



# Your Guide to Benefits 2016



**Disclaimer**

This Guide to Benefits is informational only, and may not supersede the City's Memoranda of Understandings, Compensation and Benefits Plans, and/or group benefit plan documents.

# Table of Contents

Health Benefit Enrollment and Eligibility Information .....	2-3
Open Enrollment .....	4
Benefit Plan Changes and Tools .....	5
PEMHCA Minimum & Cafeteria Plan .....	6
Medical Plans - HMO .....	7
Medical Plans - PPO .....	8
Association Plan - PORAC .....	8
Summary of Benefits & Coverage Notice .....	9
Dental Plans .....	10
Vision Plan .....	11
Group Term Life and AD&D Insurance .....	12
Voluntary Whole Life Insurance .....	12
State Disability Insurance .....	13
Voluntary Disability & Other Insurance Plans .....	14
Long-Term Care Program .....	15
Retirement Benefits .....	16-17
Deferred Compensation (457) Plans .....	18
Other Benefits .....	19
Silliman Activity & Family Aquatic Center Recreation Benefit for Employees & Families .....	20
Employee Computer Purchase Program & Microsoft Home Use Program .....	21
Annual Notices .....	22-26
Human Resources & Benefits Contacts .....	27

# Health Benefit Enrollment & Eligibility Information

## What employees are eligible to enroll?

- All regular full-time (RFT) and regular part-time (RPT) employees
- PST-X employees
- PST-PERS employees with appointments that are at least six months and one day (tenure) and half-time or greater (time base) are eligible to enroll.

## Enrollment Deadline & Effective Date:

- Enrollment must be requested within 60 days from the date of the qualifying appointment or marriage, or 30 days from a qualifying event (loss of other coverage, divorce, etc).
- The effective date is the first of the month following the date the request is received by the Human Resources Department.

## Employee Electing No Health Benefits:

- If a newly eligible employee does not wish to enroll in a medical plan, the Declaration of Health Coverage (HBD-12A) form must be completed (form provided by HR). This form documents that the employee was given the opportunity to enroll and has voluntarily declined the benefit.
- The Flexible Benefit Plan Election Worksheet is required indicating that the employee is declining one or more of the health benefit options.
- If an employee elects not to enroll in a health benefits plan within the 60 day time limit, a subsequent enrollment can only be requested upon:
  - HIPAA's Special/Late Enrollment; or
  - During an open enrollment period.

## Family Members Eligible for Enrollment:

Eligible employees may enroll for self only or for self and all eligible family members. Family member is a term used interchangeably with the term "dependents."

Eligible family members include:

- Spouse or Registered domestic partner;
- Eligible children up to age 26;
- Certified disabled children over age 26 (certain restrictions apply); and
- Economically dependent children (where a parent-child relationship exists) up to age 26 who remain economically dependent. (CalPERS medical plan only)

## CalPERS Dual Coverage:

- Dual coverage is when an individual is enrolled in a CalPERS plan as both a member and a dependent or as a dependent on two enrollments. This is not allowed for a CalPERS medical plan.
- Married employees may each enroll separately. However, when married employees are both employed/retired and enrolled in a CalPERS medical plan in their own right, the children/dependents cannot be split between parents. All eligible children/dependents must be enrolled by one parent.

## Family Member Exclusions:

The employee may, on a voluntary basis, exclude any family member who meets the following conditions:

- A family member covered under another group health plan
- A spouse not living in the employee's household
- A child who has attained the age of 18
- A family member is in the military service

These family members may be added at a later time during the open enrollment period or through HIPAA Special/Late enrollment.

# Health Benefit Enrollment & Eligibility Information

## Dependent Eligibility Verification:

To assure that only eligible dependents are covered the following documentation is required to support dependent eligibility at the time of enrollment or change to enrollment:

- Married couples – required to provide the Social Security Number of their enrolled spouses in all cases. This enables CalPERS to audit for dual coverage.
- Marriage Certificate – must be submitted when a spouse is added. If the marriage certificate is not available, the employee must complete the Affidavit of Marriage form (available from HR).
- Domestic Partners – required to provide a Declaration of Domestic Partnership to the HR department.
- Birth Certificate – must be submitted when a child is added.
- Affidavit of Eligibility (HBD-35) – required to enroll an economically dependent child who resides with the employee in a regular parent-child relationship. This is a legally binding document. A separate affidavit is required for each child and must be updated annually. (form available from HR). The affidavit also required the employee report any changes pertaining to the child's dependency.
- Divorce Decree – required to delete a spouse due to divorce.
- Termination of Domestic Partnership – form required to delete domestic partner due to dissolution of partnership.

## HIPAA Special/Late Enrollment:

- If you or your dependent(s) lose health insurance coverage, you can enroll in the CalPERS medical plan, dental plan and/or vision plan. You must request **Special Enrollment** within 30 days from the date you lose coverage. You must provide documentation of the loss of coverage with your enrollment request.
- Employees who request **Late Enrollment** (no qualifying event) for self or dependents must normally wait 90-days before they are enrolled in a CalPERS medical plan. Dental and vision plans do not offer Late Enrollment.

## What Forms are required when enrolling?

- Flexible Benefit Plan Election Worksheet
- Declaration of Health Coverage (HBD-12A)
- Health Benefit Plan Enrollment Form (HBD-12) (if enrolling in a medical plan)
- Delta Dental Enrollment form (if enrolling in a dental plan)
- EyeMed Vision Enrollment form (if enrolling in the vision plan).



# Open Enrollment

*This is the once-a-year opportunity for all employees to make changes to their medical, dental, and vision coverage. The Open Enrollment period for changes effective January 1, 2016 is from September 14 to October 9, 2015.*

## What is Open Enrollment?

### **Open Enrollment is your chance to:**

- Re-enroll if you have dropped your health coverage
- Change your health plan or dental plan
- Add or drop qualified dependents to/from your existing health, dental or vision plans

## When can I sign up or make changes?

Beginning September 14 through October 9, 2015 for medical, dental and vision plans.

## Where can I get an enrollment form?

Visit the Human Resources folder at F:\Shared\CITYWIDE\HR and click on the Benefits Information folder. If you need additional assistance, contact Human Resources via phone or in person.

**NOTE:** Information for all CalPERS health plans can be found on the CalPERS website at [www.calpers.ca.gov](http://www.calpers.ca.gov).

