PART-TIME EMPLOYEES

EMPLOYEE BENEFITS GUIDE

2024

Welcome!

City of Newport Beach is proud to offer comprehensive, high-quality benefits at a reasonable cost. We've designed our benefits to give you choices so you can select the benefits that are best for you and your family.

City of Newport Beach offered to part-time employees

- **Benefit Choices:** Plans and programs you can elect to join or purchase

This Employee Benefits Guide contains a summary of your benefit options and is designed to help you make choices and enroll for coverage. If you would like more information about any of the benefits described here, please contact:

City of Newport Beach
Human Resources Department
Phone: 949-644-3294 | Email hrbenefit@newportbeachca.gov
100 Civic Center Drive | Newport Beach, CA 92660

Contents

Save trees? Yes, please!

Access City of Newport Beach Employee Benefits Guide Digital Flipbook!

Go to: **2024 BENEFITS INFORMATION GUIDE** to share your benefit options with your family.

Online Enrollment

Employee Self Service (ESS) for Open Enrollment

Link to ESS portal: https://selfservice.newportbeachca.gov/ESS/login.aspx

During Open Enrollment, you will be able to change group medical plan and add or drop dependent coverage. In order to ensure you are enrolled in the plan of your choice, you must make your changes through the Employee Self Service (ESS) no later than midnight on October 13, 2023. The opt-out waivers are due by 4:30 p.m. on October 13, 2023. Proof of group coverage is due to Human Resources by December 15, 2023.

To complete your open enrollment:

- Log into ESS.
- You will need your user name **(employee ID#)** and password.
- Once you are logged into ESS, follow the prompts on each page to complete your benefit enrollment. You will be asked to verify that your personal information is correct, if applicable your dependent information.
- Make sure you confirm and submit your election to complete the process.
- Review, print, and save your Open Enrollment Confirmation.

Be sure to save ESS as a favorite in your web browser!

City of Newport Beach Employee Portal

www.newportbeachca.gov/government/departments/human-resources-department/benefits-open-enrollment

With the City of Newport Beach employee portal, you'll find documents posted such as the Summary of Benefits and Coverage (SBC), annual notices, carrier benefit summaries, evidence of coverage booklets, claim forms, and much more. These documents include detailed information about The City's benefit plans and can help you plan for upcoming services. You and your eligible dependents may access this information online, from work or home, 24 hours a day, 7 days a week.

Benefits at a Glance

Benefit Choices Plans and programs you can elect	
Medical and Prescription Drugs Various	• Anthem Select HMO • Anthem Traditional HMO • Blue Shield Access+ HMO • Blue Shield HMO Trio • Health Net Salud y Más HMO • Kaiser Permanente HMO • Sharp HMO *(*San Diego only) • United Healthcare SignatureValue Alliance HMO • United Healthcare SignatureValue Harmony HMO • PERS Gold PPO *(Anthem Blue Cross)* • PERS Platinum PPO *(Anthem Blue Cross*
Pet Insurance MetLife	• Option to purchase pet insurance at discounted group rates • You will enroll independently and be responsible for your own premium payment

PTEANB Cafeteria Contributions

2024 Monthly Cafeteria and Medical Allowance Contributions

Membership Effective Dates	PTEANB Tier & Group	Average Hours Worked per Week*	Cafeteria Medical Benefit	Waive/Opt-Out Benefit
On or before 6/30/2014	Tier 1 Group A	30 hours or more	$775/month Cash back	$263.40/month (Grandfathered employees only)
On or after 7/1/2014	Tier 1 Group B	30 hours or more	$700/month No cash back	No Opt-Out Benefit
On or between 7/1/2014—6/30/2016	Tier 2 Group A	Less than 30 hours	$4.25/hour worked; Max of 60 hours per pay period	No Opt-Out Benefit
On or before 6/30/2014	Tier 2 Group B	Less than 30 hours	N/A	$3.25/hour worked; Max of 60 hours per pay period
On or after 7/1/2016	Tier 3	Less than 30 hours	N/A	No Opt-Out Benefit

* As determined by the City's look-back measurement method for determining employee eligibility for health coverage.

2024 Monthly Premium Rates

You may enroll in a health plan using either your residential or work zip code[2]. If you use your residential zip code, all enrolled dependents must reside in the health plan's service area. If you use your work zip code, all enrolled dependents must receive all covered services (except emergency and urgent care) within the health plan's service area, even if they do not reside in that area. Visit the CalPERS website at https://www.calpers.ca.gov to find out which plans are available in your area and to view the Evidence of Coverage documents for all the plans. Plans are also available on the City of Newport Beach Benefits and Open Enrollment page.

	Region 2[1]			Region 3		
	Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, and Ventura Counties			Los Angeles, San Bernardino, and Riverside Counties		
Plan	**Single**	**2-Party**	**Family**	**Single**	**2-Party**	**Family**
HMO Medical Plan Options						
Anthem Select HMO	$807.71	$1,615.42	$2,100.05	$841.13	$1,682.26	$2,186.94
Anthem Traditional HMO	$1,034.38	$2,068.76	$2,689.39	$1,012.67	$2,025.34	$2,632.94
Blue Shield Access+ HMO	$869.14	$1,738.28	$2,259.76	$756.65	$1,513.30	$1,967.29
Blue Shield Trio HMO[1]	$810.24	$1,620.48	$2,106.62	$704.69	$1,409.38	$1,832.19
Health Net Salud y Más HMO	$684.77	$1,369.54	$1,780.40	$630.13	$1,260.26	$1,638.34
Kaiser (CA) HMO	$904.95	$1,809.90	$2,352.87	$865.41	$1,730.82	$2,250.07
Sharp Performance Plus HMO	$833.24	$1,666.48	$2,166.42	n/a	n/a	n/a
United Healthcare SV Alliance	$837.88	$1,675.76	$2,178.49	$826.44	$1,652.88	$2,148.74
United Healthcare SV Harmony	$792.65	$1,585.30	$2,060.89	$734.76	$1,469.52	$1,910.38
PPO Medical Plan Options						
PERS Gold PPO	$799.44	$1,598.88	$2,078.54	$785.28	$1,570.56	$2,041.73
PERS Platinum PPO	$1,151.50	$2,303.00	$2,993.90	$1,131.47	$2,262.94	$2,941.82
PORAC PPO	$926.00	$1,863.00	$2,371.00	$926.00	$1,863.00	$2,371.00

