

2024

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 utilizing the Workday system. For the 2024 plan year, Open Enrollment runs from **September 18, 2023**, through **October 13, 2023**. Any elections made will go into effect plan year beginning January 1, 2024. Open Enrollment is the only time each year that you can change your benefit elections. The only exception is if 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 health, dental, and/or vision coverage.
- Add or remove [qualified dependents](#), including a spouse or state-registered domestic partner, to/from health plans.
- Waive health coverage if you are covered by another qualifying group health plan and provide reasonable evidence of having minimum essential coverage.
- Enroll or re-enroll in optional pre-tax savings programs such as 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 to offer health coverage. Information regarding the 2024 Health Plans can be viewed by clicking [HERE](#). The CalPERS 2024 Health Benefit Guide can be viewed by clicking [HERE](#). 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. You do not need to make changes to your current health plan elections if you are satisfied with them. Your elections are considered "evergreen elections." 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 enrolled in a [Medical Flexible Spending Account \(FSA\)](#) or [Dependent Care Flexible Spending Account](#) and want to continue participation in the following year, **you must re-enroll every year** during Open Enrollment.

Suggested Steps for Open Enrollment

If you wish to make changes to your health plan during Open Enrollment, please follow the steps below:

1. **Verify your address in Workday:** The benefit options offered to you are based on your home or work location zip code. Make sure your address is current, so 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 adding dependents to your health, dental, and/or vision plans, you must submit valid dependent verification into Workday. Dependents include your spouse or state registered domestic partner. 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) before getting started. You will need to photograph or scan the documentation to upload in Workday when submitting your election(s).
3. **Virtual Benefit Fair:** Most CalPERS health plans provide information and resources through print and virtual formats such as videos, and live webinars. One-on-one phone and video assistance may also be available.
4. **Questions:** Contact the Placer County Human Resources Open Enrollment hotline, or the dedicated email address listed below. 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 – 530-889-4089 or email PCHRDBenefits@placer.ca.gov

How to Make Changes During Open Enrollment



You may make changes to your current elections beginning **September 18, 2023, through 5:00 pm on October 13, 2023** by logging into [Workday](#), selecting the **Inbox**, and clicking on the **Open Enrollment Change** task. You will be able to review your elections and any changes submitted as well as make additional changes during this period.

Your most recent selections submitted in Workday will be processed and in effect for the plan year beginning January 1, 2024.

! IMPORTANT: Changes submitted in Workday require agreeing to an electronic acknowledgement and clicking "**Submit**" for changes to be processed. Do not forget this critical last step in the process.

You must



all elections and changes!

Benefits Eligibility Enrollment Criteria

Dependent Type	Health	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 A natural child, stepchild, adopted child, children of a registered domestic partner, or certified parent-child relationship.

³ Disabled children beyond age 26 who are unmarried and incapable of sustaining employment due to a physical or mental disability. The disability must have 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.

Ineligible Dependents/Dual Coverage: Extended family members such as mother, father, siblings, grandparents, in-laws, and foster children are ineligible for coverage. In addition, an eligible dependent of a Placer County employee cannot be covered both as an employee and dependent for all benefits.

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. 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 CalPERS Law to enroll, or maintain, ineligible persons as dependents. Upon discovery, coverage will be terminated back to the date of ineligibility. The employee will be held responsible to repay costs of all benefit premiums and services provided to the ineligible dependent(s).

Required Forms and Documentation

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 (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
Eligible Opt-Out of Health Coverage	<ul style="list-style-type: none"> • Waiving health coverage in Workday and acknowledging possession of other creditable coverage. • Providing evidence of other essential coverage for all dependents. • Completing the CalPERS form HBD-12 waiving coverage.
Parent-Child Relationship	<ul style="list-style-type: none"> • Full Name • Social Security Number • Birth Certificate • Affidavit of Parent-Child Relationship

Glossary of Health Coverage and Medical Terms

A glossary of common health coverage and medical terms is available by clicking [HERE](#). You may also contact the Human Resources Department. These terms and the examples provided may assist you with navigating your health benefit options.

Evidence of Coverage and Summary of Benefits

Evidence of Coverage and the Summary of Benefits and Coverage for offered health plans are available on the CalPERS website by clicking [HERE](#). You may also contact the Human Resources Department.

