



# 2024 BENEFITS GUIDE

---



# Table of Contents

Hello, Flock!	2
Benefit Basics	2
Medical	3
Dental	4
Vision	5
Employee Assistance Program	5
Flexible Spending	6
Disability Insurance	6
Life Insurance	7
Retirement	8
Deferred Compensation 457 Plans	9
College Cost Reduction and Access Act (CCRAA)	9
Annual Notices	10

**Disclaimer**

This Employee Benefits Guide is informational only and does not supersede City memoranda of understanding, agreements, benefit plans or any other applicable document.

# Hello, Flock!

Access all your benefits online at [helloflock.com](http://helloflock.com). Make changes and view your contact information, dependents, and coverage anytime, anywhere on this benefits administration platform.

**My Benefits**

TEST EMPLOYEE

H

Test, HR  
humanresources@brent...

Hire Date  
08/01/2020

Job Title  
HR

My Benefits

Current Enrollment Dependents Beneficiaries

Benefits as of Today -

download all plan details Download Enroll / Update

Note: To Enroll or Update your benefits please click the Enroll/Update button. After your new hire eligibility window is closed, you will not be able to make changes to your elections until Open Enrollment or you experience a qualifying life event. If you have any benefit questions, please consult your company admin or benefits broker.

Total Contributions (Semi-monthly)

Employee	\$753.74	Employer	\$1,052.48
----------	----------	----------	------------

Your semi-monthly costs

View your plans

Expand All

Medical Plan - Blue Shield Access+ (Semi-monthly) -

Blue Shield of California - Policy  
CalPERS Access+ HMO  
Summary of Benefits Coverage

Employee	\$128.74	Employer	\$999.04
----------	----------	----------	----------

Dental Plan - Delta Dental (Semi-monthly) -

Delta Dental - Policy 3676/1003  
PPO Plan  
Plan Summary

Employee	\$0.00	Employer	\$30.01
----------	--------	----------	---------

## Benefit Basics

### Eligibility

- Regular full-time employees
- Dependents
  - Spouse, Registered Domestic Partner, Children (biological, adopted, step, or child of domestic partner under the age of 26), Disabled dependent over the age of 26

### Required Documentation

- Eligible employees are required to provide relevant documentation such as birth certificate, marriage certificate, etc., at time of enrollment or disenrollment

### Enrollment

- Eligible employees may enroll or make changes to their enrollment at the following times:
  - Within 60 days of becoming eligible for eligible benefit(s)
  - Qualifying Event – within 60 days of any of the following life events:
    - Birth or adoption of a baby or child
    - Loss of other coverage
    - Marriage/Domestic Partnership
    - Divorce
    - Moving out of coverage area
  - Open Enrollment – occurs once a year

# Medical

Effective	1/1/2023 City Contributions	1/1/2024 City Contributions
<b>Sworn</b>	\$2,375.72	\$2,613.29
<b>Non-sworn</b>	Employee Only: \$1,210.71 Employee +1: \$1,827.48 Employee + Family: \$2,019.36	Employee Only: \$1,339.70 Employee +1: \$2,042.82 Employee + Family: \$2,257.32

The following medical plans are offered through CalPERS Health. The monthly premiums indicated are for January 1, 2024 through December 31, 2024 for the Bay Area (Region 1). Premium plans may differ for employees who reside outside Region 1. Medicare and Combination rates are available to qualifying employees. Employees are responsible for all premium cost above the City contribution listed above. Employee monthly contributions are evenly divided and deducted from the employees' paychecks.



Plan*	Monthly Premium		
	Employee Only	Employee + 1	Employee & 2 +
Anthem Blue Cross Select (HMO)	\$1,138.86	\$2,277.72	\$2,961.04
Anthem Blue Cross Traditional (HMO)	\$1,339.70	\$2,679.40	\$3,483.22
Blue Shield Access+	\$1,076.84	\$2,153.68	\$2,799.78
Kaiser Permanente	\$1,021.41	\$2,042.82	\$2,655.67
PERS Gold	\$914.82	\$1,829.64	\$2,378.53
PERS Platinum	\$1,314.27	\$2,628.54	\$3,417.10
PORAC	\$931.00	\$2,117.00	\$2,651.00
UnitedHealthcare	\$1,091.13	\$2,182.26	\$2,836.94
Western Health Advantage	\$807.23	\$1,614.46	\$2,098.80

\*Summary of Benefits and Coverage are available by clicking the Plan name above.

