



2020 BENEFITS HANDBOOK

ACTIVE EMPLOYEES

Ready, Set, Enroll!

At the City of Sacramento, we believe that you, our employees, are our most important asset. Helping you and your family achieve and maintain good physical, emotional, and financial health is the reason the 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 the information 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 handbook.

While we've made every effort to make sure this guide is comprehensive, it cannot provide a complete description of all benefit provisions. For more detailed information review the materials online at <http://www.cityofsacramento.org/HR/Divisions/Benefits-Retirement>, or contact Benefit Services at (916) 808-5665 or openenrollment@cityofsacramento.org.

eCAPS will be available for you to make your 2020 election changes on Monday, September 30, 2019, through Friday, October 25, 2019. You can access <https://ecaps.cityofsacramento.org> anytime from an internet connection.

Employees are encouraged to review all available materials at <http://www.cityofsacramento.org/HR/Divisions/Benefits-Retirement> and copies of all communications distributed citywide during Open Enrollment will also be available.

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 handbook are effective:

January 1, 2020 - December 31, 2020

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Important Information

WHAT IS CHANGING FOR 2020?

Premiums

Premiums are increasing for all medical plans, the Delta Dental PPO plan, and both Vision Service Plans (VSP). Premiums for DeltaCare USA (DMO) and The Standard life insurance plans will remain the same as the 2019 rates. The 2020 rate sheets and this handbook are available on the City's website at <http://www.cityofsacramento.org/HR/Divisions/Benefits-Retirement>.

Account Based Health Plans (ABHP) with Kaiser, Sutter Health Plus, and Western Health Advantage

As a reminder, ABHPs do not allow non-preventive services to fall outside the plan's deductible. This means acupuncture and/or chiropractic services require a pre-set co-pay. All non-preventive services are subject to the deductible.

Health Savings Account (HSA) Annual Limit

The IRS increased the HSA annual contribution limit for 2020 to \$3,550 for Employee-Only coverage and \$7,100 for Employee +1 or more coverage.

Western Health Advantage (WHA) Network Change

WHA and Canopy Health have mutually agreed not to renew their provider service agreement effective January 1, 2020. This affects coverage in counties of Alameda, Contra Costa, Santa Clara, San Mateo, and San Francisco.

VSP

Effective January 1, 2020, coverage under the VSP vision plan will include the following benefit enhancements.

- Basic Plan: Tints (color on lenses)
- Enhanced Plan: Tints and Photochromics (optical lenses that darken upon exposure to specific types of light, mostly commonly UV radiation)

OPEN ENROLLMENT INFORMATION

Important Dates – September 30- October 25, 2019

Open Enrollment is Monday, September 30 through Friday, October 25, 2019. Late changes cannot be accepted. Enrollments and changes for the 2020 plan year will be effective January 1, 2020, and premiums associated with benefit enrollments will be reflected on the first paycheck in January.

Access to Open Enrollment via eCAPS

To verify your coverage currently in place or to make changes to your benefits for 2020, go to <https://eCAPS.cityofsacramento.org>. For assistance logging into eCAPS, contact the IT Help Desk at (916) 808-7111, or for Police and Fire employees, contact the PSIT Help Desk at (916) 808-0444.

Open Enrollment Events

The City will be hosting Benefit Fairs and computer labs. Carrier representatives will be available at the Benefit Fairs to answer specific questions. You are welcome to attend any fair regardless of your work location. Computer labs will be hosted by Benefit Services throughout Open Enrollment to provide one-on-one assistance with your questions. Visit <http://www.cityofsacramento.org/HR/Divisions/Benefits-Retirement> for a complete list of Open Enrollment events and details.

Who Can You Cover?

WHO IS ELIGIBLE?

Benefit-eligible employees can participate in the benefits outlined in this handbook. Refer to this handbook, your labor agreement, and the benefit plan documents for specific eligibility criteria for the various benefits.

