



Human Resources Employee Benefits and Services

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Dear County Employee:

SUBJECT: Your Benefits While on Medical Leave of Absence

The purpose of this letter is to explain your benefit eligibility and to obtain instruction from you regarding continued enrollment in benefit plans through the County of San Bernardino during your approved medical leave of absence.

You may choose to discontinue or modify benefit coverage during your medical leave of absence. Please complete and return the Continuation of Benefits Designation form to indicate which plans, if any, you wish to remain enrolled in during your medical leave of absence. Refer to the benefits matrix on the reverse of this letter for the impact of a medical leave of absence to your benefits.

Per section § 825.209(e) of the Family Medical Leave Act, California Code of Regulations, Title 2, Div.4, and/or applicable Memorandum of Understanding, Exempt Compensation Plan, Salary Ordinance, or Contract, you can receive benefits through any one of the following four ways:

1) Certain benefits specify that you must be paid for one-half plus one of your scheduled hours (e.g. if you are scheduled to work 80 hours per pay period, you must be paid at least 41 hours in REG, SCK, VAC, etc.) to receive benefits, including Premium Subsidies. If there is no minimum hour requirement specified, then you must at least be receiving pay for '0.25' coded hours on payroll to maintain eligibility and enrollment.

Or

2) As long as you fully integrate accrued leave time with Short-Term Disability (maximum of 52 weeks) you are eligible to receive Premium Subsidies. Your coverage will be terminated if you are not fully integrating paid leave time as long as you have received benefits while on leave in accordance with applicable law. If you are not able to fully integrate, medical and dental coverage may continue if you are receiving paid hours as described in option one.

Or

3) You must be on an approved FMLA/CFRA leave of absence (generally 12 weeks, but could be longer in the case of pregnancy or military leave) to receive benefits, including Premium Subsidies. If you are not eligible for FMLA/CFRA then your benefits may be terminated immediately.

Or

- 4) You must be on an approved Workers' Compensation Claim (maximum of 20 pay periods)
- If you are on an approved FMLA/CFRA absence, after the 6th pay period off work, you are no longer eligible for active employee medical and dental plan coverage. Your benefits will be terminated and you will have the option of enrolling in COBRA continuation coverage (see below). If you elect COBRA coverage, you will receive Premium Subsidies for 14 additional pay periods (maximum of 20 pay periods). Please note if you do not enroll in COBRA continuation coverage you will not receive Premium Subsidies.
 - Fully accrued leave integration with Worker's Compensation does not impact benefit eligibility.

COBRA Continuation Coverage - When you are no longer eligible for active employee coverage due to certain qualifying events, the County of San Bernardino, as required under provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, will offer you and your covered family members the opportunity to elect a temporary extension of coverage (called "continuation coverage" or "COBRA coverage"). Group health coverage for COBRA participants is usually more expensive than health coverage for active employees, since the County usually pays a part of the premium for active employees while COBRA participants pay the entire premium.

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Contact the Employee Benefits and Services Division (EBSB) at (909) 387-5787 to elect to continue benefits or to make arrangements to continue to pay your share of premium payments on your health insurance to maintain your benefits while you are on leave. If payment is not made timely, your County coverage may be cancelled provided you receive notification in writing at least 15 days before the date that your health coverage will lapse.

If you have questions, contact EBSB at the phone number above or email at ebbs@hr.sbcountry.gov.

Benefits subject to FMLA Protection

| Benefit/Deduction | While on medical leave of absence | You will need to... |
|---------------------------------|--|--|
| Medical/Dental/Vision Insurance | <p>For FMLA, County Contributions will continue for 6 pay periods (other leaves may extend this – check with EBSD)</p> <p>You are responsible for your portion of applicable premiums.</p> | <p>Let the County know if you wish to continue your medical, dental, and/or vision insurance while you are on a leave.</p> <p>Complete the Continuation of Benefits Designation Form. You will be billed for the balance of any premiums or monies due not collected through your pay warrant. All bills provide thirty (30) days to pay, with no grace period. If payment is not received by the due date, your enrollment will be cancelled back to the date premiums were paid in full.</p> |

