

REQUIRED NOTICES

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

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 the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 60 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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 60 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, please contact the County Benefits Office at (209) 468-9987.

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, or if you and/or your dependents 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.

IMPORTANT REMINDER TO PROVIDE THE COUNTY BENEFITS OFFICE 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 one: [socialsecurity.gov/online/ss-5.pdf](https://www.socialsecurity.gov/online/ss-5.pdf). Applying for an SSN is FREE.

If you have not yet provided the SSN (or other TIN) for each of your dependents that you have enrolled in the health plan, please contact the County Benefits Office at (209) 468-9987.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE (WHCRA)

The WHCRA of 1998 requires group health plans to make particular benefits available to participants who have undergone a mastectomy. A plan must offer mastectomy patients with coverage provided in a manner determined in consultation with the attending physician and the patient for:

- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedemas

These benefits are subject to the same deductible, copays, and coinsurance that apply to mastectomy benefits under the plan. If you have any questions, please contact the County Benefits Office at (209) 468-9987.

PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA) NOTICE (DOES NOT APPLY TO THE SELECT, SELECT EXCLUSIVE, OR PREMIER PLANS)

The Kaiser and Sutter Health Plus plans require the designation of a primary care provider (PCP). To select a PCP for the Kaiser health plan, visit mydoctor.kaiserpermanente.org. To select a PCP in the Sutter Health Plus plans, visit sutterhealthplus.org/providersearch. You may designate a pediatrician as the PCP for dependent children. For more information, contact the County Benefits Office at (209) 468-9987 or email employeebenefits@sjgov.org. Members do not need prior authorization from their health plan or from any other person (including the PCP) in order to obtain access to obstetrical or gynecological care from a health care professional in the network of the member's plan 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 the participating Kaiser providers, visit mydoctor.kaiserpermanente.org. For a list of the participating Sutter Health Plus providers, visit sutterhealthplus.org/providersearch. For more information, contact the County Benefits Office at (209) 468-9987 or email employeebenefits@sjgov.org.

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 health care information. This Health Program'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. It is available on the County's website at sjgov.org/department/hr/programs-services/benefits.

You may also receive a Privacy Notice from companies who offer

Plan participants insured health care services, such as the Kaiser and Sutter Health Plus plans. Each of these notices will describe your rights as it pertains to that plan option and in compliance with the Federal regulation, HIPAA. This Privacy Notice, however, pertains to your Protected Health Information related to the San Joaquin County Employee Benefits Plan (the "Plan").

IMPORTANT NOTICE FROM SAN JOAQUIN COUNTY ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE 2026-2027 Plan Year

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

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

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

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan and drop your County-sponsored health plan, be aware that you and your dependents

will not be able to get this coverage back. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare drug coverage in your area. In addition to your prescription drug coverage, your current coverage pays for other health expenses, and you will still be eligible to receive all your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your coverage with a County-sponsored health plan and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until next October to join.

For more information about this notice or your current prescription drug coverage, contact San Joaquin County's Human Resources Division at (209) 468-9987.

NOTE: You will receive this notice annually. You also may request a copy at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE

More detailed information about Medicare plans that offer prescription drug coverage is in the Medicare & You handbook. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit medicare.gov.
- Call your State Health Insurance Assistance Program.
- Within California, call 1-800-434-0222.
- Call 1-800-MEDICARE (1-800-633-4227).
- TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at socialsecurity.gov, or call them at 1-800-772- 1213 (TTY 1-800- 325-0778).

Date: July 1, 2026
 Name of Entity/Sender: San Joaquin County
 Contact-Position/Office: Human Resources/Benefits
 Address: 44 N. San Joaquin St. Suite 330

Phone Number: (209) 468 - 9987

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

GRANDFATHERED HEALTH PLAN UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (THE AFFORDABLE CARE ACT)

The County of San Joaquin believes this Plan C is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan administrator at Human Resources – Benefits Division at (209) 468-9987.