$3,000 family maximum (Some benefits are excluded from out-of-pocket maximum. See Certificate of Insurance for details)
Outpatient Surgery: You pay 20% after CY deductible	Outpatient Surgery: You pay \$250 hospital deductible, plus 30% after CY deductible, and any cost over \$350 per surgical session
You pay 20% (CY ded. waived)	You pay 30% after CY deductible
You pay 20% (CY ded. waived)	You pay 30% after CY deductible
You pay 20% after deductible	You pay 30% after CY deductible
Child through age 16 and adult: You pay 20% (CY deductible waived)	Child (through age 16): You pay 30% after CY deductible, plus any cost over \$20 per visit Adult: You pay 30% after CY deductible
You pay 20% (CY ded. waived)	You pay 30% after deductible
See routine physicals	See routine physicals
For child and adult: You pay 20% (CY deductible waived)	Child: You pay 30% after CY deductible, plus any cost over \$20 per visit Adult: You pay 30% after CY deductible
You pay 20% (CY ded. waived)	You pay 30% after CY deductible
You pay 20% after deductible	You pay 30% after CY deductible
You pay 20% (CY ded. waived)	You pay 30% after deductible plus any cost over \$20 per visit
You pay 20% (CY ded. waived)	You pay 30% after CY deductible

	Health Net HMO		Kaiser Permanente
	Tier One	Tier Two	
<b>Physical and occupational therapy</b>	You pay a \$10 copay	You pay a \$30 copay; up to 12 visits per calendar year. Limited to office visit only	You pay a \$10 copay
<b>Preexisting condition</b>	Fully covered	Fully covered	Fully covered
<b>Prescription drugs (per fill)</b>	<b>Pharmacy (30-day supply):</b> \$5 generic \$10 brand name \$25 non-formulary  <b>Mail Order (90-day supply):</b> \$10 generic \$20 brand name \$50 non-formulary  Maintenance Medication Program applies to maintenance drugs only	<b>Pharmacy (30-day supply):</b> \$5 generic \$10 brand name \$25 non-formulary  <b>Mail Order (90-day supply):</b> \$10 generic \$20 brand name \$50 non-formulary  Maintenance Medication Program applies to maintenance drugs only	<b>Pharmacy (up to 100-day supply):</b> \$10 generic \$15 brand name  Drugs prescribed for the treatment of sexual dysfunction disorders and infertility: 50% coinsurance
<b>Skilled nursing facilities</b> Inpatient facility	No charge	Not covered	No charge for authorized stays; maximum 100 days per benefit period in a plan skilled nursing facility
<b>Speech therapy</b>	You pay a \$10 copay per visit	You pay a \$30 copay; up to 12 visits per CY. Limited to office visit only	You pay a \$10 copay per visit
<b>Substance abuse</b>			
Rehab:	Inpatient: No charge Outpatient: Copay is waived for the first three outpatient office visits each CY. On the fourth outpatient visit and thereafter you pay a \$10 copay.	Inpatient: Not covered Outpatient: Copay is waived for the first three outpatient office visits each CY. On the fourth outpatient visit and thereafter you pay a \$30 copay.	Inpatient: No charge Outpatient: \$10 copay individual, \$5 copay group
Detox:	Inpatient: No charge Outpatient: N/A	Inpatient: Not covered Outpatient: N/A	Inpatient: No charge Outpatient: \$10 copay individual, \$5 copay group
<b>Urgent care</b>	You pay a \$10 copay	Not covered	You pay a \$10 copay
<b>Vision (exam only)</b>			
Adult	You pay a \$10 copay	You pay a \$30 copay	You pay a \$10 copay
Children through age 16	You pay a \$10 copay	You pay a \$30 copay	You pay a \$10 copay

Notes:

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Health Net PPO

In-Network	Out-Of-Network
You pay 20%; PT/OT (CY ded. waived)	You pay 30% after CY deductible plus any costs over \$25 per visit
Fully covered	Fully covered
<b>Pharmacy (30-day supply):</b> \$15 generic formulary \$30 brand formulary \$30 non-formulary  <b>Mail Order (90-day supply):</b> \$30 generic, 50% coinsurance for lifestyle drugs \$60 brand and non-formulary  Maintenance Medication Program applies to maintenance drugs only	<b>Pharmacy (30-day supply):</b> \$15 generic formulary plus 50% of the Rx drug covered cost \$30 brand formulary plus 50% of the Rx drug covered cost \$30 non-formulary plus 50% of the Rx drug covered cost  <b>Mail Order (90-day supply):</b> Not Covered
Pharmacy and mail order copays do not apply toward the out-of-pocket maximum.	
You pay 20% after CY deductible; 100 days maximum combined PPO/OON per CY	You pay \$250 hospital deductible, plus 30% after CY deductible, 100 days maximum combined PPO/OON per CY
You pay 20% (CY ded. waived)	You pay 30% after CY deductible; plus any cost over \$30 per visit
Inpatient: You pay 20% after CY deductible  Outpatient: Outpatient office visits are paid at 100% for the first three visits each CY. On the fourth outpatient office visit and thereafter you pay 20% (CY deductible waived)	Inpatient: You pay \$250 hospital deductible, plus 30% after CY deductible  Outpatient: You pay 30% after CY deductible
Inpatient: You pay 20% after CY deductible Outpatient: N/A	Inpatient: You pay \$250 hospital deductible, plus 30% after CY deductible Outpatient: N/A
You pay CY deductible, plus a \$10 deductible, plus 20% (\$10 deductible waived if admitted)	You pay CY deductible, plus a \$10 deductible, plus 20% (\$10 deductible waived if admitted)
You pay 20% (CY ded. waived) You pay 20% (CY ded. waived)	Not covered  You pay 30% after CY deductible

Notes: \_\_\_\_\_

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***Under the DeltaCare USA Plan, you pay no deductible.***

## DELTACARE USA

This is a general summary of DeltaCare USA plan benefits. A more complete description of benefits and coverage, including limitations and exclusions, is contained in the plan document. If there are any discrepancies between the information contained in this summary and the provisions of the plan document, the plan document will prevail.

DeltaCare USA is a prepaid “HMO-style” dental plan covering more than 650,000 Californians through a network of private practice dental offices.

In an effort to reduce the incidence of periodontal disease, members with cardiovascular disease, diabetes, or who are pregnant, may be eligible for two (2) additional cleanings per year.

### How the Plan Works

When you enroll in DeltaCare USA, you must select a dentist for yourself and for your dependents. Call DeltaCare USA at (800) 422-4234 or visit their website at [www.deltadentalins.com](http://www.deltadentalins.com) for the most current provider directory. Each family member can select their own dentist (up to three (3) per family). You must utilize the selected provider for all of your dental services. If services are not obtained through the primary care dental office, or if DeltaCare USA has not authorized services elsewhere, those services will not be covered. Referral for specialist services must be issued by your primary dentist and must be authorized in writing by DeltaCare USA.

### Co-payments

For most basic and preventative services, you pay no co-payment. For other services, you pay a small fee.

### Deductible

Under the DeltaCare USA Plan, you pay no deductible.

### Claim Forms

Under the DeltaCare USA Plan, you have no claim forms to file.

### Orthodontia Coverage

You and your covered dependents may obtain comprehensive and/or limited orthodontic care from any DeltaCare USA orthodontist of your choice. Pretreatment records and diagnostic services are covered at a \$200 co-payment. For comprehensive orthodontic treatment, you pay a \$350 startup fee along with a \$1,450 co-payment for 24 months of usual and customary treatment. For limited and/or interceptive orthodontic treatment, the co-payment is \$950 for primary, transitional, and adolescent (to age 19) teeth, and \$1,450 for adult teeth which covers 24 months of usual and customary treatment. You can obtain a list of DeltaCare USA orthodontists by calling Member Services at (800) 422-4234.

## Out-of-State Dependent Coverage

If you have covered dependents living outside of California, contact EBSD for a list of covered states.

## Emergency Care

If you need emergency services, call your primary care dental office. If your primary care dental office is unavailable, call DeltaCare USA at (800) 422-4234 and you will be directed to an available DeltaCare dentist.

## Out-of-Area Care

If you need dental care away from home, call DeltaCare USA at (800) 422-4234 and you will be directed to an available DeltaCare USA dentist. If a DeltaCare USA dentist is not available within a 35-mile radius, obtain care from a nearby licensed dentist and then submit a claim to DeltaCare USA. You must submit your claim within 12 months (365 days) of the date you obtained out-of-area (out-of-network) care. You will be reimbursed the cost of treatment less any applicable copays up to a maximum of \$100.

## How to Enroll

New employees must complete a Dental Plan Enrollment/Change form within the first 60 days of hire into an eligible position and return it to their Payroll Specialist. Please refer to the Eligibility, Enrollment, and Mid-Year Changes sections of this Guide for specific details.

### DeltaCare USA Features:

- No claim forms
- No deductibles
- No annual maximum benefit
- Preexisting conditions are not excluded, except for work in progress
- Out-of-pocket savings are substantial
- Specialty services available

### Call DeltaCare USA if you:

- Need to select a new DeltaCare USA dentist
- Have a benefits question
- Need a provider directory
- Need a member ID card
- Have an eligibility question
- Have a claim question



**To contact  
DeltaCare  
USA, call  
(800)  
422-4234  
or visit their  
website.**

## What's Covered

While covered under the DeltaCare USA Plan, you can take advantage of comprehensive dental benefits. The plan pays benefits for covered expenses you incur while covered under the plan, subject to plan exclusions and limitations. Please refer to the Dental Plans Comparison Chart in this Guide for a sample of covered expenses. Please refer to the plan's EOC for a comprehensive explanation of benefits.

## What's Not Covered

It is extremely important to read your EOC before you obtain services in order to know what Delta Dental will and will not cover. Exclusions and Limitations are subject to change, please refer to the current DeltaCare USA EOC or contact Delta Dental Member Services at (800) 422-4234 for additional information.

## How to Get In Touch With DeltaCare USA

For information about DeltaCare USA, call (800) 422-4234 or visit DeltaCare's website at [www.deltadentalins.com](http://www.deltadentalins.com).



## DELTA DENTAL PPO

This is a general summary of Delta Dental PPO benefits. A more complete description of benefits and coverage, including limitations and exclusions, is contained in the plan document. If there are any discrepancies between the information contained in this summary and the provisions of the plan document, the plan document will prevail.

Delta Dental PPO allows you to choose to receive care from a network provider or from an out-of-network provider. You may change between in and out-of-network dentists anytime without notifying Delta Dental in advance.

Dual coverage is allowed between two County employees enrolled in a County-sponsored dental plan.

In an effort to reduce the incidence of periodontal disease, members with cardiovascular disease or diabetes are eligible for additional screenings. Additional benefits are also available for pregnant members.

### How the Plan Works

#### ***In-Network***

When you receive your dental care from a Delta Dental PPO network dentist, you will pay a percent of the dentist's discounted Delta Dental PPO rates: 0% for preventive services, 0% for basic restorative services, and 25% for advanced restorative services. To know what your cost will be in advance, you may request a predetermination. To obtain a Delta Dental PPO Preferred Provider Directory, please call Delta Dental at (888) 335-8227.

#### ***Out-of-Network***

When you receive care from an out-of-network dentist, you will pay a percentage (0% for preventive services, 10% for basic restorative services, and 30% for advanced restorative services) of Delta Dental PPO's maximum allowance as established by Delta Dental. You will also be responsible for the difference between the Delta Dental maximum allowance for the service and the amount that your out-of-network dentist is charging you. This cost will vary by provider.

