



Your Guide to Benefits 2017



Disclaimer

This Guide to Benefits is informational only, and may not supersede the City's Memoranda of Understandings, Compensation and Benefits Plans, and/or group benefit plan documents.

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Health Benefit Enrollment & Eligibility Information

What employees are eligible to enroll?

- All regular full-time (at least 20 hours per week).

Enrollment Deadline & Effective Date:

- Enrollment must be requested within 60 days from the date of the qualifying appointment or marriage, or 30 days from a qualifying event (loss of other coverage, divorce, etc).
- The effective date is the first of the month following the date the request is received by the Human Resources Department.

Employee Electing No Health Benefits:

- If a newly eligible employee does not wish to enroll in a medical plan, the Declaration of Health Coverage (HBD-12A) form must be completed (form provided by HR). This form documents that the employee was given the opportunity to enroll and has voluntarily declined the benefit.
- If an employee elects not to enroll in a health benefits plan within the 60 day time limit, a subsequent enrollment can only be requested upon:
 - HIPAA's Special/Late Enrollment; or
 - During an open enrollment period.

Family Members Eligible for Enrollment:

Eligible employees may enroll for self only or for self and all eligible family members. Family member is a term used interchangeably with the term "dependents." Eligible family members include:

- Spouse or Registered domestic partner;
- Eligible children up to age 26;
- Certified disabled children over age 26 (certain restrictions apply); and
- Economically dependent children (where a parent-child relationship exists) up to age 26 who remain economically dependent. (CalPERS medical plan only)

CalPERS Dual Coverage:

- Dual coverage is when an individual is enrolled in a CalPERS plan as both a member and a dependent or as a dependent on two enrollments. This is not allowed for a CalPERS medical plan.
- Married employees may each enroll separately. However, when married employees are both employed/retired and enrolled in a CalPERS medical plan in their own right, the children/dependents cannot be split between parents. All eligible children/dependents must be enrolled by one parent.

Family Member Exclusions:

The employee may, on a voluntary basis, exclude any family member who meets the following conditions:

- A family member covered under another group health plan
- A spouse not living in the employee's household
- A child who has attained the age of 18
- A family member is in the military service

These family members may be added at a later time during the open enrollment period or through HIPAA Special/Late enrollment.

Health Plan Options:

The City offers CalPERS health plans to regular FT employees. You may also enroll in the City's dental and vision plans.

Employees in the Unrepresented/At-will group, Management 350, Directors 350, Battalion Chiefs, Teamsters 856 Misc, and Teamsters 856 WWTP also have the option of enrolling in the Teamsters 856 Health & Welfare Trust Fund. You may enroll into the Teamsters dental and vision plans.

Members in the Firefighters union, Pacifica Police Management Association, Pacifica Police Supervisors Association, and Police Officers Association are not eligible for the Teamsters plan.

Health Benefit Enrollment & Eligibility Information

Dependent Eligibility Verification:

To assure that only eligible dependents are covered the following documentation is required to support dependent eligibility at the time of enrollment or change to enrollment:

- Married couples – required to provide the Social Security Number of their enrolled spouses in all cases. This enables CalPERS to audit for dual coverage.
- Marriage Certificate – must be submitted when a spouse is added. If the marriage certificate is not available, the employee must complete the Affidavit of Marriage form (available from HR).
- Domestic Partners – required to provide a Declaration of Domestic Partnership to the HR department.
- Birth Certificate – must be submitted when a child is added.
- Affidavit of Eligibility (HBD-35) – required to enroll an economically dependent child who resides with the employee in a regular parent-child relationship. This is a legally binding document. A separate affidavit is required for each child and must be updated annually. (form available from HR). The affidavit also required the employee report any changes pertaining to the child's dependency.
- Divorce Decree – required to delete a spouse due to divorce.
- Termination of Domestic Partnership – form required to delete domestic partner due to dissolution of partnership.

HIPAA Special/Late Enrollment:

- If you or your dependent(s) lose health insurance coverage, you can enroll in the CalPERS medical plan, dental plan and/or vision plan. You must request **Special Enrollment** within 30 days from the date you lose coverage. You must provide documentation of the loss of coverage with your enrollment request.
- Employees who request **Late Enrollment** (no qualifying event) for self or dependents must normally wait 90-days before they are enrolled in a CalPERS medical plan. Dental and vision plans do not offer Late Enrollment.

What Forms are required when enrolling in the City Plans?

- Declaration of Health Coverage (HBD-12A)
- Health Benefit Plan Enrollment Form (HBD-12) (if enrolling in a CalPERS medical plan)
- Delta Dental Enrollment form (if enrolling in a dental plan)
- VSP Vision Enrollment form (if enrolling in the vision plan).

What Forms are required when enrolling in the Teamsters 856 Health & Welfare Trust Fund Plan?

- Teamsters 856 Health & Welfare Fund enrollment form
- Kaiser Enrollment Form



Open Enrollment

This is the once-a-year opportunity for all employees to make changes to their medical, dental, and vision coverage. The Open Enrollment period for changes effective January 1, 2017 is from September 12 to October 7, 2016.

What is Open Enrollment?

Open Enrollment is your chance to:

- Re-enroll if you have dropped your health coverage
- Change your health plan or dental plan
- Add or drop qualified dependents to/from your existing health, dental or vision plans

When can I sign up or make changes?

Beginning September 12 through October 7, 2016 for medical, dental and vision plans.

Where can I get an enrollment form?

Visit the Human Resources link on the City's Intranet, or you may stop by HR to pick up one. If you need additional assistance, contact Human Resources via phone or in person.

NOTE: Information for all CalPERS health plans can be found on the CalPERS website at www.calpers.ca.gov.

You MUST complete an enrollment/change form if you are:

- Enrolling in a medical, dental, or vision plan
- Adding/Deleting dependents from your existing medical, dental or vision plans
- Changing health plans or dropping health coverage
- Adding/Changing voluntary Aflac plan coverage, MetLife coverage, or other voluntary plan coverage

What do I do with my completed forms?

Forward your completed enrollment/enrollment change form(s) to Human Resources for processing.

Do I have to fill out any forms if I do not want to make any changes to my benefit elections?

No. Your benefit elections continue unless you make changes or there are qualifying events.

How long can my dependent child(ren) remain on my benefits plans?

- **CalPERS Health:** Dependent children are automatically dropped at age 26 and are not required to be full-time students.
- **Delta Dental:** Dependent children are automatically dropped at age 26 and are not required to be full-time students.
- **VSP Vision:** Dependent children are automatically dropped at age 26 and are not required to be full-time students.
- **Teamsters plan:** Please check with the plan administrator

When can I drop my dependent(s)?

- You may drop dependents during the open enrollment period OR within 60 days of a qualifying event.

NOTE: Failure to notify Human Resources within 60 days of the qualifying event may affect premiums payable by the Employee. For a list of qualifying events, please refer to pages 26 and 27 of the Annual Notices section.

CalPERS Benefit Plan Changes and Tools

There are some important changes to your health benefits coverage effective January 1, 2017.

CalPERS Health Plan Highlights

New Pharmacy Benefits Manager:

Beginning January 1, 2017, OptumRx will administer the prescription drug benefits for CalPERS members and their dependents enrolled in PERS Select, PERS Choice, and PERSCare, as well as those in Anthem Blue Cross, Health Net, Sharp, and UnitedHealthcare Health Maintenance Organization (HMO) plans.

Kaiser and Blue Shield will not be impacted and will continue to administer their own prescription drug benefits.

Blue Shield Net Value:

Blue Shield will **not** be offering their NetValue plan after December 31, 2016. If an employee enrolled in NetValue would like to be enrolled in Blue Shield Access+, no action is required. CalPERS will enroll the employee and their dependents in Blue Shield Access+, effective January 1, 2017. Most providers currently participating in Blue Shield NetValue also participate in Blue Shield Access+.

