

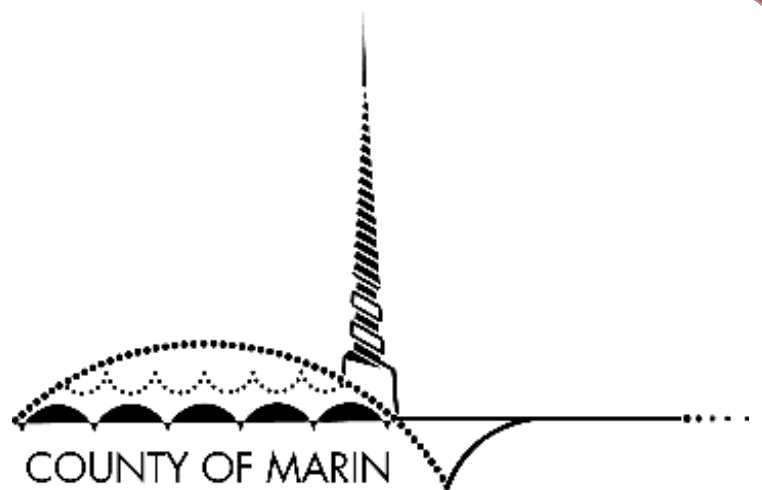
# 2020

## OPEN ENROLLMENT



REGULAR HIRE

### **EMPLOYEE BENEFITS GUIDE**



This guide is designed to help you understand your benefits. Review the materials carefully before making your enrollment decisions. Specific details, plan limitations and exclusions and notices of your legal rights are provided in the Evidence of Coverage (EOC), which are available <https://www.marincounty.org/openenrollment> from the County Human Resources Department. If there is a conflict between the Evidence of Coverage (EOC) of the plan you selected and the information in this guide, the plan's Evidence of Coverage (EOC) will prevail.

Requests for accommodations can be made by calling (415) 473-4381 (voice), (415) 473-3232 (TTY) or by e-mail at [disabilityaccess@marincounty.org](mailto:disabilityaccess@marincounty.org). Copies of documents are available in alternative formats upon request.

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## GENERAL STATEMENT OF NONDISCRIMINATION: (DISCRIMINATION IS AGAINST THE LAW)

The County of Marin complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The County of Marin does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The County of Marin:

- a) Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- b) Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator for the County of Marin.

If you believe that the County of Marin has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Coordinator for the County of Marin at the following location:

### Civil Rights Coordinator for the County of Marin

ATTN: Human Resources Department: Roger Crawford  
3501 Civic Center Drive, Suite 415, San Rafael, CA 94903  
Phone: 1-415-473-2095 or 1-415-473-3232 (TDD/TTY)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator for the County of Marin is available to help you. You may also call (415) 473-4381 (Voice), (415) 473-3232 (TDD/TTY).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Free Language Assistance:** The following chart displays the top 15 languages spoken by individuals with limited English proficiency in the state of California:

<b>ATTENTION: FREE LANGUAGE ASSISTANCE</b>	
This chart displays, in various languages, the phone number to call for free language assistance services for individuals with limited English proficiency.	
Language	Message About Language Assistance
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-415-473-2095 (TTY: 1-415-473-3232).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-415-473-2095 (TTY: 1-415-473-3232)。
Hmong	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-415-473-2095 (TTY: 1-415-473-3232).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-415-473-2095 (TTY: 1-415-473-3232).
Persian (Farsi)	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-415-473-2095 (TTY: 1-415-473-3232) تماس بگیرید.

<b>ATTENTION: FREE LANGUAGE ASSISTANCE</b> This chart displays, in various languages, the phone number to call for free language assistance services for individuals with limited English proficiency.	
Language	Message About Language Assistance
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-415-473-2095 (TTY: 1-415-473-3232) पर कॉल करें।
Tagalog (Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-415-473-2095 (TTY: 1-415-473-3232).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 415-473-4381-1 (رقم هاتف الصم والبكم: 1-415-473-2095).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-415-473-2095 (TTY: 1-415-473-3232) 번으로 전화해 주십시오.
Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-415-473-2095 (TTY: 1-415-473-3232).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-415-473-2095 (телетайп: 1-415-473-3232).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-415-473-2095 (TTY: 1-415-473-3232) まで、お電話にてご連絡ください。
Armenian	ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ձանգահարեք 1-415-473-2095 (TTY (հեռատիպ)՝ 1-415-473-3232):
Cambodian	ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-415-473-2095 (TTY: 1-415-473-3232)។
Punjabi	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-415-473-2095 (TTY: 1-415-473-3232) 'ਤੇ ਕਾਲ ਕਰੋ।

# What's New in 2020

## Medical Plan Updates

- All medical plans remain the same, although premiums have increased:
- Kaiser Silver and Kaiser Low
- Teamsters Anthem PPO
- Western Health Advantage HMO

## Dental and Vision Plans Remain the Same

The same dental and vision plans are being offered in 2020.

Dental Premiums have increased in 2020.

No change to Vision Premiums in 2020.

No changes to co-pays, deductibles or co-insurance.

## Premium and Employer Contributions (Fringe) Changes

Employer Fringe Contributions will increase for 2020. See page 31 of this guide for more information.

Premium and Employer Fringe Contribution changes will be reflected on the January 10, 2020 paycheck.

Review plan costs and employer contributions before making your 2020 enrollment decisions.

## Life and Long Term Disability (LTD) Insurance

- Premiums for Life and LTD have remained the same in 2020.
- Life/LTD coverage remains the same in 2020.

## Reminder - Medical Waiver Requirement

- Employees who waive medical coverage must submit a Waiver of Participation annually in order to receive cash back of unused fringe.
- If you currently waive medical and receive cash back, you must submit a Waiver of Participation Form during this Open Enrollment or you will not receive cash back in 2020.
- See page 26 for more information on these requirements.

### **IMPORTANT Open Enrollment Notice**

Changes to health benefits can be made beginning Monday, October 14, 2019. All changes and required documentation must be received in Human Resources by 4:30 pm Tuesday, November 12<sup>th</sup>, 2019.

**Forms not received by the Human Resources Department by the deadline will not be processed.**

**This includes forms mailed, but not delivered to HR by the deadline.**

Changes made during Open Enrollment will be effective for coverage beginning on December 29, 2019.

Information and all forms needed to make your benefit elections are posted online at

<https://www.marincounty.org/openenrollment>

*For a complete list of covered services and plan limitations, see the plan's Summary of Benefits and Coverage (SBC) and Evidence of Coverage (EOC) available from the Human Resources Department at <https://www.marincounty.org/openenrollment>. In the event that the information in this guide differs from the Evidence of Coverage, the EOC will prevail.*



# Open Enrollment: How to Enroll in or Make Changes to Your Health Benefits

Open enrollment is the only time you can make changes to your health benefit elections, unless you have a “mid-year change event.” That means once you have made your elections during the Open Enrollment period, in accordance with law, no changes can be made until the next Open Enrollment period, unless you have a “mid-year change event” such as marriage, divorce, birth, adoption, etc.

## **Important! - Open Enrollment Period for 2020:**

Begins: Monday, October 14, 2019

Ends: Tuesday, November 12, 2019 @ 4:30pm

Learn more about permissible mid-year qualifying events on page 10 of this guide.

Benefits-eligible new and rehired employees must enroll in health benefits within 30 calendar days from date of hire or rehire. If you do not enroll within this 30-day period, you can only enroll in benefits during the next Open Enrollment period or within 30 days of a mid-year change event.