For example: Let's assume you had an out-of-network periodontic root planing and your out-of-network dentist charged \$125. If Delta's maximum allowance for that service was \$100, then you would pay 10% of \$100 (\$10) plus the additional \$25 difference between Delta's maximum allowance and the dentist's billed amount. This additional cost is referred to as "balance billing." Your total out-of-pocket expense for this procedure would be \$35. If you used a Delta Dental PPO provider, the average contracted charge for this procedure is \$85. You would pay 10% of the \$85 (\$8.50). There is no "balance billing" when you access a Preferred provider. (Note: the numbers cited are for example purposes only and they may not be the actual rates associated with this procedure.)

#### ***Co-payments***

Co-payments vary by procedure. However, most preventive services will be provided at no cost to you from in-network providers and out-of-network providers (within maximum allowance limitations).

***Delta Dental PPO allows you to receive care from a network provider or from an out-of-network provider.***

### **Deductible**

Under Delta Dental PPO, you pay no deductible.

### **Emergency Care**

In an emergency, get the care you need. The plan will pay benefits based on whether your emergency care was received from an in-network or out-of-network dentist.

### **Orthodontia Coverage**

You and your covered dependents may obtain orthodontic care from any licensed orthodontist of your choice. The plan pays 50% of your orthodontia expenses up to a lifetime maximum of \$1,700. For DeltaCare members who are currently under an orthodontist's care, your orthodontia treatment will be continued by Delta Dental PPO up to the maximum benefit limit allowed under your previous plan.

### **Out-of-Area Care**

If you need dental care away from home, call Delta Dental at (888) 335-8227. If possible, you will be directed to an available in-network dentist. If an in-network dentist is not available, you will receive the out-of-network benefit automatically.

### **Predetermination of Covered Benefits**

A predetermination is particularly useful for more costly procedures such as crowns, wisdom teeth extractions, bridges, dentures or periodontal surgery. When your dentist predetermines treatment with Delta, you'll receive an estimate of your share of the cost and how much Delta will pay – before treatment begins.

To predetermine treatment, your dentist sends Delta a proposed treatment plan, along with x-rays relevant to the case. Delta then checks to be sure the services are covered by your dental program. Delta also calculates how any co-payments and dollar maximum limits might affect your share of the cost. Your dentist then receives an estimate of the amount Delta will pay for approved services. Please call Delta Dental at (888) 335-8227 to request predetermination.

### **Claim Forms**

Under Delta Dental PPO, in-network dentists will submit a standard claim form directly to Delta Dental.

If your dentist is not contracted with Delta Dental, the claim payments will be sent directly to you. It is your responsibility to pay your dentist for services rendered and to submit all necessary claim forms.



## How to Enroll

New employees must complete a Dental Plan Enrollment/Change form within the first 60 days of hire into an eligible position, and return it to their Payroll Specialist. Please refer to the Eligibility, Enrollment, and Mid-Year Changes sections of this Guide for specific details.

Call Delta Dental PPO at (888) 335-8227 if you:

- Have a benefits question
- Need a provider directory
- Need a member ID card
- Have an eligibility question
- Have a claim question
- Would like to request predetermination

## What's Covered

While covered under Delta Dental PPO, you can take advantage of comprehensive dental benefits.

The plan pays benefits for covered expenses you incur while covered under the plan, subject to the maximum benefit amounts. Please refer to the Dental Plans Comparison Chart on pages 38-40 of this Guide for examples of covered expenses. For a comprehensive explanation of benefits, please refer to the plan's Evidence of Coverage Document.

## What's Not Covered

It is extremely important to read your EOC before you obtain services in order to know what Delta Dental will and will not cover. Exclusions and Limitations are subject to change. Please refer to the current Delta Dental PPO EOC or contact Delta Dental Member Services at (888) 335-8227 for additional information.

## How To Get In Touch With Delta Dental PPO

For information about Delta Dental PPO, call Delta Dental at (888) 335-8227 or visit Delta's website at [www.deltadentalins.com](http://www.deltadentalins.com).

***For information about Delta Dental PPO, call Delta Dental at (888) 335-8227 or visit their website.***

# DENTAL PLAN COMPARISON CHART

Category	Description	DeltaCare USA	Delta Dental PPO	
		Network Only	In-Network	Out-of-Network
Calendar Year Maximum Benefit		Not applicable (You pay...)	\$1,700 per person (excluding orthodontia) (You pay...)	\$1,700 per person (excluding orthodontia) (You pay...plus any costs over maximum allowance)
Preventive Care	Periodic oral examination (2 per year)*	No Charge	No Charge	0%
	Full mouth X-ray (see frequency limitations)	No Charge	No Charge	0%
	Emergency, palliative treatment of dental pain	\$5.00	No Charge	0%
	Topical Fluoride (child) – see limitations	No Charge	No Charge	0%
	Prophylaxis (cleanings) (1 per 6-month period)*	No Charge	No Charge	0%
Adjunctive General Services	External bleaching – self-treatment with bleaching tray & gel	\$125.00 each	Not Covered	Not Covered
	Occlusal guard (night guard), by report – limited to 1 in 3 years	\$95.00	Not Covered	Not Covered
	Occlusal adjustment, limited	\$20.00	No Charge	10%
	Occlusal adjustment, complete	\$40.00	Not Covered	Not Covered
	Sealant (per tooth) limitations may apply	\$5.00	No Charge	10%
	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$50.00	Benefit covered through Medical Plan / Delta pays as secondary coverage under Basic Benefits	Benefit covered through Medical Plan / Delta pays as secondary coverage under Basic Benefits
Restorative Dentistry	Amalgam (“silver” fillings) on primary or permanent teeth: 1, 2, 3 or 4 surfaces	No Charge	No Charge	10%
	Composite resin (white fillings), anterior (front) teeth: 1, 2, 3 or 4 surfaces	No Charge	No Charge	10%
	Composite resin (white fillings), posterior (molars): 1, 2, 3 or 4 surfaces	\$45.00 to \$75.00	No Charge	10%
	Gold inlay – one surface	No Charge	25% upon review, predetermination recommended	30% upon review, predetermination recommended
	Composite resin inlay (white) – one surface	\$85.00	25% upon review, predetermination recommended	30% upon review, predetermination recommended
	Porcelain/ceramic inlay – one surface	\$135.00	25% upon review, predetermination recommended	30% upon review, predetermination recommended

Category	Description	DeltaCare USA	Delta Dental PPO	
		Network Only (You pay...)	In-Network (You pay...)	Out-of-Network (You pay...plus any costs over maximum allowance)
Periodontics	Gingival flap, per quadrant	\$75.00	10%	10%
	Bone replacement graft – first site in quadrant	\$195.00	10%	10%
	Bone replacement graft – each additional site in quadrant	\$60.00	10%	10%
	Gingivectomy/gingivoplasty (gum surgery), per quadrant	\$75.00	10%	10%
Endodontics	Therapeutic puplotomy	No Charge	No Charge	10%
	Root canal – Anterior (front) teeth	\$30.00	No Charge	10%
	Root canal – Bicuspid	\$60.00	No Charge	10%
	Root canal – Molar	\$90.00	No Charge	10%
Oral Surgery	Biopsy of soft oral tissue	No Charge	No Charge	10%
	Uncomplicated extraction, single tooth	No Charge	No Charge	10%
	Extraction – impacted soft tissue, per tooth	No Charge	No Charge	10%
	Extraction – impacted partially bony, per tooth	\$30.00	No Charge	10%
	Extraction – impacted completely bony, per tooth	\$40.00	No Charge	10%
	Local anesthesia	No Charge	No Charge	10%
	General anesthesia – first 30 minutes (only with oral surgery)	\$165.00	No Charge	10%
	General anesthesia – each additional 15 minutes (only with oral surgery)	\$80.00	No Charge	10%
	Removal of benign odontogenic cyst or tumor	No Charge	Benefit covered through Medical Plan / Delta pays as secondary coverage under Basic Benefits	Benefit covered through Medical Plan / Delta pays as secondary coverage under Basic Benefits
Crowns and Bridges	Crown – porcelain/ceramic substrate (front teeth or molars-chipped tooth)	\$60.00	25%, addt'l cost for porcelain on posterior teeth	30%, addt'l cost for porcelain on posterior teeth
	Crown – porcelain/ceramic substrate (front teeth or molars-missing tooth)	\$195.00		
	Crown – porcelain fused to noble metal (front teeth or molars)	\$60.00	25%, addt'l cost for porcelain on posterior teeth	30%, addt'l cost for porcelain on posterior teeth
	Recement fixed partial denture	No Charge	25%	30%
	Recement crown	No Charge	25%	30%
	Pontic – porcelain fused to base metal (front teeth or molars)	\$60.00	25%, addt'l cost for porcelain on posterior teeth	30%, addt'l cost for porcelain on posterior teeth
	Fixed partial denture repair, by report	\$15.00	25%	30%

Category	Description	DeltaCare USA	Delta Dental PPO	
		Network Only	In-Network	Out-of-Network
		(You pay...)	(You pay...)	(You pay...plus any costs over maximum allowance)
Prosthetics	Complete upper or lower denture	\$75.00	25%	30%
	Upper or lower partial denture – resin base	\$85.00	25%	30%
	Replace all teeth (upper or lower) on cast metal framework	\$75.00	25%	30%
	Repair broken upper or lower denture, no tooth damage	\$15.00	25%	30%
	Complete denture adjustment	No Charge	25%	30%
	Replace broken tooth on denture	\$5.00	25%	30%
	Crown – full cast high noble metal (gold)	\$160.00	25%	30%
Orthodontics	Pre-treatment records & diagnostic services	\$200.00	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	\$1,450.00		
	Limited ortho treatment of primary, transitional or adolescent teeth	\$950.00		
	Limited orthodontic treatment of the adult teeth	\$1,150.00		
	Post-treatment records	\$70.00		
	Implants	Not Covered	25%, predetermination recommended	30%, predetermination recommended

\* Please refer to Plan Summaries/Evidences of Coverage/Plan Documents for information on additional benefits available to expectant mothers and members with diabetes or cardiovascular disease.

Notes:

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## EYEMED VISION

The County of San Bernardino has contracted with EyeMed Vision to provide vision care benefits to its employees. EyeMed is one of the leading managed vision care organizations in the industry. Its unique relationship with recognized vision care providers and its corporate-owned optical retailers offer a vision care program that combines ultimate choice, quality, value and service for over 120 million members.

The County of San Bernardino participates in a comprehensive plan that offers you:

- No eye exam deductibles
- Large network of vision care providers
- Freedom to see any provider you choose
- In- and out-of-network benefits
- Additional in-network discounts on frames (select frames only)
- Exams, frames, standard lenses and contact lenses every 12 months
- Online service features
- Customer service representatives available 7 days a week and evenings

EyeMed Vision Care features a full service website that will allow you to access and download valuable information about the company, maintain membership data in real time, view benefit levels, locate providers and order replacement ID cards. Visit them at their web address, <https://www.eyemedvisioncare.com>. To locate a provider near you, use the "locate a provider" tool. Choose the "select" network, then enter your ZIP code.

### Limitations and Exclusions

1. Charges for procedures, services or materials that are not included as Covered Charges.
2. Any portion of a charge in excess of the Maximum Benefit Allowance.
3. Orthoptic or vision training, subnormal vision aids, Aniseikonic lenses, and any associated supplemental training.
4. Medical and/or surgical treatment of the eye, eyes, or supporting structures.
5. Corrective eye wear required as a condition of employment.
6. Safety eye wear unless specifically covered under the Policy.
7. Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state, or subdivisions.
8. Plano (nonprescription) lenses.
9. Nonprescription sun glasses, except for 20% discount.
10. Two pair of glasses in lieu of bifocals.
11. Services or materials provided by group benefit providing vision care.



