



2022

BENEFIT SUMMARY GUIDE
Department Head & Association of
Ontario Management Employees



CITY OF ONTARIO

APPROACH TO PUBLIC SERVICE

Choose public service to make a positive impact on the community.

- ✿ Be Committed to the Community.
- ✿ Achieve Excellence Through Teamwork.
- ✿ Do the Right Thing the Right Way.

Table of Contents

A Message from the City Manager	3
5 Tool Player	4
A Message from Angela Lopez, Executive Director Human Resources	6
Enrollment for Department Head (DH) & Association of Ontario Management Employees (AOME)	7
Understanding Your Benefits.....	9
2024 CalPERS Basic Premiums – Region 3	11
2024 CalPERS Basic Premiums – Region 2	13
Delta Dental & Vision Service Plans – 2024 Premiums.....	15
2024 Flexible Spending Account Information.....	16
Employee Assistance Program.....	24
529 College Savings Plan from Capital Group.....	25
Voluntary Benefits	26
Rideshare Plus Program.....	28
Workday: Benefits Enrollment.....	30
Workday: Submitting your Benefit Enrollment	31
Rules for Benefit Changes During the Plan Year.....	34
Contact Information	35

Benefits Plan Year 2024

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A Message from the City Manager

Welcome to the City of Ontario!

In joining the Ontario team, you are now part of a high-performing and purpose-driven organization that is committed to delivering exceptional customer service to 182,000 residents and 11,000 dynamic businesses.

We aspire to be the premier community of the Inland Empire. To accomplish this goal, Ontario recruits and hires the best. We are assembling a roster of 5 Tool Players (Leaders, Thinkers, Operators, Communicators & Public Servants) in every agency and at every level of the organization. We believe in building leaders and empowering them to fulfill their career goals in service to this diverse and supportive community.

We believe that having engaged and healthy employees with a positive work-life balance helps ensure the successful execution of our mission. As a member of our team, your health and wellbeing are important. To this end, the City offers a comprehensive benefits program and I encourage you to seriously consider you and your family's needs as you progress through your on-boarding process. Please review the enclosed benefits guide and familiarize yourself with all the options available to you. The HR team is well-prepared to answer your questions and address your needs during this transition period in order to customize an insurance profile that best suits you.

Additionally, we believe that – as an organization – we must continually assess our relevance in the employment marketplace and strive to remain the employer-of-choice in our region. To this end, the City regularly reevaluates and compares benefits and development opportunities to ensure that all of our employees are realizing maximum value in consideration of their commitment to Ontario.

Again, welcome to the City of Ontario and I look forward to a long and rewarding partnership.



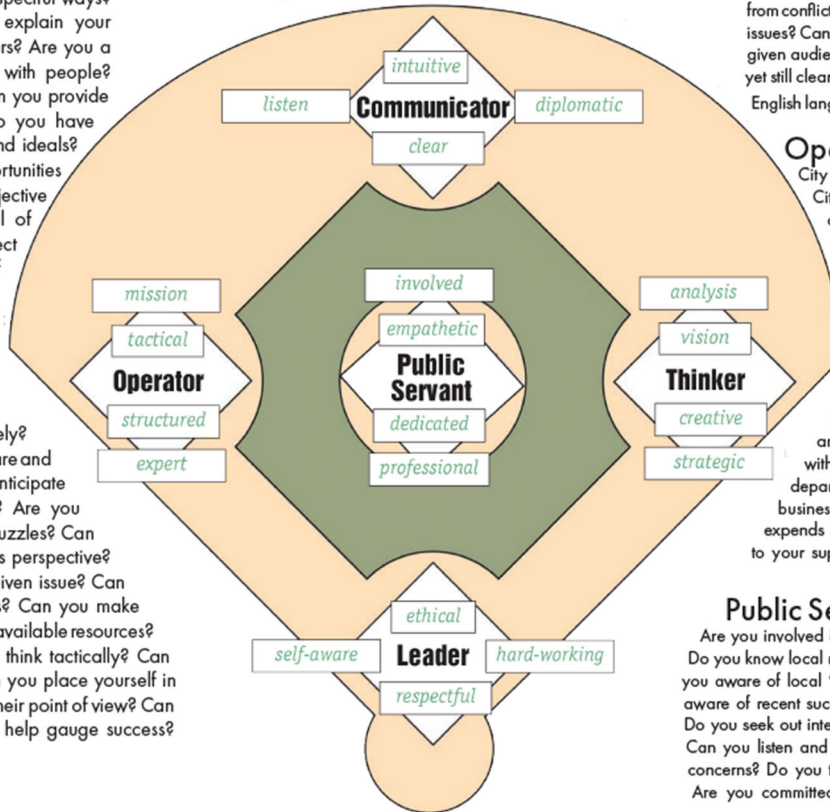
Best wishes,
Scott Ochoa, City Manager

5 Tool Player

Leader – Can you empathize with others? Do you have the courage to communicate plainly and directly? Can you make tough decisions and accept their consequences? Are you honest and ethical? Do you have the wisdom and understanding to explain ideas and decisions in sensitive and respectful ways? Do you know your job? Can you explain your job? Can you get the best out of others? Are you a positive force? Do you like working with people? Can you coach and be coached? Can you provide and accept constructive criticism? Do you have the courage to stick by your beliefs and ideals? Are you able to create your own opportunities by being prepared? Are you objective and professional? Are you respectful of others and command others' respect in kind? Can you develop a vision of where you, your team and/or your organization need to go in order to be successful? Are you self-aware? Do you have a sense of humor?

Thinker – Can you think creatively? Can you think critically? Can you compare and contrast ideas and issues? Can you anticipate next steps, responses and outcomes? Are you intellectually curious? Can you solve puzzles? Can you look at issues from someone else's perspective? Can you identify multiple facets of a given issue? Can you identify obstacles and challenges? Can you make objective decisions, based on facts and available resources? Can you think strategically? Can you think tactically? Can you break-down complex issues? Can you place yourself in someone else's shoes and understand their point of view? Can you identify and create milestones to help gauge success?

City of Ontario 5 Tool Player



Communicator – Can you communicate clearly in proper English? Do you write clearly, concisely, professionally, and with an attention to detail? Do you understand non-verbal communication and body-language? Are you aware of your own non-verbal signals? Can you deal with interpersonal conflict or do you shy away from conflict? Can you tell a story? Can you explain complex issues? Can you modulate your communication style to fit a given audience? Are you intuitive? Can you be diplomatic, yet still clear? Do you have an appropriate command of the English language and a business-appropriate vocabulary?

Operator – Do you understand the mission of the City of Ontario? Do you understand the vision of the City of Ontario? Do you know the City of Ontario's organizational structure? Are you focused on execution and getting things done? Do you understand the City of Ontario's Core Values and Code of Ethics? Are you an expert in your subject area? What do you do to stay abreast of changes in your field and current events? Do you challenge yourself to learn more about more things? Do you read for recreation and enrichment? Are you familiar with the operations of other teams, sections, and departments? How often do you interact with employees from other teams, sections and/or departments? Do you understand the City of Ontario's business model, how it generates revenues, and how it expends resources? Have you ever made a suggestion to your supervisor about how to increase effectiveness?

Public Servant – Do you know the "Ontario Story"? Are you involved in local community groups and organizations? Do you know local residents by name, and do they know you? Are you aware of local "hot button" issues in the community? Are you aware of recent successes and setbacks affecting the community? Do you seek out interaction with residents and community leaders? Can you listen and empathize with their issues, suggestions, and concerns? Do you treat people with respect and human dignity? Are you committed to making Ontario a better place for all?

Are you a 5 Tool Player?

A Message from Angela Lopez, Executive Director Human Resources

Welcome to the Ontario Team!

On behalf of Ontario's entire Human Resources/Risk Management team, I extend a warm welcome to you as you join the Ontario family and our pursuit to being the Premier City in the Inland Empire. At the City of Ontario, we believe that our greatest asset is our talented and dedicated team of employees. To express our appreciation and commitment to your overall well-being, we have carefully curated a range of benefits and wellness programs that is an important part of your total compensation and essential to your peace of mind.

Our commitment to Your Health and Well-being

We are pleased to present to you an array of benefits designed to support you in several aspects of your life. Well-being goes beyond physical health and includes mental, financial, environmental, developmental, and social health. Our standard and voluntary programs are available to assist you in your journey.

Health Benefits Overview - Nurturing a Healthy You

We recognize that maintaining good health is crucial for a fulfilling and productive life. Our health benefits program is designed to empower you to make informed decisions about your well-being. From medical and dental coverage to mental health resources, we've got you covered. Our commitment to your health is not just about treating illness; it's about promoting a proactive and holistic approach to wellness.

Our Employee Assistance Program (EAP): Cigna EAP offers a wide range of on-demand webinars available to all employees. These webinars include a wide range of topics to help manage our lives. Additionally, our City's health plans also offer counseling and wellness benefits to support mental and physical wellbeing.

