



2020-2021

Benefits Guide

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What's New?

What's **NEW** for 2020?

Medical Insurance

You will now have an additional HMO plan option through Health Net. This plan uses the Salud y Mas HMO network. This network includes providers in California and Mexico.

High Deductible / HDHP

There are a few mandated plan design changes to the Kaiser and Health Net High Deductible Health Plans. See Page 9 for details.

How to Find a Provider

HEALTH NET

1. Visit www.healthnet.com, click on *ProviderSearch – Find a Doctor*
2. Enter a location (street address, city, county, or state)
3. Further narrow your search by Provider Name/Provider ID/License Number or by Plan/Network.
 1. If searching by Provider, select a type of provider (Doctors, Hospital, Medical Group, etc.) to get your results.
 2. If searching by Plan/Network, select the plan of your choosing based on the City's plan offering:
 - **Salud y Mas HMO:** HMO – Salud HMO y mas (with walk-in clinics) Large Group/Small Group (Platinum, Gold, Silver)
 - **ExcelCare HMO:** HMO – ExcelCare Small Group/Large Group (with walk-in clinics)
 - **Full Network HMO:** HMO – Full Network Large Group
 - **HDHP PPO:** PPO – Large Group/Small Group (Platinum, Gold, Silver, Bronze, GF Plans, HSA Compatible, HDHP)
4. Finally, you can click on *Print Results* to print your search results.

If you are searching for a provider in the SIMNSA network, visit <http://simnsa.com> and click on 'Read more' under the 'Providers & Facilities' section to access the Provider Search. You may also contact SIMNSA by calling 800-424-4652 for help with locating a provider.

KAISER

1. Visit www.kp.org, click on *Doctors & Locations*
2. Click on a location: **California-Southern**
3. Determine your search by selecting Doctors or Locations type.
 - If searching by Location, choose between Zip Code, Select City, or use your specific location.
 - You may select *More Filters* to further narrow your search by Health Plan: **HMO**, Provider Type, Hospital, Doctor's Name, etc.
4. Click Search. Further narrow your search by Specialty/Provider Type/Distance/Language/City to get your results.

Benefit Costs

Benefit	Who Pays	Tax Treatment
Medical Coverage	City of National City & You	Pre-tax
Dental Coverage	City of National City & You	Pre-tax
Voluntary Vision Coverage	You	Pre-tax
Basic Life and AD&D Insurance	City of National City	City-paid
Voluntary Life and AD&D Insurance	You	Post-tax
Short-Term Disability	You	Post-tax
Long-Term Disability	City of National City & You	Post-tax
Flexible Spending Accounts	You	Pre-tax
Employee Assistance Program	City of National City	City-paid
Voluntary Accident Plan	You	Post-tax
Voluntary Critical Illness Plan	You	Post-tax
Voluntary Legal/Identity Theft Plans	You	Post-tax
Pet Insurance	You	Post-tax

Employees on the Move!

City of National City's Wellness Program is here to help you become the healthiest version of yourself. Because a strong City cannot exist without healthy employees, the City of National City offers a Wellness Program that is available to all City employees. As a reminder, the goal of this program is to promote and encourage a culture of health and wellness. For 2020, the Wellness Program will continue to offer challenges, competitions, and other wellness resources throughout the year to help you on your personal journey towards health and wellness. Our wellness program is designed to:

- Provide education, resources and support to employees
- Help you make good decisions about your health
- Increase employee engagement and productivity
- Manage health care costs

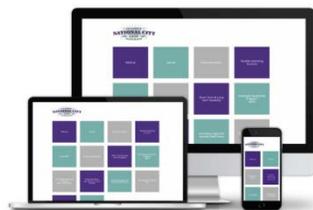
We hope to create a culture of well-being by offering programs that support good health and positive lifestyles.

For more information please email the Wellness Committee at wellnesscommittee@nationalcityca.gov

Mobile Wallet Card

Add the National City Mobile Wallet Card to Your Smartphone

The City's mobile wallet card is a handy website that keeps all of your benefit contacts and City resources in one place with easy access from your smartphone, tablet or computer. To access your mobile wallet card, go to www.mymobilewalletcard.com/cityofnationalcity. Once you're there, click on any benefit or City resource to see more information including carriers, group numbers, phone numbers and links to vendor websites. Scan the QR Code below with your smartphone to access the City's mobile wallet card. You will need to download a free QR Code reader from the App Store or Google Play Store. Simply search QR Code Reader and download the app of your choice.



