COVERAGE EFFECTIVE
JANUARY 1 – DECEMBER 31, 2024

OPEN ENROLLMENT IS NOV 1 THROUGH NOV 30, 2023
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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 Important Notices section for more details.

Questions? Email the Benefits Team at benefits@stocktonca.gov
The City of Stockton supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

What's Inside?
This benefit booklet is intended to provide you with a general understanding of the City’s benefit programs. It contains several brief summaries of the benefit programs that the City provides for eligible employees. The purpose of summaries is simply to acquaint you with the general provisions of the applicable plans. For purposes of brevity and simplicity, they do not contain full statements of each of the terms, conditions, and limitations of the plans. Consequently, if there is any real or apparent conflict between the brief summaries contained in this booklet and the terms, conditions or limitations of the official plan documents, the provisions of the official plan documents will apply.

The City is changing to a calendar plan year effective 1/1/2024. Flexible Spending Accounts (FSA), Health Savings Accounts (HSA) and Medical plans will be effective January 1, 2024 through December 31, 2024.
2024 Open Enrollment

Open Enrollment Checklist
Action Items If Making An Election

- All benefit-eligible employees must fill out the enrollment form and return to the Benefits Department no later than Thursday, November 30th, 2023, to review and approve benefit changes.
  - Dependent Verification documentation is required when adding a new dependent to the City’s Medical/Dental/Vision plans. Acceptable documentation includes a birth certificate, marriage certificate, registered Domestic Partnership certification, court documents for legal guardianship or adoptions.

Questions? Email the Benefits Team at benefits@stocktonca.gov
2024 Open Enrollment

Review Your Benefit Elections
Now is a good time to review the benefits elections

- Review all plan information and materials at www.stocktonca.gov/OpenEnrollment

Consider asking the following questions:

- What changes have been made to my benefit plans?
  o Has your employer changed medical providers?
    Have there been changes to your existing policies?
    Review these changes and make sure you understand the options you've elected, or what changes you would like to make.

- Are you planning on certain life changes in the upcoming year?
  o If you're planning on getting married or starting a family, now is a good time to review your benefits. For example, a couple getting married may consider reviewing the cost of premiums if each person kept their coverage versus both people joining one spouse's healthcare plan.

- Do you know your plan year dates?
  o Take time to review when your plan year begins, as well as key dates like elimination periods for disability policies. Knowing this information now can help avoid confusion in the future.

Review Your Beneficiaries
If the previous year brought family changes, from the addition of a child to a change in marital status, make sure your beneficiaries are up to date. Here are just a few places we recommend you review and update where needed:
- CalPERS Beneficiary
- CalPERS Special Power of Attorney
- Life Insurance Policy
- Deferred Compensation Plan
- Emergency Contact Information
- Final Paycheck Designation

Note:
Forms can be found under the beneficiary section at www.stocktonca.gov/employeebenefits

Review Your FSA Contributions
Use this time to review your qualified healthcare expenses from the previous year and estimate what your expenses will be for 2024. If you have a Flexible Spending Account (FSA), you won't be able to change your contributions outside of your enrollment period. To access a calculator to help estimate expenses, visit P&A Group’s website at https://www.padmin.com/mybenefits/fsacalc/fsacalculator.aspx

Review Your Deferred Compensation Contributions
The beginning of the year is an ideal time to plan your 457 (b) contributions. Now is also a good time to review your portfolio and reach out to your provider if you have any questions. Check out the Empower website at https://participant.empower-retirement.com/participant/#/login

Questions? Email the Benefits Team at benefits@stocktonca.gov
Dependent Eligibility and Verification

Open Enrollment is your annual opportunity to enroll or make changes to your health insurance coverage. The open enrollment period allows employees time to review the City’s benefit offerings and make choices that are right for you and your family. The choices you make will be in effect January 1, 2024, through December 31, 2024.

Eligibility
The following dependents of an enrolled employee are eligible for medical, dental, and vision coverage.

- Legal spouse
- Qualified domestic partner
- Children up to age 26
- Disabled children age 26 and over who are unmarried, incapable of sustaining employment due to a physical or mental disability (supporting documentation is required)

Dependent Eligibility Verification Process
All employees adding dependents must submit documentation verifying the eligibility of their covered dependents.

- For spouses, provide a marriage certificate
- For qualified domestic partners, provide a domestic partnership certificate and complete the Registered Domestic Partner Dependent Certification Form (found on [www.stocktonca.gov/EmployeeBenefits](http://www.stocktonca.gov/EmployeeBenefits)).
- For children up to age 26, provide a birth certificate
- For disabled children age 26 and over, provide disability paperwork from a physician.
- If documentation is not received by December 1, the dependent will not be added to the plan.

Important Dates

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Enrollment</td>
<td>Wednesday, November 1 – Thursday, November 30, 2023</td>
</tr>
<tr>
<td>Effective Date Of Benefits</td>
<td>January 1, 2024 – December 31, 2024</td>
</tr>
<tr>
<td>Payroll Deductions Begin</td>
<td>January 22, 2024, paycheck</td>
</tr>
</tbody>
</table>

Questions? Email the Benefits Team at benefits@stocktonca.gov
Changing Your Benefits

LIFE HAPPENS

A qualifying life event allows you to make changes outside of the Open Enrollment period. Watch the video for a quick take on your options.

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

- Changes you make must be consistent with the qualifying life event by adding/removing dependents to your current elections.
- You must make the changes within 60 days of the date the qualifying life event (marriage, birth, etc.) occurs.
- With the exception of births, plan changes take effect the first day of the following month.

Click to play video

You may not make changes to your coverage outside of Open Enrollment unless you experience a qualifying life event. Qualifying life events include:

- **Change in legal marital status**, including marriage, divorce, legal separation, annulment, registration or dissolution of domestic partnership, and death of a spouse.
- **Change of dependents status**, including birth, adoption, placement for adoption, or death of a dependent child.
- **Change in employment status**, including termination of employment by you, your spouse, or your dependent child.
- **Permanent change in work schedule**, including a significant increase or decrease in hours of employment by you.
- **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 special enrollment event under HIPAA** (the Health Insurance Portability and Accountability Act), 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.

Questions? Email the Benefits Team at benefits@stocktonca.gov
Understanding Different Health Plans

- **Health Maintenance Organization (HMO)** plans (Kaiser and Sutter) offer members a range of health benefits, including preventive care. The HMO will give you a list of doctors within their network, from which you select a primary care provider (PCP). Your PCP coordinates your care including referrals to specialists.

- **High Deductible Health Plan (HDHP)** is a Kaiser or Sutter plan that combines lower premiums with a higher deductible. The individual or family deductible must be met before coinsurance and copays apply. All preventive services (annual wellness physical, well-child visits, immunizations, preventive screenings like mammograms and colonoscopies) are covered at 100% and are not subject to the deductible.

- **Point of Service (POS) Plan** is a type of managed care plan that is a hybrid of HMO and PPO plans. Like an HMO, participants designate an in-network physician to be their primary care provider. But like a PPO, patients may go outside of the provider network for health care services. The Kaiser Permanente POS plan has three coverage tiers: Kaiser HMO Network, PPO Network (MultiPlan), and Out-of-Network.

Which Plan Is Right For You?

**Consider an HMO (Health Maintenance Organization) if:**
- You want lower, predictable out-of-pocket costs
- You like having one doctor manage your care
- You are happy with the selection of network providers
- You don’t see any doctors that are out-of-network

**Plans To Consider**
- Kaiser Permanente HMO
- Sutter Health Plus HMO

**Consider a High Deductible Health Plan (HDHP) if:**
- You want to be able to see any provider, even a specialist, without a referral
- You are willing to pay more to see out-of-network providers
- You want tax-free savings on your healthcare costs
- You want to build a savings account for future healthcare costs for you and your eligible family members
- You want an extra way to add to your retirement savings

**Plans To Consider**
- Kaiser Permanente HDHP
- Sutter Health Plus HDHP

**Consider a POS Plan (Point of Service) if:**
- You want access to both in- and out-of-network providers
- You like having one doctor to manage your in-network care
- You are willing to pay more to see out-of-network providers

**Plan To Consider**
- Kaiser Permanente POS

Questions? Email the Benefits Team at benefits@stocktonca.gov
Terminology You Need To Know

**Medical**

**Out-of-pocket cost** - A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

**Deductible** - The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

**Coinsurance** - After you meet the deductible amount, you and your health plan share the cost of covered expenses. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 70% coinsurance, you are responsible for paying your coinsurance share, 30% of the cost.