### **You MUST complete an enrollment/change form if you are:**

- Enrolling in a medical, dental, or vision plan
- Adding/Deleting dependents from your existing medical, dental or vision plans
- Changing health plans or dropping health coverage
- Adding/Changing voluntary Aflac plan coverage, MetLife coverage, or other voluntary plan coverage

## What do I do with my completed forms?

Forward your completed enrollment/enrollment change form(s) to Human Resources for processing.

## Do I have to fill out any forms if I do not want to make any changes to my benefit elections?

No. Your benefit elections continue unless you make changes or there are qualifying events.

## How long can my dependent child(ren) remain on my benefits plans?

- **CalPERS Health:** Dependent children are automatically dropped at age 26 and are not required to be full-time students.
- **Delta Dental:** Dependent children are automatically dropped at age 26 and are not required to be full-time students.
- **EyeMed Vision:** Dependent children are automatically dropped at age 26 and are not required to be full-time students.

## When can I drop my dependent(s)?

- You may drop dependents during the open enrollment period OR within 60 days of a qualifying event.

**NOTE:** Failure to notify Human Resources within 60 days of the qualifying event may affect premiums payable by the Employee. For a list of qualifying events, please refer to pages 20 and 21 of the Annual Notices section.

# Benefit Plan Changes and Tools

*There are some important changes to your health benefits coverage effective January 1, 2016.*

## CalPERS Health Plan Highlights

### **Anthem Blue Cross PPO:**

- Expanding PERS Select Basic into San Diego county
- Extending the Castlight Pilot through December 2016

### **Blue Shield:**

- Enhancing Prescription Benefit with a 90-day supply option

### **Health Net:**

- Expanding into Alameda, Contra Costa, Fresno, Kern, Kings, Napa, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Tulare and Yolo; totaling 21 counties serviced

### **United Healthcare:**

- Expanding United Alliance HMO into Kings, Marin and San Diego counties
- Providing benefit of 90-day supply at mail order price at select participating retail locations

### **Introducing Welvie**

- Welvie will be available with the Anthem HMO and PPO plans as well as with Blue Shield of CA HMO plans
- Welvie is a new online tool to empower subscribers to minimize unnecessary and inappropriate surgeries

**NOTE:** *The above coverage changes/additions are currently included in the CalPERS HMO and/or PPO plans.*

*View each health plan's Evidence of Coverage (EOC) publication for the complete explanation of the benefits covered, as well as limitations and exclusions that may apply.*

*Be sure to review this information carefully to determine whether you want to, or need to, make a health plan change. (Courtesy of CalPERS)*

## CalPERS | Compare

CalPERS | Compare allows employees in the CalPERS Basic Preferred Provider Organization (PPO) health plans to shop for medical services and prescriptions and compare their options. It can be used to track past expenses and estimate the costs of future services.

CalPERS | Compare is available through Anthem Blue Cross for all employees enrolled in a PERS Select, PERS Choice, and PERSCare Basic plan.

- **Actively shop for medical services and prescription options.** From filling a prescription to finding a high-quality physician.
- **Understanding your PPO Benefits.** CalPERS | Compare is the “one-stop-shop” for the medical information employees need to save time and money.
- **Control health care costs.** Employees who find high-quality, lower-cost care also help control the agency's health care costs.

For more detailed information, visit CalPERS | Compare at [www.calperscompare.com](http://www.calperscompare.com)

## Health Plan Chooser

The online health plan chooser lets you explore health plan options, review the services each plan covers, estimate out-of-pocket costs for each plan, access Evidence of Coverage booklets, doctor directories, & medication formulary lists, & view overall member satisfaction ratings.

## Health Plan Search by ZIP Code

This tool helps you quickly and easily identify which plans are available where you live or work.

# PEMHCA Minimum & Cafeteria Plan

## Public Employees' Medical and Hospital Care Act (PEMHCA)

Under PEMHCA state employees and annuitants are provided access to group health insurance. The CalPERS Board of Administration administers the health benefits program and determines the benefits design, including any co-pays and deductibles, providers, and premiums.

CalPERS announced that the minimum employer health premium contribution for participating active employees under the Public Employees' Medical and Hospital Care Act (PEMHCA) is \$125.00 for 2016, up from \$122.00 in 2015.

In the event that a regular full-time, regular part-time, or PST-X employee elects to waive participation in the Program, the amount will be paid to the employee. The employee shall execute a waiver in the event the employee elects not to participate in the PERS Health Benefit Program or cancels participation after enrollment.

For PST-PERS employees the PEMCHA minimum only applies if enrolled into a CalPERS medical plan.

## Cafeteria Plan

(Regular and PST-X employees only)

The City agrees to maintain a cafeteria plan under Section 125 of the Internal Revenue Code (IRC). The cafeteria plan allows employees to voluntarily reduce salary in an amount equal to the actual premiums for the PERS Health Plan, the City-administered dental insurance plans and/or the City-administered vision plan as a before-tax conversion of salary. Administration of the Flexible Benefit Plan shall be pursuant to Section 125 of the Internal Revenue Code.

In addition to the City's direct PEMHCA contribution of the Minimum Employer Contribution, effective January 1, 2016, the City shall provide regular full-time employees an additional \$250 per month for each eligible employee to the City's cafeteria plan. This amount will be prorated for regular part-time employees. The \$250 monthly contribution or prorated amount may be used by eligible employees to pay for employer offered benefits including medical, dental, and/or vision insurance. In the event that the cost for the selected employer offered medical, dental or vision insurance exceeds \$250 per month, the balance will be paid by the employee through automatic payroll deduction (pre-tax if it is elected by the employee), as provided by IRC Section 125.

Eligible employees may "cashout" any money not used for the purchase of employer offered benefits under the cafeteria plan. Any "cashout" will be paid to the employee in taxable compensation subject to the following limits: Effective January 1, 2016, the maximum "cashout" amount an employee may receive per month is the PEMHCA Minimum Employer Contribution (\$125 per month in 2016) plus a total additional amount of \$250 per month for a total of \$375 per month in 2016.

# Medical Plans - HMO

The following chart reflects the monthly employee premium contributions for the period from January 1, 2016 to December 31, 2016. Employee contributions are deducted from employee paychecks in equally-divided amounts on the two pay periods of each month. To determine the per-pay-period cost divide the employee contribution amount by two (2). Employee premium contributions may vary based on the County in which the employee resides and the coverage region, as defined by CalPERS.

