

# Employee Benefits Guide

## 2016 – 2017



**OAKLEY**  
—  —  
**CALIFORNIA**

# *The 3P's of Public Service*

**POLITE** means we are customer-friendly, courteous and tactful. We have a "CAN DO" attitude. We acknowledge people who have concerns and we listen and try to understand. We treat people fairly and how we would like to be treated. We are respectful and we are friendly. We never raise our voices or use unkind words or expressions.

**PROFESSIONAL** means we are trained and competent in our jobs. We seek to learn more about our jobs so we can perform better - we "sharpen the saw." We take pride in the quality of our work and we don't just seek to do our best, we always strive to do better. If we are not moving forward professionally then we are moving backward. "Every job is a self-portrait of the person who did it."

**PROGRESSIVE** is that we are willing and anxious to find more creative and efficient ways of doing things. We don't do things "the same way we have always done them." We listen to suggestions from our supervisors, co-workers and members of the public. We take advantage of new technology and ideas. We have a vision and look to the future of how things can and should be. In fact, we dream of things that never have been and say, "Why not?"



# A message from our City Manager

The City of Oakley continues our commitment to our employees and their families. We recognize the accomplishments and growth of our City depend on our most valuable assets, our employees. We have worked hard to develop a benefits package that meets the needs of as many of our employees as possible.

The Affordable Care Act continues to impact employers and individuals across the nation. We are also faced with the challenges of operating within the allowances of the insurance company contracts. As such, you will see some changes our benefit offerings this year. We have selected the plans that we believe will provide the most value and the most choice to you.

The City of Oakley benefit package remains one of the most competitive when compared to surrounding cities in the area. According to our research, the overall package provided by the City of Oakley is extremely competitive and allows employees the most freedom to choose how to spend the dollars allocated to you.

Through the technology and communications, we believe we have created a benefits package that is easy to use and well understood by employees.

If questions arise, you can always count on your Polite and Professional human resources team to respond to inquiries. We thank you for your service to City of Oakley.

Sincerely,



Bryan Montgomery  
City Manager



# Contents

Enrollment Information	
- Who May Enroll	4
- When You Can Enroll	4
- Paying For Your Coverage	4
- Changes To Enrollment	5
The Affordable Care Act and You	5
Annual Notices	5
Medical Insurance	
- Medical Plan Descriptions	6
- Kaiser HMO Medical Plan Options	7
- Sutter Health HMO Medical Plan Options	8
- Anthem PPO Medical Plan Options	9
- Tips for Using Your Medical Benefits	10
Dental Insurance	
- Delta Dental PPO Dental Plan	11
Vision Insurance	12
Income Protection	13
Tax Savings Plans	14
Travel Assistance	15
Employee Assistance Program (EAP)	15
Resources and Contacts	16

Welcome to the City of Oakley's Benefit Program!

This brochure provides a summary of your benefit options and is designed to help you make choices and enroll for coverage. If you would like more information about any of the benefits described here, please contact Human Resources.

## Enrollment Information

### Who May Enroll

All regular full-time and part-time employees working 30 hours per week and their eligible dependents may participate in the City of Oakley's benefits program.

Your eligible dependents include:

- Legally married spouse
- Registered domestic partner
- Children under age 26 regardless of student or marital status or employment

### When You Can Enroll

Eligible employees may enroll at the following times:

- As a new hire, you may participate in the benefits program on the first day of the month following 30 days after your date of hire
- Each year, during open enrollment
- Within 30 days of a qualifying event as defined by the IRS (see Changes To Enrollment on page 5)

### Paying For Your Coverage

Full-time employees receive a \$1,235 cash stipend to purchase Medical insurance through our plans. Regular part-time employees working at least 30 hours per week throughout the year will receive a prorated amount based on the number of hours worked. The City of Oakley pays 100% of the employee and eligible enrolled dependent premium costs for dental, vision, life and disability coverage.



