



YOUR 2024-2025 BENEFITS GUIDE

Plan Year Commencing
July 1, 2024



WIS&G
Winton Ireland Strom & Green
Insurance Agency
License #00591051

Prepared by Winton-Ireland, Strom & Green Insurance Agency
on behalf of City of Turlock

TABLE OF CONTENTS

Introduction to City of Turlock Benefits Page 3

California Coverage Mandate Page 4

Qualified Life Events & Mid-Year Plan Changes Page 4

Eligibility Guidelines for City of Turlock..... Page 5

Glossary of Health Coverage Terms Page 6

Traditional PPO Medical & Prescription Drug Coverage Page 7

High Deductible Health Plan (HDHP) with Health Savings Account (HSA) Page 8

Optum Bank & Health Savings Accounts (HSA) Page 9

Flexible Spending Accounts (FSA/HCA & DCA)..... Page 11

Preferred Provider Organization (PPO) & Accessing Care..... Page 12

Pharmacy Benefits Manager Page 13

Delta Dental – Dental Coverage Page 14

VSP – Vision Coverage Page 15

Employee Contribution & Monthly Rates Page 16

UMR Quality Indicators & SunLife Health Navigator Concierge Program..... Page 17

Teladoc Virtual Medical Visits Page 18

ComPsych GuidanceResources® & SimpleEAP CSJVRMA Employee Assistance Programs (EAP)..... Page 19

SunLife Financial Long Term Disability Page 20

SunLife Financial Life and Accidental Death & Dismemberment Page 20

CalPERS & MissionSquare Retirement Accounts..... Page 22

Healthcare Disclosures Page 24

Online links to Mobile Applications & Educational Videos Page 25

Important Contact Information..... Page 26

Questions? Page 27

CITY OF TURLOCK 2024 BENEFITS PACKAGE

The City of Turlock believes that our employees are our greatest asset. Benefits are designed with you and your family at the “top of mind.” The City of Turlock is committed to providing a comprehensive employee benefits program that helps our employees stay healthy, feel secure and maintain a work/life balance.



This guide should answer many of your questions about your benefits. Please review and keep this with your important insurance documents. More detailed information can be found internally by reviewing the employee portal and/or visiting the Human Relations Department. This benefit’s booklet is meant to be a “plain English” interpretation of the benefits offered to you and is not meant to take the place of your plan’s summary plan description (SPD). The descriptions are general and are not intended to provide complete details about every policy detail. All benefits are subject to change. There is no guarantee that these benefits stated within this document will continue indefinitely.

Essential Benefits

- Two medical plans offered through UMR
- Dental benefits through Delta Dental of California
- Vision benefits through Vision Service Plan (VSP)
- Teladoc telephone/virtual visits integrated in the medical plan

Financial Benefits

- Optum flexible spending account for medical expenses (HCA)
- Optum flexible spending account for dependent daycare (DCA)
- Optum Bank health savings account (HSA) alongside the high deductible health plan (HDHP) medical plan
- Long-term disability insurance through SunLife Financial
- Life and AD&D coverage through SunLife Financial
- Retirement through CalPERS/MissionSquare



Work/Life Balance

- Employee Assistance Programs (EAP) through ComPsych GuidanceResources® & SimpleEAP
- Wellness tools through UMR
- Paid Vacation Time
- Paid Sick Leave

This guide will outline the City of Turlock benefit offerings, so you can identify which options are best for you and your family. Your elections become effective on July 1, 2024 on the 1st of the month following 30 days of employment. You do not have the opportunity to make voluntary changes mid-year, unless you experience a qualified life event that allows for a change. Open enrollment is the period each year when you can make benefit changes and the benefit year is a July 1st commencement date. If you have questions about any of the benefits mentioned in this guide, please do not hesitate to reach out to any of the City of Turlock benefit partners.

AFFORDABLE CARE ACT (ACA) & CALIFORNIA COVERAGE MANDATE

The Affordable Care Act (ACA) requires most individuals to obtain health coverage unless an exemption applies. If you choose not to buy coverage for yourself and/or your dependents, you may pay a fee called the “individual shared responsibility payment” when filing your **taxes**. Starting with the 2019 tax year, this federal individual shared responsibility penalty no longer applies. **However, a few states including California – have their own individual health insurance mandate**, requiring you to have qualifying health coverage or pay a penalty with your **state taxes**. California’s penalty for not having coverage the entire year is at least \$900 per adult and \$450 per dependent child under 18 when filing your 2023 state income tax return in 2024 (2025 information not yet available). A family of four that goes uninsured for an entire year would face a penalty of at least \$2,700. Higher incomes may pay up to 2.5% of income.

The following states have coverage mandates & penalties for failure to maintain health coverage

California

Rhode Island

The District of Columbia

Massachusetts

New Jersey

Vermont

In addition, the City of Turlock is required to offer benefits as defined by the Affordable Care Act (ACA), as the City of Turlock is subject to the ACA coverage mandate. The ACA dictates that the lowest cost plan offered by the City of Turlock meets both minimum value and affordability standards as defined by the Affordable Care Act. *Because the City of Turlock medical plans meet these federal requirements, an eligible employee cannot go to a state exchange, i.e., Covered California, and get tax incentives (sometimes called premium subsidies or advance premium tax credit) to help pay for your insurance premium. Our benefits team can assist with questions about this important ACA statute. Note that if you inadvertently receive premium subsidies from your residence state, you may be required to pay these back when you file your income taxes, or the state could/would deduct any repayment fees from any/all tax refund you may receive. The only exception to this is Medicaid, known as Medi-Cal in California, as Medicaid has separate qualification and eligibility criteria; other exemptions may apply.*

QUALIFYING LIFE EVENTS

LOST YOUR HEALTH COVERAGE



TURNED 26



MEDI-CAL TERMINATED



MOVED OUTSIDE OF YOUR PLAN'S COVERAGE AREA



GOT MARRIED



HAD A BABY



QUALIFYING EVENTS & CHANGES MID-YEAR

Unless you experience a life-changing qualifying event mid-year, you cannot make changes to your benefits until the next open enrollment period. It is the employee’s responsibility to notify Human Relations of any qualified life events and to do so **within 30 days of the event**. Documentation of the life event is required. This may be a marriage or birth certificate, loss of coverage letter, qualified medical child support order, adoption paperwork, etc. Failure to notify the Plan timely will result in having to wait until

next open enrollment to make changes. If you are unsure about your specific situation and whether it is a qualified life event, reach out to Human Relations Department, Winton-Ireland Strom & Green Insurance Agency, or UMR, the Plan Administrator.

In addition, it is especially important that you or your spouse notify Human Relations ***within 60 days of a divorce and/or marriage dissolution***. Because divorce is a qualified life event, COBRA timelines are strict and must be met to preserve each eligible person's right to continuation coverage (commonly known as COBRA continuation). You or your spouse must notify Human Relations of the divorce as soon as reasonably possible. If you report this outside of the federal COBRA timelines, COBRA rights will be forfeited and coverage options expire. There are no exceptions. A copy of the divorce decree is required. This document is dated by the court and confirms the actual event date. Attempts to remove your spouse before the divorce is final is not permitted as the qualifying event date is the court's date/time stamp.

Qualifying events can include things like:

- Marriage, divorce, or legal separation.
- Birth or adoption of a child (note: newborns are “auto-enrolled” only for the first 30 days of life).
- Change in child’s dependent status or aging off a parent’s policy (i.e., reaching age 26).
- Death of a spouse, child, or other qualified dependent to cause a loss of coverage.
- Change in residence that affects plan eligibility.
- Change in employment status or a change in coverage under another employer-sponsored plan.
- Special note for the HDHP with HSA: If your or your spouse enrolls in Medicare and are enrolled on the City’s HDHP, this could be a qualified life event. More information is in the HSA section of this guide; employees cannot have Medicare coverage as well as the City of Turlock health savings account (HSA) contribution. This is specific to any plan with an HSA component. You are still eligible to enroll on the plan. However, because of IRS health savings account (HSA) contribution rules, contributions into the bank account must cease. For those that have the City of Turlock plan and Medicare, the City of Turlock plan is primary and Medicare is secondary coverage. You can review Medicare coverage by going to www.medicare.gov.

WHO IS ELIGIBLE FOR COVERAGE?

Employees must be actively working and deemed full-time to be eligible for benefits. Your benefits begin on the first of the month following thirty (30) days in an eligible status. You may obtain coverage for yourself and any of your eligible dependents. Dependent coverage is available for spouses and California registered domestic partners, natural, step, or adopted children, children required to be covered by a qualified medical child support order (QMCSO). Children are covered *to age 26*, without regard for student status, marital status, or living arrangements. If your child is incapable of self-support, this child may continue coverage after this age, with proper documentation (refer to Human Relations).



