CITY OF ONTARIO

2019
Benefits Summary Guide

AFSCME 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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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.

Benefits Plan Year 2019

Questions?

Contact
Email: benefits@ontarioca.gov
Telephone: (909) 395-2433

Christine R. Lowe, Sr. Human Resources Analyst
(909) 395-2438
clowe@ontarioca.gov

Stephanie Peterson, Human Resources Analyst
(909) 395-2193
speterson@ontarioca.gov

Mary Courtney, Human Resources Technician
(909) 395-2455
mcourtney@ontarioca.gov

A Message from the City Manager

Welcome to the City of Ontario!

In joining the Ontario team, you are now part of a high-performing and purpose-driven organization committed to delivering exceptional customer service to 174,000 residents and a dynamic business community.

We aspire to be the premiere city of Inland Empire. To accomplish this goal Ontario recruits and hires the best. We are assembling a roster of 5-Tool Players (Leaders, Thinkers, Operators, Communicators & Public Servants) in every agency and at every level of the organization. We believe in building leaders and empowering them to fulfill their career goals in service to the community.

Having engaged and healthy employees with a positive work-life balance is critically important to us. To this end, the City offers a comprehensive benefit program and I encourage you to think deliberately and proactively about you and your family's needs. Please review the enclosed comprehensive benefits guide and familiarize yourself with all the options available to you.

The City reviews programs annually in order to provide our employees with a competitive benefits package. As an example, for the 2019 plan year the City increased the annual maximum benefit in the Delta DPO Buy-Up program from $1,000 to $1,500. Similarly, for the VSP Buy-Up program, the City increased the frame allowance from $150 to $170 and the contact allowance increased from $120 to $150. These are other attractive benefits set Ontario apart from other employers, and I hope you will customize an insurance profile that best suits you.

Again, welcome to the City of Ontario and I look forward to a long and rewarding partnership.

Best wishes,

Scott Ochoa, City Manager

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A Message from Angela Lopez, Executive Human Resources Director

Welcome to Ontario's team! As a City of Ontario employee, you help shape the quality of life for Ontario's community. Every employee plays an essential role in Ontario's mission, Approach to Public Service and achieving City Council's goals. Investing in our employee's well-being through Ontario's comprehensive benefits package is an important part of your total compensation and is central to your peace of mind.

Our health and welfare benefits programs provides both choice and value to meet the needs of our diverse workforce and to care for you and your family. We understand that well-being goes far beyond physical health and includes mental, financial, environmental, and social health. We offer standard and voluntary programs to assist you with your overall well-being.

This booklet offers a comprehensive guide to your health and welfare benefits options, including details about eligibility, enrollment and the various plans available to you. We know that making benefits choices can be a bit overwhelming and our knowledgeable benefits team is happy to help you navigate through your various options and provide information and tools to help you make the best choice for you and your family.

Once you are enrolled in your elected benefit programs, you are encouraged to review the resources your various plans have available to you. Our providers understand the importance of our employees overall well-being and have many additional resources available on their websites or portals.

Furthermore, if you are seeking ways to enhance your social wellness, look for announcements via the City's intranet page, social media, emails and newsletters for important events such as Relay for Life (Spring/Summer), KinderGO (Summer/Fall), Department Pumpkin Decorating and Costume Contest (Fall), Ontario 5K Reindeer Run and Rudolph's Dash (Winter), and much more.

We are excited that you have joined our Ontario team and have chosen a profession in public service to make a positive impact on our community.

In health and wellness,

Angela Lopez, Executive Director Human Resources

Enrollment for AFSCME Employees

Welcome to your Benefit Guide for Plan Year 2019!

Please visit www.ontariocityemployees.org. Here you will find 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.

MEDICAL

The City contribution to AFSCME members for medical is up to **$1,608.46** 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, Sharp, and Kaiser. The three PPO plans are Anthem Blue Cross plans, PERS Choice, PERS Select and PERSCare.

DENTAL & VISION

The City contribution to AFSCME members for dental is **$35** per month. Dental is provided through Delta Dental and your choices are Delta Care (DHMO), Delta PPO Basic and Delta Dental PPO Buy-Up.

The City contribution to AFSCME members for vision is **$5.51** per month. Vision is provided through VSP and your choices are VSP Basic and VSP Buy-Up.

If you have concerns regarding the quality or cost of your medical, dental and vision plans, contact the Benefits Department. They will walk you through the various plan options.

Items to consider when selecting medical, dental and vision:

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

LIFE AND AD&D

The City provides $50,000 for both Life and AD&D for each employee.

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. There is a 15 day waiting period for new claims.

STD: City pays 100% of the premium for your STD benefit. The benefit is calculated at 66 2/3% of salary up to $1,269.23 per week.

LTD: City pays 100% of the premium for your LTD benefit. Your maximum monthly benefit will be $5,500.

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 6.2% 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. 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 earning on contributions are tax deferred until money is withdrawn. Distributions are subject to ordinary income tax. The City offers both 457(b) and 401(a) plans for employees. The City provides a monthly 401(a) contribution of $45.

VACATION

80 hours accrued in first year

SICK LEAVE

Up to 96 hours per 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. The City offers both Health and Dependent Care FSA.

TUITION REIMBURSEMENT PROGRAM

$1,000 annual tuition reimbursement for job-related accredited courses

BOOT ALLOWANCE

$150 annual reimbursement for work boots

ADDITIONAL BENEFITS

Ontario Public Employees Credit Union www.opefcu.org.

If you have any other questions, please email Benefits at benefitsontarioca.gov or you can reach us by phone at (909) 395-2433.

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 within 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 will 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 the requirements
- 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 (known as Medi-Cal)
- 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

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.

Workday 31

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

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. 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 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: 395-4DAY (4329)

City-wide systems, networks, and log-in issues:
email: help@ontarioca.gov
call: 395-HELP (4357)

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Workday: Benefits Enrollment

Helpful Hints for Completing your 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 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 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.
- 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 enrollment period.
- Save and print a copy of your benefits selections and costs for your records.
- 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

1. Enter https://workday.com/ontario in your internet browser.
2. Enter your City of Ontario username.
3. Enter your City of Ontario password.

