



Newark *California*



2026 Employee Benefits Guide

Disclaimer

This publication is informational only and may not supersede the City of Newark’s Memoranda of Understanding, Compensation and Benefit Plans, and/or group benefit plan documents.

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City of Newark
37101 Newark Boulevard
Newark, CA 94560
HR Phone: (510) 578-4267
www.newark.org

Enrollment & Eligibility

Eligible Employees

- Regular Full-Time employees
- Regular Part-Time employees
- Limited-Term employees

Enrollment Timeline

- Enrollment must be requested within 60 days from date of hire or during Open Enrollment.
- Open Enrollment will take place **September 15 to October 10, 2025**. Changes made during Open Enrollment will take effect January 1, 2026.
- Qualifying events must be reported within 60 days to initiate benefit changes.
- Benefits are paid one month in advance.

Enrollment Forms

- Medical, Dental and Vision enrollment is via eSuite platform.
- Enrollment forms for other Benefits can be found in:

[Open Enrollment 2026 ALL BENEFITS](#)

PEMHCA Minimum, Cafeteria Plan, & Cashout Maximum (Regular & Limited-Term Employees Only)

- PEMHCA Minimum is \$162 per month in 2026

Effective January 1, 2026, the City contributes the following amounts (which includes the PEMHCA Minimum) toward each employee's Cafeteria Plan for medical, dental, and vision insurance:

Regular Full-Time and Regular Part-Time Employees working 30-35 hours:	City Contribution
Employee Only	\$1,026 per month
Employee + 1 Dependent	\$2,049 per month
Employee + Family	\$2,706 per month

Regular Part-Time Employees working 20-25 hours:	City Contribution
Employee Only	\$513 - \$641 per month
Employee + 1 Dependent	\$1,025 - \$1,281 per month
Employee + Family	\$1,353 - \$1,691 per month

- If employee declines all medical insurance with the City, employee will receive \$450 "Cash-in-lieu" per month. Proof of medical insurance is required.
- If employee participates in the cafeteria plan, but does not utilize the full benefit, employee will receive up to \$450 "cash-back" per month.
- Temporary-PERS employees receive the PEMHCA minimum only if enrolled into a CalPERS medical plan.

Eligible Family Members

Family member is a term used interchangeable with the term "dependents" and include:

- Spouse or Registered domestic partner
- Eligible children up to age 26
- Certified disabled children over age 26
- Economically dependent children (where a parent-child relationship exists) up to age 26 who remain economically dependent (CalPERS medical plan only)

Employee Electing to Decline Benefits

- If a newly eligible employee is declining benefits, the following forms must be completed and kept on file:
 - Proof of medical insurance coverage
 - Decline coverage on eSuite platform
 - Health Benefits Plan Enrollment for Active Employees (HBD-12)
- If an employee is declining benefits within the 60-day time limit, a subsequent enrollment can only be requested upon:
 - HIPAA's Special/Late Enrollment; or
 - During an Open Enrollment period

HIPAA Special Enrollment

- Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you and your dependent(s) can enroll in the City's health plan if you or your dependents lose eligibility for outside health insurance coverage. You must request special enrollment within 60 days from the date of loss of coverage.

CalPERS Dual Coverage

- Dual coverage is when an individual is enrolled in a CalPERS plan as both a member and a dependent or as a dependent on two enrollments. This is not allowed for a CalPERS medical plan.
- Married employees may each enroll separately. However, when married employees are both employed/retired and enrolled in a CalPERS medical plan in their own right, the children/dependents cannot be split between parents. All eligible children/dependents must be enrolled by one parent.

2026 Health Plan Rates – Region 1

Effective for the 2026 plan year, City of Newark contributes the following amounts (which includes the PEMHCA Minimum) toward each employee’s cafeteria plan for medical, dental, and vision insurance:

Regular Full-Time and Regular Part-Time Employees working 30-35 hours:	City Contribution
Employee Only	\$1,026 per month
Employee + 1 Dependent	\$2,049 per month
Employee + Family	\$2,706 per month
Regular Part-Time Employees working 20-25 hours:	City Contribution
Employee Only	\$513 - \$641 per month
Employee + 1 Dependent	\$1,025 - \$1,281 per month
Employee + Family	\$1,353 - \$1,691 per month

Please use the Health Plan Search by Zip Code tool to ensure that your area is covered under the health plan:

<https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates/zip-search>

To determine your premium per pay period, add your medical, dental, and vision plan monthly rates together, subtract the City monthly contribution from the sum, then divide the number by 2.

