



CITY OF CARSON

Welcome to your

BENEFITS GUIDE



**ENHANCE
YOUR WELLNESS**

IT'S A GREAT TIME TO BE IN CARSON.

Dear Carson Employees,

Welcome to your Benefits Guide! At Carson, we are committed to supporting your health, well-being, and overall success. This guide is designed to provide you with comprehensive information about the benefits available to you as a valued member of our team.

We understand that navigating through benefits options can sometimes feel overwhelming, so our Human Resources team is here to help every step of the way. Whether you have questions about your health plan, retirement options, or any other benefits, we are dedicated to ensuring you have the resources and support you need to make informed decisions.

Your benefits are an essential part of your total compensation, and we encourage you to take full advantage of the programs and services available to you. We are continually working to enhance our offerings, and we welcome your feedback to help us better serve you.

Thank you for being a part of our Carson community. Together, we can build a healthier, happier, and more productive workplace.

Warm Regards,



Joshua Boudreaux
Human Resources Director



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EMPLOYEE BENEFIT SUMMARY

THE CITY OF CARSON PROVIDES A COMPREHENSIVE AND COMPETITIVE BENEFITS PACKAGE AS PART OF YOUR TOTAL COMPENSATION

 HEALTH & WELLNESS <ul style="list-style-type: none">• 8 HMOs and 2 PPOs medical plans through CalPERS• Principal Dental plan• Superior Vision plan• Medical Opt-Out premium• Flexible Spending Accounts• Employee Assistance Program• City paid Life Insurance• Accidental Death & Dismemberment• Disability• 4/10 work schedule	 RETIREMENT <ul style="list-style-type: none">• Pension through CalPERS (California Public Employee Retirement System)• Deferred compensation plan (457b) through VOYA• City match deferred compensation	 INCENTIVES <ul style="list-style-type: none">• Special pay• Longevity pay• Bilingual pay• Acting duty pay• Uniform allowance• Safety shoes allowance• Cell phone allowance• Auto allowance• Ride share program incentives• Redemption of accumulated leave
 PAID TIME OFF <ul style="list-style-type: none">• Vacation• Sick leave• Administrative leave• Military leave• Compensatory time• 14 Holidays• Floating holidays• Bereavement leave• Jury Duty/court summons	PROFESSIONAL DEVELOPMENT  <ul style="list-style-type: none">• Annual Professional development allowance• Tuition Reimbursement• Service organization membership• Computer loan program	PART-TIME  <ul style="list-style-type: none">• Holiday pay• Bilingual pay• Acting duty pay• Monthly health insurance allowance for eligible part-time employee• PARS (Public Agency Retirement System) retirement plan

THIS IS PROVIDED AS A SUMMARY OF BENEFITS AND DOES NOT CONFER ANY RIGHTS UPON ANY EMPLOYEE. PLEASE REFER TO THE APPROPRIATE MEMORANDUM OF UNDERSTANDING FOR A MORE DETAILED DISCUSSION OF THESE BENEFITS

ENROLLMENT

If you are newly eligible for benefits at City of Carson, you will enroll online through Employee Access. You have 30 days beginning on your hire/eligibility date to enroll.

Electing Benefits online via Employee Access:

 Log on to EA at <https://cityofcarsonca.tylerportico.com/tesp/employee-selfservice/home>



 **Select Benefits**

Select 'Make New Election' or 'Decline benefit' for each benefit type listed
Review your elections in detail to confirm

If you do not enroll within 30 days, you will not be able to participate in the medical, dental, vision, voluntary life, and Flexible Spending Accounts for the remainder of the calendar year unless you experience a qualifying life event. Your next opportunity to enroll will be during the next Open Enrollment period. You will continue to have company-paid basic life, AD&D, short- and long-term disability coverage, and access to the Employee Assistance Program.



**FOR ASSISTANCE WITH
ENROLLMENT, PLEASE CONTACT
THE BENEFITS TEAM AT
310-952-1736 OR
EMAIL BENEFITS@CARSONCA.GOV**

BENEFITS ELIGIBILITY

Employees are eligible to participate in the City of Carson benefits program if they are permanent (non-temporary) or probationary employee. In addition:

- Part-time employees who have worked 1,000 hours or more per fiscal year are eligible for the health insurance minimum premium allowance per the AFSCME 809 Unclassified Part-Time MOU.
- Part-time employees who have eight (8) years or more of consecutive service with the City and currently working 1,000 hours or more per fiscal year, the City will provide an optional benefit package (medical and vision) per the AFSCME 809 Unclassified Part-Time MOU.

Once your elections take effect, you are not able to make changes until the next Open Enrollment period or when you experience a qualified life event. If you experience a qualified life event, you may change your coverage within 31 days of the event. Necessary documentation will be required. Contact the Benefits Department for more information about what qualifies as a life event.

YOUR ELIGIBLE DEPENDENTS: SPOUSE OR DOMESTIC PARTNER

Your lawful or legally married spouse, or your register domestic partner.

CHILDREN

Your children who are your natural, step or legally adopted children, or children of your enrolled eligible domestic partner, provided they are under the age of 26.

CHILDREN OVER AGE 26

Children over age 26 who are disabled and incapable of self-support and who were covered under the plan at the time they reached age 26. Proof of disability must be approved by the carrier within 30 days of the child's 26th birthday.



You will be required to provide proof of dependent eligibility to establish eligibility (i.e. birth certificate or marriage license, loss of coverage, etc.) when you add dependents who don't have your last name or due to a qualifying life event(s).

CHANGING YOUR BENEFITS

Once your elections take effect, you are not able to make changes until the next Open Enrollment period or when you experience a qualified life event. **If you experience a qualified life event, you may change your coverage within 31 days of the event.** Necessary documentation will be required. Contact the Benefits Team for more information about what qualifies as a life event.

Examples of Qualifying Life Events:

- Marriage, Divorce or legal separation
- Birth, adoption or change in the legal custody of your child
- Change in your spouse's or domestic partner's employment status that results in a loss or gain of other coverage for you or your dependents
- Change in your employment status that affects your benefits eligibility
- Death of a spouse, domestic partner or dependent child
- Change in your dependent's eligibility status due to age or loss of dependent status according to federal tax guidelines



Health Premium Rate Chart – Effective January 1, 2025



Full-Time, Mayor, and City Council

Monthly Allowance **\$2,416.66 Region 3** w/Cafeteria Cap per MOU/Resolution

Monthly Allowance **\$2,463.14 Region 2** w/Cafeteria Cap per MOU/Resolution

CALPERS Eligible Part-Time Employees with 8 years plus - Monthly Allowance \$471 per MOU

CALPERS Eligible Part-Time and Temp - Monthly Allowance \$157 per MOU

Basic Premiums – Region 3 (Los Angeles, Riverside and San Bernardino counties)

HMO Health Plans	Employee Only	Employee + 1	Family Rate
Anthem Blue Cross Select	\$919.81	\$1,839.63	\$2,391.52
Anthem Blue Cross Traditional	\$1,068.87	\$2,137.74	\$2,779.06
Blue Shield Access+	\$831.13	\$1,662.26	\$2,160.94
Blue Shield Trio	\$740.47	\$1,480.94	\$1,925.23
Health Net Salud y Más	\$716.69	\$1,433.37	\$1,863.38
Kaiser	\$929.48	\$1,858.97	\$2,416.66
UnitedHealthcare Alliance	\$869.17	\$1,738.34	\$2,259.85
UnitedHealthcare Harmony	\$758.70	\$1,517.40	\$1,972.62
PPO Health Plans	Employee Only	Employee + 1	Family Rate
PERS Platinum	\$1,267.77	\$2,535.55	\$3,296.21
PERS Gold	\$870.93	\$1,741.86	\$2,264.41

Basic Premiums – Region 2 (Other Southern CA counties)

HMO Health Plans	Employee Only	Employee + 1	Family Rate
Anthem Blue Cross Select	\$921.94	\$1,843.88	\$2,397.05
Anthem Blue Cross Traditional	\$1,114.53	\$2,229.05	\$2,897.76
Blue Shield Access+	\$951.57	\$1,903.13	\$2,474.07
Blue Shield Trio	\$912.01	\$1,824.02	\$2,371.22
Health Net Salud y Más	\$826.13	\$1,652.25	\$2,147.92
Kaiser	\$947.36	\$1,894.72	\$2,463.14
Sharp Performance Plus	\$871.23	\$1,742.46	\$2,265.20
UnitedHealthcare Alliance	\$893.51	\$1,787.02	\$2,323.13
UnitedHealthcare Harmony	\$822.26	\$1,644.53	\$2,137.88
PPO Health Plans	Employee Only	Employee + 1	Family Rate
PERS Platinum	\$1,262.79	\$2,525.58	\$3,283.25
PERS Gold	\$867.52	\$1,735.03	\$2,255.54

Dental/Vision	Employee Only	Employee + 1	Family Rate
Principal Dental	\$97.00	\$97.00	\$97.00
Superior Vision	\$6.04	\$10.88	\$15.72

*COBRA Fee 2%

Eligible for full cafeteria allowance (\$200)

