

2026



CITY OF
HANFORD

Employee Benefits Guide

Welcome to Your Employee Benefits!

The City of Hanford takes pride in offering a benefit program that provides flexibility for the diverse and changing needs of employees. We offer employees and their family members a full range of benefits. You choose the options that best accommodates you and your family. This benefit guide provides a summary of your benefit options and is designed to help you make choices and enroll in coverage. More information about any of the benefits described can be obtained by contacting the Human Resources office.



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Enrollment Information

Who May Enroll

Eligible employees and dependents may participate in the City of Hanford benefits program. Your eligible dependents include:

- Legally married spouse
- Children under the age of 26, regardless of student or marital status
- Registered domestic partners

When You Can Enroll

As an eligible employee, you may enroll at the following times:

- Each newly hired employee and their dependent(s) will become eligible for coverage under the City of Hanford's health plan the first of the month following 30 days of active employment. Active employment is defined as actively working/employed by the City of Hanford (paid status). In the event the newly hired employee is unable to work as scheduled, then his or her coverage will become effective the first of the following month following 30 days of active employment.
- Each year, during open enrollment
- Within 30 days of a qualifying event as defined by the IRS (see Making Changes To Enrollment below)



Making Changes to Enrollment

Our benefit plans are effective January 1 through December 31 of each year. There is an annual open enrollment period during which you can make new benefit elections for the following January 1 effective date. Once you make your benefit elections, you cannot change them during the year unless you experience a qualifying event as defined by the IRS. Examples include, but are not limited to the following:

- Marriage, divorce, legal separation or annulment
- Birth or adoption of a child
- A qualified medical child support order
- Death of a spouse or child
- A change in your dependent's eligibility status
- Loss of coverage from another health plan
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Becoming eligible for a state's premium assistance program under Medicaid or CHIP

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have 30 days to update your coverage. Please contact the City of Hanford's Human Resources office immediately following a qualifying event to complete the appropriate election forms as needed. If you do not update your coverage within 30 days from the qualifying event, you must wait until the next annual open enrollment period to update your coverage.

Paying For Your Coverage

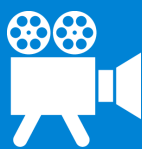
You and the City of Hanford share in the cost of your Medical, Dental and Vision benefits. Your contributions are deducted before taxes are withheld which saves you tax dollars. Paying for benefits before-tax means that your share of the costs are deducted before taxes are determined, resulting in more take-home pay for you.

Medical Benefits



City of Hanford Medical Plans

Medical coverage offers health care protection for you and your family. With the Blue Shield plan options you have a wide range of physicians you are able to see. In-network providers offer the highest level of benefits and lower out-of-pocket expenses (they charge members reduced contracted fees instead of their typical fees). Providers outside the plan's network set their own rates, so you may be responsible for the difference if the fees are above Reasonable and Customary (R&C) limits (commonly referred to as balance billing).



Quick Video: Medical Plan Terms

If you've ever thought that medical plan terms like deductibles, copays, coinsurance and out-of-pocket maximums, are confusing, you're not alone! Check out this quick, entertaining video to help you better understand them and how our medical plans work: <https://info.baldwin.com/terms>.

Medical Plan Administration

Our medical plan is administered by Compass Health Administrators (Compass). You can access your benefits online, download forms, search for network providers, link to our pharmacy administrator, request an ID card and much more. Here's how to access your Compass online resources:

- Go to coh-compass.com and select *Login*
- Select *Register Account* and complete the required fields.
 - You will need your Member ID to register online (found on your ID card) Please input an **01** after the A on your ID card. Ex. XEL264XXXXA**01**
 - Dependents over the age of 18 will need to register separately by checking *Are you a Dependent?*
- Once registered, you can access your account with your username and password.

Compass Concierge

Compass Concierge supports you and your covered family members in getting the most from your medical plan. The Concierge team is staffed with highly skilled advocates who can assist with:

- Billing questions and resolving claims issues
- Pharmacy issues and lower cost options
- Communication and resolution of eligibility issues with your health care providers and facilities
- Facilitating referrals and authorizations
- Locating in-network specialists and navigating the Compass website



To access Compass Concierge support, call **888-858-6427** or email customerservice@compasshealthadministrators.com.

