



2016 Employee Benefits Overview





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Welcome to the City of Concord

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

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

First of the month

- CalPERS Medical Plans
- Dental and Vision Plans
- Group Life Insurance
- Supplemental Life & Accidental Death & Dismemberment (AD&D) Insurance
- Short-Term Disability (STD) Insurance*
- Long-Term Disability (LTD) Insurance

Date of hire

- Flexible Spending Account
- Employee Assistance Program (EAP)
- Deferred Compensation Program

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

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

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

Summary

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

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

Open Enrollment

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

Open Enrollment

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

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

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

Please call Human Resources if you have any questions.

Helpful Hints

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

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

2016 Benefit Highlights

Plan	Benefit Changes
Blue Shield	<ul style="list-style-type: none"> Blue Shield is enhancing its prescription benefit for Basic members by giving them the option to fill a 90-day prescription supply at select retail pharmacies when mail service is not feasible or desired.
Anthem HMO, Blue Shield HMO and PERSCare/Choice/Select	<ul style="list-style-type: none"> Anthem HMO, Blue Shield HMO and PERSCare/Choice/Select Basic subscribers will also have a new online tool available to them –Welvie – that will empower them to minimize unnecessary and inappropriate surgeries.

Eligibility for Benefits

Who Is Eligible

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

Dependent Eligibility

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

- Your current spouse or state-registered domestic partner.
 - Definition of domestic partner pursuant to Family Code Section 297-297.5:
A domestic partnership shall be established in California when both persons file a Declaration of Domestic Partnership with the Secretary of State, and at the time of filing, all of the following requirements are met:
 1. Both persons have a common residence.
 2. Neither person is married to someone else or is a member of another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity.
 - Both persons are members of the same sex.
 - One or both of the persons meet the eligibility criteria under Title II of the Social Security Act as defined in 42 U.S.C section 402 (a) for old-age insurance benefits or Title XVI Section 1381 for aged individuals. Notwithstanding any other provision of this section, persons of opposite sexes may not constitute a domestic partnership unless one or both of the persons are over the age of 62.
 3. Both persons are capable of consenting to the domestic partnership.
 - “Have a common residence” means that both domestic partners share the same residence.
- Your natural children, stepchildren, domestic partner’s children, adopted children of which the employee is the legal guardian. In addition, such children must be:
 1. under age 26 (medical, dental and vision coverage)
 2. under age 20, or age 25 if a full-time student (optional life insurance)
- Your disabled children age 26 (medical, dental and vision coverage) or 20/25 (supplemental life insurance) or older. Such disabled children must meet the same conditions as listed above and, in addition, are physically or mentally disabled on the date coverage would otherwise end because of age and continue to be disabled. For medical coverage only, the enrollment of a disabled dependent child over the age of 26 is subject to CalPERS approval.
- A child for whom you are required to provide benefits by a court order and who satisfies the same conditions as listed above.

This is a brief description of the eligibility requirements and is not intended to modify or supersede the requirements of the plan documents. The plan documents will govern in the event of any conflict between this description and the plan documents.

When Your Benefits Terminate

When Your Benefits Terminate

Your medical benefits end on the first of the second month following the date of separation or loss of eligibility. Your dental and vision plan coverage ends on the last day of the month following your date of separation or loss of eligibility. You may continue benefits during a family leave of absence according to federal guidelines and in conjunction with City policy for a limited period of time after termination, or under your federal and state COBRA rights. Your coverage ends on the date of your termination for your Flexible Spending Accounts (FSA), Group Life/AD&D, Short Term Disability (STD), Long Term Disability (LTD), and Employee Assistance Program (EAP).

Benefits During the Family and Medical Leave (FMLA) and California Family Rights Act (CFRA)

An employee taking family/medical leave will be allowed to continue participating in any health and welfare benefit plan in which he/she was enrolled before the first day of leave (for a maximum of 12 work-weeks) at the level and under the same conditions of coverage as if the employee had continued in employment for the duration of such leave. Group health insurance coverage will be continued in the same manner for up to 16 weeks for employees disabled due to pregnancy, childbirth or a related medical condition. The City will continue to make the same premium contributions as if the employee had continued working. The continued participation in health benefits begins on the date leave first begins under the Family and Medical Leave Act or under the California Family Rights Act.

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

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

Dependent Eligibility Verification

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

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

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

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

When You Can Make Changes

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

Qualifying life events include:

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

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

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

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

Medical Benefits

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

Anthem Blue Cross, Blue Shield, Kaiser Permanente, UnitedHealthcare & HealthNet

Health Maintenance Organization (HMO)

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

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

Anthem Blue Cross

Preferred Provider Organization (PPO)

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

Forms must be returned to Human Resources by the open enrollment deadline to ensure enrollment and for coverage to be effective January 1 of the following year.

