

Your 2017 Open Enrollment e-Guide



[Click here](#)
for information
on how to
interact this
eGuide.

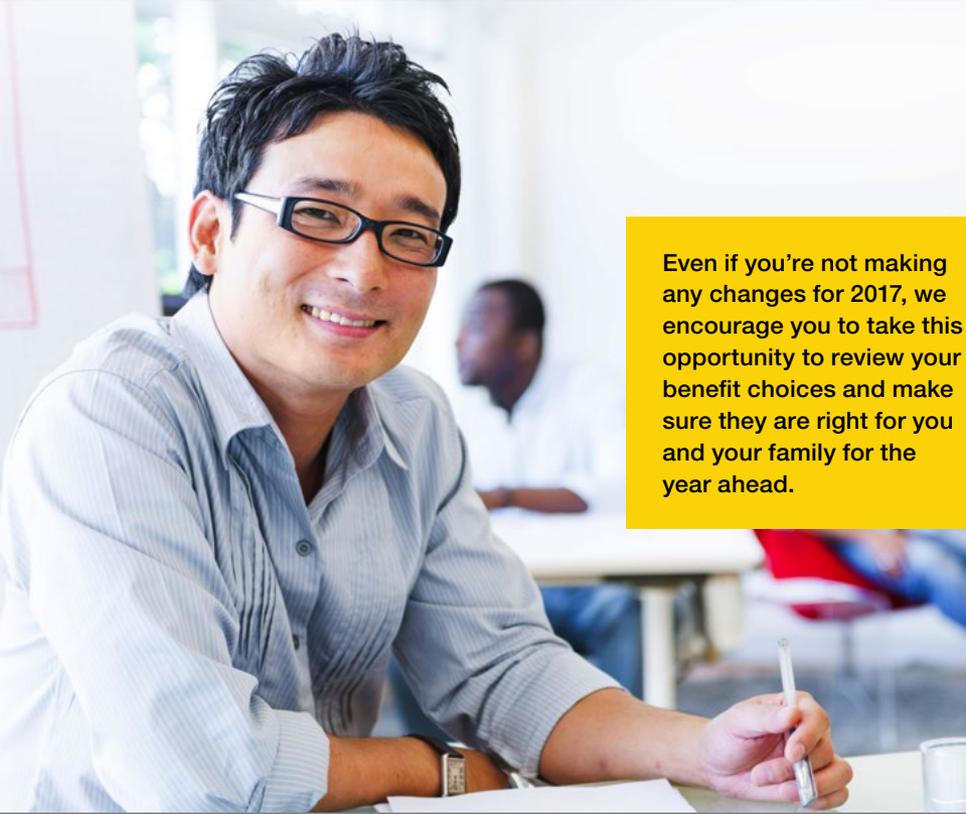
The enrollment deadline to
return completed forms is
Friday, November 4, 2016
at 5:00 pm



Benefits of Choice



During Open Enrollment, you'll have the opportunity to choose the benefit coverage that's right for you, your family, and your budget. Read this e-Guide for an overview of what's changing for 2017, points to consider when making your enrollment choices, and details on when and how to enroll, including enrollment and change forms.



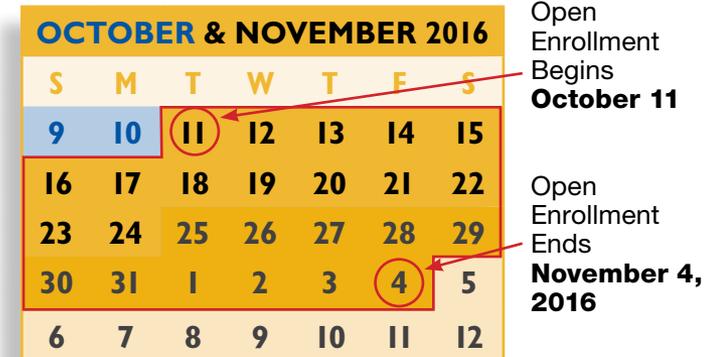
Even if you're not making any changes for 2017, we encourage you to take this opportunity to review your benefit choices and make sure they are right for you and your family for the year ahead.

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Important Dates & Deadlines

What's Happening	Key Date(s)
Open Enrollment	October 11 - November 4, 2016
Deadline to Return Completed Forms	November 4, 2016 at 5:00 pm
Benefit Changes Effective	January 1, 2017
First Paycheck with New Deductions	January 6, 2017



Annual Benefit Summary

Log in to Employee Self Service at <https://intranet.escondido.org/employee-self-service.aspx> and review your current coverage and dependent elections. Now is the time to make changes! Be sure to submit all required forms to the Benefits Division **no later** than 5:00 pm on Friday, November 4, 2016.

Health and Wellness Expo

Wednesday, November 2, 2016
City Hall Fountain
11:30 am – 1:30 pm

Stop by for information on living well, wellness testing, food samplings, raffle prizes and music.