Our Workforce Community - Enhancing your Social Wellness:

Connect to our workforce community. Look for opportunities to connect through WorkVivo, Instagram, emails, and newsletters for important events such as, Virtual Town Halls, Workplace Socials, "Happy Hour" (in person connections with other employees throughout the City), Bring Your Kids to Work Day, KinderGo, Over the Line (Team Competition), Pumpkin Decorating and Costume Contest, Ontario 5K Reindeer Run and Rudolph's Dash and much more.

Invest in Yourself – it's the Best Investment You Will Make: Personal & Professional Development

We have partnered with local universities to provide discounts on tuition, certificate programs and individual courses. Check out WorkVivo or contact HR for a current list of participating universities. Request access to LinkedIn Learning and you can learn at your own pace on a huge variety of topics, some only require an investment of as little as five (5) minutes a day. Check out the Ontario University catalog for professional development courses tailored to Ontario.

Your Voice Matters - Communication and Support:

We value open communication, and your feedback is crucial to us. Our HR team is here to support you, whether you have questions about benefits, need assistance with workplace challenges, or have suggestions for improvement. Your voice matters, and we are committed to fostering an inclusive and collaborative environment where everyone feels heard and valued.

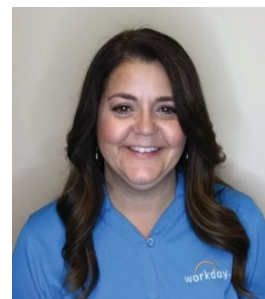
This booklet offers a comprehensive guide to your exclusive benefits packet. We know that selecting your new hire benefits can be overwhelming, but don't worry. Our benefits team is happy to assist you. Their goal is to ensure that your choices are informed and best meet your needs.

Once you're enrolled in your new hire benefits, we encourage you to review the resources provided by each carrier based on your selections. These materials offer valuable insights into the benefits and services offered, which can help you to fully utilize all your benefit plan has to offer.

We are excited that you have joined our Ontario team and have chosen a profession in public service to make a positive impact on our community.

In health and wellness,

Angela Lopez
Executive Director Human Resources/Risk Management



Enrollment for Department Head (DH) & Association of Ontario Management Employees (AOME)

Welcome to your Benefit Guide for Plan Year 2024!



Please visit www.ontariocityemployees.org. Here you will find an overview of the benefit packages the City provides its employees and links to the various vendor and healthcare provider's websites which provide in depth information for each benefit and programs they offer.

MEDICAL

The City contribution to DH and AOME members for medical is up to **\$2,352.87** per month. The City contracts with CalPERS for medical coverage. CalPERS offers a choice of up to eleven (11) plans total, nine (9) HMO and two (2) PPO.

DENTAL & VISION

The City contribution to DH and AOME members for dental is up to **\$117.12** per month. Dental is provided through Delta Dental and your choices are Delta Care (DHMO), Delta PPO Basic and Delta Dental PPO Buy-Up.

The City contribution to DH and AOME members for vision is up to **\$17.24** per month. Vision is provided through VSP and your choices are VSP Basic and VSP Buy-Up.

Items to consider when selecting medical, dental and vision:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- HMO or PPO plan
- Deductibles and co-pay requirements
- Selection of doctors

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Life/Accidental Death & Dismemberment protects employees and their families from financial hardship in the event of death or dismemberment. It provides the peace of mind you get when you know your loved ones will be protected is anything happens to you. The City provides Life and AD&D for each employee. Employees in AOME have a benefit of \$51,000 for life and \$54,000 for AD&D and Department Head employees have a \$75,000 benefit for both Life and AD&D.

DISABILITY

The Short and Long-Term disability programs administered through New York Life, are designed to continue providing you with income if you're unable to work due to sickness or injury. Disability insurance can help you continue to pay your bills by replacing a portion of your income until you are able to return to work. There is a 15 day waiting period for new claims.

STD: City pays 100% of the premium for your STD benefit. The benefit is calculated at 66 2/3% of salary up to \$2,307.69 per week.

LTD: City pays 100% of the premium for your LTD benefit. Your maximum monthly benefit will be \$10,000.

HEALTH AND WELLNESS REIMBURSEMENT (DH ONLY)

Effective July 1, 2024, DH employees receive \$1,000 each fiscal year for eligible health and wellness related expenses for themselves and their eligible dependents.

RETIREMENT

A generous retirement plan is provided through the California Public Employees Retirement System (CalPERS), pursuant to the California Public Employees' Pension Reform Act (PEPRA) of 2013. The retirement formula for new CalPERS members is 2% at 62.

The retirement formula for individuals who became CalPERS members or were members of a reciprocal retirement plan before January 1, 2013 is 2.5% at 55, (hired after 1/1/2013, 2% at 62). This formula applies to City of Ontario employees in full-time positions prior to the date above as well as current CalPERS members or members of reciprocal public sector retirement plans who begin employment with the City within six months of separating from another CalPERS or reciprocal member agency.

The City of Ontario participates in Social Security. The employee pays a required retirement contribution of 6.2% of their applicable compensation. Please contact the Human Resources/Risk Management Agency for any questions regarding retirement.

DEFERRED COMPENSATION PROGRAMS 457(b) & 401(a)

Although the City provides a rich retirement plan through CalPERS, additional savings is required through the retirement years. The 457 (b) is a governmental plan for retirement savings that allows employees to supplement any existing retirement and pension benefits by saving/investing pre-tax dollars through a voluntary salary contribution. Contributions and any earnings on contributions are tax deferred until money is withdrawn. Distributions are subject to ordinary income tax. The City provides a 401(a) contribution of 3% of the employee's base salary to DH and \$200 to AOME.

ANNUAL LEAVE

192 hours accrued in first year

MANAGEMENT LEAVE

40 hours per calendar year

HOLIDAYS

Up to 13 paid holidays per year

EMPLOYEE ASSISTANCE PROGRAM

The Employee Support Services (ESS) is an employer paid benefit providing you and eligible family members with confidential professional assistance. The ESS provides resources for mental and emotional well-being and can assist you and your family members with a variety of life's issues.

FLEXIBLE SPENDING ACCOUNTS

If you elect to participate in the Flexible Spending Accounts, you can set aside tax-free dollars each year to cover your eligible out-of-pocket medical and daycare expenses. The City offers both Health and Dependent Care FSA.

TUITION REIMBURSEMENT PROGRAM

\$1,000 annual tuition reimbursement for job-related accredited courses.

ADDITIONAL BENEFITS

Ontario Public Employees Credit Union www.opecfu.org

**See Department Head & Association of Ontario Management Memorandum of Understanding (MOU) for more specific details regarding these benefits*

If you have any other questions, please email Benefits at benefits@ontarioca.gov or you can reach us at (909) 395-2433.

Understanding Your Benefits

Choosing the right health plan is probably one of the most important decisions you can make for you and your family. What's important to you - cost, provider choice, convenience?

Considerations When Making Your Medical Plan Decisions

Carefully review all premium costs options made available for you and your family members. Variables that often impact your selection may include your dependent's health, expected medical costs, and anticipated family changes. In deciding on a medical option, consider the following:

- Are your current doctors in the plan network? You'll receive a higher level of benefits by visiting an in-network physician or facility.
- How often do you plan to use your medical benefits during the year? Some plans make sense if you require extensive medical care throughout the year or have a longstanding relationship with a non-network provider. Others may be more cost effective with lower out-of-pocket costs if you only need routine care during the year.
- What are the out-of-pocket costs associated with each plan? Keep in mind that depending on the plan, you may have a copay for doctor's office visits or an annual deductible before the plan starts paying any benefits.

You can refer to the medical plan comparison charts for a snapshot of commonly used benefits and refer to the plan benefit summary or plan document for details on specific benefits through the CalPERS website. CalPERS.CA.GOV

In a **Preferred Provider Organization (PPO)**, there are two kinds of providers. One is known as a preferred provider who provides their services at a negotiated discounted rate and is therefore considered "in-network." In a PPO plan, you may also see a provider that is considered "out-of-network." In most cases, when you see an "out-of-network" provider, your care will still be covered, although not at the "in-network" negotiated discounted rate.

In a **Health Maintenance Organization (HMO)**, you must designate a Primary Care Physician (PCP) for routine care and/or referral to a specialist. If you use a provider that is not in the HMO, or if you receive care from a specialist without a referral from your PCP, you may have to pay the full cost of those services. Out-of-pocket costs are generally lower if your PCP coordinates all your care.

Prescription Drug Coverage

When you enroll in a medical plan, you and your eligible dependents automatically receive prescription drug coverage.

Generic, Preferred/Formulary Brand Name, & Non-Preferred/Non-Formulary Brand Name Drugs

The medical plans provide coverage of prescription drugs at various levels:

- Generic drugs have the same active chemical ingredients and therapeutic effect as their brand-name equivalents. Though they may vary in color and shape, the Food & Drug Administration requires that they meet the same quality standards as the brand name drug. These drugs require the lowest copay.
- Preferred/Formulary Brand drugs are defined by each plan. This program minimizes the prescribing of specific higher-cost, lower-value prescription drugs (non-preferred medications) and redirects those prescriptions to more cost-effective medications (preferred medications). Typically, these drugs require higher copays than their generic equivalent.

