

# 2018

## Employee Benefits Overview



# TABLE OF CONTENTS

- Who Can You Cover? ..... 3
- Making the Most of Your Benefits Program ..... 5
- CalPERS Medical Plans Comparison..... 6
- CalPERS Tools..... 7
- Medical - HMO..... 8
- Medical – PPO..... 9
- Medical – PORAC ..... 10
- Prescription Drugs - HMO ..... 11
- Prescription Drugs - PPO and PORAC ..... 12
- Dental..... 13
- Vision ..... 14
- Life Insurance..... 15
- Employee Assistance Program..... 16
- Cost of Coverage..... 17
- Meet Ben IQ..... 18
- What You Need to Know About Your CalPERS Retirement..... 19
- CalPERS Local Safety Benefits (PUB 9)..... 23
- Become a More Informed Member..... 26
- Contact Information ..... 27
- Key Terms ..... 28
- Important Plan Notices and Documents ..... 30

**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 Annual Notices for more details.



## For Your Benefit

At Nevada County we believe that you, our employees, are our most important asset. Helping you and your families achieve and maintain good health—physical, emotional and financial—is the reason Nevada County offers you this benefits program. We are providing you with this overview to help you understand the benefits that are available to you and how to best use them. Please review it carefully and make sure to ask about any important issues that are not addressed here. A list of plan contacts is provided at the back of this summary.

While we've made every effort to make sure that this guide is comprehensive, it cannot provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

**The benefits in this summary are effective:**

**January 1, 2018 - December 31, 2018**

# Who Can You Cover?



## WHO IS ELIGIBLE?

In general, full-time and part-time employees working 20 or more hours per week are eligible for the benefits outlined in this overview. You can enroll the following family members in our medical, dental and vision plans.

### Spouse

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse.)

### Registered Domestic Partner

- You may add your registered domestic partner to your health plan within 60 days of registration of the domestic partnership. The coverage will become effective the first day of the month following the date your Health Benefits Officer receives the Health Benefits Plan Enrollment form.
- To add a domestic partner to your health plan, you must register your domestic partnership through the California Secretary of State's Office or equivalent office from another state. Upon registration, that office will provide you with a Declaration of Domestic Partnership. CalPERS requires that you submit a copy of the approved Declaration of Domestic Partnership, the domestic partner's Social Security number, and a copy of their Medicare card (if applicable).
- Same sex domestic partnerships between persons who are both at least age 18 and certain opposite sex domestic partnerships (one partner must be 62 years of age or older and the other partner at least 18 years of age) are eligible to register with the Secretary of State. For more information about domestic partnership registration, visit the Secretary of State's website at [www.sos.ca.gov](http://www.sos.ca.gov).

### Children

Natural-born, adopted, domestic partners, and stepchildren who are under age 26 may be added to your health plan, as outlined below:

- Newborn children should be added within 60 days of birth. Coverage is effective from the date of birth.
- Newly adopted children should be added within 60 days of physical custody. Coverage is effective from the date physical custody is obtained.
- Stepchildren or a domestic partner's children under age 26 can be added within 60 days after the date of your marriage or registration of your domestic partnership. The coverage will become effective the first day of the month following the date your Health Benefits Officer receives the Health Benefits Plan Enrollment form.

### Disabled Children Over Age 26

A child age 26 and over who is incapable of self-support because of a mental or physical condition may be eligible for enrollment. The disability must have existed prior to reaching age 26 and continuously since age 26, as certified by a licensed physician. You are required to complete and submit the Member Questionnaire for the CalPERS Disabled Dependent Benefit form, and the physician must complete and submit a Medical Report for the CalPERS Disabled Dependent Benefit form for CalPERS approval. The initial certification of the Disabled Dependent must occur during one of the following two eligibility periods (whichever applies):

- Within 60 days before and ending 60 days after the child's 26th birthday (member and dependent currently enrolled), or
- Within 60 days of a newly eligible employee's initial enrollment in the CalPERS Health Program

Upon certification of eligibility, the dependent's coverage must be continuous and without lapse. You will be required to submit an updated questionnaire and medical report for re-certification periodically, upon request. Note: If the disabled child has a Social Security-approved disability, you must provide CalPERS with a copy of his or her Medicare card. Please refer to the Summary Plan Description for complete details on how benefits eligibility is determined.

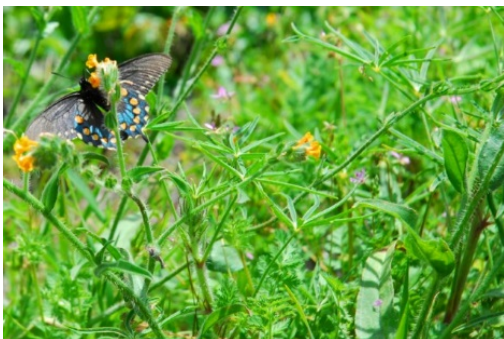
## Dependents in a Parent-Child Relationship

A child other than an adopted, step, or recognized natural child up to age 26 may be added to your health plan if you have assumed parental status, or assumed the parental duties as certified at the time of enrollment of the child, and annually thereafter up to the age of 26

You have 60 days from the date you obtained custody of the child to enroll him or her on your health plan. Prior to enrollment of a dependent who is in a parent-child relationship, you must complete and submit an Affidavit of Parent-Child Relationship. You will be required to provide supporting documentation as indicated on the Affidavit of Parent-Child Relationship. Coverage will become effective the first day of the month following the date your Health Benefits Officer receives the Health Benefits Plan Enrollment form.

For dependents under the age of 19, the annual re-certification will require a copy of the first page of your income tax return from the previous year listing the child as a tax dependent. In lieu of a tax return, for a time not to exceed one tax filing year, you may submit other documents that substantiate the child's financial dependence.

For dependents from age 19 up to age 26, the annual re-certification requires: A copy of the first page of your income tax return from the previous tax year listing the child as a tax dependent; or Documents that substantiate that the child is financially dependent, provided that the child: either lives with you for more than 50 percent of the time, or is a full-time student; and, is dependent upon you for more than 50 percent of his or her support.



## WHO IS NOT ELIGIBLE?

Family members who are not eligible for coverage include (but are not limited to):

- Former spouses/former registered domestic partners
- Children age 26 and older
- Disabled children over age 26 who were never enrolled or who were deleted from coverage
- Children of a former spouse/former registered domestic partner
- Parents, grandparents, and siblings
- Any individual who is covered as an employee of Nevada County cannot also be covered as a dependent in any CalPERS medical plan
- Employees who work less than 20 hours per week, temporary employees, contract employees, or employees residing outside the United States

## WHEN CAN I ENROLL?

You have 60 days from the date of your initial appointment to enroll, or decline to enroll, yourself or yourself and all eligible family members in a health plan. The effective date is the first day of the month following the date your Health Benefits Officer receives the Health Benefits Plan Enrollment form.

When you enroll, you must enroll yourself or yourself and all eligible family members, unless the family member is:

- Covered under another health plan
- A spouse not living in your household
- A child who has attained the age of 18
- A member of the armed forces

Open enrollment for current benefit eligible employees is held each fall, and the changes become effective the following January 1. Open enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying life event.

Make sure to notify Human Resources right away if you do have a qualifying life event and need to make a change (add or drop) to your coverage election.

Life events include (but are not limited to):

- Birth or adoption of a baby or child
- Loss of other healthcare coverage
- Eligibility for new healthcare coverage
- Marriage
- Divorce

You may make your changes within 60 days of the qualifying life event.