Medical Benefits

Medical Plan Highlights

	Blue Shield Gold 250 PPO - Full Network	
1 Subject to the deductible	In-Network	Out-of-Network
Calendar Year Deductible		
– Individual	\$250	\$3,000
– Family	\$500	\$6,000
Calendar Year Out-of-Pocket Maximum		
– Individual	\$1,600	\$10,000
– Family	\$3,200	\$20,000
Health Benefits	You Pay	You Pay
Office Visit/Specialist	\$15/\$15	40%/40% coinsurance ¹
Telemedicine Visit (Teladoc)	no charge	not covered
Preventive	no charge	not covered
Hanford Employee Care Connection Clinic Visit	no charge	not covered
Lab / X-Ray	20% coinsurance ¹	40% coinsurance ¹
Urgent Care	\$15/visit + 20% coinsurance ¹	40% coinsurance ¹
Emergency Room Care	20% coinsurance ¹	20% coinsurance ¹
Emergency Medical/Ambulance	20% coinsurance ¹	20% coinsurance ¹
Complex Radiology (CT/MRI)	20% coinsurance ¹	40% coinsurance ¹
Inpatient Hospital & Surgery	20% coinsurance ¹	40% coinsurance up to \$600/day ¹
Outpatient Surgery	20% coinsurance ¹	40% coinsurance up to \$350/day ¹
Pharmacy Benefits	You Pay	You Pay
Retail Pharmacy (Up to 30 Day Supply)		
– Tier 1 / Generic Drugs	\$10/prescription (\$0 at Costco)	\$10/prescription+25% coinsurance
– Tier 2 / Preferred Brand Drugs	\$25/prescription	\$20/prescription+25% coinsurance
– Tier 3 / Non-preferred Brand Drugs	\$40/prescription	\$40/prescription+25% coinsurance
– Tier 4 / Specialty Drugs	30% coinsurance ¹	not covered
Mail Order (Up to 90 Day Supply)		
– Tier 1 / Generic Drugs	\$20/prescription	not covered
– Tier 2 / Preferred Brand Drugs	\$50/prescription	not covered
– Tier 3 / Non-preferred Brand Drugs	\$80/prescription	not covered
– Tier 4 / Specialty Drugs	30% coinsurance ¹	not covered

Note: This plan utilizes the Blue Shield PPO network. To find a PPO provider, visit www.blueshieldca.com/fad/home and follow the below steps:

1. Select **Provider Type** (DOCTORS & SPECIALISTS, PRIMARY CARE PHYSICIAN, etc.)
2. Select **Continue as Guest**
3. Enter your location or zip code
4. Select a plan
 - **Plan Year** 2026 **Plan Type:** 2026 Employer Group Plans (101+ employees)
 - **Subplan:** PPO

Medical Benefits

Medical Plan Highlights

	Blue Shield EPO 0 - Tandem Network	
	In-Network	Out-of-Network
Calendar Year Deductible – Individual – Family	none	not covered
Calendar Year Out-of-Pocket Maximum – Individual – Family	\$2,500 \$5,000	not covered
Health Benefits	You Pay	You Pay
Office Visit/Specialist	\$15/\$25	not covered
Telemedicine Visit (Teladoc)	no charge	not covered
Preventive	no charge	not covered
Hanford Employee Care Connection Clinic Visit	no charge	not covered
Lab / X-Ray	\$15/\$25	not covered
Urgent Care	\$50/visit	not covered
Emergency Room Care	\$150 copay	\$150 copay
Emergency Medical/Ambulance	\$150 copay	\$150 copay
Complex Radiology (CT/MRI)	20% coinsurance	not covered
Inpatient Hospital & Surgery	\$100 copay+20% coinsurance	not covered
Outpatient Surgery	\$50 copay+20% coinsurance	not covered
Pharmacy Benefits	You Pay	You Pay
Retail Pharmacy (Up to 30 Day Supply) – Tier 1 / Generic Drugs – Tier 2 / Preferred Brand Drugs – Tier 3 / Non-preferred Brand Drugs – Tier 4 / Specialty Drugs	\$15/prescription (\$0 at Costco) \$20/prescription \$40/prescription 30% coinsurance	not covered not covered not covered not covered
Mail Order (Up to 90 Day Supply) – Tier 1 / Generic Drugs – Tier 2 / Preferred Brand Drugs – Tier 3 / Non-preferred Brand Drugs – Tier 4 / Specialty Drugs	\$30/prescription \$40/prescription \$80/prescription 30% coinsurance	not covered not covered not covered not covered

Note: This plan utilizes the Blue Shield Tandem network. To find a Tandem provider, visit www.blueshieldca.com/fad/home and follow the below steps:

1. Select **Provider Type** (DOCTORS & SPECIALISTS, PRIMARY CARE PHYSICIAN, etc.)
2. Select **Continue as Guest**
3. Enter your location or zip code
4. Select a plan
 - **Plan Year** 2026 | **Plan Type:** 2026 Employer Group Plans (101+ employees)
 - **Subplan:** Tandem PPO