Eligible for partial cafeteria allowance

No cafeteria allowance

BENEFIT ENROLLMENT TIMETABLE

Benefit	New Hire Enrollment Deadline	New Hire Earliest Effective Date	Qualifying Event Timeframe	Open Enrollment Options
HEALTH, DENTAL, and VISION Eligibility: Permanent Full-time employee Permanent Part-time employee (Health Only)	Must enroll or waive benefits within 30 days of employment	Health: 1st of the month following date of hire Vision & Dental: 1st of the month following 30 days of employment	Request to either enroll, add or delete qualifying dependents within 31 days of the qualifying event date	Enroll, add or delete dependents, change health plans, and/or continue current enrollment Changes are effective January 1 of the upcoming calendar year
FLEXIBLE SPENDING ACCOUNTS (FSAs)	Must enroll or waive enrollment within 30 days of employment	<ul style="list-style-type: none"> •Elective: 1st of the month following date of hire •Standard: 1st of the month following 30 days of employment 	Request to either enroll, stop, start, or change annual deferral amount based on a qualifying event within 31 days of the qualifying event date •Qualifying event options based on the plan type (i.e. health FSA vs. dependent care FSA)	Must declare re-enrollment during Open Enrollment to confirm participation in the upcoming calendar year – continuation of enrollment is not automatic •Enroll and select annual deferral amounts •Changes are effective January 1 of the calendar year
LIFE INSURANCE (EMPLOYER-PAID)	Must enroll or waive enrollment within 30 days of employment	1st of the month following 30 days of employment	Employee Status Change (i.e., part-time to full-time status, etc.)	
LIFE INSURANCE (VOLUNTARY)	Employees have the option to enroll within 30 days of becoming benefits eligible	1st of the month following 30 days of employment	Request to either enroll, add or delete qualifying dependents within 31 days of the qualifying event date	Employees can enroll, increase or decrease; add dependents



Consider an HMO (Health Maintenance Organization) if:

- You want lower, predictable out-of-pocket costs.
- Having one doctor to manage your care.
- You are happy with the selection of network providers.
- You don't see any doctors that are out-of-network.

Consider a PPO (Preferred Provider Organization) if:

- You want to be able to see any provider, even a specialist, without a referral.
- You are willing to pay more to see out-of-network providers.

HMO Health Plans	PPO Health Plans
Anthem Blue Cross Select	PERS Platinum
Anthem Blue Cross Traditional	PERS Gold
Blue Shield Access+	
Blue Shield Trio	
Health Net Salud y Más	
Kaiser	
Sharp Performance Plus	
UnitedHealthcare Alliance	
UnitedHealthcare Harmony	



Visit the CalPERS website to view Summary of benefits:
<https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates/health-and-wellness-programs-by-health-plan>

Please visit the CalPERS website to view the Health Program Guide




<https://www.calpers.ca.gov/docs/forms-publications/health-program-guide.pdf>



Medical Opt-Out - Employees who have proof of other coverage may opt out of medical insurance and receive monthly contributions into their deferred compensation.

Your Guide to Choosing a Health Plan

Only you can decide which health plan is right for you and your family. CalPERS offers a variety of Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), and Exclusive Provider Organization (EPO) plans to choose from. Use this checklist and available resources for factors to consider as you explore your options.

	Cost 	Coverage 	Availability 
Research	<ul style="list-style-type: none">]] Plan Rates] Your Employer’s Contribution Your Contribution]] Copays Out-of-Pocket Costs 	<ul style="list-style-type: none">]] Plan Benefits]] Special Medical Needs]] Prescription Drug Services Behavioral Health Medicare Supplemental Benefits Health & Wellness Programs 	<ul style="list-style-type: none">] Plans Available in Your Home or Work ZIP Codes¹]] Plan Types Networks and Doctors
Resources	<ul style="list-style-type: none"> • myCalPERS my.calpers.ca.gov • CalPERS Health Plan Statement • Plans & Rates www.calpers.ca.gov/healthplanrates • Your Employer • Health Benefit Summary (HBD-110) www.calpers.ca.gov/HBS 	<ul style="list-style-type: none"> • myCalPERS my.calpers.ca.gov • Health Benefit Summary (HBD-110) www.calpers.ca.gov/HBS • Health Program Guide (HBD-120) www.calpers.ca.gov/HPG • Medicare Enrollment Guide (HBD-65) www.calpers.ca.gov/MEG • Evidence of Coverage • Health & Wellness Programs www.calpers.ca.gov/healthwellnessprograms 	<ul style="list-style-type: none"> • Search Health Plans tool in myCalPERS • Health Plan Search by ZIP Code www.calpers.ca.gov/healthplansearchbyzipcode • Your Preferred Doctor • Health Plan's Customer Service Center • Health Benefit Summary (HBD-110) www.calpers.ca.gov/HBS
Decision	<p>Have you decided to change your health plan based on cost, coverage, and availability? Then the time to take action is during CalPERS' annual Open Enrollment or within 60 days of a qualifying life event.</p>		
Action	<p>Active members² With your employer’s approval, you can submit most health enrollment changes, along with supporting documentation, online through your myCalPERS account (select Open Enrollment under the Health tab).</p>		
	<p>Retirees Retirees and survivors can submit changes through myCalPERS (select Open Enrollment under the Health tab).</p>		
	<p>Plan changes during Open Enrollment take effect January 1 of the upcoming year. For Special Enrollments, the effective date is the first day of the month following the date your request is received.</p>		

¹ If you are an active employee or a working CalPERS retiree, you can enroll in a health plan using either your residential or work ZIP code.

² Use of this functionality is at the discretion of your employer. Confirm with them before you submit changes online.

HMO HEALTH PLAN COMPARISON

For more details about the benefits provided by a specific plan, refer to that plan's **Evidence of Coverage** (EOC) booklet.
All benefits subject to regulatory approval.

Benefits	Anthem Blue Cross Select HMO Traditional HMO	Blue Shield Access+ HMO EPO Trio HMO	Health Net	Kaiser Permanente	Sharp Performance Plus	UnitedHealthcare SignatureValue Alliance & Harmony	Western Health Advantage HMO
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Calendar Year Deductible

Individual	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Family	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Maximum Calendar Year Copay or Coinsurance (excluding pharmacy)

Individual	\$1,500 (copay)	\$1,500 (copay)	\$1,500 (copay)	\$1,500 (copay)	\$1,500 (copay)	\$1,500 (copay)	\$1,500 (copay)
Family	\$3,000 (copay)	\$3,000 (copay)	\$3,000 (copay)	\$3,000 (copay)	\$3,000 (copay)	\$3,000 (copay)	\$3,000 (copay)

Hospital (including Mental Health and Substance Abuse)

Deductible (per admission)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Inpatient	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Outpatient Facility/ Surgery Services	No Charge	No Charge	No Charge	\$15	No Charge	No Charge	No Charge

Benefits	Anthem Blue Cross Select HMO Traditional HMO	Blue Shield Access+ HMO EPO Trio HMO	Health Net	Kaiser Permanente	Sharp Performance Plus	UnitedHealthcare SignatureValue Alliance & Harmony	Western Health Advantage HMO
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Emergency Services

Emergency Room Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Emergency (copay waived if admitted as an inpatient or for observation as an outpatient)	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Non-Emergency (copay waived if admitted as an inpatient or for observation as an outpatient)	\$50	\$50	\$50	\$50	\$50	\$50	\$50

Physician Services (including Mental Health and Substance Abuse)

Office Visits (copay for each service provided)	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Inpatient Visits	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Outpatient Visits	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Urgent Care Visits	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Preventive Services	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Surgery/Anesthesia	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Diagnostic X-ray/Lab	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

	Anthem Blue Cross Select HMO Traditional HMO	Blue Shield Access+ HMO EPO Trio HMO	Health Net	Kaiser Permanente	Sharp Performance Plus	UnitedHealthcare SignatureValue Alliance & Harmony	Western Health Advantage HMO
Benefits							
Prescription Drugs							
Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Retail Pharmacy (30-day supply)	Tier 1: \$5 Tier 2: \$20 Tier 3: \$50	Tier 1: \$5 Tier 2: \$20 Tier 3: \$50 Tier 4: \$30	Tier 1: \$5 Tier 2: \$20 Tier 3: \$50	Generic: \$5 Brand: \$20	Tier 1: \$5 Tier 2: \$20 Tier 3: \$50	Tier 1: \$5 Tier 2: \$20 Tier 3: \$50	Tier 1: \$5 Tier 2: \$20 Tier 3: \$50
Retail Preferred Pharmacy Maintenance Medications (90-day supply)	N/A	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100 Tier 4: \$60	N/A	N/A	N/A	N/A	N/A
Mail Order Pharmacy Program (not to exceed 90-day supply for maintenance drugs)	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100 Tier 4: \$60	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Generic: \$10 Brand: \$40 (31-100 day supply)	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100
Mail order maximum copayment per person per calendar year	\$1,000	\$1,000	\$1,000	N/A	\$1,000	\$1,000	\$1,000
Durable Medical Equipment	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Benefits							
	Anthem Blue Cross Select HMO Traditional HMO	Blue Shield Access+ HMO EPO Trio HMO	Health Net	Kaiser Permanente	Sharp Performance Plus	UnitedHealthcare SignatureValue Alliance & Harmony	Western Health Advantage HMO
Infertility Testing/ Treatment	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges
Occupational / Physical / Speech Therapy							
Inpatient (hospital or skilled nursing facility)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Outpatient (office and home visits)	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Diabetes Services							
Glucose monitors	Coverage varies	No Charge	Coverage varies	No Charge	Coverage varies	Coverage varies	Coverage varies
Self-management training	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Acupuncture	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)
Chiropractic	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)
Pregnancy & Maternity Care	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