***EyeMed is one of the leading managed vision care organizations in the industry.***

**To contact  
EyeMed  
Vision Care,  
call (877)  
406-4146.**

12. Certain frame brands in which the manufacturer imposes a no-discount policy.
13. Services and materials for replacement or repair of lost or broken lenses, frames, glasses, or contact lenses.

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 Service Department at (877) 406-4146. Service Representatives are available daily from 5 a.m. to 8 p.m. (PST).



# COBRA CONTINUATION COVERAGE

## General Information

The Consolidated Omnibus Budget Reconciliation Act (COBRA) was enacted in 1986 to offer employees and their covered dependents the opportunity to elect a temporary continuation of their plan coverage in certain instances where coverage would otherwise end.

The employee has the right to elect continuation coverage if plan coverage is lost due to any of the following “Qualifying Events”:

- Termination of your employment (for reasons other than gross misconduct)
- Reduction in the hours of your employment

The covered spouse or domestic partner of an employee has the right to elect continuation coverage if Plan coverage is lost due to any of the following Qualifying Events:

- The death of the employee
- Voluntary or involuntary termination of the employee’s employment (for reasons other than gross misconduct) or reduction in spouse’s or domestic partner’s hours of employment with the County of San Bernardino
- Divorce or dissolution of domestic partnership

The covered dependent child of an employee has the right to elect continuation coverage if Plan coverage is lost due to any of the following Qualifying Events:

- Termination of the employee (parent) for reasons other than gross misconduct or reduction in the employee’s (parent’s) hours of employment with the County of San Bernardino
- The death of the employee (parent)
- Parent’s divorce or dissolution of domestic partnership
- The child ceases to be a “dependent child” under the terms of the Plan(s)

Employees and qualified beneficiaries are eligible to continue health and dental coverage for a maximum period of eighteen (18) months from the qualifying event date. The employee or qualified beneficiary is responsible for the full applicable premium plus a 2% administration fee. Under California law, an extension of coverage is available for up to 18 additional months **for medical coverage only** (the cost may be 110% of the premium).

## MEDICAL EXPENSE REIMBURSEMENT PLAN (FSA)

If you participate in the Medical Expense Reimbursement Plan (FSA) available to eligible employees, you can save money by paying for certain medical care expenses with pre-tax dollars.

### How the Plan Works

When you participate in the FSA, you elect to set aside a portion of your bi-weekly salary before taxes are calculated and taken out. The money you set aside is placed into an account, from which you can be reimbursed for qualifying medical care expenses that you, your spouse, and your eligible dependent(s) incur. There are some expenses that you know you will incur during the year that will not be reimbursed by your group health plan, other insurance, or other accident or health plan. These expenses include amounts paid for hospital bills, doctor and dental bills or co-pays, chiropractic care, prescription drugs, and some nonprescription (over-the-counter) drugs. Normally you would pay for these expenses with after-tax dollars. However, with the FSA, you can be reimbursed from your Flexible Spending Account with your pre-tax dollars.

**Participants in the County's FSA Plan are required to make an election every year if they wish to continue to participate. Unlike most of the County's benefits, FSA elections from a previous Plan Year will not automatically carry over into the next Plan Year if no election is made during the Open Enrollment period.**

### Minimum/Maximum Contribution Amounts

Contribution amounts are based on each bargaining unit. Please refer to the appropriate Memorandum of Understanding, Exempt Compensation Plan, Salary Ordinance, or Contract for specific minimum and maximum contribution limits.

### Eligible Expenses

Expenses are generally considered eligible for reimbursement if the expenses are incurred for the diagnosis, cure, mitigation, treatment, or prevention of disease. With the exception of over-the-counter medications, the expenses must be primarily to alleviate or prevent a physical or mental defect or illness.

As of January 2011, over-the-counter medications require a physician's prescription to be eligible for reimbursement. Expenses solely for cosmetic reasons generally are not considered expenses for medical care. Also, expenses that are only beneficial to one's general health (e.g. health spas, vitamins, etc.) are not considered expenses for medical care. A list of most common covered expenses is available on the County's intranet site at <http://mybenefitsatwork>.

### Reimbursement

You may apply for reimbursement of qualifying medical care expenses by submitting a completed claim form to EBSD, 157 West Fifth Street, First Floor, San Bernardino, CA 92415 (Interoffice Mail Code 0440) no later than ninety (90) days after the end of the plan year. Each plan year ends on the last day of pay period 16. Invoices, receipts, bills, or other statements from an independent third party showing the billed amount, date, and nature



of service, the name and address of the provider, and the name of the person who received the service for the qualifying medical care expenses incurred must be attached to the completed claim form, together with proof that the expense was paid by you and any other documentation that EBSD may request.

If you are requesting reimbursement for over-the-counter medications (OTC), your claim must include a legal prescription for the OTC medication. This prescription must include the date, patient name, medication name, required dosage, number of refills, provider's address and license number, a copy of the label, and a receipt stating the product name, price, and purchase date. Illegible receipts and prescriptions will not be accepted.

Requests for reimbursement may be made as the expenses are incurred or at the end of the Plan Year. However, except for the final reimbursement claim for a Plan Year, no claim for reimbursement of less than \$25 will be processed for payment. Reimbursement requests for less than \$25 will be held until other reimbursement claims are made and eligible claims received total \$25 or more.

Eligible expenses will be reimbursed by a check issued separately from payroll and made payable directly to the participant, as soon as possible after receipt of a properly completed claim form and required documentation. If reimbursement is not received within thirty (30) days from submission of a claim, contact the EBSD FSA desk at (909) 387-5648.

### **Important Rules on Medical Expense Reimbursement Plan (FSA)**

Plan very carefully! The IRS governs the terms of these plans, which means that your election to put money into an FSA is irrevocable. Therefore, once you have made an election to participate in the Plan, you may not revoke or change your election for the remainder of the Plan Year unless you experience a qualified Change in Status Event during the Plan Year and the requested change in your FSA election is consistent with the event.

Be as accurate as possible in your estimates of your total annual FSA contribution amount. Do not contribute more money into your account than you know you will use. The IRS says you must use all of the funds in your account by the end of the Plan Year or you will lose them. If you choose to participate in the Plan, you should take the time to conservatively estimate the amount of out-of-pocket expenses you expect to incur during the Plan Year before you make your election.

At the end of the Plan Year, if any balance remains in your FSA that has not been reimbursed, you will forfeit your right to the balance. Balances cannot be carried forward to the next Plan Year.

**NOTE:** This is only a summary and partial listing of FSA Plan benefits, terms, conditions, exclusions and limitations. For a full and complete listing, please refer to the appropriate plan document. If any differences appear between this summary and the plan document, the information in the plan document shall govern.

For more information on the Medical Expense Reimbursement Plan (FSA), contact EBSD or go online to [http://www.sbcounty.gov/hr/Benefits\\_Home.aspx](http://www.sbcounty.gov/hr/Benefits_Home.aspx) or <http://mybenefitsatwork>.

***If you choose to participate in the Medical Expense Reimbursement Plan (FSA), you must enroll every year, even if you are currently participating.***

*DCAP Open Enrollment period is November of each year, and the DCAP Plan Year matches the calendar year.*

## DEPENDENT CARE ASSISTANCE PROGRAM (DCAP)

The County of San Bernardino offers this plan to all eligible employees who are in a regular position scheduled for a minimum of forty hours per pay period and are paid for a minimum of one half plus one of the scheduled hours. The purpose of the plan is to permit participants to pay for certain eligible dependent care expenses on a pre-tax basis. The DCAP Open Enrollment period is in November of each year, and the DCAP Plan Year matches the calendar year.

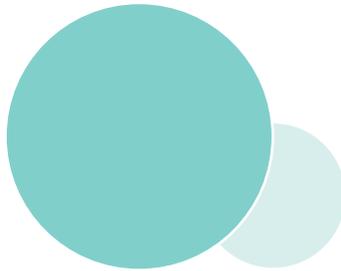
### Eligibility

In order for dependent care expenses to be eligible, the expense must enable the gainful employment of you or your spouse, be paid on behalf of a qualified dependent, and be provided by an eligible care provider. A qualified dependent under the DCAP is a dependent whom you claim for federal tax purposes and is either a child under age 13 living with you, your spouse, a relative, or a child age 13 or over who is physically or mentally incapable of self-care and is living with you at least eight hours a day. Any individual who qualifies as a dependent under any employer sponsored health care plan or insurance contract, and qualifies as a dependent under Section 152 of the IRC for purposes of pre-tax contributions or reimbursement on a pre-tax basis is also a dependent.

Under the DCAP, eligible day care providers include a licensed day care center (if it cares for more than six children who don't live there), a private babysitter, a care center for the elderly or handicapped, or an attendant who comes to your home. You must provide the name, address and Social Security number or the tax identification number of your dependent care provider on all claims and also on your tax return.

Expenses that are not eligible for reimbursement under the DCAP include expenses paid for dependent care which do not enable you or your spouse to work; expenses paid to a person who you or your spouse are entitled to claim as an exemption for federal income tax purposes; tuition or education expenses for a child in kindergarten or above; fees paid to your child who is age 18 or younger for babysitting; overnight care at a convalescent nursing home for a dependent relative; overnight camp; or expenses for lessons, tutoring or transportation.

**Participants in DCAP are required to make an election every year if they wish to continue to participate. Unlike most of the County's benefits, DCAP elections from a previous Plan Year will not automatically carry over into the next Plan Year if no election is made during the Open Enrollment period.**



*Tax laws are complex and it may benefit you to seek professional tax advice before enrolling in the DCAP.*

## How the Plan Works

Each year during the DCAP Open Enrollment in November, you may enroll and authorize a bi-weekly deduction amount from your pay to be placed into your DCAP account. The deduction will be taken from your paycheck before federal, state, and Medicare taxes are deducted. When you incur an eligible expense, you file a Reimbursement Request form, along with the bill and proof of payment for the expense. **If your claim is greater than your account balance, you will be paid the funds that are available.** As additional deposits are made to your account, subsequent check(s) will be issued automatically. Participants are charged a nominal fee of 70 cents per pay period to cover administrative costs. You are responsible for paying a bill by its due date, whether you have received reimbursement or not. For the 2011 DCAP Plan Year, you may file claims any time before January 31st following the end of the plan year.

**NOTE:** Tax laws are complex and it may benefit you to seek professional tax advice before enrolling in the DCAP.

## Maximum Contribution

The maximum annual contribution for the calendar year is the lowest of either the participant or spouse's earned income or \$5,000 for married couples filing jointly; \$5,000 for single persons; or \$2,500 for married couples filing tax returns separately. If your spouse also participates in the DCAP, the annual maximum includes any benefits he or she received under the DCAP. The deduction amount you choose should be a conservative estimate as IRS regulations stipulate that your elections are irrevocable and you may only change your deduction amount during the plan year if you experience a change-in-status event as outlined in IRC Section 125. Changes in status include: marriage, divorce, birth or adoption of a child, death of spouse or child, spouse's termination or gain of employment, or a significant change in cost of child care. The requested change must be consistent with the qualifying event.

## Important Rules on DCAP

According to federal tax law, any amounts in your DCAP account that are not used to reimburse you for eligible dependent care expenses do not "roll over" from one plan year to the next. The funds will be forfeited and applied toward the cost of administering the plan. It is important that you carefully calculate your expected dependent care expenses before making your DCAP contribution election.

**NOTE:** This is only a summary of DCAP. For a full description of the plan, refer to the plan document. If any differences exist between this summary and the plan document, the plan document will prevail.