Medical Benefits

Medical Plan Highlights

	Blue Shield 1750 PPO - Full Network	
1 Subject to the deductible	In-Network	Out-of-Network
Calendar Year Deductible		
– Individual	\$1,750	\$3,500
– Family	\$3,500	\$7,000
Calendar Year Out-of-Pocket Maximum		
– Individual	\$2,500	\$10,000
– Family	\$5,000	\$20,000
Health Benefits	You Pay	You Pay
Office Visit/Specialist	20% coinsurance ¹	40% coinsurance ¹
Telemedicine Visit (Teladoc)	no charge	not covered
Preventive	no charge	not covered
Hanford Employee Care Connection Clinic Visit	\$10 ¹	not covered
Lab / X-Ray	20% coinsurance ¹	40% coinsurance ¹
Urgent Care	20% coinsurance ¹	40% coinsurance ¹
Emergency Room Care	20% coinsurance ¹	20% coinsurance ¹
Emergency Medical/Ambulance	20% coinsurance ¹	20% coinsurance ¹
Complex Radiology (CT/MRI)	20% coinsurance ¹	40% coinsurance ¹
Inpatient Hospital & Surgery	20% coinsurance ¹	40% coinsurance ¹
Outpatient Surgery	20% coinsurance ¹	40% coinsurance ¹
Pharmacy Benefits	You Pay	You Pay
Retail Pharmacy (Up to 30 Day Supply)		
– Tier 1 / Generic Drugs	\$10/prescription ¹ (\$0 at Costco ¹)	not covered
– Tier 2 / Preferred Brand Drugs	\$20/prescription ¹	not covered
– Tier 3 / Non-preferred Brand Drugs	\$50/prescription ¹	not covered
– Tier 4 / Specialty Drugs	30% coinsurance ¹	not covered
Mail Order (Up to 90 Day Supply)		
– Tier 1 / Generic Drugs	\$20/prescription ¹	not covered
– Tier 2 / Preferred Brand Drugs	\$40/prescription ¹	not covered
– Tier 3 / Non-preferred Brand Drugs	\$100/prescription ¹	not covered
– Tier 4 / Specialty Drugs	30% coinsurance ¹	not covered

Note: This plan utilizes the Blue Shield PPO network. To find a PPO provider, visit www.blueshieldca.com/fad/home and follow the below steps:

1. Select **Provider Type** (DOCTORS & SPECIALISTS, PRIMARY CARE PHYSICIAN, etc.)
2. Select **Continue as Guest**
3. Enter your location or zip code
4. Select a plan
 - **Plan Year** 2026 **Plan Type:** 2026 Employer Group Plans (101+ employees)
 - **Subplan:** PPO

Health Savings Account

How the Health Savings Account (HSA) Works

When you elect the Blue Shield 1750 PPO Plan, you have the opportunity to establish and contribute to a Health Savings Account (HSA) - a tax-free savings account for healthcare expenses that earns interest. You can withdraw funds from an HSA to pay for eligible medical expenses such as deductibles, coinsurance and copays. Your account balance earns interest and the unused balance rolls-over from year to year. Please note, you cannot participate in both a Health Savings Account (HSA) and a medical Flexible Spending Account (FSA) per IRS guidelines. You may, however, still participate in the HSA if you are enrolled in a limited purpose FSA. **The City of Hanford will contribute up to \$1,200 per year (\$50 per pay period) towards funding your HSA provided you are also making a minimum \$12.50 per pay period contribution deduction towards your HSA. If you are not making a contribution, you will not receive the City's defined contribution amount.**



Quick Video: Health Savings Accounts

Watch this quick video to help you understand how an HSA works in conjunction with the Blue Shield PPO plan (a high-deductible health plan): <https://info.baldwin.com/hdhp>.

The IRS limits the amount you can contribute to an HSA for 2026 to:

- Employee: \$4,400
- Family: \$8,750
- Catch-up contribution (if you are 55 years of age or older): \$1,000

Your HSA contributions are taken out of your paycheck before you pay federal income taxes, Social Security taxes and most state taxes (excluding state taxes in AL, CA and NJ). You can change your contribution amount at any time during the course of the year.

You're eligible to open a HSA if:

- You enroll in the Blue Shield 1750 PPO plan.
- Your only coverage is a high-deductible health plan. If you are covered under your spouse's plan and that plan is not a high-deductible plan, you are not eligible to contribute to a HSA.
- You are not covered by a traditional Healthcare Flexible Spending Account (FSA) through your spouse.
- You have not signed up for Medicare coverage.
- If you are 65 and older or turning 65 in the 2026 plan year, you may still enroll in the high deductible plan but you are not eligible for the Health Savings Account due to IRS guidelines.

Lively administers the City of Hanford's HSA. Feel free to contact Lively's Member Support Team, Monday through Friday, 6am to 6pm PST. They can be contacted via chat, email at support@livelyme.com or by calling 888-576-4837.



- Providers (Doctors, Specialists, Nurses)
- Prescription Drugs
- Inpatient Hospital Services
- Laboratory & X-Ray
- Emergency Services
- Acupuncture / Chiropractic



- Providers (Dentists, Specialists, Orthodontists)
- Teeth Cleaning
- Dental Treatment
- Orthodontia



- Contact Lenses
- Lasik Surgery Providers (Optometrists, Ophthalmologists)
- Exams
- Glasses



- COBRA
- Long-Term Care
- Medicare

Ineligible HSA expenses include expenses that are not medical or health related, such as cosmetic surgery.

HSA Contribution Scenarios

Employee Only Coverage

Meet Karen Smith! Her healthcare expenses throughout the year are usually low. Other than getting her annual physical, she typically has a few medical expenses. Since she does not generally spend much on healthcare, Karen likes the idea of a plan that provides 100% covered preventive care and that the Health Saving Account Fund helps meet her other health-care needs during the year.

