City of Bakersfield

2017
Active Employee Benefits Guide

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The benefits in this guide are effective: January 1, 2017 – December 31, 2017

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To: All Eligible City of Bakersfield Employees

From: Human Resources Division

Date: October 23, 2016

Subject: 2017 Annual Benefits Open Enrollment

Welcome to 2017 Open Enrollment for Benefits! Open Enrollment **begins October 24, 2016 and ends on November 23, 2016.** During this time, you may add or cancel coverage for yourself, and/or your dependents, or change from one plan to another. This is your annual opportunity to review current benefit elections and make changes based on you and your family's needs for the upcoming plan year.

Open Enrollment is the **ONE TIME** of the year when you can make changes to your benefits without a qualifying "special enrollment event." **Enrollment changes will be effective January 1, 2017 and the new premium amounts (if any changes) will be reflected on your January 13, 2017 paycheck.** Please make sure you review this Summary Guide and decide on changes, if any.

Understanding your options is an important part of making benefit elections. In 2017, the City will continue to provide a range of health plan options and provide resources designed to promote the health and wellbeing of you and your dependents. Understanding the differences between the health plans offered by the City will assist you in make the appropriate selections for you and your family.

What's New for 2017?

United Concordia will be replacing the PPO and DHMO Dental plans formerly offered by Met Life and Pacific Union Dental. This decision was made after review and approval by the Insurance and Personnel Committees as well as the City Council; and an RFP process proved that these plans offered both reduced costs and either equal or better benefits than what was enjoyed previously.

Also Effective 1/1/17, those enrolled in the Blue shield mail order prescription service will now receive this service through the CVS network instead of PrimeMail. We see this as a benefit due to CVS having greater buying power and a greater network than what we have experienced before. Your enrollment in the mail order service will automatically roll-over however, your secure payment information will not. You will be required to re-register. Please watch for more information in early November.

Open Enrollment Steps: What do I do Next?

If you are in the **Dental DHMO plan** currently and want to remain in this plan, you must identify a provider. If you currently do not have a provider identified, you may find one at www.unitedconcordia.com and enter that provider name into the United Concordia enrollment form. These forms are located on the City's website located at: www.bakersfieldcity.us. If you do not make a selection, United Concordia will assign you a provider which you may change at any time.

As a reminder, all changes must be submitted to Human Resources by 5:00 PM on November 23, 2016 to be effective for 2017.

We strongly encourage you to visit the City website and use this benefit guide first to find the answers to your questions, links to the carriers and any forms you may need. Should you have additional questions or unable to locate resources, please contact Human Resources, at (661) 326-3773 or email at, AdmHrs@bakersfieldcity.us. Visit our website at: http://www.bakersfieldcity.us/

Making the Most of Your Benefits Program

Helping you and your family members stay healthy and making sure you use your benefits program to its best advantage is our goal in offering this program. Here are a few things to keep in mind.

Stay Well!
Harder than it sounds, of course, but many health problems are avoidable. Take action—from eating well, to getting enough exercise and sleep. Taking care of yourself eliminates a lot of potential problems.

Ask Questions and Stay Informed
Know and understand your options before you decide on a course of treatment. Informed patients get better care. Ask for a second opinion if you're at all concerned.

Get a Primary Care Provider
Having a relationship with a PCP gives you a trusted person who knows your unique situation when you're having a health issue. Visit your PCP or clinic for non- emergency healthcare.

Using The Emergency Room
Did you know most ER visits are unnecessary? Use them only in a true emergency—like any situation where life, limb, and vision are threatened. Otherwise, call your doctor, your nurse line or go to an Urgent Care clinic. You'll save a lot of money and time.

An Apple A Day
Eating portioned meals and healthy foods really does help keep the doctor away. Stay away from fat-heavy, processed foods and instead focus on whole grains, vegetables, and lean meats to be the healthiest you can be.

Take Your Pills!
Always follow your doctor's and pharmacist's instructions when taking medications. You can worsen your condition(s) by not taking your medication or by skipping doses. If your medication is making you feel worse, contact your doctor.

Going To The Doctor?
To get the most out of your doctor visit, being organized and having a plan helps. Bring the following with you:

- Your plan ID card
- A list of your current medications
- A list of what you want to talk about with your doctor

If you need a medication, you could save money by asking your doctor if there are generics or generic alternatives for your specific medication.

Tips for Using Your Benefits Wisely

Are you wondering how you can start improving your wellness today? In addition to taking advantage of the City's resources, you can also take steps to get the most of your medical coverage. This can even help you save money on health care costs! Start following these tips today.

Use Preventive Care Benefits

Health checks, flu shots, and a variety of other discounted and free services are provided by the City and your medical plans. Preventive care addresses your wellness needs today, and reduces your risk for future health problems and unexpected costs. Remember, if you're enrolled in a Blue Shield PPO, CaliforniaCare or both Kaiser plans, preventive care is 100% covered when you are using in-network providers!

Visit an Urgent Care Facility Instead of the ER

If you're experiencing a true, life-threatening emergency, don't think twice about going to the emergency room. If your condition is not life-threatening, you'll pay less and experience less waiting time by choosing an urgent or after-hours care center.

Choose Generic Drugs

A generic drug is often as effective as its brand-name counterpart and costs less to produce. These savings are passed on to you, and your pay will be less when you ask for the generic equivalent of your prescription drug.

Use Blue Shield's Online Tools

Visit www.blueshieldca.com and click the "Member Log In" to use Blue Shield Navigator. Take advantage of their Health & Wellness Tool Kit which offers the following:

Monthly Newsletter: Helps keep you up to date on health and wellness.
Condition Management
Symptom Checker: Interactive, educational tool helps you pinpoint a particular symptom and then find information that helps explain its cause.
Health Library and Videos

Use Kaiser's Online Tools

You may be able to save yourself an office visit! Visit www. kp.org to get answers to your health questions from your own doctor, or take a self-guided health living course.

Kaiser website offers there members in the Health and Wellness Tool Kits:

Conditions and Diseases: Not feeling like yourself? Learn about common conditions in Kaiser's health guides, or use their symptom checker, or explore their health encyclopedia.

Programs and Classes: Get online programs, special rates, and classes to help you live healthier.

Call a Coach: They offer trained wellness coaches to give you free, personalized guidance by phone. Get help to lose weight, eat healthier, quit smoking, and more.

Live Healthy: Get physician-reviewed health information and online tools.

Drugs and Natural Medicines: Get the facts on the prescriptions in your medicine chest and the vitamins in your kitchen with their drug and natural medicine resources.

Who Can You Cover?

Who is Eligible?

Permanent, full-time City employees working 80 or more hours per pay period are eligible for the benefits outlined in this overview.

You can enroll the following family members in our medical, dental and vision plans.

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse.)
- Your registered same or opposite sex (age 62+) domestic partner is eligible for coverage if you have completed a Domestic Partner Affidavit. Please review the affidavit carefully because it includes important information about the guidelines for adding, ending or changing your domestic partner.
- Your children (including natural children, step - children, domestic partner's children, adopted children, children fostered under legal custody, and children covered under legal guardianship):
- Dependent children, ages 19-23, must provide continuous proof of school attendance to continue to be covered on vision and dental plans. If this verification is not provided your dependent child will be dropped from vision and dental coverage at age 19 and will not be allowed to return to the plan until the next Open Enrollment period.
- 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.
- Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

Who is Not Eligible?