## For Police Officers

Retirement Benefits—CalPERS Retirement Plan 2.7% at 57; Consistent with California State Law, program costs are shared 50-50%.

# Enrollment Information

## Changes To Enrollment

Our benefit plans are effective December 1<sup>st</sup> through November 30<sup>th</sup> of each year. There is an annual open enrollment period each year, during which you can make new benefit elections for the following December 1<sup>st</sup> effective date. Once you make your benefit elections, you cannot change them during the year unless you experience a qualifying event as defined by the IRS. Examples include, but are not limited to the following:

- Marriage, divorce, legal separation or annulment
- Birth or adoption of a child
- A qualified medical child support order
- Death of a spouse or child
- A change in your dependent's eligibility status
- Loss of coverage from another group health plan
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Becoming eligible for a state's premium assistance program under Medicaid or CHIP

### Note

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have 30 days to update your coverage. Please contact Human Resources immediately and visit our enrollment site at <https://cityofoakley.easecentral.com>. If you do not update your coverage within 30 days from the qualifying event, you must wait until the next annual open enrollment period to update your coverage.

## The Affordable Care Act and You

The Affordable Care Act (ACA) requires nearly every American to be enrolled in medical coverage or pay a penalty. This is referred to as the individual mandate. You have several options to satisfy this requirement:

- Enroll in a medical plan offered by the City of Oakley or another group plan
- Purchase coverage through a health insurance marketplace
- Enroll in coverage through a government sponsored program
- Have no coverage and incur a tax penalty

Because the City of Oakley's medical plans are considered affordable and meet minimum value under Health Care Reform, you will not generally see lower premiums or out-of-pocket costs through the marketplace.

For more information on your coverage options, please visit [www.healthcare.gov](http://www.healthcare.gov).

## Annual Notices

ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The following is a list of the annual notices:

- Medicare Part D Notice of Creditable Coverage
- HIPAA Notice of Privacy Practices
- Women's Health and Cancer Rights Act (WHCRA)
- Newborns' and Mothers' Health Protection Act
- Special Enrollment Rights
- Medicaid & Children's Health Insurance Program



### Note

Copies of these notices will be distributed electronically and can be found online at <https://cityofoakley.easecentral.com>

# Medical Insurance

The City of Oakley provides you with a selection of medical plan options so you may choose the coverage that is best for you and your family.

## CalChoice | HMO Medical Plans

With the CalChoice Health Maintenance Organization (HMO) plans, you must choose a primary care physician (PCP) or medical group who is a member of the HMO network that corresponds with the plan you've selected. All of your care must be directed through your PCP or medical group. Any specialty care you need will be coordinated through your PCP and will generally require a referral or authorization. You will receive benefits only if you use the doctors, clinics and hospitals that belong to the medical group in which you are enrolled, except in the case of an emergency.

## CalChoice | PPO Medical Plans

The CalChoice Preferred Provider Organization (PPO) plan allows you to direct your own care. You are not limited to the physicians within the PPO network and you may self-refer to specialists. If you receive care from a physician who is a member of the PPO network, a greater percentage of the entire cost will be paid by the insurance plan. You may also obtain services using a non-network provider; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.



### Finding a Medical Provider

Go to [www.calchoice.com](http://www.calchoice.com) or call Customer Service at (800) 558-8003.

- Gold HMO: Kaiser | Full Network
- Platinum HMO : Kaiser | Full Network
- Sutter Health Plus HMO | Sutter Health Network
- Gold PPO: Anthem | Advantage Network

## Summary of Benefits and Coverage (SBC)

Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage, referred to as a Summary of Benefits and Coverage (SBC). This guide is designed to help you understand the medical plan options offered to you by the City of Oakley. Please refer to the SBC and carrier contracts provided by CalChoice for additional plan details.

