

2017

Employee Benefits Guide



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# Welcome

Welcome to the 2017 Employee Benefits Guide, your single source document for the information you need to make informed decisions about your benefits for yourself and your family. The 2017 Employee Benefits Guide is a summary of your benefit choices including: health, dental, vision, life and accidental death and dismemberment insurance(s), deferred compensation, flexible spending accounts and cafeteria plans.

## When can I make changes to my benefits?

- **Open Enrollment**

During the annual benefits open enrollment period, typically held between September and October each year with coverage changes effective January of the next calendar year.

- **Qualifying Life Events During the Plan Year**

If you have a qualifying life event during the 2017 plan year and wish to make changes to your benefits, you must submit the required documentation to the Human Resources Department. Please refer to the Qualified Life Event Changes section for more information on qualifying events.

## Easily Make Changes

Employees can review current benefit elections, covered dependents and beneficiaries, preview benefit costs and make benefit elections online in ACORN eBenefits. This online resource is available via any computer that has internet access. Please see the ACORN eBenefits page of this guide for instructions.

## Dependent Eligibility

You must provide documentation to the Human Resources Department for each dependent you are adding to your benefits. If the Human Resources Department is unable to verify your dependent's eligibility, your dependent will not be covered and your next available opportunity to add the dependent(s) will be the next Open Enrollment period. Please see the Benefit Eligibility Enrollment Criteria page of this guide for more information.

## CalPERS Tools to Help You Choose the Right Health Plan

CalPERS has tools to assist you in making your healthcare choices. On the CalPERS website, [www.CalPERS.ca.gov](http://www.CalPERS.ca.gov) you will find a Health Plan chooser - use the [Health Plan Chooser](#) to decide which plan best meets your needs, [Health Plan Search by ZIP Code](#) - to find CalPERS health plans available in your area by ZIP code of your home or work address, and [CalPERS Compare](#) - which is your one-stop-shop for medical services, prescriptions, and doctors in your network. Access this information with your mobile device using the Quick Response (QR) code to connect online.



# Benefits Eligibility Enrollment Criteria

## Eligible Dependents

The terms “family members” and “dependents” are used interchangeably. The following dependents of an enrolled employee are eligible for health insurance:

- Legal spouse
- Qualified Registered Domestic Partner (requires submission of registration forms)
- Children (including certified parent-child relationship) dependent(s) up to age 26 for all CalPERS health plans
- Unmarried dependent children (including certified parent-child relationship) up to age 23 for dental/vision/AD&D/life insurance plans
- Disabled children beyond age 26 who are unmarried and incapable of sustaining employment due to a physical or mental handicap that existed prior to the child’s attainment of age 19. The disabled adult dependent must meet the Disabled Dependent requirements. Contact the Human Resources Department for more information.

The definition of a dependent child includes: natural child, step-child, adopted child, children of a registered domestic partner, and certified parent-child relationship.

## Dependent Eligibility Verification Process

You must provide dependent verification documentation for each dependent you are adding to your benefits coverage. If Human Resources is unable to verify your dependent’s eligibility, your dependent will not be covered and your next available opportunity to add the dependent(s) will be the next Open Enrollment period. Please note that if you previously submitted verification, it is possible that you may be required to do so again.

**Note:** It is a violation of all benefit plan provisions to enroll ineligible persons as dependents. To do so will subject the employee to reimbursement costs for all services provided to an ineligible person and premiums paid will not be reimbursed.

## Ineligible Dependents

Ineligible dependents include:

- <sup>(1)</sup>Former spouse/registered domestic partner, children of a former spouse/registered domestic partner, including former step-children, even if you have a court order requiring you to provide health insurance coverage
- Children over age 26 for all CalPERS health plans
- Children that are married, regardless of age, or who are over age 23 for dental/vision/AD&D/life insurance plans
- Disabled children, over age 26, who were never enrolled or who were deleted from coverage
- Spouse age 70 or over for Accidental Death & Dismemberment
- Foster children
- Extended family members, including mother, father, siblings, grandparents, in-laws, etc. under any circumstances

<sup>(1)</sup> You must submit a copy of your final divorce decree or Notice of Termination of Domestic Partnership form to the Human Resources Department within 30 days of the event. Former spouses and registered domestic partners may be eligible for Consolidated Omnibus Budget Reconciliation Act (COBRA) or an individual conversion policy.

# ACORN eBenefits

## Making Changes or Reviewing Your Benefits Online

Throughout the year, you may access ACORN eBenefits to take advantage of the self-service options to update your personal information and make qualifying life event changes (within 30 days from the event, otherwise, contact Human Resources). Updates to your dependent coverage may be an option depending on the type of change you are making.

If you have a qualifying life event during the year, you can access the self-service user guides on the County's website. Navigate to the County's public facing webpage. Click on the Employee Self-Service link at the bottom of the page. Then click on the ACORN System link. User Guides are located in the "ACORN HOW-TO DOCUMENTATION".

You can access ACORN from any computer connected to the internet!

*(Sorry! Mobile devices such as smart phones and tablets are not supported at this time.)*

### ✓ From Any Placer County Workstation:

- Use the web browser (Internet Explorer) to access ACORN eBenefits by typing "acorn" (no quotes) in the browser address bar and press the Enter key. You will automatically be logged into ACORN. You can also find a link to ACORN on the MyPlacer home page.
- This will require you to have network access, if you do not have access contact the Customer Service Center at (530)889-4357 or HLPCSC@placer.ca.gov

### ✓ From any computer that has an internet connection:

- Type [www.placer.ca.gov](http://www.placer.ca.gov) into the browser address bar
- Scroll to the very bottom of the Placer County Website front page
- Click on the link for Employee Self Service
- Click on the link to the ACORN System
- Click on the button to ACCESS ACORN SYSTEM
- Enter the user ID and password you use to log on to the Placer County Network
- If you do not have a Placer County Network Login ID/Password, please contact the Customer Service Center at (530)889-4357.

