

Employee Benefits

Guide 2022



NON REGULAR EMPLOYEES



Welcome to City of Fullerton!

This guide provides a summary of your benefit options and is designed to help you make choices and enroll for coverage. If you would like more information about any of the benefits described here, please contact the Human Resources Department.

City of Fullerton

Christine Pilapil, Human Resources

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IMPORTANT INFORMATION

Annual Notices

City of Fullerton plans are partially arranged by the City of Fullerton and governed by its plan rules and documents. ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. City of Fullerton distributes annual notices to new hires, and each year during open enrollment. You may also request a copy by contacting the Human Resources Department or visiting <https://www.cityoffullerton.com/government/departments/human-resources/open-enrollment>.

The following are a list of Annual Notices:

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

ACA

Even though the Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been reduced to zero, if you are a taxpayer in California, you will still be required to have health coverage (unless you qualify for an exemption) or pay a penalty for the 2021 tax year. In addition, several other states, including Massachusetts, New Jersey, and Vermont, as well as the District of Columbia, have reinstated an individual mandate requirement, and others are considering doing so. You may consider these options below to satisfy this requirement:

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

However, if you choose to purchase coverage through the marketplace, because City of Fullerton's medical plans are considered affordable and meet minimum value under the Affordable Care Act, you may not be eligible for a subsidy, and you may not see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis



For More Information

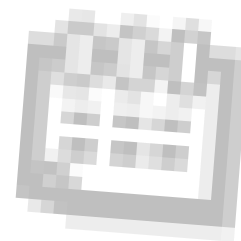
Go to www.healthcare.gov.

ELIGIBILITY & ENROLLMENT INFORMATION

Who May Enroll

If you worked an average of 30 or more hours per week during the City's Standard Measurement period (November 1, 2020 through October 31, 2021) or during your Initial Measurement Period, then you and your eligible dependents are eligible to enroll in the City sponsored minimum value medical plan as required by the Patient Protection and Affordable Care Act (ACA).

The Cigna Minimum Value Plan meets the ACA's requirement for affordability and minimum essential coverage. If you would like to enroll in the plan, you must complete the enrollment and payroll deduction forms and submit them to Human Resources. If you do not want to enroll in the plan, you must sign the Waiver form. All forms are available at <https://www.cityoffullerton.com/government/departments/human-resources/open-enrollment> or contact Christine Pilapil at 714-738-6834 or Christine.pilapil@cityoffullerton.com. All enrollment and changes form must be submitted to HR before **November 10, 2021**.



**Benefits Plan Year:
January 1– December 31**

When You Can Enroll

As an eligible non-regular employee, you may enroll at the following times:

- Each year, during open enrollment, if you meet the eligibility requirements described above

Your eligible dependents include:

- Legally married spouse or California registered domestic partner
- Your or your spouse's dependent child(ren) under the age of 26, regardless of student or marital status

IRS Code Section 125

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

Changes To Enrollment

The City's benefit plans are effective January 1st through December 31st. There is an annual open enrollment period each year, during which you can make new benefit elections for the following January 1st effective date. Once you make your benefit elections, you cannot change them throughout the year unless you experience a qualifying event as defined by the IRS. Examples include, but are not limited to the following:

- | | |
|--|---|
| • Marriage, divorce, legal separation or annulment | • Change in your residence or workplace (if your benefit options change) |
| • Birth or adoption of a child | • Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP) |
| • A qualified medical child support order | • Becoming eligible for a state's premium assistance program under Medicaid or CHIP |
| • Death of a spouse or child | |
| • A change in your dependent's eligibility status | |
| • Loss of coverage from another health plan | |



Important

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have 30 days to update your coverage. Please contact the Human Resources Department immediately following a qualifying event to complete the appropriate election forms as needed. If you do not update your coverage within 30 days of the qualifying event, you must wait until the next annual open enrollment period to update your coverage.

MEDICAL BENEFITS

Medical Plans

Non-regular employees eligible for medical benefits are eligible to enroll in the Cigna Minimum Value HMO Plan.

