2026 - 2027

Employee Benefits Overview

Choices Ahead

1700 WEST 162nd STREET / GARDENA, CALIFORNIA 90247-3732 / WWW.CITYOFGARDENA.ORG / PHONE (310) 217-9500

January 2026

Dear Gardena Employees, Retirees, and Dependents:

Welcome to a new year of Benefits! Included within is information for the 2026-2027 Plan Year. We hope you are able to take time to review the information, to best utilize the benefits the City has to offer.

The comprehensive list of coverage for eligible members includes: medical, dental, vision, life insurance, and an Employee Assistance Program (EAP). There is also access to voluntary plans such as legal services, and participation in the City's 457 retirement plan, access to credit unions, and this year we are introducing Pet Insurance!

In an effort to maintain family cost at the same rate this year, for the eight year in a row – The HMO Kaiser option will be frozen this year to any new enrollees. If you are currently in the Kaiser Plan, you can remain in the plan, but we will not be accepting new enrollees this year.

Our Self-Insured PPO plan offers rich benefits to help address member health needs.

In addition to the enhanced vision and dental benefits added last year, this year we are introducing a dental network – Delta Dental, to help your benefits go a longer way. Details included within.

We hope you and your family members continue to enjoy our comprehensive benefits package.

Sincerely,

Clint Osorio
City Manager

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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

The benefits in this summary are effective
February 1, 2026 through **January 31, 2027**

Whether you're enrolling in benefits for the first time, nearing retirement, or somewhere in between, City of Gardena 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, 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.

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?

Eligible Employees include:

- Full-Time Employees
- Part-Time Employees who worked an average of 30 or more hours per week over the past 12 months
- Retirees eligible for Post-Retirement Health Insurance Coverage

The following dependents are eligible for benefits:

- Legally married spouse (same or opposite sex).
- Registered Domestic Partner (same or opposite sex).
- Natural, adopted or stepchildren, or children of a domestic partner up to age 26.
- Children over age 26 who are disabled and depend on you for support.
- Children named in a Qualified Medical Child Support Order (QMCSO).

Members who are NOT eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings, aunts/uncles, nieces/nephews, and grandchildren.
- Ineligible Employees and Retirees include temporary employees, transitional subsidized employment (TSE) workers, interns, volunteers, part-time employees who have not worked an average of 30 or more hours per week over the past 12 months and retirees not eligible for Post-Retirement Health Insurance Coverage.

When you can enroll

New Hire Enrollment	New hire coverage begins on the first of the month following 60 days of employment.
Open Enrollment	The one time each year that you can make changes to your benefits for any reason. Open enrollment is generally held in January every year for a February 1 effective date.
Qualifying Life Event	A qualifying life event is a significant change in your life that allows you to make changes to your benefits outside of open enrollment. See the next page for more information.

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 31 days after the event.

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.

	What you need to know
Kaiser HMO	• **The Kaiser HMO plan is frozen effective 2/1/2026. This plan is only available to members enrolled prior to 2/1/2026.** • Access to Kaiser providers/facilities exclusively • Requires PCP to see specialist • No deductible • Predictable costs
City Self-Insured PPO	• Must meet deductible for some services before the plan begins to pay a % of the cost • Out-of-network coverage; higher costs

Scan the QR code to play video

Insurance Lingo

Watch this video to review helpful healthcare terms.

Medical Plan Overview

Kaiser HMO Plan (Not available to new entrants)

The Kaiser HMO Plan will only be available to those who are currently enrolled. No new entrants will be able to enroll in this plan. The Kaiser HMO offers health benefits including medical and prescription coverage. When you enroll in the Kaiser HMO plan, you agree to use only Kaiser doctors and facilities for all your medical care. Kaiser covers most services at 100% with no deductible. Members who travel out of state to a region with Kaiser presence are covered for full services. Otherwise, members are covered for urgent and emergency care only. Kaiser regions include covered zip codes in Hawaii, Washington, Oregon, Colorado, Maryland, Georgia, Virginia and Washington D.C. Please note that retirees are not eligible to remain on the Kaiser HMO Plan if they permanently move outside of Southern California.

