CITY OF ALBANY

2020

BENEFITS BOOKLET
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EMPLOYEE BENEFITS GUIDE

Helping you and your families achieve and maintain good health—physical, emotional and financial—is the reason the City of Albany offers you a comprehensive benefits program. We are providing you with this guide to help you understand the benefits that are available to you and how to best use them. Please review it carefully and make sure to ask about any important issues that are not addressed here. A list of plan contacts is provided at the back of this guide.

While we’ve made every effort to make sure that this guide is comprehensive, it cannot provide a complete description of all benefit provisions. For more detailed information, please refer to your plan Evidence of Coverage (EOC) or Summary Plan Description (SPD). These documents determine how all benefits are paid. This guide is not intended to be a contract (expressed or implied), nor is it intended to otherwise create any legally enforceable obligations on the part of the City, its agents, or its employees.

The City of Albany recognizes that your benefits are an important part of the reason you choose to work here. The City provides a variety of high quality benefits largely paid for by the City or at a reasonable cost to you. You can also choose between different optional benefits 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 guide 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 retirement plan, medical plans, a dental plan, group life insurance, disability coverage, and an employee assistance plan. Benefited employees may also elect to participate in these additional voluntary options:

- 457 Deferred Compensation Plan
- Flexible Spending Accounts (Healthcare and Dependent Care)
- Commuter Benefits
- Vision (VSP)

If you have any questions or need additional information, please contact Human Resources at (510) 528-5715.

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

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 page 36 for more details.
OPEN ENROLLMENT

Coverage for newly eligible employees begins on the first day of the month following date of hire. New employees who do not make an election within 31 days of becoming eligible will automatically be enrolled for single coverage in the core medical plan.

Open enrollment is the one time during each year that all employees can make changes to their benefit elections without a qualifying life event. Open enrollment is generally held from mid-September to mid-October. Notify Human Resources right away if you have a qualifying life event and need to make a change (add or drop) to your coverage election. These changes include (but are not limited to):

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

**Important - Two rules apply to making changes to your benefits during the year**

- Any changes you make must be consistent with the change in status, AND
- You must make the changes within 31 days (60 days for CalPERS medical plans) of the date the event (marriage, birth, etc.) occurs.
ELIGIBILITY

Full-time probationary and regular employees are eligible for the benefits outlined in this guide. Part-time probationary or regular employees who work at least 20 hours per week will receive benefits in accordance with the part-time benefit schedule as determined by their assigned work hours.

You can enroll the following family members in the City’s medical, dental and vision plans:

- **Your spouse** (the person who you are legally married to under state law, including a same-sex spouse). Your domestic partner is eligible for coverage if you have a State of California Domestic Partner (DP) Registration. Any premiums for your domestic partner paid for by City of Albany are taxable income and will be included on your W-2. Any premiums you pay for your domestic partner will be deducted on an after-tax basis.

- **Your children** (including your domestic partner’s children or children of another person can as long as a parent-child relationship exists between the employee and child. A parent-child relationship must be reviewed and certified by affidavit.)
  - Under the age of 26 are eligible to enroll in medical coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
  - Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.

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

WHO IS NOT ELIGIBLE?

- Temporary employees, hourly employees, contract employees, or employees residing outside of the United States, in accordance with the Affordable Care Act guidelines.
- Any individual who is covered as an employee of City of Albany cannot also be covered as a dependent (for CalPERS medical plans).

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

- Parents, grandparents, grandchildren, and siblings (unless certified by Parent-Child Relationship Affidavit).

WHEN WILL MY BENEFITS TERMINATE?

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

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

An employee taking family/medical leave will be allowed to continue participating in any health and welfare benefit plan in which he/she was enrolled before the first day of leave (for a maximum of 12 work-weeks) at the level and under the same conditions of coverage as if the employee had continued in employment for the duration of such leave. Group health insurance coverage will be continued in the same manner for up to 17 ⅓ weeks for employees disabled due to pregnancy, childbirth or a related medical condition. The City will continue to make the same premium contributions as if the employee had continued working. The continued participation in health benefits begins on the date leave first begins under the Family and Medical Leave Act or under the California Family Rights Act.

For further information on Family and Medical Leave, please refer to the City of Albany’s FMLA policy. All employees must notify Human Resources at (510) 528-5715 as soon as possible regarding FMLA for your own serious health condition or that of a family member.

**DEPENDENT ELIGIBILITY VERIFICATION**

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

- Dependent children verification includes birth or adoption certificate and social security number.
- Only provide first page of your prior year FEDERAL Tax Return that shows your dependents and black out any monetary amounts. STATE Tax Returns are not acceptable.
- Proof of marriage must be a state issued marriage license or marriage certificate (not a church issued certificate) that includes the date of your marriage.
- State Registration Certificate is required for Domestic Partnership.
- Affidavit of Parent-Child Relationship is required for eligible Parent-Child relationships.
- Birth Certificates must be state issued (not hospital issued).
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<td><strong>Employee Only</strong></td>
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<td><strong>Employee &amp; Spouse</strong></td>
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<td><strong>Employee &amp; Children</strong></td>
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<tr>
<td><strong>Employee &amp; Parent-Child Relationship or Disabled Children</strong></td>
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<tr>
<td><strong>Employee, Spouse &amp; Children</strong></td>
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<td><strong>Employee, Spouse &amp; Parent-Child Relationship or Disabled Children</strong></td>
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<tr>
<td><strong>Employee &amp; DP</strong></td>
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<tr>
<td><strong>Employee, DP &amp; Children</strong></td>
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</tr>
<tr>
<td><strong>Employee, DP &amp; Parent-Child Relationship or Disabled Children</strong></td>
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You are responsible for ensuring that the health enrollment information about you and your family members is accurate, and for reporting any changes in a timely manner. If you fail to maintain current and accurate health enrollment information, you may be liable for the reimbursement of health premiums or health care services incurred during the entire ineligibility period.
MEDICAL BENEFITS

The goal of the City of Albany is to provide you with affordable, quality health care benefits. Our medical benefits are designed to help maintain wellness and protect you and your family from major financial hardship in the event of illness or injury. The City offers a choice of medical plans through the CalPERS Medical Program. When making a selection for a health plan, please keep in mind that the City aligns its contribution rates with the CalPERS Kaiser Region 1 premium. The City contribution rates for the 2020 calendar year are as follows:

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Contribution Rate</th>
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<tbody>
<tr>
<td>Employee Only</td>
<td>$768.49</td>
</tr>
<tr>
<td>Employee &amp; 1 Dependent</td>
<td>$1,536.98</td>
</tr>
<tr>
<td>Employee &amp; 2+ Dependents</td>
<td>$1,998.07</td>
</tr>
</tbody>
</table>

HEALTH MAINTENANCE ORGANIZATION (HMO)

A HMO (Health Maintenance Organization) plan that provides health care from specific doctors and hospitals under contract with the plan. While there are co-payments for some services, there are no deductibles, no claim forms and a geographically-restricted service area.

