2026

Benefits Guide

Active Employees

Open Enrollment: October 1 – October 31, 2025
Effective Dates: January 1 – December 31, 2026

CITY OF CHICO
INC. 1872

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Important Notice: Read Carefully

City of Chico has made every attempt to ensure the accuracy of the information described in this enrollment Guide. Any discrepancy between this Guide and the insurance contracts or other legal documents that govern the plans of benefits described in this enrollment Guide will be resolved according to the insurance contracts and legal documents. Nothing in this enrollment Guide will amend, modify, increase, expand, enhance or in any other way alter the terms of the underlying benefit plans as set forth in the insurance contracts and other legal documents that govern them. City of Chico deserves the right to amend or discontinue the benefits described in this enrollment Guide in the future, as well as change how eligible employees and the City of Chico share plan costs at any time for any reason. This enrollment Guide creates neither an employment agreement of any kind nor a guarantee of continued employment with the City.

Welcome to Your Benefits Guide

The benefits in this summary are effective **January 1st, 2026** through **December 31st, 2026**

Whether you're enrolling in benefits for the first time, nearing retirement, or somewhere in between, the City of Chico supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

This guide provides an overview of your healthcare coverage, life, disability, and more.

You'll find tips to help you understand your medical coverage, save time and money on healthcare, reduce taxes, and balance your work and home life. Review the coverage and tools available to you to make the most of your benefits package.

For information about the specific plans available to you, contact the Human Resources and Risk Management Office at **(530) 879-7900** or visit the City's website at:

www.chicoca.gov/Departments/Human-Resources--Risk-Management/Human-Resources/Employee-Benefits/

Notice of Creditable Coverage

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next twelve months, a Federal law gives you more choices about your prescription drug coverage. Please review the **Health Plan Notices** tab for detailed information.

IMPORTANT NOTE: This is a summary overview and does not provide a complete description of all benefit provisions. While we've made every effort to make sure that this overview is comprehensive, it cannot provide a complete description of all benefits. Specific details and limitations are provided in the plan documents, such as the Summary of Benefits and Coverage (SBC), Evidence of Coverage (EOC), etc. Plan documents contain relevant provisions and determine how benefits are paid. If the information in this overview differs from the plan documents, the plan documents prevail.

2026 Open Enrollment

Your benefits should complement your life. During Open Enrollment, reflect upon how your life has changed over the past year and consider how it may be different next year. Then, participate in Open Enrollment and choose benefits that will best serve you in 2026. Open Enrollment for the 2026 plan year begins October 1st and will remain open thru October 31st. The benefits you choose will become effective January 1, 2026.

This year is an **"Active"** enrollment, meaning all employees **must take action** to keep their coverage in place. Confirm, change or opt-out of benefits in 2026 by visiting BCC and submitting your necessary documents to the City no later than **Friday, October 31st, 2025**.

Remember, Open Enrollment is generally your one time of the year to make changes to your benefits, and you'll need to participate if you want to:

- Make changes to your medical, dental, vision, and voluntary life plans for next year.
- Add/drop eligible dependents.
- Contribute to a Health Care and/or Dependent Care Flexible Spending Account (FSA). **Remember, you must re-enroll each year in an FSA plan.**

BCC is the City of Chico's administrator for benefit enrollment. You will have 24/7 online access to your personal dashboard to make your benefits decisions. Information on how to enroll will be provided to you by Human Resources. **See page 5 for enrollment instructions.**

City of Chico BENEFITS FAIR

October 8th, 2025

What's New in 2026?

Prescription Benefits – Navitus

- Navitus is replacing *Express Scripts* & *Anthem Pharmacy* as your new Pharmacy Benefit Manager
- Annual formulary and list of excluded medications updates effective January 1, 2026
- All employees will be receiving new ID cards.
- Go to navitus.com/members or scan the QR code to access the member portal -->

Prescription – Maintenance Medications – Rx 'N Go

- Rx 'n Go is a convenient and cost-saving prescription program that delivers a 90-day supply of maintenance medications directly to your home—at $0 copay.
- See page 19 for information

Medical

- Beginning January 1st, all medical plans will have a zero-cost co-pay for in-network virtual visits.
- The deductible for the Anthem HDHP plan will change $3,400 individual/ $6,800 family.
- When you enroll in one of the PRISM Medical Plans, you have access to enrolling in **Digbi Health**, **Hinge Health** & **Carrum Health**. See page 19 & 20 for more information.

Anthem Total Health Connections: gives you one-on-one support from a dedicated Family Advocate to help you navigate care, benefits, and wellness resources. See page 17 for more information.

Dental

- The City is introducing a new Delta Dental buy-up plan that has a higher calendar year maximum of $2,000. Read more on page 23.

Enrolling for Benefits

What You Need to Do

You will need to make choices about which benefits you'd like to participate in during "enrollment windows." Enrollment windows are specific times that will require you to take action and select your benefits:

- When you are initially eligible to participate in benefits.
  - Elections you make generally become effective on the first of the month following your date of hire. See page 7 for what happens if you don't enroll in coverage at that time.
- During the annual Open Enrollment period (October 1–October 31).
  - Any changes you make during the Open Enrollment period become effective January 1st of the following year.
- When you experience a Qualifying Life Event (QLE), such as marriage or the birth of a child, or HIPAA special enrollment event.
  - You must report these events within 30 days in order to make any allowable changes to your benefits. See page 9 for more details about reporting QLEs and HIPAA special enrollment rights.

Each time an enrollment window occurs, use this Guide to familiarize yourself with the most current information on the City's benefit programs and what coverage options are available to you. You can also use this information to:

- Get ready to enroll
- Understand how to enroll
- Know what to expect after you enroll
- Learn what happens if you don't enroll.

Get Ready to Enroll

1. Review your options, ask questions and talk with your family. If you're thinking of changing medical plans or you are choosing for the first time:
   a) Check with your doctors to find out which plans they participate in.
   b) If you take any prescription medications regularly, contact the new plan to find out how these drugs are covered (for example, formulary or non-formulary drugs).
   c) Call the medical plan's Member Services number or visit its website (contact details are on page 38 of this Guide).
2. Consider not only your current circumstances but also what may be happening in your life in the future. Outside of Open Enrollment, you will not be able to make changes to your benefits unless:
   a) You have a QLE or HIPAA special enrollment event (for example, you get married or have a child). HIPAA special enrollment events are explained in more detail on page 9 of this Guide.
   b) You move out of the network service area.

Enrolling for Benefits

3. Consider the following when choosing a medical plan:
   a) What the plans cover. The Medical Plans section of this Guide explains what each plan covers.
   b) Your estimated usage. Does your plan choice adequately cover the services you use most or will need in the future?
   c) Flexibility in choice of doctors, hospitals and how you receive care. Each plan may include a different set of doctors or hospitals or have different rules for how to receive care.
   d) Verify service areas and provider availability.

4. Have the right information handy. When you start the enrollment process, you'll need:
   a) Your Social Security number.
   b) The names, birth dates, and Social Security numbers of any dependents you wish to enroll, or of any beneficiaries you wish to designate. Social Security numbers are required for all dependents over the age of 6 months.
   c) Proof of dependent eligibility (marriage license, domestic partner certification, birth certificate).

How to Enroll/Make Changes on BCC (BenXcel) During Open Enrollment

Enrollment is easy! To enroll or change medical plans or add/drop dependent coverage:

- Log in to https://benxcel.net.
- Enter your Username & Password (will be provided to you via email)
- Enter the Company Name: **Chico**
- Click the SIGN IN button to enter the system.

Once logged in, you will immediately enter your Open Enrollment tunnel and be required to complete your enrollment.

- Review the required Employee Usage Agreement, Legal Agreement and Welcome screens. Click CONTINUE.
- For security purposes, a Change Password screen will appear. Click SAVE to proceed.
- Review Demographics screen. Update dependents as needed.
- Enrollment will begin.
- Be sure to **CONFIRM** and **FINISH** your enrollment when satisfied with elections.

How to Enroll/Make Changes by Paper Form

To enroll or change your medical plan or add/drop dependent coverage, you can submit a City of Chico Enrollment Form, selecting the coverage you wish to elect. The Application for Benefits available from Human Resources.

Enrolling for Benefits

What Happens After Enrollment

After you enroll, you will receive an ID card(s) from the medical plan you select if you enroll in coverage for the first time or change your coverage. No ID cards will be issued for the Delta Dental and VSP vision plans. When you receive your ID card(s), confirm that all information is accurate. If not, contact the City's Human Resources Department right away.

Cash In Lieu of Medical Coverage

Employees who have alternative group health coverage may "opt-out" of the City's medical plans. If you desire to "opt-out" of medical insurance, you must complete and submit:

- "Designation of Medical Opt-Out Payment Choice" form;
- "Certification of Other Medical Coverage" form;
- Proof of other group coverage.

Payment of the medical "opt-out" varies by bargaining unit and can be found in your Memorandum of Understanding or Pay and Benefits Resolution.

Note: *Employees enrolled in Covered California are not eligible for Cash In Lieu benefits.*

What Happens if You Don't Enroll

During the 2025 Open Enrollment period (October 1 – 31, 2025), all employees must elect, re-affirm, change, or opt-out of benefits in order to have benefits for 2026.

New employees who don't enroll in a City-sponsored medical, dental and/or vision plan within 30 days of their hire date will not have coverage. You will not be able to make changes until the next annual Open Enrollment period or until you experience a QLE or HIPAA special enrollment event.