If the employee or retiree would like to select a health plan other than Blue Shield Access+, they may do so during Open Enrollment. All new Blue Shield NetValue enrollments will be frozen on September 1, 2016.

Diabetes Prevention Programs:

Beginning January 1, 2017, all CalPERS health plans will offer diabetes prevention programs to members at no additional cost. The online program offers a lifestyle intervention and resources for adult members at risk for Type 2 Diabetes. Learn more about diabetes services through your health plan by reviewing the CalPERS 2017 Health Benefit Summary Guide

NOTE: *The above coverage changes/additions are currently included in the CalPERS HMO and/or PPO plans.*

View each health plan's Evidence of Coverage (EOC) publication for the complete explanation of the benefits covered, as well as limitations and exclusions that may apply.

Be sure to review this information carefully to determine whether you want to, or need to, make a health plan change. (Courtesy of CalPERS)

CalPERS | Compare

CalPERS | Compare allows employees in the CalPERS Basic Preferred Provider Organization (PPO) health plans to shop for medical services and prescriptions and compare their options. It can be used to track past expenses and estimate the costs of future services.

CalPERS | Compare is available through Anthem Blue Cross for all employees enrolled in a PERS Select, PERS Choice, and PERSCare Basic plan.

- **Actively shop for medical services and prescription options.** From filling a prescription to finding a high- quality physician.
- **Understanding your PPO Benefits.** CalPERS | Compare is the “one-stop-shop” for the medical information employees need to save time and money.
- **Control health care costs.** Employees who find high- quality, lower-cost care also help control the agency's health care costs.

For more detailed information, visit CalPERS | Compare at www.calperscompare.com

Health Plan Chooser

The online health plan chooser lets you explore health plan options, review the services each plan covers, estimate out-of-pocket costs for each plan, access Evidence of Coverage booklets, doctor directories, & medication formulary lists, & view overall member satisfaction ratings.

<https://calpers2017.chooser2.pbgh.org/>

Health Plan Search by ZIP Code

This tool helps you quickly and easily identify which plans are available where you live or work.

<https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates/zip-search>

CalPERS Medical Plans - HMO

The following chart reflects the monthly employee premium contributions for the period from January 1, 2017 to December 31, 2017. Firefighters – please see page 9 for Cafeteria Plan info.

Plan and Coverage Level	Bay Area Region	City Contribution	Employee Out of Pocket Monthly Expense
Anthem HMO Select			
Employee Only	783.46	787.69	0
Employee + 1 Dependent	1,566.92	1,526.53	40.39
Employee + Family	2,037.00	1,984.50	52.50
Anthem HMO Traditional			
Employee Only	990.05	787.69	202.36
Employee + 1 Dependent	1,980.10	1,526.53	453.57
Employee + Family	2,574.13	1,984.50	589.63
Blue Shield Access+ HMO			
Employee Only	1,024.85	787.69	237.16
Employee + 1 Dependent	2,049.70	1,526.53	523.17
Employee + Family	2,664.61	1,984.50	680.11
Health Net SmartCare			
Employee Only	733.29	787.69	0
Employee + 1 Dependent	1,466.58	1,526.53	0
Employee + Family	1,906.55	1,984.50	0
Kaiser Permanente HMO			
Employee Only	733.39	787.69	0
Employee + 1 Dependent	1,466.78	1,526.53	0
Employee + Family	1,906.81	1,984.50	0
United Healthcare HMO			
Employee Only	1,062.26	787.69	274.57
Employee + 1 Dependent	2,124.52	1,526.53	597.99
Employee + Family	2,761.88	1,984.50	777.38

All employee premium contributions noted above are based on CalPERS "Bay Area" rates for 2017. Employee premium contributions may vary based on the county in which the employee resides and the coverage region, as defined by CalPERS. Other regional pricing is available at <https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates>.

CalPERS Medical Plans - PPO

The following chart reflects the monthly employee premium contributions for the period from January 1, 2017 to December 31, 2017. Firefighters – please see page 9 for Cafeteria Plan info.

Plan and Coverage Level	Bay Area Region	City Contribution	Employee Out of Pocket Monthly Expense
PERS Choice PPO			
Employee Only	830.30	787.69	42.61
Employee + 1 Dependent	1,660.60	1,526.53	134.07
Employee + Family	2,158.78	1,984.50	174.28
PERS Select PPO			
Employee Only	736.27	787.69	0
Employee + 1 Dependent	1,472.54	1,526.53	0
Employee + Family	1,914.30	1,984.50	0
PERSCare PPO			
Employee Only	932.39	787.69	144.70
Employee + 1 Dependent	1,864.78	1,526.53	338.25
Employee + Family	2,424.21	1,984.50	439.71
PORAC – PPO (Open to PORAC members only)			
Employee Only	699.00	787.69	0
Employee + 1 Dependent	1,467.00	1,526.53	0
Employee + Family	1,876.00	1,984.50	0

All employee premium contributions noted above are based on CalPERS “Bay Area” rates for 2017. Employee premium contributions may vary based on the county in which the employee resides and the coverage region, as defined by CalPERS. Other regional pricing is available at <https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates>.

2017 Summary of Benefits & Coverage Notice

Choosing your health plan is an important decision. To assist you with this process, each health plan available to you through the California Public Employees' Retirement System (CalPERS) has produced a Summary of Benefits and Coverage (SBC). In addition, the federal government has compiled a glossary of common health insurance terms. Together, these documents provide important information to help you better understand your health benefit coverage and more easily compare health plan options.

To view the SBCs and glossary online, visit <https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates> or any of the health plan websites below. To request a free paper copy of the SBC and glossary, please contact each health plan directly.

<p>Anthem Blue Cross 855-839-4524 www.anthem.com/ca/calpers/mo</p>	<p>Peace Officers Research Association of California* (Administered by Anthem Blue Cross) 800-288-6928 https://www13.anthem.com/cp/web/calpers</p>
<p>Blue Shield of California 800-334-5847 www.blueshieldca.com/calpers</p>	<p>PERS Select, PERS Choice, and PERSCare 877-737-7776 www.anthem.com/ca/calpers</p>
<p>Health Net of California 888-926-4921 www.healthnet.com/calpers</p>	<p>United Healthcare 877-359-3714 www.uhc.com/calpers</p>
<p>Kaiser Permanente 800-464-4000 www.kp.org/calpers</p>	<p>Prescription Drug Benefits - OptumRx https://www.optumrx.com/rxsol/chp/ContentCalPERS/calpers_index.html</p>

*To enroll in the PORAC health plan, you must be a member of the Police Association and pay applicable dues.

Please contact the Human Resources Department with questions regarding eligibility and enrollment.

Health In-Lieu Payment Plan

The City will pay a monthly taxable five hundred and fifty dollars (\$550) in-lieu payment to a qualifying unit member who certifies that he or she is eligible for health insurance coverage through another group health plan, declines City health coverage, and provides the City proof of other qualifying health coverage. (Excluding the Firefighters Union)

The City shall pay the health in-lieu payment through the unit member's regular payroll checks. The Health In-Lieu Payment Plan year shall operate on the calendar year. Employees on an unpaid leave of absence are not eligible for the Health In-Lieu Payment Plan.

2017 Firefighters Cafeteria Plan

The City will place \$1200.00 per month in a cafeteria plan for health insurance coverage for employees, or employees with dependents. Any unused health insurance portion of the cafeteria plan contribution will be returned to the cafeteria plan for other health related expenses. The City will continue to contribute the PERS mandated City contribution for administrative costs associated with the PERS Health Plan.

The PERS mandated contribution for 2017 is \$128.00

Please see premium rates on pages 6 & 7.

2017 Delta Dental Plan

The City of Pacifica offers a Self-Funded Dental Plan through the Delta Dental PPO network.

