

2018 Employee Benefits Overview





TABLE OF CONTENTS

Did You Know?.....	2
Welcome to the 2018 Benefits Program.....	3
Open Enrollment.....	4
Who Can You Cover?.....	6
When You Can Make Changes.....	7
Medical Benefits.....	9
2018 CalPERS Monthly Medical Premiums.....	10
Dental.....	12
Vision.....	13
Life Insurance.....	14
Disability Insurance.....	15
Flexible Spending Account.....	16
Deferred Compensation.....	17
Retirement Program.....	18
Other Benefits.....	21
Workers' Compensation.....	24
Meet Ben-IQ.....	26
Contact Information.....	27
Mandatory Notices.....	28

Medicare Part D Notice: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Mandatory Notices on page 28 for more details.



Did You Know?

All City of Vacaville employees can access their paycheck stubs, past W-2s, and more through Employee Services anytime, anywhere.

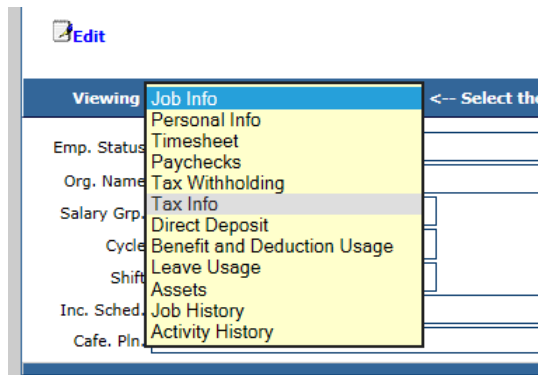
1. Simply log in to your Employee Services* account by going to <https://hrweb.cityofvacaville.com>



2. Click on "Employee Self Service".



3. Then click on the information you are looking for from the dropdown menu. For example, you can choose "Paychecks" to view past paycheck stubs, and "Tax Info" for past W-2s.



It's that easy! Please feel free to contact Human Resources at 707-449-5101 for any questions.

*If you are a TeleStaff user and do not know your log in information for Employee Services, please email us at Payroll_Mailbox@cityofvacaville.com.

Welcome to the 2018 Benefits Program

The City of Vacaville takes pride in offering a benefits program that provides comprehensive coverage for the needs of our employees and their families. The City of Vacaville provides eligible employees with valuable benefits, including a choice of medical plans, dental, vision, disability, and life/AD&D insurance.

The purpose of this booklet is to provide a benefit overview for each of the plans, as well as a quick reference guide, in one easy to read document. The guide also explains modifications to the City's employee benefit plans scheduled for January 1, 2018, highlights your available medical plan options, and points out key program features to consider when selecting a medical plan option to best suite your health care needs. In addition, the booklet contains important notices and eligibility information for your review and reference.

Summary

The information in this booklet is a general outline of the benefits offered under the City of Vacaville benefits program. Specific details and plan limitations are provided in the individual Summary Plan Description (SPD), which is based on the official Plan Documents that may include policies, contracts and plan procedures. The SPD and Plan Documents contain all the specific provisions of the plans. In the event that the information in this brochure differs from the Plan Documents, the Plan Documents will prevail.

For your convenience, all health plan forms, publications and information are available on the CalPERS website (www.calpers.ca.gov), plan websites or upon request through the Human Resources Division.

If you have any questions or need additional information, you may contact Phy Flesher in the Human Resources Division at (707) 449-5126 or Phy.Flesher@cityofvacaville.com or check the Infonet

Open Enrollment

This booklet will give you information about the benefits which are available to you. Please read the information carefully. To help you make important decisions about your benefits, Human Resources is available to answer any questions you may have.

Open Enrollment

Beginning on September 11, 2017 and lasting through October 6, 2017, all full-time employees will be eligible to participate in the annual open enrollment period.

During Open Enrollment, you can:

- Enroll in a medical plan (if not already enrolled)
- Choose a different medical plan
- Add eligible dependents to medical, dental or vision plans
- Set up a Flexible Spending Account (FSA) for 2018
- Opt into Retiree Medical Vesting Plan
- Apply for voluntary short term disability (employee paid)
- Apply for additional voluntary life insurance (employee paid)

Your new plan benefits or any changes will be effective January 1, 2018. In order to ensure a smooth implementation, your **forms are due no later than October 6, 2017!**

Helpful Hints

Read through this guide to familiarize yourself with what decisions you have to make. Think about your current benefit plans. Are they still working for you? Have you experienced any changes or do you anticipate any that might make a different plan more suitable?

Gather additional information. Use the websites and phone numbers on page 31 to see which doctors and other healthcare providers you can use under the different plan choices. If you have dependents on your plan that live out of state, check on provisions for coverage of members away from home.

Open Enrollment, continued

Annual Benefits Faire

The annual *Employee Benefits and Wellness Faire* will be held on Wednesday, September 20th from Noon to 2:00pm at the Ulatis Community Center. This is where you can meet face-to-face with benefit providers to learn about your benefits and get answers to your questions. There will also be many health-promoting local vendors participating with fun giveaways, great information, and interactive demonstrations about their products and services. All employees who attend can enter into the free raffle! Winners are drawn and contacted after the faire and the list of winners will be posted to the Infonet. This is a great opportunity to visit with employees from other departments and catch up with retirees. Join us for this fun event!

Full time employees receive one (1) hour of paid time to attend, with prior approval from supervisor.

2018 Benefit Highlights

Major changes for the 2018 plan year are highlighted below.

Plan/s	Benefit Changes
Western Health Advantage HMO	The addition of Western Health Advantage to the Basic HMO choices for members in Placer, El Dorado, Sacramento, Yolo, Colusa, Solano, Napa, Sonoma, and Marin counties

Who Can You Cover?

WHO IS ELIGIBLE?

You are eligible for the *City of Vacaville Medical Program* if you are a regular, full-time employee.

After your initial benefit enrollment, unless you experience a qualifying life event*, you cannot make changes in your elections until the next Open Enrollment.

If you waive medical coverage due to your participation (and/or your eligible spouse's or domestic partner's participation) in other group medical coverage, you will not be eligible to enroll in a City-offered medical plan until the next Open Enrollment period or in accordance with a qualifying life event*.

*See next page.

Your dependents are eligible for coverage under your health benefits package as long as they meet the requirements specified for each plan. Eligible dependents include:

- Your current spouse or state-registered domestic partner.
 - Definition of domestic partner pursuant to Family Code Section 297-297.5:
A domestic partnership shall be established in California when both persons file a Declaration of Domestic Partnership with the Secretary of State, and at the time of filing, all of the following requirements are met:
 1. Both persons have a common residence.
 2. Neither person is married to someone else or is a member of another domestic partnership with someone else who has not been terminated, dissolved, or adjudged a nullity.
 - Both persons are members of the same sex.
 - One or both of the persons meet the eligibility criteria under Title II of the Social Security Act as defined in 42 U.S.C section 402 (a) for old-age insurance benefits or Title XVI Section 1381 for aged individuals. Notwithstanding any other provision of this section, persons of opposite sexes may not constitute a domestic partnership unless one or both of the persons are over the age of 62.
 3. Both persons are capable of consenting to the domestic partnership.
- Your natural children, stepchildren, domestic partner's children, adoptive children of which the employee is the legal guardian. In addition, such children must be under age 26.
- Your disabled children age 26 or older. Such disabled children must meet the same conditions as listed above and in addition are physically or mentally disabled on the date coverage would otherwise end because of age and continue to be disabled. They also need to be on the plan before they turn 26.
- A child for whom you are required to provide benefits by a court order and who satisfies the same conditions as listed above.
- A child for whom you have assumed a "parent-child relationship" and who satisfies the same conditions as listed above.