<b>HMO plans are available in certain counties. Please refer to the <a href="#">CalPERS 2016 Health Benefit Summary Guide</a> to determine if the selected HMO plan is available in your area.</b>			
Plan and Coverage Level	Bay Area Region	Sacramento Region	Other Northern CA Region
<b>Anthem HMO Select</b>			
Employee Only	\$721.79	\$902.07	\$839.10
Employee + 1 Dependent	1,443.58	1,804.14	1,678.20
Employee + Family	1,876.65	2,345.38	2,181.66
<b>Anthem HMO Traditional</b>			
Employee Only	855.42	1,112.54	964.91
Employee + 1 Dependent	1,710.84	2,225.08	1,929.82
Employee + Family	2,224.09	2,892.60	2,508.77
<b>Blue Shield Access+ HMO</b>			
Employee Only	1,016.18	885.33	879.96
Employee + 1 Dependent	2,032.36	1,770.66	1,759.92
Employee + Family	2,642.07	2,301.86	2,287.90
<b>Blue Shield - NetValue HMO</b>			
Employee Only	1,033.86	900.73	895.17
Employee + 1 Dependent	2,067.72	1,801.46	1,790.34
Employee + Family	2,688.04	2,341.90	2,327.44
<b>Health Net SmartCare</b>			
Employee Only	808.44	747.55	Not available
Employee + 1 Dependent	1,616.88	1,495.10	Not available
Employee + Family	2,101.94	1,943.63	Not available
<b>Kaiser Permanente HMO</b>			
Employee Only	746.47	695.11	755.27
Employee + 1 Dependent	1,492.94	1,390.22	1,510.54
Employee + Family	1,940.82	1,807.29	1,963.70
<b>United Healthcare HMO</b>			
Employee Only	955.44	686.36	794.80
Employee + 1 Dependent	1,910.88	1,372.72	1,589.60
Employee + Family	2,484.14	1,784.54	2,066.48

# Medical Plans - PPO

The following chart reflects the monthly employee premium contributions for the period from January 1, 2016 to December 31, 2016. Employee contributions are deducted from employee paychecks in equally-divided amounts on the two pay periods of each month. To determine the per-pay-period cost divide the employee contribution amount by two (2). Employee premium contributions may vary based on the County in which the employee resides and the coverage region, as defined by CalPERS.

<b>PPO plans are available in certain counties. Please refer to the <a href="#">CalPERS 2016 Health Benefit Summary Guide</a> to determine if the selected PPO plan is available in your area.</b>			
Plan and Coverage Level	Bay Area Region	Sacramento Region	Other Northern CA Region
<b>PERS Choice PPO</b>			
Employee Only	\$798.36	\$727.58	\$795.57
Employee + 1 Dependent	1,596.72	1,455.16	1,591.14
Employee + Family	2,075.74	1,891.71	2,068.48
<b>PERS Select PPO</b>			
Employee Only	730.07	665.35	727.47
Employee + 1 Dependent	1,460.14	1,330.70	1,454.94
Employee + Family	1,898.18	1,729.91	1,891.42
<b>PERSCare PPO</b>			
Employee Only	889.27	810.40	886.15
Employee + 1 Dependent	1,778.54	1,620.80	1,772.30
Employee + Family	2,312.10	2,107.04	2,303.99
<b>Anthem EPO Del Norte</b>			
Employee Only	Not available	Not available	795.57
Employee + 1 Dependent	Not available	Not available	1,591.14
Employee + Family	Not available	Not available	2,068.48
<b>Anthem EPO Monterey</b>			
Employee Only	Not available	Not available	795.57
Employee + 1 Dependent	Not available	Not available	1,591.14
Employee + Family	Not available	Not available	2,068.48

# Association Health Plan

Plan and Coverage Level	Statewide
<b>PORAC – PPO</b> (Open to NPA members only)	
Employee Only	\$699.00
Employee + 1 Dependent	1,399.00
Employee + Family	1,789.00

# 2016 Summary of Benefits & Coverage Notice

Choosing your health plan is an important decision. To assist you with this process, each health plan available to you through the California Public Employees' Retirement System (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 <https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates> 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.

<p>Anthem Blue Cross 855-839-4524 <a href="http://www.anthem.com/ca/calpers/mo">www.anthem.com/ca/calpers/mo</a></p>	<p>Peace Officers Research Association of California* 800-288-6928 <a href="http://ibt.porac.org/sbcs">http://ibt.porac.org/sbcs</a></p>
<p>Blue Shield of California 800-334-5847 <a href="http://www.blueshieldca.com/calpers">www.blueshieldca.com/calpers</a></p>	<p>PERS Select, PERS Choice, and PERSCare 877-737-7776 <a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a></p>
<p>Health Net of California 888-926-4921 <a href="http://www.healthnet.com/calpers">www.healthnet.com/calpers</a></p>	<p>Sharp Health Plan 855-995-5004 <a href="http://www.sharphealthplan.com/calpers">www.sharphealthplan.com/calpers</a></p>
<p>Kaiser Permanente 800-464-4000 <a href="http://www.kp.org/calpers">www.kp.org/calpers</a></p>	<p>United Healthcare 877-359-3714 <a href="http://www.uhc.com/calpers">www.uhc.com/calpers</a></p>

\*To enroll in the PORAC health plan, you must be a member of the Newark Police Association and pay applicable dues.

Please contact the Human Resources Department with questions regarding eligibility and enrollment.

# Delta Dental Plans

## 2016 Dental Plan Rates

The City of Newark offers two dental plans to choose from: Delta Dental PPO and DeltaCare USA.

