

2021

Employee Benefits Guide



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What is Open Enrollment?

Open Enrollment is a once-a-year opportunity for benefit-eligible employees to enroll in or make changes to their health plan elections in Workday. If you are a benefit eligible employee, for the 2021 plan year, Open Enrollment runs from September 21, 2020 through October 16, 2020. Any elections made during Open Enrollment will go into effect January 1, 2021. Open Enrollment is the only time each year that you can change your health benefit elections unless you experience a [qualifying life event](#), such as marriage or the birth of a child.

What Can You Do During Open Enrollment?

- Enroll in or change your medical, dental, and/or vision coverage
- Add or remove [qualified dependents](#), including a spouse or state-registered domestic partner, to/from your health plans
- Waive your medical coverage if you are covered by another qualifying group medical plan
- Enroll or re-enroll in optional pre-tax savings programs such a Dependent Care and/or Medical Reimbursement Flexible Spending Account (FSA)
 - Per IRS policy, re-enrollment is required each year during Open Enrollment if you wish to contribute to these plans

The County of Placer contracts with CalPERS for its health plans. Information regarding the 2021 Health Plans can be viewed by clicking [HERE](#) and to check eligibility for health plans in your specific zip code by clicking [HERE](#).

Do I Need to Make Changes During Open Enrollment?

In most cases, participation in Open Enrollment is optional. If you are satisfied with your current health plan elections (excluding Flexible Spending Accounts), you do not need to make changes since your elections are considered "**evergreen elections**" and the IRS allows for them to roll over to the new plan year unless you elect to opt out and decline coverage. However, if you are currently enrolled in a [Medical Flexible Spending Account \(FSA\)](#) or [Dependent Care Flexible Spending Account](#), **you must re-enroll** every year during Open Enrollment in order to continue participation in the following year

Suggested Steps for Open Enrollment

If you wish to make changes to your health plan during Open Enrollment, the following simple steps will make your experience a positive one.

1. **Verify your address in Workday:** The benefit options you are offered are based on your home address, specifically your zip code. Make sure your address is current so that you are offered the correct benefit plan options. Refer to the “Edit Home Contact Information” section of the [Edit Personal Information](#) Workday Job Aide for step-by-step guidance.
2. **Prepare your dependent verification:** If you are planning to add any dependents (including your spouse or State Registered Domestic Partner) to your medical, dental, and/or vision plans, you must submit valid dependent verification into Workday. Click on the link for a list of items that qualify as [valid dependent verification documentation](#). We strongly recommend locating any documentation that you will need (See Page 5) and photograph or scan them so that they can be attached in Workday when submitting your election(s).
3. **Virtual Benefit Fair** – Due to the COVID-19 pandemic, most CalPERS health plans provided information and resources in multiple ways, including print and virtual formats such as videos, live webinars, as well as one-on-one phone and video assistance.
4. **Questions?** Contact the Placer County Human Resources open enrollment hot line as the dedicated email address if you have a question for a Human Resources benefit team member. For additional information, visit the Placer County Human Resources Employee Benefit webpage by clicking [HERE](#) or going to <https://www.placer.ca.gov/1715/Employee-Benefit-Information>.

Placer County Benefits Hotline – Call 530-889-4089
or email PCHRDBenefits@placer.ca.gov

How to Make Changes During Open Enrollment in workday.

Beginning September 21, 2020, you may make changes to your current elections by logging into [Workday](#), selecting the **Inbox**, then the **Open Enrollment Change** task.

If you choose to submit changes during Open Enrollment, you will be able to review your elections and submit additional Open Enrollment changes from **September 21 through 5:00 pm on October 16, 2020**. Your most recent submitted selections in Workday will be processed and effective on January 1, 2021.

IMPORTANT NOTE: Changes submitted in Workday require agreeing to an electronic acknowledgement and then clicking “Submit” for changes to be processed. Do not forget these critical last steps in the process.

Benefits Eligibility Enrollment Criteria

Dependent Type	Medical	Dental	Vision	Life	AD&D
Legal Spouse/Registered Domestic Partner ¹	Eligible	Eligible	Eligible	Eligible	Eligible
Children, unmarried ²	Eligible (up to age 26)	Eligible (up to age 26)	Eligible (up to age 26)	Eligible (up to age 23)	Eligible (up to age 26)
Children, married ²	Eligible (up to age 26)	Ineligible	Ineligible	Ineligible	Ineligible
Children, disabled – beyond age 26 ³	Eligible	Eligible	Eligible	Eligible	Eligible
Spouse beyond age 70	Eligible	Eligible	Eligible	Eligible	Ineligible
Former Spouse/Registered Domestic Partner	Ineligible	Ineligible	Ineligible	Ineligible	Ineligible
Children of former spouse/Registered Domestic Partner ⁴	Ineligible	Ineligible	Ineligible	Ineligible	Ineligible
Children, disabled – beyond age 26 who were never enrolled or deleted from coverage	Ineligible	Ineligible	Ineligible	Ineligible	Ineligible

¹ Registered Domestic Partners can be under the age of 62, pursuant to SB30.