Qualified Life Event Changes Outside of Open Enrollment⁵

Required Notification Deadlines

It is your responsibility to submit the required notification of changes in Workday. You can also complete and submit all required forms to the Human Resources Department within:

- Thirty (30) days of the qualifying life event date for dental, vision, and supplemental AD&D. Coverage becomes effective thirty (30) days following the qualifying life event date.
- Sixty (60) days of the qualifying life event date for health plan changes related to a qualifying life event. Coverage will become effective the first day of the month following receipt of the forms by the Human Resources Department.
 - **Divorce:** Please contact Human Resources as soon as the date the Decree is issued as a divorce. California Public Employment Retirement Law requires that you remove your ex-spouse or registered domestic partner from your health plan. Your ex-spouse or registered domestic partner's 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 event¹, such as:

- A change in your legal marital status including marriage, divorce, death of your spouse, registering a domestic partner, or 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 including a reduction or increase in hours by you, your spouse, registered domestic partner, or eligible dependent
- A change in your residence
- An unpaid leave of absence by either you, your spouse, or registered domestic partner

⁵ ***The Public Employees' Medical and Hospital Care Act (PEMHCA) governs the CalPERS Health Program and is the approving authority for any life changes outside of open enrollment.***

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

Payroll Calendar

Fiscal Year 2023/2024			
PP#	Pay Period	Pay Date	Health Deduction
1	06/17/23 - 06/30/23	July 14, 2023	Aug-23
2	07/01/23 - 07/14/23	July 28, 2023	Aug-23
3	07/15/23 - 07/28/23	August 11, 2023	Sep-23
4	07/29/23 - 08/11/23	August 25, 2023	Sep-23
5	08/12/23 - 08/25/23	September 8, 2023	Oct-23
6	08/26/23 - 09/08/23	September 22, 2023	Oct-23
7	09/09/23 - 09/22/23	October 6, 2023	Nov-23
8	09/23/23 - 10/06/23	October 20, 2023	Nov-23
9	10/07/23 - 10/20/23	November 3, 2023	Dec-23
10	10/21/23 - 11/03/23	November 17, 2023	Dec-23
11	11/04/23 - 11/17/23	December 1, 2023 ⁶	Jan-24
12	11/18/23 - 12/01/23	December 15, 2023	Jan-24
13	12/02/23 - 12/15/23	December 29, 2023	None
Calendar Year 2024			
14	12/16/23 - 12/29/23	January 12, 2024 ⁷	Feb-24
15	12/30/23 - 01/12/24	January 26, 2024	Feb-24
16	01/13/24 - 01/26/24	February 9, 2024	Mar-24
17	01/27/24 - 02/09/24	February 23, 2024	Mar-24
18	02/10/24 - 02/23/24	March 8, 2024	Apr-24
19	02/24/24 - 03/08/24	March 22, 2024	Apr-24
20	03/09/24 - 03/22/24	April 5, 2024	May-24
21	03/23/24 - 04/05/24	April 19, 2024	May-24
22	04/06/24 - 04/19/24	May 3, 2024	Jun-24
23	04/20/24 - 05/03/24	May 17, 2024	Jun-24
24	05/04/24 - 05/17/24	May 31, 2024	None
25	05/18/24 - 05/31/24	June 14, 2024	Jul-24
26	06/01/24 - 06/14/24	June 28, 2024	Jul-24
Fiscal Year 2024/2025			
1	06/15/24 - 06/28/24	July 12, 2024	Aug-24
2	06/29/24 - 07/12/24	July 26, 2024	Aug-24
3	07/13/24 - 07/26/24	August 9, 2024	Sep-24
4	07/27/24 - 08/09/24	August 23, 2024	Sep-24
5	08/10/24 - 08/23/24	September 6, 2024	Oct-24
6	08/24/24 - 09/06/24	September 20, 2024	Oct-24
7	09/07/24 - 09/20/24	October 4, 2024	Nov-24
8	09/21/24 - 10/04/24	October 18, 2024	Nov-24
9	10/05/24 - 10/18/24	November 1, 2024	Dec-24
10	10/19/24 - 11/01/24	November 15, 2024	Dec-24
11	11/02/24 - 11/15/24	November 29, 2024	None
12	11/16/24 - 11/29/24	December 13, 2024	Jan-25
13	11/30/24 - 12/13/24	December 27, 2024	Jan-25
Calendar Year 2025			
14	12/14/24 - 12/27/24	January 10, 2025	Feb-25
15	12/28/24 - 01/10/25	January 24, 2025	Feb-25
16	01/11/25 - 01/24/25	February 7, 2025	Mar-25
17	01/25/25 - 02/07/25	February 21, 2025	Mar-25
18	02/08/25 - 02/21/25	March 7, 2025	Apr-25
19	02/22/25 - 03/07/25	March 21, 2025	Apr-25
20	03/08/25 - 03/21/25	April 4, 2025	May-25
21	03/22/25 - 04/04/25	April 18, 2025	May-25
22	04/05/25 - 04/18/25	May 2, 2025	Jun-25
23	04/19/25 - 05/02/25	May 16, 2025	Jun-25
24	05/03/25 - 05/16/25	May 30, 2025	None
25	05/17/25 - 05/30/25	June 13, 2025	Jul-25
26	05/31/25 - 06/13/25	June 27, 2025	Jul-25

⁶Medical changes made during Open Enrollment will be reflected on pay date 12/01/2023.

