

WELCOME TO BENEFITS 101

Oakland



Employee Benefits

Available Programs

- ✓ Medical
- ✓ Dental
- ✓ Vision
- ✓ Medical Waiver Plan – Cash-In-Lieu
- ✓ Flexible Spending Accounts
- ✓ Commuter Benefits
- ✓ Group & Supplemental Life Insurance
- ✓ Pension Benefits
- ✓ Deferred Compensation





Employees

- ❖ Regular Full-time
- ❖ Permanent Part-time

Eligibility

Eligible Family Members

- ✓ **Spouse**
- ✓ **Registered Domestic Partner**
- ✓ **Children**
 - ✓ Children up to age 26 – Medical coverage
 - ✓ Children up to age 19, or age 25 with full-time student status – Dental & Vision coverage
 - ✓ Certified Disabled Child age 26 or older
 - ✓ Economically Dependent Child
 - ✓ Adopted Children



Required Dependent Verification

- ❖ **Marriage Certificate**
- ❖ **Domestic Partnership Registration and support of Non-Taxability of Benefits Form**
- ❖ **Birth certificate**
- ❖ **Adoption papers**
- ❖ **Child Legal Guardianship – Copy of Court Orders**
- ❖ **Economically Dependent Child – CalPERS Affidavit of Parent-Child and Member Questionnaire**



Benefits Effective Date



- ✓ Coverage is not immediate.
- ✓ Coverage is effective the 1st of the month following receipt of enrollment form and required documents.
- ✓ Ex: If paperwork is received on January 15th health care coverage will be effective on February 1st.
- ✓ Paperwork must be received in Benefits Office within 60 days of date of hire, otherwise a 90 day penalty waiting period will be imposed by CalPERS.

Medical Plans

Health Maintenance Organizations (HMO)

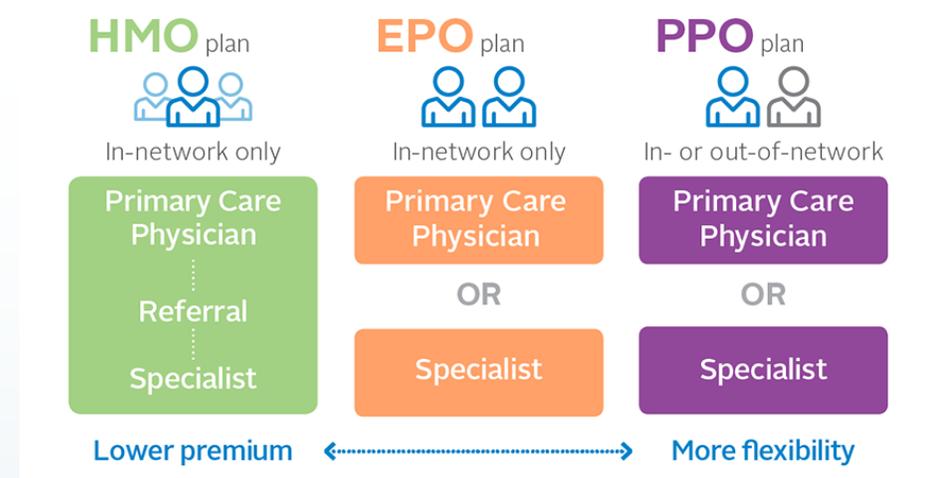
- Anthem Select*
- Anthem Traditional
- Blue Shield Access
- Blue Shield Trio*
- Blue Shield EPO*
- Health Net Smart Care
- Kaiser
- United Healthcare
- Western Health Advantage

Preferred Provider Organization (PPO)

- PERS Care
- PERS Choice
- PERS Select



Medical



Why select a HMO?

- ▶ Like low cost, predictable copays for care
- ▶ Like having a Primary Care Physician who helps manage your care
- ▶ No Annual Deductible
- ▶ Satisfied with the Specialists in the HMO medical Group
- ▶ Requires approval to a specialist

Why select a PPO?

