COVERAGE EFFECTIVE
JANUARY 1 – DECEMBER 31, 2024

CITY OF STOCKTON
HUMAN RESOURCES
www.stocktonca.gov • (209)937-8233

OPEN ENROLLMENT IS NOV 1 THROUGH NOV 30, 2023

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MEDICARE PART D NOTICE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the *Important Notices* section for more details.

GETTING STARTED

The City of Stockton supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

What's Inside?

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

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

2024 Open Enrollment

Open Enrollment Checklist

Action Items If Making An Election

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

2024 Open Enrollment

Review Your Benefit Elections

Now is a good time to review the benefits elections

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

Consider asking the following questions:

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

- Are you planning on certain life changes in the upcoming year?

  - If you're planning on getting married or starting a family, now is a good time to review your benefits. For example, a couple getting married may consider reviewing the cost of premiums if each person kept their coverage versus both people joining one spouse's healthcare plan.
- Do you know your plan year dates?
  - Take time to review when your plan year begins, as well as key dates like elimination periods for disability policies. Knowing this information now can help avoid confusion in the future.

Review Your Beneficiaries

If the previous year brought family changes, from the addition of a child to a change in marital status, make sure your beneficiaries are up to date. Here are just a few places we recommend you review and update where needed:

- CalPERS Beneficiary
- CalPERS Special Power of Attorney
- Life Insurance Policy
- Deferred Compensation Plan
- Emergency Contact Information
- Final Paycheck Designation

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

Review Your FSA Contributions

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

Review Your Deferred Compensation Contributions

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

Dependent Eligibility and Verification

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

Eligibility

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

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

Dependent Eligibility Verification Process

All employees adding dependents must submit documentation verifying the eligibility of their covered dependents.

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

Important Dates

Open Enrollment	Wednesday, November 1 – Thursday, November 30, 2023
Effective Date Of Benefits	January 1, 2024 – December 31, 2024
Payroll Deductions Begin	January 22, 2024, paycheck

Changing Your Benefits

LIFE HAPPENS

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

Click to play video

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

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

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

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

HEALTHCARE

Understanding Different Health Plans

- **Health Maintenance Organization (HMO)** plans (Kaiser and Sutter) offer members a range of health benefits, including preventive care. The HMO will give you a list of doctors within their network, from which you select a primary care provider (PCP). Your PCP coordinates your care including referrals to specialists.
- **High Deductible Health Plan (HDHP)** is a Kaiser or Sutter plan that combines lower premiums with a higher deductible. The individual or family deductible must be met before coinsurance and copays apply. All preventive services (annual wellness physical, well-child visits, immunizations, preventive screenings like mammograms and colonoscopies) are covered at 100% and are not subject to the deductible.
- **Point of Service (POS) Plan** is a type of managed care plan that is a hybrid of HMO and PPO plans. Like an HMO, participants designate an in-network physician to be their primary care provider. But like a PPO, patients may go outside of the provider network for health care services. The Kaiser Permanente POS plan has three coverage tiers: Kaiser HMO Network, PPO Network (MultiPlan), and Out-of-Network.

Which Plan Is Right For You?

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

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

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

Terminology You Need To Know

Medical

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

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

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

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

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

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

Prescription Drug

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

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

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

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

Dental

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

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

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

Point of Service (POS) Plans – Kaiser Permanente

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

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

High Deductible Health Plans (HDHP) With Health Savings Account (HSA) – Kaiser Permanente and Sutter Health Plus

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

You may access provider information at www.kp.org or www.sutterhealthplus.org/provider-search.

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

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

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

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

Note: Televisits are included at no charge after deductible

Health Maintenance Organization (HMO) Plans - Kaiser Permanente and Sutter Health Plus