Karen's Annual Contributions: \$400

Healthcare Expenses	Karen Paid	Plan Paid	HSA Funds Used
Prescriptions at \$100	\$0	\$0	\$100
One in-network office visit at \$125	\$0	\$0	\$125
Total Expenses	\$0	\$0	\$225

HSA funds used for the year are \$225. Balance carrying over to next year: \$175.

Employee + One Or More Dependents

Meet the Hills! Andrew and Cindy and their four-year old daughter, Elizabeth, have a variety of planned and unplanned health expenses throughout the year. Every year they each get an annual physical exam. In addition to these expenses, the family estimates at least four office visits: two Well-Child and two Well-Adult visits. The Hills have HSA available funds totaling \$5,450. They have decided to save their HSA funds for future eligible medical expenses. (They could have paid for their out-of-pocket expenses using their HSA if they wanted to.)

Total Contribution: \$5,450

Healthcare Expenses	The Hills Paid	Plan Paid	HSA Funds Used
Elizabeth has an emergency room visit that results in eligible charges totaling \$500	\$500	\$0	\$0
Two in-network office visits for Cindy at \$125 each totaling \$250	\$250	\$0	\$0
Two in-network office visits for Andrew at \$125 each totaling \$250	\$250	\$0	\$0
Two in-network Well-Adult and two Well-Child visits at \$125 each, totaling \$500. The Hills' responsibility is \$0 because preventive care is covered at 100%	\$0	\$500	\$0
Total Expenses	\$1,000	\$500	\$0

HSA funds used for the year are \$0. Balance carrying over to next year: \$5,450.

Don't forget! The City of Hanford will contribute up to \$1,200 per year (\$50 per pay period) towards funding your HSA provided you are also making a minimum \$12.50 per pay period contribution deduction towards your HSA. If you are not making a contribution, you will not receive the City's defined contribution amount.

Medical Benefits

Teladoc

The City of Hanford provides you and your covered family members with telemedicine benefits. Phone and/or video visits are an excellent option for non-urgent doctor visits that don't require a doctor to see you in person. They are also a good choice for care when away from home or if you need short term prescription drug refills. Teladoc is not to be confused with telehealth visits with your primary care physician; telehealth visits are not covered as a plan benefit unless obtained specifically through Teladoc.

How to Use Teladoc

- You must set up an account on teladoc.com/bsc to participate in phone or video visits. If you need assistance, call **800-835-2362**.
- Once you set up your Teladoc account, provide your medical history to give Teladoc doctors the information they need to make an accurate diagnosis.
 - **Mobile Device:** Log in to [Teladoc.com](https://teladoc.com) and complete the My Health Record section.
 - **Desktop Computer:** Log in to teladoc.com/bsc and click My Medical History.
 - **Phone:** If you wish, you can complete your medical history over the phone by calling Teladoc at **800-835-2362**.
- Visit [Teladoc.com/mobile](https://teladoc.com/mobile) to download the app, or go to the App Store or Google Play.
- Once your account has been set up and your medical history provided, you may request a phone or video visit any time you need care.
- Phone and video visits require a \$5 copay (deductible must first be met if enrolled in Blue Shield 1750 PPO plan).



When to Use Teladoc

Phone and/or video visits can be good choices for:

- Follow up care on an existing medical issue
- Getting or renewing prescriptions
- Medical advice on minor, non-life threatening conditions such as:
 - Sore throat
 - Headache
 - Stomachache
 - Conjunctivitis
 - [Bronchitis](#)
 - Fever
 - Cold and flu
 - Allergies
 - Diarrhea
 - Skin issues
 - Rash
 - Acne
 - UTIs
 - And more

Prescription Benefits

The City of Hanford's medical plan options include prescription drug coverage for you and your covered dependents. Be sure to take advantage of the \$0 generic medication option on the Blue Shield Gold 250 PPO and Blue Shield EPO 0 Tandem plans (available with the Blue Shield 1750 PPO plan after deductible is met) when filling your 30 day prescriptions at Costco!

Just some of the in-network retail pharmacies include:

- Costco
- CVS
- Walgreens
- Rite-Aid
- Walmart
- Save Mart

Find more participating pharmacies by visiting www.navitus.com and selecting "Who We Serve" at the top and registering for a Member account.



Why Choose Mail Order?

- It's convenient, cost-effective and easy to get started.
- Take advantage of our mail order pharmacy service to get an extended days' supply of your maintenance medications conveniently delivered to the location of your choice. With mail order service, you can make fewer trips to the pharmacy and avoid having to wait in line to pick up your medications. Plus, you may save money, too.
- By filling your prescriptions through mail order, you can start experiencing these benefits:
- Receive greater convenience with an extended days' supply of your medications delivered right to your door
- Save money and time with lower copays and fewer trips to your local pharmacy
- Experience easy refills and renewals
- Enjoy peace of mind knowing you have plenty of medication on hand to keep your health on the right track



Get Started Today!

It's easy to begin using Costco Mail Order Pharmacy. You can register by scanning the QR code* to the left, visiting the website at <https://pharmacy.costco.com> or calling **1-800-607-6861**. There's no need to have a Costco membership to use the mail order pharmacy.



