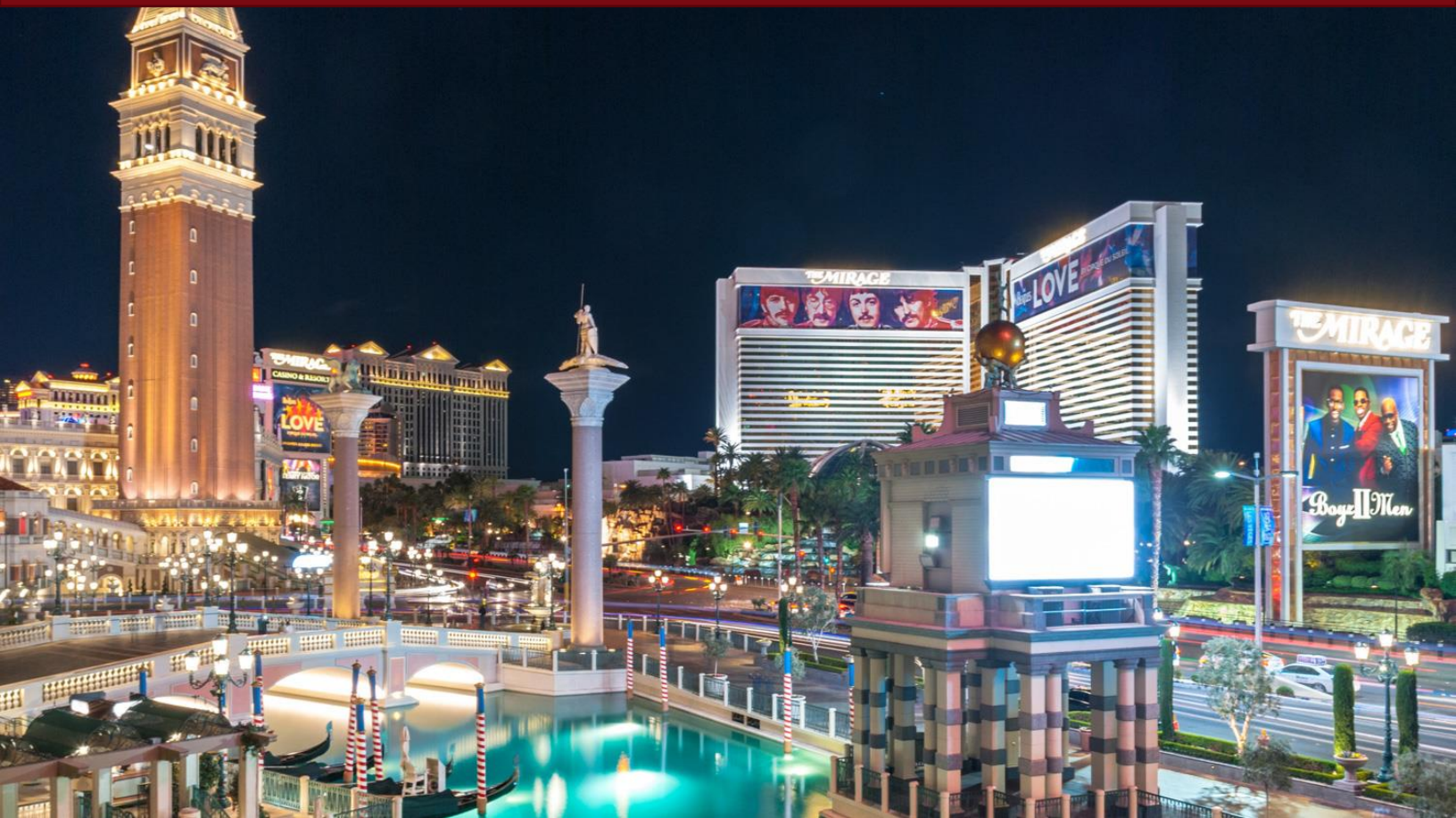


2025 City of Modesto Employee Benefits Guide

Don't Gamble with your Health



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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 the Important Plan Information section for more details.



GETTING STARTED

2025 BENEFITS

effective

January 1, 2025 ~ December 31, 2025

Whether you're enrolling in benefits for the first time, nearing retirement, or somewhere in between, City of Modesto supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

This guide provides an overview of your healthcare coverage, life, disability benefits, and more.

You'll find tips to help you understand your medical coverage, save time and money on healthcare, reduce taxes, and balance your work and home life. Review the coverage and tools available to you to make the most of your benefits package.

Your City Benefits Team is here to help you put the pieces together. Please reach out to us at [HR Benefits](#) if you have questions.

WHO'S ELIGIBLE FOR BENEFITS?



Employees

You are eligible if you are a full-time employee working 30 or more hours per week.

Employees with variable hours and seasonal schedules may be considered eligible for benefits. Refer to “Determining Eligibility” later in this guide for details.

Eligible dependents

- Legally married spouse.
- Registered Domestic Partner (RDP), where applicable by state law, is eligible for coverage if you have completed a Domestic Partner Affidavit.
- Natural, adopted or stepchildren, or children of a domestic partner up to age 26.
- Children over age 26 who are disabled and depend on you for support.
- Children named in a Qualified Medical Child Support Order (QMCSO).

For additional information, please refer to the benefit booklets for each benefit.

Who is not eligible

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 you can enroll

You can enroll in benefits as a new hire or during the annual open enrollment period. New hire coverage begins after the waiting period based off your Association affiliation.

If you miss the enrollment deadline, you'll need to wait until the next open enrollment period to obtain coverage (the one time each year that you can make changes to your benefits for any reason).