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.

Workday: Benefits Enrollment

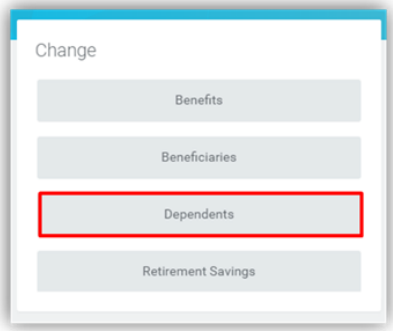
Review Your Dependents and Beneficiaries

The body of your Workday home page contains Worklets. 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.

Review Dependents

To review your currently enrolled dependents:

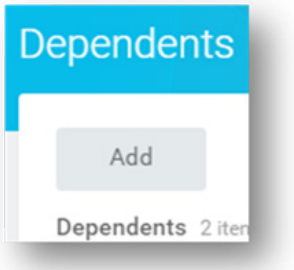


1. Click on the **Benefits** Worklet.
2. Click on **Dependents** on the Change menu. You will see any currently enrolled dependents.

Add Dependents

If you would like to add a dependent to your benefits for the 2019 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.**
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

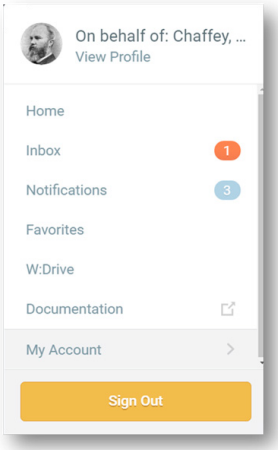
If you would like to add a beneficiary:

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.

Workday: Benefits Enrollment

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**.

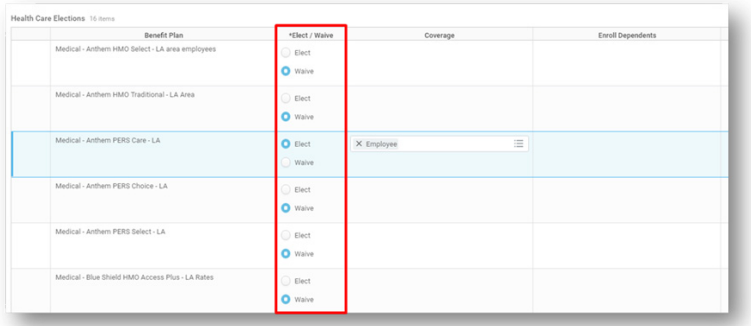
- Click the **Down Arrow** ▾ next to **Viewing** and **Sort By** to control what type or how information appears in your **Inbox**.
- Click the **Archive** tab. The right side of the screen will display details of the highlighted item in the left column.
- To view the details on an event in your **Archive**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

- From your Workday **Inbox** click on the **Enrollment Change** task.
- 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.
- 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 2019 plan year follow the steps below.

1. From the Change Benefits for 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 (OPTIONAL)

If 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.

Workday: Benefits Enrollment

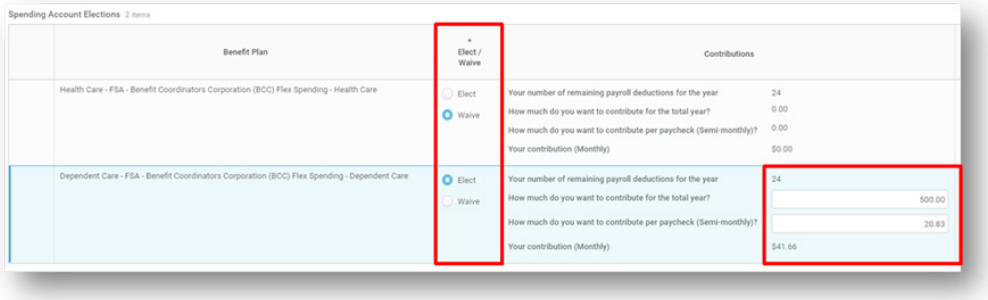
Spending Account Elections

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 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 full-time 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 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 screen for information about coverage levels.

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 and deferred compensation plan(s).

1. From the Change Benefits for 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. If you 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 discounted rate.

CalPERS has launched **CalPERS|Compare**, a one-stop-shop for your health information needs.

CalPERS|Compare allows you to 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 PERSCARE 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.

Understanding Your Benefits

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

- **Deductible**–This is the amount you must pay each calendar year before the plan begins to pay for certain benefits.
- **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.
- **Co-Insurance**–This is the percentage of cost that you share with the plan provider after you have met the deductible.
- **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.
- **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 divorce;
- 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.

2019 CalPERS Basic Premium Rates - Los Angeles, San Bernardino Area

Rates based on CalPERS Basic Premium Rates - Los Angeles, San Bernardino Area

AFSCME - CalPERS Basic Premium Rates			
Coverage Tier	**Total Premium**	**City Contribution**	**Employee Cost**
Waiving Medical			
Waive	$ -	$390.00	$(390.00)
Anthem HMO Select			
Employee	$627.07	$618.64	$8.43
Employee + One	$1,254.14	$1,237.28	$16.86
Employee + Family	$1,630.38	$1,608.46	$21.92
Anthem HMO Traditional			
Employee	$878.48	$618.64	$259.84
Employee + One	$1,756.96	$1,237.28	$519.68
Employee + Family	$2,284.05	$1,608.46	$675.59
Blue Shield Access + HMO			
Employee	$669.75	$618.64	$51.11
Employee + One	$1,339.50	$1,237.28	$102.22
Employee + Family	$1,741.35	$1,608.46	$132.89
Health Net Salud y Mas			
Employee	$356.50	$618.64	$(262.14)
Employee + One	$713.00	$1,237.28	$(524.28)
Employee + Family	$926.90	$1,608.46	$(681.56)
Health Net SmartCare			
Employee	$584.27	$618.64	$(34.37)
Employee + One	$1,168.54	$1,237.28	$(68.74)
Employee + Family	$1,519.10	$1,608.46	$(89.36)
Kaiser HMO			
Employee	$618.64	$618.64	$-
Employee + One	$1,237.28	$1,237.28	$-
Employee + Family	$1,608.46	$1,608.46	$-
UnitedHealthcare			
Employee	$669.61	$618.64	$50.97
Employee + One	$1,339.22	$1,237.28	$101.94
Employee + Family	$1,740.99	$1,608.46	$132.53
PERS Choice			
Employee	$654.50	$618.64	$35.86
Employee + One	$1,309.00	$1,237.28	$71.72
Employee + Family	$1,701.70	$1,608.46	$93.24
PERS Select			
Employee	$420.77	$618.64	$(197.87)
Employee + One	$841.54	$1,237.28	$(395.74)
Employee + Family	$1,094.00	$1,608.46	$(514.46)
PERSCare			
Employee	$843.78	$618.64	$225.14
Employee + One	$1,687.56	$1,237.28	$450.28
Employee + Family	$2,193.83	$1,608.46	$585.37