Bargaining Unit	City Contribution	Employee Cost
Class 1: Police Officers & WWTP	\$119.00	\$0
Class 2: Battalion Chiefs	\$119.00	\$0
Class 2: Firefighters	\$112.00	\$0
Class 3: PPSA, PPMA	\$119.00	\$0
Class 4: Directors, Managers, & Confidential / Unrepresented	\$119.00	\$0
Class 5: Misc. 856	\$119.00	\$0



Find a Dentist near You

Click

<https://www.deltadentalins.com/individuals/> to search for a dentist in your area.

DELTA DENTAL PPOSM : YOUR SMILE IS COVERED

GO PPO

Visit a PPO¹ dentist to maximize your savings.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³ Find a PPO dentist at deltadentalins.com.⁴

ACCESS ONLINE SERVICES

Get information about your plan anytime, anywhere by signing up for an Online Services account at deltadentalins.com. This free service lets you check benefits and eligibility information, find a network dentist and more.

CHECK IN WITH EASE

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or social security number. If your family members are covered

under your plan, they will need your name, birth date and enrollee or social security number. Prefer to take a paper or electronic ID card with you? Simply sign in to Online Services, where you can view or print your card with the click of a button. If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.

UNDERSTAND TRANSITION OF CARE

Did you start on a dental treatment plan before your PPO coverage kicked in? Multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.⁵ You can find this date by logging in to Online Services.

NEWLY COVERED? Visit deltadentalins.com/welcome.

SAVE WITH A PPO DENTIST



PPO



NON-PPO

LEGAL NOTICES: Access federal and state legal notices related to your plan at deltadentalins.com/about/legal/index-enrollee.html

¹ In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

² You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

³ You are responsible for any applicable deductibles, coinsurance, amounts over plan maximums and charges for non-covered services.

⁴ Verify that your dentist is a PPO dentist before each appointment.

⁵ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier are responsible for any costs. Group- and state-specific exceptions may apply. Enrollees currently undergoing active orthodontic treatment may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

DELTA DENTAL INSURANCE COMPANY
TRANSITION OF CARE NOTICE
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deltadentalins.com/enrollees



WE KEEP YOU SMILING®

Delta Dental Coverage

Class 1: Police Officers, Waste Water, and Council Members

Class 3: Police Sergeants, Supervisors, and Managers

Class 5: Misc. 856

Plan Benefit Highlights for: City of Pacifica (Class 1, 3 and 5)

Group No: 16926-00001, 09001, 00003,
09003, 00005, 09005

Effective Date: 1/1/2016

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month that dependent turns age 26			
Deductibles	\$25 per person / \$75 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D&P) and Orthodontics?	D & P: No Orthodontics: Yes			
Maximums	PPO Dentists: \$2,100 per person each calendar year Non-PPO Dentists: \$2,000 per person each calendar year			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists** In-PPO Network	Non-PPO dentists** Out-of-PPO Network
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays, sealants	100 %	100 %
Basic Services Fillings, simple tooth extractions	100 %	100 %
Oral Surgery Covered Under Basic Services	100 %	100 %
Endodontics (root canals) Covered Under Major Services	70 %	70 %
Periodontics (gum treatment) Covered Under Major Services	70 %	70 %
Major Services Crowns, inlays, onlays and cast restorations	70 %	70 %
Prosthodontic Benefits Bridges and dentures, implants	70 %	70 %
Orthodontic Benefits Adults and dependent children	50 %	50 %
Orthodontic Maximums	\$ 2,000 Lifetime	\$ 2,000 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental of California
100 First St.
San Francisco, CA 94105

Customer Service
800-765-6003

Claims Address
P.O. Box 997330
Sacramento, CA 95899-7330

deltadentalins.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, please consult your company's benefits representative.

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Delta Dental Coverage

Class 2: Firefighters & Fire Battalion Chiefs

Plan Benefit Highlights for: City of Pacifica (Class 2)

Group No: 16926 - 00002 & 09002

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26			
Deductibles	\$25 per person/ \$75 per family each calendar year			
Deductibles waived for Diagnostic, Preventive and Orthodontics?	Diagnostic and Preventive: No Orthodontics: Yes			
Maximums	PPO-Dentists: \$2,100 per person each calendar year Non-PPO Dentists: \$2,000 per person each calendar year			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Orthodontics None	Prosthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists** In-PPO Network	Non-PPO dentists** Out-of-PPO Network
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100 %	100 %
Basic Services Fillings and simple tooth extractions	100 %	100 %
Endodontics (root canals) Covered Under Major Services	70 %	70 %
Periodontics (gum treatment) Covered Under Major Services	70 %	70 %
Oral Surgery Covered Under Basic Services	100 %	100 %
Major Services Crowns, inlays, onlays and cast restorations	70 %	70 %
Prosthodontics Bridges, dentures and implants	70 %	70 %
Orthodontic Benefits Dependent children to age 18	100 %	100 %
Orthodontic Maximum	\$1,500 Lifetime	\$1,500 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental of California 100 First St. San Francisco, CA 94105	Customer Service 800-765-6003	Claims Address P.O. Box 997330 Sacramento, CA 95899-7330
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deltadentalins.com

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HLT_PPO_2COL_DDC (Rev. 09/28/2015)

DELTA DENTAL PPOSM

BENEFIT HIGHLIGHTS

Delta Dental Coverage

Class 4: Directors, Managers, Unrepresented and Confidential

Plan Benefit Highlights for: City of Pacifica (Class 4)

Group No: 16926 - 00004 & 09004

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26			
Deductibles	\$25 per person/ \$75 per family each calendar year			
Deductibles waived for Diagnostic, Preventive and Orthodontics?	Diagnostic and Preventive: No Orthodontics: Yes			
Maximums	PPO-Dentists: \$2,100 per person each calendar year Non-PPO Dentists: \$2,000 per person each calendar year			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Orthodontics None	Prosthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists** In-PPO Network	Non-PPO dentists** Out-of-PPO Network
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100 %	100 %
Basic Services Fillings and simple tooth extractions	100 %	100 %
Endodontics (root canals) Covered Under Major Services	70 %	70 %
Periodontics (gum treatment) Covered Under Major Services	70 %	70 %
Oral Surgery Covered Under Basic Services	100 %	100 %
Major Services Crowns, inlays, onlays and cast restorations	70 %	70 %
Prosthodontics Bridges, dentures and implants	70 %	70 %
Orthodontic Benefits Adults and dependent children	100 %	100 %
Orthodontic Maximum	\$2,000 Lifetime	\$2,000 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental of California 100 First St. San Francisco, CA 94105	Customer Service 800-765-6003	Claims Address P.O. Box 997330 Sacramento, CA 95899-7330
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deltadentalins.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, please consult your company's benefits representative.

HLT_PPO_2COL_DDC (Rev. 09/28/2015)

DELTA DENTAL PPOSM

BENEFIT HIGHLIGHTS



Protect
your vision
with VSP.

Get the best in eyecare and eyewear with CITY OF PACIFICA and VSP® Vision Care.



Why enroll in VSP? We invest in the things you value most—the best care at the lowest out-of-pocket costs. Because we're the only national not-for-profit vision care company, you can trust that we'll always put your wellness first.

You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP provider, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, your satisfaction is guaranteed.
- **Choice of Providers.** The decision is yours to make—choose a VSP provider or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

- **Register at vsp.com** Once your plan is effective, review your benefit information.
- **Find an eyecare provider who's right for you.** To find a VSP provider, visit vsp.com or call **800.877.7195**.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more¹. Visit vsp.com to find a VSP provider who carries these brands.

Enroll in VSP today.
You'll be glad you did.
Contact us. **800.877.7195**
vsp.com

2017 VSP Vision Plan

This plan allows you to improve your health through a routine eye exam, as well as save money on all your eye care needs. The plan is available through thousands of provider locations participating on **the VSP network**.