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

- Parents, grandparents, siblings, aunts/uncles, nieces/nephews, and grandchildren.
- Divorced spouses.
- Temporary employees, contract employees, or employees residing outside the United States.

Dependent Verification?

Adding dependents is subject to eligibility verification in order to ensure only eligible individuals are participating in our plans. You may be required to provide proof of one or more of the following:

- Marriage Certificate or License
- Domestic Partner Affidavit
- Birth Certificate (hospital certificates are accepted as proof of birth)
- Final decree of divorce
- Court documents showing legal responsibility for adopted children, foster children, and children under legal guardianship
- Physician's written certification of disabling condition (for dependent children over age 26 incapable of self-support)

Important Notice About Dependent Eligibility

- **It is against the law to enroll ineligible family members. If you do, you may have to pay for all costs incurred by the ineligible dependent from the date the coverage began.**
- **If you do not add newly eligible family members to your health plan within the 30-day period of eligibility, you will have to wait until the next open enrollment period before you can enroll them.**
- **You must drop coverage for your enrolled dependent when he/she loses eligibility (for example, if you and your spouse divorce or your child reaches age 26.**

You go On Leave, Non-Pay Status or Have Insufficient Hours Worked

You are considered in a non-pay status if you take a leave of absence that does not include a Family Medical Leave (FMLA) or Catastrophic Leave. You can choose to continue your benefits by paying the entire cost of coverage with after-tax dollars. You will not be eligible for the City subsidy (80/20) toward health and dental coverage, basic life insurance or basic disability. For your medical benefits, please contact Human Resources to understand your coverage options and costs. Upon benefit termination, you can continue Health and dental benefits through COBRA, Life and AD& D coverage through portability continuation.

When Can I Enroll?

Coverage for new hires begins on the first day of the bi-weekly payroll period after your date of hire.
**Eligible employees enrolled in a temporary City sponsored Police or Fire training academy may only enroll in the Kaiser Deductible HMO plan. Upon successful completion of the training academy and appointment to a permanent position employees may make benefit plan changes. Changes must be made within thirty (30) days of appointment.*

Your benefits will remain unchanged until the next open enrollment period, unless a qualifying event occurs. Make sure to notify Human Resources right away if you do 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):

- Birth or adoption of a baby or child
- Loss of other healthcare coverage
- Eligibility for new healthcare
- Divorce

OPEN ENROLLMENT DATES		
DATE	**TIME**	**INFORMATION/LOCATION**
MONDAY, OCTOBER 24th	8:00 AM – 5:00 PM (M – F)	OPEN ENROLLMENT OPENS
TUESDAY, NOVEMBER 8TH	9:00 AM – 1:00 PM	HEALTH VENDOR FAIR AT RABOBANK CONVENTION CENTER
WEDNESDAY, NOVEMBER 23rd	5:00 PM	OPEN ENROLLMENT CLOSES ALL FORMS/CHANGES MUST BE SUBMITTED BY DEADLINE
JANUARY 1, 2017	N/A	EFFECTIVE DATE OF 2016 COVERAGE ELECTIONS
FRIDAY, JANUARY 13, 2017	N/A	PAYCHECK WITH NEW BENEFIT PREMIUM RATES

Life Events Checklist

Do you know what to do and who to notify when you:

> Change your name

> Move

> Get married

> Have or adopt a baby

> Get legally separated or divorced

> Have a child who reaches the dependent age limit

> Register a domestic partner

> Change jobs, hours or have a salary change

Life Events Checklist

Event	Actions
New Regular Employee New Hire	■ Attend New Employee Orientation for an overview of City benefits. You are now eligible for the following benefits: Medical, Dental, Vision benefits Basic Life Insurance and if applicable Supplemental Life Insurance CalPERS retirement plan Deferred compensation 457 Plans
Changed your Address Changed your Name	■ Notify your department representative of your new address change. Notification will go to your insurance plans and CalPERS. ■ Name changes will require a copy of the updated Social Security card to Human Resources. ■ Have a 457 Plan account? If you are not currently making payroll contributions, complete an enrollment form. ■ You may need to update your beneficiaries. See "Beneficiary Update".
Salary Change	■ You may want to change your 457 Plan contribution amount(s). Contact Nationwide 1-818-642-8191 or ICMA 1-866-749-5176 You may want to adjust your tax-withholding amount. Tax forms are located within the Finance Intranet or Finance department.
Job Change	■ If your new position is represented by a different Bargaining Unit (union), check with your department to see if you have gained or lost eligibility for any benefits. For example: State Disability Insurance/Paid Family Leave
Marriage Registration of Domestic Partner New dependent child as a result of birth, legal adoption, or marriage	■ You have ***30 days*** to turn in a Benefit Enrollment & Change Form to add your new dependents to your medical, dental and vision plans. Otherwise, you may have to wait for the next open enrollment period. ■ If you have Dependent Life Insurance coverage on other dependents, you have 30 days to complete a Dependent Life Enrollment Form to add your new dependent children. New spouses must complete an Evidence of Insurability (EOI) form, and coverage is conditional upon approval by Voya. Is it time to apply for or increase life insurance coverage for yourself or your dependent(s)? For information visit Human Resources. Complete CalPERS Special Power of Attorney form Adjust your tax-withhold amount. Tax forms are located within the Finance Intranet or Finance department ■ You may need to update your beneficiaries. See "Beneficiary Update".

Life Events Checklist (Continued)

Legal Separation or Divorce Child no longer meets eligibility criteria	■ Complete a Benefit Enrollment & Change Form to formally cancel coverage on your dependent and trigger an offer of continued coverage through COBRA. **COBRA can only be offered if the dependent is dropped within 60 days of the event.** Be sure to include the dependent's current mailing address, if different than employees. Until you turn in the form, you may be liable for claims paid after eligibility ends. You may want to drop your life insurance or dependent life insurance. CalPERS Special Power of Attorney Form Adjust your tax-withhold amount. Tax forms are located within the Finance Intranet or Finance department You may need to update your beneficiaries. See "Beneficiary Update".
Loss of Other Health Insurance	■ If you are Opting Out of City medical insurance, you must notify City Human Resources if you lose your other group health coverage.
Change in Other Health Insurance	■ In some instances where you gain, lose or have a change in health insurance from another source, you may be eligible to add, drop or change your benefits.
Pregnant, Ill or Injured	■ You must complete a *Leave of Absence Request* form when you are off work for more than three days. Even if you are going to be off work less than a full pay period. Even if you are out on a work-related injury. ■ Check for disability insurance and/or accidental dismemberment benefit eligibility under LTD, SDI, Short-Term Disability Plan or union-sponsored plan.
Leave of Absence Request	■ You may be required to immediately begin payment of, part, or all of your health plan premiums. Check with Human Resources for premium information.
Leaving City Employment or Retiring	■ Should you experience a qualified federal COBRA event resulting in a loss of health coverage, you'll receive a COBRA Continuation Offer from Human Resources. Please contact Nationwide 818-642-8191 or ICMA 1-866-749-5176 regarding your 457 Plan. If you separate from the City and contributed to the Retirement Health Savings Plans (RHSP) you may withdrawal from this account for out-of-pocket medical expenses. Once separated ICMA will mail a packet of information to your home. ■ If you are changing jobs, in most circumstances you can continue your basic and optional life. ■ If you're retiring soon: CalPERS members call 888-225-7377 or www.calpers.gov
Death of a Dependent	■ If the dependent is covered under City health insurance, complete an Enrollment & Change Form to notify Human Resources and the health plan. ■ If the dependent is covered under City dependent life insurance through Voya, notify Human Resources. ■ You may need to update your beneficiaries. See "Beneficiary Update".
Death of a City Employee	■ If the employee has City health insurance, life insurance or disability insurance (LTD or Short-Term Disability Plan), notify Human Resources. The surviving spouse and/or dependent children may be eligible for continued health insurance coverage through COBRA. ■ Notify CalPERS at 888-225-7377. ■ If the employee ever made contributions to 457 plan with the City, call Nationwide at 818-642-8191 or ICMA at 1-866-749-5176.
Beneficiary Update	For 457 deferred compensation plans, contact the following: Nationwide 818-642-8191 or create/log into your account www.nationwide.com ICMA 1-866-749-5176 or create/log into your account www.icmarc.org For CalPERS 1-800-225-7377 or create/log into your account www.calpers.ca.gov CalPERS Special Power of Attorney form ■ Obtain forms from Human Resources to update the beneficiary information on the City life or accidental death insurance plans you have with Voya.