### ✓ From the computer kiosk in the Human Resources Department:

145 Fulweiler Avenue, Suite 200, Auburn  
Monday through Friday, 8:00 a.m. to 4:30 p.m.

# Required Forms

Forms are located on the Human Resources Department's MyPlacer page or by clicking [here](#).

Type of Change	Information/Forms Required
Any change to Health Plan	<ul style="list-style-type: none"> <li>• Declaration of Health Coverage</li> </ul>
Add Spouse/Domestic Partner	<ul style="list-style-type: none"> <li>• Full Name</li> <li>• Social Security Number</li> <li>• Date of Birth</li> <li>• Marriage Certificate or Domestic Partner Registration</li> </ul>
Add Dependent Children	<ul style="list-style-type: none"> <li>• Full Name</li> <li>• Social Security Number</li> <li>• Birth Certificate or Adoption Decree</li> </ul>
In Lieu of Health Coverage	<ul style="list-style-type: none"> <li>• Verification of Other Health Coverage</li> <li>• Enrollment Form for 401(k)</li> <li>• Declaration of Health Coverage Form</li> <li>• Health Opt Out Form</li> </ul>
Parent-Child Relationship	<ul style="list-style-type: none"> <li>• Full Name</li> <li>• Social Security Number</li> <li>• Birth Certificate or Adoption Decree</li> <li>• Affidavit of Parent-Child Relationship</li> </ul>
Enrollment with HMO	<ul style="list-style-type: none"> <li>• Personal Physician Selection Form – if you have validated your physician is accepting new patients and is in your health plan</li> </ul>
Supplemental Life Insurance	<ul style="list-style-type: none"> <li>• Application</li> </ul>
401(k) & 457 – Enrollment and/or changes to Deferred Compensation	<ul style="list-style-type: none"> <li>• Enrollment Form</li> <li>• Participant change/contribution form</li> </ul>

# Qualified Life Event Changes Outside of Open Enrollment

You may make specific changes to your health plan based on a qualifying life event, such as:

- A change in your legal marital status including marriage, divorce, death of your spouse, registering a domestic partner, or a legal separation
- A change in the number of your dependents through birth, adoption, placement for adoption, or death
- Termination or commencement of employment by you, your spouse, registered domestic partner, or dependent
- A significant change in your work schedule, such as a reduction or increase in hours by you, your spouse, registered domestic partner, or eligible dependent
- A change in your residence
- A worksite change between regions may affect your eligibility (example: Auburn and Tahoe)
- An unpaid leave of absence by either you, or your spouse, or registered domestic partner
- A change in your dependent care provider that increases the cost of dependent care

Required forms MUST be received by the Human Resources Department within 60 days of the qualifying event date for health. All other benefit change forms MUST be received by the Human Resource Department within 30 days of the qualifying event(s). Changes in CalPERS health coverage become effective the first day of the month following the date Human Resources receives the completed forms. All other benefit changes are effective 30 days following the qualifying event date.

# 2017 HMO Health Plan Rates

Deductions for the 2017 plan year begin Pay Period 12 (Pay Date December 9, 2016)

HEALTH MAINTENANCE ORGANIZATIONS (HMOs) HMO Rates <sup>1</sup> Part Time Rates Available on iPlacer	2017 Employee Bi-Weekly Share <sup>2</sup>	2017 County Bi-Weekly Share	2017 Total Bi-Weekly Premium	Employee Share % Change Over 2016
BLUE SHIELD ACCESS+ - Employee Only	86.21	344.83	431.04	-2.94%
BLUE SHIELD ACCESS+ - Employee + 1 Dep	172.42	689.67	862.09	-2.94%
BLUE SHIELD ACCESS+ - Employee + Family	224.14	896.57	1120.71	-2.94%
KAISER – Employee Only	69.27	277.08	346.35	-0.67%
KAISER – Employee + 1 Dep	138.54	554.16	692.70	-0.67%
KAISER – Employee + Family	180.10	720.42	900.52	-0.67%
ANTHEM SELECT – Employee Only	90.99	363.96	454.95	0.55%
ANTHEM SELECT – Employee + 1 Dep	181.98	727.91	909.89	0.55%
ANTHEM SELECT – Employee + Family	236.57	946.29	1182.86	0.55%
ANTHEM TRADITIONAL – Employee Only	129.04	516.16	645.20	15.62%
ANTHEM TRADITIONAL – Employee + 1 Dep	258.08	1032.32	1290.40	15.62%
ANTHEM TRADITIONAL – Employee + Family	335.50	1342.02	1677.52	15.62%
UNITED HEALTH CARE – Employee Only	75.91	303.66	379.57	10.25%
UNITED HEALTH CARE – Employee + 1 Dep	151.83	607.30	759.13	10.25%
UNITED HEALTH CARE – Employee + Family	197.37	789.50	986.87	10.25%
HEALTH NET SMARTCARE – Employee Only	67.48	269.90	337.38	-10.02%
HEALTH NET SMARTCARE – Employee + 1 Dep	134.95	539.80	674.75	-10.02%
HEALTH NET SMARTCARE – Employee + Family	175.43	701.74	877.17	-10.02%

<sup>1</sup>Rates and services are associated with your residence zip code or the Employer zip code election form on file with the Human Resources Department. If you chose to use the Employer’s zip code for eligibility click [here](#) for the form.

<sup>2</sup>Premiums are paid over 24 pay periods. Please refer to the payroll calendar contained in this booklet to determine non-premium pay dates.

