



2026

Benefit Summary Guide

Protect. Manage. Care.

February 1, 2026 – December 31, 2026



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MEDICARE PART D NOTICE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Important Plan Information section for more details.



Welcome to Your Benefits Guide

Whether you're enrolling in benefits for the first time, nearing retirement, or somewhere in between, City of National City supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

This guide provides an overview of your healthcare coverage, life, disability, and more.

You'll find tips to help you understand your medical coverage, save time and money on healthcare, reduce taxes, and balance your work and home life. Review the coverage and tools available to you to make the most of your benefits package.

The benefits in this summary are effective February 1, 2026 through December 31, 2026

IMPORTANT NOTE: This is a summary overview and does not provide a complete description of all benefit provisions. While we've made every effort to make sure that this overview is comprehensive, it cannot provide a complete description of all benefits. Specific details and limitations are provided in the plan documents, such as the Summary of Benefits and Coverage (SBC), Evidence of Coverage (EOC), etc. Plan documents contain relevant provisions and determine how benefits are paid. If the information in this overview differs from the plan documents, the plan documents prevail.

Who is Eligible?

You are eligible if you are a full-time employee working 30 or more hours per week.

The following dependents are eligible for benefits:

- Legally married spouse.
- Your registered domestic partner (RDP) and/or his/her children, where applicable by state law
 - 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 meet the requirements of California Family Code section 297.
- Natural, adopted or stepchildren, or children of a domestic partner up to age 26.
- Disabled children over age 26 who depend on you for support and meet certain criteria, may continue on health coverage.
- Children named in a Qualified Medical Child Support Order (QMCSO).

When you can enroll



New Hire Enrollment

New hire coverage begins on first of the month following date of hire. You must enroll within 30 days of becoming eligible.

Open Enrollment

The one time each year that you can make changes to your benefits for any reason.

Qualifying Life Event

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, RDP, or child
- You lose coverage under your spouse's/RDP's plan
- You gain access to state coverage under Medicaid or CHIP

Changing Your Benefits

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a big change in your life, including:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in an individual's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

Any change you make must be consistent with the change in status. All proper documentation is required to cover dependents (marriage certificates, birth certificates, etc.).

You must submit your change within 30 days of the event.

Dependent Verification

Making changes to dependents is subject to eligibility. You will be required to provide proof of one or more of the following within 30 days of their eligibility:

- Marriage Certification or License
- Birth Certificate
- Final decree of divorce
- Court documents showing legal responsibility for adopted children, foster children or children under legal guardianship
- Physician's written certification of disabling condition (for dependent children over age 26 incapable of self-support)

If you do not supply the proper documentation to make changes to dependents within the 30 day period, you will not be able to add the dependent(s) until the next open enrollment period.

Enrolling for Benefits

Employee Navigator

Employee Navigator is an online system that enables you to make all your benefit decisions in one place. If you don't have access to a computer, you can access the enrollment portal from a tablet or smartphone.

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

Before you enroll

- Know the date of birth, social security number, and address for each dependent you will cover.
- Review your enrollment materials to understand your benefit options and costs for the coming year.

Getting started

- Returning Users: Log into Employee Navigator: Enter your last saved username and password
 - <https://www.employeenavigator.com/benefits/account/login>
- New Users: Register on Employee Navigator and enter the requested information:
 - The company identifier is: **NatCity**.
 - <https://www.employeenavigator.com/benefits/Account/Register>
- To view the webpage in Spanish, click your name in the top right corner of the screen and select "Español" from the drop-down menu.

Verify Your Account

First, let's find your company record

First Name

Last Name

Company Identifier
(provided by HR)

PIN
(Last 4 Digits of SSN / ID)

Birth Date
(mm/dd/yyyy)



Medical

Our medical plans offer comprehensive coverage. Preventive care is fully covered under all plans if obtained in-network. Your costs for other services will depend on which plan you choose.

Medical Plan Overview

This guide serves as a summary of the medical plans. Please review the plan documents before selecting a plan.

What you need to know

Kaiser HMO
Kaiser Network

- Access to Kaiser providers/facilities exclusively
- No deductible
- Predictable costs

HealthNet HMO
Salud y Mas
ExcelCare
SmartCare

- In-network only
- SIMNSA network access with Salud y Mas plan
- Predictable costs

HealthNet PPO HDHP

- Must meet deductible for some services before the plan begins to pay a % of the cost
- Out-of-network coverage; higher costs

Kaiser HMO HDHP

- Must meet deductible for most services before the plan begins to pay a % of the cost

Waiving Medical Coverage

- In order to waive medical coverage a Medical Insurance Waiver form and proof of other coverage are required to be submitted to Human Resources Department.

This table shows member copays.

Kaiser Traditional HMO

In-Network Only

Calendar Year Deductible¹	
Individual Coverage	None
Family Coverage	None
Calendar Year Out-of-Pocket Maximum^{2,3}	
Individual Coverage	\$1,500 per individual
Family Coverage	\$1,500 per individual/\$3,000 per family
Office Visit	
Primary Care	\$15 Copay
Specialist	\$15 Copay
Preventive Services	
	No charge
Urgent Care	
	\$15 Copay
Emergency Room	
	\$50 Copay
Ambulance	
	\$50 Copay
Lab and Imaging	
Basic/Complex	No charge/No charge
Outpatient Surgery/Services	
	\$15 Copay per procedure
Inpatient Hospitalization	
	No charge
Chiropractic (up to 30 visits/year)	
	\$10 Copay
Vision Exam	
	Covered - No Charge
	Eyeglass or contacts - \$125 Allowance every 24 months
PRESCRIPTION DRUGS	
Calendar Year Deductible	
	None
Retail- 30 Day Supply	
Tier 1	\$10
Tier 2 Preferred	\$25
Tier 2 Non-Preferred	\$25
Specialty	20% up to \$150 per prescription
Mail Order- 100 Day Supply	
Tier 1	\$20
Tier 2 Preferred	\$50
Tier 2 Non-Preferred	\$50
Specialty	Not covered

²This family maximum is embedded, meaning that the plan will cover 100% for a member once they reach their individual maximum.

³All covered expenses including your medical deductibles and prescription copays accumulate towards the out-of-pocket maximum.

Kaiser HDHP HMO

This table shows member copays.

Kaiser HDHP HMO	
In-Network Only	
Calendar Year Deductible¹	
Individual Coverage	\$1,700 per individual
Family Coverage	\$3,400 per individual/\$3,400 per family
Calendar Year Out-of-Pocket Maximum^{2,3}	
Individual Coverage	\$3,400 per individual
Family Coverage	\$3,400 per individual/\$6,800 per family
HSA Employer Contribution	
Individual/Family	Prorated for new hires/newly eligible \$625 / \$1,250
Office Visit	
Primary Care	\$20 Copay after deductible
Specialist	\$20 Copay after deductible
Preventive Services	
	No charge
Urgent Care	
	\$20 Copay after deductible
Emergency Room	
	\$100 Copay after deductible
Ambulance	
	\$100 Copay after deductible
Lab and Imaging	
Basic/Complex	\$10 Copay after deductible / \$50 Copay after deductible
Outpatient Surgery/Services	
	\$150 Copay per procedure after deductible
Inpatient Hospitalization	
	\$250 per admission after deductible
Chiropractic	
	Not covered
Vision Exam	
	Covered - \$20 per visit
PRESCRIPTION DRUGS	
Calendar Year Deductible	
	None
Retail- 30 Day Supply	
Tier 1	\$10
Tier 2 Preferred	\$30
Tier 2 Non-Preferred	\$30
Specialty	20% up to \$150 per prescription
Mail Order- 100 Day Supply	
Tier 1	\$20
Tier 2 Preferred	\$60
Tier 2 Non-Preferred	\$60
Specialty	Not covered

¹This family deductible is embedded, meaning that the plan begins to make payments for a member once they reach their individual deductible.

²This family maximum is embedded, meaning that the plan will cover 100% for a member once they reach their individual maximum.

³All covered expenses including your medical deductibles and prescription copays accumulate towards the out-of-pocket maximum.

Kaiser Resources

One Pass Select Affinity by Optum

Through One Pass Select Affinity from Optum members can choose a fitness plan and get unlimited access to all locations available within that plan, plus extensive digital resources. Members can choose the plan that fits their needs, with competitive plans starting at \$10 per month. Members that sign up can also access the Optum Additional service include healthy meal delivery and 20% discounts on chiropractors, acupuncturists and massage therapists. Learn more at kp.org/exercise.

24/7 care advice

Get medical advice and care guidance in the moment from a Kaiser Permanente provider at (833) 574-2273.

Kaiser Away From Home

Kaiser Members are covered for emergency and urgent care anywhere in the world. Kaiser's travel [website](#) will explain what to do if you need emergency or urgent care during your trip.