PPO HEALTH PLAN COMPARISON

Benefits	PPO Basic Plans				Association Plans					
	PERS Gold		PERS Platinum		CAHP		PORAC		CCP OA	
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO		
Calendar Year Deductible										
Individual	\$1,000 ^{1,3}	\$2,500 ³	\$500 ³	\$2,000 ³	N/A		\$300	\$600	N/A	
Family	\$2,000 ^{1,3}	\$5,000 ³	\$1,000 ³	\$4,000 ³	N/A		\$900	\$1,800	N/A	
Maximum Calendar Year Copay or Coinsurance⁴(excluding pharmacy)										
Individual	\$3,000 (coinsurance)	Unlimited	\$2,000 (coinsurance)	Unlimited	\$3,000 (coinsurance)	Unlimited	\$2,000	\$2,000	\$1,500 (copay)	
Family	\$6,000 (coinsurance)	Unlimited	\$4,000 (coinsurance)	Unlimited	\$6,000 (coinsurance)	Unlimited	\$4,000	\$4,000	\$4,500 (copay)	
Hospital (including Mental Health and Substance Abuse)										
Deductible (per admission)	N/A		\$250		N/A		N/A		N/A	
Inpatient	20% ²	40% ⁴	10%	40% ⁴	10%	Varies	20%	20% ⁴	\$100/admission	
Outpatient Facility/ Surgery Services	20%	40% ⁴	10%	40% ⁴	10%	40% ⁴	20%	20% ⁴	\$50	
Benefits	PPO Basic Plans				Association Plans					
	PERS Gold		PERS Platinum		CAHP		PORAC		CCP OA	
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO		
Emergency Services										
Emergency Room Deductible	\$50 (applies to hospital emergency room facility charge only)		\$50 (applies to hospital emergency room charges only)		\$50 (copay reduced to \$25 if admitted on an inpatient basis)		N/A		N/A	
Emergency	20% (applies to other services such as physician, X-ray, lab, etc.)		10% (applies to other services such as physician, X-ray, lab, etc.)		10% (applies to other services such as physician, X-ray, lab, etc.)		20%		\$75	
Non-Emergency	20%	40%	10%	40%	\$50+10%	\$50+40%	50% (for non-emergency services provided by hospital emergency room)		\$75	
Physician Services (including Mental Health and Substance Abuse)										
Office Visits (copay for each service provided)	\$35 ¹	40% ³	\$20 ²	40% ³	\$205	10% ³	\$10/\$35 ²	20% ³	\$15	
Inpatient Visits	20%	40% ³	10%	40% ³	10%	40% ³	20%	20% ³	No Charge	
Outpatient Visits	\$35	40% ³	\$20	40% ³	10% ⁵	40% ³	20%	20% ³	\$15	
Urgent Care Visits	\$35	40% ³	\$35	40% ³	\$20 ⁵	40% ³	\$35	20% ³	\$15	
Preventive Services	No Charge	40% ³	No Charge	40% ³	No Charge	40% ³	No Charge		No Charge	
Surgery/Anesthesia	20%	40% ³	10%	40% ³	10%	40% ³	20%	20% ³	No Charge	
Diagnostic X-ray/Lab	20% ⁴	40% ³	10% ⁴	40% ³	10%	40% ³	20%	20% ³	No Charge	

Benefits	PPO Basic Plans				Association Plans				
	PERS Gold		PERS Platinum		CAHP		PORAC		CCP OA
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	
Prescription Drugs									
Deductible	N/A		N/A		N/A		N/A		Tier 2, 3, and 4: \$50 (not to exceed \$150/family)
Retail Pharmacy (30-day supply)	Tier 1: \$5 Tier 2: \$20 Tier 3: \$50		Tier 1: \$5 Tier 2: \$20 Tier 3: \$50		Generic: \$5 Formulary: \$20 Non-Formulary: \$50		Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$45 Compound: \$45		Tier 1: \$10 Tier 2: \$25 Tier 3 and 4: \$50
Retail Preferred Pharmacy Maintenance Medications (90-day supply)	N/A		N/A		Generic: \$10 Formulary: \$40 Non-Formulary: \$100		N/A		Tier 1: \$30 Tier 2: \$75 Tier 3 and 4: \$150
Mail Order Pharmacy Program (not to exceed 90-day supply for maintenance drugs)	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100		Tier 1: \$10 Tier 2: \$40 Tier 3: \$100		Generic: \$10 Formulary: \$40 Non-Formulary: \$100		Generic: \$20 Brand Formulary: \$40 Non-Formulary: \$75	N/A	Tier 1: \$20 Tier 2: \$50 Tier 3 and 4: \$100
Mail order maximum copayment per person per calendar year	\$1,000		\$1,000		N/A		N/A		N/A
Durable Medical Equipment	20%	40% 1	10%	40% 1	10%	40% 1	20%	20% 1	No Charge
	(pre-certification required for specific equipment)		(pre-certification required for the purchase of equipment priced at \$1,000 or more)						

Benefits	PPO Basic Plans				Association Plans				
	PERS Gold		PERS Platinum		CAHP		PORAC		CCP OA
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	
Infertility Testing/Treatment	50%		50%		Not Covered		50%	50% 2	50% of Allowed Charges
Occupational / Physical / Speech Therapy									
Inpatient (hospital or skilled nursing facility)	No Charge		No Charge		10%	40%	20%	20% 2	No Charge
Outpatient (office and home visits)	20%	40%; Occupational therapy: 20%	10%	40%; Occupational therapy: 10%	10%	40%	20%	20% 2	No Charge
	(pre-certification required for more than 24 visits)		(pre-certification required for more than 24 visits)		(pre-certification required for more than 24 visits)				
Diabetes Services									
Glucose monitors	Coverage Varies		Coverage Varies		Coverage Varies		Coverage Varies		No Charge
Self-management training	\$20 1	40% 2	\$20 1	40% 2	\$20	60% 2	\$20	60% 2	\$15
Acupuncture	\$15/visit	40% 2	\$15/visit	40% 2	10%	40% 2	20%	20% 2	N/A
	(acupuncture/chiropractic; combined 20 visits per calendar year)		(acupuncture/chiropractic; combined 20 visits per calendar year)		(acupuncture/chiropractic; combined 30 visits per calendar year)		(acupuncture/chiropractic; combined 20 visits per calendar year)		
Chiropractic	\$15/visit	40% 2	\$15/visit	40% 2	10%	40% 2	20%	20% 2	\$15 exam (up to 20 visits per calendar year) chiropractic appliances benefit: \$50
	(acupuncture/chiropractic; combined 20 visits per calendar year)		(acupuncture/chiropractic; combined 20 visits per calendar year)		(acupuncture/chiropractic; combined 30 visits per calendar year)		(acupuncture/chiropractic; combined 20 visits per calendar year)		
Pregnancy & Maternity Care	20%	40%	10%	40%	90%	60%	80%	80%	No Charge

What's available to me?

Dental insurance helps pay for all, or a portion, of the costs associated with dental care, from routine cleanings to root canals.

Eligibility						
Eligible employees	All active, full-time employees					
Calendar-year deductible						
	EPO	In-network	Out-of-network	EPO	In-network	Out-of-network
Preventive	\$0	\$0	\$0	100%	100%	100%
Basic	\$25	\$25	\$25	100%	80%	80%
Major	\$25	\$25	\$25	80%	50%	50%
Orthodontia	\$0	\$0	\$0	50%	50%	50%
Additional provisions						
Family deductible	3 times the person deductible amount.					
Combined deductible	Your in-network deductibles for basic and major are combined. Your out-of-network deductibles for basic and major are combined. Your services applied to the in-network deductible will apply to the out-of-network deductible and vice versa.					
Combined maximums	Your calendar year maximum for preventive, basic, and major EPO services are combined. Your calendar year maximum for preventive, basic, and major in-network services are combined. Your calendar year maximum for preventive, basic, and major out-of-network services are combined. Calendar year EPO maximums are \$1,500 per person, calendar year PPO in-network maximums are \$1,500 per person, or calendar year PPO out-of-network maximums are \$1,500 per person. Your services applied to the in-network deductible will apply to the out-of-network deductible and vice versa.					
Orthodontia lifetime maximum	\$1,000 EPO maximum / \$1,000 PPO in-network maximum / \$1,000 PPO out-of-network maximum					
Maximum accumulation	Included					
Plan type	Unscheduled					

Which procedures are covered, and how often?

Preventive	
Routine exams	Once per six months
Routine cleanings	Once per six months
Bitewing X-rays	Once per calendar year
Fullmouth X-rays	Once every months
Fluoride	Once per six months (covered only for dependent children under age 14)
Sealants	Covered only for dependent children under age 14 once per tooth each 36 months
Emergency exams	Subject to Routine exam frequency limit

Basic	
Periodontal maintenance	If three months have passed since active surgical periodontal treatment; subject to Routine cleaning frequency limit
Fillings	Replacement fillings every 24months
Oral surgery	Simple and complex
General anesthesia /IV sedation	Covered only for specific procedures
Simple endodontics	Root canal therapy for anterior teeth
Complex endodontics	Root canal therapy for molar teeth
Non-surgical periodontics, including scaling and root planing	Once per quadrant per 24 months
Periodontal surgical procedures	Once per quadrant per 36 months
Crowns	Each 60 months per tooth if tooth cannot be restored by a filling
Core buildup	One per tooth per 60 months
Harmful habit appliance	Covered only for dependent children under age14

Major	
Implants	Each 60 months per tooth
Bridges	60 months old (initial placement / replacement)
Dentures	60 months old (initial placement / replacement)
Repairs	Partial denture, bridge, crown, relines, rebasing, tissue conditioning and adjustment to bridge/denture, within policy limitations

Orthodontia	
Coverage	For you and your dependents.