Annual Enrollment Elections

Once you elect your City of National City benefit options, your elections remain in effect for the entire plan year (February 1, 2020 through January 31, 2021). Changes outside the open enrollment period are permitted only if they meet IRS guidelines. Qualifying status changes are defined below in the section called “Qualifying Life Events”. Coverage for domestic partners and their children are subject to these provisions as well, even though coverage is provided on an after-tax basis. We encourage you to review all your benefits and make your selections wisely.

ELIGIBILITY

All full-time and part-time employees of City of National City who consistently work 30 hours or more per week are eligible to elect and participate in the benefits described in this guide.

Benefits become effective the first of the month following your employment start date. Employees who start on the first day of the month are eligible immediately. Employees may make coverage changes during the annual open enrollment period.

Eligible employees may cover dependents, including:

- Legal spouse
- Domestic partner (as defined below)
- Children, including adult children regardless of student or marital status up to age 26

***Please note:** Proof of dependent eligibility such as marriage or birth certificate must be provided to Human Resources when enrolling dependents.

You will automatically be enrolled in the Premium Only Plan (POP), which will reduce your compensation in exchange for pre-tax medical, dental, and vision coverage (if employee contributions are required) unless you notify Human Resources that you elect not to participate in the plan.

Domestic Partner Definition

You may cover a domestic partner under any of the City of National City insurance plans if you and your domestic partner are age 18 or older, and are of the same sex, or are opposite sex and one partner is at least 62 and meet the requirements of California Family Code section 297.



QUALIFYING LIFE EVENTS

Once you elect your City of National City benefit options, your elections remain in effect for the entire plan year. You may only change coverage due to a qualified status change and must do so within 30 days of the event. See below for a list of qualified status changes:

- Marriage, divorce, or legal separation
- Birth or adoption of an eligible child
- Death of your spouse, domestic partner or dependent child
- Change in employment status of employee, spouse/domestic partner or dependent child that affects his or her benefits
- Change in residence or work site that affects your eligibility for coverage
- HIPAA special enrollment rights
- FMLA special requirements
- Changes due to a judgment, decree, or court order
- New entitlement to Medicare or Medicaid

You are responsible for ensuring that your personal and family health enrollment information is accurate, as well as reporting any changes in a timely manner. For example, when you divorce or terminate a domestic partnership, your former spouse or domestic partner is no longer eligible to receive City of National City health benefits under your coverage. If you fail to report changes in a timely manner, you may be liable for the reimbursement of health premiums or healthcare services incurred during the entire ineligibility period.

Remember:

You must notify Human Resources within 30 days of a qualifying life event.

Contributions



Total Premium	Kaiser HMO	Health Net HMO Salud y Mas (w/o Scripps)	Health Net HMO ExcelCare (w/o Scripps)	Health Net HMO Full (w/ Scripps)	Kaiser HDHP w/ HSA	Health Net HDHP	Delta Dental PPO	DeltaCare USA DHMO
Employee Only	\$591.62	\$595.15	\$693.63	\$1,252.16	\$460.54	\$620.12	\$45.22	\$16.50
Employee + 1	\$1,183.24	\$1,279.58	\$1,387.26	\$2,504.29	\$921.08	\$1,333.26	\$89.49	\$38.94
Employee + 2 or more	\$1,674.30	\$1,755.70	\$1,969.92	\$3,556.11	\$1,303.34	\$1,829.36	\$145.74	\$38.94

City Monthly Contributions*							
Bargaining Units	FFA	MEA	POA	FFA (Kaiser HDHP)	MEA (Kaiser HDHP)	MEA Career/PT	MEA Career/PT (Kaiser HDHP)
Employee Only	\$651.10	\$595.91	\$595.91	\$645.91	\$526.06	\$446.93	\$394.55
Employee + 1	\$1,023.92	\$963.54	\$963.54	\$1,013.54	\$823.80	\$722.66	\$617.85
Employee + 2 or more	\$1,394.50	\$1,329.80	\$1,329.80	\$1,379.80	\$1,132.18	\$997.35	\$849.14
Non-Represented Classes	Confidential** \$1,000 (EE & EE+1) \$1,277.43 (EE+2 or more)		City Treasurer \$850	Executives & Mgmt. \$1,200		Mayor & Council \$1,200	

*City of National City's contributions are combined for both medical and dental. City funds Kaiser HSA (\$625 employee/\$1,250 employee + 1 or more) plus banking fee of \$3.25 per month.