Hanford Employee Care Connection Clinic



HANFORD EMPLOYEE CARE CONNECTION

CITY OF HANFORD EMPLOYEE MEDICAL CLINIC

**Free Healthcare for Health Plan Members & Dependents*

WELCOME TO HANFORD EMPLOYEE CARE CONNECTION

Hanford Employee Care Connection is a free & accessible clinic* to insured health plan members and dependents. The clinic operates to help you and your insured dependents get the quality healthcare you deserve.



WHAT SERVICES ARE PROVIDED?



Acute & Episodic Care

Treating immediate medical needs such as injuries, infections, and chronic conditions flare-ups.

Examples

Covid
Colds & Flu
Bronchitis/Sinusitis
Allergies & Asthma
Sprains & Strains
UTIs



Ongoing Care

Managing chronic conditions with regular monitoring and treatment.

Examples

Thyroid
COPD
Hypertension
Pre-Diabetes/Diabetes
Anxiety & Depression



Preventive Services

Focusing on health maintenance and disease prevention.

Examples

Vaccinations
Heart Health
Routine Physicals
Health & Wellness
Metabolic Health
Weight Loss



Procedures

Specialized medical interventions for various conditions.

Examples

Wound Care
Lacerations
Skin Biopsy

BENEFITS TO YOU

PRIVATE

ONLY available to **health plan members, spouses, and dependents**



SAVE MONEY

No deductibles or out-of-pocket costs* for **in-house services***



MINIMAL WAIT TIMES

Less time in the waiting room, **more time** with your provider



SAME DAY APPOINTMENTS

Same day or next day appointments, in person or tele-visits



WALK-INS WELCOME

Better than average wait times, even **without an appointment**



*Clinic visits are subject to a **\$10 fee** until the deductible is met for members enrolled in the **1750 PPO Plan**. After the deductible has been satisfied, visits are **100% covered**.

**Any costs associated with referral appointments or outside lab work are the responsibility of the patient and are NOT associated with Hanford Employee Care Connection.



FREQUENTLY ASKED QUESTIONS

Is the clinic like an urgent care clinic?

No. The clinic goes beyond urgent care. While we can treat minor illnesses and injuries, our primary focus is comprehensive, continuous care, including annual physicals, lab work and preventive screenings.

Why was the clinic created for employees?

The clinic was developed to make healthcare more accessible, convenient, and affordable for employees and their families. With same or next-day appointments, no out-of-pocket costs for most services, and a focus on preventive care, The clinic helps support your long-term health and well-being.

I already have good insurance. Why would I use the clinic?

The clinic complements your insurance. Services at the clinic are available at no cost to you—no copays, no deductibles. You get faster appointments, more time with your provider, and care from a team that's focused solely on employees and their families.

Does the clinic bill my insurance?

No. One of the key benefits of the clinic is that services are covered by your employer, not billed to your insurance. This helps avoid surprise bills and out-of-pocket expenses for you.

Will my employer have access to my medical records?

Absolutely not. Your medical records are private and protected under HIPAA, just like any other medical provider. Your employer does not have access to individual health information.

What does it cost to use the clinic?

There is no out-of-pocket cost for eligible employees and covered dependents. There are no copays, deductibles, or hidden fees—your employer covers the expense as part of your benefits package. However, clinic visits are subject to a \$10 fee until the deductible is met for City of Hanford members enrolled in the 1750 PPO Plan. After the deductible has been satisfied, visits are 100% covered.

What if I already have a primary care provider?

You can continue to see your current provider if you prefer. But many employees choose Hanford Employee Care Connection because of the shorter wait times, no cost for services, and integrated support like on-site labs and pharmacy or even health and wellness coaching. You can even use the clinic for some services and your PCP for others—it's up to you.

How is the clinic different from my regular doctor's office?

The clinic offers:

- No out-of-pocket cost for eligible users
- Convenient scheduling (fewer delays and wait lists)
- Integrated services (labs, care coordination, education)
- More time with your provider (often 20 to 30-minute visits)
- A focus on preventive care and long-term wellness

How does the clinic support your health?

The clinic is designed to help you stay healthier with:

- Care that's convenient and easy to access
- Early treatment of acute & episodic events
- Better management of chronic conditions
- Fewer sick days and improved well-being

SCAN FOR
APPOINTMENT



www.hecc.clinic

HOW DO I CONTACT THE CLINIC?



Hanford Employee Care Connection
200 Santa Fe Avenue, Suite D, Hanford, CA 93230



Phone: 559-587-7002
Fax: 559-537-5456



Hours of Operation

Monday, Wednesday, Friday
7am - 4pm **Closed:** 11am-12pm

Tuesday, Thursday
9am-6pm **Closed:** 1pm-2pm



**HANFORD EMPLOYEE
CARE CONNECTION**



Wellvolution















A healthy you just got easier



Explore all that Blue Shield of California has to offer with Wellvolution®, the digital platform that guides you on your health journey. Wellvolution customizes your path to better health, matching you with clinically proven programs and apps that are right for you both in mind and body.

Through Wellvolution, you have access to lifestyle-based tools and support designed to help you lose weight, treat diabetes, nurture mental health, and more. You'll get personalized plans, on-demand tools, and health coaches to assist you in reaching your goals. All at no extra cost to eligible Blue Shield members.