CHANGING YOUR BENEFITS

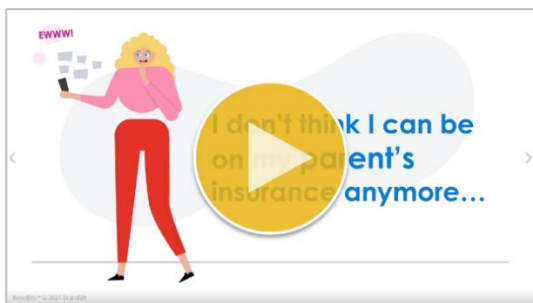
LIFE HAPPENS

A change in your life may allow you to update your benefit choices. Watch the video for a quick take on your options.

THREE RULES APPLY TO MAKING CHANGES TO YOUR BENEFITS DURING THE YEAR:

1. Any change you make must be consistent with the change in status.
2. You must make the change within 30 days of the date the event occurs.
3. All proper documentation is required to cover dependents (marriage certificates, birth certificates, etc.).

[Click to play video](#)



Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a big change in your life, including:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in an individual's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

You must submit your change within 30 days after the event.

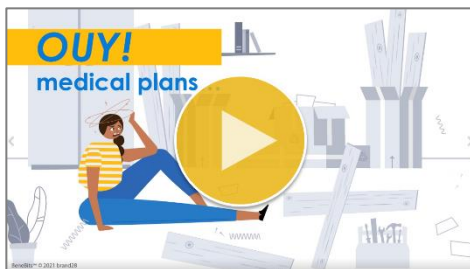


MEDICAL

OUR PLANS

- Anthem 1000 PPO
- Anthem 1000 Select Network PPO
- Anthem HDHP 5000 PPO
- Anthem Safety Plan (MPOA ONLY)
- Kaiser HMO
- Kaiser HDHP

All About Medical Plans



Play the Health Lingo Game!



We offer six (6) different comprehensive medical plans through Kaiser Permanente and Anthem Blue Cross.

Which Plan Is Right For You?

That depends on your healthcare needs, favorite doctors, and budget. Here are some considerations.

Do you prefer specific doctors or hospitals?

If you want to stay with your favorite doctors and facilities, check whether they are in the plan’s network. If they are not, but you are comfortable paying a bit more to see them, consider a plan with both in-network and out-of-network benefits.

What are your usual healthcare needs?

Do you have frequent doctor or urgent care visits? Do you have a condition that requires a specialist? Do you take prescription medications? Compare how each plan covers the services you need most often.

Medical – Anthem 1000 PPO

You always pay the deductible and copayment (\$). The coinsurance (%) shows what the plan pays after the deductible.



	Anthem 1000 PPO	
	In-Network	Out-of-Network
Calendar Year Deductible	\$1,000 per Individual \$2,000 per Family	
Calendar Year Out-of-Pocket Maximum¹	\$2,500 per Individual \$5,000 per Family	
Office Visit Primary Care Specialist	\$20 copay (deductible waived) \$20 copay (deductible waived)	Plan pays 50% after deductible Plan pays 50% after deductible
Preventive Services	Plan pays 100% (deductible waived)	Plan pays 50% after deductible
Chiropractic	\$20 copay (deductible waived)	Plan pays 50% after deductible
Acupuncture	\$20 copay (deductible waived)	Plan pays 50% after deductible
Lab and X-ray	\$20 copay after deductible	Plan pays 50% after deductible (max \$800 per test)
Hearing Aids	Covered	Not Covered
Urgent Care	\$20 copay after deductible	Plan pays 50% after deductible
Emergency Room	\$150 copay after deductible (waived if admitted)	\$150 copay after deductible (waived if admitted)
Inpatient Hospitalization	\$20 copay after deductible	Plan pays 50% after deductible (max \$600 per day)
Outpatient Surgery	\$20 copay after deductible	Plan pays 50% after deductible (max \$350 per day)
PRESCRIPTION DRUGS		
Calendar Year Deductible	None	None
Out-of-Pocket Maximum	\$1,500 per Individual \$3,000 per Family	Out of network claims do not apply to out of pocket limit
Retail- 30 Day Supply Generic Preferred Brand Non-Preferred Brand Supply Limit	\$10 copay after deductible \$20 copay after deductible \$35 copay after deductible 31 days	Not covered Not covered Not covered Not available
Mail Order- 90 Day Supply Generic Preferred Brand Non-Preferred Brand Supply Limit	\$20 copay after deductible \$40 copay after deductible \$70 copay after deductible 90 days	Not available

Have questions? Please contact Anthem Member Services at (800) 967-3015 or visit

<https://www.anthem.com/ca/ms/prism/home.html>

Medical – Anthem 1000 PPO Select Network

Anthem PPO **Select Network** offers a smaller network of providers. Verify your healthcare providers accept this select plan **before** making a change.




	Anthem 1000 PPO Select Network	
	In-Network	Out-of-Network
Calendar Year Deductible	\$1,000 per Individual \$2,000 per Family	
Calendar Year Out-of-Pocket Maximum¹	\$2,500 per Individual \$5,000 per Family	
Office Visit Primary Care Specialist	\$20 copay (deductible waived) \$20 copay (deductible waived)	Plan pays 50% after deductible Plan pays 50% after deductible
Preventive Services	Plan pays 100% (deductible waived)	Plan pays 50% after deductible
Chiropractic	\$20 copay (deductible waived)	Plan pays 50% after deductible
Acupuncture	\$20 copay (deductible waived)	Plan pays 50% after deductible
Lab and X-ray	\$20 copay after deductible	Plan pays 50% after deductible (max \$800 per test)
Hearing Aids	Covered	Not Covered
Urgent Care	\$20 copay after deductible	Plan pays 50% after deductible
Emergency Room	\$150 copay after deductible (waived if admitted)	\$150 copay after deductible (waived if admitted)
Inpatient Hospitalization	\$20 copay after deductible	Plan pays 50% after deductible (max \$600 per day)
Outpatient Surgery	\$20 copay after deductible	Plan pays 50% after deductible (max \$350 per day)
PRESCRIPTION DRUGS		
Calendar Year Deductible	None	None
Out-of-Pocket Maximum	\$1,500 per Individual \$3,000 per Family	Out of network claims do not apply to out of pocket limit
Retail- 30 Day Supply Generic Preferred Brand Non-Preferred Brand Supply Limit	\$10 copay after deductible \$20 copay after deductible \$35 copay after deductible 31 days	Not covered Not covered Not covered Not available
Mail Order- 90 Day Supply Generic Preferred Brand Non-Preferred Brand Supply Limit	\$20 copay after deductible \$40 copay after deductible \$70 copay after deductible 90 days	Not available