## **Actions to Take**

1. Learn about your health benefit options by reading this guide and visiting <https://www.marincounty.org/openenrollment>.
2. If you wish to make benefit changes for 2020, complete appropriate enrollment forms. Forms are listed alphabetically at <https://www.marincounty.org/openenrollment>.
3. If you plan to waive medical coverage in 2020, you must complete the Waiver of Participation form, available online at <https://www.marincounty.org/openenrollment> in order to receive the cash back of unused fringe. See page 26 of this guide for more information.
4. If you plan to enroll in a Flexible Spending Account (Health or Dependent Care), you must submit an enrollment form for 2020. Enrollments from 2019 do not automatically enroll you in the 2020 plan year.
5. Submit all required forms and documentation to Human Resources by 4:30pm on Tuesday, November 12, 2019. Forms not received by Human Resources by the deadline will not be processed, no exceptions. This includes any forms you have mailed but have yet not been delivered to Human Resources by the deadline.
6. **If you do not waive medical insurance, do not plan to have an FSA account in 2020 and do not plan on making any other benefit changes for 2020, no action is needed. Your 2019 benefit elections will continue into the 2020 plan year (except for FSA elections).**

**Questions about health benefits, premium contributions, eligibility documentation, or our wellness program?**

*Contact a Benefits Team Member below:*

<b>Suzanne Griffiths</b> <i>HR Technician</i>	473-6375	sgriffiths@marincounty.org
<b>Meloni Page</b> <i>Sr. HR Technician</i>	473-7006	mpage@marincounty.org
<b>Freeman Suen</b> <i>HR Technician</i>	473-7843	fsuen@marincounty.org
<b>Kori Graff</b> <i>Wellness Coordinator</i>	473-7532	kgraff@marincounty.org
<b>Lisa Hatt</b> <i>Benefits Manager</i>	473-6548	lhatt@marincounty.org

# Benefits Eligibility

## Member Eligibility

The County provides an allowance to regular hire full-time and part-time employees working half-time or more that can be used to purchase health benefits including medical, dental, vision as well as life and long-term disability insurance. Eligible employees may take some of the unused portion of the cash allowance as taxable cash back according to the IRS (IRC, Section 125). All employees that are contingent hire status may be eligible only for the Kaiser high-deductible health plan (HDHP) medical plan. For more information about medical benefits for contingent hire employees see the Employee Benefits guide for Contingent Hires at <https://www.marincounty.org/openenrollment>.

## Dependent Eligibility

### *Spouse or Domestic Partner*

All benefits-eligible employees may enroll a legal spouse or registered domestic partner in the County's benefits plans, including medical, dental, vision, and dependent life insurance. Proof of legal marriage or domestic partnership is required. Enrollment in benefits must be completed within 30 days of the date of marriage or partnership or during the annual Open Enrollment period.

### *Natural Children, Stepchildren, Adopted Children*

A member's natural child, stepchild, adopted child (including a child placed for adoption), the natural or adopted child of a legal spouse or domestic partner, child under a qualified medical child support order, and legal guardianship child are eligible for coverage in health benefits up to 26 years of age. The employee will be responsible for all taxes incurred under rules set by the Internal Revenue Service (IRS) and the Franchise Tax Board regarding imputed income. See Domestic Partner Health Benefits Taxation Section on page 5 of this guide for more information.

## Regular Hire Employees and group Medicare

By law, the County of Marin health plans (Kaiser, Western Health Advantage, and Teamsters' Anthem) are considered the "Primary Payer" and Medicare is a "Secondary Payer" (except for employees with End-Stage Renal Disease starting with the 31st month after the start of Medicare coverage, Medicare pays first and this Plan pays second). This means a County of Marin sponsored group health plan pays up to the limits of coverage first and the "Secondary Payer" only pays if there are costs the primary insurer didn't cover. Because of this "coordination of benefits" between the Primary and Secondary Payers, regular hire full-time and part-time Medicare-eligible employees who receive their healthcare coverage through a County of Marin sponsored medical plan, are not required to sign up for Medicare Part B or Part D when they turn 65. County of Marin employees who become eligible for Medicare while working will have an opportunity to sign up for Medicare prior to retirement during a Medicare Special Enrollment Period without penalty. If you are over age 65 at retirement, your Medicare benefits must be effective on or prior to your retirement date. There are premium penalties if your benefits become effective after retirement, so it is recommended to begin the Medicare enrollment process no later than three months before you plan to retire.

Below is a list of resources for more information about Medicare eligibility and enrollment:

- Centers for Medicare and Medicaid Services (CMS) official Medicare handbook, "[2020 Medicare & You](#)"
- Marin County Employees' Retirement Association ([MCERA](#)), Telephone (415) 473-6147
- Social Security Administration ([www.SSA.gov](http://www.SSA.gov)) 1 (800) 772-1213



# Domestic Partner Health Benefits Taxation

## ***Health Coverage for a domestic partner and a partner's children may be taxable benefits under federal law.***

A Domestic Partner will generally not qualify as a tax dependent under Federal law. According to the IRS code (Revenue Ruling 58-66), the "fair market value" of domestic partner coverage is what must be used for computing taxes on fringe benefits provided to non-tax qualified domestic partners or children of domestic partners enrolled under an employee's plan. This is true whether the costs are paid out of your fringe benefit dollars provided by the County or paid out of pocket by the member as both are paid with pre-tax dollars. By comparison, no taxable imputed income results from employer contributions to a legal spouse's health premiums or a domestic partner that qualifies as a tax dependent. The fair market value is calculated for the domestic partner and *each* child of the domestic partner if the domestic partner and/or the child do not qualify as dependents of the employee per the IRS definition found in the IRS code, section 152 (Code 105 (b)). The County of Marin is required to include the fair market value of your domestic partner coverage for federal, and in some cases state, tax purposes in your taxable income. This amount is reflected on your annual Form W-2 from the County, which employees receive in January of each year. This means that your taxable income will be higher than the actual cash wages that you have received.

## **Fair Market Value of Domestic Partner Benefits**

Fair market value of the domestic partner benefit will be the cost difference between the employee only and the employee plus one dependent premium rate. Fair market value for each domestic partner child is the family rate less the two-party rate. Examples for how fair market value is determined are highlighted below using 2020 Kaiser Plan S bi-weekly rates:

EE Only .....\$329.03  
 EE + 1 Dependent.....\$658.05  
 EE + Family.....\$875.21

Examples	Bi-Weekly Kaiser Rate	Base for Calculating Taxability
Covered Individuals <ul style="list-style-type: none"> <li>Employee</li> <li>Domestic Partner (DP)</li> <li>DP Child 1</li> <li>DP Child 2</li> <li>DP Child 3</li> <li>DP Child 4</li> </ul>	\$875.21	Employee.....n/a Domestic Partner.....\$329.02 DP Child 1.....\$217.16 DP Child 2.....\$217.16 DP Child 3.....\$217.16 DP Child 4.....\$217.16 <b>Total.....\$1,197.66</b>
Covered Individuals <ul style="list-style-type: none"> <li>Employee</li> <li>Domestic Partner</li> <li>5 Employee's children</li> <li>DP Child 1</li> </ul>	\$875.21	Employee.....n/a Domestic Partner.....\$329.02 5 Employee's Children...n/a DP Child 1.....\$217.16 <b>Total.....\$546.18</b>

## **Consult Your Tax Advisor**

This is a brief overview regarding the tax treatment of health benefits to domestic partners and children of domestic partners. Laws are subject to change. Please consult with a professional tax advisor for information needed to make these determinations. It is your responsibility to comply with state and federal tax law.

# Changing Benefit Elections Outside of Open Enrollment: Midyear Change in Status

***You may only change health benefit elections outside of Open Enrollment if you have a midyear change in status.***

Under the IRS Code, Section 125, the employee must pay the same amount of pre-tax premium each month during the year, unless the employee has a “mid-year change event.” This means once you have made your elections during the Open Enrollment period, no changes can be made until the next Open Enrollment period unless you have a mid-year change of status event. To make a change in benefit elections due to a mid-year change event, you must complete the election change process, including the submission of all required documentation, no later than 30 calendar days after the qualifying event occurs. If the election change process is not completed within 30 calendar days of the date of the qualifying event, you must wait until the next Open Enrollment to make the change. Examples of qualifying events include marriage or divorce, birth or adoption, loss of other non-County of Marin group medical coverage, an unpaid leave of absence taken by the employee or spouse, spouse/DP gains coverage through an employer, etc.<sup>1</sup> If you have **any** questions concerning your benefits and/or the enrollment process, please contact a Human Resources Benefits representative to discuss.

## **Enrollment and Required Documentation**

Enrollment and change forms are available online at <https://www.marincounty.org/openenrollment>.

Required documentation must be submitted to the Human Resources Department by the deadlines listed below. Late documentation and enrollment and change forms will not be processed. If you are concerned because you cannot obtain all of the needed documentation, please call your HR Benefits representative to discuss.

