

Part Time Orientation Binder

With Health Benefits



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Section 1

PTEANB & Training Information



BENEFITS SUMMARY

PART-TIME EMPLOYEES ASSN OF NB (PTEANB)

Term: January 1, 2019 through December 31, 2021

This summary is for informational purposes only and is not binding. For a complete explanation of all benefits and compensation, benefit eligibility, and restrictions, refer to the current Memorandum of Understanding (MOU) and the Employee Policy Manual.

GENERAL PROVISIONS

Recognition: To qualify for membership part-time employees must work 1,000 hours within a fiscal year or when the City is mandated to provide Minimum Essential Coverage as required under the Affordable Care Act. Once an employee is enrolled into the unit, the member will remain covered under the MOU while actively employed part-time, regardless of the number of hours worked thereafter.

COMPENSATION

Salary Adjustments: 1.75% - July 6, 2019; 1.75% - June 20, 2020; and 1.75% - June 19, 2021.

FLSA Overtime¹: Non-exempt employees earn overtime for actual work hours in excess of 40 in their defined FLSA workweek.

Contract Overtime¹: Overtime earned for employees whose hours paid in their defined FLSA workweek exceeds 40. Paid leaves do not count towards the 40-hour calculation.

Overtime Rate: Both FLSA and Contract Overtime are paid at time and one half (1.5) and are calculated using the regular rate of pay, except Contract Overtime calculations do not include any funds associated with the Cafeteria Plan allowance (cash back, opt-out cash) for eligible employees.

Bilingual Pay: Seventy-five cents (\$0.75) for every hour worked for street conversational level Spanish. Testing is required.

Night Shift Differential Pay: Police Department staff members will receive \$1.50 for every hour scheduled and worked between 6 PM until 6 AM. Library staff members will receive \$1.00 for every hour regularly scheduled and worked after 5:00 PM and for all shifts worked on Sundays. This pay is not offered when working overtime beyond a normal work schedule.

Matron Pay: Female Police Department staff members assigned matron duties shall receive one (1) hour straight time pay for each shift matron duties are performed. Employees must work a minimum eight-hour shift to be eligible.

¹ Overtime is calculated in tenths of an hour.

BENEFITS

Pay for Leave²: Unit members accrue .04 hours for every hour worked; maximum accrual is one hundred (100) hours.

Jury Duty: If required to attend jury duty on a regularly scheduled day, employees will be compensated for the hours they were scheduled to work.

Cafeteria Plan: The City adopted a tiered benefit structure. Eligibility is based on the average number of hours worked, date of most recent enrollment into the PTEANB and health coverage requirements set forth by the Federal Affordable Care Act. Refer to the current MOU for a complete description of benefit levels and employee eligibility.

BENEFITS SUMMARY

*Part-Time Employees Association of Newport Beach
January 1, 2019 through December 31, 2021*

Retirement Benefits: The City contracts with the California Public Employees Retirement System (CalPERS) to provide retirement benefits and has implemented first, second and third tiers. CalPERS makes the final decision as to which tiered benefit an employee will receive.

Member Contributions: 13%

Tier I (Legacy 2.5%@55): Members contribute 10.42% of the total net employee rate, which is 8 % employee rate and 2.42% employee rate modifier, and 2.58% towards the employer rate.

Tier II (Classic 2%@60): Members contribute 7% of the total employee rate and 6% towards the employer rate.

Tier III (PEPRA 2%@62): The minimum required member contribution for Tier III employees is subject to change based on the annual PERS valuation. The employee rate may increase or decrease as provided by CalPERS; the City adjusts the employee rate and adjusts the employer rate contribution so that the total member contribution aligns with Tiers I and II members.

PARS: Employees not eligible for PERS, including Police Cadets and Police Reserves whose positions are excluded from the PERS contract, will remain enrolled in the Public Agency Retirement Services (PARS) in lieu of Social Security. Both the Employee and the City contribute 3.75% of salary towards the employees' retirement plan.

Deferred Compensation: Unit members are eligible to enroll in the deferred compensation program. There is no City contribution.

²The City complies with the IRS Title 26 CFR § 1.451-2 Constructive Receipt of Income with regard to Flex Leave pay out.

MEMORANDUM OF UNDERSTANDING
BETWEEN
THE CITY OF NEWPORT BEACH
AND
THE PART TIME EMPLOYEES ASSOCIATION OF
NEWPORT BEACH



January 1, 2019 through December 31, 2021

**MEMORANDUM OF UNDERSTANDING
BETWEEN
THE CITY OF NEWPORT BEACH
AND
THE PART TIME EMPLOYEES ASSOCIATION OF NEWPORT BEACH**

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**MEMORANDUM OF UNDERSTANDING
BETWEEN THE CITY OF NEWPORT BEACH AND
THE PART TIME EMPLOYEES ASSOCIATION OF NEWPORT BEACH**

This MEMORANDUM OF UNDERSTANDING (hereinafter referred to as "MOU") is entered into with reference to the following:

PREAMBLE

1. The Part Time Employees Association of Newport Beach ("PTEANB" or "Association"), a recognized employee organization, and the City of Newport Beach ("City"), a municipal corporation and charter city, have been meeting and conferring, in good faith, with respect to wages, hours, fringe benefits and other terms and conditions of employment.
2. PTEANB representatives and City representatives have reached an agreement as to wages, hours and other terms and conditions of employment as provided in this Memorandum of Understanding (MOU) for the period from *January 1, 2019 through December 31, 2021*.
3. This MOU, upon approval by PTEANB and the Newport Beach City Council, represents the total and complete understanding and agreement between the parties regarding all matters within the scope of representation. Except as limited herein, the City retains all management rights as set forth in the Meyers-Milias-Brown Act and Resolution No. 2001-50.

SECTION 1. – General Provisions

A. Recognition

In accordance with the provisions of the Charter of the City of Newport Beach, the Meyers-Milias-Brown Act of the State of California and the provisions of the Employer-Employee Relations Resolution No. 2001-50, the City acknowledges that PTEANB is the majority representative for the purpose of meeting and conferring regarding wages, hours and other terms and conditions of employment for part-time employees in those classifications specified in Exhibit "A" and meeting the following recognition requirements.

1. Recognition will continue for all employees recognized as of date of adoption of this MOU; thereafter, employees will become eligible for recognition after working a cumulative total of 1,000 hours in any fiscal year.
2. Recognition for unit membership may also occur whenever the City determines it is mandated by State or Federal law to provide Minimum

Essential Coverage, as defined by the Federal Affordable Care Act.

3. Once eligible for recognition, employees remain covered under the MOU regardless of the number of hours subsequently worked.

B. Duration of Memorandum

Except as specifically provided otherwise, any ordinance, resolution or action of the City Council necessary to implement this MOU shall be considered effective as of *January 1, 2019*. This MOU shall remain in full force and effect until *December 31, 2021*, and the terms and conditions of this MOU shall continue after the date of expiration of this MOU in the event the parties have not yet agreed upon a successor MOU.

The *provisions* of this MOU shall prevail over conflicting provisions of the Newport Beach City Charter, the ordinances, resolutions and policies of the City of Newport Beach, and Federal and State statutes, rules and regulations which either specifically provide that agreements such as this prevail, confer rights which may be waived by any collective bargaining agreement, or are, pursuant to decisional or statutory law, superseded by the provisions of an agreement similar to this MOU.

C. Employee Data and Access

As required by the law, the City shall provide PTEANB a regular list of all unit members including name, department, and job title.

D. Modifications

Any agreement, alteration, understanding, variation, or waiver or modification of any of the terms or provisions of this MOU shall not be binding upon the parties unless contained in a written document executed by authorized representatives of the parties.

E. Subcontracting

As provided in the Employer-Employee Relations Resolution No. 2001-50, the City shall determine the manner in which City services are to be provided, including whether the City should provide services directly or contract out work, including work that is currently being performed by Association members. In the event the City introduces a plan to outsource services to achieve greater efficiency and/or cost savings, and upon request by the Association, the City shall meet and confer with Association representatives to discuss the impact of the City's decision to contract out work, prior to contracting out such services. The City shall retain sole authority to decide whether or not to contract out work, including work that is

currently being performed by Association members. This provision shall not limit the City's authority to enter into such an agreement for any City services.

F. Savings

Should any part of this MOU be rendered or declared illegal or invalid by legislation, decree of court of competent jurisdiction or other established governmental administrative tribunal, such invalidation shall not affect the remaining portions of this MOU.

SECTION 2. – Compensation

A. Pay for Time Worked

1. Salary Adjustments

Effective the later of the pay period including July 1, 2019, or the pay period following City Council approval of the MOU, base salaries will be increased by 1.75%

Effective the pay period including July 1, 2020, employee base salaries will be increased by 1.75%

Effective the pay period including July 1, 2021, employee base salaries will be increased by 1.75%

Notwithstanding the above adjustments, the top step pay rate of Police Reserve Officer shall be, at a minimum, equal to Step 1 of Police Officer.

2. Compensation for Overtime - Normal Overtime

- a. Advanced Approval - *Employees must have advanced approval from their supervisor to work overtime.*
- b. FLSA Overtime - *Overtime earned for actual work hours in excess of 40 in the employee's defined FLSA workweek.*
- c. Contract Overtime – *Overtime earned for an employee whose hours paid in their defined FLSA workweek exceeds 40. For purposes of calculating hours paid for contract overtime, Leave does not count as hours worked for purposes of calculating or earning overtime.*
- d. Rate at Which Overtime is Calculated – *Both FLSA and Contract Overtime (paid at time and one half – 1.5) shall be calculated at the regular rate of pay, except that the rate at which Contract Overtime is calculated shall not include the City's Cafeteria Plan Allowance,*

the opt-out Cafeteria Plan Allowance, or any cash back an employee may receive from the Cafeteria Plan Allowance by choosing benefits which cost less than the Allowance.

- e. Workweek for Purposes of Calculating Overtime – *Employees workweek shall begin on Saturday at 12:00 a.m. and will end exactly 168 hours later the following Friday at 11:59 p.m.*
- f. Reporting Time: *The City calculates overtime in tenths of an hour. An employee who works in excess of three minutes of the next tenth should round up to the next tenth and if the employee works three minutes or less of the next tenth should round down. For example, if an employee whose normal work schedule ends at 5:00 p.m. works until 5:03 p.m. he/she should round down and not report the additional three minutes. However, if the employee works until 5:04 p.m., he/she should report an additional tenth of an hour of time worked.*

3. Minimum Wage Adjustment

Salary ranges of positions that fall below the State minimum wage due to increases in the State minimum wage rate will be adjusted to ensure that employees are earning at least the State minimum wage.

4. Assignment Pay

Night Shift Differential:

Police Department Staff: *Unit members assigned to the Police Department shall be eligible for Night Shift Differential of \$1.50 per hour, payable for each regularly scheduled hour worked between 6:00 p.m. and 6:00 a.m.*

Library Staff: *Unit members assigned to the Library Department shall be eligible for Night Shift Differential of \$1.00 per hour, payable for each regularly scheduled hour worked after 5:00 p.m. and for all hours of shifts worked on Sundays.*

Overtime worked either as an extension of an assigned shift or scheduled as an overtime shift shall not qualify the employee for Night Shift Differential. To qualify for the the differential, the hours worked have to be part of the employee's regularly assigned schedule.

The parties agree that to the extent permitted by law, the shift differential pay in this section is special compensation and shall be reported to

CalPERS as such pursuant to Title 2 CCR, Section 571(a)(4) Shift Differential Pay.

Matron Pay: Female Police Department employees assigned matron duties shall receive one (1) hour straight time pay for each shift matron duties are performed. The employee must work a minimum shift of eight (8) hours to be eligible.

Bilingual Pay: Employees certified as bilingual (Spanish) shall be eligible to receive seventy-five cents (\$0.75) per hour in bilingual pay. The certification process will confirm the employee is fluent at the appropriate conversational level in speaking Spanish. Employees certified shall receive bilingual pay the first full pay period following certification. Additional languages may be considered upon Department Director determination of the benefit to the City and upon approval by the Human Resources Director.

The parties agree that to the extent permitted by law, the Bilingual pay in this section is special compensation and shall be reported to CalPERS as such pursuant to Title 2 CCR, Section 571(a)(4) Bilingual Premium.

SECTION 3. – Fringe Benefits

A. Cafeteria Plan

The City has implemented an IRS qualified Cafeteria Plan. Employees shall have the option of allocating Cafeteria Plan contributions towards the City's existing medical insurance as program rules allow. Employees shall be allowed to change coverages in accordance with plan rules and during regular open enrollment periods. For employees enrolled in medical plans, the cafeteria amount is inclusive of *each year's statutory minimum CalPERS medical insurance contribution*. Employees waiving medical coverage and eligible for opt-out benefits described below must provide proof of *minimum essential coverage ("MEC") through another source (other than coverage in the individual market, whether or not obtained through Covered California)*.

An employee who enters the unit, whether as a new employee or as an employee coming from a full time unit, shall have the most recent date he/she enters the unit be the date which dictates the employee's cafeteria benefit amount.

Cafeteria Plan – 3 Benefit Tiers

Effective January 1, 2017, the City adopted a three (3) Tiered Cafeteria benefit structure. Tier eligibility is based on the date of enrollment into the PTEANB and health coverage requirements set forth by the Federal Affordable Care Act (hereinafter referred to as "the Act").

TIER 1

Criteria: Tier 1 benefits are available to unit members to whom the City must offer affordable health coverage as required by the Act. Under the Act's current definition, eligible unit members in this group work an average of 30 hours or more per week as determined by the City's look-back measurement method for determining employee eligibility for health coverage. Unit members found to be eligible using the look-back measurement will be offered Tier 1 benefits the following January. Eligibility may also occur when otherwise mandated under the Act.

Each year, in order to meet Minimum Essential Coverage (MEC) guidelines as established by the Act, the City shall identify the portion of the cafeteria benefit that is allocated to medical-only coverage. The remaining portion of the cafeteria benefit may be used toward the purchase of additional medical coverage or be payable to the employee as taxable cash back. For example, in 2019, the MEC is \$400 per month and the City would identify \$400 per month to medical-only coverage. Employees enrolled in medical plans would be eligible to receive \$400 towards medical-only and \$375 for the purchase of additional medical coverage or payable as taxable cash back. The amounts allocated to medical-only versus other benefits/cash back may adjust annually in order for the City to meet its obligation to meet MEC requirements.

Tier 1 - Group A: This benefit level applies to employees who first enrolled as PTEANB members prior to July 1, 2014 and work 30 hours or more per week. The City shall provide a cafeteria benefit of \$775 per month toward medical benefits for these members. Tier 1 employees who have waived medical coverage and have been receiving an "opt out" benefit of \$263.40 per month are grandfathered. No additional employees will be provided this "opt out" benefit.

Tier 1 - Group B: This benefit level applies to employees who first enrolled as PTEANB members on or after July 1, 2014 and work 30 hours or more per week. The City shall provide this group a cafeteria benefit of \$ 650 per month toward medical benefits. This amount is allocated to medical benefits only to meet the MEC. No portion of the cafeteria benefit is payable to the employee as taxable cash back. There is no "opt out" cash benefit for eligible unit members who waive coverage. Should the Minimum Essential Coverage exceed \$550 per month, the City shall adjust the monthly benefit to comply with the MEC threshold.

TIER 2

Criteria: Tier 2 benefits are available to employees who first enrolled as PTEANB members prior to July 1, 2016 and to whom the City is not required by the Act to offer affordable health coverage. In accordance with the Act's current definition,

unit members in Tier 2 work an average of less than 30 hours per week as determined by the City's look-back measurement method for determining employee eligibility for health coverage.

Tier 2 - Group A: For Tier 2 unit members who are enrolled in a City medical plan, the City provides a cafeteria benefit of \$4.25 per hour for each hour worked, to a maximum of 60 hours per pay period. Use of paid leave shall be considered as time worked for the purpose of continuing the \$4.25 per hour benefit.

Tier 2 - Group B: (1) Tier 2 employees who first enrolled as PTEANB members prior to July 1, 2014 and who waive medical coverage, shall receive from the City an "opt out" cafeteria benefit of \$3.25 per hour worked, to a maximum of 60 hours per pay period. Paid leave shall not be considered as time worked for the purpose of continuing the \$3.25 per hour benefit. (2) There is no "opt out" benefit for employees who waive medical coverage and who became PTEANB members on or after July 1, 2014.

TIER 3

Tier 3 applies to employees who first enrolled as PTEANB members on or after July 1, 2016 and to whom the City is not required by the Act to offer affordable health coverage. In accordance with the Act's current definition, unit members in Tier 3 work an average of less than 30 hours per week as determined by the City's look-back measurement method for determining employee eligibility for health coverage. Unit members in Tier 3 do not receive any cafeteria benefit.

B. Healthcare Reform

The parties recognize that certain State and Federal laws, programs, and regulations, including the Affordable Care Act, may impact future medical plan offerings. Either party may request to reopen discussions regarding medical insurance for the purpose of discussing alternative approaches and proposals to providing healthcare coverage. In addition, should State or Federal laws concerning taxation of healthcare benefits change, the parties agree to meet and discuss the impact of such change.

C. Pay for Leave

Employees are subject to a Flex Leave program in which employees receive pay for leave credits for each hour worked at the rate of .04 hours for each hour worked. Credits are placed in an individual Flex Leave bank for each employee and during 2019 will be subject to being paid out upon bi-weekly request (up to two times during 2019), only to the extent that an employee has earned such credits. The maximum accrual of pay for leave hours will be one hundred (100) hours. Once an

employee reaches the maximum accrual rate, Flex Leave will stop accruing until the employee's balance falls below 100 hours.

Effective in calendar year 2020 and thereafter, employees shall have the option of converting accrued Flex Leave to cash on an hour for hour basis subject to the following: On or before the pay period which includes December 15 (starting on December 15, 2019) of each calendar year, an employee may make an irrevocable election to cash out accrued flex leave which will be earned in the following calendar year. The employee can elect to receive the cash out in the pay period which includes June 30 and/or the pay period which includes December 15 for those Flex Leave benefits that have been earned during that portion of the year.

D. Jury Duty

PTEANB employees legally required to serve as a juror, and who provide appropriate documentation, shall be eligible for leave with pay for jury service occurring during the employee's regularly scheduled shift, and as provided in the City of Newport Beach Employee Policy Manual. *Employees will be paid for the hours they would have been regularly scheduled to work during those days when they were required to be on jury duty.*

E. Retirement Benefit

1. PERS Retirement

The City contracts with the California Public Employees Retirement System (PERS) to provide retirement benefits for its Miscellaneous employees. Pursuant to prior agreements and state mandated reform, the City has implemented first, second and third tier retirement benefits:

Tier 1: For employees hired by the City *and enrolled in PERS* on or before November 23, 2012, the retirement formula shall be the 2.5%@55 calculated on the basis of the single highest year.

Tier 2: For employees first hired by the City *and enrolled in PERS* between November 24 and December 31, 2012, or hired on or after January 1, 2013 and are current *classic* members of the retirement system, as defined in the Public Employees Pension Reform Act ("*PEPRA*"), the retirement formula shall be 2%@60 calculated on the average 36 highest months' salary.

Tier 3: For employees first eligible for the PERS benefit on or after January 1, 2013, and who do not meet the Tier 2 criteria *because they are new members as defined by the PEPRA*, the retirement formula shall be 2%@62 calculated on the average 36 highest months' salary.

2. Employee Contributions

PTEANB employees will continue to pay the statutory normal member contribution *for all Tiers*. Employee retirement contributions referenced below that are in addition to the normal PERS Member Contribution will be made on a pre-tax basis through payroll deduction, to the extent allowable by the government tax code. It is recognized that these payments will not be reported to PERS as contributions toward either the member or employer rate, as provided under GC Section 20516(f).

Tier 1 Employees: *Tier 1 Employees shall pay their eight percent (8%) (compensation earnable) member contribution, 2.42% compensation earnable (as cost sharing) per Government Code section 20516(a) and 2.58% compensation earnable (as cost sharing) per Government Code section 20516(f).*

Tier 2 Employees: *Tier 2 employees shall pay their seven percent (7%) (Compensation earnable) member contribution and six percent (6%) of compensation earnable as cost sharing per Government Code section 20516(f).*

Tier 3 Employees: *The minimum statutory employee contribution for employees in Tier 3 is subject to the provisions of the (PEPRA) and equals 50% of the "total normal cost".*

Tier 3 employees shall make an additional contribution of pensionable compensation toward retirement pursuant to Government Code Section 20516(f), for a total employee contribution of 13% of pensionable compensation.

The City contracts with PERS for the 4th Level 1959 Survivors Insurance Benefit, \$500 Lump Sum Death Benefit, Sick Leave Credit, Military Service Credit, 2% Cost of Living Adjustment and the pre-retirement option settlement 2 death benefit (Section 21548).

Employees in the classifications Police Cadet and Police Reserve Officer are excluded from membership in PERS, as provided in the contract between the City of Newport Beach and the Board of Administration of the Public Employees' Retirement System.

3. PARS Retirement

PTEANB employees not enrolled in the PERS retirement system will participate in the Public Agency Retirement Services (PARS) program. The City will make a matching 3.75% contribution to PARS on behalf of the employees.

F. Other Benefits Not Provided

No other fringe benefits are provided to employees in the Part Time Unit.

SECTION 4. - Miscellaneous.

A. Direct Deposit

All employees shall participate in the payroll direct deposit system.

B. Recreation Department Step Adjustment

Unit members in the classification Recreation Leader, Senior Recreation Leader, Pool Lifeguard, Senior Pool Lifeguard, Senior Services Van Driver, Marine Naturalist Interpreter, and Park Patrol Officer, or comparable classifications as amended, may be eligible for salary step increases upon meeting the following criteria: 365 days have passed since the last salary step increase; employee has worked a minimum of 125 hours in the classification within the preceding 365 days; and the employee is rated as "Contributor" or greater on his or her most recent performance evaluation. Additional salary steps must remain in the range in order to receive the adjustment.

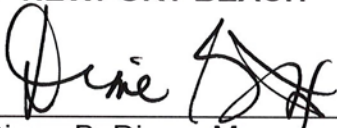
Signatures on the following page

Executed this 25 day of JUNE, 2019:

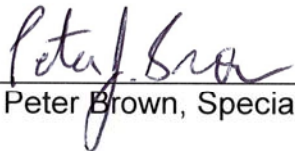
PART TIME EMPLOYEES ASSOCIATION OF NEWPORT BEACH

By: 
Jonathan Umanzor, President

CITY OF NEWPORT BEACH

By: 
Diane B. Dixon, Mayor

APPROVED AS TO FORM

By: 
Peter Brown, Special Counsel

ATTEST:

By: 
Leilani Brown, City Clerk



EXHIBIT A

SALARY SCHEDULE FOR PART TIME POSITIONS
NOT ALL PART TIME POSITIONS LISTED ARE REPRESENTED BY PTEANB
 PTEANB MOU TERM: JANUARY 1, 2019 – DECEMBER 31, 2021

Revision Date: July 6, 2019, 1.75% Cost-of-Living Adjustment

PART TIME POSITION *	HOURLY RATE ¹		MONTHLY SALARY ²	
	Min	Max	Min	Max
Administrative Analyst	\$33.93	\$47.75	\$5,882	\$8,277
Administrative Assistant	\$28.22	\$39.72	\$4,891	\$6,885
Building Inspector II	\$34.00	\$47.86	\$5,894	\$8,296
Civil Engineer, Associate	\$40.42	\$56.91	\$7,005	\$9,864
Civil Engineer, Junior	\$36.36	\$51.15	\$6,302	\$8,866
Code Enforcement Officer	\$26.15	\$36.80	\$4,533	\$6,379
Code Enforcement Officer Trainee	\$22.22	\$31.26	\$3,852	\$5,418
Crime Analyst, Senior	\$31.24	\$43.97	\$5,414	\$7,621
Crime Prevention Specialist	\$29.41	\$41.38	\$5,097	\$7,173
Custody Officer	\$26.92	\$37.89	\$4,667	\$6,568
Department Assistant	\$22.12	\$31.14	\$3,834	\$5,397
Facilities Maintenance Worker II	\$21.30	\$29.96	\$3,691	\$5,192
Fiscal Clerk	\$19.95	\$28.07	\$3,459	\$4,866
Fiscal Clerk, Senior	\$23.23	\$32.65	\$4,026	\$5,660
Fiscal Specialist	\$26.91	\$37.84	\$4,665	\$6,559
GIS Technical Aide	\$13.94	\$19.62	\$2,416	\$3,400
Harbor Services Worker	\$20.66	\$25.10	\$3,580	\$4,351
Harbor Services Worker, Lead	\$22.43	\$31.56	\$3,887	\$5,471
Human Resources Analyst	\$36.39	\$51.21	\$6,307	\$8,877
Human Resources Specialist I	\$28.04	\$39.41	\$4,861	\$6,831
Human Resources Specialist II	\$30.47	\$42.89	\$5,282	\$7,434
Information Technology Technician	\$21.44	\$30.19	\$3,716	\$5,233
Intern	\$17.71	-	\$3,071	-
Librarian I	\$27.22	\$38.28	\$4,718	\$6,635
Library Assistant	\$23.17	\$32.56	\$4,016	\$5,644
Library Clerk I	\$18.03	\$25.36	\$3,125	\$4,395
Library Clerk II	\$19.03	\$26.81	\$3,298	\$4,647
Library Page	\$12.75	\$16.29	\$2,210	\$2,823
Life Safety Specialist III	\$40.65	\$57.20	\$7,046	\$9,915
Lifeguard Cadet	\$12.97	-	\$2,249	-
Literacy Coordinator	\$27.54	\$38.76	\$4,774	\$6,718
Maintenance Aide	\$13.14	\$15.97	\$2,277	\$2,769
Marine Naturalist Interpreter	\$16.16	\$17.80	\$2,801	\$3,085
Marketing Specialist	\$27.55	\$38.77	\$4,776	\$6,720

EXHIBIT A

SALARY SCHEDULE FOR PART TIME POSITIONS
NOT ALL PART TIME POSITIONS LISTED ARE REPRESENTED BY PTEANB
 PTEANB MOU TERM: JANUARY 1, 2019 – DECEMBER 31, 2021

Revision Date: July 6, 2019, 1.75% Cost-of-Living Adjustment

PART TIME POSITION *	HOURLY RATE ¹		MONTHLY SALARY ²	
	Min	Max	Min	Max
	Office Assistant	\$18.88	\$26.64	\$3,273
Paralegal	\$29.59	\$41.65	\$5,129	\$7,219
Park Patrol Officer	\$20.66	\$25.10	\$3,580	\$4,351
Permit Technician II	\$29.59	\$41.65	\$5,129	\$7,219
Planner, Assistant	\$30.43	\$42.86	\$5,275	\$7,429
Planning Technician	\$27.68	\$38.95	\$4,797	\$6,751
Police Cadet	\$12.74	\$15.48	\$2,208	\$2,683
Police Community Services Officer	\$21.53	\$33.40	\$3,732	\$5,790
Police Dispatcher	\$27.47	\$38.68	\$4,762	\$6,704
Police Reserve Officer	\$23.98	\$33.74	\$4,156	\$5,848
Pool Lifeguard	\$13.14	\$15.97	\$2,277	\$2,769
Pool Lifeguard, Senior	\$19.02	\$23.17	\$3,296	\$4,016
Pool Swim Instructor	\$15.50	\$18.83	\$2,686	\$3,265
Public Works Technical Aide	\$16.41	\$19.97	\$2,845	\$3,462
Records Specialist	\$27.57	\$38.80	\$4,780	\$6,725
Recreation Coordinator, Assistant	\$20.95	\$29.46	\$3,631	\$5,106
Recreation Leader	\$12.88	\$15.65	\$2,233	\$2,713
Recreation Leader, Senior	\$16.41	\$19.97	\$2,845	\$3,462
Recreation Supervisor	\$30.66	\$43.15	\$5,314	\$7,480
Review Officer	\$33.02	\$38.22	\$5,723	\$6,624
Shuttle Driver	\$20.29	\$28.57	\$3,517	\$4,952
Student Aide	\$12.80	\$16.31	\$2,219	\$2,828
Support Services Aide	\$21.30	\$29.96	\$3,691	\$5,192
Utilities Specialist	\$24.56	\$34.56	\$4,256	\$5,990

Compensated as listed on the schedule, or California minimum wage, whichever is greater.