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

Plan Features	Sutter HMO	Kaiser HMO
Annual Deductible[1]	No deductible	No deductible
Rx Deductible	Not applicable	Not applicable
Out-of-Pocket Maximum[2]	$1,500/person $3,000/family (Based on Plan Year)	$1,500/person $3,000/family (Based on Calendar Year)
Preventive Care Visits	No charge	No charge
Office Visit	$20 per visit	$20 per visit
X-Ray And Lab	Lab: $20 per visit X-Ray: No charge	$10 per encounter
Complex Imaging (MRI, CT)	No charge	$50 per procedure
Maternity		
Outpatient (prenatal visits)	No charge	No charge
Inpatient (delivery/postpartum care)	$250 per admission	$250 per admission
Inpatient Hospital	$250 per admission	$250 per admission
Outpatient Hospital/Surgery	$120 per procedure	$100 per procedure
Emergency Room	$100 per visit; waived if admitted	$100 per visit; waived if admitted
Urgent Care	$20 per visit	$20 per visit
Chiropractic/Acupuncture	$20 per visit	$15 per visit; up to 30 visits per year
Prescription Drugs[3]		
Generic	$10 copay	$10 copay
Preferred Brand	$30 copay	$30 copay
Non-Preferred Brand	$60 copay	N/A
Specialty Drugs	20% up to $250	20% up to $150
Mail Order (90-Day Supply)	$20/$60/$120 (100-day supply)	$20/$60 (100-day supply)
Mental Health		
Inpatient	$250 per admission	$250 per admission
1An individual's deductible within a family plan will be no greater than the individual deductible. 2An individual's out-of-pocket maximum within a family plan will be no greater than the individual out-of-pocket maximum. 3If the member requests a brand name drug when a generic is available, the member pays the applicable copay plus the difference between the generic price and the brand name price. **Note:** Televisits are included at no cost under the Kaiser HMO and at $20 copay for Sutter. Visit sutterhealth.org/video-visits. Outpatient	$20 per visit	$20 per visit

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

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

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

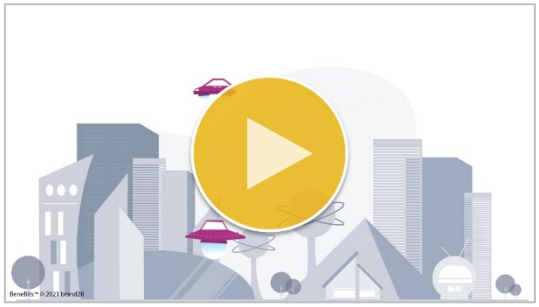
Note: Televisits are included at no cost under the Kaiser HMO, make your appointments in the KP app and at $20 copay for Sutter. Visit sutterhealth.org/video-visits.

Know Where To Go

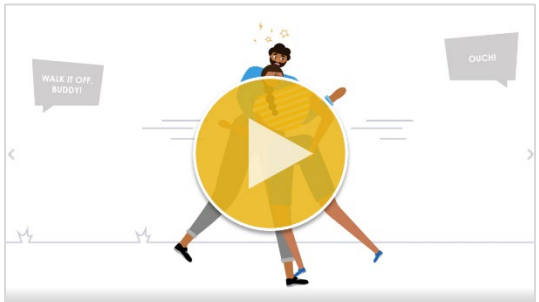
Where you get medical care can significantly influence the cost. Here's a quick guide to help you know where to go, based on your condition, budget, and time.

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

Click to play videos



Virtual Healthcare



Urgent Care vs ER

Self-Care Tools

Everyone needs support for total health — mind, body, and spirit. These tools can help you navigate life's challenges, make small changes that improve sleep, mood, and more, or simply support an overall sense of well-being.

Kaiser Members

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

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

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

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

Adult Kaiser members can download these popular apps at **kp.org/selfcareapps**

Sutter Health Plus Members

Live and Work Well

USBHPC's Live and Work Well website **liveandworkwell.com** is designed to give you quick, confidential, 24/7 access to the resources available, including:

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

To access Live and Work Well services, you can register on **liveandworkwell.com**. **To navigate the site as a "Guest", follow these steps:**

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

Sanvello Mobile App

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

HEALTH SAVINGS ACCOUNT (HSA)

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

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

Monthly Account Administration Fees

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

Maximum Annual Contribution	$4,150 Individual / $8,300 Family

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

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

- If you switch to a non-High Deductible Plan in the future, you can no longer contribute to the HSA but can use the funds for eligible health care expenses.
- The year you turn 55, you can make an extra $1,000 catch-up contribution to the HSA.
- The IRS annual maximums are based on a calendar year (CY), so when deciding how much to contribute, just be sure you do not go over the limit in CY 2024.