PREFERRED PROVIDER ORGANIZATION (PPO)

A Preferred Provider Organization (PPO) is similar to a traditional "fee-for-service" plan, but you must use doctors in the PPO provider network or pay higher co-insurance (percentage of charges). You must usually meet an annual deductible before some benefits apply. You’re responsible for a certain co-insurance amount and the plan pays the balance up to the allowable amount.

EXCLUSIVE PROVIDER ORGANIZATION (EPO)

The Exclusive Provider Organization (EPO) plan offers the same covered services as an HMO plan, but you must seek services from the plans’ PPO network of preferred providers. You’re not required to select a primary care physician.

*Not all HMO plans are available in all California counties. To see if these plans are available in your zip code, please visit the CalPERS website [here](#) and use the zip code finder tool.
COST OF MEDICAL COVERAGE

CalPERS sets health rates, also known as health premiums, by negotiating with health carriers to achieve the most competitive rates possible. To better align premiums with the cost of healthcare in the area, CalPERS has reduced its regions from five to three. In the new three-region model, Alameda County falls into Region 1 along with 42 other Northern California counties. The table below shows the 2020 CalPERS Health Premiums for Region 1 and the monthly cost to employees.

<table>
<thead>
<tr>
<th>2020 CalPERS Region 1 Medical Plans</th>
<th>2020 CalPERS Region 1 Medical Plans</th>
<th>Plan Premiums</th>
<th>Monthly Cost to Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee Only</td>
<td>Employee &amp; 1 Dependent</td>
<td>Employee &amp; 2+ Dependents</td>
</tr>
<tr>
<td>Anthem EPO Del Norte</td>
<td>$ 861.18</td>
<td>$ 1,722.36</td>
<td>$ 2,239.07</td>
</tr>
<tr>
<td>Anthem HMO Select</td>
<td>$ 868.98</td>
<td>$ 1,737.96</td>
<td>$ 2,259.35</td>
</tr>
<tr>
<td>Anthem HMO Traditional</td>
<td>$ 1,184.84</td>
<td>$ 2,369.68</td>
<td>$ 3,080.58</td>
</tr>
<tr>
<td>Blue Shield Access+</td>
<td>$ 1,127.77</td>
<td>$ 2,255.54</td>
<td>$ 2,932.20</td>
</tr>
<tr>
<td>Blue Shield EPO</td>
<td>$ 1,127.77</td>
<td>$ 2,255.54</td>
<td>$ 2,932.20</td>
</tr>
<tr>
<td>Blue Shield Trio</td>
<td>$ 833.00</td>
<td>$ 1,666.00</td>
<td>$ 2,165.80</td>
</tr>
<tr>
<td>Health Net SmartCare</td>
<td>$ 1,000.52</td>
<td>$ 2,001.04</td>
<td>$ 2,601.35</td>
</tr>
<tr>
<td>Kaiser Permanente</td>
<td>$ 768.49</td>
<td>$ 1,536.98</td>
<td>$ 1,998.07</td>
</tr>
<tr>
<td>PERS Choice</td>
<td>$ 861.18</td>
<td>$ 1,722.36</td>
<td>$ 2,239.07</td>
</tr>
<tr>
<td>PERS Select</td>
<td>$ 520.29</td>
<td>$ 1,040.58</td>
<td>$ 1,352.75</td>
</tr>
<tr>
<td>PERSCare</td>
<td>$ 1,133.14</td>
<td>$ 2,266.28</td>
<td>$ 2,946.16</td>
</tr>
<tr>
<td>PORAC Region 1</td>
<td>$ 774.00</td>
<td>$ 1,699.00</td>
<td>$ 2,399.00</td>
</tr>
<tr>
<td>UnitedHealthcare</td>
<td>$ 899.94</td>
<td>$ 1,799.88</td>
<td>$ 2,339.84</td>
</tr>
<tr>
<td>Western Health Advantage</td>
<td>$ 731.96</td>
<td>$ 1,463.92</td>
<td>$ 1,903.10</td>
</tr>
</tbody>
</table>

REGION 1 COUNTIES

In the new CalPERS three-region model, Region 1 will consist of the following counties:

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

To view the SBCs and glossary online, visit [www.calpers.ca.gov](http://www.calpers.ca.gov) or any of the health plan websites below. To request a free paper copy of the SBC and glossary, please contact each health plan directly.

- **Anthem Blue Cross**
  - [www.anthem.com/ca/calpers](http://www.anthem.com/ca/calpers)
  - (855) 839-4524

- **Blue Shield**
  - [www.blueshieldca.com/calpers](http://www.blueshieldca.com/calpers)
  - (800) 334-5847

- **Health Net**
  - [www.healthnet.com/calpers](http://www.healthnet.com/calpers)
  - (888) 926-4921

- **Kaiser Permanente**
  - [www.kp.org/ca/calpers](http://www.kp.org/ca/calpers)
  - (800) 464-4000

- **PERS PPO Plans**
  - [www.anthem.com/ca/calpers](http://www.anthem.com/ca/calpers)
  - (877) 737-7776

- **PORAC**
  - [https://ibtofporac.org/](https://ibtofporac.org/)
  - (800) 288-6928

- **UnitedHealthcare**
  - [www.uhc.com/calpers](http://www.uhc.com/calpers)
  - (877) 359-3714

- **Western Health Advantage**
  - [www.westernhealth.com/calpers](http://www.westernhealth.com/calpers)
  - (888) 942-7377
Employees who have minimum essential medical coverage through another source (other than coverage in the individual market, whether or not obtained through Covered California) may elect to waive enrollment in the City’s medical plan.