Why Would I Choose the PPO Plan?	Why Would I Not Choose the PPO Plan?
<ul style="list-style-type: none"> You have a doctor you like and you would like to keep this doctor. You want to see specialists and other providers without having to first get a referral and/or pre-approval. You want the freedom to see providers who are not in the network. You are confident that you can manage your own care. You do not want a primary care doctor. 	<ul style="list-style-type: none"> You don't want the extra responsibility of managing your own care. PPOs are not as closely regulated by the government as HMOs. You do not want to pay the higher costs of a PPO. You do not want to get bills from providers.



Medical Premium Rates

2016 PERS Monthly Medical Premiums Bay Area ¹ Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yolo, Yuba Counties			
	Total Premium	City Pays	Employee Pays
Kaiser Permanente HMO			
Employee	\$746.47	\$639.51	\$106.96
Employee + 1	\$1,492.94	\$1,279.03	\$213.91
Employee + Family	\$1,940.82	\$1,662.73	\$278.09
HealthNet SmartCare			
Employee	\$808.44	\$639.51	\$168.93
Employee + 1	\$1,616.88	\$1,279.03	\$337.85
Employee + Family	\$2,101.94	\$1,662.73	\$439.21
Blue Shield Access+ HMO			
Employee	\$1,016.18	\$639.51	\$376.67
Employee + 1	\$2,032.36	\$1,279.03	\$753.33
Employee + Family	\$2,642.07	\$1,662.73	\$979.34
Blue Shield NetValue HMO			
Employee	\$1,033.86	\$639.51	\$394.35
Employee + 1	\$2,067.72	\$1,279.03	\$788.69
Employee + Family	\$2,688.04	\$1,662.73	\$1,025.31
Anthem Blue Cross Select HMO			
Employee	\$721.79	\$639.51	\$82.28
Employee + 1	\$1,443.58	\$1,279.03	\$164.55
Employee + Family	\$1,876.65	\$1,662.73	\$213.92
Anthem Blue Cross Traditional HMO			
Employee	\$855.42	\$639.51	\$215.91
Employee + 1	\$1,710.84	\$1,279.03	\$431.81
Employee + Family	\$2,224.09	\$1,662.73	\$561.36
UnitedHealthcare Alliance HMO			
Employee	\$955.44	\$639.51	\$315.93
Employee + 1	\$1,910.88	\$1,279.03	\$631.85
Employee + Family	\$2,484.14	\$1,662.73	\$821.41
Anthem Blue Cross PERS Choice PPO			
Employee	\$798.36	\$639.51	\$158.85
Employee + 1	\$1,596.72	\$1,279.03	\$317.69
Employee + Family	\$2,075.74	\$1,662.73	\$413.01
Anthem Blue Cross PERSCare PPO			
Employee	\$889.27	\$639.51	\$249.76
Employee + 1	\$1,778.54	\$1,279.03	\$499.51
Employee + Family	\$2,312.10	\$1,662.73	\$649.37
Anthem Blue Cross PERS Select PPO			
Employee	\$730.07	\$639.51	\$90.56
Employee + 1	\$1,460.14	\$1,279.03	\$181.11
Employee + Family	\$1,898.18	\$1,662.73	\$235.45
Anthem Blue Cross PORAC²			
Employee	\$699.00	\$639.51	\$59.49
Employee + 1	\$1,399.00	\$1,279.03	\$119.97
Employee + Family	\$1,789.00	\$1,662.73	\$126.27

¹Monthly premiums are based on CalPERS regional pricing for the Bay Area.

²PORAC (Peace Officers Research Association of California) option is ONLY available to Sworn Police Officers.

Medical Premium Rates

2016 PERS Monthly Medical Premiums Bay Area¹

Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yolo, Yuba Counties

Important: All premiums paid by the employee are paid via a bi-weekly payroll deduction. The payroll deduction may be made with pre-tax dollars by enrolling in the City's Premium Conversion Program. If you chose a pre-tax deduction for plan year 2016 and do not wish to change your election for 2017, then you need not do anything. If you currently have an after-tax deduction, and wish to elect pre-tax, then you must submit an election form to Human Resources by 11/1/16. Please refer to the 2016 CalPERS Health Benefit Summary publication to determine availability of health plans if you reside outside of Contra Costa County.

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

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



Medical Plan Options—Kaiser Permanente Medical Plan

Medical Benefits	Kaiser Permanente HMO
Calendar Year Deductible	N/A
Annual Out-of-Pocket Maximum ¹ (Excluding Pharmacy)	\$1,500 individual / \$3,000 family
Physician Office Visit	\$15 / visit
Preventive Care	No charge
Lab and X-Ray	No charge (some procedures may require a copay)
Hospitalization	
Inpatient	No charge
Outpatient	\$15 copay
Emergency Room Services & Supplies	\$50 / visit (waived if admitted)
Chiropractic and Acupuncture (20 visits per calendar year combined benefit)	\$15 / visit
Home Health	No charge (pre-authorization required)
Mental Health/Substance Abuse	
Inpatient	No charge
Outpatient	\$15 copay individual / \$5 copay group
Prescription Rx: Retail (Up to 30 day supply)	
Generic Rx	\$5 copay
Brand Name Rx	\$20 copay
Prescription Rx: Mail Order (Up to 100 day supply)	
Generic Rx	\$10 copay
Brand Name Rx	\$40 copay
Maximum co-payment ² Per person per calendar year	N/A

¹For 2016, the Affordable Care Act (ACA) limits maximum out-of-pocket (MOOP) amounts for health plans to \$6,850/\$13,700 for individuals/families, for both medical and pharmacy benefits combined.