How HSA Works:

- **Money goes in tax-free.** Your contribution is deposited into your HSA prior to taxes being applied to your paycheck, making your savings immediate. You can also contribute to your HSA post-tax and recognize the same tax savings by claiming the deduction when filing your annual taxes.
- **Money comes out tax-free.** Eligible healthcare purchases can be made tax-free when you use your HSA account, either by using your benefits debit card, ACH, online bill-pay, check – or you can pay out-of-pocket and then reimburse yourself from your HSA.
- **Earn interest, tax-free.** The interest on HSA funds grows on a tax-free basis. And, unlike most savings accounts, interest earned on an HSA is not considered taxable income when the funds are used for eligible medical expenses. Once you have a minimum of $1,000 in your account, you may transfer funds to an HSA investment account.
- If you have a balance in a Health Care Flexible Spending Account (HC FSA) as of 7/1/2021, you are not eligible to enroll in an HSA.
- If you are enrolled in a Health Reimbursement Account (HRA), you cannot enroll in an HSA unless you sign a waiver to agree to suspend the account (and will not be able to use HRA funds for the balance of the time you are enrolled on the HSA). The City will continue to make contributions to your HRA while suspended.

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

Click to play videos

HSA Rules

Health Savings Account (HSA)	Health Reimbursement Arrangement (HRA)	Flexible Spending Account (FSA)	Dependent Care Assistance Program (DCAP)	Limited Purpose Flexible Spending Account (LPFSA)

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

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

Health Savings Account (HSA)	+	Limited Purpose Flexible Spending Account (LPFSA)	=	**YES!** You can enroll in both accounts
Health Savings Account (HSA)	+	Dependent Care Assistance Program (DCAP)	=	**YES!** You can enroll in both accounts
Health Savings Account (HSA)	+	Health Reimbursement Arrangement (HRA)	=	**ONLY** if the HRA contributions and reimbursements are suspended for the plan year (Must complete a waiver through HR)
Health Savings Account (HSA)	+	Health Flexible Spending Account (FSA)	=	**No** – You cannot enroll in both accounts or have any balance in your FSA
Health Savings Account (HSA)	+	A non-HDHP medical plan	=	**No** You cannot enroll in both
Health Savings Account (HSA)	+	Medicare	=	**No** You cannot enroll in both

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

Click to play video

Flexible Spending Accounts/Limited Flexible Spending Account

Flexible Spending Accounts (Health Care and Dependent Care) allow employees to set aside pre-tax dollars to use for qualifying, unreimbursed medical expenses, and/or dependent care expenses, such as daycare or senior living.

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

Health Care FSA 2024 Annual limit: $3,200

Dependent Care FSA – Annual limit: $5,000 ($2,500 if married filing separately

Limited FSA – 2024 Annual limit: $3200 f you are enrolled in a HDHP with HSA, you cannot enroll in the FSA, but you can enroll in a limited FSA for dental and vision expenses only

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

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

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

For a comprehensive list of eligible items, visit **www.padmin.com**.

Commuter Benefits

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

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

FSA TAX SAVINGS EXAMPLE

$60,000 Annual Pay, with $1,500 FSA Contribution

$330 22% Federal income tax	**$115** 7.65% FICA tax	**$445** Annual FSA tax savings

$120,000 Annual Pay, with $2,850 FSA Contribution

$684 24% Federal income tax	**$219** 7.65% FICA tax	**$903** Annual FSA tax savings

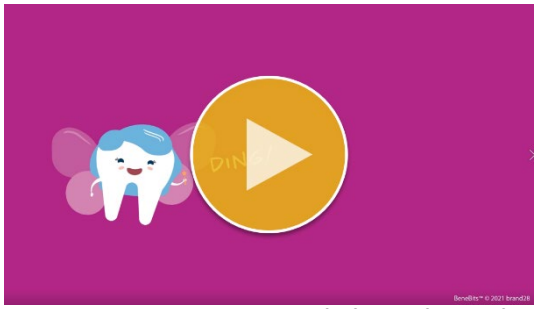
Your tax savings may vary depending on tax filing status and other variables

DENTAL

City of Stockton offers two dental options through Delta Dental.