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.)
- Your domestic partner, if you have registered with the State of California or completed a City Domestic Partner Affidavit (if allowed by your union's labor agreement.) Premiums for your Domestic Partner paid for by the City of Sacramento are taxable income and will be included on your W-2. Premiums you pay for your Domestic Partner will be deducted on an after-tax basis. Please note that State-Registered Domestic Partners are subject to Federal taxes only.
- Natural-born, adopted (or placement for adoption), current step, or current registered domestic partnership children:
 - o Children under the age of 26 are eligible to enroll in health 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.
 - o Children over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support. Unless newly eligible, a disabled child must have been enrolled prior to age 26 and remained continuously enrolled.
 - o Children 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 the City of Sacramento cannot also be covered as a dependent (except for dental and vision.)

WHEN CAN I ENROLL?

Coverage for new benefit-eligible employees begins on the first day of the month, following or coinciding with date of hire. New employees who do not make an election or waive coverage within 30 days of becoming eligible will automatically be enrolled in the lowest cost Traditional HMO.

Open enrollment is the one time each year when employees can make changes to benefit elections without a Qualifying Life Event.

What if I Don't Make Changes Now?

MID-YEAR CHANGES

The City provides benefits in accordance with the City Council adopted [IRC Section 125 Cafeteria Plan](#). Per the plan, benefit changes can only happen at specific times in order to comply with IRS regulations. If you don't enroll or make your changes during Open Enrollment, you must either experience a Qualified Life Event (and complete paperwork by the required deadline) or wait until the next Open Enrollment period. If you don't make a change during Open Enrollment, your current elections will remain in effect through December 31, 2020, with the exception of the Flexible Spending Accounts, which requires an annual election.

Qualified Life Events include the following:

- Marriage or a Stated Registered Domestic Partnership
- Divorce or Ending a Domestic Partnership
- Birth, Adoption, Legal Guardianship
- Death of a Dependent
- Employment Status Change of the Employee, Spouse/Domestic Partner or Dependent
- Change in Other Coverage (e.g. Spouse/Domestic Partner or Dependent drops coverage under another employer's plan during their Open Enrollment)
- A Change in Residence or Work Site of Employee, Spouse/Domestic Partner or Dependent

Changes due to a [Qualifying Life Event](#) are effective the first of the month following the event date. You must submit the [required proof documentation](#) and complete all required paperwork within 30 calendar days of the event date (60 calendar days for birth, adoption or legal guardianship), or you must wait until the next Open Enrollment to make the change. If you believe you have experienced a Qualifying Life Event and want to make a change, contact Benefit Services as soon as possible to complete items prior to your deadline.

HIPAA SPECIAL ENROLLMENT RIGHTS

HIPAA Special Enrollment allows individuals who previously declined health coverage to enroll in coverage. Special enrollment rights arise regardless of a plan's open enrollment period.

There are two types of special enrollment: 1) upon loss of eligibility for other coverage or 2) upon [certain Qualifying Life Events](#). Under the first, employees and dependents who decline coverage due to other health coverage and then lose eligibility or lose employer contributions have special enrollment rights. Under the second, employees, spouses, and new dependents are permitted to special enrollment because of marriage, birth, adoption, or placement for adoption. You must request enrollment within 30 calendar days of the loss of coverage or Qualifying Life Event triggering the special enrollment (60 calendar days for birth, adoption or legal guardianship).

HIPAA Special Enrollment right also arises for employees and their dependents who lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid or who are eligible to receive premium assistance under those programs. You must request enrollment within 60 days of the loss of coverage or the determination of eligibility for premium assistance.

The following examples may entitle you to a special enrollment right:

- Divorce or legal separation results in you losing coverage under your spouse's health insurance;
- A dependent is no longer considered a "covered" dependent under a parent's plan;
- Your spouse's death leaves you without coverage under his or her plan;
- Your spouse's employment ends, as does coverage under his employer's health plan;
- Your employer reduces your work hours and you are no longer covered by the health plan.

Making the Most of Your Benefits Program

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. If you are newly enrolling in a City medical plan or if you are changing carriers or doctors, it is recommended you make an appointment within the first 60 days with your new Primary Care Physician (PCP) to establish yourself as a patient and to become familiar with your doctor.

USING THE NURSE LINE OR URGENT CARE

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 MEDICINE!

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 Plans

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

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

- Kaiser \$25 HMO
- Kaiser \$40 HMO
- Kaiser Account Based Health Plan (ABHP)

- Sutter Health Plus \$25 HMO
- Sutter Health Plus \$40 HMO
- Sutter Health Plus Account Based Health Plan (ABHP)

- Western Health Advantage \$25 HMO
- Western Health Advantage \$40 HMO
- Western Health Advantage Account Based Health Plan (ABHP)

The ABHPs above are High Deductible Health Plans (HDHP) that qualify for a corresponding Health Savings Account (HSA).