Vision Coverage Level	City Contribution	Employee Cost
Unrep, Mgmt 350, Misc 856, Police, PPMA, PPSA, & WWTP		
Employee Only	\$18.29	\$0
Employee + 1 Dependent	26.52	\$0
Employee + Family	47.56	\$0
Firefighters		
Employee Only	Cafeteria Plan	\$17.90
Employee + 1 Dependent	Cafeteria Plan	25.95
Employee + Family	Cafeteria Plan	46.54

Your VSP Vision Benefits Summary



CITY OF PACIFICA and VSP provide you with an affordable eyecare plan..

VSP Coverage Effective Date: 01/01/2016

VSP Provider Network: VSP Signature

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every 12 months
Prescription Glasses			
		\$30	See frame and lenses
Frame	<ul style="list-style-type: none"> \$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance 	Included in Prescription Glasses	Every 12 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> Tints/Photochromic adaptive lenses Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements 	\$0 \$50 \$80 - \$90 \$120 - \$160	Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
Extra Savings			
	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. 		
	Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		
Your Coverage with Out-of-Network Providers			
Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.			
Exam	up to \$50	Lined Bifocal Lenses	up to \$75
Frame	up to \$70	Lined Trifocal Lenses	up to \$100
Single Vision Lenses	up to \$50	Progressive Lenses	up to \$75
		Contacts	up to \$105
		Tints	up to \$5
<small>VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.</small>			

Teamsters Local Union 856 Health & Welfare Fund Plan



Pacific Union Dental
Direct Compensation Network

TEAMSTERS DIRECT PAY DENTAL PLAN II

With Orthodontic Benefit

DeltaCare® USA – provided by Delta Dental of California



Teamsters Local Union 856 Health & Welfare Fund Plan

In addition to the CalPERS Medical Plans, the Teamsters Local Union 856 offers a Health and Welfare Fund Plan for medical, dental, and vision coverage. The employee groups below may elect to enroll in the Teamsters Plan instead of the CalPERS plans.

Vision Coverage Level	Monthly Premium	City Contribution Health	City Contribution Dental, Ortho & Vision	Employee Cost
Unrepresented, Management 350, Directors 350, Misc. Teamsters Local 856, & WWTP Teamsters Local 856, & Fire Battalion Chiefs				
Employee Only	\$1,139.00	\$787.69	\$163.00	\$188.31
Employee +1	\$1,730.00	\$1526.53	\$163.00	\$40.47
Employee + 2 or more	\$2,220.00	\$1984.50	\$163.00	\$72.50

Medical Plan: Kaiser Foundation Health Traditional Plan

Dental plans available: Direct Pay, Delta Care PMI, or Pacific Union Dental

Vision plan: VSP Vision Care.

More information about Teamsters Local No. 856 Health and Welfare Fund is available on-line or by phone:

- Crystal Thompson
- Phone: (650) 635-0111
- cthompson@ibt856.org
- www.healthfund856.org

Or you can contact:

Northwest Administrators, Inc. (NWA)

Customer Service 1-800-297-4595

Disclosure Form

7038 TEAMSTERS LOCAL UNION #856 HEALTH & WELFARE FUND - EU TBD

**Principal benefits for
Kaiser Permanente Traditional Plan**

(3/1/16—2/28/17)

The Services described below are covered only if all of the following conditions are satisfied:

- The Services are Medically Necessary
- The Services are provided, prescribed, authorized, or directed by a Plan Physician and you receive the Services from Plan Providers inside our Northern California Region Service Area (your Home Region), except where specifically noted to the contrary in the *Evidence of Coverage (EOC)* for authorized referrals, hospice care, Emergency Services, Post-Stabilization Care, Out-of-Area Urgent Care, and emergency ambulance Services

Health Plan believes this coverage is a "grandfathered health plan" under the Patient Protection and Affordable Care Act. If you have questions about grandfathered health plans, please call our Member Service Contact Center.

Accumulation Period

The Accumulation Period for this plan is 1/1/16 through 12/31/16 (calendar year).

Plan Out-of-Pocket Maximum

For Services subject to the maximum, you will not pay any more Cost Share for the rest of the calendar year if the Copayments and Coinsurance you pay for those Services add up to one of the following amounts:

For self-only enrollment (a Family of one Member).....	\$1,500 per calendar year
For any one Member in a Family of two or more Members.....	\$1,500 per calendar year
For an entire Family of two or more Members.....	\$3,000 per calendar year

Plan Deductible None

Professional Services (Plan Provider office visits) **You Pay**

Most Primary Care Visits and most Non-Physician Specialist Visits.....	\$15 per visit
Most Physician Specialist Visits.....	\$15 per visit
Routine physical maintenance exams, including well-woman exams.....	No charge
Well-child preventive exams (through age 23 months).....	No charge
Family planning counseling and consultations.....	No charge
Scheduled prenatal care exams.....	No charge
Routine eye exams with a Plan Optometrist.....	No charge
Hearing exams.....	No charge
Urgent care consultations, evaluations, and treatment.....	\$15 per visit
Most physical, occupational, and speech therapy.....	\$15 per visit

Outpatient Services **You Pay**

Outpatient surgery and certain other outpatient procedures.....	\$15 per procedure
Allergy injections (including allergy serum).....	No charge
Most immunizations (including the vaccine).....	No charge
Most X-rays and laboratory tests.....	No charge
Covered individual health education counseling.....	No charge
Covered health education programs.....	No charge

Hospitalization Services **You Pay**

Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs..... No charge

Emergency Health Coverage **You Pay**

Emergency Department visits..... \$35 per visit

Note: This Cost Share does not apply if admitted directly to the hospital as an inpatient for covered Services (see "Hospitalization Services" for inpatient Cost Share).

Ambulance Services **You Pay**

Ambulance Services..... No charge

Prescription Drug Coverage **You Pay**

Covered outpatient items in accord with our drug formulary guidelines at a Plan Pharmacy or through our mail-order service:

Most generic items.....	\$10 for up to a 100-day supply
Most brand-name items.....	\$20 for up to a 100-day supply

Durable Medical Equipment (DME) **You Pay**

DME items that are essential health benefits in accord with our DME formulary guidelines..... No charge

(continues)

Disclosure Form*(continued)*

Mental Health Services	You Pay
Inpatient psychiatric hospitalization.....	No charge
Individual outpatient mental health evaluation and treatment	\$15 per visit
Group outpatient mental health treatment.....	\$7 per visit
Chemical Dependency Services	You Pay
Inpatient detoxification.....	No charge
Individual outpatient chemical dependency evaluation and treatment	\$15 per visit
Group outpatient chemical dependency treatment.....	\$5 per visit
Home Health Services	You Pay
Home health care (up to 100 visits per calendar year).....	No charge
Other	You Pay
Skilled nursing facility care (up to 100 days per benefit period).....	No charge
Prosthetic and orthotic devices that are essential health benefits.....	No charge
Hospice care	No charge

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the *EOC*. Please note that we provide all benefits required by law (for example, diabetes testing supplies).

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Teamsters Local Union 856 Health & Welfare Fund Plan Dental Options



Pacific Union Dental
Direct Compensation Network

TEAMSTERS DIRECT PAY DENTAL PLAN II

With Orthodontic Benefit

DeltaCare[®] USA – provided by Delta Dental of California

You may request the information packet on the dental plans from HR or from the Teamsters Local 856 Health and Welfare Fund.



Your Vision Benefit Summary

Keep your eyes healthy with TEAMSTERS LOCAL UNION NO 856 and VSP® Vision Care.

Using your VSP benefit is easy.

- **Find an eyecare provider who's right for you.**
With open access to see any eyecare provider, you can see the one who's right for you. Choose a VSP doctor or any other provider. To find a VSP doctor, visit vsp.com or call 800.877.195.
- **Review your benefit information.** Visit vsp.com to review your plan coverage before your appointment.
- **At your appointment, tell them you have VSP.** There's no ID card necessary.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP doctor.

