

**OATH OF OFFICE**  
**FOR PUBLIC OFFICERS AND EMPLOYEES**  
(State Constitution Art. XX, Sec. 3 as amended)

STATE OF CALIFORNIA)  
County of Solano )

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I will take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

\_\_\_\_\_  
Job Title-Name of Office

Signature \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn to before me, this \_\_\_\_

Day of \_\_\_\_\_, \_\_\_\_\_

CHARLES LOMELI, County Clerk

By \_\_\_\_\_  
Deputy Clerk

# DEPARTMENT OF HUMAN RESOURCES

**CHARMIE JUNN**  
Director  
csjunn@solanocounty.com  
(707) 784-3554



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Fairfield, CA 94533-6342  
Phone (707) 784-6170

[www.solanocounty.com](http://www.solanocounty.com)

March 10, 2022

Dear Solano County Employee and Dependents (if any):

This letter is being sent to you in compliance with federal regulations. Effective January 1, 2014, the federal Affordable Care Act requires that all Americans must have health coverage for themselves and any dependent children. There will be a penalty for being without health insurance.

Attached is the Marketplace Notice explaining that you could obtain health insurance coverage through the state exchange that is created in compliance with the Affordable Care Act. The California state exchange is called Covered California. For more information please visit [www.CoveredCA.com](http://www.CoveredCA.com) or call (888) 975-1142.

Due to Solano County's employer contribution, the types of health coverage Solano County offers, and the premiums for our lowest cost health plan, regular and limited-term employees, who work at least 20 hours per week<sup>1</sup>, and their families, **will not qualify** for federal subsidies to offset premiums on the Covered California exchange. This is true even if the employee drops Solano County's coverage. Please keep this in mind when using the cost estimate calculator for Covered California. Your cost will be the cost listed before any subsidy.

Another requirement of the federal Affordable Care Act is that employers provide Summaries of Benefits and Coverage (SBC's) to all employees. The SBC's summarize key features of an employer's plan, such as common benefit scenarios, cost sharing, and definitions for frequently-used terms, to assist employees with selecting and understanding, health coverage options. You may obtain the SBC's for Solano County-sponsored health plans on the County's website at the following location: [www.solanocounty.com/sbc](http://www.solanocounty.com/sbc). Alternatively, you may obtain a hard copy of any of the SBC's by contacting your Human Resources Assistant as follows.

Last Name Begins With:	Human Resources Assistant	Telephone Number	Email Address
A – CRZ	Kimberly Gates	(707) 784-6173	<a href="mailto:ksgates@solanocounty.com">ksgates@solanocounty.com</a>
CSA – HAR	Heather Rogers	(707)784-7911	<a href="mailto:hlrogers@solanocounty.com">hlrogers@solanocounty.com</a>
HAS – MER	Chelsea del Toro	(707) 784-3268	<a href="mailto:crdeltoro@solanocounty.com">crdeltoro@solanocounty.com</a>
MES – SAN	Shartara Haynes	(707) 784-6177	<a href="mailto:smhaynes@solanocounty.com">smhaynes@solanocounty.com</a>
SAO – Z	Cheryl Phenix	(707) 784-6115	<a href="mailto:cyphenix@solanocounty.com">cyphenix@solanocounty.com</a>

Sincerely,

Charmie Junn  
Director of Human Resources

Attachment

<sup>1</sup>Regular/Limited Term employees who work 20-29 hours per week likely do not qualify under the Covered California Exchange

## New Health Insurance Covered California Coverage Option

### **Part A: General Information**

Health care reform created a new way to buy private individual health insurance: the Health Insurance Marketplace (in California, referred to as Covered California). To assist you as you evaluate options for you and your family, this notice provides some basic information about Covered California and employment-based health coverage we offer to you. Please note that this notice *is informational only*.

### **What is Covered California?**

Covered California is designed to help you find private individual health insurance that meets your needs and fits your budget. Covered California offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through Covered California is October 15, 2020 through January 15, 2021. **If you need health insurance to begin on a certain date, it is crucial you know the effective date you want, and the deadline by which the application must be submitted.**

### **Can I Save Money on my Health Insurance Premiums Using Covered California?**

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium for which you are eligible depends on your household income.

