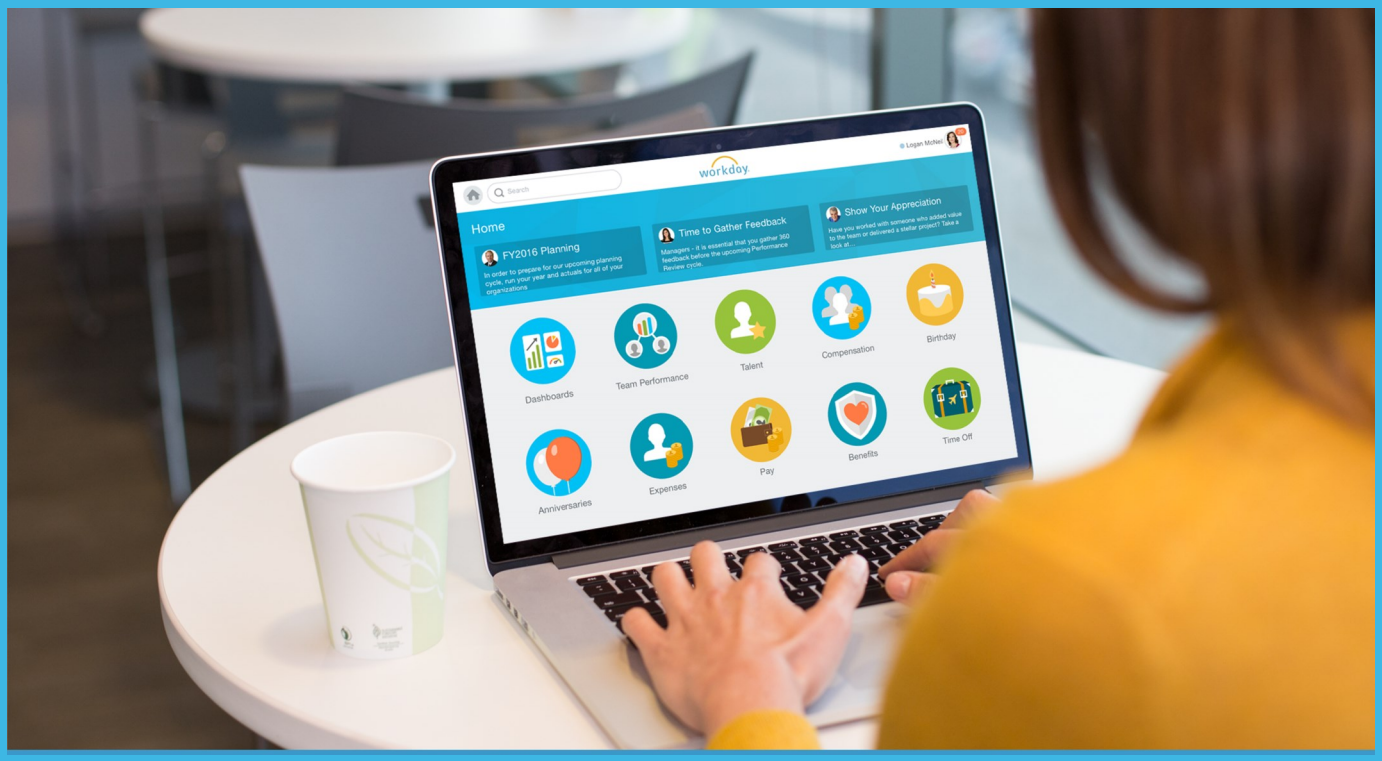
CITY OF ONTARIO

2017
Benefits Summary Guide
Department Head &
Association of Ontario Management Employees



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CITY OF ONTARIO

APPROACH TO PUBLIC SERVICE

Choose public service to make a positive impact on the community.

- Be Committed to the Community.
- Achieve Excellence Through Teamwork.
- Do the Right Thing the Right Way.

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Benefits Plan Year 2017

Questions?

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This benefits booklet is a summary only. It does not fully describe your benefit coverage. For details on your benefit coverage, please refer to your insurance company's Evidence of Coverage. The Evidence of Coverage is the binding document between the health plan and its members. If there are any discrepancies between the benefits in this booklet and the Evidence of Coverage, the Evidence of Coverage will prevail. You may also contact your insurance carrier with questions.

A Message from the City Manager

Dear Benefits Eligible Employees,

Welcome to the Annual Benefits Open Enrollment event powered by Workday!

The Human Resources, Benefits and Payroll teams have been busy over the last year implementing a world class, integrated system to replace PeopleSoft. We are now ready to launch the system, and our Benefits Open Enrollment Event is the first opportunity to see the new system in action.

The Workday project and its use by all our employees is a major step forward in our pursuit of embracing and implementing innovative approaches to making City of Ontario a great government organization. We've challenged the status quo at every stage of the project, and we have implemented fresh ideas gathered from both our internal experts and external partners.

We invite you to take advantage of the Employee Direct Access to the system during this Benefits Open Enrollment period. If you need help logging in to the system, contact the benefits group at (909) 395-2433 or by email at benefits@ontarioca.gov or work with your Department HR Liaison for one-on-one support.

We look forward to your feedback on the experience with Workday over the next few weeks.

Sincerely,

Al C. Boling, City Manager

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A Message from Angela Lopez, Human Resources Director

Dear Benefits Eligible Employees,

Welcome to Open Enrollment 2017! One of the most important decisions you'll make this year for you and your family deals with your benefit elections. We are excited to provide you with access to your benefits enrollment and information on-line, anytime, anywhere from your web browser through Workday! You may also access this Benefits Guide on-line www.ontariocityemployees.org. Our hope is that this access will make it easier for you to review your benefits, discuss with eligible family members, and make informed benefit decisions. These online resources will be available to you all year.

Open Enrollment is the one time a year that you are able to make changes to your benefits without a qualifying event (see page 8), please carefully take the time to review all the benefit plan options and cost before making enrollment decisions for yourself and your eligible family members.

Important 2017 Open Enrollment dates and timelines:

- **CalPERS Open Enrollment begins Monday, September 12, 2017.**
- **Workday Open Enrollment launches Monday, September 19, 2017.**
- **Open Enrollment closes Friday, October 14, 2017.**

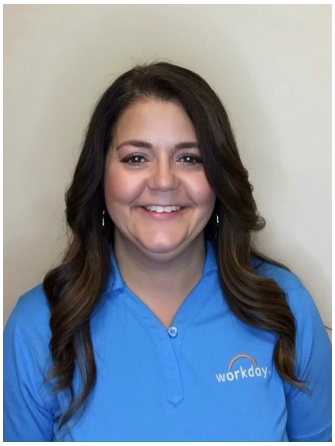
The following provides you with a list of a few ways to learn more about open enrollment and complete your open enrollment process:

- Guides and training materials are provided in your 2017 Benefits Guide, on-line and on the intranet. These resources facilitate independent review and completion of your Open Enrollment process.

- Want to learn more about 2017 choices? Attend one of our Open Enrollment meetings throughout September to mid-October at various City locations. At these sessions, our benefits team will be there to assist you with benefits and open enrollment questions and members of our Workday team will be available to assist you with any Workday navigation questions.

- Have questions and are unable to attend one of the meetings? Contact the Human Resources Benefits Office at (909) 395-2433.

- During the week of September 12, you are encouraged to review CalPERS open enrollment information. A benefits team member is happy to assist you with changes if you want to proceed prior to Workday Open Enrollment launch.



We believe Workday is an innovative approach to make Ontario a "great" government organization and it enables us to better support our employees by providing you the option to access and change your personal information at your convenience. Our team is always happy to assist in person with questions, changes and through navigation of Workday. If you are interested in exploring Workday and the self-service features, you may access tutorials and training guides on the City's Intranet or at www.ontariocityemployees.org.

Thank you for your commitment to Ontario and our Community.

Cordially,

Angela C. Lopez,
Human Resources Director

Enrollment for Department Head/Association of Ontario Management Employees

Welcome to your Benefit Guide for Plan Year 2017! Open Enrollment offers you the opportunity to add or delete coverage, make changes to existing coverage and add or delete dependents. **All changes made during Open Enrollment will be effective January 1, 2017.**

Please visit www.ontariocityemployees.org. Here you will find basic information on the Open Enrollment process, an overview of the benefit packages the City provides its employees and links to the various vendor and healthcare provider's websites which provide in depth information for each benefit and programs they offer.

ALL CHANGES AND VERIFICATIONS MUST BE COMPLETED BY THE END OF OPEN ENROLLMENT, OCTOBER 14, 2016

MEDICAL

The City contribution to Department Head/Association of Ontario Management Employee members for medical is up to **$1,380.00** per month. The City contracts with CalPERS for medical coverage. CalPERS offers a choice of up to ten plans total, seven HMO and three PPO. The HMO plan options are two Anthem plans, two Health Net plans, one Blue Shield plan, United Healthcare, and Kaiser. The three PPO plans are Anthem Blue Cross plans, PERS Choice, PERS Select and PERSCare.

CalPERS will no longer offer Blue Shield NetValue HMO. If you currently have NetValue, you will be automatically be defaulted to Blue Shield Access + HMO in Workday. Please review all options for the best choice for you and your family.

DENTAL & VISION

The City contribution to Department Head/Association of Ontario Management Employee members for dental is up to **$124.40** per month. Dental is provided through Delta Dental and your choices are Delta Care (DHMO), Delta DPO Basic and Delta Dental PPO Buy-Up.

The City contribution to Department Head/Association of Ontario Management Employee members for vision plans is up to **$18.15** per month. Vision plans are through VSP and your choices are VSP Basic and VSP Buy-Up.

Items to consider when selecting medical, dental and vision:

- ♦ HMO or PPO plan?
- ♦ Deductibles and co-pay requirements?
- ♦ Selection of doctors?

If you have concerns regarding the quality or cost of your medical, dental and vision plans, this is the time to research other options available and/or contact Benefits. There may be a better available option for you.

All Open Enrollment information is available online and can be viewed, downloaded or printed at any time. We have also scheduled Open Enrollment meetings at different locations throughout the Open Enrollment period. Please visit www.ontarioca.gov for full schedule of meeting dates, times and locations.

LIFE AND AD&D

Life/Accidental Death & Dismemberment protects employees and their families from financial hardship in the event of death or dismemberment. It provides the peace of mind you get when you know your loved ones will be protected if anything happens to you. The City provides $51,000 Basic Life Insurance and $54,000 Accidental Death & Dismemberment (AD&D) coverage.

DISABILITY

The Short and Long Term disability programs administered through Cigna, are designed to continue providing you with income if you're unable to work due to sickness or injury. Disability insurance can help you continue to pay your bills by replacing a portion of your income until you are able to return to work.

STD: City pays the premium for 66 2/3% of salary up to $2,307.69 per week.

LTD: City pays 100% of the premium for your LTD benefit. Your maximum monthly benefit will be $10,000.

RETIREMENT

A generous retirement plan is provided through the California Public Employees Retirement System (CalPERS), pursuant to the California Public Employees' Pension Reform Act (PEPRA) of 2013. The retirement formula for new CalPERS members is 2% at 62.

The retirement formula for individuals who became CalPERS members or are members of a reciprocal retirement plan before January 1, 2013 is 2.5% at 55. This formula applies to City of Ontario employees in full-time positions prior to the date above as well as current CalPERS members or members of reciprocal public sector retirement plans who begin employment with the City within six months of separating from another CalPERS or a reciprocal member agency.

The City of Ontario participates in Social Security. The employee pays a required retirement contribution of 6.25% of their applicable compensation. Please contact the Human Resources Department for any questions regarding retirement.