**Copay** - A set fee you pay whenever you use a particular healthcare service, for example, when you see your doctor or fill a prescription. After you pay the copay amount, your health plan pays the rest of the bill for that service.

**In-network / out-of-network** - Network providers (doctors, hospitals, labs, etc.) are contracted with your health plan and have agreed to charge lower fees to plan members, as negotiated in their contract with the health plan. Services from out-of-network providers can cost you more because the providers are under no obligation to limit their maximum fees. With some plans, such as HMOs and EPOs, services from out-of-network providers are not covered at all.

**Out-of-pocket maximum** - The most you would pay from your own money for covered healthcare expenses in one year. Once you reach your plan’s out-of-pocket maximum dollar amount (by paying your deductible, coinsurance and copays), the plan pays for all eligible expenses for the rest of the plan year.

**Prescription Drug**

**Brand name** - A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine. You generally pay a higher copay for brand name drugs.

**Generic drug** - A drug that has the same active ingredients as a brand name drug but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor. You generally pay a lower copay for generic drugs.

**Preferred drug** - Each health plan has a list of prescription medicines that are preferred based on an evaluation of effectiveness and cost. Another name for this list is a “formulary.” The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

**Specialty drug** - Medication that requires close supervision and monitoring for serious and/or complex chronic conditions. These medications are often associated with very high costs and require special storage, handling, or dosing procedures.

**Dental**

**Basic services** - Dental services such as fillings, routine extractions and some oral surgery procedures.

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

**Major services** - Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Questions? Email the Benefits Team at benefits@stocktonca.gov
Point of Service (POS) Plans – Kaiser Permanente

You can choose any physician to provide care nationwide and receive preventive care at little or no cost. A POS plan includes three provider options to choose from. You may access provider information at [www.kp.org](http://www.kp.org)

<table>
<thead>
<tr>
<th>Plan Features</th>
<th>HMO Tier</th>
<th>PPO In-Network Tier</th>
<th>PPO Out-of-Network Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>None</td>
<td>$500 Individual</td>
<td>$1,000 Individual</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$1,000 Family</td>
<td>$2,000 Family</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$1,500 Individual</td>
<td>$3,000 Individual</td>
<td>$6,000 Individual</td>
</tr>
<tr>
<td></td>
<td>$3,000 Family</td>
<td>$6,000 Family</td>
<td>$12,000 Family</td>
</tr>
<tr>
<td><strong>Preventive Care Visits</strong></td>
<td>No charge</td>
<td>No charge</td>
<td>40%</td>
</tr>
<tr>
<td><strong>Office Visit</strong></td>
<td>$20 Copayment</td>
<td>$35 Copayment</td>
<td>40%</td>
</tr>
<tr>
<td><strong>X-Ray and Lab</strong></td>
<td>No charge</td>
<td>$35 Copayment</td>
<td>40%</td>
</tr>
<tr>
<td><strong>Maternity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient (prenatal visits)</td>
<td>No charge</td>
<td>No charge</td>
<td>40%</td>
</tr>
<tr>
<td>Inpatient (delivery/postpartum care)</td>
<td>No charge</td>
<td>$250 Copayment per admission then 20%</td>
<td>$500 Copayment per admission then 40%</td>
</tr>
<tr>
<td><strong>Inpatient Hospital</strong></td>
<td>$250 Copayment per admission</td>
<td>$250 Copayment per admission then 20%</td>
<td>$500 Copayment per admission then 40%</td>
</tr>
<tr>
<td><strong>Outpatient Hospital/Surgery</strong></td>
<td>$100 Copayment per procedure</td>
<td>20% per procedure</td>
<td>40% per procedure</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>Covered under the HMO Tier, subject to a $150 Copayment, regardless of facility/hospital accessed</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>$20 Copayment</td>
<td>20%</td>
<td>40%</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$10 Copayment</td>
<td>$20 Copayment</td>
<td>Not covered</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$30 Copayment</td>
<td>$40 Copayment</td>
<td>Not covered</td>
</tr>
<tr>
<td>Non-Preferred Brand</td>
<td>$30 Copayment</td>
<td>$50 Copayment</td>
<td>Not covered</td>
</tr>
<tr>
<td>Specialty Drugs</td>
<td>20% with $250 per prescription maximum</td>
<td>30% with $250 per prescription maximum</td>
<td>Not covered</td>
</tr>
<tr>
<td>Mail Order (100-Day Supply)</td>
<td>Generic: $20 Copayment Brand: $60 Copayment</td>
<td>Most prescriptions from Participating/Nonparticipating Providers may be filled at Kaiser Permanente Pharmacies and refilled through mail-order. Mail-order service is not available at MedImpact Pharmacies.</td>
<td></td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>$250 Copayment per admission</td>
<td>$250 Copayment per admission then 20%</td>
<td>$500 Copayment per admission then 40%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$20 Copayment</td>
<td>$35 Copayment</td>
<td>40%</td>
</tr>
</tbody>
</table>
High Deductible Health Plans (HDHP) With Health Savings Account (HSA) – Kaiser Permanente and Sutter Health Plus

You will only have access to in-network providers. With the HDHP, you must pay all of the costs from providers up to the deductible amount before the plan begins to pay. Once you reach the deductible, the plan covers services at 100%, with the exception of copay for prescription drugs.

You may access provider information at [www.kp.org](http://www.kp.org) or [www.sutterhealthplus.org/provider-search](http://www.sutterhealthplus.org/provider-search).

<table>
<thead>
<tr>
<th>Plan Features</th>
<th>Sutter HDHP HSA</th>
<th>Kaiser HDHP HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong>¹</td>
<td>$1,800/single</td>
<td>$1,800/single</td>
</tr>
<tr>
<td></td>
<td>$3,200/family</td>
<td>$3,200 / each member in a family (2+)</td>
</tr>
<tr>
<td><strong>Rx Deductible</strong></td>
<td>Included in medical deductible</td>
<td>Included in medical deductible</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$3,200/person</td>
<td>$3,600 / person</td>
</tr>
<tr>
<td></td>
<td>$3,200/family</td>
<td>$3,600 / each member in a family (2+)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$7,200/ entire family (2+)</td>
</tr>
<tr>
<td><strong>Preventive Care Visits</strong></td>
<td>No charge</td>
<td>No charge</td>
</tr>
<tr>
<td><strong>Office Visit</strong></td>
<td>No charge after deductible</td>
<td>No charge after deductible</td>
</tr>
<tr>
<td><strong>X-Ray And Lab</strong></td>
<td>No charge after deductible</td>
<td>No charge after deductible</td>
</tr>
<tr>
<td><strong>Complex Imaging (MRI, CT)</strong></td>
<td>No charge after deductible</td>
<td>No charge after deductible</td>
</tr>
<tr>
<td><strong>Maternity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient (prenatal visits)</td>
<td>No charge after deductible</td>
<td>No charge after deductible</td>
</tr>
<tr>
<td>Inpatient (delivery/postpartum care)</td>
<td>No charge after deductible</td>
<td>No charge after deductible</td>
</tr>
<tr>
<td><strong>Inpatient Hospital</strong></td>
<td>No charge after deductible</td>
<td>No charge after deductible</td>
</tr>
<tr>
<td><strong>Outpatient Hospital/Surgery</strong></td>
<td>No charge after deductible</td>
<td>No charge after deductible</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>No charge after deductible</td>
<td>No charge after deductible</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>No charge after deductible</td>
<td>No charge after deductible</td>
</tr>
<tr>
<td><strong>Chiropractic</strong></td>
<td>Not covered</td>
<td>$15 copay/visit - 30 visits/year</td>
</tr>
<tr>
<td><strong>Acupuncture</strong></td>
<td>Covered only for treatment of chronic pain and nausea</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>No charge after deductible</td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong>²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$10 copay after deductible</td>
<td>$10 copay after deductible</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$20 copay after deductible</td>
<td>$30 copay after deductible</td>
</tr>
<tr>
<td>Non-Preferred Brand</td>
<td>$35 copay after deductible</td>
<td>N/A</td>
</tr>
<tr>
<td>Specialty Drugs</td>
<td>No charge after deductible</td>
<td>20% up to $150</td>
</tr>
<tr>
<td>Mail Order (90-Day Supply)</td>
<td>$20/$40/$70 after deductible (100-day supply)</td>
<td>$20/$60 after deductible (100-day supply)</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>No charge after deductible</td>
<td>No charge after deductible</td>
</tr>
<tr>
<td>Outpatient</td>
<td>No charge after deductible</td>
<td>No charge per visit; deductible waived</td>
</tr>
</tbody>
</table>

¹An individual's deductible within a family plan will be no greater than the individual deductible.

