


COUNTY OF MARIN

Employee Benefits Guide

Contingent Hire 2026

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This Guide is designed to help you understand your benefits. Review the materials carefully before making your enrollment decisions. Specific details, plan limitations and exclusions, and notices of your legal rights are provided in the Evidence of Coverage (EOC), which are available from the County Human Resources Department. If there is a conflict between the EOC of the plan you selected and the information in this Guide, the plan's EOC will prevail.

► GENERAL STATEMENT OF NONDISCRIMINATION

Discrimination Is Against the Law

The County of Marin complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The County of Marin does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The County of Marin:

1. Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, etc.)
2. Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator for the County of Marin.

If you believe that the County of Marin has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance at:

Civil Rights Coordinator for the County of Marin

ATTN: Human Resources Department: Roger Crawford
3501 Civic Center Drive, Suite 415
San Rafael, CA 94903

You can file a grievance in person or by mail, fax, or email. If you need help, you may email [Roger Crawford](mailto:Roger.Crawford@marincounty.org), call 1-415-473-2095, or fax 1-415-473-5960.

You can also file a civil rights complaint electronically with the U.S. Department of Health and Human Services, Office for Civil Rights, [Complaint Portal Assistant](https://www.hhs.gov/regulations/complaints-and-appeals/index.html), or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019 or 1-800-537-7697 (TDD)

How to file a complaint: <https://www.hhs.gov/regulations/complaints-and-appeals/index.html>.

Disability Access

Requests for accommodations can be made by calling 1-415-473-4381 (voice), 1-415-473-3232 (TTY), or by email at disabilityaccess@marincounty.org.

Copies of documents are available in alternative formats upon request.

CHART FOR FREE LANGUAGE ASSISTANCE ON NEXT PAGE.



Free Language Assistance

The following chart displays the top 15 languages spoken by individuals with limited English proficiency in the state of California:

ATTENTION: FREE LANGUAGE ASSISTANCE	
This chart displays, in various languages, the phone number to call for free language assistance services for individuals with limited English proficiency.	
Language	Message About Language Assistance
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-415-473-2095 (TTY: 1-415-473-3232).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-415-473-2095 (TTY: 1-415-473-3232)。
Hmong	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-415-473-2095 (TTY: 1-415-473-3232).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-415-473-2095 (TTY: 1-415-473-3232).
Persian (Farsi)	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-415-473-2095 (TTY: 1-415-473-3232) تماس بگیرید.
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-415-473-2095 (TTY: 1-415-473-3232) पर कॉल करें।
Tagalog (Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-415-473-2095 (TTY: 1-415-473-3232).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-415-473-2095 (رقم هاتف الصم والبكم: 1-415-473-3232).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-415-473-2095 (TTY: 1-415-473-3232) 번으로 전화해 주십시오.
Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-415-473-2095 (TTY: 1-415-473-3232).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-415-473-2095 (телетайп: 1-415-473-3232).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-415-473-2095 (TTY: 1-415-473-3232) まで、お電話にてご連絡ください。
Armenian	ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-415-473-2095 (TTY (հեռախոս)՝ 1-415-473-3232):
Cambodian	ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-415-473-2095 (TTY: 1-415-473-3232)។
Punjabi	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-415-473-2095 (TTY: 1-415-473-3232) 'ਤੇ ਕਾਲ ਕਰੋ।

► CONTINGENT HIRE MEDICAL BENEFITS ELIGIBILITY

Member Eligibility

As a contingent hire employee, based on provisions within the Affordable Care Act (ACA) and the number of hours you work, you may be eligible for the contingent hire medical plan offered through the County. The ACA requires that every large employer offers medical coverage to all their full-time employees as of January 1, 2014 or pay a penalty. There are two basic ACA groups of employees under the County:

1 Full-Time Hourly: employees that are reasonably expected to work at least 30 hours per week over the first nineteen (19) pay periods (Initial Measurement Period) beginning with the 1st full pay period on or after the date of hire (DOH) are categorized as “full-time.” Full-time employees are eligible for medical coverage beginning the first day of the 5th pay period after hire.

OR

2 Part-Time Variable Hour: employees who are unsure how much they will work but are not reasonably expected to work at least 30 hours per week over the first nineteen (19) pay periods are categorized as “part-time variable hour” employees. Variable hour employees have an Initial Measurement Period (in compliance with ACA Safe Harbor Regulations) which requires employees to work on average at least 60 hours per pay period (30 hours per week) over the first nineteen (19) pay periods beginning with the 1st full pay period on or after the date of hire (DOH) to become eligible for the contingent hire medical plan offered through the County on the first day of the 5th pay period after the 19-pay period Initial Measurement Period (this 5-pay period timeframe is the ACA “Administrative Period”).