² The definition of a dependent child includes natural child, stepchild, adopted child, children of a registered domestic partner, and certified parent-child relationship.

³ 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.

⁴ Includes former stepchildren, even if you have a court order requiring you to provide health insurance coverage.

Please note: Extended family members and foster children are ineligible for coverage. This includes mother, father, siblings, grandparents, in-laws, etc.

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.

Warning: It is a violation of all benefit plan provisions and California Public Employment Retirement Law to enroll, or maintain, ineligible persons as dependents. Upon discovery, coverage will be terminated back to the date of ineligibility and the employee will be held responsible to repay costs of all benefit premiums and services provided to the ineligible dependent(s).

Required Forms & Documentation

Click on Link to Access Form

Type of Change	Information & Supporting Documentation Required
Enrollment or change to Health Plan	<ul style="list-style-type: none"> • If completed in Workday: No Form needed due to Electronic Signature and Acknowledgment. • If <u>not</u> completed in Workday: CalPERS Health Benefits Plan Enrollment for Active Employees Form (HBD-12)
Add Spouse/Domestic Partner	<ul style="list-style-type: none"> • Full Name • Social Security Number • Date of Birth • Marriage Certificate or Domestic Partner Registration
Add Dependent Children	<ul style="list-style-type: none"> • Full Name • Social Security Number • Birth Certificate or Adoption Decree
In Lieu of Health Coverage	<ul style="list-style-type: none"> • If completed in Workday: No Form Needed due to Electronic Signature and Acknowledgment. • If <u>not</u> completed in Workday: Placer County Health Insurance Opt Out Form
Parent-Child Relationship	<ul style="list-style-type: none"> • Full Name • Social Security Number • Birth Certificate • Affidavit of Parent-Child Relationship

Qualified Life Event Changes Outside of Open Enrollment

Required Notification Deadlines

It is the employee's responsibility to submit the required notification of changes in Workday or complete and submit all required forms to the Human Resources Department within:

- 30 days of the qualifying life event date for all other benefit changes, and coverage becomes effective 30 days following the qualifying life event date
- 60 days of the qualifying life event date for health plan changes related to a qualifying life event, and coverage will become effective the first day of the month following HR's receipt of forms
 - **DIVORCE:** If your qualifying life event is a divorce, please contact Human Resources as soon as possible after the date the Decree is issued as a divorce. You must remove your ex-spouse from your health plan as required by California Public Employment Retirement Law. Your ex-spouse or registered domestic partner's entitlement to coverage ends at midnight on the last day of the month that your marriage dissolution is final.

You may make specific changes to your benefit plans related to 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
- Commencement or termination 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 for certain plans (example: transferring between Auburn and Tahoe)
- An unpaid leave of absence by either you, your spouse, or registered domestic partner
- A change in your dependent care only if you experience an applicable change in status event or there is a significant cost of coverage change

Warning: It is a violation of all benefit plan provisions and California Public Employment Retirement Law to enroll, or maintain, ineligible persons as dependents. Upon discovery, coverage will be terminated back to the date of ineligibility and the employee will be held responsible to repay costs of all benefit premiums and services provided to the ineligible dependent(s).

2021 HMO Health Plan Rates

Deductions for the 2021 plan year are effective 11/07/2020 (Pay Period 12 - Pay Date 12/04/2020)