Have questions? Please contact Anthem Member Services at (800) 967-3015 or visit

<https://www.anthem.com/ca/ms/prism/home.html>

Medical – Anthem HDHP 5000 PPO


You always pay the deductible and copayment (\$). The coinsurance (%) shows what the plan pays after the deductible.

	Anthem HDHP 5000 PPO	
	In-Network	Out-of-Network
Calendar Year Deductible	\$5,000 per Individual \$10,000 per Family	
Calendar Year Out-of-Pocket Maximum¹	\$6,750 per Individual \$13,500 per Family	
Office Visit Primary Care Specialist	\$30 copay after deductible \$30 copay after deductible	Plan pays 50% after deductible Plan pays 50% after deductible
Preventive Services	Plan pays 100% (deductible waived)	Plan pays 50% after deductible
Chiropractic (up to 24 visits/year)	\$30 after deductible	Plan pays 50% after deductible
Acupuncture (up to 12 visits/year)	\$30 after deductible	Plan pays 50% after deductible
Lab and X-ray	Plan pays 100% for most services, except in Hospitals, Plan pays 80% after deductible	Plan pays 50% after deductible (max \$800 per test)
Hearing Aids	Covered	Not Covered
Urgent Care	\$40 copay after deductible	Plan pays 50% after deductible
Emergency Room	\$200 copay + Plan pays 80% after deductible (copay waived if admitted)	\$200 copay + Plan pays 80% after deductible (copay waived if admitted)
Inpatient Hospitalization	\$150 per day + Plan pays 80% after deductible (max 3 days)	Plan pays 50% after deductible (max \$600 per day)
Outpatient Surgery	\$200 copay + Plan pays 80% after deductible	Plan pays 50% after deductible (max \$350 per day)
PRESCRIPTION DRUGS		
Calendar Year Deductible	Combined with Medical	Not Available
Out-of-Pocket Maximum	Combined with Medical	Out of network claims do not apply to out of pocket limit
Retail- 30 Day Supply Generic Preferred Brand Non-Preferred Brand Supply Limit	\$25 copay after deductible \$45 copay after deductible \$55 copay after deductible 31 days	Not covered Not covered Not covered Not available
Mail Order- 90 Day Supply Generic Preferred Brand Non-Preferred Brand Supply Limit	\$50 copay after deductible \$80 copay after deductible \$110 copay after deductible 90 days	Not available

Have questions? Please contact Anthem Member Services at (800) 967-3015 or visit <https://www.anthem.com/ca/ms/prism/home.html>

Medical – Anthem Safety Plan

ATTN: Available to MPOA members only.

	Anthem Safety Plan	
	In-Network	Out-of-Network
Calendar Year Deductible	\$300 per Individual \$900 per Family	\$600 per Individual \$1,800 per Family
Calendar Year Out-of-Pocket Maximum¹	\$2,000 per Individual \$4,000 per Family	
Office Visit Primary Care Specialist	\$10 copay (deductible waived) \$35 copay (deductible waived)	Plan pays 80% after deductible Plan pays 80% after deductible
Preventive Services	Plan pays 100% (deductible waived)	Plan pays 80% after deductible
Chiropractic (up to 24 visits/year)	\$15 copay (deductible waived)	Plan pays 80% after deductible
Acupuncture (up to 12 visits/year)	\$15 copay (deductible waived)	Plan pays 80% after deductible
Lab and X-ray	Plan pays 80% after deductible	Plan pays 80% after deductible (max \$800 per test)
Hearing Aids	Covered	Not Covered
Urgent Care	\$35 copay (deductible waived)	Plan pays 80% after deductible
Emergency Room	Plan pays 80% after deductible (copay waived if admitted)	Plan pays 80% after deductible (copay waived if admitted)
Inpatient Hospitalization	Plan pays 80% after deductible	Plan pays 80% after deductible (max \$600 per day)
Outpatient Surgery	Plan pays 80% after deductible	Plan pays 80% after deductible (max \$350 per day)
PRESCRIPTION DRUGS		
Calendar Year Deductible	None	None
Out-of-Pocket Maximum	\$2,000 per Individual \$4,000 per Family	Out of network claims do not apply to out of pocket limit
Retail- 30 Day Supply Generic Preferred Brand Non-Preferred Brand Supply Limit	\$10 copay \$25 copay \$45 copay 30 days	\$10 copay \$25 copay \$45 copay Not available
Mail Order- 90 Day Supply Generic Preferred Brand Non-Preferred Brand Supply Limit	\$20 copay \$40 copay \$75 copay 90 days	Not available

Have questions? Please contact Anthem Member Services at (800) 967-3015 or visit <https://www.anthem.com/ca/ms/prism/home.html>

PRESCRIPTION DRUGS – EXPRESS SCRIPTS (ESI)



MANAGE YOUR MEDICATION. ANYTIME. ANYWHERE.

Online access to savings and convenience with [express-scripts.com](https://www.express-scripts.com) and the Express Scripts mobile app.

Contact Express Scripts Customer Service at (877) 733-4553.

