



City of Vernon 2024 Open Enrollment Benefit Guide



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Medicare Part D Notice: 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. Please see page 34 for more details.



Benefits For Your Health & Value

At the City of Vernon, we believe that you, our employees, are our most important asset. Helping you and your families achieve and maintain good health is the reason the City of Vernon offers you this benefits program. We are providing you with this overview to help you understand the benefits that are available to you and how to best use them. Please review it carefully and make sure to ask about any important issues that are not addressed here. A list of plan contacts is provided in the back of this summary. While we've made every effort to make sure that this guide is comprehensive, it cannot provide a complete description of all benefit provisions. For more detailed information, please refer to your benefit summaries or summary plan descriptions (SPDs).

**The benefits in this summary are effective:
January 1, 2024 - December 31, 2024**

**Benefit Information will be posted on the City's
website: www.cityofvernon.org.**

**All employees must take action this Open
Enrollment by logging into BenXcel and completing
their 2024 benefits enrollment.**

NEW BENXCEL LOG IN INSTRUCTIONS

The City of Vernon has contracted with Benefit Coordinators Corporation (BCC) for a new benefits administration system. Due to this enhancement, all benefit changes will now be done through their online portal – BenXcel. **All employees must log into BenXcel** and confirm their 2024 Benefits Enrollment and/or make any changes to their benefits in order to continue City benefit coverage for 2024. Your current 2023 benefits **will not** roll over to 2024. You must confirm your enrollment in all benefits. Instructions are noted below.

WELCOME TO BENXCEL!

These instructions will help you complete your Open Enrollment benefit elections for the 2024 Plan Year.

OPEN ENROLLMENT DATES

Your Open Enrollment Period to make 2024 Plan Year benefit elections/changes begins on November 6, 2023 and ends on November 16, 2023.

BCC CUSTOMER SERVICE CALL CENTER

If you have any problems accessing the BenXcel system, please contact BCC directly.

CONTACT: 800-685-6100 or customersupport@benxcel.com

MON - THURS: 5:00am – 5:00pm PT | FRI: 5:00am – 3:00pm PT

LOG IN INSTRUCTIONS

1. Go to: <https://benxcel.net>
2. Enter your User Name: the first 2 letters of your first name, first 2 letters of last name and last four digits of your SSN

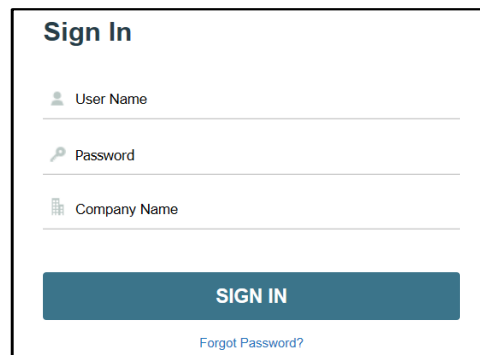
→ (ex: Mary Smith with SSN: 123456789 would be-
masm6789)

Enter your Initial Password:

→ first four digits of SSN and full date of birth

→ (ex: SSN 123456789 and full DOB 12/13/1950-
123412131950)

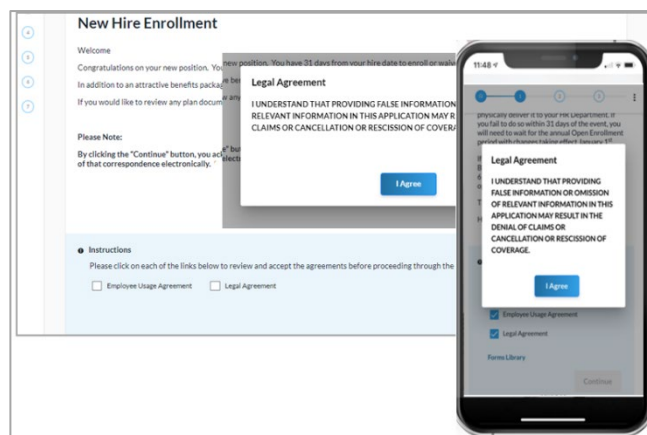
3. Enter the Company Name: City of Vernon
4. Click the SIGN IN button to enter the system



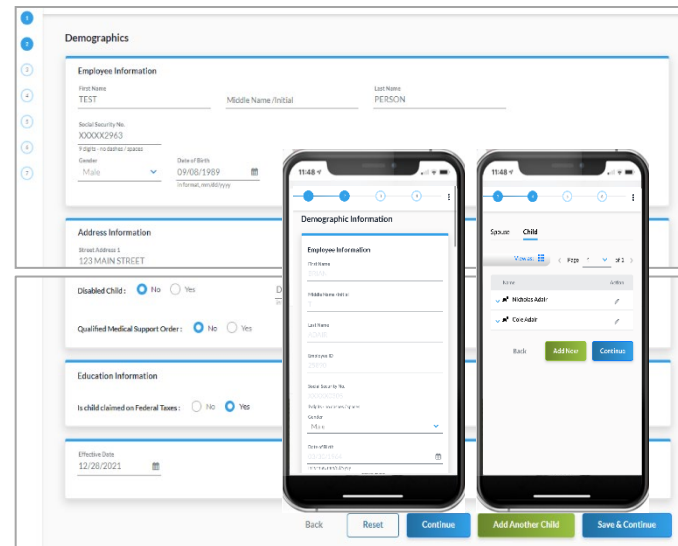
ENROLLMENT PROCESS

Once logged in, you will immediately enter your Open Enrollment tunnel and be required to complete your enrollment:

1. Review the Required Employee Usage Agreement, Legal Agreement and Welcome screens. Click CONTINUE on each of these screens to agree and proceed.
2. For security purposes, a Change Password screen (pictured right) will appear. You are required to change your initial password and configure two security questions/answers. Click SAVE when finished to proceed.



3. A Demographics screen will appear for you to review your existing information. Click SAVE to proceed.
 - All fields marked in red are required. Any blank fields are optional. Fields shaded in grey cannot be changed. If a field in grey needs updated, please contact your HR Department.
4. A Spouse/Domestic Partner screen and a Dependent Child screen will appear for you to add a Spouse/Domestic Partner and/or child(ren). Click CONTINUE to proceed.
 - All fields marked in red are required. Any blank fields are optional. Fields shaded in grey cannot be changed. If a field in grey needs updated, please contact your HR Department.



5. Your enrollment will begin and you will be presented with each benefit available for you to enroll:
 - Once you Enroll or Waive in a plan, that benefit type will 'collapse' to present the next benefit type. You can return and make changes to any benefit type by clicking on the blue arrows next to the benefit type name (ex: Medical, Dental, etc.)
 - If a form is required for an enrollment (i.e. Evidence of Insurability Form for Voluntary Life/AD&D), the form will appear as a pop up box with instructions for completion and submission.

If the benefit can cover your eligible dependents, use the ELIGIBLE MEMBERS section to select all individuals who should be covered.

Your cost of the Plan will change as you select or unselect the individuals to be covered.

Click 'Enroll Now' to select and enroll; or click 'Keep Plan' to retain your current enrollment.

If the Plan requires you to select a COVERAGE AMOUNT, use the drop down to select your desired amount

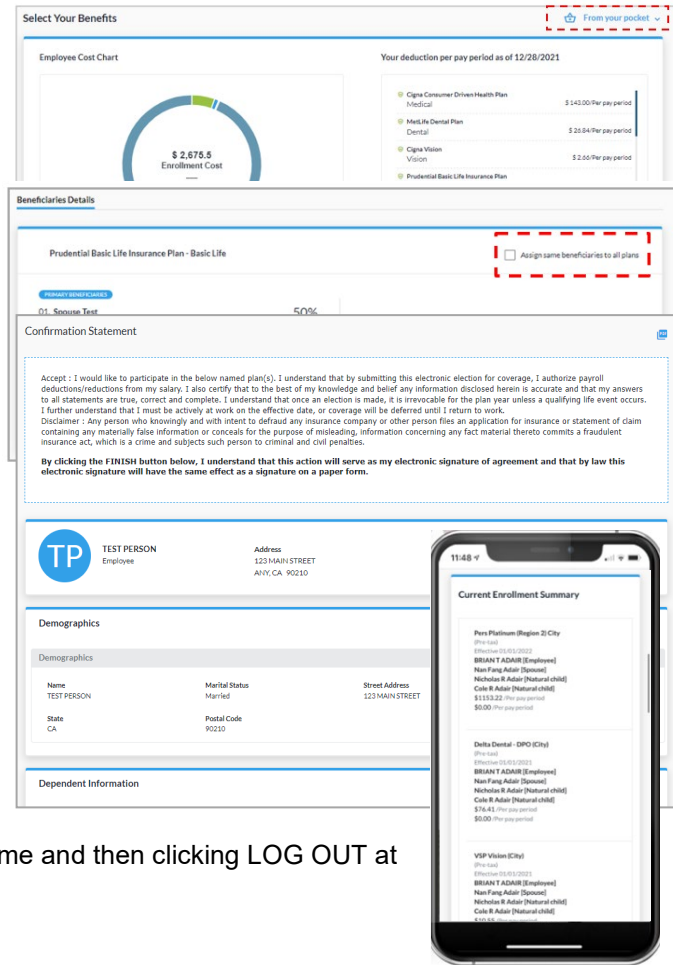
If the Plan requires you to enter a coverage amount, type directly into the amount field.

