

2017

Employee Benefits Overview





Let's Talk Benefits.

The City of Concord takes pride in offering a generous benefits program that provides flexibility for the diverse and changing needs of our qualifying employees. This benefit booklet will briefly outline the benefits that are provided to our employees. All regular full-time employees are eligible to receive the listed benefits.

The City offers you and your eligible dependents the following benefits:

First of the month

- CalPERS Medical Plans
- Dental and Vision Plans
- Supplemental Life & Accidental Death & Dismemberment (AD&D) Insurance

Date of hire

- Group Life Insurance
- Short-Term Disability (STD) Insurance*
- Long-Term Disability (LTD) Insurance
- Flexible Spending Account
- Employee Assistance Program (EAP)
- Deferred Compensation Program

**Police Officers, Sergeants, Lieutenants and Captains are excluded from Short-Term Disability coverage.*

The next few pages of this booklet will give you highlights of all the benefits available as an employee of the City of Concord. These highlights include your health and life insurance options, as well as other benefits. The remainder of the booklet goes into more detail about your employee health benefits options, plan design and benefit contact information.

Please take a moment to review all of the benefits that are offered to you by the City. If you have any questions, please contact the Human Resources Department at (925) 671-3308.

If you have any questions or need additional information, please contact Human Resources at (925) 671-3308

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

Table of Contents

Let's Talk Benefits.....	1
Table of Contents	2
Open Enrollment	3
Who Can You Cover?	4
Dependent Eligibility Verification.....	6
When You Can Make Changes	7
Making the Most of Your Benefits Program	8
Medical Benefits	9
Medical Premium Rates	10
Medical Plans	12
Dental and Vision Premiums	13
Dental Benefit.....	14
Vision.....	16
Life and Disability Insurance.....	17
Deferred Compensation	20
Retirement (CalPERS).....	21
Travel Assist	23
Employee Assistance Program	24
Flexible Spending Accounts.....	25
Transportation Spending Accounts.....	27
Leave Plans and Holidays	28
Wellness Program	30
Payroll Calendar	31
Benefit Provider Contact Information	32
Key Terms	33
Important Plan Notices and Documents	35

Open Enrollment

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

OPEN ENROLLMENT

Usually starting in September and going through October, all plan participants will be eligible to participate in the annual open enrollment period. During Open Enrollment, you have the right to change group medical plans and add/or drop dependent coverage.

Your new plan benefits will be effective January 1 of the following year and will run through December 31.

Please be sure to read through all of the materials sent to you and turn in no later than the established deadline.

Please call Human Resources at **671-3308** if you have any questions.

HELPFUL HINTS

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

Gather additional information. Use the websites and phone numbers on page 36 to see which doctors and other healthcare providers you can use under the different plan choices. If you have dependents on your plan that live out of state, check on provisions for coverage of members away from home.

2017 BENEFIT HIGHLIGHTS

Plan	Benefit Changes
Blue Shield NetValue	<u>Eliminated effective January 1st, 2017.</u> To minimize disruption, current NetValue members will be automatically enrolled in Access+ during this year's Open Enrollment, since most providers who currently participate in NetValue also participate in Access+. However, current NetValue members whose providers reside in a different plan and/or who wish to no longer enroll in Blue Shield will still have the option during Open Enrollment to affirmatively select any applicable health plan available.
Anthem PPO UnitedHealthcare and HealthNet HMO	OptumRX is CalPERS' new Pharmacy Benefits Manager (PBM) effective January 1 st 2017 replacing CVS Caremark. The company will administer prescription drug benefits for nearly 486,000 members and their dependents enrolled in all of CalPERS' health plans

Who You Can Cover

WHO IS ELIGIBLE?

If you are a regular employee working 40 hours or more per week, you may enroll in the benefits program on the first day of the month following your date of hire.

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

- **Your current spouse or state-registered domestic partner.**

- Definition of domestic partner pursuant to Family Code Section 297-297.5:

A domestic partnership shall be established in California when both persons file a Declaration of Domestic Partnership with the Secretary of State, and at the time of filing, all of the following requirements are met:

1. Both persons have a common residence.
2. Neither person is married to someone else or is a member of another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity.
 - Both persons are members of the same sex.
 - One or both of the persons meet the eligibility criteria under Title II of the Social Security Act as defined in 42 U.S.C section 402 (a) for old-age insurance benefits or Title XVI Section 1381 for aged individuals. Notwithstanding any other provision of this section, persons of opposite sexes may not constitute a domestic partnership unless one or both of the persons are over the age of 62.
3. Both persons are capable of consenting to the domestic partnership.
 - “Have a common residence” means that both domestic partners share the same residence.

- **Your natural children, stepchildren, domestic partner’s children, adopted children of which the employee is the legal guardian.** In addition, such children must be:

1. Under age 26 (medical, dental and vision coverage)
2. Under age 20, or age 25 if a full-time student (optional life insurance)
3. Your disabled children age 26 (medical, dental and vision coverage) or 20/25 (supplemental life insurance) or older. Such disabled children must meet the same conditions as listed above and, in addition, are physically or mentally disabled on the date coverage would otherwise end because of age and continue to be disabled. For medical coverage only, the enrollment of a disabled dependent child over the age of 26 is subject to CalPERS approval.
4. A child for whom you are required to provide benefits by a court order and who satisfies the same conditions as listed above.

Please refer to the Summary Plan Description of each plan for complete details on how benefits eligibility is determined.

WHO IS NOT ELIGIBLE?

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

- Parents, grandparents, grandchildren, and siblings (unless certified by Parent-Child Relationship Affidavit).
- Any individual who is covered as an employee of City of Concord cannot also be covered as a dependent, except in the case of dental and/or vision coverage.
- Temporary employees, contract employees, or employees residing outside the United States, in accordance with the Affordable Care Act guidelines.

Who You Can Cover, continued

WHEN WILL MY BENEFITS TERMINATE?

Your medical benefits end on the first of the second month following the date of separation or loss of eligibility. Your dental and vision plan coverage ends on the last day of the month following your date of separation or loss of eligibility. Your Flexible Spending Accounts (FSA), Group Life/AD&D, Short Term Disability (STD), Long Term Disability (LTD), and Employee Assistance Program (EAP) coverage ends on the date of your termination.

You may be eligible to continue benefits for a limited period of time after termination or during a leave of absence according to federal guidelines and in conjunction with City policy, under your federal and state COBRA rights.

