

2018

Employee Benefits Guide



Contents

Welcome	1
Benefits Eligibility Enrollment Criteria	2
ACORN eBenefits.....	3
Required Forms	4
Qualified Life Event Changes Outside of Open Enrollment.....	5
2018 HMO Health Plan Rates	6
2018 PPO Health Plan Rates.....	7
In Lieu of Health (ILH) Plan	8
Dental Insurance (Provided by Delta Dental).....	9
Vision Insurance (Provided by VSP).....	10
Accidental Death & Dismemberment (AD&D)	11
Supplemental Term Life Insurance	12
Cafeteria Plan (IRS Section 125).....	13
Dependent Care Flexible Spending Account (FSA)	14
Dependent Care Flexible Spending Account (FSA)...Continued	15
Medical Reimbursement Flexible Spending Account (FSA)	16
401(k) & 457 Deferred Compensation.....	17
Employee Assistance Program (EAP) Managed Health Network (MHN).....	18
Payroll Calendar.....	19
2018 Provider Contact Information.....	20
2018 Annual Notices.....	21
Medicare and the Active Worker	23
Notice of Choice of Providers.....	24
Required Federal Notices	25
Notice of Availability of HIPAA Notice	25
HIPAA Notice of Special Enrollment Rights for Medical/Health Plan Coverage	25
The Women’s Health and Cancer Rights Act	26
Newborns’ and Mothers’ Health Protection Act Notice	26
Michelle’s Law Notice	26
Rights Of Victims Of Domestic Violence & Sexual Assault	27
CHIPRA Notice	28
Medicare Part D Notice.....	32
COBRA.....	35
Affordable Care Act (ACA)	36

Welcome

Welcome to the 2018 Employee Benefits Guide, your single source document for the information you need to make informed decisions about your benefits for yourself and your family. The 2018 Employee Benefits Guide is a summary of your benefit choices including: health, dental, vision, life and accidental death and dismemberment insurance(s), deferred compensation, flexible spending accounts and cafeteria plans.

When can I make changes to my benefits?

- **2018 Plan Year Open Enrollment - September 11 through October 6, 2017**

During the annual benefits open enrollment period with coverage changes effective January of the next calendar year.

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

If you have a qualifying life event during the 2018 plan year and wish to make changes to your benefits, it is the employee's responsibility to submit the required documentation to the Human Resources Department by the established deadline. Please refer to the Qualified Life Event Changes section for more information on qualifying events.

Easily Make Changes

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

Dependent Eligibility

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

CalPERS Tools to Help You Choose the Right Health Plan

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



QR Scan to link to the County's Employee Benefits Page.

Benefits Eligibility Enrollment Criteria

Eligible Dependents

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

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

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

Dependent Eligibility Verification Process

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

Note: It is a violation of all benefit plan provisions to knowingly enroll ineligible persons as dependents. Upon discovery, coverage will be terminated, and the employee may be held responsible by the health care provider for costs of all services provided to the person determined for be falsely enrolled. Premiums paid to cover an ineligible person will not be reimbursed to the employee.

Ineligible Dependents

Ineligible dependents include:

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

ACORN eBenefits

Making Changes or Reviewing Your Benefits & Beneficiary Designation(s) Online

Throughout the year, you may access ACORN eBenefits to take advantage of the self-service options to update your personal information, beneficiary designation(s) and make qualifying life event changes. Updates to your dependent coverage may be an option depending on the type of change you are making.

It is the employee's responsibility to submit all required forms to the Human Resources Department within 60 days of the event date for health plan changes related to a qualifying life event. All other benefit change forms (i.e., Dental, Vision, life insurance), must be received by the Human Resource Department within 30 days of the qualifying event(s).

Self-service user guides are available on the County's website. Navigate to the County's public facing webpage at www.placer.ca.gov. Click on the Employee Self-Service link at the bottom of the page. Then click on the ACORN System link. User Guides are located under "ACORN HOW-TO DOCUMENTATION".

Qualifying life events often impact an individual's beneficiary designations. Employees are encouraged to review and update them on an annual basis.

