2018 BENEFITS GUIDE

COUNTY OF MARIN

OPEN ENROLLMENT
Requests for accommodations can be made by calling (415) 473-4381 (voice), (415) 473-3232 (TTY) or by e-mail at disability access@marincounty.org. Copies or documents are available in alternative formats upon request.
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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 [www.marincounty.org/employeebenefits](http://www.marincounty.org/employeebenefits). 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.
Contingent-Hire Medical Benefits Eligibility

Member Eligibility
As a contingent-hire employee, based on provisions within the Affordable Care Act (ACA) and the number of hours you work, you may be eligible for the contingent-hire medical plan offered through the County. The ACA requires that every large employer provide medical coverage to all their full time employees as of January 1, 2014. There are two basic groups of employees under the ACA:

1. **Full Time**: employees that are reasonably expected to work at least 30 hours per week when they are hired are categorized as “full time”. Full time employees are eligible for medical coverage beginning the first day of the 5th pay period after hire.

   *Or*

2. **Variable**: employees who are unsure how much they will work when hired are categorized as “variable hour” employees. Variable hour employees that work on average at least 60 hours per pay period for a consecutive four (4) pay periods will become eligible for the contingent-hire medical plan offered through the County.

Contingent-hire employees who become newly eligible for the County’s medical plan have 30 days to enroll. Please note that no changes can be made after this 30-day period unless you have a qualifying event. See the section on Qualifying Events on page 5 for more information.

Open Enrollment Eligibility
Both full time and variable hour employees who work at least 60 hours per pay period for at least 9-months in the calendar year will be offered medical coverage during the annual Open Enrollment period, with coverage beginning around January 1st of the following calendar year. This means contingent-hire employees who work at least 60 hours per pay period for at least 9-months in the current calendar year are qualified for coverage for the full upcoming plan year. Contingent-hire employees who become eligible for Open Enrollment will be notified and provided further information around October 1 of the current year.

Dependent Eligibility
**Spouse or Domestic Partner**
All medical benefits-eligible contingent-hire employees may enroll a legal spouse or registered domestic partner in the County’s Kaiser High-Deductible Health Plan. Proof of legal marriage or domestic partnership is required. Enrollment in benefits must be completed within 30 days the offer of coverage is made or during the Open Enrollment period in which the employee is qualified.

**Natural Children, Stepchildren, Adopted Children**
A member’s natural child, stepchild, adopted child (including a child placed for adoption) and the natural or adopted child of a legal spouse or domestic partner are eligible for coverage in health benefits up to 26 years of age. There is no age limit for children who are disabled.

Contingent-Hire Employee Medical Plan
There is one medical plan offered to eligible contingent-hire employees:

- Kaiser High-Deductible Health Plan (Kaiser HDHP)
Contingent-hire employees who become newly eligible for the County’s medical plan have 30 days to enroll. Please note that no changes can be made after this 30-day period unless you have a “qualifying event”, such as marriage, divorce, birth, etc. Learn more about qualifying events on page 5 of this guide.

Additionally, contingent-hire employees who work at least 60 hours per pay period for at least 9-months in the current calendar year are qualified for coverage for the full upcoming plan year and will be notified of this option to enroll on or around October 1 of the current year, with coverage beginning around January 1st of the following calendar year.

Actions to Take

1. Learn about your Kaiser High-Deductible Health Plan benefit options by reading this guide and visiting www.marincounty.org/employeebenefits.

2. If you wish to enroll in the Kaiser HDHP, complete the enrollment forms. Forms are listed alphabetically at www.marincounty.org/employeebenefits. Click on ‘forms’ under the Featured Links section on the left side of the page. If you do not want to enroll in the medical plan, no action is required.

3. Submit all required forms and documentation to Human Resources within 30-days of your initial offer of coverage. Forms not received by Human Resources by the deadline will not be processed. This includes forms mailed but not delivered to Human Resources by the deadline.

4. If you do not want to enroll in or make changes to the medical plan for 2018, no action is required.

Questions about health benefits, premium contributions or eligibility documentation?
Call your departments designated benefits representatives below:

| Ag/Weights & Measures | Board of Supervisors | Child Support Services | Community Development Agency | County Counsel | IST | Parks | Fire | Health & Human Services | Human Resources | Probation | Sheriff | Assessor/Recorder – County Clerk | County Administrator | Department of Finance | Farm Advisor | Health & Human Services | Registrar of Voters/Elections | Cultural Services | District Attorney | Library | Public Defender | Public Works | Retirement |
|----------------------|----------------------|------------------------|-----------------------------|----------------|-----|-------|------|--------------------------|----------------|-----------|--------|---------------------------|-------------------|----------------|-------------|--------------------------|-------------------|-------------|---------|---------------|-------------|-------------|
| Freeman Suen         | Meloni Page          | Suzanne Griffiths      | Linda Kline                 |
| fsuen@marincounty.org | mpage@marincounty.org | sgriffiths@marincounty.org | lkline@marincounty.org      |
| 473-7843             | 473-7006             | 473-6375               |                            |
You may change health benefit elections outside of Open Enrollment if there is a qualifying event.

Under the IRS Code, Section 125, the employee must pay the same amount of premium each month during the year, unless the employee has a "qualifying/life change". This means once you have made your elections during the Open Enrollment period, no changes can be made unless you have a qualifying/life changing event. To make a change in benefit elections due to a qualifying 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 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, employment change such as going from extra-hire to at least part-time regular hire status, loss of other non-County of Marin group medical coverage, an unpaid leave of absence taken by the employee or spouse, etc. If you have any questions concerning your benefits and/or the enrollment process, please contact your Human Resources Benefits representative to discuss.

Enrollment and Required Documentation
Enrollment and change forms are available online at www.marincounty.org/employeebenefits. 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.

<table>
<thead>
<tr>
<th>Common Scenarios</th>
<th>How to Enroll:</th>
<th>Important</th>
</tr>
</thead>
</table>
| Marriage or Domestic Partnership | To enroll a new spouse or domestic partner and eligible children of a spouse or partner you must submit the following:  
• appropriate application forms  
• copy of the marriage certificate or certificate of domestic partnership  
• birth certificate for each child | Required documentation must be submitted to the County of Marin within 30 days of the legal date of the marriage or partnership |
| Birth or Adoption | To enroll your newborn or newly adopted child, you must submit the following:  
• appropriate application forms  
• copy of the birth certificate or adoption documentation | Required documentation must be submitted to the County of Marin within 30 days of the legal date of the child’s date of birth or placement of adoption |
| Legal Guardianship or Court Order | 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. | Required documentation must be submitted to the County of Marin within 30 days of the effective date of court order |
| Loss of Other Health Coverage | Employees and eligible dependents who lose other coverage may enroll by submitting the following:  
• appropriate application forms  
• proof of loss of coverage  
• documentation of lost coverage must state the date other coverage ends and the names of the individuals losing coverage. | Required documentation must be submitted to the County of Marin within 30 days of the date other coverage terminates |

1. If you have any questions concerning your benefits and/or the enrollment process, please contact your Human Resources Benefits representative to discuss.

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.
Extra Hire Employee Medical Plan
The County of Marin offers one medical plan to eligible extra hire employees and their qualified dependents:

- Kaiser High-Deductible Health Plan (Kaiser HDHP)

Coverage Level Options:
When you enroll, 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

2018 Bi-Weekly Medical Plan Costs:
Kaiser HDHP rates have gone down for 2018. The new rates will be effective December 31, 2017. Affordable Care Act (ACA) regulations limit the amount of premium that can be paid by the employee for self only coverage. To meet this ACA requirement, the County of Marin subsidizes the cost of the Kaiser HDHP. Therefore, bi-weekly premium costs for extra hire employees for employee only coverage will not exceed $67.83 in 2018. If you enroll dependents, you will need to pay all costs associated with the additional coverage out of your own pocket.

IMPORTANT Information about Paying for Your Medical Benefits:
If you do not receive enough compensation in your pay check to cover the cost of your out of pocket medical premium, you must pay Finance directly on a timely basis to maintain coverage. IMPORTANT: any out of pocket expenses for medical premiums must be paid on a timely basis to maintain coverage. Contact your HR benefits representative or payroll for more information.