**All future Confidential members will receive the same medical and dental benefits as members of MEA, including cash-in-lieu.



Your Health Care Coverage



YOUR MEDICAL PLANS

You have six medical plan options from which to choose:

- Kaiser HMO
- Kaiser HMO HDHP
- Health Net HMO (Salud y Mas Network) – **NEW!**
- Health Net HMO (ExcelCare Network)
- Health Net HMO (Full Network)
- Health Net PPO HDHP

IN/OUT-OF-NETWORK COVERAGE

The four HMO plans and the Kaiser HMO HDHP offer in-network coverage only; while the Health Net PPO HDHP features in and out-of-network coverage. Individual and family deductibles are required on both the Kaiser HMO HDHP and Health Net PPO HDHP plans. Copays, coinsurance, and out-of-pocket maximums vary by plan. Some offer a lower monthly cost, a higher deductible, and lower coinsurance amounts, while others cost more each month but offer a lower deductible and higher levels of coinsurance. You will always pay less if you see a doctor or receive services within the provider network because the plan pays more for “in-network services”. If you see an out-of-network provider, you may be responsible for out-of-pocket costs that are considered above the “reasonable and customary” fees.

DEDUCTIBLE

You must meet an annual deductible before the HDHP medical plans begin to cover a portion of your costs; however, your Health Savings Account (HSA) may be used to pay for those expenses. Once the deductible is met, the medical plan begins to pay towards the services you receive.

OUT-OF-POCKET MAXIMUMS

Out-of-pocket maximums apply to all of the plans. This is the maximum amount you will pay for covered health care costs in a calendar year. Once you have reached the out-of-pocket maximum, the plan will fully cover eligible medical expenses for the rest of the calendar year.

HEALTH SAVINGS ACCOUNT (HSA)

An HSA is a tax-advantaged health savings account for participants enrolled in a HDHP. Funds in an HSA may be used for qualified expenses or saved for the future. You may contribute funds to the HSA up to the annual contribution limit regardless of the HDHP deductible amount. Contributions can be made on a pre-tax basis through the convenience of payroll deductions or by a direct contribution to the HSA Administrator. Once you reach age 65 and enroll in Medicare Part A or B, you cannot continue to make contributions to an HSA; however, you can still make withdrawals.

- For 2020, the annual contribution limit is \$3,550 for single coverage and \$7,100 for family coverage. Participants age 55 or older may contribute an additional catch-up contribution amount of up to \$1,000. Please contact your tax advisor regarding HSA taxation rules and how they may personally impact you.
- The City will fund the Kaiser HSA with \$625 for single coverage and \$1,250 for employee + 1 or more coverage for those who enroll in the Kaiser HMO HDHP. This amount will be prorated and deposited into the HSA monthly. You may make additional contributions to the HSA; however in 2020, the total account balance (The City’s contribution and your contribution) cannot exceed \$3,550 single or \$7,100 family. The City does not fund the Health Net HSA.
- Any funds in the account at the end of the plan year accumulate and earn non-taxable interest or investment returns over the life of the account. The money in your HSA account, both the City’s contribution and your own, is yours to keep. If you leave The City or retire, you are able to take your HSA account with you. Remember, the money in your account is always your money.
- If you are enrolled in a HDHP and have an HSA account, you and your spouse can submit qualified medical, dental, and vision expenses through the HSA account. As a result, you are ineligible to participate in the Health Care Flexible Spending Account.

HMO Medical Plan Comparison

This chart compares the basic benefits of the medical plan options.