City Self-Insured PPO Plan

The PPO plan offers health benefits including medical, dental, vision, and prescription coverage. The PPO plan offers you access to a large network of physicians who agree to discount their fees for a service. Under this plan, you are not required to select a Primary Care Physician and can access different physicians and specialists under your own discretion. While you may go to any doctor or hospital each time you need care, your copay or coinsurance will be lowest when you go to an in-network PPO provider.

Premium Split Option (PSO)

Employees not participating in the Premium Split Option as of December 31, 2017, are not eligible for the Premium Split Option. This option is only available to full-time employees who are currently enrolled in the PSO. Under the Premium Split Option, an employee will be reimbursed $903.62 per month for waiving health insurance coverage. During each Open Enrollment, employees are required to re-enroll and submit proof of other health coverage in order to remain enrolled in the PSO. At anytime should an employee choose to opt out of the PSO and enroll in City health coverage, they will become permanently ineligible to enroll in the PSO.

Kaiser Permanente Senior Advantage Direct Bill

If you are ready to retire and are not eligible for Retiree Health Coverage under your bargaining group's Memorandum of Understanding (MOU), you can enroll in the City's Kaiser Senior Advantage plan. The benefit extends to City employees who are Medicare eligible. The employee must be age 65 and enroll in Medicare Parts A & B. The employee becomes responsible for the full premium cost and pays directly to Kaiser upon retiring. The retiree enjoys all the benefits under the City's Kaiser Plan. Contact Human Resources for more details.

Medical Plan – Kaiser HMO (Not available to new entrants)

This table shows member cost share.

	Kaiser HMO
	In-Network Only
Accumulation Period	Calendar year from January 1 through December 31
Calendar Year Deductible Individual Coverage Family Coverage	None
Calendar Year Out-of-Pocket Maximum[1,2] Individual Coverage Family Coverage	 $1,500 $3,000
Office Visit Primary Care Specialist	 $25 copay $25 copay
Preventive Services	No charge
Urgent Care	$25 copay
Emergency Room	$100 copay (waived if admitted)
Lab and Imaging	No charge
Outpatient Surgery	$25 copay
Inpatient Hospitalization	No charge
Chiropractic/Acupuncture (up to 40 visits/year combined)	$10 copay
PRESCRIPTION DRUGS	
Calendar Year Deductible	None
Calendar Year Out-of-Pocket Maximum	Combined with medical
Retail Generic (100-day supply) Brand (100-day supply) Specialty (30-day supply)	 $10 copay $30 copay $30 copay
Mail Order - 100 Day Supply Generic Brand	 $10 copay $30 copay

[1]This family maximum is embedded, meaning that the plan will cover 100% for a member once they reach their individual maximum.
[2]All covered expenses including your prescription copays accumulate towards the out-of-pocket maximum.

Medical Plan – City Self-Insured PPO

This table shows member cost share.

	City Self Insured PPO (Anthem Blue Cross administered by Pinnacle)	
	In-Network	**Out-of-Network**
Accumulation Period	Calendar year from January 1 through December 31	
Calendar Year Deductible[1] Individual Coverage Family Coverage	 $500 $1,500	 $2,000 $6,000
Calendar Year Out-of-Pocket Maximum[2] Per Individual	 $2,500	 Unlimited
Office Visit Primary Care Specialist	 $25 copay[3] $40 copay	 40%[4] 40%[4]
Preventive Services	No charge	40%[4]
Urgent Care	20%	40%[4]
Emergency Room	$100 copay (waived if admitted)	
Lab and Imaging	20%[4]	40%[4]
Outpatient Surgery	20%[4]	40%[4]
Inpatient Hospitalization	$250 copay + 20%[4]	40%[4]
Chiropractic (up to 20 visits/year)	50%	50%
Acupuncture ($30 max benefit per visit - up to 20 visits/year)	50%	50%
PRESCRIPTION DRUGS* **(OptumRx administered by RxBenefits)**		
Calendar Year Deductible	None	
Calendar Year Out-of-Pocket Maximum	$4,100 individual / $8,200 family	
Retail - 30 Day Supply Generic Brand Specialty	 $15 copay $50 copay $50 copay	 Not covered
Mail Order - 90 Day Supply Generic Brand Specialty	 $30 copay $100 copay Not covered	 Not covered

[1]This family deductible is embedded, meaning that the plan begins to make payments for a member once they reach their individual deductible.
[2]All covered expenses including your medical deductibles accumulate towards the out-of-pocket maximum.
[3]$15 copay for pediatrician and OB/GYN.
[4]After deductible.

