COUNTY OF KERN

IMPORTANT NOTICES

ENCLOSED NOTICES:

- COBRA Continuation Coverage and Initial Notification
- HIPAA Privacy Policy and Notice
- Medicare and Prescription Drug Coverage Notice
- Women's Health and Cancer Rights Act
- Lifetime Limits
- Patient Protection Disclosure Notice
- Extension of Dependent Coverage to Age 26
- Medicaid and the Children Health Insurance Program (CHIP)
- Health Insurance MarketPlace Coverage Options and Your Health Coverage
- Your Rights and Obligations as a pregnant employee – Notice A
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Kern County Human Resources Division

Health Benefits

1115 Truxtun Ave, 1st floor

Bakersfield, California 93301

(661) 868-3182

(661) 868-3110 (Fax)

Email: healthbenefits@kerncounty.com

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Kern County HR

County Administrative Office

1115 Truxtun Avenue, 1st Floor, Bakersfield, CA 93301
Telephone (661) 868-3182 • Fax (661) 868-3110

Ryan J. Alsop
County Administrative Officer

Devin W. Brown
Chief Human Resources Officer

Very Important Letter
COBRA Continuation Coverage

On April 7, 1986, a federal law was enacted (Public Law 99-272, title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called continuation coverage) at group rates in certain instances where coverage under the plan would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of the law. (Both you and your covered dependents should take the time to read this notice carefully.)

If you are an employee of the County of Kern covered by County Health Plans, you have a right to choose this continuation coverage if you lose your group health coverage because of a reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct on your part).

If you are the spouse of an employee covered by the County Health Plans, you have the right to choose continuation coverage for yourself if you lose group health coverage under the County Health Plans for any of the following four reasons:

1. The death of your spouse;
2. A termination of your spouse's employment (for reasons other than gross misconduct) or reduction in your spouse's hours of employment;
3. Divorce or legal separation from your spouse;
4. Your spouse becomes eligible for Medicare.

In the case of a dependent child of an employee covered by the County Health Plans, he or she has the right to continuation coverage if group health coverage under the County Health Plan is lost for any of the five reasons:

1. The death of a parent;
2. The termination of a parent's employment (for reasons other than misconduct) or reduction in a parent's hours of employment with the County of Kern
3. Parent's divorce or legal separation;
4. A parent becomes eligible for Medicare;
5. The dependent ceases to be a "dependent child under the County Health Plans".

Under the COBRA law, the employee or a family member has the responsibility to inform Kern County Human Resources of a divorce, legal separation, or a child losing dependent status under the County Health Plans by submitting proper documentation at the following address: Kern County Human Resources Division - Employee Benefits; 1115 Truxtun Avenue, 1st Floor; Bakersfield, CA 93301. The County of Kern has the responsibility to notify the COBRA Administrator of the employee's death, termination of employment or reduction in hours, or Medicare eligibility.

Upon notification, the County of Kern (or their third party administrator) will notify you that you have a right to choose continuation coverage within 60 days of the date coverage would terminate.

If continuation coverage is chosen, the County of Kern is required to give coverage which is, as of the time coverage is being provided, identical to the coverage provided under the plans to similarly situated employees or family members. If you lost group health coverage because of termination of employment or reduction in hours, the COBRA law requires that you be afforded the opportunity to maintain continuation coverage for 18 months. If coverage was lost for one of the other qualifying reasons, dependent continuation coverage is offered for three (3) years. However, the COBRA law also provides that your continuation coverage may be cut short for any of the following four reasons:

1. The County of Kern no longer provides group health coverage to any of its employees;
2. The premium for your continuation coverage is not paid;
3. You become eligible for Medicare;
4. You were divorced from a covered employee and subsequently remarry and are covered under your new spouse's group health plan.

You do not have to show that you are insurable to choose continuation coverage. However, under the law, you will have to pay all or part of the premium of your continuation coverage. (The new law also provides that at the end of your continuation period, you be allowed to enroll in an individual health plan, if one is available).

If you do not choose continuation coverage, your group health insurance will end.

Kern County HR
County Administrative Office

1115 Truxtun Avenue, 1st Floor, Bakersfield, CA 93301
Telephone (661) 868-3480 • Fax (661) 868-3928

Ryan J. Alsop
County Administrative Officer

Devin W. Brown
Chief Human Resources Officer

TO: ALL COUNTY EMPLOYEES, SPOUSES, AND DEPENDENTS COVERED BY THE COUNTY'S HEALTH PLANS

RE: **ENCLOSED COBRA INITIAL NOTIFICATION**

You and your dependents are now, or will soon be, covered under the County of Kern's group health insurance plan(s). Under federal Consolidated Omnibus Reconciliation Act of 1985, we are required to provide you with the enclosed COBRA notification.

The enclosed notice does <u>not</u> mean you are losing your group health insurance!

This notice simply outlines covered participants' future options and more importantly your notification obligations under the federal Consolidated Omnibus Reconciliation Act of 1985 (COBRA) law. Should you ever fail to qualify for County health insurance in the future:

Step #1 Please read the notice carefully. It is important that **<u>each</u>** individual covered under the plan read the notice and be familiar with the information.

Step #2 If there is a **<u>covered</u>** dependent whose legal residence is not yours, you are required to provide in writing to the benefits department the appropriate address so a separate notice can be sent to them as well. Please use the enclosed ***COBRA Address Notification Form*** for this purpose.

Step #3 **Understand Your COBRA Notification Obligations!** Under the terms of the group health plan, only a spouse and eligible dependents, as defined by the group health insurance policy, can be covered under the plan. Therefore, under the rules of the policy and COBRA, you or a covered spouse/dependent are required to inform the plan administrator of a divorce/legal separation or if a covered dependent ceases to be a dependent under the terms of the group health plan. Please take special note of the section in this notice that details **<u>your</u>** notification obligations and the appropriate steps to take when making this notification. Should you fail to follow the outlined notification procedures; any continuation coverage rights under COBRA will be lost.