Calm App

The Calm app uses meditation and mindfulness to help lower stress, reduce, anxiety, and improve sleep quality. Adult members can get Calm at kp.org/selfcareapps.

Headspace Care App

The Headspace Care app offers immediate 1-on-1 support for coping with many common challenges — from stress and low mood to issues with work and relationships, and more. Headspace Care's highly trained emotional support coaches are ready to help 24/7, and adult Kaiser Permanente members can use Headspace Care for 90 consecutive days at no cost. Download the app from the App StoreSM or Google Play[®].

Target Retail Clinics

Target Clinics offer care provided by Kaiser Permanente for more than 85 different services, including treatments for common health conditions and minor injuries. The clinics are open 7 days a week for appointments and walk in care. Find a clinic near you using kptargetclinic.org.

Online wellness tools

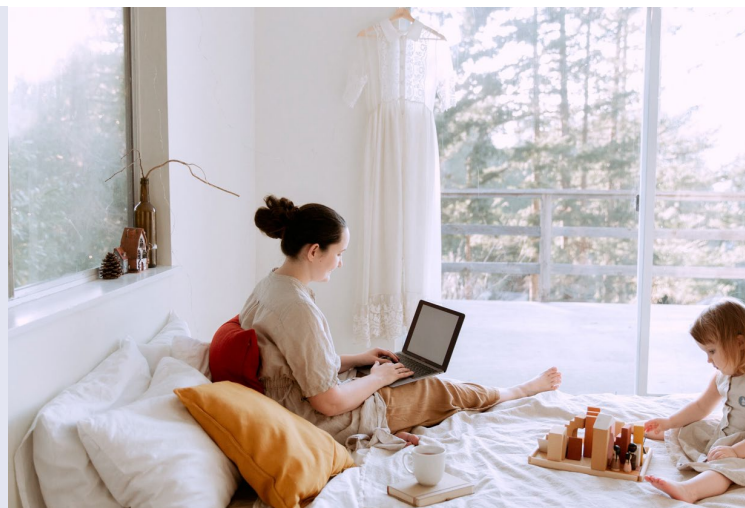
Visit kp.org/healthyliving for wellness information, health calculators, fitness videos, podcasts, and recipes from world class chefs. Connect to better health with programs to help you lose weight, quit smoking, and more – all at no cost.

Finding a Kaiser Provider

To find a Kaiser Permanente provider near you, please visit www.kp.org or call (800) 464-4000.

My Health Manager

Stay engaged with your health and simplify your busy life by using the [Kaiser Website](#) or download the Kaiser Permanente app from the App StoreSM or Google Play[®].



This table shows member copays.

HealthNet HMO Salud y Mas		
	In-Network	SIMNSA Network
Participating Provider Groups	Scripps Clinic, Scripps Physician Medical Group, Rady Children's	Simnsa
Calendar Year Deductible		
Individual Coverage	None	None
Family Coverage	None	None
Calendar Year Out-of-Pocket Maximum^{2,3}		
Individual Coverage	\$2,500 per individual	\$1,500 per individual
Family Coverage	\$2,500 per individual/\$5,000 per family	\$1,500 per individual/\$4,500 per family
Office Visit		
Primary Care	\$15 Copay	\$5 Copay
Specialist	\$35 Copay	\$5 Copay
Preventive Services	No charge	No charge
Urgent Care	\$15 Copay	\$10 Copay
Emergency Room	\$150 Copay	\$10 Copay
Ambulance	\$150 Copay	No charge
Lab and Imaging		
Basic/Complex	\$10 Copay / \$100 Copay	No charge / No charge
Outpatient Surgery/Services	\$250 Copay	No charge
Inpatient Hospitalization	\$250 per admission	No charge
Chiropractic	\$10 Copay (up to 30 visits/year)	Not covered
Vision Exam	Not covered	Not covered
PRESCRIPTION DRUGS		
Calendar Year Out-of-Pocket Maximum	Combined with Medical	Combined with Medical
Retail- 30 Day Supply		
Tier 1	\$10	\$5
Tier 2 Preferred	\$30	\$5
Tier 3 Non-Preferred	\$55	\$5
Specialty	30% up to \$250 per prescription	\$5
Mail Order- 90 Day Supply		
Tier 1	\$20	
Tier 2 Preferred	\$75	
Tier 3 Non-Preferred	\$137.50	Not covered
Specialty	Not covered	

²This family maximum is embedded, meaning that the plan will cover 100% for a member once they reach their individual maximum.

³All covered expenses including your medical deductibles and prescription copays accumulate towards the out-of-pocket maximum.

This table shows member copays.

	HealthNet HMO ExcelCare	HealthNet HMO SmartCare
	In-Network	In Network
Participating Provider Groups	Sharp, Mercy, Rady Children's, UCSD, Mid-County Physicians	Sharp and Rady Children's
Calendar Year Deductible		
Individual Coverage	None	None
Family Coverage	None	None
Calendar Year Out-of-Pocket Maximum^{2,3}		
Individual Coverage	\$2,500 per individual	\$2,500 per individual
Family Coverage	\$2,500 per individual/\$5,000 per family	\$2,500 per individual/\$5,000 per family
Office Visit		
Primary Care	\$15 Copay	\$15 Copay
Specialist	\$35 Copay	\$35 Copay
Preventive Services	No charge	No charge
Urgent Care	\$15 Copay	\$15 Copay
Emergency Room	\$150 Copay	\$150 Copay
Ambulance	\$150 Copay	\$150 Copay
Lab and Imaging		
Basic/Complex	\$10 Copay / \$100 Copay	\$10 Copay / \$100 Copay
Outpatient Surgery/Services	\$250 Copay	\$250 Copay
Inpatient Hospitalization	\$250 per admission	\$250 per admission
Chiropractic	\$10 Copay (up to 30 visits/year)	\$15 Copay (up to 10 visits/year)
Vision Exam	Not covered	Not covered
PRESCRIPTION DRUGS		
Calendar Year Out-of-Pocket Maximum	Combined with Medical	Combined with Medical
Retail- 30 Day Supply		
Tier 1	\$10	\$10
Tier 2 Preferred	\$30	\$30
Tier 3 Non-Preferred	\$55	\$55
Specialty	30% up to \$250 per prescription	30% up to \$250 per prescription
Mail Order- 90 Day Supply		
Tier 1	\$20	\$20
Tier 2 Preferred	\$75	\$75
Tier 3 Non-Preferred	\$137.50	\$137.50
Specialty	Not covered	Not covered

²This family maximum is embedded, meaning that the plan will cover 100% for a member once they reach their individual maximum.

³All covered expenses including your medical deductibles and prescription copays accumulate towards the out-of-pocket maximum.

This table shows member cost share.

HealthNet PPO HDHP		
	In Network	Out of Network
Calendar Year Deductible¹		
Individual Coverage	\$1,700 per individual	\$3,400 per individual
Family Coverage	\$3,400 per individual/\$ 6,800 per family	\$6,800 per individual/\$13,600 per family
Calendar Year Out-of-Pocket Maximum^{2,3}		
Individual Coverage	\$1,700 per individual	\$6,800 per individual
Family Coverage	\$3,400 per individual/\$ 6,800 per family	\$13,600 per individual/\$27,200 per family
HSA Employer Contribution		
Individual/Family	N/A	N/A
Office Visit		
Primary Care/Specialist	No Charge after deductible	50% after deductible
Preventive Services		
	No Charge	50% after deductible
Urgent Care		
	No Charge after deductible	50% after deductible
Emergency Room		
	No Charge after deductible	
Ambulance		
	No Charge after deductible	50% after deductible
Lab and Imaging		
Basic/Complex	No Charge after deductible	50% after deductible
Outpatient Surgery/Services		
	No Charge after deductible	50% after deductible
Inpatient Hospitalization		
	No Charge after deductible	50% after deductible
Chiropractic (up to 30 visits/year)		
	No Charge after deductible	50% after deductible
Vision Exam		
	Not covered	Not covered
PRESCRIPTION DRUGS		
Calendar Year Deductible		
	Combined with Medical	Combined with Medical
Calendar Year Out-of-Pocket Maximum		
	Combined with Medical	Combined with Medical
Retail- 30 Day Supply		
Tier 1	No Charge after deductible	50% after deductible
Tier 2 Preferred	No Charge after deductible	50% after deductible
Tier 3 Non-Preferred	No Charge after deductible	50% after deductible
Specialty	No Charge after deductible	Not Covered

¹This family deductible is embedded, meaning that the plan begins to make payments for a member once they reach their individual deductible.

²This family maximum is embedded, meaning that the plan will cover 100% for a member once they reach their individual maximum.

