

2017

Employee Benefits Overview - Actives



City of
SACRAMENTO

Ready, Set, Enroll!

At City of Sacramento, we believe that you, our employees, are our most important asset. Helping you and your families achieve and maintain good physical, emotional and financial health is the reason City of Sacramento 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 contact the Benefits Services Division at (916) 808-5665.

eCAPS will be updated and ready for you to make your 2017 election changes on Monday, October 17th through Monday, November 14th, 2016. You can access <https://ecaps.cityofsacramento.org> anytime on your smartphone, tablet or computer!

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 supplement for more details.

The benefits in this summary are effective:

January 1, 2017 - December 31, 2017

Table of Contents

- Who Can You Cover?4
 - WHO IS ELIGIBLE?4
 - WHO IS NOT ELIGIBLE?4
 - WHEN CAN I ENROLL?4
- Making the Most of Your Benefits Program5
 - STAY WELL!5
 - ASK QUESTIONS AND STAY INFORMED5
 - GET A PRIMARY CARE PROVIDER5
 - USING THE EMERGENCY ROOM5
 - AN APPLE A DAY5
 - TAKE YOUR PILLS!5
 - GOING TO THE DOCTOR?5
 - KAISER PERMANENTE6
 - SUTTER HEALTH PLUS7
 - WESTERN HEALTH ADVANTAGE8
- Prescription Drugs9
 - KAISER PERMANENTE9
 - SUTTER HEALTH PLUS9
 - WESTERN HEALTH ADVANTAGE10
 - ACCOUNT CONTRIBUTIONS11
 - USING YOUR MONEY11
 - ELIGIBILITY11
 - SETTING UP YOUR HSA11
- Vision13
- Life Insurance14
 - LIFE AND AD&D14
- Life Insurance, continued15
 - EMPLOYEE SUPPLEMENTAL AND ADDITIONAL LIFE15
 - EMPLOYEE CHOICE SUPPLEMENTAL AND ADDITIONAL LIFE15
- Life Insurance, continued16
 - DEPENDENT SUPPLEMENTAL AND ADDITIONAL LIFE16
- Disability Insurance16
- Disability Insurance, continued17
- Flexible Spending Account (FSA)18
 - HEALTHCARE FSA ACCOUNT18
 - DEPENDENT CARE FSA ACCOUNT18

Other Programs	19
TRANSPORTATION SAVINGS ACCOUNT	19
EMPLOYEE ASSISTANCE PROGRAM	19
LEGAL SERVICE	19
IDENTITY PROTECTION SERVICE	19
GROUP HOME AND AUTOMOTIVE INSURANCE	19
ACCIDENT INSURANCE	20
CRITICAL ILLNESS INSURANCE	20
HOSPITAL INDEMNITY	20
457 DEFERRED COMPENSATION PLAN	20
Key Terms	21
Meet Ben-IQ	23
How do I get Ben-IQ?	23
How do I log into Ben-IQ?	23
How do I use Ben-IQ?	23
Check out Ben-IQ and experience Benefits at the Speed of Life.	23
Smarter is Better.	23
For Assistance	24
Required Federal Notices	24
NOTICE OF AVAILABILITY OF HIPAA PRIVACY NOTICE	25
THE WOMEN'S HEALTH AND CANCER RIGHTS ACT	25
NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT NOTICE	25
AVAILABILITY OF SUMMARY INFORMATION	26
NOTICE OF CHOICE OF PROVIDERS	26
PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)	28
NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE.....	31

Who Can You Cover?

WHO IS ELIGIBLE?

Career full-time employees working 30 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:

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse.)
- Your domestic partner is eligible for coverage if you have completed a Domestic Partner Affidavit. Please review the affidavit carefully because it includes important information about the guidelines for adding, ending or changing your domestic partner. Any premiums for your domestic partner paid for by City of Sacramento are taxable income and will be included on your W-2. Any premiums you pay for your domestic partner will be deducted on an after-tax basis.
- Your children (including your Domestic Partner's):
 - Under the age of 26 are eligible to enroll in medical coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
 - Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
 - Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

WHO IS NOT ELIGIBLE?

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

- Parents, grandparents, and siblings.
- Any individual who is covered as an employee of City of Sacramento cannot also be covered as a dependent (except for dental and vision).
- Employees who work less than 30 hours per week, temporary employees, contract employees, or employees residing outside the United States.

WHEN CAN I ENROLL?

Coverage for new career full-time employees begins on the first day of the month, following or coinciding with date of hire. New employees who do not make an election within 30 days of becoming eligible will automatically be enrolled for the lowest cost in the core medical plans.

Open enrollment for current career full-time employees is generally held in October. Open enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying life event.

Please be sure to update your spouse and dependent(s) social security number and date of birth using eCaps self-service <https://ecaps.cityofsacramento.org>.

Make sure to notify Benefits Services Division right away if you do have a qualifying life event and need to make a change (add or drop) to your coverage election. These changes include (but are not limited to):

- Birth or adoption of a baby or child (60 days)
- Loss of other healthcare coverage (30 days)
- Eligibility for new healthcare coverage (30 days)
- Marriage (30 days)
- Divorce (30 days)

As you can see, depending on the type of event, you have 30 to 60 days to make your change.

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.

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

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.

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.

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.

TAKE YOUR PILLS!

