



# COUNTY *of* VENTURA

## County Executive Office Human Resources Benefits

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Intranet: <http://myvcweb/index.php/hr/benefits/home>

October 10, 2022

Enclosed are important notices required for distribution to employees annually. These notices were historically printed in the Benefit Plans Handbook. However, in an effort to reduce the waste and cost associated with printing the handbook for each employee, a soft copy of the handbook is available on our website (<https://hr.ventura.org/benefits>), QR code provided below. These notices are also accessible at this location.

For your convenience, this packet also includes a general list of contact information for all County-sponsored benefit plans and programs.



# 2023 Annual Employee Notices

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# Family and Medical Leave Act (FMLA)

## EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

### LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

### ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

\*Special "hours of service" requirements apply to airline flight crew employees.

### REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

### EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

### ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.



For additional information or to file a complaint:

**1-866-4-USWAGE**

(1-866-487-9243) TTY: 1-877-889-5627

**www.dol.gov/whd**

U.S. Department of Labor | Wage and Hour Division



WH-1420 REV 04/16



# Workplace Discrimination and Harassment Prevention



**DFEH**  
THE DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING  
THE MISSION OF THE DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING IS TO PROTECT THE PEOPLE OF CALIFORNIA FROM UNLAWFUL DISCRIMINATION IN EMPLOYMENT, HOUSING AND PUBLIC ACCOMMODATIONS, AND FROM THE PERPETRATION OF ACTS OF HATE VIOLENCE AND HUMAN TRAFFICKING.

**CALIFORNIA LAW PROHIBITS WORKPLACE DISCRIMINATION & HARASSMENT**

The California Department of Fair Employment and Housing (DFEH) enforces laws that protect you from illegal discrimination and harassment in employment based on your actual or perceived:

- ANCESTRY
- AGE (40 and above)
- COLOR
- DISABILITY (physical, mental, HIV and AIDS)
- GENETIC INFORMATION
- GENDER IDENTITY, GENDER EXPRESSION
- MARITAL STATUS
- MEDICAL CONDITION (genetic characteristics, cancer or a record or history of cancer)
- MILITARY OR VETERAN STATUS
- NATIONAL ORIGIN (includes language use and possession of a driver's license issued to persons unable to prove their presence in the United States is authorized under federal law)
- RACE (including, but not limited to, hair texture and protective hairstyles. Protective hairstyles includes, but is not limited to, such hairstyles as braids, locks, and twists)
- RELIGION (includes religious dress and grooming practices)
- SEX/GENDER (includes pregnancy, childbirth, breastfeeding and/or related medical conditions)
- SEXUAL ORIENTATION

## THE CALIFORNIA FAIR EMPLOYMENT AND HOUSING ACT (GOVERNMENT CODE SECTIONS 12900 THROUGH 12996) AND ITS IMPLEMENTING REGULATIONS (CALIFORNIA CODE OF REGULATIONS, TITLE 2, SECTIONS 11000 THROUGH 11141):

