

Effective: 1/1/14 through 12/31/14

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Eligibility Guidelines

The City of Merced offers a cafeteria style employee benefits program. Employees have a choice of options within each coverage offered for the medical, dental, vision, life and disability. Additionally, employees have an option to buy supplemental voluntary products at a cost but with the convenience of a payroll deduction. The benefits program is designed to meet the specific individual and family needs of each eligible employee. Please see below for specific "waiting periods" for each coverage effective dates.

Medical Insurance

Medical insurance will be effective upon the date of hire for eligible employees and their eligible dependents.

Dental & Vision Insurance

Dental and vision insurance will be effective the first of the month following the completion of 6 months of continuous employment with the City of Merced, for eligible employees and their eligible dependents.

Life Insurance

The "core" life insurance will be effective upon the date of hire for eligible employees. Employees also have a "Buy-Up" option to purchase additional life insurance for both themselves and their eligible dependents.

Disability Insurance

The "core" disability insurance will be effective the first of the month following the completion of 6 months of continuous employment with the City of Merced for eligible employees. Public Safety employees will have a 30-day waiting period for such insurance. Employees also have a "Buy-Up" option to purchase additional disability insurance.

Cafeteria Plan

The cafeteria plan is made available to all eligible employees upon their date of hire.

Supplemental Voluntary Products

The supplemental voluntary products are made available to all eligible employees during each annual open enrollment period.

These Benefits Are Effective January 1, 2014

The information in this brochure is a summary only of the benefits offered under the City of Merced's benefit program. Specific details and plan limitations are provided in your individual Evidence of Coverage (EOC), which is based on the official Plan Documents that may include policies, contracts and plan procedures. Please refer to your EOC or Summary Plan Description for details. In the event that the information in this brochure differs from the Plan Documents, the Plan Documents will prevail.

Eligibility Guidelines

Adding and Removing Dependents

You are responsible for notifying Support Services (209) 388-7100 of any changes in your dependent status during the plan year (Divorce, Marriage, Birth or Adoption and adding or removing dependents). All Qualified Life Event changes must be made within 30 days from the date of the event. A copy of the marriage certificate or adoption paperwork may be required for this kind of change. Failure to submit notification in a timely manner may impact dependent eligibility for health care continuation under COBRA which may result in you incurring liability for medical expenses for the non-eligible dependents. All changes will be effective the first of the month following the qualifying event date.

All employees adding dependents may be required to submit documentation verifying eligibility of their covered dependents. The following chart is an easy guide to which form and documents may be submitted.

For further clarification, please contact the Support Services department, (209) 388-7100.

	Nothing Required	Marriage Certificate Required	Dependent Verification*	State of California Domestic Partner Registration Required
Employee only	X			
Employee & Spouse		X		
Employee & Domestic Partner				Х
Employee & Child(ren)			X	
Employee, Spouse or Domestic Partner & Child(ren)		X	X	X

^{*} Dependent verification includes birth certificate or a legal document stating legal guardianship of the dependent.

When You Can Make Changes to Your Benefits

Other than during the annual "open enrollment" period, you may not change your coverage/participation unless you experience a qualifying event.

Qualifying events include:

- Change in legal marital status, including marriage, divorce, legal separation, annulment, dissolution of domestic partnership, 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, including the start or termination of employment by you, your spouse, or your dependent child
- Change in work schedule, including an increase or decrease in hours of employment by you, your spouse, or your dependent child, including a switch between part-time and full-time employment that affects eligibility for benefits
- Change in a child's dependent status, either newly satisfying the requirements for dependent child status or ceasing to satisfy them
- Change in your health coverage or your spouse's coverage attributable to your spouse's employment
- Change in an individual's eligibility for Medicare or Medicaid
- 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 or dependent foster child
- An event that is a special enrollment event under HIPAA (the Health Insurance Portability and Accountability Act), including acquisition of a new dependent or spouse or loss of coverage under another health insurance policy or plan if the coverage is terminated because of:
 - Voluntary or involuntary termination of employment or reduction in hours of employment or death, divorce, or legal separation;
 - Termination of employer contributions toward the other coverage, OR if the other coverage was COBRA Continuation Coverage, exhaustion of the coverage

Important—making changes to your benefits during the year:

• You must make the changes within 30 days of the date the *event* (marriage, birth, etc.) occurs.