Traditional HMO plans (Blue Shield Access+, Kaiser, Anthem Blue Cross, and United Health Care, Healthnet SmartCare) generally pay 100% of the cost of care after a co-payment, but require you to use in-network providers (physician or hospital), and have your care coordinated through a designated Primary Care Physician. Except in the case of emergencies, coverage is not provided for non-network providers or for services not authorized by the plan.

# 2017 PPO Health Plan Rates

Deductions for the 2017 plan year begin Pay Period 12 (Pay Date December 9, 2016)

PREFERRED PROVIDER ORGANIZATIONS (PPOs) PPO Rates <sup>1</sup> Part Time Rates Available on iPlacer	2017 Employee Bi-Weekly Share <sup>2</sup>	2017 County Bi-Weekly Share	2017 Total Bi-Weekly Premium	Employee Share % Change Over 2016
PERS CHOICE – Employee Only	72.57	290.29	362.86	-0.58%
PERS CHOICE – Employee + 1 Dep	145.14	580.58	725.72	-0.58%
PERS CHOICE – Employee + Family	188.69	754.74	943.43	-0.58%
PERS SELECT - Employee Only	64.35	257.38	321.73	-3.60%
PERS SELECT - Employee + 1 Dep	128.69	514.77	643.46	-3.60%
PERS SELECT - Employee + Family	167.30	669.20	836.50	-3.60%
PERSCARE – Employee Only	81.49	325.97	407.46	0.24%
PERSCARE – Employee + 1 Dep	162.98	651.94	814.92	0.24%
PERSCARE – Employee + Family	211.88	847.52	1059.40	0.24%
PERSCARE (DSA ONLY) – Employee Only	224.10	183.36	407.46	0.24%
PERSCARE (DSA ONLY) – Employee+1 Dep	448.21	366.71	814.92	0.24%
PERSCARE (DSA ONLY) – Employee + Family	582.67	476.73	1059.40	0.24%
PORAC (DSA/SAFETY MGT ONLY) Employee Only	70.12	280.47	350.59	-0.01%
PORAC (DSA/SAFETY MGT ONLY) Employee +1 Dep	147.16	588.62	735.78	4.85%
PORAC (DSA/SAFETY MGT ONLY) Employee + Family	188.18	752.73	940.91	4.85%

<sup>1</sup>Rates and services are associated with your residence zip code or the Employer zip code election form on file with the Human Resources Department. If you chose to use the Employer’s zip code for eligibility click [here](#) for the form.

<sup>2</sup>Premiums are paid over 24 pay periods. Please refer to the payroll calendar contained in this booklet to determine non-premium pay dates.

Traditional PPO plans (PERS-Select, PERSCare, PERS-Choice, PORAC) generally pay a percentage of the cost of care after a co-pay and deductible; the remaining amount is paid by the participant. The services of in-network providers are paid at a higher percentage than the service of out-of-network providers. Generally PPO plans offer more flexibility on provider choice, services, and the ability to self-refer to a specialist. Because of the higher cost of using providers out of network, the premium cost may be higher as well.

# In Lieu of Health (ILH) Plan

If you have other health insurance coverage, you may waive the Placer County health insurance and take advantage of an employer contribution to a 401(k) savings plan.

## 401(k) contribution In Lieu of Health amounts for 2017:

Deputy Sheriff Association (DSA):	\$140/per pay period
Placer Public Employee Organization (PPEO)/ Management/Confidential/Unclassified:	\$140/per pay period

To participate in the 401(k) In Lieu of Health program, you will need to:

- Enroll through ACORN eBenefits by selecting 401(k) Flex Credit Part I, and 401(k) ILH Part II savings plans. If you do not currently have a 401(k), submit a 401(k) Enrollment form and a Beneficiary Designation form.
- Provide proof of other health insurance (a copy of your insurance statement or card showing your name is sufficient).
- Complete the CalPERS Declaration of Health Coverage Eligibility Form.
- Health opt-out form

## Premium Conversion

Placer County Benefit Plans operate under the IRS Code Section 125 option which allows employers to enroll and pay their share of costs with pre-tax dollars, known as "Premium Conversion." The health, dental, vision, and accidental death and dismemberment (AD&D) premiums are included in the Premium Conversion option. Under IRS rules, enrollment and changes to your benefit plans must be made during Open Enrollment unless there is a qualifying life event.

## Please Note:

Your total 401(k) contribution, including the ILH amount, cannot exceed the annual IRS limits of the current year. For more information, refer to the Deferred Compensation section.

# Dental Insurance

Deductions for the 2017 plan year begin Pay Period 15 (Pay Date January 20, 2017)

PPEO		Premiums & Limitations	
Annual Individual Coverage:		\$1500	Lifetime Orthodontia: \$1500
Coverage For:	Employee Bi-Weekly Share*	County Bi-Weekly Share*	Total Bi-Weekly Premium
Employee Only	No Cost	\$25.00	\$25.00
Employee + Family	\$31.00	\$25.00	\$56.00

Confidential DSA Management		Premiums & Limitations	
Annual Individual Coverage Confidential/Management:		\$2000	Lifetime Orthodontia: \$2000
DSA:		\$1500	
Coverage For:	Employee Bi-Weekly Share*	County Bi-Weekly Share*	Total Bi-Weekly Premium
Employee Only	No Cost	\$25.00	\$25.00
Employee + 1 Dependent	\$18.00	\$25.00	\$43.00
Employee + Family	\$31.00	\$25.00	\$56.00

The County utilizes Delta Dental for dental coverage.

**Please Note:** Major treatments (implants, crowns, bridges, dentures, etc.) are excluded the first year of coverage if enrollment is done through Open Enrollment. Added dependents must be treatment-free ninety days prior to coverage and will only be covered for routine procedures until the next calendar year.

