



EMPLOYEE BENEFITS GUIDE 2016

FULL-TIME & PERMANENT PART-TIME EMPLOYEES



CITY OF OAKLAND



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The information in this brochure is a general outline of the benefits offered under the City of Oakland's benefits program. Specific details and plan limitations are provided in the Summary Plan Descriptions (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.

CONTACT INFORMATION

Employee Benefits Program	Benefits Representative	Contact Information
Risk and Benefits Administration	Deborah Grant, Manager	510.238.7165 dgrant@oaklandnet.com
Vacant	Benefits Coordinator	
COBRA	Custom Benefit Administrators (CBA)	916.303.7100 cobra@cbadministrators.com
Deferred Compensation	Michael McGhee ICMA-RC (Investment Option Inquiry Only)	510.238.6485 mmcgee@icmarc.org
	Lisa Lavatai	510.238.6769 llavatai@oaklandnet.com
Dental Insurance (Non-Sworn)	Gloria Alcala	510.238.7445 galcala@oaklandnet.com
Medical and Dental Insurance (Sworn – Police and Fire)	Michael K. Lee	510.238.2248 mlee@oaklandnet.com
Dependent Care Assistance Program (DCAP)	Denise Carter	510.238.7446 dcarter@oaklandnet.com
Disability Insurance (Sun Life) Long Term and Short Term (Non-Sworn)	Gloria Alcala	510.238.7445 galcala@oaklandnet.com
Employee Assistance Program	Greg Elliott	510.238.4993 gelliott@oaklandnet.com
Ergonomics	Mike Spade	510.238.7971 mspade@oaklandnet.com
Fair Employment Housing Act (FEHA) Americans for Disabilities Act (ADA) Workers' Compensation	Mary Baptiste	510.238.2270 mbaptiste@oaklandnet.com
	Annie Chin	510.238.4958 achin@oaklandnet.com
Family Medical Leave Act (FMLA)	Donella Williams	510.238.6448 dwilliams3@oaklandnet.com
Guaranteed Ride Home	Michael K. Lee	510.238.2248 mlee@oaklandnet.com
Sun Life Insurance	Gloria Alcala	510.238.7445 galcala@oaklandnet.com
Medical Care Assistance Program (MCAP)	Denise Carter	510.238.7446 dcarter@oaklandnet.com
Medical Insurance (Non-Sworn)	Denise Carter	510.238.7446 dcarter@oaklandnet.com
Non-PERS Kaiser	Michael K. Lee	510.238.2248 mlee@oaklandnet.com
Retirement (PERS)	Nhan Hua	510.238.6479 nhua@oaklandnet.com
Safety, Health and Wellness	Greg Elliott	510.238.4993 gelliott@oaklandnet.com
SDI Disability Insurance (EDD) (Non-Sworn)	Lisa Lavatai	510.238.6769 llavatai@oaklandnet.com

CONTACT INFORMATION (continued)

Employee Benefits Program	Benefits Representative	Contact Information
Transit / Parking Reimbursement Programs	Custom Benefit Administrators (CBA)	916.303.7100 customerservice@cbadministrators.com
	Denise Carter	510.238.7446 dcarter@oaklandnet.com
Unemployment Insurance	Lisa Lavatai	510.238.6769 llavatai@oaklandnet.com
Vision (Non-Sworn)	Gloria Alcala	510.238.7445 galcala@oaklandnet.com

Benefit information and forms can be located at oaknetnews/HR-SelfServe/OPENENROLLMENT/index.htm.

You may also contact the below benefit carriers or visit the following websites to confirm eligibility and verify coverage:

Employee Benefits Program	Phone Number	Web Site
Medical		
<ul style="list-style-type: none"> CalPERS 	800.225.7377	mycalpers.ca.gov
Dental		
<ul style="list-style-type: none"> Delta Dental – Group No. 558-3 	415.977.7950	deltadentalins.com
<ul style="list-style-type: none"> DeltaCare – Group No. 76003 	800.632.8555	deltadentalins.com
Vision Service Plan – Group No. 00826401	800.622.7444	vsp.com



2015

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JANUARY
1 New Year's Day
19 Martin Luther King Jr.'s Day

FEBRUARY
12 Lincoln's Birthday
16 President's Day

MAY
25 Memorial Day

JULY
4 Independence Day (HVA)

SEPTEMBER
7 Labor Day
9 Admission's Day

NOVEMBER
11 Veteran's Day
26 Thanksgiving Day
27 Day after Thanksgiving Day

DECEMBER
25 Christmas Day

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RATES: FULL-TIME EMPLOYEES

Medical Plans	Bay Area Region*					
	Monthly Premium Cost			Monthly Employee Contribution		
	Employee Only	Employee + 1	Employee + 2 or more	Employee Only	Employee + 1	Employee + 2 or more
Anthem Select HMO	\$721.79	\$1,443.58	\$1,876.65	\$0.00	\$0.00	\$0.00
Anthem Traditional HMO	\$855.42	\$1,710.84	\$2,224.09	\$108.95	\$217.90	\$283.27
Blue Shield Access+ HMO	\$1,016.18	\$2,032.36	\$2,642.07	\$269.71	\$539.42	\$701.25
Blue Shield Net Value HMO	\$1,033.86	\$2,067.72	\$2,688.04	\$287.39	\$574.78	\$747.22
Health Net SmartCare HMO	\$808.44	\$1,616.88	\$2,101.94	\$61.97	\$123.94	\$161.12
Kaiser Permanente (CA) HMO	\$746.47	\$1,492.94	\$1,940.82	\$0.00	\$0.00	\$0.00
PERS Choice	\$798.36	\$1,596.72	\$2,075.74	\$51.89	\$103.78	\$134.92
PERS Select	\$730.07	\$1,460.14	\$1,898.18	\$0.00	\$0.00	\$0.00
PERSCare	\$889.27	\$1,778.54	\$2,312.10	\$142.80	\$285.60	\$371.28
PORAC (POLICE ONLY)	\$699.00	\$1,399.00	\$1,789.00	\$0.00	\$0.00	\$0.00
UnitedHealthcare HMO	\$955.44	\$1,910.88	\$2,484.14	\$208.97	\$417.94	\$543.32
Medical Plans	Sacramento Area Region**					
	Monthly Premium Cost			Monthly Employee Contribution		
	Employee Only	Employee + 1	Employee + 2 or more	Employee Only	Employee + 1	Employee + 2 or more
Anthem Select HMO	\$902.07	\$1,804.14	\$2,345.38	\$155.60	\$311.20	\$404.56
Anthem Traditional HMO	\$1,112.54	\$2,225.08	\$2,892.60	\$366.07	\$732.14	\$951.78
Blue Shield Access+ HMO	\$885.33	\$1,770.66	\$2,301.86	\$138.86	\$277.72	\$361.04
Blue Shield Net Value HMO	\$900.73	\$1,801.46	\$2,341.90	\$154.26	\$308.52	\$401.08
Health Net SmartCare HMO	\$747.55	\$1,495.10	\$1,943.63	\$1.08	\$2.16	\$2.81
Kaiser Permanente (CA) HMO	\$695.11	\$1,390.22	\$1,807.29	\$0.00	\$0.00	\$0.00
PERS Choice	\$727.58	\$1,455.16	\$1,891.71	\$0.00	\$0.00	\$0.00
PERS Select	\$665.35	\$1,330.70	\$1,729.91	\$0.00	\$0.00	\$0.00
PERSCare	\$810.40	\$1,620.80	\$2,107.04	\$63.93	\$127.86	\$166.22
PORAC (POLICE ONLY)	\$699.00	\$1,399.00	\$1,789.00	\$0.00	\$0.00	\$0.00
UnitedHealthcare HMO	\$686.36	\$1,372.72	\$1,784.54	\$0.00	\$0.00	\$0.00

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

** El Dorado, Placer, Sacramento, and Yolo

RATES: FULL-TIME EMPLOYEES (continued)



Medical Plans	Other Northern CA Region***					
	Monthly Premium Cost			Monthly Employee Contribution		
	Employee Only	Employee + 1	Employee + 2 or more	Employee Only	Employee + 1	Employee + 2 or more
Anthem Select HMO	\$839.10	\$1,678.20	\$2,181.66	\$92.63	\$185.26	\$240.84
Anthem Traditional HMO	\$964.91	\$1,929.82	\$2,508.7	\$218.44	\$436.88	\$567.95
Anthem EPO Del Norte PPO	\$795.57	\$1,591.14	\$2,068.48	\$49.10	\$98.20	\$127.66
Anthem EPO Monterey PPO	\$795.57	\$1,591.14	\$2,068.48	\$49.10	\$98.20	\$127.66
Blue Shield Access+ HMO	\$879.96	\$1,759.92	\$2,287.90	\$133.49	\$266.98	\$347.08
Blue Shield Net Value HMO	\$895.17	\$1,790.34	\$2,327.44	\$148.70	\$297.40	\$386.62
BSC EPO	\$879.96	\$1,759.92	\$2,287.0	\$133.49	\$266.98	\$347.08
Kaiser Permanente (CA) HMO	\$755.27	\$1,510.54	\$1,963.70	\$8.80	\$17.60	\$22.88
PERS Choice	\$795.57	\$1,591.14	\$2,068.48	\$49.10	\$98.20	\$127.66
PERS Select	\$727.47	\$1,454.94	\$1,891.42	\$0.00	\$0.00	\$0.00
PERSCare	\$886.15	\$1,772.30	\$2,303.99	\$139.68	\$279.36	\$363.17
PORAC (POLICE ONLY)	\$699.00	\$1,399.00	\$1,789.00	\$0.00	\$0.00	\$0.00
UnitedHealthcare HMO	\$794.80	\$1,589.60	\$2,066.48	\$48.33	\$96.66	\$125.66

