



# EMPLOYEE BENEFITS OVERVIEW

2025



# Table of Contents

<b>3</b>	<b>Welcome</b>	<b>13</b>	<b>Dental Benefits</b>
<b>4</b>	<b>Plan Changes</b>	<b>14</b>	<b>Vision Benefits</b>
<b>6</b>	<b>Enrollment</b>	<b>15</b>	<b>Flexible Spending Accounts (FSAs)</b>
<b>7</b>	<b>Eligibility</b>	<b>17</b>	<b>Income Protection Benefits</b>
<b>8</b>	<b>Employee Contributions</b>	<b>21</b>	<b>Additional Benefits</b>
<b>9</b>	<b>Plan Options</b>	<b>27</b>	<b>Key Contacts</b>
<b>10</b>	<b>Medical Benefit Summaries</b>	<b>28</b>	<b>Annual Notices</b>

## **Important Notice**

The City of Milpitas has made every attempt to ensure the accuracy of the information described in this enrollment guide. Any discrepancy between this guide and the insurance contracts or other legal documents that govern the plans of benefits described in this enrollment guide will be resolved according to the insurance contracts and legal documents. The City of Milpitas reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible employees and the City of Milpitas share plan costs at any time. This enrollment guide creates neither an employment agreement of any kind nor a guarantee of continued employment with the City of Milpitas.

# A Message From The City

The City of Milpitas acknowledges that fulfilling its mission would be impossible without a diverse group of highly qualified employees. The City also recognizes that these employees are an integral asset of the City's organization. To continue attracting and retaining the people needed to serve the citizens and community of Milpitas, the City maintains a comprehensive and competitive benefits program offered to employees and their families.

The City of Milpitas strives to provide an employee health benefits program that:

- Provides a “safety net” of basic benefits protecting against the financial impact of catastrophic life events.
- Recognizes that benefits are an important element of total compensation from the City.
- Provides the highest quality and value of benefits at the most reasonable cost for both the City and its employees.
- Provides assistance for the provision of medical benefits upon retirement.
- The City’s benefit program:
  - Consistently demonstrates the principles of sound financial management, fiscal responsibility, regulatory compliance and administrative efficiency.
  - Is communicated effectively to promote a comprehensive understanding of the benefits and their overall value.
  - Offers opportunities to enhance the basic benefits package, so that employees can better address their individual needs.

Every year during Open Enrollment, you have the opportunity to review your coverage needs, consider the benefit plans available to you, and select benefits that will provide the most value to you. Changes to benefits cannot be made outside the Open Enrollment period without experiencing a Qualifying Life Event (QLE). The Open Enrollment period for The City of Milpitas typically occurs each year in October.

## EMPLOYEE BENEFITS PROGRAM

The City of Milpitas offers you and your eligible dependents the opportunity to participate in the following benefits:

- Medical, Dental, and Vision insurance
- Basic Life and Voluntary Life
- Long-Term Disability (LTD) insurance (for employees only)
- Employee Assistance Program (EAP)
- Section 125 Flexible Spending Accounts
- Parking & Transit Reimbursement
- 457 Deferred Compensation Plan
- PERS Retirement
- Workers’ Compensation
- Transportation Reduction Incentive
- Legal Benefits via LegalShield
- LinkedIn Learning

# 2025 Plan Changes

## MEDICAL

The following health plans are available to you through CalPERS for the 2025 plan year:

- Anthem Blue Cross Select HMO
- Anthem Blue Cross Traditional HMO
- Blue Shield Access+ HMO
- United Healthcare Signature Value HMO
- United Healthcare Harmony HMO
- Kaiser Permanente HMO
- PERS Gold PPO
- PERS Platinum PPO

The health benefits and changes listed below are effective January 1, 2025. For additional information on any CalPERS medical plan changes, please visit [www.calpers.ca.gov/page/active-members](http://www.calpers.ca.gov/page/active-members).

Health Plan Changes	Impact
Kaiser Permanente	Expansion into 14 zip codes in Monterey County
UnitedHealthcare Signature Value Harmony	Expansion into: <ul style="list-style-type: none"><li>• Napa County</li><li>• 50 zip codes in Contra Costa County</li><li>• 2 zip codes in Solano County</li></ul>
PERS Gold & PERS Platinum	<p>Blue Shield of California will be the new Third-Party Administrator for all <b>PERS Gold</b> and <b>PERS Platinum</b> PPO plans.</p> <p>For members in a basic plan they are partnering with Included Health to provide member services, including answering inquiries, guiding members to the most appropriate in-network and high-quality providers, and providing care coordination services for members, particularly those with complex health conditions. Included Health will also expand access to care through their supplemental virtual primary care and behavioral health care services.</p> <p>The good news is there are no changes to plan copays, coinsurance or deductibles with this transition!</p>

Benefit Design Changes	Impact
Doula Benefit for Pregnant and Postpartum Members	New benefit for pregnant and postpartum Basic plan members to receive health education, advocacy, physical and emotional non-medical support before, during and after pregnancy, miscarriage, stillbirth and abortions.
Travel Benefit for Medically Necessary Care	Standardized travel and lodging coverage for eligible medically-necessary services including, but not limited to abortion services, gender affirming care, complex surgeries, and cancer care that cannot be accessed within 50 miles from the member's residence for all Basic and Medicare plan members, up to \$5,000 per occurrence. This includes transportation, lodging, and meals for the member and a companion (both parents/guardians if patient is under 18).

# 2025 Plan Changes

## DENTAL, VISION & OTHER BENEFITS

There are no benefit changes to the Dental and Vision plans offered by the City of Milpitas for the 2025 plan year. The City will continue to pay 100% of Dental and Vision costs for all tiers of coverage.

The City will continue to offer 100% employer-paid Basic Life and AD&D benefits for all employees. In addition, the City offers additional voluntary benefits including supplemental life benefits, long-term disability, parking & transit reimbursement and more.

## LinkedIn Learning

The City of Milpitas is excited to offer an additional benefit to employees with LinkedIn Learning!

Available to all full-time employees the LinkedIn Learning platform can help build the knowledge and skills to achieve both personal and professional goals. Partnering with LinkedIn Learning is a strong commitment to providing e-learning opportunities as part of the City's overall Learning and Development initiatives.

If you have any questions about accessing this benefit, please email [humanresources2@milpitas.gov](mailto:humanresources2@milpitas.gov).

### How does LinkedIn Learning work?

This platform is an award-winning industry leader in online training, with a digital library of thousands of courses covering a wide range of technical, business, software, and creative topics. With personalized recommendations, you can discover, complete, and track courses related to your field and interests.

### How much will it cost?

This benefit is free to you! All costs for this resource will be paid by the City of Milpitas.

### How to get started

You will automatically receive an email with access to the LinkedIn Learning portal. If you are a newly hired employee, you will receive access following the new employee orientation.

To begin, access the email and follow the prompts to establish a new account or link your existing LinkedIn account. Follow the additional steps to verify your identity and set your learning preferences, interests and goals. To access your learning account visit: [www.learning.linkedin.com](http://www.learning.linkedin.com)

# Enrollment

## NEW HIRE ENROLLMENT

During your enrollment period as a newly hired employee, you have the opportunity to review your coverage needs, consider the benefit plans available to you, and select benefits that will provide the most value to you.

The benefits you choose will become effective on the first of the month following your date of hire and will remain in place until December 31<sup>st</sup>, 2025.

You must take action during your enrollment period if you wish to do any or all of the following:

- Participate in medical, dental, or vision coverage for the 2025 plan year
- Contribute to a Health Care and/or Dependent Care Flexible Spending Account (FSA)
- Make changes to your income protection benefits

When enrolling, you will need to include the names, birth dates and Social Security numbers of any dependents you wish to enroll, or of any beneficiaries you wish to designate.

If you don't enroll in benefits during your initial enrollment period, you will not have any coverage for 2025. You can change your coverage midyear only if you experience a Qualifying Life Event (QLE), which includes but is not limited to gain or loss of coverage, marriage, divorce, birth or adoption of a child, or death of spouse or child.