UNDERSTANDING YOUR COVERAGE

The City of Bakersfield cares about your health and well-being and is pleased to offer you a choice of medical plan options. You can elect coverage from five options:

- Blue Shield California PPO
- Blue Shield California Access+(Broad Network) HMO
- Blue Shield California Trio (Narrow Network) HMO
- Kaiser Permanente Traditional HMO
- Kaiser Permanente Deductible HMO

How the PPO Works

The Preferred Provider Organization (PPO) gives you the freedom to choose any doctor, whether or not he or she is a member of the PPO network, every time you need care. You do not need to select a Primary Care Physician (PCP) to coordinate your care and you can see a specialist any time you wish.

- Each time you need care, you can choose an in-network (PPO) or out-of-network (non-PPO) provider. Provider directories are available in Human Resources or you can access the information at the Blue Shield Web site, **www.blueshieldca.com/networkppo**
- When you see a PPO provider, simply present your ID card at your appointment. Your provider files the paperwork for your claim and you receive a bill in the mail for your deductible and/or coinsurance amount, usually 20% of the cost of most in-network covered services.

It is important that you understand how claims are applied to your benefits. Claims are applied in three different ways; Calendar Year Deductible, Co-Insurance and Out-of-Pocket Amounts.

Calendar Year Deductibles: Each year, you will be responsible for satisfying the insured person's Calendar Year Deductible before we begin to pay benefits. If enrolled members of a family pay deductible expense in a year equal to the Family Deductible, the Calendar Year Deductible for all insured family members will be considered to have been met. (*a minimum of three individuals must meet the calendar deductible for this to apply).

- **Co-Insurance (Co-Payments):** After you have satisfied any applicable deductible, we will subtract your Co-Payment from the amount of covered expense remaining. If your Co-Payment is a percentage, we will apply the applicable percentage to the amount of covered expense remaining after any deductible has been met. This will determine the dollar amount of your Co-Payment.
- **Out-of-Pocket (OOP) Amounts:** Satisfaction of the Out-of-Pocket Amount. If you pay Co-Payments equal to your Out-of-Pocket Amount per insured person during a calendar year, you will no longer be required to make Co-Payments for any covered expense you incur during the remainder of that year. (Inclusive of all deductibles and Co-Insurance amounts up to the OOP amount).

Example: A single party participant in the PPO plan would first pay for services up to the annual deductible rate of $750 for in-network services. Afterwards, they would pay 10% of charges, coinsurance, for services up until the annual out-of-pocket of $2000 is met. Once the $2,000 is met all fees for in-network services are paid at 100%. All out-of-network would be applied separately but in the same manner.

How the HMO Plans Work

HMO plans provide a comprehensive array of services, including preventive care, at a minimal cost, but you must use only providers in the HMO plan network. A network includes doctors, hospitals, and other health care providers and facilities that have contracted with the HMO to provide care at lower fixed rates and / or discounted rates. **The Blue Shield Trio plan is exclusively contracted with the GemCare Network, meaning all your medical providers are through this network only.** HMOs do not generally pay benefits for care received outside the network, except in life/limb threatening emergency situations.

Blue Shield HMO Access+, Trio and Kaiser Permanente Traditional HMO and DMO

Here's an overview of how an HMO plan works:

- No deductibles
- Minimal copays for certain services (e.g., doctor's office visit – $20, $25 copay)
- No charge for approved hospital stays
- No claim forms
- Covered preventive services such as annual physicals, well-baby and well-woman care and immunizations
- When medication is prescribed, you must fill the prescription at a contracted retail pharmacy.

Kaiser Permanente Deductible DMO

- Plan offers lower monthly premiums
- Deductibles for specific services (see plan summary)
- Minimal copays for certain services (e.g., doctor's office visit – $30 copay)
- 30% coinsurance after plan deductible for approved hospital stays
- No claim forms
- Covered preventive services such as annual physicals, well-baby and well-woman care and immunizations
- It can serve as a dual coverage option should you have a spouse that is already a Kaiser member.

To view a listing of Blue Shield providers visit:

HMO: www.blueshieldca.com/networkhmo

Trio: https://www.blueshieldca.com/bsca/find-a-provider/home.sp?contentid=DoctorACOHMO

UNDERSTANDING YOUR COVERAGE (CONTINUED)

Things to Consider

Here are some things to think about as you decide which health plan is right for you:

- Life changes you may be thinking about, such as starting a family or retiring.
- Chronic health conditions or disabilities that you or family members have.
- If you or anyone in your family will need care for the elderly.
- Care for family members who travel a lot, attend college, or spend time at two homes.
- Are the family doctors and specialists your family prefers part of the network? If not, are you willing to change doctors?
- If provider location is important to you, check to see if the network facilities are close to your home, your workplace or your child's school.
- How much money do you and your family typically spend on health care each year? How much are you willing to pay out-of-pocket for health care expenses? Remember that the PPO plan pays a higher percentage of expenses when you use network providers. HMO requires flat copays for most services, with no deductible, but you must use only HMO providers to have your expenses covered.
- What do you value more – having the lowest possible out-of-pocket costs (HMO options) or the flexibility to see any provider you wish (PPO options)?

Hospital Quality Comparison

If you are interested in comparing hospitals in your area, visit www.ucomparehealthcare.com

Cost of Coverage

The City of Bakersfield pays 80% of the monthly medical, dental and vision premium costs for health coverage for active eligible employees. In 2017, the City will continue to pay the full cost of coverage for Basic Life, and the Employee Assistance Program and you pay the full cost of enrollment in the FSA and other voluntary plans, such as voluntary life, long-term care, and retirement savings plans.