This is a brief description of the eligibility requirements and is not intended to modify or supersede the requirements of the plan documents. The plan documents will govern in the event of any conflict between this description and the plan documents.

When You Can Make Changes

Other than during the annual Open Enrollment period, you may not change your coverage unless you experience a qualifying life event.

Qualifying life events include:

- Change in legal marital status, including marriage, divorce, legal separation, annulment, dissolution of domestic partnership, and death of a spouse.
- Change in number of dependents, including birth, adoption, placement for adoption, or death of a dependent child.
- Change in employment status, including the start or termination of employment by you or your spouse.
- Change in your health coverage or your spouse's coverage attributable to your spouse's employment.
- Change in work schedule, including an increase or decrease in hours of employment by you, your spouse, or your dependent child, including a switch between part-time and full-time employment that affects eligibility for benefits.
- Change in a child's dependent status, either newly satisfying the requirements for dependent child status or ceasing to satisfy them.
- Change in an individual's eligibility for Medicare or Medicaid.
- A court order resulting from a divorce, legal separation, annulment, or change in legal custody (including a Qualified Medical Child Support Order) requiring coverage for your child or dependent foster child.
- An event that is a qualifying life event under the Health Insurance Portability and Accountability Act (HIPAA), including acquisition of a new dependent or spouse or loss of coverage under another health insurance policy or plan if the coverage is terminated because of:
 - Voluntary or involuntary termination of employment or reduction in hours of employment or death, divorce, or legal separation;
 - Termination of employer contributions toward the other coverage, OR if the other coverage was COBRA Continuation Coverage, exhaustion of the coverage.

Important—Two rules apply to making changes to your benefits during the year:

- Any changes you make must be consistent with the change in status, AND
- You must make the changes within **60 days** of the date the event (marriage, birth, etc.) occurs.

If you must make mid-year changes to your insurance (adding/dropping dependents), contact Human Resources and provide supporting documents within **60 days** of the change in status.

When You Can Make Changes, continued

You are responsible for notifying the Human Resources Division of any changes in your dependent status (marriage, birth, death, divorce, ineligibility of dependent child due to age/marriage, etc.). If someone on your plan no longer meets the definition of an eligible dependent, you are responsible for making sure they are removed from your coverage within the month that the dependent becomes ineligible. Failure to do so may result in you having to reimburse the City for any premiums paid since the date of ineligibility. Documentation may be required in some instances.

You will be required to provide documentation to the Human Resources Division when adding or removing a dependent on your coverage. For a complete list of documentation that may be required, see chart below.

For more information or to notify Human Resources of a change in dependent status contact Phy Flesher at (707) 449-5126 or Phy.Flesher@cityofvacaville.com.

Eligible Dependents

Required Documentation (Examples)

Current Spouse	A copy of your marriage certificate AND one of the following: a copy of the front page of your most recent federal or state tax return confirming this dependent is your spouse OR a document dated within the last 60 days showing current relationship status, such as a recurring household bill or statement of account. The document must list your name, your spouse's name, the date and your mailing address.
Current Registered Domestic Partner	A copy of your Declaration of Domestic Partnership AND one of the following: a copy of the front page of your most recent state tax return confirming this dependent is your spouse OR a document dated within the last 60 days showing current relationship status, such as a recurring household bill or statement of account. The document must list your name, your spouse's name, the date and your mailing address.
Natural, Adopted, Step or Domestic Partner's Children up to age 26	A copy of the child's birth certificate (or hospital birth record) or adoption certificate naming you or your spouse as the child's parent OR a copy of the court order naming you and your spouse as the child's legal guardian.
Other Children up to age 26 if the employee has assumed a parent-child relationship and is the primary care parent	A copy of the front page of your most recent federal or state tax return confirming this dependent OR a copy of the court order naming you or your spouse as the child's legal guardian.
Certified disabled dependent children of any age	Certification may need to be processed through CalPERS directly - contact HR for more details.

Medical Benefits

The City offers a choice of medical plans through the CalPERS Medical Program.

Health Maintenance Organization (HMO)

Anthem Blue Cross, Blue Shield, Health Net, Kaiser Permanente, UnitedHealthcare, and Western Health Advantage

Under the HMO plans, most services and medicines are covered with a small copayment. You select a Primary Care Physician (PCP) to coordinate your care.

*Not all HMO plans are available in all California counties. To see if these plans are available in your zip code, please visit the CalPERS website at www.calpers.ca.gov and use the zip code finder search engine.

Preferred Provider Organization (PPO)

Anthem Blue Cross

The Anthem Blue Cross PPO plan is designed to provide choice, flexibility and value. The PPO plan is a managed care organization of medical doctors, hospitals, and other health care providers who have contracted with Anthem Blue Cross to provide health care at reduced rates to you. Participants have a choice of using network providers or going directly to any other physician (non-network provider) without a referral. There is an annual deductible to meet before benefits apply. You are also responsible for a certain percentage of the charges (coinsurance), and the plan pays the balance up to the agreed upon amount. You have a choice between Anthem Blue Cross PERS Choice, PERS Select, PERSCare, and PORAC (only available to law enforcement) plans.

For a summary of the different plans, and additional information please review the [CalPERS Open Enrollment site](#) at www.calpers.ca.gov. There you will find the Health Benefits Summary, Health Program Guide, and additional resources and information regarding your CalPERS Health Plan options.

Why Would I Choose the PPO Plan?

- You have a doctor you like and you would like to keep this doctor.
- You want to see specialists and other providers without having to first get a referral and/or pre-approval.
- You want the freedom to see providers who are not in the network.
- You are confident that you can manage your own care.
- You do not want a primary care doctor.

Why Would I Choose the HMO Plan?

- You don't want the extra responsibility of managing your own care.
- You do not want to pay the higher costs of a PPO.
- You do not want to get bills from providers.