Plan Provision	Kaiser HMO	Health Net HMO		Health Net HMO	Health Net HMO
Network Name		Salud y Mas		ExcelCare	Full
Major Participating Groups¹	Kaiser	Mid-County, Primary Care, Rady Children's, Scripps Physicians Medical Group		Sharp, Mercy, Rady Children's, UCSD, Primary Care, Mid-County Physicians	Scripps, Sharp, Mercy, Rady Children's, UCSD, Primary Care, Mid-County Physicians
	In-Network Only	In-Network Only	SIMNSA Network (Mexico members)	In-Network Only	In-Network Only
Annual Deductible (Individual/Ind. in Family/Family)	N/A	N/A		N/A	N/A
Out-of-Pocket Maximum (Individual/Ind. in Family/Family) (Includes Deductible)	\$1,500/\$1,500/\$3,000	\$2,500/\$5,000/\$7,500	\$1,500/\$3,000/\$4,500	\$1,500/\$3,000/\$4,500	\$1,500/\$3,000/\$4,500
Preventive Care	No charge	No charge		\$15 copay	\$15 copay
Primary/Specialist Physician Office Visit	\$15 copay	\$15 copay	\$5 copay	\$15 copay	\$15 copay
Chiropractic (30 visits per calendar year)	\$10 copay	\$10 copay	Not covered	\$10 copay	\$10 copay
X-Ray and Lab Complex Radiology (i.e. CT, MRI, PET)	No charge No charge	No charge		No charge \$100 copay	No charge \$100 copay
Inpatient Hospital Services	No charge	\$250 per admission	No charge	\$250 per admission	\$250 per admission
Outpatient Hospital Services	\$15 copay	20%	No charge	\$250 copay	\$250 copay
Urgent Care Emergency Room (copay waived if admitted)	\$15 copay \$50 copay	\$15 \$50	\$10 \$10	\$15 copay \$100 copay	\$15 copay \$100 copay
Vision Eye Exams Frames (once every 24 months) Lenses (once every 24 months) Contact Lenses (once every 24 months)	No charge \$125 allowance Incl. in allowance Incl. in allowance	N/A		\$15 copay \$100 allowance No charge \$100 allowance	\$15 copay \$100 allowance No charge \$100 allowance
Retail Prescription Drugs (30-day supply) • Generic • Brand Preferred • Brand Non-preferred • Specialty • Self-Injectibles	\$10 copay \$25 copay N/A \$10/\$25 copay \$10/\$25 copay	\$10 \$30 \$50 30% (\$250 max) 30% (\$250 max)	Drugs dispensed by SIMNSA \$5 copay	\$10 copay \$25 copay ² \$40 copay ² 20% (\$100 max) 20% (\$100 max)	\$10 copay \$25 copay ² \$40 copay ² 20% (\$100 max) 20% (\$100 max)
Mail Order Prescription Drugs (90-day supply) • Generic • Brand Preferred • Brand Non-preferred	\$20 copay \$50 copay N/A	\$20 copay \$75 copay \$125 copay	Not covered	\$20 copay \$50 copay ² \$80 copay ²	\$20 copay \$50 copay ² \$80 copay ²

¹ Does not include all participating providers; review www.healthnet.com or www.kp.org to confirm your specific provider / medical group.

² If generic is available, you will pay appropriate copay plus the difference in cost between the brand name and generic.

Note: This is a summary of your coverage only. Please refer to your summary plan description for the full scope of coverage. In-network services are based on negotiated charges; out-of-network services are based on reasonable and customary (R&C) charges.

HDHP Medical Plan Comparison

This chart compares the basic benefits of the medical plan options.