HEALTH MAINTENANCE ORGANIZATIONS (HMOs) HMO Rates Part Time Rates Available on MyPlacer	2021 Employee Bi-Weekly Share	2021 County Bi-Weekly Share	2021 Total Bi-Weekly Premium	Employee Share % Change Over 2020
ANTHEM SELECT – Employee Only	92.56	371.35	463.91	6.5%
ANTHEM SELECT – Employee + 1 Dependent	185.12	742.70	927.82	6.5%
ANTHEM SELECT – Employee + Family	240.66	965.51	1,206.17	6.5%
ANTHEM TRADITIONAL – Employee Only	130.79	524.71	655.50	10.4%
ANTHEM TRADITIONAL – Employee + 1 Dependent	261.57	1049.43	1,311.00	10.4%
ANTHEM TRADITIONAL – Employee + Family	340.04	1,364.26	1,704.30	10.4%
BLUE SHIELD ACCESS+ – Employee Only	117.01	469.44	586.45	3.8%
BLUE SHIELD ACCESS+ – Employee + 1 Dependent	234.02	938.87	1,172.89	3.8%
BLUE SHIELD ACCESS+ – Employee + Family	304.22	1,220.53	1,524.75	3.8%
BLUE SHIELD TRIO – Employee Only	88.05	353.26	441.31	5.7%
BLUE SHIELD TRIO – Employee + 1 Dependent	176.10	706.51	882.61	5.7%
BLUE SHIELD TRIO – Employee + Family	228.93	918.47	1,147.40	5.7%
KAISER – Employee Only	81.36	326.43	407.79	5.9%
KAISER – Employee + 1 Dependent	162.73	652.86	815.59	5.9%
KAISER – Employee + Family	211.55	848.72	1,060.27	5.9%
UNITED HEALTH CARE – Employee Only	94.12	377.60	471.72	4.6%
UNITED HEALTH CARE – Employee + 1 Dependent	188.23	755.19	943.42	4.6%
UNITED HEALTH CARE – Employee + Family	244.70	981.75	1,226.45	4.6%
WESTERN HEALTH ADVANTAGE – Employee Only	75.70	303.72	379.42	3.4%
WESTERN HEALTH ADVANTAGE – Employee + 1 Dep	151.40	607.43	758.83	3.4%
WESTERN HEALTH ADVANTAGE – Employee + Family	196.83	789.66	986.49	3.4%

Traditional HMO plans 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.

2021 PPO Health Plan Rates

Deductions for the 2021 plan year are effective 11/07/2020 (Pay Period 12 - Pay Date 12/04/2020)

PREFERRED PROVIDER ORGANIZATIONS (PPOs) PPO Rates Part Time Rates Available on MyPlacer	2021 Employee Bi-Weekly Share	2021 County Bi-Weekly Share	2021 Total Bi-Weekly Premium	Employee Share % Change Over 2020
PERSCARE – Employee Only	129.47	519.43	648.90	14.3%
PERSCARE – Employee + 1 Dependent	258.94	1,038.86	1,297.80	14.3%
PERSCARE – Employee + Family	336.62	1,350.52	1,687.14	14.3%
PERSCARE (DSA ONLY) – Employee Only	356.04	292.86	648.90	14.3%
PERSCARE (DSA ONLY) – Employee+1 Dep	712.08	585.72	1,297.80	14.3%
PERSCARE (DSA ONLY) – Employee + Family	925.70	761.43	1,687.13	14.3%
PERS CHOICE – Employee Only	93.58	375.46	469.04	8.7%
PERS CHOICE – Employee + 1 Dependent	187.17	750.92	938.09	8.7%
PERS CHOICE – Employee + Family	243.32	976.19	1,219.51	8.7%
PERS SELECT – Employee Only	56.67	227.35	284.02	8.9%
PERS SELECT – Employee + 1 Dependent	113.33	454.70	568.03	8.9%
PERS SELECT – Employee + Family	147.33	591.10	738.43	8.9%
PORAC (DSA/SAFETY MGT ONLY) – Employee Only	79.90	320.56	400.46	3.2%
PORAC (DSA/SAFETY MGT ONLY) – Employee +1 Dep	172.50	692.07	864.57	1.5%
PORAC (DSA/SAFETY MGT ONLY) – Employee + Family	219.90	882.24	1,102.14	0.0%

Traditional PPO plans 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.

HMO and PPO Plans:

Rates and services are associated with your residence zip code or the employer zip code. For a list of plans available by zip code, click [HERE](#). Health Plans are available based on the employee's home or work location zip codes and may be limited in rural areas such as the Tahoe Area.

Premiums are paid over 24 pay periods. Please refer to the payroll calendar contained in this booklet to determine non-premium pay dates. Part-Time employees: In addition to the employee premium, part-time employees are responsible for a percentage of the employer premium based on the following: 20 to 20.99 weekly hours 50%, and 21 to 31.99 weekly hours 25% of the employer premium. The County pays 100% of the employer premium for weekly part-time hours 32 and over.

Health Opt Out Arrangement / In Lieu of Health (ILH)

Placer County provides its employees with health insurance coverage through the CalPERS Health Insurance Program. If you possess other group health plan coverage or other credible coverage may elect an opt out arrangement of the County health plan coverage and receive an In-Lieu of Health employer paid contribution to their 401(K) on their behalf.

If you elect to waive health coverage you must acknowledge that you are opting out and declining coverage in an offered CalPERS health insurance plan for yourself and your eligible tax dependents for the current health plan year. Further, you and all tax dependents are enrolled in other qualifying health insurance coverage that is deemed to be minimum essential coverage under the Affordable Care Act. This waiver is un-revocable, and you will be unable to elect coverage in a CalPERS health plan until the next open enrollment period for coverage effective the first of the following calendar year. The exception is if you experience and provides timely documentation of a qualifying event within 30 days of the qualifying event date (dental, vision & AD&D) and 60 days for medical.