Note that if you elect benefits for your registered domestic partner, because federal law does not recognize domestic partners the same as state law, the value of the registered domestic partner's coverage is treated as taxable (imputed) income to the employee. The City of Turlock must tax the employee for the value of the coverage.

Before you are enrolled into your health plan, the City of Turlock requires that you elect benefits through the HR eSuite portal. The information you need to adequately fill out your enrollment information includes the following:

- Your full-time date of hire.

- Social security number for you and your dependents.
- Dates of birth for all covered dependents.
- Marriage, birth certificates, or court documents for you and your respective eligible dependents.
- If you or any dependents have other group coverage in addition to or in lieu of this plan, please make sure you have the details of the other benefit plan(s). This is required due to coordination of benefits rules and also required for deferred compensation in lieu of benefits so that the City can confirm your coverage elsewhere.
- Life insurance beneficiary information including social security numbers, dates of birth, and address(es). If your beneficiary is a trust, then tax ID number and date of the trust are needed.
- Specific to the HDHP with HSA: If enrolling into the HDHP with the HSA component for the first time, the account vetting process will also require either a driver's license or passport number.

GLOSSARY OF HEALTH COVERAGE TERMS

This glossary defines many commonly used terms, but is not a full list. The terms and definitions contained within this glossary are intended to be educational and may differ from terms in other policies or plans. For an all inclusive list, please visit the City of Turlock intranet page and search for the 'Glossary of health coverage terms and medical terms' document.

Allowed Amount – This is the maximum payment the plan will pay for a covered health care service. May also be called “eligible expense,” “payment allowance,” or “negotiated rate.”

Deductible – An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. For example, if your deductible is \$250, the plan won't pay anything until you've met your \$250 deductible for covered health care services subject to the deductible.

Coinsurance – Your share of the costs of a covered health care service, calculated as a percentage of (for example, 10%) of the allowed amount for the service. You generally pay coinsurance **plus** any deductibles you owe.

Copayment – A fixed amount (for example, \$20) you pay for a covered health care service, usually when you receive the service (sometimes called “copay”). The amount can vary by the type of covered health care service.

Formulary – A list of drugs the plan covers. Plans have the ability to put drugs in different cost-sharing levels or tiers.

Maximum Out-of-pocket Limit – A yearly amount the federal government sets as the most each individual or family can be required to pay in cost sharing during the plan year for covered, in-network services. The City of Turlock medical plans have maximum out-of-pocket limits that are lower than the federal limits.

Medically Necessary – Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease or its symptoms, including habilitation, and that meet accepted standards of medicine. You may receive a letter from UMR indicating your service has been approved as “medically necessary.” This document does not guarantee eligibility or benefit payments. It simply indicates whether it is deemed necessary for your specific situation (i.e. a needed surgery).

Network Provider (Preferred Provider) – A provider who has a contract with UnitedHealthcare Select Plus network who has agreed to provide services to members of a plan. You will pay less if you see a provider in the network (excluding Sutter Health). Also called “preferred provider” or “participating provider”.

TRADITIONAL PPO MEDICAL PLAN **ADMINISTERED BY UMR**



This chart shows a brief summary of benefits under the **Traditional PPO plan**. Deductibles, co-pays, and co-insurance are shown, based on expected out-of-pocket cost for each service; the Plan pays the remaining benefit. Make sure you log into the UMR website at www.umar.com, or download their mobile app, as there are self-service tools available including provider network status verification, instant ID card download, and claims tracking. You can also call UMR for benefit questions, order ID cards, or to confirm PPO providers.

Plan Features the Traditional PPO Plan Network: Select Plus PPO through UHC	Traditional PPO Plan In-Network Benefits	Traditional PPO Out-of-Network Benefits
	EMPLOYEE PAYS	EMPLOYEE PAYS
Plan Year Deductible – single contract	\$250 per individual	\$400 per individual
Plan Year Deductible – family contract	\$500 per family	\$800 per family
Co-insurance Percentage	10%	40%
Out of pocket maximum – single	\$2,500	\$5,000 ¹
Out of pocket maximum – family	\$5,000	\$10,000 ¹
Office Visits (primary/specialist)	\$20 per visit deductible waived	40% after deductible
Urgent Care Visit	\$25 per visit deductible waived	40% after deductible
Chiropractic care (up to 26 visit/year)	\$20 per visit deductible waived	40% after deductible
X-Ray and Laboratory Services	Basic x-ray/lab \$15/visit, deductible waived. Complex imaging (e.g., MRI/ CT) 10% after deductible	40% after deductible
Preventive care services ²	\$0, deductible waived	Not covered
Emergency Services (copay waived if admitted)	\$150/visit + 10% after deductible	
Inpatient Facility Services	10% after deductible	40% after deductible
Outpatient Facility Services	10% after deductible	40% after deductible
Outpatient Ambulatory Surgical Center	10% after deductible	40% after deductible
Mental Health & Substance Abuse Services	Outpatient: \$20/visit, ded waived Inpatient: 10% after deductible	40% after deductible (outpatient or inpatient)
Prescriptions at the Pharmacy (34-day supply) ³	\$10 generic \$25 preferred brand \$40 non-preferred brand	SmithRx has a nationwide pharmacy network; you can look up participating providers online at the member site member.mysmithrx.com . Out of network coverage is limited to emergency only (i.e., life or limb threatening or international travel).
Mail Order Prescription Drug Program for Maintenance Prescriptions (120-day supply) ³	\$10 generic \$25 preferred brand \$40 non-preferred brand	

Refer to the Summary Plan Description (SPD) for complete details of the Traditional PPO plan. If there is any discrepancy between this summary and the SPD, the SPD will be deemed correct and will override this document.

¹ Out-of-network out of pocket maximum does not include amounts in excess of the maximum allowable cost; these excess charges are patient responsible since those providers are not under any contractual obligation to write off any difference between their billed charge & the plan's allowed charge.

² Preventive care services are covered according to Affordable Care Act (ACA) standards. The coverage guidelines follow federal regulations on preventive care and follow the US Preventive Care Task Force Grade A or B recommendations with no cost share.

³ For assistance in transferring medications from retail to mail-order, contact Patient (Member) Support by calling 844.454.5201 or help@smithrx.com.

HIGH DEDUCTIBLE HEALTH PLAN PPO

MEDICAL PLAN ADMINISTERED BY UMR



This chart shows a brief summary of benefits under the **HDHP**. Deductibles and co-insurance are shown, based on your expected out-of-pocket cost for each service; the Plan pays the remaining benefit. Make sure you log into the UMR website at www.umar.com, or download their mobile app, as there are self-service tools available including provider network verification, instant ID card download, and claims tracking. You can also call UMR for benefit questions, order ID cards, or to confirm PPO providers. A companion savings account will be established, if eligible.

Plan Features the HDHP PPO Plan Network: Select Plus PPO through UHC	HDHP PPO Plan In-Network Benefits	HDHP PPO Out-of-Network Benefits
	EMPLOYEE PAYS	EMPLOYEE PAYS
Plan year deductible – single contract (defined as one person enrolled/single member)	\$1,600 per single member	\$3,000 per single member
Plan year deductible – family contract (defined as 2 or more people enrolled/family)	\$3,200 aggregate limit for all family members combined	\$6,000 aggregate limit for all family members combined
Co-insurance percentage	Copay applies	40%
Out of pocket maximum – single contract	\$3,000 single member	\$6,000 ¹ single member
Out of pocket maximum – family contract	\$6,000 family aggregate	\$12,000 ¹ family aggregate
Office Visits (primary/specialist)	\$20/visit <u>after</u> deductible	40% after deductible
Urgent care office visit	\$20/visit <u>after</u> deductible	40% after deductible
Chiropractic care (up to 20 visit/year)	\$15/manipulation <u>after</u> deductible	40% after deductible
X-Ray and laboratory services	Basic lab/x-ray: \$10 copay <u>after</u> deductible Complex (i.e., MRI/CT) \$25 <u>after</u> deductible	40% after deductible
Preventive care services ²	\$0, deductible waived	Not covered
Emergency services (copay waived if admitted)	\$150/visit <u>after</u> plan deductible	
Inpatient facility services	\$150 copay <u>after</u> deductible	40% after deductible
Outpatient facility services	\$20 copay/visit <u>after</u> deductible	40% after deductible
Outpatient ambulatory surgical center	\$20 copay/visit <u>after</u> deductible	40% after deductible
Mental health & substance abuse services	Outpatient: \$20/visit <u>after</u> deductible Inpatient: \$150 copay <u>after</u> deductible	40% after deductible (outpatient or inpatient)
Prescription drugs & medical deductible	Prescriptions are covered <u>after</u> the plan deductible is met for either retail/mail	
Prescriptions at the pharmacy (copay after deductible) (34-day supply) ³	\$10 generic \$25 preferred brand \$40 non-preferred brand	SmithRx has a nationwide pharmacy network; you can look up participating providers online at the member site member.mysmithrx.com . Out of network coverage is limited to emergency only (i.e., life or limb threatening or international travel).
Mail order prescription drug program for maintenance prescriptions & copay after deductible (120-day supply) ³	\$10 generic \$25 preferred brand \$40 non-preferred brand	

Refer to the Summary Plan Description (SPD) for complete details of the HDHP PPO plan. If there is any discrepancy between this summary and the SPD, the SPD will be deemed correct and will override this document.