1. Prohibit harassment of employees, applicants, unpaid interns, volunteers, and independent contractors by any persons and require employers to take all reasonable steps to prevent harassment. This includes a prohibition against sexual harassment, gender harassment, harassment based on pregnancy, childbirth, breastfeeding and/or related medical conditions, as well as harassment based on all other characteristics listed above.
2. Require that all employers provide information to each of their employees on the nature, illegality, and legal remedies that apply to sexual harassment. Employers may either develop their own publications, which must meet standards set forth in California Government Code section 12950, or use material from DFEH.
3. Require employers with 5 or more employees and all public entities to provide training for all employees regarding the prevention of sexual harassment, including harassment based on gender identity, gender expression, and sexual orientation.
4. Prohibit employers from limiting or prohibiting the use of any language in any workplace unless justified by business necessity. The employer must notify employees of the language restriction and consequences for violation. Also prohibits employers from discriminating against an applicant or employee because they possess a driver's license issued to a person who is unable to prove that their presence in the United States is authorized under federal law.
5. Require employers to reasonably accommodate an employee, unpaid intern, or job applicant's religious beliefs and practices, including the wearing or carrying of religious clothing, jewelry or artifacts, and hair styles, facial hair, or body hair, which are part of an individual's observance of their religious beliefs.
6. Require employers to reasonably accommodate employees or job applicants with disabilities to enable them to perform the essential functions of a job.
7. Permit job applicants, unpaid interns, volunteers, and employees to file complaints with DFEH against an employer, employment agency, or labor union that fails to grant equal employment as required by law.
8. Prohibit discrimination against any job applicant, unpaid intern, or employee in hiring, promotions, assignments, termination, or any term, condition, or privilege of employment.
9. Require employers, employment agencies, and unions to preserve applications, personnel records, and employment referral records for a minimum of two years.
10. Require employers to provide leaves of up to four months to employees disabled because of pregnancy, childbirth, or a related medical condition.
11. Require an employer to provide reasonable accommodations requested by an employee, on the advice of their health care provider, related to their pregnancy, childbirth, or a related medical condition.

12. Require employers of 5 or more persons to allow eligible employees to take up to 12 weeks leave in a 12-month period: to care for their own serious health condition; to care for a child of any age, spouse, domestic partner, parent, grandparent, grandchild, or sibling with a serious health condition; to bond with a new child (by birth, adoption, or foster placement); or for certain military exigencies.

13. Require employment agencies to serve all applicants equally, refuse discriminatory job orders, and prohibit employers and employment agencies from making discriminatory pre-hiring inquiries or publishing help-wanted advertisements that express a discriminatory hiring preference.

14. Prohibit unions from discriminating in member admissions or dispatching members to jobs.

15. Prohibit retaliation against a person who opposes, reports, or assists another person to oppose unlawful discrimination.

## FILING A COMPLAINT

The law provides for remedies for individuals who experience prohibited discrimination or harassment in the workplace. These remedies include hiring, front pay, back pay, promotion, reinstatement, cease-and-desist orders, expert witness fees, reasonable attorney's fees and costs, punitive damages, and emotional distress damages.

Job applicants, unpaid interns, and employees: If you believe you have experienced discrimination or harassment you may file a complaint with DFEH. Independent contractors and volunteers: If you believe you have been harassed, you may file a complaint with DFEH.

Complaints must be filed within three years\* of the last act of discrimination/harassment. For victims who are under the age of eighteen, not later than three years after the last act of discrimination/harassment or one year after the victim's eighteenth birthday, whichever is later.

To schedule an appointment, contact the Communication Center below.

If you have a disability that requires a reasonable accommodation, the DFEH can assist you by scribing your intake by phone or, for individuals who are Deaf or Hard of Hearing or have speech disabilities, through the California Relay Service (711), or you can contact us below.

DFEH is committed to providing access to our materials in an alternative format as a reasonable accommodation for people with disabilities when requested.

Government Code section 12950 and California Code of Regulations, title 2, section 11013, require all employers to post this document. It must be conspicuously posted in hiring offices, on employee bulletin boards, in employment agency waiting rooms, union halls, and other places employees gather. Any employer whose workforce at any facility or establishment consists of more than 10% of non-English speaking persons must also post this notice in the appropriate language or languages.