Preferred Generic Program

Members who obtain a Brand drug when a Generic equivalent is available will be charged the difference between the Brand and the Generic plus the Generic co-pay. If members purchase the generic, they will only pay the generic co-pay in place.

ExpressScriptsSmart90 Program

This program allows members to obtain a 90-day supply of maintenance medications at any Walgreens or CVS pharmacy. Members who fill their maintenance prescriptions with a 90-day supply save money. The Smart90 Program is offered alongside the Express Scripts Mail Order Pharmacy Program and is not a replacement of the existing Mail Order Program.

Advantage Plus Pharmacy Utilization

This program is designed to provide optimal savings for employees. Members impacted by this program will receive communications directly from Express Script with instructions how to access their medications.

- **Prior Authorization** ensures clinically appropriate use of medications, ensures medications are used safely: Asks the question: “Is this the right medication for you.”
- **Step Therapy** encourages members and physicians to try clinically effective generic medications before trying the more expensive brand medications. Asks the question: “What other medications has the patient taken for this condition?”
- **Drug Quantity** aligns the quantity dispensed with FDA-approved dosage guidelines and other supportive evidence. Asks the question: “Is this the correct quantity (tablets/capsules) of this medication?”

SaveOnSP Specialty Rx Program

SaveOnSP helps to lower your out-of-pocket costs for over 250 specialty medications to \$0. If you’re filling an eligible medication, a representative from SaveOnSP will contact you to discuss the program. If you choose not to participate, you’ll pay a higher copay when you fill your medication. Contact SaveOnSP today at (800) 683-1074 and identify that you are covered through PRISMHealth to determine if your specialty medication is eligible.

ANTHEM RESOURCES



FINDING AN ANTHEM PROVIDER

To find a provider in your plan network, please visit [anthem.com/ca/find-care/](https://www.anthem.com/ca/find-care/).



Livehealth Online

LiveHealth Online is your telemedicine vendor. Through this program you can have video visits with board-certified doctors using your smartphone, tablet or computer with a webcam.

Doctors are available 24/7/365 to assess your condition and, if it's needed, they can send a prescription to your local pharmacy. Register online and make sure to download the mobile app. For help, call 1-888-548-3432 from 8 a.m. to 8 p.m.

Visits through LiveHealth Online are at a \$0 copay for employees enrolled on the Anthem PPO \$1,000 plan. In addition, employee enrolled on the Anthem HDHP plans will have \$0 copay once they meet their deductible.

Sydney Mobile App

Use SydneySM Health to keep track of your health and benefits- all in one place. Access your plan details, Member Services, virtual care, and wellness resources. You can also set up an account at [anthem.com/ca/register](https://www.anthem.com/ca/register) to access most of the same features from your computer.

Building Healthy Families

Building Healthy Families offers personalized, digital support through the SydneySM Health mobile app or on [anthem.com/ca](https://www.anthem.com/ca). This all-in-one program, at no extra cost to you, can help your family grow strong whether you're trying to conceive, expecting a child, or in the thick of raising young children.

Payforward

Anthem members can earn up to 15% cash back instantly at more than 12,000 retailers both in-store and online. This includes retailers like Home Depot, The Gap, Target and more. It's free to join and only takes a few simple steps to get started. Register at [anthem.payforward.com](https://www.anthem.payforward.com).

Lark Diabetes Management

Track your progress, check in with your coach, and learn more about prediabetes right in Lark's free mobile app. This program is flexible, convenient, and follows guidelines from the Centers for Disease Control and Prevention (CDC) to help you make small changes that can improve your health and decrease your risk over time.

PRISM Value Added Services

Take advantage of these value-added services available to PRISM plan members to help you get and stay healthy. *Available to Anthem members only.*

BENEFIT HIGHLIGHTS

Physical Therapy for Back or Joint Pain

Hinge Health

Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching and personalized exercise therapy. Available for preventative, acute, and chronic needs at no cost.

AVAILABILITY & HOW TO GET STARTED

PPO & HDHP members¹

Call: (855) 902-2777

Visit hingehealth.com/prism/



Hip, Knee, and Spine Surgical Benefit and Breast Cancer Treatment Benefit

Carrum Health

Consult top-quality surgeons on hip and knee replacements and certain spine surgeries. Benefit covers all related travel for patient and companion, and medical bills. Oncology benefit also available; guidance for all cancers; treatment for Breast Cancers.

PPO & HDHP members

Visit carrumhealth.com



Diabetes Management Program

Livongo

No cost program to help members with diabetes reduce risk and improve condition management. Free meter and test strips using cellular real-time technology. Active monitoring and coaching also available.

PPO & HDHP members¹


Call: (800) 945-4355

Visit welcome.livongo.com/prism



Medical – Kaiser HMO & Kaiser HDHP HMO

You always pay the deductible and copayment (\$). The coinsurance (%) shows what the plan pays after the deductible.