IRS Code Section 125

The City of Newport Beach employee benefit plans are designed under Section 125 of the IRS Code. This allows you to take advantage of federal laws by purchasing some of your benefits with pre-tax dollars. Under Section 125, your Medical, Dental, Vision, and Flexible Spending Account contributions are deducted before taxes are withheld which saves you tax dollars. Paying for benefits before-tax means that your share of the costs are deducted before taxes are determined, resulting in more take-home pay for you. As a result, the IRS requires that your elections remain in effect for the entire year. You cannot drop or change coverage unless you experience a qualifying event.

[1] Blue Shield Tio HMO plan available in these counties for 2024: Butte, El Dorado, Kern, Kings, Los Angeles, Monterey, Nevada, Orange, Placer, Riverside, Sacramento, San Bernardino, San Luis Obispo, Santa Barbara, Santa Cruz, Stanislaus, Tulare, Ventura, and Yolo.

[2] CalPERS Health Plan Search by Zip Code

Eligibility & Enrollment

Who may enroll

City of Newport Beach Employees

- All part-time eligible employees as determined under the Affordable Care Act (ACA) requirements.

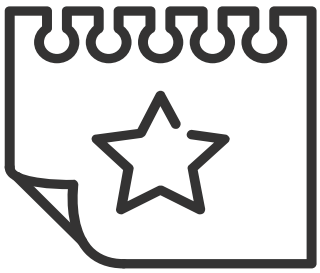
Dependents

- Your legally married spouse
- Your registered domestic partner (as defined by the state of California)
- Your children, stepchildren or children of your registered domestic partner to age 26, regardless of marital or student status
- Any children for whom you are required to provide coverage under a Qualified Medical Child Support Order
- Your unmarried children, step-children or children of your registered domestic partner of any age, if they are incapable of self-care due to a physical or mental disability

Your spouse, domestic partner and children can be enrolled in our medical plans.

Required Information
At enrollment you are required to enter the Social Security Number for all covered dependents. Health Care Reform law requires the City to report this information to the IRS each year to show that you and your dependents have coverage and are not subject to a penalty. This information will be securely submitted to the IRS and will remain confidential.

Benefits Plan Year:
January 1 - December 31



When you may enroll

As an Eligible Employee

- Eligibility is subject to ACA measurement guidelines, unless otherwise determined at the date of hire.
- Each year, during open enrollment
- Within 60 days of a qualifying event as defined by the IRS

Changes to enrollment

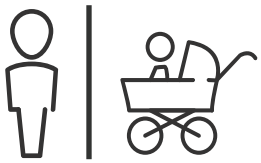
Open Enrollment

During our annual open enrollment period, you may make new benefit elections for the following January 1 effective date.

Qualifying Event

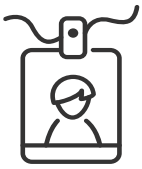
Once you make your benefit elections, you cannot change them throughout the year unless you experience a qualifying event as defined by the IRS. Examples include, but are not limited to:

Marriage, divorce, legal separation, or annulment



Birth, adoption, or death of a child or spouse

Qualified Medical Child Support Order (QMCSO)



Change in your dependent's eligibility status

Loss of coverage from another health plan

Change in your residence or workplace (if your benefit options change)

Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)

Eligibility for a federal or state premium assistance program under Medicare, Medicaid, or CHIP

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have 60 days to notify Human Resources and update your coverage. If you do not update your coverage within 60 days of the qualifying event, you must wait until the next annual open enrollment period to update your coverage.

When Coverage Ends

If your employment with the City of Newport Beach ends, your medical coverage will end on the second month following termination. Coverage for life insurance, disability insurance and FSA benefits will terminate on the last day of employment. Depending on the circumstances of your termination, you may be eligible to continue coverage as a Retiree of the City, or if not retiring from the City, through COBRA. When your employment ends, your group

Medical Plan Choices

Medical Plan Options

City of Newport Beach offers a variety of medical plans through the California Public Employees Retirement System (CalPERS) medical program. You may enroll in a health plan using either your residential zip code or the City of Newport Beach zip code. You can search health plans by zip code using the CalPERS search tool by zip code Health Plan Search by zip code. It is recommended that you contact the plan before enrolling to make sure they cover your area and that your preferred provider is in their network. You may also visit the CalPERS website for helpful resources and tools, such as, MyCalPERS Health Plan Comparison Feature, and the MyCalPERS Health Plan Choice Worksheet. Monthly medical premiums for **Region 2** (Fresno, Imperial, Inyo, Kern Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare and Ventura counties) and **Region 3** (Los Angeles, Riverside, and San Bernardino counties), are found on page 6. Available medical plan information can be found on pages 11-14 of this guide.

About HMO Plans

With the Health Maintenance Organization (HMO) plans, Anthem Select, Anthem Traditional, Blue Shield Access+, Blue Shield Trio, Health Net Salud y Más, Kaiser, Sharp, UnitedHealthcare SignatureValue Alliance, UnitedHealthcare SignatureValue Harmony, and Sharp Health Plan, you must choose a primary care physician (PCP) or medical group within the network. All of your care must be directed through your PCP or medical group. Any specialty care you need will be coordinated through your PCP and will generally require a referral or authorization. You will receive benefits only if you use the doctors, clinics, and hospitals that belong to the medical group in which you are enrolled, except in the case of an emergency.