If you experience a QLE, you have up to 30 days from the date of the event to notify the City and complete any necessary paperwork. Failure to do so within the 30-day window will forfeit your right to make a midyear change and your next opportunity to enroll in benefits would be Open Enrollment in the fall.

## ENROLLING BY PAPER FORM

Enrollment/Change forms are located on the City's [MINT](#) page on the HR Benefits website or by calling the HR Team at (408) 586-3090. The HR Team will need the original enrollment/change forms and supporting documentation to verify that your dependents are eligible for health benefits.

Review this guide to choose which benefits are right for you. If after reading this guide you need more information, please contact the City of Milpitas HR Team at (408) 586-3090.



# Eligibility

Employees of the City of Milpitas working a minimum of 20 hours per week and their eligible dependents can participate in the City of Milpitas benefits. Eligible dependents include:

- Your spouse or domestic partner<sup>1</sup>
- Child(ren) up to age 26 (including adopted children, stepchildren and domestic partner children)
- Child(ren) of any age if you support the child and he or she is incapable of self-support due to disability

## DOMESTIC PARTNER ELIGIBILITY CRITERIA

Your eligible domestic partner includes a person who is a member of a domestic partnership or civil union legally established under applicable state law. For eligibility information, please contact the HR Team.

## PROOF OF DEPENDENT ELIGIBILITY

You may be required to provide proof of eligibility for your dependents. Note that attempting to enroll an ineligible dependent could lead to discipline and possible termination of employment. If your dependent becomes ineligible for coverage during the year, you must contact the City of Milpitas HR Team at (408) 586-3090 within **30** days. Failure to provide notification may lead to discipline, retroactive termination of coverage and possible termination of employment.

### Enrolling in Benefits

If you're eligible for the City of Milpitas benefits, enrollment forms are available on the City's [MINT](#) page or by calling the HR Team at (408) 586-3090. If after reading this guide you have enrollment questions, please contact the City of Milpitas HR Team.

## BENEFITS TERMS

Before reviewing your benefit choices for this year, here's a refresher on some key health insurance vocabulary that will help you better understand your options.

<b>Coinsurance</b>	The percentage you pay for the cost of covered health care services <b>after</b> you've met your deductible. For example, if the coinsurance under your plan is 40%, you would pay 40% of the cost of the service and your insurance would pay the remaining 60%.
<b>Copayment (Copay)</b>	A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service (as specified by your plan).
<b>Deductible</b>	The amount you pay in a plan year before your health plan begins to pay benefits.
<b>Flexible Spending Account (FSA)</b>	Allows you to set aside money from your paycheck to pay Health Care and Dependent Care expenses with tax-free dollars. The Internal Revenue Service (IRS) limits who can open and put money into an FSA. Any funds saved in this account must be spent each year, remaining funds will be forfeited.
<b>Network</b>	A group of doctors, hospitals, labs, and other providers that your health insurance contracts so you can make visits at a pre-negotiated (and often discounted) rate.
<b>Out-of-Pocket Maximum</b>	The cap on your out-of-pocket costs for the plan year. Once you've reached this amount, your plan will cover 100% of your qualified medical expenses for the plan year.
<b>Premium</b>	The amount of money that's paid for your health insurance every month. The City of Milpitas pays a portion of this amount, and you pay the rest.

<sup>1</sup> Due to federal and state tax regulations, benefits provided to domestic partners are generally taxable and therefore deducted from your pay on an after-tax basis. Additionally, any premium contributions made by the City of Milpitas on behalf of your domestic partner are generally considered taxable income to you. Contact the City of Milpitas HR Team if you believe your domestic partner is exempt from federal or state taxes.

# Employee Contributions

## SWORN EMPLOYEES

The values below indicate how much you're responsible for contributing towards coverage. Amounts are taken directly from your paycheck each month. The City makes the following monthly contributions towards your medical plan:

Single: **\$1,112.90**

Two-Party: **\$2,225.80**

Family: **\$2,893.54**

## MEDICAL COST SUMMARY

CalPERS Region 1*	2025 Plan Rates			Employee Monthly Cost		
	Single	2-Party	Family	Single	2-Party	Family
Anthem Blue Cross Select HMO	\$1,256.65	\$2,513.30	\$3,267.29	\$143.75	\$287.50	\$373.75
Anthem Blue Cross Traditional HMO	\$1,500.40	\$3,000.80	\$3,901.04	\$387.50	\$775.00	\$1,007.50
Blue Shield Access + HMO	\$1,170.17	\$2,340.34	\$3,042.44	\$57.27	\$114.54	\$148.90
Kaiser Permanente	\$1,112.90	\$2,225.80	\$2,893.54	\$0.00	\$0.00	\$0.00
United Healthcare Signature Value	\$1,184.58	\$2,369.16	\$3,079.91	\$71.68	\$143.36	\$186.37
United Healthcare Harmony	\$1,005.02	\$2,010.04	\$2,613.05	\$0.00	\$0.00	\$0.00
PERS GOLD PPO	\$1,013.70	\$2,027.40	\$2,635.62	\$0.00	\$0.00	\$0.00
PERS Platinum PPO	\$1,476.10	\$2,952.20	\$3,837.86	\$363.20	\$726.40	\$944.32

\*These rates are provided as a courtesy for planning purposes for employees. If there are any discrepancies between what is listed above and the actual CalPERS rates, the CalPERS rates shall prevail.

## DENTAL AND VISION COSTS

The City of Milpitas pays 100% of Dental & Vision coverage for employees and their dependents.

Plan	2025 Plan Rates			Employee Monthly Cost		
	Single	2-Party	Family	Single	2-Party	Family
Delta Dental PPO	\$202.24			\$0.00		
EyeMed Vision (via Blue Shield)	\$6.66	\$13.23	\$17.05	\$0.00	\$0.00	\$0.00

## ADDITIONAL BENEFITS

The City of Milpitas offers employees the opportunity to participate in additional benefit programs including voluntary life benefits, long-term disability, parking & transit reimbursement program, retirement programs and more.

For additional information on the cost and details of the employee-paid voluntary life benefits plan, see page 18. More information on the additional benefits offered by the City can be found beginning on page 21.

## CASH-IN-LIEU

Eligible employees may receive cash in lieu of medical coverage. If you waive medical, you will receive a monthly payment in your paycheck (based on Bargaining Unit/MOU). Cash compensation is subject to all applicable income and employment taxes. Proof of other coverage along with a Medical Waiver Form must be provided on a yearly basis and submitted to the City's HR Team.

# Plan Options

## HEALTH MAINTENANCE ORGANIZATION (HMO) PLANS

An HMO plan is a traditional copay plan. You pay a fixed copay for a covered health care service, usually when you receive the service. There is no coverage for out of network under this plan - you must utilize in-network doctors and facilities. Depending on where your employee resides or works, one or more basic health plan types and plan choices may be available.

### **HMO plan features include:**

- A range of health benefits including preventive health services
- A monthly fee (premium) with no calendar year deductible
- A set co-payment for the care provided
- A Primary Care Physician (PCP) who coordinates the patient's care including referrals to specialists

### **Enrolling in an HMO?**

Be sure to elect a Primary Care Physician (PCP) during enrollment!

### **CalPERS HMO Basic Health Plans HMO plans include:**

- Anthem Blue Cross
- Blue Shield of California
- Kaiser Permanente
- UnitedHealthcare

HMOs are available in designated California service areas except for Kaiser which is available in parts of other states.

## PREFERRED PROVIDER ORGANIZATION (PPO) PLANS

A PPO plan offers a network of health care providers you can use for your medical care. You may visit a provider out-of-network, but the cost of in-network care typically costs less.

### **CalPERS Preferred Provider Organization (PPO) Basic Health Plans PPO plan features include:**

- Access to a network of health care providers known as preferred providers
- Choice of specialists without a referral
- Option to obtain services from non-preferred providers

A calendar year deductible applies to PPO plans.