²An individual’s out-of-pocket maximum within a family plan will be no greater than the individual out-of-pocket maximum.

³If the member requests a brand name drug when a generic is available, the member pays the applicable copay plus the difference between the generic price and the brand name price.

**Note:** Televisits are included at no charge after deductible
Health Maintenance Organization (HMO) Plans - Kaiser Permanente and Sutter Health Plus

You will only have access to in-network providers except in the case of emergency. You may access provider information at [www.kp.org](http://www.kp.org) or [www.sutterhealthplus.org/provider-search](http://www.sutterhealthplus.org/provider-search).

<table>
<thead>
<tr>
<th>Plan Features</th>
<th>Sutter HMO</th>
<th>Kaiser HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible¹</td>
<td>No deductible</td>
<td>No deductible</td>
</tr>
<tr>
<td>Rx Deductible</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum²</td>
<td>$1,500/person</td>
<td>$1,500/person</td>
</tr>
<tr>
<td></td>
<td>$3,000/family (Based on Plan Year)</td>
<td>$3,000/family (Based on Calendar Year)</td>
</tr>
<tr>
<td>Preventive Care Visits</td>
<td>No charge</td>
<td>No charge</td>
</tr>
<tr>
<td>Office Visit</td>
<td>$20 per visit</td>
<td>$20 per visit</td>
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<td>X-Ray And Lab</td>
<td>Lab: $20 per visit</td>
<td>$10 per encounter</td>
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<td>No charge</td>
<td>$50 per procedure</td>
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<tr>
<td>Outpatient (prenatal visits)</td>
<td>No charge</td>
<td>No charge</td>
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<tr>
<td>Inpatient (delivery/postpartum care)</td>
<td>$250 per admission</td>
<td>$250 per admission</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$250 per admission</td>
<td>$250 per admission</td>
</tr>
<tr>
<td>Outpatient Hospital/Surgery</td>
<td>$120 per procedure</td>
<td>$100 per procedure</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$100 per visit; waived if admitted</td>
<td>$100 per visit; waived if admitted</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$20 per visit</td>
<td>$20 per visit</td>
</tr>
<tr>
<td>Chiropractic/Acupuncture</td>
<td>$20 per visit</td>
<td>$15 per visit; up to 30 visits per year</td>
</tr>
<tr>
<td>Prescription Drugs³</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$10 copay</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$30 copay</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Non-Preferred Brand</td>
<td>$60 copay</td>
<td>N/A</td>
</tr>
<tr>
<td>Specialty Drugs</td>
<td>20% up to $250</td>
<td>20% up to $250</td>
</tr>
<tr>
<td>Mail Order (90-Day Supply)</td>
<td>$20/$60/$120 (100-day supply)</td>
<td>$20/$60 (100-day supply)</td>
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<tr>
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<td>$250 per admission</td>
<td>$250 per admission</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$20 per visit</td>
<td>$20 per visit</td>
</tr>
</tbody>
</table>

¹An individual’s deductible within a family plan will be no greater than the individual deductible.
²An individual’s out-of-pocket maximum within a family plan will be no greater than the individual out-of-pocket maximum.
³If the member requests a brand name drug when a generic is available, the member pays the applicable copay plus the difference between the generic price and the brand name price.

Note: Televisits are included at no cost under the Kaiser HMO and at $20 copay for Sutter. Visit [sutterhealth.org/video-visits](http://sutterhealth.org/video-visits).

Questions? Email the Benefits Team at [benefits@stocktononca.gov](mailto:benefits@stocktononca.gov)
Know Where To Go

Where you get medical care can significantly influence the cost. Here’s a quick guide to help you know where to go, based on your condition, budget, and time.

<table>
<thead>
<tr>
<th>Type</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse line (24/7—$0)</td>
<td>Identifying if immediate care is needed</td>
</tr>
<tr>
<td></td>
<td>Home treatment options and advice</td>
</tr>
<tr>
<td>Quick answers from a trained nurse</td>
<td></td>
</tr>
<tr>
<td>Online visit (24/7—$)</td>
<td>Cold, flu, allergies, headache, migraine</td>
</tr>
<tr>
<td>Many nonemergency health issues</td>
<td>Skin conditions, rashes</td>
</tr>
<tr>
<td></td>
<td>Minor injuries</td>
</tr>
<tr>
<td></td>
<td>Mental health concerns</td>
</tr>
<tr>
<td>Office visit ($$)</td>
<td>Preventive care</td>
</tr>
<tr>
<td>Routine medical care and management</td>
<td>Illnesses, injuries</td>
</tr>
<tr>
<td></td>
<td>Managing existing conditions</td>
</tr>
<tr>
<td>Urgent care ($$$)</td>
<td>Stitches, sprains</td>
</tr>
<tr>
<td>Non-life-threatening conditions</td>
<td>Animal bites</td>
</tr>
<tr>
<td>requiring prompt attention</td>
<td>High fever, respiratory infections</td>
</tr>
<tr>
<td>Emergency room (24/7—$$$$)</td>
<td>Suspected heart attack or stroke</td>
</tr>
<tr>
<td>Life-threating conditions needing</td>
<td>Major bone breaks</td>
</tr>
<tr>
<td>immediate care</td>
<td>Excessive bleeding</td>
</tr>
<tr>
<td></td>
<td>Severe pain</td>
</tr>
<tr>
<td></td>
<td>Difficulty breathing</td>
</tr>
</tbody>
</table>

Click to play videos

Virtual Healthcare

Urgent Care vs ER

Questions? Email the Benefits Team at benefits@stocktonca.gov
Everyone needs support for total health — mind, body, and spirit. These tools can help you navigate life’s challenges, make small changes that improve sleep, mood, and more, or simply support an overall sense of well-being.

Kaiser Members

Calm is the #1 app for meditation and sleep — designed to help lower stress, reduce anxiety, and more. Kaiser Permanente members can access all the great features of Calm at no cost, including:

- **The Daily Calm**, exploring a fresh mindful theme each day
- More than 100 guided meditations
- Sleep Stories to soothe you into deeper and better sleep
- Video lessons on mindful movement and gentle stretching

**myStrength** is a personalized program that helps you improve your awareness and change behaviors. Kaiser Permanente members can explore interactive activities, in-the-moment coping tools, community support, and more at no cost.

- Mindfulness and meditation activities
- Tailored programs for managing depression, stress, anxiety, and more
- Tools for setting goals and preferences, tracking current emotional states and ongoing life events, and viewing your progress

Adult Kaiser members can download these popular apps at [kp.org/selfcareapps](http://kp.org/selfcareapps).

Sutter Health Plus Members

Live and Work Well

USBHPC’s Live and Work Well website [liveandworkwell.com](http://liveandworkwell.com) is designed to give you quick, confidential, 24/7 access to the resources available, including:

- **Personal Life**: for caregiving, parenting
- **Crisis Support**: for abuse, addiction, disasters, finance
- **Mind & Body**: for mental and physical health, recovery and resiliency
- **Find a Resource**: locate providers and facilities, for in-person and virtual appointments

To access Live and Work Well services, you can register on [liveandworkwell.com](http://liveandworkwell.com). To navigate the site as a “Guest”, follow these steps:

1. Select “Forgot your access code”
2. Select “**Sutter Health Plus**” from the dropdown
3. Select “Enter

Sanvello Mobile App

Sanvello is an app offering help for stress, anxiety and depression—anytime, anywhere. Completely confidential, the Sanvello app is available at no extra cost as part of the behavioral health benefits through USBHPC, a subsidiary of Optum. You can download the free app from Apple’s App Store or Google Play.

Questions? Email the Benefits Team at benefits@stocktonca.gov
HEALTH SAVINGS ACCOUNT (HSA)

The Health Savings Account (HSA), administered
by P&A Group, is partnered with a High Deductible
Health Plan (HDHP), available through Kaiser or
Sutter Health Plus. When you enroll in the HSA,
you will receive a debit card to access your
account. Additional enrollment process through
UMB Bank is required.

You deposit pre-tax funds into HSA via per-
paycheck contributions. The maximum individual
and family HSA contributions are set annually by
IRS. Employees age 55 and over can contribute an
additional catch-up contribution of $1,000.