## General Contact Information

Plan	Phone Number	Website
<b>Anthem Blue Cross</b>	(855) 839-4524	<a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a>
<b>Blue Shield+</b>	(800) 334-5847	<a href="https://blueshieldca10-prod.modolabs.net/">https://blueshieldca10-prod.modolabs.net/</a>
<b>Kaiser Permanente</b>	(800) 464-4000	<a href="http://www.kp.org/calpers">www.kp.org/calpers</a>
<b>Peace Officers Research Association of California</b>	(800) 288-6928	<a href="http://ibt.porac.org">ibt.porac.org</a>
<b>PERS Gold, PERS Platinum</b>	(877) 737-7776	<a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a>
<b>United Healthcare</b>	(877) 359-3714	<a href="http://www.uhc.com/calpers">http://www.uhc.com/calpers</a>
<b>Western Health Advantage</b>	(888) 942-7377	<a href="https://www.westernhealth.com/calpers">https://www.westernhealth.com/calpers</a>

# Dental

The City provides fully paid dental coverage for employees and their eligible dependents through Delta Dental PPO.



Benefit	In-Network		Out-of-Network	
	PPO Dentist	Delta Premier Dentist	Delta Premier Dentist	Non-Delta Dentist
<b>Deductibles</b>	-----\$25 annual per patient-----			
<b>Maximum Benefits</b>	-----\$1,500 annual per patient-----			
<b>Diagnostic &amp; Preventive</b>	100% of a Delta Preferred Dentist Fee	100% of a Delta Premier Dentist Fee	100% of a Delta Premier Dentist Fee	100% of UCR*
<b>Basic Benefits</b>	90% of a Delta Preferred Dentist Fee	80% of a Delta Premier Dentist Fee	80% of a Delta Premier Dentist Fee	80% of UCR
<b>Crowns, Jackets, and Cast Restoration</b>	80% of a Delta Preferred Dentist Fee	80% of a Delta Premier Dentist Fee	80% of a Delta Premier Dentist Fee	80% of UCR
<b>Prosthodontic</b>	50% of a Delta Preferred Dentist Fee	50% of a Delta Premier Dentist Fee	50% of a Delta Premier Dentist Fee	50% of UCR
<b>Orthodontic</b> Maximum - \$2,000 lifetime per patient	50% of a Delta Preferred Dentist Fee	50% of a Delta Premier Dentist Fee	50% of a Delta Premier Dentist Fee	50% of UCR

\*UCR: Usual, Customary, and Reasonable Fee

# Enhanced Dental

Benefit	In-Network		Out-of-Network	
	PPO Dentist	Delta Premier Dentist	Delta Premier Dentist	Non-Delta Dentist
<b>Deductibles</b>	-----\$25 annual per patient-----			
<b>Maximum Benefits</b>	-----\$2,500 annual per patient-----			
<b>Diagnostic &amp; Preventive</b>	100% of a Delta Preferred Dentist Fee	100% of a Delta Premier Dentist Fee	100% of a Delta Premier Dentist Fee	100% of UCR
<b>Basic Benefits</b>	90% of a Delta Preferred Dentist Fee	80% of a Delta Premier Dentist Fee	80% of a Delta Premier Dentist Fee	80% of UCR
<b>Crowns, Jackets, and Cast Restoration</b>	80% of a Delta Preferred Dentist Fee	80% of a Delta Premier Dentist Fee	80% of a Delta Premier Dentist Fee	80% of UCR
<b>Prosthodontic</b>	50% of a Delta Preferred Dentist Fee	50% of a Delta Premier Dentist Fee	50% of a Delta Premier Dentist Fee	50% of UCR
<b>Orthodontic</b> Maximum - \$2,000 lifetime per patient	50% of a Delta Preferred Dentist Fee	50% of a Delta Premier Dentist Fee	50% of a Delta Premier Dentist Fee	50% of UCR

Delta Dental PPO  
800-765-6003  
[www.deltadentalins.com](http://www.deltadentalins.com)

**Basic dental plan group #: 3676/1003**  
**Enhanced dental plan group #: 3676/1052**



# Vision

The City provides fully paid vision coverage for employees and their eligible dependents through Vision Service Plan (VSP).