### **Does the Employment-Based Health Coverage We Offer You Affect Your Eligibility for Premium Savings through Covered California?**

Yes. If we have offered you health coverage that meets certain standards, you will not be eligible for a tax credit through Covered California and you may wish to enroll in our health plan, if you are eligible. Just because you received this Covered California notice does not mean you are eligible. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if we do not offer coverage to you at all or do not offer coverage that meets certain standards. If the cost of self-only coverage for the lowest-cost health plan under our health plan is more than 9.5% of your household income for the year, or if our health plan does not meet the "minimum value"<sup>1</sup> standard set by the Affordable Care Act, you may be eligible for a tax credit.

**Important note:** If you purchase a health plan through Covered California instead of accepting our health plan coverage, then you may lose our contribution (if any) to your coverage under our health plan. Also, our contribution—as well as your employee contribution, if any—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through Covered California are made on an after-tax basis.

### **How Can I Get More Information About Health Insurance Offered Through Covered California?**

Covered California can help you evaluate your coverage options, including your eligibility for coverage through Covered California and its cost. Please visit [www.coveredca.com](http://www.coveredca.com) for more information, including an online application for health insurance coverage.

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<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



**Part B: Information About Employer-Provided Health Plan Coverage.** If you decide to complete an application for coverage through Covered California, you will be asked for information about our health plan coverage. The information below can help you complete an application for coverage through Covered California.

**1. General Employer Information.**

Employer name:	County of Solano
Employer Identification Number (EIN):	94-6000538
Employer street address:	675 Texas Street, Suite 1800
Employer phone number:	(707) 784-6171
Employer city:	Fairfield
Employer state:	CA
Employer ZIP code:	94533
Who can we contact about employee health coverage at this job?:	HUMAN RESOURCES/Benefits Division
Phone number (if different from above):	Same
Email address:	dmcalldwell@solanocounty.com

**2. Eligibility.** You may be asked whether or not you are currently eligible for our health plan coverage or whether you will become eligible for coverage within the next three months. In addition, if you are or will become eligible, you may be required to list the names of your dependents that are eligible for coverage under our health plan. If you would like information about the eligibility requirements for our health plans, please read the eligibility provisions described in the Health Program Guide for our health plans. You can obtain a copy of Health Program Guide by contacting Solano County Human Resources, Employee Benefits Division at (707) 784-6171.

**3. Minimum Value.** If you are eligible for coverage under our health plans, you may be required to check a box indicating whether or not our health plans meet the minimum value standard. Our health plan coverage meets the minimum value standard.

**4. Premium Cost.** If you are eligible for coverage under our health plan, you may be asked to provide the amount of premiums you must pay for self-only coverage under the lowest-cost health plan that meets the minimum value standard. If you had the opportunity to receive a premium discount for any tobacco cessation program, you must enter the premium you would pay if you received the maximum discount possible for a tobacco cessation program. If you would like information about the premiums for self-only coverage under our lowest-cost health plan, please contact Human Resources, Employee Benefits Division at (707) 784-6171.

**5. Future Changes.** You may also be asked whether or not we will be making certain changes to our health plan coverage for the new plan year. As usual, you will be provided with information about any changes to our health plan coverage in the open enrollment communication materials. For more information for the Covered California application please contact Covered California at [www.coveredca.com](http://www.coveredca.com) or call (888) 975-1142.

DEPARTMENT OF HUMAN RESOURCES



SOLANO COUNTY

Employee Informational Packet for Extra Help

CONFIRMATION OF RECEIPT

My signature below certifies that I have received Extra-Help Informational packet which includes the following:

- Oath of Office
- Covered California Notice/SBC Notice

I understand that the enclosed information is for my review.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**PRINT NAME** Last First **SOC. SEC. NO.**

\_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_  
**DEPARTMENT** **WORK TELEPHONE**

\_\_\_\_\_ \_\_\_\_\_  
**EMPLOYEE'S SIGNATURE** **DATE**