Cigna | Minimum Value HMO Plan

- You must choose a Primary Care Physician (PCP) or medical group within the Select network for all of your covered family members. All of your care must be directed through your PCP or medical group.
- Any specialty care you need will be coordinated through your PCP and will generally require a referral or authorization.
- You will receive benefits only if you use the doctors, clinics, and hospitals that belong to the medical group in which you are enrolled, except in the case of an emergency



Cigna Online, Mobile and Phone Access

Manage your care online by registering at www.mycigna.com. You can locate network providers, manage your claims, obtain health and wellness information and much more.

Once you've registered, download the Cigna app, available on the App Store and Google Play for on-the-go convenience.

You can also reach customer service at 800-244-6224.



Virtual Visits

Virtual Visits allow you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription, if needed, that you can pick up at your local pharmacy. Use this service for minor issues such as colds, fever, flu, allergies, soar throats, headache, stomach ache and more. This service is part of your health benefits offered through Kaiser Permanente and Cigna.

You may choose between two different health consultants – Amwell or MDLIVE. Both Amwell and MDLIVE operate national networks of board-certified doctors. Both have the capability to share consult notes with your primary care physician.

www.amwellforcigna.com

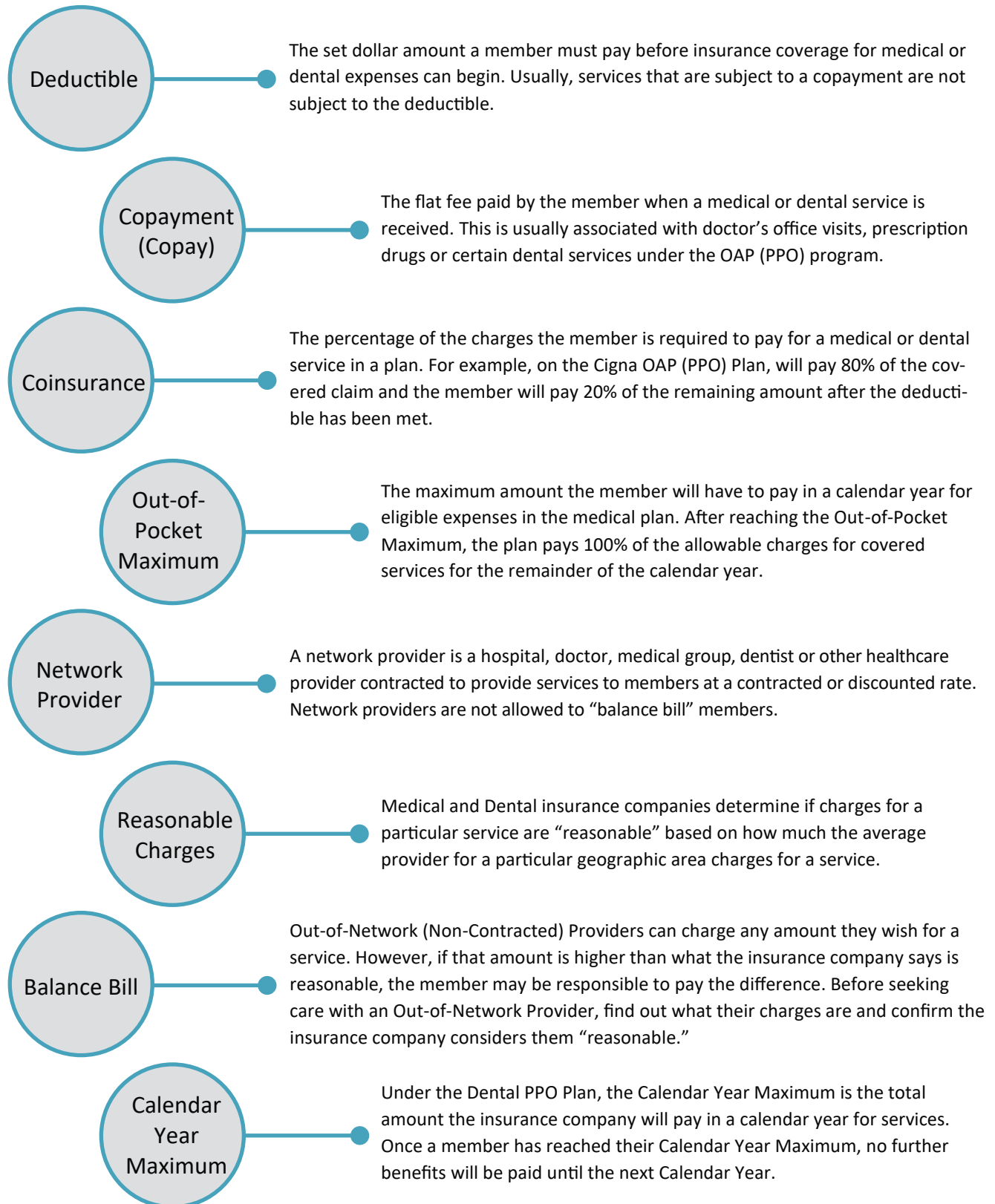
www.mdliveforcigna.com

MEDICAL BENEFITS

Plan Name	Cigna Minimum Value HMO Plan
Network Name	Southern California Select
Health Benefits	
Lifetime Maximum	Unlimited
Deductible (Annual)	
- Individual	\$0
- Family	\$0
Out-of-Pocket Maximum	
- Individual	\$1,000
- Family	\$2,000
Co-Insurance (Plan Pays)	100%
Office Visit Copay	
- Preventive Care	No Charge
- Primary Care Physician	\$5 Copay
- Specialist Office Visit	\$10 Copay
- Urgent Care	\$25 Copay
- Virtual Visits	\$5 Copay
Hospitalization	
- Inpatient	\$100 Copay
- Outpatient	\$50 Copay
Lab and X-Ray	
- Diagnostic	No Charge
- Complex	\$100 Copay
Emergency Services	\$50 Copay
Chiropractic	
	\$5 Copay PCP
	\$10 Copay Specialist
	Unlimited visits
Pharmacy Benefits	
Pharmacy Deductible	\$0
Retail Pharmacy	
- Generic Formulary	\$5 Copay
- Brand Name Formulary	\$20 Copay
- Non-Formulary	\$40 Copay
- Supply Limit	30 Days
Mail Order Pharmacy	
- Generic Formulary	\$5 Copay
- Brand Name Formulary	\$20 Copay
- Non-Formulary	\$40 Copay
