# **NOTICE TO EMPLOYEES**

## **THIS FACILITY HAS BEEN ACCEPTED INTO THE WORKFORCE STANDARDS PROGRAM**

To [Employee Name]:

This facility has been accepted into the WSP program via the **Basic Wage and Benefits Standard**.  Employer must offer a health benefit to all full-time applicable worker 90 days after the first day of employment, health benefit with an actuarial value of at least 80 percent including all essential health benefits with the lowest cost gross premium. The employer must make a basic contribution to the cost of your premium if you choose to enroll in an employer sponsored plan. The exact amount of the basic contribution is based on the cost of the benchmark plan offered to you.

**The Benchmark Plan is:**

**The Gross Premium of the Benchmark Plan is:**

**The Employer Basic Contribution to your premium is:**

**The Plan you chose is:**

**Your Plan’s Gross Premium is:**

* **Your Contribution to the Premium is:**
* **Your Employer’s Contribution to the Premium is:** 
  + **If there is excess from your Employer’s Contribution to your Premium. The excess must be provided as a stipend or deposited for you in a health benefit account.**
  + **If applicable, this amount for you is:**

If you have questions, please reference the [WSP Health Benefits Standards Guidance tool](https://www.dhcs.ca.gov/services/medi-cal/Documents/AB1629/AB1629_WebUpdates/WSP-Health-Benefit-Standard-Guidance.xlsx?web=1)[[1]](#footnote-1) found on the [SNF WSP website](https://www.dhcs.ca.gov/services/medi-cal/Pages/FFSRDD-LTC/SNFWSP.aspx)[[2]](#footnote-2) for more guidance. This tool is intended to assist facilities in complying with the Health Benefit Standard as outlined in Supplement 6 to Attachment 4.19-D of the California State Plan. The examples and worksheet are intended to help employers and employees determine their Benchmark Plan, the Required Employer Contribution to Premium of the plan the employee selects, Maximum Employee Contribution to Premium of their selected plan, and the Required Excess Stipend that must be provided as a stipend or deposited in a health benefit account by the employer based on the employee’s plan.

1. <https://www.dhcs.ca.gov/services/medi-cal/Documents/AB1629/AB1629_WebUpdates/WSP-Health-Benefit-Standard-Guidance.xlsx?web=1> [↑](#footnote-ref-1)
2. <https://www.dhcs.ca.gov/services/medi-cal/Pages/FFSRDD-LTC/SNFWSP.aspx> [↑](#footnote-ref-2)