2018 CalPERS Monthly Medical Premiums

Bay Area		Total Premium	City Pays up to 85% of Kaiser Bay Area	Employee Pays/month	Employee Pays Per Pay Period	
HMO's						
HMO Kaiser						
Employee (EE)	\$	779.86	\$	662.88	\$ 116.98	\$ 58.49
EE+1	\$	1,559.72	\$	1,325.76	\$ 233.96	\$ 116.98
EE+ Family	\$	2,027.64	\$	1,723.49	\$ 304.15	\$ 152.07
HMO Western Health Advantage						
Employee (EE)	\$	792.56	\$	662.88	\$ 129.68	\$ 64.84
EE+1	\$	1,585.12	\$	1,325.76	\$ 259.36	\$ 129.68
EE+ Family	\$	2,060.66	\$	1,723.49	\$ 337.17	\$ 168.58
HMO Anthem Select NOT AVAILABLE IN SOLANO COUNTY						
Employee (EE)	\$	856.41	\$	662.88	\$ 193.53	\$ 96.76
EE+1	\$	1,712.82	\$	1,325.76	\$ 387.06	\$ 193.53
EE+ Family	\$	2,226.67	\$	1,723.49	\$ 503.18	\$ 251.59
HMO Health Net SmartCare						
Employee (EE)	\$	863.48	\$	662.88	\$ 200.60	\$ 100.30
EE+1	\$	1,726.96	\$	1,325.76	\$ 401.20	\$ 200.60
EE+ Family	\$	2,245.05	\$	1,723.49	\$ 521.56	\$ 260.78
HMO BlueShield Access +						
Employee (EE)	\$	889.02	\$	662.88	\$ 226.14	\$ 113.07
EE+1	\$	1,778.04	\$	1,325.76	\$ 452.28	\$ 226.14
EE+ Family	\$	2,311.45	\$	1,723.49	\$ 587.96	\$ 293.98
HMO Anthem Traditional						
Employee (EE)	\$	925.47	\$	662.88	\$ 262.59	\$ 131.29
EE+1	\$	1,850.94	\$	1,325.76	\$ 525.18	\$ 262.59
EE+ Family	\$	2,406.22	\$	1,723.49	\$ 682.73	\$ 341.36
HMO UnitedHealthcare						
Employee (EE)	\$	1,371.84	\$	662.88	\$ 708.96	\$ 354.48
EE+1	\$	2,743.68	\$	1,325.76	\$ 1,417.92	\$ 708.96
EE+ Family	\$	3,566.78	\$	1,723.49	\$ 1,843.29	\$ 921.64
PPO's						
PPO PERS Select (preferred provider network)						
Employee (EE)	\$	717.50	\$	662.88	\$ 54.62	\$ 27.31
EE+1	\$	1,435.00	\$	1,325.76	\$ 109.24	\$ 54.62
EE+ Family	\$	1,865.50	\$	1,723.49	\$ 142.01	\$ 71.00
PPO PERSChoice						
Employee (EE)	\$	800.27	\$	662.88	\$ 137.39	\$ 68.69
EE+1	\$	1,600.54	\$	1,325.76	\$ 274.78	\$ 137.39
EE+ Family	\$	2,080.70	\$	1,723.49	\$ 357.21	\$ 178.60
PPO PERSCare						
Employee (EE)	\$	882.45	\$	662.88	\$ 219.57	\$ 109.78
EE+1	\$	1,764.90	\$	1,325.76	\$ 439.14	\$ 219.57
EE+ Family	\$	2,294.37	\$	1,723.49	\$ 570.88	\$ 285.44
PPO PORAC (Police & Fire Only)						
Employee (EE)	\$	734.00	\$	662.88	\$ 71.12	\$ 35.56
EE+1	\$	1,540.00	\$	1,325.76	\$ 214.24	\$ 107.12
EE+ Family	\$	1,970.00	\$	1,723.49	\$ 246.51	\$ 123.25
Max Contribution Upon Retirement (if hired after 1/1/09 or voluntarily enrolled in health vesting)						
		100% (20 yrs)		95% (19 yrs)	90% (18 yrs)	80% (16 yrs)
Employee (EE)	\$	725.00	\$	688.75	\$ 652.50	\$ 580.00
EE+1	\$	1,377.00	\$	1,308.15	\$ 1,239.30	\$ 1,101.60
EE+Family	\$	1,766.00	\$	1,677.70	\$ 1,589.40	\$ 1,412.80

2018 CalPERS Monthly Medical Premiums

Sacramento Area		<i>City Pays up to 85% of Kaiser Bay Area</i>	<i>Employee Pays/mo</i>	<i>Employee Pays per Pay Period</i>
<i>Total Premium</i>				
HMO's				
HMO Kaiser CA				
Employee (EE)	\$ 703.96	\$ 662.88	\$ 41.08	\$ 20.54
EE+1	\$ 1,407.92	\$ 1,325.76	\$ 82.16	\$ 41.08
EE+ Family	\$ 1,830.30	\$ 1,723.49	\$ 106.81	\$ 53.40
HMO Western Health Advantage				
Employee (EE)	\$ 744.79	\$ 662.88	\$ 81.91	\$ 40.95
EE+1	\$ 1,489.58	\$ 1,325.76	\$ 163.82	\$ 81.91
EE+ Family	\$ 1,936.45	\$ 1,723.49	\$ 212.96	\$ 106.48
HMO Anthem Select				
Employee (EE)	\$ 942.29	\$ 662.88	\$ 279.41	\$ 139.70
EE+1	\$ 1,884.58	\$ 1,325.76	\$ 558.82	\$ 279.41
EE+ Family	\$ 2,449.95	\$ 1,723.49	\$ 726.46	\$ 363.23
HMO Healthnet Smartcare				
Employee (EE)	\$ 980.82	\$ 662.88	\$ 317.94	\$ 158.97
EE+1	\$ 1,961.64	\$ 1,325.76	\$ 635.88	\$ 317.94
EE+ Family	\$ 2,550.13	\$ 1,723.49	\$ 826.64	\$ 413.32
HMO Blue Shield Access +				
Employee (EE)	\$ 806.71	\$ 662.88	\$ 143.83	\$ 71.91
EE+1	\$ 1,613.42	\$ 1,325.76	\$ 287.66	\$ 143.83
EE+ Family	\$ 2,097.45	\$ 1,723.49	\$ 373.96	\$ 186.98
HMO Anthem Traditional				
Employee (EE)	\$ 1,051.62	\$ 662.88	\$ 388.74	\$ 194.37
EE+1	\$ 2,109.24	\$ 1,325.76	\$ 783.48	\$ 391.74
EE+ Family	\$ 2,742.01	\$ 1,723.49	\$ 1,018.52	\$ 509.26
HMO UnitedHealthcare				
Employee (EE)	\$ 831.42	\$ 662.88	\$ 168.54	\$ 84.27
EE+1	\$ 1,662.84	\$ 1,325.76	\$ 337.08	\$ 168.54
EE+ Family	\$ 2,161.69	\$ 1,723.49	\$ 438.20	\$ 219.10
PPO's				
PPO PERS Select				
Employee (EE)	\$ 684.90	\$ 662.88	\$ 22.02	\$ 11.01
EE+1	\$ 1,369.80	\$ 1,325.76	\$ 44.04	\$ 22.02
EE+ Family	\$ 1,780.74	\$ 1,723.49	\$ 57.25	\$ 28.62
PPO PERS Choice (preferred provider network)				
Employee (EE)	\$ 735.38	\$ 662.88	\$ 72.50	\$ 36.25
EE+1	\$ 1,470.76	\$ 1,325.76	\$ 145.00	\$ 72.50
EE+ Family	\$ 1,911.99	\$ 1,723.49	\$ 188.50	\$ 94.25
PPO PERSCare				
Employee (EE)	\$ 797.61	\$ 662.88	\$ 134.73	\$ 67.36
EE+1	\$ 1,595.22	\$ 1,325.76	\$ 269.46	\$ 134.73
EE+ Family	\$ 2,073.79	\$ 1,723.49	\$ 350.30	\$ 175.15
PPO PORAC (Police & Fire Only)				
Employee (EE)	\$ 734.00	\$ 662.88	\$ 71.12	\$ 35.56
EE+1	\$ 1,540.00	\$ 1,325.76	\$ 214.24	\$ 107.12
EE+ Family	\$ 1,970.00	\$ 1,723.49	\$ 246.51	\$ 123.25
Max Contribution Upon Retirement (if hired after 1/1/09 or voluntarily enrolled in health vesting)				
	100%	95%	90%	80%
Employee (EE)	\$ 725.00	\$ 688.75	\$ 652.50	\$ 580.00
EE+1	\$ 1,377.00	\$ 1,308.15	\$ 1,239.30	\$ 1,101.60
EE+Family	\$ 1,766.00	\$ 1,677.70	\$ 1,589.40	\$ 1,412.80

Dental

Under the Delta Dental Preferred Provider Organization (PPO) plan, dental services are provided through the Delta Dental PPO network. However, you can choose to visit any dentist in any location inside or outside of the Delta Dental network. How much you pay for dental services depends on whether you choose a participating Delta Dental dentist. If you choose a non-participating dentist, you pay the difference between the amount the dentist receives from Delta Dental (the “allowable amount”) and the dentist’s charges.

You may also choose to visit a Delta Dental Premier provider. Premier dentists may not balance bill above Delta Dental’s allowable amount, so your out-of-pocket costs may be lower than with a non-participating dentist. Your costs are usually lowest when you visit a Delta Dental PPO dentist. It is recommended that you receive pre-authorization from Delta Dental for charges of \$250 or more.