BENEFITS DURING THE FAMILY AND MEDICAL LEAVE (FMLA) AND CALIFORNIA FAMILY RIGHTS ACT (CFRA)

An employee taking family/medical leave will be allowed to continue participating in any health and welfare benefit plan in which he/she was enrolled before the first day of leave (for a maximum of 12 work-weeks) at the level and under the same conditions of coverage as if the employee had continued in employment for the duration of such leave. Group health insurance coverage will be continued in the same manner for up to 17 ½ weeks for employees disabled due to pregnancy, childbirth or a related medical condition. The City will continue to make the same premium contributions as if the employee had continued working. The continued participation in health benefits begins on the date leave first begins under the Family and Medical Leave Act or under the California Family Rights Act.

Note: For further information on Family and Medical Leave, please refer to the City of Concord's FMLA policy located on the intranet, Policy and Procedure 77.

All employees must notify Human Resources at (925) 671-3308 as soon as possible regarding FMLA for your own serious health condition or that of a family member.

Dependent Eligibility Verification

All employees adding/removing dependents must submit documentation to verify their dependent's eligibility and/or Qualifying Life Event. The following chart is an easy guide to what documents must be submitted along with the Health Enrollment/Change form.

- Dependent children verification includes birth or adoption certificate and social security number.
- Only provide first page of your prior year FEDERAL Tax Return that shows your dependents and black out any monetary amounts. STATE Returns are not acceptable.
- Proof of marriage must be a state issued marriage license or marriage certificate (not a church issued certificate) that includes the date of your marriage.
- State Registration Certificate is required for Domestic Partnership.
- Affidavit of Parent-Child Relationship is required for eligible Parent-Child relationships.
- Birth Certificates must be state issued (not hospital issued).

	Nothing Required	Marriage Certificate	Birth Certificate/ Certificate of Adoption	State of California Domestic Partner (DP) Registration	Economically/Disabled Dependent Child Affidavit and Federal Tax Return
Employee only	•				
Employee & Spouse		•			
Employee & Children			•		
Employee & Parent-Child Relationship or Disabled Children			•		•
Employee, Spouse & Children		•	•		
Employee, Spouse & Parent-Child Relationship or Disabled Children		•	•		•
Employee and DP				•	
Employee, DP and Children			•	•	
Employee, DP & Parent-Child Relationship or Disabled Children			•	•	•

You are responsible for ensuring that the health enrollment information about you and your family members is accurate, and for reporting any changes in a timely manner. If you fail to maintain current and accurate health enrollment information, you may be liable for the reimbursement of health premiums or health care services incurred during the entire ineligibility period.

When You Can Make Changes

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

Qualifying life events include:

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

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

- Any changes you make must be consistent with the change in status, AND
- You must make the changes within 30 days (60 days for CalPERS medical plans) of the date the event (marriage, birth, etc.) occurs.

If you must make mid-year changes to your insurance (adding/dropping dependents), contact Human Resources and provide supporting documents within 30 days of the change in status.

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.

BE MED WISE!

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

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 Benefits

The goal of the City of Concord is to provide you with affordable, quality health care benefits. Our medical benefits are designed to help maintain wellness and protect you and your family from major financial hardship in the event of illness or injury. The City offers a choice of medical plans through the CalPERS Medical Program.

Anthem Blue Cross, Blue Shield, Kaiser Permanente, United Healthcare & Health Net

HEALTH MAINTENANCE ORGANIZATION (HMO)

Under the HMO plans, most services and medicines are covered with a small copayment. You select a Primary Care Physician (PCP) to coordinate your care. You have a choice between the CalPERS Anthem Blue Cross Select, Anthem Blue Cross Traditional, Blue Shield Access+, Kaiser Permanente, UnitedHealthcare Alliance, and HealthNet HMO plans.*

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

PREFERRED PROVIDER ORGANIZATION (PPO)

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

Why Would I Choose the PPO Plan?

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

Why Would I Not Choose the PPO Plan?

- You don't want the extra responsibility of managing your own care.
- PPOs are not as closely regulated by the government as HMOs.
- You do not want to pay the higher costs of a PPO.
- You do not want to get bills from providers.

Medical Premium Rates

2017 CALPERS HEALTH PLAN RATES – BASIC BAY AREA

	Total Premium	City Pays	Employee Pays
Anthem Blue Cross Select HMO			
Employee	783.46	662.01	121.45
Employee + 1	1,566.92	1,324.03	242.89
Employee + Family	2,037.00	1,721.23	315.77
Anthem Blue Cross Traditional HMO			
Employee	990.05	662.01	328.04
Employee + 1	1,980.10	1,324.03	656.07
Employee + Family	2,574.13	1,721.23	852.90
Blue Shield Access+ HMO			
Employee	1,024.85	662.01	362.84
Employee + 1	2,049.70	1,324.03	725.67
Employee + Family	2,664.61	1,721.23	943.38
HealthNet SmartCare			
Employee	733.29	662.01	71.28
Employee + 1	1,466.58	1,324.03	142.55
Employee + Family	1,906.55	1,721.23	185.32
Kaiser Permanente HMO			
Employee	733.39	662.01	71.38
Employee + 1	1,466.78	1,324.03	142.75
Employee + Family	1,906.81	1,721.23	185.58
PERS Choice PPO			
Employee	830.30	662.01	168.29
Employee + 1	1,660.60	1,324.03	336.57
Employee + Family	2,158.78	1,721.23	437.55
PERS Select PPO			
Employee	736.27	662.01	74.26
Employee + 1	1,472.54	1,324.03	148.51
Employee + Family	1,914.30	1,721.23	193.07
PERSCare PPO			
Employee	932.39	662.01	270.38
Employee + 1	1,864.78	1,324.03	540.75
Employee + Family	2,424.21	1,721.23	702.98
PORAC PPO (Association Plan-only available to Sworn Personnel)			
Employee	699.00	662.01	36.99
Employee + 1	1,467.00	1,324.03	142.97
Employee + Family	1,876.00	1,721.23	154.77
UnitedHealthcare Alliance HMO			
Employee	1,062.26	662.01	400.25
Employee + 1	2,124.52	1,324.03	800.49
Employee + Family	2,761.88	1,721.23	1,040.65

Important:

All premiums paid by the employee are paid via a bi-weekly payroll deduction. The payroll deduction may be made with pre-tax dollars by enrolling in the City's Premium Conversion Program. If you chose a pre-tax deduction for plan year 2016 and do not wish to change your election for 2017, then you need not do anything. If you currently have an after-tax deduction, and wish to elect pre-tax, then you must submit an election form to Human Resources by 10/07/2016. Please refer to the 2017 CalPERS Health Benefit Summary publication to determine availability of health plans if you reside outside of Contra Costa County.