Common Scenarios <sup>1</sup>	How to Enroll:	Important Timing
<b>Marriage or Domestic Partnership</b>	To enroll a new spouse or domestic partner and eligible children of a spouse or partner you must submit the following: <ul style="list-style-type: none"><li>• appropriate application forms</li><li>• copy of the marriage certificate or certificate of domestic partnership</li><li>• birth certificate for each child</li></ul>	Request for enrollment and required documentation must be made to the County of Marin within 30 days of the legal date of the marriage or partnership
<b>Birth or Adoption</b>	<i>To enroll your newborn or newly adopted child, you must submit the following:</i> <ul style="list-style-type: none"><li>• appropriate application forms</li><li>• copy of the birth certificate or adoption documentation</li></ul>	Request for enrollment and required documentation must be made to the County of Marin within 30 days of the legal date of the child's date of birth, adoption, or placement of adoption.
<b>Legal Guardianship or Court Order</b>	Coverage for a child under legal guardianship is effective the date guardianship takes effect, if all documentation is submitted by the 30-day deadline. Coverage per court order will be effective the date of court order, if all documentation is submitted by the 30-day deadline. You must submit the following: <ul style="list-style-type: none"><li>• Court-appointed legal guardianship documents</li><li>• Birth certificate for each child</li></ul>	Request for enrollment and required documentation must be made to the County of Marin within 30 days of the effective date of court order.

Common Scenarios <sup>1</sup>	How to Enroll:	Important Timing
<p><b>Loss or Gain of Other Health Coverage</b>  <i>Coverage can be lost due to termination of employment, loss of eligibility for coverage such as change from full-time work to part-time work, ineligibility for Medicare or Medicaid, unpaid leave or return from military service. Gain of coverage through spouse/DP's employer or other change in status that results eligibility under spouse/DP plan.</i></p>	<p>Employees and eligible dependents who lose or gain other coverage may enroll by submitting the following:</p> <ul style="list-style-type: none"> <li>• Appropriate application forms</li> <li>• Proof of loss or gain of coverage</li> <li>• Documentation of loss or gain in coverage must state the date other coverage ends or begins and the names of the individual(s) losing or gaining coverage.</li> </ul>	<p>Request for enrollment or termination, along with required documentation must be made within 30 days of the date other coverage terminates or begins.</p>
<p><b>Loss or Gain of Medicaid/CHIP Coverage</b>  <i>If you or your dependent(s) have coverage through Medicaid or a State Children's Health Insurance Program (CHIP) and you or your dependents lose eligibility for that coverage, or do not have such coverage but become eligible for a premium assistance program through Medicaid or CHIP.</i></p>	<p>Employees and eligible dependents who lose or gain Medicaid or CHIP eligibility may enroll by submitting the following:</p> <ul style="list-style-type: none"> <li>• Appropriate application forms</li> <li>• Proof of loss or gain of coverage or eligibility for Premium Assistance Program</li> <li>• Documentation of loss or gain in coverage or eligibility for Premium Assistance Program must state the date other coverage ends or begins and the names of the individual(s) losing or gaining coverage/eligibility.</li> </ul>	<p>Request for enrollment or termination must be made to the County of Marin within 60 days of the date other coverage terminates or eligibility begins</p>

<sup>1</sup>Change in coverage due to a qualifying event may change premium contributions. Review your paycheck to make sure premium deductions are correct. If your premium deduction is incorrect, contact your HR Benefits representative. You must pay premiums that are owed. Unpaid premium contributions can result in termination of coverage.

# Choosing Your Medical Plan

***It is mandatory for all employees who are eligible for benefits to be enrolled in a Medical Plan, unless a Waiver of Participation is filed and accepted by the County.***

Regular hire full and part-time employees working at least half-time are eligible to enroll in any of the following medical plans:

- Kaiser Permanente HMO Plan L
- Kaiser Permanente HMO Plan S
- Western Health Advantage HMO
- Teamsters Anthem PPO

## **Coverage Level Options:**

When you enroll in a medical plan, you also have the option to enroll your eligible dependents in coverage. You can choose one of three coverage levels, as follows:

- Employee Only
- Employee and 1 dependent
- Employee and 2 or more dependents

Although it is mandatory for all employees who are eligible for benefits to be enrolled in a medical plan, you can elect to enroll/waive dependents each year during the open enrollment period.

## **2020 Bi-Weekly Medical Plan Costs:**

All medical plans are experiencing rate increases for 2020. To help employees pay for the cost of health benefits, the County contributes a bi-weekly Fringe allowance. Employer contribution amounts are determined by salary and the medical coverage level elected. Some employer contributions go up in 2020. See page 31 for more information on your bi-weekly benefit payments.

Medical Plan	2020 Bi-Weekly Medical Plan Rates		
	Employee Only	Employee +1 Dependent	Employee +Family
Kaiser S HMO	\$356.47	\$712.94	\$948.22
Kaiser L HMO	\$394.61	\$789.22	\$1,049.67
Western Health Advantage HMO	\$395.67	\$791.34	\$1,052.48
Teamsters Anthem PPO	\$361.02	\$722.03	\$1,010.84

# Choosing Your Medical Plan cont....

## Employer Contributions (Fringe) for 2020

	2020 Bi-Weekly Employer Contributions		
	Employee Only	Employee +1 Dependent	Employee +Family
BUFGs: MCMEA, MAPE (General Unit, HHS and Nurses), Unrepresented, PMA, Probation, DDA, SSOA and IATSE			
Bi-weekly Fringe – Under 74k	\$514.60	\$657.68	\$890.03
Bi-weekly Fringe – Over 74k	\$514.60	\$645.39	\$865.47

BUFGs: Firefighters, Battalion Chiefs and DSA

Bi-weekly Fringe – Under 74k	\$540.33	\$657.68	\$890.03
Bi-weekly Fringe – Over 74k	\$540.33	\$645.39	\$865.47

# About Your Medical Plan Option

*The County provides two types of medical plans to choose from: HMO and PPO.*

## **Health Maintenance Organization (HMO)**

With an HMO plan, you must choose a Primary Care Physician (PCP) from a network of local healthcare providers who will refer you to in-network specialists or hospitals when necessary. For non-emergency care, you must access service through that PCP. You do not pay a deductible before accessing benefits, and copays at the point of service are set at a contracted rate. This helps to limit out-of-pocket costs. Except for emergencies, there are no plan benefits paid for provider services obtained outside of the HMO network. The County of Marin offers the following HMO plans:

- Kaiser Plan S
- Kaiser Plan L
- Western Health Advantage

## **Preferred Provider Organization (PPO)**

A PPO plan offers benefits through in-network and out-of-network healthcare providers and allows for a greater selection of providers. The greater flexibility that comes with a PPO plan often comes with higher out-of-pocket costs such as deductibles and the uncertainty of coinsurance. There is an in-network coinsurance maximum of \$2,000 per year, which if met, would limit any additional in-network covered expenses to applicable copayments only for covered benefits. While you can receive care from any doctor, specialist or hospital you choose, you will save money and protect yourself from large and unexpected charges by choosing an in-network provider whenever possible. It is very important to remember that in addition to higher charges and higher coinsurance, there is no out-of-pocket coinsurance (or other) limit or protection for services obtained out-of-network. Also, you are not assigned to a primary care physician (PCP), so you have more responsibility in coordinating your care. The County offers the following PPO plan:

- Teamsters Anthem PPO

## **Individual Mandate and Health Care Reform**

The health care reform legislation that became law in 2010, known officially as the Affordable Care Act, requires most Americans to have health insurance. In December 2017 Congress passed a new law (the Tax Cuts and Jobs Act) that reduced the federal Individual Mandate penalty to zero starting in 2019. This means that starting in 2019 there will no longer be a federal Individual Mandate penalty for failure to maintain medical plan coverage.

Note that if you are a resident of certain states including California, Massachusetts, New Jersey, Rhode Island, or Vermont, or the District of Columbia, you may be subject to a state income tax penalty if you fail to maintain medical plan coverage that meets that state's minimum coverage requirements. Consult with your own state's insurance department for information on whether your state has adopted or will be adopting a state Individual Mandate penalty.

County of Marin regular hire full and part-time employees must submit an annual Waiver of Participation form to waive medical and continue receiving cash back of unused fringe. Coverage through the exchanges such as Covered California is not group coverage. See the Waiver of Participation section on page 26 of this guide for more information.



# 2020 Medical Plan Benefits At-a-Glance

This chart provides a summary of benefits. For a detailed description of benefits and exclusions for each plan, please review your plan's Evidence of Coverage (EOC) or Plan Document available online at <https://www.marincounty.org/openenrollment>. In the event that the information in this guide differs from the Evidence of Coverage (EOC) or Plan Document, the EOC or Plan Document will prevail.