Programs available

Emotional well-being	Headspace® and Headspace Care™ are now available as 12-month programs to help manage sleep, stress, anxiety, and depression, and boost resilience. ¹	 headspace  headspace care
Weight management and diabetes prevention	Coaching and digital tools like a Fitbit® ² to track your success across a 12-month program for losing weight, feeling healthier, and reducing your risk of chronic disease.	     
Diabetes care and hypertension	Programs up to 18 months for treating common conditions, such as diabetes, hypertension, and heart disease. Receive digital tools to help manage and monitor risk as appropriate for each condition.	
Tobacco and vaping cessation	Programs include nicotine replacement therapy in the form of a patch, lozenge, or gum. A two-month supply can be delivered to your home.	 
Physical therapy and fitness	Personalized digital therapy and health programs to reduce pain and increase strength. No matter your pain level or where it hurts, we have a program for you.	  

How it works

- 1 Create a Wellvolution account**
Visit [wellvolution.com](https://www.wellvolution.com) to get started. We'll confirm that you're qualified to receive the program at no extra cost.
- 2 Get programs**
Pick one or more health goals you'd like to work on. We'll recommend the best program(s) for your needs. You can make your choice and get started.
- 3 Become a healthier you**
With the assistance of your program, begin making healthier choices about diet, exercise, sleep, stress, and your overall health.

Start making changes at no extra cost

Take advantage of all of the tools available through Blue Shield at [wellvolution.com](https://www.wellvolution.com).

Need help?

We're here to answer questions and assist with joining programs at (866) 671-9644.

1 As part of our Wellvolution program, members have a choice between Headspace's meditation and mindfulness content or Headspace Care's mental health coaching and clinical services. Video therapy and psychiatry sessions are available for a cost share as stated in your health plan coverage. Please contact Blue Shield of California for details. Headspace's medical affiliate, Headspace Care of California Medical P.C., is a licensed medical provider in California.

2 For members who complete program participation requirements. Requirements vary; check with your program for details. Applies to certain Fitbit® models. Limited to one per person. Solera Health reserves the right to substitute an alternate activity tracker.

All programs are reviewed by Blue Shield of California to help members 18 years old and older improve their health. Programs are available at no cost to eligible members. Apps may be removed or added throughout the year based on need and demand.

Wellvolution and all associated digital and in-person health programs and services are managed by Solera Health, Inc., a health company committed to changing lives by guiding people to better health in their communities. Solera Health, Inc., is independent of Blue Shield of California and is contracted by Blue Shield to deliver a select collection of lifestyle programs, tools, and apps. These program services are not a covered benefit of Blue Shield health plans and none of the terms or conditions of Blue Shield health plans apply. Blue Shield reserves the right to terminate this program at any time without notice. Any disputes regarding Wellvolution may be subject to Blue Shield's grievance process. All trademarks, logos, and brand names are the property of their respective owners.

You may receive services from network providers on an in-person basis or via telehealth, if available. Contact your primary care provider, treating specialist, facility, or other health professional to learn whether telehealth is an option. Network telehealth and in-person services are subject to the same timeliness and geographic access standards. If your plan has out-of-network benefits, they are subject to your plan's cost sharing obligations and balance billing protections.

Blue Shield of California is an independent member of the Blue Shield Association.

For assistance in English at no cost, call (866) 346-7198. Para obtener asistencia en Español sin cargo, llame al (866) 346-7198. 如果需要中的免费帮助，请拨打这个号码 (866) 346-7198.

The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守適用的州法律和聯邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。

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Dental Benefits

Delta Dental

The City of Hanford provides employees with dental coverage through Delta Dental. You can choose any dentist you wish for your dental care. You may visit an in-network dentist and benefit from the negotiated rate or visit an out-of-network dentist.

- When you utilize an in-network dentist, your out-of-pocket expenses will be less.
- When you obtain covered services from an out-of-network dentist, you are responsible for paying the difference between the covered amount and the actual charges, and you may be responsible for filing claims.

To find in-network providers, visit www.deltadentalins.com or call **800-765-6003**. Delta Dental's mobile app gives you access to dentists search, claims, coverage and ID cards.

	Delta Dental PPO	
	In-Network	Out-of-Network
Benefit Maximum	\$2,000	
Deductible (Annual)	None	None
Covered Services	You Pay	You Pay
Preventive and Diagnostic Services – Exams, X-Rays, Cleanings (deductible waived)	No charge	Any charge above 100% of Reasonable and Customary (R&C) charges as determined by Delta Dental
Basic Services – Fillings, Oral Surgery, Endodontics, Periodontics	10%	20% + any amount above Reasonable and Customary (R&C) charges as determined by Delta Dental
Major Services – Crowns, Prosthetics	40%	50% + any amount above Reasonable and Customary (R&C) charges as determined by Delta Dental
Orthodontia (to age 19)	50% up to \$1,000 lifetime max benefit	50% up to \$1,000 lifetime max benefit

Remember...

