

Important Legal Information About the County of Orange Employee Health Plans

Notice of Special Enrollment Rights for Health Plan Coverage

You or your dependents may be able to enroll in the County's health plan without waiting for the next Open Enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 calendar days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption or placement for adoption. You must request health plan enrollment within 30 calendar days after the marriage, birth, adoption or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 calendar days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30 calendar day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in the County's medical plan if you become eligible for a state premium assistance program under Medicaid or CHIP; you must request enrollment within 60 calendar days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: if your dependent becomes eligible for special enrollment rights, you may add the dependent to your current coverage or change to another health plan.

HIPAA Privacy Notice Reminder

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) requires the County's self-insured group health plans (collectively referred to as the "Plan") to periodically send a reminder to participants about the availability of the Plan's Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the Plan's legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI.

To obtain a copy of the Privacy Notice contact the County of Orange Benefits Center at 1-833-476-2347. You may also view the Privacy Notice online at www.mybenefits.ocgov.com.

You may also contact the County's Privacy Officer at 714-834-4082 or privacyofficer@ocgov.com for more information on the Plan's privacy policies or your rights under HIPAA.

Women's Health and Cancer Rights Act of 1998

Federal law requires a group health plan to provide coverage for the following services to an individual receiving plan benefits in connection with a covered mastectomy:

- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis and treatment of physical complications for all stages of a mastectomy, including lymph edemas (swelling associated with the removal of lymph nodes).

The Plan will determine the manner of coverage in consultation with you and your attending doctor. Coverage for breast reconstruction and related services is subject to deductibles and coinsurance (the amount you pay before your insurance begins to pay) that are consistent with those that apply to other benefits under the Plan.

Newborns' and Mothers' Health Protection Notice

Under federal law, group health plans and health insurance issuers offering group health insurance 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 or issuer may pay for a shorter stay if the attending physician (e.g., your physician, nurse or a physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and insurers 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, a plan or issuer may not, under federal law, require that a physician or other health care provider 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, contact your health plan vendor.

Exemption Relating to Federal Mental Health Parity Rules

Group health plans sponsored by State and local governmental employers must generally comply with Federal law requirements in title XXVII of the Public Health Service Act. However, these employers are permitted to exempt a health plan from the requirement listed below for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy.

The County of Orange has re-elected to exempt its four self-insured PPO plans – Wellwise Choice, Sharewell Choice, Wellwise Retiree, and Sharewell Retiree are exempt from the following requirement:

1. Protections against having benefits for mental health and substance use disorders may be subject to more restrictions than apply to medical and surgical benefits covered by the plan.

The exemption from this Federal requirement will continue to be in effect for the plan year of 2021. The election may be renewed for subsequent plan years.

Knox Keene Exemption

Self-insured non-federal governmental plans, the Wellwise Choice, Sharewell Choice, Wellwise Retiree, and Sharewell Retiree plans are exempt from the Knox-Keene Act pursuant to Insurance Code section 1349.2. If you believe the Plan engages in fraud, dishonest dealing or unfair competition, as defined by Business and Professions Code section 17200, you may file a complaint with the Director of the California State Department of Managed Health Care.

Notice Regarding Wellness Program

The **Orange County Healthy Steps** program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including

the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

Employees who choose to participate in the wellness program will receive a 5 percent medical premium reduction incentive. Although you are not required to participate in the program, only employees who do so will receive a 5 percent medical premium reduction. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have

or had certain medical conditions (e.g., cancer, diabetes or heart disease). You will also be asked to complete a biometric screening, which will include a check of your blood pressure, height, weight, body mass index, blood sugar and cholesterol. You will also be asked to attest to one of the non-smoking or stop smoking statements: I have never smoked; or I have been tobacco free for the last 30 days; or I have tried a smoking cessation program in the last 12 months; or I am currently enrolled in a smoking cessation program.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as digital workshops and self-directed coaching.

You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the County of Orange may use aggregate information it collects to design a program based on identified health risks in

the workplace, StayWell will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked

or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same

confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are a registered nurse, doctor or health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the County of Orange—Employee Benefits at 714-834-6282.

Physician Designation Notice

Cigna Choice and Cigna Select HMO generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

Until you make this designation, Cigna Choice HMO designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Cigna Choice HMO at 1-800-244-6224.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Cigna or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network 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 Cigna at 1-800-244- 6224.