- Supply Limit	90 Days

MEDICAL BENEFITS

Benefit Insurance Terms



MEDICAL BENEFITS

Tips for Using Your Medical Benefits

1 Utilize your free preventive care benefits to stay healthy.

Preventive care benefits are covered at no charge to you. Regular preventive care can reduce the risk of disease, detect health problems early, protect you from higher costs down the road, and most importantly... save your life! Take advantage of these no cost benefits now to hopefully avoid major illnesses and costs in the future.

2 Use urgent care centers versus hospital emergency rooms whenever possible.

Frequently, patients seek the services of the hospital emergency department for ailments or injuries that could be treated more economically, and just as effectively, at an urgent care center. It is not always easy to determine when you should choose urgent care over the hospital emergency department. The following lists offer some guidance, but are not necessarily all-inclusive.

Examples of URGENT CARE situations	Examples of EMERGENCY situations
Any illness or injury that would prompt you to see your primary care physician including but not limited to: <ul style="list-style-type: none">• Accidents and falls• Sprains• Back problems• Breathing difficulties• Abdominal pain• Minor bleeding/cuts• High fever• Vomiting, diarrhea or dehydration• Severe sore throat or cough• Mild to moderate asthma	Any accident or illness that may lead to loss of life or limb, serious medical complication or permanent disability including but not limited to: <ul style="list-style-type: none">• Chest pain*• Seizure or Shock• No pulse• Sudden dizziness, loss of coordination or balance• Severe abdominal pain• Severe or uncontrollable bleeding• Broken bones or compound fractures• Spinal cord or back injury• Severe burns• Major head injuries• Ingestion of poisons or obstructive objects• Animal, snake or human bites

*If you believe you may be experiencing a heart attack, call 911 immediately! Do not drive yourself to the emergency room!

3 Use generic and over the counter drugs when available.

The best way to save on prescriptions is to use generic or over the counter medications as opposed to brand name drugs. Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards.

4 Use the mail-order prescription drug benefit for maintenance medications.

The mail order pharmacy is a fast, easy and convenient way to save time and money on your maintenance medications. You can order additional supplies of medication at a discount. See carrier provisions for details.