***Prescription drugs are limited to a maximum benefit of $2,500 per covered drug. All retail pharmacy prescriptions will be filled by RxBenefits. If you take maintenance medications on a long-term basis, you will be allowed three (3) fills at a retail pharmacy. All subsequent fills of the medication should be processed by mail order through RxBenefits.**

Pinnacle – Your Guide To Better Health

Your Personal Online Portal – HealthView

You and your covered spouse and/or dependents can access your benefit information at anytime through HealthView:

- Claims status and claims history
- Explanation of Benefits (EOBs)
- Review of plan documents and benefit information
- Provider Lookup
- View member profile
- Update contact information, family, or job change
- View your Flexible Spending Account
- Order replacement ID cards
- Customer Service Access

Logging in to HealthView

- Go to healthview.pinnacletpa.com to Log In or Register as New User
- Enter your Subscriber (Member/Health Care) ID Number located on your benefits ID card
- Enter your Suffix Number (the last two digits of your Subscriber ID number)
- Enter Password (New users click the Register Link to create a new account)

Contact Pinnacle

Contact a Customer Service agent online with questions on eligibility, plan coverage or claim status. You will receive a response by the end of next business day.

Pinnacle Member Services: (833) 545-9459

Alternate Phone: (800) 649-9121

Available Monday-Friday 7:00am to 5:30pm PST

Email: customerservice@pinnacletpa.com

Website: healthview.pinnacletpa.com

Rightway – Your Guide to Better Health

Rightway navigates you to the highest-quality, most cost-effective care

Pinnacle's concierge service is powered by Rightway. Rightway makes sure you get the highest-quality and most complete care at the lowest cost. Our health guides match you with the doctor you need, make an appointment for you, provide upfront pricing, and even dispute bills on your behalf.

What Rightway Navigators do

Your Navigator will provide:

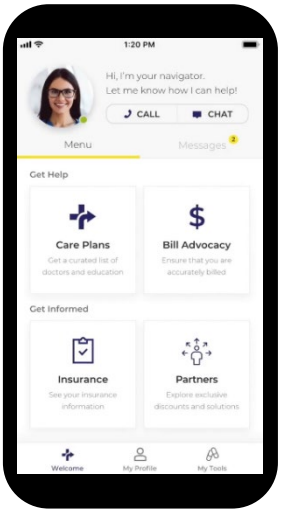
- Concierge-level support
- Curated doctor recommendations
- Care plans and coordination
- Preventive care guidance
- Benefits information and tracking
- Bill explanations and resolutions
- Upfront pricing information
- Appointment scheduling
- Mayo Clinic educational resources

Gain a 'doctor in the family'

Rightway Navigators are:

- Certified doctors and nurses
- A single point of entry into healthcare
- Dedicated to you
- Available through call or message
- Informed of your benefits plan
- Proven claims specialists

Download the app!



Available on the iPhone App Store

ANDROID APP ON Google play

Where Can I Get More Info?

Visit rightwayhealthcare.com or call (833) 689-0308 to learn more about how Rightway can support your healthcare experience.

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 plan. Please review the plan documents before enrolling in coverage. When you sign up for a City of Gardena medical plan, you will receive dental coverage through the Delta Dental PPO 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

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 Plan – Delta Dental PPO

You always pay the deductible. The coinsurance (%) below reflects what the plan pays after the deducible.

This table shows plan cost share.

	Delta Dental PPO*		
	PPO Network	**Premier Network**	**Out-of-Network**
Annual Deductible	$50 individual / $150 family		
Annual Plan Maximum[1]	$3,000 per member		
Diagnostic & Preventive Exams Cleanings X-rays	Plan pays 100%	Plan pays 100%	Plan pays 100%
Basic Services Fillings Root Canals Periodontics	Plan pays 80%[2]	Plan pays 80%[2]	Plan pays 80%[2]
Major Services Dentures Prosthodontics Implants	Plan pays 50%[2]	Plan pays 50%[2]	Plan pays 50%[2]
Orthodontia Adults and Children	Plan pays 80% up to $4,000 lifetime maximum		

[1]Annual maximum is waived for diagnostic and preventive services.
[2]After deductible.