*** Alpine, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity, and Tuolumne

RATES: PERMANENT PART-TIME EMPLOYEES

Medical Plans	Bay Area Region*					
	Monthly Premium Cost			Monthly Employee Contribution		
	Employee Only	Employee + 1	Employee + 2 or more	Employee Only	Employee + 1	Employee + 2 or more
Anthem Select HMO	\$721.79	\$1,443.58	\$1,876.65	\$161.94	\$323.87	\$421.03
Anthem Traditional HMO	\$855.42	\$1,710.84	\$2,224.09	\$295.57	\$591.13	\$768.47
Blue Shield Access+ HMO	\$1,016.18	\$2,032.36	\$2,642.07	\$456.33	\$912.65	\$1,186.45
Blue Shield Net Value HMO	\$1,033.86	\$2,067.72	\$2,688.04	\$474.01	\$948.01	\$1,232.42
Health Net SmartCare HMO	\$808.44	\$1,616.88	\$2,101.94	\$248.59	\$497.17	\$646.32
Kaiser Permanente (CA) HMO	\$746.47	\$1,492.94	\$1,940.82	\$186.62	\$373.23	\$485.20
PERS Choice	\$798.36	\$1,596.72	\$2,075.74	\$238.51	\$477.01	\$620.12
PERS Select	\$730.07	\$1,460.14	\$1,898.18	\$170.22	\$340.43	\$442.56
PERSCare	\$889.27	\$1,778.54	\$2,312.10	\$329.42	\$658.83	\$856.48
UnitedHealthcare HMO	\$955.44	\$1,910.88	\$2,484.14	\$395.59	\$791.17	\$1,028.52
Medical Plans	Sacramento Area Region**					
	Monthly Premium Cost			Monthly Employee Contribution		
	Employee Only	Employee + 1	Employee + 2 or more	Employee Only	Employee + 1	Employee + 2 or more
Anthem Select HMO	\$902.07	\$1,804.14	\$2,345.38	\$342.22	\$684.43	\$889.76
Anthem Traditional HMO	\$1,112.54	\$2,225.08	\$2,892.60	\$552.69	\$1,105.37	\$1,436.98
Blue Shield Access+ HMO	\$885.33	\$1,770.66	\$2,301.86	\$325.48	\$650.95	\$846.24
Blue Shield Net Value HMO	\$900.73	\$1,801.46	\$2,341.90	\$340.88	\$681.75	\$886.28
Health Net SmartCare HMO	\$747.55	\$1,495.10	\$1,943.63	\$187.70	\$375.39	\$488.01
Kaiser Permanente (CA) HMO	\$695.11	\$1,390.22	\$1,807.29	\$135.26	\$270.51	\$351.67
PERS Choice	\$727.58	\$1,455.16	\$1,891.71	\$167.73	\$335.45	\$436.09
PERS Select	\$665.35	\$1,330.70	\$1,729.91	\$105.50	\$210.99	\$274.29
PERSCare	\$810.40	\$1,620.80	\$2,107.04	\$250.55	\$501.09	\$651.42
UnitedHealthcare HMO	\$686.36	\$1,372.72	\$1,784.54	\$126.51	\$253.01	\$328.92

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

** El Dorado, Placer, Sacramento, and Yolo

RATES: PERMANENT PART-TIME EMPLOYEES

Medical Plans	Other Northern CA Region***					
	Monthly Premium Cost			Monthly Employee Contribution		
	Employee Only	Employee + 1	Employee + 2 or more	Employee Only	Employee + 1	Employee + 2 or more
Anthem Select HMO	\$839.10	\$1,678.20	\$2,181.66	\$279.25	\$558.49	\$726.04
Anthem Traditional HMO	\$964.91	\$1,929.82	\$2,508.7	\$405.06	\$810.11	\$1,053.15
Anthem EPO Del Norte PPO	\$795.57	\$1,591.14	\$2,068.48	\$235.72	\$471.43	\$612.86
Anthem EPO Monterey PPO	\$795.57	\$1,591.14	\$2,068.48	\$235.72	\$471.43	\$612.86
Blue Shield Access+ HMO	\$879.96	\$1,759.92	\$2,287.90	\$320.11	\$640.21	\$832.28
Blue Shield Net Value HMO	\$895.17	\$1,790.34	\$2,327.44	\$335.32	\$670.63	\$871.82
BSC EPO	\$879.96	\$1,759.92	\$2,287.0	\$320.11	\$640.21	\$832.28
Kaiser Permanente (CA) HMO	\$755.27	\$1,510.54	\$1,963.70	\$195.42	\$390.83	\$508.08
PERS Choice	\$795.57	\$1,591.14	\$2,068.48	\$235.72	\$471.43	\$612.86
PERS Select	\$727.47	\$1,454.94	\$1,891.42	\$167.62	\$335.23	\$435.80
PERSCare	\$886.15	\$1,772.30	\$2,303.99	\$326.30	\$652.59	\$848.37
UnitedHealthcare HMO	\$794.80	\$1,589.60	\$2,066.48	\$234.95	\$469.89	\$610.86

*** Alpine, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity, and Tuolumne

Permanent Part-Time Employees with 75% City Subsidy

Benefit Plan	Employee Only	Employee + 1	Employee + Family
	Employee Share	Employee + 1 Share	Employee + 2 or more Share
Delta Dental PPO			
<ul style="list-style-type: none"> City's Contribution: \$84.84 Total Premium Cost: \$113.13 	\$28.29	\$28.29	\$28.29
DeltaCare HMO			
<ul style="list-style-type: none"> City's Contribution: \$23.28 Total Premium Cost: \$31.04 	\$7.76	\$7.76	\$7.76
Vision Service Plan			
<ul style="list-style-type: none"> Employee Only <ul style="list-style-type: none"> City's Contribution: \$6.87 Total Premium Cost: \$9.17 	\$2.30		
<ul style="list-style-type: none"> Employee + 1 <ul style="list-style-type: none"> City's Contribution: \$13.77 Total Premium Cost: \$18.34 		\$4.57	
<ul style="list-style-type: none"> Employee + Family <ul style="list-style-type: none"> City's Contribution: \$16.14 Total Premium Cost: \$21.53 			\$5.39

INTRODUCTION

As City of Oakland employees, you and your family are entitled to a number of benefits. This benefits guide contains information on all of the benefits you are entitled to as an employee of the City of Oakland.

In order to activate your benefits, complete and submit the following:

- CalPERS Beneficiary Designation Form
- City of Oakland Employee Benefits Record (EBR)

Optional Benefit Forms

- Flexible Spending Plan Enrollment form
- Cafeteria Plan Election form (Medical Waiver)
- Optional Life & Voluntary AD&D Insurance form
- Spouse and child coverage available to employees who are enrolled
- Evidence of Insurability form (Required only if enrolling in Life Insurance coverage that exceeds \$100,000)
- Pre-designation of Personal Physician

You have 60 days from the date of your initial appointment to enroll, or decline coverage for yourself and eligible family members. Benefits will begin on the 1st of the month after you submit your paperwork and appropriate documentation to the Human Resources Management and Risk Benefits Division. If you do not enroll during the initial 60 days and have not experienced a qualifying life event, your enrollment will be subject to a 90-day waiting period or the following Open Enrollment period, whichever comes first.

For participation in the deferred compensation plan, your paperwork needs to be in our office by the 15th of the month; deductions will begin with the first pay period of the following month. For example, if you submit your paperwork by January 15th, deductions will begin with the February's first pay period.

Any questions you may have regarding the enclosed information can be referred to the corresponding representative listed in your "Benefits Telephone Directory" found at the beginning of this guide.

Benefit Choices

The City recognizes that your benefits are an important part of the reason you choose to work here. The City provides high quality benefits at a reasonable cost to you. You can choose between different medical plans to meet your individual and family needs. Since you have some choices to make, it is important to understand the various programs. That is why this Handbook is being provided for you. There are also individual brochures for each of the benefit plans available in the Human Resources department. Benefits provided by the City for eligible employees include a choice of CalPERS medical plans, a dental plan, a vision plan, group life insurance coverage, group disability and optional voluntary benefits.

ELIGIBILITY

Employees

The City of Oakland offers Medical, Dental, Vision, Group Life/AD&D, and Voluntary Coverage to full-time and permanent part-time employees and their eligible dependents. Eligibility in the disability plans is based off of your represented unit.

Employees may opt out of coverage with proof of other group coverage.

Dependents

When enrolling dependents, appropriate documentation and/or proof of dependent status is required by the City and will be requested by Human Resources.

Accepted forms of proof include Marriage and Birth Certificates, Tax Returns, Local City Government or State Issued Declaration of Domestic Partnership, Adoption Certificate or Proof of Legal Guardianship.

For purposes of medical plan coverage, the following dependents are eligible:

- A spouse who is not currently enrolled as an employee in a Public Employees Retirement System (PERS)-administered medical plan
- A registered domestic partner
- Certified disabled child age 26 or older
- Child (up to age 26) for whom you have a parent-child relationship (restrictions apply)

Active Employment

Employees who are eligible to participate in the medical and dental group insurance plans are full-time employees, permanent part-time employees, and limited-duration employees with an appointment of six (6) months or longer.

Employees who are eligible to participate in the vision plan are all non-sworn unrepresented employees and represented employees as provided for in the individual Memoranda of Understanding.

For purposes of non-sworn dental and vision plan coverage, eligible dependents are as follows:

- A spouse
- Child (up to age 26) for whom you have a parent-child relationship (restrictions apply)
- A child up to age 19, or age 25 with student status
- A registered domestic partner of an employee

ENROLLMENT

Open Enrollment

Once a year, usually during the fall, the City of Oakland holds an Open Enrollment period. During this time, you may change to a different medical plan, enroll in the dental plan, the vision plan or choose the cash in lieu option (waiver). You may also add or delete dependents to your medical, dental or vision plan.