IMPORTANT: If you do not choose a plan or waive coverage (selecting waive and providing proof of your other group coverage), you will automatically be enrolled in the lowest cost traditional HMO Employee-Only medical plan.

Medical Plan Facilities / Networks

Kaiser

- Roseville Medical Center
- Sacramento Medical Center
- South Sacramento Medical Center
- *With medical offices in Downtown Sacramento (DOCO), Davis, Elk Grove, Fair Oaks, Folsom, Lincoln, Point West, Promenade, Rancho Cordova, and Roseville*

Sutter Health Plus

- Sutter Independent Physicians
- Sutter Gould Medical Group
- Sutter Medical Group
- Sutter Medical Group of the Redwoods

Western Health Advantage

- Dignity Health/Mercy Medical Group
- Dignity Health/Woodland Healthcare
- Hill Physicians Medical Group
- John Muir Health
- Meritage Medical Network
- NorthBay Healthcare

KAISER PERMANENTE

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

	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) \$2,700 (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)
Infertility Treatment	\$25 copay	\$40 copay	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	\$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.

****For an annual preventative/routine vision exam, members will select a provider from VSP, even if not enrolled in the City's VSP plan. Sutter utilizes the VSP network for their eye examination benefit. More information can be found on the back of your member medical ID card.****

	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) \$2,700 (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/ Acupuncture Care	\$15 copay (up to 40 visits per year combined with Acupuncture)	\$15 copay (up to 40 visits per year combined with Acupuncture)	Not Covered
Infertility Treatment	Plan pays 50%	Plan pays 50%	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 Canopy Health, Hill Physicians, John Muir Health, Meritage Medical Network, Mercy Medical Group, North Bay Healthcare and Dignity Health. To find a network provider near you, please visit www.choosewha.com/directory.

	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) \$2,700 (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 / Acupuncture. Care	\$15 copay (up to 20 visits per year)	\$15 copay (up to 20 visits per year)	\$0 copay after deductible (up to 20 visits per year)
Infertility Treatment	Plan pays 50%	Plan pays 50%	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	\$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.

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			

Mail order is available for twice the co-pay for up to a 100-day supply.

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			

Mail order is available for twice the co-pay for up to a 90-day supply.

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			

Mail order is available for twice the co-pay for up to a 90-day supply.

Health Savings Account (HSA)

If you enroll in one of the Account Based Health Plans (ABHP) commonly referred to as a High Deductible Health Plan (HDHP), you may be eligible to fund a Health Savings Account (HSA). An HSA is a tax-exempt account you set up with a qualified HSA trustee to pay or reimburse qualified medical expenses you incur. If funds remain from your City contribution after paying your medical premium, those funds are deposited into your HSA, so long as you are eligible to fund an HSA.

To be eligible you must meet the following requirements:

- You are covered under the Account Based Health Plan (ABHP) on the first day of the month.
- You have no other health coverage such as a traditional HMO or TRICARE except what is permitted.
- You and your spouse do not have a Health Flexible Spending Account (a Limited Purpose Account is okay.)
- You are not enrolled in Medicare.
- You cannot be claimed as a dependent on someone else's tax return.

HSA CONTRIBUTION MAXIMUMS

	IRS 2020 Annual Maximum Contribution	IRS Catch Up HSA Contribution Limit
Employee-Only ABHP coverage	\$3,550	For participants age 55 or older – additional \$1,000
Employee + Family ABHP coverage	\$7,100	

Additional benefits of an HSA include:

- You can claim a tax deduction for contributions you (non-employer) make to your HSA even if you don't itemize your deductions.
- Contributions to your HSA made by your employer (including contributions made through a cafeteria plan) may be excluded from your gross income.
- The contributions remain in your account until you use them.
- The interest or other earnings on the assets in the account are tax free.
- Distributions may be tax free if used to pay qualified medical expenses.
- An HSA is "portable." It stays with you if you change employers or leave the work force.
- Your Bank of America HSA offers a debit card for a convenient way to pay expenses.