### 2017 Bi-Weekly Medical Plan Rates

<table>
<thead>
<tr>
<th>Medical Plan</th>
<th>Employee Only</th>
<th>Employee +1 Dependent</th>
<th>Employee + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FIRE &amp; SEIU</td>
<td>All Other Groups</td>
<td>FIRE &amp; SEIU</td>
</tr>
<tr>
<td>Full Premium</td>
<td>$169.30</td>
<td>$338.60</td>
<td>$450.33</td>
</tr>
<tr>
<td>Partially Paid by County</td>
<td>$128.38</td>
<td>$108.38</td>
<td>$128.38</td>
</tr>
<tr>
<td>Employee Cost</td>
<td>$40.92</td>
<td>$210.22</td>
<td>$321.95</td>
</tr>
</tbody>
</table>

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 have health insurance for themselves, and their dependents, that meet minimum standards or pay a penalty when they file their federal income tax return. For more information visit [www.healthcare.gov](http://www.healthcare.gov).
2018 Medical Plan Benefits At-a-Glance

This chart below 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) available online at www.marincounty.org/employeebenefits. In the event that the information in this guide differs from the Evidence of Coverage (EOC), the EOC will prevail.

Preventative Care
Most preventative services are covered at 100%, at no cost to you. Preventative care services include regular check-ups, screenings, vaccinations and healthy lifestyle programs. Preventative care and healthy lifestyle choices are small steps that can improve your well-being. Even if you feel fine, you should still see your health care provider for regular checkups. These visits can help you avoid problems in the future. Talk to your doctor to know which covered preventative services are right for you – based on your age, gender and health status.

<table>
<thead>
<tr>
<th>Summary of Benefits</th>
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<td><strong>Plan Components</strong></td>
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<table>
<thead>
<tr>
<th>Deductible</th>
<th>Kaiser HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$3,000</td>
</tr>
<tr>
<td>Family</td>
<td>$6,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Annual Out-of-pocket max</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Single</td>
<td>$5,950</td>
</tr>
<tr>
<td>Family</td>
<td>$11,900</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Physical</td>
<td>No charge</td>
</tr>
<tr>
<td>Preventative Care Immunization</td>
<td>No charge</td>
</tr>
</tbody>
</table>

| Primary care visit to treat an injury or illness | 20% after plan deductible |
| Well Baby Care | No charge |
| Lab and X-Ray | 20% after plan deductible |

| Physical, Occupational or Speech Therapy | 20% after plan deductible |
| Mental/Behavior Health Outpatient | 20% after plan deductible |

| Emergency Room | 20% after plan deductible |
| Hospital       | 20% after plan deductible |
| Inpatient Services | |
| Outpatient Surgery | |

| Pharmacy – Retail (30 day supply) | |
| Generic | $10 |
| Formulary Brand | $30 |
| Non-Formulary Brand | $30 |

| Mail Order- (100 day supply) | |
| Generic | $20 |
| Formulary Brand | $60 |
| Non-Formulary Brand | $60 |
| Specialty | $30 |
Nurseline, Urgent Care and Customer Service

A free 24/7 nurseline is available. 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.

<table>
<thead>
<tr>
<th>Plan</th>
<th>24/7 NURSELINE</th>
<th>Urgent After Hours Care</th>
<th>Customer Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Permanente</td>
<td>1-866-454-8855</td>
<td>Note: 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>.</td>
<td></td>
</tr>
</tbody>
</table>
|                     |                | • Oakland Medical Center (510) 752-1190  
• Petaluma Medical Offices (707) 765-3960  
• San Francisco Medical Center (415) 833-2200  
• San Rafael Medical Center (415) 444-2940  
• Santa Rosa Medical Center (707) 393-4044 | Member Services (California)  
1-800-464-4000 (English)  
1-800-788-0616 (Spanish)  
Online www.kp.org/memberservices |

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 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.
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 may continue that coverage by paying for it themselves. ConnectYourCare administers COBRA for the County of Marin.

Eligibility
Extra-Hire employees who were enrolled in medical coverage and separate from employment may elect to continue health care coverage through COBRA if coverage is lost due to:

- Voluntary or involuntary termination of employment (except for gross misconduct)
- 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 (except for gross misconduct)
- 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 (except for gross misconduct)
- 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

COBRA Notification and Election Time Limits
Employees or dependents have 60 days from the COBRA notification date to complete enrollment and continue coverage. Coverage will be retroactive to the date of the COBRA qualifying event, so there is no break in coverage. Employee health care coverage ends on the last day of the coverage period for which the employee worked. See the 2017 Health Coverage Calendar in 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 aging out, 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.

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.

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
- You fail to pay the premium required under the group plan within the grace period
- The applicable COBRA period ends

Questions about COBRA? Contact ConnectYourCare at 1-855-687-2021.
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 17, 2017 through December 30, 2017 are covered for December 31, 2017 – January 13, 2018.

If you pay Finance-Payroll directly for any premium contributions, they are due no later than next pay date from which the benefits coverage period has ended. For example, payment for the December 31, 2017 – January 13, 2018 benefits coverage period must be made no later than January 26, 2018 pay date.

<table>
<thead>
<tr>
<th>Work Dates</th>
<th>Pay Date</th>
<th>Benefits Coverage Period</th>
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<tbody>
<tr>
<td>December 17, 2017 - December 30, 2017</td>
<td>January 12, 2018</td>
<td>December 31, 2017 - January 13, 2018</td>
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<tr>
<td>January 14, 2018 - January 27, 2018</td>
<td>February 9, 2018</td>
<td>January 28, 2018 - February 10, 2018</td>
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<tr>
<td>January 28, 2018 - February 10, 2018</td>
<td>February 23, 2018</td>
<td>February 11, 2018 - February 24, 2018</td>
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<td>February 11, 2018 - February 24, 2018</td>
<td>March 9, 2018</td>
<td>February 25, 2018 - March 10, 2018</td>
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<td>February 25, 2018 - March 10, 2018</td>
<td>March 23, 2018</td>
<td>March 11, 2018 - March 24, 2018</td>
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<td>March 11, 2018 - March 24, 2018</td>
<td>April 6, 2018</td>
<td>March 25, 2018 - April 7, 2018</td>
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<td>March 25, 2018 - April 7, 2018</td>
<td>April 20, 2018</td>
<td>April 8, 2018 - April 21, 2018</td>
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<tr>
<td>April 8, 2018 - April 21, 2018</td>
<td>May 4, 2018</td>
<td>April 22, 2018 - May 5, 2018</td>
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<td>April 22, 2018 - May 5, 2018</td>
<td>May 18, 2018</td>
<td>May 6, 2018 - May 19, 2018</td>
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<td>May 6, 2018 - May 19, 2018</td>
<td>June 1, 2018</td>
<td>May 20, 2018 - June 2, 2018</td>
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<td>May 20, 2018 - June 2, 2018</td>
<td>June 15, 2018</td>
<td>June 3, 2018 - June 16, 2018</td>
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<td>June 3, 2018 - June 16, 2018</td>
<td>June 29, 2018</td>
<td>June 17, 2018 - June 30, 2018</td>
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<td>June 17, 2018 - June 30, 2018</td>
<td>July 13, 2018</td>
<td>July 1, 2018 - July 14, 2018</td>
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<td>July 1, 2018 - July 14, 2018</td>
<td>July 27, 2018</td>
<td>July 15, 2018 - July 28, 2018</td>
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<td>July 15, 2018 - July 28, 2018</td>
<td>August 10, 2018</td>
<td>July 29, 2018 - August 11, 2018</td>
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<td>July 29, 2018 - August 11, 2018</td>
<td>August 24, 2018</td>
<td>August 12, 2018 - August 25, 2018</td>
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<tr>
<td>August 12, 2018 - August 25, 2018</td>
<td>September 7, 2018</td>
<td>August 26, 2018 - September 8, 2018</td>
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<tr>
<td>August 26, 2018 - September 8, 2018</td>
<td>September 21, 2018</td>
<td>September 9, 2018 - September 22, 2018</td>
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<tr>
<td>September 9, 2018 - September 22, 2018</td>
<td>October 5, 2018</td>
<td>September 23, 2018 - October 6, 2018</td>
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<td>September 23, 2018 - October 6, 2018</td>
<td>October 19, 2018</td>
<td>October 7, 2018 - October 20, 2018</td>
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<td>October 7, 2018 - October 20, 2018</td>
<td>November 2, 2018</td>
<td>October 21, 2018 - November 3, 2018</td>
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<tr>
<td>October 21, 2018 - November 3, 2018</td>
<td>November 16, 2018</td>
<td>November 4, 2018 - November 17, 2018</td>
</tr>
<tr>
<td>November 4, 2018 - November 17, 2018</td>
<td>November 30, 2018</td>
<td>November 18, 2018 - December 1, 2018</td>
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<tr>
<td>November 18, 2018 - December 1, 2018</td>
<td>December 14, 2018</td>
<td>December 2, 2018 - December 15, 2018</td>
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<tr>
<td>December 2, 2018 - December 15, 2018</td>
<td>December 28, 2018</td>
<td>December 16, 2018 - December 29, 2018</td>
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</tbody>
</table>
Important Contact Information