If the benefit is able to be waived, and you wish to waive it: click 'Waive' or 'Keep Waive'.

- An ELECTION SUMMARY/FROM YOUR POCKET feature is available by clicking the link along the top of your Enrollment screen; it continually updates with your elections and costs throughout your enrollment.
- A BENEFICIARY screen will appear if you have elected any coverages requiring you to designate a beneficiary.
- A CONFIRMATION STATEMENT will appear when your enrollment is complete. It will show your demographic information, current benefits (enrollment summary prior to January 2024) and future elections (1/1/2024 benefit elections).

This statement can be printed or downloaded as a PDF by using the print/pdf icons at the top right corner of the Statement

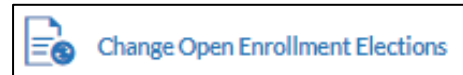
- Click FINISH to submit your enrollment. A confirmation pop-up box will appear when your enrollment is finished processing; your dashboard will appear. Once satisfied with your elections, log out of BenXcel by clicking your name and then clicking LOG OUT at the top right corner of your screen.



If you log out of the system at any time without finishing your enrollment, the system will save all elections made prior to you logging out.

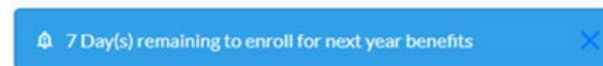
MAKING CHANGES TO YOUR OPEN ENROLLMENT ELECTIONS

You can log back in at any time during your designated Open Enrollment period to make changes to your elections by clicking the CHANGE OPEN ENROLLMENT ELECTIONS link.



ENROLLMENT COUNTDOWN

A blue countdown box will appear at the top right corner of your dashboard, notifying you of the amount of time remaining to make benefit elections. This countdown acts as a link to return to your enrollment to make changes.





Who Can You Cover?

Who is Eligible?

Employees working 30 or more hours per week are eligible for benefits, per ACA guidelines and as outlined in this overview.

You can enroll the following family members in our medical, dental, and vision plans.

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse.)
- Your **registered** domestic partner is eligible for coverage if you and your partner are over 18, or one or both partners are under 18 and have obtained a court order granting permission to establish a domestic partnership (same sex or opposite sex) and meet the requirements of [CA Family Code section 297](#)).
- Your children (including your domestic partner's children):
 - o Under the age of 26 are eligible to enroll in medical, dental, and vision coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
 - o Over age 26 **ONLY** if they are incapacitated due to a disability and primarily dependent on you for support.
 - o Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

Please refer to the Summary Plan Description for complete details on how benefits eligibility is determined.

Who is Not Eligible

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.
- Employees who work less than 30 hours per week, temporary employees, contract employees, or employees residing outside the United States.

When Can I Enroll?

Coverage for new hires begins on the 1st of the month following the date of hire.

For the 2024 plan year, open enrollment for current employees will be held between November 6 through November 16, 2023. Open enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying life event.

What if I Have a Qualifying Event?

Contact Lisa Wirtz in the Human Resources Department at lwirtz@cityofvernon.org if you have a qualifying event and need to make changes to your health benefits. Changes include

- Birth or adoption of a baby or child
- Loss of other healthcare coverage
- Eligibility for new healthcare coverage
- Marriage
- Divorce

You have 31 days to make your changes after a qualifying event.

Dependent Eligibility Documentation

Dependent Type	Required Documentation	Resources to Obtain Documentation
Dependent Spouse (same or opposite gender)	Add: Marriage Certificate Remove: Divorce Decree	<ul style="list-style-type: none"> City office that issued original marriage Certificate www.vitalchek.com
Registered Domestic Partner	Add: State of California, City issued Declaration/Certificate of Domestic partnership Remove: Termination of Domestic Partnership	<ul style="list-style-type: none"> City office that issued original certificate
Dependent child by birth	Birth Certificate (must include parents name), and/or copies of any court orders, divorce decrees or other legal documents relating to custody or health coverage.	<ul style="list-style-type: none"> City office that issued original birth certificate Hospital in which child was born U.S. Department of State (for children born outside of the U.S) Social Security Administration www.vitalchek.com
Dependent child by adoption	Final Adoption Papers and/or copies of any court orders, divorce decrees or other legal documents relating to custody or health coverage	<ul style="list-style-type: none"> State agency that issued final adoption papers Adoption agency that issued placement papers Social Security Administration
Dependent stepchild(ren)	Marriage Certificate and Birth Certificate (must include parents name), and/or copies of any court orders, divorce decrees or other legal documents relating to custody, health coverage or income tax exemptions.	<ul style="list-style-type: none"> City office that issued original birth certificate Hospital in which child was born U.S. Department of State (for children born outside of the U.S) Social Security Administration www.vitalchek.com

Medical – Blue Shield



Medical coverage provides you with benefits that help keep you healthy like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition.

The City of Vernon provides you with comprehensive coverage through Blue Shield of California. Here are the HMO plan options. You can also visit the City’s Blue Shield microsite for more information: www.bscaplan.com/eeqpb9.

	Access+ HMO	Trio ACO HMO
	In-Network	In-Network
Annual Deductible	\$0	\$0
Annual Out-of-Pocket Max	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family
Lifetime Max	Unlimited	Unlimited
Office Visit		
Primary Provider	\$15 copay	\$15 copay
Specialist	\$15 copay (referred by PCP) \$20 copay (self-referral)	\$15 copay
Preventive Services	No charge	No charge
Telemedicine	Teladoc No Charge	Teladoc No Charge
Chiropractic Care	\$10 copay	\$10 copay
Acupuncture Care	\$10 copay	\$10 copay
Lab and X-ray	Advanced Imaging: No Charge Diagnostic: No charge	Advanced Imaging: No Charge Diagnostic: No charge
Inpatient Hospitalization	No charge	No charge
Outpatient Surgery	No charge	No charge
Urgent Care	\$15 copay	\$15 copay
Emergency Room	\$100 copay (copay waived if admitted)	\$100 copay (copay waived if admitted)

Medical, continued



Here is an overview of our PPO plans offered through Blue Shield of California. Visit the City's Blue Shield microsite for more information: www.bscaplan.com/eeqpb9.

	Full PPO		Full PPO Savings	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Annual Deductible	\$250 Individual \$750 Family	\$250 Individual \$750 Family	\$2,800 Individual \$3,200 Individual in Family \$5,200 Family	\$7,800 Individual \$7,800 Individual in Family \$15,600 Family
Annual Out-of-Pocket Max	\$2,500 Individual \$5,000 Family	\$7,500 Individual \$15,000 Family	\$5,000 Individual \$10,000 Family	\$15,000 Individual \$30,000 Family
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited
Office Visit				
Primary Provider	\$15 copay (deductible waived)	30% after deductible	0% after deductible	30% after deductible
Specialist	\$15 copay (deductible waived)	30% after deductible	0% after deductible	30% after deductible
Telemedicine	Teladoc No charge	Not Covered	Teladoc \$0 after deductible	Not Covered
Preventive Services	No charge	30% after deductible	No charge*	30% after deductible
Chiropractic Care Acupuncture	\$15 copay Limited 30 visits max per calendar year	30% after deductible (in-network limitations apply)	0% after deductible 30 visits max per calendar year	30% after deductible (in-network limitations apply)
Lab and X-ray	Advanced Imaging: 10% after deductible Diagnostic: 10% after deductible	Advanced Imaging: 30% after deductible Diagnostic: 30% after deductible	Advanced Imaging: 0% after deductible Diagnostic: 0% after deductible	Advanced Imaging: 30% after deductible Diagnostic: 30% after deductible
Inpatient Hospitalization	10% after deductible	30% after deductible	0% after deductible	30% after deductible
Outpatient Surgery	10% after deductible	30% after deductible	0% after deductible	30% after deductible
Urgent Care	\$15 copay (deductible waived)	30% after deductible	0% after deductible	30% after deductible
Emergency Room	\$100 copay then 10% after deductible (copay waived if admitted)		0% after deductible (copay waived if admitted)	

*PPO HDHP plan: HDHP preventive benefits now include glucose monitors and peak flow meters. These items will now be covered at no charge and are not subject to the deductible.