Easy and secure ACORN access from any device with Internet access.
Scan the code below or click [HERE](#).



✓ From Any Placer County Workstation:

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

✓ From any computer that has an internet connection:

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

Required Forms

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

Type of Change	Information/Forms Required
Enrollment or change to Health Plan	<ul style="list-style-type: none"> • Declaration of Health Coverage
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"> • Proof of Other Group Health Coverage • 401(k) Enrollment Form or 401(k) Participant Change/Contribution Form • Declaration of Health Coverage • Health Opt Out Form
Parent-Child Relationship	<ul style="list-style-type: none"> • Full Name • Social Security Number • Birth Certificate • Affidavit of Parent-Child Relationship
Enrollment with HMO	<ul style="list-style-type: none"> • Personal Physician Selection Form – we recommend you validate your physician is accepting new patients and is in your desired health plan
Supplemental Life Insurance	<ul style="list-style-type: none"> • Application
401(k) & 457 – Enrollment and/or changes to Deferred Compensation	<ul style="list-style-type: none"> • Enrollment Form • Participant change/contribution form

Qualified Life Event Changes Outside of Open Enrollment

Required Notification Deadlines

It is the employee's responsibility to submit all required forms to the Human Resources Department within:

- 60 days of the qualifying event date for health plan changes related to a qualifying life event. Coverage will become effective the first day of the month following HR's receipt of forms.
- 30 days of the qualifying event date for all other benefit changes. Coverage becomes effective 30 days following the qualifying event date.

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
- Termination or commencement of employment by you, your spouse, registered domestic partner, or dependent
- A significant change in your work schedule, such as a reduction or increase in hours by you, your spouse, registered domestic partner, or eligible dependent
- A change in your residence
- A worksite change between regions may affect your eligibility for certain plans (example: transferring between Auburn and Tahoe)
- An unpaid leave of absence by either you, or your spouse, or registered domestic partner
- A change in your dependent care provider that increases the cost of dependent care

2018 HMO Health Plan Rates

Deductions for the 2018 plan year effective 11/11/2017 (Pay Period 12 - Pay Date 12/08/2017)

HEALTH MAINTENANCE ORGANIZATIONS (HMOs) HMO Rates Part Time Rates Available on iPlacer	2018 Employee Bi-Weekly Share	2018 County Bi-Weekly Share	2018 Total Bi-Weekly Premium	Employee Share % Change Over 2017
BLUE SHIELD ACCESS+ - Employee Only	80.94	323.75	404.69	-6.11%
BLUE SHIELD ACCESS+ - Employee + 1 Dependent	161.87	647.50	809.37	-6.12%
BLUE SHIELD ACCESS+ - Employee + Family	210.44	841.75	1052.19	-6.11%
KAISER – Employee Only	70.63	282.51	353.14	1.96%
KAISER – Employee + 1 Dependent	141.26	565.03	706.29	1.96%
KAISER – Employee + Family	183.63	734.54	918.17	1.96%
ANTHEM SELECT – Employee Only	94.54	378.16	472.70	3.90%
ANTHEM SELECT – Employee + 1 Dependent	189.08	756.32	945.40	3.90%
ANTHEM SELECT – Employee + Family	245.80	983.22	1229.02	3.90%
ANTHEM TRADITIONAL – Employee Only	105.81	423.24	529.05	-18.00%
ANTHEM TRADITIONAL – Employee + 1 Dependent	211.62	846.48	1058.10	-18.00%
ANTHEM TRADITIONAL – Employee + Family	275.11	1100.42	1375.53	-18.00%
UNITED HEALTH CARE – Employee Only	83.42	333.66	417.08	9.88%
UNITED HEALTH CARE – Employee + 1 Dependent	166.83	667.34	834.17	9.88%
UNITED HEALTH CARE – Employee + Family	216.88	867.53	1084.41	9.88%
HEALTH NET SMARTCARE – Employee Only	98.41	393.62	492.03	45.84%
HEALTH NET SMARTCARE – Employee + 1 Dependent	196.81	787.25	984.06	45.84%
HEALTH NET SMARTCARE – Employee + Family	255.86	1023.42	1279.28	45.84%
WESTERN HEALTH ADVANTAGE – Employee Only	74.73	298.90	373.63	New Plan
WESTERN HEALTH ADVANTAGE – Employee + 1 Dep	149.45	597.80	747.25	New Plan
WESTERN HEALTH ADVANTAGE – Employee + Family	194.28	777.14	971.42	New Plan

