



# My City Benefits

Human Resources Management | City of Oakland

## 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. Review the [Employee Benefits Guide](#), as it contains information on all the benefits you are entitled to as an employee of the City of Oakland. Make sure you attend the Benefits 101 Workshop to learn more about your benefit package.

#### 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.

#### Benefit Forms

#### Required Forms

- [Employee Benefits Record](#)
- [CalPERS Beneficiary Designation form](#)

#### Voluntary Programs And Additional Forms

- [Commuter Benefit Program – Parking and Transit Program](#)
- [Deferred Compensation FT Enrollment Instructions](#)
- [Domestic Partner Imputed Income Declaration](#)
- [2023 Flexible Spending Account Enrollment form](#)
- [2024 Flexible Spending Account Enrollment Form](#)
- [Medical Waiver Premium Plan](#)
- [The Club at City Center Payroll Authorization Form](#)
- [Voluntary Life Insurance Enrollment Form](#)

<b>Benefit Program Information</b>	<ul style="list-style-type: none"> <li>• <a href="#"><u><b>Employee Benefits Guide</b></u></a></li> <li>• <a href="#"><u>2023 Medical Plan Rates Full-Time Employees</u></a></li> <li>• <a href="#"><u>2024 Medical Plan Rates Full-Time Employees</u></a></li> <li>• <a href="#"><u>2023 Health Plan Rates–Permanent Part-Time Employees</u></a></li> <li>• <a href="#"><u>2024 Health Plan Rates-Permanent Part-Time Employees</u></a></li> <li>• <a href="#"><u>2023 Summary of Benefits Coverage Notice</u></a></li> <li>• <a href="#"><u>2024 Summary of Benefits Coverage Notice</u></a></li> <li>• <a href="#"><u>CalPERS Health Benefit Summary</u></a></li> <li>• <a href="#"><u>Delta Dental PPO Summary</u></a></li> <li>• <a href="#"><u>Delta Dental PPO EOC</u></a></li> <li>• <a href="#"><u>DeltaCare USA HMO Summary</u></a></li> <li>• <a href="#"><u>DeltaCareUSA HMO EOC</u></a></li> <li>• <a href="#"><u>Commuter Benefits Summary Plan Description</u></a></li> <li>• <a href="#"><u>Commuter Benefit Program Guide</u></a></li> <li>• <a href="#"><u>FSA Program Highlights</u></a></li> <li>• <a href="#"><u>FSA &amp; Commuter Benefit Tax Calculator</u></a></li> <li>• <a href="#"><u>FSA Summary Plan Description</u></a></li> </ul>
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<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><a href="#"><u><b>Medical Plan Search By Zip Code</b></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> <tr> <td><u>Plan</u></td><td><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>
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<b>Where to Submit Forms</b>	<p>Submit your enrollment forms and required documentation to:</p> <p><b>EMAIL: <a href="mailto:BenefitsAdmin@oaklandca.gov"><u>BenefitsAdmin@oaklandca.gov</u></a></b></p> <p><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><a href="#"><u><b>Benefits Web Page – <a href="http://www.oaklandca.gov/benefits">www.oaklandca.gov/benefits</a></b></u></a></p> <p><a href="#"><u><b>Benefit FAQs</b></u></a></p> <p><a href="#"><u><b>CalPERS Website</b></u></a></p> <p><a href="#"><u><b>CalPERS Health Program Guide</b></u></a></p> <p><a href="#"><u><b>CalPERS Retirement Information – Non-Sworn Employees</b></u></a></p> <p><a href="#"><u><b>Delta Dental – Find a Dentist</b></u></a></p> <p><a href="#"><u><b>Employee Assistance Program (Claremont)</b></u></a></p> <p><a href="#"><u><b>Reminders When Selecting Your Medical Plan</b></u></a></p>								

## IMPORTANT REMINDERS

- ❖ Review the cost of your medical plan, as some plans require employee contributions.
- ❖ Submit your Employee Benefit Record enrollment form **and** required eligibility document(s) for eligible dependents **within your 60 day enrollment window.**

Dependent	Required Documentation
Spouse	Marriage Certificate
Domestic Partner	Domestic Partner Certificate <a href="#">Domestic Partner Imputed Income Declaration form</a>
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, <a href="#">CalPERS Affidavit of Parent Child Relationship form</a>
Economically Dependent Child	Birth Certificate, Tax Return, <a href="#">CalPERS Affidavit of Parent-Child Relationship form</a>
Disabled Child over 26	<a href="#">CalPERS Authorization to Disclose Health Information form</a> <a href="#">CalPERS Member Questionnaire &amp; Medical Report for Disabled Dependent form</a>
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 records.
- ❖ Attend the Benefits 101 Workshop.