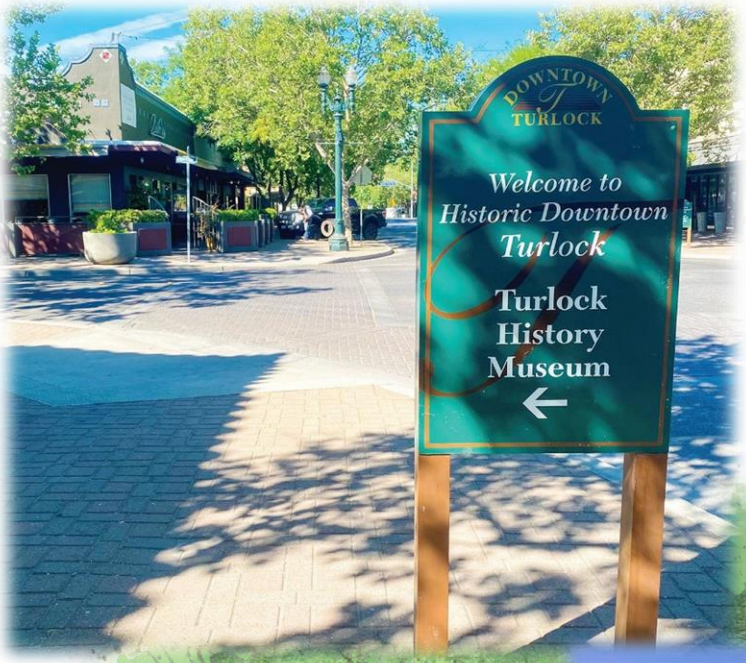

YOUR 2024-2025 RETIREE BENEFITS

Plan Year Commencing July 1, 2024

Prepared by Winton-Ireland, Strom & Green Insurance Agency on behalf of City of Turlock

CITY OF TURLOCK BENEFIT PLANS

The City of Turlock is committed to providing a comprehensive employee benefits program that helps our employees and retirees stay healthy, feel secure, and maintain a work/life balance. This summary is meant to assist all retirees and COBRA continuants with understanding the City of Turlock's benefit programs. Continuing coverage via retiree health or COBRA continuation is simply continuing active benefits at your own expense.

This benefit's booklet is meant to be a "plain English" interpretation of the benefits offered to you and is not meant to take the place of your plan's summary plan description (SPD). The descriptions are very general and are not intended to provide complete details about any plan component. All benefits are subject to change; there is no guarantee that these benefits stated within this document will continue indefinitely.

Benefit offerings available to continuants:

- Two medical and prescription plan offerings through United Medical Resources (UMR)
    - Traditional Preferred Provider Organization Plan (Traditional PPO)
    - High deductible health plan (HDHP) with health savings account (HSA)
        - The HDHP allows you to open a separate companion health savings account and this can be set up with any qualified banking partner.
- Dental benefits through Delta Dental of California (Delta)
- Vision benefits through Vision Service Plan (VSP)
- Teladoc telephone/virtual visits integrated in the medical plan.

Open Enrollment

Open enrollment is the period each year when you can make benefit changes. This guide will outline all City of Turlock benefit offerings, so you can identify which options are best for you and your family. Elections you make during open enrollment will become effective on July 1, 2024, and will remain in force for the duration of the benefit year, through June 30, 2025, or until your loss of benefit eligibility, whichever may come first. If you have questions about any of the benefits mentioned in this guide, please do not hesitate to reach out to any of the City of Turlock benefit partners.

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WIS&G
Winton-Ireland, Strom & Green
Insurance Agency
Lic #0598517

IMPORTANT CONTACT INFORMATION

Carrier Partner	Benefit	Group Number	Customer Service	Carrier Website
United Medical Resources (UMR)	Medical Administrator	76-413996	800.826.9781	www.umr.com
SmithRx	Prescription drugs	76-413996	844.454.5201	www.smithrx.com
Teladoc	Telemedicine	76-413996	800.TELADOC (800.835.2362)	www.teladoc.com
Optum Bank	HSA Bank	Personal accounts #s	866.234.8913	www.optumbank.com
Delta Dental of CA	Dental	505424	800.765.6003	www.deltadentalins.com
Vision Service Plan	Vision	809101	800.877.7195	www.vsp.com
Cincinnati Life	Individual voluntary life insurance	Individual policy numbers	Joe Lee 214.274.9454	Michelle Albright 912.638.9291
AFLAC	Various gap policies available	Individual policy numbers	Jewel Lopez 209. 614.1534	https://mylogin.aflac.com
ICMA	457 & Retirement	City of Turlock	800.669.7400	www.icmarc.org
CalPERS	Retirement accounts	City of Turlock	888.225.7377	www.calpers.ca.gov
Human Relations	Any Benefit Questions	Employer	209.668.5150	HR@turlock.ca.us
Winton-Ireland Strom & Green Insurance Agency	Any Benefit Questions	Broker	209.667.0995 800.790.4875	www.wisg.com Andrea: ahiykel@wisg.com Lynn: lbull@wisg.com

If you need policy documents, you can go to the City website https://ci.turlock.ca.us/workingforus/openenrollment/, contact Human Relations, or Winton-Ireland Strom & Green Insurance Agency at any of the numbers above.

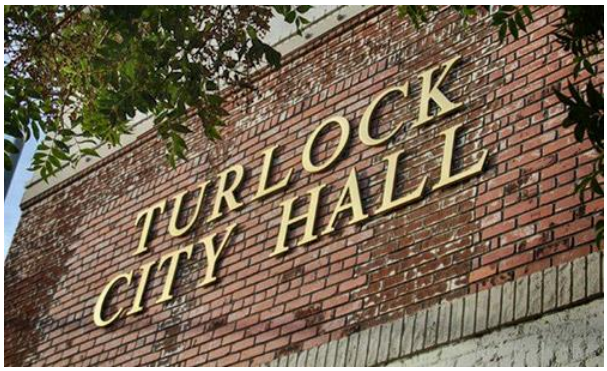
The benefit summaries in this booklet provide a side-by-side look at the benefits you would expect when you use in-network and out-of-network providers. The information offers a brief snapshot of covered services; for a more detailed list of benefits offered by the City of Turlock, please refer to the corresponding plan's Summary Plan Description (SPD) or the summary of benefits and coverage (SBC). If there is any discrepancy between this guide and the summary plan descriptions (SPDs), the SPD will be the governing document.

WHO IS ELIGIBLE FOR COVERAGE?

The City of Turlock medical plan is available to those past employees and their eligible dependents that no longer have active status, nor are eligible for Medicare, or eligible for any other group coverage. Refer to your respective memorandum of understanding (MOU), which outlines criteria for retiree health. The basic definition from the summary plan description is noted below.