## CONTACT US

Toll Free: (800) 884-1684  
TTY: (800) 700-2320  
contact.center@dfeh.ca.gov  
www.dfeh.ca.gov

# Victims of Domestic Violence Leave Notice

The Labor Commissioner's Office

**RIGHTS OF VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT, STALKING, CRIMES THAT CAUSE PHYSICAL INJURY OR MENTAL INJURY, AND CRIMES INVOLVING A THREAT OF PHYSICAL INJURY; AND OF PERSONS WHOSE IMMEDIATE FAMILY MEMBER IS DECEASED AS A DIRECT RESULT OF A CRIME**

## Your Rights as an Employee:

- Your Right to Take Time off
- Your Right to Reasonable Accommodation
- Your Right to Be Free from Retaliation and Discrimination

**For more information visit:**

[www.dir.ca.gov/dlse/DistrictOffices.htm](http://www.dir.ca.gov/dlse/DistrictOffices.htm)



# Pregnancy Disability Leave (PDL)

## YOUR RIGHTS AND OBLIGATIONS AS A PREGNANT EMPLOYEE



Civil Rights  
Department  
STATE OF CALIFORNIA

### YOUR EMPLOYER\* HAS AN OBLIGATION TO:

- Reasonably accommodate your medical needs related to pregnancy, childbirth, or related conditions (such as temporarily modifying your work duties, providing you with a stool or chair, or allowing more frequent breaks);
- Transfer you to a less strenuous or hazardous position (if one is available) or duties if medically needed because of your pregnancy;
- Provide you with pregnancy disability leave (PDL) of up to four months (the working days you normally would work in one-third of a year or 17 1/3 weeks) and return you to your same job when you are no longer disabled by your pregnancy or, in certain instances, to a comparable job. Taking PDL, however, does not protect you from non-leave related employment actions, such as a layoff;
- Provide a reasonable amount of break time and use of a room or other location in close proximity to the employee's work area to express breast milk in private as set forth in the Labor Code; and
- Never discriminate, harass, or retaliate on the basis of pregnancy.

### FOR PREGNANCY DISABILITY LEAVE:

- PDL is not for an automatic period of time, but for the period of time that you are disabled by pregnancy, childbirth, or related medical condition. Your health care provider determines how much time you will need.
- Once your employer has been informed that you need to take PDL, your employer must guarantee in writing that you can return to work in your same or a comparable position if you request a written guarantee. Your employer may require you to submit written medical certification from your health care provider substantiating the need for your leave.
- PDL may include, but is not limited to, additional or more frequent breaks, time for prenatal or postnatal medical appointments, and doctor-ordered bed rest, and covers conditions such as severe morning sickness, gestational diabetes, pregnancy-induced hypertension, preeclampsia, recovery from childbirth or loss or end of pregnancy, and/or post-partum depression.
- PDL does not need to be taken all at once but can be taken on an as-needed basis as required by your health care provider, including intermittent leave or a reduced work schedule.
- Your leave will be paid or unpaid depending on your employer's policy for other medical leaves. You may also be eligible for state disability insurance or Paid Family Leave (PFL), administered by the California Employment Development Department.
- At your discretion, you can use any vacation or other paid time off during your PDL.
- Your employer may require or you may choose to use any available sick leave during your PDL.
- Your employer is required to continue your group health coverage during your PDL at the same level and under the same conditions that coverage would have been provided if you had continued in employment continuously for the duration of your leave.
- Taking PDL may impact certain of your benefits and your seniority date; please contact your employer for details.

### NOTICE OBLIGATIONS AS AN EMPLOYEE:

- Give your employer reasonable notice. To receive reasonable accommodation, obtain a transfer, or take PDL, you must give your employer sufficient notice for your employer to make appropriate plans. Sufficient notice means 30 days advance notice if the need for the reasonable accommodation, transfer, or PDL is foreseeable, or as soon as practicable if the need is an emergency or unforeseeable.
- Provide a written medical certification from your health care provider. Except in a medical emergency where there is no time to obtain it, your employer may require you to supply a written medical certification from your health care provider of the medical need for your reasonable accommodation, transfer or PDL. If the need is an emergency or unforeseeable, you must provide this certification within the time frame your employer requests, unless it is not practicable for you to do so under the circumstances despite your diligent, good faith efforts. Your employer must provide at least 15 calendar days for you to submit the certification. See if your employer has a copy of a medical certification form to give to your health care provider to complete.
- Please note that if you fail to give your employer reasonable advance notice or, if your employer requires it, written medical certification of your medical need, your employer may be justified in delaying your reasonable accommodation, transfer, or PDL.