- ▶ See a doctor or specialist without approval
- ▶ Pay annual deductibles before plan pays.
- ▶ After deductible, you share the cost of each service with the plan – coinsurance
- ▶ Allows you to see non-preferred providers, but you pay a higher % of the bill

Medical Waiver Plan – Cash In Lieu

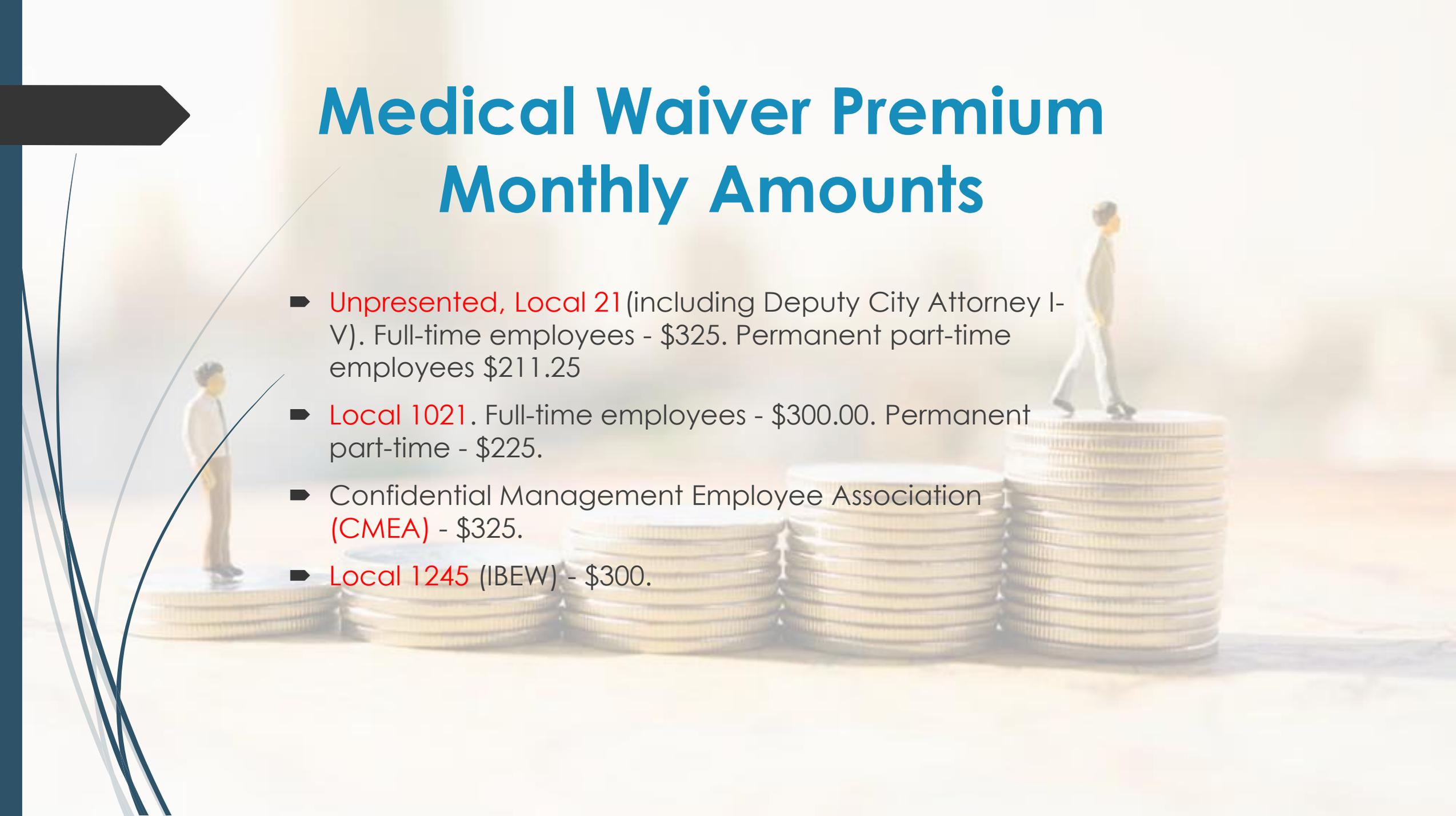
The Medical Waiver Premium plan allows employees to waive medical coverage in return for cash compensation or pre-tax FSA contribution (Medical Plan Assistance Plan or Dependent Care Assistance Plan).