About PPO Plans

The Preferred Provider Organization (PPO) plan allows you to direct your own care. If you receive care from a physician who is a member of the network, a greater percentage of the entire cost will be paid by the insurance plan. However, you are not limited to the physicians within the network and you may self-refer to specialists. If you obtain services using a non-network provider, please note that you will be responsible for the difference between the covered amount and the actual charges, and you may be responsible for filing claims.

Prescription Drugs

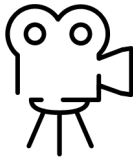
OptumRx provides prescription drug benefit management services for the HMO plans (*except Kaiser & Blue Shield HMO)*, and PERS Gold and Platinum PPO plans. These services include administration of the Retail Pharmacy Program and the Mail Service Program; delivery of specialty pharmacy products such as biotechs and injectables; clinical pharmacist consultation; and clinical collaboration with your physician to ensure you receive optimal total healthcare.

Mandatory generic substitution: if a brand name is requested when generic is available you will be responsible for the generic copay and the difference between the generic and brand name.

Self-administered injectable medications are available under your pharmacy benefits and are no longer payable under the medical benefit.

Finding a Medical Provider

Page 18 of this guide provides a list of phone numbers and websites to help you search for providers in all of the plans offered.



Educational Video

Health Insurance Terms
http://video.burnhambenefits.com/terms

Benefit Terms

Deductible

The set dollar amount a member must pay before insurance coverage for medical expenses can begin. Usually, services that are subject to a copayment are not subject to the deductible.

Copayment (Copay)

The flat fee paid by the member when a medical service is received. This is usually associated with doctor's office visits, prescription drugs under the HMO or PPO program.

Coinsurance

The percentage of the charges the member is required to pay for a medical service in a plan. For example, on the PERSCare PPO Plan, Anthem will pay 90% of the covered claim and the member will pay 10% of the remaining amount after the deductible has been met.

Out-of-Pocket Maximum

The maximum amount the member will have to pay in a calendar year for eligible expenses in the medical plan. After reaching the Out-of-Pocket Maximum, the plan pays 100% of the allowable charges for covered services for the remainder of the calendar year.

Network Provider

A network provider is a hospital, doctor, medical group, or other healthcare provider contracted to provide services to members at a contracted or discounted rate. Network providers are not permitted to "balance bill" members.

Reasonable Charges

Medical insurance companies determine if charges for a particular service are "reasonable" based on how much the average provider for a particular geographic area charges for a service.

Balance Bill

Out-of-Network (Non-Contracted) Providers can charge any amount they wish for a service. However, if that amount is higher than what the insurance company says is reasonable, the member may be responsible to pay the difference. Before seeking care with an Out-of-Network Provider, find out what their charges are and confirm the insurance company considers them "reasonable."

Medical Plan Highlights: HMO

	Anthem Select HMO (Anthem Select HMO Network) OR Anthem Traditional HMO (Anthem CA Care HMO Network)	Blue Shield Access+ HMO (Blue Shield Access+ Network) OR Blue Shield HMO Trio[3] (Blue Shield TRIO Network[3])	Health Net Salud (Health Net Salud y Más Network)
	In-Network Only	In-Network Only	In-Network Only
Provisions			
Calendar Year Deductible	Individual / Family $0 / $0	Individual / Family $0 / $0	Individual / Family $0 / $0
Out-of-Pocket Maximum - Medical[3] - Pharmacy - Pharmacy Home Delivery	Individual / Family $1,500 / $3,000 $7,950 / $15,900 $1,000 / per person	Individual / Family $1,500 / $3,000 $7,950 / $15,900 $1,000 / per person	Individual / Family $1,500 / $3,000 $7,950 / $15,900 $1,000 / per person
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Medical Benefits			
Office Visit Copay - PCP[1] - Specialist Visits[1] - Preventive Care - Chiropractic/Acupuncture (20 Visits/Year Combined) - Physical Therapy - Diagnostic X-Ray & Lab	 $15 $15 $0 $15 $15 $0	 $15 $15 / ACCESS+ $30/visit $0 $15 $15 $0	 $15 $15 $0 $15 $15 $0
Pharmacy Benefits	**(through OptumRx)**	**(through Blue Shield Pharmacies)**	**(through OptumRx)**
Retail - Tier 1 *Typically Generic* - Tier 2 *Typically Preferred Brand* - Tier 3 *Typically Non-preferred* - Tier 4 *Typically Specialty (Brand & Generic)* - Supply Limit	 $5 $20 $50 See tier structure above 30 Days[2]	 $5 $20 $50 $30 30 Days[2]	 $5 $20 $50 n/a 30 Days[2]
Retail/Home Delivery - Tier 1 *Typically Generic* - Tier 2 *Typically Preferred Brand* - Tier 3 *Typically Non-preferred* - Tier 4 *Typically Specialty (Brand & Generic)* - Supply Limit *(most are 90-day)*	 $10 $40 $100 See tier structure above 90 Days	 $10 $40 $100 $60 90 Days	 $10 $40 $100 n/a 90 Days
Hospital Benefits			
Room & Board / Surgeon's Fees / Maternity—Delivery	$0	$0	$0
Outpatient Surgery	$0	$0	$0
Acute Care			
Emergency Room Facility	$50 (waived if admitted)	$50 (waived if admitted)	$50 (waived if admitted)
Urgent Care	$15	$15	$15
Telemedicine Visits	$15 livehealthonline.com	$15 teladoc.com	$15 teladoc health

[1] Office visit copays waived for maternity care.

[2] Mail service is mandatory after the second fill of a prescription drug at a retail pharmacy, or you will be charged the appropriate mail service copay for a one-month supply at a retail pharmacy.

[3] Blue Shield Tio HMO plan available in these counties for 2023: Butte, El Dorado, Kern, Kings, Los Angeles, Monterey, Nevada, Orange, Placer, Riverside, Sacramento, San Bernardino, San Luis Obispo, Santa Barbara, Santa Cruz, Stanislaus, Tulare, Ventura, and Yolo.