### ADDITIONAL LEAVE UNDER THE CALIFORNIA FAMILY RIGHTS ACT (CFRA):

Under the California Family Rights Act (CFRA), if you have more than 12 months of service with an employer, and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave, you may have a right to a family care or medical leave (CFRA leave). This leave may be up to 12 workweeks in a 12-month period for the birth, adoption, or foster care placement of your child\*\*, or for your own serious health condition or that of your child, parent\*\*\*, spouse, domestic partner, grandparent, grandchild, or sibling. Employers may pay their employees while taking CFRA leave, but employers are not required to do so, unless the employee is taking accrued paid time-off while on CFRA leave. Employees taking CFRA leave may be eligible for California's Paid Family Leave (PFL) program, which is administered by the Employment Development Department (EDD).

**If you have been subjected to discrimination, harassment, or retaliation at work, or have been improperly denied PDL or CFRA leave, file a complaint with CRD.**

### TO FILE A COMPLAINT

Civil Rights Department  
[calcivilrights.ca.gov/complaintprocess](http://calcivilrights.ca.gov/complaintprocess)  
Toll Free: 800.884.1684  
TTY: 800.700.2320

If you have a disability that requires a reasonable accommodation, CRD can assist you with your complaint. Contact us through any method above or, for individuals who are deaf or hard of hearing or have speech disabilities, through the California Relay Service (711).

\*PDL, CFRA leave, and anti-discrimination protections apply to employers of 5 or more employees; anti-harassment protections apply to employers of 1 or more.

\*\* "Child" means a biological, adopted, or foster child, a stepchild, a legal ward, or a child of an employee or the employee's domestic partner, or a person to whom the employee stands in loco parentis.

\*\*\* "Parent" includes a biological, foster, or adoptive parent, a parent-in-law, a stepparent, a legal guardian, or other person who stood in loco parentis to the employee when the employee was a child.

# California Family Rights Act (CFRA)



**Under California law, you may have the right to take job-protected leave to care for your own serious health condition or a family member with a serious health condition, or to bond with a new child (via birth, adoption, or foster care). California law also requires employers to provide job-protected leave and accommodations to employees who are disabled by pregnancy, childbirth, or a related medical condition.**

Under the California Family Rights Act of 1993 (CFRA), if you have more than 12 months of service with us and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave, and if we employ five or more employees, you may have a right to a family care or medical leave (CFRA leave). This leave may be up to 12 workweeks in a 12-month period for the birth, adoption, or foster care placement of your child or for your own serious health condition or that of your child, parent, parent-in-law, grandparent, sibling, spouse, or domestic partner. While the law provides only unpaid leave, employees may choose or employers may require use of accrued paid leave while taking CFRA leave under certain circumstances.

Even if you are not eligible for CFRA leave, if you are disabled by pregnancy, childbirth or a related medical condition, you are entitled to take a pregnancy disability leave of up to four months, depending on your period(s) of actual disability. If you are CFRA-eligible, you have certain rights to take BOTH a pregnancy disability leave and a CFRA leave for reason of the birth of your child. Both leaves contain a guarantee of reinstatement-for pregnancy disability it is to the same position and for CFRA it is to the same or a comparable position-at the end of the leave, subject to any defense allowed under the law.

If possible, you must provide at least 30 days' advance notice for foreseeable events (such as the expected birth of a child or a planned medical treatment for yourself or of a family member). For events that are unforeseeable, we need you to notify us, at least verbally,

as soon as you learn of the need for the leave. Failure to comply with these notice rules is grounds for, and may result in, deferral of the requested leave until you comply with this notice policy.

We may require certification from your health care provider before allowing you a leave for pregnancy disability or for your own serious health condition. We also may require certification from the health care provider of your family member who has a serious health condition, before allowing you a leave to take care of that family member. When medically necessary, leave may be taken on an intermittent or reduced work schedule.