Monthly Account Administration Fees

There is a monthly administration fee of $2.50
associated with the HSA. This will result in a
deduction of $2.50 on the second paycheck of
each month. If you do not elect to contribute to
the HSA, the administration fee still applies to
maintain the account.

Maximum Annual Contribution

|          | $4,150 Individual / $8,300 Family |

Use your HSA funds for eligible medical, dental,
and vision expenses. For an extensive list of
eligible expenses, visit www.padmin.com.

HSA funds are yours to keep.
Unused dollars roll over to the
following plan year

• If you switch to a non-High Deductible Plan in
  the future, you can no longer contribute to the
  HSA but can use the funds for eligible health
care expenses.

• The year you turn 55, you can make an extra
  $1,000 catch-up contribution to the HSA.

• The IRS annual maximums are based on a
calendar year (CY), so when deciding how
  much to contribute, just be sure you do not go
  over the limit in CY 2024.

How HSA Works:

• Money goes in tax-free. Your contribution is
deposited into your HSA prior to taxes being
applied to your paycheck, making your savings
immediate. You can also contribute to your HSA
post-tax and recognize the same tax savings by
claiming the deduction when filing your annual
taxes.

• Money comes out tax-free. Eligible healthcare
purchases can be made tax-free when you use
your HSA account, either by using your benefits
debit card, ACH, online bill-pay, check – or you can
pay out-of-pocket and then reimburse yourself
from your HSA.

• Earn interest, tax-free. The interest on HSA funds
grows on a tax-free basis. And, unlike most savings
accounts, interest earned on an HSA is not
considered taxable income when the funds are
used for eligible medical expenses. Once you have
a minimum of $1,000 in your account, you may
transfer funds to an HSA investment account.

• If you have a balance in a Health Care Flexible
Spending Account (HC FSA) as of 7/1/2021, you are
not eligible to enroll in an HSA.

• If you are enrolled in a Health Reimbursement
Account (HRA), you cannot enroll in an HSA unless
you sign a waiver to agree to suspend the account
(and will not be able to use HRA funds for the
balance of the time you are enrolled on the HSA).
The City will continue to make contributions to your
HRA while suspended.

Note: If you enroll in the HSA plan, you may also enroll
in the Limited Flexible Spending Account (FSA). Funds
in the Limited FSA may be used to pay for dental and
vision expenses.

Click to play videos

Questions? Email the Benefits Team at benefits@stocktonca.gov
### HSA Rules

In order to enroll in the Health Savings Account (HSA), you:

- MUST enroll in the High Deductible Health Plan (HDHP) with Kaiser or Sutter
- Cannot be enrolled in any other non-HDHP (i.e., coverage on an HMO through a spouse’s plan)
- Cannot be enrolled in Medicare
- Cannot be claimed as a dependent on anyone else’s taxes
- Cannot have a balance in your FSA at the beginning of the plan year (July 1)
- Cannot be enrolled in an active HRA – reimbursements must be suspended, but employer contributions may continue

<table>
<thead>
<tr>
<th>Health Savings Account (HSA)</th>
<th>Health Reimbursement Arrangement (HRA)</th>
<th>Flexible Spending Account (FSA)</th>
<th>Dependent Care Assistance Program (DCAP)</th>
<th>Limited Purpose Flexible Spending Account (LPFSA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ Limited Purpose Flexible Spending Account (LPFSA)</td>
<td>= YES! You can enroll in both accounts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>+ Dependent Care Assistance Program (DCAP)</td>
<td>= YES! You can enroll in both accounts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>+ Health Reimbursement Arrangement (HRA)</td>
<td>= ONLY if the HRA contributions and reimbursements are suspended for the plan year (Must complete a waiver through HR)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>+ Health Flexible Spending Account (FSA)</td>
<td>= No – You cannot enroll in both accounts or have any balance in your FSA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>+ A non-HDHP medical plan</td>
<td>= No You cannot enroll in both</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>+ Medicare</td>
<td>= No You cannot enroll in both</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Flexible Spending Accounts (Health Care and Dependent Care) allow employees to set aside pre-tax dollars to use for qualifying, unreimbursed medical expenses, and/or dependent care expenses, such as daycare or senior living.

Annual maximum contributions are set by the IRS. Contributions are deducted from your pay on a pre-tax basis, meaning no federal or state taxes are paid on that amount. Below are the maximum contributions for 2024:

<table>
<thead>
<tr>
<th>Health Care FSA</th>
<th>Limited FSA – 2024 Annual limit: $3,200</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent Care FSA – Annual limit: $5,000 ($2,500 if married filing separately)</td>
<td></td>
</tr>
</tbody>
</table>

Eligible Health Care FSA expenses must be for health care, dental care or vision care received primarily for the prevention or treatment of a physical or mental condition or illness. Out-of-pocket expenses are generally eligible if they are not reimbursed by insurance. Regardless of whether the expenses are incurred by you or your eligible dependents, they must be incurred during the Plan Year or during the period of coverage if you enroll after the Plan Year begins. An expense is incurred when you or one of your dependents receives the services, not when you are billed, charged for, or pay for the services.

Eligible Dependent Care FSA expenses include charges for care of a qualifying person inside or outside your home. This includes feeding, administration of medicine, general supervision and nursery school. The main purpose must be the person’s well-being and protection.

Out-of-home care must comply with all federal requirements if the facility provides care for more than six non-resident individuals. (State and some local laws require licensing where care is provided to fewer persons.) Out-of-home care for a qualifying person age 13 or older will qualify, if person is physically or mentally incapable of self-care and regularly spends at least eight hours each day in your household.

For a comprehensive list of eligible items, visit [www.padmin.com](http://www.padmin.com).

Commuter Benefits

These plans allow you to set aside pre-tax dollars for work-related parking and/or public transit expenses such as subways, buses, and commuter rail.

**Parking/Transit FSAs** – Maximum contribution limit for 2024: $315 per month

| FSA TAX SAVINGS EXAMPLE |
|--------------------------|-----------------------|---------------------|
| $60,000 Annual Pay, with $1,500 FSA Contribution |
| $330 | $115 | $445 |
| 22% Federal income tax | 7.65% FICA tax | Annual FSA tax savings |
| $120,000 Annual Pay, with $2,850 FSA Contribution |
| $684 | $219 | $903 |
| 24% Federal income tax | 7.65% FICA tax | Annual FSA tax savings |

Your tax savings may vary depending on tax filing status and other variables.

Questions? Email the Benefits Team at benefits@stocktonca.gov
City of Stockton offers two dental options through Delta Dental.

- The DPPO Delta Dental Plan offers the freedom to choose any licensed dentist. Most California dentists are members of the PPO network. Fees for these dentists are pre-negotiated to keep costs down.

- The DHMO Plan (DeltaCare USA) includes a smaller network of dentists. You must select a primary care provider (PCP) in the DeltaCare USA network. There are minimal out-of-pocket costs when using DeltaCare USA.

Make sure to check the network before you select the DHMO plan. Providers may be limited in your area. Visit [www.deltadentalins.com](http://www.deltadentalins.com) to look for a participating provider.

Questions? Email the Benefits Team at [benefits@stocktonca.gov](mailto:benefits@stocktonca.gov)
## Dental

<table>
<thead>
<tr>
<th></th>
<th>PPO Plan DPPO</th>
<th>DeltaCare DHMO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-network</td>
<td>Out-of-network</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>No deductible</td>
<td>No deductible</td>
</tr>
</tbody>
</table>

### Dental Services

<table>
<thead>
<tr>
<th>Service Type</th>
<th>In-network</th>
<th>Out-of-network</th>
<th>In-network Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic &amp; Preventive</td>
<td>0%</td>
<td>0%</td>
<td>$0 - $45 copays²</td>
</tr>
<tr>
<td>Basic Services</td>
<td>20%</td>
<td>20%</td>
<td>Scheduled copays²</td>
</tr>
<tr>
<td>Major Services</td>
<td>20%</td>
<td>20%</td>
<td>Scheduled copays²</td>
</tr>
<tr>
<td>Prosthodontics</td>
<td>50%</td>
<td>50%</td>
<td>Scheduled copays²</td>
</tr>
</tbody>
</table>

**Calendar Year Maximum Benefits**¹

- **$1,500 per covered person**
- **No annual maximum**

**Orthodontia**

- 50% Schedule copays²

**Orthodontia Lifetime Max Benefits**

- **$2,000 per covered person**
- **No maximum**

¹ Diagnostic and preventive services do not count toward Calendar Year Maximum

² For a schedule of copays, review the full DHMO benefit summary at [www.stocktonca.gov/OpenEnrollment](http://www.stocktonca.gov/OpenEnrollment)

---

Available to PPO Members!

