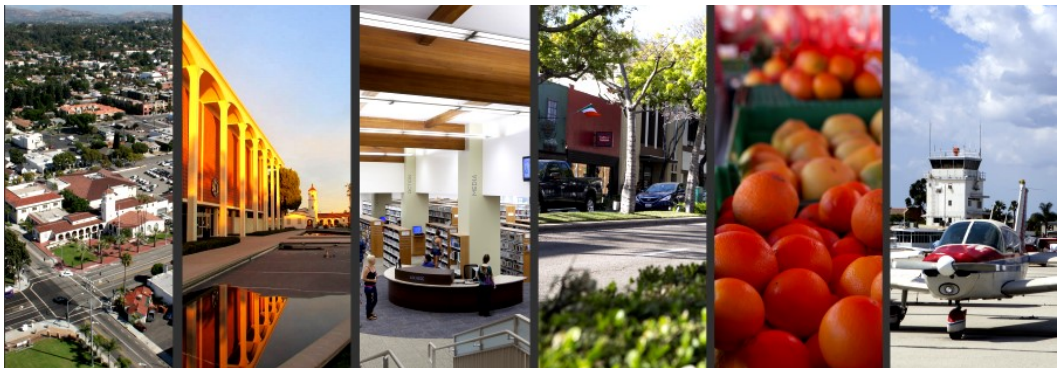
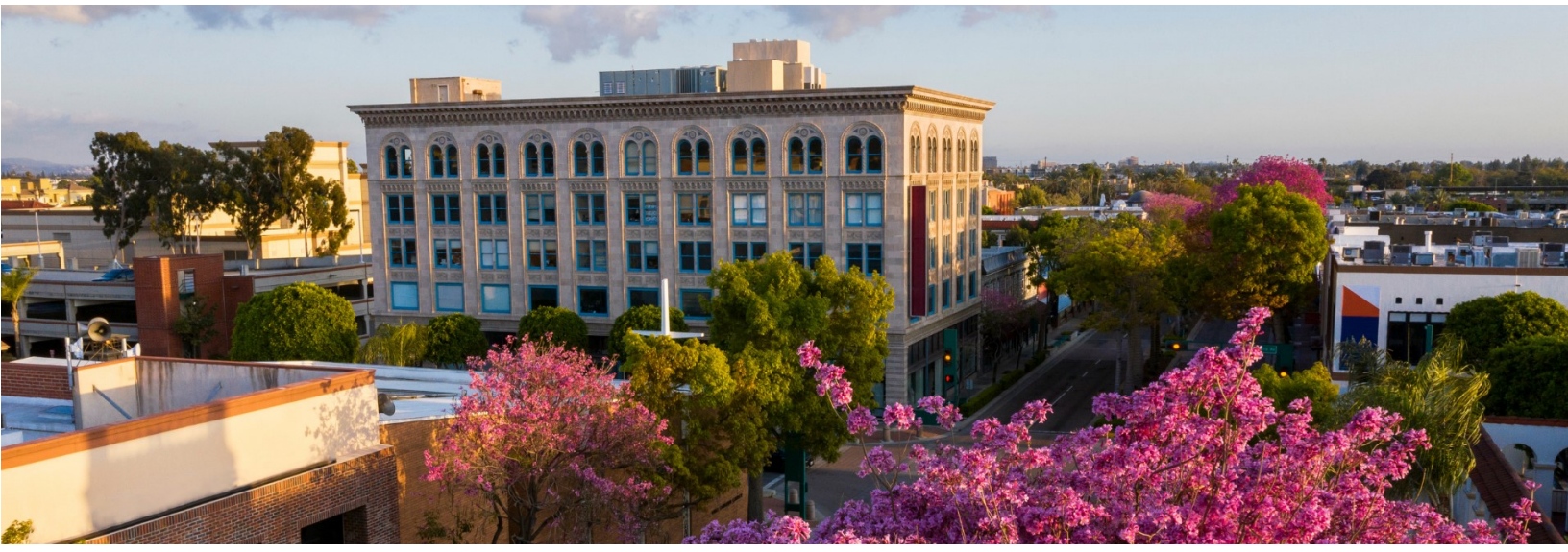