⁷Changes to the Dental, Vision, Supplemental AD&D, and/or Flexible Spending Accounts during Open Enrollment will be reflected on pay date 1/12/2024.

2024 HMO Health Plan Rates

Health Maintenance Organizations (HMO) plans require choosing a Primary Care Physician (PCP) from a network of local health care providers. Most of healthcare services will be coordinated through the PCP. When specialty care is needed, generally a referral from the PCP to an in-network specialist will be required. With HMOs, the out-of-pocket cost and monthly premiums are generally lower than a Preferred Provider Organization (PPO) plan.

Benefit Groups: Appointed & Elected Department Heads, Board of Supervisors, Confidential, Management, Safety Management, LEMA, PPEO¹, & Unclassified Non-Management

HEALTH MAINTENANCE ORGANIZATIONS (HMOs) Rates <i>Part Time Rates Available on MyPlacer</i>	2024 Employee Bi-Weekly Share	2024 County Bi-Weekly Share	2024 Total Bi-Weekly Premium	Employee Share % Change Over 2023
ANTHEM SELECT – Employee Only	113.89	457.37	571.26	0.9%
ANTHEM SELECT – Employee + 1 Dependent	227.77	914.73	1,142.50	0.9%
ANTHEM SELECT – Employee + Family	296.10	1,189.15	1,485.25	0.9%
ANTHEM TRADITIONAL – Employee Only	133.97	538.02	671.99	10.7%
ANTHEM TRADITIONAL – Employee + 1 Dependent	267.94	1,076.05	1,343.99	10.7%
ANTHEM TRADITIONAL – Employee + Family	348.32	1,398.86	1,747.18	10.7%
BLUE SHIELD ACCESS+ – Employee Only	107.68	432.46	540.14	4.0%
BLUE SHIELD ACCESS+ – Employee + 1 Dependent	215.37	864.92	1,080.29	4.0%
BLUE SHIELD ACCESS+ – Employee + Family	279.98	1,124.39	1,404.37	4.0%
BLUE SHIELD TRIO – Employee Only	94.68	380.25	474.93	6.5%
BLUE SHIELD TRIO – Employee + 1 Dependent	189.37	760.50	949.87	6.5%
BLUE SHIELD TRIO – Employee + Family	246.18	988.65	1,234.83	6.5%
KAISER – Employee Only	102.14	410.20	512.34	11.8%
KAISER – Employee + 1 Dependent	204.28	820.40	1,024.68	11.8%
KAISER – Employee + Family	265.57	1,066.52	1,332.09	11.8%
UNITED HEALTH CARE – Employee Only	109.11	438.20	547.31	4.5%
UNITED HEALTH CARE – Employee + 1 Dependent	218.23	876.40	1,094.63	4.5%
UNITED HEALTH CARE – Employee + Family	283.69	1,139.32	1,423.01	4.5%
WESTERN HEALTH ADVANTAGE – Employee Only	80.72	324.18	404.90	6.2%
WESTERN HEALTH ADVANTAGE – Employee + 1 Dep	161.45	648.37	809.82	6.2%
WESTERN HEALTH ADVANTAGE – Employee + Family	209.88	842.88	1,052.76	6.2%

Note: Health plans are associated with your residence zip code or the work location zip code. For a list of plans available by zip code, click [HERE](#). Plans may be limited in rural areas such as the Tahoe area. Premiums are paid over twenty-four (24) pay periods. Please refer to the payroll calendar contained in this booklet to determine non-premium pay dates.

2024 HMO Health Plan Rates – DSA

Benefit Group: Deputy Sheriff's Association (DSA)

