Retiree

HEALTH

WELLNESS

FINANCIAL

2020 BENEFITS GUIDE

January 1 - December 31, 2020

WELCOME Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 40 or more hours biweekly. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your domestic partner (DP) and/or his/her children, where applicable by state law
- Your children who are your natural children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first day of the pay period after the pay period that the first premium deduction is taken from your paycheck. Example: If the first premium is deducted in Pay Period 04, your coverage begins the first day of Pay Period 05.

  If you fail to enroll on time, you will **NOT** have benefits coverage.
- **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2020.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, DP, or child
- You lose coverage under your spouse's/DP's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact VCPFA and FIRE HR within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—*When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.*

Medical

We are proud to offer you a choice of medical plans through Blue Shield of California. Following is a high-level overview of the coverage available.

Key Medical Benefits	Custom Trio HMO Facility Coinsurance 25-30% - Low HMO	Custom Access HMO Facility Coinsurance 35-30% (Mid HMO)	Custom Access HMO Per Admit 15-500 (High HMO)	Custom Full PPO Savings Embedded Deductible $3,500 PPO (HSA Compatible)	
	In-Network Only	In-Network Only	In-Network Only	In-Network	Out-of-Network[1]
Deductible (per calendar year)					
Individual / Family	None	None	None	$3,500 / $7,000	$3,500 / $7,000
Out-of-Pocket Maximum (per calendar year)					
Individual / Family	$2,000 / $4,000	$2,000 / $4,000	$2,000 / $4,000	$5,000 / $10,000	$10,000 / $20,000
Covered Services					
Office Visits (physician/specialist)	$25 / $40 copay	$35 / $40 copay	$15 / $30 copay	20%	50%
Routine Preventive Care	No charge	No charge	No charge	No chage	Not covered
Outpatient Diagnostic Lab, X-ray, Complex Imaging (radiology center/hospital)	No charge	No charge	No charge	20% / $25 copay + 20%	50%
Chiropractic	Not covered	Not covered	$10 copay	20%	50%
Ambulance	$100 copay	$100 copay	$100 copay	20%	
Emergency Room	$100 copay	$100 copay	$100 copay	$100 copay + 20%	
Urgent Care Facility	$25 copay	$35 copay	$15 copay	20%	50%
Inpatient Hospital Stay	30%	30%	$500 per admit	$100 per admit + 20%	50% [4]
Outpatient Surgery (hospital/ASC)	30%	30%	$250 / $125 copay	20%	50% [5]
Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4)					
Retail Pharmacy (30-day supply)	$15 / $30 / $45 / 20% [2]	$15 / $30 / - / 20% [2]	$10 / $20 / $35 / 20% [2]	$10 / $25 / $40 / 30% [2]	25% + $10 / $25 / $40 / 30% [2]
Mail Order (90-day supply)	$30 / $60 / $90 / 20% [3]	$30 / $60 / - / 20% [3]	$20 / $40 / $70 / 20% [3]	$20 / $50 / $80 / 30% [3]	Not covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.
1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount. 2. Up to $200 max per Rx 3. Up to $400 max per Rx 4. Up to $600 day + 100% of additional charges 5. Up to $350 day + 100% of additional charges

Dental

We are proud to offer you a dental plan through Delta Dental. Following is a high-level overview of the coverage available.

Key Dental Benefits	Delta Dental PPO - Retiree Plan	
	In-Network	Out-of-Network[1]
Deductible (per calendar year)		
Individual / Family	$50/member	$50/member
Benefit Maximum (per calendar year; preventive, basic, and major Services combined)		
Per Individual	$1,000 per person each calendar year	$750 per person each calendar year
Covered Services		
Preventive Services	No charge	20%
Basic Services	20%	50%
Major Services	50% [2]	50%
Orthodontia (Adult and Child)	50%, max $1,000 Lifetime	

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.
1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. 12 month wait for Major Services- Newly enrolling on Plan (Waived for initial enrollees)

Vision

We are proud to offer you a vision plan through VSP.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	$10	Up to $45
Materials Copay	$25	N/A
Lenses (once every 12 months)	No charge after materials copay	
Single Vision		Up to $30
Bifocal		Up to $50
Trifocal		Up to $65
Frames (once every 24 months)	Covered up to $130	Up to $70
Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to $130	Up to $105

Cost of Benefits

Your contribution amount will depend upon the plan you select and if you choose to cover eligible family members.

Coverage Tier	Monthly Employee Medical Contribution			
	HMO Low	HMO Mid	HMO High	PPO
Single	$783.80	$909.67	$1,099.69	$1,370.48
Two Party	$1,414.63	$1,642.43	$1,986.38	$2,597.24
Family	$1,562.60	$1,814.31	$2,194.37	$3,068.10

Coverage Tier	Monthly Employee Dental/Vision Contribution	
	Dental Plan	Vision Plan
Single	$56.08	$12.89
Two Party	$94.63	-
Family	$144.21	-
Retirees on Active Dental	$128.12	-

Domestic Partner (DP) Contributions: Your contributions to cover a DP are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your DP's or DP's children's (if they are not federal tax dependents) healthcare coverage will be taxable to you as imputed income. This value is determined by the amount that The Company pays in premium for DP coverage. This amount raises your taxable gross income. Also, the payroll deductions to cover a DP must be taken on an after-tax basis.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Blue Shield of California	800-393-6130	www.blueshieldca.com
Dental	Delta Dental	800-765-6003	www.deltadentalins.com
Vision	VSP	800-877-7195	www.vsp.com

Questions?

If you have additional questions, you may also contact:

VCPFA Office
(805) 484-8844
benefits@vcpfa.org

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

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