Educational Video

Deductibles, Copays, Coinsurance, and Out-of-Pocket Maximums

<http://video.burnhambenefits.com/terms/>

High Deductible Health Plans and Health Savings Accounts

<http://video.burnhambenefits.com/hdhp/>

Weight Management and Diabetes Prevention

Coming Soon...Omada for Cigna available January 1, 2022

Omada is a digital lifestyle change program focused on building healthy, long-lasting habits.

- Designed to help you lose weight, gain energy and reduce the risks of type 2 diabetes and heart disease
- Surrounds you with the tools and support you need to make lasting, meaningful changes to the way you eat, move, sleep and manage stress — one small step at a time
- Teaches healthy habits - guided by interactive online lessons and support groups, professional health coaching and a digitally connected scale
- There is no additional cost if you or your covered adult dependents are enrolled in the City's medical plan offered through Cigna, are at risk for type 2 diabetes or heart disease, and are accepted into the program.
- In 2022, you may be eligible to earn an incentive for participating in the Omada program. Visit myCigna.com for more information.



Accessing Cigna's Wellness Program

Go to www.mycigna.com to see a complete list of rewardable wellness activities and get started today!

Cigna | Wellness Reward

Earn up to \$300 in debit or gift cards

Cigna members can participate in their voluntary wellness program, *MotivateMe*, to complete various wellness activities to earn up to \$300 in rewards. Rewards may be available in debit or gift cards. Complete any of the wellness activities listed below and earn rewards along the way. The maximum amount of rewards you can earn in 2022 is \$300.

Activity Goal	Value
• Complete a confidential online health assessment on mycigna.com	\$50
• Complete an annual physical exam with your primary care provider or ob/gyn	\$150
• Make progress towards a personal health goal by completing a Telephonic Health Coaching session	\$50
• Complete a preventive cancer screening (i.e., mammogram, colonoscopy or cervical cancer screening)	\$50
• Enroll and complete Cigna Healthy Pregnancies, Healthy Babies program	\$150 in the 1st trimester and \$75 in the 2nd trimester
• Flu/COVID-19 vaccine	\$50/\$25
• Participate in Cigna's upcoming Fitness Challenge - watch for more information	\$50
• Diabetes prevention program with Omada	\$100
• EAP Goal - take the pledge to learn more about the City's EAP benefit by attending an EAP seminar or completing a self-assessment	\$50
• Online health coaching - choose from a number of online health improvement coaching sessions. Examples include: nutrition, weight management, stress, quit tobacco, asthma, heart disease, and much more.	\$25

ADDITIONAL BENEFITS

Employee Assistance Program

Cigna | Employee Assistance Program

When you're facing challenges - big or small - the Employee Assistance Program (EAP) is here to connect you with real people who can help you find real solutions. The EAP program provides you and your household members with free, confidential assistance to help with personal or professional problems that may interfere with work or family responsibilities and obligations.

Cigna's EAP can connect you with a range of services, including emotional support, financial assistance, home/life support, and legal assistance.

You and your household members can:

- Connect over the phone or through live chat, and receive a referral to licensed clinicians and consultants
- Receive up to 5 face-to-face counseling sessions with a counselor in your area
- Have 24/7 access to meet with licensed mental health professionals and referrals to supportive resources virtually on your phone, tablet or home computer
- Access to live, on-demand EAP webcasts and online programs to offer something different than traditional counseling
- Access to quick and confidential help from legal and financial experts
- 100% confidential
- Available to anyone in your household
- No additional cost to you



Accessing the EAP

Go to **www.cignabehavioral.com** (Employer ID: cityoffullerton) or you may call (877) 622-4327 to be immediately connected to an EAP counselor.

RETIREMENT BENEFITS

ICMA-RC | Plan 457

You are encouraged to participate in the City's 457 Deferred Compensation plan. This plan allows you to fund your retirement with pre-tax dollars. If elected, the contributions you make will reduce your taxable income for the year. These contributions and all associated earnings are not subject to tax until you withdraw the funds. You can make withdrawals from your account when you leave employment with the City. You have the ability to take payments as needed, or request scheduled automatic payments. You maintain control over your investments and continue to benefit from tax deferral even if you leave.

CalPERS | Retirement Plan

The contribution amounts you and the City make under this plan are based on your bargaining unit and hire date into CalPERS.

