



Active Employees



2022 EMPLOYEE BENEFITS GUIDE

Effective January 1, 2022 - December 31, 2022



Welcome to Your Benefits Guide

Your benefits are a valuable addition to your overall compensation. Make sure you get the most from them by taking the time to understand your options and by selecting the best coverage for you and your family.

Your elections will remain in effect throughout the plan year (January 1 – December 31, 2022) unless you experience a change in status, as explained on pages 9 and 10. Otherwise, your next opportunity to change your elections will be during the next Open Enrollment period.

For information about the specific plans available to you, contact the Human Resources and Risk Management Office at (530) 879-7900 or visit the City's website at:

<https://chico.ca.us/post/employee-benefits>.

Notice of Creditable Coverage

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see the Health Plan Notices on the <https://chico.ca.us/post/employee-benefits> for more details.

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Annual Open Enrollment runs October 1 through October 29, 2021 for a January 1, 2022 effective date.

Important Notice: Read Carefully

City of Chico has made every attempt to ensure the accuracy of the information described in this enrollment Guide. Any discrepancy between this Guide and the insurance contracts or other legal documents that govern the plans of benefits described in this enrollment Guide will be resolved according to the insurance contracts and legal documents. Nothing in this enrollment Guide will amend, modify, increase, expand, enhance or in any other way alter the terms of the underlying benefit plans as set forth in the insurance contracts and other legal documents that govern them. City of Chico reserves the right to amend or discontinue the benefits described in this enrollment Guide in the future, as well as change how eligible employees and the City of Chico share plan costs at any time for any reason. This enrollment Guide creates neither an employment agreement of any kind nor a guarantee of continued employment with the City.

Open Enrollment

Your benefits should complement your life. During Open Enrollment, reflect upon how your life has changed over the past year and consider how it may be different next year. Then, participate in Open Enrollment and choose benefits that will best serve you in 2022. Open Enrollment for the 2022 benefits begins October 1st and will remain open until October 29th. The benefits you choose will become effective January 1, 2022.

Remember, Open Enrollment is generally your one time of the year to make changes to your benefits, and you'll need to participate if you want to:

- Make changes to your medical, dental, vision, voluntary life, and Aflac coverage for next year.
- Contribute to a Health Care and/or Dependent Care Flexible Spending Account (FSAs). **Remember, you must re-enroll each year.**

Please be sure to submit your enrollment forms/changes to the City no later than **Friday, October 29, 2021**. If you do not wish to make any changes to your benefits, including re-enrollment in the FSA(s), no action is required.

2022 Plan Changes

Medical—Anthem

- The PPO 90/10 plan will have an increased City contribution – please see pages 15 & 16.
- The Anthem diabetic prevention program, *Solera*, will transition to *Lark*—effective September 1, 2021. Transition is expected to be seamless and care will be uninterrupted.

Prescriptions—Express Scripts (ESI)

- Advanced Opioid Management effective January 1, 2022: designed to combat abuse through active patient education, support and monitoring. Specialized pharmacists will make proactive outbound calls to support patients with opioid prescriptions/therapies and address issues of dependence.
- Annual formulary and list of preventive and excluded medication updates effective January 1, 2022. (See page 25 for link to Express Scripts)

Dental—Delta Dental PPO & Vision (VSP)

- There are no benefit changes reported by the carriers.

Open Enrollment

To avoid possible COVID-19 exposure, the City will not be holding a Health Fair. Employees will be able to make most of their open enrollment elections online using the Workterra's Employee Self Service portal. You can access Workterra's secure site from any computer with an internet connection.

With the Workterra portal you can:

- Review and update your demographic information if needed
- Add/delete dependents
- Change/make benefit elections

What You Need to Do

You will need to make choices about which benefits you'd like to participate in during "enrollment windows." Enrollment windows are specific times that will require you to take action and select your benefits:

- When you are initially eligible to participate in benefits. Elections you make generally become effective on the first of the month following your date of hire. See page 8 for what happens if you don't enroll in coverage at date of hire.
- During the annual Open Enrollment period (October 1 – October 29). Any changes you make during the Open Enrollment period become effective January 1, 2022.
- When you experience a qualified change-in-status event, such as marriage or the birth of a child, or HIPAA special enrollment event. You must report these events within 30 days in order to make any allowable changes to your benefits. See pages 9 and 10 for more details about reporting qualified change-in-status events and HIPAA special enrollment rights.

Each time an enrollment window occurs, use this Guide to familiarize yourself with the most current information on the City's benefit programs and what coverage options are available to you. You can also use this information to:

- Get ready to enroll
- Understand how to enroll
- Know what to expect after you enroll
- Learn what happens if you don't enroll

Get Ready to Enroll

1. Review your options, ask questions and talk with your family. If you're thinking of changing medical plans or you are choosing for the first time:
 - a. Check with your doctors to find out which plans they participate in
 - b. If you take any prescription medications regularly, contact the new plan to find out how these drugs are covered (for example, formulary or non-formulary drugs)
 - c. Call the medical plan's Member Services number or visit its website (contact details are on page 25 of this Guide).

2. Consider not only your current circumstances but also what may be happening in your life in the future. Outside of Open Enrollment, you will not be able to make changes to your benefits unless:
 - a. You have a qualified change-in-status event or HIPAA special enrollment event (for example, you get married or have a child). HIPAA special enrollment events are explained in more detail on page 10 of this Guide.
 - b. You move out of the EPO service area
3. Consider the following when choosing a medical plan:
 - a. What the plans cover. The Medical Plans section of this Guide explain what each plan covers.
 - b. Your estimated usage. Does your plan choice adequately cover the services you use most or will need in the future?
 - c. Flexibility in choice of doctors, hospitals and how you receive care. Each plan may include a different set of doctors or hospitals or have different rules for how to receive care.
 - d. Verify service areas and provider availability since all medical plans make ongoing changes during the year.
4. Have the right information handy. When you start the enrollment process, you'll need:
 - a. Your Social Security number
 - b. The names, birth dates, and Social Security numbers of any dependents you wish to enroll, or of any beneficiaries you wish to designate. Social Security numbers are required for all dependents over the age of 6 months.
 - c. Proof of dependent eligibility (marriage license, domestic partner certification, birth certificate)

How to Enroll/Make Changes Enroll/Make Changes Online

Workterra login

1. Launch an Internet browser such as Internet Explorer.
2. Navigate to <https://workterra.net/Platform>
3. Enter the information below and click Login

User name: [First 4 letters of Last name (if your last name is less than 4, enter your full last name), First Letter of First name, last 4 of SSN]

(Example: [John Smith – 5454 = SmitJ5454])

Password: [8-digit date of birth]

(Example: [07251987])

Company: City of Chico

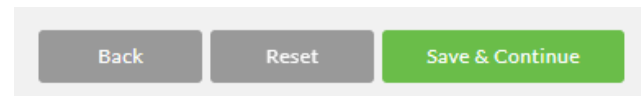
After you login, you must read and accept the Employee Usage Agreement and Legal Agreement

Read the Welcome Page information and select Continue

Please provide your security questions and answers as well as update your password. When finished select Save & Continue.

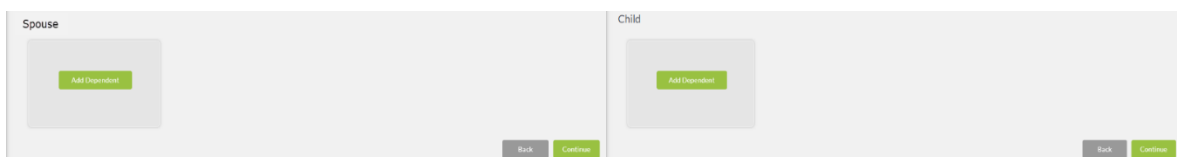
Please note your password must be:

- Password must be a minimum of 8 characters.
- Password must contain at least one numeric digit.
- Password must contain at least one special character.
- Password must contain at least one UPPERCASE letter.



You will then have an opportunity to review, add or update your spouse, domestic partner or child information as well as your emergency contact information on the next few pages.

To add a spouse or child, click Add. The Add Spouse/ Add Child screen will open for you to enter their demographic information (required data is marked with a red indicator).



Click Save & Continue. If you have multiple children, select “Add Another Child” adding them one at a time and click “Save & Continue” once all are added.

[If you do not have a spouse, domestic partner or child, click Continue to proceed to the next page.](#)

For **Disabled Children**, please ensure that you classify the child as a “Disabled Child” in the Child relationship box as well as enter a “yes” in the Disabled child field.



How to Enroll/Make Changes

Enroll/Make Changes Online

Follow the steps below to enroll in your benefit plans.

If you do not wish to enroll and would prefer to decline the benefit, select “Waive this benefit”.

Please note that the following are available for additional information to assist you in choosing your benefits.

- Compare Plan – Click the Compare Plan box under each plan to open up a side by side comparison of the plans offered to you
- Additional Tools
 - Learn about your Health benefits – This houses links to the plan summaries
 - Paycheck Modeling – Allows you to calculate how much your benefits will cost
 - Forms Library – This houses links to additional benefit information
- Brochure – This link contains plan information

Step 1: Go to the plan you would like to enroll in.

Step 2: Select your covered members that you would like to enroll in the plan

Step 3: Click on the “Enroll Now” button to save the enrollment.

Medical

Medical benefits are designed to support the cost of medical services for the employees and the elected dependents. These benefits provide protection to the employees against the medical care costs. Dental and Vision health issues can also be taken care of.