Supporting documentation will be required by Human Resources to add or delete new dependents.

Enrollment Instructions

When you are hired, you will, receive this Employee Benefits Guide describing your different benefits. Additional brochures are available at the City of Oakland. Your coverage will start on the first of the month following the date your enrollment paperwork is received.

Here are some basic guidelines you need to keep in mind when going over these choices:

1. Review the section of this Guide on medical plans to determine which medical plan suits your health and financial needs.
2. Determine your life insurance needs and decide if you wish to buy additional coverage above what is provided by the City.
3. Review additional voluntary benefits offered by the City to determine whether they meet your needs.
4. If you have medical coverage through another source, such as a spouse, you may want to consider the benefit waiver option. Proof of other group coverage will be required in order to qualify for this option.

The following forms must be provided in order to commence your benefits (please attach required copies of documents for dependents):

- Employee Benefits Record form
- CalPERS Beneficiary Designation form

Online enrollment is required for Parking and Transit Programs, and the Guaranteed Ride Home.

Please submit your forms and required documents to the Benefits Unit, 150 Frank Ogawa Plaza, 2nd Floor front counter or you can fax your forms to 510.238.6560.

All benefit information and forms can be found on the City's internal website at oaklandnetnews.oaklandnet.com/HR-Selfserve/.

Change in Beneficiaries

Certain events in your life such as marriage, divorce, or a death in the family can affect who you name as your designated beneficiary for certain benefits. You may change your beneficiary(ies) at any time. If you wish to do so, you can obtain most beneficiary forms from Human Resources. You can designate a beneficiary for:

- Deferred Compensation
- Life Insurance
- Retirement – CalPERS

CHANGES IN COVERAGE

Qualifying Events

You may experience certain events during the plan year that would allow you to change you or your dependent's medical coverage. If any of the following events occur, you must change your benefit coverage within 60 days of the event:

- Change in your legal marital or domestic partner status, including marriage, death of your spouse/ domestic partner, divorce, legal separation or annulment.
- Change in the number of your dependents, including birth, adoption, placement for adoption or death of your dependent.
- Change in your employment status, including termination or commencement of employment of you, your spouse, your domestic partner or your dependent.
- Change in work schedule for you or your spouse/ domestic partner, including an increase or decrease in the number of hours of employment, a switch between full-time and part-time status, a strike, lockout or commencement or return from an unpaid leave of absence.
- Your dependent satisfies or no longer meets the eligibility requirements for dependents.
- A change in the place of residence or worksite of you or your spouse / domestic partner (This move must affect your coverage options).
- You, your spouse / domestic partner or your dependents lose COBRA coverage.
- You, your spouse/domestic partner or your dependents enroll for Medicare or Medicaid or lose coverage under Medicare or Medicaid.
- A significant change in benefit or cost of coverage for you or your spouse/domestic partner.
- Your spouse/domestic partner employer provides the opportunity to enroll or change benefits during an open enrollment period.

Special Enrollment Rights as Provided by HIPAA

- You initially declined coverage under the plan because you had coverage under another plan, and subsequently incurred a loss of coverage under the other plan.
- Occurrence of certain events such as birth, adoption, placement for adoption or marriage.

The City of Oakland offers several different medical plan options; Health Maintenance Organizations (HMO) or Preferred Provider Organizations (PPO) for all full-time and permanent part-time employees and their eligible dependents.

Health Maintenance Organizations (HMOs)

HMOs allow you to receive comprehensive coverage at set prices, called copays.

- **Doctors / Other Medical Care Providers.** You can only use doctors, hospitals, and pharmacies that participate in the HMO network. Doctors who participate in the HMO network are called in-network providers. There is no coverage if you go to out-of-network providers, except for emergency services.
- **Annual Deductible.** You don't need to pay an annual deductible before the plan begins to pay for a portion of covered medical services.
- **Copays.** When you receive medical care, you pay a set dollar amount called a copay.
- **Annual Out-of-Pocket Maximum.** The HMO plans include an annual out-of-pocket maximum. This is the maximum amount you must pay out of your own pocket for copays during the plan year. Once you reach the out-of-pocket maximum, the plan pays 100% of covered charges for the remainder of the plan year.

Preferred Provider Organization (PPO)

The PPO plan allows you to use any provider you choose.

- **Doctors / Health Care Providers.** You can choose any doctor you want, and you can go to any hospital or pharmacy. However, you'll pay less when you use a provider or facility that participates in-network.
- **Preventive Care.** Preventive care is 100% covered when you use in-network providers. Visit healthcare.gov/preventive-care-benefits/ for a complete list of preventive care benefits required to be covered at 100% per the Affordable Care Act.
- **Annual Deductible.** You generally pay an annual deductible before the plan begins to pay for a portion of covered medical services.
- **Paying for Care.** When you receive medical care, there are two ways you pay for services:
 - **Copays.** When you go to an in-network doctor for an office visit, go to the emergency room, or pick up a prescription, you pay a set dollar amount called a copay. (You may need to pay the annual deductible first before the copay applies.)
 - **Coinsurance.** When you receive any other medical services, you pay a percentage of the cost of the service, and the plan pays the remaining percentage. This is called coinsurance. (You will need to pay the annual deductible first before coinsurance applies.)
- **Annual Out-of-Pocket Maximum.** The PPO includes an out-of-pocket maximum. This is the maximum amount you must pay out of your own pocket (under the applicable coinsurance percentage) after meeting the deductible. Once you reach the out-of-pocket maximum, the plan pays 100% of in-network charges for the remainder of the plan year. Please note that your out-of-pocket maximum will be lower when you use in-network providers.

MEDICAL – CALPERS (continued)

For more information on CalPERS please visit Human Resources, or the CalPERS website calpers.ca.gov.

Benefit Categories	Anthem Select HMO	Anthem Traditional HMO	Blue Shield Access+ HMO	Blue Shield NetValue HMO	Kaiser HMO	UnitedHealthcare HMO
General Plan Information						
• Annual Deductible						
– Individual	\$0	\$0	\$0	\$0	\$0	\$0
– Family	\$0	\$0	\$0	\$0	\$0	\$0
• Coinsurance	100%	100%	100%	100%	100%	100%
• Office Visit / Exam	\$15 copay					
• Outpatient Specialist Visit	\$15 copay					
• Annual Out-of-Pocket Limit						
– Individual	\$1,500 (see EOC for items not included in copay max)	\$1,500 (see EOC for items not included in copay max)	\$1,500 (see EOC for items not included in copay max)	\$1,500 (see EOC for items not included in copay max)	\$1,500 (see EOC for items not included in copay max)	\$1,500 (see EOC for items not included in copay max)
– Family	\$3,000 (see EOC for items not included in copay max)	\$3,000 (see EOC for items not included in copay max)	\$3,000 (see EOC for items not included in copay max)	\$3,000 (see EOC for items not included in copay max)	\$3,000 (see EOC for items not included in copay max)	\$3,000 (see EOC for items not included in copay max)
• Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Preventive Services						
• Well Child Care	100%	100%	100%	100%	100%	100%
• Immunizations	100%	100%	100%	100%	100%	100%
• Well Woman Exams	100%	100%	100%	100%	100%	100%
• Mammograms	100%	100%	100%	100%	100% (some procedures may require a copay)	100%

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MEDICAL – CALPERS (continued)

Benefit Categories	Anthem Select HMO	Anthem Traditional HMO	Blue Shield Access+ HMO	Blue Shield NetValue HMO	Kaiser HMO	UnitedHealthcare HMO
Preventive Services (continued)						
• Adult Periodic Exams w/Preventive Tests	100%	100%	100%	100%	100%	100%
• Diagnostic X-Ray and Lab Tests	100%	100%	100%	100%	100% (some procedures may require a copay)	100%
Maternity Care						
• Pregnancy and Maternity Care (Pre-Natal Care)	100%	100%	100%	100%	100%	100%
Inpatient Hospital Services						
• Inpatient Hospitalization	100%	100%	100%	100%	100%	100%
• Pre-Authorization of Services Required	Yes	Yes	Yes	Yes	Yes	Yes
• Semi-Private Room & Board, including Services and Supplies	100%	100%	100%	100%	100%	100%
Surgical Services						
• Outpatient Facility Charge	100%	100%	100%	100%	\$15 copay	100%
Emergency Room						
	\$50 copay; waived if admitted					
Ambulance						
• Air	100%	100%	100%	100%	100%	100%
• Ground	100%	100%	100%	100%	100%	100%
Urgent Care						
	\$15 copay					
Mental Health Benefits						
• Inpatient Care	100% (see EOC for more detailed coverage)					
• Outpatient Care	\$15 copay (see EOC for more detailed coverage)	\$15 copay (see EOC for more detailed coverage)	\$15 copay (see EOC for more detailed coverage)	\$15 copay (see EOC for more detailed coverage)	\$15 copay (see EOC for more detailed coverage)	\$15 copay (see EOC for more detailed coverage)

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MEDICAL – CALPERS (continued)

Benefit Categories	Anthem Select HMO	Anthem Traditional HMO	Blue Shield Access+ HMO	Blue Shield NetValue HMO	Kaiser HMO	UnitedHealthcare HMO
Substance Abuse						
• Inpatient Hospitalization	100%	100%	100%	100%	100%	100%
• Inpatient Detoxification Services	100% (see EOC for more detailed coverage)	100% (see EOC for more detailed coverage)				
• Outpatient Services	\$15 copay (see EOC for more detailed coverage)	\$15 copay (see EOC for more detailed coverage)	\$15 copay (see EOC for more detailed coverage)	\$15 copay (see EOC for more detailed coverage)	\$15 copay (see EOC for more detailed coverage)	\$15 copay (see EOC for more detailed coverage)
Prescription Drugs						
• Retail						
– Generic	\$5 copay	\$5 copay				
– Brand (Formulary / Preferred)	\$20 copay	\$20 copay				
– Brand (Non-Formulary / Non-Preferred)	\$50 copay	\$50 copay				
– Number of Days Supply	30 days	30 days				
• Mail Order						
– Generic	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay for 30-day supply \$10 copay for 31-100 day supply	\$10 copay
– Brand (Formulary / Preferred)	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay for 30-day supply \$40 copay for 31-100 day supply	\$40 copay
– Brand (Non-Formulary / Non-Preferred)	\$100 copay	\$100 copay				
– Number of Days Supply	90 days	90 days	90 days	90 days	100 days (30-day supply for certain drugs)	90 days