- An eligible Employee who is covered under this Plan and who retires under the employer's formal retirement plan will be eligible to continue participating in the Plan upon retirement, provided the individual continues to make the required contribution. ***Retirees may continue coverage under this Plan until they reach age 65 or Medicare eligible, or eligible for another group health plan, whichever comes first***.
- For retiree health eligibility, coverage is available until you or your dependent are eligible for coverage from another source. This could be obtaining eligibility for another employer sponsored health plan, or from Medicare eligibility, or at age 65, whichever happens first. Your eligible dependents are also able to continue coverage as long as you remain eligible and as long as they are not age 65 as of yet. Dependents still need to meet all other criteria of being a dependent. Refer to the summary plan description [SPD] for a complete list of definitions and who is considered eligible; a summary is also below.
- Early retirees and their dependents must retain continued medical coverage under the City of Turlock's health plan in order to remain eligible for retiree coverage. If there is a break in coverage, and you decide to opt off the City of Turlock plan, you will not be eligible to re-enroll at a later time.
- Dependent coverage is available for spouses and California registered domestic partners, natural, step, or adopted children, children required to be covered by a qualified medical child support order (QMCSO). Children are covered to age 26, without regard for student status, marital status, or living arrangements. If your child is incapable of self-support, this child may continue coverage after this age, with proper documentation (refer to Human Relations).

To confirm continued eligibility, the City of Turlock will need you to fill out the retiree benefits confirmation form as well as a payment firm that are included in this packet.



In order to be prepared to fill out your application, please have the following information ready:

- Are you eligible for any other group plan, Medicare, or veterans' benefits;
- Social security number for you and your dependents;
- Dates of birth for all covered dependents;
- If you or any dependents have other group coverage in addition to or in lieu of this plan, please make sure you have the details of the other benefit plan(s). This is required due to coordination of benefits rules.

If your status changes and you are no longer eligible, coverage will terminate on the last day of the month for which you remained eligible. Note that if you are turning age 65, your coverage ceases on the 1st of the month of your 65th birthday. If you have a birthday on July 15th, for example, coverage ends on July 1st due to obtaining Medicare. In the event you are no longer eligible for coverage, continuation of coverage rights may be applicable; coverage will be determined at that time and personal notification sent to you directly outlining your options.

AFFORDABLE CARE ACT (ACA) & CALIFORNIA COVERAGE MANDATE

The Affordable Care Act (ACA) requires most individuals to obtain health coverage unless an exemption applies. If you

The following states have coverage mandates & penalties for failure to maintain health coverage
California
Rhode Island
The District of Columbia
Massachusetts
New Jersey
Vermont

choose not to buy coverage for yourself and/or your dependents**,** you may pay a fee called the "individual shared responsibility payment" when filing your **taxes**. Starting with the 2019 tax year, this federal individual shared responsibility penalty no longer applies. **However, a few states including California – have their own individual health insurance mandate**, requiring you to have qualifying health coverage or pay a penalty with your ***state taxes*****.** California's penalty for not having coverage the entire year is at least $850 per adult and $425 per dependent child under 18 when filing your 2022 state income tax return in 2023 (2024 information not yet available). A family of four that goes uninsured for an entire year would face a penalty of at least $2,550. Higher incomes may pay up to 2.5% of income.

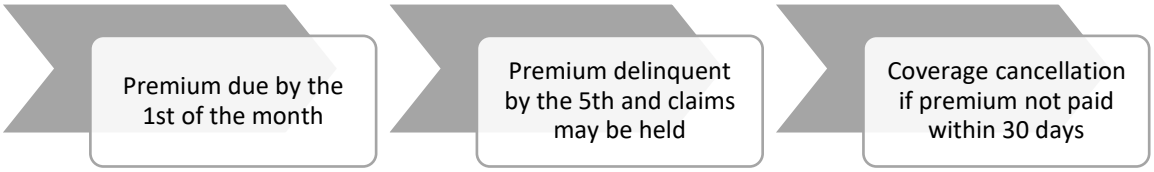
In addition, the City of Turlock is required to offer benefits as defined by the Affordable Care Act (ACA), as the City of Turlock is subject to the ACA coverage mandate. The ACA dictates that the lowest cost plan offered by the City of Turlock meets both minimum value and affordability standards as defined by the Affordable Care Act. *Because the City of Turlock medical plans meet these federal requirements, an eligible employee cannot go to a state exchange, i.e., Covered California, and get tax incentives (sometimes called premium subsidies or advance premium tax credit) to help pay for your insurance premium. Our benefits team can assist with questions about this important ACA statue. Note that if you inadvertently receive premium subsidies from your residence state, you may be required to pay these back when you file your income taxes, or the state could/would deduct any repayment fees from any/all tax refund you may receive. The only exception to this is Medicaid, known as Medi-Cal in California, as Medicaid has separate qualification and eligibility criteria; other exemptions may apply.*

QUALIFYING EVENTS & CHANGES MID-YEAR

Unless you experience a life-changing qualifying event mid-year, you cannot make changes to your benefits until the next open enrollment period. It is the retiree's responsibility to notify Human Relations of any qualified life events and to do so within 30 days of the event. Documentation of the life event is required. This may be a marriage or birth certificate, loss of coverage letter, qualified medical child support order, adoption paperwork, etc. Failure to notify the Plan timely will result in having to wait until next open enrollment to make changes. If you are unsure about your specific situation and whether it is a qualified life event, reach out to Human Relations Department, Winton-Ireland Strom & Green Insurance Agency, or UMR, the Plan Administrator.

MONTHLY PREMIUM AMOUNTS

Below are the monthly premium amounts that you are required to pay for the coming plan year, based on your positive election. Premiums are billed by United Medical Resources (UMR), the City of Turlock's third-party medical administrator. Premiums are due on the 1st of the month, delinquent by the 5th of the month. Failure to pay all required premiums by the end of the grace period may constitute termination of benefits. The grace period for premium is 30 days after the date the premium is due. Therefore, any premium not paid by the 30th of the month will cancel retroactive to the 1st of any month.



Family Size	Traditional PPO Plan	High Deductible Health Plan	Delta Dental	VSP Vision
Subscriber only	$917.43	$782.79	$42.84	$8.54
Subscriber & spouse	$2,064.20	$1,761.26	$77.30	$15.26
Subscriber & child(ren)	$1,972.47	$1,682.99	$84.72	$15.09
Subscriber & spouse & child(ren)	$2,889.89	$2,465.78	$118.11	$23.14

Retiree Rates Effective July 1, 2024

UMR Billing Contact Information
Correspondence Address: PO Box 1087, Wausau, WI 54402-1087
Payment Address: PO Box 860691, Minneapolis, MN 55486-0691

800.207.1824 phone
855.256.5640 fax

retireeadministration@umr.com
UMRDirectBill@umr.com

If you have any questions, please contact the UMR Retiree/Direct Billing Administration Team during UMRs regular business hours, 7:00 a.m. to 5:00 p.m. CST, by calling 800.207.1824, or email using the email addresses above.