*Reimbursement is based on the PPO contracted fees for PPO dentists, the Premier contracted fees for Premier dentists and the Program Allowance for non-Delta Dental dentists.

What you need to know about this plan

Will I receive an ID card?
Yes, you will receive a separate dental ID card from Delta Dental.

Do I have to select a primary dentist?
No

Can I use my FSA?
If you participate in a healthcare FSA, you can use your account to pay for dental expenses.

Are the maximums the most the member pays, or the plan pays?
The annual plan maximum and orthodontia lifetime maximum are the most the plan will pay (per member).

Vision

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 enrolling in coverage. When you sign up for a City of Gardena medical plan, you will receive vision coverage.

	What you need to know
EyeMed Vision	• Out-of-network coverage will have higher costs • The plan will reimburse up to a specific dollar amount for most materials

Scan the QR code 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 - EyeMed

This table shows member cost share.

	EyeMed Vision (Administered by Pinnacle)	
	In-Network	**Out-of-Network Reimbursement**
Exams **Exams (Plus Provider)** *Once every 12 months*	$10 copay $0 copay	Up to $40 Up to $40
Eyeglass Lenses Single Vision Lens Bifocal Lens Trifocal Lens *Once every 12 months*	 $0 copay $0 copay $0 copay	 Up to $30 Up to $50 Up to $70
Frames **Frames (Plus Provider)** *Once every 12 months*	$150 allowance + 20% off remaining balance $200 allowance + 20% off remaining balance	Up to $105 Up to $105
Contacts (Elective)[1] Conventional *Once every 12 months*	 $150 allowance + 15% off remaining balance	 Up to $105

[1]In lieu of lenses

EyeMed Perks

- **Extra Savings -** Get an extra 40% off additional complete pair of prescription eyeglasses and save 20% on non-covered items including prescription sunglasses.
- **Retinal Screening** - You won't pay more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam.
- **LASIK Laser Vision Correction** - Save up to an average of 15% off the regular price of LASIK or 5% off the promotional price from contracted facilities.

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

Life and AD&D

Life and AD&D 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, 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 *Voluntary*	• Employee • Spouse • Child

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 Provided 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 Lincoln Financial, and premiums are paid in full by the City.

Class description

Class 1	All Active Full time City Managers working at least 30 hours per week
Class 2	All Elected Officials working at least 30 hours per week
Class 3	Management employees, Mid Management, and Confidential employees working at least 30 hours per week
Class 4	All Other Active Non-Sworn Full-Time Employees working at least 30 hours per week

Employee Life and AD&D Coverage

Class 1	1.5x base annual earnings up to a maximum of $300,000.
Class 2	$50,000
Class 3	1.5x base annual earnings up to a maximum of $300,000.
Class 4	$20,000
AD&D Benefit: All Classes	Same as Life

Note: Benefit amount reduces age 70. *Refer to the plan document for details.*

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.

City Provided Life and AD&D Insurance (Cont.)

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 OneAmerica, and premiums are paid in full by the City.

Class description

Class 1	All Eligible Full-Time Employees who are classifications under GMEA
Class 2	All Other Eligible Full-Time Employees

Employee Life and AD&D Coverage

Class 1	$20,000
Class 2	$10,000
AD&D Benefit: All Classes	Same as Life

Note: Benefit amount reduces age 65. *Refer to the plan document for details.*

Voluntary Life Insurance

Protecting those you leave behind

Voluntary Life Insurance allows you to purchase additional coverage to protect your family's financial security. All Full-Time and Part-Time employees working at least 20 hours per week are eligible to have Voluntary Life coverage.