[Click here](#) for flyer

What's New for 2017?

- The ARAG Group Legal Plan premiums are increasing to \$23.00 per month.
- The Aflac Specified Health Plan will no longer be offered. Employees have the option of continuing coverage through Aflac's "Bill at Home" feature, or enrolling in the new Aflac Critical Care Protection Plan. An Aflac representative will be available during the Health and Wellness Expo (see page 2) on November 2, 2016. [Click here](#) for a summary of the Critical Care Protection Plan.
- The new Escondido mobile wallet card is a handy website that lets you keep all of your Escondido benefit contacts and resources in one place. You can access it any time from your smartphone, tablet or computer. Read more on page 4.

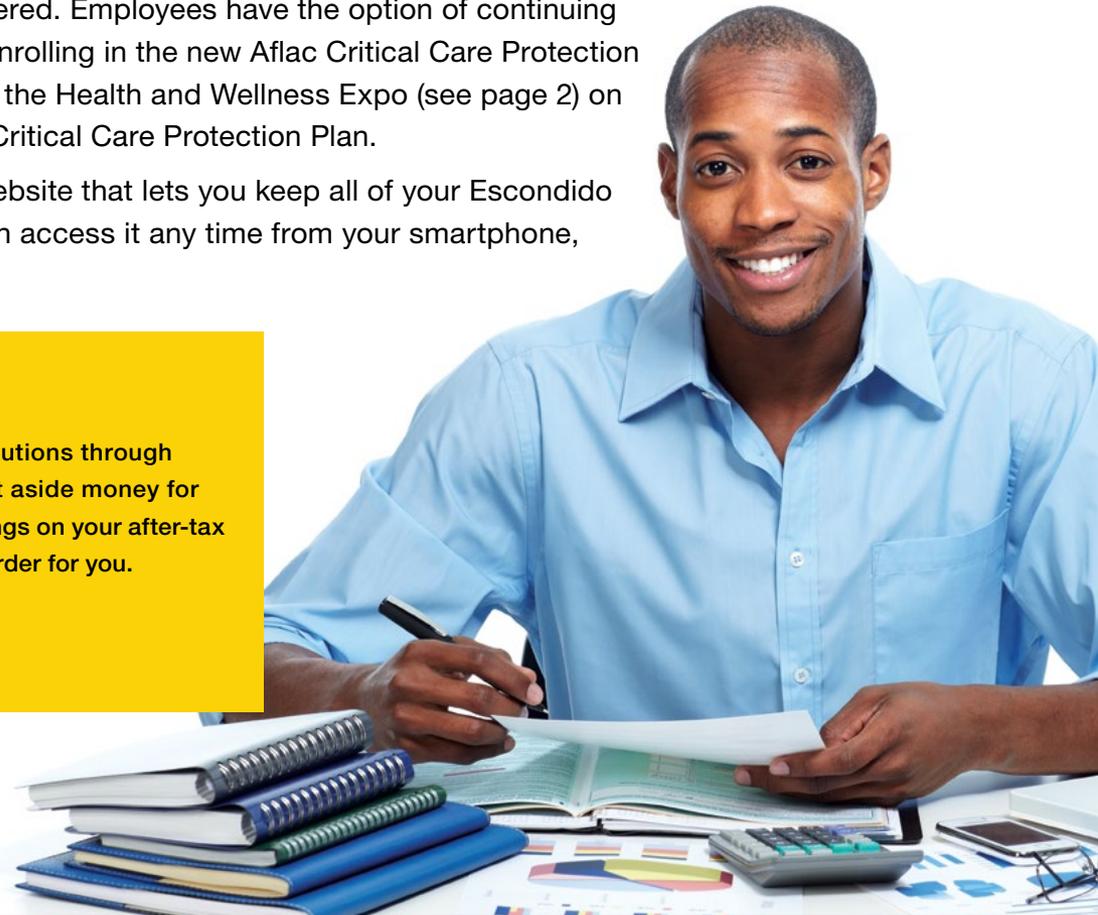
New Savings Opportunity!

Starting in 2017, you can open a Roth IRA and make contributions through convenient payroll deductions. A Roth IRA allows you to set aside money for retirement, medical care, a child's education and more. Earnings on your after-tax contributions are tax-free, which makes your savings work harder for you.

[Click here](#) for plan information

[Click here](#) for an enrollment packet

For the 2017 payroll deduction amounts for each plan, [click here](#).



Escondido Mobile Wallet Card

The Escondido mobile wallet card is a handy website that keeps all of your Escondido benefit contacts and Escondido resources in one place with easy accessibility from your smartphone, tablet or computer.

To access your mobile wallet card, go to www.mymobilewalletcard.com/escondido. Once you're there, click on any benefit or Company resource to see more information including carriers, group numbers, phone numbers and websites.