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.

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.

Medical

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.

City of Sacramento gives you a choice between nine medical plans through Kaiser Permanente, Sutter Health Plus and Western Health Advantage.

Please note that if you do not choose a plan or waive coverage, you will automatically be enrolled in the lowest cost in the core medical plans.

KAISER PERMANENTE

All your care is provided under one roof at a Kaiser facility. Services outside of a Kaiser facility are not covered with the exception of emergency care. To find a Kaiser location near you, please visit www.kp.org/locations.

Here is an overview of our medical plans, offered through Kaiser Permanente.

	Kaiser Permanente Medical HMO \$25	Kaiser Permanente Medical HMO \$40	Kaiser Permanente Medical HMO ABHP
	In-Network	In-Network	In-Network
Annual Deductible	\$0 \$0	\$0 \$0	\$2,000 (Self-Only) \$2,600 (Individual with Family) \$4,000 (Family)
Annual Out-of-Pocket Max	\$1,500 \$3,000	\$1,500 \$3,000	\$3,000 (Self-Only) \$3,000 (Individual with Family) \$6,000 (Family)
Lifetime Max	Unlimited	Unlimited	Unlimited
Office Visit			
Primary Provider	\$25 copay	\$40 copay	\$30 copay after deductible
Specialist	\$25 copay	\$40 copay	\$30 copay after deductible
Preventive Services	Plan pays 100%	Plan pays 100%	Plan pays 100%
Chiropractic Care	\$15 copay (up to 30 visits per year)	\$15 copay (up to 30 visits per year)	\$15 copay after deductible (up to 20 visits per year)
Lab & X-Ray	Plan pays 100%	Plan pays 100%	Diagnostic test: \$10 copay after deductible Complex imaging: \$50 copay after deductible
Inpatient Hospitalization	Plan pays 100%	Plan pays 100%	\$250 per admission copay after deductible
Outpatient Surgery	\$25 copay	\$40 copay	\$150 copay after deductible
Urgent Care	\$25 copay	\$40 copay	\$30 copay after deductible
Emergency Room	\$50 copay (copay waived if admitted)	\$50 copay (copay waived if admitted)	\$100 copay after deductible (copay waived if admitted)

Medical, continued

SUTTER HEALTH PLUS

The Sutter Health Plus network allows you to access providers in the Sacramento Sierra Region. To find a Sutter Health Plus network provider near you, please visit www.sutterhealthplus.org/providersearch.

Here is an overview of our medical plans offered through Sutter Health Plus.

	Sutter Health Plus Medical HMO \$25	Sutter Health Plus Medical HMO \$40	Sutter Health Plus Medical HMO ABHP
	In-Network	In-Network	In-Network
Annual Deductible	\$0 \$0	\$0 \$0	\$2,000 (Self-Only) \$2,600 (Individual with Family) \$4,000 (Family)
Annual Out-of-Pocket Max	\$1,000 \$2,000	\$1,000 \$2,000	\$3,000 (Self-Only) \$3,000 (Individual with Family) \$6,000 (Family)
Lifetime Max	Unlimited	Unlimited	Unlimited
Office Visit			
Primary Provider	\$25 copay	\$40 copay	\$30 copay after deductible
Specialist	\$25 copay	\$40 copay	\$30 copay after deductible
Preventive Services	Plan pays 100%	Plan pays 100%	Plan pays 100%
Chiropractic Care	\$15 copay (up to 40 visit per year combined with Acupuncture)	\$15 copay (up to 40 visit per year combined with Acupuncture)	Not Covered
Lab & X-Ray	Plan pays 100%	Plan pays 100%	Diagnostic test: \$10 copay after deductible Complex imaging: \$50 copay after deductible
Inpatient Hospitalization	Plan pays 100%	Plan pays 100%	\$250 per admission copay after deductible
Outpatient Surgery	Plan pays 100%	Plan pays 100%	\$150 copay after deductible
Urgent Care	\$25 copay	\$40 copay	\$30 copay after deductible
Emergency Room	\$50 copay (copay waived if admitted)	\$50 copay (copay waived if admitted)	\$100 copay after deductible (copay waived if admitted)

Medical, continued

WESTERN HEALTH ADVANTAGE

Choose from a network that includes Hills Physicians, Meritage Medical Network, UC Davis Medical Group, Mercy Medical Group, North Bay Healthcare and Dignity Health. To find a network provider near you, please visit www.choosewha.com/directory.

Here is an overview of our medical plans offered through Western Health Advantage (WHA).

