



City of Anaheim Benefits for Part-Time Employees

Certain part-time employees are eligible for medical coverage through the City of Anaheim. This flyer describes who is eligible, the medical coverage available, and what you need to do to enroll.

Please visit www.myanaheimbenefits.com for information about Open Enrollment and your City of Anaheim benefits. To enroll for these benefits, you must enroll during Open Enrollment: **October 14 through October 31, 2016.**

Who's Eligible

You're receiving this flyer because you're eligible for benefits through the City.

If you've worked an average of 30 or more hours per week during the City's look-back period (October 3, 2015 through October 2, 2016), you'll be eligible for medical coverage through the City in 2017. You may also be eligible for benefits coverage as a part-time employee based on your union contract.

As an eligible part-time employee, you may also enroll your eligible dependents, including:

- Your spouse or California-registered domestic partner
- Your or your spouse's children under age 26
- Your or your spouse's children of any age who are disabled.

How to Enroll

Please visit www.myanaheimbenefits.com for information about Open Enrollment and your City of Anaheim benefits. To enroll for these benefits, you must enroll during Open Enrollment: October 14 through October 31, 2016.

To enroll, follow these simple steps:

- Go to myinfo.anaheim.net
- Click the **Login** button
- Enter your User Name and Password (case sensitive)
- **User Name:** Your user name is your six-character employee ID, which can be found on your personalized cover letter in your Open Enrollment packet.
- **Password:** Your password is your regular ESS password. If you've forgotten your password, click "forgot your password" to have your password emailed to you.

The health and welfare benefits plans you choose during Open Enrollment will be in effect from January 1, 2017 through December 31, 2017.

If you need help logging on, contact the help desk at 714-765-5104. For benefit questions and assistance, contact the Human Resources Benefits Division at 714-765-5185.

Your 2017 Medical Plan Options

You have two medical plan options choose from:

- The Kaiser Permanente HMO Plan 1
- The Kaiser Permanente HMO Plan 2

IMPORTANT! Check the cover letter included in this packet. If you're currently enrolled in medical coverage through the City, your medical plan election will be listed in the cover letter. If you're not currently enrolled in medical coverage through the City, the cover letter won't include any election information.

How HMOs Work

Health Maintenance Organizations (or HMOs) offer a high level of benefits with low out-of-pocket costs. For most services, you pay only a copay, and there is no deductible to meet before the plan pays benefits. You also don't need to file any claims. If you need hospital care, the plan pays 100% of approved inpatient and outpatient hospital services after you pay the flat copay. However, you must use a Kaiser provider to receive benefits. When you use out-of-network providers, the plan won't pay for benefits.

With an HMO, you choose one doctor, or primary care physician (PCP), to coordinate all of your care. In fact, you must go through your PCP for all referrals to receive benefits. This allows you to establish a relationship with your doctor so they can better meet your needs. Each covered member of your family can choose a different PCP, or you can choose one for the entire family. In addition to a PCP, female participants can choose an in-network OB/GYN without a referral from a PCP.

Enroll at Work

For your convenience, the City is offering you the opportunity to enroll at work on City computers.

- When:** 11 a.m. to 1 p.m. on
- Tuesdays: October 18 and October 25
 - Thursdays: October 20 and October 27

Where: City Hall Building, Ground Floor Technology Training Room



How the Two HMO Plans Compare

There are a few key differences between the two Kaiser HMO plans available to you:

- **Deductible:** The Kaiser HMO Plan 2 doesn't have a deductible, but the Kaiser HMO Plan 1 does. That means under the Kaiser HMO Plan 1 you must pay for a certain amount of eligible expenses out-of-pocket. Once you meet this amount, called the deductible, the plan will pay for benefits.
- **Copays and coinsurance:** Under both plans, you'll pay a set amount, called a copay, for most covered services. Keep in mind that under the Kaiser HMO Plan 1, you must meet the deductible before the plan pays benefits for Emergency Room services, then you'll pay a percentage of the cost, called coinsurance.
- **Out-of-pocket maximum:** Under both plans, you'll have an out-of-pocket maximum that limits how much you spend out-of-pocket on eligible medical expenses. The Kaiser HMO Plan 1 has a higher out-of-pocket maximum than the Kaiser HMO Plan 2. Once you meet the out-of-pocket maximum, the plan will pay 100% for your eligible medical expenses.
- **Cost of coverage:** The two plans have different contribution rates that will be deducted from your paychecks. Check out "What Coverage Costs" on page 3, and be sure to choose the plan and coverage level that works best with your budget. Keep in mind that although the Kaiser HMO Plan 1 has lower rates, it also has a deductible you must meet.

Medical Benefits At-a-Glance

Below is a brief summary of the Kaiser HMO medical plans. For more details about these plans, visit www.myanaheimbenefits.com.