Add the Escondido Mobile Wallet Card to Your Smartphone

Scan the QR Code below with your smartphone to access the Escondido mobile wallet card. You will need to download a free QR Code reader from the App Store or Google Play. Simply search QR Code Reader and download the app of your choice.

[Click here](#) for instructions on how to add an icon to the home screen on your iPhone or iPad for quick reference.

[Click here](#) for instructions on how to add an icon to the home screen on your Android device for quick reference.



2017 Benefit Costs

The City continues to pay the majority of the cost for your medical and dental coverage, and you pay competitive group rates for the voluntary plans.

About Premiums...

- Medical payroll deductions for employees (except Council members) are exempt from federal or state taxes. If you want to **waive** this tax advantage, contact Employee Benefits to request a pre-tax waiver form.
- Non-Sworn Police eligible for flex credits pay the full semi-monthly medical plan premium.
- Council members pay on a monthly basis.
- To view premiums, select “click here” next to the name of your Benefit Program in the box to the right.

Benefit Program Monthly Paycheck Deductions

Administrative, Clerical, & Engineering	click here
City Council	click here
Executive Management	click here
Fire Management	click here
Maintenance and Operations	click here
Non-Safety Fire	click here
Non-Sworn Police	click here
Police Management	click here
Safety Fire	click here
Supervisory	click here
Sworn Police	click here
Unclassified Clerical Technical	click here
Unclassified Management	click here

Eligibility and Enrollment

Who Is Eligible

Generally, regular City employees and their legal spouse or legally registered domestic partner are eligible for coverage.

Regarding dependent children, each plan differs on eligibility requirements, but generally they can be covered to age 26. Dependent children who are incapable of self-support because of a physical or mental handicap that occurred before they reach the maximum age may be eligible for continued coverage subject to additional criteria. Please contact Employee Benefits for details.

Even if you don't enroll your dependents for any City benefit plans, be sure to list them on City records as they may be eligible for City-paid dependent life insurance.

[Click here](#) to review your dependents on record.

[Click here](#) for a Dependent Information form to update your list of eligible dependents.

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Dependent eligibility differs slightly among the plans. For more information on eligibility for each plan, [click here](#). You may also obtain the guidelines by contacting Employee Benefits.

It is important that you cover only eligible dependents, as you are responsible for the premiums and claims for any dependent that is not eligible for coverage.

NOTIFY EMPLOYEE BENEFITS IMMEDIATELY IF A COVERED DEPENDENT LOSES ELIGIBILITY DURING THE YEAR.



Eligibility and Enrollment (continued)

Open Enrollment 2017

Open Enrollment is conducted each fall to allow employees to adjust their benefits coverage for the upcoming calendar year. This includes changing plans and adding or dropping covered dependents.

[Click here](#) for Employee Self Service and login to view your current (2016) coverage and covered dependents.

Your 2016 coverage choices will generally stay in effect for 2017 unless you make a change by submitting the appropriate form to Employee Benefits by November 4.

Two exceptions:

- **If you wish to contribute to a Flexible Spending Account (FSA) in 2017, you will need to complete a new FSA form (see information to the right).**
- **If you are waiving a level of health coverage, you MUST complete a Waiver of Coverage form (see information to the right).**

After Open Enrollment ends in November, all requested changes will be processed. A ***Benefit Confirmation Statement*** listing all your 2017 coverage will be mailed to your home. **It is your responsibility to review your statement and notify Employee Benefits immediately if there are any errors or changes needed.**

Note that there are two benefits that require a form every year:

- If you want to contribute to an FSA, you must complete a **new FSA form for 2017**.
- If you want waive medical insurance and receive a \$75 monthly rebate, you must submit a **Waiver of Coverage** form every year, even if you are already receiving a monthly rebate.

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Eligibility and Enrollment (continued)

Waiving Health Insurance

Employees (except Non-Sworn Police with flex credits and their City spouses) can receive a \$75 monthly rebate if City medical coverage is waived for the employee and/or their dependents because of coverage under another medical plan.

To receive the credit, you **must** complete a *Waiver of Coverage* form and submit it to Employee Benefits by the Open Enrollment deadline.

- Current waiver/rebate participants must complete this form each year. [Click here](#) to print the required form.
- New enrollees can [click here](#) to print out the required form. New enrollees must attach an ID card for proof of alternative coverage.

If you have waived coverage and the alternate medical coverage is lost during the year, notify Employee Benefits within 31 days so you may elect City coverage for the remainder of the year.

All employees who waive a level of City medical coverage for themselves and/or their dependents are required to complete a [Waiver of Coverage form](#).

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Eligibility and Enrollment (continued)

Changes During the Year

You can make changes to your life insurance beneficiary or your address at any time, but benefit coverage changes are governed by strict IRS guidelines.

Coverage that is in effect on January 1, 2017, must stay in effect until December 31, 2017, unless you have an eligible mid-year family status change and you request a coverage change within 31 days of the event.