Qualified medical expenses are those incurred by you, your spouse, and any dependent you claim on your tax return even if they are not covered by your City medical plan. For a full list of benefits, qualified expenses, and eligibility requirements, go to www.irs.gov and search for Publication 969. In general, your HSA can be used for these expenses without penalty:

- Medically necessary expenses not covered by your health, dental or vision plan such as deductibles and co-pays
- Over-the-counter (OTC) medical supplies
- Prescription drugs (OTC medications must be prescribed by your doctor to be eligible)
- Insurance premiums such as long-term care insurance, and once you leave the workforce, COBRA premiums or Medicare and other health care coverage if you were 65 or older (other than premiums for a Medicare supplemental policy)

Once you enroll in a City's ABHP plan, Benefit Services will set up your HSA with Bank of America. You will receive a welcome kit from Bank of America with additional information. You can make changes to your HSA contributions any time during the year.

Dental

Regular visits to your dentist can protect more than just your smile, it 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.

The 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 PPO provides coverage anywhere in the United States, and Delta Care DMO is a California-based plan.

	Delta Dental - Dental PPO		Delta Care - DMO
	In-Network / PPO Providers	Out-Of-Network / Premier Providers	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 100%	Plan pays 100%	Plan pays 100% (copay varies by services; see EOC for fee schedule)
Fillings	Plan pays 80%	Plan pays 60%	Plan pays 100% (copay varies by services; see EOC for fee schedule)
Root Canals	Plan pays 80%	Plan pays 60%	Plan pays 100% (copay varies by services; see EOC for fee schedule)
Periodontics	Plan pays 80%	Plan pays 60%	Plan pays 100% (copay varies by services; see EOC for fee schedule)
Major Services – crowns, inlays, onlays, and cast restorations Implants, bridges, dentures	Plan pays 75%	Plan pays 55%	\$0-\$420 copay (copay varies by services; see EOC for fee schedule) then 100%
Orthodontia (Adult & Children)	Plan pays 50% Orthodontia \$2,000 Lifetime Maximum	Plan pays 50% Orthodontia \$2,000 Lifetime Maximum	\$1,350 copay then 100% (see EOC for fee schedule)

Vision

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

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

Standard progressive lenses are now offered as covered in full.

New for 2020: tinted lenses on the VSP Basic Plan and tinted lenses and photochromatics on the VSP Enhanced Plan.

	VSP Vision Basic Plan <u>(includes Tints)</u>		VSP Vision Enhanced Plan <u>(includes Tints and Photochromics)</u>	
	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 frames and lenses.

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 (City Clerk, City Treasurer, City Auditor, and City Attorney)	\$100,000
Class 5: Confidential/Administrative and Management Employees (Rep Units 01, 10, and 14)	\$50,000
Class 8: Fire Local 522 Employees (Rep Unit 05)	\$15,000
Class 9: Building Construction Trades Employees (Rep Unit 06), Plumbers/Pipefitters Local 447 Employees (Rep Unit 07), and Employees in Rep Units 08 and 12	\$10,000
Class 10*: Bomb Squad, Air Operations, SWAT, and Motorcycle Enforcement Employees (Rep Unit 02)	\$25,000
Class 17: Executive Management (Rep Unit 20)	\$50,000
Class 18: Mayor Support and City Council Support Employees (Rep Unit 21)	\$50,000
Class 19: Western Council of Engineers (Rep Unit 11) and General Supervisory (Rep Unit 15)	\$35,000
Class 20: SPOA (Rep Unit 02), other than Bomb Squad, Air Operations, SWAT, and Motorcycle Enforcement Employees	\$25,000
Class 21: Employees in Rep Units 03, 04, 16, and 17	\$20,000
Class 22: Assistant City Managers	\$50,000

**Class 10 employees receive \$400,000 in AD&D if accident occurs in the line of duty.*

Please Note: The chart above references labor agreements in effect as of August 1, 2019.

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 and is guarantee issue (no medical questions asked) during Open Enrollment.