- The DPPO Delta Dental Plan offers the freedom to choose any licensed dentist. Most California dentists are members of the PPO network. Fees for these dentists are pre-negotiated to keep costs down.
- The DHMO Plan (DeltaCare USA) includes a smaller network of dentists. You must select a primary care provider (PCP) in the DeltaCare USA network. There are minimal out-of-pocket costs when using DeltaCare USA.

Make sure to check the network before you select the DHMO plan.
Providers may be limited in your area.
Visit **www.deltadentalins.com** to look for a participating provider.



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Dental

	PPO Plan DPPO		DeltaCare DHMO
	In-network	Out-of-network	In-network Only
Annual Deductible	No deductible	No deductible	No deductible
Dental Services			
Diagnostic & Preventive	0%	0%	$0 - $45 copays[2]
Basic Services	20%	20%	Scheduled copays[2]
Major Services	20%	20%	Scheduled copays[2]
Prosthodontics	50%	50%	Scheduled copays[2]
Calendar Year Maximum Benefits [1]	$1,500 per covered person		No annual maximum
Orthodontia	50%		$1,900 adult; $1,700 child
Orthodontia Lifetime Max Benefits	$2,000 per covered person		No maximum

[1] Diagnostic and preventive services do not count toward Calendar Year Maximum
[2]For a schedule of copays, review the full DHMO benefit summary at www.stocktonca.gov/OpenEnrollment

SmileWay®
Your smile. Your health. Your way.

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

Members with certain chronic conditions may be eligible for:

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

It's easy for enrollees to opt-in!
Sign up online at **www.deltadentalins.com** - After logging in to your Online Services account, click on the Optional Benefits tab and then select Opt-In.

Delta Dental Member Discounts

While your oral health remains the top priority, Delta Dental also care about the bigger picture — your overall well-being[1]. That's why dental member now have access to preferred pricing on hearing aid and LASIK services through Amplifon Hearing Health Care and QualSight[2].

	amplifon Hearing Health Care.	QualSight® LASIK
Access to sizeable savings	62% average savings off retail hearing aid pricing,[3] backed by a best price guarantee[4]	40-50% off the national average price of Traditional LASIK[5]
Convenient locations	Broad nationwide network of providers	1,000+ LASIK locations[6]
Quality care and products	Access to the nation's leading brands featuring the latest hearing aid technology	Experienced LASIK surgeons who have collectively performed 6.5+ million procedures[6]
Customized support	Amplifon acts as your personal concierge at every step, from appointment scheduling and hearing aid selection to coordinating follow-up care.	A QualSight care manager will walk you through the program, coordinate care and help select the right physician and procedure.
For more information	Amplifon's hearing aid discounts, visit www.amplifonusa.com/deltadentalins or call 1-888-779-1429. Patient Care Advocate will help you find a hearing care provider near you.	QualSight's LASIK discounts, visit www.qualsight.com/-delta-dental or call 1-855-248-2020. A care manager will explain the program and answer any questions.

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

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

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

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

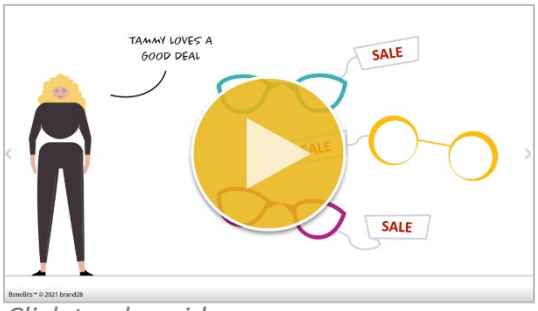
[5]Refractive Quarterly Update, Market Scope LLC, November 2018. Discounts or savings may vary by provider.

[6]QualSight provider file, February 2019

VISION

City of Stockton offers a vision plan through Vision Service Plan (VSP). You will pay less out of your pocket if you use vision providers who are contracted with VSP.

Visit www.vsp.com for a list of participating providers. You can also access benefits through Costco and Walmart retailers.



Click to play video

Why sign up for Vision coverage?

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

Looking for the Perfect Pair? Visit eyeconic.com!