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

Life Coverage

Employee	Increments of $10,000 up to the lesser of 5x covered annual earnings or $300,000 Guaranteed Issue: $150,000
Spouse	Increments of $5,000 up to the lesser of 50% of the employee amount or $30,000 Guaranteed Issue: $30,000
Child(ren)	$5,000 (age 6 months to 26 years) $250 (age 1 day to 6 months)

Note: Benefit amount reduces at age 70.

Evidence of Insurability (EOI)

If you elect Voluntary Life coverage above guaranteed issue (noted on this page), or if you are a late entrant, you must complete and submit EOI.

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.

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, filing your taxes or navigating an IRS audit, legal coverage from MetLife offers reputable attorney assistance for you and your family.

To find an attorney, visit www.members.legalplans.com or call (800) 821-6400 to speak with a service member that can match you with the right attorney and give you a case number.

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. MetLife provides coverage for this program. Call (800) GET-MET8, visit metlife.com/getpetquote , or scan the QR code below for more information.

This benefit is effective February 1, 2026.

Financial Wellness

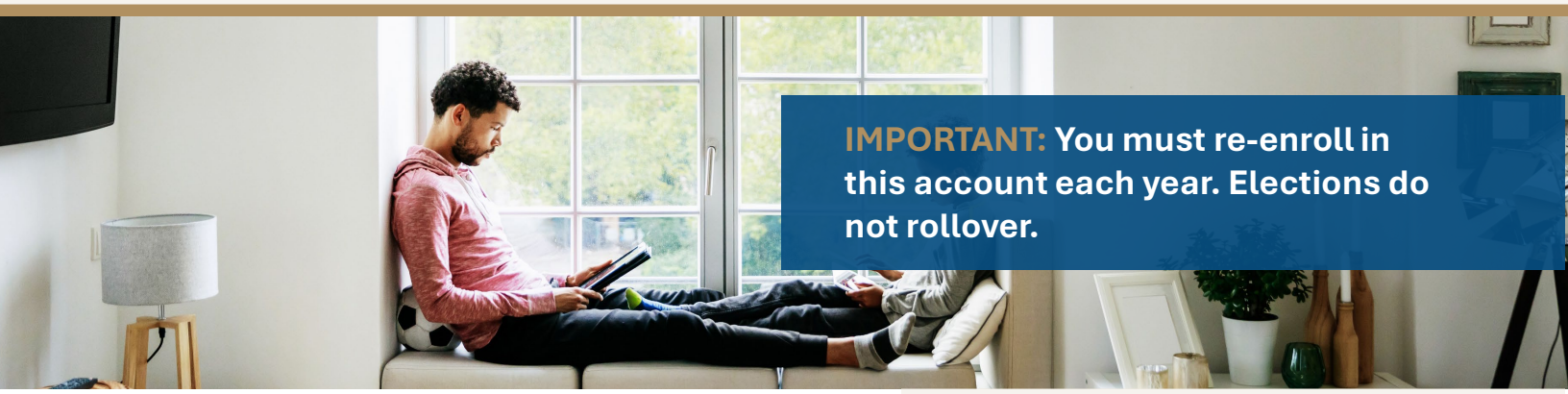
We offer benefits and resources to help you make the most of your money now and in the future.

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.
ScholarShare 529 Education Savings Plan	Save for your dependent’s education.
MissionSquare 457 Deferred Compensation Plan	Work towards your retirement goals. ***457(b) Roth contribution option coming soon!**
South Bay Credit Union	Resources and helpful information on Credit Unions
Kinecta	
F&A Federal Credit Union	

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 Pinnacle Claims Management, Inc.

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 2/1/2026 and 4/15/2027 (2 ½ month "grace period" after the end of the plan year).
Deadline To Submit Claims	Claims must be submitted for reimbursement no later than 4/15/2027.
Rollover	Any additional remaining balance will be forfeited.

Are You Eligible?