HEALTH MAINTENANCE ORGANIZATIONS (HMOs) Rates <i>Part Time Rates Available on MyPlacer</i>	2024 Employee Bi-Weekly Share	2024 County Bi-Weekly Share	2024 Total Bi-Weekly Premium	Plan Premium % Change Over 2023
ANTHEM SELECT – Employee Only	197.03	374.22	571.25	0.9%
ANTHEM SELECT – Employee + 1 Dependent	292.06	850.44	1,142.50	0.9%
ANTHEM SELECT – Employee + Family	420.12	1,065.14	1,485.26	0.9%
ANTHEM TRADITIONAL – Employee Only	297.45	374.54	671.99	10.7%
ANTHEM TRADITIONAL – Employee + 1 Dependent	492.90	851.09	1,343.99	10.7%
ANTHEM TRADITIONAL – Employee + Family	681.21	1,065.97	1,747.18	10.7%
BLUE SHIELD ACCESS+ – Employee Only	166.02	374.12	540.14	4.0%
BLUE SHIELD ACCESS+ – Employee + 1 Dependent	230.04	850.25	1,080.29	4.0%
BLUE SHIELD ACCESS+ – Employee + Family	339.49	1,064.88	1,404.37	4.0%
BLUE SHIELD TRIO – Employee Only	101.02	373.91	474.93	6.5%
BLUE SHIELD TRIO – Employee + 1 Dependent	189.37	760.50	949.87	6.5%
BLUE SHIELD TRIO – Employee + Family	246.18	988.65	1,234.83	6.5%
KAISER – Employee Only	138.31	374.03	512.34	11.8%
KAISER – Employee + 1 Dependent	204.28	820.40	1,024.68	11.8%
KAISER – Employee + Family	267.44	1,064.65	1,332.09	11.8%
UNITED HEALTH CARE – Employee Only	173.17	374.15	547.32	4.5%
UNITED HEALTH CARE – Employee + 1 Dependent	244.33	850.29	1,094.62	4.5%
UNITED HEALTH CARE – Employee + Family	358.07	1,064.94	1,423.01	4.5%
WESTERN HEALTH ADVANTAGE – Employee Only	80.72	324.18	404.90	6.2%
WESTERN HEALTH ADVANTAGE – Employee + 1 Dep	161.45	648.37	809.82	6.2%
WESTERN HEALTH ADVANTAGE – Employee + Family	209.88	842.88	1,052.76	6.2%

Note: Health plans are associated with your residence zip code or the work location zip code. For a list of plans available by zip code, go to <https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates>. Plans may be limited in rural areas such as the Tahoe area. Premiums are paid over twenty-four (24) pay periods. Please refer to the payroll calendar contained in this booklet to determine non-premium pay dates.

2024 PPO Health Plan Rates

Preferred Provider Organizations (PPO) plans allow more flexibility and choices when it comes to health care options. Typically, a PPO plan offers health care through a network of health care providers. The plans allow for both in- or out-of-network doctors, specialists, or hospital visits. In most cases, a referral is not needed. With PPO plans, typically the out-of-pocket costs are greater than an HMO plan if you see an out-of-network doctor. Also, the monthly premiums tend to be higher.

Benefit Groups: Appointed & Elected Department Heads, Board of Supervisors, Confidential, Management, Safety Management, LEMA, PPEO¹, & Unclassified Non-Management

PREFERRED PROVIDER ORGANIZATIONS (PPOs) PPO Rates <i>Part Time Rates Available on MyPlacer</i>	2024 Employee Bi-Weekly Share	2024 County Bi-Weekly Share	2024 Total Bi-Weekly Premium	Employee Share % Change Over 2023
PERS Gold – Employee Only	91.48	367.39	458.87	10.8%
PERS Gold – Employee + 1 Dependent	182.96	734.78	917.74	10.8%
PERS Gold – Employee + Family	237.85	955.22	1,193.07	10.8%
PERS Platinum – Employee Only	131.43	527.81	659.24	9.5%
PERS Platinum – Employee + 1 Dependent	262.85	1,055.62	1,318.47	9.5%
PERS Platinum – Employee + Family	341.71	1,372.31	1,714.02	9.5%
Association Plan: - Peace Officers Research Association of California (PORAC) Members Only				
PORAC – Employee Only	93.10	373.89	466.99	12.9%
PORAC – Employee +1 Dep	211.70	850.19	1,061.89	12.9%
PORAC – Employee + Family	265.10	1,064.64	1,329.74	15.3%

2024 PPO Health Plan Rates - DSA

Benefit Group: Deputy Sheriff's Association (DSA)

PREFERRED PROVIDER ORGANIZATIONS (PPOs) Rates <i>Part Time Rates Available on MyPlacer</i>	2024 Employee Bi-Weekly Share	2024 County Bi-Weekly Share	2024 Total Bi-Weekly Premium	Plan Premium % Change Over 2023
PERS Gold – Employee Only	91.48	367.39	458.87	10.8%
PERS Gold – Employee + 1 Dependent	182.96	734.78	917.74	10.8%
PERS Gold – Employee + Family	237.85	955.22	1,193.07	10.8%
PERS Platinum – Employee Only	284.74	374.50	659.24	9.5%
PERS Platinum – Employee + 1 Dependent	467.47	851.01	1,318.48	9.5%
PERS Platinum – Employee + Family	648.15	1,065.87	1,714.02	9.5%
Association Plan: - Peace Officers Research Association of California (PORAC) Members Only				
PORAC – Employee Only	93.10	373.89	466.99	12.9%
PORAC – Employee +1 Dep	211.70	850.19	1,061.89	12.9%
PORAC – Employee + Family	265.10	1,064.64	1,329.74	15.3%

Benefit Premiums

Premiums are paid over twenty-four (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, permanent part-time employees are responsible for a percentage of the employer premium based on the following part-time benefit tiers:
 - 50% benefit = 20 to 20.99 hours/week
 - 75% benefit = 21 to 31.99 hours/week
 - 100% benefit = 32 + hours/week

Eligible Opt-Out of Health Coverage

Placer County provides benefit eligible employees with health insurance coverage through the CalPERS Health Insurance Program. Employees who possess other group health coverage may be eligible to opt out of the county offered health coverage. If opting out, you may receive an In-Lieu of Health (ILH) cash payment.