For more information on the DCAP, contact EBSD or go on line to [http://www.sbcounty.gov/hr/Benefits\\_Home.aspx](http://www.sbcounty.gov/hr/Benefits_Home.aspx) or <http://mybenefitsatwork>.



**TO FILE A CLAIM**

***No later than your fourth day of absence, you must call The Hartford directly at (866) 958-2502 or file online at [www.TheHartfordAtWork.com](http://www.TheHartfordAtWork.com) and contact your Payroll Specialist.***

## SHORT-TERM DISABILITY (STD)

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

### Eligibility

Your Memorandum of Understanding (MOU), Exempt Compensation Plan, Salary Ordinance, or Contract governs your eligibility for STD.

If you belong to one of the eligible groups, your coverage under the plan is automatic. Your representation unit has negotiated this benefit on your behalf 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. The STD benefit amount will be reduced by the amount of the SDI benefit the employee is eligible for or receiving. In the event that the SDI benefit amount is greater than the allowable STD benefit amount, no STD benefits will be paid.

With the exception of Exempt employees, in order to be eligible to receive Plan Benefits, all of the following conditions must be met: 1) Employee must be employed in a regular position budgeted for 40 hours or more per pay period; 2) Employee must have completed at least two pay periods of continuous service, each with a minimum of one-half plus one hour of scheduled hours of paid time; and 3) Employee must be designated as a member of one of the groups covered by this Plan.

In order for Exempt employees to be eligible to receive Plan Benefits, all of the following conditions must be met: 1) Employee must be employed in a regular County position budgeted for 40 hours or more per pay period; 2) Employee must have completed at least one pay period of continuous service; and 3) Employee must be designated as an Exempt employee or expressly approved for Plan coverage by the County Board of Supervisors.

### Filing a Claim

**No later than your fourth day of absence**, call The Hartford directly at (866) 958-2502 or file online at [www.TheHartfordAtWork.com](http://www.TheHartfordAtWork.com).

You must also obtain the County required paperwork (RESSL and Leave Integration Request forms) from your Payroll Specialist or download the forms from the intranet at <http://countyline/emacs/forms.asp>. Your completed paperwork must be returned to your Payroll Specialist within 15 days after your initial disability date.

## Benefit Payments

After you have satisfied a seven (7) consecutive calendar day waiting period, you are eligible to receive STD benefits. Generally, your Normal Weekly Benefit will be fifty-five percent (55%) of your Normal Weekly Earnings, not to exceed \$987 per week for represented employees, or \$1408 per week for Exempt employees. These amounts are subject to change. Benefits due for any partial weeks will be calculated at the daily amount of one-seventh (1/7) of the Normal Weekly Benefit. Your normal weekly benefit will be reduced by the amount you receive or are entitled to receive from:

1. Social Security disability payments
2. Railroad Retirement Act disability payments
3. Other County-sponsored benefit plan or County recognized union plan payments
4. State Disability Insurance (SDI) payments

The maximum benefit amount an employee covered by the Represented STD Plan may receive for any one (1) disability claim is fifty-two (52) weeks. Exempt employees may receive a maximum benefit amount of one-hundred eighty (180) days.

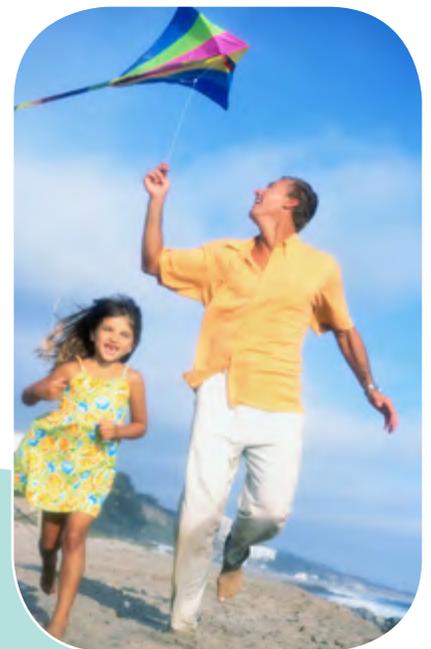
**NOTE:** STD Benefit payments will be made separately by The Hartford, and are paid as taxable income.

## 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 Normal Weekly Earnings. Employees who elect to fully integrate Plan Benefit payments with other paid time will receive all benefits and accruals as if they were receiving full regular pay. If an employee elects not to fully integrate, or is not eligible to fully integrate, only paid time recorded will be attributable toward benefits and accruals. Employees may also elect not to integrate any other paid time with Plan Benefits. All benefits and accruals will be administered in accordance with the applicable MOU, Contract, or Salary Ordinance.

For any questions or additional information regarding Short-Term Disability, contact EBSD at (909) 387-5787, The Hartford at (866) 958-2502 or go online to [http://www.sbcounty.gov/hr/Benefits\\_Home.aspx](http://www.sbcounty.gov/hr/Benefits_Home.aspx) or <http://mybenefitsatwork>.

**STD  
benefit  
payments  
are  
taxable  
income.**



**Payments begin after 180 consecutive days of disability.**

## LONG-TERM DISABILITY (LTD)

Long-Term Disability is a County-paid benefit that provides partial income replacement for Exempt employees that are unable to work due to a non-work related disability. The benefit pays 60% of Monthly Salary but cannot exceed \$10,000.

Payments begin after 180 consecutive days of disability. Plan benefit payments may NOT be fully or partially integrated with other paid time. Benefits are subject to change pending Board of Supervisors approval. Maximum duration for which benefits may be paid is as follows:

Age When Disabled	Benefits Payable
Prior to Age 60	To Age 65
Ages 60 – 64	60 months
Ages 65 – 67	To Age 70
Age 68 and over	24 months

For further information contact EBSD at (909) 387-5787. To file a claim, contact The Hartford at (866) 958-2502, or visit their website at [www.TheHartfordatwork.com](http://www.TheHartfordatwork.com).

## MEDICAL EMERGENCY LEAVE

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

### Eligibility Criteria

To be eligible to participate in the MEL plan, employees must have regular status with the County of San Bernardino or one (1) year of continuous service in a regular position with the County.

The employee must meet all of the following criteria before he or she becomes eligible to receive MEL donations under this plan.

1. Be on an approved medical leave of absence for at least thirty (30) consecutive calendar days (160 working hours) exclusive of an absence due to a work related injury/illness;
2. Have exhausted all usable leave balances prior to initial eligibility-subsequent accruals will not affect eligibility;
3. Have recorded at least forty (40) hours of sick leave without pay during the current period of disability; and
4. Submit a Physician's Statement verifying the medical requirement to be off work for a minimum of thirty (30) calendar days (160 working hours).

Medical Emergency Leave may not be used to care for a member of the employee's family. Job and/or personal stress (not the result of a diagnosed mental disorder) are specifically excluded for receipt by the employee of Medical Emergency Leave. A statement from the employee's treating physician, subject to review by the Center for Employee Health and Wellness or medical designee is required.

An employee is not eligible for Medical Emergency Leave if he or she is receiving Worker's Compensation benefits. An employee eligible for State Disability Insurance and/or Short Term Disability must agree to integrate these benefits with Medical Emergency Leave.

## Filing a Claim

To file a claim for Medical Emergency Leave benefits, you must complete and submit:

- Medical Emergency Leave (MEL) Request
- Medical Emergency Leave Permission to Advertise
- Physician Statement
- Leave Integration Request
- Release of Medical Information

You can obtain MEL forms from your department's Payroll Specialist or download the forms from the intranet at <http://countyline/emacs/forms.asp>. No MEL Benefits will be paid until all completed forms have been received by EBSD. MEL is not a retroactive benefit.

**NOTE:** Failure to furnish completed forms prior to returning to work will result in the loss of MEL benefits.

For further information contact EBSD at (909) 387-5787.



## LIFE INSURANCE

Life insurance provides your beneficiaries with valuable financial protection in the event of your death.

### Basic Life Insurance

The County pays the premium for a term life insurance policy for each employee according to their MOU, Exempt Compensation Plan, Salary Ordinance or Contract. Basic Life Insurance benefits are specified by bargaining unit, and are stated within each MOU.

Your life insurance becomes effective on the same date as your medical and dental benefits. You must designate a beneficiary at the time of enrollment. Benefits will be paid according to your instructions. If there is no eligible beneficiary, or if you do not name one, we will pay the death benefit using the order of eligibility listed in the Certificate of Insurance provided by Minnesota Life Insurance Company.

### Supplemental Life Insurance

Eligible employees may purchase additional life insurance through the supplemental life insurance plan.

Your Age	Bi-weekly Premium Cost Per \$1,000 of Coverage
Under 30	\$0.02
30 but less than 35	\$0.03
35 but less than 40	\$0.03
40 but less than 45	\$0.04
45 but less than 50	\$0.05
50 but less than 55	\$0.08
55 but less than 60	\$0.15
60 but less than 65	\$0.23
65 but less than 70	\$0.44
70 and over*	\$0.72

*\* The Supplemental Life Insurance coverage amount will be reduced on the date an employee reaches 70, 75 and 80. For employees who enroll and who have already reached age 70, the reduction becomes effective on the Supplemental Life Insurance effective date. Reduction amounts are available in the Supplemental Life Insurance booklet that is available from your Payroll Specialist.*



**Minnesota Life Insurance Company offers added services along with its group life insurance plans. Programs such as travel assistance, legal services, and beneficiary financial counseling are available at no extra cost to you.**

## Eligibility

Your MOU, Exempt Compensation Plan, Salary Ordinance, or Contract governs your eligibility for Supplemental Life Insurance. All Units are eligible, except for the following:

- Per Diem Nurses
- Certain Contract Positions (please refer to your contract for eligibility)

Before you enroll in the plan or make changes to your elections during the annual Open Enrollment, you must:

- Work 41 hours or more per pay period (you are not eligible to enroll in or increase coverage if you are on a leave of absence)

You may enroll within 60 days of becoming eligible, or during the annual Open Enrollment. After your initial enrollment, you may make changes in coverage only during the annual Open Enrollment.

## Plan Options

If you are eligible to participate in the plan, you may choose coverage in \$10,000 increments (i.e., \$70,000, \$80,000, \$90,000, etc) up to a maximum of \$700,000. Coverage of up to \$250,000 is guaranteed without requiring evidence of insurability. If you elect more than \$250,000 of coverage, you will be required to provide evidence of insurability to the insurance company. If you are denied coverage above \$250,000, your Supplemental Life Insurance will be limited to \$250,000.

## Beneficiary for Supplemental Life Insurance

If you do not designate a beneficiary, benefits will be paid automatically to your beneficiaries in the following order: (1) surviving lawful spouse, (2) surviving children, (3) your parents, (4) brothers and sisters, (5) estate. If more than one beneficiary becomes entitled to your benefits, they will share equally. To designate a beneficiary, you must complete the Supplemental Life Insurance Beneficiary Designation/Change form through eBenefits (during the Open Enrollment period only) or through your Payroll Specialist at any time throughout the year.

**NOTE:** Premiums for life insurance coverage in excess of \$50,000 (including employer-paid life insurance) must be paid on an after-tax basis per IRS regulations.

## Payroll Deductions and Effective Date of Coverage

Once you enroll, you will be covered on the first day of the pay period following the date the County receives your premium payment. If you have requested coverage above \$250,000, your coverage date is subject to insurance company approval.

**The  
minimum  
policy  
face value  
amount to  
be eligible  
for this  
benefit is  
\$10,000.**

### ***Waiver of Premium While Disabled***

Waiver of premium is a provision which allows for continued participation in the life insurance plan without payment of premium while you are disabled.