¹ Out-of-network out of pocket maximum does not include amounts in excess of the maximum allowable cost; these excess charges are patient responsibility since those providers are not under any contractual obligation to write off any difference between their billed charge & the plan's allowed charge.

² Preventive care services are covered according to Affordable Care Act (ACA) standards. The coverage guidelines follow federal regulations on preventive care and follow the US Preventive Care Task Force Grade A or B recommendations with no cost share.

³ For assistance in transferring medications from retail to mail-order, contact Patient (Member) Support by calling 844.454.5201 or help@smithrx.com.

OPTUM BANK HEALTH SAVINGS ACCOUNTS (HSA)

The high deductible health plan offered by the City of Turlock is health savings account (HSA) compatible; an HSA will be opened for you upon enrollment. **Note that this is only an option on the HDHP and not the Traditional PPO plan (you must be enrolled in a HDHP).** This plan allows you to establish a tax-favored health savings account, as it is deemed to satisfy the IRS requirements of a health savings account compatible plan.



WHAT ARE THE BENEFITS OF AN HSA? Triple tax savings!

- **It can save you money.** If the City of Turlock requires contributions to premium amounts, HDHPs have lower monthly premiums, so less is taken from your paycheck.
- **It is portable.** The money in your HSA is carried over from year to year and is yours to keep, even if you leave the company. The FSA “use it or lose it” rule does not apply to HSA accounts.
- **It is a tax-saver.** HSA contributions are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you will pay less in taxes. You also spend it on qualified medical expenses tax-free. Note that California state law will still tax HSA contributions as normal income. Contributions will be state taxed for HSA only.

The **maximum amount that you can contribute to an HSA in 2024 is \$4,150 for individual coverage and \$8,300 for family coverage.** Additionally, if you are **age 55 or older**, you may make an additional “catch-up” contribution of **\$1,000** annually. Refer to the chart below for net contribution amounts you can make for 2024.

2024 HSA Contribution Limits			
Coverage Level	IRS Limit	City of Turlock	Your Contribution
Employee Only	\$4,150	\$1,250	\$2,900
Employee & Dependents	\$8,300	\$2,100	\$6,200
Catch-Up Contributions 55+	\$1,000 per person	\$0.00	\$1,000 per person

The City of Turlock will contribute to your HSA account each year on the following schedule:

- **Single coverage will receive \$1,250 for the plan year**, deposited equally over the first 2 payroll periods each month. **\$52.08 will be deposited on these payroll dates.**
- **Family coverage will receive \$2,100 for the plan year**, deposited equally over the first 2 payroll periods each month. **\$87.50 will be deposited on these payroll dates.**
- Entry into the plan other than at renewal (qualifying events/new hires): amounts are **pro-rated based on entry date.**

To have an HSA and make contributions to this account, you must meet several basic IRS requirements. If you are disqualified from an HSA account, you may consider opening an FSA account to sit alongside of the HDHP to get some tax-advantaged account:

- Enroll in a qualified high deductible health plan (HDHP) through the City of Turlock.
- Have no other health insurance coverage. This includes any other group coverage that is not a HDHP-HSA plan, an individual plan, any part of Medicare, Tricare, or plans providing “first dollar coverage” (copays/services not subject to a deductible).
- You cannot be claimed as a dependent on someone else’s tax return.
- The medical plan must meet minimum/maximum deductible and out of pocket limits set by the IRS. The IRS increases these policy limits periodically for inflation; these changes happen automatically per IRS rules. 2024-25 minimum deductible: \$1,600 single enrollee or \$3,200 aggregate family (family is defined as 2 or more members on the same contract).

Is an HSA right for me? The decision is different for each individual. If you have a reasonable idea of your annual expenses, you could save money from the lower premiums and tax-advantaged account with the HSA plan. Even someone with a chronic condition could take advantage of an HSA if you budget properly and set aside enough money to cover your care. If you are older, more prone to illness or unexpected medical conditions, or *prefer certainty in medical costs to the possible risk of unexpected out-of-pocket expenses*, you may want to opt for the traditional plan. But this is a very personal decision!

To determine if an HSA is right for you and to estimate tax savings, check out the following calculators:

<http://cdn.optum.com/oh/ohb/calc/calc.htm>. Optum Bank has great online information, including [tools](#), [printed material](#), [videos](#), and [webinars and these are available 24/7/365](#) online (<http://openenrollment123.com>).

To manage your HSA account once enrolled and established: www.optumbank.com

OPENING YOUR HEALTH SAVINGS ACCOUNT (HSA)

City of Turlock has partnered with Optum Bank for ease of administration between the health plan and the bank account. If you choose to participate on the HDHP with the HSA account, you will be responsible to pay your monthly bank fees. Optum Bank account fees are \$2.75 per account per month and will be automatically deducted from your Optum Bank HSA account.

When establishing an account, the account is open on the later of the plan effective date or the date the HSA becomes active after the vetting process. Most employees will have accounts established prior to the effective date, but the account verification process may delay the account effective date. **Expenses incurred prior to the HSA establishment date are not qualified medical expenses.**

- All individuals who open a bank account must be passed through the US Patriot Act screening process, also known as “vetting”. Optum Bank will obtain your demographic information from our open enrollment, and you will also need to provide a driver’s license or passport number to start the vetting process.
- If Optum Bank finds that information is inconsistent between your reported information and credit databases, Optum Bank will require additional information directly from you.
- If additional information is needed during this vetting process, you need to provide the information requested, and is your responsibility and cannot be processed or provided by the City of Turlock. Because accounts are *individually owned*, it is your responsibility to manage this vetting process.
- Individuals who do not pass the screening process will receive a letter from Optum Bank detailing the next steps. Your bank account will not be opened without a response to this request for additional documentation.
- Although rare, there could be a situation where someone may not pass this vetting process. If this happens, you will be contacted individually to review coverage options.

Access your HSA Funds

Use your Optum Bank™ Health Savings Account Debit MasterCard®

Sign up for automatic bill pay and online banking

Use HSA checks for this account

Pay for an expense with personal funds and reimburse yourself from your HSA

Keep in mind that the HSA account itself is a true bank account and is established to help you pay your out-of-pocket expenses. This account does not verify you have health coverage; the HDHP is the underlying insurance contract, and this is what providers will use to verify your coverage. The HDHP allows the establishment of the account, and ***the account is simply a mechanism to pay a bill.***

You can use your HSA account to pay for your health plan deductible, your copay or coinsurance for doctor’s office visits and prescription drugs, your share of the cost for dental care, such as exams and cavities/crowns, and your costs for vision care, such as exams, eyeglasses, and contact lenses. Accountholders should review [IRS Publication 969](#) or the [Optum Bank website for qualified medical expenses](#) for more information on what you can reimburse.

Generally, you cannot use your HSA to pay for medical insurance premiums, except specific instances, including:

- Any health plan coverage while receiving federal or state unemployment benefits;
- Continuation of group health coverage under federal law (COBRA continuation or USERRA coverage);
- Qualified long-term care insurance;
- Any deductible health insurance for HSA account holders who are age 65+ (whether they are entitled to Medicare or not) other than a Medicare supplemental policy. Again, once someone has Medicare, no further deposits can be made.

You can use your HSA to pay for medical expenses for yourself, your spouse, or your IRS dependent children, even if your dependents are not covered by your HDHP. ***Any amounts used for purposes other than to pay for qualified medical expenses are taxable as income and subject to an additional 20% penalty.*** Examples of taxable expenses include:

- Medical procedures and expenses not considered qualified under federal tax law;
- Other types of health insurance unless specifically described above;
- Medicare supplement insurance premiums;
- Non-health-related expenses.

After the age of 65, you can withdraw money for non-medical expenses without penalty, but you will have to pay taxes on the money. If you become disabled, the account can be used for other purposes without paying the additional penalty. If you withdraw money from an HSA for nonmedical expenses before you turn 65 or become disabled, you will pay tax as well as the 20% penalty.