Those satisfying the City's requirements may be eligible for an alternative benefit. The employee must provide a proof of coverage letter in order to participate. The letter must show that the employee and all individuals in the employees expected tax family have (or will have) minimum essential coverage. Proof of coverage must be provided every plan year. An insurance card is not an acceptable form of proof.

Employees who elect the alternative benefit will receive elective paid leave as follows:

- Each month, the employee will be credited with the number of hours of elective paid leave equivalent to the single rate for the Kaiser Region 1 PEMHCA plan rounded to the nearest dollar. For example, if the Kaiser Region 1 employee only rate is $750/month and an employee's hourly rate is $25/hour, the employee will be credited with 30 hours per month of elective paid leave.

- Elective paid leave may be used as normal discretionary leave – however, all other discretionary leave (i.e., vacation and compensatory time off) must be used first.

- Each quarter of the calendar year, the City will cash out all accrued but unused elective paid leave at the rate at which it was earned, as follows:

<table>
<thead>
<tr>
<th>Months</th>
<th>Cash Out Date</th>
<th>Full Cash Out Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>January, February, March</td>
<td>March 27, 2020</td>
<td>$2,304.00</td>
</tr>
<tr>
<td>April, May, June</td>
<td>June 19, 2020</td>
<td>$2,304.00</td>
</tr>
<tr>
<td>July, August, September</td>
<td>September 25, 2020</td>
<td>$2,304.00</td>
</tr>
<tr>
<td>October, November, December</td>
<td>December 18, 2020</td>
<td>$2,304.00</td>
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</tbody>
</table>
DENTAL INSURANCE

Regular visits to your dentists can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes and heart disease.

The City offers dental insurance through Delta Dental that is 100% employer paid. Please see the plan outline that aligns with your bargaining unit on the following page.

ONLINE SERVICES

Get information about your plan anytime, anywhere by signing up for an Online Services account at deltadentalins.com. This free service lets you check benefits and eligibility information, find a network dentist, and more.

GO PPO

Visit a PPO dentist to maximize your savings. These dentists have agreed to reduce fees, and you won’t get charged more than your expected share of the bill. Find a PPO dentist by logging into your Online Services account.

CHECK IN WITH EASE

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or social security number. If your family members are covered under your plan, they will need your name, birth date and enrollee or social security number. Prefer to take a paper or electronic ID card with you? Simply sign in to your Online Services account where you can view or print your card with the click of a button. If you’re covered under two plans, ask your dental office about coordination of benefits.

SUPPLEMENTAL ORTHODONTIA REIMBURSEMENT PLAN

Eligible employees and dependents can be reimbursed up to 60% and up to a maximum amount per individual per lifetime for orthodontia upon proof of expense and limit reached on primary and secondary insurance. The maximum reimbursement amounts per bargaining unit are as follows:

- MGMT: $500 per individual per lifetime
- SEIU: $1,000 per individual per lifetime
- APOA: $1,000 per individual per lifetime
- AFFA: $1,500 per individual per lifetime
### Usual, Customary, & Reasonable Fee (UCR):

A Usual fee is the amount which an individual dentist regularly charges and received for a given service or the fee actually charged, whichever is less. A Customary fee is within range of usual fees charged and received for a particular service by dentists of similar training in the same geographic area. A Reasonable fee schedule is reasonable if it is Usual and Customary.

The group numbers for each bargaining unit are as follows:

- APOA Group #3676-1050
- AFFA Group #3676-1049
- SEIU & Management/Confidential Group #3676-1017

<table>
<thead>
<tr>
<th>Deductibles</th>
<th>Delta PPO Dentist</th>
<th>Delta Premier Dentist</th>
<th>Non-Delta Dentist</th>
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<tr>
<td>Benefits Maximum (paid per calendar year)</td>
<td>APOA: $1,500/person</td>
<td>APOA: $1,500/person</td>
<td>APOA: $1,500/person</td>
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<tr>
<td></td>
<td>AFFA: $2,500/person</td>
<td>AFFA: $2,500/person</td>
<td>AFFA: $2,500/person</td>
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<td></td>
<td>SEIU &amp; MGMT: $1,500/person</td>
<td>SEIU &amp; MGMT: $1,500/person</td>
<td>SEIU &amp; MGMT: $1,500/person</td>
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<tr>
<th>Diagnostic and Preventive Benefits</th>
<th>Delta PPO Dentist</th>
<th>Delta Premier Dentist</th>
<th>Non-Delta Dentist</th>
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<tr>
<td>100% of a Preferred Provider Dentist fees</td>
<td>100% of Delta Premier Dentist fees</td>
<td>100% of UCR</td>
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<tr>
<th>Basic Benefits</th>
<th>Delta PPO Dentist</th>
<th>Delta Premier Dentist</th>
<th>Non-Delta Dentist</th>
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<tbody>
<tr>
<td>90% of Preferred Provider Dentist fees</td>
<td>80% of a Delta Premier Dentist fees</td>
<td>80% of UCR</td>
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<tr>
<th>Crowns, Jackets, and Cast Restorations</th>
<th>Delta PPO Dentist</th>
<th>Delta Premier Dentist</th>
<th>Non-Delta Dentist</th>
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<tbody>
<tr>
<td>APOA: 90% of Preferred Provider Dentist fees</td>
<td>60% of a Delta Premier Dentist fees</td>
<td>60% of UCR</td>
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<tr>
<td>AFFA: 60% of Preferred Provider Dentist fees</td>
<td>60% of a Delta Premier Dentist fees</td>
<td>60% of UCR</td>
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<tr>
<td>SEIU &amp; MGMT: 60% of Preferred Provider Dentist fees</td>
<td>60% of a Delta Premier Dentist fees</td>
<td>60% of UCR</td>
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<tr>
<th>Prosthodontic Benefits</th>
<th>Delta PPO Dentist</th>
<th>Delta Premier Dentist</th>
<th>Non-Delta Dentist</th>
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<tr>
<td>APOA: 90% of Preferred Provider Dentist fees</td>
<td>60% of a Delta Premier Dentist fees</td>
<td>60% of UCR</td>
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<tr>
<td>AFFA: 60% of Preferred Provider Dentist fees</td>
<td>60% of a Delta Premier Dentist fees</td>
<td>60% of UCR</td>
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</tr>
<tr>
<td>SEIU &amp; MGMT: 60% of Preferred Provider Dentist fees</td>
<td>60% of a Delta Premier Dentist fees</td>
<td>60% of UCR</td>
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<thead>
<tr>
<th>Orthodontic Benefits</th>
<th>Delta PPO Dentist</th>
<th>Delta Premier Dentist</th>
<th>Non-Delta Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td>60% of a Preferred Provider Dentist fees</td>
<td>60% of a Delta Premier Dentist fees</td>
<td>60% of UCR</td>
<td></td>
</tr>
</tbody>
</table>