You pay for benefits coverage before federal, state and social security taxes are withheld, so you pay less in

City of Bakersfield

2017 HEALTH INSURANCE RATES

Full Time Employees Group Health Insurance

Bi-Weekly Rates for the 2017 Plan Year

EFFECTIVE 1/01/2017 EMPLOYEE CONTRIBUTION = 20% OF PREMIUMS

MEDICAL

BLUE SHIELD PPO

	Single	2 Party	Family
Blue Shield PPO includes Mental Health & Prescription Drugs	$255.78	$512.44	$770.02
MES - VISION (Exam, Frame, Lenses)	$2.23	$4.48	$5.84
Total Premium	$258.01	$516.91	$775.86
City Pays	$206.41	$413.53	$620.69
Employee Pays	**$51.60**	**$103.38**	**$155.17**

BLUE SHIELD HMO ACCESS+ (BFMC, IMG, GEMCARE)

	Single	2 Party	Family
Blue Shield HMO Plan includes Mental Health & Prescription Drugs	$259.86	$522.27	$763.51
MES - VISION (Frame & Lenses)	$1.59	$3.18	$4.14
Total Premium	$261.45	$525.46	$767.65
City Pays	$209.16	$420.37	$614.12
Employee Pays	**$52.29**	**$105.09**	**$153.53**

BLUE SHIELD HMO TRIO (GEMCARE)

	Single	2 Party	Family
Blue Shield HMO Plan includes Mental Health & Prescription Drugs	$211.90	$425.87	$622.58
MES - VISION (Frame & Lenses)	$1.59	$3.18	$4.14
Total Premium	$213.49	$429.05	$626.72
City Pays	$170.79	$343.24	$501.38
Employee Pays	**$42.70**	**$85.81**	**$125.34**

KAISER HMO

	Single	2 Party	Family
Plan includes Mental Health, Prescription Drugs and Eye Exam	$205.53	$411.06	$581.65
MES - VISION (Frame & Lenses)	$1.59	$3.18	$4.14
Total Premium	$207.12	$414.24	$585.79
City Pays	$165.70	$331.40	$468.63
Employee Pays	**$41.42**	**$82.85**	**$117.16**

DENTAL

UNITED CONCORDIA PPO

	Single	2 Party	Family
United Concordia PPO	$16.60	$34.14	$56.90
City Pays	$13.28	$27.31	$45.52
Employee Pays	**$3.32**	**$6.83**	**$11.38**

UNITED CONCORDIA DHMO

	Single	2 Party	Family
United Concordia DHMO	$9.58	$17.56	$27.69
City Pays	$7.66	$14.05	$22.15
Employee Pays	**$1.92**	**$3.51**	**$5.54**

Medical Plans:

Children between the ages of 23-26 may be included **ONLY** on your **MEDICAL** plan (no vision

Vision & Dental Plans:

Children between the ages of 19-23 may be included on your dental and vision plans as long as they are in school.

Questions ? Contact Human Resources at 326-3773 or e-mail admhrs@bakersfieldcity.us

KAISER (High) DEDUCTIBLE HMO MEDICAL

	Single	2 Party	Family
Plan includes Mental Health, Prescription Drugs and Eye Exam	$152.05	$304.10	$430.30
MES - VISION (Frame & Lenses)	$1.59	$3.18	$4.14
Total Premium	$153.64	$307.28	$434.44
City Pays	$122.91	$245.83	$347.55
Employee Pays	**$30.73**	**$61.46**	**$86.89**

If You and Your Family Are Covered by More Than One Plan

Benefit Coordination

If you are married and your spouse works, it's possible that your family is covered by more than one group health care plan. If there are two plans, your benefits from both plans will be coordinated.

Here's how the coordination process generally works:

First, file your claim with the primary plan. After your claim is processed, you will receive an Explanation of Benefits (EOB) from the primary plan.

Then, file a claim with your secondary plan. Be sure to attach a copy of the EOB from your primary plan to your claim form. The secondary plan may reimburse you for a part of your claim that the primary plan did not cover.

Be sure to keep a copy of each EOB in a safe place in case a question arises. You may find your EOBs are valuable to you when you complete your income tax returns or file claims under your Health Care Flexible Spending Account.

The standard coordination of benefits rules does not always apply. For example:

Most HMOs do not provide EOBs. If your primary plan is an HMO, check with your secondary plan to see if they'll accept a provider's itemized receipt for the copayment amount in lieu of an EOB.

If your secondary plan is an HMO-type plan, and you received services from a provider who is not a provider for that secondary plan, your secondary plan probably won't cover those services, unless they were out-of the-area emergency services.

If the services you received won't be covered by your primary plan, you may still need to submit a claim to them in order to obtain an EOB or letter of denial to send to your secondary plan.

If you or a covered dependent is age 65 or over, and you are still working, Medicare is always the secondary payer to any employer group health plan coverage you have, such as any of the plans offered through the City. If the employer plan does not pay all of your expenses, Medicare may pay secondary benefits for Medicare-covered services.

Review the *Evidence of Coverage* Booklet provided by your medical plan for specific information on the plan's coordination of benefits rules, or call the plan's Member Services Office.

How to determine which plan is primary (pays first) for each family member and which is secondary:

CLAIMS FOR	PRIMARY PLAN	SECONDARY PLAN
Yourself	Yours	Spouse's/Domestic Partner's
Spouse/Domestic Partner	Spouse's/Domestic Partner's	Yours
Children living with and covered by both parents	Plan of the parent whose birth date is earlier in the year, regardless of parent's year of birth	Other parent's plan

Vision

Routine vision exams are important, not only for correcting vision but because they can detect other serious health conditions.

Your vision exam is covered by your medical provider (i.e. Kaiser, Anthem Blue Shield) and is covered in full, every 12 months. The lens and materials are covered under Medical Eye Services (MES). One pair of eyeglass lenses, frames, and/or contact lenses is also covered every 2 years. To receive 100% coverage, you must use an MES provider. To locate an MES provider, contact (800) 877-6372. MES Vision Optics is an online optical provider for items such as readers, sunglasses, and contact lens accessories available for purchase. MES Vision plan members simply go to www.mesvision.com/Optics and login. If you do not have access to the website, you can also contact MES Vision Optics at (866) 651-2228.

CITY OF BAKERSFIELD
Vision Benefits
MEDICAL EYE SERVICES (MES)
1-800-877-6372
www.mesvision.com

	BLUE SHIELD HMO and KAISER PERMANENTE Group #16269		**BLUE SHIELD PPO** Not available to Retirees Group #16270	
	(MES CLAIM FORM REQUIRED)		**(MES CLAIM FORM REQUIRED)** **(Not available to Retirees)**	
	Participating Providers	**Non-Participating Providers**	**Participating Providers**	**Non-Participating Providers**
Deductible	None	None	None	None
Exam	Your HMO copay	Contact your medical group One each 12 months	Paid in full	$40 Maximum benefit
Lenses				
Up to 61 mm eyesize				
Single	Paid in full	$30 Maximum benefit	Paid in full	$30 Maximum benefit
Bifocal	Paid in full	$50 Maximum benefit	Paid in full	$50 Maximum benefit
Trifocal	Paid in full	$65 Maximum benefit	Paid in full	$65 Maximum benefit
Lenticular or Aphakic	Paid in full	$125 Maximum benefit	Paid in full	$125 Maximum benefit
Contact lenses				
Medically Necessary	Paid in full	$250 Maximum benefit	Paid in full	$250 Maximum benefit
Cosmetic or Convenience	up to $100	$100 Maximum benefit	up to $100	$100 Maximum benefit
Frames (Standard)	$60 Maximum benefit	$40 Maximum benefit	$60 Maximum benefit	$40 Maximum benefit
Limitations		Frames / Lenses Every 2 years		Frames / Lenses Every 2 years Exam Comprehensive - 24 months Follow up- 12 month interval

These charts are informational only, please consult your benefits booklet/brochure or insurance company for specific details.