As a contingent hire employee, based on provisions within the Affordable Care Act (ACA) and the number of hours you work, you may be eligible for the contingent hire medical plan offered through the County.

Contingent hire employees who become newly eligible for the County’s medical plan have 30 days from the date they are notified of eligibility to enroll themselves and (if they wish) their eligible dependents. Please note that no changes can be made after this 30-day period unless you have a qualifying event. See the section on Qualifying Events on page 6 for more information.

Open Enrollment Eligibility

Part-time variable hour employees have (regardless of whether or not eligibility was earned in the Initial Measurement Period) an annual opportunity and obligation to qualify for ongoing eligibility for the contingent hire medical plan through the County’s Standard 12-Month Measurement Period, in compliance with ACA Safe Harbor Regulations.

Contingent hire employees who work an average of at least 60 hours per pay period (30 hours per week) for the 12-month time period of October 1, 2024 through September 27, 2025 will be offered medical coverage during the annual Open Enrollment period, with coverage beginning the start of the pay period inclusive of January 1st of the following calendar year (December 21, 2025). This means contingent hire employees who meet this eligibility requirement and maintain employment status with the County are eligible to maintain coverage through the 2025 plan year (through December 19, 2026), regardless of the number of hours worked in 2025. Contingent hire employees who become eligible for Open Enrollment will be notified by email and provided further information in October of the current year.

(continued on next page)

CONTINGENT HIRE MEDICAL BENEFITS ELIGIBILITY *(continued)*

Dependent Eligibility

SPOUSE OR DOMESTIC PARTNER (DP)

All medical benefits-eligible contingent hire employees may enroll a legal spouse or registered DP in the County's Kaiser High-Deductible Health Plan. Proof of legal marriage or domestic partnership is required. Enrollment in benefits must be completed within 30 calendar days from the initial enrollment offer of coverage or during the annual Open Enrollment period in which the employee is qualified.

NATURAL CHILDREN, STEPCHILDREN, ADOPTED CHILDREN

A member's or their spouse's or DP's natural child, adopted child, or child under legal guardianship is eligible for coverage on the medical plan up to 26 years of age. There is no age limit for children who are disabled.

Health Coverage for a DP and a DP's Children May Be Taxable Benefits under Federal Law

A DP will generally not qualify as a tax dependent under federal law. According to the IRS code (Revenue Ruling 58-66), the "fair market value" of DP coverage is what must be used for computing taxes on Fringe benefits provided to non-tax qualified DPs or children of DPs enrolled under an employee's plan. This is true whether the costs are paid out of your Fringe benefit dollars provided by the County or paid out of pocket by the member as both are paid with pre-tax dollars. By comparison, no taxable imputed income results from employer contributions to a legal spouse's health premiums or a DP that qualifies as a tax dependent. The fair market value is calculated for the DP and *each* child of the DP if the DP and/or the child do not qualify as dependents of the employee per the IRS definition found in the IRS code, Section 152 (Code 105 (b)). The County of Marin is required to include the fair market value of your DP coverage for federal, and in some cases state, tax purposes in your taxable income. This amount is reflected on your annual Form W-2 from the County, which employees receive in January of each year. This means that your taxable income will be higher than the actual cash wages that you have received.

Fair Market Value of DP Benefits

Fair market value of the DP benefit will be the cost difference between the employee only and the employee plus one dependent premium rate. Fair market value for each DP child is the family rate less the two-party rate.

Consult Your Tax Advisor

This is a brief overview regarding the tax treatment of health care benefits to DPs and children of DPs. Laws are subject to change. Please consult with a professional tax advisor for information needed to make these determinations. It is your responsibility to comply with state and federal tax law.

Contingent Hire Employee Medical Plan

There is one medical plan offered to eligible contingent-hire employees and their dependents:

- Kaiser High-Deductible Health Plan (Kaiser HDHP)

▶ HOW TO ENROLL OR MAKE CHANGES TO YOUR HEALTH CARE BENEFITS

Contingent hire employees who become newly eligible for the County’s medical plan have 30 days to enroll themselves and their eligible dependents. Please note that no changes can be made after this 30-day period unless you have a “qualifying event,” such as marriage, divorce, birth, etc. Learn more about qualifying events on page 9 of this Guide.