Benefits not subject to FMLA Protection

| Benefit/Deduction | While on medical leave of absence | You will need to... |
|----------------------------------|---|---|
| Opt Out/Waive | Opt Out/Waive contributions do not continue. | No action is required; this is an automatic change to payroll. |
| County Paid Life Insurance | <p>This is not an FMLA covered benefit.</p> <p>To maintain your coverage, you must pay the premium (employer's share) while you are on a leave directly to EBSD.</p> <p>If you are on leave more than four months, you may apply for a waiver of premium through Minnesota Life. If a "waiver of premium" is approved, then no premium payments are required.</p> | <p>Let the County know if you wish to continue your basic life insurance while you are on a leave.</p> <p>Complete the Continuation of Benefits Designation Form. You will be billed for the balance of any premiums or monies due not collected through your pay warrant. All bills provide thirty (30) days to pay, with no grace period. If payment is not received by the due date, your enrollment will be cancelled back to the date premiums were paid in full.</p> <p>It is important to note, that those who wish to apply for a waiver of premium should indicate that they wish to keep their basic life insurance and pay the premiums until the "Waiver of Premium" is approved by Minnesota Life.</p> |
| Supplemental Life Insurance/AD&D | <p>You have the option to continue or terminate your coverage.</p> <p>If you do not have enough money in your paycheck for the premium(s) to be deducted, you will receive a bill from EBSD.</p> <p>If you are on leave more than four months, you may apply for a waiver of premium through Minnesota Life.</p> | <p>Let the County know if you wish to continue your supplemental life insurance and or AD&D insurance while you are on a leave.</p> <p>Complete the Continuation of Benefits Designation Form. You will be billed for the balance of any premiums or monies due not collected through your pay warrant. All bills provide thirty (30) days to pay, with no grace period. If payment is not received by the due date, your enrollment will be cancelled back to the date premiums were paid in full.</p> |
| FSA/DCAP | You have the option to revoke or reduce your election. | Let the County know if you wish to reduce or revoke your elections while you are on leave by completing the Continuation of Benefits Designation Form. |
| Commuter Services/Ride Share | You have the option to stop Vanpool participation. If you choose to not to continue the deduction, your seat will no longer be reserved and your participation will cease. If you are no longer receiving pay from the County this will happen automatically. | Let the County know if you wish to stop your election while you are on leave by completing the Continuation of Benefits Designation Form and notify your Vanpool driver. |
| Combined Giving | As long as there is money available in your pay check, your deductions will continue to be taken. | <p>Let the County know if you wish to stop your Combined Giving deductions while out on leave by completing the Continuation of Benefits Designation Form.</p> <p>You will need to re-start your deduction by filling out a new election form upon your return.</p> |
| 401(k)/457(b) Loans | <p>You have the option to continue making loan payments while you are on a leave.</p> <p>Interest will continue to accrue and all loan payments remain due during any period of leave that is not due to Military Service.</p> <p>If you are receiving pay from the County, loan payments will continue to be collected. If you are not receiving pay, you can remit loan payments to the County.</p> <p>If you do not make payments during your leave, interest will continue to accrue on the unpaid balance and the remaining loan balance will still be due by the original repayment date (loan will be re-amortized).</p> | Let the County know if you wish to continue making loan payments while on leave by completing the Continuation of Benefits Designation for Medical Leave of Absence Form. |



CONTINUATION OF BENEFITS DESIGNATION

| | | | | |
|--------------------|----------------|------------------------------|----------------------|------------------|
| Employee ID | Rcd No. | Last Name, First Name | | |
| Department | | Contact Email | Department ID | Telephone |

Please check the applicable box(es) below to indicate which plan(s) you wish to remain enrolled in.

If you elect to continue benefits, you will be billed for the balance due not collected through your pay warrant. With few exceptions, bills provide thirty (30) days to pay, with no grace period. If payment is not received by the due date, your enrollment may be cancelled back to the date premiums were paid in full.

Upon return to work, you must complete the forms necessary to re-enroll in medical/dental/vision coverage, as applicable, within 60 days of your return to work date.

Benefit Elections (Protected Leaves/Unpaid Status/Under Minimum Hours Requirement)

| Benefit | Option | | |
|---------|--|--|---|
| | I DO want to continue this benefit and will pay for the applicable portion of the premium to continue the benefit | I do NOT want to continue this benefit, terminate my coverage immediately | FMLA Only: I want to CHANGE my benefit coverage level (drop dependent(s)) |
| Medical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dental | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Benefit Elections (Unpaid Status/Under Minimum Hours Requirement)

| Benefit | Option | | |
|---|--|--|-------------------------------------|
| | I DO want to continue this benefit and will pay for the applicable portion of the premium to continue the benefit | I do NOT want to continue this benefit, terminate my coverage immediately | I want to CHANGE my election |
| County Paid Life Insurance | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| Voluntary/Supplemental Life | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| AD&D | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| 457(b)/401(k) Loan Suspension | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| Salary Savings Deductions (as applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical Expense Reimbursement Plan (FSA) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependent Care Assistance Plan (DCAP) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Commuter Services Rideshare Deduction | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| Combined Giving Deductions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|---------------------------|-------------|
| Employee Signature | Date |
|---------------------------|-------------|

Please return this form to:
 County of San Bernardino, HR-EBSD 157 W 5th Street, First Floor San Bernardino, CA 92415-0440