# Making the Most of Your Benefits Program

Helping you and your family members stay healthy and making sure you use your benefits program to its best advantage is our goal in offering this program. Here are a few things to keep in mind.



## AN APPLE A DAY

Eating moderately and well really does help keep the doctor away. Stay away from fat-heavy, processed foods and instead focus on whole grains, vegetables, and lean meats to be the healthiest you can be

## STAY WELL!

Harder than it sounds, of course, but many health problems are avoidable. Take action—from eating well, to getting enough exercise and sleep. Taking care of yourself takes care of a lot of potential problems.

## ASK QUESTIONS AND STAY INFORMED

Know and understand your options before you decide on a course of treatment. Informed patients get better care. Ask for a second opinion if you're at all concerned.

## GET A PRIMARY CARE PROVIDER

If you have an HMO Plan, having a relationship with a PCP gives you a trusted person who knows your unique situation when you're having a health issue. Visit your PCP or clinic for non-emergency healthcare.

## GOING TO THE DOCTOR?

To get the most out of your doctor visit, being organized and having a plan helps. Bring the following with you:

- Your plan ID card
- A list of your current medications
- A list of what you want to talk about with your doctor

If you need a medication, you could save money by asking your doctor if there are generics or generic alternatives for your specific medication.

## USING THE EMERGENCY ROOM

Did you know most ER visits are unnecessary? Use them only in a true emergency—like any situation where life, limb, and vision are threatened. Otherwise, call your doctor, your nurse line, or go to an Urgent Care clinic. You'll save a lot of money and time.

## BE MED WISE!

Always follow your doctor's and pharmacist's instructions when taking medications. You can worsen your condition(s) by not taking your medication or by skipping doses. If your medication is making you feel worse, contact your doctor.

# CalPERS Medical Plans Comparison

Nevada County offers medical plans through California Public Employees' Retirement System (CalPERS). The table below highlights the similarities and differences between the two plan types.

Features	HMO	PPO
Accessing healthcare providers	Contracts with providers (doctors, medical groups, hospitals, labs, pharmacies, etc.) to provide you services at a fixed price	Gives you access to a network of health care providers (doctors, hospitals, labs, pharmacies, etc.) known as preferred providers
Selecting a primary care physician (PCP)	Most HMOs require you to select a PCP who will work with you to manage your health care needs <sup>1</sup>	Does not require you to select a PCP
Seeing a specialist	Requires advance approval from the medical group or health plan for some services, such as treatment by a specialist or certain types of tests	Allows you access to many types of services without receiving a referral or advance approval
Obtaining care	Generally requires you to obtain care from providers who are a part of the plan network  Requires you to pay the total cost of services if you obtain care outside the HMO's provider network without a referral from the health plan (except for emergency and urgent care services)	Encourages you to seek services from preferred providers to ensure your coinsurance and co-payments are counted toward your calendar year out-of-pocket maximums <sup>2</sup>  Allows you the option of seeing non-preferred providers, but requires you to pay a higher percentage of the bill <sup>3</sup>
Paying for services	Requires you to make a small co-payment for most services	Limits the amount preferred providers can charge you for services  Considers the PPO plan payment plus any deductibles and co-payments you make as payment in full for services rendered by a preferred provider

<sup>1</sup>Your PCP may be part of a medical group that has contracted with the health plan to perform some functions, including treatment authorization, referrals to specialists, and initial grievance processing.

<sup>2</sup>Once you meet your annual deductible and co-insurance, the plan pays 100 percent of medical claims for the remainder of the calendar year; however, you will continue to be responsible for co-payments for physician office visits, pharmacy, and other services, up to the annual out-of-pocket maximum.

<sup>3</sup>Non-preferred providers have not contracted with the health plan; therefore, you will be responsible for paying any applicable member deductibles or coinsurance, plus any amount in excess of the allowed amount.

# CalPERS Tools

## ACCESSING HEALTH PLAN INFORMATION WITH myCalPERS

You can use myCalPERS at [my.calpers.ca.gov](http://my.calpers.ca.gov), our secure, personalized website, to get one-stop access to all of your current health plan information, including details about which family members are enrolled. You can also use it to search for other health plans that are available in your area, compare health plans, access CalPERS Health Program.

To speak with someone at CalPERS about your health plan choices, call 888 CalPERS (or 888-225-7377).

## COMPARING YOUR OPTIONS: FIND A MEDICAL PLAN

myCalPERS includes additional resources to help you choose a health plan. These resources provide access to more detailed health benefit information that can help you determine what is most important to you in determining the plan that best fits your needs. Available health plans for you will be displayed based on the physical or mailing health eligibility ZIP Code in our system.

You can access your account 24/7 to help you make health plan decisions at any time. You can use it to:

- Review health plan options during Open Enrollment.
- Evaluate your health plan options and estimate costs.
- Review a health plan option when your employer first begins offering the CalPERS Health Benefits Program.
- Review health plan options due to changes in your marital status or enrollment area.
- Explore health plan options because you are planning for retirement or have become Medicare eligible.

To see which plan is right for you and your family, log into your myCalPERS account at [my.calpers.ca.gov](http://my.calpers.ca.gov), select the “Health” tab and select “Find a Medical Plan.”





# Medical - HMO

Medical coverage provides you with benefits that help keep you healthy like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition.

Nevada County provides you with comprehensive coverage through CalPERS. Some plans are available only in certain areas. To determine which plans are available for your specific home address use the CalPERS **Health Plan Zip Code Finder** <https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates/zip-search> .

	Anthem Blue Cross HMO	Blue Shield Access+	Health Net SmartCare	Kaiser Permanente	United HealthCare HMO
	In-Network	In-Network	In-Network	In-Network	In-Network
<b>Annual Deductible</b>					
Individual	\$0	\$0	\$0	\$0	\$0
Family	\$0	\$0	\$0	\$0	\$0
<b>Annual Out-of-Pocket Max</b> (excluding pharmacy)					
Individual	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Family	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
<b>Lifetime Max</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Office Visit</b>					
Primary Provider	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Specialist	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
<b>Preventive Services</b>	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Chiropractic and Acupuncture Care</b>	\$15 copay (max 20 visits combined)	\$15 copay (max 20 visits combined)	\$15 copay (max 20 visits combined)	\$15 copay (max 20 visits combined)	\$15 copay (max 20 visits combined)
<b>Lab and X-ray</b>	No Charge	No Charge	No Charge	No Charge	No Charge
<b>Inpatient Hospitalization</b>	No Charge	No Charge	No Charge	No Charge	No Charge
<b>Outpatient Surgery</b>	No Charge	No Charge	No Charge	\$15 copay	No Charge
<b>Urgent Care</b>	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
<b>Emergency Room</b>	\$50 copay (copay waived if admitted)	\$50 copay (copay waived if admitted)	\$50 copay (copay waived if admitted)	\$50 copay (copay waived if admitted)	\$50 copay (copay waived if admitted)

For 2018, the Affordable Care Act (ACA) limits out-of-pocket maximums (OOPM) amounts for health plans to \$7,350 (individual) and \$14,700 (family) for both medical and pharmacy benefits combined.

Specific details and plan limitations are provided in the 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 summary differs from the Plan Documents, the Plan Documents will prevail.