³All covered expenses including your medical deductibles and prescription copays accumulate towards the out-of-pocket maximum.

Health Net Resources

Choosehealthy Member Discounts

Members get reduced rates on a variety of health-related products including acupuncture, massage therapy, chiropractic care, and gym memberships. Visit healthnet.com to learn more.

Wellness Rewards Program

The Health Net Wellness Rewards Program is designed to reward qualified members who take the online RealAge® test, share the results with your PCP, and complete two online Sharecare courses. Members can earn up to a \$100 incentive. Log into your account at healthnet.sharecare.com for more information.

Eat Right Now Program

Eat Right Now is a new evidence-based program that combines neuroscience and mindfulness tools to help members identify eating triggers and ride out cravings to change their eating patterns for good. With help from videos and exercises, members will learn to listen to their body's hunger signals so they can differentiate between real hunger and emotional cravings. This progressive 28-day program lets members reshape how they eat in about 10 minutes a day.

Weight Watchers

Weight Watchers offers online weight-loss programs that include food and fitness tracking, 24/7 Expert Chat with WW coaching team, and access to local wellness workshops. As a Health Net member, you can save up to 50% on these programs. Visit weightwatchers.com/us/healthnet or call 1-866-896-2655 to learn more.

Teladoc

Teladoc's U.S. board-certified doctors are available 24/7/365 to resolve many non-emergency medical issues through phone or video consults. Contact Teladoc online at teladoc.com, on the phone at 800-teladoc (835-2362).

Start Smart for Your Baby® program

A program for pregnant people and new parents. Get custom support and care to help you have good outcomes for your baby and you. Plus, sign up to get health information, such as *Mother's Guide to Pregnancy and Guide to Life After Delivery*. You also get guidance from a care manager along the way.

Finding a Health Net Provider

To find a provider in your plan network, please visit healthnet.com/portal/providersearch.

Healthnet.com

Log in to healthnet.com to find the tools and resources you need to improve your physical and emotional health.





Dental

We offer dental coverage through Delta Dental. Dental insurance makes it easier and less expensive to get the care you need to maintain good oral health.

Dental Plan Overview

This guide serves as a summary of the dental plans. Please review the plan documents before selecting a plan.

What you need to know

DELTA DENTAL PPO

- Must meet deductible for some services before the plan begins to pay a % of the cost
- Out-of-network coverage; higher costs

DELTA DENTAL HMO

- Requires primary care dentist
- No deductible
- Predictable costs

Dental insurance covers multiple types of treatment:

1. **Preventive** care includes exams, cleanings and x-rays
2. **Basic** care focuses on repair and restoration with services such as fillings, root canals, and gum disease treatment
3. **Major** care goes further than basic and includes bridges, crowns and dentures
4. **Orthodontia** treatment to properly align teeth within the mouth.

Dental

This table shows member cost share.

	DELTA DENTAL DHMO		DELTA DENTAL PPO	
	In Network		In Network	Out-of-Network
Network Name				N/A
Annual Deductible (per calendar year)	None/None		Individual \$50/ Family \$150	Individual \$50/ Family \$150
Annual Plan Maximum (per calendar year)	None		\$1,500	\$1,500
Diagnostic & Preventive				
Exams	See Schedule of Benefits on Employee Navigator		No charge; Deductible waived	20% after deductible
Cleanings				
X-rays				
Basic Services				
Fillings	See Schedule of Benefits on Employee Navigator		20% after deductible	50% after deductible
Root Canals				
Periodontics				
Major Services				
Crowns	See Schedule of Benefits on Employee Navigator		20% after deductible	50% after deductible
Bridges				
Implants				
Orthodontia (Child and Adult)	Adult: \$1,800 Copay Child: \$1,600 Copay Treatment Plan (Adult and Child) \$350 Copay		50% up to \$1,500 Lifetime Maximum; Treatment Plan Included	50% up to \$1,500 Lifetime Maximum; Treatment Plan Included

Delta Dental Perks



- **Coordinate dual coverage** – If you're covered under two plans, ask your dental office to include information about both plans with your claim – Delta Dental will handle the rest.
- **Understand transition of care** – Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage. Log in to your online account to find this date.
- **Qualsight Discount** - members get an average savings of 62% off the latest retail hearing aid price.
- **Finding a Delta Provider** - To find a Delta Dental provider near you, please visit deltadentalins.com and click "Find a Dentist". For PPO plans choose "Delta Dental PPO" and for HMO plans choose "DeltaCare USA".

Visit www.deltadentalins.com to access all of these perks and more!



Vision

We offer vision coverage through **VSP**. Vision coverage helps with the cost of eyeglasses or contacts.

Vision Plan Overview

This guide serves as a summary of the vision plan. Please review the plan documents before selecting a plan.

What you need to know

VSP Vision Plan *VSP Choice*

- In-network only / Out-of-network coverage will have higher costs
- The plan will reimburse up to a specific dollar amount for most materials



[Click to play video](#)

All About Vision

Watch this video to learn more about what to keep an eye out for when it comes to vision insurance.

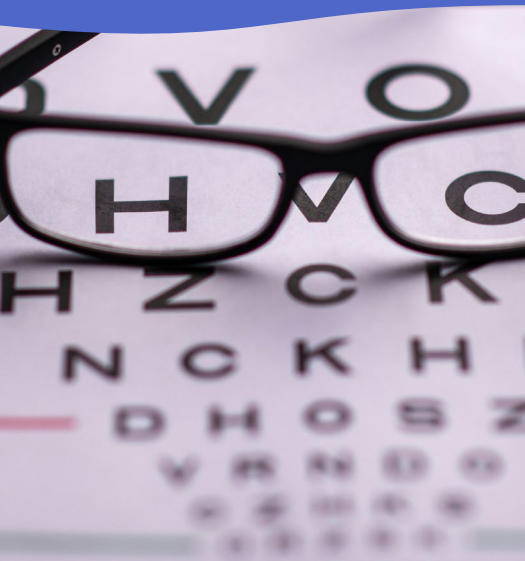
Vision Plan

This table shows member cost share.

VSP Vision Plan		
	In Network	Out-of-Network Reimbursement
Network Name	VSP Choice	N/A
Exams Once every 12 months	\$20 copay	Up to \$45
Eyeglass Lenses Single Vision Lens Bifocal Lens Trifocal Lens Once every 12 months	\$20 copay \$20 copay \$20 copay	Up to \$30 Up to \$50 Up to \$65
Frames Once every 24 months	\$130 frame allowance, 20% off any amount over allowance	Up to \$70
Contacts¹ Elective Fitting & Evaluation Once every 12 months	\$130 allowance, copay does not apply \$60 copay	Up to \$105 Not applicable

¹In lieu of frames/lenses

VSP Member Perks



- **Extra Savings** - Get an extra \$20 off featured frame brands and save up to 40% on lens enhancements.
- **Retinal Screening** - You won't pay more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.
- **TruHearing® HeLASIK Laser Vision Correction** - Save up to an average of 15% off the regular price of LASIK from contracted facilities.
- **Hearing Aid Discount** - members can save up to 60% on a pair of hearing aids with TruHearing.

Visit www.vsp.com to access all of these perks and more!



Life & Disability

Life, AD&D and disability insurance can fill a number of financial gaps due to a temporary or permanent reduction of income.

Is your family protected?

Consider what your family would need to cover day-to-day living expenses and medical bills during a pregnancy or illness-related disability leave, or how you would manage large expenses (rent or mortgage, children’s education, student loans, consumer debt, etc.) after the death of a spouse or partner.

Who is covered

Life and AD&D

Employer Paid

- Employee only

Life and AD&D

Voluntary

- Employee
- Spouse
- Child

Short Term Disability (STD)

- Employee only

Long Term Disability (LTD)

- Employee only

Your Beneficiary = Who Gets Paid

If the worst happens, your beneficiary—the person (or people) on record with the life insurance carrier—receives the benefit. Make sure that you name at least one beneficiary for your life insurance benefit, and change your beneficiary as needed if your situation changes.

City Sponsored Life and AD&D Insurance

Basic Life and AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D (Accidental Death & Dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident.

Coverage is provided by Symetra and premiums are paid in full by City of National City.

Benefit Amount

Amount of coverage varies depending on employee MOU class. AD&D amount of coverage is equal to the personal life amount of coverage.

*Changes to Life and AD&D benefits due to salary changes are effective 1st of the month following the date of the salary change.

A Note About Taxes

Company-provided life insurance coverage over \$50,000 is considered a taxable benefit. The value of the benefit over \$50,000 will be reported as taxable income on your annual W-2 form.