Use Contracted Network Providers When Possible

Contracted network providers have rate agreements with insurance companies for services rendered. If you use an out-of-network provider, your out-of-pocket expenses will be higher and you may be subject to balance billing.

Ask for a Predetermination of Benefits

It's recommended you ask your dentist for a predetermination if charges are expected to exceed \$300. Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.

Have Dental Checkups Regularly

Routine dental visits not only help keep your teeth and mouth healthy; they can also provide an opportunity for early detection of serious diseases such as diabetes.

Vision Benefits

Vision Service Plan (VSP)

The City of Hanford provides employees with vision coverage through VSP.

- VSP provides professional vision care and high quality lenses and frames through a large network of optical specialists
- You will receive greater benefits if you utilize a network provider.
- If you utilize an out-of-network provider, you will be responsible for paying all charges at the time of your appointment and will be required to file an itemized claim with VSP.

To find in-network providers, visit <https://www.vsp.com/eye-doctor> or call 800-877-7195.

	Vision Service Plan	
	In-Network	Out-of-Network
Vision Care Services	You Pay	Reimbursement
Office Visit/Exam (every 12 months)	\$25 copay	Up to \$45
Glasses (In Lieu of Contact Lenses)	You Pay	Reimbursement
Prescription Glasses	Combined with exam copay	Up to \$45
Frames (every 12 months)	Amount over \$130	Up to \$70
Lenses (every 12 months) – Single Vision – Bifocal – Trifocal	No charge after copay No charge after copay No charge after copay	Up to \$30 Up to \$50 Up to \$65
Contact Lenses (In Lieu of Glasses)	You Pay	Reimbursement
Contact Lenses (every 12 months)	Amount over \$130	Up to \$105



How to Find Network Providers

Save Money by Using In-Network Providers

Using in-network providers helps you save money and avoid surprise bills. They've agreed to discounted rates with your health plan, so you'll pay less out of pocket for care.

In-Network vs. Non-Network Providers

- **In-Network Providers:** These providers have agreed to pre-negotiated rates with your insurance company, ensuring you pay only the agreed-upon amounts.
- **Non-Network Providers:** These providers haven't established agreements with your insurer, which can lead to higher charges. You're responsible for any costs exceeding your insurance's allowed amount—a practice known as balance billing. Additionally, many non-network providers require full payment upfront, leaving you to submit claims for reimbursement. For more details, refer to the "What is Balance Billing" section below.

Check for in-network providers before your visit to avoid extra costs and paperwork:

- Blue Shield Medical Providers: Go to <https://coh-compass.com>.
- Delta Dental Providers: Go to www.deltadentalins.com
- VSP Vision Providers: Go to www.vsp.com

What is Balance Billing?

Balance billing happens when a non-network provider charges you for the difference between their total bill and what your insurance covers. For example:

- The provider charges \$500 for a service.
- Your insurance covers \$300 (based on their allowable amount).
- The provider bills you the remaining \$200—this is balance billing.

Under the No Surprises Act, certain non-network services—such as emergency care and some non-emergency services at in-network facilities—are protected from excessive balance billing. Review your plan documents for details on when these protections apply.



Employee Perks



**Welcome to your
Employee Perks Program
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Enjoy discounts, rewards and perks on thousands of brands you love in a variety of categories. New deals are added every day!



Exclusive Discounts

Thousands of deals in categories such as:

- Travel/Auto
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- Entertainment
- Restaurants
- Health/Wellness
- and much more!



Easy To Use

Powerful search engine

Grouped into 21 categories with 100+ subcategories

Earn 2%-20% cash back on purchases



Insurance Coverage

Select additional benefits such as:

- Pet Insurance
- Identity Theft
- Legal Plans
- Auto Insurance
- Home Security



Financial Wellness

Tools available to help you financially plan for the future such as:

- Student Loan Refinancing
- Personal Finance Tools
- 401(k) Assistance
- Budgeting Tools
- Money Transfer

Easy to access and start saving:



Employee Contributions



Health Plan Cost Sharing

The City of Hanford shares the cost of health benefits with you as shown by the chart below. Please note that your contributions are deducted before taxes are withheld which saves you tax dollars. Paying for benefits before-tax means that your share of the costs are deducted before taxes are determined, resulting in more take-home pay for you. The contributions listed below will be pro-rated for part-time regular employees.

	Monthly Contributions for Medical / Dental / Vision		
Blue Shield Gold 250 PPO	Premium	City of Hanford Pays	You Pay
Employee	\$918.96	\$551.38	\$367.58
Employee + 1	\$1,803.91	\$1,082.35	\$721.56
Family	\$2,382.50	\$1,429.50	\$953.00
Blue Shield EPO 0 Tandem	Premium	City of Hanford Pays	You Pay
Employee	\$846.63	\$551.38	\$295.25
Employee + 1	\$1,661.94	\$1,082.35	\$579.59
Family	\$2,194.98	\$1,429.50	\$765.48
Blue Shield 1750 PPO	Premium	City of Hanford Pays	You Pay
Employee	\$791.85	\$791.85	\$0
Employee + 1	\$1,552.62	\$1,322.82	\$229.80
Family	\$2,050.63	\$1,669.97	\$380.66
Delta Dental	Premium	City of Hanford Pays	You Pay
Employee	\$49.44	\$29.66	\$19.78
Employee + 1	\$105.26	\$63.16	\$42.10
Family	\$163.38	\$98.03	\$65.35
VSP Vision	Premium	City of Hanford Pays	You Pay
Employee	\$8.48	\$8.48	\$0.00
Employee + 1	\$13.17	\$8.48	\$4.69
Family	\$20.89	\$12.53	\$8.36