	Western Health Advantage Medical HMO \$25	Western Health Advantage Medical HMO \$40	Western Health Advantage Medical HMO ABHP
	In-Network	In-Network	In-Network
Annual Deductible	\$0 \$0	\$0 \$0	\$2,000 (Self-Only) \$2,600 (Individual with Family) \$4,000 (Family)
Annual Out-of-Pocket Max	\$1,000 \$2,000	\$1,500 \$3,000	\$3,000 (Self-Only) \$3,000 (Individual with Family) \$6,000 (Family)
Lifetime Max	Unlimited	Unlimited	Unlimited
Office Visit			
Primary Provider	\$25 copay	\$40 copay	\$30 copay after deductible
Specialist	\$25 copay	\$40 copay	\$30 copay after deductible
Preventive Services	Plan pays 100%	Plan pays 100%	Plan pays 100%
Chiropractic Care	\$15 copay (up to 20 visit per year)	\$15 copay (up to 20 visit per year)	\$0 copay after deductible (up to 20 visits per year)
Lab & X-Ray	Plan pays 100%	Plan pays 100%	Diagnostic test: \$10 copay after deductible Complex imaging: \$50 copay after deductible
Inpatient Hospitalization	Plan pays 100%	Plan pays 100%	\$250 per admission copay after deductible
Outpatient Surgery	Plan pays 100%	Plan pays 100%	\$150 copay after deductible
Urgent Care	\$20 copay	\$50 copay	\$30 copay after deductible
Emergency Room	\$50 copay (copay waived if admitted)	\$50 copay (copay waived if admitted)	\$100 copay after deductible (copay waived if admitted)

Prescription Drugs

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 Kaiser Permanente, Sutter Health Plus and Western Health Advantage medical plans.

KAISER PERMANENTE

Your retail prescription drugs are purchased at the Kaiser pharmacy. Mail order prescriptions are administered by Kaiser Permanente.

	Kaiser Permanente Medical HMO \$25	Kaiser Permanente Medical HMO \$40	Kaiser Permanente Medical HMO ABHP
	In-Network	In-Network	In-Network
Pharmacy			
Generic	\$10 copay	\$10 copay	\$10 copay after deductible
Preferred Brand	\$20 copay	\$20 copay	\$30 copay after deductible
Non-preferred Brand	\$20 copay	\$20 copay	\$30 copay after deductible
Supply Limit	30 days	30 days	30 days
Mail Order			
Generic	\$20 copay	\$20 copay	\$20 copay after deductible
Preferred Brand	\$40 copay	\$40 copay	\$60 copay after deductible
Non-preferred Brand	\$40 copay	\$40 copay	\$60 copay after deductible
Supply Limit	100 days	100 days	100 days

SUTTER HEALTH PLUS

Your retail prescription drugs are purchased at any network pharmacy. Mail order prescriptions are administered by Medimpact.

	Sutter Health Plus Medical HMO \$25	Sutter Health Plus Medical HMO \$40	Sutter Health Plus Medical HMO ABHP
	In-Network	In-Network	In-Network
Pharmacy			
Tier 1	\$10 copay	\$10 copay	\$10 copay after deductible
Tier 2	\$20 copay	\$20 copay	\$30 copay after deductible
Tier 3	\$50 copay	\$50 copay	\$50 copay after deductible
Supply Limit	30 days	30 days	30 days
Mail Order			
Tier 1	\$20 copay	\$20 copay	\$20 copay after deductible
Tier 2	\$40 copay	\$40 copay	\$60 copay after deductible
Tier 3	\$100 copay	\$100 copay	\$100 copay after deductible
Supply Limit	90 days	90 days	90 days

Prescription Drugs, continued

WESTERN HEALTH ADVANTAGE

Your retail prescription drugs are purchased at any network pharmacy. Mail order prescriptions are administered by Express Scripts.

	Western Health Advantage Medical HMO \$25	Western Health Advantage Medical HMO \$40	Western Health Advantage Medical HMO ABHP
	In-Network	In-Network	In-Network
Pharmacy			
Generic	\$10 copay	\$10 copay	\$10 copay after deductible
Preferred Brand	\$20 copay	\$20 copay	\$30 copay after deductible
Non-preferred Brand	\$50 copay	\$50 copay	\$50 copay after deductible
Supply Limit	30 days	30 days	30 days
Mail Order			
Generic	\$20 copay	\$20 copay	\$20 copay after deductible
Preferred Brand	\$40 copay	\$40 copay	\$60 copay after deductible
Non-preferred Brand	\$100 copay	\$100 copay	\$100 copay after deductible
Supply Limit	90 days	90 days	90 days

Health Savings Account (HSA)

Do you want to save money on taxes? If you are enrolled in the Account Based Health Plan (ABHP), you are eligible to enroll in a Health Savings Account (HSA). The HSA is a tax-advantaged, portable (you own it!) savings account. You contribute pretax money to your account to save for out-of-pocket healthcare expenses. And, any money that you don't spend grows year after year and can be used in the future even after you retire.

ACCOUNT CONTRIBUTIONS

	IRS 2017 Annual Maximum Contribution	IRS Catch up HSA Contribution Limit
Employee	\$3,400	For participants age 55 or older – additional \$1,000
Employee + Family	\$6,750	

USING YOUR MONEY

You can use the money in your account to pay for qualified medical expenses that are not paid for by your Account Based Health Plan (ABHP). For a full list of those expenses, go to irs.gov. In general, your HSA can be used for these expenses without penalty:

- Medically necessary expenses that are not covered by your health plan including deductibles, coinsurance and some medical equipment
- Dental care services
- Vision care services
- Prescription drugs
- Over-the-counter (OTC) medications prescribed by your doctor

Once deposited, you can use funds at any time, for any tax dependent, even if you/they are not covered by a high deductible health plan. When possible, use your HSA debit card to pay for expenses. If you need to request reimbursement, take your HSA debit card to the financial institution where you have your HSA account and request a cash advance. Make sure that you keep records of your receipts and any OTC prescriptions. You will need them to prove that you spent the money on qualified expenses if you are audited by the IRS.