Additional Features

- **Waiver of Premium** - This provision relieves you from paying premiums during a period of disability that has lasted for a specified length of time.
- **Accelerated Death Benefit** - If you become terminally ill with a life expectancy of fewer than 12 months, you may be eligible to receive a portion of your policy death benefit.
- **Continuation of Coverage for Ceasing Active Work** - You may be able to continue your coverage if you leave your job for reasons including and not limited to Family and Medical Leave, lay-off, leave of absence, or leave of absence due to disability.
- **Conversion** - You may be able to convert your group term life coverage to an individual life insurance policy if your coverage decreases or you lose coverage due to leaving your job or for other reasons outlined in the plan contract.

Voluntary Life and AD&D Insurance

Protecting those you leave behind

Voluntary Life and AD&D Insurance allows you to purchase additional coverage to protect your family's financial security.

Coverage is provided by Symetra and available for your spouse and/or child(ren).

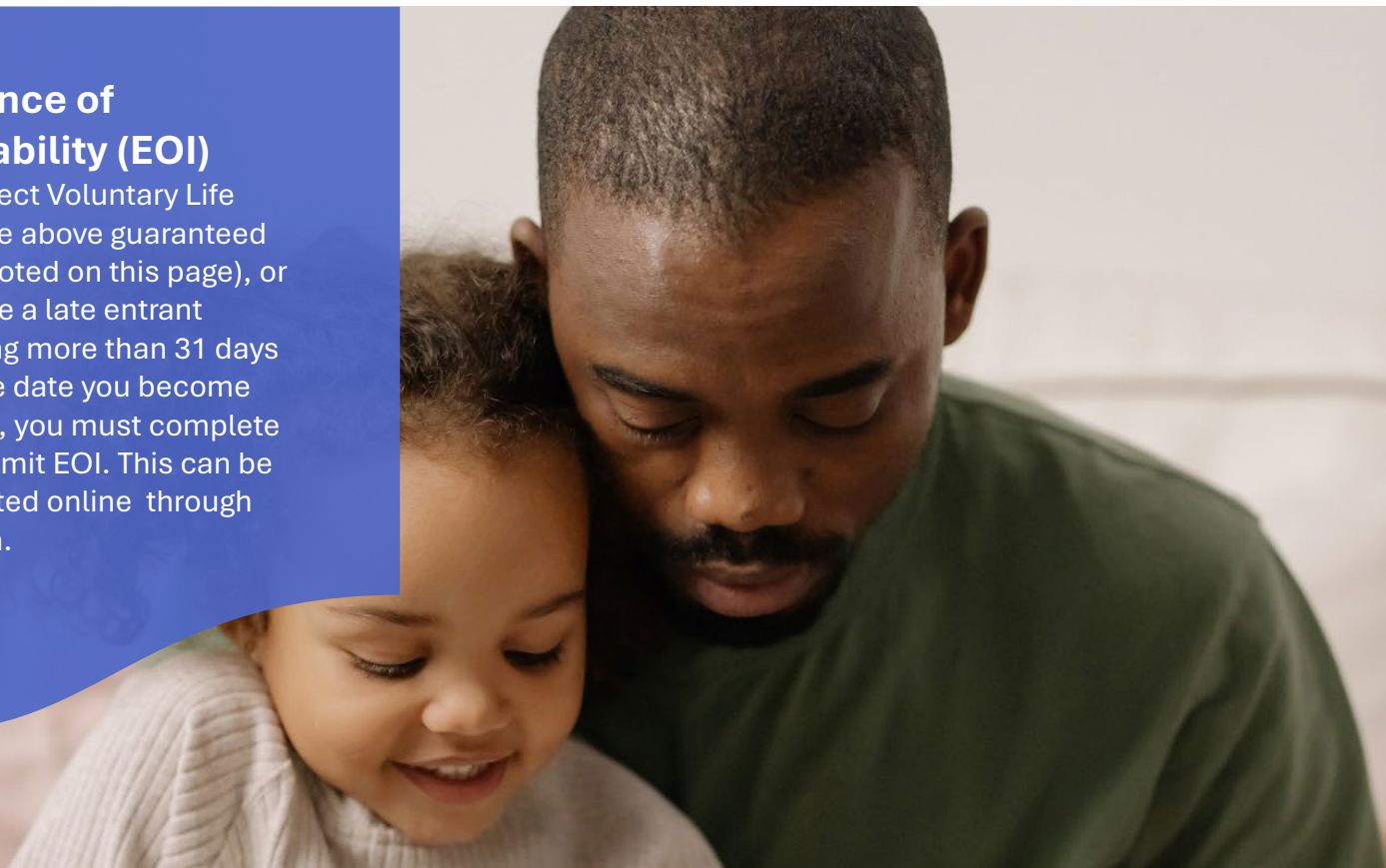
Life and AD&D Coverage

Employee	Increments of \$10,000 up to \$500,000 Guaranteed Issue: \$150,000
Spouse	Increments of \$10,000 up to \$250,000 Guaranteed Issue: \$50,000
Child(ren)	\$5,000, \$10,000, \$15,000 or \$20,000 Guaranteed Issue: All amounts

Note: Benefit amount reduces to 60% at age 75 and 35% at age 80.

Evidence of Insurability (EOI)

If you elect Voluntary Life coverage above guaranteed issue (noted on this page), or if you are a late entrant (enrolling more than 31 days after the date you become eligible), you must complete and submit EOI. This can be completed online through Symetra.



Voluntary Life & AD&D Insurance Costs

If you elect voluntary coverage, your monthly premium rate is calculated based on your age and the amount of coverage. Use the tables below to estimate the premium amount that will be deducted from your paycheck.

Voluntary Life Insurance Monthly Rate Per \$1,000 of Coverage

Age	Employee	Spouse
<20	\$0.134	\$0.134
20-24	\$0.134	\$0.134
24-29	\$0.134	\$0.134
30-34	\$0.116	\$0.116
35-39	\$0.140	\$0.140
40-44	\$0.196	\$0.196
45-49	\$0.296	\$0.296
50-54	\$0.448	\$0.448
55-59	\$0.758	\$0.758
60-64	\$0.960	\$0.960
65-69	\$1.468	\$1.468
70+	\$2.846	\$2.846

Calculate Your Life Insurance Cost

1. Desired Coverage (\$1,000 Increments)

You: _____ Spouse: _____

2. Divide Step 1 by 1,000 =

You: _____ Spouse: _____

3. Multiply Step 2 by Rate from Table =

You: _____ Spouse: _____

4. Add You + Spouse from Step 4:

TOTAL COST PER PAYCHECK:

Child Life Insurance

Coverage Amount	Monthly Rate	Total Cost Per Paycheck
\$5,000	\$0.86	\$0.43
\$10,000	\$1.72	\$0.86
\$15,000	\$2.58	\$1.29
\$20,000	\$3.44	\$1.72

Premium includes all eligible children. Eligible children include dependent children under age 26 as long as you apply for and are approved for coverage for yourself.

Disability Insurance

Short-Term Disability Insurance (STD)

(NOTE: STD is optional for Executive and Management and paid for by the employee. This is mandatory for MEA, Confidential and Career Part-time and paid for by the employee.)

Short-Term Disability (STD) insurance replaces part of your income for limited duration issues such as:

- Pregnancy issues and childbirth recovery
- Prolonged illness or injury
- Surgery and recovery time

STD payments may be reduced if you receive other benefits such as sick pay, workers' compensation, Social Security, or state disability. Coverage is provided by Symetra.

Weekly Benefit Amount 55% up to a maximum of \$750

Benefits Begin After

Accident	7 days of disability
Sickness	7 days of disability

Maximum Payment Period¹ 12 weeks

Long-Term Disability Insurance (LTD)

(NOTE: City pays premiums for Executive and Management. This is mandatory for MEA, Confidential and Career Part-time and paid for by the employee.)

Long-Term Disability (LTD) insurance replaces part of your income for longer term issues such as:

- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke
- Mental disorders.

If you qualify, LTD benefits begin after short-term disability benefits end. Payments may be reduced by state, federal, or private disability benefits you receive while disabled. Coverage is provided by Symetra.

Monthly Benefit Amount 66.67% up to a maximum of \$7,500

Benefits Begin After After 90 days of disability

Maximum Payment Period¹ SSNRA

¹Maximum payment period is based on the first day benefits begin, not the first day you are disabled.

What to Know About LTD Insurance

1. It can protect you from having to tap into your retirement savings.
2. You can use LTD benefits however you need, for housing, food, medical bills, etc.
3. Benefits can last a long time—from weeks to even years—if you remain eligible.
4. Benefits are tax-free, if you pay the premiums with after-tax dollars.



Voluntary Plans

Voluntary benefits are optional coverages that help you customize your benefits package to your individual needs. You pay the entire cost for these plans through payroll deductions.

For more information regarding costs of coverage benefit offerings please visit www.symetra.com.