Family status changes include:

- Births, adoptions, guardianships and custody orders
- Marriage, divorce, death, filing or terminating a Domestic Partnership with the State
- Changes in employment for the employee, spouse or domestic partner that affects benefit coverage

Moving?

Notify your Administrative Coordinator right away so you can receive benefit information and forms related to your address change.



Important:

If you don't notify Employee Benefits within 31 days of a family status change, you must wait until the next Open Enrollment Period to add, drop or otherwise change coverage.

It is especially important to notify Employee Benefits immediately when a dependent is no longer eligible for coverage (e.g. due to divorce or overage dependents). You are responsible for any premiums or claims paid by the City for ineligible dependents and late notification can jeopardize your dependent's COBRA continuation rights.

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Benefits of Choice At-a-Glance

Benefit	Coverage Options
Medical Coverage	Kaiser HMO, Kaiser HDHP with HSA, Kaiser Point of Service (POS)
Dental Coverage	Delta Dental PPO or DeltaCare USA DMO
Flexible Spending Accounts (FSAs)*	Health Care FSA and Dependent Care FSA
Voluntary Vision Plan	Anthem Blue View Vision Plan
Voluntary AFLAC Plans	Cancer Expense Plan, Accident Indemnity Plan, Critical Care Protection Plan
Voluntary Life Insurance**	Prudential Term Life Insurance (employee and dependent)
529 ScholarShare College Savings Plan	You may save money for qualified educational expenses on a tax-advantaged basis
Voluntary Group Legal Plan	ARAG Group Legal Plan
Employee Assistance Program	Confidential help with personal, financial and legal issues

* Council Members are not eligible to enroll in an FSA

** Council Members are not eligible to participate in this program

Thinking About Retiring?

Retiree rates are available to help you plan your budget. [Click here](#) for rates.



Medical Coverage

Choose from Three Plans

You may choose between three medical plan options:

- 1 Kaiser HMO:** Use Kaiser HMO providers and facilities and have either no out-of-pocket costs or a low copay, depending on the service.
- 2 Kaiser HDHP with HSA:** Use Kaiser providers and facilities at a lower premium rate. When you enroll in this plan, you can make tax-free contributions to a Health Savings Account (HSA) up to IRS annual limits to use for qualified health expenses. The City will contribute \$625 for Employee Only coverage, \$1,250 for Employee + 1 or Family coverage to your HSA.
- 3 Kaiser Point of Service (POS):** Each time you seek care, you choose from three categories of providers (Kaiser Permanente providers, PHCS providers, or non-participating providers. You are not locked into one type of provider. Each of the three provider categories have different benefit levels, as shown on [page 11](#).

For a complete coverage booklet, please contact Employee Benefits.

[continued on next page](#)

To choose the medical plan that is right for you and your family, compare:

- ✓ Copays, deductibles and services; [click here](#) for comparison chart
- ✓ Network providers and facilities; [click here](#) for contact information
- ✓ Payroll deduction; [click here](#) for 2017 rates

You can link to enrollment/change forms:

- ✓ Kaiser Enrollment/Change Form [click here](#)
- ✓ HDHP HSA payroll deduction authorization form [click here](#)



Medical Coverage

This chart summarizes key benefit levels; for a more detailed comparison chart [click here](#).

Benefit Feature	Kaiser HMO	Kaiser HDHP with HSA	Kaiser Point of Service (POS) Plan You choose the provider each time you receive care		
	In network you pay:	In network you pay:	HMO (Kaiser Providers only) you pay:	Network PPO (PHCS Providers only) you pay:	Out-of-Network (non-participating providers) you pay:
Annual Deductible	None	\$1,300/individual, \$2,600 family ¹	None	\$500 individual \$1,000 family	\$1,000 individual \$2,000 family
Out-of-Pocket Maximum	\$1,500/person \$3,000 family	\$3,000/person \$6,000 family	\$1,500/person \$3,000 family	\$2,500/person \$5,000 family	\$5,000/person \$10,000 family
Doctor's Office Visits or Urgent Care	\$15 copay	\$20 copay after deductible	\$20 copay	20% after deductible	40% ² after deductible
X-rays, Lab Work, etc.	No charge to you	\$10 copay after deductible	No charge to you	20% after deductible	40% ² after deductible
Preventive Care	No charge to you	No charge to you	No charge to you	No charge to you	40% ² after deductible
Inpatient Hospital	No charge to you	\$250 copay per admission after deductible	\$200 copay per admission	\$250 copay per admission, then 20% after deductible	\$500 copay per admission, then 40% ² after deductible
Emergency Room	\$100 copay, waived if admitted to hospital	\$100 copay, waived if admitted to hospital	\$100 copay, waived if admitted to hospital	\$100 copay, waived if admitted to hospital	\$100 copay, waived if admitted to hospital
Prescription Drugs Pharmacy		Copays apply after deductible	Kaiser Pharmacies	MedImpact Pharmacies	
Generic	\$10 copay (100 days)	\$10 copay (30 days)	\$10 copay (30 days)	\$20 copay (30 days)	Not covered
Preferred Brand	\$20 copay (100 days)	\$30 copay (30 days)	\$30 copay ³ (30 days)	\$40 copay ³ (30 days)	Not covered
Non-preferred Brand	Not available	Not available	\$40 copay (30 days)	\$50 copay (30 days)	Not covered
Specialty	\$20 copay brand (100 days)	\$30 copay brand (30 days)	Benefits vary ⁴	Benefits vary ⁴	Not covered
Mail Order				Maximum 100-day supply Prescriptions for drugs from Participating/Non-Participating Providers may be filled at Kaiser Permanente Pharmacies and refilled through mail order. ⁴ Mail-order service not available at contracting retail pharmacies.	
Generic	\$10 copay (100 days)	\$20 copay (100 days)	\$20 copay (100 days)		
Preferred Brand	\$20 copay (100 days)	\$60 copay (100 days)	\$60 copay ³ (100 days)		
Non-preferred Brand	Not available	Not available	\$80 copay (100 days)		
Specialty	\$20 copay brand (100 days)	\$60 copay brand (100 days)	Generally not available ⁴		