*Not all positions listed are represented by PTEANB. Employees must meet minimum recognition requirements as outlined in Section 1.A of the PTEANB Memorandum of Understanding.

¹ Hourly pay rates are rounded to the nearest hundredth.

² Monthly pay rates are rounded to the nearest whole dollar. Pay rates may vary slightly due to rounding.

EXHIBIT A

SALARY SCHEDULE FOR PART TIME POSITIONS
NOT ALL PART TIME POSITIONS LISTED ARE REPRESENTED BY PTEANB
 PTEANB MOU TERM: JANUARY 1, 2019 – DECEMBER 31, 2021

Revised: June 27, 2020, 1.75% Cost-of-Living Adjustment

PART TIME POSITION *	HOURLY RATE ¹		MONTHLY SALARY ²	
	Min	Max	Min	Max
Administrative Analyst	\$34.53	\$48.59	\$5,985	\$8,422
Administrative Assistant	\$28.71	\$40.42	\$4,976	\$7,006
Building Inspector II	\$34.60	\$48.70	\$5,997	\$8,441
Civil Engineer, Associate	\$41.12	\$57.90	\$7,128	\$10,037
Civil Engineer, Junior	\$36.99	\$52.04	\$6,412	\$9,021
Code Enforcement Officer	\$26.61	\$37.45	\$4,612	\$6,491
Code Enforcement Officer Trainee	\$22.61	\$31.80	\$3,919	\$5,513
Crime Analyst, Senior	\$31.78	\$44.74	\$5,509	\$7,754
Crime Prevention Specialist	\$29.92	\$42.11	\$5,186	\$7,298
Custody Officer	\$27.39	\$38.55	\$4,748	\$6,683
Department Assistant	\$22.51	\$31.68	\$3,901	\$5,491
Facilities Maintenance Worker II	\$21.67	\$30.48	\$3,756	\$5,283
Fiscal Clerk	\$20.30	\$28.56	\$3,519	\$4,951
Fiscal Clerk, Senior	\$23.64	\$33.22	\$4,097	\$5,759
Fiscal Specialist	\$27.38	\$38.50	\$4,747	\$6,674
GIS Technical Aide	\$14.18	\$19.96	\$2,459	\$3,460
Harbor Services Worker	\$21.02	\$25.54	\$3,643	\$4,427
Harbor Services Worker, Lead	\$22.82	\$32.12	\$3,955	\$5,567
Human Resources Analyst	\$37.02	\$52.11	\$6,417	\$9,032
Human Resources Specialist I	\$28.53	\$40.10	\$4,946	\$6,950
Human Resources Specialist II	\$31.01	\$43.64	\$5,375	\$7,564
Information Technology Technician	\$21.81	\$30.72	\$3,781	\$5,324
Intern	\$18.02	-	\$3,124	
Librarian I	\$27.69	\$38.95	\$4,800	\$6,751
Library Assistant	\$23.57	\$33.13	\$4,086	\$5,742
Library Clerk I	\$18.35	\$25.80	\$3,180	\$4,472
Library Clerk II	\$19.36	\$27.28	\$3,356	\$4,729
Library Page	\$12.97	\$16.57	\$2,249	\$2,873
Life Safety Specialist III	\$41.36	\$58.21	\$7,169	\$10,089
Lifeguard Cadet	\$13.20	-	\$2,288	
Literacy Coordinator	\$28.03	\$39.43	\$4,858	\$6,835
Maintenance Aide	\$13.37	\$16.25	\$2,317	\$2,817
Marine Naturalist Interpreter	\$16.44	\$18.11	\$2,850	\$3,139

EXHIBIT A

SALARY SCHEDULE FOR PART TIME POSITIONS
NOT ALL PART TIME POSITIONS LISTED ARE REPRESENTED BY PTEANB
 PTEANB MOU TERM: JANUARY 1, 2019 – DECEMBER 31, 2021

Revised: June 27, 2020, 1.75% Cost-of-Living Adjustment

PART TIME POSITION	HOURLY RATE ¹		MONTHLY SALARY ²	
	Min	Max	Min	Max
Marketing Specialist	\$28.04	\$39.45	\$4,860	\$6,837
Office Assistant	\$19.22	\$27.10	\$3,331	\$4,698
Paralegal	\$30.11	\$42.38	\$5,219	\$7,345
Park Patrol Officer	\$21.02	\$25.54	\$3,643	\$4,427
Permit Technician II	\$30.11	\$42.38	\$5,219	\$7,345
Planner, Assistant	\$30.97	\$43.61	\$5,367	\$7,559
Planning Technician	\$28.16	\$39.63	\$4,881	\$6,869
Police Cadet	\$12.96	\$15.75	\$2,247	\$2,730
Police Community Services Officer	\$21.91	\$33.99	\$3,797	\$5,891
Police Dispatcher	\$27.95	\$39.35	\$4,845	\$6,821
Police Reserve Officer	\$24.40	\$34.33	\$4,229	\$5,951
Pool Lifeguard	\$13.37	\$16.25	\$2,317	\$2,817
Pool Lifeguard, Senior	\$19.35	\$23.57	\$3,354	\$4,086
Pool Swim Instructor	\$15.77	\$19.16	\$2,733	\$3,322
Public Works Technical Aide	\$16.70	\$20.32	\$2,895	\$3,523
Records Specialist	\$28.06	\$39.48	\$4,863	\$6,843
Recreation Coordinator, Assistant	\$21.32	\$29.97	\$3,695	\$5,195
Recreation Leader	\$13.11	\$15.92	\$2,272	\$2,760
Recreation Leader, Senior	\$16.70	\$20.32	\$2,895	\$3,523
Recreation Supervisor	\$31.19	\$43.91	\$5,407	\$7,611
Review Officer	\$33.60	\$38.89	\$5,823	\$6,740
Shuttle Driver	\$20.64	\$29.07	\$3,578	\$5,039
Student Aide	\$13.02	\$16.60	\$2,258	\$2,877
Support Services Aide	\$21.67	\$30.48	\$3,756	\$5,283
Utilities Specialist	\$24.99	\$35.16	\$4,331	\$6,095

Compensated as listed on the schedule, or California minimum wage, whichever is greater.

*Not all positions listed are represented by PTEANB. Employees must meet minimum recognition requirements as outlined in Section 1.A of the PTEANB Memorandum of Understanding.

¹ Hourly pay rates are rounded to the nearest hundredth.

² Monthly pay rates are rounded to the nearest whole dollar. Pay rates may vary slightly due to rounding.

EXHIBIT A

SALARY SCHEDULE FOR PART TIME POSITIONS
NOT ALL PART TIME POSITIONS LISTED ARE REPRESENTED BY PTEANB
 PTEANB MOU TERM: JANUARY 1, 2019 – DECEMBER 31, 2021

Revised: June 26, 2021, 1.75% Cost-of-Living Adjustment

PART TIME POSITION *	HOURLY RATE ¹		MONTHLY SALARY ²	
	Min	Max	Min	Max
Administrative Analyst	\$35.13	\$49.44	\$6,089	\$8,569
Administrative Assistant	\$29.21	\$41.13	\$5,063	\$7,128
Building Inspector II	\$35.21	\$49.55	\$6,102	\$8,589
Civil Engineer, Associate	\$41.84	\$58.92	\$7,253	\$10,212
Civil Engineer, Junior	\$37.64	\$52.96	\$6,524	\$9,179
Code Enforcement Officer	\$27.07	\$38.10	\$4,693	\$6,604
Code Enforcement Officer Trainee	\$23.01	\$32.36	\$3,988	\$5,609
Crime Analyst, Senior	\$32.34	\$45.52	\$5,606	\$7,890
Crime Prevention Specialist	\$30.44	\$42.84	\$5,277	\$7,426
Custody Officer	\$27.87	\$39.23	\$4,831	\$6,800
Department Assistant	\$22.90	\$32.23	\$3,970	\$5,587
Facilities Maintenance Worker II	\$22.05	\$31.01	\$3,822	\$5,376
Fiscal Clerk	\$20.66	\$29.06	\$3,581	\$5,038
Fiscal Clerk, Senior	\$24.05	\$33.80	\$4,169	\$5,859
Fiscal Specialist	\$27.86	\$39.18	\$4,830	\$6,791
GIS Technical Aide	\$14.43	\$20.31	\$2,502	\$3,520
Harbor Services Worker	\$21.38	\$25.99	\$3,707	\$4,505
Harbor Services Worker, Lead	\$23.22	\$32.68	\$4,024	\$5,664
Human Resources Analyst	\$37.67	\$53.02	\$6,530	\$9,190
Human Resources Specialist I	\$29.03	\$40.80	\$5,032	\$7,072
Human Resources Specialist II	\$31.55	\$44.40	\$5,469	\$7,696
Information Technology Technician	\$22.20	\$31.26	\$3,847	\$5,418
Intern	\$18.34	-	\$3,179	-
Librarian I	\$28.18	\$39.63	\$4,884	\$6,869
Library Assistant	\$23.99	\$33.71	\$4,158	\$5,843
Library Clerk I	\$18.67	\$26.25	\$3,236	\$4,550
Library Clerk II	\$19.70	\$27.76	\$3,415	\$4,811
Library Page	\$13.20	\$16.86	\$2,288	\$2,923
Life Safety Specialist III	\$42.08	\$59.22	\$7,295	\$10,265
Lifeguard Cadet	\$13.43	-	\$2,328	-
Literacy Coordinator	\$28.52	\$40.12	\$4,943	\$6,955
Maintenance Aide	\$13.60	\$16.54	\$2,357	\$2,867
Marine Naturalist Interpreter	\$16.73	\$18.42	\$2,900	\$3,194

EXHIBIT A

SALARY SCHEDULE FOR PART TIME POSITIONS
NOT ALL PART TIME POSITIONS LISTED ARE REPRESENTED BY PTEANB
 PTEANB MOU TERM: JANUARY 1, 2019 – DECEMBER 31, 2021

Revised: June 26, 2021, 1.75% Cost-of-Living Adjustment

PART TIME POSITION	HOURLY RATE ¹		MONTHLY SALARY ²	
	Min	Max	Min	Max
Marketing Specialist	\$28.53	\$40.14	\$4,945	\$6,957
Office Assistant	\$19.55	\$27.58	\$3,389	\$4,780
Paralegal	\$30.63	\$43.12	\$5,310	\$7,474
Park Patrol Officer	\$21.38	\$25.99	\$3,707	\$4,505
Permit Technician II	\$30.63	\$43.12	\$5,310	\$7,474
Planner, Assistant	\$31.51	\$44.37	\$5,461	\$7,691
Planning Technician	\$28.65	\$40.33	\$4,967	\$6,990
Police Cadet	\$13.19	\$16.03	\$2,286	\$2,778
Police Community Services Officer	\$22.29	\$34.58	\$3,864	\$5,995
Police Dispatcher	\$28.44	\$40.04	\$4,930	\$6,940
Police Reserve Officer	\$24.83	\$34.93	\$4,303	\$6,055
Pool Lifeguard	\$13.60	\$16.54	\$2,357	\$2,867
Pool Lifeguard, Senior	\$19.69	\$23.99	\$3,413	\$4,158
Pool Swim Instructor	\$16.04	\$19.50	\$2,781	\$3,380
Public Works Technical Aide	\$16.99	\$20.68	\$2,945	\$3,584
Records Specialist	\$28.55	\$40.17	\$4,948	\$6,962
Recreation Coordinator, Assistant	\$21.69	\$30.50	\$3,760	\$5,286
Recreation Leader	\$13.34	\$16.20	\$2,312	\$2,808
Recreation Leader, Senior	\$16.99	\$20.68	\$2,945	\$3,584
Recreation Supervisor	\$31.74	\$44.68	\$5,502	\$7,744
Review Officer	\$34.18	\$39.57	\$5,925	\$6,858
Shuttle Driver	\$21.01	\$29.58	\$3,641	\$5,127
Student Aide	\$13.25	\$16.89	\$2,297	\$2,928
Support Services Aide	\$22.05	\$31.01	\$3,822	\$5,376
Utilities Specialist	\$25.42	\$35.78	\$4,406	\$6,201

Compensated as listed on the schedule, or California minimum wage, whichever is greater.

*Not all positions listed are represented by PTEANB. Employees must meet minimum recognition requirements as outlined in Section 1.A of the PTEANB Memorandum of Understanding.

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² Monthly pay rates are rounded to the nearest whole dollar. Pay rates may vary slightly due to rounding.

Disaster Service Worker Training for New Employees National Incident Management System (NIMS) online classes

All City of Newport Beach employees are considered Disaster Service Workers. As such, please schedule time to complete the two online classes listed below.

The courses will provide an overview of the National Incident Management System (NIMS) and the Incident Command System (ICS).

IS-700.B: An Introduction to the National Incident Management System

Duration: 3.5 hours

<https://training.fema.gov/is/courseoverview.aspx?code=IS-700.b>

This course provides an overview of the NIMS). This system defines the comprehensive approach guiding the whole community – all levels of government, nongovernmental organizations (NGO), and the private sector – to work together seamlessly to prevent, protect against, mitigate, respond to, and recover from the effects of incidents. The course provides learners with a basic understanding of NIMS concepts, principles, and components.

IS-100.c: Introduction to the Incident Command System, ICS 100.

Duration: 1 hour

<https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c>

This course introduces the Incident Command System and provides the foundation for higher level ICS training. This course describes the history, features and principles, and organizational structure of the Incident Command System. It also explains the relationship between ICS and NIMS.

Please email your certificates of completion to Katie Eing in the Police Department at keing@nbpd.org.

2021 Disaster Service Worker Training for New Employees

- Tuesday, January 19, from 9:00 a.m.-12:00 p.m.
- Tuesday, March 16, from 9:00 a.m.-12:00 p.m.
- Tuesday, May 19, from 9:00 a.m.-12:00 p.m.
- Tuesday, July 20, from 9:00 a.m.-12:00 p.m.
- Tuesday, September 21, from 9:00 a.m.-12:00 p.m.
- Tuesday, November 16, from 9:00 a.m.-12:00 p.m.

The class includes: information for full-time employees on their role as a Disaster Service Worker, the City's Emergency Operations Center and the completion of the required National Incident Management System (NIMS) classes.

You must RSVP to Katie Eing at keing@nbpd.org to attend. All trainings will be in the City's Emergency Operations Center (EOC), which is located in the Lower Level of City Hall.

WHAT IS MY ROLE AS A DISASTER SERVICE WORKER?

Rules & Regulations

New Employee Orientation Overview

TITLE 19. PUBLIC SAFETY
DIVISION 2. OFFICE OF EMERGENCY SERVICES
CHAPTER 2. EMERGENCIES AND MAJOR DISASTERS
SUBCHAPTER 3. DISASTER SERVICE WORKER VOLUNTEER PROGRAM

§ 2570. Short Title.

This subchapter shall be known and may be cited as the Disaster Service Worker Volunteer Program (DSWVP) Regulations.

§ 2570.1. Purpose.

The Legislature has long provided a state-funded program of workers' compensation benefits for disaster service worker volunteers who contribute their services to protect the health and safety and preserve the lives and property of the people of the state. This program was established to protect such volunteers from financial loss as a result of injuries sustained while engaged in disaster service activities and to provide immunity from liability for such disaster service worker volunteers while providing disaster service.

NOTE

Authority cited: Sections 8587 and 8580, Government Code.
Reference: Section 8657, Government code, Sections 3211.9 through 3211.93a, Labor Code.

§ 2570.2. Definitions.

(a) Disaster Service Worker.

(1) A disaster service worker is any person registered with a disaster council or the Governor's Office of Emergency Services, or a state agency granted authority to register disaster service workers, for the purpose of engaging in disaster service pursuant to the California Emergency Services Act without pay or other consideration.

(2) Disaster service worker includes public employees, and also includes any unregistered person impressed into service during a state of war emergency, a state of emergency, or a local emergency by a person having authority to command the aid of citizens in the execution of his or her duties.

(3) Exclusion: Disaster service worker does not include any member registered as an active fire fighting member of any regularly organized volunteer fire department, having official recognition, and full or partial support of the county, city, town or district in which such fire department is located.

(b) Disaster Service.

(1) Disaster service means all activities authorized by and carried on pursuant to the California Emergency Services Act, including approved and documented training necessary or proper to engage in such activities.

(2) Exclusion. Disaster service does not include any activities or functions performed by a person if the disaster council with which the person is registered receives a fee or other compensation for the performance of that person's activities or functions.

(c) Training. For purposes of these regulations, training is a planned activity sponsored by a disaster council (or designated agency or authority) and may include classroom instruction, disaster drills or exercises, or related activities that are designed to enhance the disaster response skills (including safety) of the disaster service worker.

(d) Disaster Council. A disaster council is a public agency established by ordinance which is empowered to register and direct the activities of disaster service workers within the area of the county, city, city and county, or any part thereof. In this respect, the disaster council is acting as an instrument of the state in aid of carrying out general state government functions and policy with regard to disaster services.

(e) Accredited Disaster Council. A disaster council may become accredited through certification by the California Emergency Council, or the Governor when the Emergency Council is not meeting, when the disaster council agrees to follow and comply with the rules and regulations established by the Emergency Council pursuant to the provisions of the Emergency Services Act. Upon certification, and not before, the disaster council becomes an accredited disaster council. A disaster council remains accredited only while the certification of the California Emergency Council is in effect and is not revoked.

(f) Auxiliary Fire Fighter. An auxiliary fire fighter is a person recruited, registered and trained as a supplement or reserve for unusual fire emergencies or disaster

situations. Workers' compensation benefits for auxiliary fire fighters may be provided by the state. An auxiliary fire fighter is not a "volunteer fire fighter," who is a person recruited and trained to meet the day-to-day operational requirements of a fire department. Workers' compensation insurance premiums for the volunteer fire fighter are the responsibility of the local government or fire entity.

(g) Public Employee. All persons employed by the state or any county, city, city and county, state agency or public district, excluding aliens legally employed, are considered to be public employees.

(h) Convergent Volunteers. Convergent volunteers are individuals that come forward to offer disaster response and recovery volunteer services, during a disaster event. Convergent volunteers are not persons impressed into service at the scene of an incident.

NOTE

Authority cited: Sections 8567 and 8580, Government Code.
Reference: Sections 8581, 8610 and 8612, Government Code;
Sections 3100, 3211.9, 3211.91, 3211.92, 3211.93 and 3211.93a,
Labor Code.

§ 2571. Accredited Disaster Council.

(a) Disaster councils shall be accredited in accordance with Sections 8581 (b) or 8612, Government Code.

(b) When applying for accreditation, disaster councils shall furnish the Governor's Office of Emergency Services with a certified copy of the ordinance which has provided for the following:

- (1) a disaster council;
- (2) a Chairperson or director of the disaster council;
- (3) an Emergency organization; and,
- (4) compliance with the Emergency Services Act.

NOTE

Authority cited: Sections 8567 and 8580, Government Code.
Reference: Sections 8579 (g), 8581 (b), and 8612, Government Code.

§ 2572.1. Classifications and General Duties.

The various classifications of disaster service workers and the general duties of the members of each classification shall be limited to those described below.

(a) Animal Rescue, Care and Shelter. Veterinarians, veterinary support staff and animal handlers providing skills in the rescue, clinical treatment, and transportation of all animals, including but not limited to companion animals, livestock, poultry, fish, exhibition animals, zoo animals, laboratory and

research animals, and wildlife; assisting in the procurement of shelters, equipment, and supplies; documenting arrival, sheltering, treatment, and discharge or placement of animals.

(b) Communications. Install, operate and maintain various communications systems and perform related service, to assist officials and individuals in the protection of life and property.

(c) Community Emergency Response Team Member. Under the direction of emergency personnel or a designated team leader, assist emergency units within their block, neighborhood, or other area assignment; survey area conditions; disseminate information; secure data desirable for emergency preparedness planning; report incidents; and generally assist officials and individuals in the protection of life and property.

(d) Finance and Administrative Staff. Perform executive, administrative, technical, financial and clerical functions for the emergency organization.

(e) Human Services. Assist in providing food, clothing, bedding, shelter, and rehabilitation aid; register evacuees to promote reuniting families and to support the needs of special populations; compile authoritative lists of deceased and missing persons; and other phases of emergency human services, such as maintaining morale and administering to the mental health, religious or spiritual needs of persons suffering from the effects of the disaster.

(f) Fire. As auxiliary fire fighters or auxiliary wildland fire fighters, assist regular fire fighting forces or fire protection agencies to fight fire, rescue persons, and save property; control forest or wildland fires or fire hazards; instruct residents in fire prevention and property defense methods, methods of detecting fire, and precautions to be observed in reducing fire hazards.

(1) For purposes of these regulations only, the ratios between auxiliary fire fighters, volunteer fire fighters, and paid fire fighters shall be one auxiliary for one volunteer and three volunteers for one paid fire fighter. The basis for applying these ratios is that the staffing of an engine company, truck company, or a squad shall not exceed six paid fire fighters, and a salvage and rescue company shall not exceed two paid fire fighters. A fire department that has no volunteer fire fighters is limited to three auxiliary fire fighters for each paid fire fighter in the companies and squads, staffed as above. These staffing standards are based on the number of first line (not reserve) apparatus operated by the fire department.

(2) When auxiliary fire fighters are registered with other than an established fire service organization; for example, auxiliary fire fighters in a county or city emergency management services organization, a total number of eligible auxiliary fire fighters shall be computed for that city or unincorporated area. The emergency management services organization is entitled to register auxiliary fire fighters not otherwise registered with other established fire service organizations, and to a number not to exceed the allowable total as indicated in Section 2572.1 (f) (1), above.

(g) Laborer. Under the direction and supervision of the responding agency, performs general labor services and supports emergency operations.

(h) Law Enforcement. As Auxiliaries, assist law enforcement officers and agencies to protect life and property; maintain law and order; perform traffic control duties; guard buildings, bridges, factories, and other facilities; isolate and report unexploded ordnance.

(i) Logistics. Under the direction of the emergency organization, assist in procurement, warehousing, and release of supplies, equipment materials, or other resources. Assist in mobilization and utilization of public and private transportation resources required for the movement of persons, materials, and equipment.

(j) Medical and Environmental Health. Staff casualty stations, establish and operate medical and public health field units; assist in hospitals, out-patient clinics, and other medical and public health installations; maintain or restore environmental sanitation; assist in preserving the safety of food, milk, and water and preventing the spread of disease; perform laboratory analysis to detect the presence and minimize the effects of nuclear, chemical, biological, radiological or other hazardous agents.

(k) Safety Assessment Inspector. Survey, evaluate and assess damaged facilities for continued occupancy or use; assist in emergency restoration of facilities for utilities, transportation, and other vital community services; and provide recommendations regarding shoring or stabilization of damaged or unsafe buildings or structures.

(l) Search and Rescue. Under the direction of the appropriate authority, perform search and rescue operations in one or more of several areas including: search and rescue; urban search and rescue; or mine and confined space rescue.