The City currently pays 100% of the monthly premium for the dental plan.

Dental Benefits	Delta Dental PPO	Premier and Non-Delta*
Calendar Year Maximum	\$1,500	
Lifetime Deductible Individual / Family	\$0	\$25 / \$75
Diagnostic and Preventive Oral Examinations X-Rays Teeth Cleaning Fluoride Treatment Space Maintainers Bitewings	100% (deductible waived)	100% (deductible waived)
Basic Services Amalgam/Composite Filings Periodontics (Gum disease) Endodontics (Root Canal) Sealants Extractions & Other Simple Oral Surgery	95%	85%
Major Services Crown Repair Restorative - Inlays and Crowns Prosthodontics	80%	60%
Orthodontia Children Only (lifetime max \$1,500)	50%	50%

* Non-Delta Dentists are reimbursed at the lesser of the submitted charge or the fee that satisfies the majority of dentists in the same geographical area with the same training (51st percentile of Usual, Customary and Reasonable).



Limitations may apply for some benefits; some services may be excluded. Please refer to your Evidence of Coverage or Summary Plan Description for a list of benefit limitations and exclusions.

Create a login at [DeltaDentalIns.com](https://www.DeltaDentalIns.com) to find dentists, see benefit details, track appointment history and file claims.

Vision



Vision coverage is provided through Vision Service Plan (VSP).

You may receive benefits when using non-VSP providers by submitting your claims directly to VSP. Reimbursements will be made based on the out-of-network schedule.

The City currently pays 100% of the monthly premium for the vision plan.

Vision Plan Benefits	VSP Network	Non-Network
Exam	\$10 copay	Plan pays up to \$45
Single Lenses	Covered in Full	Plan pays up to \$30
Bifocal Lenses*	Covered in Full	Plan pays up to \$50
Trifocal Lenses*	Covered in Full	Plan pays up to \$65
Contact Lenses** Elective	Up to \$120	Plan pays up to \$105
Frames	\$150 Allowance	Plan pays up to \$70
Benefit Frequency Exam Lenses and Contacts** Frames	Every 12 Months Every 24 Months Every 24 Months	

* No-lined lenses are not a covered benefit under this plan. When requested, the lenses will be covered up to the value of the lined lenses and you will pay the additional cost.

** When you choose contacts instead of glasses, your \$120.00 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure proper fit of contacts.

You may receive benefits when using non-VSP providers by submitting your claims directly to VSP. Reimbursements will be made as indicated in the out-of-network schedule above. Find a VSP network doctor at www.vsp.com or call (800) 877-7195.

Create a login at www.vsp.com to find providers, see benefit details, track appointment history and file claims.

Life Insurance



Basic Life and Accidental Death & Dismemberment (AD&D) Insurance

Basic Life insurance provides income protection for your beneficiary in the event of your death. The City of Vacaville currently provides Basic Life/AD&D insurance coverage, which varies by bargaining unit, at no cost to you. Please visit the InfoNet, or contact Human Resources for more information.

Supplemental Life and Accidental Death & Dismemberment (AD&D) Insurance

Supplemental Life/AD&D Insurance allows you to purchase additional life insurance coverage, as well as coverage for your spouse/domestic partner and/or child(ren). Coverage purchased for your spouse/domestic partner or child(ren) will pay a benefit to you if your spouse/domestic partner or child should die.

Supplemental Life/AD&D¹

Benefits	Employee	Spouse/Domestic Partner	Child(ren)
Benefit	\$25,000 increments up to \$300,000 (not to exceed 5x annual salary)	\$5,000 increments up to \$150,000 (not to exceed 100% of employee benefit)	\$250 (14 days - 6 months) \$10,000 (6 months - 19, 25 if FTS)
Minimum Benefit	\$25,000	\$5,000	n/a
Guarantee Issue ² (Maximum)	\$275,000	\$50,000	n/a

¹AD&D coverage available for employee coverage only

²The Guarantee Issue amount is only available for new hires and those newly eligible for the benefit. You will need to complete Evidence of Insurability (EOI) in order to add or increase Supplemental Life Insurance if you are not a new hire or newly eligible for the benefit.

PLEASE NOTE: The Internal Revenue Code (IRC) requires that premiums for basic life insurance in excess of \$50,000 is included as taxable income at the close of each tax year. This will most likely not impact your tax status, but you may wish to check with your financial planner if you are concerned.

Please remember to update your beneficiary information whenever there is a family status change.

Disability Insurance



Voluntary Short Term Disability (STD)

The City of Vacaville does not participate in the State's Short Term Disability program (SDI).

The City of Vacaville is pleased to offer the opportunity for all full-time employees to apply for Short Term Disability Insurance and be able to pay the premiums through payroll deduction. The cost for each employee will vary and is determined based on salary. Evidence of Insurability will be required.

Now is the time (during open enrollment) to apply for this additional benefit if you haven't already. Please visit the Human Resources booth at the Benefits and Wellness Faire or contact Phy Flesher in Human Resources for more information.

Long Term Disability (LTD)*

When an illness or injury make it impossible for you to work for an extended period of time, your income may be continued under the City's LTD Plan. The City pays the entire premium cost. Under the plan, if you are disabled for more than the designated elimination period, you could receive 60% of your salary (up to a maximum dollar amount per month) until you are able to return to work. Please visit the InfoNet or contact Human Resources for more information.

*This benefit is not available for Police and Fire safety or Public Safety Dispatch positions.

Flexible Spending Account

The Flexible Spending Accounts (FSA) are a great way to use pre-tax dollars to pay for expenses paid with after-tax dollars! You may enroll in either or both the Medical Spending Account or the Dependent Care Spending Account. These accounts allow you to redirect a portion of your salary on a pre-tax basis into reimbursement accounts. Money from these accounts is then used to pay eligible expenses that are not reimbursed by your health plans, as well as reimbursement for dependent care expenses.

Pre-tax means the dollars you allocate toward these accounts are not subject to Federal income tax and, in most cases, state and local taxes. The money you set aside may be used for qualified eligible expenses on a pre-tax basis.

Medical Spending Account

The maximum amount you may contribute to the Medical Spending Account for the Plan Year is **\$2,500**. This account will reimburse you with pre-tax dollars for qualified out-of-pocket healthcare expenses not covered under your family's healthcare plans. The "Use it or Lose it" rule applies if you do not incur expenses by December 31 of the plan year.

All Medical Spending Account participants will receive a debit card that will provide you the option of having your eligible expenses paid directly from your account at the point of sale. As a debit card participant, when this happens, you do not have to pay for the expense or submit a request for reimbursement.

Medical-related expenses include out of pocket money for copays or deductibles for medical, dental and vision services. A detailed listing of all qualified expenses are available on Discovery Benefits' website at www.discoverybenefits.com.

Dependent Care Spending Account

The maximum amount you may contribute to the Dependent Care Spending Account is **\$5,000** each calendar year, or **\$2,500** each calendar year if you are married but file separate tax returns. This account will reimburse you with pre-tax dollars for daycare expenses for your child(ren) and other qualifying dependents. These include expenses for child care or dependent adult care for a member of your household.

Eligible Dependents Include:

- Children under the age of 13 who qualify as dependents on your Federal tax return; and
- Children or other dependents of any age who are physically or mentally unable to care for themselves and who qualify as dependents on your Federal tax return. You may use the Federal childcare tax credit and the Dependent Care Spending Account; however, your Federal credit will be offset by any amount deferred into dependent care plan.