 KAISER PERMANENTE®	<div style="background-color: #800000; color: white; padding: 5px; text-align: center;"> Kaiser HMO </div>		<div style="background-color: #800000; color: white; padding: 5px; text-align: center;"> Kaiser HDHP HMO </div>	
	In-Network		In-Network	
Calendar Year Deductible	\$0 per Individual \$0 per Individual in Family \$0 per Family		\$3,300 per Individual \$3,300 per Individual Family \$6,600 per Family	
Calendar Year Out-of-Pocket Maximum¹	\$1,500 per Individual \$1,500 per Individual \$3,000 per Family		\$3,300 per Individual \$3,300 per Individual in Family \$6,600 per Family	
Office Visit Primary Care Specialist	\$25 copay per visit \$25 copay per visit		Plan pays 100% after deductible Plan pays 100% after deductible	
Preventive Services	Plan pays 100% (see contract for limitations)		Plan pays 100% (deductible waived)	
Chiropractic (up to 30 visits/year)	\$10 copay		Not covered	
Lab and X-ray	Plan pays 100%		Plan pays 100% after deductible	
Hearing Aids	Covered		Covered	
Urgent Care	\$25 copay per visit		Plan pays 100% after deductible	
Emergency Room	\$100 copay (copay waived if admitted)		Plan pays 100% after deductible	
Inpatient Hospitalization	\$100 copay per admission		Plan pays 100% after deductible	
Outpatient Surgery	\$25 copay per procedure		Plan pays 100% after deductible	
PRESCRIPTION DRUGS				
Calendar Year Deductible	Not available		Combined with Medical	
Out-of-Pocket Maximum	Combined with Medical		Combined with Medical	
Retail- 30 Day Supply Generic Preferred Brand Supply Limit	\$15 copay \$30 copay 30 days		Plan pays 100% after deductible Plan pays 100% after deductible 30 days	
Mail Order- 90 Day Supply Generic Preferred Brand Supply Limit	\$30 copay \$60 copay 100 days		Plan pays 100% after deductible Plan pays 100% after deductible 100 days	

Have questions? You can reach Kaiser Member Services at (800) 464-4000 or visit www.kp.org

KAISER RESOURCES



FINDING A KAISER PROVIDER

To find a Kaiser Permanente provider near you, please visit www.kp.org or call (800) 464-4000.

MY HEALTH MANAGER

Stay engaged with your health and simplify your busy life by using the [Kaiser Website](http://www.kp.org) or download the Kaiser Permanente app from the App StoreSM or Google Play[®].



Kaiser Away From Home

Kaiser Members are covered for emergency and urgent care anywhere in the world. Kaiser's travel [website](#) will explain what to do if you need emergency or urgent care during your trip.

myStrength

The myStrength app is designed to help navigate life's challenges, make positive changes, and support your overall well-being. The app can help you set goals and work towards them in the ways that work best for you. You can access myStrength at kp.org/selfcareapps and choose the mental health and wellness areas you want to focus on.

Headspace App

Use the Headspace app to text one-on-one with an emotional support coach anytime, anywhere. Through the app you have access to 24/7 text-based emotional support coaching and self-care resources recommended for your needs. Download Ginger from the App StoreSM or Google Play[®].

Calm App

The Calm app uses meditation and mindfulness to help lower stress, reduce anxiety, and improve sleep quality. Adult members can get Calm at kp.org/selfcareapps.

KAISER RESOURCES

Continued



Online wellness tools

Visit kp.org/healthyliving for wellness information, health calculators, fitness videos, podcasts, and recipes from world class chefs. Connect to better health with programs to help you lose weight, quit smoking, and more – all at no cost.

ClassPass

Kaiser members can get access to free on demand video workouts at no cost and reduced rates for in-person fitness classes. To get started, visit kp.org/exercise.

Health classes

Sign up for health classes and support groups at many of our facilities. See what's available near you at kp.org/classes – some may require a fee.

Personal wellness coaching

Get help reaching your health goals. Work one on one with a wellness coach by phone at no cost. Find out more at kp.org/wellnesscoach.

ChooseHealthy member discounts

Members get reduced rates on a variety of health-related products including Acupuncture, Massage Therapy, Chiropractic Care, and Gym Memberships. Visit kp.org/choosehealthy to learn more.



live **well** be **well**
WELLNESS UNIVERSITY



DENTAL

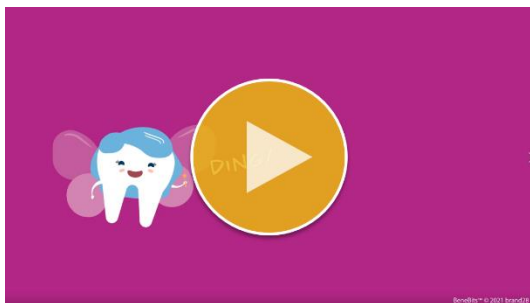
OUR PLANS

Stanislaus Foundation Dental PPO Core

Stanislaus Foundation Dental PPO Buy-Up



Click to play video



We offer 2 dental plans through the Stanislaus Foundation.

Why Sign Up For Dental Coverage?

It's important to go to the dentist regularly. Brushing and flossing are great, but regular exams catch dental issues early before they become more expensive and difficult to treat.

That's where dental insurance comes in. Dental insurance makes it easier and less expensive to get the care you need to maintain good oral health.

Dental insurance covers three types of treatments:

- **Preventive** care includes exams, cleanings and x-rays
- **Basic** care focuses on repair and restoration with services such as fillings, root canals, and gum disease treatment
- **Major** care goes further than basic and includes bridges, crowns and dentures
- **Orthodontia** treatment to properly align teeth within the mouth.
- To locate Providers, print your card, and view other resources, create an account at <https://stanfoundation.com/>

Dental - Stanislaus Foundation Dental PPO

The coinsurance (%) shows what the plan pays after the deductible.

	Stanislaus Foundation Dental PPO Core		Stanislaus Foundation Dental PPO Buy-Up	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	None		None	
Annual Plan Maximum	\$2,000 per Individual		\$3,000 per Individual	
Waiting Period	None	None	None	None
Diagnostic & Preventive	70% -100%	70%-100%	70%-100%	70%-100%
Basic Services Fillings Root Canals Periodontics	70% -100%	70%-100%	70%-100%	70%-100%
Major Services	50%	50%	50%	50%
Orthodontia Adults Children	50%		50%	
Ortho Lifetime Max	\$1,000		\$2,500	

What you need to know about this plan

Claim Filing Limit – 6 months
Pre-authorization is required for request over \$500

Claims Address:
Stanislaus Dental Foundation
PO BOX 576007
Modesto, CA 95357

www.stanfoundation.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your Plan.