**Got Questions? Contact the
Marin County Benefits & Wellness Team:**

email EmployeeBenefits@MarinCounty.gov or
call the Employee Benefits Line at 1-415-473-2197

Samantha Phillips, HR/Benefits Technician
1-415-473-7257 • Samantha.Phillips@MarinCounty.gov

Jolie Huynh, HR/Benefits Technician
1-415-473-6548 • Jolie.Huynh@MarinCounty.gov

Freeman Suen, HR/Benefits Analyst
1-415-473-7843 • Freeman.Suen@MarinCounty.gov

Lisa Hatt, Principal, Employee Benefits & Wellness Division
1-415-473-7006 • Lisa.Hatt@MarinCounty.gov

(MIDYEAR CHANGE IN STATUS: QUALIFYING EVENTS EXAMPLES)
Table on following page



Midyear Change In Status: Qualifying Events Examples

Common Scenarios	How to Enroll	Important Timing
Marriage or Domestic Partnership	To enroll a new spouse or domestic partner (DP) and eligible children of a spouse or DP, you must submit the following: <ul style="list-style-type: none"> • Appropriate application forms • Copy of the marriage certificate or certificate of domestic partnership • Birth certificate for each child 	Request for enrollment and required documentation must be made to the County of Marin within 30 days of the legal date of the marriage or partnership.
Birth or Adoption	To enroll your newborn or newly adopted child, you must submit the following: <ul style="list-style-type: none"> • Appropriate application forms • Copy of the birth certificate or adoption documentation 	Request for enrollment and required documentation must be made to the County of Marin within 30 days of the legal date of the child's date of birth, adoption, or placement of adoption.
Legal Guardianship or Court Order	Coverage for a child under legal guardianship is effective the date guardianship takes effect, if all documentation is submitted by the 30-day deadline. Coverage per court order will be effective the date of court order, if all documentation is submitted by the 30-day deadline. You must submit the following: <ul style="list-style-type: none"> • Court-appointed legal guardianship documents • Birth certificate for each child 	Request for enrollment and required documentation must be made to the County of Marin within 30 days of the effective date of court order.
Loss or Gain of Other Health Care Coverage Coverage can be lost due to termination of employment, loss of eligibility for coverage such as change from full-time work to part-time work, ineligibility for Medicare or Medicaid, unpaid leave, or return from military service. Gain of coverage through spouse/DP's employer or other change in status that results in eligibility under spouse/DP plan.	Employees and eligible dependents who lose or gain other coverage may enroll by submitting the following: <ul style="list-style-type: none"> • Appropriate application forms • Proof of loss or gain of coverage • Documentation of loss or gain in coverage must state the date other coverage ends or begins and the names of the individual(s) losing or gaining coverage 	Request for enrollment or termination, along with required documentation, must be made within 30 days of the date other coverage terminates or begins.
Loss or Gain of Medicaid/CHIP Coverage If you or your dependent(s) have coverage through Medicaid or a State Children's Health Insurance Program (CHIP) and you or your dependents lose eligibility for that coverage, or do not have such coverage but become eligible for a premium assistance program through Medicaid or CHIP.	Employees and eligible dependents who lose or gain Medicaid or CHIP eligibility may enroll by submitting the following: <ul style="list-style-type: none"> • Appropriate application forms • Proof of loss or gain of coverage or eligibility for Premium Assistance Program • Documentation of loss or gain in coverage or eligibility for Premium Assistance Program must state the date other coverage ends or begins and the names of the individual(s) losing or gaining coverage/eligibility 	Request for enrollment or termination must be made to the County of Marin within 60 days of the date other coverage terminates or eligibility begins.

Individual Mandate and Health Care Reform

The health care reform legislation that became law in 2010, known officially as the Affordable Care Act, requires most Americans have health insurance. In December 2017 Congress passed a new law (the Tax Cuts and Jobs Act) that reduced the federal individual mandate penalty to zero starting in 2019. This means that starting in 2019 there will no longer be a federal individual mandate penalty for failure to maintain medical plan coverage.

Note that if you are a resident of certain states including California, Massachusetts, New Jersey, Rhode Island, or Vermont, or the District of Columbia, you may be subject to a state income tax penalty if you fail to maintain medical plan coverage that meets that state's minimum coverage requirements. Consult with your own state's insurance department for information on whether your state has adopted or will be adopting a state individual mandate penalty.