Understanding Your Benefits continued

Non-Preferred/Non-Formulary Brand drugs are not on the preferred/formulary drug list. Some plans may cover non-referred/non-formulary brand drugs. If your plan covers these drugs, and you and your physician agree that you should have a non-preferred/non-formulary brand drug, your copay will be higher than that of the other drugs.

If you are taking an injectable drug, make sure to consider the benefit differences under each plan to make the best choice for your needs.

Terms You Should Know

- **Deductible** – This is the amount you must pay each calendar year before the plan begins to pay for certain benefits.
- **Co-payment (copay)** – This is the fee that you must pay under your plan each time you go to a doctor or hospital for certain services. A copay is also required for prescription drugs.
- **Co-Insurance** – This is the percentage of cost that you share with the plan provider after you have met the deductible.
- **Out-of-Pocket Maximum** – The plan limits the amount of money that you will have to pay each year for covered expenses. Once you reach this dollar limit, the plan generally pays 100% of eligible expenses for the rest of the calendar year, up to the lifetime maximum.
- **Usual, Customary and Reasonable (UCR)** – PPO plans pay up to a reasonable and customary amount for out-of-network services. Participants will have to pay for any expenses over the reasonable and customary amount as determined by the insurance provider. Amounts over usual and customary do not apply to your deductible or out-of-pocket calendar year maximum.

Contacting Your Health Plan

To obtain up-to-date contact information for the health plans, please refer to the CalPERS Health Benefit Summary or go to CalPERS On-Line at www.calpers.ca.gov. Contact your health plan with questions about identification cards, verification of provider participation, service area boundaries (covered ZIP Codes) or Individual Conversion Policies. Your plan benefits, deductibles, limitation, and exclusions are outlined in your health plan's Evidence of Coverage booklet. You can obtain the Evidence of Coverage by contacting your health plan directly or visiting the CalPERS website.

2024 CalPERS Basic Premiums – Region 3

2024 AOME/DH/CON/SCON/CON MGMT			
CalPERS Premium Rates - Region 3: Los Angeles, Riverside, San Bernardino Counties			
Waiving Medical			
<i>Coverage Tier</i>	<i>Total Premium</i>	<i>City Contribution</i>	<i>Employee Cost</i>
CON/SCON/CON MGMT if hired before 09/01/04		\$ 573.00	\$ (573.00)
AOME/DH if hired before 09/01/04		\$ 485.00	\$ (485.00)
If hired on or after 09/01/04		\$ 420.00	\$ (420.00)
Anthem HMO Select			
<i>Coverage Tier</i>	<i>Total Premium</i>	<i>City Contribution</i>	<i>Employee Cost</i>
Employee*	\$ 841.13	\$ 865.41	\$ (24.28)
Employee	\$ 841.13	\$ 841.13	\$ -
Employee + One	\$ 1,682.26	\$ 1,682.26	\$ -
Employee + Family	\$ 2,186.94	\$ 2,186.94	\$ -
Anthem HMO Traditional			
<i>Coverage Tier</i>	<i>Total Premium</i>	<i>City Contribution</i>	<i>Employee Cost</i>
Employee*	\$ 1,012.67	\$ 865.41	\$ 147.26
Employee	\$ 1,012.67	\$ 865.41	\$ 147.26
Employee + One	\$ 2,025.34	\$ 1,730.82	\$ 294.52
Employee + Family	\$ 2,632.94	\$ 2,250.07	\$ 382.87
Blue Shield Access + HMO			
<i>Coverage Tier</i>	<i>Total Premium</i>	<i>City Contribution</i>	<i>Employee Cost</i>
Employee*	\$ 756.65	\$ 865.41	\$ (108.76)
Employee	\$ 756.65	\$ 756.65	\$ -
Employee + One	\$ 1,513.30	\$ 1,513.30	\$ -
Employee + Family	\$ 1,967.29	\$ 1,967.29	\$ -
Blue Shield Trio			
<i>Coverage Tier</i>	<i>Total Premium</i>	<i>City Contribution</i>	<i>Employee Cost</i>
Employee*	\$ 704.69	\$ 865.41	\$ (160.72)
Employee	\$ 704.69	\$ 704.69	\$ -
Employee + One	\$ 1,409.38	\$ 1,409.38	\$ -
Employee + Family	\$ 1,832.19	\$ 1,832.19	\$ -
Health Net Salud y Mas			
<i>Coverage Tier</i>	<i>Total Premium</i>	<i>City Contribution</i>	<i>Employee Cost</i>
Employee*	\$ 630.13	\$ 865.41	\$ (235.28)
Employee	\$ 630.13	\$ 630.13	\$ -
Employee + One	\$ 1,260.26	\$ 1,260.26	\$ -
Employee + Family	\$ 1,638.34	\$ 1,638.34	\$ -
Kaiser HMO			
<i>Coverage Tier</i>	<i>Total Premium</i>	<i>City Contribution</i>	<i>Employee Cost</i>
Employee*	\$ 865.41	\$ 865.41	\$ -
Employee	\$ 865.41	\$ 865.41	\$ -
Employee + One	\$ 1,730.82	\$ 1,730.82	\$ -
Employee + Family	\$ 2,250.07	\$ 2,250.07	\$ -

*Hired on or before 12/31/2017

2024 CalPERS Basic Premiums – Region 3

2024 AOME/DH/CON/SCON/CON MGMT			
CalPERS Premium Rates - Region 3: Los Angeles, Riverside, San Bernardino Counties			
UnitedHealthcare Alliance			
Coverage Tier	Total Premium	City Contribution	Employee Cost
Employee*	\$ 826.44	\$ 865.41	\$ (38.97)
Employee	\$ 826.44	\$ 826.44	\$ -
Employee + One	\$ 1,652.88	\$ 1,652.88	\$ -
Employee + Family	\$ 2,148.74	\$ 2,148.74	\$ -
UnitedHealthcare Harmony			
Coverage Tier	Total Premium	City Contribution	Employee Cost
Employee*	\$ 734.76	\$ 865.41	\$ (130.65)
Employee	\$ 734.76	\$ 734.76	\$ -
Employee + One	\$ 1,469.52	\$ 1,469.52	\$ -
Employee + Family	\$ 1,910.38	\$ 1,910.38	\$ -
PERS Gold			
Coverage Tier	Total Premium	City Contribution	Employee Cost
Employee*	\$ 785.28	\$ 865.41	\$ (80.13)
Employee	\$ 785.28	\$ 785.28	\$ -
Employee + One	\$ 1,570.56	\$ 1,570.56	\$ -
Employee + Family	\$ 2,041.73	\$ 2,041.73	\$ -
PERS Platinum			
Coverage Tier	Total Premium	City Contribution	Employee Cost
Employee*	\$ 1,131.47	\$ 865.41	\$ 266.06
Employee	\$ 1,131.47	\$ 865.41	\$ 266.06
Employee + One	\$ 2,262.94	\$ 1,730.82	\$ 532.12
Employee + Family	\$ 2,941.82	\$ 2,250.07	\$ 691.75

*Hired on or before 12/31/2017



2024 CalPERS Basic Premiums – Region 2

2024 AOME/DH/CON/SCON/CON MGMT			
CalPERS Premium Rates - Region 2: Orange, San Diego, and Ventura Counties			
Waiving Medical			
<i>Coverage Tier</i>	<i>Total Premium</i>	<i>City Contribution</i>	<i>Employee Cost</i>
CON/SCON/CON MGMT if hired before 09/01/04		\$ 573.00	\$ (573.00)
AOME/DH if hired before 09/01/04		\$ 485.00	\$ (485.00)
If hired on or after 09/01/04		\$ 420.00	\$ (420.00)
Anthem HMO Select			
<i>Coverage Tier</i>	<i>Total Premium</i>	<i>City Contribution</i>	<i>Employee Cost</i>
Employee*	\$ 807.71	\$ 904.95	\$ (97.24)
Employee	\$ 807.71	\$ 807.71	\$ -
Employee + One	\$ 1,615.42	\$ 1,615.42	\$ -
Employee + Family	\$ 2,100.05	\$ 2,100.05	\$ -
Anthem HMO Traditional			
<i>Coverage Tier</i>	<i>Total Premium</i>	<i>City Contribution</i>	<i>Employee Cost</i>
Employee*	\$ 1,034.38	\$ 904.95	\$ 129.43
Employee	\$ 1,034.38	\$ 904.95	\$ 129.43
Employee + One	\$ 2,068.76	\$ 1,809.90	\$ 258.86
Employee + Family	\$ 2,689.39	\$ 2,352.87	\$ 336.52
Blue Shield Access + HMO			
<i>Coverage Tier</i>	<i>Total Premium</i>	<i>City Contribution</i>	<i>Employee Cost</i>
Employee*	\$ 869.14	\$ 904.95	\$ (35.81)
Employee	\$ 869.14	\$ 869.14	\$ -
Employee + One	\$ 1,738.28	\$ 1,738.28	\$ -
Employee + Family	\$ 2,259.76	\$ 2,259.76	\$ -
Blue Shield Trio			
<i>Coverage Tier</i>	<i>Total Premium</i>	<i>City Contribution</i>	<i>Employee Cost</i>
Employee*	\$ 810.24	\$ 904.95	\$ (94.71)
Employee	\$ 810.24	\$ 810.24	\$ -
Employee + One	\$ 1,620.48	\$ 1,620.48	\$ -
Employee + Family	\$ 2,106.62	\$ 2,106.62	\$ -
Health Net Salud y Mas			
<i>Coverage Tier</i>	<i>Total Premium</i>	<i>City Contribution</i>	<i>Employee Cost</i>
Employee*	\$ 684.77	\$ 904.95	\$ (220.18)
Employee	\$ 684.77	\$ 684.77	\$ -
Employee + One	\$ 1,369.54	\$ 1,369.54	\$ -
Employee + Family	\$ 1,780.40	\$ 1,780.40	\$ -
Kaiser HMO			
<i>Coverage Tier</i>	<i>Total Premium</i>	<i>City Contribution</i>	<i>Employee Cost</i>
Employee*	\$ 904.95	\$ 904.95	\$ -
Employee	\$ 904.95	\$ 904.95	\$ -
Employee + One	\$ 1,809.90	\$ 1,809.90	\$ -
Employee + Family	\$ 2,352.87	\$ 2,352.87	\$ -