Prescription Drugs

Prescription drug coverage provides a benefit that is important to your overall health, whether you need a prescription for a short-term health issue like bronchitis or an ongoing condition like high blood pressure.

If you enroll in medical coverage, you will automatically receive coverage for prescription drugs. Here are the prescription drug plans that are offered with our Blue Shield of California HMO plans.

	Access+ HMO	Trio ACO HMO
	In-Network	In-Network
Prescription Drug Deductible	None	None
Pharmacy		
Tier 1	\$15 copay	\$15 copay
Tier 2	\$25 copay	\$25 copay
Tier 3	\$45 copay	\$45 copay
Tier 4	20% up to \$250	20% up to \$250
Supply Limit	30 days	30 days
Mail Order		
Tier 1	\$30 copay	\$30 copay
Tier 2	\$50 copay	\$50 copay
Tier 3	\$90 copay	\$90 copay
Tier 4	20% up to \$500	20% up to \$500
Supply Limit	90 days	90 days

*Note:

1.) Retail Pharmacy Prescription Drugs: 90 day supply of prescription maintenance drugs may be obtained from a 90 day retail pharmacy at 3 times the 30-day retail cost share.

2.) Copay Card Program: in an effort to accurately accumulate out of pocket costs, only the amount members pay for their prescriptions will be applied towards their deductible and out-of-pocket maximum when using a drug discount or copayment assistance from a drug manufacture or other third part at a Network Specialty Pharmacy. The portion of the member's copayment or coinsurance paid for by the manufacturer's assistance or other drug discount will not be applied towards the member's deductible or out-of-pocket maximum.

Prescription Drugs, continued

Here are the prescription drug plans that are offered with our Blue Shield of California PPO plans.

	Full PPO		Full PPO Savings	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Prescription Drug Deductible	None	None	None	None
Pharmacy				
Tier 1	\$15 copay		\$10 copay	
Tier 2	\$25 copay		\$40 copay	
Tier 3	\$45 copay		\$60 copay	
Tier 4	30% up to \$250		30% up to \$250	
Supply Limit	30 days		30 days	
Mail Order				
Tier 1	\$30 copay		\$20 copay	
Tier 2	\$50 copay		\$80 copay	
Tier 3	\$90 copay		\$120 copay	
Tier 4	30% up to \$500		30% up to \$500	
Supply Limit	90 days		90 days	

*Note:

- 1.) Retail Pharmacy Prescription Drugs: 90 day supply of prescription maintenance drugs may be obtained from a 90 day retail pharmacy at 3 times the 30-day retail cost share.
- 2.) Copay Card Program: in an effort to accurately accumulate out of pocket costs, only the amount members pay for their prescriptions will be applied towards their deductible and out-of-pocket maximum when using a drug discount or copayment assistance from a drug manufacture or other third part at a Network Specialty Pharmacy. The portion of the member's copayment or coinsurance paid for by the manufacturer's assistance or other drug discount will not be applied towards the member's deductible or out-of-pocket maximum.



How to Find a Blue Shield Provider

Blue Shield believes that finding a doctor shouldn't give you a headache. That's why [blueshieldca.com](https://www.blueshieldca.com) features our most up-to-date listings of doctors, specialists, pharmacies, and hospitals.

We're making it easier!

Finding the latest listing of doctors, specialists, mental health providers, hospitals, dentists, vision care providers, or pharmacies is easy. Go to [blueshieldca.com](https://www.blueshieldca.com) and select Find a Doctor from the menu. Here are some helpful shortcuts:

1. How you start depends on the type of plan:
 - For Access+ HMO : Go to [blueshieldca.com/networkhmo](https://www.blueshieldca.com/networkhmo).
 - For Trio HMO: Go to [blueshieldca.com/networktriohmo](https://www.blueshieldca.com/networktriohmo).
 - For PPO and HDHP: Go to [blueshieldca.com/pponetwork](https://www.blueshieldca.com/pponetwork).
2. Select the type of provider you need (e.g., doctor, facility, mental health).
3. Enter your preferred location.
4. Select whether you want to search by provider specialty or provider name.
5. Relevant results will be displayed.

Special considerations for each plan type

If you are enrolling in an HMO plan

When you enroll in an HMO plan, you and your dependents must choose a primary care physician (PCP) within 15 miles or a 30-minute drive* from where you live or work. You can either search for your PCP using Blue Shield of California's *Find a Doctor* tool found at [blueshieldca.com](https://www.blueshieldca.com), or call Member Services for assistance. If you do not select a PCP when you enroll, we will assign you one. You can then change your PCP at any time. PCPs provide routine checkups, immunizations, and urgent care and refer you to specialists.

If you are enrolling in a PPO plan

As a PPO plan member, you can choose your own doctor and do not need a referral to see a specialist. Choosing a provider in the PPO networks can save you money and ensure that you receive the highest level of benefits available to you.

When you visit doctors outside the PPO network, you may be responsible for higher copayments plus any charges in excess of Blue Shield's allowed amount for the services.

If you access care outside California

PPO members who access care outside California may do so through the BlueCard® Program Network, which includes access to more than 95% of doctors and 96% of hospitals nationwide. Whenever possible, you should choose a doctor or hospital from the BlueCard network to save you money and ensure you receive the highest level of benefits available to you. When you visit doctors who are not in the BlueCard network, you may be responsible for higher copayments plus any charges in excess of Blue Shield's allowed amount for the services.

To find a BlueCard physician or hospital in the United States, go to [provider.bcbs.com](https://www.provider.bcbs.com) or call BlueCard Access toll-free at **(800) 810-BLUE (2583)**.

To find an international Blue Shield Global Core Network physician or hospital, go to [bcbsglobalcore.com](https://www.bcbsglobalcore.com). You can also call the Blue Shield Global Core Service Center at **(800) 810-BLUE (2583)** from within the United States, or call collect at **(804) 673-1177** from outside the country.

How to Find a Blue Shield Provider



Prescription drug program

Our prescription drug program provides access to a network of chain and independent pharmacies, as well as a mail service pharmacy and specialty pharmacies. For more information, visit blueshieldca.com/pharmacy.

Chain and independent pharmacies

The Blue Shield pharmacy network includes all major pharmacy chains and most independent pharmacies in California. It's easy to find a local network pharmacy. Search our online listing of pharmacies, where you'll find the most up-to-date information:

- Visit blueshieldca.com/pharmacy and go to the *Pharmacy networks* section.
- If you want to locate a pharmacy where your prescription is covered, go to blueshieldca.com and select *Find a Doctor* from the menu, then choose *Pharmacies*.

Mail service pharmacy

We offer a mail service pharmacy benefit that gives you up to a 90-day supply of covered maintenance drugs through the mail. This service is available if you are taking stabilized dosages of covered maintenance drugs on an ongoing basis for treatment of chronic health conditions, such as high blood pressure. For more information, go to blueshieldca.com/90dayRX.

Specialty pharmacy

Network specialty pharmacies are available to Blue Shield members. These pharmacies provide convenient delivery of specialty medications, including self-administered injectables. All supplies required for administration of specialty medications that are injectable (such as needles/syringes, alcohol swabs, sharps containers) are included at no additional charge.

Prior authorization is required for specialty medications. Members prescribed self-administered injectables with a specialty drug benefit are required to get these drugs from a network specialty pharmacy.

Learn if your prescription is covered

The Blue Shield drug formulary is a list of preferred generic and brand-name drugs. It's easy to learn if your medication is covered in our formulary. Go to blueshieldca.com/pharmacy, and choose *Drug formularies* to find a drug formulary that applies to you.

Blue Shield Resources



Explore the following health resources to find the information you need and get answers to many health management questions. Get the support and peace of mind in managing your health. Visit www.bscaplan.com/eegpb9 to find out more about these resources and all that Blue Shield has for their members!