### **PPO Basic Health Plans PPO plans include:**

- PERS Platinum
- PERS Gold

## PLAN AVAILABILITY

- Employees are eligible to enroll in a health plan using either their residential or work ZIP code. The eligibility ZIP code can be added during the initial enrollment and can only be changed during Open Enrollment or with a qualifying event, such as a residential move. If a member moves the plan an active member is enrolled in isn't available where the member moves to, they may use the employer ZIP code if the health plan is available in that service area. A P.O. box cannot be used to establish eligibility.
- If a residential ZIP code is used, all enrolled family members must reside in the health plan's service area.
  - When an enrolled dependent resides separately from your employee, the enrolled dependent's residential ZIP code must also be included in the health plan's service area. You should always contact the health plan to ensure the dependent is assigned to a provider or clinic within the respective health plan's service area.

# Medical & Prescription Drug Benefits

You have the opportunity to enroll in one of the CalPERS Health Maintenance Organization (HMO) medical plans through your choice of the following carriers: Anthem, Kaiser, Blue Shield, and United Healthcare. Any services obtained outside of the HMO service area will be limited to Emergency coverage only. These medical plans are an HMO and offer in-network coverage only. If you do not select a primary care physician when you enroll, one will be assigned to you by the carrier. To find an in-network provider visit the appropriate carrier website and click on "Find a Doctor or Facility."

## HMO MEDICAL PLANS SUMMARY

Key Features	Anthem Select HMO	Anthem Traditional HMO	Kaiser HMO
<b>Calendar Year Deductible</b> Individual / Family	None	None	None
<b>Out-of-Pocket Maximum (includes deductible)</b> Individual / Family	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$3,000
<b>Lifetime Maximum</b>	No Limit	No Limit	No Limit
<b>Copay (portion you pay)</b>	\$15	\$15	\$15
<b>Preventive Care</b>	Covered 100%	Covered 100%	Covered 100%
<b>Physician Services</b> Office Visit / Specialist Visit	\$15 copay	\$15 copay	\$15 copay
<b>Urgent Care Copay</b>	\$15 copay	\$15 copay	\$15 copay
<b>Emergency Room Copay</b> (waived if admitted)	\$50 copay	\$50 copay	\$50 copay
<b>Inpatient Hospital</b> (per admission)	No charge	No charge	No charge
<b>Lab and X-Ray Services</b>	No charge	No charge	No charge
<b>Chiropractic Care</b>	\$15/visit up to 20 combined visits with acupuncture	\$15/visit up to 20 combined visits with acupuncture	\$15/visit up to 20 combined visits with acupuncture
<b>Acupuncture Care</b>	\$15/visit up to 20 combined visits with chiropractic	\$15/visit up to 20 combined visits with chiropractic	\$15/visit up to 20 combined visits with chiropractic

## PRESCRIPTION DRUGS

### RETAIL PRESCRIPTIONS (30-DAY SUPPLY)

Generic	\$5	\$5	\$5
Preferred Brand	\$20	\$20	\$20
Non-preferred Brand	\$50	\$50	N/A

### MAIL-ORDER PRESCRIPTIONS (90-DAY SUPPLY)

Generic	\$10	\$10	\$10
Preferred Brand	\$40	\$40	\$40
Non-preferred Brand	\$100	\$100	N/A

The information above is a summary of coverage only. For more information, visit [www.calpers.ca.gov](http://www.calpers.ca.gov) or contact the City of Milpitas HR Team at (408) 586-3090.

# Medical & Prescription Drug Benefits

## HMO MEDICAL PLANS SUMMARY CONTINUED

Key Features	Blue Shield Access + HMO	UHC Signature Value HMO	UHC Harmony HMO
<b>Calendar Year Deductible</b> Individual / Family	None	None	None
<b>Out-of-Pocket Maximum (includes deductible)</b> Individual / Family	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$3,000
<b>Lifetime Maximum</b>	No Limit	No Limit	No Limit
<b>Copay (portion you pay)</b>	\$15	\$15	\$15
<b>Preventive Care</b>	Covered 100%	Covered 100%	Covered 100%
<b>Physician Services</b> Office Visit / Specialist Visit	\$15 copay	\$15 copay	\$15 copay
<b>Urgent Care Copay</b>	\$15 copay	\$15 copay	\$15 copay
<b>Emergency Room Copay</b> (waived if admitted)	\$50 copay	\$50 copay	\$50 copay
<b>Inpatient Hospital</b> (per admission)	No charge	No charge	No charge
<b>Lab and X-Ray Services</b>	No charge	No charge	No charge
<b>Chiropractic Care</b>	\$15/visit up to 20 combined visits with acupuncture	\$15/visit up to 20 combined visits with acupuncture	\$15/visit up to 20 combined visits with acupuncture
<b>Acupuncture Care</b>	\$15/visit up to 20 combined visits with chiropractic	\$15/visit up to 20 combined visits with chiropractic	\$15/visit up to 20 combined visits with chiropractic

## PRESCRIPTION DRUGS

### RETAIL PRESCRIPTIONS (30-DAY SUPPLY)

Generic	\$5	\$5	\$5
Preferred Brand	\$20	\$20	\$20
Non-preferred Brand	\$50	\$50	\$50

### MAIL-ORDER PRESCRIPTIONS (90-DAY SUPPLY)

Generic	\$10	\$10	\$10
Preferred Brand	\$40	\$40	\$40
Non-preferred Brand	\$100	\$100	\$100

The information above is a summary of coverage only. For more information, visit [www.calpers.ca.gov](http://www.calpers.ca.gov) or contact the City of Milpitas HR Team at (408) 586-3090.

# Medical & Prescription Drug Benefits

## MEDICAL PPO PLANS SUMMARY

You have the opportunity to enroll in one of two (2) medical PPO plans through CalPERS. Each plan offers in- and out-of-network coverage, but you will pay less for services when you see in-network providers. To find an in-network provider visit the appropriate carrier website and click on "Find a Doctor or Facility."

Key Features	PERS Gold PPO		PERS Platinum PPO	
	PPO Network	Non-PPO Network	PPO Network	Non-PPO Network
<b>Calendar Year Deductible*</b> Individual / Family	\$1,000 / \$2,000	\$2,500 / \$5,000	\$500 / \$1,000	\$2,000 / \$4,000
<b>Out-of-Pocket Maximum (includes deductible)</b> Individual / Family	\$3,000 / \$6,000	No Limit	\$2,000 / \$4,000	No Limit
<b>Lifetime Maximum</b>	No Limit		No Limit	
<b>Coinsurance (portion you pay)</b>	20%	40%	10%	40%
<b>Preventive Care</b>	Covered 100% (deductible waived)	40%	Covered 100% (deductible waived)	40%
<b>Physician Services</b> Office Visit / Specialist Visit	\$35 copay (deductible waived)	40%	\$20 copay (deductible waived)	40%
<b>Urgent Care Copay</b>	\$35 copay (deductible waived)	40%	\$35 copay (deductible waived)	40%
<b>Emergency Room Copay</b> (deductible waived if admitted)	\$50 Ded. then 20% coinsurance		\$50 Ded. then 10% coinsurance	
<b>Inpatient Hospital</b> (per admission)	20% coinsurance	40%	\$250 Ded. then 10% coinsurance	40%
<b>Lab and X-Ray Services</b>	20% coinsurance	40%	10% coinsurance	40%
<b>Chiropractic Care</b> (up to 20 combined visits with acupuncture)	\$15/visit	40%	\$15/visit	40%
<b>Acupuncture Care</b> (up to 20 combined visits with chiropractic)	\$15/visit	40%	\$15/visit	40%

## PRESCRIPTION DRUGS

### RETAIL PRESCRIPTIONS (30-DAY SUPPLY)

Generic	\$5	\$5
Preferred Brand	\$20	\$20
Non-preferred Brand	\$50	\$50

### MAIL-ORDER PRESCRIPTIONS (90-DAY SUPPLY)

Generic	\$10	\$10
Preferred Brand	\$40	\$40
Non-preferred Brand	\$100	\$100

\*Deductible applies unless otherwise indicated

The information above is a summary of coverage only. For more information, visit [www.calpers.ca.gov](http://www.calpers.ca.gov) or contact the City of Milpitas HR Team at (408) 586-3090.

# Dental Benefits

The City offers its employees dental benefits through Delta Dental of California, at no cost to you.