²Prescription Rx Maximum Co-pay Per Person Per Calendar Year



Medical Plan Options—Blue Shield Medical Plan

Medical Benefits	Blue Shield Access+ and Net Value HMO
Calendar Year Deductible	N/A
Annual Out-of-Pocket Maximum (Excluding Pharmacy)	\$1,500 individual / \$3,000 family
Physician Office Visit	\$15 / visit
Preventive Care	No charge
Lab and X-Ray	No charge
Hospitalization	
Inpatient	No charge
Outpatient	No charge
Emergency Room Services & Supplies	\$50 / visit (waived if admitted)
Chiropractic and Acupuncture (20 visits per calendar year combined benefit)	\$15 / visit
Home Health	No charge
Mental Health/Substance Abuse	
Inpatient	No charge
Outpatient	\$15 copay
Prescription Rx: Retail (Up to 30 day supply)	
Generic Rx	\$5 copay
Brand Name Rx	\$20 copay
Non-Formulary Rx	\$50 copay
Prescription Rx: Mail Order (Up to 90 day supply)	
Generic Rx	\$10 copay
Brand Name Rx	\$40 copay
Non-Formulary	\$100 copay
Maximum co-payment ² Per person per calendar year	\$1,000

You must choose a Primary Care Physician (PCP) from the Blue Shield Network. If one is not selected at the time of enrollment, Blue Shield will assign a PCP and a letter of explanation will be sent to you. You may change your PCP, subject to availability, by contacting Blue Shield Customer Service at (800) 334-5847 or accessing the Blue Shield website at www.blueshieldca.com/calpers.

¹For 2016, the Affordable Care Act (ACA) limits maximum out-of-pocket (MOOP) amounts for health plans to \$6,850/\$13,700 for individuals/families, for both medical and pharmacy benefits combined.

²Prescription Rx Maximum Co-pay Per Person Per Calendar Year



Medical Plan Options—Anthem Blue Cross Medical Plan

Medical Benefits	Anthem Blue Cross Traditional and Select HMO
Calendar Year Deductible	N/A
Annual Out-of-Pocket Maximum ¹ (Excluding Pharmacy)	\$1,500 individual / \$3,000 family
Physician Office Visit	\$15 / visit
Preventive Care	No charge
Lab and X-Ray	No charge
Hospitalization	
Inpatient	No charge
Outpatient	No charge
Emergency Room Services & Supplies	\$50 / visit (waived if admitted)
Chiropractic and Acupuncture (20 visits per calendar year combined benefit)	\$15 / visit
Home Health	No charge
Mental Health/Substance Abuse	
Inpatient	No charge
Outpatient	\$15 copay
Prescription Rx: Retail (Up to 30 day supply)	
Generic Rx	\$5 copay
Brand Name Rx	\$20 copay
Non-Formulary Rx	\$50 copay
Prescription Rx: Mail Order (Up to 90 day supply)	
Generic Rx	\$10 copay
Brand Name Rx	\$40 copay
Non-Formulary	\$100 copay
Maximum co-payment ² Per person per calendar year	\$1,000

¹For 2016, the Affordable Care Act (ACA) limits maximum out-of-pocket (MOOP) amounts for health plans to \$6,850/\$13,700 for individuals/families, for both medical and pharmacy benefits combined.

²Prescription Rx Maximum Co-pay Per Person Per Calendar Year



Medical Plan Options—UnitedHealthcare Medical Plan

Medical Benefits	UnitedHealthCare Alliance HMO
Calendar Year Deductible	N/A
Annual Out-of-Pocket Maximum ¹ (Excluding Pharmacy)	\$1,500 individual / \$3,000 family
Physician Office Visit	\$15 / visit
Preventive Care	No charge
Lab and X-Ray	No charge
Hospitalization	
Inpatient	No charge
Outpatient	No charge
Emergency Room Services & Supplies	\$50 / visit (waived if admitted)
Chiropractic and Acupuncture (20 visits per calendar year combined benefit)	\$15 / visit
Home Health	No charge
Mental Health/Substance Abuse	
Inpatient	No charge
Outpatient	\$15 copay
Prescription Rx: Retail (Up to 30 day supply)	
Generic Rx	\$5 copay
Brand Name Rx	\$20 copay
Non-Formulary Rx	\$50 copay
Prescription Rx: Mail Order (Up to 90 day supply)	
Generic Rx	\$10 copay
Brand Name Rx	\$40 copay
Non-Formulary	\$100 copay
Maximum co-payment ² Per person per calendar year	\$1,000

You must choose a Primary Care Physician (PCP) from the contracting/participating network.