Blue Shield Mobile App

Manage your health care anytime, anywhere from your phone, tablet, or computer with the Blue Shield Mobile App. With the app you can get 24/7 access to your Blue Shield health plans, find a doctor or urgent care center near you, view or print your member ID card, check claims, see your wellness benefits and more. Download the Blue Shield of California mobile app on the App Store or Google Play.

Blue Shield Concierge

The Blue Shield Concierge connects you to a dedicated representative who can answer your questions and connect you to a team of experienced health professionals when you need it. You can get assistance with your plan benefits and coverage, ID cards, provider network, claims, medications, language assistance, condition management programs and more. Call **(855) 599-2657** from 7 am to 7 pm PST., Monday through Friday.

NurseHelp 24/7

Have a medical concern and not sure what to do? Registered nurses are available 24 hours a day to answer any of your health questions, including concerns about: minor illnesses, chronic conditions, medical tests, medications, preventive care and more. NurseHelp 24/7 is provided at **no additional cost** to you. Call **(877) 304-0504** or log in to www.blueshieldca.com/nursehelp to chat online.

LifeReferrals 24/7

Members can speak confidentially with a team of experienced professionals on a wide variety of topics including personal issues like relationship problems and grief, legal and financial questions, child and elder care issues or referrals, and more. For more information call **(800) 985-2405** or visit lifereferrals.com and enter the access code: bsc.

Maven Prenatal Program

Expectant parents get virtual support for pregnancy, postpartum, and returning to work through a direct-to-consumer app. Find out more at www.blueshieldca.com/maven.

Health and Wellness Discounts

Get help saving money and living healthier with a wide range of discount programs including fitness club memberships with Tivity Health; acupuncture, chiropractic services and massage therapy; eye exams, frames and contact lenses; and LASIK surgery. To learn more visit www.blueshieldca.com/wellnessdiscounts.

Identity Theft Protection

Experian identity protection is also available for all eligible Blue Shield members—at **no extra charge!**

Teladoc Services

Teladoc is a convenient way to access medical and mental health care and is available to all Blue Shield members. U.S. certified doctors are available 24/7/365 to resolve non-emergency issues via phone or video consults.

When should I use Teladoc?	What kind of symptoms can be treated?	How much will I pay?	How do I get started?
<ul style="list-style-type: none"> • If you are considering the ER or urgent care center for a non-emergency • When on vacation, a business trip or away from home • For short-term prescription refills 	<p>Teladoc doctors and therapists can treat many medical conditions, including:</p> <ul style="list-style-type: none"> • Cold and flu symptoms • Allergies • Bronchitis • Urinary tract infection • Respiratory infection • Sinus problems • Depression • Anxiety 	<p>HMO Members: \$0 copay per consult.</p> <p>PPO Members: \$0 copay per consult.</p> <p>HDHP Members: Members must meet their deductible first then \$0 copay.</p>	<ol style="list-style-type: none"> 1. Set up an account. Visit teladoc.com/bsc, complete the required information and click on <i>Set up account</i>. 2. Provide medical history. Your medical history provides doctors with the information they need to make an accurate diagnosis. 3. Request a consult. Once your account is set up, request a consult anytime you need care.

Mental health providers are available from the privacy of your home or wherever you are most comfortable.

- Talk to a therapist or psychiatrist when you are feeling anxious, stressed, down or not like yourself.
- Access mental health support. If your mental health condition isn't improving, get guidance for the right specialists to progress your treatment.

Visit [Teladoc.com/bsc](https://teladoc.com/bsc) and set up an account or call 1.800.835.2362.



Wellvolution



Take control of your health with Wellvolution – the digital platform that guides you in your health journey.

Included with Blue Shield plans at no additional cost, Wellvolution can help you feel your best with:

- Best-in-class well-being apps and health programs
- Guidance for treatment-related decisions
- Personalized coaching and support

Ways to meet your health goals

Whether you're a CrossFit buff or a committed couch potato, love trending plant-based diets or are a die-hard carnivore, Wellvolution has something just for you. Our library of apps and programs – both digital and in-person – can help you:

- Prevent and treat disease
- Lose weight
- Manage stress
- Sleep better
- Eat healthier
- Stop smoking
- Manage stress



Change your health, change your life.
Visit wellvolution.com to get started.



Scan the QR Code to visit the site!

Programs now include the following mental health resources:



Ginger can help with anything you're struggling with—from stress and depression to issues with work and relationships. Need to chat on the weekend? Or at 3 AM on a holiday? Ginger coaches are around 24/7/365.



Headspace is a well-being solution that fosters healthier employees, and more Headspace holds a rich, diverse, library of on demand content to help navigate daily stress, sleep, movement, and focus

Other programs include:

HealthSlate
Diabetes prevention & management and weight management

restore
HEALTH
Weight management and lifestyle change


Quit smoking with science-backed methods, free nicotine replacements, etc.

Health Savings Account (HSA)



Do you want to save money on taxes? A Health Savings Account is a tax-advantaged, portable (you own it!) savings account that is offered if you enroll in the PPO Savings Plan.

You (optional) and your employer contribute pre-tax money to your account to save for out-of-pocket healthcare expenses. Plus, any money that you don't spend grows year after year and can be used in the future, even after you retire. HSA Bank administers this program.

Account Contributions

	City Contributes	You Are Allowed to Contribute
Employee	\$3,000	\$1,150
Employee + Family	\$3,000	\$5,300

***Contribution limits:** The IRS has set limits on the total amount you can contribute to a Health Savings Account each calendar year and contributions made by your employer count. **In 2024, the limit is \$4,150 for an individual and \$8,300 for a family. If you're over 55, the IRS allows you to contribute an additional \$1,000—this is called a Catch-Up Contribution.**

Using Your Money

You can use the money in your account to pay for qualified medical expenses that are not paid for by your high deductible health plan (HDHP). For a full list of those expenses, go to <https://www.irs.gov/>. In general, your HSA can be used for these expenses without penalty:

- Medically necessary expenses that are not covered by your health plan including deductibles and coinsurance
- Dental care services
- Vision care services
- Prescription drugs
- Over-the-counter (OTC) medications prescribed by your doctor
- Certain medical equipment

When possible, use your HSA debit card to pay for expenses. Make sure that you keep records of your receipts and any OTC prescriptions. You will need them to prove that you spent the money on qualified expenses if you are audited by the IRS.

Eligibility

You are not eligible to open or contribute to an HSA account if you are:

- Covered by a non-high deductible health plan
- Enrolled in a regular healthcare flexible spending account (you or your spouse count)
- Covered under Medicare or Medicaid
- Claimed as a dependent on someone else's tax return

Setting Up Your HSA

You will need to open an HSA account. Paperwork to set up the account will be provided to you by the Human Resources Department.

Non-Qualified Expenses: If you use HSA funds for non-qualified expenses before you are age 65, you will owe a 20% penalty tax PLUS income tax on the withdrawal. After age 65, if you use HSA funds for non-qualified expenses, you will owe income tax only.

HSA Bank Contact Information

Website: <http://www.hsabank.com/hsabank/members>

Customer Service:

English: (800) 357-6246

Spanish: (866) 357-6232

24 hours a day/ 7 days a week

Lost or stolen debit card after hours:

(800) 523-4175

Flexible Spending Account (FSA)

A Flexible Spending Account lets you set aside money—before it's taxed—through payroll deductions. The money can be used for eligible healthcare and dependent day care expenses you and your family expect to have over the next year. The main benefit of using an FSA is that you reduce your taxable income, which means you have more money to spend. The catch is that you have to use the money in your account by our plan year's end. Otherwise, that money is lost, so plan carefully. You must re-enroll in this program each year. Igoe administers this program.

IMPORTANT CONSIDERATIONS

- Expenses must be incurred between 01/01/2024 and 12/31/2024 and submitted for reimbursement no later than 02/28/2025.
- Elections cannot be changed during the plan year, unless you have a qualified change in family status (and the election change must be consistent with the event).
- Unused amounts will be lost at the end of the plan year, so it is very important that you plan carefully before making your election.
- FSA funds can be used for you, your spouse, and your tax dependents only.
- You can obtain reimbursement for eligible expenses incurred by your spouse or tax dependent children, even if they are not covered on the City of Vernon's health plan.
- You cannot obtain reimbursement for eligible expenses for a domestic partner or their children, unless they qualify as your tax dependents (Important: questions about the tax status of your dependents should be addressed with your tax advisor).
- Keep your receipts. In most cases, you'll need to provide proof that your expenses were considered eligible for IRS purposes.