(m) Utilities. Assist utility personnel in the repair and restoration of public utilities damaged by disaster.

NOTE

Authority cited: Sections 8587 and 8580, Government Code.
Reference: Section 8580, Government Code.

§ 2572.2. Scope Of Disaster Service Duties.

Each disaster service worker in any classification shall, without regard to a formal designation or assignment, be considered to be acting within the scope of disaster service duties while assisting any unit of the emergency organization or performing any act contributing to the protection of life or property, or mitigating the effects of an emergency or potential emergency either:

(a) under the authorization of a duly constituted superior in the emergency organization; or,

(b) under the supervision and direction of the American Red Cross while carrying out its programs in consonance with state and local statements of understanding, or in carrying out a mission assigned to that agency by a responsible state or local authority.

NOTE

Authority: Sections 8567 and 8580, Government Code. Reference: Section 8580, Government Code.

§ 2573.1 Registration and Training.

(a) Registration. A person shall be deemed to be registered if the following information is on file with the Governor's Office of Emergency Services or with the appropriate authority as indicated in Section 2573.2:

(1) name of registrant;

(2) address of registrant;

(3) date enrolled (established as the date the loyalty oath is administered);

(4) classification of disaster service to which the volunteer is assigned; and,

(5) a signed statement that the loyalty oath or affirmation was taken or subscribed before an officer authorized to administer oaths.

(b) Training.

(1) Disaster councils may require each person registered as a disaster service worker to satisfactorily complete a course of training or instruction, including periodic refresher training. If warranted by the classification, disaster councils may require documented proof of professional certification or licensing.

(2) The disaster council (or designated agency or authority) shall ensure disaster training is approved, documented and supervised, and shall ensure disaster training is commensurate with the duties of the disaster service worker.

(3) Exclusions: Unless the volunteer is directly providing disaster services, activities that are not covered include parades, public exhibitions, physical fitness training or other training activities not related to disaster service.

NOTE Authority cited: Sections 8567 and 8580, Government Code.
Reference: Section 8580, Government Code.

§ 2573.2 File Retention and Recordkeeping.

(a) Documented proof of the oath or affirmation of any disaster service worker is an integral part of an injury claim for workers' compensation. File retention should follow the same rules as other public personnel records. The oath or affirmation shall be filed as follows:

(1) State. File as prescribed by the State Department of Personnel Administration within 30 days of the date it was taken or subscribed.

(2) County. File in the office of the county clerk. The oath may also be filed in either the office of the county auditor or in the office of the clerk of the board of supervisors.

(3) City. File in the office of the city clerk.

(4) Other Agencies or Districts. File with an agency or district designated officer or employee,

(b) All registration records shall be available for inspection by any officer or employee of the State Compensation Insurance Fund or of the Governor's Office of Emergency Services.

(c) The personnel officer or other individual designated by the disaster council shall be responsible for keeping the registration current, and for the accuracy and safekeeping of the official registration records.

(d) The California Emergency Council may prescribe additional registration requirements as it may deem necessary.

NOTE Authority cited: Sections 8567 and 8580, Government Code.
Reference: Section 3105, Government Code.

§ 2573.3 Workers' Compensation Claims.

(a) Claim Packages. Workers' compensation claims for injuries sustained by disaster service workers while

performing disaster service, shall be filed under the same authorities and guidelines as claims filed by paid employees. The claim shall include:

(1) the appropriate claim and employer's report of injury forms as prescribed by the State Compensation Insurance Fund;

(2) a written narrative account of the incident that may include witness statements; and,

(3) a copy of the claimant's current disaster service worker registration form indicating the loyalty oath or affirmation was administered.

(b) Convergent Volunteers. For purposes of obtaining workers' compensation benefits through the disaster service worker program, convergent volunteers will be eligible when the requirements of disaster service worker are met in accordance with these regulations.

NOTE

Authority cited: Sections 8567 and 8580, Government Code.
Reference: Section 3211.92, Labor Code; Sections 5400 et seq., Labor Code and Section 3102, Government Code.

Section 2

HUMAN RESOURCES DEPARTMENT
Barbara J. Salvini, Human Resources Director



DATE: February 2014
TO: PTEANB Members
FROM: Human Resources Department
SUBJECT: Part Time Employees - Deferred Compensation Plan Enrollment Guidelines

Effective February 2014, all unit members in the Part Time Employees Association of Newport Beach (PTEANB) have the option to enroll in the City's 457 (b) Deferred Compensation Plan (DC Plan).

Empower Retirement Services, the City's DC Plan vendor, assists all eligible employees with their enrollment, account management and investment education. All Part-time employees electing to participate in the DC Plan will be required to sign the DC Part Time Employee Participation Agreement (DC-PTEPA), which outlines participation requirements. Your DC plan contributions are deducted, pre-tax, on your bi-weekly paycheck. To enroll, please follow these required steps:

STEP ONE: Review and sign the DC-PTEPA Form (Attachment A). Submit the signed form to Jessica Bigueur, Empower Retirement representative, at your appointment.

STEP TWO: Make an appointment with Jessica Bigueur, ERS Plan Counselor, to turn in your signed DC-PTEPA Form by calling 909-353-5483 or email jessica.bigueur@empower-retirement.com. Ms. Bigueur is at City Hall every Wednesday of the month (except the last Wednesday – at Police Department), from 9 a.m. to 4 p.m., in the Back Bay Conference Room (Bay B, 1st Floor). In addition to enrollment, she can help obtain a personal identification number ("pin") and answer general questions about the DC plan.

STEP THREE: Once enrolled, make future changes to the DC plan, including contribution increases or decreases, address changes, beneficiary designations, or other adjustments, through the Empower Retirement website at www.empower-retirement.com. If you need to obtain a new "pin," please contact Empower Retirement directly at 800-701-8255, between 6 a.m. and 5 p.m., Pacific Standard Time.

Attachment A: DC Part Time Employee Participation Agreement (DC-PTEPA)



CITY OF NEWPORT BEACH DEFERRED COMPENSATION PLAN

PART TIME EMPLOYEE PARTICIPATION AGREEMENT

The City will allow part-time employees as members of the Part Time Employees Association of Newport Beach (PTEANB) to participate in the City's 457 (b) Deferred Compensation (DC) Plan. Part-time employees must meet the following criteria in order to participate:

- Maintain an adequate number of hours worked per pay period to cover the deferred compensation contribution election.
- If at any time, the employee's work hours do not cover all or part of the voluntary contribution to deferred compensation, the employee will be notified by the City's current Deferred Compensation provided and will be subject to all applicable provisions of the City's 457 (b) Deferred Compensation plan document.

Each employee also acknowledges the following plan participation requirements:

- Enrollment, deferral elections, address corrections and beneficiary changes are the responsibility of the employee and must be maintained via online access.
- Contributions are only permitted as a dollar amount. Percentage of pay contribution is not allowable.
- At no time are PTEANB employees permitted to take out a loan against their Deferred Compensation funds.

My signature below indicates my understanding and agreement to abide by the requirements and restrictions listed above in order to participate in the City of Newport Beach Deferred Compensation plan.

Employee Name

Department

Signature

Date



City of Newport Beach

Deferred Compensation Plan



"Life should be as colorful as the rainbow. Remember, you are your own painter, always..." ~ Kazeronnie Mak

CITY OF NEWPORT BEACH PLAN SERVICES

Your City of Newport Beach 457 Deferred Compensation Plan has a number of services to make it easier for you to prepare for retirement.

Change Your Contribution

No more paper! You can change your contribution directly with Empower Retirement anytime, anyplace, 24/7.

Here's how to do it:

1. Log in to your account at **www.empower-retirement.com/participant**.¹
2. Click on Change Paycheck Contribution under the Transactions menu.
3. Select the type of contribution change you would like to make, including Ongoing, Single Payroll, Scheduled Increase, Cancel Request, and Stop All Paycheck Contributions.
4. Enter the paycheck contribution to be deducted from each paycheck. The effective date is automatically filled.
5. Confirm the change and click Submit.

You can also go on auto-pilot with your contributions by setting up an automatic increase at a set interval.

If you're away from a computer, you may also call KeyTalk® at **(800) 701-8255** to change your paycheck contribution through the automated voice response system or by speaking to a customer service representative, available Monday through Friday, 9:00 a.m. to 8:00 p.m. ET.¹

Are You on Track for Your Retirement Goals?

Check out the Retirement Income Control Panel, brought to you by Advised Assets Group, LLC (AAG), a registered investment adviser, after logging in to the website at **www.empower-retirement.com/participant**.² You can see what your balance, when projected out to age 67, may equate to in terms of monthly retirement income, and you can see how you can improve your strategy.

Not Enrolled? You Can Enroll Online

Once you have learned about your Plan and are ready to enroll, visit **www.empower-retirement.com/participant** and click on Let's Get Started. You should have received a Personal Identification Number (PIN) by mail at your home address.³ If you have not yet received your PIN but are ready to enroll, please call KeyTalk® to request a new one.

On the next page, enter **Plan ID 98310-01** and click Continue. On the following page, enter your Social Security number (SSN) and PIN, then click Continue. From there, you can follow the onscreen prompts to select your paycheck contribution amount and investment options and complete the enrollment process.

If you need help at any point during the enrollment process, call KeyTalk for guidance from a Empower Retirement representative.

Retired and Need Money? Access Distribution Features Online

To request a distribution from your account, log in to your account at **www.empower-retirement.com/participant** and click on the Loans and Withdrawal tile, then Withdrawal Request, and follow the instructions.

Financial Planning

Are you all set on your retirement income goals? Then start thinking about other financial aspects, such as having sufficient life and disability insurance, college planning, and more. Contact us for more details.

Plan Representative

Your local rep is Jessica Bigueur. She is at City Hall every Wednesday, except the last Wednesday of the month when she is at the Police Department instead.

For more information, contact Jessica⁴:

email: jessica.bigueur@empower-retirement.com | phone: 909-353-5483

¹ Access to KeyTalk and the website may be limited or unavailable during periods of peak demand, market volatility, systems upgrades/maintenance or other reasons.

² The Retirement Income Control Panel is provided as an educational tool for the participant's private use to assist in analyzing the various impacts of his or her savings and investment decisions. It is not intended to provide financial planning or investment advice. All information provided by the Retirement Income Control Panel is hypothetical and for illustrative purposes only. The accuracy of these results or their applicability to the participant's individual circumstances cannot be and is not guaranteed. The Retirement Income Control Panel is brought to you by Advised Assets Group, LLC (AAG), a registered investment adviser and wholly owned subsidiary of Great-West Life & Annuity Insurance Company, under a licensing agreement with your retirement plan service provider. All rights reserved.

³ The account owner is responsible for keeping the assigned PIN confidential. Please contact Empower Retirement immediately if you suspect any unauthorized use.

⁴ Representatives of GWFS Equities, Inc. are not registered investment advisors and cannot offer financial, legal or tax advice. Please consult with your financial planner, attorney and/or tax advisor as needed.

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.

GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company. Empower Retirement refers to products and services provided by Great-West Life & Annuity Insurance Company (GWL&A), Corporate Headquarters: Greenwood Village, CO, its subsidiaries and affiliates. The trademarks, logos, service marks, and design elements used are owned by GWL&A. ©2015 Great-West Life & Annuity Insurance Company. All rights reserved. CB1180ESF (07/2015) PT237788



2021
BENEFITS
GUIDE



PART TIME
EMPLOYEES

Welcome!

City of Newport Beach is proud to offer comprehensive, high-quality benefits at a reasonable cost. We've designed our benefits to give you choices so you can pick the benefits that are best for you and your family.

City of Newport Beach offered to Part Time employees

- **Benefit Choices:** Plans and programs you can elect to join or purchase



This Employee Benefits Guide contains a summary of your benefit options and is designed to help you make choices and enroll for coverage. If you would like more information about any of the benefits described here, please contact:

City of Newport Beach
Human Resources Department
Phone: 949-644-3294 | Email hrbenefit@newportbeachca.gov
100 Civic Center Drive | Newport Beach, CA 92660

Contents

Online Enrollment	3	PERS Select PPO Savings Opportunities	15
Benefits at a Glance	4	Accessing Care	16
PTEANB Contributions	5	Tips on Health Benefits	17
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Save trees? Yes, please!

Access City of Newport Beach Employee Benefits Guide Digital Flipbook!

Go to: [2021 BENEFITS INFORMATION GUIDE](#) to share your benefit options with your family.



Online Enrollment

Employee Self Service (ESS) for Open Enrollment

Link to ESS portal: <https://selfservice.newportbeachca.gov/MSS/login.aspx>

During Open Enrollment, you will be able to change group medical plan and add/or drop dependent coverage. In order to ensure a smooth implementation, you must make your changes through the Employee Self Service (ESS) no later than midnight on October 16, 2020. The opt-out waivers are due by 4:30 p.m. on October 16, 2020. Proof of group coverage is due to Human Resources by December 11, 2020.

To complete your open enrollment:

- Log into ESS.
- You will need your user name (**employee ID#**) and password.
- Once you are logged into ESS, follow the prompts on each page to complete your benefit enrollment. You will be asked to verify that your personal information is correct and enter in any of your dependent information.
- Make sure you confirm and submit your election to complete the process.

Be sure to save ESS as a favorite in your web browser!



City of Newport Beach Employee Portal

www.newportbeachca.gov/government/departments/human-resources-department/benefits-open-enrollment

With the City of Newport Beach employee portal, you'll find documents posted such as the Summary of Benefits and Coverage (SBC), annual notices, carrier benefit summaries, evidence of coverage booklets, claim forms, and much more. These documents include detailed information about The City's benefit plans and can help you plan for upcoming services. From work or home, 24 hours a day, 7 days a week, you and your eligible dependents may access this information online.

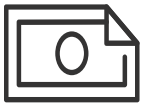


Benefits at a Glance

Benefit Choices Plans and programs you can elect

Medical and Prescription Drugs Various

- Anthem Select HMO
- Anthem Traditional HMO
- Blue Shield Access+ HMO
- Blue Shield HMO Trio
- Kaiser HMO
- Sharp HMO (*San Diego only*)
- PERS Care PPO (*Anthem Blue Cross*)
- PERS Choice PPO (*Anthem Blue Cross*)
- PERS Select PPO (*Anthem Blue Cross*)
- Anthem Blue Cross PORAC Prudent Buyer PPO

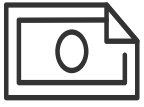


PTEANB Cafeteria Contributions

Monthly Cafeteria and Medical Allowance Contributions

Membership Effective Dates	PTEANB Tier & Group	Average Hours Worked per Week*	Cafeteria Medical Benefit	Waive/Opt-Out Benefit
On or before 6/30/2014	Tier 1 Group A	30 hours or more	\$775/month Cash back	\$263.40/month (Grandfathered employees only)
On or after 7/1/2014	Tier 1 Group B	30 hours or more	\$650/month No cash back	No Opt-Out Benefit
On or between 7/1/2014–6/30/2016	Tier 2 Group A	Less than 30 hours	\$4.25/hour worked; Max of 60 hours per pay period	No Opt-Out Benefit
On or before 6/30/2014	Tier 2 Group B	Less than 30 hours	N/A	\$3.25/hour worked; Max of 60 hours per pay period
On or after 7/1/2016	Tier 3	Less than 30 hours	N/A	No Opt-Out Benefit

* As determined by the City's look-back measurement method for determining employee eligibility for health coverage.



2021 Monthly Premium Rates

Region 2¹

Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, and Ventura Counties

Region 3

Los Angeles, San Bernardino, and Riverside Counties

You may enroll in a health plan using either your residential or work ZIP Code. If you use your residential ZIP Code, all enrolled dependents must reside in the health plan's service area. If you use your work ZIP Code, all enrolled dependents must receive all covered services (except emergency and urgent care) within the health plan's service area, even if they do not reside in that area. Visit the CalPERS website at <https://www.calpers.ca.gov> to find out which plans are available in your area and to view the Evidence of Coverage documents for all the plans. Plans are also available on the [City of Newport Beach Benefits and Open Enrollment](#) page.

Plan	Single	2-Party	Family	Single	2-Party	Family
HMO Medical Plan Options						
Anthem Select HMO	\$674.69	\$1,349.38	\$1,754.19	\$639.10	\$1,278.20	\$1,661.66
Anthem Traditional HMO	\$1,046.04	\$2,092.08	\$2,719.70	\$984.21	\$1,968.42	\$2,558.95
Blue Shield Access+ HMO	\$938.96	\$1,877.92	\$2,441.30	\$834.88	\$1,669.76	\$2,170.69
Blue Shield Trio HMO ¹	\$722.56	\$1,445.12	\$1,878.66	\$660.49	\$1,320.98	\$1,717.27
Health Net Salud y Mas HMO	\$458.66	\$917.32	\$1,192.52	\$412.88	\$825.76	\$1,073.49
Health Net SmartCare HMO	\$769.11	\$1,538.22	\$1,999.69	\$691.48	\$1,382.96	\$1,797.85
Kaiser (CA) HMO	\$669.77	\$1,339.54	\$1,741.40	\$669.84	\$1,339.68	\$1,741.58
Sharp Performance Plus HMO	\$632.27	\$1,264.54	\$1,643.90	n/a	n/a	n/a
United Healthcare HMO	\$723.84	\$1,447.68	\$1,881.98	\$720.89	\$1,441.78	\$1,874.31
PPO Medical Plan Options						
PERS Choice PPO	\$783.19	\$1,566.38	\$2,036.29	\$761.23	\$1,522.46	\$1,979.20
PERS Select PPO	\$476.92	\$953.84	\$1,239.99	\$459.94	\$919.88	\$1,195.84
PERS Care PPO	\$1,115.68	\$2,231.36	\$2,900.77	\$1,036.07	\$2,072.14	\$2,693.78
PORAC PPO	\$749.00	\$1,499.00	\$1,960.00	\$725.00	\$1,450.00	\$1,894.00

IRS Code Section 125

The City of Newport Beach employee benefit plans are designed under Section 125 of the IRS Code. This allows you to take advantage of federal laws by purchasing some of your benefits with pre-tax dollars. Under Section 125, your medical contributions are deducted before taxes are withheld which saves you tax dollars. Paying for benefits before-tax means that your share of the costs are deducted before taxes are determined, resulting in more take-home pay for you. As a result, the IRS requires that your elections remain in effect for the entire year. You cannot drop or change coverage unless you experience a qualifying event.

(1) Region 2: Blue Shield Trio HMO is only available in San Luis Obispo, Santa Barbara, and Ventura.



Eligibility & Enrollment

Who may enroll

City of Newport Beach Employees

- All part-time eligible employees as determined under the Affordable Care Act (ACA) requirements

Dependents

- Your legally married spouse
- Your registered domestic partner (as defined by the state of California)
- Your children, stepchildren or children of your registered domestic partner to age 26, regardless of marital or student status
- Any children for whom you are required to provide coverage under a Qualified Medical Child Support Order
- Your unmarried children, step-children or children of your registered domestic partner of any age, if they are incapable of self-care due to a physical or mental disability

Your spouse, domestic partner and children can be enrolled in our medical plans.

Required Information

At enrollment you are required to enter the Social Security Number for all covered dependents. Health Care Reform law requires the City to report this information to the IRS each year to show that you and your dependents have coverage and are not subject to a penalty. This information will be securely submitted to the IRS and will remain confidential.

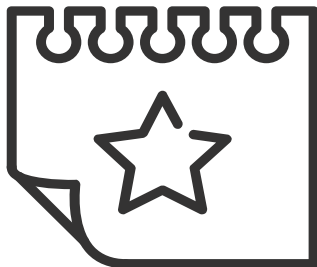


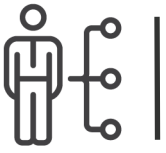
**Benefits Plan Year:
January 1 - December 31**

When you may enroll

As an Eligible Employee

- An eligible employee subject to Affordable Care Act (ACA) measurement guidelines, unless otherwise determined at date of hire
- Each year, during open enrollment
- Within 60 days of a qualifying event as defined by the IRS





Eligibility & Enrollment

Changes to enrollment

Open Enrollment

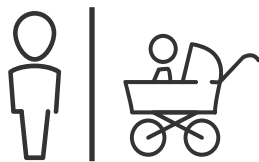
During our annual open enrollment period, you may make new benefit elections for the following January 1 effective date.

Qualifying Event

Once you make your benefit elections, you cannot change them throughout the year unless you experience a qualifying event as defined by the IRS. Examples include, but are not limited to:



Marriage, divorce, legal separation, or annulment



Birth, adoption, or death of a child or spouse



Qualified Medical Child Support Order (QMCSO)



Change in your dependent's eligibility status



Loss of coverage from another health plan



Change in your residence or workplace (if your benefit options change)



Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)



Eligibility for a federal or state premium assistance program under Medicare, Medicaid, or CHIP

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have 60 days to update your coverage. If you do not update your coverage within 60 days of the qualifying event, you must wait until the next annual open enrollment period to update your coverage.

When Coverage Ends

If your employment with the City of Newport Beach ends, your coverage for medical will end on the second month following termination. Depending on the circumstances of your termination, you may be able to continue coverage under COBRA for health insurance or convert/port your coverage for life insurance.



Medical Plan Choices

Medical Plan Options

City of Newport Beach offers a variety of medical plans through the California Public Employees Retirement System (CalPERS) medical program. You may enroll in a health plan using either your residential or work ZIP Code. It is recommended that you contact the plan before enrolling to make sure they cover your area and that your preferred provider is in their network. You may also visit the CalPERS website for helpful resources and tools, such as, MyCalPERS Health Plan Comparison Feature, and the MyCalPERS Health Plan Choice Worksheet. Pages 11-14 of this guide provide a list of available plans, and premiums for Regions 2 and 3 covering counties from Ventura to San Diego, are found on page 6.

About HMO Plans

With the Health Maintenance Organization (HMO) plans, Anthem Select, Anthem Traditional, Blue Shield Access+, Blue Shield Trio, Health Net SmartCare, Kaiser, UnitedHealthcare, and Sharp Health Plan, you must choose a primary care physician (PCP) or medical group within the network. All of your care must be directed through your PCP or medical group. Any specialty care you need will be coordinated through your PCP and will generally require a referral or authorization. You will receive benefits only if you use the doctors, clinics, and hospitals that belong to the medical group in which you are enrolled, except in the case of an emergency.

Prescription Drugs

OptumRx provides prescription drug benefit management services for the HMO plans (*except Kaiser & Blue Shield HMO*), and PERS Select, Choice, and Care PPO plans. These services include administration of the Retail Pharmacy Program and the Mail Service Program; delivery of specialty pharmacy products such as biotech and injectables; clinical pharmacist consultation; and clinical collaboration with your physician to ensure you receive optimal total healthcare.

Mandatory generic substitution: if a brand name is requested when generic is available you will be responsible for the generic copay and the difference between the generic and brand name.

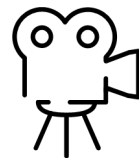
Self-administered injectable medications are available under your pharmacy benefits and are no longer payable under the medical benefit.

About PPO Plans

The Preferred Provider Organization (PPO) plan allows you to direct your own care. If you receive care from a physician who is a member of the network, a greater percentage of the entire cost will be paid by the insurance plan. However, you are not limited to the physicians within the network and you may self-refer to specialists. If you obtain services using a non-network provider, please note that you will be responsible for the difference between the covered amount and the actual charges, and you may be responsible for filing claims.

Finding a Medical Provider

Page 16 of this guide provides a list of phone numbers and websites to help you search for providers in all of the plans offered.



Educational Video

Health Insurance Terms

<http://video.burnhambenefits.com/terms>



Benefit Terms

Deductible

The set dollar amount a member must pay before insurance coverage for medical expenses can begin. Usually, services that are subject to a copayment are not subject to the deductible.

Copayment (Copay)

The flat fee paid by the member when a medical service is received. This is usually associated with doctor's office visits, prescription drugs under the HMO or PPO program.

Coinsurance

The percentage of the charges the member is required to pay for a medical service in a plan. For example, on the PERSCare PPO Plan, Anthem will pay 90% of the covered claim and the member will pay 10% of the remaining amount after the deductible has been met.

Out-of-Pocket Maximum

The maximum amount the member will have to pay in a calendar year for eligible expenses in the medical plan. After reaching the Out-of-Pocket Maximum, the plan pays 100% of the allowable charges for covered services for the remainder of the calendar year.

Network Provider

A network provider is a hospital, doctor, medical group, or other healthcare provider contracted to provide services to members at a contracted or discounted rate. Network providers are not permitted to "balance bill" members.

Reasonable Charges

Medical insurance companies determine if charges for a particular service are "reasonable" based on how much the average provider for a particular geographic area charges for a service.

Balance Bill

Out-of-Network (Non-Contracted) Providers can charge any amount they wish for a service. However, if that amount is higher than what the insurance company says is reasonable, the member may be responsible to pay the difference. Before seeking care with an Out-of-Network Provider, find out what their charges are and confirm the insurance company considers them "reasonable."



