

CITY OF ALBANY

2021

BENEFITS BOOKLET





TABLE OF CONTENTS

Employee Benefits Guide	1
Open Enrollment.....	3
Eligibility	4
Medical Benefits	7
Cost of Medical Coverage.....	8
Medical Plans	9
In-Lieu of Medical Coverage	10
Dental Insurance	11
Vision Insurance	13
Life Insurance	15
Disability Insurance	16
Flexible Spending Account	21
Employee Assistance Program (EAP).....	23
Commuter Benefits	25
Deferred Compensation	26
Benefit Provider Contact Information.....	28
Important Plan Notices and Documents	29
Notes	38

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.

Benefits that work for
**YOU & YOUR
FAMILY**

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 and/or Payroll Roth IRA Plan
- Flexible Spending Accounts (Healthcare and Dependent Care)
- Commuter Benefits
- Vision (VSP)
- Life/AD&D and Short-Term Disability Insurance Buy-Up Options

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 $\frac{1}{3}$ 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).

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

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

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 2021 calendar year are as follows:

\$813.64	\$1,627.28	\$2,115.46
Employee Only	Employee & 1 Dependent	Employee & 2+ Dependents

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. Alameda County falls into Region 1 of the CalPERS three-region model, along with 42 other Northern California counties. The table below shows the 2021 CalPERS Health Premiums for Region 1 and the monthly cost to employees.

2021 CalPERS Region 1 Medical Plans	Plan Premiums			Monthly Cost to Employees		
	Employee Only	Employee & 1 Dependent	Employee & 2+ Dependents	Employee Only	Employee & 1 Dependent	Employee & 2+ Dependents
Anthem EPO Del Norte	\$ 935.84	\$ 1,871.68	\$ 2,433.18	\$ 122.20	\$ 244.40	\$ 317.72
Anthem HMO Select	\$ 925.60	\$ 1,851.20	\$ 2,406.56	\$ 111.96	\$ 223.92	\$ 291.10
Anthem HMO Traditional	\$ 1,307.86	\$ 2,615.72	\$ 3,400.44	\$ 494.22	\$ 988.44	\$ 1,284.98
Blue Shield Access+	\$ 1,170.08	\$ 2,340.16	\$ 3,042.21	\$ 356.44	\$ 712.88	\$ 926.75
Blue Shield EPO	\$ 1,170.08	\$ 2,340.16	\$ 3,042.21	\$ 356.44	\$ 712.88	\$ 926.75
Blue Shield Trio	\$ 880.50	\$ 1,761.00	\$ 2,289.30	\$ 66.86	\$ 133.72	\$ 173.84
Health Net SmartCare	\$ 1,120.21	\$ 2,240.42	\$ 2,912.55	\$ 306.57	\$ 613.14	\$ 797.09
Kaiser Permanente	\$ 813.64	\$ 1,627.28	\$ 2,115.46	\$ -	\$ -	\$ -
PERS Choice	\$ 935.84	\$ 1,871.68	\$ 2,433.18	\$ 122.20	\$ 244.40	\$ 317.72
PERS Select	\$ 566.67	\$ 1,133.34	\$ 1,473.34	\$ -	\$ -	\$ -
PERSCare	\$ 1,294.69	\$ 2,589.38	\$ 3,366.19	\$ 481.05	\$ 962.10	\$ 1,250.73
PORAC Region 1	\$ 799.00	\$ 1,725.00	\$ 2,199.00	\$ -	\$ 97.72	\$ 83.54
UnitedHealthcare	\$ 941.17	\$ 1,882.34	\$ 2,447.04	\$ 127.53	\$ 255.06	\$ 331.58
Western Health Advantage	\$ 757.02	\$ 1,514.04	\$ 1,968.25	\$ -	\$ -	\$ -

REGION 1 COUNTIES

In the CalPERS three-region model, Region 1 consists of the following counties:

Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, and Yuba.

