

Open Enrollment  
May 7 – May 31, 2018

# 2018-2019 EMPLOYEE OPEN ENROLLMENT GUIDE



# OPEN ENROLLMENT CHECKLIST

## Your Open Enrollment Checklist

- ✓ If you are making changes to your benefit elections, you need to go through the “How to Use the Online Benefits Portal” process no later than Thursday, May 31, 2018.
- ✓ Use the benefits portal at [stocktonbenefits.connectedhealth.com](http://stocktonbenefits.connectedhealth.com) to:
  - Check your current elections
  - Review the City’s benefits offerings
  - View plan comparisons
  - Verify/update your beneficiary designations
    - To make changes to your City of Stockton deferred compensation account and CalPERS, please contact the Benefits team.
  - Confirm the City has your current emergency contacts, home address, and phone numbers
- ✓ Carefully review the costs of each plan.
- ✓ **NEW!** If you are not making any changes to your benefits, you do not need to go through the enrollment process.
  - Except ...*
  - ✓ If you want to enroll or re-enroll in the Tax Advantage Accounts (Flexible Spending and Parking / Transit Account), you will need to enroll using the benefits portal at [stocktonbenefits.connectedhealth.com](http://stocktonbenefits.connectedhealth.com).
- ✓ Take time to review voluntary plans, such as life insurance, accident insurance, cancer insurance, critical illness insurance and short-term disability insurance. (See page 9).

Vendor / Service	Contact Service Number
Kaiser Permanente	800-464-4000
Sutter Health Plus	855-315-5800
Anthem PPO (Delta Health Systems)	800-291-0726
American Fidelity Richard Pike, Account Representative	800-437-1011 800-654-8489 ext. 2421
Employee Assistance Program (IBH)	800-395-1616
Delta Dental	800-765-6003
Vision Service Plan	800-877-7195
P&A Group (FSA & Tax Advantage)	800-688-2611
Operating Engineers’ Local 3 (OE3)	800-251-5014
Human Resources – Benefits Benefits Email	209-937-8233 <a href="mailto:benefits@stocktonca.gov">benefits@stocktonca.gov</a>

# IT'S TIME FOR 2018-2019 OPEN ENROLLMENT

Open Enrollment is your annual opportunity to enroll or make changes to your health insurance coverage. The open enrollment period allows employees time to review the City's benefit offerings and make choices that are right for you and your family. The choices you make will be in effect for a full year, July 1, 2018 – June 30, 2019. A mid-year qualifying life event, such as the birth or adoption of a child, allows you to make a corresponding change.

## Good News This Year!

If you are not making any changes to your benefit plans, you do not need to do anything with the exception of enrollment in the Tax Advantage Accounts (TAA), which includes the Flexible Spending and Parking/Transit Accounts. If you want to enroll or re-enroll in a TAA, you will need to go through the online enrollment process. Employees can enroll or make changes through the benefits portal at [stocktonbenefits.connectedhealth.com](http://stocktonbenefits.connectedhealth.com).

If you are already enrolled in the Parking/Transit account, you do not need to take any action and your enrollment will continue. For the Flexible Spending Accounts (Health Care and Dependent Care), you will need to re-enroll for the new plan year.

## Important Dates

Event	Date
<b>Open Enrollment Information Meetings</b> Register for these meetings online using CityLink. Click on "Training Courses" in the left column. If you need assistance registering, please contact the Benefits team at <b>(209) 937-8233</b> .	May 1 – 9am & 1pm May 2 – 9am & 1pm May 3 – 9am & 1pm SEB Building, 22 E. Weber Avenue Room 166
<b>Online Open Enrollment Assistance</b> Benefits team members will be available to assist you with your online enrollment in the IT Training Room. Space is limited, so reserve your spot online using CityLink. Click on "Training Courses" in the left column.	May 29 – 8am through 4pm May 31 – 8am through 4pm Chase Building, 400 E. Main Street, 4th Floor (IT Training Room)
<b>Open Enrollment</b>	<b>Monday, May 7 - Thursday, May 31</b>
<b>Effective Date Of Benefits</b>	<b>July 1, 2018 – June 30, 2019</b>
<b>Payroll Deductions Begin</b>	<b>July 20, 2018 paycheck</b>