Step #4 Place this notice in your records for future reference.

Should you have any questions concerning this notice or your notification obligations, please contact Kern County Human Resources – Employee Benefits at (661) 868-3182.

INITIAL COBRA NOTIFICATION
VERY IMPORTANT NOTICE

It is important that all covered individuals (employee, spouse and dependent children, if able) take the time to read this notice carefully and be familiar with its contents. If there is a covered dependent whose legal residence is not yours, please provide written notification with the ***COBRA Address Notification Form*** to the benefits department so a notice can be sent to them as well.

Under federal law, The County of Kern is required to offer covered employees and covered family members the opportunity for a temporary extension of health coverage (called "Continuation Coverage") at group rates when coverage under the health plan would otherwise end due to certain qualifying events. This notice is intended to inform you (and your covered dependents, if any), in a summary fashion, of your options and obligations under the continuation coverage provisions of the COBRA law. Should a qualifying event occur in the future, the plan administrator will send you additional information and the appropriate election notice at that time. **Please take special note, however, of your *notification obligations* which are highlighted at the bottom of this page!**

Qualifying Events for Covered Employee - If you are a covered employee, you may have the right to elect this health plan continuation coverage **if** you lose group health coverage because of a termination of your employment (for reasons other than gross misconduct on your part) or a reduction in your hours of employment.

Qualifying Events for Covered Spouse - If you are a covered spouse of an employee, you may have the right to elect this health plan continuation coverage for yourself **if** you lose group health coverage under the County Health Plans because of any of the following reasons:

- A termination of your spouse's employment (for reasons other than gross misconduct) or reduction in your spouse's hours of employment with the County of Kern.;
- The death of your spouse;
- Divorce or, if applicable, legal separation from your spouse; or
- Your spouse becomes entitled to Medicare.

Qualifying Events for Covered Dependent Children * - If you are a covered dependent child of an employee, you may have the right to elect continuation coverage for yourself **if** you lose group health coverage under the County Health Plans because of any of the following reasons:

- A termination of the employee's employment (for reasons other than gross misconduct) or reduction in the employee's hours of employment with the County of Kern.;
- The death of the employee of the County of Kern;
- Parent's divorce or, if applicable, legal separation;
- The employee of the County of Kern becomes entitled to Medicare; or
- You cease to be a "dependent child" under the terms of the health plan.

*Rights similar to those described above may apply to covered retirees, and their covered spouses, and dependents if the employer commences a bankruptcy proceeding and these individuals lose coverage within one year of or one year after the bankruptcy filing.

Important Employee, Spouse, and Dependent Notifications Required

Under the law, the employee, spouse, or other family member has the responsibility to notify the Kern County Human Resources of a divorce, legal separation, or child losing dependent status under the County Health Plans. This notification must be made within 60 days from whichever date is later: the date of the event, or the date on which the health plan coverage would be lost under the terms of the insurance contract because of the event.

If there is a divorce, separation, or loss of dependent status, the employee or other family member must notify the County of Kern at the following address:

Kern County Human Resources – Employee Benefits
1115 Truxtun Avenue, 1st Floor, Bakersfield, CA 93301

If this notification is not completed according to the proceeding procedures and within the required 60-day notification period, then rights to continuation coverage will be forfeit. Carefully read the dependent eligibility rules contained in the summary plan

description so you are all familiar with when a dependent ceases to be a dependent under the terms of the plan. The County of Kern will notify the plan administrator of the employee's termination of employment, reduction of hours, death, or Medicare entitlement. In the case of other events, the responsibility to provide notice is yours.

Election Period and Coverage – Once the plan administrator learns a qualifying event has occurred, the plan administrator will notify covered individuals (also known as qualified beneficiaries) of their rights to elect continuation coverage. The 60-day election window is measured from the later of the date health plan coverage is lost due to the event or from the date of the COBRA notification. This is the maximum period allowed to elect COBRA as the plan does not provide an extension of the election period beyond what is required by law. If a qualified beneficiary does not elect continuation coverage within this election period, then rights to continue health insurance will end and they will cease to be a qualified beneficiary.

If a qualified beneficiary elects continuation coverage, they will be required to pay the entire cost for the health insurance, plus a 2% administration fee. The County of Kern is required to provide the qualified beneficiary coverage that is identical to the coverage provided under the plan to similarly situated non-COBRA participants and/or covered dependents. Should coverage be modified for non-COBRA participants, then the modification will be made to your coverage as well.

Length of Continuation Coverage – 18 Months. If the event causing the loss of coverage is termination of employment (other than for reasons of gross misconduct) or a reduction in work hours, then each qualified beneficiary will have the opportunity to continue coverage for 18 months from the date of the qualifying event.

Social Security Disability **–** The 18 months of continuation coverage can be extended for an additional 11 months, to a maximum of 29 months, for all qualified beneficiaries, if the Social Security Administration determines a qualified beneficiary was disabled according to Title II or XVI of the Social Security act on the date of the qualifying event or at any time during the first 60 days of continuation coverage. In the case of a newborn or adopted child that is added to a covered employee's COBRA coverage, the first 60 days of continuation coverage for the newborn or adopted child is measured from the date of the birth or the date of adoption. It is the qualified beneficiary's responsibility to obtain disability determination from the Social Security Administration and provide a copy of the Social Security Disability determination (commonly known as a "Notice of Award") to the Plan Administrator within 60 days of the date of the determination and before the original 18 months of COBRA expire.

This extension applies separately to each qualified beneficiary. If the disabled qualified beneficiary chooses not to continue coverage, the other qualified beneficiaries are still eligible for the extension. If coverage is extended, and the disabled qualified beneficiary has elected the extension, then the applicable premium rate is 150% of the group rate. If only non-disabled qualified beneficiaries extend coverage, the premium rate will remain at the 102% level. It is also the qualified beneficiary's responsibility to notify the Plan Administrator within 30 days if a final determination has been made that they are no longer disabled.