To decline enrollment in the County's health coverage, you must "Waive" the coverage in Workday during an Open Enrollment period and provide reasonable evidence that you, and any tax dependents, have, or will have minimum essential coverage (other than coverage through the individual market) during the period of coverage to which the opt-out arrangement applies. To initiate the process, access your Workday Inbox and click on the **Open Enrollment** item, then click on the "**Manage**" button under Medical, select "**Waive**," and continue with the submission process. The Human Resources Department will contact you with providing the documentation needed for proof of coverage.

If you Opt-out of health, you will be unable to elect coverage in a CalPERS health plan until the next open enrollment period or unless you experience a qualifying life event including:

- Loss of other coverage. (Not applicable if coverage was lost due to failure to pay premiums timely or terminated for cause.)
- A qualifying change in status such as marriage, divorce, a change in you or your spouse's employment status, or the spouse's open enrollment
- Acquiring a new dependent through marriage, birth, adoption, or placement for adoption

If you are covered under a spouse's or domestic partner's group health plan, you are responsible for maintaining coverage while receiving the ILH cash payment. Separation, or a change in marital status, resulting in a loss of this coverage is a qualifying life event. If you discontinue ILH, you must submit all required forms by the deadlines on pages 4 and 5 to enroll in health insurance coverage.

Eligible Opt-Out of Health Coverage / In-Lieu of Health cash payment per pay period⁸:

Deputy Sheriff's Association (DSA):	\$140
Law Enforcement Management Association (LEMA):	\$140
Placer Public Employee Organization (PPEO) ¹ :	\$140
Management/Safety Management:	\$140
Confidential:	\$140
Unclassified Non-Management:	\$140

⁸Amounts listed are for permanent full-time employment. Permanent part-time employment will be pro-rated based on scheduled hours.

Dental Insurance (Delta Dental)

PPEO ¹		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 / Safety Management / LEMA		Premiums & Limitations	
Annual Individual Coverage		\$2,500	
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

Ineligible Dependents/Dual Coverage: Extended family members such as mother, father, siblings, grandparents, in-laws, and foster children are ineligible for coverage. In addition, an eligible dependent that is also a Placer County employee cannot be covered both as an employee and dependent for all benefits. Placer County's dental coverage contains a 'non-duplication of coverage' clause. This 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 twenty-four (24) pay periods. Please refer to the payroll calendar contained in this booklet to determine non-premium pay dates.

Vision Insurance (Vision Service Plan)

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

Visit the Vision Service Plan (VSP) website at www.vsp.com for additional provider information and benefit eligibility. Premiums are paid over twenty-four (24) pay periods. Please refer to the payroll calendar contained in this booklet to determine non-premium pay dates.

Ineligible Dependents/Dual Coverage: Extended family members such as mother, father, siblings, grandparents, in-laws, and foster children are ineligible for coverage. In addition, an eligible dependent that is also a Placer County employee cannot be covered both as an employee and dependent for all benefits.

Accidental Death & Dismemberment (AD&D)

Placer County provides employees with \$10,000 [Accidental Death & Dismemberment \(AD&D\)](#) insurance at no cost. Additional AD&D insurance coverage is available for you to purchase, up to \$500,000. The additional coverage 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. This is to ensure that you continue to qualify for the AD&D amount you selected.

An employee first obtains individual supplemental coverage of at least \$25,000 prior to enrolling a spouse and/or child in supplemental coverage.

- AD&D insurance is also available to purchase for your spouse or registered domestic partner, up to age 70. Coverage amounts range from \$10,000 to \$300,000 but cannot exceed your coverage amount.
- For unmarried dependent children up to age 26, coverage amounts range from \$5,000 to \$25,000. One premium covers all children, but each child must be enrolled to receive coverage.

Note: 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

Ineligible Dependents/Dual Coverage: Extended family members such as mother, father, siblings, grandparents, in-laws, and foster children are ineligible for coverage. In addition, an eligible dependent that is also a Placer County employee cannot be covered both as an employee and dependent plan for all benefits. For employees married/domestic partners to another Placer County employee, only one may elect child coverage.

Supplemental Term Life Insurance

Placer County provides PPEO¹, DSA, LEMA, Management, Safety 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.