## In This Guide

Rates for Full-Time Employees .....	4	Tax Advantage Accounts (TAA).....	8
Rates for Operating Engineers' Local 3 (OE3) .....	5	Voluntary Plans .....	9
Medical Plan Comparison.....	6	Part-Time Employees.....	10
Dental Plan .....	8	Retired Annuitants.....	10
Vision Plan.....	9	How to Use the Online Benefits Portal.....	11

# RATES FOR FULL-TIME EMPLOYEES

## Anthem PPO Plan - (Medical, Dental, and Vision)

Tier	Total Monthly	Employer Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$818.00	\$644.00	\$174.00	\$87.00
Employee + 1	\$1,483.80	\$1,169.00	\$314.80	\$157.40
Employee + Family	\$1,974.90	\$1,557.00	\$417.90	\$208.95
Vision Buy Up	Total Monthly	Employer Contribution	Employee Monthly Contribution	Per Paycheck Deduction
	\$821.00	\$644.00	\$177.00	\$88.50
	\$1,488.80	\$1,169.00	\$319.80	\$159.90
	\$1,981.90	\$1,557.00	\$424.90	\$212.45

## Kaiser Permanente Deductible HMO Plan - (Medical, Dental, and Vision)

Tier	Total Monthly	Employer Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$703.08	\$644.00	\$59.08	\$29.54
Employee + 1	\$1,276.88	\$1,169.00	\$107.88	\$53.94
Employee + Family	\$1,698.68	\$1,557.00	\$141.68	\$70.84
Vision Buy Up	Total Monthly	Employer Contribution	Employee Monthly Contribution	Per Paycheck Deduction
	\$706.08	\$644.00	\$62.08	\$31.04
	\$1,281.88	\$1,169.00	\$112.88	\$56.44
	\$1,705.68	\$1,557.00	\$148.68	\$74.34

## Kaiser Permanente HMO Plan - (Medical, Dental, and Vision)

Tier	Total Monthly	Employer Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$813.54	\$644.00	\$169.54	\$84.77
Employee + 1	\$1,475.84	\$1,169.00	\$306.84	\$153.42
Employee + Family	\$1,963.80	\$1,557.00	\$406.80	\$203.40
Vision Buy Up	Total Monthly	Employer Contribution	Employee Monthly Contribution	Per Paycheck Deduction
	\$816.54	\$644.00	\$172.54	\$86.27
	\$1,480.84	\$1,169.00	\$311.84	\$155.92
	\$1,970.80	\$1,557.00	\$413.80	\$206.90

## Sutter Health Plus HMO Plan - (Medical, Dental, and Vision)

Tier	Total Monthly	Employer Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$790.26	\$644.00	\$146.26	\$73.13
Employee + 1	\$1,434.62	\$1,169.00	\$265.62	\$132.81
Employee + Family	\$1,909.80	\$1,557.00	\$352.80	\$176.40
Vision Buy Up	Total Monthly	Employer Contribution	Employee Monthly Contribution	Per Paycheck Deduction
	\$793.26	\$644.00	\$149.26	\$74.63
	\$1,439.62	\$1,169.00	\$270.62	\$135.31
	\$1,916.80	\$1,557.00	\$359.80	\$179.90

# RATES FOR OE3 EMPLOYEES

Employees in the Trades & Maintenance, Operations & Maintenance, and Water Supervisory units have additional health plan options available through the Operating Engineers' Public and Miscellaneous Employees' Health and Welfare Trust Fund.

OE3 health plans include medical, dental, and vision coverage. If you enroll in an OE3 health plan, you cannot enroll in the City's dental and vision plans.