# Medical – PPO

## Anthem Blue Cross Choice & Select PPO

## Anthem Blue Cross PERS Care PPO

	In-Network	Out-Of-Network	In-Network	Out-Of-Network
<b>Annual Deductible</b>				
Individual	\$500	\$500	\$500	\$500
Family	\$1,000	\$1,000	\$1,000	\$1,000
<b>Annual Out-of-Pocket Max</b> (excluding pharmacy)				
Individual	\$3,000	None	\$2,000	None
Family	\$6,000	None	\$4,000	None
<b>Lifetime Max</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Office Visit</b>				
Primary Provider	\$20 copay	40%	\$20 copay	40%
Specialist	\$20 copay	40%	\$20 copay	40%
<b>Preventive Services</b>	No Charge	40%	No Charge	40%
<b>Acupuncture/Chiropractic</b> combined 20 visits per year	\$15 copay	40%	\$15 copay	40%
<b>Lab and X-ray</b>	20%	40%	10%	40%
<b>Inpatient Hospitalization</b>	20%-30%	40%	10%	40%
<b>Outpatient Surgery</b>	20%-30%	40%	10%	40%
<b>Urgent Care</b>	\$20 copay	40%	\$20 copay	40%
<b>Emergency Room</b>	20% (copay waived if admitted)	20% (copay waived if admitted)	10% (copay waived if admitted)	10% (copay waived if admitted)

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# Medical – PORAC

## Anthem Blue Cross PORAC PPO

	In-Network	Out-Of-Network
<b>Annual Deductible</b>		
Individual	\$300	\$600
Family	\$900	\$1,800
<b>Annual Out-of-Pocket Max</b> (excluding pharmacy)		
Individual	\$3,000	N/A
Family	\$6,000	N/A
<b>Lifetime Max</b>	Unlimited	Unlimited
<b>Office Visit</b>		
Primary Provider	\$20 copay	10%
Specialist	\$20 copay	10%
<b>Preventive Services</b>	No Charge	10%
<b>Acupuncture/Chiropractic</b> combined 20 visits per year	\$20 copay	10%
<b>Lab and X-ray</b>	10%	10%
<b>Inpatient Hospitalization</b>	10%	10%
<b>Outpatient Surgery</b>	10%	10%
<b>Urgent Care</b>	10%	10%
<b>Emergency Room</b>	10% (copay waived if admitted)	10% (copay waived if admitted)

For 2018, the Affordable Care Act (ACA) limits out-of-pocket maximums (OOPM) amounts for health plans to \$7,350 (individual) and \$14,700 (family) for both medical and pharmacy benefits combined.

Specific details and plan limitations are provided in the 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 summary differs from the Plan Documents, the Plan Documents will prevail.

# Prescription Drugs - HMO

Prescription drug coverage provides a benefit that is important to your overall health, whether you need a prescription for a short-term health issue like bronchitis or an ongoing condition like high blood pressure.

If you enroll in medical coverage, you will automatically receive coverage for prescription drugs. Here are the prescription drug plans that are offered with our CalPERS Medical plans.

	Anthem Blue Cross HMO	Blue Shield Access+	HealthNet SmartCare	Kaiser Permanente	United HealthCare HMO
	In-Network	In-Network	In-Network	In-Network	In-Network
<b>Prescription Drug Deductible</b>	\$0	\$0	\$0	\$0	\$0
<b>Pharmacy<sup>1</sup></b>					
Generic	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay
Formulary	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Non-Formulary	\$50 copay	\$50 copay	\$50 copay	\$20 copay	\$50 copay
Supply Limit	30 days	30 days	30 days	30 days	30 days
<b>Mail Order &amp; After 1<sup>st</sup> Fill</b>					
Generic	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Formulary	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Non-Formulary	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Supply Limit	90 days	90 days	90 days	100 days	90 days
<b>Mail Order Annual Out-of-Pocket Limit</b>	\$1,000	\$1,000	\$1,000	N/A	\$1,000

<sup>1</sup>1st Fill Only

Specific details and plan limitations are provided in the 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 summary differs from the Plan Documents, the Plan Documents will prevail.

# Prescription Drugs - PPO and PORAC

	Anthem Blue Cross Choice & Select PPO	Anthem Blue Cross PERS Care PPO	Anthem Blue Cross PORAC PPO
	In-Network	In-Network	In-Network
<b>Prescription Drug Deductible</b>	\$0	\$0	\$0
<b>Pharmacy<sup>1</sup></b>			
Generic	\$5 copay	\$5 copay	\$10 copay
Preferred Brand	\$20 copay	\$20 copay	\$25 copay
Non-preferred Brand	\$50 copay	\$50 copay	\$45 copay
Supply Limit	30 days	30 days	30 days
<b>Mail Order &amp; After 1<sup>st</sup> Fill</b>			
Generic	\$10 copay	\$10 copay	\$20 copay
Preferred Brand	\$40 copay	\$40 copay	\$40 copay
Non-preferred Brand	\$100 copay	\$100 copay	\$75 copay
Supply Limit	90 days	90 days	90 days
<b>Mail Order Annual Out-of-Pocket Limit</b>	\$1,000	\$1,000	N/A

<sup>1</sup>1st Fill Only

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# Dental



Under the Delta Dental Premier Plus 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 charge you 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. Pre-authorization from Delta Dental is recommended for charges of \$250 or more.

Please note that Delta Dental does not issue identification cards, but you can print one on your own by registering for a personal account on [www.deltadentalins.com](http://www.deltadentalins.com) (Start with Online Services). Nevada County Group Number: 15623-00001

## Delta Dental Dental PPO Plan

	In-Network/ Delta Dental PPO Dentists	Out-Of-Network/ Non-PPO Dentists
<b>Calendar Year Deductible</b>	\$0 per individual \$0 per family	\$0 per individual \$0 per family
<b>Annual Plan Maximum</b>	\$1,250 per individual	\$1,250 per individual (combined with in-network)
<b>Waiting Period</b>	None	None
<b>Diagnostic and Preventive</b>	Plan pays 100%	Plan pays 100%
<b>Basic Services</b>		
Fillings	Plan pays 80%	Plan pays 80%
Root Canals	Plan pays 80%	Plan pays 80%
Periodontics	Plan pays 80%	Plan pays 80%
<b>Major Services</b>	Plan pays 50%	Plan pays 50%
<b>Orthodontic Services</b>		
Orthodontia	Not covered	Not covered
Lifetime Maximum	Not applicable	Not applicable
Dependent Children	Not covered	Not covered
Full-time Students	Not covered	Not covered

# Vision

You are eligible for vision coverage through Vision Service Plan (VSP). VSP provides coverage for eye exams and materials, such as lenses and frames.

## VSP Vision Plan

	In-Network	Out-Of-Network
<b>Examination</b>		
<b>Benefit</b>	\$10 copay for exam and glasses	Up to \$50
<b>Frequency</b>	1 x every 12 months	In-network limitations apply
<b>Materials</b>	Plan pays 100%	Plan pays 100% (see schedule below)
<b>Eyeglass Lenses</b>		
Single Vision Lens	Plan pays 100%	Up to \$50
Bifocal Lens	Plan pays 100%	Up to \$75
Trifocal Lens	Plan pays 100%	Up to \$100
<b>Frequency</b>	1 x every 12 months	In-network limitations apply
<b>Frames</b>		
<b>Benefit</b>	\$150 allowance (20% discount over allowance)	Up to \$70
<b>Frequency</b>	1 x every 24 months	In-network limitations apply
<b>Contacts (Elective)</b>		
<b>Benefit</b>	\$120 allowance (instead of glasses)	Up to \$105
<b>Frequency</b>	1 x every 12 months	In-network limitations apply



# Life Insurance

If you have loved ones who depend on your income for support, having life and accidental death insurance can help protect your family's financial security.