DEFERRED COMPENSATION PROGRAMS—457(b) & 401(a)

Although the City provides a rich retirement plan through CalPERS, additional savings is required through the retirement years. 457(b) Deferred Compensation is a governmental plan for retirement savings that allows employees to supplement any existing retirement and pension benefits by saving/investing pre-tax dollars through a voluntary salary contribution. Contributions and any earnings on contributions are tax deferred until money is withdrawn. Distributions are subject to ordinary income tax. The City provides a monthly 401(a) contribution of $200 to AOME, $225 to DH.

ANNUAL LEAVE

192 Hours accrued in first year.

MANAGEMENT LEAVE

40 hours per calendar year.

*HOLIDAYS

Up to 13 paid holidays per year.

EMPLOYEE ASSISTANCE PROGRAM

The Employee Support Services (ESS) is an employer paid benefit providing you and eligible family members with confidential professional assistance. The ESS provides resources for mental and emotional well-being and can assist you and your family members with a variety of life's issues.

FLEXIBLE SPENDING ACCOUNTS

If you elect to participate in the Flexible Spending Accounts, you can set aside tax-free dollars each year to cover your eligible out-of-pocket expenses and daycare expenses.

*TUITION REIMBURSEMENT PROGRAM

$800 Annual tuition reimbursement for job-related accredited courses.

ADDITIONAL BENEFITS

Ontario Public Employees Credit Union
www.opefcu.org

* *See Dept.Head & Association of Ontario Management Employees Memorandum of Understanding (MOU) for more specific details regarding these benefits.*

Rules for Benefit Changes During the Plan Year

NOTE: You are responsible for notifying the Benefits Division of your dependent(s) that become ineligible as a result of divorce or becoming an overage dependent of the plan with 30 days of the event.

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". If you qualify for a mid-year benefit change, you may be required to submit proof of the change or evidence of prior coverage. With regard to qualified status changes, domestic partners and children of domestic partners will be treated similarly to spouses and dependent children, respectively, to the extent permitted by law. 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 increase or decrease in hours of employment by you, your spouse, or your dependent child; or a switch between part-time and full-time employment that affects eligibility for benefits
- Change in child's dependent status, either newly satisfying the requirements for dependent child status or ceasing to satisfy them
- Change in your place of residence or worksite, including a change that affects the accessibility of network providers
- Change in your or your spouse's or dependent's health coverage attributable to your spouse's or dependent's employment
- Change in individual's eligibility for Medicare or Medicaid
- A loss of group health coverage sponsored by a governmental or educational institution, including a state children's health insurance program under the Social Security Act, the Indian Health Service or a health program offered by an Indian tribal government, a state health benefits risk pool, or a foreign government group health plan. (You may not change an election to your health Flexible Spending Account as a result of a loss of group health coverage sponsored by a governmental or educational institution).
- 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" event under the **Health Insurance Portability and Accountability Act (HIPAA)** including acquisition of a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan

Rules for Benefit Changes During the Plan Year

- An event that is allowed under the **Children's Health Insurance Program (CHIP) Reauthorization Act**. Under provisions of the Act, employees have 60 days after the following events to request enrollment:

- Employee or dependent loses eligibility for Medicaid (known as Medi-Cal) or CHIP (known as Healthy Families in California)

- Employee or dependent becomes eligible to participate in a premium assistance program under Medicaid or CHIP

- A change in dependent care provider. A cost change is allowable in the Dependent Care Flexible Spending Account only if the cost change is imposed by a dependent care provider who is not related to you, as defined in Internal Revenue Code Section 152(a)(1) through (8).

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

1. Any change you make must be consistent with the change in status, AND
2. You must notify the Benefits Division and make the change within 30 days after the date the event occurs.

Welcome to Workday! Workday provides City of Ontario employees direct access to view and update their personal, payroll and benefit information. You may complete your 2017 benefits open enrollment by logging in-to Workday and following the step by step instructions included in this guide.

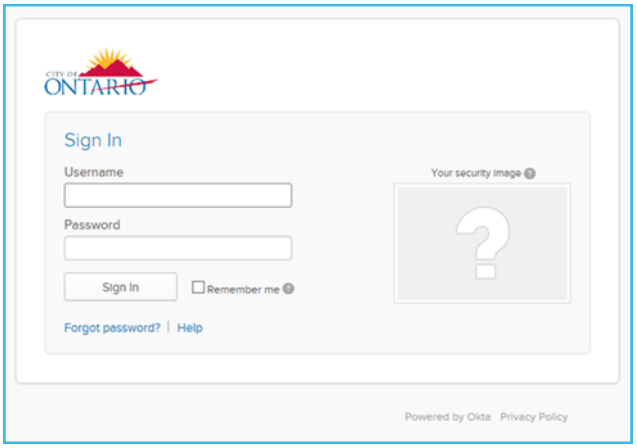
Log In to Workday

You may log in to Workday through any computer with internet access. Simply enter the site address using your internet browser.

From your work or personal computer, enter: **https://ontarioca.gov/workday/** in your browser.

Access the link through the City's Intranet page: **Employee Resources > Workday.**

You will be redirected to OKTA webpage. OKTA is used by the City of Ontario to manage your login credentials. If this is your first visit to OKTA you will need to set-up your OKTA account.



Enter the username and password that you use to log into your work desktop.

A companion mobile application is available which allows you to access a limited number of features. ***Benefits Open Enrollment is not available on the mobile application***. Review the Mobile Quick reference guide on the City's Workday Training page for more information.

Workday Training

There is much more to experience with Workday. To learn more about what Workday has to offer, visit the City of Ontario's Workday webpage. There you will find for short training videos, quick reference guides and complete training instructions.

Need Help with Workday?

Everyone needs a hand now and then, so help is just an email or a phone call away. Stuck and have a question about how something works, don't worry we are here to help.

Workday navigation, functionality or security (after log-in):

email: workday@ontarioca.gov call: 395-2000 ext 4329

City-wide systems, networks, and log-in issues:

email: help@ontarioca.gov call: 395-2000 ext 4357

Helpful Hints for Completing your Open Enrollment

First, gather necessary information prior to starting the enrollment process. This may include:

- Your dependent(s) birth date(s) and SSN(s). This is required information even if you choose not to enroll your spouse and/or child(ren). This information may be needed for Optional Life/AD&D benefits.
- Referencing your health care and child care expenses for the prior benefit year if you plan to enroll in a Flexible Spending Account—this will give you an idea of the amount you may want to set aside for the current benefit year.

Proceed through the Open Enrollment process and choose your benefits elections.

- Click on **Continue** as you move through each step to save your progress.
- Click on **Save for Later** to end editing and work on something else in Workday.
- Click on **Go Back** to edit or view information from a prior step.
- Click on **Cancel** to cancel your changes and take you back to the beginning of the open enrollment process.
- If you are interrupted or need to stop in the middle of enrollment, your information will be saved. You can log back into the system and continue where you left off as long as your enrollment period is still open. Completed elections in place at the close of enrollment are elections that will be passed to the benefit carriers for January 1, 2017.
- At the end of the process, a review page displays your benefit selections and their costs. Please review your elections carefully to confirm they are correct.

Click the "Electronic Signature" on the review page and then "Submit" to complete your enrollment.

- Incomplete enrollments will not be processed and newly elected coverages will not be valid.
- You may return to update or change your elections as many times as you wish during the designated Open Enrollment period.
- Save and print a copy of your benefits selections and costs for your records.
- You may return to change elections as often as you choose during the open enrollment period.
- Keep your elections up-to-date and report qualifying life events within 31 days of the event taking place.

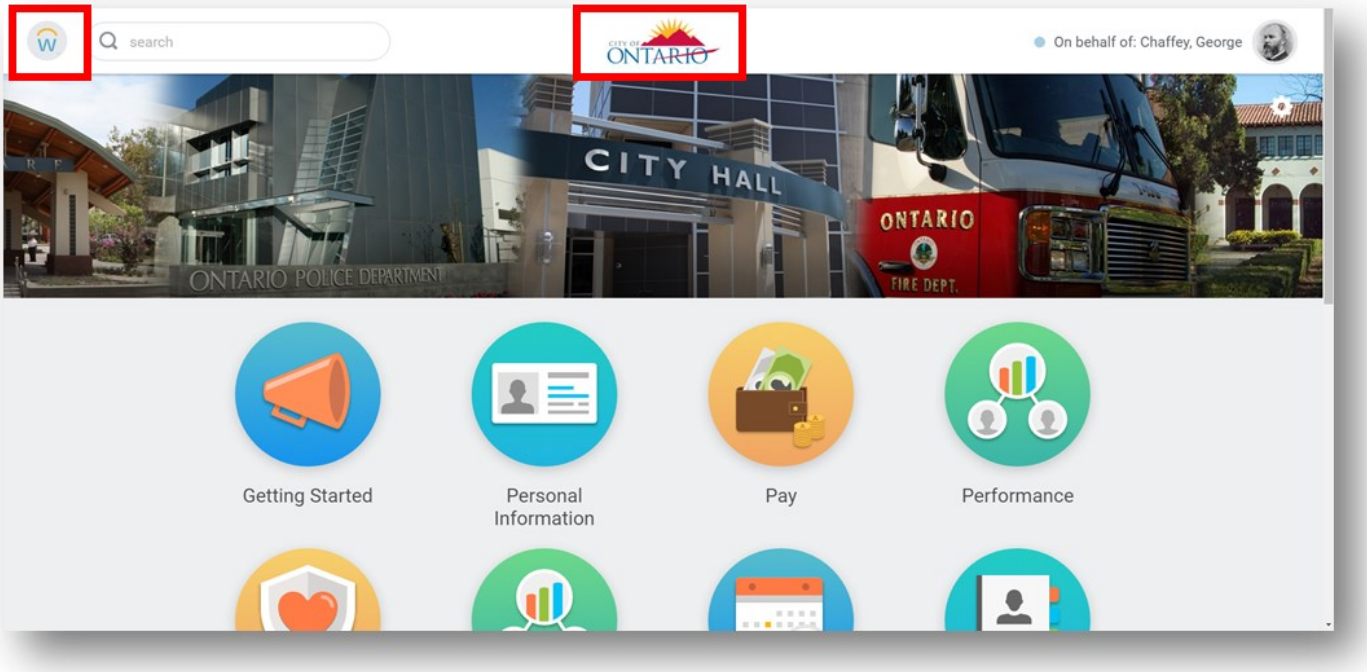
Disclaimer

The screen shots included in this training are intended to provide a general overview of Workday's capabilities and may not represent the benefits available to you.

Log into Workday

The default page in Workday is known as your Home page. It contains Worklets (icons) and maintenance functions. The upper right-hand corner provides access to your Employee Profile link, which includes a drop-down menu to navigate the system. The upper left-hand corner provides access to the Search function and Home button. The body of the page contains worklets, icons that take users to specific functions within Workday.

Both the City of Ontario logo and the Workday Home buttons will return you to your Home page from anywhere in the system.



Review Your Dependents and Beneficiaries

The body of your Workday home page contain Worklet. Worklets provide users quick access to frequently referenced data and tasks related to a functional area in Workday.

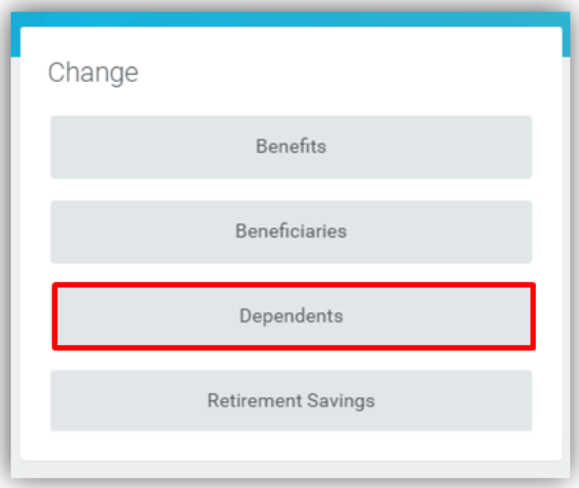
The Benefits Worklet located on your home page, provides you with the ability to **change** and **view** specific benefit information.