ELIGIBILITY

You are not eligible to open or contribute to an HSA account if you are:

- Covered by a non-high deductible health plan
- Enrolled in a regular healthcare flexible spending account (you or your spouse count)
- Covered under Medicare or Medicaid
- A veteran – (who is currently covered under a qualified plan i.e. Tricare)
- Claimed as a dependent on someone else's tax return

SETTING UP YOUR HSA

Setting up your HSA is done online by the City of Sacramento's Benefit Technician. You can make changes to your contribution amount anytime. Please contact the Benefits Services Division for a change form.

Dental

Regular visits to your dentist can help more than protect your smile, they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes and heart disease.

City of Sacramento gives you a choice between two dental plans through Delta Dental of California, both plans provide you with comprehensive coverage.

	Delta Dental - Dental PPO		Delta Care - DHMO
	In-Network	Out-Of-Network	In-Network
Calendar Year Deductible	\$25 per individual		\$0
Annual Plan Maximum	\$2,500		Unlimited
Waiting Period	None	None	None
Diagnostic and Preventive	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 100% (copay varies by services; see EOC for fee schedule)
Basic Services			
Fillings	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 100% (copay varies by services; see EOC for fee schedule)
Root Canals	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 100% (copay varies by services; see EOC for fee schedule)
Periodontics	Plan pays 80% after deductible	Plan pays 80% after deductible	100% (copay varies by services; see EOC for fee schedule)
Major Services			
Implants	Plan pays 75% after deductible	Plan pays 75% after deductible	\$0-\$250 copay (copay varies by services; see EOC for fee schedule) then 100%
Orthodontic Services			
Orthodontia (Adult & Children)	Plan pays 50% after deductible Orthodontia \$1,500 Lifetime Maximum	Plan pays 50% after deductible Orthodontia \$1,500 Lifetime Maximum	\$1,600 or \$1,800 copay then 100% (see EOC for fee schedule)

Vision

Routine vision exams are important, not only for correcting vision but because they can detect other serious health conditions.

City of Sacramento gives you a choice between two vision plan choices through Vision Service Plan (VSP), both plans provide you with comprehensive coverage.

	VSP Vision Basic Plan		VSP Vision Enhanced Plan	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Examination				
Benefit	\$10 copay	Reimbursement up to \$45	\$10 copay	Reimbursement up to \$45
Frequency	Every 12 months		Every 12 months	
Materials	\$20 copay	Varies	\$20 copay	Varies
Eyeglass Lenses				
Single Vision Lenses	Plan pays 100%	Reimbursement up to \$30	Plan pays 100%	Reimbursement up to \$30
Bifocal Lenses	Plan pays 100%	Reimbursement up to \$50	Plan pays 100%	Reimbursement up to \$50
Trifocal Lenses	Plan pays 100%	Reimbursement up to \$65	Plan pays 100%	Reimbursement up to \$65
Frequency	Every 12 months		Every 12 months	
Frames				
Benefit	\$175 Allowance after copay	Reimbursement up to \$70	\$200 Allowance after copay	Reimbursement up to \$70
Frequency	Every 12 months		Every 12 months	
Contacts* (Elective)				
Benefit	\$150 allowance after copay	Reimbursement up to \$105	\$200 allowance after copay	Reimbursement up to \$105
Frequency	Every 12 months		Every 12 months	

*Contact lenses are in lieu of spectacle lenses and frames once every 12 months.

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 City of Sacramento. Coverage is provided by The Standard.

Class Type	Basic Life and AD&D Amount
Class 1: Mayor	\$150,000
Class 2: Council Members	\$100,000
Class 3: City Manager	\$150,000
Class 4: Charter Officers	\$100,000
Class 5: Confidential / Admin and Management employees	\$50,000
Class 6: General Supervisory and WC Engineering	\$20,000
Class 8: Fire Local 522 Employees	\$15,000
Class 9: Building Construction Trades employees, Plumbers/Pipefitters Local 447 employees, and employees in Rep Units 02, 03, 04, 08, 12, 16, and 17	\$10,000
Class 10: Bomb Squad, Air Operations, SWAT, and Motorcycle Enforcement employees	\$10,000
Class 17: Executive Management	\$50,000
Class 18: Mayoral/Council Support	\$50,000

Life Insurance, continued

EMPLOYEE SUPPLEMENTAL AND ADDITIONAL LIFE

Supplemental and Additional Life Insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is provided by The Standard.

Class Type	Basic Life and AD&D Amount
Class 1: Mayor	None
Class 2: Council Members	None
Class 3: City Manager	None
Class 4: Charter Officers	None
Class 5: Management employees	None
Class 6: Confidential / Admin, General Supervisory and WC Engineering	\$30,000
Class 8: Fire Local 522 Employees	\$25,000
Class 9: Building Construction Trades employees, Plumbers/Pipefitters Local 447 employees, and employees in Rep Units 02, 03, 04, 08, 12, 16, and 17	\$30,000
Class 10: Bomb Squad, Air Operations, SWAT, and Motorcycle Enforcement employees	\$30,000
Additional Supplemental Employee Life and AD&D	
All Eligible Classes	\$10,000

EMPLOYEE CHOICE SUPPLEMENTAL AND ADDITIONAL LIFE

Choice Supplemental and Additional Life Insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is provided by The Standard.