PAYING YOUR PREMIUMS BY EFT WITH UMR

INSTRUCTIONS FOR SETTING UP ELECTRONIC FUNDS TRANSFER (EFT)

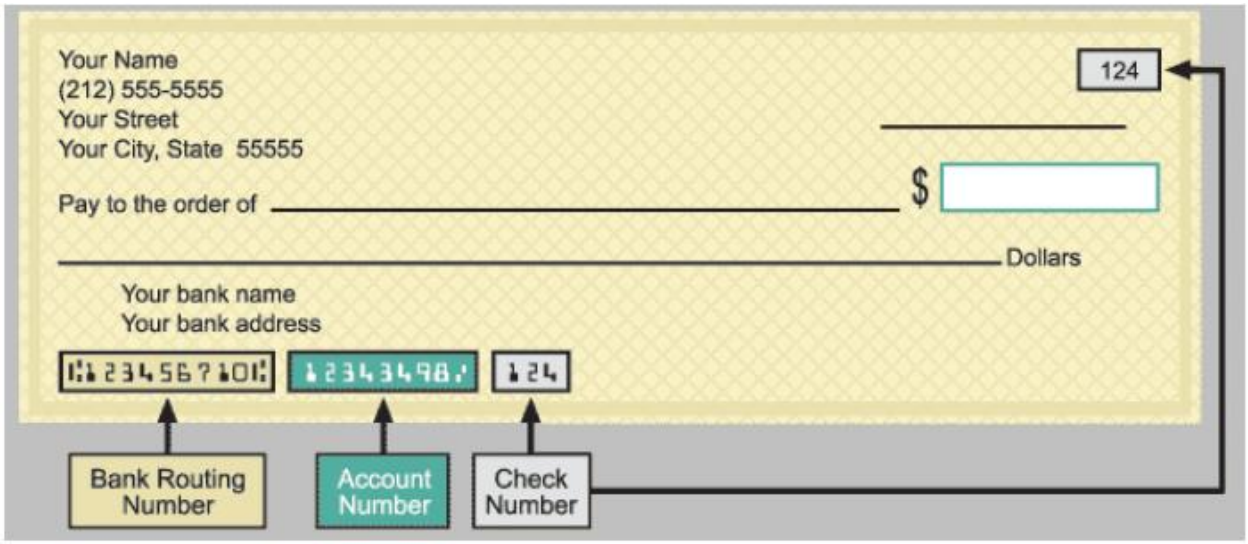
You will get a letter when initialing enrolling as a retiree or COBRA participant. This letter contains your Personal Identification Number (PIN) which you will need to set up monthly payments through the Electronic Funds Transfer (EFT) premium payment for City of Turlock, if this is how you choose to pay premiums. Please make sure you are paid up to date before accessing the Interactive Voice Response (IVR) system. On your initial set up you will be directed to an administrator to set this up for you. Please call during normal business hours. The premium payment is initiated on the 20th of each month prior to its due date. It may take 24 – 48 hours before you see it come out of your bank account.

To have your premium payment withdrawn from your checking or savings account, **please call 800-207-1824**, our Interactive Voice Response (IVR) system. To access the system, you will need your social security number and your Personal Identification Number (PIN) issued by UMR. This number is the key to your account information. Please keep this number confidential for your own protection and in a safe place for future reference.

Your Personal Identification Number (PIN#) will be sent by UMR when you enroll as a retiree or COBRA continuant.

After you have accessed the IVR system, you will be asked to supply the following information (available from your financial institution or see check example below)

1) Your Bank or Credit Union 9-digit ABA number (also referred to as the routing number)
2) Your bank or credit union's checking or savings account number
3) Confirm that your account is a checking or savings account



You can make changes 24 hours a day, seven days a week. Any changes you make to your bank account will become effective the following day and processed on your next payment due date.

TELADOC – VIRTUAL VISITS

Sickness does not always hit when it is convenient for your work schedule or the kid's school or sports schedule. And the unpredictability of COVID-19 made telehealth even more important. **Teladoc is there for you!** Teladoc contracts with over 3,100 licensed healthcare professionals (general practitioners, dermatologists, orthopedists, etc.) so you can have access 24/7/365, from the comfort of your home, on vacation, on weekends, or wherever you may be.

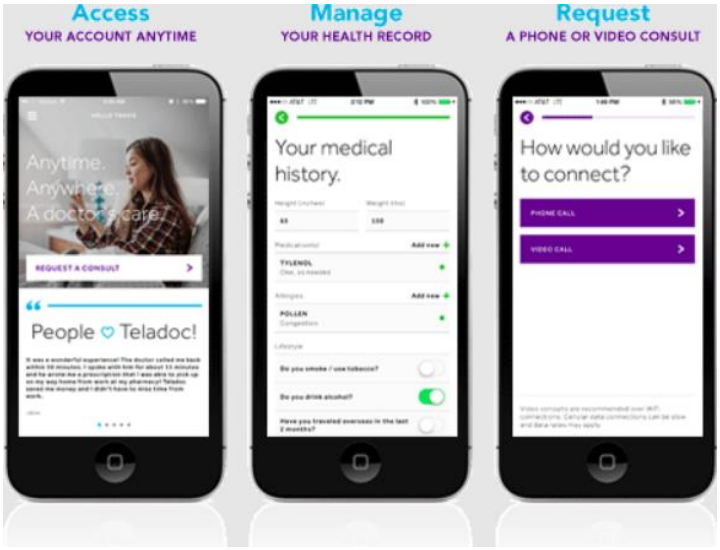
The Teladoc consultation fee will vary based on your Plan choice. When appropriate, the board-certified physician will prescribe medications and the prescription will be handled through SmithRx at your regular copay and deductible levels. Note that certain medications are excluded from the Teladoc program (i.e., controlled substances). Refer to the chart for coverage information on both plans:

	Traditional PPO	High Deductible Health Plan
Consultation charge before deductible is met	$0	$54
Consultation charge after deductible is met	$0	$0
Prescription drugs prescribed during a Teladoc visit	Subject to standard copays	Subject to deductible; if deductible is met, then applicable copays apply

Note: psychiatry and psychology visits additional cost.

And what are the most common conditions treated by Teladoc?

- Cold & flu;
- Bronchitis;
- Allergies;
- Pink eye;
- Upper respiratory infections;
- Skin infection, skin rashes, acne;
- Abrasions, moles/warts.



Teladoc can be accessed from any smartphone, telephone, or computer. The mobile application is the easiest and most convenient way to connect to Teladoc to feel better faster. You can schedule a doctor's visit, manage your medical history, or even send a prescription to your favorite pharmacy, all from the mobile app. Note that Teladoc is not designed to handle emergency medical conditions nor is Teladoc is designed to get in the way of your relationship with your existing primary care doctor.

Teladoc ~ 800.835.2362 (800.TELADOC)

TRADITIONAL PPO MEDICAL PLAN ADMINISTERED BY UMR

This chart shows a brief summary of benefits under the **Traditional PPO plan**. Deductibles, co-pays, and co-insurance are shown, based on expected out-of-pocket cost for each service; the Plan pays the remaining benefit. Make sure you log into UMRs website at www.umr.com, as there are self-service tools available including provider network status verification and claims status. You can also call UMR for benefit questions, order ID cards, or to confirm PPO providers.