Click to waive Medical benefit [Waive](#) [Compare Plans](#) [Additional Tools](#)

Blue Shield HMO
Effective Date: 12/01/2017

Eligible Members

| | |
|---|---------------|
| <input checked="" type="checkbox"/> Test Test | Employee |
| <input type="checkbox"/> S test | Spouse |
| <input type="checkbox"/> test test | Natural child |

Total Cost

| | |
|---------------|-------------------------------|
| Employer Cost | \$50.00/ Semi-monthly |
| Employee Cost | \$249.72/ Semi-monthly |

[Brochure](#) [Watch Video](#) [Enroll Now](#)

Please be sure to use only the navigational buttons provided within the tool. **Do not use your browser’s back button.**

You can navigate into previous pages using these three options:

1. The slide out menu bar will allow you to move back to any page that you have previously visited
2. To revisit a plan you may click on the benefit plan listed in the election summary
3. Use the back button provided by the tool

1

2

3

From Your Pocket: \$559.15/Semi-monthly

01

02

03

04

05

06

Welcome - Test Test (Employee)

Effective Date: 12/01/2017

Eligible Members

| | |
|---|---------------|
| <input checked="" type="checkbox"/> Test Test | Employee |
| <input type="checkbox"/> S test | Spouse |
| <input type="checkbox"/> test test | Natural child |

Total Cost

| | |
|---------------|-----------------------------|
| Employer Cost | \$17.68/ Semi-monthly |
| Employee Cost | \$8.45/ Semi-monthly |

[Brochure](#) [Enroll Now](#)

Dental PPO
Effective Date: 12/01/2017

Eligible Members

| | |
|---|---------------|
| <input checked="" type="checkbox"/> Test Test | Employee |
| <input type="checkbox"/> S test | Spouse |
| <input type="checkbox"/> test test | Natural child |

Total Cost



| | |
|---------------|-----------------------------|
| Employer Cost | \$9.68/ Semi-monthly |
| Employee Cost | \$6.45/ Semi-monthly |


[Brochure](#) [Enroll Now](#) [Back](#)

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After completing all of your plan elections you will come to the Confirmation Page. Please review all of your elections for accuracy.

Confirmation Statement

 **Test Test**

Date of Birth: January 1, 1985 (32 years) Gender: Male Address: test

Social Security Number: XXXXX3123 DC: ---
USA

Employee Review EMPLOYEE REVIEW





Underwriting Employment Status: Full Time Location B: CA

Payroll New Field: 3 Reason for Status Change: ---

Demographics Current Job Title: --- Job Description: --- Supervisor: False


Dependent Information Officer Status: No Company Stock Holdings %: 0

Last Recent Activity

| PLAN NAME | COVERAGE | EMPLOYER COST | EMPLOYEE COST |
|--|--|---------------|---------------|
|  Blue Shield PPO (Pre-tax) Effective 12/01/2017 | Test Test (Employee) S test (Spouse) | \$261.06 | \$609.15 |
|  Flexible Spending Account (Post-tax) Effective 12/01/2017 | Annual Employee Coverage - \$0.00 Annual Employer Coverage - \$0.00 | \$0.00 | \$0.00 |
|  Basic Life (Post-tax) Effective 12/01/2017 | Test Test (Employee) | \$0.00 | \$0.00 |
| Primary Beneficiary | Current Coverage \$20,000.00 Elected Coverage \$200,000.00 (EE cost \$19.00) | | |
| S test (Spouse) | 100% | | |
|  Supp Life (Post-tax) Effective 12/01/2017 | Test Test (Employee) Current Coverage \$20,000.00 Elected Coverage \$200,000.00 (EE cost \$19.00) | \$0.00 | \$0.30 |
| Primary Beneficiary | | | |
| S test (Spouse) | 100% | | |

Please note "Elected Coverage" is the coverage that is pending for EOL.

Once you have completed reviewing your elections, you can click "Finish" to complete the Enrollment process.



Please be sure to keep a copy of the confirmation statement for your records by clicking on the PDF button to download, save & print

After you have clicked on finish, you will be taken to your Employee Home Page. Your enrollment process is now complete.

How to Enroll/Make Changes by Paper Form

To enroll or change your medical plan or add/delete dependent coverage, you can submit a “City of Chico Application for Benefits,” selecting the coverage you wish to elect. The Application for Benefits can be located on the City’s website: <https://chico.ca.us/post/employee-benefits> or by contacting Human Resources at (530) 879-7900.

What Happens After Enrollment

ID Cards

After you enroll, you will receive an ID card(s) from the medical plan you select if you enroll in coverage for the first time or change your coverage. No ID cards will be issued for the Delta Dental and VSP vision plans.

When you receive your ID card(s), confirm that all information is accurate. If not, contact the City’s Human Resources Department right away.

Cash In Lieu of Medical Coverage

Employees who have alternative group health coverage may “opt-out” of the City’s medical plans. If you desire to “opt-out” of medical insurance, you must submit:

1. “Designation of Medical Opt-Out Payment Choice” form;
2. “Certification of Other Medical Coverage” form;
3. Proof of other group coverage

All items must be submitted to Human Resources by the end of the Open Enrollment period. Payment of the medical “opt-out” varies by bargaining unit and can be found in your Memorandum of Understanding or Pay and Benefits Resolution.

Note: *Employees enrolled in Medicare or Medi-Cal are not eligible for Cash In Lieu benefits.*

What Happens if You Don’t Enroll

If you are an active employee and you don’t take action during the Open Enrollment period, you will continue to receive your current year’s medical, dental, and vision coverage for yourself and your covered dependents, as listed on your Enrollment Worksheet. You will not participate in any Flexible Spending Accounts (FSA) since you must re-enroll each year to participate in these plans.

New employees who don’t enroll in a City-sponsored medical plan within the 30-day period will not have coverage.

You will not be able to make changes until the next annual Open Enrollment period or until you experience a qualified change-in-status event or HIPAA special enrollment event.

Eligibility & Changes

Eligibility

If you are a permanent employee and work 20 or more hours per week, you can participate in the benefits described in this Guide. Coverage for permanent employees begins first day of the month following date of hire or the first day of the month following a qualifying event. Hourly employees may be eligible to participate in the benefits described in this Guide; please read below for additional information.

Your Dependents

Your eligible dependents include:

- Your spouse (as defined by applicable state law)
- Your State-Registered domestic partner (Certificate of Registration is required);
- Your children up to age 26. Children include:
 - Biological and adopted children, (including those placed in your home for adoption);
 - Stepchildren and domestic partner's children;
 - Children for whom you are responsible to provide health coverage under a qualified medical child support order.
 - Your child of any age if chiefly dependent upon you for support and maintenance because of physical or mental disability.

Under no circumstances are you allowed to keep dependents (spouses and/or child(ren)) on your benefits if they are no longer eligible. Failure to notify the City of ineligibility within 60 days will result in the forfeiture of COBRA rights.

If it is discovered that a dependent was kept on the benefits while no longer eligible, they will be terminated retroactively to the date of ineligibility and any claims incurred by them after that date will be the responsibility of the employee. The employee will also not be reimbursed for any premium contribution made on behalf of the ineligible dependents.

Hourly Employees: Hourly employees who work an average of 30 hours per ACA measurement period will be contacted by Human Resources regarding benefits eligibility during applicable Administration Periods.

Domestic Partner Eligibility Criteria

If you are enrolling a domestic partner, you must have a valid Declaration of Domestic Partnership on file with the State of California. To be eligible for a California Domestic Partnership, both persons are members of the same sex OR opposite sex who are not related by blood, age 18 or older and capable of consenting to the domestic partnership.

Note: The value of health care coverage provided for a domestic partner or any enrolled dependent children of your domestic partner is treated as income to you for federal tax purposes (and in most cases, state tax purposes). City of Chico will report the value of the coverage as income to you on your Form W-2 and will withhold applicable taxes. The amounts taxable to you can be substantial. It is recommended you consult with your tax advisor for more information on how this affects you.

Making Changes

When you elect coverage under the medical, dental and vision plans, elections will generally remain in effect throughout the plan year (January 1 – December 31). You cannot change your coverage, start or stop coverage, or add or drop any family members to or from your coverage, during the plan year unless you have a qualified change-in-status event or a HIPAA special enrollment event.

Qualified Change-in-Status Events

Examples of qualified change-in-status events include:

- Change in marital status (marriage, divorce or legal separation, registered domestic partnership)
- Change in number of dependents (birth, adoption or placement for adoption of a child; death of spouse or child)
- Change in dependent eligibility (dependent child loses eligibility due to age)
- Change in other coverage (spouse or child gains or loses eligibility for coverage under another plan, such as through spouse's employment)
- Change in residence resulting in loss of eligibility (such as moving out of the EPO service area)

If you experience a qualified change-in-status event, you have **30 days** to report the event and request an enrollment change that is consistent with the type of event. For instance, if the event is marriage, you may request an enrollment change to add your new spouse to your coverage. Enrollment changes due to qualified change-in-status events generally are effective the first of the month following the event, provided that you requested the enrollment change by the **30 day** deadline. Coverage for a new child due to birth, adoption or placement of adoption generally is effective on the date of the event.

The plan's official documents govern how and when you can make enrollment changes during the plan year and may allow qualified change-in-status events in addition to those listed above. Human Resources can provide complete details.

When you experience any type of family change, you should also consider updating your life insurance and beneficiaries at the same time. In addition, you may need to update your address or update your tax status by completing a new Form W-4. For questions about tax forms or to update your address, contact Human Resources.

HIPAA Special Enrollment Rights

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), if you decline City-sponsored medical, dental or vision coverage for yourself or your dependents because you have other group health insurance coverage (for example, through your spouse's employment), you may be able to enroll yourself and your dependents in the City's health care plan during the plan year if:

- You or your dependents lose eligibility for the other coverage
- The other employer stops contributing toward the other coverage
- You or your dependents lose eligibility for Medi-Cal or Children's Health Insurance Program (CHIP) coverage
- You or your dependents become eligible for a state's premium assistance program under Medi-Cal or CHIP

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in the City's health care plan during the plan year.

For any HIPAA special enrollment event, you must request enrollment within **30 days** after you or your dependent's other coverage ends (or after the other employer stops making a contribution toward the other coverage) or you acquire the new dependent. If the event is gaining or losing eligibility for coverage or premium assistance under Medicaid or CHIP, you have up to **60 days** to request a change.

For more information or to request special enrollment, contact Human Resources.

If You Leave Your Job

Benefits end on the last day of the month following your last day of employment with the City of Chico. You and the dependents you have covered under your medical, dental and vision coverage have the right to continue participation in group health coverage as allowed under the Consolidated Omnibus Budget Reconciliation Act (commonly referred to as "COBRA"). COBRA generally allows you to continue coverage for up to 18 months by paying the monthly premiums yourself. In some cases, longer extensions and/or premium assistance may apply. Detailed information about COBRA rights is given to you when you become eligible for health coverage. You may request another copy of your COBRA rights notice at any time. For more information, contact HR at: **(530) 879-7900**.