**All questions must be directed to Operating Engineers' Local 3 at 800-251-5014.**

		City Contribution	Indemnity A		Indemnity B		Indemnity C		Indemnity D	
			OE3	Monthly Employee Contribution	OE3	Monthly Employee Contribution	OE3	Monthly Employee Contribution	OE3	Monthly Employee Contribution
<b>TRADES &amp; MAINTENANCE</b> Medical, Prescription, Dental, Vision and Burial  (includes \$27.55 administration fee)	Employee Only	\$644	\$843	\$226.55	\$824	\$207.55	\$720	\$103.55	\$700	\$83.55
	Employee + 1	\$1,169	\$1,687	\$545.55	\$1,648	\$506.55	\$1,440	\$298.55	\$1,400	\$258.55
	Employee + Family	\$1,557	\$2,277	\$747.55	\$2,225	\$695.55	\$1,944	\$414.55	\$1,890	\$360.55
<b>OPERATIONS &amp; MAINTENANCE and WATER SUPERVISORY</b> Medical, Prescription, Dental w/ Dependent Ortho, Vision and Burial  (includes \$27.55 administration fee)	Employee Only	\$644	\$853	\$236.55	\$834	\$217.55	\$730	\$113.55	\$710	\$93.55
	Employee + 1	\$1,169	\$1,697	\$555.55	\$1,658	\$516.55	\$1,450	\$308.55	\$1,410	\$268.55
	Employee + Family	\$1,557	\$2,287	\$757.55	\$2,235	\$705.55	\$1,954	\$424.55	\$1,900	\$370.55

		City Contribution	Kaiser Plan A		Kaiser Plan B		Kaiser Plan A+	
			OE3	Monthly Employee Contribution	OE3	Monthly Employee Contribution	OE3	Monthly Employee Contribution
<b>TRADES &amp; MAINTENANCE</b> Medical, Prescription, Dental, Vision and Burial  (includes \$27.55 administration fee)	Employee Only	\$644	\$900	\$283.55	\$951	\$334.55	\$767	\$150.55
	Employee + 1	\$1,169	\$1,801	\$659.55	\$1,902	\$760.55	\$1,536	\$394.55
	Employee + Family	\$1,557	\$2,349	\$819.55	\$2,480	\$950.55	\$2,012	\$482.55
<b>OPERATIONS &amp; MAINTENANCE and WATER SUPERVISORY</b> Medical, Prescription, Dental w/ Dependent Ortho, Vision and Burial  (includes \$27.55 administration fee)	Employee Only	\$644	\$910	\$293.55	\$961	\$344.55	\$777	\$160.55
	Employee + 1	\$1,169	\$1,811	\$669.55	\$1,912	\$770.55	\$1,546	\$404.55
	Employee + Family	\$1,557	\$2,359	\$829.55	\$2,490	\$960.55	\$2,022	\$492.55

\*An overview of the medical plans offered through OE3 is available on the City of Stockton website at [www.stocktonca.gov/openenrollment](http://www.stocktonca.gov/openenrollment).

# MEDICAL PLAN COMPARISON

## Anthem Preferred Provider Organization (PPO) Plan

You may access provider information at [www.anthem.com/ca/find-doctor](http://www.anthem.com/ca/find-doctor). This plan is administered by Delta Health Systems. The prescription drug plan is administered by CVS/Caremark.

Plan Features	In-Network	Out-of-Network
<b>Annual Deductible<sup>1</sup></b>	\$500/person \$1,500/family	\$1,500/person \$3,000/family
<b>Rx Deductible</b>	Not applicable	Not applicable
<b>Out-of-Pocket Maximum<sup>2</sup></b>	\$5,000/person \$10,000/family	No maximum
<b>Preventive Care Visits</b>	\$0; deductible waived	50% after deductible
<b>Office Visit</b>	20% after deductible	50% after deductible
<b>X-Ray And Lab</b>	20% after deductible	50% after deductible
<b>Complex Imaging (MRI, CT)</b>	20% after deductible	50% after deductible
<b>Maternity</b> Outpatient (prenatal visits) Inpatient (delivery/postpartum care)	20% after deductible 20% after deductible and \$75 per admission	50% after deductible 50% after deductible and \$200 per admission
<b>Inpatient Hospital</b>	20% after deductible and \$75 per admission	50% after deductible and \$200 per admission
<b>Outpatient Hospital/Surgery</b>	20% after deductible	50% after deductible
<b>Emergency Room</b>	20% after deductible	
<b>Urgent Care</b>	20% after deductible	50% after deductible
<b>Chiropractic/Acupuncture</b>	20% after deductible	50% after deductible
<b>Prescription Drugs<sup>3</sup></b> Retail – Generic Name Brand Non-Formulary Specialty Drugs	\$10 copay \$35 copay 50% copay 50% copay	Not covered
Mail Order (90 Day Supply)	\$20/\$70/50%	Not covered
<b>Mental Health</b> Inpatient Outpatient	20% after deductible 20% after deductible	50% after deductible 50% after deductible