To elect the medical waiver plan you must:

- ✓ Complete the Medical Waiver Form.
- ✓ Complete the Employee Benefits Record.
- ✓ Provide proof of other coverage **in the form of a letter. Insurance cards are not accepted.**



Medical Waiver Premium Monthly Amounts

- 
- ▶ **Unpresented, Local 21** (including Deputy City Attorney I-V). Full-time employees - \$325. Permanent part-time employees \$211.25
 - ▶ **Local 1021**. Full-time employees - \$300.00. Permanent part-time - \$225.
 - ▶ Confidential Management Employee Association (**CMEA**) - \$325.
 - ▶ **Local 1245** (IBEW) - \$300.



Dental

- ❖ Delta Dental - PPO
- ❖ DeltaCare USA - HMO

 **DELTA DENTAL[®]**

Delta Dental PPO

Why select this plan?

- Freedom to choose any licensed dentist
- Access to a larger network of dentist
- You don't expect to exceed the annual maximum benefit of \$1,500
- Deductibles: \$25 per person/\$75 per family each year

Preventive care covered 100%

Major Services covered 60%



Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 19 or to the end of the month dependent turns age 25 if dependent is full time student			
Deductibles	\$25 per person / \$75 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	Yes, for Orthodontics only			
Maximums	\$1,500 per person each calendar year			
D & P counts toward maximum?	Yes			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100 %	100 %
Basic Services Fillings and posterior composites	100 %	80 %
Endodontics (root canals) Covered Under Basic Services	100 %	80 %
Periodontics (gum treatment) Covered Under Basic Services	100 %	80 %
Oral Surgery Covered Under Basic Services	100 %	80 %
Major Services Crowns, inlays, onlays and cast restorations	60 %	60 %
Prosthodontics Bridges and dentures	60 %	60 %
Orthodontic Benefits Adults and dependent children	50 %	50 %
Orthodontic Maximums	\$2,000 Lifetime	\$2,000 Lifetime

DeltaCare USA HMO

Why select this plan?

- Select a DeltaCare Primary care dentist
- A specialist must be authorized by your dentist
- Must see a dentist in the HMO network
- No deductibles or annual dollar maximums
- No Copayments or low copayments for most preventive services
- Coverage for more than 300 procedures



Compare Plan Features

	Delta Dental PPO	DeltaCare USA
Can I go to any dentist?	You can visit any licensed dentist to receive coverage, but you'll save the most at an in-network dentist.	You must select a DeltaCare USA primary care dentist and visit this dentist to receive benefits. ²
What procedures are covered?	Your plan covers a wide range of services, with no exclusions for most pre-existing conditions. Preventive care, like routine cleanings and exams, is offered at low or no cost.	Your plan covers over 300 procedures, with no exclusions for most pre-existing conditions. Preventive care, like routine cleanings and exams, has low or no copayments.
Are there deductibles and maximums?	Yes, most plans have an annual deductible and maximum.	No, there are no annual deductibles or maximums. ³
Am I covered for treatment I began under a different employer-sponsored dental plan?	Coverage is provided only for treatment started and completed after your effective date. Orthodontic treatment may be an exception to this rule.	Coverage is provided only for treatment started and completed after your effective date. ⁴ Orthodontic treatment may be an exception to this rule.
What if I started orthodontic treatment under my previous dental plan?	Typically, Delta Dental pays the remaining benefit not paid by your prior dental plan.	You are responsible for the copayments and fees subject to the provisions of your prior dental plan.
What happens if I need to see a specialist?	You do not need a referral from your dentist.	Contact your DeltaCare USA primary care dentist to coordinate your referral. ⁵
What is my out-of-area coverage?	You can visit any licensed dentist.	You have a limited benefit to go out of network for emergency care.
How do I change my dentist?	You can change your dentist at any time without contacting us.	You can change your selected or assigned primary care dentist online or by telephone. ⁶
Do I need to fill out claims?	If you visit a Delta Dental dentist, the dental office will file the claim for you. If you go to a non-Delta Dental dentist, you may have to submit the claim yourself.	There are generally no claim forms under your plan. ⁷