Option A	1 times your Annual Earnings, subject to a maximum of \$150,000
Option B	2 times your Annual Earnings, subject to a maximum of \$200,000
Option C	3 times your Annual Earnings, subject to a maximum of \$250,000

Life Insurance, continued

DEPENDENT SUPPLEMENTAL AND ADDITIONAL LIFE

Supplemental Dependent Life Plan 1	All Classes
Spouse Supplemental Life Amount	\$2,000
Child(ren) Supplemental Life Amount	\$2,000
Additional Supplemental Dependent Life Plan 2	All Classes – Must be insurance for Plan 1 Dependents Life.
Spouse Supplemental Life Amount	\$3,000
Child(ren) Supplemental Life Amount	\$3,000

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.

Evidence of Insurability: You may need to submit an Evidence of Insurability form, which involves providing the insurance company with additional information about your health.

Taxes: Due to IRS regulations, a life insurance benefit of \$50,000 or more is considered a taxable benefit. You will see the value of the benefit included in your taxable income on your paycheck and W-2.

Disability Insurance

If you become disabled and cannot work, your financial security may be at risk. Protecting your income stream can provide you and your family with peace of mind.

LONG-TERM DISABILITY INSURANCE

Long-Term Disability coverage pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing your job functions over a period of time. It's important to know that benefits are reduced by income from other benefits you might receive while disabled, like workers' compensation and Social Security.

If you qualify, long-term disability benefits begin after short-term disability benefits end. Coverage is provided by The Standard.

Eligibility	
Class I	Mayor, City Council member, City Manager, City Attorney, City Treasurer, City Clerk and All other management employee of the City of Sacramento
Weekly Benefit Amount	Plan pays 60% of covered monthly earnings
Maximum Weekly Benefit	\$6,000
Benefits Begin After: Accident / Sickness	90 days of disability
Maximum Payment Period*	If you become disabled before age 62, LTD benefits may continue until age 65, or 3 years 6 months, if longer.

*The age at which the disability begins will affect the duration of the benefits, please see certificate of insurance for full details.

Disability Insurance, continued

VOLUNTARY SHORT-TERM DISABILITY INSURANCE

Voluntary Short-Term Disability coverage pays you a benefit if you temporarily can't work because of an injury, illness, or maternity leave. Benefits may be reduced by income from other income sources such as paid time off. Your doctor and the insurance company will work together to determine how long benefits are payable, based on your condition. Coverage is provided by The Standard.

*Maximum payment period is based on the first day you are disabled, not when benefits begin.

Eligibility	
Class 1	Units 3, 4, 6, 15, 16 & 17 (participate in the SDI plan)
Class 2	Units 1, 2, 5, 8, 9, 10, 12, 14 (Do not participate in the SDI Plan)
Weekly Benefit Amount	Plan pays 66% of covered weekly earnings
Maximum Weekly Benefit	\$1,000
Benefits Begin After:	
Accident	0 days of disability
Sickness	14 days of disability
Maximum Payment Period*	26th week of disability

Flexible Spending Account (FSA)

A Flexible Spending Account lets you set aside money—before it's taxed—through payroll deductions. The money can be used for eligible healthcare and dependent day care expenses you and your family expect to have over the next year. The main benefit of using an FSA is that you reduce your taxable income, which means you have more money to spend. The catch is that you have to use the money in your account by our plan year's end. Otherwise, that money is lost, so plan carefully. You must re-enroll in this program each year. Employee Benefit Specialists (TPA) administers this program.

IMPORTANT CONSIDERATIONS

- Expenses must be incurred between 01/01/17 and 01/01/18 and submitted for reimbursement no later than 03/15/18.
- Elections cannot be changed during the plan year, unless you have a qualifying life event (and the election change must be consistent with the event).
- Unused amounts will be lost at the end of the plan year, so it is very important that you plan carefully before making your election.
- FSA funds can be used for you, your spouse, and your tax dependents only.
- You can obtain reimbursement for eligible expenses incurred by your spouse or tax dependent children, even if they are not covered on the City of Sacramento health plan.
- You cannot obtain reimbursement for eligible expenses for a domestic partner or their children, unless they qualify as your tax dependents (Important: questions about the tax status of your dependents should be addressed with your tax advisor).
- Keep your receipts. In most cases, you'll need to provide proof that your expenses were considered eligible for IRS purposes.

HEALTHCARE FSA ACCOUNT

This plan allows you to pay for eligible out-of-pocket healthcare expenses with pre-tax dollars. Eligible expenses include medical, dental, or vision costs including plan deductibles, copays, coinsurance amounts and other non-covered healthcare costs for you and your tax dependents. You may access your entire annual election from the first day of the plan year and you can set aside up to \$2,550 this year. If you are enrolled in the Account Based Health Plan, you can participate in our Limited Purpose Healthcare FSA which covers out-of-pocket vision and dental expenses ONLY.

DEPENDENT CARE FSA ACCOUNT

This plan allows you to pay for eligible out-of-pocket dependent care centers, in-home child care, and before or after school expenses with pre-tax dollars. Eligible expenses may include daycare care for your dependent children under age 13. Other individuals may qualify if they are considered your tax dependent and are incapable of self-care. It is important to note that you can access money only after it is placed into your dependent care FSA account.