Plan Features the Traditional PPO Plan Network: Select Plus PPO through UHC	Traditional PPO Plan In-Network Benefits	Traditional PPO Out-of-Network Benefits
Plan Year Deductible – single contract	$250 per individual	$400 per individual
Plan Year Deductible – family contract	$500 per family	$800 per family
Co-insurance Percentage	90 / 10	60 / 40
Out of pocket maximum – single	$2,500	$5,000 [1]
Out of pocket maximum – family	$5,000	$10,000 [1]
Office Visits (primary/specialist)	$20 per visit deductible waived	40% after deductible
Urgent Care Visit	$25 per visit deductible waived	40% after deductible
Chiropractic care (up to 26 visit/year)	$20 per visit deductible waived	40% after deductible
X-Ray and Laboratory Services	Basic x-ray/lab $15/visit, deductible waived. Complex imaging (e.g., MRI/ CT) 10% after deductible	40% after deductible
Preventive care services [2]	$0, deductible waived	Not covered
Emergency Services (copay waived if admitted)	$150/visit + 10% after deductible	
Inpatient Facility Services	10% after deductible	40% after deductible
Outpatient Facility Services	10% after deductible	40% after deductible
Outpatient Ambulatory Surgical Center	10% after deductible	40% after deductible
Mental Health & Substance Abuse Services	Outpatient: $20/visit, deductible waived Inpatient: 10% after deductible	40% after deductible (outpatient or inpatient)
Prescriptions at the Pharmacy (34-day supply) [3]	$10 generic $25 preferred brand $40 non-preferred brand	SmithRx has a nationwide pharmacy network, but members can fill prescriptions at any pharmacy. Out of the country coverage is limited to emergency only (i.e., urgent care while outside the area or outside your home country).
Mail Order Prescription Drug Program for Maintenance Prescriptions (120-day supply) [3]	$10 generic $25 preferred brand $40 non-preferred brand	

Refer to the Summary Plan Description (SPD) for complete details of the Traditional PPO plan. If there is any discrepancy between this summary and the SPD, the SPD will be deemed correct and will override this document.

[1] Out-of-network out of pocket maximum does not include amounts in excess of usual & customary charges; these excess charges are patient expense since those providers are not under any contractual obligation to write off any difference between their billed & allowed charges.
[2] Preventive care services are covered according to Affordable Care Act (ACA) standards. The coverage guidelines follow federal regulations on preventive care and follow the US Preventive Care Task Force Grade A or B recommendations with no cost share.
[3] SmithRx will be the pharmacy benefit manager (PBM) as of July 1, 2024.

HIGH DEDUCTIBLE HEALTH PLAN PPO

MEDICAL PLAN ADMINISTERED BY UMR

This chart shows a brief summary of benefits under the **HDHP**. Deductibles and co-insurance are shown, based on your expected out-of-pocket cost for each service; the Plan pays the remaining benefit. Make sure you log into UMRs website at www.umr.com, as there are self-service tools available including provider network status verification and claims status. You can also call UMR for benefit questions, order ID cards, or to confirm PPO providers.

Plan Features the HDHP PPO Plan Network: Select Plus PPO through UHC	HDHP PPO Plan In-Network Benefits	HDHP PPO Out-of-Network Benefits
Plan year deductible – single contract (defined as one person enrolled/single member)	$1,600 per single member	$3,000 per single member
Plan year deductible – family contract (defined as 2 or more people enrolled/family)	$3,200 aggregate limit for all family members combined	$6,000 aggregate limit for all family members combined
Co-insurance percentage	Copay applies after deductible	60 / 40
Out of pocket maximum – single contract	$3,000 single member	$6,000 [1] single member
Out of pocket maximum – family contract	$6,000 family aggregate	$12,000 [1] family aggregate
Office Visits (primary/specialist)	$20/visit after deductible	40% after deductible
Urgent care office visit	$20/visit after deductible	40% after deductible
Chiropractic care (up to 20 visit/year)	$15/manipulation after deductible	40% after deductible
X-Ray and laboratory services	Basic lab/x-ray: $10 copay after deductible Complex (i.e., MRI/CT) $25 after deductible	40% after deductible
Preventive care services [2]	$0, deductible waived	40% after deductible
Emergency services (copay waived if admitted)	$150/visit after plan deductible	
Inpatient facility services	$150 copay after deductible	40% after deductible
Outpatient facility services	$20 copay/visit after deductible	40% after deductible
Outpatient ambulatory surgical center	$20 copay/visit after deductible	40% after deductible
Mental health & substance abuse services	Outpatient: $20/visit after deductible Inpatient: $150 copay after deductible	40% after deductible (outpatient or inpatient)
Prescription drugs & medical deductible	Prescriptions are covered after the plan deductible is met for either retail/mail	
Prescriptions at the pharmacy (copay after deductible) (34-day supply) [3]	$10 generic $25 preferred brand $40 non-preferred brand	SmithRx has a nationwide pharmacy network but members can fill prescriptions at any pharmacy. Out of the country coverage is limited to emergency only (i.e., urgent care while outside the area or outside your home country).
Mail order prescription drug program for maintenance prescriptions & copay after deductible (120-day supply) [3]	$10 generic $25 preferred brand $40 non-preferred brand	

Refer to the Summary Plan Description (SPD) for complete details of the HDHP PPO plan. If there is any discrepancy between this summary and the SPD, the SPD will be deemed correct and will override this document.

[1] Out-of-network out of pocket maximum does not include amounts in excess of usual & customary charges; these excess charges are patient expense, since those providers are not under any contractual obligation to write off any difference between their billed & allowed charges.

[2] Preventive care services are covered according to Affordable Care Act (ACA) standards. The coverage guidelines follow federal regulations on preventive care and follow the US Preventive Care Task Force Grade A or B recommendations with no cost share.

[3] SmithRx will be the pharmacy benefit manager (PBM) as of July 1, 2024.

PPO NETWORK: SELECT PLUS PPO

A Preferred Provider Organization (PPO) plan is a way to manage healthcare costs for a plan and its participants; this is a mechanism to obtain preferred pricing arrangements for a health plan's members. Health care providers, including physicians, labs, radiology facilities, pharmacies, etc., enter a contractual relationship with the network and the City of Turlock pays an access fee to access these contracts. In its basic form, the PPO contract outlines the provider's set and agreed upon price for healthcare services to that network's members.

City of Turlock contracts with UnitedHealthcare (UHC) Select Plus network for the PPO; *this network is identical between the two health plans that the City of Turlock offers. Choose your plan knowing the networks are identical.*

When using PPO providers, this discount allows you and the Plan to obtain substantial cost reductions for covered services. In addition, the Plan builds an incentive into the benefit designs, so that coverage will compel you to choose in-network providers when possible. Deductibles, co-insurance, and out of pocket maximums are higher when using out-of-network providers. In addition, when you step outside the network, while there is still coverage, the Plan payment is based on this in-network contractual rate (or a typical rate in that geographical area). This helps to keep overall Plan costs down, and the Plan will only reimburse up to limit of what they would pay in-network or preferred providers. This means that there could be a difference between the out-of-network's billed amount and the PPO negotiated payment. Because that provider is out-of-network and has no contract with the PPO, the provider is not contractually obligated to accept this PPO payment as payment in full. The plan co-insurance will drop, typically covering 60% of the negotiated fee. Therefore, the out-of-network provider may bill you for the additional 40% of the PPO allowed amount, plus the difference between their bill and the Plan allowed amount. This is referred to as "balance billing". Example: you go to an out-of-network lab, $500 billed by the provider. *This assumes your deductible has been met for the plan year:*