# Medical Insurance

## Gold and Platinum HMO Plan Options

	CalChoice Platinum HMO A	CalChoice Gold HMO A
Plan Name	Kaiser Platinum HMO A	Kaiser Gold HMO A
Network Name	Full Network	Full Network
Health Benefits		
HSA Qualified High Deductible Plan	No	No
Lifetime Maximum Benefit	Unlimited	Unlimited
Deductible (Annual)		
- Individual	None	\$500
- Family	None	\$1,000
Co-Insurance (Plan Pays)	N/A	N/A
Office Visit Copay		
- Primary Care Physician	\$10 Copay	\$25 Copay
- Specialist Office Visit	\$10 Copay	\$25 Copay
Out-of-Pocket Maximum		
- Individual	\$4,000	\$6,000
- Family	\$8,000	\$12,000
Hospitalization		
- Inpatient	\$300 per day up to \$1,500	\$600/day up to \$3,000, after deductible
- Outpatient Surgery	\$300 copay	\$600 copay after deductible
Lab and X-Ray	\$20 Lab / \$40 X-Ray (\$150 MRI, CT or PET)	\$25 Lab / \$25 X-Ray (\$150 MRI, CT or PET)
Emergency Services	\$200 Copay Waived if admitted	\$250 Copay Waived if admitted
Urgent Care	\$10 Copay	\$25 Copay
Preventive Care	100%	100%
Physical Therapy	\$10 Copay	\$25 Copay
Pharmacy Benefits		
Prescription (Rx) Brand Deductible	\$0	\$0
Retail Pharmacy		
- Generic Formulary	\$5 Copay	\$15 Copay
- Brand Name Formulary	\$15 Copay	\$50 Copay
- Brand Name Non-Formulary	N/A	N/A
- Specialty Drugs	10% Coinsurance up to \$250	20% Coinsurance up to \$250
-Supply Limit	30 Days	30 Days
Mail Order Pharmacy		
- Generic Formulary	\$10 Copay	\$30 Copay
- Brand Name Formulary	\$30 Copay	\$100 Copay
- Brand Name Non-Formulary	N/A	N/A
- Supply Limit	Up to 100 days	Up to 100 Days

# Medical Insurance

## Gold HMO Plan Options

	CalChoice Gold HMO B	CalChoice Gold HMO B
Plan Name	Kaiser Gold HMO B	Sutter Health Plus Gold HMO B
Network Name	Full Network	Full Network
Health Benefits		
HSA Qualified High Deductible Plan	No	No
Lifetime Maximum Benefit	Unlimited	Unlimited
Deductible (Annual)		
- Individual	None	None
- Family	None	None
Co-Insurance (Plan Pays)	N/A	N/A
Office Visit Copay		
- Primary Care Physician	\$30 Copay	\$35 Copay
- Specialist Office Visit	\$30 Copay	\$55 Copay
Out-of-Pocket Maximum		
- Individual	\$6,000	\$6,200
- Family	\$12,000	\$12,400
Hospitalization		
- Inpatient	\$600 per day up to \$3,000	\$600 per day up to \$3,000
- Outpatient Surgery	\$600 hospital copay	\$600 copay
Lab and X-Ray	\$40 Lab / \$50 X-Ray (\$250 MRI, CT or PET)	\$35 Lab / \$50 X-Ray (\$250 MRI, CT or PET)
Emergency Services	\$250 Copay Waived if admitted	\$250 Copay Waived if admitted
Urgent Care	\$30 Copay	\$60 Copay
Preventive Care	100%	100%
Physical Therapy	\$30 Copay	\$35 Copay
Pharmacy Benefits		
Prescription (Rx) Brand Deductible	\$0	\$0
Retail Pharmacy		
- Generic Formulary	\$15 Copay	\$15 Copay
- Brand Name Formulary	\$50 Copay	\$50 Copay
- Brand Name Non-Formulary	N/A	\$70 Copay
- Specialty Drugs	20% to a maximum of \$250	20% to a maximum of \$250
-Supply Limit	30 Days	30 Days
Mail Order Pharmacy		
- Generic Formulary	\$30 Copay	\$30 Copay
- Brand Name Formulary	\$100 Copay	\$100 Copay
- Brand Name Non-Formulary	N/A	\$140 Copay
- Supply Limit	Up to 100 days	Up to 100 Days