Additional benefits

Prevailing charge

Maximum accumulation	When you receive care from an out-of-network provider, benefits will be based on the 90th percentile of the usual and customary charges.
	Some of your unused annual benefit maximum can be carried over to the next year. To qualify, you must have had a dental service performed within the calendar year and used less than the maximum threshold. The threshold is equal to the lesser of 50% of the out-of-network maximum benefit or \$1,000. If the qualification is met, 50% of the threshold is carried over to next year's maximum benefit. Individuals with fourth quarter effective dates will start qualifying for rollover at the beginning of the next calendar year. You can accumulate no more than four times the carry over amount. The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year.
Periodontal program	If you're pregnant or have diabetes or heart disease, you may receive scaling and root planing covered at 100% (if dentally necessary), or one additional cleaning (routine or periodontal) subject to deductible and coinsurance.
Second opinion program	You may be eligible for second opinions from dental providers at 100%. This program makes sure you get the best advice to make an informed decision about your care.

Cancer treatment oral health program	If you have cancer and are undergoing chemotherapy or head/neck radiation therapy, you may receive up to three fluoride treatments every 12 months covered at 100% plus one additional routine cleaning.
General anesthesia program	If you have autism, Down syndrome, cerebral palsy, muscular dystrophy, or spina bifida you may receive general anesthesia or intravenous sedation coverage. Services must be administered in a dental office. All other contractual limitations apply.

How do I find a network dentist?

When you receive services from a dentist in our network, your cost may be lower. Network dentists agree to lower their fees for dental services and not charge you the difference. You'll have access to the Principal Plan Dental network, with more than 117,000 dentists nationwide. Visit principal.com/dentist to find a dentist or call 800-247-4695.

What if my dentist isn't in the network?

You can refer your dentist to our network. Please submit the dentist's name and information by calling 800-247-4695, or submitting a form at principal.com/refer-dental-provider.

What are the limitations and exclusions of my coverage?

- **Missing tooth provision**—This means the initial placement of bridges, partials, dentures, and implant services to replace teeth missing before this coverage starts may not be covered. If the policy your employer purchased replaces coverage with another carrier, continuous coverage under the prior plan may be applied and you may be eligible for coverage to replace teeth missing before this coverage started. Missing tooth provision doesn't apply to pediatric essential benefits.
- **Frequency limitations** for services are calculated to the month and exact date from the last date of service or placement date.

There are additional limitations to your coverage. Please review your booklet for more information. We strongly recommend submitting a predetermination to determine benefits.

BOOKLET-CERTIFICATE NOTICE CONFIDENTIAL COMMUNICATIONS REQUEST

The state of California wants you to know you have the right to make a request to receive communications of confidential health care information from us by alternative means or at an alternative location.

To make this request, you must complete, sign, and submit a "Confidential Communications Request" form. This form, along with directions on how to complete and return it to us, can be found on our website at: <https://www.principal.com/help/help-individuals/find-form> under "Restrict access to Private Health Information".

If you need assistance locating the request form, you may contact us at 1-800-843-1371.

This notice is for your information only and does not become a part or condition of this booklet-certificate.

GH 198 CCR CA

Vision Care Plan for City of Carson

Benefits through Superior National network

Frequency

Exam	12 months
Frame	12 months
Contact lens fitting	12 months
Eyeglass lenses	12 months
Contact Lenses	12 months

based on date of service



Need help? Contact 1 (800) 507-3800 or visit superiorvision.com for assistance.

Exams

Eye exam copay:

\$10

Contact lens fitting² copay
(standard and specialty):

\$30

Specialty In-network
allowance:

\$50  Frames

In-network allowance:

\$100

Materials¹

Materials copay:

\$0

Contacts⁴ in lieu of glasses

In-network allowance:

\$100

Lenses (per pair)	In-Network Coverage	Out-of-Network Reimbursement
Single vision	Covered-in-full	Up to \$32
Bifocal	Covered-in-full	Up to \$42
Trifocal	Covered-in-full	Up to \$58
Progressives	See description ³	Up to \$58
Polycarbonate for dependent children	Covered-in-full	Not covered

Shop with convenience while using your benefits through these in-network online retailers.

Lens Add-Ons ⁵	Your Cost
Anti-scratch coating	\$15
Ultraviolet coating	\$12
Tints - solid / gradient	\$15 / \$18
Polycarbonate lenses (adults)	\$40
Blue light filtering	\$15
Digital single vision	\$30
Progressive lenses (standard / premium / ultra / ultimate)	\$55 / \$110 / \$150 / \$225
Anti-reflective coating (standard / premium / ultra / ultimate)	\$50 / \$70 / \$85 / \$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
Hi-index (1.67 / 1.75)	\$80 / \$120

Overage Discounts ⁵	Amount
Frames	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contacts	10% off amount over allowance

Non-Covered Services Discounts ⁵	Amount
Exams, frames, prescription lenses	30% off retail
Contacts, miscellaneous options	20% off retail
Disposable contact lenses	10% off retail
Retinal imaging	\$39 cost

Additional Out-of-Network Reimbursements	Amount
Eye exam (MD)	Up to \$40
Eye exam (OD)	Up to \$30
Frame	Up to \$48
Contact lens fitting (standard / specialty) ²	Not covered
Contact lenses	Up to \$100



LASIK Discounts⁵

Multiple discounts on laser vision correction procedures may be available to you. To learn more, visit [superiorvision.com](https://www.superiorvision.com) or contact your benefits coordinator.



Hearing Aid Discounts⁵

Through Your Hearing Network, you have access to discounts on hearing services, devices, and accessories. To learn more, visit [superiorvision.com](https://www.superiorvision.com) or contact your benefits coordinator.



Free Mobile App

With the free Superior Vision app (available for Android and Apple devices), you can create an account, check your eligibility and benefits, find providers, and view your member ID card.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision Services, Inc. ("Superior Vision"), a Delaware corporation. Superior Vision is part of the MetLife family of companies. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details. Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements 1. Materials co-pay applies to lenses and frames only, not contact lenses. 2. Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses. 3. Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay 4. Contact lenses are in lieu of eyeglass lenses and frames benefit. 5. Not all providers support these discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if they offer the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all providers / all locations.



Find In-Network Providers Near You

Let's Get Started!

1. Visit superiorvision.com/members and log in to your member account or create a new one.
2. Click “Locate a Provider” from the menu within your member account.
3. Enter your ZIP code and radius (miles) or choose state, county, and city; you can also search by provider or business name.
4. Click “Search Now” to proceed.
5. Scroll to see results in a list or on a map.

Use Our Free App

1. Search for the “Superior Vision” app in the Android or iOS store and install it.
2. Log in to your member account or create a new one.
3. Tap “Locations” from the menu.
4. Enter your city or ZIP code; you can also search by provider or business name.
5. Tap the magnifying glass to proceed.
6. Use the map to interact with results or see them in a list; results can be filtered further by tapping on the funnel icon at the top-right.

Once you've selected an in-network provider, call them to verify network participation, services, and acceptance of your plan.

Use Your Member Account To Check Benefit Status

Whether you use our mobile app or our website, you can view your benefit eligibility and full plan details. Your member ID number is also available for your convenience.

LIFE INSURANCE

EMPLOYER-PAID TERM-LIFE INSURANCE



Summary of Benefits

Eligibility:

All active, Full-time Employees of the Employer classified as AFSCME Local 809 regularly working a minimum of 30 hours per week, and Employees classified as CPT AFSCME Local 809 of the Employer regularly working a minimum of 30 hours per week in the United States, who are citizens or permanent resident aliens of the United States. Employee: You will be eligible for coverage the first of the month on or coinciding with 30 days of hire.

Available Coverage:

	Benefit Amount	Maximum	Guaranteed Issue Amount
Employee	\$100,000	\$100,000	\$100,000

Employee-Paid TERM LIFE INSURANCE

Summary of Benefits

Eligibility:

All active, Full-time Employees of the Employer classified as AFSCME Local 809 regularly working a minimum of 30 hours per week, and Employees classified as CPT AFSCME Local 809 of the Employer regularly working a minimum of 30 hours per week in the United States, who are citizens or permanent resident aliens of the United States. Employee: You will be eligible for coverage the first of the month on or coinciding with 30 days of hire. Spouse*: Is eligible as long as you apply for and are approved for coverage yourself. Child(ren): Birth to age 26, as long as you apply for and are approved for coverage yourself. *Domestic Partner is defined in the Group Policy. For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Additional information is available from your Benefit Services Representative.

Available Coverage:

	Benefit Amount	Maximum	Guaranteed Issue Amount
Employee	Units of \$5,000	Lesser of 5 times salary or \$300,000	\$200,000
Spouse	\$10,000	\$10,000	\$10,000
Children	\$5,000	\$5,000	All amounts

Employee's Monthly Cost of Coverage:

Employee Cost Per \$1,000 = \$0.490 Spouse and Child Cost Per Family Unit = \$2.40
Actual per pay period premiums may differ slightly due to rounding. The rates above reflect the total cost. Rates may be subject to change in the future.



DESIGNATE YOUR LIFE INSURANCE BENEFICIARY

- You can change your beneficiary designation at any time
- You may designate one or multiple beneficiaries to receive payment in the percentage you specify
- Contact HR for the beneficiary form

EMPLOYER-PAID

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Summary of Benefits

Eligibility:

All active, full-time Employees of the Employer classified as AFSCME Local 809 regularly working a minimum of 30 hours per week, and Employees classified as CPT AFSCME Local 809 of the Employer regularly working a minimum of 30 hours per week in the United States, who are citizens or permanent resident aliens of the United States. Employee: You will be eligible for coverage the first of the month on or coinciding with 30 days of hire.