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Plan</th>
<th>Group #</th>
<th>Member Services</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>Kaiser HDHP</td>
<td>603950</td>
<td>Member Services (California) 1-800-464-4000 (English) 1-800-788-0616 (Spanish)</td>
<td><a href="http://www.kp.org/memberservices">www.kp.org/memberservices</a></td>
</tr>
</tbody>
</table>

Human Resources Benefits Division Representatives

- Ag/Weights & Measures
- Board of Supervisors
- Child Support Services
- Community Development Agency
- County Counsel
- IST
- Parks

- Fire
- Health & Human Services
- Human Resources
- Probation
- Sheriff

- Assessor/Recorder – County Clerk
- County Administrator
- Department of Finance
- Farm Advisor
- Health & Human Services
- Registrar of Voters/Elections

- Cultural Services
- District Attorney
- Library
- Public Defender
- Public Works
- Retirement

Freeman Suen
fsuen@marincounty.org
473-7843

Meloni Page
mpage@marincounty.org
473-7006

Suzanne Griffiths
sgriffiths@marincounty.org
473-6375

Linda Kline
lkline@marincounty.org
473-6352

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This document contains important employee benefit program notices of interest to you and your family. Please share this information with your family members. Some of the notices in this document are required by law and other notices contain helpful information. These notices are updated from time to time and some of the federal notices are updated each year. Be sure you are reviewing an updated version of this important notices document.

MID-YEAR CHANGES TO YOUR HEALTH CARE BENEFIT ELECTIONS

IMPORTANT: After this open enrollment period is completed, generally you will not be allowed to change your benefit elections or add/delete dependents until next year's open enrollment, unless you have a Special Enrollment Event or a Mid-Year Permitted Election Change Event as outlined below:

- **Special Enrollment Event:**
  
  **Loss of Other Coverage Event:** If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if your employer stops contributing toward your or your dependents' other coverage). However, you must **request enrollment within 30 days** after your or your dependents' other coverage ends (or after the employer stops contributing towards the other coverage).

  **Marriage, Birth Adoption Event:** In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must **request enrollment within 30 days** after the marriage, birth, adoption, or placement for adoption.

  **Medicaid/CHIP Event:** You and your eligible dependents may also enroll in this plan if you (or your dependents):
  
  - have coverage through Medicaid or a State Children’s Health Insurance Program (CHIP) and you (or your dependents) lose eligibility for that coverage. However, you must request enrollment within **60 days** after the Medicaid or CHIP coverage ends.
  - become eligible for a premium assistance program through Medicaid or CHIP. However, you must request enrollment within **60 days** after you (or your dependents) are determined to be eligible for such assistance.

To request special enrollment or obtain more information, contact the County’s Human Resources Department at 415-473-6104.

- **Mid-Year Permitted Election Change Event:**

  Because the County of Marin pre-taxes benefits for active employees, we are required to follow Internal Revenue Service (IRS) regulations on if and when benefits can be changed in the middle of a plan year. The following events may allow certain changes in benefits mid-year, if permitted by the IRS:

  - Change in legal marital status (e.g. marriage, divorce/legal separation, death).
  - Change in number or status of dependents (e.g. birth, adoption, death).
- Change in employee/spouse/dependent's employment status, work schedule, or residence that affects their eligibility for benefits.
- Coverage of a child due to a QMCSO.
- Entitlement or loss of entitlement to Medicare or Medicaid.
- Certain changes in the cost of coverage, composition of coverage or curtailment of coverage of the employee or spouse’s plan.
- Changes consistent with Special Enrollment rights and FMLA leaves.

You must notify the plan in writing within 30 days of the mid-year change in status event by contacting your Department’s Human Resource Benefits Representative. The Plan will determine if your change request is permitted and if so, changes become effective prospectively, on the first day of the upcoming coverage period, following the approved change in status event (except for newborn and adopted children, who are covered back to the date of birth, adoption, or placement for adoption).

Failure to give this Plan a timely notice (as noted above) may:
- cause you, your Spouse and/or Dependent Child(ren) to lose the right to obtain COBRA Continuation Coverage,
- cause the coverage of a Dependent Child to end when it otherwise might continue because of a disability,
- cause claims to not be able to be considered for payment until eligibility issues have been resolved,
- result in your liability to repay the Plan if any benefits are paid to an ineligible person.

CAUTION: IF YOU DECLINE MEDICAL PLAN COVERAGE OFFERED THROUGH THE COUNTY OF MARIN AND WAIVER OF PARTICIPATION

The medical plan option(s) offered by the County of Marin are considered to be minimum essential coverage (MEC) and meets the government’s minimum value standard. Additionally, the cost of medical plan coverage is intended to be affordable to employees, based on employee wages.

If you are in a benefits-eligible position and choose not to be covered by one of your employer’s medical plan options (when offered an enrollment opportunity), you must maintain medical plan coverage elsewhere.

If you decline enrollment in the County's plan you must complete the Waiver of Participation attesting that you and your tax family will maintain other group minimum essential coverage (such as another employer’s group medical plan, Medicare, Medicaid, Tricare, VA or Indian Health Services (IHS)) for the entire calendar year (or for the remainder of the calendar year if you are declining enrollment on account of a mid-year change) in order to be eligible to receive cash back (of unused fringe) when you waive/decline County benefits. Individual policies, whether purchased on Covered California or elsewhere do not constitute group minimum essential coverage.

Individuals without medical plan coverage could have to pay a penalty when they file their personal income taxes. Visit the Health Insurance Marketplace for detailed information on the individual shared responsibility payment penalty at https://www.healthcare.gov/fees-exemptions/fee-for-not-being-covered/.

If you choose to not be covered by a medical plan sponsored by the County of Marin at this enrollment time, your next opportunity to enroll for your employer's medical plan coverage is at the next annual open enrollment time, unless you have a mid-year change event that allows you to add coverage in the middle of the County's plan year.
MEDICARE NOTICE OF CREDITABLE COVERAGE REMINDER

If you or your eligible dependents are currently Medicare eligible, or will become Medicare eligible during the next 12 months, you need to be sure that you understand whether the prescription drug coverage that you elect under the Medical Plan options available to you through the County are or are not creditable with (as valuable as) Medicare’s prescription drug coverage.

To find out whether the prescription drug coverage under the medical plan options offered by the County are or are not creditable you should review the Plan's Medicare Part D Notice of Creditable Coverage (located at the back of this document) and another copy is also available from the County’s Human Resources Department at 415-473-6104.

IMPORTANT REMINDER TO PROVIDE THE PLAN WITH THE TAXPAYER IDENTIFICATION NUMBER (TIN) OR SOCIAL SECURITY NUMBER (SSN) OF EACH ENROLLEE IN A HEALTH PLAN

Employers are required by law to collect the taxpayer identification number (TIN) or social security number (SSN) of each medical plan participant and provide that number on reports that will be provided to the IRS each year. Employers are required to make at least two consecutive attempts to gather missing TINs/SSNs.

If a dependent does not yet have a social security number, you can go to this website to complete a form to request a SSN: http://www.socialsecurity.gov/online/ss-5.pdf. Applying for a social security number is FREE.

If you have not yet provided the social security number (or other TIN) for each of your dependents that you have enrolled in the health plan, please contact the County’s Human Resources Department at 415-473-6104.

PRIVACY NOTICE REMINDER

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information from being inappropriately used and disclosed. The rules also give you additional rights concerning control of your own healthcare information.

This Plan's HIPAA Privacy Notice explains how the group health plan uses and discloses your personal health information. You are provided a copy of this Notice when you enroll in the Plan. You can get another copy of this Notice on our website.

HIPAA Privacy notices that pertain to insured health plans offered by the County may be obtained by contacting those insurance companies at the address provided in the Evidence of Coverage booklets.

WOMEN’S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA) ANNUAL NOTICE REMINDER

You or your dependent may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.
These benefits will be provided subject to the same deductibles, copayment and coinsurance applicable to other medical and surgical benefits provided under the various medical plans offered by the County of Marin. For more information on WHCRA benefits, contact the County’s Human Resources Department at 415-473-6104.

AVAILABILITY OF SUMMARY HEALTH INFORMATION: THE SUMMARY OF BENEFIT AND COVERAGE (SBC) DOCUMENT(S)

The health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. In accordance with law, our plan provides you with a Summary of Benefits and Coverage or SBC as a way to help you understand and compare medical plan benefits. The SBC summarizes and compares important information including, what is covered, what you need to pay for various benefits, what is not covered, and where to get answers to questions. SBC documents are updated when there is a change to the benefits information displayed on an SBC. To get a free copy of the most current Summary of Benefits and Coverage (SBC) documents for our medical plan options, contact the County’s Human Resources Department at 415-473-6104.