*Hired on or before 12/31/2017

2024 CalPERS Basic Premiums – Region 2

2024 AOME/DH/CON/SCON/CON MGMT			
CalPERS Premium Rates - Region 2: Orange, San Diego, and Ventura Counties			
Sharp			
Coverage Tier	Total Premium	City Contribution	Employee Cost
Employee*	\$ 833.24	\$ 904.95	\$ (71.71)
Employee	\$ 833.24	\$ 833.24	\$ -
Employee + One	\$ 1,666.48	\$ 1,666.48	\$ -
Employee + Family	\$ 2,166.42	\$ 2,166.42	\$ -
UnitedHealthcare Alliance			
Coverage Tier	Total Premium	City Contribution	Employee Cost
Employee*	\$ 837.88	\$ 904.95	\$ (67.07)
Employee	\$ 837.88	\$ 837.88	\$ -
Employee + One	\$ 1,675.76	\$ 1,675.76	\$ -
Employee + Family	\$ 2,178.49	\$ 2,178.49	\$ -
UnitedHealthcare Harmony			
Coverage Tier	Total Premium	City Contribution	Employee Cost
Employee*	\$ 792.65	\$ 904.95	\$ (112.30)
Employee	\$ 792.65	\$ 792.65	\$ -
Employee + One	\$ 1,585.30	\$ 1,585.30	\$ -
Employee + Family	\$ 2,060.89	\$ 2,060.89	\$ -
PERS Gold			
Coverage Tier	Total Premium	City Contribution	Employee Cost
Employee*	\$ 799.44	\$ 904.95	\$ (105.51)
Employee	\$ 799.44	\$ 799.44	\$ -
Employee + One	\$ 1,598.88	\$ 1,598.88	\$ -
Employee + Family	\$ 2,078.54	\$ 2,078.54	\$ -
PERS Platinum			
Coverage Tier	Total Premium	City Contribution	Employee Cost
Employee*	\$ 1,151.50	\$ 904.95	\$ 246.55
Employee	\$ 1,151.50	\$ 904.95	\$ 246.55
Employee + One	\$ 2,303.00	\$ 1,809.90	\$ 493.10
Employee + Family	\$ 2,993.90	\$ 2,352.87	\$ 641.03

*Hired on or before 12/31/2017

Delta Dental & Vision Service Plans – 2024 Premiums

For Department Head/Association of Ontario Management Employees

2024 DENTAL	Tier Level	Total Premium	City Contribution	Employee Cost	
	Delta DHMO				
	Employee	\$20.42	\$20.42	\$0.00	
	Employee + One	\$38.09	\$38.09	\$0.00	
	Employee + Family	\$57.13	\$57.13	\$0.00	
	Delta DPO				
	Employee	\$40.77	\$40.77	\$0.00	
	Employee + One	\$77.29	\$77.29	\$0.00	
	Employee + Family	\$117.12	\$117.12	\$0.00	
	Delta DPO Buy-Up				
	Employee	\$48.90	\$40.77	\$8.13	
	Employee + One	\$86.88	\$77.29	\$9.59	
Employee + Family	\$131.59	\$117.12	\$14.47		

2024 VISION	Tier Level	Total Premium	City Contribution	Employee Cost	
	VSP				
	Employee	\$5.51	\$5.51	\$0.00	
	Employee + One	\$9.60	\$9.60	\$0.00	
	Employee + Family	\$17.24	\$17.24	\$0.00	
	VSP Buy Up				
	Employee	\$10.27	\$5.51	\$4.76	
	Employee + One	\$17.86	\$9.60	\$8.26	
	Employee + Family	\$32.03	\$17.24	\$14.79	



2024 Flexible Spending Account Information

The City of Ontario offers the option to participate in a Health and Dependent Care Flexible Spending Account (FSA). Participants must enroll each calendar year and designate an annual amount to enroll in each account. This amount is then deducted from your paycheck in equal installments on a pre-tax basis. Pre-tax contributions are deducted from employee's paychecks before taxes are calculated, reducing taxable income.

HEALTH FLEXIBLE SPENDING ACCOUNT

The annual limit is \$3,200. Up to \$640 can be rolled over into the following calendar year if not used.

A Health FSA is a pre-tax benefit account that allows employees to contribute a portion of their salary to cover eligible health expenses for you and any eligible dependents. Health insurance premiums and long-term care premiums are not eligible for Health FSA reimbursement.

To receive reimbursement from an FSA, you must incur an expense during the time that you're covered by the FSA. An expense is incurred at the time you receive the healthcare service. This is not when you're billed, or pay, for the expense. (The Schedule A deduction allows for expenses paid during the year.) Over the counter health care items (without a prescription) and feminine hygiene products are eligible for FSA expenses.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

The annual limit is \$5,000. No rollover option.

Eligible expenses include child day care, in-home services, nursery & preschool, after school care, summer day camp and elder day care center expenses. As you incur eligible expenses, you are reimbursed for expenses, up to the balance in your FSA account.

The FSA definition of an eligible dependent is a dependent child under the age of 13 and a spouse or child who physically or mentally is unable to care for themselves. Expenses you incur to provide companion or day-care expenses to any individual who qualifies as a dependent for IRS purposes can be reimbursed in the Dependent Care FSA program. Generally, any individual who is related to you and is dependent upon you for more than half of their total support can qualify as a "dependent" for purposes of this program.

According to the terms of the Family Support Act of 1988, there are two tax benefits available for dependent care expenses: a tax credit on our tax return, or income exclusion under an employer-sponsored spending account (FSA). Any expenses reimbursed through a Dependent Care FSA reduce, dollar-for-dollar, the maximum tax credit. This law restricts you to using one or the other, but not both. ***You should consult a tax advisor for an evaluation of your specific circumstances prior to selecting a method for dependent care expense credit.***





Keep Smiling

DeltaCare[®] USA

provided by
Delta Dental of California



Dental benefits made easy!

When you enroll in a DeltaCare USA¹ plan, you'll choose a primary care dentist from our network of carefully screened, private practice dentists. You must visit your primary care dentist to receive benefits.²

- No restrictions on pre-existing conditions (except work in progress)
- Access to specialty care and out-of-area emergency care

A partner in oral health

Your DeltaCare USA plan encourages regular dental care with an extensive list of covered services to help you stay healthy.

- Low or no copayments for services like cleanings and exams

Budget-friendly costs

With your DeltaCare USA plan, there are no surprises. You'll know your copayments, and your out-of-pocket costs are clearly defined before treatment begins.

- No deductibles or maximums¹ for covered services
- Pay only your copayment (if any) at the time of treatment

Convenient services

We make it easy for you — there are no claim forms to complete, and no plan ID card is required to receive treatment.

- Access plan information online
- Change your primary care dentist by phone or online

LEGAL NOTICES: Access federal and state legal notices related to your plan: deltadentalins.com/about/legal/index-enrollee.html

¹ DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products. Delta Dental is a registered trademark of Delta Dental Plans Association.

² Verify your selected DeltaCare USA primary care dentist before each appointment.

³ Plans with an Accidental Injury Rider have a \$1,600 annual maximum for accidental injury. Consult your Evidence/Certificate of Coverage.



deltadentalins.com/enrollees

SCCASTD

Administered by Delta Dental Insurance Company

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Frequently Asked Questions

What you need to know about your DeltaCare USA plan

Getting started

1. How do I enroll in a DeltaCare USA plan?

Simply complete the enrollment process as directed by your benefits administrator. Be sure to select a primary care network dentist for yourself or your dependents, and indicate this dentist and the name of your group when you enroll.