► 2026 MEDICAL PLAN COSTS

Contingent Hire Employee Medical Plan

The County of Marin offers one medical plan to eligible contingent hire employees and their qualified dependents:

- Kaiser High-Deductible Health Plan (Kaiser HDHP)

Coverage Level Options

When you enroll, you also have the option to enroll your eligible dependents in coverage. You can choose one of three coverage levels, as follows:

- Employee Only
- Employee + 1 Dependent
- Employee + 2 or More Dependents (Family)

2026 Bi-Weekly Medical Plan Costs

Kaiser HDHP rates have increased for 2025. The new rates will be effective December 21, 2025. Affordable Care Act (ACA) regulations limit the amount of premium that can be paid by the employee for self-only coverage. To meet this ACA requirement, the County of Marin subsidizes the cost of the Kaiser HDHP. Therefore, bi-weekly premium costs for contingent hire employees for *employee-only* coverage will not exceed \$111.75 in 2026. If you enroll dependents, you will need to pay all costs associated with the additional coverage out of your own pocket.

IMPORTANT INFORMATION **About Paying for Your Medical Benefits**

If you do not receive enough compensation in your paycheck to cover the cost of your out-of-pocket medical premium, you must pay the County of Marin's Department of Finance directly on a timely basis to maintain coverage. *IMPORTANT: Any out-of-pocket medical premiums must be paid on a timely basis to maintain coverage.* Contact your HR Benefits representative or the [Department of Finance](#) for more information.

2026 Bi-Weekly Medical Plan Rates

Medical Plan	Employee Only		Employee + 1 Dependent		Employee + Family	
	Fire & Nurses	All Other Groups	Fire & Nurses	All Other Groups	Fire & Nurses	All Other Groups
Kaiser HDHP Full Premium	\$268.15	\$268.15	\$536.30	\$536.30	\$713.28	\$713.28
Portion of Premium Paid by the County	\$120.67	\$156.40	\$120.67	\$156.40	\$120.67	\$156.40
EMPLOYEE COST: Portion of Premium Paid by Employee	\$147.48	\$111.75	\$415.63	\$379.90	\$592.61	\$556.88

► 2026 MEDICAL PLAN BENEFITS AT-A-GLANCE

This table below provides a summary of medical plan benefits. For a detailed description of benefits and exclusions, please review your plan's Evidence of Coverage (EOC). In the event that the information in this Guide differs from the EOC, the EOC will prevail.

Preventative Care

Most preventative services are covered at 100%, at no cost to you. Preventative care services include certain regular check-ups, screenings, vaccinations, and healthy lifestyle programs. Preventative care and healthy lifestyle choices are small steps that can improve your well-being. Even if you feel fine, you should still see your health care provider for regular checkups. These visits can help you avoid problems in the future. Talk to your doctor to know which covered preventative services are right for you—based on your age, gender, and health.

Summary of Benefits

Plan Components	Kaiser HDHP
Deductible Single Family	\$3,200 \$6,400
Annual Out-of-Pocket Max Single Family	\$5,950 \$11,900
Services	
Routine Physical Preventative Care Immunization	No charge
Primary Care Visit to Treat an Injury or Illness	20% after plan deductible
Well Baby Care	No charge
Lab and X-Ray	20% after plan deductible
Physical, Occupational, or Speech Therapy	20% after plan deductible
Mental/Behavior Health Outpatient	20% after plan deductible
Emergency Room	20% after plan deductible
Hospital Inpatient Services Outpatient Surgery	20% after plan deductible 20% after plan deductible
Pharmacy	
Retail (30-day supply) Generic Formulary Brand Non-Formulary Brand	\$10 \$30 \$30
Mail Order (100-day supply) Generic Formulary Brand Non-Formulary Brand Specialty	\$20 \$60 \$60 \$30

► NURSELINE, URGENT CARE, AND CUSTOMER SERVICE

A free 24/7 nurseline is available. You can call the free nurse advice line and speak to a registered nurse and get answers to your questions about health problems, illness, or injury. The nurse can also help you decide if you need routine, urgent, or emergency service. If you have an emergency medical condition, call 911 or go to the nearest hospital.