Rates and services are associated with your residence zip code or the Employer zip code election form on file with the Human Resources Department. For plans available by zip code, click [HERE](#). If you choose to use the Employer's zip code for eligibility click [HERE](#) for the required form.

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.

2018 PPO Health Plan Rates

Deductions for the 2018 plan year effective 11/11/2017 (Pay Period 12 - Pay Date 12/08/2017)

PREFERRED PROVIDER ORGANIZATIONS (PPOs) PPO Rates Part Time Rates Available on iPlacer	2018 Employee Bi-Weekly Share	2018 County Bi-Weekly Share	2018 Total Bi-Weekly Premium	Employee Share % Change Over 2017
PERS CHOICE – Employee Only	73.78	295.13	368.91	1.67%
PERS CHOICE – Employee + 1 Dependent	147.56	590.25	737.81	1.67%
PERS CHOICE – Employee + Family	191.83	767.32	959.15	1.67%
PERSCARE				
PERS SELECT - Employee Only	68.72	274.86	343.58	6.79%
PERS SELECT - Employee + 1 Dependent	137.43	549.73	687.16	6.79%
PERS SELECT - Employee + Family	178.66	714.65	893.31	6.79%
PERSCARE (DSA ONLY)				
PERSCARE – Employee Only	80.02	320.10	400.12	-1.80%
PERSCARE – Employee + 1 Dependent	160.05	640.19	800.24	-1.80%
PERSCARE – Employee + Family	208.06	832.26	1040.32	-1.80%
PORAC (DSA/SAFETY MGT ONLY)				
PERSCARE (DSA ONLY) – Employee Only	220.07	180.05	400.12	-1.80%
PERSCARE (DSA ONLY) – Employee+1 Dep	440.13	360.11	800.24	-1.80%
PERSCARE (DSA ONLY) – Employee + Family	572.17	468.15	1040.32	-1.80%
PORAC (DSA/SAFETY MGT ONLY)				
PORAC (DSA/SAFETY MGT ONLY) Employee Only	73.64	294.57	368.21	5.03%
PORAC (DSA/SAFETY MGT ONLY) Employee +1 Dep	154.51	618.03	772.54	5.00%
PORAC (DSA/SAFETY MGT ONLY) Employee + Family	197.65	790.60	988.25	5.03%

Rates and services are associated with your residence zip code or the Employer zip code election form on file with the Human Resources Department. For plans available by zip code, click [HERE](#). If you choose to use the Employer's zip code for eligibility click [HERE](#) for the required form.

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.

HMO or PPO?

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

In Lieu of Health (ILH) Plan

If you have other group health insurance coverage, you may waive the Placer County health insurance and take advantage of an employer contribution to a 401(k) savings plan. Employees waiving health are still eligible for other benefits such as Dental and Vision.

401(k) contribution In Lieu of Health amounts for 2018:

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

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

- During Open Enrollment, enroll through ACORN eBenefits by clicking on the edit button for your current medical plan and following the instructions contained there to select 401(k) Flex Credit Part I, and 401(k) ILH Part II savings plans. If you do not currently have a 401(k), submit a 401(k) Enrollment form and a Beneficiary Designation form.
- Complete the CalPERS Declaration of Health Coverage Eligibility Form.
- Complete and submit to HR a Health Plan Coverage Waiver form and proof of group health plan coverage for self and all individuals in your expected tax family.

Premium Conversion

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.

Please Note:

- Your total 401(k) contribution, including the ILH amount, cannot exceed the annual IRS limits set for the calendar year. For more information, refer to the Deferred Compensation section on Page 17.
- 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 ILH employee must submit any required forms by the deadlines shown on Page 4/5.