HealthCare FSA Account

This plan allows you to pay for eligible out-of-pocket healthcare expenses with pre-tax dollars. Eligible expenses include medical, dental, or vision costs including plan deductibles, copays, coinsurance amounts, and other non-covered healthcare costs for you and your tax dependents. You may access your entire annual election from the first day of the plan year and you can set aside up to \$3,050 this year. The maximum Health Care FSA rollover limit of \$550 will remain unchanged for plans that begin or renew on or after January 1, 2024.

Dependent Care FSA Account

This plan allows you to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible expenses may include daycare centers, in-home child care, and before or after school care for your dependent children under age 13. Other individuals may qualify if they are considered your tax dependent and are incapable of self-care. It is important to note that you can access money only after it is placed into your dependent care FSA account.

All caregivers must have a tax ID or Social Security number. This information must be included on your federal tax return. If you use the dependent care reimbursement account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses. Consult your tax advisor to determine whether you should enroll in this plan. You can set aside up to \$5,000 per household for eligible dependent care expenses for the year.

To enroll in the FSA plan, please contact Human Resources at (323) 583-8811, ext 325.

Dental - MetLife



Regular visits to your dentists can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease.

The City of Vernon gives you a choice between two dental plans with MetLife.

	MetLife DPPO Plan		MetLife DHMO Plan
	In-Network	Out-Of-Network	In-Network
Calendar Year Deductible	\$50 Individual / \$150 Family (Waived for preventative)		\$0
Annual Plan Maximum	\$2,000 per individual		Unlimited
Waiting Period	None	None	None
Diagnostic and Preventive	No charge (Deductible Waived)	No charge (Deductible Waived)	Plan pays 100% (varies by services; see contract for fee schedule)
Basic Services			
Fillings	10% after deductible	10% after deductible	Plan pays 100% (varies by services; see contract for fee schedule)
Root Canals	10% after deductible	10% after deductible	\$0-\$75 copay then plan pays 100% (varies by services; see contract for fee schedule)
Periodontics	10% after deductible	10% after deductible	\$15-\$160 copay then plan pays 100% (varies by services; see contract for fee schedule)
Major Services	50% after deductible	50% after deductible	\$10-\$225 copay then plan pays 100% (varies by services; see contract for fee schedule)
Orthodontic Services			
Orthodontia	50%	50%	\$1,450 (see contract for limitations) copay then plan pays 100%
Lifetime Maximum	\$2,000 per individual		Unlimited
Dependent Children	Covered up to age 19		Covered up to age 19
Adult	Not Covered		Member Covered

MetLife – How to Find a Dental Provider

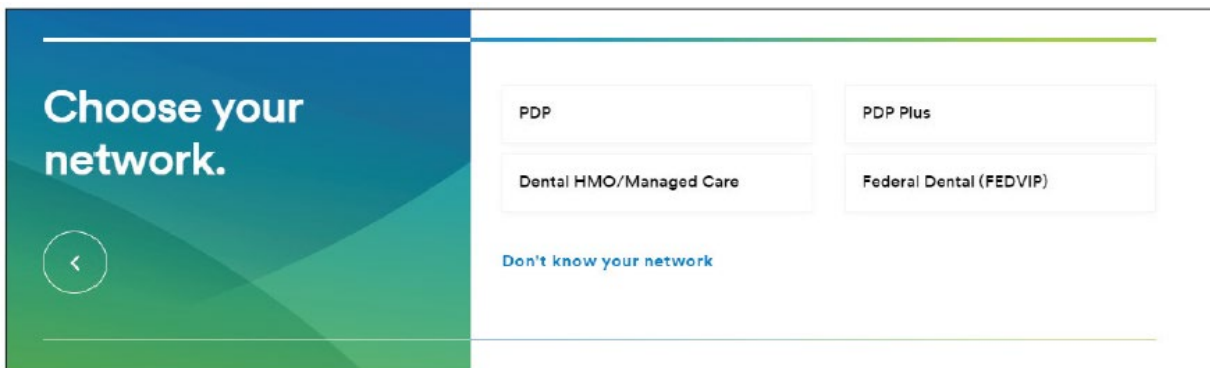
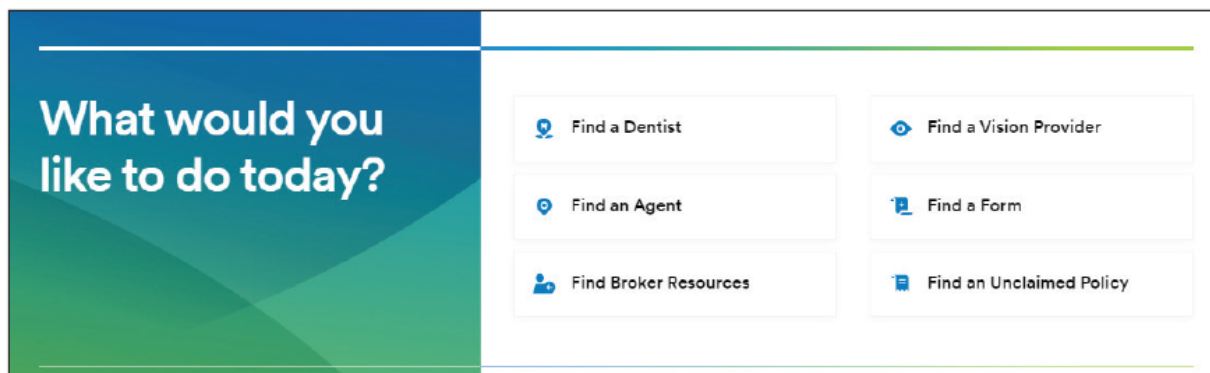


Finding Dental PPO Providers

- 1) Log into www.metlife.com
- 2) Select “Find A Dentist”
- 3) Select “**PDP Plus**”
- 4) Enter your zip code and select “Find A Dentist”

Finding Dental HMO Providers

- 1) Log into www.metlife.com
- 2) Select “Find A Dentist”
- 3) Select “Dental HMO/Managed Care
- 4) Enter your zip code and select “Find A Dentist”
- 5) In the “Select your plan” from the drop down menu choose “**Met50**” and click on “Go” (see below).



Note: If you are enrolling in the DHMO you must elect a provider facility code in the enrollment form. You may change dentists at any time as long as you submit the new facility code by the 15th of the month, it will then be effective the 1st of the following month.

Vision - EyeMed

Routine vision exams are important, not only for correcting vision but because they can detect other serious health conditions.