Who is Eligible?

If you are a permanent employee and work 20 or more hours per week, you can participate in the benefits described in this Guide. Coverage for permanent employees begins the first day of the month following date of hire, or the first day of the month following a qualifying life event (QLE). Hourly employees may be eligible to participate in the benefits described in this Guide; please read below for additional information.

The following dependents are eligible for benefits:

- Legally married spouse (as defined by applicable state law);
- Registered Domestic Partner (Certificate of Registration is required);
- Natural, adopted or stepchildren, or children of a domestic partner up to age 26;
- Children who are disabled and depend on you for support;
- Children named in a Qualified Medical Child Support Order (QMCSO).

Under no circumstances are you allowed to keep dependents (spouses and/or child(ren)) on your benefits if they are no longer eligible. Failure to notify the City of ineligibility within 60 days will result in the forfeiture of their COBRA rights.

If it is discovered that a dependent was kept on the benefits while no longer eligible, they will be terminated retroactively to the date of ineligibility and any claims incurred by them after that date will be the responsibility of the employee. The employee will also not be reimbursed for any premium contribution made on behalf of the ineligible dependents.

Hourly Employees: Hourly employees who work an average of 30 hours per ACA measurement period will be contacted by Human Resources regarding benefits eligibility during applicable Administration Periods.

Domestic Partner Eligibility Criteria

If you are enrolling a domestic partner, you must have a valid Declaration of Domestic Partnership on file with the State of California.

Note: *The value of health care coverage provided for a domestic partner, or any enrolled dependent children of your domestic partner is treated as income to you for federal tax purposes (and in some cases, state tax purposes). City* of *Chico will report the value of the coverage as income to you on your Form W-2 and will withhold applicable taxes. The amounts taxable to you can be substantial. It is recommended you consult with your tax advisor for more information on how this affects you.*

Changing Your Benefits

Making Changes

When you elect coverage under the medical, dental and vision plans, elections will generally remain in effect throughout the plan year (January 1 – December 31). You cannot change your coverage, start or stop coverage, or add or drop any family members to or from your coverage, during the plan year unless you have a QLE or HIPAA special enrollment event.

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a big change in your life, including:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in an individual's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

Any change you make must be consistent with the change in status. All proper documentation is required to cover dependents (marriage certificate, birth certificate, etc.).

For any QLE or HIPAA special enrollment event, you must request enrollment within **30 days** after you or your dependent's other coverage ends (or after the other employer stops making a contribution toward the other coverage) or you acquire the new dependent. If the event is gaining or losing eligibility for coverage or premium assistance under Medicaid or CHIP, you have up to **60 days** to request a change.

For more information or to request special enrollment, contact Human Resources.

If You Leave Your Job

Benefits end on the last day of the month following your last day of employment with the City of Chico. You and the dependents you have covered under your medical, dental and vision coverage have the right to continue participation in group health coverage as allowed under the Consolidated Omnibus Budget Reconciliation Act (commonly referred to as "COBRA"). COBRA generally allows you to continue coverage for up to 18 months by paying the monthly premiums yourself. In some cases, longer extensions may apply. Detailed information about COBRA rights is given to you when you become eligible for health coverage. You may request another copy of your COBRA rights notice at any time. For more information, contact Human Resources at: (530) 879-7900.

Life Insurance

You may be able to convert life insurance coverage to an individual policy or port (take with you) your current voluntary life insurance coverage within **31 days** of your termination date. Contact Human Resources for more information.

Medical Plans & Prescription Drugs

Our medical plans offer comprehensive coverage. Preventive care is fully covered under all plans if obtained in-network. Your costs for other services will depend on which plan you choose.

Medical Plan Overview

This guide serves as a summary of the medical plans. Please review plan documents before selecting a plan.

What you need to know	
Anthem EPO *Anthem Network*	• Access to in-network providers/facilities exclusively • No primary care physician (PCP) or referrals to see specialist • Predictable costs
Anthem PPO *Anthem Network*	• Must meet deductible for some services before the plan begins to pay a % of the cost • Out-of-network services are available but at a higher cost
Anthem HDHP/HSA *Anthem Network*	• Access to HSA account to offset out-of-pocket costs • Must meet deductible for most services before the plan begins to pay a % of the cost • Out-of-network services are available but at a higher cost
Prescription Drugs	• Included with your medical plan • Generics have the lowest cost, while non-formulary brand-name drugs have the highest. Formularies are regularly updated. • **NEW!** Navitus is the new Pharmacy Benefit Manager for all health plans
Carrum Health	• Access to Center of Excellence hospitals & surgeons through the Carrum Health for certain types surgeries • A dedicated Care Concierge helps with everything from paperwork and medical records to surgeon selection, travel arrangements, and post-surgery care. • Co-insurance and deductibles may be waived for your surgery. (Due to IRS regulation on HDHP plans, the deductible applies but the co-insurance is waived.) • Travel expenses (if applicable) will be covered for the patient and an adult companion. • See page 19 for more information.

Anthem EPO & PPO (90/10)

	Anthem EPO (Navitus Pharmacy)	Anthem PPO (90/10) (Navitus Pharmacy)	
	In-Network Only	In-Network	Out-of-Network
Annual Deductible (Individual / Family)	$250 /$500	None	$500 / $1,500
Annual Maximum Medical (Individual /Family)	$1,250 / $2,500 Includes deductible	$2,000 / $6,000	$5,000 / $15,000
Annual Maximum Pharmacy (Individual /Family)	$5,350 / $10,700	$4,600 / $7,200	Not covered
Physician / Specialist Office Visits	$20 copay (ded waived)	$10 copay	30% after ded
Virtual Visits	No charge (ded waived)	No charge	30% after ded
Preventive Services	No charge (ded waived)	No charge	Not covered
Lab & X-rays	No charge after ded	$10 copay (preventive no chg)	30% after ded*
Advanced Imaging	No charge after ded	10%	30% after ded*
Room & Board Hospital Inpatient	No charge after ded	10%	30%*
Outpatient Surgery	No charge after ded	10%	30% after ded*
Urgent Care	$20 copay (deductible waived)	$10 copay	30% after ded
Emergency Services (copay waived if admitted)	$250 copay; 0% after ded	10%	10%
Ambulance Services	No charge after ded	10%	10%
Skilled Nursing Facility	0% after ded (up to 100 pre-auth days/calendar yr)	10%*	Freestanding SNF: 10%* Hospital SNF: 30%*
Durable Medical Equipment	No charge after ded	10%	30%*
Prescription Drug Copay (Retail Pharmacy: 30-day supply)	$5 G / $10 B / $25 NF (deductible waived)	$5 G / $10 B / $25 NF	Not covered
Prescription Drug Copay (Mail Order: 90-day supply)	$10 G / $20 B / $50 NF (deductible waived)	$10 G / $20 B / $50 NF	Not covered
Specialty (formerly Self-Administered Injectables)	20% up to $100 copay maximum per Rx (ded waived)	30% up to $150 copay maximum per Rx	Not covered
Chiropractic	$20 copay (ded waived) *Up to 30 visits per year*	$25 copay *Up to 12 visits per year*	30% *Up to 12 visits per year*
Acupuncture	$20 copay (ded waived) *Up to 12 visits per year*	$25 copay *Up to 20 visits per year*	$25 copay *Up to 20 visits per year*

*see Summary Plan Description for limitations.
The information presented in the chart is a summary only. The information does not include all of the detailed explanation of benefits, exclusions and limitations. Plan participants should refer to the Evidence of Coverage (EOC) document for coverage details. In the event information in this summary differs from the EOC, the EOC will prevail.

Anthem PPO (80/20)

	Anthem PPO (80/20) (Navitus Pharmacy)	
	In-Network	**Out-of-Network**
Annual Deductible (Individual / Family)	$250 / $500	
Annual Maximum Medical (Individual /Family)	$3,250 / $6,500 includes deductible	$10,000 / $20,000
Annual Maximum Pharmacy (Individual /Family)	$3,350 / $6,700	No Limit
Physician / Specialist Office Visits	$25 copay (ded waived)	40% after ded
Virtual Visits	No charge (ded waived)	40% after ded
Preventive Services	No charge (ded waived)	Not covered
Lab & X-rays	$25 copay (preventive no charge)	40%* after ded (preventive not cov)
Advanced Imaging	20% after ded	40%* after ded
Room & Board Hospital Inpatient	$100 copay then 20%	40% after ded
Outpatient Surgery	Hospital: $50 + 20% Ambulatory Center: 20%	40% after ded
Urgent Care	$25 copay (ded waived)	40% after ded
Emergency Services (copay waived if admitted)	20% after ded	20% after ded
Ambulance Services	20% after ded	No charge*
Skilled Nursing Facility	Freestanding SNF: $100 + 20% after ded Hospital SNF: $100 + 20% after ded	Freestanding SNF: 20%* after ded Hospital SNF: 40%*
Durable Medical Equipment	20% after ded	40% after ded
Prescription Drug Copay (Retail Pharmacy: 30-day supply)	$5 G / $10 B / $25 NF (deductible waived)	Not covered
Prescription Drug Copay (Mail Order: 90-day supply)	$10 G / $20 B / $50 NF (deductible waived)	Not covered
Specialty (formerly Self-Administered Injectables)	30% up to $150 copay maximum per Rx (deductible waived)	Not covered
Chiropractic	$25 copay *Up to 12 visits per year*	40% *Up to 12 visits per year*
Acupuncture	$25 copay *Up to 20 visits per year*	$25 copay *Up to 20 visits per year*

*see Summary Plan Description for limitations.
The information presented in the chart is a summary only. The information does not include all of the detailed explanation of benefits, exclusions and limitations. Plan participants should refer to the Evidence of Coverage (EOC) document for coverage details. In the event information in this summary differs from the EOC, the EOC will prevail.