Class Type	Supplemental Life and AD&D Amount
Class 1: Mayor	None
Class 2: Council Members	None
Class 3: City Manager	None
Class 4: Charter Officers (City Clerk, City Treasurer and City Attorney)	None
Class 5: Confidential/Administrative and Management Employees Rep Units 01, 10, and 14	None
Class 8: Fire Local 522 Employees (Rep Unit 05)	\$25,000
Class 9: Building Construction Trades Employees (Rep Unit 06), Plumbers/Pipefitters Local 447 Employees (Rep Unit 07), and Employees in Rep Units 08 and 12	\$40,000
Class 10: Bomb Squad, Air Operations, SWAT, and Motorcycle Enforcement Employees (Rep Unit 02)	\$25,000
Class 17: Executive Management (Rep Unit 20)	None
Class 18: Mayor Support and City Council Support Employees (Rep Unit 21)	None
Class 19: Western Council of Engineers (Rep Unit 11) and General Supervisory (Rep Unit 15)	\$15,000
Class 20: SPOA (Rep Unit 02), other than Bomb Squad, Air Operations, SWAT, and Motorcycle Enforcement Employees	\$25,000
Class 21: Employees in Rep Units 03, 04, 16, and 17	\$30,000
Class 22: Assistant City Managers	None

Additional Supplemental Employee Life and AD&D

All Eligible Classes	\$10,000
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Life Insurance, continued

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 and is guarantee issue (no medical questions asked) during Open Enrollment for Option A coverage. Options B and C require medical underwriting, and you may be denied coverage. If denied, you would still be eligible for Option A coverage.

If you decrease your coverage, you will be subject to medical underwriting if you want to increase your coverage during a future Open Enrollment.

Option A	1 time 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

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 (total of \$5,000)
Child(ren) Supplemental Life Amount	\$3,000 (total of \$5,000)

Beneficiary Reminder: Make sure that you have named a beneficiary for your life insurance benefit. The beneficiaries for Additional and Supplemental Life Insurance will be the same you chose for your Basic Life Insurance. If you elect Choice Supplemental Life insurance, you must name your beneficiaries—they can be the same as those for your Basic Life insurance or different.

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 greater than \$50,000 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 (LTD) insurance is provided by the City through The Standard at no cost to you. LTD 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.

Eligibility	
Class 1	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 up to 60% of covered monthly earnings
Maximum Weekly Benefit	\$6,000
Benefits Begin After: Accident / Sickness	90 days of disability or after Short Term Disability (STD) ends, whichever is later
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. Refer to certificate of insurance for details.

VOLUNTARY SHORT-TERM DISABILITY INSURANCE

Voluntary Short-Term Disability (STD) 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. Premiums are paid via payroll deduction and coverage is through The Standard.

Eligibility	
Class 1	Units 3, 4, 6, 10, 15, 16 & 17 (Participate in California SDI)
Class 2	Units 1, 2, 5, 7, 8, 9, 11, 12, & 14 (Do not participate in SDI)
Weekly Benefit Amount	Plan pays up to 66.67% of covered weekly earnings
Maximum Weekly Benefit	\$1,000
Benefits Begin After: Accident Sickness	0 days of disability 14 days of disability <i>Note: If you do not apply for this STD coverage within 30 days of becoming eligible, your benefit waiting period for physical disease, pregnancy or mental disorder will be 60 days if you become disabled during the first 12 months after your coverage takes effect.</i>
Maximum Payment Period*	180 days

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

Flexible Spending Account (FSA)

A Flexible Spending Account (FSA) lets you set aside money before it's taxed to pay for certain health or daycare expenses incurred during the plan year. The main benefit of using an FSA is that you reduce your taxable income, which means you have more money to spend. When making an election, you should be confident you will have qualified expenses to use the money—you must use the money in your account by the end of the plan year* or the money is forfeited. You must re-enroll in this program each year. P&A Group will be administering this program effective January 1, 2020.

IMPORTANT CONSIDERATIONS

- *Expenses must be incurred between January 1, 2020 and March 15, 2021, which includes a 2½ month “grace period” which extends the period in which expenses can be incurred.
- Claims must be submitted no later than March 30, 2021.
- If you terminate employment during the plan year, expenses incurred only through your last day of employment qualify, and you have 90 days from your termination date to submit claims. (You may be eligible to extend this by electing COBRA for your Health FSA. Please contact Benefit Services.)
- 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 forfeited 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.