Secondary Events – An extension of the original 18, or above mentioned 29 month, continuation period can also occur, if during the 18 or 29 months of continuation coverage, a second event takes place (divorce, legal separation, death, Medicare Entitlement, or a dependent child ceasing to be a dependent). If a second event occurs, then the original 18 or 29 months of continuation coverage will be extended to 36 months from the date of the original qualifying event date for eligible dependent qualified beneficiaries. If a second event occurs, it is the qualified beneficiary's responsibility to notify the Plan Administrator in writing within 60 days of the second event and within the original 18 month COBRA timeline. In no event, however, will continuation coverage last beyond three years from the date of the event that originally made the qualified beneficiary eligible for continuation coverage. A reduction in hours followed by a termination of employment is not considered a second event for COBRA purposes.

Length of Continuation Coverage – 36 months. If the original event causing the loss of coverage was the death of the employee, divorce, legal separation, Medicare entitlement, or a dependent child ceasing to be a dependent child under the County of Kern Health Plans, then each qualified beneficiary will have the opportunity to continue coverage for 36 months from the date of the qualifying event.

Adult Child turning Age 26

Notice: You will no longer be eligible for coverage because of your age. You have 60 days from the date of the notice to notify us that you wish to continue coverage under the federal COBRA law.

If you do not notify us of the choice you have made within 60 days, your coverage will end as of your 26th birthday.

Eligibility, Premiums, and Potential Conversion Rights – A qualified beneficiary does not have to show they are insurable to elect continuation coverage, however, the must have been actually covered by the plan on the day before the event to be eligible for COBRA continuation coverage. An exception to this rule is if while on continuation coverage a baby is born to or adopted by a covered employee qualified beneficiary. If this occurs, the newborn or adopted child ban be added to the plan and will gain the rights of other qualified beneficiaries. The COBRA timeline for the newborn or adopted child is measured from the date of the original qualifying event. Procedures and timelines for adding these individuals can be found in your benefits booklets and must be followed. The plan administrator reserves the right to verify COBRA eligibility status and terminate continuation coverage retroactively if you are determined to be ineligible or if there has been a material misrepresentation of the facts.

A qualified beneficiary must pay all of the applicable premiums plus a 2% administration charge for continuation coverage. These premiums will be adjusted during the continuation period if the applicable premium amount changes. In addition, if continuation coverage is extended from 18 months to 29 months due to a Social Security disability, the County of Kern can charge up to 150% of the applicable premium during the extended coverage period. Qualified beneficiaries will be allowed to pay on a monthly basis. In addition, there will be a maximum grace period of (30) days for the regularly scheduled monthly premiums. At the end of the 18, 29, or 36 months of continuation coverage, a qualified beneficiary must be allowed to enroll in an individual conversion health plan provided under the County Health Plans if an individual conversion plan is available at that time. Currently, no individual conversion plans exist.

Cancellation of Continuation Coverage – The law provides COBRA continuation coverage will end prior to the maximum continuation coverage period for any of the following reasons:

- The County of Kern ceases to provide any group health plan to any of its employees;
- Any required premium for continuation coverage is not paid in a timely manner;
- A qualified beneficiary first becomes, *after the date of COBRA election*, covered under another group health plan that does not contain any exclusion or limitation with respect to any preexisting condition of such beneficiary other than an exclusion or limitation which does not apply to or is satisfied by such beneficiary by reason of the Health Insurance Portability Act of 1996;
- A qualified beneficiary first becomes, *after the date of COBRA election*, entitled to Medicare;
- A qualified beneficiary extended continuation coverage to 29 months due to a Social Security disability and a final determination has been made that the qualified beneficiary is no longer disabled;
- A qualified beneficiary notifies the plan administrator they wish to cancel COBRA continuation coverage.

Notification of Address Change – To insure all covered individuals receive information properly and efficiently, it is important you notify Kern County Human Resources – Employee Benefits of any address change as soon as possible. Failure on your part to do so will result in delayed COBRA notifications or a loss of continuation coverage options.

Any Questions? – Remember, this notice is simply a summary of your potential future options under COBRA. Should an actual qualifying event occur, of which Kern County Human Resources – Health Benefits is timely notified, and it is determined that you are eligible for COBRA, you will be notified of your actual COBRA rights at that time.

Kern County HR
County Administrative Office

1115 Truxtun Avenue, 1st Floor, Bakersfield, CA 93301
Telephone (661) 868-3480 • Fax (661) 868-3928

Ryan J. Alsop
County Administrative Officer

Devin W. Brown
Chief Human Resources Officer

To: All participants in County of Kern Health Benefit plans

Re: HIPAA PRIVACY POLICY

In 1996, the Health Insurance Portability and Accountability Act (HIPAA), Public Law 104-191, was enacted to increase access to and the efficiency of the healthcare system in the United States. This rule provides comprehensive federal protection for the privacy of health information. It creates national standards to protect individuals= medical records and other personal health information and gives patients more control over their health information. It sets limits on the use and release of health records. It sets out safeguards that providers and health plans must implement to protect the privacy of health information. In general, it states that a covered entity may not use or disclose an individual's healthcare information without permission except for treatment, payment, or healthcare operations.

Attached is the HIPAA Privacy Policy for the County employee health benefit plan. As required by the law, it is being distributed to you because you are a participant in a County of Kern health benefit plan.

Should you have questions regarding the County policy, contact Kern County Human Resources – Health Benefits at (661) 868-3182.

Sincerely,

Devin W. Brown

Employee Benefits Privacy Officer

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COUNTY OF KERN EMPLOYEE HEALTH BENEFIT PLANS
PRIVACY POLICY AND NOTICE

Summary (For informational purposes only; for details, please refer to the full policy which appears after this one page summary.)

The Kern County Plans are required to maintain the privacy of "protected health information", which includes any identifiable information that the plan administrators obtain from you or others that relates to your health, your health care, or payment for your health care.