Region 1

Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba

	Employee Only	Employee + 1 Dependent	Employee + Family
MEDICAL - HMO			
Anthem Blue Cross Select	\$1,336.29	\$2,672.58	\$3,474.35
Anthem Blue Cross Traditional	\$1,612.08	\$3,224.16	\$4,191.41
Blue Shield Access+	\$1,301.95	\$2,603.90	\$3,385.07
Blue Shield Trio	\$1,166.58	\$2,333.16	\$3,033.11
Kaiser Permanente	\$1,168.86	\$2,337.72	\$3,039.04
United Healthcare SignatureValue Alliance	\$1,290.06	\$2,580.12	\$3,354.16
United Healthcare SignatureValue Harmony	\$1,133.09	\$2,266.18	\$2,946.03
Western Health Advantage	\$969.58	\$1,939.16	\$2,520.91
MEDICAL - PPO			
PERS Gold	\$1,120.58	\$2,241.16	\$2,913.51
PERS Platinum	\$1,670.14	\$3,340.28	\$4,342.36
PORAC Region 1 (NPA members only)	\$1,063.00	\$2,418.00	\$3,027.00
DENTAL			
Delta Dental PPO Base Plan	\$62.69	\$124.52	\$191.04
Delta Dental PPO Buy Up Plan	\$67.77	\$134.62	\$206.53
DeltaCare USA	\$18.82	\$31.05	\$45.95
VISION			
VSP	\$8.64	\$15.55	\$22.34
EyeMed	\$7.26	\$13.41	\$19.58

Life Insurance and AD&D

Group Basic Life Insurance

Regular and Limited-Term employees who work a minimum of 20 hours per week are eligible for group basic life insurance offered by Standard Insurance Company with 100% City-paid premiums.

Benefits become effective the 1st of the month following date of hire and cease at the end of the month upon separation.

Coverage Amounts:

\$50,000 per employee

AD&D Insurance

For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, the amount of benefit is a percentage of the AD&D insurance coverage amount.

Age Reductions

Under this policy, insurance coverage reduces by 35% at age 65-69, and by 50% at age 70.



Long-Term Disability Voluntary Plan

Regular and Limited-Term employees who work a minimum of 30 hours per week are eligible for Long-Term Disability (LTD) insurance with 100% employee-paid premiums.

Benefits become effective the 1st of the month following date of enrollment and cease at the end of the month upon separation.

For more information and/or to enroll, please contact the Human Resources Department.



Short-Term Disability & Other Voluntary Insurance Plans

Regular and Limited-Term employees are eligible for AFLAC insurance with 100% employee-paid premiums.

AFLAC offers the following voluntary insurance plans:

- Short-Term Disability
- Personal Accident Indemnity
- Personal Cancer Indemnity
- Whole Life Insurance

Benefits become effective the 1st of the month following date of enrollment and can be portable upon separation if requested prior to separation.

For more information and/or to enroll, please contact Bill Verbrugge, AFLAC Broker Partner Representative, at william_verbrugge@us.aflac.com or (800) 991-4533.



Deferred Compensation Roth & 457(b)

Regular and Limited-Term employees are eligible to participate in Deferred Compensation which provides you with a convenient way to save and tax benefits. You control how much you save and your investments. Traditional 457(b) are pre-tax dollars set aside via payroll deductions and reduces your current taxable income. Roth 457(b) allows you to put in money after-tax, paying taxes on the contributions now, so you don't pay tax on withdrawals at retirement.

Maximum deferral amounts are listed below.

Deferral Type	2025 Maximum Contribution Limit
Employees under 49 years of age	\$23,500
Employees aged 50 or older	\$31,000
Employees aged 60-63	\$34,750
Employees qualified for special (3-year) catch up	\$47,000

For more information and/or to enroll, please contact the Nationwide deferred compensation representative.

2026 limits will be announced later in the year.

Nationwide Retirement Resources Group

Malik Robinson, Representative
Phone: (916) 997-6833
robim20@nationwide.com

Phone: (888) 401-5272
Email: nrsforu@nationwide.com
Webpage: www.nrsforu.com



Flexible Spending Accounts

To help you maximize tax savings and stretch your spending power, the City offers Flexible Spending Accounts (FSAs).