2. How do I get started using my DeltaCare USA plan?

Once we process your enrollment, we'll mail you welcome materials that will include:

- **The name, address and phone number of your selected primary care dentist:** Simply call the dental facility to make an appointment. **Important note:** In order to receive benefits under your plan, you must visit your primary care network dentist for all services. If you require treatment from a specialist, your primary care dentist will coordinate a referral for you. You can change your primary care dentist by contacting us.
- **Your Evidence/Certificate of Coverage (plan booklet):** This useful document provides a thorough description of how to use your benefits, including covered services, copayments and any limitations and exclusions of your plan.
- **An ID card:** This card is for your records only — you do not need to present it in order to receive treatment.

3. How long will it take to get an appointment with my primary care dentist?

Two to four weeks¹ is a reasonable amount of time to wait for a routine, non-urgent appointment. If you require a specific time, you may need to wait longer. Most DeltaCare USA dentists are in private group practices, which generally offer greater appointment availability and extended office hours.

4. How much will my dental treatments cost? How do I pay?

With your DeltaCare USA plan, some services are covered at no cost, while others have a copayment (amount you pay) for certain services. To find out how much a treatment will cost, refer to the "Description of Benefits and Copayments" in this brochure for a list of covered services and copayments. It's a good idea to bring your Evidence/Certificate of Coverage to your appointment in case you need to discuss your copayment for a service with your dentist. If you have any questions about the charges for a service, please contact Customer Service. If you receive treatment that requires a copayment, simply pay the dental facility at the time of service.

Choosing a dentist

5. How do I select my primary care dentist?

When you enroll, you must select a primary care dentist from the DeltaCare USA network. To search for a dentist, use the "Find a Dentist" tool at deltadentalins.com and select the DeltaCare USA network. If you do not select a dentist when you enroll, we will choose one for you.

6. Does everyone in my family have to choose the same primary care dentist?

No. Each family member can select his or her own primary care network dentist.²

7. Can I change my primary care dentist?

Yes. You can request to change your primary care dentist at any time. Simply visit our website and log on to your online account or call or write to Customer Service. Change requests received by the 21st of the month will become effective the first day of the following month.

¹ In TX, three weeks is a reasonable amount of time to wait for a routine, non-urgent appointment. In TX, there is no limit on the number of miles or on the dollar amount per emergency.

² In MA, you cannot select more than three primary care dentist facilities per family.

8. My dentist says she is a Delta Dental dentist, but she isn't listed in the DeltaCare USA directory. Can I still visit her for services?

No. You must visit your selected primary care network dentist to receive benefits under this plan. Delta Dental has many networks, and participation may vary — not all Delta Dental dentists are DeltaCare USA dentists.

9. What should I do if I need to see a specialist?

If you require specialty dental care — such as oral surgery, endodontics, periodontics or pediatric dentistry — contact your primary care dentist to request a referral. Specialty dental services not performed by your selected primary care dentist must be authorized by us. You are responsible for any applicable copayments.

General plan information

10. If I'm traveling, is emergency treatment covered under my plan?

You and your eligible dependents have out-of-area coverage for dental emergencies when you are more than 35 miles³ from your primary care dentist. Your out-of-area emergency benefit (typically limited to \$100 per person⁴) is for services to relieve pain until you can return to your primary care network dentist. Standard plan limitations, exclusions and copayments may apply.

11. Can I access my plan online?

Yes. Visit deltadentalins.com to create a free, secure online account. You can access your plan benefits and ID card, select (or change) your primary care dentist and more.

12. Does my plan cover pre-existing conditions? What about treatments that are in progress?

Treatment for pre-existing conditions (except work in progress⁵), including missing or extracted teeth, is covered under your plan. Treatment in progress includes services such as preparations for crowns or root canals, or impressions for dentures. If you started treatment before your plan's effective date, you and your prior dental carrier are responsible for any costs. Some DeltaCare USA plans may cover in-progress orthodontic treatment.

13. Does my plan cover teeth whitening?

Yes. External bleaching is a benefit under your DeltaCare USA plan. Review your plan booklet for more information and talk to your dentist about your options.

14. Does my plan cover tooth-colored fillings and crowns?

Yes. Porcelain and other tooth-colored materials are included in this plan.

15. What if I have additional questions about my plan?

Please contact us for additional support. Our Customer Service representatives can answer your benefits questions as well as help you change your primary care dentist or arrange for urgent care referrals. See the back page of this brochure for our contact information.

³ In TX, there is no limit on the number of miles or on the dollar amount per emergency.

⁴ In TX, there is no exception for work in progress for covered DeltaCare USA benefits.

We make it easy for you!



Select a
DeltaCare USA
dentist



Receive your
welcome materials



Schedule an
appointment



Receive
dental care



Pay only your
share to dentist

Benefit Highlights: Delta Dental PPO TM

Plan Benefit Highlights for: City of Ontario
(Low Plan)

Group No: 10103

Effective Date: 1/1/2024

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
Deductibles	Delta Dental PPO dentists: \$10 per person / \$30 per family each calendar year Non-Delta Dental PPO dentists: \$25 per person / \$75 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	Yes			
Maximums	\$1,000 per person each calendar year			
D & P counts toward maximum?	Yes			
Waiting Period(s)	Basic Services	Major Services	Prosthodontics	Orthodontics
	None	None	12 Months	12 Months

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	100%	100%
Basic Services Fillings, posterior composites and sealants	90%	80%
Endodontics (root canals) Covered Under Basic Services	90%	80%
Periodontics (gum treatment) Covered Under Basic Services	90%	80%
Oral Surgery Covered Under Basic Services	90%	80%
Major Services Crowns, onlays and cast restorations	60%	50%
Prosthodontics Bridges, dentures and implants	60%	50%
Orthodontic Benefits Adults and dependent children	50%	50%
Orthodontic Maximums	\$1,000 Lifetime	\$1,000 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental of California 500 Mission St., Suite 1300 San Francisco, CA 94103	Customer Service 888-335-8227	Claims Address P.O. Box 997330 Sacramento, CA 95899-7330
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deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Revised 11/6/2023

Benefit Highlights: Delta Dental PPO TM

Plan Benefit Highlights for: City of Ontario
(High Plan)

Group No: 10105

Effective Date: 1/1/2024

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
Deductibles	Delta Dental PPO dentists: \$10 per person / \$30 per family each calendar year Non-Delta Dental PPO dentists: \$25 per person / \$75 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	Yes			
Maximums	\$1,500 per person each calendar year			
D & P counts toward maximum?	No			
Waiting Period(s)	Basic Services	Major Services	Prosthodontics	Orthodontics
	None	None	12 Months	12 Months

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	100%	100%
Basic Services Fillings, posterior composites and sealants	90%	80%
Endodontics (root canals) Covered Under Basic Services	90%	80%
Periodontics (gum treatment) Covered Under Basic Services	90%	80%
Oral Surgery Covered Under Basic Services	90%	80%
Major Services Crowns, onlays and cast restorations	60%	50%
Prosthodontics Bridges, dentures and implants	60%	50%
Orthodontic Benefits Adults and dependent children	50%	50%
Orthodontic Maximums	\$1,000 Lifetime	\$1,000 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental of California 360 Mission St., Suite 1300 San Francisco, CA 94105	Customer Service 888-335-8227	Claims Address P.O. Box 997330 Sacramento, CA 95899-7330
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deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Revised 11/6/2023

A Look at Your VSP Vision Coverage

With VSP and CITY OF ONTARIO, your health comes first.



Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.

Maximize your benefits at a Premier Program location, including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.

	Preferred private practice and retail in-network choices
private practice doctors	Visionworks

Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your benefit is easy!

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

vsp
vision care

More Ways to Save

Extra
\$20

to spend on
Featured Brands*

bebe CALVIN KLEIN
COLE HAAN @DRAGON
FLEXON LACOSTE
and more

See all brands and offers
at vsp.com/offers.

+

Up to
40%
Savings on
lens enhancements!