2019 CalPERS Basic Premium Rates - Other Southern Area

AFSCME - CalPERS Basic Premium Rates - Other Southern Area			
Coverage Tier	**Total Premium**	**City Contribution**	**Employee Cost**
Waiving Medical			
Waive	$ -	$390.00	$(390.00)
Anthem HMO Select			
Employee	$625.07	$618.64	$6.43
Employee + One	$1,250.14	$1,237.28	$12.86
Employee + Family	$1,625.18	$1,608.46	$16.72
Anthem HMO Traditional			
Employee	$830.89	$618.64	$212.25
Employee + One	$1,661.78	$1,237.28	$424.50
Employee + Family	$2,160.31	$1,608.46	$551.85
Blue Shield Access + HMO			
Employee	$760.04	$618.64	$141.40
Employee + One	$1,520.08	$1,237.28	$282.80
Employee + Family	$1,976.10	$1,608.46	$367.64
Health Net Salud y Mas			
Employee	$427.81	$618.64	$(190.83)
Employee + One	$855.62	$1,237.28	$(381.66)
Employee + Family	$1,112.31	$1,608.46	$(496.15)
Health Net SmartCare			
Employee	$642.71	$618.64	$24.07
Employee + One	$1,285.42	$1,237.28	$48.14
Employee + Family	$1,671.05	$1,608.46	$62.59
Kaiser HMO			
Employee	$628.63	$618.64	$9.99
Employee + One	$1,257.26	$1,237.28	$19.98
Employee + Family	$1,634.44	$1,608.46	$25.98
Sharp			
Employee	$593.66	$618.64	$(24.98)
Employee + One	$1,187.32	$1,237.28	$(49.96)
Employee + Family	$1,543.52	$1,608.46	$(64.94)
UnitedHealthcare			
Employee	$646.65	$618.64	$28.01
Employee + One	$1,293.30	$1,237.28	$56.02
Employee + Family	$1,681.29	$1,608.46	$72.83
PERS Choice			
Employee	$721.11	$618.64	$102.47
Employee + One	$1,442.22	$1,237.28	$204.94
Employee + Family	$1,874.89	$1,608.46	$266.43
PERS Select			
Employee	$462.71	$618.64	$(155.93)
Employee + One	$925.42	$1,237.28	$(311.86)
Employee + Family	$1,203.05	$1,608.46	$(405.41)
PERSCare			
Employee	$907.29	$618.64	$288.65
Employee + One	$1,814.58	$1,237.28	$577.30
Employee + Family	$2,358.95	$1,608.46	$750.49

Delta Dental & Vision Service Plan — 2019 Rates / Cost

For AFSCME Employees

	Tier Level	Total Premium	City Contribution	Employee Cost
2019DENTAL	**Delta DHMO**			
	Employee	$22.98	$35.00	$(12.02)
	Employee + One	$42.88	$35.00	$7.88
	Family	$64.32	$35.00	$29.32
	Delta DPO			
	Employee	$43.30	$35.00	$8.30
	Employee + One	$82.10	$35.00	$47.10
	Family	$124.40	$35.00	$89.40
	Delta DPO Buy Up			
	Employee	$52.24	$35.00	$17.24
	Employee + One	$92.83	$35.00	$57.83
	Employee + Family	$140.60	$35.00	$105.60

2019VISION	**VSP**			
	Employee	$5.51	$5.51	$ -
	Employee + One	$9.60	$5.51	$4.09
	Employee + Family	$17.24	$5.51	$11.73
	VSP Buy Up			
	Employee	$10.27	$5.51	$4.76
	Employee + One	$17.86	$5.51	$12.35
	Employee + Family	$32.03	$5.51	$26.52

DELTA DENTAL®

Keep Smiling

DeltaCare® USA
provided by
Delta Dental of California

Dental benefits made easy!

When you enroll in a DeltaCare USA[1] plan, you'll choose a primary care dentist from our network of carefully screened, private practice dentists. You must visit your primary care dentist to receive benefits.[2]

- No restrictions on pre-existing conditions (except work in progress)
- Access to specialty care and out-of-area emergency care

A partner in oral health

Your DeltaCare USA plan encourages regular dental care with an extensive list of covered services to help you stay healthy.

- Low or no copayments for services like cleanings and exams

Budget-friendly costs

With your DeltaCare USA plan, there are no surprises. You'll know your copayments, and your out-of-pocket costs are clearly defined before treatment begins.

- No deductibles or maximums[3] for covered services
- Pay only your copayment (if any) at the time of treatment

Convenient services

We make it easy for you — there are no claim forms to complete, and no plan ID card is required to receive treatment.

- Access plan information online
- Change your primary care dentist by phone or online

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

[1] 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, MA, MI, MN, NE, OR, RI, SC, WA, WI — Dentegra Insurance Company; DC, DE, FL, GA, KS, TN, WV — 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.

[2] Verify that the dentist is your selected DeltaCare USA primary care dentist before each appointment.

[3] Plans with an Accidental Injury Rider have a $1600 annual maximum for accidental injury. Consult your Evidence/Certificate of Coverage.