VISION

OUR PLANS

VSP Vision Plan



Why Sign Up For Vision Insurance?

Vision insurance helps cover the cost of caring for your eyes, such as routine eye exams, prescription glasses or contacts.

Annual eye exams are important to your overall health and can detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease.

With VSP you receive discounts on services like LASIK and PRK, rebates on contact lenses, and reduced cost on hearing aids and other related services.

Visit the plan’s website to check out these extra savings.

<https://www.vsp.com/>

Click to play video



Vision – VSP

Your vision checkup is fully covered after your Exam copay. After any Materials copay, the plan covers frames, lenses, and contacts as described below.

	VSP Vision Plan	
	In-Network	Out-of-Network
Exams/Materials Benefit Frequency	\$10 copay Once every 12 months	Reimbursed up to \$45 In-network limitations apply
Eyeglass Lenses Single Vision Lens Bifocal Lens Trifocal Lens Frequency	Plan pays 100% (materials copay applies) Plan pays 100% (materials copay applies) Plan pays 100% (materials copay applies) Once every 12 months	Reimbursed up to \$30 Reimbursed up to \$50 Reimbursed up to \$65 In-network limitations apply
Frames Benefit Frequency	\$160 Allowance, additional 20% discount on remaining balance Once every 24 months	Reimbursed up to \$70 In-network limitations apply
Contacts (Elective) Medically Necessary Frequency	\$140 Allowance plus \$60 copay for fitting and evaluation Once every 12 months	Reimbursed up to \$105 (In-network limitations apply) In-network limitations apply

Notes/Comments: Vision benefits are based on a 12-month service year, not a calendar year. This means that you are not eligible for another exam, new lenses, frames or contacts until at least 12/24 months have passed since you received services.

*In lieu of Frames and Lenses

Eye Care Tips

Here are things you can do to help keep your eyes healthy and make sure you are seeing your best

- Wear sunglasses.** [Sun exposure](#) can damage your eyes and raise your risk of [cataracts](#) and [age-related macular degeneration](#). Protect your eyes by using sunglasses that block out 99 to 100% of both UV-A and UV-B radiation.
- Wear protective eye wear.** To prevent [eye injuries](#), you need eye protection when playing certain sports, working in jobs such as factory work and construction, and doing repairs or projects in your home.
- Avoid smoking.** Smoking increases the risk of developing age-related eye diseases such as macular degeneration and cataracts and can damage the [optic nerve](#).
- If you wear contacts, take steps to prevent eye infections.** Wash your hands before you put in or take out your contact lenses. Follow the instructions on how to properly clean them and replace when needed.
- Give your eyes a rest.** If you spend a lot of time using a computer, you can forget to blink your eyes, and your eyes can get tired. To reduce eyestrain, try the 20-20-20 rule: Every 20 minutes, look away about 20 feet in front of you for 20 seconds.

LIFE AND AD&D INSURANCE



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

Please refer to the Evidence of Coverage (EOC) for specific information.

Basic Life and AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D (Accidental Death & Dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident. Coverage is provided by The Standard and premiums are paid in full by City of Modesto.

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 The Standard.

Employee Voluntary Life	\$10,000 Minimum, up to a maximum of \$300,000 (not to exceed 3x annual earnings). Guarantee issue is the lesser of 2x your base annual earnings or \$150,000 (new hires only)
Spouse Voluntary Life	\$10,000 minimum, up to a maximum of \$150,000 (not to exceed 50% of employee's benefit) Guarantee issue \$30,000 (new hires only)
Child(ren) Voluntary Life (includes all children) (1 years old)	\$2,000 minimum, up to a maximum of \$10,000

Monthly Life Rates per \$1,000	Employee Rates	Spouse Rates
Under age 29	\$0.309	\$0.037
Age 30-34	\$0.309	\$0.040
Age 35-39	\$0.309	\$0.052
Age 40-44	\$0.309	\$0.075
Age 45-49	\$0.309	\$0.129
Age 50-54	\$0.309	\$0.230
Age 55-59	\$0.309	\$0.418
Age 60-64	\$0.309	\$0.904
Age 65-69	\$0.309	\$1.778
Age 70+	\$0.309	\$3.259
Dependent Child(ren) Rates	\$0.172	
Monthly AD&D Rates per 1,000		
Employee	\$0.026	
Dependent Spouse/Domestic Partner	\$0.016	
Dependent Child	\$0.046	

LONG-TERM DISABILITY INSURANCE (LTD)



3 THINGS TO KNOW ABOUT LTD INSURANCE

1. It can protect you from having to tap into your retirement savings.
2. You can use LTD benefits however you need, for housing, food, medical bills, etc.
3. Benefits can last a long time—from weeks to even years—if you remain eligible.

LTD benefits cushion the financial impact of a disability

Long-Term Disability (LTD) insurance replaces part of your income for longer term issues such as:

- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke
- Mental disorders.

If you qualify, LTD benefits begin after short-term disability benefits end. Payments may be reduced by state, federal, or private disability benefits you receive while disabled. City of Modesto pays the cost of this coverage.

Coverage is provided by The Standard.

Who is Eligible?

Class 1	All Full-Time Unrepresented Management and Confidential Members (UNREP), and Modesto Police Management.
Class 2	All Full-Time Modesto City Employees Association (MCEA), and Modesto Confidential and Management Association (MCMA), and Modesto Police Non-Sworn Association (MPNSA)

Monthly Benefit Amount	Plan pays 66.67% of covered monthly earnings
Maximum Monthly Benefit	\$8,000
Benefits Begin After:	
Accident	60 or 180 days of disability dependent on classification
Sickness	60 or 180 days of disability dependent on classification
Maximum Payment Period*	Social Security normal retirement age



WELLBEING & BALANCE

THE KEY TO KEEPING YOUR BALANCE IS KNOWING WHEN YOU'VE LOST IT

The challenges of daily life can be hard to balance. Whether it's work, school or family obligations, it's no wonder that many of us sometimes have trouble managing the ups and downs of our day-to-day lives.