Dental Insurance (Provided by Delta Dental)

Deductions for the 2018 plan year effective 12/23/2017 (Pay Period 15 - Pay Date 01/19/2018)

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

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

Please Note: If dependent coverage is added during Open Enrollment, major treatments (implants, crowns, bridges, dentures, etc.) are excluded for the first year of coverage. Only routine procedures will be covered until the next calendar year.

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.deltadentalins.com for additional provider and benefit eligibility information, and to register for online services.

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

Vision Insurance (Provided by VSP)

Deductions for the 2018 plan year effective 12/23/2017 (Pay Period 15 - Pay Date 01/19/2018)

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 2018 plan year effective 12/23/2017 (Pay Period 15 - Pay Date 01/19/2018)

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

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

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

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

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

Supplemental Term Life Insurance

Placer County provides PPEO, 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.

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

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

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

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

Cafeteria Plan (IRS Section 125)

A Cafeteria Plan is a reimbursement plan governed by IRS Section 125 which allows employees to contribute a 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 Group

- PPEO Miscellaneous Members – Receives 6% bi-weekly contribution of the employee's base salary plus longevity
- PPEO Safety Members – Receives 5% bi-weekly contribution of the employee's base salary plus longevity
- Management – Receives \$80.77 bi-weekly contribution
- Confidential – Receives \$110.00 bi-weekly contribution
- DSA – No employer contribution

Placer County offers the following cafeteria plan choices:

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

Cash Option – Selecting the cash option will allow you to receive the Cafeteria Plan money in your bi-weekly paycheck. This option is considered taxable income and associated payroll taxes will be deducted. If no other choice is made for cafeteria plan funds, distribution will default to this option.

401(k) – Deferred compensation plans are offered to allow employees to set aside money for retirement on a pre-tax basis. You may designate a percentage of your cafeteria plan funds for this option.

FSA Dependent Care Reimbursement – This option allows you to pay for your dependent care expenses using pre-tax dollars. Expenses, whether for a child or an 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) – This option allows you to pay for out-of-pocket medical expenses using pre-tax dollars.

Plan Notes

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

Dependent Care Flexible Spending Account (FSA)

Important!

You must enroll each year in the Dependent Care FSA by selecting a contribution amount in ACORN 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)

Discovery Benefits administers the Dependent Care FSA program for the County. Employees are able to access their Discovery Benefits information online and track reimbursements and pending transactions, as well as upload any documentation requested by Discovery Benefits at www.discoverybenefits.com.

A qualifying individual includes a child if they:

- Are under age of 13 when claimed as qualifying dependent(s)
- Have a specified family-type relationship to you
- Live in your household for more than half the taxable year
- Are a US citizen, national or resident of the U.S., Mexico, or Canada
- Have not provided more than one-half of their own support during the taxable year
- Are not someone else's qualifying child

A qualifying individual includes an adult dependent if they:

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

Partial List of 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 expenses
- Household services for qualified dependent

Partial List of Ineligible Expenses

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

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

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, 2019, to submit your claims for expenses you had during the 2018 plan year; otherwise, any money left in your account will be forfeited.

Medical Reimbursement Flexible Spending Account (FSA)

Management/Confidential Employees Only

Important!

You must enroll each year in the medical reimbursement FSA by selecting a contribution amount in ACORN 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 \$2,600 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

Discovery Benefits website (www.discoverybenefits.com) provides a full list of eligible expenses.

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, 2019, to submit your claims for expenses you had during the 2018 plan year; otherwise, any money left in your account will be forfeited.

401(k) & 457 Deferred Compensation

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

Pretax contributions option 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 aren't well-prepared for retirement. Saving on a pretax basis allows you to save in your plan while enjoying current tax savings

Roth contributions option 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

2018 Plan Year

Minimum Contribution of \$10 per pay period

Maximum Contribution of \$18,500 per year

Note: If you are over age 50, you can contribute an additional "catch-up" amount of \$6,000 to your 401(k) and 457 plans, for a total contribution of \$24,500 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 participate in a cafeteria plan where you designate funds to a 401(k) or receive an In Lieu of Health contribution, these funds will be placed in your 401(k) account along with any personal contributions you make.