Vision



- Copay \$10 for exam & glasses – Every 12 months
- Lenses Combined with exam – Every 12 months
- \$105 allowance for contacts or glass frames - Every 12 months
- \$125 allowance for featured frame brands - Every 12 months

Flexible Spending Accounts



Medical Care Assistance Program

- ▶ Pre-Tax - \$2750/year max for you and your eligible dependents medical/dental/vision cost
- ▶ IRS regulated – Can only modify if a life event occurs

Dependent Care Assistance Program

- ▶ Pre-Tax - \$5000/year max for dependent care services that enable you to come to work; child care, adult care, etc.
- ▶ IRS regulated – Can only modify if a life event occurs

Administrative Fees covered by the City for Local 21 & DCA I-V for participating employees. All others pay the \$4.10 monthly fee through payroll deductions.

Flexible Spending Accounts

**Flexible
Spending
Account:
Use It or
Lose it**



Use it or Lose It Rule - Money left in the plan after the end of the claim filing period and 2 ½ month grace period is forfeited.

The plan also has a special 2 ½ month grace period after the end of the plan year. This feature gives you an additional 2 ½ months to incur expenses against your FSA accounts.

<https://fsastore.com/>

GoNavia Commuter Benefits Program

- ✓ The Go Navia Commuter Benefits program allows you to pay work-related parking and transit expenses using pretax dollars.
- ✓ The maximum monthly contribution is:
 - Parking \$265.00 per month
 - Transit \$265.00 per month
- ✓ You can start, stop, or change your elections throughout the year.



Administrative Fees covered by the City for Local 21, Local 1021 & DCA I-V for participating employees. All others pay the \$4.00 monthly fee through payroll deductions

Active Sports Club Membership

- ▶ City of Oakland employees are eligible to receive a 38% discount with Active Sports Club.
- ▶ Single Site Only - Oakland
- ▶ \$65 Per Month (EE)
- ▶ \$130 Per month (EE + 1 add on - must be 18+)
- ▶ \$25 One-Time Registration Fee (Required for each new member. Waived for existing members.)
- ▶ Initial enrollment requires payment of 1st and last month dues in addition to a one time registration fee for new members.
- ▶ You must pay membership dues via a post-tax payroll deduction in-order to receive the City discount.



ACTIVE SPORTS CLUBS PREFERRED MEMBERSHIP RATES

For City of Oakland Employees & Add-On

From our expert, caring staff to our cutting-edge programs, Active Sports Clubs makes each visit stress-free with unlimited towel service, spacious lockers, spotlessly clean clubs and fully stocked locker room amenities.

Join at the following preferred rates*:

Membership Information:

Member Support:

Exclusive City of Oakland Employee and Add-On Rates:

Each Member Receives:

Single Site Only - Oakland:

- \$65 per month / per person (reg. \$105)
- \$25 Registration Fee (reg. \$100)
- ◆ All enrollments via the online enrollment portal - see your HR representative for details

- 2 complimentary 50-Min. sessions with a Personal Trainer
- Reward program via Perkville per workout
- Unlimited Group Exercise Classes
- Towel Service (Bath and Workout)
- Hotel like amenities throughout the locker vanity and shower areas
- Easy check-in via the Active Bay Area App.

www.ActiveSportsClubs.com

Scotts Valley
831.431.2302

Oakland City Center
510.855.1010

Union Square
415.387.1010

active
SPORTS CLUBS

Required Forms

Employee Benefits Record Form

CITY OF OAKLAND EMPLOYEE BENEFITS RECORD FORM

You must submit a completed enrollment form and any required documentation to the DPERM Risk & Benefits Division within 60 days of your initial benefits eligibility date or within 90 days of a qualified change in family status.