- ¹ You may contribute to a tax-free HSA to pay the deductible and other qualified medical expenses.
- ² Fee schedule for out-of-network providers is based on lesser of UCR charges or the negotiated rate for the actual billed charges. Members are responsible for the difference above the fee schedule.
- ³ If a generic drug is available, member is responsible for paying the difference between the cost of the generic drug and the brand drug.
- ⁴ Benefits for specialty prescription drugs vary based on pharmacy and type of medication. Contact Kaiser for details.

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Dental Coverage

Choose from Two Plans

You may choose between two dental plan options:

- 1 Delta Dental PPO:** You may use any licensed dentist, but you will have lower out-of-pocket costs when you use a network dentist:
 - You save the most when you use a Delta Dental PPO Dentist
 - When you use a Delta Dental Premier Dentist, they agree to charge reasonable and customary fees so you won't be charged for any amount over that fee
 - If you use a dentist outside the network, you need to pay the difference between your dentist's charge and the reasonable and customary fee for your area

- 2 DeltaCare DMO:** You may use only DMO dentists.

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To choose the dental plan that is right for you and your family, compare:

- ✓ Copays, deductibles and services; [click here](#) for comparison chart
- ✓ Network providers; [click here](#) for contact information
- ✓ Payroll deduction; [click here](#) for 2017 rates

You can link to enrollment/change forms:

- ✓ Delta Dental PPO/DMO Enrollment/Change form [click here](#)



Dental Coverage

This chart summarizes key benefit levels. For more details on the PPO plan [click here](#); for more details on the DMO plan [click here](#).

Benefit Feature	Delta Dental PPO			DeltaCare DMO
	When you use a Delta Dental PPO dentist you pay:	When you use a Delta Premier dentist you pay*:	When you use a non-Delta dentist you pay:	When you use a DeltaCare DMO dentist you pay:
Annual Deductible Individual Family Orthodontia Preventive/Diagnostic	\$25 \$75 None None	\$35 \$105 None None		None None \$350 start up None
Preventive/Diagnostic (Exams, Cleaning, X-rays)	No charge to you	No charge to you		No charge to you (\$15 copay space maintainers; \$10 copay/tooth sealant under age 15)
Basic Treatment (Fillings, Extractions, Root Canal)	20% of negotiated rate	20% of reasonable and customary rate*		Various copays
Major Treatment (Crowns, Dentures, Implants, Repairs)	50% of negotiated rate	50% of reasonable and customary rate*		Various copays; implants are not covered
Orthodontia	50% of negotiated rate	50% of reasonable and customary rate*		\$1,800 copay adults; \$1,600 copay children to age 19
Maximums Implants All Services Orthodontia	\$1,000 per person per year, combined between networks \$1,500 per person per year, combined between networks \$1,500 per person per lifetime, combined between networks			None None None

* Delta Premier dentist will not charge over the reasonable and customary rate

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Flexible Spending Accounts (FSA)

Pay for Eligible Expenses with Tax-Free Dollars

Your contributions to an FSA are not taxable, so the money you set aside in these accounts to pay for eligible health care, dependent care and/or elder care expenses go much farther than using aftertax dollars. [Click here](#) for FSA overview.

All employees except Council members can enroll each year in one or both FSAs:

Health Care FSA

Contribute from \$240 to \$2,500 tax-free to your account and use the money to pay for medically necessary medical, dental, vision and drug expenses for you, your legal spouse and/or your tax-qualified dependents. You can enroll for this FSA even if you are not enrolled in the City's health plans. (Note: Those enrolled in a HDHP/HSA medical plan have restricted eligibility for Health Care FSA plans.)