Qualifying events include:

- Loss of other coverage. You and your eligible dependents can enroll if you lose other coverage. This does not apply if coverage was lost due to a failure to pay premiums timely or if coverage is terminated for cause.
- Experience a qualifying change in status, including marriage, divorce, a change in the your or spouse's employment status, or the spouse's open enrollment.
- Acquire a new dependent through marriage, birth, adoption, or placement for adoption.

If you opt-out and receive the County's 401(K) contribution, you cannot purchase other health insurance in the Marketplace, a state exchange, or through the individual insurance market.

401(k) contribution In Lieu of Health amounts for 2021:

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

To participate in the Health Opt Out Arrangement/ In Lieu of Health program, you will need to enroll through Workday during Open Enrollment by opening the Open Enrollment Inbox item, clicking on the "**Manage**" button under Medical, and waiving your current health plan. Then click on "**Enroll**" under the 401(k) ILH section and choose "**Select**". You will then continue with the submission.

Please Note:

Employees covered under a spouse's or domestic partner's group health plan are responsible for maintaining coverage in order to continue receiving ILH; separation or a change in marital status resulting in a loss of this coverage is a qualifying event and the employee discontinuing ILH must submit any required forms by the deadlines shown on Page 5 in order to enroll in insurance coverage

Dental Insurance (Provided by Delta Dental)

Deductions for the 2021 plan year are effective 12/19/2020 (Pay Period 15 - Pay Date 01/15/2021)

PPEO		Premiums & Limitations	
Annual Individual Coverage:		\$1,500	
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

DSA		Premiums & Limitations	
Annual Individual Coverage		\$1,500	
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

Confidential / Management		Premiums & Limitations	
Annual Individual Coverage		\$2,000	
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

Please Note:

Placer County's 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.deltadental.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 (Provided by VSP)

Deductions for the 2021 plan year are effective 12/19/2020 (Pay Period 15 - Pay Date 01/15/2021)

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

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 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 2021 plan year effective 12/19/2020 (Pay Period 15 - Pay Date 01/15/2021)

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 26 in amounts ranging from \$5,000 to \$25,000. One premium covers all children, but they must be enrolled to receive coverage. Placer County's AD&D policy requires that an employee first obtain individual supplemental coverage of at least \$25,000 prior to enrolling a spouse and/or child in supplemental 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	N/A	\$0.22	\$0.22
\$5,000	N/A	N/A	\$0.11

Supplemental Term Life Insurance

Placer County provides PPEO, DSA, Management and Confidential employees with a \$50,000 life insurance policy at no cost. Unclassified non-management employees are provided with a \$10,000 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. The employee must be enrolled in supplemental insurance in order to purchase insurance for spouse/registered domestic partner.

If electing supplemental life through the new hire process, an employee can elect within 30 days, with no approval process required. The coverage will begin 30 days following the employment 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 – Per Pay Period							
	Employee				Spouse		
Age	\$25,000	\$50,000	\$75,000	\$100,000	\$12,500	\$25,000	\$50,000
0-34	\$1.50	\$3.00	\$4.50	\$6.00	\$0.75	\$1.50	\$3.00
35-39	\$2.00	\$4.00	\$6.00	\$8.00	\$1.00	\$2.00	\$4.00
40-44	\$3.25	\$6.50	\$9.75	\$13.00	\$1.63	\$3.25	\$6.50
45-49	\$5.50	\$11.00	\$16.50	\$22.00	\$2.75	\$5.50	\$11.00
50-54	\$9.75	\$19.50	\$29.25	\$39.00	\$4.88	\$9.75	\$19.50
55-59	\$16.75	\$33.50	\$50.25	\$67.00	\$8.38	\$16.75	\$33.50
60-64	\$17.75	\$35.50	\$53.25	\$71.00	\$8.88	\$17.75	\$35.50
65-69	\$28.75	\$57.50	\$86.25	\$115.00	\$14.38	\$28.75	\$57.50
70 & Over	\$51.25	\$102.50	\$153.75	\$205.00	\$25.60	\$51.25	\$102.50
Schedule for Dependent Children – Per Pay Period							
		\$5,000	\$7,500	\$10,000			
Age 15 Days to 23 Years		\$0.50	\$0.75	\$1.00			

Cafeteria Plan (IRS Section 125)

A Cafeteria Plan is a reimbursement plan governed by IRS Section 125 which allows employees to contribute a specific amount of their gross income to a designated account or accounts on a pre-tax basis.