¹For 2016, the Affordable Care Act (ACA) limits maximum out-of-pocket (MOOP) amounts for health plans to \$6,850/\$13,700 for individuals/families, for both medical and pharmacy benefits combined.

²Prescription Rx Maximum Co-pay Per Person Per Calendar Year.



Medical Plan Options—HealthNet SmartCare Medical Plan

Medical Benefits	Health Net SmartCare HMO
Calendar Year Deductible	N/A
Annual Out-of-Pocket Maximum ¹ (Excluding Pharmacy)	\$1,500 individual / \$3,000 family
Physician Office Visit	\$15 / visit
Preventive Care	No charge
Lab and X-Ray	No charge
Hospitalization	
Inpatient	No charge
Outpatient	No charge
Emergency Room Services & Supplies	\$50 / visit (waived if admitted)
Chiropractic and Acupuncture (20 visits per calendar year combined benefit)	\$15 / visit
Home Health	No charge
Mental Health/Substance Abuse	
Inpatient	No charge
Outpatient	\$15 copay
Prescription Rx: Retail (Up to 30 day supply)	
Generic Rx	\$5 copay
Brand Name Rx	\$20 copay
Non-Formulary Rx	\$50 copay
Prescription Rx: Mail Order (Up to 90 day supply)	
Generic Rx	\$10 copay
Brand Name Rx	\$40 copay
Non-Formulary	\$100 copay
Maximum co-payment ² Per person per calendar year	\$1,000

You must choose a Primary Care Physician (PCP) from the contracting/participating network.

¹For 2016, the Affordable Care Act (ACA) limits maximum out-of-pocket (MOOP) amounts for health plans to \$6,850/\$13,700 for individuals/families, for both medical and pharmacy benefits combined.

²Prescription Rx Maximum Co-pay Per Person Per Calendar Year.



Medical Plan Options—Anthem Blue Cross Medical Plan

Medical Benefits	PERS Choice PPO	
	Network	Non-Network*
Calendar Year Deductible	\$500 Individual / \$1,000 Family	
Annual Out-of-Pocket Maximum ¹ (Excluding Pharmacy)	\$3,000 Individual / \$6,000 Family	None
Physician Office Visit	\$20 / Visit (deductible waived)	40%
Preventive Care	No Charge (deductible waived)	40%
Lab and X-Ray	20% of Negotiated Fee	40%
Hospitalization Inpatient/Outpatient	20%-30% of Negotiated Fee	40%
Emergency Room Services & Supplies	\$50 copay, then 20% of Negotiated Fee (copay waived if admitted)	
Chiropractic and Acupuncture (15 visits per calendar year combined benefit)	20% of Negotiated Fee	40%
Home Health	20% of Negotiated Fee	40%
Mental Health/Substance Abuse Inpatient/Outpatient	20%-30% of Negotiated Fee	40%
Prescription Rx: Retail (Up to 30 day supply)		
Generic Rx	\$5 copay	\$5 copay**
Brand Name Rx	\$20 copay	\$20 copay**
Non-Formulary Rx	\$50 copay	\$50 copay**
Prescription Rx: Mail Order (Up to 90 day supply)		
Generic Rx	\$10 copay	\$10 copay**
Brand Name Rx	\$40 copay	\$40 copay**
Non-Formulary	\$100 copay	\$100 copay**
Maximum co-payment ² Per person per calendar year	\$1,000	\$1,000

*Non-network benefits based upon Anthem Blue Cross' Reasonable and Customary (R&C) charges.

**When filling prescriptions at non-participating pharmacies, you are required to pay the listed dollar copayment (if applicable), plus 50% of the prescription drug's Maximum allowed Amount (MAA). You are also obligated to pay any amounts the pharmacy charges in excess of the MAA.

¹For 2016, the Affordable Care Act (ACA) limits maximum out-of-pocket (MOOP) amounts for health plans to \$6,850/\$13,700 for individuals/families, for both medical and pharmacy benefits combined.

²Prescription Rx Maximum Co-pay Per Person Per Calendar Year.