Miscellaneous Employee Groups	Retirement Formula	Member Rate (EPMC)		Employee Cost Share and Employer Rate		Total		
		City Paid ¹	Employee Paid	Employee Cost Share	Employer Normal Cost Rate	Total PERS Rate	Paid by City	Paid by Employee
FMA, FMEF, FPOA-D	2% @ 55	7.000%	0.000%	7.000%	9.440%	16.440%	9.440%	7.000%
FFA (non-Safety)	2% @ 55	7.000%	0.000%	10.000%	9.440%	16.440%	6.440%	10.000%
Confidential	2% @ 55	6.000%	1.000%	1.958%	9.440%	16.440%	13.482%	2.958%
Executive	2% @ 55	0.000%	7.000%	1.958%	9.440%	16.440%	7.482%	8.958%
Council Appointed City Manager	2% @ 55	0.000%	7.000%	1.958%	9.440%	16.440%	7.482%	8.958%
PEPRA - All Miscellaneous includes FFA/FPOA-S Trainees (hired on or after 1/1/2013)	2% @ 62	0.000%	0.000%	7.000%	9.440%	16.440%	9.440%	7.000%
Miscellaneous Unfunded Liability Contribution FY 21/22—\$5,944,362								
Safety Employee Groups								
FPMA, FPOA-S (hired on or before 12/22/12)	3% @ 50	9.000%	0.000%	9.252%	19.550%	28.550%	19.298%	9.252%
FPMA, FPOA-S (hired after 12/22/12)	3% @ 55	9.000%	0.000%	9.000%	19.550%	28.550%	19.550%	9.000%
PEPRA—FPMA, FPOA-S (hired on or after 1/1/2013)	2.7% @ 57	0.000%	0.000%	12.500%	19.550%	32.050%	19.550%	12.500%
Council Appointed Police Chief	3% @ 55	7.000%	2.000%	6.357%	19.550%	28.550%	20.193%	8.357%
FFA (hired on or before 12/22/12)	3% @ 50	9.000%	0.000%	12.557%	19.550%	28.550%	15.993%	12.557%
FFA (hired after 12/22/12)	3% @ 55	9.000%	0.000%	12.000%	19.550%	28.550%	16.550%	12.000%
PEPRA—FFA (hired on or after 1/1/2013)	2.7% @ 57	0.000%	0.000%	12.500%	19.550%	32.050%	19.550%	12.500%
FFMA (hired on or before 12/22/12)	3% @ 50	7.000%	2.000%	9.557%	19.550%	28.550%	16.993%	11.557%
FFMA (hired after 12/22/12)	3% @ 55	7.000%	2.000%	9.000%	19.550%	28.550%	17.550%	11.000%
Executive Fire Chief	3% @ 50	0.000%	9.000%	8.164%	19.550%	28.550%	11.386%	17.164%
Safety Unfunded Liability Contribution FY 21/22—\$13,534,121								

¹ Per Resolution 2020-59, the City of Fullerton pays the member rate (or a percentage thereof) on behalf of the employee and reports the payment and reports the payment as compensation to PERS.

² Per the Shared Command Staff agreement with the City of Brea, the Fire Chief is currently an employee of the City of Brea.

PAYING FOR COVERAGE

Below are the monthly and per pay period costs for the Cigna Minimum Value Plan.

Cigna Minimum Value Plan HMO				
Coverage Tier	Monthly Premium	City's Monthly Contribution	Employee Monthly Contribution	Employee's Pay Period Contribution
Single	\$745.25	\$642.25	\$103.00	\$51.50
Two Party	\$1,565.03	\$642.25	\$922.78	\$461.30
Family	\$2,235.77	\$642.25	\$1,592.52	\$797.76

Note: If you do not want to enroll in the plan, you must sign the Waiver form available from Human Resources.

RESOURCES AND CONTACTS

Coverage and Carrier	Member Services	Carrier Website/email address
Medical		
Cigna HMO Medical	(800) 244-6224	www.cigna.com
Employee Assistance Program		
Cigna EAP	(877) 622-4327	www.cignabehavioral.com
Retirement Savings		
ICMA- RC	(866) 838-9365 Ryan Carpenter	www.icmarc.org
CalPERS	(888) 225-7377	www.calpers.ca.gov
Human Resources		
The City of Fullerton HR	(714) 738-6834 phone (714) 738-3113 fax	Email: christinep@cityoffullerton.com

Burnham Advocate (800) 391-6812

The Burnham Advocate toll-free customer service help-line can provide assistance with insurance related issues when you are unable to resolve them directly with the insurance carriers. With the Burnham Advocate help-line, you will receive fast, skilled assistance with Medical, Dental and Vision provider issues, referral assistance, and claims management.