FLEXIBLE SPENDING ACCOUNTS (HCA & DCA) THROUGH UMR ADMINISTRATION

Flexible Spending Accounts (FSA or HCA) – available for non-HDHP members

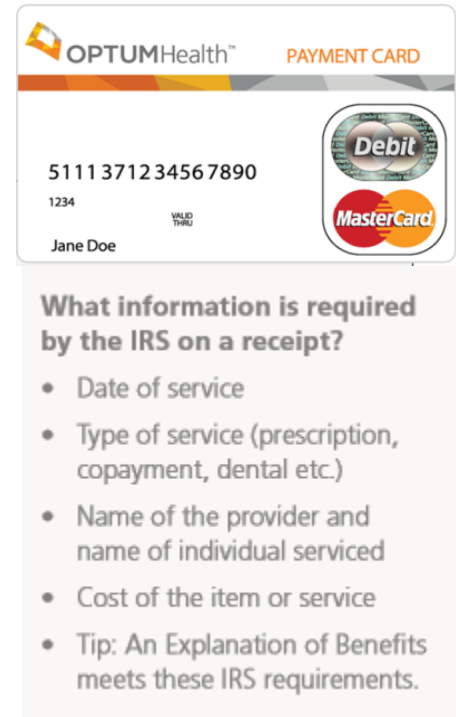
Flexible Spending Accounts, more commonly known as FSAs, provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the year, you can lower your taxable income.

Contributions to your FSA accounts come out of your paycheck before any taxes are taken out. This means that you do not pay federal income tax, Social Security taxes, and state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period. ***If you do not use the money you contributed, it will not be refunded or carried forward to a future plan year. The IRS calls this the “use-it-or-lose-it” rule.***

FSA Healthcare limit for 2024-25: \$3,200

FSA accounts are available for anyone not enrolled on a HDHP

You must re-enroll into the FSA and DCA every year; take action to enroll!



This IRS program allows City of Turlock's employees to pay for certain IRS-approved medical care expenses not covered by their insurance plan with pre-tax dollars. Some examples include:

- Any medical expense that you pay out of your pocket, such as deductibles or co-pays, prescription co-pays, or services that are above Plan allowances.
- Hearing services, including hearing aids and batteries.
- Vision services, including contact lenses, contact lens solution, eye exams, and eyeglasses.
- Dental services and orthodontia.
- Chiropractic and acupuncture services.
- Prescriptions, contraceptives, over the counter items, PPE, menstrual products, & more!



**LEARN MORE
ABOUT
FSA BASICS**

Use the QR code reader on your smart phone to access a video about FSA basics.

Dependent Care FSA (DCA) – available for any benefit eligible employee

The Dependent Care FSA lets City of Turlock's employees use pre-tax dollars towards qualified dependent care such as caring for children under the age 14 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000. Examples include:

- The cost of child or adult dependent care;
- The cost for an individual to provide care either in or out of your house;
- Nursery schools and preschools (excluding kindergarten).

You will be issued a debit card to access your money so you can reimburse yourself by activating and using the debit card or in the traditional way, by filing a paper claim through the mobile app or direct with UMR. The IRS requires substantiation on debit card claims. If you receive a letter from UMR to substantiate a debit card charge, please respond to UMR, as failure to respond may end up inactivating your FSA debit card, as this substantiation is an IRS requirement for FSA accounts.

PPO NETWORK: SELECT PLUS PPO



City of Turlock contracts with UnitedHealthcare (UHC) Select Plus network for the PPO; **this network is identical between the two health plans that the City of Turlock offers. Choose your plan knowing the networks for the two options are the same network.**

A Preferred Provider Organization (PPO) plan is a way to manage healthcare costs for a plan and its participants, to obtain preferred pricing arrangements for a health plan's members. Health care providers, including physicians, labs, radiology facilities, pharmacies, etc., enter a contractual relationship with the network that the City of Turlock accesses. The PPO contract outlines the provider's set and agreed upon price for healthcare services to that network's members. Using PPO providers gives both the City and you the lowest possible cost for medical care for you and your family.

When you go out of the network, there is still coverage but the Plan payment is based on the in-network contract rate. This helps keep overall Plan costs down; the Plan reimburses up to what would be paid in-network for preferred providers. This means that for out of network claims, there could be a difference between the out-of-network's billed amount and the PPO negotiated payment. Because that provider is out-of-network and has no contract with the Plan, providers are not contractually obligated to accept this PPO payment as payment in full. The plan coverage drops, covering 60% of the PPO discounted fees. Therefore, the out-of-network provider may bill you for your share of the cost plus the difference between their bill and the Plan allowed amount. This is referred to as "balance billing".

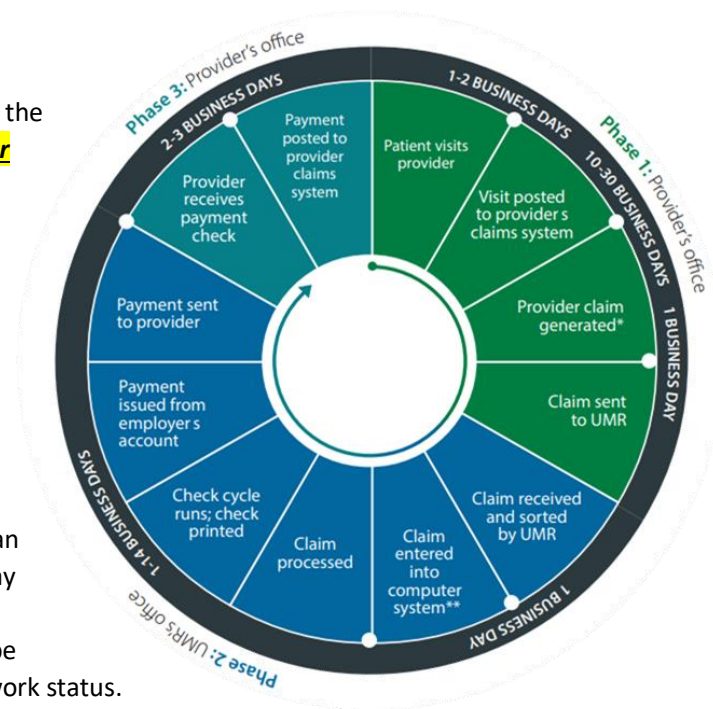
CONFIRMING IN-NETWORK PROVIDERS

The City of Turlock uses the **UnitedHealthcare Select Plus network** for the PPO entity for both plans available to City employees. However, **Sutter Health and all Northern California Sutter affiliates are excluded from the City of Turlock's PPO network (both plans).**

UHC and UMR are nationwide providers, the **Select Plus PPO network is also a nationwide PPO network**, it is used by many plans across the US. The City of Turlock **does not include Sutter Health** and their affiliates, so blanket statements affirming network participation should be carefully considered. Because Sutter Health contracts with UHC and UMR in other capacities, if a Sutter affiliate tells you that they are "in the PPO network", "under contract with UMR/UHC", or "Sutter is in your network", verify this with UMR, Human Relations Department, or the City of Turlock's consultant. The best way to confirm network participation is to ask the provider what tax identification number (TIN) they will use to bill the Plan. The TIN can be confirmed with UMR or the City's insurance consultant regarding network status.

In addition, when looking up providers, always use the member provider lookup tool on the www.UMR.com **member** website. You will have to register for an account as a member at www.umar.com and log into the member site to use the provider look-up tool. If you verify network providers on a public-facing UMR/UHC website, this look-up will yield unreliable results.

Remember that it is patient/member responsibility to confirm the network status of the provider(s) you want to see. Because the Plan does not know when or where you are accessing care, it is always patient responsibility to confirm network participation. Failure to stay within the PPO network will mean that you will owe more at the time of service and that provider may "balance bill" you for additional charges not covered by the healthcare Plan.



PHARMACY BENEFIT MANAGER



The City of Turlock utilizes SmithRx to process all pharmacy related claims. The prescription benefit integrates with the medical plan which means you'll receive one combined medical/prescription ID card.