The Delta Dental PPO plan gives you the freedom to choose your own dentist and receive coverage from in-network and out-of-network providers. This plan is a preferred provider organization (PPO) made up of general dentists and specialists who have agreed to provide dental care at discounted fees. If you go to a dentist who participates in the PPO, you qualify for in-network coverage and benefit from discounted rates. If you go to an out-of-network dentist, you may have higher out-of-pocket costs and reach your calendar year maximum early.

Below is a brief summary of the key features and costs for both in-network and out-of-network services.

## DENTAL PLAN SUMMARY

Key Features	Delta Dental	
	Delta Dental (PPO)	Delta Dental (Premier)/Non-Delta
Calendar Year Deductible		None
Preventive Services		100%
Basic Services (fillings, posterior composites, endodontics, etc.)		100%
Major Services (crowns, inlays, onlays, cast restorations, etc.)		100%
Orthodontics (children up to age 19)		100%
Orthodontics Lifetime Maximum		\$3,500
Annual Calendar Year Maximum (per person/per family)		1 <sup>st</sup> Year: \$1,500/\$3,000 2 <sup>nd</sup> Year: \$2,000/\$8,000 3 <sup>rd</sup> Year: \$3,000/\$12,000 4 <sup>th</sup> Year: \$3,500/\$14,000

The information above is a summary of coverage only. For more information, visit [www.deltadental.com](http://www.deltadental.com), the City's [MINT](#) page or contact the HR Team at (408) 586-3090.



# Vision Benefits

The City offers vision coverage through EyeMed via Blue Shield, at no cost to you.

EyeMed has an extensive network of optometrists and vision care specialists. Under this plan, you can use an EyeMed provider or another provider of your choice. However, when you obtain vision care through a non-EyeMed provider, you will receive a reduced level of benefits.

Here is a brief summary of covered services and costs:

## VISION PLAN SUMMARY

Key Features	EyeMed (via Blue Shield) Vision Basic 0/100	
	In-Network	Out-of-Network
Exam	100%	Up to \$60 allowance
Lenses	100%	Various copays apply
Frames	Up to \$120 allowance	Up to \$40 allowance
Contact Lenses (instead of glasses)	Elective: Up to \$120 allowance Medically Necessary: Covered 100%	Elective: Up to \$120 allowance
Service Frequency		
Exam	Every 12 months	
Lenses	Every 12 months	
Contacts & Frames	Every 24 months	

For more information, visit [www.blueshieldca.com](http://www.blueshieldca.com), the City's [MINT](#) page or contact the HR Team at (408) 586-3090.



# Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) allow you to set aside money from your paycheck to pay Health Care and Dependent Care expenses with tax-free dollars. When you contribute to FSAs, your pre-tax contributions reduce your taxable income.

Account	What it can be used for:	Most you can contribute in 2025:
<b>Health Care FSA</b>	To pay medical, dental, vision, and hearing expenses not covered by your health care plans, such as deductibles, coinsurance and copayments. <b>NOTE:</b> If you contribute to an HSA, you cannot participate in the Health Care FSA.	\$3,200
<b>Dependent Care FSA</b>	Dependent care expenses such as day care and after school programs for children under age 13, or elder care expenses, so you and your spouse can work or attend school full time	\$5,000 (or \$2,500 if married and filing separate tax returns)

## HOW THE FSAs WORK:

- The total amount you choose to contribute to your Health Care FSA is available immediately. You can spend the dollars in your Dependent Care FSA as they are deposited each pay period.
- Health Care and Dependent Care Accounts are separate. The money in one account cannot be used to pay for expenses from the other account.
- If you enroll in the Health Care FSA, you will receive a debit card that you can use to pay for eligible health care expenses at the point of service. Otherwise, you can pay for services and submit a claim for reimbursement or request reimbursement online.
- If you enroll in the Dependent Care FSA, you will pay for services and submit a claim for reimbursement or request reimbursement online.
- FSA elections do not automatically roll over from one year to the next. You must re-enroll each year to participate.
- For a complete list of eligible Health Care and Dependent Care FSA expenses, visit the [IRS 502 Publication](#) or the [IRS 503 Publication](#).

## Use-It or Lose-It

- With the Health Care FSA and the Dependent Care FSA you have an additional 2½-month grace period next year to spend this year's funds. All claims must be submitted by **March 31, 2026**. Any unused funds left in your account after this period will be forfeited.



# Flexible Spending Accounts (FSAs)

## HOW TO PAY FOR ELIGIBLE EXPENSES

You can pay for your eligible out-of-pocket expenses through your Health Care FSA or Dependent Care FSA by using your Metavante Flex Benefits Card or by using another form of payment (personal credit card, cash or check) and then submitting a claim for reimbursement to IGOE.

The Flex Benefits Card allows employees to directly access their flexible benefit plan pre-tax funds with the simple swipe of a card. You will receive your Metavante Flex Benefits Card automatically after enrollment and it will be activated once initially swiped. Participants should save all receipts as they are required to verify expense eligibility. If an eligible merchant or provider does not accept MasterCard®, please submit your receipts to your plan administrator for reimbursement.

## DEADLINE TO SUBMIT CLAIMS FOR REIMBURSEMENT

You have until March 31, 2026 to submit claims for reimbursement from your Health Care and Dependent Care Spending Accounts. Reimbursement checks can be mailed to your home or deposited into your bank account if you sign up for direct deposit.

You may send your claims to IGOE using any of the following methods:

- **IGOE Mobile App** – Open the IGOE benefits app, sign in using your user ID. First time users must register with the IGOE Participant Portal to create a user ID. Select ‘sign up’ on the home screen to begin registration. Once signed-in selecting the ‘submit claim’ screen allows you to enter new claims and expenses, as well as view and edit any pending ones. If you have a receipt to substantiate your claim, you can take a photo of it with your device and attach it to a pending claim from this section of the app.

- **Submit Online** - [www.goigoe.com/flex/](http://www.goigoe.com/flex/) You will need to create a user ID and password, or login with existing credentials. Once you are logged in click on the “Submit Claims” button located on your Personal Dashboard and enter all the following claim details (service start date, service end date, account type, claim amount, & provider), then proceed to attach your receipt documentation. Once you have attached your receipt documentation, check the acknowledgment agreement box, and select “submit”. You will receive an email to confirm your claim submission and an alert once your claim has been released for payment.



# Income Protection Benefits

In addition to health benefits, the City also offers eligible employees income protection benefits. These benefits are intended to provide financial assistance for you and your beneficiaries in the event of disability, accident, or death. For more information, visit [www.lincolncorporate.com](http://www.lincolncorporate.com) or contact the City of Milpitas HR Team at (408) 586-3090.

The City of Milpitas offers the following benefits through Lincoln Financial:

- Basic Life and Accidental Death & Dismemberment (AD&D) Insurance
- Supplemental Life and Accidental Death & Dismemberment (AD&D) Insurance
- Long-Term Disability (LTD)

## BASIC LIFE AND AD&D

Life insurance and Accidental Death and Dismemberment (AD&D) insurance provide funds for those who have lost someone or for those who are seriously injured. Life insurance pays funds to your designated beneficiaries after your death, while AD&D pays an amount equal to your life insurance benefit in the event of an accidental death or for certain accidental injuries. Basic life and AD&D is provided at no cost. As an eligible employee, you are provided with life and AD&D insurance equal to \$50,000.

Benefit Highlights	Lincoln Financial Group
	Basic Life and AD&D
Life Insurance	\$50,000
AD&D Insurance	\$50,000
Conversion	Yes
Age Reductions	65% at age 70 45% at age 75 30% at age 80
Waiver of Premium	Totally disabled prior to Age 60; After 6 month waiting period
Accidental Death & Dismemberment (AD&D)	
Seat Belt Benefit	Lesser of 10% or \$10,000
Air Bag Benefit	Lesser of 10% or \$10,000
Repatriation	Included

The information above is a brief summary of coverage only. For more information, visit [www.lincolncorporate.com](http://www.lincolncorporate.com), the City's [MINT](#) page or contact the City of Milpitas HR Team.