Accident Insurance

Accident Insurance from Symetra helps you pay for unexpected costs that can add up due to common injuries such as fractures, dislocations, burns, emergency room or urgent care visits, and physical therapy. If you or a covered family member has an accident, this plan pays a lump-sum, tax-free benefit. The amount of money depends on the type and severity of your injury and can be used any way you choose.

Critical Illness Insurance

Critical illness insurance from Symetra can help fill a financial gap if you experience a serious illness such as cancer, heart attack or stroke. Upon diagnosis of a covered illness, a lump-sum, tax-free benefit is immediately paid to you. Use it to help cover medical costs, transportation, childcare, lost income, or any other need following a critical illness. You choose a benefit amount that fits your paycheck and can cover yourself and your family members if needed. You may even be

eligible for a benefit if you receive a covered wellness screening such as blood tests, stress tests, or a chest x-ray.

Hospital Indemnity Insurance

Hospital indemnity insurance from Symetra can enhance your current medical coverage. The plan pays a lump sum, tax-free benefit when you or an enrolled dependent is admitted or confined to the hospital for covered accidents and illnesses. You can use the money you receive under the plan however you see fit, for paying medical bills, childcare, or for regular living expenses like groceries—you decide.

Voluntary Plan Benefit Costs

Accident Plan 1	Monthly Premium	EE Bi-Weekly Deduction
Employee Only	\$10.58	\$5.29
Employee + Spouse	\$16.75	\$8.38
Employee + Children	\$20.29	\$10.15
Employee + Family	\$26.83	\$13.42

Accident Plan 2	Monthly Premium	EE Bi-Weekly Deduction
Employee Only	\$22.13	\$11.07
Employee + Spouse	\$34.42	\$17.21
Employee + Children	\$40.55	\$20.28
Employee + Family	\$53.69	\$26.85

Hospital Indemnity Plan 1	Monthly Premium	EE Bi-Weekly Deduction
Employee Only	\$13.31	\$6.66
Employee + Spouse	\$31.14	\$15.57
Employee + Children	\$28.35	\$14.18
Employee + Family	\$38.46	\$19.23

Hospital Indemnity Plan 2	Monthly Premium	EE Bi-Weekly Deduction
Employee Only	\$17.69	\$8.85
Employee + Spouse	\$41.40	\$20.70
Employee + Children	\$37.68	\$18.84
Employee + Family	\$51.12	\$25.56

Critical Illness Monthly Rate Per \$1,000 of Coverage

Age	Employee	Spouse
<34	\$0.45	\$0.45
35-44	\$0.83	\$0.83
45-54	\$2.22	\$2.22
55-64	\$3.55	\$3.55
65 and Over	\$10.38	\$10.38

Plans to Keep You and Your Family Secure

Identity Theft Protection

Identity theft is serious. Victims can spend hundreds, even thousands of dollars, and weeks of their own time to repair the damage done to their good names and credit records. The longer identity fraud goes undetected, the more expensive and difficult it becomes to resolve. For an affordable monthly premium, identity theft protection from Legal Shield helps protect your personal information through proactive monitoring, identity restoration, and resolution. You can enroll in this program during open enrollment.

Legal Program

Do you have an attorney on retainer? Most people don't, so our legal program offers you access to legal advice and even representation for an affordable monthly premium. Whether you need assistance reviewing a rental agreement, fighting a traffic ticket, creating a will, buying a house or navigating an IRS audit, legal coverage from Legal Shield offers

reputable attorney assistance for you and your family. You can enroll in this program during open enrollment.

Pet Insurance

Pets are members of the family too. When your pet gets sick, bills can add up faster than expected. Pet insurance prevents you from needing to weigh your pet's health against your bank account. Most plans offer coverage for costs associated with both accidents and illnesses—even medications. Nationwide provides coverage for this program. You can enroll in this program at any time.





Financial Wellness

We offer benefits and resources to help you make the most of your money now and in the future.

Why Does Financial Wellness Matter?

Financial wellness directly impacts various aspects of your life, including physical and mental health, relationships, and career satisfaction. A strong financial footing reduces stress and anxiety related to money, leading to better mental health and overall quality of life. It enables you to pursue your goals, whether it's buying a home, starting a family, or planning for retirement, without the constant burden of financial worry.

What you need to know

Healthcare Flexible Spending Account (FSA)

Use tax-free dollars for healthcare related expenses.

Dependent Care Flexible Spending Account (FSA)

Use tax-free dollars for childcare expenses.

Flexible Spending Account (FSA)



IMPORTANT: You must re-enroll in this account each year. Elections do not rollover.

A healthcare FSA allows you to set aside tax-free money to pay for healthcare expenses. This program is administered through HealthEquity.

How the FSA Works

You estimate what you and your family's eligible out-of-pocket costs will be for the coming year, expenses such as office visits, surgery, dental and vision expenses, prescriptions, even eligible drugstore items.

- Use the FSA debit card to pay for eligible services and products. You can also login to your online account or use your mobile app to request a payment be sent directly to your provider or to you.
- Request an itemized receipt for any expenses you plan to pay for with your FSA.
- Elections cannot be changed during the plan year, unless you experience a qualifying event.

2026 IRS Contribution Limits

You can contribute up to \$3,400.
Contributions are deducted from your pay pre-tax.

Deadline To Incur Claims

Expenses must be incurred between 02/01/2026 and 01/31/2027.

Deadline To Submit Claims

Claims must be submitted for reimbursement no later than 03/31/2027.

Carryover

Unused funds of up to \$680 can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually.

Are You Eligible?

You don't have to enroll in one of our medical plans to participate in the healthcare FSA.

Do You Pay For Dependent Care?

Review the next page for information on tax savings through the Dependent Care FSA.

Find out more

- <https://my.healthequity.com>
- [FSA Flyers/Brochures](#)
- [Eligible Expenses](#)
- [Ineligible Expenses](#)

***Minimum Enrollment Amount is \$100**

Additional Tax-Saving Accounts

IMPORTANT: You must re-enroll in this account each year. Elections do not rollover.

Dependent Care Flexible Spending Account (FSA)

Paying For Daycare? Make It Tax-free! A dependent care Flexible Spending Account (FSA) can help families save potentially hundreds of dollars per year on day care. This program is administered by HealthEquity.

How the Dependent Care Flexible Spending Account (FSA) Works

You set aside money from your paycheck, before taxes, to pay for work-related day care expenses. Eligible expenses include not only childcare, but also before and after school care programs, preschool, and summer day camp for children under age 13. The account can also be used for day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care. You can pay your dependent care provider directly from your FSA account, or you can submit claims to get reimbursed for eligible dependent care expenses you pay out of pocket.

2026 IRS Contribution limits

You can contribute up to \$7,500 per household per year. If you are married but filing separately, federal regulations limit the use of Dependent Care FSA to \$3,750 each year

Deadline to incur expenses

Money contributed to a dependent care FSA must be used for expenses incurred during the same plan year.

Rollover

Unspent funds will be forfeited.

You can't change your Dependent Care FSA election amount mid-year unless you experience a qualifying event.

***Minimum Enrollment Amount is \$100**

IMPORTANT: You can't change your Dependent Care FSA election amount mid-year unless you experience a qualifying event.





Wellbeing & Balance

Creating a healthy balance between work and play is a major factor in leading a happy and productive lifestyle, but it's not always easy.

A Happier, Healthier You

Taking care of yourself will help you be more effective in all areas of your life. Be sure to take advantage of these programs to stay at your best.

What you need to know

Employee Assistance Program (EAP)
NEW CARRIER! Symetra

Access resources to manage stress, chemical dependency, mental health and family issues.

Contact the EAP

Phone 888-327-9573

Website: <http://www.guidanceresources.com/>

Web ID: SYMETRA

Important

For immediate assistance in a mental health crisis please call 911. Or call the National Suicide Prevention Lifeline at 988 for a national network of local crisis centers that provides free and confidential emotional support.

Employee Assistance Program (EAP)

Help for you and your household members

There are times when everyone needs a little help or advice, or assistance with a serious concern. The EAP through Symetra can help you handle a wide variety of personal issues such as emotional health and substance abuse; parenting and childcare needs; financial coaching; legal consultation; and eldercare resources.

Best of all, contacting the EAP is completely confidential, free and available to any member of your immediate household.