# Medical Insurance

## Gold PPO Plan Option

### CalChoice Gold PPO

Plan Name	Anthem Gold PPO A	
Network Name	Advantage PPO	Non-Network

#### Health Benefits

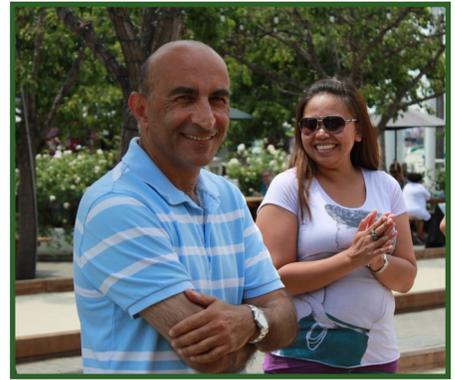
HSA Qualified High Deductible Plan	No	No
Lifetime Maximum Benefit	Unlimited	Unlimited
Deductible (Annual)		
- Individual	\$500	\$1,000
- Family	\$1,500	\$2,000
Co-Insurance (You Pay)	20% after deductible	50% after deductible
Office Visit Copay		
- Primary Care Physician	\$25 copay for first 3 visits then plan pays 80% after deductible	50% after deductible
- Specialist Office Visit		50% after deductible
Out-of-Pocket Maximum		
- Individual	\$4,000	\$8,000
- Family	\$8,000	\$16,000
Hospitalization		
- Inpatient	Tier 1: 20% after deductible Tier 2: 20% after deductible and \$500 copay	50% after deductible
- Outpatient Surgery	Tier 1: 20% after deductible Tier 2: 20% after deductible and \$250 copay	50% after deductible
Lab and X-Ray	20% after deductible	50% after deductible
Emergency Services	20% after deductible	
Urgent Care	20% after deductible	50% after deductible
Preventive/Wellness Care	100%	50% after deductible
Physical Therapy	Same as regular Office Visit	50% after deductible

#### Pharmacy Benefits

Prescription (Rx) Brand Deductible	\$0	
Retail Pharmacy		
- Generic Formulary	\$15 Copay	50%
- Brand Name Formulary	\$40 Copay	50%
- Brand Name Non-Formulary	\$80 Copay	50%
- Specialty Drugs	25% Coinsurance up to \$250	50%
Supply Limit	30 Days/90 days	30 days
Mail Order Pharmacy	\$38/\$120/\$240	Not Covered

# Medical Insurance

## Tips For Using Your Medical Benefits



### 1 Ask questions when in doubt.

If you are having a procedure or planning an upcoming procedure, make sure you know how the procedure will be covered and what your out-of-pocket cost will be, if any.

### 2 Utilize your free preventive care benefits to stay healthy.

Preventive care benefits are covered at no charge to you (in-network only for PPO plans). Regular preventive care can reduce the risk of disease, detect health problems early, protect you from higher costs down the road, and most importantly... save your life! Take advantage of these no cost benefits now to hopefully avoid major illnesses and costs in the future.

### 3 Use urgent care centers versus hospital emergency rooms whenever possible.

Frequently, patients seek the services of the hospital emergency department for ailments or injuries that could be treated more economically, and just as effectively, at an urgent care center. It is not always easy to determine when you should choose urgent care over the hospital emergency department. The following lists offer some guidance, but are not necessarily all-inclusive.