- It's important to remember to update your pharmacy with a copy of your new ID card. If you don't have your ID card by your effective date, simply log into your member account online at www.umar.com (or use the UMR mobile app) to get a copy of your ID card from the member site.
- Prescription drug formularies (list of covered medications) constantly change due to new-to-market drugs, FDA guidance changes, drugs removed/recalled from the market, or market conditions that warrant a change. If you are notified your drug is not covered and/or requires prior authorization, you will need to take action. You will need to contact the prescribing doctor to have them send in the medical information to SmithRx to get the authorization completed. Your doctor's office will do this for you but you need to let them know. **It is important to note no substitutions are made without the consent of your prescribing physician. Please understand no changes are made unless the doctor has authorized a change.**
- The plan has Step therapy, quantity limits, and prior authorization in place.
 - Step therapy: the plan may require someone try lesser expensive, but still effective, medications before going straight to the most expensive option. If you try the less expensive medication and there is a medical reason why you cannot take it, then the Plan will pay for the more expensive drug.
 - Quantity limits: the plan may limit a certain amount of any given drug and limit how much can be filled with one copay. This happens often with pre-packaged items, like inhalers or injection kits, as you will be charged one copay for the quantity limit that is allowed.
 - Prior authorization: this is a process where the Plan will confirm that a patient meets criteria to be using this specific drug, according to FDA indications. Prior authorization ensures the patient safety as well as confirms medical necessity. In addition, prior authorization requires the prescribing doctor to show why the patient needs one drug over another or what medical condition they are treating (particularly to avoid "off-label" use of a drug).
- You can use either of the following **mail order** options to obtain up to 120 day supply for less cost: Amazon or Wal-Mart Pharmacy Services. Have your prescriber send an e-script to either of these providers to start the filling process.
 - CostPlus Drugs is also a provider and can be especially useful if a drug is more costly (for example a category called "high cost generic drugs"). CostPlus could provide you with significant savings. Information is included on these programs.
- Due to the high cost of **specialty** drugs, these are not available at a typical walk-in pharmacy. SmithRx has a relationship with Senderra Specialty Medications. If you take a specialty medication, have your prescriber send an e-script to Senderra to start the filling process. These prescriptions require prior authorization
- SmithRx has a great care team and will help members reach out to enroll into manufacturer's savings programs. This team is called the Connect360 team! SmithRx has invested time into finding the lowest-cost drugs for members. SmithRx provides hands-on assistance to their members 24/7. These programs are especially important when manufacturers provide "incentives" (i.e., free money) to use their drugs. While these manufacturer programs can be complex, the SmithRx Connect360 team is with you every step of the way...to save both you and the Plan money!

DENTAL INSURANCE ADMINISTERED BY DELTA DENTAL OF CALIFORNIA



A REGISTERED MARK OF DELTA DENTAL PLANS ASSOCIATION

Benefits You Receive:

This chart shows a brief summary of your benefits. Deductibles and co-insurance are shown based on what the out-of-pocket cost is; the Plan pays the remaining benefit.

Plan Year Deductibles	\$50 deductible per person / \$150 per family per plan year	
Diagnostic & Preventive Services	Deductible waived for diagnostic & preventive services	
Annual Benefit Maximums	\$1,750 per person, per plan year	
Waiting Period(s)	Basic Benefits: None	Major Benefits: None

Benefits and Covered Services	In-PPO Network	Out-of-PPO Network
	Employee Pays	Employee Pays
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays	No charge	No charge
Basic Services Fillings, simple tooth extraction, sealants	20%	20%
Endodontics (root canals) Covered Under Basic Services	20%	20%
Periodontics (gum treatment) Covered Under Basic Services	20%	20%
Oral Surgery Covered Under Basic Services	20%	20%
Major Services Prosthodontics, implants, Crowns & Casts	50%	50%

Refer to the Summary Plan Description (SPD) for complete details of the PPO plan. If there is any discrepancy between this summary and the SPD, the SPD will be deemed correct and will override this document.

Your plan allows you access to any dentist of your choice. ***However, you can make your annual maximum benefit go farther by using a Delta Dental PPO dentist.*** The reason why your dental benefits will last longer using a Delta Dental provider is that these contracted providers have agreed to accept lower rates for the work they perform for Delta Dental participants. As an example, a cavity (filling) may cost \$150 at a local dentist that does not participate in the Delta Dental network. This filling may only cost \$110 at a participating Delta Premier provider, and it could be even lower for a Delta Dental PPO provider. The provider takes a *contractual write-off* for this difference in cost so you – nor the Plan – pay this difference in cost. The percentage that you pay is then based on the lower, contracted amounts.

You can look up participating dental providers on the Delta Dental website: <http://www.deltadentalins.com>

Delta Dental administers the plan; the plan remains self-funded, and the City of Turlock is funding the claims.

VISION PLAN ADMINISTERED BY VISION SERVICE PLAN (VSP)



Benefits You Receive:

This chart shows a brief summary of your benefits. Deductibles and co-insurance are shown based on what your out-of-pocket cost is; the Plan pays the remaining benefit.

Type of Service	In Network	Out of Network
	Employee Pays	Employee Pays
Eye Exam: Every 12 months	\$15 co-pay	\$10 co-pay Plan pays up to \$45 of cost
Diabetic Eye Exam after annual exam:	\$20 co-pay	n/a
Contact Lenses: Every 12 months	In lieu of glasses: \$0 co-pay \$120 allowance	Plan pays up to \$105 of cost
Lenses: Every 12 months	\$0 co-pay	Plan pays up to \$45 for single vision, \$65 for bi-focal, and \$85 for trifocal
Frames: Every 24 months	\$10 co-pay \$120 frame allowance	Plan pays up to \$47 of cost
Discounts from Participating Providers & Specialty Vendors	Up to 20% discounts for amounts above the allowances, special add-ons, 2 nd pair of glasses, etc. LASIX & hearing aid discounts available.	No discounts available

In addition to the standard eye exam benefits, VSP offers an enhanced benefit for anyone that has type 1 or type 2 diabetes. You get both the routine eye care benefit and the follow-up diabetic eye care services from your VSP doctor. People with diabetes often are not aware they have diabetic eye disease. That's because in the early stages of the disease, few symptoms may appear until after damage has already occurred. An annual eye exam from a VSP doctor can help prevent diabetes-related blindness. These diabetic eye exams are unlimited in nature and the copay you pay is slightly higher than a regular eye exam.



There are no ID cards for VSP benefits. You simply tell your vision provider you are a VSP member, and they do the rest. Be prepared to pay your applicable co-pay at the time of service. For out of network providers, you must pay for the service and send in your receipts to VSP for reimbursement. Items such as reimbursement forms, participating provider directories, and whether you are eligible for services can be securely accessed on VSP's website, <http://www.vsp.com>.

2024-2025 EMPLOYEE CONTRIBUTION RATES

Employee contribution rates vary by plan election and family size. Rates are effective July 1, 2024 and continue through June 30, 2025. All contributions will be deducted each payroll period from the first two payrolls in a month and deducted from your paycheck on a pre-tax basis. If the month has three payrolls in the month, then only the first two payrolls will have deductions. While we pay bi-weekly (26 payrolls), the contributions are taken semi-monthly (24 payrolls).

Mid-year changes require a qualified life event. Contact Human Relations Dept. as soon as reasonable if you have a mid-year event. If you do not report these events within 30 days from the event date, you may lose your right to a special election period and would then wait until the following open enrollment to make any change.

TRADITIONAL PPO - 10%	MONTHLY AMOUNTS			SEMI-MONTHLY AMOUNTS		
	Total	Employee	Employer	Total	Employee	Employer
Employee only	\$899.44	\$89.94	\$809.50	\$449.72	\$44.97	\$404.75
Employee/spouse	\$2,023.73	\$202.37	\$1,821.36	\$1,011.87	\$101.19	\$910.68
Employee/child(ren)	\$1,933.79	\$193.38	\$1,740.41	\$966.90	\$96.69	\$870.21
Family	\$2,833.23	\$283.32	\$2,549.91	\$1,416.62	\$141.66	\$1,274.95
HDHP PPO - 10%	MONTHLY AMOUNTS			SEMI-MONTHLY AMOUNTS		
	Total	Employee	Employer	Total	Employee	Employer
Employee only	\$767.44	\$76.74	\$690.70	\$383.72	\$38.37	\$345.35
Employee/spouse	\$1,726.73	\$172.67	\$1,554.06	\$863.37	\$86.34	\$777.03
Employee/child(ren)	\$1,649.99	\$165.00	\$1,484.99	\$825.00	\$82.50	\$742.50
Family	\$2,417.43	\$241.74	\$2,175.69	\$1,208.72	\$120.87	\$1,087.84
DELTA DENTAL -10%	MONTHLY AMOUNTS			SEMI-MONTHLY AMOUNTS		
	Total	Employee	Employer	Total	Employee	Employer
Employee only	\$43.68	\$4.37	\$39.31	\$21.84	\$2.18	\$19.66
Employee/spouse	\$78.81	\$7.88	\$70.93	\$39.41	\$3.94	\$35.46
Employee/child(ren)	\$86.38	\$8.64	\$77.74	\$43.19	\$4.32	\$38.87
Family	\$120.43	\$12.04	\$108.39	\$60.22	\$6.02	\$54.19
VISION SERVICE PLAN - 10%	MONTHLY AMOUNTS			SEMI-MONTHLY AMOUNTS		
	Total	Employee	Employer	Total	Employee	Employer
Employee only	\$8.37	\$0.84	\$7.53	\$4.19	\$0.42	\$3.77
Employee/spouse	\$14.96	\$1.50	\$13.46	\$7.48	\$0.75	\$6.73
Employee/child(ren)	\$14.80	\$1.48	\$13.32	\$7.40	\$0.74	\$6.66
Family	\$22.68	\$2.27	\$20.41	\$11.34	\$1.13	\$10.21

UMR QUALITY OF CARE DESIGNATIONS



This program is an innovative program that evaluates eligible physicians against scientifically defined medical guidelines for quality and cost efficiency. Physicians must first meet quality of care guidelines – and only then are they evaluated for cost efficiency. When evaluating quality of care, UMR/UHC reviews a

physician's performance against nationally accepted standards from medical organizations and governmental agencies such as the Ambulatory Care Quality Alliance, National Committee for Quality Assurance (NCQA), and the American College of Cardiology, as well as scientific advisory boards. This is important because evidence-based care guidelines have been shown to have a positive impact on care quality and the safety of patient care.