Life Insurance

You can convert life insurance coverage to an individual policy or port (take with you) your current voluntary life insurance coverage within **31 days** of your termination date. Contact Human Resources for more information.

Medical Plans and Prescription Drugs

Medical Plans

You have the choice of several medical plans. For your specific plan options and costs, please refer to pages 12 through 16.

- Anthem EPO
- Anthem PPO90
- Anthem PPO80
- Anthem Lumenos HDHP/HSA

How to Choose the Best Plan for You and Your Family

When choosing a medical plan, it is important to look at your budget, your preferences and the age and health of you and your covered dependents. You should consider the key differences between plan types and choose the one that best suits you and your family. The plans differ in the following areas:

- Cost of coverage, including payroll contributions and how you and the plan pay for services throughout the year
- Convenience, covered services, access to providers

Prescription Drugs

Your prescription drug coverage is included as part of the medical plan option you select. You should always use a participating pharmacy (one that is contracted by your medical plan) to get the best price.

The medical plans have “tiered” copayments for prescription drugs, meaning you pay a different amount for different classes or groups of drugs. Generic drugs generally have the lowest copays, and non-formulary brand name drugs generally have the highest copays.

A **formulary** is a list of drugs (both generic and brand name) that are preferred by the health plans. You can learn more about your plan’s prescription drug coverage, including what drugs are on the formulary, by contacting:

EPO, PPO 90, PPO 80 Plans

Express Scripts

HDHP/HSA Plan

Anthem / IngenioRx

See page 25 for contact information.

Note: *Formularies are updated regularly. Please refer to your plan for updates. Contact information can be found on page 25 of this Guide. It’s good to keep checking back to determine if your prescriptions continue to be part of the formulary.*

You Must Enroll

If you want medical coverage, you must enroll during Open Enrollment or as a new hire. If you are not currently enrolled in a City-sponsored medical plan, and do not elect a medical plan during Open Enrollment, you will not be eligible to enroll until the next Open enrollment window. If you do not elect a medical plan as a new hire, you will not have medical coverage.

Health Savings Account

If you enroll in the High-Deductible Health Plan, you will be required to open a Health Savings Account (HSA) – a tax-advantaged way to pay for current medical expenses and save for future needs. To learn more, see page 14.

Important Benefit Terms

For a list of benefit terms, please see page 26.

A note about the High-Deductible Health Plans: If you enroll in a High-Deductible Health Plan, you will pay the full cost of your prescription drugs until you meet your deductible. However, if you use a participating pharmacy, you will receive a discounted price for prescription drugs. After you meet the deductible, prescriptions are provided at no cost to you.

2022 Prescription Formulary

(EPO, PPO 90, PPO 80)

Please review the NEW Express Scripts Preferred Drug Exclusions which can be found at: www.express-scripts.com/cityofchico. If you are affected by any of the changes to the formulary, Express Scripts will be directly contacting you prior to January 1, 2022 with additional information and what you need to do.

Carrum Health

Employees and their dependents enrolled in one of the City’s Medical plans has access to an enhanced surgery benefit program with top-quality hospitals and surgeons.

Under the Carrum Health surgery benefit program:

- A personally assigned Carrum “Care Concierge” will: Help complete forms; Gather and transfer medical records; Assist in the selection of a surgeon; Schedule the surgery; Make travel arrangements (if necessary); and Coordinate post-discharge recovery care.
- There are no medical bills! Co-insurance and deductibles will be waived*
*Due to IRS regulations, on HDHP/HSA plans the deductible applies but the co-insurance is waived.
- Travel expenses (if applicable) will be covered for the patient and an adult companion.

See page 25 for contact information.

Medical Benefit Summaries

| | EPO (Express Scripts Pharmacy) | PPO 90/10 (Express Scripts Pharmacy) | |
|---|--|--|---|
| | | In Network | Out of Network |
| Annual Deductible (individual/family) | \$250 / \$500 | None | \$500 / \$1,500 |
| Annual Maximum Medical (individual/family) | \$1,250 / \$2,500 includes deductible | \$2,000 / \$6,000 | \$5,000 / \$15,000 |
| Annual Maximum Pharmacy (individual/family) | \$5,350 / \$10,700 | \$4,600 / \$7,200 | No Limit |
| Physician / Specialist Office Visits | \$20 copay (deductible waived) | \$10 copay | 30% |
| LiveHealth Online | \$20 copay (deductible waived) | \$10 copay | 30% |
| Preventive Care | No charge (deductible waived) | No charge | Not covered |
| Labs & X-rays | No charge; Preventive care: No charge (deductible waived for preventive) | \$10 copay; Preventive care: No charge | 30%; (benefit limited to \$350 max per day at a Hospital); Preventive care: Not covered |
| Advanced Imaging | No charge | 10% | 30% up to \$800 max per test |
| Room & Board Hospital Inpatient (semi-private) | No charge | 10% | 30% (benefit limited to \$600 max per day) |
| Outpatient Surgery | No charge | 10% | 30% ¹ |
| Urgent Care | \$20 copay (deductible waived) | \$10 copay | 30% |
| Emergency Room Services (copay waived if admitted) | \$250 copay | 10% | |
| Ambulance Services | No charge | 10% | |
| Skilled Nursing Facility | No charge up to 100 preauthorized days per calendar year | 10% | Freestanding SNF: 10% with prior authorization; Hospital SNF Unit: 30% |
| | | up to 100 preauthorized days per calendar year | |
| Durable Medical Equipment | No charge | 10% | 30% |
| Prescription Drug Copay (Retail Pharmacy - 30 Day Supply) | \$5 G / \$10 B / \$25 NF (deductible waived) | \$5 G / \$10 B / \$25 NF | Not covered |
| Prescription Drug Copay (Mail Order - 90 Day Supply) | \$10 G / \$20 B / \$50 NF (deductible waived) | \$10 G / \$20 B / \$50 NF | Not covered |
| Specialty Drugs (Formerly Self-Administered Injectables) | 20% up to \$100 copayment maximum per prescription (deductible waived) | 30% up to \$150 copayment maximum per prescription | Not covered |
| Chiropractic Care | \$20 copay (deductible waived) up to 30 visits per calendar year | \$25 copay | 30% |
| | | up to 12 visits per calendar year | |
| Acupuncture | \$20 copay (deductible waived) up to 12 visits per calendar year | \$25 copay | \$25 copay |
| | | up to 20 visits per calendar year | |

The information presented in the chart is a summary only. The information does not include all of the detailed explanation of benefits, exclusions and limitations. Plan participants should refer to the Evidence of Coverage (EOC) document for coverage details. In the event information in this summary differs from the EOC, the EOC will prevail. ** All benefits subject to the deductible unless otherwise noted.

¹The maximum allowed charges for non-emergency surgery and services performed in a non-participating Ambulatory Surgery Center or outpatient unit of a non-preferred hospital is \$350 per day. Members are responsible for the applicable coinsurance plus all charges in excess of \$350.

Medical Benefit Summaries

| | PPO 80/20 (Express Scripts Pharmacy) | | HDHP (Anthem Pharmacy) | |
|--|--|---|---|--|
| | In Network | Out of Network | In Network | Out of Network |
| Annual Deductible (individual/family) | \$250 / \$500 | | \$3,000 / \$6,000 Deductible applies to all services including prescriptions | |
| Annual Maximum Medical (individual/family) | \$3,250 / \$6,500 includes deductible | \$10,000 / \$20,000 | \$3,000 / \$6,000 includes deductible | \$5,000 / \$10,000 includes deductible |
| Annual Maximum Pharmacy (individual/family) | \$3,350 / \$6,700 | No Limit | Combined with Medical | N/A |
| Physician / Specialist Office Visits | \$25 copay (deductible waived) | 40% | No charge | 50% |
| LiveHealth Online | \$25 copay (deductible waived) | 40% | No charge | 50% |
| Preventive Care | No charge (deductible waived) | Not covered | No charge (deductible waived) | Not covered |
| Labs & X-rays | \$25 copay; Preventive care: No charge (deductible waived for preventive) | 40%; (benefit limited to \$350 max at a hospital) Preventive care: Not covered | No charge (Preventive care: No charge, deductible waived) | 50% (Preventive care: Not covered) ³ |
| Advanced Imaging | 20% | 40% up to \$800 max per test | No charge | 50% up to \$800 max per test |
| Room & Board Hospital Inpatient (semi-private) | \$100 copay then 20% | 40% (benefit limited to \$600 per day) | No charge | 50% (benefit limited to \$600 per day) |
| Outpatient Surgery | Hospital: \$50 + 20%; Ambulatory Center: 20% | 40% ¹ | No charge | 50% ¹ |
| Urgent Care | \$25 copay (deductible waived) | 40% | No charge | 50% |
| Emergency Room Services (copay waived if admitted) | 20% | | No charge | |
| Ambulance Services | 20% | | No charge | |
| Skilled Nursing Facility (up to 100 preauthorized days per calendar year) | Freestanding SNF: \$100+ 20%; Hospital SNF Unit: \$100 + 20% | Freestanding SNF: 20% with prior authorization; Hospital SNF Unit: 40% | No charge | Freestanding SNF: 0% after deductible with prior authorization; Hospital SNF Unit: 50% after deductible |
| Durable Medical Equipment | 20% | 40% | No charge | 50% |
| Prescription Drug Copay (Retail Pharmacy- 30 Day Supply) | \$5G / \$10B / \$25 NF (deductible waived) | Not covered | No charge | Not Covered |
| Prescription Drug Copay (Mail Order - 90 Day Supply) | \$10 G / \$20 B / \$50 NF (deductible waived) | Not covered | No charge | Not covered |
| Specialty Drugs (Formerly Self-Administered Injectables) | 30% up to \$150 copayment maximum per Prescription (deductible waived) | Not covered | No charge | Not covered |
| Chiropractic Care | \$25 copay up to 12 visits per calendar year | 40% | No charge up to 20 visits per calendar year | 50% |
| Acupuncture | \$25 copay up to 20 visits per calendar year | \$25 copay | Not covered | |

The information presented in the chart is a summary only. The information does not include all of the detailed explanation of benefits, exclusions and limitations. Plan participants should refer to the Evidence of Coverage (EOC) document for coverage details. In the event information in this summary differs from the EOC, the EOC will prevail. ** All benefits subject to the deductible unless otherwise noted.