Medical Plan Highlights: HMO

	Anthem Select HMO (Anthem Select HMO Network) OR Anthem Traditional HMO (Anthem CA Care HMO Network)	Blue Shield Access+ HMO (Blue Shield Access+ Network) OR Blue Shield HMO Trio³ (Blue Shield TRIO Network ³)	Health Net Salud (Health Net Salud Network) OR Health Net HMO (Health Net SmartCare Network)
	In-Network Only	In-Network Only	In-Network Only
Provisions			
Calendar Year Deductible	Individual / Family \$0 / \$0	Individual / Family \$0 / \$0	Individual / Family \$0 / \$0
Out-of-Pocket Maximum - Medical ³ - Pharmacy	Individual / Family \$1,500 / \$3,000 \$7,050 / \$14,100	Individual / Family \$1,500 / \$3,000 \$7,050 / \$14,100	Individual / Family \$1,500 / \$3,000 \$7,050 / \$14,100
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Medical Benefits			
Office Visit Copay - PCP ¹ - Specialist Visits ¹ - Preventive Care - Chiropractic/Acupuncture (20 Visits/Year Combined) - Physical Therapy - Diagnostic X-Ray & Lab	\$15 \$15 \$0 \$15 \$15 \$0	\$15 \$15 \$0 \$15 \$15 \$0	\$15 \$15 \$0 \$15 \$15 \$0
Pharmacy Benefits	(through OptumRx)	(through CVS/Caremark)	(through OptumRx)
Retail - Generic - Brand Name - Non-Formulary - Supply Limit	\$5 \$20 \$50 30 Days ²	\$5 \$20 \$50 30 Days ²	\$5 \$20 \$50 30 Days ²
Mail Order - Generic - Brand Name - Non-Formulary - Supply Limit	\$10 \$40 \$100 90 Days	\$10 \$40 \$100 90 Days	\$10 \$40 \$100 90 Days
Non-Maintenance Home Delivery	\$15/\$60/\$160	N/A	\$15/\$60/\$160
Hospital Benefits			
Room & Board / Surgeon's Fees / Maternity-Delivery	\$0	\$0	\$0
Outpatient Surgery	\$0	\$0	\$0
Acute Care			
Emergency Room Facility	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50 (waived if admitted)
Urgent Care	\$15	\$15	\$15
Telemedicine Visits	\$15 livehealthonline.com	\$15 teladoc.com/bsc	\$15 teladoc.com/healthnet

⁽¹⁾ Office visit copays waived for maternity care.

⁽²⁾ Mail service is mandatory after the second fill of a prescription drug at a retail pharmacy, or you will be charged the appropriate mail service copay for a one-month supply at a retail pharmacy.

⁽³⁾ Region 2: Blue Shield Trio HMO is only available in San Luis Obispo, Santa Barbara, and Ventura.



Medical Plan Highlights: HMO

	Kaiser HMO (Kaiser Network)	Sharp ³ Health Plan HMO (Performance Plus)	United Healthcare HMO (Signature Value Network)
	In-Network Only	In-Network Only	In-Network Only
Provisions			
Calendar Year Deductible	Individual / Family \$0 / \$0	Individual / Family \$0 / \$0	Individual / Family \$0 / \$0
Out-of-Pocket Maximum - Medical ³ - Pharmacy	Individual / Family \$1,500 / \$3,000 \$7,050 / \$14,100	Individual / Family \$1,500 / \$3,000 \$7,050 / \$14,100	Individual / Family \$1,500 / \$3,000 \$7,050 / \$14,100
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Medical Benefits			
Office Visit Copay - PCP ¹ - Specialist Visits ¹ - Preventive Care - Chiropractic/Acupuncture (20 Visits/Year Combined) - Physical Therapy - Diagnostic X-Ray & Lab	\$15 \$15 \$0 \$15 \$15 \$0	\$15 \$15 \$0 \$15 \$15 \$0	\$15 \$15 \$0 \$15 \$15 \$0
Pharmacy Benefits			
Retail - Generic - Brand Name - Non-Formulary - Supply Limit	\$5 \$20 \$20 30 Days	(through OptumRx) \$5 \$20 \$50 30 Days ²	(through OptumRx) \$5 \$20 \$50 30 Days ²
Mail Order - Generic - Brand Name - Non-Formulary - Supply Limit	\$10 \$40 \$100 100 Days	\$10 \$40 \$100 90 Days	\$10 \$40 \$100 90 Days
Non-Maintenance Home Delivery	N/A	\$15/\$60/\$160	\$15/\$60/\$160
Hospital Benefits			
Room & Board / Surgeon's Fees / Maternity—Delivery	\$0	\$0	\$0
Outpatient Surgery	\$0	\$0	\$0
Acute Care			
Emergency Room Facility	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50 (waived if admitted)
Urgent Care	\$15	\$15	\$15
Telemedicine Visits	\$15 kp.org	\$15 Sharphealthplan.com/get-care/	\$15 uhc.com/virtualvisits

(1) Office visit copays waived for maternity care.

(2) Mail service is mandatory after the second fill of a prescription drug at a retail pharmacy, or you will be charged the appropriate mail service copay for a one-month supply at a retail pharmacy.



Medical Plan Highlights: PPO

Network Name	PERS Care PPO (Anthem Prudent Buyer PPO Network)		PERS Choice PPO (Anthem Prudent Buyer PPO Network)	
	In-Network	Non-Network	In-Network	Non-Network
Provisions				
Calendar Year Deductible	Individual / Family \$500 / \$1,000		Individual / Family \$500 / \$1,000	
Out-of-Pocket Maximum	Individual / Family	Unlimited	Individual / Family	Unlimited
- Coinsurance	\$2,000 / \$4,000	Unlimited	\$3,000 / \$6,000	Unlimited
- Medical ³	\$6,550 / \$13,100	Unlimited	\$6,550 / \$13,100	Unlimited
- Pharmacy	\$2,000 / \$4,000	Unlimited	\$2,000 / \$4,000	Unlimited
Lifetime Maximum	Unlimited		Unlimited	
Medical Benefits				
Office Visit Copay				
- PCP ¹	\$20	40% ²	\$20	40% ²
- Specialist Visits	\$35	40% ²	\$35	40% ²
- Preventive Care	\$0	40% ²	\$0	40% ²
- Chiropractic / Acupuncture (20 Visits/Year Combined)	\$15	40% ²	\$15	40% ²
- Physical Therapy	10% ¹	40% ²	20% ¹	40% ²
- Diagnostic X-Ray & Lab	10% ¹	40% ²	20% ¹	40% ²
Pharmacy Benefits (through OptumRx)				
Retail				
- Generic	\$5	Not Covered	\$5	Not Covered
- Brand Name	\$20	Not Covered	\$20	Not Covered
- Non-Formulary	\$50	Not Covered	\$50	Not Covered
- Supply Limit	34 Days	N/A	34 Days	N/A
Mail Order				
- Generic	\$10	Not Covered	\$10	Not Covered
- Brand Name	\$40	Not Covered	\$40	Not Covered
- Non-Formulary	\$100	Not Covered	\$100	Not Covered
- Supply Limit	90 Days	N/A	90 Days	N/A
Non-Maintenance Home Delivery	\$15/\$60/\$160	Not Covered	\$15/\$60/\$160	Not Covered
Hospital Benefits				
Room & Board / Surgeon's Fees / Maternity—Delivery	10% after \$250 Copay	40% after \$250 Copay	20% ¹	40% ²
Outpatient Surgery	10% ¹	40% ²	20% ¹	40% ²
Acute Care				
Emergency Room Facility	\$50 (waived if admitted) + 10% ¹		\$50 (waived if admitted) + 20% ¹	
Urgent Care	\$35	40% ²	\$35	40% ²
Telemedicine Visits	\$15 teladoc.com/bsc	Not Covered	\$20 teladoc.com/bsc	Not Covered

(1) Subject to deductible.

(2) Subject to deductible. Out-of-Network benefits are paid based on an allowed amount.

(3) Includes medical deductible, coinsurance amounts and copays. The Out-of-Pocket Maximum Pharmacy for prescription drugs is a separate out-of-pocket maximum.



Medical Plan Highlights: PPO

Plan Name	PERS Select PPO More information on page 14 (Anthem Prudent Buyer PPO Network)		Anthem Blue Cross PORAC Prudent Buyer PPO (Anthem Prudent Buyer PPO Network)	
	In-Network	Non-Network	In-Network	Non-Network
Provisions				
Calendar Year Deductible	Individual / Family \$1,000 / \$2,000		Individual / Family \$300 / \$900	Individual / Family \$600 / \$1,800
Out-of-Pocket Maximum - Coinsurance - Medical ³ - Pharmacy	Individual / Family \$3,000 / \$6,000 \$6,550 / \$13,100 \$2,000 / \$4,000	Unlimited Unlimited Unlimited	Individual / Family N/A \$2,000 / \$4,000 \$2,000 / \$4,000	
Lifetime Maximum	Unlimited		Unlimited	
Medical Benefits				
Office Visit Copay - PCP ¹ - Specialist Visits - Preventive Care - Chiropractic / Acupuncture (20 Visits/Year Combined) - Physical Therapy - Diagnostic X-Ray & Lab	\$35 ⁴ \$35 \$0 \$15 20% ¹ 20% ¹	40% ² 40% ² 40% ² 40% ² 40% ² 40% ²	\$10 \$35 \$0 \$20 20% ¹ 20% ¹	20% ² 20% ² 20% ² 20% ² 20% ² 20% ²
Pharmacy Benefits (through OptumRx)				
Retail - Generic - Brand Name - Non-Formulary - Supply Limit	\$5 \$20 \$50 34 Days	Not Covered Not Covered Not Covered N/A	\$10 \$25 \$45 34 Days	100% up front; may submit paper claim to request partial reimbursement
Mail Order - Generic - Brand Name - Non-Formulary - Supply Limit	\$10 \$40 \$100 90 Days	Not Covered Not Covered Not Covered N/A	\$20 \$40 \$75 90 Days	100% up front; may submit paper claim to request partial reimbursement
Non-Maintenance Home Delivery	\$15/\$60/\$160	Not Covered	\$15/\$60/\$160	Not Covered
Hospital Benefits				
Room & Board / Surgeon's Fees / Maternity-Delivery	Facility & Physician 20% ^{1,4}	40% ²	20% ¹	20% ²
Outpatient Surgery	20% ¹	40% ²	20% ¹	20% ²
Acute Care				
Emergency Room Facility	\$50 (waived if admitted) + 20% ¹		20% ¹	
Urgent Care	\$35	40% ²	\$35	20% ²
Telemedicine Visits	\$20 livehealthonline.com	Not Covered	\$35 livehealthonline.com	Not Covered

(1) Subject to deductible.

(2) Subject to deductible. Out-of-Network benefits are paid based on an allowed amount.

(3) Includes medical deductible, coinsurance amounts and copays. The Out-of-Pocket Maximum Pharmacy for prescription drugs is a separate out-of-pocket maximum.

(4) Reduced to \$10 if enrolled with personal doctor.



PERS Select PPO Savings Opportunities

Opportunity to Lower Deductible for PERS Select PPO Plan

With the CalPERS Select Basic PPO plan, members have the ability to "earn back" up to \$500 per adult covered on the plan through Deductible Credits. Think of it as a discount on your deductible. You may lower your deductible by up to \$500 by completing the following:



\$100 Flu Shot

To receive a \$100 credit to your deductible, simply get your annual flu shot at your doctor's office or an in-network pharmacy. You may also be eligible to receive this \$100 credit if you obtain your flu shot at a County sponsored flu clinic. Certain verification/documentation will be required.



\$100 Smoking

If you are a non-smoker, this is an easy \$100 in your pocket. Members will be given access to a Health Risk Assessment through Anthem's mobile app. During the Health Risk Assessment, you will be asked if you currently smoke. By checking "no", you automatically knock \$100 off your deductible. If you are a smoker and have a desire to quit, you can earn a \$100 credit toward your deductible by enrolling (and completing) in a smoking cessation program through Anthem.



\$100 Biometric Screening

Another \$100 deductible credit can be earned by obtaining your biometric results. This can be done at your primary care physician's office during your annual routine physical or at one of 2,200 Quest Diagnostic facilities across the U.S. If you live too far away from a Quest facility, you may qualify for an "at home" test kit.



\$100 Virtual Second Opinion

Members have the opportunity to obtain a second opinion through Anthem's virtual second opinion program or a Select plan doctor for non-urgent or non-emergency surgeries. Call 1-888-361-3944 (Monday through Friday, 5:30 PM to 8:00 PM, PST) if you are having nonurgent and nonemergency scheduled surgery in 2021. They will see if you need a second opinion.



\$100 Condition Care Certification

Take part in the Condition Care Program if you have Asthma, Diabetes, Chronic Obstructive Pulmonary Disease (COPD), Heart Failure or Coronary Artery or Vascular Disease. If you are diagnosed with any of these conditions throughout the year, Anthem will reach out to you to participate in their Condition Care program. You can earn a \$100 credit towards your deductible if you earn a condition care certification.

Opportunity to Lower Office Visit Copay

With the CalPERS Select Basic PPO plan, when you visit an in-network doctor, your copay is \$35. However, when you select an in-network Personal Doctor, your doctor's office visit copay is just \$10 when visiting that physician, a \$10 savings per doctor's visit.






PPO—Maximum Calendar Year Medical & Pharmacy Financial Responsibility

There is a Maximum Calendar Year Financial Responsibility of \$8,550 per Member and \$17,100 per family. This maximum financial responsibility is broken down into a maximum medical responsibility (\$6,550 per member and \$13,100 per family) and maximum Pharmacy responsibility (\$2,000 per Member and \$4,000 per family).



Accessing Care

It's important to know where to go when an illness or injury occurs. Below is a quick overview to help you better understand when to use the different options available to you as a member of our medical insurance through CalPERS: Anthem Blue Cross, Blue Shield of CA, Health Net, Kaiser Permanente, Sharp HealthCare, or United Healthcare.

 24-Hour Nurseline Free	 Telemedicine Cost varies	 Doctor Visit \$	 Urgent Care \$\$	 Emergency Room \$\$\$
<ul style="list-style-type: none"> • Available 24/7 • Registered nurses can help you decide where to go for care when you or a family member have a health concern 	<ul style="list-style-type: none"> • Available 24/7/365 • U.S. board-certified doctors are available to resolve many of your non-emergency medical issues through phone or video consults through Teladoc, LiveHealth Online, American Well, or Doctor on Demand 	<ul style="list-style-type: none"> • Office hours vary • Generally, the best place to go for non-emergency care as a relationship is established and your doctor is able to treat you based on knowledge and medical history 	<ul style="list-style-type: none"> • Generally open on evenings, weekends and holidays • Often used when your doctor's office is closed and there is no true emergency • Urgent care does not replace your primary care physician 	<ul style="list-style-type: none"> • Open 24/7 • Use for true emergencies such as any accident or injury that may lead to loss of life or limb, serious medical complication, or permanent disability

Medical Plan Contacts and Provider Finders

Medical - CalPERS HMO Plans <ul style="list-style-type: none"> - Anthem Blue Cross Select HMO & Traditional HMO - Blue Shield of CA Trio HMO and Access+ HMO - Health Net Salud y Mas HMO and SmartCare HMO - Kaiser Permanente HMO - Sharp HMO (<i>San Diego only</i>) - United Healthcare Alliance HMO 	855-839-4524 www.anthem.com/ca/calpers 800-334-5847 www.blueshieldca.com/calpers 888-926-4921 www.healthnet.com/calpers 800-464-4000 www.kp.org/calpers 855-955-5004 www.sharphealthplan.com/calpers 877-359-3714 www.uhc.com/calpers
Medical - Anthem Blue Cross CalPERS PPO Plans <ul style="list-style-type: none"> - PERS Care PPO - PERS Choice PPO - PERS Select PPO 	877-737-7776 www.anthem.com/ca/calpers
Pharmacy - CVS Caremark/OptumRx/Kaiser Permanente <ul style="list-style-type: none"> - CVS Caremark (<i>Blue Shield HMO plans only</i>) - Kaiser Permanente (<i>Kaiser HMO plan only</i>) - OptumRx (<i>all other HMO and PPO plans except Kaiser & Blue Shield HMO</i>) 	866-346-7200 www.caremark.com/calpers 800-464-4000 www.kp.org/calpers 855-505-8110 www.optumrx.com/calpers
Other Resources Burnham COVID-19 Response Center - click here CalPERS COVID-19 Updates - click here CalPERS Carrier Resources - click here	www.burnhambenefits.com/covid-19/ www.calpers.ca.gov/page/coronavirus www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates/health-plan-events-resources



Tips on Health Benefits

Tips on Getting the Most from Your Health Benefits

1 Ask questions

If you are having a procedure or planning an upcoming procedure, make sure you know how the procedure will be covered and what your out-of-pocket cost will be, if any.

2 Utilize your free preventive care benefits to stay healthy.

In-network preventive care benefits are covered at no charge to you. Take advantage of these no cost benefits now to hopefully avoid major illnesses and the costs they bring in the future.

3 Get the right health care and save money

Choosing the right care for your medical situation will help save you money out-of-pocket:

- **Doctor's Office Visit or Telemedicine visit:** These are the best choices for non-urgent medical issues.
- **Urgent Care:** This is the best choice for non-life threatening medical issues that require immediate in-person care when you can't get an appointment for a Doctor's Office Visit.
- **Emergency Room:** You should use the Emergency Room for life threatening emergencies, or for other issues that require immediate in-person medical care outside Urgent Care hours.

4 Use generic drugs when available

The best way to save on prescriptions is to use generic medications as opposed to brand name drugs. When you use generic medications, you will pay the lowest copay.

- Generic drug companies do not have to develop a medication from scratch, so the costs are significantly less to bring the drug to the market. Once a generic medication is approved, several companies can produce and sell the drug. This competition helps lower prices. In addition, many generic drugs are well-established, frequently used medications that do not require expensive advertising.
- Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards.

5 Use the mail-order prescription drug benefit for maintenance medications

If you take medications on a long term basis, the mail order prescription drug benefit can save you money.



Carrier Contacts

Plan Type	Provider	Phone Number	Website
Select HMO Traditional HMO	Anthem Blue Cross	Member Services: 855-839-4524 Rx- OptumRx: 855-505-8110	www.anthem.com/ca/calpers www.optumrx.com/calpers
Access+ HMO Trio HMO	Blue Shield	Member Services: 800-334-5847 Rx- CVS Caremark: 866-346-7200	www.blueshieldca.com/calpers www.caremark.com/CalPERS
HMO Salud y Más HMO SmartCare HMO	Health Net	Member Services: 888-926-4921 Rx- OptumRx: 855-505-8110	www.healthnet.com/calpers www.optumrx.com/calpers
Kaiser HMO	Kaiser Permanente	Member Services: 800-464-4000	www.kp.org/calpers
Sharp HMO (San Diego only)	Sharp	Member Services: 855-955-5004 Rx- OptumRx: 855-505-8110	www.sharphealthplan.com/calpers www.optumrx.com/calpers
UHC Alliance HMO	UnitedHealthcare	Member Services: 877-359-3714 Rx- OptumRx: 855-505-8110	www.uhc.com/calpers www.optumrx.com/calpers
PERS Care PPO PERS Choice PPO PERS Select PPO	Anthem Blue Cross	Member Services: 877-737-7776 Rx- OptumRx: 855-505-8110	www.anthem.com/ca/calpers www.optumrx.com/calpers
PORAC PPO	Anthem Blue Cross / PORAC	Member Services: 800-288-6928 Rx- Express Scripts: 866-470-6265	http://ibtofporac.org www.express-scripts.com
Other Contacts	CalPERS PARS Empower Retirement	Members: 888-225-7377 800-540-6369 Participants: 800-701-8255	www.calpers.ca.gov www.pars.org www.empower-retirement.com



Carrier Contacts

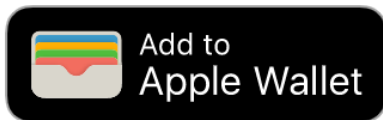
Access all of your carrier contacts on the go!

Download your benefits digital wallet card




On an iPhone:

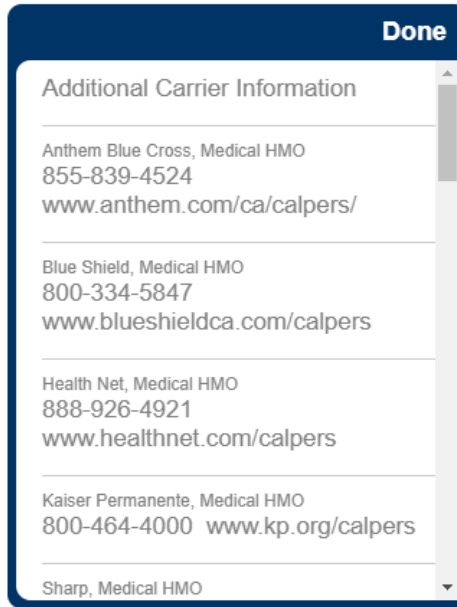
Click "Add to Apple Wallet" from link.



It will automatically load into your Apple Wallet app.

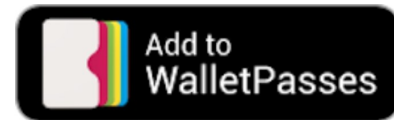


On the top right hand corner, select the  icon to view all carrier contact information.




On an Android:

Click "Add to WalletPasses" from link.



Download the WalletPasses app from the app store if prompted and it will automatically add to WalletPasses.



On the bottom right hand corner, select the  icon to view all carrier contact information.

Click [here](#) or scan this QR code:



For questions, please contact hrbenefit@newportbeachca.gov



ACA

The Affordable Care Act (ACA) penalty for not having health coverage (known as the individual mandate) has been eliminated. However, if you are a taxpayer in California, Massachusetts, New Jersey, Vermont or the District of Columbia, you will be required to have health coverage (unless you qualify for an exemption) or pay a penalty for the 2020 tax year - these states have an individual mandate requirement.

You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by the City of Newport Beach or another group medical plan meeting the requirements for minimum essential coverage;
- Purchase coverage through a health insurance marketplace;
- Enroll in coverage through a government-sponsored program if eligible.

If you choose to purchase coverage through the marketplace, because the City of Newport Beach’s medical plans are considered affordable and meet minimum value under the Affordable Care Act, you may not be eligible for a subsidy, and you may not see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost, and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.

For More Information
Go to www.healthcare.gov.



Annual Notices

The City of Newport Beach plans are partially arranged by the City of Newport Beach and governed by it’s plan rules and documents. ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. Annual notices can be found on pages 21-29 of this guide.

The following are a list of Annual Notices:

- **Page 21—Medicare Part D Notice of Creditable Coverage:** Plans are required to provide each covered participant and dependent a Certificate of Creditable Coverage to qualify for enrollment in Medicare Part D prescription drug coverage when qualified without a penalty.
- **Page 22—Women’s Health and Cancer Rights Act (WHCRA):** This act contains important protections for breast cancer patients who choose breast reconstruction with a mastectomy.
- **Page 22—Newborns’ and Mothers’ Health Protection Act:** This act affects the amount of time a mother and her newborn child are covered for a hospital stay following childbirth.
- **Page 22—Special Enrollment Rights:** Plan participants are entitled to certain special enrollment rights outside of The City of Newport Beach’s open enrollment period. This notice provides information on special enrollment periods for loss of prior coverage or the addition of a new dependent.
- **Page 23—Medicaid & Children’s Health Insurance Program:** Some states offer premium assistance programs for those who are eligible for health coverage from their employers, but are unable to afford the premiums. This notice provides information on how to determine if your state offers a premium assistance program.
- **Page 26—HIPAA Notice of Privacy Practices:** This notice is intended to inform employees of the privacy practices followed by The City of Newport Beach’s group health plan. It also explains the federal privacy rights afforded to you and the members of your family as plan participants covered under a group plan.

Summary of Benefits and Coverage (SBC)

Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan’s benefits and coverage.

Medicare Part D Notice of Creditable Coverage

Important Notice from The City of Newport Beach 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 Newport Beach under the CalPERS HMO and PPO plans 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. The City of Newport Beach has determined that the prescription drug coverage offered under the above plan option(s), 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 15 through December 7. 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 Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage with the City of Newport Beach will not be affected. If you decide to join a Medicare drug plan and drop your current medical plan coverage, be aware that you and your dependents will be able to get this coverage back (for example, at the next annual open enrollment period or upon incurrence of a special enrollment event).

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 the City of Newport Beach 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 Your Medicare Prescription Drug Coverage Options

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll receive 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 www.medicare.gov;
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help; or
- Call 800-MEDICARE or 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 more information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or you may 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).

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

Contact the person listed on page 2 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 Newport Beach changes. You also may request a copy of this notice at any time.

Women's Health & Cancer Rights Act (WHCRA)

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 states 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 the medical plan.

To obtain more information on WHCR benefits, please call or email the person listed on **page 2**.

Newborn 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).

To obtain more information, please call or email the person listed on **page 2**.

Special Enrollment Rights

If you are declining enrollment for yourself or your dependent (s) (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents if you or your dependent(s) lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 60 after your or your dependents' other coverage ends (or if the employer stops contributing toward your or your dependents' other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 after the birth, adoption, or placement for adoption.

To obtain more information, please call or email the person listed on **page 2**.

Medicaid & Children’s Health Insurance Program

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 **866-444-EBSA (3272)**.

If you are a California resident, please contact the California Department of Health Care Services to see if you may be eligible for premium assistance:

Website: https://www.dhcs.ca.gov/services/pages/tplrd_cau_cont.aspx
Phone: (800) 541-5555

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor—Employee Benefits Security Administration

Website..... www.dol.gov/agencies/ebsa
Phone 866-444-EBSA (3272)

U.S. Department of Health and Human Services—Center for Medicare & Medicaid Services

Website..... www.cms.hhs.gov
Phone 877-267-2323 Menu Option 4, ext. 61565

In addition, if you live in one of the States listed on the following pages, you may also be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2020. Contact your State for more information on eligibility.

Medicaid & Children's Health Insurance Program

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 January 31, 2020. Contact your State for more information on eligibility.