Dependent Care FSA

Contribute from \$240 to \$5,000 tax-free to your account and use the money to pay for child day care and/or elder care expenses that enable you (and if married, your spouse) to work or attend school full time.

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Flexible Spending Accounts (FSA) (continued)

How the Accounts Work

1. You enroll for an annual amount that is deducted in equal parts from each paycheck. **You must reenroll each year**, as continued participation is not automatic. [Click here](#) for the required form.
2. Access your account balance in two ways:
 - For the Health Care or Dependent Care FSA, submit documentation of eligible expenses to the FSA Administrator, who will send you a check for the expense amount; you may elect to be reimbursed via Direct Deposit.
 - For the Health Care FSA only, you may use the BenefitCard Visa debit card to pay eligible expenses at your doctor, dentist, pharmacy, etc.; the amount will be deducted from your FSA account. [Click here](#) for more information on the BenefitCard.

Due to IRS rules, you will lose any money you contribute to FSA accounts in 2017 that you don't use to pay for eligible expenses incurred from January 1, 2017 through March 15, 2018. Be sure to contribute only the amount that is right for your expected expenses, and submit claims by the filing deadline of March 31, 2018.

Go to www.tri-ad.com for a tax savings calculator, a complete list of eligible health care and dependent care expenses, and information on submitting claims for reimbursement.

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Voluntary Employee-Paid Plans

The City offers seven voluntary plans to provide extra coverage. You pay the full cost of these plans with premiums or contributions deducted from your paycheck.

Vision Plan

The Anthem Blue View Plan offers coverage for vision exams, lenses, frames and contacts as well as a discount for laser eye surgery.

You can use any eye care provider, but your out-of-pocket costs will be less if you use a Blue View network provider.

To locate network providers, including optometrists, ophthalmologists and retail chains, go online to www.anthem.com/ca or call 866-723-0515.

[Click here](#) for a Plan Brochure.

[Click here](#) for an Enrollment/Change form.

Anthem Blue View Plan		
Benefit Feature	When you use a network provider:	When you use a non-network provider:
Exam Once every 12 months	You pay \$10 copay	You pay balance of cost over \$40 allowance
Lenses Once every 12 months	You pay \$10 copay* for standard scratch-resistant lenses (lens options such as tints, UV, etc. may be available at discount)	You pay balance of cost over \$40 allowance (amount depends on lens type)
Frames Once every 24 months	You pay \$10 copay* and receive: <ul style="list-style-type: none"> • \$50 wholesale frame allowance at private practice providers or • \$130 retail frame allowance at retail chain providers 	You pay balance of cost over \$45 allowance
Contact Lenses Instead of Eyeglasses Once every 12 months	You pay \$10 copay for covered lenses and medically necessary contact lenses; you receive \$105 allowance for other elective lenses	You pay balance of cost over \$105 allowance for elective lenses or over \$210 allowance for medically necessary contact lenses

* If lenses and frames are purchased at the same time, only one \$10 copay applies

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Voluntary Employee-Paid Plans (continued)

The voluntary plans described on this page are offered through Aflac, the largest provider of supplemental insurance in the United States. Coverage is in addition to other health care coverage. Employees may elect coverage for themselves as well as for family members. All of these policies may continue as individual policies if you terminate employment.

Cancer Expense Plan

The Aflac Cancer Expense Plan assists with expenses incurred when diagnosed with cancer as well as wellness expenses to screen for cancer. Your medical plan contains broad coverage for cancer treatment. This supplemental plan is offered as additional protection for expenses associated with care and treatment. [Click here](#) for details on benefits, as well as exclusions and limitations.

Accident Indemnity Plan

If you are hurt in an accident, whether at home, work or on vacation, the Aflac Accident Indemnity Plan will pay cash for doctor, dentist or chiropractor visits as well as hospitalization, physical therapy, ambulance and other expenses. [Click here](#) for coverage details.

[Click here](#) for the Aflac Rate Chart

[Click here](#) for the Aflac Cancellation Form

Critical Care Protection Plan

Plan benefits are payable from the Aflac Critical Care Protection Plan if you have eligible expenses due to a covered condition.

Coverage includes benefits for ambulance and transportation, hospital confinement and continuing home health care or nursing home care. [Click here](#) for a description of benefits as well as exclusions and limitations, including pre-existing condition information.

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Voluntary Employee-Paid Plans (continued)

Voluntary Life Insurance

Employees (except Council Members) may apply for additional life insurance through Prudential Insurance Company to supplement their City of Escondido group life insurance.

Coverage is available for employees, their spouse or California registered domestic partner and children under age 25. Premiums for employee and spouse/domestic partners vary by the amount of coverage and age of the covered person. Rates for child coverage depend only on the insured amount, and cover all eligible children.

Note that if you didn't apply for coverage when first eligible, evidence of insurability is required.

[Click here](#) for plan specifics and enrollment materials.

[Click here](#) for the required Evidence of Insurability form.