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

Additional Discounts & Benefits

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

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

Vision

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

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

VSP Exclusive Member Discounts

Extra Savings On Glasses & Sunglasses

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

Retinal Screening

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

Laser Vision Correction

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

TruHearing Hearing Aid Discount

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

TruHearing also provides members with:

- 3 provider visits for fitting, adjustments, and cleanings.
- A 45-day trial.
- 3-year manufacturer's warranty for repairs and one-time loss and damage.
- 48 free batteries per hearing aid.

Learn more about this VSP Exclusive Member Extra at **vsp.com** or call (877) 396-7194 with questions.

VOLUNTARY PLANS

You're unique—and so are your benefit needs

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

City of Stockton offers plans to help:

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

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

Life and AD&D

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

Basic Life and AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident.

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

Supplemental Life and AD&D Insurance

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

Protecting those you leave behind

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

Covered	Minimum Coverage	Increments	Maximum Coverage	Guaranteed Issue [1]
Employee	$10,000	$10,000	5x of Basic Annual Earning or $500,000 whichever is lesser	$300,000
Spouse	$5,000	$5,000	50% of Employee coverage or $100,000, whichever is lesser	$30,000
Dependent Children	$1,000	$1,000	Under 15 days: $500 6 months and older: $10,000	$10,000

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

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

Supplemental Life and AD&D Insurance

- **For you—**Evidence of insurability is not required when electing up to **2 benefit increments ($20,000)** of Supplemental Life Insurance
  - Anything over 2 increments outside of your initial enrollment requires evidence of insurability
- **For your spouse**—Evidence of insurability is not required when electing up to **2 benefit increments ($10,000)** of Dependent Life Insurance on your spouse
  - Anything over 2 increments outside of your initial enrollment requires evidence of insurability.
- **For your children**—You may elect up to **$10,000** of Dependent Life Insurance on your children without providing evidence of insurability.

Rate Calculation Worksheet

Employee Rates	Rate per $1,000
Under age 30	$0.060
Age 30-39	$0.090
Age 40-49	$0.150
Age 50-59	$0.430
Age 60-69	$1.270
Age 70+	$2.060

Spouse Rates	Rate per $1,000
Under age 30	$0.080
Age 30-39	$0.120
Age 40-49	$0.250
Age 50-59	$0.740
Age 60-69	$2.350
Age 70+	$4.350

To calculate your monthly premium

1. Amount Elected: Write the number of units you want. (1 unit = $1,000) 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: ____

Sample monthly premium computation:

40-year-old employee requesting $300,000 = 300 x $0.15= $45.00 per month

Voluntary Benefits

To enroll in or make any changes to these plans, visit Munis ESS at **https://stocktoncaemployees.munisselfservice.com**
The City of Stockton offers four additional plans through MetLife to complement the other health care benefits outlined in this guide:

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

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

Short-Term Disability Income Insurance

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

Features

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

Accident Insurance

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

Features

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

Critical Illness Insurance

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

Features

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

Hospital Indemnity Insurance

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

Features

- $1,500 benefit upon admission to hospital.
- Additional $150 for daily hospital stay and $200 for daily ICU stay (15 day maximum) Pregnancy is covered.
- Employee and dependent coverage available.

Employee Assistance Program (EAP)

The City of Stockton provides an Employee Assistance Program (EAP) to all employees and their family members through Halcyon Behavioral. If you or a family member need assistance harmonizing life's demands, or require help with personal or family issues, you can contact the EAP for help.

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

- **Short-Term Counseling:** Through Halcyon EAP City of Stockton employees and benefit benefit-eligible family members may receive up to three (3) in-person sessions every six (6) months with a licensed clinician to address issues such as marriage and family problems, substance abuse, stress, anxiety or other behavioral health concerns.
- **Legal Services:** The Halcyon EAP program provides free telephonic or (30-minute) face face-to –face consultation with a local attorney.
- **Dependent Care Referral Services**: Halcyon EAP's knowledgeable specialists provide referrals to resources that help address a wide range of issues such as child or elder care, adoption, pet care, home repair, education and housing needs.
- **Financial Services**: Halcyon EAP provides expert financial planning and consultation through our network of licensed financial counselors.