Medical Plan Highlights: HMO

	Kaiser Permanente HMO (Kaiser Network)	Sharp[3] Health Plan HMO (Performance Plus)	United Healthcare HMO (Signature Value Network) OR United Healthcare HMO (Signature Harmony)
	In-Network Only	In-Network Only	In-Network Only
Provisions			
Calendar Year Deductible	Individual / Family $0 / $0	Individual / Family $0 / $0	Individual / Family $0 / $0
Out-of-Pocket Maximum - Medical[3] - Pharmacy - Pharmacy Home Delivery	Individual / Family $1,500 / $3,000 $7,950 / $15,900 n/a	Individual / Family $1,500 / $3,000 $7,950 / $15,900 $1,000 / per person	Individual / Family $1,500 / $3,000 $7,950 / $15,900 $1,000 / per person
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Medical Benefits			
Office Visit Copay - PCP[1] - Specialist Visits[1] - Preventive Care - Chiropractic/Acupuncture (20 Visits/Year Combined) - Physical Therapy - Diagnostic X-Ray & Lab	 $15 $15 $0 $15 $15 $0	 $15 $15 $0 $15 $15 $0	 $15 $15 $0 $15 $15 $0
Pharmacy Benefits	**(through Kaiser)**	**(through OptumRx)**	**(through OptumRx)**
Retail - Tier 1 *Typically Generic* - Tier 2 *Typically Preferred Brand* - Tier 3 *Typically Non-preferred* - Tier 4 *Typically Specialty (Brand & Generic)* - Supply Limit	 $5 $20 $20 $20 30 Days	 $5 $20 $50 n/a 30 Days[2]	 $5 $20 $50 n/a 30 Days[2]
Retail/Home Delivery - Tier 1 *Typically Generic* - Tier 2 *Typically Preferred Brand* - Tier 3 *Typically Non-preferred* - Tier 4 *Typically Specialty (Brand & Generic)* - Supply Limit *(most are 90-day)*	 $10 $40 $40 n/a 100 Days	 $10 $40 $100 n/a 90 Days	 $10 $40 $100 n/a 90 Days
Hospital Benefits			
Room & Board / Surgeon's Fees / Maternity—Delivery	$0	$0	$0
Outpatient Surgery	$0	$0	$0
Acute Care			
Emergency Room Facility	$50 (waived if admitted)	$50 (waived if admitted)	$50 (waived if admitted)
Urgent Care	$15	$15	$15
Telemedicine Visits	$15 kp.org	$15 Telehealth services	$15 uhc.com/virtualvisits

[1] Office visit copays waived for maternity care.
[2] Mail service is mandatory after the second fill of a prescription drug at a retail pharmacy, or you will be charged the appropriate mail service copay for a one-month supply at a retail pharmacy.
[3] Sharp Health Performance Plus HMO is available in San Diego only.

Medical Plan Highlights: PPO

Plan Name	PERS Platinum PPO (Anthem Prudent Buyer PPO Network)		PERS Gold PPO More information on page 15 (Anthem Prudent Buyer PPO Network)	
Network Name	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Provisions				
Calendar Year Deductible	Individual / Family $500 / $1,000	Individual / Family $2,000 / $4,000	Individual / Family $1,000[5] / $2,000[5]	Individual / Family $2,500[5] / $5,000[5]
Out-of-Pocket Maximum - Coinsurance - Medical[3] - Pharmacy - Pharmacy Home Delivery	Individual / Family $2,000 / $4,000 $7,450 / $14,900 $2,000 / $4,000 $1,000/person	Unlimited Unlimited Unlimited	Individual / Family $3,000 / $6,000 $7,450 / $14,900 $2,000 / $4,000 $1,000 / person	
Lifetime Maximum	Unlimited		Unlimited	
Medical Benefits				
Office Visit Copay - PCP - Specialist Visits - Preventive Care - Chiropractic / Acupuncture (20 Visits/Year Combined) - Physical Therapy - Diagnostic X-Ray & Lab	 $20 $35 $0 $15 10%[1] 10%[1]	 40%[2] 40%[2] 40%[2] 40%[2] 40%[2] 40%[2]	 $35[4]/$10[4] $35 $0 $15 20%[1] 20%[1]	 40%[2] 40%[2] 40%[2] 40%[2] 40%[2] 40%[2]
Pharmacy Benefits (through OptumRx)				
Retail - Tier 1 *Typically Generic* - Tier 2 *Typically Preferred Brand* - Tier 3 *Typically Non-preferred* - Tier 4 *Typically Specialty (Brand & Generic)* - Supply Limit	 $5 $20 $50 See tier structure above 30 Days	 Not Covered Not Covered Not Covered N/A	 $5 $20 $50 See tier structure above 30 Days	 100% up front; may submit paper claim to request partial reimbursement
Retail/Home Delivery - Tier 1 *Typically Generic* - Tier 2 *Typically Preferred Brand* - Tier 3 *Typically Non-preferred* - Tier 4 *Typically Specialty (Brand & Generic)* - Supply Limit *(most are 90-day)*	 $10 $40 $100 See tier structure above 90 Days	 Not Covered Not Covered Not Covered N/A	 $10 $40 $100 See tier structure above 90 Days	 100% up front; may submit paper claim to request partial reimbursement
Hospital Benefits				
Room & Board / Surgeon's Fees / Maternity—Delivery	10%[1] after $250 Copay	40%[1] after $250 Copay	20%[1]	20%[2]
Outpatient Surgery	10%[1]	40%[2]	20%[1]	20%[2]
Acute Care				
Emergency Room Emergency Services	$250 (waived if admitted) Ded, 10%[1]		$50 (waived if admitted) Ded, 20%[1]	
Urgent Care	$35	40%[2]	$35	20%[2]
Telemedicine Visits	$20 livehealthonline.com	40%	$10 livehealthonline.com	40%

[1] Subject to deductible.

[2] Subject to deductible. Out-of-Network benefits are paid based on an allowed amount.

[3] Includes medical deductible, coinsurance amounts and copays. The Out-of-Pocket Maximum Pharmacy for prescription drugs is a separate out-of-pocket maximum.