Medical Plan Options—Anthem Blue Cross Medical Plan

Medical Benefits	PERSCare PPO	
	Network	Non-Network*
Calendar Year Deductible	\$500 Individual / \$1,000 Family	
Annual Out-of-Pocket Maximum ¹ (Excluding Pharmacy)	\$2,000 Individual / \$4,000 Family	None
Physician Office Visit	\$20 / Visit (deductible waived)	40%
Preventive Care	No Charge (deductible waived)	40%
Lab and X-Ray	10% of Negotiated Fee	40%
Hospitalization		
Inpatient	\$250 per admit deductible, then 10%	\$250 per admit deductible, then 40%
Outpatient	10% of Negotiated Fee	40%
Emergency Room Services & Supplies	\$50 copay, then 10% of Negotiated Fee (copay waived if admitted)	
Chiropractic and Acupuncture (15 visits per calendar year combined benefit)	10% of Negotiated Fee	40%
Home Health	10% of Negotiated Fee	40%
Mental Health/Substance Abuse		
Inpatient	\$250 per admit deductible, then 10%	\$250 per admit deductible, then 40%
Outpatient	10% of Negotiated Fee	40%
Prescription Rx: Retail (Up to 30 day supply)		
Generic Rx	\$5 copay	\$5 copay**
Brand Name Rx	\$20 copay	\$20 copay**
Non-Formulary Rx	\$50 copay	\$50 copay**
Prescription Rx: Mail Order (Up to 90 day supply)		
Generic Rx	\$10 copay	\$10 copay**
Brand Name Rx	\$40 copay	\$40 copay**
Non-Formulary	\$100 copay	\$100 copay**
Maximum co-payment ² Per person per calendar year	\$1,000	\$1,000

*Non-network benefits based upon Anthem Blue Cross' Reasonable and Customary (R&C) charges. **When filling prescriptions at non-participating pharmacies, you are required to pay the listed dollar copayment (if applicable), plus 50% of the prescription drug's Maximum allowed Amount (MAA). You are also obligated to pay any amounts the pharmacy charges in excess of the MAA.

¹For 2016, the Affordable Care Act (ACA) limits maximum out-of-pocket (MOOP) amounts for health plans to \$6,850/\$13,700 for individuals/families, for both medical and pharmacy benefits combined.

²Prescription Rx Maximum Co-pay Per Person Per Calendar Year.



Medical Plan Options—Anthem Blue Cross Medical Plan

Medical Benefits	PERS Select PPO	
	Network	Non-Network*
Calendar Year Deductible	\$500 Individual / \$1,000 Family	
Annual Out-of-Pocket Maximum ¹ (Excluding Pharmacy)	\$3,000 Individual / \$6,000 Family	None
Physician Office Visit	\$20 / Visit (deductible waived)	40%
Preventive Care	No Charge (deductible waived)	40%
Lab and X-Ray	20% of Negotiated Fee	40%
Hospitalization Inpatient/Outpatient	20%-30% of Negotiated Fee	40%
Emergency Room Services & Supplies	\$50 copay, then 20% of Negotiated Fee (copay waived if admitted)	
Chiropractic and Acupuncture (15 visits per calendar year combined benefit)	20% of Negotiated Fee	40%
Home Health	20% of Negotiated Fee	40%
Mental Health/Substance Abuse Inpatient/Outpatient	20%-30% of Negotiated Fee	40%
Prescription Rx: Retail (Up to 30 day supply)		
Generic Rx	\$5 copay	\$5 copay**
Brand Name Rx	\$20 copay	\$20 copay**
Non-Formulary Rx	\$50 copay	\$50 copay**
Prescription Rx: Mail Order (Up to 90 day supply)		
Generic Rx	\$10 copay	\$10 copay**
Brand Name Rx	\$40 copay	\$40 copay**
Non-Formulary	\$100 copay	\$100 copay**
Maximum co-payment ² Per person per calendar year	\$1,000	\$1,000

*Non-network benefits based upon Anthem Blue Cross' Reasonable and Customary (R&C) charges.

**When filling prescriptions at non-participating pharmacies, you are required to pay the listed dollar copayment (if applicable), plus 50% of the prescription drug's Maximum allowed Amount (MAA). You are also obligated to pay any amounts the pharmacy charges in excess of the MAA.

¹For 2016, the Affordable Care Act (ACA) limits maximum out-of-pocket (MOOP) amounts for health plans to \$6,850/\$13,700 for individuals/families, for both medical and pharmacy benefits combined.

²Prescription Rx Maximum Co-pay Per Person Per Calendar Year.



Medical Plan Options—Anthem Blue Cross Medical Plan

Medical Benefits	PORAC (PORAC Members Only)	
	Network	Non-Network*
Calendar Year Deductible	\$300 Individual / \$900 Family	\$600 Individual / \$1,800 Family
Annual Out-of-Pocket Maximum ¹ (Excluding Pharmacy)	\$3,300 Individual / \$6,600 Family	
Physician Office Visit	\$20 / Visit (deductible waived)	10%
Preventive Care (\$500 combined maximum per calendar year)	No Charge (deductible waived)	No Charge (deductible waived)
Lab and X-Ray	10% of Negotiated Fee	10%
Hospitalization Inpatient/Outpatient	10% of Negotiated Fee	10%
Emergency Room Services & Supplies	10% of Negotiated Fee	
Chiropractic and Acupuncture	\$20 copay, then 10% of Negotiated Fee	10% (max \$35/visit and \$700 per calendar year combined)
Home Health (Up to 100 visits per calendar year)	10% of Negotiated Fee	10%
Mental Health/Substance Abuse Inpatient/Outpatient	10% of Negotiated Fee	10%
Prescription Rx: Retail (Up to 30 day supply)		
Generic Rx	\$10 copay	\$10 copay**
Brand Name Rx	\$25 copay	\$25 copay**
Non-Formulary Rx	\$45 copay	\$45 copay**
Prescription Rx: Mail Order (Up to 90 day supply)		
Generic Rx	\$20 copay	n/a
Brand Name Rx	\$40 copay	n/a
Non-Formulary	\$75 copay	n/a
Maximum co-payment ² Per person per calendar year	N/A	