Employee Assistance Program (EAP)

We are pleased to inform you that the City of Bakersfield continues to offer employees and their immediate family the benefit of the OptumHealth Employee Assistance Program (EAP).

What is an EAP? The Employee Assistance Program is a plan that offers integrated Work-Life services to all employees that support everyday challenges and/or serious problems that employees and their family members may encounter.

Available to you and your dependents are the services of qualified professionals who can assist in dealing with a wide variety of issues and concerns. Here are just some of the many issues that OptumHealth is equipped to help you with:

Stress	* Family Relationship	* Fitness
Diet/Nutrition	* Drug/Alcohol abuse	* Geriatric concerns
Marital issues	* Finances/Budgeting	* Legal issues
Healthy Lifestyle Choices	* Adolescent concerns	* Depression/Anxiety
Retirement concerns	* Smoking Cessation	* Grief/Loss
School-aged Services		

Connect on-line to learn more about program options, search on-line directories or learn more about your benefits. Visit the OptumHealth webpage at: https://www.liveandworkwell.com and use **Access Code: BAKERSFIELD** or contact them at (800) 999-9585.

Wellness Works – Focus on Wellness in 2017!

The mission of the City of Bakersfield Wellness Program is to support and motivate employees and their families to embrace healthier lifestyles, positively impact the City's health costs, and develop and enhance a culture of organizational wellness to support and foster improved health.

Visit the OptumHealth webpage (https://www.liveandworkwell.com) and take a health risk assessment now! OptumHealth offers six mini health assessments that provide instant feedback and recommend resources. You can print the information and share with your healthcare provider if you want to discuss the results or use to plan wellness initiatives for 2016!

- Risk Assessment
- Health and Brain Trauma (PTSD & TBI) Assessment
- General Health Assessment
- Diabetes Risk Assessment
- Cardiac Risk Assessment
- Fitness Assessment

Life and Supplemental AD&D Insurance Benefits

(Administered by ReliaStar / Voya)

Basic Life insurance provides protection for your beneficiary in the event of your death. All full-time employees automatically **receive Basic Life Insurance** coverage. The amount of Basic Life Insurance provided depends on the employee's classification. Please refer to Human Resources for the amount of coverage.

Group Term Life Insurance

Group Term Life Insurance pays a benefit to your beneficiary(ies) if you pass away during a specific period of time (known as a "term"). Typically, the term of this coverage is one year and renews on an annual basis, along with your other employer-offered benefits.

Insurance products issued by ReliaStar Life Insurance Company, a member of the Voya® family of companies. Home and Administrative Office: 20 Washington Avenue South, Minneapolis, MN 55401. Policy provisions and product availability may vary by state.

Basic Group Term Life Insurance

Group Term Life Insurance pays a benefit to your beneficiary(ies) if you pass away during a specific period of time (known as a "term"). Typically the term of this coverage is one year and renews on an annual basis, along with your other employer-offered benefits. Your company provides basic group term life insurance at no cost to you.

Insurance products issued by ReliaStar Life Insurance Company, a member of the Voya® family of companies. Home and Administrative Office: 20 Washington Avenue South, Minneapolis, MN 55401. Policy provisions and product availability may vary by state.

Supplemental Term Life Insurance

Group Term Life Insurance pays a benefit to your beneficiary(ies) if you pass away during a specific period of time (known as a "term"). Typically, the term of this coverage is one year and renews on an annual basis, along with your other employer-offered benefits. Even though your employer provides basic group term life insurance, it may not be enough coverage to meet your needs. You have the ability to apply for additional life insurance as part of your benefits plan.

Insurance products issued by ReliaStar Life Insurance Company, a member of the Voya® family of companies. Home and Administrative Office: 20 Washington Avenue South, Minneapolis, MN 55401. Policy provisions and product availability may vary by state.

Accidental Death and Dismemberment Insurance (AD&D)

A severe injury can greatly impact your way of life, as well as the lives of your loved ones. AD&D Insurance pays a benefit to you or your beneficiary if you are severely injured or die as the result of a covered accident. The benefit can be used however you or your beneficiary would like. Your employer provides this coverage at no cost to you. You may elect additional coverage to help you best meet your needs.

Insurance products issued by ReliaStar Life Insurance Company, a member of the Voya® family of companies. Home and Administrative Office: 20 Washington Avenue South, Minneapolis, MN 55401. Policy provisions and product availability may vary by state.

The enrollment period for employee Voluntary Supplemental Life Insurance is at time of hire or during annual open enrollment. As a new hire you must complete an Evidence of Insurability form for any amount greater than $100,000.

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

Www.voya.com

Flexible Spending Account (FSA) – Section 125

HealthComp

A Flexible Spending Account lets you set aside money—before it's taxed—through payroll deductions. The money can be used for eligible healthcare and dependent day care expenses you and your family expect to have over the next year. The main benefit of using an FSA is that you reduce your taxable income, which means you have more money to spend. The catch is that you have to use the money in your account by the end of the plan year. Otherwise, that money is lost, so plan carefully. You must re-enroll in this program each year. This plan is administered by our Third Party Administrator Healthcomp.

Healthcare FSA Account

This plan allows you to pay for eligible out-of-pocket healthcare expenses with pre-tax dollars. Eligible expenses include medical, dental, or vision costs including plan deductibles, copays, coinsurance amounts, and other non-covered healthcare costs for you and your tax dependents. You may access your entire annual election from the first day of the plan year and you can set aside up to $2,000 this year.

A complete list of Eligible expenses is listed in the IRS Publications 502 and 503. You may also locate this document on the City's website.

Dependent Care Account (DCA)

This plan allows you to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible expenses may include daycare centers, in-home child care, and before or after school care for your dependent children under age 13. Other individuals may qualify if they are considered your tax dependent and are incapable of self-care. It is important to note that you can access money only after it is placed into your dependent care FSA account.

All caregivers must have a tax ID or Social Security number. This information must be included on your federal tax return. If you use the dependent care reimbursement account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses. Consult your tax advisor to determine whether you should enroll in this plan. You can set aside up to $5,000 per household for eligible dependent care expenses for the year.

Important Considerations

- Expenses must be incurred between 01/01/17 and 12/31/17 and submitted for reimbursement no later than 03/31/18.
- Elections cannot be changed during the plan year, unless you have a qualified change in family status (and the election change must be consistent with the event).
- Unused amounts will be lost at the end of the grace period, so it is very important that you plan carefully before making your election.
- FSA funds can be used for you, your spouse, and your tax dependents only.
- You can obtain reimbursement for eligible expenses incurred by your spouse or tax dependent children, even if they are not covered on the City health plan.
- You cannot obtain reimbursement for eligible expenses for a domestic partner or their children, unless they qualify as your tax dependents (Important: questions about the tax status of your dependents should be addressed with your tax advisor).
- Keep your receipts. In most cases, you'll need to provide proof that your expenses were considered eligi-

RETIREMENT HEALTH SAVINGS PLAN (RHS)

What is the Retiree Health Savings Plan (RHSP)
The Retiree Health Savings Plan (RHSP) is a post-employment health savings benefit where 1% of your salary is set aside per pay period in a pre-tax account. The RHSP is to be used for reimbursement of qualified medical expenses. Upon separation from City employment or permanent disability you may use the funds for reimbursement for you, your eligible spouse and/or your eligible dependents.