[4] Reduced to $10 if enrolled with personal doctor.

[5] Incentives can reduce deductible to: Individual: $500; Family: $1,000. More information on page 14.

PERS Gold PPO Savings Opportunities

Opportunity to Lower Deductible for PERS Gold PPO Plan

With the CalPERS Gold PPO plan, members have the ability to "earn back" up to $500 per adult covered on the plan through Deductible Credits. Think of it as a discount on you deductible. You may lower your deductible by up to $500 by completing the following:

$100 Flu Shot

To receive a $100 credit to your deductible, simply get your annual flu shot at your doctor's office or an in-network pharmacy. You may also be eligible to receive this $100 credit if you obtain your flu shot at a County sponsored flu clinic. Certain verification/ documentation will be required.

$100 Smoking

If you are a non-smoker, this is an easy $100 in your pocket. Members will be given access to a Health Risk Assessment through Anthem's mobile app. During the Health Risk Assessment, you will be asked if you currently smoke. By checking "no", you automatically knock $100 off your deductible. If you are a smoker and have a desire to quit, you can earn a $100 credit toward your deductible by enrolling (and completing) in a smoking cessation program through Anthem.

$100 Biometric Screening

Another $100 deductible credit can be earned by obtaining your biometric results. This can be done at your primary care physician's office during your annual routine physical or at one of 2,200 Quest Diagnostic facilities across the U.S. If you live too far away from a Quest facility, you may qualify for an "at home" test kit.

$100 Virtual Second Opinion

Members have the opportunity to obtain a second opinion through Anthem's virtual second opinion program or a Select plan doctor for non-urgent or non-emergency surgeries. Call 1-888-361-3944 (Monday through Friday, 5:30 PM to 8:00 PM, PST) if you are having nonurgent and nonemergency scheduled surgery in 2024. They will see if you need a second opinion.

$100 Condition Care Certification

Take part in the Condition Care Program if you have Asthma, Diabetes, Chronic Obstructive Pulmonary Disease (COPD), Heart Failure or Coronary Artery or Vascular Disease. If you are diagnosed with any of these conditions throughout the year, Anthem will reach out to you to participate in their Condition Care program. You can earn a $100 credit towards your deductible if you earn a condition care certification.

Opportunity to Lower Office Visit Copay

With the CalPERS Gold PPO plan, when you visit an in-network doctor, your copay is $35. However, when you select an in-network Personal Doctor, your doctor's office visit copay is just $10 when visiting that physician, a $25 savings per doctor's visit.

PPO—Maximum Calendar Year Medical & Pharmacy Financial Responsibility

There is a Maximum Calendar Year Financial Responsibility of $9,450 per Member and $18,900 per family. This maximum financial responsibility is broken down into a maximum medical responsibility ($7,450 per member and $14,900 per family) and maximum Pharmacy responsibility ($2,000 per Member and $4,000 per family).

Accessing Care

It's important to know where to go when an illness or injury occurs. Below is a quick overview to help you better understand when to use the different options available to you as a member of our medical insurance through CalPERS: Anthem Blue Cross, Blue Shield of CA, Health Net, Kaiser Permanente, Sharp Health Plan, or United Healthcare.




24-Hour Nurseline	Telemedicine	Doctor Visit	Urgent Care	Emergency Room
Free	Cost varies	$	$$	$$$
• Available 24/7 • Registered nurses can help you decide where to go for care when you or a family member have a health concern	• Available 24/7/365 • U.S. board-certified doctors are available to resolve many of your non-emergency medical issues through phone or video consults through Teladoc, LiveHealth Online, American Well, or Doctor on Demand	• Office hours vary • Generally, the best place to go for non-emergency care as a relationship is established and your doctor is able to treat you based on knowledge and medical history	• Generally open on evenings, weekends and holidays • Often used when your doctor's office is closed and there is no true emergency • Urgent care does not replace your primary care physician	• Open 24/7 • Use for true emergencies such as any accident or injury that may lead to loss of life or limb, serious medical complication, or permanent disability

Medical Plan Contacts and Provider Finders		
Medical - CalPERS HMO Plans		
- Anthem Blue Cross Select HMO & Traditional HMO	855-839-4524	www.anthem.com/ca/calpers
- Blue Shield of CA Trio HMO and Access+ HMO	800-334-5847	www.blueshieldca.com/calpers
- Health Net Salud y Mas HMO and SmartCare HMO	888-926-4921	www.healthnet.com/calpers
- Kaiser Permanente HMO	800-464-4000	www.kp.org/calpers
- Sharp Health Plan HMO *(San Diego only)*	855-955-5004	www.sharphealthplan.com/calpers
- United Healthcare SV Harmony and SV Alliance HMO	877-359-3714	www.uhc.com/calpers
Medical - Anthem Blue Cross CalPERS PPO Plans - PERS Gold PPO - PERS Platinum PPO	877-737-7776	www.anthem.com/ca/calpers
Pharmacy - CVS Caremark/OptumRx/Kaiser Permanente		
- Blue Shield Pharmacy *(Blue Shield HMO plans only)*	866-346-7200	Blue Shield Pharmacy Benefits
- Kaiser Permanente *(Kaiser HMO plan only)*	800-464-4000	www.kp.org/calpers
- OptumRx *(all other HMO and PPO plans except Kaiser & Blue Shield HMO)*	855-505-8110	www.optumrx.com/calpers
Other Resources		
Burnham COVID-19 Response Center - click here		www.burnhambenefits.com/covid-19/
CalPERS COVID-19 Updates - click here		www.calpers.ca.gov/page/home
CalPERS Carrier Resources - click here		www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates/health-plan-events-resources

Tips on Health Benefits

Tips on Getting the Most from Your Health Benefits

1. Ask questions
   If you are having a procedure, make sure you know how the procedure will be covered and what your out-of-pocket cost will be, if any.