Plan Provision	Kaiser HMO HDHP	Health Net PPO HDHP	
	In-Network Only	In-Network Only	Out of Network
The City's Contribution to HSA (Individual/Family)	\$625/\$1,250	N/A	
Annual Deductible (Individual/Individual in Family/Family)	\$1,400/\$2,800/\$2,800	\$1,500/\$2,800/\$5,600	
Out-of-Pocket Maximum¹ (Individual/Individual in Family/Family)	\$3,000/\$3,000/\$6,000	\$3,000/\$3,000/\$6,000	
Preventive Care	No charge	No charge	Not covered
Primary/Specialist Physician Office Visit	\$20 copay ²	30% ²	50% ²
Chiropractic (30 visits per calendar year)	Not covered	30% ²	50% ²
X-Ray and Lab Complex Radiology (i.e. CT, MRI, PET)	\$10 copay ² \$50 copay ²	30% ²	50% ²
Inpatient Hospital Services	\$250 per admission ²	30% ²	50% ²
Outpatient Hospital Services	\$150 copay ²	30% ²	50% ²
Urgent Care Emergency Room (copay waived if admitted)	\$20 copay ² \$100 copay ²	30% ² \$100 copay + 30% ²	50% ² \$100 copay + 30% ²
Vision Eye Exams Frames (once every 24 months) Lenses (once every 24 months) Contact Lenses (once every 24 months)	\$20 copay Not covered Not covered Not covered	Not covered ³	
Retail Prescription Drugs (30-day supply) • Generic • Brand Preferred • Brand Non-preferred • Specialty • Self-Injectibles	\$10 copay ² \$30 copay ² N/A \$10/\$30 copay ² \$10/\$30 copay ²	\$15 copay ² \$35 copay ² \$55 copay ² 30% (\$250 max) 30% (\$250 max)	\$15 copay + 50% ^{2,4} \$35 copay + 50% ^{2,4} \$55 copay + 50% ^{2,4} Not covered Not covered
Mail Order Prescription Drugs (90-day supply) • Generic • Brand Preferred • Brand Non-preferred	\$20 copay ² \$60 copay ² N/A	\$30 copay ² \$87.50 copay ² \$137.50 copay ²	Not covered

¹ Includes deductible.

² After deductible is met.

³ In-network eye exam benefit 30% coinsurance/visit for children through age 16 only.

⁴ Up to a \$250 maximum.

Note: This is a summary of your coverage only. Please refer to your summary plan description for the full scope of coverage. In-network services are based on negotiated charges; out-of-network services are based on reasonable and customary (R&C) charges.

Your Dental Coverage

It's important to have regular dental exams and cleanings so problems are detected before they become painful and expensive. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease, and is an important part of maintaining your medical health.



You have a choice of two dental plans: the Delta Dental PPO and the DeltaCare USA DHMO.

Provision	DeltaCare USA DHMO	Delta Dental PPO	
	In-Network Only	In-Network	Out-of-Network ³
Annual Deductible			
Individual	None	\$50	
Family	None	\$150	
Annual Maximum per individual	None	\$1,500	
Diagnostic and Preventive to include cleanings, exams and x-rays	Copays vary ¹	No charge, deductible waived	20% ²
Basic Services to include fillings, periodontics, endodontics and oral surgery	Copays vary ¹	20% ²	50% ²
Major Services to include crowns, bridges, full and partial dentures	Copays vary ¹	20% ²	50% ²
Orthodontia			
Child	\$1,600 copay	50% to \$1,500 lifetime maximum	
Adult	\$1,800 copay	50% to \$1,500 lifetime maximum	
Treatment Plan (Child & Adult)	\$350 copay	Included	

¹ Copays vary based on procedure. Please review Delta Dental material for complete description.

² After annual deductible is met.

³ If your dentist is a non-Delta Dental dentist and charges more than the plan's reasonable and customary charge, you may be required to pay the extra amount.

VSP Benefit	In-Network	Out-of-Network
Frequency		
Exam	Every 12 months	
Lenses	Every 12 months	
Frames	Every 24 months	
Contacts	Every 12 months	
Exams	\$20 copay	\$45 allowance
Frames	\$130 allowance + 20% discount	\$70 allowance
Lenses		
Single Vision Lenses	\$20 copay	\$30 allowance
Bifocal Lenses	\$20 copay	\$50 allowance
Trifocal Lenses	\$20 copay	\$65 allowance
Medically Necessary Contact Lenses	\$130 allowance + 20% discount	\$105 allowance
Lens Fitting and Evaluation	\$60 allowance	Included in \$105 allowance

Your Voluntary Vision Coverage

In addition to the vision exam offered through your Kaiser and Health Net medical plans, you have the option to purchase the VSP voluntary PPO plan. This plan offers the freedom to choose any provider. Members enjoy the lowest out-of-pocket expenses when they see a vision provider who participates in the VSP network. The VSP network consists of 45,000 individual providers and includes a discounted rate at Costco.

This summary shows how benefits are paid under each vision category.

Total Premium (per Month)	VSP Voluntary Vision
Employee Only	\$9.67
Employee + 1	\$15.02
Employee + 2	\$23.82

Additional Benefits

BASIC LIFE AND AD&D INSURANCE

- Guaranteed-issue personal Life and AD&D (Accidental Death & Dismemberment) insurance provided at no cost to you.
- Amount of coverage varies depending on employee class.
- AD&D amount of coverage is equal to the personal life amount of coverage.