# Income Protection Benefits

## SUPPLEMENTAL LIFE AND AD&D

In addition to the basic life insurance plan, you are eligible to purchase additional amounts of individual term life insurance for yourself, your spouse or your domestic partner, and your children.

- Employee Benefit – purchase up to a maximum of \$500,000 in increments of \$10,000 (not to exceed 5 times your salary)
  - **\$200,000 guarantee issue (under age 70)** for initial enrollment within first 30 days
- Spouse/Domestic Partner Benefit – up to \$250,000 in increments of \$5,000 (cannot exceed the employee election amount)
  - **\$50,000 guarantee issue (under age 60)** for initial enrollment/eligibility
- Dependent child(ren) Benefit – Flat \$10,000 of coverage

If you enroll during your new hire enrollment period, you are eligible to receive coverage up to the guarantee issue amount listed above without providing Evidence of Insurability (EOI). Once enrolled, during each annual Open Enrollment period you will have the opportunity to increase your benefit up to two increments without completing EOI.

Please note that if you decline this coverage now and wish to enroll later during Open Enrollment, EOI may be required.

There are three points to consider when deciding how much life insurance coverage you might need:

- If you have dependents that rely on you, how much will they need to pay off your current debts such as your mortgage, car loans, or credit card balances?
- What will it cost your dependents to maintain their current standard of living?
- What kind of future would you like to provide for your spouse, domestic partner or dependent children or others who rely on you for financial support?

### Please note:

1. Employee must purchase insurance for themselves, to purchase insurance for dependents.
2. Spouse benefits are based on the employee's age.
3. Child rates are per dependent unit, so the rate is the same for 1 or multiple children.
4. Rate changes due to age category changes take place on the policy anniversary, January 1st.
5. If this is not your initial eligibility period, or you are increasing above 2 increments, you will need to complete the Evidence of Insurability (EOI) for Medical Underwriting. Please visit [www.mylincolnportal.com](http://www.mylincolnportal.com) and complete the one-time registration to begin the EOI process.

Employee / Spouse Voluntary Life Insurance	
Age	Rate (per \$1,000 of benefit per month)
0-24	\$0.050
25-29	\$0.060
30-34	\$0.080
35-39	\$0.090
40-44	\$0.130
45-49	\$0.180
50-54	\$0.360
55-59	\$0.620
60-64	\$0.710
65-69	\$1.270
70-74	\$3.050
75-79	\$11.980

Child(ren) Voluntary Life Insurance	
Benefit	Rate Per Dependent Unit
\$10,000 benefit	\$2.00

# Income Protection Benefits

## LONG-TERM DISABILITY

### Long-Term Disability (LTD) – Lincoln Financial Group (Non-Sworn Employee)

Long-term disability (LTD) insurance coverage helps protect you by replacing part of your income in the event you are unable to work due to a long-term illness or injury. The City offers a Core long-term disability plan and Buy-Up option through Lincoln Financial Group.

Benefit Highlights	Lincoln Financial Group
	Long-Term Disability
Elimination Period	60 Days
Monthly Benefit Percentage	60% of Base Monthly Earnings up to Maximum Monthly Benefit
Maximum Monthly Benefit	
Core LTD	\$1,500
Buy-Up LTD	\$6,000
Definition of Disability	Loss of duties
Mental Health/Substance Abuse Limitations	24 Months
Survivor Income Benefit	3x gross monthly benefit
Maximum Benefit Duration	Later of Age 65 or SSNRA
Pre-Existing Condition Limitation	3 Months Prior / 12 Months Insured
Waiver of Premium	Included

The information above is a summary of coverage only. For more information, visit [www.lincolinfinancial.com](http://www.lincolinfinancial.com), the City's [MINT](#) page or contact the City of Milpitas HR Team at (408) 586-3090.

#### **Please note that the EOI process has now changed!**

Employees who need to submit EOI information will need to access [www.mylincolinportal.com](http://www.mylincolinportal.com) and complete the one-time registration process. All applicants will be required to answer general health and medical questions to complete the EOI submission. Individuals will be notified of a decision once their EOI has processed.



# Income Protection Benefits

## Long-Term Disability (LTD) – CAPF

Benefit Highlights	California Association of Professional Firefighters
Percent of Wages Protected**	\$29.50 Per Month 100% of Wages for Catastrophic Disabilities for 18 months
Maximum Benefit	70% of Wages Industrial Causes 80% of Wages Non-Industrial Causes
Waiting Period	\$10,000 Per Month, Tax Free
Benefits Period	30 Calendar Days - Earlier reduced benefits may be payable based on lack of personal leave down to zero days. \$750 per month Minimum benefits after 60 days, freeze of personal leave after 60 days (\$500 per month if Industrial caused). No benefits are payable if working full time light or modified duty).
Cost of Living (COLA)	Life time coverage for Sickness, Accident, Pregnancy After 60 days: You may use 50% Sick Leave and receive a 50% benefits from Plan or You may use 100% Sick Leave and receive \$750 Per Month (\$500 Per Month if Industrial caused)
Return to Work Incentive Benefit	Fully covered, No Restrictions for Lifetime Non-Industrial Causes (Age 65-Industrial Causes)
Waiver of Premium	4% compounded per year (Years 3-8); Thereafter, CPI increase to age 65 and then continued lifetime
Freeze of Personal Leave Option	Once benefits Are Payable Premiums Are Waived
Personal Leave Integration Benefit	After 60 days: 70% of Wages or Maximum Benefits of \$10,000 Per Month (repayable if determined to be industrial)
Benefits Payable During Challenged Worker's Compensation Cases	\$750 Per Month - Paid in Addition to Personal Leave After 60 Calendar Days (\$500 Per Month if Industrial Caused)
Minimum Monthly Benefits	Nine Months Additional Benefits to Dependent Beneficiary, Plus \$15,000 Death Benefit (Payable and Delivered Usually Within 24 hours of Notification)
Disability Pension Advance	\$15,000 Death Benefit on or off duty-Natural, accidental or terminally ill (Payable and delivered usually within 24 hours of notification)
Survivorship Benefits	If you enroll during your initial enrollment period, all pre-existing medical conditions will be covered once you have been in the plan for 24/48 months, unless you are eligible for the Prior Coverage Credit - otherwise, pre-existing medical conditions will not be covered.
Death Benefit	Owned, and operated and managed by members through a Board of Directors (non-profit and non-political California Corporation)
Pre-Existing Medical Condition Coverage	\$29.50 Per Month
Ownership of Plan	

The above information is provided for illustrative purposes only. Refer to the applicable carrier material for exact description of plan benefits and conditions.  
\*\*Benefits from other sources are applied to reduce amount payable from the plan

# Additional Benefits

## EMPLOYEE ASSISTANCE PROGRAM (EAP)



The Employee Assistance Program (EAP) offers you and your family information, referrals and short-term counseling for personal issues affecting work or personal life. The SupportLinc EAP is available 24-hours per day and can be accessed online, over the phone, or via the mobile app. Referrals are available for childcare services, legal consultations, older adult services and career management. No election is required for this benefit.

Employee Assistance Program		
Number of Visits	5 face-to-face visits per incident per member of household	
Telephone Number	1 (888) 881-5462	
Website Information	<a href="http://www.supportlinc.com">www.supportlinc.com</a> Code: Milpitas	
Services:	<u>Clinical Counseling</u> <ul style="list-style-type: none"><li>• Marriage, Family and Relationship Issues</li><li>• Stress and Anxiety</li><li>• Depression</li><li>• Grief and Loss</li><li>• Anger Management</li><li>• Domestic Violence</li><li>• Alcohol and Drug Dependency</li><li>• Other Emotional Health Issues</li></ul>	<u>Work &amp; Life</u> <ul style="list-style-type: none"><li>• Childcare and Eldercare Assistance</li><li>• Financial Services</li><li>• Legal Services</li><li>• Identity Theft Recovery Services</li><li>• Daily Living Services</li></ul>
Visit the SupportLinc Member Website to:	<ul style="list-style-type: none"><li>• Find an SupportLinc Counselor and Get a Referral</li><li>• Ask an Expert Questions Related to Emotional Health</li><li>• Access Online Assessments and Self-Help Programs for Stress, Depression, Insomnia, Anxiety and Substance Abuse</li><li>• Access Online Estate Planning Information and Tools</li><li>• Use the Online Will-Making Program</li><li>• Find Helpful Tips, Tools, and Articles</li></ul>	



# Additional Benefits (AVAILABLE THROUGH LINCOLN)

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

In addition to the EAP through SupportLinc, employees of the City of Milpitas have additional EAP benefits offered by Lincoln. EmployeeConnect, the Lincoln EAP, is a confidential counseling and referral service also made available to you and your family members at no cost. When you call the toll-free line, you'll talk to an experienced professional who will provide counseling, work-life advice, and referrals.