CITY OF

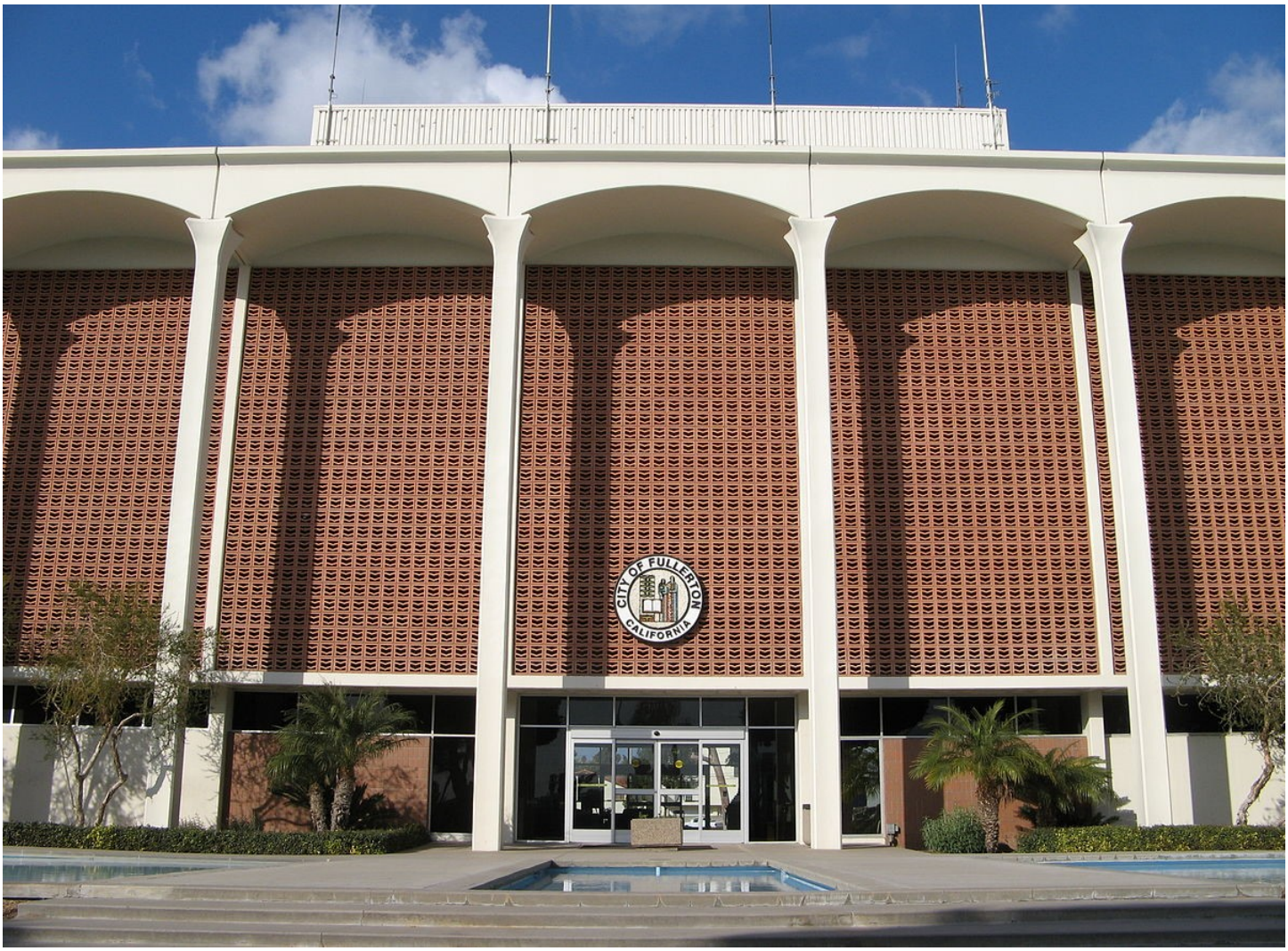
FULLERTON

EMPLOYEE BENEFITS GUIDE

2023



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
303 W. Commonwealth Avenue | Fullerton CA 92832
Ph: 714.738.6834 | Fax: 714.738.3113 | Email: **Christine.Pilapil@cityoffullerton.com**