	Kaiser Permanente	
	HMO 1	HMO 2
Deductible	Individual: \$1,000/Family: \$2,000	None
Out-of-Pocket Maximum	Individual: \$3,000/Family: \$6,000	Individual: \$1,500/Family: \$3,000
Professional Services		
Preventive care: well-baby, child, and adult physical exams	No charge	Well-Baby (up to 24 months): \$5 copay; Adult: \$15 copay
Office visits/consultation	\$20 copay	\$15 copay
Specialist visits/OB/GYN services	\$20 copay	\$15 copay
Annual well-woman exams	No charge	\$15 copay
Immunizations	No charge	No charge
Vision Care	No charge for routine eye exam	\$15 copay; \$150 retail allowance for frames, lenses, and contacts (every 24 months)
Chiropractic Care	Not covered	\$15 copay (up to 30 visits/year)
Family Planning/Maternity		
Pregnancy and maternity care	No charge	Prenatal: \$5 copay/visit
Emergency Care		
Emergency Medical Services: Urgent care	\$20 copay	\$15 copay
Emergency Medical Services: Emergency room	20% coinsurance after deductible	\$50 copay (waived if admitted)
Prescription Drugs — Retail Pharmacy		
Generic	\$10 copay	\$10 copay (up to 100-day supply)
Brand Name	\$30 copay	\$10 copay (up to 100-day supply)
Non-formulary	\$30 copay	\$10 copay (only covered if medically necessary)
Mail Order	\$20 copay	\$10 copay (up to 100-day supply)

What Coverage Costs

You and the City share in the cost for your medical coverage as well as the cost for your dependents' coverage. Your contributions are taken out of your paycheck on a before-tax basis for you and your eligible dependents. The charts below show your 2017 per-pay-period contributions for enrolling in a part-time employee medical plan.

For All Bargaining Groups and Unrepresented Employees

	Total Monthly Cost	City Monthly Contribution	Employee Monthly Contribution	Employee Per Pay Period Contribution
Kaiser HMO 1				
Single	\$461.56	\$393.33	\$68.23	\$34.11
Two-Party	\$923.11	\$393.33	\$529.78	\$264.89
Family	\$1,306.20	\$393.33	\$912.87	\$456.43
Kaiser HMO 2				
Single	\$524.44	\$393.33	\$131.11	\$65.55
Two-Party	\$1,048.88	\$393.33	\$655.55	\$327.77
Family	\$1,484.16	\$393.33	\$1,090.83	\$545.41

Kaiser Tools and Resources

When you enroll in a Kaiser medical plan, you have access to the following programs and resources:

- **Know where you stand.** Start with a Total Health Assessment, then set goals and get going with a customized action plan for better health.
- **Take the first step.** Use the Everybody Walk App to count your steps, track your progress, and get encouragement to stay active. Check out everybodywalk.org/app.
- **Coaching.** Work with a personal wellness coach by phone to manage your weight, quit tobacco, reduce stress, or start exercising. Call 866-862-4295.
- **Call a nurse.** If you have a health question, call a Kaiser nurse at 888-KPONCALL (888-576-6225).
- **Fitness tips.** Find inspiration, tips, and program ideas at kp.org/fitness.
- **Healthy lifestyle programs.** Manage a specific health issue or condition with a personalized plan.
- **Healthy living classes.** Learn new strategies for familiar challenges.
- **Healthy discounts.** Save on fitness club memberships, acupuncture and chiropractic, and more.
- **Online tools.** Take advantage of health calculators, assessments, and educational resources at kp.org.
- **Use the My Health Manager app.** Check out the app that puts health care in the palm of your hand ... in your phone, that is! You can schedule appointments, refill prescriptions, and more all from the app.

You'll find much more information at healthy.kaiserpermanente.org.

Why We're Offering Coverage

You may have heard about the Affordable Care Act (ACA), which is also known as health care reform. The ACA requires all organizations with 50 or more employees to offer medical coverage to employees who work an average of 30 or more hours per week during the look-back period. This requirement is called the **employer mandate**.

What You Need to Know about The Affordable Care Act (ACA)

The Individual Mandate

There is another important ACA regulation that impacts you: As of January 1, 2014, you are required to have medical insurance, or you will pay a penalty when you file your federal income taxes. This is called the **individual mandate**. If you enroll for medical coverage through the City, you will meet the individual mandate for 2017.

ACA Reporting in 2016

As part of the ACA, the IRS requires employers with 50 or more employees to provide an annual statement to the IRS describing the coverage offered to eligible employees. This statement is called the Form 1095-C and includes information about:

- You and the City of Anaheim
- Which months during the year you were eligible for coverage
- The cost of the cheapest monthly premium you could have paid under the available plans.

Before issuing your Form 1095-C to you, the City may ask you to provide the Social Security numbers of your dependents.

In addition, if you're enrolled for medical coverage, you'll receive a Form 1095-B from your insurance carrier. This form will include information about your specific coverage, your coverage period, and who from your family was covered.

If you're eligible for medical coverage from the City, a Form 1095-C will be mailed to your home address in January 2017.

What it means for you: You'll need the forms to verify on your tax return that you and your dependents have health insurance coverage that meets the ACA's minimum qualifying requirements. If you didn't have health care coverage for any part of the year you may have to pay a tax penalty. The check boxes in Part IV of Form 1095-B will help you calculate the penalty that applies, if any. Be sure to share these forms with your tax advisor.