When Your Benefits Terminate

When Your Benefits Terminate

- Health insurance benefits will terminate on the last day of the month of the event of termination (retirement, unpaid absence or exhausting FMLA leave period).
- When terminating, the employee must work at least one full schedule day in the month to get coverage for that month.
- COBRA, if elected, will be effective the first of the month following date of termination.

Benefits during the Family and Medical Leave (FMLA) and California Family Rights Act (CFRA)

An employee taking family/medical leave will be allowed to continue participating in any health and welfare benefit plan in which he/she was enrolled before the first day of leave (for a maximum of 12 work-weeks) at the level and under the same conditions of coverage as if the employee had continued in employment for the duration of such leave. The City will continue to make the same premium contributions as if the employee had continued working. The continued participation in health benefits begins on the date leave first begins under the Family and Medical Leave Act (e.g. for pregnancy disability leaves) or under the Family and Medical Leave Act/CFRA (e.g. for all other family care and medical leaves).

In some instances, The City may recover premiums paid to maintain health coverage for you if you fail to return to work following pregnancy disability leave/FMLA leave.

An employee's use of family/medical leave will not result in the loss of any employment benefit that the employee earned before using family/medical leave.

All employees must notify Support Services at (209) 388-7100 as soon as possible for requesting FMLA for your own illness or for caring for a family member.

Medicare and the Active Worker

If you are an active employee and have reached the age of 65, you may be wondering about Medicare. You should receive an advisory notice from Medicare about 4 months before your 65th birthday for your initial enrollment period. Here is some information that you should know about your Medicare options when working beyond age 65:

- You must stay in the Group Health medical plan until you retire or are otherwise not eligible for the group plan.
- You have the option of enrolling in Medicare Part B (medical) coverage at your cost. If you do so, your Group Health medical plan remains your primary and Part B (which does have a fee involved) would coordinate as secondary coverage to your Group Health medical plan.
- When you reach age 65, you must complete the Group Health Certification of Medicare Status form to report either your enrollment in Medicare Part B or your deferment until retirement.
- Once you retire with Group Health Medical Plan, you must sign up for Part B with Medicare during the eight months following the month that your health plan coverage or employment ended (whichever is first), also known as the Special Enrollment Period.
- If you choose to defer Part B, please be aware that there may be a 10% federal surcharge added to the monthly premium for every 12 month period that you were qualified to sign up for Medicare but did not enroll.
- Upon retirement, you will be transferred to the Medicare plan, assuming that you meet other eligibility requirements.

For additional information on Medicare and your options, contact Support Services at (209) 388-7100 or go to www.medicare.gov.

Benefit Plan Contact Information

Below is a list of toll-free numbers you can call with questions about benefit coverage or available providers in your area. Each company's website provides access to provider information and additional programs available to you and your family.

Benefit Plan & Carrier	Member Services: (for claims, eligibility and benefit inquiries)	Website:
Medical Coverage: Anthem Blue Cross (EPO)	1-800-967-3015	www.anthem.com/ca
Prescription Drug Coverage: Medco Health	1-800-711-0917	www.medcohealth.com/medco/ consumer/home.jsp
Dental Coverage: Delta Dental PPO	1-888-335-8227	www.deltadentalca.org
Vision Coverage: Vision Service Plan (VSP)	1-800-877-7195	www.vsp.com
Life/AD&D/Voluntary Life/LTD: ING	1-800-955-7736	www.ing.com
City of Merced Insurance Department		
Andrew Guzman Rosa Winzer	1-209-385-6979 1-209-385-6867	guzmana@cityofmerced.org winzerr@cityofmerced.org