CONTENTS

IMPORTANT INFORMATION

Annual Notices

City of Fullerton plans are governed by a combination of federal, state, and City of Fullerton rules and regulations. This includes a requirement for the City of Fullerton to provide certain notices annually to plan participants. Our policy is to distribute these notices to new hires and each year during open enrollment. You may also request a copy of the notices by contacting the Human Resources Department or visiting the City of Fullerton's website (https://www.cityoffullerton.com/government/departments/human-resources/benefits-2023).

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 2023 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 Human Resources or the Intranet under Human Resources/Benefits or contact Christine Pilapil at 714-738-6834 or christinep@cityoffullerton.com. All enrollment and changes form must be submitted to HR before **October 21, 2022**.

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

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

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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.

Medical Benefits

Plan Name	Cigna Minimum Value HMO Plan
Network Name	**Southern California Select**
Health Benefits	
Lifetime Maximum	Unlimited
Deductible (Annual) - Individual - Family	 $5,900 $11,800
Out-of-Pocket Maximum - Individual - Family	 $6,350 $12,700
Co-Insurance (Plan Pays)	100%
Office Visit Copay - Preventive Care - Primary Care Physician - Specialist Office Visit - Urgent Care	 No Charge $30 Copay $50 Copay $35 Copay
Virtual Care - Primary Care Physician - Specialist Office Visit	 $30 Copay $50 Copay
Hospitalization - Inpatient - Outpatient	 No Charge No Charge
Lab and X-Ray - Diagnostic - Complex	 No Charge $250 Copay
Emergency Services	$200 Copay
Chiropractic	$30 Copay PCP / $50 Copay Specialist Unlimited visits
Pharmacy Benefits	
Pharmacy Deductible	$0
Retail Pharmacy - Generic Formulary - Brand Name Formulary - Non-Formulary - Supply Limit	 $15 Copay $50 Copay 30% up to a maximum of $250 30 Days
Mail Order Pharmacy - Generic Formulary - Brand Name Formulary - Non-Formulary - Supply Limit	 $38 Copay $150 Copay 30% up to a maximum of $750 90 Days

Benefit Insurance Terms

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

Copayment (Copay)
The flat fee paid by the member when a medical or dental service is received. This is usually associated with doctor's office visits, prescription drugs or certain dental services under the PPO program.

Coinsurance
The percentage of the charges the member is required to pay for a medical or dental service in a plan. For example, on the Cigna PPO Plan, Cigna will pay 80% of the covered claim and the member will pay 20% of the remaining amount after the deductible has been met.

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

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

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

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

Calendar Year Maximum
Under the Dental PPO Plan, the Calendar Year Maximum is the total amount the insurance company will pay in a calendar year for services. Once a member has reached their Calendar Year Maximum, no further benefits will be paid until the next Calendar Year.

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: • 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: • 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/

The care you need - when you need it

When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now you don't have to wait or travel for the care you need. Cigna has partnered with MDLIVE to offer a comprehensive suite of convenient virtual care options - available by phone or video whenever its convenient for you. MDLIVE board-certified doctors, dermatologists, psychiatrists and licensed therapists have an average of over 10 years of experience, and provide personalized care for hundreds of medical and behavioral health needs. This service is part of your health benefits offered through Cigna.

Primary Care

Preventive care, routine care, and specialist referrals

- Preventive care checkups/wellness screenings available at no additional cost to identify conditions early
- Routine care visits allow you to build a relationship with the same primary care provider (PCP) to help manage conditions
- Prescriptions available through home delivery or at local pharmacies, if appropriate
- Receive orders for biometrics, blood work and screenings at local facilities

Behavioral Care

Talk therapy and psychiatry from the privacy of home

- Access to psychiatrists and therapists
- Schedule an appointment that works for you
- Option to select the same provider for every session
- Care for issues such as anxiety, stress, life changes, grief and depression

Dermatology

Fast, customized care for skin, hair and nail conditions — no appointment required