Your Dental PPO plan comes with enhanced coverage for enrollees with certain medical conditions (diabetes, heart disease, HIV/AIDS, rheumatoid arthritis or stroke).

Members with certain chronic conditions may be eligible for:

- 100% coverage for one periodontal scaling and root planning procedure per quadrant (D4341 or D4342) per plan year
- Four of the following (any combination) per calendar or contract year, covered at 100%:
  - Teeth cleaning
  - Periodontal maintenance
  - Scaling in the presence of moderate or severe gingival inflammation

It’s easy for enrollees to opt-in!

Sign up online at [www.deltadentalins.com](http://www.deltadentalins.com) - After logging in to your Online Services account, click on the Optional Benefits tab and then select Opt-In.

Questions? Email the Benefits Team at [benefits@stocktonca.gov](mailto:benefits@stocktonca.gov)
**Delta Dental Member Discounts**

While your oral health remains the top priority, Delta Dental also care about the bigger picture — your overall well-being¹. That’s why dental member now have access to preferred pricing on hearing aid and LASIK services through Amplifon Hearing Health Care and QualSight².

<table>
<thead>
<tr>
<th>Access to sizeable savings</th>
<th>62% average savings off retail hearing aid pricing,³ backed by a best price guarantee⁴</th>
<th>40-50% off the national average price of Traditional LASIK⁵</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convenient locations</td>
<td>Broad nationwide network of providers</td>
<td>1,000+ LASIK locations⁶</td>
</tr>
<tr>
<td>Quality care and products</td>
<td>Access to the nation’s leading brands featuring the latest hearing aid technology</td>
<td>Experienced LASIK surgeons who have collectively performed 6.5+ million procedures⁶</td>
</tr>
<tr>
<td>Customized support</td>
<td>Amplifon acts as your personal concierge at every step, from appointment scheduling and hearing aid selection to coordinating follow-up care.</td>
<td>A QualSight care manager will walk you through the program, coordinate care and help select the right physician and procedure.</td>
</tr>
</tbody>
</table>

| For more information       | Amplifon’s hearing aid discounts, visit [www.amplifonusa.com/deltadentalins](http://www.amplifonusa.com/deltadentalins) or call 1-888-779-1429. | QualSight’s LASIK discounts, visit [www.qualsight.com/-delta-dental](http://www.qualsight.com/-delta-dental) or call 1-855-248-2020. |
|                           | Patient Care Advocate will help you find a hearing care provider near you. | A care manager will explain the program and answer any questions. |

¹Delta Dental of California, Delta Dental Insurance Company, Delta Dental of Pennsylvania, Delta Dental of New York, Inc. and our affiliated enterprise companies.

²The Vision Corrective Services and hearing health care services are not insured benefits. Delta Dental makes the Vision Corrective Services program available to enrollees to provide access to the preferred pricing for LASIK surgery. Delta Dental makes the hearing health care services program available to enrollees to provide access to the preferred pricing for hearing aids and other hearing health services.

³Amplifon Hearing Health Care utilization database, January-December 2018. Discounts or savings may vary by manufacturer and technology level of the hearing aid device.

⁴Amplifon offers a price match on most hearing devices; some exclusions apply. Not available where prohibited by law. Visit [www.amplifonusa.com/deltadentalins](http://www.amplifonusa.com/deltadentalins) or call 1-888-779-1429 for more details.

⁵Refractive Quarterly Update, Market Scope LLC, November 2018. Discounts or savings may vary by provider.

Why sign up for Vision coverage?

Vision coverage helps with the cost of eyeglasses or contacts. But even if you don’t need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease.

Looking for the Perfect Pair? Visit eyeconic.com!

VSP’s online store lets you use apply your benefits directly to your purchase.

Additional Discounts & Benefits

You are also eligible for certain discounts on Lasik vision correction surgery at contracted facilities. Simply present your card at a contracted VSP provider and ask what discount may apply. After surgery, you can use your frame allowance to purchase sunglasses from any VSP network provider.

Please see next page to know more about member exclusive discounts.
## Vision

Your vision checkup is fully covered after your Exam copay. After any Materials copay, the plan covers frames, lenses, and contacts as described below.

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Exam</strong> <em>(once every 12-months)</em></td>
<td>$10 copay</td>
<td>$37 max allowance</td>
</tr>
<tr>
<td><strong>Prescription Glasses</strong></td>
<td>$20 copay</td>
<td>Combined with exam</td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td>$120 max allowance; 20% off bal. over $120</td>
<td>$40 max allowance</td>
</tr>
<tr>
<td><strong>Frames Frequency</strong></td>
<td>Once every 12 months</td>
<td>Once every 12 months</td>
</tr>
<tr>
<td><strong>Lenses</strong> <em>(once every 12-months)</em></td>
<td>Included with the Prescription Glasses copay</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Single Vision</strong></td>
<td>Covered after copay</td>
<td>$34 max allowance</td>
</tr>
<tr>
<td><strong>Lined Bifocal</strong></td>
<td>Covered after copay</td>
<td>$51 max allowance</td>
</tr>
<tr>
<td><strong>Lined Trifocal</strong></td>
<td>Covered after copay</td>
<td>$68 max allowance</td>
</tr>
<tr>
<td><strong>Contact Lenses</strong> <em>(once every 12-months)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Elective and Medically Necessary</strong></td>
<td>$120 max allowance</td>
<td>$100 max allowance</td>
</tr>
</tbody>
</table>

Questions? Email the Benefits Team at benefits@stocktonca.gov
VSP Exclusive Member Discounts

Extra Savings On Glasses & Sunglasses
• Extra $20 to spend on featured frame brands. Go to vsp.com/special offers for details.
• 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.

Retinal Screening
• No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam.

Laser Vision Correction
• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.
• After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.

TruHearing Hearing Aid Discount
VSP® Vision Care members can save up to 60% on a pair of hearing aids with TruHearing. What’s more, your dependents and even extended family members are eligible, too.

TruHearing also provides members with:
• 3 provider visits for fitting, adjustments, and cleanings.
• A 45-day trial.
• 3-year manufacturer’s warranty for repairs and one-time loss and damage.
• 48 free batteries per hearing aid.

Learn more about this VSP Exclusive Member Extra at vsp.com or call (877) 396-7194 with questions.
You’re unique—and so are your benefit needs

Voluntary benefits are optional coverages that help you customize your benefits package to your individual needs.

City of Stockton offers plans to help:

• provide income for survivors
• replace income if you’re injured or ill
• bridge the gap for special healthcare needs

Voluntary benefits are just that: voluntary. You have the freedom and flexibility to choose the benefits that make sense for you and your family. Or, you don’t have to sign up for voluntary benefits at all. The choice is yours.

Questions? Email the Benefits Team at benefits@stocktonca.gov
Life and AD&D

If you have loved ones who depend on your income for support, having life and accidental death insurance (AD&D) can help protect your family’s financial security and pay for large expenses such as housing and education, as well as day-to-day living expenses.

Basic 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.

City of Stockton provides $50,000 of life insurance for all eligible employees. Class 1 employees also receive $50,000 in Accidental Death & Dismemberment (AD&D) coverage. The City pays the full cost of this coverage.

Supplemental Life and AD&D Insurance

You may supplement your Basic Life and AD&D insurance by purchasing Supplemental Term Life & AD&D Insurance for yourself and your dependents at discounted group rates through Lincoln Financial Group (LFG). Your premiums will be paid by payroll deductions on an after-tax basis.

Protecting those you leave behind

Life Insurance allows you to purchase additional life insurance to protect your family’s financial security.

<table>
<thead>
<tr>
<th>Covered</th>
<th>Minimum Coverage</th>
<th>Increments</th>
<th>Maximum Coverage</th>
<th>Guaranteed Issue ¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$10,000</td>
<td>$10,000</td>
<td>5x of Basic Annual Earning or $500,000 whichever is lesser</td>
<td>$300,000</td>
</tr>
<tr>
<td>Spouse</td>
<td>$5,000</td>
<td>$5,000</td>
<td>50% of Employee coverage or $100,000, whichever is lesser</td>
<td>$30,000</td>
</tr>
<tr>
<td>Dependent Children</td>
<td>$1,000</td>
<td>$1,000</td>
<td>Under 15 days: $500 6 months and older: $10,000</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

¹ Any amount over the Guaranteed Issue (GI) will require submission of Evidence of Insurability (EOI)

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

Questions? Email the Benefits Team at benefits@stocktonca.gov
Supplemental Life and AD&D Insurance

- **For you**—Evidence of insurability is not required when electing up to **2 benefit increments** ($20,000) of Supplemental Life Insurance
  - Anything over 2 increments outside of your initial enrollment requires evidence of insurability.