Who is eligible to participate in the Retiree Health Savings Plan?
Blue and White Units and Sworn Police Units are automatically enrolled into this program (per MOU contract). There is no optional enrollment; this is negotiated benefit through bargaining Units.

Where will my RHSP assets be invested?
The investment funds available to RHS participants are ICMA-RC's Vantagepoint Funds. Upon initial enrollment, your investment allocation is automatically established as the age-based Milestone Funds. However, you may change the investment allocation for future contributions or transfer existing balances at any time by contacting ICMA-RC at:

- VantageLine – toll-free at (800) 669-7400
- Online through Account Access:www.icmarc.org
- Schedule an appointment with the ICMA-RC Representative, Patricia A. Chavez, just click on the link City Of Bakersfield Online Scheduling

Who handles medical benefit claims?
Your post-employment medical benefit claims processing and payment will be handled by ICMA-RC's third-party claims administrator, Meritain Health, Inc. There is a $6.25 to your account each quarter after you leave City service. The claims are generally processed within 10 days (and no more than 30 days). If a claim is suspended or denied, you will be notified in writing within 30 days.

What is the procedure for submitting a claim for medical reimbursement?
Once you leave City employment, the City notifies ICMA-RC of your benefit eligibility. You will receive a packet in the mail with a claim form and information on the claims process.

What happens to the account balance if I die?
Upon your death, remaining assets will be transferred to an account for continued tax-free use by your surviving spouse and/or eligible dependents for their own qualifying health expenses.

Whom should I contact with questions?

- Schedule an appointment to meet with your ICMA-RC representative, Patricia A. Chavez at: City Of Bakersfield Online Scheduling

- For questions regarding your account statement, contact:
  ICMA-RC at (800) 669-7400

- http://www.icmarc.org/products-and-services/retirement-health-savings.html

- For all claim related issues once you separate from City employment, contact:
  Meritain Health, Inc. at (888) 587-9441

RETIREMENT PLANNING

The City provides multiple options for Retirement. Keep reading to learn more about the retirement plans available to help you keep your future in focus.

CalPERS PENSION PLAN

The City of Bakersfield offers a retirement pension plan through CalPERS—one of the largest pension funds in the nation—offering benefits to 1.7 million public employees, retirees and their families. The pension plan is designed to provide you with the security of a lifetime pension benefit, which will vary, based on your age, years of service and final compensation at time of retirement.

HOW YOUR RETIREMENT IS FUNDED

Three sources fund a defined benefit retirement plan such as CalPERS:
Your contributions: The percentage of your contribution is fixed by statute or applicable Memorandum of Understanding (MOU) and is generally intended to be an amount that usually covers half of the normal cost of the benefit earned per year. Normal cost will vary by benefit type, because higher benefit formulas have higher normal costs.
Earnings: The investment of assets in stocks, bonds, real estate and other investment vehicles. The amount contributed from this source fluctuates from year to year.
Employer contributions: Employer contributions are required to be made to help fund the plan and may fluctuate depending on investment returns.

HOW YOUR RETIREMENT BENEFIT IS CALCULATED

Three factors are multiplied to calculate your service retirement:
Service credit – As an eligible City employee, you earn service credit for each year or partial year you work for the City. Service credit accumulates on a fiscal year basis, July 1 through June 30.

Benefit factor – Your benefit factor is the percentage of pay to which you are entitled for each year of service. It is determined by your age at retirement and the retirement formula based on your employee group.
Final compensation – Your final compensation is the highest average pay rate and special compensation during any consecutive one-year or three-year period. Which compensation period we use depends on your retirement formula(s).

To learn more about the CalPERS pension plan, visit or www.calpers.ca.gov.

INCREASE YOUR RETIREMENT BENEFIT

CalPERS offers various types of service credits you may be eligible to purchase. The purchase of service credits can help increase your service credit balance, which in turn increases your retirement pension. For information regarding the different types of service credit purchase options, visit the CalPERS website at www.calpers.ca.gov. or download the publication at https://www.calpers.ca.gov/docs/forms-publications/service-credit-purchase-options.pdf

CalPERS EDUCATIONAL TRAININGS

Whether you're a CalPERS member at the beginning, middle or end of your career, attend one of the CalPERS Benefits Education Events. The earlier you learn about your retirement benefits, the better prepared you'll be when making decisions in the future. There are different sources available for trainings to fit any calendar.

RESOURCES TO GUIDE YOU
CalPERS offers a Retirement Estimate Calculator which allows you to use a variety of retirement dates to see how much each would impact your benefit. If you do not want to use the online Retirement Estimate Calculator, you can request that CalPERS calculate an estimate for you. To do this, complete a Retirement Allowance Estimate Request Form, which is available through the Human Resources Retirement Division or online at www.calpers.ca.gov.

CalPERS Benefits Education Events: Register online or at a CalPERS Regional Office. To register, contact CalPERS at www.calpers.ca.gov or at (888) 225-7377.

Online Webinars: Watch live web events requiring prior registration or prerecorded videos available at any time. Visit CalPERS at www.calpers.ca.gov.

Deferred Compensation

City of Bakersfield offers voluntary deferred compensation programs under IRS Code 457 through ICMA and Nationwide Retirement Solutions. These plans allow you to set aside additional money for retirement on a pre-tax basis. You can enroll in, and make changes to, these plans at any time. The change will be effective the first payday of the following month. IRS limits are subject to change in 2017.

2017 Plan year 457 Maximum Contribution: $692.31 per pay period

2017 Plan year 457 Maximum Contribution: $18,000 per year

If you are over age 50, you can contribute an additional "catch up" amount of $5,500 to your 457 plan(s), for a total contribution of $24,000 per calendar year.

The 457 plans also have a three-year pre-retirement "catch-up" feature which allows you to make up for years you did not contribute the maximum amount. The "catch-up" limit is $36,000 per calendar year for three years. (Application required.)

The 457 three-year pre-retirement "catch-up" cannot be used with the age 50+ catch-up provision.

Both 457 plans have the following amenities:

- Loan Provision
- No age restrictions or penalty once separated
- Three-year pre-retirement catch-up or Age 50 catch-up.

Change forms can be found on the Intranet under Departments/Finance/Finance Documents/Payroll deferred comp forms.