We keep you smiling®

deltadentalins.com/enrollees

SCCASTD

Administered by Delta Dental Insurance Company

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FAQ+A

Answers to frequently asked questions about your DeltaCare® USA plan

GETTING STARTED

1. **How do I enroll in a DeltaCare USA plan?**
   Simply complete the enrollment process as directed by your benefits administrator. Be sure to select a primary care network dentist for yourself or your dependents, and indicate this dentist and the name of your group when you enroll.

2. **How do I get started using my DeltaCare USA plan?**
   Once we process your enrollment, we'll mail you welcome materials that will include:

   - **The name, address and phone number of your selected primary care dentist:** Simply call the dental facility to make an appointment. **Important note:** In order to receive benefits under your plan, you must visit your primary care network dentist for all services. If you require treatment from a specialist, your primary care dentist will coordinate a referral for you. You can change your primary care dentist by contacting us.
   - **Your Evidence/Certificate of Coverage (plan booklet):** This useful document provides a thorough description of how to use your benefits, including covered services, copayments and any limitations and exclusions of your plan.
   - **An ID card:** This card is for your records only — you do not need to present it in order to receive treatment.

3. **How long will it take to get an appointment with my primary care dentist?**
   Two to four weeks[1] is a reasonable amount of time to wait for a routine, non-urgent appointment. If you require a specific time, you may need to wait longer. Most DeltaCare USA dentists are in private group practices, which generally offer greater appointment availability and extended office hours.

4. **How much will my dental treatments cost? How do I pay?**
   With your DeltaCare USA plan, some services are covered at no cost, while others have a copayment (amount you pay) for certain services. To find out how much a treatment will cost, refer to the "Description of Benefits and Copayments" in this brochure for a list of covered services and copayments. It's a good idea to bring your Evidence/Certificate of Coverage to your appointment in case you need to discuss your copayment for a service with your dentist. If you have any questions about the charges for a service, please contact our Customer Service department. If you receive treatment that requires a copayment, simply pay the dental facility at the time of service.

CHOOSING A DENTIST

5. **How do I select my primary care dentist?**
   When you enroll, you must select a primary care dentist from the DeltaCare USA network. To search for a dentist, use the "Find a Dentist" tool at **deltadentalins.com** and select DeltaCare USA as your network. If you do not select a dentist when you enroll, we will choose one for you.

6. **Does everyone in my family have to choose the same primary care dentist?**
   No. Each family member can select his or her own primary care network dentist.

7. **Can I change my primary care dentist?**
   Yes. You can request to change your primary care dentist at any time. Simply visit our website and log on to your Online Services account or call or write to Customer Service. Change requests received by the 21st of the month will become effective the first day of the following month.

[1] In TX, three weeks is a reasonable amount of time to wait for a routine, non-urgent appointment.In TX, there is no limit on the number of miles or on the dollar amount per emergency.

8. **My dentist says she is a Delta Dental dentist, but she isn't listed in the DeltaCare USA directory. Can I still visit her for services?**
No. You must visit your selected primary care network dentist to receive benefits under this plan. Delta Dental has many networks, and participation may vary — not all Delta Dental dentists are DeltaCare USA dentists.

9. **What should I do if I need to see a specialist?**
If you require specialty dental care — such as oral surgery, endodontics, periodontics or pediatric dentistry — contact your primary care dentist to request a referral. Specialty dental services not performed by your selected primary care dentist must be authorized by us. You are responsible for any applicable copayments.

GENERAL PLAN INFORMATION

10. **If I'm traveling, is emergency treatment covered under my plan?**
You and your eligible dependents have out-of-area coverage for dental emergencies when you are more than 35 miles[2] from your primary care dentist. Your out-of-area emergency benefit (typically limited to $100 per enrollee[3]) is for services to relieve pain until you can return to your primary care network dentist. Standard plan limitations, exclusions and copayments may apply.

11. **Can I access my plan online?**
Yes. Visit **deltadentalins.com/enrollees** to create a free, secure Online Services account. On our website, you can access your plan benefits and ID card, select (or change) your primary care dentist — and more.

12. **Does my plan cover pre-existing conditions? What about treatments that are in progress?**
Treatment for pre-existing conditions (except work in progress[3]), including missing or extracted teeth, is covered under your plan. Treatment in progress includes services such as preparations for crowns or root canals, or impressions for dentures. If you started treatment before your plan's effective date, you and your prior dental carrier are responsible for any costs. Some DeltaCare USA plans may cover in-progress orthodontic treatment.

13. **Does my plan cover teeth whitening?**
Yes. External bleaching is a benefit under your DeltaCare USA plan. Review your plan booklet for more information and talk to your dentist about your options.

14. **Does my plan cover tooth-colored fillings and crowns?**
Yes. Porcelain and other tooth-colored materials are included in this plan.

15. **What if I have additional questions about my plan?**
Please contact us for additional support. Our Customer Service agents can answer benefits questions as well as help you change your primary care dentist or arrange for urgent care referrals. See the back page of this brochure for our contact information.

[2] In TX, there is no limit on the number of miles or on the dollar amount per emergency.
[3] In TX, there is no exception for work in progress for covered DeltaCare USA benefits.

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FAQ_DCU_USA_STD #104190A (rev. 3/17)

DELTA DENTAL®

Keep Smiling

Delta Dental PPO™

Save with PPO

Visit a dentist in the PPO[1] network to maximize your savings.[2] These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.[3] Find a PPO dentist at **deltadentalins.com**.

Set up an online account

Get information about your plan anytime, anywhere by signing up for an online account at **deltadentalins.com**. This free service, available once your coverage kicks in, lets you check benefits and eligibility information, find a network dentist and more.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or social security number. If your family members are covered under your plan, they will need your information. Prefer to take a paper or electronic ID card with you? Simply log in to your account, where you can view or print your card with the click of a button.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.

Understand transition of care

Did you start on a dental treatment plan before your PPO coverage kicked in? Generally, multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.[4] You can find this date by logging in to your online account.

Newly covered?

Visit **deltadentalins.com/welcome**.

Save with a PPO dentist

PPO

NON-PPO

[1] In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

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

[3] You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

[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 is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you 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.