Use of Protected Health Information

The Kern County Plans can use or disclose your protected health information for purposes of health care treatment, health care payment and health care operations, as described below in the full notice.
The Kern County Plans may contact you to provide information about treatment alternatives or other health related benefits and services.
The Kern County Plans may disclose your protected health information to your family or friends or any other individual identified by you.
The Kern County Plans will only disclose the protected health information directly relevant to the plan administrator's involvement in your care or payment of claims for your treatment.
Except for exceptional situations, the Kern County Plans will not use or disclose your protected health information for any other purpose unless you provide written authorization. You have the right to revoke that authorization at any time.

YOUR RIGHTS

- You have the right to request restrictions on the uses and disclosures of protected health information, but the Kern County Plans' administrators are not required to agree to your request.
- You have the right to request to receive communications of protected health information by alternative means or at alternative locations.
- With some exceptions detailed in the full notice, you have the right to inspect and copy the protected health information contained in the plan's records.
- You may request an amendment to your protected health information, but the plan may deny your request.
- You have the right to receive an accounting of disclosures of protected health information made by the plan.
- You have the right to receive a paper copy of this notice

FILING A COMPLAINT

If you believe that your privacy rights have been violated, you should immediately contact Devin W. Brown, our privacy officer at (661) 868-3182. Alternatively, you may complain to the Secretary of the U.S. Department of Health and Human Services, generally, within 180 days of when the act or omission occurred.

CONTACT PERSON

If you have any questions or would like further information about this notice, please contact Devin W. Brown at (661) 868-3182.

COUNTY OF KERN EMPLOYEE HEALTH BENEFIT PLANS
PRIVACY POLICY AND NOTICE

This policy describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The Kern County Plans are required by law to maintain the privacy of "protected health information."

"Protected health information" includes any identifiable information that the administrators of the plan obtain from you or others that relates to your physical or mental health, the health care you have received, or payment for your health care.

As required by law, this notice provides you with information about your rights and the legal duties and privacy practices with respect to the privacy of protected health information. This notice also discusses the uses and disclosures Kern County Plans will make of your protected health information.

The Kern County Plans reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all protected health information the plan administrators maintain. You can always request a copy of our most current privacy notice from our office or you can access it on our Web site, www.kerncountyhealthbenefits.com under Policies and Notices.

PERMITTED USES AND DISCLOSURES

The Kern County Plans can use or disclose your protected health information for purposes of treatment, payment and health care operations.

Treatment means the provision, coordination or management of your health care, including referrals for health care from one health care provider to another. For example, a provider under the Kern County Plans may need to know health care information in plan files that might assist in treatment.

Payment means activities to obtain and provide reimbursement for the health care provided to you, including determinations of eligibility and coverage and other utilization review activities. For example, the information on or accompanying health care bills sent to the plan may include information that identifies you as well as your diagnosis, procedures, and supplies used.

As another example, prior to providing health care services, the Kern County Plans may need information from a provider about your medical condition to determine whether the proposed course of treatment will be covered. When the plan receives a bill from the provider, the Kern County Plans can obtain information regarding your care if necessary to provide payment.

Health care operations means the support functions related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities. For example, the plan administrators may use your medical information to evaluate the performance of providers used in our plan. The plan administrators may also combine medical information about many patients to decide how to better provide needed benefits under the plan.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

The Kern County Plans may contact you to provide information about treatment alternatives or other health related benefits and services that may be of interest to you.

The Kern County Plans may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment of your care.

The Kern County Plans will only disclose the protected health information directly relevant to their involvement in your care or payment. The Kern County Plans may also use or disclose your protected health information to notify, or assist in the notification of, a family member, a personal representative, or another person responsible for your care or your location, general condition, or death. If you are available, the Kern County Plans will give you an opportunity to object to these disclosures, and the plan will not make these disclosures if you object. If you are not available, the Kern County Plans will determine whether a disclosure to your family or friends is in your best interest, and the plan will disclose only the protected health information that is directly relevant to their involvement in your care. When permitted by law, the Kern County Plans may coordinate our uses and disclosures of protected health information with public or private entities authorized by law or by charter to assist in disaster relief efforts.

Except for the situations set forth below, the Kern County Plans will not use or disclose your protected health information for any other purpose unless you provide written authorization.

You have the right to revoke that authorization at any time, provided that the revocation is in writing, except to the extent that the Kern County Plan(s) already have taken action in reliance on your authorization.

EXCEPTIONAL SITUATIONS

The plan administrators may use or disclose your protected health information in the following situations without your authorization:

Coroners, Medical Examiners and Funeral Directors. The plan administrators may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. The plan administrators may also release medical information about patients to funeral directors as necessary to carry out their duties.

Health Oversight Activities. The plan administrators may disclose medical information to federal or state agencies that oversee our activities. The activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. The plan administrators may disclose protected health information to persons under the Food and Drug Administration's jurisdiction to track products or to conduct post-marketing surveillance.

Inmates. If you become an inmate of a correctional institution or fall under the custody of a law enforcement official, the plan may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

Law Enforcement. The plan administrators may release medical information in these situations; if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or

similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, the plan administrators are unable to obtain the person's agreement; about a death the plan administrators believe may be the result of criminal conduct; about criminal conduct on our premises; and in emergency circumstances to report a crime; the location of the crime or victims or the identity, description or location of the person who committed the crime.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, the plan administrators may disclose medical information about you in response to a court or administrative order. The plan administrators may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Military and Veterans. If you are a member of the armed forces, the plan administrators may release medical information about you as required by military command authorities. The plan administrators may also release medical information about foreign military personnel to the appropriate foreign military authority.

National Security and Intelligence Activities. The plan administrators may release medical information about you to authorized federal officials for intelligence, counterintelligence, or other national security activities authorized by law.

Organ and Tissue Donation. If you are an organ donor, the plan administrators may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Protective Services for the President and Others. The plan administrators may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foresight heads of state or conduct special investigations, as authorized by law.