*Non-network benefits based upon Anthem Blue Cross' Reasonable and Customary (R&C) charges.

**When filling prescriptions at non-participating pharmacies, you are required to pay the listed dollar copayment (if applicable), plus 50% of the prescription drug's Maximum allowed Amount (MAA). You are also obligated to pay any amounts the pharmacy charges in excess of the MAA.

¹For 2016, the Affordable Care Act (ACA) limits maximum out-of-pocket (MOOP) amounts for health plans to \$6,850/\$13,700 for individuals/families, for both medical and pharmacy benefits combined.

²Prescription Rx Maximum Co-pay Per Person Per Calendar Year.

Dental and Vision Premiums

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

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

Dental and Vision Premiums*	
Delta Dental PPO	Premium
City Employees	
EE	\$40.10
EE + 1	\$78.20
EE + Family	\$128.50
Police Officers Association	
EE	\$46.20
EE + 1	\$91.90
EE + Family	\$165.90
Police Management Association	
EE	\$41.60
EE + 1	\$82.70
EE + Family	\$147.30
VSP Vision	Premium
Police Officers Association and Confidential	
EE	\$9.70
EE + 1	\$13.80
EE + Family	\$24.40
All Others (Employee-paid)	
EE	\$11.20
EE + 1	\$16.00
EE + Family	\$28.20

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

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



Dental Benefits (Administered by Delta Dental)

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

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

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

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

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

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



Dental Benefits (Administered by Delta Dental)

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

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

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

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



Vision Benefits (Administered by VSP)

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

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

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

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

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

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

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

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



Life and Disability Benefits (Administered by Sun Life Financial)

Basic Life Insurance

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

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

Basic Life Insurance	
Benefit	2x annual earnings up to a maximum of \$400,000

Supplemental Life and Accidental Death & Dismemberment (AD&D) Insurance

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

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

*You may elect AD&D for yourself, your spouse/DP and children. For your spouse/DP you may elect a benefit up to 40% of your elected AD&D amount. For your children, you can elect an amount up to 1% of your elected AD&D benefit. See page 25 for Supplemental Life and AD&D rates.
¹Guaranteed Issue Amount (GI) means the maximum amount of insurance available under this Policy without Evidence of Insurability (EOI – medical underwriting). Any amount elected in excess of the Guaranteed Issue Amount will be subject to the Evidence of Insurability requirements, which means a statement or proof of an Employee's or Dependent's medical history upon which acceptance for insurance will be determined by Sun Life.
 *City contributions for life insurance, STD, and LTD are paid once a month on the first pay check of the month.
 *Employee deductions for AD&D insurance and Optional Life are taken once a month on the first pay check of the month.

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



Life and Disability Benefits (Administered by SunLife Financial)

Supplemental Life Insurance Rate Calculation—Active Employee and Spouse/DP Rates

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

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

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

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

Age	Rate (per \$10,000 Unit)
Under Age 29	\$0.93
30-34	\$1.08
35-39	\$1.62
40-44	\$2.25
45-49	\$3.89
50-54	\$6.99
55-59	\$12.06
60-64	\$17.31
65-69	\$28.72
70-74	\$44.36
75+	\$118.64

To calculate the monthly premium:

1. Amount Elected: Write the amount of units you want. (1 unit = \$10,000) Line 1: _____
2. Write your age-based rate from the table to the left. Line 2: _____
3. Multiple Line 1 by Line 2. This is your monthly premium amount. Line 3: _____

Example:
 40 year old employee requesting \$250,000 =
 $25 \times \$2.25 = \$56.25/\text{monthly premium}$

Supplemental Life Insurance Rate Calculation—Dependent Child(ren) Rates

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

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



Life and Disability Benefits (Administered by Sun Life Financial)

Short Term Disability (STD)*

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

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

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

Long Term Disability (LTD)

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

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

Travel Assist (Administered by Sun Life Financial)

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

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

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

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

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

Here are a few things to keep in mind:

- Always carry your Assist America member ID card whenever you travel.
- Assist America cannot reimburse participants for services that it did not provide.
- To access Assist America services, simply call a number on your member ID card:
- **Call toll free in the U.S. (800) 872-1414**
- **Call collect outside of the U.S. (301) 656-4152**
- Tell them your Sun Life Assurance Company of Canada reference number is **01-AA-SUL-100101**

BON VOYAGE!

www.assistAmerica.com
Reference Number: 01-AA-SUL-100101

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

Employee Assistance Program (Administered by MHN)

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

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

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

Work & Life Services

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

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

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

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

Sworn Access Code: concord1

Non-Sworn Access Code: concord



Flexible Spending Accounts (Administered by Discovery Benefits)

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

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

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

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

Healthcare Spending Account

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

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

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

USE IT OR LOSE IT!