APPLICATION TYPE

New Hire Rehire / Reinstatement Birth / Adoption Marriage / New Domestic Partnership / Divorce Open Enrollment
 Loss of Coverage Other-Please explain: _____

YOUR PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Initial _____
 Street Address _____ Apt. # _____ City _____ State _____ Zip _____
 Last four of Social Security _____
 Number of Employee ID # _____ Birth Date _____ Phone Number _____ Gender Male Female

EMPLOYMENT INFORMATION

Department Name _____ Job Class _____ Rep Unit _____ FT PPT Sworn

CHOOSE YOUR HEALTH PLAN *You must live in a covered service area to enroll in these plans. Please refer to the CalPERS Health Benefit Summary publication to confirm service areas or visit <http://www.calpers.ca.gov>*

Waiver Permanente Blue Shield Access PERS Choice PPO** PORAC (Police) Waive Medical Coverage (OPCs are not eligible)
 Anthem HMO Select PERS Select PPO**
 Anthem HMO Traditional United Healthcare HealthNet SmartCare HMO* PERS Care PPO** Designate Physician: _____

** Administered by Anthem BlueCross. Primary Care Physician _____ Physician ID# _____
 Ensure you verify your physician participates in the plan you selected.

CHOOSE YOUR DENTAL PLAN NON-SWORN ONLY Delta Dental Waive Dental Coverage Delta Care USA
CHOOSE YOUR VISION PLAN NON-SWORN ONLY Vision Service Plan Waive Vision Coverage

TO ADD OR DROP DEPENDENTS FROM YOUR BENEFITS, PLEASE COMPLETE THE BELOW
You must submit required eligibility documentation for and provide SSN for enrollment of all dependents. See the reverse side of this form for details of required documentation.

Medical	Dental	Vision	Last Name	First Name	MI	FULL SSN	Date of Birth	Relationship
Add Drop	Add Drop	Add Drop						
Add Drop	Add Drop	Add Drop						
Add Drop	Add Drop	Add Drop						
Add Drop	Add Drop	Add Drop						

LIFE INSURANCE (NON-SWORN EMPLOYEES ONLY)
appoint as revocable beneficiary(ies) of insurance payable in the event of my death:

Primary: Name _____ Relationship _____ % of Benefit _____
 Name _____ Relationship _____ % of Benefit _____
 (Contingent beneficiaries are in the event of death of all primary beneficiaries)
 Contingent: Name _____ Relationship _____ % of Benefit _____
 Name _____ Relationship _____ % of Benefit _____

I certify that information on this document is true and correct and I give the person(s) administering the plan in which I work and/or their agents permission to verify any and all information. I agree to assume full financial responsibility for all expenses and to reimburse and indemnify the plan and the City of Oakland for any benefits paid for me and/or my dependents if I or my dependents subsequently prove to be ineligible to participate in the plan or to receive such benefits. I also understand that the furnishing of information on this document may involve applicable laws, rules and regulations and could lead to disciplinary action, discipline and/or legal action. I have read and accept the terms and conditions on this side and the reverse side of this form.

Your Signature: _____ Date: _____

FEEL FREE TO: ORACLE ENTRY: EFFECTIVE DATE: PGP VERIFICATION DATE:

PLEASE SEE THE REVERSE SIDE OF THIS FORM FOR ADDITIONAL INFORMATION

CalPERS Beneficiary Designation Form



P.O. Box 942715 Sacramento, CA 94229-2715
 888 CalPERS (or 888-225-7377) | Fax: (800) 959-6545
www.calpers.ca.gov

California Public Employees' Retirement System

Pre-Retirement Lump Sum Beneficiary Designation

Section 1

Member Information

Please include your first name, middle initial and last name.