City of Modesto has partnered with Calm to provide you tools to help you relax, focus, and get better sleep.

Whether you have 30 seconds or 30 minutes, Calm's diverse content library offers resources to suit your schedule and needs.

To get started:

- ✓ Visit this link: <https://www.calm.com/b2b/modestogov/subscribe> OR SCAN the QR Code
- ✓ Sign up with your personal email address (or log in to an existing account)
- ✓ Validate your work email address

Once complete, you can download the Calm app and log into your new account.

Your Calm subscription gives you unlimited access to the full library of content at calm.com and in the Calm app. Sign up for one of Calm's [Live Employee Welcome Sessions](#) to learn more.

A Happier, Healthier You

Creating a healthy balance between work and play is a major factor in leading a happy and productive lifestyle, but it's not always easy.

Our medical plans offer programs to help you:

- Manage stress, chemical dependency, mental health and family issues

Taking care of yourself will help you be more effective in all areas of your life. Be sure to take advantage of these programs to stay at your best.



EMPLOYEE ASSISTANCE PROGRAM (EAP)



CONTACT THE EAP

Anthem EAP Services are accessible 24-hours a day

Phone
(833) 954-1067

Website
www.anthemead.com

Access Code: PRISM

Help for you and your household members

There are times when everyone needs a little help or advice, or assistance with a serious concern. The EAP through Anthem EAP can help you handle a wide variety of personal issue such as emotional health and substance abuse; parenting and childcare needs; financial coaching; legal consultation; and eldercare resources.

Best of all, contacting the EAP is completely confidential, free and available to any member of your immediate household.

No cost EAP resources

The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited phone access 24/7
- In-person or video counseling for short-term issues; up to **six (6)** visits per issue
- Unlimited web access to helpful articles, resources, and self-assessment tools

COUNSELING BENEFITS

- Family, marital and relationship challenges
- Balancing work and life
- Stress and anxiety
- Depression
- Grief and loss
- Anger management
- Domestic violence
- Financial and legal challenges
- Alcohol and substance abuse
- Other emotional health issues

CHILDCARE AND ELDERCARE ASSISTANCE

- Needs assessment plus referrals to childcare and eldercare providers, as well as education and schooling referrals

FINANCIAL ISSUES

- Members can get unlimited telephone consultation to go over anything from budgeting to retirement planning, to taxes.

LEGAL SERVICES

- Members can talk to an attorney for 30 minutes about legal matters like wills and estate planning. If more time is needed, members can get 25% discount on future meetings.

IDENTITY THEFT RECOVERY SERVICES

- Members have access to identity monitoring and telephone consultation to help them recover from and minimize the impact of a breach of identity

DAILY LIVING SERVICES

- Referrals to consultants and businesses that can help with everyday errands, travel, event planning and more (does not cover the cost nor guarantee delivery of services).



The Standard®

Value-Added Workplace Employee Benefits



CONTACT THE STANDARD

The Standard EAP Services are
accessible 24-hours a day

Phone

(888) 293-6948

Website

www.healthadvocate.com/standard3

Life Services Toolkit

www.standard.com/mytoolkit

Access Code: support

Travel Assistance

Phone

(800) 872-1414

Website

medservices@assistamerica.com

Additional Support – Employee Assistance

There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program (EAP) which includes WorkLife Services and is available to you and your family in connection with your group insurance from The Standard.

It's confidential — information will be released only with your permission or as required by law.

Connection to Resources, Support and Guidance

You, your dependents (including children to age 26) and all household members can contact master's-degreed clinicians 24/7 by phone, online, live chat, email and text. There's even a mobile EAP app. Receive referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three (3) face-to-face assessment and counseling sessions per issue.

EAP services can help with:

- Depression, grief, loss and emotional well-being
- Family, marital and other relationship issues
- Life improvement and goal-setting
- Addictions such as alcohol and drug abuse
- Stress or anxiety with work or family
- Financial and legal concerns
- Identity theft and fraud resolution
- Online will preparation

WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, travel, daily living and care for your pet, child or elderly loved one.

Online Resources

Visit workhealthlife.com/Standard3 to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

Set aside healthcare dollars for the coming year

A healthcare FSA allows you to set aside tax-free money to pay for healthcare expenses you expect to have over the coming year. This program is administered through Benefit Coordinators Corporation (BCC).

How the FSA works

- You estimate what you and your family’s out-of-pocket costs will be for the coming year. Think about what out-of-pocket costs you expect to have for eligible expenses such as office visits, surgery, dental and vision expenses, prescriptions, even eligible drugstore items.
- You can contribute up to \$3,300¹, the 2025 annual limit set by the IRS. Contributions are deducted from your pay pre-tax, meaning no federal or state tax on that amount.
- During the year, you can use your FSA debit card to pay for services and products. Withdrawals are tax-free as long as they’re for eligible healthcare expenses.
- Expenses must be incurred between 01/01/2025 and 12/31/2025 and claims must be submitted for reimbursement no later than March 31st, 2026.
- Elections cannot be changed during the plan year, unless you experience a qualifying event.
- You must re-enroll in this program each year.

Click to play video



ARE YOU ELIGIBLE?

You don’t have to enroll in one of our medical plans to participate in the healthcare FSA. However, if you or your spouse are enrolled in a high deductible health plan you can only participate in the **Limited Purpose FSA** for dental and vision expenses.

Find out more

- [Eligible Expenses](#) – Includes many over-the-counter items!
- [Ineligible Expenses](#)

Limited Purpose FSA

- If you/your spouse are enrolled in a high deductible health plan you can only participate in the Limited Purpose FSA for dental and vision expenses.
- All other considerations listed above also apply to the Limited Purpose FSA.

