BENEFIT ENROLLMENT STEPS

Medical, Dental, and Vision Coverage

1. Determine medical plans available in your are using the CalPERS Health Plan Zip Code Search Tool.

2. Review the monthly employee cost.
   - Full-Time Employee: 2026 Monthtly Cost 2027 Monthly Cost
   - Permanent Part-Time Employee: 2026 Montlhy Cost 2027 Monthly Cost

3. Compare plans.
   - CalPERS Medical Plan Comparison Charts (pages 12 - 19
   - Dental Plan Comparison Chart (Non-Sworn)

4. Verify your physician is part of the plan network by contacting the plan provider.
   Contact the plan provider to find physicians/medical groups/hospitals that are in the plan network.
   - Medical Plan Provider Directory
   - Delta Dental Find A Dentist Tool (Non-Sworn)

5. Select the medical and dental plans that best fits your needs.

6. Complete the Employee Benefit Record Enrollment form.

7. Gather required dependent documentation, e.g. marriage certificate, birth certificate
   Refer to the Required Eligibility Document List.

8. Submit the following required forms to the City of Oakland Benefits Unit:
   - Employee Benefit Record Enrollment form
   - Required dependent eligibility documents (if applicable)
   - CalPERS Beneficiary Designation Form

Other Voluntary Benefits

To enroll in the voluntary benefit plans below complete the enrollment form or follow the online enrollment instructions. Please refer to the Employee Benefits Guide for more information on these benefits.

- Flexible Spending Accounts (FSA) Enrollment Form
- Commuter Benefit Program – Parking and Transit
- Deferred Compensation
- 2026 Medical Waiver Premium Plan (Cash-in-Lieu) Enrollment Form
- 2027 Medical Waiver Premium Plan (Cash-in-Lieu) Enrollment Form
- The Club at City Center form
- Voluntary Life Insurance Enrollment Form (Non-Sworn)

Submit benefit enrollment forms to the City of Oakland Benefits Unit at:

Email
BenefitsAdmin@oaklandca.gov

FAX:
(510) 238-6560

Drop Off
150 Frank Ogawa Plaza
2nd Floor HR Desk