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MEDICAL – CALPERS (continued)

Benefit Categories	Anthem Select HMO	Anthem Traditional HMO	Blue Shield Access+ HMO	Blue Shield NetValue HMO	Kaiser HMO	UnitedHealthcare HMO
Other Services and Supplies						
• Durable Medical Equipment & Prosthetic Devices	100%	100%	100%	100%	100%	100%
• Home Health Care	100% (prior authorization required; custodial care not covered)	100% (prior authorization required; custodial care not covered)	100% (prior authorization required; custodial care not covered)	100% (prior authorization required; custodial care not covered)	100% (prior authorization required; custodial care not covered)	100% (prior authorization required; custodial care not covered)
• Skilled Nursing or Extended Care Facility	100%; up to 100 days/cal year	100%; up to 100 days/cal year				
• Hospice Care	100%	100%	100%	100%	100%	100%
• Chiropractic Services	\$15 copay up to 20 visits/cal year; combined with Acupuncture	\$15 copay up to 20 visits/cal year; combined with Acupuncture	\$15 copay up to 20 visits/cal year; combined with Acupuncture	\$15 copay up to 20 visits/cal year; combined with Acupuncture	\$15 copay (when medically necessary); up to 20 visits/cal year; combined with Acupuncture	\$15 copay up to 20 visits/cal year; combined with Acupuncture
• Acupuncture	\$15 copay up to 20 visits/cal year; combined with Chiropractic	\$15 copay up to 20 visits/cal year; combined with Chiropractic	\$15 copay up to 20 visits/cal year; combined with Chiropractic	\$15 copay up to 20 visits/cal year; combined with Chiropractic	\$15 copay (when medically necessary); up to 20 visits/cal year; combined with Chiropractic	\$15 copay up to 20 visits/cal year; combined with Chiropractic
Vision						
• Exam Copay	100% (members 18+ years one visit/year)	100%	100% (members 18+ years one visit/year)			
• Exam Benefit Frequency	12 months	12 months				
Hearing						
• Screening	100%	100%	100%	100%	100%	100%
• Aid(s)	\$1,000 max every 36 months for both ears	\$1,000 max every 36 months for both ears	\$1,000 max every 36 months for both ears	\$1,000 max every 36 months for both ears	\$1,000 max every 36 months for both ears	\$1,000 max every 36 months for both ears

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MEDICAL – CALPERS (continued)

Benefit Categories	Anthem Select HMO	Anthem Traditional HMO	Blue Shield Access+ HMO	Blue Shield NetValue HMO	Kaiser HMO	UnitedHealthcare HMO
Infertility						
<ul style="list-style-type: none"> • Diagnosis 	50% of covered charges; see Plan Certificate for more details	50% of covered charges; see Plan Certificate for more details	50% of covered charges; see Plan Certificate for more details	50% of covered charges; see Plan Certificate for more details	50%; see Plan Certificate for more details	50% of covered charges; see Plan Certificate for more details
<ul style="list-style-type: none"> • Treatment 	50% of covered charges; see Plan Certificate for more details	50% of covered charges; see Plan Certificate for more details	50% of covered charges; see Plan Certificate for more details	50% of covered charges; see Plan Certificate for more details	50%; see Plan Certificate for more details	50% of covered charges; see Plan Certificate for more details
Outpatient Rehabilitative Therapy Services						
<ul style="list-style-type: none"> • Physical 	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
<ul style="list-style-type: none"> • Occupational 	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
<ul style="list-style-type: none"> • Speech 	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay

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MEDICAL – CALPERS (continued)

Benefit Categories	PERS Choice		PERS Select	
	In-Network	Out-of-Network	In-Network	Out-of-Network
General Plan Information				
• Annual Deductible				
– Individual	\$500 (not transferable between plans)			
– Family	\$1,000 (not transferable between plans)			
• Coinsurance	80%	60%	80%	60%
• Office Visit / Exam	\$20 copay	60%	\$20 copay	60%
• Outpatient Specialist Visit	\$20 copay	60%	\$20 copay	60%
• Annual Out-of-Pocket Limit				
– Individual	\$3,000	\$3,000	\$3,000	\$3,000
– Family	\$6,000	\$6,000	\$6,000	\$6,000
• Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Preventive Services				
• Well Child Care	100% (some restrictions apply; see EOC)	60%	100% (some restrictions apply; see EOC)	60%
• Immunizations	100% (some restrictions apply; see EOC)	60%	100% (some restrictions apply; see EOC)	60%
• Well Woman Exams	100% (some restrictions apply; see EOC)	60%	100% (some restrictions apply; see EOC)	60%
• Mammograms	80%	60%	80%	60%
• Adult Periodic Exams w/Preventive Tests	100% (some restrictions apply; see EOC)	60%	100% (some restrictions apply; see EOC)	60%
• Diagnostic X-Ray and Lab Tests	80%	60%	80%	60%

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MEDICAL – CALPERS (continued)

Benefit Categories	PERS Choice		PERS Select	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Maternity Care				
• Pregnancy and Maternity Care (Pre-Natal Care)	80%	60%	80%	60%
Inpatient Hospital Services				
• Inpatient Hospitalization	80%	60%	70% - 80% (hospital fliers)	60%
• Pre-Authorization of Services Required	Yes	Yes	Yes	Yes
• Semi-Private Room & Board, including Services and Supplies	80%	60%	70% - 80% (depending on hospital)	60%
Surgical Services				
• Outpatient Facility Charge	80%	60%	70% - 80% (depending on hospital)	60%
Emergency Room	\$50 copay; waived if admitted	\$50 copay; waived if admitted	\$50 copay; waived if admitted	\$50 copay; waived if admitted
Ambulance				
• Air	80%	80%	80%	80%
• Ground	80%	80%	80%	80%
Urgent Care	\$20 copay	60%	\$20 copay	60%
Mental Health Benefits				
• Inpatient Care	80%	60%	80%	60%
• Outpatient Care	\$20 copay/office visit; 80% facility	60%	\$20 copay/office visit; 80% facility	60%

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MEDICAL – CALPERS (continued)

Benefit Categories	PERS Choice		PERS Select	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Substance Abuse				
• Inpatient Hospitalization	80%	60%	80%	60%
• Outpatient Services	\$20 copay/office visit 80% facility	60%	\$20 copay/office visit 80% facility	60%
Prescription Drugs				
• Retail				
– Generic	\$5 copay	\$5 copay	\$5 copay	\$5 copay
– Brand (Formulary / Preferred)	\$20 copay	\$20 copay	\$20 copay	\$20 copay
– Brand (Non-Formulary / Non-Preferred)	\$50 copay	\$50 copay	\$50 copay	\$50 copay
– Number of Days Supply	30 days	30 days	30 days	30 days
• Mail Order				
– Generic	\$10 copay (\$1,000 copay/ person/cal year; excludes non-preferred brands)			
– Brand (Formulary / Preferred)	\$40 copay (\$1,000 copay/ person/cal year; excludes non-preferred brands)			
– Brand (Non-Formulary / Non-Preferred)	\$100 copay (\$1,000 copay/ person/cal year; excludes non-preferred brands)			
– Number of Days Supply	90 days	90 days	90 days	90 days

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MEDICAL – CALPERS (continued)

Benefit Categories	PERS Choice		PERS Select	
	Out-of-Network		Out-of-Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Other Services and Supplies				
• Durable Medical Equipment & Prosthetic Devices	80% (pre-certification required for equipment)	60% (pre-certification required for equipment)	80% (pre-certification required on equipment)	60% (pre-certification required on equipment)
• Home Health Care	80% (up to 45 visits/cal year; pre-authorization required)	60% (up to 45 visits/cal year; pre-authorization required)	80% (up to 45 visits/cal year; pre-authorization required)	60% (up to 45 visits/cal year; pre-authorization required)
• Skilled Nursing or Extended Care Facility	80% first 10 days; 70% next 90 days (pre-certification required; up to 100 days/cal year)	60% (pre-certification required; up to 100 days/cal year)	80% first 10 days; 70% next 90 days (pre-certification required; up to 100 days/cal year)	60% (pre-certification required; up to 100 days/cal year)
• Hospice Care	80%	80%	80%	80%
• Chiropractic Services	\$15 copay; combined with Acupuncture; up to 20 visits/cal year	60% combined with Acupuncture; up to 20 visits/cal year	\$15 copay; combined with Acupuncture; up to 20 visits/cal year	60% combined with Acupuncture; up to 20 visits/cal year
• Acupuncture	\$15 copay; combined with Chiropractic; up to 20 visits/cal year	60% combined with Chiropractic; up to 20 visits/cal year	\$15 copay; combined with Chiropractic; up to 20 visits/cal year	60% combined with Chiropractic; up to 20 visits/cal year
Hearing				
• Screening	80%	60%	80%	60%
• Aid(s)	80% (\$1,000 every 36 months)	60% (\$1,000 every 36 months)	80% (\$1,000 every 36 months)	60% (\$1,000 every 36 months)
Infertility				
• Diagnosis	Not covered	Not covered	Not covered	Not covered
• Treatment	Not covered	Not covered	Not covered	Not covered
Outpatient Rehabilitative Therapy Services				
• Physical	80% up to 24 visits/cal year	60% up to 24 visits/cal year	80% up to 24 visits/cal year	60% up to 24 visits/cal year
• Occupational	80% up to 24 visits/cal year	80% up to 24 visits/cal year	80% up to 24 visits/cal year	80% up to 24 visits/cal year
• Speech	80% up to 24 visits/cal year	60% up to 24 visits/cal year	80% up to 24 visits/cal year	60% up to 24 visits/cal year