Employer Cafeteria Plan Calendar Year Contribution by Employee Group¹

- PPEO Miscellaneous Members – Receive a 6% bi-weekly contribution of the employee's base salary plus longevity
- PPEO Safety Members – Receive a 5% bi-weekly contribution of the employee's base salary plus longevity
- Management - Receives bi-weekly contribution of \$153.85
- Confidential – Receives bi-weekly contribution of \$110.00
- DSA – No employer contribution

¹ Percentage contributions are prorated based on actual paid hours. Changes to the plan are made annually during open enrollment or if there is a qualifying life event. Cafeteria contributions are non-PERSable income. Placer County Benefit Plans operate under the IRS Code Section 125 option which allows employees 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.

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 thereof. Management and Confidential employees may also elect to receive medical reimbursement.

Cash Option (Default) – 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. If no other choice is made for cafeteria plan funds, the distribution will default to this option.

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

FSA Medical Reimbursement (Management/Confidential only) – MUST RE-ENROLL EVERY YEAR. This option allows you to pay for out-of-pocket medical expenses using pre-tax dollars.

NOTE: Deferred Compensation (401(K) and 457) Enrollment is not part of the Cafeteria Plan or subject to Open Enrollment. Enrollment and contribution changes can be made year-round consistent with IRS rules. Should you receive an employer contribution to your cafeteria plan, the amount is part of your gross income and can be used as cash. As such, you may elect to put some or all of the contribution amount towards your personal contribution to a deferred compensation plan up to the IRS limit.

Dependent Care Flexible Spending Account (FSA)

Deductions for the 2021 plan year effective 12/19/2020 (Pay Period 15 - Pay Date 01/15/2021)

Important!

You must re-enroll each year in the Dependent Care FSA by selecting a contribution amount in Workday during the annual Open Enrollment period and submitting any required forms.

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 adult 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).

A qualifying individual includes a child if they meet all the following criteria:

- Qualify under IRS Code Section 152(a)(1) who has not attained age 13, but generally is a child of the employee or descendent of such child who shares the same principle place of abode with the employee for more than half the 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)
- Preschool
- Daycare services
- Care for physically or mentally impaired spouse
- Elder care
- Household services for qualified dependent

A qualifying individual includes an adult dependent if they meet all the following criteria:

- Are physically and/or mentally incapable of carrying for him or herself and has the same principal place of abode as the employee for more than one-half of such taxable year
- 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 childcare 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

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.

REQUIRED CALIFORNIA NOTICE:

California State Law requires employers to notify all employees who participate in a Flexible Spending Account (FSA) of any deadlines to withdraw funds before the end of the plan year as follows:

2021 Plan Year Deadlines:

- December 31, 2021 – Last day to expend FSA contributions. Any amount not expended by this date will be forfeited.
- March 31, 2022 – Last day to submit a 2021 claim for reimbursement

Medical Reimbursement Flexible Spending Account (FSA)

Deductions for the 2021 plan year effective 12/19/2020 (Pay Period 15 - Pay Date 01/15/2021)

Management/Confidential Employees Only

Important!

You must re-enroll each year in the medical reimbursement FSA by selecting a contribution amount in Workday during the annual Open Enrollment period and submitting any required forms.

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.

MEDICAL FSA - Total maximum annual contribution is \$2,750 with a \$500 cafeteria fund designation limit.

Partial List of Eligible Expenses

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

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, 2022, to submit your claims for expenses you had during the 2021 plan year; otherwise, any money left in your account will be forfeited.

REQUIRED CALIFORNIA NOTICE:

California State Law requires employers to notify all employees who participate in a Flexible Spending Account (FSA) of any deadlines to withdraw funds before the end of the plan year as follows:

2021 Plan Year Deadlines:

- December 31, 2021 – Last day to expend FSA contributions. Any amount not expended by this date will be forfeited.
- March 31, 2022 – Last day to submit a 2021 claim for reimbursement

401(k) & 457 Deferred Compensation

Placer County offers voluntary deferred compensation programs through Lincoln Financial Group including both pretax and Roth after-tax contributions. The traditional pretax contributions provide an income tax break right away while Roth contributions provide tax advantages in the future.

Pretax contribution options may be right for you if:

- You expect your income taxes to be lower in retirement; you may save by lowering your taxable income now and waiting to pay taxes on your savings until after you retire
- You have not prepared for retirement; saving on a pretax basis allows you to save in your plan while enjoying current tax savings

Roth contribution options may be right for you if:

- You expect your taxes to be higher in retirement; you may save by paying a lower tax rate on your savings today
- You have many years to build your savings; you'll pay income taxes on what you contribute today, but you may not pay income taxes on the earnings, which can add up over your working years
- Visit [IRS.gov](https://www.irs.gov) for more information about Roth contributions

2021 Plan Year

Minimum Contribution of \$10 per pay period

Maximum Contribution of \$19,500 per year

Note: If you are over age 50, you can contribute an additional "catch-up" amount of \$6,500 to your 401(k) and 457 plans, for a total contribution of \$26,000 per plan (Your maximum limit is automatically adjusted during the year you turn 50 – no forms are required). IRS limits are subject to change each year.