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

Find out more

Website: healthview.pinnacletpa.com
Phone: (833) 545-9459
Email: customerservice@pinnacletpa.com

- Eligible Expenses
- Ineligible Expenses

Additional Ways to Save

529 Education Savings Plan

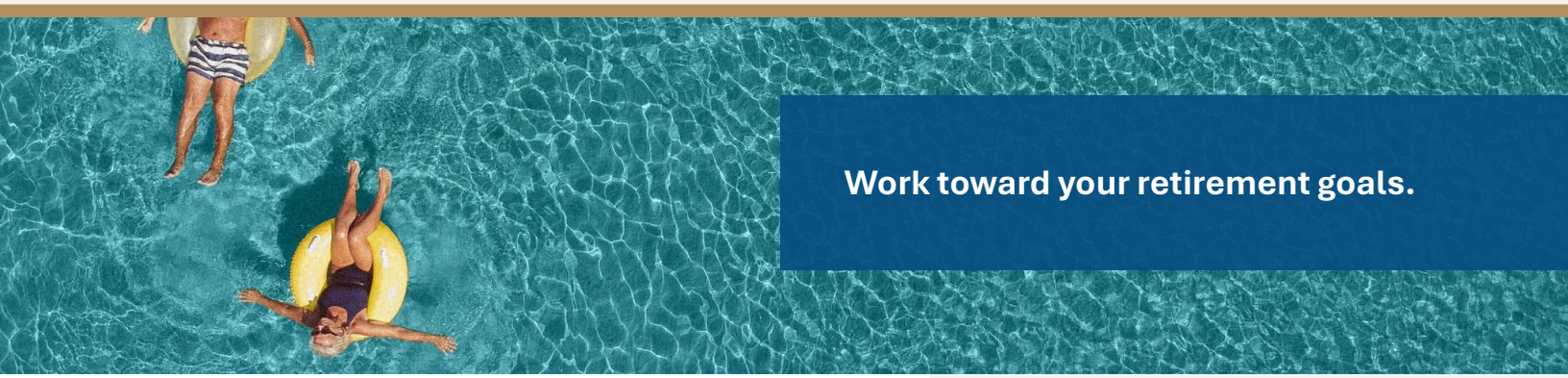
Education is expensive, and many parents who save for a child's education don't have enough set aside at college time. A 529 plan can help you save for it. You can set aside money for qualified K–12 or college education costs and let it grow tax-deferred. ScholarShare will provide personalized guidance on selecting the best 529 plan for you, based on where you live and your investment preferences.

Benefits of Establishing a 529 Account

- **Affordable and convenient** – accounts can be opened quickly with as little as $25 and managed online or by mail
- **Return on contributions** grow tax-deferred
- **Withdrawals** are tax-free when used for qualified expenses
- **Flexibility** on funds to pay for tuition, required fees, books, supplies, room and board, and computers
- **Gifting** – anyone can contribute to the 529 account, so there are opportunities for others to give during birthdays, holidays, graduation, or other important occasions

To find out more, visit www.scholarshare529.com or call (800) 544-5248.

457 Deferred Compensation Plan



Work toward your retirement goals.

The City offers a 457(b) deferred compensation plan through MissionSquare Retirement; providing employees with the opportunity to defer income for retirement. Contributions to a deferred compensation fund are on a pre-tax basis and invested according to the employee's choice of a variety of investment vehicles. You may contribute up to the annual maximum defined by the IRS.

Maximum Annual Deferral Limit	Up to $24,500 per year. IRS limits are evaluated annually and may change.
Age 50 Catch Up Limit	$8,000
Pre-Retirement Catch-Up Limit*	$24,500 ($49,000 total)

* Allows eligible participants to contribute an additional amount over the regular deferral limits in effect for the year (up to double) to make up for years in which they did not contribute the maximum amount they were eligible to contribute under their current employer's plan.

Loans – while still employed by the City, the plan allows you to borrow money from your account. The maximum loan amount is limited to half of your account balance or $50,000, whichever is less.

Wide Range of Investments – create your own mix of investments choosing from available options or consider a diversified target date fund. You can also get help with Guided Pathways® by visiting www.missionsq.org/guidedpathways.

Withdrawal Options – after separating from the City, you will be eligible to withdraw funds at anytime and will not be required to take withdrawals until after age 70 ½. The IRS implements a 10% penalty for early withdrawals.

Need Help?

Website: www.missionsq.org

Phone: 800-669-7400

Marcus Marshall
(Retirement Plan Specialist)

Email: mmarshall@missionsq.org

Phone: 202-759-7203

457(b) Roth contribution option coming soon – discuss with your Retirement Specialist.