Prior to beginning the open enrollment process, you must review your dependents **BEFORE** you make your open enrollment elections.

Review Dependents

To review your currently enrolled dependents:

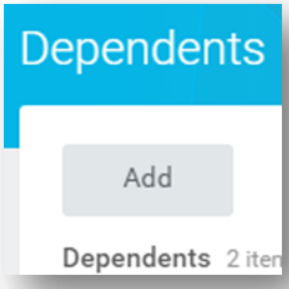
1. Click on the Benefits Worklet.
2. Click on Dependents on the **change** menu. You will see any currently enrolled dependents.



Add Dependents

If you would like to add a dependent to your benefits for the 2017 plan year:

1. From the Dependents page, click on the **Add** button near the top of the page.
2. Select the current date as the effective date.
3. Select **Add Dependent** – Open Enrollment as the Reason.
4. Select if the dependent will also be a beneficiary by choosing either Yes or No.
5. Complete all required information (marked with a red asterisk*) including their social security number.
6. If adding a new dependent you must attach proof of eligibility before submitting your enrollment. See instructions on attaching Supporting Documentation.



Review Beneficiaries

To review your currently enrolled beneficiaries:

1. Click on the Benefits Worklet.
2. Click on Beneficiaries on the **change** menu. You will see any currently enrolled beneficiaries.

Add Beneficiaries

If you would like to add a beneficiary:

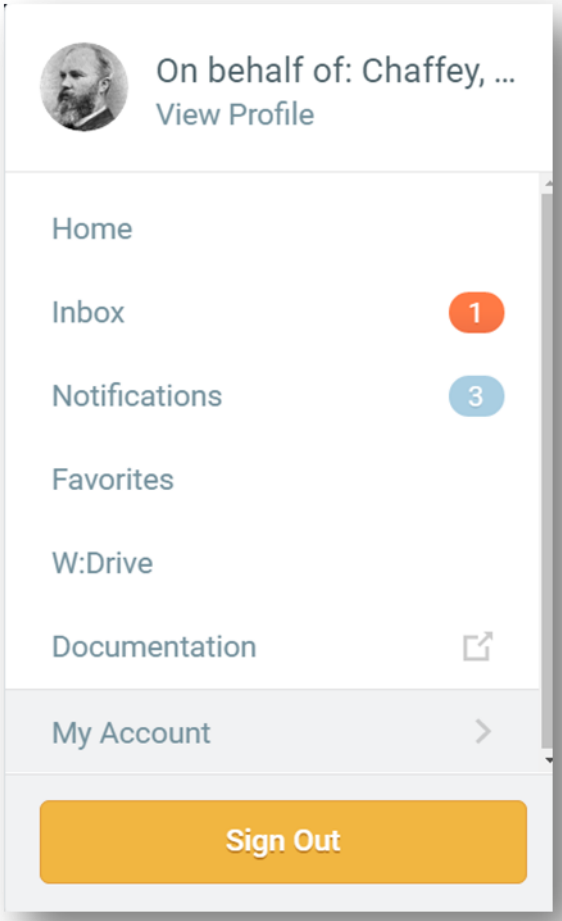
1. From the Beneficiaries page, click on the **Add** button near the top of the page.
2. Select the type of beneficiary you are adding, you may select an existing Dependent or Emergency Contact, New Person or a New Trust.
3. Click on **OK.**
4. Complete all required information (marked with a red asterisk*) including their social security number.
5. Click on **Submit.**

Open Your Workday Inbox

1. Click your Profile Icon (your name and or picture) in the upper right hand corner of your Workday Home page.
2. Click **Inbox** to expand your viewable options. The orange circle with a number next to word Inbox indicates how many items are in the Inbox.
3. Click the **Actions** tab to view your business process tasks, approvals, and to-dos.

Your **Inbox** separates your **Actions** and **Archive** in Workday. The **Actions** tab indicates items that require your attention. Once you complete an Action item, it will be stored in your **Archives**. The **Archive** tab allows you to view the details and processes of past actions. If you begin a process in Workday but do not complete it, you will access that process through your **Inbox**.

- Click the **Down Arrow** ▼ next to **Viewing** and **Sort By** to control what type or how information appears in your Inbox.
- Click the **Archive** tab. The right side of the screen will display details of the highlighted item in the left column.



- To view the details on an event in your **Archive** double click on that item to open the **View Event** screen.

As a best practice, check your Workday Inbox each work day!

Health Care Elections

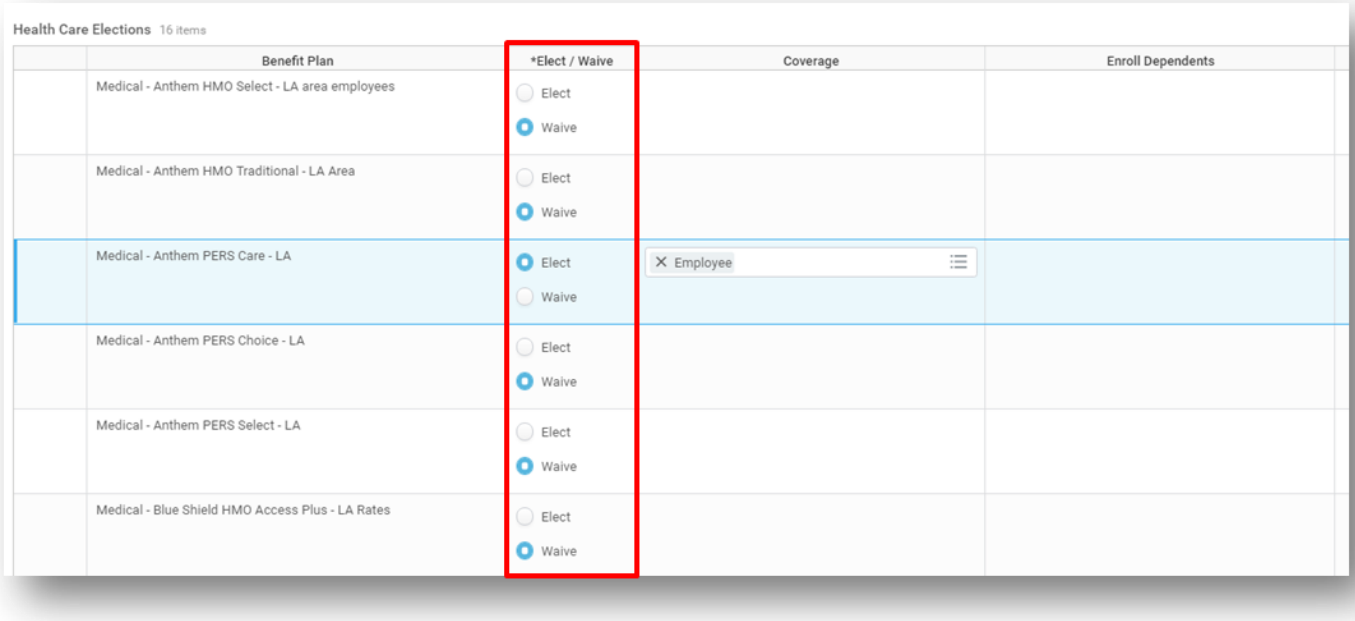
When it is time for Open Enrollment, you will receive an Open Enrollment task in your Workday Inbox.

1. From your Workday **Inbox** click on the **Open Enrollment Change task**.

2. Select **Elect** or **Waive** next to each benefit election choice. Choose a Medical, Dental and Vision Plan. Your current elections are defaulted. To waive medical coverage make sure 'waive' is selected for all medical plans.

3. Click on the prompt in the coverage column to modify the level of coverage for the benefit plan.

Remove Dependents



Any dependents currently covered by your health plans are included in the **Enroll Dependents** column. To remove a dependent from coverage for the 2017 plan year follow the steps below.

1. From the Change Benefits for Open Enrollment page (Step 1 of 6), click on the prompt icon in the enroll dependents field for the plan you want to remove a dependent from.

2. Click on the '**X**' next to the dependents name to remove the dependent from the plan. The dependent remains associated with your profile in Workday.

3. If done with selecting benefit plans and modifying dependents, click on **Continue**.

Dependent IDs

You have Dependents covered under your Health Care plans without a Social Security Number you will see this step, otherwise it will be skipped. You must enter their Social Security Number for your dependent. If the social security number is not available, please contact Benefits for further instructions.

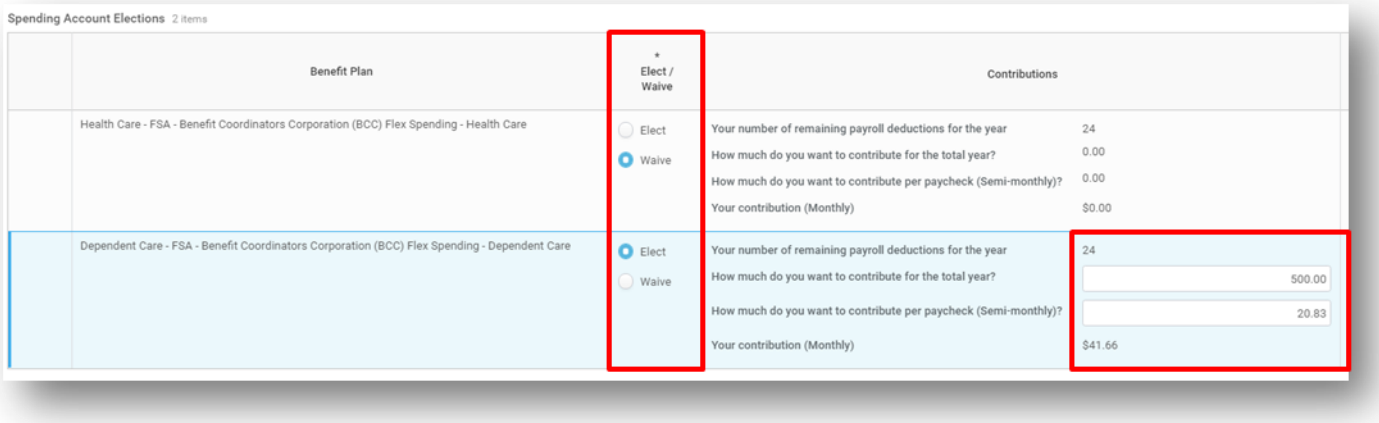
Spending Account Elections

Depending on your bargaining group, you may be eligible to enroll in both Flexible Spending – Health Care or Flexible Spending – Dependent Care plans.

1. From the Change Benefits for Open Enrollment – Spending Account Elections page, select **Elect** or **Waive** next to each benefit election choice. Your current elections are defaulted.

2. For each elected plan, enter a dollar amount in either the **How much do you want to contribute for the total year** OR the **How much do you want to contribute per paycheck (semi-monthly)** fields. Click on the screen to calculate your monthly contribution.

3. Click **Continue** to proceed to the next step.



Insurance Elections

All fulltime benefit eligible employees are able to enroll in portable life insurance for yourself and your eligible dependents. Please read the additional instructions on the page for more information.

1. From the Change Benefits for Open Enrollment – Insurance Elections page, select **Elect** or **Waive** next to each insurance election choice. Your current elections are defaulted.

2. In the **Coverage Level** column, select a dollar amount that represents the desired level of coverage. Refer to the on the screen for information about coverage levels.