Available Coverage: You will receive equal amounts of Term Life and Accidental Death and Dismemberment insurance.

	Benefit Amount	Maximum
Employee	\$100,000	\$100,000

Benefit Details:

If, within 365 days of a Covered Accident, bodily injuries result in:	We'll pay this % of the Benefit Amount:
Loss of life; Quadriplegia; Loss of two or more hands or feet; Loss of sight in both eyes; or Loss of speech and hearing (both ears)	100%
Paraplegia	75%
Hemiplegia; Loss of one hand, one foot, sight in one eye, speech, or hearing in both ears; or Severance and Reattachment of one hand or foot	50%
Uniplegia; Loss of all four fingers of the same hand; or Loss of thumb and index finger of the same hand	25%
Loss of all toes of the same foot	20%

DISABILITY INSURANCE

SHORT-TERM

Available Coverage:

Gross Weekly Benefit ¹	Maximum Gross Weekly Benefit	Benefit Waiting Period	Maximum Benefit Period
66.67% of your weekly covered earnings	\$1,154	0 Days for accident 7 Days for sickness	13 Weeks for accident 12 Weeks for sickness

LONG-TERM

Available Coverage:

Gross Monthly Benefit ¹	Maximum Gross Monthly Benefit	Benefit Waiting Period	Maximum Benefit Period
66.67% of your monthly covered earnings	\$5,000	90 Days	Please refer to the "How Long Benefits Last" section below for more details.

Additional Features

Family Survivor Benefit – If you die while receiving benefits, we will pay a survivor benefit to your lawful spouse*, eligible children, or estate. The plan will pay a single lump sum equal to 3 months of benefits.

FLEXIBLE SPENDING ACCOUNTS (FSA)

Flexible Spending Accounts (FSA) are part of Section 125, established by the IRS. Section 125 allows employees to set aside money for future medical and child care costs on a pre-tax basis.

MEDICAL FSA

A Medical FSA can be used to cover:

- Insurance deductibles
- Co-payments and coinsurance
- Prescriptions
- Dental or vision expenses
- Over-the-counter medicine
- Menstrual products

DEPENDENT CARE FSA

A Dependent Care FSA can be used to cover:

- Child care, day care
- Adult care
- Preschool
- Summer day camp
- Before or after school programs

Use it or Lose it

Any money left over at the end of each year must be forfeited

Grace period

Employers may provide a grace period of up to 2.5 months to use FSA funds from the previous plan year.

Estimate Carefully

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



Flexible Spending Account (FSA) contributions are subject to a maximum contribution limit
The maximum contribution limit for a Health FSA in 2024 is \$3,200.

The savings really add up.

Without an FSA		With an FSA	
Gross taxable wage	\$500.00	Gross taxable wage	\$500.00
Federal, FICA & State Tax	-113.25	Group Insurance premium contribution	-40.00
Group Insurance premium contribution	-40.00	Average weekly out-of-pocket medical expenses	-50.00
Take home pay	\$346.75	Taxable wage	\$410.00
Average weekly out-of-pocket medical expenses	-50.00	Federal, FICA & State Tax	-92.86
Amount left to spend	\$296.75	Amount left to spend	\$317.14
FSA Tax Savings per week			\$20.39

• Assuming 15% Federal tax, 7.65% FICA Tax (Social Security and Medicare)

VOLUNTARY BENEFIT PLANS

The city helps protect your way of life by allowing you the opportunity to purchase the following voluntary benefits from Colonial Life or Aflac:



FOR ASSISTANCE WITH ENROLLMENT, PLEASE CONTACT HUMAN RESOURCES FOR AFLAC & COLONIAL'S REP INFORMATION.

RETIREMENT



WHAT IS CALPERS?

The California Public Employees Retirement System (CalPERS) offers a defined benefit retirement plan based on a formula, rather than contributions and earnings to a savings plan. Retirement benefits are calculated based on a member's years of service credit, age at retirement, and final compensation (average salary for a defined period of employment).

CALPERS MEMBERSHIP

- Employees hired to either work full-time for six months or longer are automatically placed in CalPERS as a member.
- Regular part-time
- Employees who worked 1,000+ hours within a fiscal year.
 - Once eligible for CalPERS membership, the employee is considered either a Classic or PEPRAs* member, depending on when the employee first became a CalPERS member.
 - Being a Classic or PEPRAs member also determines the contribution amount, the retirement formula and compensation limits that are applicable to the employee

Log in: <https://www.calpers.ca.gov/page/active-members>

MEMBER EDUCATION

<https://www.calpers.ca.gov/page/education-center/member-education>



<https://www.youtube.com/CalPERS>



**PLANNING
YOUR
FINANCIAL
FUTURE
CHECKLIST**



457(b) Deferred Compensation

Overview for Governmental and Public School entities

A governmental 457(b) deferred compensation plan (457Plan) is a retirement savings plan that allows eligible employees to supplement any existing retirement and pension benefits by saving and investing before-tax dollars through a voluntary salary contribution. Contributions and any earnings on contributions are tax-deferred until money is withdrawn. Distributions are subject to ordinary income tax.



Enroll in your retirement savings plan today

The steps you take today will affect how you spend tomorrow. On your journey to retirement do something good for yourself — plan ahead for the kind of future you envision. Your employer has made it easy to get started by automatically enrolling you in a retirement savings plan. Go online today to review your choices and make the elections that work best for you.

- 1 Go to enroll.voya.com
- 2 Enter plan number
VFZ972
- 3 Enter verification number
114020

5 Benefits to enrolling in the plan

1. Make changes anytime
2. Save automatically
3. Help lower your taxable income
4. Invest your way
5. Take your money with you

To illustrate how contributing toward retirement on a pre-tax basis affects your paycheck, let's assume you earn \$30,000 in taxable income annually and you want to defer \$75 from each paycheck to a deferred compensation plan. You're paid every other week – 26 times a year.

	Before joining plan	After joining plan
Income after adjustments	\$1,154.00	\$1,154.00
457(b) contribution	-0.00	-75.00
Net taxable income	1,154.00	1,079.00
Federal income tax (25%)	-288.50	-269.75
Take-home pay	\$865.50	\$809.25

With deferred compensation, your current federal income tax is reduced, so it only costs you \$56.25 out-of-pocket to invest \$75.00.

Kristina A. Bell-Taylor
Financial Adviser
Phone: (949) 395-4365
kbelltaylor@voyafa.com



VACATION ACCRUALS

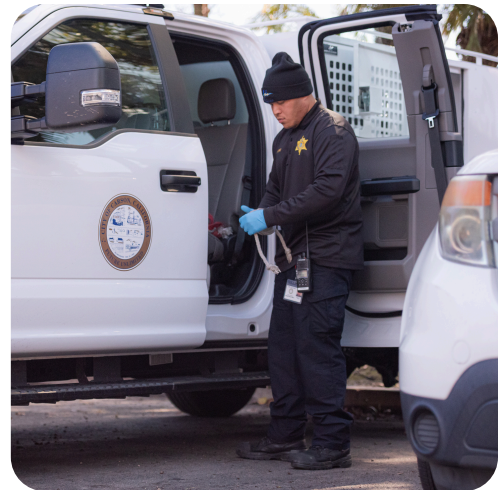
Employee Unit:	City Manager Unclassified Management Employee (UME)	Association of Management Employees (AME)	Carson Professionals and Supervisors Association (CPSA)	American Federation of State, County and Municipal Employees (AFSCME Local 1017)	American Federation of State, County and Municipal Employees (AFSCME Local 809)
Vacation Accrual	10 hours/month upon appointment	11.33 hours/month upon appointment	11.33 hours/month upon appointment	13.33 hours/month upon appointment	11.33 hours/month upon appointment
	13.33 hours/month commencement of 11th year	13.33 hours/month commencement of 6th year	13.33 hours/month commencement of 6th year	15.33 hours/month commencement of 6th year	13.33 hours/month commencement of 6th year
	13.33 hours/month +10 additional hours/year commencement of 20th years	16.66 hours/month commencement of 11th year	16.66 hours/month commencement of 11th year	18.66 hours/month commencement of 11th year	16.66 hours/month commencement of 11th year
	13.33 hours/month +20 additional hours/year commencement of 21st years	16.66 hours/month +10 additional hours/year commencement of 20th years	16.66 hours/month +10 additional hours/year commencement of 20th years	18.66 hours/month +10 additional hours/year commencement of 20th years	16.66 hours/month +10 additional hours/year commencement of 20th years
	13.33 hours/month +30 additional hours/year commencement of 22nd years	16.66 hours/month +20 additional hours/year commencement of 21st year	16.66 hours/month +20 additional hours/year commencement of 21st years	18.66 hours/month +20 additional hours/year commencement of 21st years	16.66 hours/month +20 additional hours/year commencement of 21st years
	13.33 hours/month +40 additional hours/year commencement of 23rd years	16.66 hours/month +30 additional hours/year commencement of 22nd years	16.66 hours/month +30 additional hours/year commencement of 22nd years	18.66 hours/month +30 additional hours/year commencement of 22nd years	16.66 hours/month +30 additional hours/year commencement of 22nd years
	13.33 hours/month +40 additional hours/year commencement of 23rd years	16.66 hours/month +40 additional hours/year commencement of 23rd years	16.66 hours/month +40 additional hours/year commencement of 23rd years	18.66 hours/month +40 additional hours/year commencement of 23rd years	16.66 hours/month +40 additional hours/year commencement of 23rd years
	800 max accrual hours	700 max accrual hours	700 max accrual hours	500 max accrual hours	500 max accrual hours

LEAVES

Employee Unit:	City Manager Unclassified Management Employee (UME)	Association of Management Employees (AME)	Carson Professionals and Supervisors Association (CPSA)	American Federation of State, County and Municipal Employees (AFSCME Local 1017)	American Federation of State, County and Municipal Employees (AFSCME Local 809)
Sick Leave	300 hours granted upon hire 10 hours/month after 30 months of employment. 1/2 of the value of accrued sick leave balance paid at separation 2 to 1. 1,040 maximum accrual hours	10 hours/month 1/2 the value of accrued sick leave balance paid at separation	10 hours/month 1,200 maximum accruals	10 hours/month 1,100 maximum accruals	10 hours/month 1,200 maximum accruals
Administrative Leave	Exempt employees accrue 10 hours per month. 160-hour maximum accrual hours				N/A
Compensatory Time	N/A	N/A	80-hour maximum accrual hours		
Holidays / Floating	Floating: 30 hours upon hire and accrued each fiscal year.	14 paid holidays per calendar year			
Bereavement Leave		5 workdays of paid leave per occurrence. (must be used within 3 months)	30 hours of paid leave per occurrence without carrying over into the next calendar year.		
Jury Duty/Court Summons/Subpoena	Limited to 10 working days in a calendar year.	Limited to 10 working days in a calendar year. Shall not exceed 40 hours in any work week.			