When using the provider look-up tool on the member site, look for the following cost and quality indicators:

- ♥♥ Premium Care Physician
- ✓ Accepting All Patients
- ✓ In-Network Provider
- ★★★★★ (8)

- ♥♥ Premium care physician: physician meets the network's criteria for providing quality and cost-efficient care. Choose smart; look for two blue hearts! This will cost less out-of-pocket costs over time.
- ♥♥ Quality care physician: the physician meets the network's quality care criteria but does not meet the criteria for cost-efficient care or is not evaluated for cost-efficient care. This may cost you more over time.
- ♥♥ The physician's specialty is not evaluated for the network's premium program. The physician does not have enough claims data for evaluation, or the evaluation is in progress.
- ♥♥ The physician does not meet the premium program quality criteria, so the physician is not eligible for a premium designation.



Complex Condition CARE
Complex Condition CARE +



Ongoing Condition CARE



Maternity CARE

HEALTH NAVIGATOR CONCIERGE SERVICE

Through our City of Turlock reinsurance carrier, the SunLife **Health NAVIGATOR** is available for any plan participant. This concierge service provides you access to top experts, and helps you navigate the complicated world of healthcare so you can have peace of mind and focus on what really matters – your health.

Health Navigator specializes in providing access to top specialists, especially when you:

- Receive a new diagnosis;
- Have a surgery recommendation;
- Feel unsure of your doctor's medical advice;
- Require a top healthcare specialist;
- Want help to find a new primary care physician.

When facing an unexpected healthcare challenge, Health Navigator advisors will help you:

- Review your case &/or obtain medical records;
- Understand your condition and treatment options;
- Expediently schedule appointments;
- Obtain expert opinions on your behalf;
- Make informed decisions & achieve better medical outcomes.



Sun Life®

Contact Health Navigator when you need access to a specialist or new primary care doctor: Phone: 888-352-4969

Online: www.PinnacleCare.com/health-navigator-support

Representatives are available Monday through Friday 8:00 a.m.–6:00 p.m. (ET)



TELADOC – VIRTUAL VISITS

Sickness does not always hit when it is convenient for your work schedule or the kid's school or sports schedule. And the unpredictability of COVID-19 made telehealth even more important. **Teladoc is there for you!** Teladoc contracts with over 3,100

licensed healthcare professionals (general practitioners, dermatologists, and mental health providers) so you can have access 24/7/365, from the comfort of your home, on vacation, on weekends, or wherever you may be.



The Teladoc consultation fee will vary based on your Plan choice. When appropriate, a board-certified physician will prescribe medications and the prescription will be handled through SmithRx at your regular copay and deductible levels. Note that certain medications are excluded from the Teladoc program (i.e., controlled substances). Refer to the chart for coverage information on both plans:

	Traditional PPO	High Deductible Health Plan
Primary care consultation charge before deductible is met	\$0	\$54
Primary care consultation charge after deductible is met	\$0	\$0
Prescription drugs prescribed during a Teladoc visit	Subject to standard copays	Subject to deductible; if deductible is met, then applicable copays apply

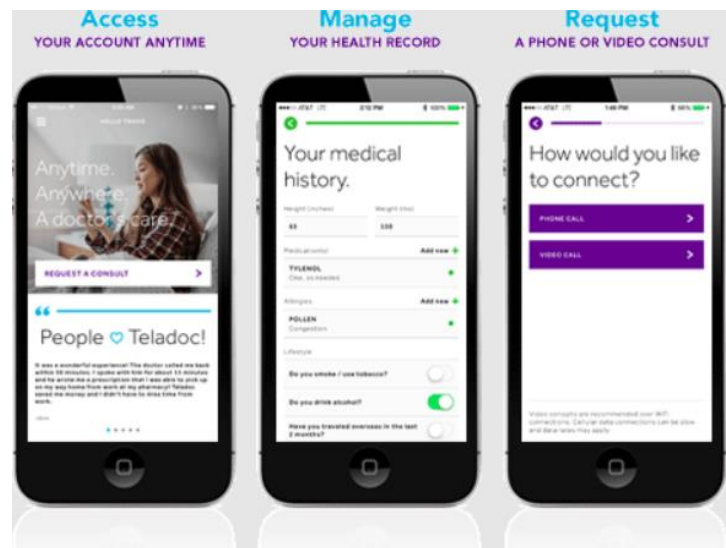
Note: psychiatry and psychology visits additional cost.

And what are the most common conditions treated by Teladoc?

- Cold, flu, and bronchitis;
- Upper respiratory infections, sinus infections;
- Pink eye;
- Skin infection, skin rashes, acne;
- Abrasions, moles/warts;
- Mental health counseling.

Dermatology and mental health are available as well as general health issues. Specific to mental health providers, you can use the same provider every time, to build a relationship with that therapist.

Teladoc can be accessed from any smartphone, telephone, or computer. Teladoc is also linked from the UMR website or mobile app. The mobile application is the easiest and most convenient way to connect to Teladoc to be on the road to recover quicker! You can schedule a doctor's visit, manage your medical history, or even send a prescription to your favorite pharmacy, all from the mobile app. **Note that Teladoc is not designed to handle emergency medical conditions nor is Teladoc designed to get in the way of your relationship with your existing primary care doctor.**



Teladoc ~ 800.835.2362 (800.TELADOC)

EMPLOYEE ASSISTANCE PLAN (EAP) – 2 PLANS!

Who is Eligible and When:

All employees who are City of Turlock employees are eligible for the EAP benefits either through ComPsych GuidanceResources® EAP or through the CSJVRMA Simple EAP. These are comprehensive employee support systems for a variety of issues and resources. You and any member of your household may access the EAP. Dependents living away from home are also able to access your EAP services. This is a great resource **before** you tap into your medical plan. However, using the EAP before your medical plan is not required.

COMPSYCH GUIDANCE RESOURCES®

Benefits offered through SunLife's partnership with ComPsych GuidanceResources®

The EAP is offered to all employees and immediate family members of City of Turlock through ComPsych GuidanceResources® EAP. GuidanceResources® EAP is a **completely confidential** program that covers issues such as marital and family concerns, depression, substance abuse, grief and loss, financial support including bankruptcy and financial counseling and debt management, childcare and parenting support, elder care, and other personal stressors.



Contact EAPComplete Anytime

Call: 877.595.5284

TTY: 800.697.0353

Online: guidanceresources.com

App: GuidanceNowSM

Web ID: EAPComplete

Copyright © 2020 ComPsych Corporation. All rights reserved.

GuidanceResources® EAP services are available **24 hours a day, 7 days per week**.

This includes crisis intervention as well as generalized employee and family support.

- The EAP service includes up to **5 face-to-face counseling sessions per incident per benefit period (6 months)**.
- GuidanceResources® EAP includes **unlimited telephonic & website services**.
- Legal services: unlimited phone access to ComPsych legal professionals, an initial in-person consultation with a local attorney at no charge, and discounts on additional services. Access to a free online will preparation tool called Estate Guidance.
- Work/life resources: information and referrals on childcare, elder care, adoption, relocation, and other personal convenience matters.



Benefits offered through Central San Joaquin Valley RMA (CSJVRMA)

The EAP is offered to all employees and immediate family members of City of Turlock through SimpleEAP. The SimpleEAP is a **completely confidential** program that covers similar issues as the GuidanceResources listed above. SimpleEAP is also available **24 hours a day, 7 days per week** for either employee and family support or crisis intervention.

- The EAP service includes **face-to-face counseling sessions**.
- SimpleEAP includes **unlimited telephonic, virtual (smart phone), and website services**.
- Legal: unlimited phone access to legal professionals, a free consultation with an ID theft recovery specialist.
- Work/life resources: information and referrals on childcare, elder care, adoption, relocation, and other personal convenience matters.
- Online coaching, including wellness webinars and on-demand resources.



1-888-425-4800



simpleeap.com
group code: [csjvrma](#)

SUNLIFE FINANCIAL

DISABILITY BENEFITS & LIFE INSURANCE

Who is Eligible and When:

Employees must be actively in a full-time status, as detailed in a signed agreement. Your benefits begin on the first of the month following thirty (30) days in an eligible status. You will be covered as an employee.

Benefits You Receive:

The City of Turlock provides regular employees with long-term disability income benefits and pays the full cost of this coverage. In the event you become disabled from a non-work-related injury or extended sickness, disability income benefits are provided as a source of income when you are no longer able to work. This benefit is an important benefit to long term financial stability, as you know that your income will continue if you become disabled and cannot work.