Anthem HDHP

	Anthem HDHP (Navitus Pharmacy)	
	In-Network	**Out-of-Network**
Annual Deductible (Individual / Family)	$3,400 /$6,800 Deductible applies to all services including prescriptions	
Annual Maximum Medical (Individual /Family)	$3,400 /$6,800 includes deductible	$5,000 / $10,000 includes deductible
Annual Maximum Pharmacy (Individual /Family)	Combined with Medical	N/A
Physician / Specialist Office Visits	No charge after ded	50% after ded
Virtual Visits	No charge (ded waived)	50% after ded
Preventive Services	No charge (ded waived)	Not covered
Lab & X-rays	No charge after ded (preventive ded waived)	50% after ded (preventive not covered)
Advanced Imaging	No charge after ded	50%* after ded
Room & Board Hospital Inpatient	No charge after ded	50%* after ded
Outpatient Surgery	No charge after ded	50% after ded
Urgent Care	No charge after ded	50% after ded
Emergency Services (copay waived if admitted)	No charge after ded	No charge after ded
Ambulance Services	No charge after ded	No charge after ded
Skilled Nursing Facility	No charge after ded	Freestanding SNF: 0%* after ded Hospital SNF: 50%* after ded
Durable Medical Equipment	No charge after ded	50% after ded
Prescription Drug Copay (Retail Pharmacy: 30-day supply)	No charge after ded	Not covered
Prescription Drug Copay (Mail Order: 90-day supply)	No charge after ded	Not covered
Specialty (formerly Self-Administered Injectables)	No charge after ded	Not covered
Chiropractic	No charge after ded *Up to 20 visits per year*	50% *Up to 20 visits per year*
Acupuncture	Not covered	Not covered

*see Summary Plan Description for limitations.
The information presented in the chart is a summary only. The information does not include all of the detailed explanation of benefits, exclusions and limitations. Plan participants should refer to the Evidence of Coverage (EOC) document for coverage details. In the event information in this summary differs from the EOC, the EOC will prevail.

Health Savings Account (HSA)

IMPORTANT: You must be enrolled in the Anthem High-Deductible Health Plan (HDHP) to be eligible for an HSA.

A Health Savings Account (HSA) is a powerful tool for managing healthcare costs and saving for the future. This program is administered thru BCC**.**

How the HSA Works

You can use your HSA debit card to pay for eligible expenses like office visits, lab tests, prescriptions, dental and vision care, and even some drugstore items. You will need to open your HSA account in order to receive a City contribution.

2026 IRS Contribution Limits	**Individual**: $4,400 per year **Family**: $8,750 per year **Are you age 55 or over?** You can contribute an additional $1,000 per year
City's Contribution	The City's contribution to the HSA will be split between the first two pay checks of each month. This means it will accrue over the course of the year.

You are ELIGIBLE for an HSA if:

- You are currently enrolled in Anthem HDHP and you are not enrolled in any another non-HDHP medical plan.
- You are not enrolled in a Healthcare FSA under your spouse's benefit plan. (Limited Purpose FSAs, which cover dental and vision expenses only, are allowed.)

You are NOT ELIGIBLE for an HSA if:

- You are enrolled as a dependent under another HDHP plan (e.g., through a spouse's plan).
- You are enrolled in Medicare, Medicaid or Tricare, or if you are someone else's tax dependent.

What about using your HSA for your dependents?
You can cover adult children under a health plan until age 26. However, you can only use funds from your HSA to pay for their expenses if they are a legal tax dependent.

Unlock the Power of Your HSA

Tax Advantages
Contributions, growth and eligible withdrawals are all tax-free.*

Retirement Savings
You can use HSA funds for healthcare expenses in retirement.**

Flexibility
Use funds for a wide range of qualified healthcare expenses.

Portability
Keep your HSA even if you change jobs or health plans.

*California & New Jersey tax HSA contributions and interest.
**For more information regarding HSAs, Retirement and Medicare, please contact your tax advisor for advice.

Find out more

- Eligible Expenses
- Ineligible Expenses

Health Premiums

City of Chico Monthly Premium Rates - Effective January 1, 2026

ACTIVE EMPLOYEES

CME, CNF, CPSA, DIR, L39, SEIU, UPEC

Medical Insurance Rates (PRISM/Anthem Blue Cross)

	TOTAL MONTHLY PREMIUM				CITY CONTRIBUTION					EMPLOYEE CONTRIBUTION			
	EPO	PPO 90/10	PPO 80/20	HDHP	EPO	PPO 90/10	PPO 80/20	HDHP	HSA*	EPO	PPO 90/10	PPO 80/20	HDHP
Employee Only	923.00	923.00	853.00	598.00	797.29	797.29	591.81	598.00	78.14	125.71	125.71	261.19	0.00
Employee +1	1,966.00	1,964.00	1,810.00	1,276.00	1,720.64	1,718.89	1,254.33	1,276.00	125.02	245.36	245.11	555.67	0.00
Employee +2 or more	2,529.00	2,528.00	2,331.00	1,647.00	2,204.53	2,203.66	1,626.80	1,647.00	156.27	324.47	324.34	704.20	0.00
Dental Insurance Rates (Delta Dental - PPO)													
Composite Rate	77.50	77.50	77.50	77.50	58.13	58.13	58.13	58.13	-	19.37	19.37	19.37	19.37
Dental Insurance Rates (Delta Dental - Buy-Up PPO)													
Composite Rate	109.40	109.40	109.40	109.40	58.13	58.13	58.13	58.13	-	51.27	51.27	51.27	51.27
Vision Insurance Rates (VSP)													
Employee Only	5.47	5.47	5.47	5.47	5.47	5.47	5.47	5.47	-	0.00	0.00	0.00	0.00
Employee +1	10.13	10.13	10.13	10.13	5.47	5.47	5.47	5.47	-	4.66	4.66	4.66	4.66
Employee +2 or more	15.71	15.71	15.71	15.71	5.47	5.47	5.47	5.47	-	10.24	10.24	10.24	10.24

IAFF, CFME

Medical Insurance Rates (PRISM/Anthem Blue Cross)

	TOTAL MONTHLY PREMIUM				CITY CONTRIBUTION					EMPLOYEE CONTRIBUTION			
	EPO	PPO 90/10	PPO 80/20	HDHP	EPO	PPO 90/10	PPO 80/20	HDHP	HSA	EPO	PPO 90/10	PPO 80/20	HDHP
Employee Only	923.00	923.00	853.00	598.00	797.29	797.29	591.81	598.00	113.33	125.71	125.71	261.19	0.00
Employee +1	1,966.00	1,964.00	1,810.00	1,276.00	1,720.64	1,718.89	1,254.33	1,276.00	181.33	245.36	245.11	555.67	0.00
Employee +2 or more	2,529.00	2,528.00	2,331.00	1,647.00	2,204.53	2,203.66	1,626.80	1,647.00	226.67	324.47	324.34	704.20	0.00
Dental Insurance Rates (Delta Dental)													
Composite Rate	77.50	77.50	77.50	77.50	58.13	58.13	58.13	58.13	-	19.37	19.37	19.37	19.37
Dental Insurance Rates (Delta Dental - Buy-Up PPO)													
Composite Rate	109.40	109.40	109.40	109.40	58.13	58.13	58.13	58.13	-	51.27	51.27	51.27	51.27
Vision Insurance Rates (VSP)													
Employee Only	5.47	5.47	5.47	5.47	5.47	5.47	5.47	5.47	-	0.00	0.00	0.00	0.00
Employee +1	10.13	10.13	10.13	10.13	5.47	5.47	5.47	5.47	-	4.66	4.66	4.66	4.66
Employee +2 or more	15.71	15.71	15.71	15.71	5.47	5.47	5.47	5.47	-	10.24	10.24	10.24	10.24

CPOA, CPM

Medical Insurance Rates (PRISM/Anthem Blue Cross)

	TOTAL MONTHLY PREMIUM				CITY CONTRIBUTION					EMPLOYEE CONTRIBUTION			
	EPO	PPO 90/10	PPO 80/20	HDHP	EPO	PPO 90/10	PPO 80/20	HDHP	HSA	EPO	PPO 90/10	PPO 80/20	HDHP
Employee Only	923.00	923.00	853.00	598.00	797.29	797.29	591.81	598.00	78.14	125.71	125.71	261.19	0.00
Employee +1	1,966.00	1,964.00	1,810.00	1,276.00	1,720.64	1,718.89	1,254.33	1,276.00	125.02	245.36	245.11	555.67	0.00
Employee +2 or more	2,529.00	2,528.00	2,331.00	1,647.00	2,204.53	2,203.66	1,626.80	1,647.00	156.27	324.47	324.34	704.20	0.00
Dental Insurance Rates (Delta Dental)													
Composite Rate	77.50	77.50	77.50	77.50	3.41	3.41	3.41	3.41	-	74.09	74.09	74.09	74.09
Dental Insurance Rates (Delta Dental - Buy-UP PPO)													
Composite Rate	109.40	109.40	109.40	109.40	3.41	3.41	3.41	3.41	-	105.99	105.99	105.99	105.99
Vision Insurance Rates (VSP)													
Employee Only	5.47	5.47	5.47	5.47	5.47	5.47	5.47	5.47	-	0.00	0.00	0.00	0.00
Employee +1	10.13	10.13	10.13	10.13	5.47	5.47	5.47	5.47	-	4.66	4.66	4.66	4.66
Employee +2 or more	15.71	15.71	15.71	15.71	5.47	5.47	5.47	5.47	-	10.24	10.24	10.24	10.24