If you are taking a leave for the birth, adoption, or foster care placement of a child, the basic minimum duration of the leave is two weeks, and you must conclude the leave within one year of the birth or placement for adoption or foster care.

Taking a family care or pregnancy disability leave may impact certain of your benefits and your seniority date. If you want more information regarding your eligibility for a leave and/or the impact of the leave on your seniority and benefits, please contact your employer.

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**If you have been subjected to discrimination, harassment, or retaliation at work, or have been improperly denied PDL or CFRA leave, file a complaint with CRD.**

## TO FILE A COMPLAINT

Civil Rights Department  
[calcivilrights.ca.gov/complaintprocess](http://calcivilrights.ca.gov/complaintprocess)  
Toll Free: 800.884.1684  
TTY: 800.700.2320

If you have a disability that requires a reasonable accommodation, CRD can assist you with your complaint. Contact CRD through any method above or, for individuals who are deaf or hard of hearing or have speech disabilities, through the California Relay Service (711).



# California Paid Family Leave (PFL)

## About California Paid Family Leave

For many working Californians, finding time to be with a loved one when they need it most can be difficult. California's Paid Family Leave program was created for those moments that matter. Benefits are available to care for a seriously ill family member, to bond with a new child, or to participate in a qualifying military event.

## Fast Facts About California Paid Family Leave

- Provides up to eight weeks of partial wage replacement benefits to bond with a new child (either by birth, adoption, or foster care placement), to care for a seriously ill family member (child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner), or to participate in a qualifying event resulting from a family member's (spouse, registered domestic partner, parent, or child) military deployment to a foreign country.
- Doesn't have to be taken all at once.
- Provides approximately 60 to 70 percent of your salary during your leave.
- Funded through your State Disability Insurance tax withholding, so you are most likely eligible if you've paid into State Disability Insurance (noted as "CASDI" on paystubs) or a qualifying voluntary plan in the past 5 to 18 months.
- To bond with a new child, leave can be taken anytime within the first 12 months of a child entering your family.



moments matter.

### Paid Family Leave:

Giving Californians the benefits they need to be there for the moments that matter.

English	1-877-238-4373
Spanish	1-877-379-3819
Cantonese	1-866-692-5595
Vietnamese	1-866-692-5596
Armenian	1-866-627-1567
Punjabi	1-866-627-1568
Tagalog	1-866-627-1569
TTY	1-800-445-1312

Individuals can also visit a Paid Family Leave or Disability Insurance office to obtain claim forms, receive information, or speak to a representative.

Visit a [State Disability Insurance office](http://edd.ca.gov/Disability/Contact_SDI.htm) ([edd.ca.gov/Disability/Contact\\_SDI.htm](http://edd.ca.gov/Disability/Contact_SDI.htm)) near you.

### How Do I Apply For Benefits?

Apply for Paid Family Leave benefits by visiting [SDI Online](http://SDIOnline) ([edd.ca.gov/SDIOnline](http://edd.ca.gov/SDIOnline)).

You may also apply using a paper form. Visit [EDD Forms and Publications](http://EDDForms) ([edd.ca.gov/Forms](http://edd.ca.gov/Forms)) to request a *Claim for Paid Family Leave (PFL) Benefits* (DE 2501F) form.

For caregiving claims, you must provide medical certification showing that the care recipient has a serious health condition and requires your care. This needs to be completed by the care recipient's physician/practitioner. Information about the care recipient and their signature are also required.

For bonding claims, you must provide documentation showing proof of relationship between you and the child (e.g., a copy of the child's birth certificate, adoptive placement agreement, or foster care placement record).

If you are currently receiving pregnancy-related Disability Insurance benefits, it is not necessary to request a Paid Family Leave claim form. The form to file for bonding will be sent through your SDI Online account or by mail when your pregnancy-related disability claim ends.