## County of Marin Medical Plans

Plan Components	Kaiser S HMO	Kaiser L HMO	Teamsters Anthem PPO		Western Health Advantage HMO
			In-Network	Out-of-Network	
Deductible Individual Family	None	None	\$250 \$500	\$250 \$500	None
Annual Out-of-pocket max Individual Family	\$1,500 \$3,000	\$1,500 \$3,000	(Coinsurance Max) \$2,000 \$2,000	None	\$1,500 \$3,000
<b>General Care</b>					
Routine Physical/ Preventative Care	No charge	No charge	No charge (Deductible waived)	Not covered	No charge
Primary Care Visit	\$25	\$5	\$20 (Deductible waived)	40% UCR	\$15
Well Baby Care	No charge	No charge	No charge (Deductible waived)	Not covered	No charge
Immunizations	No charge	No charge	No charge (Deductible waived)	Not covered	No charge
Chiropractic	\$15	\$10	20%	40% UCR	\$15
<b>Testing and Specialty Care</b>					
Specialty Visit	\$25	\$5	\$20 (Deductible waived)	40% UCR	\$15
Lab and X-Ray	No charge	No charge	20%	40% UCR	\$15
Occupational, Physical and Speech	\$25	\$5	20%	40% UCR	\$15
Skilled Nursing Facility	No charge	No charge	20%	40% UCR (physician) 50% UCR (facility)	No charge
Hospice Care	No charge	No charge	20%	40% UCR	No charge

Emergency Room	\$50	\$50	20%	20%	\$75
Hospital Inpatient Outpatient	No charge \$25	No charge \$5	20% 20%	40% UCR (physician) 50% UCR (facility)	No charge \$15
<b>Maternity and Infertility</b>					
Pre/Post-Partum Care	No charge	No charge	20%	40% UCR (physician) 50% UCR (facility)	No charge
<b>Mental Health and Substance Abuse</b>					
Inpatient	No charge	No charge	20%	40% UCR (physician) 50% UCR (facility)	No charge
Outpatient Visit	\$25	\$5	\$20 (Deductible waived)	40% UCR	\$15
<b>Prescriptions (Rx)</b>					
Pharmacy (Retail)		\$5 (up to 100 day supply)			
Generic	\$10 (up to 30 day supply)	\$5 (up to 100 day supply)	\$10 (up to 100 day supply)	\$10 (up to 100 day supply)	\$5 (up to 30 day supply)
Formulary Brand	\$25 (up to 30 day supply)		\$20 (up to 100 day supply)	\$20 (up to 100 day supply)	\$20 (up to 30 day supply)
Non-Formulary Brand	Physician authorized only	Physician authorized only	N/A (open formulary)	N/A (open formulary)	\$50 (up to 30 day supply)
Specialty	\$25 (up to 30 day supply)	\$5 (up to 30 day supply)	\$20 (up to 30 day supply)	\$20 (up to 30 day supply)	Covered under applicable tier

## Nurseline, Urgent Care and Customer Service

A free 24/7 nurseline is available for the Kaiser Permanente, Western Health Advantage and Teamsters Trust Anthem PPO plans. You can call the free nurse advice line and speak to a registered nurse and get answers to your questions about health problems, illness or injury. The nurse can also help you decide if you need routine, urgent or emergency service. If you have an emergency medical condition, call 911 or go to the nearest hospital.

Plan	24/7 NURSELINE	Urgent After Hours Care	Customer Service
<b>Kaiser Permanente</b>	1-866-454-8855	<p><b>Note:</b> All Kaiser urgent care visits are by appointment only. For hours, call the Appointment and Advice Call Center at the facility you plan to visit. This is a partial list. For additional Kaiser urgent care facilities visit <a href="http://www.kp.org">www.kp.org</a>.</p> <ul style="list-style-type: none"> <li>• Oakland Medical Center (510) 752-1190</li> <li>• Petaluma Medical Offices (707) 765-3960</li> <li>• San Francisco Medical Center (415) 833-2200</li> <li>• San Rafael Medical Center (415) 444-2940</li> <li>• Santa Rosa Medical Center (707) 393-4044</li> </ul>	<p>Member Services (California) 1-800-464-4000 (English) 1-800-788-0616 (Spanish)</p> <p>Online <a href="http://www.kp.org/memberservices">www.kp.org/memberservices</a></p>
<b>Western Health Advantage HMO</b>	1-877-793-3655	<p>In the event that you cannot reach your PCP go to the nearest Urgent Care Facility. Use WHA's urgent care provider list to find the facility affiliated with your PCP.</p> <p>Emergency hospitalizations in a non-participating facility requires notification to WHA within 24 hours</p>	<p>Member Services 1-888-563-2250</p> <p>Coverage while Traveling 1-800-872-1414 <a href="http://www.assistamerica.com">www.assistamerica.com</a></p> <p>Online <a href="http://www.mywha.org">www.mywha.org</a></p>
<b>Teamsters Anthem PPO</b>	1-800-977-0027	<p>For the most up-to-date in-network list of urgent care facilities, contact member services or sign in at <a href="https://www.anthem.com/ca">https://www.anthem.com/ca</a> and click "find urgent care".</p>	<p>Member Services 1-800-288-2539</p> <p>Coverage While Traveling in US 1-800-810-2583</p> <p>Online <a href="http://www.anthem.com/ca">www.anthem.com/ca</a></p>

## Video Visits with a Doctor

*Video visits can be a convenient way to speak face-to-face with a doctor from the comfort of your home or office.*

**Kaiser Permanente** offers convenient video visits with your doctor from your home or office. All you need is a computer with an internet connection and a webcam or a smartphone mobile device (iOS iPhone or iPad or Android mobile device) using the latest version of the KP Preventative Care App. Visit [kp.org/mydoctor/videovisits](https://kp.org/mydoctor/videovisits) for more information. You can also email your doctor, schedule routine appointments, see your lab results and refill most prescriptions through the KP Preventative Care App available for download at [www.kp.org/mobile](https://www.kp.org/mobile).

**Anthem's LiveHealth** Online connects you with a board-certified doctor in just a couple of minutes. Doctors are available 24/7, 365 days a year. For the same price of an office visit copay, you can meet with a doctor face-to-face through your mobile device or a computer with a webcam. It is a convenient option for care when your physician is not available. Go to [www.livehealthonline.com](https://www.livehealthonline.com) or access the LiveHealth Online mobile app. Select the state you are located in and answer a few questions. Once connected, you can talk and interact with the doctor as if you were in a private exam room.

**Western Health Advantage** offers a variety of online ways to stay in touch with your doctor 24/7. Go to <https://www.westernhealth.com/search-for-providers/the-wha-network/connect-with-your-doctor/> to find out what your provider offers.

# Dental Coverage

***It is mandatory for all regular hire employees who are eligible for benefits to be enrolled in the Delta Dental plan.***

## Delta Dental PPO Plan

The County of Marin offers one Delta Dental PPO plan to employees, dependents and dependent children up to age 26. Visit a dentist in the PPO network to maximize your savings. You can visit any licensed provider under the plan, however you will pay less out of your own pocket when you visit an in-network Delta Dental PPO provider. Although it is mandatory for all regular hire employees who are eligible for benefits to be enrolled in the Delta Dental plan, you can elect to enroll/waive dependents each year during the open enrollment period.

## 2020 Bi-Weekly Dental Plan Costs:

	Employee Only	Employee +1 Dependent	Employee +Family
<i>Delta Dental PPO Group Number: 01909-01001</i>	\$24.31 <b>mandatory</b>	\$45.84	\$72.02

## ID Cards

If you've been looking for your dental plan ID card, the good news is that you don't need one! Just tell your dental office that you're covered by Delta Dental and provide your name, your date of birth, your enrollee ID number (or social security number) and the name of your employer. If you have dependents on your plan, they will need to provide your details. If you prefer to have an ID card anyway you can pull it up on your smartphone or print one from online at [www.deltadentalins.com](http://www.deltadentalins.com).

## Summary of Delta Dental PPO Benefits<sup>4</sup>

Delta Dental PPO – Group Number: 01909-01001	
Deductible	None
Plan year maximum <i>maximum amount the dental plan will pay per Member in a calendar year</i>	\$2,100 per person
<b>Covered Services</b>	<b>Co-Insurance Paid by Member<sup>4</sup></b>
Diagnostic and preventative	20%
Extractions and fillings	20%
Crowns and cast restoration	20%
Prosthodontics (includes implants)	50%
Endodontic/Root Canals	20%
Oral Surgery	20%
Orthodontia	40% <i>(lifetime maximum per member \$1,500)</i>

<sup>4</sup>For a complete list of covered services and plan limitations, see the plan's Evidence of Coverage available online at <https://www.marincounty.org/openenrollment>. In the event that the information in this guide differs from the Evidence of Coverage (EOC), the EOC will prevail.