Personalized Care

A VSP doctor provides personalized care that focuses on keeping you and your eyes healthy year after year. Plus, when you see a VSP doctor, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options for you and your family. You'll have access to great brands, like bebe®, Calvin Klein, Disney, FENDI, Nike, and Tommy Bahama®.

Plan Information

VSP Doctor Network: VSP Signature

Benefit	Description	Copay
Your Coverage with a VSP Doctor		
WellVision Exam	<ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Every 12 months 	\$0
Prescription Glasses		
Frame	<ul style="list-style-type: none"> • \$120 allowance for a wide selection of frames • 20% off amount over your allowance • Every 24 months 	\$0
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every 12 months 	\$0
Lens Options	<ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average 35-40% off other lens options 	\$50 \$80 - \$90 \$120 - \$160
Contacts (instead of glasses)	<ul style="list-style-type: none"> • \$120 allowance for contacts and contact lens exam (fitting and evaluation) • 15% off contact lens exam (fitting and evaluation) • Every 12 months 	\$0
Extra Savings and Discounts	Glasses and Sunglasses <ul style="list-style-type: none"> • 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam. 	
	Retinal Screening <ul style="list-style-type: none"> • Guaranteed pricing on retinal screening as an enhancement to your WellVision Exam. 	
	Laser Vision Correction <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 	
Your Coverage with Other Providers		
Visit vsp.com for details, if you plan to see a provider other than a VSP doctor.		
Exam.....	up to \$45	Lined Trifocal Lenses.....up to \$85
Frame.....	up to \$47	Progressive Lenses.....up to \$85
Single Vision Lenses.....	up to \$45	Contacts.....up to \$105
Lined Bifocal Lenses.....	up to \$65	
<small>VSP guarantees coverage from VSP doctors only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.</small>		

Visit vsp.com or call 800.877.195 for more details on your vision coverage and exclusive savings and promotions for VSP members.

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Group Life & AD&D Insurance

Group Term Life Insurance

City of Pacifica regular employees are eligible for basic life insurance with 100% City-paid premiums.

Benefits become effective the date you become eligible, and cease the day termination of employment occurs; however when your employment ends you have an option to convert coverage to an individual life policy, without any health questions.

Class	Amount of Life Insurance
Class 1: Mgmt Employees including unrepresented, Represented, & Police	The lesser of: 2 times your Basic Yearly Earnings or \$200,000
Class 2: Police Supervisors	The lesser of: 1 times your Basic Yearly Earning or \$150,000
Class 3: Police Officers	The lesser of: 1 times your Basic Yearly Earning or \$150,000
Class 4: Firefighters	The lesser of: 1 times your Basic Yearly Earning or \$150,000
Class 5: Confidential Employees	The lesser of: 1 times your Basic Yearly Earning or \$150,000
Class 6: Miscellaneous Teamsters #856	\$30,000
Class 7: WWTP Teamsters #856	\$30,000

Accidental Death & Dismemberment (AD&D)

Accidental Death & Dismemberment (AD&D) pays death benefit for death by accident, over and above the basic term life insurance paid by the City. It also pays benefits for accidental loss of limbs, speech, hearing and sight. If death occurs as a result of an accident, AD&D pays 100% of the Principal Life Benefit in addition to the amount paid from your basic term life policy.

Benefits become effective the first day employment commences, and cease the day termination of employment occurs.

Supplemental Life & AD&D Insurance provided by CSAC-Excess Insurance Authority

	For You	For your Spouse / Domestic Partner	For Your Child(ren)
Eligibility	All active employees working 20+ hours per week.	Coverage is available only if Employee Supplemental Life Insurance is elected.	Coverage is available only if Employee Supplemental Life Insurance is elected.
Coverage Options	\$20,000 to \$500,00 in \$10,000 increments.	\$10,000 to \$250,000 in \$10,000 increments. Coverage is limited to 50% of the total amount of Employee Supplemental Life Insurance coverage	\$2,000; \$4,000; \$6,000; \$8,000; or \$10,000 on your children age 6 months to 19 years and full-time students less than 25 years.
Guaranteed Issue Offer*	New Hire – You can elect up to \$150,000 of coverage without providing proof of good health during the initial enrollment period.	New Hire – You can elect up to \$50,000 of coverage without providing proof of good health on your spouse / domestic partner during the initial eligibility period.	New Hire – You can elect coverage without providing proof of good health on your children during the initial eligibility period.
Supplemental Accidental Death & Dismemberment Insurance	Coverage in an amount equal to your approved Employee Supplemental Life Insurance	Coverage is 50% of Employee's amount of Supplemental AD&D Insurance	Not applicable

Age Reduction(s)	Benefit amount reduces to 65% of original coverage at age 65, to 50% of original coverage at age 70, and to 30% of original coverage at age 75.	Benefit amount reduces to 65% of original coverage at employee age 65, to 50% of original coverage at employee age 70, and to 30% of original coverage at employee age 75.	Not applicable
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* Proof of good health is required if you elect Supplemental Life Insurance coverage in amounts in excess of the limits described above, or you submit an application for coverage more than 31 days after the date you become eligible. Subject to approval by the insurance company.

Insurance Rate Information & Premium Calculator

The cost is calculated based on the age of the employee or spouse at the start of the plan's current policy year. The rates below are subject to change.

Disability Insurance Plan

Long-Term Disability (LTD)

Regular employees are eligible for LTD insurance.

Benefits become effective the date you become eligible, and cease the date termination of employment occurs.

Monthly Income Benefits

Monthly Income Benefit Percentage	66.67%
Maximum Monthly Income Benefit	
Battalion Chief, Police Captain, Fire Caption, and Managers	\$7,000
All Other Eligible Employees (excluding Firefighters)	\$4,000
Minimum Monthly Income Benefit	\$100

Policy issued by: ReliaStar Life Insurance Company (VOYA), Minneapolis, MN. Phone: 800-955-7736.



Benefits Costs

Class	City Contribution	Employee Cost
Unrepresented Battalion Chief Mgmt #350 Misc. #856 Police Assoc. PPMA/PPSA WWTP #856	Amount Necessary	\$0

Firefighters

The City of Pacifica will contribute \$19.50 per month per employee to CPF Long Term Disability Insurance package.



Enrollment at a Glance - A Guide to Your Plan Basics

CSAC-Excess Insurance Authority - City of Pacifica, Account 172

Disability Income coverage provides benefits to replace a portion of your lost income if you have a sickness or an injury and are unable to work. **Long Term (Monthly) Income Benefits** help provide you financial support that will fill the gap between expenses and income for an extended period of disability.