¹The maximum allowed charges for non-emergency surgery and services performed in a non-participating Ambulatory Surgery Center or outpatient unit of a non-preferred hospital is \$350 per day. Members are responsible for the applicable coinsurance plus all charges in excess of \$350.

High Deductible Health Plan (HDHP) & Health Savings Account (HSA)

If you enroll in the Lumenos High-Deductible Health Plan (HDHP), you are eligible to open your own Health Savings Account (HSA). Health savings accounts were created by the federal government to give people a new way to pay for medical expenses and save for future needs. An HSA is considered “tax-advantaged” because you are not taxed at the federal level on contributions, earnings or withdrawals—and your balance rolls over year to year. You own and manage the account.

You can use your HSA to:

- Pay for current expenses, such as deductibles, prescription drugs, coinsurance or other health care expenses
- Pay for future health care expenses, even if you are no longer enrolled in a High-Deductible Health Plan
- Pay for things other than health care (but you will be taxed on those payments and subject to penalties)
- **You can contribute to an HSA only if you are enrolled in a qualified High-Deductible Health Plan.** You cannot be covered under any other non-qualified medical plan, including your spouse’s plan.
- **If you have an HSA, you cannot be enrolled in the Health Care Flexible Spending Account** (including coverage under your spouse’s flexible spending account). You can only have a “limited use” spending account. Eligible expenses with a limited use spending account include most unreimbursed dental, vision and/or hearing care expenses (including your dependent expenses) and sometimes for certain qualified medical expenses after you reach your deductible.
- **The City of Chico’s monthly contribution to the HSA will be split between the first two pay checks of each month.** This means that you will not have access to the full annual contribution at the beginning of the year – it will accrue over the course of the year.
- **The City of Chico’s HSA is through Sterling Administration.** The City does not have a way to contribute to HSA accounts at other institutions.

The High-Deductible Health Plan and your HSA work together

| High-Deductible Health Plan | Health Savings Account (HSA) |
|--|---|
| <ul style="list-style-type: none"> • Comprehensive medical coverage after you pay the deductible • Preventive care (before you meet the deductible) • Out-of-network benefits so you can see any doctor • Plan pays a percentage of covered services • Out-of-pocket maximum protects you from high cost claims | <ul style="list-style-type: none"> • You can contribute up to the annual limit each year; the City contributes as well • Helps pay your deductible and other expenses • Tax-free contributions, earnings and payments (for qualified expenses) |

Health Savings Account Limits

| | For 2021 | For 2022 |
|---|--|--|
| HSA Contribution Limit (City + Employee) | Individual: \$3,600 Family: \$7,200 | Individual: \$3,650 Family: \$7,300 |
| HSA catch-up contributions (age 55 or older)* | \$1,000 | \$1,000 |

* Catch-up contributions can be made any time during the year in which the HSA participant turns 55.

Health Premiums

CNF, DIR, Local 39, MGT, PSM*, SEIU, UPEC

Medical Insurance Rates (CSAC/Anthem Blue Cross)

| | TOTAL MONTHLY PREMIUM | | | | CITY CONTRIBUTION | | | | | EMPLOYEE CONTRIBUTION | | | |
|---------------------|-----------------------|-----------|-----------|----------|-------------------|-----------|-----------|----------|--------|-----------------------|-----------|-----------|------|
| | EPO | PPO 90/10 | PPO 80/20 | HDHP | EPO | PPO 90/10 | PPO 80/20 | HDHP | HSA | EPO | PPO 90/10 | PPO 80/20 | HDHP |
| Employee Only | 609.00 | 609.00 | 563.00 | 395.00 | 526.05 | 526.05 | 390.61 | 395.00 | 78.14 | 82.95 | 82.95 | 172.39 | 0.00 |
| Employee +1 | 1,299.00 | 1,298.00 | 1,196.00 | 844.00 | 1,136.88 | 1,136.01 | 828.83 | 844.00 | 125.02 | 162.12 | 161.99 | 367.17 | 0.00 |
| Employee +2 or more | 1,671.00 | 1,670.00 | 1,540.00 | 1,089.00 | 1,456.61 | 1,455.74 | 1,074.77 | 1,089.00 | 156.27 | 214.39 | 214.26 | 465.23 | 0.00 |

Dental Insurance Rates (Delta Dental)*

| | | | | | | | | | | | | | |
|---------------------|-------|-------|-------|-------|-------|-------|-------|-------|---|-------|-------|-------|-------|
| Employee Only | 77.90 | 77.90 | 77.90 | 77.90 | 58.43 | 58.43 | 58.43 | 58.43 | - | 19.47 | 19.47 | 19.47 | 19.47 |
| Employee +1 | 77.90 | 77.90 | 77.90 | 77.90 | 58.43 | 58.43 | 58.43 | 58.43 | - | 19.47 | 19.47 | 19.47 | 19.47 |
| Employee +2 or more | 77.90 | 77.90 | 77.90 | 77.90 | 58.43 | 58.43 | 58.43 | 58.43 | - | 19.47 | 19.47 | 19.47 | 19.47 |

Vision Insurance Rates (VSP)

| | | | | | | | | | | | | | |
|---------------------|-------|-------|-------|-------|------|------|------|------|---|-------|-------|-------|-------|
| Employee Only | 5.47 | 5.47 | 5.47 | 5.47 | 5.47 | 5.47 | 5.47 | 5.47 | - | 0.00 | 0.00 | 0.00 | 0.00 |
| Employee +1 | 10.13 | 10.13 | 10.13 | 10.13 | 5.47 | 5.47 | 5.47 | 5.47 | - | 4.66 | 4.66 | 4.66 | 4.66 |
| Employee +2 or more | 15.71 | 15.71 | 15.71 | 15.71 | 5.47 | 5.47 | 5.47 | 5.47 | - | 10.24 | 10.24 | 10.24 | 10.24 |

Total Contributions

| | | | | | | | | | | | | | |
|---------------------|----------|----------|----------|----------|----------|----------|----------|----------|--------|--------|--------|--------|-------|
| Employee Only | 692.37 | 692.37 | 646.37 | 478.37 | 589.95 | 589.95 | 454.51 | 458.90 | 78.14 | 102.42 | 102.42 | 191.86 | 19.47 |
| Employee +1 | 1,387.03 | 1,386.03 | 1,284.03 | 932.03 | 1,200.78 | 1,199.91 | 892.73 | 907.90 | 125.02 | 186.25 | 186.12 | 391.30 | 24.13 |
| Employee +2 or more | 1,764.61 | 1,763.61 | 1,633.61 | 1,182.61 | 1,520.51 | 1,519.64 | 1,138.67 | 1,152.90 | 156.27 | 244.10 | 243.97 | 494.94 | 29.71 |

*Police PSM pay the full dental & vision insurance premium.

CPOA & CPSA

Medical Insurance Rates (CSAC/Anthem Blue Cross)

| | | | | | | | | | | | | | |
|---------------------|----------|----------|----------|----------|----------|----------|----------|----------|--------|--------|--------|--------|------|
| Employee Only | 609.00 | 609.00 | 563.00 | 395.00 | 526.05 | 526.05 | 390.61 | 395.00 | 78.14 | 82.95 | 82.95 | 172.39 | 0.00 |
| Employee +1 | 1,299.00 | 1,298.00 | 1,196.00 | 844.00 | 1,136.88 | 1,136.01 | 828.83 | 844.00 | 125.02 | 162.12 | 161.99 | 367.17 | 0.00 |
| Employee +2 or more | 1,671.00 | 1,670.00 | 1,540.00 | 1,089.00 | 1,456.61 | 1,455.74 | 1,074.77 | 1,089.00 | 156.27 | 214.39 | 214.26 | 465.23 | 0.00 |

Dental Insurance Rates (Delta Dental)

| | | | | | | | | | | | | | |
|---------------------|-------|-------|-------|-------|------|------|------|------|---|-------|-------|-------|-------|
| Employee Only | 77.90 | 77.90 | 77.90 | 77.90 | 3.81 | 3.81 | 3.81 | 3.81 | - | 74.09 | 74.09 | 74.09 | 74.09 |
| Employee +1 | 77.90 | 77.90 | 77.90 | 77.90 | 3.81 | 3.81 | 3.81 | 3.81 | - | 74.09 | 74.09 | 74.09 | 74.09 |
| Employee +2 or more | 77.90 | 77.90 | 77.90 | 77.90 | 3.81 | 3.81 | 3.81 | 3.81 | - | 74.09 | 74.09 | 74.09 | 74.09 |

Vision Insurance Rates (VSP)

| | | | | | | | | | | | | | |
|---------------------|-------|-------|-------|-------|------|------|------|------|---|-------|-------|-------|-------|
| Employee Only | 5.47 | 5.47 | 5.47 | 5.47 | 5.47 | 5.47 | 5.47 | 5.47 | - | 0.00 | 0.00 | 0.00 | 0.00 |
| Employee +1 | 10.13 | 10.13 | 10.13 | 10.13 | 5.47 | 5.47 | 5.47 | 5.47 | - | 4.66 | 4.66 | 4.66 | 4.66 |
| Employee +2 or more | 15.71 | 15.71 | 15.71 | 15.71 | 5.47 | 5.47 | 5.47 | 5.47 | - | 10.24 | 10.24 | 10.24 | 10.24 |

Total Contributions

| | | | | | | | | | | | | | |
|---------------------|----------|----------|----------|----------|----------|----------|----------|----------|--------|--------|--------|--------|-------|
| Employee Only | 692.37 | 692.37 | 646.37 | 478.37 | 535.33 | 535.33 | 399.89 | 404.28 | 78.14 | 157.04 | 157.04 | 246.48 | 74.09 |
| Employee +1 | 1,387.03 | 1,386.03 | 1,284.03 | 932.03 | 1,146.16 | 1,145.29 | 838.11 | 853.28 | 125.02 | 240.87 | 240.74 | 445.92 | 78.75 |
| Employee +2 or more | 1,764.61 | 1,763.61 | 1,633.61 | 1,182.61 | 1,465.89 | 1,465.02 | 1,084.05 | 1,098.28 | 156.27 | 298.72 | 298.59 | 549.56 | 84.33 |