This 2017 Open Enrollment offers a unique opportunity to take advantage of electing a higher level of Additional/Supplemental Life insurance without medical evidence. Cigna will approve a one-time election in increments of $20,000 up to the lesser of two times annual salary or $160,000, with no medical evidence required. This offer excludes those previously denied Cigna Supplemental Life under this policy. Also, during open enrollment all employees can elect an additional $10,000 of Supplemental Life for their spouse or domestic partner with no medical evidence required. To elect any of these options, be sure to log into Workday to adjust your Life insurance elections during Open Enrollment.

3. If selecting coverage for a dependent, choose the appropriate dependent(s) by clicking on the prompt in the **Covers Dependent** field for the plan selected. If necessary, add additional dependents by clicking on the prompt and selecting **Add My Dependent From Enrollment.** Follow the on screen prompts to add a dependent.

4. Click **Continue** to proceed to the next step.

Beneficiary Designation

You must designate beneficiaries, for your life insurance plan(s).

1. From the Change Benefits for Open Enrollment – Beneficiary Designations form, Click on the '**+**' Icon to add a new row for each benefit plan.

2. Click the prompt icon in the in the **Beneficiary** field to select from a list of existing beneficiaries or to create a new one. You may a remove a beneficiary by clicking on the '**X**' in front of their name (does not remove them from the system).

3. Specify the percentage of benefits for each beneficiary in the **Primary Percentage/ Contingent Percentage** column. Your primary beneficiaries and contingent beneficiaries must equal 100%.

4. Click **Continue** to proceed to the next step.

Benefits Election Review

To complete your enrollment, review your benefit selections on the screen. **NOTE!** If you had added a new dependent follow the Attaching Supporting Documents instructions below before you complete this step.

1. If you need to make a correction, select **Go Back** and make changes as necessary.

2. Check the **I Agree** checkbox in the Electronic Signature section to accept and acknowledge your choices.

3. Click **Submit.** A confirmation worklet displays.

4. Click **Print** at the bottom of the screen to generate a printable version of the summary for your personal records.

Understanding Your Benefits

Choosing the right health plan is probably one of the most important decisions you can make for you and your family. What's important to you – cost, provider choice, convenience?

Considerations When Making Your Medical Plan Decision

Carefully review all medical options made available for you and your family members. Variables that often impact your selection may include your dependent's health, expected medical costs, cost of the choices and anticipated family changes. In deciding on a medical option, consider the following:

- Are your current doctors in the plan network? You'll receive a higher level of benefits by visiting a network physician or facility.
- How often do you plan to use your medical benefits during the year? Some plans make sense if you require extensive medical care throughout the year or have a longstanding relationship with a non-network provider. Others may be more cost effective with lower out-of-pocket costs if you only need routine care during the year.
- What are the out-of-pocket costs associated with each plan? Keep in mind that depending on the plan, you may have a copay for doctor's office visits or an annual deductible before the plan starts paying any benefits.

You can refer to the medical plan comparison charts for a snapshot on commonly used benefits and refer to the plan benefit summary or plan document for details on specific benefits.

In a **Preferred Provider Organization** (PPO), there are two kinds of providers. One is known as a *preferred provider* who provides their services at a negotiated discounted rate and is therefore considered "in-network." In a PPO plan, you may also see a provider that is considered "out-of-network." In most cases, when you see an "*out-of-network" provider*, your care will still be covered, although not at the "in-network" negotiated discount rate.

CalPERS has launched **CalPERS|Compare**, a one-stop-shop for your health information needs. **CalPERS|Compare** allows you shop for medical services and prescriptions and compare your options. You can use it to track your past expenses and how much you should expect to pay. If you are enrolled in a CalPERS Anthem Blue Cross PERS Select, or PERS Choice, or PERS Care you can activate your CalPERS|Compare Account at https://www.calperscompare.com

In a **Health Maintenance Organization** (HMO), you must designate a Primary Care Physician (PCP) for routine care and/or referral to a specialist. If you use a provider that is not in the HMO, or if you receive care from a specialist without a referral from your PCP, you may have to pay the full cost of those services. Out-of-pocket costs are generally lower as long as your PCP coordinates all of your care.

Prescription Drug Coverage

When you enroll in a medical plan, you and your eligible dependents automatically receive prescription drug coverage.

Generic, Preferred/Formulary Brand Name, & Non-Preferred/Non-Formulary Brand Name Drugs

The medical plans provide coverage of prescription drugs at various levels:

Generic drugs have the same active chemical ingredients and therapeutic effect as their brand-name equivalents. Though they may vary in color and shape, the Food & Drug Administration requires that they meet the same quality standards as the brand name drug. These drugs require the lowest copay.

Preferred/Non-Preferred Brand drugs are defined by each plan. This program minimizes the prescribing of specific higher-cost, lower-value prescription drugs (non-preferred medications) and redirects those prescriptions to more cost effective medications (preferred medications). Typically, these drugs require higher copay than their generic equivalent.

Non-Preferred/Non-Formulary Brand drugs are not on the preferred/formulary drug list. Some plans may cover non-preferred/non-formulary brand drugs. If your plan covers these drugs, and you and your physician agree that you should have a non-preferred/non-formulary brand drug, your copay will be higher than that of the other drugs.

If you are taking an injectable drug make sure to consider the benefit differences under each plan to make the best choice for your needs.

Terms You Should Know

1. **Deductible**–This is the amount you must pay each calendar year before the plan begins to pay for certain benefits.
2. **Co-payment (copay)**–This is the fee that you must pay under your plan each time you go to a doctor or hospital for certain services. A copay is also required for prescription drugs.
3. **Co-Insurance**–This is the percentage of cost that you share with the plan provider after you have met the deductible.
4. **Out-of-Pocket Maximum**–The plan limits the amount of money that you will have to pay each year for covered expenses. Once you reach this dollar limit, the plan generally pays 100% of eligible expenses for the rest of the calendar year, up to the lifetime maximum.
5. **Usual, Customary and Reasonable (UCR)**–PPO plans pay up to a reasonable and customary amount for out-of-network services. Participants will have to pay for any expenses over the reasonable and customary amount, as determined by the insurance provider. Amounts over usual and customary do not apply to your deductible or out-of-pocket calendar year maximum.

Loss of Benefits

The following circumstances may result in disqualification, or denial, loss, forfeiture, suspension, offset, reduction or recovery of any benefit that a Plan participant or dependent might otherwise reasonably expect the Plan to provide:

- an employee's cessation of active service for the employer;
- a participant's failure to pay his/her share of the cost of coverage, if any, in a timely manner;
- a dependent ceases to meet the Plan's eligibility requirements (e.g., a child reaches a maximum age limit or a spouse divorces the employee);
- a participant or dependent is injured by a third party, and expenses for treatment may be paid by or recovered from the third party or its insurer; or
- a claim for benefits is not filed within the Plan's applicable time limits.

Contacting Your Health Plan

To obtain up-to-date contact information for the health plans, please refer to the CalPERS ***Health Benefit Summary*** or go to CalPERS On-Line at www.calpers.ca.gov. Contact your health plan with questions about: identification cards, verification of provider participation, service area boundaries (covered ZIP Codes) or Individual Conversion Policies. Your plan benefits, deductibles, limitations, and exclusions are outlined in your health plan's *Evidence of Coverage* booklet. You can obtain the *Evidence of Coverage* by contacting your health plan directly or visiting the CalPERS website.

2017 CalPERS Medical Rates — Dept. Head/AOME Monthly Rates/Cost

Rates based on CalPERS Basic Premium Rates: Los Angeles, San Bernardino, Ventura Counties

2017 MEDICAL

Tier Level	Total Premium	City Contribution	Cost
Waiving Medical Prior to 08/31/2004			
Employee	$ -	$ 485.00	$ (485.00)
Waiving Medical On or After 09/01/2004			
Employee	$ -	$ 420.00	$ (420.00)
Anthem HMO Select			
Employee	$ 592.78	$ 765.00	$ (172.22)
Employee + One	$ 1,185.56	$ 1,090.00	$ 95.56
Family	$ 1,541.23	$ 1,380.00	$ 161.23
Anthem HMO Traditional			
Employee	$ 713.69	$ 765.00	$ (51.31)
Employee + One	$ 1,427.38	$ 1,090.00	$ 337.38
Family	$ 1,855.59	$ 1,380.00	$ 475.59
Blue Shield Access + HMO			
Employee	$ 675.98	$ 765.00	$ (89.02)
Employee + One	$ 1,351.96	$ 1,090.00	$ 261.96
Family	$ 1,757.55	$ 1,380.00	$ 377.55
Health Net Salud y Mas			
Employee	$ 414.79	$ 765.00	$ (350.21)
Employee + One	$ 829.58	$ 1,090.00	$ (260.42)
Family	$ 1,078.45	$ 1,380.00	$ (301.55)
Health Net SmartCare			
Employee	$ 526.73	$ 765.00	$ (238.27)
Employee + One	$ 1,053.46	$ 1,090.00	$ (36.54)
Family	$ 1,369.50	$ 1,380.00	$ (10.50)
Kaiser HMO			
Employee	$ 573.89	$ 765.00	$ (191.11)
Employee + One	$ 1,147.78	$ 1,090.00	$ 57.78
Family	$ 1,492.11	$ 1,380.00	$ 112.11
Sharp (Regional Area Only)			
Employee	$ 614.46	$ 765.00	$ (150.54)
Employee + One	$ 1,228.92	$ 1,090.00	$ 138.92
Family	$ 1,597.60	$ 1,380.00	$ 217.60
UnitedHealthcare			
Employee	$ 545.71	$ 765.00	$ (219.29)
Employee + One	$ 1,091.42	$ 1,090.00	$ 1.42
Family	$ 1,418.85	$ 1,380.00	$ 38.85
PERS Choice			
Employee	$ 637.53	$ 765.00	$ (127.47)
Employee + One	$ 1,275.06	$ 1,090.00	$ 185.06
Family	$ 1,657.58	$ 1,380.00	$ 277.58
PERS Select			
Employee	$ 565.33	$ 765.00	$ (199.67)
Employee + One	$ 1,130.66	$ 1,090.00	$ 40.66
Family	$ 1,469.86	$ 1,380.00	$ 89.86
PERSCare			
Employee	$ 715.88	$ 765.00	$ (49.12)
Employee + One	$ 1,431.76	$ 1,090.00	$ 341.76
Family	$ 1,861.29	$ 1,380.00	$ 481.29