ONLINE RESOURCES

- Manage your account on www.missionsq.org
- Tips and tools to help you save, invest, and retire on

MISSIONSQUARE'S MOBILE APP

- View your account balance, year-to-date account activity, retirement income projection and fund performance
- Change your fund selection and personal information
- Check out RealizeRetirement® financial education resource with variety of videos and tools to help you save for retirement

Helpful Information on Credit Unions

There are a handful of Credit Unions available to you. View this page to learn more about the resources and contact information for any questions.

South Bay Credit Union – Full Service

South Bay Credit Union offers your traditional savings and checking programs, auto loans, real estate loans, low-rate mortgages, VISA credit cards and more.

Website: www.southbaycu.com

Contact: Russell Cerpa, Manager of Strategic Alliances

Email: rcerpa@southbaycu.com

Office: (310) 374-3436

Mobile: (818) 800-9053

Fax: (424) 275-4391

Kinecta – Let's Connect

Kinecta is always here to provide more information and answer any questions. Kinecta offers a full range of banking and lending services with a handy mobile app and surcharge-free ATMs nationwide.

Website: www.kinecta.org

Email: Javier.Salazar@kinecta.com

Phone: (424) 392-2539

F&A Federal Credit Union – Protection Your Future

F&A offers some of the best rates in the industry, mobile tech so you can make moves in a tap, education programs for your whole family, and ongoing fraud alerts to protect you.

Website: www.fafcu.org

Contact: Maria Betancourt, Membership Development Manager

Email: betancourtm@fafcu.org

Phone: (800) 222-1226 ext. 5235

Fax: (323) 980-8987

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)	Access resources to manage stress, chemical dependency, mental health and family issues.
Mental Health Resources	Mental health coverage provided by your medical carrier.

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 REACH 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 6 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
(800) 273-5273

Email
info@reachline.com

Website
www.reachline.com

Mental Health Resources

This is a reminder that our medical plans include coverage for mental health care. Also, through our telemedicine provider, you can connect to a mental health provider within minutes, from any location, at any time.

	In-Network Mental Health Services *	
	Outpatient	Inpatient
Kaiser HMO Plan	Individual: $25 copay Group: $12 copay	No charge
City Self-Insured PPO Plan	$25 copay	$250 copay + 20% after deductible

*If your preferred mental health provider is out-of-network, services may cost more or may not be covered under certain plans. Refer to the complete medical plan tables earlier in this guide for more information on out-of-network coverage.

Scan the QR code to play video

The EAP Is Here To Help

If you're dealing with a little stress and anxiety or a lot; a relationship or substance abuse issue; financial worries; or the responsibility of caring for others; the Employee Assistance Program from REACH can help.

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.

Please note that unless your domestic partner is your tax dependent as defined by the IRS, contributions for domestic partner coverage must be made after-tax. Similarly, the company contribution toward coverage for your domestic partner and his/her dependents will be reported as taxable income on your W-2. Contact your tax advisor for more details on how this tax treatment applies to you. Notify City of Gardena if your domestic partner is your tax dependent.

Your Monthly Benefit Costs

The total amount that you pay for your benefits coverage depends on the plans you choose and how many dependents you cover. Your healthcare costs are deducted from your pay on a pre-tax basis — before federal, state, and social security taxes are calculated — so you pay less in taxes.

Full-Time Employees

Medical	Kaiser HMO	City Self-Insured PPO
Employee Only	$0.00	$0.00
Employee + 1	$0.00	$0.00
Family	$494.00	$494.00

Dental & Vision (Included with Medical)	Delta Dental PPO	EyeMed Vision
Employee Only	$0.00	$0.00
Employee + 1	$0.00	$0.00
Family	$0.00	$0.00

Your Monthly Benefit Costs

The total amount that you pay for your benefits coverage depends on the plans you choose and how many dependents you cover. Your healthcare costs are deducted from your pay on a pre-tax basis — before federal, state, and social security taxes are calculated — so you pay less in taxes.