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MEDICAL – CALPERS (continued)

Benefit Categories	PERSCare		PORAC	
	In-Network	Out-of-Network	In-Network	Out-of-Network
General Plan Information				
• Annual Deductible				
– Individual	\$500 (not transferable between plans)	\$500 (not transferable between plans)	\$300 (not transferable between plans)	\$300 (not transferable between plans)
– Family	\$1,000 (not transferable between plans)	\$1,000 (not transferable between plans)	\$900 (not transferable between plans)	\$1,800 (not transferable between plans)
• Coinsurance	90%	60%	90%	90%
• Office Visit / Exam	\$20 copay	60%	\$20 copay	90%
• Outpatient Specialist Visit	\$20 copay	60%	\$20 copay	90%
• Annual Out-of-Pocket Limit				
– Individual	\$2,000	\$2,000	\$4,500	\$9,000
– Family	\$4,000	\$4,000	\$6,600	\$6,600
• Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Preventive Services				
• Well Child Care	100% (some restrictions apply; see EOC)	60%	100%	100% + amount in excess of max allowed
• Immunizations	100% (some restrictions apply; see EOC)	60%	100%	100% + amount in excess of max allowed
• Well Woman Exams	100% (some restrictions apply; see EOC)	60%	100%	100% + amount in excess of max allowed
• Mammograms	90%	60%	90%	90% + amount in excess of max allowed
• Adult Periodic Exams w/Preventive Tests	100% (some restrictions apply; see EOC)	60%	100% (some restrictions apply; see EOC)	100% + amount in excess of maximum allowed
• Diagnostic X-Ray and Lab Tests	90%	60%	90%	90% + amount in excess of maximum allowed

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MEDICAL – CALPERS (continued)

Benefit Categories	PERSCare		PORAC	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Maternity Care				
<ul style="list-style-type: none"> Pregnancy and Maternity Care (Pre-Natal Care) 	90%	60%	90%	90% + amount in excess of maximum allowed
Inpatient Hospital Services				
<ul style="list-style-type: none"> Inpatient Hospitalization Pre-Authorization of Services Required Semi-Private Room & Board, including Services and Supplies 	\$250/admission Yes 90%	\$250/admission Yes 60%	\$250/admission Yes 90%	\$250/admission Yes 90% + amount in excess of maximum allowed
Surgical Services				
<ul style="list-style-type: none"> Outpatient Facility Charge 	90%	60%	90%	90% + amount in excess of maximum allowed
Emergency Room	\$50 copay/ER Room; 90% all other services	\$50 copay/ER Room; 90% all other services	90% after \$50 copay	90% after \$50 copay
Ambulance				
<ul style="list-style-type: none"> Air Ground 	90%	90%	80%	80%
Urgent Care	\$20 copay	60%	90%	90% + amount in excess of maximum allowed
Mental Health Benefits				
<ul style="list-style-type: none"> Inpatient Care Outpatient Care 	90% after \$250 admit fee \$20 copay/office visit; 90% facility	60% after \$250 admit fee 60%	90%/90% + amount in excess of maximum allowed \$20 copay	60% 90% + amount in excess of maximum allowed

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MEDICAL – CALPERS (continued)

Benefit Categories	PERSCare		PORAC	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Substance Abuse				
• Inpatient Hospitalization	90% after \$250 admit fee	60% after \$250 admit fee	90%	90% + amount in excess of maximum allowed
• Outpatient Services	\$20 copay/office visit 90% facility	60%	\$20 copay	90% + amount in excess of maximum allowed
Prescription Drugs				
• Retail				
– Generic	\$5 copay	\$5 copay	\$10 copay	\$10 copay
– Brand (Formulary / Preferred)	\$20 copay	\$20 copay	\$25 copay	\$25 copay
– Brand (Non-Formulary / Non-Preferred)	\$50 copay	\$50 copay	\$45 copay	\$45 copay
– Number of Days Supply	34 days	N/A	34 days	34 days
• Mail Order				
– Generic	\$10 copay (\$1,000 copay/ person/cal year; excludes non-preferred brands)	\$10 copay (\$1,000 copay/ person/cal year; excludes non-preferred brands)	\$20 copay	\$20 copay
– Brand (Formulary / Preferred)	\$40 copay (\$1,000 copay/ person/cal year; excludes non-preferred brands)	\$40 copay (\$1,000 copay/ person/cal year; excludes non-preferred brands)	\$40 copay	\$40 copay
– Brand (Non-Formulary / Non-Preferred)	\$100 copay (\$1,000 copay/ person/cal year; excludes non-preferred brands)	\$100 copay (\$1,000 copay/ person/cal year; excludes non-preferred brands)	\$75 copay	\$75 copay
– Number of Days Supply	90 days	90 days	90 days	90 days

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MEDICAL – CALPERS (continued)

Benefit Categories	PERSCare		PORAC	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Other Services and Supplies				
• Durable Medical Equipment & Prosthetic Devices	90% (pre-certification required for equipment \$1,000+)	60% (pre-certification required for equipment \$1,000+)	80%	80%
• Home Health Care	90% (up to 100 visits/cal year)	60% (up to 100 visits/cal year)	90% (up to 100 visits/cal year)	90% (up to 100 visits/cal year)
• Skilled Nursing or Extended Care Facility	90% first 10 days; 80% next 170 days (pre-certification required; up to 180 days/cal year)	60% (pre-certification required; up to 180 days/cal year)	90% (pre-certification required; up to 100 days/cal year)	60% (pre-certification required; up to 100 days/cal year)
• Hospice Care	90%	90%	90%	90%
• Chiropractic Services	\$15 copay combined with Acupuncture; up to 20 visits/cal year	60% combined with Acupuncture; up to 20 visits/cal year	\$20 copay; combined with Acupuncture; up to 20 visits/cal year	90% combined with Acupuncture; up to 20 visits/cal year
• Acupuncture	\$15 copay; combined with Chiropractic; up to 20 visits/cal year	60% combined with Chiropractic; up to 20 visits/cal year	\$20 copay; combined with Chiropractic; up to 20 visits/cal year	90% combined with Chiropractic; up to 20 visits/cal year
Hearing				
• Screening	90%	60%	80%	80% + amount in excess of max allowed
• Aid(s)	90% (\$1,000 every 36 months)	60% (\$1,000 every 36 months)	80% (\$1,000 every 36 months)	80% (\$1,000 every 36 months) + amount in excess of maximum allowed
Inferility				
• Diagnosis	Not covered	Not covered	50% of covered charges; \$5,000 lifetime max; see plan certificate for more details	50% of covered charges; \$5,000 lifetime max; see plan certificate for more details
• Treatment	Not covered	Not covered	50% of covered charges; \$5,000 lifetime max; see plan certificate for more details	50% of covered charges; \$5,000 lifetime max; see plan certificate for more details

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MEDICAL – CALPERS (continued)

Benefit Categories	PERSCare		PORAC	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Outpatient Rehabilitative Therapy Services				
• Physical	90%	60%	\$20 copay	90% + amount in excess of max allowed
• Occupational	90%	60%	\$20 copay	90% + amount in excess of max allowed
• Speech	90% up to 24 visits/cal year	60% up to 24 visits/cal year	\$20 copay	90% + amount in excess of max allowed

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DENTAL

When it comes to choosing a dental plan, you want benefits that fit the needs of you and your family. Delta Dental PPO and DeltaCare USA both offer comprehensive dental coverage, quality care and excellent customer service. The City allows non-sworn full-time and permanent part-time employee and their eligible dependents to elect from one of the two plan offerings.

DeltaCare USA

Delta Care USA is our prepaid plan that features set copayments, no annual deductibles and no maximums for covered benefits. In most states, enrollees must select a primary care dentist in the DeltaCare USA network from whom they receive treatment as in a traditional dental HMO.

Delta Dental PPO

Delta Dental PPO, our preferred provider organization (PPO) plan, provides access to the largest PPO dentist network in the U.S. Delta Dental PPO dentists agree to accept reduced fees for covered procedures when treating PPO patients. This means your out-of-pocket costs are usually lower when you visit a PPO dentist than when you visit a non-Delta Dental dentist, but you have the freedom to visit any licensed dentist, anywhere in the world.



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DENTAL (continued)

DeltaCare USA

With the DeltaCare Plan, you receive care from your assigned dentist and are informed of copay amounts ahead of time.