Public Health Risks. The plan administrators may disclose medical information about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with a product; to notify people of product recalls, repairs or replacement; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify the appropriate government authority if the plan administrators believe a patient has been the victim of abuse, neglect or domestic violence. The plan administrators will only make this disclosure if you agree or when required or authorized by law.

Serious Threats. As permitted by applicable law and standards of ethical conduct, the plan administrators may use and disclose protected health information if the plan administrators, in good faith believe that the use of disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Workers' Compensation. The plan administrators may release medical information about you for programs that provide benefits for work-related injuries or illnesses.

YOUR RIGHTS

- You have the right to request restrictions on the Kern County Plans' uses and disclosures of protected health information for treatment, payment and health care operations. However, the Kern County Plans are not required to agree to your request.
- You have the right to reasonably request to receive communications of protected health information by alternative means or at alternative locations.
- Subject to payment of a reasonable copying charge (if you cannot afford to pay for copies, you will not be denied access), you have the right to inspect and copy the protected health information

contained in the plan's records, except for psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed by the Privacy Officer.

- You have the right to request an amendment to your protected health information, but the Kern County Plans may deny your request. Any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records.
- You have the right to receive an accounting of disclosures of protected health information made by the plan to individuals or entities other than to you, except for disclosures to carry out treatment, payment and health care operations as provided above; to persons involved in your care or for other notifications purposes as provided by law; for national security or intelligence purposes as provided by law; to correctional institutions or law enforcement officials as provided by law; or that occurred prior to April 14, 2003.
- You have the right to request and receive a paper copy of this notice from the Kern County Human Resources.

Important Notice About Medicare and Your Prescription Drug Coverage from the County of Kern Employee Medical Benefit Plans

This notice applies only to persons enrolled in the County of Kern Employee Medical Benefit Plans: County of Kern POS Plan, County of Kern EPO Plan, Kaiser Permanente and Kern Legacy Health Plan "Network Plus".

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the County and the prescription drug coverage that became available January 1, 2006 for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

1. **Beginning January 1, 2006, Medicare prescription drug coverage became available to everyone with Medicare.**

2. **The County has determined that the prescription drug coverage offered by the County of Kern Employee Medical Benefit Plans is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay.**

3. **Read this notice carefully - it explains the options you have under Medicare prescription drug coverage, and can help you decide whether or not you want to enroll.**

You may have heard about Medicare's new prescription drug coverage, and wondered how it would affect you. The County has determined that your prescription drug coverage with the County of Kern Employee Medical Benefit Plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay.

Starting January 1, 2006, prescription drug coverage became available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans must provide at least a standard level of coverage set by Medicare. Some plans might also offer more coverage for a higher monthly premium.

> **Because your existing coverage is on average *at least as good* as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare coverage.**

People with Medicare may enroll in a Medicare prescription drug plan during periods set by Medicare (CMS), typically November 15th through December 31st each year. However, because you have existing prescription drug coverage that, on average, is as good as Medicare coverage, you can choose to join a Medicare prescription drug plan later.

> **If you do decide to enroll in a Medicare prescription drug plan and drop your prescription drug coverage through the County, be aware that you may not be able to get this coverage back.**

If you drop your coverage with the County and enroll in a Medicare prescription drug plan, you may not be able to get this coverage back later. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

In addition, your current coverage pays for other health expenses, in addition to prescription drugs. You will not still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

For anyone who is Medicare eligible, you should know that if you **drop or lose your coverage with the County** and **don't enroll in Medicare prescription drug coverage** after your current coverage ends, **you may pay more to enroll in Medicare prescription drug coverage later**. If after May 15, 2006, you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage; your monthly premium will go up at least 1% per month for every month after May 15, 2006 that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until next November to enroll.

For more information about this notice or your current prescription drug coverage:

If you have questions about your current prescription drug coverage. Contact Kern County Human Resources if you have questions about why you received this notice. NOTE: You may receive this notice at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and/or if this coverage changes. You also may request a copy.

For more information about your options under Medicare prescription drug coverage:

More detailed information about Medicare plans that offer prescription drug coverage are available in the "Medicare & You" handbook. Medicare eligible person gets a copy of the handbook in the mail from Medicare. You may also be contacted directly by Medicare prescription drug plans. You can also get more information about Medicare prescription drug plans from these places:

- Visit www.medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program (see your copy of the "Medicare & You" handbook for their telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Kern County's Aging & Adult Services HICAP Program at (661) 868-1000.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in one of the plans approved by Medicare which offer prescription drug coverage, you may need to give a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Date:	December 2016
Name of Entity/Sender:	County of Kern Employee Medical Benefit Plans
Contact--Position/Office:	Kern County Human Resources
Address:	1115 Truxtun Avenue, 1st Floor; Bakersfield, CA 93301
Phone Number:	(661) 868-3182
E-mail Address:	healthbenefits@kerncounty.com

These notices are provided to you as required by the HealthCare Reform laws.

Women's Health & Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 requires all employers sponsored health plan that cover mastectomies to al cover relate reconstructive surgery. Available reconstructive surgery must include both reconstruction of the breast on which surgery was performed, and surgery and reconstruction of the other breast to produce a symmetrical appearance. Coverage must also be available for breast prostheses and for the physical complications of mastectomy, including lynphedemas.

Your County of Kern medical plans already provides benefits for these mastectomy related services while covered under the health plans. Under the law, we are required to notify you annually of these rights. This notice merely reminds you and your covered family members that these benefits are available, in compliance with the notice requirements of the Women's Health and Covered Rights Act of 1998.

If you have any questions about covered services, please contact your health plans customer service number at:

County of Kern POS (Point-Of-Service) Plan:	1-855-537-6767
County of Kern EPO (Exclusive Provider Organization) Plan:	1-800-587-8810 or 661-716-3450
Kaiser Permanente:	1-800-464-4600
Kern Legacy Health Plan "Network Plus":	1-855-308-5547 or 661-868-3281, Option 5

Lifetime Limits (Elimination) - Disclosure Notice

The lifetime limit on the dollar value of benefits under County of Kern active employee medical plans no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. For more information contact your medical plan. Contact information for each plan is located at www.KernCountyHealthBenefits.com or you may contact Kern County Human Resources – Employee Benefits at (661) 868-3182 for the appropriate medical plan phone number.