**DELTA DENTAL**

- [Sign up for Online Services](#)
- [Contact Delta Dental](#) (800-765-6003)
- [Find a Dentist](#)
VISION INSURANCE

Routine vision exams are important, not only for correcting vision but because they can detect other serious health conditions. The City contracts with Vision Service Plan (VSP) for vision services. Participation in the plan is optional. The City offers two coverage levels for you to choose from: Basic Coverage and Premier Coverage. Basic coverage allows for frames every 24 months and Premier coverage allows for frames every 12 months. Please see the plan summary on the following page.

VSP EXCLUSIVE MEMBER EXTRAS

- Enjoy Low Prices on Hearing Aids with TruHearing
- High Quality Vision Care
- Choice of Providers
- Great Eyewear
- 71,000 Access Points
- Eyeconic – Use out-of-network allowances to shop designer frames plus the most popular contacts at eyeconic.com the online eyewear store for VSP members
- Direct Pay Convenience – It’s simple to use your VSP benefits at Walmart and Sam’s Club. Simply say, “I have VSP”

USING YOUR BENEFITS

Using your VSP benefit is easy. Create an account online at vsp.com. Once you’ve created an account, you can review your benefit information, find an eye doctor, and more. At your appointment, tell them you have VSP. There’s no ID card necessary. If you’d like a card as reference, you can print one from your online account.

That’s it - VSP handles the rest! There are no claim forms to complete when you see a VSP provider.

EMPLOYEE MONTHLY CONTRIBUTION RATES

<table>
<thead>
<tr>
<th></th>
<th>Basic</th>
<th>Premier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Only</td>
<td>$ 6.86</td>
<td>$ 8.67</td>
</tr>
<tr>
<td>Member + 1 Dependent</td>
<td>$ 11.23</td>
<td>$ 14.02</td>
</tr>
<tr>
<td>Member + Family</td>
<td>$ 20.15</td>
<td>$ 25.13</td>
</tr>
</tbody>
</table>
## VISION PLAN SUMMARY

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
<th>Copay</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WellVision Exam</strong></td>
<td>• Focuses on your eyes and overall wellness</td>
<td>$20 for exam and glasses</td>
<td>Every 12 months</td>
</tr>
<tr>
<td><strong>Prescription Glasses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Frame</strong></td>
<td>• $30 allowance for a wide selection of frames</td>
<td>Combined with exam</td>
<td>Every 24 months</td>
</tr>
<tr>
<td></td>
<td>• $50 allowance for featured frame brands</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 20% savings on the amount over your allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• $70 Costco® frame allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lenses</strong></td>
<td>• Single vision, lined bifocal, and lined trifocal lenses</td>
<td>Combined with exam</td>
<td>Every 24 months with basic plan</td>
</tr>
<tr>
<td></td>
<td>• Polycarbonate lenses for dependent children</td>
<td></td>
<td>Every 12 months with premier plan</td>
</tr>
<tr>
<td><strong>Lens Enhancements</strong></td>
<td></td>
<td>$55</td>
<td>Even 12 months</td>
</tr>
<tr>
<td></td>
<td>• Standard progressive lenses</td>
<td>$95 - $105</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Premium progressive lenses</td>
<td>$150 - $175</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Custom progressive lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Average savings of 20-25% on other lens enhancements</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contacts (instead of glasses)</strong></td>
<td>$130 allowance for contacts; copay does not apply</td>
<td>Up to $60</td>
<td>Every 12 months</td>
</tr>
<tr>
<td><strong>Extra Savings</strong></td>
<td>Glasses and Sunglasses</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Retinal Screening</strong></td>
<td>No more than a $38 copay on routine retinal screening as an enhancement to a WellVision Exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Laser Vision Correction</strong></td>
<td>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Your Monthly Contribution</strong></td>
<td>$6.86 Member only $11.23 Member + 1 $20.15 Member + family</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you’ll receive a lower level of benefits. Visit vsp.com for plan details.

- Exam: up to $45
- Lined Bifocal Lenses: up to $50
- Progressive Lenses: up to $60
- Lined Trifocal Lenses: up to $65
- Contacts: up to $105

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc. is the legal name of the corporation through which VSP does business.

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**VSP VISION CARE**

- Sign up for Online Services
- Contact VSP (800) 877-7195
- Find an Eye Doctor
LIFE INSURANCE

The City offers Basic Life Insurance and Accidental Death and Dismemberment Insurance (AD&D) at no cost to you through Reliance Standard.

WHY DO I NEED LIFE INSURANCE?

Below are a few examples of how your life insurance benefit could be used (coverage amounts may vary):

- Pay off any remaining medical bills, funeral costs and debts
- Provide ongoing financial support to your family
- Keep your family in your home by paying off the mortgage
- Fund your children's education

WHO IS ELIGIBLE FOR LIFE INSURANCE?

You - all regular employees.

WHAT AMOUNT OF COVERAGE AM I ELIGIBLE FOR?