ADDITIONAL BENEFITS

Employee Unit:	City Manager Unclassified Management Employee (UME)	Association of Management Employees (AME)	Carson Professionals and Supervisors Association (CPSA)	American Federation of State, County and Municipal Employees (AFSCME Local 1017)	American Federation of State, County and Municipal Employees (AFSCME Local 809)
Deferred Compensation	City matches 6,000 per calendar year.	City matches \$2,400 per calendar year	City matches \$1,500 for Supervisors \$1,000 for Professionals	City matches \$1,000 to \$2,400 per calendar year	City matches up to \$500 per calendar year.
Professional Development Allowance	\$800 each fiscal year	\$650 each fiscal year	\$600 each fiscal year	\$300 to \$650 each fiscal year	N/A
Tuition Reimbursement	The City will reimburse employees up to the California State University in-state rate (per semester, quarter, or academic year).				
Longevity Pay	-2.5% of the prevailing pay rate upon attaining 10 years of service credit. -5% of the prevailing pay rate upon attaining 15 years of service credit. -7.5% of the prevailing pay rate upon attaining 25 years of service credit.	2.5% of the prevailing pay rate upon attaining 15 years of service credit. 5% of the prevailing pay rate upon attaining 20 years of service credit 7.5% of the prevailing pay rate upon attaining 25 years of service credit			
Uniform Allowance	N/A	The City determine eligibility standards for uniforms.		N/A	The City determine eligibility standards for uniforms.
Safety Shoes Allowance		Up to \$175			
Cell Allowance					
Auto Allowance	\$500 per month	Based on IRS rate.		N/A	N/A
Mileage Allowance	Based on IRS rate. May not exceed \$75	Based on IRS rate. May not exceed \$75		Based on IRS rate. May not exceed \$75	
Service Organization Membership	\$350 per calendar year for the City Manager. \$250 per calendar year for Assistant City Manager and Directors.	The City pays up to (\$150) per fiscal year for membership in one Carson-based service organization.		N/A	



OBSERVED HOLIDAYS

The City shall provide Unit members with the following fourteen (14) holidays with pay subject to the following conditions:

- January 1st (New Year's Day)
- The third Monday in January (Dr. Martin Luther King Jr. Day)
- January 30th (Fred T. Korematsu Day)
- The third Monday in February (President's Day)
- March 8th (International Women's/Rosa Parks Day)
- March 31st (Cesar Chavez Day)
- The last Monday in May (Memorial Day)
- June 19th (Juneteenth)
- July 4th (Independence Day)
- The first Monday in September (Labor Day)
- October 25th (Larry Itliong Day)
- November 11th (Veteran's Day)
- The fourth Thursday in November (Thanksgiving Day)
- December 25th (Christmas)
- Every day proclaimed by the President, Governor, or Mayor of this City as a public holiday



TUITION REIMBURSEMENT PROGRAM

The program support the growth and development of our employees. Full-time, permanent, non-probationary employees in good standing are eligible.

The City will reimburse employees up to the California State University in-state rate (per semester, quarter, or academic year).



CITY OF CARSON

City of Carson
TUITION
Reimbursement

Supporting the growth and development of our employees

APPLY TODAY!
VIA THE INTRANET UNDER THE HR FORMS TAB

Fulltime, permanent, non-probationary employees in good standing are eligible

Questions?
Contact: Lakeina Johnson (310) 952-1736
ljohnson@carsonca.gov



CITY OF CARSON
EMPLOYEE SPOTLIGHT
Congratulations to
Ramon Duarte
Senior Account Clerk II
City Treasurer's Office

Ramon graduated from Chapman State University with a Bachelor of Arts degree in Business Administration Management. Kudos on this amazing Milestone.

Champion 2024

Please contact HR if you would like to nominate a staff member for an employee spotlight.



CITY OF CARSON
EMPLOYEE SPOTLIGHT
Congratulations to
McKina Alexander
Senior Planner
CD/Planning

McKina graduated from USC Price School of Public Policy with a Master of Urban Planning. Kudos on this amazing Milestone.

Champion 2024

Please contact HR if you would like to nominate a staff member for an employee spotlight.

BREATHE PROGRAM



Being Responsible Employees for the Air Traffic Health and Environment

For more information, program registration, forms, or point balance, please contact:

Aurelia Mascorro
Phone: (310) 952-1757
Ext. 1401
amascorr@carson.ca.us

Or visit <http://intranet/CommunityServices/breatheform.aspx>

Community Services Department
Transportation Services
Juanita Millender-McDonald
Community Center



Transportation Services

Rideshare Program Guidelines

PROGRAM SUMMARY

BREATHE is a city of Carson employee commuter program developed to encourage city employees to use alternative modes of transportation in an effort to improve the air, traffic, health and environment, in compliance with the South Coast Air Quality Management District requirements. In addition to saving time, money, and the environment, employees who rideshare may be eligible to earn valuable rewards and incentives.



PROGRAM ELIGIBILITY

Full-time, part-time, and temporary City of Carson employees who arrive to work between 6:00 AM and 10:00 AM, Monday through Friday, and use an alternative mode of transportation (i.e. carpool, walk, bicycle, mass transit, vanpool, etc.) are eligible to participate in the BREATHE Rideshare Program.

PROGRAM REGISTRATION

- ☐ To enroll in the program, a BREATHE Annual Registration Form must be completed and maintained annually.
- ☐ Employees must indicate the travel mode to be used and provide carpool partner information, if applicable, on the registration form.
- ☐ Any change in travel mode, carpool partner, etc. requires a new Annual Registration Form.

RIDESHARE MATCHING SERVICE

Employees wishing to be matched for a carpool may contact Transportation Services. All personal information provided is strictly confidential.

CARPOOL RULES

- ☐ Carpoolers must ride together between their residences and their worksites for 51% or more of the total distance traveled.
- ☐ Carpool partners who are NOT employed by the city of Carson must submit written verification of rideshare participation on employer stationery.
- ☐ Drop-offs are not eligible considered carpoolers. Both commuters must be going to work.
- ☐ Children cannot form a carpool. Children may be added to a carpool if two or more commuters, who are both going to work, have formed a carpool.

(continued)

EARNING PARTICIPATION POINTS

- Points are earned daily based on the travel mode used (see chart below).
- Weekends, city holidays, and days off **DO NOT** count as rideshare days.

Travel Mode	Points Earned
Carpool (2-person)	200 points/day
Carpool (3-person)	250 points/day
Carpool (4-person)	300 points/day
Bus	300 points/day
Bicycling	300 points/day
Walking	300 points/day
Vanpool	300 points/day
Metro Rail or Metro Link	300 points/day
Zero Emissions Vehicle	200 points/day

REPORTING RIDESHARE ACTIVITY

- To receive participation points, rideshare activity must be reported promptly using the BREATHE Participation Calendar (weekly), located on the intranet, or by submitting the Incentive Claim/Voucher Form (monthly), to TSD.
- Incentive Claim/Voucher Forms require the signature of a supervisor or manager prior to submission to verify that the employee reported to the worksite as indicated. No exceptions.
- Participants are responsible for accurate and timely reporting of rideshare activity.
- Rideshare activity not reported within 90 days, will be forfeited.

REWARDS AND INCENTIVES

To be eligible for exclusive BREATHE Program events, rewards and incentives, participants must meet the **minimum participation** criteria, which consists of 2 days per week in each of the prior 3 months. **No exceptions will be made.**

Quarterly BREATHE Events

Eligible participants may be invited to quarterly BREATHE events, which may include a free meal, promotional giveaways, prize drawings and games.

Note: The annual BREATHE Rideshare Fair is open to ALL city employees.

Quarterly Rewards Eligible participants may receive a quarterly reward valued at \$10. Rewards are issued within 30 days after the end of each quarter. Eligibility is based on rideshare activity reported up to the date when rewards are distributed and will not be issued retroactively. **NO EXCEPTIONS.**

Guaranteed Return Trip

Return trips are available to eligible participants in the event of a personal emergency or unexpected overtime.

Reserved Carpool Parking

Reserved parking is available for eligible carpool participants.

Target Gift Cards

Participation points may be redeemed for Target Gift Cards, available in \$25.00, \$50.00 and \$100.00 denominations.