ALABAMA - Medicaid

Website: <http://myalhipp.com/>
Phone: 855-692-5447

ALASKA - Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 866-251-4861
Email: customerservice@myakhipp.com
Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS - Medicaid

Website: <http://myarhipp.com/>
Phone: 855-MyARHIPP (855-692-7447)

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Website: www.healthfirstcolorado.com/
Member Contact Center: 800-221-3943/ State Relay 711
CHP+: www.colorado.gov/pacific/hcpf/child-health-plan-plus
CHP+ Customer Service: 800-359-1991/ State Relay 711

KANSAS - Medicaid

Website: www.kdheks.gov/hcf/default.htm
Phone: 800-792-4884

KENTUCKY - Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 855-459-6328
Email: kihipp.program@ky.gov
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: 877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA - Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 888-342-6207 (Medicaid hotline) or 855-618-5488 (LaHIPP)

MAINE - Medicaid

Website: www.maine.gov/dhhs/ofc/public-assistance/index.html
Phone: 800-442-6003
TTY: Maine relay 711

MASSACHUSETTS - Medicaid and CHIP

Website: www.mass.gov/eohhs/gov/departments/masshealth
Phone: 800-862-4840

MINNESOTA - Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp> [Under ELIGIBILITY tab, see "what if I have other health insurance?"]
Phone: 800-657-3739

FLORIDA - Medicaid

Website: <http://flmedicaidtplrecovery.com/hipp/>
Phone: 877-357-3268

GEORGIA - Medicaid

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162 ext. 2131

INDIANA - Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: www.in.gov/fssa/hip/
Phone: 877-438-4479
All other Medicaid
Website: www.indianamedicaid.com
Phone: 800-403-0864

IOWA - Medicaid

Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 800-257-8563

NEW HAMPSHIRE - Medicaid

Website: www.dhhs.nh.gov/oii/hipp.htm
Phone: 603-271-5218
Toll free number for the HIPP program: 800-852-3345, ext. 5218

NEW JERSEY - Medicaid and CHIP

Medicaid Website: www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: www.njfamilycare.org/index.html
CHIP Phone: 800-701-0710

NEW YORK - Medicaid

Website: www.health.ny.gov/health_care/medicaid/
Phone: 800-541-2831

NORTH CAROLINA - Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA - Medicaid

Website: www.nd.gov/dhs/services/medicalserv/medicaid
Phone: 844-854-4825

OKLAHOMA - Medicaid and CHIP

Website: www.insureoklahoma.org
Phone: 888-365-3742

Medicaid & Children's Health Insurance Program

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 January 31, 2020. Contact your State for more information on eligibility.

MISSOURI - Medicaid

Website: www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA - Medicaid

Website: <http://dphhs.mt.gov/montanahealthcareprograms/hipp>
Phone: 800-694-3084

NEBRASKA - Medicaid

Website: www.accessnebraska.ne.gov
Phone: 855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA - Medicaid

Medicaid Website: <https://dhcfp.nv.gov>
Medicaid Phone: 800-992-0900

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
Phone: 888-828-0059

TEXAS - Medicaid

Website: <http://gethipptexas.com/>
Phone: 800-440-0493

UTAH - Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 877-543-7669

VERMONT - Medicaid

Website: www.greenmountaincare.org/
Phone: 800-250-8427

VIRGINIA - Medicaid and CHIP

Website: <https://www.coverva.org/hipp/>
Medicaid Phone: 800-432-5924
CHIP Phone: 855-242-8282

OREGON - Medicaid

Websites: <http://healthcare.oregon.gov/Pages/index.aspx>
www.oregonhealthcare.gov/index-es.html
Phone: 800-699-9075

PENNSYLVANIA - Medicaid

Website: <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>
Phone: 800-692-7462

RHODE ISLAND - Medicaid and CHIP

Website: www.eohhs.ri.gov/
Phone: 855-697-4347, or 401-462-0311
(Direct Rlte Share Line)

SOUTH CAROLINA - Medicaid

Website: www.scdhhs.gov
Phone: 888-549-0820

WASHINGTON - Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 800-562-3022

WEST VIRGINIA - Medicaid

Website: <http://mywvhipp.com/>
Toll-free phone: 855-MyWVHIPP (855-699-8447)

WISCONSIN - Medicaid and CHIP

Website: www.dhs.wisconsin.gov/publications/p1/p10095.pdf
Phone: 800-362-3002

WYOMING - Medicaid

Website: <https://wyequalitycare.acs-inc.com/>
Phone: 307-777-7531

HIPAA Notice of Privacy Practices

Your Information | Your Rights | Our Responsibilities Health Care Flexible Spending Account Benefits

This Notice describes how medical information about you that we receive from your health care flexible spending account may be used and disclosed and how you can get access to this information. Please review it carefully.

Contact the person listed on **page 2** for further information.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

See page 27 for more information on these rights and how to exercise them

Your Choices

You have some choices in the way that we use and share information as we:

- Tell your family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

See page 28 for more information on these choices and how to exercise them

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Bill for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

See pages 28 and 29 for more information on these uses and disclosures

HIPAA Notice of Privacy Practices

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this Notice of Privacy Practices.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling (877) 696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

HIPAA Notice of Privacy Practices

Your Choices

In these cases, you have both the right and choice to tell us to:

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described on page 2, talk to us. Tell us what you want us to do, and we will follow your instructions.

- Share information with your family, close friends, or others involved in payment for your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

HIPAA Notice of Privacy Practices

Our Uses and Disclosures (continued)

How else can we use or share your health information?

We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone's health or safety.

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

This Notice is current as of June 29, 2020.



2211 Michelson Drive, Suite 1200 | Irvine, California 92612
Telephone: (949) 833-2983 | Fax: (949) 833-9549

Learn more at www.burnhambenefits.com

This Employee Benefits Guide provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is at the City's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact the Human Resources Department.

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Health Benefits Plan Enrollment for Active Employees (HBD-12)

Health Account Management Division
P.O. BOX 942715
Sacramento, CA 94229-2715
888 CalPERS (or 888-225-7377) | TTY (877) 249-7442
FAX (800) 959-6545
www.calpers.ca.gov

SECTION A: Applicant Information

1. Employee Name: (First) _____ (M.I.) _____ (Last) _____			2. Hire Date: (mm/dd/yyyy) _____	
3. CalPERS ID or Social Security Number: _____		4. Date of Birth: (mm/dd/yyyy) _____		5. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
6. Residence Address: (Street) _____ (City) _____ (State) _____ (ZIP) _____ (County) _____				
7. Mailing Address (If different): (Street) _____ (City) _____ (State) _____ (ZIP) _____ (County) _____				
8. Use Work ZIP Code for Health Eligibility: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, enter zip code here: (ZIP) _____</small>				
9. E-mail Address: _____		10. Primary Phone: _____		Alternate: _____

SECTION B: Type of Action

11. Enroll in a Health Plan Add/Delete Dependents Change Health Plan Cancel All Coverage Decline Coverage

SECTION C: Type of Permitting Event

12. New Employee New Contracting Agency Marriage or Domestic Partnership Date (mm/dd/yyyy): _____ Open Enrollment Move
 Delete Dependent Due to Death Divorce or Domestic Partnership Termination Birth/Adoption Other: _____

13. **Permitting Event Date:** (mm/dd/yyyy) _____

14. **Name of Health Plan:** (If changing health plans, list new plan name) _____

SECTION D: Subscriber and Dependent Information (List yourself and all of your dependents to be enrolled on your health plan)

15. Name (First, M.I., Last)	Relationship Code *1	Gender	Date of Birth (mm/dd/yyyy)	CalPERS ID or Social Security Number	Action	Primary Care Physician
	SELF	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Add <input type="checkbox"/> Delete	

*1 Relationship Codes: S - Spouse DP - Domestic Partner NC - Natural Child SC - Step Child AC - Adopted Child DPC - Domestic Partner Child PCR - Parent Child Relationship

SECTION E: Enrollment

16. **To enroll, carefully review the information in this section and check the box:**

I ELECT TO ENROLL in (or **MAKE CHANGES TO**) a health benefits plan as indicated above and agree to authorize deductions from my salary to cover my share of the cost of enrollment as it is now or as it may be in the future. **I CERTIFY** that the information provided herein is accurate and listed dependents are eligible family members as defined in the Public Employees' Medical and Hospital Care Act.

I VOLUNTARILY enroll into the selected Health Plan. **I AGREE** to read the associated Evidence of Coverage (EOC) and any subsequent EOCs in the following years to understand the benefits of the plan. The Subscriber and all eligible dependents agree to all the terms and conditions of the EOC and the Health Plan.

I UNDERSTAND that enrolling in certain health plans requires binding arbitration and that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered, will be determined by submission to arbitration as provided by California Law and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. The parties to this agreement, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury and instead are accepting the use of arbitration.

17. **To decline, carefully review the information in this section and check the box:**

I DECLINE ENROLLMENT into the CalPERS Health Program for myself and my dependents.

I UNDERSTAND that if I choose to enroll at a later date, I must wait at least 90 days after I request enrollment or until the next Open Enrollment (OE) period before enrolling in the CalPERS Health Program. Furthermore, if I or my dependents involuntarily lose other health insurance coverage, I may request enrollment into the Program within 60 days from the date of lost coverage. If I do not request enrollment within 60 days, I must wait at least 90 days or until the next OE period before I can enroll. The effective date of coverage will be the first of the month following the 90 day waiting period or the OE effective date.

18. **Employee Signature:** _____

19. **Date:** (mm/dd/yyyy) _____

SECTION F: CalPERS Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code Sections (20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in the system being unable to perform its functions regarding your status.

Please do not include information that is not requested.

SSN

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS first request for disclosure of your SSN, then disclosure is mandatory. If your SSN has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction / state contributions
3. Billing of contracting agencies for employee / employer contributions
4. Reports to the CalPERS system and other state agencies
5. Coordination of benefits among carriers

6. Resolve member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by the system. For questions about this notice, our [Privacy Policy](#), or your rights, please write the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call our Customer Contact Center at 888-CalPERS (888-225-7377).

SECTION G: Privacy Information

Submission of the requested information is mandatory. The information requested is collected pursuant to the California Government Code (sections 20000 et seq.) and is used for administration of the CalPERS Board's duties under the Public Employees' Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Portions of this information may be transferred to other governmental agencies (such as your employer), physicians and insurance carriers but only in strict compliance with current statutes regarding confidentiality. Failure to supply the information may result in CalPERS being unable to perform its functions regarding your status.

You have the right to review your CalPERS membership files. For questions concerning your rights under the Information Practices Act of 1977, please contact the CalPERS Customer Contact Center at **1-888-CalPERS** (or 1-888-225-7377).

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency requesting an individual to disclose a Social Security account number to inform the individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it. Section 111 of Public Law 101-173 requires group health plans to collect and provide member Social Security numbers for the coordination of federal and State benefits. Furthermore, the CalPERS health program requires each enrollee's Social Security number for identification purposes and to verify eligibility for benefits.

The CalPERS health program uses Social Security numbers for the following purposes:

1. Enrollee identification for eligibility processing and eligibility verification
2. Payroll deduction and State contribution for State employees.
3. Billing of contracting agencies for employee and employer contributions.
4. Reports to CalPERS and other state agencies.
5. Coordination of benefits among health plans.
6. Resolution of member complaints, grievances and appeals with health plans.

IMPORTANT: It is your responsibility to notify your personnel office when there are any changes in your family situation. Changes include domestic partnership termination, establishment of a parent-child relationship, acquisition of a dependent child, change of address, marriage, divorce, legal separation, and death. Failure to notify your personnel office may result in adverse consequences.

SECTION H: For Employer Use

Please retain original signed form and all supporting documentation or affidavits in employee file. DO NOT send to CalPERS.

20. Agency Name:	21. Date of Hire: (mm/dd/yyyy)	22. Retirement System: <input type="checkbox"/> CalPERS <input type="checkbox"/> CalSTRS <input type="checkbox"/> Other
23. CalPERS Employer ID:	24. Division ID:	25. Employee Bargaining Unit/Employee Group:
26. Payroll Office: <input type="checkbox"/> State Controller's Office <input type="checkbox"/> Non Central <input type="checkbox"/> Public Agency Billing	27. Date Received by Employer:	28. Effective Date: (mm/dd/yyyy)

I hereby certify under the penalty of perjury that I am a duly appointed, qualified and acting Health Benefits Officer (HBO) of the above named agency, and the payment by the agency as provided by Section 22870-22905 of the Government Code is hereby approved. Final determination of eligibility for the enrollment action specified will be made by the Board of Administration, Public Employees' Retirement System, in accordance with the Public Employees' Medical and Hospital Care Act and the regulations implementing the Act.

29. Health Benefits Officer: (Print name)	30. Signature:	31. Date: (mm/dd/yyyy)	32. Phone Number:
33. Remarks:			

Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or **888-225-7377**).

*Only applies to Employees previously in PARS

City of Newport Beach

Alternate Retirement System Plan

Plan Information Sheet

for Part-Time, Seasonal, and Temporary Employees



Introduction

A federal law, the Omnibus Budget Reconciliation Act of 1990 (OBRA 90), requires that governmental employees who are not members of their employer's existing retirement system be covered by Social Security or an alternate plan.

You are enrolled in an alternate plan called the Public Agency Retirement Services Alternate Retirement System Plan (PARS ARS). PARS ARS satisfies federal requirements and provides cost savings to you and your employer when compared to Social Security. The PARS ARS plan only requires a minimum contribution of 7.5% to your retirement account.

This information is a general description of what you can expect as a participant in PARS ARS. The Plan Document provides a detailed description and contains all of the specific legal requirements of the plan. A copy of the plan document is available for review with your employer.

Enrollment in the PARS ARS Plan is automatic for eligible employees.

Effective January 1, 1992 and thereafter:

1. Each pay period, **3.75%** of your wages will be deducted from your pay and deposited into your PARS ARS account. Your contributions are made on a pre-tax basis.
2. Each pay period, your employer will also contribute the equivalent of **3.75%** of your wages to your PARS ARS account. Employer contributions are also made on a pre-tax basis.
3. Investment activity will be credited to your PARS ARS account based on your monthly account activity and will accumulate **tax-free** until your termination from the plan and the distribution of your account balance.

Designating a Beneficiary

- 1) In the event that you pass away while contributing to the PARS ARS Plan, your account balance will be distributed to your beneficiary.
- 2) If you are married at the time of your death, your spouse/registered domestic partner is automatically your beneficiary. If you wish to designate someone other than your spouse/registered domestic partner, you may do so by submitting a Designation of Beneficiary Form.

- 3) If you are unmarried at the time of your death, your account balance will be paid to your estate unless you have designated another beneficiary.
- 4) You may obtain a Designation of Beneficiary Form from your employer or from PARS.

Becoming Eligible for a Benefit

- 1) You (or your beneficiary in the event of your death) will be eligible to receive your PARS ARS account balance when one of the following events occurs:
 - a. Termination of Employment
 - b. Retirement
 - c. Permanent and Total Disability
 - d. Death
 - e. Changed employment status to a position covered by another retirement system*

*If there have been no contributions into your PARS ARS account for two (2) years, you may be eligible for a distribution of your account.

Receiving Your Account Balance

- 1) When your employer notifies PARS that you are eligible for a distribution of your account, appropriate forms will be sent to you by mail. Within 90 days of PARS' receipt of all correctly completed forms, the account will be distributed.
- 2) Your distribution options are:
 - a. You may elect to receive a **one-time lump-sum cash payment**. If your account balance is greater than \$200, your distribution may be subject to federal and/or state income tax withholding. If you are under age 59½, your distribution may also be subject to an excise tax withholding.
 - b. If your account balance is greater than \$200, you can defer tax withholding from your distribution by electing a **direct rollover** to a traditional IRA or to an eligible employer plan that accepts rollovers (e.g. 403(b), 457(b), 401(k), etc.).

For further information or for questions about your account, please contact PARS.

(800) 540-6369
Monday – Friday
9:00AM – 5:00PM Pacific Time

*Only applies to Employees previously in PARS. Employee to send form to CalPERS when complete.

**Designation of Beneficiary Form
Public Agency Retirement Services (PARS)**

Instructions:

1. Read carefully the rules for designating a beneficiary below, and sign in the spaces provided.
2. Complete the appropriate sections (Section 1 must be completed, see rules below regarding section 2) of this form and return it to:

City of Newport Beach
Human Resources
3300 Newport Blvd.
Newport Beach, CA 92658

Rules for Designation of Beneficiary:

1. It is your responsibility to keep your Designation of Beneficiary current.
2. You reserve the right to revoke or change your Designation of Beneficiary, subject to the other provisions of these Rules.
3. If, upon your death, there is no valid Designation of Beneficiary on file with the Trust Administrator, any death benefits which become due will be paid in accordance with the Plan Document.
4. The plan requires that if you are married, your surviving spouse/registered domestic partner will be your sole primary beneficiary, unless your spouse/registered domestic partner waives this right.
5. If you wish to designate a person or persons other than your spouse/registered domestic partner or in addition to your spouse/registered domestic partner, you must obtain the notarized consent of your spouse/registered domestic partner in writing on this form by completing Section 2. Failure to obtain your spouse/registered domestic partner's consent in these instances will render the designation invalid. Any consent by a spouse/registered domestic partner applies only to that spouse/registered domestic partner and not any future spouse/registered domestic partner. Therefore, if a new marriage occurs, a new Designation of Beneficiary form should be completed and the new spouse/registered domestic partner's consent must be obtained. If you are unmarried complete Section 1 only.
6. If the location of your spouse/registered domestic partner is unknown, you must attach to this form a notarized statement stating that your spouse/registered domestic partner cannot be located.
7. You are considered married if you are under decree of separate maintenance or decree of legal separation.
8. If you wish to have your PARS account distributed under the terms of a Living Trust, your PARS account must be mentioned by name in the Trust Document. If your current Living Trust does not contain specific reference to your PARS account, you may designate the Living Trust as a beneficiary using this form. All rules pertaining to the designation of a beneficiary apply to the designation of a Living Trust.

I have read and understand these rules.

Participant's Signature

Date

Section 1: Designating a Beneficiary

Participant Name: _____ Social Security # _____ - _____ - _____

Participant Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Name of Beneficiary: _____ Relationship: _____

Beneficiary Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Participant's Signature

Date

Section 2: Spousal/Registered Domestic Partner Consent *(Only complete this section if designating a beneficiary other than your spouse/domestic partner)*

I hereby consent to the above beneficiary designation of my spouse/registered domestic partner, a participant in this plan. I understand that in consenting to the designation of anyone except myself, I am waiving rights to a survivor benefit that I would be legally entitled to at a later date.

Spouse/Registered Domestic Partner's Signature

Date

Signature of Notary

Date



LOGIN TO ESS

PLEASE TAKE A MOMENT TO LOGIN TO ESS

Direct link:

<https://selfservice.newportbeachca.gov/MSS/login.aspx>

User ID: Employee number

Password: The last four digits of your social security number

Review your personal information for accuracy and make any necessary changes. Please ensure your email address stays updated as this will be your bridge for communication.

THROUGH ESS

Review Pay Stub History

Review Time Off Information

Select Benefits during Open Enrollment

Update W-4 Information

Review your Deductions and Benefits

If you need assistance with ESS, please ask your Administrative Assistant or contact HR (949) 644-3256.



How to Register for my|CalPERS

Not registered yet?

Go to my.calpers.ca.gov and follow these steps:

- 1 On the Pre-Log In page, select **Participant** and **Continue**.
- 2 Select **Register Now**.
- 3 Accept the terms and conditions under the Security Agreement.
- 4 Identify yourself by providing your name, date of birth, last four digits of your Social Security number or your CalPERS Identification number.
- 5 Answer a set of questions about your CalPERS account to verify your identity.
- 6 Create a Username and Password, and enter your email address.
- 7 Choose a personal security image and message.
- 8 Choose your security questions and answers. It's important to choose questions and answers you will remember.
- 9 Log in to my|CalPERS.

1

Participant

You are a participant if you are a member or non-member, community property payee, beneficiary, survivor, subscriber dependent, conservator, or have power of attorney.

[Continue](#) ←

2

New to my|CalPERS? [Register Now](#). ←

3

[I Accept](#)

4

First Name (required)

Don't include your middle name or initial.

5

Verify Your Identity (1 of 3)

To verify your identity, choose the option that best answers the statement.

6

Password (required)

At least 8 characters.
No spaces, case sensitive.

7

8

Question 1 (required)

9

Welcome to my|CalPERS

[Log In](#)

Username (required)

[Continue](#)



How to Access my|CalPERS

Can't remember your username?

- 1 Select **Forgot Your Username?**
- 2 Identify yourself by providing your name, date of birth, last four digits of your Social Security number or your CalPERS Identification number.
- 3 Select how you want to recover your username. You can choose to answer your security questions or have a temporary passcode sent to your email address or mobile number on record. Once you enter your temporary passcode, your username will appear.

Can't remember your password?

- 1 Select **Forgot Your Password?**
- 2 Identify yourself by providing your name, date of birth, last four digits of your Social Security number or your CalPERS Identification number.
- 3 Select how you want to reset your password. You can choose to reset your password by answering your security questions or by having a temporary passcode sent to your email address or mobile number on record. Once you enter the temporary passcode, you can create a new password.

If you exceed the allowed number of attempts to validate your identity, your account will be locked to protect your security. To unlock your account, contact us at 888 CalPERS (or 888-225-7377).

1 **Username (required)**
 [Forgot your Username?](#) ←

2 **Identify Yourself**
 Complete all of the fields below so we can confirm your identity. The information you enter must current Benefit Statement **exactly**.

First Name (required)

 Don't include your middle name or initial

Last Name (required)

 Don't include a suffix such as Jr., Sr., I, II, etc.

3 **Recover Your Username**
 How would you like to recover your username? **(required)**

By Email
 Send a passcode to sxxxxxxxxx@calpers.ca.gov

By Phone
 Send a passcode to XXX-XXX-2390
 Text message fees may apply depending on your carrier.

1 **Password (required)**
 [Forgot Your Password?](#) ←

2 **Identify Yourself**
 Complete all of the fields below so we can confirm your identity. The information you enter must current Benefit Statement **exactly**.

First Name (required)

 Don't include your middle name or initial

Last Name (required)

 Don't include a suffix such as Jr., Sr., I, II, etc.

3 **Reset Your Password**
 How would you like to reset your password? **(required)**

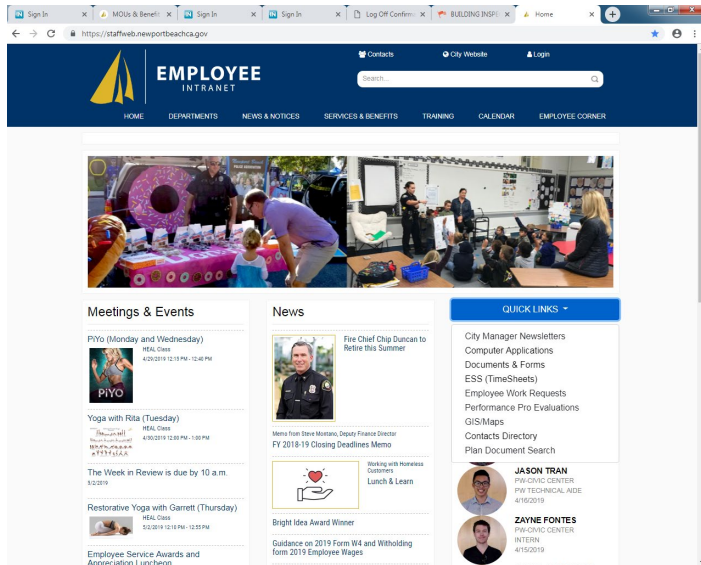
By Email
 Send a passcode to sxxxxxxxxx@calpers.ca.gov

By Phone
 Send a passcode to XXX-XXX-2390

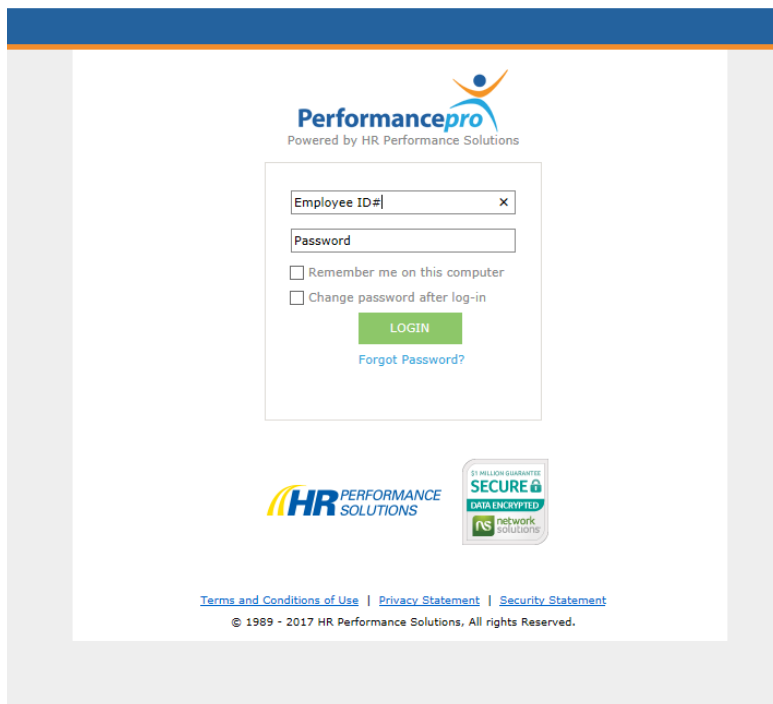
Performance Pro Training

Logging In

- a. The link to Performance Pro can be found on the City's Intranet page under Quick Links.
<https://newportbeachca.perfpro-hrnonline.com>

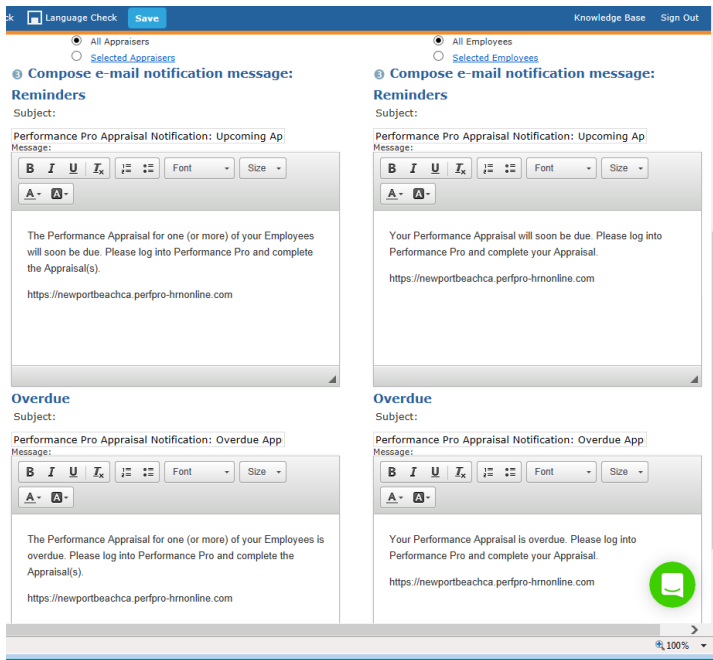


- b. To login the employee uses their 5-digit employee ID#. The first time logging in the password is: Welcome123
- c. Once logged in, the employee is prompted to reset their password to something they determine themselves.