Part-Time Employees

Medical	Kaiser HMO	City Self-Insured PPO
Employee Only	$870.71	$125.00
Employee + 1	$1,741.42	$1,807.24
Family	$2,464.11	$2,845.66

Dental & Vision (Included with Medical)	Delta Dental PPO	EyeMed Vision
Employee Only	$0.00	$0.00
Employee + 1	$0.00	$0.00
Family	$0.00	$0.00

Voluntary Life 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	$0.068
20-24	$0.068
25-29	$0.068
30-34	$0.085
35-39	$0.105
40-44	$0.165
45-49	$0.285
50-54	$0.488
55-59	$0.848
60-64	$0.885
65-69	$1.568
70-74	$2.738
75+	$4.380

Calculate Your Life Insurance Cost

1. Desired Coverage ($10,000 Increments for You, $5,000 Increments for Spouse):

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 3:

TOTAL COST PER PAYCHECK:

Child Life Insurance

Coverage Amount	Rate per $5,000 of coverage
$5,000	$1.00

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.

Plan Contacts

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

Plan Type	Provider	Phone Number	Website/Email
Medical HMO	Kaiser	(800) 464-4000	www.kp.org
Medical PPO	Anthem Blue Cross (Administered by Pinnacle)	(833) 545-9459	healthview.pinnacletpa.com
Dental PPO	Delta Dental	(888) 335-8227	www.deltadentalins.com
Vision	EyeMed (Administered by Pinnacle)	(833) 545-9459	healthview.pinnacletpa.com www.eyemed.com
Pharmacy Benefits Manager	RxBenefits	(800) 334-8134	www.rxbenefits.com CustomerCare@rxbenefits.com
Care Navigator	Rightway Healthcare	(833) 689-0308	rightwayhealthcare.com
Life and AD&D	Lincoln Financial	(800) 487-1485	www.lfg.org
Life and AD&D	OneAmerica	(800) 553-5318	www.oneamerica.com
Employee Assistance Program (EAP)	REACH	(800) 273-5273	www.reachline.com
457 Deferred Compensation Plan	MissionSquare	(800) 669-7400	www.missionsq.org
Flexible Spending Account (FSA)	Pinnacle	(833) 545-9459	healthview.pinnacletpa.com
Legal Plan	MetLife	(800) 821-6400	www.members.legalplans.com
Pet Insurance	MetLife	(800) GET-MET8 or (800) 438-6388	www.metlife.com/getpetquote
City of Gardena Employee Benefits			
City of Gardena	Human Resources	(310) 217-9688	hr@cityofgardena.org
Jessica Anderson	Senior Human Resources Analyst	(310) 965-2337	janderson@cityofgardena.org
Kareli Gonzalez	Human Resources Coordinator	(310) 217-9688	kgonzalez@cityofgardena.org
Jasmine Bermudez	Human Resources Coordinator	(310) 217-9542	jbermudez@cityofgardena.org
Nathalie Perez	Human Resources Technician	(310) 965-2327	nathalie.perez@cityofgardena.org
Diana Schnur	Human Resources Manager	(310) 217-9688	dschnur@cityofgardena.org

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 within this guide:

- **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
- **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 at the City's Intranet G.W.E.N. Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact the Plan Administrator.

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 at the City's Intranet G.W.E.N.

- Kaiser HMO
- City Self-Insured PPO

Medicare Part D Notice

Important Notice from City of Gardena 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 the City of Gardena 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 Gardena has determined that the prescription drug coverage offered by their health plans 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 Gardena coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under City of Gardena's plans 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 Gardena 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 Gardena 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 Gardena 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
- 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, 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:	2/1/2026
Name of Entity/Sender:	City of Gardena
Contact-Position/Office:	Pinnacle Claims Management, Inc.
Address:	1700 West 162nd Street, Gardena, CA 90247
Phone Number:	(833) 545-9459

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. If you would like more information on WHCRA benefits, call your health plan's Member Services for more information.

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 Gardena'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 Gardena'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 31 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 31 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 31 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 Gardena'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 Gardena 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 Plan generally requires 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**.** For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan administrator

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

You do not need prior authorization from Kaiser 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 the plan administrator.

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.medicaid.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: HHSHIPPProgram@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://dhcfp.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 RIte 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

Paperwork Reduction Act Statement

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.