Medical premiums are taken a month in advance. You may see an adjustment on your pay check for co-pays for the first and second month's premiums. Employee premium contributions are taken from the first two pay dates of each month. If a month has a third pay date, there will be no elective deductions taken.

Medical Premium Rates, continued

CASH IN LIEU

If you select the cash-in-lieu, the applicable amount is paid once a month on the first pay check of the month. This benefit is not paid in advance if you separate from the City. You will not receive the cash-in-lieu amount for the month following your separation date.

Cash-In-Lieu Benefit	EMPLOYEE GROUP				
	TEAMSTERS	LOCAL 29	UNREPRESENTED	POA	PMA
Original Benefit	\$639.51	\$500	\$500	\$400	\$400
	Must have been on the waiver as of 1/1/2017	Must have been on the waiver as of 1/1/2015	Must have been on the waiver as of 1/1/2015	Must have been on the waiver as of 12/31/2014 ~ OR ~ Any employee hired prior to 1/1/2015	Must have been on the waiver as of 12/31/2014 ~ OR ~ Any employee hired prior to 1/1/2015
Reformed Benefit	\$200	\$200	\$200	\$200	\$200
	Employees hired after 1/1/2017 ~ OR ~ Any employee, regardless of hire date, not previously and continuously participating in the waiver as of 1/1/2017	Employees hired after 1/1/2015 ~ OR ~ Any employee, regardless of hire date, not previously and continuously participating in the waiver as of 1/1/2015	Employees hired after 1/1/2015 ~ OR ~ Any employee, regardless of hire date, not previously and continuously participating in the waiver as of 1/1/2015	Employees hired on or after 1/1/2015	Employees hired on or after 1/1/2015

Medical Plans

SUMMARY OF BENEFITS AND COVERAGE NOTICE (2017)

Choosing your health plan is an important decision. To assist you with this process, each health plan available to you through the California Public Employees' Retirement System has produced a Summary of Benefits and Coverage (SBC). In addition, the federal government has compiled a glossary of common health insurance terms. Together, these documents provide important information to help you better understand your health benefit coverage and more easily compare health plan options.

To view the SBCs and glossary online, visit www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates or any of the health plan websites below. To request a free paper copy of the SBC and glossary, please contact each health plan directly. HR Department may have copies of SBC for distribution.

Anthem Blue Cross		Kaiser Permanente HMO	
Member Services	(855) 839-4524	Member Services	(800) 464-4000
Website	www.anthem.com/ca/calpers/hmo	Website	www.kp.org/ca/calpers
California Association of Highway Patrolmen*		Peace Officers Research Association of California*	
Member Services	(800) 734-2247	Member Services	(800) 288-6928
Website	www.thecahp.org	Website	www.porac.org
California Correctional Peace Officers Association*		PERS Select, PERS Choice, and PERSCare	
Member Services	(800) 257-6213	Member Services	(877) 737-7776
Website	www.ccpoabtf.org	Website	www.anthem.com/ca/calpers
Blue Shield of California		Sharp Health Plan	
Member Services	(800) 334-5847	Member Services	(855) 995-5004
Website	www.blueshieldca.com/calpers	Website	www.sharphealthplan.com/calpers
Health Net of California		United Healthcare	
Member Services	(888) 926-4921	Member Services	(877) 359-3714
Website	www.healthnet.com/calpers	Website	www.uhc.com/calpers

*To enroll in these health plans, you must belong to the specific employee association and pay applicable dues. Please contact Human Resources Division with questions regarding eligibility and enrollment.

PREMIUM RATES

Since health care costs vary throughout California, regional pricing adjusts premiums to reflect the actual cost of care in your specific region. To find your specific health plan premium rates, visit www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates and select your specific region.

Dental and Vision Premiums

The City of Concord pays the entire cost of your Delta Dental plan. Below is a list of premiums that the City pays toward your dental benefits.

You have the option of purchasing a vision plan for you and your family with Vision Service Plan (VSP). Your contributions will be deducted pre-tax from your paycheck. The Police Officers Association and Confidential units have a vision plan with VSP included at no cost.

Dental and Vision Premiums*

Delta Dental PPO	Premium
City Employees	
EE	\$40.30
EE + 1	\$78.50
EE + Family	\$129.00
Police Officers Association	
EE	\$46.40
EE + 1	\$92.30
EE + Family	\$166.60
Police Management Association	
EE	\$41.80
EE + 1	\$83.00
EE + Family	\$147.90
VSP Vision	Premium
Police Officers Association and Confidential	
EE	\$9.70
EE + 1	\$13.80
EE + Family	\$24.40
All Others (Employee-paid)	
EE	\$11.20
EE + 1	\$16.00
EE + Family	\$28.20

* City contributions for vision and dental are paid once a month on the first pay check of the month.

* Employee deductions for vision are taken once a month on the first pay check of the month.

Dental Benefit

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

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

Dental Benefits	City Employees (Non-Sworn Full-Time)	
	Network	Non-Network*
Calendar Year Maximum	\$1,000 per person	
Calendar Year Deductible	None	
Diagnostic and Preventive Oral Examinations X-Rays Teeth Cleaning Fluoride Treatment Space Maintainers Bitewings Sealants	100% (deductible waived)	80% (deductible waived)
Basic Services Amalgam/Composite Filings Periodontics (Gum disease) Endodontics (Root Canal) Extractions & Other Simple Oral Surgery	90%	80%
Major Services Crown Repair Restorative - Inlays and Crowns Prosthodontics**	50-80%	
Orthodontia Adults and Eligible Children	50% \$2,000 lifetime maximum	

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

**There is a 12-month waiting period for Prosthodontic benefits

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



Dental Benefit

Dental Benefits	Police Officers Association		Police Management Association	
	Network	Non-Network*	Network	Non-Network*
Calendar Year Maximum	\$1,000 per person		\$1,000 per person	
Calendar Year Deductible	None		None	
Diagnostic and Preventive Oral Examinations X-Rays Teeth Cleaning Fluoride Treatment Space Maintainers Bitewings Sealants	100% (deductible waived)	100% (deductible waived)	90% (deductible waived)	80% (deductible waived)
Basic Services Amalgam/Composite Filings Periodontics (Gum disease) Endodontics (Root Canal) Extractions & Other Simple Oral Surgery	90%	80%	80%	80%
Major Services Crown Repair Restorative - Inlays and Crowns Prosthodontics**	50-80%		50-80%	
Orthodontia Adults and Eligible Children	80% \$5,000 lifetime maximum		80% \$4,000 lifetime maximum	

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

**There is a 12-month waiting period for Prosthodontic benefits

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



Vision

The City is pleased to offer a vision plan through Vision Service Plan (VSP) to all City employees. VSP provides coverage for eye exams and materials, such as lenses and frames.