- Board-certified dermatologists review pictures and symptoms; prescriptions available, if appropriate
- Care for common skin, hair and nail conditions including acne, eczema, psoriasis, rosacea, suspicious spots and more
- Diagnosis and customized treatment plan, usually within 24 hours

Urgent Care

On-demand care for minor medical conditions

- On-demand 24/7/365, including holidays
- Care for hundreds of minor medical conditions
- A convenient and affordable alternative to urgent care centers and the emergency room
- Prescriptions available, if appropriate

3 Easy Steps To Connect To Care

Access MDLIVE by logging into myCigna.com and clicking on "Talk to a doctor." You can also call MDLIVE at 888.726.3171. (No phone calls for virtual dermatology.)

Select the type of care you need: medical care or counseling; cost will be displayed on both myCigna.com and MDLIVE

Follow the prompts for an on-demand urgent care visit, to make an appointment for primary or behavioral care, or to upload photos for dermatology care

MATERNITY SUPPORT PROGRAM

Cigna | Maternity Program

To support you through your pregnancy journey, Cigna offers the Healthy Pregnancies, Healthy Babies Program. The program is a free, confidential maternity program designed to provide you and your family with personal support for your maternity journey. The program can provide help from planning your pregnancy, through your pregnancy and even after your baby is born. You'll get information to you need to help you learn about pregnancy and babies, 24/7 telephone access to a health advocate, and support from a registered nurse case manager if you or your baby have special health care needs.

Plan for a healthy pregnancy

When you enroll before becoming pregnant, Cigna can help you be as healthy as possible. You will have access to preconception planning tools and resources, including clinical information from validated and expert sources, including the March of Dimes®.

› Eating right
› Maintaining a healthy weight
› Taking prenatal vitamins
› Stopping alcohol and tobacco use
› Controlling any medical conditions you may have

Learn about infertility support

If you are facing difficulty becoming pregnant, your case manager can help you find a Center of Excellence for infertility in your area. We can help you get answers to your questions about your infertility benefits, which depend on your specific plan. All Cigna Healthy Pregnancies, Healthy Babies services are confidential.

Find pregnancy support early and often

During your pregnancy:
› Tell us about you and your pregnancy so we can get to know you and understand how we can help you.
› Ask us anything – your maternity specialist, who has a nursing background, is there to support you during your whole pregnancy.

Learn as much as you want

Get live support 24 hours a day, seven days a week. Just call the number on your ID card to:
› Get help with everything from tips on how to handle your discomfort during pregnancy to birthing classes and maternity benefits.
› Access an audio library of health topics.

Get rewarded for making smart choices

When you enroll in Cigna Healthy Pregnancies, Healthy Babies and complete the program, including your postpartum check-in, you'll be eligible to receive:

- **$150 if you enroll in the first trimester and complete the postpartum assessment**
- **$75 if you enroll in the second trimester and complete the postpartum assessment**

Questions?

Call the toll-free number on the back of your ID card anytime to speak with a Cigna maternity specialist who has nursing experience and can help you find in-network health care providers

Weight Management and Diabetes Prevention

Omada for Cigna

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.

To Get Started
Go to omadahealth.com/omadaforcigna or click on the QR to the right.

Cigna | Wellness Reward

Earn up to $300 in debit or gift cards

Cigna members can participate in their voluntary wellness program, Motivate*Me*, 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 2023 is $300.

Activity Goal	Rewards
• Complete a confidential online health assessment on mycigna.com	$50
• Complete an annual physical exam with your primary care provider or ob/gyn	$200
• 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)	$200
• Enroll and complete Cigna Healthy Pregnancies, Healthy Babies program	$150 in the 1st trimester and $75 in the 2nd trimester
• Flu or COVID-19 vaccine	$50
• Enroll and participate in diabetes prevention program with Omada	$150
• 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.	$50

Note: Rewards gift cards are funded by the City of Fullerton and may be subject to taxes. Please consult with your tax advisor. When required, Cigna will work with the customer (or their doctor) to allow for an incentive reward by different means if the customer is unable to meet a standard for a reward. Customers may also be entitled to a reasonable accommodation for participation, or an alternative standard for a reward, if they have a disability

Accessing Cigna's Wellness Program

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

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.