IAFF, CBC

Medical Insurance Rates (CSAC/Anthem Blue Cross)

| | | | | | | | | | | | | | |
|---------------------|----------|----------|----------|----------|----------|----------|----------|----------|--------|--------|--------|--------|------|
| Employee Only | 609.00 | 609.00 | 563.00 | 395.00 | 526.05 | 526.05 | 390.61 | 395.00 | 100.00 | 82.95 | 82.95 | 172.39 | 0.00 |
| Employee +1 | 1,299.00 | 1,298.00 | 1,196.00 | 844.00 | 1,136.88 | 1,136.01 | 828.83 | 844.00 | 160.00 | 162.12 | 161.99 | 367.17 | 0.00 |
| Employee +2 or more | 1,671.00 | 1,670.00 | 1,540.00 | 1,089.00 | 1,456.61 | 1,455.74 | 1,074.77 | 1,089.00 | 200.00 | 214.39 | 214.26 | 465.23 | 0.00 |

Dental Insurance Rates (Delta Dental)

| | | | | | | | | | | | | | |
|---------------------|-------|-------|-------|-------|-------|-------|-------|-------|---|-------|-------|-------|-------|
| Employee Only | 77.90 | 77.90 | 77.90 | 77.90 | 58.43 | 58.43 | 58.43 | 58.43 | - | 19.47 | 19.47 | 19.47 | 19.47 |
| Employee +1 | 77.90 | 77.90 | 77.90 | 77.90 | 58.43 | 58.43 | 58.43 | 58.43 | - | 19.47 | 19.47 | 19.47 | 19.47 |
| Employee +2 or more | 77.90 | 77.90 | 77.90 | 77.90 | 58.43 | 58.43 | 58.43 | 58.43 | - | 19.47 | 19.47 | 19.47 | 19.47 |

Vision Insurance Rates (VSP)

| | | | | | | | | | | | | | |
|---------------------|-------|-------|-------|-------|------|------|------|------|---|-------|-------|-------|-------|
| Employee Only | 5.47 | 5.47 | 5.47 | 5.47 | 5.47 | 5.47 | 5.47 | 5.47 | - | 0.00 | 0.00 | 0.00 | 0.00 |
| Employee +1 | 10.13 | 10.13 | 10.13 | 10.13 | 5.47 | 5.47 | 5.47 | 5.47 | - | 4.66 | 4.66 | 4.66 | 4.66 |
| Employee +2 or more | 15.71 | 15.71 | 15.71 | 15.71 | 5.47 | 5.47 | 5.47 | 5.47 | - | 10.24 | 10.24 | 10.24 | 10.24 |

Total Contributions

| | | | | | | | | | | | | | |
|---------------------|----------|----------|----------|----------|----------|----------|----------|----------|--------|--------|--------|--------|-------|
| Employee Only | 692.37 | 692.37 | 646.37 | 478.37 | 589.95 | 589.95 | 454.51 | 458.90 | 100.00 | 102.42 | 102.42 | 191.86 | 19.47 |
| Employee +1 | 1,387.03 | 1,386.03 | 1,284.03 | 932.03 | 1,200.78 | 1,199.91 | 892.73 | 907.90 | 160.00 | 186.25 | 186.12 | 391.30 | 24.13 |
| Employee +2 or more | 1,764.61 | 1,763.61 | 1,633.61 | 1,182.61 | 1,520.51 | 1,519.64 | 1,138.67 | 1,152.90 | 200.00 | 244.10 | 243.97 | 494.94 | 29.71 |

Health Premiums

UNREPRESENTED (Contractual Services/Hourly)

Medical Insurance Rates (CSAC/Anthem Blue Cross)

| | TOTAL MONTHLY PREMIUM | | | | CITY CONTRIBUTION | | | | | EMPLOYEE CONTRIBUTION | | | |
|---------------------|-----------------------|-----------|-----------|----------|-------------------|-----------|-----------|--------|-------|-----------------------|-----------|-----------|--------|
| | EPO | PPO 90/10 | PPO 80/20 | HDHP | EPO | PPO 90/10 | PPO 80/20 | HDHP | HSA | EPO | PPO 90/10 | PPO 80/20 | HDHP |
| Employee Only | 609.00 | 609.00 | 563.00 | 395.00 | 526.05 | 526.05 | 390.61 | 395.00 | 78.14 | 82.95 | 82.95 | 172.39 | 0.00 |
| Employee +1 | 1,299.00 | 1,298.00 | 1,196.00 | 844.00 | 526.05 | 526.05 | 390.61 | 395.00 | 78.14 | 772.95 | 771.95 | 805.39 | 449.00 |
| Employee +2 or more | 1,671.00 | 1,670.00 | 1,540.00 | 1,089.00 | 526.05 | 526.05 | 390.61 | 395.00 | 78.14 | 1,144.95 | 1,143.95 | 1,149.39 | 694.00 |

Dental Insurance Rates (Delta Dental)

| | | | | | | | | | | | | | |
|---------------------|-------|-------|-------|-------|-------|-------|-------|-------|---|-------|-------|-------|-------|
| Employee Only | 77.90 | 77.90 | 77.90 | 77.90 | 58.43 | 58.43 | 58.43 | 58.43 | - | 19.47 | 19.47 | 19.47 | 19.47 |
| Employee +1 | 77.90 | 77.90 | 77.90 | 77.90 | 58.43 | 58.43 | 58.43 | 58.43 | - | 19.47 | 19.47 | 19.47 | 19.47 |
| Employee +2 or more | 77.90 | 77.90 | 77.90 | 77.90 | 58.43 | 58.43 | 58.43 | 58.43 | - | 19.47 | 19.47 | 19.47 | 19.47 |

Vision Insurance Rates (VSP)

| | | | | | | | | | | | | | |
|---------------------|-------|-------|-------|-------|------|------|------|------|---|-------|-------|-------|-------|
| Employee Only | 5.47 | 5.47 | 5.47 | 5.47 | 5.47 | 5.47 | 5.47 | 5.47 | - | 0.00 | 0.00 | 0.00 | 0.00 |
| Employee +1 | 10.13 | 10.13 | 10.13 | 10.13 | 5.47 | 5.47 | 5.47 | 5.47 | - | 4.66 | 4.66 | 4.66 | 4.66 |
| Employee +2 or more | 15.71 | 15.71 | 15.71 | 15.71 | 5.47 | 5.47 | 5.47 | 5.47 | - | 10.24 | 10.24 | 10.24 | 10.24 |

Total Contributions

| | | | | | | | | | | | | | |
|---------------------|----------|----------|----------|----------|--------|--------|--------|--------|-------|----------|----------|----------|--------|
| Employee Only | 692.37 | 692.37 | 646.37 | 478.37 | 589.95 | 589.95 | 454.51 | 458.90 | 78.14 | 102.42 | 102.42 | 191.86 | 19.47 |
| Employee +1 | 1,387.03 | 1,386.03 | 1,284.03 | 932.03 | 589.95 | 589.95 | 454.51 | 458.90 | 78.14 | 797.08 | 796.08 | 829.52 | 473.13 |
| Employee +2 or more | 1,764.61 | 1,763.61 | 1,633.61 | 1,182.61 | 589.95 | 589.95 | 454.51 | 458.90 | 78.14 | 1,174.66 | 1,173.66 | 1,179.10 | 723.71 |

MAYOR/COUNCILMEMBERS

Medical Insurance Rates (CSAC/Anthem Blue Cross)

| | TOTAL MONTHLY PREMIUM | | | | CITY CONTRIBUTION | | | | EMPLOYEE CONTRIBUTION | | | |
|---------------------|-----------------------|-----------|-----------|----------|-------------------|-----------|-----------|----------|-----------------------|-----------|-----------|------|
| | EPO | PPO 90/10 | PPO 80/20 | HDHP | EPO | PPO 90/10 | PPO 80/20 | HDHP | EPO | PPO 90/10 | PPO 80/20 | HDHP |
| Employee Only | 609.00 | 609.00 | 563.00 | 395.00 | 526.05 | 526.05 | 390.61 | 395.00 | 82.95 | 82.95 | 172.39 | 0.00 |
| Employee +1 | 1,299.00 | 1,298.00 | 1,196.00 | 844.00 | 1,136.88 | 1,136.01 | 828.83 | 844.00 | 162.12 | 161.99 | 367.17 | 0.00 |
| Employee +2 or more | 1,671.00 | 1,670.00 | 1,540.00 | 1,089.00 | 1,456.61 | 1,455.74 | 1,074.77 | 1,089.00 | 214.39 | 214.26 | 465.23 | 0.00 |

Dental Insurance Rates (Delta Dental)

| | | | | | | | | | | | | |
|---------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Employee Only | 77.90 | 77.90 | 77.90 | 77.90 | 58.43 | 58.43 | 58.43 | 58.43 | 19.47 | 19.47 | 19.47 | 19.47 |
| Employee +1 | 77.90 | 77.90 | 77.90 | 77.90 | 58.43 | 58.43 | 58.43 | 58.43 | 19.47 | 19.47 | 19.47 | 19.47 |
| Employee +2 or more | 77.90 | 77.90 | 77.90 | 77.90 | 58.43 | 58.43 | 58.43 | 58.43 | 19.47 | 19.47 | 19.47 | 19.47 |

Vision Insurance Rates (VSP)

| | | | | | | | | | | | | |
|---------------------|-------|-------|-------|-------|------|------|------|------|-------|-------|-------|-------|
| Employee Only | 5.47 | 5.47 | 5.47 | 5.47 | 5.47 | 5.47 | 5.47 | 5.47 | 0.00 | 0.00 | 0.00 | 0.00 |
| Employee +1 | 10.13 | 10.13 | 10.13 | 10.13 | 5.47 | 5.47 | 5.47 | 5.47 | 4.66 | 4.66 | 4.66 | 4.66 |
| Employee +2 or more | 15.71 | 15.71 | 15.71 | 15.71 | 5.47 | 5.47 | 5.47 | 5.47 | 10.24 | 10.24 | 10.24 | 10.24 |

Total Contributions

| | | | | | | | | | | | | |
|---------------------|----------|----------|----------|----------|----------|----------|----------|----------|--------|--------|--------|-------|
| Employee Only | 692.37 | 692.37 | 646.37 | 478.37 | 589.95 | 589.95 | 454.51 | 458.90 | 102.42 | 102.42 | 191.86 | 19.47 |
| Employee +1 | 1,387.03 | 1,386.03 | 1,284.03 | 932.03 | 1,200.78 | 1,199.91 | 892.73 | 907.90 | 186.25 | 186.12 | 391.30 | 24.13 |
| Employee +2 or more | 1,764.61 | 1,763.61 | 1,633.61 | 1,182.61 | 1,520.51 | 1,519.64 | 1,138.67 | 1,152.90 | 244.10 | 243.97 | 494.94 | 29.71 |

City of Chico offers Dental coverage through Delta Dental. The Delta Dental PPO gives you the freedom to choose your own dentist and receive coverage from in-network and out-of-network providers. This plan uses a preferred provider organization (PPO) made up of general dentists and specialists who have agreed to provide dental care at discounted fees. If you go to a dentist who participates in the PPO, you qualify for in-network coverage and benefit from discounted rates.