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

Ryan Hill
Direct: 503-568-4305
Fax: 260-455-9842
Email: Ryan.Hill@LFG.com

Website:
<https://LincolnFinancial.com>
Main: 800-234-3500

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

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

1-800-242-6220

www.members.mhn.com

Register with company code: **placercounty**

Available Programs

- Clinical counseling for the employee and their eligible dependents includes
 - Five face-to-face sessions, telephone or web-video consultations per individual, per issue, per plan year.
- Child care and adult care assistance
- Financial services
 - Budgeting, credit and financial questions; retirement planning
- Legal services
 - Civil, consumer and criminal law
 - Personal and family law, including adoption, divorce and custody issues
 - Financial, tax or business matters
 - Real estate
 - Estate planning
- 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.

Payroll Calendar

#	PAY PERIOD	PAY DATE	HEALTH	#	PAY PERIOD	PAY DATE	HEALTH
Fiscal Year 2017 - 2018				Fiscal Year 2018 - 2019			
1	Jun 10 – Jun 23	July 7, 2017	Aug 2017	1	Jun 9 – Jun 22	July 6, 2018	Aug 2018
2	Jun 24 – Jul 7	July 21, 2017	Aug 2017	2	Jun 23 – Jul 6	July 20, 2018	Aug 2018
3	Jul 8 – Jul 21	August 4, 2017	Sep 2017	3	Jul 7 – Jul 20	August 3, 2018	Sep 2018
4	Jul 22 – Aug 4	August 18, 2017	Sep 2017	4	Jul 21 – Aug 3	August 17, 2018	Sep 2018
5	Aug 5 – Aug 18	September 1, 2017	Oct 2017	5	Aug 4 – Aug 17	August 31, 2018	No Health
6	Aug 19 – Sep 1	September 15, 2017	Oct 2017	6	Aug 18 – Aug 31	September 14, 2018	Oct 2018
7	Sep 2 – Sep 15	September 29, 2017	No Health	7	Sep 1 – Sep 14	September 28, 2018	Oct 2018
8	Sep 16 – Sep 29	October 13, 2017	Nov 2017	8	Sep 15 – Sep 28	October 12, 2018	Nov 2018
9	Sep 30 – Oct 13	October 27, 2017	Nov 2017	9	Sep 29 – Oct 12	October 26, 2018	Nov 2018
10	Oct 14 – Oct 27	November 10, 2017	Dec 2017	10	Oct 13 – Oct 26	November 9, 2018	Dec 2018
11	Oct 28 – Nov 10	November 24, 2017	Dec 2017	11	Oct 27 – Nov 9	November 23, 2018	Dec 2018
12	Nov 11 – Nov 24	December 8, 2017	Jan 2018	12	Nov 10 – Nov 23	December 7, 2018	Jan 2019
13	Nov 25 – Dec 8	December 22, 2017	Jan 2018	13	Nov 24 – Dec 7	December 21, 2018	Jan 2019
Calendar Year 2018				Calendar Year 2019			
14	Dec 9 – Dec 22	January 5, 2018	Feb 2018	14	Dec 8 – Dec 21	January 4, 2019	Feb 2019
15	Dec 23 – Jan 5	January 19, 2018	Feb 2018	15	Dec 22 – Jan 4	January 18, 2019	Feb 2019
16	Jan 6 – Jan 19	February 2, 2018	Mar 2018	16	Jan 5 – Jan 18	February 1, 2019	Mar 2019
17	Jan 20 – Feb 2	February 16, 2018	Mar 2018	17	Jan 19 – Feb 1	February 15, 2019	Mar 2019
18	Feb 3 – Feb 16	March 2, 2018	Apr 2018	18	Feb 2 – Feb 15	March 1, 2019	Apr 2019
19	Feb 17 – Mar 2	March 16, 2018	Apr 2018	19	Feb 16 – Mar 1	March 15, 2019	Apr 2019
20	Mar 3 – Mar 16	March 30, 2018	No Health	20	Mar 2 – Mar 15	March 29, 2019	No Health
21	Mar 17 – Mar 30	April 13, 2018	May 2018	21	Mar 16 – Mar 29	April 12, 2019	May 2019
22	Mar 31 – Apr 13	April 27, 2018	May 2018	22	Mar 30 – Apr 12	April 26, 2019	May 2019
23	Apr 14 – Apr 27	May 11, 2018	Jun 2018	23	Apr 13 – Apr 26	May 10, 2019	Jun 2019
24	Apr 28 – May 11	May 25, 2018	Jun 2018	24	Apr 27 – May 10	May 24, 2019	Jun 2019
25	May 12 – May 25	June 8, 2018	Jul 2018	25	May 11 – May 24	June 7, 2019	Jul 2019
26	May 26 – Jun 8	June 22, 2018	Jul 2018	26	May 25 – Jun 7	June 21, 2019	Jul 2019