READY FOR RETIREMENT

Below is a listing of resources to prepare you for Retirement:

1. **CalPERS Retirement Planning Checklist:**
   https://www.calpers.ca.gov/page/active-members/retirement-benefits/service-disability-retirement/retirement-planning-checklist
2. **CalPERS Planning your Service Retirement Publication:**
   https://www.calpers.ca.gov/docs/forms-publications/planning-service-retirement.pdf
3. **CalPERS Retirement Option 4:**
   https://www.calpers.ca.gov/docs/forms-publications/retirement-option-4.pdf
4. **CalPERS Service Retirement Election Application:**
   https://www.calpers.ca.gov/docs/forms-publications/service-retirement-election-app.pdf
5. **CalPERS Special Power of Attorney:**
   https://www.calpers.ca.gov/docs/forms-publications/special-power-attorney-pub.pdf
6. **View a complete listing of all CalPERS publications:**
   https://www.calpers.ca.gov/page/forms-publications
7. **CalPERS YouTube Webinars:**
   https://www.youtube.com/user/CalPERSNetwork

Or contact Human Resources for additional information on Retirement at 661-326-3774 or email a team member at AdmHrs@bakersfieldcity.us

MEDICARE WHILE WORKING

If you are eligible to participate in the City medical plans as an active employee and wish to continue working after reaching age 65, you may be able to delay enrollment in some parts of Medicare without incurring a late enrollment penalty at a later date. Your City active medical plan remains primary to Medicare while you are working. That is, the City plan will pay claims first. If you decline Part B when first eligible and you do not remain covered under a group medical plan sponsored by an employer or union, you may incur a late enrollment penalty.

Medicare consists of the following options:

Part A - Hospital Insurance - covers inpatient hospital stays and related services, skilled nursing facilities, home health care, and hospice services. Part A entitlement is based on age, disability or End Stage Renal Disease (ESRD). For most people entitlement based on age occurs at age 65. Entitlement is automatic if you have reached age 65 and are receiving Social Security benefits. There is usually no premium cost for Part A. However, if you are not receiving Social Security benefits you may apply for Part A benefits separately. It is recommended that you contact your local Social Security office at least three (3) months before age 65 for more information.

Part B - Medical Insurance - covers medically necessary physician services such as office visits, lab and X-ray services, outpatient surgical procedures, and wide variety of other benefits. Part B entitlement generally occurs at the same time as Part A. However, because there is a premium cost to Part B, you may decline coverage. As long as you are covered under a City of Bakersfield employee medical plan, you can delay enrollment in Part B without incurring a late enrollment penalty. Once your active County coverage ends, you have a Special Enrollment opportunity to sign up for Part B benefits.

Part C - Medicare Advantage Plans - Advantage plans are approved by Medicare and are administered by private companies to provide all of your Part A and Part B benefits.

Part D - Prescription Drug Coverage - Individual separate prescription drug plans are usually administered by insurance companies approved by Medicare. Each plan can vary in cost and drugs covered. Part D entitlement generally occurs at the same time as Part A. However, because there is a premium cost to Part D, you may decline coverage. As long as you are covered under a City employee medical plan, you can delay enrollment in Part D without incurring a late enrollment penalty. That is because the prescription coverage for every City sponsored medical plan is considered "creditable" which means that, it expects to pay as much as or more than the standard Medicare drug coverage. Once your active City coverage ends, you have a Medicare Special Enrollment opportunity to sign up for Part D benefits, with no late enrollment penalty.

For details of what's covered under Medicare, how to enroll, and your options regarding Medicare coverage, contact your local Social Security office or visit www.medicare.gov on the web.

For more information about Medicare enrollment dates and benefits, contact:
Centers for Medicare & Medicaid Services (CMS)
(800) 633-4227
TTY: **(877) 486-2048**
www.medicare.gov – see the publication Medicare & You

Social Security Administration
(800) 772-1213
TTY: (800) 325-0778
www.ssa.gov/pubs/10043.html

LEAVES OF ABSENCE

City of Bakersfield employees may be entitled to time off from work for specific reasons in accordance with a variety of different family and medical leave laws. These laws are designed to provide you with an opportunity to balance your work and family life by taking reasonable leave time without the fear of having to choose between your job and your family.

Family Medical Leave Act (FMLA): FMLA is a federal law that allows you to balance your work and personal lives by taking unpaid, job-protected leave of up to 12 weeks (or 480 hours) in a 12-month period for certain family and medical reasons.

California Family Rights Act (CFRA): CFRA is a California state law that provides California workers with unpaid, job-protected leave time to bond with a newborn, adopted or foster child; to care for certain family members with a serious health condition; or to care for the employee's own serious health condition.

Pregnancy Disability Leave (PDL): PDL provides California workers with unpaid time off and job protection

for prenatal care as well as pregnancy-related and childbirth-related disabling conditions for up to four months for each pregnancy.

Health Care Reform Update

As you know, the Affordable Care Act (ACA, also known as "Health Care Reform") was passed in 2010 and is intended to extend access to medical coverage to nearly everyone in the United States, eliminate restrictions on key benefits, and help control the country's rising health costs.

Effective January 1, 2014, the government required almost everyone in the United States to have medical coverage. For those who don't' have medical coverage, they will pay a penalty (the only exception is if you earn below a certain level of income). This requirement is called the individual mandate.

Meeting the Individual Mandate

In order to meet the individual mandate, you have several options:

Coverage through the City of Bakersfield.

If you are eligible for medical coverage through the City of Bakersfield, that coverage will likely offer better benefits at a more affordable price than coverage that's offered by the public health care marketplaces (exchanges). That's because the City pays for the majority of the cost for your health care benefits.

Open Enrollment is your opportunity to enroll in medical coverage through the City. If you enroll in a medical plan through the City, you'll meet the government requirement and you won't have to pay a penalty. If you're not eligible for a City medical plan, you can also consider coverage through a plan offered by your spouse or partner's employer, or your parent's employer, if available.

Government-Sponsored Programs

If you meet certain age, disability, income, or other qualifications, you may be eligible for a U.S. govern-

Health Insurance Marketplace or Individual Market

If you're not eligible to enroll in medical coverage through the City, the public health exchanges may be a good option for you. Visit www.coveredca.com for more information about health care reform and the exchanges that are available in California.

If you are eligible for medical coverage from the City, while you are welcome to apply for coverage through the marketplaces, you will be required to pay 100% of the cost. You won't be eligible for a subsidy. That's because the City of Bakersfield provides you with coverage options that exceed the government's requirements for affordable and comprehensive benefits.

Other Health Coverage

You can satisfy the individual mandate if you are eligible for other health benefits coverage that the department of Health and Human Services recognizes such as a state health benefits risk pool.

No Coverage

You also have the option to not have any health insurance in 2017 However, if you choose to be uninsured in 2017 you will pay a tax penalty when you file your 2018 taxes (to determine your potential tax penalty, visit www.HealthCare.gov).

Covered California

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: GENERAL INFORMATION

This notice provides you with information about the City of Bakersfield in the event you wish to apply for coverage on the Health Insurance Marketplace. All the information you need from Human Resources is listed in this notice. If you wish to have someone assist you in the application process contact the Health Insurance Marketplace directly at HealthCare.gov.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace can be found at Healthcare.gov.

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer you coverage, or offers medical coverage that is not "Affordable" or does not provide "Minimum Value." If the lowest cost plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, then that coverage is not Affordable. Moreover, if the medical coverage offered covers less than 60% of the benefits costs, then the plan does not provide Minimum Value.

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

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

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

PART B: EXCHANGE APPLICATION INFORMATION

In the event you wish to apply for coverage on the Exchange. All the information you need from Human Resources is listed below.