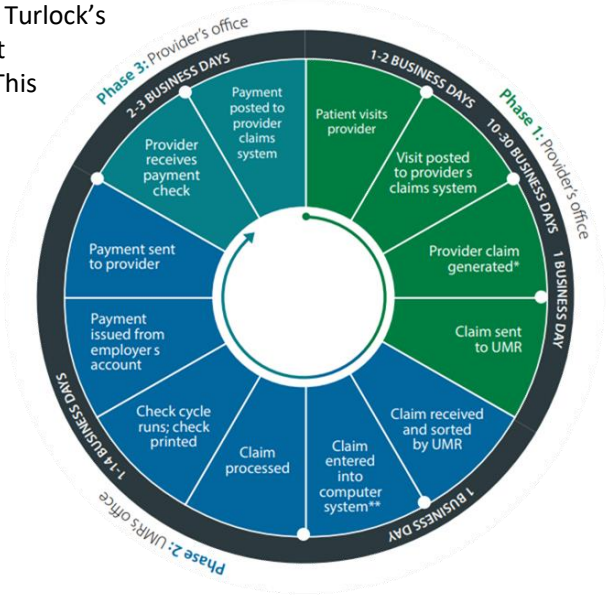
$500 charge at a lab facility	In-Network Example	Out-of-Network Example
Total billed by provider	$500	$500
Total allowed by PPO contract	$300	$300
Covered by the Plan	$285 - $290 (varies by Trad PPO or HDHP)	$180 (60% of negotiated fee after deductible is met)
Balance bill	None as provider is required to write off	$200
You owe…	Copay depending on plan $10 or $15	$120 (40% of the negotiated fee)
The provider may bill you…	$10 or $15	$320

In the example above, the provider may bill your share of cost (as shown on the UMR explanation of benefits) as well as any amount that is the difference between the Plan payment and their billed charges. If you feel you want to access out of network providers, even though you know you will pay more, it is highly encouraged to negotiate any charges in advance of the service whenever possible. You may also receive a discounted amount from the provider if you are paying ahead of time and/or paying in cash.

CONFIRMING IN-NETWORK PROVIDERS

The City of Turlock uses the UnitedHealthcare Select Plus network for the PPO entity for both plans available to City employees. However, ***Sutter Health and all Northern California Sutter affiliates are excluded from the City of Turlock's PPO network (both plans).***

Because UHC and UMR are nationwide providers, and the Select Plus PPO network is also a nationwide PPO network, it is used by many plans across the country. The City of Turlock does not include Sutter Health and their affiliates, so blanket statements affirming network participation should be carefully considered. Because Sutter Health contracts with UHC and UMR in other capacities, if a Sutter affiliate tells you that they are "in the PPO network", "under contract with UMR/UHC", or "Sutter is in your network", verify this with UMR, Human Relations, or the City of Turlock's insurance consultant. An easy way to confirm network participation is to ask that provider what tax identification number (TIN) they will be using to bill the Plan. This TIN can be confirmed with UMR or the City's insurance consultant regarding network status; all contact information is listed on the "important contacts" page.

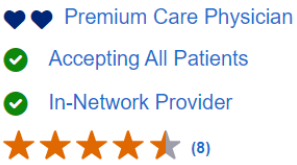


In addition, when looking up providers, ***always*** use the member provider lookup tool on the www.UMR.com member website. You will have to register for an account as a member at www.umr.com and log into the member site to use the provider look-up tool. *If you verify network providers on a public-facing UMR/UHC website, this look-up will yield unreliable results*. To look up participating PPO providers on the UMR member site, follow these steps:

- Go to www.umr.com and in the upper right, click on "Login/Register".
- Either log in with your established log-in credentials or create a member account.
- On the left-hand menu, titled "myMenu", click on "Find a Provider".
- This will open the provider lookup tool. From this main menu, there are helpful tools such as cost estimators that can assist with finding providers that meet certain cost and quality criteria. These tools can be particularly helpful if you are contemplating surgery and want to "comparison shop" for quality and cost indicators of the various PPO providers. In addition, because the HDHP has a higher deductible, this will save you money using the most cost-effective providers that have the best outcomes.
- If you want to perform a provider lookup by name, geographical region, or town, navigate to the heading of "Additional Resources". There you will find various ways to look up providers:
    - Behavioral health directory: this will link to participating providers that deal in mental health, including addiction, eating disorders, counseling, etc.
    - National vendors: certain providers (such as Minimed and LabCorp) hold contracts across the country. If you do not see your provider in the regular lookup, cross-reference this list of national contracts.
    - "Add my provider to the network": you can use this form to nominate a provider to join the network. This will alert the UHC Select Plus PPO contracting team to outreach to your out-of-network provider to try to recruit them to become a PPO provider.
    - On the very bottom, you will see "United Healthcare Select Plus PPO" is your provider network; click "View Providers". You can then sort by various criterion to view network providers. This starts with a location and a mile radius and can be expanded to a search by city, county, state, name, etc.
    - If you need assistance confirming providers, reach out to plan partners to confirm network participation.

Remember that it is patient/member responsibility to confirm the network status of the provider(s) you want to see. Because the Plan does not know when or where you are accessing care, it is always patient responsibility to confirm network participation. Failure to stay within the PPO network will mean that you will owe more at the time of service and that provider may "balance bill" you for additional charges not covered by the healthcare Plan.

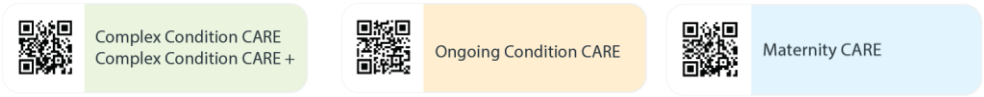
UMR – QUALITY OF CARE DESIGNATIONS



This program is an innovative program that evaluates eligible physicians against scientifically defined medical guidelines for quality and cost efficiency. Physicians must first meet quality of care guidelines – and only then are they evaluated for cost efficiency. When evaluating quality of care, UMR/UHC reviews a physician's performance against nationally accepted standards from medical organizations and governmental agencies such as the Ambulatory Care Quality Alliance, National Committee for Quality Assurance (NCQA), and the American College of Cardiology, as well as scientific advisory boards. This is important because evidence-based care guidelines have been shown to have a positive impact on care quality and the safety of patient care.

When using the provider look-up tool on the member site, look for the following cost and quality indicators, whether the provider is in/out of network, accepting patients, star rating:

- Premium care physician: physician meets the network's criteria for providing quality and cost-efficient care. Choose smart; look for two blue hearts! This will cost less out-of-pocket costs over time.
- Quality care physician: the physician meets the network's quality care criteria but does not meet the criteria for cost-efficient care or is not evaluated for cost-efficient care. This may cost you more over time.
- The physician's specialty is not evaluated for the network's premium program. The physician does not have enough claims data for evaluation, or the evaluation is in progress.
- The physician does not meet the premium program quality criteria, so the physician is not eligible for a premium designation.



HEALTH NAVIGATOR CONCIERGE SERVICE

Through our City of Turlock reinsurance carrier, the SunLife **Health NAVIGATOR** is available for any plan participant. This concierge service provides you access to top experts, and helps you navigate the complicated world of healthcare so you can have peace of mind and focus on what really matters – your health.