If you return to work for the County and want to continue coverage, you must contact your Payroll Specialist or EBSD at (909) 387-5559 within 60 days of your return-to-work date. If your disability ends but you do not return to work for the County, you may convert the County's group plan into an individual plan under the same terms as a terminating County employee.

### ***Accelerated Benefits Option***

The Accelerated Death Benefit, or "living benefit option," provides you with an advanced benefit if you are diagnosed with a terminal illness and have less than 12 months to live. You may be eligible for up to 100 percent of your life insurance benefits (\$1 million maximum). Upon death, the balance of the life insurance benefit, if any, will be paid to the named beneficiaries. The minimum policy face value amount to be eligible for this benefit is \$10,000. Please refer to the County's Certificate of Insurance at [www.sbcounty.gov/hr/Benefits\\_Home.aspx](http://www.sbcounty.gov/hr/Benefits_Home.aspx) or <http://mybenefitsatwork> for further details.

### ***Termination of Coverage***

Your Supplemental Life Insurance coverage will terminate if:

- You cancel your coverage
- You cease to be an eligible employee
- You fail to pay your required premiums when due
- The master contract is terminated
- You are on an approved leave of absence for more than 12 months

### ***Portability or Conversion of Coverage***

When you are no longer eligible for life insurance coverage through the County's group plan, you may be eligible to continue your coverage through the portability or conversion process. You can obtain more information on this subject by contacting EBSD at (909) 387-5559 or Minnesota Life at (866) 293-6047.

### ***How To Get In Touch With the Supplemental Life Insurance Plan***

For questions about plan design, claim status/payments, medical underwriting and eligibility, call Minnesota Life at (866) 293-6047. For questions about enrollment, current coverage or to request claim paperwork, call EBSD at (909) 387-5559.

# ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

## Employee Eligibility

Your MOU, Exempt Compensation Plan, Salary Ordinance, or Contract governs your eligibility for AD&D. All Units are eligible, except for the following:

- Fire Fighters
- Per Diem Nurses
- Safety and Safety Management (please refer to your MOU for alternate coverage information available for certain groups)
- Certain Contract Positions (please refer to your contract for eligibility)

## Eligible Dependents for AD&D Coverage

- Lawful Spouse
- State-registered Domestic Partner
- Unmarried children (including legally adopted children) who are under age 19 and who are dependent upon you for support, or who are at least 19 but less than 24 who are students and dependent upon you for support.

If you choose dependent coverage, all of your eligible dependents will be enrolled. You must be enrolled to enroll your dependents.

## Plan and Coverage Options

You have two coverage options and seven AD&D plans from which to choose. For benefit levels, please refer to the Group Benefit Plans at [www.sbcounty.gov/hr/Benefits\\_Home.aspx](http://www.sbcounty.gov/hr/Benefits_Home.aspx) or <http://mybenefitsatwork>.

### Coverage Options

- 1. Employee-only coverage:** Coverage will be the amount listed in the Employee column on the following Plan Options Table corresponding to the coverage level you select.
- 2. Employee plus family:** Coverage amounts will be the amounts listed in the Employee column, the Spouse or Domestic Partner column and Each Child column, as applicable to your family.

If you marry or enter into a state-registered domestic partnership after enrolling for AD&D coverage, you may add your new spouse or domestic partner by submitting new enrollment and payroll deduction authorization forms within 60 days of the date of marriage or commencement of domestic partnership. Once family coverage is in force, all newly eligible dependents (such as a newborn) are enrolled automatically.

You have four coverage options and seven AD&D plans from which to choose.

### AD&D Plan Options Table

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

### Beneficiary for AD&D

If you do not designate a beneficiary, insurance benefits will be automatically paid to your beneficiaries in the following order: (1) surviving lawful spouse, (2) surviving children, (3) your parents, (4) brothers and sisters, (5) estate. If more than one beneficiary becomes entitled to your benefits, they will share equally. To designate a beneficiary you must complete the beneficiary designation form.

### Payroll Deductions and Effective Date of Coverage

Once you enroll, you will be covered on the first day of the pay period following the date the County receives your premium payment. Before-tax payroll deductions for AD&D premiums are available. If before-tax dollars are used to pay the premiums, you may cancel the plan only when you have a qualified change in status/life event.

### Termination of Coverage

Your AD&D coverage will terminate if:

- You cancel your coverage
- You cease to be an eligible employee
- You fail to pay your required premiums when due
- The master contract is terminated
- You are on an approved leave of absence for more than 12 months

### Portability Benefit

The portability benefit provides for continuation of your group accidental death and dismemberment insurance if you no longer meet the eligibility requirements of the County's group plan. To continue coverage under this provision, you must make a written request and make the first premium payment within 60 days after the AD&D coverage ends with the County. For more information on this benefit, you can contact EBSD at (909) 387-5559.

### How To Get In Touch With an AD&D Representative

For questions about plan design, claim status/payments, medical underwriting and eligibility, call Minnesota Life Insurance Company at (866) 293-6047. For questions about enrollment, current coverage or to request claim paperwork, call EBSD at (909) 387-5559.

## AD&D Premium Table

Plan	Employee Only Coverage	Employee and Family Coverage
1	\$ 0.09/pay period	\$ 0.14/pay period
2	\$ 0.23/pay period	\$ 0.35/pay period
3	\$ 0.46/pay period	\$ 0.69/pay period
4	\$ 0.92/pay period	\$ 1.38/pay period
5	\$ 1.38/pay period	\$ 2.07/pay period
6	\$ 1.84/pay period	\$ 2.76/pay period
7	\$ 2.30/pay period	\$ 3.45/pay period

## HEALTH CLUB MEMBERSHIP

County employees are eligible for a health club membership at a reduced rate at 24-Hour Fitness. This program is part of the County's commitment to help you stay well and maintain a healthier lifestyle.

County employees who already have a non-County membership at 24-Hour Fitness are eligible to have monthly dues reduced to the County's rate.

### 24-Hour Fitness

Employees may enroll at any 24-Hour Fitness club location for a One Club or All Sports Club membership valid at over 140 club locations. Super and Ultra-Sport club memberships are also available. The County has paid processing and initiation fees, and has negotiated the following discounted monthly membership dues:

	Processing and Initiation Fee	One Club	All Sports Club	Super Sports Club
Employee Only	\$0	\$23/mo	\$27/mo	\$44/mo
Each Additional Member	\$0	\$15/mo	\$15/mo	\$25/mo

Upon initial enrollment, employees will be responsible for immediate payment of first and last months' dues. Monthly dues are paid thereafter by electronic fund transfer (EFT) directly from the employee's checking or savings account. Payroll deduction is not available. Additional members must be the employee's spouse, State-registered domestic partner, or child (12-18 years of age) and live at the same address as the employee to be eligible. Employees must provide proof of County employment. Please note that employees may cancel their 24-Hour Fitness membership at any time without penalty. Contact 24-Hour Fitness at (800) 204-2400 or e-mail [tbohannon@24hourfit.com](mailto:tbohannon@24hourfit.com).

**NOTE:** Health Club and/or membership rates may be subject to change July 2011.



**There may be a change to your required retirement contribution and the premiums for survivor benefits effective June 18, 2011.**

## RETIREMENT PLAN HIGHLIGHTS

### Eligibility

All employees working at least 40 hours per pay period in a retirement-eligible position are automatically members of the San Bernardino County Employees' Retirement Association (SBCERA). As a member of SBCERA, you make contributions each pay period for your retirement and survivor benefits by payroll deduction. There will be a change to your required retirement contribution and the premiums for survivor benefits effective June 18, 2011. The survivor benefit premiums will decrease from \$0.99 to \$0.89 per pay period. The Contribution Rate Table below details the latest refundable and nonrefundable rates for both General and Safety employees.

### Employee Retirement Contribution Rate Table

General Employees Contribution Rate (%)			Safety Employees Contribution Rate (%)		
Entry Age	Refundable	Non-Refundable	Entry Age	Refundable	Non-Refundable
16	7.42	6.68	16	9.54	9.17
17	7.54	6.79	17	9.70	9.33
18	7.67	6.91	18	9.87	9.49
19	7.81	7.04	19	10.04	9.65
20	7.93	7.14	20	10.20	9.81
21	8.07	7.27	21	10.37	9.97
22	8.21	7.40	22	10.55	10.14
23	8.34	7.51	23	10.73	10.32
24	8.49	7.65	24	10.91	10.49
25	8.63	7.77	25	11.09	10.66
26	8.78	7.91	26	11.27	10.84
27	8.92	8.04	27	11.46	11.02
28	9.07	8.17	28	11.66	11.21
29	9.23	8.32	29	11.87	11.41
30	9.38	8.45	30	12.06	11.60
31	9.54	8.59	31	12.27	11.80
32	9.70	8.74	32	12.49	12.01
33	9.86	8.88	33	12.70	12.21
34	10.03	9.04	34	12.93	12.43
35	10.20	9.19	35	13.16	12.65
36	10.38	9.35	36	13.41	12.89
37	10.56	9.51	37	13.66	13.13
38	10.74	9.68	38	13.92	13.38
39	10.94	9.86	39	14.20	13.65
40	11.13	10.03	40	14.50	13.94
41	11.34	10.22	41	14.79	14.22
42	11.55	10.41	42	15.04	14.46
43	11.78	10.61	43	15.25	14.66
44	12.01	10.82	44	15.42	14.83
45	12.26	11.05	45	15.54	14.94
46	12.50	11.26	46	15.64	15.04
47	12.72	11.46	47	15.68	15.08
48	12.89	11.61	48	15.68	15.08
49	13.04	11.75	49 & Over	15.32	14.73
50	13.15	11.85			
51	13.22	11.91			
52	13.26	11.95			
53	13.26	11.95			
54 & Over	12.95	11.67			

*The information contained in the Refundable vs. Nonrefundable Table is a summary of information provided by SBCERA. In the event of any discrepancy between information contained in this summary and the California Government Code, SBCERA By-Laws, and SBCERA policies, the Code provisions, By-Laws, and policies will govern.*

*The refundability factors are 1.11 for General and 1.04 for Safety.*

## Refundable and Nonrefundable Retirement Options

You may change your retirement contribution option each year during Open Enrollment. If you wish to change your retirement option, you must complete the Retirement System Contribution Election section of eBenefits. Elections will be effective pay period 14 and you will see the election change on the pay warrant you receive on or about July 13, 2011.

### **Refundable Retirement Contributions**

If you designate your retirement contributions as refundable, then you must pay one dollar for each dollar required to meet your retirement contribution. If you leave employment without retiring, you may withdraw these refundable contributions plus earned interest in one lump-sum payment from SBCERA.

### **Nonrefundable Retirement Contributions**

If you designate your retirement contributions as nonrefundable, your retirement obligation will be reduced for each dollar required to meet your retirement contribution. This reduction is determined by the Board of Retirement annually and is subject to change. Currently, General employees pay \$1.00 for every \$1.11 required to satisfy their retirement obligation; Safety employees pay \$1.00 for every \$1.04 required. If you leave the County without retiring, you may not withdraw these nonrefundable contributions from SBCERA. If eligible, you may receive a retirement benefit.

*You may change your retirement contribution option each year during Open Enrollment.*



## Refundable vs. Nonrefundable Table

The following table outlines the refundable and nonrefundable retirement options.