All caregivers must have a tax ID or Social Security number. This information must be included on your federal tax return. If you use the dependent care reimbursement account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses. Consult your tax advisor to determine whether you should enroll in this plan. You can set aside up to \$5,000 per household for eligible dependent care expenses for the year.

Other Programs

Here are some other valuable programs that you are eligible to participate in:

TRANSPORTATION SAVINGS ACCOUNT

Do you have out-of-pocket commuting expenses-either taking public transportation to work or for worksite parking? If so, you can save on taxes by enrolling in our Commuter Benefits (also known as a Section 132 plan.)

Your Transportation Savings Account allows you to set aside pre-tax money through payroll deductions. You may enroll and/or stop participating in this program at any time. Monies in this account can be used in future months or plan years. If you leave City of Sacramento, any unused account balance will be lost.

Here is the maximum amounts of money you can set aside in 2017

Parking Expense Account	Up to \$255/month
Transportation Expense Account	Up to \$255/month

These amounts are evaluated annually by the IRS and are subject to change.

EMPLOYEE ASSISTANCE PROGRAM

There are times when everyone needs a little help or advice. The confidential Employee Assistance Program (EAP) through MHN Inc. can help you with things like stress, anxiety, depression, chemical dependency, relationship issues, legal issues, parenting questions, financial counseling, and dependent care resources. Best of all, it's free.

Help is available 24/7, 365 days a year by telephone at 800-322-9707. Other resources are available online at www.members.mhn.com. When you log in, enter **cityofsacramento** as your access code.

In-person counseling may also be available, depending on the type of help you need. The program allows you and your family/household members up to 5 per incident.

Additional benefits are available through your medical plan. Review your medical benefit booklet for more information.

LEGAL SERVICE

Do you have an attorney on retainer? Most people don't, so our Legal Program through LegalShield offers you access to legal advice and even representation for an affordable monthly premium. Whether you need assistance reviewing a rental agreement, fighting a traffic ticket, creating a will, buying a house or navigating an IRS audit. Legal Insurance offers reputable legal assistance for you and your family. Please contact the Benefits Services Division for more information or visit www.legalshield.com/info/cityofsacramentoinfo.

IDENTITY PROTECTION SERVICE

With IDShield you can protect you and your family's identity with a unique combination of detecting, alerting and restoring services. Should your identity become compromised, IDShield's Identity Restoration service will work to restore your identity to pre-theft status. Please contact the Benefits Services Division for more information or visit www.legalshield.com/info/cityofsacramentoinfo.

GROUP HOME AND AUTOMOTIVE INSURANCE

Save on your car and home insurance through an exclusive group discount with Liberty Mutual. You can add extra savings on your home insurance when you insure both your car and home. You will also obtain additional discounts based on your driving experience, car and home safety features.

Please contact the Benefits Services Division for more information or visit www.libertymutual.com.

Other Programs, continued

ACCIDENT INSURANCE

If an accident occurs, you may be surprised at how quickly expenses can add up. Accident Insurance is designed to help you pay for unexpected costs that result from an accidental injury. Accident Insurance includes benefits for a wide range of common injuries such as fractures, dislocations, burns, Emergency Room or Urgent Care visits and physical therapy.

If you or a covered family member suffers an accident, this plan will pay you a lump-sum, tax-free benefit. The amount of money you receive depends on the type and severity of your injury and can be used any way you choose. You may even be eligible for a benefit if you receive a covered Wellness Screening such as blood tests, stress tests, or a chest x-ray. AFLAC provides coverage for this program.

Please contact the Benefits Services Division for more information or visit www.aflacgroupinsurance.com.

CRITICAL ILLNESS INSURANCE

Critical Illness Insurance can help fill a financial gap if you experience a serious illness such as cancer, heart attack or stroke. Upon diagnosis of a covered illness, a lump-sum, tax-free benefit is immediately paid to you.

Benefits can be used to help cover out-of-pocket medical costs like your plan deductible, copays, or related expenses like transportation to and from the hospital, child care, lost income from work or costs associated with adjusting to life following a covered critical illness.

You choose a benefit amount that fits your paycheck. You can cover yourself and your family members if needed. You may even be eligible for a benefit if you receive a covered Wellness Screening such as blood tests, stress tests, or a chest x-ray. AFLAC provides coverage for this program.

Please contact the Benefits Services Division for more information or visit www.aflacgroupinsurance.com.

HOSPITAL INDEMNITY

Does your major medical insurance cover all your bills? Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And though you may have major medical insurance, your plan may only pay a portion of what your entire stay entails. That's how the Aflac Group Hospital Indemnity insurance can help you. To learn more about the plan that can help cover expenses and protect your savings please contact the Benefits Services Division for more information or visit www.aflacgroupinsurance.com.

457 DEFERRED COMPENSATION PLAN

Your pension and/or Social Security will go a long way, but they are unlikely to be enough. A 457 Deferred Compensation Plan is designed to supplement your retirement income. Saving into your 457 Plan can help you sustain your desired standard of living.

There are tax advantages that comes with having a 457 Plan.

- You can make pre-tax contributions that will reduce your taxable income for the year.
- Contributions and all associated earnings are not subject to tax until withdrawn.
- You have the ability to change, stop and restart contributions at any time.