Health Premiums

City of Chico Monthly Premium Rates - Effective January 1, 2026

ACTIVE EMPLOYEES

UNREPRESENTED (Contractual Services/Hourly)

Medical Insurance Rates (PRISM/Anthem Blue Cross)

	TOTAL MONTHLY PREMIUM				CITY CONTRIBUTION					EMPLOYEE CONTRIBUTION			
	EPO	PPO 90/10	PPO 80/20	HDHP	EPO	PPO 90/10	PPO 80/20	HDHP	HSA	EPO	PPO 90/10	PPO 80/20	HDHP
Employee Only	923.00	923.00	853.00	598.00	797.29	797.29	591.81	598.00	78.14	125.71	125.71	261.19	0.00
Employee +1	1,966.00	1,964.00	1,810.00	1,276.00	797.29	797.29	591.81	598.00	78.14	1,168.71	1,166.71	1,218.19	678.00
Employee +2 or more	2,529.00	2,528.00	2,331.00	1,647.00	797.29	797.29	591.81	598.00	78.14	1,731.71	1,730.71	1,739.19	1,049.00
Dental Insurance Rates (Delta Dental)													
Composite Rate	77.50	77.50	77.50	77.50	58.13	58.13	58.13	58.13	-	19.37	19.37	19.37	19.37
Dental Insurance Rates (Delta Dental - Buy-Up PPO)													
Composite Rate	109.40	109.40	109.40	109.40	58.13	58.13	58.13	58.13	-	51.27	51.27	51.27	51.27
Vision Insurance Rates (VSP)													
Employee Only	5.47	5.47	5.47	5.47	5.47	5.47	5.47	5.47	-	0.00	0.00	0.00	0.00
Employee +1	10.13	10.13	10.13	10.13	5.47	5.47	5.47	5.47	-	4.66	4.66	4.66	4.66
Employee +2 or more	15.71	15.71	15.71	15.71	5.47	5.47	5.47	5.47	-	10.24	10.24	10.24	10.24

MAYOR/COUNCILMEMBERS

Medical Insurance Rates (PRISM/Anthem Blue Cross)

	TOTAL MONTHLY PREMIUM				CITY CONTRIBUTION				EMPLOYEE CONTRIBUTION			
	EPO	PPO 90/10	PPO 80/20	HDHP	EPO	PPO 90/10	PPO 80/20	HDHP	EPO	PPO 90/10	PPO 80/20	HDHP
Employee Only	923.00	923.00	853.00	598.00	797.29	797.29	591.81	598.00	125.71	125.71	261.19	0.00
Employee +1	1,966.00	1,964.00	1,810.00	1,276.00	1,720.64	1,718.89	1,254.33	1,276.00	245.36	245.11	555.67	0.00
Employee +2 or more	2,529.00	2,528.00	2,331.00	1,647.00	2,204.53	2,203.66	1,626.80	1,647.00	324.47	324.34	704.20	0.00
Dental Insurance Rates (Delta Dental)												
Composite Rate	77.50	77.50	77.50	77.50	58.13	58.13	58.13	58.13	19.37	19.37	19.37	19.37
Dental Insurance Rates (Delta Dental - Buy-Up PPO)												
Composite Rate	109.40	109.40	109.40	109.40	58.13	58.13	58.13	58.13	51.27	51.27	51.27	51.27
Vision Insurance Rates (VSP)												
Employee Only	5.47	5.47	5.47	5.47	5.47	5.47	5.47	5.47	0.00	0.00	0.00	0.00
Employee +1	10.13	10.13	10.13	10.13	5.47	5.47	5.47	5.47	4.66	4.66	4.66	4.66
Employee +2 or more	15.71	15.71	15.71	15.71	5.47	5.47	5.47	5.47	10.24	10.24	10.24	10.24

Anthem Total Health Connections

NEW FOR 2026!

Helping you and your family feel confident & protected

Employees enrolled in an Anthem medical plan will be enrolled in Total Health Connections which provides you and your family with a dedicated Family Advocate — a personal health champion who offers proactive, compassionate, and no-cost support for everyday and emergency health needs. They can help you:

- Find and schedule care with top doctors and facilities in your plan
- Manage preventive care and chronic conditions
- Understand and use your health plan benefits
- Get quick preapprovals for urgent treatments
- Access in-house clinical experts who collaborate with your doctor to create a personal care plan

Focus on your whole health

Whole health also includes your mental health, along with social and community needs. Your dedicated Family Advocate can also connect you with community resources to help with food, childcare, transportation, and other social, financial, or mental health concerns.

A connected health record

You and your Family Advocate, doctors, and pharmacist all have access to the most up-to-date information on your health in a single record. These real-time insights can help improve your care and may lower your healthcare costs over time.

Sydney℠ Health App

Chat with your Family Advocate on our Sydney℠ Health mobile app. The Sydney℠ Health app also gives you a quick way to:

- Use your digital ID card
- Track your health goals and activities
- Check costs and view health plan details
- Access virtual care through video visits or chat

Get Started Today

Download or log in to the Sydney℠ Health mobile app or visit sydneyhealth.com to get started.

Watch the video to learn more about how to get connected with your Family Advocate and access the resources available via the Sydney℠ Health app.

Click to play video

PRISM Anthem Resources

Building Healthy Families

Building Healthy Families offers personalized, digital support through the Sydney℠ Health mobile app or on anthem.com/ca. This all-in-one program, at no extra cost to you, can help your family grow strong whether you're trying to conceive, expecting a child, or in the thick of raising young children.

Lark Diabetes Management Program

Available to the members of the Anthem medical plans at no cost. Track your progress, check in with your coach, and learn more about prediabetes right in Lark's free mobile app. This program follows guidelines from the Centers for Disease Control and Prevention (CDC) to help you make small changes that can improve your health and decrease your risk over time.

Virtual Primary Care

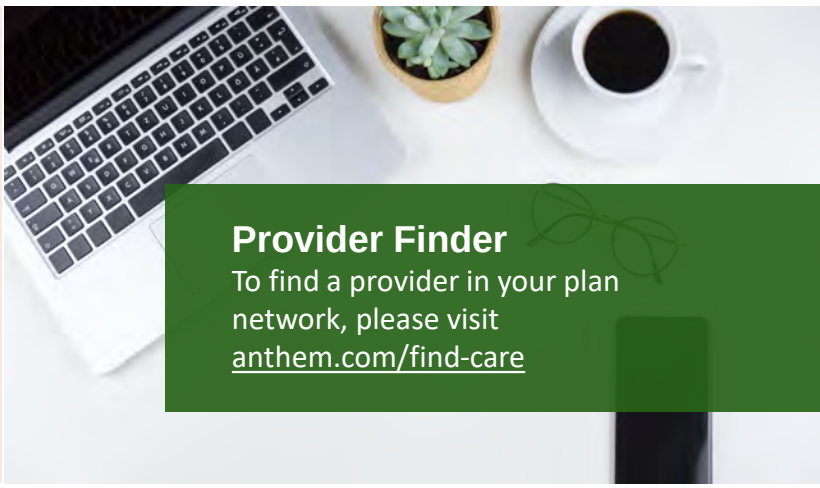
Through Anthem's LiveHealth Online Virtual Primary Care, members can choose from board-certified, in-network PCPs, and have that same doctor take care of them overtime for treatments including chronic conditions, preventative care, and acute care, at no extra cost to the member.

24/7 Nurse Line

24/7 NurseLine serves as your first line of defense for unexpected health issues. You can call a trained, registered nurse to decide what to do about a fever, give you allergy relief tips, or advise you where to go for care. For help, call the number on the back of your ID card.

Anthem ID Cards

Normally, one ID card will be issued to the subscriber and one to the spouse. For a subscriber with children, two cards will be issued, both showing the subscriber's name. If needed, ID cards showing the dependent child's name can be requested by calling the Member Services on the back of your ID card. Separately, all medical plan enrollees will receive a Navitus ID card to access pharmacy benefits.



Provider Finder

To find a provider in your plan network, please visit anthem.com/find-care

PRISM Value Added Services

Take advantage of these value-added services available to PRISM plan members to help you get and stay healthy.