KEEP THE PLAN NOTIFIED OF CHANGES IN ELIGIBILITY FOR BENEFITS

<table>
<thead>
<tr>
<th>YOU ARE REQUIRED TO PROVIDE TIMELY NOTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>You or your Dependents must promptly furnish, to the County’s Human Resources Department, information regarding change of name, address, marriage, divorce or legal separation, change in Domestic Partnership status, death of any covered family member, birth or change in status of a Dependent Child, Medicare enrollment or disenrollment, an individual meets the termination provisions of the Plan, or the existence of other coverage. Proof of legal documentation will be required for certain changes.</td>
</tr>
<tr>
<td>Notify the Plan preferably within 31 days, but no later than 60 days, after any of the above noted events.</td>
</tr>
</tbody>
</table>

Failure to give your employer, the County of Marin, a timely notice of the above noted events may:

a. cause you, your Spouse and/or Dependent Child(ren) to lose the right to obtain COBRA Continuation Coverage,
b. cause the coverage of a Dependent Child to end when it otherwise might continue because of a disability,
c. cause claims to not be able to be considered for payment until eligibility issues have been resolved,
d. result in your liability to repay the Plan if any benefits are paid to an ineligible person. The Plan has the right to offset the amounts paid against the participant’s future medical, dental, and/or vision benefits.

In accordance with the requirements in the Affordable Care Act, your employer will not retroactively cancel coverage (a rescission) except when premiums are not timely paid, or in cases when an individual performs an act, practice or omission that constitutes fraud, or makes an intentional misrepresentation of material fact that is prohibited by the terms of the Plan. Keeping an ineligible dependent enrolled (for example, an ex-spouse, overage dependent child, etc.) is considered fraud. If you have questions about eligibility for benefits, contact the County’s Human Resources Department at 415-473-6104.

NEWBORNS’ AND MOTHERS’ HEALTH PROTECTION ACT NOTICE

Hospital Length of Stay for Childbirth: Under federal law, group health plans generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or the newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, the Plan may pay for a shorter stay if the attending Physician (e.g., Physician, or Health Care Practitioner), after consultation with the mother, discharges the mother or newborn earlier.
Also, under federal law, plans may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, the Plan may not, under federal law, require that a Physician or other Health Care Practitioner obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification for a length of stay longer than 48 hours for vaginal birth or 96 hours for C-section, contact your medical plan to precertify the extended stay. If you have questions about this Notice, contact the County’s Human Resources Department at 415-473-6104.

PATIENT PROTECTION RIGHTS OF THE AFFORDABLE CARE ACT

Designation of a Primary Care Provider (PCP):

HMO medical plans generally allow the designation of a primary care provider (PCP). You have the right to designate any primary care provider who participates in the 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 the HMO medical plan in which you are enrolled (refer to the phone number on your medical plan ID card).

Direct Access to OB/GYN Providers:

You do not need prior authorization (pre-approval) from your medical plan insurance company or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological (OB/GYN) care from an in-network health care professional 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 the medical plan in which you are enrolled (refer to the phone number on your ID card).

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
ATTENTION: FREE LANGUAGE ASSISTANCE

This chart displays, in various languages, the phone number to call for free language assistance services for individuals with limited English proficiency.

<table>
<thead>
<tr>
<th>Language</th>
<th>Message About Language Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>ATENCION: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-415-473-2095.</td>
</tr>
<tr>
<td>Chinese</td>
<td>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.</td>
</tr>
<tr>
<td>Persian</td>
<td>شما با کارگزاران بیمه اجتماعی زبان انگلیسی نمی‌پردازید، ولی گفتگوی فارسی زبان به‌آماده است. تماس بگیرید 2095-415-473-2095.</td>
</tr>
<tr>
<td>Hindi</td>
<td>अगर हिंदी में बात कहते हैं तो आप निम्न नंबर पर कॉल कर सकते हैं: 1-415-473-2095.</td>
</tr>
<tr>
<td>Arabic</td>
<td>المعلومة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة بدلغة العربية متوفرة لك بال колл-هيل 1-415-473-2095.</td>
</tr>
<tr>
<td>Thai</td>
<td>เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ที่โทร 1-415-473-2095.</td>
</tr>
<tr>
<td>Russian</td>
<td>ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните на 1-415-473-2095.</td>
</tr>
<tr>
<td>Japanese</td>
<td>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 まで、お電話にてご連絡ください。</td>
</tr>
<tr>
<td>Armenian</td>
<td>Ախքանցեք, եթե բարենպաստեք հայերենը, ապա հանում էքստենսիալ ծառայություն ներկայացնում ենք 1-415-473-2095.</td>
</tr>
<tr>
<td>Cambodian</td>
<td>អោយកៅ វាយរៀងរហូតមក បាន ១-៤១៥-៤៧៣-២០៩៥ ដែលអាចធ្វើការជួយបាន។</td>
</tr>
<tr>
<td>Punjabi</td>
<td>ہماری بیانیہ میں سازش کا حق ہیں، بکھری یہ معلومات کو بیان کریں، 1-415-473-2095 کو کال کریں</td>
</tr>
</tbody>
</table>
**COBRA COVERAGE REMINDER**

In compliance with a federal law referred to as COBRA Continuation Coverage, this plan offers its eligible employees and their covered dependents (known as qualified beneficiaries) the opportunity to elect temporary continuation of their group health coverage when that coverage would otherwise end because of certain events (called qualifying events).

Qualified beneficiaries are entitled to elect COBRA when certain events occur, and, as a result of the event, coverage of that qualified beneficiary ends (together, the event and the loss of coverage are called a qualifying event). Qualified beneficiaries who elect COBRA Continuation Coverage must pay for it at their own expense.

Qualifying events may include termination of employment, reduction in hours of work making the employee ineligible for coverage, death of the employee, divorce/legal separation, or a child ceasing to be an eligible dependent child under the terms of the plan, if a loss of coverage results.

In addition to considering COBRA as a way to continue coverage, there may be other coverage options for you and your family. You may want to look for coverage through the Health Care Marketplace. See [www.coveredca.com](http://www.coveredca.com) or [https://www.healthcare.gov/](https://www.healthcare.gov/). In the Marketplace, you could be eligible for a tax credit that lowers your monthly premiums for Marketplace coverage, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for Marketplace coverage or for the tax credit. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse’s plan) if you request enrollment within 30 days, even if the plan generally does not accept late enrollees.

The maximum period of COBRA coverage is generally either 18 months or 36 months, depending on which qualifying event occurred.

In order to have the chance to elect COBRA coverage after a divorce/legal separation or a child ceasing to be a dependent child under the plan, **you and/or a family member must inform the plan in writing of that event no later than 60 days after that event occurs.** That notice must be sent to the County’s Human Resources Department via first class mail (address noted below) and is to include the employee's name, the qualifying event, the date of the event, and the appropriate documentation in support of the qualifying event (such as divorce documents).

If you have questions about COBRA, contact the County’s Human Resources Department:

3501 Civic Center Drive, Suite 415
San Rafael, CA 94903
Phone: (415) 473-6104

**IMPORTANT NOTICES ATTACHED**

The following pages include important notices for you and your family:

- Health Insurance Marketplace Notice
- HIPAA Privacy Notice for the County of Marin’s Group Health Plan
- Medicare Part D Notice
- Notice about Premium Assistance with Medicaid and CHIP
New Health Insurance Marketplace
Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.1

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the County of Marin’s Human Resources Department at 415-473-6104.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

______________________________

1 An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.
PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

<table>
<thead>
<tr>
<th>3. Employer name</th>
<th>4. Employer Identification Number (EIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>County of Marin</td>
<td>94-6000519</td>
</tr>
<tr>
<td>5. Employer address</td>
<td>6. Employer phone number</td>
</tr>
<tr>
<td>3501 Civic Center Drive, Suite 415</td>
<td>415-473-6548</td>
</tr>
<tr>
<td>7. City</td>
<td>8. State</td>
</tr>
<tr>
<td>San Rafael</td>
<td>California</td>
</tr>
<tr>
<td>9. ZIP code</td>
<td></td>
</tr>
<tr>
<td>94903</td>
<td></td>
</tr>
<tr>
<td>10. Who can we contact about employee health coverage at this job?</td>
<td>Jennifer Paaske, Benefits Supervisor</td>
</tr>
<tr>
<td>11. Phone number (if different from above)</td>
<td>same</td>
</tr>
<tr>
<td>12. Email address</td>
<td><a href="mailto:jpaaske@marincounty.org">jpaaske@marincounty.org</a></td>
</tr>
</tbody>
</table>

Here is some basic information about health coverage offered by this employer:

• **As your employer, we offer a health plan to:**
  - [ ] All employees.
  - [x] Some employees. Eligible employees are:
    
    Regular-hire full-time and part-time employees working half time or more. Eligible extra-hire employees averaging 30 hours of service or more per week, as measured and determined by the County of Marin, may also be eligible.