Dental Coverage Level	Delta Dental PPO	DeltaCare USA
Employee Only	\$65.99	\$19.81
Employee + 1 Dependent	131.08	32.68
Employee + Family	201.10	48.37

Delta Dental PPO	Plan Features	DeltaCare USA
You can visit any licensed dentist, but you'll maximize plan value by selecting a Delta Dental PPO dentist. No referral for specialty care	<b>Dentist Network</b>	You must select a dentist from a list of network dental facilities and you must visit this dentist to receive benefits. Easy referrals to a large specialty care network.
Covered services paid at applicable percentage - for example, fillings are covered at 80% of allowed amount - you pay the remaining 20%	<b>Copayments / Coinsurance</b>	Covered procedures have predetermined dollar copayments for services provided by network dentists
Wide range of covered services No exclusions for most pre-existing conditions	<b>Coverage</b>	Plan covers 250+ procedures No copayments or low copayments for most diagnostic & preventive services No exclusions for pre-existing conditions or missing teeth
Change dentists any time without contacting Delta Dental	<b>Changing your dentist</b>	Ability to change selected or assigned network dentists via telephone or Internet.
Preauthorization is not required	<b>Authorization for specialty care treatment</b>	Preauthorization is required for treatment provided by a specialist Your DeltaCare USA dentist will coordinate your specialty care treatment authorization
Visit any licensed dentist	<b>Out-of-area coverage</b>	Limited to emergency care provision
Deductible: \$50 per person, \$150 per family, per calendar year (waived for diagnostic & preventive care) Maximum: The maximum benefit paid per calendar year is \$1,500 per person	<b>Deductibles &amp; Maximums</b>	No annual deductible or annual dollar maximums (except for accidental injury)
Delta Dental dentists file claim forms & accept payment directly from Delta Dental Non-Delta Dental dentists may require payment up front, and require you to file a claim for reimbursement	<b>Claims</b>	No claim forms required  You only need to pay the specified copayment at the time of your visit
For treatment in process when changing to Delta Dental PPO, the plan will pay the remaining amount of the total case fee not paid by the former dental plan  Plan is subject to a \$1,000 lifetime maximum per person	<b>Orthodontic Treatment</b>	Covers new enrollees who, on the effective date of their coverage, are in active treatment started under their previous employer-sponsored dental plan  Covered procedures have predetermined dollar copayments

**Find a Dentist near You** Click [here](#) to search for a dentist in your area.

# EyeMed Vision

## 2016 Vision Plan Rates

This plan allows you to improve your health through a routine eye exam, as well as save money on all your eye care needs. The plan is available through thousands of provider locations participating on **the EyeMed SELECT network**. EyeMed's program includes

Vision Coverage Level	Employee Contribution Amount
Employee Only	\$10.38
Employee + 1 Dependent	19.73
Employee + Family	28.96

discounts on all your eyewear purchases, even after you've used your primary benefit. Whether buying additional pairs of glasses or just stocking up on supplies like cleaning cloths, you never have to pay full price for vision care needs.

## Benefit Overview

The EyeMed plan provides the following affordable eye care options to all eligible employees and dependents:

Benefits and Covered Services	In-Network Member Cost	Out-of-Network Reimbursement
<b>Exam with Dilation as Necessary</b> <i>(Once every 12 months)</i>	\$10.00 Copay	Up to \$35
<b>Contact Lens Fit and Follow-Up</b> <i>(Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)</i>		
Standard Contact Lens Fit & Follow-up	Up to \$40	N/A
Premium Contact Lens Fit & Follow Up	10% off retail price	N/A
<b>Contact Lenses</b> <i>(Once every 12 months)</i>		
Convention	\$155 Allowance; 15% off balance over \$155	Up to \$124
Disposable	\$155 Allowance; balance over \$155	Up to \$124
Medically Necessary	\$0 Copay; Paid in Full	Up to \$200
<b>Frames</b> <i>(Once every 24 months)</i>	\$140 Allowance; 20% off balance over \$140	Up to \$70
<b>Standard Plastic Lenses</b> <i>(Once every 12 months)</i>		
Single Vision		Up to \$35
Bifocal	\$10 copay	Up to \$49
Trifocal		Up to \$74
Standard Progressive Lens		Up to \$95
<b>Lens Options</b> (paid by the member and added to the base price of the lens)		
UV Treatment	20% off retail price	N/A
Tint (Solid and Gradient)	20% off retail price	N/A
Standard Plastic Scratch Coating	20% off retail price	N/A
Standard Polycarbonate	Covered-in-Full	Up to \$32
Standard Anti-Reflective Coating	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
<b>Laser Vision Correction</b>	15% off retail price or	
Lasik or PRK from U.S. Laser Network	5% off promotional price	N/A

## Find an EyeMed Doctor Near You

Click [here](#) to search for an eye doctor in your area.

# Group Term Life & AD&D Insurance

## Group Term Life Insurance

City of Newark regular and PST-X employees who work a minimum of 20 hours per week are eligible for basic life insurance with 100% City-paid premiums.

Benefits become effective the first of the month following and coincidental with the date of hire, and cease the day termination of employment occurs; however when your employment ends you have an option to convert coverage to a whole life policy, without any health questions.

Benefits at a Glance
Basic Life Insurance is equal to \$20,000
Employee AD&D coverage is equal to \$20,000
Age Reduction: Benefits reduce by 35% upon attainment of age 65 and to 50% of the pre-age 65 amount upon attainment of age 70.
Waiver of Premium: If you become totally disabled (as defined by the policy) before age 60 and are no longer able to work, your life premium payments will be waived during the period of disability.
Conversion Privilege: Included

## Accidental Death & Dismemberment (AD&D)

Accidental Death & Dismemberment (AD&D) pays death benefit for death by accident, over and above the basic term life insurance paid by the City. It also pays benefits for accidental loss of limbs, speech, hearing and sight. If death occurs as a result of an accident, AD&D pays 100% of the Principal Life Benefit in addition to the amount paid from your basic term life policy.

Benefits become effective the first day employment commences, and cease the day termination of employment occurs.

Policies issued by: American General Life Insurance Company and The United States Life Insurance Company in the City of New York.

**American General**  
Life Companies

# Voluntary Whole Life Insurance

Benefit provided by Aflac:
Amounts up to \$200,000
Portable - you own it no matter where you work
Spouse and Child term-life riders.



Contact info: Bill Verbrugge (800) 991-4533 office or [William\\_Verbrugge@us.Aflac.com](mailto:William_Verbrugge@us.Aflac.com)

# State Disability Insurance

## Employees in the Confidential Employee Group are covered by the SDI Program.

As a worker-funded program, the State Disability Insurance (SDI) program contributes to the economic security of California by providing affordable benefits to eligible workers. The Disability Insurance (DI) program provides benefits to workers who are unable to work due to non-work-related illness, injury, or pregnancy.

Although work-connected disabilities are covered by Workers' Compensation laws, DI benefits may also be paid for work-related illnesses or injuries under certain circumstances prescribed by law.