Long Term Disability (Monthly Income Benefits)																																																			
Eligibility	All active employees working 20+ hours per week.																																																		
For You	Your employer provides a base amount of coverage to all eligible employees, which replaces up to 66.67% of your eligible income during disability following a waiting period. You have the opportunity to elect additional coverage.																																																		
Benefits	Minimum Benefit = \$100 Maximum Benefit Battalion Chief, Police Captain, Fire Captain, and Managers = \$7000 Maximum Benefit for all Other Eligible Employees = \$4000 Elimination Period = 60 days																																																		
Maximum Period of Payment	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Age at Disability</th> <th style="text-align: left;">Maximum Benefit Period</th> </tr> </thead> <tbody> <tr> <td>Less than age 61</td> <td>to your normal retirement age,* but not less than 60 months</td> </tr> <tr> <td>61 but less than 62.</td> <td>to your normal retirement age,* but not less than 48</td> </tr> <tr> <td>62 but less than 63.</td> <td>to your normal retirement age,* but not less than 42</td> </tr> <tr> <td>63 but less than 64.</td> <td>to your normal retirement age,* but not less than 36</td> </tr> <tr> <td>64 but less than 65.</td> <td>to your normal retirement age,* but not less than 30</td> </tr> <tr> <td>65 but less than 66.</td> <td>to your normal retirement age,* but not less than 48</td> </tr> <tr> <td>66 but less than 67.</td> <td>.24 months</td> </tr> <tr> <td>67 but less than 68.</td> <td>.21 months</td> </tr> <tr> <td>68 but less than 69.</td> <td>.15 months</td> </tr> <tr> <td>69 and over.</td> <td>.12 months</td> </tr> </tbody> </table> <p>*Your normal retirement age is your retirement age under the Social Security Act where retirement age depends on your year of birth, as follows:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Year of Birth</th> <th style="text-align: left;">Social Security Retirement Age</th> </tr> </thead> <tbody> <tr> <td>Before 1938</td> <td>65</td> </tr> <tr> <td>1938</td> <td>65 and 2 months</td> </tr> <tr> <td>1939</td> <td>65 and 4 months</td> </tr> <tr> <td>1940</td> <td>65 and 6 months</td> </tr> <tr> <td>1941</td> <td>65 and 8 months</td> </tr> <tr> <td>1942</td> <td>65 and 10 months</td> </tr> <tr> <td>1943 – 1954</td> <td>66</td> </tr> <tr> <td>1955</td> <td>66 and 2 months</td> </tr> <tr> <td>1956</td> <td>66 and 4 months</td> </tr> <tr> <td>1957</td> <td>66 and 6 months</td> </tr> <tr> <td>1958</td> <td>66 and 8 months</td> </tr> <tr> <td>1959</td> <td>66 and 10 months</td> </tr> <tr> <td>After 1959</td> <td>67</td> </tr> </tbody> </table>	Age at Disability	Maximum Benefit Period	Less than age 61	to your normal retirement age,* but not less than 60 months	61 but less than 62.	to your normal retirement age,* but not less than 48	62 but less than 63.	to your normal retirement age,* but not less than 42	63 but less than 64.	to your normal retirement age,* but not less than 36	64 but less than 65.	to your normal retirement age,* but not less than 30	65 but less than 66.	to your normal retirement age,* but not less than 48	66 but less than 67.24 months	67 but less than 68.21 months	68 but less than 69.15 months	69 and over.12 months	Year of Birth	Social Security Retirement Age	Before 1938	65	1938	65 and 2 months	1939	65 and 4 months	1940	65 and 6 months	1941	65 and 8 months	1942	65 and 10 months	1943 – 1954	66	1955	66 and 2 months	1956	66 and 4 months	1957	66 and 6 months	1958	66 and 8 months	1959	66 and 10 months	After 1959	67
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Note that all benefits are subject to change.																																																			

This is a summary of benefits only. A complete description of benefits and limitations will be provided in the certificate of coverage, policy form HP08GP (may vary by state). Underwritten by ReliaStar Life Insurance Company, a member of the Voya Financial® Family of companies.

Long-Term Care Coverage

Life pulls you in many directions. You make plans at work. You make plans for your family. And you make plans for retirement. But have you thought about how to pay for long-term care services and maintain your quality of life should accident or illness strike?

With CalPERS Long-Term Care coverage, you have Flexibility to receive the care you need.

While some people assume that their family will care for them if they need it, the fact is that even the most dedicated family members may not be able to care for someone around the clock for a long period of time. Also, consider the fact that long-term care is different from health insurance, Medi-Cal, Medicare, or Medicare supplemental plans, all of which cover very limited long-term care services.

What is Long-Term Care?

Long-term care refers to the services provided to people who have difficulty managing the activities of daily living due to illness, injury, disability, cognitive disorder or aging. People of all ages can require long-term care for a variety of reasons. From accidents to strokes, health-related impairments can change everything.

CalPERS Long-Term Care Coverage Offers Flexibility and Control

CalPERS comprehensive plans allow you to design coverage that best meets your personal needs:

- Plans tailored to different needs and budgets
- Affordable options to keep up with rising costs
- Benefits designed to help you receive care at home
- A marital discount that is available when both spouses or eligible domestic partners apply and at least one is approved.

Eligibility

CalPERS Long-Term Care coverage is designed for current California public employees, retirees, their spouses, parents, parents-in-law, adult children and adult siblings, who are between the ages of 18 and 79 when they apply.

California public employees include, but are not limited to, those employed by the state of California and all state departments, state Assembly and Senate, judicial systems, school districts, cities, counties, special districts, public universities and community colleges.

You do not need to participate in CalPERS retirement or health benefit programs to be eligible. Eligible family members may apply to CalPERS Long-Term Care even if the public employee or retiree who makes them eligible does not apply or is not approved for coverage.

Applicants must pass underwriting in order to be approved for coverage.

If you have questions about eligibility, please call CalPERS long-term care specialists at (800) 908-9119.

Get Your CalPERS Long-Term Care Application Kit Today

Interested in receiving additional information? Obtain a CalPERS Long-Term Care application kit by calling (800) 908-9119 or visiting www.CalPERSLongTermCare.com today.



Deferred Compensation (457) Plans

Deferred Compensation Defined Contribution Plan

The City offers Deferred Compensation 457 Plans through ICMA-RC, Nationwide Retirement Solutions, and CalPERS. Eligible employees may set aside pre-tax dollars and, therefore, reduce current taxable income. A maximum of \$18,000 to \$36,000 (depending on age of employee and prior years' contribution level) or 100% of annual earnings, whichever is less, may be contributed by the employee annually. Maximum deferral amounts are listed below.

Deferred Compensation Election Options	2017 Maximum Contribution Limits
Normal Deferral	\$18,000
50+ Catch-Up Provision	\$6,000 <i>In addition to the \$18,000 contribution limit shown above.</i>
Pre-Retirement Catch-Up <i>Requires proof of prior years under-contribution</i>	\$18,000 <i>In addition to the \$18,000 contribution limit shown above.</i>

Deferred Comp Enroll/Change Effective Date

Enrollments and Changes are effective the 1st of the month following receipt of the form.

Deferred Compensation Representatives:

ICMA representative: Susan Chang

Contact Susan Chang at 1-866-620-6064 or email her at schang@icmarc.org

Nationwide representative: Dawn Furlo

Contact Dawn Furlo at 408-828-0463 or email her at dawn.furlo@nationwide.com

CalPERS (VOYA) representative:

Contact Selam Beyrayes at 800-713-8244 or email her at selam.berayes@voya.com



Nationwide[®]
Retirement Solutions

a Nationwide[®] Financial company



Commuter Benefits Employee Handout



Who couldn't use a little more money? The commuter benefit is a great perk that saves you up to 40% or more! A Commuter Benefits Plan is a great way to reduce your commuting expenses by allowing you to set aside pre-tax money for qualified transit and parking expenses you incur while getting to and from work.

Transit Benefit

Pay for transportation to and from work tax-free. Common eligible expenses include transportation through train, bus, subway and ferry. For 2016, up to \$255 per month can be contributed on a pre-tax basis.

Parking Benefit

Pay for parking at or near your regular place of employment tax-free. For 2016, up to \$255 per month can be contributed on a pre-tax basis.

Note: Tax benefits vary by state.

Simple Access to Your Funds

With the benefits debit card, participants can pay providers at the time of service directly from their transit and/or parking account. If the parking facility does not accept debit card payments, participants may also pay out of pocket and then submit a reimbursement request. Participants may submit parking claims to Discovery Benefits online through the consumer web portal. Sign up for free direct deposit to receive your reimbursement as quickly as possible.

Parking and transit receipts may or may not be required, depending on your employer's plan setup. However, we recommend that participants keep receipts for their own records regardless of whether receipts are required for the plan.

Additional Plan Features

- 24/7 online account access
- Mobile apps and text alerts
- Single sign-on for all reimbursement accounts
- Use the same debit card to access both parking and transit funds

Metro Commuters

If you live in the Washington, D.C. area, your commuter benefits may work a bit differently. If your employer participates in Discovery Benefits' SmartCommute Program, you will be able to load commuter funds onto your WMATA SmarTrip® card from a commuter page on your consumer web portal.

Interested in commuter benefits? Contact your employer to find out more about your enrollment options.