2. Utilize your free preventive care benefits to stay healthy.
   In-network preventive care benefits are covered at no charge to you. Take advantage of these no cost benefits now to hopefully avoid major illnesses and the costs they bring in the future.

3. Get the right health care and save money
   Choosing the right care for your medical situation will help save you money out-of-pocket:
   - **Doctor's Office Visit or Telemedicine visit**: These are the best choices for non-urgent medical issues.
   - **Urgent Care**: This is the best choice for non-life threatening medical issues that require immediate in-person care when you can't get an appointment for a Doctor's Office Visit.
   - **Emergency Room**: You should use the Emergency Room for life threatening emergencies, or for other issues that require immediate in-person medical care outside Urgent Care hours.

4. Use generic drugs when available
   The best way to save on prescriptions is to use generic medications as opposed to brand name drugs. When you use generic medications, you will pay the lowest copay.
   - Generic drug companies do not have to develop a medication from scratch, so the costs are significantly less to bring the drug to the market. Once a generic medication is approved, several companies can produce and sell the drug. This competition helps lower prices. In addition, many generic drugs are well-established, frequently used medications that do not require expensive advertising.
   - Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards.

5. Use the mail-order prescription drug benefit for maintenance medications
   If you take medications on a long term basis, the mail order prescription drug benefit can save you money.

Carrier Contacts

Plan Type	Provider	Phone Number	Website
Select HMO Traditional HMO	Anthem Blue Cross	Member Services: 855-839-4524 Rx- OptumRx: 855-505-8110	www.anthem.com/ca/calpers www.optumrx.com/calpers
Access+ HMO Trio HMO	Blue Shield	Member Services: 800-334-5847 Rx- Blue Shield Pharmacy: 866-346-7200	www.blueshieldca.com/calpers Blue Shield Pharmacy Benefits
HMO Salud y Más HMO	Health Net	Member Services: 888-926-4921 Rx- OptumRx: 855-505-8110	www.healthnet.com/calpers www.optumrx.com/calpers
Kaiser Permanente HMO	Kaiser Permanente	Member Services: 800-464-4000	www.kp.org/calpers
Sharp Health Plan HMO (San Diego only)	Sharp	Member Services: 855-955-5004 Rx- OptumRx: 855-505-8110	www.sharphealthplan.com/calpers www.optumrx.com/calpers
SignatureValue Alliance SignatureValue Harmony	UnitedHealthcare	Member Services: 877-359-3714 Rx- OptumRx: 855-505-8110	www.uhc.com/calpers www.optumrx.com/calpers
PERS Gold PPO PERS Platinum PPO	Anthem Blue Cross	Member Services: 877-737-7776 Rx- OptumRx: 855-505-8110	www.anthem.com/ca/calpers www.optumrx.com/calpers
Other Contacts	CalPERS PARS Empower Retirement	Members: 888-225-7377 800-540-6369 Participants: 800-701-8255	www.calpers.ca.gov www.pars.org www.empower-retirement.com

CNB Swell Phone App

Access all of your benefits information on the go through the CNB Swell app!

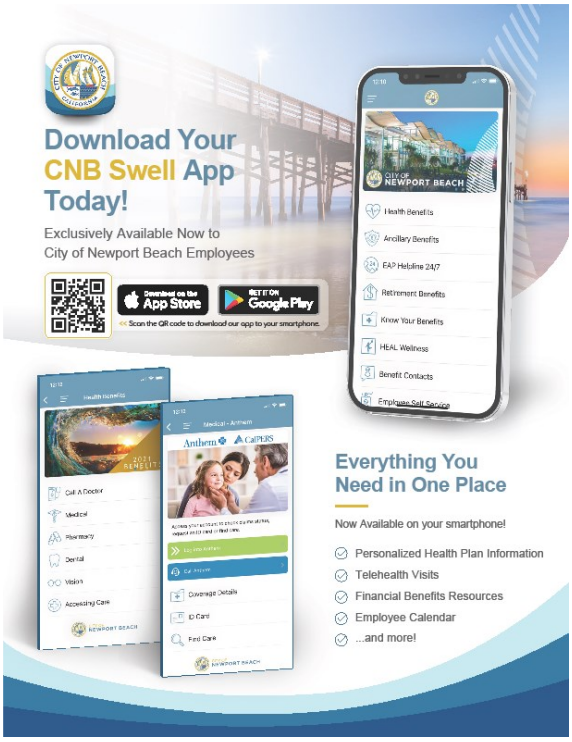
Everything you need in one place

Click to add “CNB Swell app” from link or scan QR code:

iOS: https://apps.apple.com/us/app/cnb-swell/id1551352337

Android: https://play.google.com/store/apps/details?id=com.newportbeachca.swell

- Access information when and where you need it
- EAP Helpline 24/7 access
- Personalized content
- Information on the plan in which you are enrolled
- Access telemedicine
- Wellness resources at your fingertips
- Easy access to the City Calendar
- Click to call Benefit Contacts



Pet Insurance

City of Newport Beach offers you the option to purchase pet insurance at discounted group rates, through MetLife PetFirst. Pet insurance can help pay for health problems and conditions related to accidental injuries, poisonings, and illnesses (including cancer). It may help cover diagnostic tests, x-rays, treatments, prescriptions, office calls, lab fees, surgeries, and hospitalizations.

MetLife PetFirst | Pet Insurance

With the MetLife Pet Insurance plan, you can visit licensed veterinarian, veterinary specialist or animal hospital in the United States. Choose the accident and illness coverage that best fits your pet’s needs. To receive reimbursements through PetFirst, submit all claims and documents within 90 days of treatment or invoice date. There are several options for submitting your claim and veterinary records, including PetFirst’s online MyPets portal, email, fax, or standard mail. You will own this policy and pay premiums to MetLife directly.

For More Information or To Enroll

You will enroll directly and be responsible for your own premium payment. Payroll deductions is not an option.

To get a quote or enroll, go to www.metlife.com/getpetquote or call 1-800-GET-MET8.

Protect your furry friends today and enroll now for Pet Insurance.