Benefits		Co-Pay
<b>Exam</b>	Every 12 months	\$5
<b>Frame</b>	\$130 allowance/\$150 for featured frame brands Every 12 months 20% savings on additional costs	\$0
<b>Lenses</b>	Every 12 months	\$0
<b>Contact Lenses</b>	Annual Supply (in addition to glasses)	\$50

A complete outline of all vision benefits can be found on the Reference Documents tab in your account at <https://app.helloflock.com/login>.

Vision Service Plan (VSP)  
(800) 877-7195  
[www.vsp.com](http://www.vsp.com)

**Vision Group #: 12101668**

# Employee Assistance Program (EAP)



The City provides an Employee Assistance Program that offers confidential and professional counseling services to employees and their eligible family members through Claremont EAP. Employees and their eligible family members receive up to eight free, face-to-face clinical consultations per employee/dependent, per incident, per year; and unlimited telephone or web-video consultations. Counseling services may cover health, behavioral, financial, and personal issues, as well as referrals for legal services, child and elder care assistance, federal tax assistance, and pre-retirement planning. Claremont also offers tools to help you deal with fraud and identity theft.

(800) 834-3773  
[www.claremonteap.com](http://www.claremonteap.com)

# Flexible Spending

The City offers Health Care and Dependent Care Flexible Spending Account participation through American Fidelity. All contributions are pre-tax. Expenses must be incurred between 1/1/2024 and 3/15/2025, and submitted for reimbursement by 3/30/2025. All unused funds will be forfeited at the end of each year. You must retain all receipts for audit purposes. Please consult your tax advisor to determine whether these plans are beneficial to you.



## Health Care

Employees may voluntarily set aside money to pay for qualifying health care expenses using pre-tax dollars. Employees and their dependents may use the deferred salary to pay for qualifying medical, dental, or vision expenses in accordance with the Internal Revenue Code (IRC). The 2024 maximum contribution is \$3,050.

## Dependent Care

Employees may voluntarily set aside money to pay for qualifying dependent care expenses using pre-tax dollars. Dependent Care may include, but are not limited to, daycare or before/after school care expenses in accordance with the Internal Revenue Code (IRC). The 2024 maximum contribution is \$5,000.

American Fidelity  
(800) 662-1113

[www.americanfidelity.com](http://www.americanfidelity.com)

# Disability Insurance

## City Paid Disability Insurance

The City provides short-term and long-term disability insurance through Voya Insurance, in which non-sworn employees are automatically enrolled upon hire. Sworn employees are provided disability insurance through their bargaining group and paid through PORAC.



	Short-Term	Long-Term
<b>Eligibility Date</b>	First of the month after hiring date (differs for pre-existing conditions)	
<b>Benefit Amount</b>	66 2/3% of the first \$3,465 of pre-disability earnings	66 2/3% of the first \$15,000 of pre-disability earnings
<b>Maximum Benefit Amount</b>	\$2,310 per week	\$10,000 per month
<b>Waiting Period</b>	29 days	90 days
<b>Maximum Benefit Period</b>	9 weeks	Determined by your age at time of disability

Voya Insurance  
(800) 955-7736

[www.voya.com](http://www.voya.com)

## Voluntary Disability Insurance

The City offers additional short-term and long-term disability insurance for employees to purchase voluntarily on a pre-tax basis, through AFLAC and American Fidelity. Monthly premiums will be divided between and deducted from the employee's semi-monthly pay checks.

	AFLAC	American Fidelity
<b>Eligibility Date</b>	First of the month after hiring date	
<b>Benefit Amount</b>		25% or pre-disability earnings
<b>Maximum Benefit Amount</b>		\$5,000 per month
<b>Waiting Period</b>	Variety of options	7-day (may differ per plan)
<b>Maximum Benefit Period</b>		1-year
<b>Monthly Premium</b>	Please contact vendor for premium amounts	

AFLAC [www.aflac.com](http://www.aflac.com)

American Fidelity [www.americanfidelity.com](http://www.americanfidelity.com)  
(800) 662-1113

## Life Insurance

### City Paid Life Insurance

The City provides life insurance and accidental death and dismemberment insurance (AD&D) through Voya Insurance. Life Insurance pays your beneficiary a lump sum in the event of your death. Accidental death and dismemberment insurance pays you or your beneficiary if you suffer a loss of limb, speech, sight, or hearing, or if you die in an accident.