#### Examples of URGENT CARE situations

Any illness or injury that would prompt you to see your primary care physician

##### INCLUDING BUT NOT LIMITED TO:

- Accidents and falls
- Sprains
- Back problems
- Breathing difficulties
- Abdominal pain
- Minor bleeding/cuts
- High fever
- Vomiting, diarrhea or dehydration
- Severe sore throat or cough
- Mild to moderate asthma

#### Examples of EMERGENCY situations

Any accident or illness that may lead to loss of life or limb, serious medical complication or permanent disability

##### INCLUDING BUT NOT LIMITED TO:

- Chest pain\*
- Seizures
- Shock
- No pulse
- Unconscious or catatonic state
- Sudden dizziness, loss of coordination or balance
- Severe abdominal pain
- Severe or uncontrollable bleeding
- Broken bones or compound fractures
- Severe difficulty breathing or shortness of breath
- Spinal cord or back injury
- Severe burns
- Major head injuries
- Ingestion of poisons or obstructive objects
- Animal, snake or human bites

\*If you believe you may be experiencing a heart attack, call 911 immediately! Do not drive yourself to the emergency room!

### 4 Use generic and over the counter drugs when available.

The best way to save on prescriptions is to use generic or over the counter medications as opposed to brand name drugs. When you use generic medications, you will pay the lowest copay. Generic drug companies do not have to develop a medication from scratch, so the costs are significantly less to bring the drug to the market. Once a generic medication is approved, several companies can produce and sell the drug. This competition helps lower prices. In addition, many generic drugs are well-established medications that do not require expensive advertising. Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards.

### 5 Use the mail-order prescription drug benefit for maintenance medications.

The mail order pharmacy is a fast, easy and convenient way to save time and money on your maintenance medications. You can order additional supplies of medication at a discount. See carrier provisions for details.

# Dental Insurance

## PPO Dental Plan

With the Delta Dental (PPO) dental plan, you may visit a PPO dentist and benefit from the negotiated rate or visit a non-network dentist. When you utilize a PPO in-network dentist, your out-of-pocket expenses will be less. You may also obtain services using a non-network dentist; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.

Plan Name	Delta PPO Plan		
Network Name	In-Network PPO Dentist	Non-Network Delta Premier Dentist	Non-Network Non-Delta Dentist

### Dental Benefits

Calendar Year Maximum	\$2,000		
Deductible (Annual)			
- Individual	\$25	\$25	\$25
- Family	\$75	\$75	\$75
Preventive (Plan Pays) Exams, Cleanings, X-Rays	100%	100%	100%
Basic Services (Plan Pays) Space Maintainers, Restorations, Oral Surgery, Sealants, Repairs	100%	85%	85%
Major Services (Plan Pays) Inlays, Crowns, Dentures, Endodontics, Periodontics	60%	50%	50%
Orthodontia	Children and Adults		
- Covered Members	N/A		
- Copay	50%		
- Coinsurance	\$1,500		
- Lifetime Benefit Max			



### Finding a Dental Provider

Go to [www.deltadentalins.com](http://www.deltadentalins.com), under Quick Links click Provider Directory, under Providers/Networks, click Search for a Dental Provider, pick your State, specify the Delta Dental PPO Plan. Enter the name of the Provider or to view members, enter city and state and/or zip code. Select desired specialty and click Continue. EPO providers will be listed first, for additional dentists, select Show PPO Providers.

You can also call (925) 803-1880.

### Note

We strongly recommend you ask your dentist for a predetermination if total charges are expected to exceed \$300. Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.

# Vision Insurance

The Vision Service Plan (VSP) vision plan provides professional vision care and high quality lenses and frames through the VSP network, a broad network of optical specialists. You will receive richer benefits if you utilize a network provider. If you utilize a non-network provider, you will be responsible to pay all charges at the time of your appointment and will be required to file an itemized claim with VSP.