If you go to a dentist who is out of the network, you receive a reduced level of benefits.

Below is a summary of the key features and costs for both in-network and out-of-network services.

| Key Features | Delta Dental | |
|---|-----------------------------|---------------------------------|
| | In-Network Single/Family | Out-of-Network Single/Family |
| Calendar Year Deductible | \$15 / \$45 | \$25 / \$75 |
| Calendar Year Maximum Benefit | \$1,000 | |
| Diagnostic and Preventive (D & P) <i>(Exams, cleanings and x-rays)</i> | 100% | 80% |
| Basic <i>(Fillings, simple tooth extractions and sealants)</i> | 80% | 80% |
| Endodontics <i>(Root canals)</i> | 80% | 80% |
| Periodontics <i>(gum treatment)</i> | 80% | 80% |
| Oral Surgery | 80% | 80% |
| Major Services <i>(Crowns, inlays, onlays and cast restorations)</i> | 80% | 80% |
| Prosthodontics <i>(Bridges, dentures and implants)</i> | 50% | 50% |
| Orthodontia—Adults/Child(ren) <i>(deductible waived)</i> | 50% | 50% |
| Orthodontia Maximum | \$500 per calendar year | |
| Waiting Period | None | |

The above information is provided for illustrative purposes only. Refer to the applicable carrier material for exact description of plan benefits and conditions.

| IN - PPO Network | Out-of-PPO Network |
|---|--|
| Delta Dental PPO Dentist | Delta Dental Premier Dentists & Non-Delta Dental Dentists |
| You will usually pay the lowest amount for services when you visit a Delta Dental PPO dentist. | You are responsible for the difference between the amount Delta Dental pays and the amount your non-Delta Dental dentist bills. You will usually have the highest out-of-pocket costs when you visit a non-Delta Dental dentist. |
| PPO dentists agree to accept a reduced fee for PPO patients. | Delta Premier dentists may not balance bill above Delta Dental's approved amount, so your out-of-pocket costs may be lower than with non-Delta Dental dentists' charges. |
| You are charged only the patient's share at the time of treatment. Delta Dental pays its portion directly to the dentist. | Non-Delta Dental dentists may require you to pay the entire amount of the bill in advance and wait for reimbursement. Delta Premier dentists charge you only the patient's share at the time of treatment. |
| PPO dentists will complete claim forms and submit them for you at no charge. | You may have to complete and submit your own claim forms, or pay your non-Delta Dental dentist a service fee to submit them for you. Delta Premier dentists will complete claim forms and submit them for you at no charge. |

City of Chico offers vision coverage through VSP with an extensive network of optometrists and vision care specialists. The City pays 100% of the employee only premium. Employees are responsible for dependent premium. Under this plan, you can use a VSP provider or another provider of your choice. However, when you obtain vision care through a non-VSP provider, you will receive a reduced level of benefits.

- **Laser Vision Care Program** - Discounts average 15% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, and Custom LASIK at Preferred Providers
- **Eye Health Management Program** - Exam reminder letters sent to VSP members with diabetes who have not had an eye exam in 14 months
- **TruHearing** - You can save up to \$2,000 on a pair of hearing aids with TruHearing pricing. Your dependents and extended family member are eligible, too. Please call TruHearing at (877) 396-7194 for more information. Don't forget to mention that you are a VSP member.

| Services | In-Network (VSP Choice) | Out-of-Network |
|---|-----------------------------|----------------------|
| Co-payments | | |
| Eye Exam | | \$10 copay |
| Primary Eye Care | | \$20 copay |
| Materials | | \$25 copay |
| Frequency | | |
| Exam | | Once every 12 months |
| Lenses | | Once every 12 months |
| Frames | | Once every 24 months |
| Contact Lenses | | Once every 12 months |
| Coverage | | |
| Eye Exam | Covered in full after copay | up to \$45 |
| Single Lens | Covered in full | up to \$30 |
| Bi-Focal Lenses | Covered in full | up to \$50 |
| Tri-Focal Lenses | Covered in full | up to \$65 |
| Lenticular Lenses | Covered in full | up to \$100 |
| Standard Progressive Lenses | Covered in full | up to \$50 |
| Frame Allowance | up to \$125 | up to \$70 |
| Costco Frame Allowance* | up to \$70 | n/a |
| Contact Lenses | | |
| Medically Necessary | Covered in full | up to \$210 |
| Elective Up to \$60 copay (fitting & evaluation) | up to \$160 | up to \$105 |

The above information is provided for illustrative purposes only. Refer to the applicable carrier material for exact description of plan benefits and conditions.

Below is a summary of covered services and costs:

Additional VSP Benefits

- **Additional Pairs of Glasses** - 20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses
- **Additional \$20 frame allowance** to spend on featured frames
- **★ Primary Eye Care Program** - Supplemental coverage for non-surgical medical eye conditions, such as pink eye and other urgent eye care - \$20 copay per visit at Preferred Providers

★ **Primary Eye Care Program** is designed for the detection, treatment and management of ocular conditions and/or systemic conditions which produce ocular or visual symptoms. A member can seek care from their vision provider versus their medical primary care physician for –

Symptoms - including but not limited to:

- ocular discomfort
- transient loss of vision
- flashes or floaters
- red eyes
- swollen lids
- pain in or around the eyes
- diplopia
- ocular trauma

Conditions - including but not limited to:

- ocular hypertension
- glaucoma
- cataracts
- pink-eye
- sty
- corneal abrasion
- corneal dystrophy
- macular degeneration
- retinal nevus blue
- Blepharitis

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) help you save money on health care and dependent care expenses by paying for eligible expenses with tax-free dollars. **You must re-enroll in the accounts every year.**

Here's how you save:

- The amount you contribute to either or both FSAs is deducted from your paycheck before federal, state, local, and Social Security taxes are withheld
- When you have an eligible expense, you are reimbursed from your account(s) and the money isn't taxed

Important!

Estimate your expenses and make your contribution elections wisely. The balances in your Health Care and Dependent Care accounts are "use it or lose it." What you don't use each year must be forfeited.

FSA Fee: There will be a monthly administration fee that is deducted from your paycheck on a post-tax basis. The fee is based on the number of accounts you have.

- \$2.60 per month (\$1.20 biweekly paid by EE for One Account)
- \$4.33 per month (\$2.00 biweekly paid by EE for Two Accounts)

Your FSA Choices

- **Health Care FSA:** You may use the General Health Care FSA to be reimbursed for eligible medical, dental, and vision out-of-pocket expenses, like deductibles, copayments, coinsurance, prescription drugs, and over-the-counter medications and feminine care products that aren't covered by your health plans. Examples of ineligible expenses include cosmetic procedures, most vitamins and insurance premiums.
Important note: While you're enrolled in a Health Care FSA, you can't make or receive Health Savings Account (HSA) contributions.
- **Limited Health Care FSA:** You may use the Limited Health Care FSA to pay for eligible out-of-pocket dental and vision expenses. You can make and receive HSA contributions when you're enrolled in a Limited Health Care FSA.

- **Dependent Care FSA:** You may use the Dependent Care FSA to be reimbursed for eligible expenses incurred by your dependents for child or elder care so you or your spouse may work, or look for work. Generally, reimbursement is provided for expenses of your tax dependents who:
 - live with you most of the time;
 - are claimed as a dependent on your income tax return
 - are under age 13 or physically or mentally unable to care for themselves, regardless of age.

FSA Election Maximums

The maximum amounts you may contribute to the FSAs in 2022 are as follows:

- Health FSA: \$2,750
- Limited Health FSA: \$2,750
- Dependent Care FSA: \$5,000 if married and filing joint tax return; \$2,500 if married and filing separately

To Enroll

Contact the HR Department to obtain the enrollment packet & form, or follow the below link to the **BASIC FSA Enrollment Guide:**

- [BASIC-FSA-Participant-Enrollment-Guide](#)

What's an eligible expense?