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

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

Toll-Free: 866-451-3399

Email: customerservice@discoverybenefits.com.

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



Flexible Spending Accounts (Administered by Discovery Benefits)

Dependent Care Spending Account

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

Eligible Dependents Include:

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

USE IT OR LOSE IT!

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

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

Toll-Free: 866-451-3399

Email: customerservice@discoverybenefits.com.

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



Transportation Spending Accounts (Administered by Discovery Benefits)

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

Commuter Benefit

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

Parking Benefit

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

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

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

Simple Access to Your Transportation & Parking Funds

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

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

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

Toll-Free: 866-451-3399

Email: customerservice@discoverybenefits.com.

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

Leave Plans and Holidays

Annual Vacation Leave Accrual

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

Sick/Administrative/Bereavement/Military Leave

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

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

Leave Plans and Holidays

2016 Holidays

Dates	Holidays	Dates	Holidays
January 1	New Year's Day	September 5	Labor Day
January 18	Martin Luther King, Jr. Day	November 11	Veterans' Day
February 12	Lincoln's Birthday (Holiday for sworn peace officers and sworn police management only)	November 24	Thanksgiving Day (as proclaimed)
February 15	Presidents' Day	November 25	Day Following Thanksgiving
May 30	Memorial Day	December 24	Christmas Eve
July 4	Independence Day	December 25	Christmas Day

Wellness Program

Be Well

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

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

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

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

- David Boatwright 671-3141
- Kristi Carter 671-3407
- Joanne Malberty 671-3144
- Lori Myers 671-3393
- Erica Reed 671-5081
- Mike Snow 671-3306
- Craig Tanner 671-3298
- Rob Zywicki 603-5881

Payroll Calendar



Deferred Compensation (Administered by ICMA)

3% Deferred Compensation Contribution

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

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

*Fiscal Year 15/16 - suspended for Department Heads, City Manager and City Attorney

Deferred Compensation Plans

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

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

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



Contact Information

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

Additional Information Regarding Your Benefits

The following pages are mandatory notices that all employers are required to provide to their employees. The contents of the messages may or may not apply to you. If you have any questions about these notices, please contact Human Resources at (925) 671-3308.

The 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 delivery. 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

The Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act ("WHCRA") requires employer groups to notify participants and beneficiaries of the Group Health Plan (the "Plan"), of their rights to mastectomy benefits under the Plan. Participants and beneficiaries have rights to coverage to be provided in a manner determined in consultation with the attending Physician for:

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

These benefits are subject to the same deductible and co-payments applicable to other medical and surgical benefits provided under this Plan. For further details, please refer to the Plan's Summary Plan Description.

Health Insurance Portability & Accountability Act (HIPAA)

Notice of Availability of HIPAA Privacy Notice

The Federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires that we periodically remind you of your right to receive a copy of the City of Concord's HIPAA Privacy Notice. You can request a copy of the Privacy Notice by contacting Human Resources.

HIPAA Privacy Notices that pertain to other City of Concord health plans may be obtained by contacting your insurance carrier directly, at the address provided in the Evidence of Coverage booklets.



Additional Information Regarding Your Benefits

2016 Summary of Benefits and Coverage Notice

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

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

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

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

**To enroll in these health plans, you must belong to the specific employee association and pay applicable dues.

Please contact your department's human resources office with questions regarding eligibility and enrollment.



Additional Information Regarding Your 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 are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 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, 2015. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447	Website: https://www.flmedicaidtprecovery.com/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Website: http://dch.georgia.gov/ Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-404-656-4507
COLORADO – Medicaid	INDIANA – Medicaid
Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943	Website: http://www.in.gov/fssa Phone: 1-800-889-9949

Additional Information Regarding Your Benefits

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

IOWA – Medicaid	MONTANA – Medicaid
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084
KANSAS – Medicaid	NEBRASKA – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884	Website: www.ACCESSNebraska.ne.gov Phone: 1-800-383-4278
KENTUCKY – Medicaid	NEVADA – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604



Additional Information Regarding Your Benefits

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
OREGON – Medicaid and CHIP	VERMONT – Medicaid
Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
RHODE ISLAND – Medicaid	WASHINGTON – Medicaid
Website: www.ohhs.ri.gov Phone: 401-462-5300	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-800-562-3022 ext. 15473
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
SOUTH DAKOTA – Medicaid	WISCONSIN – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531

To see if any more States have added a premium assistance program since July 31, 2015 or for more information on special enrollment rights, you can contact either:

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

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

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

Additional Information Regarding Your Benefits

Medicare Part D

Important Notice from the City of Concord About Your Prescription Drug Coverage and Medicare

Medicare Part D (Prescription Drug) through CalPERS

Medicare Part D is a voluntary federal outpatient prescription drug benefit available to everyone with Medicare. The Medicare Part D premium varies based on the prescription drug plan and is paid to your health carrier as part of the CalPERS health premium. As with Medicare Part B, if your income exceeds established thresholds, the SSA will assess an additional income-related monthly adjustment amount. Payment of this amount is mandatory to protect your Medicare enrollment and eligibility to remain enrolled in a CalPERS Medicare health plan.