Enrollment

Enrollment will be self-service again this year and on-line only. On-line enrollment will close at 5pm on Friday, October 6th. No enrollments will be allowed after this deadline. See more detailed enrollment instructions on the info-net. If you do not have internet access available, please contact Phy Flesher in Human Resources to schedule an appointment to set up your account. To sign up or for more information, visit www.discoverybenefits.com and create an account.

USE IT OR LOSE IT!

Please estimate your annual contributions carefully! If you don't use all the money in your account by December 31st of the year you make your contribution, you lose the unexpended portion. Participants will have until March 31st of the following year to submit claims for expenses incurred during said plan year.

Deferred Compensation

Deferred Compensation allows you to deduct a portion of your paycheck and invest it “pre-tax” up to a maximum amount (set by Federal IRS law) annually.

This money would be considered long-term savings and you would not withdraw Deferred Compensation funds while you continue to be employed by the City of Vacaville. Early withdrawals may incur substantial penalties and require careful financial planning.

The City has three providers to choose from. Representatives from each plan will be available to meet with you at the Benefits and Wellness Faire or you can contact them anytime for an appointment. Each representative also has regular monthly “office hours” at City Hall (and some other city facilities). Check the InfoNet for their current schedule and for any changes or updates to their schedules.

Participation in Deferred Compensation is optional.

Nationwide

Leanne Luttges (916) 296-2149
LUTTGL1@nationwide.com

VALIC

Chuck Roberts (916) 297-3845
chuck.roberts@valic.com

ICMA

Corinne Cox (202) 664-0481
ccox@icmarc.org

Retirement Program

The City of Vacaville participates in the Public Employees Retirement System (PERS) for all full-time employees; and in the Public Agency Retirement System (PARS) as a supplemental retirement system for qualifying non-sworn employees. As a member of PERS (and PARS, if applicable), a portion of your monthly pay is deducted each month and put into a retirement fund. The City also makes an employer contribution to the retirement fund each month. The percentages of these contributions are dependent upon prior agreements with your employee bargaining unit. Total contribution (employer plus employee) is dictated by CalPERS.

The employee contribution and City contribution are kept in separate “accounts” until retirement benefits are withdrawn. Should you leave the City for reasons other than retirement, you may withdraw your employee contributions, plus interest earned. However, the employer’s contribution will be retained by the system.

The minimum requirement for retirement from the City of Vacaville is age 50 with 5 years of PERS service credit.

PERS also provides Retirement Planning Workshops and Financial Planning Workshops to assist employees in planning for their financial needs in the future. For additional information regarding participation in a workshop or to access your personal account and statements, you can contact PERS at (888) 225-7377 or visit the PERS website at www.calpers.ca.gov and create a MyCalPERS account login.

Retiree Medical

Retiree medical benefits are available to City of Vacaville retirees based on the City’s contract with CalPERS. The City’s contribution is based on current labor contracts with the various bargaining units.

All Full Time employees hired prior to January 1, 2009 have the option to join the CalPERS Health Vesting Plan for Retiree Medical benefits. This voluntary option must be done and in effect prior to retirement. The time to opt into this program is during open enrollment each year or at the time you file your retirement application with HR. To find out more or to enroll in CalPERS Health Vesting, stop by the Human Resources Booth at the Benefits and Wellness Faire. Voluntarily opting into the Vesting plan during open enrollment will become effective January 1st of the following year and is an irrevocable election.

Retirement Program, continued

The City does not participate in Social Security, but 1.45% for Medicare is a mandatory payroll deduction.

Sworn (Safety)

Hire date on or after January 1, 2013 and deemed “new” member

(New member = no prior PERS/reciprocal employment or break in service greater than six (6) months)

Benefits include:

- Section 7522.25 (2.7% at 57 Safety Formula)
- Section 20037 (Three Year Final Compensation)
- Employee Contribution = 11.25% (50% of Total Normal Cost)

Hire date on or after September 1, 2012 and deemed “classic” member

(Classic member = prior PERS/Reciprocal employment with less than six (6) month break in service)

Benefits include:

- Section 21362 (2% @ 50 Safety Formula)
- Section 20037 (Three Year Final Compensation)
- Employee Contribution = 12%

Hire date prior to September 1, 2012

Benefits include:

- Section 21362.2 (3% @ 50 Safety Formula)
- Section 20042 (One Year Final Compensation)
- Employee Contribution = 12%

All safety retirements also include the following contracted PERS provisions:

- Section 20965 (Credit for Unused Sick Leave)
- Section 21024 (Military Service Credit as Public Service)
- Section 21548 (Pre-Retirement Option 2W Death Benefit)
- Section 21574 (fourth Level of 1959 Survivor Benefits)
- Sections 21624, 21626 and 21628 (Post-Retirement Survivor Allowance)

Fiscal year 2017/2018 Employer Contribution Rates for safety plan = 50.159%

Note: Employees may also be paying a portion of the employer rate based on bargaining agreements.

Retirement Program, continued

Non-Sworn (Miscellaneous)

Hire date on or after January 1, 2013 and deemed “new” member

(New member = no prior PERS/reciprocal employment or break in service greater than six (6) months)

Benefits include:

- Section 7522.20 (2% at 62 Formula for Local Miscellaneous Members)
- Section 20037 (Three Year Final Compensation)
- Employee Contribution = 6.25% or 8% (based on BU Agreement)

Hire date on or after January 1, 2013 and deemed “classic” member

(Classic member = prior PERS/Reciprocal employment with less than six (6) month break in service)

Benefits include:

- Section 21354 (2% @ 55 Formula for Local Miscellaneous Members)
- Section 20042 (One Year Final Compensation)
- Employee Contribution = 7% or 8% (based on BU Agreement)

Hire date on or before January 1, 2013

Benefits include:

- Equivalency of 2.7% @ 55 Formula
- PERS Section 21354 (2% @ 55 Formula for Local Miscellaneous Members)
- Supplemental PARS plan of 0.7% @ 55
- Section 20042 (One Year Final Compensation)
- Employee Contribution = 7% or 8% to PERS and 2% to PARS (based on BU Agreement)

All miscellaneous retirements also include the following contracted PERS provisions:

- Section 20965 (Credit for Unused Sick Leave)
- Section 21024 (Military Service Credit as Public Service)
- Section 21027 (Military Service Credit for Retired Persons)
- Section 21427 (Improved Non Industrial Disability Allowance)
- Section 21548 (Pre-Retirement Option 2W Death Benefit)
- Section 21574 (Fourth Level of 1959 Survivor Benefits)

Fiscal year 2017/2018 Employer Contribution Rates = 22.34% PERS and 16.82% PARS

Note: Employees may also be paying a portion of the employer rate based on bargaining agreements.

Other Benefits

Employee Assistance Program (EAP)



Real help, real experts, real fast.



Summary of Employee Services

CITY OF VACAVILLE

Services are available to all full-time employees and their covered dependents.

COUNSELING BENEFITS

CONCERN offers assessment, crisis intervention, referrals, and confidential short-term counseling for help with personal issues. Up to 8 visits, per problem, per year with a skilled CONCERN counselor.

- Difficulty with relationships
- Emotional distress
- Job stress
- Communication/conflict issues
- Alcohol or drug problems
- Loss and death

PARENTING & CHILDCARE

Referral available to quality providers for a variety of services, including:

- Family day care homes
- Infant centers & preschools
- Adoption assistance
- Before/after school care
- In-home childcare
- 24-hr care
- School age & college assistance
- Complimentary New Baby Kit

FINANCIAL COACHING

Get sound financial guidance to help you manage money wisely and develop long-term financial security. Referral includes up to two 30-minute telephone consultations. Example topics:

- Money management
- Debt management
- Identity theft resolution
- Tax issues

LEGAL CONSULTATION

We can link you to a local attorney for a free 30-minute office or telephone consultation for legal issues not related to employment. These may include:

- Estate planning
- Wills and living trusts
- Landlord-tenant matters
- Immigration
- IRS matters
- On-line legal forms

ELDERCARE RESOURCES

We'll help you find the most appropriate resources to help you care for an elderly or disabled relative. A complimentary copy of *How to Care for Aging Parents* is available upon request.