Please remember that if you receive an In Lieu of Health contribution, these funds will be placed in your 401(k) account along with any personal contributions you make.

Don't Procrastinate, Designate!

Designate a beneficiary today!

In the event of your death, ensure that your retirement savings go to the individual you want. Log onto Lincoln Financial at <https://LincolnFinancial.com> to designate your beneficiary. Lincoln Financial is the official record for beneficiary designations.



Bob Cowsert

Direct: 916-292-1031

Fax: 260-455-9671

Email: Bob.Cowsert@LFG.com

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

MHN is a free, confidential service – Available 24 hours a day, seven days a week by contacting:

1-800-242-6220

www.members.mhn.com

Register with company code: **placercounty**

Available Programs

- Clinical counseling for employees and members of their household to include:
 - Five face-to-face, telephone, or web-video consultations per individual, per issue, per plan year with an MHN network provider
- Childcare and adult care assistance
- Financial services
 - Budgeting, credit and financial questions; retirement planning
- Legal services
 - Initial free telephonic or face-to-face legal consultation per separate legal matter, with a network attorney
 - Civil, consumer and criminal law
 - Personal and family law, including adoption, divorce and custody issues
 - Financial, tax or business matters
 - Real estate
 - Estate planning
- Identity 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 services provided, log onto the website by clicking [HERE](#) (Company Code: placercounty).

Payroll Calendar

#	PAY PERIOD	PAY DATE	HEALTH	#	PAY PERIOD	PAY DATE	HEALTH
Fiscal Year 2020 - 2021				Fiscal Year 2021 - 2022			
1	Jun 6 – Jun 19	July 2, 2020	Aug 2020	1	Jun 5 – Jun 18	July 2, 2021	Aug 2021
2	Jun 20 – Jul 3	July 17, 2020	Aug 2020	2	Jun 19 – Jul 2	July 16, 2021	Aug 2021
3	Jul 4 – Jul 17	July 31, 2020	No Health	3	Jul 3 – Jul 16	July 30, 2021	No Health
4	Jul 18 – Jul 31	August 14, 2020	Sep 2020	4	Jul 17 – Jul 30	August 13, 2021	Sep 2021
5	Aug 1 – Aug 14	August 28, 2020	Sep 2020	5	Jul 31 – Aug 13	August 27, 2021	Sep 2021
6	Aug 15 – Aug 28	September 11, 2020	Oct 2020	6	Aug 14 – Aug 27	September 10, 2021	Oct 2021
7	Aug 29 – Sep 11	September 25, 2020	Oct 2020	7	Aug 28 – Sep 10	September 24, 2021	Oct 2021
8	Sep 12 – Sep 25	October 9, 2020	Nov 2020	8	Sep 11 – Sep 24	October 8, 2021	Nov 2021
9	Sep 26 – Oct 9	October 23, 2020	Nov 2020	9	Sep 25 – Oct 8	October 22, 2021	Nov 2021
10	Oct 10 – Oct 23	November 6, 2020	Dec 2020	10	Oct 9 – Oct 22	November 5, 2021	Dec 2021
11	Oct 24 – Nov 6	November 20, 2020	Dec 2020	11	Oct 23 – Nov 5	November 19, 2021	Dec 2021
12	Nov 7 – Nov 20	December 4, 2020	Jan 2021	12	Nov 6 – Nov 19	December 3, 2021	Jan 2022
13	Nov 21 – Dec 4	December 18, 2020	Jan 2021	13	Nov 20 – Dec 3	December 17, 2021	Jan 2022
14	Dec 5 – Dec 18	December 31, 2020	No Health	14	Dec 4 – Dec 17	December 31, 2021	No Health
Calendar Year 2021				Calendar Year 2022			
15	Dec 19 – Jan 1	January 15, 2021	Feb 2021	15	Dec 18 – Dec 31	January 14, 2022	Feb 2022
16	Jan 2 – Jan 15	January 29, 2021	Feb 2021	16	Jan 1 – Jan 14	January 28, 2022	Feb 2022
17	Jan 16 – Jan 29	February 12, 2021	Mar 2021	17	Jan 15 – Jan 28	February 11, 2022	Mar 2022
18	Jan 30 – Feb 12	February 26, 2021	Mar 2021	18	Jan 29 – Feb 11	February 25, 2022	Mar 2022
19	Feb 13 – Feb 26	March 12, 2021	Apr 2021	19	Feb 12 – Feb 25	March 11, 2022	Apr 2022
20	Feb 27 – Mar 12	March 26, 2021	Apr 2021	20	Feb 26 – Mar 11	March 25, 2022	Apr 2022
21	Mar 13 – Mar 26	April 9, 2021	May 2021	21	Mar 12 – Mar 25	April 8, 2022	May 2022
22	Mar 27 – Apr 9	April 23, 2021	May 2021	22	Mar 26 – Apr 8	April 22, 2022	May 2022
23	Apr 10 – Apr 23	May 7, 2021	Jun 2021	23	Apr 9 – Apr 22	May 6, 2022	Jun 2022
24	Apr 24 – May 7	May 21, 2021	Jun 2021	24	Apr 23 – May 6	May 20, 2022	Jun 2022
25	May 8 – May 21	June 4, 2021	Jul 2021	25	May 7 – May 20	June 3, 2022	Jul 2022
26	May 22 – Jun 4	June 18, 2021	Jul 2021	26	May 21 – Jun 3	June 17, 2022	Jul 2022