• **With respect to dependents:**
  - [x] We offer coverage. Eligible dependents include a legally married Spouse, Domestic Partner, and the following categories of children to the end of the month in which the child reaches age 26: natural child, adopted child or child placed for adoption, stepchild, child under a legal guardianship order, foster child, child of a Domestic Partner, and child under a Qualified Medical Child Support Order (QMCSO). An adult disabled child age 26 and older may continue eligibility if the child is unmarried, is permanently and totally disabled, is dependent chiefly relies on the employee or spouse for support and maintenance, and has a disability that existed prior to age 26. Proof of dependent status is required.
  - [ ] We do not offer coverage.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.
Purpose of This Notice

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

This Notice is required by law.

Este aviso está disponible en Español si lo solicita. Por favor contacte el oficial de privacidad indicado a continuación.

The County of Marin's self-funded group health plan including the wellness program, health flexible spending account (Health FSA) benefits administration and COBRA benefits administration, (hereafter referred to as the “Plan”), is required by law to take reasonable steps to maintain the privacy of your personally identifiable health information (called Protected Health Information or PHI) and to inform you about the Plan’s legal duties and privacy practices with respect to Protected Health Information including:

1. The Plan’s uses and disclosures of PHI,
2. Your rights to privacy with respect to your PHI,
3. The Plan’s duties with respect to your PHI,
4. Your right to file a complaint with the Plan and with the Secretary of the U.S. Department of Health and Human Services (HHS),
5. The person or office you should contact for further information about the Plan’s privacy practices,
6. To notify affected individuals following a breach of unsecured Protected Health Information.

PHI use and disclosure by the Plan is regulated by the Federal law, Health Insurance Portability and Accountability Act, commonly called HIPAA. You may find these rules in 45 Code of Federal Regulations Parts 160 and 164. This Notice attempts to summarize key points in the regulation. The regulations will supersede this Notice if there is any discrepancy between the information in this Notice and the regulations. The Plan will abide by the terms of the Notice currently in effect. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI it maintains.

You may receive a Privacy Notice from a variety of the insured group health benefit plans you elect that are part of the County of Marin’s benefit program. Each of these notices will describe your rights as it pertains to that plan and in compliance with the Federal regulation, HIPAA. This Privacy Notice however, pertains to your Protected Health Information related to the County of Marin's group health plan (the “Plan”) and outside companies contracted to help administer Plan benefits, also called “Business Associates.”

Effective Date

The effective date of this Notice is January 19, 2017, and this notice replaces notices previously distributed to you.

Privacy Officer

The Plan has designated a Privacy Officer to oversee the administration of privacy by the Plan and to receive complaints. The Privacy Officer may be contacted at:

Privacy Officer for the County of Marin’s Group Health Plan
ATTN: Human Resources
3501 Civic Center Drive, Suite 415  San Rafael, CA 94903
Phone: (415) 473-6104
Your Protected Health Information

The term “Protected Health Information” (PHI) includes all information related to your past, present or future health condition(s) that individually identifies you or could reasonably be used to identify you and is transferred to another entity or maintained by the Plan in oral, written, electronic or any other form.

PHI does not include health information contained in employment records held by your employer in its role as an employer, including but not limited to health information on disability, work-related illness/injury, sick leave, Family or Medical Leave (FMLA), life insurance, dependent care flexible spending account, drug testing, etc.

When the Plan May Disclose Your PHI

Under the law, the Plan may disclose your PHI without your written authorization in the following cases:

- **At your request.** If you request it, the Plan is required to give you access to your PHI in order to inspect it and copy it.
- **As required by an agency of the government.** The Secretary of the Department of Health and Human Services may require the disclosure of your PHI to investigate or determine the Plan’s compliance with the privacy regulations.
- **For treatment, payment or health care operations.** The Plan and its Business Associates will use your PHI (except psychotherapy notes in certain instances as described below) without your consent, authorization or opportunity to agree or object in order to carry out treatment, payment, or health care operations.

The Plan does not need your consent or authorization to release your PHI when you request it, a government agency requires it, or the Plan uses it for treatment, payment, or health care operations.

The Plan Sponsor has amended its Plan documents to protect your PHI as required by Federal law. The Plan may disclose PHI to the Plan Sponsor for purposes of treatment, payment, and health care operations in accordance with the Plan amendment. The Plan may disclose PHI to the Plan Sponsor for review of your appeal of a benefit or for other reasons related to the administration of the Plan.

<table>
<thead>
<tr>
<th>Definitions and Examples of Treatment, Payment, and Health Care Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Treatment</strong> is health care.</td>
</tr>
<tr>
<td>Treatment is the provision, coordination, or management of health care and related services. It also includes but is not limited to coordination of benefits with a third party and consultations and referrals between one or more of your health care providers.</td>
</tr>
<tr>
<td>• <strong>For example:</strong> The Plan discloses to a treating specialist the name of your treating primary care physician so the two can confer regarding your treatment plan.</td>
</tr>
<tr>
<td><strong>Payment</strong> is paying claims for health care and related activities.</td>
</tr>
<tr>
<td>Payment includes but is not limited to making payment for the provision of health care, determination of eligibility, claims management, and utilization review activities such as the assessment of medical necessity and appropriateness of care.</td>
</tr>
<tr>
<td>• <strong>For example:</strong> The Plan tells your doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan. If we contract with third parties to help us with payment, such as a claims payer, we will disclose pertinent information to them. These third parties are known as “Business Associates.”</td>
</tr>
<tr>
<td><strong>Health Care Operations</strong> keep the Plan operating soundly.</td>
</tr>
<tr>
<td>Health care operations includes but is not limited to quality assessment and improvement, patient safety activities, business planning and development, reviewing competence or qualifications of health care professionals, underwriting, enrollment, premium rating, and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services, and auditing functions including fraud and abuse compliance programs and general administrative activities.</td>
</tr>
<tr>
<td>• <strong>For example:</strong> The Plan uses information about your medical claims to refer you to a health care management program, to project future benefit costs or to audit the accuracy of its claims processing functions.</td>
</tr>
</tbody>
</table>
When the Disclosure of Your PHI Requires Your Written Authorization

Generally, the Plan will require that you sign a valid authorization form in order to use or disclose your PHI other than:

- When you request your own PHI
- A government agency requires it, or
- The Plan uses it for treatment, payment or health care operation.

You have the right to revoke an authorization.

Although the Plan does not routinely obtain psychotherapy notes, generally, an authorization will be required by the Plan before the Plan will use or disclose psychotherapy notes about you. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment. However, the Plan may use and disclose such notes when needed by the Plan to defend itself against litigation filed by you.

The Plan generally will require an authorization form for uses and disclosure of your PHI for marketing purposes (meaning a communication that encourages you to purchase or use a product or service) if the Plan receives direct or indirect financial remuneration (payment) from the entity whose product or service is being marketed. The Plan generally will require an authorization form for the sale of Protected Health Information if the Plan receives direct or indirect financial remuneration (payment) from the entity to which the PHI is sold. The Plan does not intend to engage in fundraising activities.

Use or Disclosure of Your PHI Where You Will Be Given an Opportunity to Agree or Disagree Before the Use or Release

Disclosure of your PHI to family members, other relatives and your close personal friends without your written consent or authorization is allowed if:

- The information is directly relevant to the family or friend's involvement with your care or payment for that care, and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

Note that PHI obtained by the Plan Sponsor’s employees through Plan administration activities will NOT be used for employment related decisions.

Use or Disclosure of Your PHI Where Consent, Authorization or Opportunity to Object Is Not Required

In general, the Plan does not need your written authorization to release your PHI if required by law or for public health and safety purposes. The Plan and its Business Associates are allowed to use and disclose your PHI without your written authorization (in compliance with section 164.512) under the following circumstances:

1. When **required by law**.

2. When permitted for **purposes of public health activities**. This includes reporting product defects, permitting product recalls and conducting post-marketing surveillance. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.

3. To a school about an individual who is a student or prospective student of the school if the Protected Health Information that is disclosed is limited to **proof of immunization**, the school is required by State or other law to have such proof of immunization prior to admitting the individual and the covered entity obtains and documents the agreements to this disclosure from either a parent, guardian or other person acting **in loco parentis** (in place of the parent) of the individual, if the individual is an unemancipated minor; or the individual, if the individual is an adult or emancipated.