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

TEXTCOACH®

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

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

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

Textcoach® features:

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

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

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

LifeKeys®

Services available at no cost from Lincoln Financial Group

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

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

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

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

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

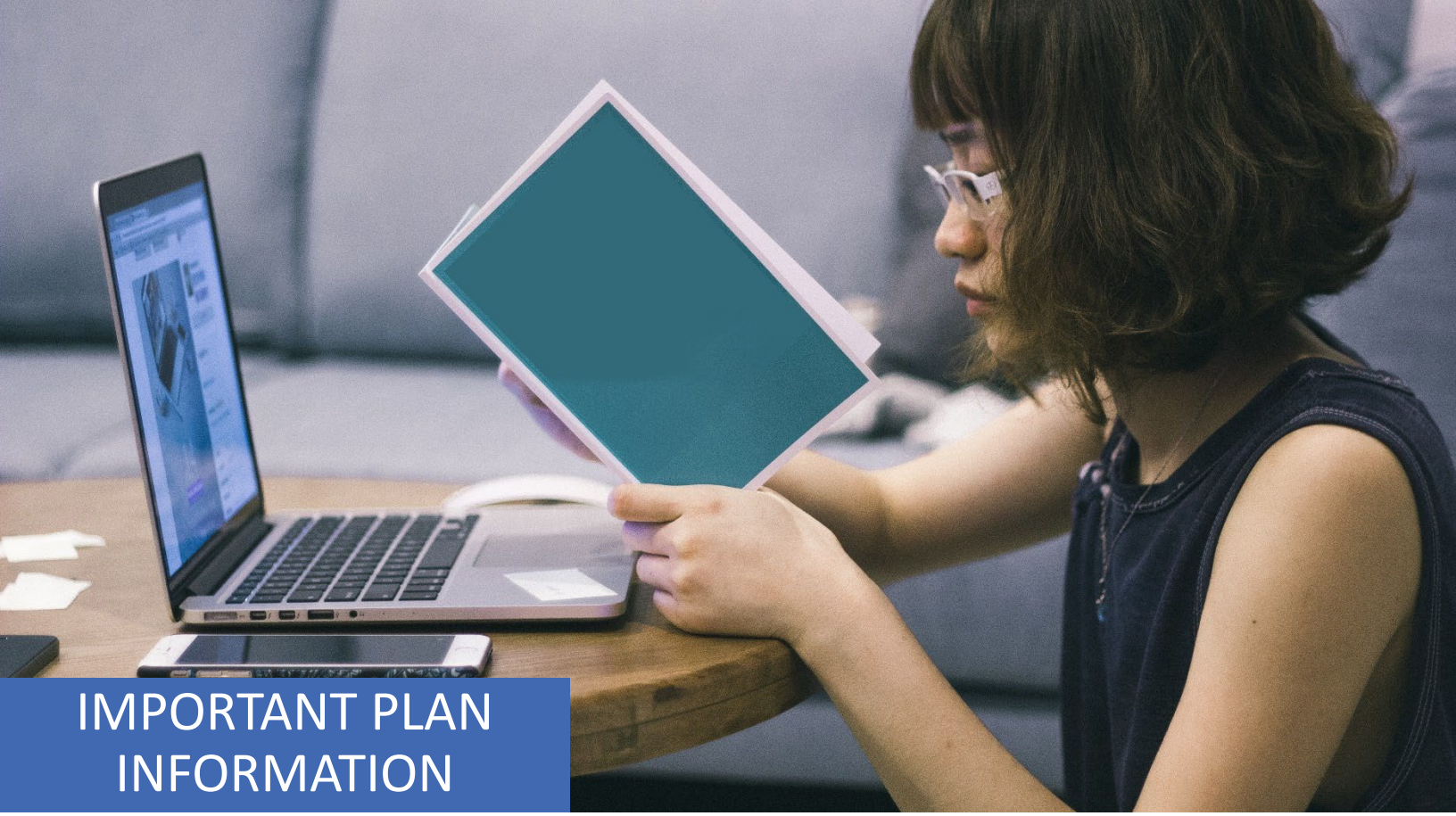
TravelConnect®

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

You can count on TravelConnect services to assist with:

- Return of traveling companion
- ID recovery assistance
- Emergency travel arrangements
- Lost or stolen travel documents
- Language translation services
- Medication and vaccine delivery
- Destination information

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



IMPORTANT PLAN INFORMATION

Part-Time Employees

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

Tier	Medical Monthly Premium (no dental or vision)
Employee Only	$633.05

Retired Annuitants

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

For required notices on all plans, visit www.stocktonca.gov/employeebenefits.