# Vision Coverage

***It is mandatory for all regular hire employees who are eligible for benefits to be enrolled in the Vision plan.***

## **Vision Plan Offered by VSP**

The County of Marin offers vision coverage through VSP to employees, dependents and dependent children up to age 26. Visit a provider in the VSP network to maximize your savings. You can visit any licensed provider under the plan, however you will pay less out of your own pocket when you visit an in-network VSP provider. Although it is mandatory for all regular hire employees who are eligible for benefits to be enrolled in the Vision plan, you can elect to enroll/waive dependents each year during the open enrollment period.

## **2020 Bi-Weekly Vision Plan Costs:**

	Employee Only	Employee +1 Dependent	Employee +Family
VSP Vision Plan	\$2.34 <i>mandatory</i>	\$5.25	\$7.48

## **ID Cards**

No ID cards are issued for the vision plan. If you would like a card as a reference, you can print one at [www.vsp.com](http://www.vsp.com).

## **Accessing Your Vision Benefits**

To find a VSP provider, visit [www.vsp.com](http://www.vsp.com) or call 1-800-877-7195. At your appointment, tell them you have VSP. You can choose a VSP provider or out-of-network provider. Keep in mind you will pay less out of your own pocket when you visit an in-network VSP provider.

## **Summary of VSP Signature Plan Benefits<sup>5</sup>**

VSP Signature Plan	Copayment Paid by Member <sup>5</sup>	Frequency
Well vision exam	\$10	Every 12 months
Materials (Frames and Lenses)	\$25	Every 24 months
Contacts (instead of glasses)	\$0	Every 24 months

<sup>5</sup>For a complete list of covered services and plan limitations, see the plan's Evidence of Coverage available online at <https://www.marincounty.org/openenrollment>. In the event that the information in this guide differs from the Evidence of Coverage (EOC), the EOC will prevail.



# Flexible Spending Accounts (FSAs)

*You can save money for many everyday expenses, such as health care, child daycare and elder daycare with tax free money.*

## How an FSA works

A flexible spending account is a tax-advantaged account that allows you to use pre-tax dollars to pay for qualified medical (Health FSA) or dependent care (DCAP) expenses. During Open Enrollment, you choose how much money you want to contribute to an FSA for 2020. You will be able to access these funds throughout the year for qualified expenses. Both the Health FSA and DCAP plans are administered by ConnectYourCare.

## Eligible Health FSA Expenses

Health FSAs can pay for health care expenses with pre-tax funds, such as medical, pharmacy, dental and vision co-payments, other dental and vision care expenses, acupuncture and chiropractic care, and more. For a complete list of eligible health care expenses, visit [www.connectyourcare.com/tools/eligible-expenses](http://www.connectyourcare.com/tools/eligible-expenses).

## Health FSA Rules

- You must re-enroll in FSAs every Open Enrollment if you want to continue this benefit for the upcoming plan year.
- The IRS requires that all FSA purchases be verified as eligible expenses. Sometimes, purchases are automatically verified when you use your card. Other times, ConnectYourCare will request itemized receipts. Always save your itemized receipts!
- You can receive reimbursements up to the full amount of your annual election regardless of the amount you have already contributed.
- Health FSA contributions are currently limited by the IRS to \$2,700 per person. This means that you may only set aside up to \$2,700 for the 2020 calendar year on a pre-tax basis.
- You cannot change FSA contributions during the January to December plan year unless you have a mid-year change in status.

## Eligible DCAP Expenses

A Dependent Care FSA can pay for qualifying dependent care expenses with pre-tax funds such as certified day care, pre-school, day camp, before/after school programs, late pick-up fees, placement fees for a dependent care provider such as an au-pair and qualifying custodial care for dependent adults. For a complete list of eligible dependent care expenses, visit [www.connectyourcare.com/tools/eligible-expenses](http://www.connectyourcare.com/tools/eligible-expenses).

## Dependent Care Assistance Program (DCAP) FSA Rules

- Enrollment is required each year. You must re-enroll in DCAP every Open Enrollment if you want to continue this benefit.
- Covered dependent may include any qualifying child under the IRC regulations who is under the age of thirteen, or a spouse, child, or other person who is your federal tax dependent who is physically and/or mentally unable to care for themselves and has the same principal place of abode as you for more than half of the year.
- DCAP expenses are not eligible if the spouse is a stay at home parent.
- The IRS requires that all DCAP reimbursements be verified as eligible expenses. This includes amounts that reoccur each month.
- The IRS limits contributions to \$5,000 per year per family. This means you may only set aside up to \$5,000 in a calendar year in a DCAP FSA on a pre-tax basis.
- Unlike the health FSA, you may only receive reimbursement from your DCAP account equal to the amount you have actually deposited.
- You cannot change DCAP FSA contributions during the January to December plan year unless you have a qualifying event.

# Enrolling in a Health FSA or Dependent Care FSA

## Important

**You must re-enroll in Flexible Spending Account(s) every Open Enrollment if you want to continue this benefit.** To enroll in the Health or Dependent Care Flexible Spending Account(s) benefit, complete the enrollment form available online at <https://www.marincounty.org/openenrollment>. It is your responsibility to contact the HR Benefits representative assigned to your department prior to the close of Open Enrollment to confirm your FSA enrollment. The effective date for FSAs is January 1, 2020, with the first deduction appearing on the January 10, 2020 paycheck. Remember, if you do not complete and submit your enrollment form during this Open Enrollment, you will not have an account for 2020. For more information see the ConnectYourCare enrollment guide available at <https://www.marincounty.org/openenrollment>.

## Determining What to Set Aside

Before enrolling, be sure to work out a detailed estimate of the eligible expenses you are likely to incur for the plan year ahead. Based on federal law, you may carry forward to the next plan year up to \$500 in unused funds in your Health FSA; any unreimbursed funds in excess of \$500 are forfeited at the end of the plan year and cannot be returned to you. A flexible spending account worksheet to help you calculate your eligible health and childcare expenses is available online at <https://www.marincounty.org/openenrollment>.

## Avoid Forfeiting FSA Contributions

FSA expenses for the 2020 plan year must be incurred in 2020 and received by ConnectYourCare no later than March 31, 2021. Per IRS rules, you forfeit all funds remaining in an FSA by the end of the claim filing period unless they are covered by the carry forward provision described above. There are no exceptions.

## Using your Health Flexible Spending Account

*There are two ways to pay for health care expenses with your Health FSA:*

1. **Use your FSA debit/payment card:** Provide your card to a qualified merchant or provider, and they will swipe your card like any other credit or debit card to pay for your purchase. There is a preset PIN associated with your card, which are the last 4 digits of your card number. To select a different PIN, call Card Services at 1-888-999-0121. Remember, even when you use your card, IRS rules require purchases be verified for eligibility. Sometimes ConnectYourCare can do that automatically, but sometimes documentation is needed. Always save your documentation. Your card has been programmed to work only at merchant locations that are designated as health care merchants based on their Merchant Category Code (MCC). Examples of qualified merchants include doctor's offices and hospitals.
2. **Pay with personal funds and request reimbursement:** Pay using your own personal credit card, cash or check and keep your itemized receipt as documentation. Then, log on to your online account to file for reimbursement and upload your documentation. You can receive reimbursement funds via check or direct deposit. Set up direct deposit online to receive quicker reimbursements.

## Using your Dependent Care Flexible Spending Account (DCAP)

If you have a dependent care account, you should pay for your qualified dependent care expenses using personal funds and request reimbursement from your account. You will need to submit your itemized receipt as documentation. Remember, receipts for these expenses must include the name of the dependent and the tax identification number of the dependent care provider.

## Requesting Reimbursement

Sometimes ConnectYourCare receives a claim directly through your health insurance plan or through your payment card. In this case, there is no need for you to enter a separate request unless more documentation is requested. To request reimbursement for expenses paid using your personal funds, you will need to submit a claim. For more information on submitting claims and proper documentation, see the Claims Made Easy document available at <https://www.marincounty.org/openenrollment>.