Placer County's Delta Dental coverage contains a 'non-duplication of coverage' clause, which means that as secondary insurance, Delta Dental will not pay any balance over the County's plan allowance.

Visit the Delta Dental website at [www.deltadentalins.com](http://www.deltadentalins.com) for additional provider and benefit eligibility information, and to register for online services.

\* Premiums are paid over 24 pay periods. Please refer to the payroll calendar contained in this booklet to determine non-premium pay dates.

# Vision Insurance

Deductions for the 2017 plan year begin Pay Period 15 (Pay Date January 20, 2017)

## Premiums

Coverage For:	Employee Bi-Weekly Share*	County Bi-Weekly Share*	Total Bi-Weekly Premium
Employee Only	No Cost	\$3.50	\$3.50
Employee + 1 Dependent	\$5.40	\$3.50	\$8.90
Employee + Family	\$9.64	\$3.50	\$13.14

The County utilizes Vision Service Plan (VSP) for vision coverage.

VSP dependent coverage has a one-year lock-in/lockout period. This means that added eligible dependents must remain on the plan for one year, and dropped dependents must remain off the plan for one year.

Visit the VSP website at [www.vsp.com](http://www.vsp.com) for additional provider information and benefit eligibility.

\* Premiums are paid over 24 pay periods. Please refer to the payroll calendar contained in this booklet to determine non-premium pay dates.

# Accidental Death & Dismemberment (AD&D)

Deductions for the 2017 plan year begin Pay Period 15 (Pay Date January 20, 2017)

Placer County provides employees with \$10,000 Accidental Death & Dismemberment (AD&D) insurance at no cost.

Additional AD&D insurance coverage is available for the employee, up to \$500,000, but cannot exceed 10 times your annual salary. If you select an amount that is higher than allowed, your selections will be defaulted to your annual maximum limit. If your salary decreases during the plan year, it is your responsibility to notify the Human Resources Department to ensure you continue to qualify for the AD&D amount you selected.

AD&D insurance is also available for your spouse or registered domestic partner, up to age 70, in amounts ranging from \$10,000 to \$300,000 (but cannot exceed your coverage amount) and for unmarried dependent children up to age 23 in amounts ranging from \$5,000 to \$25,000. One premium covers all children, but they must be enrolled to receive coverage.

**Please note that AD&D insurance premiums shown are per pay period and are pre-tax deductions.**

AD&D Benefit Level	Premium for Employee	Premium for Spouse	Premium for Child(ren)
\$500,000	\$7.50	N/A	N/A
\$450,000	\$6.75	N/A	N/A
\$400,000	\$6.00	N/A	N/A
\$350,000	\$5.26	N/A	N/A
\$300,000	\$4.50	\$6.00	N/A
\$250,000	\$3.75	\$5.01	N/A
\$200,000	\$3.00	\$4.00	N/A
\$150,000	\$2.26	\$3.00	N/A
\$100,000	\$1.50	\$1.99	N/A
\$75,000	\$1.13	\$1.50	N/A
\$50,000	\$0.75	\$1.00	N/A
\$25,000	\$0.38	\$0.50	\$0.50
\$10,000	\$0.00	\$0.22	\$0.22
\$5,000	N/A	N/A	\$0.11

# Supplemental Term Life Insurance

Placer County provides PPEO and DSA employees with a \$10,000 life insurance policy, and Management and Confidential employees with a \$50,000 life insurance policy at no cost.

Employees can apply for additional life insurance coverage at any time. Additional life insurance coverage is available for the employee in amounts up to \$100,000. Life insurance is also available for a spouse or registered domestic partner in amounts ranging from \$12,500 to \$50,000 (but cannot exceed half of the employee’s coverage amount) and for unmarried dependent children to age 23 in amounts ranging from \$5,000 to \$10,000.

If electing supplemental life through the new hire process, an employee can elect within 30 days, with no approval process. The coverage will begin the first of the month following the hire date. Outside of the new hire process, to request coverage you must complete an application and submit it to the insurer. The application form is located on the County website or by clicking [here](#). Coverage will begin the first of the month following the approval by the insurer.

**Please note that Supplemental Life Insurance Premiums shown are an after-tax deduction.**

Schedule for Employee or Spouse – Monthly Premium							
	Employee				Spouse		
Age	\$25,000	\$50,000	\$75,000	\$100,000	\$12,500	\$25,000	\$50,000
0-34	\$3.00	\$6.00	\$9.00	\$12.00	\$1.50	\$3.00	\$6.00
35-39	\$4.00	\$8.00	\$12.00	\$16.00	\$2.00	\$4.00	\$8.00
40-44	\$6.50	\$13.00	\$19.50	\$26.00	\$3.25	\$6.50	\$13.00
45-49	\$11.00	\$22.00	\$33.00	\$44.00	\$5.50	\$11.00	\$22.00
50-54	\$19.50	\$39.00	\$58.50	\$78.00	\$9.75	\$19.50	\$39.00
55-59	\$33.50	\$67.00	\$100.50	\$134.00	\$16.75	\$33.50	\$67.00
60-64	\$35.50	\$71.00	\$106.50	\$142.00	\$17.75	\$35.50	\$71.00
65-69	\$57.50	\$115.00	\$172.50	\$230.00	\$28.75	\$57.50	\$115.00
Over 70	\$102.50	\$205.00	\$307.50	\$410.00	\$51.20	\$102.50	\$205.00

Schedule for Dependent Children – Monthly Premium			
	\$5,000	\$7,500	\$10,000
Age 15 Days to 23 Years	\$1.00	\$1.50	\$2.00

# Cafeteria Plan (IRS Section 125)

A Cafeteria Plan is a reimbursement plan governed by IRS Section 125 which allows employees to contribute a certain amount of their gross income to a designated account or accounts before taxes are calculated.