These notices are provided to you as required by the HealthCare Reform laws .

Patient Protection (Primary Care Physician/OB-GYN) - Disclosure Notice

The County of Kern medical plans 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. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact your medical plan. Contact information for each plan is located at www.KernCountyHealthBenefits.com or you may contact Kern County Human Resources – Health Benefits at (661) 868-3182 for the appropriate medical plan phone number. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the County of Kern medical plans 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 our 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 medical plan. Contact information for each plan is located at www.KernCountyHealthBenefits.com or you may contact Kern County Human Resources – Health Benefits at (661) 868-3182 for the appropriate medical plan phone number.

Extension of Dependent Coverage to Age 26

This notice is a reminder about the HealthCare Reform laws passed in 2010. You may add or re-enroll children (including stepchildren, foster children, and guardianship children) who are under age 26 onto your health benefits coverage during this Open Enrollment.

The children do not need to be in school, they do not have to live with you; it does not matter if they are disabled, you do not have to have custody, you do not have to provide their support, and they may be married. You may add them even if they've never been covered before or if an adult child is offered coverage by their own employer, or their spouse's employer.

Changes for covered children are not allowed outside of open enrollment for changes in school enrollment status, marital status, custody status, support status, residence, etc.

Note: This rule applies to active employee health benefit coverage, but does not apply to retiree coverage.

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children And Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**.

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 September 1, 2010. You should contact your State for further information on eligibility.

CALIFORNIA -Medi-Cal
Website: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx
Phone: 1-866-298-8443

ALABAMA - Medicaid
Website: http://www.medicaid.alabama.gov
Phone: 1-800-362-1504

ALASKA - Medicaid
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/
Phone (Outside of Anchorage): 1-888-318-8890
Phone (Anchorage): 907-269-6529

COLORADO – Medicaid and CHIP
Medicaid Website: http://www.colorado.gov/
Medicaid Phone: 1-800-866-3513
CHIP Website: http:// www.CHPplus.org
CHIP Phone: 303-866-3243

ARIZONA – CHIP
Website: http://www.azahcccs.gov/applicants/default.aspx
Phone: 1-877-764-5437

ARKANSAS – CHIP
Website: http://www.arkidsfirst.com/
Phone: 1-888-474-8275

MINNESOTA – Medicaid
Website: http://www.dhs.state.mn.us/
Click on Health Care, then Medical Assistance
Phone (Outside of Twin City area): 800-657-3739
Phone (Twin City area): 651-431-2670

FLORIDA – Medicaid
Website:
http://www.fdhc.state.fl.us/Medicaid/index.shtml
Phone: 1-866-762-2237

GEORGIA – Medicaid
Website: http://dch.georgia.gov/
Click on Programs, then Medicaid
Phone: 1-800-869-1150

IDAHO – Medicaid and CHIP
Medicaid Website:
www.accesstohealthinsurance.idaho.gov
Medicaid Phone: 1-800-926-2588
CHIP Website: www.medicaid.idaho.gov
CHIP Phone: 1-800-926-2588

INDIANA – Medicaid
Website: http://www.in.gov/fssa/2408.htm
Phone: 1-877-438-4479

IOWA – Medicaid
Website: www.dhs.state.ia.us/hipp/
Phone: 1-888-346-9562

KANSAS – Medicaid
Website: https://www.khpa.ks.gov
Phone: 800-766-9012

KENTUCKY – Medicaid
Website: http://chfs.ky.gov/dms/default.htm
Phone: 1-800-635-2570

LOUISIANA – Medicaid
Website: http://www.lahipp.dhh.louisiana.gov
Phone: 1-888-342-6207

MAINE – Medicaid
Website: http://www.maine.gov/dhhs/oms/
Phone: 1-800-321-5557

MASSACHUSETTS – Medicaid and CHIP
Medicaid & CHIP Website:
http://www.mass.gov/MassHealth
Medicaid & CHIP Phone: 1-800-462-1120

MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/index.htm
Phone: 573-751-6944

MONTANA – Medicaid
Website:
http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml
Telephone: 1-800-694-3084

NEBRASKA – Medicaid
Website:
http://www.dhhs.ne.gov/med/medindex.htm
Phone: 1-877-255-3092

NEVADA – Medicaid and CHIP
Medicaid Website: http://dwss.nv.gov/
Medicaid Phone: 1-800-992-0900
CHIP Website: http://www.nevadacheckup.nv.org/
CHIP Phone: 1-877-543-7669

NEW HAMPSHIRE – Medicaid
Website: http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.htm
Phone: 1-800-852-3345 x 5254

NEW JERSEY – Medicaid and CHIP
Medicaid Website:
http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 1-800-356-1561
CHIP Website:
http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW MEXICO – Medicaid and CHIP
Medicaid Website:
http://www.hsd.state.nm.us/mad/index.html
Medicaid Phone: 1-888-997-2583
CHIP Website:
http://www.hsd.state.nm.us/mad/index.html
Click on Insure New Mexico
CHIP Phone: 1-888-997-2583

NEW YORK – Medicaid
Website: http://www.nyhealth.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: http://www.nc.gov
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website:
http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-800-755-2604

OKLAHOMA – Medicaid
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP
Medicaid & CHIP Website:
http://www.oregonhealthykids.gov
Medicaid & CHIP Phone:
1-877-314-5678

PENNSYLVANIA – Medicaid
Website:
http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm
Phone: 1-800-644-7730

RHODE ISLAND – Medicaid
Website: www.dhs.ri.gov
Phone: 401-462-5300

SOUTH CAROLINA – Medicaid
Website: http://www.scdhhs.gov
Phone: 1-888-549-0820

TEXAS – Medicaid
Website: https://www.gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid
Website: http://health.utah.gov/medicaid/
Phone: 1-866-435-7414