Medical Benefits

General Plan Information	Blue Cross EPO	
	Core Benefit	Buy-Up Option
Annual Deductible		
• Member	\$100	None
- E 1	\$300	None
• Family	Ψ300	TVOIC
Maximum Plan Year Copayment/Coinsurance	44.500	#1 000
• Member	\$1,500	\$1,000
• Family	\$3,000	\$2,000
Lifetime Maximum Benefit	Unlimited	Unlimited
Hospital	Inpatient - \$100 / day for 1st 3 days	No Charge
	Outpatient - \$100 / admit	
Physician Office visits	\$20/visit	\$10/visit
Preventive Care	No Charge (deductible waived)	No Charge
Diagnostic X-Ray and Lab	No Charge (deductible applies)	No Charge
Emergency Room (facility only)	\$150	\$50
	waived if admitted	waived if admitted
Ambulance	\$50	\$50
Durable Medical Equipment	20% of Allowed Charge	50% of Allowed Charge
Speech / Physical Therapy / Occupational Therapy	\$20 (deductible applies)	\$10
Mental Health	, (account off-	# - V
Inpatient	\$100 / day for 1 st 3 days	No Charge
Outpatient	\$20	\$10
Prescription Drugs (30-day supply)	<u></u>	040
Generic	\$7	\$10
Formulary Brand Name Non-formulary	\$25 100% of the Medco discounted price	\$20 100% of the Medco discounted price
Mail Order Program (90-day supply)	10070 of the Medeo discounted place	10070 of the Medeo discounted price
Generic (90-day supply)	\$14	\$20
Formulary Brand Name	\$60	\$40
Non-formulary	100% of the Medco discounted price	100% of the Medco discounted price
Mandatory Retail Refill Allowance Program*	Yes	Yes

^{*} The Retail Refill Allowance (RRA) applies to maintenance prescriptions refilled at a Retail Pharmacy. If you choose to continue to fill your maintenance prescription at a retail pharmacy, at the 4th fill and beyond the Retail copay will increase to the Mail Order copay level for 30 day supply.

Dental Benefits

General Plan Information	Delta Dental Core Benefit	Delta Dental Buy-Up Option
Non-PPO Annual Deductible		
Per Person	\$25	\$25
Family	\$75	\$75
Maximums		
Annual	\$1,000	\$1,500
Lifetime Orthodontic	\$1,000	\$1,500
Covered Services		
Diagnostic and Preventive	100%	100%
Basic Benefits	100%	100%
Major	100%	100%
Orthodontia	100%	100%

Vision Benefits

General Plan Information	VSP – Choice Network Core Benefit	VSP – Choice Network Buy-Up Option
Exam	\$25	\$25
Materials	\$25	included with exam copay
Frequency of Services		
• Exam	12 months	12 months
Lenses OR Contacts	24 months	12 months
• Frames	24 months	12 months
Annual Allowances		
• Frames	\$120	\$120
Contacts in lieu of Frames	\$120	\$120
NON-MEMBER DOCTOR		
Benefits: (amount reimbursed, less deductible)		
Vision Exam	Up to \$45 Paid	Up to \$45 Paid
Lenses (Pair)		
- Single Vision	Up to \$30 Paid	Up to \$30 Paid
- Bifocal	Up to \$50 Paid	Up to \$50 Paid
- Trifocal	Up to \$65 Paid	Up to \$65 Paid
- Lenticular	Up to \$100 Paid	Up to \$100 Paid
Frame	Up to \$70 Paid	Up to \$70 Paid
Contact Lenses (in lieu of other eyewear)		
- Medically Necessary	Up to \$210 Paid	Up to \$210 Paid
- Elective	Up to \$105 Paid	Up to \$105 Paid

Life and AD&D Benefits

General Plan Information	Core Benefit
Core Life Benefits	1x annual earnings up to \$50,000
Guarantee Issue Amount	1x annual earning up to \$50,000

General Plan Information	Buy-Up Option
Eligible Employees:	All Active Employees Under Age 80
Buy-up Life Benefits:	
Employee Benefit	
Maximum	\$100,000 – Not to exceed 5 times employees annual salary
Election Options	\$10,000; \$20,000; \$40,000; \$50,000; \$60,000; \$80,000; \$100,000
Guaranteed Issue Amount	\$100,000
Employees over Age 70	Maximum benefit is \$50,000
Spouse Benefit	
Maximum	Up to \$50,000
Election Options	\$5,000; \$10,000; \$20,000; \$30,000; \$40,000; \$50,000
Guaranteed Issue Amount	\$50,000
Dependent Child(ren) Benefit	
Birth – 14 Days	\$0 (Birth to 13 Days)
14 days to 6 months	\$250 (14 Days – 6 Months)
6 months to 19 years (to 25 yrs if FT Student)	\$10,000 (6 Months to 19 years, 25 if FT student)
Guaranteed Issue Amount	\$10,000