Health Navigator specializes in providing access to top specialists, especially when you:

- Receive a new diagnosis;
- Have a surgery recommendation;
- Feel unsure of your doctor's medical advice;
- Require a top healthcare specialist;
- Want help to find a new primary care physician.

When facing an unexpected healthcare challenge, Health Navigator advisors will help you:

- Review your case &/or obtain medical records;
- Understand your condition and treatment options;
- Expediently schedule appointments;
- Obtain expert opinions on your behalf;
- Make informed decisions & achieve better medical outcomes.

Health NAVIGATOR powered by PinnacleCare | Sun Life®

Contact Health Navigator when you need access to a specialist or new primary care doctor: Phone: 888-352-4969
Online: www.PinnacleCare.com/health-navigator-support
Representatives are available Monday through Friday 8:00 a.m.–6:00 p.m. (ET)

NEW PHARMACY BENEFIT MANAGER EFFECTIVE JULY 1, 2024

On July 1, 2024, City of Turlock is changing our pharmacy partner. While benefits are still managed by UMR, the pharmacy benefits will be managed by SmithRx. Benefits will still integrate with the medical plan, with one ID card and no benefit changes.

But what is changing on July 1, 2024?

- New ID cards will be issued on July 1st, and the old cards should not be used after this date. The reason is that a pharmacy claim will be rejected with the old information (for example, the BIN number, PCN, and group number for pharmacy claims processing will change). It's important to remember to update your pharmacy with a copy of our new ID card.

- If you don't have your ID card on July 1st, simply log into your member account online at www.umr.com (or use the UMR mobile app) to get a copy of your ID card from the member site.

- Normal copays apply. While every attempt is made to have little disruption, there may be instances where your drug manufacturer or formulary has changed. Across the Plan, there were minor disruptions (less than 2% of all drugs filled) so there could be instances where your copay increases or decreases, due to tier changes, and there are always other formulary alternatives that can be used to keep your cost down, in addition to using mail order to a longer day's supply for one copay.

- Step therapy, quantity limits, and prior authorization are still in effect (in place now and will continue).

    - Step therapy: the plan may require someone try lesser expensive, but still effective, medications before going straight to the most expensive option. If you try the less expensive medication and there is a medical reason why you cannot take it, then the Plan will pay for the more expensive drug.

    - Quantity limits: the plan may limit a certain amount of any given drug and limit how much can be filled with one copay. This happens often with pre-packaged items, like inhalers or injection kits, as you will be charged one copay for the quantity limit that is allowed.

    - Prior authorization: this is a process where the Plan will confirm that a patient meets criteria to be using this specific drug, according to FDA indications. Prior authorization ensures the patient safety as well as confirms medical necessity. In addition, prior authorization requires the prescribing doctor to show why the patient needs one drug over another or what medical condition they are treating (particularly to avoid "off-label" use of a drug).

- SmithRx has a great care team and will help members reach out to enroll into manufacturer's savings programs. This team is called the Connect360 team! SmithRx has invested time into finding the lowest-cost drugs for members. SmithRx provides hands-on assistance to their members 24/7. These programs are especially important when manufacturers provide "incentives" (i.e., free money) to use their drugs. While these manufacturer programs can be complex, the SmithRx Connect360 team is with you every step of the way…to save both you and the Plan money!

(844) 454-5201 info@smithrx.com

DENTAL INSURANCE ADMINISTERED BY DELTA DENTAL OF CALIFORNIA

Benefits You Receive:

This chart shows a brief summary of your benefits. Deductibles and co-insurance are shown based on what the out-of-pocket cost is; the Plan pays the remaining benefit.

Plan Year Deductibles	**$50** deductible per person / **$150** per family per plan year	
Diagnostic & Preventive Services	Deductible waived for diagnostic & preventive services	
Annual Benefit Maximums	**$1,750** per person, per plan year	
Waiting Period(s)	Basic Benefits: **None**	Major Benefits: **None**

Benefits and Covered Services	In-PPO Network	Out-of-PPO Network
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays	100%	100%
Basic Services Fillings, simple tooth extraction, sealants	80%	80%
Endodontics (root canals) Covered Under Basic Services	80%	80%
Periodontics (gum treatment) Covered Under Basic Services	80%	80%
Oral Surgery Covered Under Basic Services	80%	80%
Major Services Prosthodontics, implants, Crowns & Casts	50%	50%

Refer to the Summary Plan Description (SPD) for complete details of the PPO plan. If there is any discrepancy between this summary and the SPD, the SPD will be deemed correct and will override this document.

Your plan allows you access to any dentist of your choice. ***However, you can make your annual maximum benefit go farther by using a Delta Dental PPO dentist.*** The reason why your dental benefits will last longer using a Delta Dental provider is that these contracted providers have agreed to accept lower rates for the work they perform for Delta Dental participants. As an example, a cavity (filling) may cost $150 at a local dentist that does not participate in the Delta Dental network. This filling may only cost $110 at a participating Delta Premier provider, and it could be even lower for a Delta Dental PPO provider. The provider takes a *contractual write-off* for this difference in cost so you – nor the Plan – pay this difference in cost. The percentage that you pay is then based on the lower, contracted amounts.

You can look up participating dental providers on the Delta Dental website: http://www.deltadentalins.com

Delta Dental administers the plan; the plan remains self-funded, and the City of Turlock is funding the claims.

VISION PLAN ADMINISTERED BY VISION SERVICE PLAN (VSP)

Benefits You Receive:

This chart shows a brief summary of your benefits. Deductibles and co-insurance are shown based on what your out-of-pocket cost is; the Plan pays the remaining benefit.

Type of Service	In Network	Out of Network
Eye Exam: Every 12 months	$15 co-pay	$10 co-pay Plan pays up to $45 of cost
Diabetic Eye Exam after annual exam:	$20 co-pay	n/a
Contact Lenses: Every 12 months	In lieu of glasses: $0 co-pay $120 allowance	Plan pays up to $105 of cost
Lenses: Every 12 months	$0 co-pay	Plan pays up to $45 for single vision, $65 for bi-focal, and $85 for trifocal
Frames: Every 24 months	$10 co-pay $120 frame allowance ($140 frame allowance for selected frames)	Plan pays up to $47 of cost
Discounts from Participating Providers & Specialty Vendors	Up to 20% discounts for amounts above the allowances, special add-ons, 2nd pair of glasses, etc. LASIX & hearing aid discounts available.	No discounts available

In addition to the standard eye exam benefits, VSP offers an enhanced benefit for anyone that has type 1 or type 2 diabetes. You get both the routine eye care benefit and the follow-up diabetic eye care services from your VSP doctor. People with diabetes often are not aware they have diabetic eye disease. That's because in the early stages of the disease, few symptoms may appear until after damage has already occurred. An annual eye exam from a VSP doctor can help prevent diabetes-related blindness. These diabetic eye exams are unlimited in nature and the copay you pay is slightly higher than a regular eye exam.

There are no ID cards for VSP benefits. You simply tell your vision provider you are a VSP member, and they do the rest. Be prepared to pay your applicable co-pay at the time of service. For out of network providers, you must pay for the service and send in your receipts to VSP for reimbursement. Items such as reimbursement forms, participating provider directories, and whether you are eligible for services can be securely accessed on VSP's website, http://www.vsp.com.