Our knowledgeable Participant Services team is available from 6:00 am to 9:00 pm CST Monday through Friday.

Please contact them with any questions about your benefit plan.
Toll-Free: 866-451-3399
Email: customerservice@discoverybenefits.com.

Access additional information on your Commuter Benefits Plan at www.discoverybenefits.com.

Discovery Benefits®

www.DiscoveryBenefits.com

Revised 1/14/16

FSA Employee Handout



Bring home more of your paycheck.

Who couldn't use a little more money? That's what you'll receive when you take advantage of a Flexible Spending Account (FSA). An FSA allows you to set aside a portion of your salary, before taxes, to pay for qualified medical or dependent care expenses. Because that portion of your income is not taxed, you end up with more money in your pocket.

Healthcare Flexible Spending Account (FSA)

A Healthcare FSA allows you to budget and save for qualified medical expenses incurred over the course of your upcoming plan year. It is a great savings tool for you and your family. The expense must be primarily to alleviate or prevent a physical or mental defect or illness and cannot be reimbursed by insurance or any other source. Your entire election amount is available the first day of your plan year.

Eligible Expenses*

- Prescription medicines and drugs
- Hearing aids
- Orthopedic goods and prosthetic devices
- Doctors
- Dentists and orthodontics
- Osteopaths
- Chiropractors
- Optometrists, ophthalmologists, opticians and eyeglasses
- Over-the-counter medicines and drugs
- Chiropodists and podiatrists
- Nursing and personal care facilities
- Medical and dental laboratories
- Medical services and health practitioners
- Ambulance services, equipment and supplies

*Some of the expenses on this list may require a prescription or doctor's note.

Dependent Care Account (DCA)

A Dependent Care Account is a simple way to save money on care for your dependents. It allows you to set aside pre-tax dollars to pay for day care expenses. The annual IRS limit for this type of account is \$5,000. If you are married and file separate returns, you can each elect \$2,500 for the calendar year. To be eligible for this type of account, both you and your spouse (if applicable) must work, be looking for work or be full-time students. You may receive reimbursement up to the current balance in your account at the time the request is made.

Eligible Dependents

- Children under age 13 who are claimed as a dependent for tax purposes
- Disabled spouse or disabled dependent of any age

Ineligible Expenses

- Costs claimed as a dependent care tax credit on your tax return
- Services provided by one of your dependents
- Expenses for nighttime babysitting
- Expenses paid for school (Kindergarten and above)

View an expanded list of eligible medical expenses and information about using the benefits debit card at

www.discoverybenefits.com.

Check out our mobile application!

Discovery Benefits is proud to offer a free mobile app for iPhone (including iPad, iPod, and iTouch) and Android devices.

- Stay secure with password protection
- Keep information safe — it will not be stored on your phone
- Check account balance(s)
- Upload receipts
- View final filing dates
- View claim details
- Contact customer service
- Sign up for text alerts

Discovery Benefits®

www.DiscoveryBenefits.com

Revised 3/02/15

Employee Assistance Program - MHN

The City's Employee Assistance Program offers confidential and professional counseling services through Managed Health Network (MHN) to employees and their eligible family members with 100% City-paid premiums. Employees and their eligible dependents receive up to five (5) free telephonic or face-to-face or web-based consultations per individual per incident, per year. Employees are entitled to use this confidential pre-paid counseling service for health, behavioral, financial, and personal issues.



Call toll-free 24 hours a day, seven days a week:

1-800-227-1600

Or visit MHN at: www.members.mhn.com

And register with the access code: Pacifica



Clinical Support

With our nationwide network of over 53,000 licensed providers, we help members identify and resolve issues related to family conflict, relationships, domestic violence, stress, changes in mood and much more.

Face-to-face clinical counseling, telephonic consultations and web-video consultations are all available. In addition, members can visit the EAP member website for emotional health tools and information or to search for a provider and generate a referral. [Learn more](#)



Work & Life Services

Life's routine challenges can impact attendance and productivity. MHN provides telephonic guidance and referrals to help. Financial and legal assistance, identity theft recovery, childcare and eldercare advice and more are included with standard EAPs, and we offer a number of premium services that can be added on.

The EAP member website includes easy to use financial and legal tools, plus childcare and eldercare directories and tons of work-life articles. [Learn more](#)



Health & Wellness Services

MHN's member website features powerful health and wellness tools, content and self-help programs that add real value for members, including an online health assessment, self-help programs for weight, smoking, nutrition and stress, and a complete Wellness Center.

Other Benefits

Public Service Loan Forgiveness (PSLF) Program

Full-time City employees may qualify for forgiveness of the remaining balance due on their William D. Ford Federal Direct Loan Program (Direct Loan Program). Per the College Cost Reduction and Access Act (CCRAA), Section 401, if you are employed in certain public service jobs and have made 120 payments on your Direct Loans (after October 1, 2007), the remaining balance that you owe may be forgiven. Only payments made under certain repayment plans may be counted toward the required 120 payments. For more information, employees are encouraged to speak with their student loan servicer or visit <https://studentaid.ed.gov/repay-loans/forgiveness-cancellation>.

San Mateo Credit Union

City of Pacifica employees may elect membership with the San Mateo Credit Union (SMCU). For over 60 years, SMCU has been providing traditional banking products to employees and residents of San Mateo County – continuing their not for profit, but for-service spirit.

Member Services: 650-363-1725 or www.smcu.org



WHERE PEOPLE ARE WORTH
MORE THAN MONEY.™

San Francisco Fire Credit Union

City of Pacifica employees may elect membership with the San Francisco Fire Credit Union. Since 1951 SF Fire Credit Union its members with continuous innovations to products and services, competitive rates, and excellent member service.

Contact Center: 415-674-4800 or Toll Free 888-499-FIRE (3473)

<https://www.sffirecu.org/>



Annual Notices

New Health Insurance Marketplace Coverage Options & Your Health Coverage

Part A: General Information

When key parts of the health care law took effect in 2014, there became a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment based health coverage offered by the City. Please note that this notice is informational only.

What is Health Insurance Marketplace?

The Marketplace is designed to help you find private individual health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in the fall for coverage starting January 1, 2017. Open enrollment ends January 31, 2017.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if the City does not offer coverage, or offers coverage that does not meet certain standards. The savings on your premium that you are eligible for depends on your household income.

Does the Employer Health Coverage Affect Your Eligibility for Premium Savings through the marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information About the Health Insurance Marketplace?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit www.CoveredCA.com for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

For more information about your coverage offered by the City of Pacifica, please check your summary plan description or contact [Christina Gendreau, Human Resources Analyst, City of Pacifica](mailto:gendreauc@ci.pacifica.ca.us) Phone: (650) 738-7303 Email: gendreauc@ci.pacifica.ca.us

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Annual Notices

Part B: Information About Employer-Provided Health Plan Coverage

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked for information about the City's health plan coverage. The information below can help you complete your application for coverage in the Marketplace.

1. General Employer Information.

Employer Name	City of Pacifica, CA
Employer Identification Number (EIN):	94-6033414
Employer street address:	170 Santa Maria Avenue
Employer phone number:	(650) 738-7300
Employer city:	Pacifica
Employer state:	CA
Employer ZIP code:	94044
Who can we contact about employee health coverage at this job:	Christina Gendreau, HR Analyst
Phone number (if different from above):	(650) 738-7303
Email address:	gendreauc@ci.pacifica.ca.us

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to: Regular full-time and part-time PST-enrolled employees working at least 20 hours per week on average.

With respect to dependents, we offer coverage to Eligible Dependents: Current Spouse or Registered Domestic Partner; Natural, adopted, step, or registered domestic partner's children up to age 26; Disabled Children of any age if enrolled prior to age 26; Children up to age 26 for whom the subscriber has assumed a parent-child relationship and is considered the primary care parent.