You can apply for supplemental life insurance coverage at any time. Supplemental life insurance coverage is available in amounts up to \$100,000. Life insurance is also available to purchase for a spouse, registered domestic partner and unmarried dependent children. Coverage amounts for a spouse or registered domestic partner range from \$12,500 to \$50,000 but cannot exceed half of the employee's coverage amount. Coverage amounts for unmarried dependent children up to age 23 range from \$5,000 to \$10,000. You must be enrolled in supplemental life insurance to purchase insurance for your spouse/ registered domestic partner.

A newly hired employee can elect supplemental life insurance within thirty (30) days of hire with no approval process required. The coverage will begin thirty (30) days following the employment hire date. Outside of the new hire process, you must complete an application and submit a request to the insurer. The application form is located on the County website at www.placer.ca.gov/1753/Life-Insurance. Coverage will begin the first of the month following approval by the insurer.

Note: 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				

Ineligible Dependents/Dual Coverage: Extended family members such as mother, father, siblings, grandparents, in-laws, and foster children are ineligible for coverage. In addition, an eligible dependent that is also a Placer County employee cannot be covered both as an employee and dependent for all benefits. For employees married/domestic partners to another Placer County employee, only one may elect child coverage.

Cafeteria Plan (IRS Section 125)

A cafeteria plan is governed by IRS Section 125.

Employer Cafeteria Plan Calendar Year Contribution by Employee Group (Bi-Weekly)⁹:

- PPEO¹ Miscellaneous Members 6% of the employee's base salary
- PPEO Safety Members 5% of the employee's base salary
- Management/Safety Management \$192.31
- Confidential \$153.85

Placer County offers the following cafeteria plan options:

Cash (Default) – You will receive the cafeteria plan funds via your bi-weekly paycheck. This is considered taxable income and associated payroll taxes will be deducted.

Cafeteria plan funds can offset a 401(k) contribution, dependent care reimbursement, or any combination thereof. PPEO¹, Management, Safety Management, and Confidential employees may also use these funds to offset reimbursement for qualified medical expenses by enrolling in the County's Medical Flexible Spending Account (FSA).

FSA Dependent Care Reimbursement (All Groups) – MUST RE-ENROLL EVERY YEAR. For more information, see pages 19-20.

FSA Medical Reimbursement (PPEO¹/Management/Safety Management/LEMA/Confidential only) – MUST RE-ENROLL EVERY YEAR. For more information, see page 20.

Note: Deferred Compensation (401(k) and 457(b)) enrollment and contribution changes can be made year-round consistent with IRS rules. For more information, see page 21.

⁹ Percentage contributions are prorated based on actual paid hours. Changes to the plan can be made during an annual Open Enrollment or a qualifying life event. Cafeteria contributions are non-PERSable income. Placer County benefit plans operate under the IRS Code Section 125. This allows you to enroll and offset your 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. An exception is allowed for qualifying life events.

Dependent Care Flexible Spending Account (FSA)



IMPORTANT: You must re-enroll each year in the Dependent Care FSA. This is done by selecting a contribution amount in Workday during the annual Open Enrollment period. You must also submit all 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. For example, an eligible expense may include child or adult day care which allows you and/or your spouse to work. If divorced or legally separated, 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)



Do not overestimate your annual contribution. You must designate your annual contribution during the Open Enrollment period. This amount cannot be adjusted during the plan year unless you have a qualifying life event. If you have a qualifying life event you have thirty (30) days from the date of the event to make an enrollment or change. You will only be reimbursed for actual expenses with any unused funds forfeited, per IRS rules.

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 place of abode with the employee for more than half the year
- A U.S. 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
- 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:

- Physically and/or mentally incapable of carrying for themselves and has the same principal place of abode as the employee for more than one-half of such taxable year
- A U.S. 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}

Required California Notice


California State law requires employers to notify employee participants of fund withdrawal deadlines before the end of the plan year.

2024 Plan Year Deadlines:

- December 31, 2024 – Last day to expend FSA contributions. Any amount not expended by this date will be forfeited.
- March 31, 2025 – Last day to submit a 2024 claim for reimbursement.

Medical Reimbursement Flexible Spending Account (FSA)


PPEO¹/ LEMA/Management/Safety Management/Confidential Employees Only

 **IMPORTANT:** You must re-enroll each year in the Medical Reimbursement FSA. This is done by selecting a contribution amount in Workday during the annual Open Enrollment period. You must also submit 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 expenses. Expenses include medical, dental, and vision care expenses that are not covered by your insurance plan or elsewhere.

2024 Plan Year:

- **Total maximum annual contribution:** \$3,050 with a \$500 cafeteria fund designation limit

 **Do not overestimate your annual contribution.** You must designate your annual contribution during the Open Enrollment period. This amount cannot be adjusted during the plan year unless you have a qualifying life event. If you have a qualifying life event you have thirty (30) days from the date of the event to make an enrollment or change. You will only be reimbursed for actual expenses with any unused funds forfeited, per IRS rules.