If you are a Police Officers Association or Confidential employee, this benefit is offered to you at no cost. For all other employees, you can elect to participate in the plan using pre-tax contributions directly from your paycheck.

- Employee Only: \$11.20
- Employee + 1: \$16.00
- Employee + Family: \$28.20

Plan Benefits	Network	Non-Network
Exam	\$20 copay	Plan pays up to \$35
Materials Copay*	\$20	
Single Lenses	Covered in Full	Plan pays up to \$50
Bifocal Lenses**	Covered in Full	Plan pays up to \$75
Trifocal Lenses**	Covered in Full	Plan pays up to \$100
Contact Lenses Fitting and Evaluation	Up to \$40	N/A
Contact Lenses***		
Elective	Up to \$120	Plan pays up to \$105
Medically Necessary	Covered in Full	Plan pays up to \$210
Frames	\$120 Allowance; 20% off over \$120	Plan pays up to \$70
Benefit Frequency		
Exam	Every 12 Months	
Lenses and Contacts***	Every 12 Months	
Frames	Every 12 Months	

*Materials copay: When purchasing eyewear, a \$20 copay will be required.

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

***When you choose contacts instead of glasses, your \$120 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure proper fit of contacts.

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



Life and Disability Insurance

BASIC LIFE INSURANCE

Basic Life insurance provides income protection for your beneficiary in the event of your death. The City of Concord currently provides Basic Life insurance coverage at two times your annual base salary, up to a maximum amount at no cost to you. The chart below outlines general benefits provided under the plan. Please refer to your life insurance certificate of coverage for more details.

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

Basic Life Insurance

Benefit	2x annual earnings up to a maximum of \$400,000
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SUPPLEMENTAL LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

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

Supplemental Life/AD&D*

Benefits	Employee	Spouse/Domestic Partner	Child(ren)
Benefit	\$10,000 increments up to \$500,000 (not to exceed 5x annual salary)	\$5,000 increments up to \$250,000 (not to exceed 100% of employee benefit)	\$1,000 (0 days - 6 months) \$2,000 increments up to \$10,000 (6 months - 20, 25 if FTS)
Minimum Benefit	\$10,000	\$5,000	n/a
Guarantee Issue ¹	\$100,000	\$50,000	\$10,000

*You may elect AD&D for yourself, your spouse/DP and children. For your spouse/DP you may elect a benefit up to 40% of your elected AD&D amount. For your children, you can elect an amount up to 1% of your elected AD&D benefit. See page 25 for Supplemental Life and AD&D rates.

¹Guaranteed Issue Amount (GI) means the maximum amount of insurance available under this Policy without Evidence of Insurability (EOI – medical underwriting). Any amount elected in excess of the Guaranteed Issue Amount will be subject to the Evidence of Insurability requirements, which means a statement or proof of an Employee's or Dependent's medical history upon which acceptance for insurance will be determined by Sun Life.

*City contributions for life insurance, STD, and LTD are paid once a month on the first pay check of the month.

*Employee deductions for AD&D insurance and Optional Life are taken once a month on the first pay check of the month.

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



Life and Disability Insurance

SUPPLEMENTAL LIFE INSURANCE RATE CALCULATION—ACTIVE EMPLOYEE AND SPOUSE/DP RATES

You may elect up to **\$500,000** of Supplemental Life Insurance for yourself, in increments of \$10,000. You are guaranteed coverage for \$100,000 during the initial offering. Any amount you elect above the guarantee issue amount will be subject to medical underwriting.

You may elect up to **\$250,000** of Supplemental Life Insurance for your spouse/domestic partner, in increments of \$5,000, not to exceed 100% of your election. Your spouse/domestic partner is guaranteed coverage for \$50,000.

You may elect Supplemental AD&D coverage for yourself and/or your spouse/DP that is equal to the amount of Supplemental Life purchased. Supplemental AD&D rates are \$0.035 per \$1,000 for yourself and \$0.05 per \$1,000 for your spouse/DP.

If you elect Supplemental Life/AD&D insurance for yourself, and/or your spouse/domestic partner, your monthly premium rate for this coverage is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Age	Rate (per \$10,000 Unit)	To calculate the monthly premium:	
Under Age 29	\$0.93	1. Amount Elected: Write the amount of units you want. (1 unit = \$10,000)	Line 1: _____
30-34	\$1.08		
35-39	\$1.62		
40-44	\$2.25	2. Write your age-based rate from the table to the left.	Line 2: _____
45-49	\$3.89		
50-54	\$6.99		
55-59	\$12.06		
60-64	\$17.31		
65-69	\$28.72	3. Multiple Line 1 by Line 2. This is your monthly premium amount.	Line 3: _____
70-74	\$44.36		
75+	\$118.64		

Example:
 40 year old employee requesting \$250,000 =
 25 x \$2.25= \$56.25/monthly premium

SUPPLEMENTAL LIFE INSURANCE RATE CALCULATION—DEPENDENT CHILD(REN) RATES

You may elect up to **\$10,000** in increments of \$2,000 of Supplemental Life Insurance for your child(ren) at a rate of \$2.35 per month.

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



Life and Disability Insurance

SHORT TERM DISABILITY (STD)*

When an illness or injury make it impossible for you to work for an extended period of time, your income may be continued under the City of Concord’s STD or LTD plan. Under the STD plan, if you are disabled for longer than two (2) weeks, you may become eligible for salary protection on a weekly basis.

Eligibility	All Active, Full-Time Non-Sworn Employees (minimum 40 hours)
Elimination Period - Sickness	30 days
Elimination Period - Accident	30 days
Weekly Benefit Percentage	66.67%
Maximum Weekly Benefit	\$1,200
Maximum Benefit Duration	9 weeks

*Police Officers, Sergeants, Lieutenants and Captains are excluded from Short-Term Disability coverage.

LONG TERM DISABILITY (LTD)

Under the plan, if you are disabled for more than 90 days, you could receive a percentage of your salary (up to a maximum dollar amount per month) until you are able to return to work. The City pays the entire cost of LTD coverage.

Eligibility	All Full-Time Employees in: Class 1: Police Officer, Sergeant, Lieutenant and Captain Class 2: All other active, full-time employees
Elimination Period	90 Days
Monthly Benefit	66.67% of monthly earnings
Maximum Monthly Benefit	\$5,000
Minimum Monthly Benefit	\$100



Deferred Compensation

3% DEFERRED COMPENSATION CONTRIBUTION

The City provides an employer-paid 401(k) contribution equal to 3% of pay for all Management and Executive employees, and 2% of pay for all Confidential employees. The contributions will be made on a per pay-period basis. This is not an "employer match"; rather, it is a contribution made to a 401(k) account on your behalf. Additional contributions into a deferred compensation plan may be made on a voluntary basis.