ONLINE RESOURCES

CONCERN offers a variety of self-help tools and resources to help you enhance productivity, resilience, and well-being.

www.concern-eap.com

Useful information and links regarding a wide variety of services and topics.

Log on to CONCERN's homepage and click on "Employee Guide" for access to the following sites:

Resilience Hub™

Curated self-help content to help you deal with life's challenges and boost your mental, emotional, and physical well-being in times of stress and change.

LifeAdviser

A wealth of articles, tools, forms, and courses to help you enhance your professional and personal success.

NOTE: The first time you access *Resilience Hub™* or *LifeAdviser* you will need to enter your company code City of Vacaville.

Questions about CONCERN? Please call or visit our website: 800-344-4222 www.concern-eap.com

Other Benefits, continued

Travel Assistance and ID Theft Protection Services

As a full time City employee covered under a Hartford Group Policy, you and your family have access to Travel Assistance Services provided by Europ Assistance USA. With a local presence in 200 countries and territories around the world, and numerous 24/7 assistance centers, they are available to help you anytime, anywhere. Whether you are traveling for business or pleasure, Travel Assistance services are available when you are more than 100 miles from home for 90 days or less.

Identity theft, America's fast growing crime, victimizes almost 10 million American consumers each year. Europ Assistance USA helps protect you and your family from its consequences of identity theft 24/7 at home and when you travel. In addition to prevention education, this service provides advice and help with administrative tasks resulting from identity theft.

TRAVEL ASSISTANCE AND ID THEFT PROTECTION SERVICES			
EMERGENCY MEDICAL ASSISTANCE	PRE-TRIP INFORMATION	EMERGENCY PERSONAL SERVICES	IDENTITY THEFT ASSISTANCE
<ul style="list-style-type: none"> • Medical referrals • Medical monitoring • Medical evacuation • Repatriation • Traveling companion assistance • Dependent children assistance • Visit by a family member or friend • Emergency medical payments • Return of mortal remains 	<ul style="list-style-type: none"> • Visa and passport requirements • Inoculation and immunization requirements • Foreign exchange rates • Embassy and consular referrals 	<ul style="list-style-type: none"> • Medication and eyeglass prescription assistance • Emergency travel arrangements • Emergency cash • Locating lost items • Bail advancement 	<ul style="list-style-type: none"> • Prevention Services <ul style="list-style-type: none"> ◦ Education ◦ Identity Theft Resolution Kit • Detection Services <ul style="list-style-type: none"> ◦ Fraud alert to three credit bureaus • Resolution Guidance and Assistance <ul style="list-style-type: none"> ◦ Credit information review ◦ ID Theft Affidavit Assistance ◦ Card replacement • Personal Services <ul style="list-style-type: none"> ◦ Translation ◦ Emergency cash advance*

*Cash advance available when theft occurs 100 miles or more from your primary residence. Must be secured by a valid credit card.

Call toll-free from the US or Canada: (800) 243-6108

Collect from other locations: (202) 828-5885

Travel Assistance Identification Number: GLD-09012



Other Benefits, continued

Funeral Planning and Concierge Services

The death of a loved one is one of life’s most stressful situations. Quick, often costly decisions must be made while emotions are at their peak. Yet, how many people know how to plan a funeral? That’s why the City offers a funeral planning and concierge service through The Hartford’s Group Life Insurance Program – provided by Everest, the first to offer this service nationwide.

Everest’s advisors help families understand all of their options and put them into action while staying within their budget. Here are the services they offer you, your spouse/partner and children under the age of 26.

EVEREST SERVICES		EVEREST SERVICES <i>con't</i>	
24/7 Advisor Assistance	<ul style="list-style-type: none"> • Round-the-clock access to Everest Advisors. • Assistance with all funeral planning issues. 	At-Need Family Support	<ul style="list-style-type: none"> • Concierge services at or near the time of death provided by Everest’s licensed funeral directors, who offer as much or as little assistance as the family desires. • Communication of the plan with the funeral home of choice, removing the family from a sales-focused environment. • Pricing information presented to the family in an easy-to-understand format. • Negotiation of the funeral costs with the funeral home, often resulting in significant financial savings.
PriceFinderSM Research Reports	<ul style="list-style-type: none"> • The only nationwide database of funeral home prices. • Detailed local funeral home price comparisons. • Unlimited access to reports available on demand via the Web site. 	Express Claim Processing	<ul style="list-style-type: none"> • Includes Express Pay, an innovative claims payment service that can deliver benefits in as little as 48 hours. • Allows your beneficiary to use the insurance proceeds to pay for immediate funeral expenses.
Online Planning Tools	<ul style="list-style-type: none"> • Unlimited use of Everest’s online planning, research, and knowledge tools. • Create simple or detailed funeral plans using various reference materials, including 10 key decisions everyone should make. • Information can be stored, updated, retrieved and printed on demand. 		

To find out more information about this service, you can call (866) 854-5429 or visit WWW.EVERESTFUNERAL.COM/HARTFORD and use the code: HFEVLC



Other Benefits, continued

EstateGuidance® Will Services

As a full time City employee covered under a Hartford Group Life insurance policy, you have access to EstateGuidance® Will Services provided by ComPsych®. It helps you create a simple, legally binding will quickly and conveniently online, saving you the time and expense of a private legal consultation. Other advantages include:

- Online assistance from licensed attorneys should you have questions.
- The ability to save drafts for up to six months. During this period, you can revise your will at no cost, as long as you haven't already printed or downloaded it.
- Additional estate planning services are also available for purchase, including the creation of living wills and trusts, guidance about divorce proceedings, and durable power of attorney.

QUICK ANSWERS TO KEY QUESTIONS.

Where there's a will, there are bound to be questions. Here are answers to four common ones.

“Isn't will preparation complicated?” Not with EstateGuidance®. You'll be asked a series of questions online that are used to compose your will. In many states, you need only add your signature to make the will valid.

“What if I have questions as I'm creating my will?” The online education center provides answers regarding family law. You can also access fully licensed attorneys who will respond to you online.

“What about my privacy?” All information is kept secure and confidential with the latest encryption technology.

“So, what happens if I don't create a will?” The state, not you, would decide how your property is distributed. In most states, all of your community and joint property would pass to your spouse if you have one. Separate property is passed according to a complex order of distribution, regardless of your loved ones' wishes. By drafting a will, you can spare them a potentially awkward and contentious situation.

For more information, visit WWW.ESTATEGUIDANCE.COM today and use the code: **WILLHLF**.

Then follow the easy steps below:

1. Access Hartford's EstateGuidance® Will Services online.
2. Sign in to the secure site by entering the access code.
3. Follow the instructions and create your will.
4. Download the final will to your computer and print.
5. Obtain signatures and determine if your will should be notarized.



Education Reimbursement Benefit

If you choose to continue your education, the City will reimburse you up to \$1,500 per fiscal year for courses taken on your own time, at your own expense. You must have the courses approved by your supervisor and the Human Resources Division before starting the course and you must earn a “pass” or a “B” grade or better in order to be reimbursed. The Educational Reimbursement Request forms can be found on the City's InfoNet.