2018 Provider Contact Information

PROVIDER	GROUP / ID#	PHONE	WEB ADDRESS
HMO Medical			
Anthem Blue Cross Traditional		855/839-4524	www.anthem.com/ca/calpers/HMO
Anthem Blue Cross Select		855/839-4524	www.anthem.com/ca/calpers/HMO
Blue Shield Access +	PH0001/SSN	800/334-5847	www.blueshieldca.com/calpers
Health Net SmartCare		888/926-4921	www.healthnet.com/calpers
Kaiser Permanente	00003-20/SSN	800/464-4000	www.kp.org/calpers
United Healthcare		877/359-3714 Members 888/867-5581 Retirees	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	800/937-6722	www.porac.org
Dental			
Delta Dental	1985/SSN	800/765-6003	www.deltadentalins.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 Ryan Hill 503-568-4305 (Direct) Ryan.Hill@LFG.com	www.lincolnfinancial.com/
Retirement			
CalPERS	SSN/CalPERSID#	888/225-7377	www.calpers.ca.gov
Dependent Care / Medical Reimbursement – Flexible Spending Account			
Discovery Benefits	SSN	866/451-3399	www.discoverybenefits.com
Employee Assistance Program			
MHN	Placer county	800/242-6220	www.members.mhn.com

2018 Annual Notices



TABLE OF CONTENTS

Medicare and the Active Worker [23](#)
Notice of Choice of Providers [24](#)
Notice of Availability of HIPAA Notice [25](#)
HIPAA Notice of Special Enrollment Rights for Medical/Health Plan Coverage [25](#)
The Women’s Health and Cancer Rights Act [26](#)
Newborns’ and Mothers’ Health Protection Act Notice [26](#)
Michelle’s Law Notice [26](#)
AB 2337 – Rights of Victims of Domestic Violence & Sexual Assault..... [27](#)
CHIPRA Notice [28](#)
Medicare Part D Notice [32](#)
COBRA [35](#)
Affordable Care Act (ACA) [36](#)

If you and/or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 34 for more details.

Medicare and the Active Worker

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

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

For additional information on Medicare and your related benefit options, go to www.medicare.gov.

Notice of Choice of Providers

The health plans offered by Placer County through CalPERS generally require 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. Until you make this designation, the health plan may designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact your insurance carriers directly.

You do not need prior authorization in order to obtain access to obstetrical or gynecological care from a health care professional in the health care 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.

Required Federal Notices

Notice of Availability of HIPAA Notice

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

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

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

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

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

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

The Women's Health and Cancer Rights Act

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

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

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

Newborns' and Mothers' Health Protection Act Notice

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

Michelle's Law Notice

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

Rights Of Victims Of Domestic Violence & Sexual Assault

This notice is in compliance with AB2337 / Labor Code 230.1 regarding the rights of victims of domestic violence and/or sexual assault. You can file a complaint with the Labor Commissioner's Office against your employer if he/she retaliates or discriminates against you for exercising your right under this law.