When an insured employee is entitled to temporary or permanent disability, Workers' Compensation benefits, or a maintenance allowance at a rate less than the daily DI benefit amount, he/she may be entitled to DI benefits.

<b>Premium Calculation</b>
0.90% x salary

### Eligibility and Benefits

The DI benefits are payable when a covered employee suffers a wage loss and cannot work due to pregnancy or illness/injury not related to his/her job.

Benefits are payable for a maximum of 52 weeks.

To receive benefit payments, a person must:

- File a claim in accordance with regulations.
- Serve a 7-day nonpayable waiting period.
- Have been paid at least \$300 in wages, subject to SDI taxes, during the 12-month base period of the claim.
- Submit to a reasonable medical examination, if required.

- File a certificate of disability signed by a duly authorized medical or religious practitioner.

Claims are filed by mail and benefits are generally paid every two weeks.

### Disqualifications

The SDI program is committed to program integrity and will take all possible measures to detect and deter fraud and protect benefits. No SDI payments can be made to persons who willfully make false statements or withhold material facts to gain benefits.

An individual is also ineligible for disability benefits:

- When receiving Unemployment Insurance or PFL payments.
- When receiving full wages (benefit payments and wages added together are limited to the total weekly wage, excluding overtime pay, immediately prior to the disability).
- When in legal custody as a result of a conviction or when confined by a court order.
- If religious exemption from SDI taxes has been filed.
- If the individual is no longer in the labor market.
- When receiving Workers' Compensation at a weekly rate equal to or greater than the SDI rate.

### Paid Family Leave

Persons covered by State Disability Insurance are also automatically covered by PFL insurance. PFL benefits are available to persons who take time off work to care for a seriously ill child, spouse, parent, or domestic partner or to bond with a new child. (Please see the Paid Family Leave Fact Sheet, DE 8714CF, for further information.)

# Voluntary Insurance Plans

## Long-Term Disability (LTD)

Regular and PST-X employees who work a minimum of 30 hours per week are eligible for MetLife LTD insurance with 100% Employee-paid premiums.

Benefits become effective the first of the month following and coincidental with the date of hire, and cease the end of the month termination of employment occurs.

Employee Group	Coverage Amount
Confidential, NAME, and Management, Supervisory, & Professional Employee Groups	The Benefit amount is 66 2/3% of your pre-disability earnings. The maximum monthly benefit is \$5,000.
Newark Police Association	Association Plan

Premium Calculation
0.91% x salary; \$7500 maximum



## AFLAC Voluntary Plans

Regular and PST-X employees who work a minimum of 20 hours per week are eligible for Aflac insurance with 100% Employee-paid premiums.

### Personal Disability Income Protector

For off-the-job accident and sickness related disabilities. Immediate payout for accident related disabilities. Payout beginning after seven days for sickness related disabilities. 6-month benefit per disability. Up to \$5000 monthly benefit.

### Personal Accident Indemnity

Emergency Treatment, Hospital Confinement, Physical Therapy, Ambulance, Follow Up Visits, AD&D, Specific Sum, Travel & Lodging, Wellness Benefits

### Personal Cancer Indemnity

First Occurrence Payout, Hospital Confinement, Experimental, Radiation/Chemotherapy Surgical, Second Opinion, NCI Evaluation, Bone Marrow, Wellness Payout, Mammogram & Pap, Prostate Exam Benefits

Coverage for some benefits may be 1st of the month following enrollment. Other plans require you to wait for annual enrollment for a January 1 effective date. Please contact AFLAC for more details.

**Contact info: Bill VerBrugge (800) 991-4533 office or William\_Verbrugge@us.Aflac.com**



# Long-Term Care Coverage

Life pulls you in many directions. You make plans at work. You make plans for your family. And you make plans for retirement. But have you thought about how to pay for long-term care services and maintain your quality of life should accident or illness strike?

With CalPERS Long-Term Care coverage, you have flexibility to receive the care you need.

While some people assume that their family will care for them if they need it, the fact is that even the most dedicated family members may not be able to care for someone around the clock for a long period of time. Also, consider the fact that long-term care is different from health insurance, Medi-Cal, Medicare, or Medicare supplemental plans, all of which cover very limited long-term care services.

## What is Long-Term Care?

Long-term care refers to the services provided to people who have difficulty managing the activities of daily living due to illness, injury, disability, cognitive disorder or aging. People of all ages can require long-term care for a variety of reasons. From accidents to strokes, health-related impairments can change everything.

## CalPERS Long-Term Care Coverage Offers Flexibility and Control

CalPERS comprehensive plans allow you to design coverage that best meets your personal needs:

- Plans tailored to different needs and budgets
- Affordable options to keep up with rising costs
- Benefits designed to help you receive care at home
- A marital discount that is available when both spouses or eligible domestic partners apply and at least one is approved.

## Eligibility

CalPERS Long-Term Care coverage is designed for current California public employees, retirees, their spouses, parents, parents-in-law, adult children and adult siblings, who are between the ages of 18 and 79 when they apply.

California public employees include, but are not limited to, those employed by the state of California and all state departments, state Assembly and Senate, judicial systems, school districts, cities, counties, special districts, public universities and community colleges.

You do not need to participate in CalPERS retirement or health benefit programs to be eligible. Eligible family members may apply to CalPERS Long-Term Care even if the public employee or retiree who makes them eligible does not apply or is not approved for coverage.

Applicants must pass underwriting in order to be approved for coverage.

If you have questions about eligibility, please call CalPERS long-term care specialists at (800) 908-9119.

## Get Your CalPERS Long-Term Care Application Kit Today

Interested in receiving additional information? Obtain a CalPERS Long-Term Care application kit by calling (800) 908-9119 or visiting

**[www.CalPERSLongTermCare.com](http://www.CalPERSLongTermCare.com) today.**



# Retirement Benefits

## CalPERS Defined Benefit Pension Plan

The City contracts with the California Public Employees' Retirement System to provide a defined benefit pension. In compliance with the legal requirements of the California Public Employees' Pension Reform Act of 2012 (PEPRA), the City shall maintain two (2) defined benefit plans.

One plan is for "classic members", defined by PEPRA as City employees active as of December 31, 2012, all former employees of the City, and new hires who were members of a reciprocal public pension plan as of December 31, 2012 and who were last employed by a public agency and covered by a reciprocal plan within six (6) months of beginning employment with the City.