## LIFE AND AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident. The cost of coverage is paid in full by the company. Coverage is provided by Prudential.

<b>Basic Life Amount</b>	\$20,000.00
<b>Basic AD&amp;D Amount</b>	\$20,000.00

## BASIC DEPENDENTS LIFE AND AD&D

<b>Spouse or Domestic Partner</b>	\$1,000
<b>Children</b>	\$1,000



**Beneficiary Reminder:** Make sure that you have named a beneficiary for your life insurance benefit. It's important to know that many states require that a spouse be named as the beneficiary, unless they sign a waiver.

## VOLUNTARY LIFE AND AD&D

Voluntary Life Insurance allows you to purchase additional life insurance to protect your family's financial security. Voluntary AD&D Insurance allows you to purchase additional accidental death and dismemberment insurance to protect your family's financial security in case you suffer from loss of a limb, speech, sight or hearing or if you die in an accident. Coverage is provided by Prudential.

<b>Employee Voluntary Life/AD&amp;D Amount</b>	Increments of \$10,000 (\$20,000 minimum) not to exceed 5 x covered annual earnings or \$500,000
<b>Spouse Voluntary Life/AD&amp;D Amount</b>	Increments of \$5,000 (\$5,000 minimum) up to \$250,000, not to exceed 50% of employee's voluntary life amount
<b>Child(ren) Voluntary Life/AD&amp;D Amount</b>	\$1,000, \$5,000 or \$10,000, not to exceed 50% of employee's voluntary life amount

During annual enrollment, you may increase your current coverage amount up to \$40,000 – without providing evidence of insurability to Prudential. Increases over \$40,000.00 for employee or any increase to spouse or domestic partner require evidence of insurability satisfactory to Prudential Insurance Company of America.





# Employee Assistance Program

The Employee Assistance Program (EAP) is designed to help with life's many challenges. MHN is here 24/7 to connect or refer you to a professional who can help with marriage, family and relationship issues; problems in the workplace; stress, anxiety and sadness; grief, loss or responses to traumatic events; concerns about your use of alcohol or drugs.

You and your dependents are entitled to 3 face-to-face sessions or telephonic or web-video consultations for problem-solving support per individual, per incident, per policy year.

All services are confidential and in accordance with professional ethics and Federal and state laws. Use of the EAP is strictly voluntary.

## WORK & LIFE SERVICES

Telephonic or web-video consultations per individual, per issue, per year may be available for:

- **Child and Eldercare Assistance** – Help accessing available community and financial resources and referrals to pre-screened providers for childcare, eldercare and more. You may also be entitled to help with adoption, parenting skills, child development, special needs, emergency care, relocation services and educational issues.
- **Financial Issues** – Budgeting, credit and financial guidance (tax or investment advice, loans and bill payments not included), retirement planning.
- **Legal Services** – Telephonic or face-to-face legal consultations for issues relating to civil, consumer, criminal, personal and family law (including adoption, divorce, and custody issues), financial or tax matters (business matters and any disputes or actions between members and their employer/business partners/MHN/Health Net/affiliates are excluded), real estate, estate planning.
- **Identity Theft Recovery Services** – Speak with a certified consumer credit counselor who can learn more about your situation and help you create a plan. If there is a potential of ID theft, MHN will connect you to an identity recovery specialist.
- **Daily Living Services** – MHN will track down businesses and consultants for you if you need help with errands, planning an event or a vacation.

## HEALTH AND WELLNESS RESOURCES

Call MHN to learn more about wellness coaching services, personalized support to help you set and reach your wellness goals. You can also register online to:

- Access your health and get tips for living better
- Track progress toward your wellness goals
- Take advantage of interactive e-learning programs
- Find articles and videos about health topics



Toll-free (800) 242-6220 or online at  
[members.mhn.com](http://members.mhn.com)  
company code: countyofnevada

# Cost of Coverage

## MEDICAL

2018 CalPERS Bay Area Medical Plans	Plan Premiums			Total Employee Cost per Month		
	Employee Only	Employee & 1 Dependent	Employee & 2+ Dependents	Employee Only	Employee & 1 Dependent	Employee & 2+ Dependents
Anthem HMO Select	\$856.41	\$1,712.82	\$2,226.67	\$138.91	\$455.69	\$653.55
Anthem HMO Traditional	\$925.47	\$1,850.94	\$2,406.22	\$207.97	\$593.81	\$833.10
Blue Shield Access+	\$889.02	\$1,778.04	\$2,311.45	\$171.52	\$520.91	\$738.33
Kaiser Permanente	\$779.86	\$1,559.72	\$2,027.64	\$62.36	\$302.59	\$454.52
PERS Choice	\$800.27	\$1,600.54	\$2,080.70	\$82.77	\$343.41	\$507.58
PERS Select	\$717.50	\$1,435.00	\$1,865.50	\$0.00	\$177.87	\$292.38
PERSCare	\$882.45	\$1,764.90	\$2,294.37	\$164.95	\$507.77	\$721.25
PORAC	\$734.00	\$1,540.00	\$1,970.00	\$16.50	\$282.87	\$396.88

## DENTAL & VISION

	Total County Contribution	Total Employee Cost per Month
Employee Only	\$47.31	\$0.00
Employee & 1 Dependent	\$72.47	\$12.47
Employee & 2+ Dependents	\$130.87	\$28.39

# 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 — your smartphone. Ben-IQ is available for Android and iPhone.

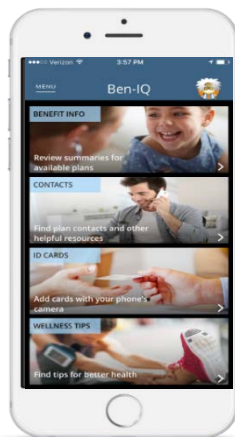
## GETTING STARTED WITH BEN-IQ

1. Download and launch the app.
2. Enter your assigned Employer Key: [countyofnevada](#)
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 program 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.

**SMARTER IS BETTER**

# What You Need to Know About Your CalPERS Retirement

## Local Miscellaneous Benefits

### YOUR RETIREMENT BENEFITS

There are three types of retirement benefits:

- Service retirement or “normal” retirement
- Disability retirement
- Industrial disability retirement

#### Service Retirement or “Normal” Retirement

To be eligible for service retirement, you must be at least age 50 and have a minimum of five years of CalPERS-credited service. If you became a member on or after January 1, 2013, you must be at least age 52. If you are employed on a part-time basis, and have worked at least five years, contact CalPERS to find out if an exception will apply to you. There is no mandatory retirement age for local miscellaneous members.

#### How Your Retirement Is Funded

Three sources fund a defined benefit retirement plan like CalPERS. First, employees generally make contributions into the System. The percentage of your contribution is fixed by statute and is generally intended to be an amount that will cover half of the normal cost of the benefit earned per year. Normal cost will vary by benefit type, as higher benefit formulas have higher normal costs. The second source of funding is earnings from the investment of System assets in stocks, bonds, real estate, and other investment vehicles. The amount contributed from this source fluctuates from year to year. The balance of the funding is provided by employer contributions. Employer contributions decline when investment returns rise and increase when investment returns decline.