Bargaining Unit	Life Insurance	AD&D
Assistant Directors		
Captains		
Directors		
Lieutenants		
Managers & Confidential	1 1/2x annual salary up to \$150,000	
Miscellaneous		
Supervisors & Professionals		
Public Works		
Police	\$20,000	\$100,000

Voya Insurance [www.voya.com](http://www.voya.com)  
(800) 955-7736



## Voluntary Life Insurance

In addition to the City provided life and AD&D insurance, the City offers employees and their dependents the option to purchase voluntary life insurance for Accident, Cancer, Critical Care, or Hospital Care. Monthly premiums will be divided between and deducted from the employee's semi-monthly pay checks. Employees may purchase additional life insurance or dependent life insurance through:

- AFLAC [www.aflac.com](http://www.aflac.com)
- American Fidelity (800) 662-1113 [www.americanfidelity.com](http://www.americanfidelity.com)
- Voya Insurance (800) 955-7736 [www.voya.com](http://www.voya.com)



## Beneficiary Information

To ensure your benefit amount is distributed to the correct individual(s), please keep your beneficiary information updated by contacting the Human Resources Department.



# Retirement

The City contracts with the California Public Employees' Retirement System (CalPERS) to provide a defined benefit pension.

	Non-Sworn	Eligibility
<b>Tier 1</b>	2.7 @ 55	Employees hired on/before 9/30/2010
<b>Tier 2</b>	2% @ 60	CalPERS Classic Members hired on/after 10/1/2010
<b>Tier 3</b>	2% @ 62	CalPERS New Members hired on/after 1/1/2013

	Sworn	Eligibility
<b>Tier 1</b>	3% @ 50	Employees hired on/before 6/30/2012
<b>Tier 2</b>	3% @ 55	CalPERS Classic Members hired on/after 7/1/2012
<b>Tier 3</b>	2.7 @ 57	CalPERS New Members hired on/after 1/1/2013

CalPERS  
 (888) 225-7377  
<http://my.calpers.ca.gov>

# Deferred Compensation 457 Plans



The City offers three deferred compensation plan options. The City contributes to the employee’s 457 plan as indicated below and employees may voluntarily set aside pre-tax dollars. A maximum of \$23,000 may be contributed per year, employees 50 years of age or over may contribute an additional \$7,500 per year.

Bargaining Unit	City Contribution	
Assistant Directors	\$110 per month - matching	4% - no matching
Captains	\$110 per month - matching	4% - no matching
Directors	\$110 per month - matching	n/a
Lieutenants	\$110 per month - matching	3% - no matching
Managers & Confidential	\$110 per month - matching	3% - no matching
Supervisors & Professionals	\$110 per month - matching	2% - no matching

*Matching:* The employee is required to match the City contribution to be eligible for the benefit.

*No Matching:* The employee is not required to contribute anything to be eligible for the benefit.

Bargaining Units not listed above may contribute to a 457 Plan, but do not receive City Contributions.

CalPERS Voya

<https://calpers.accp.voya.com>

(800) 260-0659

Corebridge - AIG

<https://www.corebridgefinancial.com/rs>

(800) 448-2542

MissionSquare Retirement

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

(800) 669-7400

# College Cost Reduction and Access Act



City employees may qualify for the Public Service Loan Forgiveness (PSLF) program through the College Cost Reduction and Access Act (CCRAA) to reduce the remaining balance on their Federal Direct Loan. PSLF forgives the remaining balance on your Direct Loans after you have made 120 qualifying payments while working full-time for a qualifying employer. Only payments made under certain repayment plans (primarily income-driven repayment plans) qualify for PSLF. For additional information, contact your student loan servicer or visit: <https://studentaid.gov/pslf/>.

# Annual Notices

## Medicare Part D Notice of Creditable Coverage

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City of Brentwood has determined that the prescription drug coverage offered by the Kaiser and United HealthCare is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of Brentwood coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current City of Brentwood coverage, be aware that you and your dependents will not be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with City of Brentwood and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### For More Information About This Notice Or Your Current Prescription Drug Coverage

Contact the number listed below for further information. NOTE: You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Brentwood changes. You also may request a copy of this notice at any time.