Plan Name	Vision Service Plan PPO Plan	
	VSP Vision	Non-Network
Network Name		
Vision Benefits		
Copay		
- Examination	\$25 Copay	N/A
- Materials	\$10 Copay	N/A
Examination	100%	\$50 Allowance
Lenses		
- Single Vision	100%	\$50 Allowance
- Bifocal	100%	\$75 Allowance
- Trifocal	100%	\$100 Allowance
- Lenticular	100%	\$100 Allowance
- Polycarbonate lenses (children under 18)	100%	\$55 Allowance
Frames	\$130 Allowance	\$70 Allowance
Contact Lenses	In Lieu of Frames and Lenses	
- Cosmetic / Elective	\$120 Allowance	\$105 Allowance
- Medically Necessary	100%	\$210 Allowance
Laser Vision Correction	Discounts Apply	Not Covered
Frequency		
- Examination		12 Months
- Lenses		12 Months
- Frames		24 Months
- Contact Lenses		12 Months

## Discounts

Discounts are available for cosmetic extras, such as tints, coatings and other add-on charges to standard lenses, after covered services are rendered. The discount may be applied to charges for the frame or contact lenses (except disposable or replacement contact lenses) over the stated allowances. Discounts also apply to additional pairs of glasses and/or pairs of standard contact lenses. To determine whether a provider offers discounts, please review the provider directory, call VSP Vision or visit [www.vsp.com](http://www.vsp.com).



Finding a Vision Provider

Go to [www.vsp.com](http://www.vsp.com) or call (800) 877-7195.

# Income Protection

## Basic Life and AD&D

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with the company. The City of Oakley pays for coverage, offered through The Standard, in the amount of \$50,000. If your death is due to a covered accident or injury, your beneficiary will receive an additional amount through Accidental Death and Dismemberment (AD&D) coverage.

## Long Term Disability Insurance

Long Term Disability Insurance provides you with income protection in the event of a disability. The plan pays 2/3's of your salary up to a maximum monthly benefit of \$6,666. If you are eligible for income from other sources, such as Social Security and/or Worker's Compensation, LTD benefits are adjusted so that the maximum monthly benefit you receive from all sources does not exceed 2/3's of pre-disability earnings. The elimination period is 90 days with a duration for benefits paid up to social security normal retirement age. The City of Oakley pays for your coverage offered through The Standard.

## Flexible Spending Accounts

You can set aside money in Flexible Spending Accounts (FSA) before taxes are deducted to pay for certain health and dependent care expenses, lowering your taxable income and increasing your take home pay. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts. You choose how you want to receive reimbursement for your eligible expenses. You may use a debit card provided by the FSA Administrator, sign up for direct deposit to your bank account or you may have a check sent to your home.

Please remember that if you are using your debit card, you must save your receipts, just in case the FSA Administrator needs a copy for verification. Also, all receipts should be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient per IRS guidelines.

FSAs offer sizable tax advantages. The trade-off is that these accounts are subject to strict IRS regulations, including the use-it-or-lose-it rule. According to this rule, any funds left in the Dependent Account will be forfeited and any funds in excess of \$500 in the HealthCare Spending Account will be forfeited. If you are unable to estimate your health care and dependent care expenses accurately, it is better to be conservative and underestimate rather than overestimate your expenses.

	Without the Health Care FSA	With the Health Care FSA
Gross Pay (Annual)	\$35,000	\$35,000
Pre-tax Health Care FSA	\$0	\$1,200
<b>Taxable Gross Income</b>	<b>\$35,000</b>	<b>\$33,800</b>
Payroll Taxes (at 30%)	\$10,500	\$10,140
Health Care Cost	\$1,200	\$0
Net Pay	\$23,300	\$23,660
<b>Annual Net Pay Increase</b>	<b>\$0</b>	<b>\$360</b>

# Travel Assistance

As an employee covered by the group term life insurance policy, you are eligible for travel assistance administered by Standard Insurance Company. You, your spouse and dependent children (when travelling together or separately) have access to travel, medical, legal and financial assistance plus emergency medical evacuation benefits when traveling domestically or internationally 100 miles away from home for up to 120 consecutive days.