- **For your spouse**—Evidence of insurability is not required when electing up to **2 benefit increments** ($10,000) of Dependent Life Insurance on your spouse
  - Anything over 2 increments outside of your initial enrollment requires evidence of insurability.

- **For your children**—You may elect up to **$10,000** of Dependent Life Insurance on your children without providing evidence of insurability.

Rate Calculation Worksheet

<table>
<thead>
<tr>
<th>Employee Rates</th>
<th>Rate per $1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 30</td>
<td>$0.060</td>
</tr>
<tr>
<td>Age 30-39</td>
<td>$0.090</td>
</tr>
<tr>
<td>Age 40-49</td>
<td>$0.150</td>
</tr>
<tr>
<td>Age 50-59</td>
<td>$0.430</td>
</tr>
<tr>
<td>Age 60-69</td>
<td>$1.270</td>
</tr>
<tr>
<td>Age 70+</td>
<td>$2.060</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spouse Rates</th>
<th>Rate per $1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 30</td>
<td>$0.080</td>
</tr>
<tr>
<td>Age 30-39</td>
<td>$0.120</td>
</tr>
<tr>
<td>Age 40-49</td>
<td>$0.250</td>
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<tr>
<td>Age 50-59</td>
<td>$0.740</td>
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<tr>
<td>Age 60-69</td>
<td>$2.350</td>
</tr>
<tr>
<td>Age 70+</td>
<td>$4.350</td>
</tr>
</tbody>
</table>

To calculate your monthly premium:
1. Amount Elected: Write the number of units you want. (1 unit = $1,000)
2. Write your age-based rate from the table to the left.
3. Multiple Line 1 by Line 2. This is your monthly premium amount.

**Sample monthly premium computation:**
40-year-old employee requesting $300,000 = 300 x $0.15 = $45.00 per month
Voluntary Benefits

To enroll in or make any changes to these plans, visit Munis ESS at https://stocktoncaemployees.munisselfservice.com

The City of Stockton offers four additional plans through MetLife to complement the other health care benefits outlined in this guide:

- Short-Term Disability
- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity

For more information on the voluntary benefits, visit the City’s benefit page at: www.stocktonca.gov/OpenEnrollment.

Short-Term Disability Income Insurance
Disability Income Insurance is a cost-effective solution designed to help protect you if you become disabled and cannot work due to a covered injury or sickness. This plan pays a monthly benefit amount based on a percentage of your gross income, so you may continue to afford everyday living expenses.

Features

- Pays a benefit of $200 – $1,000 per month, not to exceed 25% of salary.
- Benefits are paid directly to you, so you can use your benefit for any expense you wish Payments made year-round.
- Premiums are not required while you are disabled, based on the length of your disability.

Accident Insurance
The Accident Only Insurance is designed to help cover some of the expenses that can result from a covered accident, and benefit payments are made directly to you. This plan provides 24-hour coverage for accidents that occur both on and off the job and can help offset your medical expenses.

Features

- You can apply with no medical questions asked.
- The plan pays an annual Wellness Benefit for one covered person to receive a routine physical exam, including immunizations and preventive testing.
- Employee and dependent coverage is available.
Critical Illness Insurance

The Critical Illness Insurance can assist with the expenses that may not be covered by major medical insurance, allowing you and your family to focus on what matters the most – your recovery. If you experience an event such as a heart attack, cancer or stroke, Critical Illness Insurance may help. It pays a lump sum amount to help with expenses that may not be covered by major medical insurance – house payments, everyday expenses, lost income, and more.

Features

- Receive an annual benefit for one covered health screening test per year, such as a stress test, echo cardiogram, blood glucose testing, or up to five other routine tests.
- Benefits are paid directly to you, so you can use your benefit for any expense you wish Employee and dependent coverage available.

Hospital Indemnity Insurance

Hospital Indemnity Insurance pays a benefit when you are hospitalized. These benefits are designed to supplement your income for lost wages and additional expenses that are incurred when in the hospital. Benefits are paid directly to you, to use as you see fit.

Features

- $1,500 benefit upon admission to hospital.
- Additional $150 for daily hospital stay and $200 for daily ICU stay (15 day maximum) Pregnancy is covered.
- Employee and dependent coverage available.
The City of Stockton provides an Employee Assistance Program (EAP) to all employees and their family members through Halcyon Behavioral. If you or a family member need assistance harmonizing life’s demands, or require help with personal or family issues, you can contact the EAP for help.

Your benefits through Halcyon EAP include (but are not limited to) the following:

- **Short-Term Counseling:** Through Halcyon EAP City of Stockton employees and benefit-eligible family members may receive up to three (3) in-person sessions every six (6) months with a licensed clinician to address issues such as marriage and family problems, substance abuse, stress, anxiety or other behavioral health concerns.

- **Legal Services:** The Halcyon EAP program provides free telephonic or (30-minute) face-to-face consultation with a local attorney.

- **Dependent Care Referral Services:** Halcyon EAP’s knowledgeable specialists provide referrals to resources that help address a wide range of issues such as child or elder care, adoption, pet care, home repair, education and housing needs.

- **Financial Services:** Halcyon EAP provides expert financial planning and consultation through our network of licensed financial counselors.

For support and to access services go online to [www.halcyoneap.com](http://www.halcyoneap.com) and enter username: **cityofstockton** or call **(888) 425-4800**. Counselors are available 24/7 to assist you.

**TEXTCOACH®**

Textcoach® is like having a ‘Coach’ in your pocket to help you stay emotionally fit and healthy.

Designed to address issues such as stress, anxiety and depression – or to proactively build resiliency and enhance coping skills – Textcoach® allows you to work with a licensed counselor from your mobile or desktop device.

Start exchanging texts, voicenotes, videos and other resources today by downloading the mobile app or visiting the Textcoach® website.

Textcoach® features:
- 100% Confidential
- Stigma-Free and Easy-to-Use
- Accessible via Mobile or Desktop
- Text Whenever and Wherever
- Staffed by Independently-Licensed Counselors
- Exchange Text-Based Messages, as well as Voicenotes, Tip Sheets, Videos and Articles

To register on the portal, go to [https://text.coach](https://text.coach) and use code **cityofstockton**.

You can also download the free mobile app by scanning this QR code:

---

Questions? Email the Benefits Team at benefits@stocktonca.gov
LifeKeys®

Services available at no cost from Lincoln Financial Group

Working Advantage Employee Discount
You can save up to 60% on a variety of products and services, such as electronics, health and fitness, Broadway shows and much more.

Guidance Support for beneficiaries
Services that offer additional support to cope with the loss of a loved one - available for up to one year after a loss. These may be accessed by any combination totaling six in-person sessions for grief counseling, or legal or financial information, and unlimited phone support.

<table>
<thead>
<tr>
<th>Grief</th>
<th>Financial</th>
<th>Legal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advice, information, and referrals on: • Grief and loss • Stress, anxiety, and depression • Memorial planning information • Concerns about children and teens</td>
<td>Online resources or advice from financial specialists on Estate planning: • Budgeting • Overcoming debt • Bankruptcy • Investments</td>
<td>Online resources or advice from financial specialists on Estate and probate law: • Real estate transactions • Social Security survivor benefits</td>
</tr>
</tbody>
</table>

Identity Theft Protection
Identity theft is widespread, and everyone is vulnerable. LifeKeys includes an online resource for the information you need to recognize and prevent identity theft — and restore your good name.

Online will preparation
Creating a will allows you to make vital decisions ahead of time — such as naming a guardian for your children or designating who will receive your property and assets after you pass away.

TravelConnect®
TravelConnect is a comprehensive program that can bring help, comfort, and reassurance if you face a medical emergency while traveling 100 or more miles from home. Whether traveling for business or leisure, if you are enrolled in life and/or AD&D insurance, you and your loved ones can count on TravelConnect for responsive and caring support — 24 hours a day, 7 days a week.