For a list of eligible expenses under the FSA plans, visit:

- [FSA Medical Eligible Expenses](#)
- [Dependent Care FSA Eligible Expenses](#)

The following Internal Revenue Service (IRS) websites provide key information about the tax rules regarding health and dependent care expenses as well as Health FSAs:

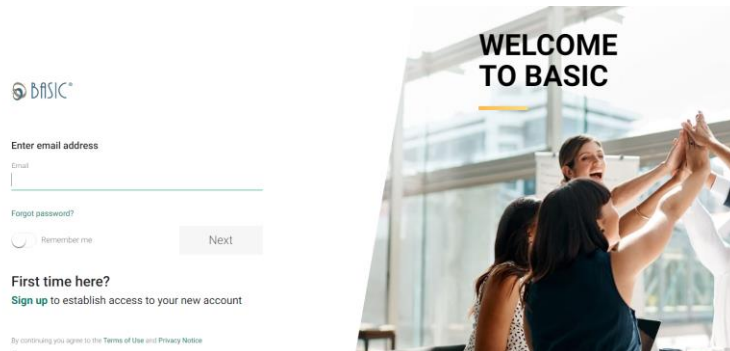
- IRS Publication 503, *Child and Dependent Care Expenses*: <https://www.irs.gov/uac/about-publication-503>
- IRS Publication 502, *Medical and Dental Expenses*: <https://www.irs.gov/uac/about-publication-502>

Flexible Spending Accounts

Manage Your FSA with BASIC's Consumer Driven Accounts (CDA) System:

One card, One website and One mobile app

Once enrolled and the first time you access the CDA system, you need to sign up. Visit cda.basiconline.com and select, "Sign Up" under the "First Time Here" section. For detailed instructions, click here: [Participant CDA Access](#)



The MyCash and the BASIC Card

MyCash

An individual, unrestricted cash account that securely holds your reimbursement funds until you spend or move them. Those funds are available on the BASIC card to use anywhere MasterCard is accepted. No delays!

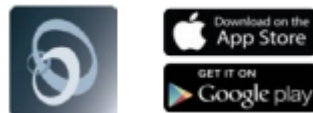
BASIC Card

Pay for healthcare and general items in one transaction with your BASIC Card. The card is smart enough to pay for eligible items from benefits accounts and ineligible expenses (e.g., milk, gum, or other ancillary expenses) from your MyCash account. When calling customer service, at 1-800-372-3539, it's important to have your Benefits ID readily available, which can be found on the back of your BASIC card.



The BASIC Benefits Mobile App with Picture to Pay the Provider

The mobile app allows you to track and manage all your BASIC benefit accounts. It's a free download through the Apple Store or Google Play. Search for "BASIC benefits" and locate the blue app icon. You will use the same login credentials that you used to create your CDA account.



Online Reimbursement

If you pay for an eligible expense out-of-pocket without the BASIC Card, you can submit a Request for Reimbursement online. Sign in to your account at <https://cda.basiconline.com/login>. From the Overview page, select the green box Request a Reimbursement. Reimbursements are deposited into your MyCash account on your BASIC Card.

A Participant Reference Guide can be obtained at:

<https://www.basiconline.com/wp-content/uploads/2020/08/CDA-Ops-7-CDA-Participant-Reference-Guide.pdf>

Basic Life and AD&D Insurance

Basic Life and AD&D Insurance

Life insurance and Accidental Death and Dismemberment (AD&D) insurance provide funds for those who have lost someone or for those who are seriously injured. Life insurance pays funds to your designated beneficiaries after your death, while AD&D pays an amount in the event of an accidental death or for certain accidental injuries. As an eligible employee, you are provided with Life and AD&D insurance equal to one times your basic annual earnings rounded to the next higher \$1,000 subject to a maximum of \$300,000. Basic Life and AD&D is provided at no cost for most eligible employees. Police PSM employees are responsible for the full cost of Life and AD&D insurance.

Note: The value of any Life insurance coverage in excess of \$50,000 may be subject to imputed income taxes.

Naming Your Beneficiary

You may name anyone you wish as your beneficiary (ies). They will receive your Life and AD&D benefits in case of your death. Once you have selected your beneficiary(ies), your designation will remain unchanged until you submit a new beneficiary designation form. You may change your beneficiary(ies) as often as you wish.

Note: Anyone can be designated as the beneficiary, but if a spouse is not designated as at least 50% beneficiary, the spouse must sign a form acknowledging they will not be receiving at least 50% of the life insurance benefit.

| Basic Life/AD&D | Lincoln |
|---|--|
| Eligible Employees | All permanent employees working at least 20 hours per week including seasonal park rangers. Hourly exempt and City Council members are excluded. |
| Eligible Employees Basic Life/AD&D | 1x the employee's annual salary up to \$300,000, rounded to the next higher \$1,000 |
| Dependent Life Insurance | |
| Spouses | \$1,500 |
| Child(ren) | 1 day to 6 months: \$150; 6 months to 26 years: \$1,500 |
| Employee AD&D Benefit | Same as Life Benefit |
| Accelerated Death Benefit | Included - 100% or \$250,000, whichever is less |
| Benefit Age Reduction | None |
| Premium Waiver | 6 months |
| Conversion/Portability | Conversion Only |

The above information is provided for illustrative purposes only. Refer to the applicable carrier material for exact description of plan benefits and conditions.

Voluntary Life and AD&D Insurance

Voluntary Life and AD&D Insurance

In addition to the Basic Life and AD&D insurance plan, you are eligible to purchase additional amounts of individual Term Life and AD&D insurance for yourself, your spouse/domestic partner, and your children. Employees may purchase amounts of Voluntary Life and AD&D insurance coverage up to a maximum of **five times basic annual earnings to a maximum of \$500,000**. Dependent spouse or domestic partner's Life insurance may not exceed the employee's principal sum. Voluntary Life insurance coverage for your children may be purchased in amounts up to \$10,000.

There are three points to consider when deciding how much Life insurance coverage you might need:

- If you have dependents that rely on you, how much will they need to pay off your current debts such as your mortgage, car loans, or credit card balances?
- What will it cost your dependents to maintain their current standard of living?

| Voluntary Life/ AD&D | Lincoln |
|--------------------------------|--|
| Employee | \$10,000 increments, subject to a maximum of 5x the annual salary not to exceed \$500,000 |
| Dependent Life | |
| Spouse | \$5,000 increments up to \$500,000 and lesser of 100% of employee voluntary - Terminates at age 70 |
| Child(ren) | From day 1 to 6 months \$1,000 / Age 6 months to 26 years: \$2,000 increments to \$10,000 |
| Guarantee Issue Amount | |
| Employee | \$150,000 |
| Spouse | \$25,000 |
| Child(ren) | All guarantee issue |
| Benefit Age Reduction Schedule | 35% at age 70, and an additional 15% at age 75 (terminates at retirement) |
| Waiver of Premium | 180 days |
| Accelerated Death Benefit | 75% up to maximum of \$250,000 |
| Conversion/Portability | Both Included |

The above information is provided for illustrative purposes only. Refer to the applicable carrier material for exact description of plan benefits and conditions.

- What kind of future would you like to provide for your spouse/domestic partner or dependent children or others who rely on you for financial support?

★ Current Eligible Employee—Open Enrollment ★

You or your spouse/domestic partner may elect or increase insurance coverage during Annual Open Enrollment up to two increments (not to exceed the plan maximum) without Evidence of Insurability (EOI), provided that you or your spouse/domestic partner have not been previously declined.

- **Employee Benefit**
 - increase \$10,000 or \$20,000
- **Spouse/Domestic Partner Benefit**
 - increase \$5,000 or \$10,000

To Enroll

Contact the HR Department for an application.

| Voluntary Cost Comparison— Lincoln Rate per \$1,000 (spouse rate based on spouse's age) | Employee / Spouse Rate |
|--|---------------------------|
| 0 - 24 | \$0.05 |
| 25 - 29 | \$0.06 |
| 30 - 34 | \$0.08 |
| 35 - 39 | \$0.09 |
| 40 - 44 | \$0.11 |
| 45 - 49 | \$0.17 |
| 50 - 54 | \$0.27 |
| 55 - 59 | \$0.51 |
| 60 - 64 | \$0.75 |
| 65 - 69 | \$1.50 |
| 70 - 74 | \$2.06 |
| 75 - 79 | \$3.29 |
| 80 - 99 | \$4.50 |
| EE/SPOUSE/CHILD AD&D | \$0.026 per \$1,000 |

| Child(ren) Rate per \$2,000—Lincoln | |
|-------------------------------------|---------------------|
| All Children | \$0.678 per \$2,000 |

Short-Term Disability (STD)

For all permanent employees, except those in CPOA, IAFF, and Fire PSM, the City of Chico provides STD coverage. This coverage replaces a portion of your income if you are injured or ill for more than 14 days but not greater than 50 weeks. When you become eligible, you'll be automatically enrolled in STD coverage. The City of Chico pays you the premium amount for this coverage. You then pay the premium for the coverage through post-tax payroll deductions. Because you pay the premium tax, any benefits received under the plan may be tax-favorable.

| Short Term Disability | Lincoln |
|---------------------------------|--|
| Eligibility Waiting Period | 6 months of continuous active employment |
| Elimination Period | 14 days |
| Percentage of Benefit | 66.67% |
| Maximum Weekly Benefit | \$3,000 |
| Maximum Covered Salary | \$234,000 |
| Maximum Benefit Period | 50 weeks |
| Definition of Disability | Own Occupation |
| Earnings Test | 80% |
| Minimum Benefit | \$25 |
| Exclusions/Limitations | |
| Pre-Existing Definition | None |
| Return to Work Incentive | |
| Rehabilitation Benefits | 5% |

The above information is provided for illustrative purposes only. Refer to the applicable carrier material for exact description of plan benefits and conditions.

Long-Term Disability (LTD)

For all permanent employees, except those in CPOA, IAFF, and Fire PSM, the City of Chico provides LTD coverage. Long-Term Disability (LTD) insurance coverage helps protect you by replacing your income in the event you are unable to work due to a long-term illness or injury. When you become eligible, you'll be automatically enrolled in LTD coverage. The City of Chico pays you the premium amount for this coverage. You then pay the premium for the coverage through post-tax payroll deductions. Because you pay the premium, any benefits received under the plan may be tax-favorable.

| Long Term Disability | Lincoln |
|---------------------------------|--|
| Eligibility Waiting Period | 6 months of continuous active employment |
| Elimination Period | 360 days |
| Percentage of Benefit | 66.67% |
| Maximum Monthly Benefit | \$13,000 |
| Maximum Covered Salary | \$234,000 |
| Maximum Benefit Period | Later of 65 or SSNRA |
| Definition of Disability | 36 month own occupation, then any occupation |
| Earnings Test | 80% |
| Minimum Benefit | Greater of \$100 or 10% |
| Survivor Income Benefit | 3 month lump sum |
| Exclusions/Limitations | |
| Mental/Nervous | 24 months |
| Alcohol, Drug, Substance Abuse | 24 months |
| Self-Reported Conditions | No limitations |
| Pre-Existing Definition | 3/12 |
| Return to Work Incentive | |
| Rehabilitation Benefits | Yes |
| Conversion | Yes |

The above information is provided for illustrative purposes only. Refer to the applicable carrier material for exact description of plan benefits and conditions.