OPTUM BANK HEALTH SAVINGS ACCOUNTS (HSA)

The high deductible health plan offered by the City of Turlock is health savings account (HSA) compatible; if enrolled on this plan, you can then establish a health savings account (HSA). **Note that this HSA option is only an option on the HDHP and not the Traditional PPO plan.** This plan allows you to establish a tax-favored health savings account, as it is deemed to satisfy the IRS requirements of a health savings account compatible plan.

WHAT ARE THE BENEFITS OF AN HSA?

- **It can save you money.** HDHPs have lower monthly premiums, so this lower premium may be attractive, depending on how you use medical services.
- **It is portable.** The money in your HSA is carried over from year to year and is yours to keep, as the HSA bank account is in your name. The old FSA "use it or lose it" rule does not apply to HSA accounts.
- **It is a tax-saver.** HSA contributions are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you will pay less in taxes. You also spend it on qualified medical expenses tax-free. Note that California state law will still tax HSA contributions as normal income. Contributions will be state taxed for HSA only.

The **maximum amount that you can contribute to an HSA in 2024 is $4,150 for individual coverage and $8,300 for family** coverage. Additionally, if you are **age 55 or older**, you may make an additional **"catch-up" contribution of $1,000** annually.

To have an HSA and make contributions to this account, you must meet several basic IRS requirements:

- Enroll in a qualified high deductible health plan (HDHP) through the City of Turlock.
- Have no other health insurance coverage. This includes any other group coverage that is not a HDHP-HSA plan, an individual plan, any part of Medicare, Tricare, or plans providing "first dollar coverage" (copays/services not subject to a deductible).
- You cannot be claimed as a dependent on someone else's tax return.
- The medical plan must meet minimum/maximum deductible and out of pocket limits set by the IRS. The IRS increases these policy limits periodically for inflation; these changes happen automatically per IRS rules. 2024-25 minimum deductible: $1,600 single enrollee or $3,200 aggregate family (family is defined as 2 or more members on the same contract).

Is an HSA right for me? The decision is different for each individual. If you have a reasonable idea of your annual expenses, you could save money from the lower premiums and tax-advantaged account with the HSA plan. Even someone with a chronic condition could take advantage of an HSA if you budget properly and set aside enough money to cover your care. If you are older, more prone to illness or unexpected medical conditions, or *prefer certainty in medical costs to the possible risk of unexpected out-of-pocket expenses*, you may want to opt for the traditional plan.

To determine if an HSA is right for you and to estimate tax savings, check out the following calculators: http://cdn.optum.com/oh/ohb/calc/calc.htm.

Optum Bank, the City of Turlock banking partner, has great information online; calculators, materials, videos, and webinars provide reliable information & help you learn about HSAs. **Note that you can establish an HSA account with any bank of your choice.**

https://www.openenrollment123.com/content/cex-consumer/openenrollment123/en/HSA/Employee.html

To manage your HSA account once enrolled and established: www.optumbank.com

OPENING YOUR HEALTH SAVINGS ACCOUNT (HSA)

If you choose to participate on the HDHP with the HSA account, you can choose to have a health savings account or not. And you have your choice of banking vendor. Optum Bank account fees are $2.75 per account per month and will be automatically deducted from your Optum Bank HSA account, if you choose Optum Bank as your banking partner. When establishing an account, the account is open on the later of the plan effective date or the date the HSA becomes active after the vetting process. **Expenses incurred prior to the HSA establishment date are not qualified medical expenses.**

- You can go to any banking institution of your choice to open a health savings account. As a continuant, you are not tied to Optum Bank. Your personal bank can assist which accounts are eligible to use alongside of the HDHP.
- All individuals who open a bank account must be passed through the US Patriot Act screening process, also known as "vetting". Your banking partner will need your demographic information and you will also need to provide a driver's license or passport number to start the vetting process. If your bank information is inconsistent between your reported information and credit databases, your banking partner will require additional information directly from you. If additional information is needed during this vetting process, you need to provide the information requested.
- Individuals who do not pass the screening process will receive a letter from Optum Bank detailing the next steps. Your bank account will not be opened without a response to this request for additional documentation. Although rare, if you do not pass this vetting process, you will be contacted to review your coverage options.

Keep in mind the HSA account is a true bank account and is there to help pay out-of-pocket expenses. This account does not verify you have health coverage; the HDHP is the underlying insurance contract, and this is what providers will use to verify your coverage. The HDHP allows the establishment of the account, and the account is simply a mechanism to pay a bill. You can use your HSA account to pay for your health plan deductible, your copay or coinsurance for doctor's office visits and prescription drugs, your share of the cost for dental care, such as exams and cavities/crowns, and your costs for vision care, such as exams, eyeglasses and contact lenses. Accountholders should review IRS Publication 969 or the Optum Bank website for qualified medical expenses for more information on what you can reimburse.

Generally, you cannot use your HSA to pay for medical insurance premiums, except specific instances, including:

- Any health plan coverage while receiving federal or state unemployment benefits;
- Continuation of group health coverage under federal law (COBRA continuation or USERRA coverage);
- Qualified long-term care insurance;
- Any deductible health insurance for HSA account holders who are age 65+ (whether they are entitled to Medicare or not) other than a Medicare supplemental policy. Again, once someone has Medicare, no further deposits can be made.

You can use your HSA to pay for medical expenses for yourself, your spouse, or your IRS dependent children, even if your dependents are not covered by your HDHP. ***Any amounts used for purposes other than to pay for qualified medical expenses are taxable as income and subject to an additional 20% penalty.*** Examples of taxable expenses include:

- Medical procedures and expenses not considered qualified under federal tax law;
- Other types of health insurance unless specifically described above;
- Medicare supplement insurance premiums;
- Non-health related expenses.

After the age of 65, you can withdraw money for non-medical expenses without penalty, but you will have to pay taxes on the money. If you become disabled, the account can be used for other purposes without paying the additional penalty. If you withdraw money from an HSA for nonmedical expenses before you turn 65 or become disabled, you will pay tax as well as the 20% penalty.

If you decide to enroll into the high deductible health plan, it would be your responsibility to set up the account, find a banking partner, and manage this account. The City of Turlock does not set up retiree/COBRA banking vehicles and would not be responsible for providing any financial advice or assistance.

RETIREMENT BENEFITS THROUGH CAL PERS & MISSIONSQUARE

Benefits You Receive:

To help you prepare for the future, the City of Turlock maintains a deferred compensation programs to allow for voluntary retirement savings opportunities for full time employees, as well as the City's contribution to these various retirement investments. The various retirement savings programs are offered as part of our overall benefits and compensation package. There are multiple retirement options available to you, as outlined in your specific MOU. Due to the complexity of the offerings and variance by bargaining units, the retirement options are not restated in this document. Refer to your corresponding MOU for complete details of your retirement benefits.