## Employer Contribution

- PPEO Miscellaneous Members – Receives 6% bi-weekly contribution of the employee's base salary plus longevity
- PPEO Safety Members – Receives 5% bi-weekly contribution of the employee's base salary plus longevity
- Management – Receives \$80.77 bi-weekly contribution
- Confidential – Receives \$110.00 bi-weekly contribution

Placer County offers the following cafeteria plan choices:

Employees may elect to receive the cafeteria plan amount as a cash option, a 401(k) contribution, dependent care reimbursement or any combination. Management and Confidential employees may also elect to receive medical reimbursement.

**Cash Option** – Selecting the cash option will allow you to receive the Cafeteria Plan money in your bi-weekly paycheck. This option is considered taxable income and associated payroll taxes will be deducted.

**Café 401(k)** – Deferred compensation plans are offered through MassMutual and CalPERS Voya. These plans allow you to set aside money for retirement on a pre-tax basis. You will designate a percentage of your cafeteria plan funds for this option.

**Dependent Care Reimbursement** – This option allows you to pay for your dependent care expenses using pre-tax dollars. Expenses, whether for a child or an elder, include any expense that allows you to work outside the home, including daycare services, in-home care, nursery, preschool and summer day camps. It does not cover health related expenses.

**Medical Reimbursement (Management/Confidential only)** – This option allows you to pay for out-of-pocket medical expenses using pre-tax dollars.

## Plan Notes

- If no election is made the default will be the cash option
- Funds are prorated based on actual paid hours
- Changes to the plan can be made annually during open enrollment or if there is a qualifying life event (birth, death of a dependent, divorce, etc.)
- This compensation is not PERSable income

# Dependent Care Flexible Spending Account (FSA)

A Dependent Care Flexible Spending Account (FSA) allows you to set aside pre-tax dollars from your paycheck to pay for eligible expenses such as child or elder day care, so you and /or your spouse can work.

**Note:** Divorced or legally separated parents - only the custodial parent can be reimbursed using the Dependent Care FSA.

**Minimum Deposit:** \$5.00 per pay period or \$130.00 per calendar year

**Maximum Deposit:** \$192.31 per pay period or \$5,000 per calendar year (\$2,500 if married and filing separately)

**WageWorks** administers the Dependent Care FSA program for the County. Employees are able to access their WageWorks account information online and track reimbursements and pending transactions, as well as upload any documentation requested by WageWorks at [www.wageworks.com](http://www.wageworks.com)

## A qualifying individual includes a child if they:

- Are 12 years old or younger
- Have a specified family-type relationship to you
- Live in your household for more than half the taxable year
- Are a US citizen, national or resident of the U.S., Mexico, or Canada
- Have not provided more than one-half of their own support during the taxable year
- Are not someone else's qualifying child

## Partial List of Eligible Expenses

- After school care, babysitting fees (must have a taxpayer ID or the babysitter's social security number, day camps (including summer day camps)
- Nursery and preschool
- Daycare services
- Care for physically or mentally impaired spouse
- Elder care expenses
- Household services for qualified dependent

## A qualifying individual includes an adult dependent if they:

- Are physically and/or mentally incapable of self-care
- Live in your household for more than half the taxable year
- Spend at least eight hours per day in your home
- Are a US citizen, national or resident of the US, Mexico, or Canada, and receive more than one-half of their support from you during the taxable year

## Partial List of Ineligible Expenses

- Dancing lessons
- Books and supplies
- Field trips
- Child support payments or child care if you are non-custodial parent
- Overnight camp
- Swimming lessons
- Meals for child
- Tuition for Kindergarten or higher
- Membership fees

# Dependent Care Flexible Spending Account (FSA)...Continued

## **Important!**

You must enroll each year in the Dependent Care FSA and select a contribution amount in ACORN during the annual Open Enrollment period. If you have a qualifying life event you have 30 days from the event to make an enrollment or change.

Do not overestimate your annual contribution. You must designate your annual contribution during the Open Enrollment period and this amount cannot be adjusted during the plan year unless you have a qualifying life event. You will only be reimbursed for actual expenses and any unused funds are forfeited per IRS rules.

You have until March 31, 2018 to submit your claims for expenses you had during the 2017 plan year; otherwise, any money left in your account will be forfeited.

# Medical Reimbursement Flexible Spending Account (FSA)

## Management/Confidential Employees Only

A Medical Reimbursement Account FSA allows you to set aside pre-tax dollars from your paycheck to pay for eligible out-of-pocket medical, dental, and vision care expenses that are not covered by your insurance plan or elsewhere.

WageWorks administers the Medical Reimbursement FSA program for Placer County and uses a debit card program for reimbursement of qualifying expenses. Employees are able to access their WageWorks account information online and track reimbursements and pending transactions, as well as upload any documentation requested by WageWorks.

Total maximum annual contribution of \$2,500

### Partial List of Eligible Expenses

- Doctor visits
- Co-Insurance dental/medical/vision
- Pharmacy
- Allergy medication/treatment
- Chiropractic care

Wageworks website ([www.wageworks.com](http://www.wageworks.com)) provides a full list of eligible expenses.

### Important!

You must enroll each year in the medical reimbursement FSA and select a contribution amount in ACORN during the annual Open Enrollment period. If you have a qualifying life event you have 30 days from the event to make an enrollment or change.

Do not overestimate your annual contribution. You must designate your annual contribution during the Open Enrollment period and this amount cannot be adjusted during the plan year unless you have a qualifying life event. You will only be reimbursed for actual expenses and any unused funds are forfeited per IRS rules.

You have until March 31, 2018, to submit your claims for expenses you had during the 2017 plan year; otherwise, any money left in your account will be forfeited.