**Questions about FSAs? Contact ConnectYourCare at 1-877-292-4040**

# Group Life Insurance

***It is mandatory for all regular hire employees who are eligible for benefits to be enrolled in Basic Group Life Insurance.***

Life insurance offers you and your loved ones basic financial protection if you die. Not only does life insurance help cover unexpected final expenses, it can also provide you and your loved ones with a financial safety net to help those you leave behind pay bills like a mortgage or college tuition.

## **Mandatory Basic Life Insurance Coverage**

Regular hire employees who are eligible for benefits receive mandatory Basic Life insurance of \$10,000. Employees are covered for Accidental Death and Dismemberment (AD&D) in the same amount as their life insurance. Life insurance is administered through The Hartford. For life insurance details, see the plan's Evidence of Coverage available on <https://www.marincounty.org/openenrollment>.

## **Supplemental Life Insurance and AD&D Coverage**

Newly hired employees may purchase Supplemental Life Insurance and AD&D. Supplemental Life Insurance may be purchased at one or two times their basic yearly earnings without proof of good health if application is made within 31 calendar days of their new hire date (limits apply). Applications for Supplemental Life Insurance and AD&D that fall outside of the initial eligibility period will require proof of good health for the entire benefit amount and may only be completed during the annual Open Enrollment period.

## **Dependent Life Insurance and AD&D Coverage**

Newly hired employees may purchase Dependent Life Insurance and AD&D. Employees may purchase Life Insurance and AD&D for dependents that provides \$5,000 for spouse/domestic partner, \$1,500 for children from 6 months to 21 years old and \$500 from birth to 6 months. One premium covers all eligible dependents.

## **Initial Eligibility Period**

Benefit eligible newly hired employees who enroll in Supplemental Life and Dependent Life Insurance are automatically approved if elected within 31 calendar days of their start date (limits apply). Employees who wish to enroll in Dependent Life and/or Supplemental Life Insurance after their initial eligibility period can only do so during the Open Enrollment period. Applications for Dependent and/or Supplemental Life Insurance that fall outside of the initial eligibility period will require proof of good health and may only be completed during the Open Enrollment period.

Please note that pre-tax life insurance coverage over \$50K will be considered taxable income, and will be shown on the W-4 as taxable imputed income.

## **2020 Bi-Weekly Life Insurance Costs**

2020 Bi-Weekly Life Insurance Rates			
Basic Life	Dependent Life	Supplemental	
\$ .84	\$0.36	1x	2x
		.0035 times bi-weekly salary	.007 times bi-weekly salary

# Long Term Disability Insurance (LTD)

*Long Term Disability Insurance may replace a portion of your income if you become sick or injured and unable to work for an extended period of time.*

## Long Term Disability Coverage

LTD is administered by The Hartford. If you submit a long-term disability claim and it is approved, The Hartford may pay up to a maximum percentage of pre-disability income up to \$3,000 per month. LTD payments will be reduced if you qualify for other sources of income or disability earnings, such as workers' compensation or state disability benefits. For LTD coverage details, see plan's Evidence of Coverage available on <https://www.marincounty.org/openenrollment>.

## 2020 Bi-Weekly Long-Term Disability Insurance Costs

	2020 Bi-Weekly Long-Term Disability Insurance Rates	
	Deputy Probation Officers Probation Managers & Group Counselors	Others
Benefit	Up to 66.67% of monthly base earnings; \$3,000 maximum 90-day elimination period	Up to 60% of monthly base earnings; \$3,000 maximum 90-day elimination period
Bi-weekly rate	.0022 times bi-weekly salary	.0022 times bi-weekly salary
Maximum bi-weekly rate	\$4.57	\$5.08

# Leave of Absence and Health Benefits

***You must notify the Human Resources Benefits Division about a leave of absence. You may elect to continue or waive health coverage for the duration of your approved leave of absence.***

## **Medical, Dental, Vision, and Health FSA Benefits While on an Approved Leave of Absence**

Job-protected medical leaves such as Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA), and Pregnancy Disability Leave (PDL) are unpaid. In order to be paid during your leave, you may use your own sick, vacation and other leave accruals. You may also be eligible to apply for benefits under State Disability Insurance (SDI), Paid Family Leave (PFL) and/or Long-Term Disability (LTD) insurance to help pay for your approved time off.

During the time you are on an approved FMLA, CFRA, and PDL leave of absence, the County will continue to provide your fringe contribution while you are on paid status. If you run out of accrued leave time, you will be placed on leave without pay (unpaid leave).

## **Unpaid Leave of Absence**

While you are on an unpaid leave and not receiving a paycheck, out-of-pocket premium costs (employee contributions) for health coverage cannot be deducted from your paycheck. To maintain coverage, you must pay your portion of any premium contributions for yourself and any enrolled dependents. Payments are made directly to the Department of Finance. It is your responsibility to work with the Human Resources Department's Benefits Division and Department of Finance to pay for the premiums or revoke your coverage during the leave. Failure to make timely premium payments for your benefits can result in the termination of your health benefits, which may not be reinstated until you return to work or during the annual Open Enrollment. More information can be found online at <https://www.marincountyhr.org/find-employee-tools/policies-procedures-and-contracts/leaves-of-absence>.

## **Your Responsibilities During a Paid or Unpaid Leave of Absence**

1. Notify your Supervisor and a member of the Human Resource Benefits Division prior to your leave. They will help you understand the process and documentation required for an approved leave. If you need leave suddenly to care for yourself or a family member, you must notify your supervisor or HR as soon as practical. For more information go to <https://www.marincountyhr.org/find-employee-tools/policies-procedures-and-contracts/leaves-of-absence>.
2. Contact the Human Resources Benefits Division and the Department of Finance, [DOF-Payroll@marincounty.org](mailto:DOF-Payroll@marincounty.org) as soon as your leave begins. You may choose to continue or waive health coverage while on leave. If you continue coverage, you must pay employee premium contributions while you are on leave. If premium payments are not deducted from your paycheck while you are on leave, you must pay the Department of Finance directly. Failure to do so will result in the termination of your health benefits.
3. When leave ends, contact Human Resources Benefits Division and the Department of Finance to reinstate your benefits within 30 days of returning to work.

## **Flexible Spending Accounts (FSAs) While on Leave**

When an employee is on leave without pay and has a Dependent Care FSA and/or Health FSA, bi-weekly employee contributions to the FSA cannot be made. When the employee returns to work, bi-weekly Health FSA contributions resume at a higher amount to ensure the appropriate annual amount is collected. The ConnectYourCare Health FSA card can still be used while an employee is on leave. Dependent Care FSA will be suspended.

**If you have questions about your leave, please contact:**

<b>Linda Kline</b> <a href="mailto:lkline@marincounty.org">lkline@marincounty.org</a> 473-6352	<b>Megan Numair</b> <a href="mailto:mnumair@marincounty.org">mnumair@marincounty.org</a> 473-6518	<b>Rose Katsus (HHS)</b> <a href="mailto:rkatsus@marincounty.org">rkatsus@marincounty.org</a> 473-4140	<b>Sondra Lewis (HHS)</b> <a href="mailto:slewis@marincounty.org">slewis@marincounty.org</a> 473-6928
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# Health Coverage Calendar

Coverage for benefits is provided and paid for on a bi-weekly basis. Benefits are paid for in the two-week period prior to the coverage period. For example, employees working December 16, 2018 through December 29, 2018 are covered for December 30, 2018 – January 12, 2019.

If you take an unpaid leave of absence, you must pay Finance-Payroll directly for the premium contributions that were being deducted from your paycheck. Employee premium contributions are due no later than next pay date from which the benefits coverage period has ended. For example, payment for the December 29, 2019 – January 11, 2020 benefits coverage period must be made no later than January 24, 2020 pay date.