4. When authorized by law to report information about **abuse, neglect or domestic violence** to public authorities if a reasonable belief exists that you may be a victim of abuse, neglect or domestic violence. In such case, the Plan will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor’s parents or other representatives, although there may be
circumstances under Federal or State law when the parents or other representatives may not be given access to the minor’s PHI.

5. To a public health oversight agency for **oversight activities authorized by law**. These activities include civil, administrative or criminal investigations, inspections, licensure or disciplinary actions (for example, to investigate complaints against providers) and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).

6. When required for **judicial or administrative proceedings**. For example, your PHI may be disclosed in response to a subpoena or discovery request, provided certain conditions are met, including that:
   - the requesting party must give the Plan satisfactory assurances a good faith attempt has been made to provide you with written notice, and
   - the notice provided sufficient information about the proceeding to permit you to raise an objection, and
   - no objections were raised or were resolved in favor of disclosure by the court or tribunal.

7. When required for **law enforcement health purposes** (for example, to report certain types of wounds).

8. For **law enforcement purposes** if the law enforcement official represents that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual’s agreement and the Plan in its best judgment determines that disclosure is in the best interest of the individual. Law enforcement purposes include:
   - identifying or locating a suspect, fugitive, material witness or missing person, and
   - disclosing information about an individual who is or is suspected to be a victim of a crime.

9. When required to be given to a **coroner or medical examiner** to identify a deceased person, determine a cause of death or other authorized duties. When required to be given to **funeral directors** to carry out their duties with respect to the decedent; for use and disclosures for cadaveric **organ, eye, or tissue donation** purposes.

10. For **research**, subject to certain conditions.

11. When, consistent with applicable law and standards of ethical conduct, the Plan in good faith believes the use or disclosure is necessary to prevent or lessen a serious and **imminent threat to the health or safety** of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.

12. When authorized by and to the extent necessary to comply with **workers’ compensation** or other similar programs established by law.

13. When required, for **specialized government functions**, to military authorities under certain circumstances, or to authorized Federal officials for lawful intelligence, counter intelligence and other national security activities.

Any other Plan uses and disclosures not described in this Notice will be made only if you provide the Plan with written authorization, subject to your right to revoke your authorization, and information used and disclosed will be made in compliance with the minimum necessary standards of the regulation.

**Your Individual Privacy Rights**

**A. You May Request Restrictions on PHI Uses and Disclosures**

You may request the Plan to restrict the uses and disclosures of your PHI:

- To carry out treatment, payment or health care operations, or
- To family members, relatives, friends or other persons identified by you who are involved in your care.

The Plan, however, is not required to agree to your request if the Plan Administrator or Privacy Officer determines it to be unreasonable, for example, if it would interfere with the Plan’s ability to pay a claim.

The Plan will accommodate an individual's reasonable request to receive communications of PHI by alternative means or at alternative locations where the request includes a statement that disclosure could endanger the individual. You or your personal representative will be required to complete a form to request restrictions on the uses and disclosures of your PHI. To make such a request contact the Privacy Officer at their address listed on the first page of this Notice.
B. You May Inspect and Copy Your PHI

You have the right to inspect and obtain a copy (in hard copy or electronic form) of your PHI (except psychotherapy notes and information compiled in reasonable contemplation of an administrative action or proceeding) contained in a "designated record set," for as long as the Plan maintains the PHI. You may request your hard copy or electronic information in a format that is convenient for you, and the Plan will honor that request to the extent possible. You may also request a summary of your PHI.

A Designated Record Set includes your medical records and billing records that are maintained by or for a covered health care provider. Records include enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan or other information used in whole or in part by or for the covered entity to make decisions about you. Information used for quality control or peer review analyses and not used to make decisions about you is not included in the designated record set.

The Plan must provide the requested information within 30 days of its receipt of the request, if the information is maintained onsite or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline and notifies you in writing in advance of the reasons for the delay and the date by which the Plan will provide the requested information.

You or your personal representative will be required to complete a form to request access to the PHI in your Designated Record Set. Requests for access to your PHI should be made to the Plan’s Privacy Officer at their address listed on the first page of this Notice. The Plan reserves the right to charge a reasonable cost-based fee for creating or copying the PHI or preparing a summary of your PHI.

If access is denied, you or your personal representative will be provided with a written denial describing the basis for the denial, a description of how you may exercise those review rights and a description of how you may complain to the Plan's Privacy Officer or the Secretary of the U.S. Department of Health and Human Services.

C. You Have the Right to Amend Your PHI

You or your Personal Representative have the right to request that the Plan amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set. The Plan has 60 days after receiving your request to act on it. The Plan is allowed a single 30-day extension if the Plan is unable to comply with the 60-day deadline (provided that the Plan notifies you in writing in advance of the reasons for the delay and the date by which the Plan will provide the requested information).

If the Plan denied your request in whole or part, the Plan must provide you with a written denial that explains the basis for the decision. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI. You should make your request to amend PHI to the Privacy Officer at their address listed on the first page of this Notice.

You or your personal representative may be required to complete a form to request amendment of your PHI. Forms are available from the Privacy Officer at their address listed on the first page of this Notice.

D. You Have the Right to Receive an Accounting of the Plan’s PHI Disclosures

At your request, the Plan will also provide you with an accounting of disclosures by the Plan of your PHI during the six years (or shorter period if requested) before the date of your request. The Plan will not provide you with an accounting of disclosures related to treatment, payment, or health care operations, or disclosures made to you or authorized by you in writing. The Plan has 60 days after its receipt of your request to provide the accounting. The Plan is allowed an additional 30 days if the Plan gives you a written statement of the reasons for the delay and the date by which the accounting will be provided. If you request more than one accounting within a 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting.

E. You Have the Right to Request that PHI be Transmitted to You Confidentially

The Plan will permit and accommodate your reasonable request to have PHI sent to you by alternative means or to an alternative location (such as mailing PHI to a different address or allowing you to personally pick up the PHI that would otherwise be mailed), if you provide a written request to the Plan that the disclosure of PHI to your usual location could endanger you. If you believe you have this situation, you should contact the Plan's Privacy Officer to discuss your request for confidential PHI transmission.
F. You Have the Right to Receive a Paper or Electronic Copy of This Notice Upon Request

To obtain a paper or electronic copy of this Notice, contact the Plan’s Privacy Officer at their address listed on the first page of this Notice. This right applies even if you have agreed to receive the Notice electronically.

G. Breach Notification

If a breach of your unsecured Protected Health Information occurs, the Plan will notify you.

Your Personal Representative

You may exercise your rights to your Protected Health Information (PHI) by designating a person to act as your Personal Representative. Your Personal Representative will generally be required to produce evidence (proof) of the authority to act on your behalf before the Personal Representative will be given access to your PHI or be allowed to take any action for you.

Under this Plan, proof of such authority will include (1) a completed, signed and approved Appoint a Personal Representative form; (2) a notarized power of attorney for health care purposes; (3) a court-appointed conservator or guardian; or, (4) for a Spouse under this Plan, the presence of a form (on file with the Privacy Officer) to appoint the Spouse as a Personal Representative.

This Plan will NOT automatically recognize your Spouse as your Personal Representative and vice versa. In order for your legal Spouse to be your Personal Representative, you must complete a form, “Appoint a Personal Representative,” and submit that form to the Privacy Officer. Form is attached to this Notice or is available from the Privacy Officer.

You may also present the Privacy Officer with a copy of a notarized Health Care Power of Attorney allowing one spouse to make decisions about the other spouse’s health care if they are unable to do so, or a document demonstrating you are the court-appointed conservator or guardian for your spouse.

If you have appointed your Spouse as your Personal Representative and later wish to revoke your Spouse as your Personal Representative, please complete the Revoke a Personal Representative form (available from the Privacy Officer) and return it to the Privacy Officer.

The Plan retains discretion to deny access to your PHI to a Personal Representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect.

Because HIPAA regulations give adults certain rights and generally children age 18 and older are adults, if you have dependent children age 18 and older covered under the Plan, and the child wants you, as the parent(s), to be able to access their Protected Health Information (PHI), that child will need to complete a form to Appoint a Personal Representative to designate you (the employee/retiree) and/or your Spouse as their Personal Representatives.

The Plan will consider a parent, guardian, or other person acting in loco parentis as the Personal Representative of an unemancipated minor (a child generally under age 18) unless the applicable law requires otherwise. In loco parentis may be further defined by State law, but in general it refers to a person who has been treated as a parent by the child and who has formed a meaningful parental relationship with the child for a substantial period of time. Spouses and unemancipated minors may, however, request that the Plan restrict PHI that goes to family members as described above under the section titled “Your Individual Privacy Rights.”

You may obtain a form to Appoint a Personal Representative or Revoke a Personal Representative by contacting the Privacy Officer at their address listed on this Notice.