No cost EAP resources

The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited phone access 24/7
- In-person or video counseling for short-term issues; up to 5 visits per issue
- Unlimited web access to helpful articles, resources, and self-assessment tools

Available Resources

Counseling Benefits

- Difficulty with relationships
- Emotional distress
- Job stress
- Communication/ conflict issues
- Alcohol or drug problems
- Loss and death

Parenting & Childcare

- Referrals to quality providers
- Family day care homes
- Infant centers and preschools
- Before/after school care
- 24-hour care

Financial Coaching

- Money management
- Debt management
- Identity theft resolution
- Tax issues

Legal Consultation

- Referral to a local attorney
- Family issues (marital, child custody, adoption)
- Estate planning
- Landlord/tenant
- Immigration
- Personal Injury
- Consumer protection
- Real estate
- Bankruptcy

Eldercare Resources

- Help with finding appropriate resources to care for an elderly or disabled relative

Online Resources

- Self-help tools to enhance resilience and well-being
- Useful information and links to various services and topics

Contact the EAP

Phone

888-327-9573

Website:

<http://www.guidanceresources.com/>

Web ID: SYMETRA





Important Plan Information

In this section, you'll find important plan information, including:

What you need to know

Your Benefit Costs

An overview of your healthcare costs.

Important Contacts

Contact information for our benefit carriers and vendors.

Benefits Glossary

A Benefits Glossary to help you understand important insurance terms.

Important Notices

A summary of the health plan notices you are entitled to receive annually, and where to find them.

Your Bi-weekly Benefit Costs - FFA

HealthNet Salud y Mas Network HMO

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$728.35	\$766.22	-\$18.94
EE + 1	\$1,565.93	\$1,254.26	\$155.84
EE + 2 or more	\$2,148.62	\$1,720.17	\$214.23

HealthNet SmartCare Network HMO

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$803.55	\$766.22	\$18.66
EE + 1	\$1,607.11	\$1,254.26	\$176.43
EE + 2 or more	\$2,282.10	\$1,720.17	\$280.97

HealthNet ExcelCare Network HMO

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$856.93	\$766.22	\$45.35
EE + 1	\$1,713.87	\$1,254.26	\$229.81
EE + 2 or more	\$2,433.68	\$1,720.17	\$356.76

HealthNet PPO HDHP

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$756.17	\$766.22	-\$5.03
EE + 1	\$1,625.78	\$1,254.26	\$185.76
EE + 2 or more	\$2,230.70	\$1,720.17	\$255.27

Kaiser HMO

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$821.36	\$766.22	\$27.57
EE + 1	\$1,642.72	\$1,254.26	\$194.23
EE + 2 or more	\$2,324.45	\$1,720.17	\$302.14

Kaiser HMO HDHP

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$629.33	\$730.58	-\$50.62
EE + 1	\$1,258.66	\$1,182.91	\$37.88
EE + 2 or more	\$1,781.00	\$1,619.22	\$80.89

City Funds Kaiser HSA \$625 EE Only / \$1,250 EE + 1 or more
*Prorated based on Hire Date

Dental & Vision Monthly Premium	Delta Dental PPO	Delta Dental HMO	VSP Vision
Employee Only	\$45.22	\$17.00	\$7.89
Employee + 1	\$89.49	\$40.11	\$12.25
Employee + 2 or more	\$145.74	\$40.11	\$19.44

FFA

****Refer to FFA MOU regarding opting out of City's health plan and regarding cash in lieu.

Note: Vision premiums are 100% employee-paid

Your Bi-weekly Benefit Costs - MEA

HealthNet Salud y Mas Network HMO

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$728.35	\$739.42	-\$5.53
EE + 1	\$1,565.93	\$1,200.40	\$182.77
EE + 2 or more	\$2,148.62	\$1,644.26	\$252.18

HealthNet SmartCare Network HMO

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$803.55	\$739.42	\$32.07
EE + 1	\$1,607.11	\$1,200.40	\$203.36
EE + 2 or more	\$2,282.10	\$1,644.26	\$318.92

HealthNet ExcelCare Network HMO

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$856.93	\$739.42	\$58.76
EE + 1	\$1,713.87	\$1,200.40	\$256.74
EE + 2 or more	\$2,433.68	\$1,644.26	\$394.71

HealthNet PPO HDHP

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$756.17	\$739.42	\$8.38
EE + 1	\$1,625.78	\$1,200.40	\$212.69
EE + 2 or more	\$2,230.70	\$1,644.26	\$293.22

Kaiser HMO

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$821.36	\$739.42	\$40.97
EE + 1	\$1,642.72	\$1,200.40	\$221.16
EE + 2 or more	\$2,324.45	\$1,644.26	\$340.10

Kaiser HMO HDHP

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$629.33	\$660.73	-\$15.70
EE + 1	\$1,258.66	\$1,043.17	\$107.75
EE + 2 or more	\$1,781.00	\$1,421.60	\$179.70

City Funds Kaiser HSA \$625 EE Only / \$1,250 EE + 1 Or more
*Prorated based on Hire Date

Dental & Vision Monthly Premium	Delta Dental PPO	Delta Dental HMO	VSP Vision
Employee Only	\$45.22	\$17.00	\$7.89
Employee + 1	\$89.49	\$40.11	\$12.25
Employee + 2 or more	\$145.74	\$40.11	\$19.44

MEA

**Refer to MEA MOU regarding cash in lieu.

Note: Vision premiums are 100% employee-paid

Your Bi-weekly Benefit Costs - POA

HealthNet Salud y Mas Network HMO

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$728.35	\$680.58	\$23.89
EE + 1	\$1,565.93	\$1,132.91	\$216.51
EE + 2 or more	\$2,148.62	\$1,569.22	\$289.70

HealthNet SmartCare Network HMO

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$803.55	\$680.58	\$61.49
EE + 1	\$1,607.11	\$1,132.91	\$237.10
EE + 2 or more	\$2,282.10	\$1,569.22	\$356.44

HealthNet ExcelCare Network HMO

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$856.93	\$680.58	\$88.18
EE + 1	\$1,713.87	\$1,132.91	\$290.48
EE + 2 or more	\$2,433.68	\$1,569.22	\$432.23

HealthNet PPO HDHP

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$756.17	\$680.58	\$37.80
EE + 1	\$1,625.78	\$1,132.91	\$246.44
EE + 2 or more	\$2,230.70	\$1,569.22	\$330.74

Kaiser HMO

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$821.36	\$680.58	\$70.39
EE + 1	\$1,642.72	\$1,132.91	\$254.91
EE + 2 or more	\$2,324.45	\$1,569.22	\$377.62

Kaiser HMO HDHP

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$629.33	\$680.58	-\$25.62
EE + 1	\$1,258.66	\$1,132.91	\$62.88
EE + 2 or more	\$1,781.00	\$1,569.22	\$105.89

City Funds Kaiser HSA \$625 EE Only / \$1,250 EE + 1 Or more
*Prorated based on Hire Date

Dental & Vision Monthly Premium	Delta Dental PPO	Delta Dental HMO	VSP Vision
Employee Only	\$45.22	\$17.00	\$7.89
Employee + 1	\$89.49	\$40.11	\$12.25
Employee + 2 or more	\$145.74	\$40.11	\$19.44

POA

**Refer to POA MOU regarding cash in lieu.

Note: Vision premiums are 100% employee-paid

Your Bi-weekly Benefit Costs – Executive, Management, & Council

HealthNet Salud y Mas Network HMO

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$728.35	\$1,200.00	-\$235.83
EE + 1	\$1,565.93	\$1,200.00	\$182.97
EE + 2 or more	\$2,148.62	\$1,200.00	\$474.31

HealthNet SmartCare Network HMO

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$803.55	\$1,200.00	-\$198.23
EE + 1	\$1,607.11	\$1,200.00	\$203.56
EE + 2 or more	\$2,282.10	\$1,200.00	\$541.05

HealthNet ExcelCare Network HMO

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$856.93	\$1,200.00	-\$171.54
EE + 1	\$1,713.87	\$1,200.00	\$256.94
EE + 2 or more	\$2,433.68	\$1,200.00	\$616.84

HealthNet PPO HDHP

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$756.17	\$1,200.00	-\$221.92
EE + 1	\$1,625.78	\$1,200.00	\$212.89
EE + 2 or more	\$2,230.70	\$1,200.00	\$515.35

Kaiser HMO

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$821.36	\$1,200.00	-\$189.32
EE + 1	\$1,642.72	\$1,200.00	\$221.36
EE + 2 or more	\$2,324.45	\$1,200.00	\$562.23

Kaiser HMO HDHP

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$629.33	\$1,200.00	-\$285.34
EE + 1	\$1,258.66	\$1,200.00	\$29.33
EE + 2 or more	\$1,781.00	\$1,200.00	\$290.50

City Funds Kaiser HSA \$625 EE Only / \$1,250 EE + 1 Or more
*Prorated based on Hire Date

Dental & Vision Monthly Premium	Delta Dental PPO	Delta Dental HMO	VSP Vision
Employee Only	\$45.22	\$17.00	\$7.89
Employee + 1	\$89.49	\$40.11	\$12.25
Employee + 2 or more	\$145.74	\$40.11	\$19.44