MEDICAL PLANS

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 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
(855) 839-4524

PERS PPO Plans

www.anthem.com/ca/calpers
(877) 737-7776

Blue Shield

www.blueshieldca.com/calpers
(800) 334-5847

PORAC

<https://ibtofporac.org/>
(800) 288-6928

Health Net

www.healthnet.com/calpers
(888) 926-4921

UnitedHealthcare

www.uhc.com/calpers
(877) 359-3714

Kaiser Permanente

www.kp.org/ca/calpers
(800) 464-4000

Western Health Advantage

www.westernhealth.com/calpers
(888) 942-7377

IN-LIEU OF MEDICAL COVERAGE

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:

All accrued but unused elective paid leave is cashed out on the last paycheck of each quarter. The cash out months are March, June, September, and December. For 2021, the full quarterly cash out amount is \$2,442.00.

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

DENTAL PLANS

Group No: 20495

Effective Date: 2/1/2020

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month that dependent turns age 26			
Deductibles Deductibles waived for Diagnostic & Preventive (D&P) and Orthodontics?	PPO Dentists: No deductible			
	Non-PPO Dentists: \$10 per person / \$30 per family each calendar year			
	PPO Dentists: Not applicable			
	Non-PPO Dentists: Yes			
Maximums	\$2,500 (AFFA) & \$1,500 (all others) per person each calendar year			
Waiting Period(s)	Basic Benefits	Major Benefits	Prosthodontics	Orthodontics
	None	None	None	None

Benefits and Covered Services*	Delta Dental PPO dentists**	Delta Dental Premier and Non-Delta Dental dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	100 %	100 %
Basic Services Fillings, simple tooth extractions, sealants, posterior composite restorations	90 %	80 %
Oral Surgery Covered Under Basic Services	90 %	80 %
Endodontics (root canals) Covered Under Basic Services	90 %	80 %
Periodontics (gum treatment) Covered Under Basic Services	90 %	80 %
Major Services Crowns, inlays, onlays and cast restorations	60% (AFFA) & 90% (all others)	60 %
Prosthodontic Benefits Bridges, dentures and implants	60% (AFFA) & 90% (all others)	60 %
Orthodontic Benefits Adults and dependent children	60 %	60 %
Orthodontic Maximums	\$2,500 (AFFA) & \$1,500 (all others) Lifetime	\$2,500 (AFFA) & \$1,500 (all others) Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.



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. Please see the plan summary and rate table 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.

LIFE INSURANCE

The City offers Basic Life Insurance and Accidental Death and Dismemberment Insurance (AD&D) at no cost to you through Lincoln Financial Group. You also have the opportunity to purchase supplemental Life and AD&D Insurance for yourself, your spouse, and your children.

WHY DO I NEED LIFE INSURANCE?

Life insurance can help protect your loved ones' financial health if you are no longer there to support them. 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 and AD&D Insurance as follows:

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

You may purchase additional Life and AD&D Insurance up to the amounts below:

- Employee: \$500,000 (Guaranteed Issue Amount of \$150,000)
- Spouse: \$250,000 (Guaranteed Issue Amount of \$50,000)
- Children: \$10,000 (All amounts are guaranteed)

Employee & Spouse Rates

Employee Age Range	Life Premium Rate	Employee Age Range	Life Premium Rate
20 - 24	\$0.085	65 - 69	\$1.788
25 - 29	\$0.085	Employee Age Range	Life Premium Rate
30 - 34	\$0.100	70 - 74	\$2.890
35 - 39	\$0.123	Employee Age Range	Life Premium Rate
40 - 44	\$0.168	75 +	\$2.890
45 - 49	\$0.235		
50 - 54	\$0.385		
55 - 59	\$0.625		
60 - 64	\$0.940		

Children Rates

Coverage Amount	Monthly Premium
\$1,000	\$0.23
\$2,000	\$0.45
\$3,000	\$0.68
\$4,000	\$0.90
\$5,000	\$1.13
\$6,000	\$1.35
\$7,000	\$1.58
\$8,000	\$1.80
\$9,000	\$2.03
\$10,000	\$2.25

Management/Confidential, SEIU & Police Non-Sworn - Long-Term Disability Insurance (Lincoln Financial Group)

If you had an unexpected illness or injury and were unable to work, how long would you be able to pay your bills? Long-term disability pays a portion of your salary if you're unable to work due to a covered disability.