Work Dates	Pay Date	Benefits Coverage Period
December 15, 2019 - December 28, 2019	January 10, 2020	December 29, 2019 - January 11, 2020
December 29, 2019 - January 11, 2020	January 24, 2020	January 12, 2020 - January 25, 2020
January 12, 2020 - January 25, 2020	February 7, 2020	January 26, 2020 - February 8, 2020
January 26, 2020 - February 8, 2020	February 21, 2020	February 9, 2020 - February 22, 2020
February 9, 2020 - February 22, 2020	March 6, 2020	February 23, 2020 - March 7, 2020
February 23, 2020 - March 7, 2020	March 20, 2020	March 8, 2020 - March 21, 2020
March 8, 2020 - March 21, 2020	April 3, 2020	March 22, 2020 - April 4, 2020
March 22, 2020 - April 4, 2020	April 17, 2020	April 5, 2020 - April 18, 2020
April 5, 2020 - April 18, 2020	May 1, 2020	April 19, 2020 - May 2, 2020
April 19, 2020 - May 2, 2020	May 15, 2020	May 3, 2020 - May 16, 2020
May 3, 2020 - May 16, 2020	May 29, 2020	May 17, 2020 - May 30, 2020
May 17, 2020 - May 30, 2020	June 12, 2020	May 31, 2020 - June 13, 2020
May 31, 2020 - June 13, 2020	June 26, 2020	June 14, 2020 - June 27, 2020
June 14, 2020 - June 27, 2020	July 10, 2020	June 28, 2020 - July 11, 2020
June 28, 2020 - July 11, 2020	July 24, 2020	July 12, 2020 - July 25, 2020
July 12, 2020 - July 25, 2020	August 7, 2020	July 26, 2020 - August 8, 2020
July 26, 2020 - August 8, 2020	August 21, 2020	August 9, 2020 - August 22, 2020
August 9, 2020 - August 22, 2020	September 4, 2020	August 23, 2020 - September 5, 2020
August 23, 2020 - September 5, 2020	September 18, 2020	September 6, 2020 - September 19, 2020
September 6, 2020 - September 19, 2020	October 2, 2020	September 20, 2020 - October 3, 2020
September 20, 2020 - October 3, 2020	October 16, 2020	October 4, 2020 - October 17, 2020
October 4, 2020 - October 17, 2020	October 30, 2020	October 18, 2020 - October 31, 2020
October 18, 2020 - October 31, 2020	November 13, 2020	November 1, 2020 - November 14, 2020
November 1, 2020 - November 14, 2020	November 27, 2020	November 15, 2020 - November 28, 2020
November 15, 2020 - November 28, 2020	December 11, 2020	November 29, 2020 - December 12, 2020
November 29, 2020 - December 12, 2020	December 25, 2020	December 13, 2020 - December 26, 2020



# Waiver of Participation

***Employees may waive County sponsored medical insurance if they provide a Waiver of Participation form showing other group “minimum essential coverage”.***

## **Waiver of Participation**

During Open Enrollment or within 30 days of a qualifying event, an employee may waive medical insurance by completing the Wavier of Participation form available online at <https://www.marincounty.org/openenrollment>, affirming that the employee and all members of the employee’s “tax family” have other group “minimum essential coverage” for the 2020 plan year. Your “tax family” is anyone you claim as a dependent on your tax returns. The Waiver of Participation form must be submitted each calendar year during Open Enrollment or within 30 days of a qualifying event. Employees waiving coverage through the County’s medical insurance plans who fail to provide a signed Waiver of Participation during Open Enrollment or within 30 days of a qualifying event will be ineligible to receive cash back of unused fringe.

### **Important: Annual Waiver of Participation Requirement**

If you currently waive the County’s medical insurance and receive cash back, be sure to submit a Waiver of Participation during this Open Enrollment!

Employees waiving coverage through the County’s medical insurance plans who fail to provide a signed Waiver of Participation will be ineligible to receive cash back of unused fringe.

## **About Minimum Essential Coverage**

Minimum essential coverage means coverage under another group health plan that satisfies the requirements of the Affordable Care Act. Individual policies, whether obtained through Covered California or elsewhere, do not constitute group minimum essential coverage.

COBRA, which stands for the Consolidated Omnibus Budget Reconciliation Act, is a Federal law that allows employees and their dependents who lose eligibility for group medical, dental and vision coverage to temporarily continue that coverage by paying for it themselves. ConnectYourCare administers COBRA for the County of Marin.

## Eligibility

Employees may elect to temporarily continue health care coverage through COBRA if coverage is lost due to:

- Voluntary or involuntary termination of employment
- Hours of employment reduced, making the employee ineligible for employer sponsored health coverage

Covered spouses or domestic partners may also elect to be covered under COBRA if coverage is lost due to:

- Voluntary or involuntary termination of employee's employment
- Hours of employment reduced, making the employee ineligible for employer sponsored health coverage
- Divorce, legal separation, or dissolution of domestic partnership from the covered employee
- Death of the covered employee

Covered dependent children may elect COBRA coverage if health care is lost due to:

- Loss of dependent child status under the plan rules
- Voluntary or involuntary termination of employee's employment
- Hours of employment reduced, making the employee ineligible for employer sponsored health coverage
- Parent's divorce, legal separation, or dissolution of domestic partnership from the covered employee
- Death of the covered employee

Note: Dependents dropped from coverage during Open Enrollment are not eligible for COBRA.

## COBRA Notification and Election Time Limits

Employee health care coverage ends on the last day of the coverage period for which the employee worked. See the 2020 Health Coverage Calendar on page 25 of this guide for more information. If the termination date falls on the first day of the coverage period, coverage ends that same day. If an enrolled dependent of an employee loses coverage due to divorce, dissolution of partnership, or loss of dependent child status, the employee or the dependent must notify your Human Resources Benefits Division representative within 30 days of the qualifying event and request COBRA enrollment information. Failure to give notice to Human Resources Benefits Division of your dependent's loss of eligibility within 30 days of the event will cancel the dependent's rights to continued coverage under COBRA. Employees or dependents have 60 days from the COBRA notification date to complete a COBRA election form and submit it to ConnectYourCare. Initial payment for COBRA is required within 45 days of COBRA election. Coverage will be retroactive to the date of the COBRA qualifying event, so there is no break in coverage.

## Paying for COBRA

It is the responsibility of covered individuals enrolled in COBRA to pay required health care premium payments directly to ConnectYourCare. COBRA premiums are not subsidized by the County.

## COBRA and Open Enrollment

COBRA beneficiaries may change plans and/or add family members during Open Enrollment.

## Termination of COBRA

COBRA coverage is generally available for a maximum of 18 months. COBRA coverage will end if:

- You obtain coverage under another group plan or Medicare
- You fail to pay the premium required under the group plan in full and within the payment grace period or the applicable COBRA period ends.

**Questions about COBRA?** Contact ConnectYourCare at 1-855-687-2021.

# Transportation Benefits

***Benefit eligible employees may use pre-tax dollars towards the purchase of eligible commuting expenses.***

## About Transportation Benefits

Employees may use up to \$260 per month of pre-tax dollars to purchase transit passes through our vendor, ConnectYourCare. To take advantage of this benefit, you must register and set up an account through ConnectYourCare and your expenses will automatically be deducted from your paycheck – tax free.



## Eligible Expenses

Eligible expenses include public transportation used for your transit to work. Only your work transportation expenses are eligible. You may not use this benefit for your spouse's or dependents' transportation expenses. Eligible transit and parking expenses include:

- Buses
- Trains and subways
- Ferries
- Vanpools
- Parking at a location from which you commute to work or at or near your place of employment

Examples ***of ineligible expenses*** are bridge tolls, highway tolls and expenses for someone other than you.

## Ordering: Where to Begin

You must place your order by the 10<sup>th</sup> of the month for the following month. Orders received by the 10<sup>th</sup> of the month are processed and mailed no later than the 23<sup>rd</sup> of the month. Example: passes ordered by November 10<sup>th</sup> are for December and mailed no later than November 23<sup>rd</sup>. To make an order, follow the instructions below.

1. Log in to your online account at [www.Connectyourcare.com](http://www.Connectyourcare.com).
  - a. If you have not registered before, follow instructions to set your user name and password. Click on Transportation Benefits in your participant portal to land on the Transit and Parking Home Page.
2. Repeat Orders: Products you ordered in the previous month will be displayed on the left hand side. Just click on the button next to your product if you wish to order the same product again.
3. New Orders: Click on the Place an Order tab in the header menu. Select "Transit", "Parking" or "Vanpool", depending on your preference.

## Transit Orders

Once you have completed steps 1-3 above, select the transit authority of your choice. If you do not see your transit agency, remove the zip code and type in the name of your transit agency. Confirm your selection and click checkout. Review your order for accuracy and click Place Order. You will need to check the disclaimer box before proceeding with your order.

For questions about ordering transportation benefits, contact ConnectYourCare.

The RideGreen program is the County's comprehensive commute alternatives program that includes incentives for carpooling in addition to the pre-tax benefits for transit commuting. For more information, please visit [www.marincounty.org/RideGreen](http://www.marincounty.org/RideGreen).

**Questions about the RideGreen program?** Contact [ridegreen@marincounty.org](mailto:ridegreen@marincounty.org) or 415-473-7043.