The Plan's Duties

The Plan is required by law to maintain the privacy of your PHI and to provide you and your eligible dependents with Notice of its legal duties and privacy practices. The Plan is required to comply with the terms of this Notice. However, the Plan reserves the right to change its privacy practices and the terms of this Notice and to apply the changes to any PHI maintained by the Plan. In addition, the Plan may not (and does not) use your genetic information that is PHI for underwriting purposes.

Notice Distribution: The Notice will be provided to each person when he or she initially enrolls for benefits in the Plan (the Notice is provided in the enrollment material and is also available on the Plan’s website: http://www.marincounty.org/depts/hr/divisions/benefits.
The Notice will also be provided upon request. Once every three years the Plan will notify the individuals then covered by the Plan where to obtain a copy of the Notice. This Plan will satisfy the requirements of the HIPAA regulation by providing the Notice to the named insured (covered employee) of the Plan; however, you are encouraged to share this Notice with other family members covered under the Plan.

**Notice Revisions:** If a privacy practice of this Plan is changed affecting this Notice, a revised version of this Notice will be provided to you and all participants covered by the Plan at the time of the change. Any revised version of the Notice will be distributed within 60 days of the effective date of a material change to the uses and disclosures of PHI, your individual rights, the duties of the Plan or other privacy practices stated in this Notice.

Material changes are changes to the uses and disclosures of PHI, an individual’s rights, the duties of the Plan or other privacy practices stated in the Privacy Notice. Because our health plan posts its Notice on its website, we will prominently post the revised Notice on that website by the effective date of the material change to the Notice. We will also provide the revised notice, or information about the material change and how to obtain the revised Notice, in our next annual mailing to individuals covered by the Plan.

**Disclosing Only the Minimum Necessary Protected Health Information**

When using or disclosing PHI or when requesting PHI from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment,
- Uses or disclosures made to you,
- Disclosures made to the Secretary of the U.S. Department of Health and Human Services in accordance with their enforcement activities under HIPAA,
- Uses of disclosures required by law, and
- Uses of disclosures required for the Plan’s compliance with the HIPAA privacy regulations.

This Notice does not apply to information that has been de-identified. **De-identified information** is information that does not identify you and there is no reasonable basis to believe that the information can be used to identify you. As described in the amended Plan document, the Plan may share PHI with the Plan Sponsor for limited administrative purposes, such as determining claims and appeals, performing quality assurance functions and auditing and monitoring the Plan. The Plan shares the minimum information necessary to accomplish these purposes.

In addition, the Plan may use or disclose “summary health information” to the Plan Sponsor for obtaining premium bids or modifying, amending or terminating the group health Plan. **Summary health information** means information that summarizes claims history, claims expenses or type of claims experienced by individuals for whom the Plan Sponsor has provided health benefits under a group health plan. Identifying information will be deleted from summary health information, in accordance with HIPAA.

**Your Right to File a Complaint**

If you believe that your privacy rights have been violated, you may file a complaint with the Plan in care of the Plan’s Privacy Officer, at the address listed on the first page of this Notice. Neither your employer nor the Plan will retaliate against you for filing a complaint. You may also file a complaint (within 180 days of the date you know or should have known about an act or omission) with the Secretary of the U.S. Department of Health and Human Services by contacting their nearest office as listed in your telephone directory or at this website ([http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html](http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html)) or contact the Privacy Officer (noted on the first page of this Notice) for more information about how to file a complaint.

**If You Need More Information**

If you have any questions regarding this Notice or the subjects addressed in it, you may contact the Plan's Privacy Officer at the address listed on the first page of this Notice.
### County of Marin: Form to Appoint a Personal Representative

Complete the following chart to indicate the name of the proposed Personal Representative:

<table>
<thead>
<tr>
<th>Name (print):</th>
<th>Plan Participant:</th>
<th>Proposed Personal Representative:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (City, State, Zip):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

**IMPORTANT:** Insert the Personal Representative’s Password for Telephonic Identification:

I, __________________________________________ [Name of Participant or Beneficiary] hereby designate __________________________________________ [Name of Personal Representative]:

- [ ] to act on my behalf,
- [ ] to act on behalf of my dependent child(ren) named:

__________________________________________________________

in receiving:

- a. any Protected Health Information (PHI) that is (or would be) provided to me as a participant/beneficiary of the Plan, including any individual rights that I have regarding my PHI under HIPAA.
- b. only the following Protected Health Information to conduct the following functions on my behalf:

__________________________________________________________.

I understand that this designation of a Personal Representative is subject to approval by the Plan. I also understand that, once approved, this designation will remain in effect unless I revoke it. I understand that I have the right to revoke this designation at any time by completing a form to Revoke a Personal Representative available from the Privacy Officer. I understand that I may review a copy of the Plan's Policy on Personal Representatives.

____________________________________ ________________________
Participant or Beneficiary’s Signature   Date

____________________________________ ________________________
Personal Representative’s Signature   Date

The above Personal Representative request is:

- [ ] approved.
- [ ] not approved because: __________________________________________ Date: ______________, 20__

Privacy Officer: __________________________________________ Date: ______________, 20__

---

Once completed, please return this form to the:

Privacy Officer for the County of Marin’s Group Health Plan
ATTN: Human Resources
3501 Civic Center Drive, Suite 415     San Rafael, CA 94903
Phone: (415) 499-6114

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17a
Important Notice from the County of Marin
about Prescription Drug Coverage for People with Medicare

This notice is for people with Medicare.
Please read this notice carefully and keep it where you can find it.

This Notice has information about your current prescription drug coverage with the County of Marin and the
prescription drug coverage available for people with Medicare. It also explains the options you have under
Medicare’s prescription drug coverage and can help you decide whether or not you want to enroll in that Medicare
prescription drug coverage. At the end of this notice is information on where you can get help to make a decision
about Medicare’s prescription drug coverage.

➢ If you and/or your family members are not now eligible for Medicare, and will not be
eligible during the next 12 months, you may disregard this Notice.

➢ If, however, you and/or your family members are now eligible for Medicare or may become
eligible for Medicare in the next 12 months, you should read this Notice very carefully and
keep a copy of this Notice.

This announcement is required by law whether the group health plan’s coverage is primary or secondary to Medicare.
Because it is not possible for our Plan to always know when a Plan participant or their eligible spouse or children
have Medicare coverage or will soon become eligible for Medicare we have decided to provide this Notice to all plan
participants.

Prescription drug coverage for Medicare-eligible people is available through Medicare prescription drug plans (PDPs)
and Medicare Advantage Plans (like an HMO or PPO) that offer prescription drug coverage. All Medicare
prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer
more drug coverage for a higher monthly premium.

The County of Marin has determined that the prescription drug coverage is “creditable” under the
following medical plan options:
➢ Anthem PPO Plan
➢ Kaiser S HMO Plan
➢ Kaiser L HMO Plan
➢ Kaiser High Deductible Health Plan (Kaiser HDHP)

“Creditable” means that the value of this Plan’s prescription drug benefit is, on average for all plan participants,
expected to pay out as much as or more than the standard Medicare prescription drug coverage will pay.

Because the plan options noted above are, on average, at least as good as the standard Medicare prescription drug
coverage, you can elect or keep prescription drug coverage under these medical plan(s) and you will not pay
extra if you later decide to enroll in Medicare prescription drug coverage. You may enroll in Medicare
prescription drug coverage at a later time, and because you maintain creditable coverage, you will not have to pay a
higher premium (a late enrollment fee penalty).

REMEMBER TO KEEP THIS NOTICE
If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this
notice when you join to show whether or not you have maintained creditable coverage and, therefore,
whether or not you are required to pay a higher premium (a penalty).
WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

Medicare-eligible people can enroll in a Medicare prescription drug plan at one of the following 3 times:

• when they first become eligible for Medicare; or
• during Medicare’s annual election period (from October 15th through December 7th); or
• for beneficiaries leaving employer/union coverage, you may be eligible for a two-month Special Enrollment Period (SEP) in which to sign up for a Medicare prescription drug plan.

When you make your decision whether to enroll in a Medicare prescription drug plan, you should also compare your current prescription drug coverage, (including which drugs are covered and at what cost) with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

YOUR RIGHT TO RECEIVE A NOTICE

You will receive this notice at least every 12 months and at other times in the future such as if the creditable/non-creditable status of the prescription drug coverage through this plan changes. You may also request a copy of a Notice at any time.

WHY CREDITABLE COVERAGE IS IMPORTANT (When you will pay a higher premium (penalty) to join a Medicare drug plan)

If you do not have creditable prescription drug coverage when you are first eligible to enroll in a Medicare prescription drug plan and you elect or continue prescription drug coverage under a non-creditable prescription drug plan, then at a later date when you decide to elect Medicare prescription drug coverage you may pay a higher premium (a penalty) for that Medicare prescription drug coverage for as long as you have that Medicare coverage.