# 401(k) & 457 Deferred Compensation

Placer County offers voluntary deferred compensation programs through MassMutual and CalPERS/Voya. These plans allow you to set aside additional money for retirement on a pre-tax basis. You can enroll in, and make changes to, these plans at any time.



## **2017 Plan Year 401(k) & 457**

*Minimum Contribution: \$10 per pay period*

*Maximum Contribution: \$18,000 per year*

If you are over age 50, you can contribute an additional "catch-up" amount of \$6,000 to your 401(k) and 457 plans, for a total contribution of \$24,000 per plan. (Your maximum limit is automatically adjusted during the year you turn 50 – no forms are required.)

## **CalPERS/VOYA**

Richard Berg

888-713-8244 X5 (direct)

800-260-0659 (main)

richard.berg@voya.com

<https://calpers.voyaplans.com>

## **MassMutual**

Jason Hughes

jasonhughes@massmutual.com

866-504-1182 (direct)

888-811-4839 (main)

[www.massmutual.com/serve](http://www.massmutual.com/serve)

**Please remember that if you participate in a cafeteria plan where you designate funds to a 401(k) or receive an In Lieu of Health contribution, these funds will be placed in your 401(k) account along with any personal contributions you make.**

# Employee Assistance Program (EAP) Managed Health Network (MHN)

The County's EAP is administered by MHN. MHN is a free, confidential service – Available 24 hours a day, seven days a week:

1-800-242-6220

[www.members.mhn.com](http://www.members.mhn.com)

Register with the company code: **placercounty**

## Available Programs

- Clinical counseling for the employee and their eligible dependents includes
  - Five face-to-face sessions, telephone or web-video consultations per individual, per issue, per plan year.
- Child care and eldercare assistance
- Financial service:
  - Budgeting, credit and financial questions, retirement planning
- Legal services
  - Civil, consumer and criminal law
  - Personal and family law, including adoption, divorce and custody issues
  - Financial, tax or business matters
  - Real estate
  - Estate planning
- Identify theft recovery service
- Daily living services
  - Help running errands
  - Planning an event or a vacation

\*MHN does not cover the cost nor guarantee delivery of vendors' services

To see a full list of provided services log onto the website.

# Payroll Calendar

#	PAY PERIOD	PAY DATE	HEALTH	#	PAY PERIOD	PAY DATE	HEALTH
<b>Fiscal Year 2016 - 2017</b>				<b>Fiscal 2017 - 2018</b>			
1	Jun 11 – Jun 24	July 8, 2016	Aug 2016	1	Jun 10 – Jun 23	July 7, 2017	Aug 2017
2	Jun 25 – Jul 8	July 22, 2016	Aug 2016	2	Jun 24 – Jul 7	July 21, 2017	Aug 2017
3	Jul 9 – Jul 22	August 5, 2016	Sep 2016	3	Jul 8 – Jul 21	August 4, 2017	Sep 2017
4	Jul 23 – Aug 5	August 19, 2016	Sep 2016	4	Jul 22 – Aug 4	August 18, 2017	Sep 2017
5	Aug 6 – Aug 19	September 2, 2016	Oct 2016	5	Aug 5 – Aug 18	September 1, 2017	Oct 2017
6	Aug 20 – Sep 2	September 16, 2016	Oct 2016	6	Aug 19 – Sep 1	September 15, 2017	Oct 2017
7	Sep 3 – Sep 16	September 30, 2016	No Health	7	Sep 2 – Sep 15	September 29, 2017	No Health
8	Sep 17 – Sep 30	October 14, 2016	Nov 2016	8	Sep 16 – Sep 29	October 13, 2017	Nov 2017
9	Oct 1 – Oct 14	October 28, 2016	Nov 2016	9	Sep 30 – Oct 13	October 27, 2017	Nov 2017
10	Oct 15 – Oct 28	November 11, 2016	Dec 2016	10	Oct 14 – Oct 27	November 10, 2017	Dec 2017
11	Oct 29 – Nov 11	November 25, 2016	Dec 2016	11	Oct 28 – Nov 10	November 24, 2017	Dec 2017
12	Nov 12 – Nov 25	December 9, 2016	Jan 2017	12	Nov 11 – Nov 24	December 8, 2017	Jan 2018
13	Nov 26 – Dec 9	December 23, 2016	Jan 2017	13	Nov 25 – Dec 8	December 22, 2017	Jan 2018
<b>Calendar Year 2017</b>				<b>Calendar Year 2018</b>			
14	Dec 10 – Dec 23	January 6, 2017	Feb 2017	14	Dec 9 – Dec 22	January 5, 2018	Feb 2018
15	Dec 24 – Jan 6	January 20, 2017	Feb 2017	15	Dec 23 – Jan 5	January 19, 2018	Feb 2018
16	Jan 7 – Jan 20	February 3, 2017	Mar 2017	16	Jan 6 – Jan 19	February 2, 2018	Mar 2018
17	Jan 21 – Feb 3	February 17, 2017	Mar 2017	17	Jan 20 – Feb 2	February 16, 2018	Mar 2018
18	Feb 4 – Feb 17	March 3, 2017	Apr 2017	18	Feb 3 – Feb 16	March 2, 2018	Apr 2018
19	Feb 18 – Mar 3	March 17, 2017	Apr 2017	19	Feb 17 – Mar 2	March 16, 2018	Apr 2018
20	Mar 4 – Mar 17	March 31, 2017	No Health	20	Mar 3 – Mar 16	March 30, 2018	No Health
21	Mar 18 – Mar 31	April 14, 2017	May 2017	21	Mar 17 – Mar 30	April 13, 2018	May 2018
22	Apr 1 – Apr 14	April 28, 2017	May 2017	22	Mar 31 – Apr 13	April 27, 2018	May 2018
23	Apr 15 – Apr 28	May 12, 2017	Jun 2017	23	Apr 14 – Apr 27	May 11, 2018	Jun 2018
24	Apr 29 – May 12	May 26, 2017	Jun 2017	24	Apr 28 – May 11	May 25, 2018	Jun 2018
25	May 13 – May 26	June 9, 2017	Jul 2017	25	May 12 – May 25	June 8, 2018	Jul 2018
26	May 27 – Jun 9	June 23, 2017	Jul 2017	26	May 26 – Jun 8	June 22, 2018	Jul 2018