Plan	24/7 Nurseline	Urgent After-Hours Care	Customer Service
Kaiser High-Deductible Health Plan	1-866-454-8855	<p>Note: All Kaiser urgent care visits are by appointment only. For hours, call the Appointment and Advice Call Center at the facility you plan to visit. This is a partial list. For additional Kaiser urgent care facilities visit www.kp.org.</p> <p>Oakland Medical Center 1-510-752-1190</p> <p>Petaluma Medical Offices 1-707-765-3960</p> <p>San Francisco Medical Center 1-415-833-2200</p> <p>San Rafael Medical Center 1-415-444-2940</p> <p>Santa Rosa Medical Center 1-707-393-4044</p>	<p>Member Services—California 1-800-464-4000 (English) 1-800-788-0616 (Spanish)</p> <p>Online www.kp.org/memberservices</p>

▶ VIDEO VISITS WITH A DOCTOR

Kaiser Permanente offers convenient video visits with your doctor from your home or workplace. All you need is a computer with an internet connection and a webcam or a mobile device using the latest version of the Kaiser Permanente app. See [Video Visits](#) for more information. You can also email your doctor, schedule routine appointments, see your lab results, and refill most prescriptions through the [Kaiser Permanente app](#).

Video visits can be a convenient way to speak face-to-face with a doctor from the comfort of your home or workplace.

► 2026 HEALTH CARE COVERAGE CALENDAR

Coverage for benefits is provided and paid for on a bi-weekly basis. Benefits are paid for in the two-week period prior to the coverage period. For example, employees working December 7, 2025–December 20, 2025 are covered for December 21, 2025–January 3, 2026.

If you take an unpaid leave of absence, you must pay the Department of Finance directly for the premium contributions that were being deducted from your paycheck. Employee premium contributions are due no later than two pay dates from which the benefits coverage period has ended. For example, payment for the December 21, 2025–January 3, 2026 benefits coverage period must be made no later than January 30, 2026 pay date.

Pay Period	Work Dates	Pay Date	Benefits Coverage Period
1	December 7, 2025–December 20, 2025	January 2, 2026	December 21, 2025–January 3, 2026
2	December 21, 2025–January 3, 2026	January 16, 2026	January 4, 2026–January 17, 2026
3	January 4, 2026–January 17, 2026	January 30, 2026	January 18, 2026–January 31, 2026
4	January 18, 2026–January 31, 2026	February 13, 2026	February 1, 2026–February 14, 2026
5	February 1, 2026–February 14, 2026	February 27, 2026	February 15, 2026–February 28, 2026
6	February 15, 2026–February 28, 2026	March 13, 2026	March 1, 2026–March 14, 2026
7	March 1, 2026–March 14, 2026	March 27, 2026	March 15, 2026–March 28, 2026
8	March 15, 2026–March 28, 2026	April 10, 2026	March 29, 2026–April 11, 2026
9	March 29, 2026–April 11, 2026	April 24, 2026	April 12, 2026–April 25, 2026
10	April 12, 2026–April 25, 2026	May 8, 2026	April 26, 2026–May 9, 2026
11	April 26, 2026–May 9, 2026	May 22, 2026	May 10, 2026–May 23, 2026
12	May 10, 2026–May 23, 2026	June 5, 2026	May 24, 2026–June 6, 2026
13	May 24, 2026–June 6, 2026	June 18, 2026	June 7, 2026–June 20, 2026
14	June 7, 2026–June 20, 2026	July 2, 2026	June 21, 2026–July 4, 2026
15	June 21, 2026–July 4, 2026	July 17, 2026	July 5, 2026–July 18, 2026
16	July 5, 2026–July 18, 2026	July 31, 2026	July 19, 2026–August 1, 2026
17	July 19, 2026–August 1, 2026	August 14, 2026	August 2, 2026–August 15, 2026
18	August 2, 2026–August 15, 2026	August 28, 2026	August 16, 2026–August 29, 2026
19	August 16, 2026–August 29, 2026	September 11, 2026	August 30, 2026–September 12, 2026
20	August 30, 2026–September 12, 2026	September 25, 2026	September 13, 2026–September 26, 2026
21	September 13, 2026–September 26, 2026	October 9, 2026	September 27, 2026–October 10, 2026
22	September 27, 2026–October 10, 2026	October 23, 2026	October 11, 2026–October 24, 2026
23	October 11, 2026–October 24, 2026	November 6, 2026	October 25, 2026–November 7, 2026
24	October 25, 2026–November 7, 2026	November 20, 2026	November 8, 2026–November 21, 2026
25	November 8, 2026–November 21, 2026	December 4, 2026	November 22, 2026–December 5, 2026
26	November 22, 2026–December 5, 2026	December 18, 2026	December 6, 2026–December 19, 2026

► COBRA

COBRA, which stands for the Consolidated Omnibus Budget Reconciliation Act, is a federal law that allows employees and their dependents who lose eligibility for group medical, dental, and vision coverage to temporarily continue that coverage by paying for it themselves. Optum Financial administers COBRA for the County of Marin.