Plan Benefits	DeltaCare USA
General Plan Information	
<ul style="list-style-type: none"> Annual Deductible <ul style="list-style-type: none"> Individual Family Waived for Preventive Annual Plan Maximum Lifetime Orthodontia Plan Maximum 	<p>\$0</p> <p>\$0</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>
Diagnostic and Preventive Services	
<ul style="list-style-type: none"> Diagnostic and Preventive Oral Exams Bitewing X-rays Full Mouth X-rays Cleaning and Scaling Prophylaxis Treatments Fluoride Treatments Space Maintainers Sealants 	<p>\$0 – \$45 copay</p> <p>100% covered</p> <p>100% covered</p> <p>100% covered every 24 months</p> <p>100% covered every six months</p> <p>100% covered every six months</p> <p>100% covered</p> <p>\$10 copay</p> <p>\$5 copay; limited to permanent molars through age 15</p>
Basic Services	
<ul style="list-style-type: none"> Basic Oral Surgery (Extractions and Other Surgical Procedures) Endodontic Treatment Periodontic Treatment Re-linings and Re-basings of Existing Removable Dentures Repair or Re-cementing of Crowns, Inlays, Onlays, Dentures or Bridgework 	<p>\$0 – \$220 copay</p> <p>\$0 – \$90 copay</p> <p>\$0 – \$220 copay</p> <p>\$0 – \$195 copay</p> <p>\$0 – \$35 copay</p> <p>\$0 – \$75 copay</p>

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DENTAL (continued)



Plan Benefits	DeltaCare USA
Major Services	
<ul style="list-style-type: none"> Major 	\$0 – \$195 copay
<ul style="list-style-type: none"> Crowns, Jackets and Cast Restorations 	\$0 – \$195 copay
<ul style="list-style-type: none"> TMJ 	Not covered
<ul style="list-style-type: none"> Prosthodontic Benefits (Fixed Bridges, Partial / Complete Dentures) 	\$0 – \$195 copay
<ul style="list-style-type: none"> Implants 	Not covered
Orthodontia Services	
<ul style="list-style-type: none"> Orthodontia 	\$0 – \$2,000 copay; see plan document for limitations
<ul style="list-style-type: none"> Dependent Children 	Covered; \$0 – \$2,000 copay for children up to age 19
<ul style="list-style-type: none"> Adults (and Covered Full-Time Students, if eligible) 	Covered; \$0 – \$2,000 copay for adults and dependent adult children over age 19
<ul style="list-style-type: none"> Adult Lifetime Maximum 	N/A

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DENTAL (continued)

Dental PPO

Although the percentages of Benefits are the same no matter which dentist you choose, your out-of-pocket expenses may be greater if you choose a non-Delta Dental PPO Dentist.

Plan Benefits	Delta Dental PPO	
	In-Network	Out-of-Network
General Plan Information		
• Annual Deductible		
– Individual	\$25	\$25
– Family	\$75	\$75
• Waived for Preventive	No	No
• Annual Plan Maximum	\$1,500	\$1,500
• Lifetime Orthodontia Plan Maximum	\$2,000	\$2,000
Diagnostic and Preventive Services		
• Diagnostic and Preventive	100%	100%
• Oral Exams	100%	100%
• Bitewing X-rays	100%	100%
• Full Mouth X-rays	100%	100%
• Cleaning and Scaling	100%	100%
• Prophylaxis Treatments	100%	100%
• Fluoride Treatments	100%	100%
• Space Maintainers	100%	100%
• Sealants	100%	100%
Basic Services		\$0
• Basic	100%	80%
• Oral Surgery (Extractions and Other Surgical Procedures)	100%	80%
• Endodontic Treatment	100%	80%
• Periodontic Treatment	100%	80%
• Re-linings and Re-basings of Existing Removable Dentures	100%	80%
• Repair or Re-cementing of Crowns, Inlays, Onlays, Dentures or Bridgework	100%	80%

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DENTAL (continued)

Plan Benefits	Delta Dental PPO	
	In-Network	Out-of-Network
Major Services		
• Major	60%	60%
• Crowns, Jackets and Cast Restorations	60%	60%
• TMJ	Not covered	Not covered
• Prosthodontic Benefits (Fixed Bridges, Partial / Complete Dentures)	60%	60%
• Implants	Not covered; see plan document	Not covered; see plan document
Orthodontia Services		
• Orthodontia	50%	50%
• Dependent Children	Covered	Covered
• Adults (and Covered Full-Time Students, if eligible)	Covered	Covered
• Adult Lifetime Maximum	\$2,000	\$2,000

For more information on Delta Dental please visit deltadentalins.com.

To look up a dental provider please visit deltadental.com/DentistSearch/DentistSearchController.ccl.



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VISION

The City offers a vision plan through VSP. The plan pays benefits and offers discounts for most vision care expenses you incur while covered by the plan, subject to the maximum amounts shown below. Vision coverage is available for non-sworn full-time and permanent part-time employees and their eligible dependents. If you use VSP providers, your costs for most services and materials are limited to the applicable copays. To find more information on VSP or to locate a provider, please visit vsp.com.

Plan Benefits	Vision Service Plan	
	In-Network	Out-of-Network
General Plan Information		
• Exam	\$10 copay, combined with materials copay	Up to \$50 allowance
• Materials	\$10 copay, combined with materials copay	Up to \$70 allowance
Benefit Frequency		
• Exam	12 months	12 months
• Lenses	12 months	12 months
• Frames	12 months	12 months
• Contacts	12 months	12 months
Covered Services		
• Single Vision Lens	Covered after copay	Up to \$50
• Bifocal Lens	Covered after copay	Up to \$75
• Trifocal Lenses	Covered after copay	Up to \$100
• Lenticular	Covered after copay	Up to \$125
• Basic Progressive	\$50 copay	Up to \$75
Lens Options		
• UV Coating	\$14 copay	Not covered
• Tint (<i>Solid and Gradient</i>)	100%	Up to \$5
• Scratch Resistance	\$15 copay	Not covered
• Basic Polycarbonate	\$23 copay for single vision \$28 copay for multifocal	Not covered
• Standard Anti-Reflective	\$37 copay	Not covered
• Other Add-Ons and Services	Discounts available	Not covered
Contact Lenses		
• Medically Necessary	Covered after copay	Up to \$210 allowance
• Elective	Up to \$105 allowance	Up to \$105 allowance
• Frames	Up to \$105 allowance	Up to \$70 allowance
Other Services		
• Corrective Vision Services (<i>Laser Surgery</i>)	Discount available	Not covered
• Second Pair of Glasses	Discount available	Not covered

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Basic Life

The City of Oakland provides Group Life and Accidental Death and Dismemberment Insurance for full-time and permanent part-time employees. This benefit is fully paid for by the City of Oakland. Eligible employees are all non-sworn full time, permanent part-time, and limited duration employees in a covered class who work at least 975 hours per year for the City on a regular basis.

- The policy value for all eligible non-sworn full-time employees: 100% of the person's "annual earnings", (rounded to the next highest \$1,000 of benefit) to a maximum of \$200,000.
- The policy value for all eligible permanent part-time employees: An amount equal to 50% of what the person's annual earnings would be if the person worked full time (rounded to the next highest \$1,000 of benefits) to a maximum of \$100,000.
- Temporary Part-time Local 1021 unit members: The City provides a three-thousand dollar (\$3,000) death benefit for each such unit member.

Don't Forget to Name a Beneficiary

A beneficiary is the person or persons who will be paid if you die while covered by the plan. A person becomes your beneficiary only if you have named them when you enrolled. If you are married and not naming your spouse as the beneficiary, the spouse must sign an acknowledgement. You may change your beneficiary at any time by completing a new form and returning it to Human Resources.

Voluntary Life

Supplemental life insurance is also available for non-sworn full-time and permanent part-time employees only. The policy value varies and is available to the employee, their spouses and children. It is fully paid for by the employee, through monthly payroll deductions.

An employee can elect to enroll in the Optional Life Insurance without Evidence of Insurability up to \$100,000, Spouse's coverage is \$20,000, and child coverage is \$15,000 up to the age 19. Children can continue coverage up to the age of 25 if they are full-time students.

DISABILITY

Short Term Disability (STD) and SDI

This benefit allows you to continue receiving a percentage of your salary in the event you become ill or injured and cannot perform your regularly assigned duties. This benefit is paid for by the City of Oakland.

The City provides two plans: State Disability Insurance (SDI), or coverage through SunLife (STD). Plan eligibility is based upon your represented unit.

Long Term Disability (LTD)

The City of Oakland offers an LTD benefit through SunLife. This coverage is available for all full time and part time employees working at least 81 hours per month in Representation Unit TFI. For eligible employees, this benefit is offered at no cost. Employees are able to receive the lesser of 60% of your basic monthly earnings OR 70% of your basic monthly earnings less other income, up to a maximum of \$4,500 per month.

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OTHER BENEFITS

Employee Assistance Program (EAP)

This program is offered by the City of Oakland to help employees and their families cope with difficult personal issues. The Employee Assistance Program (EAP) has counselors on staff, as well as referrals to outside resources. It is offered off-site and is strictly confidential.

Why this Service?

Personal concerns can impact your work performance and overall functioning. The EAP helps you resolve personal issues before they become more serious and difficult to manage.

Who provides the EAP?

Claremont is a firm of select professionals who can help you with life's challenges. You will be referred to a conveniently located counselor or resource with expertise in your area of concern.

Counseling Visits

The EAP offers free short-term counseling visits for almost any personal issue. Claremont will work with you to find the most appropriate counselor to meet your needs.

- Marital / relationship issues
- Parenting / family issues
- Work concerns
- Depression
- Anxiety
- Stress
- Substance abuse
- Other issue impacting your quality of life

Work / Life Referrals

Work / Life consultants can provide you with referrals and information for services such as:

- Child care
- Elder care
- Pet care

- Adoption assistance
- School / college assistance
- Health and wellness
- Convenience referrals

Legal Consultation

Attorneys are available to answer your legal questions, either in-person or over the phone. Up to 30 minutes of free consultation per incident is provided. On-going services, if required, are offered at a discount. The EAP can assist with legal issues such as:

- Divorce
- Child custody
- Real estate
- Personal injury
- Criminal law
- Free sample will kits

Financial Consultation

The EAP offers telephonic consultation on a variety of important financial issues, including:

- Budgeting
- Debt management
- Financial planning
- First time home buyer program
- Tax questions
- Identity fraud service
- Free credit report / review

For more information, please call 800.834.3733 or visit claremonteap.com.

Flexible Spending Accounts (FSA)

The City's offers a tax-free benefit plan that provides you with ways to save up to thousands of dollars per year by offering the option to pay for certain types of expenses with pre-tax payroll deductions. If you choose to participate, you will reduce your taxable income.