	Long-Term Disability Benefits
Benefits Begin	After a 60-day elimination period (waiting period)
Benefits Payable	To Social Security Retirement Age (SSNRA) or age 65
Percentage of Income Replaced	66.67% of pre-disability salary (indexed for inflation)
Maximum Benefit	\$10,000 per month with a \$100 minimum benefit

If you become disabled, benefits are payable monthly until the disability no longer exists, or if the disability continues, to your Social Security Normal Retirement Age (65 – 69 years old, depending on your actual year of birth according to a schedule published by Social Security Administration). Other benefits included with this LTD coverage include return to work incentives, workplace modification, rehabilitation benefits, survivor income benefits, substance abuse coverage, and travel assistance benefits.

LIFE & AD&D INSURANCE

The City of Turlock provides regular employees with 1.5 times your annual salary plus \$5,000 of group life, rounded to the next \$1,000. Accidental death and dismemberment (AD&D) insurance is also included and provides for coverage in the event of an accidental dismemberment (loss of a limb, sight, etc.) or a death caused by an accident. Dismemberment pays according to a schedule listed in the policy. An accidental death would double the life insurance value. The City of Turlock pays for coverage.

Life insurance benefit example for someone making \$50,000/year:

- **Regular life claim occurs**
 - The amount paid to your beneficiary would be **\$80,000**
 - $\$50,000 \times 1.5 = \$75,000 + \$5,000 = \$80,000$
- **Accidental death claim occurs** due to a car accident or drowning, for example
 - The amount paid to your beneficiary would be **\$160,000**
 - $\$50,000 \times 1.5 = \$75,000 + \$5,000 = \$80,000 \times 2 = \$160,000$

IMPORTANT BENEFICIARY INFORMATION: You can update your beneficiary designation at any time. Contact City of Turlock Human Relations Department if you want to review your current beneficiary designation. This is especially important because you are the only person that can change your beneficiary. Always review your beneficiary designation after major life events (i.e., marriage/divorce, birth of child, etc.) so that if something happens to you, the life insurance proceeds are paid according to your wishes. Your beneficiary does not need to be related to you nor does it need to be your spouse/domestic partner. The beneficiary can be a child, although if there is a life claim and the beneficiary is a minor, payment may go into a secured bank account or trust account until the beneficiary reaches age 18. This depends on the age of the child, guardian issues, SunLife business practices, etc.

ADDITIONAL SERVICES AVAILABLE THROUGH SUN LIFE FINANCIAL

SunLife understands how complicated life and insurance decisions can be. SunLife has assembled the following services and tools to help you with your critical planning. All services are available to you at no charge and are strictly confidential.

Work-life balance employee assistance program provides access to a comprehensive employee assistance and work-life program for the insured employee and their family, to help manage workplace stress and deal more effectively with personal issues ranging from severe to everyday problems. As an additional feature, the program includes these services: on **claim support and will preparation**. Refer to page 19 on the ComPsych GuidanceResources® arranged through SunLife Financial.

Worldwide emergency travel assistance services provide medical and legal support to an employee, spouse, or dependent children in the event of a travel emergency. With one phone call anytime of the day or night, help is available when an individual travels to a foreign country, including neighboring Canada or Mexico. Assistance is also available anywhere in the United State for those traveling 100 or more miles from home and includes both business and personal travel. A spouse or a dependent child does not have to be traveling with an employee to be eligible. However, a spouse traveling on business for his or her employer is not covered by this program. Services include:

- Medical consultation and evaluation;
- Emergency medical evacuation;
- Medically supervised transportation home upon discharge;
- Care and transport of minor children;
- Legal and interpreter referrals.

With worldwide emergency travel assistance there are no geographical or pre-existing conditions exclusions, and no exclusions on scholastic, professional or adventure sports. These services are provided by Assist America.

Life Planning Financial & Legal Resources: this personalized financial counseling service provides expert, objective financial counseling to survivors and terminally ill employees at no cost to them. This service is also extended to employees upon the death or terminal illness of their covered spouse. The financial consultants are master level consultants. They will help develop strategies needed to protect resources, preserve current lifestyles, and build future security. At no time will the consultants offer or sell any product or service. Offered through ComPsych EAP.

Identity Theft Protection: Offers prevention and resolution tools to safeguard data and restore its integrity if your identity is stolen or used fraudulently. These services are provided by Assist America.

AD&D Seat Belt & Airbag Benefit: Pays an additional accidental death benefit if an insured employee dies while properly wearing a seat belt or a properly fitting helmet, and an additional accidental death benefit is paid if the employee was protected by an airbag and it deployed.

Accelerated life insurance benefits: if you are diagnosed with a terminal illness, this benefit is available to access a portion of your life insurance coverage while you are still living.

Life and AD&D Insurance coverage is both **portable** and **convertible**. If you retire or leave employment, coverage can be continued at your expense. Details are in the insurance certificate and are provided at the time of separation.

¹ Brochures for these services are available through the Human Relations Department at City Hall.

RETIREMENT BENEFITS THROUGH CAL PERS & MISSIONSQUARE

Benefits You Receive:

To help you prepare for the future, the City of Turlock maintains a deferred compensation programs to allow for voluntary retirement savings opportunities for full time employees, as well as the City's contribution to these various retirement investments. The various retirement savings programs are offered as part of our overall benefits and compensation package. There are multiple retirement options available to you, as outlined in your specific MOU. Due to the complexity of the offerings and variance by bargaining units, the retirement options are not restated in this document. Refer to your corresponding MOU for complete details of your retirement benefits.

- California Public Employees Retirement System – CalPERS
 - Retirement accounts
 - Website: <http://www.calpers.ca.gov>, 888.225.7377
- 457 Plan through MissionSquare
 - Website: <http://www.icmarc.org>, contact Nick Dalafu, 209.759.7156 or ndalafu@missionsq.org, www.missionsq.org
- VantageCare Health Savings Plans (different from health savings account [HSA] tied to a HDHP).
 - Website: <https://www.icmarc.org/products-and-services/retirement-health-savings.html>
 - Contact Nick Dalafu, 209.759.7156 or ndalafu@missionsq.org, www.missionsq.org
- Retiree health benefits



By saving using pre-tax contributions, you reduce the taxes you pay today and delay paying taxes on the money you save, as well as your account earnings, until you withdraw the money from the plan. By the time you withdraw the money later, the theory is that you will be in a lower tax bracket than you are now, so your tax liability may be lower than when you are in your highest money-earning years.

Cincinnati Life

The City of Turlock is proud to continue the relationship with Cincinnati Life for voluntary life options for our City employees. For questions regarding Cincinnati Life, either policy maintenance or enrollment, contact one of the Cincinnati Life representatives:



New coverage/policy: **Joe Lee, 214.274.9545**

Policy maintenance, including claims: **Michelle Albright, 912.638.9291.**

ADDITIONAL BENEFITS – PAID SICK LEAVE, VACATION, AND OTHER BENEFITS AVAILABLE

Holidays

The City of Turlock acknowledges all **Federal holidays** and provides regular employees with paid benefits while off for these holidays. You will receive the following paid holidays¹ each year:

- New Year's Day
- President's Birthday
- Juneteenth
- Labor Day
- Veterans Day
- Day After Thanksgiving
- Martin Luther King, Jr. Day
- Memorial Day
- Independence Day
- Columbus Day / Floating Day
- Thanksgiving Day
- Christmas Day

¹ Note: when the holiday falls on a Saturday, the preceding Friday shall be observed as a holiday. When the holiday falls on a Sunday, the following Monday shall be observed. Refer to your specific MOU regarding complete details about holidays.

Sick Leave and Vacation

Sick leave and vacation benefits allow you to be paid for time away from work if you are absent from work for you or a family member's illness or for vacation. All sick and vacation leave policies are outlined in your respective memorandum of understandings (MOUs) with the City of Turlock. Refer to your [MOUs for complete details about sick and vacation leave policies](#).

Other Leave Reasons

The City of Turlock also pays for bereavement leave, jury and witness duty, and military leave. Contact the Human Relations Department if you need details or refer to your [MOU for details](#).

HEALTHCARE DISCLOSURES

Federal law requires certain consumer disclosures annually to plan participants. The following hyperlinks will provide detailed information about these important notices. Please take the time to review the various federal statutes as they may impact you and your benefits. All notices are posted to the City of Turlock intranet and online at

<https://ci.turlock.ca.us/workingforus/openenrollment/>.

If you need paper copies of these documents, please reach out to Human Relations; copies will be provided on request.

