



Human Resources Department

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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)

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- a) 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.

- b) 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.

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 ebsd@hr.sbcounty.gov.