EVENT	REFUNDABLE OPTION	NONREFUNDABLE OPTION
<b>Employee's bi-weekly cost</b>	Safety and General employees contribute \$1.00 for every \$1.00 required.	General employees contribute \$1.00 for every \$1.11 required; Safety employees contribute \$1.00 for every \$1.04 required.
<b>Termination before five (5) years of service credit</b>	You <u>can</u> refund or rollover all of your refundable contributions in a lump-sum payment plus interest; or, you may choose to leave your contributions "on deposit" with SBCERA to earn the applicable member deposit interest rate as determined by the Board of Retirement.	You <u>cannot</u> refund or rollover any nonrefundable contributions. Note: If you made contributions under both the refundable and nonrefundable options, only the refundable contributions can be refunded to you.
<b>Termination after five (5) years of service credit</b>	You can choose between a deferred retirement <b>OR</b> receive a lump-sum payment of all refundable contributions in your retirement account.	You can choose between a deferred retirement <b>OR</b> a refund of any refundable contributions in your account. Your nonrefundable contributions will not be refunded.
<b>Nonservice-related death before five (5) years of service credit</b>	<b>Lump-Sum Payment:</b> Your spouse, registered domestic partner, dependent children and/or other named beneficiary will receive a lump-sum payment of your refundable contributions and interest, plus one month's compensation for each completed year of service credit up to a maximum of six months' compensation.	<b>Lump-Sum Payment:</b> Your spouse, registered domestic partner, dependent children and/or other named beneficiary will receive one month's compensation for each completed year of service credit up to a maximum of six months' compensation. Note: Nonrefundable contributions will not be refunded. Only refundable contributions can be refunded.
<b>Nonservice-related death after five (5) years of service credit</b>  Your beneficiary or beneficiaries may be able choose between each of the following options:	<b>Optional Death Allowance:</b> Your eligible spouse, registered domestic partner or dependent children will receive a monthly payment equal to 60% of the amount awarded in a nonservice-connected disability retirement or a service retirement (if eligible at the time of your death), whichever is greater	<b>Same as Refundable Option</b>
	<b>Modified Optional Death Allowance:</b> Your eligible spouse or registered domestic partner will receive a lump-sum payment of one month's compensation for each completed year of service credit up to a maximum of six months' compensation; plus a reduced monthly benefit that would depend on the age of the beneficiary.	<b>Same as Refundable Option</b>
	<b>Lump-Sum Payment:</b> Your spouse, registered domestic partner, dependent children and/or another named beneficiary will receive a lump-sum payment of any refundable contributions and interest, plus one month's compensation for each completed year of service credit up to a maximum of six months' compensation.	<b>Lump-Sum Payment:</b> Your spouse, registered domestic partner, dependent children and/or another named beneficiary will receive one month's compensation for each completed year of service credit, up to a maximum of six months' compensation. Note: Nonrefundable contributions will not be refunded. Only refundable contributions can be refunded.
<b>General Member death after 18 months of continuous SBCERA membership</b>  This is an additional monthly benefit available to eligible beneficiaries.	<b>Survivor Benefit:</b> Your spouse, registered domestic partner or dependent children may also be entitled to an additional monthly survivor benefit amount..	<b>Same as Refundable Option</b>

## MY HEALTH MATTERS!

Take a step to becoming a new, healthier you with My Health Matters! (MHM!), the County's wellness program. MHM! offers a wealth of resources to help you in your journey of wellness. Whether you are making the first step towards wellness or are looking for ways to enhance your already established regimen, we encourage you to visit the MHM! web page on the intranet at <http://mybenefitsatwork> or on the internet at [http://www.sbcounty.gov/hr/Benefits\\_MyHlth.aspx](http://www.sbcounty.gov/hr/Benefits_MyHlth.aspx)

Steps to Success, the MHM! web-based activity portal, is a great way to track your physical activities, manage your calorie intake, participate in a challenge, and receive incentives along the way.

Take advantage of the variety of worksite wellness programs offered through MHM! By participating in a wellness class, you can learn tips to reduce stress, discover ways to incorporate healthy food choices in your diet, and much more!

So, start making healthier choices today! For more information regarding MHM!

- Visit <http://mybenefitsatwork>
- Call your Department Wellness Advocate. View the directory posted on the MHM! webpage
- Contact the Employee Benefits and Services Division staff via email at [mhm@hr.sbcounty.gov](mailto:mhm@hr.sbcounty.gov) or via phone at (909) 387-5787

## 457(b) DEFERRED COMPENSATION PLAN

The 457(b) is a supplemental retirement Plan that allows employees to contribute a portion of their pre-tax salary, within certain Internal Revenue Service (IRS) limits, to a personal account currently maintained by ING Life Insurance and Annuity (ING). Employees may select from multiple mutual funds and a stable value account when investing their funds. The County, as Plan Administrator, regularly monitors the investment options and deletes or replaces funds that fail to perform according to the guidelines set forth in the *County of San Bernardino Investment Policy and Procedures Statement*.

Reminder: To receive a County match, you must be enrolled in and contributing to a 457(b) Plan.

### Eligibility

All general employees in regular positions, and other employees that are granted this benefit through an employment contract or Exempt Compensation plan, are eligible to participate in the County's 457(b) Deferred Compensation Plan and can enroll at any time. In addition, certain bargaining units have added a County match if the employee is participating in the 457(b) Plan. Check your MOU to determine if you are eligible for this benefit. If you are eligible for the County match, all County contributions will be deferred to a 401(a) Defined Contribution Plan.

**Your  
health, your  
life, your  
future...  
take control!  
Enroll in  
Steps to  
Success  
today.**

**The County's 457(b) Plan does not have an Open Enrollment period, so employees can enroll at any time.**

## Contributions

Contributions to this account and any earnings that accumulate are not taxed until the funds are withdrawn. The IRS does impose restrictions on when these funds can be accessed. Upon complete separation from County service, participants may choose to withdraw a portion or all of their 457(b) account balance and will only pay the federal and state taxes on the amount withdrawn. Unlike with most 401(k) plans, there is no penalty for withdrawals made from a 457(b) Plan prior to the participant's attainment of age 59½.

## In-Service Distributions

In-service distributions are limited to loans and hardship withdrawals. Both options are subject to several restrictions. Employees should make themselves familiar with the loan and hardship provisions in the 457(b) Plan document before participating in the plan.

Any employee who has questions, or who is interested in participating in the 457(b) Plan, should contact the local ING office at (909) 748-6468 to schedule an appointment. This benefit does not have an Open Enrollment period so employees can enroll at any time.

For more extensive information on the County's 457(b) Plan and ING, please visit the County's custom ING website at [www.ingretirementplans.com/custom/sanbernardino](http://www.ingretirementplans.com/custom/sanbernardino).

## 401(k) DEFINED CONTRIBUTION PLAN

**Traditional 401(k):** Allows participating employees to reduce their taxable income by contributing a portion of their gross income to the 401(k) on a pre-tax basis. Contributions and earnings are not taxed until they are withdrawn, generally at retirement when participants are usually in a lower tax bracket.

**Roth 401(k):** Allows participating employees the opportunity to take tax-free distributions upon retirement, as long as the participant meets certain qualifications, by paying taxes on their contributions up front. Unlike the Traditional 401(k), the Roth 401(k) offers the participant the potential for tax-free retirement income later by investing on an after-tax basis now.

## Eligibility

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 that allows employees to defer a portion of their salary on a pre-tax (Traditional) or after-tax (Roth) basis, within certain IRS limits, to an account maintained by an investment service provider. The current investment provider is ING Life Insurance and Annuity (ING).

Employees may enroll at any time and may select from multiple investment options including a stable value account when investing their funds.



In addition to the employee's contribution, the County will match up to 4% of the participant's salary at a ratio of 2 to 1 for employees in Exempt Group A, B and C. The County will match up to 3% of the participant's salary at a ratio of 2 to 1 for employees in Exempt Group D. For example, if a participant in group A, B, or C elects to defer 4% or more of their bi-weekly base salary to the Plan, the County will contribute a maximum of 4% times two for a total of 8% of the bi-weekly base salary. However, if the participant elects to defer less than 4% of their bi-weekly base salary then the County will only match the elected percentage times two.

## Withdrawal Period

The IRS imposes restrictions on when these funds can be accessed. There is a substantial early withdrawal penalty that will be assessed against any distributions made prior to age 59½ (or age 55 if eligible to retire under SBCERA at that age).

## In-Service Distributions

In-service distributions are limited to loans and hardship withdrawals. Both options are subject to several restrictions. Employees should make themselves familiar with the loan and hardship provisions in the 401(k) Plan document before participating in the plan.

Any employee who has questions, or who is interested in participating in the 401(k) Plan, should contact the local ING office at (909) 748-6468 to schedule an appointment. This benefit does not have an Open Enrollment period so employees can enroll at any time.

For more extensive information on the County's 401(k) Plan and ING, please visit the County's custom ING website at [www.ingretirementplans.com/custom/sanbernardino](http://www.ingretirementplans.com/custom/sanbernardino).

## RETIREMENT MEDICAL TRUST FUND

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

The Trust is funded by County contributions and the eligible cash value of the participant's sick leave upon separation from service. All funds contributed to the Trust are maintained in individual accounts administered by ING exclusively for the benefit of the participant or the participant's eligible dependent(s). Upon reaching the Normal Retirement Age under the Plan, the account balance is available for the reimbursement. Please refer to your Memorandum of Understanding, Employment Contract, or Salary Ordinance for specific information on participation eligibility, cash conversion formulas or unused sick leave accruals and County contributions.

For any questions or additional information regarding the Retirement Medical Trust Fund, contact EBSD at (909) 387-5537, or go online to [www.sbcounty.gov/hr/Benefits\\_Home.aspx](http://www.sbcounty.gov/hr/Benefits_Home.aspx) or <http://mybenefitsatwork>.

*The IRS imposes restrictions on when these funds can be accessed.*

**The owner of a 529 plan controls the assets in the account, even after the beneficiary turns 18.**

## 529 EDUCATION SAVINGS PLAN

A 529 Education Savings Plan is offered by Fidelity Investments. This plan offers all County employees a way to invest in their children's and grandchildren's education. The minimum bi-weekly deferral is \$25 and is deducted on an after-tax basis. You must contact ING to participate in the plan.

### **Potential Tax Advantages**

This plan offers tax-deferred growth of any earnings and tax-free withdrawals for qualified higher education expenses such as room, board, and tuition.

### **Control and Flexibility**

The owner of a 529 plan controls the assets in the account, even after the beneficiary turns 18. There are no income restrictions and account assets can be used at most accredited colleges and universities.

### **Additional Advantages**

The advantages to the Fidelity 529 Education Savings Plan are its:

- Ability to accept bi-weekly payroll deductions
- Low investment management fees
- Low annual account fees
- Quality and quantity of investment options

For more information or to schedule an appointment with an ING representative, contact the local ING office at (909) 748-6468. This benefit does not have an Open Enrollment period, so employees can enroll at any time.



## COMMUTER SERVICES

Human Resources - Commuter Services (HR-CS) administers the County's Rideshare Program and assists employees with finding alternatives to driving to work alone. HR-CS offers a variety of programs including: vanpool, carpool, hybrid vehicle carpool, transit bus pass, walk and bike to work. HR-CS can help you:

- Join or form a vanpool or carpool
- Obtain information about public transportation options
- Take advantage of tax benefits such as pre-tax payroll deductions for vanpool rates and transit pass purchases (up to \$230 per month through December 2011)
- Find information on topics pertaining to improving air quality, reducing traffic congestion, and saving money through newsletters, payroll stuffers, and e-mails
- Save money and reduce your carbon footprint

Examples of incentives and rewards include:

- \$2 Per Day Start Up Incentive – Eligible ridesharing employees can receive \$2 per day for the first three months of participation in any of the County's Rideshare programs
- Membership in the Rideshare Plus Rewards Club provides discounts to more than 135,000 merchants in the Inland Empire and in the United States
- Earn Big 5 gift cards or gas cards every six months for participation
- Invitation to the Annual Commuter Services Rideshare luncheon

Register and submit a RideMatch Request for a list of potential carpool partners, who share a similar commute and schedule – and are interested in sharing the ride.