3. Employer name City of Bakersfield	4. Employer Identification Number 95-6000714	
5. Employer address 1600 Truxtun Avenue	6. Employer phone number 661-326-3774	
7. City Bakersfield	8. State CA	9. ZIP code 93301
10. Who can we contact about employee health coverage at this job? Human Resources - Benefits		
11. Phone number (if different from above)	12. Email address AdmHrs@bakersfieldcity.us	

Legal Notices

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

The City of Bakersfield Group Health Plan (Plan) maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact Human Resources, Benefits at 661 -326-3774.
Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

Newborns and Mothers Health Protection Act (NMHPA)

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

Women's Health and Cancer Rights Act (WHCRA)

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy- related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prosthetics, and complications resulting from a mastectomy, including lymphedema. For more information, you should review the Summary Plan Description or call your Plan Administrator at 818.548.2160 for more information.

Grievance / Appeals

You have a right to two levels of appeal with our carriers, and a right to a response within a reasonable amount of time. However, also know that if a claim is not submitted within a reasonable time, the carriers have a right to deny that claim. The California Department of Managed Health Care (DMHC) is responsible

COBRA Continuation Coverage

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

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

WHAT IS COBRA CONTINUATION COVERAGE?

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

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

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

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

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

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

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

WHEN IS COBRA CONTINUATION COVERAGE AVAILABLE?

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

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

For all other Qualifying Events (e.g. divorce or legal separation of the Employee and spouse or a Dependent child's losing eligibility for coverage as a Dependent child), you must notify the Plan Administrator within 60 days after the Qualifying Event occurs. You must provide this notice to Human Resources, Benefits.

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

NOTICE AND ELECTION PROCEDURES

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

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

ELECTION AND ELECTION PERIOD

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

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

HOW IS COBRA CONTINUATION COVERAGE PROVIDED?

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

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

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

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

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

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

OTHER OPTION BESIDES COBRA CONTINUATION COVERAGE

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period."

Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.HealthCare.gov.

IF YOU HAVE QUESTIONS

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

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

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

EFFECTIVE DATE OF COVERAGE

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

COST OF CONTINUATION COVERAGE

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

The initial payment must be made within 45 days after the date of the COBRA election by the Qualified Beneficiary. Payment must cover the period of coverage from the date of the COBRA election retroactive to the date of loss of coverage due to the Qualifying Event (or date a COBRA waiver was revoked, if applicable). The first and subsequent payments must be submitted and made payable to the Plan Administrator or COBRA Administrator. Payments for successive periods of coverage are due on the first of each month thereafter, with a 30-day grace period allowed for payment. Where an Employee organization or any other entity that provides

Plan benefits on behalf of the Plan Administrator permits a billing grace period later than the 30 days stated above, such period shall apply in lieu of the 30 days. Payment is considered to be made on the date it is sent to the Plan or Plan Administrator.

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

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

See the Summary Plan Description for more information.

Special Enrollment Rights Notice

CHANGES TO YOUR HEALTH PLAN ELECTIONS

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

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

If you declined coverage while Medicaid or CHIP is in your Dependents in this plan if you or your Dependents lose eligibility for that other coverage. However, you must request enrollment no later than 60 days after Medicaid or CHIP coverage ends.

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

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

Medicare Part D – Important Notice About Your Prescription Drug Coverage and Medicare

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

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

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

The City of Bakersfield has determined that the prescription drug coverage offered by the City of Bakersfield Medical Plan 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 current City of Bakersfield coverage may be affected.

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

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with the City of Bakersfield 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 will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the City of Bakersfield 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 will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

FOR MORE INFORMATION ABOUT MEDICARE PRESCRIPTION DRUG COVERAGE

Visit www.medicare.gov.

Call your State Health Insurance Assistance Program (see 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:
www. 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:	October 2017
Name of Entity / Sender:	City of Bakersfield
Contact:	Human Resources, Benefits
Address:	1600 Truxtun Avenue, 1st Floor Bakersfield, CA 93301
Phone:	661-326-3774

Frequently Asked Questions (FAQ's)

What is Open Enrollment?
Open Enrollment allows employees to elect new benefits coverage or make changes to their existing coverage for the next calendar year.

When is open enrollment?
Open enrollment begins Monday, October 24, 2016 and ends Wednesday, November 23, 2016 by no later than 5pm.

How do I register?
You can visit Human Resources and complete an election change form or at various benefits meetings TBA, you can complete the forms at that time.

If I like the plans I have right now, do I need to do anything during Open Enrollment?
If you are currently in one of the Pacific Union DHMO dental plans you must complete a United Concordia enrollment form and select a dentist from the United Concordia DHMO dentist listing.
If you are currently and want to stay in the Dental PPO plan, you are not required to submit a change form and will be automatically "rolled" into the United Concordia PPO Plan.

What if I have questions about how a plan works or what is covered?
If you have questions about how a plan works or what is covered, please visit our webpage at: www.bakersfieldcity.us Pathway: Government/Departments/Human Resources/Benefits
or you may also contact Human Resources at (661) 326-3773 or email a team member at AdmHrs@bakersfieldcity.us.

How do I submit the documentation required?
Fax documentation to (661) 852-2070
Hand-deliver documentation to the Human Resources Division at 1600 Truxtun Ave, City Hall North, 1st Floor

Need More Help?

If you need to reach our plan providers, here is their contact information:

Plan Type	Provider	Phone Number	Website/Email	Policy/Group#
Medical	Blue Shield of California TRIO (Gemcare Only)	1-855-599-2657	www.blueshieldca.com	W0054380
Medical	Blue Shield of California Access + HMO & PPO	1-855-256-9404	www.blueshieldca.com	W0054380
Medical	Kaiser Permanente	1-800-464-4000	www.kp.org	132-733-1003
Medical	Kaiser Permanente DMO	1-800-464-4000	www.kp.org	132-733-1000
Pharmacy	Prime Mail Order for Blue Shield Members	1-866-346-7200	www.MyPrimeMail.com	N/A
Dental	MetLife Dental PPO	1-800-942-0854	www.metlife.com/mybenefits	142451-001
Dental	United Concordia (PPO)	1-800-332-0366	www.unitedconcordia.com	920318
Dental	United Concordia (DHMO)	1-866-357-3304	www.unitedconcordia.com	920318
Vision	Medical Eye Service (MES) PPO	1-800-877-6372	www.mesvision.com	16270
Vision	Medical Eye Service (MES) HMO	1-800-877-6372	www.mesvision.com	16269
EAP	OptumHealth EAP/Worklife	1-800-999-9585	www.liveandworkwell.com Access Code: BAKERSFIELD	N/A
Flexible Spending Account (FSA)	HealthComp, Inc.	Claims: 800-442-7247 Fax: 559-499-2045	www.healthcomp.com	N/A
CalPERS	California Public Employees Retirement System	1-800-CAL-PERS (225-7377)	www.calpers.ca.gov	N/A
Deferred Compensation	Nationwide	Contact: Loren Farfan 1-818-642-8191	farfan@nationwide.com	N/A
Deferred Compensation & Retirement Health Savings Plan (RHS)	ICMA	Contact: Patricia Chavez 1-866-749-5176	pchavez@icmarc.org	N/A