ACA

The Affordable Care Act (ACA) penalty for not having health coverage (known as the individual mandate) has been eliminated. However, if you are a taxpayer in California, Massachusetts, New Jersey, Vermont or the District of Columbia, you will be required to have health coverage (unless you qualify for an exemption) or pay a penalty for the 2023 tax year – these states have an individual mandate requirement.

You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by the City of Newport Beach or another group medical plan meeting the requirements for minimum essential coverage;
- Purchase coverage through a health insurance marketplace;
- Enroll in coverage through a government-sponsored program if eligible.

If you are eligible for health insurance through the City, but you choose to purchase coverage through the marketplace, please note the City of Newport Beach's medical plans are considered affordable and meet minimum value under the Affordable Care Act. You may not be eligible for a subsidy, and you may not see lower premiums or out-of-pocket costs through the marketplace.

In addition, employer contributions to your medical benefits will be lost, and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.

For More Information
Go to www.healthcare.gov.

Annual Notices

The City of Newport Beach plans are provided by the City of Newport Beach and governed by it's plan rules and documents. ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. Annual notices can be found on pages 20-28 of this guide.

The following are a list of Annual Notices:

- **Page 20—Medicare Part D Notice of Creditable Coverage:** Plans are required to provide each covered participant and dependent a Certificate of Creditable Coverage to qualify for enrollment in Medicare Part D prescription drug coverage when qualified without a penalty.
- **Page 21—Women's Health and Cancer Rights Act (WHCRA):** This act contains important protections for breast cancer patients who choose breast reconstruction with a mastectomy.
- **Page 21—Newborns' and Mothers' Health Protection Act:** This act affects the amount of time a mother and her newborn child are covered for a hospital stay following childbirth.
- **Page 21—Special Enrollment Rights:** Plan participants are entitled to certain special enrollment rights outside of The City of Newport Beach's open enrollment period. This notice provides information on special enrollment periods for loss of prior coverage or the addition of a new dependent.
- **Page 22—Medicaid & Children's Health Insurance Program:** Some states offer premium assistance programs for those who are eligible for health coverage from their employers, but are unable to afford the premiums. This notice provides information on how to determine if your state offers a premium assistance program.
- **Page 25—HIPAA Notice of Privacy Practices:** This notice is intended to inform employees of the privacy practices followed by The City of Newport Beach's group health plan. It also explains the federal privacy rights afforded to you and the members of your family as plan participants covered under a group plan.

Summary of Benefits and Coverage (SBC)

Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage.

Medicare Part D Notice of Creditable Coverage

Important Notice from the City of Newport Beach About Your Prescription Drug Coverage and Medicare

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The City of Newport Beach has determined that the prescription drug coverage offered under the above plan option(s), on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage with the City of Newport Beach will not be affected. If you decide to join a Medicare drug plan and drop your current medical plan coverage, be aware that you and your dependents will be able to get this coverage back (for example, at the next annual open enrollment period or upon incurrence of a special enrollment event).

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

You should also know that if you drop or lose your current coverage with the City of Newport Beach and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About Your Medicare Prescription Drug Coverage Options

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll receive a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For More Information About Medicare Prescription Drug Coverage

- Visit **www.medicare.gov**;
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help; or
- Call 800-MEDICARE or 800-633-4227. TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For more information about this extra help, visit Social Security on the web at **www.socialsecurity.gov**, or you may call them at 800-772-1213—TTY 800-325-0778.

REMEMBER: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

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

Contact the person listed on **page 2** for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Newport Beach changes. You also may request a copy of this notice at any time.

Women's Health & Cancer Rights Act (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All states 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 will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the medical plan.

To obtain more information on WHCR benefits, please call or email your Human Resources Department.

Newborn 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 section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

To obtain more information, please call or email your Human Resources Department.

Special Enrollment Rights

If you are declining enrollment for yourself or your dependent (s) (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents if you or your dependent(s) lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 60 after your or your dependents' other coverage ends (or if the employer stops contributing toward your or your dependents' other coverage).

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. However, you must request enrollment within 60 after the birth, adoption, or placement for adoption.

To obtain more information, please call or email your Human Resources Department.

Medicaid & Children's Health Insurance Program

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **866-444-EBSA (3272)**.

If you are a California resident, please contact the California Department of Health Care Services to see if you may be eligible for premium assistance:

Website: Health Insurance Premium Payment (HIPP) Program
http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Email: hipp@dhcs.ca.gov

To see if any other states have added a premium assistance program since January 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor—Employee Benefits Security Administration	
Website	**www.dol.gov/agencies/ebsa**
Phone	866-444-EBSA (3272)

U.S. Department of Health and Human Services—Center for Medicare & Medicaid Services	
Website	**www.cms.hhs.gov**
Phone	877-267-2323 Menu Option 4, ext. 61565

In addition, if you live in one of the States listed on the following pages, you may also be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2021. Contact your State for more information on eligibility.

Medicaid & Children's Health Insurance Program

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2021. Contact your State for more information on eligibility.

ALABAMA - Medicaid

Website: **http://myalhipp.com/**
Phone: 1-855-692-5447

ALASKA - Medicaid

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

ARKANSAS - Medicaid

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

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: **https://www.healthfirstcolorado.com/**

Health First Colorado Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+: **https://www.colorado.gov/pacific/hcpf/child-health-plan-plus**

CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI): **https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program**
HIBI Customer Service: 1-855-692-6442

KANSAS - Medicaid

Website: **https://www.kancare.ks.gov/**
Phone: 1-800-792-4884

KENTUCKY - Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: **KIHIPP.PROGRAM@ky.gov**
KCHIP Website: **https://kidshealth.ky.gov/Pages/index.aspx**
Phone: 1-877-524-4718
Kentucky Medicaid Website: **https://chfs.ky.gov**

LOUISIANA - Medicaid

Website: **www.medicaid.la.gov** or **www.ldh.la.gov/lahipp**
Phone: (888) 342-6207 (Medicaid hotline) or (855) 618-5488 (LaHIPP)