This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, www.CoveredCA.com will guide you through the process. Here's the employer information you'll enter when you visit www.HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

Annual Notices

The 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 delivery. 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

The Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act ("WHCRA") requires employer groups to notify participants and beneficiaries of the Group Health Plan (the "Plan"), of their rights to mastectomy benefits under the Plan. Participants and beneficiaries have rights to coverage to be provided in a manner determined in consultation with the attending Physician 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 are subject to the same deductible and co-payments applicable to other medical and surgical benefits provided under this Plan. For further details, please refer to the Plan's Summary Plan Description.

Health Insurance Portability and Accountability Act (HIPAA): Pre-Existing Condition Exclusion Rule

Notice of Availability of HIPAA Privacy Notice

The federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires that we periodically remind you of your right to receive a copy of your employer's HIPAA Privacy Notice. You can request a copy of the Privacy Notice by contacting your Human Resource department.

IRS Qualifying Events - Rules for Benefit Changes During the Year

Other than during annual open enrollment, you may only make changes to your benefit elections if you experience a qualified status change or qualify for a "special enrollment". At the time the change is requested you may be required to submit proof of the change or evidence of prior coverage.

Qualified Status Changes include:

- Change in legal marital status, including marriage, divorce, legal separation, annulment, and death of a spouse.
- Change in number of dependents, including birth, adoption, placement for adoption, or death of a dependent child.
- Change in employment status that affects benefit eligibility, including the start or termination of employment by you, your spouse, or your dependent child.
- Change in work schedule, including an increase or decrease in hours of employment by you, your spouse, or your dependent child, including a switch between part-time and full-time employment that affects eligibility for benefits.
- Change in a child's dependent status, either newly satisfying the requirements for dependent child status or ceasing to satisfy them.

- Change in place of residence or work site, including a change that affects the accessibility of network providers.

Qualified Status Changes continued:

- Change in your health coverage or your spouse’s coverage attributable to your spouse’s employment.
- Change in an individual’s eligibility for Medicare or Medicaid.
- A court order resulting from a divorce, legal separation, annulment, or change in legal custody (including a Qualified Medical Child Support Order) requiring coverage for your child.
- An event that is a special enrollment under HIPAA (the Health Insurance Portability and Accountability Act) including acquisition of a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan.
- Revocation due to reduction in hours of service - If an employee's hours are reduced to an average of less than 30 hours per week, (s)he may choose to drop the City’s coverage and then purchase insurance through the exchange.
 - A cafeteria plan may rely on the reasonable representation of an employee who is reasonably expected to have an average of less than 30 hours of service per week for future periods that the employee and related individuals have enrolled or intend to enroll in another plan that provides minimum essential coverage for new coverage that is effective no later than the first day of the second month following the month that includes the date the original coverage is revoked.
- Revocation due to enrollment in a Qualified Health Plan - If an employee is eligible for a Special Enrollment Period through a Marketplace, or chooses to enroll during the Marketplace’s annual open enrollment.
 - A cafeteria plan may rely on the reasonable representation of an employee who has an enrollment opportunity for a Qualified Health Plan through a Marketplace that the employee and related individuals have enrolled or intend to enroll in a Qualified Health Plan for new coverage that is effective beginning no later than the day immediately following the last day of the original coverage that is revoked.

Two rules apply to making changes to your benefits during the year:

- Any changes you make must be consistent with the change in status, **AND**
- You must make the changes within 60 days of the date the event occurs (unless otherwise noted above).

Electronic Disclosure Guidelines

Department of Labor (DOL) regulations provide a “safe harbor” that describes specific circumstances in which ERISA-covered plans may use electronic delivery methods to furnish required documents. [Note: Treasury regulations provide the exclusive rules regarding electronic communications required under the Internal Revenue Code (such as Code Section 125 cafeteria plans). These rules differ from the DOL rules.]

Electronic disclosure is permitted for Summary Plan Descriptions (SPD), Summaries of Material Modification (SMM), and Summary Annual Reports (SAR), as well as Qualified Medical Child Support Orders notices, COBRA notices, HIPAA certificates of creditable coverage, and documents that must be provided to participants and beneficiaries on request. If the safe harbor conditions are met, electronic disclosure is effective for both employees and non-employees. However, the regulations impose significant administrative and paperwork requirements for individuals who do not have work-related access (including employees, beneficiaries or others). Note that in some cases, it may be preferable to distribute documents in manner that provides proof of receipt by the participant. Refer to the Open Enrollment Checklist on Alliant.net for additional information.

General Guidelines for All Recipients:

The following requirements must be met with respect to any recipient of electronic disclosures:

1. The electronic materials must be prepared and furnished in accordance with other applicable style, format and content requirements
 - e.g., an electronic SPD generally should use the same font and look of a paper SPD;

2. Notice must be provided to each recipient, at the time the electronic document is furnished, of the significance of the document and the right to request and obtain a paper version - e.g., a cover email could explain what is being distributed;
3. A paper version of the electronic document must be available on request, and no charge may be imposed if the document requested is one that must otherwise be provided without charge (e.g. an SPD or SMM); When a disclosure includes personal information relating to an individual's accounts and benefits, the plan administrator must take reasonable and appropriate steps to safeguard the confidentiality of the information (consider use of password and/or PIN requirements). Note: This rule often applies to 401(k) or retirement plans but usually does not apply to health plans.

General Guidelines for All Recipients continued:

Notice is required each time an electronic disclosure is made, although the safe harbor regulations allow a plan administrator to include this notice simultaneously with other disclosures being furnished, provided it is conspicuous. These general rules must be followed for both categories of recipients: (1) participants with work-related access; and (2) other consenting individuals, as described below.

For Participants With Work-Related Computer Access:

Disclosure may be made electronically to any plan participant:

- Who has the ability to access documents at any location where the participant reasonably could be expected to perform employment duties; and
- Whose access to the electronic information system is an integral part of those employment duties.

These individuals are not required to consent to electronic disclosure.

For Consenting Individuals With No Work-Related Computer Access:

Some individuals (e.g., participants, beneficiaries or others) will not have work-related access to electronic documents (as described above). Electronic distribution of documents to this group is possible but more difficult. These individuals must provide an address (e.g., an e-mail address) for delivery of the documents and must affirmatively consent to electronic disclosure. The consent may be given electronically or non-electronically. If the electronic disclosure will be made through the "internet or other electronic communication network" (versus disclosures via CD or DVD, which are also considered electronic media), the individual must affirmatively consent (or confirm consent) "in a manner that reasonably demonstrates the individual's ability to access information in the electronic form that will be used." The simplest way to do this is to require that the consent be furnished electronically.

Consent must occur after the individual has been provided with a statement that explains:

- The types of documents that will be provided electronically;
- That consent can be withdrawn without charge;
- The procedures for withdrawing consent and updating information (i.e., address for receiving electronic disclosure);
- The right to request a paper version and whether a charge applies; and
- The electronic delivery system and what hardware and software will be needed to use it (hardware or software changes require a new statement and consent).

Individuals who do not fall into either category above must be furnished a paper copy.

Human Resources Benefits Contacts

Human Resources Contact	Title	Phone	Email
Christina Gendreau	Human Resources Analyst	738-7303	gendreauc@ci.pacifica.ca.us
Jill Ford	Admin Clerk II	738-7305	fordj@ci.pacifica.ca.us

	Provider	Contact
	CalPERS (Medical Benefits/ Retirement Information)	www.calpers.ca.gov Customer Service: 1-888-225-7377
	Delta Dental	http://www.deltadentalins.com/ Customer Service: 1-800-765-6003
	Vision Service Plan (VSP)	http://www.vsp.com Customer Service: 1-800-877-7195
	MHN (Employee Assistance Program Administrator)	1-800-227-1060 www.members.mhn.com access code: Pacifica

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170 Santa Maria Ave
Pacifica, CA 94044
HR Dept: 650-738-7305
<http://www.cityofpacificca.org>