Services are available 24 hours per day, 365 days per year and include:

- General Travel Information about visa, passport, and inoculation requirements
- Physician, hospital and dental referrals and appointments
- Hospital admission guarantee
- Critical care monitoring
- Legal assistance
- Lost documents and luggage assistance
- Emergency cash/bail assistance
- Telephone interpretation
- Emergency / urgent message transmission

To access services, call 1-(800) 527-0218 or go to <https://members.uhcglobal.com/Standard/standard1.aspx>



# Employee Assistance Program

Employees are eligible to access services through the Standard sponsored EAP program.

The EAP offers free and confidential counseling and assistance to help balance your personal and professional life. Some of the areas the EAP can help with include:

- Family, relationship and parenting issues
- Basic child and elder care needs
- Emotional and stress-related issues
- Conflicts at work or home
- Alcohol and drug dependencies
- Personal development and general wellness issues

To access services, call 1-(888) 293-6948 or go to <http://www.eapbda.com>

# Other Benefits

## Deferred Compensation

ICMA-RC offers a variety of investment options. For more information visit <http://www.icmarc.org/>.

## Tuition Reimbursement

Personal and professional development of employees is vital to the success of each individual and to the City. The maximum allowable reimbursement is \$2,500 per fiscal year. Consult with Human Resources for more information.

## Monthly Wellness Benefit

The City will contribute \$10 per month toward a health club membership that is located within the City of Oakley. Interested? Ask Human Resources for more information.

# Resources and Contacts

Below is a list of insurance carrier contacts should you require assistance with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers, please contact Nancy Marquez-Suarez at [marquez@ci.oakley.ca.us](mailto:marquez@ci.oakley.ca.us), (925) 625-7007 or Gabriela Baños-Galvan at [banos@ci.oakley.ca.us](mailto:banos@ci.oakley.ca.us), (925) 625-7011.

**NOTE:**  
If you are unable to resolve your issues or questions with the insurance carriers, please contact Human Resources or one of the carriers listed on this page.

## Medical - CalChoice

CaliforniaChoice Member Services .....	(800) 558-8003
Carrier Website .....	<a href="http://www.calchoice.com">www.calchoice.com</a>
Anthem Member Services .....	(855) 383-7248
Carrier Website .....	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>
Sutter Health Plus Member Services .....	(855) 315-5800
Carrier Website .....	<a href="http://www.sutterhealthplus.org">www.sutterhealthplus.org</a>
Kaiser Permanente Member Services .....	(800) 464-4000
Carrier Website .....	<a href="http://www.kp.org">www.kp.org</a>

## Dental - Delta

Member Services .....	(888) 335-8227
Carrier Website .....	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>

## Vision - Principal / VSP Network

Member Services .....	(800) 877-7195
Carrier Website .....	<a href="http://www.vsp.com">www.vsp.com</a>

## Travel Assistance

Member Services .....	(800) 527-0218
Carrier Website .....	<a href="https://members.uhcglobal.com/Standard/standard1.aspx">https://members.uhcglobal.com/Standard/standard1.aspx</a>

## Employee Assistance Program/ Life & Disability

Member Services .....	(888) 293-6948
Carrier Website .....	<a href="http://www.eapbda.com">http://www.eapbda.com</a>
Basic Life Insurance	
Member Services.....	(503) 321-7000
Carrier Website.....	<a href="https://www.standard.com">https://www.standard.com</a>
Long Term Disability	
Member Services.....	(503) 321-7000
Carrier Website.....	<a href="https://www.standard.com">https://www.standard.com</a>





2220 Douglas Blvd, Suite 170 | Roseville, California 95661  
Telephone: (916) 642-1002 | Fax: (415) 526-8450

Learn more at [www.burnhambenefits.com](http://www.burnhambenefits.com)

---

This brochure provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this brochure are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact Human Resources.