CalPERS Health Premiums — 2017 Regional HMO Contracting Agencies

Contracting Agencies HMO only							
BASIC	2016			2017			Percent Change (+/-)
	Single	2-Party	Family	Single	2-Party	Family	
Basic Premium Rates - Los Angeles Area							
Los Angeles, San Bernardino, and Ventura							
Anthem HMO Select	$543.47	$1,086.94	$1,413.02	$592.78	$1,185.56	$1,541.23	9.07%
Anthem HMO Traditional	$610.64	$1,221.28	$1,587.66	$713.69	$1,427.38	$1,855.59	16.88%
Blue Shield Access+	$566.53	$1,133.06	$1,472.98	$675.98	$1,351.96	$1,757.55	19.32%
Blue Shield NetValue	$576.46	$1,152.92	$1,498.80	Blue Shield NetValue not available in 2017			n/a
Health Net Salud y Mas	$466.11	$932.22	$1,211.89	$414.79	$829.58	$1,078.45	-11.01%
Health Net SmartCare	$585.39	$1,170.78	$1,522.01	$526.73	$1,053.46	$1,369.50	-10.02%
Kaiser CA	$543.83	$1,087.66	$1,413.96	$573.89	$1,147.78	$1,492.11	5.53%
United Healthcare	$492.24	$984.48	$1,279.82	$545.71	$1,091.42	$1,418.85	10.86%
Basic Premium Rates - Other Southern California							
Fresno, Imperial, Inyo, Kern, Kings, Madera, Riverside, Orange, San Diego, San Luis Obispo, Santa Barbara, and Tulare							
Anthem HMO Select	$634.75	$1,269.50	$1,650.35	$659.03	$1,318.06	$1,713.48	3.83%
Anthem HMO Traditional	$710.79	$1,421.58	$1,848.05	$799.15	$1,598.30	$2,077.79	12.43%
Blue Shield Access+	$654.87	$1,309.74	$1,702.68	$778.45	$1,556.90	$2,023.97	18.87%
Blue Shield NetValue	$666.35	$1,332.70	$1,732.51	Blue Shield NetValue not available in 2017			n/a
Health Net Salud y Mas	$535.98	$1,071.96	$1,393.55	$473.46	$946.92	$1,231.00	-11.66%
Health Net SmartCare	$596.98	$1,193.96	$1,552.15	$537.20	$1,074.40	$1,396.72	-10.01%
Kaiser CA	$605.05	$1,210.10	$1,573.13	$599.54	$1,199.08	$1,558.80	-0.91%
Sharp	$561.34	$1,122.68	$1,459.48	$614.46	$1,228.92	$1,597.60	9.46%
United Healthcare	$493.99	987..98	$1,284.37	$549.76	$1,099.52	$1,429.38	11.29%
Basic Premium Rates - Out of State							
Kaiser/Out of State	$930.29	$1,860.58	$2,418.75	$940.67	$1,881.34	$2,445.74	1.12%
Medicare	2016			2017			Percent Change (+/-)
	Single	2-Party	Family	Single	2-Party	Family	
Medicare Premium Rates - All Regions							
Kaiser CA	$297.23	$594.46	$891.69	$300.48	$600.96	$901.44	1.09%
Kaiser Out of State	$297.23	$594.46	$891.69	$300.48	$600.96	$901.44	1.09%
United Healthcare	$320.98	$641.96	$962.94	$324.21	$648.42	$972.63	1.01%

2017 CalPERS Health Premiums — Regional PPO Contracting Agencies

Contracting Agencies PPO only - Basic Rates

Basic Premium Rates - Los Angeles Area

Los Angeles, San Bernardino, and Ventura

BASIC	2016			2017			Percent Change (+/-)
	Single	2-Party	Family	Single	2-Party	Family	
PERS Choice	$598.75	$1,197.50	$1,556.75	$637.53	$1,275.06	$1,657.58	6.48%
PERS Select	$547.55	$1,095.10	$1,423.63	$565.33	$1,130.66	$1,469.86	3.25%
PERSCare	$666.91	$1,333.82	$1,733.97	$715.88	$1,431.76	$1,861.29	7.34%

Basic Premium Rates - Other Southern California

Fresno, Imperial, Inyo, Kern, Kings, Madera, Riverside, Orange, San Diego, San Luis Obispo, Santa Barbara, and Tulare

BASIC	2016			2017			Percent Change (+/-)
	Single	2-Party	Family	Single	2-Party	Family	
PERS Choice	$683.71	$1,367.42	$1,777.65	$714.43	$1,428.86	$1,857.52	4.49%
PERS Select	$625.20	$1,250.40	$1,625.52	$633.46	$1,266.92	$1,647.00	1.32%
PERSCare	$761.50	$1,523.00	$1,979.91	$802.24	$1,604.48	$2,085.82	5.35%

Basic Premium Rates - Out of State

PERS Choice	$625.31	$1,250.62	$1,625.81	$675.61	$1,351.22	$1,756.59	8.04%
PERSCare	$696.49	$1,392.98	$1,810.87	$758.69	$1,517.38	$1,972.59	8.93%

Medicare Premium Rates - All Regions

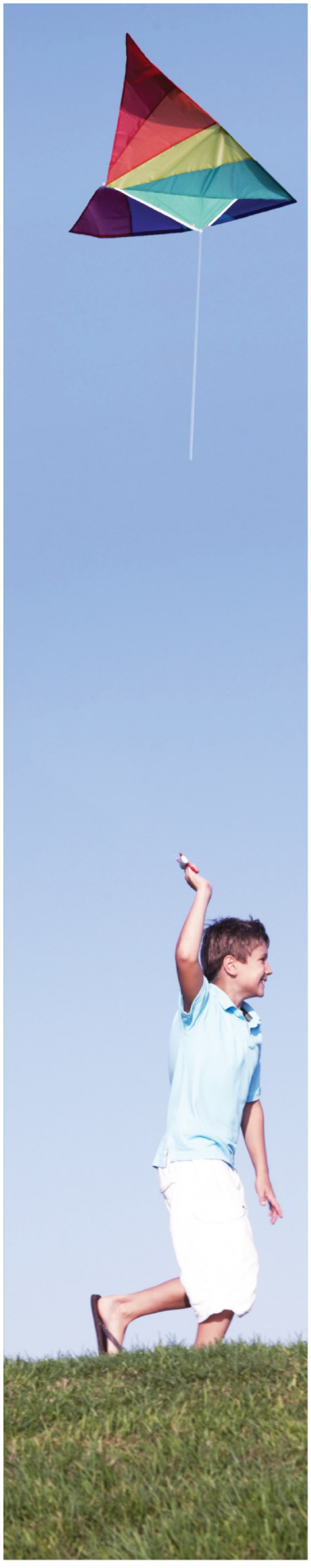
MEDICARE	2016			2017			Percent Change (+/-)
	Single	2-Party	Family	Single	2-Party	Family	
PERS Choice	$366.38	$732.76	$1,099.14	$353.63	$707.26	$1,060.89	-3.48%
PERS Select	$366.38	$732.76	$1,099.14	$353.63	$707.26	$1,060.89	-3.48%
PERSCare	$408.04	$816.08	$1,224.12	$389.76	$779.52	$1,169.28	-4.48%

Delta Dental & Vision Service Plan — 2017 Rates / Cost

For Department Head/Association of Ontario Management Employees

	Tier Level	Total Premium	City Contribution	Employee Cost
2017 DENTAL	**Delta PMI/DHMO**			
	Employee	$ 22.98	$ 22.98	$ -
	Employee + One	$ 42.88	$ 42.88	$ -
	Family	$ 64.32	$ 64.32	$ -
	Delta DPO			
	Employee	$ 43.30	$ 43.30	$ -
	Employee + One	$ 82.10	$ 82.10	$ -
	Family	$ 124.40	$ 124.40	$ -
	Delta DPO Buy Up			
	Employee	$ 48.00	$ 43.30	$ 4.70
	Employee + One	$ 85.30	$ 82.10	$ 3.20
	Employee + Family	$ 129.20	$ 124.40	$ 4.80

2017 VISION	**VSP**			
	Employee	$ 5.81	$ 5.81	$ -
	Employee + One	$ 10.11	$ 10.11	$ -
	Employee + Family	$ 18.15	$ 18.15	$ -
	VSP Buy Up			
	Employee	$ 10.27	$ 5.81	$ 4.46
	Employee + One	$ 17.86	$ 10.11	$ 7.75
	Employee + Family	$ 32.03	$ 18.15	$ 13.88



9 WAYS TO ELEVATE YOUR SMILE

1. VISIT YOUR DELTACARE USA DENTIST. You must visit your selected DeltaCare USA general dentist to receive benefits under your plan. Find or change your dentist at **deltadentalins.com**[1] or by calling Customer Service. Don't want to choose a dentist on your own? We can designate one for you.

- No ID card is necessary to receive treatment – just provide your dentist with your name, date of birth and social security or enrollee ID number.
- There are no claims forms to complete – just pay your copayment (if any) at the time of treatment.
- If you require treatment from a specialist, your DeltaCare USA general dentist will coordinate a referral for you.[2]

2. SEEK PREVENTIVE CARE. Regular cleanings are a great way to keep your smile bright and may catch problems before more costly and extensive services are necessary. Your plan is designed with low or no costs for routine cleanings and exams.

3. ACCESS ONLINE SERVICES. Create a free Online Services account to access plan information online anytime including benefits, eligibility, ID card and more.

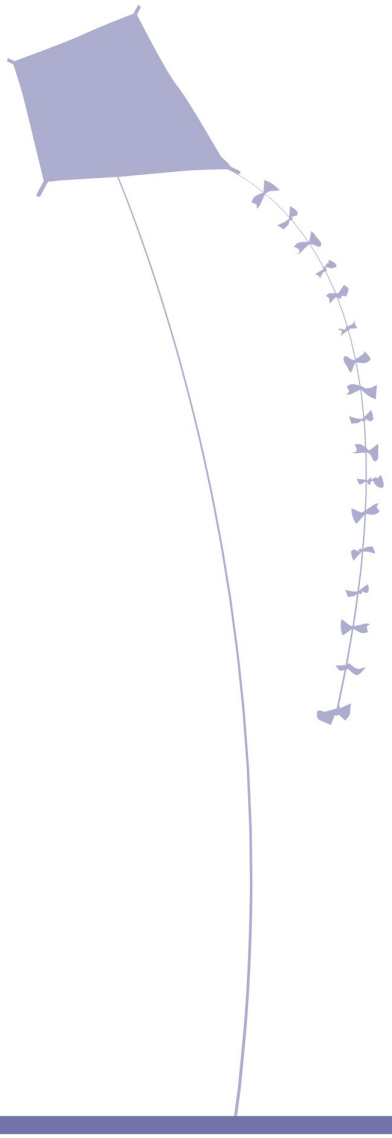
GET THE MOST FROM YOUR DELTACARE® USA PLAN

[1] Changes received by the 21st of the month will be effective the first day of the following month. Verify that the dentist is your selected DeltaCare USA primary care dentist before each appointment.

[2] In some states, Delta Dental must pre-authorize any non-emergency dental services provided by a specialist. Refer to your plan booklet for details about your plan.

DELTA DENTAL®

WE KEEP YOU SMILING®



4. STUDY YOUR PLAN. Did you know that DeltaCare USA has no exclusions for pre-existing conditions, including missing teeth?[3] Read your plan booklet for a complete list of covered procedures, copayments, plan limitations and exclusions.

5. GET MOBILE. Visit **deltadentalins.com** on your smartphone to access mobile-optimized Online Services – including a helpful dentist locator tool – on the go. Or, download the Delta Dental app through the App Store or Google Play to access your plan and try out our toothbrush timer.

6. COORDINATE BENEFITS. Are you covered under another dental plan as well? We may coordinate payment if you receive authorized treatment from a specialist. Ask your dental specialist to include information about both plans with your claim, and we'll handle the rest.[3]

7. COMPLETE IN-PROGRESS ORTHODONTIC CARE. If you began orthodontic treatment under a previous employer-sponsored plan, our treatment-in-progress provision may allow you to continue active treatment with your current orthodontist. Your prior plan's copayments and fees will apply.[4]

8. TALK TO YOUR DENTIST. From pregnancy to diabetes, medical conditions can affect your oral health. Start each dental checkup with a quick chat about your overall health.

9. STAY INFORMED. Get tools and tips to keep your smile bright at our SmileWay® Wellness site (**mysmileway.com**). And, subscribe to *Grin!*, our free dental health e-newsletter.

[3] Group- and state-specific exceptions may apply. Please review your plan booklet for details about your plan's coordination of benefits, including rules for determining primary and secondary coverage.

[4] This provision may not apply to all plans. Please refer to your plan booklet for specific coverage details.

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

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, ME, MI, NC, NE, NH, OK, OR, RI, SC, SD, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DE, FL, GA, KS, LA, MS, MT, TN, WV and the District of Columbia — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania; VA – Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

CONTACT US

Online assistance:
For quick and easy online assistance, go to **deltadentalins.com** › Contact Us › then select the administering company and choose the applicable customer service form.