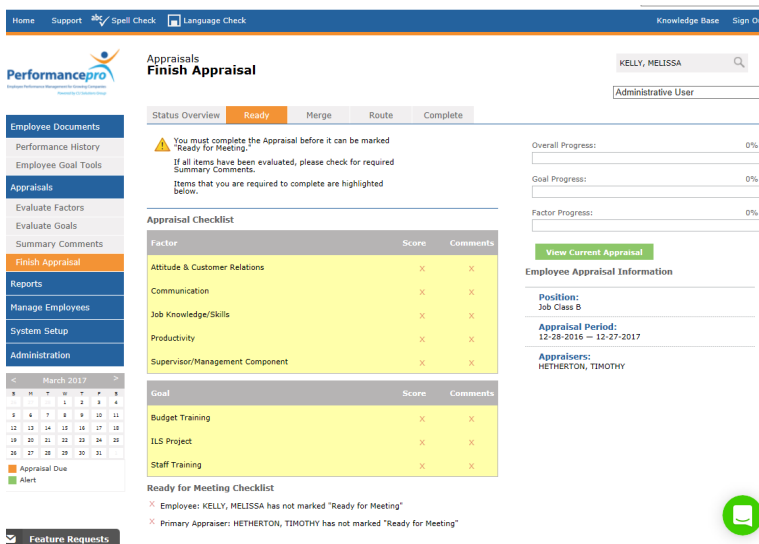
Notifications

- Appraisers will receive a notification of an upcoming appraisal at 30 days, 2 weeks and 1 week before the appraisal due date/appraisal period end date.
Notification of overdue evaluations are sent weekly until completed.
- Employees will receive a notification of an upcoming appraisal at 30 days, and two weeks before the due date/appraisal period end date.
Notifications of overdue evaluations are sent weekly until completed.

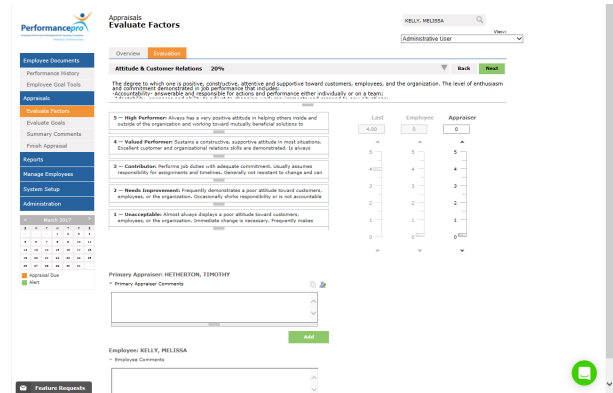
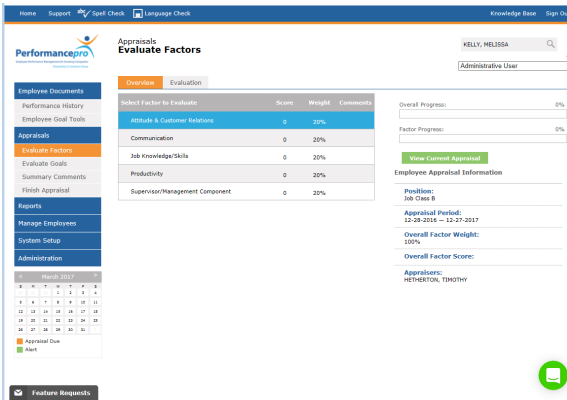


Beginning an Evaluation

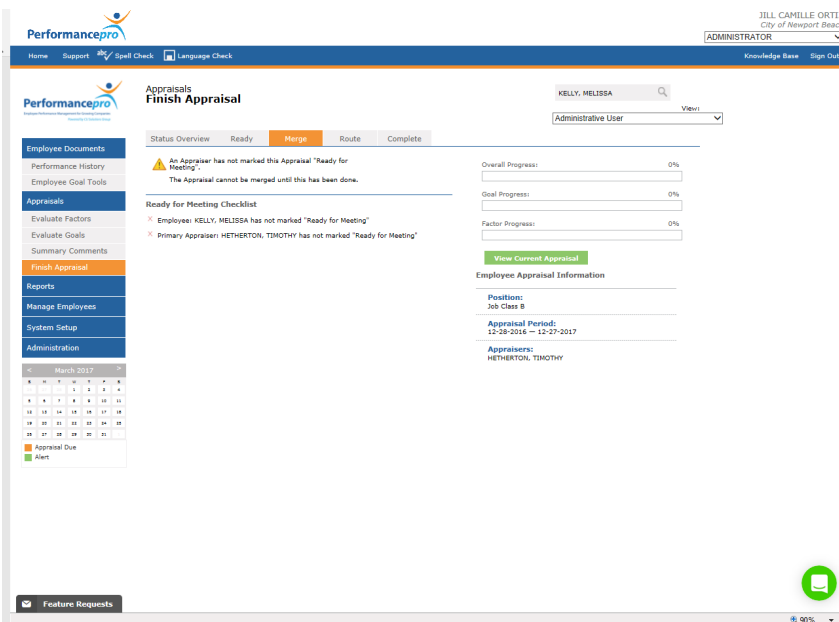
- An appraiser should always check with the employee to see if they will be completing a self-evaluation. The self-evaluation is encouraged and appreciated, however it is not required to be completed by the employee. If the employee does not want to complete a self-evaluation, then the supervisor can complete their rating, comments, goals, and summary comments then route to an up-line supervisor.
- *DO NOT** Mark ready for meeting and merge the evaluation until you know if the employee is going to complete their self-evaluation.
- If the employee plans to complete an evaluation, they can complete their rating, their comments, goals and summary comments and then Mark Ready for Meeting. This will alert the supervisor that the employee has completed their portion of the process.



- d. The quickest way to start an evaluation is to go to the Appraisals tab located in the blue menu on the left side of the screen.
- e. Click on the Appraisals tab to expand the section, and then click on Evaluate Factors.



- f. An employee will only see their comments field and be able to rate themselves.
- g. An appraiser will only see their comments field and be able to rate the employee.
- h. Once the employee and appraiser have marked ready for meeting, the evaluation can be Merged.



Merging

- a. Merging the evaluation brings the employee's comments and the appraiser's comments together as one document. Once this happens, the employee cannot view it any longer. The employee will have a "read only" view, and will not be able to see the appraiser's comments until it is ready to be completed.
- b. Now the evaluation is ready to route to an up-line supervisor for review and approval.

Routing

- The Appraiser will move the evaluation by clicking on the route tab and selecting an up-line supervisor.
- The up-line supervisor will receive notification that an evaluation is in their in-box on their performance pro home page.
- **Please Note that routing will expire at 15 days. So if you are an appraiser, please make sure you continue to push it forward and re-route if necessary. Many evaluations are stalled at this point and result in being past due.**
- Supervisors can approve, approve with edits, or not approve.
- Once the Supervisor has completed the review and any necessary changes are complete, then the Appraiser can move forward with scheduling a meeting with the employee to give them their review.
*****DO NOT COMPLETE the evaluation until you have met with the employee and there are no other changes or comments.**

Complete

- Once the Appraiser has met with the employee and there are no subsequent changes, then the evaluation is ready to be completed.
- Clicking on the complete tab will prompt the employee, the Appraiser and the up-line Supervisor to go back in and sign the evaluation.
- This evaluation has now become historical and the new evaluation for the next evaluation period is generated.

Performancepro
Home Support abc Spell Check Language Check

Performancepro
Employee Documents
Performance History
KELLY, ME

Appraisal Form Forms Notes Additional Documents Peer Feedback

Status	Date
CURRENT	12-28-2016 to 12-27-2017
HISTORY	12-28-2015 to 12-27-2016
HISTORY	12-28-2014 to 12-27-2015
HISTORY	12-28-2013 to 12-27-2014
HISTORY	12-27-2012 to 12-27-2013

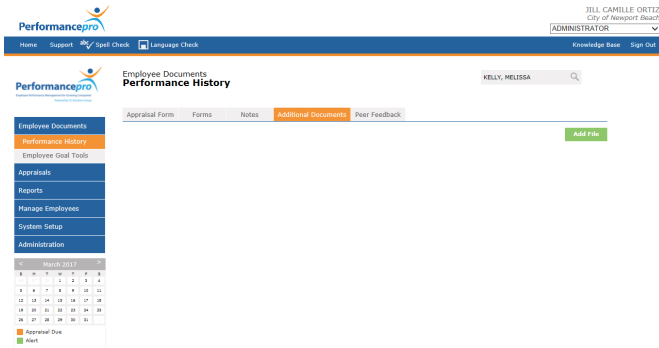
Employee Documents
Performance History
Employee Goal Tools
Appraisals
Reports
Manage Employees
System Setup
Administration

March 2017

Appraisal Due
Alert

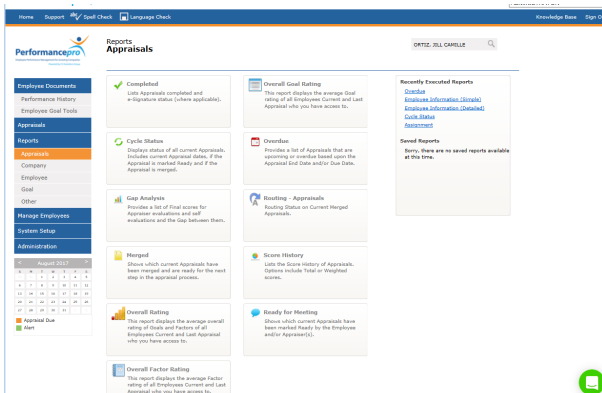
TIPS

1. Make sure that you are using the correct “role”. This affects what you can see and what permissions you have in the system.
2. Talk to your employee and communicate.
3. Use the “Finish Appraisal” tab as a road map.
4. Appraisal comments and ratings save automatically, but Goals do not!
5. Always review your tool bar at the top to see if there is a save button.
6. An evaluation cannot be marked “ready for meeting” unless there are summary comments.
7. Did you know you could upload documents?



8. Updates to the system are done on a bi-weekly bases based on processed PAF changes, or changes made to Tyler Munis.
9. What can an Administrator do for you?
 1. Reset passwords & unlock and employee
 2. Uncomplete an evaluation
 3. Assign access levels
 4. Terminate a record, or re-activate a record
 5. Adjust the evaluation dates
 6. Change Supervisors
 7. Help walk you through the process or troubleshoot issues

10. Reports



11. Help!





CITY OF NEWPORT BEACH 2021 EMPLOYEE CALENDAR

 PAY DAY

 OBSERVED HOLIDAY

 PAY PERIOD ENDS

 COUNCIL MEETING

JANUARY

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

FEBRUARY

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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

MARCH

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28	29	30	31			

APRIL

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MAY

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30	31					

JUNE

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JULY

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AUGUST

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SEPTEMBER

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OCTOBER

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NOVEMBER

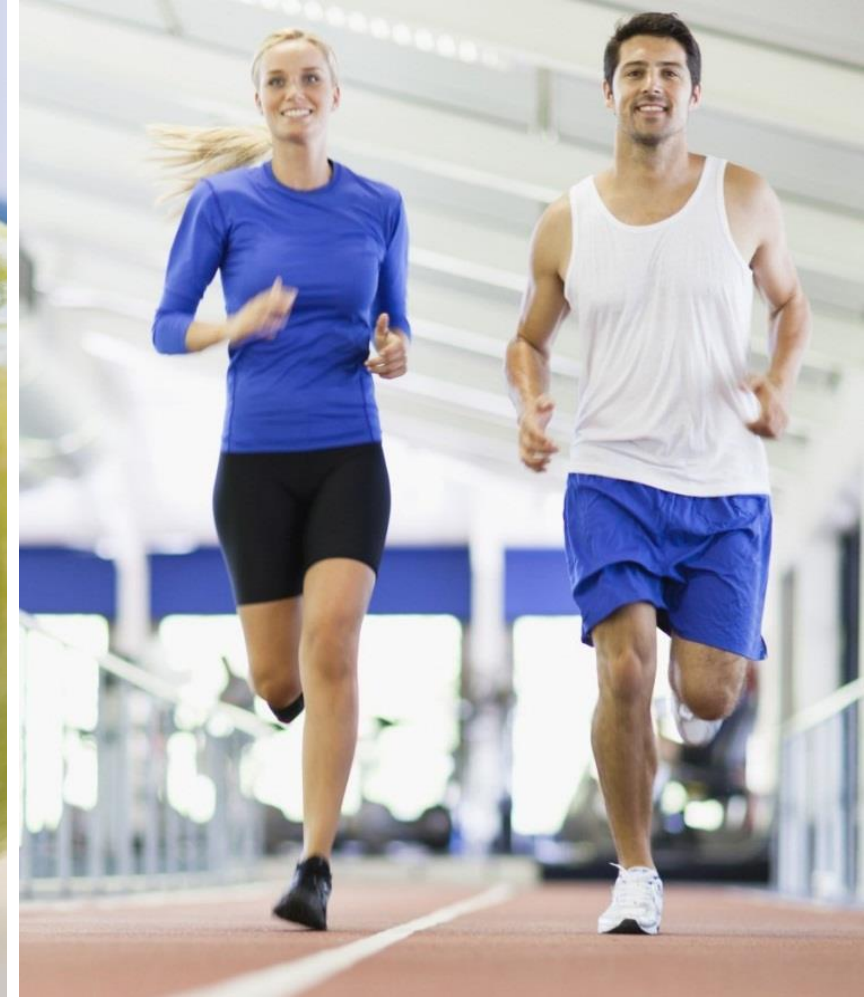
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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

DECEMBER

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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Section 3

Flyers & Pamphlets



HEALTHY EATING
ACTIVE LIVING
CITY™

HEALTHY EATING ACTIVE LIVING (HEAL) PROGRAM
SUBSCRIBE TO THE HEAL PROGRAM AND RECEIVE INFORMATION ON FITNESS
CLASSES, HEALTHY EATING, AND OVERALL WELLNESS

VISIT THE HR WEBPAGE ON THE INTRANET TO SUBSCRIBE
[HTTP://CITYNET.NEWPORTBEACHCA.GOV/INDEX.ASPX?PAGE=7540](http://citynet.newportbeachca.gov/index.aspx?page=7540)

When a work injury or illness occurs...

1. If emergency medical care is needed, call 911 or go to the nearest emergency room.
2. Report injuries immediately to your supervisor or employer representative at _____ (telephone). For non-emergency medical care go to the clinic or doctor's office that is listed below or on the workers' compensation poster at your worksite, or your employer may advise you on where to go for treatment. Your employer also is required to provide you with a claim form within one working day of learning of your injury, so ensure your rights to benefits by reporting every injury, no matter how slight, and request a claim form if it's more than a simple first-aid injury.

Your employer must notify the claims administrator and authorize medical treatment within one working day of receiving your claim form. Any delay in reporting an injury may delay workers' compensation benefits and you could lose your right to benefits if your employer does not learn of your injury within 30 days of the injury date. If your injury or illness develops over time, report it as soon as you learn it was caused by your job. If a requested medical service is determined not medically necessary, you will receive information on how to appeal that decision, but if you choose to appeal you must do so within 30 days of receiving the decision. If your claim or other benefits are denied, you have a right to challenge the decision at the Workers' Compensation Appeals Board (WCAB), but there are deadlines for filing the necessary papers, so don't delay.

3. Call your claims administrator or employer representative if you have questions or problems. It is illegal for an employer to fire or discriminate against you just because you file, intend to file, or settle a workers' compensation claim, or because you testify for a co-worker who was injured. If you prove this kind of discrimination, you will be entitled to job reinstatement, lost wages and increased benefits, plus costs and expenses up to a maximum set by the state legislature.

Emergency Telephone Number: Call 911. For nonemergency medical care, contact your employer and go to the following doctor/clinic:

Workers' Compensation Insurer:

Check if company is self-insured

Claims Administrator:

Name _____

Telephone _____

If your employer has an MPN, you can use the information below to get more details:

MPN website: _____

MPN effective date: _____

MPN identification number: _____

For help locating an MPN physician, call your MPN access assistant at:

For questions or other MPN issues, call the MPN contact person at:

Free help and information are available by contacting a Division of Workers' Compensation Information and Assistance Officer at the local office listed below. You can hear recorded information and get a list of local offices by calling (800-736-7401), or you can get additional written information about workers' compensation by going to the Division of Workers' Compensation web site at www.dwc.ca.gov.

DWC Information & Assistance Office

Street Address _____

City _____

Telephone _____

WORKERS' COMPENSATION FRAUD IS A FELONY

Anyone who makes or causes to be made any knowingly false or fraudulent material statement for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

This pamphlet is available in Spanish. For a free copy, please write:
CWCI, 1333 Broadway, Suite 510, Oakland, CA 94612.

Este información esta traducido al español. Para conseguir una copia, favor de escribir a: CWCI, 1333 Broadway, Suite 510, Oakland, CA 94612.

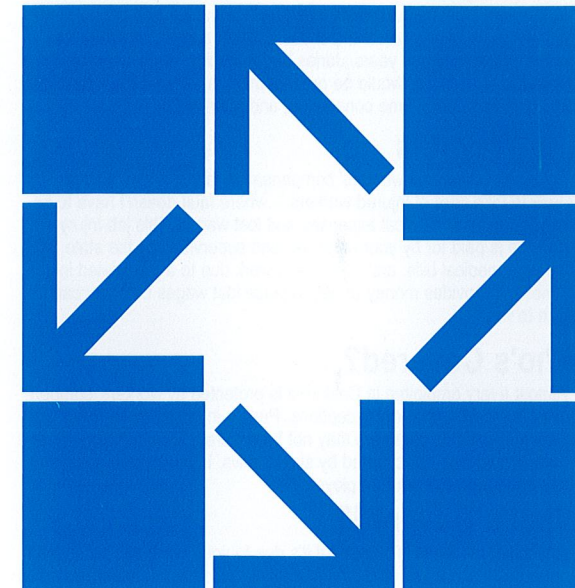
The information in this pamphlet has been approved by the Administrative Director of the Division of Workers' Compensation.

To reorder: This pamphlet, as well as state-approved workers' compensation posting notices, DWC-1 claim forms, and other information for injured workers and employers may be ordered from the online store at www.cwci.org, or you may request an order form by calling 510-251-9470.

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California Workers' Compensation Institute
1333 Broadway, Suite 510, Oakland, CA 94612
www.cwci.org

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Rev. 9/15



Facts About Workers' Compensation

The Way It Was

In the early 20th century, workers injured on the job had to sue their employer to recover medical expenses and lost wages. Lawsuits took months and sometimes years. Juries had to decide who was at fault and how much, if anything, would be paid. In most instances, the worker got nothing. It was costly, time consuming, and often unfair.

The Way It Is

Today, the California workers' compensation law provides a faster, fairer way to take care of injured workers... where fault doesn't have to be proved to recover medical expenses and lost wages. This job-injury insurance is paid for by your employer and supervised by the state. It pays your medical bills, and if you can't work due to a job-related injury or illness, it provides money to help replace lost wages until you can return to work.

Who's Covered?

Almost every employee in California is protected by workers' compensation, but there are a few exceptions. People in business for themselves and unpaid volunteers may not be covered. Maritime workers and federal employees are covered by similar laws. If you have a question about coverage, ask your employer.

What's Covered?

Any injury or illness is covered if it's due to your job. It can be caused by one event like a fall, or repeated exposures, such as repetitive motion over time. Everything from first-aid type injuries to serious accidents is covered. Workers' compensation even covers injuries – including physical or psychiatric injuries – resulting from a workplace crime. (Some injuries from voluntary, off-duty recreational, social or athletic activity – for example, the company bowling team – may not be covered. Check with your supervisor or the claims administrator listed at the end of this document if you have questions.)

Coverage is automatic and immediate. There is no qualifying period, no need to earn a certain amount in wages before you're covered... protection begins the first minute you're on the job.

What You Have To Do

If you have a work injury or illness, immediately notify your supervisor or call the phone number for the employer representative listed on the back of this pamphlet so you can get medical help right away. If it's more than a simple first-aid injury, your employer will give you a claim form so you can describe the injury and how, when and where it happened. To file a claim, complete the "Employee" section of the claim form, keep one copy and return the rest to your employer. Your employer will then complete the "Employer" section, give you a signed and dated copy of the form, keep one copy and send one to the claims administrator, the company that is responsible for handling your claim and notifying you about your eligibility for benefits.

Benefits can't start until the claims administrator knows of the injury, so report the injury and file the claim form with your employer as soon as possible. State law requires that within one working day of receiving a claim form employers authorize medical care consistent with applicable treatment guidelines for the injury. Employers may be liable for as much as \$10,000 in treatment until a claim is accepted or rejected. Delays in reporting may delay workers' compensation benefits, and you could lose your right to benefits if your employer does not learn of your injury within 30 days of the date of injury. If your injury or illness develops over time, report it as soon as you learn it was caused by your job. To ensure your right to benefits, report every injury, no matter how slight, and request a claim form if it's more than a minor injury requiring only first aid.

Benefits

The California workers' compensation law guarantees you three kinds of benefits:

- All reasonable and necessary medical care for your injury or illness... with no deductibles. Medical benefits may include treatment by a doctor, hospital services, lab tests, x-rays, physical therapy, medicines, medical equipment and transportation costs to and from appointments. Workers' compensation medical services are subject to authorization for medical necessity and there are limits on the number of chiropractic, physical therapy and occupational therapy visits.
- Tax-free payments to help replace lost wages while you are temporarily disabled. Additional payments are made if the injury causes a permanent disability or death.
- If your injury or illness causes permanent disability that prevents you from returning to work and your employer doesn't offer appropriate modified or alternative work, you may be eligible for a supplemental job displacement benefit. This is a nontransferable voucher of up to \$6,000 for education-related retraining and/or skill enhancement at state-approved schools, and other services and resources to help you get back to work.

Benefit Payments

- **Medical Care:** All medical bills for reasonable and necessary treatment will be paid directly by the claims administrator, so you should never receive a bill. The name and phone number of the claims administrator are at the end of this pamphlet and are posted at your workplace.
- **Temporary Disability:** If you are unable to work for more than three days, including weekends, you are entitled to temporary disability (TD) payments to help replace your lost wages. About two weeks after reporting the injury, you'll get a check from the claims administrator. You will continue to receive TD checks every two weeks after that until the doctor says you can return to work, or that your medical condition is "permanent and stationary." (Payments won't be made for the first three days, however, unless you're hospitalized as an inpatient or unable to work more than 14 days.) The amount of these checks will be two-thirds of your average wage, subject to minimums and maximums set by the state legislature. It probably won't be the full amount of your regular paycheck, but there are no deductions and the payments are tax free. Under state law, TD payments for a single injury may not extend for more than 104 compensable weeks within five years from the date of injury, or for more than 240 weeks within five years from the date of injury for a few long-term injuries such as severe burns or chronic lung disease. If you reach the maximum TD payment period before you can return to work or before your medical condition becomes permanent and stationary, you may be able to obtain State Disability benefits through the California Employment Development Department (EDD). You also may be able to get these benefits if your TD is delayed or denied. There are time restrictions, however, so contact EDD at (800) 480-3287 or www.edd.ca.gov for information on when and how to apply.
- **Permanent Disability:** If your injury or illness results in a permanent loss of physical or mental function that a doctor can measure, you may receive permanent disability payments. The amount depends on the doctor's report, how much of the permanent disability was directly caused by your work, and factors such as your age, occupation, type of injury, and date of injury. The minimum and maximum amounts are set by state law, and vary by injury date, but if you have a permanent disability, your claims administrator will send you a letter explaining how the benefit was calculated. In general, the total amount is set at a weekly rate spread over a fixed number of weeks. The first payment is due within 14 days after the final temporary disability payment, or if you were not receiving temporary disability, 14 days after your doctor says your condition is permanent and stationary. After that, the benefit will be paid every 14 days until you reach the maximum or until you settle your case and receive a lump sum.
- **Death Benefits:** If the injury or illness causes death, payments may be made to individuals who were financially dependent on you. These benefits are set by state law and the amount depends on the number of dependents and the date of injury. Generally, the payments are made at the same rate as temporary disability payments; however, no payments will be less than \$224 per week. Workers' compensation also provides a burial allowance.