You may also make after-tax Roth contributions. While they do not reduce your taxable income for the year, future withdraws may be tax-free. Alternatively, you may contribute to a Roth IRA.

Please contact Benefits Services Division for more information.

Key Terms

MEDICAL/GENERAL TERMS	
Allowable Charge	The negotiated amount that in-network providers have agreed to accept as full payment.
Balance Billing	A practice where out-of-network providers bill a member for charges that exceed the plan's allowable charge.
Coinsurance	The percentage cost share between the insurance carrier and a member.
Copay	The dollar amount a member must pay directly to a provider at the time of service.
Explanation of Benefits (EOB)	The statement you receive from the insurance carrier that details 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 your provider until you have received this except for copays.
Family Deductible	The maximum dollar amount any one family will pay out in individual deductibles in a year.
Individual Deductible	The dollar amount a member must pay each year before the plan will pay benefits for certain services.
In-Network	Services received from providers (doctors, hospitals, etc.) who have agreed to limit their fees for health plan members to a negotiated allowable charge.
Out-of-Network	Services received from providers (doctors, hospitals, etc.) who have not agreed to limit their fees to a negotiated allowable charge. Out-of-network benefits are usually lower and additional balance billing charges will apply whenever the provider charges more than the plan's allowable charge.
Out-of-Pocket Maximum	That maximum amount that you will pay each year for covered services.
Preventive Care	A routine exam - usually yearly that may include a physical exam, immunizations and tests for cancer.

PRESCRIPTION DRUG TERMS	
Brand Prescription Drug	A drug which is produced and distributed under patent protection with a trademarked name from a single drug manufacturer. A generic drug may be available if the patent has expired.
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. Examples of maintenance medications include oral contraceptives, blood pressure medication and asthma medications.
Non-Preferred Brand Drug	A brand drug for which alternatives are available from either the insurance carrier'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 drug that an insurance carrier has selected for its preferred drug list. Preferred drugs are generally chosen based on a combination of their clinical effectiveness and their cost.
Specialty Pharmacy	Provide special drugs that are used to treat complex conditions such as multiple sclerosis, cancer and HIV/AIDS.
Step Therapy	The practice of beginning drug therapy for 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	Basic services generally include coverage for fillings and oral surgery.
Diagnostic and Preventive Services	Diagnostic and preventive services generally include services such as routine cleanings, oral exams, x-rays, sealants and fluoride treatments. Most plans limit the frequency of preventive exams and cleanings to two times a year.
Endodontics	Commonly known as root canal therapy.
Implants	Dental implants are surgically implanted replacements for the natural tooth root of missing teeth. Many dental plans do not cover implants.
Major Services	Generally include coverage for restorative dental work such as crowns, bridges, dentures, inlays and onlays.
Orthodontia	A benefit that is offered under some dental plans. It generally includes services for the treatment of alignment of the teeth. Orthodontia services are typically limited to a lifetime maximum.
Periodontics	The diagnosis and treatment of gum disease.
Pre-Treatment Estimate	An estimate that the insurance company provides detailing how much they will pay for treatment. A pre-treatment estimate is not a guarantee of payment.

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. Search for Ben-IQ in your mobile app store and download it today.

How do I get Ben-IQ?

If you have an iPhone or Android phone, it's as easy as 1-2-3

- If you have an iPhone, go to the Apple App Store; if you have an Android phone, visit Google Play
- Search for "Ben-IQ"
- Download and install the app
- It's free— all you have to do is accept the Term and Conditions and you're all set.

How do I log into Ben-IQ?

Enter the username: "**Sacramento**" and check the box after you read the Terms and Conditions. Then tap the Sign In button

How do I use Ben-IQ?

Anytime you need plan information, like:

- Your deductible.
- Your nurse line number.
- Your plan ID card.
- Your insurance company's phone number.
- Definitions of healthcare terms — just turn on Ben-IQ and he's right there to help.
- The cost of common healthcare services, like office visits, colonoscopies, blood tests, and more.
- Wellness tips
- Ben-IQ's got a wealth of information right at your fingertips.



Check out Ben-IQ and experience Benefits at the Speed of Life.

Smarter is Better.

For Assistance

If you need to reach our plan providers, here is their contact information:

Plan Type	Provider	Phone Number	Website	Policy/Group #
Medical HMO	Kaiser Permanente	(800) 464-4000	http://my.kp.org/cityofsacramento	1880
Medical HMO	Sutter Health Plus	(855) 315-5800	www.sutterhealthplus.org	046103
Medical HMO	Western Health Advantage	(888) 227-5942	www.choosewha.com/cityofsac	107500
Dental	Delta Dental	(800) 422-4234	www.deltadentalins.com	PPO: 9505 DHMO: 7550-0001
Vision	Vision Service Plan	(800) 877-7195	www.vsp.com/go/cityofsacramento	12178539
Life	The Standard	(800) 628-8600	www.standard.com	647504
Disability	The Standard	(800) 368-2859	www.standard.com	STD: 646066 LTD: 610399
Flexible Spending Account	Employee Benefits Specialist	(888) 327-2770	www.ebsbenefits.com	City of Sacramento
Employee Assistance Program (EAP)	Managed Health Network	(800) 322-9707	www.members.mhn.com	5282

In addition, City of Sacramento offers you confidential access to Benefit Technicians who can help you with benefit questions or resolving claim issues:

City of Sacramento Human Resources Department

Benefit Services Division

915 I Street, Historic City Hall, Plaza Level

Sacramento, CA 95814

Office Hours: Monday-Friday, 8:00am-5:00pm

Phone: 916-808-5665

Fax: 916-808-7326

Email: hrbenefitsandretirement@cityofsacramento.org

Webpage: <http://www.cityofsacramento.org/HR/Divisions/Benefits-Retirement>

Required Federal Notices

NOTICE OF AVAILABILITY OF HIPAA PRIVACY 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 Benefits Services Division.