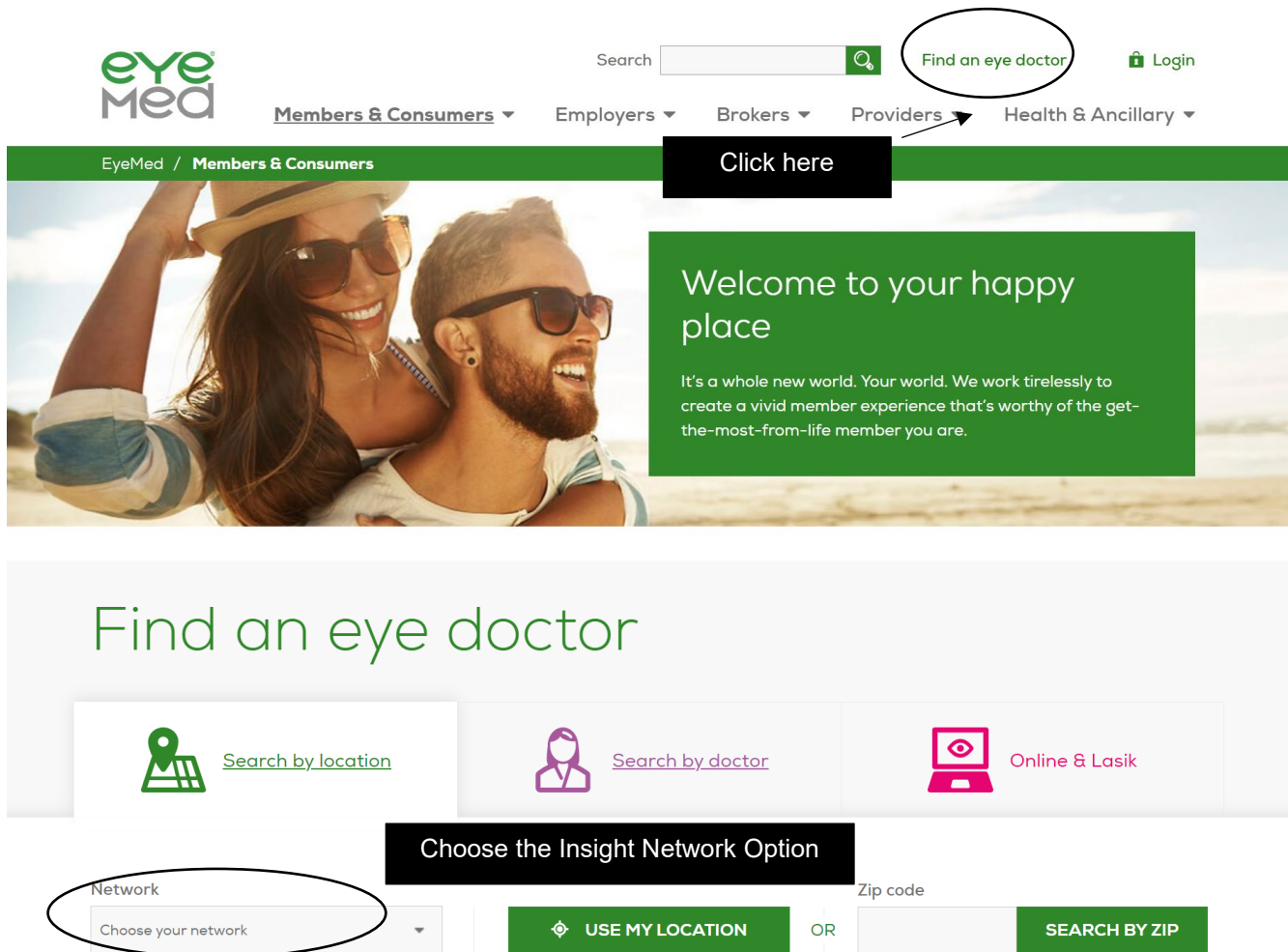
EyeMed Vision	In-Network	Out-Of-Network
Exam Exam at PLUS Providers	\$0 \$0	Plan Pays up to \$40
Lenses Single Bifocal Trifocal Lenticular Polycarbonate Coating for Children	Covered in Full Covered in Full Covered in Full Covered in Full Covered in Full	\$30 \$50 \$70 \$70 \$20
Contact Lenses Conventional Disposable Medically Necessary	\$150 Allowance + 15% off balance \$150 Allowance + 100% off balance Covered in Full	Plan pays up to \$105 Plan pays up to \$105 Plan pays up to \$300
Frames Any available frame at PLUS Providers	\$150 Allowance + 20% off balance \$200 allowance + 20% off balance	Plan Pays up to \$105
Frequency Services Eye Examination Lenses Frames Contact Lenses* *In lieu of frames		12 months 12 months 12 months 12 months

Additional Savings:

- **40% additional pairs of glasses and a 15% discount on conventional lenses once funded benefit is used.**
- **20% off any item not covered by the plan, including non-prescription sunglasses.**
- **15% off retail price for LASIK or PRK from US Laser Network or 5% off promotional price. Call (800) 988-4221 to find a LASIK provider near you.**
- **Hearing Care through Amplifon Hearing Health Care Network, members receive up to 64% off hearing aids, an extended warranty, and free batteries.**

EyeMed – How to Find a Vision Provider

To search for a EyeMed vision provider, go to <https://eyemed.com/en-us/member>. Click “Find an eye doctor”. In the dropdown menu for network choose “insight network”. You can also search by doctor, location, or view the in-network online providers that include glasses.com, LensCrafters, and Target Optical.



The screenshot shows the EyeMed website interface. At the top, there is a search bar with a magnifying glass icon and a button labeled "Find an eye doctor" circled in black. Below the search bar is a navigation menu with options: "Members & Consumers", "Employers", "Brokers", "Providers", and "Health & Ancillary". A black box with the text "Click here" points to the "Providers" option. Below the navigation menu is a banner image of a smiling couple wearing sunglasses. To the right of the image is a green box with the text "Welcome to your happy place" and a sub-headline: "It's a whole new world. Your world. We work tirelessly to create a vivid member experience that's worthy of the get-the-most-from-life member you are." Below the banner is a section titled "Find an eye doctor" with three search options: "Search by location" (with a location pin icon), "Search by doctor" (with a person icon), and "Online & Lasik" (with a computer monitor icon). Below these options is a black box with the text "Choose the Insight Network Option". Below this box is a "Network" dropdown menu with the text "Choose your network" circled in black. To the right of the dropdown menu is a "Zip code" field. Below the "Zip code" field are two green buttons: "USE MY LOCATION" and "SEARCH BY ZIP".

How to use your vision benefit

Just choose an in-network eye doctor from the Provider Search, schedule your visit and go in for care or eyewear. You don't even need your ID card — just give them your name and birthday. When you stay in-network, EyeMed will handle all the paperwork.

Need Help?

You can contact EyeMed at (866) 804-0982 for benefits help or to find a provider.

LASIK Laser Vision Correction

EyeMed members also get access and discounts on LASIK. Call (800) 988-4221 to find a LASIK location near you.

EyeMed360 Vision Plan Enhancement

NETWORK ENHANCED OPTION



With Eye360, wellness
and savings are in sight



\$0 Copays for Vision Care Exams: Eye Care is Vision Health Care

When visiting a PLUS Provider, Eye360 provides members with \$0 copay vision care exams.

While regular vision care exams can uncover vision correction needs, they can also detect signs of serious health conditions, such as hypertension, high cholesterol, and diabetes. Early detection is key to improving the chances for positive outcomes.

Eye360 removes the cost barrier to receiving this important vision care exam!

\$50 Frame Allowance: Savings and Selections

With Eye360, members also get an additional \$50 frame allowance when visiting a PLUS provider. That is on top of your base plan's vision benefits! There are also extra savings that apply to all frames carried at PLUS Provider locations and not just certain brands.

The \$0 copay vision care exam and the \$50 frame allowance are just the beginning of the savings. They can be combined with other offers and discounts, giving you more choices to make their benefits go even farther.

Choice of Providers

With over 4,000 PLUS Providers nationwide, including independent, retail and online options, members will find plenty of locations nearby further.

Visit [eyemed.com](https://www.eyemed.com) for more information!



Life Insurance - Mutual of Omaha

If you have loved ones who depend on your income for support, having Life and Accidental Death insurance can help protect your family's financial security.

Life and AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident.

The cost of coverage is paid in full by the City of Vernon. Coverage is provided by Mutual of Omaha Insurance Company.

Basic Life Amount	Employee: \$20,000 Spouse: \$1,500 Child: \$1,000
Basic AD&D Amount	Employee: \$20,000 Spouse: \$1,500 Child: \$1,000



Voluntary Life and AD&D

Voluntary Life Insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is provided by Mutual of Omaha Insurance Company.

Employee Voluntary Life and AD&D Amount	Increments of \$10,000 up to 5x your annual earnings or \$500,000
Spouse Voluntary Life and AD&D Amount	Increments of \$5,000 up to 100% of the employee amount or \$100,000
Child(ren) Voluntary Life and AD&D Amount	Increments of \$1,000 (minimum: \$2,000) up to 100% of employee amount or \$10,000

Beneficiary Reminder: Make sure that you have named a beneficiary for your life insurance benefit. It's important to know that many states require that a spouse be named as the beneficiary, unless they sign a waiver.

Evidence of Insurability: Depending on the amount of coverage you select, you may need to submit an Evidence of Insurability form, which involves providing the insurance company with additional information about your health. [Click here to complete EOI](#)

NOTE: You can enroll in the Voluntary Life plan anytime during the year. Please contact Human Resources if you would like to enroll in the Voluntary Life coverage.

Disability Insurance – Mutual of Omaha



Voluntary Long Term Disability Insurance

Long-Term Disability coverage pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions over a long time. It's important to know that benefits are reduced by income from other benefits you might receive while disabled, like Workers' Compensation and Social Security. Coverage is provided by Mutual of Omaha Insurance Company.

Monthly Benefit Amount	Plan pays 60% of covered monthly earnings
Maximum Monthly Benefit	\$10,000
Benefits Begin After:	
Accident	90 days of disability
Sickness	90 days of disability
Maximum Payment Period*	To Age 65 or Social Security Normal Retirement Age (SSNRA)

*The age at which the disability begins may affect the duration of the benefit.

NOTE: You are only able to enroll in this plan during the annual open enrollment period.