Benefit Highlights	How To Get Started
Physical Therapy for Back or Joint Pain **Hinge Health** Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching and personalized exercise therapy. Available for preventative, acute, and chronic needs at no cost.	**Call:** (855) 902-2777 **Visit** hingehealth.com/prism
Hip, Knee & Spine Surgical Benefit, Oncology Treatment Benefit & Bariatric Procedures **Carrum Health** Access top-quality surgeons for hip and knee replacements, spinal fusion, and bariatric weight-loss procedures, with all medical costs and travel expenses for both the patient and a companion fully covered. An oncology benefit is also available, offering expert guidance and treatment options for all cancers, including breast cancer.	**Visit** carrumhealth.com
Diabetes, Obesity & Gastrointestinal Support **Digbi Health** Access personalized digital care programs that utilize genetic & gut microbiome analysis to address obesity, diabetes, digestive disorders and related conditions. Services include at-home DNA & gut biome testing, continuous glucose monitoring, personalized nutrition & lifestyle recommendations, access to health coaches, plus medically managed weight loss programs and support for GLP-1 medications for weight management.	**Call:** (866) 344-2189 **Visit** digbihealth.com
Free Generic Maintenance Medications **Rx 'N Go** As part of your benefits, you have the option to receive up to a 90-day supply of generic maintenance medication by mail at no cost to you ($0 copay, $0 shipping) through a convenient program called Rx 'n Go. For a list of eligible medications, call or visit their website.	**Call:** (888) 697-9646 **Visit** rxngo.com
Discount Medications **GoodRx** Discounts on medications for non-benefit eligible employees. GoodRx allows you to simply and easily search for retail pharmacies that offer the lowest price for specific medications.	**Members Call:** (888) 799-2553 **Pharmacies Call:** (844) 857-4351 **Visit** gold.goodrx.com

NEW! Digbi Health - Diabetes, Obesity & GI Care

Your Digbi Health Journey

The Digbi Health program is a personalized 52-week journey designed to transform your health and wellness. Whether you're managing your weight, Type 2 Diabetes, digestive health, or taking GLP-1s for weight management, Digbi is here to support you with care tailored to your biology. Digbi Health is available at no cost for eligible members covered by Anthem through your employer.

This program includes:

- Gut & Gene Testing Kits
- Glucose Monitoring Device
- Tailored Meals
- Health Coach
- GLP-1s for weight management

Contact Digbi at prism@digbihealth.com or at (866) 344-2189 if you have any questions.

GLP-1 Eligibility

Eligibility requirements for accessing GLP-1s for weight management:

- 18 years or older and enrolled in Anthem (Mandatory).
- BMI 40 or higher without any comorbidity (OR)
- BMI 35 - 39 with at least one related comorbidity (OR)
- Mandatory: If you're on a GLP-1 for weight management, you should have lost 5% weight within 90 days of starting them.
- Digbi to be the sole prescriber for GLP-1s.

Get Started

1. Check your eligibility and sign up for the program at digbihealth.com/prism.
2. If you are eligible, download mobile app - onelink.to/digbi.
3. On the app, please confirm shipping address and answer onboarding questions - your kits will be ordered to your address, automatically.
4. Starting January 1, 2026, you will have 90 days to go through Digbi Health's Reauthorization for weight management GLP-1 medication based on the new eligibility criteria.

Digbi Health App

- **Get at-home Test Kits -** Within a week, you'll receive a comprehensive testing kit including a Genetic Test, a Gut Microbiome Test, and an Abbott Libre Continuous Glucose Monitor. Please follow instructions to collect samples and return kits using pre-labeled shipping.
- **Sync your Health Apps -** Connect Apple or Google Health Apps with the Digbi App. Navigate to settings, choose "Health", then connect by tapping "Refresh" under "Apple Health".
- **Say hi to your Coach! -** Tap the 'Coach' button at the bottom to start engaging with your health coach on the app and upload meal pictures for scoring while you await test results.

Dental

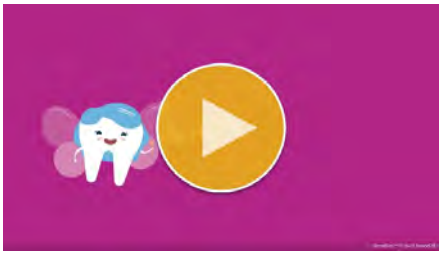
We offer dental coverage through Delta Dental. Dental insurance makes it easier and less expensive to get the care you need to maintain good oral health.

Dental Plan Overview

City of Chico offers a choice of both a basic PPO dental plan and a buy-up plan thru Delta Dental. The Delta Dental PPO give you the freedom to choose your own dentist and receive coverage from in-network and out-of-network providers. Their network is made up of general dentists and specialists who have agreed to provide dental care at discounted fees. If you go to a dentist who participates in the PPO, you qualify for in-network coverage and benefit from discounted rates. This guide serves as a summary of the dental plan. We encourage you to review plan documents before enrolling in coverage.

Dental insurance covers multiple types of treatment:

1. **Preventive** care includes exams, cleanings and x-rays
2. **Basic** care focuses on repair & restoration with services such as fillings, simple tooth extractions & sealants. Endodontics (root canal), periodontics (gum treatment) & oral surgery also fall under **Basic** care.
3. **Major** care goes further than basic and includes crowns, inlays, onlays and cast restorations. Prosthodontics (bridges, dentures & implants) also fall under **Major** care.
4. **Orthodontia** treatment to properly align teeth within the mouth.



Click to play video

All About Dental

Watch this video to brush up on the ins-and-outs of dental insurance.

Delta Dental PPO – Basic Plan

Key Features	Delta Dental PPO Dentists**	Non-Delta Dental PPO Dentists**
Calendar Year Deductible	Single: $15 Family: $45	Single: $25 Family: $75
Calendar Year Maximum Benefits	$1,000	
Diagnostic & Preventive (D&P) *(exams, cleanings & x-rays)*	100%	80%
Basic Services *(fillings, simple tooth extractions & sealants)*	80%	80%
Endodontics *(root canals)*	80%	80%
Periodontics *(gum treatment)*	80%	80%
Oral Surgery	80%	80%
Major Services *(crowns, inlays/onlays & cast restorations)*	80%	80%
Prosthodontics *(bridges, dentures & implants)*	50%	50%
Orthodontia *(adults & children)*	50%	50%
Orthodontia Maximum	$500 per calendar year	
Waiting Period	None	

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

In-Network Delta Dental PPO Dentist	Out-of-Network Delta Dental Premier Dentists & Non-Delta Dental Dentists
You will usually pay the lowest amount for services when you visit a Delta Dental PPO dentist.	You are responsible for the difference between the amount Delta Dental pays and the amount your non-Delta Dental dentist bills. You will usually have the highest out-of-pocket costs when you visit a non-Delta Dental dentist.
PPO dentists agree to accept a reduced fee for PPO patients.	Delta Premier dentists may not balance bill above Delta Dental's approved amount, so your out-of-pocket costs may be lower than with non-Delta Dental dentists' charges.
You are charged only the patient's share at the time of treatment. Delta Dental pays its portion directly to the dentist.	Non-Delta Dental dentists may require you to pay the entire amount of the bill in advance and wait for reimbursement. Delta Premier dentists charge you only the patient's share at the time of treatment.
PPO dentists will complete claim forms and submit them for you at no charge.	You may have to complete and submit your own claim forms or pay your non-Delta Dental dentist a service fee to submit them for you. Delta Premier dentists will complete claim forms and submit them for you at no charge.

NEW! Delta Dental PPO - Buy-Up Plan

Key Features	Delta Dental PPO Dentists**	Delta Dental Premier Dentists**	Non-Delta Dental Dentists**
Calendar Year Deductible *Single / Family*	$15 / $45	$15 / $45	$25 / $75
Calendar Year Maximum Benefits	$2,000 *D&P services do not count towards maximum*		
Diagnostic & Preventive (D&P) *(exams, cleanings & x-rays)*	100%	100%	100%
Basic Services *(fillings, simple tooth extractions & sealants)*	90%	90%	80%
Endodontics *(root canals)*	90%	90%	80%
Periodontics *(gum treatment)*	90%	90%	80%
Oral Surgery	90%	90%	80%
Major Services *(crowns, inlays/onlays & cast restorations)*	60%	60%	50%
Prosthodontics *(bridges, dentures & implants)*	60%	60%	50%
Orthodontia *(adults & children)*	50%	50%	50%
Orthodontia Maximum	$1,500 lifetime maximum		
Waiting Period	None		

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

PRISM Delta Dental Resources

SmileWay® Wellness Benefits

If you or a covered family member has been diagnosed with a chronic medical condition like diabetes, cancer or rheumatoid arthritis, you may benefit from additional teeth and gum cleanings. Opt in by visiting deltadentalins.com/smileway or by calling Customer Service Monday through Friday.

Delta Dental Mobile App

Anyone can use Delta Dental Mobile without logging in to access our Find a Dentist and Toothbrush Timer tools, conveniently located on the home screen. You also have the option to save your ID card to the home screen for easy access without logging in. Log into the app to view your personal benefits.

Virtual Dentistry

Virtual Dentistry is a photo-based tele-dentistry app for PPO & premier plan members. Although Virtual Dentistry is not available for dental emergencies, members can set up a virtual dental screening or even send in photos for dental issues. A Delta Dental dentist that is part of the PPO & Premier Network can highlight issues from the photos, such as cavities, gum disease, oral hygiene, or other dental concerns. The dentist can then assist with next steps or possible treatments or a home care regimen.

Cost Estimator

Members can plan visits and compare costs before receiving treatment. Estimates will be personalized based on your plan benefits, and you'll be able to compare procedure costs at nearby dentists.

Amplifon & Qualsight Discounts

With the Amplifon discount, Delta Dental members get an average savings of 62% off the latest retail hearing aid price. Members may even be able to use their plan benefits in coordination with Amplifon discounts. There is also a QualSight discount for Delta Dental members. Members receive 40-50% off the national average price of traditional LASIK eye surgery when you use an experienced QualSight LASIK surgeon.