2021 Provider Contact Information

PROVIDER	GROUP / ID#	PHONE	WEB ADDRESS
HMO Medical			
Anthem Blue Cross Traditional		855/839-4524	www.anthem.com/ca/calpers
Anthem Blue Cross Select		855/839-4524	www.anthem.com/ca/calpers
Blue Shield Access +	PH0001/SSN	800/334-5847	www.blueshieldca.com/calpers
Blue Shield Trio		800/334-5847	www.blueshieldca.com/calpers
Kaiser Permanente	00003-20/SSN	800/464-4000	www.kp.org/calpers Member Login: https://healthy.kaiserpermanente.org
United Healthcare		877/359-3714 Members	www.uhc.com/calpers
Western Health Advantage		888/942-7377	www.westernhealth.com/calpers
PPO Medical			
PERSCare	KB050L/SSN	877/737-7776	www.anthem.com/ca/calpers
PERS Choice	CB050A/SSN	877/737-7776	www.anthem.com/ca/calpers
PERS Select	PER-0111-SEL/SSN	877/737-7776	www.anthem.com/ca/calpers
PORAC	336684/SSN	800/288-6928	www.ibtofporac.org
Dental			
Delta Dental	1985/SSN	800/765-6003	www.deltadental.com
Vision			
Vision Service Plan (VSP)	12137687/SSN	800/877-7195	www.vsp.com
Deferred Compensation			
Lincoln Financial Group 401(k) & 457		Bob Cowser 916-292-1031 (Direct) 800-234-3500 (Main) Bob.Cowser@LFG.com	www.lincolffinancial.com
Retirement			
CalPERS	SSN/CalPERSID#	888/225-7377	www.calpers.ca.gov
Employee Assistance Program			
MHN	placercounty	800/242-6220	www.members.mhn.com
Flexible Spending Accounts			
Discovery Benefits		866/451-3399	www.discoverybenefits.com

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Medicare Part D Notice

Important Notice from County of Placer 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 with County of Placer 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. County of Placer has determined that the prescription drug coverage offered by the 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.

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 County of Placer coverage **will not** 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 County of Placer 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 County of Placer prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

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 County of Placer and don't 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 County of Placer Human Resources Department for further information at (530) 889-4060.

NOTE: You'll get 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 County of Placer 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
- 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 at socialsecurity.gov, or call 800-772-1213 (TTY 800-325-0778).

NOTE: 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, 2021
Name of Entity/Sender:	County of Placer
Contact-Position/Office:	Human Resources Department
Address:	145 Fulweiler Ave, Suite 200, Auburn, CA 95603
Phone Number:	(530) 889-4060

CMS Form 10182-CC Updated April 1, 2011 According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, 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
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, please contact your health plan's member services for more information.

Newborns' and Mothers' Health Protection Act

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.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in County of Placer'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 County of Placer'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 60 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 60 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 60 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in County of Placer's 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 right, you may add the dependent to your current coverage or change to another health plan.

Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for County of Placer describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting County of Placer's Human Resources Department at (530) 889-4060 or by mail at 145 Fulweiler Avenue, Suite 200, Auburn, CA 95603.

Notice of Choice of Providers

The health plans offered by County of Placer through CalPERS generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact your insurance carrier directly.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the health plans offered by County of Placer or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in-network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact your insurance carrier directly.

Michelle's Law

The CalPERS plan 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, notify 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.

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 aren't eligible for Medicaid or CHIP, you won't 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 www.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](tel:1-877-KIDS-NOW) or www.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 aren't 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 www.askebsa.dol.gov or call [1-866-444-EBSA \(3272\)](tel:1-866-444-EBSA).