Life Balance Benefits

	SimpleEAP Employee Assistance Program (EAP)
Eligibility	City of Hanford employees and their household members
Support and Counselling	<p>The EAP provides confidential support in balancing a wide array of challenges in areas such as:</p> <ul style="list-style-type: none"> • Marriage, family and relationship issues • Problems in the workplace • Stress, anxiety and sadness • Grief, loss or responses to traumatic events • Concerns about your use of alcohol or drugs <p>The EAP provides you with up to six no-cost in-person or video counseling sessions per year (3 every 6 months).</p>
Health and Wellness Resources	<p>The EAP has resources available to help improve your health and enhance your wellness:</p> <ul style="list-style-type: none"> • Assess your health and get tips for living better • Track progress toward your wellness goals • Take advantage of interactive e-learning programs • Find articles and videos about health topics • Wellness coaching
Financial Services	<p>Call the EAP to talk to an advisor over the phone for support with areas such as:</p> <ul style="list-style-type: none"> • Budgeting and debt reduction • Home buying and goal setting • Bankruptcy prevention and debt management • Retirement planning
Legal Services	<p>SimpleEAP's legal consultation service provides a cost-effective way to help EAP participants with their legal concerns.</p> <ul style="list-style-type: none"> • Participants have access to a free 30 minute face-to-face consultation with one of over 22,000 experienced attorneys across the country • Free telephonic legal advice with an experienced private practice attorney from the member's home state provided
Identify Theft Recovery Services	<p>SimpleEAP's identity theft recovery services provide EAP participants with telephonic access to an identity recovery professional who will help them assess their situation, create an immediate action plan and provide them with the knowledge and tools to implement that plan most effectively.</p>
Referrals	<p>The EAP can provide referrals to help you find:</p> <ul style="list-style-type: none"> • Childcare and eldercare assistance • Adoption assistance • Summer camps
Employee Contributions	None; the City of Hanford pays the full cost for this coverage.

Resources and Contacts

Below is a list of insurance carrier and City of Hanford contacts should you require assistance with your benefit questions.

	Phone	Website/Email
City of Hanford Human Resources – Maria de Santiago – Sarah Cardoza – Brenda Garcia	559-585-2522 559-585-2521 559-537-7982	mdesantiago@hanfordca.gov scardoza@hanfordca.gov bgarcia@hanfordca.gov
Benefit Plans		
Compass Administrators – Medical Eligibility, Benefits & Claims	888-379-3785	https://coh-compass.com
Teladoc	800-835-2362	www.teladoc.com/bsc
Navitus Pharmacy Benefit Manager – Rx Group: COH / Rx Bin: 610602 / PCN: NVT	844-268-9789	www.navitus.com
Delta Dental Plan – Group #18659	800-765-6003	www.deltadentalins.com
Vision Service Plan (VSP) – Group #30071603	800-877-7195	www.vsp.com
Lively: Health Savings Account	888-576-4837	livelyme.com support@livelyme.com
SimpleTherapy Employee Assistance Program (EAP)	888-425-4800	www.simpletherapy.com (username: cityofhanford)
The Baldwin Group – Ashley Oana	559-577-1372	ashley.oana@baldwin.com



Important Information

Annual Notices

Various state and federal laws require that employers provide disclosure and annual notices to their plan participants. The City of Hanford distributes all federally required annual notices upon hire and during each annual open enrollment period. Annual notices include the following:

- Medicare Part D Notice of Creditable Coverage
- HIPAA Notice of Privacy Practices
- Women's Health and Cancer Rights Act (WHCRA)
- Newborns' and Mothers' Health Protection Act
- Special Enrollment Rights
- Medicaid & Children's Health Insurance Program



Individual Mandate for Health Coverage

Even though the Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been reduced to zero, if you are a taxpayer in California, you will still be required to have health coverage (unless you qualify for an exemption) or pay a penalty for the 2026 tax year. In addition, several other states, including Massachusetts, New Jersey, and Vermont, as well as the District of Columbia, have reinstated an individual mandate requirement, and others are considering doing so. You may consider these options below to satisfy this requirement:

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

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

For more information, go to www.healthcare.gov.

Summary of Benefits and Coverage (SBC)

Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage, referred to as a Summary of Benefits and Coverage (SBC). This guide is designed to help you understand the medical plan options offered to you by the City of Hanford. Please refer to the SBCs and carrier contracts provided by our health plan carriers for additional plan details. The SBCs are available from the City of Hanford's Human Resources office.

Please note that benefits end the last day of the pay period in which employment with the City of Hanford is terminated.



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

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

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