For military assist claims, you must provide supporting military documentation (e.g., proof of covered active duty or call to covered active duty and documentation of the qualifying event).

If you are covered by a voluntary plan, contact your employer for information about your coverage and instructions on how to apply for benefits.

#### If your claim is denied, you have the right to:

- Know the reason for denial.
- Appeal decisions about your eligibility for benefits. Visit [Appeals](http://Appeals) ([edd.ca.gov/Disability/Appeals.htm](http://edd.ca.gov/Disability/Appeals.htm)) for information.

All claim information is confidential except for purposes allowed by law.

## Do I Qualify For California Paid Family Leave?

To qualify for Paid Family Leave benefits, **you must meet** the following requirements:

- Need to take time off from work to care for a seriously ill family member, to bond with a new child, or to participate in a qualifying military event.
- Be covered by State Disability Insurance (or a voluntary plan in lieu of State Disability Insurance).
- Have earned at least \$300 in the past 5 to 18 months.
- Submit your claim no later than 41 days after you begin your family leave. Do not file before your first day of leave.

If required by your employer, you must use up to two weeks of unused vacation leave or paid time off. Check with your human resources department to confirm your employer's requirements.

## How Are Benefit Amounts Calculated?

California Paid Family Leave provides approximately 60 to 70 percent of your weekly salary.

The benefit amount is calculated from your highest quarterly earnings over the past 5 to 18 months, before the start of your claim. The Employment Development Department (EDD) has an online calculator that can help you estimate your weekly benefit amount. Visit the [Disability Insurance and Paid Family Leave Calculator](http://DisabilityInsuranceandPaidFamilyLeaveCalculator) ([edd.ca.gov/PFL\\_Calculator](http://edd.ca.gov/PFL_Calculator)) to estimate your benefit.

If you are found eligible to receive benefits, you have an option on how you receive your benefit payments: by the EDD Debit Card<sup>SM</sup> through Bank of America or by check, mailed from the EDD.

## Does Paid Family Leave Provide Job Protection?

California Paid Family Leave does not provide job protection or a right to return to work.

However, job protection may be provided under other laws such as the federal Family and Medical Leave Act, the California Family Rights Act, or the New Parent Leave Act (if you qualify).

Notify your employer of your plan to take leave and the reason for taking leave according to your company's policy.



For more information, visit:  
[CaliforniaPaidFamilyLeave.com](http://CaliforniaPaidFamilyLeave.com)

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-866-490-8879 (voice). TTY users, please call the California Relay Service at 711.

# Newborn and Mother Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator.

## Lactation Policy

Under California law, employees have a right to accommodation for their lactation needs. The County expects that an atmosphere of tolerance regarding breastfeeding in the workforce will be maintained at all times. The County supports employees and management in the creation of a positive, accepting attitude toward working women who breastfeed. Discrimination and/or harassment of breastfeeding mothers in any form is unacceptable and may subject the offender to disciplinary action. For more information, please contact [WorkLife@ventura.org](mailto:WorkLife@ventura.org)



# Medicare Part D Creditable Coverage Notice

## Important Notice from The County of Ventura About Your Prescription Drug Coverage and Medicare

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 Ventura-sponsored medical plans and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to enroll in a Medicare drug plan.

If you are considering enrolling, 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 on this notice.

The County of Ventura has determined that your prescription drug coverage with County-sponsored medical plans is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is therefore considered Creditable Coverage.

Effective January 1, 2006, Medicare prescription drug coverage became available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer additional coverage for a higher monthly premium.

**Because the County-sponsored medical plans and prescription coverage are on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare coverage.**

People with Medicare may enroll in a Medicare prescription drug plan from October 15 through December 7 of each year. However, if you lose your current County-sponsored medical plan and prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to enroll in a Medicare drug plan.

If you do decide to enroll in a Medicare prescription drug plan and drop your County-sponsored medical plan and its respective prescription drug coverage, be aware that you 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 prescription drug coverage in your area.