For more information on the 401(k) and 457 deferred compensation plans, contact ICMA Retirement Corporation at (800) 669-7400 or www.icmarc.org.

DEFERRED COMPENSATION PLANS

The City has 401(k) and 457 deferred compensation plans in which you may voluntarily participate. By signing a payroll deduction authorization, you can have the City withhold a certain portion of your salary (minimum of \$15 each pay period) to a maximum established by law. The maximum 401(k) contribution for calendar year 2016 is \$18,000 for employees under age 50, and \$24,000 for employees over age 50. The 457 plan maximum is \$18,000 for employees under age 50, and \$24,000 for employees over age 50. This money is invested in the program(s) you choose. Your investment is payable to you when you terminate or retire, or to your beneficiary in the event of your death. The amount of your salary that has been withheld is the deferred amount and is not subject to taxes during your employment; however, the deferred compensation, to include interest and dividends earned as a result of the investment, is subject to taxes when it is actually received.

- Loans from 457 plan - Participants are able to take loans from both their 401(k) and 457 plans for anything from home purchase to debt consolidation.
- Managed Accounts - For those employees who would like an added level of guidance, this program is designed to take over the day-to-day management of your deferred compensation account.

The City in no way guarantees the success of any investment program selected and is not liable for any losses that might be incurred under the Deferred Compensation program. For additional information, you may contact: ICMA Retirement Corporation at (800) 669-7400 or InvestorServices@icmarc.org or you may contact ICMA Retirement Plans Specialist Randi Carmen at (800) 620-6068 or rcarmen@icmarc.org



Retirement (CalPERS)

Full time employees of the City of Concord are eligible for California Public Employees' Retirement System (CalPERS), a defined benefit pension plan for all full-time employees. This is in addition to Social Security. Employee paid contributions to the pension plan is mandatory and is deducted bi-weekly on a pre-tax basis from your paycheck.

- Employee paid contributions range from 6.25% to 9% of your base salary depending on the employees' represented unit and retirement tier level.
- The employee paid contributions goes into a CalPERS account that is established for you and earns interest. If you separate from employment for reasons other than retirement, you are entitled to withdraw these funds or if vested, leave them in the account and defer retirement.
- An employee becomes vested for the City contribution after five years of service. The City contribution levels may vary by fiscal year. The City contribution for the fiscal year 2016/17 is 30.817% for miscellaneous employees and 39.466% for Sworn employees.
- Employees in Tier I and Tier II are eligible to retire as early as age 50. Employees that are in the Reformed Tier are eligible to retire at age 52. Early retirement is subject to proration of retirement rates stated above.
- Employees who have service credit with other CalPERS' agencies or have service in a reciprocal member agency will receive retirement benefits for those years based on the respective agency's retirement formula and final compensation.
- Eligible employees retiring directly from the City of Concord are able to continue their medical coverage with CalPERS. Subject to the applicable employee Memorandum of Understanding (MOU) or resolutions, the City will contribute a fixed amount towards medical premiums for eligible retirees.

Employees interested in learning more about their retirement may contact CalPERS directly at 888.225.7377 or visit the CalPERS website at calpers.ca.gov. Alternatively, employees may also contact the City of Concord's Human Resources Office at 925-671-3308, weekdays from 8:00 AM to 5:00 PM.

Retirement (CalPERS), continued

CITY OF CONCORD CALPERS RETIREMENT CONTRIBUTION CHART

EMPLOYEE UNIT:	CONTRACT DATE	PERS Plan Tier II - Nov 29, 2010 Pension Reform - Jan 2013*	PERS City Contribution FY 16/17	PERS Employee- paid Member Contribution	Social Security (applies to all)
EXECUTIVE CONTRACTS EXECUTIVES MANAGERS		Tier I: 2.5%@55 Tier II: 2%@55 Reform: 2%@62 Chief of Police Tier I: 3%@50 Reform: 2.7%@57	30.817% Chief of Police: 39.466%	Tier I: EE pays 8% Tier II: EE pays 7% Reform: EE pays 50% of normal costs, currently 6.25%	Tax Rate: 6.2%
CONFIDENTIAL EMPLOYEE GROUP		Tier I: 2.5%@55 Tier II: 2%@55 Reform: 2%@62	30.817%	Tier I: EE pays 8% Tier II: EE pays 7% Reform: EE pays 50% of normal costs, currently 6.25%	Tax Rate: 6.2%
POLICE MANAGEMENT ASSOCIATION	7/1/2015 - 6/30/2019	Tier I: 3%@50 Reform: 2.7%@57	39.466%	Tier I: EE pays 9% Reform: EE pays 50% of normal costs, currently 10.75%	Tax Rate: 6.2%
POLICE OFFICERS ASSOCIATION	7/1/2015 - 6/30/2019	Tier I: 3%@50 Reform: 2.7%@57	39.466%	Tier I: EE pays 9% Reform: EE pays 50% of normal costs, currently 10.75%	Tax Rate: 6.2%
LOCAL 29 (OFFICE & PROFESSIONAL EMPLOYEES INTERNATIONAL UNION)	5/1/2015 - 6/30/2019	Tier I: 2.5%@55 Tier II: 2%@55 Reform: 2%@62	30.817%	Tier I: EE pays 8% Tier II: EE pays 7% Reform: EE pays 50% of normal costs, currently 6.25%	Tax Rate: 6.2%
LOCAL 856 TEAMSTERS (ADMIN, TECHNICAL, & CLERICAL AND FIELD & OPERATIONS UNITS)	7/1/2015 - 6/30/2019	Tier I: 2.5%@55 Tier II: 2%@55 Reform: 2%@62	30.817%	Tier I: EE pays 8% Tier II: EE pays 7% Reform: EE pays 50% of normal costs, currently 6.25%	Tax Rate: 6.2%

*Pension Reform is applicable to employees who have never been a member of any public retirement system prior to January 1, 2013 OR employees who have moved between public retirement systems or public employers within the same retirement system after more than a 6-month break in service prior to employment at the City of Concord.

Travel Assist

We are pleased to announce that, as an added feature to your employee benefits package, you have access to emergency medical assistance while you travel. This program is made available to you through Sun Life Assurance Company of Canada, and the services are provided by Assist America.