Telephone assistance:
DeltaCare USA: **800-422-4234 (toll free)**

› Use our interactive voice response system: 7 days a week, 4:30 a.m. – 9:30 p.m. Pacific time

› Speak to a Customer Service representative: Monday-Friday, 5 a.m. – 6 p.m. Pacific time

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EF17_DCU_USA #78015(rev. 6/14)

DELTA DENTAL PPO℠: YOUR SMILE IS COVERED

GO PPO!

You can visit any licensed dentist under this plan, but you'll maximize plan value by selecting a Delta Dental PPO[1] dentist. PPO network dentists have agreed to reduced contracted rates and can't "balance bill" you for additional fees.[2] Find a dentist at **deltadentalins.com**.[3]

CONVENIENT ONLINE SERVICES: DELTADENTALINS.COM

- Create a free Online Services account from your PC or smartphone to view benefits, eligibility and claims status or check average dental costs in your area.
- Update your dental benefit statement delivery preference: Go paperless!
- Find a Delta Dental PPO dentist near you.

NO ID CARD NECESSARY

Just provide your dental office with your name, birth date and enrollee ID or social security number. Register for Online Services to print an ID card or pull it up on your smartphone at the dentist's office.

HASSLE-FREE TRANSITION & EASY BENEFITS COORDINATION

New to Delta Dental PPO? This plan covers treatment started and completed after your plan's effective date of coverage.[4] If you're covered under two plans, ask your dentist to include information about both plans with your claim, and we'll handle the rest.

SAVE WITH A PPO DENTIST

DELTA DENTAL PPO

NON-DELTA DENTAL DENTISTS

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

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

[2] Enrollees are responsible for any coinsurance, deductible, amount over the plan maximum and charges for non-covered services.

[3] Verify that your dentist is a contracted Delta Dental PPO network dentist before each appointment.

[4] Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier will be 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.

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DELTA DENTAL®

WE KEEP YOU SMILING®

Plan Benefit Highlights for: City of Ontario (Base Plan)

Group No: 16105 **Effective Date:** 01/01/2017

DELTA DENTAL PPO℠

BENEFIT HIGHLIGHTS

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26			
Deductibles	PPO-Dentist: $10 per person/ $30 per family each calendar year Non-PPO Dentists: $25 per person/ $75 per family each calendar year			
Deductibles waived for Diagnostic, Preventive and Orthodontics?	Yes			
Maximums	$1,000 per person each calendar year			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics 12 Months	Orthodontics 12 Months

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 and x-rays	100 %	100 %
Basic Services Fillings, simple tooth extractions and sealants	90 %	80 %
Endodontics (root canals) Covered Under Basic Services	90 %	80 %
Periodontics (gum treatment) Covered Under Basic Services	90 %	80 %
Oral Surgery Covered Under Basic Services	90 %	80 %
Major Services Crowns, inlays, onlays and cast restorations	60 %	50 %
Prosthodontics Bridges, dentures and implants	60 %	50 %
Orthodontic Benefits Dependent children	50 %	50 %
Orthodontic Maximum	$1,000 Lifetime	$1,000 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.

HLT_PPO_2COL_DDC (Rev. 08/06/2014)

Plan Benefit Highlights for: City of Ontario (Buy-Up Plan)

Group No: 16105 **Effective Date:** 01/01/2017

DELTA DENTAL PPO℠

BENEFIT HIGHLIGHTS

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26			
Deductibles	PPO-Dentist: $10 per person/ $30 per family each calendar year Non-PPO Dentists: $25 per person/ $75 per family each calendar year			
Deductibles waived for Diagnostic, Preventive and Orthodontics?	Yes			
Maximums	$1,000 per person each calendar year			
D & P counts toward maximum?	No			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics 12 Months	Orthodontics 12 Months

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 and x-rays	100 %	100 %
Basic Services Fillings, simple tooth extractions and sealants	90 %	80 %
Endodontics (root canals) Covered Under Basic Services	90 %	80 %
Periodontics (gum treatment) Covered Under Basic Services	90 %	80 %
Oral Surgery Covered Under Basic Services	90 %	80 %
Major Services Crowns, inlays, onlays and cast restorations	60 %	50 %
Prosthodontics Bridges, dentures and implants	60 %	50 %
Orthodontic Benefits Dependent children	50 %	50 %
Orthodontic Maximum	$1,000 Lifetime	$1,000 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.

HLT_PPO_2COL_DDC (Rev. 08/06/2014)

VSP Vision care for life

Your Vision Benefit Summary

Keep your eyes healthy with
CITY OF ONTARIO and VSP® Vision Care.

Using your VSP benefit is easy.

- **Find an eyecare provider who's right for you.** You can choose to see any eyecare provider—your local VSP doctor, a retail chain affiliate, or any other provider. To find a VSP doctor or retail chain affiliate, visit **vsp.com** or call **800.877.7195**.
- **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 or retail chain affiliate.

Personalized Care

You'll get quality care that focuses on your eyes and overall wellness with VSP. Plus, your satisfaction is guaranteed when you see a VSP doctor.

Choice in Eyewear

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

Plan Information

VSP Coverage Effective Date: 01/01/2017
VSP Doctor Network: VSP Choice

New to plan - SUNCARE Benefit: $130 allowance for ready-made non-prescription sunglasses instead of prescription glasses or contacts every 24 months. $25 copay applies.

Benefit	Description	Copay
Your Coverage with VSP Doctors and Affiliate Providers*		
WellVision Exam	• Focuses on your eyes and overall wellness • Every 12 months	$20 for exam and glasses
Prescription Glasses		
Frame	• $120 allowance for a wide selection of frames • $140 allowance for featured frame brands • 20% savings on the amount over your allowance • $70 allowance at Costco • Every 24 months	Combined with exam
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every 24 months	Combined with exam
Lens Enhancements	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20-25% on other lens enhancements • Every 24 months	$55 $95 - $105 $150 - $175
Contacts (instead of glasses)	• $120 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every 24 months	Up to $60
Additional Coverage	• Diabetic Eyecare Plus Program	
Extra Savings	**Glasses and Sunglasses** • Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP doctor within 12 months of your last WellVision Exam. **Retinal Screening** • No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam **Laser Vision Correction** • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities	

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 $65
Frame.....up to $70	Progressive Lenses.....up to $50
Single Vision Lenses.....up to $30	Contacts.....up to $105
Lined Bifocal Lenses.....up to $50	

***Coverage with a retail chain affiliate may be different. Once your benefit is effective, visit vsp.com for details.**
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.

Visit **vsp.com** or call **800.877.7195** for more details on your vision coverage and exclusive savings and promotions for VSP members.

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VSP Vision care for life

Your Vision Benefit Summary

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- **At your appointment, tell them you have VSP.** There's no ID card necessary.

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Plan Information

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VSP Doctor Network: VSP Choice

New to plan - SUNCARE Benefit: $130 allowance for ready-made non-prescription sunglasses instead of prescription glasses or contacts every 24 months. $25 copay applies.

Benefit	Description	Copay
Your Coverage with VSP Doctors and Affiliate Providers*		
WellVision Exam	• Focuses on your eyes and overall wellness • Every 12 months	$10 for exam and glasses
Prescription Glasses		
Frame	• $150 allowance for a wide selection of frames • $170 allowance for featured frame brands • 20% savings on the amount over your allowance • $80 allowance at Costco • Every 12 months	Combined with exam
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every 12 months	Combined with exam
Lens Enhancements	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20-25% on other lens enhancements • Every 12 months	$55 $95 - $105 $150 - $175
Contacts (instead of glasses)	• $120 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every 12 months	Up to $60
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***Coverage with a retail chain affiliate may be different. Once your benefit is effective, visit vsp.com for details.**
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Visit **vsp.com** or call **800.877.7195** for more details on your vision coverage and exclusive savings and promotions for VSP members.

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Three valuable programs designed for one valuable person: YOU.

Find out how you can get savings, prepare your will and other legal documents, and help protect your identity. These programs are available to you if you have a Cigna life, accident, disability, critical illness or accident injury plan.

Health and wellness discounts[1]

Get big discounts and special offers on products and services you use every day with the Cigna Healthy Rewards® program. Save on weight management and nutrition, vision and hearing care, fitness clubs, quitting tobacco programs and more.

Start saving: Cigna.com/rewards (password: savings)

Will preparation and estate planning[2]

Help protect your and your family's financial future. This simple, online will preparation tool lets you create a customized will built around your state-specific laws. You can also create other legal documents, like a living will and power of attorney document. It's easy, safe and secure.

Get prepared: CignaWillCenter.com

Identity theft[3]

Use our online tips and prevention kit to help stop identity theft before it happens. If your identity is stolen, we can help. Just call our personal case managers for step-by-step help with everything from identify theft to credit card fraud to emergency travel arrangements. Real-time support is available anytime, from anywhere in the world.

Get help: 1.888.226.4567. Let your case manager know you're in the Cigna Identify Theft program, group #57.

1 Some Healthy Rewards programs are not available in all states. If your Cigna plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your medical benefits. A discount program is NOT insurance, and you must pay the entire discounted charge.

2 Will Preparation Services are independently administered by ARAG®. Cigna does not provide legal services and makes no representations or warranties as to the quality of the information on the ARAG website or the services of ARAG.

3 Cigna Identity Theft services are provided under a contract with Europ Assistance USA. Presented here are highlights of the Identity Theft Program. Full terms, conditions and exclusions are contained in applicable service agreement.

GO YOU℠

Cigna®

Offered by: Connecticut General Life Insurance Company, Life Insurance Company of North America and Cigna Life Insurance Company of New York.

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All models are used for illustrative purposes only.

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REWARDING PEOPLE FOR TAKING CHARGE OF THEIR OWN HEALTH

Cigna's Healthy Rewards Program

Instead of waiting to get sick before seeing a doctor, consumers are taking preventive health measures. And they are looking past conventional medicine to a growing number of alternative treatments. Natural supplements, acupuncture, therapeutic massage and laser vision correction are just a few of them.

Cigna Healthy Rewards® includes discount offers on many programs and services designed to help your employees and their household members enhance their health and wellness. Healthy Rewards provides access to discounted products and services that normally may not be covered by insurance, but can still be important components to maintaining physical, mental and emotional health.

Easy access

- **No referrals. No claim forms.** All your employees need to do is show their ID card when paying for services.
- **No time limit. No maximum.** Healthy Rewards saves your employees money from day one- by providing discounts whenever they use Healthy Rewards participating providers.
- **Brand-name providers.** The Healthy Rewards program includes a nation-wide network of brand name as well as smaller local participating providers. By offering Healthy Rewards you're making it easier for your employees to take care of themselves. Helping them save money on alternative services and products they value.

Alternative health choices

The Healthy Rewards program makes your employees' alternative health decisions easier any way you look at it.

It gives them easy access to health care products and services. Therapies like acupuncture are available through a network of providers.

For people with busy lives, it's easy to use. No doctors' referrals or claim forms needed. Employees simply set an appointment with their choice of participating providers. And enjoy discounts.

The same goes for every covered family member. All they need to participate is their ID card.

Healthy Rewards is an easy choice to make – for the savings alone. Your employees can choose from a wide network of conveniently located participating providers by visiting **Cigna.com/rewards** (password: savings) or calling 800.258.3312.

Together, all the way.™

Cigna.

Offered by Life Insurance Company of North America, Cigna Life Insurance Company of New York, or Connecticut General Life Insurance Company.

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Group Solutions

ASSISTANCE FOR DOMESTIC OR INTERNATIONAL TRAVEL

Cigna Secure Travel

An emergency can be much more difficult to deal with when traveling, whether it is on the other side of the world, or only a couple of hours away from home. In the event that an unfortunate situation arises – injury, illness, arrest, death, lost or stolen items – Cigna Secure Travel is just a phone call away and can bring your employees added peace of mind in unfamiliar surroundings.