Through the EmployeeConnect program, you and your family will receive:

- In-person assistance for short-term issues (up to five sessions with a counselor per person, per issue, per year)
- Receive Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning and more online or over the phone
- Legal information and referrals for family law, estate planning, consumer and civil law.
- Financial guidance on household budgeting and short- and long-term planning.

The program offers a wide range of information and additional resources you can research and access independently.

## GRIEF COUNSELING & SUPPORT SERVICES

The emotional impact of losing a loved one can be deep and long-lasting. All too often, financial or legal issues can add to the stress. The Life Keys service can be a welcome resource for your beneficiaries. These services are available for up to one year after a loss. Your beneficiaries will have access to six in-person sessions for grief counseling, legal, or financial information and unlimited phone counseling.

This program offers:

- Grief counseling: over-the-phone or in-person advice, information and referrals
- Legal support: quick access to legal information and related benefits
- Financial services: online resources or advice from financial specialists regarding estate planning, budgeting and more.
- Help with everyday life: including information on planning a memorial service, relocating or finding childcare

## GLOBAL ASSISTANCE PROGRAM

TravelConnect services through Lincoln offer help, comfort and reassurance — helping make travel less stressful. Since you are enrolled in Life and AD&D benefits through the City, you and your loved ones have access to TravelConnect services at any time.

You'll have dedicated support if you face an emergency when you're 100 or more miles from home. This includes help with arranging travel after a natural disaster, medical emergency or other unexpected issues including lost luggage.

For a complete list of TravelConnect services, go to [www.mysearchlightportal.com](http://www.mysearchlightportal.com).

For additional information on the Lincoln EmployeeConnect EAP program, LifeKeys or TravelConnect please visit [www.guidanceresources.com](http://www.guidanceresources.com) and enter your credentials (username: LFGSupport / password: LFGSupport1).

# Additional Benefits

## PARKING & TRANSIT REIMBURSEMENT PLAN

Save money on your parking and transit expenses by utilizing pretax dollars to pay for transit, vanpooling and work-related parking costs. You can designate a portion of your salary before taxes (pretax income) to pay for qualified transit, vanpooling or parking expenses. Tax-free benefits are only available through the City of Milpitas. You cannot directly take advantage of these tax benefits by taking a tax deduction or credit on your individual tax return.

There are two types of expenses (1) Parking Expenses and (2) Mass Transit Expenses.

Eligible **Parking Expenses** include the costs you incur for parking your car at or near your work premises or at a location that you commute to work to use Mass Transit.

Eligible **Mass Transit Expenses** include your costs for a pass, token, fare card, voucher or stored-value card (e.g., the "Clipper Card") used exclusively to pay for mass transportation. The transportation can be on a public or privately owned facility. Vanpools or Commuter Highway Vehicles used for travel to and from your work, or to a Mass Transit location that you commute from, are eligible Mass Transit Expenses.

To be eligible, however, a Vanpool must: (a) have a seating capacity of at least six (6) adults excluding the driver; (b) be used 80% for purposes of transporting eligible employees to and from work; and, (c) be used by more than half the riders to commute to and from work.

Toll charges and carpooling expenses do not qualify as a "Mass Transit Expense" and are, therefore, not eligible for reimbursement.

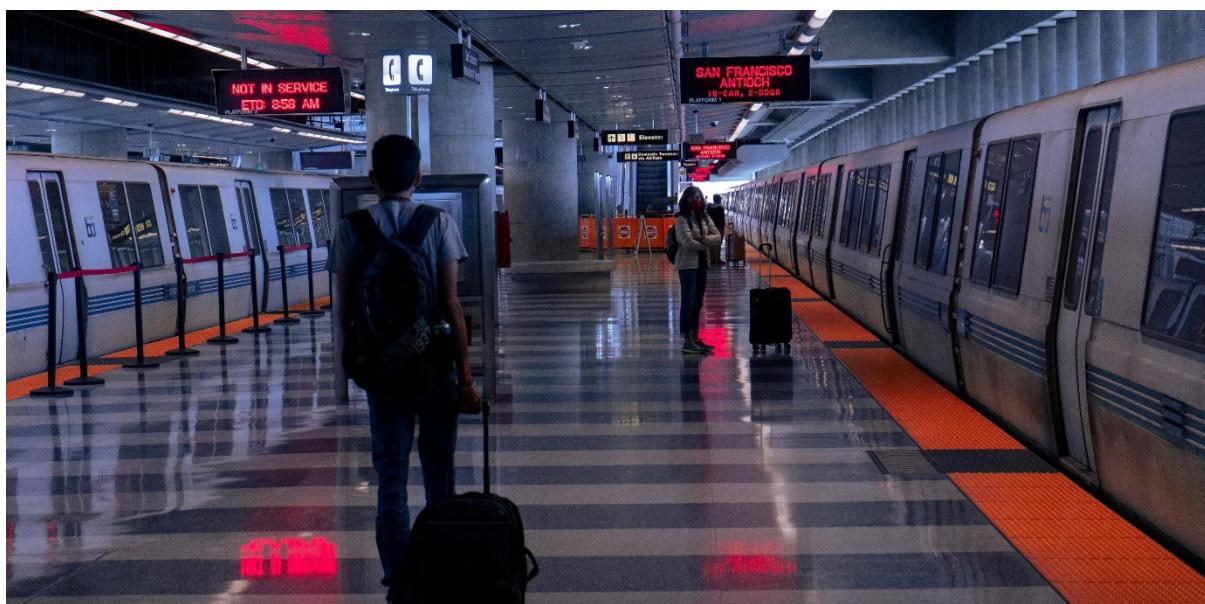
You are permitted to make a change or stop (meaning change to \$0.00) your contributions to your Parking or Transit account elections on the first day of each month. If you have a balance in your Parking or Transit account, you may still access your funds even if you are not currently contributing.

You may not transfer funds between the Parking and Transit accounts.

### MAXIMUM AMOUNT THAT CAN BE CONTRIBUTED EACH MONTH:

Parking Spending Account	\$325 (subject to change by IRS)
Transit & Van Pooling Spending Account	\$325 (subject to change by IRS)

For more information contact the City of Milpitas HR Team at (408) 586-3090.



# Additional Benefits

## RETIREMENT PLANS

### 457 Deferred Compensation Plan

The City of Milpitas offers you a 457 deferred compensation plan to help you save for your retirement. The best way to plan for retirement is to participate in a retirement savings vehicle, such as a 457 plan. The money you elect to put into your 457 plan will be deducted from your paycheck on a pre-tax basis. The IRS annual limit for contributions into your 457 in 2025 is \$23,500. If you are over age 50, the 2025 Catch-Up Contribution Limit is an additional \$7,500. The Pre-Retirement Catch-Up Contribution Limit is an additional \$23,500.

### MissionSquare Loan Program

Loans are available to active employees participating in the 457 deferred compensation plan, administered by Mission Square. Loans may be modeled and requested online or via a Mission Square Representative.

To Access the loan application

visit: [www.missionsq.org](http://www.missionsq.org)

OR Call MissionSquare directly at **1-855-897-1838**

**Eligibility.** Loans are available to active employees only.

**Frequency.** A loan may be requested once per year and you can only have one outstanding loan at a time.

**Length of Loan.** Loans must be repaid over a period that does not exceed 5 years.

**Fees.** A nonrefundable loan application fee is due when you apply for a new, refinanced or reamortized loan. Fees will be deducted from your account. A standard annual maintenance fee is deducted from your account (on the first day of the quarter containing the anniversary of the loan issuance) after each year the loan is outstanding. A processing fee will be assessed to your account when a scheduled loan repayment, via Automated Clearing House (ACH), is rejected due to insufficient funds, invalid bank account information or account closure. Call MissionSquare directly for fee structure.