Eligibility

Employees may elect to temporarily continue health care coverage through COBRA if coverage is lost due to:

- Voluntary or involuntary termination of employment
- Hours of employment reduced, making the employee ineligible for employer-sponsored health care coverage

Covered spouses or domestic partners may also elect to be covered under COBRA if coverage is lost due to:

- Voluntary or involuntary termination of employee's employment
- Hours of employment reduced, making the employee ineligible for employer-sponsored health care coverage
- Divorce, legal separation, or dissolution of domestic partnership from the covered employee
- Death of the covered employee

Covered dependent children may elect COBRA coverage if health care is lost due to:

- Loss of dependent child status under the plan rules
- Voluntary or involuntary termination of employee's employment
- Hours of employment reduced, making the employee ineligible for employer-sponsored health care coverage
- Parent's divorce, legal separation, or dissolution of domestic partnership from the covered employee
- Death of the covered employee

Note: Dependents dropped from coverage during Open Enrollment are not eligible for COBRA.

COBRA Notification and Election Time Limits

Employee health care coverage ends on the last day of the coverage period for which the employee worked. See the 2026 Health Care Coverage Calendar on page 12 of this Guide for more information. If the termination date falls on the first day of the coverage period, coverage ends that same day. If an enrolled dependent of an employee loses coverage due to divorce, dissolution of partnership, or loss of dependent child status, the employee or the dependent must notify the Human Resources Benefits representative within 30 days of the qualifying event and request COBRA enrollment information. Failure to give notice to Human Resources Benefits of the dependent's loss of eligibility within 30 days of the event will cancel the dependent's rights to continued coverage under COBRA. Employees or dependents have 60 days from the COBRA notification date to complete a COBRA election form and submit it to Optum Financial. Initial payment for COBRA is required within 45 days of COBRA election. Coverage will be retroactive to the date of the COBRA qualifying event, so there is no break in coverage.

Paying for COBRA

It is the responsibility of covered individuals enrolled in COBRA to pay required health care premium payments directly to Optum Financial. COBRA premiums are not subsidized by the County.

COBRA and Open Enrollment

COBRA beneficiaries may change plans and/or add family members during Open Enrollment.

Termination of COBRA

COBRA coverage is generally available for a maximum of 18 months. COBRA coverage will end if:

- You obtain coverage under another group plan or Medicare
- You fail to pay the premium required under the group plan in full and within the payment grace period or the applicable COBRA period ends

QUESTIONS ABOUT COBRA? CONTACT OPTUM FINANCIAL AT 1-855-687-2021.

▶ IMPORTANT CONTACT INFORMATION

Benefit	Plan	Group #	Member Services	Contact
Medical	Kaiser HDHP	603950	Member Services—California 1-800-464-4000 (English) 1-800-788-0616 (Spanish)	www.kp.org/memberservices

This Guide is designed to help you understand your benefits. Review the materials carefully before making your enrollment decisions. Specific details, plan limitations and exclusions, and notices of your legal rights are provided in the respective Evidence of Coverage (EOC), which is available by contacting Human Resources Benefits at 1-415-473-2197. If there is a conflict between the EOC of the plan you selected and the information in this Guide, the plan's EOC will prevail.

Got Questions? Contact the Marin County Benefits & Wellness Team:

email EmployeeBenefits@MarinCounty.gov or
call the Employee Benefits Line at 1-415-473-2197

Samantha Phillips, HR/Benefits Technician
1-415-473-7257 • Samantha.Phillips@MarinCounty.gov

Jolie Huynh, HR/Benefits Technician
1-415-473-6548 • Jolie.Huynh@MarinCounty.gov

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1-415-473-7006 • Lisa.Hatt@MarinCounty.gov

List of Acronyms

ACA: Affordable Care Act

CHIP: Children's Health Insurance Program

COBRA: Consolidated Omnibus Budget Reconciliation Act

DOH: Date of Hire

DP: Domestic Partner

EOC: Evidence of Coverage

HDHP: High-Deductible Health Plan

IRS: Internal Revenue Service

TDD: Telecommunication Device for the Deaf

TTY: Teletypewriter