The City of Albany provides you with Basic Life Insurance and Basic AD&D as follows:

- Part-time SEIU employees: $10,000
- Full-time SEIU employees: $20,000
- All other City employees: $50,000
DISABILITY INSURANCE

If you become disabled and cannot work, your financial security may be at risk. Protecting your income stream can provide you and your family with peace of mind. Your employee bargaining unit determines your disability plan. Please find your plan on the following pages.

SEIU LOCAL 1021 - State Disability Insurance Fund (SDI)

State Disability Insurance (SDI) is an employee-funded program that provides, if eligible, approximately 60 to 70 percent of your past earnings (from $50 up to $1,216 weekly) based on income. The SDI program is comprised of two separate partial wage replacement benefits: *Disability Insurance (DI) and *Paid Family Leave (PFL).

Am I eligible?

You may be eligible for benefits, if you:

- File a claim online or by mail, no later than 49 days for DI and 41 days for PFL, from the date your disability or family leave began.
- Have been paid at least $300 in wages (that have been subject to SDI contributions) during the 12-month base period of the claim.
- Have your physician complete medical documentation certifying your disability (for DI), have the care recipient's physician complete medical documentation certifying the need for care (for PFL care), or provide documentation showing the relationship between you and your new child (for PFL bonding).

*Disability Insurance (DI)

Disability Insurance provides benefits to workers who are unable to work due to a non-work-related illness or injury; either physical or mental. Disability includes elective surgery, pregnancy, childbirth, or related medical conditions. Benefits are payable for a maximum of 52 weeks. For more information visit edd.ca.gov/disability.

*Paid Family Leave (PFL)

California Paid Family Leave (PFL) provides up to six weeks of partial pay within a 12-month period to employees who take time off work to care for a seriously ill family member or to bond with a new child (including newly fostered and adopted children). For more details, visit edd.ca.gov/paidfamilyleave.
Management/Confidential & Police Non-Sworn - Long-Term Disability Insurance (Reliance Standard)

Disability income protection insurance provides a benefit for “long term” disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

**BENEFIT AMOUNT**
The monthly benefit is an amount equal to 66 2/3% of covered earnings, up to a maximum benefit of $7,500 per month for Management/Confidential and $2,500 for Police Non-Sworn employees.

**ELIMINATION PERIOD**
90 consecutive days of total disability

**MAXIMUM BENEFIT DURATION**
Benefits will not extend beyond the longer of: Social Security Normal Retirement Age or Duration of Benefits below:

<table>
<thead>
<tr>
<th>Age at Disablement</th>
<th>Duration of Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>61 or less</td>
<td>to age 65</td>
</tr>
<tr>
<td>62</td>
<td>3 1/2 years</td>
</tr>
<tr>
<td>63</td>
<td>3 years</td>
</tr>
<tr>
<td>64</td>
<td>2 1/2 years</td>
</tr>
<tr>
<td>65</td>
<td>2 years</td>
</tr>
<tr>
<td>66</td>
<td>1 3/4 years</td>
</tr>
<tr>
<td>67</td>
<td>1 1/2 years</td>
</tr>
<tr>
<td>68</td>
<td>1 1/4 years</td>
</tr>
<tr>
<td>69 or more</td>
<td>1 year</td>
</tr>
</tbody>
</table>

**CONTRIBUTION REQUIREMENTS**
Coverage is employer paid.

**FEATURES**
- Extended Disability Benefit
- FMLA Continuation
- Interruption and Recurrent provisions
- Minimum Benefit Payable – $100
- Own Occupation Coverage – 24 months
- Rehabilitation provision
- Residual and Partial Disability
- Specific Indemnity Benefit
- Survivor Benefit – 3 months
- Transfer of Coverage provision
- Work Incentive & Child Care provisions

**VALUE ADDED SERVICES**
Travel Assistance Service

**LIMITATIONS**
- Limited Benefit Period for Other Specific Conditions – 24 months
- Mental/Nervous Illness Limitation – 12 Months out-patient
- Pre-Existing Condition Limitation – 3/12
- Substance Abuse Limitation – 12 Months
Pre-ex limitations also apply to benefit increases

**EXCLUSIONS**
Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; injury or sickness occurring while confined in any penal or correctional institution.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6564, et al.
### POLICE SWORN - Disability Insurance (PORAC Platinum Plan)

<table>
<thead>
<tr>
<th>Plan Features</th>
<th>Short-Term Disability #610007-P</th>
<th>Long-Term Disability #649401-B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of Wages Protected</td>
<td>70% of the first $14,286 monthly pre-disability earnings, reduced by deductible income</td>
<td>70% of the first $14,286 monthly pre-disability earnings, reduced by deductible income during the initial 12 months of LTD benefit eligibility</td>
</tr>
<tr>
<td></td>
<td>When industrial disabilities: 0 days</td>
<td>Non-industrial disabilities: 70% Industrial Disabilities: 20%</td>
</tr>
<tr>
<td>Catastrophic Disability Benefit</td>
<td>During the initial 12 months of disability, the plan pays up to an additional 30% of the first $14,286 of monthly pre-disability earnings, not to exceed $4,286.</td>
<td>N/A</td>
</tr>
<tr>
<td>Maximum Monthly Benefit</td>
<td>$10,000 970% of ($14,286) before reduction by Deductible income</td>
<td>$10,000 970% of ($14,286) before reduction by Deductible income</td>
</tr>
<tr>
<td>Maximum Benefit Period</td>
<td>12 Months</td>
<td>To age 65 if age 61 or younger when Disability began. Maximum benefit period for disabilities that occur after age 61 will be determined by your age when disability began.</td>
</tr>
<tr>
<td>Minimum Benefit</td>
<td>$200 per month while receiving sick leave/annual leave for Non-industrial disabilities</td>
<td>$200 per month while receiving sick pay for Non-industrial disabilities. $50 per month in all other circumstances</td>
</tr>
<tr>
<td>Benefit Eligibility Waiting Period</td>
<td>Industrial Disabilities: 0 days</td>
<td>365 days (Premium payments are waived while Disability Benefits are payable)</td>
</tr>
</tbody>
</table>
|                                      | Non-Industrial Disabilities: 0 days, if you have been unable to work for 15 days, provided that you have not had a Temporary Recovery of greater than 5 days during this period. During the first 60 days of Disability:  
  • You are eligible to receive up to 35% of your monthly Pre-Disability Earnings for any period you are not eligible to receive any personal leave pay.  
  • You are required to use any available personal leave pay you are eligible to receive from your employer. |                                                                                               |
| Musculoskeletal & Connective Tissue Disorders | No Limitation                                                                               | For certain conditions, benefits are limited to 12 months for each period of disability      |
| Mental & Nervous Disorders           | No Limitation                                                                                  | Benefits are limited to 6 months for each continuous period of disability caused or contributed by a mental disorder, or a long as hospitalized. |
| Drug & Alcohol Use                   | Benefits limited to 12 months lifetime                                                         | Benefits limited to 12 months lifetime                                                       |
| Death Benefit                        | $65,000 Death Benefit (Accidental) $50,000 Death Benefit (Natural) You are covered for the death benefit while enrolled under the STD plan and during the first two years you continue to be disabled and receiving disability benefits. | $65,000 Death Benefit (Accidental) fully insured through ReliaStar Life Insurance Company $50,000 Death Benefit (Natural) fully self-funded through IBT of PORAC |