- **Children’s Health Insurance Program Reauthorization Act (CHIPRA):** notice of potential rights for premium assistance through Medicaid (Medi-Cal in California) as well as the CHIP program nationally.
- **Health Insurance Exchange Notice:** this notice outlines the availability of coverage with the City of Turlock in relation to our state exchange, also known as Covered California. Tax incentives are available through Covered California but if you are eligible for group coverage through an employer that is both credible and meets minimum affordability standards, then these tax incentives are not available to you.
- **HIPAA Notice of Privacy Practices:** confirms the City of Turlock privacy practices relating to your employee benefits.
- **Medicare Part D – Prescription Drug Coverage:** notice is required by the Centers for Medicare Services (CMS) annually due to Medicare Part D prescription drug coverage requirements. Note the City of Turlock Plan has determined that both plans meet the minimum standard set by CMS and will pay out as much, or more, than a standard Medicare prescription drug plan. Both plans are considered “credible coverage”.
- **Newborns & Mothers Health Protection Act (NMHPA):** outlines a mother and baby’s right to certain hospital length stay after delivering a child or children.
- **Notice of Special Enrollment Rights (SEP):** explains your special enrollment rights if you have a special enrollment opportunity mid-year as your situation has changed
- **Women’s Health & Cancer Rights Act of 1998 (WHCRA):** provides coverage for all stages of breast cancer and reconstruction.

In addition, policy documents are available via the City of Turlock intranet or within the member portals online. The current SPD is embedded into the UMR member site or on the City of Turlock intranet.

- **Summary of benefits and coverage (SBC)**
 - Traditional PPO Plan
 - High deductible health plan with HSA accounts
- **Summary Plan Description**
 - Traditional PPO Plan
 - High deductible health plan with HSA accounts



CONNECT TO CARRIER PARTNERS VIA MOBILE APPS OR WEBSITE

So many self-serve options are available right at your fingertips.

Tap into the carrier mobile apps and websites for educational videos, flyers, Q&A, and much more!

Carrier Partner	Apple APP Store (Apple) https://www.apple.com/app-store/	Google Play (Android) https://play.google.com/store/apps
UMR Medical	https://apps.apple.com/us/app/umr-health/id6444543678	https://play.google.com/store/apps/details?id=com.bob.umr
Optum Bank HSA	https://apps.apple.com/us/app/optum-bank/id1322690077	https://play.google.com/store/search?q=Optum%20Bank%20HSA&c=apps
Optum FSA/DCA	https://apps.apple.com/us/app/optum-financial/id1303691237	https://play.google.com/store/apps/details?id=com.connectyourcare.mobile30
Delta Dental	https://apps.apple.com/us/app/delta-dental-mobile-app/id1585628503	https://play.google.com/store/search?q=delta%20dental&c=apps
VSP Vision	https://apps.apple.com/us/app/vsp-vision-care-on-the-go/id938497148	https://play.google.com/store/search?q=vision%20service%20plan&c=apps
GuidanceNow EAP	https://apps.apple.com/us/app/guidancenow/id556008763	https://play.google.com/store/search?q=guidance%20resources&c=apps
Simple EAP	https://apps.apple.com/us/app/econnect-mobile/id946777422	https://play.google.com/store/apps/details?id=com.mspmobile.app&pcampaignid=web_share&pli=1
SunLife Financial	https://apps.apple.com/us/app/sun-life-benefit-tools/id365018892	https://play.google.com/store/apps/details?id=com.assurantemployeebenefits
AFLAC	https://apps.apple.com/us/app/myaflac/id1289862640	https://play.google.com/store/search?q=aflac&c=apps
ICMA/Mission Square	https://apps.apple.com/us/app/missionsquare-retirement/id908841242	https://play.google.com/store/apps/details?id=com.icmarc.app

Carrier Partner	YouTube Education Video Links
UMR Medical	https://www.youtube.com/@myUMRhealth
Optum Bank HSA	https://www.youtube.com/@optum
Optum FSA/DCA	https://www.youtube.com/@optum
Delta Dental	https://www.youtube.com/@deltadentalins
VSP Vision	https://www.youtube.com/@vspvisioncare
GuidanceNow EAP	https://www.youtube.com/@Compsych
Simple EAP	(Log in as a member to the site to access website videos)
SunLife HealthNavigator	https://www.youtube.com/playlist?list=PLh2utfQZFLtEmAd6QDOvxyS5aYJdvY2GW
AFLAC	https://www.youtube.com/@aflac
MissionSquare	https://www.youtube.com/@MissionSquareRetirement

IMPORTANT CONTACT INFORMATION

Carrier Partner	Benefit	Group Number	Customer Service	Carrier Website
UMR: United Medical Resources	Medical Administrator	76-413996	800.826.9781	www.umar.com
SmithRx	Prescription drugs	76-413996	844.454.5201	https://smithrx.com or help@smithrx.com
Teladoc	Telemedicine	76-413996	800.TELADOC (800.835.2362)	www.teladoc.com
Optum Bank	HSA Bank	Personal accounts #s	866.234.8913	www.optumbank.com
Optum Flexible Spending	FSA Accounts	76-413996	800.826.9781	www.umar.com
Delta Dental of CA	Dental	505424	800.765.6003	www.deltadentalins.com
Vision Service Plan	Vision	809101	800.877.7195	www.vsp.com
ComPsych GuidanceResources®	Employee Assistance Program	EAPComplete Access: City of Turlock	877.595.5284	www.guidanceresources.com
SimpleEAP (formerly Halcyon)	Employee Assistance Program	Username: csjvrma	888.425.4800	www.simpleeap.com
SunLife Financial	Life/AD&D & Long-Term Disability	TBD	866.679.3054	www.sunlifeconnect.com
Cincinnati Life	Individual voluntary life insurance	Individual policy numbers	Joe Lee 214.274.9454	Michelle Albright 912.638.9291
MissionSquare	457 & Retirement	City of Turlock	800.669.7400	www.icmarc.org
CalPERS	Retirement accounts	City of Turlock	888.225.7377	www.calpers.ca.gov
Human Relations Department	Any Benefit Questions	Employer	209.668.5150	HR@turlock.ca.us
Winton-Ireland Strom & Green Insurance Agency	Any Benefit Questions	Consultant	209.667.0995 800.790.4875	www.wisg.com Andrea: ahiykel@wisg.com Lynn: lbull@wisg.com

All benefits information can be obtained by referring to the City of Turlock **intranet** or going **online** at <https://ci.turlock.ca.us/workingforus/openenrollment/>.

The benefit summaries in this booklet provide a side-by-side look at the benefits you would expect when you use in-network and out-of-network providers. The information offers a brief snapshot of covered services; for a more detailed list of benefits offered by the City of Turlock, please refer to the corresponding plan's Summary Plan Description (SPD) or the summary of benefits and coverage (SBC). If there is any discrepancy between this guide and the summary plan descriptions (SPDs), the SPD will be the governing document.

GENERAL QUESTIONS OR NEED ASSISTANCE? WE ARE HERE FOR YOU ANY TIME DURING THE YEAR!

General Questions

The City of Turlock provides access to the Human Relations Department for any benefits related questions. You will also find benefit summaries, videos, any of the carrier enrollment and/or claim forms on the City of Turlock intranet site.

Human Relations Department at City Hall:

209.668.5150 phone

HR@turlock.ca.us



In addition to our Human Relations Department, our insurance consultant based out of Turlock, Winton-Ireland Strom & Green Insurance Agency, is also available to help with any benefits questions or issues that may arise for any of the benefits listed in this brochure (except retirement benefits). Any information disclosed to Winton-Ireland Strom & Green Insurance Agency is strictly confidential and will not be shared with anyone. Both the City of Turlock and Winton-Ireland want all employees to take full advantage of their benefits – the service team is available to assist to help you get the most from your benefits package.

Winton-Ireland Strom & Green Insurance Agency:

627 – 687 E. Canal Drive

Turlock, CA 95380

209.667.0995 local or toll free 800.790.4875

<http://www.wisg.com>



Andrea Hiykel, Account Manager

209.667.0995 x3101, ahiykel@wisg.com

Lynn Bull, VP – Benefits

209.216.3056, lbull@wisg.com



*Prepared by Winton-Ireland Insurance Agency, Inc.
dba: Winton-Ireland Strom & Green Insurance Agency*

*This document contains confidential and/or privileged information for City of Turlock benefits participants only.
Any review, disclosure, dissemination, distribution or copying of this document or its contents is prohibited.*

The information in this Benefits Summary is presented for illustrative purposes & is based on information provided by the City of Turlock. The text contained in this Summary was taken from various summary plan descriptions & benefit information.

While every effort was made to accurately report your benefits, discrepancies or human errors are always possible.

In case of discrepancy between this Summary & the actual plan documents, the actual plan documents will prevail.

All information is confidential, pursuant to the Health Insurance Portability & Accountability Act of 1996.

If you have any questions about this summary, contact Human Relations or Winton-Ireland Strom & Green Insurance Agency.

2024® all rights reserved – Winton-Ireland Insurance Agency, Inc.