The City of Albany provides you with long-term disability as follows:

Gross Monthly Benefit ¹	Maximum Gross Monthly Benefit	Benefit Waiting Period	Maximum Benefit Period
66.67% of your monthly covered earnings	\$7,500	\$7,500 (Management/Confidential) \$2,500 (SEIU, APOA Non-Sworn)	Please refer to the "How Long Benefits Last" section below for more details.

Additional Features

Family Survivor Benefit – If you die while receiving benefits, we will pay a survivor benefit to your lawful spouse*, eligible children, or estate. The plan will pay a single lump sum equal to 3 months of benefits.

Important Definitions and Policy Provisions:

Disability – "Disability" or "Disabled" means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation/regular job or you are unable to earn 80% or more of your indexed earnings from working in your regular occupation/regular job. After benefits have been payable for 24 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or experience, or you are unable to earn 80% or more of your indexed earnings. We will require proof of earnings and continued disability.

Covered Earnings – "Covered Earnings" means your wages or salary, not including overtime pay, bonuses, commissions, and other extra compensation.

When Benefits Begin – You must be continuously Disabled for 90 Days before benefits will be paid for a covered Disability.

How Long Benefits Last – Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit or until you no longer qualify for benefits, whichever occurs first. Should you remain Disabled, your benefits continue according to the later of your Social Security Normal Retirement Age, or the following schedule, depending on your age at the time you become Disabled.

Age at Disability	Age 62 or younger	63	64	65	66	67	68	69+
Duration of Payments (months)	To age 65 or the date the 42nd monthly benefit is payable, if later.	36	30	24	21	18	15	12

When Coverage Takes Effect – Your coverage takes effect on the later of the policy's effective date, the date you become eligible, the date we receive your completed enrollment form if required, or the date you authorize any necessary payroll deductions if applicable. If you're not actively at work on the date your coverage would otherwise take effect, your coverage will take effect on the date you return to work. If you have to submit proof of good health, your coverage takes effect on the date we agree, in writing, to cover you.

Management/Confidential, SEIU & Police Non-Sworn - Short-Term Disability Insurance (Lincoln Financial Group)

Short-Term Disability insurance pays a portion of your salary if you're unable to work due to a covered disability. When reviewing this coverage, consider how long you can personally go without receiving a paycheck.

Electing short-term disability is optional and paid by the employee. Please see below for available coverage:

Gross Weekly Benefit ¹	Maximum Gross Weekly Benefit	Benefit Waiting Period	Maximum Benefit Period <i>(Includes Benefit Waiting Period)</i>
15% (SEIU) & 60% (MGMT/CONF. & Police Non-Sworn) of your weekly covered earnings	\$1,000 (SEIU) & \$1,500 (MGMT/CONF. & Police Non-Sworn)	7 Days for accident 7 Days for sickness	13 Weeks for accident 13 Weeks for sickness

SEIU Employee Monthly Cost of Coverage:

Age	Monthly Rate per \$10 of Weekly Benefit
0-19	\$0.454
20-24	\$0.454
25-29	\$0.454
30-34	\$0.454
35-39	\$0.454
40-44	\$0.454
45-49	\$0.454
50-54	\$0.527
55-59	\$0.656

Age	Monthly Rate per \$10 of Weekly Benefit
60-64	\$0.788
65-69	\$0.865
70-74	\$0.865
75-79	\$0.865
80-84	\$0.865
85-89	\$0.865
90-94	\$0.865
95-99	\$0.865

Management/Confidential & Police Non-Sworn Employee Monthly Cost of Coverage:

Age	Monthly Rate per \$10 of Weekly Benefit
0-19	\$0.235
20-24	\$0.235
25-29	\$0.235
30-34	\$0.235
35-39	\$0.235
40-44	\$0.235
45-49	\$0.235
50-54	\$0.273
55-59	\$0.340

Age	Monthly Rate per \$10 of Weekly Benefit
60-64	\$0.409
65-69	\$0.448
70-74	\$0.448
75-79	\$0.448
80-84	\$0.448
85-89	\$0.448
90-94	\$0.448
95-99	\$0.448

Actual per pay period premiums may differ slightly due to rounding. Rates vary by age and may be subject to change in the future.

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.

POLICE SWORN - Disability Insurance (PORAC Platinum Plan)

Plan Features	Short-Term Disability #610007-P	Long-Term Disability #649401-B
Percentage of Wages Protected	70% of the first \$14,286 monthly pre-disability earnings, reduced by deductible income	70% of the first \$14,286 monthly pre-disability earnings, reduced by deductible income during the initial 12 months of LTD benefit eligibility Non-industrial disabilities: 70% Industrial Disabilities: 20%
Catastrophic Disability Benefit	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.	N/A
Maximum Monthly Benefit	\$10,000 970% of \$14,286) before reduction by Deductible income	\$10,000 970% of \$14,286) before reduction by Deductible income
Maximum Benefit Period	12 Months	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.
Minimum Benefit	\$200 per month while receiving sick leave/annual leave for Non-industrial disabilities	\$200 per month while receiving sick pay for Non-industrial disabilities. \$50 per month in all other circumstances
Benefit Eligibility Waiting Period	Industrial Disabilities: 0 days 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.	365 days (Premium payments are waived while Disability Benefits are payable)
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.

FIRE - Long-Term Disability Insurance (CAPF Plan)

Plan Name	CAPF Plan
Monthly Cost	\$24.50 per month
Percentage of Wages Protected	80% of current wages Non-Industrial Disability; 70% of current wages Industrial Disability; 90% of current wages with underlying LTD Plan or Relief Association Plan; 100% of current wages for Catastrophic Disabilities for up to 30 months (No reductions for Workers' Compensation Permanent Disability settlements)
Maximum Benefit	\$10,000 per month
Waiting Period	30 Calendar Days - Earlier reduced benefits may be payable based on lack of personal leave down to zero days. \$750 per month Minimum Benefit after 60 days (\$500 per month if Industrial caused), freeze of personal leave after 60 days. No benefits are payable if working full-time, light or modified duty.
Benefit Period	Lifetime Coverage Sickness, Accident and Pregnancy.
Stress & Substance Abuse	Three (3) months per occurrence, six (6) months lifetime benefit. A Participant must return to work for one (1) year between claims.
Benefits Payable During Challenged Workers' Compensation Cases	After 60 calendar days - 70% of wages to a Maximum Benefit of \$10,000 per month (Repayable only if determined to be Industrial).
Waiver of Payment	30 Calendar Days and collecting benefits from the Plan but must continue payment while on job related disability. No benefits are payable if working full-time, light or modified duty.
Minimum Monthly Benefit	\$750 per month - paid in addition to personal leave after 60 calendar days (\$500 per month if Industrial caused).
Pre-Existing Medical Condition Coverage	If you enroll during your initial enrollment period of 60 calendar days, all pre-existing medical conditions will be covered once you have been in the plan for twenty-four (24) / forty-eight (48) months, unless you are eligible for the Prior Coverage Credit - otherwise, pre-existing medical conditions will not be covered.
Survivorship Benefit	Nine (9) months additional benefits to dependent beneficiary.
Freeze of Sick Leave Option	After 60 Calendar days
Sick Leave Integration Benefit	After 60 days, you may use 50% sick/personal leave and receive a 50% benefit from the plan.
Cost of Living Benefit (COLA)	4% compounded per year (years 2-7) thereafter, CPI increase to age 65 and then benefits continued lifetime
Death Benefit	\$15,000 Death Benefit on- or off-duty - natural, accidental or terminal illness (Payable and delivered usually within 24 hours of notification).
Ownership of Plan	Owned, managed, and funded by its members through a representative Board of Directors (non-profit California Corporation since 1985). CAPF Voting Director position with 50 or more members.