Workers' Compensation

If a work injury or illness occurs you are automatically entitled to workers' compensation benefits if the injury is due to your job. Your injury might be caused by a single event like a fall, or by repeated exposures, such as repetitive motion over time. California law provides certain benefits to employees injured or ill because of the job including medical care, payment for lost wages, permanent disability, rehabilitation, and death benefits.

If You Are Injured

Report the injury **IMMEDIATELY** to your supervisor. If it's a simple first-aid injury and does not require medical attention, your supervisor will assist you and provide you with an Incident Report Form to document and describe how, what, when, and where the injury happened.

If the injury REQUIRES medical attention, your supervisor will provide you with both an Incident Report Form and a Workers Compensation Claim Form to complete. Benefits can't start until the City's third party administrator (ICS) knows of the injury, so be sure to report the injury and file a claim promptly with the City's Human Resources Division if you require medical attention.

For non-life threatening injuries requiring medical treatment, your supervisor can call the occupational medical facility listed below or your pre-designated physician for instructions. Your supervisor or a co-worker may drive you to the doctor's office to obtain medical care:

NorthBay Occupational Health 2470 Hilborn Road, Ste 100 Fairfield, CA 94534 (707) 646-4600, press 1 Hours: M-F 7:30 am – 5:00 pm	OR	Kaiser Occupational Health 1 Quality Drive, Medical Office Building A 1 st Floor Medical A16 Vacaville, CA 95688 (707) 624-2480 option #1 then #2 (call ahead if possible) Hours: M-F 8:30 am – 5:00 pm
---	----	---

For injuries occurring after the hours listed above go directly to Vacaville KAISER Emergency: 1 Quality Drive Vacaville CA 95688. For life threatening injuries Dial 911 for Police/Fire Ambulance.

Workers' Compensation benefits are paid from the City of Vacaville's General Fund. The City is "legally self-insured" for the first \$350,000 per claim. Benefits are administered by the City's third party administrator, Innovative Claims Solutions (ICS), PO Box 5128, San Ramon, CA 94583; Telephone (888) 427-2424.

If you have questions about workers' compensation, please see your supervisor or contact the City's Human Resources Division at (707) 449-5323. In the event a dispute arises, or you feel that you have not received those benefits to which you are entitled, you may also contact the State of California, Dept of Industrial Relations, Division of Workers' Compensation, Office of Benefit Assistance and Enforcement and talk with an Information and Assistance Officer at (800) 736-7401 for no charge.



Meet Ben-IQ

Ben-IQ is a free app that includes much of the information that's included in this overview, but in a place that's always at your fingertips. Ben-IQ is available for Android and iPhone.

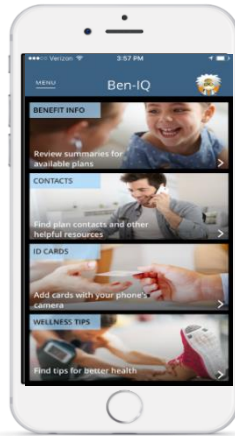
GETTING STARTED WITH BEN-IQ

1. Download and launch the app by searching for Ben-IQ
2. Enter Employer Key: **Vacaville**
3. Read and agree to the Terms and Conditions



TAKE ADVANTAGE OF:

- ✔ **BENEFIT INFO**
Access to health plan highlights
- ✔ **FIND CONTACTS**
Find nurse line and other important contact numbers
- ✔ **ACCESS ID CARDS**
Store and organize plan ID cards
- ✔ **WELLNESS TIPS**
Wellness information and tips



- COST OF CARE** ✔
Find out how much care should cost
- MESSAGES** ✔
Receive important messages from your HR/benefits team
- VIDEOS** ✔
Learn more about plan benefits with access to online videos
- FAQ** ✔
Access answers to frequently asked benefits questions

Take a tour of Ben-IQ and review plan summaries, and important contacts like our nurse line and EAP. Store and organize ID cards using your phone's camera, and much more! Be sure to share Ben-IQ with your covered family members too.

Contact Information

Anthem Blue Cross Select and Traditional HMO		Delta Dental of California	
Member Services Group Number	(855) 839-4524 #HNB05B (Select) #HTB050B (Traditional)	Member Services Group Number	(800) 765-6003 (PPO) #1716
Website	www.anthem.com/ca/calpers/hmo	Website	www.deltadentalins.com
Blue Shield Access+ HMO		VSP	
Member Services Group Number	(800) 334-5847 #ITB010B (Access+) #INB010B (Net Value)	Member Services Group Number	(800) 877-7195 #12022494
Website	www.blueshieldca.com/calpers	Website	www.vsp.com
Kaiser Permanente HMO		The Hartford	
Member Services Group Number	(800) 464-4000 #00003-20	Member Services	(888) 563-1124 (Life/AD&D) (866) 945-7801(LTD)
Website	www.kp.org/calpers	Group Number	#678118
		Website	www.thehartfordatwork.com
UnitedHealthcare Alliance HMO		Discovery Benefits FSA	
Member Services Group Number	(877) 359-3714 #246320	Member Services Group Number	(866) 451-3399 n/a
Website	www.uhc.com/calpers	Website	www.discoverybenefits.com
Health Net SmartCare HMO		Concern EAP	
Member Services Group Number	(888) 926-4921 #JNB050C	Member Services Group Number	(800) 344-4222 n/a
Website	www.healthnet.com/calpers	Website	www.concern-eap.com
Anthem Blue Cross PERS Select, PERS Choice, PERSCare		Deferred Compensation	
Member Services Group Number	(877) 737-7776 #SB050K (PERS Select) #CB050A (PERS Choice) #KB050A (PERSCare)	ICMA	Corrine Cox, (202) 664-0481 ccox@icmarc.org
Website	www.anthem.com/ca/calpers	Nationwide	Leanne Luttges, (916) 296-2149 LUTTGL1@nationwide.com
		VALIC	Chuck Roberts, (916) 297-3845 Chuck.Roberts@valic.com
Anthem Blue Cross PORAC		City of Vacaville Contact	
Member Services Group Number	(800) 937-6722 #13079	Human Resources Contact	(707) 449-5101 Phy Flesher, HR Technician
Website	www.porac.org	Email Address	Phy.Flesher@cityofvacaville.com
Western Health Advantage			
Member Services Group Number	(888) 942-7377 #107999		
Website	www.westernhealth.com/calpers		

Mandatory Notices

The following pages are mandatory notices that all employers are required to provide to their employees. The contents of the messages may or may not apply to you. If you have any questions about these notices, please contact Phy Flesher at (707) 449-5126.

AVAILABILITY OF PRIVACY PRACTICES NOTICE

The Federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires that we periodically remind you of your right to receive a copy of the HIPAA Privacy Notice. You can request a copy of the Privacy Notice by contacting Human Resources.

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you decline enrollment in the City’s 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 the City’s health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 60 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 60 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 60 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in the City’s 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 rights, you may add the dependent to your current coverage or change to another health plan.

THE 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;
- Protheses; 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.

NEWBORNS’ AND MOTHERS’ HEALTH PROTECTION ACT NOTICE

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.

NOTICE OF CHOICE OF PROVIDERS

HMO plans generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in their network and who is available to accept you or your family members. Until you make this designation, your carrier will designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact your insurance carrier directly.

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

You do not need prior authorization from the City's plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain

services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact your insurance carrier directly.