Flex Spending Account – Health Care (FSAHC)

- Save money by paying for certain medical care expenses with pre-tax dollars.
- Maximum is \$3,300 per year.
- Enroll and authorize a bi-weekly deduction amount.
- Reimbursement by debit card or filing a claim.
 - QuikClaim, via the mobile application site, by secure online upload to www.padmin.com

Flex Spending Account – Dependent Care (FSA-DCAP)

- The plan allows you to pay for work-related dependent care expenses on a pre-tax basis.
- Qualify dependents includes dependent care claimed for Federal tax purposes under the age of 13; your spouse, a relative, or a child age 13 or over who is physically or mentally incapable of self-care and is living with you at least eight hours day.
- Eligible day care providers include a licensed day care center, a private babysitter, a care center for the elderly or handicapped, or an attendant who comes to your home.
- Maximum is \$5,000 for married couples filing jointly; \$5,000 for single persons; or \$2,500 for married couples filing tax returns separately.
- Enroll and authorize a bi-weekly deduction amount.

2026 rates to be announced.



Pet Benefits Solutions

Your pets are part of your family, and you'll do anything to keep them happy and healthy. Protect your pet's health and your finances.

Regular and Limited-Term employees are eligible for enrolling in Total Pet Plan discount program and/or Wishbone pet insurance with 100% employee-paid premiums.

TOTAL PET PLAN

Offers discount programs for many pet products and services for a flat rate, regardless of age, breed or pre-existing conditions.

For more details and how to enroll, visit:

petbenefits.com/land/cityofnewarkca



wishbone

PET HEALTH INSURANCE

Offers a pet health insurance program. Rates vary by age, breed, and zip code.

For more details and how to enroll, visit:

wishboneinsurance.com/cityofnewarkca

Employee Assistance Program

Regular and Limited-Term employees and their household members are eligible for Employee Assistance Program (EAP).

Aetna Resources for Living's network of providers can assist with:

- Work-Life Services (stress, work, relationships, family health, personal health, job stability, money)
- Financial Consultations
- Identity Monitoring
- Legal Consultations
- Care Consultations (childcare, eldercare, adoption, community resources)
- Substance misuse
- And more

Aetna Resources for Living offers 6 face-to-face or tele-video sessions per person, per issue, per year. There is also a text feature called TalkSpace where you can text your therapist unlimited times per day. 1 week of text therapy counts as 1 session.

There are 20 providers within 10 miles, and 148 within 25 miles of the City's physical address.

Aetna Resources for Living Contact:

Phone: 1-800-342-8111
Website: www.resourcesforliving.com
Username: Newark
Password: EAP



Silliman Center Recreation Benefit

Regular and Limited-Term employees, their spouses or registered domestic partners, and up to two children living in the same household 26 years of age and under, may use the gym, exercise equipment and aquatic facilities (excluding classes and facility rentals) at the Silliman Community Activity and Family Aquatic Center free of charge.

Regular and Limited-Term employees, their spouses or registered domestic partners, and their children 26 years of age and under, receive resident rates for class registration and facility rentals.



SILLIMAN FAMILY AQUATIC CENTER

6800 MOWRY AVENUE | NEWARK, CALIFORNIA

Newark's Place to PLAY!

An advertisement for Newark Recreation and Community Services. It features a central text block flanked by two photographs of diverse groups of people. The left photo shows a family with children and a dog. The right photo shows a group of people of various ages smiling together.

 **NEWARK**
Recreation
and Community Services

SOMETHING FOR EVERYONE

Newark's Place To Play

6800 MOWRY AVE. NEWARK, CA 94560
WWW.NEWARK.ORG

Commuter Benefits Program



Bike Lockers are located at the Civic Center Plaza. There are 16 lockers available when you ride your bike to work. To request a locker key, contact the Human Resources Department.



511 RideMatch Services is an interactive Trip Diary and on-demand system that helps you find carpools, vanpools or bicycle partners. For more information, go to <https://www.ridematch.511.org/>.