Employee monthly contribution for the Platinum Plan is $34.00.
<table>
<thead>
<tr>
<th><strong>FIRE - Long-Term Disability Insurance (CAPF Plan)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Name</strong></td>
</tr>
<tr>
<td><strong>Monthly Cost</strong></td>
</tr>
<tr>
<td><strong>Percentage of Wages Protected</strong></td>
</tr>
<tr>
<td><strong>Maximum Benefit</strong></td>
</tr>
<tr>
<td><strong>Waiting Period</strong></td>
</tr>
<tr>
<td><strong>Benefit Period</strong></td>
</tr>
<tr>
<td><strong>Stress &amp; Substance Abuse</strong></td>
</tr>
<tr>
<td><strong>Benefits Payable During Challenged Workers' Compensation Cases</strong></td>
</tr>
<tr>
<td><strong>Waiver of Payment</strong></td>
</tr>
<tr>
<td><strong>Minimum Monthly Benefit</strong></td>
</tr>
<tr>
<td><strong>Pre-Existing Medical Condition Coverage</strong></td>
</tr>
<tr>
<td><strong>Survivorship Benefit</strong></td>
</tr>
<tr>
<td><strong>Freeze of Sick Leave Option</strong></td>
</tr>
<tr>
<td><strong>Sick Leave Integration Benefit</strong></td>
</tr>
<tr>
<td><strong>Cost of Living Benefit (COLA)</strong></td>
</tr>
<tr>
<td><strong>Death Benefit</strong></td>
</tr>
<tr>
<td><strong>Ownership of Plan</strong></td>
</tr>
</tbody>
</table>
FLEXIBLE SPENDING ACCOUNT

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

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

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

USE IT OR LOSE IT

Under IRS guidelines, if you contribute dollars to a reimbursement account and do not use all of the money you deposit, you will lose any remaining balance in the account at the end of the plan year. Only contribute money you are confident you will use during the plan year to pay for qualified expenses. The City has a carry forward provision that allows for employees to roll over $500 of unused deposits. Any amount over $500 will be forfeited.

HEALTHCARE SPENDING ACCOUNT

This account will reimburse you with pre-tax dollars for qualified out-of-pocket healthcare expenses not covered under your healthcare plan. Medical-related expenses include out of pocket money for copays or deductibles for medical, dental and vision services. A detailed listing of all qualified expenses are available on the P&A Group website at www.padmin.com. The maximum amount you may contribute to the Flexible Spending Account for the Plan Year is $2,700 per person, per plan. There is no household maximum as with the Dependent Care Flexible Spending Account. Therefore, if your spouse's employer also offers an FSA, he/she could also enroll up to the maximum amount.
**DEPENDENT CARE SPENDING ACCOUNT**

The maximum amount you may contribute to the Dependent Care Spending Account is $5,000 each calendar year, or $2,500 each calendar year if you are married but file separate tax returns. This account will reimburse you with pre-tax dollars for eligible expenses for your child(ren) and other qualifying dependents. This covers amounts you pay to daycare centers, after school programs, babysitters, caregivers or elder care so that you and your spouse can work.

A qualifying individual is defined as any of the following:

- A person under the age of 13 who is your “qualifying child” under the Internal Revenue Code
- Your spouse if he or she is physically or mentally incapable of self-care and has the same abode as you for more than half the year
- A person who is physically or mentally incapable of self-care, has the same principal abode as you for more than half the year and is your tax dependent under the Code

**BENEFITS CARD/HOW TO SUBMIT A CLAIM**

P&A Group will issue you a Benefits Card that works like a debit card. When you incur an eligible expense, present your Benefits Card to the provider of the goods or services you are purchasing. Swipe your card at the point-of-service and the expense will automatically be deducted from your Flexible Spending Account balance. If you are unable to use your Benefits Card you can still be reimbursed for all eligible expenses. You can submit a claim electronically or by mail. Log into your account at [www.padmin.com](http://www.padmin.com) to access more information.

**ONLINE SERVICES**

Create an account online at [www.padmin.com](http://www.padmin.com) to view your account balance or claim history, submit a claim electronically, chat with a customer service representative and more.

**FSA STORE**

Shop for your FSA-eligible health needs through FSA Store, P&A’s vendor partner and the largest selection of guaranteed FSA-eligible products. Visit [www.padmin.com/fsaextras](http://www.padmin.com/fsaextras) for instant access to good deals. It’s a great place to spend any leftover money at the end of the year!
EMPLOYEE ASSISTANCE PROGRAM (EAP)

From simple questions like quick ways to de-stress or how to find more time in your schedule, to more difficult issues like finding support after the loss of a loved one, Employee Assistance Program (EAP) is there to work with you and offer suggestions, options and information. Our program through Magellan Health includes up to 5 counseling sessions for you and your eligible dependents or household members at no cost to you.