Available to individuals covered under a Cigna Accidental Death and Dismemberment or Business Travel Accident plan,[1, 2] Cigna Secure Travel[3] provides emergency medical and travel services 24/7, as well as pre-trip planning assistance, when traveling 160 kilometers or more away from home.

Cigna Secure Travel services include:

Pre-trip planning – helpful services and information when planning a trip

- Immunization requirements for foreign countries
- Visa and passport requirements
- Foreign exchange rates
- Travel advisors and weather conditions for major cities around the world as well as domestic and international reports for major ski areas
- Cultural information and special events at the intended destinations

Assistance while traveling – when the unexpected happens during a trip

- 24-hour multilingual telephone interpretation services in all major languages and referrals to interpretation and translation services
- Addresses and telephone numbers of the nearest American Consulate and Embassies
- Referrals to physicians, dentists, medical facilities and legal assistance providers
- Arrangements for payment of medical expenses up to $10,000 if required prior to treatment[4]
- Assistance with lost or stolen items, including luggage[5] and prescription replacement services[6]
- Assistance with making emergency travel arrangements including airline, hotel, and car rental reservations[4]
- Emergency cash advance up to $1,500[4]
- Emergency legal referrals and advancement of bail[4]

Emergency assistance – for medical crises more than 160 kilometers from home

- Emergency evacuation[7] and repatriation[8]
- Travel arrangements for the return of unattended dependent children under the age of 18 and/or the covered person's traveling companion
- Cover round-trip transportation as well as accommodation up to $150 per day for up to seven days for a family member or friend to visit a covered person who is hospitalized for more than seven days
- Return of covered person's mortal remains to place of residence for burial
- Toll-free emergency message relay

Call your Cigna sales representative today to learn more about the Cigna Secure Travel program.

Together, all the way.®

Cigna.

Offered by: Life Insurance Company of North America.

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Cigna Group Insurance®

CIGNA IDENTITY THEFT PROGRAM

Your identity cannot be replicated, but it can be stolen.

Identity Theft occurs when someone uses your personal identifying information, like your name, Social Security number, or credit card number, without your permission, to commit fraud or other crimes. It's America's fastest growing crime, victimizing about 12.7 million people in 2014.* Cigna's Identity Theft program is available to help if this serious crime impacts you.

Valuable help before and after identity theft.

Our identity theft program provides tools and guidance to help with prevention, detection and resolution. This includes:

- Education on how to identify and avoid identity theft before it happens
- An identity theft protection kit that provides the right documents to use and steps to follow if your identity has been compromised
- Help to complete an identity theft affidavit and cancel lost credit cards
- Guidance to help you replace credit cards, a driver's license, Social Security card, passport, etc.
- Assistance with understanding your credit reports to determine if identity theft has occurred, and help with reporting an identity theft to credit reporting agencies
- Help with emergencies while traveling, including translation services with local authorities, filing a police report, and emergency message relay
- Up to $1,000 cash advance if your wallet or purse is stolen when traveling more than 100 miles from home**

Not sure how to get started?

If you become a victim of identity theft, Cigna's program is here for you.

- Get assistance with credit card fraud, and financial or medical identity theft
- Receive real-time, one-on-one assistance – 24 hours a day, 365 days a year – no matter where you are in the world***
- You'll have unlimited access to our personal case managers until your problem is resolved

If you suspect you might be a victim of identity theft, call 1.888.226.4567 (U.S. and Canada) or 202.331.7635. Personal case managers are standing by to help you. Please indicate that you are a member of the Cigna identity theft program and group #57.

* Javelin Strategy and Research, March, 2014.
** When the theft occurs 100 miles or more from primary residence. Must be secured by a valid credit card and repaid by customer within 30 days, or fees/charges will apply.
*** Assistance with U.S. bank accounts only.

Together, all the way.®

Cigna.

Offered by: Connecticut General Life Insurance Company, Life Insurance Company of North America or Cigna Life Insurance Company of New York.

Cigna Identity Theft Program services are provided under a contract with Generali Global Assistance. Presented here are highlights of the identity theft program. Full terms, conditions and exclusions are contained in applicable service agreement. **This program is NOT insurance and does not provide for reimbursement of financial losses.**

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CIGNA WILL PREPARATION PROGRAM

Helping employees and their spouses protect their assets and secure their family's financial future

More than 64% of Americans do not have a will,[1] giving them little or no control over matters after they die. Thinking ahead and providing clear directives is an important part of planning for a family's financial future. At Cigna, we know there's more to life, which is why we provide employees and their spouses with access to a robust suite of tools that help them build state-specific, customized wills and other legal documents.

CignaWillCenter.com

The Cigna Will Center is an easy to use online tool available seven days a week, 365 days a year. Phone representatives are also available to assist via a toll-free number.[2]

Employees and spouses can complete and store essential life and health care legal documents online, such as:

- **Last will and testament** – specifies what is to be done with property, appoints an estate executor and identifies a guardian for minor children
- **Living will** – specifies wishes regarding use of extraordinary life support
- **Health care power of attorney** – grants someone permission to make medical decisions if person is unable to do so
- **Financial power of attorney** – grants someone permission to make financial decisions on the person's behalf
- **Medical authorization for minors** – allows parents/guardians to provide authorization for medical personnel to treat a child in the event they are not present

Resources to help with funeral planning:

- **Informational guidebooks** – in-depth, easy-to-understand information that helps document end-of-life wishes in advance
- **Personal information organizer tool** – organize important personal data, account information, contacts, and end-of-life wishes all in one place

Once registered with Cigna's Will Center, employees and spouses can:

- Follow intuitive, interactive steps to create customized legal documents
- Create, store and update legal documents[3]
- Preview, edit, download and print legal documents
- Review valuable funeral planning information

Contact your Cigna representative today to learn more about our Will Preparation Program.

1. 2015 Rocket Lawyer estate-planning survey by Harris Poll, 2015.
2. No legal advice is provided.
3. Registrations and customized documents are maintained for two years, which allows individuals to easily make revisions to their legal documents as their personal situation changes.

Together, all the way.®

Cigna.

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This program is NOT insurance. Cigna Will Preparation Program services are independently administered by ARAG®. Cigna does not provide legal services and makes no representations or warranties as to the quality of the information on the ARAG website, the services of ARAG or of any attorney in the ARAG network. Presented here are highlights of the Cigna Will Preparation Program. For complete terms and conditions, please contact a Cigna sales representative.

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2017 Flexible Spending Account Information

The City of Ontario offers its employees a Flexible Spending Account (FSA) program. This program allows you to pay for out-of-pocket health/medical expenses and dependent care (day care) with pre-tax dollars. Participants must designate the FSA election amount for the 2017 calendar year during this Open Enrollment period. This amount is deducted from your paycheck in equal installments on a pre-tax basis and credited to your FSA account(s). Our third party administrator, Benefit Coordinators Corporation (BCC), will reimburse you through direct deposit or by mailing you a check. You do not pay federal, state income tax or Social Security on FSA expenses.

Federal law prohibits any change in your FSA during the calendar year unless you or your dependent(s) have a qualifying "life event". A qualifying "life event" is marriage, divorce or legal separation, birth or adoption or a dependent, death of a dependent, or a change in your or your spouse's employment status. In addition, the FSA change must be due to and consistent with the "life event" which permits the change. For example, an increase in FSA contribution would be consistent with birth or adoption of a child; a decrease in contribution may not.

DEBIT CARD FEATURE:
After rolling in the Flexible Spending Account (FSA), you will receive an FSA Debit Card to use for your eligible medical and dependent care expenses. Your debit card will reflect the plan year contribution amount and the new effective date of the plan. As you incur expenses, use your FSA Debit Card to have the funds taken directly out of your account so you don't have to pay with cash out of your pocket.

CAUTION:
For 2017 the maximum amount for a health care account is $2,550 and for a dependent care account it is $5,000. When estimating your annual expenses, consider only those that you are reasonably certain to incur. Any amount **over the $500 rollover amount,** left in your health care FSA at the end of the year is forfeited. The account is left open for claims until March 31st of the following year, but expenses must have been incurred in the same calendar year in which the payroll deduction occurred.

HEALTH CARE REIMBURSEMENT ACCOUNT

Eligible expenses include health-related expenses not covered by your health plan(s) or reimbursed from any other source, for you or any of your dependents (as defined by IRS regulations). As you incur eligible expenses, you are reimbursed up to the amount of your annual election.

An IRS ruling established that over-the-counter drugs and medicines are no longer allowed to be paid for with pre-tax dollars through FSA.

Health Insurance Premiums are not eligible for FSA Health Care reimbursement. Payroll deductions for the City's group health plans are already made on a pre-tax basis. Therefore, the premiums you pay cannot be reimbursed from your FSA account or deducted on your personal income tax return.

- To receive reimbursement from an FSA, you have to incur an expense during the time that you're covered by the FSA. An expense is incurred at the time you receive the health care or service. This is not when you're billed, or pay, for the expense. (The Schedule A deduction allows for expenses paid during the year.)
- Health insurance premiums and long-term care (LTC) premiums are not eligible FSA expenses. (The Schedule A deduction allows for premiums and LTC expenses.)
- Certain over-the-counter (OTC) health care items are eligible FSA expenses. However, you need a prescription for OTC drugs and medicines in order to receive reimbursement from the FSA. (The individual taxpayer's income tax return does not allow a deduction for OTC items, drugs and medicines.)

DEPENDENT CARE REIMBURSEMENT ACCOUNT

Eligible expenses include baby-sitter, companion or day-care expenses that are necessary so that you can work; if you are married, the expenses must be necessary so that both you and your spouse can work. As you incur eligible expenses, you are reimbursed for the amount of expenses, up to the balance in your FSA account. Employees may select up to a maximum amount of $5,000 per plan year.

For "child care" the maximum age for dependent children (as defined by the IRS regulations) is age 13, unless the dependent is physically or mentally unable to care of himself or herself. The dependent must spend at least eight hours per day in your home. "Overnight Camp" expenses are specifically not eligible.

Dependent Care is not restricted to "child care". Expenses you incur to provide companion or day-care expenses to any individual who qualifies as a dependent for IRS purposes can be reimbursed in the FSA program. Generally, any individual who is related to you, your spouse, is unmarried, is a US citizen or resident alien, and is dependent upon you for more than half of their total support can qualify as a "dependent" for purposes of this program. Thus, expenses you incur to provide "day-care" for a parent may be eligible expenses under the FSA program. Check with your tax advisor for specific advice.

According to the terms of the Family Support Act of 1988, there are two tax benefits available for dependent care expenses: a tax credit on your tax return, or income exclusion under an employer-sponsored spending account (FSA). Any expenses reimbursed through an FSA reduce, dollar-for-dollar, the maximum tax credit. This law restricts you to using one or the other, but not both. You should consult a tax advisor for an evaluation of your specific circumstances prior to selecting a method for dependent care expense credit.

Employee Assistance Program

Employee Support Services (ESS) - The Counseling Team International offer confidential employee support services to all employees and eligible family members of the City of Ontario.

ESS are designed to help employees and their eligible family members with confidential professional assistance. The City of Ontario is committed to the health and well-being of our employees. We recognize that personal problems are a normal part of living and that many employees will be affected by personal difficulties during the course of their career.

ESS provides a variety of services to every employee and their eligible family members at no cost.

There are no fees for The Counseling Team International's counseling services. There are times when individuals are referred to resources outside the program. Should an employee or eligible family member decide to use these outside resources, they will be responsible for any fees associated with their use.

Call for an appointment! (909) 884-0133 or toll-free (800) 222-9691.