LifePerks

As a Delta Dental member, you have access to a wide variety of local and national offers and discounts to help you care for your whole body and maintain a healthy life. Register and learn more about LifePerks at discountmember.lifecare.com.

Finding a Delta Provider

To find a Delta Dental provider near you, please visit deltadentalins.com and click "Find a Dentist".

Vision

We offer vision coverage through VSP. Vision coverage helps with the cost of eyeglasses or contacts.

Vision Plan Overview

The City of Chico offers vision coverage through VSP with an extensive network of optometrists and vision care specialists. The City pays 100% of the employee only premium; employees are responsible for any dependent premiums. Under this plan, you can use a VSP provider or another provider of your choice. However, when you obtain vision care through a non-VSP provider, you will receive a reduced level of benefits.

What you need to know

Vision Plan *VSP Network*	• You can use a VSP provider or another provider of your choice • Out-of-network coverage will have higher costs • The plan will reimburse up to a specific dollar amount for most materials

Click to play video

All About Vision

Watch this video to learn more about what to keep an eye out for when it comes to vision insurance.

VSP Vision Plan

The chart below provides a summary of covered services, frequencies and costs.

Services	Vision Service Plan	
	In-Network (VSP Choice)	Out-of-Network
Co-payments		
• Eye Exam	$10 copay	
• Primary Eye Care	$20 copay	
• Materials	$25 copay	
Frequency		
• Exam	Once every 12 months	
• Lenses	Once every 12 months	
• Frames	Once every 24 months	
• Contact Lenses	Once every 12 months	
Coverage		
• Eye Exam	Covered in full after copay	Up to $45
• Single Lens	Covered in full	Up to $30
• Bi-Focal Lenses	Covered in full	Up to $50
• Tri-Focal Lenses	Covered in full	Up to $65
• Lenticular Lenses	Covered in full	Up to $100
• Standard Progressive Lenses	Covered in full	Up to $50
• Frame Allowance	Up to $125	Up to $70
**Costco Frame Allowance	Up to $70	N/A
Contact Lenses		
• Medically Necessary	Covered in full	Up to $210
• Elective – Up to %60 copay (fitting & evaluation)	Up to $160	Up to $105

The above information is provided for illustrative purposes only. Refer to the applicable carrier material for exact description of plan benefits and conditions.

VSP Savings and Resources

Extra Savings on Glasses and Sunglasses

Get an extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. You can also save 30% on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.

TruHearing® Hearing Aid Discount

VSP® Vision Care members can save up to 60% on a pair of hearing aids with TruHearing. What's more, your dependents and even extended family members are eligible, too. TruHearing also provides members with:

- 3 provider visits for fitting, adjustments, and cleanings
- A 45-day trial
- 3-year manufacturer's warranty for repairs and one-time loss and damage
- 48 free batteries per hearing aid

Learn more about this VSP Exclusive Member Extra at truhearing.com/vsp or call (877)396-7194.

LASIK - Laser Vision Correction

Save up to an average of 15% off the regular price of LASIK or 5% off the promotional price. Discounts are only available from contracted facilities. After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.

Essential Medical Eye Care

With your vision benefits from VSP, you have access to supplemental coverage for urgent and medical eye care. Essential Medical Eye Care includes:

- Fully covered retinal screening for members with diabetes
- Exams and services to treat immediate issues like pink eye and sudden changes in vision
- Treatment options to monitor ongoing health conditions such as dry eye, diabetic eye disease, glaucoma, and more

If you need treatment, contact your VSP network doctor to schedule an appointment or visit vsp.com to find a doctor.

Access To Over $3,000 In Exclusive Member Savings

Visit vsp.com/offers to learn more about these resources and other VSP exclusive member extras.

Flexible Spending Account (FSA)

IMPORTANT: You must re-enroll in this account each year. Elections do not rollover.

A healthcare FSA allows you to set aside tax-free money to pay for healthcare expenses. This program is administered through BCC.

How the FSA Works

You estimate what you and your family's eligible out-of-pocket costs will be for the coming year, expenses such as office visits, surgery, dental and vision expenses, prescriptions, even eligible drugstore items.

- Use the FSA debit card to pay for eligible services and products. You can also login to your online account or use your mobile app to request submit a receipt for reimbursement.
- Request an itemized receipt for any expenses you plan to pay for with your FSA.
- Elections cannot be changed during the plan year, unless you experience a qualifying life event.

2026 IRS Contribution Limits	**You can contribute up to $3,400*.** *Contributions are deducted from your pay pre-tax.*
Deadline To Incur Claims	Expenses must be incurred between 01/01/2026 and 12/31/2026.
Deadline To Submit Claims	Claims must be submitted for reimbursement no later than 03/31/2027.
Rollover	No rollover provision. Any additional remaining balance will be forfeited.

*projected maximum contribution for 2026

Are You Eligible?

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

Limited Purpose FSA

- If you/your spouse are enrolled in a high-deductible health plan (like our Anthem HDHP plans), you can only participate in the Limited Purpose FSA for dental and vision expenses.

Do You Pay For Dependent Care?

Review the next page for information on tax savings through the Dependent Care FSA.

Find out more

- Ineligible Expenses
- Eligible Expenses – now include more over-the-counter items!

Comparing Tax-free Health Accounts

	Health Savings Account (HSA)	Healthcare Flexible Spending Account (FSA)
Who can participate?	Anthem HDHP plan participants	Anyone not enrolled in an HDHP plan. HDHP enrollees may enroll in a "Limited Purpose FSA" which can be used for dental/vision expenses only.
Is the account tax-free?	Contributions, earnings, and withdrawals for qualified healthcare expenses are free from federal tax. *	Contributions and withdrawals for qualified healthcare expenses are tax-free.
Who funds the account?	City of Chico's monthly contribution to the HSA will be split between the first two paychecks of each month. You can make additional contributions, up to the annual limit.	FSA accounts are funded by your payroll deductions.
How much can I contribute?	Your and your employer's contributions can total $4,400 per individual or $8,750 per family in 2026, plus $1,000 if you're over 55.	$3,400* in 2026. ** Projected maximum for 2026*
Does my unused balance roll over?	You retain 100% of your balance.	No rollover provision.
What is the deadline to incur claims?	N/A	You have until 12/31/2026 to incur new claims.
What is the deadline to submit claims?	N/A	You have 90 days "grace period" after the end of the plan year to submit prior year expenses.
What happens if I leave the company?	Your account goes with you. You can use it for future qualified healthcare expenses, even if you no longer have an HDHP health plan.	You may submit claims for expenses incurred between January 1 and your last day of employment. Claims must be submitted within 90 days of the end of coverage.
Does my account earn interest?	Yes, and you can invest your account balance over a certain amount in investment accounts, just like a 401(k).	No
Can I change my election after open enrollment?	Election can be changed mid-year, and deposits can be made at any time.	Election cannot be changed unless you have a qualifying life event.
When can I spend my funds?	After they are deposited into the account.	Immediately, up to your total annual election.

*California and New Jersey tax HSA contributions and interest.

Additional Tax-Saving Accounts

IMPORTANT: You must re-enroll in this account each year.

Dependent Care Flexible Spending Account (FSA)

Paying For daycare? Make It tax-free! A Dependent Care FSA can help families save potentially hundreds of dollars per year on daycare. This program is administered by BCC.

How the Dependent Care Flexible Spending Account (FSA) Works

You set aside money from your paycheck, before taxes, to pay for work-related daycare expenses. Eligible expenses include not only childcare, but also before and after school care programs, preschool, and summer day camp for children under age 13. The account can also be used for daycare for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care. You can pay your dependent care provider directly from your FSA account, or you can submit claims to get reimbursed for eligible dependent care expenses you pay out of pocket.

Note: Funds contributed to your Dependent Care FSA become available after each paycheck.

2026 IRS Contribution limits	You can contribute up to $7,500 per household per year. If you are married but filing separately, federal regulations limit the Dependent Care FSA to $3,750 each year
Deadline to incur expenses	Money contributed to a dependent care FSA must be used for expenses incurred during the same plan year.
Rollover	Unspent funds will be forfeited.

You can't change your Dependent Care FSA election amount mid-year unless you experience a qualifying life event.

Life & Disability Insurance

Life, AD&D and disability insurance can fill several financial gaps due to a temporary or permanent reduction of income.

Prudential

Is your family protected?

Consider what your family would need to cover during a pregnancy or illness-related disability leave, or how you would manage large expenses (rent or mortgage, children's education, student loans, consumer debt, etc.) after the death of a spouse or partner for day-to-day living expenses and medical bills.

	Who is covered
Basic Life and AD&D *Employer Paid*	• Employee, spouse & children
Voluntary Life and AD&D *Employee Paid*	• Employee, spouse & children
Short Term Disability (STD) *Employer Paid*	• Employee only
Long Term Disability (LTD) *Employer Paid*	• Employee only

Your Beneficiary = Who Gets Paid

If the worst happens, your beneficiary—the individual(s) on record with the life insurance carrier—receives the benefit. Make sure that you name at least one beneficiary for your life insurance benefit, and change your beneficiary as needed if your situation changes. *Note: Anyone can be designated as the beneficiary, but if a spouse is designated as less than 50% beneficiary, the spouse must sign a form acknowledging they will not be receiving at least 50% of the life insurance benefit.*

Life and AD&D Insurance

City Paid Basic Life and AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. Accidental Death & Dismemberment (AD&D) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident. Coverage is provided at no cost for most eligible employees. Chico Police Management (CPM) employees pay the full cost of Life and AD&D. Hourly exempt and City Council members are excluded.