The EAP is a confidential service that is available to all employees, 24-hours a day, 7-days a week. It is a confidential way of obtaining professional help to reduce the impact of problems in your life and on your job. Employee Assistance Program services are available to all eligible employees and their spouse/partner and dependent children.

Some of the topics the EAP can help with include:

- **Resiliency**—overcoming stress and crisis at home and at work.
- **Emotional Wellness**—addiction, depression, anxiety and assistance with other emotional wellness issues.
- **Workplace success**—career goals, team conflict, crisis, management support.
- **Wellness and balance**—work-life balance, stress, relaxation, personal well-being.
- **Personal and family goals**—relationship, children and teen or aging loved ones. Changes in finances or personal situations.

ADDITIONAL RESOURCES AND INFORMATION

*Health and Wellness Program*
Magellan makes it easy to bring healthy habits into your busy life. You can set daily goals and track progress online, via mobile app and through integration with fitness trackers. You can even get help and motivation from health coaches and peers.

*Work-life Services*
You have access to tools, resources and experts who can help with many of the day-to-day things that can happen in life. You also have access to the LifeMart® discount center which offers valuable discounts on things such as travel, clothing, restaurants, and more.

*Legal & Financial Consultation*
Magellan offers you quick and confidential access to help with legal or financial questions and services you may need. Legal and financial experts are available to help with any questions you may have, or access the online library for helpful tools and resources.
ONLINE SERVICES

From checking off daily tasks to working on more complex issues, Magellan's website, MagellanAscend.com, can help make your life, and your household members lives, a little easier. Magellan Ascend is designed for easy browsing on any device. You will receive timely, curated content each time you visit the site. Use the Live Chat feature to get assistance in real-time.

Create a user log-in and profile for secure and confidential access to every area of the website. With fresh content on so many topics and helpful free resources, there's always a reason to visit MagellanAscend.com.

LIFEMART

Magellan offers you a variety of discounts through the LifeMart discount center. You and your family members have exclusive access to LifeMart which offers discounts on millions of everyday products and services. The online discount center offers a one-stop shop with exclusive money-saving discounts—up to 40 percent! Why spend more when you don't have to?

Log into your account at www.MagellanAscend.com to begin. Make shopping LifeMart a regular part of your money-saving routine and save on the items you want most!

Magellan Employee Assistant Program
Call 1-800-523-5668
For TTY Users: 1-800-456-4006
www.MagellanAscend.com
COMMUTER BENEFITS

The City sponsors a Commuter Benefits program. This provides employees with an opportunity to pay for parking and public transit through pre-tax dollars. Before the start of each quarter, the City will notify employees that they are eligible to purchase commuter checks through payroll deduction.

The Internal Revenue Service (IRS) limits the amounts you can put into Flex Spending Accounts. Currently, maximum contribution amount for both transit and parking is $265.00 per month.

By participating in the transit and/or parking flex spending you can pay for the following expenses using "tax-free" dollars:

- **Commuter Checks**
  - You can purchase commuter checks to cover fares on CalTrain, BART, VTA, buses, ferries, commuter trains, and vanpooling. You can purchase monthly passes, fare cards like Clipper Card, or vouchers.

- **Commuter Checks for Parking**
  - You may purchase a commuter check to pay for parking expenses at participating parking providers

When you purchase commuter checks, your purchase will be deducted from your paycheck on a pre-tax basis. Public transportation, vanpools, and parking at or near an employee’s place or employment are all eligible pre-tax expenses. In addition, parking at a location from which an employee commutes to work, (via public transit or vanpool), is also a qualified expense. Under the law, mileage, tolls, fuel, and carpooling are not part of this program. Business travel and other reimbursed expenses are also excluded from this benefit.

Commuter checks can add up to some serious tax savings! To calculate how much you would save, go to commuterbenefits.com/employees.

Please contact Human Resources if you have questions about commuter benefits. Purchase periods occur quarterly.
DEFERRED COMPENSATION

The City offers a 457 deferred compensation plan through ICMA-RC in which you may voluntarily participate. By signing a payroll deduction authorization, you can have the City withhold a certain portion of your salary (minimum of $15 each pay period) to the maximum established by law.

The maximum 457 plan contribution for calendar year 2019 is $19,000 for employees under age 50, $25,000 for employees over age 50 and $38,000 for employees eligible for catch-up contributions. The limit for 2020 will be published in early November. This money is invested in the program(s) you choose. Your investment is payable to you when you terminate or retire, or to your beneficiary in the event of your death. The amount of your salary that has been withheld is the deferred amount and is not subject to taxes during your employment; however, the deferred compensation, to include interest and dividends earned as a result of the investment, is subject to taxes when it is actually received.

Loans from 457 plan - Participants are able to take loans from their 457 plans for anything from home purchase to debt consolidation.

Managed Accounts - For those employees who would like an added level of guidance, this program is designed to take over the day-to-day management of your deferred compensation account.

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

RETIREMENT HEALTH SAVINGS

All AFFA and APOA employees are required to participate in the Retirement Health Savings plan through ICMA-RC. The contributions can be seen below:

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>APOA</th>
<th>AFFA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 through 4 years</td>
<td>$</td>
<td>$10.00</td>
</tr>
<tr>
<td>5 through 9 years</td>
<td>$25.00</td>
<td>$25.00</td>
</tr>
<tr>
<td>10 through 14 years</td>
<td>$50.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>15 through 19 years</td>
<td>$50.00</td>
<td>$75.00</td>
</tr>
<tr>
<td>20 through 24 years</td>
<td>$75.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>25 through 34 years</td>
<td>$539.00</td>
<td>$800.00</td>
</tr>
<tr>
<td>35 years or more</td>
<td>$100.00</td>
<td>$125.00</td>
</tr>
</tbody>
</table>
BENEFIT PROVIDER CONTACT INFORMATION

CalPERS Medical & Retirement
(888) 225-7377
www.calpers.ca.gov

Delta Dental PPO
(800) 765-6003
www.deltadentalins.com

VSP Vision Care
(800) 877-7195
www.vsp.com

P&A Group FSA
(800) 688-2611
www.padmin.com

Magellan EAP
(800) 523-5668
www.magellanascend.com

ICMA Deferred Compensation
(800) 669-7400
www.icmarc.org

Workers’ Compensation
Company Nurse on Call
(877) 215-7284

City of Albany Benefits Team
Melissa Rojas
HR Director
(510) 528-5714

Michelle McQuiston
HR Technician
(510) 528-5715
NOTICE OF AVAILABILITY OF HIPAA PRIVACY NOTICE

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

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

If you decline enrollment in a City of Albany health plan for your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in a City of Albany 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 Albany's health plan if your dependent becomes eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law. If your dependent becomes eligible for a special enrollment rights, you may add the dependent to your current coverage or change to another health plan.