Disability Benefits

General Plan Information	Core Benefit	Buy-up Option
Employee Classes	White Collar Employees All Other Active Employees	
STD & LTD Benefit Salary Covered	60%	66.67%
Maximum Monthly Benefit		
STD – All Classes	\$600/week	\$1,650/week
LTD – All Classes	\$2,500/month	\$7,000/month
Minimum Monthly Benefit	\$100	\$100
Elimination Periods White Collar for STD All Other Classes for STD All Classes for LTD	22 we	30 days 60 days eeks (180 days)

The City of Merced offers an integrated disability plan that is designed to be simpler and more cost effective for employees. This feature includes a **Short-Term Disability** plan which allows for weekly payments during your initial disability period up to 22 weeks (180 days). If your disability exceeds 22 weeks (180 days), your payments will convert to a **Long-Term Disability** plan and you will receive monthly payments for the duration of your disability per contract definitions. If you continue to be disabled, you are automatically assigned a **Long-Term Disability** benefit.

Core Disability Benefits

- 1. The "core" benefit is paid for by the City of Merced.
- 2. The Short-Term Disability plan starts after the elimination period has been satisfied and pays a weekly benefit of 60% of your weekly salary to a maximum of \$600 a week. The duration of the Short Term Disability benefit is 22 weeks (180 days), minus the elimination period.
- 3. The Long-Term Disability benefit is paid on a monthly basis and covers up to 60% of your monthly salary up to a maximum of \$2,500 a month. The duration of the Long Term Disability benefit is to age 65 or your normal social security retirement age as long as you meet the definition of disability.

Buy-Up Disability Benefits

As an employee, you will also have the opportunity to purchase additional benefits:

- 1. STD Buy-up to 66.67% of your weekly salary to a maximum of \$1,650 a week. The duration of the Short Term Disability benefit is 22 weeks (180 days), minus the elimination period.
- 2. LTD Buy-up to 66.67% of your monthly salary up to a maximum of \$7,000 a month. The duration of the Long Term Disability benefit is to age 65 or your normal social security retirement age as long as you meet the definition of disability.

If you are interested in purchasing the "Buy-Up" Disability benefits, please see Human Resources for an enrollment form.

Note: This summary is for informational purpose only. It does not amend, extend, or alter the current policy in any way. In the event information in this summary differs from the Plan Document, the Plan Document will prevail. All employees under the Fire MOU will have long-term disability benefits provided through CSFA Firefighter long-term disability plan.

Required Federal Notices

Notice of Availability of HIPAA Privacy Notice

The federal Health Insurance Portability and Accountability Act (HIPAA) requires that we periodically remind you of your right to receive a copy of the Insurance Carriers' HIPAA Privacy Notices. You can request copies of the Privacy Notices by contacting the Human Resources Department or by contacting the insurance carriers directly.

The Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act (WHCRA) requires employer groups to notify participants and beneficiaries of the group health plan, of their rights to mastectomy benefits under the plan. Participants and beneficiaries have rights for coverage to be provided in a manner determined in consultation with the attending Physician for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits are subject to the same deductible and co-payments applicable to other medical and surgical procedures provided under this plan. You can contact your health plan's Member Services for more information.

Notice of Availability of HIPAA Privacy Notice

We are required by federal and state law to protect the privacy of your individually identifiable health information and other personal information. City of Merced is committed to maintaining and protecting the confidentiality of our employees' personal and sensitive information.

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low Cost Health Coverage to Children and Families

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2013. You should contact your State for further information on eligibility –

ALABAMA – Medicaid	COLORADO – Medicaid
Website: http://www.medicaid.alabama.gov	Medicaid Website: http://www.colorado.gov/
Phone: 1-855-692-5447	Medicaid Phone (In state): 1-800-866-3513
ALASKA – Medicaid	Medicaid Phone (Out of state): 1-800-221-3943
Website: http://health.hss.state.ak.us/dpa/programs/ medicaid/	
Phone (Outside of Anchorage): 1-888-318-8890	
Phone (Anchorage): 907-269-6529	
ARIZONA – CHIP	FLORIDA – Medicaid
Website: http://www.azahcccs.gov/applicants	Website: https://www.flmedicaidtplrecovery.com/
Phone (Outside of Maricopa County): 1-877-764-5437	Phone: 1-877-357-3268
Phone (Maricopa County): 602-417-5437	GEORGIA – Medicaid
	Website: http://dch.georgia.gov/ Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)
	Phone: 1-800-869-1150