The second plan is for "new members", defined by PEPRA as either individuals who were not members of a reciprocal public pension plan on or before December 31, 2012, or individuals who have had a break in service of more than six (6) months prior to beginning employment with the City.

<b>Plan 1: Classic Members – Misc.</b>	
Formula	<b>2.5% at 55</b>
Employee contribution (as percentage of salary)	<b>8% plus 3.468% cost share for a total of 11.468%</b>
Pensionable compensation cap	<b>\$265,000 for 2016<sup>1</sup></b>
Earliest age of retirement	<b>50</b>
Final average compensation period	<b>12 months</b>
Option 2W Pre-retirement death benefits	<b>Yes</b>
Credit for Unused Sick Leave	<b>Yes</b>
1959 Survivor Benefit	<b>Indexed Level</b>
Cost of living adjustment	<b>Up to 2%</b>

<b>Plan 2: New Members – Misc.</b>	
Formula	<b>2% at 62</b>
Employee contribution (as percentage of salary)	<b>*50% of the normal cost (6.25% for 7/2015 - 6/2016) plus 3.368% cost share for a total of 9.718%</b>
Pensionable compensation cap	<b>*\$140,424 for 2016</b>
Earliest age of retirement	<b>52</b>
Final average compensation period	<b>36 months</b>
Option 2W Pre-retirement death benefits	<b>Yes</b>
Credit for Unused Sick Leave	<b>Yes</b>
1959 Survivor Benefit	<b>Indexed Level</b>
Cost of living adjustment	<b>Up to 2%</b>

<sup>1</sup> Applies to employees who became CalPERS members after January 1, 1996.

\* Contribution amounts for Calendar Year 2016 are determined by CalPERS.

# Retirement Benefits

Plan 1: Classic Members – Safety	
Formula	<b>3% at 50</b>
Employee contribution (as percentage of salary)	<b>9% plus 4% cost share for a total of 13%</b>
Pensionable compensation cap	<b>\$265,000 for 2016<sup>1</sup></b>
Earliest age of retirement	<b>50</b>
Final average compensation period	<b>12 months</b>
Option 2W Pre-retirement death benefits	<b>Yes</b>
Credit for Unused Sick Leave	<b>Yes</b>
1959 Survivor Benefit	<b>Indexed Level</b>
Cost of living adjustment	<b>Up to 2%</b>

Plan 2: New Members – Safety	
Formula	<b>2.7% at 57</b>
Employee contribution (as percentage of salary)	<b>*50% of the normal cost (11.5% for 7/2015 - 6/2016) plus 1.5% cost share for a total of 13%</b>
Pensionable compensation cap	<b>*\$140,424 for 2016</b>
Earliest age of retirement	<b>50</b>
Final average compensation period	<b>36 months</b>
Option 2W Pre-retirement death benefits	<b>Yes</b>
Credit for Unused Sick Leave	<b>Yes</b>
1959 Survivor Benefit	<b>Indexed Level</b>
Cost of living adjustment	<b>Up to 2%</b>

<sup>1</sup> Applies to employees who became CalPERS members after January 1, 1996.

\* Contribution amounts for Calendar Year 2016 are determined by CalPERS.

## Social Security & Medicare

The City does not participate in Social Security. The City participates in Medicare. The City contributes 1.45% of all wages up to \$200,000 to Medicare. City employees contribute the applicable percentage of all wages toward Medicare. These rates and earnings limits are set by federal law.

# Deferred Compensation (457) Plans

## Deferred Compensation Defined Contribution Plan

The City offers Deferred Compensation 457 Plans through ICMA-RC, Nationwide Retirement Solutions, and VOYA. Eligible employees may set aside pre-tax dollars and, therefore, reduce current taxable income. A maximum of \$18,000 to \$36,000 (depending on age of employee and prior years' contribution level) or 100% of annual earnings, whichever is less, may be contributed by the employee annually. Maximum deferral amounts are listed below.

Deferred Compensation Election Options	2016 Maximum Contribution Limits
Normal Deferral	\$18,000
50+ Catch-Up Provision	\$6,000 <i>In addition to the \$18,000 contribution limit shown above.</i>
50+ Retirement "Special Catch-Up" <i>Requires proof of prior years under-contribution</i>	\$18,000 <i>In addition to the \$18,000 contribution limit shown above.</i>

### **Deferred Comp Enroll/Change Effective Date**

Enrollments and Changes are effective the 1<sup>st</sup> of the month following receipt of the form.

## Deferred Compensation Representatives:

### ICMA representative: Kim Hammond

Contact Kim Hammond at 510-864-4825 or email her at [KHammond@icmarc.org](mailto:KHammond@icmarc.org)

### Nationwide representative: Dawn Furlo

Contact Dawn Furlo at 408-828-0463 or email her at [furlod@nationwide.com](mailto:furlod@nationwide.com)

### VOYA representative: Shelly Nolasco

Contact Shelley Nolasco at 800-801-8222 or email her at [shelley.nolasco@voyafa.com](mailto:shelley.nolasco@voyafa.com)



**Nationwide<sup>®</sup>**  
Retirement Solutions

a Nationwide<sup>®</sup> Financial company



# Other Benefits

## Employee Assistance Program

The City's Employee Assistance Program offers confidential and professional counseling services through Managed Health Network (MHN) to employees and their eligible family members with 100% City-paid premiums. Employees and their eligible dependents receive up to six (6) free telephonic or face-to-face clinical consultations per employee/dependent per incident, per year. Employees are entitled to use this confidential pre-paid counseling service for health, behavioral, financial, and personal issues.



**Call toll-free 24 hours a day, seven days a week:**

**1-888-327-0010**

**Or visit MHN at:**

**[www.members.mhn.com](http://www.members.mhn.com)**

**And register with the access code: Newark**

## Public Service Loan Forgiveness (PSLF) Program

Full-time City employees may qualify for forgiveness of the remaining balance due on their William D. Ford Federal Direct Loan Program (Direct Loan Program). Per the College Cost Reduction and Access Act (CCRAA), Section 401, if you are employed in certain public service jobs and have made 120 payments on your Direct Loans (after October 1, 2007), the remaining balance that you owe may be forgiven. Only payments made under certain repayment plans may be counted toward the required 120 payments. For more information, employees are encouraged to speak with their student loan servicer or visit <https://studentaid.ed.gov/repay-loans/forgiveness-cancellation>.