# E3 Employee Wellness Program

## What is E3 Wellness Program?

The County of Marin offers an Employee Wellness Program. The mission of the E3 Employee Wellness Program is to provide opportunities that engage, educate, and empower our workforce in leading healthy and active lifestyles that support overall well-being.



**E<sup>3</sup> WELLNESS**  
**ENGAGE · EDUCATE · EMPOWER**

*"County of Marin Employee Wellness Program"*

The wellness program has implemented a variety of programs to support employees in being proactive about reducing their lifestyle risks and taking advantage of a multitude of available health and wellness resources.

## What resources are available to me?

Throughout the year, the E3 Wellness Program offers ongoing opportunities for you to champion your health and wellbeing. Communications and programs address relevant issues such as maintaining active lifestyles, managing stress, eating well, getting enough sleep, etc. Wellness initiatives include things from organization wide competitions and onsite classes to annual events like the American Heart Association Heart Walk and the Employee Health and Wellness Fair. Offerings are continually evolving and employee ideas are always welcome.

## How do I get involved?

All employees are invited to participate in programs and events. Communications are shared via email, through Department Wellness Ambassador's and on <https://www.marincountyhr.org/learn-about-benefits/wellness-program>.

If you're passionate about wellness and interested in advancing the culture of health within the organization, consider joining the Wellness Ambassador program. Ambassadors take data-driven health and wellness information, as well as program updates and marketing materials back to their departments to help make wellness a relevant message within the microclimate of each department. If you are interested in learning more about the Wellness Ambassador program, contact County of Marin Wellness Coordinator, Kori Graff at [kgraff@marincounty.org](mailto:kgraff@marincounty.org).

## Annual Employee Health and Wellness Fair – Thursday, October 31, 2019

The Employee Health and Wellness Fair is an annual event that takes place during Open Enrollment each year. The event is a great opportunity for the following:

- Get your FREE Flu Shot
- Have your Blood Pressure taken
- Speak with the County Benefits Team about your Health Benefits elections
- Interact with benefit vendors from Delta Dental, Kaiser, Western Health Advantage, Teamsters Anthem, VSP, Nationwide, MHN, ConnectYourCare and more
- Participate in raffle drawings and win prizes
- Learn more about your role as a Disaster Service Worker and Disaster Preparedness
- Connect with health and wellness businesses in the community such as YogaWorks, YMCA, the Osher Marin JCC and more
- Participate in demonstrations related to fitness, CPR, disaster preparedness, etc.

The Health and Wellness Fair is on Thursday, October 31, 2019 from 10am – 2pm at the Marin Center located at 10 Avenue of the Flags. Employees can attend on work time with Supervisor approval.

**Questions about the E3 Wellness Program?** Contact [wellnessprogram@marincounty.org](mailto:wellnessprogram@marincounty.org).

# Employee Assistance Program

*The employee assistance program is offered by MHN and provides free services to eligible employees and their family members that can help balance work and life challenges.*

## Employee Assistance Program (EAP) Services

EAP is available to help with life's challenges. EAP is available 24/7 to connect or refer you to a professional who can help with:

- Marriage, family and relationship issues
- Problems in the workplace
- Stress, anxiety and sadness
- Grief, loss or responses to traumatic events
- Concerns about your use of alcohol or drugs
- Childcare and eldercare assistance
- Financial services
- Legal services: Talk to a lawyer over the phone or face to face about:
  - Civil, consumer and criminal law
  - Personal and family law including adoption, divorce and custody issues
  - Financial or tax matters
  - Real estate
  - Estate planning
- Identify theft recovery
- Daily living chores

## Using EAP

EAP provides employees and their family members with confidential information support, short-term counseling, and/or referral services. Consultations are available face-to-face, by phone or through web-video. EAP services are not medical care or mental health treatment. EAP services are confidential. Your privacy is protected by state and federal laws.

### Need Help?

**Managed Health Network (MHN) is our EAP provider. You can reach MHN toll-free, 24 hours a day, seven days a week: 1-800-227-1060**  
TTY users should call 1-800-327-0801

Or visit [www.members.mhn.com](http://www.members.mhn.com) and register with the company code: marin

You are entitled to 5 face-to-face sessions or telephonic or web-video consultations combined per incident, per calendar year.

# County of Marin Employer Fringe Contributions

**Regular hire full and part-time employees working half-time or more are provided with a bi-weekly allowance to pay for qualified health benefits called "Fringe."**

## About Fringe Contributions

Employer fringe contributions can be used to purchase health benefits including medical, dental, vision as well as life and long term disability insurance. Some of the unused portion of the cash allowance may be taken as taxable cash back according to the IRS, (IRC, Section 125) and as applicable in the MOU for your bargaining unit. Employer Fringe contributions are not taxable or pensionable if used towards the cost of eligible benefits. Up to \$100 of the unused portion of the employer fringe contribution may be taken as cash back and this amount is taxable unless a Waiver of Participation is completed, but not pensionable.

**With the exception of employees who waive County medical benefits, please note that not all employees are eligible to receive cash back from unspent fringe.** Your eligibility to receive cash back is determined by your date of hire or whether you received cash back as of a certain date. For specific questions about your eligibility to receive cash back of unspent fringe dollars, please refer to your labor agreement at <https://www.marincountyhr.org/get-to-know-us/employee-and-labor-relations/labor-agreements-and-contracts> or contact the Human Resources Benefits Team. Eligible part-time regular hire employees receive a prorated employer fringe contribution.

## Employer Contributions (Fringe) for 2020

	2020 Bi-Weekly Employer Contributions		
	Employee Only	Employee +1 Dependent	Employee +Family
BUFGs: MCMEA, MAPE(General Unit, HHS, Nurses), Unrepresented, PMA, Probation, DDA, SSOA and IATSE			
Bi-weekly Fringe – Under 74k	\$514.60	\$657.68	\$890.03
Bi-weekly Fringe – Over 74k	\$514.60	\$645.39	\$865.47

BUFGs: Firefighters, Battalion Chiefs and DSA			
Bi-weekly Fringe – Under 74k	\$540.33	\$657.68	\$890.03
Bi-weekly Fringe – Over 74k	\$540.33	\$645.39	\$865.47



## Important Contact Information

Benefit	Plan	Group #	Member Services	Contact
<b>Medical</b>	Kaiser Plan S	603194-11	Member Services (California) 1-800-464-4000 (English) 1-800-788-0616 (Spanish)	<a href="http://www.kp.org/memberservices">www.kp.org/memberservices</a>
	Kaiser Plan L	463-0		
	Teamsters Anthem PPO	280558	Member Services 1-800-288-2539	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>
	Western Health Advantage	950340	Member Services 1-800-563-2250	<a href="http://www.westernhealth.com">www.westernhealth.com</a>
<b>Dental</b>	Delta Dental PPO	01909-01001	1-800-335-8227	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
<b>Vision</b>	VSP Signature	0010983/0001	1-800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Life</b>	The Hartford	681127	1-888-563-1124	<a href="http://www.thehartfordatwork.com">www.thehartfordatwork.com</a>
<b>LTD</b>	The Hartford	681127	1-888-563-1124	<a href="http://www.thehartfordatwork.com">www.thehartfordatwork.com</a>
<b>FSAs</b>	ConnectYourCare	NA	1-877-292-4040	<a href="http://www.connectyourcare.com">www.connectyourcare.com</a>
<b>EAP</b>	MHN	Marin	1-800-227-1060	<a href="http://www.members.mhn.com">www.members.mhn.com</a>

### Human Resources Benefits Team Contact details:

<b>Suzanne Griffiths</b> <i>HR Technician</i>	473-6375	sgriffiths@marincounty.org
<b>Meloni Page</b> <i>Sr.HR Technician</i>	473-7006	mpage@marincounty.org
<b>Freeman Suen</b> <i>HR Technician</i>	473-7843	fsuen@marincounty.org
<b>Kori Graff</b> <i>Wellness Coordinator</i>	473-7532	kgraff@marincounty.org
<b>Lisa Hatt</b> <i>Benefits Manager</i>	473-6548	lhatt@marincounty.org

This guide is designed to help you understand your benefits. Review the materials carefully before making your enrollment decisions. Specific details, plan limitations and exclusions and notices of your legal rights are provided in the respective Evidence of Coverage (EOC), which are available online at <https://www.marincounty.org/openenrollment>. If there is a conflict between the evidence of coverage (EOC) of the plan you selected and the information in this guide, the plan's evidence of coverage (EOC) will prevail.