Member's Full Name _____ Social Security Number or CalPERS ID _____

Telephone Number _____ Birth Date _____

Section 2

Beneficiary Designation

Provide on the form the full name of your beneficiaries. Social Security number or CalPERS ID and the complete address.

I understand that if I am married or in a registered domestic partnership but do not name my spouse or registered domestic partner as beneficiary, she/he may still be entitled to a community property share of my "Lump Sum Contributions" or a share of any monthly allowance that may be payable. My "Non-Spouse" or "Non-Registered Domestic Partner" designated beneficiaries will receive the portion of my lump sum benefits, which are not payable to my spouse or registered domestic partner as his/her community property share. I further understand that if my death is determined to be "Industrial," special death benefits will be paid in the manner prescribed by law. If no percentage (%) is given, the applicable benefits will be paid **share and share alike**.

Primary Beneficiaries

If a percentage (%) is entered make sure the total equals 100%.

Name of Primary Beneficiary _____ Birth Date _____

If the form does not provide enough space, you may attach additional sheets provided you indicate whether you are designating "primary" or "secondary" beneficiaries. You must sign, date and write your Social Security number or CalPERS ID at the top of each additional sheet.

Relationship to the Member _____ Percentage of the Benefit _____ Social Security Number or CalPERS ID _____

Address (Number, Street, City, State and Zip Code) _____

Name of Primary Beneficiary _____ Birth Date _____

Relationship to the Member _____ Percentage of the Benefit _____ Social Security Number or CalPERS ID _____

Address (Number, Street, City, State and Zip Code) _____

Name of Primary Beneficiary _____ Birth Date _____

Relationship to the Member _____ Percentage of the Benefit _____ Social Security Number or CalPERS ID _____

Address (Number, Street, City, State and Zip Code) _____

Additional Forms

- **Medical Waiver Plan Election Form**
- **Flexible Spending Arrangement Enrollment Form**
- **GoNavia Commuter Benefit Online Enrollment Instructions**
- **Voluntary Life Insurance Enrollment Form**





Where to find Additional Information

- ▶ Located in the New Hire Benefits Enrollment folder on the City of Oakland Website at: www.oaklandca.gov/benefits
- ▶ H.R. Front Counter – 150 Frank Ogawa Plaza, 2nd Floor, Suite 2352

Here's More
Information!



My City Benefits

Human Resources Management

Where to Submit Your Benefit Enrollment Forms and Required Documentation

Please submit your benefit enrollment forms and required documentation to the City of Oakland Benefits Unit.

FAX

(510) 238-6560

Email

BenefitsAdmin@oaklandca.gov

Benefits Unit

150 Frank Ogawa Plaza, 2nd Floor
(Human Resources Front Counter)
Oakland, CA 94612

Benefits Team

Human Resource Management

Email general benefit questions to :
BenefitsAdmin@oaklandca.gov

Tami Honda - Benefits Coordinator
510-238-6891
THonda@oaklandca.gov

Denise Carter - Benefits Analyst
510-238-7446
DCarter@oaklandca.gov

Adrienne Cooper – Benefits Technician
510-238-6474
ACooper2@oaklandca.gov

(City Admin, City Attorney, DHS, DOT, Public Ethics, Race & Equity, Dept. of Violence Prev, and Fire & Police Sworn & Non-Sworn)

Lisa Lavatai - Benefits Representative
510-238-6769
LLavatai@oaklandca.gov

(HRM, Finance, City Auditor, City Council, City Clerk, Mayor's Office, ITD, OPW, Econ Workforce, Housing & Community Develop, Planning & Bldg., Library and OPR)





Email your questions to
BenefitsAdmin@oaklandca.gov