- **Supplemental Job Displacement Benefit:** If the claims administrator receives a doctor's report that you have recovered as much as possible from your job injury, and that you have a permanent disability, within 60 days you may receive a form with an offer of regular, modified or alternative work from your employer. If 60 days after receiving the doctor's report your employer has not offered you regular, modified or alternative work, your claims administrator has 20 days to provide you a Supplemental Job Displacement Benefit. This is a voucher for up to \$6,000 that you can use for retraining or skill enhancement at a state accredited school, books, required tools, license or certification fees, or other resources that can help you find a new job. There are limits on how much you can spend for some items, but if you qualify, you'll receive a letter explaining what types of expenses are covered, the limits, documentation requirements, and deadlines for using this benefit.

Other Resources

Workers' compensation is sometimes confused with State Disability Insurance (SDI). They seem similar, but there are important differences. Workers' compensation insurance covers on-the-job injuries and illnesses and is paid for entirely by your employer. On the other hand, SDI covers off-the-job injuries or sickness, and is paid for by deductions from your paycheck. If you are not receiving workers' compensation benefits, you may be able to get State Disability benefits. For information, call the local office of the state Employment Development Department listed in the government pages of your phone book, or learn more at www.edd.ca.gov/disability/.

If you receive a Supplemental Job Displacement Benefit voucher, you may qualify for additional money from the Return to Work Supplement Program. This program is administered by the California Department of Industrial Relations, so if you qualify, a check will be issued by the state, not the workers' compensation claims administrator, as this is not a workers' compensation benefit. For details on eligibility and how to apply, visit the Return to Work Supplement Program section of the Department of Industrial Relations web site at www.dir.ca.gov/RTWSP/RTWSP.html or contact the local DWC Information and Assistance office listed in the back of this pamphlet.

If You Have Questions

... ask your supervisor or employer representative. Or contact the workers' compensation claims administrator (the name and phone number are listed at the end of this pamphlet and are posted at your workplace).

Information prepared by the state for injured workers also is posted on the DWC web site at www.dwc.ca.gov. In addition, you can contact an information and assistance officer at the State Division of Workers' Compensation (DWC). Information and assistance officers are available at no charge to answer questions, review problems and provide additional written information about workers' compensation. The local office is listed at the end of this pamphlet, posted at your workplace, and in the white pages of the phone book under State Government Offices/Industrial Relations/Workers' Compensation. For a list of all information and assistance offices throughout the state, or to hear recorded information, call (800) 736-7401.

More About Medical Care

Good medical care is important – to you, your family and your employer. Quality medical treatment is the quickest way to recovery.

- If emergency medical care is needed, immediately call 911 or go to the nearest hospital emergency room.
- For nonemergency medical care, notify your supervisor and go to the clinic/doctor's office listed on the back of this pamphlet or on the workers' compensation poster at your worksite. If only first-aid is needed and it is available at your workplace, seek it immediately. If it's more than a simple first-aid injury, ask your employer for a claim form.
- To make sure your medical bills get paid and you get all of your benefits, complete the "Employee" section of the claim form and return it to your employer as soon as possible. Employers must notify the claims administrator and authorize medical care within one working day of receiving a claim form, so get a signed and dated copy back from your employer and keep it with the other paperwork related to your claim.
- Your claims administrator will arrange medical care that meets the applicable treatment guidelines for the injury. The doctor, who may be a

specialist for your type of injury, will be familiar with workers' compensation requirements and will report promptly so your benefits can be paid.

- Your employer may have a Medical Provider Network (MPN), which is a network of health care providers who treat workers injured on the job. If so, MPN contact information can be found on the back of this pamphlet and on the workers' compensation poster at your worksite. You also can request information on how to use the MPN by asking your employer, or by visiting the MPN website or calling the MPN phone number listed in this pamphlet and on the workers' compensation poster.
- The doctor responsible for developing your treatment plan and managing your care is your "primary treating physician" (PTP). Your PTP also will coordinate any care you receive from other medical providers. Workers' compensation medical services are subject to authorization, and must meet the state's treatment guidelines for the type of injury. If a medical service requested by your PTP or another provider is determined not medically necessary, you will receive information on how to appeal that decision, but if you choose to appeal you must do so within 30 days of receiving the decision.
- The PTP also will decide when you can return to work and may review your job description with you and your employer to define any limitations or restrictions that you may have when you go back to work. For a serious injury, the PTP will write reports about any permanent disability or need for future medical care.
- You can be treated by your personal doctor immediately if you have health care coverage for nonwork injuries and illnesses; the doctor has treated you before, has your medical records, and has agreed in advance to treat you for work injuries or illnesses; and you gave your employer the doctor's name and address in writing before the injury. This is called "pre-designating a personal physician." If you decide to pre-designate, the doctor must be someone who has limited his or her practice of medicine to general practice or be a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner; or you can pre-designate a multispecialty group of licensed doctors of medicine or osteopathy (M.D.s or D.O.s) that provides comprehensive medical services primarily for nonoccupational injuries and illnesses. You can use the Pre-designation of Personal Physician form (Optional DWC Form 9783) included in this pamphlet to give your employer the necessary information. You can use the optional DWC Form 9783.1 to name a personal chiropractor or acupuncturist, but different rules apply, and you need to see an employer-selected doctor first.
- If your employer has an MPN, but you pre-designated a personal physician prior to the injury, you may receive treatment immediately from that doctor. If your employer has an MPN but you did not pre-designate a personal physician, a network doctor will generally be your PTP for the duration of treatment. For treatment other than emergency care, your claims administrator should direct you to an MPN doctor for your first medical visit, though you may choose to be treated by another doctor in the network anytime after your first visit. If you want to switch to a chiropractor or acupuncturist, including a personal chiropractor or personal acupuncturist named prior to the injury, he or she must be in the network. Different rules apply if you are in a workers' compensation Health Care Organization (HCO). If your employer offers an MPN or if you are in an HCO, your employer will provide additional information about the network and your rights under your plan.
- Generally, if you are not covered by an MPN and did not pre-designate a personal physician, you can switch to your own doctor 30 days after the injury is reported. If you want to switch doctors before that, your claims administrator will give you a list of doctors to choose from. (Different rules apply if you are in an HCO, so check with your claims administrator if that's the case.) If you want to change doctors for any reason, choose carefully, and if you want advice on specialists, talk to the claims adjuster who works for your claims administrator. They're as interested as you are in your prompt recovery and return to work and will help you get a different doctor.
- In any event, report your choice to the claims adjuster as soon as you make it so the bills will be paid for you. Even minor injuries may need expert care. Prompt, quality medical care is the best investment you and your employer can make.

If you receive a supplemental job displacement voucher for an injury that occurred on or after January 1, 2013, you may qualify for additional money from the Return to Work Supplement Program (RTWSP) administered by the California Department of Industrial Relations (DIR). For details on eligibility and how to apply, visit the Return to Work Supplement Program section of the DIR website at www.dir.ca.gov/RTWSP/RTWSP.html, or contact the local DWC Information and Assistance office which you can find by calling (800) 736-7401, by going to www.dwc.ca.gov, or by checking the workers' compensation posting notice at your work site. If you qualify, a check will be sent by the state, not the workers' compensation claims administrator, as this is not a workers' compensation benefit.

Where Can I Get More Information?

Start by asking the workers' compensation claims administrator (the name and phone number are on the workers' compensation poster at your workplace). Many times problems can be solved and questions answered with a simple phone call. In addition, you can get recorded information or order free written materials about workers' compensation by calling the State Division of Workers' Compensation (DWC) at (800) 736-7401, or by visiting the DWC web site at www.dwc.ca.gov.

If you are not represented by an attorney and would like a State Information & Assistance Officer to explain your rights, solve problems, or provide other information, you can call and leave a message at the nearest local office of the DWC. The address and phone number are on the DWC web site, are posted at your workplace, and are listed in the State Government section of the phone book under "Industrial Relations Department." The state's information and assistance services are free.

More About Medical Care

Good medical care is important -- to you, your family and your employer. Quality medical treatment is the quickest way to recovery, so report all work injuries and illnesses to your employer as soon as possible so appropriate medical care can be arranged.

- If it's more than a first-aid injury, your employer will give you a claim form. To make sure you get all your benefits, complete the "Employee" section of the form and return it to your employer as soon as possible. Within one working day, your employer should give you a signed and dated copy, send a copy to the claims administrator, and your medical treatment will be authorized. If additional treatment is necessary, your claims adjuster will arrange for medical care that meets applicable treatment guidelines for your injury.
- The doctor who will develop your treatment plan and manage the care of your injury or illness is your "primary treating physician" (PTP). The PTP also decides when you can return to work, and he or she may review your job description with you and your employer to determine your capabilities for returning to work. This doctor also will coordinate the care you receive from other medical providers, and will write reports about your medical condition and treatment, temporary disability, permanent disability, and other issues that will affect your benefits.
- If on the date of injury you have health care coverage for non-work injuries and illnesses, you can be treated right away by your own doctor if you gave your employer the doctor's name and business address in writing prior to the injury, and the doctor has treated you before, has your medical records, and agreed to treat you for work injuries or illnesses prior to the injury. This is called predesignating a personal physician. The state requires that a predesignated physician

must have limited his or her practice of medicine to general practice, or that they be a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, or a multispecialty group of licensed doctors of medicine or osteopathy (M.D.s or D.O.s) that provides comprehensive medical services primarily for nonoccupational injuries and illnesses. Different rules apply if you gave your employer the name of your personal chiropractor or acupuncturist before the injury, and you may need to see a doctor selected by the claims adjuster first, so check with your claims adjuster.

- If, prior to the injury, you did not predesignate a personal doctor who meets the state requirements, you may be sent to a doctor you don't know, but that doesn't mean it's a "company doctor." The doctor may be a specialist for the specific injury. In addition, the doctor will be familiar with workers' compensation requirements and will report promptly so your benefits will be paid.
- Your employer may have a Medical Provider Network (MPN), which is a network of health care providers who treat workers injured on the job. If so, MPN contact information, including a phone number to help you find an MPN physician should be on the workers' compensation poster at your worksite. You also can request information on how to use the MPN by asking your employer, or by calling the MPN number or visiting the MPN website listed on the posting notice.
- Generally, if you did not predesignate a personal physician prior to the injury and you are not covered by an MPN or a workers' compensation Health Care Organization (HCO), your employer will select the PTP you will see for the first 30 days. If you want to switch doctors within the first 30 days, your claims adjuster will give you a list of doctors to choose from.
- If you are covered by an MPN or an HCO, different rules apply. For example, if you are in an MPN, your claims administrator should direct you to an MPN doctor for your first medical visit for treatment, and a network doctor will generally be your PTP for the duration of treatment. You may switch to another doctor in the MPN any time after your first visit; but if you want to switch to a chiropractor or acupuncturist, including one named prior to the injury, he or she must be in the MPN. State law allows a chiropractor to be a treating physician for up to 24 visits, but beyond that you may need to switch to another doctor, so check with your claims administrator.
- If your employer has an MPN, but you have a predesignated personal physician, you may receive treatment immediately from that doctor.
- Workers' compensation medical services are subject to authorization for medical necessity and must be consistent with treatment guidelines for the type of injury. If a medical service requested by your PTP or another provider is determined not medically necessary, you will receive information on how to appeal that decision. If you do decide to appeal, there are time limits, so don't delay.
- If you are in an MPN or HCO and you have questions, ask your employer or claims adjuster for more information about the network and about your rights under your plan. In any event, if you're thinking of changing doctors, consider this decision carefully. If you want advice about specialists, or want to change doctors for some other reason, talk to your claims administrator and always report your choice as soon as you make it so your bills will be paid for you.

Above all, report promptly. Even minor injuries need expert care, and prompt, quality medical treatment is the best investment for you and your employer.

WORKERS' COMPENSATION FRAUD IS A FELONY

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be punished by imprisonment in county jail for one year, or in state prison for up to five years, and/or fined up to \$150,000 or double the value of the fraud (whichever is greater), and ordered to pay restitution for any medical evaluation or treatment. (IC §1871.4).

If you are being provided a temporary disability check, please note the following:

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.

Si se le está proporcionando un cheque por incapacidad temporal, por favor note lo siguiente:

ADVERTENCIA: Es necesario que usted le avise a su patron o a su compañía de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por este cheque, y antes de cambiar este cheque. Si usted no sigue estos reglamentos, usted puede estar en violación de la ley y el castigo podría ser cárcel o prisión, una multa, y pérdida de beneficios.

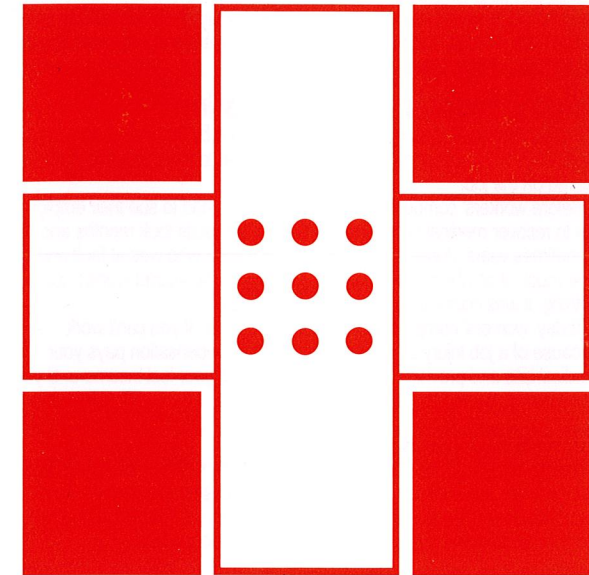
This pamphlet is available in Spanish. For a free copy, please write to the California Workers' Compensation Institute. Este folleto está traducido al español. Para conseguir una copia, favor de escribir a California Workers' Compensation Institute.

This pamphlet is for informational and educational purposes only. Prepared and published as a community service by California Workers' Compensation Institute 1333 Broadway, Suite 510, Oakland, CA 94612 www.cwci.org

This pamphlet provides an overview of California workers' compensation for workers who are injured on the job and describes the workers' compensation system as of the revision date noted below. It is not intended to provide legal advice. Workers may check for updates in the Communications section of our website under FAQs for Employees, or on the Division of Workers' Compensation (DWC) website.

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To reorder: Supplies of this pamphlet, as well as state-approved workers' compensation posting notices, the workers' compensation pamphlet for new hires, and the DWC-1 claim forms may be ordered from the store at www.cwci.org, or you may request an order form by calling 510-251-9470.



FACTS FOR INJURED WORKERS

Hurt On The Job?

That can be a terrible experience. But fortunately, the California workers' compensation system takes away a lot of the worry about job injuries and illnesses. It's no-fault insurance, paid for by employers and supervised by the state. This guide explains this valuable benefit.

What's Workers' Compensation?

California's workers' compensation law, passed by the state Legislature more than 100 years ago, guarantees prompt, automatic benefits to workers injured on the job.

Before workers' compensation, injured workers had to sue their employers to recover medical costs and lost wages. Lawsuits took months and sometimes years. Juries and judges had to decide who was at fault and how much, if anything, would be paid. Too often, the injured worker got nothing. It was costly, time consuming and unfair.

Today, workers' compensation is faster and fairer. If you can't work because of a job injury or job illness, workers' compensation pays your medical bills and provides money to help replace your lost income until you can return to work.

Who's Covered?

Nearly every working Californian is protected by workers' compensation, but there are a few exceptions. People in business for themselves, some domestic workers, and unpaid volunteers may not be covered. Maritime workers and federal employees are covered by federal laws.

What's Covered?

Any injury caused by the job is covered -- everything from minor injuries to serious accidents. It can be caused by one event, such as a fall, or repeated exposures, such as doing a repetitive motion over time. Job-related illnesses are covered too. (For example, common colds and flu aren't covered, but if you catch tuberculosis while working at a TB hospital, that's covered.) Workers' compensation even covers physical or psychiatric injuries resulting from a workplace crime. The key is whether the injury or illness is caused by your job.

When Am I Covered?

Coverage begins the first minute you're on the job and continues anytime you're working. With the exception of certain psychiatric injuries and residential workers, you don't have to work a certain amount of time or earn a certain amount before you're protected. Coverage is automatic and immediate.

How Do I Get Benefits?

Report the injury to your employer or supervisor immediately and complete a claim form if it is more than a simple first-aid injury. The claim form will ask what, where, when and how it happened.

Prompt reporting is the key because your medical bills and any other workers' compensation benefits can't be paid until your workers' compensation claims administrator knows about the injury. The claims administrator is the company responsible for handling your claim and notifying you about your eligibility for benefits. Under state law, medical treatment must be authorized within one working day of the employer's receipt of the claim form. After you return the claim form, your employer will notify the claims administrator, you will be directed to a doctor, clinic or hospital if necessary, and a claims adjuster will be assigned to handle your claim. Until a claim is accepted or rejected, up to \$10,000 in medical treatment may be covered. State law requires pre-authorization of non-emergency medical care, and there are limits on some types of treatment, so stay in touch with your claims adjuster to make sure you get appropriate care and your bills will be paid.

Ensure your right to benefits by reporting every injury, no matter how slight, and request a claim form if it's more than a minor injury requiring only

first aid. You may not be able to get benefits if your employer doesn't learn of the injury within 30 days of the date of injury. If your injury or illness developed over time, report it as soon as you learn it was caused by your job. If your claim or benefits are denied you have a right to challenge the decision, but there are deadlines for filing the necessary paperwork, so don't delay.

What Are The Benefits?

California law guarantees three kinds of worker's compensation benefits:

- **Reasonable and necessary medical care to cure or relieve the effects of the injury or illness.** Not just doctor bills, but medicines, hospital costs, fees for lab tests, x-rays, crutches -- even travel expenses for required medical treatment. The state has set limits on some medical services -- for example the number of visits for chiropractic care, occupational therapy, and physical therapy are subject to caps set by state law, and medical services may be subject to authorization for medical necessity, but all costs for reasonable and necessary treatment are paid directly by the claims administrator without deductibles, so you should never see a bill.
- **Cash payments to help replace lost wages.** Some injuries only keep you from working temporarily, and you may receive "temporary disability" (TD) payments until the doctor says you're able to return to work or that your medical condition is "permanent and stationary." Under state law, TD for a single injury may be paid for no more than 104 weeks within five years from the date of injury, or for a few very serious types of injuries such as amputations, severe burns, or chronic lung disease, TD may be paid for a maximum of 240 weeks within five years from the date of injury. Additional cash payments will be made after you're able to work if the work injury or illness caused a permanent disability (PD) -- for example, the loss of a finger or an eye -- that your doctor says will always leave you somewhat limited in your ability to work -- or if you can't return to work at all. If the injury results in death, benefits and a burial allowance will be paid to your surviving dependents.
- **Supplemental Job Displacement Benefits.** If you have recovered as much as possible and your doctor says your injury caused a permanent disability, the doctor should send your claims administrator a "Physician's Return to Work and Voucher Report" with information on your capacity to work and any work restrictions. After the claims administrator receives this report, your employer has 60 days during which they may send you an offer of regular, modified or alternative work. If after 60 days your employer has not offered you regular, modified or alternative work, your claims administrator has 20 days to provide you a Supplemental Job Displacement Benefit. This is a voucher for up to \$6,000 that you can use for retraining or skill enhancement at a state-accredited school, books, tools, license and certification fees, or other resources that can help you find a new job. There are limits on how much you can receive for some items, but if you qualify, you will receive information on the types of expenses that are covered, the limits, documentation requirements, and deadlines for using the benefit.

How Much Are The Cash Payments?

Temporary disability payments generally are two-thirds of your wages -- subject to minimums and maximums set by the state. At the beginning of each year, the minimum and the maximum weekly TD rates that will apply for injuries that occur during that year are subject to adjustments based on increases in the state average weekly wage, so the amount of your payments depends on your date of injury. For example, for injuries occurring in 2018, the minimum weekly TD payment is \$182.29 and the maximum is \$1,215.27. Your claims adjuster will send you a letter explaining how much your TD payments will be based on your earnings and the rate in effect at the time of injury. If you are still

eligible for temporary disability payments two years after the injury, any TD payments made after that will be adjusted to the current rates if justified by earnings.

- TD isn't paid for the first three days you're unable to work -- unless you're hospitalized as an in-patient or unable to work for more than 14 days. In these instances, even the "waiting period" will be paid.
- If you report the injury promptly, your claims administrator should mail your first TD check within 14 days. After that, you'll receive a check every two weeks until the doctor says you can go back to work or that your medical condition is "permanent and stationary," or the time limit set by the state is reached.
- After you recover to the fullest extent possible, the doctor who treated you will evaluate the permanent effects of your injury. You and your employer may agree to rely on the treating doctor's report to establish your permanent disability (PD) payment. If you have questions about the report, or disagree with the treating doctor's opinions, you may contact the claims adjuster, an information and assistance officer at the Division of Workers' Compensation, or your attorney if you are represented. They can explain your rights and the process for resolving disputes, which varies depending on a number of factors.

Your level of permanent disability will be based on the doctor's opinion about how much of the PD was directly caused by your work, as well as other factors including your age, pre-injury occupation, type of injury, and the date of injury. The weekly benefit amount is subject to minimums and maximums set by the state, which vary according to the date of injury and your level of permanent disability. If you have a permanent disability, the calculation of the benefit will be fully explained in a letter from the claims administrator.

- Death benefit payments to survivors who were financially dependent on a deceased worker are set by state law according to the number of dependents and the date of injury. Generally, payments are made at the same rate as TD benefits, however, no payments will be less than \$224 per week. Workers' compensation also pays a burial allowance of up to \$10,000. Workers' compensation payments are tax free. There are no deductions for state or federal taxes, Social Security, union or retirement fund contributions, etc. For some workers the compensation check will be close to regular take-home pay.

What If There's A Problem?

Fortunately most claims are handled routinely. After all, workers' compensation benefits are automatic and the amounts are set by the Legislature.

But, mistakes and misunderstandings do happen. If you think you haven't received all your benefits, start by calling workers' compensation claims adjuster. Many questions can be cleared up with a phone call.

- If you still have questions, contact the nearest office of the State Division of Workers' Compensation (DWC). Information & Assistance Officers are employed by the state to protect your rights, review your claim, and let you know what steps you can take. For example, they can tell you about the procedures for resolving medical disputes and direct you on how to proceed. Information and Assistance Officers also can provide you with free written materials about workers' compensation. Information and Assistance services are free. For the nearest office check the State Government Offices section of the phone book under "Industrial Relations Department," call (800) 736-7401 for recorded information and the location of a local office, or visit the Division of Workers' Compensation website at www.dwc.ca.gov.

- Some problems may need to be resolved by the Workers' Compensation Appeals Board, the state agency responsible for handling many disputes. The Appeals Board is a court of law. You can represent yourself or you can hire an attorney, but you should be aware that attorneys are paid out of the injured worker's permanent disability benefits awarded by the Appeals Board. Attorney fees generally are 12 to 15 percent of your award, and must be approved by a judge. For example, if the Appeals Board awards you \$10,000 for permanent disability, less 15 percent for attorney fees, your attorney will get \$1,500 and you will get \$8,500.
- You also need to be aware that if you hire an attorney, other people involved in your case -- including your claims adjuster -- may no longer be allowed to speak directly to you about important matters, and the Division of Workers' Compensation Information & Assistance Officers may be unable to advise or assist you with certain issues. If you choose to stop having an attorney represent you, or you want to change lawyers, your original lawyer can still claim a portion of your benefits as attorney fees.
- Delays in reporting may delay workers' compensation benefits, and you may not be able to get benefits if your employer doesn't learn of your injury within 30 days of the date of injury, or if you don't file a claim within one year of the date of injury, the date you knew the injury was work related, or the date benefits were last provided. To ensure your right to benefits, report every injury, no matter how slight, and request a claim form if it's more than a simple first aid injury. You also have the right to challenge the decision if your claim or benefits are denied, but there are deadlines for filing the necessary papers, so don't delay.
- Keep in mind, it is illegal for an employer to fire or discriminate against employees just because they file, intend to file, or settle a workers' compensation claim -- or because they testify for a coworker who was injured. A worker who proves this kind of discrimination will be entitled to job reinstatement, lost wages and increased benefits, plus costs and expenses up to a maximum set by the state Legislature.

Other Resources

If the injury is very serious -- one where you won't be able to work for a year or more -- you may be eligible for additional benefits from Social Security. For information, contact the nearest office of the Social Security Administration (listed in the white pages of the phone book under "United States Government"), go to the website at www.ssa.gov, or discuss it with your employer or claims adjuster.

Workers' compensation sometimes is confused with another state program, State Disability Insurance (SDI). They seem similar, but there are important differences. Workers' compensation takes care of on-the-job injuries and illnesses, and is paid for by your employer. On the other hand, SDI covers off-the-job injuries or sickness and is paid for by deductions from your paycheck. If you are not receiving workers' compensation benefits -- for example, if TD has been delayed or denied, or the maximum TD payment period expires before you can return to work, you may be able to get State Disability benefits. There are time restrictions, however, and you need to apply in advance, so for forms and information, call the local office of the state Employment Development Department (EDD) listed in the government pages of your phone book, or (800)480-3287, or go to the EDD website at www.edd.ca.gov.

NOTICE TO EMPLOYEES UNEMPLOYMENT INSURANCE BENEFITS

This employer is registered under the California Unemployment Insurance Code and is reporting wage credits to the Employment Development Department (EDD) that are being accumulated for you to be used as a basis for Unemployment Insurance benefits.