Partial List of Eligible Expenses:

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

Required California Notice

California State law requires employers to notify employee participants of fund withdrawal deadlines before the end of the plan year.

2024 Plan Year Deadlines:

- December 31, 2024 – Last day to expend FSA contributions. Any amount not expended by this date will be forfeited.
- March 31, 2025 – Last day to submit a 2024 claim for reimbursement.

Deferred Compensation - 401(k) and 457(b) Plans

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

Traditional Pre-tax 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 wait to pay taxes on your savings after you retire.
- You have not prepared for retirement. Saving on a pre-tax basis allows you to save 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. This can add up over your working years.
- Visit [IRS.gov](https://www.irs.gov) for more information about Roth contributions.

2024 Plan Year Contributions:

- **Minimum Contribution** \$10 per pay period
- **Maximum Contribution** \$23,000 per year

Note: If you are over 50, you can contribute an additional "catch-up" amount of \$7,500 to your 401(k) and/or 457(b) plans resulting in a total contribution limit of \$30,500 for the calendar year per plan. Your maximum limit is automatically adjusted during the year you turn 50. IRS limits are subject to change each year.

2024 Calendar Year: Deferred Compensation Change Event Date w/ Paycheck Date

Pay Period	401 (K)		457	
	401 (K) "Event Date" Falls within these Pay Period	401 (K) Paycheck Deduction Change Date	457 "Event Date" Falls within the following Months	457 Paycheck Deduction Change Date
15	Dec 16 - Dec 29	01/12/24	January	02/23/2024
16	Dec 30 - Jan 12	01/26/24	February	03/22/2024
17	Jan 13 - Jan 26	02/09/24	March	04/19/2024
18	Jan 27 - Feb 09	02/23/24	April	05/17/2024
19	Feb 10 - Feb 23	03/08/24	May	06/28/2024
20	Feb 24 - Mar 08	03/22/24	June	07/26/2024
21	Mar 09 - Mar 22	04/05/24	July	08/23/2024
22	Mar 23 - April 05	04/19/24	August	09/20/2024
23	April 06 - April 19	05/03/24	September	10/18/2024
24	April 20 - May 03	05/17/24	October	11/15/2024
25	May 04 - May 17	05/31/24	November	12/27/2024
26	May 18 - May 31	06/14/24	December	01/24/2025
27	June 01 - June 14	06/28/24		
1	June 15 - June 28	07/12/24		
2	June 29 - July 12	07/26/24		
3	July 13 - July 26	08/09/24		
4	July 27 - Aug 09	08/23/24		
5	Aug 10 - Aug 23	09/06/24		
6	Aug 24 - Sept 06	09/20/24		
7	Sept 07 - Sept 20	10/04/24		
8	Sept 21 - Oct 04	10/18/24		
9	Oct 05 - Oct 18	11/01/24		
10	Oct 19 - Nov 01	11/15/24		
11	Nov 02 - Nov 15	11/29/24		
12	Nov 16 - Nov 29	12/13/24		
13	Nov 30 - Dec 13	12/27/24		



Bob Cowser
 Direct: 916-292-1031
 Fax: 260-455-9671
 Email: Bob.Cowser@LFG.com

Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) is a benefit provided by the county at no cost to you and include a variety of confidential services to navigate life's more challenging moments including coaching, parenting and childcare needs, eldercare resources, financial coaching, and legal consultation for all permanent county employees.

On July 1, 2023, the County transitioned the employee assistance program to Concern EAP. Services are provided by Concern twenty-four (24) hours a day, seven days a week.

1-800-344-4222

www.employees.concernhealth.com

Register with company code: **placercounty**

Confidential counseling services are available via in-person, video, telephone, text, and live chat as follows:

- Up to 5 visits per incident for **all permanent employees** and their eligible dependents
 - Access by utilizing the digital platform or calling 1-800-344-4222 utilizing the company code: placercounty

- Up to 10 visits per incident for law enforcement **First Responder** employees and their spouse/domestic partner
 - Includes access to Concern EAP's culturally competent provider network and critical incident stress debriefing services
 - Access the expanded First Responder EAP benefits by calling 1-800-344-4222 and utilizing the company code: placercounty and "First Responder" designation. The digital platform is not available for the First Responder counseling services.