Assist America's travel assistance services include: medical consultation and evaluation, medical referrals, hospital admission guarantee, critical care monitoring, and if medically necessary, evacuation by whatever mode of transport necessary to the nearest facility that can appropriately treat your situation. Also, when you are ready to be discharged from a hospital and need medical assistance to return home (or to a rehabilitation facility).

Assist America will arrange your transportation and provide an escort, if necessary. In order to be eligible for services, you must be traveling no more than 90 consecutive days in a location that is:

- 100 miles or more from your place of residence, or
- A foreign country

If you haven't already received the Emergency Travel Assistance Services brochure containing your Assist America member ID card and lots of helpful information about the program, contact Human Resources.

Here are a few things to keep in mind:

- Always carry your Assist America member ID card whenever you travel.
- Assist America cannot reimburse participants for services that it did not provide.
- To access Assist America services, simply call a number on your member ID card:

Call toll free in the U.S. (800) 872-1414

Call collect outside of the U.S. (301) 656-4152

- Tell them your Sun Life Assurance Company of Canada reference number is **01-AA-SUL-100101**

BON VOYAGE!

www.assistAmerica.com

Reference Number: 01-AA-SUL-100101

This service will not replace your health insurance. In order to get reimbursed for medical bills, please follow the procedures outlined by your health insurance plan. The Assist America staff is available 24 hours a day, 365 days a year to help ensure that you obtain appropriate emergency travel assistance when you are 100 miles or more from home.

assist america®

Employee Assistance Program

The Employee Assistance Program (EAP) is designed to help with short-term counseling needs. It offers quick and easy access to confidential, professional assistance and resources to help you and your family address difficulties related to emotional concerns, relationships, substance abuse, legal and financial concerns.

If it is determined that more than six (6) sessions are needed for your specific situation, the EAP will help coordinate your needs under your medical plan (sworn employees are eligible for eight sessions). Sessions are based on a fiscal year basis, therefore session limits reset every July 1.

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

Work & Life Services

Depending on your plan, telephonic consultation may be available for:

- **Child and Eldercare Assistance** – Help accessing available community and financial resources and referrals to pre-screened providers for childcare, eldercare and more. You may also be entitled to help with adoption, parenting skills, child development, special needs, emergency care, relocation services and educational issues.
- **Financial Issues** – Budgeting, credit and financial guidance (tax or investment advice, loans and bill payments not included).
- **Federal Tax Assistance** – Help with IRS audits and unfiled or past-due tax returns (not a tax representation or preparation service).
- **Pre-Retirement Planning** – Guidance for planning a quality retirement (does not include investment, tax or legal advice).
- **Organizing Life's Affairs** – Help organizing records and vital documents and with arranging “final details” for a loved one.
- **Concierge Services** – Referrals for everyday errands, travel, event planning and more (does not cover the cost, nor guarantee delivery, of services).
- **Legal Services** – Telephonic or face-to-face legal consultations for issues relating to civil, consumer, personal and family law, financial matters, business law, real estate, criminal matters, the IRS and estate planning (excluding disputes or actions between members and their employer or MHN).

MHN EAP services are accessible 24-hours a day for all locations.

Toll-free (800) 242-6220 or online at members.mhn.com

Sworn Access Code: concord1

Non-Sworn Access Code: concord



Flexible Spending Accounts

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

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

At enrollment, you determine the amount of money to contribute to one or both of these accounts for the City's plan year. The contributions are deducted pre-tax per pay period from your paycheck and deposited into the FSA account(s). You request reimbursement of qualified expenses as you incur the expenses from your FSA account(s).

NOTE: Confidential and Police Management employees may combine their "Flex Dollars" (City contribution) with their own dollars for maximum contribution to either account.

HEALTHCARE SPENDING ACCOUNT

This account will reimburse you with pre-tax dollars for qualified out-of-pocket healthcare expenses not covered under your family's healthcare plans. The "Use it or Lose it" rule applies if you do not incur expenses by December 31st of the plan year, you lose the unexpended portion.

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

The maximum amount you may contribute to the Healthcare Spending Account for the Plan Year is **\$2,550** per person, per plan. There is no household maximum as with the Dependent Care Spending Account. Therefore, if your spouse's employer also offers an FSA, he/she could also enroll up to the maximum amount.

USE IT OR LOSE IT!

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

Discovery Benefits' knowledgeable Participant Services team is available from 6:00 am to 9:00 pm CST Monday through Friday. Please contact them with any questions about your benefit plan.

Toll-Free: 866-451-3399

Email: customerservice@discoverybenefits.com

Access additional information on your Commuter Benefits Plan at www.discoverybenefits.com.



Flexible Spending Accounts

DEPENDENT CARE SPENDING ACCOUNT

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

Eligible Dependents Include:

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

USE IT OR LOSE IT!

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

Discovery Benefits' knowledgeable Participant Services team is available from 6:00 am to 9:00 pm CST Monday through Friday. Please contact them with any questions about your benefit plan.

Toll-Free: 866-451-3399

Email: customerservice@discoverybenefits.com

Access additional information on your Commuter Benefits Plan at www.discoverybenefits.com.



Transportation Spending Accounts

Discovery Benefits offers a Transportation Spending Account to save you money. With this program, you pay for your commuting costs with pre-tax dollars up to the monthly IRS limits. This means you don't pay federal income or social security taxes on this money, which lowers your taxable income.

COMMUTER BENEFIT

Pay for transportation to and from work tax free. Common eligible expenses include transportation through train, bus, subway, and ferry. **Up to \$255 per month** can be contributed on a pre-tax basis.

PARKING BENEFIT

Who couldn't use a little more money? The Parking Benefit is a great perk that saves you 40% or more! A Parking Benefits Plan is a great way to reduce your commuting expenses by allowing you to set aside pre-tax money for qualified parking expenses.

Pay for parking at or near your regular place of employment tax free. **Up to \$255 per month** can be contributed on a pre-tax basis.

If the parking facility does not accept debit card payments, participants may also pay out of pocket and then submit a claim online through the consumer web portal.

Simple Access to Your Transportation & Parking Funds

With the Benefits debit card, participants can pay providers at the time of service directly from their Transit & Parking account. Transit & Parking receipts are not required by Discovery Benefits to reimburse claims. We recommend that participants keep receipts for their own records.

For more information and to view a list of qualified expenses, please visit Discovery Benefits' website at www.discoverybenefits.com.

Discovery Benefits' knowledgeable Participant Services team is available from 6:00 am to 9:00 pm CST Monday through Friday. Please contact them with any questions about your benefit plan.