¹This is forecasted from the current \$3,200. The IRS has not released the final number as of 9/25/24.

FSA TAX SAVINGS EXAMPLE

\$60,000 Annual Pay, with \$1,500 FSA Contribution

\$330 22% Federal income tax	\$115 7.65% FICA tax	\$445 Annual FSA tax savings
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\$120,000 Annual Pay, with \$2,750 FSA Contribution

\$660 24% Federal income tax	\$210 7.65% FICA tax	\$870 Annual FSA tax savings
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Your tax savings may vary depending on tax filing status and other variables

FLEXIBLE SPENDING ACCOUNT (FSA) FOR DAYCARE

MAKE IT TAX-FREE!



EVERY OPPORTUNITY TO SAVE

The biggest deduction from your paycheck is likely federal income tax. Why not take a bite out of taxes while paying for necessary expenses with tax-free dollars?

Dependent Care FSA—up to \$5,000 per year tax-free

A dependent care Flexible Spending Account (FSA) can help families save potentially hundreds of dollars per year on day care. This program is administered by Benefit Coordinators Corporation (BCC).

Here's how the Dependent Care FSA works

You set aside money from your paycheck, before taxes, to pay for work-related day care expenses. Eligible expenses include not only childcare, but also before and after school care programs, preschool, and summer day camp for children under age 13. The account can also be used for day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care.

You can set aside up to \$5,000 per household per year. If you are married but filing separately, federal regulations limit the use of Dependent Care FSA to \$2,500 each year. You can pay your dependent care provider directly from your FSA account, or you can submit claims to get reimbursed for eligible dependent care expenses you pay out of pocket.



Estimate carefully! You can't change your FSA election amount mid-year unless you experience a qualifying event. Money contributed to a dependent care FSA must be used for expenses incurred during the same plan year. Unspent funds will be forfeited.

PLAN CONTACTS

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

Plan Type	Provider	Phone Number	Website
Medical PPO and HDHP	Anthem Blue Cross	(800) 967-3015	www.anthem.com/ca/ms/prism/home.html
Medical HMO	Kaiser Permanente	(800) 464-4000	www.kp.org
Pharmacy RX	Express Scripts	(877) 733-4553	www.express-scripts.com
Dental	Stanislaus Foundation	(800) 962-7362	www.stanfoundation.com
Vision	VSP	(800) 877-7195	www.vsp.com
Life and AD&D/ LTD	The Standard	Life/AD&D (800) 628-8600 LTD (800) 368-1135	www.standard.com
EAP	Anthem EAP	(833) 954-1067	www.anthemeap.com

Medicare Part D Notice

Important Notice from City of Modesto 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 Modesto 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 Modesto has determined that the prescription drug coverage offered by the City of Modesto 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.

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 Modesto coverage will not 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 City of Modesto 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 Modesto prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

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 Modesto 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 Human Resources Department 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 City of Modesto 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: 10/1/2024
Name of Entity/Sender: City of Modesto
Contact-Position/Office: Human Resources Office
Address: 1010 10th Street, Suite 2200, Modesto, CA 95354
Phone Number: (209) 577-5402

Women's Health and Cancer Rights Act

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 stages 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 this plan. If you would like more information on WHCRA benefits, call your plan administrator (209) 577-5402

Newborns' 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). If you would like more information on maternity benefits, call your plan administrator at (209) 577-5402

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in City of Modesto's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in City of Modesto's health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in City of Modesto's health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for City of Modesto describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting the Human Resources Department.

Notice of Choice of Providers

The Kaiser Permanente HMO Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, the Kaiser Permanente HMO Plan designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Kaiser Permanente at (800) 464-4000 or visit www.kp.org.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Kaiser Permanente or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Kaiser Permanente at (800) 464-4000 or visit www.kp.org.

Michelle's Law

The City of Modesto plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from school. Coverage may continue for up to a year, unless your child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school — or change in school enrollment status (for example, switching from full-time to part-time status) — starts while the child has a serious illness or injury, is medically necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, the Human Resources Department in writing as soon as the need for the leave is recognized. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP)

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 live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility—

ALABAMA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
CALIFORNIA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943 State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991 State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
FLORIDA – Medicaid
Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162, press 1

GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra> | Phone: 678-564-1162, press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64 Website: <http://www.in.gov/fssa/hip/> | Phone: 1-877-438-4479

All other Medicaid Website: <https://www.in.gov/medicaid/> | Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members> | Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki> | Hawki Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp> | HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/> | Phone: 1-800-792-4884

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)

Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx> | Phone: 1-855-459-6328

Email: KIHIPPPROGRAM@ky.gov | KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718 | Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid

Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 1-800-442-6003 | TTY: Maine relay 711

Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 800-977-6740 | TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa> | Phone: 1-800-862-4840 | TTY: 617-886-8102

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp> | Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm> | Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084 | email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633 | Lincoln: 402-473-7000 | Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov> | Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

Phone: 603-271-5218 | Toll free number for the HIPP program: 1-800-852-3345, ext. 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/> | Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html> | CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/ | Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/> | Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/> | Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org> | Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx> or <http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx> | Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/> | Phone: 1-855-697-4347 or 401-462-0311 (Direct Rlite Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov> | Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov> | Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://gethipptexas.com/> | Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/> | CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT – Medicaid

Website: <http://www.greenmountaincare.org/> | Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select> or <https://www.coverva.org/en/hipp>
Medicaid Phone: 1-800-432-5924 | CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/> | Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/> or <http://mywvhipp.com/>
Medicaid Phone: 304-558-1700 | CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm> | Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/> | Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

ACA Disclaimer

This offer of coverage will disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for **employee only coverage** under our base plan exceeds 9.02%, in 2025, of your modified adjusted household income.