Enroll through your employer today.
Contact us: **800.877.7195** or vsp.com

Your VSP Vision Benefits Summary
 CITY OF ONTARIO and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

PROVIDER NETWORK:
 VSP Choice
EFFECTIVE DATE:
 01/01/2024



BENEFIT	DESCRIPTION	COPAY
Standard Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every 12 months 	\$20 for exam and glasses
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. Available as needed 	\$0 per screening \$20 per exam
PRESCRIPTION GLASSES		
FRAME*	<ul style="list-style-type: none"> \$140 featured frame brands allowance \$120 frame allowance 20% savings on the amount over your allowance \$70 Walmart®/Sam's Club®/Costco® frame allowance Every 24 months 	Combined with exam
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every 24 months 	Combined with exam
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every 24 months 	\$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$120 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every 24 months 	Up to \$60
LIGHTCARE**	<ul style="list-style-type: none"> \$120 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts 	Combined with exam

BENEFIT	DESCRIPTION	COPAY
Premium Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every 12 months 	\$10 for exam and glasses
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. Available as needed 	\$0 per screening \$20 per exam
PRESCRIPTION GLASSES		
FRAME*	<ul style="list-style-type: none"> \$190 featured frame brands allowance \$170 frame allowance 20% savings on the amount over your allowance \$95 Walmart®/Sam's Club®/Costco® frame allowance Every 12 months 	Combined with exam
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every 12 months 	Combined with exam
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every 12 months 	\$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every 12 months 	Up to \$60
LIGHTCARE**	<ul style="list-style-type: none"> \$170 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts 	Combined with exam

EXTRA SAVINGS	Glasses and Sunglasses
	<ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.
	Routine Retinal Screening
	<ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam
	Laser Vision Correction
	<ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

YOUR COVERAGE GOES FURTHER IN-NETWORK		
With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider. Your plan provides the following out-of-network reimbursements:		
Exam	up to \$45	Lined Bifocal Lenses
Frame	up to \$70	Lined Trifocal Lenses
Single Vision Lenses	up to \$30	Progressive Lenses
		Contacts
		up to \$105

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.
 †Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.
 ‡Coverage with a retail chain may be different or not apply.
 §VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc. is the legal name of the corporation through which VSP does business. Training is not available directly from VSP in the states of California and Washington.
 ©2022 Vision Service Plan. All rights reserved.
 VSP, Eyeonic, and WellVision Exam are registered trademarks of Vision Service Plan and VSP LightCare is a trademark of Vision Service Plan. Flexion and Dragon are registered trademarks of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 102898 VCCM
 Classification: Restricted

Employee Assistance Program

Cigna Healthcare Employee Assistance Program

Real support for real life. Confidential and no cost to you.

Life sometimes gets the better of us and we need help getting through, whether it is a big or small challenge. The City of Ontario offers all employees an Employee Assistance Plan through Cigna. Every employee and their household members have access to counselors/therapists through the Cigna network for 10 counseling sessions per incident per year with the option for video-based sessions. EAP is 100% confidential and you are the only one who knows you are utilizing the services. The City does not receive a bill for your services.

EAP has a wide range of other services they provide as well:

- Legal Assistance
- Parenting
- Pet Care
- Family Issues
- Grief/Death
- Suicide Prevention
- Managing Stress
- Financial
- Eldercare/Care Giver Solutions
- Identity Theft
- Divorce/Separation
- Career
- Critical Incident Response
- Addiction

24/7 support
(877) 622-4327 or log on to [myCigna.com](https://mycigna.com) | Employer ID: cityofontario

529 College Savings Plan from Capital Group

CollegeAmerica®
529 college savings plan



Saving for a lifetime of learning

The gift of education at any stage of life, whether for a loved one or for yourself, is like no other. CollegeAmerica, a tax-deferred 529 savings plan can aid in lifelong learning – from K-12 to college, and through retirement – to achieve a better future.

What are the benefits?

- **Tax advantages** – Assets grow free from federal and, in many cases, state taxes, if withdrawals are used to pay qualified education expenses.
- **Flexibility** – You (the account owner), rather than the beneficiary, maintain oversight of account assets and determine the timing and amount of distributions.

Who can contribute?

- Parents
- Grandparents
- Beneficiaries
- Extended family and friends

Examples of qualified education expenses



Tuition and related fees

Includes:

- Trade and vocational schools
- Community colleges
- Theological seminaries
- International schools
- Study-abroad programs run through U.S.-eligible schools



Room and board*

On and off campus



Books and supplies*

Includes:

- Textbooks
- Paper
- Pens
- Additional supplies



Computers and supplies*

Includes:

- Computer
- Laptop
- Printer
- Educational software
- Internet services

To enroll contact:
Bob Tan Certified Financial Planner
bob.tan@voyafa.com
909-798-7862

Voluntary Benefits

Aflac for City of Ontario employees

City of Ontario is now making the following Aflac insurance policies available to its employees:



1

Accident

For a covered accident, Aflac policyholders receive cash benefits for use as they see fit. This plan helps provide a financial cushion if an accident occurs.

2

Cancer/Specified-Disease

Aflac's cancer/specified-disease insurance policies are designed to pay cash benefits that can be used to help offset cancer-related expenses and to help with a variety of daily living expenses.

3

Critical Care and Recovery (Specified Health Event)

Helps with the medical expenses related to a covered serious health event.

4

Hospital Confinement Indemnity

Helps with the non-covered expenses of a hospital stay.

For more information about policy benefits, limitations, and exclusions, please call your Aflac insurance agent/producer, **Marian Lencioni, CA license number 0G09771, at (909) 239-3774 or email marian_lencioni@us.aflac.com**.

This is a brief product overview only. Plans may not be available in all states. Benefits are determined by situs state and plan level selected.

Aflac for City of Ontario Employees:

- Aflac is different from major medical insurance; it's insurance for daily living.
- Aflac pays you cash benefits, unless assigned, to use as you see fit.
- Aflac benefits can help with unexpected expenses.
- Aflac insurance policies belong to you—not your company.
- Aflac offers competitive rates.
- Aflac processes claims quickly—usually within four days.¹
- Thanks to the Aflac Duck, nine out of ten people in the United States know the Aflac name.²

¹Company statistics, December 31, 2011.

²Aflac 2011 Year In Review.



We've got you under our wing.®

Coverage is underwritten by American Family Life Assurance Company of Columbus.

In New York, coverage is underwritten by American Family Life Assurance Company of New York.

Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999

Voluntary Benefits continued



Affordable Legal & Identity Theft Protection

LegalShield provides the legal and identity theft protection you and your family need and deserve.



- ✓ Direct Access to your Own Provider Law Firm
- ✓ Unlimited Advice and Consultation
- ✓ Document Review and Preparation
- ✓ Speeding Ticket Assistance
- ✓ Will Preparation
- ✓ Debt Collection Assistance
- ✓ Letters and Phone Calls Made on your Behalf



- ✓ \$3 Million Identity Fraud Protection Plan
- ✓ Online Privacy and Reputation Management
- ✓ Financial Account Monitoring
- ✓ Identity, Credit and Social Media Monitoring
- ✓ Credit Score Tracker
- ✓ Real-Time Alerts

For more information, visit: benefits.legalshield.com/companyname

LegalShield \$18.50/monthly \$8.54/pay-period Family Plan	
IDShield \$8.95/monthly \$16.95/monthly \$4.13/pay-period \$8.54/pay-period Employee Plan Family Plan	
LegalShield & IDShield \$26.15/monthly \$32.95/monthly \$12.07/pay-period \$15.21/pay-period Employee Plan Family Plan	
Reduced rate pricing applies when enrolled in both plans.	

Fee-Paid Legal Services, Inc. ("FPLSI") provides access to legal services offered by a network of provider law firms to its members through membership-based participation. Neither FPLSI nor its officers, employees or sales associates directly or indirectly provide legal services, representation, or advice. See a legal plan overview for specific state of residence for complete terms, coverage, amounts and conditions. IDShield provides access to identity theft protection and restoration services and plans are available at individual or family rates. A family plan covers the named member, named member's spouse or domestic partner and eligible dependent children under the age of 18. Consultation and Restoration Services or eligible dependent children under the age of 26. For complete terms, coverage, and conditions, please see an identity theft plan. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Protection Plan ("Plan") is issued through a nationally recognized carrier. FPLSI is not an insurance carrier. This covers certain identity fraud expenses and legal costs as a result of a covered identity fraud event, with the amount of coverage dependent on the type of identity theft plan. See a Plan for complete terms, coverage, conditions, limitations, and family members who are eligible under the Plan.

ULB_RU_MP_15-1015_FLS_EN_SeniorMkt_CityofOntario_109423



US



Sign up for America's #1 pet insurance* at work



- ✓ Cash back on eligible vet bills¹: Choose 50% or 70% reimbursement with a \$250 annual deductible and \$7,500 annual benefit
- ✓ Just for employees: Preferred pricing is available only through your employer and is guaranteed issuance
- ✓ Use any vet, anywhere: No networks, no pre-approvals
- ✓ First-of-its-kind coverage: Nationwide is the first provider to offer plans for birds and exotic pets

Visit petinsurance.com/cityofontario
or call (877) 738-7874

*State of the Industry Report 2022, North American Pet Health Insurance Association.

¹Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH; Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2023 Nationwide. 22GRP9129

Rideshare Plus Program

By ridesharing, you're helping to put the brakes on congestion and keep our skies blue. Rideshare Plus is your incentive for making the commitment to rideshare. To register for access to your on-year membership for an online savings site. Powered by Entertainment.com simply visit IECommuter.org and click the **Join Now** button. For registration questions, please contact 1-866-RIDESHARE. Rideshare Plus members have access to a coupon book for year-round savings from more than 500,000 retailers.

IE Commuter
Drive Less. Smile More.

HOME COMMUTE OPTIONS PARK & RIDE INCENTIVES EMPLOYER SERVICES FAQ SIGN IN **JOIN NOW**

Commuter Incentives

Ridesharing Has Its Perks*

Ridesharing is already a more affordable way to get to work—and special incentives offered through IE Commuter make it an even bigger bargain.

Incentives are available to commuters who ride the **bus, train, carpool or vanpool, telecommute, bike, or walk** to work.

New to Ridesharing?