Please contact Human Resources if you would like to enroll in the Voluntary Long Term Disability Plan.



Aflac - Voluntary Benefits

Below are some other valuable Aflac programs that you are eligible to participate in. You may visit the custom City of Vernon website for brochures and videos at www.aflac.com/CityofVernon/FV7641636371.

Accident Advantage

If an accident occurs, you may be surprised at how the expenses can add up. Accident Insurance is designed to help you pay for unexpected costs that result from an accidental injury. Even if you have medical insurance, you may still have out of pocket expenses such as deductibles, co-pays and other costs. Aflac Accident Advantage pays cash benefits directly to you that you can use for any expense, from groceries to bills.

Vision Now

Aflac Vision Now goes beyond traditional exams and provides benefits for serious eye conditions. In addition to an eye exam benefit and a choice of vision correction benefits, there are also benefits for specific eye diseases and disorders, eye surgeries and permanent visual impairment — all without network restrictions.

Short-Term Disability

Aflac Short-Term Disability helps protect your income in the event of injury or illness. It provides coverage options that allows you to choose the plan that's right for you, based on your financial requirements and income.

Cancer Care

Aflac Cancer Care pays you a cash benefit upon initial diagnosis of a covered cancer, with other benefits payable throughout cancer treatment. You can use these for any out-of-pocket medical expenses you may have, including daily life expenses, such as rent, mortgage, groceries or bills — it's your choice.

Plus Rider

The Aflac Plus Rider adds extra cash payouts — up to \$5,000 — to existing/eligible Aflac Accident, Hospital Advantage and Short-Term Disability plans. It's a better way to help ensure you have an extra level of financial protection for what major medical doesn't cover. Best of all, the average person pays just 72 cents a week for this extra boost to their benefits.

Hospital Advantage

Aflac Hospital Advantage pays cash benefits directly to you to help with out-of-pocket expenses. It helps you focus less on medical bills and more on getting better by helping pay for groceries, rent or mortgage, bills and more:

- Copays and deductibles
- Transportation and ambulance costs
- Emergency room and doctor visits
- Medical diagnostics and imaging
- Rehabilitation facilities

Dental

Aflac Dental pays you cash benefits for periodic checkups and cleanings, X-rays, fillings, crowns and much more. It's an easy way to give you and your family a reason to smile.

Critical Care Protection

Even if you have medical insurance, it's usually not enough to cover every expense. But Critical Care Protection gives you a lump sum benefit upon diagnosis of a covered health event, with additional benefits paid for things like hospital stays and continuing care. The cash benefits help with the expenses major medical doesn't cover, helping you better protect yourself.

You will receive protection for all stages of these covered events:

- Heart Attack
- Sudden Cardiac Arrest
- Coronary Artery Bypass Graft Surgery
- Stroke
- Third-Degree Burns
- Coma
- Major Human Organ Transplant
- Paralysis
- End-Stage Renal Failure
- Persistent Vegetative State

If you leave The City of Vernon, you can keep the coverage if you arrange to pay premiums to the insurance company directly. AFLAC provides coverage for this program.

FILE A CLAIM:

- Go to www.aflac.com/file-a-claim to learn more on the different ways you can submit a claim for the Accident, Cancer, Hospital, Intensive Care and Specified Events plans.
- Customer Service: (800) 992-3522

Contact your representative for additional information:

Patricia Lees
(213) 422-8766
patricia_lees@us.aflac.com

Colonial - Voluntary Benefits

The following voluntary benefits will be offered to City of Vernon employees. Visit the custom City website for information, brochures and videos at <https://learn.coloniallife.com/city-of-vernon>.

Disability Insurance

Disability Insurance replaces a portion of your income to help make ends meet if you become disabled from a covered accident or covered sickness. Employee coverage only.

Accident Insurance

Accident Insurance helps offset unexpected medical expenses, such as emergency room fees, deductibles and co-payments that can result from a fracture, dislocation or other covered accidental injury.

Cancer Insurance

Helps offset out-of-pocket medical and non-medical expenses related to cancer that some medical plans don't cover. Flexible coverage options are available to best fit your healthcare needs.

Critical Illness Insurance

Provides a lump-sum benefit that you can use to pay the direct and indirect costs related to a covered critical illness, such as heart attack or stroke, which can often be expensive and lengthy.

Hospital Confinement Insurance

Provides a lump-sum benefit for a covered hospital confinement and a covered outpatient surgery to help offset the gaps caused by copayments and deductibles that are not covered by some medical plans.

Term Life and Universal Life

Enables you to tailor coverage for your individual family needs and helps provide financial security for your family members.

With most Colonial Life insurance products:

- Benefits are paid directly to you
- You can continue coverage with no increase in premium when you retire or change jobs
- You're paid regardless of any other insurance you may have with other insurance companies.
- Coverage is available for your spouse and dependent children

Need to File a Claim?

Whether online or by phone, Colonial will provide the service you need:

Need	www.ColonialLife.com	(800) 325-4368
Submit your claim using our eClaims system.	X	
File health screening/wellness and doctor's office visit claim.	X	X
Check status of claim	X	X
Review, print or download a copy of your policy/cert.	X	X
Access Claim & service forms	X	X
Update contact info.	X	X
Access claim correspondence	X	X
Complete a notification for a life claim.	X	X

Meet remotely with a benefits counselor from home or work to review your policies, obtain a quote or apply for new coverage. Call 855-697-6876 and leave your name, name of city and best contact phone number. A Colonial Life benefits counselor will reach out to you to arrange a one-to-one virtual enrollment session.

Anthem Employee Assistance Program

When you need help meeting life's challenges, the Anthem Blue Cross Employee Assistance Program (EAP) is here for you and your household members. Check out some of the free services this EAP offers. All of the services offered through the EAP are at **no cost to you**:



Counseling

- Up to **5 free** visits per issue
- Face-to-face counseling or online visits via LiveHealth Online
- Call EAP or use the online Member Center to initiate services



Legal consultation

- 30-minute phone or in-person meeting
- Discounted fees to retain a lawyer
- Online resources, including free legal forms, seminars and a library of articles



Financial consultation

- Phone meeting with financial professionals
- Consultation available during regular business hours — no time limits or appointments needed
- Online resources, including articles, calculators and budgeting tools



ID recovery

- Identity theft risk level checked by specialists
- Help with reporting to consumer credit agencies
- Assistance filling out paperwork and negotiating with creditors



Learn2Live

- An emotional well-being resource that offers help when you need it
- Built on proven principals of Cognitive Behavioral Therapy
- Access to digital tools that can you identify thoughts and behavioral patterns that affect your emotional well-being and to help you work through them
- Access to live and on-demand webinars
- Personalized 1-on-1 coaching.



Dependent care and daily living resources

- Information available on child care, adoption, summer camps, college placement, elder care and assisted living through the EAP website
- Phone consultation with a work-life specialist
- For help with everyday needs, like pet sitting, relocation resources and more



Other anthemEAP.com resources

- Well-being articles, podcasts and monthly webinars
- Self-assessment tools for depression, anxiety, relationships, alcohol use, eating habits and more

Crisis consultation

- Toll-free number for emergencies

Need help? Give EAP a try today.
Call us at **833-954-1067**. Or go to [AnthemEAP.com](https://www.AnthemEAP.com)
and enter your company code: **PRISM**

Available 24/7, 365 days a year
Everything you share is confidential.



Access your
EAP by
scanning the
QR Code!

Get Educated Virtually!



Get help with your benefits however you feel most comfortable. Below is a list of fun, educational videos where you can learn about different topics that will help you better understand your benefits!