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, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	
Website: http://myalhipp.com/	Phone: 1-855-692-5447
ALASKA – Medicaid	
The AK Health Insurance Premium Payment Program	
Website: http://myakhipp.com/	
Phone: 1-866-251-4861	
Email: CustomerService@MyAKHIPP.com	
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	
ARKANSAS – Medicaid	
Website: http://myarhipp.com/	Phone: 1-855-MyARHIPP (855-692-7447)
CALIFORNIA – Medicaid	
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx	Phone: 1-800-541-5555
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	
Health First Colorado Website: https://www.healthfirstcolorado.com/	
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711	
CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus	
CHP+ Customer Service: 1-800-359-1991/ State Relay 711	
FLORIDA – Medicaid	
Website: http://flmedicaidprecovery.com/hipp/	Phone: 1-877-357-3268

GEORGIA – Medicaid	
Website: Medicaid https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp	
Phone: 678-564-1162 ext. 2131	
INDIANA – Medicaid	
Healthy Indiana Plan for low-income adults 19-64	
Website: http://www.in.gov/fsa/hip/	Phone: 1-877-438-4479
All other Medicaid	
Website: http://www.indianamedicaid.com	Phone 1-800-403-0864
IOWA – Medicaid	
Medicaid Website: https://dhs.iowa.gov/ime/members	Medicaid Phone: 1-800-338-8366
Hawki Website: http://dhs.iowa.gov/hawki	Phone: 1-800-257-8563
KANSAS – Medicaid	
Website: http://www.kdheks.gov/hcf/default.htm	Phone: 1-800-792-4884
KENTUCKY – Medicaid	
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:	
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx	Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov	
KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx	Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov/	
LOUISIANA – Medicaid	
Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp	
Phone: 1-888-342-6027 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	
MAINE – Medicaid	
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html	
Phone: 1-800-442-6003 TTY: Maine relay 711	
MASSACHUSETTS – Medicaid and CHIP	
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/	
Phone: 1-800-862-4840	
MINNESOTA – Medicaid	
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp	
Phone: 1-800-657-3739	
MISSOURI – Medicaid	
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	
Phone: 573-751-2005	
MONTANA – Medicaid	
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP	
Phone: 1-800-694-3084	
NEBRASKA – Medicaid	
Website: http://www.ACCESSNebraska.ne.gov	Phone: (855) 632-7633
Lincoln: (402) 473-7000	Omaha: (402) 595-1178
NEVADA – Medicaid	
Medicaid Website: http://dhcftp.nv.gov	Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	
Website: https://www.dhhs.nh.gov/oii/hipp.htm	Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218	
NEW JERSEY – Medicaid and CHIP	
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/	
Medicaid Phone: 609-631-2392	
CHIP Website: http://www.njfamilycare.org/index.html	
CHIP Phone: 1-800-701-0710	
NEW YORK – Medicaid	
Website: https://www.health.ny.gov/health_care/medicaid/	
Phone: 1-800-541-2831	

NORTH CAROLINA – Medicaid	
Website: https://dma.ncdhhs.gov/	Phone: 919-855-4100
NORTH DAKOTA – Medicaid	
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/	
Phone: 1-844-854-4825	
OKLAHOMA – Medicaid and CHIP	
Website: http://www.insureoklahoma.org	Phone: 1-888-365-3742
OREGON – Medicaid and CHIP	
Website: http://healthcare.oregon.gov/Pages/index.aspx	
http://www.oregonhealthcare.gov/index-es.html	
Phone: 1-800-699-9075	
PENNSYLVANIA – Medicaid	
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx	
Phone: 1-800-692-7462	
RHODE ISLAND – Medicaid and CHIP	
Website: http://www.eohhs.ri.gov/	
Phone: 855-697-4347 or 401-462-0311 (Direct Rite Share Line)	
SOUTH CAROLINA – Medicaid	
Website: https://www.scdhhs.gov	Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	
Website: http://dss.sd.gov	Phone: 1-888-828-0059
TEXAS – Medicaid	
Website: http://gethipptexas.com/	Phone: 1-800-440-0493
UTAH – Medicaid and CHIP	
Medicaid Website: https://medicaid.utah.gov/	
CHIP Website: http://health.utah.gov/chip	
Phone: 1-877-543-7669	
VERMONT– Medicaid	
Website: http://www.greenmountaincare.org/	Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm	Phone: 1-800-432-5924
CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm	Phone: 1-855-242-8282
WEST VIRGINIA – Medicaid	
Website: http://mywvhpp.com/	Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WASHINGTON – Medicaid	
Website: https://www.hca.wa.gov/	
Phone: 1-800-562-3022	
WISCONSIN – Medicaid and CHIP	
Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf	
Phone: 1-800-362-3002	
WYOMING – Medicaid	
Website: https://wyequalitycare.acs-inc.com/	
Phone: 307-777-7531	

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

ACA Disclaimer

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 9.78% of your modified adjusted household income.

Rev. 9/25/20

OMB Control Number 1210-0137 (expires
12/31/2023)