You may be eligible to receive Unemployment Insurance benefits if you are:

- Unemployed or working less than full-time.
and
- Out of work due to no fault of your own and physically able to work, ready to accept work, and looking for work.

Employees of Educational Institutions:

Unemployment Insurance benefits based on wages earned while employed by a public or nonprofit educational institution may not be paid during a school recess period if the employee has reasonable assurance of returning to work at the end of the recess period (California Unemployment Insurance Code section 1253.3). Benefits based on other covered employment may be payable during recess periods if the unemployed individual is in all other respects eligible, and the wages earned in other covered employment are sufficient to establish an Unemployment Insurance claim after excluding wages earned from a public or nonprofit educational institution(s).

Note: Some employees may be exempt from Unemployment and Disability Insurance coverage.

The fastest way to file for Unemployment Insurance (UI) is with UI Online at www.edd.ca.gov/UI_Online.

You may also file for Unemployment Insurance by calling toll-free from anywhere in the U.S. at:

English	1-800-300-5616	Mandarin	1-866-303-0706
Spanish	1-800-326-8937	Vietnamese	1-800-547-2058
Cantonese	1-800-547-3506	TTY	1-800-815-9387

Note: Waiting to file a claim could delay benefits.

EDD representatives are available Monday through Friday between 8 a.m. and 12 noon (Pacific Time).

**EMPLOYERS MUST PROVIDE THIS INFORMATION TO NEW WORKERS
WHEN HIRED AND TO OTHER WORKERS WHO ASK FOR IT**

**RIGHTS OF VICTIMS OF DOMESTIC VIOLENCE,
SEXUAL ASSAULT AND STALKING**

Your Right to Take Time Off:

- You have the right to take time off from work to get help to protect you and your children's health, safety or welfare. You can take time off to get a restraining order or other court order.
- If your company has 25 or more workers, you can take time off from work to get medical attention or services from a domestic violence shelter, program or rape crisis center, psychological counseling, or receive safety planning related to domestic violence, sexual assault, or stalking.
- You may use available vacation, personal leave, accrued paid sick leave or compensatory time off for your leave unless you are covered by a union agreement that says something different. Even if you don't have paid leave, you still have the right to time off.
- In general, you don't have to give your employer proof to use leave for these reasons.
- If you can, you should tell your employer before you take time off. Even if you cannot tell your employer before, your employer cannot discipline you if you give proof explaining the reason for your absence within a reasonable time. Proof can be a police report, court order or doctor's or counselor's note or similar document.

Your Right to Reasonable Accommodation:

- You have the right to ask your employer for help or changes in your workplace to make sure you are safe at work. Your employer must work with you to see what changes can be made. Changes in the workplace may include putting in locks, changing your shift or phone number, transferring or reassigning you, or help with keeping a record of what happened to you. Your employer can ask you for a signed statement certifying that your request is for a proper purpose, and may also request proof showing your need for an accommodation. Your employer cannot tell your coworkers or anyone else about your request.

Your Right to Be Free from Retaliation and Discrimination:

Your employer cannot treat you differently or fire you because:

- You are a victim of domestic violence, sexual assault, or stalking.
- You asked for leave time to get help.
- You asked your employer for help or changes in the workplace to make sure you are safe at work.

You can file a complaint with the Labor Commissioner's Office against your employer if he/she retaliates or discriminates against you.

For more information, contact the California Labor Commissioner's Office. We can help you by phone at 213-897-6595, or you can find a local office on our website: www.dir.ca.gov/dlse/DistrictOffices.htm. If you do not speak English, we will provide an interpreter in your language at no cost to you. This Notice explains rights contained in California Labor Code sections 230 and 230.1. Employers may use this Notice or one substantially similar in content and clarity.

EMPLOYEE RIGHTS

UNDER THE FAIR LABOR STANDARDS ACT

FEDERAL MINIMUM WAGE

\$7.25

 PER HOUR

BEGINNING JULY 24, 2009

The law requires employers to display this poster where employees can readily see it.

OVERTIME PAY At least 1½ times the regular rate of pay for all hours worked over 40 in a workweek.

CHILD LABOR An employee must be at least 16 years old to work in most non-farm jobs and at least 18 to work in non-farm jobs declared hazardous by the Secretary of Labor. Youths 14 and 15 years old may work outside school hours in various non-manufacturing, non-mining, non-hazardous jobs with certain work hours restrictions. Different rules apply in agricultural employment.

TIP CREDIT Employers of “tipped employees” who meet certain conditions may claim a partial wage credit based on tips received by their employees. Employers must pay tipped employees a cash wage of at least \$2.13 per hour if they claim a tip credit against their minimum wage obligation. If an employee’s tips combined with the employer’s cash wage of at least \$2.13 per hour do not equal the minimum hourly wage, the employer must make up the difference.

NURSING MOTHERS The FLSA requires employers to provide reasonable break time for a nursing mother employee who is subject to the FLSA’s overtime requirements in order for the employee to express breast milk for her nursing child for one year after the child’s birth each time such employee has a need to express breast milk. Employers are also required to provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by the employee to express breast milk.

ENFORCEMENT The Department has authority to recover back wages and an equal amount in liquidated damages in instances of minimum wage, overtime, and other violations. The Department may litigate and/or recommend criminal prosecution. Employers may be assessed civil money penalties for each willful or repeated violation of the minimum wage or overtime pay provisions of the law. Civil money penalties may also be assessed for violations of the FLSA’s child labor provisions. Heightened civil money penalties may be assessed for each child labor violation that results in the death or serious injury of any minor employee, and such assessments may be doubled when the violations are determined to be willful or repeated. The law also prohibits retaliating against or discharging workers who file a complaint or participate in any proceeding under the FLSA.

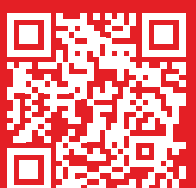
ADDITIONAL INFORMATION

- Certain occupations and establishments are exempt from the minimum wage, and/or overtime pay provisions.
- Special provisions apply to workers in American Samoa, the Commonwealth of the Northern Mariana Islands, and the Commonwealth of Puerto Rico.
- Some state laws provide greater employee protections; employers must comply with both.
- Some employers incorrectly classify workers as “independent contractors” when they are actually employees under the FLSA. It is important to know the difference between the two because employees (unless exempt) are entitled to the FLSA’s minimum wage and overtime pay protections and correctly classified independent contractors are not.
- Certain full-time students, student learners, apprentices, and workers with disabilities may be paid less than the minimum wage under special certificates issued by the Department of Labor.



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

1-866-487-9243
TTY: 1-877-889-5627
www.dol.gov/whd



EMPLOYEE RIGHTS UNDER THE FAIR LABOR STANDARDS ACT

FEDERAL MINIMUM WAGE

\$7.25

 PER HOUR

BEGINNING JULY 24, 2009

STATE AND LOCAL GOVERNMENT EMPLOYEES

OVERTIME PAY

At least 1½ times the regular rate of pay for all hours worked over 40 in a workweek.

Law enforcement and fire protection personnel: You may be paid overtime on the basis of a “work period” of between 7 and 28 consecutive days in length, rather than on a 40-hour workweek basis.

COMPENSATORY TIME

Employees may receive compensatory time off instead of cash overtime pay, at a rate of not less than 1½ hours for each overtime hour worked, where provided pursuant to an agreement or understanding that meets the requirements of the Act.

EXEMPTIONS

The Act does not apply to persons who are not subject to the civil service laws of State or local governments and who are: elected public officials, certain immediate advisors to such officials, certain individuals appointed or selected by such officials to serve in various capacities, or employees of legislative branches of State and local governments. Employees of legislative libraries do not come within this exclusion and are thus covered by the Act.

Certain types of workers are exempt from the minimum wage and overtime pay provisions, including bona fide executive, administrative, and professional employees who meet regulatory requirements.

Any law enforcement or fire protection employee who in any workweek is employed by a public agency employing less than 5 employees in law enforcement or fire protection activities is exempt from the overtime pay provisions.

YOUTH EMPLOYMENT

16 years old is the minimum age for most occupations. An 18-year old minimum applies to hazardous occupations. Minors 14 and 15 years old may work outside school hours under certain conditions. For more information, visit the YouthRules! Web site at www.youthrules.dol.gov.

ENFORCEMENT

The Department has authority to recover back wages and an equal amount in liquidated damages in instances of minimum wage, overtime, and other violations. The Department may litigate and/or recommend criminal prosecution. Employers may be assessed civil money penalties for each willful or repeated violation of the minimum wage or overtime pay provisions of the law. Civil money penalties may also be assessed for violations of the FLSA’s child labor provisions. Heightened civil money penalties may be assessed for each child labor violation that results in the death or serious injury of any minor employee, and such assessments may be doubled when the violations are determined to be willful or repeated. The law also prohibits retaliating against or discharging workers who file a complaint or participate in any proceeding under the FLSA.

ADDITIONAL INFORMATION

- Some state laws provide greater employee protections; employers must comply with both.
- Employees under 20 years of age may be paid a youth minimum wage of not less than \$4.25 an hour during their first 90 consecutive calendar days after initial employment by an employer.
- Employers are required to display this poster where employees can readily see it.

The law requires employers to display this poster where employees can readily see it.



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

1-866-487-9243
TTY: 1-877-889-5627
www.dol.gov/whd



EMPLOYEE RIGHTS

FOR WORKERS WITH DISABILITIES PAID AT SUBMINIMUM WAGES

This establishment has a certificate authorizing the payment of subminimum wages to workers who are disabled for the work they are performing. Authority to pay subminimum wages to workers with disabilities generally applies to work covered by the **Fair Labor Standards Act (FLSA)**, **McNamara-O'Hara Service Contract Act (SCA)**, and/or **Walsh-Healey Public Contracts Act (PCA)**. Such subminimum wages are referred to as "commensurate wage rates" and are less than the basic hourly rates stated in an SCA wage determination and/or less than the FLSA minimum wage of **\$7.25 per hour**. A "commensurate wage rate" is based on the worker's individual productivity, no matter how limited, in proportion to the wage and productivity of experienced workers who do not have disabilities that impact their productivity when performing essentially the same type, quality, and quantity of work in the geographic area from which the labor force of the community is drawn.

Employers shall make this poster available and display it where employees and the parents and guardians of workers with disabilities can readily see it.

WORKERS WITH DISABILITIES

Subminimum wages under section 14(c) are not applicable unless a worker's disability actually impairs the worker's earning or productive capacity for the work being performed. The fact that a worker may have a disability is not in and of itself sufficient to warrant the payment of a subminimum wage.

For purposes of payment of commensurate wage rates under a certificate, a worker with a disability is defined as: An individual whose earnings or productive capacity is impaired by a physical or mental disability, including those related to age or injury, for the work to be performed.

Disabilities which may affect productive capacity include an intellectual or developmental disability, psychiatric disability, a hearing or visual impairment, and certain other impairments. The following do not ordinarily affect productive capacity for purposes of paying commensurate wage rates: educational disabilities; chronic unemployment; receipt of welfare benefits; nonattendance at school; juvenile delinquency; and correctional parole or probation.

WORKER NOTIFICATION

Each worker with a disability and, where appropriate, the parent or guardian of such worker, shall be informed orally and in writing by the employer of the terms of the certificate under which such worker is employed.

KEY ELEMENTS OF COMMENSURATE WAGE RATES

- **Nondisabled worker standard**—The objective gauge (usually a time study of the production of workers who do not have disabilities that impair their productivity for the job) against which the productivity of a worker with a disability is measured.
- **Prevailing wage rate**—The wage paid to experienced workers who do not have disabilities that impair their productivity for the same or similar work and who are performing such work in the area. Most SCA contracts include a wage determination specifying the prevailing wage rates to be paid for SCA-covered work.
- **Evaluation of the productivity of the worker with a disability**—Documented measurement of the production of the worker with a disability (in terms of quantity and quality).

The wages of all workers paid commensurate wages must be reviewed, and adjusted if appropriate, at periodic intervals. At a minimum, the productivity of hourly-paid workers must be reevaluated at least every six months and a new prevailing wage survey must be conducted at least once every twelve months. In addition, prevailing wages must be reviewed, and adjusted as appropriate, whenever there is a change in the job or a change in the prevailing wage rate, such as when the applicable state or federal minimum wage is increased.

WIOA

The Workforce Innovation and Opportunity Act of 2014 (WIOA) amended the Rehabilitation Act by adding section 511, which places limitations on the payment of subminimum wages to individuals with disabilities by mandating the completion of certain requirements prior to and during the payment of a subminimum wage.

EXECUTIVE ORDER 13658

Executive Order 13658, Establishing a Minimum Wage for Contractors, established a minimum wage that generally must be paid to workers performing on or in connection with a covered contract with the Federal Government. Workers covered by this Executive Order and due the full Executive Order minimum wage include workers with disabilities whose wages are calculated pursuant to certificates issued under section 14(c) of the FLSA.

FRINGE BENEFITS

Neither the FLSA nor the PCA have provisions requiring vacation, holiday, or sick pay nor other fringe benefits such as health insurance or pension plans. SCA wage determinations may require such fringe benefit payments (or a cash equivalent). Workers paid under a certificate authorizing commensurate wage rates must receive the full fringe benefits listed on the SCA wage determination.

OVERTIME

Generally, if a worker is performing work subject to the FLSA, SCA, and/or PCA, that worker must be paid at least 1 1/2 times their regular rate of pay for all hours worked over 40 in a workweek.

CHILD LABOR

Minors younger than 18 years of age must be employed in accordance with the child labor provisions of the FLSA. No persons under 16 years of age may be employed in manufacturing or on a PCA contract.

PETITION PROCESS

Workers with disabilities paid at subminimum wages may petition the Administrator of the Wage and Hour Division of the Department of Labor for a review of their wage rates by an Administrative Law Judge. No particular form of petition is required, except that it must be signed by the worker with a disability or his or her parent or guardian and should contain the name and address of the employer. Petitions should be mailed to: Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue NW, Washington, D.C. 20210.



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

1-866-487-9243
TTY: 1-877-889-5627
www.dol.gov/whd



EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

BENEFITS & PROTECTIONS

ELIGIBILITY REQUIREMENTS

REQUESTING LEAVE

EMPLOYER RESPONSIBILITIES

ENFORCEMENT

For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division



EMPLOYEE RIGHTS

PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The **Families First Coronavirus Response Act (FFCRA or Act)** requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

▶ PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- ⅔ for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at ⅔ for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

▶ ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days* prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.

▶ QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to **telework**, because the employee:

- | | |
|---|---|
| <ol style="list-style-type: none">1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;2. has been advised by a health care provider to self-quarantine related to COVID-19;3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2); | <ol style="list-style-type: none">5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. |
|---|---|

▶ ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

For additional information
or to file a complaint:
1-866-487-9243
TTY: 1-877-889-5627
dol.gov/agencies/whd



Break Time for Nursing Mothers

under the Fair Labor Standards Act (FLSA)



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR



The Fair Labor Standards Act (FLSA) requires employers to provide **break time and space** for a covered nonexempt nursing mother to express breast milk for her nursing child for one year after her child's birth.

- Employers must allow reasonable **break time** whenever a covered employee needs to express breast milk.
- Employers must provide covered employees with space that is:
 - functional for expressing milk
 - shielded from view
 - free from intrusion
 - available as needed, AND
 - **NOT a bathroom.**

If an employer has fewer than 50 employees **AND** can demonstrate that compliance with this law would impose an undue hardship on the employer, that employer does not have to provide nursing breaks.

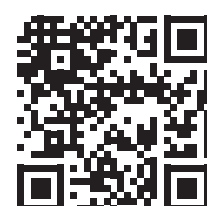
Note: The FLSA requirement of break time for nursing mothers to express breast milk does not preempt state laws that provide greater protections to employees (for example, providing compensated break time, providing break time for exempt employees, or providing break time beyond one year after the child's birth).

UNLAWFUL ACTS

Any employee who is "discharged or in any other manner discriminated against" because he or she has filed a complaint or cooperated in an investigation may file a retaliation complaint with the Wage and Hour Division or directly in court seeking appropriate remedies.



1-866-4US-WAGE
www.dol.gov/whd



SEXUAL HARASSMENT

FACT SHEET

DFEH



Sexual harassment is a form of discrimination based on sex/gender (including pregnancy, childbirth, or related medical conditions), gender identity, gender expression, or sexual orientation. Individuals of any gender can be the target of sexual harassment. Unlawful sexual harassment does not have to be motivated by sexual desire. Sexual harassment may involve harassment of a person of the same gender as the harasser, regardless of either person's sexual orientation or gender identity.

THERE ARE TWO TYPES OF SEXUAL HARASSMENT

1. **“Quid pro quo”** (Latin for “this for that”) sexual harassment is when someone conditions a job, promotion, or other work benefit on your submission to sexual advances or other conduct based on sex.
2. **“Hostile work environment”** sexual harassment occurs when unwelcome comments or conduct based on sex unreasonably interferes with your work performance or creates an intimidating, hostile, or offensive work environment. You may experience sexual harassment even if the offensive conduct was not aimed directly at you.

The harassment must be severe or pervasive to be unlawful. A single act of harassment may be sufficiently severe to be unlawful.

SEXUAL HARASSMENT INCLUDES MANY FORMS OF OFFENSIVE BEHAVIORS

BEHAVIORS THAT MAY BE SEXUAL HARASSMENT:

1. Unwanted sexual advances
2. Offering employment benefits in exchange for sexual favors
3. Leering; gestures; or displaying sexually suggestive objects, pictures, cartoons, or posters
4. Derogatory comments, epithets, slurs, or jokes
5. Graphic comments, sexually degrading words, or suggestive or obscene messages or invitations
6. Physical touching or assault, as well as impeding or blocking movements

Actual or threatened retaliation for rejecting advances or complaining about harassment is also unlawful.

Employees or job applicants who believe that they have been sexually harassed or retaliated against may file a complaint of discrimination with DFEH within three years of the last act of harassment or retaliation.

DFEH serves as a neutral fact-finder and attempts to help the parties voluntarily resolve disputes. If DFEH finds sufficient evidence to establish that discrimination occurred and settlement efforts fail, the Department may file a civil complaint in state or federal court to address the causes of the discrimination and on behalf of the complaining party. DFEH may seek court orders changing the employer's policies and practices, punitive damages, and attorney's fees and costs if it prevails in litigation. Employees can also pursue the matter through a private lawsuit in civil court after a complaint has been filed with DFEH and a Right-to-Sue Notice has been issued.

EMPLOYER RESPONSIBILITY & LIABILITY

All employers, regardless of the number of employees, are covered by the harassment provisions of California law. Employers are liable for harassment by their supervisors or agents. All harassers, including both supervisory and non-supervisory personnel, may be held personally liable for harassment or for aiding and abetting harassment. The law requires employers to take reasonable steps to prevent harassment. If an employer fails to take such steps, that employer can be held liable for the harassment. In addition, an employer may be liable for the harassment by a non-employee (for example, a client or customer) of an employee, applicant, or person providing services for the employer. An employer will only be liable for this form of harassment if it knew or should have known of the harassment, and failed to take immediate and appropriate corrective action.

Employers have an affirmative duty to take reasonable steps to prevent and promptly correct discriminatory and harassing conduct, and to create a workplace free of harassment.

A program to eliminate sexual harassment from the workplace is not only required by law, but it is the most practical way for an employer to avoid or limit liability if harassment occurs.

SEXUAL HARASSMENT

FACT SHEET



CIVIL REMEDIES

- **Damages for emotional distress from each employer or person in violation of the law**
- **Hiring or reinstatement**
- **Back pay or promotion**
- **Changes in the policies or practices of the employer**

ALL EMPLOYERS MUST TAKE THE FOLLOWING ACTIONS TO PREVENT HARASSMENT AND CORRECT IT WHEN IT OCCURS:

- 1.** Distribute copies of this brochure or an alternative writing that complies with Government Code 12950. This pamphlet may be duplicated in any quantity.
- 2.** Post a copy of the Department's employment poster entitled "California Law Prohibits Workplace Discrimination and Harassment."
- 3.** Develop a harassment, discrimination, and retaliation prevention policy in accordance with 2 CCR 11023. The policy must:
 - Be in writing.
 - List all protected groups under the FEHA.
 - Indicate that the law prohibits coworkers and third parties, as well as supervisors and managers with whom the employee comes into contact, from engaging in prohibited harassment.
 - Create a complaint process that ensures confidentiality to the extent possible; a timely response; an impartial and timely investigation by qualified personnel; documentation and tracking for reasonable progress; appropriate options for remedial actions and resolutions; and timely closures.
 - Provide a complaint mechanism that does not require an employee to complain directly to their immediate supervisor. That complaint mechanism must include, but is not limited to including: provisions for direct communication, either orally or in writing, with a designated company representative; and/or a complaint hotline; and/or access to an ombudsperson; and/or identification of DFEH and the United States Equal Employment Opportunity Commission as additional avenues for employees to lodge complaints.
 - Instruct supervisors to report any complaints of misconduct to a designated company representative, such as a human resources manager, so that the company can try to resolve the claim internally. Employers with 50 or more employees are required to

include this as a topic in mandated sexual harassment prevention training (see 2 CCR 11024).

- Indicate that when the employer receives allegations of misconduct, it will conduct a fair, timely, and thorough investigation that provides all parties appropriate due process and reaches reasonable conclusions based on the evidence collected.
 - Make clear that employees shall not be retaliated against as a result of making a complaint or participating in an investigation.
- 4.** Distribute its harassment, discrimination, and retaliation prevention policy by doing one or more of the following:
 - Printing the policy and providing a copy to employees with an acknowledgement form for employees to sign and return.
 - Sending the policy via email with an acknowledgment return form.
 - Posting the current version of the policy on a company intranet with a tracking system to ensure all employees have read and acknowledged receipt of the policy.
 - Discussing policies upon hire and/or during a new hire orientation session.
 - Using any other method that ensures employees received and understand the policy.
 - 5.** If the employer's workforce at any facility or establishment contains ten percent or more of persons who speak a language other than English as their spoken language, that employer shall translate the harassment, discrimination, and retaliation policy into every language spoken by at least ten percent of the workforce.
 - 6.** In addition, employers who do business in California and employ 5 or more part-time or full-time employees must provide at least one hour of training regarding the prevention of sexual harassment, including harassment based on gender identity, gender expression, and sexual orientation, to each non-supervisory employee; and two hours of such training to each supervisory employee. Training must be provided within six months of assumption of employment. Employees must be trained during calendar year 2020, and, after January 1, 2021, training must be provided again every two years. Please see Gov. Code 12950.1 and 2 CCR 11024 for further information.

TO FILE A COMPLAINT

Department of Fair Employment and Housing

dfeh.ca.gov

Toll Free: 800.884.1684

TTY: 800.700.2320

TRANSGENDER RIGHTS IN THE WORKPLACE

DFEH



WHAT DOES “TRANSGENDER” MEAN?

Transgender is a term used to describe people whose gender identity differs from the sex they were assigned at birth. Gender expression is defined by the law to mean a “person’s gender-related appearance and behavior whether or not stereotypically associated with the person’s assigned sex at birth.” Gender identity and gender expression are protected characteristics under the Fair Employment and Housing Act. That means that employers may not discriminate against someone because they identify as transgender or gender non-conforming. This includes the perception that someone is transgender or gender non-conforming.

WHAT IS A GENDER TRANSITION?

1. “Social transition” involves a process of socially aligning one’s gender with the internal sense of self (e.g., changes in name and pronoun, bathroom facility usage, participation in activities like sports teams).

2. “Physical transition” refers to medical treatments an individual may undergo to physically align their body with internal sense of self (e.g., hormone therapies or surgical procedures).

A person does not need to complete any particular step in a gender transition in order to be protected by the law. An employer may not condition its treatment or accommodation of a transitioning employee upon completion of a particular step in a gender transition.

FAQ FOR EMPLOYERS

• What is an employer allowed to ask?

Employers may ask about an employee’s employment history, and may ask for personal references, in addition to other non-discriminatory questions. An interviewer should not ask questions designed to detect a person’s gender identity, including asking about their marital status, spouse’s name, or relation of household members to one another. Employers should not ask questions about a person’s body or whether they plan to have surgery.

• How do employers implement dress codes and grooming standards?

An employer who requires a dress code must enforce it in a non-discriminatory manner. This means that, unless an employer can demonstrate business necessity, each employee must be allowed to dress in accordance with their gender identity and gender expression. Transgender or gender non-conforming employees may not be held to any different standard of dress or grooming than any other employee.

• What are the obligations of employers when it comes to bathrooms, showers, and locker rooms?

All employees have a right to safe and appropriate restroom and locker room facilities. This includes the right to use a restroom or locker room that corresponds to the employee’s gender identity, regardless of the employee’s assigned sex at birth. In addition, where possible, an employer should provide an easily accessible unisex single stall bathroom for use by any employee who desires increased privacy, regardless of the underlying reason. Use of a unisex single stall restroom should always be a matter of choice. No employee should be forced to use one either as a matter of policy or due to harassment in a gender-appropriate facility. Unless exempted by other provisions of state law, all single-user toilet facilities in any business establishment, place of public accommodation, or state or local government agency must be identified as all-gender toilet facilities.

FILING A COMPLAINT

If you believe you are a victim of discrimination you may, within three years* of the discrimination, file a complaint of discrimination by contacting DFEH.

To schedule an appointment, contact the Communication Center below.

If you have a disability that requires a reasonable accommodation, the DFEH can assist you by scribing your intake by phone or, for individuals who are Deaf or Hard of Hearing or have speech disabilities, through the California Relay Service (711), or you can contact us below.

CONTACT US

Toll Free: (800) 884-1684
TTY: (800) 700-2320
contact.center@dfeh.ca.gov
www.dfeh.ca.gov