Maintaining creditable prescription drug coverage will help you avoid Medicare’s late enrollment penalty. This late enrollment penalty is described below:

If you go 63 continuous days or longer without creditable prescription drug coverage (meaning drug coverage that is at least as good as Medicare’s prescription drug coverage), your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have either Medicare prescription drug coverage or coverage under a creditable prescription drug plan. You may have to pay this higher premium (the penalty) as long as you have Medicare prescription drug coverage.

For example, if 19 months pass where you do not have creditable prescription drug coverage, when you decide to join Medicare’s drug coverage your monthly premium will always be at least 19% higher than the Medicare base beneficiary premium. Additionally, if you go 63 days or longer without prescription drug coverage you may also have to wait until the next October to enroll for Medicare prescription drug coverage.

WHAT ARE MY CHOICES?

You can choose any one of the following options:

<table>
<thead>
<tr>
<th>Your Choices:</th>
<th>What you can do:</th>
<th>What this option means to you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 1</td>
<td>You can select or keep your current Anthem or Kaiser medical and prescription drug coverage offered by the County of Marin and you do not have to enroll in a Medicare prescription drug plan.</td>
<td>You will continue to be able to use your prescription drug benefits through the Anthem and Kaiser medical plans offered by the County of Marin.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• You may, in the future, enroll in a Medicare prescription drug plan during Medicare’s annual enrollment period (during October 15th through December 7th of each year).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• As long as you are enrolled in creditable drug coverage you will not have to pay a higher premium (a late enrollment fee) to Medicare when you do choose, at a later date, to sign up for a Medicare prescription drug plan.</td>
</tr>
<tr>
<td>Your Choices:</td>
<td>What you can do:</td>
<td>What this option means to you:</td>
</tr>
<tr>
<td>-------------</td>
<td>-----------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>Option 2</td>
<td>You can select or keep your current Anthem or Kaiser medical and prescription drug coverage offered by the County of Marin and also enroll in a Medicare prescription drug plan. If you enroll in a Medicare prescription drug plan you will need to pay the Medicare Part D premium out of your own pocket.</td>
<td>Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits. Having dual prescription drug coverage under this Plan and Medicare means that this Plan will coordinate its drug payments with Medicare, as follows: • for Medicare eligible Active Employees and their Medicare eligible Dependents, the group health plan pays primary and Medicare Part D coverage pays secondary. • for Medicare eligible Retirees and their Medicare eligible Dependents, Medicare Part D coverage pays primary and the group health plan pays secondary. Note that you may not drop just the prescription drug coverage under the medical plans offered by the County of Marin. That is because prescription drug coverage is part of the entire medical plan. Generally, you may only drop medical plan coverage at the County’s next Open Enrollment period. Note that each Medicare prescription drug plan (PDP) may differ. Compare coverage, such as: • PDPs may have different premium amounts; • PDPs cover different brand name drugs at different costs to you; • PDPs may have different prescription drug deductibles and different drug copayments; • PDPs may have different networks for retail pharmacies and mail order services.</td>
</tr>
</tbody>
</table>

**IMPORTANT NOTE:** If you are enrolled in a High Deductible Health (HDHP) Plan with the Health Savings Account (HSA) you and your employer may not continue to make contributions to your HSA once you are enrolled in Medicare including being enrolled in a Medicare Part D drug plan.

**FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE’S PRESCRIPTION DRUG COVERAGE**

More detailed information about Medicare plans that offer prescription drug coverage is available in the “Medicare & You” handbook. A person enrolled in Medicare (a “beneficiary”) will get a copy of this handbook in the mail each year from Medicare. A Medicare beneficiary may also be contacted directly by Medicare-approved prescription drug plans.

For more information about Medicare prescription drug coverage:
- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number), for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
Para más información sobre sus opciones bajo la cobertura de Medicare para recetas médicas.

Revise el manual "Medicare Y Usted" para información más detallada sobre los planes de Medicare que ofrecen cobertura para recetas médicas. Visite www.medicare.gov por el Internet o llame GRATIS al 1 800 MEDICARE (1-800-633-4227). Los usuarios con teléfono de texto (TTY) deben llamar al 1-877-486-2048. Para más información sobre la ayuda adicional, visite la SSA en línea en www.socialsecurity.gov por Internet, o llámeles al 1-800-772-1213 (Los usuarios con teléfono de texto (TTY) deberán llamar al 1-800-325-0778).

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).

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

County of Marin Human Resources Department
3501 Civic Center Drive, Suite 415
San Rafael, CA 94903
Phone: (415) 473-6104

As in all cases, the County of Marin and, when applicable, the following insurance companies (Kaiser and Anthem) reserve the right to modify benefits at any time, in accordance with applicable law.

This document (dated January 1, 2018) is intended to serve as your Medicare Notice of Creditable Coverage, as required by law.
PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsha.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2017. Contact your State for more information on eligibility –

<table>
<thead>
<tr>
<th>ALABAMA – Medicaid</th>
<th>FLORIDA – Medicaid</th>
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<tbody>
<tr>
<td>Website: <a href="http://myalhipp.com">http://myalhipp.com</a></td>
<td>Website: <a href="http://flmedicaidtplrecovery.com/hipp/">http://flmedicaidtplrecovery.com/hipp/</a></td>
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<tr>
<td>Phone: 1-855-692-5447</td>
<td>Phone: 1-877-357-3268</td>
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<tr>
<th>ALASKA – Medicaid</th>
<th>GEORGIA – Medicaid</th>
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<tr>
<td>Website: <a href="http://myakhipp.com">http://myakhipp.com</a></td>
<td>Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a></td>
</tr>
<tr>
<td>Phone: 1-866-251-4861</td>
<td>- Click on Health Insurance Premium Payment (HIPP)</td>
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<tr>
<td>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a></td>
<td>Phone: 404-656-4507</td>
</tr>
<tr>
<td>Medicaid Eligibility:</td>
<td></td>
</tr>
<tr>
<td><a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a></td>
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<tr>
<th>ARKANSAS – Medicaid</th>
<th>INDIANA – Medicaid</th>
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<tbody>
<tr>
<td>Website: <a href="http://myarhipp.com">http://myarhipp.com</a></td>
<td>Healthy Indiana Plan for low-income adults 19-64</td>
</tr>
<tr>
<td>Phone: 1-855-MyARHIP (855-692-7447)</td>
<td>Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a></td>
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<td></td>
<td>Phone: 1-877-436-4479</td>
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<td></td>
<td>All other Medicaid</td>
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<tr>
<td></td>
<td>Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a></td>
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<td>Phone 1-800-403-0864</td>
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<tr>
<th>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</th>
<th>IOWA – Medicaid</th>
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<tbody>
<tr>
<td>Health First Colorado Website:</td>
<td>Website: <a href="http://dhhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">http://dhhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a></td>
</tr>
<tr>
<td><a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a></td>
<td>Phone: 1-888-346-9562</td>
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<tr>
<td>Health First Colorado Member Contact Center:</td>
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<tr>
<td>1-800-221-3943/ State Relay 711</td>
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<tr>
<td>CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus</td>
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<tr>
<th>KANSAS – Medicaid</th>
<th>NEW HAMPSHIRE – Medicaid</th>
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<tr>
<td>Phone: 1-785-296-3512</td>
<td>Phone: 603-271-5218</td>
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<tr>
<td>State</td>
<td>Program(s)</td>
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<tr>
<td>Kentucky</td>
<td>Medicaid</td>
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<tr>
<td>New Jersey</td>
<td>Medicaid and CHIP</td>
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<tr>
<td>Louisiana</td>
<td>Medicaid</td>
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<td>New York</td>
<td>Medicaid</td>
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<td>Maine</td>
<td>Medicaid</td>
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<td>North Carolina</td>
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<td>Massachusetts</td>
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<td>North Dakota</td>
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<td>Minnesota</td>
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<td>Oklahoma</td>
<td>Medicaid and CHIP</td>
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<td>Missouri</td>
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<td>Montana</td>
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<td>Nebraska</td>
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<td>Nevada</td>
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<td>Washington</td>
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<td>Texas</td>
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<td>Utah</td>
<td>Medicaid and CHIP</td>
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<tr>
<td>Vermont</td>
<td>Medicaid</td>
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<td>Wyoming</td>
<td>Medicaid</td>
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VIRGINIA – Medicaid and CHIP

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<tr>
<th>Medicaid Website:</th>
<th>CHIP Website:</th>
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Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-855-242-8282

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512. The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)