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

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Plan Benefit Highlights for: City of Ontario

Group No: Basic Plan 16105 - 01001, 01003 & 09003 **Effective Date:**1/1/2019

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

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	100%	100%
Basic Services Fillings, sealants and posterior composites	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 Maximums	$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	Customer Service	Claims Address
560 Mission St., Suite 1300 San Francisco, CA 94105	800-765-6003	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.

Revised 9/5/2018

Plan Benefit Highlights for: City of Ontario

Group No: Buy-Up Plan 16105 - 01002, 01004 & 09004 **Effective Date:** 1/1/2019

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26			
Deductibles	**Delta Dental PPO dentists:** $10 per person / $30 per family each calendar year **Non-Delta Dental PPO dentists:** $25 per person / $75 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	Yes			
Maximums	$1,500 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**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	100%	100%
Basic Services Fillings, sealants and posterior composites	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 Maximums	$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	Customer Service	Claims Address
560 Mission St., Suite 1300 San Francisco, CA 94105	800-765-6003	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.

Revised 9/5/2018

Get access to the best in eye care and eyewear with CITY OF ONTARIO and VSP® Vision Care.

Why enroll in VSP? As a member, you'll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at low out-of-pocket costs.

You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and low out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP network doctor, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—with the largest national network of private-practice doctors, plus participating retail chains, it's easy to find the in-network doctor who's right for you.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

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

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

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.[1] Visit **vsp.com** to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.[2] Prefer to shop online? Check out all of the brands at **eyeconic.com**®, VSP's preferred online eyewear store.

VSP® Vision care for life

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

Your VSP Vision Benefits Summary

VSP Coverage Effective Date: 01/01/2019

CITY OF ONTARIO and VSP provide you with a choice of affordable vision plans – choose the plan that's right for you.

Standard Basic **VSP Provider Network:** VSP Choice

Benefit	Description	Copay
Your Coverage with a VSP Provider		
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 Costco® frame allowance • 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	$0 $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
Diabetic Eyecare Plus Program	• Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. • As needed	$20
Suncare	• $120 allowance for ready-made non-prescription sunglasses instead of prescription glasses or contacts • Every 24 months	Combined with exam copay

Premium Buy Up **VSP Provider Network:** VSP Choice

Benefit	Description	Copay
Your Coverage with a VSP Provider		
WellVision Exam	• Focuses on your eyes and overall wellness • Every 12 months	$10 for exam and glasses
Prescription Glasses		
Frame	• $170 allowance for a wide selection of frames • $190 allowance for featured frame brands • 20% savings on the amount over your allowance • $95 Costco® frame allowance • 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	$0 $95 - $105 $150 - $175
Contacts (instead of glasses)	• $150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every 12 months	Up to $60
Diabetic Eyecare Plus Program	• Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. • As needed	$20
Suncare	• $150 allowance for ready-made non-prescription sunglasses instead of prescription glasses or contacts • Every 12 months	Combined with exam copay

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 provider 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 Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Exam ..... up to $45	Lined Bifocal Lenses ..... up to $50	Progressive Lenses ..... up to $50
Frame ..... up to $70	Lined Trifocal Lenses ..... up to $65	Contacts ..... up to $105
Single Vision Lenses ..... up to $30		

Coverage with a participating retail chain 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. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

1. Brands/Promotion subject to change.
2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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REWARDING PEOPLE FOR TAKING CHARGE OF THEIR OWN HEALTH

Cigna 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.

The Cigna Healthy Rewards* program includes discount offers on many products, programs and services designed to help your employees and their household members enhance their health and wellness. Healthy Rewards program 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 program saves your employees money from day one- by providing discounts whenever they use Healthy Rewards program 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

Includes discounts on:

- Weight management and nutrition
- Vision and hearing care
- Alternative medicine
- Fitness clubs and equipment
- Mind/body programs and equipment
- Vitamins, health and wellness products

Healthy Rewards program is an easy choice to make – with savings between 10%–40%,* your employees can choose from a wide network of conveniently located participating providers.

Talk to your Cigna representative to learn more.

* Based on Cigna Healthy Rewards program range of discount offerings as of 3/2017. Subject to change.

Together, all the way.®

Cigna

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

Healthy Rewards is a discount program. **A discount program is NOT insurance, and the member must pay the entire discounted charge.** Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. Participating providers are solely responsible for their products and services. They are not agents of Cigna.

Products may not be available in all areas. All group insurance policies and benefit plans contain exclusions and limitations. For costs and complete details of coverage, contact your Cigna representative.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company (CGLIC), Life Insurance Company of North America (LINA), Cigna Life Insurance Company of New York (New York, NY), and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. Policy forms: OK - Medical - HP-APP-1 et al (CHLIC), GM6000 C1 et al (CGLIC); Dental - HP-POL99 (CHLIC), GM6000 ELI288 et al (CGLIC); TN – Medical - HP-POL43/HC-CER1V1 et al (CHLIC), Dental - HP-POL69/HC-CER2V1 et al (CHLIC); GUL - XX-603404 et al, Disability & Term Life - TL-004700 et al, Accident - GA-00-1000.00 et al, Accidental Injury - GAI-00-1000 & GAI-00-1000.OR et al, Critical Illness - GCI-00-1000, GCI-00-0000.OR et al, GCI-02-1000 & GCI-02-0000.OR et al, Hospital Care - GHIP-00-1000 & GHIP-00-1000.ORa et al (LINA). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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Cigna Group Insurance®

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 in unfamiliar surroundings.

Cigna Secure Travel provides emergency travel services and medical transport, as well as pre-trip planning assistance when traveling 100 miles or more from home. Available to individuals covered under a Cigna Accidental Death and Dismemberment or Business Travel Accident plan (for covered business travel).