**Loan Amount.** The minimum permitted loan amount is \$1,000. The maximum loan amount is set by the Internal Revenue Code. The principal amount of the loan cannot exceed the lesser of: \$50,000, reduced by the highest outstanding loan balance during the previous 12 months or 50% of the value of your account, reduced by the current outstanding loan balance.

**Loan Repayment Process.** Loan repayments will be made through direct debit from your bank account via Automatic Clearing House (ACH). You may pay the principal and interest obligation in full, earlier than the loan payoff date, without penalty or additional fee. Loan payments are made from after tax deductions.

**Acceleration of Loan Repayments.** The outstanding loan balance is due and payable upon the employee's separation from service.

**Deemed Distribution of Delinquent Loan.** The loan typically becomes a deemed distribution when payments are not made and will be treated as ordinary taxable income. The principal balance and accrued interest will be reported as a distribution to IRS, as a taxable event.

*This is a summary of the loan feature. If there is any discrepancy between this information and the actual plan documents, the plan documents will govern.*

# Additional Benefits

## PERS Retirement

Please refer to your MOU for retirement plan details.

### PERS Enhancements

- Military Service Buy-back (GC 21024)
- PERS Credit for Unused Sick Leave (GC 20965)
- Death Benefit (GC 21620)
- Prior Service Credit (GC 20055)
- 1959 Survivor's Benefit – Level 3 (GC 21573)



## OTHER EMPLOYEE BENEFITS

<b>Fitness / Sports Center Membership Benefit</b>	The City of Milpitas recognizes the importance of physical fitness in contributing to the general good health and wellness of our employees. Although the group health insurance plans provide some discount for certain fitness facilities, The City of Milpitas provides the opportunity to participate in City-sponsored sports and fitness programs at no cost.	
<b>Holidays</b>	New Year's Day Dr. Martin Luther King, Jr.'s Birthday President Washington's Birthday Cesar Chavez Day Memorial Day Independence Day Labor Day Veteran's Day Thanksgiving Day Day after Thanksgiving Christmas Eve Christmas Day Floating Holiday	January 1 Third Monday in January Third Monday in February March 31 (observed April 1) Last Monday in May July 4 First Monday in September November 11 Fourth Thursday in November Day after Thanksgiving Last working day prior to Christmas December 25 Must be used during the calendar year
<b>Vacation</b>	11 to 31 days per year, based on years of service Please refer to your MOU for details on accruals and use of leave.	
<b>Sick Leave</b>	Employees accrue 12 days per year. Please refer to your MOU for details.	
<b>Additional Leaves</b>	Please refer to your MOU for details on other types leaves, including: Military Leave, Compassionate Leave, Family Sick Leave, and Jury Duty	
<b>Short-Term Disability</b>	Partial wage-replacement plan for non-industrial injuries/illnesses for up to one year. Employees must exhaust all accrued balances to qualify for Short-Term Disability.	
<b>Workers' Compensation</b>	<b>Non-Sworn Employees:</b> 100% of regular pay for 2 calendar weeks (80 or 75 hours depending on work schedule) followed by 80% of regular pay for 6 calendar weeks (employees may supplement with accrued leave to achieve full salary).	
<b>Tuition Reimbursement Program</b>	The Tuition Reimbursement Program is designed to provide eligible employees with an opportunity to take approved job-related courses at an accredited institution. Please refer to your MOU for reimbursement amounts.	

Please contact the City of Milpitas HR Team at (408) 586-3090 if you have any questions regarding leave of absence policies.

# Additional Benefits

## TRANSPORTATION REDUCTION INCENTIVE PROGRAM (T.R.I.P.)

The City of Milpitas is dedicated to encouraging employees to use alternative modes of transportation such as walking, biking, transit and carpool to relieve road congestion, reduce harmful emissions and improve employee health. The City offers to all full-time permanent or temporary employees a cash incentive or transit subsidy for using a commute alternative at least 40% of the month.

Employees interested in participating in the program must first fill out a Registration Form. Each month participants must complete a calendar log of their commutes to be turned in to the HR Team.

For more information on the TRIP program, please contact the HR Team at (408) 586-3090.

COMMUTE ALTERNATIVE	AMOUNT PER MONTH
Carpool / Vanpool	\$20 *
Bicycling	\$10 *
Walking	\$10 *
Valley Transportation Authority (VTA) Transit (BUS or Light Rail)	Adult - \$70 Commuter Check Youth <18 yrs - \$45 Commuter Check Senior 65+ - \$25 Commuter Check
ACE, BART, Caltrain, Amtrak	Up to \$100 Commuter Check

\* Cash incentive is dispersed with monthly paycheck



## LEGAL BENEFITS

The benefits offered through LegalShield help with a wide range of personal legal matters. LegalShield has a network of dedicated law firms across the country focused on providing accessible and affordable full-service coverage. Legal coverage includes both the enrolled member and their dependents.

Services include:

- Consultations over the phone
- In-person consultations
- Contract review
- Legal document preparation
- Wills and estate planning
- Adoption, guardianship and name changes
- Divorce, child support and other family law matters
- 24/7 Emergency legal assistance
- IRS audit assistance
- Traffic violation assistance

Employment-related legal matters are excluded.

For more information or to enroll visit [www.legalshield.com/info/cityofmilpitas](http://www.legalshield.com/info/cityofmilpitas)

# Key Contacts

The following chart displays contact information for the CalPERS health plans and other benefits offered by the City of Milpitas.

Contact your health plan with questions about: ID cards; verification of provider participation; service area boundaries (covered ZIP Codes); benefits, deductibles, limitations, exclusions; and *Evidence of Coverage* booklets.

For Questions About	Carrier	Phone Number	Website/Email
Medical	Anthem Blue Cross	(855) 839-4524	<a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a>
Medical	Kaiser Permanente	(800) 464-4000	<a href="http://www.kp.org/calpers">www.kp.org/calpers</a>
Medical	Blue Shield of California	(800) 334-5847	<a href="http://www.blueshieldca.com/calpers">www.blueshieldca.com/calpers</a>
Medical	United Healthcare	(877) 359-3714	<a href="http://www.whuhc.com/calpers">www.whuhc.com/calpers</a>
Medical	PERS Gold and PERS Platinum	(877) 737-7776	<a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a>
Dental	Delta Dental	(800) 765-6003	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
Vision	EyeMed Vision	(877) 601-9083	<a href="http://www.blueshieldca.com">www.blueshieldca.com</a>
Flexible Spending Accounts (FSAs) / Parking & Transit	IGOE	(800) 633-8818 option 1	<a href="http://www.goigoe.com">www.goigoe.com</a>
Income Protection	Lincoln Financial Group	(800) 423-2765	<a href="http://www.lfg.com">www.lfg.com</a>
Employee Assistance Program (EAP)	SupportLinc	1 (888) 881-5462	<a href="http://www.supportlinc.com">www.supportlinc.com</a>
Legal Benefits	Legal Shield	(800) 654-7757	<a href="http://www.legalshield.com/info/cityofmilpitas">www.legalshield.com/info/cityofmilpitas</a>
HR Department	City of Milpitas	Phone: (408) 586-3090 Fax: (408) 586-3092	<a href="http://www.Milpitas.gov">www.Milpitas.gov</a>

# Annual Notices

## Notice of Special Enrollment Rights

If an eligible employee declines enrollment in a group health plan for the employee or the employee's spouse or dependents because of other health insurance or group health plan coverage, the eligible employee may be able to enroll him/herself and eligible dependents in this plan if eligibility is lost for the other coverage (or because the employer stops contributing toward this other coverage). However, the eligible employee must request enrollment within **30 days** after the other coverage ends (or after the employer ceases contributions for the coverage).

In addition, if an eligible employee acquires a new dependent as a result of marriage, birth, adoption or placement for adoption, the eligible employee may be able to enroll him/herself and any eligible dependents, provided that the eligible employee requests enrollment within **30 days** after the marriage, birth, adoption, or placement for adoption.