Executive, Management, & Council

**Refer to respective MOU agreements regarding cash-in-lieu.

Note: Vision premiums are 100% employee-paid

Your Bi-weekly Benefit Costs – Confidential

HealthNet Salud y Mas Network HMO

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$728.35	\$739.42	-\$5.53
EE + 1	\$1,565.93	\$1,200.40	\$182.77
EE + 2 or more	\$2,148.62	\$1,644.26	\$252.18

HealthNet SmartCare Network HMO

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$803.55	\$739.42	\$32.07
EE + 1	\$1,607.11	\$1,200.40	\$203.36
EE + 2 or more	\$2,282.10	\$1,644.26	\$318.92

HealthNet ExcelCare Network HMO

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$856.93	\$739.42	\$58.76
EE + 1	\$1,713.87	\$1,200.40	\$256.74
EE + 2 or more	\$2,433.68	\$1,644.26	\$394.71

HealthNet PPO HDHP

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$756.17	\$739.42	\$8.38
EE + 1	\$1,625.78	\$1,200.40	\$212.69
EE + 2 or more	\$2,230.70	\$1,644.26	\$293.22

Kaiser HMO

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$821.36	\$739.42	\$40.97
EE + 1	\$1,642.72	\$1,200.40	\$221.16
EE + 2 or more	\$2,324.45	\$1,644.26	\$340.10

Kaiser HMO HDHP

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$629.33	\$660.73	-\$15.70
EE + 1	\$1,258.66	\$1,043.17	\$107.75
EE + 2 or more	\$1,781.00	\$1,421.60	\$179.70

City Funds Kaiser HSA \$625 EE Only / \$1,250 EE + 1 Or more

*Prorated based on Hire Date

Dental & Vision Monthly Premium	Delta Dental PPO	Delta Dental HMO	VSP Vision
Employee Only	\$45.22	\$17.00	\$7.89
Employee + 1	\$89.49	\$40.11	\$12.25
Employee + 2 or more	\$145.74	\$40.11	\$19.44

Confidential

**Refer to MOU agreement regarding cash-in-lieu.

Note: Vision premiums are 100% employee-paid

Your Bi-weekly Benefit Costs – MEA Career/PT

HealthNet Salud y Mas Network HMO

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$728.35	\$554.57	\$86.89
EE + 1	\$1,565.93	\$900.30	\$332.82
EE + 2 or more	\$2,148.62	\$1,233.19	\$457.71

HealthNet SmartCare Network HMO

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$803.55	\$554.57	\$124.49
EE + 1	\$1,607.11	\$900.30	\$353.41
EE + 2 or more	\$2,282.10	\$1,233.19	\$524.45

HealthNet ExcelCare Network HMO

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$856.93	\$554.57	\$151.18
EE + 1	\$1,713.87	\$900.30	\$406.79
EE + 2 or more	\$2,433.68	\$1,233.19	\$600.24

HealthNet PPO HDHP

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$756.17	\$554.57	\$100.80
EE + 1	\$1,625.78	\$900.30	\$362.74
EE + 2 or more	\$2,230.70	\$1,233.19	\$498.75

Kaiser HMO

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$821.36	\$554.57	\$133.40
EE + 1	\$1,642.72	\$900.30	\$371.21
EE + 2 or more	\$2,324.45	\$1,233.19	\$545.63

Kaiser HMO HDHP

Tier	Monthly Premium*	City Contribution	EE Bi-Weekly Deduction
EE Only	\$629.33	\$495.54	\$66.89
EE + 1	\$1,258.66	\$782.38	\$238.14
EE + 2 or more	\$1,781.00	\$1,066.20	\$357.40

City Funds Kaiser HSA \$625 EE Only / \$1,250 EE + 1 Or more

*Prorated based on Hire Date

Dental & Vision Monthly Premium	Delta Dental PPO	Delta Dental HMO	VSP Vision
Employee Only	\$45.22	\$17.00	\$7.89
Employee + 1	\$89.49	\$40.11	\$12.25
Employee + 2 or more	\$145.74	\$40.11	\$19.44

MEA Career P/T

**Refer to MEA MOU agreement regarding cash-in-lieu.

Note: Vision premiums are 100% employee-paid

Plan Contacts

If you need to reach our plan providers, here is their contact information:

Plan Type	Provider	Phone Number	Website/Email
Medical	Kaiser	800-464-4000	www.kp.org
Medical	HealthNet	800-522-0088	www.healthnet.com
Health Savings Account	HealthEquity	866-346-5800	https://my.healthequity.com
Dental	Delta Dental	Delta Dental PPO: 800-765-6003 Delta Dental DHMO: 800-422-4234	www.deltadentalins.com
Vision	VSP	800-877-7195	www.vsp.com
Flexible Spending Accounts (FSAs)	HealthEquity	877-924-3967	https://my.healthequity.com
Life/AD&D	Symetra	877-377-6773	www.symetra.com
Disability	Symetra	877-377-6773	www.symetra.com
Employee Assistance Program (EAP)	ComPsych (Symetra) For POA Only: Employee Support Services – The Counseling Team International	888-327-9573 800-222-9691	www.guidanceresources.com Web ID: SYMETRA
Voluntary Benefits	Symetra	Vol. Life/AD&D: 877-377-6773 Vol. Accident, Critical Illness, Hospital: 800-497-3699	www.symetra.com
Voluntary Legal and Identity Theft	Legal Shield	800-654-7757	www.legalshield.com
Deferred Comp/Roth IRA	ICMA	800-669-7400	www.icmarc.com
Voluntary Pet Insurance	Nationwide	877-738-7874	www.petinsurance.com/nationalcityca

Turning 65? Understand Your Medicare Options

Alliant Medicare Solutions is a no-cost service available to you, your family members, and friends nearing age 65.



Important deadlines ahead

Most people become eligible for Medicare at age 65. At that time, you'll need to make some important decisions about your health insurance.

But the choice isn't always easy. Maybe you'll keep working after 65. Maybe you have dependents covered by your City of National City sponsored insurance. Maybe you're just not sure which options could work best for your situation.

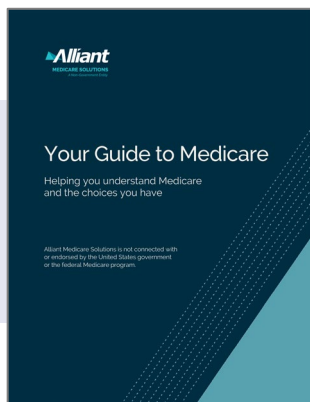
Alliant Medicare Solutions

Through City of National City, you have access to Alliant Medicare Solutions, a free service you, your family, and your friends can use to figure out the best Medicare options for you.

How does it work?

- Gather your current health insurance information.
- Call Alliant Medicare Solutions at **(877) 888-0165** to talk to a licensed insurance agent about your current coverage, your Medicare options, and what might work best for your situation.
- Alliant Medicare Solutions can help you enroll in Medicare or email policy information for you to review.

Learn More



[Your Guide to Medicare](#)



[Medicare 101](#)



[Social Security Planning](#)

alliantmedicareolutions.com

Alliant Medicare Solutions is provided by Insuractive LLC, a Nebraska resident insurance agency. Insuractive LLC is wholly owned by Alliant Insurance Services, Inc.

Glossary

-A-

AD&D Insurance

An insurance plan that pays a benefit to you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident.

Allowed Amount

The maximum amount your plan will pay for a covered healthcare service.

Ambulatory Surgery Center (ASC)

A healthcare facility that specializes in same-day surgical procedures such as cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery, and more.

Annual Limit

A cap on the benefits your plan will pay in a year. Limits may be placed on particular services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated health care costs for the rest of the plan year.

-B-

Balance Billing

In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of-network providers are. This is called balance billing. For example, if the provider's fee is \$100 but the plan's allowable charge is only \$70, an out-of-network provider may bill YOU for the \$30 difference (the balance).

Beneficiary

The person (or persons) that you name to be paid a benefit should you die. Beneficiaries are requested for life, AD&D, and retirement plans. You must name your beneficiary in advance.

Brand Name Drug

A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine.

-C-

COBRA

A federal law that may allow you to temporarily continue healthcare coverage after your employment ends, based on certain qualifying events. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

Claim

A request for payment that you or your health care provider submits to your healthcare plan after you receive services that may be covered.

Coinsurance

Your share of the cost of a healthcare visit or service. Coinsurance is expressed as a percentage and always adds up to 100%. For example, if the plan pays 70%, your coinsurance responsibility is 30% of the cost. If your plan has a deductible, you pay 100% of the cost until you meet your deductible amount.

Copayment

A flat fee you pay for some healthcare services, for example, a doctor's office visit. You pay the copayment (sometimes called a copay) at the time you receive care. In most cases, copays do not count toward the deductible.