# 2017 Provider Contact Information

PROVIDER	GROUP / ID#	PHONE	WEB ADDRESS
<b>HMO Medical</b>			
Anthem Blue Cross Traditional		855/839-4524	<a href="http://www.anthem.com/ca/calpers/HMO">www.anthem.com/ca/calpers/HMO</a>
Anthem Blue Cross Select		855/839-4524	<a href="http://www.anthem.com/ca/calpers/HMO">www.anthem.com/ca/calpers/HMO</a>
Blue Shield Access +	PH0001/SSN	800/334-5847	<a href="http://www.blueshieldca.com/calpers">www.blueshieldca.com/calpers</a>
Health Net SmartCare		888/926-4921	<a href="http://www.healthnet.com/calpers">www.healthnet.com/calpers</a>
Kaiser Permanente	00003-20/SSN	800/464-4000	<a href="http://www.kp.org/calpers">www.kp.org/calpers</a>
United Healthcare		877/359-3714 Members 888/867-5581 Retirees	<a href="http://www.uhc.com/calpers">www.uhc.com/calpers</a>
<b>PPO Medical</b>			
PERSCare	KB050L/SSN	877/737-7776	<a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a>
PERS Choice	CB050A/SSN	877/737-7776	<a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a>
PERS Select	PER-0111-SEL/SSN	877/737-7776	<a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a>
PORAC	336684/SSN	800/937-6722	<a href="http://www.porac.org">www.porac.org</a>
<b>Dental</b>			
Delta Dental	1985/SSN	800/765-6003	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
<b>Vision</b>			
Vision Service Plan (VSP)	12137687/SSN	800/877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Deferred Compensation</b>			
CalPERS/Voya 401(k) & 457	SSN	Richard Berg <a href="mailto:richard.berg@voya.com">richard.berg@voya.com</a> 888/713-8244 x5 (Direct) 800/260-0659 (Main)	<a href="https://calpers.voya.com">https://calpers.voya.com</a>
MassMutual 401(k) & 457	SSN	Jason Hughes <a href="mailto:jasonhughes@massmutual.com">jasonhughes@massmutual.com</a> 866/504-1182 (Direct) 888/811-4839 (Main)	<a href="http://www.massmutual.com/serve">www.massmutual.com/serve</a>
<b>Retirement</b>			
CalPERS	SSN/CalPERSID#	888/225-7377	<a href="http://www.calpers.ca.gov">www.calpers.ca.gov</a>
<b>Dependent Care/Medical Reimbursement - Flexible Spending Account</b>			
WageWorks	SSN	877/924-3967	<a href="http://www.wageworks.com">www.wageworks.com</a>
<b>Employee Assistance Program</b>			
MHN	placercounty	800/242-6220	<a href="http://www.members.mhn.com">www.members.mhn.com</a>

# 2017 Annual Notices



Annual Notices are effective:

Effective 01/01/2017 through 12/31/2017

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**If you and/or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 28 for more details.**

# Medicare and the Active Worker

If you are an active employee and have reached the age of 65, you may be wondering about Medicare. You should receive an advisory notice from Medicare about 4 months before your 65th birthday for your initial enrollment period. Here is some information that you should know about your Medicare options when working beyond age 65:

- You may not enroll in a Medicare Supplemental plan until you retire or are otherwise not eligible for the group plan.
- You have the option of enrolling in Medicare Part B (medical) coverage at your cost. If you do so, your Group Health medical plan remains your primary and Part B (which does have a fee involved) would coordinate as secondary coverage to your Group Health medical plan.
- When you reach age 65, you must complete the Group Health Certification of Medicare Status form to report either your enrollment in Medicare Part B or your deferment until retirement.
- Once you retire, you must sign up for Part B with Medicare during the eight months following the month that your group health plan coverage or employment ended (whichever is first), also known as the Special Enrollment Period.
- If you choose to defer Part B, please be aware that there may be a 10% federal surcharge added to the monthly premium for every 12 month period that you were qualified to sign up for Medicare but did not enroll.
- Upon retirement, you will be transferred to the Medicare plan, assuming that you meet other eligibility requirements.

For additional information on Medicare and your related benefit options, go to [www.medicare.gov](http://www.medicare.gov).

# Required Federal Notices

## Notice of Availability of HIPAA Notice

The Federal Health Insurance Portability and Accountability Act (HIPAA) require that we periodically remind you of your right to receive a copy of the Insurance Carriers' HIPAA Privacy Notices. You can request copies of the Privacy Notices by contacting Placer County's Human Resources Department at (530) 889-4060 or by mail 145 Fulweiler Avenue, Suite 200, Auburn, CA 95603.

## HIPAA Notice of Special Enrollment Rights for Medical/Health Plan Coverage

If you decline enrollment in the Placer County's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in the County's health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30 day timeframe, coverage will be effective the beginning of the month following the date of birth, adoption or placement for adoption. For all other qualifying events, coverage will be effective the first of the month following your request for enrollment. Request must be made within 60 days from the actual event. In addition, you may enroll in the CalPERS health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment rights, you may add the dependent to your current coverage or change to another health plan.