You can count on TravelConnect services to assist with:
• Return of traveling companion • ID recovery assistance • Emergency travel arrangements • Lost or stolen travel documents • Language translation services • Medication and vaccine delivery • Destination information

For a complete list of TravelConnect services, go to www.mysearchlightportal.com and enter your group ID: LFGTravel123

Questions? Email the Benefits Team at benefits@stocktonca.gov
IMPORTANT PLAN INFORMATION

Questions? Email the Benefits Team at benefits@stocktonca.gov
Part-Time Employees

Part-time employees may enroll in the Kaiser Permanente High Deductible Health Plan (HDHP). Dental and Vision benefits are not offered to part-time employees. If you enroll in this plan, you will pay the full premium cost. For more information, contact the Benefits team at benefits@stocktonca.gov.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Medical Monthly Premium (no dental or vision)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$633.05</td>
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</tbody>
</table>

Retired Annuitants

Government Code sections 21221(h), 21224(a), and 21229(a) prohibit a retired annuitant from working in excess of 960 hours, for all public employers combined, during a fiscal year. These sections also preclude a retired annuitant from receiving benefits, incentives, compensation in lieu of benefits, or other forms of compensation in addition to his or her hourly rate. **Health benefits are considered a benefit for purposes of retired annuitant employment; therefore, public agencies are prohibited from offering health benefits to any retired annuitant.**

For required notices on all plans, visit [www.stocktonca.gov/employeebenefits](http://www.stocktonca.gov/employeebenefits).
Deciding on a Medicare health plan is one of the most important decisions you’ll make in retirement.

Most people become eligible for Medicare at age 65. Did you know that you have a seven-month window to enroll, starting three months before you turn age 65 and ending three months after your birthday month?

Choosing a Medicare plan – and understanding how it can affect your employer-provided medical coverage – can be confusing. That’s why we are offering resources to help you understand the different parts of Medicare, what is and isn’t covered, and how to choose the best coverage for your situation.

Introducing Alliant Medicare Solutions

Alliant Medicare Solutions is a no cost service available to you, your family members, and friends nearing age 65.

How does it work?

1. You call Alliant Medicare Solutions at (888) 835-2588 to speak to a Licensed Insurance Agent (Alliant Medicare Solutions is managed by Insuractive).
2. You discuss with Alliant Medicare Solutions your existing insurance coverage and which Medicare plans might work the best for you.
3. You enroll by having Alliant Medicare Solutions help you enroll immediately or email policy materials for you to review and enrolling at a later date.

Find out more at alliantmedicaresolutions.com or download these resources.

Questions? Email the Benefits Team at benefits@stocktonca.gov
Medicare Eligible and Still Working Employees

If you are an active employee approaching age 65 or have attained the age of 65, the following information is to help you understand Medicare and how it coordinates with the health care benefits provided by City of Stockton.

**Medicare Part A Insurance** – Most people don’t pay a premium for Part A because they or a spouse already paid for it through their payroll taxes while working. Medicare Part A (Hospital Insurance) helps cover inpatient care in hospitals, including critical access hospitals and skilled nursing facilities (not custodial or long-term care). It also helps cover hospice care and some home health care. Medicare beneficiaries must meet certain conditions to get these benefits.

**Medicare Part B Insurance** – Most people pay a monthly premium for Part B. Medicare Part B (Medical Insurance) helps cover doctors’ services and outpatient care. It also covers some other medical services that Part A doesn’t cover, such as some of the services of physical and occupational therapists, and some home health care. Part B helps pay for these covered services and supplies when they are medically necessary.

It is not necessary for you or your spouse to enroll in Medicare Part B while you are an active employee and include your spouse on your medical plan with City of Stockton. You may postpone your enrollment in Medicare Part B, without penalty, until the time you retire.

Once you retire, you and your Medicare eligible spouse must enroll in Medicare Part B in a very timely manner. Failure to enroll in the prescribed time will subject you to a penalty of 10% per year for each year you delay enrollment. This penalty continues the entire time you are enrolled in Medicare.

At the time of your retirement, contact Social Security for a form that must be completed by the City to verify your group medical coverage through the City. Bring this form to the Human Resources department.

**Medicare Part D or Prescription Drug Coverage** – Most people will pay a monthly premium for this coverage. Starting January 1, 2006, Medicare prescription drug coverage became available to everyone with Medicare. Everyone with Medicare can get this coverage that may help lower prescription drug costs and help protect against higher costs in the future. Medicare Prescription Drug Coverage is insurance. Private companies provide the coverage. Medicare Beneficiaries get to choose the drug plan and pay a monthly premium. Like other insurance, if a Medicare beneficiary decides not to enroll in a drug plan when they are first eligible, they may pay a penalty if they choose to join later.

It is not necessary for you or your spouse to enroll in Medicare Part D Prescription Drug Coverage while you are an active employee and include your spouse on your medical plan with City of Stockton. Additionally, at the present time, it is not necessary for you and your spouse to enroll in Medicare Part D Prescription Drug Coverage once you are retired and continue to participate in the retiree medical plans. See the section entitled Notice of Creditable Coverage for additional information.
## Key Contacts

<table>
<thead>
<tr>
<th>Vendor / Service</th>
<th>Member Services Number</th>
<th>Website/E-mail</th>
<th>Plan/Group ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Permanente</td>
<td>800.464.4000</td>
<td><a href="#">www.kp.org</a></td>
<td>603693</td>
</tr>
<tr>
<td>Sutter Health Plus</td>
<td>855.315.5800</td>
<td><a href="#">www.sutterhealthplus.org</a></td>
<td>133902</td>
</tr>
<tr>
<td>Employee Assistance Program (Halcyon)</td>
<td>888.425.4800</td>
<td><a href="#">www.halcyoneap.com</a></td>
<td>cityofstockton</td>
</tr>
<tr>
<td>Delta Dental</td>
<td>800.765.6003</td>
<td><a href="#">www.deltadentalins.com</a></td>
<td>PPO 01776</td>
</tr>
<tr>
<td>Vision Service Plan</td>
<td>800.877.7195</td>
<td><a href="#">www.vsp.com</a></td>
<td>00815301</td>
</tr>
<tr>
<td>P&amp;A Group (HSA, HRA, FSA &amp; Tax Advantage)</td>
<td>800.688.2611</td>
<td><a href="#">www.padmin.com</a></td>
<td></td>
</tr>
<tr>
<td>Lincoln Financial Group Life and LTD</td>
<td>877.275.5462</td>
<td><a href="#">www.lfg.com</a></td>
<td>1052718</td>
</tr>
<tr>
<td>MetLife (Voluntary Benefits)</td>
<td>800.GET.MET8</td>
<td><a href="#">www.metlife.com</a></td>
<td>151631</td>
</tr>
<tr>
<td>Operating Engineers' Local 3 (OE3)</td>
<td>800.251.5014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Resources – Benefits</td>
<td>209.937.8233</td>
<td><a href="#">benefits@stocktonca.gov</a></td>
<td>N/A</td>
</tr>
<tr>
<td>COBRA Admin APA Benefits</td>
<td>888.311.7478</td>
<td><a href="#">www.apabenefits.com</a></td>
<td>151631</td>
</tr>
</tbody>
</table>
Annual Notices

Medicare Part D Notice
Important Notice from City of Stockton 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 Stockton 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 Stockton has determined that the prescription drug coverage offered by the group 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 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 Stockton coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Important Note for Retiree Plans: Certain retiree plans will terminate RX coverage when an individual enrolls in Medicare Part D and individuals might not be able to re-enroll in that coverage. If completing this Notice for a retiree plan, review the plan provisions before completing this form and modify this section as needed.

Since the existing prescription drug coverage under City of Stockton 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 Stockton prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

Questions? Email the Benefits Team at benefits@stocktonca.gov
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 Stockton 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 Human Resources – Benefits 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 Stockton 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, 2024
Name of Entity/Sender: City of Stockton
Contact-Position/Office: Human Resources - Benefits
Address: 400 E. Main Street, 3rd Floor, Stockton, CA 95202
Phone Number: (209) 937-8233
E-mail Address: benefits@stocktonca.gov
**Women’s Health and Cancer Rights Act**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator on the number at the back of your medical ID card.

**Newborns and Mothers’ Health Protection Act**

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 Privacy Practices Notice**

We maintain the HIPAA Notice of Privacy Practices for City of Stockton describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting Human Resources Department.