-D-

Deductible

The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services. Family coverage may have an **aggregate** or **embedded** deductible. Aggregate means your family must meet the entire family deductible before any individual expenses are covered. Embedded means the plan begins to make payments for an individual member as soon as they reach their individual deductible.

Dental Basic Services

Services such as fillings, routine extractions and some oral surgery procedures.

Dental Diagnostic & Preventive

Generally includes routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

Dental Major Services

Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Dependent Care Flexible Spending Account (FSA)

An arrangement through your employer that lets you pay for eligible child and elder care expenses with tax-free dollars. Eligible expenses include day care, before and after-school programs, preschool, and summer day camp for

children underage

13. Also included is care for a spouse or other dependent who lives with you and is physically incapable of self-care.

-E-

Eligible Expense

A service or product that is covered by your plan. Your plan will not cover any of the cost if the expense is not eligible.

Excluded Service

A service that your health plan doesn't pay for or cover.

-F-

Formulary

A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a drug list.

-G-

Generic Drug

A drug that has the same active ingredients as a brand name drug but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor.

Grandfathered

A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

-H-

Health Reimbursement Account (HRA)

An account funded by an employer that reimburses employees, tax-free, for qualified medical expenses up to a maximum amount per year. Sometimes called Health Reimbursement Arrangements.

Healthcare Flexible Spending Account (FSA)

A health account through your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Eligible expenses include insurance copayments and deductibles, qualified prescription drugs, insulin, and medical devices, and some over-the-counter items.

High Deductible Health Plan (HDHP) A

medical plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs (the deductible) before the insurance company starts to pay its share. A high deductible plan (HDHP) may make you eligible for a health savings account (HSA) that allows you to pay for certain medical expenses with money free from federal taxes.

Glossary

-I-

In-Network

In-network providers and services contract with your healthcare plan and will usually be the lowest cost option. Check your plan's website to find doctors, hospitals, labs, and pharmacies. Out-of-network services will cost more or may not be covered.

-L-

Life Insurance

An insurance plan that pays your beneficiary a lump sum if you die.

Long Term Disability Insurance

Insurance that replaces a portion of your income if you are unable to work due to a debilitating illness, serious injury, or mental disorder. Long term disability generally starts after a 90-day waiting period.

-M-

Mail Order

A feature of a medical or prescription drug plan where medicines you take routinely can be delivered by mail in a 90-day supply.

-O-

Open Enrollment

The time of year when you can change the benefit plans you are enrolled in and the dependents you cover. Open enrollment is held one time each year. Outside of open enrollment, you can only make changes if you have certain events in your life, like getting married or adding a new baby or child in the family.

Out-of-Network

Out-of-network providers (doctors, hospitals, labs, etc.) cost you more because they are not contracted with your plan and are not obligated to limit their maximum fees. Some plans, such as HMOs and EPOs, do not cover out-of-network services at all.

Out-of-Pocket Cost

A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

Out-of-Pocket Maximum

Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most remaining eligible expenses for the rest of the plan year.

Family coverage may have an *aggregate* or *embedded* maximum. *Aggregate* means your family must meet the entire family out-of-pocket maximum before the plan pays 100% for any member. *Embedded* means the plan will cover 100% for an individual member as soon as they reach their individual maximum.

Outpatient Care

Care from a hospital that doesn't require you to stay overnight.

-P-

Participating Pharmacy

A pharmacy that contracts with your medical or drug plan and will usually result in the lowest cost for prescription medications.

Plan Year

A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

Preferred Drug

Each health plan has a preferred drug list that includes prescription medicines based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

Preventive Care Services

Routine healthcare visits that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems. Many preventive care services are fully covered. Check with your health plan in advance if you have questions about whether a preventive service is covered.

Primary Care Provider (PCP)

The main doctor you consult for healthcare issues. Some medical plans require members to name a specific doctor as their PCP and require care and referrals to be directed or approved by that provider.

-S-

Short Term Disability Insurance

Insurance that replaces a portion of your income if you are temporarily unable to work due to surgery and recovery time, a prolonged illness or injury, or pregnancy issues and childbirth recovery.

-T-

Telehealth / Telemedicine

A virtual visit to a doctor using video chat on a computer, tablet or smartphone. Telehealth visits can be used for many common, non-serious illnesses and injuries and are available 24/7. Many health plans and medical groups provide telehealth services at no cost or for much less than an office visit.

-U-

UCR (Usual, Customary, and Reasonable)

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

Urgent Care

Care for an illness, injury or condition serious enough that care is needed right away, but not so severe it requires emergency room care. Treatment at an urgent care center generally costs much less than an emergency room visit.

-V-

Vaccinations

Treatment to prevent common illnesses such as flu, pneumonia, measles, polio, meningitis, shingles, and other diseases. Also called immunizations.

Voluntary Benefit

An optional benefit plan offered by your employer for which you pay the entire premium, usually through payroll deduction.

Important Plan Information

Health Plan Notices

These notices must be provided to plan participants on an annual basis and are available in the Annual Notices document, located in Employee Navigator:

- **Medicare Part D Notice:** Describes options to access prescription drug coverage for Medicare eligible individuals
- **Women's Health and Cancer Rights Act:** Describes benefits available to those that will or have undergone a mastectomy
- **Newborns' and Mothers' Health Protection Act:** Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery
- **HIPAA Notice of Special Enrollment Rights:** Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment
- **HIPAA Notice of Privacy Practices:** Describes how health information about you may be used and disclosed
- **Notice of Choice of Providers:** Notifies you that your plan requires you to name a Primary Care Physician (PCP) or provides for you to select one
- **Michelle's Law:** Describes right to extend dependent medical coverage during student leaves
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP):** Describes availability of premium assistance for Medicaid eligible dependents

COBRA Continuation Coverage

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

Plan Documents

Important documents for our health plan and retirement plan are available in Employee Navigator. Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact the Plan Administrator.

Summary Plan Descriptions (SPD)

The legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries.

- City of National City

Summary Of Benefits and Coverage (SBC)

A document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. SBC documents are available in Employee Navigator.

- Kaiser Traditional HMO
- Kaiser HDHP HMO
- HealthNet HMO Salud y Mas
- HealthNet HMO ExcelCare
- HealthNet HMO SmartCare
- HealthNet PPO HDHP
- DELTA DENTAL PPO

Statement Of Material Modifications

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the City of National City. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

Medicare Part D Notice

Important Notice from City of National City About Your Prescription Drug Coverage and Medicare

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

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

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

When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your City of National City coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Important Note for Retiree Plans: Certain retiree plans will terminate RX coverage when an individual enrolls in Medicare Part D and individuals might not be able to re-enroll in that coverage. If completing this Notice for a retiree plan, review the plan provisions before completing this form and modify this section as needed.

Since the existing prescription drug coverage under Kaiser HMO and HealthNet HMO is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your City of National City prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

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

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

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

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

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

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	February 1, 2026
Name of Entity/Sender:	City of National City
Contact-Position/Office:	Conchita Waite - Human Resources
Address:	140 E. 12th St, Suite A., National City, CA 91950
Phone Number:	619.336.4307

Women's Health and Cancer Rights Act

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. Therefore, deductibles and coinsurances may apply. If you would like more information on WHCRA benefits, call your plan administrator.

Newborns' and Mothers' Health Protection Act

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, call your plan administrator.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in City of National City's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in City of National City's health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in City of National City's health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for City of National City describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting Human Resources.

Notice of Choice of Providers

The Kaiser HMO and HealthNet HMO plans generally require the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Kaiser HMO and HealthNet HMO plans designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Member Services for the Kaiser or HealthNet plan (whichever plan you are enrolled on).

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Kaiser HMO and HealthNet HMO or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Member Services for the Kaiser or HealthNet plan (whichever plan you are enrolled on).

Michelle's Law

The Kaiser HMO and HealthNet HMO plans may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from school. Coverage may continue for up to a year, unless your child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school — or change in school enrollment status (for example, switching from full-time to part-time status) — starts while the child has a serious illness or injury, is medically necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, notify Human Resources in writing as soon as the need for the leave is recognized. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

ACA Disclaimer

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 8.39% in 2024 (9.02% in 2025) of your modified adjusted household income.

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.

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 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 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, 2025**. Contact your State for more information on eligibility—

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

GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, press 2
INDIANA – Medicaid
Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: (800) 403-0864 Member Services Phone: (800) 457-4584
IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562
KANSAS – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
LOUISIANA – Medicaid
Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 800-977-6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672
MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 email: HSHIPPProgram@mt.gov
NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid
Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll-free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)
NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347 or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493
UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select or https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
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
1-877-267-2323, Menu Option 4, Ext. 61565

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According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