VERMONT– Medicaid
Website: http://ovha.vermont.gov/
Telephone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Medicaid Website:
http://www.dmas.virginia.gov/rcp-HIPP.htm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.famis.org/
CHIP Phone: 1-866-873-2647

WASHINGTON – Medicaid
Website:
http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm
Phone: 1-877-543-7669

WASHINGTON – Medicaid
Website:
http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm
Phone: 1-877-543-7669

WEST VIRGINIA – Medicaid
Website: http://www.wvrecovery.com/hipp.htm
Phone: 304-342-1604

WISCONSIN – Medicaid
Website:http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
Website:
http://www.health.wyo.gov/healthcarefin/index.html
Telephone: 307-777-7531

To see if any more States have added a premium assistance program since September 1, 2010, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/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, Ext. 61565

OMB Control Number 1210-0137 (expires 09/30/2013)

Kern County HR
County Administrative Office

1115 Truxtun Avenue, 1st Floor, Bakersfield, CA 93301
Telephone (661) 868-3480 • Fax (661) 868-3928

Ryan J. Alsop
County Administrative Officer

Devin W. Brown
Chief Human Resources Officer

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

This document is a required disclosure as part of the Affordable Care Act, informing you of the new health insurance marketplace, Covered California.

Part A: General Information

The federal Affordable Care Act (ACA), often called health care reform, has been in place since 2010. Health care reform has already caused some changes to your medical plan benefits, such as free preventive care, no lifetime dollar-amount benefit limits, and additional reporting on form W-2 showing the value of health plan coverage. Even bigger changes will go into effect soon, such as the opening of the new state-based insurance marketplace, Covered California, and the requirement that most Americans have health insurance starting January 1, 2014.

Q: Does health care reform mean that I'll get free health insurance?

A: No. The health care reform law says that everyone must have coverage, but it does not provide free health insurance. You'll have different options for getting health insurance, such as an employer plan, a private insurance policy, or a plan offered through Covered California. Most people will have to pay something for their coverage. Financial assistance may be available, but that is only available for certain lower-income individuals and their families who qualify at Covered California and whose employer does not offer a health plan that complies with the law.

Q: Will I be able to stay on the County of Kern medical plan?

A: If you are currently eligible to be on the County plan, you can keep your current coverage. The County will continue to offer coverage to you through our current medical providers. **All of our plans meet and exceed the standards required by health care reform.** If you are eligible for health insurance with the County but choose to opt out, you can purchase insurance through Covered California, **but you will not be eligible for a tax credit or premium assistance.**

Q: What if I do not qualify for County of Kern medical benefits?

A: If you do not qualify for coverage under the County plan, you can buy your health insurance directly from an insurance company/broker, or through Covered California. Open enrollment for the marketplace begins October 1, 2013. Coverage will be effective January 1, 2014. You may be eligible for a premium tax credit if you purchase a qualified health plan through Covered California.

Q: What is Covered California?

A: Covered California is a "shopping mall" for health insurance. It is an option that you may use to compare various health plans for you and your family. It is also the only place where you might obtain financial

assistance for your health premiums. Please visit www.coveredca.com or call 1-(888) 975-1142 for more information.

Q: Will I be required to have health insurance?

A: As of January 1, 2014, everyone who can afford coverage (as determined by federal affordability standards) will be required to purchase health insurance or pay a penalty. This rule is called the "individual mandate." If the cost of a plan from your employer for single coverage is greater than 9.5% of your household income for the year, you may be eligible for a tax credit.

Q: How much is the penalty for not having insurance?

A: For an individual, the penalty will be $95 a year, or 1% of your income in 2014, whichever is greater. For a family, the penalty in 2014 will be the higher of $285 per year or 1% of household income. The IRS will collect the penalty through tax returns. Beginning in 2014, federal returns will include a new line or form to list your source of health insurance.

Q: What is the better deal for me, the County plan or the marketplace?

A: The County cannot assist you in evaluating your options for coverage, but you can find more information to help you make your decision at www.healthcare.gov or www.cuidadodesalud.gov/es (Spanish); beginning October 1, you can also call 1 (800) 318-2596. Please remember that if you are eligible for the County's health plan, you will not be eligible for a tax credit.

Part B: Information About Health Coverage Offered by the County of Kern

County of Kern (E.I.N. 95-6000925)
1115 Truxtun Avenue, 1st floor
Bakersfield, CA 93301
1 (661) 868-3182

For Plan Benefits and Costs: **http://www.kerncountyhealthbenefits.com**

Eligibility information, including qualifying dependents: **http://www.kerncountyhealthbenefits.com/Eligibility.aspx**

The County of Kern offers health plans to all permanent employees working at least 20 hours a week, including coverage with respect to dependents.

The plans we offer all meet the minimum value standard, and the cost of this coverage is intended to be affordable.

We are sharing information with you about what is currently known or discussed about health care reform. We cannot guarantee its accuracy, or that there won't be future changes, and many other factors can affect you and your options under the law.

"NOTICE A"

YOUR RIGHTS AND OBLIGATIONS AS A PREGNANT EMPLOYEE

If you are pregnant, have a related medical condition, or are recovering from childbirth, **PLEASE READ THIS NOTICE**.

- California law protects employees against discrimination or harassment because of an employee's pregnancy, childbirth or any related medical condition (referred to below as "because of pregnancy"). California also law prohibits employers from denying or interfering with an employee's pregnancy-related employment rights.

- Your employer has an obligation to:

    - reasonably accommodate your medical needs related to pregnancy, childbirth or related conditions (such as temporarily modifying your work duties, providing you with a stool or chair, or allowing more frequent breaks);
    - transfer you to a less strenuous or hazardous position (where one is available) or duties if medically needed because of your pregnancy; and
    - provide you with pregnancy disability leave (PDL) of up to four months (the working days you normally would work in one-third of a year or 17⅓ weeks) and return you to your same job when you are no longer disabled by your pregnancy or, in certain instances, to a comparable job. Taking PDL, however, does not protect you from nonleave related employment actions, such as a layoff.
    - provide a reasonable amount of break time and use of a room or other location in close proximity to the employee's work area to express breast milk in private as set forth in Labor Code section 1030, et seq.