Cigna Secure Travel services:

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

- Immunization requirements for foreign countries
- Visa and passport requirements
- Foreign exchange rates
- Weather, cultural and special event information and ski reports for major cities and ski areas

Assistance while traveling – when the unexpected happens during a trip

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

Transportation related to Medical Emergencies

- Emergency evacuation if adequate medical facilities are not available locally and a condition which if left untreated, could result in a significant deterioration of health
- Any increase in cost of return transportation above the original cost for the covered person and their travel companion (including dependent children) if a covered medical emergency delayed their return trip, or medical transport if needed
- Travel arrangements for the return of unattended dependent children under the age of 18 and/or the covered person's traveling companion
- Friend or family member visitation including round-trip economy class transportation and up to $150 per diem, if a covered person is hospitalized for seven or more consecutive days
- Return of covered person's mortal remains to home for burial
- No dollar limits on medical evacuation or repatriation covered services arranged through Cigna Secure Travel

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

Cigna

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

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Cigna Group Insurance®

PROVIDING YOUR EMPLOYEES SUPPORT AGAINST DAMAGES CAUSED BY IDENTITY THEFT

Cigna Identity Theft Program

Identity theft, America's fastest growing crime, victimizes more than 12 million individuals each year.[1] In the U.S. there is a new victim every two seconds[1] and the average financial loss per identity theft incident is over $5,000.[2]

And it's a silent crime, meaning it could take a year or more for victims to discover their or a family member's identity has been stolen. As a result, victims can spend years attempting to restore their credit. With this in mind, Cigna offers your employees identity theft prevention and resolution services. Our program offers access to personal case managers who provide assistance and guidance as well as education and tools to help prevent identity theft in the future.

Prevention

- **ID Theft Protection Kit** guides your employees through all the steps to take to resolve identity theft
- **Expertise available 24/7** – one-on-one guidance and support with the administrative tasks of managing identity theft resolution

Detection

- **3-bureau fraud alert placement assistance** (Experian, Equifax, Transunion)
- **Help with reviewing credit reports**[3]

Resolution

- **Lost wallet assistance** – helps with cancelling lost or stolen credit cards and replacing important personal identifying documents
- **Assistance to complete Identity Theft affidavits**

Help available 24/7 no matter where they are in the world

- With services such as lost wallet assistance, language translation services (to speak with local authorities) and emergency cash advance[4] that allow journey continuation and minimize inconvenience.

Identity fraud facts

In the U.S. those between ages 35–44 are at the greatest risk of identity theft.[1]

Of identity theft reported in 2014 in the U.S., government documents and benefits fraud (39%) was the most common form, followed by credit card fraud (17%).[5]

Victims of medical identity theft who resolved the crime spent, on average, more than 200 hours on activities such as working with their insurer or health care provider to make sure their personal medical credentials were secured and verifying their personal health information, medical claims, invoices, and electronic health records were accurate.[6]

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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WILL PREPARATION

Plan for your family's future and financial well-being.

Sixty-four percent of Americans do not have a will.* That means that they have little or no control over decisions after they die. It also leaves a burden on family members. They must make hard choices at an emotional time. Advance planning helps to make the process easier. And Cigna's Will Center can help you with the planning process.

Getting started is easy

Go to **CignaWillCenter.com**. It's easy to use and available to you and your spouse anytime day or night. Once you're registered on the site, you can:

- **Get resources and tools to help you plan** and learn more about:
  - Will preparation
  - Estate planning
  - Funeral planning
- Create a central location to store important information for easy access
- **Create state-specific, legal documents online**, including:
  - Last will and testament***
  - Living will
  - Financial power of attorney
  - Power of attorney for health care
  - Medical treatment authorization for minors
- **Manage your legal documents**. You can:
  - Preview
  - Edit
  - Download
  - Print

ARAG service representatives are available to help you at 1.800.901.7534**

Visit CignaWillCenter.com today.

For help, call **1.800.901.7534**.**

Representatives are available between 7:00 AM and 7:00 PM (CST). Or you can email a help request to **Service@ARAGdirect.com**.

* "Perspectives on Wills," conducted by ARAG, April 2013

** No legal advice is provided

*** Your will should contain the signature of at least two adult witnesses who are not heirs to your estate. Some states may require more than two adult witnesses. As of the date of publication, Louisiana is the only state that also requires printed wills to be notarized. However, having your will notarized is recommended in all states.

Together, all the way.®

Cigna

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.

The Cigna Will Preparation Program is NOT insurance and does not provide for reimbursement of financial losses.

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.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Life Insurance Company of North America, Cigna Life Insurance Company of New York, and Connecticut General Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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2019 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 2019 calendar year. 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 enrolling 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 2019, the maximum amount for a health care account is $2,700 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 will be 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.)

2019 Flexible Spending Account Information

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, 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 offers 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.

Aflac for City of Ontario employees

City of Ontario is now making the following Aflac insurance policies available to its employees:

1

Accident

For a covered accident, Aflac policyholders receive cash benefits for use as they see fit. This plan helps provide a financial cushion if an accident occurs.

2

Cancer/Specified-Disease

Aflac's cancer/specified-disease insurance policies are designed to pay cash benefits that can be used to help offset cancer-related expenses and to help with a variety of daily living expenses.

3

Critical Care and Recovery (Specified Health Event)

Helps with the medical expenses related to a covered serious health event.

4

Hospital Confinement Indemnity

Helps with the non-covered expenses of a hospital stay.

For more information about policy benefits, limitations, and exclusions, please call your Aflac insurance agent/producer, **Marian Lencioni, CA license number 0G09771, at (909) 239-3774 or email marian_lencioni@us.aflac.com@us.aflac.com.**

This is a brief product overview only. Plans may not be available in all states. Benefits are determined by situs state and plan level selected.

Aflac for City of Ontario Employees:

- Aflac is different from major medical insurance; it's insurance for daily living.
- Aflac pays you cash benefits, unless assigned, to use as you see fit.
- Aflac benefits can help with unexpected expenses.
- Aflac insurance policies belong to you—not your company.
- Aflac offers competitive rates.
- Aflac processes claims quickly—usually within four days.[1]
- Thanks to the Aflac Duck, nine out of ten people in the United States know the Aflac name.[2]

[1]Company statistics, December 31, 2011.
[2]Aflac 2011 Year in Review.