VOLUNTARY LIFE AND ACCIDENT INSURANCE

For You and Your Spouse: purchase coverage in increments of \$10,000 to a maximum of \$500,000 for you and your spouse.

For Your Child(ren): purchase increments of \$5,000 up to a maximum of \$20,000. The premium is paid in full by you.

SHORT-TERM DISABILITY

Covers 55% of your weekly covered earnings up to a maximum of \$336 per week.

LONG-TERM DISABILITY

Covers 66.67% of your monthly covered earnings up to a maximum of \$5,000 per month.

VOLUNTARY LEGAL PLAN

Provides attorney access for legal advice.

VOLUNTARY IDENTITY THEFT PLAN

Assists with credit monitoring, identity restoration services, credit report consultations and more.

RELIANCE STANDARD LIFE INSURANCE COMPANY

VOLUNTARY ACCIDENT PLAN

Pays benefits upon your death, dismemberment, or injury caused by a covered accident that occurs on or off the job.

There are two plan options available with different levels of coverage. You will be able to pay for the Reliance Standard plans through payroll deductions.

VOLUNTARY CRITICAL ILLNESS PLAN

Pays you scheduled amounts for health events such as heart attack, coma, or stroke.

Different benefit amounts are available for you and your dependents.

Employees:	Option of \$5,000, \$10,000 or \$20,000 Guaranteed Issue Amount: \$20,000
Spouse:	Option of \$5,000, \$10,000 or \$20,000 Guaranteed Issue Amount: \$20,000
Child(ren):	Options of \$1,250, \$2,500 or \$5,000 All amounts are guaranteed issue.

YOUR EMPLOYEE ASSISTANCE PROGRAM

If you find yourself in need of some professional support to deal with personal, work, financial or family issues, your Employee Assistance Program (EAP) can help. You and your immediate family (spouse or domestic partner, dependent children, parents and parents-in-law) can use the EAP for help with:

- Confidential and free program that offers 24-hour resources for counseling and support services
- Up to 3 face-to-face sessions per household member per 6 months
- Resources for the following topics:
 - Marriage and family problems
 - Job-related issues
 - Stress, anxiety and depression
 - Parent and child relationships
 - Adoption, child care, senior care referrals
 - Legal and financial counseling
 - Identity theft counseling
 - Financial planning

If you need help or guidance, call an Aetna Resources for Living counselor at:

(800) 342-8111, or visit:

www.mylifevalues.com

Username: City of National City

Password: eap

For Police Officers Association EAP guidance call:

Employee Support Services

The Counseling Team International

(800) 222-9691

Nationwide®

PET INSURANCE

We all love and adore our furry friends, but just like us they may occasionally need care. To assist with your veterinarian costs, City of National City is providing you access to discounts on voluntary pet insurance through Nationwide.

The plans available can cover cats, dogs, birds and even exotic pets. Go directly to www.petinsurance.com/nationalcityca or call 877-738-7874 and mention City of National City to learn more and enroll.



Flexible Spending Accounts

A Flexible Spending Account (FSA) is a program that helps you pay for health care and dependent care costs using pre-tax dollars. You decide how much money you would like to contribute each pay period. Your contribution is deducted from your paycheck on a pre-tax basis and is put into the Health Care FSA, the Dependent Care FSA, or both. When you incur expenses, you can access the funds in your account to pay for eligible health care or dependent care expenses.

Reminder! –You have the option to add a debit card to your account making FSA spending even easier.

IMPORTANT INFORMATION

Your FSA elections are effective from February 1 through January 31. Expenses for the current plan year may be incurred through April 15 of the following year. You must file your claim form for expenses that occurred in the prior Plan Year by June 15 of the new Plan Year. Please plan your contributions carefully. Any money remaining in your account as of June 15 will be forfeited. This is known as the “use it or lose it” rule and it is governed by Internal Revenue Service regulations. Note that FSA elections do not automatically continue from year to year; you must actively enroll each year.



