

# My City Benefits

## Human Resources Management

### Your Benefit Enrollment Package Regular Full-time and Permanent Part-Time Employees

Welcome to the City of Oakland. As a City of Oakland employee, you and your family are entitled to a comprehensive benefit package. This document includes links to access information about your benefits and enrollment forms to activate your benefits.

#### Enrollment Period

You have **60 days** from your initial appointment/hire date to enroll or decline coverage for yourself and your eligible family members.

#### Health Care Coverage Effective Date

Your medical, dental, and vision coverages are effective the first day of the month following the date your enrollment forms and documentation are received by the Benefits Unit (provided you submit your enrollment forms within your 60 day enrollment window).

CalPERS will impose a 90 day waiting period if enrollment form is received outside of the 60 day window.

|                                    |   |
|------------------------------------|---|
| <b>Benefit Forms</b>               | <b>Required Forms</b> <ul style="list-style-type: none"><li>• <a href="#">Employee Benefits Record</a></li><li>• <a href="#">CalPERS Beneficiary Designation Form</a></li></ul> <b>Voluntary Programs</b> <ul style="list-style-type: none"><li>• <a href="#">Commuter Benefit Program – Parking and Transit Program</a></li><li>• <a href="#">Deferred Compensation FT Enrollment</a></li><li>• <a href="#">2022 Flexible Spending Account Enrollment form</a></li><li>• <a href="#">Medical Waiver Premium Plan</a></li><li>• <a href="#">The Club at City Center Payroll Authorization Form</a></li><li>• <a href="#">Voluntary Life Insurance Enrollment Form</a></li></ul> |
| <b>Benefit Program Information</b> | <ul style="list-style-type: none"><li>• <a href="#">Employee Benefits Guide</a></li><li>• <a href="#">2022 Medical Plan Rates Full-Time Employees</a></li><li>• <a href="#">2022 Health Plan Rates - Permanent Part-Time Employees</a></li><li>• <a href="#">2022 Summary of Benefits Coverage Notice</a></li><li>• <a href="#">CalPERS Health Benefit Summary</a></li><li>• <a href="#">Commuter Benefits Summary Plan Description</a></li><li>• <a href="#">FSA Program Highlights</a></li><li>• <a href="#">FSA Summary Plan Description</a></li></ul>   |

|  |   |             |             |                    |   |                         |   |                           |   |
|--|---|-------------|-------------|--------------------|---|-------------------------|---|---------------------------|---|
| <b>How To Determine Medical Plans Available In Your Area</b> | <p>Medical plan availability is based on your home zip code. Click on the link below to find HMO and PPO “Basic Plans” available in your area. Enter your zip code and select “Public Agency/School” as the member category.</p> <p style="text-align: center;"><a href="#"><u>Medical Plan Search By Zip Code</u></a></p> <p><i>Note, CalPERS cannot use P.O. Boxes for medical plan availability.</i></p>   |             |             |                    |   |                         |   |                           |   |
| <b>Beneficiary Designations</b>                              | <p>Separate beneficiary designation forms are required for each plan. Ensure you submit the required beneficiary designation forms.</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Plan</u></td> <td style="text-align: center;"><u>Form</u></td> </tr> <tr> <td>CalPERS Retirement</td> <td><a href="#"><u>CalPERS Beneficiary Form</u></a></td> </tr> <tr> <td>Hartford Life Insurance</td> <td><a href="#"><u>Employee Benefit Record Form</u></a></td> </tr> <tr> <td>457 Deferred Compensation</td> <td><a href="#"><u>Deferred Comp Beneficiary Form</u></a></td> </tr> </table> | <u>Plan</u> | <u>Form</u> | CalPERS Retirement | <a href="#"><u>CalPERS Beneficiary Form</u></a> | Hartford Life Insurance | <a href="#"><u>Employee Benefit Record Form</u></a> | 457 Deferred Compensation | <a href="#"><u>Deferred Comp Beneficiary Form</u></a> |
| <u>Plan</u>  | <u>Form</u>   |             |             |                    |   |                         |   |                           |   |
| CalPERS Retirement   | <a href="#"><u>CalPERS Beneficiary Form</u></a>   |             |             |                    |   |                         |   |                           |   |
| Hartford Life Insurance                                      | <a href="#"><u>Employee Benefit Record Form</u></a>   |             |             |                    |   |                         |   |                           |   |
| 457 Deferred Compensation                                    | <a href="#"><u>Deferred Comp Beneficiary Form</u></a>   |             |             |                    |   |                         |   |                           |   |
| <b>Where to Submit Forms</b>                                 | <p>Submit your enrollment forms and required documentation to:</p> <p style="text-align: center;"><b>EMAIL: <a href="mailto:BenefitsAdmin@oaklandca.gov"><u>BenefitsAdmin@oaklandca.gov</u></a></b></p> <p style="text-align: center;"><b>FAX: (510) 238-6560</b></p>   |             |             |                    |   |                         |   |                           |   |
| <b>Questions</b>   | <p>Email questions to <a href="mailto:BenefitsAdmin@oaklandca.gov"><u>BenefitsAdmin@oaklandca.gov</u></a></p>   |             |             |                    |   |                         |   |                           |   |
| <b>Helpful Links</b>   | <p style="text-align: center;"><a href="#"><u>Benefit Contacts and Links</u></a></p> <p style="text-align: center;"><a href="#"><u>CalPERS Website</u></a></p> <p style="text-align: center;"><a href="#"><u>CalPERS Health Program Guide</u></a></p> <p style="text-align: center;"><a href="#"><u>Delta Dental – Find a Dentist</u></a></p>   |             |             |                    |   |                         |   |                           |   |

## IMPORTANT REMINDERS

- ❖ Review the cost of your medical plan, as some plans require employee contributions.
- ❖ Submit the required eligibility document(s) for eligible dependents who were not covered on your trainee medical plan.

| Dependent  | Required Documentation  |
|--|---|
| Spouse   | Marriage Certificate  |
| Domestic Partner                                 | Domestic Partner Certificate, Declaration of Dependency in Support of Non-Taxability of Benefits form   |
| Natural Child                                    | Birth Certificate   |
| Step Child                                       | Birth Certificate, Marriage Certificate   |
| Domestic Partner Child                           | Birth Certificate, Domestic Partner Certificate   |
| Adopted Child                                    | Adoption Certificate  |
| Child Legal Custody/Guardianship                 | Court Order   |
| Economically Dependent Child                     | Birth Certificate, Tax Return, CalPERS Affidavit of Parent-Child Relationship form  |
| Disabled Child over 26                           | CalPERS Medical Report for Disabled Dependent form, CalPERS Member Questionnaire for Disabled Dependent Health Benefit form                                   |
| Child Age 19 – 24 (for dental & vision coverage) | Full-time student verification from school. Must include dependent’s name, school name, and full-time student status (or number of units currently enrolled). |

- ❖ Dependent child age limit for medical coverage is up to age 26.
- ❖ Dependent child age limit for dental and vision coverage is through age 18 or through age 24 with full-time student status.
- ❖ Ensure you provide your dependent’s social security number in the dependent section.
- ❖ Retain copies of your enrollment forms for your file.