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

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

### For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov).

- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

For more information, contact the Human Resources Department at (925) 516-5191.

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

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877- KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility.**

<p><b>ALABAMA – Medicaid</b>            Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a>            Phone: 1-855-692-5447</p>	<p><b>FLORIDA – Medicaid</b>            Website: <a href="https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html">https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html</a>            Phone: 1-877-357-3268</p>
<p><b>ALASKA – Medicaid</b>            The AK Health Insurance Premium Payment Program            Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a>            Phone: 1-866-251-4861            Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a>            Medicaid Eligibility:  <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a></p>	<p><b>GEORGIA – Medicaid</b>            Website: <a href="https://medicaid.georgia.gov/healthinsurance-premium-payment-program-hipp">https://medicaid.georgia.gov/healthinsurance-premium-payment-program-hipp</a>            Phone: 678-564-1162 ext. 2131</p>
<p><b>ARKANSAS – Medicaid</b>            Website: <a href="http://myarhhip.com/">http://myarhhip.com/</a>            Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p><b>INDIANA – Medicaid</b>            Healthy Indiana Plan for low-income adults 19-64            Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>            Phone: 1-877-438-4479            All other Medicaid            Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a>            Phone 1-800-403-0864</p>

<p><b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b></p> <p>Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a>  Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711  CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a>  CHP+ Customer Service: 1-800-359-1991/ State Relay 711</p>	<p><b>IOWA – Medicaid</b>  Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>  Phone: 1-800-257-8563</p>
<p><b>KANSAS – Medicaid</b>  Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a>  Phone: 1-785-296-3512</p>	<p><b>NEVADA – Medicaid</b>  Medicaid Website: <a href="https://dhcfp.nv.gov">https://dhcfp.nv.gov</a>  Medicaid Phone: 1-800-992-0900</p>
<p><b>KENTUCKY – Medicaid</b>  Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>  Phone: 1-800-635-2570</p>	<p><b>NEW HAMPSHIRE – Medicaid</b>  Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<p><b>LOUISIANA – Medicaid</b>  Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a>  Phone: 1-888-695-2447</p>	<p><b>NEW JERSEY – Medicaid and CHIP</b>  Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Medicaid Phone: 609-631-2392  CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710</p>
<p><b>MAINE – Medicaid</b>  Website: <a href="http://www.maine.gov/dhhs/ofi/publicassistance/index.html">http://www.maine.gov/dhhs/ofi/publicassistance/index.html</a>  Phone: 1-800-442-6003  TTY: Maine relay 711</p>	<p><b>NEW YORK – Medicaid</b>  Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>
<p><b>MASSACHUSETTS – Medicaid and CHIP</b>  Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a>  Phone: 1-800-862-4840</p>	<p><b>NORTH CAROLINA – Medicaid</b>  Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>  Phone: 919-855-4100</p>
<p><b>MINNESOTA – Medicaid</b>  Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>  Phone: 1-800-657-3739</p>	<p><b>NORTH DAKOTA – Medicaid</b>  Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid">http://www.nd.gov/dhs/services/medicalserv/medicaid</a>  Phone: 1-844-854-4825</p>
<p><b>MISSOURI – Medicaid</b>  Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>	<p><b>OKLAHOMA – Medicaid and CHIP</b>  Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>
<p><b>MONTANA – Medicaid</b>  Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084</p>	<p><b>OREGON – Medicaid</b>  Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>  Phone: 1-800-699-9075</p>

<b>NEBRASKA – Medicaid</b> Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	<b>PENNSYLVANIA – Medicaid</b> Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462
<b>RHODE ISLAND – Medicaid</b> Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347, or 401-462-0311 (Direct RItE Share Line)	<b>VIRGINIA – Medicaid and CHIP</b> Medicaid Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
<b>SOUTH CAROLINA – Medicaid</b> Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	<b>WASHINGTON – Medicaid</b> Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022 ext. 15473
<b>SOUTH DAKOTA - Medicaid</b> Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	<b>WEST VIRGINIA – Medicaid</b> Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>TEXAS – Medicaid</b> Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	<b>WISCONSIN – Medicaid and CHIP</b> Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>UTAH – Medicaid and CHIP</b> Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	<b>WYOMING – Medicaid</b> Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
<b>VERMONT– Medicaid</b> Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

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

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

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512. The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

## Women's Health and Cancer Rights Act (WHCRA)

The Women's Health and Cancer Rights Act of 1998 (WHCRA) is a federal law that provides protections to patients who choose to have breast reconstruction in connection with a mastectomy. If WHCRA applies to you and you are receiving benefits in connection with a mastectomy and you elect breast reconstruction, coverage must be provided for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications of all stages of the mastectomy, including lymphedema.