Available Programs:

- [Clinical counseling](#) for employees and qualifying family members

- [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](#)

2024 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	682301	877/359-3714 Members 888/867-5581 Retirees	www.uhc.com/calpers
Western Health Advantage		888/942-7377	www.westernhealth.com/calpers
PPO Medical			
PERS Platinum	KB050L/SSN	877/737-7776	www.anthem.com/ca/calpers
PERS Gold	PER-0111-SEL/SSN	877/737-7776	www.anthem.com/ca/calpers
PORAC	336684/SSN	800/288-6928	www.ibtoforac.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 (b)		Bob Cowser 916-292-1031 (Direct) 800-234-3500 (Main) Bob.Cowser@LFG.com	www.lfg.com
Retirement			
CalPERS	SSN/CalPERS ID#	888/225-7377	www.calpers.ca.gov
Employee Assistance Program			
Concern EAP	placercounty	800/344-4222	www.concernhealth.com
Flexible Spending Accounts			
WEX Benefits		1-833-225-5939	WEX Benefits Login WEX customer login WEX Inc.

Annual Notices

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2024 Summary of Benefits and Coverage Notice

Choosing your health plan is an important decision. To assist you with this process, each health plan available through the California Public Employees' Retirement System has produced a Summary of Benefits and Coverage (SBC). In addition, the federal government has compiled a glossary of common health insurance terms. Together, these documents provide important information to help you better understand your health benefit coverage and more easily compare health plan options.

To view the SBCs and glossary online, visit www.calpers.ca.gov on the **Plans & Rates** page⁹ (subsection **Health Plans**), or visit any of the health plan websites below. To request a free paper copy of the SBC and glossary, contact each health plan directly.

Anthem Blue Cross HMO & EPO
(855) 839-4524
www.anthem.com/ca/calpers

Kaiser Permanente
(800) 464-4000
www.kp.org/calpers

Blue Shield of California
(800) 334-5847
www.blueshieldca.com/calpers

**Peace Officers Research Association
of California¹⁰**
(800) 288-6928
<http://ibtporac.org>

**California Association
of Highway Patrolmen¹⁰**
(800) 734-2247
www.thecahp.org

PERS Gold & PERS Platinum
(877) 737-7776
www.anthem.com/ca/calpers

**California Correctional Peace
Officers Association²**
(800) 257-6213
www.ccpoabtf.org

Sharp Health Plan
(855) 995-5004
www.sharphealthplan.com/calpers

Health Net of California
(888) 926-4921
www.healthnet.com/calpers

UnitedHealthcare
(877) 359-3714
www.uhc.com/calpers

Western Health Advantage
(888) 942-7377
www.westernhealth.com/calpers

⁹<https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates>

¹⁰To enroll in these health plans, you must belong to the specific employee association and pay applicable dues.

Medicare Part D Notice

Please read this notice carefully and keep it where you can find it. It has information about your current prescription drug coverage with County of Placer and your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining a Medicare drug plan, you should compare it with your current coverage. Include which drugs are covered, at what cost, with the coverage and costs of the 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. For example, 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 health plans is Creditable Coverage. This means it is as good as Medicare prescription drug coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage. You will 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. You can join each subsequent 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 sixty-three (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 sixty-three (63) continuous days or longer without creditable prescription drug coverage, your monthly premium may go up. The amount may be at least 1% of Medicare's base beneficiary premium

per month for every month that you did not have coverage. The following is an example. If you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than Medicare's base beneficiary premium. You may have to pay this higher premium (a penalty) if 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 Human Resources Department at the phone number and address below.

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

More Information About Your Options Under Medicare Prescription Drug Coverage

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

If you have limited income and resources, assistance paying for Medicare prescription drug coverage is available by visiting the Social Security website at [socialsecurity.gov](https://www.socialsecurity.gov), or calling 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, 2024
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

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; and
- 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 at 530-889-4060.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in County of Placer's health plans for you or your dependents (including your spouse) because of other health insurance or group health plans 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 sixty (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 sixty (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 sixty (60) days after the loss of such coverage.

If you request a change due to a special enrollment event within the sixty (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 sixty (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 have options. You may add the dependent to your current coverage, or you may 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. The phone number is (530) 889-4060 and the mailing address is 145 Fulweiler Avenue, Suite 200, Auburn, CA 95603.

Notice of Choice of Providers

The health plans offered by County of Placer through CalPERS generally require the designation of a primary care provider. You have the right to designate any primary care provider (PCP) who participates in our network. Make sure to confirm that the PCP is available to accept you or your family members. For information on how to select a primary care provider, and for a list of 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. This includes 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 County of Placer's offered CalPERS 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, notify Human Resources Department in writing 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)

Your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. You or your children must be eligible for Medicaid or CHIP and be eligible for health coverage from your employer. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs. However, 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 sixty (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-3272).

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 July 31, 2023. Contact your State for more information on eligibility.

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhhip.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid	LOUISIANA – 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: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

<p align="center">MAINE – Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/mashealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspreassistance@accenture.com</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPProgram@mt.gov</p>	<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>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</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>
<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p align="center">OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>

PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, 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. The Federal agency must display a currently valid OMB control number. 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 ebssa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

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 8.39% in 2024 of your modified adjusted household income.