Toll-Free: 866-451-3399

Email: customerservice@discoverybenefits.com

Access additional information on your Commuter Benefits Plan at www.discoverybenefits.com.



Leave Plans and Holidays

ANNUAL VACATION LEAVE ACCRUAL

Years	Executives & Managers	Confidential Employee Group	Police Management Association (PMA)	Police Officers Association (POA)	Local 29	Teamsters ATC and F&O	City Manager	City Attorney
1	15 days	10 days	15 days	10 days	10 days	10 days	35 days per year*	25 days per year*
2	17 days	12 days	17 days	12 days	12 days	12 days		
3-7	20 days	15 days	20 days	15 days	15 days	15 days		
8-9	21 days	16 days	21 days	16 days	16 days	16 days		
10-12	22 days	17 days	22 days	17 days	17 days	17 days		
13-14	24 days	19 days	24 days	19 days	19 days	19 days		
15-19	26 days	21 days	26 days	21 days	21 days	21 days		
20 & +	27 days	22 days	-	-	22 days	22 days		
20-24	-	-	-	22 days	-	-		
20-25	-	-	27 days	-	-	-		
25 & +	-	-	-	25 days	-	-		
26 & +	-	-	28 days	-	-	-	*General leave	

SICK/ADMINISTRATIVE/BEREAVEMENT/MILITARY LEAVE

	Executives & Managers	Confidential Employee Group	Police Management Association (PMA)	Police Officers Association (POA)	Local 29	Teamsters ATC and F&O	City Manager	City Attorney
Sick	12 days per year	12 days per year	12 days per year	12 days per year	12 days per year	12 days per year	N/A	N/A
Administrative	80 hours per FY	N/A	Up to 110 hours per FY	N/A	N/A	N/A	80 hours per FY	80 hours per FY
Bereavement	4 days (in state) 5 days (out of state)	4 days (in state) 5 days (out of state)	3 days	N/A (sick leave accrual used)	4 days (in state) 5 days (out of state)	4 days (in state) 5 days (out of state)	3 days	3 days

Military Leave: For further information on Military Leave, please refer to the City of Concord's Military Leave Policy and Procedure 37.22

Leave Plans and Holidays

2017 HOLIDAYS

Dates	Holidays
January 1	New Year's Day
January 16	Martin Luther King, Jr. Day
February 12	Lincoln's Birthday (Holiday for sworn peace officers and sworn police management only)
February 20	Presidents' Day
May 29	Memorial Day
July 4	Independence Day
September 4	Labor Day
November 11	Veterans' Day
November 23	Thanksgiving Day (as proclaimed)
November 24	Day Following Thanksgiving
December 24	Christmas Eve
December 25	Christmas Day

Wellness Program

BE WELL

The City of Concord's "Be Well" wellness program was launched as a pilot initiative in November 2010 with 57 employee volunteers, and was renewed as a formal program in January of 2012. The purpose of the program is to foster a culture of wellness within the City of Concord's employee base that will ultimately improve the lives of participants, as well as their families, while helping the City to rein in healthcare costs related to injury, illness, absenteeism and presentisms. As an agency that contracts for health benefits through CalPERS, the City of Concord is working as an active partner with CalPERS and John Muir Health to motivate employees to actively manage their own health. The program is fully sponsored by the City and free to participants.

The "Be Well" program encourages employees to maintain or improve their mental and physical wellbeing by participating in regular preventive health screenings, health education, nutrition education, fitness activities, and safety awareness programs.

An exciting addition to our program are the CrossFit classes. Human Resources partnered with Public Works and a local CrossFit affiliate to create a designated area at the Corporation Yard for use by both CrossFit participants and those who prefer to work out on their own. CrossFit workouts are currently held on a regular basis Mondays, Wednesdays and Thursdays from 5:30 p.m. to 6:30 p.m. Classes are led by professional trainers from Diablo CrossFit of Pleasant Hill..."not your typical gym!" As with the rest of the wellness program, these classes are free to all full-time employees.

For more information and/or to join the "Be Well" program, please contact a member of the City's Wellness Committee listed below.

- Lisa Bartlow 671-3144
- David Boatwright 671-3141
- Kristi Carter 671-3407
- Marsha Moore 671-3085
- Lori Myers 671-3393
- Erica Reed 671-5081
- Mike Snow 671-3306
- Craig Tanner 671-3298
- Rob Zywicki 603-5881



Payroll Calendar



Benefit Provider Contact Information

Anthem Blue Cross Select and Traditional HMO		Delta Dental PPO	
Member Services Group Number Website	(855) 839-4524 #HNB050B (Select) #HTB050B (Traditional) www.anthem.com/ca/calpers/hmo	Member Services Group Number Website	(800) 765-6003 #3415 www.deltadentalins.com
Blue Shield Access+ and Net Value HMO		VSP Vision	
Member Services Group Number Website	(800) 334-5847 #ITB010B (Access+) #INB010B (Net Value) www.blueshieldca.com/calpers	Member Services Group Number Website	(800) 877-7195 #12137687 www.vsp.com
Kaiser Permanente HMO		Sun Life Financial Life and Disability	
Member Services Group Number Website	(800) 464-4000 #00003-20 www.kp.org/ca/calpers	Member Services Group Number Website	(800) 247-6875 #202997 www.sunlife-usa.com
HealthNet SmartCare HMO		Travel Assist America	
Member Services Group Number Website	(888) 926-4921 #246320 www.uhc.com/calpers	Member Services Group Number Website	(800) 872-1414 (US) (301) 656-4152 (outside US) #01-AA-SUL-100101 www.assistamerica.com
UnitedHealthcare Alliance HMO		MHN EAP	
Member Services Group Number Website	(877) 359-3714 #246320 www.uhc.com/calpers	Member Services Group Number Website	(800) 242-6220 #5086 members.mhn.com Non-Sworn Code: concord Sworn Code: concord1
Anthem Blue Cross		Discovery Benefits FSA & TSA	
Member Services Group Number Website	(877) 737-7776 #SB050K (PERS Select) #CB050K (PERS Choice) #KB050K (PERSCare) www.anthem.com/ca/calpers	Member Services Group Number Website	(800) 451-3399 N/A www.discoverybenefits.com
PORAC		ICMA Deferred Compensation	
Member Services Group Number Website	(800) 937-6722 #13079G www.porac.org	Member Services Group Number Website	(800) 669-7400 N/A www.icmarc.org

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 and reviewed your EOB (except for copays).
Family Deductible	The maximum dollar amount any one family will pay out in individual deductibles in a year. IMPORTANT: If you enroll for family coverage on the XXXX plan, one or more family members will need to meet the deductible.
Individual Deductible	The dollar amount a member must pay each year before the plan will pay benefits for certain services.
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.