Basic Life/AD&D	Prudential
Eligible Employees	All permanent employees working at least 20 hours per week. Hourly exempt and City Council members are excluded.
Eligible Employees Basic Life/AD&D	1x the employee's annual salary up to $300,000, rounded to the next higher $1,000
Dependent Life Insurance	
Spouses	$1,500
Child(ren)	1 day to 6 months: $150; 6 months to 26 years: $1,500
Employee AD&D Benefit	Same as Life Benefit
Accelerated Death Benefit	90% up to $500,000 combined Basic and Voluntary Life: Life expectancy 12 months
Benefit Age Reduction	None
Premium Waiver	6 months
Conversion/Portability	Conversion Only

The above information is provided for illustrative purposes only. Refer to the applicable carrier material for exact description of plan benefits and conditions.

Additional Features

- **Waiver of Premium** - If you become totally disabled while insured under this plan and under age 60, and complete a waiting period of 180 days, your Basic and Voluntary Life may continue without premium payment until age 65 provided you give Prudential satisfactory proof that you remain totally disabled.
- **Accelerated Death Benefit** - If you become terminally ill, you may be eligible to receive up to 90% of your combined Basic and Additional Life benefit to a maximum of $500,000.
- **Portability** - If your insurance ends because your employment terminates, you may continue to your voluntary life insurance coverage by obtaining the cost directly from Prudential (applicable to Voluntary only)
- **Conversion** - If your insurance ends or reduces, you may be eligible to convert your life insurance to an individual life insurance policy without submitting proof of good health. Premiums for the converted policy will be substantially higher compared to the City of Chico sponsored term plan (applies to both Basic & Voluntary coverages).

Voluntary Life & AD&D Insurance Costs

Voluntary Life and AD&D

Voluntary Life and AD&D Insurance allows you to purchase additional coverage to protect your family's financial security. Coverage is provided by Prudential and available for your spouse and/or child(ren). Employees may purchase amounts of Voluntary Life and AD&D insurance up to a maximum of five times basic annual earnings to a maximum of $500,000. Dependent Spouse or Domestic Partner life insurance may not exceed the employee's principal sum. Voluntary Life coverage for your children may be purchased in amounts up to $10,000.

Voluntary Life Insurance Monthly Rate Per $1,000 of Coverage (Spouse rate based on spouse's age)	
Age	**Employee/Spouse**
<25	$0.05
25-29	$0.06
30-34	$0.08
35-39	$0.09
40-44	$0.11
45-49	$0.17
50-54	$0.27
55-59	$0.51
60-64	$0.75
65-69	$1.50
70-74	$2.06
75-79	$3.29
80-99	$4.50
Child Life Monthly Rate Per $2,000 of Coverage	
Child	$0.678
Voluntary AD&D Monthly Rate Per $1,000 of Coverage	
Employee, Spouse & Child	$0.026

Voluntary Life/AD&D	Prudential
Employee	$10,000 increments, subject to a maximum of 5x the annual salary not to exceed $500,000
Dependent Life	
Spouse	$5,000 increments up to $250,000 and lesser of 100% of employee voluntary
Child(ren)	Live birth to age 26
Initial Guarantee Issue Amount	
Employee **Spouse** **Child(ren)**	$150,000 $25,000 All guarantee issue
Open Enrollment Guarantee Issue	
Employee	$10,000 increments, up to $50,000 (not to exceed $150,000)
Benefit Age Reduction Schedule	35% at age 70, and an additional 15% at age 75 (terminates at retirement)
Waiver of Premium	180 days
Accelerated Death Benefit	90% up to $500,000 combined Basic and Voluntary Life
Conversion/Portability	Both included

Evidence of Insurability (EOI)

If you elect Voluntary Life coverage above the guaranteed issue, you must complete and submit an EOI application. This can be completed online through Prudential.

Disability Insurance

Short-Term Disability

Short-Term Disability (STD) replaces part of your income for limited duration issues such as:

- Pregnancy issues and childbirth recovery
- Prolonged illness or injury
- Surgery and recovery time

For all permanent employees, except those in CPOA, CPM, IAFF, and CFME*, the City of Chico provides STD coverage thru Prudential. This coverage replaces a portion of your income if you are injured or ill for more than 14 days but not greater than 50 weeks. The City of Chico pays you the premium amount for this coverage. You then pay the premium for the coverage through post-tax payroll deductions. Because you pay the premium with after-tax dollars, benefits are tax-free.

Weekly Benefit Amount[1]	66.67% up to a max. of $3,000/wk
Benefits Begin After Accident / Sickness	14 days of disability
Maximum Payment Period	50 weeks

Long-Term Disability

Long-Term Disability (LTD) insurance replaces part of your income for longer term issues such as:

- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke
- Mental disorders.

For all permanent employees, except those in CPOA, CPM, IAFF, and CFME*, the City of Chico provides LTD coverage thru Prudential. Like STD, premiums are paid with after-tax dollars and benefits will be tax-free.

Monthly Benefit Amount[1]	66.67% up to a max. of $12,500/mo
Benefits Begin After	360 days of disability
Maximum Payment Period	Later of 65 years or social security normal retirement age

**For CPOA, CPM, IAFF & CFME employees, your Union provides disability benefits. Please contact them for more information.*

[1] Disability payments may be reduced if you receive other benefits such as sick pay, Social Security or state disability.
Note: The above information is provided for illustrative purposes only. Refer to the applicable carrier material for exact description of plan benefits & conditions.

What to Know About LTD Insurance

1. It can protect you from having to tap into your retirement savings.
2. You can use LTD benefits however you need, for housing, food, medical bills, etc.
3. Benefits can last a long time—from weeks to even years—if you remain eligible.
4. Benefits are tax-free, since you pay the premiums with after-tax dollars.

Optional Benefits

Optional benefits are coverages that help you customize your benefits package to your individual needs. You pay the entire cost for these plans.

Aflac insurance policies are available to employees. For more information, contact Adam Brubaker at (530) 949-3767 or adam_brubaker@us.aflac.com.

Accident Coverage

Accident Insurance helps pay for unexpected costs that add up due to common injuries like fractures, dislocations, ER or urgent care visits & physical therapy. If you or a covered family member has an accident, this plan pays a lump-sum, tax-free benefit.

Cancer Coverage

Many people are concerned about the financial impact of a cancer diagnosis. Cancer insurance provides tax-free benefits for many costs associated with treatment such as radiation, chemo, surgery, diagnostic tests & physician charges.

Critical Illness Coverage

Critical illness insurance can help fill a financial gap if you experience a serious illness such as cancer, heart attack or stroke. Upon diagnosis of a covered illness, a lump-sum, tax-free benefit is paid to you.

Hospital Indemnity Coverage

Hospital indemnity insurance can enhance your current medical coverage. The plan pays a lump sum, tax-free benefit when you or an enrolled dependent is admitted or confined to the hospital for covered accidents and illnesses.

Met Life Pet Insurance

Pets are members of the family too. When your pet gets sick, bills can add up faster than expected. Pet insurance prevents you from needing to weigh your pet's health against your bank account. Most plans offer coverage for costs associated with both accidents and illnesses—even medications. MetLife provides coverage for this program. You can enroll in this program at any time.

For a quote and to enroll in these benefits, visit www.metlife.com/getpetquote or call (800) GET-MET8

Travel Assistance

Travel Assistance Services Plan is a no-cost plan through Prudential is available to you as a part of your employee benefits package, your life coverage includes Medical Assistance, Emergency Medical Transport, Travel Assistance, and Security Services, through IMG, which focuses on travel, medical and safety-related services you may need while traveling. The Travel Assistance program is provided at no additional cost to you and your dependents and includes a wealth of services when traveling just 180 miles or more from home. IMG has the staff and resources to provide support 24 hours a day, seven days a week. See the City's website, under "Prudential Life," for additional information.

457 Deferred Compensation

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

Why Does Financial Wellness Matter?

Financial wellness directly impacts various aspects of your life, including physical and mental health, relationships, and career satisfaction. A strong financial footing reduces stress and anxiety related to money, leading to better mental health and overall quality of life. It enables you to pursue your goals, whether it's buying a home, starting a family, or planning for retirement, without the burden of financial worry.

The City of Chico's 457 Deferred Compensation plan, offered by Mission Square Retirement, provides you with a tax-deferred way to save for your future. Once you've created an account, you can contribute a portion of your eligible compensation on both a pre-tax and after-tax basis. The combined is subject to contribution limits set annually by the IRS. You can change the amount you contribute at any time by completing a form available from Human Resources.

Plan highlights include:

- Your contributions and any matching contributions are fully vested immediately;
- You can rollover a balance from a previous employer or from an individual retirement account;
- Your balance in the City of Chico plan is portable--you take it with you if you leave the City.

How to Enroll

You can enroll in the 457 Deferred Compensation plan at any time by visiting www.msqplanservices.org/myplan/307126.

MissionSquare RETIREMENT

Employee Assistance Program (EAP)

Help for you and your household members

There are times when everyone needs a little help or advice, or assistance with a serious concern. The EAP through Optum can help you handle a wide variety of personal issues such as emotional health and substance abuse; parenting and childcare needs; financial coaching; legal consultation; and eldercare resources.