Your Right to Take Time Off:

- You have the right to take time off from work to get help to protect you and your children's health, safety or welfare. You can take time off to get a restraining order or other court order.
- You can take time off from work to get medical attention or services from a domestic violence shelter, program or rape crisis center, psychological counseling, or receive safety planning related to domestic violence, sexual assault, and/or stalking.
- You may use available vacation, personal leave, accrued paid sick leave, or compensatory time off for your leave unless you are covered by a union agreement that says something different. Even if you don't have paid leave, you still have the right to time off.
- In general, you don't have to give your employer proof to use leave for these reasons.
- If you can, you should tell your employer before you take time off. Even if you cannot tell your employer before, your employer cannot discipline you if you give proof explaining the reason for your absence within a reasonable time. Proof can be a police report, court order or doctor's or counselor's note or similar document.

Your Right to Reasonable Accommodation:

- You have the right to ask your employer for help or changes in your workplace to make sure you are safe at work. Your employer must work with you to see what changes can be made. Changes in the workplace may include putting in locks, changing your shift or phone number, transferring or reassigning you, or help with keeping a record of what happened to you. Your employer can ask you for a signed statement certifying that your request is for a proper purpose, and may also request proof showing your need for an accommodation. Your employer cannot tell your coworkers or anyone else about your request.

Your Right to Be Free from Retaliation and Discrimination:

Your employer cannot treat you differently or terminate you because:

- You are a victim of domestic violence, sexual assault, and/or stalking.
- You ask for leave time to get help.
- You asked your employer for help or changes in the workplace to make sure you are safe at work.

CHIPRA Notice

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 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).

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 August 10, 2017. Contact your State for more information on eligibility.

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – 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	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507

<p align="center">ARKANSAS – Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p align="center">INDIANA – Medicaid</p> <p>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: http://www.indianamedicaid.com Phone 1-800-403-0864</p>
<p align="center">COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p>	<p align="center">IOWA – Medicaid</p>
<p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711</p>	<p>Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562</p>
<p align="center">KANSAS – Medicaid</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p>
<p>Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512</p>	<p>Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218</p>
<p align="center">KENTUCKY – Medicaid</p>	<p align="center">NEW JERSEY – Medicaid and CHIP</p>
<p>Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570</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">LOUISIANA – Medicaid</p>	<p align="center">NEW YORK – Medicaid</p>
<p>Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">MAINE – Medicaid</p>	<p align="center">NORTH CAROLINA – Medicaid</p>
<p>Website: http://www.maine.gov/dhhs/ofc/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p>Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100</p>
<p align="center">MASSACHUSETTS – Medicaid and CHIP</p>	<p align="center">NORTH DAKOTA – Medicaid</p>
<p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
<p align="center">MINNESOTA – Medicaid</p>	<p align="center">OKLAHOMA – Medicaid and CHIP</p>
<p>Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739</p>	<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>

MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since August 10, 2017, 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

Medicare Part D Notice

Important Notice from Placer County about your Prescription Drug Coverage and Medicare

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

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

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

When Can You Join A Medicare Drug Plan?

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

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

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

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

Since the existing prescription drug coverage under Placer County is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug

coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

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

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

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

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

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

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

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

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date: January 1, 2018
Name of Entity/Sender: Placer County
Contact-Position/Office: Human Resources Department
Address: 145 Fulweiler Avenue, Suite 200, Auburn, CA 95603
Phone Number: (530) 889-4060



COBRA

Notice of COBRA Continuation Coverage Rights

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

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

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

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

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

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

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

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or

- You become divorced or legally separated from your spouse.

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

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

Affordable Care Act (ACA)

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

Open enrollment for health insurance coverage through the Marketplace begins on November 1, 2017, for coverage starting January 1, 2018. If you purchase a qualified health plan through the Marketplace, you may lose your employer's contributions to any health plan offered by the employer and that all, or a portion, of your employer's contribution may not be subject to federal income taxes. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit www.CoveredCA.com or www.HealthCare.gov for more information.