MAINE - Medicaid

Enrollment Website: **https://www.maine.gov/dhhs/ofi/applications-forms**
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740.
TTY: Maine relay 711

FLORIDA - Medicaid

Website: **https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html**
Phone: 1-877-357-3268

GEORGIA - Medicaid

Website: **https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp**
Phone: 678-564-1162 ext 2131

INDIANA - Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: **http://www.in.gov/fssa/hip/**
Phone: 1-877-438-4479
All other Medicaid
Website: **https://www.in.gov/medicaid/**
Phone 1-800-457-4584

IOWA - Medicaid

Medicaid Website:
https://dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366

Hawki Website:
http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563

HIPP Website:
https://dhs.iowa.gov/ime/members/medicaid-a-t-z/hipp
HIPP Phone: 1-888-346-9562

MASSACHUSETTS - Medicaid and CHIP

Website: **http://www.mass.gov/info-details/masshealth-premium-assistance-pa**
Phone: 1-800-862-4840

MINNESOTA - Medicaid

Website:
https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp
Phone: 1-800-657-3739

NEW HAMPSHIRE - Medicaid

Website: **https://www.dhhs.nh.gov/oii/hipp.htm**
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY - Medicaid and CHIP

Medicaid Website:
http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: **http://www.njfamilycare.org/index.html**
CHIP Phone: 1-800-701-0710

Medicaid & Children's Health Insurance Program

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2021. Contact your State for more information on eligibility.

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

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

NEBRASKA - Medicaid
Website: **http://www.ACCESSNebraska.ne.gov**
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA - Medicaid
Medicaid Website: **http://dhcfp.nv.gov**
Medicaid Phone: 1-800-992-0900

NEW YORK - Medicaid
Website: **https://www.health.ny.gov/health_care/medicaid/**
Phone: 1-800-541-2831

NORTH CAROLINA - Medicaid
Website: **https://medicaid.ncdhhs.gov/**
Phone: 919-855-4100

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

TEXAS - Medicaid
Website: **http://gethipptexas.com/**
Phone: 1-800-440-0493

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

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

VIRGINIA - Medicaid and CHIP
Website: **https://www.coverva.org/hipp/**
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-855-242-8282

NORTH DAKOTA - Medicaid
Website: **http://www.nd.gov/dhs/services/medicalserv/medicaid/**
Phone: 1-844-854-4825

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

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

PENNSYLVANIA - Medicaid
Website: **https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx**
Phone: 1-800-692-7462

RHODE ISLAND - Medicaid and CHIP
Website: **http://www.eohhs.ri.gov/**
Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

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

WASHINGTON - Medicaid
Website: **https://www.hca.wa.gov/**
Phone: 1-800-562-3022

WEST VIRGINIA - Medicaid
Website: **http://mywvhipp.com/**
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

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

WYOMING - Medicaid
Website: **https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/**
Phone: 1-800-251-1269

HIPAA Notice of Privacy Practices

Your Information | Your Rights | Our Responsibilities
Health Care Flexible Spending Account Benefits

This Notice describes how medical information about you that we receive from your health care flexible spending account may be used and disclosed and how you can get access to this information. Please review it carefully.

Contact your Human Resources Department for further information.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

***See page 26** for more information on these rights and how to exercise them*

Your Choices

You have some choices in the way that we use and share information as we:

- Tell your family and/or friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

***See page 27** for more information on these choices and how to exercise them*

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Bill for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

***See pages 27 and 28** for more information on these uses and disclosures*

HIPAA Notice of Privacy Practices

Your Rights	When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.
Get a copy of your health and claims records	• You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. • We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct health and claims records	• You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. • We may say "no" to your request, but we'll tell you why in writing within 60 days.
Request confidential communications	• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. • We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	• You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. • If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with you health insurer. We will say "yes" unless a law requires us to share that information.
Get a list of those with whom we've shared information	• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. • We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	• You can complain if you feel we have violated your rights by contacting us using the information at the end of this Notice of Privacy Practices. • You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling (877) 696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**. • We will not retaliate against you for filing a complaint.

HIPAA Notice of Privacy Practices

Your Choices

For certain health information, you can tell us your choices about what we share.
If you have a clear preference for how we share your information in the situations described on **page 26**, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	• Share information with your family, close friends, or others involved in payment for your care. • Share information in a disaster relief situation. *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
In these cases we never share your information unless you give us written permission:	• Marketing purposes • Sale of your information • Most sharing of psychotherapy notes

Our Uses and Disclosures

How do we typically use or share your health information?
We typically use or share your health information in the following ways.

Help manage the health care treatment you receive	• We can use your health information and share it with professionals who are treating you.	**Example:** A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
Run our organization	• We can use and disclose your information to run our organization and contact you when necessary. • We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.	**Example:** We use health information about you to develop better services for you.
Pay for your health services	• We can use and disclose your health information as we pay for your health services.	**Example:** We share information about you with your dental plan to coordinate payment for your dental work.
Administer your plan	• We may disclose your health information to your health plan sponsor for plan administration.	**Example:** Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

HIPAA Notice of Privacy Practices

Our Uses and Disclosures (continued)

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html**.

Help with public health and safety issues	• We can share health information about you for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone's health or safety.
Do research	• We can use or share your information for health research.
Comply with the law	• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	• We can share health information about you with organ procurement organizations. • We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	We can use or share health information about you: • For workers' compensation claims. • For law enforcement purposes or with a law enforcement official. • With health oversight agencies for activities authorized by law. • For special government functions such as military, national security, and presidential protective services.
Respond to lawsuits and legal actions	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, visit: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Effective Date of Notice

This Notice is current as of 08/2023.

Notes

2211 Michelson Drive, Suite 1200 | Irvine, California 92612
Telephone: (949) 833-2983 | Fax: (949) 833-9549

Learn more at www.burnhambenefits.com

This Employee Benefits Guide provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is at the City's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact the Human Resources Department.