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS FOR MEDICAL/HEALTH PLAN COVERAGE

If you decline enrollment in a City of Sacramento health plan for 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 a City of Sacramento 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 30 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 30 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 30 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 City of Sacramento’s health plan if your dependent becomes 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

The Women’s Health and Cancer Rights Act (WHCRA) requires employer groups to notify participants and beneficiaries of the group health plan, of their rights to mastectomy benefits under the plan. Participants and beneficiaries have rights to coverage to be provided in a manner determined in consultation with the attending Physician 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;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits are subject to the same deductible and co-payments applicable to other medical and surgical benefits provided under our plans. 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.

AVAILABILITY OF SUMMARY INFORMATION

As an employee, the health benefits provided by City of Sacramento represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

City of Sacramento offers a variety of benefit plans to eligible employees. The federal health care reform law requires that eligible members of an employer plan receive a Summary of Benefits and Coverage (SBC) for any medical and pharmacy plans available. The SBC is intended to provide important plan information to individuals, such as common benefit scenarios and definitions for frequently used terms. The SBC is intended to serve as an easy-to-read, informative summary of benefits available under a plan. SBCs and any revisions or amendments of the plans offered by City of Sacramento are available by contacting your Human Resources/Benefits Services Division.

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.

MEDICARE PART D

Important Notice from City of Sacramento 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 City of Sacramento 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. City of Sacramento 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 City of Sacramento coverage will be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under City of Sacramento 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 City of Sacramento prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

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 City of Sacramento 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 City of Sacramento 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: October 1, 2016

Name of Entity: City of Sacramento

Contact: Benefits Services Division

Address: 915 "I" Street, Plaza Level, Sacramento, CA 95814

Phone: (916) 808-5665

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 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 **I-877-KIDS NOW** or 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 askebsa.dol.gov or call **I-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 July 31, 2016. Contact your State for more information on eligibility —

ALABAMA – Medicaid	ARKANSAS – Medicaid
Website: www.myalhipp.com Phone: 1-855-692-5447	Website: myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
ALASKA – Medicaid	COLORADO – Medicaid
The AK Health Insurance Premium Payment Program Website: myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Medicaid Website: colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943
FLORIDA – Medicaid	MISSOURI – Medicaid
Website: flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268	Website: dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
GEORGIA – Medicaid	MONTANA – Medicaid
Website: dch.georgia.gov/medicaid <i>Click on Health Insurance Premium Payment (HIPP)</i> Phone: 404-656-4507	Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
INDIANA – Medicaid	NEBRASKA – Medicaid
Healthy Indiana Plan for low-income adults 19-64: Website: hip.in.gov Phone: 1-877-438-4479 All other Medicaid: Website: indianamedicaid.com	Website: dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633

Phone 1-800-403-0864	
IOWA – Medicaid	NEVADA – Medicaid
Website: dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Medicaid Website: dwss.nv.gov Medicaid Phone: 1-800-992-0900
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: maine.gov/dhhs/of/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: ncdhs.gov/dma Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: mass.gov/MassHealth Phone: 1-800-462-1120	Website: nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739	Website: insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid	VERMONT – Medicaid
Website: oregonhealthykids.gov hijossaludablesoregon.gov Phone: 1-800-699-9075	Website: greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: dhs.pa.gov/hipp Phone: 1-800-692-7462	Medicaid Website: coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid	WASHINGTON – Medicaid
Website: eohhs.ri.gov/ Phone: 401-462-5300	Website: hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473

SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: scdhhs.gov Phone: 1-888-549-0820	Website: dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
SOUTH DAKOTA – Medicaid	WISCONSIN – Medicaid and CHIP
Website: dss.sd.gov Phone: 1-888-828-0059	Website: dhs.wisconsin.gov/publications/pl/p10095.pdf Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: gethipptexas.com/ Phone: 1-800-440-0493	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
UTAH – Medicaid and CHIP	
Medicaid Website: health.utah.gov/medicaid CHIP Website: health.utah.gov/chip Phone: 1-877-543-7669	

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
dol.gov/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 1-31-2017)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

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

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides 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 the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name		4. Employer Identification Number (EIN)	
5. Employer address		6. Employer phone number	
7. City	8. State	9. ZIP code	
10. Who can we contact about employee health coverage at this job?			
11. Phone number (if different from above)		12. Email address	

Here is some basic information about health coverage offered by this employer:

•As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

•With respect to dependents:

We do offer coverage. Eligible dependents are:

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

•• Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

- Yes** (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)
- No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

- Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

- a. How much would the employee have to pay in premiums for this plan? \$ _____
- b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

- Employer won't offer health coverage
- Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
- a. How much would the employee have to pay in premiums for this plan? \$ _____
- b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

* 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 (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