529 ScholarShare College Savings Plan

Save for college with regular investments in a 529 account. Earnings grow tax-deferred and when you withdraw money for qualified education expenses you pay no federal or California state income tax. Pick up a brochure in the Benefits Department.

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Voluntary Employee-Paid Plans (continued)

Group Legal Plan

The ARAG Legal Expense Insurance Plan offers legal services for employees and their families for a wide range of legal issues as well as financial education and counseling services. Benefits are also provided to assist with identity theft and immigration.

Services are available from network or non-network attorneys, and may be provided by telephone, online or in an attorney's office.

Court representation is also available. You may also access online legal tools and information, including Do-It-Yourself Legal Documents™.

See the application packet for a complete list of covered services and benefits as well as how to find network providers.

[Click here](#) for a Plan Summary.

[Click here](#) for the ARAG Enrollment/Change Form.

During Open Enrollment you can enroll in any of the voluntary plans, make changes to current coverage, or terminate coverage.

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Open Enrollment FAQs

What if I don't want to make any changes to my coverage?

You don't have to fill out any forms, unless you:

- Would like to contribute to an FSA for 2017
- Would like to waive a level of medical coverage

[Click here](#) for the Kaiser Enrollment/Change form.

[Click here](#) for the 2017 Flexible Spending Account (FSA) Enrollment form.

[Click here](#) for the 2017 Waiver of Coverage form.

How do I change coverage?

You can add, drop or change coverage as well as change who you are covering by submitting the necessary form(s) to Employee Benefits by November 4. Links to enrollment forms and informational plan details for each insurance plan are included in this e-Guide. Forms can also be obtained by visiting or calling the Employee Benefits Division. [Click here](#) for Contact Information.

Can I change my beneficiaries?

You can update your various beneficiary elections at any time. Here are links to the different beneficiary forms:

- | | | |
|------------------------|--|--------------------------------------|
| 401(k) | CalPers | Group Life Insurance |
| 457 | Voluntary Life Insurance | Final Paycheck |

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Open Enrollment FAQs (continued)

Can I change my deferred compensation plan deduction now too?

You may contact Payroll anytime during the year to make changes to your payroll deduction amount for your 401(k) and 457 plans.

Why can't I make changes during the year?

You can generally only change plans or add or delete family members from coverage during Open Enrollment because of IRS regulations. However, if you have an eligible family status change and contact Employee Benefits within 31 days of the event, a midyear change can be made.

However, you can change your provider group within your medical HMO and dental DMO plan at any time during the year — and each family member can choose a different provider within the plan.

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Open Enrollment FAQs (continued)

How can I obtain information on the Affordable Care Act (Healthcare Reform) and insurance offered through Covered California?

You may visit www.healthcare.gov and/or www.coveredca.com for information on the Affordable Care Act and Covered California. [Click here](#) to review an informational notice about the exchanges.

Do I need to enroll for the Employee Assistance Program (EAP)?

The EAP is a free resource for all employees, and you do not need to enroll. For confidential assistance with family concerns, emotional, financial or legal problems, call the EAP anytime, day or night, at 800-999-7222 or access their website at www.anthemeap.com. The password is “**escondido**”.

[Click here](#) for more EAP information.

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Have More Questions?

If you have questions about your coverage options or enrollment, [click here](#) to contact Employee Benefits.



Benefits Resources and Contact Information

The three websites listed below are for employees of the City and require a login password to access their pages. Contact the Employee Benefits staff for login details.

City Intranet:

<https://intranet.escondido.org/home.aspx>

Visit the City's intranet site for more information on the benefit plans, forms, phone numbers and website links to the benefit providers as well as tips to make the most out of your benefit plans. Just click on the Employee Services card then click on "**Benefits.**"

Employee Self-Service:

<https://intranet.escondido.org/employee-self-service.aspx>

Login to view all of your current (2016) coverage elections and dependent coverage. If any changes are needed, you must submit the required enrollment and/or change forms to Employee Benefits by 5:00 pm on November 4, 2016.

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Benefits Resources and Contact Information (continued)

Employee Benefits Representatives

You may call or email City Employee Benefits representatives. They will be happy to answer your questions and provide you with forms and information regarding your benefit program.