Aflac®

We've got you under our wing.®

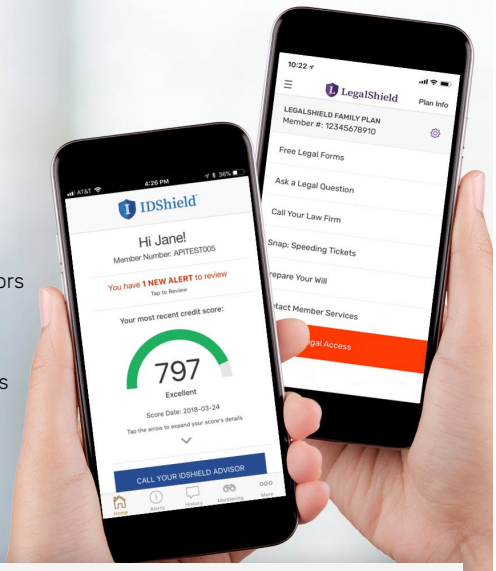
Coverage is underwritten by American Family Life Assurance Company of Columbus.

In New York, coverage is underwritten by American Family Life Assurance Company of New York.

Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999

LegalShield® | IDShield®

Get the Legal and Identity Theft Protection You Deserve



LegalShield Plan Benefits:*

- Legal consultation and advice
- Dedicated law firm
- Court representation (where applicable)
- Legal document review
- Access to legal forms/contracts
- Letters and phone calls made on your behalf
- Speeding ticket assistance
- Will preparation
- 24/7 emergency legal access
- Mobile app
- And more!

IDShield Plan Benefits:*

- Identity consultation and advice
- Dedicated licensed private investigators
- Child monitoring (family plan only)*
- Social media monitoring
- Identity and credit monitoring
- Identity threat and credit inquiry alerts
- Complete identity restoration
- Monthly credit score tracker
- Password manager
- 24/7 emergency access
- Mobile app
- And more!

AFFORDABLE PROTECTION

LegalShield	IDShield		LegalShield + IDShield		
FAMILY	INDIVIDUAL	FAMILY	INDIVIDUAL	Discounted Rate When Purchased Together	FAMILY
$18.50 MONTHLY	$8.95 MONTHLY	$16.75 MONTHLY	$26.15 MONTHLY		$32.95 MONTHLY

*This is a general overview of the legal and identity theft protection plans available from LegalShield for illustration purposes only. See plan details or plan contract for specific state of residence for complete terms, coverage, amounts, conditions and exclusions. Google Play and the Google Play logo are trademarks of Google Inc. Apple, the Apple logo, and iPhone are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc., registered in the U.S. and other countries.

Choose a plan that's as unique as your pet.

Get back 90% cash back on vet bills for medical or routine care!

Visit any vet, anywhere

Unique	Set Price
No other pet insurance product like this in the market	**Regardless of pet's age** and will never go up due to age
Best Deal	**Easy Enrollment**
36-51% less expensive than similar plans from other pet insurers	Just **2 rating factors** – species and zip code
Wellness Option	**Greatest Ever**
One of only a few companies that **offer a wellness option**	Greatest % of invoice product ever offered with the **most coverage**

my pet protection℠ with wellness
90% back on veterinary bills

- Accidents and illnesses
- Hereditary and congenital conditions
- Cancer
- Dental diseases
- Behavioral treatments
- Rx therapeutic diets and supplements
- Wellness exams
- Vaccinations
- Flea prevention
- Spay or neuter
- Teeth cleaning
- And more

my pet protection℠
90% back on veterinary bills

- Accidents and illnesses
- Hereditary and congenital conditions
- Cancer
- Dental diseases
- Behavioral treatments
- Rx therapeutic diets and supplements

Exclusively for employees. Only from Nationwide.

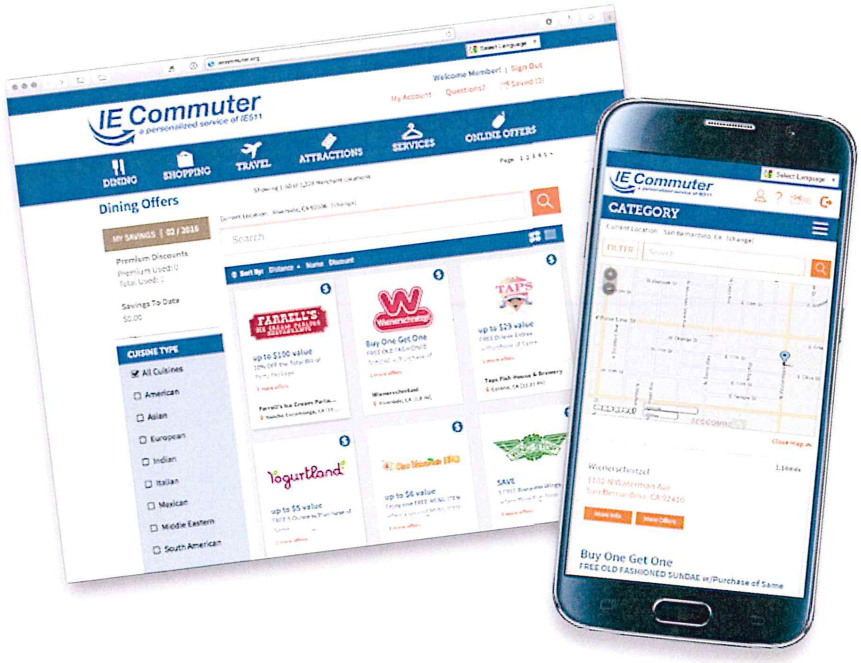
Rideshare Plus Program

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!

The Rideshare Plus program is a joint project funded by Riverside County Transportation Commission and San Bernardino Associated Governments.

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

Strengthening 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

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.hhs.gov/answers/health-care/how-can-i-compare-hospitals/index.html	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.mbc.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
OptumRX	www.optumrx.com/calpers	1-855-505-8110
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

Your Benefits Carrier Contact Information

Benefit	Carrier	Phone	Web
My CalPERS	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
Disability Claims	Cigna	1.800.362.4462 *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 Identity 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
WealthCare (FSA)	Benefit Coordinators Corporation (BCC)	412.276.1111	www.wealthcareadmin.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
Legal Services & Identity Theft	Legal Shield		benefits.legalshield.com/cityofontario
Pet Insurance	Nationwide	800-540-2016 Mon - Fri 5am - 7pm PT Sat 7am - 3:30pm PT	petsnationwide.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	- Healthcare and Dependent Care Reimbursement
- Vacation	- Retirement Benefits
- Sick Leave	- Deferred Compensation Programs
- Holidays	- Tuition Reimbursement
- Additional Benefits	- Mandated Annual Notices

Mission

We strengthen our community by creating and supporting lifelong reading, learning, and enjoyment.

