My City Benefits

Human Resources Management | City of Oakland

Your Benefit Enrollment Package

Regular Full-time and Permanent Part-Time Employees

Welcome to the City of Oakland. As a City of Oakland employee, you and your family are entitled to a comprehensive benefit package. This document includes links to access information about your benefits and enrollment forms to activate your benefits. Review the **Employee Benefits Guide,** as it contains information on your benefits that will help you make informed decisions when selecting your benefits. Make sure you attend the Benefits 101 Workshop to learn more about your benefit package.

Enrollment Period

You have **60 days** from your initial appointment/hire date to enroll or decline coverage for yourself and your eligible family members.

Health Care Coverage Effective Date

Your medical, dental, and vision coverages are effective the first day of the month following the date your enrollment forms and documentation are received by the Benefits Unit (provided you submit your enrollment forms within your 60-day enrollment window).

CalPERS will impose a 90-day waiting period if your enrollment form is received outside of the 60-day window.

Benefit Forms (click link to form)	**Required Forms** • **Employee Benefits Record** • **CalPERS Beneficiary Designation form** **Voluntary Programs and Additional Forms** • Commuter Benefit Program – Parking & Transit Program • Deferred Compensation Plan Enrollment • Domestic Partner Imputed Income Declaration • 2027 Flexible Spending Account Enrollment Form • 2026 Medical Waiver Premium Plan Enrollment Form • 2027 Medical Waiver Premium Plan Enrollment Form • The Club at City Center Payroll Authorization Form • Voluntary Life Insurance Enrollment Form

Benefit Program Information (click link to document)	• **Employee Benefits Guide** • 2027 Important Benefits Notices • 2026 Benefits Summary and Coverage Notice • 2027 Benefits Summary and Coverage Notice • 2026 Medical Plan Rates – Full-Time Employees • 2027 Medical Plan Rates – Full-Time Employees 2026 Health Plan Rates- Permanent Part-Time Employees 2027 Health Plan Rates – Permanent Part-Time Employees • 2026 CalPERS Health Benefit Summary • 2027 CalPERS Health Benefit Summary • Commuter Benefit Program Guide • Delta Dental PPO Summary • DeltaCare USA HMO Summary • Employee Assistance Program (EAP) • FSA Program Highlights • FSA Summary Plan Description • FSA FAQs

Determining Medical Plans Available in Your Area and Selecting Your Plan

Medical plan availability is based on your home or work zip code. Find available HMO and PPO Basic Plans available in your zip code area by clicking on the link below.

Medical Plan Search By Zip Code

- Enter your zip code
- Select "Public Agency/School"
- Select "No" in the Member of an Association section.
- Select "Basic Plans" as the Health Coverage Type.

Note, CalPERS cannot use P.O. Boxes for medical plan availability.

Benefit Enrollment Steps (click link)

Click the Benefit Enrollment Steps link above for step-by-step enrollment instructions.

Where to Send Enrollment Forms

Submit your enrollment forms and required documents to the City of Oakland Benefits Unit.

EMAIL: Benefitsadmin@oaklandca.gov

FAX: (510) 238-6560

Drop off: City of Oakland HR, 150 Frank H. Ogawa Plaza, 2nd floor HR desk

Send Questions To:
BenefitsAdmin@oaklandca.gov

Helpful Links

- **Benefits Web Page – www.oaklandca.gov/benefits**
- **CalPERS Website**
- **CalPERS Health Program Guide**
- **CalPERS Retirement Information – Non-Sworn Employees**
- **Delta Dental – Find a Dentist**
- **Employee Assistance Program (Claremont)**

IMPORTANT REMINDERS

- Review the cost of your medical plan, as some plans require employee contributions.
- The medical, dental, vision, and voluntary life insurance plans you elect will automatically rollover to the next plan year, unless you make changes during the Open Enrollment.
- Submit your Employee Benefit Record enrollment form **and** required eligibility document(s) for eligible dependents **within your 60 day enrollment window**.

Dependent	Required Documentation
Spouse	Marriage Certificate
Domestic Partner	Domestic Partner Certificate Domestic Parter Imputed Income Declaration form
Natural Child	Birth Certificate
Stepchild	Birth Certificate, Marriage Certificate
Domestic Partner Child	Birth Certificate, Domestic Partner Certificate
Adopted Child	Adoption Certificate
Child Legal/ Custody/Guardianship	Court Order, CalPERS Affidavit of Parent Child Relationship form
Economically Dependent Child	Birth Certificate, Tax Return, CalPERS Affidavit of Parent-Child Relationship form
Disabled Child over 26	CalPERS Authorization to Disclose Health Information form CalPERS Member Questionnaire & Medical Report for Disabled Dependent form
Child Ages 19 – 24 (for dental & vision coverage)	Full-time student verification from school. Must include dependent's name, school name, and full-time student status (or number of units currently enrolled).

- Dependent child age limit for medical coverage is up to age 26.
- Dependent child age limit for dental and vision coverage is through age 18 or age 19-24 with full-

time student status.

- Ensure you provide your dependent's social security number in the dependent section.
- FSA Dependent Care annual maximum is $7,500 **per household**. If your spouse contributes to an employer sponsored dependent care FSA, you must coordinate your FSA elections to ensure the combined FSA Dependent Care elections don't exceed the $7,500 annual household maximum.
- Retain copies of your enrollment forms for your records.
- Attend the Benefits 101 Workshop