To be enrolled in a CalPERS Medicare health plan, you cannot be enrolled in a non-CalPERS Medicare Part D plan.

CalPERS Health Plans and Medicare Part D

CalPERS participates in the Employer Group Waiver Plan (EGWP). EGWPs are Prescription Drug Plans governed by the CMS.

If you are a Medicare-eligible subscriber or dependent, you are automatically enrolled into EGWP. If for some reason, you chose to opt out of EGWP, you will be financially responsible for all of your prescription drug costs. In addition, if you enroll in a non-CalPERS Medicare Part D plan, you are no longer eligible to remain enrolled in a CalPERS Medicare health plan. Consequently, you and all of your covered dependents will be terminated.

Contact the City of Concord Human Resources Department for more details.

Do Not Enroll in a non-CalPERS Medicare Part D Plan

Your CalPERS coverage includes enrollment in a Medicare Part D Plan. Do not enroll in a non-CalPERS Medicare Part D plan. If you or your dependents are covered by CalPERS and another health plan that includes Medicare Part D prescription drug benefits, you must cancel that Part D coverage to enroll in, or continue enrollment in a CalPERS Medicare health plan.

Additional Information Regarding Your Benefits

Medicare Part D

Important Notice from the City of Concord About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the City of Concord and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 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.
- The City has determined that the prescription drug coverage offered by the City of Concord is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

Additional Information Regarding Your Benefits

Important Notice from the City of Concord About Your Prescription Drug Coverage and Medicare

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 current City of Concord coverage will not be affected. The City provided prescription plan is credible and Medicare eligible's are allowed to purchase additional prescription drug coverage through Medicare. See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current City coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the City of Concord and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

Additional Information Regarding Your Benefits

Important Notice from the City of Concord About Your Prescription Drug Coverage and Medicare

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person below or contact the City of Concord Human Resources Department..

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the City 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 www.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 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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, 2016
Name of Entity: City of Concord
Contact: Human Resources Department
Address: 1950 Parkside Drive, Concord, CA 94519
Phone: (925) 671-3308

Additional Information Regarding Your Benefits

New Health Insurance Marketplace Coverage Options

Part A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy private individual health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage we offer to you. Please note that this notice is informational only.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find private individual 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 the Employment-Based Health Coverage We Offer to You Affect Your Eligibility for Premium Savings through the Marketplace?

Yes. If we have offered you health coverage that meets certain standards, you will not be eligible for a tax credit through the Marketplace and you may wish to enroll in our health plan, if you are eligible. (Just because you received this Marketplace notice does not mean you are eligible.) However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if we do not offer coverage to you at all or do not offer coverage that meets certain standards. If the cost of self-only coverage under our health plan is more than 9.5% of your household income for the year, or if our health plan does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

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

How Can I Get More Information About the Health Insurance Marketplace?

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

Additional Information Regarding Your Benefits

New Health Insurance Marketplace Coverage Options

Part B: Information About Employer-Provided Health Plan Coverage

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

1. General Employer Information.

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

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

If you would like information about the eligibility requirements for our health plan, please read the eligibility provisions described in the Summary Plan Description for our health plan. You can obtain a copy of the Summary Plan Description by contacting Human Resources at (925) 671-3308.

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

Additional Information Regarding Your Benefits

New Health Insurance Marketplace Coverage Options

4. Premium Cost. If you are eligible for coverage under our health plan, you may be asked to provide the amount of premiums you must pay for self-only coverage under the lowest-cost health plan that meets the minimum value standard. If you had the opportunity to receive a premium discount for any tobacco cessation program, you must enter the premium you would pay if you received the maximum discount possible for a tobacco cessation program.

If you would like information about the premiums for self-only coverage under our lowest-cost health plan, please contact Human Resources at (925) 671-3308.

5. Future Changes. You may also be asked whether or not we will be making certain changes to our health plan coverage for the new plan year. As usual, you will be provided with information about any changes to our health plan coverage before the next open enrollment period. If you are not sure how to answer this question on your Marketplace application, please contact the Marketplace.

Notes

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

Employee Benefits Overview designed and developed by



in conjunction with the City of Concord, Fall 2015

Human Resources
1950 Parkside Drive
Concord, CA 94519
(925) 671-3308