Visit the Commuter Services Intranet site at <http://countyline.sbcounty.gov/commuterservices/> or call Commuter Services at (909) 387-9640, to learn more about different rideshare options and for information on how participating in the County's rideshare program can benefit you.

## SICK LEAVE CONVERSION

Employees in certain bargaining units who have used less than forty (40) hours of sick leave in a fiscal year may, at the employee's option, convert sick leave to vacation by the following formula: Hours of sick leave used are subtracted from forty (40). Sixty percent (60%) of the remainder, or a portion thereof, may be added to vacation leave to be utilized in the same manner as other accrued vacation leave. This benefit only applies to certain bargaining units. Check your MOU for details and to determine if you are eligible for this benefit.





## VACATION/HOLIDAY CASH-OUT

An employee may sell back vacation or holiday time at the base hourly rate of the employee as hereinafter provided, upon approval of the appointing authority. Eligible employees may exercise this option under procedures established by the Director of Human Resources or designee. In lieu of cash, the employee may designate that part or all of the value of vacation time to be sold back is allocated to a deferred income plan if the County approves such a plan and credit for vacation time is allowed under the plan. This benefit only applies to certain bargaining units. Check your MOU for details and to determine if you are eligible for this benefit.

## 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 financed by employers.

There are several ways to file a claim:

1. File using the online application at [www.edd.ca.gov](http://www.edd.ca.gov)
2. File by telephone using the toll-free number to contact the call center at (800) 300-5616 between 8:00 a.m. – 5:00 a.m., Monday through Friday
3. Download the paper application from [www.edd.ca.gov](http://www.edd.ca.gov) You print the document, hand write your answers and fax the application to (866) 215-9159 or mail it to EDD #019, P.O. Box 1041, Atwood, CA 92811-1041.

## YOUR MEDICAL AND DENTAL BENEFITS UPON RETIREMENT

When you retire from the County of San Bernardino, you are eligible to participate in the County-sponsored medical and dental plans. However, as a retiree, you are responsible for paying 100% of the cost of premiums. Subsequent changes to enrollment can only be made during Retiree Open Enrollment, which is held annually during the month of November. The exception to this would be if you experienced a mid-year qualifying event. At the time you meet with a Retirement Specialist at the SBCERA, you will be instructed to contact EBSD for an appointment to discuss your medical and dental enrollment options.

# APPEAL PROCEDURE

## General Information

The County of San Bernardino EBSD maintains and provides documents that explain the policies, requirements, and limits of coverage for all employee benefit programs. In the event that an employee or beneficiary believes that a request or claim for a benefit under a health and welfare, flexible spending account, or salary savings plan has been improperly denied, he or she may appeal the decision within the parameters set forth in the following procedure.

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

## Timeframes

Any employee or beneficiary whose request or claim for benefits is denied has the right to request a review by filing an appeal in writing directly with the EBSD Appeals Unit within 30 calendar days of the notice of denial or adverse decision. The appeal should include the basis for the appeal, as well as any supporting documentation. Within 15 calendar days of the date the appeal is received, the EBSD Appeals Unit will review the facts and respond in writing with its findings. Should special circumstances require an extension of time for a decision on review, the review period may be extended by an additional 15 days. The EBSD Appeals Unit will provide written notification if an extension is needed.

If the appeal does not contain the information necessary to make a decision, an extension may be granted to obtain such information. The appellant will be notified in writing of the extension which will specifically describe the required information and will be afforded 15 calendar days from the date of the notice to provide the specified information.

Upon timely delivery of the requested information, and within 15 calendar days, the EBSD Appeals Unit must report its findings. Should the requested information not be received by EBSD within the time specified, the EBSD Appeals Unit will make a decision without it, in which case, the decision is final and is not eligible for re-appeal.

## Notification

Notice of the appeal decision will include the following:

1. The EBSD Appeal Unit's decision;
2. The specific reason(s) for the appeal determination;
3. A reference to the specific Plan provision(s) on which the determination is based;
4. A statement disclosing any internal rules, guidelines, protocol or similar criterion relied on in making the adverse determination;
5. With the exception of appeals processed without the necessary information as described above, a statement outlining the second appeal process will be included in the letter. If the appellant disagrees with the EBSD Appeal Unit's decision and there is additional information that was not included in the first appeal which supports the position, a second appeal can be made to the attention of the EBSD Benefits Chief, whose decision will be final. Such appeals must be received within 15 calendar days of the first appeal decision notice.

***If the appeal does not contain the information necessary to make a decision, an extension may be granted to obtain such information.***

## **Patient Protection and Affordable Care Act (PPACA)**

*~ Required Notices ~*

### **Extension of Dependent Coverage to Age 26**

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in all County medical plans. Individuals may request enrollment for such children for 30 days from the date of notice. Enrollment will be effective July 30, 2011. For more information contact the plan administrator, Human Resources-Employee Benefits and Services.

### **Grandfathered Health Plans**

The County of San Bernardino 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.

### **Lifetime Limit No Longer Applies and Enrollment Opportunity**

The lifetime limit on the dollar value of benefits under the Health Net PPO plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. For more information contact the plan administrator, Human Resources-Employee Benefits and Services.

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



Department of Fair Employment and Housing



# Discrimination and Harassment in Employment are Prohibited by Law

Laws enforced by the Department of Fair Employment and Housing (DFEH) protect you from illegal discrimination and harassment in employment based on

- **Race**
- **Color**
- **Religion**
- **Sex** (pregnancy or gender)
- **Sexual orientation**
- **Marital status**
- **National origin** (including language use restrictions)
- **Ancestry**
- **Disability** (mental and physical, including HIV and AIDS)
- **Medical condition** (cancer/genetic characteristics)
- **Age** (40 and above)
- **Denial of family and medical care leave**
- **Denial of pregnancy disability leave or reasonable accommodation**

The California Fair Employment and Housing Act (Part 2.8 commencing with Section 12900 of Division 3 of Title 2 of the Government Code) and the Regulations of the Fair Employment and Housing Commission (California Code of Regulations, Title 2, Division 4, Sections 7285.0 through 8504):

- **Prohibit harassment** of employees, applicants, and independent contractors by any persons and require employers to take all reasonable steps to prevent harassment. This includes a prohibition against sexual harassment, gender harassment, and harassment based on pregnancy, childbirth, or related medical conditions.
- **Prohibit employers from limiting or prohibiting the use of any language** in any workplace unless justified by business necessity. The employer must notify employees of the language restriction and consequences for violation.
- **Require that all employers provide information** to each of their employees on the nature, illegality, and legal remedies that apply to sexual harassment. Employers may either develop their own publications, which must meet standards as set forth in California Government Code Section 12950, or use a brochure from the DFEH.
- **Require employers with 50 or more employees and all public entities to provide sexual harassment prevention training** for all supervisors.
- **Require employers to reasonably accommodate** an em-

ployee or job applicant's religious beliefs and practices.

- **Require employers to reasonably accommodate employees or job applicants with a disability** in order to enable them to perform the essential functions of a job.
- **Permit job applicants and employees to file complaints** with the DFEH against an employer, employment agency, or labor union that fails to grant equal employment as required by law.
- **Prohibit discrimination** against any job applicant or employee in hiring, promotions, assignments, termination, or any term, condition, or privilege of employment.
- **Require employers, employment agencies, and unions** to preserve applications, personnel records, and employment referral records for a minimum of **two years**.
- **Require employers to provide leaves** of up to four months to employees disabled because of pregnancy, childbirth, or a related medical condition.
- **Require an employer to provide reasonable accommodations** requested by an employee, on the advice of her health care provider, related to her pregnancy, childbirth, or related medical conditions.
- **Require employers of 50 or more persons to allow eligible employees to take up to 12 weeks leave** in a 12-month period for the birth of a child; the placement of a child for adoption or foster care; for an employee's own serious health condition; or to care for a parent, spouse, or child with a serious health condition. (Employers are required to post a notice informing employees of their family and medical leave rights.)
- **Require employment agencies to serve all applicants equally**, refuse discriminatory job orders, and prohibit employers and employment agencies from making discriminatory pre-hiring inquiries or publishing help-wanted advertising that expresses a discriminatory hiring preference.
- **Require unions not to discriminate** in member admissions or dispatching to jobs.
- **Prohibit retaliation** against a person who opposes, reports, or assists another person in opposing unlawful discrimination.

**The law provides for administrative fines and remedies for individuals**, including the following: hiring, front pay, back pay, promotion, reinstatement, cease-and-desist order, expert witness fees, reasonable attorney's fees and costs, punitive damages, and damages for emotional distress.

**Job applicants and employees:** If you believe you have experienced discrimination, you may file a complaint with DFEH.

**Independent contractors:** If you believe you have been harassed, you may file a complaint with DFEH.

Complaints must be filed within **one year** of the last act of discrimination/harassment, or, for victims who are under the age of 18, not later than one year of that person's eighteenth birthday.

For more information, contact DFEH toll free at (800) 884-1684, Sacramento area & out-of-state at (916) 478-7251, TTY number at (800) 700-2320, or visit our web site at [www.dfeh.ca.gov](http://www.dfeh.ca.gov)

Government Code Section 12940 and Title 2 California Code of Regulations Section 7287 require all employers to post this document. It must be conspicuously posted in hiring offices, on employee bulletin boards, in employment agency waiting rooms, union halls, and other places employees gather.

In accordance with the California Government Code and ADA requirements, this publication can be made available in Braille, large print, computer disk, or tape cassette as a disability-related reasonable accommodation for an individual with a disability. To discuss how to receive a copy of this publication in an alternative format, please contact the DFEH at the numbers above.

State of California  
Department of Fair Employment & Housing

DFEH-162 (05/06)

# Equal Employment Opportunity is **THE LAW**

## Private Employers, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations

Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under Federal law from discrimination on the following bases:

### **RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN**

Title VII of the Civil Rights Act of 1964, as amended, protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy), or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

### **DISABILITY**

Title I and Title V of the Americans with Disabilities Act of 1990, as amended, protect qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship.

### **AGE**

The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination based on age in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment.

### **SEX (WAGES)**

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act, as amended, the Equal Pay Act of 1963, as amended, prohibits sex discrimination in the payment of wages to women and men performing substantially equal work, in jobs that require equal skill, effort, and responsibility, under similar working conditions, in the same establishment.

### **GENETICS**

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

### **RETALIATION**

All of these Federal laws prohibit covered entities from retaliating against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful employment practice.

### **WHAT TO DO IF YOU BELIEVE DISCRIMINATION HAS OCCURRED**

There are strict time limits for filing charges of employment discrimination. To preserve the ability of EEOC to act on your behalf and to protect your right to file a private lawsuit, should you ultimately need to, you should contact EEOC promptly when discrimination is suspected:

The U.S. Equal Employment Opportunity Commission (EEOC), 1-800-669-4000 (toll-free) or 1-800-669-6820 (toll-free TTY number for individuals with hearing impairments). EEOC field office information is available at [www.eeoc.gov](http://www.eeoc.gov) or in most telephone directories in the U.S. Government or Federal Government section. Additional information about EEOC, including information about charge filing, is available at [www.eeoc.gov](http://www.eeoc.gov).