THE WOMEN’S HEALTH AND CANCER RIGHTS ACT

The Women’s Health and Cancer Rights Act (WHCRA) requires employer groups to notify participants and beneficiaries of the group health plan, of their rights to mastectomy benefits under the plan. Participants and beneficiaries have rights to coverage to be provided in a manner determined in consultation with the attending Physician for:
All stages of reconstruction of the breast on which the mastectomy was performed; Surgery and reconstruction of the other breast to produce a symmetrical appearance; Prostheses; and Treatment of physical complications of the mastectomy, including lymphedema.

These benefits are subject to the same deductible and co-payments applicable to other medical and surgical benefits provided under our plans. If you would like more information on WHCRA benefits, call your plan administrator.

**NEWBORNS AND MOTHERS’ HEALTH PROTECTION ACT NOTICE**

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

**AVAILABILITY OF SUMMARY INFORMATION**

As an employee, the health benefits provided by the City of Albany represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

The City of Albany offers a variety of benefit plans to eligible employees. The federal health care reform law requires that eligible members of an employer plan receive a Summary of Benefits and Coverage (SBC) for any medical and pharmacy plans available. The SBC is intended to provide important plan information to individuals, such as common benefit scenarios and definitions for frequently used terms. The SBC is intended to serve as an easy-to-read, informative summary of benefits available under a plan. SBCs and any revisions or amendments of the plans offered by the City of Albany are available on OTIS or by contacting Human Resources.

**NOTICE OF CHOICE OF PROVIDERS**

HMO plans generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in their network and who is available to accept you or your family members. Until you make this designation, your carrier will designate
one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact your insurance carrier directly.

**MEDICARE PART D**

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

**When Can You Join A Medicare Drug Plan?**

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

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

**What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**
If you decide to join a Medicare drug plan, your City of Albany coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

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

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

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

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

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

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

Contact the person listed below for further information. NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Albany 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, 2020  
**Name of Entity/Sender:** City of Albany  
**Contact-Position/Office:** Michelle McQuiston, HR Technician  
**Address:** 1000 San Pablo Avenue, Albany, CA 94706  
**Phone Number:** (510) 528-5715

### 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 NOWor 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 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, 2019. Contact your State for more information on eligibility –

**ALABAMA** – Medicaid  
Website: http://www.myalhipp.com  
Phone: 1-855-692-5447

**ALASKA** – Medicaid  
The AK Health Insurance Premium Payment Program  
Website: http://myakhipp.com/  
Phone: 1-866-251-4861  
Email: CustomerService@MyAKHIPP.com  
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

**ARKANSAS** – Medicaid  
Website: http://myarhipp.com/  
Phone: 1-855-MyARHIPP (855-692-7447)

**COLORADO** – Medicaid  
Health First Colorado Website: https://www.healthfirstcolorado.com/  
Health First Colorado Member Contact Center:  
1-800-221-3943/ State Relay 711  
CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus  
State Relay 711

**FLORIDA** – Medicaid  
Website: https://www.flmedicaidtplrecovery.com/  
Phone: 1-877-357-3268

**GEORGIA** – Medicaid  
Website: http://dch.georgia.gov/ - Click on Health Insurance Premium Payment (HIPP)  
Phone: 404-656-4507

**INDIANA** – Medicaid  
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: http://www.indianamedicaid.com  
Phone 1-800-403-0864

**IOWA** – Medicaid  
Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp  
Phone: 1-888-346-9562

**KANSAS** – Medicaid  
Website: http://www.kdheks.gov/hcf/  
Phone: 1-785-296-3512

**KENTUCKY** – Medicaid  
Website: http://chfs.ky.gov/dms/default.htm  
Phone: 1-800-635-2570v
LOUISIANA – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331
Phone: 1-888-695-2447

MAINE – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 1-800-442-6003
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: http://www.mass.gov/MassHealth
Phone: 1-800-462-1120

MINNESOTA – Medicaid
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp
Phone: 1-800-657-3739

MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

NEBRASKA – Medicaid
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx
Phone: 1-855-632-7633

NEVADA – Medicaid
Medicaid Website: http://dwss.nv.gov/
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf
Phone: 603-271-5218

NEW JERSEY – Medicaid and CHIP Medicaid
Website: http://www.state.nj.us/humanservices/dmahnj/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

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

NORTH CAROLINA – Medicaid
Website: https://dma.ncdhhs.gov/
Phone: 919-855-4100
NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website:http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthiprogram/index.htm
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid
Website: www.eohhs.ri.gov/
Phone: 401-462-5300

SOUTH CAROLINA – Medicaid
Website: http://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: https://www.gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Website: http://health.utah.gov/medicaid
CHIP Website: http://health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT – Medicaid
Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

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

WASHINGTON – Medicaid
Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program
Phone: 1-800-562-3022 ext. 15473
WEST VIRGINIA – Medicaid
Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx
Phone: 1-877-598-5820, HMS Third Party Liability

WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: https://wyequalitycare.acs-inc.com/
Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2019, 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.
The information in this booklet is a general outline of the benefits offered under the City of Albany benefits program. Specific details and plan limitations are provided in the Evidence of Coverage (EOC), which is based on the official Plan Documents that may include policies, contracts and plan procedures. The EOC and Plan Documents contain all the specific provisions of the plans. In the event that information in this booklet differs from the Plan Documents, the Plan Documents will prevail.