1. An individual's deductible within a family plan will be no greater than the individual deductible.
2. An individual's out-of-pocket maximum within a family plan will be no greater than the individual out-of-pocket maximum.
3. If the member requests a brand name drug when a generic is available, the member pays the applicable copay plus the difference between the generic price and the brand name price.

# MEDICAL PLAN COMPARISON

## Kaiser Permanente and Sutter Health Plus HMO Plans

You will only have access to in-network providers. With the Kaiser Permanente Deductible HMO, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay.

You may access provider information at [www.kp.org](http://www.kp.org) or [www.sutterhealthplus.org/provider-search](http://www.sutterhealthplus.org/provider-search).

Plan Features	Sutter HMO	Kaiser HMO	Kaiser DHMO
<b>Annual Deductible<sup>1</sup></b>	No deductible	No deductible	\$1,000/person \$2,000/family
<b>Rx Deductible</b>	Not applicable	Not applicable	\$100 per member for Brand Rx only
<b>Out-of-Pocket Maximum<sup>2</sup></b>	\$1,500/person \$3,000/family	\$1,500/person \$3,000/family	\$3,000/person \$6,000/family
<b>Preventive Care Visit</b>	No charge	No charge	No charge
<b>Office Visit</b>	\$20 per visit	\$20 per visit	\$30 copay per visit; deductible waived
<b>X-Ray And Lab</b>	Lab: \$20 per visit X-Ray: No charge	\$10 per encounter	\$10 per encounter after deductible
<b>Complex Imaging (MRI, CT)</b>	No charge	\$50 per procedure	\$50 per procedure
<b>Maternity</b>			
Outpatient (prenatal visits)	No charge	No charge	No charge; deductible waived
Inpatient (delivery/postpartum)	\$250 copay per day; up to 3 days	\$250 per admission	30% after deductible
<b>Inpatient Hospital</b>	\$250 copay per day; up to 3 days	\$250 per admission	30% after deductible
<b>Outpatient Hospital</b>	\$120 per procedure	\$100 per procedure	30% after deductible
<b>Emergency Room</b>	\$100 per visit; waived if admitted	\$100 per visit; waived if admitted	30% after deductible
<b>Urgent Care</b>	\$20 per visit	\$20 per visit	\$30 copay per visit; deductible waived
<b>Chiropractic/ Acupuncture</b>	\$20 per visit	\$15 per visit; up to 30 visits per year	Chiropractic: Not covered Acupuncture: \$30 per visit; deductible waived
<b>Prescription Drugs<sup>3</sup></b>			
Retail – Generic	\$10 copay	\$10 copay	\$10 copay
Name Brand	\$30 copay	\$30 copay	\$30 copay after Rx deductible
Non-Formulary	\$60 copay	\$30 copay	\$30 copay after Rx deductible
Specialty Drugs	20% up to \$100	20% up to \$150	\$30 copay after Rx deductible
Mail Order (90 Day Supply)	\$20/\$60/\$120 (100 day supply)	\$20/\$60/\$60 (100 day supply)	\$10/\$30/\$30 (100 day supply)
<b>Mental Health</b>			
Inpatient	\$250 copay per day; 3 days maximum	\$250 per admission	30% after deductible
Outpatient	\$20 per visit	\$20 per visit	\$30 copay per visit; deductible waived

1. An individual's deductible within a family plan will be no greater than the individual deductible.

2. An individual's out-of-pocket maximum within a family plan will be no greater than the individual out-of-pocket maximum.