Eligible Expenses	Annual Contribution Limits	Benefit
Health Care FSA¹ Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over the counter medications)	Maximum contribution is \$2,000 per year	Saves on eligible expenses not covered by insurance; reduces your taxable income
Dependent Care FSA Dependent care expenses (such as day care, after school programs or elder care programs) so you and your spouse can work or attend school full-time	Maximum contribution is \$5,000 per year (\$2,500 if married and filing separate tax returns)	Reduces your taxable income

¹If you are enrolled in the HDHP with HSA, you and your spouse can submit qualified medical, dental, and vision expenses through the HSA fund. As a result, you are ineligible to participate in any Health Care Flexible Spending Account.

EXAMPLE

Here’s a look at how much you can save when you use an FSA to pay for your health care and dependent care expenses.

Account Type	With FSA	Without FSA
Your taxable income	\$50,000	\$50,000
Pretax contribution to Health Care and Dependent Care FSA	\$2,000	\$0
Federal and Social Security taxes*	\$11,701	\$12,355
After-tax dollars spent on eligible expenses	\$0	\$2,000
Spendable income after expenses and taxes	\$36,299	\$35,645
Tax savings with the Medical and Dependent Care FSA	\$654	N/A

*This is an example only. It assumes a 25% Federal income tax rate marginal rate and a 7.7% FICA marginal rate. State and local taxes vary, and are not included in this example. However, you will also save on any state and local taxes.

BeneTrac Enrollment



The City of National City will continue to use our online enrollment vendor, BeneTrac! BeneTrac is a web-based enrollment and benefits management system available to employees. Employees making any benefit changes or enrolling in a plan for the first time **must** log into the system.

If you do not submit any plan elections during Open Enrollment, you will continue to be enrolled in the same plans you have now.

The only exceptions are the Flexible Spending Accounts and Health Savings Accounts. If you wish to keep your FSA or HSA, you will need to re-enroll during Open Enrollment.

You can access the system 24/7 from anywhere you have access to the internet.

Steps	Description
Access Website	Log on at: https://www.eenroller.net/login.asp?ST=NTCY1123
Enter Username and Password	Username: First initial of your first name + last name + last 4 digits of your Social Security Number Password: Last name + last 4 digits of your Social Security Number Example: Bob Anderson, SSN 123-45-6789 Username: BAnderson6789 Password: Anderson6789
Log In	Once you enter your Username and Password, click log in If you are new to the site, you will need to update your default password
Legal Notice	Legal notice will be displayed. Click "I agree."
Enrolling/Making Changes	Make appropriate changes (i.e. add/remove dependents, add/change plans)
Review and Finalize	Review your elections. If satisfied, click "Agree to Above and Finalize My Selections."
Questions	Click the "Get Help" link for "Live Assistance" and to access the Enrollment Guide. Remember, the HR team is here to help answer your questions when you cannot find the answers you need.

Contact Information

Plan	Provider	Phone Numbers	Website
Medical	Kaiser Health Net	800-464-4000 800-522-0088	www.kp.org www.healthnet.com
Dental	Delta Dental PPO Delta Dental DHMO	800-765-6003 800-422-4234	www.deltadentalins.com
Voluntary Vision	VSP	800-877-7195	www.vsp.com
Flexible Spending Accounts	SASI	800-752-3539	www.sasiplans.com
Life & Disability	Lincoln Financial Group	800-423-2765	www.lfg.com
Voluntary Life & AD&D	Reliance Standard	800-644-1103	www.reliancestandard.com
Employee Assistance Program (EAP)	Aetna Resources for Living	800-342-8111	www.mylifevalues.com Username: City of National City Password: eap
Employee Assistance Program (POA only)	Employee Support Services- The Counseling Team International	800-222-9691	N/A
Voluntary Accident & Voluntary Critical Illness	Reliance Standard	800-351-7500	www.reliancestandard.com
Voluntary Legal and Identity Theft Plans	Legal Shield	800-654-7757	www.legalshield.com
Deferred Comp/Roth IRA	ICMA	800-669-7400	www.icmarc.com
Health Savings Account (HSA)	Optum (Kaiser) Bank of America (Health Net)	844-326-7967 866-791-0250	www.optumbank.com www.bankofamerica.com/benefitslogin
Voluntary Pet Insurance	Nationwide	877-738-7874	www.petinsurance.com/nationalcityca
HR Contacts	Title	Phone Number	Email Address
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