In a defined benefit retirement plan, you will receive a benefit determined by a set formula. CalPERS uses your years of service, age at retirement, and highest one-year or three-year compensation while employed. This contrasts with a defined contribution plan, in which the benefits are determined not by a formula, but solely by the amount of contributions in an account, plus earnings.

#### How Your Retirement Benefit Is Calculated

Now that you understand the basic building blocks of a defined benefit retirement plan, it's time to learn how to calculate your retirement benefit. Three factors are multiplied together to calculate your service retirement:

- Service credit
- Benefit factor
- Final compensation

#### Service Credit

You earn service credit for each year or partial year you work for a CalPERS-covered employer. Service credit accumulates on a fiscal year basis, July 1 through June 30. You may view your current service credit at any time by logging in to myCalPERS at [my.calpers.ca.gov](http://my.calpers.ca.gov) or by referring to your CalPERS Annual Member Statement to verify your service credit as of June 30.

## Benefit Factor

Your benefit factor is the percentage of pay to which you are entitled for each year of service. It is determined by your age at retirement and the retirement formula based on your membership date with each employer. This guide explains the following local miscellaneous retirement formulas:



**\*membership date on or after January 1, 2013**

## Understanding Your Retirement Formula

On the following page you will find a chart for each of these local miscellaneous retirement formulas that shows the percentage of final compensation you will receive.

If you became a member prior to January 1, 2013, but you permanently separate from employment and return to membership after a break in service of more than six months, you are subject to the retirement formula in place on January 1, 2013 of 2%@ 62, for any service credit earned after that date. This does not apply if you return to the same employer. The same employer does not necessarily mean the employer you last worked for. For example, if you worked for a public agency and then left to work for a state agency or school, you can return to the same public agency you previously worked for and it would be considered the same public agency employer.

## Final Compensation

Your final compensation is the highest average annual compensation earnable **for 36 consecutive months**. We use your full-time pay rate, not your earnings. If you work part time, we will use your full-time equivalent pay rate to determine your final compensation. myCalPERS automatically finds and uses the highest compensation period during your employment with CalPERS.

If your membership date is on or after January 1, 2013, there is a cap on the compensation used to calculate your benefit. Since your service is coordinated with Social Security, the compensation cap used to calculate your benefit is equal to the 2013 Social Security wage base, adjusted by the Consumer Price Index for All Urban Consumers: City Average. For 2016, the cap was \$117,020

PERCENTAGE OF FINAL COMPENSATION



Age	50	51	52	53	54	55	56	57	58	59	60	61	62	63+
Benefit Factor	1.092	1.156	1.224	1.296	1.376	1.460	1.552	1.650	1.758	1.874	2.000	2.134	2.272	2.418
Years of Service	Percentage of Final Compensation													
5	5.46	5.78	6.12	6.48	6.88	7.30	7.76	8.25	8.79	9.37	10.00	10.67	11.36	12.09
6	6.55	6.94	7.34	7.78	8.26	8.76	9.31	9.90	10.55	11.24	12.00	12.80	13.63	14.51
7	7.64	8.09	8.57	9.07	9.63	10.22	10.86	11.55	12.31	13.12	14.00	14.94	15.90	16.93
8	8.74	9.25	9.79	10.37	11.01	11.68	12.42	13.20	14.06	14.99	16.00	17.07	18.18	19.34
9	9.83	10.40	11.02	11.66	12.38	13.14	13.97	14.85	15.82	16.87	18.00	19.21	20.45	21.76
10	10.92	11.56	12.24	12.96	13.76	14.60	15.52	16.50	17.58	18.74	20.00	21.34	22.72	24.18
11	12.01	12.72	13.46	14.26	15.14	16.06	17.07	18.15	19.34	20.61	22.00	23.47	24.99	26.60
12	13.10	13.87	14.69	15.55	16.51	17.52	18.62	19.80	21.10	22.49	24.00	25.61	27.26	29.02
13	14.20	15.03	15.91	16.85	17.89	18.98	20.18	21.45	22.85	24.36	26.00	27.74	29.54	31.43
14	15.29	16.18	17.14	18.14	19.26	20.44	21.73	23.10	24.61	26.24	28.00	29.88	31.81	33.85
15	16.38	17.34	18.36	19.44	20.64	21.90	23.28	24.75	26.37	28.11	30.00	32.01	34.08	36.27
16	17.47	18.50	19.58	20.74	22.02	23.36	24.83	26.40	28.13	29.98	32.00	34.14	36.35	38.69
17	18.56	19.65	20.81	22.03	23.39	24.82	26.38	28.05	29.89	31.85	34.00	36.28	38.62	41.11
18	19.66	20.81	22.03	23.33	24.77	26.28	27.94	29.70	31.64	33.73	36.00	38.41	40.90	43.52
19	20.75	21.96	23.26	24.62	26.14	27.74	29.49	31.35	33.40	35.61	38.00	40.55	43.17	45.94
20	21.84	23.12	24.48	25.92	27.52	29.20	31.04	33.00	35.16	37.48	40.00	42.68	45.44	48.36
21	22.93	24.28	25.70	27.22	28.90	30.66	32.59	34.65	36.92	39.35	42.00	44.81	47.71	50.78
22	24.02	25.43	26.93	28.51	30.27	32.12	34.14	36.30	38.68	41.23	44.00	46.95	49.98	53.20
23	25.12	26.59	28.15	29.81	31.65	33.58	35.70	37.95	40.43	43.10	46.00	49.08	52.26	55.61
24	26.21	27.74	29.38	31.10	33.02	35.04	37.25	39.60	42.19	44.98	48.00	51.22	54.53	58.03
25	27.30	28.90	30.60	32.40	34.40	36.50	38.80	41.25	43.95	46.85	50.00	53.35	56.80	60.45
26	28.39	30.06	31.82	33.70	35.78	37.96	40.35	42.90	45.71	48.72	52.00	55.48	59.07	62.87
27	29.48	31.21	33.05	34.99	37.15	39.42	41.90	44.55	47.47	50.60	54.00	57.62	61.34	65.29
28	30.58	32.37	34.27	36.29	38.53	40.88	43.46	46.20	49.22	52.47	56.00	59.75	63.62	67.70
29	31.67	33.52	35.50	37.58	39.90	42.34	45.01	47.85	50.98	54.35	58.00	61.89	65.89	70.12
30	32.76	34.68	36.72	38.88	41.28	43.80	46.56	49.50	52.74	56.22	60.00	64.02	68.16	72.54
31	33.85	35.84	37.94	40.18	42.66	45.26	48.11	51.15	54.50	58.09	62.00	66.15	70.43	74.96
32	34.94	36.99	39.17	41.47	44.03	46.72	49.66	52.80	56.26	59.97	64.00	68.29	72.70	77.38
33	36.04	38.15	40.39	42.77	45.41	48.18	51.22	54.45	58.01	61.84	66.00	70.42	74.98	79.79
34	—	39.30	41.62	44.06	46.78	49.64	52.77	56.10	59.77	63.72	68.00	72.56	77.25	82.21
35	—	—	42.84	45.36	48.16	51.10	54.32	57.75	61.53	65.59	70.00	74.69	79.52	84.63
36	—	—	—	46.66	49.54	52.56	55.87	59.40	63.29	67.46	72.00	76.82	81.79	87.05
37	—	—	—	—	50.91	54.02	57.42	61.05	65.05	69.34	74.00	78.96	84.06	89.47
38	—	—	—	—	—	55.48	58.98	62.70	66.80	71.21	76.00	81.09	86.34	91.88
39	—	—	—	—	—	—	60.53	64.35	68.56	73.09	78.00	83.23	88.61	94.30
40	—	—	—	—	—	—	—	66.00	70.32	74.96	80.00	85.36	90.88	96.72