3. If the member requests a brand name drug when a generic is available, the member pays the applicable copay plus the difference between the generic price and the brand name price.

# DENTAL PLAN OVERVIEW


City of Stockton offers two dental options through Delta Dental, a PPO plan and the DHMO plan.

Under the DHMO plan, you select a Primary Care Dentist and that dentist directs all your dental care. You have to stay within the DHMO DeltaCare network.



**Make sure to check the network before you select the DHMO plan.  
Providers may be limited in your area.**

You may access provider information at [www.deltadentalins.com](http://www.deltadentalins.com).

Delta Dental	PPO Plan		 DHMO Plan
Type of Service	In-Network	Out-of-Network	In-Network Only
<b>Deductible</b>	No deductible	No deductible	No deductible
<b>Dental Services</b>			
Preventive Service	20%	20%	\$0 - \$45 copays
Firefighters & Fire Management	0%	0%	\$0 - \$45 copays
Basic Service	20%	20%	Scheduled copays
Major Service	20%	20%	Scheduled copays
Prosthodontics	50%	50%	Scheduled copays
<b>Calendar Year Maximum Benefits</b>			
SCEA, SPOA, B&C, Water Sup., and Unrep T&M and O&M	\$1,400 per covered person		No annual maximum
SPMA	\$1,200 per covered person		No annual maximum
Fire and Fire Management	\$1,000 per covered person		No annual maximum
	\$1,000 per covered person		No annual maximum
<b>Orthodontia (adults and children)</b>		50%	\$1,900 adult; \$1,700 child
<b>Orthodontia Lifetime Maximum Benefits</b>	\$2,000 per covered person		No maximum

## TAX ADVANTAGE ACCOUNTS

To enroll in any of the Tax Advantage Accounts (TAA), please visit the benefits portal at [stocktonbenefits.connectedhealth.com](http://stocktonbenefits.connectedhealth.com). **You must re-enroll to continue in these plans.**

### Flexible Spending Accounts

Flexible Spending Accounts (Health Care and Dependent Care) allow employees to set aside pre-tax dollars to use for qualifying, unreimbursed medical expenses, and/or dependent care expenses, such as daycare or senior living.

- **Health Care FSA** – Annual limit: \$2,650
- **Dependent Care FSA** – Annual limit: \$5,000  
(\$2,500 if married filing separately)

### Commuter Benefits

These plans allow you to set aside pre-tax dollars for work-related parking and/or public transit expenses such as subways, buses, and commuter rail.

- **Parking/Transit FSAs** – Maximum contribution limit: \$260 per month



# VISION PLAN OVERVIEW

City of Stockton offers two vision options through Vision Service Plan (VSP). You will pay less out of your pocket if you use vision providers who are contracted with VSP.

You may access provider information at [www.vsp.com](http://www.vsp.com).

VSP Vision Type of Service	Core Plan		Buy-Up Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>	None	None	None	None
<b>Exam</b> (once every 12 months)	\$7.50 copay	\$37 max allowance	\$10 copay	\$37 max allowance
<b>Prescription Glasses</b>	Combined with exam	Combined with exam	\$20 copay	Combined with exam
<b>Frames</b>	\$120 max allowance; 20% off bal. over \$120	\$40 max allowance	\$120 max allowance; 20% off bal. over \$120	\$40 max allowance
<b>Frames Frequency</b>	Once every 24 mos.	Once every 24 mos.	Once every 12 mos.	Once every 12 mos.
<b>Lenses</b> (once every 12 months)	Combined with the exam	N/A	Included with the Prescription Glasses copay	N/A
Single Vision Lined Bifocal Lined Trifocal		\$34 max allowance \$51 max allowance \$68 max allowance		\$34 max allowance \$51 max allowance \$68 max allowance
<b>Contact Lenses</b> (once every 12 months)	Contact lenses in lieu of frames			
Elective and Medically Necessary	\$100 max allowance	\$100 max allowance	\$120 max allowance	\$100 max allowance

## VOLUNTARY PLANS

If you are currently enrolled in any of these plans, your coverage will continue unless you actively make a change.