POINT REDEMPTION SCALE	
Participation Points	Gift Card Value
8,750	\$25.00
17,500	\$50.00
26,250	\$75.00
35,000	\$100.00
43,750	\$125.00
52,500	\$150.00
61,250	\$175.00
70,000	\$200.00

- Points may be transferable between spouses when both are employed by the city.
- Points in excess of 70,000 must be redeemed by June 30th, or may be forfeited.

PROGRAM INACTIVITY

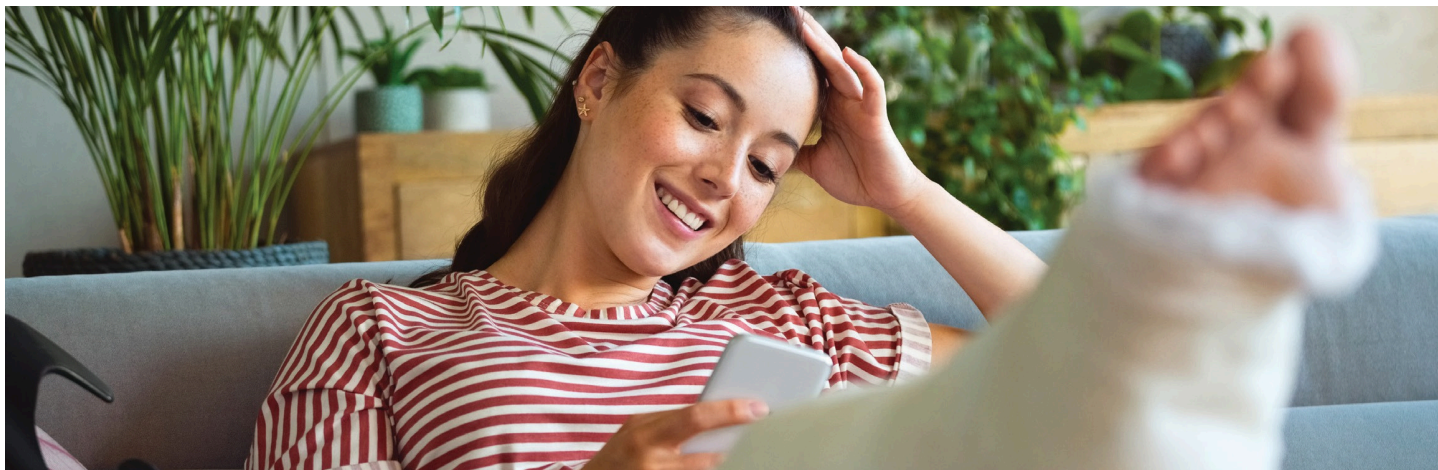
- Participants are considered **'Inactive'** if rideshare activity is not reported for 3 or more consecutive months.
- Inactive participants are not eligible for quarterly luncheons, prize drawings, promotional items, rewards or any other BREATHE activities.
- Participants who remain inactive for 12 or more consecutive months may forfeit all unredeemed points and will be removed from the program roster.

EMPLOYEE ASSISTANCE PROGRAM

Whatever life throws at you throw it our way.

Employee Assistance & Wellness Support.

Life: just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, New York Life Group Benefit Solutions is there for you with our Employee Assistance & Wellness Support program¹. It can help you and your family find solutions and restore your peace of mind. This is just another example of how we are committed to Putting Benefits To Work For PeopleSM.



Our suite of value-add resources includes:

› Employee Assistance Program¹

Are you feeling overwhelmed by the demands of balancing work and family life? Maybe you have questions about a legal or financial concern. You and your family members now have access to various counseling services including legal, financial, and work-life balance assistance. All counseling calls are answered by a Master's or PhD-level counselor who will collect some general information and will discuss your needs. The Employee Assistance Program provides a maximum of three in-person or virtual sessions, per issue, per year.

› GuidanceResources²

When you need information quickly to help handle life's challenges, you can visit guidanceresources.com for resources and tools on topics such as health and wellness, legal regulations, family and relationships, work and education, money and investments, and home and auto. You will also have access to articles, podcasts, videos, slideshows, on-demand trainings and "Ask the Expert" which provides personal responses to your questions.

› Well-being Coaching¹

Sometimes you may need help with personal challenges and physical issues that can be overwhelming. To help you achieve your goals, you will have access to a certified coach who will work with you, one on one, to address health and well-being issues such as burnout, time management and coping with stress. You have access to five sessions per year. All sessions are conducted telephonically.

› FamilySource¹

Managing the everyday concerns of home, work and family can be difficult. To help resolve those concerns, you have access to family care service specialists that provide customized research, educational materials and prescreened referrals for childcare, adoption, elder care, education, and pet care.

Contact Info:

Employee Assistance and Wellness Support 24/7



Phone: (800) 344-9752



Website: guidanceresources.com
Web ID: NYLGBS

Solutions for all your financial and legal challenges.

Financial, Legal & Estate Support.

We know financial and legal challenges can be very stressful for you and your family. That's why New York Life Group Benefit Solutions provides our Financial, Legal & Estate Support program¹ to help you navigate these issues, at no additional cost. Leaving you with fewer worries.



Our suite of value-add resources includes:

- › **FinancialConnect®** Sometimes you may not know where to start when facing a stressful financial challenge or when you need financial planning expertise. With FinancialConnect® you and your family members have unlimited access to a team of qualified experts including Certified Public Accountants (CPAs), CERTIFIED FINANCIAL PLANNERS™ (CFP®) and other financial professionals to help guide you. If additional help is needed, you can request referrals to financial professionals in your local community.

In addition, on [guidanceresources.com](https://www.guidanceresources.com), you will have access to financial information on a wide range of topics including debt management, family budgeting, estate planning and tax planning as well as interactive tools and financial calculators.
- › **LegalConnect®** If you are facing a difficult legal challenge and don't know where to start, LegalConnect® can help. This program gives you access to unlimited phone consultations with a staff of attorneys who can provide guidance on issues such as divorce, adoption, estate planning, real estate, and identity theft. If needed, you can be referred to a local attorney for a free 30-minute consultation and a 25 percent reduction in fees thereafter. Lastly, information on low cost and no legal options are available along with referrals to consumer advocacy groups and governmental organizations if needed.
- › **EstateGuidance®** This user-friendly online tool allows you and your family members to write a last will and testament, a living will and documents outlining your wishes for final arrangements quickly, easily and cost effectively. EstateGuidance® walks you through the entire process, guiding your choices with a series of questions and breaking down each step into easy-to-understand terms. Access is available anytime, anywhere via tablet, desktop, or mobile app.

Contact Info:

Financial, Legal & Estate Support 24/7



Phone: (800) 344-9752



Website: [guidanceresources.com](https://www.guidanceresources.com)
Web ID: NYLGBS

LEGAL AND IDENTITY THEFT PROTECTION



Dear Valuable Team Members of the City of Carson:

Below are the highlights of your greatly Enhanced Plans for 2025

LegalShield Plan:

Standard Legal Plan Versus Deluxe Family Plan

Standard Legal Plan \$15.95 p/m \$7.97 p/pay

Deluxe Family Legal Plan \$18.95 p/m \$9.48 p/pay

Who is Covered: Member, Spouse + Children up to age 21	Who is Covered: Member, Spouse + Children up to age 26
Will, Living Will, Medical Directive, Durable Power of Attorney for FREE	Will, Living Will, Medical Directive, Durable Power of Attorney, Medical Power of Attorney for FREE
Family Matters: Free Advice No Representation	Family Matters: Free Representation for Uncontested Divorce Uncontested Separation Uncontested Adoption Uncontested Child Custody Uncontested Name Change (Contested is at 25% discount)
No Home Loan Document Review Does include Free advice on home selling or purchasing, but no review of documents.	Home Loan Document Review Once a year review and document changes for selling or buying a home.

With any of our plans, (**LegalShield or IDShield**) you receive **Member Perks**, which offer a discount on about 400 places you are already spending your money, such as your current Cell Phone Bill, Direct TV, Groupon, Target, Professional Sporting Events... The average person saves \$50.00 a month which more than covers the cost of your plans.

IDShield Plan

Your IDShield plan is now greatly enhanced as well. The Standard Identity Theft Plan was \$10.95 p/m for families and \$9.95 p/m for individuals. The Deluxe IDShield Plan is \$4.48 p/pay for Employees only and \$9.48 per pay for Employee + Spouse or Significant other & all children until age 26.

STANDARD Identity Theft Plan

Deluxe IDShield Plan

Alerts when suspicious activity arises on your credit cards, credit report, or social security number	Alerts when suspicious activity arises on EVERYTHING that Matters including your Medical ID, Driver’s License, Minors, Social Security, Dark Web where they sell your info, credit cards, credit report, passport and so much more. Alerts are instant on your IDShield App
If you have become a victim, of the above forms of Identity Theft, you receive FREE consultation.	If you are alerted on your app regarding any area of Identity Theft, your LICENSED INVESTIGATOR will do whatever it takes for as long as it takes to completely RESTORE your Identity back to Pre-Theft Status,
FREE Advice if you desire to be proactive regarding protection.	3 MILLION DOLLAR Guarantee if you are a victim of Identity Theft and it cost you anything financial.
Our Identity Theft experts will help you contact the necessary persons to help reconcile your Identity Theft Issues.	We are the only Identity Theft Company that uses Licensed Investigators and Private Detectives to completely RESTORE your Identity.

Please note that the plans or prices for Alaska, Hawaii, Nevada, and New Jersey are slightly different. For questions or the full details on any of these plans, please feel free to contact Kandra King.