## 1<sup>st</sup> United Services Credit Union

City of Newark employees may elect membership with 1<sup>st</sup> United Services Credit Union. 1<sup>st</sup> United Services Credit Union, one of the first credit unions in the State of California, has been providing quality financial services since 1932.

Membership entitles you to share as a "financial partner" and enjoy the exclusive ownership benefits that only a strong, independent financial institution can give you. All it takes is a minimum initial savings deposit that will remain in your account as long as you're a member.



**Member Services: 800-649-0193 or [www.1stuscr.org](http://www.1stuscr.org)**

# Silliman Activity & Family Aquatic Center Recreation Benefit

***Did you know that as an employee of the City of Newark, you are eligible for a free pass to the Silliman Activity and Family Aquatic Center? This benefit for all City employees, valued at up to \$383 per year, entitles you to free use of our state-of-the-art fitness center, gymnasium, or Aquatic Center during drop-in hours.***

***Spouses or registered domestic partners*** of NAME employees, Confidential Employee Group members, and Management, Supervisory, and Professional Employee Group members, ***may also use the gym, exercise equipment and aquatic facilities*** (excluding classes and facility rentals) at the Silliman Community Activity and Family Aquatic Center ***free of charge.***

NAME employees, Confidential Employee Group members, and Management, Supervisory, and Professional Employee Group ***employees, their spouses or registered domestic partners, and their children 18 years of age and under, will receive resident rates for class registration and facility rentals.***

Come by to work out, play a little basketball, or swim laps. Research shows that consistent exercise reduces stress, improves sleep, and increases energy. With its full shower and locker facilities, starting your day at Silliman is a great way to energize before work and it's a great place to wind down after work.

Questions? Call 578-4620 or feel free to ask any of the Silliman staff. We'd love to show you how you can use this fabulous facility.

To receive a pass for utilization of the complex ("Silliman Center pass"), you and your spouse/domestic partner will need to go to the Silliman Center, (please bring your City ID card) fill out a membership registration form, and get a picture taken.

A list of eligible employees has been submitted to the Silliman Center to set up the "Resident" status for classes and rentals.



# Employee Computer Purchase Program

The purpose of the Employee Computer Purchase Program is to encourage and facilitate computer literacy among City employees and to provide a personal computer (desktop, laptop, or tablet) at employees' homes that can be used for work purposes. Peripheral devices such as personal digital assistants (PDA's), cell phones, scanners, digital recorders, digital music players, printers, and digital cameras are not eligible to be purchased under this program.

- With Department Head approval, regular part-time and regular full-time employees with 6 months of continuous service are eligible for an interest-free loan of up to 90 percent of the cost of a personal computer (desktop or laptop and printer).
- The loan maximum is \$3,000 with an option for a one or two year repayment period.
- Employees may choose to order a computer through a City-approved vendor or may be reimbursed for the purchase.
- For full details refer to Administrative Regulation No. 0109 – Information Systems.

## Microsoft Home Use Program

**To access the Microsoft Home Use Program web site, please follow the steps below:**

1. Click here for details: (To be given at hire)  
(copy/paste the address above into your browser if clicking the link doesn't work)
2. Select the country to which you wish your order to be shipped to and choose the language for viewing the order web site.
3. Enter your Newark email address (To be assigned at hire)
4. Enter the Microsoft HUP Program Code: (to be given at hire)

**Our eligible products include: Office Professional Plus 2016 and Office Home & Business 2016 for Mac.**

*Note: this program code is assigned to the City of Newark for the sole use of eligible employees in accessing this site. You may not share this number with ineligible employees or volunteers, or anyone outside of the City of Newark organization.*

5. Place your order online. You may select the download option, or can select to have the software shipped to the location you have chosen. Please note that a fulfillment fee will be charged to cover packaging, shipping and handling costs.

# Annual Notices

## New Health Insurance Marketplace Coverage Options & Your Health Coverage

### Part A: General Information

When key parts of the health care law took effect in 2014, there became a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment based health coverage offered by the City. Please note that this notice is informational only.

#### What is Health Insurance Marketplace?

The Marketplace is designed to help you find private individual health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in November 1, 2015 for coverage starting January 1, 2016. Open enrollment ends January 31, 2016.

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

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

#### Does the Employer Health Coverage Affect Your Eligibility for Premium Savings through the marketplace?

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

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

#### How Can I Get More Information About the Health Insurance Marketplace?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [www.CoveredCA.com](http://www.CoveredCA.com) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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

# Annual Notices

## Part B: Information About Employer-Provided Health Plan Coverage

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked for information about the City's health plan coverage. The information below can help you complete your application for coverage in the Marketplace.

### 1. General Employer Information.

Employer Name	<b>City of Newark</b>
Employer Identification Number (EIN):	<b>94-6027360</b>
Employer street address:	<b>37101 Newark Blvd</b>
Employer phone number:	<b>510-578-4000</b>
Employer city:	<b>Newark</b>
Employer state:	<b>CA</b>
Employer ZIP code:	<b>94560</b>
Who can we contact about employee health coverage at this job:	<b>The Human Resources Department</b>
Phone number (if different from above):	<b>510-578-4267</b>
Email address:	<a href="mailto:HR@Newark.org">HR@Newark.org</a>

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

As your employer, we offer a health plan to: Regular full-time and regular part-time employees, PST-X, and PST-PERS employees working at least 20 hours per week on average.

With respect to dependents, we offer coverage to Eligible Dependents: Current Spouse or Registered Domestic Partner; Natural, adopted, step, or registered domestic partner's children up to age 26; Disabled Children of any age if enrolled prior to age 26; Children up to age 26 for whom the subscriber has assumed a parent-child relationship and is considered the primary care parent.

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

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

If you decide to shop for coverage in the Marketplace, [www.CoveredCA.com](http://www.CoveredCA.com) will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

# Annual Notices

## The Newborns and Mothers Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean delivery. 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## 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 (the "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 this Plan. For further details, please refer to the Plan's Summary Plan Description.

## Health Insurance Portability and Accountability Act (HIPAA): Pre-Existing Condition Exclusion Rule

### 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 your employer's HIPAA Privacy Notice. You can request a copy of the Privacy Notice by contacting your Human Resource department.

## IRS Qualifying Events - Rules for Benefit Changes During the Year

Other than during annual open enrollment, you may only make changes to your benefit elections if you experience a qualified status change or qualify for a "special enrollment". At the time the change is requested you may be required to submit proof of the change or evidence of prior coverage.