TURNING 65? UNDERSTAND YOUR MEDICARE OPTIONS

Alliant
MEDICARE SOLUTIONS

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

Alliant Medicare Solutions is provided by Insuractive LLC, a Nebraska resident insurance agency. Insuractive LLC is wholly owned by Alliant Insurance Services, Inc.

Deciding on a Medicare health plan is one of the most important decisions you'll make in retirement

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

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

Introducing Alliant Medicare Solutions

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

How does it work?

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

Find out more at alliantmedicaresolutions.com or download these resources

Your Guide to Medicare

Medicare 101

Social Security Planning

Medicare Eligible and Still Working Employees

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

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

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

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

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

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

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

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

Key Contacts

Vendor / Service	Member Services Number	Website/E-mail	Plan/Group ID
Kaiser Permanente	800.464.4000	www.kp.org	603693
Sutter Health Plus	855.315.5800	www.sutterhealthplus.org	133902
Employee Assistance Program (Halcyon)	888.425.4800	www.halcyoneap.com	cityofstockton
Delta Dental	800.765.6003	www.deltadentalins.com	PPO 01776 Delta Care 76803
Vision Service Plan	800.877.7195	www.vsp.com	00815301
P&A Group (HSA, HRA, FSA & Tax Advantage)	800.688.2611	www.padmin.com	
Lincoln Financial Group Life and LTD	877.275.5462	www.lfg.com	1052718
MetLife (Voluntary Benefits)	800.GET.MET8	www.metlife.com	151631
Operating Engineers' Local 3 (OE3)	800.251.5014		
Human Resources – Benefits	209.937.8233	benefits@stocktonca.gov	N/A
COBRA Admin APA Benefits	888.311.7478	www.apabenefits.com	151631

Annual Notices

Medicare Part D Notice

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

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City of Stockton has determined that the prescription drug coverage offered by the group plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

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

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your City of Stockton coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

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

Since the existing prescription drug coverage under City of Stockton is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your City of Stockton prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

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

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

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

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

Contact Human Resources – Benefits for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Stockton changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit **medicare.gov**
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

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

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

Date:	January 1, 2024
Name of Entity/Sender:	City of Stockton
Contact-Position/Office:	Human Resources - Benefits
Address:	400 E. Main Street, 3rd Floor, Stockton, CA 95202
Phone Number:	(209) 937-8233
E-mail Address:	**benefits@stocktonca.gov**

Women's Health and Cancer Rights Act

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

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

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

Newborns and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator.

Availability of Privacy Practices Notice

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

Notice of Choice of Providers

The City of Stockton's HMO plans require the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. If the plan designates a primary care provider automatically, include highlighted text following: Until you make this designation, your HMO plan designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact your plan's Member Services.

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

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

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in City of Stockton's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in City of Stockton's health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30-day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in City of Stockton's health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

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

Michelle's Law

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

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

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

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

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

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

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

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

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

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218

NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
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	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

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

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

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

Paperwork Reduction Act Statement

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

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

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 8-31-2023)

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

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

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

How Can I Get More Information?

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

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer Name City of Stockton		**4. Employer Identification Number (EIN)** 94-6000436
5. Employer address 425 N. El Dorado St., 3rd floor		**6. Employer phone number** 209-937-8233
7. City Stockton	**8. State** CA	**9. ZIP Code** 95202
10. Who can we contact about employee health coverage at this job? Rosemary Rivas		
11. Phone number (if different from above)		**12. Email address** Rosemary.Rivas@stocktonca.gov

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

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☐ Some employees. Eligible employees are:

All full-time employees and part-time employees represented by a bargaining unit with an MOU providing benefits to all represented employees

- With respect to dependents:

☐ We do offer coverage. Eligible dependents are:

Spouse, California registered domestic partner, children.
For more information: https://www.calpers.ca.gov/docs/forms-publications/health-program-guide.pdf

☐ We do not offer coverage.

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

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

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

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

CITY OF STOCKTON

HUMAN RESOURCES

www.stocktonca.gov • (209)937-8233