Mission Square | 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 Memorandum of Agreement, City Council Resolution or individual Employment Agreement.

Miscellaneous Employee Groups	Formula	Member Rate (EPMC)		Employee Cost Share and Employer Rate		Total		
		City Paid (EPMC)[1]	Employee Paid	Employee Cost Share	Employer Cost Share	Total PERS Rate	Paid by City	Paid by Employee
FMA, FMEF, FPOA-D	2% @ 55	7.000%	0.000%	7.000%	2.360%	16.360%	9.360%	7.000%
FFA (non-Safety)	2% @ 55	7.000%	0.000%	10.000%	-0.640%	16.360%	6.360%	10.000%
Confidential	2% @ 55	6.000%	1.000%	1.958%	7.402%	16.360%	13.402%	2.958%
Executive	2% @ 55	0.000%	7.000%	1.958%	7.402%	16.360%	7.402%	8.958%
Council Appointed City Manager	2% @ 55	0.000%	7.000%	1.958%	7.402%	16.360%	7.402%	8.958%
PEPRA - All Miscellaneous includes FFS/FPOA-S Trainees (hired on or after1/1/2013)	2% @ 60	0.000%	0.000%	7.000%	9.360%	16.360%	9.360%	7.000%

Miscellaneous Unfunded Liability Contribution FY 22/23—$6,488,341

Safety Employee Groups								
FPMA, FPOA-S (hired on or before 12/22/12)	3% @ 50	9.000%	0.000%	9.252%	9.788%	28.040%	18.788%	9.252%
FPMA, FPOA-S (hired after 12/22/12)	3% @ 55	9.000%	0.000%	9.000%	10.040%	28.040%	19.040%	9.000%
PEPRA—FPMA, FPOA-S (hired on or after 1/1/2013)	2.7% @ 57	0.000%	0.000%	12.500%	19.040%	31.540%	19.040%	12.500%
Council Appointed Police Chief	3% @ 55	7.000%	2.000%	2.029%	17.011%	28.040%	24.011%	4.029%
FFA (hired on or before 12/22/12)	3% @ 50	9.000%	0.000%	12.557%	6.483%	28.040%	15.483%	12.557%
FFA (hired after 12/22/12)	3% @ 55	9.000%	0.000%	12.000%	7.040%	28.040%	16.040%	12.000%
PEPRA—FFA (hired on or after 1/1/2013)	2.7% @ 57	0.000%	0.000%	12.500%	19.040%	31.540%	19.040%	12.500%
FFMA (hired on or before 12/22/12)	3% @ 50	7.000%	2.000%	9.557%	9.483%	28.040%	16.483%	11.557%
FFMA (hired after 12/22/12)	3% @ 55	7.000%	2.000%	9.000%	10.040%	28.040%	17.040%	11.000%
Executive Fire Chief	3% @ 50	0.000%	9.000%	2.449%	10.876%	28.040%	16.591%	11.449%

Safety Unfunded Liability Contribution FY 22/23—$15,099,841

[1] Per Resolution 2022-043, 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.

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.cigna.com**
Retirement		
Mission Square	Ryan Carpenter Phone: (866) 838-9365 Email: rcarpenter@missionsq.org	**www.missionsq.org**
CalPERS	(888) 225-7377	**www.calpers.ca.gov**
Human Resources		
The City of Fullerton HR	(714) 738-6834 phone (714) 738-3113 fax	

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: 01/01/2023

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.

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, Kaiser, Anthem, Blue Shield, Health Net & UnitedHealthcare (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 16** 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 16**.

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 16**.

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 16**.

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, 2022, 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**
…….	1-877-267-2323, Menu Option 4, Ext. 61565
Phone ……..	

In addition, if you live in one of the States listed below, you may also be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2022. Contact your State for more information on eligibility.

KANSAS – Medicaid

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

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 16** 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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2211 Michelson Drive, Suite 1200 | Irvine, California 92612
Telephone: (949) 833-2983 | Fax: (949) 833-9549

Learn more at **www.burnhambenefits.com**

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

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