Insurance Lingo



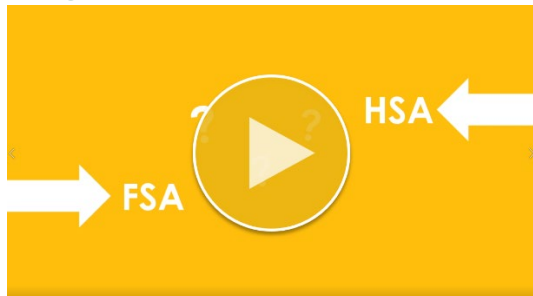
Qualifying Events



High Deductible Health Plan



Flexible Spending Account



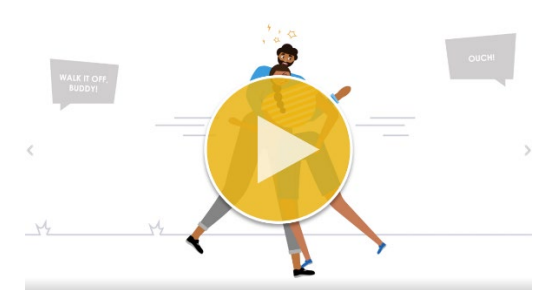
HSA vs FSA



EAP



Prescription Drugs



ER vs Urgent Care

For Assistance

If you need to reach our plan providers, here is their contact information:

Plan Type	Provider	Phone Number	Website
Medical PPO, HDHP, HMO	Blue Shield of California	(855) 599-2657	Member login: www.blueshieldca.com Microsite: www.bscaplan.com/eeqpb9
Shield Concierge TRIO ACO HMO	Blue Shield of California	(855) 829-3566	Member login: www.blueshieldca.com Microsite: www.bscaplan.com/eeqpb9
HSA	HSA Bank	(800) 357-6246	www.hsabank.com
Dental PPO	MetLife	(800) 438-6388	https://www.metlife.com/
Dental HMO	MetLife	(800) 880-1800	https://www.metlife.com/
Vision	EyeMed	(866) 804-0982	https://eyemed.com/en-us/member
Life and AD&D	Mutual of Omaha	(800) 775-8805	www.mutualofomaha.com
Long Term Disability	Mutual of Omaha	(800) 877-5176	www.mutualofomaha.com
Employee Assistance Program	Anthem PRISM EAP	(833) 954-1067	AnthemEAP.com Company Code: PRISM
Travel Assistance	Mutual of Omaha	(800) 856-9947 (within U.S.) (312) 935-3658 (outside U.S.)	http://www.mutualofomaha.com/employers/products/disability/travel-assistance.php
FSA	Igoe	(800) 633-8818	www.goigoe.com Email: flex@goigoe.com
Aflac Products	Patricia Lees	Customer Service: (800) 992-3522 Patricia Lees Phone: (213) 422-8766	Main site: www.aflac.com City of Vernon Enrollment Site: www.aflacrollment.com/CityofVernon/FV7641636371 Email: patricia_lees@us.aflac.com
Colonial Products	Colonial Life	(855) 697-6876	www.coloniallife.com Custom website: https://learn.coloniallife.com/city-of-vernon
Human Resources	Lisa Wirtz	(323) 583-8811 Ext.325	lwirtz@cityofvernon.org

Key Terms

MEDICAL/GENERAL TERMS

Allowable Charge - The most that an in-network provider can charge you for an office visit or service.

Balance Billing - Non-network providers are allowed to charge you more than the plan's allowable charge. This is called Balance Billing.

Coinsurance - The cost share between you and the insurance company. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 70%, you are responsible for paying the remaining 30% of the cost.

Copay - The fee you pay to a provider at the time of service.

Deductible - The amount you have to pay out-of-pocket for expenses before the insurance company will cover any benefit costs for the year (except for preventive care and other services where the deductible is waived).

Explanation of Benefits (EOB) - The statement you receive from the insurance carrier that explains how much the provider billed, how much the plan paid (if any) and how much you owe (if any). In general, you should not pay a bill from your provider until you have received and reviewed your EOB (except for copays).

Family Deductible - The maximum dollar amount any one family will pay out in individual deductibles in a year.

Individual Deductible - The dollar amount a member must pay each year before the plan will pay benefits for covered services.

In-Network - Services received from providers (doctors, hospitals, etc.) who are a part of your health plan's network. In-network services generally cost you less than out-of-network services.

Out-of-Network - Services received from providers (doctors, hospitals, etc.) who are not a part of your health plan's network. Out-of-network services generally cost you more than in-network services. With some plans, such as HMOs and EPOs, out-of-network services are not covered.

Out-of-Pocket - Healthcare costs you pay using your own money, whether from your bank account, credit card, Health Reimbursement Account (HRA), Health Savings Account (HSA) or Flexible Spending Account (FSA).

Out-of-Pocket Maximum - The most you would pay out-of-pocket for covered services in a year. Once you reach your out-of-pocket maximum, the plan covers 100% of eligible expenses.

Preventive Care - A routine exam, usually yearly, that may include a physical exam, immunizations and tests for certain health conditions.

PRESCRIPTION DRUG TERMS

Brand Name Drug - A drug sold under its trademarked name. A generic version of the drug may be available.

Generic Drug - A drug that has the same active ingredients as a brand name drug, but is sold under a different name. Generics only become available after the patent expires on a brand name drug. For example, Tylenol is a brand name pain reliever commonly sold under its generic name, Acetaminophen.

Dispense as Written (DAW) - A prescription that does not allow for substitution of an equivalent generic or similar brand drug.

Maintenance Medications - Medications taken on a regular basis for an ongoing condition such as high cholesterol, high blood pressure, asthma, etc. Oral contraceptives are also considered a maintenance medication.

Non-Preferred Brand Drug - A brand name drug for which alternatives are available from either the plan's preferred brand drug or generic drug list. There is generally a higher copayment for a non-preferred brand drug.

Preferred Brand Drug - A brand name drug that the plan has selected for its preferred drug list. Preferred drugs are generally chosen based on a combination of clinical effectiveness and cost.

Specialty Pharmacy - Provides special drugs for complex conditions such as multiple sclerosis, cancer and HIV/AIDS.

Step Therapy - The practice of starting to treat a medical condition with the most cost effective and safest drug therapy and progressing to other more costly or risky therapy, only if necessary.

DENTAL TERMS

Basic Services - Generally include coverage for fillings and oral surgery.

Diagnostic and Preventive Services - Generally include routine cleanings, oral exams, x-rays, sealants and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

Endodontics - Commonly known as root canal therapy.

Implants - An artificial tooth root that is surgically placed into your jaw to hold a replacement tooth or bridge. Many dental plans do not cover implants.

Major Services - Generally include restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Orthodontia - Some dental plans offer Orthodontia services for children (and sometimes adults too) to treat alignment of the teeth. Orthodontia services are typically limited to a lifetime maximum.

Periodontics - Diagnosis and treatment of gum disease.

Pre-Treatment Estimate - An estimate of how much the plan will pay for treatment. A pre-treatment estimate is not a guarantee of payment.

Important Plan Notices and Documents

Current Health Plan Choices

Notices must be provided to plan participants on an annual basis are available on the City's website at www.cityofvernon.org and include:

- [Medicare Part D Notice](#)
Describes options to access prescription drug coverage for Medicare eligible individuals.
- [Women's Health and Cancer Rights Act](#)
Describes benefits available to those that will or have undergone a mastectomy.
- [Newborns' and Mothers' Health Protection Act](#)
Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery.
- [HIPAA Notice of Special Enrollment Rights](#)
Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment.
- [Notice of Choice of Providers](#)
Notifies you about the plan's requirement that you name a Primary Care Physician (PCP).
- [Premium Assistance Under Medicaid and the Children's Health Insurance Program \(CHIP\)](#)
Describes availability of premium assistance for Medicaid eligible dependents.

Current Plan Documents

Important documents for our health plan and retirement plan available on the company intranet and include:

Summary Plan Descriptions (SPDs)

A Summary Plan Description, or SPD, is the legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries. The following Summary Plan descriptions are available:

- City of Vernon's Group Health Plan

Summary of Benefits and Coverage (SBCs)

A Summary of Benefits and Coverage (SBC) is a document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. The following SBC's are available:

- Blue Shield of California HMO
- Blue Shield of California TRIO ACO HMO
- Blue Shield of California PPO
- Blue Shield of California HDHP

Statement of Material Modifications

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the City of Vernon's Group Health Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

Medicare Part D Notice

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

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

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
 2. The City of Vernon has determined that the prescription drug coverage offered by the The City of Vernon is, 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.
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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 to 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 Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your City of Vernon coverage will be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under Blue Shield of California of California is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your City of Vernon prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with The City of Vernon City of Vernon 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 This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below 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 The City of Vernon changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get 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 [medicare.gov](https://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
- Call 800-MEDICARE (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 information about this extra help, visit Social Security on the web at [socialsecurity.gov](https://www.socialsecurity.gov), or 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).

Date: January 1, 2024
Name of Entity/Sender: City of Vernon
Contact-Position/Office: Lisa Wirtz
Address: 4305 Santa Fe Ave., Vernon CA 90058
Phone Number: (323) 583-8811 x325

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Employee Benefits Brochure designed and developed by



In conjunction with the City of Vernon, January 2024