Creating a free and secure account with us is fast and easy. Plus the sooner you join, the sooner you can start enjoying a smooth, hassle-free commute...with all the perks.

[Sign Up](#)

- Earn up to \$130 in gift cards**
[Sign Up For \\$2/Day Incentive](#)
- Get discounts to more than 500,000 retailers**
[Sign Up For Rideshare Plus](#)
- Log your trips for a chance to win a monthly prize**
[Grab the Rideshare Spotlight](#)
- Lower your monthly vanpool costs**
[Start or Join a Vanpool](#)

Guaranteed Ride Home (GRH)

A big reason some commuters don't rideshare is that they might need to go home suddenly to take care of a family emergency. The solution... a free Guaranteed Ride Home by way of taxi, transportation network company, and other eligible rides.

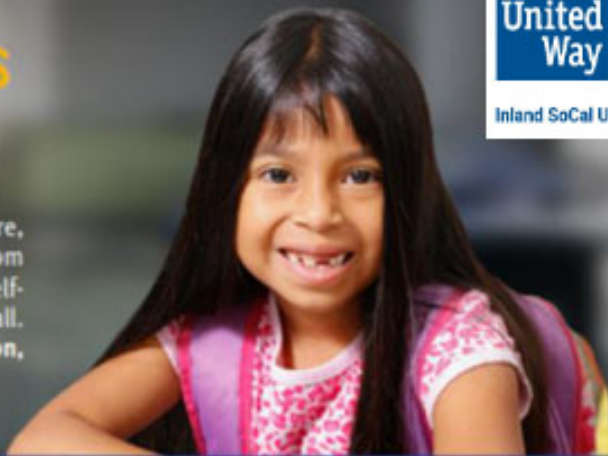
[Learn More about the GRH Program](#)

Dine.
Shop.
Save.
Your

Rideshare Plus program delivers big savings every day whether you're using your members' coupon book in the Inland Empire or on the go. Thanks again for ridesharing!

The Rideshare Plus program is a joint project funded by Riverside County Transportation Commission and San Bernardino Associated Governments.

Together, Changing Lives in Our Community



With one in four children living in poverty in the Inland Empire, we are committed to supporting children and families from cradle to career - working to prepare youth for future self-sufficiency and create a stronger, healthier community for all. **With your support, we are strategically investing in education, health and financial stability to change lives.**



HEALTH

Providing low-income families and children with easy access to health and social services so they can maintain healthy and active lifestyles.



EDUCATION

Equipping youth from low-income families with the resources they need to graduate high school and be prepared for college or a career.



FINANCIAL STABILITY

Strengthen financial stability opportunities for families and individuals so their basic needs are met and they can move towards long-term self-sufficiency.

YOUR DOLLARS MAKING A DIFFERENCE. Your contribution to United Way helps to make a variety of programs and services available to those in need in our community resulting in a powerful impact for individuals and families. Below are a few examples made possible by contributions to our Community Impact Fund.



Feeding 2,002 children every weekend when school meals are not available.

Ontario schools served:

- Arroyo Elementary
- Berlyn Elementary
- Bon View Elementary
- Central Elementary
- Corona Elementary
- De Anza Middle School
- Del Norte Elementary
- Edison Elementary
- El Camino Elementary
- Elderberry Elementary
- Euclid Elementary
- Hawthorne Elementary
- Lincoln Elementary
- Linda Vista Elementary
- Mariposa Elementary
- Mission Elementary
- Oaks Middle School
- Ray Wiltsey Middle School
- Richard Haynes Elementary
- Sultana Elementary
- Vina Danks Middle School
- Vineyard Elementary
- Vista Grande Elementary



Distributing \$2.6 million worth of free new school supplies to low-income students and classrooms in our community each year helping all children to excel. 96% of teachers reported that School Tools helped engage and motivate their students.

Ontario schools served:

- Arroyo Elementary
- Berlyn Elementary
- Corona Elementary
- Del Norte Elementary
- Edison Elementary
- El Camino Elementary
- Elderberry Elementary
- Euclid Elementary
- Linda Vista Elementary
- Mariposa Elementary
- Mission Elementary
- Ray Wiltsey Middle School
- Sultana Elementary



Providing local students from elementary to high school with the services and activities they need to reach high school graduation and prepare for college and a career.

7,700 local students engaged in activities last year, ranging from college field trips, business leader presentations, career exploration and guidance, and FAFSA application support.



Make your tax-deductible donation to ISCUW today!

Contact Human Resources to make your pledge.

www.iscuw.org

Workday: Benefits Enrollment

Helpful Hints for Completing your Enrollment

First, gather necessary information prior to starting the enrollment process. This may include:

- Your dependent(s) birth date(s) and SSN(s). This information will be needed for their health enrollment and if you are setting up any dependents as a beneficiary.
- Referencing your health care and childcare expenses for the prior benefit year if you plan to enroll in a Flexible Spending Account—this will give you an idea of the amount you may want to set aside for the current benefit year.

Logging to Workday. Proceed through the enrollment process and choose your benefits elections.

- Click on **Continue** as you move through each step to save your progress.
- Click on **Save** for Later to end editing and work on something else in Workday.
- Click on **Go Back** to edit or view information from a prior step.
- Click on **Cancel** to cancel your changes and take you back to the beginning of the enrollment process.
- If you are interrupted or need to stop in the middle of enrollment, your information will be saved. You can log back into the system and continue where you left off if your enrollment period is still open. Completed elections in place at the close of enrollment are elections that will be passed to the benefit carriers.
- At the end of the process, a review page displays your benefit elections and their costs. Please review your elections carefully to confirm they are correct.

Click the “Electronic Signature” on the review page and then “Submit” to complete your enrollment.

- Incomplete enrollments will not be processed, and newly elected coverages will not be valid.
- You may return to update or change your elections as many times as you wish during the designated enrollment period.
- Save and print a copy of your benefits elections and costs for your records.
- Keep your elections up-to-date and report qualifying events within 31 days of the event taking place.

Disclaimer

The screenshots included in this training are intended to provide a general overview of Workday’s capabilities and may not represent the benefits available to you.



Workday: Submitting your Benefit Enrollment

Review Your Dependents and Beneficiaries

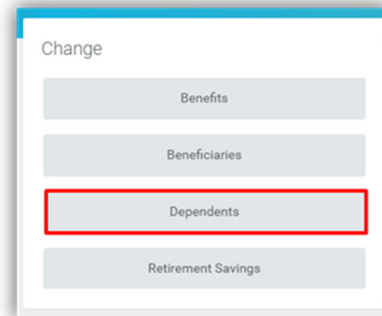
The body of your Workday home page contains Applications. Applications provide users quick access to frequently referenced data and tasks related to a functional area in Workday.

The Benefits Application located in the top left menu, provides you with the ability to Change and View specific benefit information.

Review Dependents

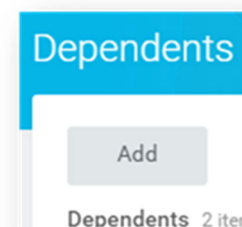
To review your currently enrolled dependents:

- Click on the **Benefits Application**
- Click on **Dependents** on the Change menu. You will see any currently enrolled dependents.



Add Dependents

- If you would like to add a dependent to your benefits for 2024 plan year:
- From the Dependents page, click on the **Add** button near the top of the page.
- Select the current date as the effective date.
- Select **Add Dependent**.
- Select if the dependent will also be a beneficiary by choosing either **Yes** or **No**.
- Complete all required information (marked with a red asterisk*) including their social security number.
- If adding a new dependent, you must attach proof of eligibility before submitting your enrollment. See instructions on attaching Supporting Documentation.



Review Beneficiaries

- To review your currently enrolled beneficiaries:
- Click on the **Benefits Application**.
- Click on **Beneficiaries** on the Change menu. You will see any currently enrolled beneficiaries.

Add Beneficiaries

- If you would like to add a beneficiary:
- From the Beneficiaries page, click on the **Add** button near the top of the page.
- Select the type of beneficiary you are adding, you may select an existing Dependent or Emergency Contact, New Person, or a New Trust.
- Click on **OK**.
- Complete all required information (marked with a red asterisk*) including their social security number.
- Click on Submit.

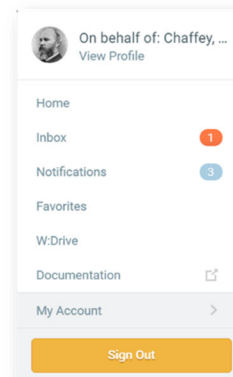
Workday: Benefits Enrollment

Open Your Workday Inbox

- Click your Profile Icon (your name and or picture) in the upper right-hand corner of your Workday Home page.
- Click **Inbox** to expand your viewable options. The orange circle with a number next to the word Inbox indicates how many items are in the Inbox.
- Click the Actions tab to view your business process tasks, approvals, and to-dos.

Your **Inbox** separates your **Actions** and **Archive** in Workday. The **Actions** tab indicates items that require your attention. Once you complete an Action item it will be stored in your **Archives**. The **Archives** tab allows you to view the details and processes of past actions. If you begin a process in Workday but do not complete it, you will access that process through your **Inbox**.