HEALTH FSA ACCOUNT

This plan allows you to pay for eligible out-of-pocket medical, dental or vision expenses with pre-tax dollars. Eligible expenses include plan deductibles, copays, coinsurance amounts and other non-covered healthcare costs for you, your spouse, 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 \$2,700 (subject to change). If you are enrolled in the Account Based Health Plan and you elect this benefit, you will automatically be enrolled in our Limited Purpose FSA for out-of-pocket vision and dental expenses ONLY.

Refer to Publication 959 at www.irs.gov for details.

DEPENDENT CARE FSA

A Dependent Care FSA (DCA) allows you to use pre-tax dollars to pay for eligible out-of-pocket daycare expenses such as those for dependent care centers, in-home childcare, and before or after school daycare so you and your spouse can work. Eligible expenses may include daycare care for your dependent children under age 13 or an adult dependent if they are incapable of self-care, are your tax dependent, and live with you. It is important to note that you can access money only after it is placed into your Dependent Care account.

Consult your tax advisor to determine whether you should enroll in this plan. You can elect up to \$5,000 per year to the Dependent Care FSA. This limit is reduced in certain circumstances such as married employees filing separate returns (\$2,500) or if your spouse's earned income is less than \$5,000 per year.

Refer to Publication 15b at www.irs.gov for details.

Other Programs

Contact Benefit Services for additional information or visit the provider websites.

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 the City of Sacramento, any unused account balance will be forfeited.

These amounts are evaluated annually by the IRS and are subject to change. Here are the maximum amounts you can set aside in 2020:

Parking Expense Account	Up to \$265/month
Transportation Expense Account	Up to \$265/month

EMPLOYEE ASSISTANCE PROGRAM

There are times when everyone needs a little help or advice. The confidential Employee Assistance Program (EAP) through Managed Health Network (MHN, a Health Net company) 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 sessions per incident.

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

LEGAL SERVICE – LegalShield

Do you have an attorney on retainer? Most people don't, so LegalShield offers you access to legal advice and even representation for an affordable monthly premium. They can provide 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.

For more information:

www.legalshield.com/info/cityofsacramentoinfo

ID PROTECTION – IDShield

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.

For more information:

www.legalshield.com/info/cityofsacramentoinfo

GROUP HOME AND AUTOMOTIVE INSURANCE – Liberty Mutual

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.

For more information: www.libertymutual.com.

Other Programs, continued

Contact Benefit Services for additional information or visit the provider websites.

AFLAC – 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.

For more information: www.aflacgroupinsurance.com

AFLAC – 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.

For more information: www.aflacgroupinsurance.com

AFLAC – 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.

For more information: 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 by logging on to www.cityofsacretplan.com.
- 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.

For more information: www.cityofsacretplan.com

Nationwide customer service: (877) 677-3678

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, includes 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 Terms 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, such as:

- The cost of common healthcare services, like office visits, colonoscopies, blood tests, and more
- Your deductible
- Your nurse line number
- Your plan ID card
- Your insurance company's phone number
- Definitions of healthcare terms
- Wellness tips

Just turn on Ben-IQ—he's right there to help!



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: 9505-2001 DHMO: 7550-0001
Vision	Vision Service Plan (VSP)	(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	P&A Group	(800) 688-2611	www.padmin.com	City of Sacramento
Employee Assistance Program (EAP)	Managed Health Network (MHN)	(800) 322-9707	www.members.mhn.com	Use Access Code: cityofsacramento

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

Department of Human Resources
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: openenrollment@cityofsacramento.org for Open Enrollment inquiries

Email: benefitservices@cityofsacramento.org for day-to-day inquiries

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 Benefit 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 or 60 days after the 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 or 60-day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in 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.

The 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 the City of Sacramento are available by contacting Benefit Services.

NOTICE OF CHOICE OF PROVIDERS

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

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

You do not need prior authorization from the City's plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact your insurance carrier directly.

MICHELLE'S LAW

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

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

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

MEDICARE PART D

Important Notice from the 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 the 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. The 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 the 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 the 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 the 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: September 17, 2019

Name of Entity: City of Sacramento

Contact: Benefit Services Division

Address: 915 “I” Street, Plaza Level, Sacramento, CA 95814

Phone: (916) 808-5665

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

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 **1-877-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 **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility.

ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447	FLORIDA – Medicaid Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	GEORGIA – Medicaid Website: Medicaid https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
ARKANSAS – Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/hawki Phone: 1-800-257-8563
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: https://chfs.ky.gov Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website:	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742

https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	
MISSOURI – Medicaid	OREGON – Medicaid and CHIP
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347 or 401-462-0311 (Direct Rite Share Line)
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhpp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://health.wyo.gov/healthcarefin/medicaid/ Phone: 307-777-7531

VIRGINIA – Medicaid and CHIP	WEST VIRGINIA – Medicaid
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

U.S. Department of Health and Human Services

Employee Benefits Security Administration

Centers for Medicare & Medicaid Services

www.dol.gov/agencies/ebsa

www.cms.hhs.gov

1-866-444-EBSA (3272)

1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

Health Insurance Covered California Coverage Option

Part A: General Information

When key parts of the health care law took effect in 2014, there was a new way to buy private individual health insurance: the Health Insurance Marketplace. In California, this is referred to as Covered California. To assist you as you evaluate options for you and your family, this notice provides some basic information about Covered California and employment-based health coverage the City of Sacramento offers its qualified employees. Please note that this notice *is informational only and is provided to all active City of Sacramento employees.*

What is Covered California?

Covered California is designed to help you find private individual health insurance that meets your needs and fits your budget. Covered California offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

Can I save money on my health insurance premiums using Covered California?

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

Does the employment-based health coverage the City of Sacramento offers to you affect your eligibility for premium savings through Covered California?

Yes. If we have offered you health coverage that meets certain standards, you will not be eligible for a tax credit through Covered California and you may wish to enroll/remain in our health plan, if you are eligible. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if we do not offer coverage to you at all or do not offer coverage that meets certain standards. If the cost of *self-only coverage* under our health plan is more than 9.56% (as adjusted) of your total household income for the year, or if our health plan does not meet the "minimum value"¹ standard set by the Affordable Care Act, you may be eligible for a tax credit.

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

How can I get more information about health insurance offered through Covered California?

Covered California can help you evaluate your coverage options, including your eligibility for coverage through Covered California and its cost. Please visit www.coveredca.com or call (888)975-1142 for more information, including an online application for health insurance coverage.

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

1. General Employer Information.

Employer name:	CITY OF SACRAMENTO
Employer Identification Number (EIN):	94-6000410
Employer street address:	915 I STREET
Employer phone number:	(916) 808-5665
Employer city:	SACRAMENTO
Employer state:	CA
Employer ZIP code:	95814
Who can we contact about employee health coverage at this job?	BENEFIT SERVICES
Email address:	BenefitServices@cityofsacramento.org

- 2. Eligibility.** You may be asked whether or not you are currently eligible for City of Sacramento health plan coverage or whether you will become eligible for coverage within the next three months. In addition, if you are or will become eligible, you may be required to list the names of your dependents that are eligible for coverage under our health plan. If you would like information about the eligibility requirements for our health plan, please read the eligibility provisions described in the Summary Plan Description for our health plans. You can obtain a copy of Summary Plan Descriptions by contacting **Benefit Services** at **(916) 808-5665**.
- 3. Minimum Value.** If you are eligible for coverage with City of Sacramento health plans, you may be required to check a box indicating whether or not our health plans meet the minimum value standard. All City of Sacramento health plan coverage **meets the minimum value standard**.
- 4. Premium Cost.** If you are eligible for coverage with City of Sacramento health plans, you may be asked to provide the amount of premiums you must pay for self-only coverage under the lowest-cost health plan that meets the minimum value standard. If you had the opportunity to receive a premium discount for any tobacco cessation program, you must enter the premium you would pay if you received the maximum discount possible for a tobacco cessation program. If you would like information about the premiums for self-only coverage under our lowest-cost health plan, please contact **Benefits Services** at **(916) 808-5665**.
- 5. Future Changes.** You may also be asked whether or not we will be making certain changes to our health plan coverage for the new plan year. As usual, you will be provided with information about any changes to our health plan coverage before the next open enrollment period. For more eligibility information or a Covered California application please contact Covered California at www.coveredca.com or call (888) 975-1142.

Department of Human Resources
Benefit Services
915 I Street, HCH
Sacramento, CA 95814