PERCENTAGE OF FINAL COMPENSATION



Age	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67+
Benefit Factor	1.00	1.10	1.20	1.30	1.40	1.50	1.60	1.70	1.80	1.90	2.00	2.10	2.20	2.30	2.40	2.50
Years of Service	Percentage of Final Compensation															
5	5.00	5.50	6.00	6.50	7.00	7.50	8.00	8.50	9.00	9.50	10.00	10.50	11.00	11.50	12.00	12.50
6	6.00	6.60	7.20	7.80	8.40	9.00	9.60	10.20	10.80	11.40	12.00	12.60	13.20	13.80	14.40	15.00
7	7.00	7.70	8.40	9.10	9.80	10.50	11.20	11.90	12.60	13.30	14.00	14.70	15.40	16.10	16.80	17.50
8	8.00	8.80	9.60	10.40	11.20	12.00	12.80	13.60	14.40	15.20	16.00	16.80	17.60	18.40	19.20	20.00
9	9.00	9.90	10.80	11.70	12.60	13.50	14.40	15.30	16.20	17.10	18.00	18.90	19.80	20.70	21.60	22.50
10	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00	24.00	25.00
11	11.00	12.10	13.20	14.30	15.40	16.50	17.60	18.70	19.80	20.90	22.00	23.10	24.20	25.30	26.40	27.50
12	12.00	13.20	14.40	15.60	16.80	18.00	19.20	20.40	21.60	22.80	24.00	25.20	26.40	27.60	28.80	30.00
13	13.00	14.30	15.60	16.90	18.20	19.50	20.80	22.10	23.40	24.70	26.00	27.30	28.60	29.90	31.20	32.50
14	14.00	15.40	16.80	18.20	19.60	21.00	22.40	23.80	25.20	26.60	28.00	29.40	30.80	32.20	33.60	35.00
15	15.00	16.50	18.00	19.50	21.00	22.50	24.00	25.50	27.00	28.50	30.00	31.50	33.00	34.50	36.00	37.50
16	16.00	17.60	19.20	20.80	22.40	24.00	25.60	27.20	28.80	30.40	32.00	33.60	35.20	36.80	38.40	40.00
17	17.00	18.70	20.40	22.10	23.80	25.50	27.20	28.90	30.60	32.30	34.00	35.70	37.40	39.10	40.80	42.50
18	18.00	19.80	21.60	23.40	25.20	27.00	28.80	30.60	32.40	34.20	36.00	37.80	39.60	41.40	43.20	45.00
19	19.00	20.90	22.80	24.70	26.60	28.50	30.40	32.30	34.20	36.10	38.00	39.90	41.80	43.70	45.60	47.50
20	20.00	22.00	24.00	26.00	28.00	30.00	32.00	34.00	36.00	38.00	40.00	42.00	44.00	46.00	48.00	50.00
21	21.00	23.10	25.20	27.30	29.40	31.50	33.60	35.70	37.80	39.90	42.00	44.10	46.20	48.30	50.40	52.50
22	22.00	24.20	26.40	28.60	30.80	33.00	35.20	37.40	39.60	41.80	44.00	46.20	48.40	50.60	52.80	55.00
23	23.00	25.30	27.60	29.90	32.20	34.50	36.80	39.10	41.40	43.70	46.00	48.30	50.60	52.90	55.20	57.50
24	24.00	26.40	28.80	31.20	33.60	36.00	38.40	40.80	43.20	45.60	48.00	50.40	52.80	55.20	57.60	60.00
25	25.00	27.50	30.00	32.50	35.00	37.50	40.00	42.50	45.00	47.50	50.00	52.50	55.00	57.50	60.00	62.50
26	26.00	28.60	31.20	33.80	36.40	39.00	41.60	44.20	46.80	49.40	52.00	54.60	57.20	59.80	62.40	65.00
27	27.00	29.70	32.40	35.10	37.80	40.50	43.20	45.90	48.60	51.30	54.00	56.70	59.40	62.10	64.80	67.50
28	28.00	30.80	33.60	36.40	39.20	42.00	44.80	47.60	50.40	53.20	56.00	58.80	61.60	64.40	67.20	70.00
29	29.00	31.90	34.80	37.70	40.60	43.50	46.40	49.30	52.20	55.10	58.00	60.90	63.80	66.70	69.60	72.50
30	30.00	33.00	36.00	39.00	42.00	45.00	48.00	51.00	54.00	57.00	60.00	63.00	66.00	69.00	72.00	75.00
31	31.00	34.10	37.20	40.30	43.40	46.50	49.60	52.70	55.80	58.90	62.00	65.10	68.20	71.30	74.40	77.50
32	32.00	35.20	38.40	41.60	44.80	48.00	51.20	54.40	57.60	60.80	64.00	67.20	70.40	73.60	76.80	80.00
33	33.00	36.30	39.60	42.90	46.20	49.50	52.80	56.10	59.40	62.70	66.00	69.30	72.60	75.90	79.20	82.50
34	34.00	37.40	40.80	44.20	47.60	51.00	54.40	57.80	61.20	64.60	68.00	71.40	74.80	78.20	81.60	85.00
35	35.00	38.50	42.00	45.50	49.00	52.50	56.00	59.50	63.00	66.50	70.00	73.50	77.00	80.50	84.00	87.50
36	36.00	39.60	43.20	46.80	50.40	54.00	57.60	61.20	64.80	68.40	72.00	75.60	79.20	82.80	86.40	90.00
37	37.00	40.70	44.40	48.10	51.80	55.50	59.20	62.90	66.60	70.30	74.00	77.70	81.40	85.10	88.80	92.50
38	38.00	41.80	45.60	49.40	53.20	57.00	60.80	64.60	68.40	72.20	76.00	79.80	83.60	87.40	91.20	95.00
39	39.00	42.90	46.80	50.70	54.60	58.50	62.40	66.30	70.20	74.10	78.00	81.90	85.80	89.70	93.60	97.50
40	40.00	44.00	48.00	52.00	56.00	60.00	64.00	68.00	72.00	76.00	80.00	84.00	88.00	92.00	96.00	100.00

CaIPERS LOCAL MISCELLANEOUS BENEFITS (PUB 8)

<https://www.calpers.ca.gov/docs/forms-publications/local-misc-benefits.pdf>

# CalPERS Local Safety Benefits (PUB 9)

<https://www.calpers.ca.gov/docs/forms-publications/local-safety-benefits.pdf>

### Benefit Factor

Your benefit factor is the percentage of pay to which you are entitled for each year of service. It is determined by your age at retirement and the retirement formula based on your membership date with each employer. This guide explains the following local safety retirement formulas:





PERCENTAGE OF FINAL COMPENSATION



Age	50	51	52	53	54	55	56	57+
Benefit Factor	1.426	1.508	1.590	1.672	1.754	1.836	1.918	2.000
Years of Service	Percentage of Final Compensation							
5	7.13	7.54	7.95	8.36	8.77	9.18	9.59	10.00
6	8.56	9.05	9.54	10.03	10.52	11.02	11.51	12.00
7	9.98	10.56	11.13	11.70	12.28	12.85	13.43	14.00
8	11.41	12.06	12.72	13.38	14.03	14.69	15.34	16.00
9	12.83	13.57	14.31	15.05	15.79	16.52	17.26	18.00
10	14.26	15.08	15.90	16.72	17.54	18.36	19.18	20.00
11	15.69	16.59	17.49	18.39	19.29	20.20	21.10	22.00
12	17.11	18.10	19.08	20.06	21.05	22.03	23.02	24.00
13	18.54	19.60	20.67	21.74	22.80	23.87	24.93	26.00
14	19.96	21.11	22.26	23.41	24.56	25.70	26.85	28.00
15	21.39	22.62	23.85	25.08	26.31	27.54	28.77	30.00
16	22.82	24.13	25.44	26.75	28.06	29.38	30.69	32.00
17	24.24	25.64	27.03	28.42	29.82	31.21	32.61	34.00
18	25.67	27.14	28.62	30.10	31.57	33.05	34.52	36.00
19	27.09	28.65	30.21	31.77	33.33	34.88	36.44	38.00
20	28.52	30.16	31.80	33.44	35.08	36.72	38.36	40.00
21	29.95	31.67	33.39	35.11	36.83	38.56	40.28	42.00
22	31.37	33.18	34.98	36.78	38.59	40.39	42.20	44.00
23	32.80	34.68	36.57	38.46	40.34	42.23	44.11	46.00
24	34.22	36.19	38.16	40.13	42.10	44.06	46.03	48.00
25	35.65	37.70	39.75	41.80	43.85	45.90	47.95	50.00
26	37.08	39.21	41.34	43.47	45.60	47.74	49.87	52.00
27	38.50	40.72	42.93	45.14	47.36	49.57	51.79	54.00
28	39.93	42.22	44.52	46.82	49.11	51.41	53.70	56.00
29	41.35	43.73	46.11	48.49	50.87	53.24	55.62	58.00
30	42.78	45.24	47.70	50.16	52.62	55.08	57.54	60.00
31	44.21	46.75	49.29	51.83	54.37	56.92	59.46	62.00
32	45.63	48.26	50.88	53.50	56.13	58.75	61.38	64.00
33	47.06	49.76	52.47	55.18	57.88	60.59	63.29	66.00
34	48.48	51.27	54.06	56.85	59.64	62.42	65.21	68.00
35	49.91	52.78	55.65	58.52	61.39	64.26	67.13	70.00
36	51.34	54.29	57.24	60.19	63.14	66.10	69.05	72.00
37	52.76	55.80	58.83	61.86	64.90	67.93	70.97	74.00
38	54.19	57.30	60.42	63.54	66.65	69.77	72.88	76.00
39	55.61	58.81	62.01	65.21	68.41	71.60	74.80	78.00
40	57.04	60.32	63.60	66.88	70.16	73.44	76.72	80.00

PERCENTAGE OF FINAL COMPENSATION



Age	50	51	52	53	54	55+
Benefit Factor	2.400	2.520	2.640	2.760	2.880	3.000
Years of Service	Percentage of Final Compensation					
5	12.00	12.60	13.20	13.80	14.40	15.00
6	14.40	15.12	15.84	16.56	17.28	18.00
7	16.80	17.64	18.48	19.32	20.16	21.00
8	19.20	20.16	21.12	22.08	23.04	24.00
9	21.60	22.68	23.76	24.84	25.92	27.00
10	24.00	25.20	26.40	27.60	28.80	30.00
11	26.40	27.72	29.04	30.36	31.68	33.00
12	28.80	30.24	31.68	33.12	34.56	36.00
13	31.20	32.76	34.32	35.88	37.44	39.00
14	33.60	35.28	36.96	38.64	40.32	42.00
15	36.00	37.80	39.60	41.40	43.20	45.00
16	38.40	40.32	42.24	44.16	46.08	48.00
17	40.80	42.84	44.88	46.92	48.96	51.00
18	43.20	45.36	47.52	49.68	51.84	54.00
19	45.60	47.88	50.16	52.44	54.72	57.00
20	48.00	50.40	52.80	55.20	57.60	60.00
21	50.40	52.92	55.44	57.96	60.48	63.00
22	52.80	55.44	58.08	60.72	63.36	66.00
23	55.20	57.96	60.72	63.48	66.24	69.00
24	57.60	60.48	63.36	66.24	69.12	72.00
25	60.00	63.00	66.00	69.00	72.00	75.00
26	62.40	65.52	68.64	71.76	74.88	78.00
27	64.80	68.04	71.28	74.52	77.76	81.00
28	67.20	70.56	73.92	77.28	80.64	84.00
29	69.60	73.08	76.56	80.04	83.52	87.00
30	72.00	75.60	79.20	82.80	86.40	90.00 max
31	74.40	78.12	81.84	85.56	89.28	90.00 max
32	76.80	80.64	84.48	88.32	90.00 max	90.00 max
33	—	83.16	87.12	90.00 max	90.00 max	90.00 max
34	—	—	89.76	90.00 max	90.00 max	90.00 max
35	—	—	—	90.00 max	90.00 max	90.00 max

# Become a More Informed Member

## CalPERS Website

Visit [www.calpers.ca.gov](http://www.calpers.ca.gov) for information on all our benefits and services.

## myCalPERS

Log in at [my.calpers.ca.gov](http://my.calpers.ca.gov) to access real-time details and balances of your CalPERS accounts. With myCalPERS you can:

- View, print, and save current and past statements.
- Select mailing preferences for your statements, newsletters, and retirement checks.
- Search for medical premium rates and health plans available in your area and confirm which dependents are covered on your health plan.
- Estimate your future retirement benefit and save the estimates to view later.
- Send and receive secure messages.
- Order and download publications.

## CalPERS Education Center

[www.calpers.ca.gov](http://www.calpers.ca.gov)

Whether you're in the early stages of your career or getting ready to retire, visit the CalPERS Education Center in myCalPERS to:

- Take online classes that help you have a better understanding of your CalPERS benefits.
- Register for instructor-led classes at a location near you.
- Download class materials and access information about your current and past classes.

## Experience CalPERS Through Social Media

Facebook: [www.facebook.com/myCalPERS](http://www.facebook.com/myCalPERS)

Twitter: [www.twitter.com/CalPERS](http://www.twitter.com/CalPERS)

Instagram: [www.instagram.com/CalPERS](http://www.instagram.com/CalPERS)

YouTube: [www.youtube.com/CalPERSNetwork](http://www.youtube.com/CalPERSNetwork)

LinkedIn: [www.linkedin.com/company/calpers](http://www.linkedin.com/company/calpers)

## Reach Us by Phone

Call us toll free at **888 CalPERS** (or **888-225-7377**).

Monday through Friday, 8:00 a.m. to 5:00 p.m.