ANNUAL NOTICES

To obtain more information regarding any of the information listed in this packet, or if you have any questions, please contact:

City of Fullerton
Human Resources
714.738.6834
Christine.pilapil@cityoffullerton.com
303 W. Commonwealth Avenue | Fullerton, CA 92832
Plan Effective Date: 01/01/2022

Contents

Medicare Part D Notices of Creditable Coverage

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. To help you decide whether or not to enroll in a Medicare Part D prescription drug plan, this Notice will inform you whether or not the value of the prescription drug benefit under your group health plan equals or exceeds the value of standard prescription drug coverage available under Medicare Part D.

Women's Health & Cancer Rights Act (WHCRA)

This act contains important protections for breast cancer patients who choose breast reconstruction with a mastectomy. The U.S. Departments of Labor and Health and Human Services are in charge of this act of law which applies to group health plans if the plans or coverage provide medical and surgical benefits for a mastectomy.

Newborn & Mother's Health Protection Act

This Notice informs employees of the amount of time a mother and her newborn child are covered for a hospital stay following childbirth.

HIPAA Special Enrollment Rights

Plan participants are entitled to certain special enrollment rights outside of the company open enrollment period. This Notice provides information on special enrollment periods for loss of prior coverage or the addition of a new dependent.

Medicaid & Children's Health Insurance Program

If you are eligible for health coverage, but are unable to afford premiums, some states have premium assistance programs that can help pay for coverage. This Notice provides information on how to contact your state's Medicaid office to receive information.

Wellness Program Disclosures

Notice must be given by any group health plan offering a wellness program that requires individuals to meet a standard related to a health factor in order to obtain a reward.

ANNUAL NOTICES

MEDICARE PART D NOTICE OF CREDITABLE COVERAGE

Important Notice from City of Fullerton About Your Prescription Drug Coverage and Medicare

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

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

When Can You Join A Medicare Drug Plan?

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

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

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

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

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

For More Information About Your Medicare Prescription Drug Coverage Options

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

For More Information About Medicare Prescription Drug Coverage

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

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

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

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

Contact the person listed on **page 13** for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Fullerton changes. You also may request a copy of this notice at any time.

ANNUAL NOTICES

WOMEN'S HEALTH & CANCER RIGHTS ACT (WHCRA)

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

- All states of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

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

To obtain more information on WHCR benefits, please call or email the person listed on **page 13**.

NEWBORN AND MOTHERS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

To obtain more information, please call or email the person listed on **page 13**.

SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependent (s) (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents if you or your dependent(s) lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or if the employer stops contributing toward your or your dependents' other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the birth, adoption, or placement for adoption.

To obtain more information, please call or email the person listed on **page 13**.

ANNUAL NOTICES

MEDICAID & CHILDREN'S HEALTH INSURANCE PROGRAM

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

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

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

Website: Health Insurance Premium Payment (HIPP) Program

<http://dhcs.ca.gov/hipp>

Phone: 916-445-8322

Email: hipp@dhcs.ca.gov

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

U.S. Department of Labor—Employee Benefits Security Administration

Website..... **www.dol.gov/agencies/ebsa**

Phone **1-866-444-EBSA (3272)**

U.S. Department of Health and Human Services—Center for Medicare & Medicaid Services

Website..... **www.cms.hhs.gov**

Phone **1-877-267-2323, Menu Option 4, Ext. 61565**

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

KANSAS – Medicaid

Website: **<https://www.kancare.ks.gov/>**

Phone: **1-800-792-4884**

ANNUAL NOTICES

WELLNESS PROGRAM DISCLOSURE

Notice must be given by any group health plan offering a wellness program that requires individuals to meet a standard related to a health factor in order to obtain a reward.

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means.

Contact the person listed on **page 13** and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.



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Learn more at www.burnhambenefits.com

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

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