**Notice of Choice of Providers**

The City of Stockton’s HMO plans require the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. If the plan designates a primary care provider automatically, include highlighted text following: Until you make this designation, your HMO plan designates 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 plan’s Member Services.

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

You do not need prior authorization from the plans 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 plan’s Member Services.
HIPAA Notice of Special Enrollment Rights
If you decline enrollment in City of Stockton’s health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in City of Stockton’s health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 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 Stockton’s health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

Michelle’s Law
The City of Stockton 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, Human Resources - Benefits 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.
Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP)

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

<table>
<thead>
<tr>
<th>ALABAMA – Medicaid</th>
<th>ALASKA – Medicaid</th>
</tr>
</thead>
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| Website: [http://myalhipp.com/](http://myalhipp.com/)  
Phone: 1-855-692-5447 | The AK Health Insurance Premium Payment Program  
Website: [http://myakhipp.com/](http://myakhipp.com/)  
Phone: 1-866-251-4861  
Email: CustomerService@MyAKHIPP.com  
Medicaid Eligibility: [https://health.alaska.gov/dpa/Pages/default.aspx](https://health.alaska.gov/dpa/Pages/default.aspx) |

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<tr>
<th>ARKANSAS – Medicaid</th>
<th>CALIFORNIA – Medicaid</th>
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| Website: [http://myarhhipp.com/](http://myarhhipp.com/)  
Phone: 1-855-MyARHIPP (855-692-7447) | Health Insurance Premium Payment (HIPP) Program Website: [http://dhcs.ca.gov/hipp](http://dhcs.ca.gov/hipp)  
Phone: 916-445-8322  
Fax: 916-440-5676  
Email: hippoc@dhcs.ca.gov |

<table>
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<tr>
<th>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</th>
<th>FLORIDA – Medicaid</th>
</tr>
</thead>
</table>
| Health First Colorado Website: [https://www.healthfirstcolorado.com/](https://www.healthfirstcolorado.com/)  
Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711  
CHP+: [https://hcpf.colorado.gov/child-health-plan-plus](https://hcpf.colorado.gov/child-health-plan-plus)  
Health Insurance Buy-In Program (HIBI): [https://www.mycobi.com/](https://www.mycobi.com/)  
Phone: 1-877-357-3268 |

Questions? Email the Benefits Team at benefits@stocktonca.gov
<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid Website</th>
<th>Phone</th>
<th>Website</th>
<th>Phone</th>
</tr>
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<tbody>
<tr>
<td>GEORGIA</td>
<td>Medicaid Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a></td>
<td>678-564-1162, Press 1</td>
<td>Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a></td>
<td>1-877-438-4479</td>
</tr>
<tr>
<td>INDIANA</td>
<td>GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a></td>
<td></td>
<td>All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a></td>
<td>1-800-457-4584</td>
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<tr>
<td>IOWA</td>
<td>Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a></td>
<td></td>
<td>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a></td>
<td>1-800-792-4884</td>
</tr>
<tr>
<td>KANSAS</td>
<td>Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a></td>
<td>1-800-338-8366</td>
<td>HIPP Phone: 1-800-967-4660</td>
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<tr>
<td>KENTUCKY</td>
<td>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a></td>
<td>1-855-459-6328</td>
<td>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a></td>
<td>1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</td>
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<tr>
<td>MASSACHUSETTS</td>
<td>Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a></td>
<td>1-800-442-6003</td>
<td>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a></td>
<td>1-800-862-4840</td>
</tr>
<tr>
<td>MINNESOTA</td>
<td>Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a></td>
<td>1-800-977-6740</td>
<td>TTY: 711</td>
<td>Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></td>
</tr>
<tr>
<td>MONTANA</td>
<td>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a></td>
<td>1-800-694-3084</td>
<td>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a></td>
<td>1-855-632-7633</td>
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<tr>
<td>NEVADA</td>
<td>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a></td>
<td>1-800-992-0900</td>
<td>Phone: 1-555-555-5555</td>
<td>Lincoln: 402-473-7000</td>
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<tr>
<td>NEW HAMPSHIRE</td>
<td>Medicaid Website:</td>
<td></td>
<td>Omaha: 402-595-1178</td>
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Questions? Email the Benefits Team at benefits@stocktonca.gov
<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid Website</th>
<th>Medicaid Phone</th>
<th>CHIP Website</th>
<th>CHIP Phone</th>
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<tbody>
<tr>
<td>NEW JERSEY</td>
<td><a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">Website</a></td>
<td>609-631-2392</td>
<td><a href="http://www.njfamilycare.org/index.html">Website</a></td>
<td>1-800-701-0710</td>
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<tr>
<td>NEW YORK</td>
<td><a href="https://www.health.ny.gov/health_care/medicaid/">Website</a></td>
<td>1-800-541-2831</td>
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<tr>
<td>NORTH CAROLINA</td>
<td><a href="https://medicaid.ncdhhs.gov/">Website</a></td>
<td>919-855-4100</td>
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<tr>
<td>NORTH DAKOTA</td>
<td><a href="https://www.hhs.nd.gov/healthcare">Website</a></td>
<td>1-844-854-4825</td>
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<tr>
<td>OKLAHOMA</td>
<td><a href="http://www.insureoklahoma.org">Website</a></td>
<td>1-888-365-3742</td>
<td><a href="https://www.insureoklahoma.org">Website</a></td>
<td>1-800-986-KIDS (5437)</td>
</tr>
<tr>
<td>PENNSYLVANIA</td>
<td><a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">Website</a></td>
<td>1-800-692-7462</td>
<td><a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">Website</a></td>
<td>1-800-699-9075</td>
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<tr>
<td>SOUTH CAROLINA</td>
<td><a href="https://www.scdhhs.gov">Website</a></td>
<td>1-888-549-0820</td>
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<tr>
<td>SOUTH DAKOTA</td>
<td><a href="http://dss.sd.gov">Website</a></td>
<td>1-888-828-0059</td>
<td></td>
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<tr>
<td>TEXAS</td>
<td><a href="https://medicaid.utah.gov/">Website</a></td>
<td>1-800-440-0493</td>
<td><a href="http://health.utah.gov/chip">Website</a></td>
<td>1-877-543-7669</td>
</tr>
<tr>
<td>UTAH</td>
<td><a href="https://medicaid.utah.gov/">Website</a></td>
<td>1-855-697-4347</td>
<td><a href="https://health.utah.gov/chip">Website</a></td>
<td>1-877-543-7669</td>
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<tr>
<td>VERMONT</td>
<td><a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">Website</a></td>
<td>1-800-250-8427</td>
<td><a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">Website</a></td>
<td>1-800-432-5924</td>
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<tr>
<td>VIRGINIA</td>
<td><a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">Website</a></td>
<td>1-800-250-8427</td>
<td><a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">Website</a></td>
<td>1-800-432-5924</td>
</tr>
<tr>
<td>WASHINGTON</td>
<td><a href="https://www.hca.wa.gov/">Website</a></td>
<td>1-800-562-3022</td>
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<tr>
<td>WISCONSIN</td>
<td><a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">Website</a></td>
<td>1-800-362-3002</td>
<td><a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">Website</a></td>
<td>1-800-251-1269</td>
</tr>
<tr>
<td>WYOMING</td>
<td><a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">Website</a></td>
<td>1-800-251-1269</td>
<td><a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">Website</a></td>
<td>1-800-251-1269</td>
</tr>
</tbody>
</table>

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

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

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

Questions? Email the Benefits Team at [benefits@stocktonca.gov](mailto:benefits@stocktonca.gov)
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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.
PART A: General Information

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

**What is the Health Insurance Marketplace?**

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

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution - as well as your employee contribution to employer-offered coverage - is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

**How Can I Get More Information?**

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

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.
PART B: Information About Health Coverage Offered by Your Employer

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

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

- As your employer, we offer a health plan to:
  - [ ] All employees. Eligible employees are:
  - [ ] Some employees. Eligible employees are:
    All full-time employees and part-time employees represented by a bargaining unit with an MOU providing benefits to all represented employees

- With respect to dependents:
  - [ ] We do offer coverage. Eligible dependents are:
    Spouse, California registered domestic partner, children.
    For more information: https://www.calpers.ca.gov/docs/forms-publications/health-program-guide.pdf
  - [ ] We do not offer coverage.

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

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

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here’s the employer information you’ll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

*The City provides affordable coverage for employee only insurance for represented, regular employees. Coverage offered to full-time as-needed employees meets the minimum value standard. As-needed employees are responsible for 100% of the premium.*