It is important to remember that your current coverage pays for other health expenses in addition to prescription drugs. You will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose your coverage with the County-sponsored medical plans, and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without creditable prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your monthly premium will go up 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 coverage, your premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until the following October to enroll.*

For more information about this notice or your current prescription drug coverage, please contact our office by email at [Benefits.ServiceRep@ventura.org](mailto:Benefits.ServiceRep@ventura.org) or by phone at (805) 654-2570.

**NOTE:** You may receive this notice at other times in the future, such as before the next period during which you can enroll in Medicare prescription drug coverage, and if this coverage changes. You may also request a copy at any time.

More detailed information about Medicare plans that offer prescription drug coverage is available in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare or you can get a copy of this handbook by contacting Medicare or visiting their website. Upon reaching Medicare eligibility, you may also be contacted directly by Medicare prescription drug plans. You can obtain more information about Medicare prescription drug plans from the following:

- Visit [www.medicare.gov](http://www.medicare.gov) for personalized help.
- Call your State Health Insurance Assistance Program (see the "Medicare & You" handbook).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.








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](http://www.socialsecurity.gov), or call them at: 1-800-772-1213 (TTY 1-800-325-0778).

**Remember:** Keep this Creditable Coverage notice. If you decide to enroll in a plan with Medicare prescription drug coverage, you may be required to provide a copy of this notice when you enroll 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).

County of Ventura CEO/Human Resources/Benefits  
800 South Victoria Avenue, Ventura, CA 93009-1970  
Tel.: 805-654-2570 Fax: 805-654-2665  
[www.ventura.org/benefits](http://www.ventura.org/benefits)

Date: October 7, 2022

# Uniformed Services Employment and Reemployment Rights Act (USERRA)



## YOUR RIGHTS UNDER USERRA THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

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### REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- ☆ you ensure that your employer receives advance written or verbal notice of your service;
- ☆ you have five years or less of cumulative service in the uniformed services while with that particular employer;
- ☆ you return to work or apply for reemployment in a timely manner after conclusion of service; and
- ☆ you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

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### RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you:

- ☆ are a past or present member of the uniformed service;
- ☆ have applied for membership in the uniformed service; or
- ☆ are obligated to serve in the uniformed service;

then an employer may not deny you:

- ☆ initial employment;
- ☆ reemployment;
- ☆ retention in employment;
- ☆ promotion; or
- ☆ any benefit of employment

because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

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### HEALTH INSURANCE PROTECTION

- ☆ If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- ☆ Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.


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### ENFORCEMENT


- ☆ The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- ☆ For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at <http://www.dol.gov/vets>. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.
- ☆ If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- ☆ You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

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The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address: <http://www.dol.gov/vets/programs/userra/poster.htm>. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.




U.S. Department of Labor  
1-866-487-2365



U.S. Department of Justice



Office of Special Counsel



ESGR  
EMPLOYER SUPPORT  
OF  
THE  
GOLDEN  
GLOBE  
AWARDS  
1-800-336-4590

Publication Date — April 2017



# HIPAA Notice of Special Enrollment Rights

If you decline enrollment in County of Ventura health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in County of Ventura 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 31 days of 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 31 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 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 31-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 day of the pay period following your request for enrollment. In addition, you may enroll in County of Ventura health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 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 a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

## Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for County of Ventura describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting Human Resources.

## Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you 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 and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator.