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low Cost Health Coverage to Children and Families

IDAHO – Medicaid and CHIP	MONTANA – Medicaid
Medicaid Website: www.accesstohealthinsurance.idaho.gov	Website: http://medicaidprovider.hhs.mt.gov/clientpages/ clientindex.shtml
Medicaid Phone: 1-800-926-2588	Phone: 1-800-694-3084
CHIP Website: www.medicaid.idaho.gov	
CHIP Phone: 1-800-926-2588	
INDIANA – Medicaid	NEBRASKA – Medicaid
Website: http://www.in.gov/fssa	Website: www.ACCESSNebraska.ne.qov
Phone: 1-800-889-9949	Phone: 1-800-383-4278
IOWA – Medicaid	NEVADA – Medicaid
Website: www.dhs.state.ia.us/hipp/	Medicaid Website: http://dwss.nv.gov/
Phone: 1-888-346-9562	Medicaid Phone: 1-800-992-0900
KANSAS – Medicaid	1
Website: http://www.kdheks.gov/hcf/	
Phone: 1-800-792-4884	
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://chfs.ky.gov/dms/default.htm	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf
Phone: 1-800-635-2570	Phone: 603-271-5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://www.lahipp.dhh.louisiana.gov	Medicaid Website: http://www.state.nj.us/humanservices/
Phone: 1-888-695-2447	dmahs/clients/medicaid/
MAINE – Medicaid	Medicaid Phone: 1-800-356-1561
Website: http://www.maine.gov/dhhs/ofi/public-assistance/	CHIP Website: http://www.njfamilycare.org/index.html
index.html	CHIP Phone: 1-800-701-0710
Phone: 1-800-977-6740	
TTY 1-800-977-6741 MASSACHUSETTS – Medicaid and CHIP	NEW YORK - Medicaid
Website: http://www.mass.gov/MassHealth	Website: http://www.nyhealth.gov/health_care/medicaid/
website. http://www.mass.gov/wassneaitif	website. http://www.nyrieaitin.gov/neaitin_care/medicaid/
Phone: 1-800-462-1120	Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid and CHIP
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance	Website: http://www.ncdhhs.gov/dma
	Phone: 919-855-4100
Phone: 1-800-657-3629	NODTH DANGET AND STORY
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/ hipp.htm	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 573-751-2005	Phone: 1-800-755-2604

Important Notice from the City of Merced about your Prescription Drug Coverage and Medicare

Important Notice from the City About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the City and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this
 coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or
 PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of
 coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- The City has determined that the prescription drug coverage offered by the City is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 7th through November 15th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City coverage will not be affected. The City provided prescription plan is credible and Medicare eligible's are allowed to purchase additional prescription drug coverage through Medicare. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/CreditableCoverage/), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current City coverage, be aware that you and your dependents may not be able to get this coverage back.

Important Notice from the City of Merced about your Prescription Drug Coverage and Medicare

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the City and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage ...

Contact the City's Support Services Department at (209) 388-7100.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the City changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage ...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit <u>www.medicare.gov</u>
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: January 1, 2014
Name of Entity: City of Merced

Contact: Support Services Department

Address: 678 W 18th Street, Merced, CA 95340

Phone: (209) 388-7100

Summary of Benefits and Coverage (SBC)

Patient Protection and Affordable Care Act (PPACA) Disclosure Statement

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in case of illness or injury.

Your plan offers a choice of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options. If you are not clear about any of the bolded terms used in the SBC, you can view the glossary on your carrier's website or call them for a copy.

For your medical plan through Anthem go to www.anthem.com/ca or call 1-800-967-3015

For your medical plan through Blue Shield go to www.blueshieldca.com or call -1-877-554-3091.

For your Pharmacy benefits through Express Scripts (formerly Medco) go to www.expressscripts.com or call 1-800-711-0917.



Employee Benefits Brochure designed and developed by



In conjunction with the City of Merced – October 2013