Alameda County Transportation Commission Guaranteed Ride Home Program guarantees you a free ride home from work if you have an emergency and you have made the effort to avoid commuting alone in your car. You can feel comfortable taking the bus, train, or ferry, carpooling, vanpooling, walking, or bicycling to work, knowing that you will have a ride home in the case of a qualifying unexpected circumstance that disrupts your commute home. For more information, go to <http://grh.alamedactc.org/>.

Contacts

	<p>Anthem Blue Cross HMO (Select & Traditional) (855) 839-4524 www.anthem.com/ca/calpers</p>
	<p>Blue Shield of California (Select & Trio) (800) 334-5847 www.blueshieldca.com/calpers</p>
	<p>Kaiser Permanente (800) 305-1220 www.kp.org/calpers</p>
	<p>UnitedHealthcare HMO (Alliance & Harmony) (877) 359-3714 www.uhc.com/calpers</p>
	<p>Peace Officers Research Association of California (800) 655-6397 http://ibt.porac.org</p>
	<p>PERS Gold and PERS Platinum (855) 633-4436 www.anthem.com/ca/calpers</p>
	<p>Western Health Advantage (888) 942-7377 www.westernhealth.com/calpers</p>
	<p>CVS caremark (855) 505-8106 www.info.caremark.com/calpers</p>
	<p>Delta Dental and Delta Care (800) 765-6003 www.deltadentalca.org</p>
	<p>EyeMed (866) 289-0614 VSP (800) 877-7195 www.standard.com/services</p>

Contacts

 Nationwide®	<p>Nationwide Retirement Resources Group (888) 401-5272 www.nrsforu.com</p>
	<p>Flexible Spending Account (716) 852-2611 www.padmin.com</p>
	<p>Pet Benefits Solution (800) 891-2655 Wishbone Pet Health Insurance wishboneinsurance.com/cityofnewarkca</p>
	<p>Pet Benefits Solution (800) 891-2565 Total Pet Plan petbenefits.com/land/cityofnewarkca</p>
	<p>ALFAC – Short Term Disability (800) 992-3522 www.aflac.com</p>
	<p>The Standard – Long Term Disability 800-628-8600 www.standard.com</p>
	<p>Aetna Resources for Living Employee Assistance Program (800) 342-8111 www.resourcesforliving.com Username: Newark Password: EAP</p>
	<p>CalPERS Members (888) 225-7377 www.calpers.ca.gov</p>



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 37101 Newark Boulevard
 Newark, CA 94560
 HR Phone: (510) 578-4267
www.newark.org

MEDICARE PART D NOTICE

IMPORTANT NOTICE FROM CITY OF NEWARK ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Newark and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City of Newark has determined that the prescription drug coverage offered by CalPERS is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan

MEDICARE PART D NOTICE

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When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your City of Newark coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under City of Newark is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your City of Newark prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

MEDICARE PART D NOTICE

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When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with City of Newark and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the City of Newark's Human Resources Department listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Newark changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

MEDICARE PART D NOTICE

IMPORTANT NOTICE FROM CITY OF NEWARK ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

For more information about Medicare prescription drug coverage:

- Visit [medicare.gov](https://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 800-772-1213 (TTY 800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 02/26/2026 (updated)

Name of Entity/Sender: City of Newark

Contact-Position/Office: Human Resources Department

Address: 37101 Newark Blvd. Newark, CA 94560

Phone Number: (510) 578 4267

Your Information. Your Rights. Our Responsibilities.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices:

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request.
- We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

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Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/for-individuals-filing-a-complaint/index.html.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

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In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

Marketing purposes

Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

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Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.

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- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Uses and Disclosures of Substance Use Disorder (SUD) Treatment Information

- If we receive or maintain records about you from a SUD treatment program subject to 42 CFR part 2 (a "Part 2 Program") through consent you provide the Part 2 Program to use or disclose the records, or testimony relating the content of such records, they are given extra protection. These records shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide written consent, or a court order is issued after notice and an opportunity to be heard is provided by you or the holder of the records.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Your Information. Your Rights. Our Responsibilities.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

- February 6, 2026
- Contact Human Resources Department at the City of Newark 37101 Newark Blvd. Newark, CA 94560, (510) 578-4267
- For the CalPERS Privacy Officer contact 400 Q Street, Sacramento, CA 95811 or, You may also call them at 888-225-7377
- For the P&A FSA Privacy contact www.padmin.com
You may also call them at 800-688-2611