Best of all, contacting the EAP is completely confidential, free and available to any member of your immediate household.

No cost EAP resources

The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited phone access 24/7
- In-person or video counseling for short-term issues; up to 6 visits per issue
- Unlimited web access to helpful articles, resources, and self-assessment tools

Available resources

Counseling Benefits

- Difficulty with relationships
- Emotional distress
- Job stress
- Communication/ conflict issues
- Alcohol or drug problems
- Loss and death

Parenting & Childcare

- Referrals to quality providers
- Family day care homes
- Infant centers and preschools
- Before/after school care
- 24-hour care

Financial Coaching

- Money management
- Debt management
- Identity theft resolution
- Tax issues

Legal Consultation

- Referral to a local attorney
- Family issues (marital, child custody, adoption)
- Estate planning
- Landlord/tenant
- Immigration
- Personal Injury
- Consumer protection
- Real estate
- Bankruptcy

Eldercare Resources

- Help with finding appropriate resources to care for an elderly or disabled relative

Online Resources

- Self-help tools to enhance resilience and well-being
- Useful information and links to various services and topics

Contact Optum EAP

Phone: (866) 248-4096

Website:
liveandworkwell.com
Access code: CHICO

Plan Contacts

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

Plan Type	Provider	Phone Number	Website/Email	Policy No.
Medical	Anthem Blue Cross	(800) 967-3015	anthem.com/ca/ms/prism	EPO: 175075T401 90% PPO: 175075T411 80% PPO: 175075T405 HDHP: 175075T417
	Carrum Health	(888) 855-7806	carrumhealth.com	Registration Code: PRISM
	LiveHealth Online	(888) 548-3432	livehealthonline.com	-
	Digbi Health	(866) 344-2189	digbihealth.com	-
	Hinge Health	(855) 902-2777	hingehealth.com	Registration Code: PRISM
Pharmacy	Navitus	(866) 333-2757	Navitus.com	Chico
	Rx 'N Go	(888) 697-9646	Rxngo.com	-
Health Savings Account (HSA)	BCC	(800) 685-6100	benxcel.net customersupport@benxcel.com	Chico
Dental	Delta Dental	(800) 765-6003	deltadentalins.com	74-0001 and 74-10001
Vision	VSP	(800) 877-7195	vsp.com	12137687
Flexible Spending Account (FSA)	BCC	(800) 685-6100	benxcel.net customersupport@benxcel.com	Chico
Employee Assistance Program (EAP)	Optum Emotional Wellbeing Solutions	(866) 248-4096	liveandworkwell.com	CHICO
Life/AD&D and Disability	Prudential	(888) 598-5671	prudential.com	71912
Retirement	Mission Square Retirement	(800) 669-7400	missionsq.org	307126
Other Insurance	Aflac	(530) 949-3767	aflac.com	H6F02
Pet Insurance	MetLife	(800) GET-MET8	metlife.com/getpetquote	AG626F4
Benefits Admin - Enrollment	BCC	(800) 685-6100	benxcel.net	Chico

Glossary

-A-

AD&D Insurance
An insurance plan that pays a benefit to you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident.

Allowed Amount
The maximum amount your plan will pay for a covered healthcare service.

Ambulatory Surgery Center (ASC)
A healthcare facility that specializes in same-day surgical procedures such as cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery, and more.

Annual Limit
A cap on the benefits your plan will pay in a year. Limits may be placed on particular services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated health care costs for the rest of the plan year.

-B-

Balance Billing
In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of-network providers are. This is called balance billing. For example, if the provider's fee is $100 but the plan's allowable charge is only $70, an out-of-network provider may bill YOU for the $30 difference (the balance).

Beneficiary
The person (or persons) that you name to be paid a benefit should you die. Beneficiaries are requested for life, AD&D, and retirement plans. You must name your beneficiary in advance.

Brand Name Drug
A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine.

-C-

COBRA
A federal law that may allow you to temporarily continue healthcare coverage after your employment ends, based on certain qualifying events. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

Claim
A request for payment that you or your health care provider submits to your healthcare plan after you receive services that may be covered.

Coinsurance
Your share of the cost of a healthcare visit or service. Coinsurance is expressed as a percentage and always adds up to 100%. For example, if the plan pays 70%, your coinsurance responsibility is 30% of the cost. If your plan has a deductible, you pay 100% of the cost until you meet your deductible amount.

Copayment
A flat fee you pay for some healthcare services, for example, a doctor's office visit. You pay the copayment (sometimes called a copay) at the time you receive care. In most cases, copays do not count toward the deductible.

-D-

Deductible
The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services. Family coverage may have an ***aggregate*** or ***embedded*** deductible. Aggregate means your family must meet the entire family deductible before any individual expenses are covered. Embedded means the plan begins to make payments for an individual member as soon as they reach their individual deductible.

Dental Basic Services
Services such as fillings, routine extractions and some oral surgery procedures.

Dental Diagnostic & Preventive Generally includes routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

Dental Major Services
Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Dependent Care Flexible Spending Account (FSA)
An arrangement through your employer that lets you pay for eligible child and elder care expenses with tax-free dollars. Eligible expenses include day care, before and after-school programs, preschool, and summer day camp for children underage 13. Also included is care for a spouse or other dependent who lives with you and is physically incapable of self-care.

-E-

Eligible Expense
A service or product that is covered by your plan. Your plan will not cover any of the cost if the expense is not eligible.

Excluded Service
A service that your health plan doesn't pay for or cover.

-F-

Formulary
A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a drug list.

-G-

Generic Drug
A drug that has the same active ingredients as a brand name drug but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor.

Grandfathered
A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

-H-

Health Reimbursement Account (HRA) An account funded by an employer that reimburses employees, tax-free, for qualified medical expenses up to a maximum amount per year. Sometimes called Health Reimbursement Arrangements.

Healthcare Flexible Spending Account (FSA)
A health account through your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Eligible expenses include insurance copayments and deductibles, qualified prescription drugs, insulin, and medical devices, and some over-the-counter items.

High Deductible Health Plan (HDHP) A medical plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs (the deductible) before the insurance company starts to pay its share. A high deductible plan (HDHP) may make you eligible for a health savings account (HSA) that allows you to pay for certain medical expenses with money free from federal taxes.

Glossary

-I-

In-Network
In-network providers and services contract with your healthcare plan and will usually be the lowest cost option. Check your plan's website to find doctors, hospitals, labs, and pharmacies. Out-of-network services will cost more or may not be covered.

-L-

Life Insurance
An insurance plan that pays your beneficiary a lump sum if you die.

Long Term Disability Insurance
Insurance that replaces a portion of your income if you are unable to work due to a debilitating illness, serious injury, or mental disorder. Long term disability generally starts after a 90-day waiting period.

-M-

Mail Order
A feature of a medical or prescription drug plan where medicines you take routinely can be delivered by mail in a 90-day supply.

-O-

Open Enrollment
The time of year when you can change the benefit plans you are enrolled in and the dependents you cover. Open enrollment is held one time each year. Outside of open enrollment, you can only make changes if you have certain events in your life, like getting married or adding a new baby or child in the family.

Out-of-Network
Out-of-network providers (doctors, hospitals, labs, etc.) cost you more because they are not contracted with your plan and are not obligated to limit their maximum fees. Some plans, such as HMOs and EPOs, do not cover out-of-network services at all.

Out-of-Pocket Cost
A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

Out-of-Pocket Maximum
Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most remaining eligible expenses for the rest of the plan year.

Family coverage may have an *aggregate* or *embedded* maximum. Aggregate means your family must meet the entire family out-of-pocket maximum before the plan pays 100% for any member. Embedded means the plan will cover 100% for an individual member as soon as they reach their individual maximum.

Outpatient Care
Care from a hospital that doesn't require you to stay overnight.

-P-

Participating Pharmacy
A pharmacy that contracts with your medical or drug plan and will usually result in the lowest cost for prescription medications.

Plan Year
A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

Preferred Drug
Each health plan has a preferred drug list that includes prescription medicines based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non- preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

Preventive Care Services
Routine healthcare visits that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems. Many preventive care services are fully covered. Check with your health plan in advance if you have questions about whether a preventive service is covered.

Primary Care Provider (PCP)
The main doctor you consult for healthcare issues. Some medical plans require members to name a specific doctor as their PCP and require care and referrals to be directed or approved by that provider.

-S-

Short Term Disability Insurance
Insurance that replaces a portion of your income if you are temporarily unable to work due to surgery and recovery time, a prolonged illness or injury, or pregnancy issues and childbirth recovery.

-T-

Telehealth / Telemedicine
A virtual visit to a doctor using video chat on a computer, tablet or smartphone. Telehealth visits can be used for many common, non-serious illnesses and injuries and are available 24/7. Many health plans and medical groups provide telehealth services at no cost or for much less than an office visit.

-U-

UCR (Usual, Customary, and Reasonable)
The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

Urgent Care
Care for an illness, injury or condition serious enough that care is needed right away, but not so severe it requires emergency room care. Treatment at an urgent care center generally costs much less than an emergency room visit.

-V-

Vaccinations
Treatment to prevent common illnesses such as flu, pneumonia, measles, polio, meningitis, shingles, and other diseases. Also called immunizations.

Voluntary Benefit
An optional benefit plan offered by your employer for which you pay the entire premium, usually through payroll deduction.


CITY OF CHICO
INC. 1872