Visit the Counseling Team International's website for more information: www.thecounselingteam.com

You may seek help with many issues including the following:

- Marital & Family Problems
- Stress/Burnout
- Anger Management
- Separation/Divorce
- Child/Adolescent Issues
- Parenting Skills
- Suicide Prevention & Intervention
- Grief/Bereavement
- Depression
- Substance Abuse
- Retirement Concerns
- Career Concerns
- Critical Incident/Trauma
- Financial Issues
- Relationship Concerns
- Anxiety/ Panic Attacks

All counseling services are completely confidential unless the law requires divulgence. In addition, ESS provides website access to additional services and resources.

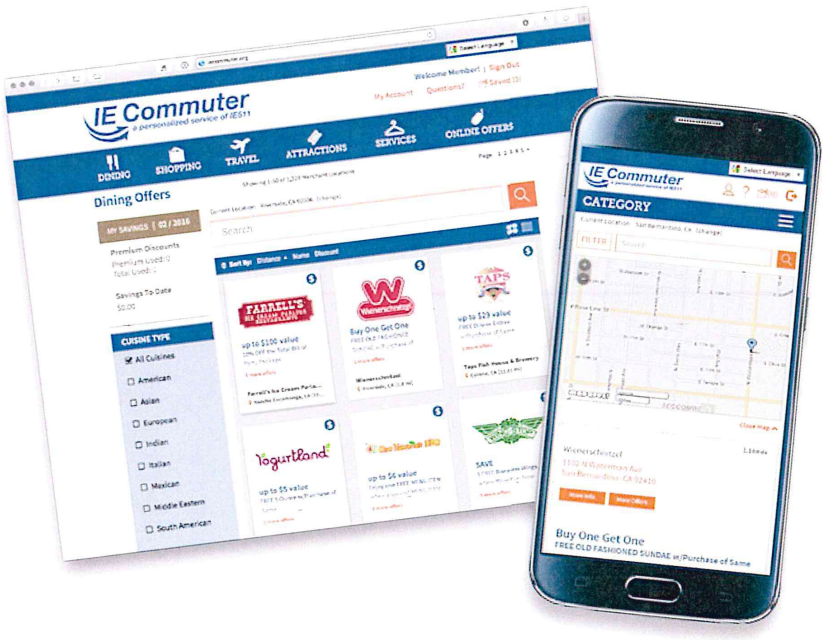
Rideshare Plus Program

By ridesharing, you're helping to put the brakes on congestion and keep our skies blue. Rideshare Plus is your incentive for making the commitment to rideshare. To register for access to your one-year membership for an online savings site, powered by Entertainment.com, simply visit www.Rideshareplus.info and click on the Sign Up button. For registration questions, please contact 1-866-RIDESHARE. Rideshare Plus members have access to a coupon book for year-round savings from more than 135,000 merchants.

IE Commuter.org

Rideshare Plus

Do you carpool, vanpool, take the bus or train, bike, walk, or telecommute to work at least five days per month?
Get access to best-in-class offers, powered by Entertainment®, the premier provider of promotions and discounts.



SIGN UP NOW at **IECommuter.org** or complete this application, to receive a **FREE membership** to Rideshare Plus – a program that includes access to online savings at more than 135,000 merchants locally and nationwide.

IE Commuter is a program of the Riverside County Transportation Commission and San Bernardino Associated Governments

Dine. Shop. Save. Your Rideshare Plus program delivers big savings every day whether you're using your members' coupon book in the Inland Empire or on the go. Thanks again for ridesharing!

Together, Changing Lives in Our Community

United Way
Inland Empire United Way
www.ieuw.org

With one in four children living in poverty in the Inland Empire, we are committed to supporting children and families from cradle to career - working to prepare youth for future self-sufficiency and create a stronger, healthier community for all. **With your support, we are strategically investing in education, health and financial stability to change lives.**

HEALTH

Providing low-income families and children with easy access to health and social services so they can maintain healthy and active lifestyles.

EDUCATION

Equipping youth from low-income families with the resources they need to graduate high school and be prepared for college or career.

FINANCIAL STABILITY

Stregthening financial stability opportunities for families and individuals so their basic needs are met and they can move toward long-term self-sufficiency.

YOUR DOLLARS MAKING A DIFFERENCE. Your contribution to United Way helps to make a variety of programs and services available to those in need in our community resulting in a powerful impact for individuals and families. Following are a few examples made possible by contributions to our Community Impact Fund:

KIDS PACK

Feeding 1,700 children every weekend when school meals are not available.

Ontario schools served:

- Arroyo Elementary
- Berlyn Elementary
- Bon View Elementary
- Central Elementary
- Corona Elementary
- De Anza Middle School
- Del Norte Elementary
- Edison Elementary
- El Camino Elementary
- Elderberry Elementary
- Euclid Elementary
- Hawthorne Elementary
- Lincoln Elementary
- Linda Vista
- Mariposa Elementary
- Mission Elementary
- Oaks Middle School
- Ray Wiltsey Middle School
- Richard Haynes Elementary
- Sultana Elementary School
- Vina Danks Middle School
- Vineyard Elementary School
- Vista Grande Elementary School

SCHOOL TOOLS

Distributing $2.6 million worth of free new school supplies to low-income students and classrooms in our community each year helping all children to excel. 96% of teachers reported that School Tools helped to engage and motivate their students.

Ontario schools served:

- Arroyo Elementary
- Berlyn Elementary
- Corona Elementary
- Del Norte Elementary
- Euclid Elementary
- Mariposa Elementary
- Ray Wiltsey Middle School
- Sultana Elementary School

Ontario-Montclair Promise Scholars

helping all students reach their dreams

Providing local students from elementary to high school with the services and activities they need to reach high school graduation and prepare for college and career.

7,700 local students engaged in activities last year, ranging from college field trips, business leader presentations, career exploration and guidance, and FAFSA application support

Make your tax-deductible donation to IEUW today!

Contact Christine Lowe to make your pledge

www.ieuw.org

Obtaining Health Care Quality Information

The City of Ontario offers its employees a Flexible Spending Account (FSA) program. This program allows you to pay for out of pocket health/medical expenses and dependent care (day care) with pre-tax dollars.

Source	Website	Description
CalHospitalCompare	www.CalHospitalCompare.org	CalHospitalCompare is a standardized, universal performance report card for California hospitals that includes patient experience and clinical quality measures.
U.S. Department of Health and Human Services	www.hospitalcompare.hhs.gov	This site provides publicly-reported hospital quality information, including measures on heart attacks, pneumonia, heart failure, and surgery.
HealthGrades	www.healthgrades.com	HealthGrades uses data from Medicare and states to compare outcomes of care for common procedures.
The Leapfrog Group	www.leapfroggroup.org	This is a coalition of health purchasers who have found that hospitals meeting certain standards have better care results.
California Medical Board	www.medbd.ca.gov	This is the State agency that licenses medical doctors, investigates complaints, disciplines those who violate the law, conducts physician evaluations, and facilitates rehabilitation where appropriate.
Office of the Patient Advocate	www.opa.ca.gov	This website includes a State of California-sponsored "Report Card" that contains additional clinical and member experience data on HMOs and medical groups in California.

To Contact Ontario Plan Providers directly:

Plan	Website	Member Service
Blue Shield of California	www.blueshieldca.com/calpers	1-800-334-5847
Kaiser Permanente	www.kp.org/calpers	1-800-464-4000
PERS Select, Choice, Care	www.anthem.com/ca/calpers	1-877-737-7776
CVS Caremark	www.caremark.com/calpers	1-877-542-0284
PORAC	www.porac.org	1-800-937-6722
Delta Dental DHMO	www.deltadentalins.com	1-800-422-4234
Delta Dental PPO & Buy-Up	www.deltadentalins.com	1-800-765-6003
VSP Basic & Buy-Up	www.vsp.com	1-800-877-7195
Flexible Spending Accounts	www.benxcel.com/cooca.htm	1-800-685-6100 Option 3
Benefits Coordinators Corp	www.benxcel.com/cooca.htm	1-800-685-6100 Option 3

Mandated Annual Notices

This brochure highlights your 2017 benefits. In considering content for this booklet we have concentrated on packing it with lots of really useful information you want or need to know about your benefit plans. We also provide information about peripheral benefits that maybe you didn't even know were available to you such as some of the additional benefits Cigna provides: Healthy Rewards, Travel Assistance, Will Preparation, Identity Theft and more.

The City is also required to make available to you the Mandated Annual Notices that tell you what your rights are and what your employer is required to tell you about your benefit plans.

These are available upon request from Human Resources by contacting us at (909) 395-2433 or by emailing benefits@ontarioca.gov. In addition we have made them available on the City's Website.

These are the notices:

1. Women's Health and Cancer Rights Annual Notice
2. Newborn's and Mother's Health Protection Act of 1996 (NMHPA)
3. Continuation Coverage Rights under COBRA
4. Important Notice from City of Ontario About Your Prescription Drug Coverage and Medicare (Non-Creditable)
5. Notice of Privacy Practices, Effective January 1, 2017
6. New Health Insurance Marketplace Coverage
7. Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
8. Important Notice from City of Ontario About Your Prescription Drug Coverage and Medicare (Creditable)
9. Living Healthy, Eat Healthy, Get Moving, Watch your Weight
10. Understanding Your Benefits
11. Grandfathered Health Plan
12. Special Enrollment Rights
13. Patient Protection and Selection of Providers Notice

While every effort has been made to be as accurate as possible in developing the enclosed information, the official plan documents prevail in all cases. This is not a legal document. It is a brief summary of benefits and is not considered "Evidence of Coverage." Please refer to the policy/plan documents for a complete description of the controlling terms, coverages, exclusions, limitations and conditions of coverage. In case of any discrepancy between this information and the policy/plan documents, the policy/plan documents will prevail.

City of Ontario reserves the right to terminate, suspend, withdraw, or modify the benefits described in the policy/plan documents in whole or in part, at any time. No statement in this or any other document, and no oral representation should be construed as a waiver of this right. This summary is the confidential property of City of Ontario.

Your Benefits Carrier Contact Information

Benefit	*Carrier*	*Phone*	*Web*
Medical Coverage	CalPERS	888.225.7377	www.calpers.ca.gov
Dental Coverage	Delta Dental	800.765.6003	www.deltadentalins.com
Vision Coverage	Vision Service Plan	800.877.7195 or vsp.com	www.vsp.com
Life Insurance AD&D or Disability Claims	Cigna	1.800.36.24462 *7am-7pm Monday-Friday)*	www.cigna.com
Cigna Healthy Rewards® Password: savings	Cigna (password: savings)	1.800.258.3312	www.cigna.com/rewards
Identity Theft Services	Cigna Identy Theft Program #57	U.S.: 1.888.226.4567 Outside US: 202.331.7635	http://www.cigna.com/cignaproductlist/identity-theft-program
Will Preparation Program	Cigna	800.901.7534	www.CIGNAWillCenter.com
Section 125 Flexible Spending Account (FSA)	Benefit Coordinators Corporation (BCC)	412.276.1111	www.benXcel.com
Rideshare Plus Program		1-866-RIDESHARE or nsoto@sanbag.ca.gov	nsoto@sanbag.ca.gov
Ontario Public Employees Credit Union	202 West B Street Ontario, CA 91762	Tel: 909.984.8781 Fax: 909.984.4581	www.opefcu.org
Employee Assistance Program	Employee Support Services (ESS)	909.884.0133 or 800.222.9691	www.thecounselingteam.com

Contact your City of Ontario Human Resources Benefits Team at benefits@ontarioca.gov or (909) 395-2433 for more information on the following benefits:

- Flexible Savings Account	- Heathcare and Dependent Care Reimbursement
- Annual Leave	- Retirement Benefits
- Management Leave	- Deferred Compensation Program 457(b) & 401(a)
- Holidays	- Tuition Reimbursement