Vision

The Ontario City Library is your place to connect to each other and the world—where you are inspired by our materials, innovative programs and services, and are delighted by our commitment to the community.

Ovitt Family Community Library

215 East "C" Street

Ontario, CA 91764-4111

Hours

Sunday: 1pm - 4pm

Monday - Thursday: 10am - 9pm

Friday - Saturday: 10am - 6pm

Telephone

909-395-2004

Colony High Branch Library (joint-use facility)

3850 East Riverside Drive

Ontario, CA 91761-2603

Hours

Sunday: Closed

Monday - Wednesday: 12pm - 8pm

Thursday - Saturday: 10am - 6pm

Telephone

909-395-2014

5 Tool Player

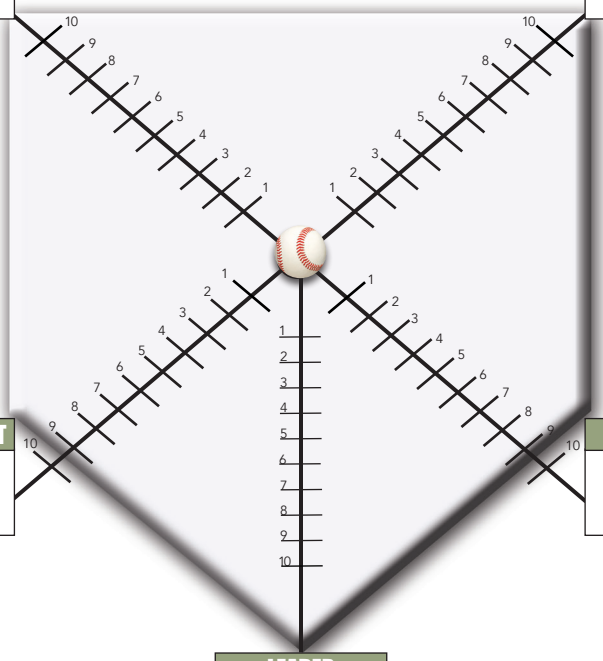
City of Ontario

5 Tool Player

Rate yourself on a scale from 1 to 10 for each skill.

COMMUNICATOR
- Clear
- Diplomatic
- Intuitive
- Listen

OPERATOR
- Expert
- Mission
- Structured
- Tactical



PUBLIC SERVANT
- Dedicated
- Empathetic
- Involved
- Professional

THINKER
- Analysis
- Creative
- Strategic
- Vision

LEADER
- Ethical
- Hard-Working
- Respectful
- Self-Aware

Are you a 5 Tool Player?

NOTES: _____

NOTES: _____

5 Tool Player

Leader – Can you empathize with others? Do you have the courage to communicate plainly and directly? Can you make tough decisions and accept their consequences? Are you honest and ethical? Do you have the wisdom and understanding to explain ideas and decisions in sensitive and respectful ways? Do you know your job? Can you explain your job? Can you get the best out of others? Are you a positive force? Do you like working with people? Can you coach and be coached? Can you provide and accept constructive criticism? Do you have the courage to stick by your beliefs and ideals? Are you able to create your own opportunities by being prepared? Are you objective and professional? Are you respectful of others and command others' respect in kind? Can you develop a vision of where you, your team and/or your organization need to go in order to be successful? Are you self-aware? Do you have a sense of humor?

Thinker – Can you think creatively? Can you think critically? Can you compare and contrast ideas and issues? Can you anticipate next steps, responses and outcomes? Are you intellectually curious? Can you solve puzzles? Can you look at issues from someone else's perspective? Can you identify multiple facets of a given issue? Can you identify obstacles and challenges? Can you make objective decisions, based on facts and available resources? Can you think strategically? Can you think tactically? Can you break-down complex issues? Can you place yourself in someone else's shoes and understand their point of view? Can you identify and create milestones to help gauge success?

Communicator – Can you communicate clearly in proper English? Do you write clearly, concisely, professionally, and with an attention to detail? Do you understand non-verbal communication and body-language? Are you aware of your own non-verbal signals? Can you deal with interpersonal conflict or do you shy away from conflict? Can you tell a story? Can you explain complex issues? Can you modulate your communication style to fit a given audience? Are you intuitive? Can you be diplomatic, yet still clear? Do you have an appropriate command of the English language and a business-appropriate vocabulary?

Operator – Do you understand the mission of the City of Ontario? Do you understand the vision of the City of Ontario? Do you know the City of Ontario's organizational structure? Are you focused on execution and getting things done? Do you understand the City of Ontario's Core Values and Code of Ethics? Are you an expert in your subject area? What do you do to stay abreast of changes in your field and current events? Do you challenge yourself to learn more about more things? Do you read for recreation and enrichment? Are you familiar with the operations of other teams, departments, and agencies? How often do you interact with employees from other teams, departments and/or agencies?Do you understand the City of Ontario's business model, how it generates revenues, and how it expends resources? Have you ever made a suggestion to your supervisor about how to increase effectiveness?

Public Servant – Do you know the "Ontario Story"? Are you involved in local community groups and organizations? Do you know local residents by name, and do they know you? Are you aware of local "hot button" issues in the community? Are you aware of recent successes and setbacks affecting the community? Do you seek out interaction with residents and community leaders? Can you listen and empathize with their issues, suggestions, and concerns? Do you treat people with respect and human dignity? Are you committed to making Ontario a better place for all?

Are you a 5 Tool Player?

Information in this document offers highlights of your benefit plans. The official Plan Documents actually govern your rights and benefits under each plan. If any discrepancy exists between this document and the Plan Documents, the actual legal Plan Documents will prevail. Plan provisions and eligibility do not constitute an employment contract with any individual. Coverage may vary state to state according to state mandated benefits.