- Click the **Down Arrow** next to **Viewing** and **Sort By** to control what type of/how information appears in your **Inbox**.
- Click the **Archive** tab. The right side of the screen will display details of the highlighted item in the left column.
- To view the details on an event in your **Archive** double click on that item to open the View Event screen.



As a best practice, check your Workday Inbox each work day!

Health Care elections

- From your Workday **Inbox** click on the **Enrollment Change** task.
- Select **Elect** or **Waive** next to each benefit election choice. Choose a Medical, Dental and Vision Plan. Your current elections are defaulted. To waive medical coverage, make sure “waive” is selected for all medical plans.
- If you are waiving medical coverage and are eligible for a waiver, click on the Medical-waiver option to enroll. Click on select and confirm to continue.
- Click on the prompt in the coverage column to modify the level of coverage for the benefit plan.

Dependent IDs (OPTIONAL)

If you have dependents covered under your health care plans without a social security number you will see this step, otherwise it will be skipped. You must enter social security number for your dependent. If the social security number is not available, please contact Benefits for further instructions.

Spending Account Elections

Depending on your bargaining group, you may be eligible to enroll in **both Flexible Spending – Health Care, or Flexible Spending – Dependent Care** plans.

- From the Change Benefits for Enrollment – Spending Account Elections page, select **Elect** or **Waive** next to each benefit election choice. Your current elections are defaulted.
- For each elected plan, enter a dollar amount in either the **How much do you want to contribute for the total year** OR the **How much do you want to contribute per paycheck (semi-monthly)** fields. Click on the screen tip to calculate your monthly contribution.
- Click **Continue** to proceed to the next step.

Workday: Benefits Enrollment continued

Benefit Plan	Contributions
Health Care - FSA - Benefit Coordinators Corporation (BCC) Plan Spending - Health Care	Your number of remaining payroll deductions for the year: 24 Your month-ly you want to contribute for the total year?: 0.00 Your month-ly you want to contribute per paycheck (Same monthly?): 0.00 Your contribution (Monthly): \$0.00
Dependent Care - FSA - Benefit Coordinators Corporation (BCC) Plan Spending - Dependent Care	Your number of remaining payroll deductions for the year: 24 Your month-ly you want to contribute for the total year?: \$300.00 Your month-ly you want to contribute per paycheck (Same monthly?): 25.00 Your contribution (Monthly): \$21.00

Life Insurance Elections

All full-time benefit eligible employees are able to enroll in portable life insurance for yourself and your eligible dependents. Please read the additional instructions on the page for more information.

- From the **Change Benefits for Enrollment** – Insurance elections page, select **Elect** or **Waive** next to each insurance election choice. Your current elections are defaulted.
- In the **Coverage Level** column, select a dollar amount that represents the desired level of coverage. Refer to the screen for information about coverage levels. Please note, your dependent’s life insurance amount cannot exceed your additional life insurance amount.
- If selecting coverage for a dependent, choose the appropriate dependent(s) by clicking on the prompt in the **Covers Dependent** field for the plan selected. If necessary, add additional dependents by clicking on the prompt and selecting **Add My Dependent from Enrollment**. Follow the on-screen prompts to add a dependent.
- Click **Continue** to proceed to the next step.

Beneficiary Designation

You must designate beneficiaries for your life insurance and deferred compensation plan(s).

- From the **Change Benefits for Enrollment** – Beneficiary Designation form, click on the “+” icon to add a new row for each benefit plan.
- Click the prompt icon in the **Beneficiary** field to select from a list of existing beneficiaries or to create a new one. You may remove a beneficiary by clicking on the “X” in the front of their name.
- Specify the percentage of benefits for each beneficiary in the **Primary Percentage/Contingent Percentage** column. Your primary beneficiaries and contingent beneficiaries must equal 100%.
- Click **Continue** to proceed to the next step.

Benefit Election Review

To complete your enrollment, review your benefit selections on the screen. If you add a new dependent, follow the Attaching Supporting Documents instructions below before you complete this step.

- If you need to make a correction, select **Go Back** and make changes as necessary.
- Check the **I Agree** checkbox in the Electronic Signature section to accept and acknowledge your choices.
- Click **Submit**. A confirmation displays.
- Click **Print** at the bottom of the screen to generate a printable version of the summary for your personal records.

Rules for Benefit Changes During the Plan Year

NOTE: You are responsible for notifying the Benefits team if any dependent(s) become ineligible within 30 days of the event.

Outside of open enrollment, you may only make changes to your benefit elections if you experience a qualified status change or qualify for a “special enrollment.” If you qualify for a mid-year benefit change, you will be required to submit proof of the change or evidence of prior coverage. Regarding qualified status changes, domestic partners and children of domestic partners will be treated similarly to spouses and dependent children, respectively, to the extent permitted by law. Qualified Status Changes include:

- Change in legal marital status, including marriage, divorce, legal separation, annulment, and death of a spouse.
- Change in number of dependents, including birth, adoption, placement for adoption, or death of a dependent child.
- Change in employment status that affects benefit eligibility, including the start or termination of employment by you, your spouse, or your dependent child.
- Change in work schedule, including increase or decrease in hours of employment by you, your spouse, or your dependent child; or a switch between part-time and full-time employment that affects eligibility for benefits.
- Change in child’s dependent status, either newly satisfying the requirements for dependent child status or ceasing to satisfy requirements.
- Change in your place of residence or worksite, including a change that affects the accessibility of network providers.
- Change in your or your spouse’s or dependent’s health coverage attributable to your spouse’s or dependent’s employment.
- Change in individual’s eligibility for Medicare or Medicaid (known as Medi-Cal).
- A loss of group health coverage sponsored by a governmental or educational institution, including a state children’s health insurance program under the Social Security Act, the Indian Health Service or a health program offered by an Indian tribal government, a state health benefits risk pool, or a foreign government group health plan. (You may not change an election to your health Flexible Spending Account because of a loss of group health coverage sponsored by a governmental or educational institution).
- A court order resulting from a divorce, legal separation, annulment, or change in legal custody (including a Qualified Medical Child Support Order) requiring coverage for your child.
- An event that is a “special enrollment” event under the Health Insurance Portability and Accountability Act (HIPAA) including acquisition of a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan.

An event that is allowed under the Children’s Health Insurance Program (CHIP) Reauthorization Act. Under provisions of the Act, employees have 60 days after the following events to request enrollment:

- Employee or dependent loses eligibility for Medicaid (known as Medi-Cal) or CHIP (known as Healthy Families in California).
- Employee or dependent becomes eligible to participate in a premium assistance program under Medicaid or CHIP.
- A change in dependent care provider. A cost change is allowable in the Dependent Care Flexible Spending Account only if the cost change is imposed by a dependent care provider who is not related to you, as defined in Internal Revenue Code Section 152(a)(1) through (8).

To make any changes for a qualifying event you must notify the benefits team within 30 days from the event unless otherwise noted.

Contact Information

Benefit	Carrier	Contact Info
Medical Insurance HMO & PPO plans	Anthem Blue Cross	(855) 839-4524 (877) 737-7776 www.anthem.com/ca/calpers/
Medical Plans HMO	Blue Shield of California	(800) 334-5847 www.blueshieldca.com/calpers
Medical Insurance HMO	Health Net	(888) 926-4921 www.healthnet.com/calpers
Medical Insurance HMO	Kaiser Permanente	(800) 305-1220 www.kp.org/calpers
Medical Insurance Safety only PPO	Peace Officers Research Association of California (PORAC)	(800) 937-6722 www.porac.org
Dental Insurance	Delta	DHMO (800) 422-4234 DPO (888) 335-8227 www.deltadentalins.com
Vision Insurance	VSP	(800) 877-7195 www.vsp.com
Employee Assistance Program	Cigna	(877) 622-4327 www.mycigna.com
Flexible Spending Accounts	Smartcare BCC	(800)-685-6100 Bccbenefitsolutions.com/smartcare
Medical & Retirement Pension	CalPERS	888.225.7377 www.calpers.ca.gov
Disability Claims	New York Life	888.842.4462 www.newyorklife.com
Identity Theft Services	LegalShield/IDShield	800.654.7757 benefits.legalshield.com/cityofontario
My Secure Advantage	New York Life	888.724.2262 nylgbs.mysecureadvantage.com
Rideshare Plus Program	Human Resources/Risk Management Agency	866.RIDESHARE www.iecommuter.org
Credit Union Account	Ontario Public Employees Credit Union	Tel: 909.984.8781 www.opecfu.org
Deferred Compensation	Voya	Bob Tan 909.798.7862 Member Services 800.584.6001 www.voyaretirementplans.com
Additional Insurance Services	AFLAC	Marian Lencioni 909.239.3774 marian_lencioni@us.aflac.com
Pet Insurance	Nationwide	877.738.7874 www.petinsurance.com/cityofontario



This brochure summarizes the benefit plans that are available to City of Ontario eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department.

Information provided in this brochure is not a guarantee of benefits.