OTHER BENEFITS (continued)

What is the maximum I can elect?

For 2016, the maximum contribution amount is \$2,550.

How do I use the Medical FSA?

The Medical Expense FSA allows you to set aside tax-free dollars that will reimburse you for “qualifying” medical, dental and vision expenses “incurred” during the plan year. “Incurred means the service must be performed during the plan year.” “Qualified” expenses include most medically necessary out-of-pocket medical, dental, and vision related expenses. Insurance premiums of any kind including, Medicare, individual health insurance, long-term care, warranties, or membership fees that are not directly related to care are not eligible for reimbursement through the Medical FSA.

Can I be reimbursed through FSA for medical expenses incurred by my family members?

Yes! You may save taxes on all qualified medical expenses incurred by you, your spouse, and your dependent children. You may NOT be reimbursed for expenses incurred by a domestic partner unless your domestic partner is your federal tax dependent.

Your plan allows reimbursement for qualified expenses that you incur for an eligible adult child up to the age 26.

Does our FSA plan include a debit card?

Yes! You will receive two debit cards at no cost. You may provide the second debit card to your spouse or adult dependent, or keep the second card as an alternate card to use, just in case.

If you order a third card or a replacement for a lost / stolen card, a \$10 fee will be paid by the participant.

Do not throw away your debit cards after you exhaust your account. The debit cards are valid for up to three (3) years at a time. If you throw out your debit card before it expires, a \$10 fee will be charged to your FSA account when you order a new card.

Can I be reimbursed more than I've deducted from my paycheck?

The medical FSA account is pre-funded, meaning your entire annual election amount is available for reimbursement at any time during the plan year, regardless of the amount you have contributed from your paycheck.

How do I enroll in the FSA plan?

During Open Enrollment, you will make your Spending Account election using the Custom Benefit Administrators (CBA) Online Enrollment System. During the plan year, elections are made via paper enrollment forms. You can obtain copies of enrollment information and instructions from the City.

The following is a sample of permitted expenses

- Acupuncture
- Allergy treatments
- Chiropractic
- Contact lenses & supplies
- Dental (non-cosmetic)
- Doctor office visits & exams
- Glasses (prescription)
- Hearing aids
- Insulin & insulin supplies
- Insurance copays and deductibles
- Laboratory fees
- Therapy
- Psychiatric care
- Prescriptions (medically necessary)

Transit / Parking Reimbursement Program

This benefit allows you to set aside pre-tax dollars to pay for mass transit and work related parking expenses. Commuting to work each day can be expensive. The commuter benefit program offered by the City of Oakland will help you save money on your commuting costs. The administrator, Custom Benefits Administrators, Inc., (“CBA”) will provide delivery of CommuterCheck Vouchers, Debit Cards, and Fare Media for a number of transit

OTHER BENEFITS (continued)

authorities and parking facilities through and easy on-line enrollment and benefit management program called WiredCommute.

What is the maximum monthly pre-tax benefit permitted allowed?

- The maximum amount that the City of Oakland will deduct from your pay each month is equal to the maximum tax-free limit authorized by the IRS for that year.
- For 2016, the pre-tax parking limit is \$250 per month.
- For 2016, the pre-tax transit & van pooling limit is \$130 per month.

The City of Oakland is committed to preserving the environment and wants to encourage employees to contribute to these efforts by taking public transportation whenever practical. Together we can save money and the environment at the same time!

For information about how to enroll in the Commuter Benefit online, please visit the HR department for an online instruction guide.

Dependent Care Assistance Program

This option enables you to decrease your tax liability while setting aside funds to pay for child or elder care expenses. After expenses are incurred, you can submit receipts for reimbursement from a flexible spending account. The maximum annual contribution is \$5,000 for a family or \$2,500 each for you and your spouse.

Deferred Compensation

Full-time and permanent employees can elect to participate in the voluntary retirement plan, a 457(b), this reduces the employee's taxable income while providing savings for retirement. An employee can contribute as little as \$10 per pay period up to the maximum IRS allowable limit per plan year. The City does not contribute or match the employee's contribution.

Retirement

In lieu of Social Security, the City of Oakland pays into the California Public Employees' Retirement System (PERS). All full-time and permanent part-time employees must make retirement contributes through bi-weekly deductions.

Rates of contributions are based on the employees' represented unit.

- Retirement benefit amounts are calculated using the employee's service credit, benefit factor and final compensation. The current retirement formulas for non-sworn (miscellaneous) employees are:
 - Tier One (Classic Members): Classic Formula 2.7 @ age 55; final compensation will be based on any 12 highest consecutive months.
 - Tier Two (New City of Oakland hires as of June 8, 2012): Classic Formula 2.5% @ age 55; final compensation will be based on the average of 3 consecutive years prior to retirement date.
 - Tier Three (New hires as of January 1, 2013): New Formula 2% @ age 62; final compensation will be based on the average of 3 consecutive years prior to retirement date.
- An employee becomes vested in retirement system after 5 years of service.
- Employees in Tier One and Tier Two are eligible to retire as early as age 50. Employees in Tier Three are eligible to retire at age 52. Early retirement is subject to proration of retirement rates stated above.
- The required employee contribution towards retirement is 8% of base salary. This amount is deducted from your paycheck. The funds paid by the employee go into an account and earn interest. If you separate from employment for reasons other than retirement, you are entitled to withdraw these funds or if vested, leave them in the account and defer retirement.
- Employees who have service credit with other CalPERS agencies or have service in a reciprocal

OTHER BENEFITS (continued)

member agency will receive retirement benefits for those years based on the respective agency's retirement formula and final compensation.

- Retirees may receive a cost of living adjustment up to 2% per year.
- Employees retiring from the City of Oakland are entitled to automatically continue their medical coverage with CalPERS. Non-sworn employees who have at least 10 years of service with the City of Oakland may be eligible to have their medical subsidized by the City. This benefit is subject to the employee's Memorandum of Understanding (MOU).
- Employees interested in learning more about their retirement may contact CalPERS directly at 888.225.7377 or visit the CalPERS website at calpers.ca.gov. Alternatively, employees may also contact the City of Oakland's Retirement Office at 510.238.6479, weekdays from 8:30 AM to 5:00 PM.

Unemployment Insurance

This benefit, which is offered through the State of California's Employment Development Department (EDD), allows you to receive funds in the event you become unemployed.

Guaranteed Ride Home (GRH)

The Alameda County Guaranteed Ride Home (GRH) Program provides a free ride home from work for employees who do not drive alone to work when unexpected circumstances arise. The GRH program is free for employees who work in Alameda County and use sustainable forms of transportation including walking, biking, taking transit or ridesharing. When a registered employee uses a sustainable mode to travel to work and experiences a personal or family emergency while at work, they can take a taxi or rental car ride home and be reimbursed for the cost of the ride.

This program allows commuters to feel comfortable taking the bus, train or ferry, carpooling, vanpooling, walking, or bicycling to work, knowing that they will have a ride home in case of an emergency.

All permanent part-time or full-time employees 18 years of age or older who work in Alameda County are eligible to participate.

When can I take a Guaranteed ride home?

Registered employees may request reimbursement for eligible expenses if they take a trip home in a qualified emergency situation and have used an alternative mode that day.

The following circumstances are considered qualifying emergency situations in the GRH program and must occur on the date of the GRH trip:

- Participant or an immediate family member suffers an illness, injury, or severe crisis.
- Participant is asked by supervisor to work unscheduled overtime. Supervisor verification will be required as part of reimbursement request.
- Participant ridesharing vehicle breaks down or the driver has to leave early.
- Participant has a break-in, flood, or fire at residence.
- Participant's commute bicycle breaks down on the way to or from work and cannot be repaired at participant's work site.

In addition, participants must have used an alternative mode on the day they take the ride for which they will seek reimbursement through the GRH program. Eligible alternative commute modes include:

- Public transportation including: BART, AC Transit, ACE, Wheels, Union City Transit, ferry (WETA) and Amtrak
- Employer-provided shuttle or van service
- Carpool or Vanpool
- Bicycle
- Walk

Enrollment can be completed online at grh.alamedaactc.org. For questions, please contact the City of Oakland at 510.238.2248.

IMPORTANT NOTICES

Newborns and Mothers Health Protection Act (NMHPA)

A health plan which provides benefits for pregnancy delivery generally may not restrict benefits for a covered pregnancy Hospital stay (for delivery) for a mother and her newborn to less than 48 hours following a vaginal delivery or 96 hours following a Cesarean section. Also, any utilization review requirements for Inpatient Hospital admissions will not apply for this minimum length of stay and early discharge is only permitted if the attending health care provider, in consultation with the mother, decides an earlier discharge is appropriate.

Women's Health and Cancer Rights Act (WHCRA)

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prosthetics, and complications resulting from a mastectomy, including lymphedema. For more information, you should review the Summary Plan Description.

Grievance / Appeals

You have a right to two levels of appeal with our carriers, and a right to a response within a reasonable amount of time. However, also know that if a claim is not submitted within a reasonable time, the carriers have a right to deny that claim. The California Department of Managed Health Care (DMHC) is responsible for regulating health care plans. If you have a grievance against your health plan, you should first telephone your health plan and use your plan's appeal process before contacting the DMHC. Please review each contract for specific procedures on how to submit an appeal to a claim. This does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency or that has not been satisfactorily resolved by your health plan, or that has remained unresolved for more than 30 days, you may call the DMHC for assistance. You may also be eligible for Independent Medical Review for an impartial review of medical decisions made by a health plan related to medical necessity, coverage decisions for treatments that are experimental in nature, and payment disputes for emergency or urgent medical services. The DMHC can be reached at 888.HMO.2219 (TDD 877.688.9891) or hmohelp.ca.gov.