How to File a Claim

Employees can submit a claim to Lincoln Financial Group by calling (866) 783-2255, or by obtaining a paper claim form from the Human Resources and Risk Management Office.

Note: For CPOA, IAFF, and Fire PSM employees, your Union provides STD/LTD benefits. Please contact your Union Representative for more information.

457 Deferred Compensation

City of Chico's 457 Deferred Compensation plan provides you with a tax-deferred way to save for your future. Once you've enrolled in the plan, you can contribute a portion of your eligible compensation on a pre-taxed basis. The combined total cannot exceed \$20,500 in annual contributions and other plan limits. You can change the amount you contribute at any time. Changes go into effect the 1st of the month following the change.

Plan highlights include:

- You are 100% vested in the value of your contributions and the company's matching contributions immediately.
- You can roll over a balance from a previous employer plan or from an individual retirement account (IRA).
- Your balance in the City of Chico plan is portable—you take it with you if you leave the company.

How to Enroll

You can enroll in the 457 Deferred Compensation plan at any time. Enrollments go into effect the 1st of the month following the elections. Enroll online at icmarc.org/onlineenrollvideo.html, or contact the Human Resources and Risk Management Office for assistance.

Employee Assistance Program (EAP)

The employee assistance program (EAP) through MHN offers you and your family information, referrals and short-term counseling for personal issues affecting work or personal life. Referrals are available for childcare services, legal consultations, older adult services and career management.

To contact the EAP, call **(800) 227-1060**. EAP representatives are available seven days a week, 24-hours a day.

Anthem LiveHealth Online

Offers you another choice for those times when you need to see the doctor but just can't get there.

Highlights of this service are:

- Immediate access to board-certified doctors online who can diagnose, treat, and prescribe drugs
- Available anywhere you have an internet connection and web camera or download the app from the *App Store* or *Google play* on your phone or tablet
- Secure, private, easy to use
- Affordable – members pay plan office visit copay/coinsurance
- No appointment is ever needed

Please note, this service is not meant for emergencies. Please contact Anthem or LiveHealth Online for additional details.

TravelConnect

A Travel Assistance Plan (through Lincoln Financial & United Healthcare (UHC))

As a part of your employee benefits package, your life coverage includes the TravelConnect program, through UHC, which focuses on travel, medical and safety-related services you may need while traveling. The TravelConnect program is provided at no additional cost to you and includes a wealth of services when traveling just 100 miles or more from home. Services are provided for both business and leisure travel. Whether you want the weather forecast for your destination or need emergency help halfway around the world, UHC has the staff and resources to provide support 24 hours a day, seven days a week. See the City's website for additional information.

Aflac—Voluntary Benefits

The City makes the following Aflac insurance policies available to its employees:

1. Accident

- Emergency Treatment Benefit
- Specific-Sum Injuries Benefit
- Accidental-Death Benefit
- Initial Hospitalization Benefit
- Hospital Confinement Benefit

2. Cancer/Specified – Disease

- Initial Diagnosis Benefit
- Hospital Confinement Benefit
- Radiation and Chemotherapy Benefits
- Surgical/Anesthesia Benefit
- Benefits paid directly to the insured, unless otherwise assigned
- Benefits paid regardless of any other insurance
- Ambulance, Transportation, and Lodging Benefits
- Cancer Wellness Benefit

3. Critical Care and Recovery (Specified Health Event)

- Pays a First-Occurrence Benefit, as well as Hospital Confinement and Continuing Care Benefits for heart attack, stroke, sudden cardiac arrest, coronary artery bypass surgery, end-stage renal failure, major human organ transplant, major third-degree burns, coma, paralysis

Aflac is different from major medical insurance, it is insurance for daily living. Aflac pays you cash benefits, unless assigned, to use as you see fit and can help with unexpected expenses. For more information about Aflac benefits please contact Adam Brubaker at: **(530) 949-3767** or adam_brubaker@us.aflac.com.

If you have questions you can contact the City of Chico Human Resources and Risk Management Office at (530) 879-7900 or the plan carriers. Use this chart to help guide you to the right resource on the first try. You may also go to the City's website for additional plan information at <https://chico.ca.us/post/employee-benefits>.

| PLAN | GROUP # | TELEPHONE # | WEBSITE |
|--|---|----------------|--|
| MEDICAL | | | |
| <i>Anthem Blue Cross</i> | EPO: 175075M140 90% PPO: 175075M153 80% PPO: 175075M145 HDHP: 175075M161 | (800) 967-3015 | www.anthem.com/ca/EIAHealth |
| <i>Carrum Health</i> | n/a | (888) 855-7806 | my.carrumhealth.com/eiahealth |
| <i>Anthem LiveHealth Online</i> | n/a | (888) 548-3432 | www.livehealthonline.com |
| PRESCRIPTION COVERAGE – NON-HIGH DEDUCTIBLE HEALTH PLANS (HDHP) | | | |
| <i>Express Scripts</i> | RX4EIAH 175075M165 HDHP | (800) 711-0917 | www.express-scripts.com |
| HEALTH SAVINGS ACCOUNT – HIGH DEDUCTIBLE HEALTH PLANS (HDHP) ONLY | | | |
| <i>Sterling Administration</i> | GCA004872 | (800) 617-4729 | www.sterlinghsa.com |
| DENTAL | | | |
| <i>Delta Dental</i> | 74-0001 | (800) 765-6003 | www.deltadentalins.com |
| VISION | | | |
| <i>VSP</i> | 12137687 | (800) 877-7195 | www.vsp.com |
| FLEXIBLE SPENDING ACCOUNTS | | | |
| <i>BASIC</i> | N/A | (800) 372-3539 | www.basiconline.com/hq/employee/basic_cda/ |
| EMPLOYEE ASSISTANCE PROGRAM (EAP) | | | |
| <i>MHN</i> | cityofchico | (800) 227-1060 | www.mhn.com |
| LIFE/AD&D INSURANCE | | | |
| <i>Lincoln Financial Group</i> | Basic Life: 10178696 Voluntary Life: 403002573 | (800) 423-2765 | www.lfg.com |
| SHORT TERM DISABILITY INSURANCE | | | |
| <i>Lincoln Financial Group</i> | 10178698 | (800) 423-2765 | www.lfg.com |
| LONG TERM DISABILITY INSURANCE | | | |
| <i>Lincoln Financial Group</i> | 10178697 | (800) 423-2765 | www.lfg.com |
| OTHER BENEFITS | | | |
| <i>Mission Square Retirement (formerly ICMA)</i> | 307126 | (866) 749-5180 | http://www.icmarc.org/ |
| <i>AFLAC</i> | H6F02 | (530) 949-3767 | www.aflac.com |

Glossary of Terms

| | |
|--|--|
| AD&D (Accidental Death & Dismemberment) | A plan that provides benefits in the event of an accidental death or dismemberment (generally, an accident that results in death, loss of part of the body, or the loss of the use of part of the body). |
| Beneficiary | A person designated by a participant, or by the terms of an employee benefit plan, which is or may become entitled to a benefit under the plan. |
| COBRA | Federal law (Consolidated Omnibus Budget Reconciliation Act of 1985) requiring certain employers that offer group health plans to provide continuation coverage to employees and their dependents who incur certain qualifying events. |
| Co-Insurance or Cost Sharing | The portion of covered health care costs for which you are financially responsible. Coinsurance does not include deductibles or copays. |
| Co-Payment or Copay | A set amount you pay out of pocket for a particular service. The plan pays the balance. |
| Deductible | The out-of-pocket amount you must pay each plan year before the plan pays for eligible benefits. |
| Evidence of Insurability | Many insurance companies require prospective clients/ individuals to prove that they are in good health and are therefore good insurance risks before the company will cover them. |
| Explanation of Benefits (EOB) | A statement from a plan explaining what portion of a claim was paid. |
| Generic | Your prescription drug copay depends on the class or group of your prescribed medication. A generic drug generally has the lowest copay level. A generic drug is one that is no longer produced only under a brand name. Once a drug's patent expires, many companies can begin to manufacture "generic" versions of a previously brand-name-only drug. Generic drugs are identical to brand-name drugs in chemical makeup ("active ingredients"), usage, strength and dosage. They are regulated and approved by the FDA just like brand-name drugs; however, they are much less expensive. |
| HIPAA Authorization | Under HIPAA, a document that authorizes the use or disclosure of an individual's Protected Health Information as determined by the company. |
| In-Network Provider | A provider who has contracted with a health care plan (a medical, dental or vision plan) and agreed to certain rates. In most cases, you pay less and receive a higher benefit when you use in-network providers. Check with your plan for coverage details. |
| Negotiated rates | The costs for health care services negotiated between the insurance carrier and in-network health care providers. Negotiated rates are usually less than usual, customary and reasonable (UCR) charges. |
| Non-preferred brand | Your prescription drug copay depends on the class or group of your prescribed medication. A non-preferred brand-name drug generally has the highest copay level because it is not on the plan's list of preferred drugs. You can find out how different drugs are classified by your plan by visiting the plan's website. |
| Out-of-Pocket Expenses | Copays, deductibles, and other expenses that are not covered by the health plan. |
| Out-of-Network Provider | A state-licensed health care provider who has not contracted with a health care plan (medical, dental or vision plan) and has not agreed to certain rates. In most cases, you pay more and receive a lower level of benefits when you use out-of-network providers. See your plan for coverage details. |
| Qualified Change in Status | Certain events which may allow you to make allowable changes to your benefits. Qualifying events include: marriage, divorce, death, birth, adoption or placement for adoption, and significant change in employment. |
| Reasonable and Customary (R&C) or Usual, Reasonable & Customary (UCR) | A term used in many health plans, defined as the price at or below which the majority of health-care professionals of similar expertise charge for similar procedures within a specific geographic area. |