Furthermore, eligible employees and their eligible dependents who are eligible for coverage but not enrolled, shall be eligible to enroll for coverage within 60 days after becoming ineligible for coverage under a Medicaid or Children's Health Insurance Plan (CHIP) plan or being determined to be eligible for financial assistance under a Medicaid, CHIP, or state plan with respect to coverage under the plan.

## Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, contact your health plan.

## Women's Health and Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, 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 will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your health plan.

# Annual Notices

## Notice of HIPAA Privacy Practices

### THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (the "Notice") describes the legal obligations of the City of Milpitas Health Plan (the "Plan") sponsored by the City of Milpitas ("Plan Sponsor") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health

Act (HITECH Act) and subsequent amending regulations ("HIPAA Privacy Rule"). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. We are required to provide this HIPAA Privacy Notice to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to:

- Your past, present, or future physical or mental health or condition;
- The provision of health care to you; or
- The past, present, or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact the individual listed at the end of this notice.

### Our Responsibilities

The City of Milpitas is required by law to:

1. Maintain the privacy of your protected health information;
2. Provide you with certain rights with respect to your protected health information;
3. Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your Protected health information; and
4. Follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised HIPAA Privacy Notice electronically or by first class mail to the last known address on file.

### How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Payment.** We may payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. We may share or discuss your PHI with your family members or others involved in your care or payment for your care, unless you object in writing and provide the objection to the Plan's HIPAA contact listed at the end of this Notice. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments. In any of these cases, we will disclose only the information necessary to resolve the issue at hand.

# Annual Notices

**For Health Care Operations.** We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. However, we will not use your genetic information for underwriting purposes.

**Treatment Alternatives or Health-Related Benefits and Services.** We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

**To Business Associates.** We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to process your claims for Plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate contract with us.

**As Required by Law.** We will disclose your protected health information when required to do so by federal, state, or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

**To Plan Sponsors.** For the purpose of administering the plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

## Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information without your specific authorization. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**Organ and Tissue Donation.** If you are an organ donor, we may release your protected health information after your death to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military.** If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** We may release your protected health information for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

# Annual Notices

**Public Health Risks.** We may disclose your protected health information for public health activities. These activities generally include the following:

to prevent or control disease, injury, or disability;

1. to report births and deaths;
2. to report child abuse or neglect;
3. to report reactions to medications or problems with products;
4. to notify people of recalls of products they may be using;
5. to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
6. to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

**Health Oversight Activities.** We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

**Law Enforcement.** We may disclose your protected health information if asked to do so by a law-enforcement official:

1. in response to a court order, subpoena, warrant, summons, or similar process;
2. to identify or locate a suspect, fugitive, material witness, or missing person;
3. about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
4. about a death that we believe may be the result of criminal conduct; and about criminal conduct.

**Coroners, Medical Examiners, and Funeral Directors.** We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors, as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates.** If you are an inmate of a correctional institution or are in the custody of a law-enforcement official, we may disclose your protected health information to the correctional institution or law-enforcement official if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Research.** We may disclose your protected health information to researchers when:

- the individual identifiers have been removed; or
- when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

# Annual Notices

## Required Disclosures

The following is a description of disclosures of your protected health information we are required to make.

**Government Audits.** We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

**Disclosures to You.** When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

## Other Disclosures

**Personal Representatives.** We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or
- treating such person as your personal representative could endanger you; and
- in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

**Spouses and Other Family Members.** With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

**Authorizations.** Other uses or disclosures of your protected health information not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your protected health information for marketing; and we will not sell your protected health information, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

## Your Rights

You have the following rights with respect to your protected health information:

**Right to Inspect and Copy.** You have the right to inspect and copy certain protected health information that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.

# Annual Notices

To inspect and copy your protected health information, you must submit your request in writing to the individual listed at the end of this Notice. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to the individual listed at the end of this Notice.

**Right to Amend.** If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the individual listed at the end of this Notice. You must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

1. is not part of the medical information kept by or for the Plan;
2. was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
3. is not part of the information that you would be permitted to inspect and copy; or
4. is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting" of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit it in writing to the individual listed at the end of this Notice. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had. Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person. To request restrictions, you must send your request in writing the individual listed at the end of this notice. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

# Annual Notices

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing the individual listed at the end of this notice. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

**Right to Be Notified of a Breach.** You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website which is listed at the end of this notice. To obtain a paper copy of this notice, contact the individual listed at the end of this notice.

## Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact to the individual listed below. All complaints must be submitted in writing.

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.

## HIPAA Contact

**Kelli Parmley**  
**Director of Human Resources**  
**455 E. Calaveras Blvd.**  
**Milpitas, CA 95035**  
**(408) 586-3086**

# Annual Notices

## 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're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, 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, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't 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, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 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 July 31, 2024. Contact your State for more information on eligibility –**

ALABAMA-Medicaid	CALIFORNIA-Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
ALASKA-Medicaid	COLORADO-Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442
ARKANSAS-Medicaid	FLORIDA-Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecove ry.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecove ry.com/hipp/index.html</a> Phone: 1-877-357-3268

# Annual Notices

GEORGIA-Medicaid	MASSACHUSETTS-Medicaid and CHIP
<p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a></p> <p>Phone: 678-564-1162, Press 1 GA</p> <p>CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a></p> <p>Phone: (678) 564-1162, Press 2</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a></p> <p>Phone: 1-800-862-4840</p> <p>TTY: (617) 886-8102</p>
INDIANA-Medicaid	MINNESOTA-Medicaid
<p>Healthy Indiana Plan for low-income adults 19-64</p> <p>Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a></p> <p>Phone: 1-877-438-4479</p> <p>All other Medicaid</p> <p>Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a></p> <p>Phone 1-800-457-4584</p>	<p>Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a></p> <p>Phone: 1-800-657-3739</p>
IOWA-Medicaid and CHIP (Hawki)	MISSOURI-Medicaid
<p>Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a></p> <p>Medicaid Phone: 1-800-338-8366 Hawki</p> <p>Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a></p> <p>Hawki Phone: 1-800-257-8563 HIPP</p> <p>Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a></p> <p>HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a></p> <p>Phone: 573-751-2005</p>
KANSAS-Medicaid	MONTANA-Medicaid
<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a></p> <p>Phone: 1-800-792-4884</p>	<p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a></p> <p>Phone: 1-800-694-3084</p> <p>Email: <a href="mailto:HHSHIPPProgram@mt.gov">HHSHIPPProgram@mt.gov</a></p>
KENTUCKY-Medicaid	NEBRASKA-Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a></p> <p>Phone: 1-855-459-6328</p> <p>Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a></p> <p>KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a></p> <p>Phone: 1-855-632-7633</p> <p>Lincoln: 402-473-7000</p> <p>Omaha: 402-595-1178</p>
LOUISIANA-Medicaid	NEVADA-Medicaid
<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900</p>
MAINE-Medicaid	NEW HAMPSHIRE-Medicaid
<p>Enrollment Website: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a></p> <p>Phone: 1-800-442-6003</p> <p>TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a></p> <p>Phone: -800-977-6740.</p> <p>TTY: Maine relay 711</p>	<p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a></p> <p>Phone: 603-271-5218</p> <p>Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>

# Annual Notices

NEW JERSEY-Medicaid and CHIP	SOUTH DAKOTA-Medicaid
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmhs/clients/medicaid/">http://www.state.nj.us/humanservices/dmhs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
NEW YORK-Medicaid	TEXAS-Medicaid
Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831	Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493
NORTH CAROLINA-Medicaid	UTAH-Medicaid and CHIP
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
NORTH DAKOTA-Medicaid	VERMONT-Medicaid
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
OKLAHOMA-Medicaid and CHIP	VIRGINIA-Medicaid and CHIP
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OREGON-Medicaid	WASHINGTON-Medicaid
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
PENNSYLVANIA-Medicaid	WEST VIRGINIA-Medicaid and CHIP
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND-Medicaid and CHIP	WISCONSIN-Medicaid and CHIP
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
SOUTH CAROLINA-Medicaid	WYOMING-Medicaid
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## Notes

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