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.

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.

Important Plan Notices and Documents

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 Human Resources.

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

If you decline enrollment in a City of Concord 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 Concord 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 Concord’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 Concord 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 Concord 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 Concord are available on OTIS or by contacting Human Resources.

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.

2017 SUMMARY OF BENEFITS AND COVERAGE NOTICE

Choosing your health plan is an important decision. To assist you with this process, each health plan available to you through the California Public Employees' Retirement System has produced a Summary of Benefits and Coverage (SBC). In addition, the federal government has compiled a glossary of common health insurance terms. Together, these documents provide important information to help you better understand your health benefit coverage and more easily compare health plan options.

To view the SBCs and glossary online, visit calpers.ca.gov* or any of the health plan websites below. To request a free paper copy of the SBC and glossary, please contact each health plan directly.

Anthem Blue Cross		Kaiser Permanente HMO	
Member Services Website	(855) 839-4524 www.anthem.com/ca/calpers/hmo	Member Services Website	(800) 464-4000 www.kp.org/ca/calpers
California Association of Highway Patrolmen**		Peace Officers Research Association of California**	
Member Services Website	(800) 734-2247 www.thecahp.org	Member Services Website	(800) 288-6928 http://ibt.porac.org/sbcs
California Correctional Peace Officers Association**		PERS Select, PERS Choice, and PERSCare	
Member Services Website	(800) 257-6213 www.ccpoabtf.org	Member Services Website	(877) 737-7776 www.anthem.com/ca/calpers
Blue Shield of California		Sharp Health Plan	
Member Services Website	(800) 334-5847 www.blueshieldca.com/calpers	Member Services Website	(855) 995-5004 www.sharphealthplan.com/calpers
Health Net of California		United Healthcare	
Member Services Website	(888) 926-4921 www.healthnet.com/calpers	Member Services Website	(877) 359-3714 www.uhc.com/calpers

* <https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates>

**To enroll in these health plans, you must belong to the specific employee association and pay applicable dues. Please contact your department's human resources office with questions regarding eligibility and enrollment.

MEDICARE PART D

Important Notice from City of Concord 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 Concord 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 Concord has determined that the prescription drug coverage offered by CalPERS is, 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 to 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 Concord coverage will not 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 CalPERS 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 Concord 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 Concord 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 person 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 Concord 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 (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 socialsecurity.gov, or call them at 800-772-1213 (TTY 800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2017
Name of Entity/Sender:	City of Concord
Contact-Position/Office:	Human Resources Department
Address:	1950 Parkside Drive, Concord, CA 94519
Phone:	(925) 671-3308

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial (877) KIDS-NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call (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, 2015. Contact your State for more information on eligibility –

ALABAMA – Medicaid

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

Phone: 1-855-692-5447

ALASKA – Medicaid

Website:

<http://health.hss.state.ak.us/dpa/programs/medicaid/>

Phone (Outside of Anchorage): 1-888-318-8890

Phone (Anchorage): 907-269-6529

COLORADO – Medicaid

Medicaid Website: <http://www.colorado.gov/hcpf>

Medicaid Phone: 1-800-221-3943

FLORIDA – Medicaid

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

Phone: 1-877-357-3268

GEORGIA – Medicaid

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

- Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)

Phone: 404-656-4507

INDIANA – Medicaid

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

Phone: 1-800-889-9949

IOWA – Medicaid

Website: www.dhs.state.ia.us/hipp/

Phone: 1-888-346-9562

KANSAS – Medicaid

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

Phone: 1-800-792-4884

KENTUCKY – Medicaid

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

Phone: 1-800-635-2570

LOUISIANA – Medicaid

Website:

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

Phone: 1-888-695-2447

MAINE – Medicaid

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

Phone: 1-800-977-6740

TTY 1-800-977-6741

MASSACHUSETTS – Medicaid and CHIP

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

Phone: 1-800-462-1120

MINNESOTA – Medicaid

Website: http://www.dhs.state.mn.us/id_006254

- Click on Health Care, then Medical Assistance

Phone: 1-800-657-3629

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://medicaid.mt.gov/member>
Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633

NEVADA – Medicaid

Medicaid Website: <http://dwss.nv.gov/>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>
Phone: 603-271-5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: http://www.nyhealth.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <http://www.ncdhhs.gov/dma>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-800-755-2604

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://www.oregonhealthykids.gov>
<http://www.hijossaludablesoregon.gov>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <http://www.dpw.state.pa.us/hipp>
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid

Website: www.eohhs.ri.gov/
Phone: 401-462-5300

SOUTH CAROLINA – Medicaid

Website: <http://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <https://www.gethipptexas.com/>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Website: <http://health.utah.gov/medicaid>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-866-435-7414

VERMONT– Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid

Website: <http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx>
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

Website: <http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx>
Phone: 1-877-598-5820, HMS Third Party Liability

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://wyequalitycare.acs-inc.com/>
Phone: 307-777-7531

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

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

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

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS

Part B: Information About Employer-Provided Health Plan Coverage

If you decide to complete an application for coverage in the Marketplace, you will be asked for information about our health plan coverage. The information below can help you complete your application for coverage in the Marketplace.

1. General Employer Information

Employer Name:	City of Concord
Employer Identification Number (EIN):	94-6000315
Employer Street Address:	1950 Parkside Drive
Employer Phone Number:	(925) 671-3308
Employer City:	Concord
Employer State:	CA
Employer ZIP Code:	94519
Who Can We Contact About Employee Health Coverage At This Job?	Teresa Fairbanks
Phone Number (if different from above):	(925) 671-3397
Email Address:	Teresa.fairbanks@cityofconcord.org

2. Eligibility. You may be asked whether or not you are currently eligible for our health plan coverage or whether you will become eligible for coverage within the next three months. In addition, if you are or will become eligible, you may be required to list the names of your dependents that are eligible for coverage under our health plan.

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 plan. You can obtain a copy of the Summary Plan Description by contacting Human Resources at (925) 671-3308.

3. Minimum Value. If you are eligible for coverage under our health plan, you may be required to check a box indicating whether or not our health plan meets the minimum value standard. Our health plan coverage meets the minimum value standard.

4. Premium Cost. If you are eligible for coverage under our health plan, you may be asked to provide the amount of premiums you must pay for self-only coverage under the lowest-cost health plan that meets the minimum value standard. If you 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 Human Resources at (925) 671-3308.

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. If you are not sure how to answer this question on your Marketplace application, please contact the Marketplace.



Rev. 9/2/2016