- California Public Employees Retirement System – CalPERS
  - Retirement accounts
  - Website: http://www.calpers.ca.gov, 888.225.7377

- 457 Plan through ICMA-Retirement Corporation (ICMA-RC)
  - Website: http://www.icmarc.org, contact Nick Dalafu, 209.759.7156 or ndalafu@missionsq.org

- VantageCare Health Savings Plans (different from health savings account [HSA] options previously discussed).
  - Website: https://www.icmarc.org/products-and-services/retirement-health-savings.html
  - Contact Nick Dalafu, 209.759.7156 or ndalafu@missionsq.org

- Retiree health benefits

By saving using pre-tax contributions, you reduce the taxes you pay today and delay paying taxes on the money you save, as well as your account earnings, until you withdraw the money from the plan. By the time you withdraw the money later, the theory is that you will be in a lower tax bracket than you are now, so your tax liability may be lower than when you are in your highest money-earning years.

Cincinnati Life

The City of Turlock is proud to continue the relationship with Cincinnati Life for voluntary life options for our City employees. For questions regarding Cincinnati Life, either policy maintenance or enrollment, contact one of the Cincinnati Life representatives:

New coverage/policy: **Joe Lee, 214.274.9545**

Policy maintenance, including claims: **Michelle Albright, 912.638.9291.**

HEALTHCARE DISCLOSURES

Federal law requires certain consumer disclosures annually to plan participants. The following hyperlinks will provide detailed information about these important notices. Please take the time to review the various federal statutes as they may impact you and your benefits. All notices are posted to the City of Turlock intranet and online at https://ci.turlock.ca.us/workingforus/openenrollment/.

If you need paper copies of these documents, please reach out to Human Relations; copies will be provided on request.

- **Children's Health Insurance Program Reauthorization Act (CHIPRA):** notice of potential rights for premium assistance through Medicaid (Medi-Cal in California) as well as the CHIP program nationally.
- **Health Insurance Exchange Notice:** this notice outlines the availability of coverage with the City of Turlock in relation to our state exchange, also known as Covered California. Tax incentives are available through Covered California but if you are eligible for group coverage through an employer that is both credible and meets minimum affordability standards, then these tax incentives are not available to you.
- **HIPAA Notice of Privacy Practices**: confirms the City of Turlock privacy practices relating to your employee benefits.
- **Medicare Part D – Prescription Drug Coverage**: notice is required by the Centers for Medicare Services (CMS) annually due to Medicare Part D prescription drug coverage requirements. Note the City of Turlock Plan has determined that both plans meet the minimum standard set by CMS and will pay out as much, or more, than a standard Medicare prescription drug plan. Both plans are considered "credible coverage".
- **Newborns & Mothers Health Protection Act (NMHPA)**: outlines a mother and baby's right to certain hospital length stay after delivering a child or children.
- **Notice of Special Enrollment Rights (SEP)**: explains your special enrollment rights if you have a special enrollment opportunity mid-year as your situation has changed.
- **Women's Health & Cancer Rights Act of 1998 (WHCRA)**: provides coverage for all stages of breast cancer and reconstruction.

In addition, policy documents are available via the City of Turlock intranet or within the member portals online. The current SPD is embedded into the UMR member site or on the City of Turlock intranet.

- **Summary of benefits and coverage (SBC)**
  - Traditional PPO Plan
  - High deductible health plan with HSA accounts
- **Summary Plan Description**
  - Traditional PPO Plan
  - High deductible health plan with HSA accounts

CONNECT VIA MOBILE TO YOUR CARRIERS

So many self-serve options are avialable right at your fingertips.

Tap into the carrier mobile apps and websites for educational videos, flyers, Q&A, and much more!

Carrier Partner	*Apple APP Store (Apple) https://www.apple.com/app-store/*	*Google Play (Android) https://play.google.com/store/apps*
UMR Medical	https://apps.apple.com/us/app/umr-health/id6444543678	https://play.google.com/store/apps/details?id=com.bob.umr
Optum Bank HSA	https://apps.apple.com/us/app/optum-bank/id1322690077	https://play.google.com/store/search?q=Optum%20Bank%20HSA&c=apps
Delta Dental	https://apps.apple.com/us/app/delta-dental-mobile-app/id1585628503	https://play.google.com/store/search?q=delta%20dental&c=apps
VSP Vision	https://apps.apple.com/us/app/vsp-vision-care-on-the-go/id938497148	https://play.google.com/store/search?q=vision%20service%20plan&c=apps
SunLife Financial	https://apps.apple.com/us/app/sun-life-benefit-tools/id365018892	https://play.google.com/store/apps/details?id=com.assurantemloyeebenefits
AFLAC	https://apps.apple.com/us/app/myaflac/id1289862640	https://play.google.com/store/search?q=aflac&c=apps
Mission Square	https://apps.apple.com/us/app/missionsquare-retirement/id908841242	https://play.google.com/store/apps/details?id=com.icmarc.app

Carrier Partner	*YouTube Education Video Links*
UMR Medical	https://www.youtube.com/@myUMRhealth
Optum Bank HSA	https://www.youtube.com/@optum
Delta Dental	https://www.youtube.com/@deltadentalins
VSP Vision	https://www.youtube.com/@vspvisioncare
SunLife PinnacleCare	https://www.youtube.com/playlist?list=PLh2utfQZFLtEmAd6QDOvxyS5aYJdvY2GW
AFLAC	https://www.youtube.com/@aflac
ICMA/Mission Square	https://www.youtube.com/@MissionSquareRetirement

GENERAL QUESTIONS OR NEED ASSISTANCE? WE ARE HERE FOR YOU ANY TIME DURING THE YEAR!

General Questions

The City of Turlock provides access to the Human Relations Department for any benefits related questions. You will also find benefit summaries, videos, any of the carrier enrollment and/or claim forms on the City of Turlock intranet site.

Human Relations:
209.668.5150 phone
HR@turlock.ca.us

In addition to our Human Relations department, our insurance broker and consultant based out of Turlock, Winton-Ireland Strom & Green Insurance Agency, is also available to help with any benefits questions or issues that may arise for any of the benefits listed in this brochure (except retirement benefits). Any information disclosed to Winton-Ireland Strom & Green Insurance Agency is strictly confidential and will not be shared with anyone. Both the City of Turlock and Winton-Ireland want all employees to take full advantage of their benefits – we are here to help in any way possible.

Winton-Ireland Strom & Green Insurance Agency:
627 – 687 E. Canal Drive
Turlock, CA 95380
209.667.0995 local or toll free 800.790.4875
http://www.wisg.com

Andrea Hiykel, Account Manager
209.667.0995 x3101, ahiykel@wisg.com

Lynn Bull, VP – Benefits
209.216.3056, lbull@wisg.com

Prepared by Winton-Ireland Insurance Agency, Inc.
dba: Winton-Ireland Strom & Green Insurance Agency

This document contains confidential and/or privileged information for City of Turlock benefits participants only.
Any review, disclosure, dissemination, distribution or copying of this document or its contents is prohibited.

The information in this Benefits Summary is presented for illustrative purposes & is based on information provided by the City of Turlock. The text contained in this Summary was taken from various summary plan descriptions & benefit information.
While every effort was taken to accurately report your benefits, discrepancies or errors are always possible.
In case of discrepancy between this Summary & the actual plan documents, the actual plan documents will prevail.
All information is confidential, pursuant to the Health Insurance Portability & Accountability Act of 1996.
If you have any questions about this summary, contact Human Relations or Winton-Ireland Strom & Green Insurance Agency.