MICHELLE'S LAW

The City of Vacaville plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from school. Coverage may continue for up to a year, unless your child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school — or change in school enrollment status (for example, switching from full-time to part-time status) — starts while the child has a serious illness or injury, is medically necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, notify Human Resources in writing as soon as the need for the leave is recognized. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

Mandatory Notices, continued

MEDICARE PART D

Important Notice from Your Employer About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with your employer and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, 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 at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Employer has determined that the prescription drug coverage offered by our plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current Creditable Prescription Drug Coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current employer coverage will be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan. **Important Note for Retiree Plans: Certain retiree plans will terminate RX coverage when an individual enrolls in Medicare Part D and individuals might not be able to re-enroll in that coverage. If completing this Notice for a retiree plan, review the plan provisions before completing this form and modify this section as needed.**

Since the existing prescription drug coverage under your employer is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your current prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with your employer and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by 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 creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage

Contact the office listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through your employer changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call (800) MEDICARE or (800) 633-4227. TTY users should call (877) 486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at (800) 772-1213 (TTY (800) 325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join 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).

Date:	January 1, 2018
Name of Entity:	City of Vacaville
Contact:	Phy Flesher, Human Resources Technician
Address:	650 Merchant Street, Vacaville, CA 95688
Phone:	(707) 449-5126

CMS Form 10182-CC Updated April 1, 2011 According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Mandatory Notices, continued

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.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, 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 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 or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2017. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: <http://www.myalhipp.com>

Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program

Website: <http://myakhipp.com/>

Phone: 1-866-251-4861

Email: CustomerService@MyAKHIPP.com

Medicaid Eligibility:

<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

COLORADO – Medicaid

Health First Colorado Website:

<https://www.healthfirstcolorado.com/>

Health First Colorado Member Contact Center:

1-800-221-3943/ State Relay 711

CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus

CHP+ Customer Service: 1-800-359-1991/

State Relay 711

FLORIDA – Medicaid

Website: <https://www.flmedicaidtprecovery.com/>

Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <http://dch.georgia.gov/>

- Click on Health Insurance Premium Payment (HIPP)

Phone: 404-656-4507

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid

Website: <http://www.indianamedicaid.com>

Phone 1-800-403-0864

IOWA – Medicaid

Website: <http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/>

Phone: 1-785-296-3512

KENTUCKY – Medicaid

Website: <http://chfs.ky.gov/dms/default.htm>

Phone: 1-800-635-2570

LOUISIANA – Medicaid

Website:

<http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>

Phone: 1-888-695-2447

MAINE – Medicaid

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>

Phone: 1-800-442-6003

TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/MassHealth>

Phone: 1-800-462-1120

MINNESOTA – Medicaid

Website: <http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>

Phone: 1-800-657-3739

MISSOURI – Medicaid

Website:

<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA – Medicaid

Website:

<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website:

http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx

Phone: 1-855-632-7633

NEVADA – Medicaid

Medicaid Website: <http://dwss.nv.gov/>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website:

<http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>

Phone: 603-271-5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: http://www.nyhealth.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://dma.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website:

<http://www.nd.gov/dhs/services/medicalsev/medicaid/>

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

<http://www.oregonhealthcare.gov/index-es.html>

Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website:

<http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>

Phone: 1-800-692-7462

RHODE ISLAND – Medicaid

Website: www.eohhs.ri.gov/

Phone: 401-462-5300

SOUTH CAROLINA – Medicaid

Website: <http://www.scdhhs.gov>

Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <https://www.gethipptexas.com/>

Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Website: <http://health.utah.gov/medicaid>

CHIP Website: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

VERMONT– Medicaid

Website: <http://www.greenmountaincare.org/>

Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid Website:

http://www.coverva.org/programs_premium_assistance.cfm

Medicaid Phone: 1-800-432-5924

CHIP Website:

http://www.coverva.org/programs_premium_assistance.cfm

CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid

Website: <http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program>

Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

Website:

<http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx>

Phone: 1-877-598-5820, HMS Third Party Liability

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://wyequalitycare.acs-inc.com/>

Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

OMB Control Number 1210-0137

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

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 and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)

Mandatory Notices, continued

New Health Insurance Marketplace Coverage Options

Effective January 1, 2014 the 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.

On the following pages you will find the Marketplace Notice explaining that you may 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 or call (888) 975-1142.

Due to the City of Vacaville's employer contribution, the types of health coverage the City of Vacaville offers, and the premiums for our lowest cost health plan, **our permanent employees 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 City of Vacaville'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.

Health coverage through Covered California begins January 1, 2018. If you choose to drop City of Vacaville's sponsored coverage and move to the exchange on January 1, 2018, you will need to drop your City of Vacaville's coverage during the open enrollment period. Open enrollment period is September 11, 2017 - October 6, 2017.

Coverage obtained through Covered California is not currently eligible for the City of Vacaville's Opt-out benefit.

Please contact Phy Flesher at (707) 449-5126 if you have any questions about your City of Vacaville's insurance coverage.

Mandatory Notices, continued

New Health Insurance Marketplace Coverage Options

General Information

Since key parts of the health care law took effect in 2014, there is be a new way to buy private individual health insurance: the Health Insurance Marketplace, known in California 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 fulltime employees. Please note that this notice is informational only.

What is Covered California?

Covered California is designed to help find private individual health insurance that meets your needs and fits your budget. It offers "one-stop shopping" to find and compare private health insurance options. Some people 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 the Covered California begins in November 2017 for coverage starting as early as January 1, 2018.

Can I Save Money on my Health Insurance Premiums with Covered California?

Some employees may qualify to save money and lower your monthly premium, but only if we do not offer coverage, or offer coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does the Employment-Based Health Coverage We Offer to 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, if you are eligible, you may wish to enroll in our health plan. (Just because you received this 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 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 standard" set by the Affordable Care Act, you may be eligible for a tax credit.¹

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—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 Covered California?

Covered California can help you evaluate your coverage options, including your eligibility for coverage through Covered California and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and information about Covered California (coveredca.com)

¹ 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.

Mandatory Notices, continued

New Health Insurance Marketplace Coverage Options

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 following can help you complete your application:

- **General Employer Information.**

Employer Name:	City of Vacaville
Employer Identification Number (EIN):	94-6000447
Employer Street Address:	650 Merchant Street, Vacaville, CA 95688
Employer Phone Number:	(707) 449-5101
Employer City:	Vacaville
Employer State:	CA
Employer ZIP Code:	95688
Who Can We Contact About Employee Health Coverage At This Job?	Phy Flesher, Human Resources Technician
Phone Number (if different from above):	(707) 449-5126
Email Address:	Phy.Flesher@cityofvacaville.com

- **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. Eligibility for our plans is as follows:
 - Employees** - Fulltime employees only (40-hour and 37.5-hour schedules).
 - Dependents** - Spouse or domestic partner
 - Children:**
 - under age 26 (natural, adopted, step)
 - over age 26 (natural, adopted, step) if incapable of self-support due to medical condition that existed prior to age 26
 - someone else's under age 26 if a parent-child relationship exists
- **Minimum Value.** If you are eligible for coverage under our health plan, you may be required to check a box indicating whether or not our health plan meets the minimum value standard. The answer is yes, our health plan coverage does meet the minimum value standard.
- **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 would like information about the premiums for self-only coverage under our lowest-cost health plan, please contact Phy Flesher at (707) 449-5126.
- **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 before the next open enrollment period. If you are not sure how to answer this question on your application for coverage through Covered California, please contact them at (888) 975-1142, or, online at coveredca.com.



The information in this booklet is a general outline of the benefits offered under the City of Vacaville benefits program. Specific details and plan limitations are provided in the Evidence of Coverage (EOC), which is based on the official Plan Documents that may include policies, contracts and plan procedures. The EOC and Plan Documents contain all the specific provisions of the plans. In the event that information in this booklet differs from the Plan Documents, the Plan Documents will prevail.

Employee Benefits Overview designed and developed by



in conjunction with the City of Vacaville, Fall 2017

Human Resources Division
650 Merchant Street
Vacaville, CA 95688
(707) 449-5101