TTY: (877) 249-7442

# Contact Information

<b>Anthem Blue Cross Select and Traditional HMO</b>	<b>Delta Dental PPO</b>
Member Services (855) 839-4524 Website <a href="http://www.anthem.com/ca/calpers/hmo">www.anthem.com/ca/calpers/hmo</a>	Member Services (800) 499-3001 Website <a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
<b>Blue Shield Access+</b>	<b>VSP Vision</b>
Member Services (800) 334-5847 Website <a href="http://www.blueshieldca.com/calpers">www.blueshieldca.com/calpers</a>	Member Services (800) 877-7195 Website <a href="http://www.vsp.com">www.vsp.com</a>
<b>Kaiser Permanente HMO</b>	<b>Prudential Life/AD&amp;D</b>
Member Services (800) 464-4000 Website <a href="http://www.kp.org/ca/calpers">www.kp.org/ca/calpers</a>	Member Services (888) 598-5671 Website <a href="http://www.prudential.com">www.prudential.com</a>
<b>UnitedHealthcare Alliance HMO</b>	<b>Voya STD/LTD</b>
Member Services (877) 359-3714 Website <a href="http://www.uhc.com/calpers">www.uhc.com/calpers</a>	Member Services (800) 955-7736 Website <a href="http://www.voya.com">www.voya.com</a>
<b>Anthem Blue Cross</b>	<b>MHN</b>
Member Services (855) 839-4524 Website <a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a>	Member Services (866) 451-3399 Website <a href="http://www.mhn.com">www.mhn.com</a>
<b>Anthem Blue Cross PORAC</b>	<b>County of Nevada Human Resources</b>
Member Services (800) 937-6722 Website <a href="http://www.porac.org">www.porac.org</a>	Phone (530) 265-7010 option 2 Email <a href="mailto:human.resources@co.nevada.ca.us">human.resources@co.nevada.ca.us</a>
<b>Optum Rx (Pharmacy Benefit Manager)</b>	
Member Services (855) 505-8110 Website <a href="http://www.optumrx.com/calpers">www.optumrx.com/calpers</a>	

## CaIPERS RESOURCES

Member Services: (888) 225-7377

Website: <https://www.calpers.ca.gov/page/home>

Health Plan Zip Code: <https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates/zip-search>

Health Program Guide: <https://www.calpers.ca.gov/docs/forms-publications/health-program-guide.pdf>

Health Benefit Summary: <https://www.calpers.ca.gov/docs/forms-publications/2018-health-benefit-summary.pdf>

# Key Terms

## MEDICAL/GENERAL TERMS

**Allowable Charge** - The most that an in-network provider can charge you for an office visit or service.

**Balance Billing** - Non-network providers are allowed to charge you more than the plan's allowable charge. This is called Balance Billing.

**Coinsurance** - The cost share between you and the insurance company. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 70%, you are responsible for paying the remaining 30% of the cost.

**Copay** - The fee you pay to a provider at the time of service.

**Deductible** - The amount you have to pay out-of-pocket for expenses before the insurance company will cover any benefit costs for the year (except for preventive care and other services where the deductible is waived).

**Explanation of Benefits (EOB)** - The statement you receive from the insurance carrier that explains how much the provider billed, how much the plan paid (if any) and how much you owe (if any). In general, you should not pay a bill from your provider until you have received and reviewed your EOB (except for copays).

**Family Deductible** - The maximum dollar amount any one family will pay out in individual deductibles in a year. IMPORTANT: If you enroll for family coverage on any plan, one or more family members will need to meet the deductible.

**Individual Deductible** - The dollar amount a member must pay each year before the plan will pay benefits for covered services. Important: If you enroll for family coverage on any plan, the individual deductible does not apply.

**In-Network** - Services received from providers (doctors, hospitals, etc.) who are a part of your health plan's network. In-network services generally cost you less than out-of-network services.

**Out-of-Network** - Services received from providers (doctors, hospitals, etc.) who are not a part of your health plan's network. Out-of-network services generally cost you more than in-network services. With some plans, such as HMOs and EPOs, out-of-network services are not covered.

**Out-of-Pocket** - Healthcare costs you pay using your own money, whether from your bank account, credit card, Health Reimbursement Account (HRA), Health Savings Account (HSA) or Flexible Spending Account (FSA).

**Out-of-Pocket Maximum** - The most you would pay out-of-pocket for covered services in a year. Once you reach your out-of-pocket maximum, the plan covers 100% of eligible expenses.

**Preventive Care** - A routine exam, usually yearly, that may include a physical exam, immunizations and tests for certain health conditions.

## PRESCRIPTION DRUG TERMS

**Brand Name Drug** - A drug sold under its trademarked name. A generic version of the drug may be available.

**Generic Drug** - A drug that has the same active ingredients as a brand name drug, but is sold under a different name. Generics only become available after the patent expires on a brand name drug. For example, Tylenol is a brand name pain reliever commonly sold under its generic name, Acetaminophen.

**Dispense as Written (DAW)** - A prescription that does not allow for substitution of an equivalent generic or similar brand drug.

**Maintenance Medications** - Medications taken on a regular basis for an ongoing condition such as high cholesterol, high blood pressure, asthma, etc. Oral contraceptives are also considered a maintenance medication.

**Non-Preferred Brand Drug** - A brand name drug for which alternatives are available from either the plan's preferred brand drug or generic drug list. There is generally a higher copayment for a non-preferred brand drug.

**Preferred Brand Drug** - A brand name drug that the plan has selected for its preferred drug list. Preferred drugs are generally chosen based on a combination of clinical effectiveness and cost.

**Specialty Pharmacy** - Provides special drugs for complex conditions such as multiple sclerosis, cancer and HIV/AIDS.

**Step Therapy** - The practice of starting to treat a medical condition with the most cost effective and safest drug therapy and progressing to other more costly or risky therapy, only if necessary.

## DENTAL TERMS

**Basic Services** - Generally include coverage for fillings and oral surgery.

**Diagnostic and Preventive Services** - Generally include routine cleanings, oral exams, x-rays, sealants and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

**Endodontics** - Commonly known as root canal therapy.

**Implants** - An artificial tooth root that is surgically placed into your jaw to hold a replacement tooth or bridge. Many dental plans do not cover implants.

**Major Services** - Generally include restorative dental work such as crowns, bridges, dentures, inlays and onlays.

**Orthodontia** - Some dental plans offer Orthodontia services for children (and sometimes adults too) to treat alignment of the teeth. Orthodontia services are typically limited to a lifetime maximum.

**Periodontics** - Diagnosis and treatment of gum disease.

**Pre-Treatment Estimate** - An estimate of how much the plan will pay for treatment. A pre-treatment estimate is not a guarantee of payment.

# Important Plan Notices and Documents

## CURRENT HEALTH PLAN NOTICES

Notices must be provided to plan participants on an annual basis are available on our website and include:

- [Medicare Part D Notice](#)  
Describes options to access prescription drug coverage for Medicare eligible individuals.
- [Women's Health and Cancer Rights Act](#)  
Describes benefits available to those that will or have undergone a mastectomy.
- [Newborns' and Mothers' Health Protection Act](#)  
Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery.
- [HIPAA Notice of Special Enrollment Rights](#)  
Describes when you can enroll yourself and/or dependents in health coverage outside of annual enrollment.
- [Notice of Choice of Providers](#)  
Notifies you about the plan's requirement that you name a Primary Care Physician (PCP).
- [Michelle's Law](#)  
Describes right to extended dependent medical coverage during student leaves.
- [Premium Assistance Under Medicaid and the Children's Health Insurance Program \(CHIP\)](#)  
Describes availability of premium assistance for Medicaid eligible dependents.

## CURRENT PLAN DOCUMENTS

Important documents for our health plan and retirement plan available on our website and include:

### Summary Plan Descriptions (SPDs)

A Summary Plan Description, or SPD, is the legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries.

### Summary of Benefits and Coverage (SBCs)

A Summary of Benefits and Coverage (SBC) is a document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format.

Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact Human Resources.

### Statement of Material Modifications

This enrollment guide constitutes a Summary of Material Modifications (SMM) to Nevada County's plans. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.



Rev. 9/7/2017