### Qualified Status Changes include:

- Change in legal marital status, including marriage, divorce, legal separation, annulment, 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 that affects benefit eligibility, 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 place of residence or work site, including a change that affects the accessibility of network providers.

## Qualified Status Changes continued:

- 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.
- An event that is a special enrollment under HIPAA (the Health Insurance Portability and Accountability Act) including acquisition of a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan.
- Revocation due to reduction in hours of service - If an employee's hours are reduced to an average of less than 30 hours per week, (s)he may choose to drop the City's coverage and then purchase insurance through the exchange.
  - A cafeteria plan may rely on the reasonable representation of an employee who is reasonably expected to have an average of less than 30 hours of service per week for future periods that the employee and related individuals have enrolled or intend to enroll in another plan that provides minimum essential coverage for new coverage that is effective no later than the first day of the second month following the month that includes the date the original coverage is revoked.
- Revocation due to enrollment in a Qualified Health Plan - If an employee is eligible for a Special Enrollment Period through a Marketplace, or chooses to enroll during the Marketplace's annual open enrollment.
  - A cafeteria plan may rely on the reasonable representation of an employee who has an enrollment opportunity for a Qualified Health Plan through a Marketplace that the employee and related individuals have enrolled or intend to enroll in a Qualified Health Plan for new coverage that is effective beginning no later than the day immediately following the last day of the original coverage that is revoked.

### 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 60 days of the date the event occurs (unless otherwise noted above).

## Electronic Disclosure Guidelines

Department of Labor (DOL) regulations provide a "safe harbor" that describes specific circumstances in which ERISA-covered plans may use electronic delivery methods to furnish required documents. [Note: Treasury regulations provide the exclusive rules regarding electronic communications required under the Internal Revenue Code (such as Code Section 125 cafeteria plans). These rules differ from the DOL rules.]

Electronic disclosure is permitted for Summary Plan Descriptions (SPD), Summaries of Material Modification (SMM), and Summary Annual Reports (SAR), as well as Qualified Medical Child Support Orders notices, COBRA notices, HIPAA certificates of creditable coverage, and documents that must be provided to participants and beneficiaries on request. If the safe harbor conditions are met, electronic disclosure is effective for both employees and non-employees. However, the regulations impose significant administrative and paperwork requirements for individuals who do not have work-related access (including employees, beneficiaries or others). Note that in some cases, it may be preferable to distribute documents in manner that provides proof of receipt by the participant. Refer to the Open Enrollment Checklist on Alliant.net for additional information.

## General Guidelines for All Recipients:

The following requirements must be met with respect to any recipient of electronic disclosures:

1. The electronic materials must be prepared and furnished in accordance with other applicable style, format and content requirements – e.g., an electronic SPD generally should use the same font and look of a paper SPD;
2. Notice must be provided to each recipient, at the time the electronic document is furnished, of the significance of the document and the right to request and obtain a paper version - e.g., a cover email could explain what is being distributed;
3. A paper version of the electronic document must be available on request, and no charge may be imposed if the document requested

is one that must otherwise be provided without charge (e.g. an SPD or SMM); When a disclosure includes personal information relating to an individual's accounts and benefits, the plan administrator must take reasonable and appropriate steps to safeguard the confidentiality of the information (consider use of password and/or PIN requirements). Note: This rule often applies to 401(k) or retirement plans but usually does not apply to health plans.

### **General Guidelines for All Recipients continued:**

Notice is required each time an electronic disclosure is made, although the safe harbor regulations allow a plan administrator to include this notice simultaneously with other disclosures being furnished, provided it is conspicuous. These general rules must be followed for both categories of recipients: (1) participants with work-related access; and (2) other consenting individuals, as described below.

### **For Participants With Work-Related Computer Access:**

Disclosure may be made electronically to any plan participant:

- Who has the ability to access documents at any location where the participant reasonably could be expected to perform employment duties; and
- Whose access to the electronic information system is an integral part of those employment duties.

These individuals are not required to consent to electronic disclosure.

### **For Consenting Individuals With No Work-Related Computer Access:**

Some individuals (e.g., participants, beneficiaries or others) will not have work-related access to electronic documents (as described above). Electronic distribution of documents to this group is possible but more difficult. These individuals must provide an address (e.g., an e-mail address) for delivery of the documents and must affirmatively consent to electronic disclosure. The consent may be given electronically or non-electronically. If the electronic disclosure will be made through the "internet or other electronic communication network" (versus disclosures via CD or DVD, which are also considered electronic media), the individual must affirmatively consent (or confirm consent) "in a manner that reasonably demonstrates the individual's ability to access information in the electronic form that will be used." The simplest way to do this is to require that the consent be furnished electronically.

Consent must occur after the individual has been provided with a statement that explains:

- The types of documents that will be provided electronically;
- That consent can be withdrawn without charge;
- The procedures for withdrawing consent and updating information (i.e., address for receiving electronic disclosure);
- The right to request a paper version and whether a charge applies; and
- The electronic delivery system and what hardware and software will be needed to use it (hardware or software changes require a new statement and consent).

**Individuals who do not fall into either category above must be furnished a paper copy.**

# Human Resources Benefits Contacts

Human Resources Contact	Title	Phone	Email
Christina Gendreau	Human Resources Technician	510-578-4388	<a href="mailto:christina.gendreau@newark.org">christina.gendreau@newark.org</a>
Veronica Wortham	Human Resources Technician	510-578-4244	<a href="mailto:veronica.wortham@newark.org">veronica.wortham@newark.org</a>

	Provider	Contact
	CalPERS (Medical Benefits/ Retirement Information)	<a href="http://www.calpers.ca.gov">www.calpers.ca.gov</a> Customer Service: 1-888-225-7377
	Delta Dental	<a href="http://www.deltadentalca.org">www.deltadentalca.org</a> Customer Service: 1-800-765-6003
	EyeMed (Vision Service Plan)	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a> Customer Service: 1-866-723-0513
	MHN (Employee Assistance Program Administrator)	1-888-327-0010 <a href="http://www.members.mhn.com">www.members.mhn.com</a> access code: Newark

Issue date:  
03/10/2016



**37101 Newark Blvd.**  
**Newark, CA 94545**  
**HR Dept: 510-578-4267**  
**[www.Newark.org](http://www.Newark.org)**