VETERANS SPORTS COMPLEX

BECOME A MEMBER TODAY!

All Membership Packages include:

Access to Fitness Center

Use of gymnasiums during open gym hours

Racquetball Courts usage

Equipment Checkout

Locker Rooms & Shower Facilities

Initial Fitness Evaluation

Off-site Recreational/Lap Swimming (summer only)

Youth Classes

Access to all group exercise classes (excluding permitted classes)

*Veterans receive a 10% discount on fees by simply presenting their military identification.

LOW EMPLOYEE MEMBERSHIP RATES

Individual Annual Membership	\$100
Individual Annual Renewal	\$50
Family Annual Membership	\$150
Family Annual Renewal	\$75

Veterans SportsComplex

22400 Moneta Avenue

Carson, CA 90745

For more information, please call (310) 830-9991





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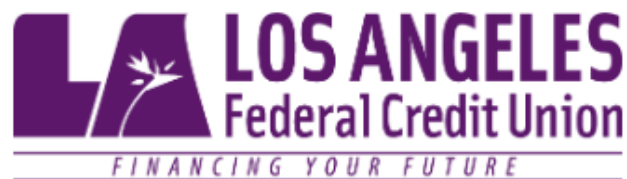
CREDIT UNIONS



Member Service
(800) 426-1917 (Toll Free)
(562) 862-6831 (Local)
Quickline
24 hours a day, 7 days a week: (888) 426-1918



For Assistance
(800) 444-6327
Monday – Friday: 7AM – 6PM PST
Saturday: 9AM – 1PM PST
VISA Credit Card
(855) 789-8189



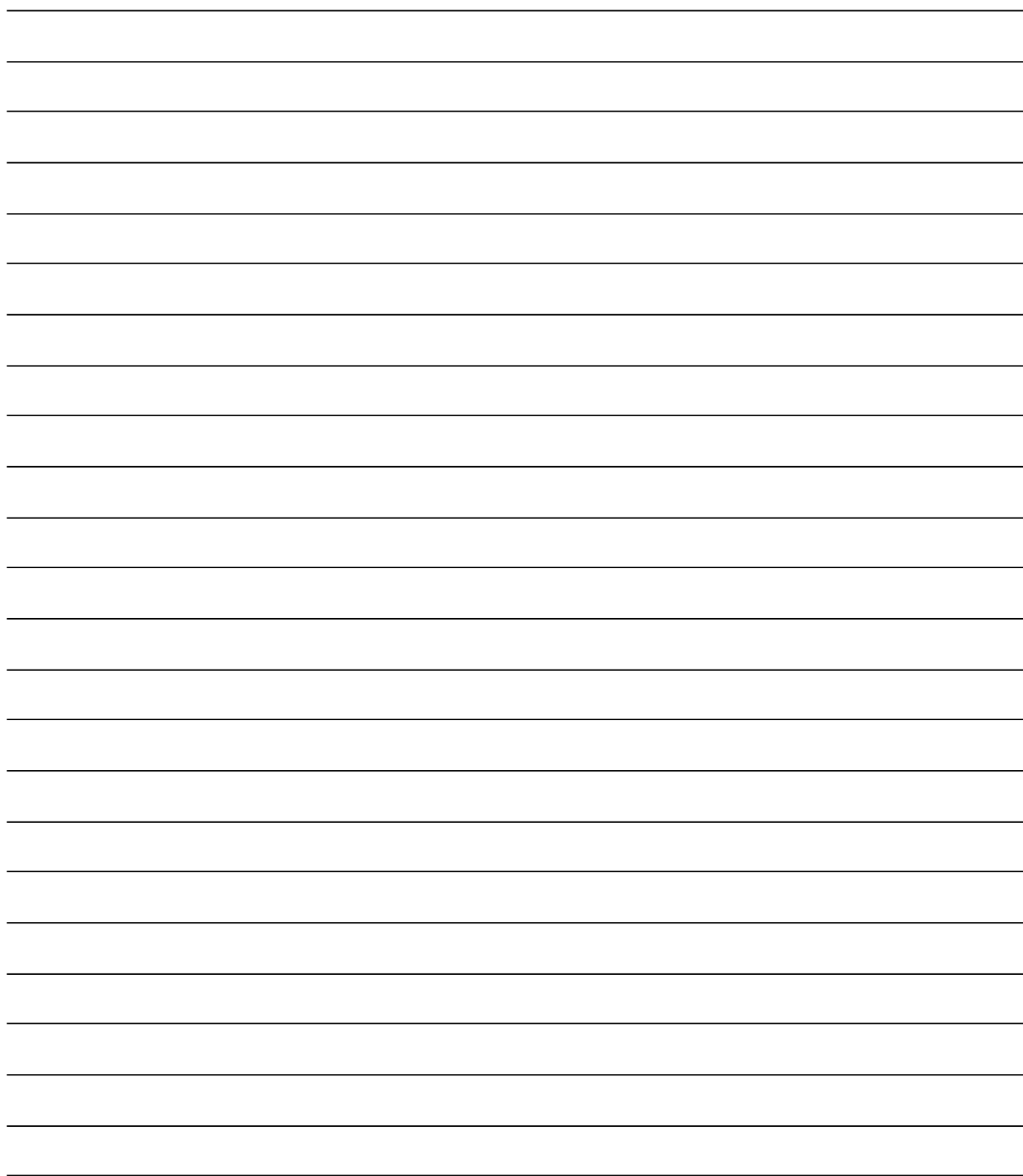
Gardena Location
Hours: Mon - Fri 9am to 4pm
1352 W. Artesia Blvd.
Member Service:
(877) 695-2328
(213) 484-8640
(818) 242-8640

PLAN CONTACTS

Our Benefits Team is available to help answer your questions about the benefits offered and can assist you with electing or changing your benefits. You may also contact the providers directly with specific benefits coverage questions.

Plan Name	Administrator	Plan Information
Anthem Blue Cross (HMO) <ul style="list-style-type: none"> • Select HMO • Traditional HMO 	Anthem Blue Cross (855) 839-4524	OptumRx is the Pharmacy Benefit Manager (PBM) providing prescription benefits for this health plan.
Blue Shield of California (HMO) <ul style="list-style-type: none"> • Blue Shield Access+ HMO • Blue Shield Trio HMO 	Blue Shield of California (800) 334-5847	Blue Shield of California administers their own prescriptions.
Health Net of California (HMO) <ul style="list-style-type: none"> • Salud y Más HMO 	Health Net of California (888) 926-4921	OptumRx is the Pharmacy Benefit Manager (PBM) providing prescription benefits for this health plan.
Kaiser (HMO)	Kaiser Permanente (800) 305-1220	Kaiser administers their own prescriptions.
PERS Platinum (PPO)	Anthem Blue Cross (877) 737-7776	This plan has no geographical restrictions. It provides coverage anywhere in the world. OptumRx is the Pharmacy Benefit Manager (PBM) providing prescription benefits for this health plan.
PERS Gold (PPO)	Anthem Blue Cross (877) 737-7776	OptumRx is the Pharmacy Benefit Manager (PBM) providing prescription benefits for this health plan.
Sharp Health Plan (HMO) <ul style="list-style-type: none"> • Sharp Performance Plus 	Sharp Health Plan (855) 995-5004	OptumRx is the Pharmacy Benefit Manager (PBM) providing prescription benefits for this health plan.
UnitedHealthcare (HMO) <ul style="list-style-type: none"> • UnitedHealthcare Signature Value Alliance • UnitedHealthcare Signature Value Harmony 	UnitedHealthcare (877) 359-3714	OptumRx is the Pharmacy Benefit Manager (PBM) providing prescription benefits for this health plan.
OptumRx Pharmacy	Active Member Services (855) 505-8110	

Plan Name	Administrator	Plan Information
Superior Vision	800-507-3800 www.superiorvision.com	Policy #: 36448
Principal Dental	800-843-1371 www.principal.com	Policy #: GB H72421
CalPERS • Retirement	(888) 225-7377 my.calpers.ca.gov	Service credit is the time you accrue while on the job under a CalPERS-covered employer. • Your retirement benefits are based on a formula - not what you contribute into the system.
New York Life • Group Term Life Insurance • Short-term Disability • Long-term Disability	800-225-5695 newyorklife.com	Policy #: FLX-967822
Voya Financial	949-395-4365 Kristina Bell-Taylor voyaretirementplans.com	
Flexible Spending Accounts (FSA)	BASIC - basiconline.com	
Employee Assistance Program (EAP)	guidanceresources.com Web ID: NYLGBS	
PARS	800-540-6369 plansupport@pars.org	
Aflac Colonial	800-992-3522 aflac.com 800-325-4368 coloniallife.com	<p style="text-align: center;">Aflac Sean C. Arens 714.798.3067 sean_arens@us.aflac.com</p> <p style="text-align: center;">Colonial K. Latrice Gwin P: 323-987-4287 email Latrice.Gwin@ColonialLifeSales.com</p>
Legal Shield	310-466-6436 kandraking@shieldassociate.com	



FROM THE HUMAN RESOURCES TEAM

Our team is committed to providing you with the support and information you need to make informed decisions about your benefits. We're here to help you every step of the way—whether you're enrolling in a new plan, making changes, or simply exploring your options. Your well-being is our priority, and we're excited to assist you in maximizing your benefits!



Email:
hrbenefits@carsonca.gov



Call:
(310) 952-1736



QUICK HELP
Do you need a form or to review a plan summary?
Visit Human Resources at
www.carsonca.gov



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Debbie Middenway