# 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](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in California, 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](http://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.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272).**

If you live in California, you may be eligible for assistance paying your employer health plan premiums. The following state is current as of July 31, 2022. Contact your State for more information on eligibility –

CALIFORNIA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

# County-Sponsored Plans & Programs Contact List:

## Ventura County Health Care Plan (HMO)

Website: <http://www.vchealthcareplan.org>, Member Services Email: [vchcp.memberservices@ventura.org](mailto:vchcp.memberservices@ventura.org)  
 Customer Service (805) 981-5050 or (800) 600-8247  
 24/7 Nurse Advice/Health Information (no copayment) (800) 334-9023  
 Teladoc (24/7 doctor visit via telephone or web; typically, no copayment) (800) 835-2362  
 Mail Order Pharmacy – Express Scripts (<https://www.express-scripts.com/>) (800) 811-0293  
 Behavioral Health – Optum Health Behavioral Solutions – Life Strategies (800) 851-7407

## Blue Shield Medical Plans (Trio ACO HMO, Access+ HMO, and High-Deductible PPO)

Group# W0067449, Website: [www.blueshieldca.com](http://www.blueshieldca.com), [myoptions.blueshieldca.com/Ventura](http://myoptions.blueshieldca.com/Ventura)  
 TRIO ACO HMO Customer Service (855) 747-5800  
 Access+ HMO and High-Deductible PPO Customer Service (855) 256-9404  
 NurseHelp (available 24/7; no copayment) (877) 304-0504  
 TelaDoc (24/7 doctor visit via telephone or web; typically, no copayment) (800) 835-2362  
 Mail Order Pharmacy – Caremark (<https://www.blueshieldca.com/wellness/drugs/mail-service-prescriptions>) (866) 346-7200  
 Blue Shield Mental Health Services (877) 263-9952

## MetLife Dental PPO Plan

Group# 0154209 (PDP Plus Plan), Website: [www.metlife.com/countyofventura](http://www.metlife.com/countyofventura) or [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)  
 Customer Service (Member Services office for Eligibility/Claims/Benefits/Pre-certifications) (800) 438-6388

## EyeMed – Vision Plan

Website: <https://eyemed.com/en-us>  
 Customer Service (866) 939-3633

## Chard Snyder Flexible Spending Accounts (Dependent Care, Health Care, Limited-Purpose, and Transportation)

Website: <http://www.chard-snyder.com>, Customer Service Email: [askpenny@chard-snyder.com](mailto:askpenny@chard-snyder.com)  
 Customer Service (800) 982-7715

## HealthEquity HSA (for BlueShield HDHP-PPO enrollees only)

Website: <http://www.healthequity.com>  
 Customer Service (866) 346-5800

## County Retiree Health Benefits

Website: <https://hr.ventura.org/benefits/retiree-health-benefits>; Email: [Patty.Vandewater@ventura.org](mailto:Patty.Vandewater@ventura.org) (805) 662-6791

## Optional Life Insurance/Basic Life Insurance – MetLife

Customer Service (Group Policy# 154209) (800) 638-6420  
 Portability Customer Service (888) 252-3607

## Long Term Disability Insurance – MetLife

Customer Service (Group Policy# 154209) (800) 638-2242

## Short Term Disability Insurance – COV Wage Supplement Plan

Website: <https://hr.ventura.org/benefits/absence-management-disability-plans> (805) 654-2780

## Absence Management Program

Website: <https://hr.ventura.org/benefits/absence-management-disability-plans>  
 Absence Management Analyst Email: [LOA.Benefits@ventura.org](mailto:LOA.Benefits@ventura.org) (805) 677-8785

## Employee Assistance Program (EAP)

Lincoln's Inn, 950 County Square Drive, Suite 200, Ventura, CA 93003 (805) 654-4327  
 Website: <https://hr.ventura.org/benefits/employee-assistance-program>

## Wellness Program

Website: <https://vcwell.ventura.org/> (805) 654-2628

## Lactation Accommodation Information

Website: <https://hr.ventura.org/benefits> email: [WorkLife@ventura.org](mailto:WorkLife@ventura.org)

## Deferred Compensation Program (401k and 457 Plans)

Website: <https://hr.ventura.org/benefits/deferred-compensation> (805) 654-2620

## COBRA/Direct Bill Administrator – Optum Financial

Website: <https://cobra.optumfinancial.com> (855) 687-2021