This law applies to two different types of coverage:

1. Group health plans (provided by an employer or union);
2. Individual health insurance policies (not based on employment).

Group health plans can either be “insured” plans that purchase health insurance from a health insurance issuer, or “self-funded” plans that pay for coverage directly. How they are regulated depends on whether they are sponsored by private employers, or state or local (“non-federal”) governmental employers. Private group health plans are regulated by the Department of Labor. State and local governmental plans, for purposes of WHCRA, are regulated by CMS. If any group health plan buys insurance, the insurance itself is regulated by the State’s insurance department.

Contact the Human Resources Department at (925) 516-5191 to find out if your group coverage is insured or self-funded, to determine what entity or entities regulate your benefits.

Health insurance sold to individuals (not through employment) is primarily regulated by State insurance departments.

WHCRA requires group health plans and health insurance companies (including HMOs), to notify individuals regarding coverage required under the law. Notice about the availability of these mastectomy-related benefits must be given:

1. To participants and beneficiaries of a group health plan at the time of enrollment, and to policyholders at the time an individual health insurance policy is issued; and
2. Annually to group health plan participants and beneficiaries, and to policyholders of individual policies.

Contact your State's insurance department to find out whether additional state law protections apply to your coverage if you are in an insured group health plan or have individual (non-employment based) health insurance coverage.

WHCRA does not apply to high risk pools since the pool is a means by which individuals obtain health coverage other than through health insurance policies or group health plans. WHCRA does NOT require group health plans or health insurance issuers to cover mastectomies in general. If a group health plan or health insurance issuer chooses to cover mastectomies, then the plan or issuer is generally subject to WHCRA requirements.

Note: A non-Federal governmental employer that provides self-funded group health plan coverage to its employees (coverage that is not provided through an insurer) may elect to exempt its plan (opt out) from the requirements of WHCRA by following the “Procedures & Requirements for HIPAA Exemption Election” posted on the Self-Funded Non-Federal Governmental Plans webpage at [http://cms.gov/cciiio/resources/files/hipaa\\_exemption\\_election\\_instructions\\_04072011.html](http://cms.gov/cciiio/resources/files/hipaa_exemption_election_instructions_04072011.html). This includes a requirement to issue a notice of opt-out to enrollees at the time of enrollment and on an annual basis. For a list of plans that have opted out of WHCRA, go to <http://cms.gov/cciiio/resources/other/index.html#nonfed> and click on “List of HIPAA Opt-out Elections for Self-funded Non-Federal Governmental Plans.”

These benefits may be subject to annual deductibles and coinsurance provisions that are appropriate and consistent with other benefits under your plan or coverage. If you would like more information on WHCRA benefits, contact the Human Resources Department at (925) 516-5191.

## **Notice of HIPAA Special Enrollment Rights**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the Human Resources Department at (925) 516-5191.

## **Patient Protections Notice**

If a qualifying benefit option under a group health plan maintained by the employer generally requires or allows the designation of a primary care provider, the covered individual has the right to designate any primary care provider who participates in the Plan's network and who is available to accept the covered individual. Until the covered individual makes this designation, the Plan may designate a primary care provider for him or her. For children, the covered employee or spouse may designate a pediatrician as the primary care provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Human Resources Department.

For any qualifying benefit option, covered individuals do not need prior authorization from the group health plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in the Plan's network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Human Resources Department at (925) 516-5191.





150 City Park Way  
Brentwood, CA 94513

Phone: (925) 516-5191  
Fax: (925) 516-5446

[HumanResources@brentwoodca.gov](mailto:HumanResources@brentwoodca.gov)

[www.brentwoodca.gov/government/human-resources](http://www.brentwoodca.gov/government/human-resources)

<https://app.helloflock.com/login>