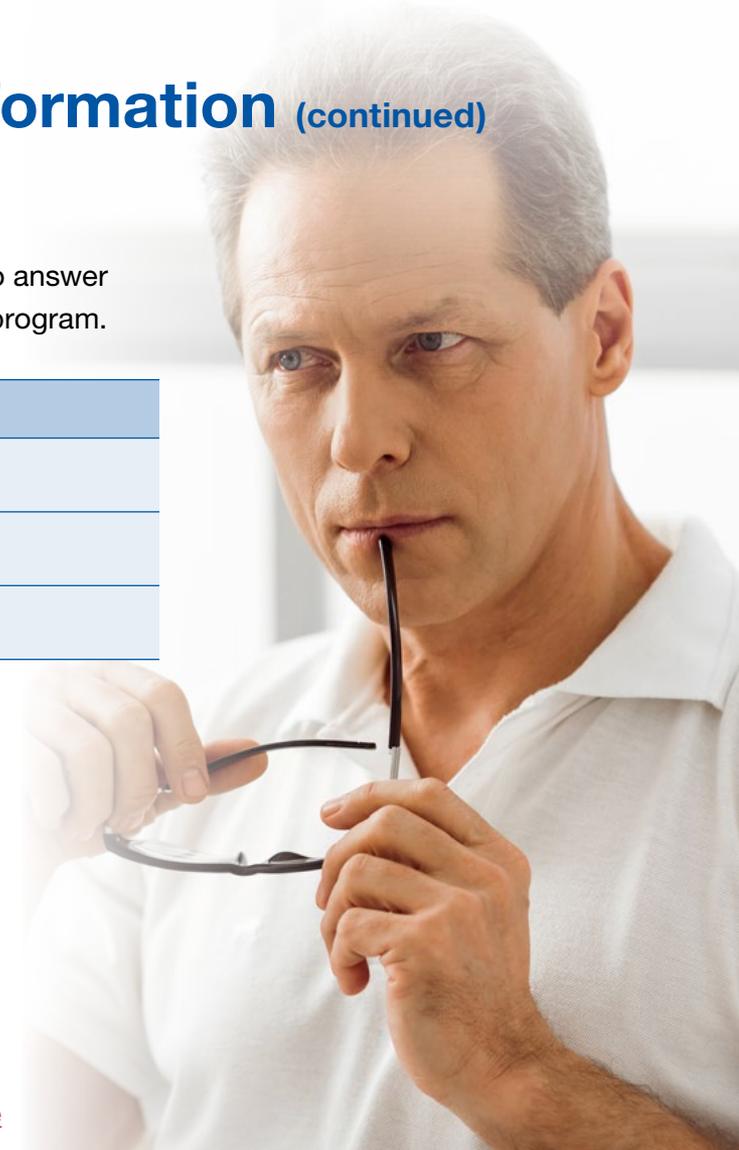
Representative	Contact Information
Matilda Hlawek Assistant Director of Human Resources	Email: mhlawek@escondido.org Telephone extension: 4015
Patrice Russell Senior Human Resources Analyst	Email: prussell@escondido.org Telephone extension: 4865
Veronica Sadowski HR Technician	Email: vsadowski@escondido.org Telephone extension: 4856

Health Insurance Committee Representatives

Juan Alva	Don Holcomb	Kirsten Peraino
Joanna Axlerod	Emiko Kauz	Lori Pike
Kenneth “Dan” Broach	Justin Murphy	Joan Ryan
Alex Cruz	Rich O’Donnell	Ed Varso
Matilda Hlawek	Kristina Owens	Patrick Wallace

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Benefits Resources and Contact Information (continued)

Plan Administrators			
Plan	Administrator	Website	Telephone
Medical Plan	Kaiser	www.kp.org	800-464-4000
PPO Dental Plan	Delta Dental	www.deltadentalins.com	888-335-8227
DMO Dental Plan	Delta Dental	www.deltadentalins.com	800-422-4234
Flexible Spending Accounts (FSA)	Tri-Ad	www.tri-ad.com	888-844-1372
401(k) or 457 Retirement Plan	ICMA	www.icmarc.org	800-669-7400
Voluntary Vision Plan	Anthem Blue Cross	www.anthem.com/ca	866-723-0515
Voluntary Legal Plan	ARAG	www.araggroupp.com	800-247-4184
Voluntary Accident, Cancer, Critical Care Protection Plans	Aflac	www.aflac.com	800-992-3522
Voluntary Life Insurance	Prudential Insurance	www.prudential.com	800-524-0542
529 ScholarShare College Savings Plan	Fidelity Investments	www.scholarshare.com	800-544-5248
Employee Assistance Plan	Anthem Blue Cross	www.anthemeap.com	800-999-7222

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Legally Required Notices

The City is required to provide specific documents regarding laws about your benefits.

[Click here](#) for **Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices Notice**

[Click here](#) for **HIPAA Special Enrollment Rights Notice**

[Click here](#) for **Medicaid and Children's Health Insurance Program (CHIP) Notice**

[Click here](#) for **Women's Health and Cancer Rights Act (WHCRA) Notice**

[Click here](#) for **Medicare Notice**

[Click here](#) for **Summary of Benefits and Coverages (SBC)** for all health plans

[Click here](#) for **Notice of Health Insurance Exchange Options**

[Click here](#) for **Notice of Wellness Program**

In the event of any discrepancies between this e-Guide and the plan provisions, the official summary plan documents and insurance contracts will govern.

You can generally also find these and other documents on the City's intranet at "Benefits." Additional laws and rules concerning your health plans are also located in the Summary Plan Documents for your specific health plan carrier.