- For pregnancy disability leave:

    - PDL is not for an automatic period of time, but for the period of time that you are disabled by pregnancy. Your health care provider determines how much time you will need.
    - Once your employer has been informed that you need to take PDL, your employer must guarantee in writing that you can return to work in your same position if you request a written guarantee. Your employer may require you to submit written medical certification from your health care provider substantiating the need for your leave.
    - PDL may include, but is not limited to, additional or more frequent breaks, time for prenatal or postnatal medical appointments, doctor-ordered bed rest, "severe morning sickness," gestational diabetes, pregnancy-induced hypertension, preeclampsia, recovery from childbirth or loss or end of pregnancy, and/or post-partum depression.

- PDL does not need to be taken all at once but can be taken on an as-needed basis as required by your health care provider, including intermittent leave or a reduced work schedule, all of which counts against your four month entitlement to leave.
- Your leave will be paid or unpaid depending on your employer's policy for other medical leaves. You may also be eligible for state disability insurance or Paid Family Leave (PFL), administered by the California Employment Development Department.
- At your discretion, you can use any vacation or other paid time off during your PDL.
- Your employer may require or you may choose to use any available sick leave during your PDL.
- Your employer is required to continue your group health coverage during your PDL at the level and under the conditions that coverage would have been provided if you had continued in employment continuously for the duration of your leave.
- Taking PDL may impact certain of your benefits and your seniority date; please contact your employer for details.

Notice obligations as an Employee:

- Give your employer reasonable notice: To receive reasonable accommodation, obtain a transfer, or take PDL, you must give your employer sufficient notice for your employer to make appropriate plans – 30 days advance notice if the need for the reasonable accommodation, transfer or PDL is foreseeable, otherwise as soon as practicable if the need is an emergency or unforeseeable.
- Provide a Written Medical Certification from Your Health Care Provider. Except in a medical emergency where there is no time to obtain it, your employer may require you to supply a written medical certification from your health care provider of the medical need for your reasonable accommodation, transfer or PDL. If the need is an emergency or unforeseeable, you must provide this certification within the time frame your employer requests, unless it is not practicable for you to do so under the circumstances despite your diligent, good faith efforts. Your employer must provide at least 15 calendar days for you to submit the certification. See your employer for a copy of a medical certification form to give to your health care provider to complete.
- PLEASE NOTE that if you fail to give your employer reasonable advance notice or, if your employer requires it, written medical certification of your medical need, your employer may be justified in delaying your reasonable accommodation, transfer, or PDL.

This notice is a summary of your rights and obligations under the Fair Employment and Housing Act (FEHA). For more information about your rights and obligations as a pregnant employee, contact your employer, visit the Department of Fair Employment and Housing's Web site at www.dfeh.ca.gov, or contact the Department at (800) 884-1684. The text of the FEHA and the regulations interpreting it are available on the Department's Web site.

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"NOTICE B"

FAMILY CARE AND MEDICAL LEAVE AND PREGNANCY DISABILITY LEAVE

- Under the California Family Rights Act of 1993 (CFRA), if you have more than 12 months of service with your employer and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave, you may have a right to an unpaid family care or medical leave (CFRA leave). This leave may be up to 12 workweeks in a 12-month period for the birth, adoption, or foster care placement of your child or for your own serious health condition or that of your child, parent or spouse.

- Even if you are not eligible for CFRA leave, if disabled by pregnancy, childbirth or related medical conditions, you are entitled to take pregnancy disability leave (PDL) of up to four months, or the working days in one-third of a year or 17⅓ weeks, depending on your period(s) of actual disability. Time off needed for prenatal or postnatal care; doctor-ordered bed rest; gestational diabetes; pregnancy-induced hypertension; preeclampsia; childbirth; postpartum depression; loss or end of pregnancy; or recovery from childbirth or loss or end of pregnancy would all be covered by your PDL.

- Your employer also has an obligation to reasonably accommodate your medical needs (such as allowing more frequent breaks) and to transfer you to a less strenuous or hazardous position if it is medically advisable because of your pregnancy.

- If you are CFRA-eligible, you have certain rights to take BOTH PDL and a separate CFRA leave for reason of the birth of your child. Both leaves guarantee reinstatement to the same or a comparable position at the end of the leave, subject to any defense allowed under the law. If possible, you must provide at least 30 days advance notice for foreseeable events (such as the expected birth of a child or a planned medical treatment for yourself or a family member). For events that are unforeseeable, you must to notify your employer, at least verbally, as soon as you learn of the need for the leave.

- Failure to comply with these notice rules is grounds for, and may result in, deferral of the requested leave until you comply with this notice policy.

- Your employer may require medical certification from your health care provider before allowing you a leave for:

    - your pregnancy;
    - your own serious health condition; or
    - to care for your child, parent, or spouse who has a serious health condition.

- See your employer for a copy of a medical certification form to give to your health care provider to complete.

- When medically necessary, leave may be taken on an intermittent or a reduced work schedule. If you are taking a leave for the birth, adoption or foster care placement of a child, the basic minimum duration of the leave is two weeks and you must conclude the leave within one year of the birth or placement for adoption or foster care.

- Taking a family care or pregnancy disability leave may impact certain of your benefits and your seniority date. Contact your employer for more information regarding your eligibility for a leave and/or the impact of the leave on your seniority and benefits.

This notice is a summary of your rights and obligations under the Fair Employment and Housing Act (FEHA). The FEHA prohibits employers from denying, interfering with, or restraining your exercise of these rights. For more information about your rights and obligations, contact your employer, visit the Department of Fair Employment and Housing's Web site at www.dfeh.ca.gov, or contact the Department at (800) 884-1684. The text of the FEHA and the regulations interpreting it are available on the Department's Web site.

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