COBRA Continuation Coverage

This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "Qualifying Event." Specific Qualifying Events are listed later in this notice. After a Qualifying Event, COBRA continuation coverage must be offered to each person who is a "Qualified Beneficiary." You, your spouse, and your Dependent children could become Qualified Beneficiaries if coverage under the Plan is lost because of the Qualifying Event. Under the Plan, Qualified Beneficiaries who elect COBRA continuation cover must pay for COBRA continuation coverage.

If you're an Employee, you'll become a Qualified Beneficiary if you lose coverage under the Plan because of the following Qualifying Events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

IMPORTANT NOTICES (continued)

If you're the spouse of an Employee, you'll become a Qualified Beneficiary if you lose your coverage under the Plan because of the following Qualifying Events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your Dependent children will become Qualified Beneficiaries if they lose coverage under the Plan because of the following Qualifying Events:

- The parent-Employee dies;
- The parent-Employee's hours of employment are reduced;
- The parent-Employee's employment ends for any reason other than his or her gross misconduct;
- The parent-Employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

WHEN IS COBRA CONTINUATION COVERAGE AVAILABLE?

The Plan will offer COBRA continuation coverage to Qualified Beneficiaries only after the Plan Administrator has been notified that a Qualifying Event has occurred. The Employer must notify the Plan Administrator of the following Qualifying Events:

- The end of employment or reduction of hours of employment;
- Death of the Employee; or
- The Employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other Qualifying Events (e.g. divorce or legal separation of the Employee and spouse or a Dependent child's losing eligibility for coverage as a Dependent child), you must notify

the Plan Administrator within 60 days after the Qualifying Event occurs. You must provide this notice to Human Resources and Risk Benefits Unit.

Life insurance, accidental death and dismemberment benefits and weekly income or long-term disability benefits (if part of the Employer's Plan) are not eligible for continuation under COBRA.

NOTICE AND ELECTION PROCEDURES

Each type of notice or election to be provided by a Covered Employee or a Qualified Beneficiary under this COBRA Continuation Coverage Section must be in writing, must be signed and dated, and must be furnished by U.S. mail, registered or certified, postage prepaid and properly addressed to the Plan Administrator.

Each notice must include all of the following items: the Covered Employee's full name, address, phone number and Social Security number; the full name, address, phone number and Social Security number of each affected Dependent, as well as the Dependent's relationship to the Covered Employee; a description of the Qualifying Event or disability determination that has occurred; the date the Qualifying Event or disability determination occurred on; a copy of the Social Security Administration's written disability determination, if applicable; and the name of this Plan. The Plan Administrator may establish specific forms that must be used to provide a notice or election.

ELECTION AND ELECTION PERIOD

COBRA continuation coverage may be elected during the period beginning on the date Plan coverage would otherwise terminate due to a Qualifying Event and ending on the later of the following: (1) 60 days after coverage ends due to a Qualifying Event, or (2) 60 days after the notice of the COBRA continuation coverage rights is provided to the Qualified Beneficiary.

If, during the election period, a Qualified Beneficiary waives COBRA continuation coverage rights, the waiver can be revoked at any time before the end of the election period. Revocation of the waiver will be an election of COBRA continuation coverage. However, if a waiver is revoked, coverage need not be provided retroactively (that is, from the date of the loss of coverage until the waiver is revoked). Waivers and revocations of waivers are considered to be made on the date they are sent to the Employer or Plan Administrator.

IMPORTANT NOTICES (continued)

HOW IS COBRA CONTINUATION COVERAGE PROVIDED?

Once the Plan Administrator receives notice that a Qualifying Event has occurred, COBRA continuation coverage will be offered to each of the Qualified Beneficiaries. Each Qualified Beneficiary will have an independent right to elect COBRA continuation coverage. Covered Employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain Qualifying Events, or a second Qualifying Event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

DISABILITY EXTENSION OF THE 18-MONTH PERIOD OF COBRA CONTINUATION COVERAGE

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. This disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

SECOND QUALIFYING EVENT EXTENSION OF 18-MONTH PERIOD OF COBRA CONTINUATION COVERAGE

If your family experiences another Qualifying Event during the 18 months of COBRA continuation of coverage, the spouse and Dependent children in your family can get up to 18 additional months of COBRA continuation of coverage, for a maximum of 36 months, if the Plan is properly notified about the second Qualifying Event. This extension may be available to the spouse and any Dependent children receiving COBRA continuation of coverage if the Employee or former Employee dies; becomes entitled to Medicare (Part A, Part B, or both); gets divorced or legally separated; or if the Dependent child stops being eligible under the Plan as a Dependent child. This extension is only available if the second Qualifying Event would have caused the spouse or the Dependent child to lose coverage under the Plan had the first Qualifying Event not occurred.

OTHER OPTION BESIDES COBRA CONTINUATION COVERAGE

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at HealthCare.gov.

IF YOU HAVE QUESTIONS

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit dol.gov/ebsa. (Address and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit HealthCare.gov.

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

EFFECTIVE DATE OF COVERAGE

COBRA continuation coverage, if elected within the period allowed for such election, is effective retroactively to the date coverage would otherwise have terminated due to the Qualifying Event, and the Qualified Beneficiary will be charged for coverage in this retroactive period.

COST OF CONTINUATION COVERAGE

The cost of COBRA continuation coverage will not exceed 102% of the Plan's full cost of coverage during the same period for similarly situated non-COBRA Beneficiaries to whom a Qualifying Event has not occurred. The "full cost" includes any part of the cost which is paid by the Employer for non-COBRA Beneficiaries.

The initial payment must be made within 45 days after the date of the COBRA election by the Qualified Beneficiary. Payment must cover the period of coverage from the date of the COBRA election retroactive to the date of loss of coverage due to the Qualifying

IMPORTANT NOTICES (continued)

Event (or date a COBRA waiver was revoked, if applicable). The first and subsequent payments must be submitted and made payable to the Plan Administrator or COBRA Administrator. Payments for successive periods of coverage are due on the first of each month thereafter, with a 30-day grace period allowed for payment. Where an Employee organization or any other entity that provides Plan benefits on behalf of the Plan Administrator permits a billing grace period later than the 30 days stated above, such period shall apply in lieu of the 30 days. Payment is considered to be made on the date it is sent to the Plan or Plan Administrator.

The Plan will allow the payment for COBRA continuation coverage to be made in monthly installments but the Plan can also allow for payment at other intervals. The Plan is not obligated to send monthly premium notices.

The Plan will notify the Qualified Beneficiary in writing, of any termination of COBRA coverage based on the criteria stated in this subsection that occurs prior to the end of the Qualified Beneficiary's applicable maximum coverage period. Notice will be given within 30 days of the Plan's decision to terminate. Such notice shall include the reason that continuation coverage has terminated earlier than the end of the maximum coverage period for such Qualifying Event and the date of termination of continuation coverage.

See the Summary Plan Description for more information.

Special Enrollment Rights Notice

CHANGES TO YOUR HEALTH PLAN ELECTIONS

Once you make your benefits elections, they cannot be changed until the next Open Enrollment. Open Enrollment is held once a year.

If you are declining enrollment for yourself or your Dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your Dependents in this plan if there is a loss of other coverage. However, you must request enrollment no later than 30 days after that other coverage ends.

If you declined coverage while Medicaid or CHIP is in effect, you may be able to enroll yourself and / or your Dependents in this plan if you or your Dependents lose eligibility for that other coverage. However, you must request enrollment no later than 60 days after Medicaid or CHIP coverage ends.

If you or your Dependents become eligible for Medicaid or CHIP premium assistance, you may be able to enroll yourself and / or your Dependents into this plan. However, you must request enrollment no later than 60 days after the determination for eligibility for such assistance.

If you have a change in family status such as a new Dependent resulting from marriage, birth, adoption or placement for adoption, divorce (including legal separation and annulment), death or Qualified Medical Child Support Order, you may be able to enroll yourself and / or your Dependents. However, you must request enrollment no later than 30 days after the marriage, birth, adoption or placement for adoption or divorce (including legal separation and annulment).

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: GENERAL INFORMATION

This notice provides you with information about the City of Oakland in the event you wish to apply for coverage on the Health Insurance Marketplace. All the information you need from Human Resources is listed in this notice. If you wish to have someone assist you in the application process or have questions about subsidies that you may be eligible to receive, you can contact KeenanDirect at 855.653.3626 or at KeenanDirect.com, or contact the Health Insurance Marketplace directly at HealthCare.gov.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins November 1, 2015 to January 31, 2016.

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 you coverage, or offers medical coverage that is not "Affordable" or does not provide "Minimum Value." If the lowest cost 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, then that

IMPORTANT NOTICES (continued)

coverage is not Affordable. Moreover, if the medical coverage offered covers less than 60% of the benefits costs, then the plan does not provide Minimum Value.

DOES EMPLOYER HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of medical coverage from your employer that is both Affordable and provides Minimum Value, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's medical plan.

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 medical 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.

PART B: EXCHANGE APPLICATION INFORMATION

In the event you wish to apply for coverage on the Exchange, all the information you need from Human Resources is listed below. If you wish to have someone assist you in the application process or have questions about subsidies that you may be eligible to receive, you can contact KeenanDirect at 855.653.3626 or at KeenanDirect.com.

3. Employer name City of Oakland	4. Employer Identification Number (EIN) 94-6000384	
5. Employer address 150 Frank Ogawa Plaza, 3rd Floor	6. Employer phone number 510.238.4749	
7. City Oakland	8. State CA	9. ZIP code 94612
10. Who can we contact about employee health coverage at this job? Denise Carter, Human Resources		
11. Phone number (if different from above) 510.238.7446	12. Email address dcarter@oaklandnet.com	

Availability of Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices

The City of Oakland Group Health Plan (Plan) maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan.

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

Please see the Summary Plan Description for more information.



Innovative Solutions. Enduring Principles.

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