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 to access more information.

ONLINE SERVICES

Create an account online at 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 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

457 PLAN

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) either pre- or after-tax to the maximum established by law.

The maximum 457 plan contribution for calendar year 2020 is \$19,500 for employees under age 50, \$26,000 for employees over age 50 and \$39,000 for employees eligible for catch-up contributions. 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. If you elect pre-tax contributions, 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. If you elect after-tax, the contributions will not reduce your income taxes for the year, but can be withdrawn tax-free if the requirements for a qualified distribution are met.

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.

PAYROLL ROTH IRA

The City also offers a Payroll Roth IRA plan through ICMA-RC in which you may voluntarily participate. A Roth IRA allows you to make after-tax contributions that can help you manage your tax bill because withdrawals, including all earnings, may be tax-free. This can help offset withdrawals of other taxable employer plan and IRA assets. And it may help minimize taxation of Social Security benefits or surcharges on Medicare premiums.

DEFERRED COMPENSATION

The maximum Roth IRA contribution for calendar year 2020 is \$6,000 for employees under age 50 and \$7,000 for employees over age 50. With a Roth IRA, withdrawals are allowed at any time and there is a potential for tax-free withdrawals. You can contribute as little as \$10 per pay period directly through a payroll deduction.

Why a Roth IRA?

A Roth IRA can help you:

- Earn additional retirement income
- Set aside money in retirement for travel, gifts, or medical care
- Make a down payment on a home
- Pay for a child's college education
- Build an emergency fund

Match a Roth IRA with your 457 Plan

Saving to a Roth IRA and your 457 plan may make sense because they complement each other.

Payroll Roth IRA	457 Deferred Compensation
After-tax contributions (up to \$6,000; or \$7,000 if age 50 or over) ¹	Pre-tax contributions (up to \$19,500; or \$26,000 if age 50 or over; or \$39,000 if qualify for pre-retirement catch-up contributions) ¹
Withdrawals allowed at any time	Withdrawals after separation from service
Potential for tax-free withdrawals	Taxable withdrawals after separation ²

¹2020 contribution limits. ²Assumes pre-tax contributions were made.

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:

Years of Service with Albany	APOA	AFFA
Beginning of 2nd through completion of 4th	\$ -	\$ 10.00
Beginning of 5th through completion of 9th	\$ 25.00	\$ 25.00
Beginning of 10th through completion of 14th	\$ 50.00	\$ 50.00
Beginning of 15th through completion of 19th	\$ 50.00	\$ 75.00
Beginning of 20th through completion of 24th	\$ 75.00	\$ 100.00
Beginning of 25th through completion of 34th	\$ 100.00	\$ 800.00
Beginning of 35th year and more	\$ 100.00	\$ 125.00

BENEFIT PROVIDER CONTACT INFORMATION

CalPERS Medical & Retirement

(888) 225-7377
www.calpers.ca.gov

Magellan EAP

(800) 523-5668
www.magellanascend.com

Delta Dental PPO

(800) 765-6003
www.deltadentalins.com

ICMA Deferred Compensation

(800) 669-7400
www.icmarc.org

VSP Vision Care

(800) 877-7195
www.vsp.com

Workers' Compensation

Company Nurse on Call
(877) 215-7284

P&A Group FSA

(800) 688-2611
www.padmin.com

City of Albany Benefits Team

Melissa Rojas
HR Director
(510) 528-5714

Michelle McQuiston
HR Technician
(510) 528-5715

PLAN NOTICES & DOCUMENTS

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](https://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 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](https://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: 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 NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you 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

CHP+ Customer Service: 1-800-359-1991/

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/dmahs/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/healthinsurancepremiumpaymenthipprogram/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.