## Employers Holding Federal Contracts or Subcontracts

Applicants to and employees of companies with a Federal government contract or subcontract are protected under Federal law from discrimination on the following bases:

### **RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN**

Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

### **INDIVIDUALS WITH DISABILITIES**

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

### **DISABLED, RECENTLY SEPARATED, OTHER PROTECTED, AND ARMED FORCES SERVICE MEDAL VETERANS**

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits job discrimination and requires affirmative action to employ and advance in employment disabled veterans, recently separated veterans (within

three years of discharge or release from active duty), other protected veterans (veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized), and Armed Forces service medal veterans (veterans who, while on active duty, participated in a U.S. military operation for which an Armed Forces service medal was awarded).

### **RETALIATION**

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under the authorities above should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP), U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210, 1-800-397-6251 (toll-free) or (202) 693-1337 (TTY). OFCCP may also be contacted by e-mail at [OFCCP-Public@dol.gov](mailto:OFCCP-Public@dol.gov), or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.

## Programs or Activities Receiving Federal Financial Assistance

### **RACE, COLOR, NATIONAL ORIGIN, SEX**

In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.

### **INDIVIDUALS WITH DISABILITIES**

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job.

If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.



**“NOTICE B”**

**FAMILY CARE AND MEDICAL LEAVE (CFRA LEAVE)  
AND PREGNANCY DISABILITY LEAVE**

- Under the California Family Rights Act of 1993 (CFRA), if you have more than 12 months of service with us and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave, you may have a right to an unpaid family care or medical leave (CFRA leave). This leave may be up to 12 workweeks in a 12 month period for the birth, adoption, or foster care placement of your child or for your own serious health condition or that of your child, parent or spouse.
- Even if you are not eligible for CFRA leave, if disabled by pregnancy, childbirth or related medical conditions, you are entitled to take a pregnancy disability leave of up to four months, depending on your period(s) of actual disability. If you are CFRA-eligible, you have certain rights to take BOTH a pregnancy disability leave and a CFRA leave for reason of birth of your child. Both leaves contain a guarantee of reinstatement to the same or to a comparable position at the end of the leave, subject to any defense allowed under the law.
- If possible, you must provide at least 30 days advance notice for foreseeable events (such as the expected birth of a child or a planned medical treatment for yourself or of a family member). For events which are unforeseeable, we need you to notify us, at least verbally, as soon as you learn of the need for the leave.
- Failure to comply with these notice rules is grounds for, and may result in, deferral of the requested leave until you comply with this notice policy.
- We may require certification from your health care provider before allowing you a leave for pregnancy or your own serious health condition or certification from the health care provider of your child, parent, or spouse who has a serious health condition before allowing you a leave to take care of that family member. When medically necessary, leave may be taken on an intermittent or a reduced work schedule.
- If you are taking a leave for the birth, adoption or foster care placement of a child, the basic minimum duration of the leave is two weeks and you must conclude the leave within one year of the birth or placement for adoption or foster care.
- Taking a family care or pregnancy disability leave may impact certain benefits and your seniority date. If you want more information regarding your eligibility for a leave and/or the impact of the leave on your seniority and benefits, please contact

\_\_\_\_\_ at \_\_\_\_\_  
Employer's Contact Person Telephone Number

# Notice to Employees:

**THIS EMPLOYER IS REGISTERED UNDER THE CALIFORNIA UNEMPLOYMENT INSURANCE CODE AND IS REPORTING WAGE CREDITS THAT ARE BEING ACCUMULATED FOR YOU TO BE USED AS A BASIS FOR:**

## UI

### Unemployment Insurance

(funded entirely by employers' taxes)

When you are unemployed or working less than full-time and are ready, willing, and able to work, you may be eligible to receive Unemployment Insurance benefits. There are three ways to file a claim:

#### Internet

File on-line with eApply4UI—the fast, easy way to file a UI claim! Access eApply4UI at <https://eapply4ui.edd.ca.gov/>.

#### Telephone

File by contacting a customer service representative at one of the toll-free numbers listed below:

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

#### Mail or Fax

File by mailing or faxing a UI Application (DE 11011), by accessing the paper application on-line at [www.edd.ca.gov](http://www.edd.ca.gov). Print out the application, hand write your answers, and mail or fax it to EDD for processing.

**Note:** File promptly. If you delay in filing, you may lose benefits to which you would otherwise be entitled.

## DI

### Disability Insurance

(funded entirely by employees' contributions)

When you are unable to work or reduce your work hours because of sickness, injury, or pregnancy, you may be eligible to receive Disability Insurance (DI) benefits.

Your employer must provide a copy of "Disability Insurance Provisions," DE 2515, to each newly hired employee and to each employee leaving work due to pregnancy or due to sickness or injury that is not related to his/her job.

#### Claim Forms

- If your employer operates an approved voluntary plan in place of disability insurance and you have chosen to be covered by it, obtain DI claim forms from your employer.
- If you are not covered by a voluntary plan, obtain claim forms from your doctor, hospital, or directly from any California Disability Insurance (DI) Claim Management offices.
- File your "Claim for DI Benefits," DE 2501, within 49 days of the first day of your disability to avoid losing benefits.

FOR MORE INFORMATION ABOUT DI, VISIT THE EDD WEB SITE AT [www.edd.ca.gov](http://www.edd.ca.gov) OR CONTACT THE DISABILITY INSURANCE CUSTOMER SERVICE CENTER AT 1-800-480-3287. STATE GOVERNMENT EMPLOYEES SHOULD CALL 1-866-352-7675. TTY (FOR DEAF OR HEARING-IMPAIRED INDIVIDUALS ONLY) IS AVAILABLE AT 1-800-563-2441.

## PFL

### Paid Family Leave

(funded entirely by employees' contributions)

When you stop working or reduce your work hours to care for a family member who is seriously ill or to bond with a new child, you may be eligible to receive Paid Family Leave (PFL) benefits.

Your employer must provide a copy of "Paid Family Leave Program Brochure," DE 2511, to each newly hired employee and to each employee leaving work to care for a seriously ill family member or to bond with a new child.

#### Claim Forms

- If your employer operates an approved voluntary plan in place of disability insurance and you have chosen to be covered by it, obtain PFL claim forms from your employer.
- If you are not covered by a voluntary plan, obtain claim forms from doctors, hospitals, or directly from any California Disability Insurance (DI) Claim Management offices or the PFL office.
- File your "Claim for PFL Benefits," DE 2501F, within 49 days of the first day of your family leave to avoid losing benefits.

FOR MORE INFORMATION ABOUT PFL, VISIT THE EDD WEB SITE AT [www.edd.ca.gov](http://www.edd.ca.gov) OR CONTACT THE PAID FAMILY LEAVE CUSTOMER SERVICE CENTER AT:

English 1-877-238-4373	Spanish 1-877-379-3819
Armenian 1-866-627-1567	Tagalog 1-866-627-1569
Cantonese 1-866-692-5595	Vietnamese 1-866-692-5596
Punjabi 1-866-627-1568	TTY (non voice) 1-800-445-1312

STATE GOVERNMENT EMPLOYEES SHOULD CALL 1-877-945-4747

**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 GENERAL INFORMATION, VISIT THE EDD WEB SITE AT [www.edd.ca.gov](http://www.edd.ca.gov).

## **NOTICE TO EMPLOYEES** **UNEMPLOYMENT INSURANCE BENEFITS**

This employer is registered under the California Unemployment Insurance Code and is reporting wage credits that are being accumulated for you to be used as a basis for unemployment insurance benefits.

**If you are:**

- Unemployed, or
- Working less than full-time, AND
- You are ready, willing, and able to work full-time, or as instructed by the Employment Development Department,

**You may be eligible to receive unemployment insurance benefits.**

Employees of Educational Institutions:

Unemployment Insurance benefits based on wages earned while employed by a public 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 an educational institution(s).

**NOTE:** Some employees may be exempt from unemployment and disability insurance coverage.

File your claim by telephone or Internet:

**Toll-Free Telephone Numbers**

<b>English 1-800-300-5616</b>	<b>Mandarin 1-866-303-0706</b>
<b>Spanish 1-800-326-8937</b>	<b>Vietnamese 1-800-547-2058</b>
<b>Cantonese 1-800-547-3506</b>	<b>TTY (Non Voice) 1-800-815-9387</b>

**EDD's Internet Address to Complete and Submit Your On-Line Application:**  
**<https://eapply4ui.edd.ca.gov>**

**Note:** If contacting us to file a claim, you must contact us by Friday to receive credit for the week. If calling, Mondays are our busiest days. For faster service, call Tuesday through Thursday.

**COUNTY OF SAN BERNARDINO**  
**Medical Expense Reimbursement Plans**  
**NOTICE OF PRIVACY PRACTICES**

Effective Date of Notice: August 1, 2009

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

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information, known as protected health information (PHI), includes virtually 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 the County of San Bernardino's Medical Expense Reimbursement Plan(s). The plans covered by this notice may share health information with each other to carry out Treatment, Payment or Health Care Operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

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

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer.

**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 authorization) for purposes of health care Treatment, Payment activities, and/or Health Care Operations. Here are some examples of what this might entail:

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

The amount of health information used or disclosed will be limited to the "Minimum Necessary" for these purposes, as defined under the HIPAA rules. The Plan may also contact you to provide you with information about other flexible spending account benefits and services that may be of interest to you.

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Rev 12/09

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

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

Please be aware that The County of San Bernardino 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 reasonable 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 reasonable 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 (HSS) 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. You may revoke your authorization as allowed under the HIPAA rules. However, you can not revoke your authorization if the Plan has taken action pursuant to it. In other words, you can not revoke your authorization with respect to disclosures the Plan has already made.

**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. In addition, 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:

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.

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.

- **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. psychotherapy notes or 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:

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 an accounting of disclosures 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 going back for six (6) years from the date of your request, but not earlier than April 14, 2003 (the general date that the HIPAA privacy rules are effective). You do not have a right to receive an accounting of any disclosure made:

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.

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

**Changes to the information in this notice**

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

**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, you may complain to the Plan or to the County of San Bernardino, Office of Compliance and Ethics at the addresses listed below. Alternatively you may complain to the Secretary of the U.S. Department of Health and Human Services, at the regional office that handles your area, generally within 180 days of when the act or omission occurred. You will not be retaliated against for filing a complaint.

<p>To file a complaint with the Plan as administered by the County Human Resources Department, contact:</p> <p>Benefits Chief, Department of Human Resources Employee Benefits and Services 157 W. Fifth Street, First Floor San Bernardino, CA 92415-0440</p> <p>Phone # (909) 387-5787 Fax # (909) 387-5566 Email: <a href="mailto:ebbsd@hr.sbcounty.gov">ebbsd@hr.sbcounty.gov</a></p>	<p>To file a complaint with the County of San Bernardino, Office of Compliance and Ethics:</p> <p>HIPAA Complaints Official 157 W. Fifth Street, First Floor San Bernardino, CA 92415-0440</p> <p>Phone # (909) 387-4500 Fax # (909) 387-8950 Email: <a href="mailto:HIPAAComplaints@cao.sbcounty.gov">HIPAAComplaints@cao.sbcounty.gov</a></p>
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For more information on the Plan's privacy policies or your rights under HIPAA, contact:

HIPAA Benefits Analyst  
County of San Bernardino, Human Resources Department  
Employee Benefits and Services  
157 W. Fifth Street, First Floor  
San Bernardino, CA 92415-0440

Phone # (909) 387-5787  
Fax # (909) 387-5566

**Plans that will follow this Notice include the following:**

- County of San Bernardino, Medical Expense Reimbursement Plan
- County of San Bernardino, Exempt Medical Expense Reimbursement Plan





**County of San Bernardino**  
**Employee Benefits and Services**  
**157 West 5th Street, First Floor**  
**San Bernardino, CA 92415-0440**  
**(909) 387-5787 • <http://mybenefitsatwork>**