To enroll in or make any changes to these plans, visit the benefits portal at [stocktonbenefits.connectedhealth.com](http://stocktonbenefits.connectedhealth.com).

The City of Stockton offers five additional plans through American Fidelity to compliment the other health care benefits outlined in this guide.

- Life Insurance
- Accident Insurance
- Cancer Insurance
- Critical Illness Insurance
- Short-Term Disability
- If you have had a salary change, please make sure to update your information on the benefits portal.

# PART-TIME EMPLOYEES

## Part-time Employees

Part-time employees may enroll in the Kaiser Permanente Deductible HMO Plan. Dental and Vision benefits are not offered to part-time employees. If you enroll in this plan, you will pay the full premium cost. For more information, contact the Benefits team at [benefits@stocktonca.gov](mailto:benefits@stocktonca.gov).

### Kaiser Permanente Deductible HMO

Tier	Medical Monthly Premium (no dental or vision)
Employee Only	\$646.32
Employee + 1	\$1,163.36
Employee + Family	\$1,551.12

# RETIRED ANNUITANTS

Government Code sections 21221(h), 21224(a), and 21229(a) prohibit a retired annuitant from working in excess of 960 hours, for all public employers combined, during a fiscal year. These sections also preclude a retired annuitant from receiving benefits, incentives, compensation in lieu of benefits, or other forms of compensation in addition to his or her hourly rate. **Health benefits are considered a benefit for purposes of retired annuitant employment; therefore, public agencies are prohibited from offering health benefits to any retired annuitant.**

For required notices on all plans, visit [www.stocktonca.gov/benefits](http://www.stocktonca.gov/benefits).

# HOW TO USE THE ONLINE PORTAL

## Full-time and OE3 Employees

Enroll and make changes through the online benefits portal at [stocktonbenefits.connectedhealth.com](https://stocktonbenefits.connectedhealth.com).

### Step 1: Create Account

- If you have already created an account but have not signed in within the last 90 days, you will be prompted to change your password.
- If you have never signed in, click "Create an Account" and complete the required fields. Your Employee ID number is located on your paystub, or check with your department payroll coordinator. You will receive an email from [registration@connectedhealth.com](mailto:registration@connectedhealth.com)
- Click on "Confirm my account" and login to update your information and start shopping.

### Step 2: Update Your Information

- Review the "My Profile" screen.
- Update any dependent information that may have changed, or add new dependents before you begin shopping.

### Step 3: Start Shopping

- Start with shopping for medical, then dental and vision. The site will walk you through the enrollment process and direct you to all additional benefit offerings, including the voluntary plans and the Tax Advantage Accounts (TAA).
- In the Life Insurance section, please review and update your beneficiary information.  
**Please note: Any changes to this section will require you to re-enroll into all your benefits.**

**The Enrollment Rule: If you enroll for Medical Coverage as Employee only, Employee + 1, or Employee + Family, you must enroll in the same tier for your Dental and Vision Coverage.**

- If you would like to waive Medical Coverage and enroll in only Dental and Vision, skip the Medical enrollment section, make your Dental and Vision Plan selections, and click "Enroll." Be sure to select all of the appropriate boxes in the "Waive Coverage" section before submitting your enrollment.
- If you would like to waive coverage for all benefits, click "Enroll" with no items in your cart, and select all of the boxes in the "Waive Coverage" section, before submitting your enrollment.

### Step 4: Confirm and Enroll

- On the Enroll page, review your selections. You will need to actively waive any coverages you are choosing not to enroll in.
- A confirmation page will appear with a link to print the "Enrollment Confirmation Statement," and you will receive a confirmation email.

If you experience any technical issues during open enrollment, please contact the Benefits team.

# 2018-2019 EMPLOYEE OPEN ENROLLMENT GUIDE