## The Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act (WHCRA) requires employer groups to notify participants and beneficiaries of the group health plan, of their rights to mastectomy benefits under the plan. Participants and beneficiaries have rights for coverage to be provided in a manner determined in consultation with the attending Physician for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and Treatment of physical complications of the mastectomy, including lymphedema.

These benefits are subject to the same deductible and co-payments applicable to other medical and surgical procedures provided under this plan. You can contact your health plan's Member Services for more information.

## Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator.

## Michelle's Law Notice

The CalPERS health plans may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from school. Coverage may continue for up to a year, unless your child's eligibility would end earlier for another reason. Extended coverage is available if a child's leave of absence from school — or change in school enrollment status (for example, switching from full-time to part-time status) — starts while the child has a serious illness or injury, is medically necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required. If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, Contact the Human Resources Department as soon as the need for the leave is recognized. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

# CHIPRA Notice

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [healthcare.gov](http://healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [insurekidsnow.gov](http://insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [askebsa.dol.gov](http://askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

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**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2017. Contact your State for more information on eligibility.**

<b>ALABAMA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
Website: <a href="http://www.myalhipp.com">www.myalhipp.com</a> Phone: 1-855-692-5447	Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150
<b>ALASKA – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a> Phone: 1-800-889-9949
<b>COLORADO – Medicaid</b>	<b>IOWA – Medicaid</b>
Medicaid Website: <a href="http://www.colorado.gov/hcpf">http://www.colorado.gov/hcpf</a> Medicaid Customer Contact Center: 1-800-221-3943	Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562
<b>FLORIDA – Medicaid</b>	<b>KANSAS – Medicaid</b>
Website: <a href="https://www.flmedicaidtprecovery.com/">https://www.flmedicaidtprecovery.com/</a> Phone: 1-877-357-3268	Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-800-792-4884
<b>KENTUCKY – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippa_pp.pdf">http://www.dhhs.nh.gov/oii/documents/hippa_pp.pdf</a> Phone: 603-271-5218
<b>LOUISIANA – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a> Phone: 1-888-695-2447	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/Medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/Medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>MAINE – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-977-6740 TTY 1-800-977-6741	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120	Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100

<b>MINNESOTA – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.dhs.state.mn.us/id_006254">http://www.dhs.state.mn.us/id_006254</a> Click on Health Care, then Medical Assistance Phone: 1-800-657-3739	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604
<b>MISSOURI – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MONTANA – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://medicaid.mt.gov/member">http://medicaid.mt.gov/member</a> Phone: 1-800-694-3084	Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijosaludablesoregon.gov">http://www.hijosaludablesoregon.gov</a> Phone: 1-800-699-9075
<b>NEBRASKA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633	Website: <a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a> Phone: 1-800-692-7462
<b>NEVADA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a> Phone: 401-462-5300
<b>SOUTH CAROLINA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820	Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282
<b>SOUTH DAKOTA - Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.hca.wa.gov/medicaid/Pages/index.aspx">http://www.hca.wa.gov/medicaid/Pages/index.aspx</a> Phone: 1-800-562-3022 ext. 15473

<b>TEXAS – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://www.dhhr.wv.gov/bms/">http://www.dhhr.wv.gov/bms/</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>UTAH – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: Medicaid: <a href="http://health.utah.gov/medicaid">http://health.utah.gov/medicaid</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-866-435-7414	Website: <a href="http://dhs.wisconsin.gov/badgercareplus/p-10095.htm">dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>VERMONT– Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="http://health.wyo.gov/healthcarefin/equalitycare">http://health.wyo.gov/healthcarefin/equalitycare</a> Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2015, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Services Employee Benefits Security Administration <a href="http://www.dol.gov/ebsa">www.dol.gov/ebsa</a> 1-866-444-EBSA (3272)	U.S. Department of Health & Human Services Centers for Medicare & Medicaid <a href="http://www.cms.hhs.gov">www.cms.hhs.gov</a> 1-877-267-2323, Menu Option 4, Ex. 61565
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OMB Control Number 1210-0137 (expires 10/31/2016)

# Medicare Part D Notice

Important Notice from Placer County about

Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Placer County has determined that the prescription drug coverage offered by CalPERS is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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## When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your Placer County's coverage will be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under Placer County is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Placer County's prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Placer County and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the Placer County's Human Resources Department for further information at (530) 889-4060.

**NOTE:** You will receive this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Placer County changes. You also may request a copy of this notice at any time.

### **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [medicare.gov](http://medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [socialsecurity.gov](http://socialsecurity.gov), or call them at 800-772-1213 (TTY 800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: January 1, 2017  
Name of Entity/Sender: Placer County  
Contact-Position/Office: Human Resources Department  
Address: 145 Fulweiler Avenue, Suite 200, Auburn, CA 95603  
Phone Number: (530) 889-4060

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# COBRA

## Model General Notice of COBRA Continuation Coverage Rights

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

### **You may have other options available to you when you lose group health coverage.**

For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

**What is COBRA continuation coverage?** COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary". You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualifying beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;

- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child"

## Affordable Care Act (ACA)

There may be other coverage options for you and your family. With key parts of the Affordable Care Act taking effect, you are able to buy individual coverage through the Health Insurance Marketplace called Covered California. In the Marketplace, you may also be eligible for a new kind of tax credit that lowers your monthly premium right away and you can see what your premium, deductible, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through Covered California. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days.

Open enrollment for health insurance coverage through the Marketplace begins on November 15, 2016, for coverage starting January 1, 2017. If you purchase a qualified health plan through the Marketplace, you may lose your employer's contributions to any health plan offered by the employer and that all, or a portion, of your employer's contribution may not be subject to federal income taxes. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [www.CoveredCA.com](http://www.CoveredCA.com) or [www.HealthCare.gov](http://www.HealthCare.gov) for more information.